Pay for Performance Summary - Geographic Managed Care

Plans are expected to develop an incentive program for provider offices. Performance measures should be defined by the Plan, and based on the percentage of assigned members that actually receive services. Plans should include in the incentive program a specific measure for preventative services. The program should apply to all enrolled Medi-Cal children (ages 0-20 years) assigned to the plan. Plans are expected to review provider office encounter data to identify beneficiaries that have not been seen in their dental office in a year. Plans are expected to halt all new enrollments for provider offices that do not meet specific thresholds of utilization. This table reflects the summary results of the monthly provider offices and the actions taken.

Reporting Period - October 2013	Access	Health Net	LIBERTY
Total Provider Offices:	35	40	53
Total Provider Offices below 25 Member Minimum Threshold:	5	0	0
Total Provider Offices w/ 25 Member Minimum & Above:	30	40	53
# of Provider Offices 4.0% or Above:	12	6	10
% of Total Provider Offices:	40.00%	15.00%	18.87%
# of Providers Offices between 3.33%-4.0%:	6	5	7
% of Total Provider Offices:	20.00%	12.50%	13.21%
# of Provider Offices Below 3.33%:	12	29	36
% of Total Provider Offices:	40.00%	72.50%	67.92%
# of Provider Offices on CAP:	0	0	0
# of Provider Offices Under Review:	9	10	8
# of Provider Offices w/ Closed Enrollment:	2	0	0
# of Provider Offices w/ Reinstated Enrollment:	0	0	0

NOTES:

Percentages (%) are stand alone monthly utilization percentages from provider offices with 25 member minimum and above.

LB updated as of 1-3-2014

November data is due to DHCS 1-20-2014

Updated with 12-20-2013 plan data submissions