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	EFFECTIVE DATE May 1, 2015	
STAR Network Access Improvement Program (NAIP) Report Instructions		Version 2.0

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	May 1, 2015	Initial version of Uniform Managed Care Manual Chapter 5.17.3, "STAR Network Access Improvement Program (NAIP) Report Instructions." This chapter applies to contracts issued as a result of HHSC RFP number 529-12-0002.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.



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Applicability of Chapter 5.17.3

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR Program. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR Program. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all programs, except where noted.

Objective

HHSC will implement the Network Access Improvement Program (NAIP) through MCOs. Under the NAIP initiative, MCOs will provide incentive payments to qualified Public Hospitals and Health Related Institutions (HRIs) for meeting one or more NAIP program goals and objectives. All STAR MCOs that will provide incentive payments to qualified Public Hospitals and HRIs must submit the STAR NAIP report for each applicable Service Area (SA) in accordance with the Contract between HHSC and MCO and in accordance with the instructions below.

General

MCOs must complete the NAIP report using the locked Microsoft Excel template provided by HHSC. Data integrity is critical to the automated compilation of the data. Do not alter the file name, sheet names, existing cell locations, or formatting of the data in the file and sheets. Do not add or delete any columns or rows. **Any deviations from the locked template will render the report unreadable by the software application and therefore unacceptable to HHSC.**

All shaded data fields in the NAIP report represent fields where data input is required. In order to maintain consistency, please ensure that the data input is in black. All data fields not shaded represent referenced data or calculations. All line numbers in these instructions refer to the line numbers in column A on each worksheet.

Cells can be linked within the template, but there can be no outside links to the MCO Accounting Systems or other sources.



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The following note is included on all NAIP reports “**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).**” The MCO must update member months’ data in accordance with information provided by the enrollment broker.

The Quarterly reports are due the last day of the month following the close of the reporting period; the 90-day report is due 120 days after the end of the State Fiscal Year (SFY), and the Final NAIP report is due the last day of the month following the final SFY reconciliation between HHSC and the HRI/Public Hospital.

NAIP Page Header

Enter the following on the header section.

MCO Name: Select MCO name.

State Fiscal Year: Select the State Fiscal Year (SFY).

Submission Date: Enter the month, day, and year, e.g., 7/31/2015.

Submission Type: Select Quarterly, Year End + 90-day or Year End: Final.

Service Area: Select the Service Area.

HRI/Public Hosp: Enter the name of the HRI or the Public Hospital the MCO has contracted with.

Rptg Period End Date: Enter the month, day, and year, e.g., 5/31/2015.

NAIP MCO Report

Revenues

Lines 1 through 7: NAIP Premiums (HHSC Capitation): Each cell in this matrix is calculated and is the product of the corresponding capitation rate in the matrix of Lines 25 through 31, and the corresponding member months in the matrix of Lines 49 through 55.

Line 8: Total NAIP Premiums: Calculated as the sum of Lines 1 through 7.



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Lines 9 through 15: NAIP State and Federal Taxes (HHSC Capitation): Each cell in this matrix is calculated and is the product of the corresponding State and Federal Taxes \$PMPM rate in the matrix of Lines 33 through 39, and the corresponding member months in the matrix of Lines 49 through 55.

Line 16: Total NAIP State and Federal Taxes: Calculated as the sum of Lines 9 through 15.

Lines 17 through 23: NAIP Admin (HHSC Capitation): Each cell in this matrix is calculated and is the product of the corresponding Admin \$PMPM rate in the matrix of Lines 41 through 47, and the corresponding member months in the matrix of Lines 49 through 55.

Line 24: Total NAIP Admin: Calculated as the sum of Lines 17 through 23.

Lines 25 through 31: NAIP Premium \$PMPM: Enter each risk group's NAIP capitation rate.

Line 32: Total NAIP Premium \$PMPM: Calculated as Line 8, "Total NAIP Premiums," divided by Line 56, "Total Member Months."

Lines 33 through 39: NAIP State and Federal Taxes \$PMPM: Enter each risk group's NAIP State and Federal Taxes capitation rate.

Line 40: Total NAIP State and Federal Taxes \$PMPM: Calculated as Line 16, "Total NAIP State and Federal Taxes," divided by Line 56, "Total Member Months."

Lines 41 through 47: NAIP Admin \$PMPM: Enter each risk group's NAIP Admin capitation rate.

Line 48: Total NAIP Admin \$PMPM: Calculated as Line 24, "Total NAIP Admin," divided by Line 56, "Total Member Months."

Member Months:

Lines 49 through 55: Member Months: Enter the member months based on the Purchase Voucher Supplement that supports the monthly HHSC capitation payments to the MCO.

Line 56: Total Member Months: Calculated as the sum of Lines 49 through 55.

Expenses



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Lines 57 through 63: NAIP Payments to HRI/Public Hospital: Enter the NAIP payments made to HRI/Public hospital by risk group.

Line 64: Total NAIP Pymts made to HRI/Public Hospital: Calculated as the sum of Lines 57 through 63.

Taxes

Line 65 Health Insurer Fee % (Grossed up): Enter a brief description of how the assumptions were developed for the Health Insurer Fee.