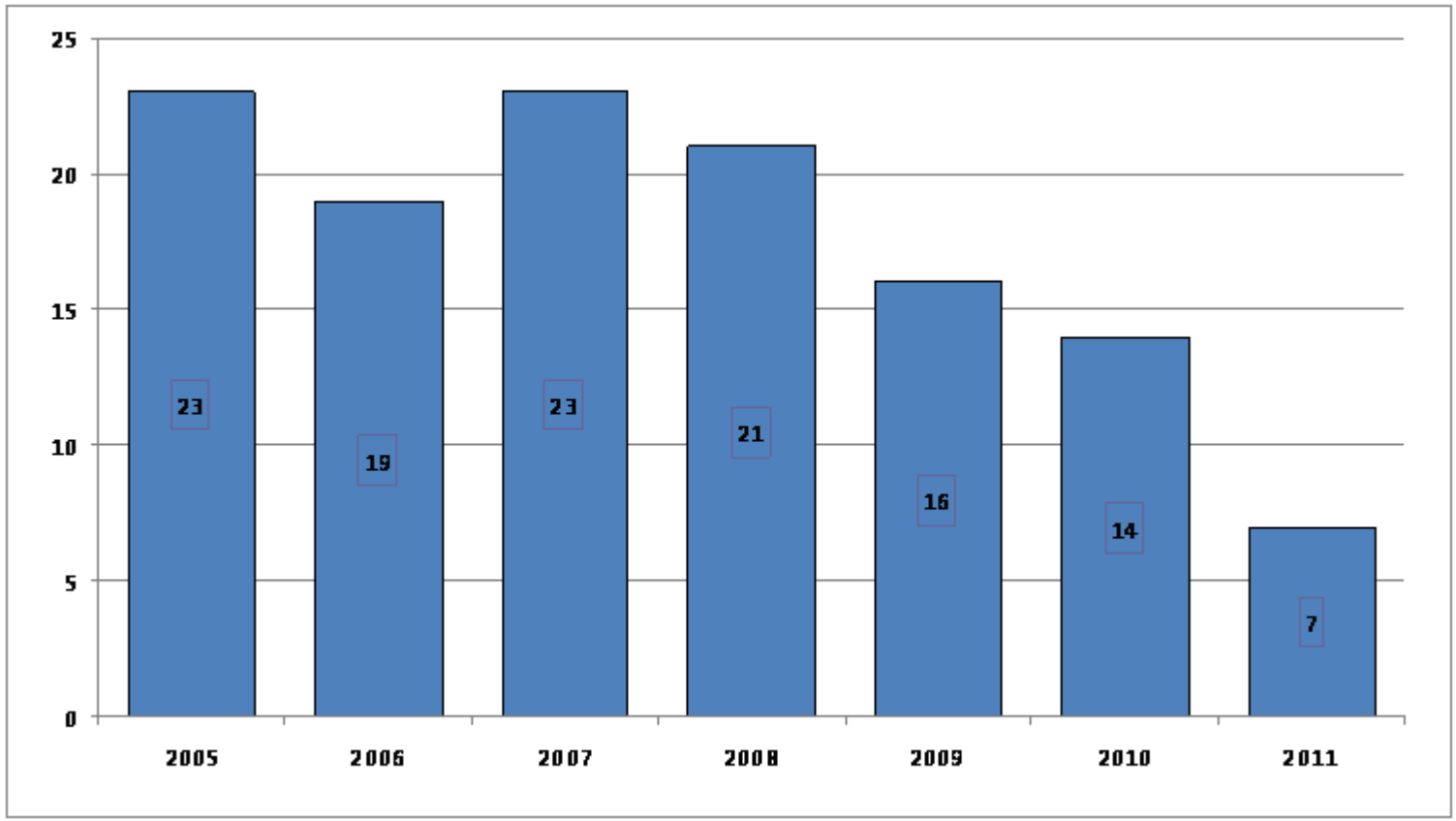
RBO CAPs By Year Originated 2005-2011



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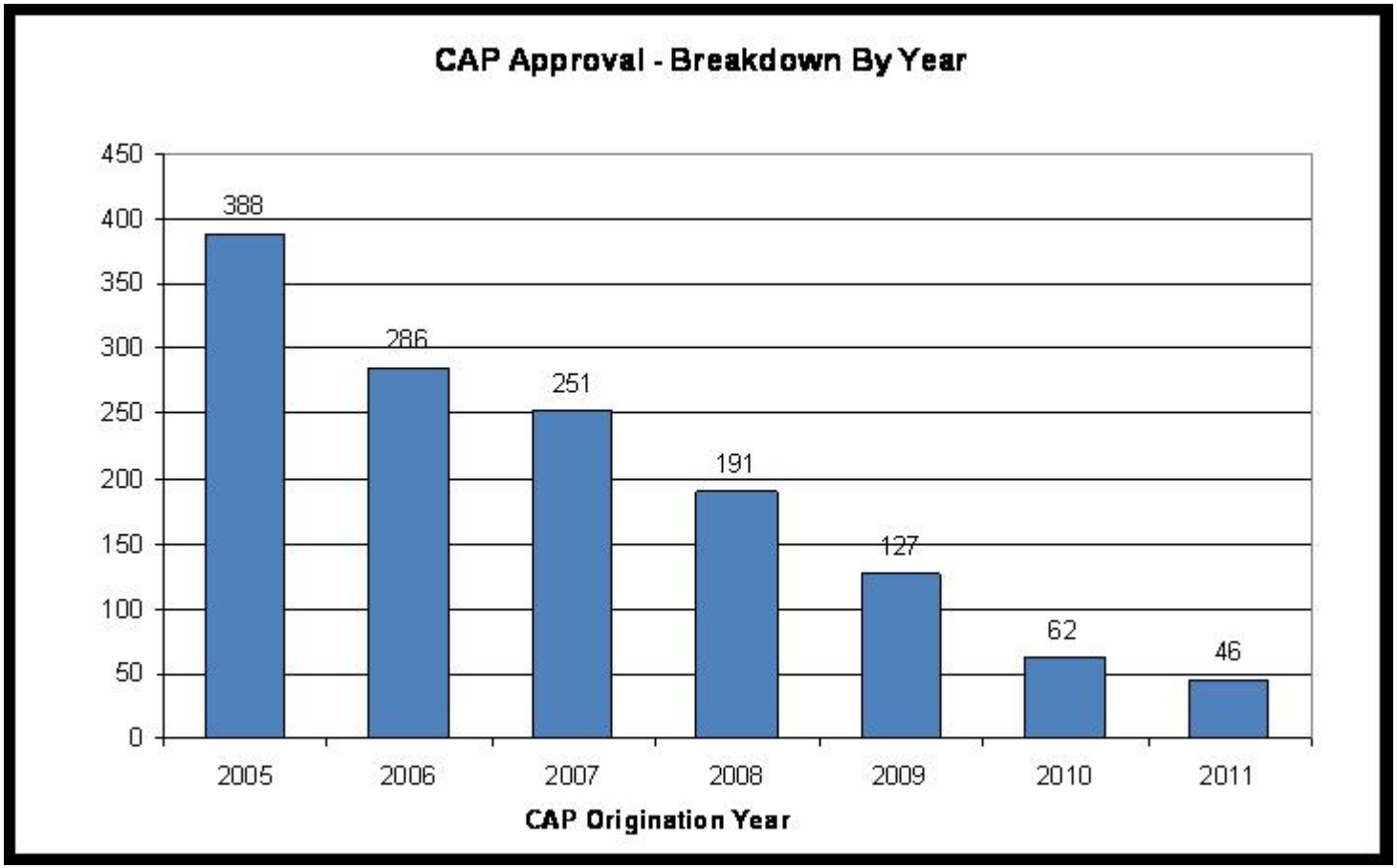
CAP Approval Time
2005 - 2011



From Initial Date of Non-Compliance to Date Approved

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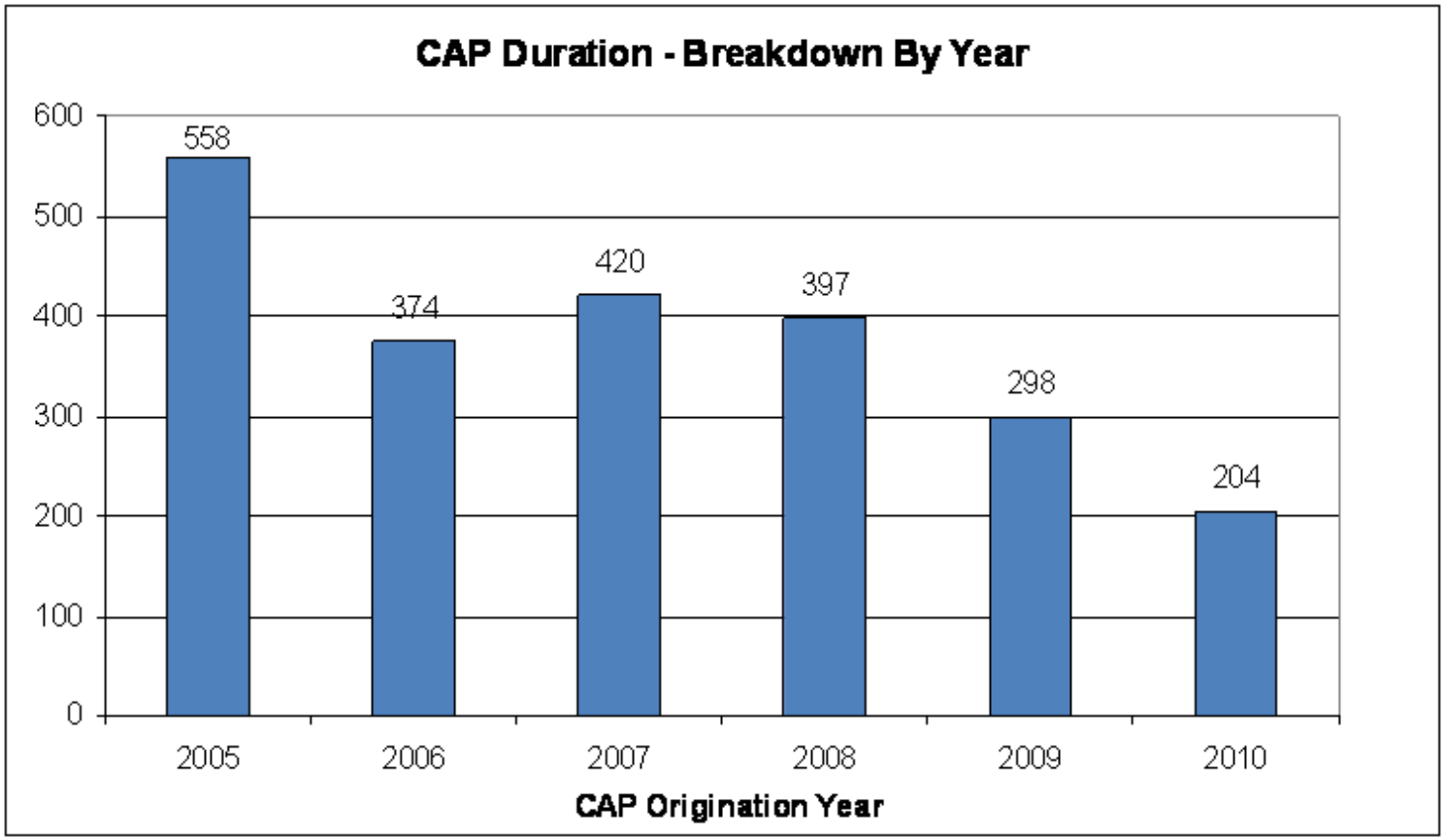
Average CAP Duration from Start to Finish 2005 - 2010



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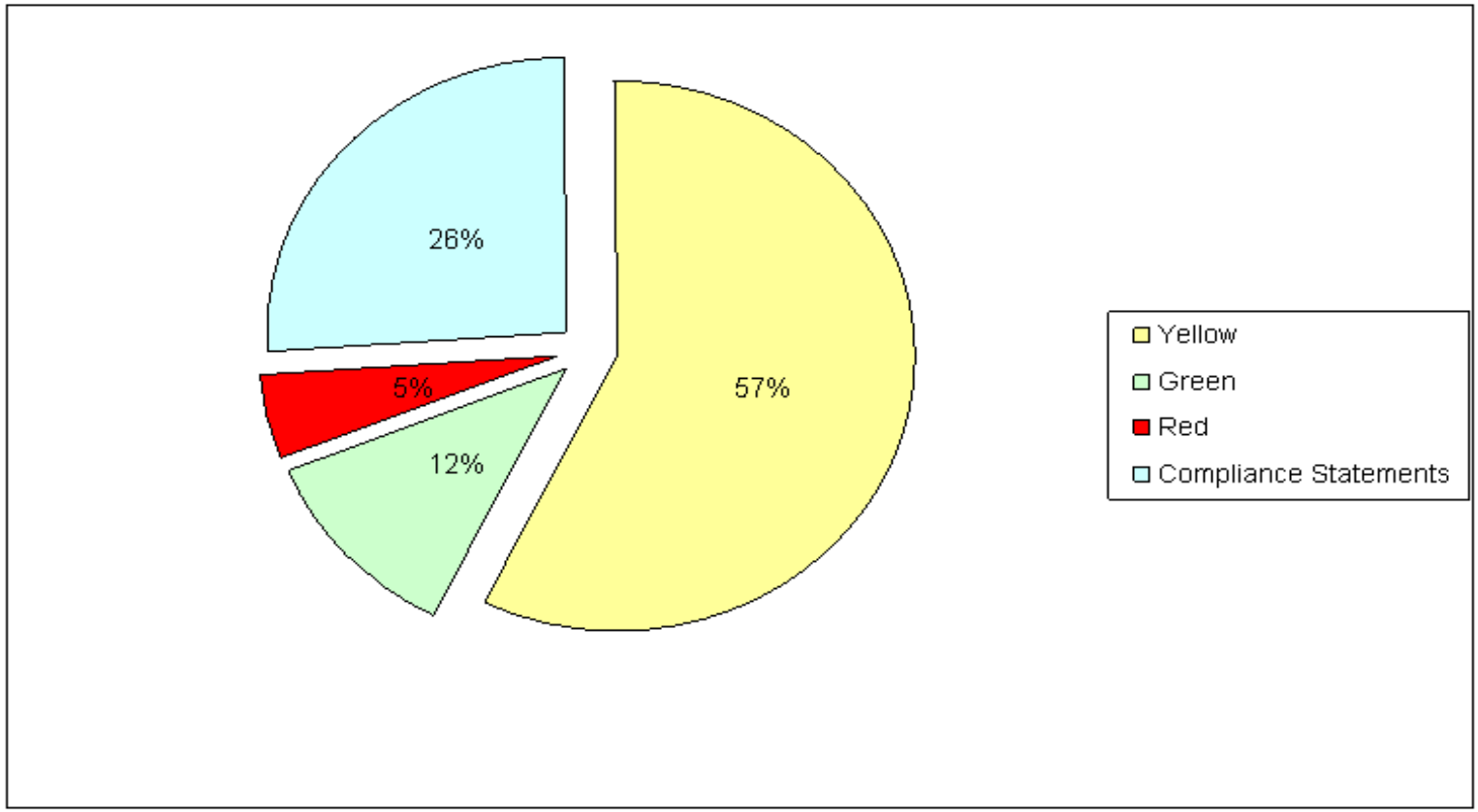
Status of All RBOs at July 29, 2011



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

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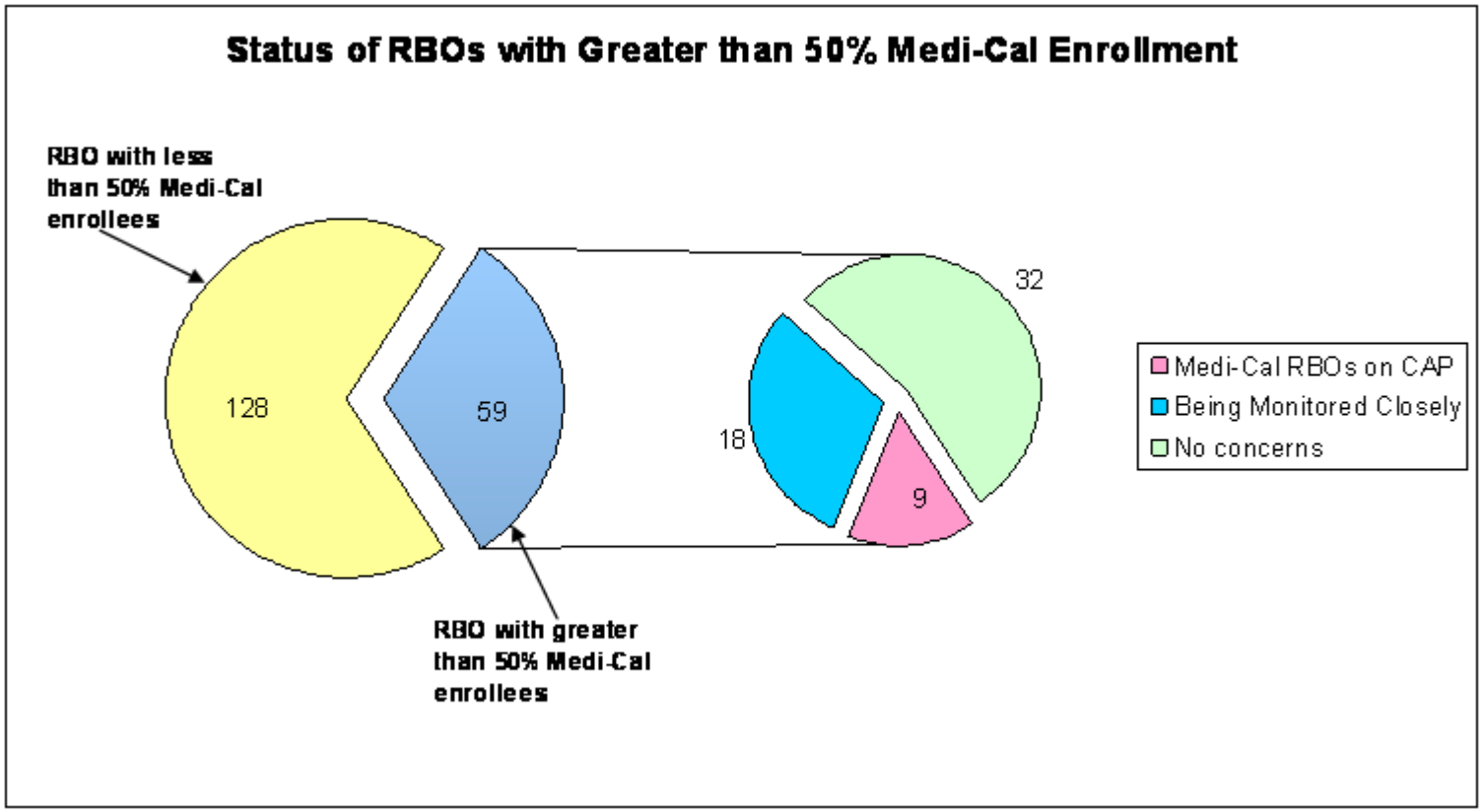
Status of RBOs with Greater than 50% Medi-Cal Enrollment As of July 29, 2011



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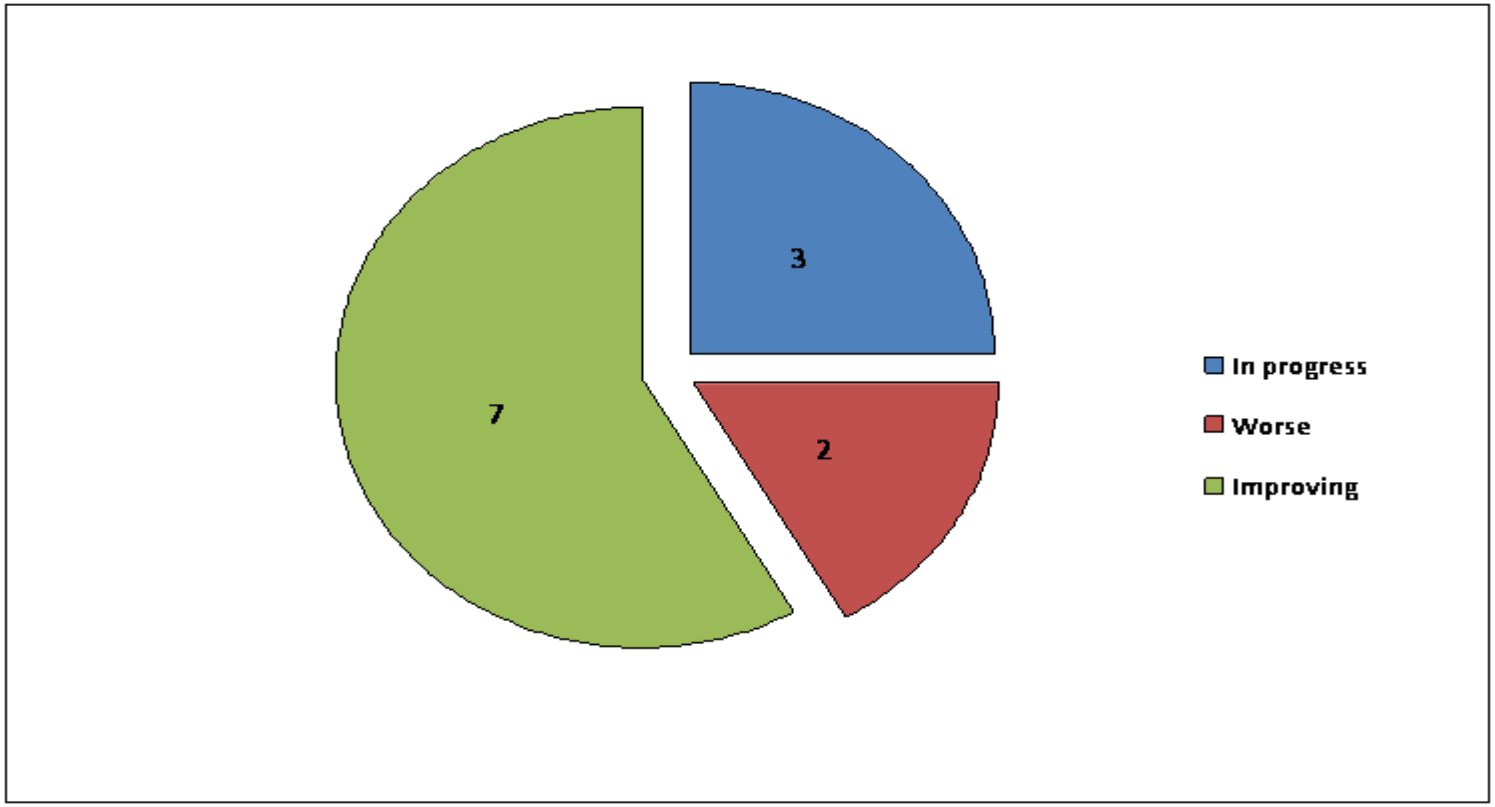
Current CAPs As Of July 29, 2011



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

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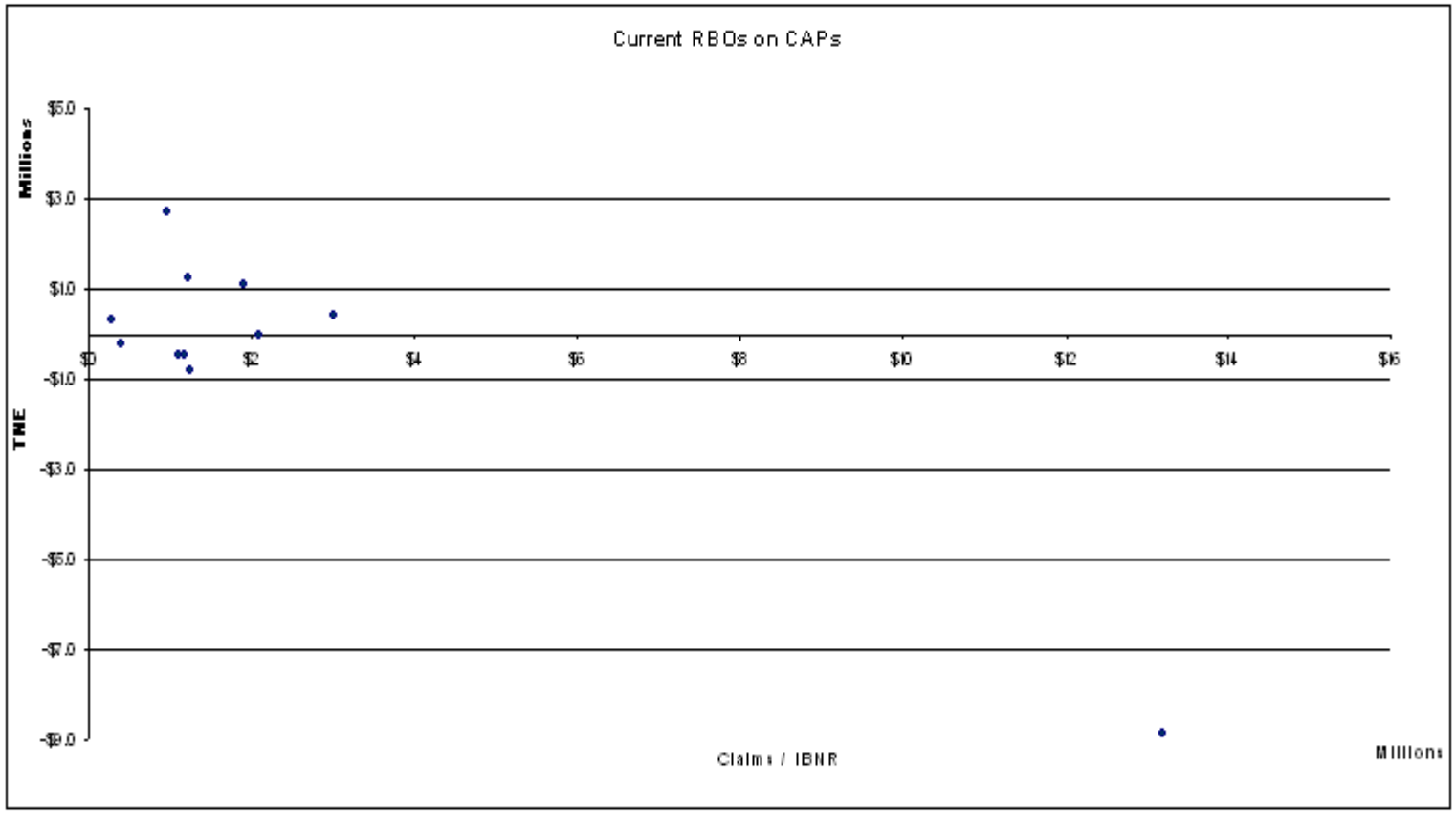
Current CAPS
Graph As of July 29, 2011



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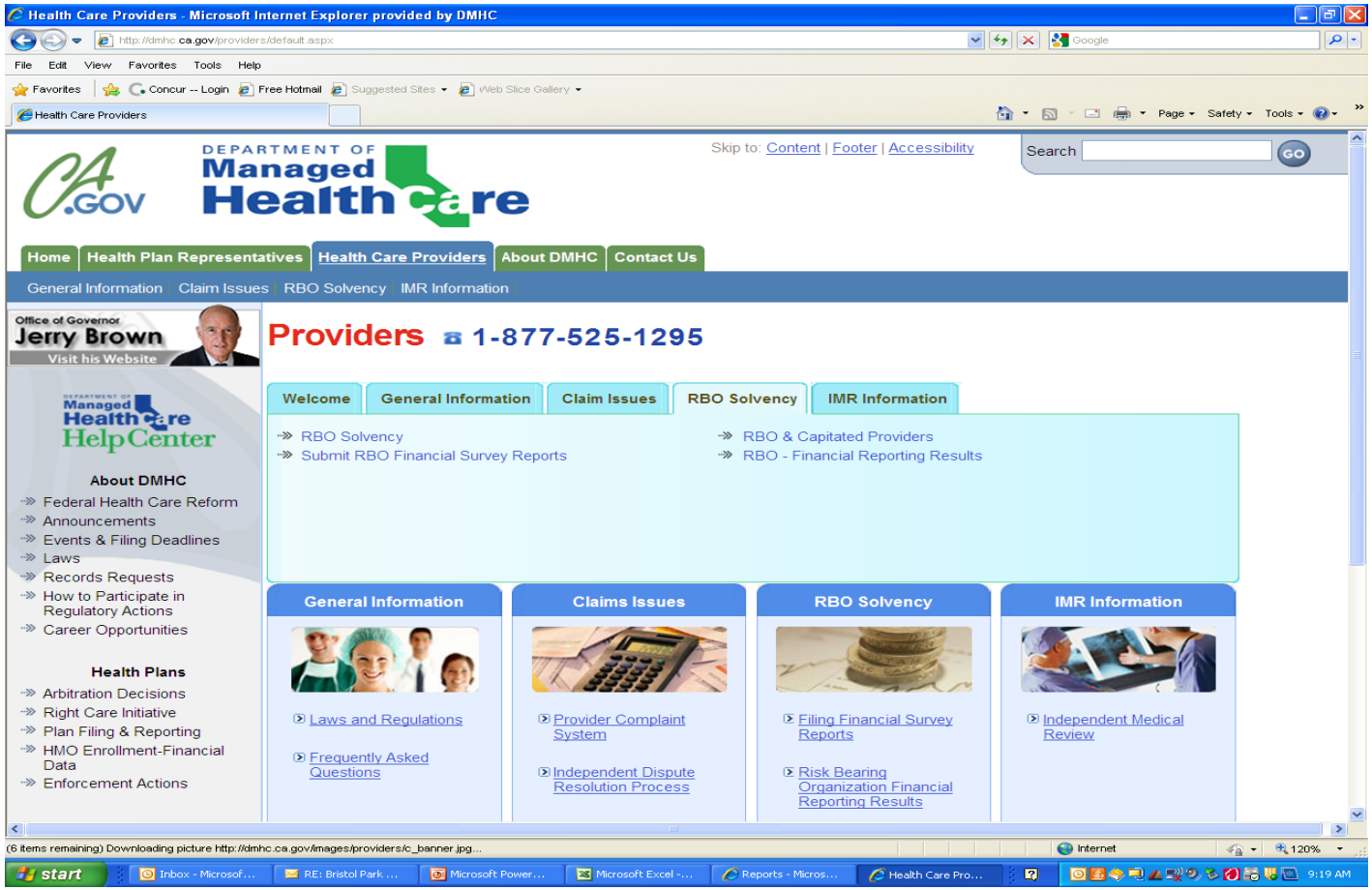
Available Information on DMHC Website



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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.

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Questions?

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Backup

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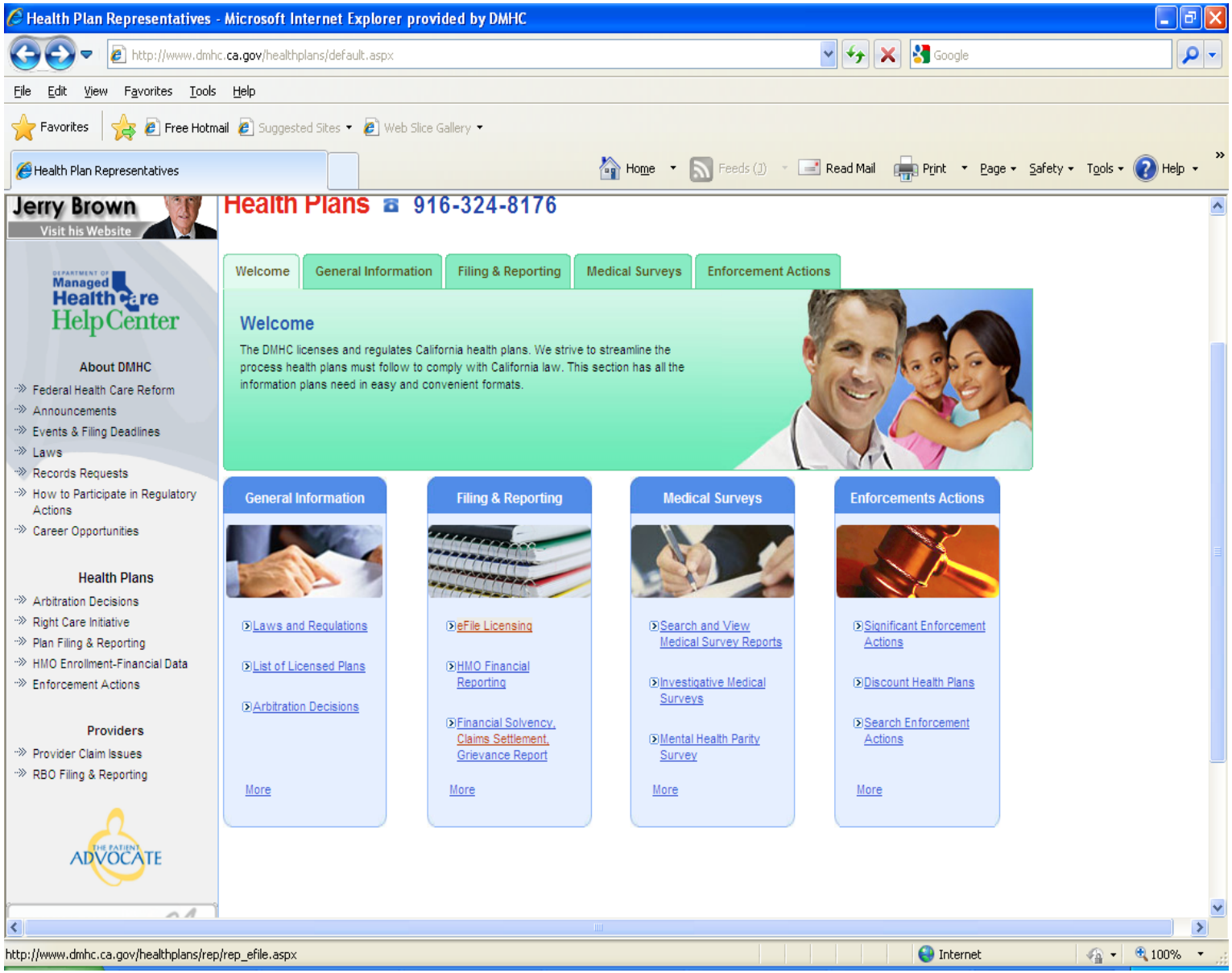

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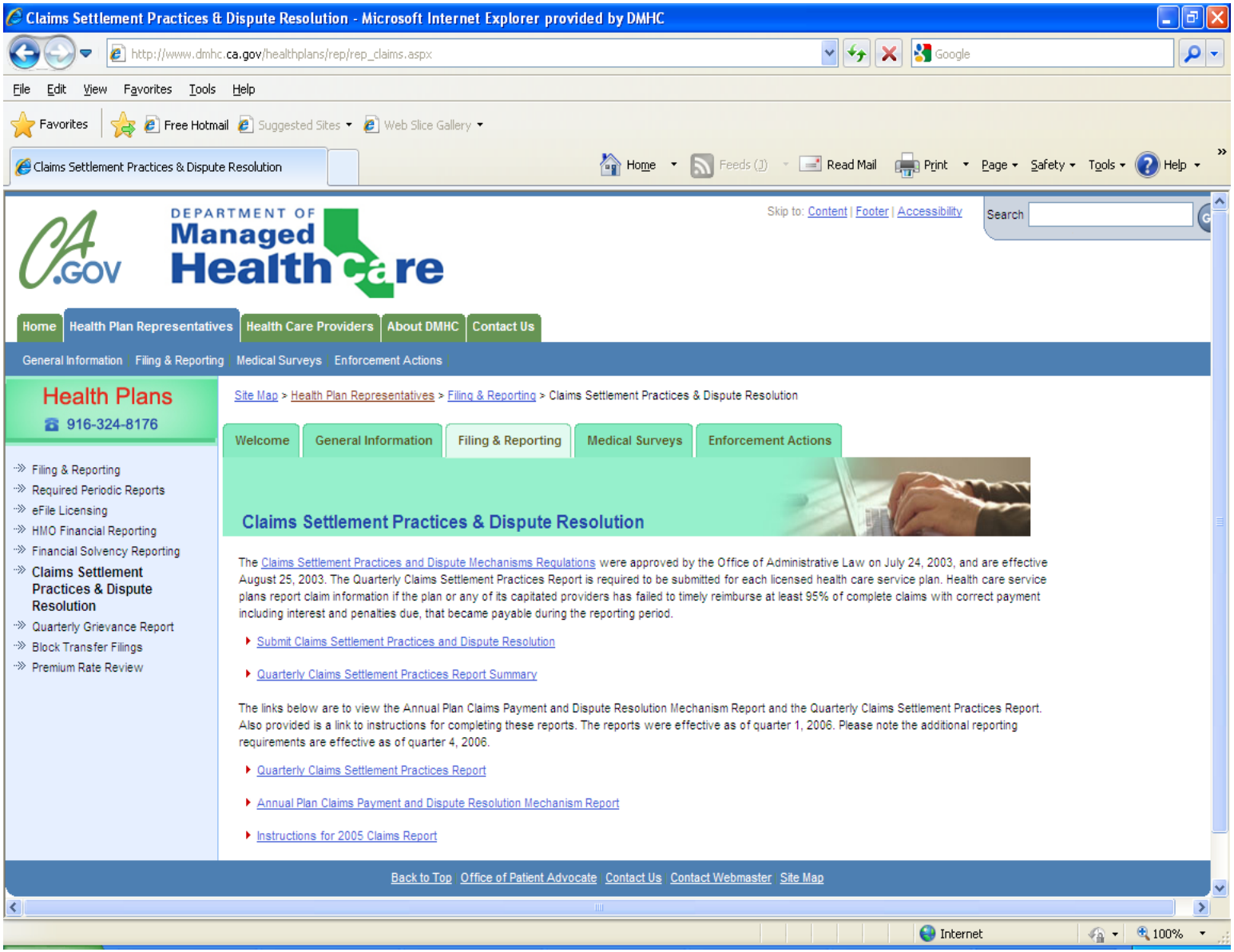

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Claims Settlement Practices Report - Microsoft Internet Explorer provided by DMHC

http://wpso.dmhc.ca.gov/ab1455/

File Edit View Favorites Tools Help

Favorites Free Hotmail Suggested Sites Web Slice Gallery

Claims Settlement Practices Report

Home Feeds (J) Read Mail Print Page Safety Tools Help

any 12-month period.

Capitated Providers - Claims Payment Deficiencies	Q4 - 2010 7/1/10-9/30/10	Q1 - 2011 10/1/10-12/31/10	Q2 - 2011 1/1/11-3/31/11	Q3 - 2011 4/1/11-6/30/11
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	
Disclosure of Emerging Claims Payment Deficiencies:				
Total number of capitated providers/claims processing organizations that failed to forward at least 95% of misdirected claims consistent	14	22	2	

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

Internet 100%

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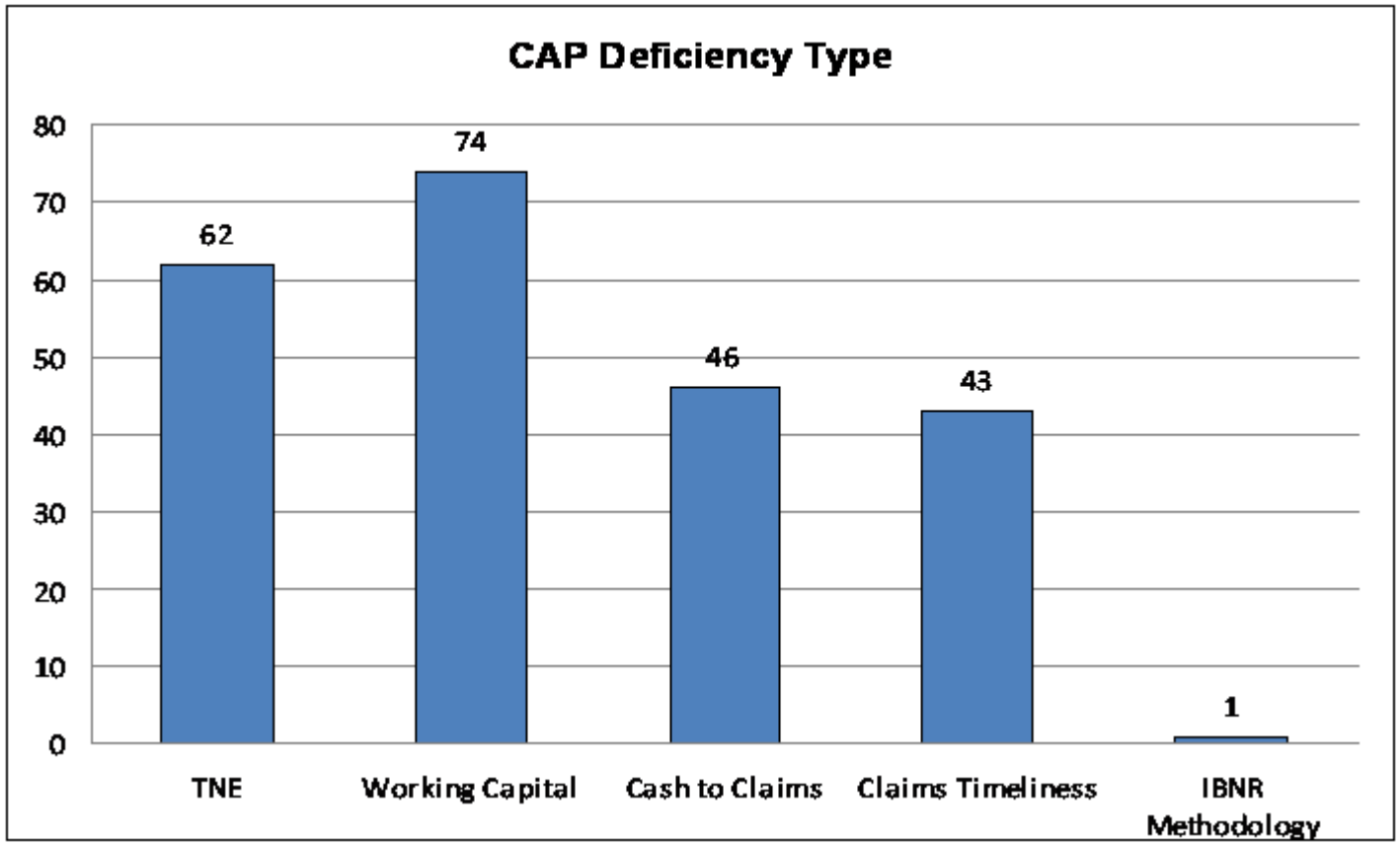
CAP Deficiency Type
2005-2011



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