

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: **Dallas County**

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)		2,323	2,289	2,201	2,163	2,413	2,372	2,316	2,309	2,241	2,150	2,130	2,149	27,056
2 additional / (fewer) Mbr-Mos in Medicare		8	4	7	8	20	13	12	92	8	3	3	(17)	161
3 Average Monthly Member Months														2,255
<b>Revenues:</b>														
<i>CMS Medicare Premiums:</i>														
4 Monthly Capitation Received - Medical		2,831,890	2,780,131	2,615,305	2,546,511	3,028,363	2,974,393	2,905,183	2,982,889	2,755,106	2,632,785	2,584,027	2,610,473	33,247,058
5 Monthly Capitation Withheld - Medical		59,020	57,919	54,486	53,052	95,675	93,970	91,782	94,235	87,040	83,175	81,634	82,472	934,458
6 Gross Total (before withhold) - Medical		2,890,910	2,838,050	2,669,791	2,599,563	3,124,038	3,068,363	2,996,965	3,077,124	2,842,146	2,715,960	2,665,661	2,692,945	34,181,516
7 Gross Total (no withholding) - Pharmacy		844,470	828,454	796,322	783,534	913,356	896,420	874,333	902,479	842,181	805,810	797,125	797,277	10,081,761
8 Sub-total: Medicare Capitation		3,735,380	3,666,504	3,466,113	3,383,097	4,037,394	3,964,783	3,871,298	3,979,603	3,684,327	3,521,770	3,462,786	3,490,222	44,263,277
<i>Medicaid Premiums:</i>														
9 Monthly Capitation Received - Medical		2,650,338	2,540,522	2,386,946	2,336,188	2,681,073	2,630,836	2,586,203	2,550,557	2,411,633	2,199,692	2,160,688	2,242,693	29,377,368
10 Monthly Capitation Received - Pharmacy		5,580	5,501	5,294	5,204	5,750	5,650	5,516	5,500	5,344	5,135	5,090	5,251	64,815
11 Monthly Capitation Withheld - Medical		51,649	49,639	46,765	45,823	79,089	77,516	76,154	75,160	71,335	65,503	64,483	41,800	744,917
12 Monthly Capitation Withheld - Pharmacy		112	111	106	105	165	162	158	158	153	147	146	30	1,553
13 Gross Total (before withhold) - Medical		2,701,987	2,590,161	2,433,711	2,382,011	2,760,162	2,708,352	2,662,357	2,625,717	2,482,968	2,265,195	2,225,171	2,284,493	30,122,285
14 Gross Total (before withhold) - Pharmacy		5,692	5,612	5,400	5,309	5,915	5,812	5,674	5,658	5,497	5,282	5,236	5,281	66,368
15 Sub-total: Medicaid Capitation		2,707,679	2,595,773	2,439,111	2,387,320	2,766,077	2,714,164	2,668,031	2,631,375	2,488,465	2,270,477	2,230,407	2,289,774	30,188,653
16 Investment Income		2,320	2,226	2,343	4,092	2,972	3,093	3,321	3,150	3,162	3,751	3,413	3,207	37,051
17 Other Revenue		0	0	0	0	0	0	0	0	0	0	0	0	0
18 Total Gross Revenues		6,445,379	6,264,503	5,907,567	5,774,509	6,806,443	6,682,040	6,542,650	6,614,128	6,175,954	5,795,998	5,696,606	5,783,203	74,488,981
19 Premium Taxes (on Medicaid)		47,384	45,426	42,684	41,778	48,406	47,498	46,691	46,049	43,548	39,733	39,032	40,071	528,301
20 Maintenance Taxes		139	137	132	130	145	142	139	139	134	129	128	129	1,623
21 Net Revenues		6,397,855	6,218,940	5,864,750	5,732,601	6,757,892	6,634,400	6,495,820	6,567,940	6,132,271	5,756,136	5,657,446	5,743,003	73,959,055
<b>Expenses:</b>														
<i>Medicare Expenses:</i>														
22 Fee-For-Service		2,451,815	2,601,477	2,016,822	1,576,523	2,304,103	1,889,551	2,317,502	2,317,365	1,823,111	1,729,756	1,812,548	2,144,733	24,985,306
23 Capitated Services		51,274	50,692	49,155	48,467	53,719	52,682	51,459	53,507	50,555	48,933	48,613	48,374	607,430
24 Net Reinsurance cost		93	92	88	87	97	95	93	96	90	86	85	85	1,087
25 IBNR Accrual - Medical		0	0	0	0	0	0	0	0	0	0	0	0	0
26 Other Medicare Medical Expenses		(4,432)	(8,113)	(13,361)	(6,964)	(14,552)	(2,483)	(6,279)	(18,130)	(8,163)	(11,902)	(12,184)	(5,071)	(111,634)
27 Total Medicare Medical Expenses		2,498,750	2,644,148	2,052,704	1,618,113	2,343,367	1,939,845	2,362,775	2,352,838	1,865,593	1,766,873	1,849,062	2,188,121	25,482,189
28 Medicare Gross Rx Exp (excl PBM Admin)		875,912	879,913	769,762	724,658	821,711	737,450	796,338	767,252	766,716	688,042	778,589	822,484	9,428,828
29 Medicare Rx Rebates		67,541	65,253	74,722	175,684	176,926	42,283	189,994	101,687	150,102	103,158	95,742	101,093	1,344,185
30 Sub-total: Medicare Medical & Rx Expenses		3,307,121	3,458,808	2,747,744	2,167,087	2,988,152	2,635,013	2,969,119	3,018,403	2,482,207	2,351,757	2,531,909	2,909,512	33,566,832
<i>Medicaid Expenses:</i>														
31 Fee-For-Service		1,926,534	1,936,706	1,755,311	1,745,720	2,070,926	1,865,893	2,029,865	1,907,897	1,926,015	1,740,660	1,755,754	1,796,175	22,457,456
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):		251,656	239,167	222,306	216,062	259,149	256,651	253,512	249,747	232,176	205,821	199,546	206,449	2,792,242
37 Other Medicaid Medical Expenses		302,272	325,504	311,654	304,132	345,997	323,418	333,840	331,136	348,585	330,675	328,597	334,907	3,920,717
38 Total Medicaid Medical Expenses		2,480,462	2,501,377	2,289,271	2,265,914	2,676,072	2,445,962	2,617,217	2,488,780	2,506,776	2,277,156	2,283,897	2,337,531	29,170,415
39 Medicaid Prescription Exp (excl PBM Admin)		4,980	5,143	5,195	4,995	5,719	4,334	3,033	3,749	3,538	2,491	3,197	2,999	49,373
40 Sub-total: Medicaid Medical & Rx Expenses		2,485,442	2,506,520	2,294,466	2,270,909	2,681,791	2,450,296	2,620,250	2,492,529	2,510,314	2,279,647	2,287,094	2,340,530	29,219,788
41 Total Medical & Prescription Expenses		5,792,563	5,965,328	5,042,210	4,437,995	5,669,943	5,085,309	5,589,369	5,510,933	4,992,521	4,631,404	4,819,003	5,250,042	62,786,620
42 Administrative Expenses		480,511	505,979	500,234	486,993	543,258	483,953	481,583	484,561	491,015	395,088	478,842	517,417	5,849,433
43 Total Expenses		6,273,074	6,471,307	5,542,444	4,924,988	6,213,201	5,569,262	6,070,952	5,995,494	5,483,536	5,026,491	5,297,845	5,767,459	68,636,053
44 Total Net Income Before Taxes		124,781	(252,367)	322,306	807,613	544,691	1,065,138	424,868	572,446	648,735	729,645	359,601	(24,456)	5,323,002
45 Net Income EXCL Medicare Rx		92,851	(262,055)	224,976	576,938	280,457	868,146	161,031	339,679	427,194	512,578	249,148	(96,483)	3,374,458

MMP name: **Superior / Bankers / Centene**  
 State Fiscal Year: **2018** Program: **MMP Dual Demo - Integrated Care Program (STAR+PLUS+Medicare)**  
 Submission Date: **8/30/2019** County: **Dallas County**  
 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**

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	77.8%	82.7%	74.0%	67.8%	74.3%	66.1%	76.7%	73.7%	71.3%	70.3%	73.1%	78.8%	73.9%	
47 % total Prescription Exp to Net Revenues	12.7%	13.2%	11.9%	9.7%	9.6%	10.5%	9.4%	10.2%	10.1%	10.2%	12.1%	12.6%	11.0%	
48 % Total Medical & Rx to Net Rev. (MLR)	90.5%	95.9%	86.0%	77.4%	83.9%	76.7%	86.0%	83.9%	81.4%	80.5%	85.2%	91.4%	<b>84.9%</b>	
49 % Admin Exp to Net Revenues	7.5%	8.1%	8.5%	8.5%	8.0%	7.3%	7.4%	7.4%	8.0%	6.9%	8.5%	9.0%	7.9%	
50 % Total Net Income to Net Revenues	2.0%	-4.1%	5.5%	14.1%	8.1%	16.1%	6.5%	8.7%	10.6%	12.7%	6.4%	-0.4%	<b>7.2%</b>	
51 % Adj. Admin to Adj. Net Revenues (excludes Taxes & Prescription pass-through)	8.6%	9.3%	9.8%	9.8%	9.2%	8.4%	8.5%	8.5%	9.2%	7.9%	9.8%	10.4%	9.1%	
52 % Net Income EXCL Medicare Rx	1.7%	-4.9%	4.4%	11.7%	4.8%	15.1%	2.9%	6.0%	8.1%	10.4%	5.1%	-2.0%	<b>5.3%</b>	
<b>Memo: QWP withholdings and recoupments</b>														
53 Total Medicare Capitation Withheld	59,020	57,919	54,486	53,052	95,675	93,970	91,782	94,235	87,040	83,175	81,634	82,472	934,458	
54 Total Medicaid Capitation Withheld	51,761	49,750	46,872	45,928	79,254	77,678	76,312	75,318	71,488	65,650	64,629	41,830	746,470	
55 Medicare Payments against Withholding													0	
56 Medicaid Payments against Withholding													0	
57 <b>Net Amount Not Received by MMP</b>	<b>110,780</b>	<b>107,669</b>	<b>101,357</b>	<b>98,980</b>	<b>174,929</b>	<b>171,647</b>	<b>168,094</b>	<b>169,553</b>	<b>158,528</b>	<b>148,825</b>	<b>146,263</b>	<b>124,302</b>	<b>1,680,928</b>	
<b>Additional memo items:</b>														
58 total Net Revenues (from Line 21)	6,397,855	6,218,940	5,864,750	5,732,601	6,757,892	6,634,400	6,495,820	6,567,940	6,132,271	5,756,136	5,657,446	5,743,003	73,959,055	
59 Medicare portion (incls interest income)	3,736,612	3,667,686	3,467,357	3,385,270	4,038,972	3,966,425	3,873,061	3,981,275	3,686,005	3,523,761	3,464,598	3,491,925	44,282,947	
60 Medicaid portion (excls Prem tax; incls interest inc)	2,661,244	2,551,254	2,397,393	2,347,332	2,718,920	2,667,975	2,622,760	2,586,665	2,446,266	2,232,374	2,192,848	2,251,079	29,676,109	
61 add-check	0	(0)	0	(0)	(0)	(0)	(0)	(0)	0	(0)	0	(0)	(1)	
62 total Net Income (from Line 43)	124,781	(252,367)	322,306	807,613	544,691	1,065,138	424,868	572,446	648,735	729,645	359,601	(24,456)	5,323,002	
63 Medicare portion	203,234	(29,220)	484,275	989,055	795,218	1,103,502	677,195	734,739	972,720	985,742	707,393	339,112	7,962,966	
64 Medicaid portion	(78,453)	(223,147)	(161,969)	(181,441)	(250,527)	(38,364)	(252,326)	(162,292)	(323,985)	(256,097)	(347,792)	(363,568)	(2,639,962)	
65 add-check	0	(1)	0	(0)	(0)	(1)	(0)	(1)	0	0	1	(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.