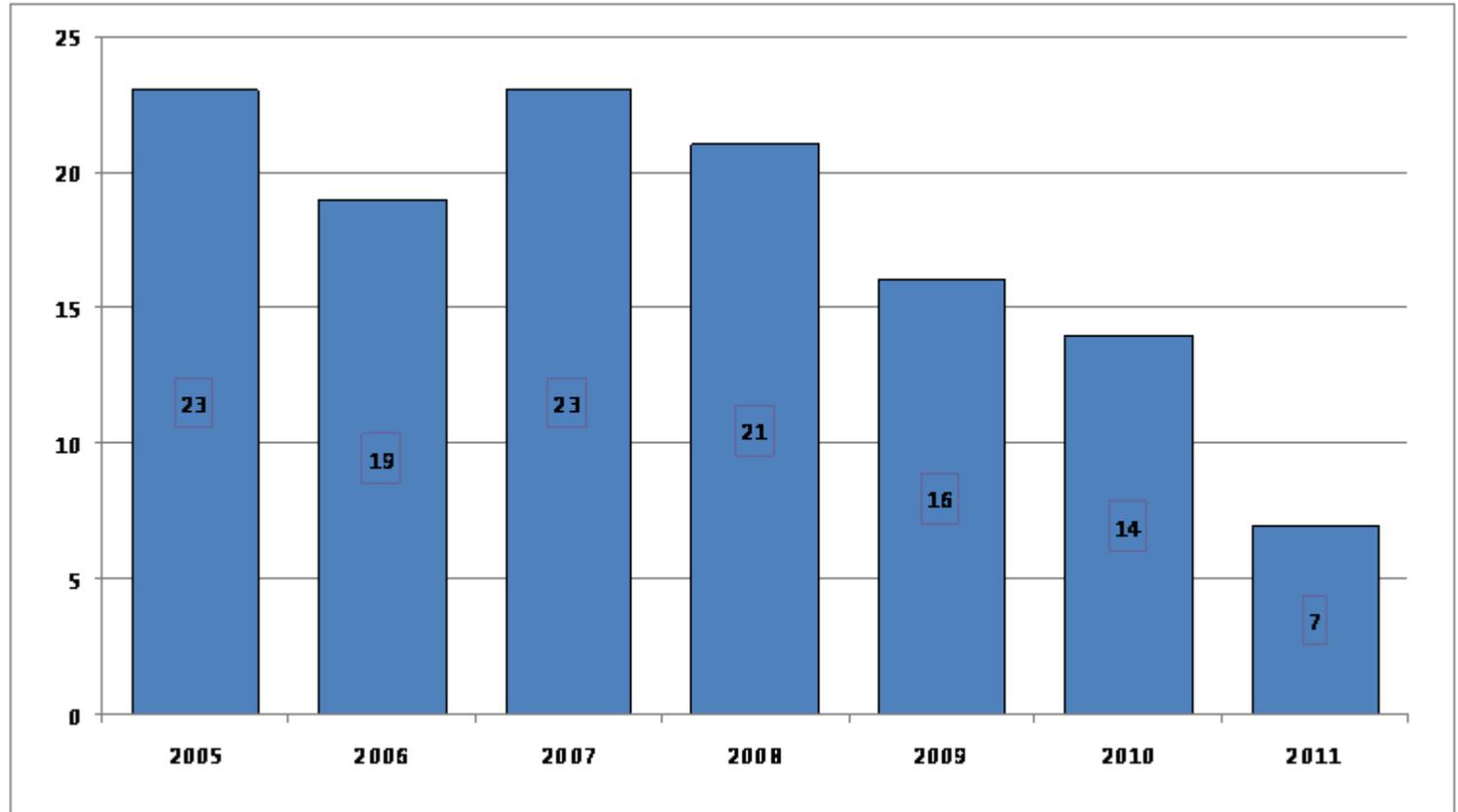




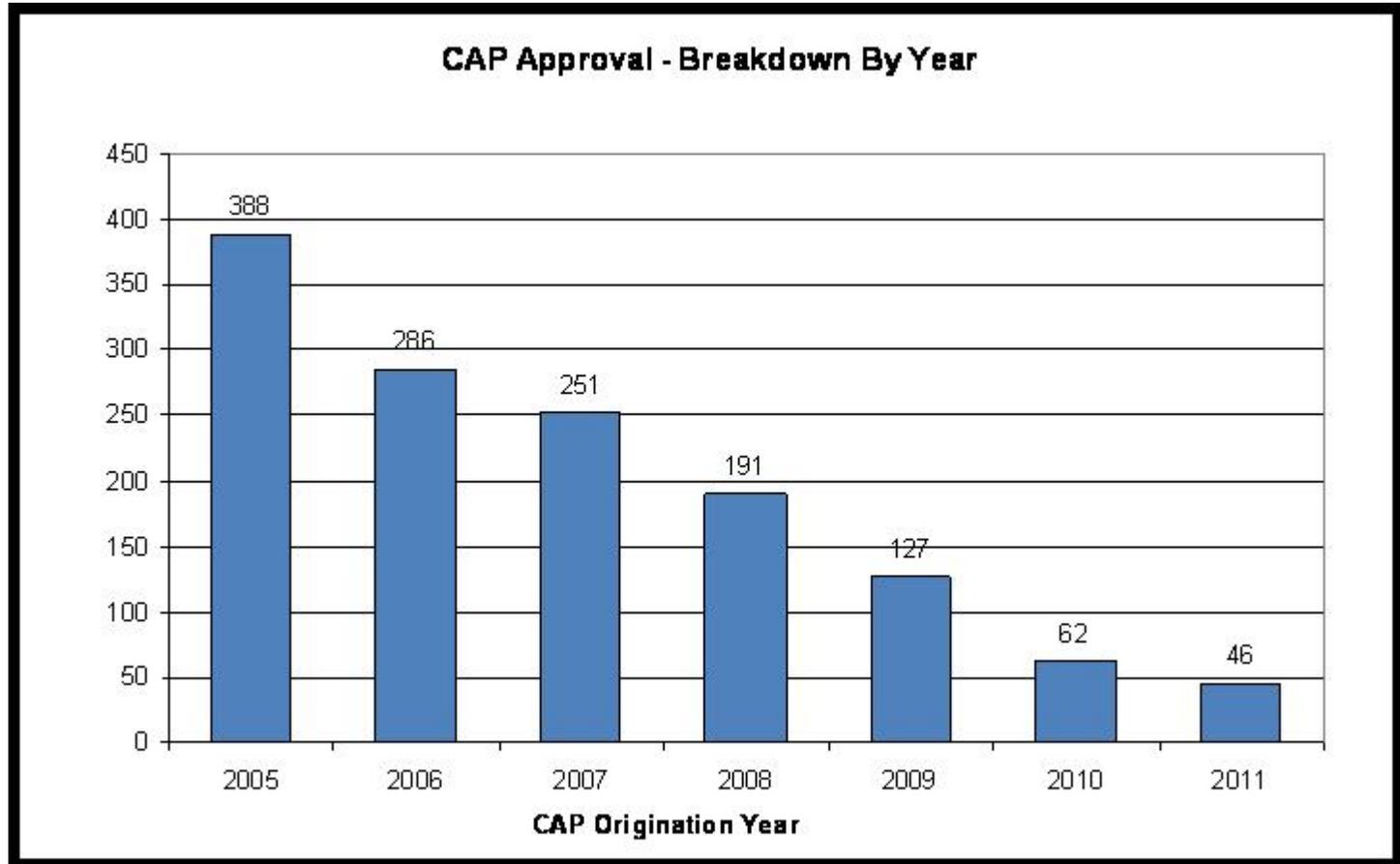
# RBO CAPs By Year Originated 2005-2011

TOTAL RBO CAPS BY YEAR





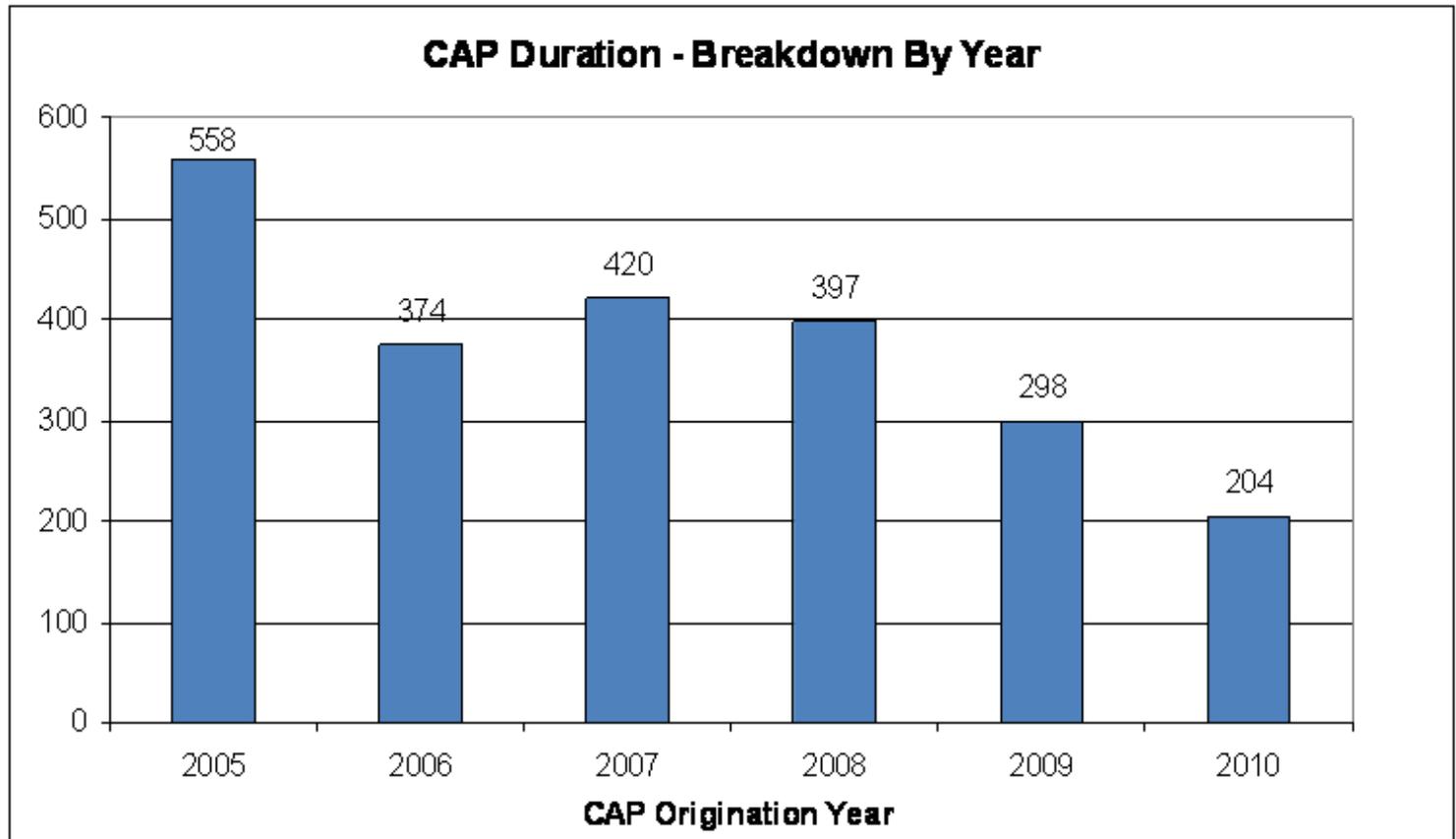
# CAP Approval Time 2005 - 2011



From Initial Date of Non-Compliance to Date Approved



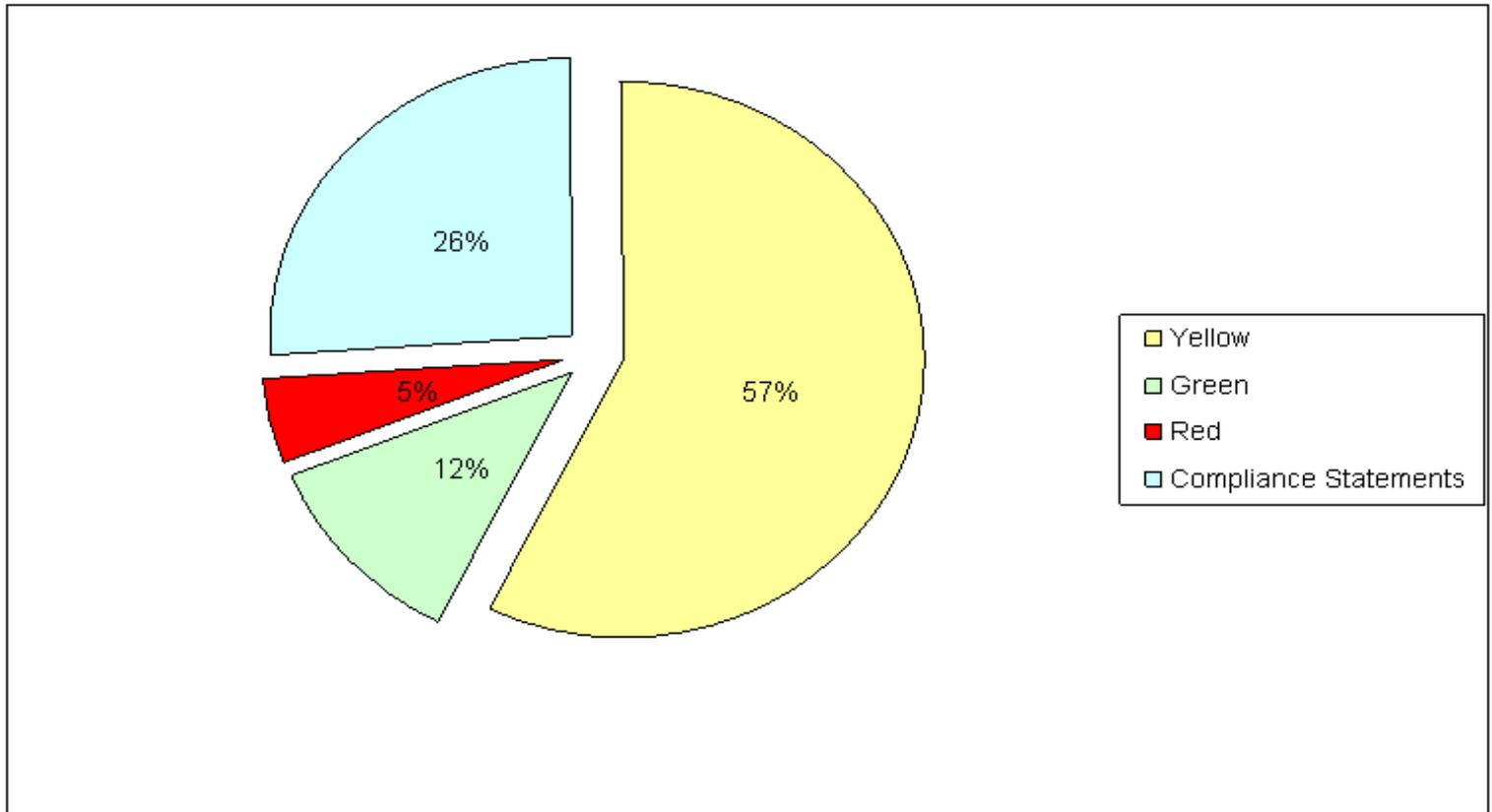
# Average CAP Duration from Start to Finish 2005 - 2010





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## Status of All RBOs at July 29, 2011

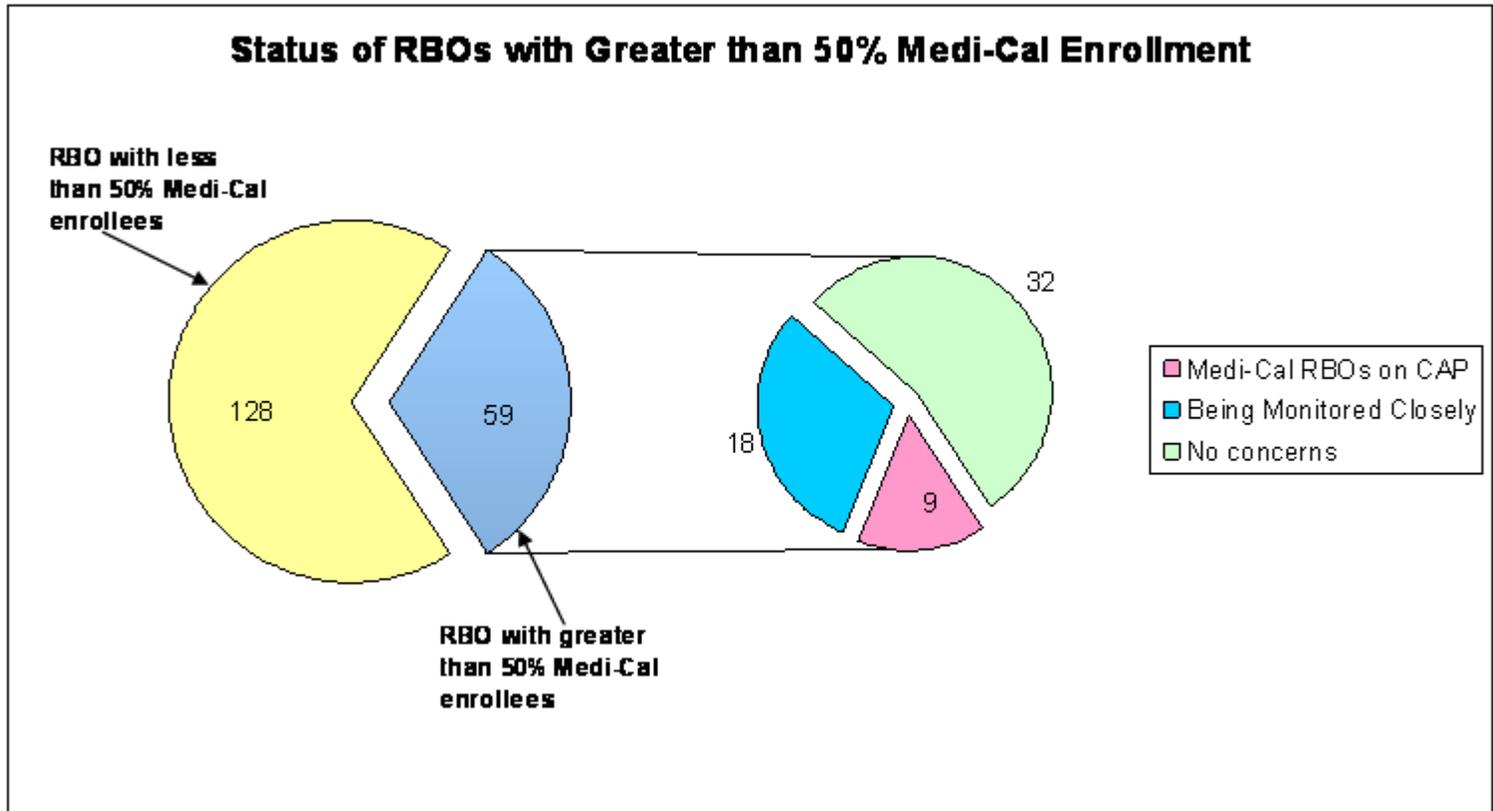


There were 187 RBO reports filed for 3/31/11



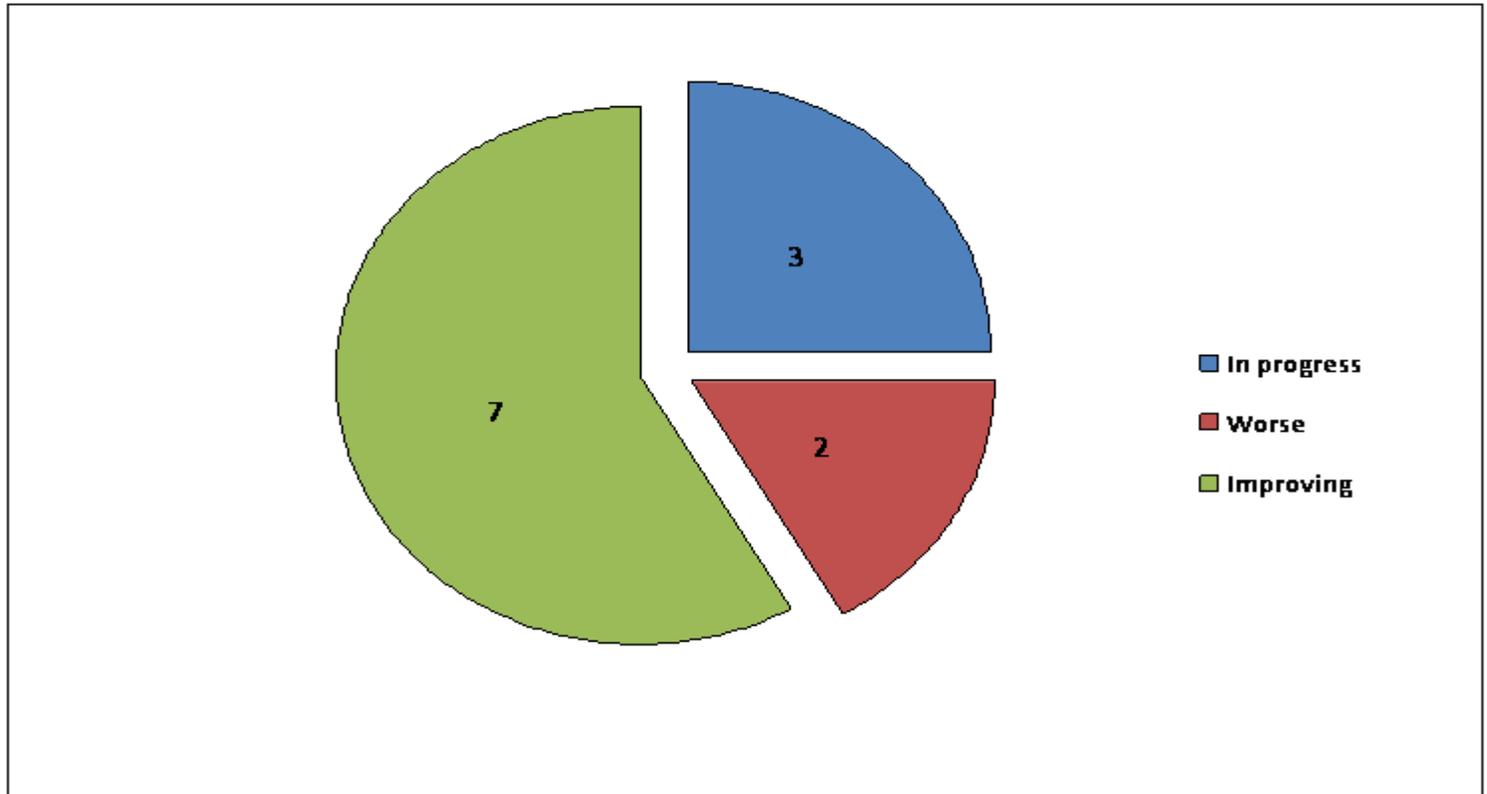
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# Status of RBOs with Greater than 50% Medi-Cal Enrollment As of July 29, 2011





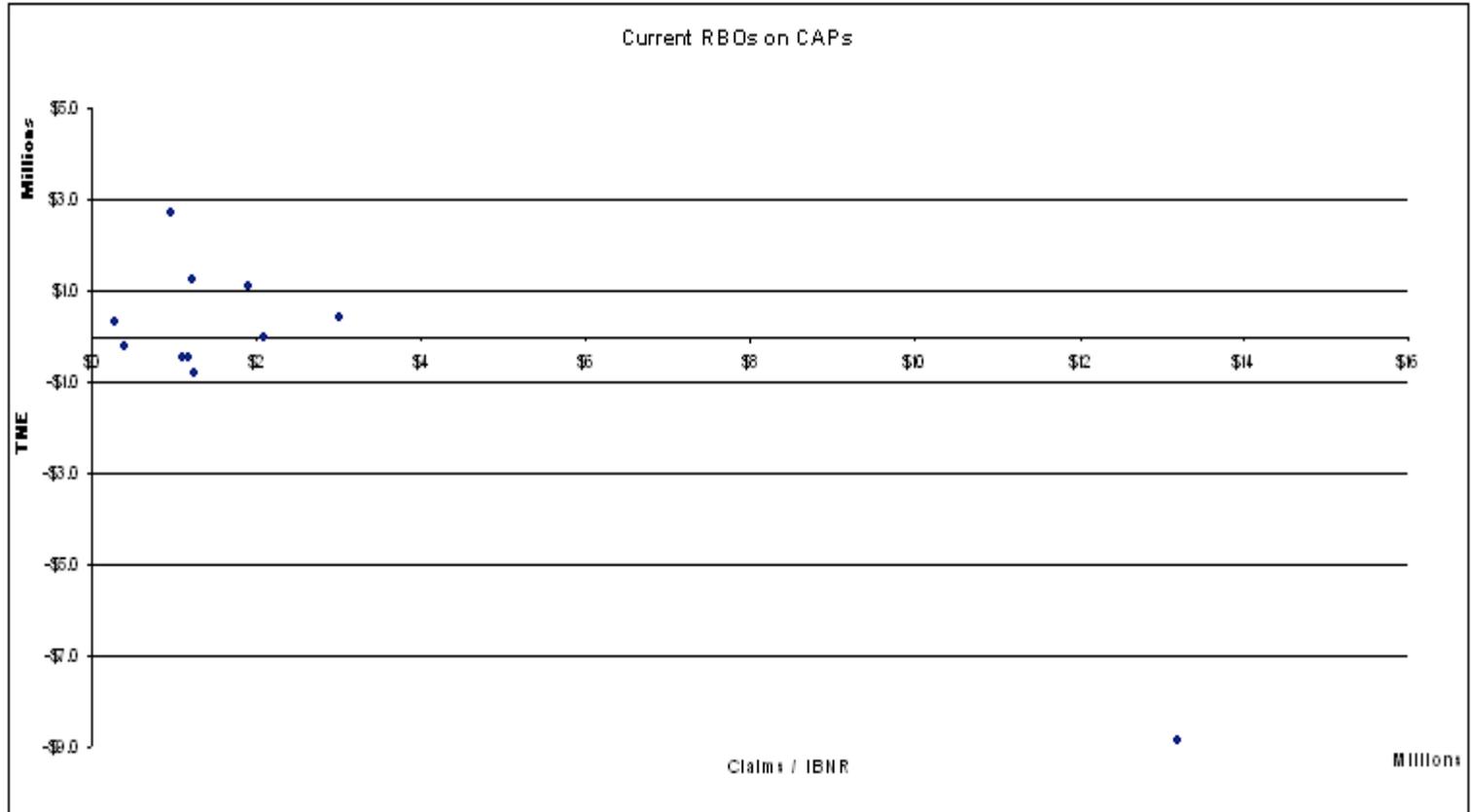
## Current CAPs As Of July 29, 2011



There are 12 RBOs on CAP (9 continuing and 3 new CAPs)



# Current CAPS Graph As of July 29, 2011



# Available Information on DMHC Website

Health Care Providers - Microsoft Internet Explorer provided by DMHC

http://dmhc.ca.gov/providers/default.aspx

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(6 items remaining) Downloading picture http://dmhc.ca.gov/images/providers/c\_banner.jpg...

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# CAP Portal Redesign

- The portal will require the RBOs to submit a non-confidential CAP and progress reports. The contracted health plans will have the ability to access these non-confidential submissions.
- The RBOs will be able to view the health plan responses (accept, object (with comments) to the CAPs.
- The RBOs, health plans, and Department can send, view, retrieve and respond to email messages via the CAP portal.
- Sort functions (CAP status, CAP#, RBO) will be available.
- The approved CAP will be noted on the portal so all parties will know which CAP is the final CAP.



Questions?



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# Backup



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The DMHC licenses and regulates California health plans. We strive to streamline the process health plans must follow to comply with California law. This section has all the information plans need in easy and convenient formats.



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- RBO Filing & Reporting



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Claims Settlement Practices & Dispute Resolution - Microsoft Internet Explorer provided by DMHC

http://www.dmh.ca.gov/healthplans/rep/rep\_claims.aspx

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- » Financial Solvency Reporting
- » **Claims Settlement Practices & Dispute Resolution**
- » Quarterly Grievance Report
- » Block Transfer Filings
- » Premium Rate Review

Site Map > [Health Plan Representatives](#) > [Filing & Reporting](#) > Claims Settlement Practices & Dispute Resolution

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### Claims Settlement Practices & Dispute Resolution

The [Claims Settlement Practices and Dispute Mechanisms Regulations](#) were approved by the Office of Administrative Law on July 24, 2003, and are effective August 25, 2003. The Quarterly Claims Settlement Practices Report is required to be submitted for each licensed health care service plan. Health care service plans report claim information if the plan or any of its capitated providers has failed to timely reimburse at least 95% of complete claims with correct payment including interest and penalties due, that became payable during the reporting period.

- ▶ [Submit Claims Settlement Practices and Dispute Resolution](#)
- ▶ [Quarterly Claims Settlement Practices Report Summary](#)

The links below are to view the Annual Plan Claims Payment and Dispute Resolution Mechanism Report and the Quarterly Claims Settlement Practices Report. Also provided is a link to instructions for completing these reports. The reports were effective as of quarter 1, 2006. Please note the additional reporting requirements are effective as of quarter 4, 2006.

- ▶ [Quarterly Claims Settlement Practices Report](#)
- ▶ [Annual Plan Claims Payment and Dispute Resolution Mechanism Report](#)
- ▶ [Instructions for 2005 Claims Report](#)

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Claims Settlement Practices Report - Microsoft Internet Explorer provided by DMHC

http://wpsso.dnhc.ca.gov/ab1455/

Section 100071(a)(3)(A) over any 12-month period.

	<u>Q4 - 2010</u> 7/1/10-9/30/10	<u>Q1 - 2011</u> 10/1/10-12/31/10	<u>Q2 - 2011</u> 1/1/11-3/31/11	<u>Q3 - 2011</u> 4/1/11-6/30/11
<b><u>Capitated Providers - Claims Payment Deficiencies</u></b>				
Total number of capitated providers/claims processing organizations, that failed to timely reimburse at least 95% of complete claims (Commercial and Healthy Families (HMO)) with the correct payment including interest and penalties due and owing that became due and payable in the reporting period.	14	5	4	0
Total number of capitated providers/claims processing organizations, that failed to timely reimburse at least 90% of complete claims (Medi-Cal - within 30 days) with the correct payment including interest and penalties due and owing that became due and payable in the reporting period.	24	28	24	0
Total number of capitated providers/claims processing organizations, that failed to timely reimburse at least 90% of complete claims (Medi-Cal - within 45 days) with the correct payment including interest and penalties due and owing that became due and payable in the reporting period.	7	7	6	0
<b><u>Disclosure of Emerging Claims Payment Deficiencies:</u></b>				
Total number of capitated providers/claims processing organizations that failed to forward at least 95% of misdirected claims consistent	14	22	2	0

AltaMed Health Services Corporation  
 American Specialty Health Plans, Inc.  
 Bella Vista Medical Group IPA  
 Blue Cross of California  
 Cal Care IPA, Inc.  
 Care 1st Health Plan  
 Clinica San Miguel IPA  
 East Los Angeles Doctor's Hospital  
 Eastland Medical Group  
 El Proyecto Del Barrio  
 Global Care Medical Group IPA  
 Health Care LA, A Medical Group  
 Health Network  
 Healthcare LA, IPA  
 Inland Faculty Medical Group, Inc.  
 La Salle Medical Associates  
 Lakeside Medical Group, Inc.  
 Medimpact Healthcare Systems Inc.  
 Memorial Hospital of Gardena  
 Mission Community IPA

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# CAP Deficiency Type 2005-2011

