

MMP name: **Amerigroup / WellPoint / Anthem**
 State Fiscal Year: **2018** Program: **MMP Dual Demo - Integrated Care Program (STAR+PLUS+Medicare)**
 Submission Date: **9/23/2019** County: **Bexar County (San Antonio)**
 Submission Type: **Yr-End 334-Day** Rptg Period End Date: **8/31/2018**

MMP self-reported data, subject to audit
 Texas Financial Alignment Demonstration
 template version 2.0

Part 1: **Summary Income Statement**

	Incurred Months:	Managed Care contract revenues & costs												SFY
		Sept-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD
1 Member Months (per Medicaid)	2,004	1,985	1,943	1,920	2,032	1,973	1,938	1,930	1,893	1,851	1,840	1,827	23,136	
2 additional / (fewer) Mbr-Mos in Medicare	160	157	141	154	164	167	154	160	162	154	152	157	1,882	
3 Average Monthly Member Months													1,928	
Revenues:														
<i>CMS Medicare Premiums:</i>														
4 Monthly Capitation Received - Medical	2,574,766	2,487,720	2,390,968	2,371,339	2,563,855	2,447,061	2,363,176	2,326,414	2,267,515	2,211,632	2,170,495	2,159,849	28,334,790	
5 Monthly Capitation Withheld - Medical	52,546	50,769	48,796	48,395	79,294	75,682	73,088	71,951	70,130	68,401	67,129	66,799	772,980	
6 Gross Total (before withhold) - Medical	2,627,312	2,538,489	2,439,764	2,419,734	2,643,149	2,522,743	2,436,264	2,398,365	2,337,645	2,280,033	2,237,624	2,226,648	29,107,770	
7 Gross Total (no withholding) - Pharmacy	474,414	468,497	455,278	452,259	458,945	448,266	436,186	435,171	428,082	416,611	414,275	412,281	5,300,265	
8 Sub-total: Medicare Capitation	3,101,726	3,006,986	2,895,042	2,871,993	3,102,094	2,971,009	2,872,450	2,833,536	2,765,727	2,696,644	2,651,899	2,638,929	34,408,035	
<i>Medicaid Premiums:</i>														
9 Monthly Capitation Received - Medical	1,943,576	1,900,359	1,804,649	1,748,834	2,023,097	1,865,477	1,809,399	1,765,505	1,757,394	1,723,062	1,722,513	2,047,063	22,110,930	
10 Monthly Capitation Received - Pharmacy	6,399	6,345	6,220	6,147	6,328	6,146	6,037	6,024	5,910	5,801	5,799	5,774	72,930	
11 Monthly Capitation Withheld - Medical	36,982	36,216	34,509	33,499	58,025	53,738	52,178	51,057	50,767	49,862	49,964	60,119	566,914	
12 Monthly Capitation Withheld - Pharmacy	126	124	123	121	190	184	181	180	178	175	174	174	1,929	
13 Gross Total (before withhold) - Medical	1,980,558	1,936,575	1,839,158	1,782,333	2,081,122	1,919,215	1,861,577	1,816,562	1,808,161	1,772,924	1,772,477	2,107,182	22,677,844	
14 Gross Total (before withhold) - Pharmacy	6,525	6,469	6,343	6,268	6,518	6,330	6,218	6,204	6,088	5,976	5,973	5,947	74,859	
15 Sub-total: Medicaid Capitation	1,987,083	1,943,044	1,845,501	1,788,601	2,087,640	1,925,545	1,867,795	1,822,766	1,814,249	1,778,900	1,778,450	2,113,129	22,752,703	
16 Investment Income	34,833	34,091	33,517	31,458	34,249	35,174	33,348	38,611	32,869	29,475	30,980	27,311	395,916	
17 Other Revenue												(406,978)	(406,978)	
18 Total Gross Revenues	5,123,642	4,984,121	4,774,060	4,692,052	5,223,983	4,931,728	4,773,593	4,694,913	4,612,845	4,505,019	4,461,329	4,372,392	57,149,676	
19 Premium Taxes (on Medicaid)	33,253	33,200	33,044	31,751	110,866	110,012	103,544	126,400	100,435	91,744	95,023	74,247	943,519	
20 Maintenance Taxes	130	129	126	125	132	128	126	125	123	120	120	119	1,504	
21 Net Revenues	5,090,259	4,950,792	4,740,890	4,660,176	5,112,985	4,821,587	4,669,923	4,568,388	4,512,287	4,413,155	4,366,187	4,298,026	56,204,654	
Expenses:														
<i>Medicare Expenses:</i>														
22 Fee-For-Service	1,532,668	1,463,769	1,496,203	1,676,443	1,906,428	1,421,687	1,430,968	1,572,271	1,679,843	1,270,177	1,427,946	1,380,879	18,259,282	
23 Capitated Services	38,628	62,804	48,128	60,127	49,186	32,918	17,787	37,611	41,719	26,957	50,916	60,355	527,136	
24 Net Reinsurance cost	0	0	0	0	0	0	0	0	0	0	0	0	0	
25 IBNR Accrual - Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	
26 Other Medicare Medical Expenses	35,626	92,493	25,677	97,498	82,150	42,544	102,957	70,630	97,230	88,666	56,511	94,935	886,917	
27 Total Medicare Medical Expenses	1,606,922	1,619,066	1,570,008	1,834,068	2,037,764	1,497,149	1,551,712	1,680,512	1,818,792	1,385,800	1,535,373	1,536,169	19,673,335	
28 Medicare Gross Rx Exp (excl PBM Admin)	773,853	740,374	693,169	736,680	504,326	584,057	498,513	596,690	678,218	594,103	577,608	630,915	7,608,508	
29 Medicare Rx Rebates	149,542	124,244	109,951	108,065	187,207	150,353	52,531	119,487	135,601	111,013	95,536	129,585	1,473,114	
30 Sub-total: Medicare Medical & Rx Expenses	2,231,234	2,235,196	2,153,226	2,462,684	2,354,883	1,930,853	1,997,694	2,157,715	2,361,409	1,868,891	2,017,445	2,037,499	25,808,729	
<i>Medicaid Expenses:</i>														
31 Fee-For-Service	1,603,672	1,610,044	1,499,386	1,481,025	1,735,735	1,535,476	1,594,344	1,565,191	1,593,826	1,471,668	1,560,714	1,530,200	18,781,281	
32 Capitated Services	0	0	0	0	0	0	0	0	0	0	0	0	0	
33 Net Reinsurance cost	0	0	0	0	0	0	0	0	0	0	0	0	0	
34 IBNR Accrual - Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	
35 Minimum Payment Amount Program (MPAP)	0	0	0	0	0	0	0	0	0	0	0	0	0	
36 Quality Incentive Payment Program (QIPP):	118,325	114,065	100,178	47,587	135,501	115,027	105,593	119,271	97,769	101,630	97,426	102,171	1,254,543	
37 Other Medicaid Medical Expenses	110,774	146,392	134,347	117,865	99,965	94,159	107,600	118,454	132,761	113,084	106,000	118,925	1,400,326	
38 Total Medicaid Medical Expenses	1,832,771	1,870,501	1,733,911	1,646,477	1,971,201	1,744,662	1,807,537	1,802,916	1,824,356	1,686,382	1,764,140	1,751,296	21,436,150	
39 Medicaid Prescription Exp (excl PBM Admin)	2,286	3,285	2,427	2,957	4,368	3,751	3,503	2,670	3,029	2,431	2,890	3,289	36,887	
40 Sub-total: Medicaid Medical & Rx Expenses	1,835,057	1,873,786	1,736,338	1,649,434	1,975,569	1,748,413	1,811,040	1,805,586	1,827,385	1,688,813	1,767,030	1,754,585	21,473,037	
41 Total Medical & Prescription Expenses	4,066,291	4,108,983	3,889,564	4,112,118	4,330,452	3,679,266	3,808,734	3,963,301	4,188,794	3,557,704	3,784,475	3,792,084	47,281,767	
42 Administrative Expenses	276,516	304,820	285,769	300,378	414,641	380,318	427,278	416,096	442,502	405,861	455,705	407,533	4,517,415	
43 Total Expenses	4,342,807	4,413,803	4,175,333	4,412,496	4,745,093	4,059,584	4,236,013	4,379,397	4,631,296	3,963,565	4,240,180	4,199,617	51,799,182	
44 Total Net Income Before Taxes	747,452	536,990	565,557	247,681	367,892	762,003	433,910	188,991	(119,009)	449,590	126,007	98,409	4,405,472	
45 Net Income EXCL Medicare RX	913,780	692,673	700,948	431,856	234,608	754,359	450,032	249,305	3,765	522,797	201,579	194,890	5,350,591	

MMP name: **Amerigroup / WellPoint / Anthem**
 State Fiscal Year: **2018** Program: **MMP Dual Demo - Integrated Care Program (STAR+PLUS+Medicare)**
 Submission Date: **9/23/2019** County: **Bexar County (San Antonio)**
 Submission Type: **Yr-End 334-Day** Rptg Period End Date: **8/31/2018**

Texas Financial Alignment Demonstration

MMP self-reported data, subject to audit

template version 2.0

Part 1: **Summary Income Statement**

Key Ratios:	Incurred Months:	Managed Care contract revenues & costs												SFY YTD
		Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	
46 % total Medical Exp to Net Revenues	67.6%	70.5%	69.7%	74.7%	78.4%	67.2%	71.9%	76.3%	80.7%	69.6%	75.6%	76.5%	73.1%	
47 % total Prescription Exp to Net Revenues	12.3%	12.5%	12.4%	13.6%	6.3%	9.1%	9.6%	10.5%	12.1%	11.0%	11.1%	11.7%	11.0%	
48 % Total Medical & Rx to Net Rev. (MLR)	79.9%	83.0%	82.0%	88.2%	84.7%	76.3%	81.6%	86.8%	92.8%	80.6%	86.7%	88.2%	84.1%	
49 % Admin Exp to Net Revenues	5.4%	6.2%	6.0%	6.4%	8.1%	7.9%	9.1%	9.1%	9.8%	9.2%	10.4%	9.5%	8.0%	
50 % Total Net Income to Net Revenues	14.7%	10.8%	11.9%	5.3%	7.2%	15.8%	9.3%	4.1%	-2.6%	10.2%	2.9%	2.3%	7.8%	
51 % Adj. Admin to Adj. Net Revenues (excludes Taxes & Prescription pass-through)	5.6%	6.6%	6.5%	7.0%	8.7%	8.5%	10.0%	9.6%	10.6%	10.0%	11.4%	10.3%	8.7%	
52 % Net Income EXCL Medicare Rx	19.8%	15.5%	16.4%	10.3%	5.0%	17.2%	10.6%	6.0%	0.1%	13.1%	5.1%	5.0%	10.5%	
Memo: QWP withholdings and recoupments														
53 Total Medicare Capitation Withheld	52,546	50,769	48,796	48,395	79,294	75,682	73,088	71,951	70,130	68,401	67,129	66,799	772,980	
54 Total Medicaid Capitation Withheld	37,108	36,340	34,631	33,620	58,214	53,923	52,360	51,237	50,944	50,036	50,138	60,292	568,843	
55 Medicare Payments against Withholding												0	0	
56 Medicaid Payments against Withholding												0	0	
57 Net Amount Not Received by MMP	89,654	87,110	83,427	82,014	137,508	129,605	125,448	123,188	121,074	118,437	117,267	127,091	1,341,823	
Additional memo items:														
58 total Net Revenues (from Line 21)	5,090,259	4,950,792	4,740,890	4,660,176	5,112,985	4,821,587	4,669,923	4,568,388	4,512,287	4,413,155	4,366,187	4,298,026	56,204,654	
59 Medicare portion (incls interest income)	3,121,291	3,026,135	2,913,868	2,889,663	3,121,331	2,990,766	2,891,181	2,855,223	2,784,189	2,713,200	2,669,300	2,425,675	34,401,822	
60 Medicaid portion (excls Prem tax; incls interest inc)	1,968,968	1,924,657	1,827,022	1,770,513	1,991,654	1,830,822	1,778,741	1,713,164	1,728,098	1,699,955	1,696,886	1,872,351	21,802,831	
61 add-check	(0)	(0)	0	(0)	(0)	0	0	0	(0)	0	0	0	1	
62 total Net Income (from Line 43)	747,452	536,990	565,557	247,681	367,892	762,003	433,910	188,991	(119,009)	449,590	126,007	98,409	4,405,472	
63 Medicare portion	749,199	640,885	620,017	279,172	563,584	874,317	685,725	488,891	206,739	646,588	429,737	189,289	6,374,143	
64 Medicaid portion	(1,747)	(103,896)	(54,460)	(31,491)	(195,691)	(112,313)	(251,815)	(299,900)	(325,749)	(196,999)	(303,731)	(90,880)	(1,968,671)	
65 add-check	(0)	(0)	0	0	(0)	(0)	0	0	(0)	0	0	0	1	

Note: Except where stated otherwise, reporting is on an incurred basis (that is, reported in the period corresponding to dates of service, rather than to date paid). With each new FSR submission, all prior quarters' data must be updated to reflect, in the column pertaining to the appropriate past month, the most recent revised IBNR estimates, the most recent Medicare capitation premium adjustments, and the most recent Medicare and Medicaid payment file data.

TERMS USED IN FINANCIAL STATISTICAL REPORTS (FSRs)

Total Member Months - Number of members enrolled in each month. YTD is the sum of the individual month's membership.

Revenues:

- **Premiums** – Capitation payments paid to MCOs (Managed Care Organization) by HHSC.
- **Delivery Supplemental Payments** – A one-time per pregnancy supplemental payment made by HHSC to STAR, CHIP MCOs.
- **Pharmacy Premiums** - Pharmacy capitation payments paid to MCOs by HHSC
- **Investment Income** – All interest and dividend income resulting from investment of funds received.
- **Other Revenue** – Any and all income generated from other sources.
- **Premium Taxes** – Premium taxes incurred by MCOs for premiums applicable to the reported period.
- **Maintenance Taxes** – Maintenance taxes incurred by MCOs for premiums applicable to the reported period.

Medical Expenses:

- **Fee for Service** – Non-capitated payments for services rendered to the members.
- **Capitated Services** – Includes PCPs and Hospitals capitation payments which are amounts paid to providers that do not pay claims to other providers from the capitation payments and also the capitation paid to subcontractors in which the capitation is the funding source for paying claims for healthcare services performed in each Texas service area.
- **Net Reinsurance Cost** – Total reinsurance premiums paid by the MCO net of reinsurance recoveries.
- **IBNR Accrual** – Incurred But Not Reported (IBNR) accrual medical expenses are an estimate of the expected healthcare expenses incurred, but not paid, based on claims lag schedules and completion factors, as well as any counts of services rendered but not billed, e.g., pre-authorized hospital days.

Administrative Expenses – includes those expenses that are directly or indirectly in support of the Texas Medicaid/CHIP operations of the MCO. Administrative expenses include Salaries, Wages and other benefits, Payroll taxes, Utilities and Maintenance, Auditing and other consulting expenses etc.

Performance Assessment – Amount of at-risk premium recouped by HHSC for failure to meet the performance expectation for which the MCO is at risk.

Quality Challenge Award – Amount awarded to the MCO for superior clinical quality, service delivery, access to care or member satisfaction.

Liquidated Damages - Amount assessed by HHSC as penalty for non-compliance with contract requirements.