



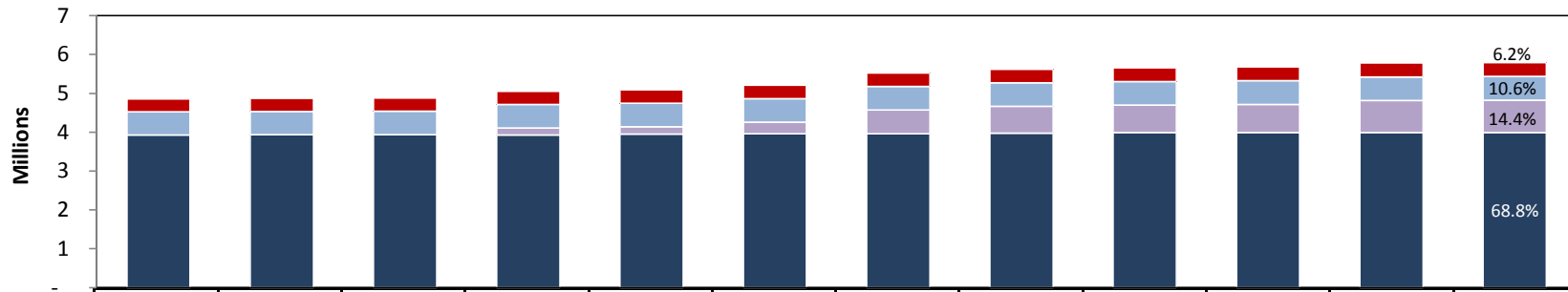
Medi-Cal Managed Care Quarterly Performance Dashboard

Released February 6, 2014

ENROLLMENT

Enrollment By Population: *Statewide*

■ Families ■ Children ■ SPDs ■ Duals

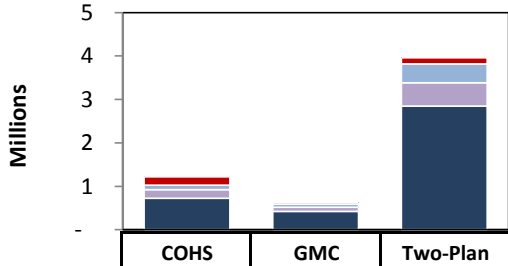


	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
All	4,859,027	4,872,781	4,878,432	5,053,013	5,088,852	5,209,660	5,522,290	5,619,115	5,656,118	5,678,246	5,780,153	5,794,118
Duals	331,287	336,908	340,666	341,629	340,156	343,010	345,356	347,462	349,888	353,000	355,108	357,028
SPDs	601,640	603,265	604,404	604,149	606,075	605,542	605,812	607,431	608,995	609,828	610,622	612,890
Children	-	-	-	179,261	190,926	303,673	611,978	687,986	710,168	727,335	825,049	836,865
Families	3,926,100	3,932,608	3,933,362	3,927,974	3,951,695	3,957,435	3,959,144	3,976,236	3,987,067	3,988,083	3,989,374	3,987,335
Cal MediConnect	-	-	-	-	-	-	-	-	-	-	-	-

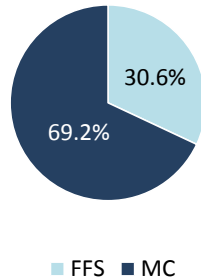
Notes: To prevent double-counting, Cal MediConnect enrollment is not included as part of All enrollment; Families population includes TANF population; SPDs are Medi-Cal only

Enrollment as of September 2013:
Plan Model

■ Families ■ Children ■ SPDs ■ Duals

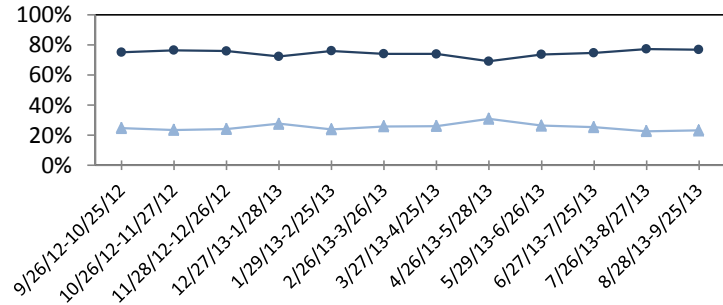


Medi-Cal Population Covered by MC and FFS as of September 2013:
Statewide



Choice and Auto-Assignment Rates: *Statewide*

● Choice ▲ Auto-Assigned



Notes: Does not include members defaulted because they were previously a member or because other family members were already assigned to the plan.
Does not include transitioning populations.



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FINANCIAL

Medical Loss Ratio (without MCO tax)

Health Plan	2013 Q3	2013 Q2	2013 Q1	2012 Q4
KP *	160%	170%	206%	205%
Care First	113%	105%	117%	120%
ABC	106%	69%	102%	119%
KFHS	105%	77%	90%	94%
IEHP	100%	89%	92%	99%
Alameda Alliance	97%	89%	87%	90%
LA CARE	97%	92%	96%	98%
CalOptima	96%	91%	87%	94%
CHG	96%	102%	106%	96%
Molina	95%	98%	88%	91%
SCFHP	94%	92%	93%	93%
HPSJ	93%	85%	95%	99%
CCHP	93%	89%	94%	95%
CalViva	92%	94%	92%	92%
CenCal	91%	92%	83%	97%
GCHP	88%	83%	91%	90%
SFHP	87%	93%	71%	91%
Health Net	86%	83%	84%	88%
Partnership	85%	87%	82%	91%
HPSM	77%	77%	98%	78%
CCAH	74%	91%	92%	98%

Medical Loss Ratio (MLR) is the proportion of premium revenues plans spend on members' medical costs.

*Kaiser's reported cost is based on an allocation to the Medi-Cal Managed Care line-of-business and includes cost of non-covered services.

MLR is ranked by percent, highest to lowest, for the most recent quarter.

Tangible Net Equity

Health Plan	2013 Q3	2013 Q2	2013 Q1	2012 Q4
KP	1458%	1199%	1181%	1137%
CCAH	882%	689%	714%	642%
SFHP	783%	705%	850%	587%
Partnership	763%	719%	675%	576%
HPSM	508%	434%	375%	387%
LA CARE	432%	444%	382%	434%
KFHS	409%	487%	462%	467%
CalOptima	396%	379%	420%	356%
Health Net	527%	545%	565%	523%
ABC	391%	399%	355%	367%
SCFHP	391%	375%	348%	364%
Care First	334%	327%	334%	309%
HPSJ	317%	330%	305%	354%
CenCal	228%	202%	187%	122%
IEHP	226%	279%	252%	260%
CalViva	219%	214%	212%	196%
CHG	212%	215%	247%	309%
CCHP	189%	186%	174%	164%
Molina	157%	152%	163%	147%
GCHP	99%	48%	-29%	-32%
Alameda Alliance	44%	106%	116%	116%

Tangible Net Equity (TNE) is net equity reduced by the value assigned to intangible assets (Title 28 CCR Section 1300.76).

TNE is ranked by percent, highest to lowest, for the most recent quarter.

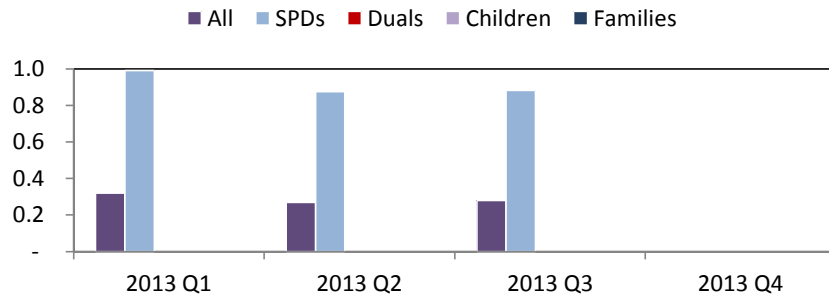


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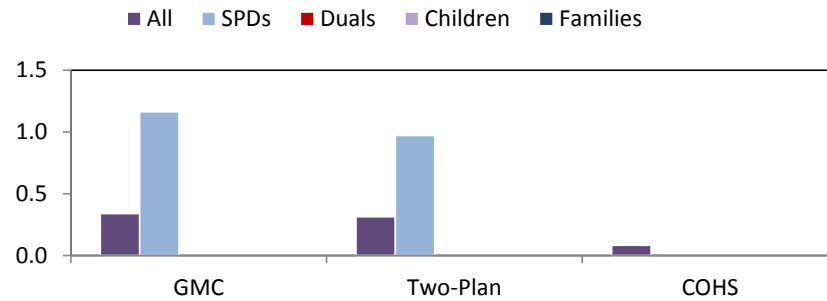
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ACCESS

Grievances per 1,000 Member Months (2013 Q3): Statewide



Grievances per 1,000 Member Months (2013 Q3): Plan Model



Grievances by Reason (2013 Q3): Statewide

Population	Physical Accessibility	Access to Primary Care	Access to Specialists	Out-of-Network	Other Types of Grievances
SPDs	40	143	61	22	1,448

State Fair Hearings by Reason (2013 Q3): Statewide

Reason Category	Total	SPD	Children	Other
MER/EDER	240	150	2	88
Pharmacy	139	99	4	36
Surgery/Treatment	86	49	0	37
Denial of Service	60	53	0	7
Durable Medical Equipment	53	26	0	27
Consultation/Specialist	45	29	0	16
All Other Reasons	165	97	5	63
Total	788	503	11	274

Note: State Fair Hearings data is DHCS data and is not consistent with DSS data

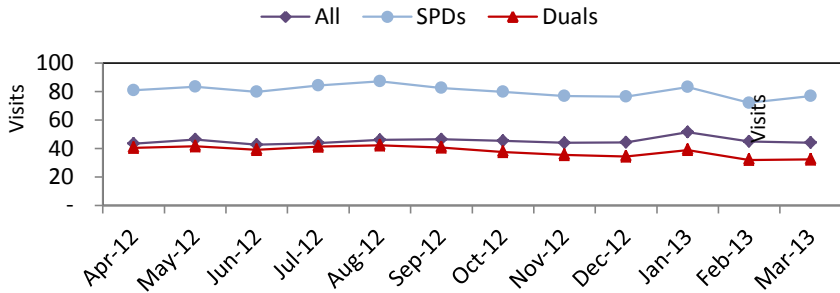


Medi-Cal Managed Care Quarterly Performance Dashboard

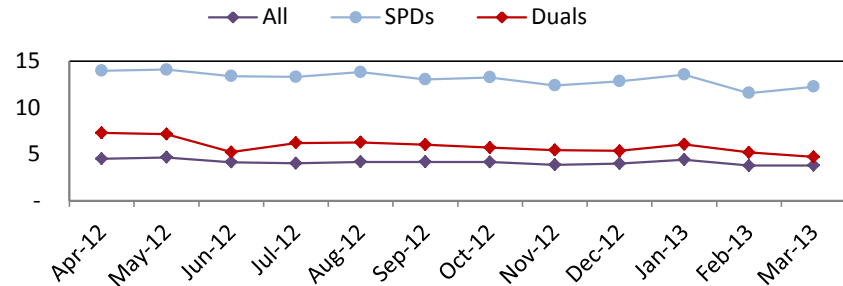
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ACCESS (Cont.)

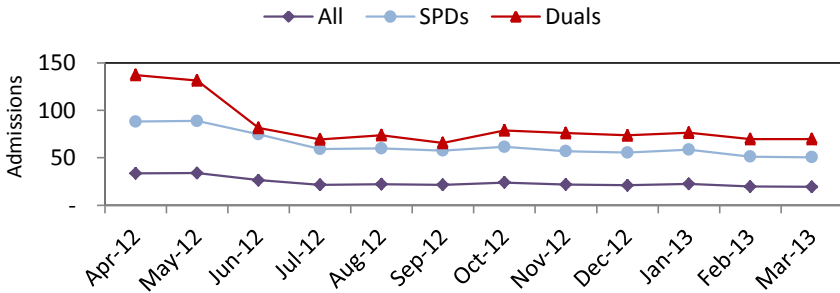
ER Visits per 1,000 Member Months: *Statewide*



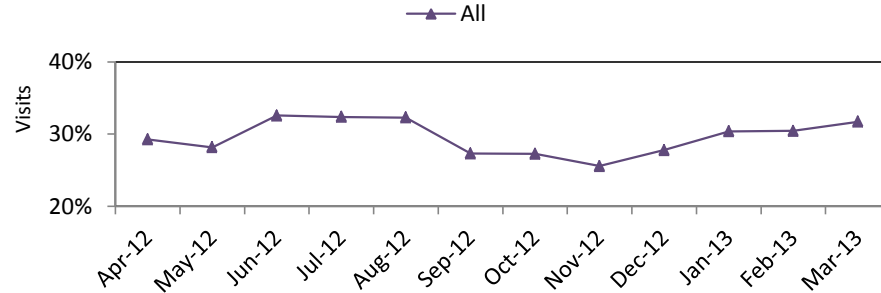
ER Visits with an IP Admission per 1,000 Member Months: *Statewide*



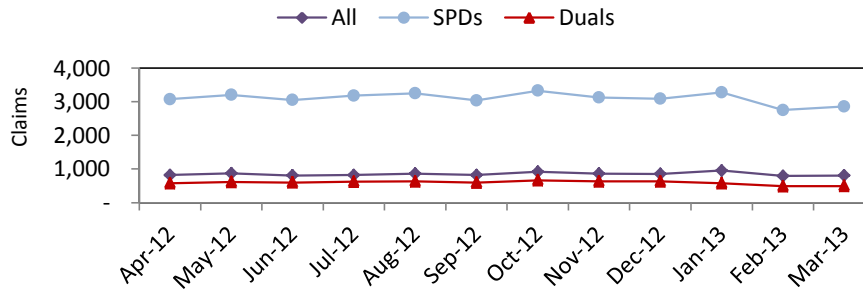
IP Admissions per 1,000 Member Months: *Statewide*



Percent OP Visits at FQHC Providers: *Statewide*

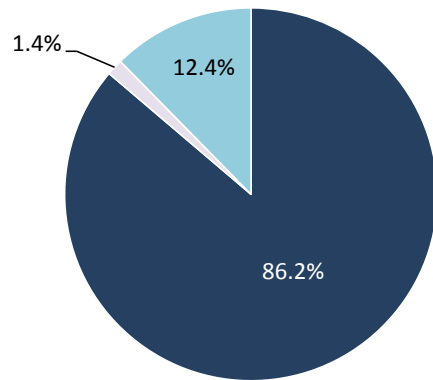


Pharmacy Claims per 1,000 Member Months: *Statewide*

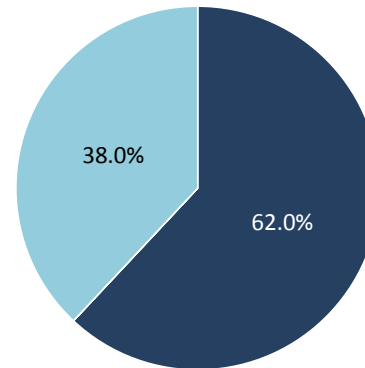


ACCESS (Cont.)

SPDs Continuity of Care (2013 Q3):
Statewide



Children Continuity of Care (2013 Q3):
Statewide



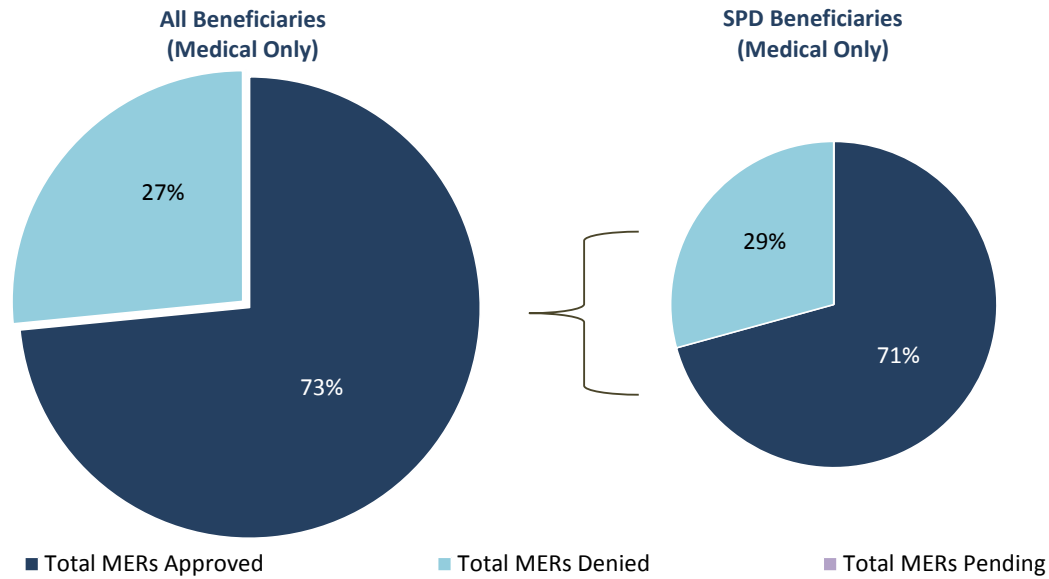
Approved
 Denied
 In-Process

Total Number of Requests:	849
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Total Number of Requests:	313
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ACCESS (Cont.)

MERs (2013 Q3): *Statewide*



	Q3	SPDs	All - YTD	SPDs - YTD
Total in FFS due to Approved MER	10,372	2,732	25,255	8,668
Total MERs Denied	3,748	1,131	13,237	4,881
Total MERs Pending	487	174	487	174

Note: Year-to-date, 25,255 Medi-Cal members are in FFS due to an approved MER.



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QUALITY AND SATISFACTION

2010 CAHPS Satisfaction with Health Plan (9 or 10 Rating): *Statewide*

Adult		Child	
Plan	Rate	Plan	Rate
KP North	65.4%	KP South	73.4%
KP South	64.9%	KP North	72.3%
HPSM	54.4%	CCAH	70.7%
CCAH	51.2%	HPSM	70.0%
Partnership	50.9%	SCFHP	68.0%
CenCal	48.7%	CalOptima	66.1%
HPSJ	48.1%	CenCal	64.9%
CalOptima	48.1%	LA CARE	63.1%
IEHP	46.7%	HPSJ	62.8%
KFHS	46.1%	IEHP	61.9%
LA CARE	45.9%	CCHP	61.3%
CHG	45.6%	Health Net	61.2%
Health Net	44.7%	Partnership	61.1%
CCHP	44.6%	KFHS	61.1%
Alameda Alliance	44.4%	CHG	61.0%
SCFHP	43.0%	Care First	60.9%
Molina	42.6%	ABC	59.8%
ABC	40.5%	Molina	59.4%
Care First	39.0%	Alameda Alliance	58.4%
SFHP	38.0%	SFHP	58.0%
Average	47.6%	Average	63.8%

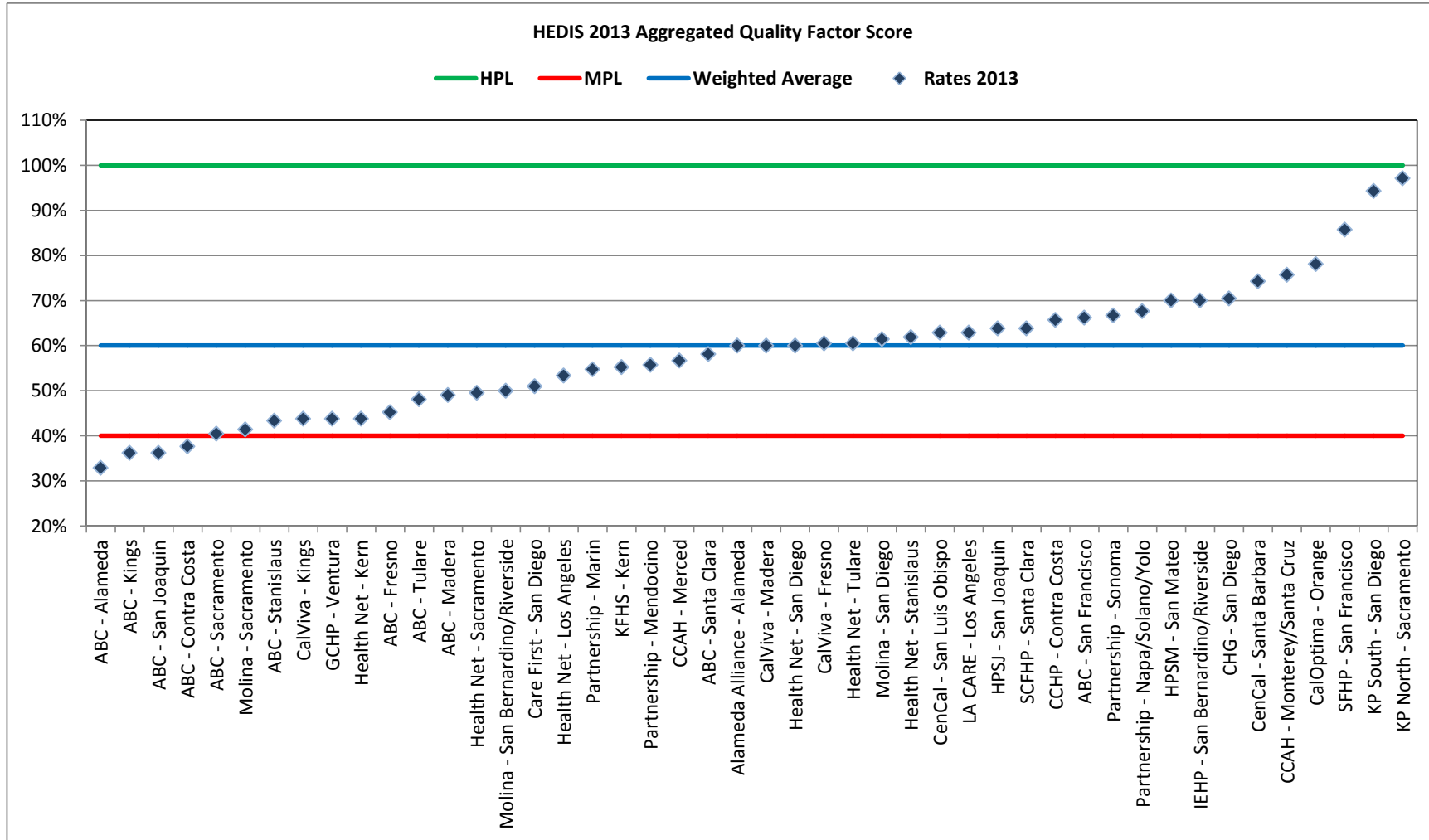
Note: The CAHPS Statewide Average represents a straight average of all health plans (not the weighted average).



Medi-Cal Managed Care Quarterly Performance Dashboard

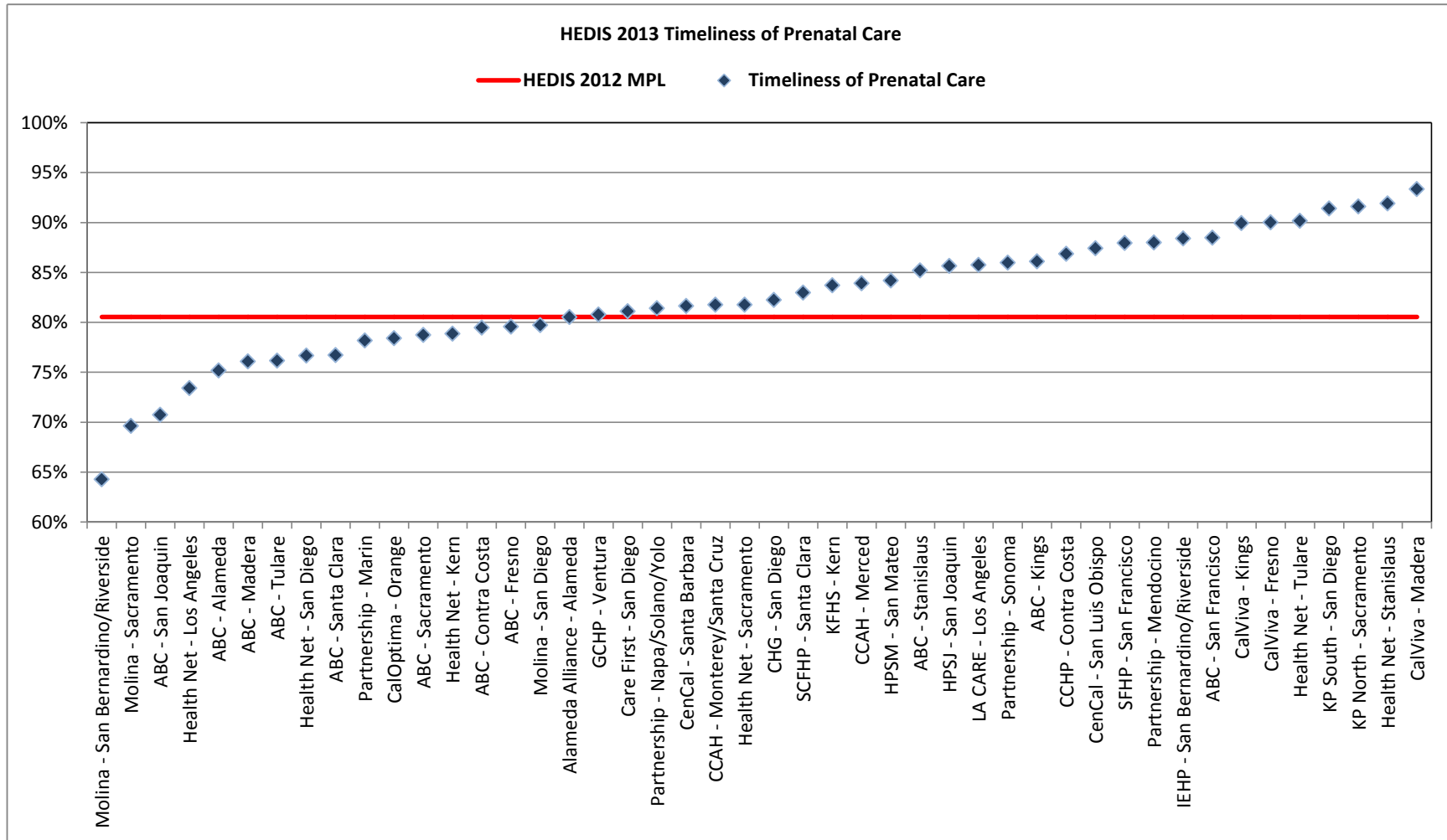
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QUALITY AND SATISFACTION (Cont.)



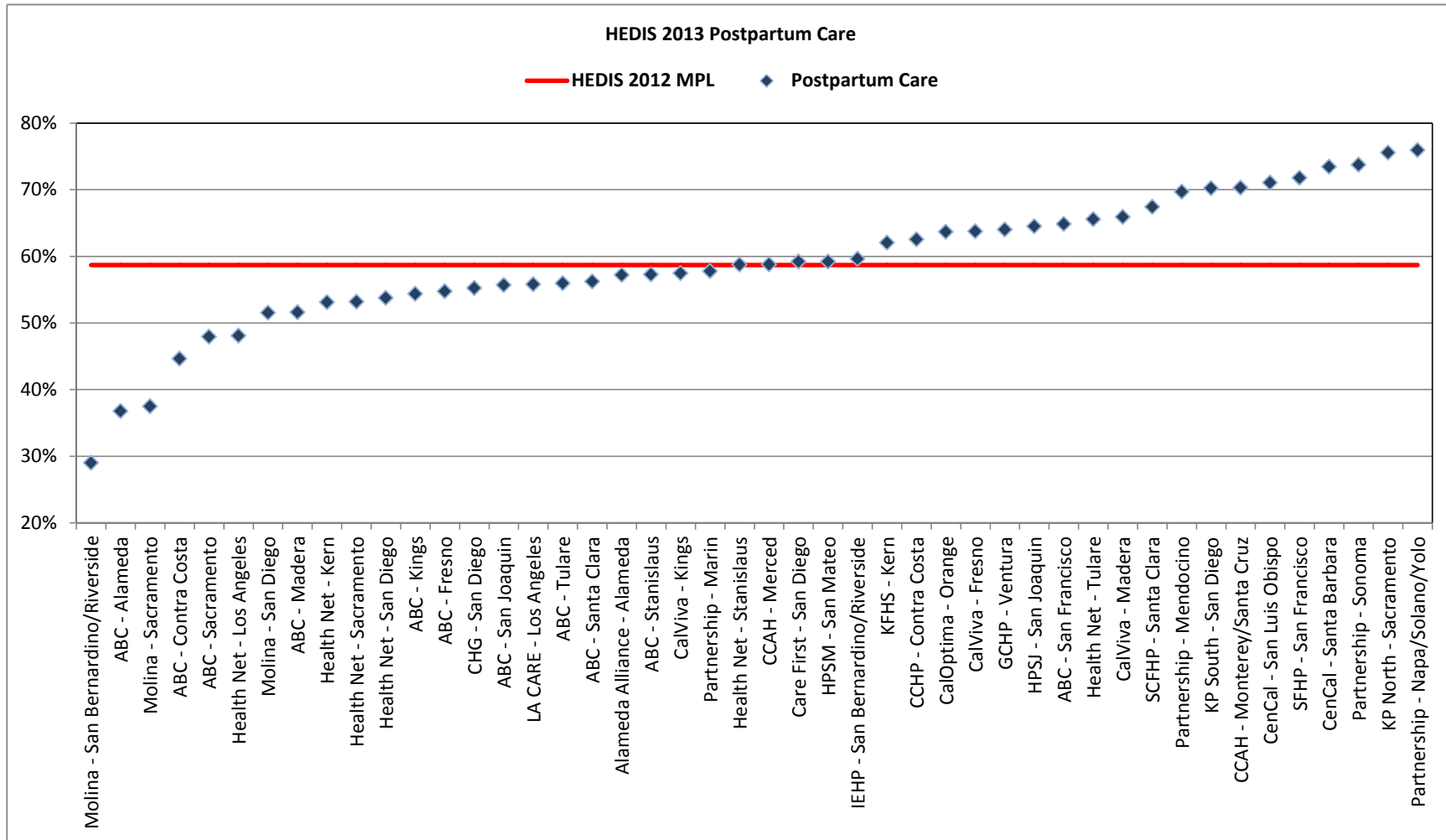
Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

QUALITY AND SATISFACTION (Cont.)



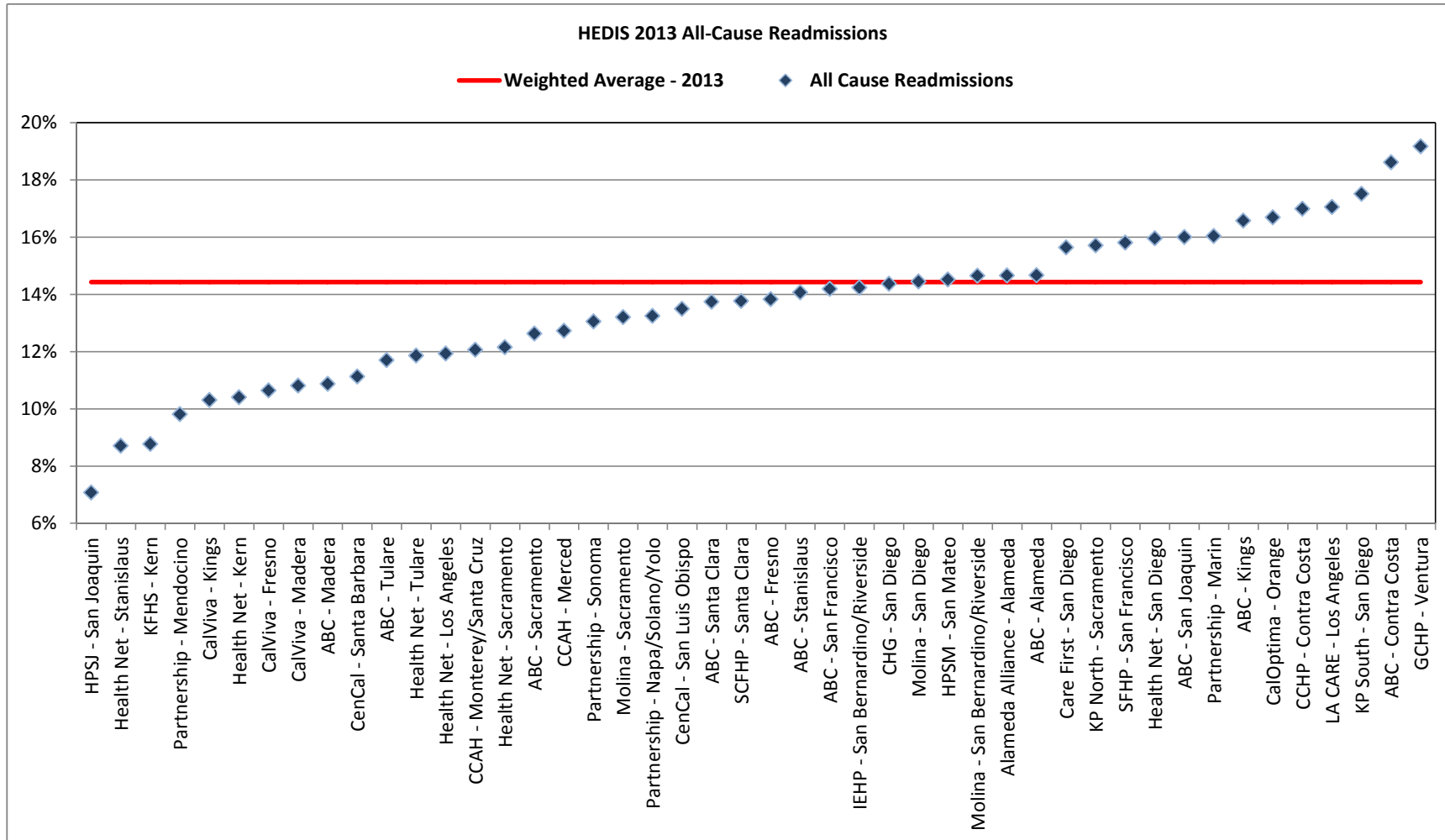
Notes: Healthcare Effectiveness Data and Information Set (HEDIS) 2013 rates reflect 2012 measurement year data.
 HEDIS 2012 Minimum Performance Level (MPL) is the HEDIS 2012 national Medicald 25th Percentile.

QUALITY AND SATISFACTION (Cont.)



Notes: Healthcare Effectiveness Data and Information Set (HEDIS) 2013 rates reflect 2012 measurement year data.
HEDIS 2012 Minimum Performance Level (MPL) is the HEDIS 2012 national Medicald 25th Percentile.

QUALITY AND SATISFACTION (Cont.)



Notes: Healthcare Effectiveness Data and Information Set (HEDIS) 2013 rates reflect 2012 measurement year data.

The MPL is not applied to a measure in the first year DHCS requires the measure. The weighted average for 2013 is 14.34 percent.