

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

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

**Texas Health and Human Services**

**Commission**

**Q2 Report**

**May 2023**



**TEXAS**  
Health and Human  
Services

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## 1. Preface

**Table 1. Texas 1115 Transformation Waiver Key Dates, Goals, and Objectives**

<b>State</b>	Texas Health and Human Services Commission
<b>Demonstration Name</b>	Texas Healthcare Transformation and Quality Improvement Program - “1115 Transformation Waiver”
<b>Approval Dates</b>	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
<b>Approval Period</b>	December 13, 2017-September 30, 2022 (prior approval period) January 15, 2021-September 30, 2030
<b>Demonstration Goals and Objectives</b>	<p>The Texas Healthcare Transformation and Quality Improvement Program Section 1115 Waiver enables the State to expand the use of Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals. The goals of the demonstration are to:</p> <ul style="list-style-type: none"> <li>• Expand risk-based managed care statewide;</li> <li>• Support the development and maintenance of a coordinated care delivery system;</li> <li>• Improve outcomes while containing cost growth; and</li> <li>• Transition to quality-based payment systems across managed care and providers.</li> </ul>

## 2. Executive Summary

According to the Special Terms and Conditions (STCs) of the Demonstration, the Texas Health and Human Services Commission (HHSC) provides the quarter two monitoring report for Demonstration Year (DY) 12, which began October 1, 2022<sup>1</sup>. 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 directed payment programs, continuing the Uncompensated Care (UC) pool, and launching the Public Health Provider Charity Care Program.

### Growth in Caseload

As of March 2023, Texas had over 5.8 million full benefit clients in Medicaid. Prior to the federal 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 in Medicaid underscores the significant impact of the federal COVID-19 public health emergency (PHE) that requires states to maintain continuous Medicaid coverage for an increase in federal Medicaid funding has had on Texas Medicaid enrollment.

### Medicaid Managed Care Enrollment

In the beginning of state fiscal year 2023, HHSC contracted with 16 managed care organizations (MCOs) and 3 dental maintenance organizations (DMOs). Each MCO covers one or more of the service delivery areas (SDAs), while each dental plan provides statewide services (See *Attachment A*). Approximately 97 percent of Texas Medicaid beneficiaries are enrolled in Medicaid Managed Care (MMC). The PHE continuous Medicaid coverage requirement has had the largest impact on the STAR program, which serves parent/caretakers, pregnant women, and children. The STAR+PLUS and STAR Kids programs have not experienced the same degree of impact. These programs include members with special health care needs (MSHCN) who are managed care clients either requiring regular, ongoing therapeutic intervention and evaluation, or with serious, ongoing illness, or a disability that may last for a significant period of time, resulting in longer lengths of stay in Medicaid.

### Initiatives

During quarter two of federal fiscal year 2023, HHSC continued to operate the new directed payment programs developed as part of the DSRIP Transition Plan.

### COVID-19 Public Health Emergency

In response to the PHE and financial strains impacting the Texas healthcare system, Texas submitted an extension application in November 2020. Texas and CMS worked together to negotiate and 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

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<sup>1</sup> Demonstration Year 12 includes work that is tied to the state fiscal year as well.

providers actively responding to the PHE. The COVID-19 PHE continues to be a key challenge impacting the 1115 Transformation Waiver. It has significantly impacted both costs and caseload.

The Consolidated Appropriations Act of 2023 separated the continuous Medicaid coverage requirement of the Families First Coronavirus Response Act from the PHE declaration. The requirement to maintain continuous coverage ended as of March 31, 2023. HHSC is now redetermining the eligibility of all Texans receiving Medicaid, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan. HHSC reviewed flexibilities implemented to address needs identified during the PHE and determined which flexibilities to end and which flexibilities to make permanent in compliance with federal requirements. HHSC published final notices to MCOs regarding the COVID-19 flexibilities that ended on May 11, 2023, when the federal PHE ended and the related provider and member notification requirements.

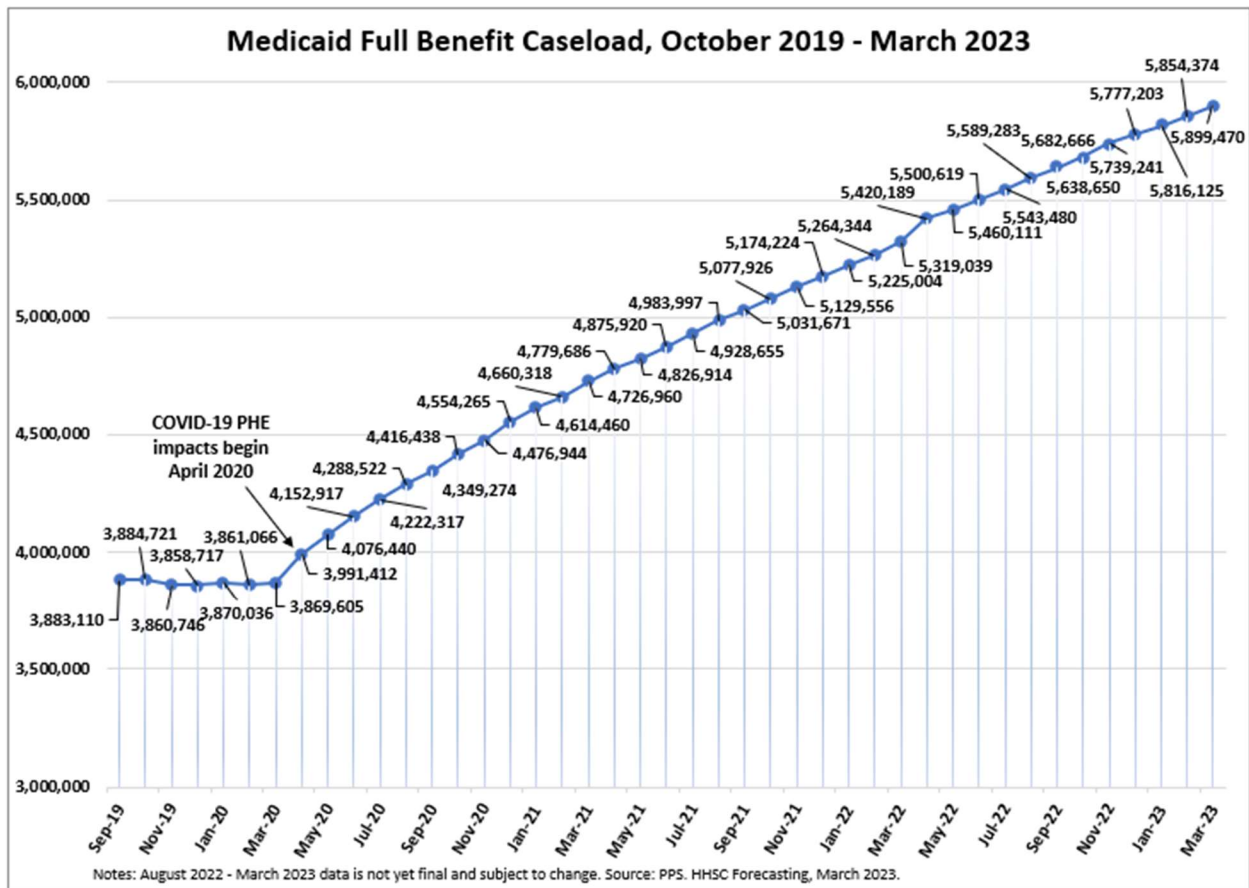
This report discusses in more detail the highlights included in this summary section. Due to data lags associated with primary sources of record, corresponding data submission timelines, and data cleaning procedures, each data attachment referred to and submitted to CMS reflect varying reporting periods. Certain numbers in this report have been rounded up or down and may not add up precisely to the totals provided and percentages may also not precisely reflect the absolute figures.

### 3. Enrollment

This section addresses trends and issues related to the 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.

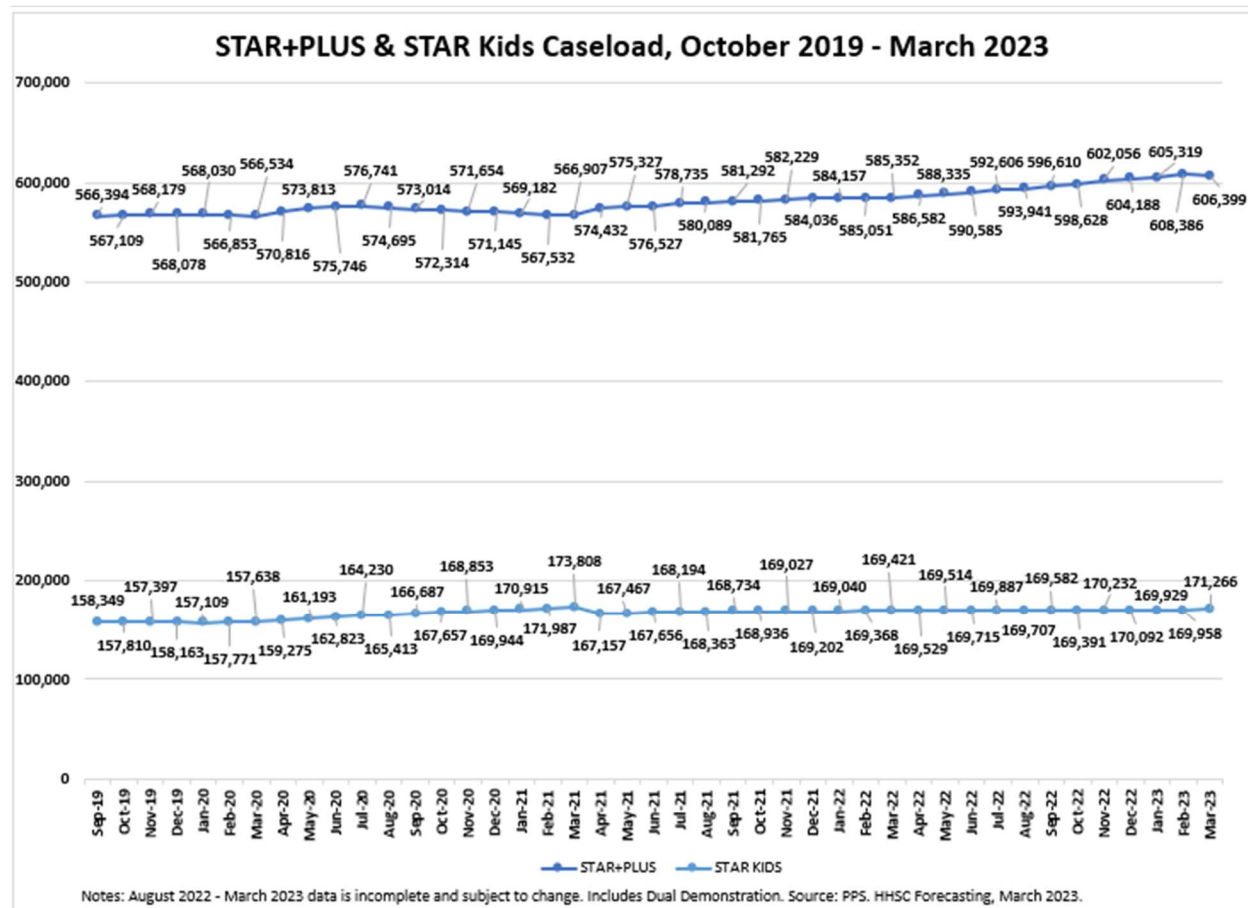
The graph below provides a visual look at the overall Medicaid caseload growth experienced during the PHE. Growth began in April 2020 and has increased by over 2.0 million clients.

**Figure 1. Medicaid Full Benefit Caseload, October 2019 - March 2023**



Ninety-seven 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.

**Figure 2. STAR+PLUS & STAR Kids Caseload, October 2019 – March 2023**



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

In *Attachment B1*, an enrollment summary is broken out by product line, service delivery area, and MCO for state fiscal year 2023 quarter one 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 Enrollment Reports from June 2022 through August 2022. These reports include the estimated enrollment by delivery model, program, risk group, Medicaid MCOs and DMOs. The data are projections provided by HHSC Forecasting and are considered final after eight months.

### 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 Medicaid clients to demonstrate both the total number served and the number of clients 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 MSHCN. *Attachment Q* outlines STAR MSHCN details by SDA and MCO. HHSC has established contractual requirements and a template for the MCOs to submit quarterly MSHCN data. Because of the time required for data collection, MSHCN data are reported on a one-quarter lag.

All STAR Kids and STAR+PLUS members are deemed to be MSHCN, and all STAR Kids and STAR+PLUS plans reported 100 percent MSHCN, as required in the contract. STAR Kids and STAR+PLUS 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 coordination to MSHCN unless the member declines service coordination or is unable to be reached. Service coordination can be considered an administrative service performed by the STAR MCO. Service coordination also includes the development of a service plan to meet the members' short and long-term goals.

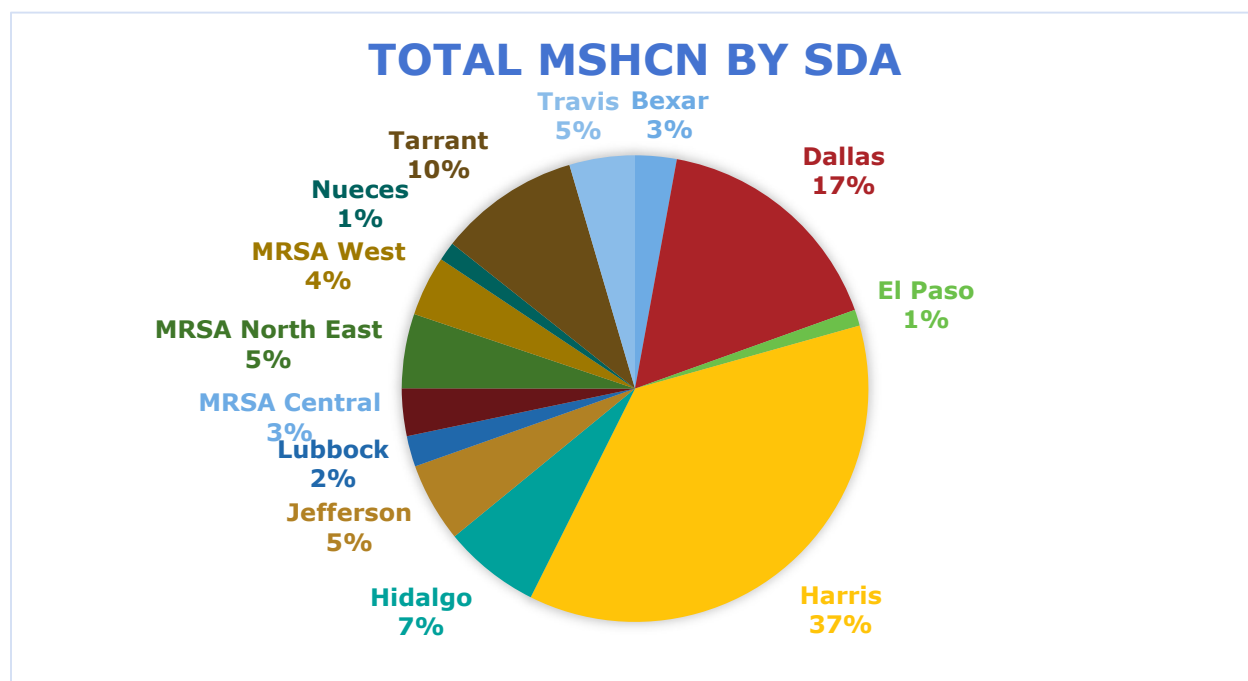
The number of members without service plans includes those who declined and those who could not be reached. An MSHCN is defined as a member who:

- (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 with serious ongoing illness or a chronic complex condition that is anticipated to last for a significant period and requires ongoing therapeutic intervention and evaluation; or
- (2) Has been identified as MSHCN based on the MCO's assessment of each individual member's needs.

In state fiscal year 2023 quarter one, STAR MCOs reported a total of 144,874 children and adults identified as MSHCN. STAR MCOs reported 12.98 percent of MSHCN had a service plan and 87.02 percent of MSHCN did not have a service plan. (See *Attachment Q*). The number without service plans includes those who declined and those who could not be reached. In state fiscal year 2023 quarter one, the overall percentage of STAR MSHCN with service plans has slightly decreased since the last reporting period. Two MCOs reported more than 60 percent of their MSHCN in certain SDAs had a service plan (Aetna and Community Health Choice). Five MCOs (Amerigroup, Dell Children's, Community First, Texas Children's, and United) reported less than 10 percent of their MSHCN in certain SDAs had a service plan.

Harris SDA holds the most MSHCN with 36.75 percent (53,238) of all reported STAR MSHCN. Dallas SDA holds the second most reported MSHCN with 16.68 percent (24,158) of all reported STAR MSHCN. See chart below for additional detail.

**Figure 3. Total MSHCN by SDA**



HHSC conducts quality checks in each quarterly submission of the MSHCN Report to assess reporting errors and follow-up with the MCOs. In state fiscal year 2023, staff will conduct a targeted review of a sample of STAR and CHIP MSHCN service plans. In addition to targeted reviews, HHSC conducts biennial operational reviews of MCOs. These operational reviews are comprised of an in-depth review of MCO operational compliance and performance across several areas, such as STAR MSHCN service management and service planning, to ensure policies and practices align with performance standards, including managed care contract requirements. If any problems are discovered during the operational reviews, HHSC takes appropriate steps to address performance and compliance.

Beginning in August 2022, HHSC began collecting more detailed data from MCOs on service management and service coordination across all managed care programs, including contact attempts, reasons members declined service coordination, and the date the service plan was last updated. HHSC will develop a data visualization dashboard to monitor trends.

### Member Disenrollment

There were no Medicaid members disenrolled during state fiscal year 2023 quarter two.

### Anticipated Changes to Enrollment

On January 27, 2020, the Secretary of Health and Human Services declared a PHE due to the novel coronavirus. In March 2020, 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, HHSC 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 continuous Medicaid coverage requirements 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 in the same tier of benefits, the client will remain in their current group for the remainder of the continued eligibility period. There are limited situations where an individual will not continue to receive Medicaid State Plan benefits such as when the individual moves out of state, voluntarily withdrawals from the program, or dies.

On December 29, 2022, Congress passed the 2023 Consolidated Appropriations Act which separated the continuous coverage requirement from the public health emergency declaration.

- The continuous Medicaid coverage requirement ended as of March 31, 2023.
- Beginning April 1, 2023, states may begin disenrolling members who are no longer eligible after receiving a Medicaid eligibility redetermination.

HHSC is redetermining the eligibility of all Texans receiving Medicaid, in alignment with Texas' federally approved End of Continuous Medicaid Coverage Mitigation Plan. HHSC divided the continuous Medicaid coverage population into three cohorts. The Medicaid continuous coverage population includes individuals who did not provide sufficient information to redetermine their coverage during the PHE, or who did not meet Medicaid eligibility requirements at their most recent renewal. Redeterminations for the cohort populations will be initiated in a staggered approach during the first six months of the state's unwinding period.

Individuals enrolled in Medicaid not included in the continuous coverage cohorts will have their eligibility redetermined based on their normal renewal dates during the unwinding period. These are members who have either completed a Medicaid renewal or submitted a new Medicaid application in the past 12 months and were determined eligible.

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, MCOs, 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.

Additionally, to address the needs of providers and members participating in Medicaid, HHSC implemented policy and process flexibilities during the PHE related to services, provider enrollment, and assessments. HHSC reviewed flexibilities implemented to address needs identified during the PHE and determined which flexibilities to end and which flexibilities to make permanent in compliance with federal requirements. HHSC published final notices to MCOs regarding the COVID-19 flexibilities that ended on May 11, 2023, when the federal PHE ended and the related provider and member notification requirements.

## 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 percent of members, unless otherwise specified, have access to a choice of each provider type (PCPs, dentist, and specialty services) in each SDA within 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 percent. During state fiscal year 2023 quarter two, all MCOs met or exceeded the 90 percent standard for members’ access to PCPs. Similarly, MCOs are required to maintain an adequate network of specialty providers such that 90 percent 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 provider types and specialty: 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; SUD chemical dependency treatment; SUD opioid treatment; 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 state fiscal year 2023 quarter two and across all Medicaid managed care programs, MCOs met or exceeded the 90 percent standard for members’ access to specialty providers for OB/GYN, Pediatric Sub-specialty, Behavioral Health-Outpatient, Nursing Facility, Prenatal, and Therapy. For the other specialty provider types, MCOs did not consistently meet network access standards during state fiscal year 2023 quarter two. The MCO’s performance is being reviewed for further actions. 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 percent in one or more counties. The table below summarizes the count of MCOs that did not meet the 90 percent overall average compliance rate in one or more counties.

**Figure 4. MCO Network Adequacy Summary – Specialty Providers – Number of MCOs that did not meet the standard, by Specialty Provider, Program and County designation for State Fiscal Year 2023 Q2**

Type of Specialist	Program	Number of MCOs that did not meet the standard in a county
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Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY12: October 1, 2022 – September 30, 2023  
State Fiscal Year FY23: September 1, 2022 – August 31, 2023

		<b>Metro County</b>	<b>Micro County</b>	<b>Rural County</b>
<b>Acute Care Hospital</b>	STAR	3	7	13
	STAR+PLUS	0	3	4
	STAR Kids	0	4	6
<b>Audiologist</b>	STAR	7	7	7
	STAR+PLUS	2	4	4
	STAR Kids	3	3	4
<b>Behavioral Health – Outpatient</b>	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
<b>Cardiovascular Disease</b>	STAR	0	2	0
	STAR+PLUS	0	0	0
	STAR Kids	1	2	0
<b>ENT (Otolaryngology)</b>	STAR	0	2	1
	STAR+PLUS	0	1	1
	STAR Kids	0	0	2
<b>Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)</b>	STAR	9	14	7
	STAR+PLUS	4	4	4
	STAR Kids	7	9	5
<b>General Surgeon</b>	STAR	0	1	0
	STAR+PLUS	0	1	0
	STAR Kids	0	0	0
<b>Nursing Facility</b>	STAR+PLUS	0	0	0
<b>OB/GYN</b>	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
<b>Ophthalmologist</b>	STAR	3	4	1
	STAR+PLUS	0	1	1
	STAR Kids	1	4	1
<b>Orthopedist</b>	STAR	0	4	0
	STAR+PLUS	0	2	0
	STAR Kids	0	4	1
<b>Pediatric Sub-Specialty</b> <i>(The standard requires access to one provider)</i>	STAR	0	0	0
	STAR Kids	0	0	0
<b>Prenatal</b>	STAR	0	0	0

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	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
<b>Psychiatrist</b>	STAR	1	4	2
	STAR+PLUS	0	2	1
	STAR Kids	2	3	2
<b>SUD Chemical Dependency Treatment</b>	STAR	5	11	3
	STAR+PLUS	2	4	3
	STAR Kids	4	8	4
<b>SUD Opioid Treatment</b>	STAR	14	13	13
	STAR+PLUS	4	4	4
	STAR Kids	9	9	7
<b>Therapy (Occupational, Physical, and Speech)</b>	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
<b>Urologist</b>	STAR	0	4	6
	STAR+PLUS	0	0	2
	STAR Kids	0	2	4

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

**Attachment H3** provides dentist analysis by DMO and county designation. During state fiscal year 2023 quarter two, all DMOs met the network access standard of 95 percent for Main Dentist in all county types.

**Attachment H4** provides dental specialty analysis by provider type and county designation. The DMOs did not consistently meet network access standards of 90 percent for dental specialty provider types during state fiscal year 2023 quarter two. The DMOs' performance is being reviewed for further actions.

**Figure 5. DMO Network Adequacy Summary**

Provider Type	DMO	Number of DMOs that did not meet the standard in a county		
		Metro County	Micro County	Rural County
<b>Main Dentist</b>	DentaQuest	0	0	0
	MCNA Dental	0	0	0
	United HealthCare Dental	0	0	0
<b>Endodontist</b>	DentaQuest	0	1	1
	MCNA Dental	0	1	1

	United HealthCare Dental	1	1	1
<b>Oral Surgeon</b>	DentaQuest	0	1	1
	MCNA Dental	0	0	0
	United HealthCare Dental	0	1	1
<b>Orthodontist</b>	DentaQuest	0	1	1
	MCNA Dental	0	1	1
	United HealthCare Dental	0	0	1
<b>Pediatric Dentist</b>	DentaQuest	0	0	0
	MCNA Dental	0	0	0
	United HealthCare Dental	0	1	0

\*See Attachments H3 and H4 for detailed data tables for each DMO.

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

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 Texas Legislature, Regular Session, 2019 (Article II, HHSC, Rider 157)<sup>2</sup>, 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 percent 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 is conducting a data validity analysis which may impact future reporting.

## 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.

During state fiscal year 2023 quarter one, the unique number of both credentialed PCP providers and credentialed specialist providers increased in the STAR and STAR Kids programs. Additionally, the number of unique credentialed pharmacy providers increased in all programs statewide during state fiscal

<sup>2</sup> <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/rider-157-ca-workforce-dev-strat-plan-nov-2020.pdf>

year 2023 quarter one. Across the dental program statewide, the DMOs reported an increase in credentialed dental providers 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 state fiscal year 2023 quarter one. The MCOs reported a variety of reasons for termination. For state fiscal year 2023 quarter one, the top three reasons for PCP and specialist terminations included: the provider left a group practice, termination was requested by the provider, and the provider failed to recredential. Because of the time required for data collection, provider termination counts per quarter are reported on a one-quarter lag.

## MCO and DMO Network Adequacy Standard Exceptions

House Bill 4, 87th Texas Legislature, Regular Session, 2021, requires HHSC, to the extent it is feasible, consider and include the availability of telehealth services and telemedicine medical services within the provider network of a Medicaid managed care organization. HHSC revised the existing process for the Network Performance Reports, that incorporates a way to consider MCO teleservices in Medicaid provider access standards prior to a Corrective Action Plan (CAP) being issued to MCOs. MCOs and DMOs that are non-compliant with time or distance requirements can submit an action plan that informs HHSC of how they are ensuring access to care using teleservices. A formal CAP will be requested if the MCO's plan is insufficient. The revised process implemented using state fiscal year 2023 quarter one provider network reports. The MCO must ensure continuity of care.

As a part of HHSC's process, MCOs and DMOs may submit an exception request for areas of non-compliance using 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 an exception request is denied, the MCO is subject to remedies such as a CAP or liquidated damages.

## Hotline Performance

The MCOs and DMOs must have toll-free member and behavioral health hotlines (behavioral health hotline not applicable to DMOs), that members can call 24 hours a day, 7 days a week. The MCOs and DMOs must also have a toll-free provider hotline that is available for provider inquiries from 8:00 a.m.–5:00 p.m. local time for the Service Area, Monday through Friday, except for State-approved holidays. The performance standards for these member and provider hotlines are listed below:

- 80 percent of all calls must be answered by a live person within 30 seconds (not applicable for provider hotlines).
- ≤ 7 percent call abandonment rate; and
- ≤ 2 minutes average hold time.

Included in **Attachment M1-M4** is data from state fiscal year 2023 quarter one. Because of the time required for data collection, Member Hotline data are reported on a one-quarter lag. A summary of findings using aggregated MCO self-reported data is reported below.

**Member Hotline (STAR/STAR+PLUS – SFY 2023 Q1)**

- All MCOs except two met the 80 percent standard for answered by a live person within 30 seconds.
- All MCOs met the  $\leq 7$  percent abandoned calls standard.
- All MCOs average hold times were under two minutes.

**Member Hotline (STAR Kids – SFY 2023 Q1)**

- All MCOs met the 80 percent standard for answered by a live person within 30 seconds.
- All MCOs met the  $\leq 7$  percent abandoned calls performance standard.
- All MCOs average hold times were under two minutes.

**Behavioral Health Hotline (STAR/STAR+PLUS – SFY 2023 Q1)**

- All MCOs except two met the 80 percent standard for answered by a live person within 30 seconds.
- All MCOs except one met the  $\leq 7$  percent abandoned calls standard.
- All MCOs met the average hold times were under two minutes except one.

**Behavioral Health Hotline (STAR Kids – SFY 2023 Q1)**

- All MCOs except two met the 80 percent standard for calls answered by a live person within 30 seconds.
- All MCOs except two met the  $\leq 7$  percent abandoned calls standard.
- All MCOs average hold times were under two minutes except one.

**Provider Hotline (STAR/STAR+PLUS – SFY 2023 Q1)**

- All MCOs met the  $\leq 7$  percent abandoned calls standard except one.
- All MCOs average hold times were under two minutes except one.

**Provider Hotline (STAR Kids – SFY 2023 Q1)**

- All MCOs met the  $\leq 7$  percent abandoned calls standard.
- All MCOs met the requirement for  $\leq 2$  minutes average hold time.

**Dental Hotline (SFY 2023 Q1)**

- All DMOs except one met the standard that 80 percent of all calls must be answered by a live person within 30 seconds, for member hotline.
- All DMOs except one met the  $\leq 7$  percent abandoned calls standard for member and provider hotline.
- All DMOs average hold times were under two minutes for member and provider hotlines.

The above instances of non-compliance are being addressed by HHSC. 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 CAPs 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 percent benchmark.

Quarterly healthcare provider counts are reported on a one-quarter lag. In state fiscal year 2023 quarter one, all MCOs and DMOs met the 80 percent benchmark, except Community First Health Plan (77 percent) and Cook Children’s (63 percent) in STAR and Cook Children’s (60 percent) and Community First Health Plan (78 percent) in STAR Kids. HHSC is monitoring on an ongoing basis and has not identified access to access to care concerns, issues, or complaints with these MCOs.

## Appointment Availability

HHSC directly monitors MCO provider networks. Section 8.1.3 of the Uniform Managed Care Contract, and corresponding sections of the other managed care contracts, requires that all members have access to all covered services on a timely basis, consistent with medically appropriate guidelines and accepted practice parameters. MCOs that do not meet minimum performance thresholds are subject to contract remedies, including CAPs and liquidated damages (LDs). For quarter two of state fiscal 2023, the vision care study was conducted. Results for the 2023 vision care study by program are outlined in Figure 6.

**Figure 6. 2023 Percentage of Providers that Met Appointment Availability Standards**

Vision Standard	STAR Adult	STAR Child	STAR Health	STAR Kids	STAR+ PLUS
Members must be allowed to have access without a primary care physician (PCP) referral to eye healthcare services from a network specialist who is an ophthalmologist or therapeutic optometrist for non-surgical services.	100%	100%	100%	99.6%	98.2%

## Out-of-Network (OON) Utilization

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

- 15 percent of inpatient hospital admissions.
- 20 percent of emergency room (ER) visits.
- 20 percent 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 OON 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 CAP.



**Attachment D** provides OON utilization performance summary for state fiscal year 2023 quarter one. 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 state fiscal year 2023 quarter one and have a SERT in place or are finalizing a SERT bringing the MCOs into compliance. HHSC will continue to monitor these MCOs and will require corrective action or other remedies as appropriate.

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

- STAR
  - Texas Children’s – Approved SERT on file
  - Dell Children’s – Approved SERT on file
  - Community Health Choice – Approved SERT on file
- STAR Kids
  - Texas Children’s – Approved SERT on file

OON Inpatient (<15 percent Standard)

- STAR
  - Texas Children’s – Approved SERT on file
- STAR Kids
  - Texas Children’s – Approved SERT on file

OON Other Outpatient (<20 percent Standard)

- STAR
  - Texas Children’s – Approved SERT on file
  - Aetna – Approved SERT on file
- STAR Kids
  - Texas Children’s – Approved SERT on file

## Oversight of MCOs and DMOs

HHSC staff routinely evaluate, and compile data reported by the MCOs and DMOs. All instances of non-compliance have been, or are being, addressed by HHSC. If an MCO or DMO fails to meet performance standards or other contract requirements such as accurate and timely submission of deliverables, HHSC uses a variety of remedies, including:

1. Developing 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 CMS.

## 5. Waiver Amendments and Upcoming Initiatives

### Waiver Amendments

The following amendments have been submitted to CMS or are in development.

#### Medically Fragile

House Bill 4533, 86<sup>th</sup> Texas Legislature, Regular Session, 2019 (Section 32), requires 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, 86<sup>th</sup> Texas Legislature, Regular Session, 2019, directs 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 the bill. This amendment was submitted to CMS on November 5, 2021. HHSC and CMS continue to discuss the amendment.

#### Maternal and Child Health

House Bill 133, 87<sup>th</sup> Texas Legislature, Regular Session, 2021, directs HHSC to:

- Transition targeted Case Management for Children and Pregnant Women (CPW) services to Medicaid managed care. HHSC submitted this amendment on May 4, 2022, with a requested effective date of September 1, 2022. HHSC and CMS continue to discuss the amendment.
- Extend postpartum Medicaid coverage from 60 days to six months following delivery or involuntary miscarriage. HHSC submitted this amendment on May 25, 2022, with a requested effective date of September 22, 2022. HHSC and CMS continue to discuss the amendment.
- Transition the Healthy Texas Women (HTW) program services<sup>3</sup> into managed care. An amendment has not yet been submitted to CMS. HHSC plans to implement HTW managed care in quarter two of state fiscal year 2025.

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

HHSC continues work toward implementation of a pilot program through the STAR+PLUS Medicaid managed care program to test person-centered managed care strategies and improvements under a capitated model.<sup>4</sup> The pilot program will inform the future carve-in of waivers and community intermediate care facilities 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

<sup>3</sup> <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83311>

<sup>4</sup> As required by House Bill 4533, 86<sup>th</sup> Texas Legislature, Regular Session, 2019.

disabilities (IDD), traumatic brain injury, and people with similar functional needs. The pilot program will operate in one SDA selected by HHSC with up to two STAR+PLUS Medicaid managed care plans. The pilot program will be implemented in phases and will operate for at least 24 months. Phase 1 will begin September 1, 2023. Phase 2 will begin February 1, 2024, and is when clients begin receiving services. HHSC anticipates submitting an amendment soon.

The Intellectual and Developmental Disabilities System Redesign Advisory Committee (IDD SRAC) and the STAR+PLUS Pilot Program Workgroup continue to meet and submit recommendations to aid in the development of the pilot program. The STAR+PLUS 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.

## **2nd Reassessment of the UC Pool Program**

HHSC proposes amending STC 41(d) Reassessment of Hospital's Uncompensated Charity Care in 2027, to make clear what years and data sources will be used for the reassessment to ensure that the public health emergency does not impact the data utilized. Through this amendment, HHSC clarifies in STC 41(d) that Medicaid payment data from 2025 as determined by the claim and encounter data maintained by Texas will be used to avoid any impacts from the data caused by the public health emergency. The proposed effective date for this amendment is December 31, 2023. HHSC submitted this amendment to CMS on May 1, 2023.

## **Upcoming 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. HHSC revised managed care contracts to require MCOs to ensure their contracted providers comply with the HCBS settings regulations. These contract amendments became effective in September 2022. HHSC received initial approval of the Statewide Transition Plan on December 21, 2022, and resubmitted a revised STP to CMS for final approval in March 2023, following a required public comment period. HHSC received CMS's "site visit report" in April 2023 summarizing CMS findings from CMS's recent site visit to Texas to assess several STAR+PLUS HCBS assisted living facility settings. HHSC is in the process of reviewing the report and will work to address any outstanding concerns, including updating the state's proposed HCBS Settings Rule corrective action plan to reflect any ongoing remediation as needed.

### **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 dedicating resources at HHSC to coordinate and support a Workforce Development Taskforce.

- HHSC identified the 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 (American Rescue Plan Act) 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 37 individual projects within a three state-fiscal-year project period. Fourteen of the projects are already complete. During state fiscal year 2022 quarter four, HHSC posted and awarded a contracted vendor to establish a direct service employer registry. The registry aims to connect direct care workers with potential employers. Direct care workers would have access to training through the registry at no cost. Implementation began in state fiscal year 2022 quarter four and will continue through the anticipated target completion date in June 2023. HHSC has sent out the first GovDelivery announcement for the website and plans to continue advertising throughout the summer. During state fiscal year 2023 quarter one, HHSC released two surveys to gain insight into the needs of direct care workers and perceptions of the local workforce development boards on recruitment and retention efforts. HHSC has analyzed the survey data and the finalized reports were made publicly available during state fiscal year 2023 quarter two. During state fiscal year 2023 quarter two, HHSC also partnered with the Texas Workforce Commission to acquire data related to the workforce from the WorkInTexas.com job-matching platform. HHSC completed a brief on the subject of community attendants during state fiscal year 2023 quarter two.

## **Critical Incident Management System**

HHSC has implemented a new statewide critical incident management system (CIMS) for reporting critical incidents. The new system complies with guidance issued by CMS on March 12, 2014. The 2020-2021 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019, appropriated funding to streamline the level of critical incident information received and to standardize the format for the new CIMS. HHSC has worked diligently with FEI Systems, the CIMS vendor, to configure a platform to collect all required critical incident information across all 1915(c) and STAR+PLUS HCBS programs. It includes information on abuse, neglect, and exploitation allegations (ANE) in addition to other non-ANE critical incidents required by program policy. All direct-care waiver providers in the impacted programs are required to report information into the new system. CIMS went live for fee-for-service waiver providers in July 2022. HHSC gave those providers a grace period to November 1, 2022, to fully utilize the system. MCO long-term services and supports provider rollout will occur at a later date. The implementation process required provider training by program, system testing, coordination between reporting systems, and assessments of program reporting requirements. HHSC continues to closely monitor all ongoing activities involved with CIMS implementation.

## 6. Demonstration-related Appeals and Complaints

### Complaints Received by the State and MCOs

HHSC monitors complaints received by the Office of the Ombudsman Managed Care Assistance Team (OMCAT) and HHSC Managed Care Contracts and Oversight (MCCO). MCOs and DMOs are required to track and monitor the number of member complaints, appeals, and provider complaints received, to ensure resolution occurs within 30 days of receipt. A 98 percent compliance standard is required.

*Attachment O*<sup>5</sup> includes complaints data compiled from both MCOs/DMOs and HHSC for members and providers. The reports in *Attachment O* reflect state fiscal year 2023 quarter one. 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 represented as 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* is reported on a one-quarter lag and provides a performance summary of member appeals for state fiscal year 2023 quarter one. During the reporting period, STAR MCOs collectively reported 2,870 member appeals resolved. STAR+PLUS MCOs reported 2,366 and STAR Kids MCOs reported 1,167 member appeals resolved. DMOs collectively reported 523 member appeals resolved.

Member appeal reports are submitted monthly. Most MCOs met the compliance standard for one or more months. El Paso First and Parkland did not meet the 98 percent compliance standard for 30-day appeals resolved timely in the STAR program during the quarter. Identified instances of non-compliance are reviewed quarterly for remedies, as stated in the contract, that include but are not limited to, CAPs 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 during state fiscal year 2023 quarter two. These attachments include the total number of referrals received and the allegation category.

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<sup>5</sup> Attachment O aggregates include STAR Health data, which is not a program included in the 1115 Demonstration Waiver.

## Claims Summary Reports

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

Claims summary counts are reported on a one-quarter lag and reflect data through state fiscal year 2023 quarter one. *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 state fiscal year 2023, FFH received 507 fair hearing requests for the programs authorized under the waiver (65 for the STAR program, 14 for the STAR Health program, 111 for the STAR Kids program, and 317 for the STAR+PLUS program). Of the 505 fair hearing decisions, 136 were withdrawn by the appellant, 192 were dismissed, 148 were upheld, and 29 were reversed by the presiding Fair Hearings Officer; 2 decisions were pending final resolution. The total number of fair hearing requests received during state fiscal year 2023 quarter two increased by 41 requests (9 percent) from state fiscal year 2023 quarter one. The data for the appeal requests were from Appeals sent January 1, 2023 through March 31, 2023. The data for the decisions are from Decisions Issued from January 1, 2023 through March 31, 2023. Although an appeal request has been sent, the appeal may not be heard and decided prior to the end of the quarter, hence the difference in the data.

## External Medical Review

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 takes place between the MCO internal appeal process and the State Fair Hearings. The MCO has to provide the IRO the same set of records the MCO reviewed to determine service denial or reduction. EMRs are 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.

In the second quarter of state fiscal year 2023, HHSC received 97 EMR requests for the following Medicaid managed care programs: 16 for the STAR program, 35 for the STAR Kids program, 36 for the STAR+PLUS program, and 10 for dental services. Of the 103 EMR requests, 76 MCO internal appeal decisions were upheld by the IRO, 19 MCO internal appeal decisions were overturned by the IRO, 7

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MCO internal appeal decisions were partially overturned by the IRO, and 1 was withdrawn by the member before assignment to an IRO. There was an overall increase of 23 requests (29 percent) from the previous quarter. Due to the small numbers across all plans, no trends or issues were identified.



## 7. Quality

### Quality of Care

As part of all MCO's quality performance in Texas Medicaid, HHSC calculates annual and monthly quality measures and posts results on the Texas Healthcare Learning Collaborative (THLC) Portal. The Portal is located at [thlcportal.com](http://thlcportal.com). These quality measures are referred to as Quality of Care (QOC) measures. QOC measures are not mandated by state or federal statute or rule, but instead are the basis of many state initiatives and the state quality strategy.

HHSC received MCO quality measure results in October 2022 for measurement year 2021. Complete and final 2021 results are posted on the THLC portal ([thlcportal.com](http://thlcportal.com)). The results will help inform HHSC decisions about quality improvement programs for measurement years 2023 and 2024. The COVID-19 PHE continued to affect survey completion rates in state fiscal year 2021, which limited the number of respondents on the surveys. HHSC has increased outreach efforts to account for the low response rate.

### Performance Indicator Dashboard

The Performance Indicator Dashboards include a set of measures for each managed care program. The measures assess different aspects of healthcare quality which HHSC has determined to be of greatest importance.

HHSC imposed corrective action plans (CAPs) on MCOs who did not meet minimum standards on 33.33 percent of quality metrics on the Performance Indicator Dashboard. This year, plans were directed to address each measure that fell below the minimum standard, taking a holistic approach to improving quality. As part of their CAP, MCOs are directed to provide root causes, interventions, and improvement metrics for each measure below minimum standards.

### Performance Improvement Projects (PIPs)

HHSC works with the External Quality Review Organization (EQRO) to review MCO and DMO performance on quality measures and identify areas needing improvement. MCOs and DMOs are required to begin a two-year PIP for each program (CHIP, STAR, STAR+PLUS, etc.) in January of every calendar year. As a result, plans have at least two PIPs in progress in any given year, and some plans may have many PIPs running concurrently.

HHSC received the 2023 PIPs Plan evaluations from the EQRO for MCOs to review and incorporate feedback. The topic for MCOs is to reduce potentially preventable admissions (PPA) for behavioral-health (BH) related diagnoses, and for DMOs the topic is to increase the DQA oral evaluation measure. The average PIP plan score was 84.5 percent. These PIPs will be implemented January 2023 – December 2024 with a final report due in the fall of 2025.



## **8. HCBS Quality Assurance Reporting**

This update will be provided in the next annual report.

## 9. Directed Payment Programs

Per STC 36, monitoring reports as required in STC 74, include completion of the State Directed Payment (SDP) Reporting Chart for each state directed payment on an annual basis.

### State Fiscal Year 2023

On August 1, 2022, CMS approved five directed payment programs:

1. Directed Payment Program for Behavioral Health Services (DPP for BHS),
2. Quality Incentive Payment Program (QIPP),
3. Comprehensive Hospital Increase Reimbursement Program (CHIRP),
4. Texas Incentives for Physicians and Professional Services (TIPPS), and
5. Rural Access to Primary and Preventive Services Program (RAPPS).

HHSC, working with contracted Medicaid MCOs, successfully implemented these programs.

### State Fiscal Year 2024

The State submitted the fiscal year 2024 preprints for the aforementioned five state directed payment programs on March 15, 2023. The state has received the first round of questions from CMS.

## 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 actual data through federal fiscal year 2023, quarter one and forecasted data for quarter two.

HHSC developed federal fiscal year 2023 Medicaid managed care rates that meet the actuarial soundness and federal requirements. Actuarial certification reports were submitted to CMS and the Office of the Actuary 45 days prior to the start of the rating period. HHSC is still awaiting approval of many of the contracts and capitation rates for federal fiscal year 2023.

Due to the significant impact of the COVID-19 PHE, HHSC adjusted the standard base periods used in prior rate settings. Beginning March 2020, all programs experienced significant declines in the average cost due to large scale shutdowns and deferral of services. As a result, we determined that the March 2020 through August 2020 data is not indicative of future cost patterns. The base period for all rating components was defined as March 2019 through February 2020 which is the most recent twelve-month period not impacted by the PHE. In the actuaries' opinion, COVID-19 presented unprecedented challenges to setting prospective actuarially sound capitation rates that would appropriately consider the impact of COVID-19 on Medicaid cost and utilization. HHSC did not include these costs in the capitation rates and paid COVID-19 costs through a non-risk arrangement.

The rate changes varied by managed care program, MCO, region, and risk group, with an aggregate average rate decrease of approximately 2 percent compared to the federal fiscal year 2022 capitation rates. This figure excludes the impact of mid-year revisions to the capitation rates. HHSC submitted fiscal year 2023 rate amendments for additional changes needed to ensure that the State is paying actuarially sound capitation rates.

### Anticipated Changes to Financial/Budget Neutrality

These STCs set forth a base year of federal fiscal year 2023 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 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 directed payment programs starting September 1, 2021.

Texas Medicaid expenditures in federal fiscal year 2023, the base year, in conjunction with cost trends and adjustments 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 federal fiscal year 2023 quarter two, including:

- HHSC submitted the HCBS settings statewide transition plan to CMS for final approval. The plan is pending CMS approval. HHSC also participated in CMS site visits to HCBS providers as part of CMS' HCBS settings heightened scrutiny review.
- HHSC published final notices to MCOs regarding the COVID-19 flexibilities that ended when the federal PHE ended and the related provider and member notification requirements.
- Over 575 STAR Kids members across the state are participating in the Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot program offered at 11 sites operated through voluntary partnerships between a member's MCO and a health home. This pilot began December 1, 2022, and aims to test the impact of integrative care coordination through health homes for children with medically complex conditions and their families.

Challenges successfully navigated during federal fiscal year 2023 quarter two 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.
- Obtained CMS approval of HHSC's End of Continuous Medicaid Coverage Mitigation Plan on March 27, 2023.

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

- Adopt rules allowing MCOs to provide more care coordination services using telecommunications or information technology.
- Pending CMS approval, Medicaid postpartum coverage for women to six months after the end of pregnancy.
- Transitioning Healthy Texas Women to managed care.

- Full compliance with the home and community-based settings regulations.
- Preparing for the implementation of the STAR+PLUS Pilot Program including seeking final approval of the 1115 waiver amendment, member outreach and enrollment, readiness activities and training.
- Implementing a policy change to better serve medically fragile adults.

## **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
- Notice of Intent to Award issued.
- Estimated Notice of Award: March 2023
- Start of Operations: February 2024

### **STAR**

- RFP Posted: December 7, 2022
- Estimated Notice of Award: Q2 State Fiscal Year 2024
- Start of Operations: Q2 SFY25

### **STAR Kids**

- RFP Posting: Q2 SFY24
- Estimated Notice of Award: Q2 State Fiscal Year 2025
- Start of Operations: Q2 State Fiscal Year 2026

## 12. Litigation Summary

**Table 2. Consideration 1**

Type of Consideration	Ongoing litigation
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 (CAOs) 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 and portions of the Adequate Supply of Providers CAO have 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>
Date and Report in Which Consideration Was First Reported	The lawsuit was filed on September 1, 1993. The consent decree was entered on February 20, 1996. The eleven corrective action orders were entered on April 27, 2007.
Summary of Impact	The consent decree and corrective action orders touch upon many program areas, and generally require the State to take actions intended to ensure access, or measure access, to Medicaid services for children. The Texas Medicaid program must consider these obligations in many policy and program decisions for Medicaid services available for persons under age 21.

Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY12: October 1, 2022 – September 30, 2023  
State Fiscal Year FY23: September 1, 2022 – August 31, 2023

Estimated Number of Beneficiaries	Estimated (as of September 2022) at 4,284,650.
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 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, 2023, 502 providers have been approved through Strategy 1 to join with the three local HIEs: C3HIE (formerly known as HASA), Greater Houston Healthconnect (GHH), and Rio Grande Valley HIE (RGVHIE). This includes 112 ambulatory practices, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), and 47 hospitals.

**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 Consolidated-Clinical Document Architecture (C-CDA) messages, received from the three local HIEs currently participating in the project. HIETexas continues to support a user interface for individuals designated by HHSC, integration work and technical assistance for local HIEs, as well as activities and capabilities required for C-CDA Transition of Care summaries and Emergency Department Encounter Notification (EDEN) ADT alerts delivered to Texas Medicaid. Additionally, patient census information is automatically obtained and ingested via the EDEN software platform for query services. This includes the capability to query and retrieve documents from multiple HIE networks at the local and national level. These queried documents can be pushed to Texas Medicaid and EDEN subscribers.

**Strategy 3/EDEN System:** In addition to those providers and hospitals onboarded to the project via Strategy 1, C3HIE sends ADT alerts from all existing hospital connections (total of 34 with 5 more in progress). Additionally, THSA is making direct connections with hospitals, urgent care facilities, and Skilled Nursing Facilities (SNFs)/rehab. As of March 31, 2023, THSA has made direct connections to 125 hospitals and urgent care facilities. Seventy-seven direct connections are in progress and data subscribers, including hospitals, ambulatory practices, and Medicaid Managed Care Organizations, continue to be added. 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 still in the process of analyzing data for quality as part of the effort to build a repository that will make project data accessible and usable to various departments and program areas within HHS. HHSC plans to have its HIE database in production by the beginning of May, after which additional assessment of data quality and completeness will occur.



## **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 the upcoming hurricane season. PULSE allows authorized users to query clinical data, support patient reunification efforts, and search public health emergency patient data. The HIETexas PULSE system is being maintained and prepared to be activated in the instance of a declared disaster in Texas.

During state fiscal year quarter two, the PULSE system had 100% uptime and THSA continued to provide PULSE demonstrations for end users. HHSC is finalizing preparation to have CMS certify the PULSE system.

## 14. Evaluation

HHSC completed the following 1115 Waiver evaluation activities during FFY23 Q2:

- HHSC received CMS approval on Revision 6.1 of the 1115 Evaluation Design covering DYs 7-11 (2017 STCs), which reflects plans for the Interim Evaluation Report #1 (due on March 31, 2024, in accordance with the 2021 STCs), on March 17, 2023.
- HHSC held a virtual Quarterly Meeting with Texas A&M University (TAMU) on February 24, 2023, to discuss overall progress on the evaluation.
  - HHSC held two additional ad-hoc calls on February 16, 2023, and March 21, 2023, to discuss data needs for the Interim Evaluation Report #1 (due on March 31, 2024).
- HHSC analysts transferred evaluation-related data to TAMU in February and March, 2023.
- HHSC began discussions with TAMU to extend their current contract for the 1115 Evaluation Design covering DYs 10-19.
  - CMS indicated they did not have concerns with pursuing a contract extension with the current evaluator on December 15, 2022.
  - TAMU provided a letter of intent affirming their continued interest in serving as the 1115 external evaluator on March 29, 2023.

### Modifications to the Evaluation Design

HHSC did not make modifications to the 1115 Evaluation Designs during federal fiscal year 23 quarter two.

### Description of Evaluation Findings or Reports

CMS approved TAMU’s revised Interim Report on August 2, 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 2021 STCs).

The table below lists evaluation-related deliverables. There are no anticipated barriers at this time, but HHSC did modify the due date for obtaining an independent external evaluator (2021 STCs). The CMS-approved evaluation design noted that the state would obtain an independent external evaluator one year from the date of CMS approval of the Evaluation Design (May 26, 2023). HHSC plans to extend TAMU’s current contract to include the Evaluation Design covering DYs 10-19. However, due to budgeting and contract considerations, TAMU’s current contract will continue through August 31, 2023, and the new contract (including the Evaluation Design covering DYs 10-19) will begin September 1, 2023. TAMU indicated that executing the contract in September 2023, rather than May 2023, will not inhibit their ability to conduct the evaluation as approved by CMS.

**Table 3. Evaluation-related Deliverables**

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
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Medicaid Section 1115 Monitoring Report  
Texas Healthcare Transformation and Quality Improvement Program  
Demonstration Year DY12: October 1, 2022 – September 30, 2023  
State Fiscal Year FY23: September 1, 2022 – August 31, 2023

Evaluation Design Plan (2017 STCs)	N/A	CMS approved the Evaluation Design on 8/2/2018.	N/A
Obtain Independent External Evaluator (2017 STCs)	N/A	HHSC executed the contract with TAMU on 8/31/2019.	N/A
Interim Evaluation Report (2017 STCs)	N/A	CMS approved TAMU's revised Interim Report to CMS on 8/2/2022.	N/A
Evaluation Design Plan (2021 STCs)	N/A	CMS approved the Evaluation Design on 5/26/2022.	N/A
Obtain Independent External Evaluator (2021 STCs)	9/1/2023 <sup>1</sup>	HHSC received a Letter of Intent from TAMU on 3/29/2023 affirming their interest in continuing to serve as the external evaluator for the waiver extension.	<i>No issues anticipated at this time</i>
Interim Evaluation Reports (2021 STCs)	3/31/2024 <sup>2</sup> ; 3/31/2027; 9/30/2029		<i>No issues anticipated at this time</i>
Summative Evaluation Report (2021 STCs)	3/30/2032		<i>No issues anticipated at this time</i>

*Notes.* <sup>1</sup> Obtaining an external evaluator was originally slated to be completed by 5/26/2023. However, due to budgeting and contract considerations, HHSC updated this date to 9/1/2023. <sup>2</sup> Interim Evaluation Report #1 under the 2021 STCs replaced the Summative Evaluation Report previously required under the 2017 STCs.

## 15. 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.

## **16. Post Award Forum**

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

## 17. 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 Enrollment Reports.** Includes Medicaid Enrollment Reports from June through August 2022.

**Attachments C1, C2, C3 - Provider Network and Methodology.** These 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 attachment summarizes 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.

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

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

**Attachment 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.

**Attachments 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 A  
Managed Care Plans by Service Area  
SFY23 Q2 Report

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

**Attachment B1**  
**Enrollment Summary**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
<b>Dental</b>	Statewide	DentaQuest	2,102,517	54%
		MCNA	1,388,291	35%
		United Dental	436,872	11%
<b>Dental Total</b>			<b>3,927,680</b>	<b>100%</b>
<b>STAR</b>	Bexar	Aetna	37,712	1%
		Amerigroup	15,849	0%
		Community First	160,853	4%
		Superior	170,350	4%
	Dallas	Amerigroup	310,024	7%
		Molina	46,102	1%
		Parkland	219,054	5%
	El Paso	El Paso First	92,942	2%
		Molina	5,877	0%
		Superior	63,528	1%
	Harris	Amerigroup	108,723	3%
		CHC	335,399	8%
		Molina	17,254	0%
		Texas Children's	469,130	11%
		United	135,450	3%
	Hidalgo	Driscoll Children's	141,717	3%
		Molina	54,097	1%
		Superior	190,781	4%
		United	66,411	2%
	Jefferson	Amerigroup	11,515	0%
		CHC	30,840	1%
		Molina	5,494	0%
		Texas Children's	49,543	1%
		United	28,318	1%
	Lubbock	Amerigroup	13,474	0%
		FirstCare	50,631	1%
		Superior	47,462	1%
	MRSA Central	Amerigroup	27,394	1%
		Scott & White	63,579	1%
		Superior	116,169	3%



**Attachment B1  
Enrollment Summary  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
	MRSA Northeast	Amerigroup	96,886	2%
		Superior	156,576	4%
	MRSA West	Amerigroup	48,618	1%
		FirstCare	60,368	1%
		Superior	127,829	3%
	Nueces	Driscoll Children's	90,660	2%
		Superior	28,404	1%
		United	4,795	0%
	Tarrant	Aetna	92,408	2%
		Amerigroup	175,219	4%
		Cook Children's	154,594	4%
	Travis	BCBS	54,320	1%
		DELL	42,027	1%
Superior		128,494	3%	
<b>STAR Total</b>			<b>4,346,870</b>	<b>85%</b>
<b>STAR Kids</b>	Bexar	Community First	7,778	5%
		Superior	7,165	4%
	Dallas	Aetna	7,060	64%
		Amerigroup	15,495	9%
	El Paso	Amerigroup	1,431	1%
		Superior	3,586	2%
	Harris	Amerigroup	6,971	4%
		Texas Children's	21,926	13%
		United	10,160	6%
	Hidalgo	Driscoll Children's	6,623	4%
		Superior	9,695	6%
		United	6,268	4%
	Jefferson	Texas Children's	2,932	2%
		United	2,304	1%
	Lubbock	Amerigroup	1,448	1%
		Superior	2,110	1%
	MRSA Central	BCBS	4,953	3%
		United	4,620	3%
	MRSA Northeast	Texas Children's	5,676	3%
		United	5,678	3%
MRSA West	Amerigroup	3,223	2%	
	Superior	4,014	2%	

**Attachment B1  
Enrollment Summary  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

	SDA	MCO	Q1	Market Share
	Nueces	Driscoll Children's	4,104	2%
		Superior	1,260	1%
	Tarrant	Aetna	5,973	4%
		Cook Children's	9,761	6%
	Travis	BCBS	4,004	2%
		Superior	3,782	2%
<b>STAR Kids Total</b>			<b>170,000</b>	<b>3%</b>
<b>STAR+PLUS</b>	Bexar	Amerigroup	11,095	2%
		Molina	8,012	1%
		Superior	30,932	5%
	Dallas	Molina	37,693	7%
		Superior	30,663	5%
	El Paso	Amerigroup	11,941	2%
		Molina	10,596	2%
	Harris	Amerigroup	39,642	7%
		Molina	12,981	2%
		United	65,065	11%
	Hidalgo	Molina	29,063	5%
		Superior	35,153	6%
	Jefferson	Amerigroup	5,985	1%
		Molina	5,262	1%
		United	9,363	2%
	Lubbock	Amerigroup	6,733	1%
		Superior	7,368	1%
	MRSA Central	Superior	16,816	3%
		United	15,934	3%
	MRSA Northeast	Molina	17,144	3%
		United	30,549	1%
	MRSA West	Amerigroup	15,553	3%
		Superior	21,405	4%
	Nueces	Superior	10,756	2%
		United	10,765	2%
	Tarrant	Amerigroup	34,369	6%
		Molina	12,082	2%
	Travis	Amerigroup	10,601	2%
		United	17,337	3%

**Attachment B1  
Enrollment Summary  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

	<b>SDA</b>	<b>MCO</b>	<b>Q1</b>	<b>Market Share</b>
<b>STAR PLUS Total</b>			<b>570,858</b>	<b>11%</b>
<b>STAR, STAR Kids, and STAR+PLUS Total</b>			<b>5,087,728</b>	<b>100%</b>

**Medicaid Enrollment Report, as of June 2022**  
Compiled in January 2023

MEDICAID ENROLLMENT BY MODEL			
Full Benefits Only <sup>(1)</sup>			
Clients	Percent		
<b>MEDICAID (Full Benefits)</b>	<b>5,500,619</b>		
Fee For Service	215,567	3.9%	
Managed Care	5,285,052	96.1%	
Total Clients (Full and Partial Benefits)			Change from Prior Month
Clients	Percent		
<b>TOTAL MEDICAID</b>	<b>6,245,064</b>		0.7% <span style="color: green;">↑</span>
Fee For Service	960,012	15.4%	-0.6% <span style="color: red;">↓</span>
Managed Care	5,285,052	84.6%	0.9% <span style="color: green;">↑</span>

MEDICAID ENROLLMENT (Full and Partial Benefits)					
BY MCO PROGRAM	Total Clients	Percent of Total	Change from Prior Month		
STAR	4,479,125	85%	1.05%	<span style="color: green;">↑</span>	
STAR+PLUS	555,889	11%	0.50%	<span style="color: green;">↑</span>	
Dual Demo	34,696	1%	-1.40%	<span style="color: red;">↓</span>	
STAR Health	45,627	1%	0.35%	<span style="color: green;">↑</span>	
STAR Kids	169,715	3%	0.12%	<span style="color: green;">↑</span>	
TOTAL MCO	5,285,052		0.93%	<span style="color: green;">↑</span>	
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)					
Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month
SSI	19,591	22,283	3,166	45,040	74% 0.5% <span style="color: green;">↑</span>
SSI-Related MAO	422	14,704	918	16,044	26% -0.2% <span style="color: red;">↓</span>
TOTAL HCBS	20,013	36,987	4,084	61,084	0.30% <span style="color: green;">↑</span>

(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.

Prepared by Medicaid CHIP Data Analytics at DAP on 01/10/2023 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	31,256	18.4%
Texas Children's	30,469	18.0%
United	29,195	17.2%
Amerigroup	28,731	16.9%
Aetna	12,877	7.6%
Driscoll Children's	10,719	6.3%
Cook Children's	9,785	5.8%
BCBS	8,851	5.2%
Community First	7,832	4.6%
		0.0%
<b>TOTAL</b>	<b>169,715</b>	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	646	0.4%
1-5	16,404	9.7%
6-14	77,021	45.4%
15-21	64,778	38.2%
MDCP Waiver	5,828	3.4%
YES Waiver	1,314	0.8%
IDD Waiver	3,724	2.2%
<b>TOTAL</b>	<b>169,715</b>	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
Community	489,669	82.9%
• Non-HCBS (State Plan)	432,669	73.3%
•• Non-Medicare	199,665	33.8%
•• Medicare	233,004	39.5%
• HCBS (STAR+PLUS Waiver)	57,000	9.7%
•• Non-Medicare	20,013	3.4%
•• Medicare	36,987	6.3%
Nursing Facility	42,946	7.3%
• Non-Medicare	5,689	1.0%
• Dual Eligible	37,257	6.3%
IDD	17,463	3.0%
MMP	34,696	5.9%
• State Plan	27,335	4.6%
• STAR+PLUS Waiver	4,084	0.7%
• Nursing Facility	3,277	0.6%
MBCC	5,811	1.0%
<b>TOTAL</b>	<b>590,585</b>	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,297,659	24.4%
Amerigroup	1,003,793	18.9%
Texas Children's	564,035	10.6%
United	415,235	7.8%
CHC	383,386	7.2%
Molina	274,494	5.2%
Driscoll Children's	250,849	4.7%
Parkland	229,319	4.3%
Community First	173,132	3.3%
Cook Children's	170,086	3.2%
Aetna	142,747	2.7%
FirstCare	113,288	2.1%
El Paso First	95,259	1.8%
Scott & White	64,742	1.2%
BCBS	64,391	1.2%
Dell	42,637	0.8%
Dell	38,867	0.7%
<b>TOTAL</b>	<b>5,323,919</b>	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,169,576	54.3%
MCNA	1,436,077	35.9%
United Dental	393,381	9.8%
<b>TOTAL</b>	<b>3,999,034</b>	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
Clients	Percent	
<1	245,298	3.9%
1-5	1,113,064	17.8%
6-18	2,578,093	41.3%
19-20	285,362	4.6%
21-64	1,551,063	24.8%
65+	472,184	7.6%
<b>TOTAL</b>	<b>6,245,064</b>	

AGE CATEGORY		
Clients	Percent	
< 21	4,221,817	67.6%
>=21	2,023,247	32.4%
<b>TOTAL</b>	<b>6,245,064</b>	

RACE/ETHNICITY		
Clients	Percent	
White	1,064,270	17.0%
Black	961,723	15.4%
Hispanic	3,056,925	48.9%
Other	132,453	2.1%
Unknown	1,029,688	16.5%
<b>TOTAL</b>	<b>6,245,059</b>	

ELIGIBILITY CATEGORY		
Clients	Percent	
Children		
SSI Child	162,750	2.6%
SSI Related MAO	5,472	0.1%
Newborn	242,049	3.9%
Child 1-21	3,784,533	60.6%
Medically Needy <sup>(3)</sup>	79	0.0%
Adults		
Pregnant Women	427,186	6.8%
SSI Adult <sup>(4)</sup>	540,200	8.7%
SSI Related MAO	97,175	1.6%
Parent	234,966	3.8%
MBCC	6,209	0.1%
Other Programs		
Emergency (Partial)	7,989	0.1%
Dual Eligibles	316,815	5.1%
HTW XIX	419,641	6.7%
<b>TOTAL <sup>(5)</sup></b>	<b>6,245,064</b>	

Sub-Category (included in above groups)		
AAPCA	69,643	1.1%

**Medicaid Enrollment Report, as of July 2022**  
Compiled in February 2023

MEDICAID ENROLLMENT BY MODEL			
Full Benefits Only <sup>(1)</sup>			
Clients	Percent		
<b>MEDICAID (Full Benefits)</b>	<b>5,543,480</b>		
Fee For Service	214,789	3.9%	
Managed Care	5,328,691	96.1%	
Total Clients (Full and Partial Benefits)			Change from Prior Month
Clients	Percent		
<b>TOTAL MEDICAID</b>	<b>6,291,867</b>		0.7% ↑
Fee For Service	963,176	15.3%	0.3% ↑
Managed Care	5,328,691	84.7%	0.8% ↑

MEDICAID ENROLLMENT (Full and Partial Benefits)						
BY MCO PROGRAM	Total Clients	Percent of Total	Change from Prior Month			
STAR	4,520,469	85%	0.92%	↑		
STAR+PLUS	558,178	10%	0.41%	↑		
Dual Demo	34,428	1%	-0.77%	↓		
STAR Health	45,729	1%	0.22%	↑		
STAR Kids	169,887	3%	0.10%	↑		
TOTAL MCO	5,328,691		0.83%	↑		
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)						
	Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month
SSI	19,752	22,405	3,145	45,302	74%	0.6% ↑
SSI-Related MAO	415	14,667	900	15,982	26%	-0.4% ↓
TOTAL HCBS	20,167	37,072	4,045	61,284		0.33% ↑

(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.

Prepared by Medicaid CHIP Data Analytics at DAP on 02/07/2023 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	31,332	18.4%
Texas Children's	30,490	17.9%
United	29,222	17.2%
Amerigroup	28,712	16.9%
Aetna	12,915	7.6%
Driscoll Children's	10,723	6.3%
Cook Children's	9,796	5.8%
BCBS	8,880	5.2%
Community First	7,817	4.6%
		0.0%
<b>TOTAL</b>	<b>169,887</b>	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	639	0.4%
1-5	16,355	9.6%
6-14	76,899	45.3%
15-21	65,136	38.3%
MDCP Waiver	5,840	3.4%
YES Waiver	1,308	0.8%
IDD Waiver	3,710	2.2%
<b>TOTAL</b>	<b>169,887</b>	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
• Non-HCBS (State Plan)	434,612	73.3%
•• Non-Medicare	199,790	33.7%
•• Medicare	234,822	39.6%
• HCBS (STAR+PLUS Waiver)	57,239	9.7%
•• Non-Medicare	20,167	3.4%
•• Medicare	37,072	6.3%
Nursing Facility	42,962	7.2%
• Non-Medicare	5,635	1.0%
• Dual Eligible	37,327	6.3%
IDD	17,515	3.0%
MMP	34,428	5.8%
• State Plan	27,151	4.6%
• STAR+PLUS Waiver	4,045	0.7%
• Nursing Facility	3,232	0.5%
MBCC	5,850	1.0%
<b>TOTAL</b>	<b>592,606</b>	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,307,627	24.5%
Amerigroup	1,011,194	19.0%
Texas Children's	568,847	10.7%
United	419,165	7.9%
CHC	386,545	7.3%
Molina	275,957	5.2%
Driscoll Children's	252,905	4.7%
Parkland	231,236	4.3%
Community First	174,695	3.3%
Cook Children's	171,547	3.2%
Aetna	144,816	2.7%
FirstCare	114,477	2.1%
El Paso First	96,219	1.8%
Scott & White	65,372	1.2%
BCBS	65,002	1.2%
Dell	43,087	0.8%
		0.0%
		0.0%
		0.0%
<b>TOTAL</b>	<b>5,328,691</b>	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,178,244	54.1%
MCNA	1,441,059	35.8%
United Dental	403,868	10.0%
<b>TOTAL</b>	<b>4,023,171</b>	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
Clients	Percent	
<1	246,950	3.9%
1-5	1,116,873	17.8%
6-18	2,592,178	41.2%
19-20	289,911	4.6%
21-64	1,570,596	25.0%
65+	475,359	7.6%
<b>TOTAL</b>	<b>6,291,867</b>	

AGE CATEGORY		
Clients	Percent	
< 21	4,245,912	67.5%
>=21	2,045,955	32.5%
<b>TOTAL</b>	<b>6,291,867</b>	

RACE/ETHNICITY		
Clients	Percent	
White	1,070,362	17.0%
Black	968,221	15.4%
Hispanic	3,076,188	48.9%
Other	133,396	2.1%
Unknown	1,043,695	16.6%
<b>TOTAL</b>	<b>6,291,862</b>	

ELIGIBILITY CATEGORY		
Clients	Percent	
Children		
SSI Child	162,698	2.6%
SSI Related MAO	5,499	0.1%
Newborn	243,692	3.9%
Child 1-21	3,811,694	60.6%
Medically Needy <sup>(3)</sup>	72	0.0%
Adults		
Pregnant Women	434,646	6.9%
SSI Adult <sup>(4)</sup>	541,867	8.6%
SSI Related MAO	97,803	1.6%
Parent	239,254	3.8%
MBCC	6,255	0.1%
Other Programs		
Emergency (Partial)	8,175	0.1%
Dual Eligibles	318,902	5.1%
HTW XIX	421,310	6.7%
<b>TOTAL <sup>(5)</sup></b>	<b>6,291,867</b>	

Sub-Category (included in above groups)		
AAPCA	70,101	1.1%

**Medicaid Enrollment Report, as of August 2022**  
Compiled in March 2023

MEDICAID ENROLLMENT BY MODEL			
Full Benefits Only <sup>(1)</sup>			
	Clients	Percent	
<b>MEDICAID (Full Benefits)</b>	<b>5,590,344</b>		
Fee For Service	220,700	3.9%	
Managed Care	5,369,644	96.1%	
Total Clients (Full and Partial Benefits)			
	Clients	Percent	Change from Prior Month
<b>TOTAL MEDICAID</b>	<b>6,343,198</b>		0.8% ↑
Fee For Service	973,554	15.3%	1.1% ↑
Managed Care	5,369,644	84.7%	0.8% ↑

MEDICAID ENROLLMENT (Full and Partial Benefits)						
BY MCO PROGRAM	Total Clients	Percent of Total	Change from Prior Month			
STAR	4,560,476	85%	0.89%	↑		
STAR+PLUS	559,645	10%	0.26%	↑		
Dual Demo	34,272	1%	-0.45%	↓		
STAR Health	45,552	1%	-0.39%	↓		
STAR Kids	169,699	3%	-0.11%	↓		
TOTAL MCO	5,369,644		0.77%	↑		
STAR+PLUS and MMP HOME AND COMMUNITY BASED SERVICES (HCBS)						
	Med Only	Dual Eligibles	Demo	Total	% of Total	Change from Prior Month
SSI	19,861	22,556	3,135	45,552	74%	0.6% ↑
SSI-Related MAO	421	14,652	903	15,976	26%	0.0% ↓
TOTAL HCBS	20,282	37,208	4,038	61,528		0.40% ↑

(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: ma8thm.dat, mw8thm.dat), DAP/HHSC.

Prepared by Medicaid CHIP Data Analytics at DAP on 03/22/2023 and verified by System Forecasting, HHSC.

STAR KIDS: ENROLLMENT BY MCOs		
MCO	Clients	Market Share
Superior	31,346	18.5%
Texas Children's	30,517	18.0%
United	29,144	17.2%
Amerigroup	28,638	16.9%
Aetna	12,912	7.6%
Driscoll Children's	10,699	6.3%
Cook Children's	9,780	5.8%
BCBS	8,872	5.2%
Community First	7,791	4.6%
		0.0%
<b>TOTAL</b>	<b>169,699</b>	

STAR KIDS: ENROLLMENT BY RISK GROUP		
RISK GROUP	Clients	Market Share
<1	591	0.3%
1-5	16,216	9.6%
6-14	76,599	45.1%
15-21	65,455	38.6%
MDCP Waiver	5,868	3.5%
YES Waiver	1,290	0.8%
IDD Waiver	3,680	2.2%
<b>TOTAL</b>	<b>169,699</b>	

STAR+PLUS and MMP BY ELIGIBILITY RISK GROUP		
Risk Group	Total	Percent
Community	493,296	83.1%
• Non-HCBS (State Plan)	435,806	73.4%
•• Non-Medicare	199,889	33.7%
•• Medicare	235,917	39.7%
• HCBS (STAR+PLUS Waiver)	57,490	9.7%
•• Non-Medicare	20,282	3.4%
•• Medicare	37,208	6.3%
Nursing Facility	42,919	7.2%
• Non-Medicare	5,613	0.9%
• Dual Eligible	37,306	6.3%
IDD	17,543	3.0%
MMP	34,272	5.8%
• State Plan	27,085	4.6%
• STAR+PLUS Waiver	4,038	0.7%
• Nursing Facility	3,149	0.5%
MBCC	5,887	1.0%
<b>TOTAL</b>	<b>593,917</b>	

ENROLLMENT BY MEDICAID MCOs		
MCO	Clients	Market Share
Superior	1,317,049	24.5%
Amerigroup	1,018,336	19.0%
Texas Children's	573,524	10.7%
United	422,572	7.9%
CHC	389,623	7.3%
Molina	277,173	5.2%
Driscoll Children's	255,061	4.8%
Parkland	233,080	4.3%
Community First	176,075	3.3%
Cook Children's	172,713	3.2%
Aetna	146,717	2.7%
FirstCare	115,668	2.2%
El Paso First	97,197	1.8%
Scott & White	65,929	1.2%
BCBS	65,525	1.2%
Dell	43,402	0.8%
		0.0%
		0.0%
		0.0%
<b>TOTAL</b>	<b>5,369,644</b>	

ENROLLMENT BY DENTAL MCOs		
MCO	Clients	Market Share
DentaQuest	2,184,237	54.0%
MCNA	1,444,330	35.7%
United Dental	412,828	10.2%
<b>TOTAL</b>	<b>4,041,395</b>	

MEDICAID DEMOGRAPHIC DISTRIBUTION		
AGE CATEGORY		
	Clients	Percent
<1	249,097	3.9%
1-5	1,121,735	17.7%
6-18	2,606,877	41.1%
19-20	295,051	4.7%
21-64	1,591,729	25.1%
65+	478,709	7.5%
<b>TOTAL</b>	<b>6,343,198</b>	

AGE CATEGORY		
	Clients	Percent
< 21	4,272,760	67.4%
>=21	2,070,438	32.6%
<b>TOTAL</b>	<b>6,343,198</b>	

RACE/ETHNICITY		
	Clients	Percent
White	1,076,994	17.0%
Black	975,182	15.4%
Hispanic	3,097,110	48.8%
Other	134,647	2.1%
Unknown	1,059,260	16.7%
<b>TOTAL</b>	<b>6,343,193</b>	

ELIGIBILITY CATEGORY		
	Clients	Percent
<b>Children</b>		
SSI Child	162,427	2.6%
SSI Related MAO	5,502	0.1%
Newborn	245,899	3.9%
Child 1-21	3,842,049	60.6%
Medically Needy <sup>(3)</sup>	91	0.0%
<b>Adults</b>		
Pregnant Women	442,608	7.0%
SSI Adult <sup>(4)</sup>	544,241	8.6%
SSI Related MAO	98,072	1.5%
Parent	243,155	3.8%
MBCC	6,300	0.1%
<b>Other Programs</b>		
Emergency (Partial)	8,557	0.1%
Dual Eligibles	320,286	5.0%
HTW XIX	424,011	6.7%
<b>TOTAL <sup>(5)</sup></b>	<b>6,343,198</b>	

Sub-Category (included in above groups)		
AAPCA	70,540	1.1%

**Attachment B3  
Disenrollment Summary  
SFY23 Q2**

(Blanks = No Disenrollment During Quarter)

<b>Program/MCO/Reason</b>	<b>Quarter 2</b>	<b>Total</b>
<b>STAR</b>		
<b>Amerigroup Texas, Inc.</b>	0	0
MCO Requested Disenrollment - Pending Research		
<b>STAR Total</b>	<b>0</b>	<b>0</b>
<b>STAR+PLUS Total</b>	<b>0</b>	<b>0</b>
<b>STAR Kids Total</b>	<b>0</b>	<b>0</b>
<b>Dental Total</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>0</b>	<b>0</b>

## **Attachment C1**

### **Provider Network Count Methodology - SFY23**

#### **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 - SFY23

#### 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 - SFY23

#### 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 - SFY23

- 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 - SFY23

- 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  
 SFY23 Q1  
 SFY23 Q2 Report  
 (Blanks = No Data Available)**

<b>Program</b>	<b>Primary Care Provider</b>	<b>Specialist</b>	<b>Dentist</b>	<b>Pharmacist</b>	<b>Unique NPI Total*</b>
<b>Quarter 1</b>					
Dental (statewide)	70	10	6,405		6,475
STAR	19,700	83,702	3,562	4,963	96,713
STAR+PLUS	18,199	71,396	3,812	4,711	87,242
STAR Kids	16,937	68,281	151	4,853	78,544
<b>Unique NPI Total*</b>	22,415	88,711	6,663	5,004	104,000

\*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**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program/MCO/SDA	Quarter 1
<b>Medicaid Dental</b>	
DentaQuest	365
MCNA	65
UnitedHealthCare Dental	73
<b>Medicaid Dental</b>	<b>503</b>
<b>STAR</b>	
<b>Aetna</b>	
Bexar	69
Tarrant	117
Subtotal	186
<b>Amerigroup</b>	
Bexar	9
Dallas	140
Harris	74
Jefferson	7
Lubbock	5
MRSA Central	1
MRSA Northeast	10
MRSA West	15
Tarrant	42
Subtotal	303
<b>BCBS</b>	
Travis	17
Subtotal	17
<b>CHC</b>	
Harris	7
Jefferson	1
Subtotal	8
<b>Community First</b>	
Bexar	23
Subtotal	23
<b>Cook Children's</b>	
Tarrant	18
Subtotal	18
<b>DELL</b>	
Travis	10
Subtotal	10
<b>Driscoll Children's</b>	
Hidalgo	12
Nueces	7

**Attachment C3**  
**Primary Care Physicians Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Subtotal	19
<b>El Paso First</b>	
El Paso	3
Subtotal	3
<b>FirstCare</b>	
Lubbock	5
MRSA West	5
Subtotal	10
<b>Molina</b>	
Dallas	5
El Paso	0
Harris	5
Hidalgo	3
Jefferson	3
Subtotal	16
<b>Parkland</b>	
Dallas	2
Subtotal	2
<b>Scott &amp; White</b>	
MRSA Central	41
Subtotal	41
<b>Superior</b>	
Bexar	30
El Paso	8
Hidalgo	16
Lubbock	16
MRSA Central	29
MRSA Northeast	29
MRSA West	32
Nueces	12
Travis	56
Subtotal	228
<b>Texas Children's</b>	
Harris	42
Jefferson	3
Subtotal	45
<b>United</b>	
Harris	6
Hidalgo	3
Jefferson	0
Nueces	1

**Attachment C3**  
**Primary Care Physicians Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Subtotal	10
<b>STAR</b>	<b>939</b>



**Attachment C3**  
**Primary Care Physicians Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>STAR Kids</b>	
<b>Aetna</b>	
Dallas	137
Tarrant	137
Subtotal	274
<b>Amerigroup</b>	
Dallas	126
El Paso	24
Harris	74
Lubbock	5
MRSA West	16
Subtotal	245
<b>BCBS</b>	
MRSA Central	8
Travis	42
Subtotal	50
<b>Community First</b>	
Bexar	22
Subtotal	22
<b>Cook Children's</b>	
Tarrant	17
Subtotal	17
<b>Driscoll Children's</b>	
Hidalgo	9
Nueces	4
Subtotal	13
<b>Superior</b>	
Bexar	30
El Paso	10
Hidalgo	17
Lubbock	24
MRSA West	29
Nueces	12
Travis	40
Subtotal	162
<b>Texas Children's</b>	
Harris	40
Jefferson	3
MRSA Northeast	0
Subtotal	43
<b>United</b>	

**Attachment C3**  
**Primary Care Physicians Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Harris	5
Hidalgo	3
Jefferson	9
MRSA Central	0
MRSA Northeast	2
Subtotal	19
<b>STAR Kids</b>	<b>845</b>

**Attachment C3**  
**Primary Care Physicians Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>STAR+PLUS</b>	
<b>Amerigroup</b>	
Bexar	9
El Paso	24
Harris	77
Jefferson	7
Lubbock	5
MRSA West	15
Tarrant	40
Travis	5
Subtotal	182
<b>Molina</b>	
Bexar	2
Dallas	3
El Paso	0
Harris	5
Hidalgo	2
Jefferson	3
MRSA Northeast	2
Tarrant	4
Subtotal	17
<b>Superior</b>	
Bexar	28
Dallas	66
Hidalgo	15
Lubbock	22
MRSA Central	30
MRSA West	33
Nueces	10
Subtotal	204
<b>United</b>	
Harris	0
Jefferson	0
MRSA Central	0
MRSA Northeast	0
Nueces	0
Travis	0
Subtotal	0
<b>STAR+PLUS</b>	<b>403</b>
<b>Grand Total</b>	<b>2,187</b>

**Attachment C3  
Specialist Terminated  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program/MCO/SDA	Quarter 1
<b>Medicaid Dental</b>	
DentaQuest	36
MCNA	2
UnitedHealthCare Dental	7
<b>Medicaid Dental</b>	<b>45</b>
<b>STAR</b>	
<b>Aetna</b>	
Bexar	470
Tarrant	650
Subtotal	1,120
<b>Amerigroup</b>	
Bexar	73
Dallas	291
Harris	149
Jefferson	7
Lubbock	14
MRSA Central	7
MRSA Northeast	19
MRSA West	32
Tarrant	92
Subtotal	684
<b>BCBS</b>	
Travis	95
Subtotal	95
<b>CHC</b>	
Harris	168
Jefferson	10
Subtotal	178
<b>Community First</b>	
Bexar	178
Subtotal	178
<b>Cook Children's</b>	
Tarrant	60
Subtotal	60
<b>DELL</b>	
Travis	56
Subtotal	56
<b>Driscoll Children's</b>	

**Attachment C3  
Specialist Terminated  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Hidalgo	74
Nueces	42
Subtotal	116
<b>El Paso First</b>	
El Paso	15
Subtotal	15
<b>FirstCare</b>	
Lubbock	24
MRSA West	24
Subtotal	48
<b>Molina</b>	
Dallas	151
El Paso	13
Harris	201
Hidalgo	32
Jefferson	88
Subtotal	485
<b>Parkland</b>	
Dallas	47
Subtotal	47
<b>Scott &amp; White</b>	
MRSA Central	231
Subtotal	231
<b>Superior</b>	
Bexar	293
El Paso	70
Hidalgo	95
Lubbock	67
MRSA Central	161
MRSA Northeast	188
MRSA West	171
Nueces	44
Travis	294
Subtotal	1,383
<b>Texas Children's</b>	
Harris	392
Jefferson	29
Subtotal	421
<b>United</b>	

**Attachment C3  
Specialist Terminated  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Harris	118
Hidalgo	15
Jefferson	91
Nueces	7
Subtotal	231
<b>STAR</b>	<b>5,348</b>
<b>STAR Kids</b>	
<b>Aetna</b>	
Dallas	859
Tarrant	859
Subtotal	1718
<b>Amerigroup</b>	
Dallas	165
El Paso	31
Harris	150
Lubbock	12
MRSA West	29
Subtotal	387
<b>BCBS</b>	
MRSA Central	95
Travis	154
Subtotal	249
<b>Community First</b>	
Bexar	169
Subtotal	169
<b>Cook Children's</b>	
Tarrant	56
Subtotal	56
<b>Driscoll Children's</b>	
Hidalgo	74
Nueces	38
Subtotal	112
<b>Superior</b>	
Bexar	254
El Paso	63
Hidalgo	78
Lubbock	56
MRSA West	148
Nueces	28

**Attachment C3  
Specialist Terminated  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Travis	230
<b>Subtotal</b>	<b>857</b>
<b>Texas Children's</b>	
Harris	419
Jefferson	32
MRSA Northeast	7
<b>Subtotal</b>	<b>458</b>
<b>United</b>	
Harris	113
Hidalgo	18
Jefferson	84
MRSA Central	24
MRSA Northeast	20
<b>Subtotal</b>	<b>259</b>
<b>STAR Kids</b>	<b>4,265</b>
<b>STAR+PLUS</b>	
<b>Amerigroup</b>	
Bexar	78
El Paso	32
Harris	150
Jefferson	7
Lubbock	15
MRSA West	34
Tarrant	61
Travis	54
<b>Subtotal</b>	<b>431</b>
<b>Molina</b>	
Bexar	95
Dallas	175
El Paso	31
Harris	240
Hidalgo	53
Jefferson	123
MRSA Northeast	34
Tarrant	78
<b>Subtotal</b>	<b>829</b>
<b>Superior</b>	
Bexar	254
Dallas	404

**Attachment C3**  
**Specialist Terminated**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Hidalgo	90
Lubbock	67
MRSA Central	132
MRSA West	127
Nueces	59
Subtotal	1133
<b>United</b>	
Harris	121
Jefferson	90
MRSA Central	24
MRSA Northeast	22
Nueces	7
Travis	37
Subtotal	301
<b>STAR+PLUS</b>	<b>2,694</b>
<b>Grand Total</b>	<b>12,352</b>



**Attachment D**  
**Out of Network Utilization**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	MCO	OON ER <20% Standard	OON Inpatient <15% Standard	OON Other Outpatient <20% Standard
		Q1		
STAR	Aetna	15.98%	6.88%	21.33%
	Amerigroup	6.20%	3.07%	5.65%
	BCBS	2.52%	1.21%	19.30%
	CHC	26.27%	13.80%	4.01%
	Community First	1.41%	1.15%	15.44%
	Cook Children's	2.22%	3.57%	10.92%
	DELL	36.54%	6.37%	0.82%
	Driscoll Children's	4.07%	2.47%	5.60%
	El Paso Health	0.85%	0.50%	2.29%
	FirstCare	2.55%	3.22%	17.16%
	Molina	14.96%	10.55%	10.98%
	Parkland	27.05%	28.79%	5.43%
	Scott & White	14.13%	5.15%	7.78%
	Superior	0.77%	0.77%	4.43%
	Texas Children's	100.00%	100.00%	100.00%
United	9.79%	2.13%	10.85%	
STAR Kids	Aetna	15.78%	14.46%	4.89%
	Amerigroup	6.82%	7.67%	3.59%
	BCBS	3.70%	7.74%	8.49%
	Community First	1.43%	2.71%	3.92%
	Cook Children's	6.25%	4.52%	3.97%
	Driscoll Children's	3.13%	10.97%	5.50%
	Superior	1.56%	2.33%	2.64%
	Texas Children's	100.00%	100.00%	100.00%
	United	5.95%	4.09%	5.02%
STAR+PLUS	Amerigroup	5.00%	2.97%	5.78%
	Molina	9.60%	9.20%	6.65%
	Superior	1.08%	8.91%	4.56%
	United	3.59%	5.34%	6.78%

<b>Time and Distance Standards</b>							
		<b>Distance in Miles</b>			<b>Travel Time in Minutes</b>		
<b>Provider Type</b>		<b>Metro County</b>	<b>Micro County</b>	<b>Rural County</b>	<b>Metro County</b>	<b>Micro County</b>	<b>Rural County</b>
<b>Behavioral Health-Outpatient</b>		30	30	75	45	45	90
<b>Hospital-Acute Care</b>		30	30	30	45	45	45
<b>Prenatal</b>		10	20	30	15	30	40
<b>Primary Care Provider*</b>		10	20	30	15	30	40
<b>Specialty Care Provider</b>	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
<b>Occupational, Physical or Speech Therapy</b>		30	60	60	45	80	75
<b>Nursing Facility</b>		75	75	75	N/A	N/A	N/A
<b>Pharmacy</b>		2	5	15	5	10	25
<b>Pharmacy (24-hour)</b>		75	75	75	90	90	90
<b>Substance Use Disorder-Outpatient</b>	Chemical Dependency Treatment Facilities	30	30	75	45	45	90
	Opioid Treatment Programs	30	30	75	45	45	90
<b>Main Dentist (general or pediatric)</b>		30	30	75	45	45	90
<b>Dental Specialists</b>	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  
SFY3 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>STAR</b>						
<b>Metro</b>						
Aetna Better Health	125,893	125,116	99%	133,867	133,410	100%
Amerigroup	692,350	689,015	100%	718,849	717,019	100%
Blue Cross and Blue Shield of Texas	46,196	45,765	99%	48,063	47,816	99%
Community First Health Plans	152,815	151,207	99%	159,015	157,796	99%
Community Health Choice	354,383	354,075	100%	365,975	365,700	100%
Cook Children's Health Plan	154,438	152,906	99%	159,730	158,819	99%
Dell Children's Health Plan	37,114	36,657	99%	38,581	38,316	99%
Driscoll Health Plan	184,280	183,877	100%	192,714	192,480	100%
El Paso First	91,865	91,835	100%	95,758	95,758	100%
FirstCare	62,725	62,497	100%	66,855	66,676	100%
Molina Healthcare of Texas	119,377	119,129	100%	125,052	124,904	100%
Parkland	225,728	222,859	99%	232,887	230,679	99%
Right Care from Scott and White Health Plans	45,234	44,825	99%	47,350	46,869	99%
Superior HealthPlan	725,944	723,052	100%	754,289	751,819	100%
Texas Children's Health Plan	496,724	495,769	100%	515,818	515,412	100%
UnitedHealthcare Community Plan	208,019	207,587	100%	218,862	218,571	100%
<b>Subtotal</b>	<b>3,723,085</b>	<b>3,706,171</b>	<b>100%</b>	<b>3,873,665</b>	<b>3,862,044</b>	<b>100%</b>
<b>Micro</b>						
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,945	100%	50,600	50,599	100%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Health Plans	2,975	2,975	100%	3,128	3,127	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,429	100%	4,636	4,636	100%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Health Plan	18,434	18,417	100%	19,290	19,282	100%
FirstCare	4,275	4,275	100%	4,492	4,472	100%
Molina Healthcare of Texas	3,818	3,814	100%	3,949	3,946	100%
Right Care from Scott and White Health Plans	5,281	5,281	100%	5,639	5,639	100%
Superior HealthPlan	122,777	122,759	100%	128,707	128,695	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	15,081	100%	15,686	15,678	100%
<b>Subtotal</b>	<b>269,240</b>	<b>269,187</b>	<b>100%</b>	<b>283,138</b>	<b>283,085</b>	<b>100%</b>
<b>Rural</b>						
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	64,750	100%	69,622	69,594	100%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Health Plans	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	11,031	100%	11,387	11,387	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	69	92%	82	76	93%
FirstCare	36,467	36,411	100%	38,726	38,657	100%
Molina Healthcare of Texas	3,926	3,926	100%	4,270	4,270	100%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Plans	11,636	11,636	100%	12,320	12,320	100%
Superior HealthPlan	154,125	154,048	100%	161,598	161,545	100%
Texas Children's Health Plan	13,563	13,563	100%	14,265	14,265	100%
UnitedHealthcare Community Plan	9,555	9,553	100%	10,186	10,186	100%
<b>Subtotal</b>	<b>340,103</b>	<b>339,926</b>	<b>100%</b>	<b>359,922</b>	<b>359,766</b>	<b>100%</b>
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,315,284</b>	<b>100%</b>	<b>4,516,725</b>	<b>4,504,895</b>	<b>100%</b>
<b>STAR+PLUS</b>						
<b>Metro</b>						
Amerigroup	100,648	100,267	100%	101,958	101,735	100%
Molina Healthcare of Texas	95,568	95,206	100%	96,320	96,086	100%
Superior HealthPlan	97,237	96,995	100%	99,230	98,990	100%
UnitedHealthcare Community Plan	93,059	92,453	99%	95,111	94,691	100%
<b>Subtotal</b>	<b>386,512</b>	<b>384,921</b>	<b>100%</b>	<b>392,619</b>	<b>391,502</b>	<b>100%</b>
<b>Micro</b>						
Amerigroup	3,630	3,629	100%	3,678	3,677	100%
Molina Healthcare of Texas	8,468	8,466	100%	8,427	8,426	100%
Superior HealthPlan	7,096	7,090	100%	7,174	7,171	100%
UnitedHealthcare Community Plan	14,067	14,067	100%	14,469	14,469	100%
<b>Subtotal</b>	<b>33,261</b>	<b>33,252</b>	<b>100%</b>	<b>33,748</b>	<b>33,743</b>	<b>100%</b>
<b>Rural</b>						
Amerigroup	8,838	8,835	100%	8,915	8,912	100%

**Attachment H1**  
**Primary Care Provider Network Access**  
**SFY3 Q2 Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Molina Healthcare of Texas	5,097	5,093	100%	5,155	5,151	100%
Superior HealthPlan	17,434	17,420	100%	17,917	17,906	100%
UnitedHealthcare Community Plan	12,804	12,804	100%	13,150	13,150	100%
<b>Subtotal</b>	<b>44,173</b>	<b>44,152</b>	<b>100%</b>	<b>45,137</b>	<b>45,119</b>	<b>100%</b>
<b>STAR+PLUS Total</b>	<b>463,946</b>	<b>462,325</b>	<b>100%</b>	<b>471,504</b>	<b>470,364</b>	<b>100%</b>
<b>STAR Kids</b>						
<b>Metro</b>						
Aetna Better Health	11,877	11,823	100%	11,995	11,971	100%
Amerigroup	24,299	24,235	100%	24,323	24,293	100%
Blue Cross and Blue Shield of Texas	6,371	6,320	99%	6,478	6,418	99%
Community First Health Plans	6,960	6,894	99%	7,011	6,959	99%
Cook Children's Health Plan	9,046	8,976	99%	9,094	9,052	100%
Driscoll Health Plan	8,140	8,129	100%	8,224	8,218	100%
Superior HealthPlan	24,080	24,048	100%	24,416	24,382	100%
Texas Children's Health Plan	24,339	24,204	99%	24,409	24,331	100%
UnitedHealthcare Community Plan	21,112	21,031	100%	21,083	21,007	100%
<b>Subtotal</b>	<b>136,224</b>	<b>135,660</b>	<b>100%</b>	<b>137,033</b>	<b>136,631</b>	<b>100%</b>
<b>Micro</b>						
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Health Plans	104	104	100%	103	103	100%
Cook Children's Health Plan	117	117	100%	112	112	100%
Driscoll Health Plan	517	517	100%	523	523	100%
Superior HealthPlan	1,636	1,636	100%	1,660	1,660	100%
Texas Children's Health Plan	2,554	2,554	100%	2,583	2,583	100%
UnitedHealthcare Community Plan	2,829	2,827	100%	2,869	2,868	100%
<b>Subtotal</b>	<b>8,740</b>	<b>8,738</b>	<b>100%</b>	<b>8,867</b>	<b>8,866</b>	<b>100%</b>
<b>Rural</b>						
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,823	100%	1,875	1,874	100%
Blue Cross and Blue Shield of Texas	955	955	100%	988	988	100%
Community First Health Plans	238	238	100%	249	249	100%
Driscoll Health Plan	840	840	100%	877	877	100%
Superior HealthPlan	2,543	2,541	100%	2,585	2,583	100%
Texas Children's Health Plan	1,424	1,424	100%	1,449	1,449	100%
UnitedHealthcare Community Plan	2,299	2,299	100%	2,327	2,327	100%
<b>Subtotal</b>	<b>10,190</b>	<b>10,188</b>	<b>100%</b>	<b>10,414</b>	<b>10,411</b>	<b>100%</b>
<b>STAR Kids Total</b>	<b>155,154</b>	<b>154,586</b>	<b>100%</b>	<b>156,314</b>	<b>155,908</b>	<b>100%</b>
<b>Grand Total</b>	<b>4,951,528</b>	<b>4,932,195</b>	<b>100%</b>	<b>5,144,543</b>	<b>5,131,167</b>	<b>100%</b>

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>Acute Care Hospital</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,245,707</b>	<b>98%</b>	<b>4,516,725</b>	<b>4,079,496</b>	<b>90%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,702,450</b>	<b>99%</b>	<b>3,873,665</b>	<b>3,590,645</b>	<b>93%</b>
Aetna Better Health	125,893	125,893	100%	133,867	133,794	100%
Amerigroup	692,350	692,321	100%	718,849	698,772	97%
Blue Cross and Blue Shield of Texas	46,196	46,189	100%	48,063	48,048	100%
Community First Healthplan	152,815	152,815	100%	159,015	158,309	100%
Community Health Choice	354,383	354,383	100%	365,975	365,975	100%
Cook Children's Health Plan	154,438	154,438	100%	159,730	159,730	100%
Dell Children's Health Plan	37,114	37,103	100%	38,581	38,529	100%
Driscoll Children's Health Plan	184,280	184,280	100%	192,714	192,714	100%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	62,718	100%	66,855	56,112	84%
Molina Healthcare of Texas	119,377	119,284	100%	125,052	124,806	100%
Parkland	225,728	214,908	95%	232,887	0	0%
Right Care from Scott and White Health Pla	45,234	38,127	84%	47,350	39,935	84%
Superior Health Plan	725,944	725,926	100%	754,289	746,667	99%
Texas Children's Health Plan	496,724	496,724	100%	515,818	515,648	100%
UnitedHealthcare Community Plan	208,019	205,476	99%	218,862	215,848	99%
<b>Micro Total</b>	<b>269,240</b>	<b>247,941</b>	<b>92%</b>	<b>283,138</b>	<b>226,149</b>	<b>80%</b>
Aetna Better Health	2,072	2,065	100%	2,233	2,225	100%
Amerigroup	47,946	47,189	98%	50,600	35,159	69%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,358	94%
Community First Healthplan	2,975	2,969	100%	3,128	3,109	99%
Community Health Choice	12,764	12,659	99%	13,452	13,195	98%
Cook Children's Health Plan	4,429	3,812	86%	4,636	4,013	87%
Dell Children's Health Plan	3,977	3,774	95%	4,251	3,845	90%
Driscoll Children's Health Plan	18,434	14,349	78%	19,290	13,461	70%
Firstcare	4,275	3,920	92%	4,492	4,102	91%
Molina Healthcare of Texas	3,818	1,511	40%	3,949	1,591	40%
Right Care from Scott and White Health Pla	5,281	4,779	90%	5,639	4,803	85%
Superior Health Plan	122,777	113,968	93%	128,707	106,711	83%
Texas Children's Health Plan	19,063	18,993	100%	20,339	18,811	92%
UnitedHealthcare Community Plan	15,094	11,618	77%	15,686	8,766	56%
<b>Rural Total</b>	<b>340,103</b>	<b>295,316</b>	<b>87%</b>	<b>359,922</b>	<b>262,702</b>	<b>73%</b>
Aetna Better Health	1,725	1,643	95%	1,842	1,759	95%
Amerigroup	64,786	58,041	90%	69,622	51,449	74%
Blue Cross and Blue Shield of Texas	2,136	1,905	89%	2,298	935	41%
Community First Healthplan	7,264	6,699	92%	7,685	7,080	92%
Community Health Choice	11,031	7,850	71%	11,387	7,047	62%
Dell Children's Health Plan	985	244	25%	1,038	189	18%
Driscoll Children's Health Plan	21,788	20,226	93%	23,141	18,487	80%
El Paso First	75	31	41%	82	11	13%
Firstcare	36,467	31,714	87%	38,726	29,800	77%
Molina Healthcare of Texas	3,926	949	24%	4,270	988	23%
Parkland	1,041	0	0%	1,462	0	0%
Right Care from Scott and White Health Pla	11,636	10,402	89%	12,320	6,507	53%
Superior Health Plan	154,125	140,046	91%	161,598	124,248	77%
Texas Children's Health Plan	13,563	10,840	80%	14,265	10,713	75%
UnitedHealthcare Community Plan	9,555	4,726	49%	10,186	3,489	34%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>151,557</b>	<b>98%</b>	<b>156,314</b>	<b>147,216</b>	<b>94%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>135,562</b>	<b>100%</b>	<b>137,033</b>	<b>134,104</b>	<b>98%</b>
Aetna Better Health	11,877	11,865	100%	11,995	11,991	100%
Amerigroup	24,299	24,281	100%	24,323	23,829	98%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,478	100%
Community First Healthplan	6,960	6,960	100%	7,011	6,996	100%
Cook Children's Health Plan	9,046	9,046	100%	9,094	9,094	100%
Driscoll Children's Health Plan	8,140	8,140	100%	8,224	8,224	100%
Superior Health Plan	24,080	24,080	100%	24,416	24,416	100%
Texas Children's Health Plan	24,339	24,339	100%	24,409	23,461	96%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
UnitedHealthcare Community Plan	21,112	20,480	97%	21,083	19,615	93%
<b>Micro Total</b>	<b>8,740</b>	<b>7,408</b>	<b>85%</b>	<b>8,867</b>	<b>5,750</b>	<b>65%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	268	94%	290	272	94%
Blue Cross and Blue Shield of Texas	660	658	100%	688	660	96%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	104	89%	112	101	90%
Driscoll Children's Health Plan	517	449	87%	523	431	82%
Superior Health Plan	1,636	1,300	79%	1,660	1,162	70%
Texas Children's Health Plan	2,554	2,371	93%	2,583	1,622	63%
UnitedHealthcare Community Plan	2,829	2,117	75%	2,869	1,360	47%
<b>Rural Total</b>	<b>10,190</b>	<b>8,587</b>	<b>84%</b>	<b>10,414</b>	<b>7,362</b>	<b>71%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,607	88%	1,875	1,391	74%
Blue Cross and Blue Shield of Texas	955	847	89%	988	804	81%
Community First Healthplan	238	221	93%	249	233	94%
Driscoll Children's Health Plan	840	772	92%	877	697	79%
Superior Health Plan	2,543	2,164	85%	2,585	1,796	69%
Texas Children's Health Plan	1,424	1,225	86%	1,449	1,002	69%
UnitedHealthcare Community Plan	2,299	1,683	73%	2,327	1,375	59%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>443,233</b>	<b>96%</b>	<b>471,504</b>	<b>431,215</b>	<b>91%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>383,673</b>	<b>99%</b>	<b>392,619</b>	<b>383,951</b>	<b>98%</b>
Amerigroup	100,648	100,643	100%	101,958	100,365	98%
Molina Healthcare of Texas	95,568	95,440	100%	96,320	94,885	99%
Superior Health Plan	97,237	97,237	100%	99,230	99,220	100%
UnitedHealthcare Community Plan	93,059	90,353	97%	95,111	89,481	94%
<b>Micro Total</b>	<b>33,261</b>	<b>26,423</b>	<b>79%</b>	<b>33,748</b>	<b>20,566</b>	<b>61%</b>
Amerigroup	3,630	3,586	99%	3,678	3,552	97%
Molina Healthcare of Texas	8,468	6,278	74%	8,427	4,385	52%
Superior Health Plan	7,096	5,830	82%	7,174	5,171	72%
UnitedHealthcare Community Plan	14,067	10,729	76%	14,469	7,458	52%
<b>Rural Total</b>	<b>44,173</b>	<b>33,137</b>	<b>75%</b>	<b>45,137</b>	<b>26,698</b>	<b>59%</b>
Amerigroup	8,838	6,498	74%	8,915	5,241	59%
Molina Healthcare of Texas	5,097	2,948	58%	5,155	1,916	37%
Superior Health Plan	17,434	15,446	89%	17,917	13,884	77%
UnitedHealthcare Community Plan	12,804	8,245	64%	13,150	5,657	43%
<b>Acute Care Hospital Grand Total</b>	<b>4,951,528</b>	<b>4,840,497</b>	<b>98%</b>	<b>5,144,543</b>	<b>4,657,927</b>	<b>91%</b>
<b>Audiologist</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>3,712,859</b>	<b>86%</b>	<b>4,516,725</b>	<b>3,891,713</b>	<b>86%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,266,171</b>	<b>88%</b>	<b>3,873,665</b>	<b>3,386,541</b>	<b>87%</b>
Aetna Better Health	125,893	125,508	100%	133,867	133,430	100%
Amerigroup	692,350	607,964	88%	718,849	629,526	88%
Blue Cross and Blue Shield of Texas	46,196	46,187	100%	48,063	48,061	100%
Community First Healthplan	152,815	152,759	100%	159,015	158,962	100%
Community Health Choice	354,383	318,495	90%	365,975	328,308	90%
Cook Children's Health Plan	154,438	154,355	100%	159,730	159,096	100%
Dell Children's Health Plan	37,114	36,983	100%	38,581	38,457	100%
Driscoll Children's Health Plan	184,280	137,726	75%	192,714	123,650	64%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	43,782	70%	66,855	46,333	69%
Molina Healthcare of Texas	119,377	114,833	96%	125,052	107,781	86%
Parkland	225,728	214,683	95%	232,887	221,248	95%
Right Care from Scott and White Health Pla	45,234	37,511	83%	47,350	39,301	83%
Superior Health Plan	725,944	564,149	78%	754,289	653,125	87%
Texas Children's Health Plan	496,724	450,869	91%	515,818	468,010	91%
UnitedHealthcare Community Plan	208,019	168,502	81%	218,862	135,495	62%
<b>Micro Total</b>	<b>269,240</b>	<b>171,073</b>	<b>64%</b>	<b>283,138</b>	<b>216,100</b>	<b>76%</b>
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	21,151	44%	50,600	23,306	46%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%

**Attachment H2**  
**Specialist Network Access Analysis**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	10,949	86%	13,452	11,520	86%
Cook Children's Health Plan	4,429	4,429	100%	4,636	4,636	100%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	15,275	83%	19,290	16,003	83%
Firstcare	4,275	4,275	100%	4,492	4,492	100%
Molina Healthcare of Texas	3,818	2,404	63%	3,949	2,515	64%
Right Care from Scott and White Health Pla	5,281	4,014	76%	5,639	5,352	95%
Superior Health Plan	122,777	67,884	55%	128,707	108,324	84%
Texas Children's Health Plan	19,063	15,401	81%	20,339	16,121	79%
UnitedHealthcare Community Plan	15,094	9,932	66%	15,686	7,483	48%
<b>Rural Total</b>	<b>340,103</b>	<b>275,615</b>	<b>81%</b>	<b>359,922</b>	<b>289,072</b>	<b>80%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	46,080	71%	69,622	46,121	66%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	9,231	84%	11,387	8,910	78%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	20,367	93%	23,141	21,472	93%
El Paso First	75	75	100%	82	82	100%
Firstcare	36,467	28,252	77%	38,726	29,868	77%
Molina Healthcare of Texas	3,926	2,474	63%	4,270	2,194	51%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Pla	11,636	10,327	89%	12,320	11,283	92%
Superior Health Plan	154,125	130,894	85%	161,598	139,764	86%
Texas Children's Health Plan	13,563	8,842	65%	14,265	9,277	65%
UnitedHealthcare Community Plan	9,555	5,922	62%	10,186	5,776	57%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>132,802</b>	<b>86%</b>	<b>156,314</b>	<b>130,373</b>	<b>83%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>118,955</b>	<b>87%</b>	<b>137,033</b>	<b>116,430</b>	<b>85%</b>
Aetna Better Health	11,877	11,659	98%	11,995	11,763	98%
Amerigroup	24,299	22,461	92%	24,323	22,468	92%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,473	100%
Community First Healthplan	6,960	6,960	100%	7,011	7,011	100%
Cook Children's Health Plan	9,046	9,044	100%	9,094	9,073	100%
Driscoll Children's Health Plan	8,140	6,017	74%	8,224	5,053	61%
Superior Health Plan	24,080	20,413	85%	24,416	22,349	92%
Texas Children's Health Plan	24,339	20,495	84%	24,409	20,551	84%
UnitedHealthcare Community Plan	21,112	15,535	74%	21,083	11,689	55%
<b>Micro Total</b>	<b>8,740</b>	<b>5,862</b>	<b>67%</b>	<b>8,867</b>	<b>6,034</b>	<b>68%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	261	91%	290	264	91%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	117	100%	112	112	100%
Driscoll Children's Health Plan	517	462	89%	523	470	90%
Superior Health Plan	1,636	1,114	68%	1,660	1,328	80%
Texas Children's Health Plan	2,554	2,017	79%	2,583	2,059	80%
UnitedHealthcare Community Plan	2,829	1,090	39%	2,869	971	34%
<b>Rural Total</b>	<b>10,190</b>	<b>7,985</b>	<b>78%</b>	<b>10,414</b>	<b>7,909</b>	<b>76%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,433	79%	1,875	1,320	70%
Blue Cross and Blue Shield of Texas	955	902	94%	988	926	94%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	779	93%	877	802	91%
Superior Health Plan	2,543	2,230	88%	2,585	2,221	86%
Texas Children's Health Plan	1,424	1,005	71%	1,449	1,023	71%
UnitedHealthcare Community Plan	2,299	1,330	58%	2,327	1,304	56%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>392,688</b>	<b>85%</b>	<b>471,504</b>	<b>399,888</b>	<b>85%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>338,838</b>	<b>88%</b>	<b>392,619</b>	<b>344,964</b>	<b>88%</b>
Amerigroup	100,648	92,851	92%	101,958	93,945	92%
Molina Healthcare of Texas	95,568	87,592	92%	96,320	84,351	88%
Superior Health Plan	97,237	82,164	84%	99,230	88,910	90%
UnitedHealthcare Community Plan	93,059	76,231	82%	95,111	77,758	82%

**Attachment H2**  
**Specialist Network Access Analysis**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>Micro Total</b>	33,261	20,138	61%	33,748	21,462	64%
Amerigroup	3,630	3,022	83%	3,678	3,023	82%
Molina Healthcare of Texas	8,468	5,519	65%	8,427	5,481	65%
Superior Health Plan	7,096	4,927	69%	7,174	6,146	86%
UnitedHealthcare Community Plan	14,067	6,670	47%	14,469	6,812	47%
<b>Rural Total</b>	44,173	33,712	76%	45,137	33,462	74%
Amerigroup	8,838	6,213	70%	8,915	5,653	63%
Molina Healthcare of Texas	5,097	3,422	67%	5,155	3,260	63%
Superior Health Plan	17,434	15,629	90%	17,917	15,887	89%
UnitedHealthcare Community Plan	12,804	8,448	66%	13,150	8,662	66%
<b>Audiologist Grand Total</b>	<b>4,951,528</b>	<b>4,238,349</b>	<b>86%</b>	<b>5,144,543</b>	<b>4,421,974</b>	<b>86%</b>
<b>BH - Outpatient</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,332,428</b>	<b>100%</b>	<b>4,516,725</b>	<b>4,516,661</b>	<b>100%</b>
<b>Metro Total</b>	3,723,085	3,723,085	100%	3,873,665	3,873,665	100%
Aetna Better Health	125,893	125,893	100%	133,867	133,867	100%
Amerigroup	692,350	692,350	100%	718,849	718,849	100%
Blue Cross and Blue Shield of Texas	46,196	46,196	100%	48,063	48,063	100%
Community First Healthplan	152,815	152,815	100%	159,015	159,015	100%
Community Health Choice	354,383	354,383	100%	365,975	365,975	100%
Cook Children's Health Plan	154,438	154,438	100%	159,730	159,730	100%
Dell Children's Health Plan	37,114	37,114	100%	38,581	38,581	100%
Driscoll Children's Health Plan	184,280	184,280	100%	192,714	192,714	100%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	62,725	100%	66,855	66,855	100%
Molina Healthcare of Texas	119,377	119,377	100%	125,052	125,052	100%
Parkland	225,728	225,728	100%	232,887	232,887	100%
Right Care from Scott and White Health Pla	45,234	45,234	100%	47,350	47,350	100%
Superior Health Plan	725,944	725,944	100%	754,289	754,289	100%
Texas Children's Health Plan	496,724	496,724	100%	515,818	515,818	100%
UnitedHealthcare Community Plan	208,019	208,019	100%	218,862	218,862	100%
<b>Micro Total</b>	269,240	269,240	100%	283,138	283,074	100%
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,946	100%	50,600	50,600	100%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,429	100%	4,636	4,572	99%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	18,434	100%	19,290	19,290	100%
Firstcare	4,275	4,275	100%	4,492	4,492	100%
Molina Healthcare of Texas	3,818	3,818	100%	3,949	3,949	100%
Right Care from Scott and White Health Pla	5,281	5,281	100%	5,639	5,639	100%
Superior Health Plan	122,777	122,777	100%	128,707	128,707	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	15,094	100%	15,686	15,686	100%
<b>Rural Total</b>	340,103	340,103	100%	359,922	359,922	100%
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	64,786	100%	69,622	69,622	100%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	11,031	100%	11,387	11,387	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	75	100%	82	82	100%
Firstcare	36,467	36,467	100%	38,726	38,726	100%
Molina Healthcare of Texas	3,926	3,926	100%	4,270	4,270	100%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Pla	11,636	11,636	100%	12,320	12,320	100%
Superior Health Plan	154,125	154,125	100%	161,598	161,598	100%
Texas Children's Health Plan	13,563	13,563	100%	14,265	14,265	100%



**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
UnitedHealthcare Community Plan	9,555	9,555	100%	10,186	10,186	100%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>155,154</b>	<b>100%</b>	<b>156,314</b>	<b>156,313</b>	<b>100%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>136,224</b>	<b>100%</b>	<b>137,033</b>	<b>137,033</b>	<b>100%</b>
Aetna Better Health	11,877	11,877	100%	11,995	11,995	100%
Amerigroup	24,299	24,299	100%	24,323	24,323	100%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,478	100%
Community First Healthplan	6,960	6,960	100%	7,011	7,011	100%
Cook Children's Health Plan	9,046	9,046	100%	9,094	9,094	100%
Driscoll Children's Health Plan	8,140	8,140	100%	8,224	8,224	100%
Superior Health Plan	24,080	24,080	100%	24,416	24,416	100%
Texas Children's Health Plan	24,339	24,339	100%	24,409	24,409	100%
UnitedHealthcare Community Plan	21,112	21,112	100%	21,083	21,083	100%
<b>Micro Total</b>	<b>8,740</b>	<b>8,740</b>	<b>100%</b>	<b>8,867</b>	<b>8,866</b>	<b>100%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	117	100%	112	111	99%
Driscoll Children's Health Plan	517	517	100%	523	523	100%
Superior Health Plan	1,636	1,636	100%	1,660	1,660	100%
Texas Children's Health Plan	2,554	2,554	100%	2,583	2,583	100%
UnitedHealthcare Community Plan	2,829	2,829	100%	2,869	2,869	100%
<b>Rural Total</b>	<b>10,190</b>	<b>10,190</b>	<b>100%</b>	<b>10,414</b>	<b>10,414</b>	<b>100%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,823	100%	1,875	1,875	100%
Blue Cross and Blue Shield of Texas	955	955	100%	988	988	100%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	840	100%	877	877	100%
Superior Health Plan	2,543	2,543	100%	2,585	2,585	100%
Texas Children's Health Plan	1,424	1,424	100%	1,449	1,449	100%
UnitedHealthcare Community Plan	2,299	2,299	100%	2,327	2,327	100%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>463,946</b>	<b>100%</b>	<b>471,504</b>	<b>471,504</b>	<b>100%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>386,512</b>	<b>100%</b>	<b>392,619</b>	<b>392,619</b>	<b>100%</b>
Amerigroup	100,648	100,648	100%	101,958	101,958	100%
Molina Healthcare of Texas	95,568	95,568	100%	96,320	96,320	100%
Superior Health Plan	97,237	97,237	100%	99,230	99,230	100%
UnitedHealthcare Community Plan	93,059	93,059	100%	95,111	95,111	100%
<b>Micro Total</b>	<b>33,261</b>	<b>33,261</b>	<b>100%</b>	<b>33,748</b>	<b>33,748</b>	<b>100%</b>
Amerigroup	3,630	3,630	100%	3,678	3,678	100%
Molina Healthcare of Texas	8,468	8,468	100%	8,427	8,427	100%
Superior Health Plan	7,096	7,096	100%	7,174	7,174	100%
UnitedHealthcare Community Plan	14,067	14,067	100%	14,469	14,469	100%
<b>Rural Total</b>	<b>44,173</b>	<b>44,173</b>	<b>100%</b>	<b>45,137</b>	<b>45,137</b>	<b>100%</b>
Amerigroup	8,838	8,838	100%	8,915	8,915	100%
Molina Healthcare of Texas	5,097	5,097	100%	5,155	5,155	100%
Superior Health Plan	17,434	17,434	100%	17,917	17,917	100%
UnitedHealthcare Community Plan	12,804	12,804	100%	13,150	13,150	100%
<b>BH - Outpatient Grand Total</b>	<b>4,951,528</b>	<b>4,951,528</b>	<b>100%</b>	<b>5,144,543</b>	<b>5,144,478</b>	<b>100%</b>
<b>Cardiovascular Disease</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,271,682</b>	<b>99%</b>	<b>4,516,725</b>	<b>4,461,432</b>	<b>99%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,679,733</b>	<b>99%</b>	<b>3,873,665</b>	<b>3,836,708</b>	<b>99%</b>
Aetna Better Health	125,893	125,681	100%	133,867	133,581	100%
Amerigroup	692,350	682,755	99%	718,849	708,494	99%
Blue Cross and Blue Shield of Texas	46,196	46,123	100%	48,063	47,983	100%
Community First Healthplan	152,815	152,342	100%	159,015	159,015	100%
Community Health Choice	354,383	354,224	100%	365,975	365,818	100%
Cook Children's Health Plan	154,438	152,665	99%	159,730	156,957	98%
Dell Children's Health Plan	37,114	36,994	100%	38,581	38,455	100%
Driscoll Children's Health Plan	184,280	184,007	100%	192,714	192,429	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
El Paso First	91,865	91,859	100%	95,758	95,752	100%
Firstcare	62,725	62,698	100%	66,855	66,829	100%
Molina Healthcare of Texas	119,377	119,338	100%	125,052	125,006	100%
Parkland	225,728	205,764	91%	232,887	212,131	91%
Right Care from Scott and White Health Pla	45,234	38,642	85%	47,350	47,306	100%
Superior Health Plan	725,944	724,766	100%	754,289	753,251	100%
Texas Children's Health Plan	496,724	496,184	100%	515,818	515,317	100%
UnitedHealthcare Community Plan	208,019	205,691	99%	218,862	218,384	100%
<b>Micro Total</b>	<b>269,240</b>	<b>258,932</b>	<b>96%</b>	<b>283,138</b>	<b>272,079</b>	<b>96%</b>
Aetna Better Health	2,072	2,065	100%	2,233	2,233	100%
Amerigroup	47,946	47,665	99%	50,600	50,186	99%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,972	100%	3,128	3,128	100%
Community Health Choice	12,764	12,763	100%	13,452	13,451	100%
Cook Children's Health Plan	4,429	3,932	89%	4,636	4,050	87%
Dell Children's Health Plan	3,977	3,964	100%	4,251	4,083	96%
Driscoll Children's Health Plan	18,434	18,434	100%	19,290	19,290	100%
Firstcare	4,275	4,214	99%	4,492	4,414	98%
Molina Healthcare of Texas	3,818	3,161	83%	3,949	3,291	83%
Right Care from Scott and White Health Pla	5,281	5,143	97%	5,639	5,502	98%
Superior Health Plan	122,777	115,700	94%	128,707	121,338	94%
Texas Children's Health Plan	19,063	19,036	100%	20,339	20,307	100%
UnitedHealthcare Community Plan	15,094	13,548	90%	15,686	14,070	90%
<b>Rural Total</b>	<b>340,103</b>	<b>333,017</b>	<b>98%</b>	<b>359,922</b>	<b>352,645</b>	<b>98%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	63,053	97%	69,622	67,824	97%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	10,994	100%	11,387	11,347	100%
Dell Children's Health Plan	985	956	97%	1,038	985	95%
Driscoll Children's Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	74	99%	82	79	96%
Firstcare	36,467	35,164	96%	38,726	37,298	96%
Molina Healthcare of Texas	3,926	3,903	99%	4,270	4,249	100%
Parkland	1,041	1,036	100%	1,462	1,446	99%
Right Care from Scott and White Health Pla	11,636	11,353	98%	12,320	12,267	100%
Superior Health Plan	154,125	150,650	98%	161,598	157,965	98%
Texas Children's Health Plan	13,563	13,484	99%	14,265	14,171	99%
UnitedHealthcare Community Plan	9,555	9,437	99%	10,186	10,048	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>152,251</b>	<b>98%</b>	<b>156,314</b>	<b>153,303</b>	<b>98%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>134,247</b>	<b>99%</b>	<b>137,033</b>	<b>134,918</b>	<b>98%</b>
Aetna Better Health	11,877	11,867	100%	11,995	11,984	100%
Amerigroup	24,299	23,914	98%	24,323	23,913	98%
Blue Cross and Blue Shield of Texas	6,371	5,190	81%	6,478	5,145	79%
Community First Healthplan	6,960	6,945	100%	7,011	7,007	100%
Cook Children's Health Plan	9,046	8,920	99%	9,094	8,960	99%
Driscoll Children's Health Plan	8,140	8,135	100%	8,224	8,219	100%
Superior Health Plan	24,080	24,072	100%	24,416	24,413	100%
Texas Children's Health Plan	24,339	24,283	100%	24,409	24,356	100%
UnitedHealthcare Community Plan	21,112	20,921	99%	21,083	20,921	99%
<b>Micro Total</b>	<b>8,740</b>	<b>8,039</b>	<b>92%</b>	<b>8,867</b>	<b>8,179</b>	<b>92%</b>
Aetna Better Health	37	36	97%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	653	99%	688	661	96%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	101	86%	112	98	88%
Driscoll Children's Health Plan	517	517	100%	523	523	100%
Superior Health Plan	1,636	1,525	93%	1,660	1,551	93%
Texas Children's Health Plan	2,554	2,081	81%	2,583	2,224	86%
UnitedHealthcare Community Plan	2,829	2,736	97%	2,869	2,690	94%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>Rural Total</b>	10,190	9,965	98%	10,414	10,206	98%
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,719	94%	1,875	1,771	94%
Blue Cross and Blue Shield of Texas	955	954	100%	988	987	100%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	840	100%	877	877	100%
Superior Health Plan	2,543	2,496	98%	2,585	2,540	98%
Texas Children's Health Plan	1,424	1,403	99%	1,449	1,440	99%
UnitedHealthcare Community Plan	2,299	2,247	98%	2,327	2,278	98%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>459,100</b>	99%	<b>471,504</b>	<b>466,824</b>	99%
<b>Metro Total</b>	386,512	384,217	99%	392,619	391,070	100%
Amerigroup	100,648	100,420	100%	101,958	101,709	100%
Molina Healthcare of Texas	95,568	95,428	100%	96,320	96,173	100%
Superior Health Plan	97,237	96,509	99%	99,230	98,510	99%
UnitedHealthcare Community Plan	93,059	91,860	99%	95,111	94,678	100%
<b>Micro Total</b>	33,261	31,600	95%	33,748	31,487	93%
Amerigroup	3,630	3,630	100%	3,678	3,678	100%
Molina Healthcare of Texas	8,468	7,605	90%	8,427	7,647	91%
Superior Health Plan	7,096	6,381	90%	7,174	6,465	90%
UnitedHealthcare Community Plan	14,067	13,984	99%	14,469	13,697	95%
<b>Rural Total</b>	44,173	43,283	98%	45,137	44,267	98%
Amerigroup	8,838	8,388	95%	8,915	8,457	95%
Molina Healthcare of Texas	5,097	5,090	100%	5,155	5,143	100%
Superior Health Plan	17,434	17,144	98%	17,917	17,624	98%
UnitedHealthcare Community Plan	12,804	12,661	99%	13,150	13,043	99%
<b>Cardiovascular Disease Grand Total</b>	<b>4,951,528</b>	<b>4,883,033</b>	99%	<b>5,144,543</b>	<b>5,081,559</b>	99%
<b>ENT</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,270,129</b>	99%	<b>4,516,725</b>	<b>4,414,259</b>	98%
<b>Metro Total</b>	3,723,085	3,677,248	99%	3,873,665	3,802,144	98%
Aetna Better Health	125,893	125,893	100%	133,867	133,844	100%
Amerigroup	692,350	691,965	100%	718,849	714,204	99%
Blue Cross and Blue Shield of Texas	46,196	46,176	100%	48,063	48,042	100%
Community First Healthplan	152,815	152,815	100%	159,015	159,015	100%
Community Health Choice	354,383	352,797	100%	365,975	364,142	99%
Cook Children's Health Plan	154,438	153,950	100%	159,730	159,199	100%
Dell Children's Health Plan	37,114	37,114	100%	38,581	38,578	100%
Driscoll Children's Health Plan	184,280	184,274	100%	192,714	192,707	100%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	62,725	100%	66,855	66,855	100%
Molina Healthcare of Texas	119,377	116,779	98%	125,052	121,971	98%
Parkland	225,728	222,788	99%	232,887	229,723	99%
Right Care from Scott and White Health Pla	45,234	45,234	100%	47,350	47,350	100%
Superior Health Plan	725,944	698,166	96%	754,289	707,499	94%
Texas Children's Health Plan	496,724	496,724	100%	515,818	515,818	100%
UnitedHealthcare Community Plan	208,019	197,983	95%	218,862	207,439	95%
<b>Micro Total</b>	269,240	263,313	98%	283,138	277,088	98%
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,946	100%	50,600	50,600	100%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,429	100%	4,636	4,636	100%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	15,283	83%	19,290	16,016	83%
Firstcare	4,275	4,275	100%	4,492	4,492	100%
Molina Healthcare of Texas	3,818	2,483	65%	3,949	2,626	66%
Right Care from Scott and White Health Pla	5,281	5,281	100%	5,639	5,639	100%
Superior Health Plan	122,777	122,777	100%	128,707	128,706	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
UnitedHealthcare Community Plan	15,094	13,653	90%	15,686	14,234	91%
<b>Rural Total</b>	<b>340,103</b>	<b>329,568</b>	<b>97%</b>	<b>359,922</b>	<b>335,027</b>	<b>93%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	61,690	95%	69,622	62,913	90%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	11,031	100%	11,387	11,387	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	75	100%	82	82	100%
Firstcare	36,467	32,727	90%	38,726	34,878	90%
Molina Healthcare of Texas	3,926	3,085	79%	4,270	3,406	80%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Pla	11,636	11,628	100%	12,320	12,090	98%
Superior Health Plan	154,125	151,993	99%	161,598	149,078	92%
Texas Children's Health Plan	13,563	13,563	100%	14,265	14,265	100%
UnitedHealthcare Community Plan	9,555	8,837	92%	10,186	9,462	93%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>149,376</b>	<b>96%</b>	<b>156,314</b>	<b>151,513</b>	<b>97%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>131,273</b>	<b>96%</b>	<b>137,033</b>	<b>133,117</b>	<b>97%</b>
Aetna Better Health	11,877	11,761	99%	11,995	11,868	99%
Amerigroup	24,299	24,279	100%	24,323	23,987	99%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,478	100%
Community First Healthplan	6,960	6,960	100%	7,011	7,011	100%
Cook Children's Health Plan	9,046	9,035	100%	9,094	9,082	100%
Driscoll Children's Health Plan	8,140	8,140	100%	8,224	8,224	100%
Superior Health Plan	24,080	21,802	91%	24,416	22,279	91%
Texas Children's Health Plan	24,339	22,695	93%	24,409	24,178	99%
UnitedHealthcare Community Plan	21,112	20,230	96%	21,083	20,010	95%
<b>Micro Total</b>	<b>8,740</b>	<b>8,513</b>	<b>97%</b>	<b>8,867</b>	<b>8,775</b>	<b>99%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	117	100%	112	112	100%
Driscoll Children's Health Plan	517	462	89%	523	470	90%
Superior Health Plan	1,636	1,636	100%	1,660	1,660	100%
Texas Children's Health Plan	2,554	2,418	95%	2,583	2,583	100%
UnitedHealthcare Community Plan	2,829	2,793	99%	2,869	2,830	99%
<b>Rural Total</b>	<b>10,190</b>	<b>9,590</b>	<b>94%</b>	<b>10,414</b>	<b>9,621</b>	<b>92%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,627	89%	1,875	1,546	82%
Blue Cross and Blue Shield of Texas	955	906	95%	988	933	94%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	840	100%	877	877	100%
Superior Health Plan	2,543	2,329	92%	2,585	2,303	89%
Texas Children's Health Plan	1,424	1,406	99%	1,449	1,449	100%
UnitedHealthcare Community Plan	2,299	2,176	95%	2,327	2,200	95%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>450,728</b>	<b>97%</b>	<b>471,504</b>	<b>452,348</b>	<b>96%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>376,632</b>	<b>97%</b>	<b>392,619</b>	<b>378,396</b>	<b>96%</b>
Amerigroup	100,648	100,603	100%	101,958	100,499	99%
Molina Healthcare of Texas	95,568	91,907	96%	96,320	92,418	96%
Superior Health Plan	97,237	91,841	94%	99,230	91,516	92%
UnitedHealthcare Community Plan	93,059	92,281	99%	95,111	93,963	99%
<b>Micro Total</b>	<b>33,261</b>	<b>31,977</b>	<b>96%</b>	<b>33,748</b>	<b>32,465</b>	<b>96%</b>
Amerigroup	3,630	3,630	100%	3,678	3,678	100%
Molina Healthcare of Texas	8,468	7,184	85%	8,427	7,149	85%
Superior Health Plan	7,096	7,096	100%	7,174	7,173	100%
UnitedHealthcare Community Plan	14,067	14,067	100%	14,469	14,465	100%
<b>Rural Total</b>	<b>44,173</b>	<b>42,119</b>	<b>95%</b>	<b>45,137</b>	<b>41,487</b>	<b>92%</b>
Amerigroup	8,838	7,699	87%	8,915	7,187	81%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Molina Healthcare of Texas	5,097	4,705	92%	5,155	4,777	93%
Superior Health Plan	17,434	17,174	99%	17,917	16,629	93%
UnitedHealthcare Community Plan	12,804	12,541	98%	13,150	12,894	98%
<b>ENT Grand Total</b>	<b>4,951,528</b>	<b>4,870,233</b>	<b>98%</b>	<b>5,144,543</b>	<b>5,018,120</b>	<b>98%</b>
<b>General Surgeon</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,306,111</b>	<b>99%</b>	<b>4,516,725</b>	<b>4,488,043</b>	<b>99%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,700,162</b>	<b>99%</b>	<b>3,873,665</b>	<b>3,850,384</b>	<b>99%</b>
Aetna Better Health	125,893	125,856	100%	133,867	133,830	100%
Amerigroup	692,350	686,795	99%	718,849	713,377	99%
Blue Cross and Blue Shield of Texas	46,196	45,891	99%	48,063	47,749	99%
Community First Healthplan	152,815	152,504	100%	159,015	158,689	100%
Community Health Choice	354,383	354,235	100%	365,975	365,859	100%
Cook Children's Health Plan	154,438	153,579	99%	159,730	158,797	99%
Dell Children's Health Plan	37,114	37,003	100%	38,581	38,466	100%
Driscoll Children's Health Plan	184,280	183,284	99%	192,714	191,705	99%
El Paso First	91,865	91,865	100%	95,758	95,756	100%
Firstcare	62,725	62,716	100%	66,855	66,838	100%
Molina Healthcare of Texas	119,377	119,339	100%	125,052	125,010	100%
Parkland	225,728	215,975	96%	232,887	223,021	96%
Right Care from Scott and White Health Pla	45,234	45,199	100%	47,350	47,319	100%
Superior Health Plan	725,944	724,325	100%	754,289	752,593	100%
Texas Children's Health Plan	496,724	496,325	100%	515,818	515,413	100%
UnitedHealthcare Community Plan	208,019	205,271	99%	218,862	215,962	99%
<b>Micro Total</b>	<b>269,240</b>	<b>267,691</b>	<b>99%</b>	<b>283,138</b>	<b>280,751</b>	<b>99%</b>
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,662	99%	50,600	50,174	99%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,127	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,378	99%	4,636	4,590	99%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	18,434	100%	19,290	19,290	100%
Firstcare	4,275	4,215	99%	4,492	4,426	99%
Molina Healthcare of Texas	3,818	3,818	100%	3,949	3,291	83%
Right Care from Scott and White Health Pla	5,281	5,281	100%	5,639	5,639	100%
Superior Health Plan	122,777	122,755	100%	128,707	128,676	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	13,962	93%	15,686	14,527	93%
<b>Rural Total</b>	<b>340,103</b>	<b>338,258</b>	<b>99%</b>	<b>359,922</b>	<b>356,908</b>	<b>99%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	64,208	99%	69,622	69,024	99%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	10,984	100%	11,387	11,355	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	74	99%	82	79	96%
Firstcare	36,467	36,211	99%	38,726	38,093	98%
Molina Healthcare of Texas	3,926	3,905	99%	4,270	4,247	99%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Pla	11,636	11,611	100%	12,320	12,291	100%
Superior Health Plan	154,125	153,497	100%	161,598	160,148	99%
Texas Children's Health Plan	13,563	13,456	99%	14,265	14,154	99%
UnitedHealthcare Community Plan	9,555	9,373	98%	10,186	10,051	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>154,309</b>	<b>99%</b>	<b>156,314</b>	<b>155,298</b>	<b>99%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>135,514</b>	<b>99%</b>	<b>137,033</b>	<b>136,378</b>	<b>100%</b>
Aetna Better Health	11,877	11,802	99%	11,995	11,950	100%
Amerigroup	24,299	24,164	99%	24,323	24,190	99%
Blue Cross and Blue Shield of Texas	6,371	6,364	100%	6,478	6,471	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Community First Healthplan	6,960	6,953	100%	7,011	6,984	100%
Cook Children's Health Plan	9,046	9,002	100%	9,094	9,050	100%
Driscoll Children's Health Plan	8,140	8,105	100%	8,224	8,191	100%
Superior Health Plan	24,080	24,067	100%	24,416	24,401	100%
Texas Children's Health Plan	24,339	24,123	99%	24,409	24,237	99%
UnitedHealthcare Community Plan	21,112	20,934	99%	21,083	20,904	99%
<b>Micro Total</b>	<b>8,740</b>	<b>8,680</b>	<b>99%</b>	<b>8,867</b>	<b>8,599</b>	<b>97%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	115	98%	112	111	99%
Driscoll Children's Health Plan	517	517	100%	523	523	100%
Superior Health Plan	1,636	1,636	100%	1,660	1,660	100%
Texas Children's Health Plan	2,554	2,553	100%	2,583	2,456	95%
UnitedHealthcare Community Plan	2,829	2,772	98%	2,869	2,729	95%
<b>Rural Total</b>	<b>10,190</b>	<b>10,115</b>	<b>99%</b>	<b>10,414</b>	<b>10,321</b>	<b>99%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,793	98%	1,875	1,846	98%
Blue Cross and Blue Shield of Texas	955	955	100%	988	988	100%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	840	100%	877	877	100%
Superior Health Plan	2,543	2,539	100%	2,585	2,573	100%
Texas Children's Health Plan	1,424	1,415	99%	1,449	1,440	99%
UnitedHealthcare Community Plan	2,299	2,267	99%	2,327	2,284	98%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>461,209</b>	<b>99%</b>	<b>471,504</b>	<b>466,635</b>	<b>99%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>384,257</b>	<b>99%</b>	<b>392,619</b>	<b>389,938</b>	<b>99%</b>
Amerigroup	100,648	100,412	100%	101,958	101,713	100%
Molina Healthcare of Texas	95,568	95,452	100%	96,320	96,185	100%
Superior Health Plan	97,237	97,009	100%	99,230	98,379	99%
UnitedHealthcare Community Plan	93,059	91,384	98%	95,111	93,661	98%
<b>Micro Total</b>	<b>33,261</b>	<b>33,140</b>	<b>100%</b>	<b>33,748</b>	<b>31,982</b>	<b>95%</b>
Amerigroup	3,630	3,615	100%	3,678	3,667	100%
Molina Healthcare of Texas	8,468	8,453	100%	8,427	7,477	89%
Superior Health Plan	7,096	7,096	100%	7,174	7,174	100%
UnitedHealthcare Community Plan	14,067	13,976	99%	14,469	13,664	94%
<b>Rural Total</b>	<b>44,173</b>	<b>43,812</b>	<b>99%</b>	<b>45,137</b>	<b>44,715</b>	<b>99%</b>
Amerigroup	8,838	8,700	98%	8,915	8,776	98%
Molina Healthcare of Texas	5,097	5,086	100%	5,155	5,145	100%
Superior Health Plan	17,434	17,394	100%	17,917	17,837	100%
UnitedHealthcare Community Plan	12,804	12,632	99%	13,150	12,957	99%
<b>General Surgeon Grand Total</b>	<b>4,951,528</b>	<b>4,921,629</b>	<b>99%</b>	<b>5,144,543</b>	<b>5,109,976</b>	<b>99%</b>
<b>Mental Health Rehabilitative Services (MHR)</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>3,528,936</b>	<b>81%</b>	<b>4,516,725</b>	<b>3,469,587</b>	<b>77%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,185,590</b>	<b>86%</b>	<b>3,873,665</b>	<b>3,106,377</b>	<b>80%</b>
Aetna Better Health	125,893	122,117	97%	133,867	131,125	98%
Amerigroup	692,350	595,973	86%	718,849	618,134	86%
Blue Cross and Blue Shield of Texas	46,196	41,198	89%	48,063	42,892	89%
Community First Healthplan	152,815	147,654	97%	159,015	153,669	97%
Community Health Choice	354,383	340,751	96%	365,975	352,209	96%
Cook Children's Health Plan	154,438	142,432	92%	159,730	147,278	92%
Dell Children's Health Plan	37,114	33,577	90%	38,581	34,953	91%
Driscoll Children's Health Plan	184,280	122,777	67%	192,714	160,905	83%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	7,367	12%	66,855	9,228	14%
Molina Healthcare of Texas	119,377	67,820	57%	125,052	72,025	58%
Parkland	225,728	223,055	99%	232,887	0	0%
Right Care from Scott and White Health Pla	45,234	20,511	45%	47,350	21,481	45%
Superior Health Plan	725,944	598,017	82%	754,289	622,604	83%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Texas Children's Health Plan	496,724	463,198	93%	515,818	481,115	93%
UnitedHealthcare Community Plan	208,019	167,278	80%	218,862	163,001	74%
<b>Micro Total</b>	<b>269,240</b>	<b>89,485</b>	<b>33%</b>	<b>283,138</b>	<b>94,978</b>	<b>34%</b>
Aetna Better Health	2,072	1,150	56%	2,233	1,302	58%
Amerigroup	47,946	2,269	5%	50,600	2,427	5%
Blue Cross and Blue Shield of Texas	6,335	2,445	39%	6,736	2,583	38%
Community First Healthplan	2,975	2,182	73%	3,128	2,307	74%
Community Health Choice	12,764	10,166	80%	13,452	10,818	80%
Cook Children's Health Plan	4,429	1,552	35%	4,636	1,619	35%
Dell Children's Health Plan	3,977	1,640	41%	4,251	1,731	41%
Driscoll Children's Health Plan	18,434	10,741	58%	19,290	11,282	58%
Firstcare	4,275	0	0%	4,492	0	0%
Molina Healthcare of Texas	3,818	811	21%	3,949	851	22%
Right Care from Scott and White Health Pla	5,281	774	15%	5,639	812	14%
Superior Health Plan	122,777	41,019	33%	128,707	43,135	34%
Texas Children's Health Plan	19,063	11,878	62%	20,339	13,124	65%
UnitedHealthcare Community Plan	15,094	2,858	19%	15,686	2,987	19%
<b>Rural Total</b>	<b>340,103</b>	<b>253,861</b>	<b>75%</b>	<b>359,922</b>	<b>268,232</b>	<b>75%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	32,806	51%	69,622	35,969	52%
Blue Cross and Blue Shield of Texas	2,136	2,135	100%	2,298	2,297	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	11,031	100%	11,387	11,385	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,772	100%	23,141	23,129	100%
El Paso First	75	75	100%	82	82	100%
Firstcare	36,467	21,597	59%	38,726	23,023	59%
Molina Healthcare of Texas	3,926	2,996	76%	4,270	3,327	78%
Parkland	1,041	1,041	100%	1,462	0	0%
Right Care from Scott and White Health Pla	11,636	10,834	93%	12,320	11,474	93%
Superior Health Plan	154,125	123,510	80%	161,598	130,024	80%
Texas Children's Health Plan	13,563	10,509	77%	14,265	11,013	77%
UnitedHealthcare Community Plan	9,555	5,581	58%	10,186	5,944	58%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>116,268</b>	<b>75%</b>	<b>156,314</b>	<b>117,312</b>	<b>75%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>107,889</b>	<b>79%</b>	<b>137,033</b>	<b>108,702</b>	<b>79%</b>
Aetna Better Health	11,877	11,641	98%	11,995	11,770	98%
Amerigroup	24,299	21,625	89%	24,323	21,633	89%
Blue Cross and Blue Shield of Texas	6,371	0	0%	6,478	0	0%
Community First Healthplan	6,960	6,769	97%	7,011	6,813	97%
Cook Children's Health Plan	9,046	8,011	89%	9,094	8,060	89%
Driscoll Children's Health Plan	8,140	5,496	68%	8,224	7,071	86%
Superior Health Plan	24,080	19,182	80%	24,416	19,448	80%
Texas Children's Health Plan	24,339	20,957	86%	24,409	21,012	86%
UnitedHealthcare Community Plan	21,112	14,208	67%	21,083	12,895	61%
<b>Micro Total</b>	<b>8,740</b>	<b>2,411</b>	<b>28%</b>	<b>8,867</b>	<b>2,481</b>	<b>28%</b>
Aetna Better Health	37	15	41%	39	13	33%
Amerigroup	286	7	2%	290	4	1%
Blue Cross and Blue Shield of Texas	660	0	0%	688	0	0%
Community First Healthplan	104	75	72%	103	72	70%
Cook Children's Health Plan	117	42	36%	112	41	37%
Driscoll Children's Health Plan	517	352	68%	523	358	68%
Superior Health Plan	1,636	511	31%	1,660	527	32%
Texas Children's Health Plan	2,554	1,139	45%	2,583	1,180	46%
UnitedHealthcare Community Plan	2,829	270	10%	2,869	286	10%
<b>Rural Total</b>	<b>10,190</b>	<b>5,968</b>	<b>59%</b>	<b>10,414</b>	<b>6,129</b>	<b>59%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	678	37%	1,875	720	38%
Blue Cross and Blue Shield of Texas	955	123	13%	988	150	15%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	839	100%	877	876	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Superior Health Plan	2,543	1,860	73%	2,585	1,912	74%
Texas Children's Health Plan	1,424	1,201	84%	1,449	1,226	85%
UnitedHealthcare Community Plan	2,299	961	42%	2,327	932	40%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>331,917</b>	<b>72%</b>	<b>471,504</b>	<b>337,629</b>	<b>72%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>299,404</b>	<b>77%</b>	<b>392,619</b>	<b>304,265</b>	<b>77%</b>
Amerigroup	100,648	88,617	88%	101,958	89,785	88%
Molina Healthcare of Texas	95,568	66,939	70%	96,320	67,686	70%
Superior Health Plan	97,237	83,831	86%	99,230	85,726	86%
UnitedHealthcare Community Plan	93,059	60,017	64%	95,111	61,068	64%
<b>Micro Total</b>	<b>33,261</b>	<b>6,719</b>	<b>20%</b>	<b>33,748</b>	<b>6,971</b>	<b>21%</b>
Amerigroup	3,630	717	20%	3,678	759	21%
Molina Healthcare of Texas	8,468	1,567	19%	8,427	1,584	19%
Superior Health Plan	7,096	1,950	27%	7,174	1,982	28%
UnitedHealthcare Community Plan	14,067	2,485	18%	14,469	2,646	18%
<b>Rural Total</b>	<b>44,173</b>	<b>25,794</b>	<b>58%</b>	<b>45,137</b>	<b>26,393</b>	<b>58%</b>
Amerigroup	8,838	3,278	37%	8,915	3,324	37%
Molina Healthcare of Texas	5,097	2,744	54%	5,155	2,815	55%
Superior Health Plan	17,434	14,131	81%	17,917	14,647	82%
UnitedHealthcare Community Plan	12,804	5,641	44%	13,150	5,607	43%
<b>TCM and MHR Grand Total</b>	<b>4,951,528</b>	<b>3,977,121</b>	<b>80%</b>	<b>5,144,543</b>	<b>3,924,528</b>	<b>76%</b>
<b>Nursing Facility</b>						
<b>STAR Plus Total</b>	<b>240,952</b>	<b>240,332</b>	<b>100%</b>	<b>471,504</b>	<b>470,480</b>	<b>100%</b>
<b>Metro Total</b>	<b>199,611</b>	<b>199,473</b>	<b>100%</b>	<b>392,619</b>	<b>392,347</b>	<b>100%</b>
Amerigroup	52,756	52,618	100%	101,958	101,686	100%
Molina Healthcare of Texas	54,098	54,098	100%	96,320	96,320	100%
Superior Health Plan	47,293	47,293	100%	99,230	99,230	100%
UnitedHealthcare Community Plan	45,464	45,464	100%	95,111	95,111	100%
<b>Micro Total</b>	<b>17,630</b>	<b>17,630</b>	<b>100%</b>	<b>33,748</b>	<b>33,748</b>	<b>100%</b>
Amerigroup	1,984	1,984	100%	3,678	3,678	100%
Molina Healthcare of Texas	5,110	5,110	100%	8,427	8,427	100%
Superior Health Plan	4,078	4,078	100%	7,174	7,174	100%
UnitedHealthcare Community Plan	6,458	6,458	100%	14,469	14,469	100%
<b>Rural Total</b>	<b>23,711</b>	<b>23,229</b>	<b>98%</b>	<b>45,137</b>	<b>44,385</b>	<b>98%</b>
Amerigroup	5,380	4,946	92%	8,915	8,260	93%
Molina Healthcare of Texas	2,965	2,965	100%	5,155	5,155	100%
Superior Health Plan	8,962	8,926	100%	17,917	17,848	100%
UnitedHealthcare Community Plan	6,404	6,392	100%	13,150	13,122	100%
<b>Nursing Facility Grand Total</b>	<b>240,952</b>	<b>240,332</b>	<b>100%</b>	<b>471,504</b>	<b>470,480</b>	<b>100%</b>
<b>OB/GYN</b>						
<b>STAR Total</b>	<b>1,280,061</b>	<b>1,279,513</b>	<b>100%</b>	<b>1,359,897</b>	<b>1,359,313</b>	<b>100%</b>
<b>Metro Total</b>	<b>1,096,588</b>	<b>1,096,521</b>	<b>100%</b>	<b>1,163,003</b>	<b>1,162,873</b>	<b>100%</b>
Aetna Better Health	40,641	40,641	100%	43,951	43,951	100%
Amerigroup	203,139	203,139	100%	214,735	214,734	100%
Blue Cross and Blue Shield of Texas	13,719	13,719	100%	14,551	14,551	100%
Community First Healthplan	46,712	46,712	100%	49,474	49,474	100%
Community Health Choice	103,597	103,597	100%	108,999	108,999	100%
Cook Children's Health Plan	41,468	41,468	100%	43,791	43,791	100%
Dell Children's Health Plan	9,372	9,372	100%	9,992	9,992	100%
Driscoll Children's Health Plan	53,677	53,677	100%	57,258	57,258	100%
El Paso First	28,170	28,170	100%	29,847	29,847	100%
Firstcare	19,980	19,980	100%	21,687	21,687	100%
Molina Healthcare of Texas	36,417	36,416	100%	38,842	38,841	100%
Parkland	65,634	65,572	100%	69,077	68,953	100%
Right Care from Scott and White Health Pla	14,240	14,240	100%	15,200	15,200	100%
Superior Health Plan	221,805	221,801	100%	234,647	234,643	100%
Texas Children's Health Plan	130,808	130,808	100%	139,007	139,007	100%
UnitedHealthcare Community Plan	67,209	67,209	100%	71,945	71,945	100%
<b>Micro Total</b>	<b>80,011</b>	<b>80,011</b>	<b>100%</b>	<b>85,659</b>	<b>85,659</b>	<b>100%</b>



**Attachment H2**  
**Specialist Network Access Analysis**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Aetna Better Health	694	694	100%	742	742	100%
Amerigroup	14,315	14,315	100%	15,402	15,402	100%
Blue Cross and Blue Shield of Texas	1,824	1,824	100%	1,958	1,958	100%
Community First Healthplan	858	858	100%	907	907	100%
Community Health Choice	3,602	3,602	100%	3,887	3,887	100%
Cook Children's Health Plan	1,141	1,141	100%	1,232	1,232	100%
Dell Children's Health Plan	972	972	100%	1,067	1,067	100%
Driscoll Children's Health Plan	5,499	5,499	100%	5,884	5,884	100%
Firstcare	1,366	1,366	100%	1,458	1,458	100%
Molina Healthcare of Texas	1,230	1,230	100%	1,315	1,315	100%
Right Care from Scott and White Health Pla	1,644	1,644	100%	1,792	1,792	100%
Superior Health Plan	37,109	37,109	100%	39,564	39,564	100%
Texas Children's Health Plan	4,932	4,932	100%	5,376	5,376	100%
UnitedHealthcare Community Plan	4,825	4,825	100%	5,075	5,075	100%
<b>Rural Total</b>	<b>103,462</b>	<b>102,981</b>	<b>100%</b>	<b>111,235</b>	<b>110,781</b>	<b>100%</b>
Aetna Better Health	559	559	100%	603	603	100%
Amerigroup	19,173	19,071	99%	20,929	20,816	99%
Blue Cross and Blue Shield of Texas	657	657	100%	731	731	100%
Community First Healthplan	2,257	2,257	100%	2,408	2,408	100%
Community Health Choice	3,321	3,321	100%	3,463	3,463	100%
Dell Children's Health Plan	283	283	100%	304	304	100%
Driscoll Children's Health Plan	6,526	6,526	100%	7,090	7,090	100%
El Paso First	24	24	100%	24	24	100%
Firstcare	11,131	10,961	98%	12,009	11,836	99%
Molina Healthcare of Texas	1,252	1,252	100%	1,381	1,381	100%
Parkland	304	304	100%	427	427	100%
Right Care from Scott and White Health Pla	3,634	3,634	100%	3,952	3,952	100%
Superior Health Plan	47,107	46,900	100%	50,129	49,963	100%
Texas Children's Health Plan	3,779	3,779	100%	4,060	4,060	100%
UnitedHealthcare Community Plan	3,455	3,453	100%	3,725	3,723	100%
<b>STAR Kids</b>	<b>31,707</b>	<b>31,683</b>	<b>100%</b>	<b>32,121</b>	<b>32,100</b>	<b>100%</b>
<b>Metro</b>	<b>27,879</b>	<b>27,868</b>	<b>100%</b>	<b>28,183</b>	<b>28,176</b>	<b>100%</b>
Aetna Better Health	2,583	2,579	100%	2,617	2,616	100%
Amerigroup	5,002	4,995	100%	5,025	5,019	100%
Blue Cross and Blue Shield of Texas	1,310	1,310	100%	1,324	1,324	100%
Community First Healthplan	1,413	1,413	100%	1,445	1,445	100%
Cook Children's Health Plan	1,847	1,847	100%	1,868	1,868	100%
Driscoll Children's Health Plan	1,600	1,600	100%	1,620	1,620	100%
Superior Health Plan	5,078	5,078	100%	5,165	5,165	100%
Texas Children's Health Plan	4,808	4,808	100%	4,865	4,865	100%
UnitedHealthcare Community Plan	4,238	4,238	100%	4,254	4,254	100%
<b>Micro</b>	<b>1,810</b>	<b>1,810</b>	<b>100%</b>	<b>1,859</b>	<b>1,859</b>	<b>100%</b>
Aetna Better Health	12	12	100%	12	12	100%
Amerigroup	73	73	100%	74	74	100%
Blue Cross and Blue Shield of Texas	136	136	100%	147	147	100%
Community First Healthplan	23	23	100%	27	27	100%
Cook Children's Health Plan	31	31	100%	28	28	100%
Driscoll Children's Health Plan	108	108	100%	110	110	100%
Superior Health Plan	332	332	100%	338	338	100%
Texas Children's Health Plan	490	490	100%	500	500	100%
UnitedHealthcare Community Plan	605	605	100%	623	623	100%
<b>Rural</b>	<b>2,018</b>	<b>2,005</b>	<b>99%</b>	<b>2,079</b>	<b>2,065</b>	<b>99%</b>
Aetna Better Health	17	17	100%	15	15	100%
Amerigroup	350	343	98%	374	367	98%
Blue Cross and Blue Shield of Texas	188	188	100%	205	205	100%
Community First Healthplan	44	44	100%	49	49	100%
Driscoll Children's Health Plan	156	156	100%	156	156	100%
Superior Health Plan	500	497	99%	510	507	99%
Texas Children's Health Plan	275	275	100%	287	287	100%
UnitedHealthcare Community Plan	488	485	99%	483	479	99%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>STAR Plus Total</b>	<b>154,198</b>	<b>154,099</b>	100%	<b>155,580</b>	<b>155,478</b>	100%
<b>Metro Total</b>	125,988	125,987	100%	126,992	126,991	100%
Amerigroup	32,126	32,126	100%	32,302	32,302	100%
Molina Healthcare of Texas	27,970	27,969	100%	27,847	27,846	100%
Superior Health Plan	33,916	33,916	100%	34,387	34,387	100%
UnitedHealthcare Community Plan	31,976	31,976	100%	32,456	32,456	100%
<b>Micro Total</b>	12,187	12,187	100%	12,286	12,286	100%
Amerigroup	1,303	1,303	100%	1,298	1,298	100%
Molina Healthcare of Texas	2,775	2,775	100%	2,748	2,748	100%
Superior Health Plan	2,327	2,327	100%	2,356	2,356	100%
UnitedHealthcare Community Plan	5,782	5,782	100%	5,884	5,884	100%
<b>Rural Total</b>	16,023	15,925	99%	16,302	16,201	99%
Amerigroup	2,864	2,838	99%	2,853	2,824	99%
Molina Healthcare of Texas	1,758	1,758	100%	1,762	1,762	100%
Superior Health Plan	6,502	6,450	99%	6,674	6,620	99%
UnitedHealthcare Community Plan	4,899	4,879	100%	5,013	4,995	100%
<b>OB/GYN Grand Total</b>	<b>1,465,966</b>	<b>1,465,295</b>	100%	<b>1,547,598</b>	<b>1,546,891</b>	100%
<b>Ophthalmologist</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,213,945</b>	97%	<b>4,516,725</b>	<b>4,369,761</b>	97%
<b>Metro Total</b>	3,723,085	3,634,290	98%	3,873,665	3,757,061	97%
Aetna Better Health	125,893	124,486	99%	133,867	132,388	99%
Amerigroup	692,350	670,494	97%	718,849	698,482	97%
Blue Cross and Blue Shield of Texas	46,196	45,291	98%	48,063	47,115	98%
Community First Healthplan	152,815	152,213	100%	159,015	158,357	100%
Community Health Choice	354,383	354,053	100%	365,975	365,766	100%
Cook Children's Health Plan	154,438	149,917	97%	159,730	154,990	97%
Dell Children's Health Plan	37,114	37,047	100%	38,581	38,514	100%
Driscoll Children's Health Plan	184,280	182,596	99%	192,714	161,359	84%
El Paso First	91,865	91,853	100%	95,758	95,750	100%
Firstcare	62,725	57,982	92%	66,855	61,837	92%
Molina Healthcare of Texas	119,377	118,495	99%	125,052	124,555	100%
Parkland	225,728	195,781	87%	232,887	201,205	86%
Right Care from Scott and White Health Pla	45,234	38,669	85%	47,350	39,521	83%
Superior Health Plan	725,944	711,285	98%	754,289	743,144	99%
Texas Children's Health Plan	496,724	496,560	100%	515,818	515,652	100%
UnitedHealthcare Community Plan	208,019	207,568	100%	218,862	218,426	100%
<b>Micro Total</b>	269,240	255,996	95%	283,138	272,270	96%
Aetna Better Health	2,072	1,945	94%	2,233	2,108	94%
Amerigroup	47,946	41,975	88%	50,600	47,268	93%
Blue Cross and Blue Shield of Texas	6,335	6,309	100%	6,736	6,710	100%
Community First Healthplan	2,975	2,971	100%	3,128	3,122	100%
Community Health Choice	12,764	12,726	100%	13,452	13,411	100%
Cook Children's Health Plan	4,429	3,807	86%	4,636	3,992	86%
Dell Children's Health Plan	3,977	3,974	100%	4,251	4,249	100%
Driscoll Children's Health Plan	18,434	16,186	88%	19,290	16,932	88%
Firstcare	4,275	4,216	99%	4,492	4,428	99%
Molina Healthcare of Texas	3,818	2,928	77%	3,949	3,028	77%
Right Care from Scott and White Health Pla	5,281	5,214	99%	5,639	5,565	99%
Superior Health Plan	122,777	122,596	100%	128,707	128,502	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	12,086	80%	15,686	12,616	80%
<b>Rural Total</b>	340,103	323,659	95%	359,922	340,430	95%
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	61,795	95%	69,622	66,555	95.6%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	10,912	99%	11,387	11,259	99%
Dell Children's Health Plan	985	957	97%	1,038	1,015	98%
Driscoll Children's Health Plan	21,788	21,745	100%	23,141	21,525	93%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
El Paso First	75	72	96%	82	79	96%
Firstcare	36,467	29,376	81%	38,726	30,431	79%
Molina Healthcare of Texas	3,926	3,889	99%	4,270	4,236	99%
Parkland	1,041	1,030	99%	1,462	1,436	98%
Right Care from Scott and White Health Pla	11,636	11,395	98%	12,320	12,080	98%
Superior Health Plan	154,125	148,442	96%	161,598	155,772	96%
Texas Children's Health Plan	13,563	13,485	99%	14,265	14,173	99%
UnitedHealthcare Community Plan	9,555	9,436	99%	10,186	10,044	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>150,129</b>	<b>97%</b>	<b>156,314</b>	<b>150,931</b>	<b>97%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>132,514</b>	<b>97%</b>	<b>137,033</b>	<b>133,286</b>	<b>97%</b>
Aetna Better Health	11,877	11,621	98%	11,995	11,792	98%
Amerigroup	24,299	23,371	96%	24,323	23,443	96%
Blue Cross and Blue Shield of Texas	6,371	5,256	82%	6,478	5,223	81%
Community First Healthplan	6,960	6,940	100%	7,011	6,991	100%
Cook Children's Health Plan	9,046	8,777	97%	9,094	8,823	97%
Driscoll Children's Health Plan	8,140	8,077	99%	8,224	8,161	99%
Superior Health Plan	24,080	24,001	100%	24,416	24,394	100%
Texas Children's Health Plan	24,339	23,774	98%	24,409	23,822	98%
UnitedHealthcare Community Plan	21,112	20,697	98%	21,083	20,637	98%
<b>Micro Total</b>	<b>8,740</b>	<b>7,958</b>	<b>91%</b>	<b>8,867</b>	<b>7,765</b>	<b>88%</b>
Aetna Better Health	37	29	78%	39	30	77%
Amerigroup	286	261	91%	290	264	91%
Blue Cross and Blue Shield of Texas	660	657	100%	688	685	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	101	86%	112	98	88%
Driscoll Children's Health Plan	517	483	93%	523	489	93%
Superior Health Plan	1,636	1,636	100%	1,660	1,330	80%
Texas Children's Health Plan	2,554	2,066	81%	2,583	2,101	81%
UnitedHealthcare Community Plan	2,829	2,621	93%	2,869	2,665	93%
<b>Rural Total</b>	<b>10,190</b>	<b>9,657</b>	<b>95%</b>	<b>10,414</b>	<b>9,880</b>	<b>95%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,544	85%	1,875	1,596	85%
Blue Cross and Blue Shield of Texas	955	922	97%	988	954	97%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	839	100%	877	876	100%
Superior Health Plan	2,543	2,464	97%	2,585	2,509	97%
Texas Children's Health Plan	1,424	1,402	98%	1,449	1,426	98%
UnitedHealthcare Community Plan	2,299	2,180	95%	2,327	2,206	95%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>452,110</b>	<b>97%</b>	<b>471,504</b>	<b>460,247</b>	<b>98%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>379,119</b>	<b>98%</b>	<b>392,619</b>	<b>385,846</b>	<b>98%</b>
Amerigroup	100,648	97,996	97%	101,958	99,293	97%
Molina Healthcare of Texas	95,568	93,206	98%	96,320	94,397	98%
Superior Health Plan	97,237	96,519	99%	99,230	98,850	100%
UnitedHealthcare Community Plan	93,059	91,398	98%	95,111	93,306	98%
<b>Micro Total</b>	<b>33,261</b>	<b>31,066</b>	<b>93%</b>	<b>33,748</b>	<b>31,541</b>	<b>93%</b>
Amerigroup	3,630	3,342	92%	3,678	3,383	92%
Molina Healthcare of Texas	8,468	7,482	88%	8,427	7,453	88%
Superior Health Plan	7,096	7,096	100%	7,174	7,174	100%
UnitedHealthcare Community Plan	14,067	13,146	93%	14,469	13,531	93.5%
<b>Rural Total</b>	<b>44,173</b>	<b>41,925</b>	<b>95%</b>	<b>45,137</b>	<b>42,860</b>	<b>95%</b>
Amerigroup	8,838	7,614	86%	8,915	7,693	86%
Molina Healthcare of Texas	5,097	5,076	100%	5,155	5,132	100%
Superior Health Plan	17,434	16,813	96%	17,917	17,299	97%
UnitedHealthcare Community Plan	12,804	12,422	97%	13,150	12,736	97%
<b>Ophthalmologist Grand Total</b>	<b>4,951,528</b>	<b>4,816,184</b>	<b>97%</b>	<b>5,144,543</b>	<b>4,980,939</b>	<b>97%</b>
<b>Orthopedist</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,262,806</b>	<b>98%</b>	<b>4,516,725</b>	<b>4,440,910</b>	<b>98%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,685,222</b>	<b>99%</b>	<b>3,873,665</b>	<b>3,830,844</b>	<b>99%</b>
Aetna Better Health	125,893	125,697	100%	133,867	133,630	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Amerigroup	692,350	685,522	99%	718,849	711,298	99%
Blue Cross and Blue Shield of Texas	46,196	46,082	100%	48,063	47,946	100%
Community First Healthplan	152,815	152,522	100%	159,015	158,708	100%
Community Health Choice	354,383	354,187	100%	365,975	365,746	100%
Cook Children's Health Plan	154,438	149,519	97%	159,730	154,349	97%
Dell Children's Health Plan	37,114	37,076	100%	38,581	38,543	100%
Driscoll Children's Health Plan	184,280	182,729	99%	192,714	191,172	99%
El Paso First	91,865	91,863	100%	95,758	95,756	100%
Firstcare	62,725	62,684	100%	66,855	66,816	100%
Molina Healthcare of Texas	119,377	119,335	100%	125,052	125,004	100%
Parkland	225,728	204,631	91%	232,887	210,654	90.5%
Right Care from Scott and White Health Pla	45,234	45,189	100%	47,350	47,324	100%
Superior Health Plan	725,944	724,154	100%	754,289	752,328	100%
Texas Children's Health Plan	496,724	496,587	100%	515,818	515,634	100%
UnitedHealthcare Community Plan	208,019	207,445	100%	218,862	215,936	99%
<b>Micro Total</b>	<b>269,240</b>	<b>247,725</b>	<b>92%</b>	<b>283,138</b>	<b>260,356</b>	<b>92%</b>
Aetna Better Health	2,072	2,068	100%	2,233	2,229	100%
Amerigroup	47,946	47,288	99%	50,600	49,901	99%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,973	100%	3,128	3,128	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,120	93%	4,636	3,832	83%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	13,491	73%	19,290	14,195	74%
Firstcare	4,275	4,213	99%	4,492	4,423	98%
Molina Healthcare of Texas	3,818	3,146	82%	3,949	3,284	83%
Right Care from Scott and White Health Pla	5,281	5,279	100%	5,639	5,637	100%
Superior Health Plan	122,777	110,992	90%	128,707	116,407	90%
Texas Children's Health Plan	19,063	18,983	100%	20,339	20,253	100%
UnitedHealthcare Community Plan	15,094	12,096	80%	15,686	12,628	81%
<b>Rural Total</b>	<b>340,103</b>	<b>329,859</b>	<b>97%</b>	<b>359,922</b>	<b>349,710</b>	<b>97%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	62,825	97%	69,622	67,522	97%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	10,921	99%	11,387	11,267	99%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,768	100%	23,141	23,121	100%
El Paso First	75	74	99%	82	81	99%
Firstcare	36,467	34,738	95%	38,726	37,300	96%
Molina Healthcare of Texas	3,926	3,880	99%	4,270	4,227	99%
Parkland	1,041	1,036	100%	1,462	1,444	99%
Right Care from Scott and White Health Pla	11,636	11,531	99%	12,320	12,199	99%
Superior Health Plan	154,125	148,099	96%	161,598	155,460	96%
Texas Children's Health Plan	13,563	13,459	99%	14,265	14,176	99%
UnitedHealthcare Community Plan	9,555	9,418	99%	10,186	10,050	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>151,450</b>	<b>98%</b>	<b>156,314</b>	<b>152,268</b>	<b>97%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>132,514</b>	<b>97%</b>	<b>137,033</b>	<b>134,471</b>	<b>98%</b>
Aetna Better Health	11,877	11,621	98%	11,995	11,951	100%
Amerigroup	24,299	23,371	96%	24,323	24,310	100%
Blue Cross and Blue Shield of Texas	6,371	5,256	82%	6,478	6,474	100%
Community First Healthplan	6,960	6,940	100%	7,011	7,003	100%
Cook Children's Health Plan	9,046	8,777	97%	9,094	8,819	97%
Driscoll Children's Health Plan	8,140	8,077	99%	8,224	8,162	99%
Superior Health Plan	24,080	24,001	100%	24,416	24,377	100%
Texas Children's Health Plan	24,339	23,774	98%	24,409	24,376	100%
UnitedHealthcare Community Plan	21,112	20,697	98%	21,083	18,999	90%
<b>Micro Total</b>	<b>8,740</b>	<b>7,958</b>	<b>91%</b>	<b>8,867</b>	<b>7,899</b>	<b>89%</b>
Aetna Better Health	37	29	78%	39	37	95%
Amerigroup	286	261	91%	290	290	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Blue Cross and Blue Shield of Texas	660	657	100%	688	687	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	101	86%	112	94	84%
Driscoll Children's Health Plan	517	483	93%	523	443	85%
Superior Health Plan	1,636	1,636	100%	1,660	1,220	73%
Texas Children's Health Plan	2,554	2,066	81%	2,583	2,501	97%
UnitedHealthcare Community Plan	2,829	2,621	93%	2,869	2,524	88%
<b>Rural Total</b>	<b>10,190</b>	<b>9,657</b>	<b>95%</b>	<b>10,414</b>	<b>9,898</b>	<b>95%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,544	85%	1,875	1,788	95%
Blue Cross and Blue Shield of Texas	955	922	97%	988	987	100%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	839	100%	877	876	100%
Superior Health Plan	2,543	2,464	97%	2,585	2,437	94.3%
Texas Children's Health Plan	1,424	1,402	98%	1,449	1,440	99%
UnitedHealthcare Community Plan	2,299	2,180	95%	2,327	2,057	88%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>454,348</b>	<b>98%</b>	<b>471,504</b>	<b>458,860</b>	<b>97%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>379,119</b>	<b>98%</b>	<b>392,619</b>	<b>386,122</b>	<b>98%</b>
Amerigroup	100,648	97,996	97%	101,958	99,369	97%
Molina Healthcare of Texas	95,568	93,206	98%	96,320	96,056	100%
Superior Health Plan	97,237	96,519	99%	99,230	98,313	99%
UnitedHealthcare Community Plan	93,059	91,398	98%	95,111	92,384	97%
<b>Micro Total</b>	<b>33,261</b>	<b>31,066</b>	<b>93%</b>	<b>33,748</b>	<b>30,089</b>	<b>89%</b>
Amerigroup	3,630	3,342	92%	3,678	3,378	92%
Molina Healthcare of Texas	8,468	7,482	88%	8,427	7,526	89%
Superior Health Plan	7,096	7,096	100%	7,174	5,447	76%
UnitedHealthcare Community Plan	14,067	13,146	93%	14,469	13,738	95%
<b>Rural Total</b>	<b>44,173</b>	<b>41,925</b>	<b>95%</b>	<b>45,137</b>	<b>42,649</b>	<b>94%</b>
Amerigroup	8,838	7,614	86%	8,915	8,050	90%
Molina Healthcare of Texas	5,097	5,076	100%	5,155	5,072	98%
Superior Health Plan	17,434	16,813	96%	17,917	17,187	96%
UnitedHealthcare Community Plan	12,804	12,422	97%	13,150	12,340	94%
<b>Orthopedist Grand Total</b>	<b>4,951,528</b>	<b>4,816,184</b>	<b>97%</b>	<b>5,144,543</b>	<b>5,052,038</b>	<b>98%</b>
<b>Pediatric Sub-specialty</b>						
<b>STAR Total</b>	<b>3,345,642</b>	<b>3,337,409</b>	<b>100%</b>	<b>3,417,515</b>	<b>3,408,635</b>	<b>100%</b>
<b>Metro Total</b>	<b>2,879,487</b>	<b>2,877,638</b>	<b>100%</b>	<b>2,936,032</b>	<b>2,934,032</b>	<b>100%</b>
Aetna Better Health	91,261	91,260	100%	95,179	95,179	100%
Amerigroup	539,419	538,538	100%	548,687	547,765	100%
Blue Cross and Blue Shield of Texas	34,786	34,772	100%	35,547	35,533	100%
Community First Healthplan	116,595	116,499	100%	118,832	118,719	100%
Community Health Choice	272,655	272,653	100%	276,966	276,962	100%
Cook Children's Health Plan	125,478	125,436	100%	127,567	127,528	100%
Dell Children's Health Plan	30,337	30,334	100%	30,935	30,928	100%
Driscoll Children's Health Plan	142,413	142,407	100%	145,882	145,880	100%
El Paso First	69,667	69,667	100%	71,020	71,020	100%
Firstcare	46,792	46,781	100%	48,834	48,824	100%
Molina Healthcare of Texas	90,034	89,959	100%	92,072	91,965	100%
Parkland	176,639	176,631	100%	178,815	178,804	100%
Right Care from Scott and White Health Pl	33,723	33,719	100%	34,581	34,577	100%
Superior Health Plan	552,306	551,609	100%	561,573	560,821	100%
Texas Children's Health Plan	407,676	407,673	100%	415,368	415,360	100%
UnitedHealthcare Community Plan	149,706	149,700	100%	154,174	154,167	100%
<b>Micro Total</b>	<b>207,280</b>	<b>206,531</b>	<b>100%</b>	<b>213,451</b>	<b>212,693</b>	<b>100%</b>
Aetna Better Health	1,480	1,480	100%	1,568	1,568	100%
Amerigroup	36,970	36,707	99%	38,108	37,834	99%
Blue Cross and Blue Shield of Texas	4,953	4,953	100%	5,177	5,177	100%
Community First Healthplan	2,289	2,289	100%	2,372	2,372	100%
Community Health Choice	10,036	10,036	100%	10,390	10,390	100%
Cook Children's Health Plan	3,609	3,609	100%	3,735	3,735	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Dell Children's Health Plan	3,307	3,307	100%	3,476	3,476	100%
Driscoll Children's Health Plan	14,237	14,237	100%	14,508	14,508	100%
Firstcare	3,183	3,170	100%	3,254	3,243	100%
Molina Healthcare of Texas	2,841	2,841	100%	2,861	2,861	100%
Right Care from Scott and White Health Plan	3,891	3,869	99%	4,074	4,074	100%
Superior Health Plan	93,747	93,296	100%	96,287	95,814	100%
Texas Children's Health Plan	15,806	15,806	100%	16,515	16,515	100%
UnitedHealthcare Community Plan	10,931	10,931	100%	11,126	11,126	100%
<b>Rural Total</b>	<b>258,875</b>	<b>253,240</b>	<b>98%</b>	<b>268,032</b>	<b>261,910</b>	<b>98%</b>
Aetna Better Health	1,272	1,272	100%	1,321	1,321	100%
Amerigroup	49,594	48,409	98%	52,168	50,987	98%
Blue Cross and Blue Shield of Texas	1,610	1,610	100%	1,684	1,684	100%
Community First Healthplan	5,492	5,492	100%	5,673	5,673	100%
Community Health Choice	8,476	8,443	100%	8,587	8,550	100%
Dell Children's Health Plan	765	765	100%	780	780	100%
Driscoll Children's Health Plan	16,765	16,765	100%	17,363	17,363	100%
El Paso First	61	61	100%	67	67	100%
Firstcare	27,950	25,958	93%	28,981	26,620	92%
Molina Healthcare of Texas	2,950	2,950	100%	3,108	3,108	100%
Parkland	791	791	100%	1,104	1,104	100%
Right Care from Scott and White Health Plan	8,695	8,695	100%	8,962	8,962	100%
Superior Health Plan	117,126	114,701	98%	120,347	117,804	98%
Texas Children's Health Plan	10,901	10,901	100%	11,212	11,212	100%
UnitedHealthcare Community Plan	6,427	6,427	100%	6,675	6,675	100%
<b>STAR Kids Total</b>	<b>123,489</b>	<b>123,212</b>	<b>100%</b>	<b>123,490</b>	<b>123,303</b>	<b>100%</b>
<b>Metro Total</b>	<b>108,414</b>	<b>108,253</b>	<b>100%</b>	<b>108,233</b>	<b>108,163</b>	<b>100%</b>
Aetna Better Health	9,224	9,212	100%	9,250	9,241	100%
Amerigroup	19,300	19,284	100%	19,195	19,175	100%
Blue Cross and Blue Shield of Texas	5,076	5,076	100%	5,121	5,120	100%
Community First Healthplan	5,537	5,531	100%	5,526	5,521	100%
Cook Children's Health Plan	7,296	7,294	100%	7,299	7,296	100%
Driscoll Children's Health Plan	6,392	6,392	100%	6,382	6,382	100%
Superior Health Plan	19,083	19,080	100%	19,180	19,176	100%
Texas Children's Health Plan	19,843	19,829	100%	19,787	19,772	100%
UnitedHealthcare Community Plan	16,663	16,555	99%	16,493	16,480	100%
<b>Micro Total</b>	<b>6,952</b>	<b>6,932</b>	<b>100%</b>	<b>7,023</b>	<b>7,004</b>	<b>100%</b>
Aetna Better Health	25	25	100%	27	27	100%
Amerigroup	215	204	95%	214	203	95%
Blue Cross and Blue Shield of Texas	531	531	100%	537	537	100%
Community First Healthplan	73	73	100%	73	73	100%
Cook Children's Health Plan	88	88	100%	88	88	100%
Driscoll Children's Health Plan	406	406	100%	405	405	100%
Superior Health Plan	1,307	1,307	100%	1,332	1,332	100%
Texas Children's Health Plan	2,136	2,136	100%	2,156	2,156	100%
UnitedHealthcare Community Plan	2,171	2,162	100%	2,191	2,183	100%
<b>Rural Total</b>	<b>8,123</b>	<b>8,027</b>	<b>99%</b>	<b>8,234</b>	<b>8,136</b>	<b>99%</b>
Aetna Better Health	48	48	100%	46	46	100%
Amerigroup	1,446	1,396	97%	1,470	1,418	96%
Blue Cross and Blue Shield of Texas	783	782	100%	798	797	100%
Community First Healthplan	191	191	100%	198	198	100%
Driscoll Children's Health Plan	673	673	100%	697	697	100%
Superior Health Plan	2,005	1,960	98%	2,028	1,983	98%
Texas Children's Health Plan	1,191	1,191	100%	1,208	1,208	100%
UnitedHealthcare Community Plan	1,786	1,786	100%	1,789	1,789	100%
<b>Pediatric Sub-specialty Grand Total</b>	<b>3,469,131</b>	<b>3,460,621</b>	<b>100%</b>	<b>3,541,005</b>	<b>3,531,938</b>	<b>100%</b>
<b>Prenatal</b>						
<b>STAR Total</b>	<b>984,469</b>	<b>979,472</b>	<b>99%</b>	<b>1,058,134</b>	<b>1,052,566</b>	<b>99%</b>
<b>Metro Total</b>	<b>842,293</b>	<b>837,374</b>	<b>99%</b>	<b>903,720</b>	<b>898,252</b>	<b>99%</b>
Aetna Better Health	32,934	32,639	99%	35,881	35,637	99%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
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Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Amerigroup	153,605	152,749	99%	164,443	163,565	99%
Blue Cross and Blue Shield of Texas	10,917	10,833	99%	11,719	11,615	99%
Community First Healthplan	35,683	35,248	99%	38,245	37,669	98%
Community Health Choice	81,382	81,200	100%	86,331	86,155	100%
Cook Children's Health Plan	30,539	30,190	99%	32,732	32,354	99%
Dell Children's Health Plan	6,687	6,585	98%	7,295	7,181	98%
Driscoll Children's Health Plan	42,322	42,206	100%	45,500	45,379	100%
El Paso First	22,067	22,060	100%	23,577	23,577	100%
Firstcare	16,023	15,932	99%	17,556	17,488	100%
Molina Healthcare of Texas	27,770	27,689	100%	30,047	29,959	100%
Parkland	50,759	49,942	98%	54,040	52,883	98%
Right Care from Scott and White Health Pla	11,328	11,142	98%	12,158	11,975	98%
Superior Health Plan	172,550	171,545	99%	184,597	183,502	99%
Texas Children's Health Plan	93,935	93,751	100%	101,541	101,395	100%
UnitedHealthcare Community Plan	53,792	53,663	100%	58,058	57,918	100%
<b>Micro Total</b>	<b>61,889</b>	<b>61,876</b>	<b>100%</b>	<b>67,071</b>	<b>67,037</b>	<b>100%</b>
Aetna Better Health	570	570	100%	612	612	100%
Amerigroup	10,829	10,828	100%	11,846	11,845	100%
Blue Cross and Blue Shield of Texas	1,407	1,407	100%	1,520	1,520	100%
Community First Healthplan	642	642	100%	679	679	100%
Community Health Choice	2,790	2,790	100%	3,052	3,052	100%
Cook Children's Health Plan	847	847	100%	921	921	100%
Dell Children's Health Plan	673	673	100%	756	756	100%
Driscoll Children's Health Plan	4,268	4,264	100%	4,624	4,621	100%
Firstcare	1,096	1,096	100%	1,196	1,178	98%
Molina Healthcare of Texas	937	937	100%	1,023	1,023	100%
Right Care from Scott and White Health Pla	1,301	1,301	100%	1,428	1,428	100%
Superior Health Plan	29,112	29,107	100%	31,335	31,330	100%
Texas Children's Health Plan	3,558	3,558	100%	3,984	3,980	100%
UnitedHealthcare Community Plan	3,859	3,856	100%	4,095	4,092	100%
<b>Rural Total</b>	<b>80,287</b>	<b>80,222</b>	<b>100%</b>	<b>87,343</b>	<b>87,277</b>	<b>100%</b>
Aetna Better Health	409	409	100%	452	452	100%
Amerigroup	14,830	14,821	100%	16,386	16,377	100%
Blue Cross and Blue Shield of Texas	497	497	100%	562	562	100%
Community First Healthplan	1,727	1,726	100%	1,856	1,855	100%
Community Health Choice	2,567	2,567	100%	2,712	2,712	100%
Dell Children's Health Plan	206	206	100%	225	225	100%
Driscoll Children's Health Plan	5,053	5,053	100%	5,582	5,582	100%
El Paso First	16	13	81%	17	16	94%
Firstcare	8,579	8,548	100%	9,374	9,342	100%
Molina Healthcare of Texas	957	957	100%	1,078	1,078	100%
Parkland	237	237	100%	332	331	100%
Right Care from Scott and White Health Pla	2,813	2,811	100%	3,104	3,104	100%
Superior Health Plan	36,801	36,782	100%	39,581	39,559	100%
Texas Children's Health Plan	2,735	2,735	100%	2,992	2,992	100%
UnitedHealthcare Community Plan	2,860	2,860	100%	3,090	3,090	100%
<b>STAR Kids Total</b>	<b>21,836</b>	<b>21,747</b>	<b>100%</b>	<b>22,259</b>	<b>22,150</b>	<b>100%</b>
<b>Metro Total</b>	<b>19,190</b>	<b>19,101</b>	<b>100%</b>	<b>19,542</b>	<b>19,433</b>	<b>99%</b>
Aetna Better Health	1,804	1,794	99%	1,848	1,842	100%
Amerigroup	3,474	3,470	100%	3,513	3,509	100%
Blue Cross and Blue Shield of Texas	874	852	97%	898	876	98%
Community First Healthplan	1,006	995	99%	1,042	1,025	98%
Cook Children's Health Plan	1,265	1,260	100%	1,271	1,264	99%
Driscoll Children's Health Plan	1,127	1,125	100%	1,155	1,153	100%
Superior Health Plan	3,558	3,553	100%	3,641	3,631	100%
Texas Children's Health Plan	3,156	3,142	100%	3,215	3,203	100%
UnitedHealthcare Community Plan	2,926	2,910	99%	2,959	2,930	99%
<b>Micro Total</b>	<b>1,271</b>	<b>1,271</b>	<b>100%</b>	<b>1,306</b>	<b>1,306</b>	<b>100%</b>
Aetna Better Health	7	7	100%	7	7	100%
Amerigroup	51	51	100%	53	53	100%

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Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Blue Cross and Blue Shield of Texas	99	99	100%	110	110	100%
Community First Healthplan	20	20	100%	21	21	100%
Cook Children's Health Plan	24	24	100%	21	21	100%
Driscoll Children's Health Plan	81	81	100%	82	82	100%
Superior Health Plan	233	233	100%	242	242	100%
Texas Children's Health Plan	322	322	100%	321	321	100%
UnitedHealthcare Community Plan	434	434	100%	449	449	100%
<b>Rural Total</b>	<b>1,375</b>	<b>1,375</b>	<b>100%</b>	<b>1,411</b>	<b>1,411</b>	<b>100%</b>
Aetna Better Health	12	12	100%	11	11	100%
Amerigroup	245	245	100%	259	259	100%
Blue Cross and Blue Shield of Texas	121	121	100%	133	133	100%
Community First Healthplan	21	21	100%	28	28	100%
Driscoll Children's Health Plan	107	107	100%	101	101	100%
Superior Health Plan	340	340	100%	347	347	100%
Texas Children's Health Plan	181	181	100%	181	181	100%
UnitedHealthcare Community Plan	348	348	100%	351	351	100%
<b>STAR Plus Total</b>	<b>61,271</b>	<b>60,989</b>	<b>100%</b>	<b>62,386</b>	<b>62,073</b>	<b>99%</b>
<b>Metro Total</b>	<b>51,503</b>	<b>51,227</b>	<b>99%</b>	<b>52,428</b>	<b>52,123</b>	<b>99%</b>
Amerigroup	12,867	12,803	100%	13,080	13,014	99%
Molina Healthcare of Texas	10,874	10,827	100%	10,917	10,871	100%
Superior Health Plan	14,351	14,295	100%	14,637	14,569	100%
UnitedHealthcare Community Plan	13,411	13,302	99%	13,794	13,669	99%
<b>Micro Total</b>	<b>4,323</b>	<b>4,320</b>	<b>100%</b>	<b>4,394</b>	<b>4,391</b>	<b>100%</b>
Amerigroup	419	419	100%	428	428	100%
Molina Healthcare of Texas	986	986	100%	975	975	100%
Superior Health Plan	847	844	100%	859	856	100%
UnitedHealthcare Community Plan	2,071	2,071	100%	2,132	2,132	100%
<b>Rural Total</b>	<b>5,445</b>	<b>5,442</b>	<b>100%</b>	<b>5,564</b>	<b>5,559</b>	<b>100%</b>
Amerigroup	934	933	100%	951	950	100%
Molina Healthcare of Texas	551	550	100%	559	558	100%
Superior Health Plan	2,275	2,274	100%	2,339	2,336	100%
UnitedHealthcare Community Plan	1,685	1,685	100%	1,715	1,715	100%
<b>Prenatal Grand Total</b>	<b>1,067,576</b>	<b>1,062,208</b>	<b>99%</b>	<b>1,142,779</b>	<b>1,136,789</b>	<b>99%</b>
<b>Psychiatrist</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,195,397</b>	<b>97%</b>	<b>4,516,725</b>	<b>4,373,810</b>	<b>97%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,651,335</b>	<b>98%</b>	<b>3,873,665</b>	<b>3,797,091</b>	<b>98%</b>
Aetna Better Health	125,893	125,847	100%	133,867	133,820	100%
Amerigroup	692,350	692,186	100%	718,849	718,678	100%
Blue Cross and Blue Shield of Texas	46,196	46,195	100%	48,063	48,063	100%
Community First Healthplan	152,815	152,815	100%	159,015	159,015	100%
Community Health Choice	354,383	353,879	100%	365,975	365,515	100%
Cook Children's Health Plan	154,438	153,948	100%	159,730	159,230	100%
Dell Children's Health Plan	37,114	37,114	100%	38,581	38,581	100%
Driscoll Children's Health Plan	184,280	155,784	85%	192,714	162,980	85%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	62,725	100%	66,855	66,855	100%
Molina Healthcare of Texas	119,377	119,375	100%	125,052	125,050	100%
Parkland	225,728	225,728	100%	232,887	230,402	99%
Right Care from Scott and White Health Pl	45,234	45,234	100%	47,350	47,350	100%
Superior Health Plan	725,944	684,175	94%	754,289	711,114	94%
Texas Children's Health Plan	496,724	496,724	100%	515,818	515,818	100%
UnitedHealthcare Community Plan	208,019	207,741	100%	218,862	218,862	100%
<b>Micro Total</b>	<b>269,240</b>	<b>240,136</b>	<b>89%</b>	<b>283,138</b>	<b>252,965</b>	<b>89%</b>
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,946	100%	50,600	50,600	100%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,156	94%	4,636	4,382	95%



**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	14,160	77%	19,290	14,835	77%
Firstcare	4,275	4,275	100%	4,492	4,492	100%
Molina Healthcare of Texas	3,818	2,620	69%	3,949	2,748	70%
Right Care from Scott and White Health Pla	5,281	5,281	100%	5,639	5,639	100%
Superior Health Plan	122,777	101,549	83%	128,707	106,595	83%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	12,963	86%	15,686	13,535	86%
<b>Rural Total</b>	<b>340,103</b>	<b>303,926</b>	<b>89%</b>	<b>359,922</b>	<b>323,754</b>	<b>90%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	63,194	98%	69,622	67,954	98%
Blue Cross and Blue Shield of Texas	2,136	1,994	93%	2,298	2,169	94%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	10,939	99%	11,387	11,288	99%
Dell Children's Health Plan	985	948	96%	1,038	995	96%
Driscoll Children's Health Plan	21,788	20,245	93%	23,141	21,556	93%
El Paso First	75	72	96%	82	79	96%
Firstcare	36,467	31,936	88%	38,726	33,911	88%
Molina Healthcare of Texas	3,926	3,891	99%	4,270	4,238	99%
Parkland	1,041	1,041	100%	1,462	1,447	99%
Right Care from Scott and White Health Pla	11,636	11,636	100%	12,320	12,320	100%
Superior Health Plan	154,125	126,023	82%	161,598	133,974	83%
Texas Children's Health Plan	13,563	13,511	100%	14,265	14,172	99%
UnitedHealthcare Community Plan	9,555	9,507	99%	10,186	10,124	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>147,114</b>	<b>95%</b>	<b>156,314</b>	<b>146,739</b>	<b>94%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>130,254</b>	<b>96%</b>	<b>137,033</b>	<b>129,633</b>	<b>95%</b>
Aetna Better Health	11,877	11,875	100%	11,995	11,993	100%
Amerigroup	24,299	24,291	100%	24,323	24,315	100%
Blue Cross and Blue Shield of Texas	6,371	3,341	52%	6,478	2,080	32%
Community First Healthplan	6,960	6,955	100%	7,011	7,006	100%
Cook Children's Health Plan	9,046	9,033	100%	9,094	9,077	100%
Driscoll Children's Health Plan	8,140	6,926	85%	8,224	6,989	85%
Superior Health Plan	24,080	22,426	93%	24,416	22,744	93%
Texas Children's Health Plan	24,339	24,312	100%	24,409	24,381	100%
UnitedHealthcare Community Plan	21,112	21,095	100%	21,083	21,048	100%
<b>Micro Total</b>	<b>8,740</b>	<b>7,759</b>	<b>89%</b>	<b>8,867</b>	<b>7,704</b>	<b>87%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	354	54%	688	190	28%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	111	95%	112	108	96%
Driscoll Children's Health Plan	517	446	86%	523	453	87%
Superior Health Plan	1,636	1,186	72%	1,660	1,216	73%
Texas Children's Health Plan	2,554	2,488	97%	2,583	2,516	97%
UnitedHealthcare Community Plan	2,829	2,747	97%	2,869	2,789	97%
<b>Rural Total</b>	<b>10,190</b>	<b>9,101</b>	<b>89%</b>	<b>10,414</b>	<b>9,402</b>	<b>90%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,722	94%	1,875	1,778	95%
Blue Cross and Blue Shield of Texas	955	679	71%	988	805	81%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	773	92%	877	804	92%
Superior Health Plan	2,543	1,941	76%	2,585	1,979	77%
Texas Children's Health Plan	1,424	1,416	99%	1,449	1,436	99%
UnitedHealthcare Community Plan	2,299	2,264	98%	2,327	2,287	98%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>451,036</b>	<b>97%</b>	<b>471,504</b>	<b>458,563</b>	<b>97%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>380,652</b>	<b>98%</b>	<b>392,619</b>	<b>386,858</b>	<b>99%</b>
Amerigroup	100,648	100,600	100%	101,958	101,914	100%
Molina Healthcare of Texas	95,568	95,526	100%	96,320	96,273	100%
Superior Health Plan	97,237	91,705	94%	99,230	93,643	94%
UnitedHealthcare Community Plan	93,059	92,821	100%	95,111	95,028	100%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>Micro Total</b>	33,261	30,199	91%	33,748	30,504	90%
Amerigroup	3,630	3,630	100%	3,678	3,678	100%
Molina Healthcare of Texas	8,468	7,200	85%	8,427	6,995	83%
Superior Health Plan	7,096	5,466	77%	7,174	5,532	77%
UnitedHealthcare Community Plan	14,067	13,903	99%	14,469	14,299	99%
<b>Rural Total</b>	44,173	40,185	91%	45,137	41,201	91%
Amerigroup	8,838	8,444	96%	8,915	8,521	96%
Molina Healthcare of Texas	5,097	5,087	100%	5,155	5,043	98%
Superior Health Plan	17,434	14,275	82%	17,917	14,937	83%
UnitedHealthcare Community Plan	12,804	12,379	97%	13,150	12,700	97%
<b>Psychiatrist Grand Total</b>	<b>4,951,528</b>	<b>4,793,547</b>	<b>97%</b>	<b>5,144,543</b>	<b>4,979,112</b>	<b>97%</b>
<b>Therapies - OT PT ST</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,327,657</b>	<b>100%</b>	<b>4,516,725</b>	<b>4,509,798</b>	<b>100%</b>
<b>Metro Total</b>	3,723,085	3,721,868	100%	3,873,665	3,870,742	100%
Aetna Better Health	125,893	125,893	100%	133,867	133,867	100%
Amerigroup	692,350	692,204	100%	718,849	718,725	100%
Blue Cross and Blue Shield of Texas	46,196	46,196	100%	48,063	48,063	100%
Community First Healthplan	152,815	152,815	100%	159,015	159,015	100%
Community Health Choice	354,383	354,383	100%	365,975	365,975	100%
Cook Children's Health Plan	154,438	154,438	100%	159,730	159,730	100%
Dell Children's Health Plan	37,114	37,114	100%	38,581	38,581	100%
Driscoll Children's Health Plan	184,280	184,280	100%	192,714	192,714	100%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	62,725	100%	66,855	66,855	100%
Molina Healthcare of Texas	119,377	119,375	100%	125,052	125,050	100%
Parkland	225,728	224,661	100%	232,887	230,092	99%
Right Care from Scott and White Health Pla	45,234	45,234	100%	47,350	47,350	100%
Superior Health Plan	725,944	725,942	100%	754,289	754,287	100%
Texas Children's Health Plan	496,724	496,724	100%	515,818	515,818	100%
UnitedHealthcare Community Plan	208,019	208,019	100%	218,862	218,862	100%
<b>Micro Total</b>	269,240	269,240	100%	283,138	283,138	100%
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,946	100%	50,600	50,600	100%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	12,764	100%	13,452	13,452	100%
Cook Children's Health Plan	4,429	4,429	100%	4,636	4,636	100%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	18,434	100%	19,290	19,290	100%
Firstcare	4,275	4,275	100%	4,492	4,492	100%
Molina Healthcare of Texas	3,818	3,818	100%	3,949	3,949	100%
Right Care from Scott and White Health Pla	5,281	5,281	100%	5,639	5,639	100%
Superior Health Plan	122,777	122,777	100%	128,707	128,707	100%
Texas Children's Health Plan	19,063	19,063	100%	20,339	20,339	100%
UnitedHealthcare Community Plan	15,094	15,094	100%	15,686	15,686	100%
<b>Rural Total</b>	340,103	336,549	99%	359,922	355,918	99%
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	63,603	98%	69,622	68,434	98%
Blue Cross and Blue Shield of Texas	2,136	2,136	100%	2,298	2,298	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	11,031	100%	11,387	11,387	100%
Dell Children's Health Plan	985	985	100%	1,038	1,038	100%
Driscoll Children's Health Plan	21,788	21,788	100%	23,141	23,141	100%
El Paso First	75	74	99%	82	81	99%
Firstcare	36,467	35,340	97%	38,726	37,294	96%
Molina Healthcare of Texas	3,926	3,907	100%	4,270	4,251	100%
Parkland	1,041	1,041	100%	1,462	1,462	100%
Right Care from Scott and White Health Pla	11,636	11,636	100%	12,320	12,320	100%
Superior Health Plan	154,125	152,935	99%	161,598	160,364	99%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Texas Children's Health Plan	13,563	13,563	100%	14,265	14,265	100%
UnitedHealthcare Community Plan	9,555	9,521	100%	10,186	10,056	99%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>155,036</b>	<b>100%</b>	<b>156,314</b>	<b>156,200</b>	<b>100%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>136,224</b>	<b>100%</b>	<b>137,033</b>	<b>137,033</b>	<b>100%</b>
Aetna Better Health	11,877	11,877	100%	11,995	11,995	100%
Amerigroup	24,299	24,299	100%	24,323	24,323	100%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,478	100%
Community First Healthplan	6,960	6,960	100%	7,011	7,011	100%
Cook Children's Health Plan	9,046	9,046	100%	9,094	9,094	100%
Driscoll Children's Health Plan	8,140	8,140	100%	8,224	8,224	100%
Superior Health Plan	24,080	24,080	100%	24,416	24,416	100%
Texas Children's Health Plan	24,339	24,339	100%	24,409	24,409	100%
UnitedHealthcare Community Plan	21,112	21,112	100%	21,083	21,083	100%
<b>Micro Total</b>	<b>8,740</b>	<b>8,740</b>	<b>100%</b>	<b>8,867</b>	<b>8,867</b>	<b>100%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	117	100%	112	112	100%
Driscoll Children's Health Plan	517	517	100%	523	523	100%
Superior Health Plan	1,636	1,636	100%	1,660	1,660	100%
Texas Children's Health Plan	2,554	2,554	100%	2,583	2,583	100%
UnitedHealthcare Community Plan	2,829	2,829	100%	2,869	2,869	100%
<b>Rural Total</b>	<b>10,190</b>	<b>10,072</b>	<b>99%</b>	<b>10,414</b>	<b>10,300</b>	<b>99%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,761	97%	1,875	1,816	97%
Blue Cross and Blue Shield of Texas	955	955	100%	988	988	100%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	840	100%	877	877	100%
Superior Health Plan	2,543	2,519	99%	2,585	2,562	99%
Texas Children's Health Plan	1,424	1,424	100%	1,449	1,449	100%
UnitedHealthcare Community Plan	2,299	2,267	99%	2,327	2,295	99%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>463,255</b>	<b>100%</b>	<b>471,504</b>	<b>470,620</b>	<b>100%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>386,470</b>	<b>100%</b>	<b>392,619</b>	<b>392,577</b>	<b>100%</b>
Amerigroup	100,648	100,621	100%	101,958	101,934	100%
Molina Healthcare of Texas	95,568	95,553	100%	96,320	96,302	100%
Superior Health Plan	97,237	97,237	100%	99,230	99,230	100%
UnitedHealthcare Community Plan	93,059	93,059	100%	95,111	95,111	100%
<b>Micro Total</b>	<b>33,261</b>	<b>33,261</b>	<b>100%</b>	<b>33,748</b>	<b>33,748</b>	<b>100%</b>
Amerigroup	3,630	3,630	100%	3,678	3,678	100%
Molina Healthcare of Texas	8,468	8,468	100%	8,427	8,427	100%
Superior Health Plan	7,096	7,096	100%	7,174	7,174	100%
UnitedHealthcare Community Plan	14,067	14,067	100%	14,469	14,469	100%
<b>Rural Total</b>	<b>44,173</b>	<b>43,524</b>	<b>99%</b>	<b>45,137</b>	<b>44,295</b>	<b>98%</b>
Amerigroup	8,838	8,616	97%	8,915	8,690	97%
Molina Healthcare of Texas	5,097	5,091	100%	5,155	5,082	99%
Superior Health Plan	17,434	17,251	99%	17,917	17,732	99%
UnitedHealthcare Community Plan	12,804	12,566	98%	13,150	12,791	97%
<b>Therapies - OT PT ST Grand Total</b>	<b>4,951,528</b>	<b>4,945,948</b>	<b>100%</b>	<b>5,144,543</b>	<b>5,136,618</b>	<b>100%</b>
<b>Urologist</b>						
<b>STAR Total</b>	<b>4,332,428</b>	<b>4,186,380</b>	<b>97%</b>	<b>4,516,725</b>	<b>4,364,842</b>	<b>97%</b>
<b>Metro Total</b>	<b>3,723,085</b>	<b>3,626,506</b>	<b>97%</b>	<b>3,873,665</b>	<b>3,776,121</b>	<b>97%</b>
Aetna Better Health	125,893	125,797	100%	133,867	133,855	100%
Amerigroup	692,350	673,569	97%	718,849	701,661	98%
Blue Cross and Blue Shield of Texas	46,196	46,196	100%	48,063	48,056	100%
Community First Healthplan	152,815	152,815	100%	159,015	159,015	100%
Community Health Choice	354,383	333,706	94%	365,975	344,625	94%
Cook Children's Health Plan	154,438	152,227	99%	159,730	157,371	99%
Dell Children's Health Plan	37,114	37,114	100%	38,581	38,562	100%

**Attachment H2**  
**Specialist Network Access Analysis**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
Driscoll Children's Health Plan	184,280	184,271	100%	192,714	192,709	100%
El Paso First	91,865	91,865	100%	95,758	95,758	100%
Firstcare	62,725	57,999	92%	66,855	66,855	100%
Molina Healthcare of Texas	119,377	116,924	98%	125,052	122,452	98%
Parkland	225,728	216,640	96%	232,887	220,977	95%
Right Care from Scott and White Health Pla	45,234	45,231	100%	47,350	47,339	100%
Superior Health Plan	725,944	725,918	100%	754,289	752,264	100%
Texas Children's Health Plan	496,724	473,238	95%	515,818	491,364	95%
UnitedHealthcare Community Plan	208,019	192,996	93%	218,862	203,258	93%
<b>Micro Total</b>	<b>269,240</b>	<b>251,452</b>	<b>93%</b>	<b>283,138</b>	<b>259,747</b>	<b>92%</b>
Aetna Better Health	2,072	2,072	100%	2,233	2,233	100%
Amerigroup	47,946	47,939	100%	50,600	48,703	96%
Blue Cross and Blue Shield of Texas	6,335	6,335	100%	6,736	6,736	100%
Community First Healthplan	2,975	2,975	100%	3,128	3,128	100%
Community Health Choice	12,764	11,591	91%	13,452	12,236	91%
Cook Children's Health Plan	4,429	4,189	95%	4,636	4,400	95%
Dell Children's Health Plan	3,977	3,977	100%	4,251	4,251	100%
Driscoll Children's Health Plan	18,434	15,283	83%	19,290	16,016	83%
Firstcare	4,275	4,246	99%	4,492	4,466	99%
Molina Healthcare of Texas	3,818	2,883	76%	3,949	3,023	77%
Right Care from Scott and White Health Pla	5,281	5,267	100%	5,639	5,625	100%
Superior Health Plan	122,777	117,629	96%	128,707	120,339	93%
Texas Children's Health Plan	19,063	15,769	83%	20,339	16,903	83%
UnitedHealthcare Community Plan	15,094	11,297	75%	15,686	11,688	75%
<b>Rural Total</b>	<b>340,103</b>	<b>308,422</b>	<b>91%</b>	<b>359,922</b>	<b>328,974</b>	<b>91%</b>
Aetna Better Health	1,725	1,725	100%	1,842	1,842	100%
Amerigroup	64,786	54,843	85%	69,622	58,423	84%
Blue Cross and Blue Shield of Texas	2,136	2,127	100%	2,298	2,288	100%
Community First Healthplan	7,264	7,264	100%	7,685	7,685	100%
Community Health Choice	11,031	8,982	81%	11,387	9,270	81%
Dell Children's Health Plan	985	956	97%	1,038	1,006	97%
Driscoll Children's Health Plan	21,788	21,767	100%	23,141	23,120	100%
El Paso First	75	72	96%	82	79	96%
Firstcare	36,467	29,693	81%	38,726	34,235	88%
Molina Healthcare of Texas	3,926	3,269	83%	4,270	3,589	84%
Parkland	1,041	1,038	100%	1,462	1,435	98%
Right Care from Scott and White Health Pla	11,636	10,519	90%	12,320	11,825	96%
Superior Health Plan	154,125	148,430	96%	161,598	156,112	97%
Texas Children's Health Plan	13,563	10,678	79%	14,265	10,207	72%
UnitedHealthcare Community Plan	9,555	7,059	74%	10,186	7,858	77%
<b>STAR Kids Total</b>	<b>155,154</b>	<b>149,021</b>	<b>96%</b>	<b>156,314</b>	<b>149,862</b>	<b>96%</b>
<b>Metro Total</b>	<b>136,224</b>	<b>132,226</b>	<b>97%</b>	<b>137,033</b>	<b>132,818</b>	<b>97%</b>
Aetna Better Health	11,877	11,849	100%	11,995	11,840	99%
Amerigroup	24,299	23,521	97%	24,323	23,531	97%
Blue Cross and Blue Shield of Texas	6,371	6,371	100%	6,478	6,478	100%
Community First Healthplan	6,960	6,960	100%	7,011	7,011	100%
Cook Children's Health Plan	9,046	8,938	99%	9,094	8,984	99%
Driscoll Children's Health Plan	8,140	8,140	100%	8,224	8,224	100%
Superior Health Plan	24,080	24,080	100%	24,416	24,416	100%
Texas Children's Health Plan	24,339	22,412	92%	24,409	22,472	92%
UnitedHealthcare Community Plan	21,112	19,955	95%	21,083	19,862	94%
<b>Micro Total</b>	<b>8,740</b>	<b>7,851</b>	<b>90%</b>	<b>8,867</b>	<b>7,991</b>	<b>90%</b>
Aetna Better Health	37	37	100%	39	39	100%
Amerigroup	286	286	100%	290	290	100%
Blue Cross and Blue Shield of Texas	660	660	100%	688	688	100%
Community First Healthplan	104	104	100%	103	103	100%
Cook Children's Health Plan	117	111	94.9%	112	108	96%
Driscoll Children's Health Plan	517	462	89%	523	470	90%
Superior Health Plan	1,636	1,417	87%	1,660	1,441	87%
Texas Children's Health Plan	2,554	2,146	84%	2,583	2,179	84%

**Attachment H2  
Specialist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program County Type MCO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
UnitedHealthcare Community Plan	2,829	2,628	93%	2,869	2,673	93%
<b>Rural Total</b>	<b>10,190</b>	<b>8,944</b>	<b>88%</b>	<b>10,414</b>	<b>9,053</b>	<b>87%</b>
Aetna Better Health	68	68	100%	64	64	100%
Amerigroup	1,823	1,500	82%	1,875	1,527	81%
Blue Cross and Blue Shield of Texas	955	855	90%	988	872	88%
Community First Healthplan	238	238	100%	249	249	100%
Driscoll Children's Health Plan	840	839	100%	877	876	100%
Superior Health Plan	2,543	2,425	95%	2,585	2,467	95%
Texas Children's Health Plan	1,424	1,191	84%	1,449	1,161	80%
UnitedHealthcare Community Plan	2,299	1,828	80%	2,327	1,837	79%
<b>STAR Plus Total</b>	<b>463,946</b>	<b>446,330</b>	<b>96%</b>	<b>471,504</b>	<b>455,439</b>	<b>97%</b>
<b>Metro Total</b>	<b>386,512</b>	<b>376,196</b>	<b>97%</b>	<b>392,619</b>	<b>382,985</b>	<b>98%</b>
Amerigroup	100,648	99,090	98%	101,958	100,377	98%
Molina Healthcare of Texas	95,568	91,192	95%	96,320	92,774	96%
Superior Health Plan	97,237	97,186	100%	99,230	98,863	100%
UnitedHealthcare Community Plan	93,059	88,728	95%	95,111	90,971	96%
<b>Micro Total</b>	<b>33,261</b>	<b>30,864</b>	<b>93%</b>	<b>33,748</b>	<b>31,895</b>	<b>95%</b>
Amerigroup	3,630	3,629	100%	3,678	3,677	100%
Molina Healthcare of Texas	8,468	7,066	83%	8,427	7,579	90%
Superior Health Plan	7,096	6,515	92%	7,174	6,588	92%
UnitedHealthcare Community Plan	14,067	13,654	97%	14,469	14,051	97%
<b>Rural Total</b>	<b>44,173</b>	<b>39,270</b>	<b>89%</b>	<b>45,137</b>	<b>40,559</b>	<b>90%</b>
Amerigroup	8,838	7,354	83%	8,915	7,265	81%
Molina Healthcare of Texas	5,097	4,433	87%	5,155	4,753	92%
Superior Health Plan	17,434	16,783	96%	17,917	17,329	97%
UnitedHealthcare Community Plan	12,804	10,700	84%	13,150	11,212	85%
<b>Urologist Grand Total</b>	<b>4,951,528</b>	<b>4,781,731</b>	<b>97%</b>	<b>5,144,543</b>	<b>4,970,143</b>	<b>97%</b>

**Attachment H3  
Main Dentist Network Access Analysis  
SFY23 Q2 Report  
(Blanks = No Data Available)**

County Type DMO	Quarter 1			Quarter 2		
	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (95%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (95%)
<b>Metro</b>	<b>3,321,074</b>	<b>3,321,073</b>	100%	<b>3,417,681</b>	<b>3,417,678</b>	100%
DentaQuest	1,785,123	1,785,123	100%	1,818,887	1,818,887	100%
MCNA Dental	1,184,306	1,184,305	100%	1,206,752	1,206,751	100%
United HealthCare Dental	351,645	351,645	100%	392,042	392,040	100%
<b>Micro</b>	<b>237,408</b>	<b>237,408</b>	100%	<b>247,020</b>	<b>247,020</b>	100%
DentaQuest	131,323	131,323	100%	135,628	135,628	100%
MCNA Dental	82,771	82,771	100%	85,182	85,182	100%
United HealthCare Dental	23,314	23,314	100%	26,210	26,210	100%
<b>Rural</b>	<b>296,714</b>	<b>296,673</b>	100%	<b>310,803</b>	<b>310,766</b>	100%
DentaQuest	162,774	162,757	100%	169,081	169,064	100%
MCNA Dental	106,130	106,109	100%	110,076	110,059	100%
United HealthCare Dental	27,810	27,807	100%	31,646	31,643	100%
<b>Grand Total</b>	<b>3,855,196</b>	<b>3,855,154</b>	100%	<b>3,975,504</b>	<b>3,975,464</b>	100%

**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 Time or Distance Standard (90%)	Member Count	Members Within Distance Standard of Two Providers	% Within Time or Distance Standard (90%)
<b>Endodontist</b>						
DentaQuest	2,079,220	1,913,358	92%	2,123,596	1,901,796	90%
Metro	1,785,123	1,712,788	96%	1,818,887	1,709,557	94%
Micro	131,323	83,468	64%	135,628	75,253	55%
Rural	162,774	117,102	72%	169,081	116,986	69%
MCNA Dental	1,373,207	1,218,878	89%	1,402,010	1,264,226	90%
Metro	1,184,306	1,102,772	93%	1,206,752	1,135,427	94%
Micro	82,771	50,227	61%	85,182	51,964	61%
Rural	106,130	65,879	62%	110,076	76,835	70%
United HealthCare	402,769	355,614	88%	449,898	386,725	86%
Metro	351,645	321,749	91%	392,042	350,762	89%
Micro	23,314	14,727	63%	26,210	16,450	63%
Rural	27,810	19,138	69%	31,646	19,513	62%
<b>Subtotal</b>	<b>3,855,196</b>	<b>3,487,850</b>	<b>90%</b>	<b>3,975,504</b>	<b>3,552,747</b>	<b>89%</b>
<b>Orthodontist</b>						
DentaQuest	2,079,220	1,994,923	96%	2,123,596	2,036,891	96%
Metro	1,785,123	1,751,069	98%	1,818,887	1,784,028	98%
Micro	131,323	106,294	81%	135,628	109,759	81%
Rural	162,774	137,560	85%	169,081	143,104	85%
MCNA Dental	1,373,207	1,277,842	93%	1,402,010	1,305,700	93%
Metro	1,184,306	1,135,937	96%	1,206,752	1,157,368	96%
Micro	82,771	56,606	68%	85,182	59,046	69%
Rural	106,130	85,299	80%	110,076	89,286	81%
United HealthCare	402,769	370,927	92%	449,898	415,253	92%
Metro	351,645	327,585	93%	392,042	364,833	93%
Micro	23,314	22,183	95%	26,210	24,965	95%
Rural	27,810	21,159	76%	31,646	25,455	80%
<b>Subtotal</b>	<b>3,855,196</b>	<b>3,643,692</b>	<b>95%</b>	<b>3,975,504</b>	<b>3,757,844</b>	<b>95%</b>
<b>Pediatric Dental</b>						
DentaQuest	2,079,220	2,074,830	100%	2,123,596	2,119,076	100%
Metro	1,785,123	1,784,665	100%	1,818,887	1,818,377	100%
Micro	131,323	129,055	98%	135,628	133,330	98%
Rural	162,774	161,110	99%	169,081	167,369	99%
MCNA Dental	1,373,207	1,369,307	100%	1,402,010	1,398,004	100%
Metro	1,184,306	1,183,273	100%	1,206,752	1,205,751	100%
Micro	82,771	80,877	98%	85,182	83,182	98%
Rural	106,130	105,157	99%	110,076	109,071	99%
United HealthCare	402,769	392,877	98%	449,898	438,799	98%
Metro	351,645	348,424	99%	392,042	388,439	99%
Micro	23,314	17,372	75%	26,210	19,499	74%
Rural	27,810	27,081	97%	31,646	30,861	98%
<b>Subtotal</b>	<b>3,855,196</b>	<b>3,837,014</b>	<b>100%</b>	<b>3,975,504</b>	<b>3,955,879</b>	<b>100%</b>

Type of Specialist	Program	Number of MCOs that did not meet the standard in a county		
		Metro County	Micro County	Rural County
Acute Care Hospital	STAR	3	7	13
	STAR+PLUS	0	3	4
	STAR Kids	0	4	6
Audiologist	STAR	7	7	7
	STAR+PLUS	2	4	4
	STAR Kids	3	3	4
Behavioral Health – Outpatient	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
Cardiovascular Disease	STAR	0	2	0
	STAR+PLUS	0	0	0
	STAR Kids	1	2	0
ENT (Otolaryngology)	STAR	0	2	1
	STAR+PLUS	0	1	1
	STAR Kids	0	0	2
Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MHR)	STAR	9	14	7
	STAR+PLUS	4	4	4
	STAR Kids	7	9	5
General Surgeon	STAR	0	1	0
	STAR+PLUS	0	1	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	3	4	1
	STAR+PLUS	0	1	1
	STAR Kids	1	4	1
Orthopedist	STAR	0	4	0
	STAR+PLUS	0	2	0
	STAR Kids	0	4	1
Pediatric Sub-Specialty <i>(The standard requires access to one provider)</i>	STAR	0	0	0
	STAR Kids	0	0	0
Prenatal	STAR	0	0	0
	STAR+PLUS	0	0	0
	STAR Kids	0	0	0
	STAR	1	4	2



Psychiatrist	STAR+PLUS	0	2	1
	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	6
	STAR+PLUS	0	0	2
	STAR Kids	0	2	4

We can may include these next time but was not asked for by leadership and this attachment is already at 28hours wo

Provider Type	Program	Number of MCOs that did not meet the standard in a county		
		Metro County	Micro County	Rural County
Primary Care Provider	STAR	#REF!	#REF!	#REF!
	STAR+PLUS	#REF!	#REF!	#REF!
	STAR Kids	#REF!	#REF!	#REF!

Provider Type	DMO	Number of DMOs that did not meet the standard in a county		
		Metro County	Micro County	Rural County
Main Dentist	DentaQuest	0	0	0
	MCNA Dental	0	0	0
	United HealthCare Dental	0	0	0
Endodontist	DentaQuest	0	1	1
	MCNA Dental	0	1	1
	United HealthCare Dental	1	1	1
Oral Surgeon	DentaQuest	0	1	1
	MCNA Dental	0	0	0
	United HealthCare Dental	0	1	1
Orthodontist	DentaQuest	0	1	1
	MCNA Dental	0	1	1
	United HealthCare Dental	0	0	1
Pediatric Dentist	DentaQuest	0	0	0
	MCNA Dental	0	0	0
	United HealthCare Dental	0	1	0

**Attachment M1  
Member Hotline Performance  
STAR and STAR+PLUS  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter			
		1			
STAR & STAR+PLUS	Aetna	33,805	1%	88%	18
	Amerigroup	122,880	2%	77%	33
	Blue Cross Blue Shield	8,975	1%	91%	11
	Community First	20,110	3%	96%	19
	Community Health Choice	54,908	3%	91%	19
	Cook Children's	33,613	3%	89%	19
	Dell Children's	5,652	1%	90%	20
	Driscoll Children's	25,072	1%	93%	13
	El Paso Health	9,679	4%	98%	41
	FirstCare	8,330	1%	95%	7
	Molina	124,034	1%	93%	14
	Parkland	28,324	1%	88%	1
	Scott & White	6,525	3%	92%	14
	Superior	111,011	1%	89%	14
	Texas Children's	66,021	3%	69%	26
	United	181,594	1%	87%	84
		<b>Total</b>	<b>840,533</b>		

**Attachment M1**  
**Member Hotline Performance**  
**STAR Kids**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter			
		1			
STAR Kids	Aetna	9,768	4%	88%	26
	Amerigroup	4,324	2%	97%	9
	BCBS	2,514	1%	96%	14
	Community First	4,004	1%	92%	40
	Cook Children's	4,385	3%	91%	18
	Driscoll Health Plan	4,261	2%	90%	18
	Superior	8,493	1%	98%	7
	Texas Children's	14,746	2%	81%	24
	United	9,565	1%	94%	50
	<b>Total</b>	<b>62,060</b>			

**Attachment M2**  
**Behavioral Health Hotline Performance**  
**STAR and STAR+PLUS**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter			
		1			
STAR & STAR+PLUS	Aetna	814	1%	95%	9
	Amerigroup	1,539	2%	94%	13
	Blue Cross Blue Shield	536	0%	97%	73
	Community First	330	3%	97%	8
	Community Health Choice	1,780	5%	98%	11
	Cook Children's	243	21%	39%	296
	Dell Children's	152	1%	85%	73
	Driscoll Children's	219	7%	68%	49
	El Paso Health	52	0%	100%	11
	FirstCare	129	0%	98%	4
	Molina	431	1%	89%	15
	Parkland	500	0%	96%	5
	Scott & White	75	1%	95%	7
	Superior	3,674	2%	94%	11
	Texas Children's	1,079	3%	92%	10
	United	166	0%	100%	41
		<b>Total</b>	<b>11,719</b>		

**Attachment M2**  
**Behavioral Health Hotline Performance**  
**STAR Kids**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Call Hold Rate (80% within 30 seconds)	Average Hold Time (120 Seconds)
		Quarter			
		1			
STAR Kids	Aetna	195	2%	95%	9
	Amerigroup	44	0%	91%	14
	BCBS	183	0%	96%	21
	Community First	23	0%	96%	1
	Cook Children's	47	17%	41%	332
	Driscoll Health Plan	69	20%	65%	39
	Superior	323	3%	96%	6
	Texas Children's	126	5%	91%	8
	United	49	0%	100%	68
	<b>Total</b>	<b>1,059</b>			

**Attachment M3  
 Provider Hotline Performance  
 STAR and STAR+PLUS  
 SFY23 Q1  
 SFY23 Q2 Report  
 (Blanks = No Data Available)**

Program	MCO	Total Calls	Abandoned Calls (≤7%)	Average Hold Time (120 Seconds)
		Quarter		
		1		
STAR & STAR+PLUS	Aetna	42,614	2%	31
	Amerigroup	86,777	3%	57
	Blue Cross Blue Shield	8,299	1%	16
	Community First	4,546	1%	18
	Community Health Choice	55,933	5%	81
	Cook Children's	35,145	3%	17
	Dell Children's	4,364	0%	23
	Driscoll Children's	18,162	0%	10
	El Paso Health	37,446	5%	78
	FirstCare	35,851	2%	17
	Molina	100,750	10%	275
	Parkland	47,414	3%	9
	Scott & White	30,818	3%	20
	Superior	102,601	4%	76
	Texas Children's	96,126	3%	20
	United	88,738	1%	33
	<b>Total</b>	<b>795,584</b>		

**Attachment M3**  
**Provider Hotline Performance**  
**STAR Kids**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	MCOs	Total Calls	Abandoned Calls (≤7%)	Average Hold Time (120 Seconds)
		Quarter		
		1		
STAR Kids	Aetna	27,144	3%	20
	Amerigroup	86,777	3%	57
	BCBS	2,306	1%	14
	Community First	970	0%	8
	Cook Children's	26,129	3%	17
	Driscoll Health Plan	2,559	1%	14
	Superior	14,290	1%	11
	Texas Children's	93,344	3%	19
	United	17,694	1%	36
	<b>Total</b>	<b>271,213</b>		

**Attachment M4**  
**Dental Hotline Performance**  
**Dental Maintenance Organization**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

Program	DMO	Hotline	Program	Total Calls	Abandoned Calls (≤7%)	Hold Rate (80%)	Average Hold Time (120 Seconds)
				Quarter			
				1			
STAR & STAR+PLUS	DentaQuest	Member	Medicaid Dental	54,040	1%	88%	17
		Provider		17,720	2%		39
	MCNA	Member	Medicaid Dental	52,657	15%	77%	45
		Provider		19,378	2%		23
	United Dental	Member	Medicaid Dental	27,160	1%	97%	22
		Provider		20,139	1%		19
	<b>Total</b>			<b>191,094</b>			



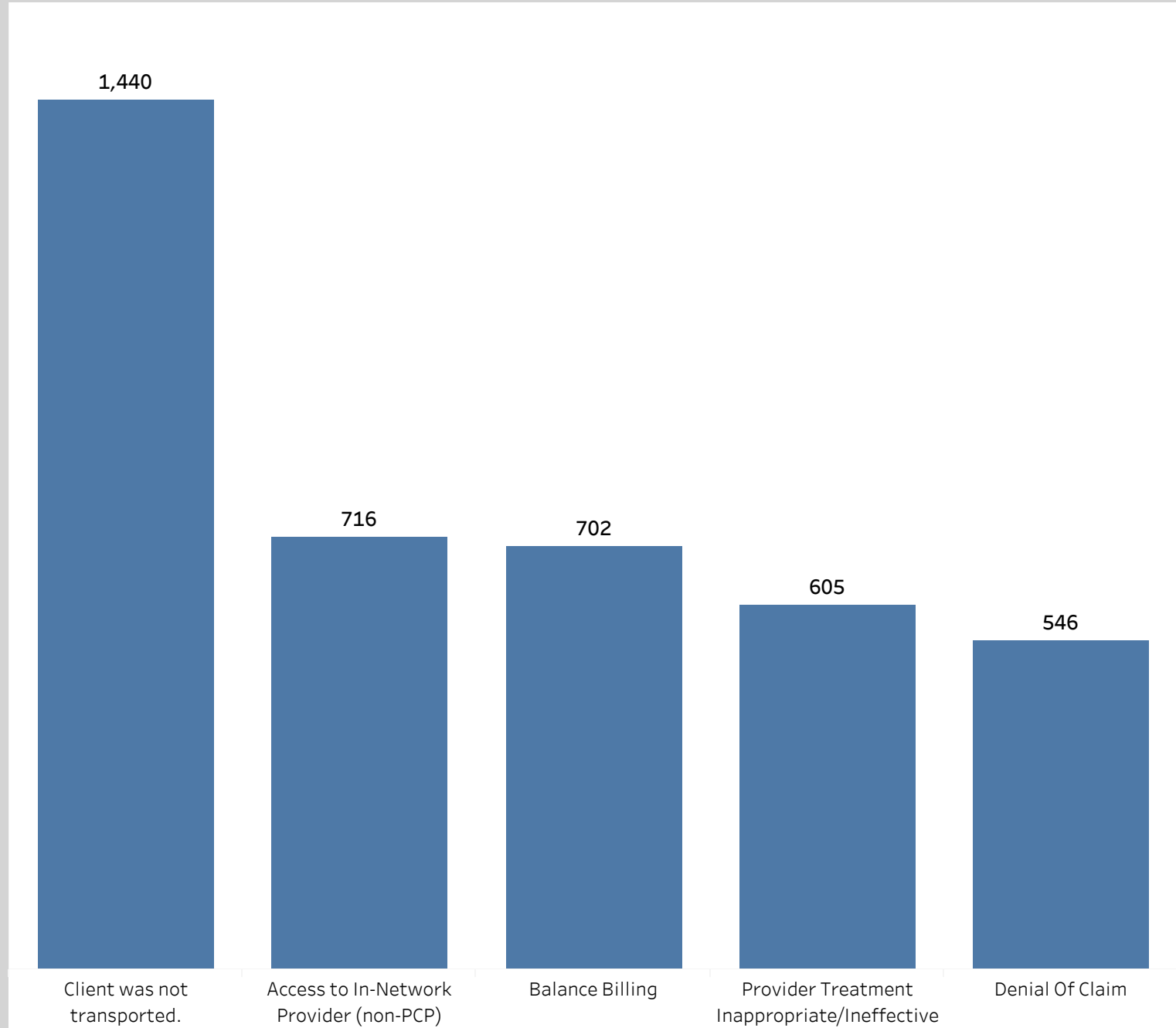
**Attachment N**  
**MCO Member Appeals**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

MCO	Q1		
	30 Day Appeals Resolved	30 Day Appeals Resolved Timely	% 30 Day Appeals resolved Timely
<b>Medicaid Dental</b>			
DentaQuest	434	434	100%
MCNA	58	58	100%
United Dental	31	31	100%
<b>Dental Total</b>	<b>523</b>	<b>523</b>	<b>100%</b>
<b>STAR</b>			
Aetna	70	70	100%
Amerigroup	103	103	100%
BCBS	85	85	100%
CHC	182	182	100%
Community First	78	78	100%
Cook Children's	54	54	100%
Dell Children's	17	17	100%
Driscoll	37	37	100%
El Paso First	73	71	97.3%
FirstCare	43	43	100%
Molina	129	129	100%
Parkland	40	39	97.5%
Scott & White	47	47	100%
Superior	1446	1446	100%
Texas Children's	356	354	99.4%
United	110	110	100%
<b>STAR Total</b>	<b>2,870</b>	<b>2,865</b>	<b>99.8%</b>
<b>STAR+PLUS</b>			
Amerigroup	110	109	99.1%
Molina	384	384	100%
Superior	1449	1448	99.9%
United	423	422	99.8%
<b>STAR+PLUS Total</b>	<b>2,366</b>	<b>2,363</b>	<b>99.9%</b>
<b>STAR Kids</b>			
Aetna	69	69	100%
Amerigroup	86	86	100%
BCBS	39	39	100%
Community First	77	77	100%
Cook Children's	39	39	100%
Driscoll Children's	34	34	100%
Superior	333	333	100%
Texas Children's	298	293	98.3%
United	192	192	100%
<b>STAR Kids Total</b>	<b>1,167</b>	<b>1,162</b>	<b>99.6%</b>
<b>Grand Total</b>	<b>6,926</b>	<b>6,913</b>	<b>99.8%</b>

# HHSC - SFY 2023 Q1

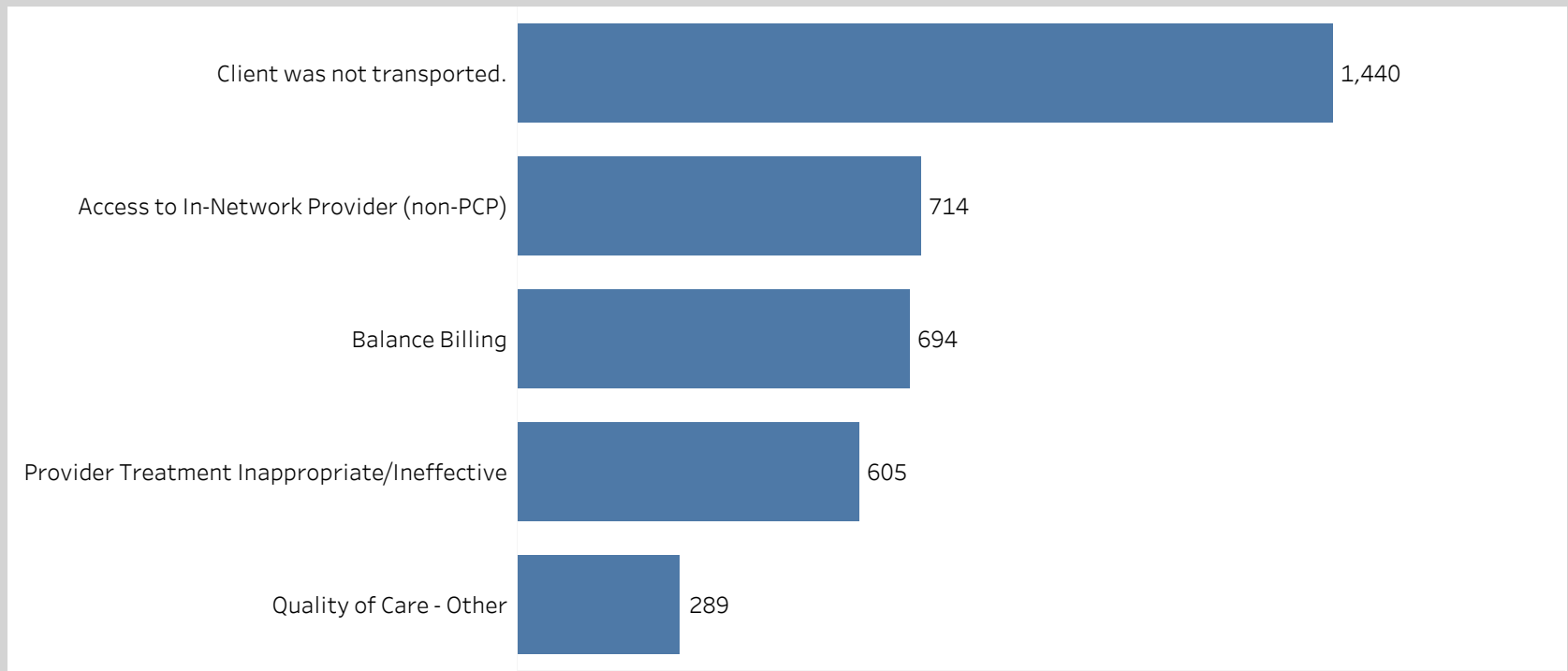
Total Resolved Complaints in SFY 2023 Q1: 9,231

## Top 5 Complaints

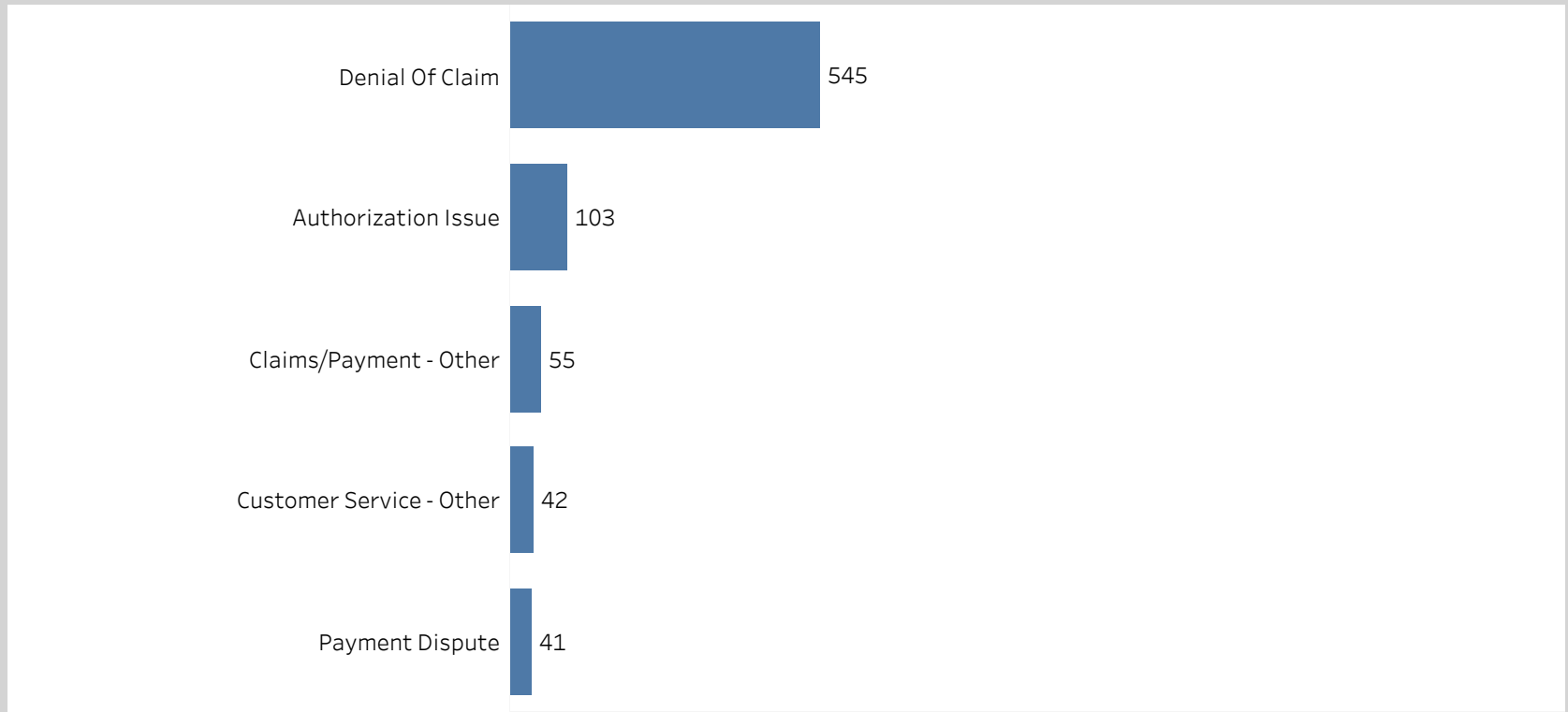


Withdrawn and pending complaints, CHIP complaints, and complaints from inactive health plans are excluded from this report. Eighty-nine (89) % of total complaints reported were client complaints.  
 Data Sources: MCCO Quarterly Complaints Report, HHS Office of the Ombudsman Quarterly Report, MCO Self-Reported 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 - 1,087 Complaints, MCS - 332 Complaints, MCO Self-Reported - 7,812 Complaints

## Top 5 Complaints for Members



## Top 5 Complaints for Providers



# HHSC - SFY 2023 Q1

## Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate per 10,000 Members
MMP	Balance Billing	41.36
	MCO Customer Service/Staff Behavior	8.10
	Provider Treatment Inappropriate/Ineffective	6.65
	Correspondence (Incorrect, unclear, or not received)	6.65
	Access to DME	4.34
STAR+PLUS	Client was not transported.	20.08
	Access to In-Network Provider (non-PCP)	4.67
	Provider Treatment Inappropriate/Ineffective	4.46
	Balance Billing	3.43
	Denial Of Claim	3.28
STAR Kids	Client was not transported.	3.72
	Denial Of Claim	3.48
	Provider Treatment Inappropriate/Ineffective	2.83
	Customer Service - Other	2.24
	Balance Billing	2.18
STAR Health	Access to In-Network Provider (non-PCP)	2.17
	Provider Treatment Inappropriate/Ineffective	1.96
	NEMT - Other	.87
	Individual Transportation Participant (ITP) claim	.87
	Access to DME	.87
STAR	Access to In-Network Provider (non-PCP)	.88
	Balance Billing	.67
	Denial Of Claim	.64
	Client was not transported.	.49
	Provider Treatment Inappropriate/Ineffective	.44
Dental	Provider Treatment Inappropriate/Ineffective	.18
	Customer Service - Other	.07
	Balance Billing	.06
	Denial of Services	.03
	Denial Of Claim	.02

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 SFY 2023 Q1

MMP	34,578
STAR+PLUS	567,696
STAR Kids	169,541
STAR Health	46,035
STAR	4,498,369
Dental	4,105,266

Total Average Monthly Medicaid Members for 2023 Q1(excluding Dental): 5,316,219  
 Enrollment numbers do not equal a distinct count of members as members in Dental can also be enrolled in other programs.

## Percentage of Complaints Substantiated - Ombudsman Data

Resolution	MMP	STAR+PLUS	STAR Kids	STAR Health	STAR	Dental
Substantiated	28%	14%	20%	0%	16%	17%
Unsubstantiated	0%	22%	20%	0%	21%	17%
Unable to Substantiate	72%	64%	59%	100%	62%	65%

**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	88%	62%	65%	57%	63%	35%
Not Confirmed	9%	35%	29%	30%	33%	61%
Unable to Determine	3%	2%	6%	13%	5%	4%

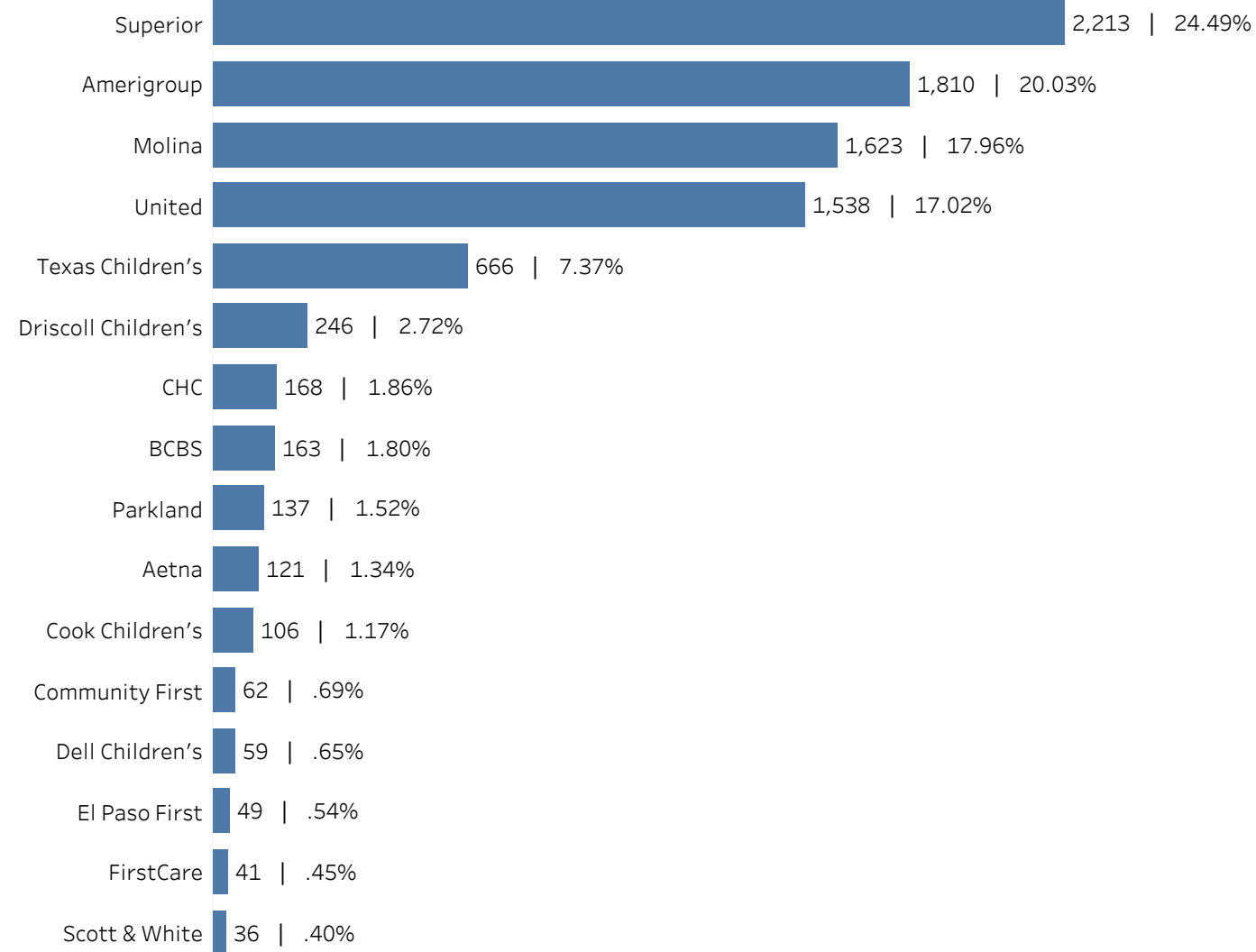
**Confirmed** – resolved or partially resolved in Complainant’s favor.  
**Not Confirmed** – resolved or partially resolved in MCO’s favor.  
**Unable to Determine** – not able to confirm if a complaint is confirmed or not confirmed and complaints not related to MCO actions.  
 Percentages may not add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

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q1) \* 10,000 = Complaints per 10,000.  
 Count of Complaints by Source: Ombudsman - 1,087 Complaints, MCS - 332 Complaints, MCO Self-Reported - 7,812 Complaints

# HHSC - SFY 2023 Q1

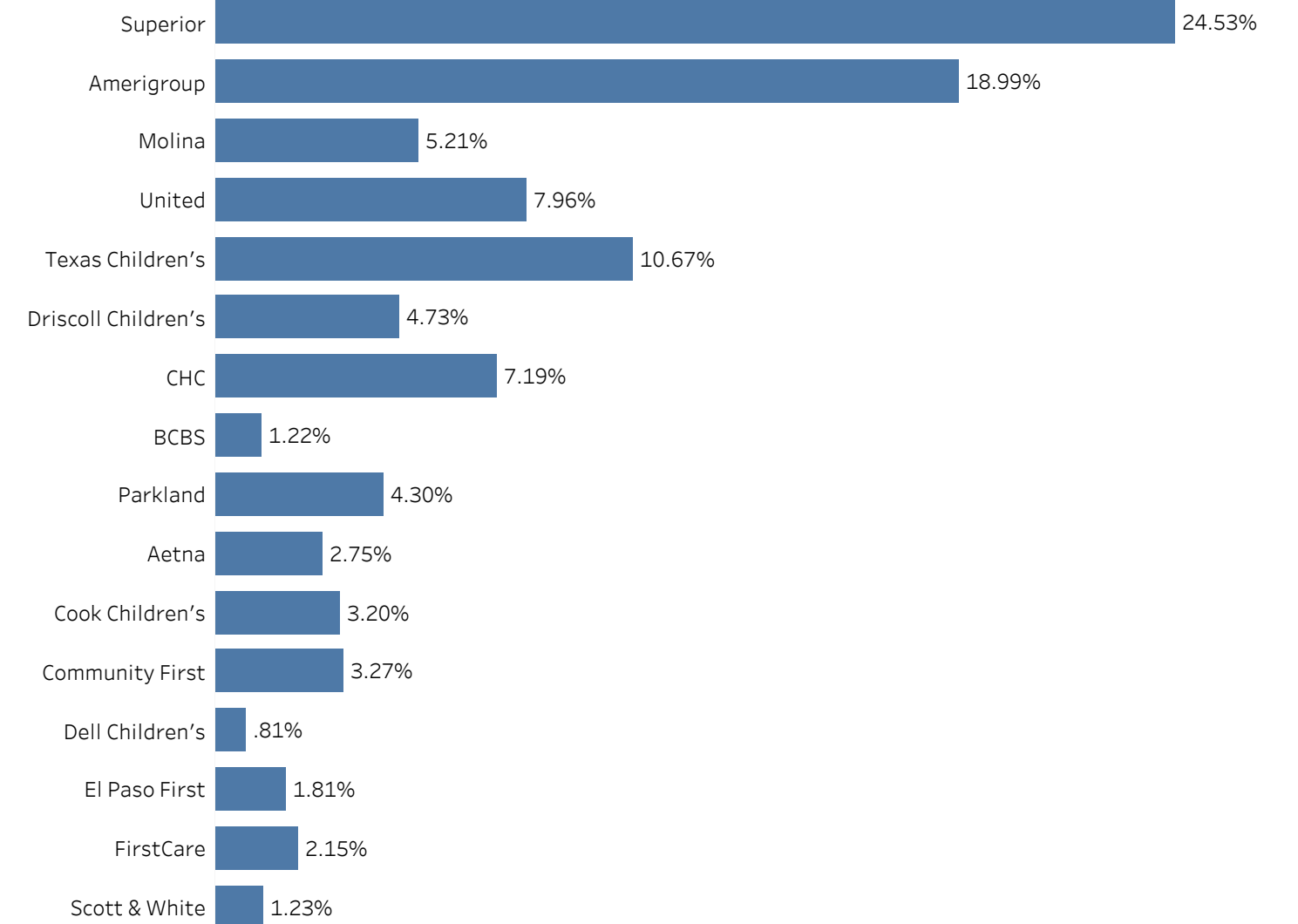
## Complaint Volume by MCO

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



# HHSC - SFY 2023 Q1

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

Aetna	Balance Billing	2.88			
	Access to In-Network Provider (non-PCP)	.96			
	Access to Out-of-Network Provider	.82			
	Denial Of Claim	.55			
	Provider Treatment Inappropriate/Ineffective	.41			
Amerigroup	Access to In-Network Provider (non-PCP)	4.77			
	Prescription Services - Other	1.91			
	Quality of Care - Other	1.77			
	Access to Care - Other	1.31			
	Balance Billing	1.28			
BCBS	Balance Billing	4.63			
	Access to PCP	2.78			
	Value-added Services Issues	1.23			
	Access to DME	1.23			
	Provider Treatment Inappropriate/Ineffective	1.08			
CHC	Denial Of Claim	.42			
	Provider Treatment Inappropriate/Ineffective	.39			
	Driver Issues	.37			
	Service Coordination/Service Management	.31			
	Client was not transported.	.31			
Community First	Customer Service - Other	.92			
	Denial Of Claim	.40			
	Access to Out-of-Network Provider	.35			
	Client was not transported.	.29			
	Access to Care - Other	.29			
Cook Children's	Access to PCP	.65			
	Coordination of Care	.59			
	Access to In-Network Provider (non-PCP)	.59			
	Provider Treatment Inappropriate/Ineffective	.53			
	Driver Issues	.47			
Dell Children's	Access to Out-of-Network Provider	1.86			
	Access to In-Network Provider (non-PCP)	1.86			
	Correspondence (Incorrect, unclear, or not receive..	1.62			
	Balance Billing	1.16			
	Denial of Services	.70			
DentaQuest	Provider Treatment Inappropriate/Ineffective	.29			
	Customer Service - Other	.11			
	Balance Billing	.10			
	Denial of Services	.04			
	Denial Of Claim	.03			
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	2.71			
	Access to PCP	.64			
	Denial Of Claim	.60			
	Customer Service - Other	.56			
	Appointment Availability	.56			
El Paso First	Balance Billing	1.98			
	Provider Treatment Inappropriate/Ineffective	.52			
	Prescription Services - Clinical Prior Authorization	.31			
	Access to Out-of-Network Provider	.31			
	Driver Issues	.21			
FirstCare	Denial Of Claim	1.75			
	Balance Billing	.44			
	Access to Out-of-Network Provider	.35			
	Vehicle issues	.18			
	Individual Transportation Participant (ITP) claims	.18			
MCNA	Claims/Payment - Other	.03			
	Provider Treatment Inappropriate/Ineffective	.03			
	Customer Service - Other	.01			
	Authorization Issue	.01			
	Incorrect Information or Guidance	.01			
Molina	Prescription Services - Clinical Prior Authorization	6.36			
	Value-added Services Issues	5.06			
	Customer Service - Other	3.97			
	Client was not transported.	3.97			
	Balance Billing	3.00			
Parkland	Denial Of Claim	1.27			
	Balance Billing	1.23			
	Provider Treatment Inappropriate/Ineffective	.39			
	Access to Out-of-Network Provider	.35			
	Client was not transported.	.31			
Scott & White	Denial Of Claim	.92			
	Balance Billing	.61			
	Access to Out-of-Network Provider	.61			
	Therapy - Denial of Authorization	.46			
	Access to PCP	.46			
Superior	Client was not transported.	2.01			
	Provider Treatment Inappropriate/Ineffective	1.33			
	Balance Billing	1.27			
	NEMT - Other	.87			
	Access to DME	.81			
Texas Children's	Denial Of Claim	1.73			
	Client was not transported.	1.73			
	Authorization Issue	.99			
	Driver Issues	.88			
	Provider Treatment Inappropriate/Ineffective	.51			
United	Client was not transported.	19.10			
	Denial Of Claim	3.36			
	Balance Billing	3.00			
	Provider Treatment Inappropriate/Ineffective	2.53			
	MCO Customer Service/Staff Behavior	1.04			
United Dental	Provider Treatment Inappropriate/Ineffective	.11			
	Denial of Services	.05			
	Balance Billing	.05			
	Access to In-Network Provider (non-PCP)	.05			
	MCO Customer Service/Staff Behavior	.02			

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q1) \* 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 1,087 Complaints, MCS - 332 Complaints, MCO Self-Reported - 7,812 Complaints

MCOs/DMOs are sorted in alphabetical order. Ties are sorted in descending order alphabetically.

# HHSC - SFY 2023 Q1

## Percentage of Complaints Substantiated - Ombudsman Data

Resolution	Aetna	Amerigroup	BCBS	CHC	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	24%	12%	35%	9%	32%	10%	12%	21%	6%	22%	20%	13%	12%	20%	0%	16%	19%	19%	10%
Unsubstantiated	16%	19%	25%	26%	21%	16%	41%	14%	25%	11%	20%	38%	22%	23%	33%	17%	25%	24%	10%
Unable to Substantiate	61%	69%	40%	66%	47%	74%	47%	64%	69%	67%	60%	50%	66%	57%	67%	67%	57%	57%	80%

**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	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	83%	69%	99%	77%	65%	63%	88%	37%	15%	48%	50%	23%	49%	69%	48%	73%	60%	62%	33%
Not Confirmed	17%	30%	1%	22%	14%	36%	12%	63%	63%	53%	50%	46%	51%	16%	41%	19%	34%	37%	0%
Unable to Determine	0%	0%	0%	1%	21%	1%	0%	0%	22%	0%	0%	31%	0%	15%	11%	8%	6%	1%	67%

**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 - 1,087 Complaints, MCS - 332 Complaints, MCO Self-Reported - 7,812 Complaints

# HHSC - SFY 2023 Q1

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

	2023 Q1		2022 Q4		2022 Q3		2022 Q2		2022 Q1		2021 Q4	
Molina	58.62		100.63		91.01		162.00		116.81		109.97	
United	36.36		32.58		32.82		45.89		56.26		50.43	
BCBS	25.13		24.74		26.55		23.70		28.31		30.34	
Amerigroup	17.93		21.81		17.74		20.30		19.47		19.98	
Superior	16.97		19.32		16.65		15.05		17.55		17.73	
Dell Children's	13.68		9.14		8.87		14.38		16.25		15.07	
Texas Children's	11.74		8.49		7.50		7.08		9.09		10.34	
Driscoll Children's	9.79		8.00		7.24		6.53		7.96		9.14	
Aetna	8.29		7.44		5.75		6.22		7.00		8.28	
Cook Children's	6.23		6.98		5.62		5.31		5.57		6.85	
Parkland	6.00		6.21		5.54		4.77		5.51		6.02	
Scott & White	5.51		5.42		5.54		4.46		5.35		5.56	
El Paso First	5.10		4.92		5.42		4.35		5.29		5.38	
CHC	4.40		4.52		5.42		4.25		4.48		5.35	
FirstCare	3.59		4.17		3.89		4.06		4.41		3.77	
Community First	3.57		3.47		3.03		3.96		4.38		3.33	
Grand Total	17.00		19.86		17.78		13.44		16.07		15.82	

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

	2023 Q1		2022 Q4		2022 Q3		2022 Q2		2022 Q1		2021 Q4	
DentaQuest	.72		.78		.92		.62		.76		.85	
United Dental	.29		.37		.77		.41		.45		.63	
MCNA	.14		.30		.25		.22		.26		.37	
Grand Total	.47		.57		.67		.45		.55		.66	

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q1) \* 10,000 = Complaints per 10,000.

Count of Complaints by Source: Ombudsman - 1,087 Complaints, MCS - 332 Complaints, MCO Self-Reported - 7,812 Complaints

The Cigna-HealthSpring Health Plan is inactive as of 12/31/2021.

# HHSC Complaints – 2023 Q1

## Top 5 Complaints

Complaint Category	Number of Complaints
Client was not transported.	1440
Access to In-Network Provider (non-PCP)	716
Balance Billing	702
Provider Treatment Inappropriate/Ineffective	605
Denial Of Claim	546

## Top 5 Complaints for Members

Complaint Category	Number of Complaints
Client was not transported.	1440
Access to In-Network Provider (non-PCP)	714
Balance Billing	694
Provider Treatment Inappropriate/Ineffective	605
Quality of Care - Other	289

## Top 5 Complaints for Providers

Complaint Category	Number of Complaints
Denial Of Claim	545
Authorization Issue	103
Claims/Payment - Other	55
Customer Service - Other	42
Payment Dispute	41



## Top 5 Complaints by Program per 10,000 Members

Program	Complaint Category	Rate
<b>MMP</b>	Balance Billing	41.36
<b>MMP</b>	MCO Customer Service/Staff Behavior	8.10
<b>MMP</b>	Provider Treatment Inappropriate/Ineffective	6.65
<b>MMP</b>	Correspondence (Incorrect, unclear, or not received)	6.65
<b>MMP</b>	Access to DME	4.34
<b>STAR+PLUS</b>	Client was not transported.	20.08
<b>STAR+PLUS</b>	Access to In-Network Provider (non-PCP)	4.67
<b>STAR+PLUS</b>	Provider Treatment Inappropriate/Ineffective	4.46
<b>STAR+PLUS</b>	Balance Billing	3.43
<b>STAR+PLUS</b>	Denial Of Claim	3.28
<b>STAR Kids</b>	Client was not transported.	3.72
<b>STAR Kids</b>	Denial Of Claim	3.48
<b>STAR Kids</b>	Provider Treatment Inappropriate/Ineffective	2.83
<b>STAR Kids</b>	Customer Service - Other	2.24
<b>STAR Kids</b>	Balance Billing	2.18
<b>STAR Health</b>	Access to In-Network Provider (non-PCP)	2.17
<b>STAR Health</b>	Provider Treatment Inappropriate/Ineffective	1.96
<b>STAR Health</b>	NEMT - Other	.87
<b>STAR Health</b>	Individual Transportation Participant (ITP) claims	.87
<b>STAR Health</b>	Access to DME	.87
<b>STAR</b>	Access to In-Network Provider (non-PCP)	.88
<b>STAR</b>	Balance Billing	.67
<b>STAR</b>	Denial Of Claim	.64
<b>STAR</b>	Client was not transported.	.49
<b>STAR</b>	Provider Treatment Inappropriate/Ineffective	.44
<b>Dental</b>	Provider Treatment Inappropriate/Ineffective	.18
<b>Dental</b>	Customer Service - Other	.07
<b>Dental</b>	Balance Billing	.06
<b>Dental</b>	Denial of Services	.03

Program	Complaint Category	Rate
Dental	Denial Of Claim	.02

## Enrollment by Program

Program	Total Average Monthly Members for 2023 Q1
MMP	34,578
STAR+PLUS	567,696
STAR Kids	169,541
STAR Health	46,035
STAR	4,498,369
Dental	4,105,266

## Percentage of Complaints Substantiated – Ombudsman Data

Program	Substantiated	Unsubstantiated	Unable to Substantiate
MMP	28%	0%	72%
STAR+PLUS	14%	22%	64%
STAR Kids	20%	20%	59%
STAR Health	0%	0%	100%
STAR	16%	21%	62%
Dental	17%	17%	65%

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

Program	Confirmed	Not Confirmed	Unable to Determine
<b>MMP</b>	88%	9%	3%
<b>STAR+PLUS</b>	62%	35%	2%
<b>STAR Kids</b>	65%	29%	6%
<b>STAR Health</b>	57%	30%	13%
<b>STAR</b>	63%	33%	5%
<b>Dental</b>	35%	61%	4%

## Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
<b>Superior</b>	2,213	24.49%
<b>Amerigroup</b>	1,810	20.03%
<b>Molina</b>	1,623	17.96%
<b>United</b>	1,538	17.02%
<b>Texas Children's</b>	666	7.37%
<b>Driscoll Children's</b>	246	2.72%
<b>CHC</b>	168	1.86%
<b>BCBS</b>	163	1.80%
<b>Parkland</b>	137	1.52%
<b>Aetna</b>	121	1.34%
<b>Cook Children's</b>	106	1.17%
<b>Community First</b>	62	.69%
<b>Dell Children's</b>	59	.65%
<b>El Paso First</b>	49	.54%
<b>FirstCare</b>	41	.45%
<b>Scott &amp; White</b>	36	.40%

## Complaint Volume by DMO

DMO	Total Complaints	Percentage of Total Complaints
DentaQuest	159	82.38%
MCNA	21	10.88%
United Dental	13	6.74%

## Total Enrollment by MCO

MCO	Percentage of Enrollment
Superior	24.53%
Amerigroup	18.99%
Texas Children's	10.67%
United	7.96%
CHC	7.19%
Molina	5.21%
Driscoll Children's	4.73%
Parkland	4.30%
Community First	3.27%
Cook Children's	3.20%
Aetna	2.75%
FirstCare	2.15%
El Paso First	1.81%
Scott & White	1.23%
BCBS	1.22%
Dell Children's	.81%

## Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	53.75%
MCNA	35.50%
United Dental	10.75%

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

MCO/DMO	Complaint Category	Rate
<b>Aetna</b>	Balance Billing	2.88
<b>Aetna</b>	Access to In-Network Provider (non-PCP)	.96
<b>Aetna</b>	Access to Out-of-Network Provider	.82
<b>Aetna</b>	Denial Of Claim	.55
<b>Aetna</b>	Provider Treatment Inappropriate/Ineffective	.41
<b>Amerigroup</b>	Access to In-Network Provider (non-PCP)	4.77
<b>Amerigroup</b>	Prescription Services - Other	1.91
<b>Amerigroup</b>	Quality of Care - Other	1.77
<b>Amerigroup</b>	Access to Care - Other	1.31
<b>Amerigroup</b>	Balance Billing	1.28
<b>BCBS</b>	Balance Billing	4.63
<b>BCBS</b>	Access to PCP	2.78
<b>BCBS</b>	Value-added Services Issues	1.23
<b>BCBS</b>	Access to DME	1.23
<b>BCBS</b>	Provider Treatment Inappropriate/Ineffective	1.08
<b>CHC</b>	Denial Of Claim	.42
<b>CHC</b>	Provider Treatment Inappropriate/Ineffective	.39
<b>CHC</b>	Driver Issues	.37
<b>CHC</b>	Service Coordination/Service Management	.31
<b>CHC</b>	Client was not transported.	.31
<b>Community First</b>	Customer Service - Other	.92
<b>Community First</b>	Denial Of Claim	.40
<b>Community First</b>	Access to Out-of-Network Provider	.35
<b>Community First</b>	Client was not transported.	.29
<b>Community First</b>	Access to Care - Other	.29
<b>Cook Children's</b>	Access to PCP	.65
<b>Cook Children's</b>	Coordination of Care	.59
<b>Cook Children's</b>	Access to In-Network Provider (non-PCP)	.59
<b>Cook Children's</b>	Provider Treatment Inappropriate/Ineffective	.53

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Cook Children's</b>	Driver Issues	.47
<b>Dell Children's</b>	Access to Out-of-Network Provider	1.86
<b>Dell Children's</b>	Access to In-Network Provider (non-PCP)	1.86
<b>Dell Children's</b>	Correspondence (Incorrect, unclear, or not received)	1.62
<b>Dell Children's</b>	Balance Billing	1.16
<b>Dell Children's</b>	Access to PCP	.70
<b>DentaQuest</b>	Provider Treatment Inappropriate/Ineffective	.29
<b>DentaQuest</b>	Customer Service - Other	.11
<b>DentaQuest</b>	Balance Billing	.10
<b>DentaQuest</b>	Denial of Services	.04
<b>DentaQuest</b>	Denial Of Claim	.03
<b>Driscoll Children's</b>	Provider Treatment Inappropriate/Ineffective	2.71
<b>Driscoll Children's</b>	Access to PCP	.64
<b>Driscoll Children's</b>	Denial Of Claim	.60
<b>Driscoll Children's</b>	Customer Service - Other	.56
<b>Driscoll Children's</b>	Appointment Availability	.56
<b>El Paso First</b>	Balance Billing	1.98
<b>El Paso First</b>	Provider Treatment Inappropriate/Ineffective	.52
<b>El Paso First</b>	Prescription Services - Clinical Prior Authorization	.31
<b>El Paso First</b>	Access to Out-of-Network Provider	.31
<b>El Paso First</b>	Access to In-Network Provider (non-PCP)	.21
<b>FirstCare</b>	Denial Of Claim	1.75
<b>FirstCare</b>	Balance Billing	.44
<b>FirstCare</b>	Access to Out-of-Network Provider	.35
<b>FirstCare</b>	Vehicle issues	.18
<b>FirstCare</b>	Individual Transportation Participant (ITP) claims	.18
<b>MCNA</b>	Claims/Payment - Other	.03
<b>MCNA</b>	Provider Treatment Inappropriate/Ineffective	.03
<b>MCNA</b>	Customer Service - Other	.01
<b>MCNA</b>	Authorization Issue	.01
<b>MCNA</b>	Access to Care - Other	.01
<b>Molina</b>	Prescription Services - Clinical Prior Authorization	6.36
<b>Molina</b>	Value-added Services Issues	5.06

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Molina</b>	Customer Service - Other	3.97
<b>Molina</b>	Client was not transported.	3.97
<b>Molina</b>	Balance Billing	3.00
<b>Parkland</b>	Denial Of Claim	1.27
<b>Parkland</b>	Balance Billing	1.23
<b>Parkland</b>	Provider Treatment Inappropriate/Ineffective	.39
<b>Parkland</b>	Access to Out-of-Network Provider	.35
<b>Parkland</b>	Access to In-Network Provider (non-PCP)	.31
<b>Scott &amp; White</b>	Denial Of Claim	.92
<b>Scott &amp; White</b>	Balance Billing	.61
<b>Scott &amp; White</b>	Access to Out-of-Network Provider	.61
<b>Scott &amp; White</b>	Access to PCP	.46
<b>Scott &amp; White</b>	Access to In-Network Provider (non-PCP)	.46
<b>Superior</b>	Client was not transported.	2.01
<b>Superior</b>	Provider Treatment Inappropriate/Ineffective	1.33
<b>Superior</b>	Balance Billing	1.27
<b>Superior</b>	NEMT - Other	.87
<b>Superior</b>	Access to DME	.81
<b>Texas Children's</b>	Denial Of Claim	1.73
<b>Texas Children's</b>	Client was not transported.	1.73
<b>Texas Children's</b>	Authorization Issue	.99
<b>Texas Children's</b>	Driver Issues	.88
<b>Texas Children's</b>	Provider Treatment Inappropriate/Ineffective	.51
<b>United</b>	Client was not transported.	19.10
<b>United</b>	Denial Of Claim	3.36
<b>United</b>	Balance Billing	3.00
<b>United</b>	Provider Treatment Inappropriate/Ineffective	2.53
<b>United</b>	MCO Customer Service/Staff Behavior	1.04
<b>United Dental</b>	Provider Treatment Inappropriate/Ineffective	.11
<b>United Dental</b>	Denial of Services	.05
<b>United Dental</b>	Balance Billing	.05
<b>United Dental</b>	Access to In-Network Provider (non-PCP)	.05
<b>United Dental</b>	Correspondence/ID Card	.02

## Percentage of Complaints Substantiated by MCO/DMO – Ombudsman Data

<b>MCO/DMO</b>	<b>Substantiated</b>	<b>Unsubstantiated</b>	<b>Unable to Substantiate</b>
<b>Aetna</b>	24%	16%	61%
<b>Amerigroup</b>	12%	19%	69%
<b>BCBS</b>	35%	25%	40%
<b>CHC</b>	9%	26%	66%
<b>Community First</b>	32%	21%	47%
<b>Cook Children's</b>	10%	16%	74%
<b>Dell Children's</b>	12%	41%	47%
<b>DentaQuest</b>	21%	14%	64%
<b>Driscoll Children's</b>	6%	25%	69%
<b>El Paso First</b>	22%	11%	67%
<b>FirstCare</b>	20%	20%	60%
<b>MCNA</b>	13%	38%	50%
<b>Molina</b>	12%	22%	66%
<b>Parkland</b>	20%	23%	57%
<b>Scott &amp; White</b>	0%	33%	67%
<b>Superior</b>	16%	17%	67%
<b>Texas Children's</b>	19%	25%	57%
<b>United</b>	19%	24%	57%
<b>United Dental</b>	10%	10%	80%



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

MCO/DMO	Confirmed	Not Confirmed	Unable to Determine
<b>Aetna</b>	83%	17%	0%
<b>Amerigroup</b>	69%	30%	0%
<b>BCBS</b>	99%	1%	0%
<b>CHC</b>	77%	22%	1%
<b>Community First</b>	65%	14%	21%
<b>Cook Children's</b>	63%	36%	1%
<b>Dell Children's</b>	88%	12%	0%
<b>DentaQuest</b>	37%	63%	0%
<b>Driscoll Children's</b>	15%	63%	22%
<b>El Paso First</b>	48%	53%	0%
<b>FirstCare</b>	50%	50%	0%
<b>MCNA</b>	23%	46%	31%
<b>Molina</b>	49%	51%	0%
<b>Parkland</b>	69%	16%	15%
<b>Scott &amp; White</b>	48%	41%	11%
<b>Superior</b>	73%	19%	8%
<b>Texas Children's</b>	60%	34%	6%
<b>United</b>	62%	37%	1%
<b>United Dental</b>	33%	0%	67%

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

MCO	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1	2021 Q4
Aetna	8.29	8.00	8.87	7.08	9.09	10.34
Amerigroup	17.93	19.32	17.74	15.05	16.25	15.07
BCBS	25.13	24.74	26.55	20.30	19.47	19.98
CHC	4.40	4.92	5.54	4.46	5.35	3.90
Cigna-HealthSpring	.00	N/A	N/A	162.00	116.81	109.97
Community First	3.57	4.17	5.42	4.06	4.41	3.77
Cook Children's	6.23	5.42	7.50	6.53	7.96	5.56
Dell Children's	13.68	9.14	3.89	5.31	4.48	6.85
Driscoll Children's	9.79	7.44	5.62	4.25	5.29	8.28
El Paso First	5.10	3.47	3.03	4.35	4.38	3.33
FirstCare	3.59	4.52	5.42	4.77	5.57	6.02
Molina	58.62	100.63	91.01	45.89	56.26	50.43
Parkland	6.00	6.21	5.54	3.96	3.80	9.14
Scott & White	5.51	6.98	5.75	3.31	5.51	5.38
Superior	16.97	21.81	16.65	14.38	17.55	17.73
Texas Children's	11.74	8.49	7.24	6.22	7.00	5.35
United	36.36	32.58	32.82	23.70	28.31	30.34
<b>Overall Rate</b>	<b>17.00</b>	<b>19.86</b>	<b>17.78</b>	<b>13.44</b>	<b>16.07</b>	<b>15.82</b>

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

MCO	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1	2021 Q4
DentaQuest	.72	.78	.92	.62	.76	.85
MCNA	.14	.30	.25	.22	.26	.37
United Dental	.29	.37	.77	.41	.45	.63
<b>Overall Rate</b>	<b>.47</b>	<b>.57</b>	<b>.67</b>	<b>.45</b>	<b>.55</b>	<b>.66</b>

## Complaint Categories

Category	Subcategory
Access to 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	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	Delays in Claims Handling - related to the delay of processing a claim
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

<b>Category</b>	<b>Subcategory</b>
Customer Service	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
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
EVV	Authorization Issue - related to the delay of services due to concerns with an EVV authorization.
EVV	Denial of Claim - related to the denial of an EVV relevant claim.
EVV	Recoupment of Claim - related to the recoupment of an EVV relevant claim.
EVV	MCO Visit Maintenance Unlock Request Policy - related to the complainant's disagreement with the MCO denial of the VM unlock request.
EVV	Payer - related to the payer of the claim.
EVV	Other - when the issue does not relate to any other EVV subcategories
Medical Transportation	Client was not transported.
Medical Transportation	Driver Issues
Medical Transportation	Client was not picked up within one (1) hour of request.
Medical Transportation	Client arrived late to appointment
Medical Transportation	Scheduling error

<b>Category</b>	<b>Subcategory</b>
Medical Transportation	Vehicle issues
Medical Transportation	Individual Transportation Participant (ITP) claims
Medical Transportation	Other - To be used for all other complaint reasons with a text box to log the complaint reason
Provider Contracting	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
Provider Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
Provider Contracting	MCO/Provider Contracting - related to issues with the contracting process
Provider Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Provider Contracting	Network Denial - nonpar provider denied into MCO network
Provider Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Provider Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Policies/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	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.

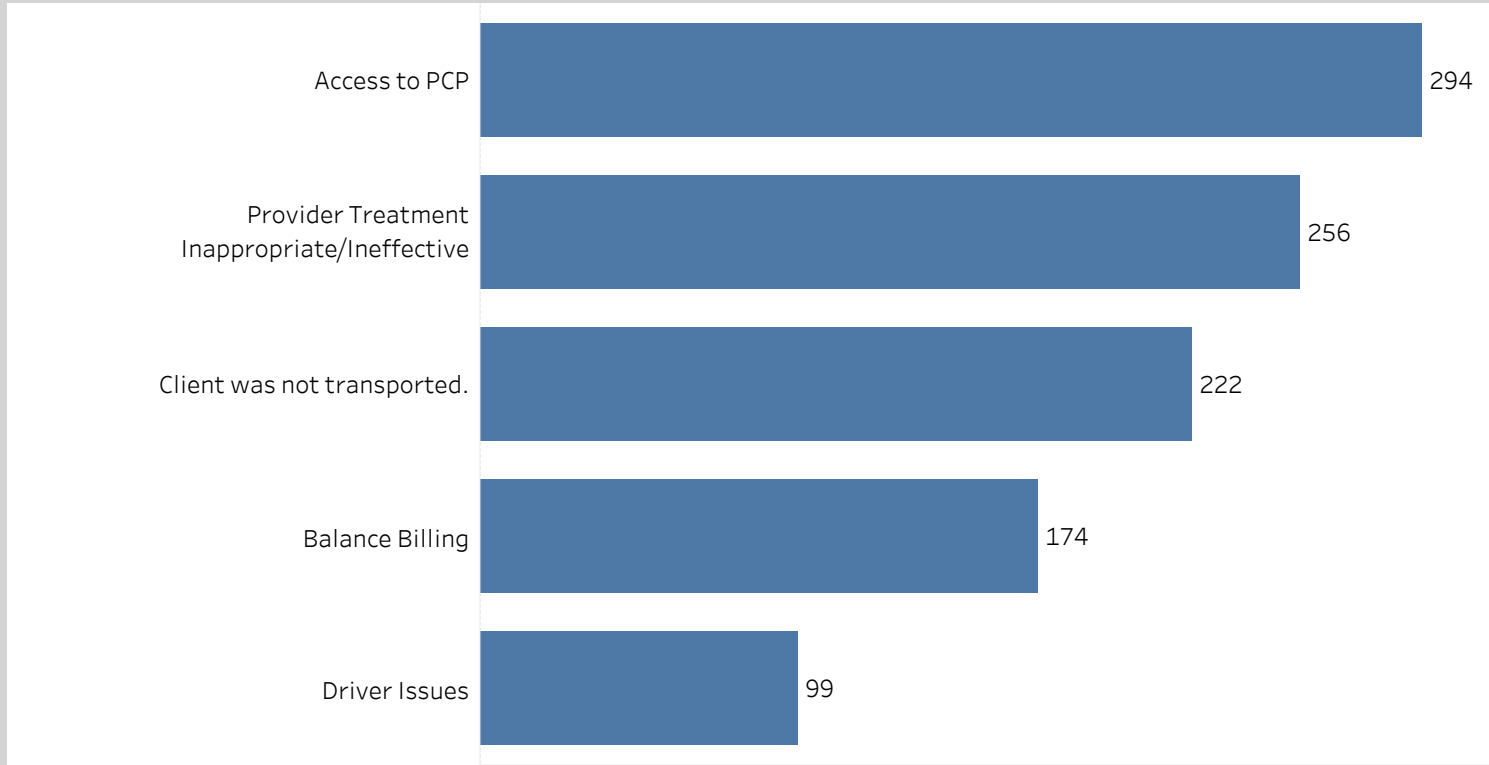
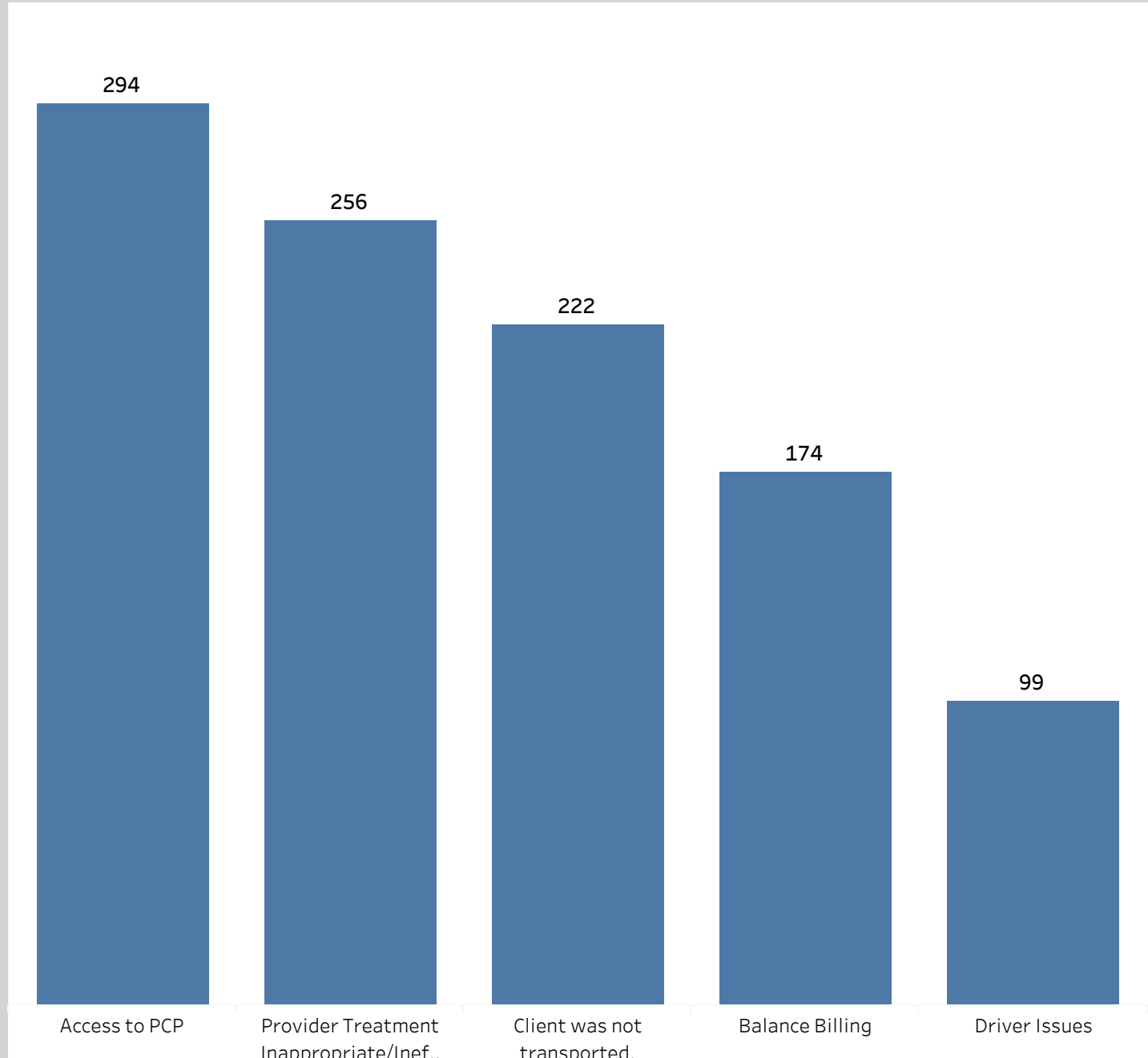
<b>Category</b>	<b>Subcategory</b>
Prescription Services	PS – PDL Prior Authorization - Medication on the VDP formulary is non-preferred, requires PDL PA. Member is complaining that the prescription requires a PDL PA or is having problems obtaining a PDL PA.
Quality of Care	Quality of DME - related to 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 or Inpatient Behavioral Health Facility
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager
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
Value-Added Services	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services

# HHSC Initial Contact Complaints - SFY 2023 Q1

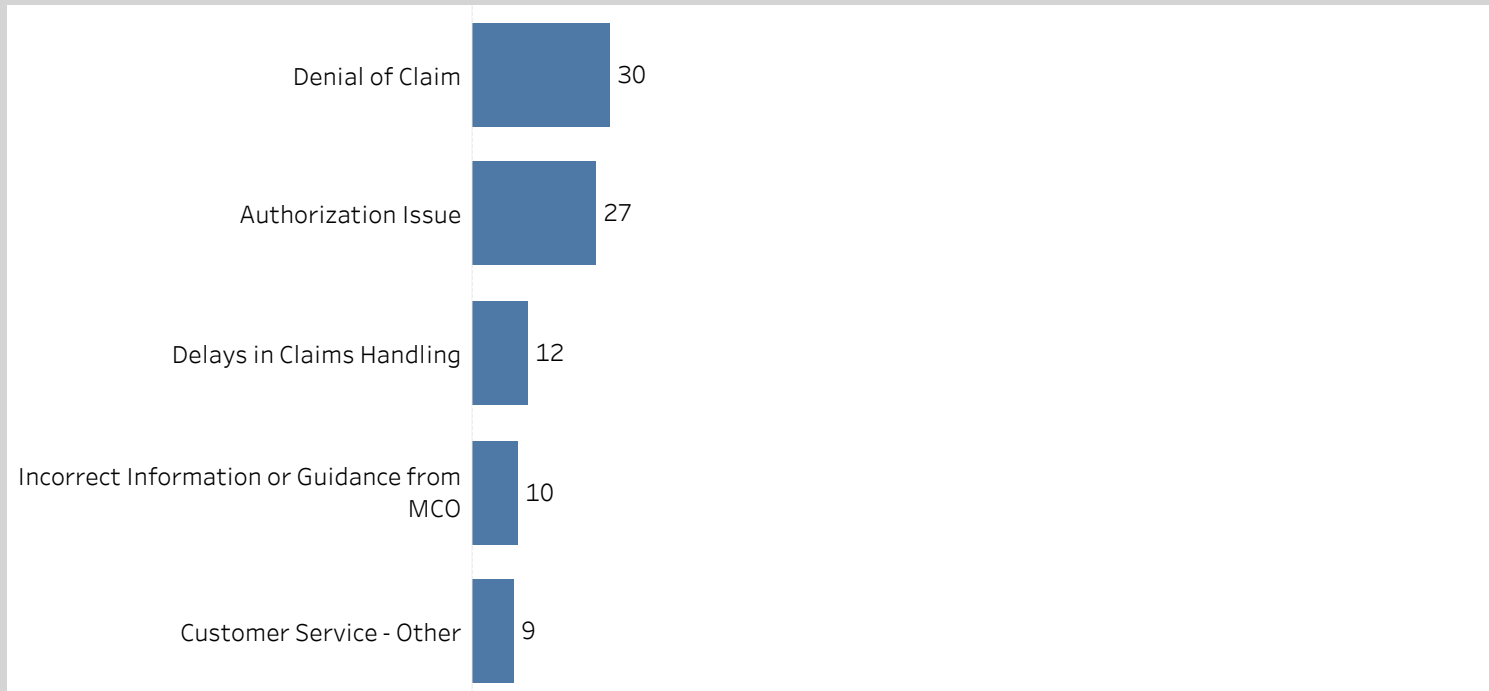
Total Resolved Initial Contact Complaints in SFY 2023 Q1: 2,315

## Top 5 Initial Contact Complaints for Members

### Top 5 Initial Contact Complaints



## Top 5 Initial Contact Complaints for Providers



**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-five (95) % 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.

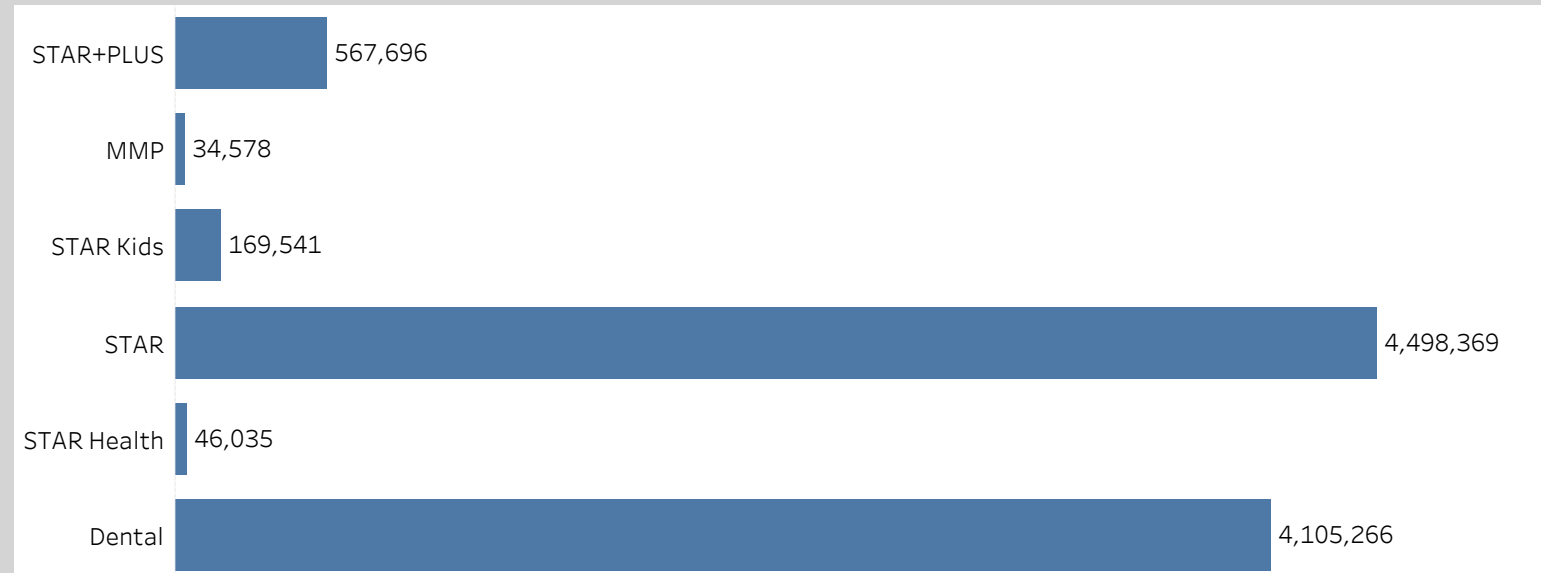
# HHSC Initial Contact Complaints - SFY 2023 Q1

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

STAR+PLUS	Client was not transported.	3.21
	Driver Issues	1.25
	NEMT - Other	1.04
	Client arrived late to appointment	.70
	Client was not picked up within one (1) hour of request.	.58
MMP	Customer Service - Other	1.45
	Client was not picked up within one (1) hour of request.	1.45
	Prescription Services - PDL Prior Authorization	1.16
	Prescription Services - Other	1.16
	Scheduling error	.87
STAR Kids	Access to PCP	1.77
	Access to Care - Other	1.30
	Balance Billing	1.00
	Provider Treatment Inappropriate/Ineffective	.94
	Authorization Issue	.77
STAR	Access to PCP	.55
	Provider Treatment Inappropriate/Ineffective	.52
	Balance Billing	.32
	Appointment Availability	.13
	Prescription Services - Other Insurance	.13
STAR Health	NEMT - Other	.22
	Driver Issues	.22
	Correspondence (Incorrect, unclear, or not received)	.22
	Client was not transported.	.22
	Client was not picked up within one (1) hour of request.	.22
Dental	Customer Service - Other	.03
	Provider Treatment Inappropriate/Ineffective	.01
	Denial of Claim	.01
	Access to PCP	.01
	Authorization Issue	.00

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 SFY 2023 Q1



Total Average Monthly Medicaid Members for 2023 Q1 (excluding Dental): 5,316,219

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+PLUS	MMP	STAR Kids	STAR	STAR Health	Dental
Confirmed	63%	68%	77%	86%	67%	38%
Not Confirmed	14%	28%	14%	9%	0%	38%
Unable to Determine	22%	5%	9%	6%	33%	24%

**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.

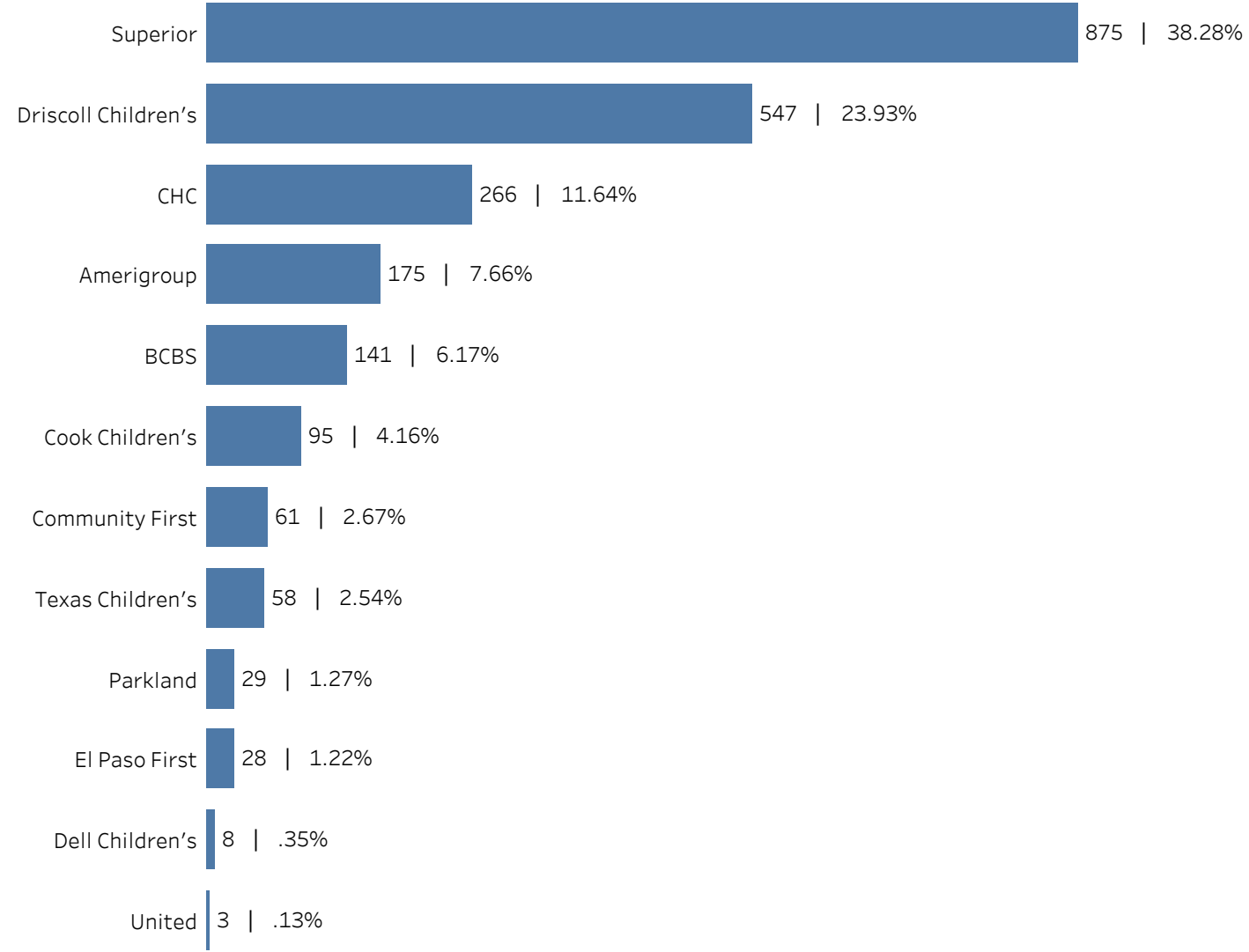
Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 Q1) \* 10,000 = Complaints per 10,000.



# HHSC Initial Contact Complaints - SFY 2023 Q1

## Initial Contact Complaint Volume by MCO

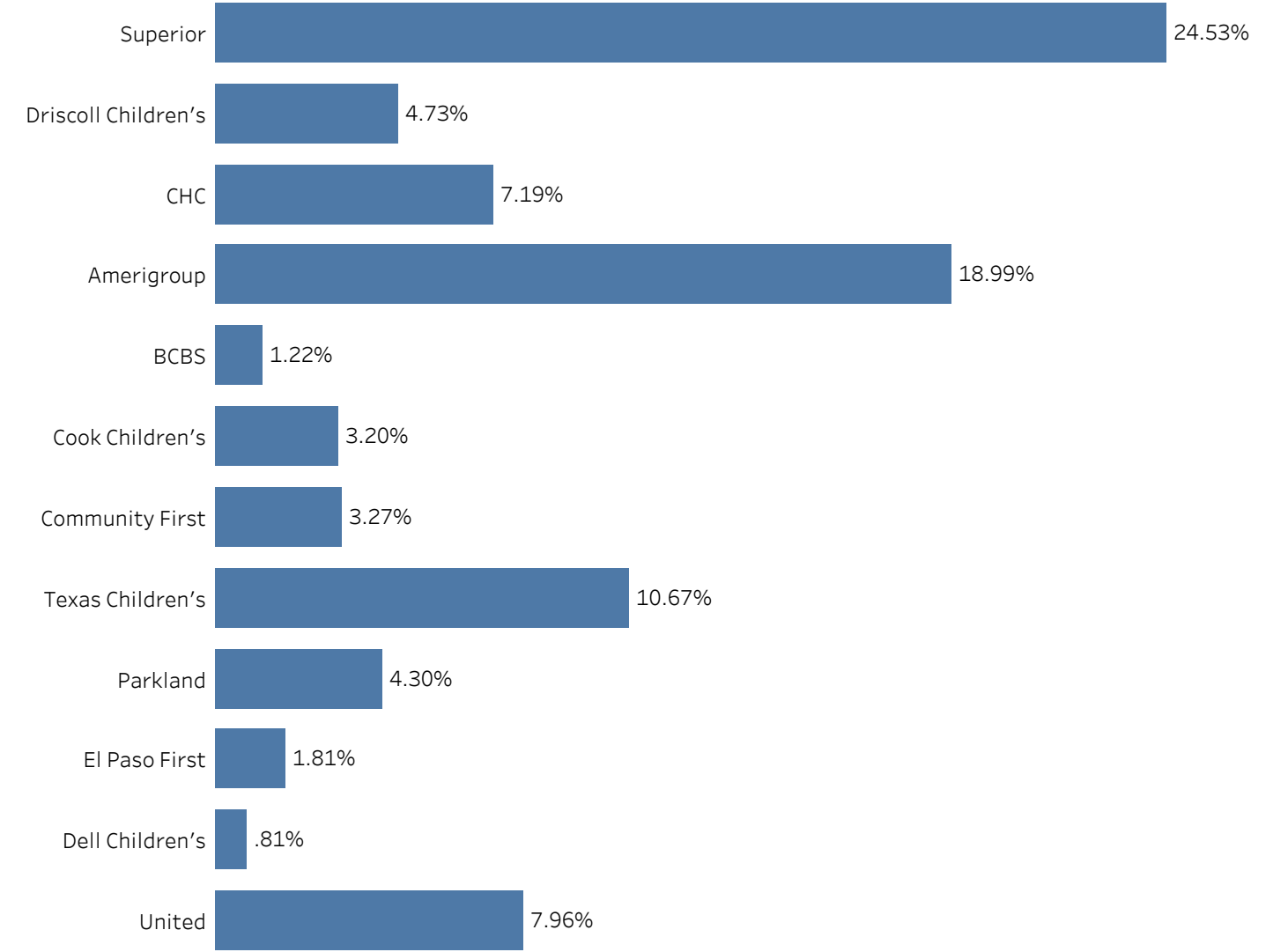
Percentages may not add up to 100% due to rounding.



Total Complaints / Percent of Total Complaints

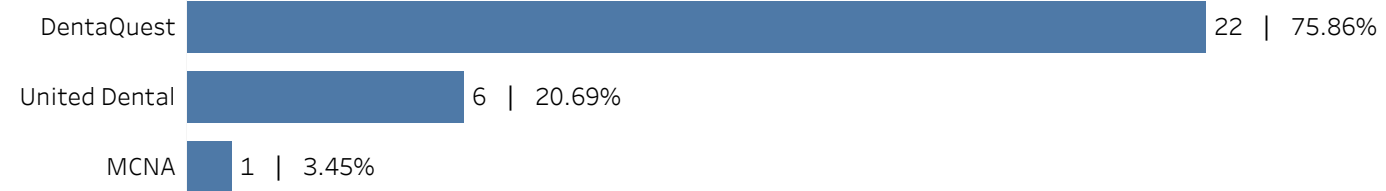
## Total Enrollment by MCO

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 2023 Q1

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

Amerigroup	Access to In-Network Provider (non-PCP)	.57					
	Prescription Services - Other	.24					
	Quality of Care - Other	.16					
	Access to Care - Other	.14					
	Prescription Services - PDL Prior Authorization	.09					
BCBS	Balance Billing	10.02					
	Access to PCP	6.94					
	Authorization Issue	.77					
	Value-added Services Issues	.62					
	Access to In-Network Provider (non-PCP)	.62					
CHC	Service Coordination/Service Management	.63					
	Customer Service - Other	.63					
	Provider Treatment Inappropriate/Ineffective	.55					
	Authorization Issue	.55					
	Access to PCP	.52					
Community First	Prescription Services - Other Insurance	2.13					
	Prescription Services - Other	.35					
	Prescription Services - Refill Too Soon	.29					
	Prescription Services - Formulary	.23					
	Prescription Services - Clinical Prior Authorization	.12					
Cook Children's	Access to PCP	1.41					
	Provider Treatment Inappropriate/Ineffective	1.12					
	Value-added Services Issues	.35					
	Prescription Services - PDL Prior Authorization	.35					
	Customer Service - Other	.35					
Dell Children's	Prescription Services - Other Insurance	.23					
	Individual Transportation Participant (ITP) claims	.23					
	Correspondence (Incorrect, unclear, or not received)	.23					
	Authorization Issue	.23					
DentaQuest	Customer Service - Other	.05					
	Provider Treatment Inappropriate/Ineffective	.02					
	Denial of Claim	.01					
	MCO Customer Service/Staff Behavior	.00					
	Delays in Claims Handling	.00					
Driscoll Children's	Provider Treatment Inappropriate/Ineffective	8.36					
	Access to PCP	6.29					
	Appointment Availability	1.63					
	Quality of Care - Other	1.43					
	Access to Care - Other	.80					
El Paso First	Balance Billing	2.71					
	Individual Transportation Participant (ITP) claims	.10					
	Access to Care - Other	.10					
MCNA	Authorization Issue	.01					
Parkland	Balance Billing	.48					
	Denial of Claim	.26					
	Claims/Payment - Other	.13					
	Prescription Services - Other Insurance	.09					
	Prescription Services - Other	.09					
Superior	Client was not transported.	1.65					
	Driver Issues	.73					
	NEMT - Other	.58					
	Balance Billing	.38					
	Access to Care - Other	.38					
Texas Children's	Authorization Issue	.16					
	Access to PCP	.16					
	Individual Transportation Participant (ITP) claims	.09					
	MCO Customer Service/Staff Behavior	.07					
	Balance Billing	.07					
United	Correspondence (Incorrect, unclear, or not received)	.02					
	Balance Billing	.02					
	Access to PCP	.02					
United Dental	Access to PCP	.07					
	Customer Service - Other	.02					
	Correspondence (Incorrect, unclear, or not received)	.02					
	Appointment Availability	.02					

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 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 2023 Q1

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

Resolution	Amerigroup	BCBS	CHC	Community First	Cook Children's	Dell Children's	DentaQuest	Driscoll Children's	El Paso First	MCNA	Parkland	Superior	Texas Children's	United	United Dental
Confirmed	92%	100%	83%	95%	93%	100%	50%	93%	93%	0%	14%	63%	12%	0%	0%
Not Confirmed	7%	0%	11%	0%	5%	0%	50%	5%	4%	0%	72%	15%	40%	0%	0%
Unable to Determine	1%	0%	6%	5%	2%	0%	0%	1%	4%	100%	14%	22%	48%	100%	100%

**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 2023 Q1

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

	2023 Q1		2022 Q4		2022 Q3		2022 Q2		2022 Q1		2021 Q4			
Driscoll Children's	21.76		BCBS	17.27	Driscoll Children's	18.78	Driscoll Children's	22.58	Cook Children's	28.89	BCBS	34.30		
BCBS	21.74		Driscoll Children's	13.16	BCBS	14.23	Cook Children's	19.59	Driscoll Children's	24.21	Driscoll Children's	11.32		
CHC	6.96		CHC	7.30	Cook Children's	12.22	BCBS	15.02	BCBS	10.42	Dell Children's	10.68		
Superior	6.71		Cook Children's	5.01	Community First	10.18	Superior	6.33	CHC	9.01	Cook Children's	10.32		
Cook Children's	5.59		Community First	4.57	CHC	6.51	Community First	6.22	Superior	7.25	CHC	8.78		
Community First	3.51		Superior	3.99	Superior	5.95	Dell Children's	5.56	Dell Children's	7.11	Texas Children's	4.73		
El Paso First	2.91		Dell Children's	3.52	El Paso First	4.01	El Paso First	4.68	El Paso First	3.69	El Paso First	4.64		
Dell Children's	1.86		El Paso First	2.73	Dell Children's	3.40	CHC	3.80	Texas Children's	3.10	Superior	3.78		
Amerigroup	1.73		Texas Children's	1.68	Texas Children's	1.53	Cigna-HealthSpring	1.85	United	1.97	Community First	2.58		
Parkland	1.27		Amerigroup	1.36	Amerigroup	1.40	Parkland	1.68	Parkland	1.73	United	2.10		
Texas Children's	1.02		Parkland	1.31	Parkland	.99	Texas Children's	1.31	Community First	1.34	Cigna-HealthSpring	1.01		
United	.07		Molina	.36	United	.37	Amerigroup	1.11	Amerigroup	1.33	Molina	.80		
			United	.34	Molina	.22	United	.38	Cigna-HealthSpring	1.21	Amerigroup	.74		
							Molina	.33	Molina	.05	Parkland	.45		
Overall Rate	<b>4.30</b>		Overall Rate	<b>3.27</b>	Overall Rate	<b>4.33</b>	Overall Rate	<b>4.53</b>	Overall Rate	<b>5.63</b>	Overall Rate	<b>3.96</b>		
No initial contact complaints reported for Aetna, FirstCare, Molina, Scott & White in SFY 23 Q1.			No initial contact complaints reported for Aetna, FirstCare, Scott & White in SFY 22 Q4.			No initial contact complaints reported for Aetna, FirstCare, Scott & White in SFY 22 Q3.			No initial contact complaints reported for Aetna or FirstCare in SFY 22 Q2.			No initial contact complaints reported for Aetna, FirstCare, or Scott & White in SFY 22 Q1.		

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

United Dental	.14		United Dental	.22	United Dental	.22	United Dental	.54	United Dental	.82	United Dental	1.13
DentaQuest	.10		DentaQuest	.11	DentaQuest	.13	DentaQuest	.09	DentaQuest	.07	DentaQuest	.17
MCNA	.01		MCNA	.06	MCNA	.08	MCNA	.05	MCNA	.05	MCNA	.01
Overall Rate	<b>.07</b>		Overall Rate	<b>.10</b>	Overall Rate	<b>.12</b>	Overall Rate	<b>.11</b>	Overall Rate	<b>.11</b>	Overall Rate	<b>.17</b>

Rate of complaints for every 10,000 enrolled members. (Complaint Volume / Total Medicaid Enrollment for SFY 23 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.

The Cigna-HealthSpring Health Plan is inactive as of 12/31/2021.

# HHSC Initial Contact Complaints – 2023 Q1

## Top 5 Initial Contact Complaints

Complaint Category	Number of Complaints
Access to PCP	294
Provider Treatment Inappropriate/Ineffective	256
Client was not transported.	222
Balance Billing	174
Driver Issues	99

## Top 5 Initial Contact Complaints for Members

Complaint Category	Number of Complaints
Access to PCP	294
Provider Treatment Inappropriate/Ineffective	256
Client was not transported.	222
Balance Billing	174
Driver Issues	99

## Top 5 Initial Contact Complaints for Providers

Complaint Category	Number of Complaints
Denial of Claim	30
Authorization Issue	27
Delays in Claims Handling	12
Incorrect Information or Guidance from MCO	10
Customer Service - Other	9

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

Program	Complaint Category	Rate
<b>STAR+PLUS</b>	Client was not transported.	3.21
<b>STAR+PLUS</b>	Driver Issues	1.25
<b>STAR+PLUS</b>	NEMT - Other	1.04
<b>STAR+PLUS</b>	Client arrived late to appointment	.70
<b>STAR+PLUS</b>	Client was not picked up within one (1) hour of request.	.58
<b>MMP</b>	Customer Service - Other	1.45
<b>MMP</b>	Client was not picked up within one (1) hour of request.	1.45
<b>MMP</b>	Prescription Services - PDL Prior Authorization	1.16
<b>MMP</b>	Prescription Services - Other	1.16
<b>MMP</b>	Scheduling error	.87
<b>STAR Kids</b>	Access to PCP	1.77
<b>STAR Kids</b>	Access to Care - Other	1.30
<b>STAR Kids</b>	Balance Billing	1.00
<b>STAR Kids</b>	Provider Treatment Inappropriate/Ineffective	.94
<b>STAR Kids</b>	Authorization Issue	.77
<b>STAR</b>	Access to PCP	.55
<b>STAR</b>	Provider Treatment Inappropriate/Ineffective	.52
<b>STAR</b>	Balance Billing	.32
<b>STAR</b>	Appointment Availability	.13
<b>STAR</b>	Prescription Services - Other Insurance	.13
<b>STAR Health</b>	NEMT - Other	.22
<b>STAR Health</b>	Driver Issues	.22
<b>STAR Health</b>	Correspondence (Incorrect, unclear, or not received)	.22
<b>STAR Health</b>	Client was not transported.	.22
<b>STAR Health</b>	Client was not picked up within one (1) hour of request.	.22
<b>Dental</b>	Customer Service - Other	.03
<b>Dental</b>	Provider Treatment Inappropriate/Ineffective	.01
<b>Dental</b>	Denial of Claim	.01
<b>Dental</b>	Access to PCP	.01

Program	Complaint Category	Rate
Dental	Authorization Issue	.00

## Enrollment by Program

Program	Total Average Monthly Members for 2023 Q1
STAR+PLUS	567,696
MMP	34,578
STAR Kids	169,541
STAR	4,498,369
STAR Health	46,035
Dental	4,105,266

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

Program	Confirmed	Not Confirmed	Unable to Determine
STAR+PLUS	63%	14%	22%
MMP	68%	28%	5%
STAR Kids	77%	14%	9%
STAR	86%	9%	6%
STAR Health	67%	0%	33%
Dental	38%	38%	24%

## Initial Contact Complaint Volume by MCO

MCO	Total Complaints	Percentage of Total Complaints
Superior	875	38.28%
Driscoll Children's	547	23.93%
CHC	266	11.64%
Amerigroup	175	7.66%
BCBS	141	6.17%
Cook Children's	95	4.16%
Community First	61	2.67%

<b>MCO</b>	<b>Total Complaints</b>	<b>Percentage of Total Complaints</b>
<b>Texas Children's</b>	58	2.54%
<b>Parkland</b>	29	1.27%
<b>El Paso First</b>	28	1.22%
<b>Dell Children's</b>	8	.35%
<b>United</b>	3	.13%

## **Initial Contact Complaint Volume by DMO**

<b>DMO</b>	<b>Total Complaints</b>	<b>Percentage of Total Complaints</b>
<b>DentaQuest</b>	22	75.86%
<b>United Dental</b>	1	3.45%
<b>MCNA</b>	6	20.69%

## **Total Enrollment by MCO**

<b>MCO</b>	<b>Percentage of Enrollment</b>
<b>Superior</b>	24.53%
<b>Amerigroup</b>	18.99%
<b>Texas Children's</b>	10.67%
<b>United</b>	7.96%
<b>CHC</b>	7.19%
<b>Molina</b>	5.21%
<b>Driscoll Children's</b>	4.73%
<b>Parkland</b>	4.30%
<b>Community First</b>	3.27%
<b>Cook Children's</b>	3.20%
<b>Aetna</b>	2.75%
<b>FirstCare</b>	2.15%
<b>El Paso First</b>	1.81%
<b>Scott &amp; White</b>	1.23%
<b>BCBS</b>	1.22%
<b>Dell Children's</b>	.81%



## Total Enrollment by DMO

DMO	Percentage of Enrollment
DentaQuest	53.75%
MCNA	35.50%
United Dental	10.75%

## 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)	.57
Amerigroup	Prescription Services - Other	.24
Amerigroup	Quality of Care - Other	.16
Amerigroup	Access to Care - Other	.14
Amerigroup	Prescription Services - PDL Prior Authorization	.09
BCBS	Balance Billing	10.02
BCBS	Access to PCP	6.94
BCBS	Authorization Issue	.77
BCBS	Value-added Services Issues	.62
BCBS	Access to In-Network Provider (non-PCP)	.62
CHC	Service Coordination/Service Management	.63
CHC	Customer Service - Other	.63
CHC	Provider Treatment Inappropriate/Ineffective	.55
CHC	Authorization Issue	.55
CHC	Access to PCP	.52
Community First	Prescription Services - Other Insurance	2.13
Community First	Prescription Services - Other	.35
Community First	Prescription Services - Refill Too Soon	.29
Community First	Prescription Services - Formulary	.23
Community First	Prescription Services - Clinical Prior Authorization	.12
Cook Children's	Access to PCP	1.41
Cook Children's	Provider Treatment Inappropriate/Ineffective	1.12
Cook Children's	Value-added Services Issues	.35

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Cook Children's</b>	Prescription Services - PDL Prior Authorization	.35
<b>Cook Children's</b>	Customer Service - Other	.35
<b>Dell Children's</b>	Scheduling error	.23
<b>Dell Children's</b>	Prescription Services - Other Insurance	.23
<b>Dell Children's</b>	Individual Transportation Participant (ITP) claims	.23
<b>Dell Children's</b>	Correspondence (Incorrect, unclear, or not received)	.23
<b>Dell Children's</b>	Authorization Issue	.23
<b>DentaQuest</b>	Customer Service - Other	.05
<b>DentaQuest</b>	Provider Treatment Inappropriate/Ineffective	.02
<b>DentaQuest</b>	Denial of Claim	.01
<b>DentaQuest</b>	MCO Customer Service/Staff Behavior	.00
<b>DentaQuest</b>	Delays in Claims Handling	.00
<b>Driscoll Children's</b>	Provider Treatment Inappropriate/Ineffective	8.36
<b>Driscoll Children's</b>	Access to PCP	6.29
<b>Driscoll Children's</b>	Appointment Availability	1.63
<b>Driscoll Children's</b>	Quality of Care - Other	1.43
<b>Driscoll Children's</b>	Access to Care - Other	.80
<b>El Paso First</b>	Balance Billing	2.71
<b>El Paso First</b>	Individual Transportation Participant (ITP) claims	.10
<b>El Paso First</b>	Access to Care - Other	.10
<b>MCNA</b>	Authorization Issue	.01
<b>Parkland</b>	Balance Billing	.48
<b>Parkland</b>	Denial of Claim	.26
<b>Parkland</b>	Claims/Payment - Other	.13
<b>Parkland</b>	Prescription Services - Other Insurance	.09
<b>Parkland</b>	Prescription Services - Other	.09
<b>Superior</b>	Client was not transported.	1.65
<b>Superior</b>	Driver Issues	.73
<b>Superior</b>	NEMT - Other	.58
<b>Superior</b>	Balance Billing	.38
<b>Superior</b>	Access to Care - Other	.38
<b>Texas Children's</b>	Authorization Issue	.16
<b>Texas Children's</b>	Access to PCP	.16

<b>MCO/DMO</b>	<b>Complaint Category</b>	<b>Rate</b>
<b>Texas Children's</b>	Individual Transportation Participant (ITP) claims	.09
<b>Texas Children's</b>	MCO Customer Service/Staff Behavior	.07
<b>Texas Children's</b>	Balance Billing	.07
<b>United</b>	Correspondence (Incorrect, unclear, or not received)	.02
<b>United</b>	Balance Billing	.02
<b>United</b>	Access to PCP	.02
<b>United Dental</b>	Access to PCP	.07
<b>United Dental</b>	Customer Service - Other	.02
<b>United Dental</b>	Correspondence (Incorrect, unclear, or not received)	.02
<b>United Dental</b>	Appointment Availability	.02

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

<b>MCO/DMO</b>	<b>Confirmed</b>	<b>Not Confirmed</b>	<b>Unable to Determine</b>
<b>Amerigroup</b>	92%	7%	1%
<b>BCBS</b>	100%	0%	0%
<b>CHC</b>	83%	11%	6%
<b>Community First</b>	95%	0%	5%
<b>Cook Children's</b>	93%	5%	2%
<b>Dell Children's</b>	100%	0%	0%
<b>DentaQuest</b>	50%	50%	0%
<b>Driscoll Children's</b>	93%	5%	1%
<b>El Paso First</b>	93%	4%	4%
<b>MCNA</b>	0%	0%	100%
<b>Parkland</b>	14%	72%	14%
<b>Superior</b>	63%	15%	22%
<b>Texas Children's</b>	12%	40%	48%
<b>United</b>	0%	0%	100%
<b>United Dental</b>	0%	0%	100%

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

MCO	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1	2021 Q4
Aetna	.00	.00	.00	.00	.00	.00
Amerigroup	1.73	1.36	1.40	1.11	1.33	.74
BCBS	21.74	17.27	14.23	15.02	10.42	34.30
CHC	6.96	7.30	6.51	3.80	9.01	8.78
Cigna-HealthSpring	N/A	N/A	N/A	1.85	1.21	1.01
Community First	3.51	4.57	10.18	6.22	1.34	2.58
Cook Children's	5.59	5.01	12.22	19.59	28.89	10.32
Dell Children's	1.86	3.52	3.40	5.56	7.11	10.68
Driscoll Children's	21.76	13.16	18.78	22.58	24.21	11.32
El Paso First	2.91	2.73	4.01	4.68	3.69	4.64
FirstCare	.00	.00	.00	.00	.00	.00
Molina	.00	.36	.22	.33	.05	.80
Parkland	1.27	1.31	.99	1.68	1.73	.45
Scott & White	.00	.00	.00	.17	.00	.00
Superior	6.71	3.99	5.95	6.33	7.25	3.78
Texas Children's	1.02	1.68	1.53	1.31	3.10	4.73
United	.07	.34	.37	.38	1.97	2.10
<b>Overall Rate</b>	<b>4.30</b>	<b>3.27</b>	<b>4.33</b>	<b>4.53</b>	<b>5.63</b>	<b>3.96</b>

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

DMO	2023 Q1	2022 Q4	2022 Q3	2022 Q2	2022 Q1	2021 Q4
DentaQuest	.10	.11	.13	.09	.07	.17
MCNA	.01	.06	.08	.05	.05	.01
United Dental	.14	.22	.22	.54	.82	1.13
<b>Overall Rate</b>	<b>.07</b>	<b>.10</b>	<b>.12</b>	<b>.11</b>	<b>.11</b>	<b>.17</b>

## Complaint Categories

Category	Subcategory
Access to 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	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	Delays in Claims Handling - related to the delay of processing a claim
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

<b>Category</b>	<b>Subcategory</b>
Customer Service	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
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
EVV	Authorization Issue - related to the delay of services due to concerns with an EVV authorization.
EVV	Denial of Claim - related to the denial of an EVV relevant claim.
EVV	Recoupment of Claim - related to the recoupment of an EVV relevant claim.
EVV	MCO Visit Maintenance Unlock Request Policy - related to the complainant's disagreement with the MCO denial of the VM unlock request.
EVV	Payer - related to the payer of the claim.
EVV	Other - when the issue does not relate to any other EVV subcategories
Medical Transportation	Client was not transported.
Medical Transportation	Driver Issues
Medical Transportation	Client was not picked up within one (1) hour of request.
Medical Transportation	Client arrived late to appointment
Medical Transportation	Scheduling error

<b>Category</b>	<b>Subcategory</b>
Medical Transportation	Vehicle issues
Medical Transportation	Individual Transportation Participant (ITP) claims
Medical Transportation	Other - To be used for all other complaint reasons with a text box to log the complaint reason
Provider Contracting	MCO Credentialing Process - related to issues resulting from delays in the MCO's credentialing process
Provider Contracting	Credentialing Verification Organization Process - related to issues resulting from delays or difficulties in the CVO's credentialing process
Provider Contracting	MCO/Provider Contracting - related to issues with the contracting process
Provider Contracting	Termed Provider - related to issues with provider contracts termed by MCO
Provider Contracting	Network Denial - nonpar provider denied into MCO network
Provider Contracting	Out of Network Provider - related to single case agreement issues between out-of-network specialist and MCO
Provider Contracting	Other - when the issue does not relate to any other Provider Contracting subcategories
Policies/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	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.

<b>Category</b>	<b>Subcategory</b>
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.
Quality of Care	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 or Inpatient Behavioral Health Facility
Quality of Care	Service Coordination / Service Management - related to a complainant's inadequate standard of care received from a service coordinator or service manager
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
Value-Added Services	Value-added Services Issues - related to complainant's inability or delay in accessing or receiving Value-added Services



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## Disclosure Statement

PRA Disclosure Statement - The 1115 PMDA application offers a source of high quality and timely data to improve the Center for Medicaid & CHIP Services (CMCS) ability to monitor demonstrations for the achievement of desired outcomes and projected cost savings. The states will upload and submit their budget neutrality workbook to CMCS via PMDA. Eventually PMDA will also be integrated into the Medicaid and CHIP Program (MACPro) System, which currently allows CMS and states to collaborate online to process State Plan Amendments (SPA), 1915 waivers, Quality Measures reports, advance planning documents, and other initiatives. The goal of the PMDA application is to: Collect programmatic quality and other performance metrics, related reports and other information associated with selected 1115 demonstrations; Validate and track performance-based incentive payments for 1115 demonstrations that include them; Provide electronic reports that support CMCS oversight, monitoring and evaluation of 1115 demonstration performance, particularly on quality and other performance metrics, and on related incentive payments (if any); Produce analytic files to support demonstration evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a

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

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

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

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

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

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

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

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

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

Both Aggregate and PMPM numbers are populated on the WOW PMPM & Agg tab. The number of actual member months (number of beneficiaries times the number of months enrolled) are entered by a State User on the MemMon Actual tab for each DY. On the MemMon Projected tab, State User enters projected numbers. The totals for actual and projected member months are calculated on the MemMon Total tab. WOW aggregate, PMPM and member month data is then moved to the 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.

**enter information on the following tabs:**

### **Tab**

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

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

### **adjustments tab**

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

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

### **Adding 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.

### **With 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

### **With 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



<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
10/01/2016	10/01/2017	10/01/2018	10/01/2019	10/01/2020	10/01/2021	10/01/2022	10/01/2023
09/30/2017	09/30/2018	09/30/2019	09/30/2020	09/30/2021	09/30/2022	09/30/2023	09/30/2024

<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
10/01/2024	10/01/2025	10/01/2026	10/01/2027	10/01/2028	10/01/2029
09/30/2025	09/30/2026	09/30/2027	09/30/2028	09/30/2029	09/30/2030

## MEG Definitions

	MEG Name	MEG Description
	<b><u>Medicaid Per Capita</u></b>	
1	THTQIP-AMR	Medical assistance expenditures for AMR
2	THTQIP-Disabled	Medical assistance expenditures for Disabled
3	THTQIP-Adults	Medical assistance expenditures for Adults
4	THTQIP-Children	Medical assistance expenditures for Children
	<b><u>Medicaid Aggregate - WOW only</u></b>	
1	UPL for Included Population	UPL diversionary spending amount for Included Population inpatient hospital
2	UPL for Excluded Population	UPL diversionary spending amount for Excluded Population inpatient hospital
3	Physician UPL	UPL diversionary spending amount Physician
4	Outpatient UPL	UPL diversionary spending amount for outpatient hospital
	<b><u>Medicaid Aggregate - WW only</u></b>	
1	THTQIP-UC	Expenditures for furnishing medical services described in section 1905(a)(1) et seq. of the Act that are incurred by hospitals and other providers for uncompensated costs of medical services provided to uninsured individuals as charity care, and to the extent that those costs exceed the amounts paid to the hospitals pursuant to section 1923 of the Act.

THTQIP-PHP-CCP

Expenditures for services described in section 1905(a) of the Act that are incurred by publicly-owned and operated Community Centers, Local Mental Health Authorities, or Local Behavioral Health Authorities providing behavioral health services under Chapter 533 or Chapter 534 of the Texas Health & Safety Code and publicly-owned and operated Local Health Departments (LHDs) and Public Health Districts (PHDs) that are established under the Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121, not to exceed qualifying providers' uncompensated costs of furnishing services described in section 1905(a) of the Act to uninsured individuals as charity care, and in DY 11 only, the cost of uncompensated costs of furnishing services described in section 1905(a) of the Act to Medicaid eligible or uninsured individuals.

2

THTQIP-DSRIP

Expenditures for incentive payments from DSRIP pool funds for the Delivery System Reform Incentive Payment Program.

3

**Hypothetical 1 Per Capita**

1

217-like AMR

Medical assistance expenditures for 217-Like AMR

2

217-like Disabled

Medical assistance expenditures for 217-Like Disabled



Enter any general comments / notes:

Savings Phase-Down	Expenditures Subject to Cap?	Hypothetical Populations Included in Calculations?	Start DY	Start Date
Savings Phase-Down	No	N/A	1	10/01/2011
Savings Phase-Down	No	N/A	1	10/01/2011
Savings Phase-Down	No	N/A	1	10/01/2011
Savings Phase-Down	No	N/A	1	10/01/2011
N/A	No	N/A	7	10/01/2017
N/A	No	N/A	1	10/01/2011
N/A	No	N/A	1	10/01/2011
N/A	No	N/A	1	10/01/2011
N/A	Yes	N/A		
			1	10/01/2011

N/A                      Yes                      N/A

11    10/01/2021

N/A                      Yes                      N/A

1    10/01/2011

Hypothetical Test 1

N/A                      Yes

10    10/01/2020

N/A                      Yes

10    10/01/2020

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19 09/30/2030

19 09/30/2030

19 09/30/2030

19 09/30/2030



Program Spending Limits

															TOTAL
Program Name and Associated MEGs	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Spending Cap															
UC Pool	\$3,100,000,000	\$3,101,776,278	\$3,101,776,278	\$3,873,206,193	\$3,873,206,193	\$3,873,206,193	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$ 43,483,548,135
Expenditures Subject to Cap															
THTQIP-UC	\$3,101,038,178	\$3,018,461,754	\$2,955,982,168	\$3,855,503,874	\$3,787,041,248	\$3,776,290,942	\$2,697,557,365								
Variance	(\$1,038,178)	\$83,314,524	\$145,794,110	\$17,702,319	\$86,164,945	\$96,915,251	\$1,814,518,035	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$4,512,075,400	\$ 2,772,536,826
Over or Under		Over													

															TOTAL
Program Name and Associated MEGs	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Spending Cap															
PHP-CCP							\$500,000,000	\$500,000,000							\$ 1,000,000,000
Expenditures Subject to Cap															
THTQIP-PHP-CCP							\$409,285,421								
Variance							\$90,714,579	\$500,000,000							\$ 590,714,579
Over or Under															

															TOTAL
Program Name and Associated MEGs	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Spending Cap															
DSRIP	\$3,100,000,000	\$3,100,000,000	\$3,100,000,000	\$2,910,000,000	\$2,490,000,000										
Expenditures Subject to Cap															
THTQIP-DSRIP	\$2,874,542,024	\$2,991,835,185	\$2,938,724,032	\$2,798,141,632	\$594,147,185	\$1,780,797,369	\$42,635,266								
Variance	\$225,457,976	\$108,164,815	\$161,275,968	\$110,858,368	\$1,895,852,815	(\$1,780,797,369)	(\$42,635,266)								
Over or Under						Over	Over								

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-PHP-CCP	0	0	0	0
THTQIP-UC	0	3,586,093,380	3,834,178,466	3,406,366,727
THTQIP-UC UPL	0	475,556,748	0	0
<b>Total</b>	<b>0</b>	<b>19,305,311,116</b>	<b>22,035,390,580</b>	<b>23,244,656,115</b>

**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-PHP-CCP	0	0	0	0
THTQIP-UC	0	2,087,754,133	2,273,667,831	1,999,196,633
THTQIP-UC UPL	0	295,480,041	0	0
<b>Total</b>	<b>0</b>	<b>11,289,222,605</b>	<b>13,132,864,867</b>	<b>13,898,303,707</b>

<b>ADM Waivers</b>
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**Total Computable**

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

**Federal Share**

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

**Data Pulled On:** 05/03/2023  
**For the Time Period Through:** 03/31/2023

**Reporting DY** 12  
**Reporting Quarter** 2

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	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>
	10,705	364	83	80	0	0	0
	390,821,028	374,152,006	10,804,805	781,010,547	430,418,251	475,015,538	446,848,677
	28,234,877	32,906,546	49,803,317	61,885,882	35,012,853	40,772,336	32,573,797
	1,934,167,762	1,957,381,229	2,019,237,432	2,268,910,396	2,496,083,803	2,879,586,791	4,646,692,582
	3,348,521,583	4,921,221,885	4,965,169,110	4,731,736,942	5,193,146,024	5,577,536,916	5,803,252,823
	7,975,696,086	8,186,226,587	7,061,951,648	8,160,455,697	8,471,246,112	9,124,752,116	11,234,692,171
	6,576,850,122	7,156,671,361	8,006,392,438	8,292,569,566	9,078,827,140	9,566,805,259	10,091,883,557
	2,678,290,377	2,842,676,178	2,874,542,024	2,991,835,185	2,938,724,032	2,799,141,632	594,147,185
	1,695,887	83,276	421	554	0	0	0
	0	0	0	0	0	0	0
	3,226,292,250	2,990,648,209	3,101,038,178	3,018,461,754	2,955,982,168	3,855,503,874	3,787,041,248
	0	0	0	0	0	0	0
	<b>26,160,580,677</b>	<b>28,461,967,641</b>	<b>28,088,939,456</b>	<b>30,306,866,603</b>	<b>31,599,440,383</b>	<b>34,319,114,462</b>	<b>36,637,132,040</b>

	<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>
	6,501	364	83	80	0	0	0
	227,196,335	213,753,262	6,147,764	464,995,089	260,883,142	324,075,221	315,686,270
	16,390,394	18,794,476	28,330,698	36,313,089	20,936,184	27,432,121	22,690,502
	1,146,377,613	1,140,763,348	1,150,379,965	1,317,942,250	1,480,339,863	1,918,233,540	3,196,037,078
	1,998,823,656	2,841,749,542	2,819,799,076	2,703,039,106	3,046,439,289	3,684,988,554	4,084,387,572
	4,699,275,493	4,682,183,136	3,972,919,500	4,646,941,787	4,935,153,342	5,995,483,853	7,644,057,617
	3,854,964,456	4,111,476,272	4,524,720,362	4,737,657,520	5,309,370,865	6,303,666,800	6,925,991,065
	1,532,263,268	1,602,887,337	1,633,658,750	1,760,140,946	1,946,964,445	1,899,856,689	400,887,707
	1,635,151	83,276	421	554	0	0	0
	0	0	0	0	0	0	0
	1,872,862,652	1,708,557,320	1,742,163,250	1,716,901,048	1,720,086,022	2,585,043,111	2,575,566,752
	0	0	0	0	0	0	0
	<b>15,349,795,519</b>	<b>16,320,248,333</b>	<b>15,878,119,869</b>	<b>17,383,931,469</b>	<b>18,720,173,152</b>	<b>22,738,779,889</b>	<b>25,165,304,563</b>

<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>
344,991,574	421,906,875	490,857,901	529,147,843	542,617,410	585,617,614	621,429,833
<b>344,991,574</b>	<b>421,906,875</b>	<b>490,857,901</b>	<b>529,147,843</b>	<b>542,617,410</b>	<b>585,617,614</b>	<b>621,429,833</b>

<b>04</b>	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>
208,517,196	244,101,690	281,741,369	289,909,955	298,306,846	324,337,463	339,551,137
<b>208,517,196</b>	<b>244,101,690</b>	<b>281,741,369</b>	<b>289,909,955</b>	<b>298,306,846</b>	<b>324,337,463</b>	<b>339,551,137</b>



<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
0	0	0	0	0	0	0
474,177,512	216,409,620	0	0	0	0	0
27,046,119	12,246,237	0	0	0	0	0
7,087,389,905	3,600,987,119	0	0	0	0	0
6,493,272,648	3,050,284,531	0	0	0	0	0
14,432,390,135	8,084,835,732	0	0	0	0	0
11,286,870,652	5,526,020,926	0	0	0	0	0
1,780,797,369	42,635,266	0	0	0	0	0
0	0	0	0	0	0	0
409,285,421	0	0	0	0	0	0
3,776,290,942	2,697,557,365	0	0	0	0	0
0	0	0	0	0	0	0
<b>45,767,520,703</b>	<b>23,230,976,796</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
0	0	0	0	0	0	0
330,017,412	148,639,654	0	0	0	0	0
18,564,983	8,278,217	0	0	0	0	0
4,800,522,868	2,405,920,192	0	0	0	0	0
4,507,127,147	2,029,543,444	0	0	0	0	0
9,687,941,573	5,347,638,086	0	0	0	0	0
7,630,430,766	3,665,994,990	0	0	0	0	0
1,193,134,238	28,169,120	0	0	0	0	0
0	0	0	0	0	0	0
274,221,232	0	0	0	0	0	0
2,530,114,932	1,782,276,151	0	0	0	0	0
0	0	0	0	0	0	0
<b>30,972,075,151</b>	<b>15,416,459,854</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
698,091,314	408,557,553	0	0	0	0	0
<b>698,091,314</b>	<b>408,557,553</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
383,672,450	223,145,088	0	0	0	0	0
<b>383,672,450</b>	<b>223,145,088</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
0	0	0	0	0	0	0
0	0	0	0	0	0	0

<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
0	0	0	0	0	0	0
0	0	0	0	0	0	0



<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>
0	0	0	0	0	0	0
0	0	0	0	0	0	0

<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>
0	0	0	0	0	0	0
0	0	0	0	0	0	0







Total Less Non-Adds

228552  
4494332273  
379577310  
34133219619  
48419401573  
1.0437E+11  
91748605592  
24489759908  
2189995  
409285421  
40235454561  
4.76E+08  
3.49E+11

Total Less Non-Adds

137738  
2817880405  
232448549  
21691870785  
30338599120  
64493387848  
56636273894  
14888821338  
1968193  
274221232  
24594189835  
2.95E+08  
2.16E+11

Total Less Non-Adds

6499903886

6.5E+09

Total Less Non-Adds

3597092745

3.6E+09



**Adjustments made to the reported expenditures**

Enter total adjustments made to the expenditure numbers, including adjustments to the previ  
 Positive adjustments increase expenditures, and negative adjustments decrease expenditure  
 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 example, -\$1

		10	11
<b><u>Medicaid Per Capita</u></b>			
THTQIP-AMR	1		
THTQIP-Disabled	2		-\$107,998,290
THTQIP-Adults	3		-\$38,577,963
THTQIP-Children	4		-\$111,260,761
<b><u>Medicaid Aggregate - WW only</u></b>			
THTQIP-UC	1		
THTQIP-PHP-CCP	2		
THTQIP-DSRIP	3		
<b><u>Hypothetical 1 Per Capita</u></b>			
217-like AMR	1		
217-like Disabled	2		

ous reporting periods.

is.

0,000 reflects a decrease in expenditures).

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12	13	14	15	16

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17	18	19	Description (type of collection, time period, CMS-64 reporting line, etc.)
			ACA HIPF ACA HIPF ACA HIPF

**WW Spending - Actual**

**Total Computable**

		10	11	12	13	14	15	16	17	18	19
<b>Medicaid Per Capita</b>											
THTQIP-AMR	1	\$5,803,252,823	\$6,493,272,648	\$3,050,284,531							
THTQIP-Disabled	2	\$10,091,883,557	\$11,178,872,362	\$5,526,020,926							
THTQIP-Adults	3	\$4,646,692,582	\$7,048,811,942	\$3,600,987,119							
THTQIP-Children	4	\$11,234,692,171	\$14,321,129,374	\$8,084,835,732							
<b>Medicaid Aggregate - WW only</b>											
THTQIP-UC	1	\$3,787,041,248	\$3,776,290,942	\$2,697,557,365							
THTQIP-PHP-CCP	2		\$409,285,421								
THTQIP-DSRIP	3	\$594,147,185	\$1,780,797,369	\$42,635,266							
<b>Hypothetical 1 Per Capita</b>											
217-like AMR	1	\$446,848,677	\$474,177,512	\$216,409,620							
217-like Disabled	2	\$32,573,797	\$27,046,119	\$12,246,237							
<b>TOTAL</b>		<b>\$36,637,132,040</b>	<b>\$45,509,683,689</b>	<b>\$23,230,976,796</b>	\$	-	\$	-	\$	-	\$

**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**

		10	11	12	13	14	15	16	17	18	19
<b>Medicaid Per Capita</b>											
THTQIP-AMR	1			\$2,686,167,462							
THTQIP-Disabled	2			\$4,921,169,847							
THTQIP-Adults	3			\$2,312,261,053							
THTQIP-Children	4			\$5,462,967,294							
<b>Medicaid Aggregate - WW only</b>											
THTQIP-UC	1			\$1,814,518,035							
THTQIP-PHP-CCP	2			\$500,000,000							
THTQIP-DSRIP	3										
<b>Hypothetical 1 Per Capita</b>											
217-like AMR	1			\$226,611,871							
217-like Disabled	2			\$12,250,620							





**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.

		10	11	12	13	14	15	16	17	18	19
<b>Medicaid Per Capita</b>											
THTQIP-AMR	1	4208633	4359117	2260416							
THTQIP-Disabled	2	5016658	5059519	2554136							
THTQIP-Adults	3	5659908	7576539	4445500							
THTQIP-Children	4	36981961	41128343	22372802							
<b>Hypothetical 1 Per Capita</b>											
217-like AMR	1	217985	188518	95515							
217-like Disabled	2	8594	5023	2646							

**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.

		10	11	12	13	14	15	16	17	18	19
<b>Medicaid Per Capita</b>											
THTQIP-AMR	1			2258175							
THTQIP-Disabled	2			2553402							
THTQIP-Adults	3			4056483							
THTQIP-Children	4			22119038							
<b>Hypothetical 1 Per Capita</b>											
217-like AMR	1			91852							
217-like Disabled	2			2384							

Member Months - Total

		10	11	12	13	14	15	16	17	18	19
<b>Medicaid Per Capita</b>											
THTQIP-AMR	1	4,208,633	4,359,117	4,518,590							
THTQIP-Disabled	2	5,016,658	5,059,519	5,107,538							
THTQIP-Adults	3	5,659,908	7,576,539	8,501,983							
THTQIP-Children	4	36,981,961	41,128,343	44,491,840							
<b>Hypothetical 1 Per Capita</b>											
217-like AMR	1	217,985	188,518	187,366							
217-like Disabled	2	8,594	5,023	5,030							

**Budget Neutrality Summary**

The Budget Neutrality Reporting Period dropdown menu allows for selection of a specific reporting period, by Demonstration Year. By changing these settings, you change the view for which Demonstration Years will be used in calculating Budget Neutrality. Selecting the 'Reset to Defaults' button will reset the Reporting DY values back to the demonstration's current Period of Performance.

Budget Neutrality Reporting Start DY	10
Budget Neutrality Reporting End DY	19

**Actuals + Projected**

Without-Waiver Total Expenditures			10	11	12	13	14	15	16	17	18	19	Total
<b>Medicaid Per Capita</b>													
THTQIP-AMR	1	<b>Total</b>	\$ 5,921,083,980	\$ 6,409,252,725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 1,406.89	\$ 1,470.31									
		<b>Mem-Mon</b>	\$ 4,208,633	\$ 4,359,117	\$ 4,518,590								
THTQIP-Disabled	2	<b>Total</b>	\$ 9,766,480,814	\$ 10,748,998,406	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 1,946.81	\$ 2,124.51									
		<b>Mem-Mon</b>	\$ 5,016,658	\$ 5,059,519	\$ 5,107,538								
THTQIP-Adults	3	<b>Total</b>	\$ 6,781,598,985	\$ 11,823,416,831	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 1,198.18	\$ 1,560.53									
		<b>Mem-Mon</b>	\$ 5,659,908	\$ 7,576,539	\$ 8,501,983								
THTQIP-Children	4	<b>Total</b>	\$ 14,664,087,305	\$ 18,507,754,265	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 3,966.52	\$ 4,550.00									
		<b>Mem-Mon</b>	\$ 36,981,961	\$ 41,128,343	\$ 44,491,840								
<b>Medicaid Aggregate - WOW only</b>													
UPL for Included Population	1	<b>Total</b>	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705	\$ 2,346,880,705
UPL for Excluded Population	2	<b>Total</b>	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843	\$ 1,681,649,843
Physician UPL	3	<b>Total</b>	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206	\$ 72,483,206
Outpatient UPL	4	<b>Total</b>	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473	\$ 84,237,473
<b>TOTAL</b>			\$ 41,316,492,312	\$ 51,674,673,453	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 126,475,175,581

With-Waiver Total Expenditures			10	11	12	13	14	15	16	17	18	19	TOTAL
<b>Medicaid Per Capita</b>													
THTQIP-AMR	1		\$ 5,803,252,823	\$ 6,493,272,648	\$ 5,736,451,993	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Disabled	2		\$ 10,091,883,557	\$ 11,178,872,362	\$ 10,447,190,773	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Adults	3		\$ 4,646,692,582	\$ 7,048,811,942	\$ 5,913,248,172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Children	4		\$ 11,234,692,171	\$ 14,321,129,374	\$ 13,547,803,026	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<b>Medicaid Aggregate - WW only</b>													
THTQIP-LC	1		\$ 3,787,041,248	\$ 3,776,290,942	\$ 4,512,075,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-PHP-CCP	2		\$ -	\$ 409,285,421	\$ 500,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-DSRIP	3		\$ 594,147,165	\$ 1,780,797,369	\$ 42,635,266	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<b>TOTAL</b>			\$ 36,157,709,566	\$ 45,008,460,058	\$ 40,699,404,631	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121,865,574,255

Savings Phase-Down			10	11	12	13	14	15	16	17	18	19	TOTAL
<b>Medicaid Per Capita</b>													
THTQIP-AMR	1	<b>Savings Phase-Down</b>	\$ 5,921,083,980	\$ 6,409,252,725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>Without Waiver</b>	\$ 5,921,083,980	\$ 6,409,252,725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>With Waiver</b>	\$ -	\$ -	\$ 5,736,451,993	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Difference			\$ 117,631,157	\$ (84,019,923)	\$ (57,364,519)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Phase-Down Percentage			68%	60%	60%								
<b>Savings Reduction</b>			\$ 3,705,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Disabled	2	<b>Savings Phase-Down</b>	\$ 9,766,480,814	\$ 10,748,998,406	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>Without Waiver</b>	\$ 9,766,480,814	\$ 10,748,998,406	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>With Waiver</b>	\$ 10,091,883,557	\$ 11,178,872,362	\$ 10,447,190,773	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Difference			\$ (325,402,743)	\$ (429,873,956)	\$ (10,447,190,773)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Phase-Down Percentage			69%	61%	61%								
<b>Savings Reduction</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Adults	3	<b>Savings Phase-Down</b>	\$ 6,781,598,985	\$ 11,823,416,831	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>Without Waiver</b>	\$ 6,781,598,985	\$ 11,823,416,831	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>With Waiver</b>	\$ 4,646,692,582	\$ 7,048,811,942	\$ 5,913,248,172	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Difference			\$ 2,134,896,403	\$ 4,774,604,889	\$ (5,913,248,172)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Phase-Down Percentage			41%	37%	37%								
<b>Savings Reduction</b>			\$ 1,259,588,878	\$ 3,008,001,080	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
THTQIP-Children	4	<b>Savings Phase-Down</b>	\$ 14,664,087,305	\$ 18,507,754,265	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>Without Waiver</b>	\$ 14,664,087,305	\$ 18,507,754,265	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>With Waiver</b>	\$ 11,234,692,171	\$ 14,321,129,374	\$ 13,547,803,026	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Difference			\$ 3,429,395,134	\$ 4,186,624,891	\$ (13,547,803,026)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Phase-Down Percentage			43%	38%	38%								
<b>Savings Reduction</b>			\$ 1,954,755,227	\$ 2,595,707,432	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
<b>Total Reduction</b>			\$ 3,252,050,075	\$ 5,603,708,512	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,855,758,587

<b>BASE VARIANCE</b>			\$ 1,908,732,671	\$ 1,062,504,883	\$ (36,514,153,404)	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ 4,185,251,227	\$ (4,246,157,261)
<b>Excess Spending from Hypotheticals</b>													\$ (103,919,672)
1115A Dual Demonstration Savings (state preliminary estimate)													\$ -
1115A Dual Demonstration Savings (DACT certified)													\$ -
<b>Carry-Forward Savings From Prior Period</b>													\$ -
<b>NET VARIANCE</b>													\$ (4,350,076,932)

Cumulative Target Limit			10	11	12	13	14	15	16	17	18	19	
Cumulative Target Percentage (CTP)			1.0%	0.9%	0.8%	0.7%	0.6%	0.5%	0.4%	0.3%	0.2%		
Cumulative Budget Neutrality Limit (CBNL)			\$ 38,066,442,237	\$ 84,137,407,178	\$ 88,322,658,405	\$ 92,507,909,632	\$ 96,693,160,859	\$ 100,878,412,086	\$ 105,063,663,313	\$ 109,248,914,540	\$ 113,434,165,767	\$ 117,619,416,994	
Allowed Cumulative Variance (= CTP X CBNL)			\$ 380,664,422	\$ 757,236,665	\$ 706,581,267	\$ 647,555,367	\$ 580,158,965	\$ 504,392,060	\$ 420,254,653	\$ 327,746,744	\$ 226,868,332	\$ -	
Actual Cumulative Variance (Positive = Overspending)			\$ (1,908,732,671)	\$ (2,971,237,554)	\$ 33,542,915,850	\$ 29,357,664,623	\$ 25,172,413,396	\$ 20,987,162,169	\$ 16,801,910,942	\$ 12,616,659,715	\$ 8,431,408,488	\$ 4,246,157,261	
Is a Corrective Action Plan needed?					CAP Needed	CAP Needed	CAP Needed	CAP Needed	CAP Needed	CAP Needed	CAP Needed	CAP Needed	

**HYPOTHETICALS TEST 1**

Without-Waiver Total Expenditures			10	11	12	13	14	15	16	17	18	19	TOTAL
<b>Hypothetical 1 Per Capita</b>													
217-like AMR	1	<b>Total</b>	\$ 670,930,793	\$ 602,281,786	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 3,077.87	\$ 3,194.53									
		<b>Mem-Mon</b>	\$ 217,985	\$ 188,519	\$ 187,366								
217-like Disabled	2	<b>Total</b>	\$ 44,161,735	\$ 26,870,468	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
		<b>PMPM</b>	\$ 5,138.52	\$ 5,349.20									
		<b>Mem-Mon</b>	\$ 8,594	\$ 5,023	\$ 5,030								
<b>TOTAL</b>			\$ 715,092,528	\$ 629,152,254									\$ 1,344,244,782

With-Waiver Total Expenditures			10	11	12	13	14	15	16	17	18	19	TOTAL
<b>Hypothetical 1 Per Capita</b>													
217-like AMR	1		\$ 446,848,677	\$ 474,177,512	\$ 443,021,491								-
217-like Disabled	2		\$ 332,573,797	\$ 277,046,119	\$ 244,496,857								-
<b>TOTAL</b>			\$ 779,422,474	\$ 751,223,631	\$ 687,518,348	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,448,164,454

<b>HYPOTHETICALS VARIANCE 1</b>			\$ 235,670,054	\$ 127,928,623	\$ (467,518,349)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (103,919,672)
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**HYPOTHETICALS TEST 1 Cumulative Target Limit**

Cumulative Target Limit			10	11	12	13	14	15	16	17	18	19	
Cumulative Target Percentage (CTP)			1.0%	0.9%	0.8%	0.7%	0.6%	0.5%	0				

**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-PHP-CCP  
THTQIP-UC  
THTQIP-UC UPL

**ADM WAIVERS**

THTQIP-Admin

<u>Demonstration Reporting Start DY</u>	10
<u>Demonstration Reporting End DY</u>	19

<u>Reporting Net Variance</u>	
\$	(4,350,076,932)

**Attachment Q**  
**Members with Special Health Care Needs Q1 SFY23**  
**(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	296	268	90.54%	28	9.46%	0	0.00%	28	100.00%
	Amerigroup	1518	141	9.29%	1377	90.71%	217	15.76%	1160	84.24%
	Community First	472	38	8.05%	434	91.95%	354	81.57%	80	18.43%
	Superior	1851	754	40.73%	1097	59.27%	484	44.12%	613	55.88%
	<b>SDA Total</b>	<b>4,137</b>	<b>1,201</b>	<b>29.03%</b>	<b>2,936</b>	<b>70.97%</b>	<b>1,055</b>	<b>35.93%</b>	<b>1,881</b>	<b>64.07%</b>
Dallas	Amerigroup	19303	2531	13.11%	16772	86.89%	3476	20.73%	13296	79.27%
	Molina	1580	519	32.85%	1061	67.15%	274	25.82%	757	71.35%
	Parkland	3275	422	12.89%	2853	87.11%	1182	41.43%	2832	99.26%
	<b>SDA Total</b>	<b>24,158</b>	<b>3,472</b>	<b>14.37%</b>	<b>20,686</b>	<b>85.63%</b>	<b>4,932</b>	<b>23.84%</b>	<b>16,885</b>	<b>81.63%</b>
El Paso	El Paso First	999	169	16.92%	830	83.08%	81	9.76%	749	90.24%
	Molina	170	58	34.12%	112	65.88%	25	22.32%	84	75.00%
	Superior	449	163	36.30%	286	63.70%	111	38.81%	175	61.19%
	<b>SDA Total</b>	<b>1,618</b>	<b>390</b>	<b>24.10%</b>	<b>1,228</b>	<b>75.90%</b>	<b>217</b>	<b>17.67%</b>	<b>1,008</b>	<b>82.08%</b>
Harris	Amerigroup	5830	799	13.70%	5031	86.30%	1087	21.61%	3944	78.39%
	CHC	1462	921	63.00%	541	37.00%	80	14.79%	461	85.21%
	Molina	799	204	25.53%	595	74.47%	142	23.87%	434	72.94%
	Texas Children's	34744	343	0.99%	34401	99.01%	263	0.76%	1363	3.96%
	United	10403	555	5.33%	9848	94.67%	2063	20.95%	5090	51.69%
<b>SDA Total</b>	<b>53,238</b>	<b>2,822</b>	<b>5.30%</b>	<b>50,416</b>	<b>94.70%</b>	<b>3,635</b>	<b>7.21%</b>	<b>11,292</b>	<b>22.40%</b>	
Hidalgo	Driscoll Children's	1320	626	47.42%	694	52.58%	106	15.27%	588	84.73%
	Molina	2053	684	33.32%	1369	66.68%	147	10.74%	1173	85.68%
	Superior	1196	442	36.96%	754	63.04%	325	43.10%	429	56.90%
	United	5118	246	4.81%	4872	95.19%	944	19.38%	3049	62.58%
	<b>SDA Total</b>	<b>9,687</b>	<b>1,998</b>	<b>20.63%</b>	<b>7,689</b>	<b>79.37%</b>	<b>1,522</b>	<b>19.79%</b>	<b>5,239</b>	<b>68.14%</b>
Jefferson	Amerigroup	692	90	13.01%	602	86.99%	122	20.27%	480	79.73%
	CHC	132	80	60.61%	52	39.39%	8	15.38%	44	84.62%
	Molina	227	70	30.84%	157	69.16%	37	23.57%	115	73.25%
	Texas Children's	4572	33	0.72%	4539	99.28%	34	0.75%	154	3.39%
	United	2364	121	5.12%	2243	94.88%	468	20.86%	1233	54.97%
	<b>SDA Total</b>	<b>7,987</b>	<b>394</b>	<b>4.93%</b>	<b>7,593</b>	<b>95.07%</b>	<b>669</b>	<b>8.81%</b>	<b>2,026</b>	<b>26.68%</b>
Lubbock	Amerigroup	1253	117	9.34%	1136	90.66%	215	18.93%	921	81.07%
	FirstCare	1405	286	20.36%	1119	79.64%	115	10.28%	1004	89.72%
	Superior	434	166	38.25%	268	61.75%	126	47.01%	142	52.99%
	<b>SDA Total</b>	<b>3,092</b>	<b>569</b>	<b>18.40%</b>	<b>2,523</b>	<b>81.60%</b>	<b>456</b>	<b>18.07%</b>	<b>2,067</b>	<b>81.93%</b>
MRSA Central	Amerigroup	1894	223	11.77%	1671	88.23%	331	19.81%	1340	80.19%
	Scott & White	2044	376	18.40%	1668	81.60%	194	11.63%	1474	88.37%
	Superior	829	424	51.15%	405	48.85%	175	43.21%	230	56.79%
	<b>SDA Total</b>	<b>4,767</b>	<b>1,023</b>	<b>21.46%</b>	<b>3,744</b>	<b>78.54%</b>	<b>700</b>	<b>18.70%</b>	<b>3,044</b>	<b>81.30%</b>
MRSA Northeast	Amerigroup	6563	725	11.05%	5838	88.95%	1263	21.63%	4575	78.37%
	Superior	899	485	53.95%	414	46.05%	175	42.27%	239	57.73%
	<b>SDA Total</b>	<b>7,462</b>	<b>1,210</b>	<b>16.22%</b>	<b>6,252</b>	<b>83.78%</b>	<b>1,438</b>	<b>23.00%</b>	<b>4,814</b>	<b>77.00%</b>
MRSA West	Amerigroup	3462	389	11.24%	3073	88.76%	569	18.52%	2504	81.48%
	FirstCare	1755	314	17.89%	1441	82.11%	148	10.27%	1293	89.73%
	Superior	852	399	46.83%	453	53.17%	189	41.72%	264	58.28%
	<b>SDA Total</b>	<b>6,069</b>	<b>1,102</b>	<b>18.16%</b>	<b>4,967</b>	<b>81.84%</b>	<b>906</b>	<b>18.24%</b>	<b>4,061</b>	<b>81.76%</b>
Nueces	Driscoll Children's	1192	592	49.66%	600	50.34%	68	11.33%	532	88.67%
	Superior	351	93	26.50%	258	73.50%	112	43.41%	146	56.59%
	United	355	19	5.35%	336	94.65%	52	15.48%	195	58.04%
	<b>SDA Total</b>	<b>1,898</b>	<b>704</b>	<b>37.09%</b>	<b>1,194</b>	<b>62.91%</b>	<b>232</b>	<b>19.43%</b>	<b>873</b>	<b>73.12%</b>
Tarrant	Aetna	1274	1171	91.92%	103	8.08%	0	0.00%	103	100.00%
	Amerigroup	10365	1353	13.05%	9012	86.95%	2016	22.37%	6996	77.63%
	Cook Children's	2521	405	16.07%	2116	83.93%	1189	56.19%	927	43.81%
<b>SDA Total</b>	<b>14,160</b>	<b>2,929</b>	<b>20.69%</b>	<b>11,231</b>	<b>79.31%</b>	<b>3,205</b>	<b>28.54%</b>	<b>8,026</b>	<b>71.46%</b>	
Travis	BCBS	2445	436	17.83%	2009	82.17%	945	47.04%	1054	52.46%
	Dell	3147	37	1.18%	3110	98.82%	8	0.26%	3102	99.74%
	Superior	1009	516	51.14%	493	48.86%	228	46.25%	265	53.75%
	<b>SDA Total</b>	<b>6,601</b>	<b>989</b>	<b>14.98%</b>	<b>5,612</b>	<b>85.02%</b>	<b>1,181</b>	<b>21.04%</b>	<b>4,421</b>	<b>78.78%</b>
	<b>Statewide Total</b>	<b>144,874</b>	<b>18,803</b>	<b>12.98%</b>	<b>126,071</b>	<b>87.02%</b>	<b>20,148</b>	<b>15.98%</b>	<b>65,637</b>	<b>52.06%</b>

\* 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.  
Member with Special Health Care Needs (MSHCN): A member including a child in the 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 significant period of time, and (2) requires regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel.



**Attachment R1  
MCO Referrals to OIG  
SFY23 Q2 Report  
(Blanks = No Data Available)**

MCO	Q1				Q2			
	Sep-22	Oct-22	Nov-22	Total	Dec-22	Jan-23	Feb-23	Total
<b>Investigation Category</b>								
Program non-compliance	4	1		5	1	4	1	6
Non-appropriate billing	33	24	33	90	46	21	38	105
Billing for Services not Rendered				0				0
Quality of Care	2			2				0
Solicitation				0				0
Upcoding				0				0
Billing for Services After Death				0				0
Billing unnecessary services				0				0
Failure to disclose required info				0				0
Attendant Care FWA				0	1			1
Physical /Sexual Abuse of an Individual				0				0
Forged or altered documents				0				0
Fraud, Kickbacks and other Prohibited Activities				0		1		1
<b>Total Referrals Received</b>	<b>39</b>	<b>25</b>	<b>33</b>	<b>97</b>	<b>48</b>	<b>26</b>	<b>39</b>	<b>113</b>

Attachment R2  
Dental Plan Referrals to OIG  
SFY23 Q2 Report  
(Blanks = No Data Available)

DMO	Q1				Q2			
	Sep-22	Oct-22	Nov-22	Total	Dec-22	Jan-23	Feb-23	Total
<b>Investigation Category</b>								
Program non-compliance				0				0
Non-appropriate billing	8	1	7	16	1	3	4	8
Billing for Services not Rendered				0				0
Billing unnecessary services				0				0
Solicitation	1	1		2				0
Quality of Care				0				0
<b>Total Referrals Received</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>18</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>8</b>

DMO = Dental Maintenance Organization  
MFCU = Medicaid Fraud Control Unit  
OIG = Office of Inspector General

**Attachment V1  
STAR Claims Adjudication  
SFY23 Q1  
SFY23 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%
CHC	100%		100%
Community First	100%	100%	100%
Dell	100%	100%	100%
Driscoll Childrens	100%	99%	99%
El Paso Health	100%	100%	100%
FirstCare	84%	79%	89%
Molina	100%	100%	100%
Parkland	81%	83%	89%
Scott & White	79%	88%	82%
Superior	99%	100%	100%
Texas Childrens	97%	88%	64%
United	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

MCO	Acute Care Claims		
	% Clean Adjudicated within 30 days (98% STD)		
	Quarter 1		
	Sept	Oct	Nov
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	99%	98%	98%
CHC	100%	100%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Dell	100%	99%	88%
Driscoll Childrens	100%	100%	100%
El Paso Health	100%	100%	96%
FirstCare	100%	100%	99%
Molina	99%	99%	99%
Parkland	99%	98%	97%
Scott & White	100%	100%	99%
Superior	99%	99%	99%
Texas Childrens	99%	97%	99%
United	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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 Childrens	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 Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Behavioral Health Services Claims</b>		
	<b>% Appealed Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	99%
BCBS	100%	100%	67%
Community First	100%	100%	100%
Cook Childrens	100%	100%	
Dell	100%	100%	100%
Driscoll Childrens	100%	100%	100%
FirstCare	77%	75%	99%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	83%	93%	77%
Superior	83%	97%	100%
Texas Childrens	92%	83%	43%
United	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY22 Q4**  
**SFY23 Q1 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%	97%
BCBS	100%	100%	100%
CHC	100%	100%	99%
Community First	100%	100%	100%
Cook Childrens	100%	99%	99%
Dell	100%	96%	100%
Driscoll Childrens	100%	100%	100%
El Paso Health	100%	99%	99%
FirstCare	100%	100%	99%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	99%	98%
Superior	99%	100%	100%
Texas Childrens	99%	96%	99%
United	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Behavioral Health Services Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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 Childrens	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	100%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	99%	98%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%



**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Appealed Adjusted within 30 Days (98% SDT)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
CHC	100%	100%	
Community First			100%
Driscoll Childrens			100%
FirstCare	75%	100%	88%
Molina	100%	100%	100%
Scott & White		33%	83%
Superior	100%	100%	100%
Texas Childrens	100%		100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Clean Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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 Childrens	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	99%	100%	100%
Molina	99%	100%	99%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%

**Attachment V1  
STAR Claims Adjudication  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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 Childrens	100%	100%	100%
El Paso Health	100%	100%	100%
FirstCare	99%	100%	100%
Molina	100%	100%	100%
Parkland	100%	100%	100%
Scott & White	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%

**Attachment V1  
STAR Claims Adjudication  
SFY23 Q1  
SFY23 Q2 Report  
(Blanks = No Data Available)**

<b>MCO</b>	<b>Pharmacy Benefit Manager's Claims</b>		
	<b>% Clean Electronic Claims Adjudicated within 18 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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 Childrens	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 Childrens	100%	100%	100%

**Attachment V1**  
**STAR Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Pharmacy Benefit Manager's Claims</b>		
	<b>% Clean Non-Electronic Claims Adjudicated within 21 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna			100%
Amerigroup	100%	100%	100%
BCBS	100%		100%
CHC			100%
Community First	100%	100%	
Cook Childrens		100%	100%
Dell			100%
Driscoll Childrens		100%	
El Paso Health	100%		
Molina			100%
Texas Childrens	100%	100%	100%

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Appealed Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Amerigroup	100%	100%	100%
Cigna-HealthSpring	86%	40%	75%
Molina	100%	100%	100%
Superior	100%	99%	100%
United	100%	100%	100%

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
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**  
**SFY23 Q1**  
**SFY23 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%
Molina	100%	100%	100%
Superior	92%	100%	100%
United	100%	100%	100%

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Pharmacy Benefit Manager's Claims</b>		
	<b>% Clean Electronic Claims Adjudicated within 18 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Amerigroup	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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



**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Long-term Services and Supports</b>		
	<b>% Appealed Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Amerigroup	100%	100%	100%
Molina	100%	100%	100%
Superior	100%	100%	100%
United	100%	100%	100%

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V2**  
**STAR+PLUS Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V3**  
**STAR+PLUS Claims Adjudication**  
**SFY22 Q1**  
**SFY23 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	99%	100%	100%
		Dental Appealed 30	100%	100%	100%
		Dental Clean 90	100%	100%	100%
	United Healthcare 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**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Appealed Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	99%	99%	100%
BCBS	100%	100%	100%
Community First	100%	98%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Clean Adjudicated within 30 days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	99%	100%	100%
Amerigroup	99%	94%	98%
BCBS	100%	99%	98%
Community First	100%	100%	100%
Cook Childrens	99%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	98%	97%	98%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Acute Care Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 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%
Amerigroup	100%	100%	100%
Community First	99%	96%	100%
Cook Childrens	100%		100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	
Texas Childrens	100%	100%	100%
United	100%	100%	100%



**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Behavioral Health Services Claims</b>		
	<b>% Clean Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	99%	94%	99%
BCBS	100%	100%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	97%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Behavioral Health Services Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Appealed Adjusted within 30 Days (98% SDT)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Superior			100%
Texas Childrens	100%		100%
United	100%	100%	

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Clean Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	99%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Vision Services Claims</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	99%	100%
Community First	100%	100%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

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

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 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
BCBS		100.0%	
Texas Childrens		100.0%	

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 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%	100%
BCBS		100%	
Community First	100%	96%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%



**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Long-term Services and Supports</b>		
	<b>% Clean Adjudicated within 30 Days (98% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	98%	99%
BCBS	100%	100%	100%
Community First	100%	98%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%

**Attachment V4**  
**STAR Kids Claims Adjudication**  
**SFY23 Q1**  
**SFY23 Q2 Report**  
**(Blanks = No Data Available)**

<b>MCO</b>	<b>Long-term Services and Supports</b>		
	<b>% Clean Adjudicated within 90 Days (99% STD)</b>		
	<b>Quarter 1</b>		
	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Aetna	100%	100%	100%
Amerigroup	100%	100%	100%
BCBS	100%	100%	100%
Community First	100%	98%	100%
Cook Childrens	100%	100%	100%
Driscoll Childrens	100%	100%	100%
Superior	100%	100%	100%
Texas Childrens	100%	100%	100%
United	100%	100%	100%