# LME/MCO Solvency Dashboard

In accordance with SL 2023-134, SECTION 9G.7A.(a11), which enacted General Statute 122C-125.3, on a quarterly basis, beginning on April 1, 2024, the Department of Health and Human Services (DHHS) will utilize information from financial reports submitted monthly by each Local Management Entities/Managed Care Organizations (LME/MCO) to evaluate each entity's compliance with solvency standards specified in their contract with the State.

The tables below document the DHHS findings for the quarter ending in June 2024 and will be updated each quarter going forward based on the most current previous quarter's available financial data. Note that monthly, quarterly, and annual financials used for this report are subject to change based on the results of LME/MCO audits and/or restated financial reports that are submitted to the department after the posting date of the dashboard.

Each solvency standard is briefly described, followed by a table that indicates each LME/MCO's performance against the standard.

#### **Current Ratio**

Contractual Requirement: Each LME/MCO shall maintain a Current Ratio above 1.0, as determined from the monthly, quarterly, and annual financial reporting schedules.

The Current Ratio is defined as Current Assets divided by Current Liabilities. Current Assets include any short-term investments that can be converted to cash within five (5) Business Days without significant penalty. A significant penalty is a penalty greater than twenty percent (20%). Current liabilities are obligations whose liquidation is reasonably expected to occur within one year.

If an LME/MCO's Current Ratio falls below 1.0 at any point in time, the entity must submit a report to DHHS that describes the reason for the decline, proposed corrective action to increase the ratio and projections of the impact of the corrective actions.

Table 1- Current Ratio Summary Findings (July 24-September 24)

		July- 24		August- 24		September- 24	
		Total	Ratio	Total	Ratio	Total	Ratio
Alliance	Current Assets	\$566,669,372	2.63 Compliant	\$584,654,805	2.32 Compliant	\$559,246,709	2.48 Compliant
	Current Liabilities	\$215,567,242		\$252,216,713		\$225,651,984	
	Current Assets	\$266,932,138	2.44 Compliant	\$277,140,201	2.22 Compliant	\$296,721,327	1.99 Compliant
Partners	Current Liabilities	\$109,350,695		\$124,641,603		\$149,104,662	
Trillium	Current Assets	\$528,511,778	2.37 Compliant	\$573,953,582	2.23 Compliant	\$592,877,386	2.18 Compliant
	Current Liabilities	\$223,019,753		\$257,124,999		\$272,089,826	
Vaya	Current Assets	\$322,110,828	2.04	\$337,783,017	2.63	\$350,121,007	2.56
	Current Liabilities	\$109,502,095	2.94 Compliant	\$128,606,937	Compliant	\$136,728,846	Compliant

Assets & Liabilities are Medicaid-only Current Assets/Liabilities (minimum benchmark Current Ratio of 1.0

### **Defensive Interval Ratio**

Contractual Requirement: Each LME/MCO shall maintain a Defensive Interval Ratio above thirty (30) Calendar Days as determined from the monthly, quarterly, and annual financial reporting schedules.

The Defensive Interval is defined as Cash plus Cash Equivalents divided by Average Daily Operating Expenses.

If an LME/MCO's Defense Interval Ratio falls below 30 days at any point in time, the LME/MCO must submit a report to DHHS that describes the reason for the decline, proposed corrective action to increase the ratio and projections of the impact of the corrective actions.

Table 2- Defensive Interval Ratio Summary Findings (July 24-September 24)

		July- 24		August- 24		September- 24	
		Total	Ratio	Total	Ratio	Total	Ratio
Alliance	Cash + Current Investment	\$536,850,067	105.18 Compliant	\$567,619,245	98.62 Compliant	\$532,595,325	101.1 Compliant
111111111111111111111111111111111111111	Operating Expense	\$158,228,180		\$178,419,298		\$158,041,022	
Partners	Cash + Current Investment	\$242,245,138	59.47 Compliant	\$241,712,802	56.76 Compliant	\$255,365,445	57.13 Compliant
	Operating Expense	\$126,268,204		\$132,013,075		\$134,095,418	
Trillium	Cash + Current Investment	\$413,121,844	58.31 Compliant	\$427,136,234	60.15 Compliant	\$425,174,759	58.21 Compliant
	Operating Expense	\$219,631,709		\$220,135,565		\$219,121,263	
Vaya	Cash + Current Investment	\$266,885,805	76.33 Compliant	\$290,857,371	77.89 Compliant	\$296,566,724	79.35 Compliant
	Operating Expense	\$108,383,648		\$115,763,352		\$112,127,728	

Figures are Medicaid-only Current Assets/Operating Expenses (minimum benchmark Defensive Interval of 30 days)

### **Capital Reserves**

Contractual Requirement: The LME/MCO operating a Tailored Plan must, by Day 1 of Tailored Plan/Medicaid Direct Prepaid Inpatient Health Plan (MDPIHP) launch, fully fund Tailored Plan/MDPIHP capital reserves at twelve and a half percent (12.5%) of total expected annual Tailored Plan and MDPIHP Medicaid capitation.

If an LME/MCO fails to meet the Medicaid twelve and a half percent (12.5%) reserves requirement by Day 1 of Tailored Plan launch, the Tailored Plan/MDPIHP must submit a viable plan outlining how the Tailored Plan/MDPIHP will meet these requirements by the end of Contract Year 2, for approval at the discretion of DHHS.

For an LME/MCO to be considered viable, the LME/MCO must document capital reserves of at least 9.0% of total expected annual Tailored Plan/MDPIHP Medicaid Capitation by Day 1 of Tailored Plan launch.

After Tailored Plan launch, if an LME/MCO's capital reserves fall below 9.0% of total expected annual combined Tailored Plan/MDPIHP Medicaid capitation in any quarterly statement, the Tailored Plan must submit a report to DHHS that describes the reason for the decline in capital reserves, proposed corrective action to increase capital reserves and projections of the impact of the corrective actions on the capital reserve levels.<sup>1</sup>

Table 3a- July 2024 Capital Reserves Summary Findings

<sup>&</sup>lt;sup>1</sup> LME/MCO Capital Reserve Findings are based on July, August, and September Financial Reporting Template submissions which are submitted 45-days after month's end.

Tailored Plan/PIHP	Total Capital	Total Projected Tailored Plan (TP) + Medicaid Direct BH (MD) Revenue	Current Capital as a % of TP + MD Revenue	
Alliance	\$347,496,198	\$1,897,596,233	18.30%	
Partners <sup>2</sup>	\$176,967,885	\$1,501,058,665	11.80%	
Trillium <sup>3</sup>	N/A	N/A	N/A	
Vaya	\$159,449,737	\$1,317,752,969	12.10%	

Current Capital is based on LME/MCO (Full Entity) Unobligated Assets (Tailored Plan Requirement is 12.5%)

Table 3b- August 2024 Capital Reserves Summary Findings

Tailored Plan/PIHP	Total Capital	Total Projected Tailored Plan (TP) + Medicaid Direct BH (MD) Revenue	Current Capital as a % of TP + MD Revenue	
Alliance	\$316,593,012	\$1,897,596,233	16.70%	
Partners <sup>2</sup>	\$176,301,545	\$1,501,058,665	11.70%	
Trillium <sup>3</sup>	N/A	N/A	N/A	
Vaya	\$169,225,734	\$1,317,752,969	12.80%	

Current Capital is based on LME/MCO (Full Entity) Unobligated Assets (Tailored Plan Requirement is 12.5%)

Table 3c- September 2024 Capital Reserves Summary Findings

Tailored Plan/PIHP	Total Capital	Total Projected Tailored Plan (TP) + Medicaid Direct BH (MD) Revenue	Current Capital as a % of TP + MD Revenue	
Alliance	\$317,552,331	\$1,897,596,233	16.70%	
Partners <sup>2</sup>	\$170,272,121	\$1,501,058,666	11.30%	
Trillium <sup>4</sup>	\$252,059,258	\$2,575,736,059	9.80%	
Vaya	\$165,924,795	\$1,317,752,969	12.60%	

Current Capital is based on LME/MCO (Full Entity) Unobligated Assets (Tailored Plan Requirement is 12.5%)

## **Profit/Loss**

<sup>&</sup>lt;sup>2</sup> The Department is in discussion with Partners to identify a viable approach to meet the 12.5% capital reserve requirements by end of contract year 2.

<sup>&</sup>lt;sup>3</sup> Trillium's financials which inform Capital Reserve Requirements for the months of July & August 2024 are inreview.

<sup>&</sup>lt;sup>4</sup> The Department is in discussion with Trillium to identify a viable approach to meet the 12.5% capital reserve requirements by end of contract year 2.

Profit or Loss will help determine the current financial position of the LME/MCO but there is no requirement to operate with a profit or certain amount of profit.

The Profit or Loss is defined as Total Revenues minus Total Expenses.

Since there is no specific target for each Plan to meet, no corrective action will be required associated with a Plan's quarterly profit or loss.

Table 4- Profit / Loss Summary Findings (July 24 - September 24)

		July-24		August-24		September-24	
		Total	Profit/(Loss)	Total	Profit/(Loss)	Total	Profit/(Loss)
	<b>Total Expenses</b>	\$158,228,179	\$6,728,483	\$178,419,298	(\$16,237,536)	\$158,041,022	\$2,093,741
Alliance <sup>5</sup>	Total Revenue	\$164,956,662	Profit	\$162,181,762	Loss	\$160,134,763	Profit
Partners <sup>6</sup>	<b>Total Expenses</b>	\$126,268,204	\$1,745,272	\$132,013,075	(\$4,604,435)	\$134,095,418	(\$4,809,428)
	<b>Total Revenue</b>	\$128,013,476	Profit	\$127,408,640	Loss	\$129,285,990	Loss
Trillium <sup>7</sup>	<b>Total Expenses</b>	\$219,631,709	(\$966,084)	\$220,135,565	(\$8,647,050)	\$219,121,263	\$1,317,090
	<b>Total Revenue</b>	\$218,665,625	Loss	\$211,488,515	Loss	\$220,438,354	Profit
Vaya	<b>Total Expenses</b>	\$108,383,648	\$2,653,579.27	\$115,763,352	(\$3,265,549)	\$112,127,728	\$1,693,007
	Total Revenue	\$111,037,227	Profit	\$112,497,803	Loss	\$113,820,736	Profit

Calculations based on Tailored Plan and Medicaid Direct Revenue and Expenses only; State-funded services are not included. Profit/(Loss)= Revenue (Service + Administrative + TCM) - Expenses (Net Service+ Administrative)

<sup>&</sup>lt;sup>5</sup> Alliance's loss during the month of August is due to the booking of a SFY 2024 Risk Corridor liability owed to the Department.

<sup>&</sup>lt;sup>6</sup> The Department is in discussion with Partners to understand losses incurred during the months of August and September.

<sup>&</sup>lt;sup>7</sup> The Department is in discussion with Trillium to understand losses incurred during the months of July and August.