Provider Solvency Update

May 9, 2013

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Supervising Examiner



Provider Solvency Unit

Financial Survey Reviews

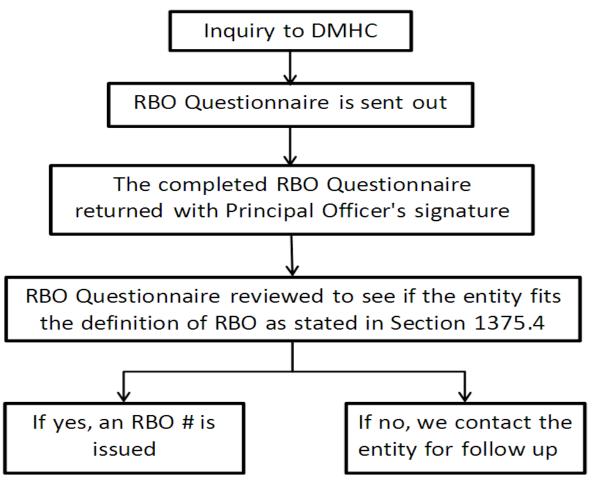
Claims Settlement Practices Reviews

 Approve and monitor the Corrective Action Plan Process

Claims and Provider Dispute Resolution Audits



How to Obtain an RBO #





Risk Bearing Organization (RBO) Financial Reporting As of 12/31/12

181 Risk Bearing Organizations file survey reports : Annual:

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

Quarterly:

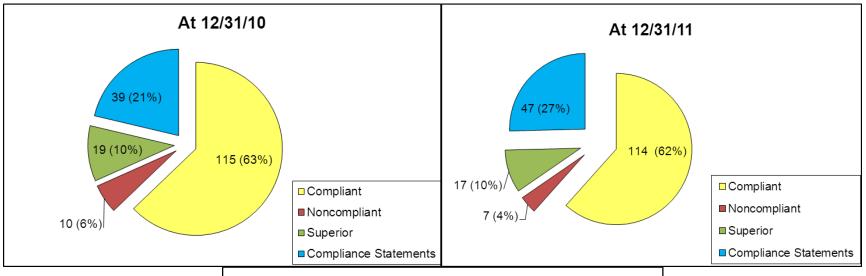
- 131 RBOs file Quarterly Survey Reports
- 50 RBOs file Compliance Statements

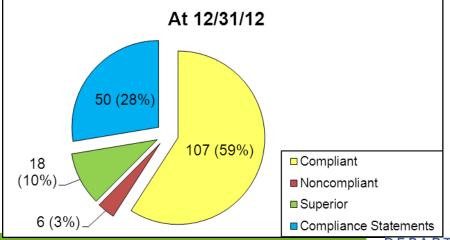
Monthly:

3 RBOs file monthly financial statements



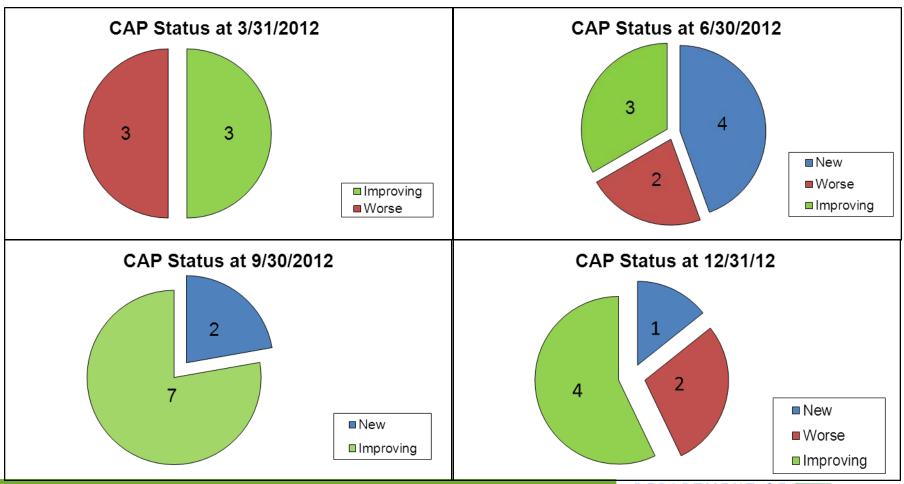
Status of All Risk Bearing Organizations







Corrective Action Plan (CAP) Status





CAP Status from 12/31/2012 filings

At Quarter Ended December 31, 2012, there were 7 active CAPs:

- 3 RBOs were non-compliant with claims timeliness
- 2 RBOs were non-compliant with tangible net equity and working capital
- 2 RBOs were non-compliant with tangible net equity, working capital, cash-to-claims, and claims timeliness



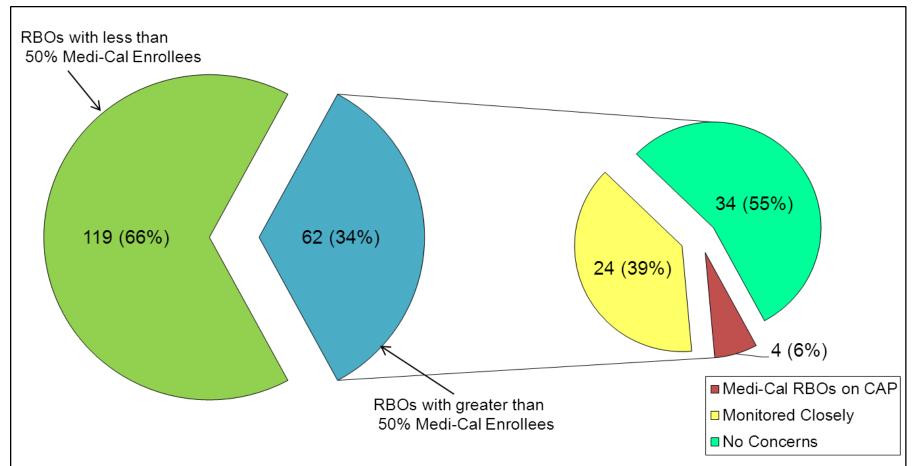
Current CAP Status As of May 1, 2013

From the 6 continuing CAPs at Quarter Ended 12/31/12:

- 5 are meeting their CAP projections
- 1 RBO was de-delegated



Status of RBOs with Greater than 50% Medi-Cal Enrollment at December 31, 2012



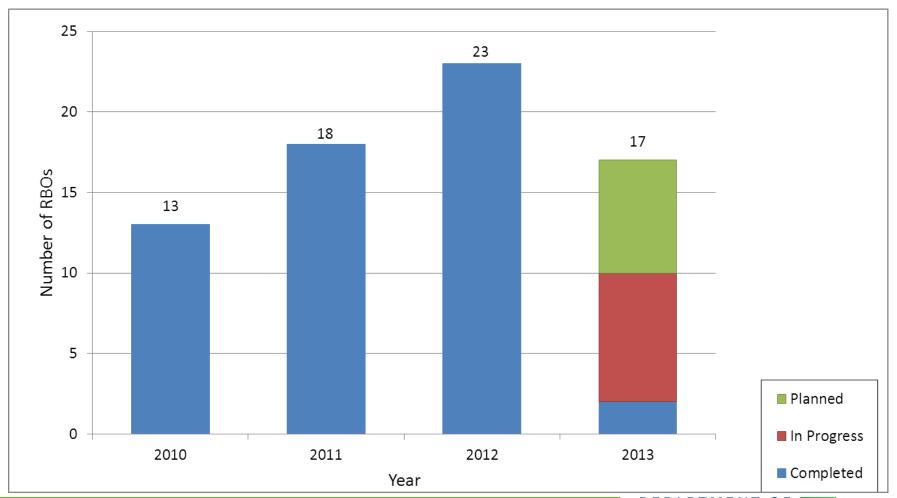


Status of RBOs with Greater than 50% Medi-Cal Enrollment in 2012

	Number of RBOs with less than 50% Medi- Cal Enrollees	Number of RBOs with more than 50% Medi-Cal Enrollees	Number of Medi-Cal RBOs on Corrective Action Plan	Number of Medi-Cal RBOs Monitored Closely	Number of Medi-Cal RBOs with Financial No concerns
Quarter 4, 2012	119	62	4	24	34
Quarter 3, 2012	121	63	5	21	37
Quarter 2, 2012	121	64	5	25	34
Quarter 1, 2012	122	63	4	22	37



RBO Claims Audits





RBO Deficiencies Identified in DMHC Claims Audit for 2012

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Types of Deficiencies	RBO #1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#17	#18	Total
Claims/PDR are not paid accurately and/or processed timely			1	1		1			1		1		1	1	1	1	1	1	11
Interest and/or penalty is not included or incorrectly for late claims and/or PDR	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	17
Checks not cleared with the best practice guidelines								1			1							1	3
Claim/PDR date stamped incorrectly at time of receipt	1				1	1											1		4
Claims are not forwarded within 10 working days					1														1
Claims/PDR are not acknowledged timely					1	1													2

Managed Health Care

Questions?

