

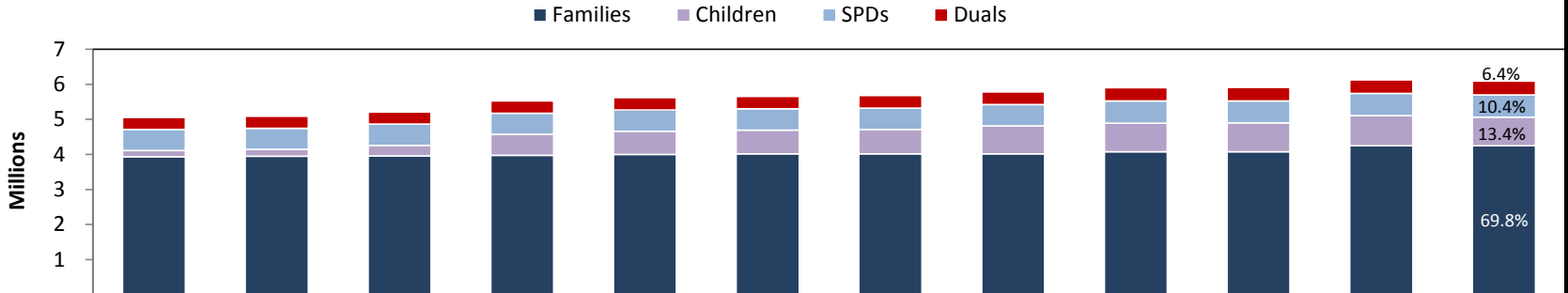


Medi-Cal Managed Care Quarterly Performance Dashboard

Released May 6, 2014

ENROLLMENT

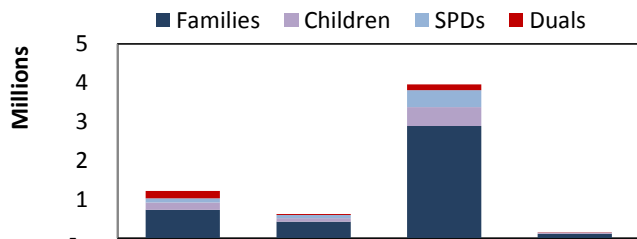
Enrollment By Population: *Statewide*



	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
All	5,052,903	5,088,676	5,209,439	5,521,980	5,618,754	5,655,664	5,677,735	5,779,503	5,904,344	5,911,712	6,125,355	6,089,203
Duals	342,309	341,211	344,536	347,015	349,269	351,934	355,288	357,734	382,711	385,429	388,146	390,263
SPDs	603,899	605,704	605,045	605,418	607,222	608,915	609,996	611,008	630,200	631,134	633,299	633,931
Children	179,354	190,989	302,408	596,284	660,424	682,224	698,534	793,051	811,970	814,965	852,965	814,748
Families	3,927,341	3,950,772	3,957,450	3,973,263	4,001,839	4,012,591	4,013,917	4,017,710	4,079,463	4,080,184	4,250,945	4,250,261
Cal MediConnect	-	-	-	-	-	-	-	-	-	-	-	-

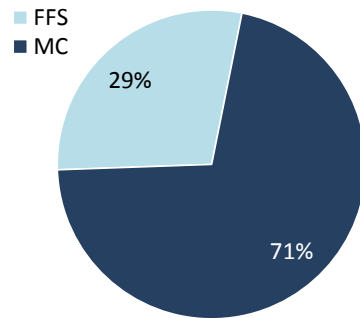
Notes: To prevent double-counting, Cal MediConnect enrollment is not included as part of All enrollment; SPDs are Medi-Cal only; SPD children are categorized as SPD's Children includes Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes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

Enrollment as of December 2013: *Plan Model*

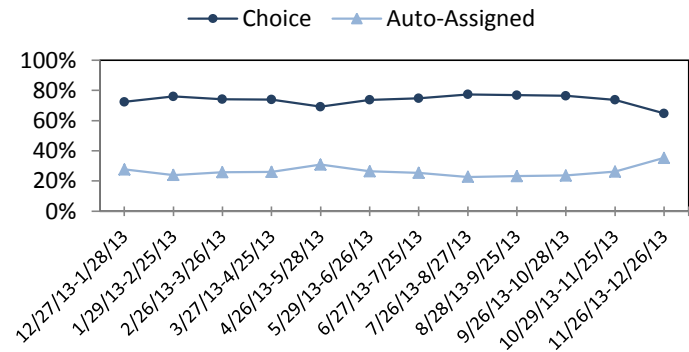


	COHS	GMC	Two-Plan	RM
All	1,218,286	619,141	3,956,221	137,770
Duals	16%	4%	4%	0%
SPDs	8%	13%	11%	1%
Children	16%	15%	12%	17%
Families	60%	68%	73%	82%

Medi-Cal Managed Care vs. FFS as of December 1, 2013: *Statewide*



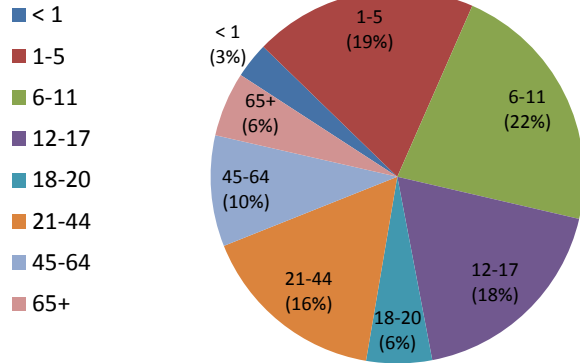
Choice and Auto-Assignment Rates: *Statewide*



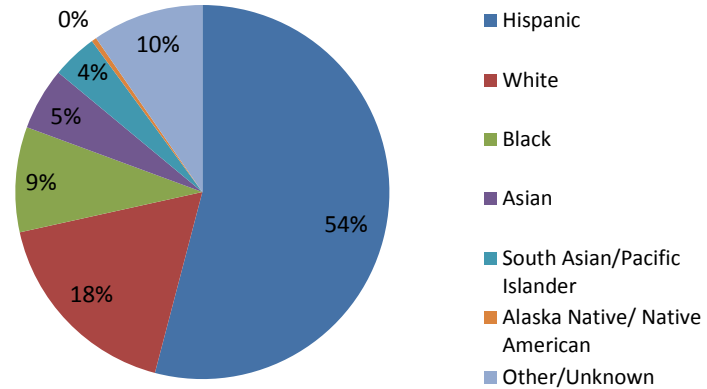
Notes: Does not include transitioning populations, members defaulted because they were previously a member, or if other family members were already assigned to the plan.

ENROLLMENT (Cont.)

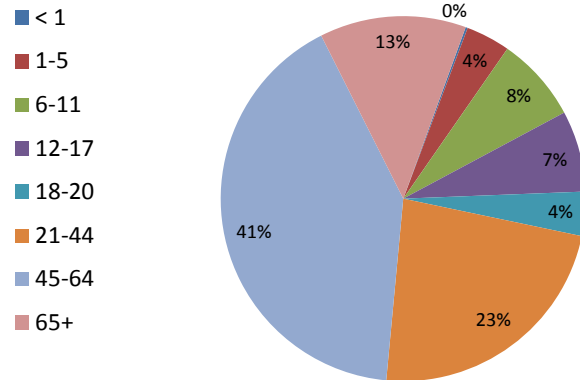
Medi-Cal Managed Care Members by Age as of December 1, 2013 (Includes SPD and Duals)



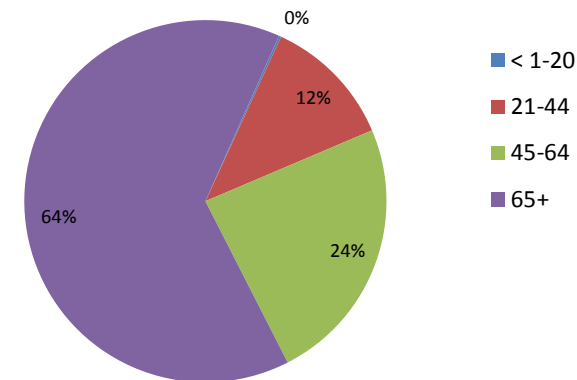
Medi-Cal Managed Care Members by Race/Ethnicity as of December 1, 2013 (Includes SPD and Duals)



**Medi-Cal Managed Care Members
Medi-Cal Only SPDs by Age As of December 1, 2013**



**Medical Managed Care Members
Dual Eligibles by Age As of December 1, 2013**



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%	52.7%	70.5%	56.4%	62.8%
Total	188,816	1,179,364	1,345,262	1,121,266	346,917	993,710	586,399	341,467



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FINANCIAL

Medical Loss Ratio (without MCO tax)

Health Plan	2013 Q4	2013 Q3	2013 Q2	2013 Q1
KP *	159%	160%	170%	206%
CHWP	101%	-	-	-
ABC	100%	106%	69%	102%
HPSJ	98%	93%	85%	95%
LA Care	96%	97%	92%	96%
CHG	95%	96%	102%	106%
CenCal	94%	91%	92%	83%
Care First	94%	113%	105%	117%
CCHP	94%	93%	89%	94%
IEHP	94%	100%	89%	92%
KFHS	94%	105%	77%	90%
CalOptima	93%	96%	91%	87%
CalViva	92%	92%	94%	92%
SCFHP	92%	94%	92%	93%
Molina	90%	95%	98%	88%
Partnership	89%	85%	87%	82%
GCHP	87%	88%	83%	91%
Alameda Alliance	86%	97%	89%	87%
Health Net	86%	86%	83%	84%
SFHP	84%	87%	93%	71%
HPSM	60%	77%	77%	98%
CCAH	57%	74%	91%	92%

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	2013 Q4	2013 Q3	2013 Q2	2013 Q1
KP	1727%	1458%	1199%	1181%
CCAH	1163%	882%	689%	714%
SFHP	812%	783%	705%	850%
Partnership	733%	763%	719%	675%
HPSM	710%	508%	434%	375%
Health Net	518%	527%	545%	565%
LA Care	492%	432%	444%	382%
ABC	414%	391%	399%	355%
CalOptima	407%	396%	379%	420%
SCFHP	395%	391%	375%	348%
KFHS	380%	409%	487%	462%
Care First	319%	334%	327%	334%
HPSJ	273%	317%	330%	305%
CenCal	230%	228%	202%	187%
CalViva	223%	219%	214%	212%
IEHP	221%	226%	279%	252%
CHG	218%	212%	215%	247%
Molina	184%	157%	152%	163%
CCHP	175%	189%	186%	174%
CHWP	167%	-	-	-
GCHP	131%	99%	48%	-29%
Alameda Alliance	69%	44%	106%	116%

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

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

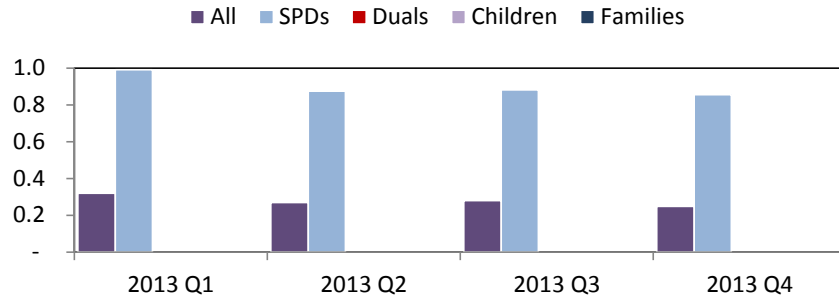


Medi-Cal Managed Care Quarterly Performance Dashboard

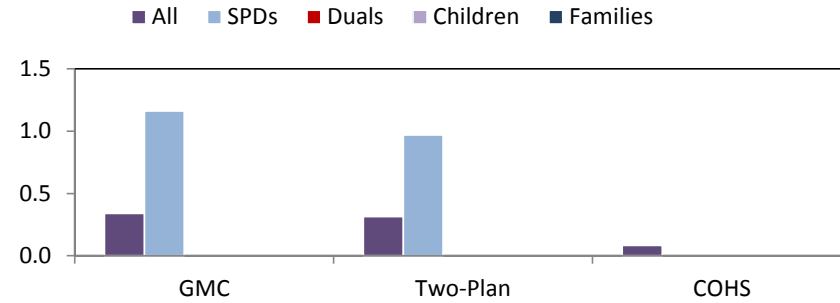
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ACCESS

Grievances per 1,000 Member Months (2013 Q4): *Statewide*



Grievances per 1,000 Member Months (2013 Q4): *Plan Model*



Grievances by Reason (2013 Q4): *Statewide*

Population	Physical Accessibility	Access to Primary Care	Access to Specialists	Out-of-Network	Other Types of Grievances
<i>SPDs</i>	5	114	63	35	1,235

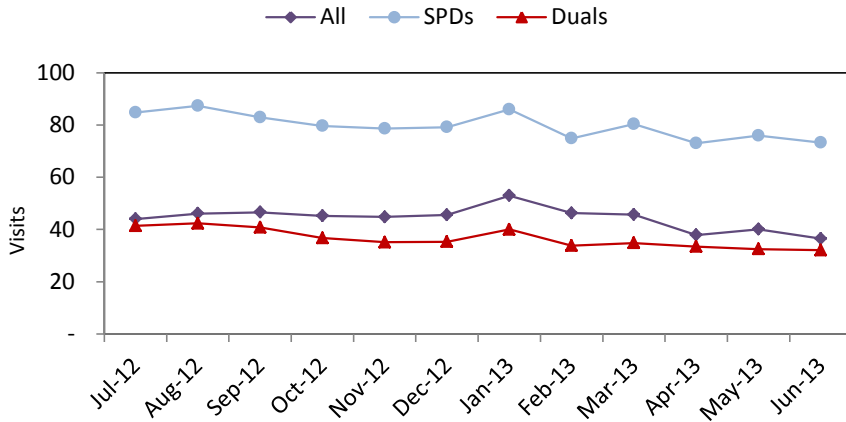
State Fair Hearings by Reason (2013 Q4): *Statewide*

Reason Category	Total	SPDs	Children	Other
MER/EDER	191	98	1	92
Pharmacy	174	128	3	43
Surgery/Treatment	63	33	3	27
Consultation/Specialist	50	32	1	17
Durable Medical Equipment	41	38	0	3
Denial of Service	38	29	0	9
All Other Reasons	189	110	3	76
Total	746	468	11	267

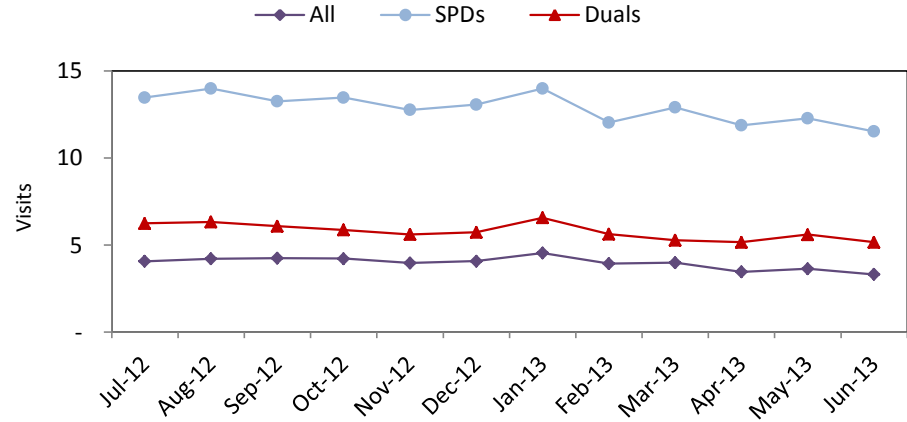
Note: State Fair Hearings data is DHCS data and may not be consistent with DSS data.

ACCESS (Cont.)

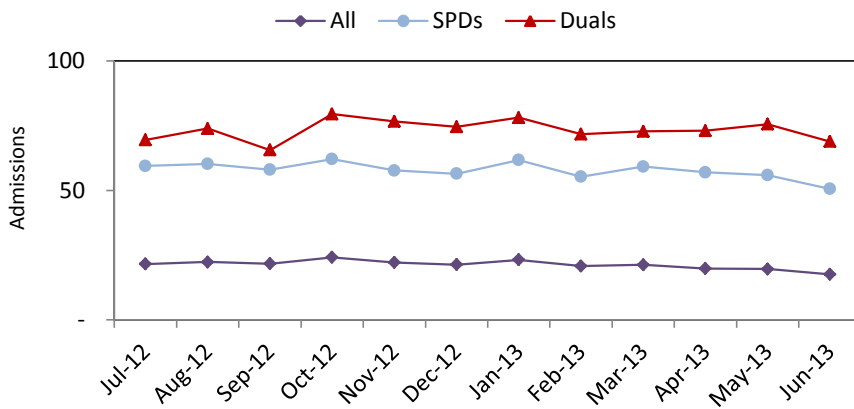
ER Visits per 1,000 Member Months: Statewide



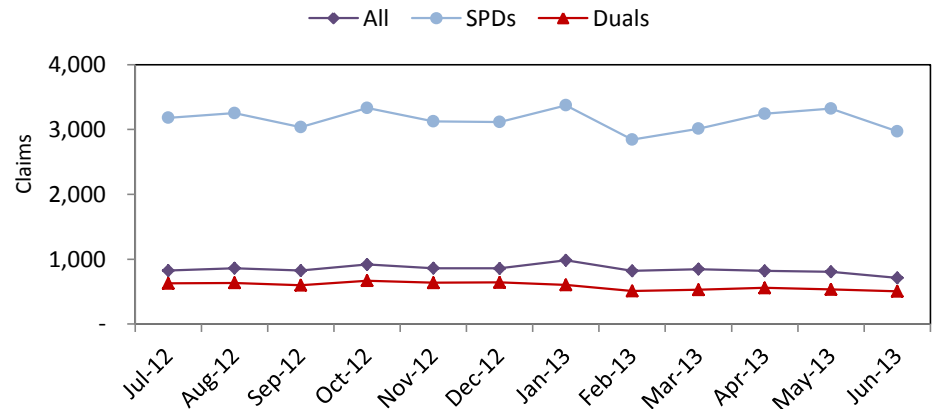
ER Visits with an IP Admission per 1,000 Member Months: Statewide



IP Admissions per 1,000 Member Months: Statewide

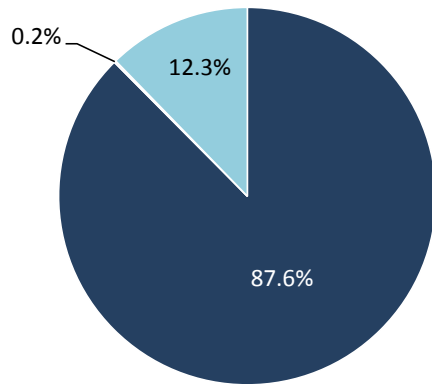


Pharmacy Claims per 1,000 Member Months: Statewide

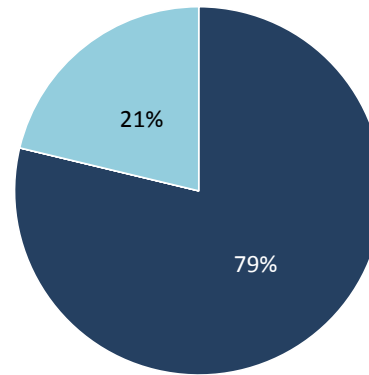


ACCESS (Cont.)

SPDs Continuity of Care (2013 Q4):
Statewide



Children Continuity of Care (2013 Q4):
Statewide



■ Approved

■ Denied

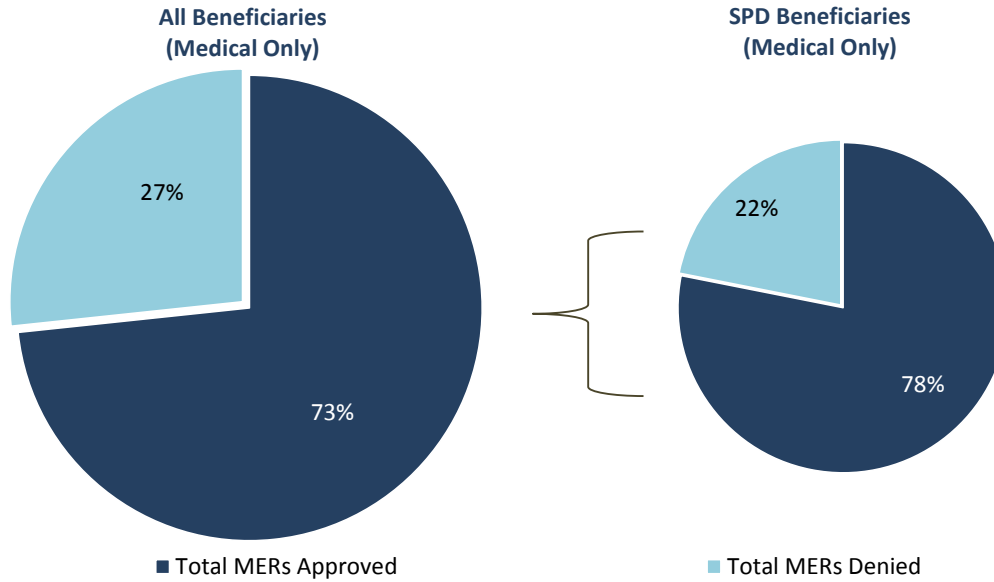
■ In-Process

Total Number of Requests:	1,237
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Total Number of Requests:	80
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ACCESS (Cont.)

MERs (2013 Q4): *Statewide*



	Q4 2014	SPDs	All - YTD	SPDs - YTD
Total in FFS due to Approved MER	9,288	2,594	34,816	11,356
Total MERs Denied	3,379	727	16,648	5,623
Total MERs Pending	-	-	131	57

Note: Year-to-date, 34,816 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%	CAAH	70.7%
CAAH	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*

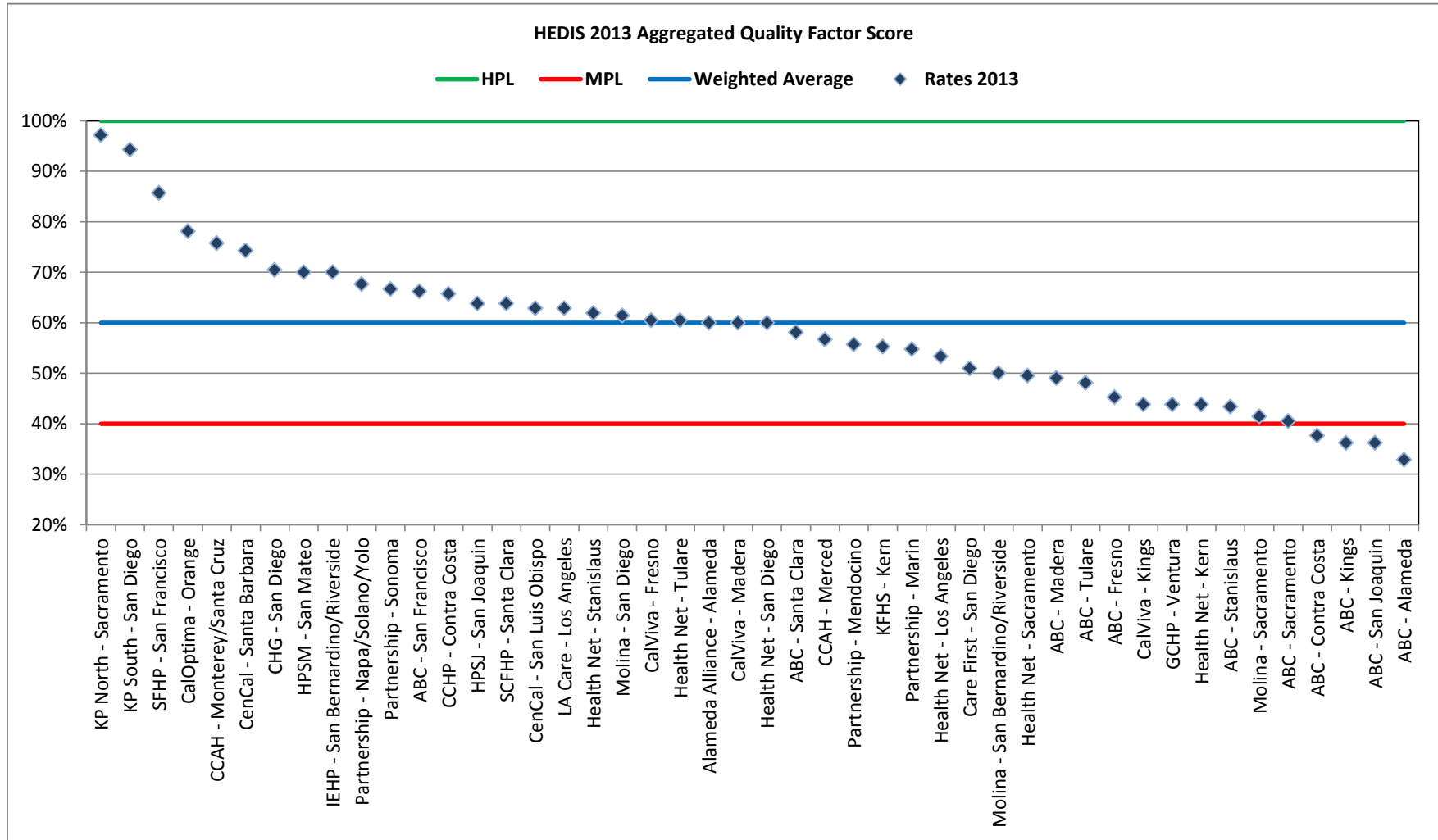
Adult		Child	
Plan	Rate	Plan	Rate
KP South	70.0%	KP South	78.9%
KP North	68.8%	KP North	76.2%
IEHP	57.3%	HPSM	70.3%
CalOptima	56.5%	SCFHP	68.7%
HPSM	56.5%	CalOptima	68.5%
CAAH	54.7%	HPSJ	68.4%
HPSJ	54.2%	LA Care	68.2%
GCHP	51.2%	IEHP	67.8%
Partnership	51.1%	CHG	67.3%
SCFHP	50.7%	Health Net	66.5%
KFHS	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%	CAAH	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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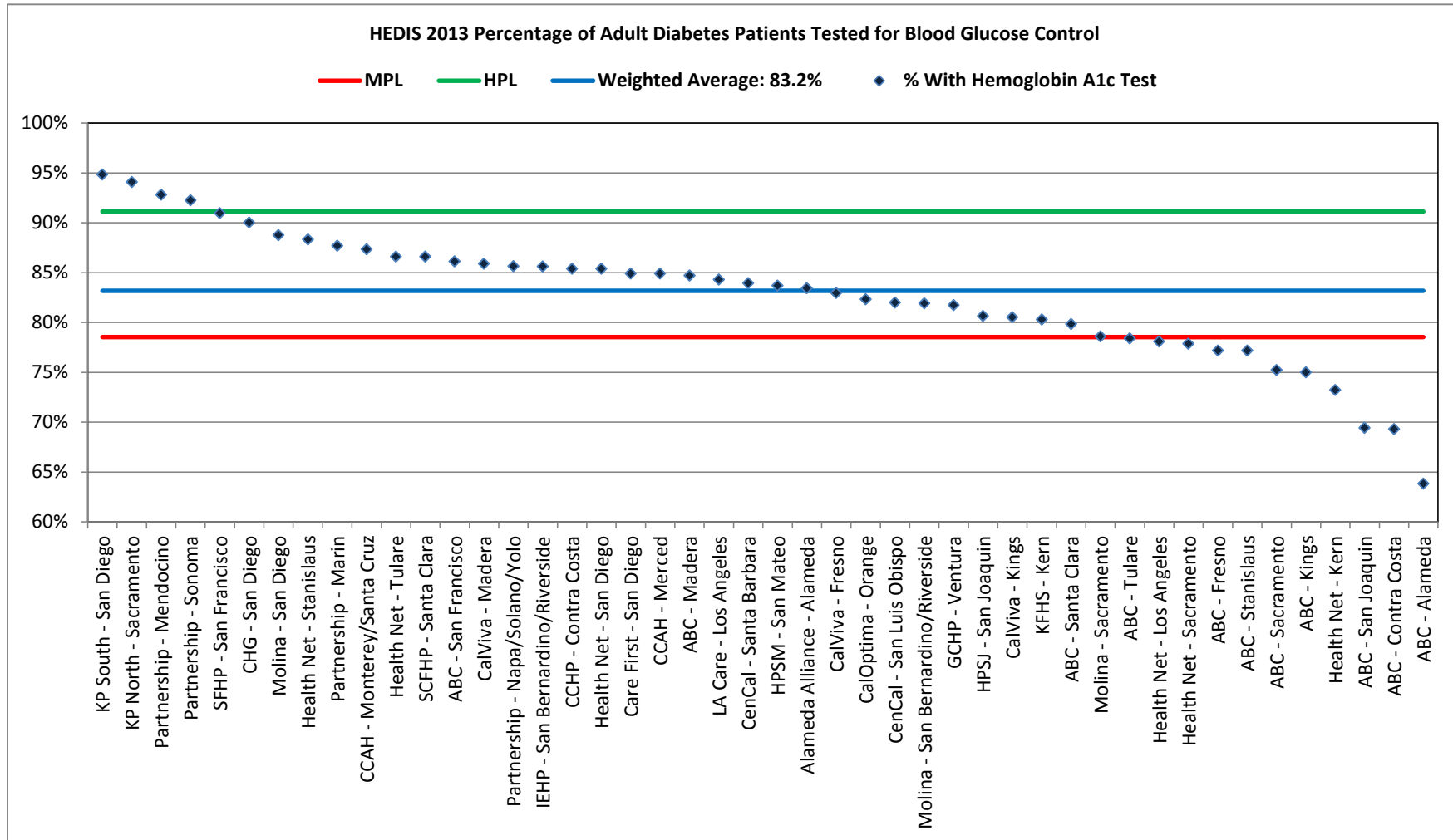
QUALITY AND SATISFACTION (Cont.)



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%.

QUALITY AND SATISFACTION (Cont.)

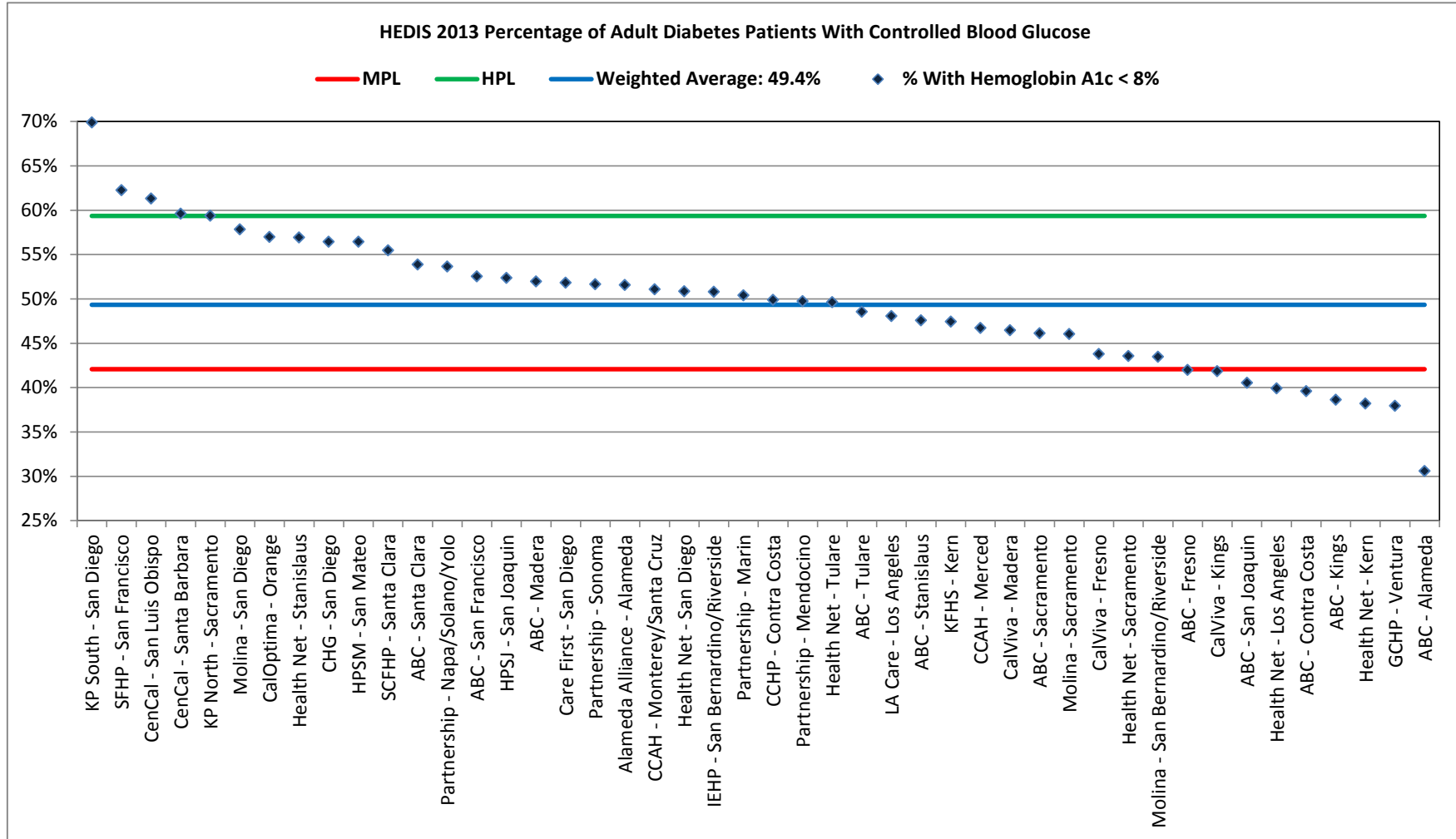


Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2013. Rates reflect 2012 measurement year data. [Link to HEDIS 2013.](#)

High Performance Level (HPL): Top 10% of U.S. Medicaid plans tested > 91.1% of diabetes patients.

The Minimum Performance Level (MPL): Bottom 25% of Medicaid Plans tested < 78.5% of diabetes patients.

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 U.S. Medicaid plans documented hemoglobin A1c < 8% in more than 59.4% of diabetes patients.

The Minimum Performance Level (MPL): Bottom 25% of U.S. Medicaid plans documented hemoglobin A1c < 8% in fewer than 42.1% of diabetes patients.