

**HHSC QUALITY IMPROVEMENT COSTS FINANCIAL STATISTICAL REPORT (FSR)**

MCO Name: **Community Health Choice**  
 State Fiscal Year: **2018** Program: **All**  
 Submission Date: **8/30/2019** Service Area: **All**  
 Submission Type: Rptg Period End Date: **8/31/2018**

HHSC Managed Care Quality Improvement Cost	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	YTD
1 Salaries, wages, and benefits (excl. bonuses)		419,271	341,142	313,626	332,289	242,070	323,575	376,918	314,513	273,592	253,138	260,293	250,750	3,701,177
2 Bonuses		-	-	-	-	-	-	-	-	-	-	-	-	-
3 Rent, Lease, or Mortgage Payment for Office Space		-	-	-	-	-	-	-	-	-	-	-	-	-
4 Utilities (if not incl. in rent), excl. Phone/Telecom		-	-	-	-	-	-	-	-	-	-	-	-	-
5 Furniture, Fixtures, and other Equipment Purchased, uncapitalized		-	-	-	-	-	-	-	-	-	-	-	-	-
6 Supplies, Postage, Freight, Printing		-	-	-	-	-	-	-	-	-	-	-	-	-
7 Maintenance, Repairs, Custodial, and Security		-	-	-	-	-	-	-	-	-	-	-	-	-
8 Professional Services		-	-	-	-	-	-	-	-	-	-	-	-	-
9 Computer hardware/Software purch., uncapitalized		9,058	9,403	9,386	9,601	8,401	8,214	8,089	8,635	8,905	-	-	-	79,692
10 Phone / Telecom / Cell phones / T1 / Broadband		-	-	-	-	-	-	-	-	-	-	-	-	-
11 Equipment Lease or Rent, excl. Phone/Telecom		-	-	-	-	-	-	-	-	-	-	-	-	-
12 Membership Dues		-	-	-	-	-	-	-	-	-	-	-	-	-
13 Outreach (excl. Salaries)		-	-	-	-	-	-	-	-	-	-	-	-	-
14 Application Fees		-	-	-	-	-	-	-	-	-	-	-	-	-
15 Inspection/Evaluation Fees		-	-	-	-	-	-	-	-	-	-	-	-	-
16 Data Collection Expenses		-	-	-	-	-	-	-	-	-	-	-	-	-
17 Outsourced services		-	-	-	-	-	-	-	-	-	-	-	-	-
18 Data Analysis Expenses		-	-	-	-	-	-	-	-	-	-	-	-	-
19 Reporting Expenses (Printing, Distribution, Publication)		-	-	-	-	-	-	-	-	-	-	-	-	-
20 Quality Assurance Reviews		533	533	533	533	533	533	533	533	533	533	533	533	6,396
21 Travel Expenses		-	-	-	-	-	-	-	-	-	-	-	-	-
22 Depreciation and Amortization		-	-	-	-	-	-	-	-	-	-	-	-	-
23 Other (enter description)		-	-	-	-	-	-	-	-	-	-	-	-	-
24 Other (enter description)		-	-	-	-	-	-	-	-	-	-	-	-	-
25 Other (enter description)		-	-	-	-	-	-	-	-	-	-	-	-	-
26 Other (enter description)		-	-	-	-	-	-	-	-	-	-	-	-	-
<b>27 Total Quality Improvement Expenses</b>		<b>\$428,862</b>	<b>\$351,078</b>	<b>\$323,545</b>	<b>\$342,423</b>	<b>\$251,004</b>	<b>\$332,322</b>	<b>\$385,540</b>	<b>\$323,681</b>	<b>\$283,030</b>	<b>\$253,671</b>	<b>\$260,826</b>	<b>\$251,283</b>	<b>\$3,787,265</b>

Note: Unless an item is specifically stated otherwise, reporting of all amounts in the QI Cost FSR is on an incurred basis (that is, reported in the period corresponding to dates the services were incurred, rather than to date paid). All prior quarters' data must be updated to reflect the most recent actuals.

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