

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

MCO Name: **Christus Health Plan**  
 State Fiscal Year: **2018** Program: **All**  
 Submission Date: **10/21/2019** Service Area: **All**  
 Submission Type: **Yr-End 210-Day** Rptg Period End Date: **1/31/2018**

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)		4,562	3,530	3,521	4,224	4,158	-	-	-	-	-	-	-	19,995
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		3	-	-	63	117	-	-	-	-	-	-	-	183
7 Maintenance, Repairs, Custodial, and Security		-	-	-	-	-	-	-	-	-	-	-	-	-
8 Professional Services		-	98	17	2,501	7,318	-	-	-	-	-	-	-	9,934
9 Computer hardware/Software purch., uncapitalized		-	1,975	-	-	-	-	-	-	-	-	-	-	1,975
10 Phone / Telecom / Cell phones / T1 / Broadband		-	-	-	-	-	-	-	-	-	-	-	-	-
11 Equipment Lease or Rent, excl. Phone/Telecom		-	-	-	-	-	-	-	-	-	-	-	-	-
12 Membership Dues		167	-	-	329	186	-	-	-	-	-	-	-	682
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		-	-	-	-	-	-	-	-	-	-	-	-	-
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>\$4,732</b>	<b>\$5,603</b>	<b>\$3,538</b>	<b>\$7,117</b>	<b>\$11,779</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$32,769</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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