

MMP name: **Superior / Bankers / Centene**

MMP self-reported data, subject to audit

State Fiscal Year: **2018**

Program: **MMP Dual Demo - Integrated Care Program (STAR+PLUS+Medicare)**

Texas Financial Alignment Demonstration

Submission Date: **8/30/2019**

County: **Bexar County (San Antonio)**

template version 2.0

Submission Type: **Yr-End 334-Day**

Rptg Period End Date: **8/31/2018**

Part 1: **Summary Income Statement**

Managed Care contract revenues & costs

	Incurred Months:	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	SFY YTD
1 Member Months (per Medicaid)		3,413	3,482	3,433	3,398	3,688	3,599	3,505	3,512	3,437	3,368	3,314	3,335	41,484
2 additional / (fewer) Mbr-Mos in Medicare		(3)	3	9	9	8	8	(3)	(143)	22	27	27	50	14
3 Average Monthly Member Months														3,457
<b>Revenues:</b>														
<i>CMS Medicare Premiums:</i>														
4 Monthly Capitation Received - Medical		4,020,601	4,142,697	4,093,925	4,025,956	4,669,181	4,475,494	4,258,804	3,982,287	4,147,680	4,109,840	4,012,450	4,046,184	49,985,099
5 Monthly Capitation Withheld - Medical		83,793	86,306	85,290	83,874	147,508	141,392	134,545	125,812	131,033	129,837	126,762	127,829	1,403,981
6 Gross Total (before withhold) - Medical		4,104,394	4,229,003	4,179,215	4,109,830	4,816,689	4,616,886	4,393,349	4,108,099	4,278,713	4,239,677	4,139,212	4,174,013	51,389,080
7 Gross Total (no withholding) - Pharmacy		1,260,187	1,290,365	1,273,054	1,260,661	1,422,475	1,385,962	1,343,673	1,288,544	1,324,319	1,300,732	1,278,833	1,295,791	15,724,596
8 Sub-total: Medicare Capitation		5,364,581	5,519,368	5,452,269	5,370,491	6,239,164	6,002,848	5,737,022	5,396,643	5,603,032	5,540,409	5,418,045	5,469,804	67,113,676
<i>Medicaid Premiums:</i>														
9 Monthly Capitation Received - Medical		3,529,698	3,599,115	3,497,319	3,404,894	3,926,887	3,787,020	3,605,135	3,633,587	3,543,199	3,453,478	3,392,576	3,552,364	42,925,272
10 Monthly Capitation Received - Pharmacy		11,644	11,885	11,711	11,587	12,442	12,168	11,847	11,860	11,608	11,397	11,235	11,296	140,681
11 Monthly Capitation Withheld - Medical		69,465	70,848	68,953	67,256	116,065	112,179	107,045	107,774	105,144	102,625	100,907	77,189	1,105,450
12 Monthly Capitation Withheld - Pharmacy		221	225	222	219	353	345	336	336	329	323	318	320	3,546
13 Gross Total (before withhold) - Medical		3,599,163	3,669,963	3,566,272	3,472,150	4,042,952	3,899,199	3,712,180	3,741,361	3,648,343	3,556,103	3,493,483	3,629,553	44,030,722
14 Gross Total (before withhold) - Pharmacy		11,865	12,110	11,933	11,806	12,795	12,513	12,183	12,196	11,937	11,720	11,553	11,616	144,227
15 Sub-total: Medicaid Capitation		3,611,028	3,682,073	3,578,205	3,483,956	4,055,747	3,911,712	3,724,363	3,753,557	3,660,280	3,567,823	3,505,036	3,641,169	44,174,949
16 Investment Income		3,409	3,387	3,654	6,429	4,543	4,694	5,026	4,791	4,849	5,876	5,310	4,977	56,945
17 Other Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0
18 Total Gross Revenues		8,979,018	9,204,828	9,034,128	8,860,876	10,299,454	9,919,254	9,466,411	9,154,991	9,268,161	9,114,108	8,928,391	9,115,950	111,345,570
19 Premium Taxes (on Medicaid)		63,193	64,436	62,619	60,969	70,976	68,455	65,176	65,687	64,055	62,437	61,338	63,720	773,062
20 Maintenance Taxes		205	209	206	204	221	216	210	211	206	202	199	200	2,489
21 Net Revenues		8,915,620	9,140,183	8,971,303	8,799,703	10,228,257	9,850,583	9,401,024	9,089,093	9,203,900	9,051,469	8,866,854	9,052,029	110,570,919
<b>Expenses:</b>														
<i>Medicare Expenses:</i>														
22 Fee-For-Service		3,236,684	3,502,627	3,600,807	3,392,593	3,769,797	3,455,708	3,784,672	3,098,736	3,861,433	3,462,420	3,481,963	3,682,121	42,329,561
23 Capitated Services		81,599	83,533	82,817	81,996	87,467	85,765	83,797	79,728	82,866	81,723	80,499	80,925	992,715
24 Net Reinsurance cost		136	139	138	136	148	144	140	135	138	136	134	135	1,659
25 IBNR Accrual - Medical		0	0	0	0	0	0	0	0	0	0	0	0	0
26 Other Medicare Medical Expenses		(11,146)	(26,544)	(21,067)	(12,266)	(14,110)	(8,906)	(18,245)	(24,401)	(20,804)	(24,068)	(12,747)	(3,145)	(197,449)
27 Total Medicare Medical Expenses		3,307,273	3,559,755	3,662,695	3,462,459	3,843,302	3,532,711	3,850,364	3,154,198	3,923,633	3,520,211	3,549,849	3,760,036	43,126,486
28 Medicare Gross Rx Exp (excl PBM Admin)		1,822,402	2,102,507	1,850,419	1,851,646	2,036,853	1,751,726	1,903,549	1,797,278	1,811,427	1,674,268	1,751,912	1,799,498	22,153,484
29 Medicare Rx Rebates		140,524	155,919	179,623	448,908	439,533	100,515	454,561	238,373	355,081	251,293	215,663	221,334	3,201,327
30 Sub-total: Medicare Medical & Rx Expenses		4,989,151	5,506,343	5,333,491	4,865,197	5,440,622	5,183,922	5,299,352	4,713,103	5,379,979	4,943,187	5,086,097	5,338,199	62,078,643
<i>Medicaid Expenses:</i>														
31 Fee-For-Service		2,852,717	3,012,038	2,875,188	2,831,701	3,377,924	2,999,201	3,142,379	3,068,328	3,141,140	2,939,165	3,031,238	3,172,229	36,443,248
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):		203,316	206,425	197,098	187,772	254,300	238,134	221,196	226,195	219,322	209,324	202,451	221,196	2,586,729
37 Other Medicaid Medical Expenses		453,357	508,253	501,979	485,344	527,130	492,110	504,022	504,454	533,729	532,740	524,999	522,374	6,090,491
38 Total Medicaid Medical Expenses		3,509,390	3,726,716	3,574,265	3,504,817	4,159,354	3,729,445	3,867,597	3,798,977	3,894,191	3,681,229	3,758,688	3,915,799	45,120,468
39 Medicaid Prescription Exp (excl PBM Admin)		6,027	7,287	6,368	7,358	13,015	7,681	5,887	6,218	5,873	4,520	4,218	4,981	79,434
40 Sub-total: Medicaid Medical & Rx Expenses		3,515,417	3,734,003	3,580,633	3,512,175	4,172,369	3,737,126	3,873,484	3,805,195	3,900,064	3,685,749	3,762,906	3,920,780	45,199,902
41 Total Medical & Prescription Expenses		8,504,568	9,240,346	8,914,124	8,377,372	9,612,991	8,921,049	9,172,836	8,518,299	9,280,043	8,628,935	8,849,003	9,258,979	107,278,545
42 Administrative Expenses		705,977	769,689	780,238	765,049	830,309	734,294	728,821	737,020	753,064	618,909	745,015	802,972	8,971,357
43 Total Expenses		9,210,545	10,010,035	9,694,362	9,142,421	10,443,300	9,655,343	9,901,657	9,255,318	10,033,108	9,247,845	9,594,018	10,061,951	116,249,903
44 Total Net Income Before Taxes		(294,925)	(869,852)	(723,059)	(342,718)	(215,043)	195,240	(500,633)	(166,225)	(829,208)	(196,376)	(727,164)	(1,009,922)	(5,679,884)
45 Net Income EXCL Medicare RX		132,902	(207,373)	(319,143)	(194,528)	(33,558)	466,964	(389,026)	110,454	(690,997)	(68,077)	(463,789)	(721,551)	(2,377,723)

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Submission Date: **8/30/2019**

County: **Bexar County (San Antonio)**

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Submission Type: **Yr-End 334-Day**

Rptg Period End Date: **8/31/2018**

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		76.5%	79.7%	80.7%	79.2%	78.2%	73.7%	82.1%	76.5%	84.9%	79.6%	82.4%	84.8%	79.8%
47 % total Prescription Exp to Net Revenues		18.9%	21.4%	18.7%	16.0%	15.7%	16.8%	15.5%	17.2%	15.9%	15.8%	17.4%	17.5%	17.2%
48 % Total Medical & Rx to Net Rev. (MLR)		95.4%	101.1%	99.4%	95.2%	94.0%	90.6%	97.6%	93.7%	100.8%	95.3%	99.8%	102.3%	97.0%
49 % Admin Exp to Net Revenues		7.9%	8.4%	8.7%	8.7%	8.1%	7.5%	7.8%	8.1%	8.2%	6.8%	8.4%	8.9%	8.1%
50 % Total Net Income to Net Revenues		-3.3%	-9.5%	-8.1%	-3.9%	-2.1%	2.0%	-5.3%	-1.8%	-9.0%	-2.2%	-8.2%	-11.2%	-5.1%
51 % Adj. Admin to Adj. Net Revenues (excludes Taxes & Prescription pass-through)		9.2%	9.7%	10.1%	10.1%	9.4%	8.6%	9.0%	9.4%	9.5%	7.9%	9.8%	10.3%	9.4%
52 % Net Income EXCL Medicare Rx		1.7%	-2.6%	-4.1%	-2.6%	-0.4%	5.5%	-4.8%	1.4%	-8.8%	-0.9%	-6.1%	-9.3%	-2.5%
<b>Memo: QWP withholdings and recoupments</b>														
53 Total Medicare Capitation Withheld		83,793	86,306	85,290	83,874	147,508	141,392	134,545	125,812	131,033	129,837	126,762	127,829	1,403,981
54 Total Medicaid Capitation Withheld		69,686	71,073	69,175	67,475	116,417	112,524	107,381	108,110	105,473	102,948	101,225	77,509	1,108,996
55 Medicare Payments against Withholding														0
56 Medicaid Payments against Withholding														0
57 <b>Net Amount Not Received by MMP</b>		153,478	157,380	154,465	151,350	263,925	253,916	241,926	233,922	236,506	232,785	227,987	205,339	2,512,977
<b>Additional memo items:</b>														
58 total Net Revenues (from Line 21)		8,915,620	9,140,183	8,971,303	8,799,703	10,228,257	9,850,583	9,401,024	9,089,093	9,203,900	9,051,469	8,866,854	9,052,029	110,570,019
59 Medicare portion (incls interest income)		5,366,415	5,521,190	5,454,235	5,373,950	6,241,608	6,005,373	5,739,726	5,399,221	5,605,641	5,543,570	5,420,902	5,472,482	67,144,312
60 Medicaid portion (excls Prem tax; incls interest inc)		3,549,205	3,618,993	3,517,069	3,425,753	3,986,649	3,845,210	3,661,299	3,689,873	3,598,259	3,507,899	3,445,952	3,579,548	43,425,707
61 add-check		0	0	0	(0)	0	0	(0)	(0)	0	(0)	0	(0)	0
62 total Net Income (from Line 43)		(294,925)	(869,852)	(723,059)	(342,718)	(215,043)	195,240	(500,633)	(166,225)	(829,208)	(196,376)	(727,164)	(1,009,922)	(5,679,884)
63 Medicare portion		29,125	(364,489)	(263,706)	131,757	391,828	459,301	80,992	322,715	(145,514)	294,836	(32,323)	(261,188)	643,334
64 Medicaid portion		(324,050)	(505,363)	(459,353)	(474,475)	(606,872)	(264,061)	(581,624)	(488,940)	(683,694)	(491,211)	(694,842)	(748,733)	(6,323,217)
65 add-check		1	(0)	(0)	(0)	1	0	(0)	(0)	(0)	(0)	0	(0)	(0)

**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.