Provider Solvency Update

November 8, 2012

Michelle Yamanaka

Supervising Examiner



Provider Solvency Unit

- Financial Survey Reviews
- Claims Settlement Practices Reviews
- Approve and monitor the Corrective Action Plan Process and approve Corrective Action Plans
- Claims and Provider Dispute Resolution Audits



Risk Bearing Organization (RBO) Financial Reporting As of 6/30/12

185 Risk Bearing Organizations file survey reports : Annual:

 All RBOs file Annual Survey Reports (based on audited financial statements)

Quarterly:

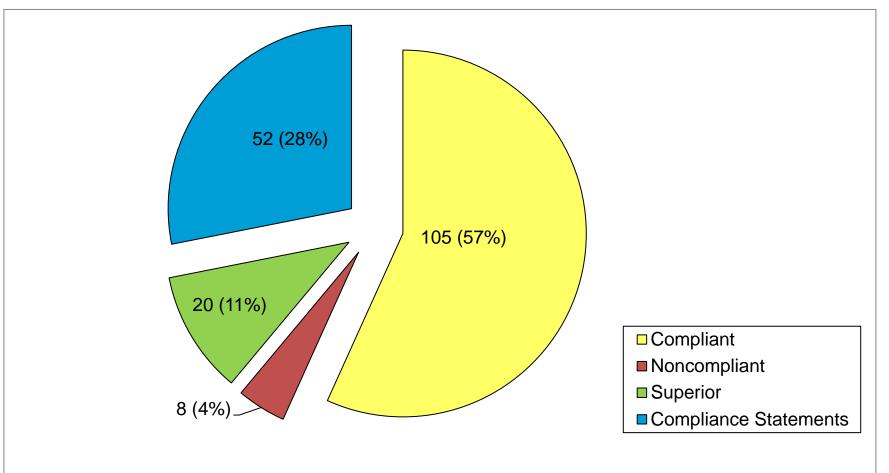
- 133 RBOs file Quarterly Survey Reports
- 52 RBOs file Compliance Statements

Monthly:

5 RBOs file monthly financial statements

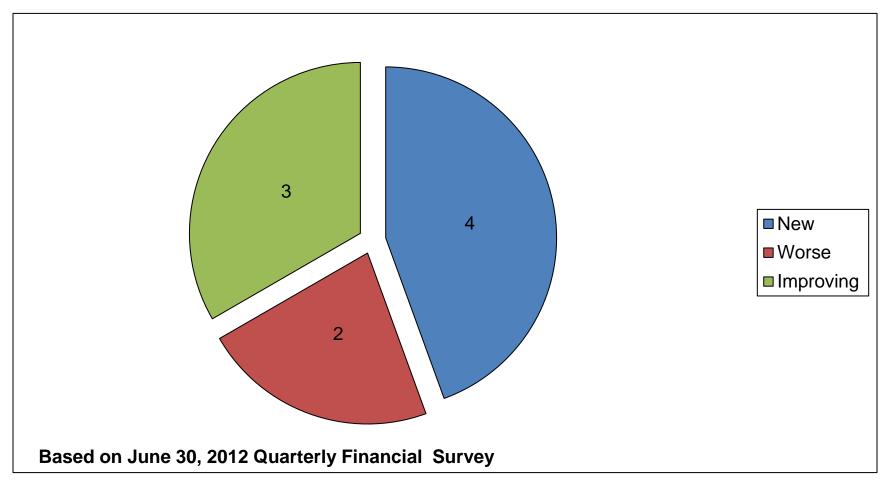


Status of All Risk Bearing Organizations at June 30, 2012





CAP Status





CAP Status from 6/30/2012 filings

- Of the 5 continuing CAPs:
 - 3 improving (meeting their approved CAP milestones)
 - 2 declining
 - 1 RBO submitted revised projections
 - 1 RBO recommended administrative action

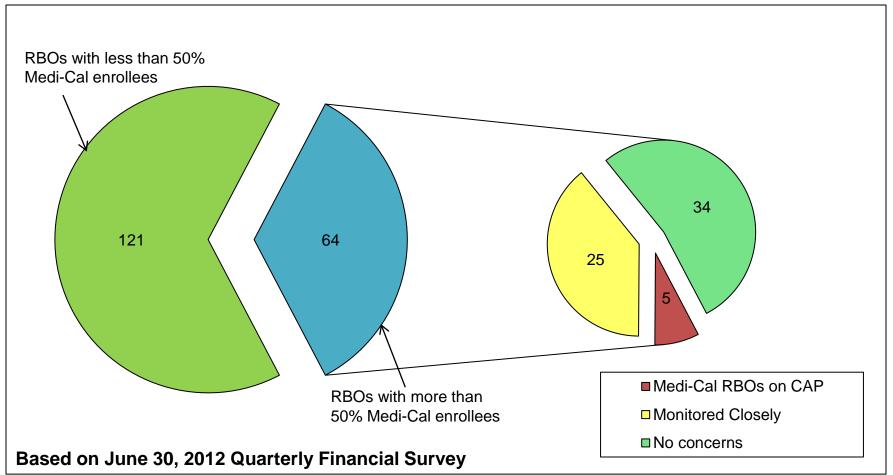


Current CAP Status @ 9/30/12

- 3 RBOs are meeting the final CAP projections
- 1 RBO was not meeting the final CAP projections and was dedelegated
- 1 RBO completed their CAP successfully



Status of RBOs with Greater than 50% Medi-Cal Enrollment







Region 1 Butte Colusa Del Norte Glenn Humboldt Lake Lassen Mendocino Modoc Plumas Shasta Sierra Siskiyou **Tehama** Trinity

Region 2 Alameda Amador Contra Costa **El Dorado** Marin Napa Nevada Placer Sacramento San Francisco San Bernardino San Joaquin San Mateo Santa Clara Santa Cruz Solano Sonoma Sutter Yolo Yuba

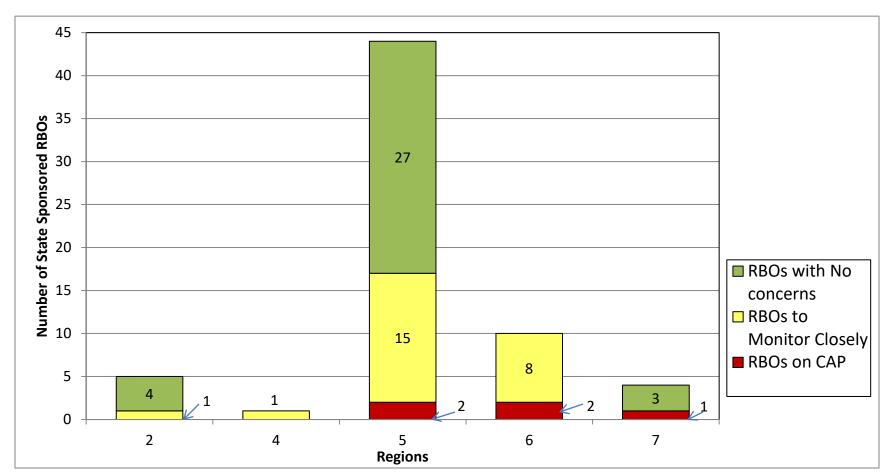
Region 3 Alpine Calaveras Fresno Invo Kings Madera Mariposa Merced Mono Monterey San Benito Stanislaus Tulare **Tuolumne**

Region 4 Kern San Luis Obispo Santa Barbara Region 5 Los Angeles Orange Ventura Region 6 Riverside Region 7 **Imperial** San Diego

Managed Health re

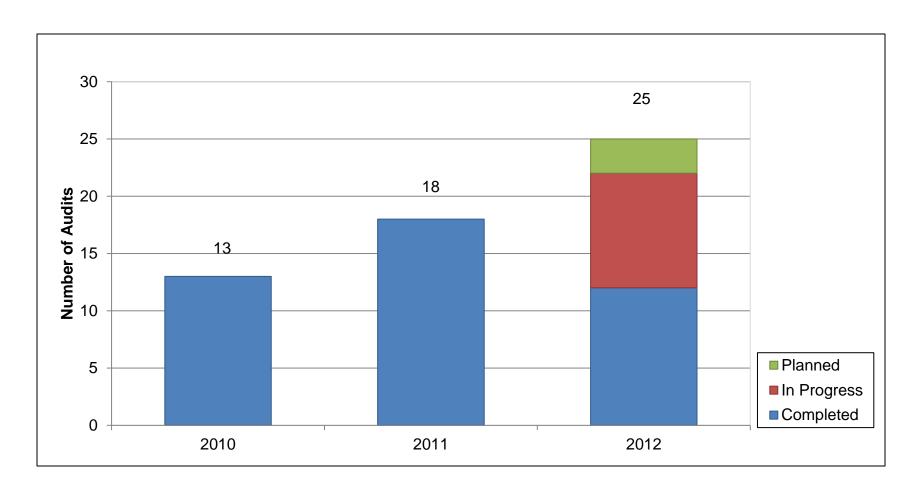
DEPARTMENT OF

Performance of State Sponsored RBOs by region





RBO Audits





Common RBO Audits Findings

- Interest/penalty is not included or is incorrectly calculated on late claims and PDR
- Holding claims payment checks
- Claims are not paid accurately and/or processed within 45 working days
- Claim not date stamped correctly at time of receipt
- Claims are not forwarded within 10 working days
- Claims/PDR are not acknowledged timely



RBO Deficiencies Identified in DMHC Claims Audit for 2012

Types of Deficiencies	RBO#1	RBO#2	RBO#3	RBO#4	RBO#5	RBO#6	RBO#7	RBO#8	RBO#9	Total
Claims/PDR not paid accurately			1	1		1			1	4
Interest/penalty not included or										
incorrectly	1	1	1	1	1	1	1	1	1	9
Holding claims checks								1		1
Claim/PDR date stamped incorrectly	1				1	1				3
Claims not forwarded within 10 working days					1					1
Claims/PDR not acknowledged timely					1					1

Managed
Health are

Questions?

