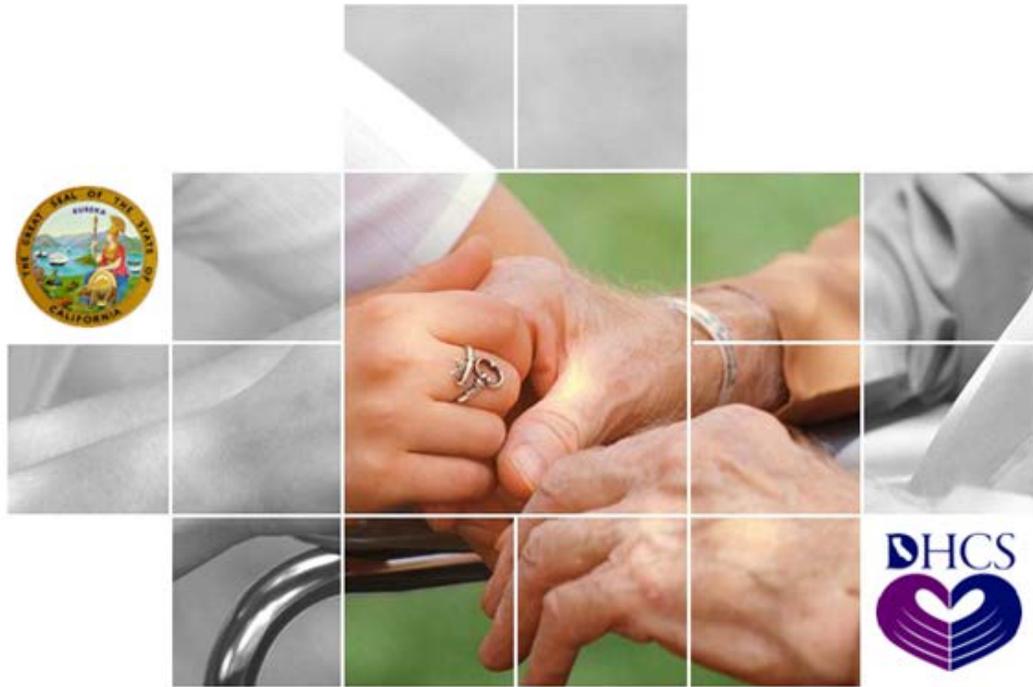


Managed Care Implementation for Seniors and Persons with Disabilities

# MONITORING DASHBOARD



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

JANUARY 2013

**Managed Care Implementation  
for Seniors and Persons with Disabilities  
MONITORING DASHBOARD**

California Department of Health Care  
Services

JANUARY 2013 FINAL VERSION

Beginning June 2011, the Department of Health Care Services is enrolling Seniors and Persons with Disabilities into managed care in 16 counties. The Department is committed to monitoring and reporting on a core set of indicators over the first year of enrollment. Some measures will be updated monthly and others on a quarterly basis. Data on utilization will not be available until 2012. Please let us know if you have questions about the content of this report.

**ACRONYMS**

**DHCS** – Department of Health Care Services  
**EDERS** – Emergency Disenrollment Requests  
**FFS** – Fee-for-Service  
**HCO** – Health Care Options  
**HIF** – Health Information Form  
**MERs** – Medical Exemption Requests  
**MMCD** – Medi-Cal Managed Care Division  
**PCP** – Primary Care Provider  
**Plan** – Medi-Cal Managed Care Health Plan  
**SPD** – Seniors and Persons with Disabilities  
**TARs** – Treatment Authorization Requests

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# PART 1 Enrollment

## 1.1 Enrollment summary

MONTHLY UPDATE

**Total Enrolled:** The number of transitional SPDs enrolled during their birth month.

**Chose Plan:** The number of transitional SPDs who chose the plan they wanted to enroll in during their birth month.

**Linkage 1:** The number of transitional SPDs defaulted into a plan based on a match found with the fee-for-service (FFS) provider linkage data. This means that the primary care provider (PCP) used by the beneficiary in FFS works in one, and only one, of the managed care health plans in the county.

**Linkage 2:** The number of transitional SPDs defaulted into a plan by the regular default method because the FFS provider linkage data resulted in more than one match. This means that the PCP used by the beneficiary in FFS works in more than one of the managed care health plans in the county.

**Default Path 1:** The number of transitional SPDs defaulted into a plan by the regular default method because the FFS provider linkage data resulted in no match. This means that the PCP used by the beneficiary in FFS does not work in any of the managed care health plans in the county.

**Default Path 2:** The number of transitional SPDs defaulted into a plan by the regular default method because there was no fee-for-service PCP linkage data available.

Transitional SPDs mean those affected by the change from voluntary to mandatory and enroll during their birth month from FFS into managed care.

Mandatory enrollment occurs during the beneficiary's birth month. Beneficiaries who enroll prior to their birth month are considered voluntary enrollees.

	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
Total Enrolled	23,743	22,754	24,345	20,396	19,178	19,429	18,027	18,659	19,227	16,603	20,931	16,439
Chose Plan	8,763	9,052	9,419	8,129	7,520	7,836	7,229	7,625	7,750	6,767	8,588	6,750
Linkage 1	1,290	1,303	3,622	2,779	2,553	2,662	2,535	2,354	2,570	2,190	2,877	2,136
Linkage 2	2,189	2,151	4,173	3,823	3,768	3,635	3,447	3,539	3,688	3,116	3,985	3,046
Default Path 1	*	+	4,002	2,998	2,717	2,750	2,415	2,542	2,737	2,099	2,618	2,377
Default Path 2	*	+	3,128	2,667	2,620	2,546	2,401	2,599	2,482	2,431	2,863	2,130

\* The total for default path 1 and default path 2 is 11,501.

+ The total for default path 1 and default path 2 is 10,248.

### LINKAGE

1. Defaulted with a clear FFS provider linkage match
2. Defaulted with no clear FFS provider linkage match

### DEFAULT PATHS

1. Defaulted with no FFS provider linkage match
2. Defaulted with no FFS provider linkage available

### DATA NOTES

FFS Provider linkage data: utilization data used to match a fee-for-service PCP the beneficiary visited during the previous 12 months to the same PCP in a managed care health plan.

## 1.2 Outreach summary

MONTHLY UPDATE

**Packets sent:** The number of packets sent to transitional SPDs each month and the total number of packets sent to all each month. The total number of packets includes those sent to transitional SPDs.

**Packets returned:** The number and percent of packets returned each month that had been sent to the transitional SPDs and the number and percent returned out of all packets sent. These are undeliverable packets returned by the postal service.

**1st Call:** The number of transitional SPDs reached in the first outreach call. These calls were made after a letter was sent to SPDs in fee-for-service (FFS) explaining the upcoming change to mandatory enrollment.

**2nd Call:** The number of transitional SPDs reached in the second outreach call. These calls were made after the enrollment packet was sent to SPDs in fee-for-service (FFS). The packet was sent to SPDs changing into a mandatory enrollment code.

**HIFs:** The number of completed Health Information Forms (HIFs) returned to HCO and forwarded to the plans. The total number of HIFs includes all beneficiaries.

Transitional SPDs mean those affected by the change from voluntary to mandatory and enroll during their birth month from FFS into managed care.

	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
<b>Packets Sent</b>												
# ALL	100,443	98,276	96,255	104,287	95,078	111,740	97,308	104,333	102,864	109,640	97,096	99,328
# SPD	27,886	26,279	27,774	22,894	21,247	21,310	19,521	20,077	20,689	17,963	22,362	17,670
<b>Packets Returned</b>												
# ALL	4,335	3,761	3,882	4,274	3,857	4,928	4,240	4,650	4,433	4,036	3,757	5,186
% RET ALL	4.3%	3.83%	4.03%	4.1%	4.1%	4.4%	4.4%	4.5%	4.3%	3.7%	3.9%	5.2%
# SPD ONLY	1,315	805	930	613	642	730	581	632	653	580	709	570
% RET SPD	4.7%	3.06%	3.35%	2.68%	3.0%	3.4%	3.0%	3.1%	3.2%	3.2%	3.2%	3.2%
<b>Calls</b>												
1st Call	18,587	16,591	18,403	15,573	12,972	13,876	11,787	14,472	13,870	8,833	16,869	11,469
2nd Call	15,985	15,674	17,489	12,477	12,544	12,130	11,866	12,650	9,960	12,100	14,245	10,869
<b>HIFs</b>												
Total	22,746	18,686	15,745	22,035	15,345	18,412	16,241	15,153	12,326	13,954	19,531	18,301

### DATA NOTES

Packets are the enrollment packets, including plan and provider information and a choice form for the beneficiary to enroll into a managed care health plan.

These calls are not part of the regular enrollment procedure. These calls were made to assist the transitional SPDs into managed care by reaching out to this population to answer questions and alleviate concerns.

The Health Information Form (HIF) is included in the enrollment packet. Completion of the HIF is voluntary. The HIF is a self-reported health status completed by the beneficiary. The HIF is used by the plan to help identify newly enrolled members who may need expedited services.

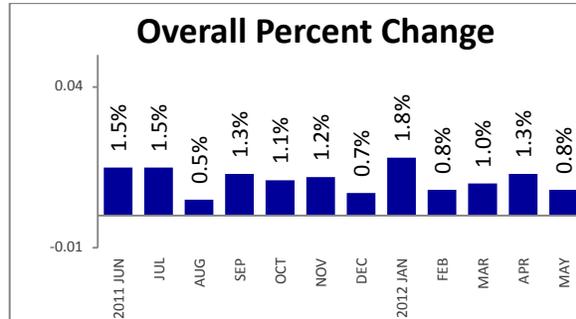
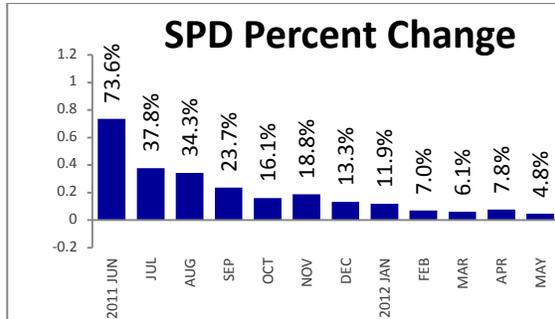
### 1.3 Changes in SPD and overall enrollment

MONTHLY UPDATE

This is both the total enrollment for all SPDs in managed care and for the overall managed care population and the percent change each month for both groups.

All SPDs include mandatory SPDs and voluntary SPDs, but exclude dual-eligible (Medicare) SPDs.

Overall enrollment is all members, including all SPDs.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
<b>2011 JUN</b>																	
# ALL	3,405,329	135,947	76,588	211,465	144,634	22,482	1,324,397	26,776	243,824	202,232	286,827	236,462	54,647	113,070	139,499	76,311	110,168
% Δ ALL	1.5%	2.4%	2.2%	1.1%	1.3%	1.1%	1.4%	2.8%	1.6%	1.4%	1.2%	1.6%	4.1%	2.1%	1.2%	1.6%	0.9%
# SPD ONLY	91,700	6,078	2,936	4,899	3,619	342	33,407	309	5,506	7,549	6,191	6,208	2,684	3,735	4,232	1,938	2,067
% Δ SPD	73.6%	59.9%	61.1%	53.0%	57.3%	103.6%	89.2%	111.6%	66.3%	60.5%	64.9%	89.6%	118.4%	58.0%	63.8%	61.6%	59.7%
<b>JUL</b>																	
# ALL	3,454,904	137,795	77,506	213,043	146,306	22,742	1,343,337	27,439	248,230	205,243	291,170	241,060	56,250	114,767	141,449	77,265	111,302
% Δ ALL	1.5%	1.4%	1.2%	0.7%	1.2%	1.2%	1.4%	2.5%	1.8%	1.5%	1.5%	1.9%	2.9%	1.5%	1.4%	1.3%	1.0%
# SPD ONLY	126,349	7,444	3,630	5,858	4,573	535	47,825	478	7,601	10,220	8,592	9,012	4,154	5,092	5,851	2,672	2,812
% Δ SPD	37.8%	22.5%	23.6%	19.6%	26.4%	56.4%	43.2%	54.7%	38.0%	35.4%	38.8%	45.2%	54.8%	36.3%	38.3%	37.9%	36.0%
<b>AUG</b>																	
# ALL	3,472,030	140,387	78,382	213,713	147,068	22,822	1,348,050	27,539	249,549	206,872	292,435	242,226	57,593	115,717	141,166	77,359	111,152
% Δ ALL	0.5%	1.9%	1.1%	0.3%	0.5%	0.4%	0.4%	0.4%	0.5%	0.8%	0.4%	0.5%	2.4%	0.8%	-0.2%	0.1%	-0.1%
# SPD ONLY	169,628	10,900	5,324	8,190	6,350	733	63,803	668	9,975	13,206	11,340	12,372	5,726	6,420	7,574	3,467	3,580
% Δ SPD	34.3%	46.4%	46.7%	39.8%	38.9%	37.0%	33.4%	39.7%	31.2%	29.2%	32.0%	37.3%	37.8%	26.1%	29.4%	29.8%	27.3%

**DATA NOTES**

% Δ means percent change in enrollment from previous month.

% Δ ALL means percent change in enrollment for the overall managed care population.

% Δ SPD means percent change in enrollment for All SPDs.

	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
SEPT 2011																	
# ALL	3,516,116	143,022	80,100	216,023	148,520	23,020	1,366,692	28,002	252,938	209,157	295,318	244,644	59,319	117,294	142,237	78,098	111,732
% Δ ALL	1.3%	1.9%	2.2%	1.1%	1.0%	0.9%	1.4%	1.7%	1.4%	1.1%	1.0%	1.0%	3.0%	1.4%	0.8%	1.0%	0.5%
# SPD ONLY	209,769	13,334	6,567	9,872	7,656	923	79,699	874	12,272	16,117	14,036	15,294	7,273	7,717	9,473	4,261	4,401
% Δ SPD	23.7%	22.3%	23.3%	20.5%	20.6%	25.9%	24.9%	30.8%	23.0%	22.0%	23.8%	23.6%	27.0%	20.2%	25.1%	22.9%	22.9%
OCT																	
# ALL	3,553,075	145,013	80,995	216,704	149,627	23,180	1,386,330	27,996	254,896	211,070	297,594	247,644	60,499	117,916	143,046	78,759	111,806
% Δ ALL	1.1%	1.4%	1.1%	0.3%	0.7%	0.7%	1.4%	0.0%	0.8%	0.9%	0.8%	1.2%	2.0%	0.5%	0.6%	0.8%	0.1%
# SPD ONLY	243,583	16,161	7,931	11,706	9,232	1,112	96,890	1,057	4,673	19,289	16,872	18,655	8,991	9,081	11,573	5,161	5,199
% Δ SPD	16.1%	21.2%	20.8%	18.6%	20.6%	20.5%	21.6%	20.9%	-61.9%	19.7%	20.2%	22.0%	23.6%	17.7%	22.2%	21.1%	18.1%
NOV																	
# ALL	3,596,016	148,025	82,598	218,604	150,257	23,150	1,401,142	28,174	257,990	214,322	300,360	252,328	62,486	119,342	144,448	80,089	112,701
% Δ ALL	1.2%	2.1%	2.0%	0.9%	0.4%	-0.1%	1.1%	0.6%	1.2%	1.5%	0.9%	1.9%	3.3%	1.2%	1.0%	1.7%	0.8%
# SPD ONLY	289,310	18,251	9,049	13,209	10,495	1,290	111,104	1,203	16,821	21,890	19,174	21,475	10,221	10,277	13,109	5,875	5,867
% Δ SPD	18.8%	12.9%	14.1%	12.8%	13.7%	16.0%	14.7%	13.8%	260.0%	13.5%	13.6%	15.1%	13.7%	13.2%	13.3%	13.8%	12.8%
DEC																	
# ALL	3,620,487	149,904	83,434	218,987	150,570	23,319	1,413,977	28,217	258,908	214,787	302,754	253,995	63,576	120,384	144,614	80,506	112,555
% Δ ALL	0.7%	1.3%	1.0%	0.2%	0.2%	0.7%	0.9%	0.2%	0.4%	0.2%	0.8%	0.7%	1.7%	0.9%	0.1%	0.5%	-0.1%
# SPD ONLY	327,666	20,708	10,247	14,742	11,869	1,483	126,730	1,376	19,039	24,587	21,723	24,409	11,334	11,548	14,727	6,576	6,568
% Δ SPD	13.3%	13.5%	13.2%	11.6%	13.1%	15.0%	14.1%	14.4%	13.2%	12.3%	13.3%	13.7%	10.9%	12.4%	12.3%	11.9%	11.9%
JAN 2012																	
# ALL	3,659,651	152,373	84,804	220,617	152,658	23,711	1,429,695	28,721	260,668	216,887	305,553	257,086	64,942	121,689	145,651	80,987	113,609
% Δ ALL	1.8%	2.9%	2.7%	0.9%	1.6%	2.4%	2.0%	1.9%	1.0%	1.2%	1.7%	1.9%	3.9%	2.0%	0.8%	1.1%	0.8%
# SPD ONLY	366,734	23,116	11,483	16,409	13,165	1,637	142,741	1,536	21,220	27,407	24,220	27,287	12,693	12,793	16,475	7,259	7,293
% Δ SPD	11.9%	11.6%	12.1%	11.3%	10.9%	10.4%	12.6%	11.6%	11.5%	11.5%	11.5%	11.8%	12.0%	10.8%	11.9%	10.4%	11.0%
FEB																	
# ALL	3,687,119	153,830	85,726	221,651	153,587	23,796	1,438,322	29,026	263,014	218,686	307,925	260,074	66,111	122,615	146,783	81,122	114,851
% Δ ALL	0.8%	1.0%	1.1%	0.5%	0.6%	0.4%	0.6%	1.1%	0.9%	0.8%	0.8%	1.2%	1.8%	0.8%	0.8%	0.2%	1.1%
# SPD ONLY	392,472	24,372	12,149	17,325	13,913	1,777	153,393	1,654	22,551	29,144	25,904	29,542	14,101	13,500	17,579	7,765	7,803
% Δ SPD	7.0%	5.4%	5.8%	5.6%	5.7%	8.6%	7.5%	7.7%	6.3%	6.3%	7.0%	8.3%	11.1%	5.5%	6.7%	7.0%	7.0%

DATA NOTES

% Δ means percent change in enrollment from previous month.

% Δ ALL means percent change in enrollment for the overall managed care population.

% Δ SPD means percent change in enrollment for All SPDs.

	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare	
<b>MAR</b>																		
# ALL	3,696,984	153,807	85,272	222,391	153,649	23,724	1,445,683	29,268	263,198	217,471	308,988	259,876	66,948	123,099	147,658	81,033	114,919	
% Δ ALL	1.0%	0.9%	0.6%	0.8%	0.6%	0.1%	1.1%	1.9%	1.0%	0.3%	1.1%	1.1%	3.1%	1.2%	1.4%	0.1%	1.2%	
# SPD ONLY	416,347	25,457	12,801	18,291	14,718	1,904	163,086	1,802	24,009	30,867	27,403	31,488	15,082	14,289	18,623	8,297	8,230	
% Δ SPD	6.1%	4.5%	5.4%	5.6%	5.8%	7.1%	6.3%	8.9%	6.5%	5.9%	5.8%	6.6%	7.0%	5.8%	5.9%	6.9%	5.5%	
<b>APR</b>																		
# ALL	3,744,947	156,037	87,020	225,198	155,446	24,105	1,461,579	29,780	266,301	220,868	312,265	264,904	68,523	124,764	149,998	82,221	115,938	
% Δ ALL	1.3%	1.4%	2.0%	1.3%	1.2%	1.6%	1.1%	1.7%	1.2%	1.6%	1.1%	1.9%	2.4%	1.4%	1.6%	1.5%	0.9%	
# SPD ONLY	448,899	26,674	14,039	20,486	16,280	2,108	172,911	2,047	26,679	33,320	30,537	33,457	16,241	15,515	20,276	9,104	9,225	
% Δ SPD	7.8%	4.8%	9.7%	12.0%	10.6%	10.7%	6.0%	13.6%	11.1%	7.9%	11.4%	6.3%	7.7%	8.6%	8.9%	9.7%	12.1%	
<b>MAY</b>																		
# ALL	3,775,111	157,895	88,570	227,390	156,721	24,371	1,466,214	29,961	268,356	225,524	315,388	266,718	69,912	126,055	151,690	83,064	117,282	
% Δ ALL	0.8%	1.2%	1.8%	1.0%	0.8%	1.1%	0.3%	0.6%	0.8%	2.1%	1.0%	0.7%	2.0%	1.0%	1.1%	1.0%	1.2%	
# SPD ONLY	470,333	27,643	14,682	21,629	17,168	2,327	179,218	2,280	28,573	35,215	32,745	34,963	16,971	16,288	21,181	9,658	9,792	
% Δ SPD	4.8%	3.6%	4.6%	5.6%	5.5%	10.4%	3.6%	11.4%	7.1%	5.7%	7.2%	4.5%	4.5%	5.0%	4.5%	6.1%	6.1%	

**DATA NOTES**

% Δ means percent change in enrollment from previous month.

% Δ ALL means percent change in enrollment for the overall managed care population.

% Δ SPD means percent change in enrollment for All SPDs.

## 1.4 SPD disenrollment and reasons for change

MONTHLY UPDATE

This is the number of all SPD disenrollments from their current plan and the reason for the change.

All SPDs include mandatory SPDs and voluntary SPDs, but exclude dual-eligible (Medicare) SPDs.

### DISENROLLMENT REASONS (BELOW)

1. Emergency Disenrollment Requests (EDERs)
2. Beneficiary Choice
3. System Generated
4. Waiver and Exemptions

### DATA NOTES

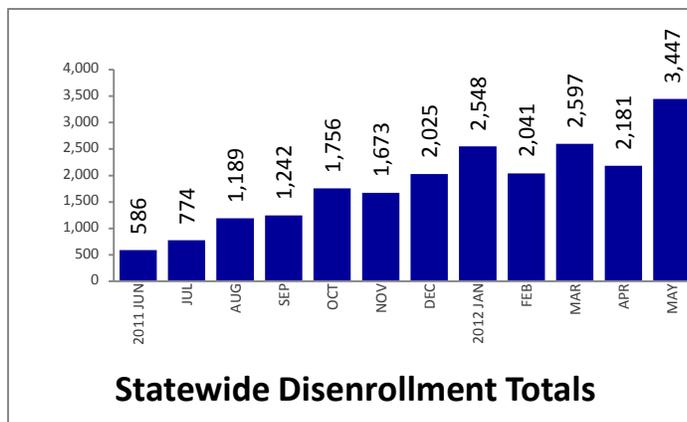
Disenrollment reasons were separated into the four groups as follows:

**EDERs** – incarcerated, prior care, enrolled incorrectly, deceased, child protective services, foster care/adoption, problem using health care plan, terminated by plan, long term care, CCS not in PCCM contract, other health coverage, moved out of county, pregnancy.

**Beneficiary Choice** – could not choose doctor I wanted, plan did not meet beneficiary needs, doctors did not meet beneficiary needs, too far to go, did not choose this plan, moving out of county, other reason, no reason checked.

**System Generated** – Information System Generated disenrollment

**Waiver & Exemptions** – waiver programs exemption, dental exemption, Indian health coverage, medical exemption, MER type E – voluntary aid code or county.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUN	586	18	4	11	17	0	267	2	22	57	25	86	20	20	21	9	7
Reason 1	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Reason 2	565	18	4	11	16	0	257	2	21	54	24	84	18	20	20	9	7
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	19	0	0	0	1	0	10	0	1	3	1	2	0	0	1	0	0
JUL	774	19	10	10	17	3	335	2	26	110	34	117	27	24	13	14	13
Reason 1	4	0	1	0	0	0	2	0	1	0	0	0	0	0	0	0	0
Reason 2	751	19	9	10	17	3	326	1	25	104	33	115	26	24	13	14	12
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	19	0	0	0	0	0	7	1	0	6	1	2	1	0	0	0	1
AUG	1,189	39	12	37	43	3	457	5	36	140	44	214	54	43	33	13	16
Reason 1	5	1	0	0	0	0	1	0	0	0	0	0	0	3	0	0	0
Reason 2	1,151	37	12	36	43	3	437	5	32	132	44	214	54	40	33	13	16
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	33	1	0	1	0	0	19	0	4	8	0	0	0	0	0	0	0
SEP	1,242	37	16	22	25	3	565	2	50	158	36	198	47	37	24	12	10
Reason 1	102	6	2	1	4	0	32	0	2	18	1	21	5	3	5	1	1
Reason 2	1,117	31	14	21	21	3	532	2	44	127	35	174	42	32	19	11	9
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	23	0	0	0	0	0	1	0	4	13	0	3	0	2	0	0	0
OCT	1,756	73	20	35	71	6	705	7	60	205	85	268	73	51	44	23	30
Reason 1	8	0	0	0	0	0	2	0	0	3	0	1	1	1	0	0	0
Reason 2	1,718	73	20	35	71	6	689	7	58	197	83	262	71	50	44	23	29
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	30	0	0	0	0	0	14	0	2	5	2	5	1	0	0	0	1

	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 NOV	1,673	56	27	45	47	2	726	8	67	186	69	226	88	51	38	14	23
Reason 1	3	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
Reason 2	1,638	55	26	45	47	2	709	7	67	178	69	225	84	51	37	14	22
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	32	0	1	0	0	0	17	1	0	8	0	0	4	0	0	0	1
DEC	2,025	74	22	38	63	10	930	8	72	200	82	265	116	56	42	23	24
Reason 1	7	0	1	0	0	0	2	0	0	0	1	1	0	2	0	0	0
Reason 2	1,951	74	21	38	61	10	897	8	69	184	80	255	112	54	41	23	24
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	67	0	0	0	2	0	31	0	3	16	1	9	4	0	1	0	0
2012 JAN	2,548	94	28	56	251	5	1,076	11	92	215	118	300	128	68	49	30	27
Reason 1	9	0	1	0	1	0	1	0	2	0	0	4	0	0	0	0	0
Reason 2	2,177	90	27	56	51	5	946	11	87	207	116	288	122	66	49	29	27
Reason 3	198	0	0	0	198	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	164	4	0	0	1	0	129	0	3	8	2	8	6	2	0	1	0
FEB	2,041	100	31	42	55	7	944	5	69	174	100	259	90	52	63	24	26
Reason 1	5	0	0	0	0	0	0	0	0	0	0	3	0	2	0	0	0
Reason 2	1,865	95	29	41	52	7	831	5	65	158	97	240	85	50	61	24	25
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	171	5	2	1	3	0	113	0	4	16	3	16	5	0	2	0	1
MAR	2,597	118	20	64	74	8	1,191	12	86	253	104	359	121	68	50	38	31
Reason 1	19	0	1	0	0	0	7	0	0	0	0	1	7	2	0	0	1
Reason 2	2,387	113	18	64	74	8	1,067	11	74	232	97	338	111	66	49	37	28
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	191	5	1	0	0	0	117	1	12	21	7	20	3	0	1	1	2
APR	2,181	93	26	51	68	5	933	16	68	228	95	315	98	66	49	47	23
Reason 1	13	3	0	0	0	0	2	0	1	2	0	0	0	5	0	0	0
Reason 2	1,997	86	26	48	67	4	827	15	65	207	94	297	89	58	47	46	21
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	171	4	0	3	1	1	104	1	2	19	1	18	9	3	2	1	2
MAY	3,447	148	54	144	103	16	1,445	19	121	389	194	388	120	97	101	69	39
Reason 1	25	6	2	1	0	0	4	0	4	1	1	1	4	1	0	0	0
Reason 2	3,160	138	49	130	103	16	1,284	18	112	363	177	366	106	94	99	67	38
Reason 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reason 4	262	4	3	13	0	0	157	1	5	25	16	21	10	2	2	2	1

**DISENROLLMENT REASONS (BELOW)**

1. Emergency Disenrollment Requests (EDERs)
2. Beneficiary Choice
3. System Generated
4. Waiver and Exemptions

**DATA NOTES**

Disenrollment reasons were separated into the four groups as follows:

**EDERs** – incarcerated, prior care, enrolled incorrectly, deceased, child protective services, foster care/adoption, problem using health care plan, terminated by plan, long term care, CCS not in PCCM contract, other health coverage, moved out of county, pregnancy.

**Beneficiary Choice** – could not choose doctor I wanted, plan did not meet beneficiary needs, doctors did not meet beneficiary needs, too far to go, did not choose this plan, moving out of county, other reason, no reason checked.

**System Generated** – Information System Generated disenrollment

**Waiver & Exemptions** – waiver programs exemption, dental exemption, Indian health coverage, medical exemption, MER type E – voluntary aid code or county.

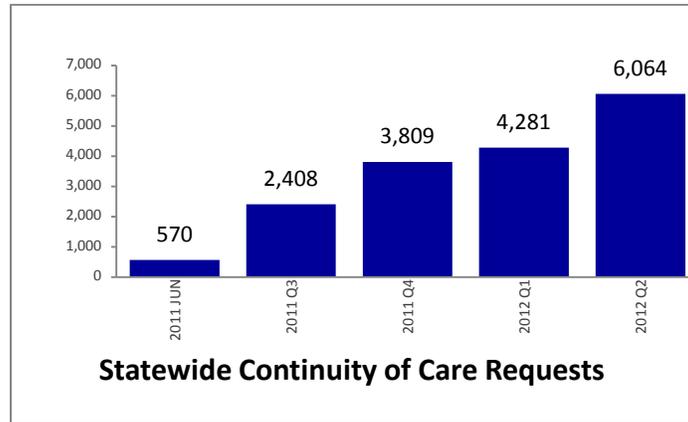
## PART 2 Extended Continuity of Care

### 2.1 Extended Continuity of Care - requests

QUARTERLY UPDATE

This is the number of requests made by transitional SPDs for continued access to a fee-for-service (FFS) provider.

Transitional SPDs mean those affected by the change from voluntary to mandatory and enroll during their birth month from FFS into managed care.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare	
2011 JUNE (Monthly)																		
NUMBER	570	21	15	2	26	2	211	0	44	47	44	53	7	4	86	5	3	
2011 JUL-SEP (Quarterly)																		
NUMBER	2,408	149	26	42	250	2	925	0	92	104	119	286	24	25	325	27	12	
2011 OCT-DEC (Quarterly)																		
NUMBER	3,809	199	53	15	209	2	2,101	0	77	64	90	531	35	13	392	21	7	
2012 JAN-MAR (Quarterly)																		
NUMBER	4,281	330	67	14	349	2	2,393	3	125	91	152	379	35	25	299	7	10	
2012 APR-JUNE (Quarterly)																		
NUMBER	6,064	312	88	8	66	0	3,565	2	253	89	349	167	18	20	1,114	11	2	

#### DATA NOTES

Extended continuity of care is a way for transitional SPDs to receive continued access to an out-of-network provider for 12 months after initial enrollment. The fee-for-service (FFS) utilization data provided by DHCS is used by the plan to verify a link between the transitional SPD and the out-of-network provider. The beneficiary remains enrolled in the managed care health plan.

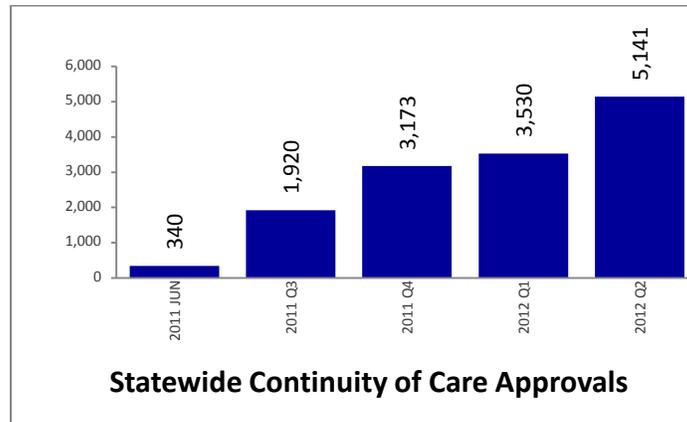
This is only for transitional SPDs.

## 2.2 Extended Continuity of Care - approvals

QUARTERLY UPDATE

This is the number of plan approvals for transitional SPDs to have continued access to a fee-for-service (FFS) provider. This includes requests still in process.

Transitional SPDs mean those affected by the change from voluntary to mandatory and enroll during their birth month from FFS into manage care.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																	
APPROVALS	340	21	13	2	19	1	87	0	33	14	36	15	3	4	84	5	3
IN PROCESS	175	0	0	0	7	0	97	0	9	30	5	25	2	0	0	0	0
2011 JUL-SEP (Quarterly)																	
APPROVALS	1,920	142	23	7	141	2	787	0	61	75	70	231	12	21	312	24	12
IN PROCESS	160	0	0	0	96	0	14	0	12	2	25	0	5	2	4	0	0
2011 OCT-DEC (Quarterly)																	
APPROVALS	3,173	180	38	9	202	2	1,758	0	39	37	42	416	24	13	389	17	7
IN PROCESS	76	2	0	0	0	0	3	0	25	0	37	3	6	0	0	0	0
2012 JAN-MAR (Quarterly)																	
APPROVALS	3,530	277	61	3	286	1	1,992	3	88	46	99	320	32	25	292	4	1
IN PROCESS	86	25	0	0	0	0	1	0	23	0	36	0	1	0	0	0	0
2012 APR-JUNE (Quarterly)																	
APPROVALS	5,141	272	78	6	61	0	2,894	2	234	42	311	116	14	20	1,082	8	1
IN PROCESS	36	22	0	0	1	0	9	0	4	0	0	0	0	0	0	0	0

### DATA NOTES

Extended continuity of care is a way for transitional SPDs to receive continued access to an out-of-network provider for 12 months after initial enrollment. The fee-for-service (FFS) utilization data provided by DHCS is used by the plan to verify a link between the transitional SPD and the out-of-network provider. The beneficiary remains enrolled in the managed care health plan.

Still in process means the request has not been denied or approved by the plan.

This is only for transitional SPDs.

## 2.3 Extended Continuity of Care - denials

QUARTERLY UPDATE

This is the number of continuity of care plan denials, including reasons for transitional SPDs.

Transitional SPDs mean those affected by the change from voluntary to mandatory and enroll during their birth month from FFS into managed care.

### DENIAL REASONS (BELOW)

1. No established relationship with provider
2. Quality of care concern with provider
3. Provider will not accept payment
4. Other reasons including provider refused to work with managed care

	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
<b>2011 JUNE (Monthly)</b>																	
# DENIALS	29	0	2	0	0	1	9	0	1	0	2	10	2	0	2	0	0
REASON 1	7	0	1	0	0	0	2	0	0	0	0	2	0	0	2	0	0
REASON 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REASON 3	20	0	1	0	0	0	7	0	1	0	2	7	2	0	0	0	0
REASON 4	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
<b>2011 JUL-SEP (Quarterly)</b>																	
# DENIALS	328	7	3	35	13	0	124	0	19	27	24	55	7	2	9	3	0
REASON 1	35	1	0	0	0	0	6	0	7	0	3	9	0	0	9	0	0
REASON 2	6	2	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0
REASON 3	104	4	1	0	0	0	71	0	1	11	5	8	1	2	0	0	0
REASON 4	183	0	2	35	9	0	47	0	11	16	16	38	6	0	0	3	0
<b>2011 OCT-DEC (Quarterly)</b>																	
# DENIALS	560	17	15	6	7	0	340	0	13	27	11	112	5	0	3	4	0
REASON 1	223	8	0	0	0	0	128	0	2	0	2	79	1	0	3	0	0
REASON 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REASON 3	130	8	2	2	0	0	100	0	1	5	2	9	0	0	0	1	0
REASON 4	207	1	13	4	7	0	112	0	10	22	7	24	4	0	0	3	0
<b>2012 JAN-MAR (Quarterly)</b>																	
# DENIALS	665	28	6	11	63	1	400	0	14	45	17	59	2	0	7	3	9
REASON 1	35	0	0	0	0	0	27	0	0	0	1	0	0	0	7	0	0
REASON 2	49	0	0	0	49	0	0	0	0	0	0	0	0	0	0	0	0
REASON 3	122	28	0	0	2	0	82	0	1	2	0	6	0	0	0	1	0
REASON 4	459	0	6	11	12	1	291	0	13	43	16	53	2	0	0	2	9
<b>2012 APR-JUNE (Quarterly)</b>																	
# DENIALS	890	18	10	0	4	0	671	0	15	47	38	51	0	0	32	3	1
REASON 1	61	2	0	0	0	0	21	0	3	0	1	2	0	0	32	0	0
REASON 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REASON 3	158	16	0	0	0	0	139	0	1	0	2	0	0	0	0	0	0
REASON 4	677	0	10	2	4	0	511	0	11	47	35	49	4	0	0	3	1

### DATA NOTES

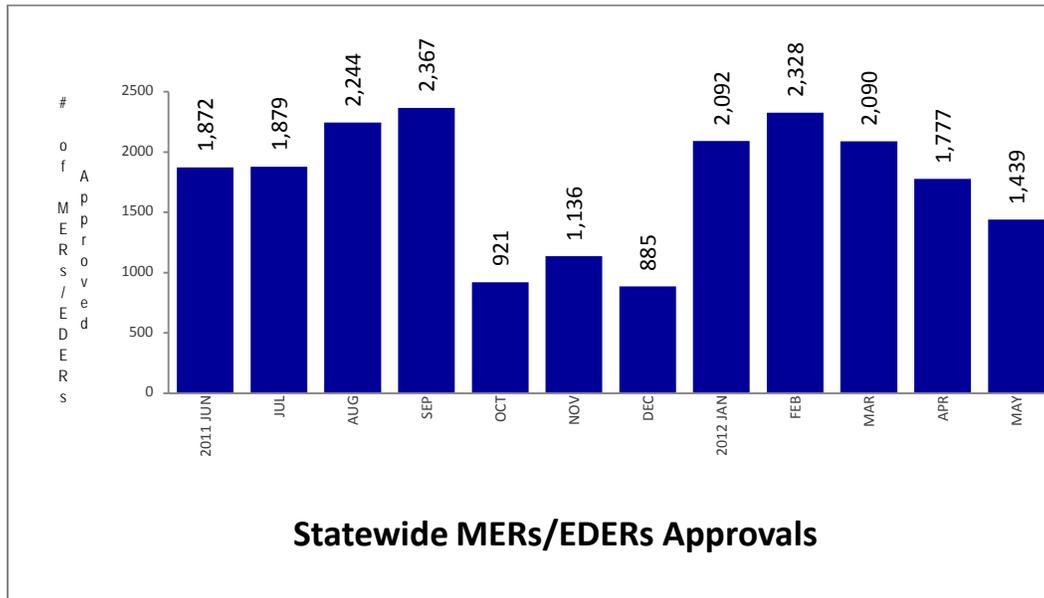
Extended continuity of care is a way for transitional SPDs to receive continued access to an out-of-network provider for 12 months after initial enrollment. The fee-for-service (FFS) utilization data provided by DHCS is used by the plan to verify a link between the transitional SPD and the out-of-network provider. The beneficiary remains enrolled in the managed care health plan. This is only for transitional SPDs.

# PART 3 Medical Exemption Requests (MERs) and Emergency Disenrollment Requests (EDERs)

## 3.1 MERs and EDERs - received, approved, denied, and incomplete for SPDs

MONTHLY UPDATE

Included below is the number of received, approved, denied, and incomplete MERs and EDERs for all mandatory SPDs. Incomplete MERs and EDERs require additional information, thus, are not included.



	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
Received	1,872	1,879	2,244	2,367	921	1,136	885	2,092	2,328	2,090	1,777	1,439
Approved	357	214	206	238	139	182	188	411	473	467	450	337
Denied	515	407	530	649	245	267	292	722	891	821	704	604
Incomplete	1,000	1,258	1,508	1,480	537	687	405	959	964	802	623	498

### DATA NOTES

MERs means Medical Exemption Requests

EDERs means Emergency Disenrollment Requests

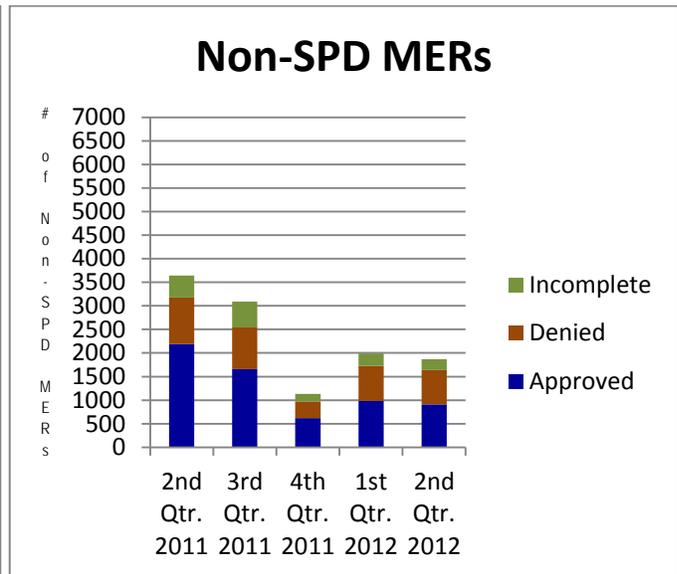
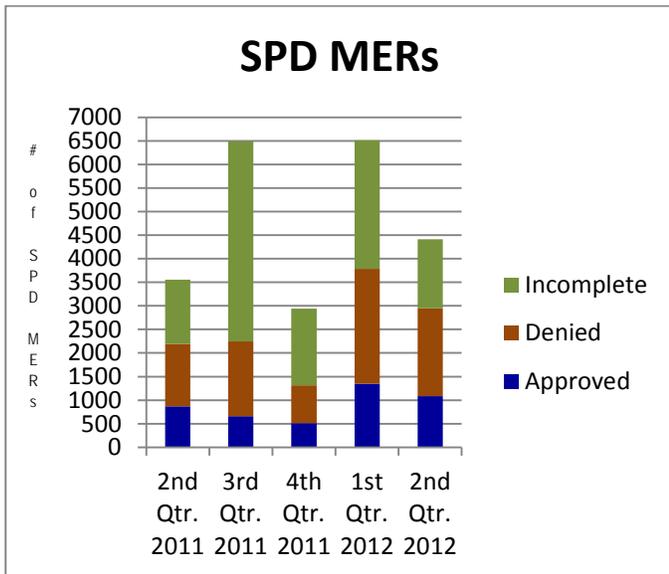
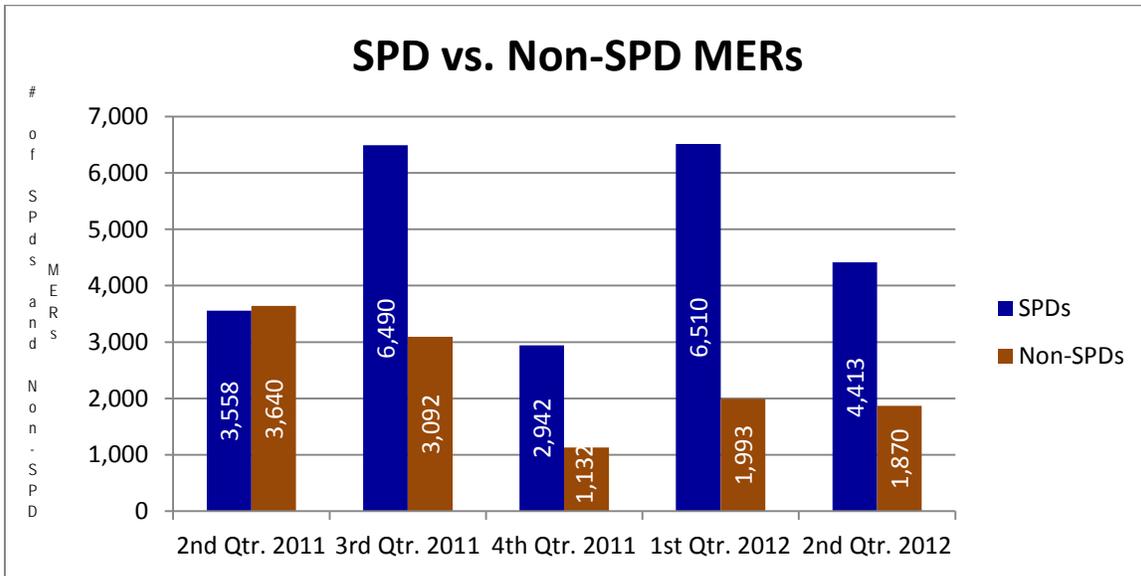
MERs and EDERs are two ways for a mandatory beneficiary, which meets certain criteria, to request to remain in fee-for-service (FFS) for up to 12 months as an alternative to plan enrollment.

The data in section 3.1 has been revised. A change in the process for pulling the data was implemented in September of 2012 to improve the accuracy of the data. As a result, all data were re-run for each month of the SPD Implementation.

### 3.2 MER Comparison between SPDs and Non-SPDs

Included below is information presenting a break-down of the number of SPD and Non-SPD MERs. From the 2<sup>nd</sup> Quarter of 2011 through the end of the 2<sup>nd</sup> Quarter of 2012, the number of unique members that submitted a MER was lower than the number of total MERs submitted. MMCD requests only one MER be submitted per member.

MERs Overview	Population	Enrollment in June 2012	# of Unique Member Submissions	Total MERs submitted	Average # of MERs per Member
2 <sup>nd</sup> Quarter 2011 through the 2 <sup>nd</sup> Quarter of 2012	SPDs	473,412	16,866	23,913	1.42
	Non-SPDs	2,819,029	10,386	11,727	1.13
	Total	3,292,441	27,252	35,640	1.31



### 3.2 MER Comparison between SPDs and Non-SPDs cont.

The tables below present the quarterly breakdown of MERs by diagnosis code, split between SPDs and Non-SPDs, for Two-Plan and GMC counties.

2 <sup>nd</sup> QTR 2011	SPDs					Non-SPDs			
	Approved	Denied	Incomplete	Total		Approved	Denied	Incomplete	Total
C1: Cancer	216	94	176	486		137	61	63	261
C2: Cardiac	38	59	72	169		17	9	7	33
C3: Complex	130	880	531	1,541		114	200	136	450
D1: Dialysis	210	63	95	368		126	42	26	194
H1: Hematology	4	8	24	36		7	2	8	17
H2: HIV	47	71	122	240		23	16	15	54
N1: Neurological	89	98	195	382		47	29	35	111
P1: Pregnancy	14	9	3	26		1,620	587	111	2,318
S1: Surgery	44	18	48	110		32	33	28	93
T1: Transplant	78	22	77	177		70	4	25	99
U1: Unknown	0	1	22	23		0	0	10	10
Total	870	1,323	1,365	3,558		2,193	983	464	3,640

3 <sup>rd</sup> QTR 2011	SPDs					Non-SPDs			
	Approved	Denied	Incomplete	Total		Approved	Denied	Incomplete	Total
C1: Cancer	186	227	600	1,013		61	68	102	231
C2: Cardiac	11	41	145	197		2	8	13	23
C3: Complex	165	863	2,147	3,175		86	111	197	394
D1: Dialysis	51	109	513	673		67	21	57	145
H1: Hematology	4	17	39	60		5	2	14	21
H2: HIV	19	105	181	305		4	7	22	33
N1: Neurological	25	136	313	474		19	12	33	64
P1: Pregnancy	23	13	2	38		1,358	625	55	2,038
S1: Surgery	24	29	79	132		9	16	18	43
T1: Transplant	149	42	198	389		49	11	30	90
U1: Unknown	1	4	29	34		1	2	7	10
Total	658	1,586	4,246	6,490		1,661	883	548	3,092

4 <sup>th</sup> QTR 2011	SPDs					Non-SPDs			
	Approved	Denied	Incomplete	Total		Approved	Denied	Incomplete	Total
C1: Cancer	193	102	234	529		49	17	36	102
C2: Cardiac	10	25	45	80		3	4	5	12
C3: Complex	78	431	906	1,415		21	31	53	105
D1: Dialysis	14	78	146	238		9	10	21	40
H1: Hematology	4	6	15	25		1	2	2	5
H2: HIV	7	39	45	91		1	6	6	13
N1: Neurological	25	70	133	228		4	5	11	20
P1: Pregnancy	10	6	2	18		501	265	7	773
S1: Surgery	36	13	23	72		5	4	7	16
T1: Transplant	132	34	75	241		29	5	9	43
U1: Unknown	0	0	5	5		0	0	3	3
Total	509	804	1,629	2,942		623	349	160	1,132

### 3.2 MER Comparison between SPDs and Non-SPDs cont.

1st QTR 2012	SPDs					Non-SPDs			
	Approved	Denied	Incomplete	Total		Approved	Denied	Incomplete	Total
C1: Cancer	467	323	345	1,135		87	57	57	201
C2: Cardiac	37	104	88	229		3	4	6	13
C3: Complex	285	1,269	1,583	3,137		43	105	113	261
D1: Dialysis	51	165	183	399		15	30	27	72
H1: Hematology	24	44	45	113		1	4	3	8
H2: HIV	18	105	64	187		2	10	5	17
N1: Neurological	62	209	223	494		6	14	12	32
P1: Pregnancy	22	16	0	38		771	498	10	1,279
S1: Surgery	83	35	43	161		9	7	7	23
T1: Transplant	302	164	148	614		48	14	21	83
U1: Unknown	0	0	3	3		0	1	3	4
Total	1,351	2,434	2,725	6,510		985	744	264	1,993

2nd QTR 2012	SPDs					Non-SPDs			
	Approved	Denied	Incomplete	Total		Approved	Denied	Incomplete	Total
C1: Cancer	372	207	185	764		80	44	49	173
C2: Cardiac	38	63	33	134		4	5	1	10
C3: Complex	256	976	796	2,028		49	86	107	242
D1: Dialysis	33	93	65	191		10	18	15	43
H1: Hematology	25	37	33	95		4	4	2	10
H2: HIV	12	76	43	131		0	7	5	12
N1: Neurological	77	245	191	513		12	10	15	37
P1: Pregnancy	20	13	1	34		696	528	14	1,238
S1: Surgery	59	26	34	119		10	0	5	15
T1: Transplant	196	122	86	404		48	22	16	86
U1: Unknown	0	0	0	0		0	0	4	4
Total	1,088	1,858	1,467	4,413		913	724	233	1,870

### 3.3 SPD MER Survey Results

In April 2012, DHCS' enrollment broker MAXIMUS surveyed the SPD population who had been denied a MER within the 8/1/11 – 3/29/12 timeframe and either voluntarily enrolled or were defaulted into a health plan before the MER was denied and had been enrolled in a health plan for at least two months. A total of 2,850 SPDs were selected for the survey with one contact attempt being made for each beneficiary. The following beneficiaries were excluded from the survey selection:

1. SPDs whose MER was denied because provider affiliated with a health plan.
2. SPDs whose MER was denied due to an incomplete MER or missing information not received from provider within the required timeframe.
3. SPDs whose MER was denied due to an exemption being on file.

Disposition	Count
Call Made - Beneficiary declined (CMD)	167
Wrong Number (WN)	146
Number Disconnected (ND)	320
No Answer (NA)	1,406
Do Not Call (DNC)	70
Beneficiary Hung Up (HU)	51
<b>Call Made - Questions answered (CM)</b>	<b>378</b>
Busy Signal (BS)	48
Person Not Available (PNA)	264
<b>Total</b>	<b>2,850</b>

Question 1	Response	Count	Percent
Have you made an appointment or been scheduled for an appointment to see a doctor since you've been enrolled in a managed care plan?	No	95	25.13 %
	Yes	283	74.87 %
	<b>Total</b>	378	100.00 %

Question 2	Response	Count	Percent
Have you received services since you've been in a managed care plan?	No	110	29.10 %
	Yes	268	70.90 %
	<b>Total</b>	378	100.00 %

Question 3	Response	Count	Percent
If question 2 above is yes: On a scale of 1 to 5, with 1 being the worst and 5 the best were you satisfied with the services.	1	45	17.31 %
	2	26	10.00 %
	3	44	16.92 %
	4	51	19.62 %
	5	94	36.15 %
	<b>Total</b>	260	100.00 %

**SPD MER Survey Results cont.**

Question 4	Response	Count	Percent
Are you able to see your FFS doctors in your health plan? (check only one answer that best applies):	All of my doctors	73	22.39 %
	None of my doctors	147	45.09 %
	Some of my doctors	106	32.52 %
<b>Total</b>		326	100.00 %

Question 5	Response	Count	Percent
Did you know that a MER was filed by your doctor?	No	46	13.94 %
	Yes	284	86.06 %
<b>Total</b>		330	100.00 %

Question 6	Response	Count	Percent
Did you get a written notice telling you that the MER was denied and about your rights?	No	139	44.13 %
	Yes	176	55.87 %
<b>Total</b>		315	100.00 %

Question 7	Response	Count	Percent
Did you know what options you had after your MER was denied?	No	213	72.70 %
	Yes	80	27.30 %
<b>Total</b>		293	100.00 %

Question 8a	Response	Count	Percent
Did you know about your right to challenge the denial at a hearing?	No	16	20.00 %
	Yes	64	80.00 %
<b>Total</b>		80	100.00 %

Question 8b	Response	Count	Percent
Did you know about your right to stay on regular Medi-Cal if you asked for a hearing on the MER denial before being put into a managed care plan?	No	51	63.75 %
	Yes	29	36.25 %
<b>Total</b>		80	100.00 %

Question 8c	Response	Count	Percent
Did you know about the right to ask your plan to keep seeing the doctor you had before you were in a health plan?	No	32	40.00 %
	Yes	48	60.00 %
<b>Total</b>		80	100.00 %

# PART 4 Risk Stratification and Assessment Process and Results

## 4.1 Date member data files are available to plans

MONTHLY UPDATE

This is the date each month that DHCS made the member-specific data files available to the plans.

Data files are used for risk stratification and in the assessment process of new SPD enrollees.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.

CLAIMS DATA (DAY OF THE MONTH)														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2011 JUN		2												
JUL							8							
AUG			3											
SEP		2												
OCT					5									
NOV			4											
DEC					5									
2012 JAN										10				
FEB			3											
MAR					5									
APR			3											
MAY	1													

TREATMENT AUTHORIZATION REQUEST (TAR) DATA														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
2011 JUN			3											
JUL								8						
AUG				4										
SEP						6								
OCT						6								
NOV							7							
DEC					5									
2012 JAN									9					
FEB							7							
MAR		2												
APR					5									
MAY							7							

### DATA NOTES

Member-specific data files include both fee-for-service (FFS) claims (utilization) data and Treatment Authorization Request (TAR) data.

A claim is a bill that a provider submits for services rendered. Utilization data is based on provider-submitted claims.

A TAR is what a provider uses to request authorization from Medi-Cal to provide specific services.

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

Higher risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

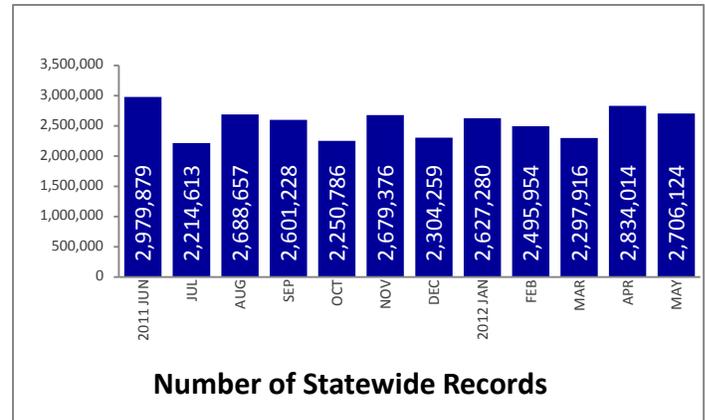
Assessment process is the method that plans use to comprehensively assess the current health risk of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.

## 4.2 Records provided to plans each month

MONTHLY UPDATE

This is the number of fee-for-service (FFS) claims records for new SPDs provided to the plans. There are multiple FFS claims records for each new SPD.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.



	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
STATEWIDE	2,979,879	2,214,613	2,688,657	2,601,228	2,250,786	2,679,376	2,304,259	2,627,280	2,495,954	2,297,916	2,834,014	2,706,124
Alameda	140,676	47,727	216,861	119,284	116,860	115,394	120,088	140,987	121,649	76,706	127,718	101,543
Contra Costa	60,621	23,498	83,838	61,126	52,214	61,777	51,590	61,911	55,448	36,264	36,264	73,247
Fresno	120,727	36,201	149,404	87,854	94,161	95,995	76,521	92,598	78,752	958	65,321	136,583
Kern	80,257	43,178	99,106	74,637	74,709	81,158	68,981	78,197	69,847	24,291	105,386	114,959
Kings	22,769	18,410	15,792	15,421	17,559	17,777	14,307	16,377	15,414	49,727	83,265	22,539
Los Angeles	1,329,957	1,036,057	1,061,593	1,139,670	1,073,669	1,035,839	1,020,951	1,157,691	1,143,565	70,833	19,389	839,683
Madera	18,088	16,876	15,275	15,692	13,210	16,126	11,070	11,070	11,319	39,532	1,246,192	23,024
Riverside	159,291	125,121	127,492	136,978	118,580	136,026	120,214	147,660	131,773	4,449	157,212	243,061
Sacramento	175,494	156,041	162,391	183,650	151,470	172,468	143,375	166,558	158,168	56,767	197,188	215,442
San Bernardino	175,564	134,097	146,774	153,321	142,561	157,837	146,830	164,004	146,976	58,737	172,493	288,485
San Diego	262,127	234,999	268,890	229,822	219,867	251,468	216,896	240,723	235,629	45,795	271,957	208,489
San Francisco	127,515	103,505	101,842	102,008	56,061	156,858	91,010	99,000	99,039	37,708	112,657	93,965
San Joaquin	91,410	70,648	65,457	69,048	34,311	97,457	63,965	67,101	57,464	648,470	68,031	93,522
Santa Clara	106,880	80,852	80,904	104,999	47,264	128,940	82,937	93,993	85,344	98,256	95,270	100,770
Stanislaus	55,350	47,735	51,665	55,420	21,317	86,853	37,586	45,863	46,924	111,936	52,586	73,947
Tulare	53,153	39,668	41,373	52,298	16,973	67,403	37,938	43,547	38,643	58,136	46,160	76,865

### DATA NOTES

Fee-for-service (FFS) utilization data includes all available data for 12 months before enrollment.

Utilization data is based on provider-submitted claims.

A claim is a bill that a provider submits for services rendered.

### 4.3 Utilization data for new SPDs

MONTHLY UPDATE

This is the number of new SPDs for which fee-for-service (FFS) utilization data was provided to the plans for risk stratification.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.

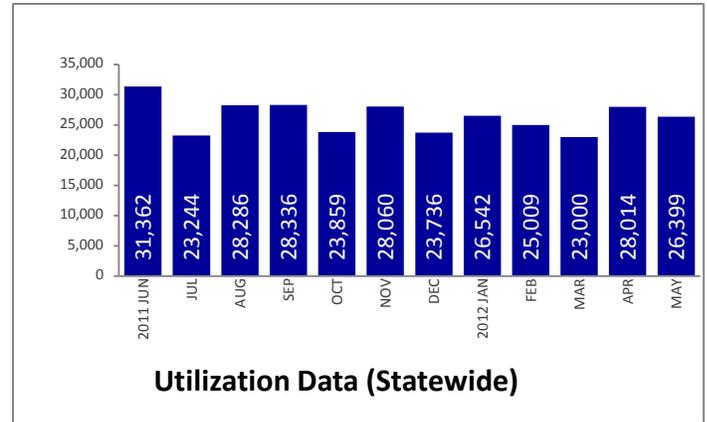
#### DATA NOTES

Fee-for-service (FFS) utilization data includes all available data for 12 months before enrollment.

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

Higher risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

Assessment process is the method the plans use to comprehensively assess the current health risk of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.



	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
STATEWIDE	31,362	23,244	28,286	28,336	23,859	28,060	23,736	26,542	25,009	23,000	28,014	26,399
Alameda	1,686	665	2,243	1,534	1,357	1,421	1,371	1,502	1,351	666	1,378	1,246
Contra Costa	844	322	1,082	786	720	769	661	776	698	339	799	793
Fresno	1,217	345	1,562	992	938	987	811	1,005	885	11	1,084	1,325
Kern	916	482	1,049	788	780	821	721	811	747	294	886	1,025
Kings	183	169	151	154	148	132	151	138	138	440	175	249
Los Angeles	13,225	10,404	10,823	12,017	11,041	10,719	10,049	11,103	10,560	748	11,488	8,410
Madera	183	158	145	181	157	150	145	146	124	412	176	259
Riverside	1,724	1,332	1,460	1,548	1,385	1,437	1,272	1,474	1,303	51	1,629	2,136
Sacramento	2,086	1,727	1,737	1,949	1,712	1,791	1,571	1,794	1,680	547	2,022	2,193
San Bernardino	1,900	1,499	1,616	1,732	1,598	1,666	1,588	1,699	1,566	658	1,828	2,454
San Diego	2,411	2,161	2,397	2,200	1,977	2,288	1,909	2,166	2,184	554	2,446	1,950
San Francisco	1,447	1,214	1,227	1,255	566	1,634	1,002	1,119	1,093	387	1,189	996
San Joaquin	1,039	778	793	836	363	1,119	686	777	718	5,923	807	932
Santa Clara	1,342	1,055	1,025	1,272	683	1,622	974	1,111	1,017	1,074	1,049	1,091
Stanislaus	576	478	491	558	244	809	402	444	485	1,161	558	702
Tulare	583	455	485	534	190	695	423	477	460	642	500	638

#### 4.4 No utilization data for new SPDs

MONTHLY UPDATE

This is the number of new SPDs with no available utilization data to forward to the plans.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.

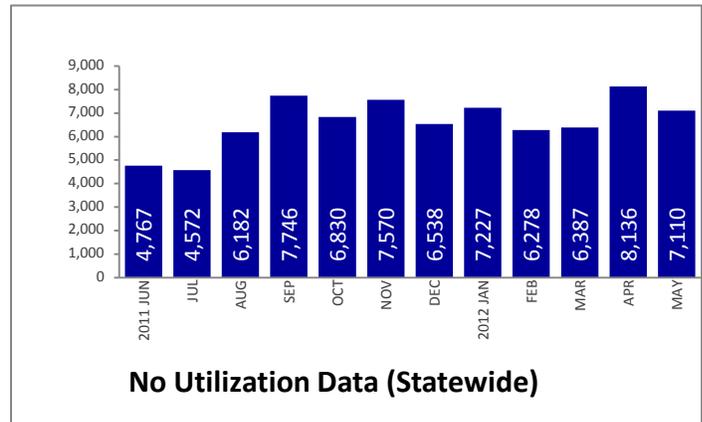
#### DATA NOTES

Fee-for-service (FFS) utilization data includes all available data for 12 months before enrollment.

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

Higher risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

Assessment process is the method the plans uses to comprehensively assess the current health risk of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.



	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
STATEWIDE	4,767	4,572	6,182	7,746	6,830	7,570	6,538	7,227	6,278	6,387	8,136	7,110
Alameda	359	231	565	518	481	501	423	523	451	191	543	418
Contra Costa	192	118	284	276	291	252	225	291	211	100	324	251
Fresno	160	88	247	241	240	226	192	213	203	5	276	267
Kern	180	127	252	257	250	256	230	246	201	100	275	254
Kings	16	19	25	21	30	41	28	24	27	125	27	26
Los Angeles	1,821	1,835	2,248	3,037	2,762	2,767	2,644	2,898	2,501	151	3,106	2,703
Madera	28	20	25	43	25	22	24	19	26	106	39	18
Riverside	284	315	343	473	445	470	427	433	408	9	479	468
Sacramento	352	349	392	465	493	483	405	454	419	197	548	540
San Bernardino	323	338	439	553	510	495	443	478	423	249	577	476
San Diego	327	340	467	645	540	617	518	517	472	171	633	565
San Francisco	141	211	242	350	203	389	275	337	247	108	330	297
San Joaquin	143	161	194	233	143	271	184	172	168	1,543	243	211
Santa Clara	297	256	294	389	277	487	311	399	328	314	468	390
Stanislaus	64	77	89	133	78	161	109	127	101	324	133	122
Tulare	80	87	76	112	62	132	100	96	92	203	135	104

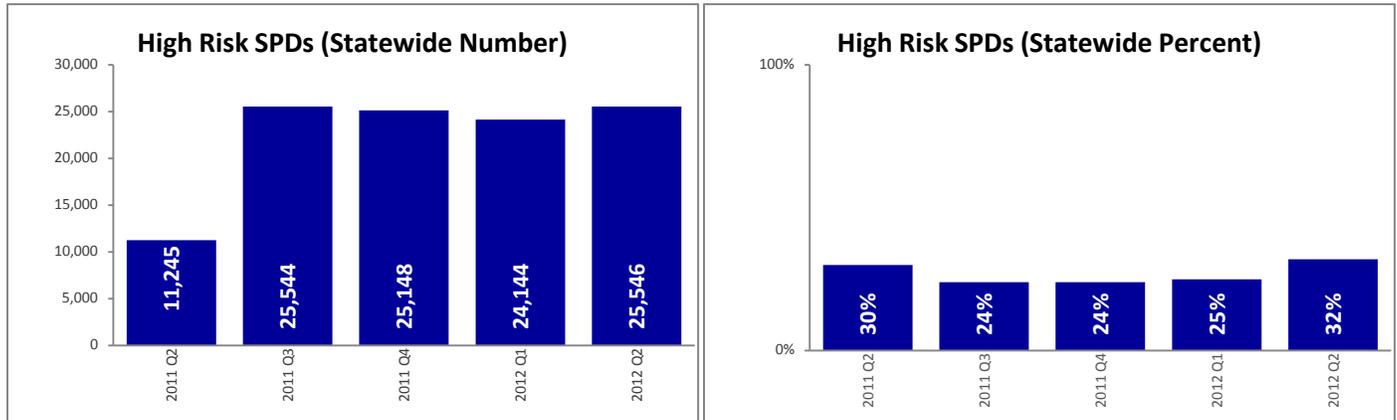
## 4.5 New SPDs identified as high risk by plan

QUARTERLY UPDATE

This is the number of new SPDs that the plans identified as high-risk in the first 44 days of enrollment.

This is the percent of new SPDs the plans identified as high-risk in the first 44 days of enrollment out of all new SPDs.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
<b>2011 JUNE (Monthly)</b>																	
NUMBER	11,245	548	502	352	449	62	4,521	66	509	905	494	744	463	357	924	200	149
PERCENT	30%	33%	34%	23%	40%	28%	29%	29%	25%	35%	22%	27%	29%	29%	60%	28%	20%
<b>2011 JUL-SEP (Quarterly)</b>																	
NUMBER	25,544	1,185	931	832	1,122	144	9,494	150	1,078	2,122	1,307	2,018	1,153	824	2,220	484	480
PERCENT	24%	18%	31%	22%	36%	25%	21%	25%	20%	31%	20%	24%	25%	25%	55%	25%	25%
<b>2011 OCT-DEC (Quarterly)</b>																	
NUMBER	25,148	1,607	178	952	1,269	176	9,699	140	1,013	1,981	1,278	1,974	1,119	685	2,155	464	458
PERCENT	24%	28%	6%	25%	35%	31%	22%	25%	19%	28%	20%	23%	26%	22%	53%	23%	25%
<b>2012 JAN-MAR (Quarterly)</b>																	
NUMBER	24,144	1,458	703	969	1,159	159	8,979	125	1,062	2,004	1,213	1,831	1,143	709	1,620	517	493
PERCENT	25%	26%	24%	26%	36%	30%	23%	24%	20%	28%	20%	24%	26%	23%	40%	26%	26%
<b>2012 APR-JUNE (Quarterly)</b>																	
NUMBER	25,546	790	212	1,000	1,049	160	11,916	178	942	2,363	1,122	1,447	984	748	1,502	616	517
PERCENT	32%	19%	10%	28%	36%	29%	39%	31%	18%	37%	19%	24%	30%	29%	47%	34%	31%

### DATA NOTES

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

High risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

The assessment process is the method the plans use to comprehensively evaluate the current health risks of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.

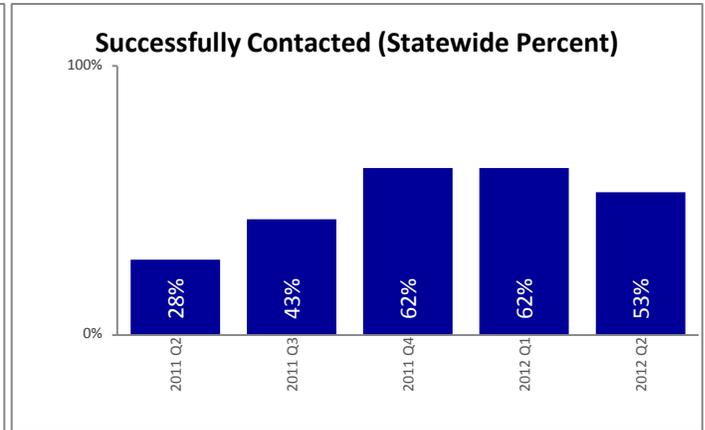
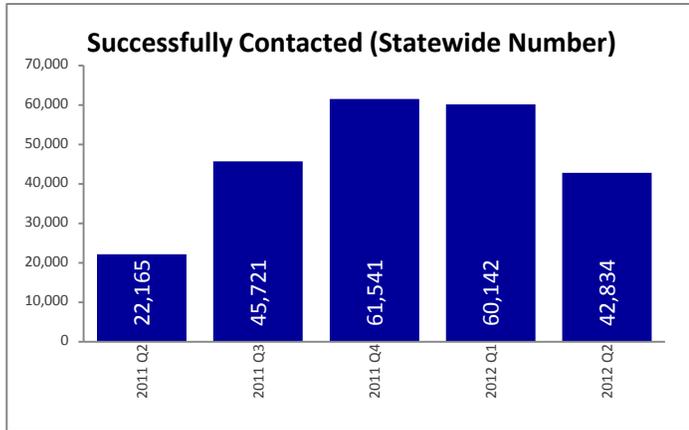
## 4.6 Successfully contacted low and high risk new SPDs

QUARTERLY UPDATE

This is the number of new SPDs in both low and high risk categories that the plans successfully contacted by phone or by mail.

This is the percent of new SPDs in both low and high risk categories that the plans successfully contacted by phone or by mail out of low and high risk SPDs.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
<b>2011 JUNE (Monthly)</b>																	
NUMBER	22,165	1,726	592	738	274	169	6,859	152	852	1,852	942	1,395	2,497	1,301	1,647	659	510
PERCENT	28%	36%	25%	25%	15%	27%	25%	24%	23%	21%	21%	27%	66%	40%	41%	28%	27%
<b>2011 JUL-SEP (Quarterly)</b>																	
NUMBER	45,721	3,194	1,319	1,397	1,038	324	12,532	295	2,242	3,588	2,383	3,101	4,982	3,066	3,895	1,361	1,004
PERCENT	43%	49%	44%	37%	34%	57%	28%	49%	41%	52%	37%	38%	111%	95%	97%	69%	52%
<b>2011 OCT-DEC (Quarterly)</b>																	
NUMBER	61,541	2,787	1,556	1,791	1,434	414	22,189	369	2,042	4,602	2,251	6,188	5,742	3,088	4,097	1,780	1,211
PERCENT	62%	48%	49%	47%	40%	72%	55%	66%	38%	66%	36%	72%	143%	102%	101%	89%	67%
<b>2012 JAN-MAR (Quarterly)</b>																	
NUMBER	60,142	3,003	1,617	1,919	1,222	415	21,418	357	2,072	4,595	2,331	5,855	6,664	3,004	2,763	1,588	1,319
PERCENT	62%	54%	56%	51%	38%	79%	55%	70%	39%	65%	38%	76%	152%	100%	69%	80%	69%
<b>2012 APR-JUNE (Quarterly)</b>																	
NUMBER	42,834	3,422	508	1,366	1,185	211	13,857	234	2,566	3,276	2,888	5,521	2,155	2,101	2,034	832	678
PERCENT	53%	80%	25%	38%	40%	38%	46%	41%	50%	52%	49%	91%	65%	81%	63%	46%	40%

### DATA NOTES

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

High risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

The assessment process is the method the plans use to comprehensively evaluate the current health risks of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.

## 4.7a Completed risk assessment surveys by new SPDs - number

QUARTERLY UPDATE

This is the number of new SPDs who were successfully contacted and completed the risk assessment survey in both low and high risk categories.

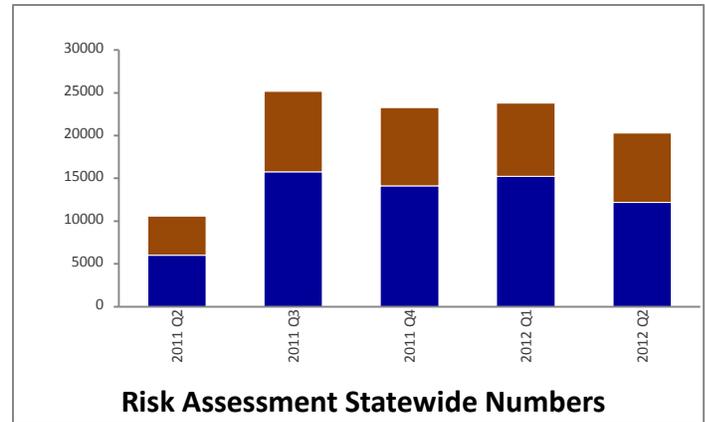
New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.

### DATA NOTES

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

High risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

The assessment process is the method the plans use to comprehensively evaluate the current health risks of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.



### NUMBER: HIGH RISK

STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																
4,564	200	275	138	360	25	1,197	26	209	321	205	316	184	143	835	72	58
2011 JUL-SEP (Quarterly)																
9,422	209	474	297	840	55	2,207	45	474	619	442	681	436	283	2,021	163	176
2011 OCT-DEC (Quarterly)																
9,162	161	88	271	980	54	2,608	45	435	616	556	549	390	207	1,896	147	159
2012 JAN-MAR (Quarterly)																
8,555	206	367	296	867	56	2,780	42	437	675	522	666	401	227	662	150	201
2012 APR-JUNE (Quarterly)																
8,113	160	65	303	759	45	3,027	50	402	666	486	498	249	223	789	210	181

### NUMBER: LOW RISK

STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																
6,021	281	205	125	95	21	1,929	17	585	325	683	342	515	286	395	104	113
2011 JUL-SEP (Quarterly)																
15,764	1,577	646	242	349	51	4,454	61	1,694	714	1,847	625	1,120	832	1,073	277	202
2011 OCT-DEC (Quarterly)																
14,120	594	1,109	290	280	52	3,739	50	1,560	793	1,644	683	1,160	752	936	270	208
2012 JAN-MAR (Quarterly)																
15,222	661	816	286	212	57	5,287	40	1,567	715	1,742	713	1,315	674	718	227	192
2012 APR-JUNE (Quarterly)																
12,201	657	288	281	204	46	3,941	44	1,486	476	1,591	891	726	602	684	146	138

## 4.7b Completed risk assessment surveys by new SPDs - percent

QUARTERLY UPDATE

This is the percent of new SPDs in both low and high risk categories who were successfully contacted and completed the risk assessment survey during the previous quarter out of low and high risk SPDs.

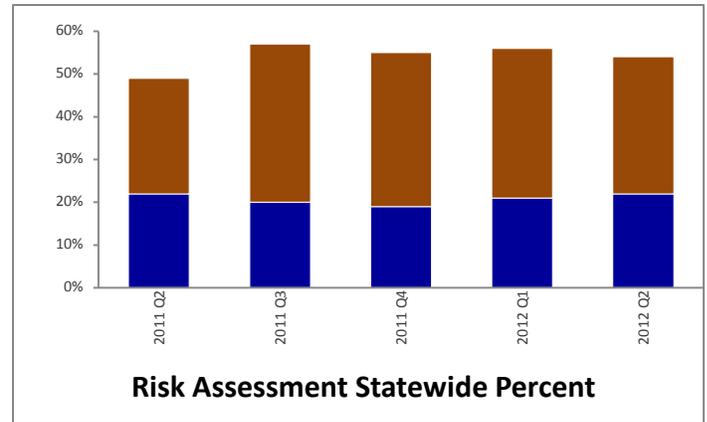
New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.

### DATA NOTES

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

High risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

The assessment process is the method the plans use to comprehensively evaluate the current health risks of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.



### PERCENT: HIGH RISK

STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverstone	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																
27%	21%	46%	21%	80%	17%	27%	21%	41%	19%	41%	15%	26%	12%	54%	14%	14%
2011 JUL-SEP (Quarterly)																
37%	18%	51%	36%	75%	38%	23%	30%	44%	29%	34%	34%	38%	34%	91%	34%	37%
2011 OCT-DEC (Quarterly)																
36%	10%	49%	28%	77%	31%	27%	32%	43%	31%	44%	28%	35%	30%	88%	32%	35%
2012 JAN-MAR (Quarterly)																
35%	14%	52%	31%	75%	35%	31%	34%	41%	34%	43%	36%	35%	32%	41%	29%	41%
2012 APR-JUNE (Quarterly)																
32%	20%	31%	30%	72%	28%	25%	28%	43%	28%	43%	34%	25%	30%	53%	34%	35%

### PERCENT: LOW RISK

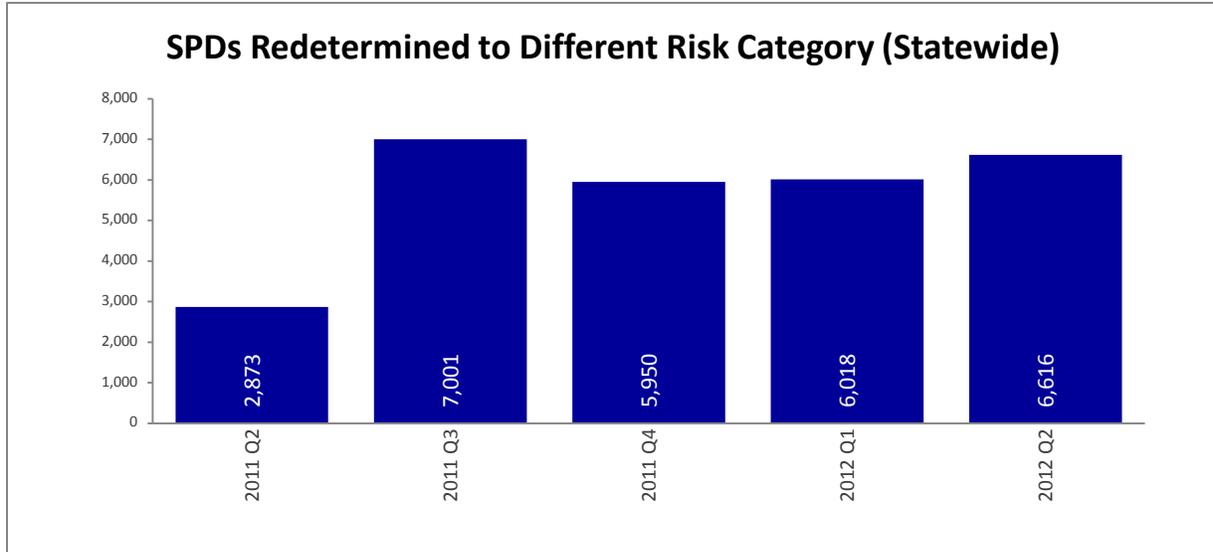
STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverstone	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																
22%	22%	33%	10%	15%	11%	17%	9%	39%	16%	38%	15%	39%	29%	25%	16%	17%
2011 JUL-SEP (Quarterly)																
20%	30%	31%	8%	18%	12%	12%	13%	39%	15%	36%	10%	33%	35%	60%	19%	14%
2011 OCT-DEC (Quarterly)																
19%	14%	37%	10%	12%	13%	12%	12%	35%	16%	33%	10%	40%	32%	49%	18%	15%
2012 JAN-MAR (Quarterly)																
21%	16%	37%	10%	10%	16%	18%	10%	37%	14%	35%	12%	41%	29%	30%	16%	14%
2012 APR-JUNE (Quarterly)																
22%	19%	16%	11%	11%	12%	22%	11%	35%	12%	33%	19%	31%	33%	40%	12%	12%

## 4.8 New SPDs determined to be in a different risk category (higher or lower)

QUARTERLY UPDATE

This is the number of new SPDs who completed the risk assessment survey and who were then determined to be in a different risk category (higher or lower) than had been established during the risk stratification process.

New SPDs include transitional, mandatory and voluntary SPDs, but exclude retroactive/mid-month enrollees and dual-eligible (Medicare) SPDs.



STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
2011 JUNE (Monthly)																
2,873	332	118	27	255	5	687	7	300	98	294	133	359	154	52	35	17
2011 JUL-SEP (Quarterly)																
7,001	424	329	77	586	23	1,681	13	786	245	796	122	884	371	502	93	69
2011 OCT-DEC (Quarterly)																
5,950	286	267	63	694	13	1,363	8	606	178	705	124	765	279	482	68	49
2012 JAN-MAR (Quarterly)																
6,018	143	283	69	624	18	1,198	15	637	188	647	194	979	241	662	67	53
2012 APR-JUNE (Quarterly)																
6,616	162	77	116	516	16	2,102	25	656	232	702	301	837	282	418	101	73

### DATA NOTES

Risk stratification is a method used by the plans to identify new SPDs who have higher risk and more complex health needs. The risk stratification must take place within 44 days of enrollment.

High risk means new SPDs with a higher risk of having an adverse health outcome or worsening of their health status if they do not receive their initial contact by the plan within 45 days of enrollment.

The assessment process is the method the plans use to comprehensively evaluate the current health risks of new SPDs. Those identified as higher risk must be assessed within 45 days of enrollment and those identified as lower risk within 105 days of enrollment.

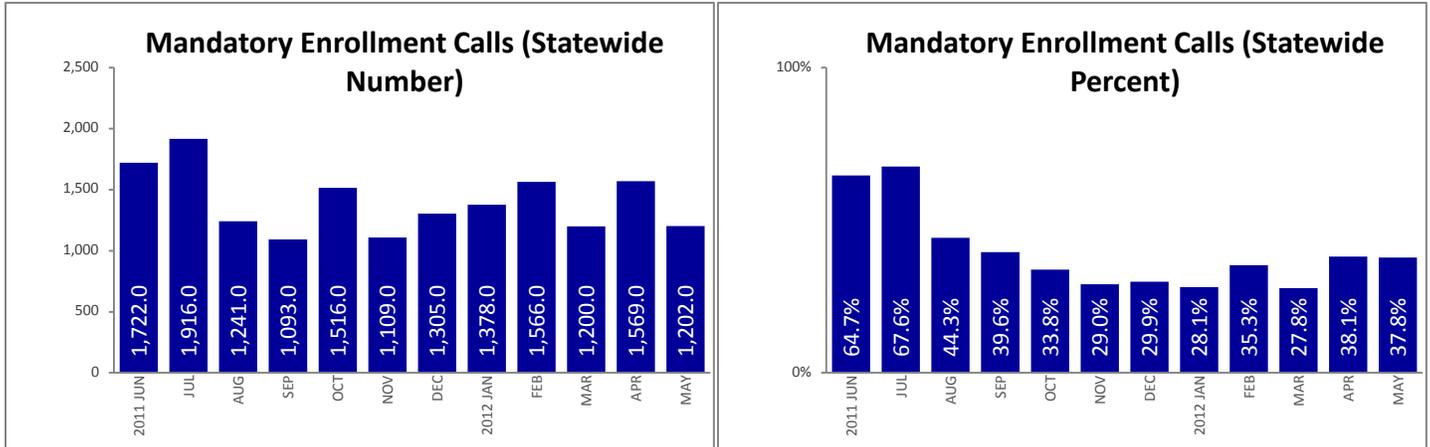
## PART 5 Member Concerns

### 5.1 Calls to MMCD Ombudsman related to mandatory enrollment of SPDs

MONTHLY UPDATE

This is the number of calls made to the MMCD Office of the Ombudsman related to mandatory enrollment of SPDs.

The percent of calls to Ombudsman about mandatory enrollment out of all calls to Ombudsman.



	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
# ALL Calls	2,660	2,834	2,799	2,757	4,490	3,828	4,360	4,905	4,442	4,318	4,118	3,180
# Mandatory Enrollment	1,722	1,916	1,241	1,093	1,516	1,109	1,305	1,378	1,566	1,200	1,569	1,202
% Mandatory Enrollment	64.7%	67.6%	44.3%	39.6%	33.8%	29.0%	29.9%	28.1%	35.3%	27.8%	38.1%	37.8%

#### DATA NOTES

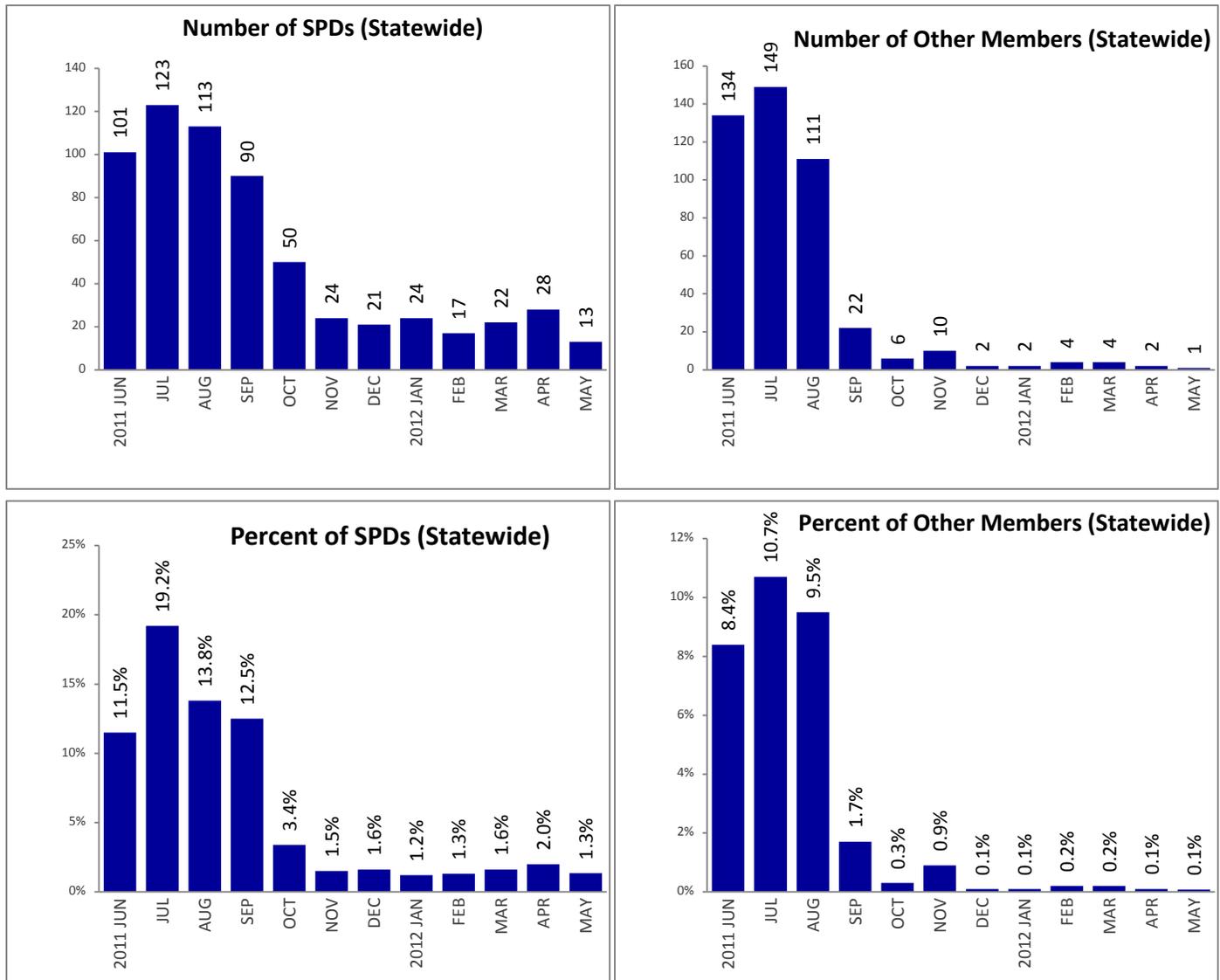
Calls related to mandatory enrollment of SPDs include everyone who called about mandatory enrollment of SPDs.

## 5.2 Calls on access issues

MONTHLY UPDATE

This is the number and percent of calls related to access to care and accessibility issues for SPDs compared to number and percent of calls on these issues for all other members.

All SPDs include transitional, mandatory, voluntary SPDs, and dual-eligible (Medicare) SPDs.



### DATA NOTES

Many calls were resolved by providing information to the caller on how to access care.

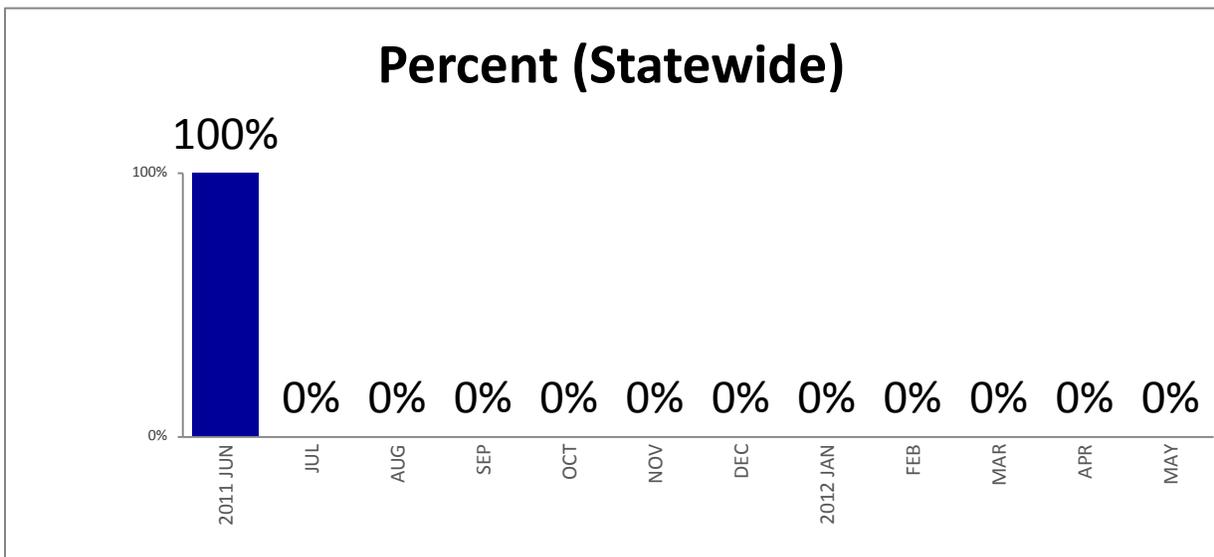
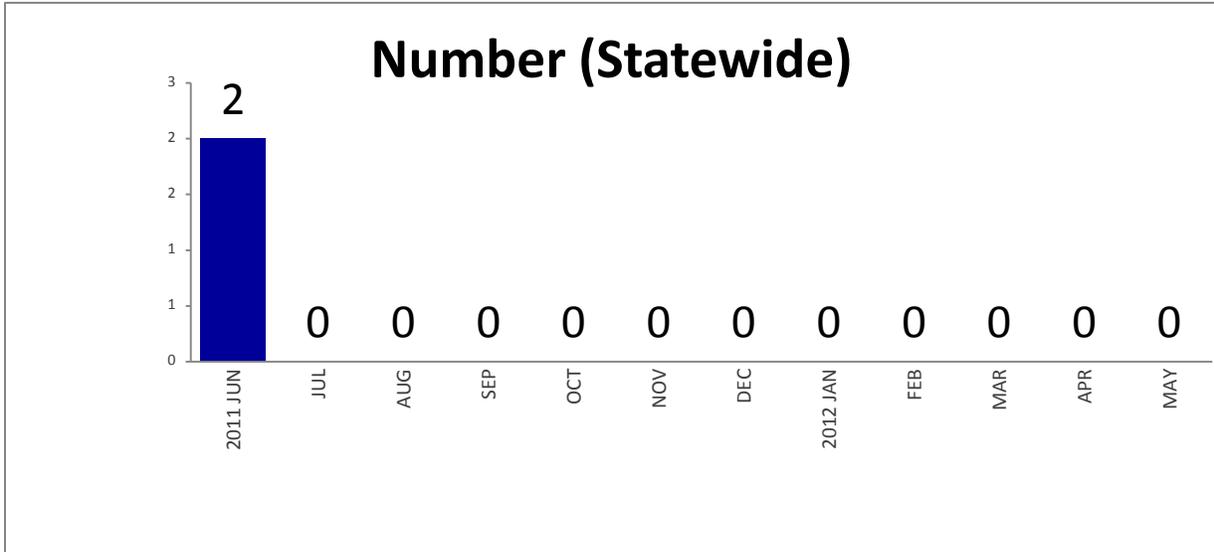
### 5.3 State Fair Hearings requested by SPDs related to access

MONTHLY UPDATE

The number of State Fair Hearings requested by all SPDs related to access issues.

The percent of State Fair Hearings requested by all SPDs related to access issues out of all State Fair Hearings requested by transitional SPDs.

All SPDs include transitional, mandatory, voluntary SPDs, and dual-eligible (Medicare) SPDs.



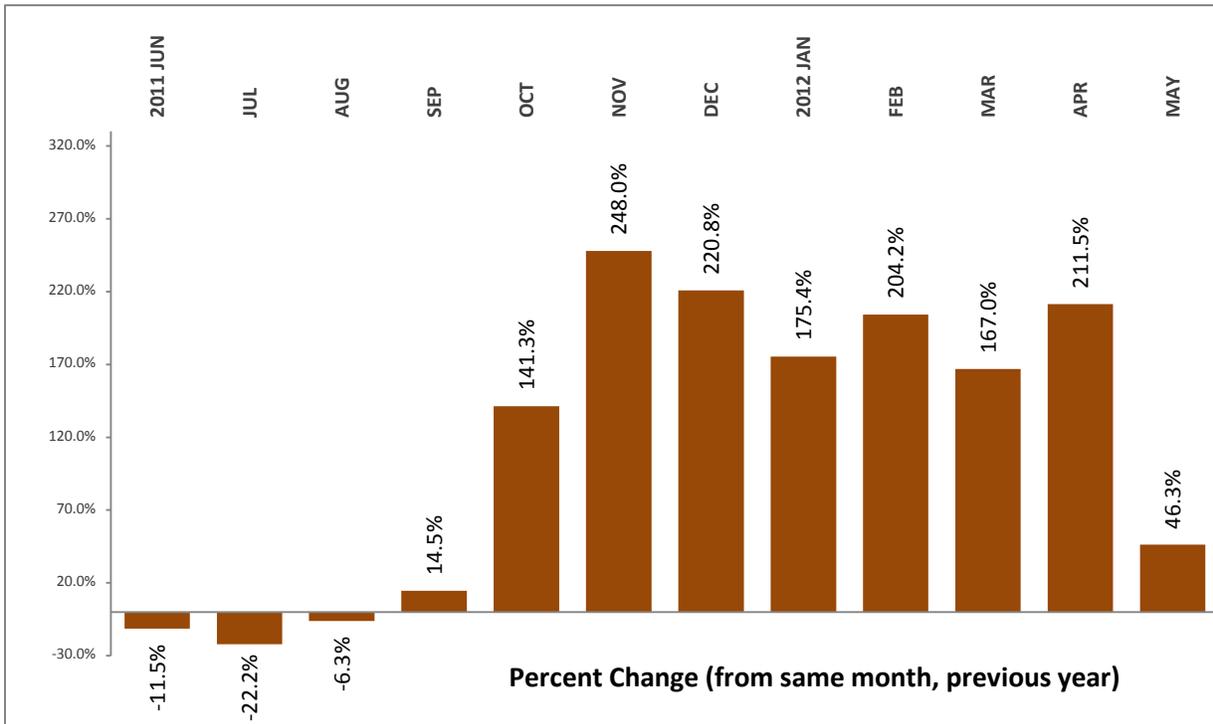
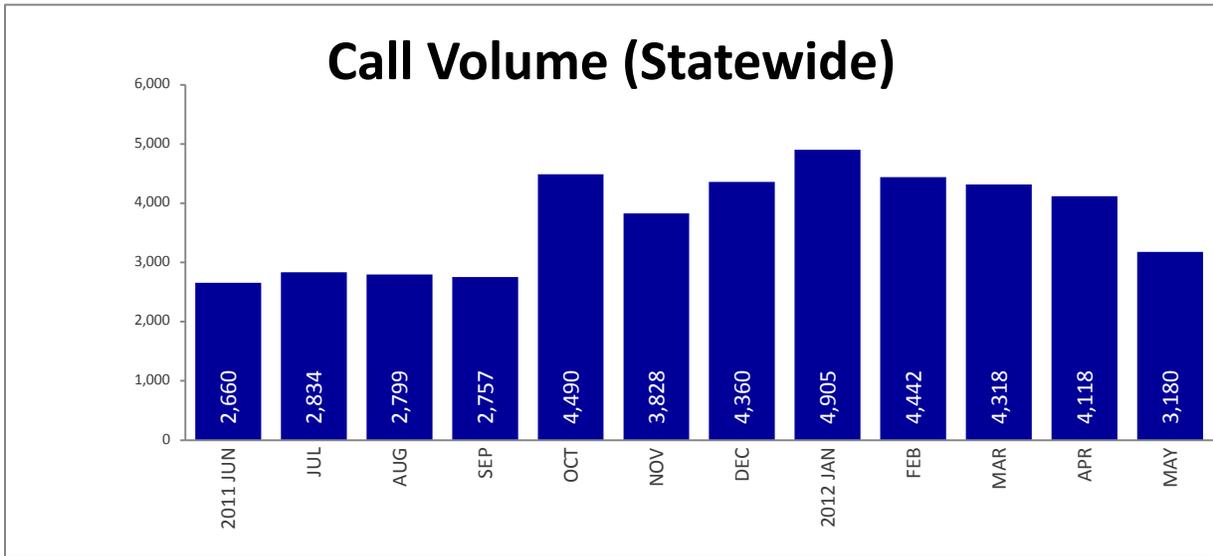
#### DATA NOTES

This data includes those in fee-for-service (FFS).

## 5.4 Monthly call volume

MONTHLY UPDATE

This is the number of assisted calls each month to the MMCD Office of the Ombudsman and the percent change in the number of assisted calls from the same month the previous year.



### DATA NOTES

This includes all calls to the Office of the Ombudsman that were assisted regardless of who made the call or the reason for the call.

## 5.5 Plan grievances related to access issues for SPDs

QUARTERLY UPDATE

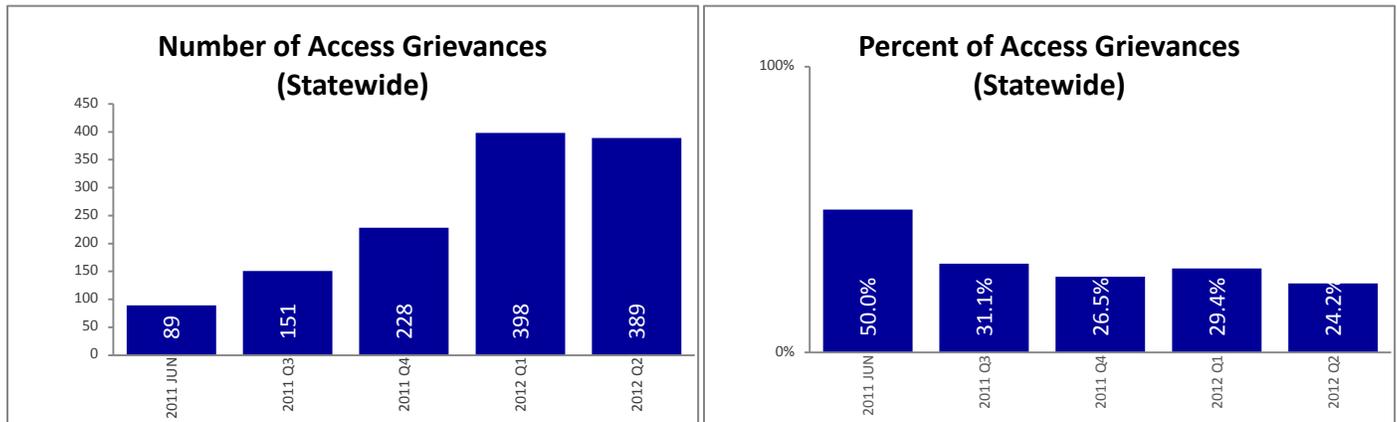
The number of access-related grievances the plan received for SPDs.

The percent of access related-grievances the plan received for SPDs out of all grievances the plan received for SPDs.

All SPDs include transitional, mandatory, voluntary SPDs, and dual-eligible (Medicare) SPDs.

### DATA NOTES

Access-related grievances include physical accessibility, access to primary care and access to specialist care.



	STATEWIDE	Alameda	Contra Costa	Fresno	Kern	Kings	Los Angeles	Madera	Riverside	Sacramento	San Bernardino	San Diego	San Francisco	San Joaquin	Santa Clara	Stanislaus	Tulare
<b>2011 JUNE (Monthly)</b>																	
NUMBER	89	1	0	0	0	0	41	0	1	36	1	6	0	1	2	0	0
PERCENT	50.0%	50.0%	n/a	n/a	0.0%	n/a	62.1%	n/a	50.0%	56.3%	33.3%	50.0%	0.0%	5.3%	33.3%	0.0%	n/a
<b>2011 JUL-SEP (Quarterly)</b>																	
NUMBER	151	1	3	2	1	0	69	0	12	34	5	18	0	4	1	1	0
PERCENT	31.1%	10.0%	42.9%	28.6%	5.0%	n/a	35.6%	n/a	48.0%	35.1%	25.0%	47.4%	0.0%	10.3%	7.7%	100%	0.0%
<b>2011 OCT-DEC (Quarterly)</b>																	
NUMBER	228	7	1	6	2	1	125	1	4	38	5	18	4	9	6	1	0
PERCENT	26.5%	26.9%	5.3%	20.7%	4.2%	16.6%	31.8%	50.0%	22.2%	35.5%	33.3%	28.6%	11.4%	16.6%	18.2%	16.7%	0.0%
<b>2012 JAN-MAR (Quarterly)</b>																	
NUMBER	398	8	3	12	5	0	233	1	14	50	7	46	2	5	4	4	4
PERCENT	29.9%	11.3%	11.5%	24.5%	7.2%	0.0%	37.4%	33.3%	45.2%	33.3%	20.6%	42.6%	5.3%	5.7%	14.3%	19.0%	25.0%
<b>2012 APR-JUN (Quarterly)</b>																	
NUMBER	389	0	1	10	5	0	230	1	27	51	26	27	0	2	4	4	1
PERCENT	24.2%	0.0%	2.1%	22.7%	7.4%	0.0%	32.0%	25.0%	37.0%	25.8%	28.6%	22.5%	0.0%	3.4%	6.7%	30.8%	9.1%

## 5.6 DHCS Outbound Call Survey Results – 6 Plan Sample

As part of the SPD implementation, CMS required enhanced monitoring of six health plans including an outbound call survey of member satisfaction. The outbound call survey consisted of cold calling a random sample of SPD beneficiaries in the six designated health plans 45 days after they were enrolled, and inquiring about their managed care experience.

To expand the sample survey, DHCS is currently working with MAXIMUS, DHCS' enrollment broker, to conduct an outbound call survey of member satisfaction on all Two-Plan and GMC counties.

### Overall Call Results

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
Total # Calls	376	374	375	374	373	374
# Completed Calls	76	84	51	64	63	64
Response Rate	20.21%	22.46%	13.60%	17.11%	16.89%	17.11%

### Q1: Have you made an appointment to see a doctor since you've enrolled in the plan?

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
No Response	32	0	0	0	0	0
Yes	39	45	23	34	26	28
No	5	39	28	30	37	36
% Yes	51.32%	53.57%	45.10%	53.13%	41.27%	43.75%
% No	6.58%	46.43%	54.90%	46.88%	58.73%	56.25%

### Q2: How long did it take to get an appointment from the day you called? (For those who answered "yes" in Q1.)

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
No Response	N/A	10	0	9	7	7
1 Week	N/A	27	10	24	13	18
2 Weeks	N/A	2	5	0	5	1
3 Weeks	N/A	2	1	0	0	2
More than 3 Weeks	N/A	4	7	1	1	0
% No Response	N/A	22.22%	0.00%	26.47%	26.92%	25.00%
% 3 Weeks or Less	N/A	68.89%	69.57%	70.59%	69.23%	75.00%
% More than 3 Weeks	N/A	8.89%	30.43%	2.94%	3.85%	0.00%

### DATA NOTES

For June, question 2 and 4 were not asked.

## DHCS Outbound Call Survey Results – 6 Plan Sample cont.

Q3: Have you seen a specialist since you've enrolled in the plan?

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
No Response	63	0	0	0	1	2
Yes	10	17	6	8	7	12
No	3	67	45	56	55	50
% Yes	13.16%	20.24%	11.76%	12.50%	11.11%	18.75%
% No	3.95%	79.76%	88.24%	87.50%	87.30%	78.13%

Q4: How long did it take to get an appointment from the day you called? (For those who answered "yes" in Q3.)

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
No Response	N/A	2	0	2	3	2
1 Week	N/A	12	2	3	2	9
2 Weeks	N/A	2	1	2	1	1
3 Weeks	N/A	0	1	0	0	0
More than 3 Weeks	N/A	1	2	1	1	0
% No Response	N/A	11.76%	0.00%	25.00%	42.86%	16.67%
% 3 Weeks or Less	N/A	82.35%	66.67%	62.50%	42.86%	83.33%
% More than 3 Weeks	N/A	5.88%	33.33%	12.50%	14.29%	0.00%

Q5: On a scale of 1 to 5, with 1 being the worst and 5 being the best, how would you rate your overall satisfaction with the health plan?

Month of Enrollment	June	July	Aug	Sept	Oct	Nov
No Response	4	24	16	19	18	25
1	3	8	2	1	1	1
2	1	0	1	0	1	0
3	9	11	7	9	7	9
4	13	9	1	6	4	12
5	46	7	5	10	15	17
Average Rating*	4.36	3.89	3.57	4.07	4.00	4.13

### DATA NOTES

For June, question 2 and 4 were not asked.

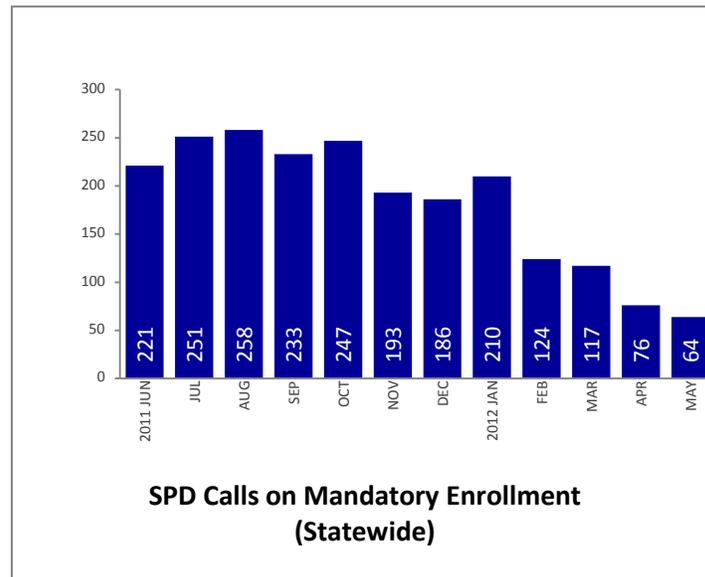
\*Average member satisfaction with plan is based on those that gave a rating.

## 5.7 Calls to the Department of Managed Health Care (DMHC) Help Center

QUARTERLY UPDATE

Some consumers who received DHCS' notification that they were part of the SPD population required to enroll in a managed care plan have been calling DMHC's Help Center. While most calls were about the mandatory enrollment, some calls were about other concerns and issues. Finally, there were some calls that required urgent attention and were resolved through DMHC's Quick Resolution and Urgent Nurse processes.

The below chart shows the total number of calls received from SPD consumers regarding the mandatory SPD enrollment into Managed Care. The table below shows the breakdown of calls on other topics. On the next page, the first table shows the breakdown of urgent calls by topic and the second table indicates the number of written complaints and requests for Independent Medical Reviews (IMRs).



SPD calls on topics other than mandatory enrollment.

	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
Access Complaints			5	4	2	2	9	14	9	24	10	9
Coordination of Care			1	2	1	7	4	2	7	10	5	4
Coverage/Benefit Dispute			3	2	4	10	8	13	16	31	13	18
General Inquiry		2	4	7	4	12	15	26	10	62	51	42
Enrollment Disputes			1		3	16	4	12	6	13	15	7
Claims/Financial					2		1		1	1	3	1
Plan Service/Attitude						2			1	1	2	
Provider Service/Attitude							1			3	2	2
Appeals of Denial							1	1	2	2	3	1
Enrollment Disputes									6			
Total of Other Issues	0	2	14	15	16	49	43	68	58	147	104	84

### DATA NOTES

Data reported by DMHC.

## Calls to DMHC's Help Center cont.

In DMHC's Quick Resolution and Urgent Nurse processes, Call Center staff initiate immediate resolution of a consumer issue by acting as liaisons with consumers and their health plans. Problems resolved typically include unpaid claims, coordination of care, access to interpreters and translators, scheduling non-urgent medical appointments, and issues with COBRA and CalCOBRA.

SPD calls that required immediate resolution.

	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
Access Complaints				2	2	2	1	2	3	4	3	2
Coordination of Care					1					5	1	7
Coverage/Benefit Dispute			2		1	4	2	5	6	10	10	6
Plan Service/Attitude							1			2		
Provider Service/Attitude							1					
Prescription Issue								1				
Enrollment Disputes									1			
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>10</b>	<b>21</b>	<b>14</b>	<b>15</b>

The DMHC Help Center also receives written complaints and requests for Independent Medical Reviews (IMR) from SPD consumers.

	June 2011	July	Aug	Sept	Oct	Nov	Dec	Jan 2012	Feb	Mar	April	May
Standard Complaints		2			2		1	1	2		1	
IMR Requests							2		1			3
<b>Total Written Issues</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>3</b>

### DATA NOTES

Data reported by DMHC.