

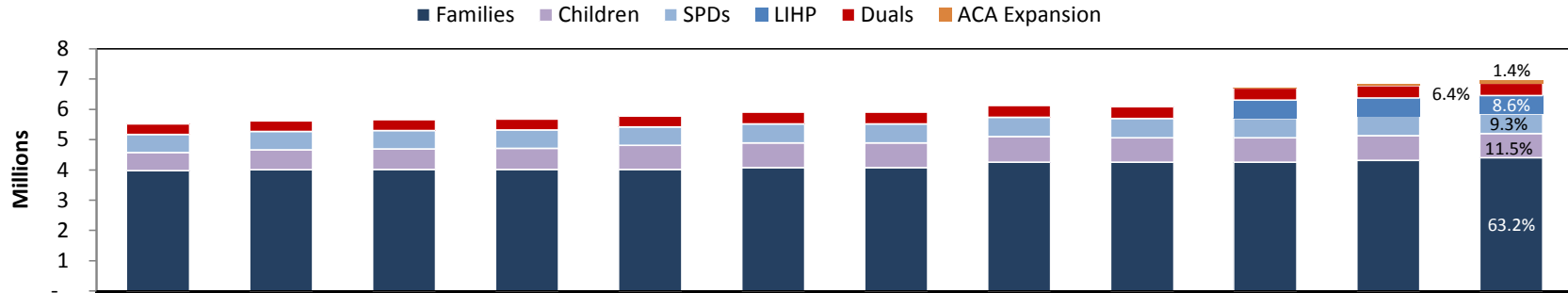


Medi-Cal Managed Care Quarterly Performance Dashboard

Released August 18, 2014

ENROLLMENT

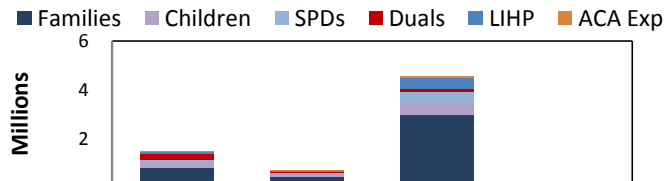
Enrollment By Population: *Statewide*



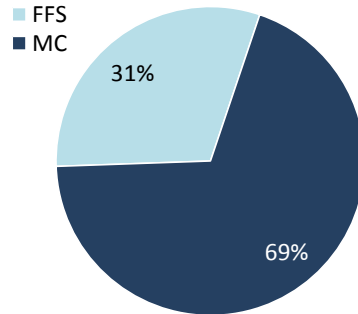
Month	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
All	5,521,923	5,618,633	5,655,456	5,677,482	5,779,199	5,903,990	5,911,364	6,124,936	6,088,821	6,718,910	6,829,544	6,961,189
Duals	347,453	350,256	353,452	356,954	359,556	384,739	387,665	390,602	393,060	399,533	403,959	408,893
SPDs	605,261	606,842	608,334	609,399	610,482	629,727	630,844	633,298	634,020	645,238	648,195	648,685
Children	596,230	660,167	681,767	697,863	792,033	810,533	813,088	850,037	808,891	801,471	815,829	800,548
LIHP	-	-	-	-	-	-	-	-	-	602,125	598,703	601,904
ACA Expansion	-	-	-	-	-	-	-	-	-	14,717	48,667	98,752
Families	3,972,979	4,001,368	4,011,903	4,013,266	4,017,128	4,078,991	4,079,767	4,250,999	4,252,850	4,255,826	4,314,191	4,402,407

Notes: To prevent double-counting, Cal MediConnect enrollment is not included as part of All enrollment; SPDs are Medi-Cal only; SPD children are categorized as SPD's Children includes Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes parents and children who mostly qualify for TANF

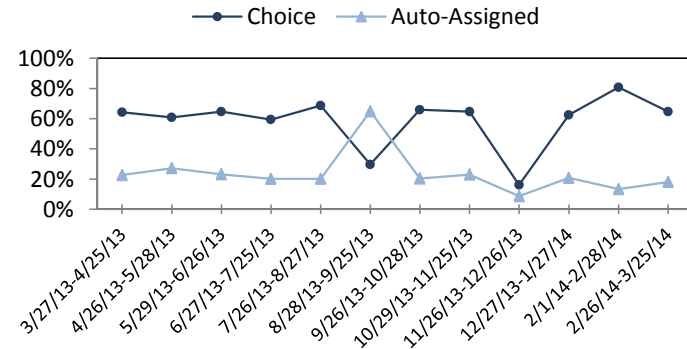
Enrollment as of March 2014: *Plan Model*



Medi-Cal Managed Care vs. FFS as of March 1, 2014: *Statewide*



Choice and Auto-Assignment Rates: *Statewide*



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

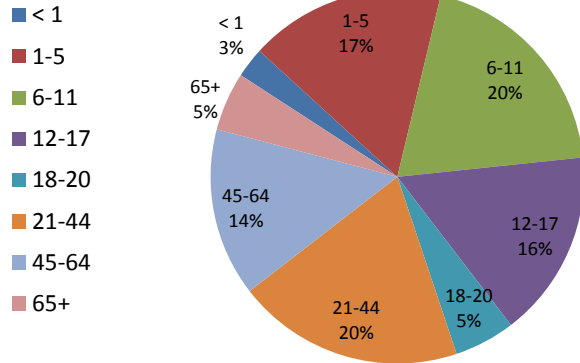


Medi-Cal Managed Care Quarterly Performance Dashboard

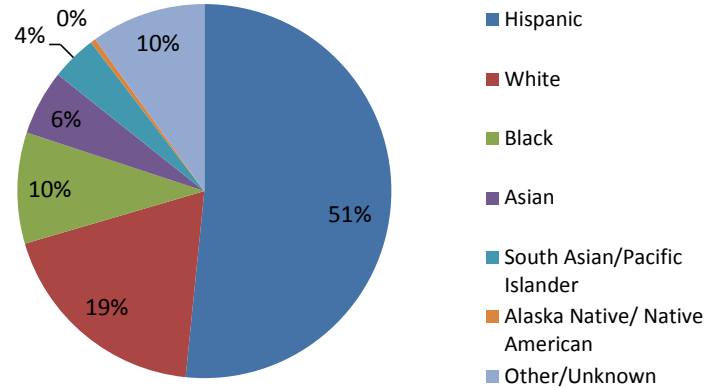
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ENROLLMENT (Cont.)

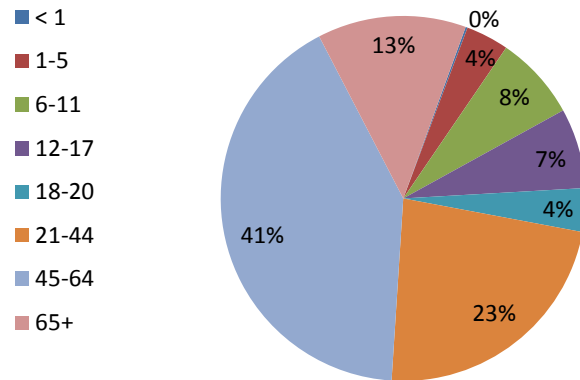
Medi-Cal Managed Care Members by Age as of March 1, 2014 (Includes SPD and Duals)



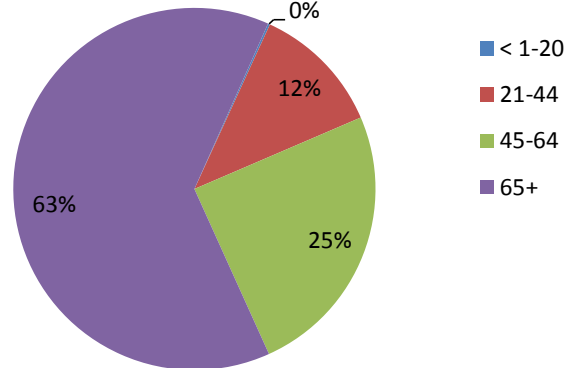
Medi-Cal Managed Care Members by Race/Ethnicity as of March 1, 2014 (Includes SPD and Duals)



**Medi-Cal Managed Care Members
Medi-Cal Only SPDs by Age As of March 1, 2014**



**Medical Managed Care Members
Dual Eligibles by Age As of March 1, 2014**



Medi-Cal Managed Care Members by Age/Female Percent of Total (Includes SPDs and Duals)

Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+
Female	48.8%	48.9%	48.8%	48.9%	52.5%	63.2%	55.5%	62.7%
Total	182,691	1,183,112	1,366,404	1,133,810	367,221	1,372,124	1,016,964	353,236



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FINANCIAL

Medical Loss Ratio (without MCO tax)

Health Plan	2014 Q1	2013 Q4	2013 Q3	2013 Q2
KP *	223%	160%	159%	170%
HPSJ	99%	98%	93%	85%
Care First	96%	94%	113%	105%
CenCal	96%	94%	91%	92%
HPSM	95%	60%	77%	77%
KFHS	95%	94%	105%	77%
CHWP	94%	101%	-	-
CalViva	94%	92%	92%	94%
CHG	94%	95%	96%	102%
CCHP	94%	94%	93%	89%
LA Care	94%	96%	97%	92%
SCFHP	94%	92%	94%	92%
Alameda Alliance	92%	86%	97%	89%
SFHP	90%	84%	87%	93%
ABC	89%	100%	106%	69%
IEHP	89%	94%	100%	89%
GCHP	88%	87%	88%	83%
Molina	87%	90%	95%	98%
Partnership	86%	89%	85%	87%
CCAH	84%	57%	74%	91%
Health Net	80%	86%	86%	83%
CalOptima	77%	93%	96%	91%

Medical Loss Ratio (MLR) measures what percentage of revenue 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.

CHWP is a new Medi-Cal Managed Care plan, therefore no data exists prior to Q4 2013

Tangible Net Equity

Health Plan	2014 Q1	2013 Q4	2013 Q3	2013 Q2
KP	1816%	1727%	1458%	1199%
CCAH	1150%	1163%	882%	689%
Partnership	715%	733%	763%	719%
SFHP	689%	812%	783%	705%
HPSJ	551%	273%	317%	330%
CalOptima	541%	407%	396%	379%
LA Care	466%	492%	432%	444%
Health Net	419%	518%	527%	545%
SCFHP	380%	395%	391%	375%
ABC	379%	414%	391%	399%
KFHS	361%	380%	409%	487%
Care First	287%	319%	334%	327%
IEHP	238%	221%	226%	279%
HPSM	232%	710%	508%	434%
CenCal	222%	230%	228%	202%
CHG	217%	218%	212%	215%
CalViva	215%	223%	219%	214%
CCHP	171%	175%	189%	186%
GCHP	154%	131%	99%	48%
Molina	150%	184%	157%	152%
CHWP	135%	167%	-	-
Alameda Alliance	58%	69%	44%	106%

Tangible Net Equity (TNE) measures financial strength in cash assets.

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

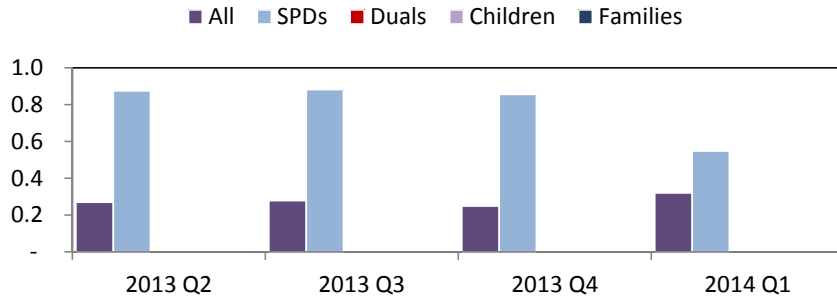


Medi-Cal Managed Care Quarterly Performance Dashboard

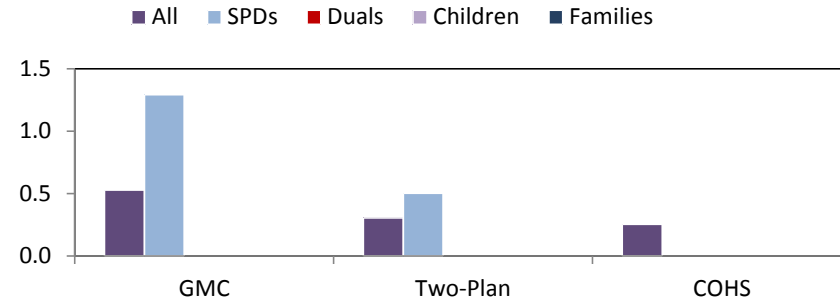
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ACCESS

Grievances per 1,000 Member Months (2014 Q1): Statewide



Grievances per 1,000 Member Months (2014 Q1): Plan Model



We cannot breakout grievance data for duals, children, and families at this time. This data source does not include grievances for SPDs in COHS counties.

Grievances by Reason (2014 Q1): Statewide

Population	Physical Accessibility	Access to Primary Care	Access to Specialists	Out-of-Network	Other Types of Grievances
SPDs	8	166	76	48	1,728

State Fair Hearings by Reason (2014 Q1): Statewide

Reason Category	Total	SPDs	Children	Other
MER/EDER	168	62	2	104
Pharmacy	164	88	2	74
Surgery/Treatment	97	48	3	46
Consultation/Specialist	49	27	0	22
Durable Medical Equipment	45	40	0	5
Denial of Service	42	17	2	23
All Other Reasons	123	60	3	60
Total	688	342	12	334

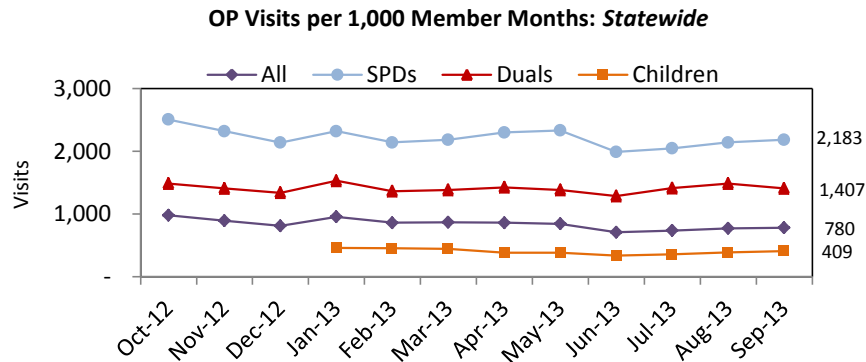
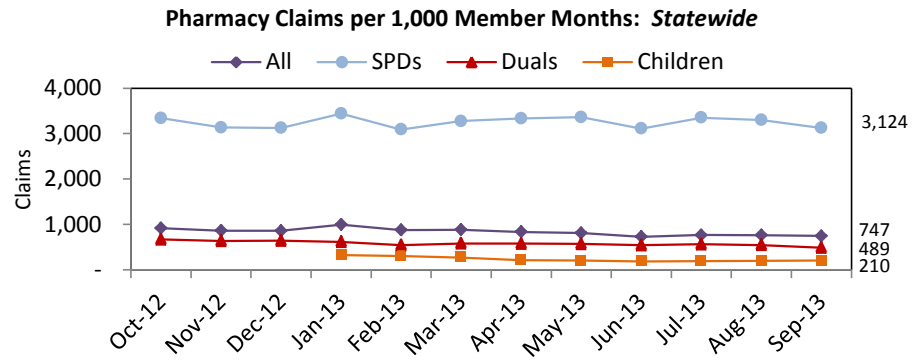
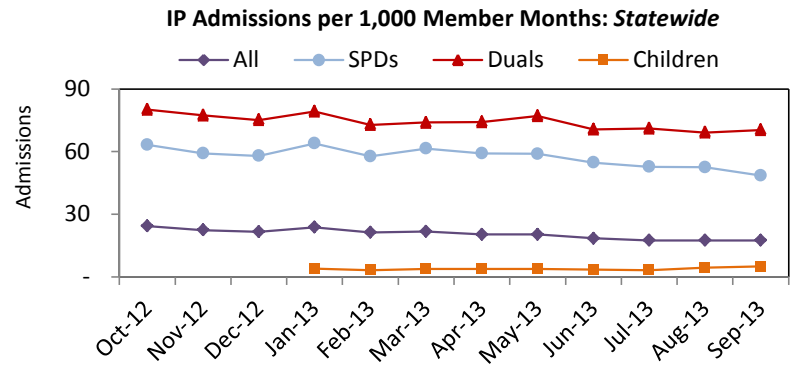
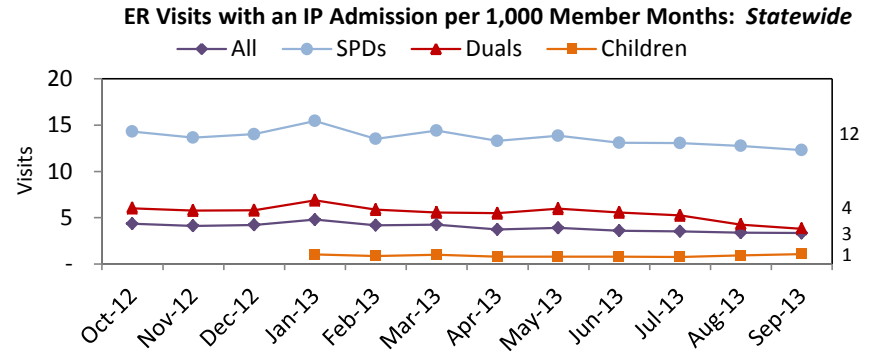
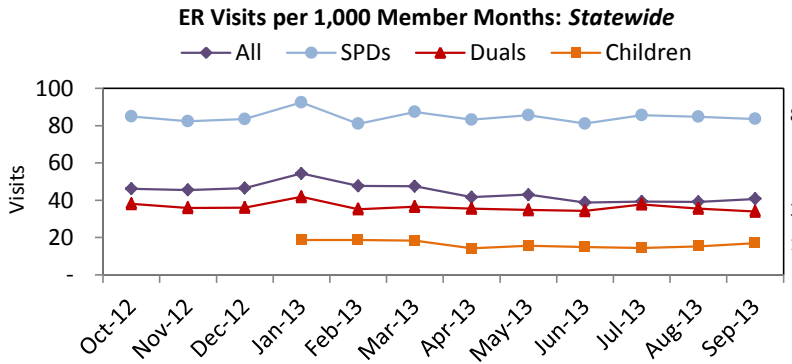
Note: State Fair Hearings data is DHCS data and may not be consistent with DSS data.



Medi-Cal Managed Care Quarterly Performance Dashboard

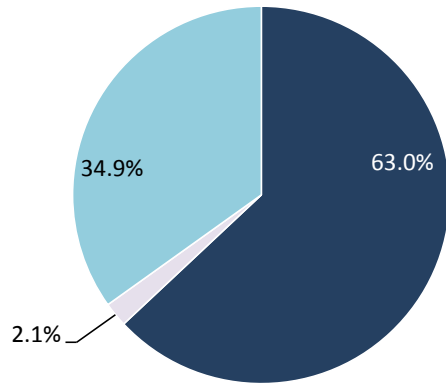
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ACCESS (Cont.)

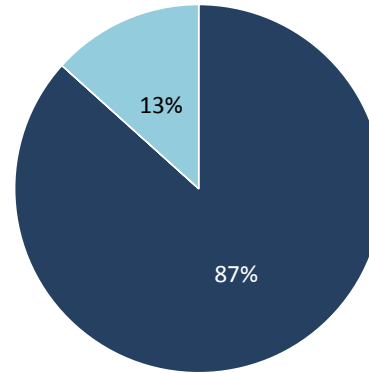


ACCESS (Cont.)

**SPDs Continuity of Care (2014 Q1):
Statewide**



**Children Continuity of Care (2014 Q1):
Statewide**



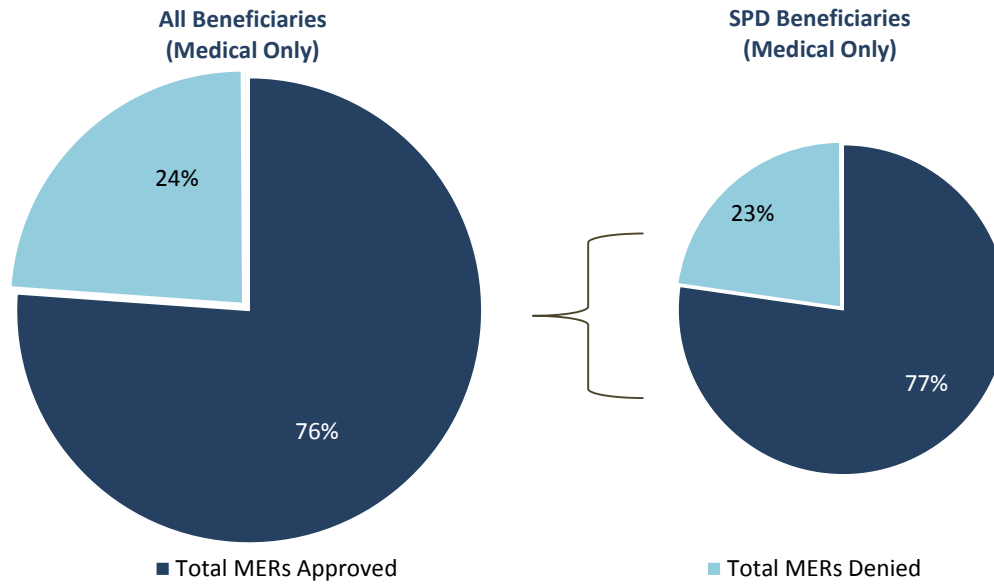
Approved
 Denied
 In-Process

Total Number of Requests:	711
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Total Number of Requests:	15
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ACCESS (Cont.)

MERs (2014 Q1): Statewide



	Q1 2014	SPDs	All - YTD	SPDs - YTD
Total in FFS due to an approved MER	9,458	2,243	9,458	2,243
Total MERs Denied	2,953	657	2,953	657
Total MERs Pending	12	3	12	3



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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 members were surveyed to rate their MCP on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible."

2013 CAHPS Satisfaction with Health Plan (9 or 10 Rating): *Statewide*

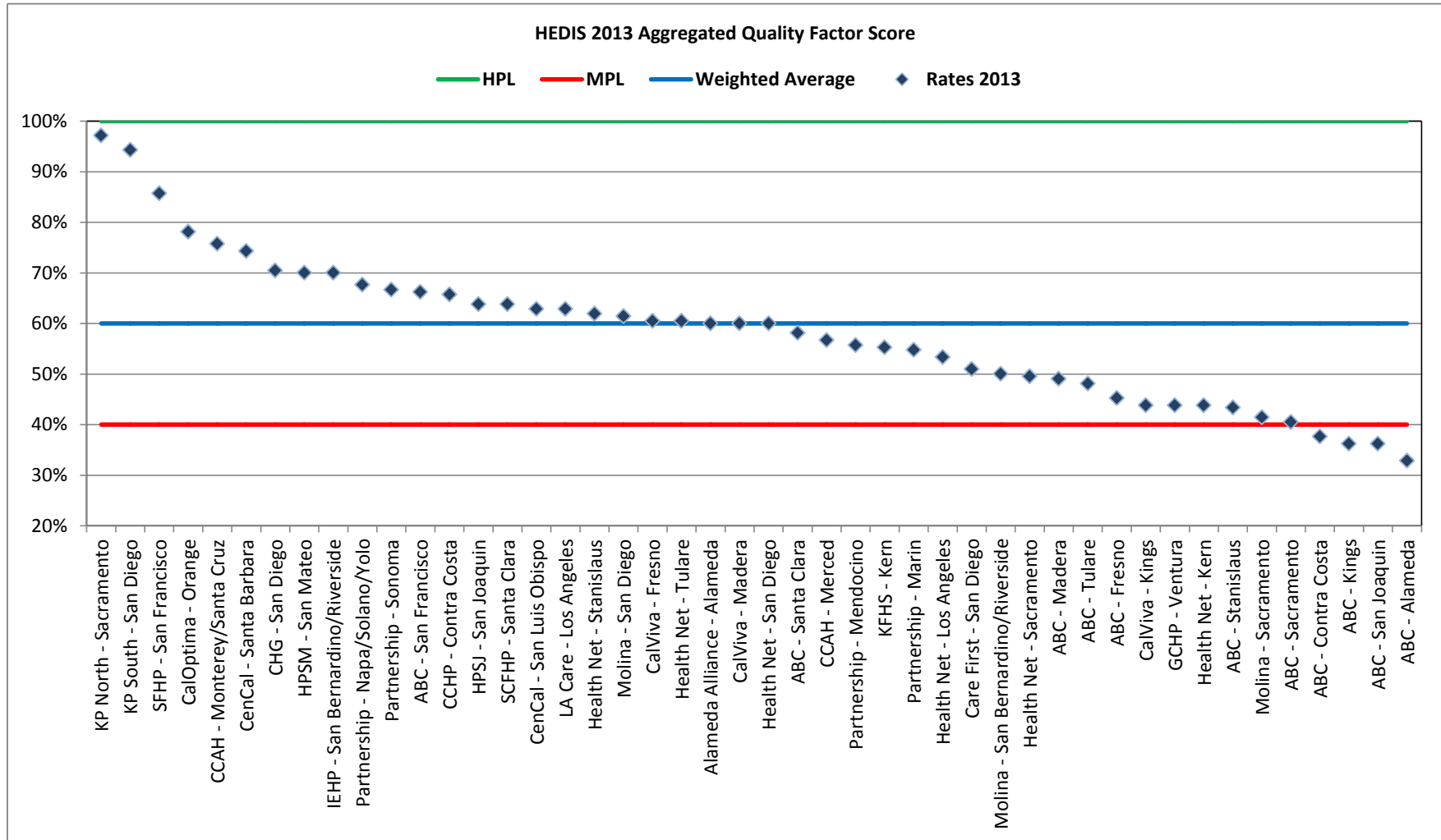
Adult		Child	
Plan	Rate	Plan	Rate
KP South	70.0%	KP South	78.9%
KP North	68.8%	KP North	76.2%
IEHP	57.3%	HPSM	70.3%
CalOptima	56.5%	SCFHP	68.7%
HPSM	56.5%	CalOptima	68.5%
CCAH	54.7%	HPSJ	68.4%
HPSJ	54.2%	LA Care	68.2%
GCHP	51.2%	IEHP	67.8%
Partnership	51.1%	CHG	67.3%
SCFHP	50.7%	Health Net	66.5%
KFHS	50.2%	KFHS	65.9%
CCHP	49.9%	CalViva	65.9%
Care First	49.6%	Alameda Alliance	65.8%
CalViva	48.8%	Care First	64.4%
Health Net	47.7%	CenCal	64.3%
SFHP	47.5%	ABC	64.3%
CHG	47.5%	CCAH	64.2%
CenCal	47.0%	Partnership	61.0%
LA Care	46.6%	SFHP	60.9%
ABC	46.3%	CCHP	60.8%
Alameda Alliance	45.2%	Molina	59.4%
Molina	44.7%	GCHP	58.9%
Average	51.9%	Average	66.2%



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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).

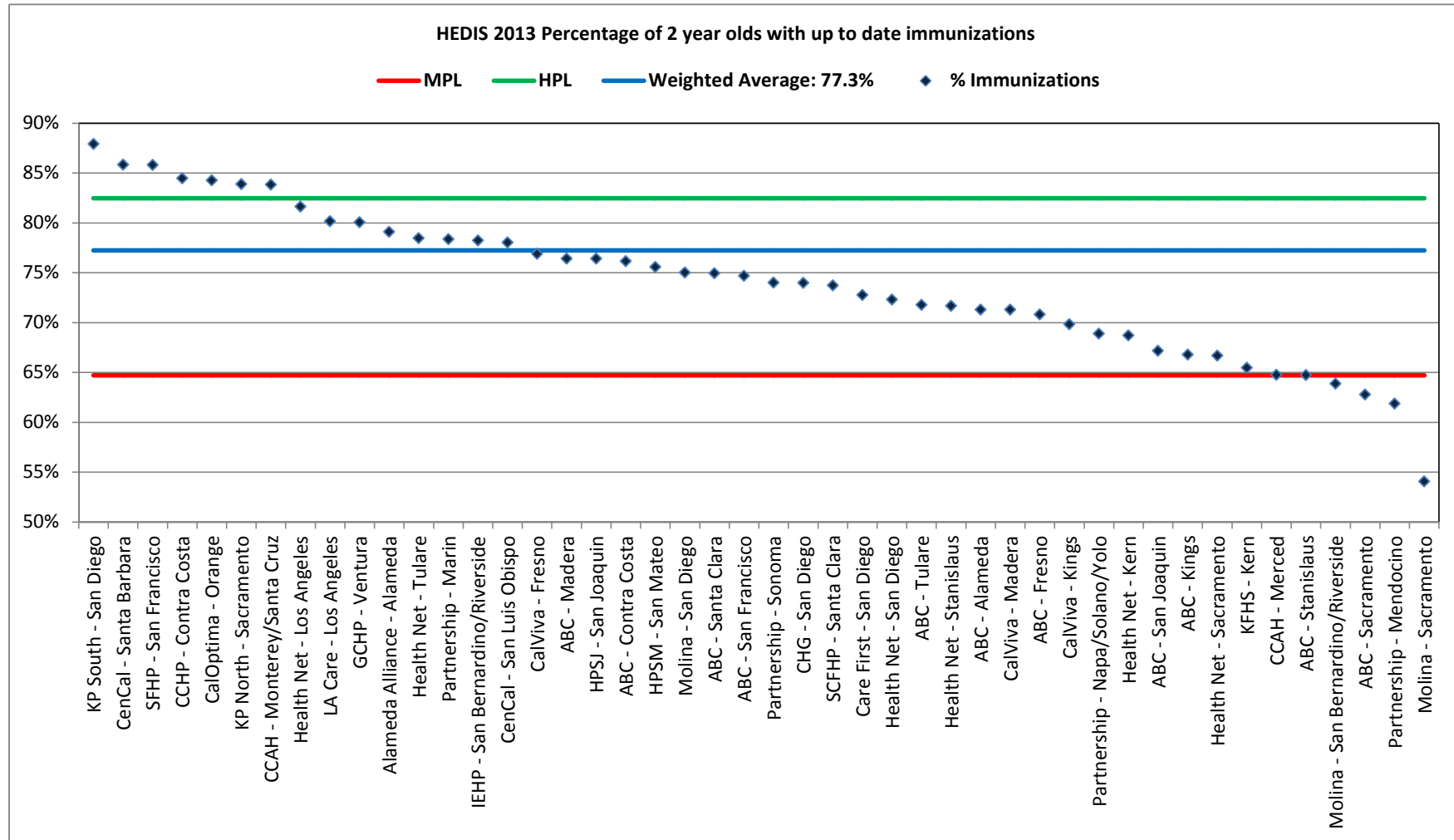
The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 60%.



Medi-Cal Managed Care Quarterly Performance Dashboard

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QUALITY AND SATISFACTION (Cont.)



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

[Link to HEDIS 2013.](#)

High Performance Level (HPL): Top 10% of Medicaid plans in the U.S. documented immunizing more than 82.5% of 2 year olds.

The Minimum Performance Level (MPL): Bottom 25% of Medicaid plan in the U.S. documented immunizing less than 64.7% of 2 year olds.

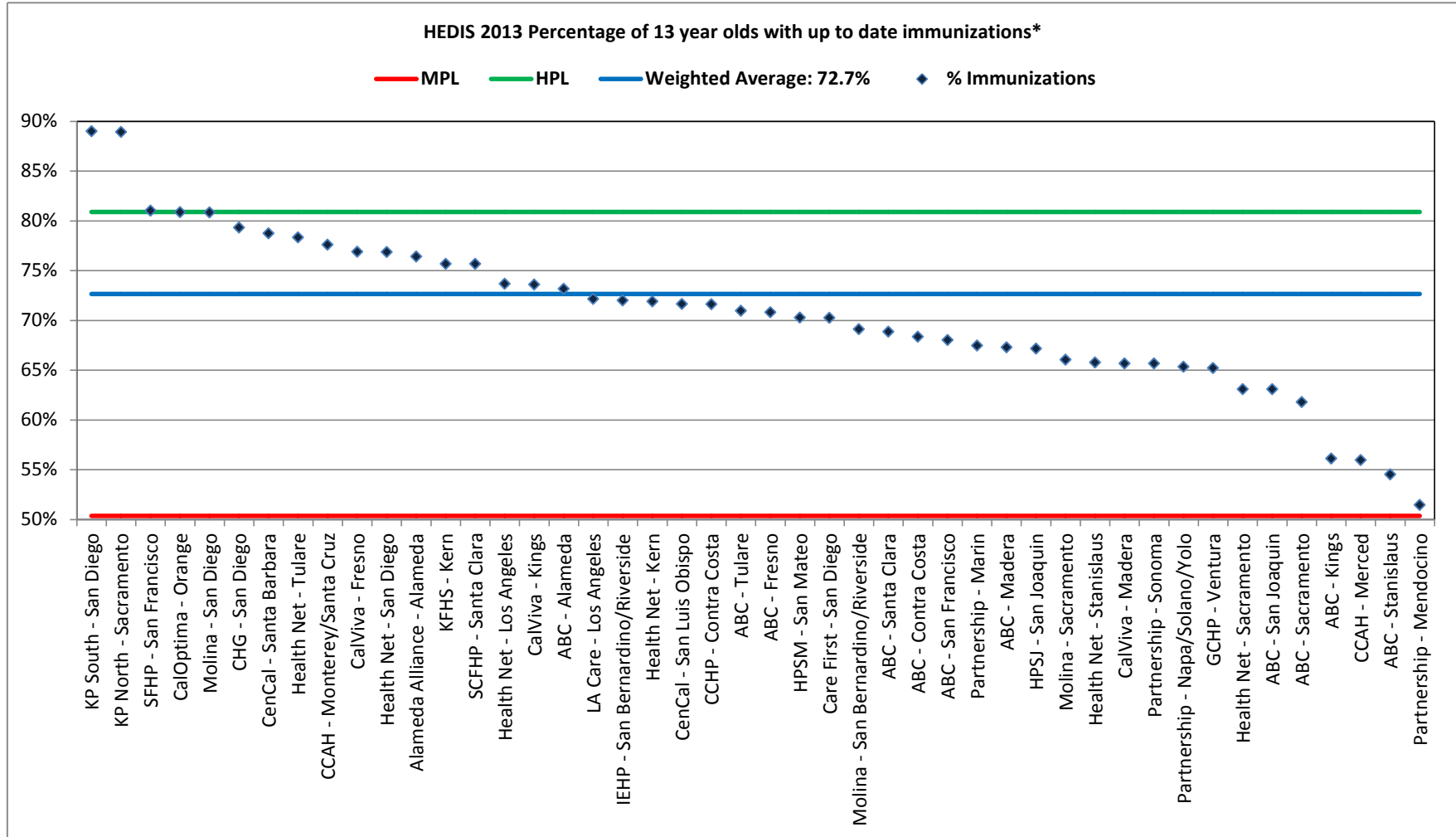
CIS-3 Combo includes immunizations for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus influenzae type B (Hib), hepatitis B, chicken pox, and pneumococcal disease



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QUALITY AND SATISFACTION (Cont.)



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

[Link to HEDIS 2013.](#)

High Performance Level (HPL): Top 10% of Medicaid plans in the U.S. documented immunizing more than 80.9% of adolescents.

The Minimum Performance Level (MPL): Bottom 25% of Medicaid plan in the U.S. documented immunizing less than 50.4% of adolescents.

*Received at least one dose of meningococcal and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) or one tetanus, diphtheria toxoids. (Immunization of Adolescents, IMA-Combo)