Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan (GCHP)

Regular Meeting
Monday, August 26, 2019, 6:00 p.m.
800 S. Victoria Ave. Ventura, CA 93009 Administration Building –
Lower Plaza Assembly Room

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

CONSENT

1. **Approval of Ventura County Medi-Cal Managed Care Commission Meeting Regular Minutes of July 22, 2019.**

   Staff: Maddie Gutierrez, CMC – Clerk of the Commission

   RECOMMENDATION: Approve the minutes.

REPORTS

2. **Chief Executive Officer (CEO) Update**

   Staff: Dale Villani, Chief Executive Officer

   RECOMMENDATION: Receive and file the report.

<u>PRESENTATIONS:</u>

3. Beacon Health Presentation

Staff: Nancy Wharfield, M.D., Chief Medical Officer

<u>RECOMMENDATION:</u> Receive and file the presentation.

<u>FORMAL ACTION</u>

4. June Financials Report

Staff: Kashina Bishop, Chief Financial Officer

<u>RECOMMENDATION:</u> Receive, approve, and file June financials report.

5. Contract Award Approval for Supplemental Security Income (SSI)/Social Security Disability (SSDI) services – Centauri Health Solutions, Inc. d/b/a Human Arc

Staff: Kashina Bishop, Chief Financial Officer and
Melissa Scrymgeour, Chief Administrative Officer

<u>RECOMMENDATION:</u> The Plan recommends to award a one-year agreement to the single responsive bidder, Centauri Health Solutions, Inc. d/b/a Human Arc, along with the approval of two, (2), twelve, (12) month renewal options based on Human Arc's performance during the initial one year term.

6. Proposed creation of a Bylaws Subcommittee of the Commission to review bylaws and the Delineation of Authority Policy

Staff: Scott Campbell, General Counsel

<u>RECOMMENDATION:</u> Staff recommends that the Commission establish a Bylaws Ad Hoc Subcommittee to be tasked with making recommendations on any changes to the bylaws and Delegation Policy.

7. **Proposed creation of an Ad Hoc Advisory Subcommittee of the Commission to provide Guidelines for the Appointment Process of the Community Advisory and Credentialing and Peer Review Committees.**
Staff: Scott Campbell, General Counsel
RECOMMENDATION: Staff recommends the following: That the Commission establish an Advisory Subcommittee to propose guidelines, considerations, and factors, to the Community Advisory and Credentialing and Peer Review Committees.

8. **Proposed creation of a Strategic Planning Subcommittee of the Commission to provide guidance and input for Strategic Plan updates and the development of supporting goals and objectives.**
Staff: Melissa Scrymgeour, Chief Administrative Officer
RECOMMENDATION: Staff recommends that the Commission establish an ad hoc Strategic Planning Subcommittee of the Commission to provide guidance and input for Strategic Plan updates and the development of supporting goals and objectives.

9. **AmericasHealth Plan (AHP) Pilot Changes**
Staff: Brandy Armenta, Chief Compliance Officer
RECOMMENDATION: That Commissioners receive information about Commissioner Zaragoza's proposed amendments to the original 13-point America's Health Plan pilot program, including any impact on Gold Coast Health Plan and the Department of Health Care Services comments on the revised plan, and consider approval of the amendments to the 13-point program as outlined by Commissioner Zaragoza's motion at the July 22 Commission meeting.

REPORTS

10. **Chief Medical Officer (CMO) Update**

Staff: Nancy Wharfield, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the update.

11. **Chief Diversity Officer (CDO) Update**

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the update.

12. Chief Operating Officer (COO) Update

Staff: Ruth Watson, Chief Operating Officer

RECOMMENDATION: Receive and file the update.

APPENDIX

CLOSED SESSION

13. CONFERENCE WITH LEGAL CONFERENCE – ANTICIPATED LITIGATION

Initiation of litigation pursuant to paragraph (4) of subdivision (d0 of Section 54956.0 One case.

14. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Title: Chief Executive Officer.

COMMENTS FROM COMMISSIONERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting will be held on September 23, 2019 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Commission after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Board.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 3 p.m. to enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Maddie Gutierrez, Clerk to the Commission

DATE: August 26, 2019

SUBJECT: Meeting Minutes of July 22, 2019 Regular Commission Meeting

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the July 22, 2019 Regular Commission Meeting minutes.

Ventura County Medi-Cal Managed Care Commission

(VCMMCC)

dba Gold Coast Health Plan (GCHP)

July 22, 2019 Regular Meeting Minutes

CALL TO ORDER

Commissioner Antonio Alatorre called the meeting to order at 2:03 p.m., in the Community Room at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

PLEDGE OF ALLEGIANCE

Commissioner Alatorre led the Pledge of Allegiance.

ROLL CALL

Present: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, Lanyard Dial, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa and Supervisor John Zaragoza.

Commissioner Jennifer Swenson arrived at 2:09 p.m.

Absent: Commissioner Johnson Gill

CONSENT

1. Approval of Ventura County Medi-Cal Managed Care Commission Meeting Regular Minutes of June 24, 2019.

Staff: Maddie Gutierrez, CMC, Clerk of the Commission

RECOMMENDATION: Approve the minutes.

Commissioner Zaragoza noted his name was missing on the votes. Commissioner Pupa moved to accept and file the June 24, 2019 Commission Regular meeting minutes with noted changes. Commissioner Ashworth seconded.

AYES: Commissioners Antonio Alatorre, Theresa Cho, M.D., Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and Supervisor John Zaragoza.

NOES: None.

ABSTAIN: Commissioners Shawn Atin, Lanyard Dial, M.D. and Laura Espinosa.

ABSENT: Commissioner Johnson Gill

2. Community Advisory Committee (CAC) Membership

Staff: Ruth Watson, Chief Operating Officer

RECOMMENDATION: Appoint the Community Advisory Committee nominee as described.

Recommendation by Commissioner Alatorre to appoint Victoria Jump to the Consumer Advisory Committee.

PUBLIC COMMENT

1. Dr. Sandra F. Aldana, appeared on behalf of the State Council on Developmental Disabilities, regarding the Community Advisory Committee Membership (CAC) (Consent Item No. 2).

   Dr. Aldana requested consideration of how individuals are appointed to the committee, suggesting that the CAC as well as the provider advisory committee be more reflective of the community and members. Dr. Aldana requested monitoring of these committees to make them more reflective of the community.

   In response to Dr. Aldana's comments, Commissioner Espinosa stated that the Consumer Advisory Committee does have many county agency representatives. However, to Dr. Aldana's point, either her organization, or someone from within Gold Coast Health Plan, through their outreach efforts, could be contacted for their interest to serve on a future vacancy.

   Discussion was held amongst staff and the Commissioners around the creation of a sub-committee to review the ordinance and/or by-laws for committee appointments with a recommendation to the board. General Counsel, Scott Campbell stated that can be done for the Community Advisory Committee because it is on the agenda; however, for other committees it would require a separate notice item. Commissioner Alatorre requested it be on the agenda for the next meeting so all committees can be extended. CEO Villani added that it would be beneficial to have a sub-group look at the Executive Finance Committee or other groups. Commissioner Alatorre suggested a separate group for by-laws and a separate group for committee membership. General Counsel Campbell requested direction for the next meeting to review sub-groups and overall appointments. There was unanimous consent by a raise of hands.

Commissioner Espinosa moved to approve Consent Item 2. Commissioner Zaragoza seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Lanyard Dial, M.D., Gagan Pawar, M.D., Dee Pupa, and Jennifer Swenson.

NOES: None.

ABSENT: Commissioner Johnson Gill.

Commissioner Alatorre declared the motion carried.

3. Revision of Executive Finance Committee Meeting Dates for Remainder of 2019 and for the 2020 Calendar Year.

Staff: Maddie Gutierrez, Clerk to the Commission

RECOMMENDATION: Approve the revised meeting dates of the Executive Finance Committee for the remainder of 2019 and the 2020 calendar.

Discussion was held amongst staff and the Commission around outreach and notification to raise public awareness around the August 26, 2019 meeting to be held at the Ventura County Government Center. Several methods were discussed, including suggestions around the distribution of flyers and the use of public radio. CAO Scrymgeour shared that the community relations team is distributing flyers around the community, working with community-based organizations and GCHP's provider network team to post flyers in clinics and other community locations, and will promote the meeting in a radio interview this week on La Mexicana radio station during "El Mercadito".

Commissioner Swenson moved to approve Consent item 3. Commissioner Espinosa seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Lanyard Dial, M.D., Gagan Pawar, M.D., Dee Pupa, and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

REPORTS

4. Chief Executive Officer (CEO) Update

Staff: Dale Villani, Chief Executive Officer

RECOMMENDATION: Receive and file the report.

CEO Villani announced the promotion of Brandy Armenta to Chief Compliance Officer. He stressed the role of delegation oversight as a critical Plan function, noting the increased regulatory focus in this area. Last year, Ms. Armenta took over the PBM delegation oversight function as well as regular audits of the Conduent call center to ensure both vendors met contractual and regulatory standards. CEO Villani also recognized CCO Armenta's work and leadership over the Plan's annual DHCS medical audits, crediting her role in facilitating the Plan's excellent audit results.

CEO Villani provided updates on several regulatory items:

Annual DHCS Provider Network Certification: The Plan passed the annual DHCS Provider Network Certification requirement. CEO Villani explained that the CMS Mega-Reg requires states to ensure that health plans have an adequate network in place to serve the needs of members in the community. He added that many rural communities have difficulty meeting the access standards for time, distance and primary care, which has resulted in corrective action plans for other Medi-Cal managed care plans. GCHP does not have gaps in the provider network, which is reflected in the annual network certification received from DHCS (a copy is attached of the formal communication). CEO Villani commended the collaborative work of the network operations, clinical, and IT teams to get this accomplished.

DHCS Annual Medical Audit: CEO Villani provided an update on last year's DHCS medical audit, stating that DHCS closed out the only CAP item identified from last year. The item concerned privacy issues with Conduent.

Joint Legislature Audit Committee (JLAC) PBM Audit: CEO Villani mentioned that the draft audit report was received and made available to Commissioners for review and comment back to the State Auditor. Two Commissioners reviewed the audit and had no comments. Staff provided comments back to the State auditor. CEO Villani stated JLAC stressed that the draft report is a confidential report, and that in accordance with California Code 8545.1, it is a misdemeanor to divulge any information contained in the report. The Plan expects the final public audit report by August 15th and will provide and update at the August Commission meeting.

An article was reviewed on immigrant children and Medi-Cal coverage in the state, highlighting that fewer children are enrolled in Medi-Cal either because of the economy or other measures. There is also fear in the public in terms of children recertifying relating to immigration policy. Effective January 1, 2020, children regardless of immigration status, will be eligible for Medi-Cal up to age of 25. Early county estimates were 20,000, however the Plan has no way to identify them, as they become part of a generic member aid code.

CEO Villani noted an additional article regarding Governor Newsom's focus on access to mental health services and an increase on county mental health department sanctions.

He stated that DHCS is concerned that most of the county mental health program's networks were lacking providers. DHCS initial focus was on rural northern and central areas, but is expected to come to other areas. Impact to Ventura County is unknown as this time.

Commissioner Espinosa asked if there was a way to review the current network of psychiatrists and psychologists in the area so there are no surprises when there is a financial hit. CMO Wharfield responded that some of the comments from the Governor and the new mandate are directed at the county's serious mental health system. As of today, GCHP would have little insight into what their network and accessibility is. GCHP is responsible for only mild and moderate levels of mental health care. GCHP behavioral health vendor, Beacon Health, will present at next month's Commission meeting to address some of those issues. CMO Wharfield also stated that [Ventura County] needs more child psychiatry and more Spanish speaking psychiatry.

CEO Villani added that the current bifurcated mental health system does not work well having the SMI and the substance abuse on one side and the mild and moderates on the other side. The trend and movement will be toward integrated care. CMO Wharfield added that in Prop 56 (still being developed) there is a behavioral health integration initiative where some of these forces on our system will see some of the plans wrap in serious mental illness into their benefit. However, before that the system will see pressure to do some type of information sharing.

Commissioner Espinosa noted that if there is a shortage of these professionals across the nation, we need to incorporate other ways of recruitment or pipelines to universities. COO Watson noted that one issue in contracting more of these professionals is the very low reimbursement rate by Medi-Cal. To get an independent psychiatrist or psychologist to take the Medi-Cal reimbursement rate has always been a challenge and there is a shortage.

PUBLIC COMMENT

2. Dr. Sandra F. Aldana, appeared on behalf of the State Council on Developmental Disabilities, regarding the Chief Executive Officer Report (Agenda Item No. 4).

   Dr. Aldana stated it is important to continue to look at which type of legislative bills are available and where we intersect with the intellectual and developmental disability communities. She noted three bills in process at the end of this legislative session; AB196 (Gonzalez) which revises the formula for benefits through the Family Temporary Disability Program, AB1287 (Nazarian) which calls on the Department of Aging to develop an implementation plan expanding their no Wrong Door Program and AB1643 that is currently halted, which ensures disparity sub-groups get addressed by posting policies, guidelines, etc. through regional centers. Dr. Aldana mentioned that these bills intersect with the individuals GCHP serves that are on the HCBS waiver and the Medicaid waiver because both populations

may not qualify for regional center services, as they are receiving services through generic services.

Dr. Aldana added that she supports Secretary Kent around behavioral health access, noting that here have been some challenges since the merge with the Department of Mental Health (now Behavioral Health). There are particular individuals who have intellectual and developmental issues, whether substance or more intense psychiatric disorders, tend to be a population that slips through the cracks. However, it might be helpful to identify ways to better serve these groups.

Commissioner Atin moved to approve the CEO Update. Commissioner Cho seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Lanyard Dial, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

Commissioners Alatorre and Pawar recused themselves at 2:34 pm. Commissioner Jennifer Swenson took over Chair duties.

5. AHP Plan to Plan Pilot Update

Staff: Supervisor John Zaragoza

RECOMMENDATION: Receive and file the report.

Commissioner Zaragoza discussed information regarding the Americas Health Plan program and presented an amended Plan to Plan proposal. He stated that Americas Health Plan is eager to partner and work with Gold Coast Health Plan on this pilot program as soon it is approved by the State. He added that AHP has raised several concerns regarding the success of this pilot program with the current proposal parameters. Commissioner Zaragoza stated that he believes it is the collective goal to ensure that members receive the highest quality of care with competitive pricing. Americas Health Plan's parent company, Clinicas [Del Camino Real] (CDCR), has been delivering great care to the underserved in the community. He would like to make a motion to amend the 13-Point America's Health Plan Pilot Program for consideration and approval.

The Clerk distributed the written amendments to the Commission, staff and those in attendance.

The proposed amendments are as follows:

- For the pilot program to be fairly and equitably assessed, the period of the pilot program be amended from five to three years.
- Pilot program will begin with 10,000 instead of 5,000 members who will be given the option to self-select from CDCR's existing Gold Coast Health Plan assigned membership pool.
- At the end of a two-year period, in the event the pre-agreed upon performance measures are met or exceeded, and at the discretion of the Commission, the pilot will be continued for an additional 5,000 members who have the option to self-select from CDCR's existing Gold Coast Health Plan's assigned membership pool for a total of 15,000.
- CDCR, the parent company of Americas Health Plan, may provide the required Tangible Net Equity (TNE) for America's Health Plan as a prudent reserve during this pilot program.
- Item 12 of the Pilot Program will be amended to state that at the end of the three year pilot program, and deemed successful by the Gold Coast Health Plan's Commission, the plan will enter into a discussion regarding the creation of a permanent option, whereby they [members] will have the option to receive services by AHP.
- Proposed deletion of Item 13 as stated "In no event will the total AHP membership exceed the current percentage of membership of eligible GCHP members assigned to Clinicas" as this item is no longer necessary.

Supervisor Zaragoza thanked the Commission for their consideration of this amendment. If approved, the amended terms of the pilot should be forwarded to the State for their review and proposal.

Commissioner Swenson noted that Commissioner Zaragoza made a motion. General Counsel Campbell stated that in order to fully comply with the Brown Act, this motion would substantively alter the Commission's prior action. If there is direction from the Commission to go forward, a formal motion should be made at the next meeting with three items: (1) staff's thoughts (2) ensure CDCR is fine with the written agreement or arrangement incorporating these points and (3) also present to the State to allow a preview and/or the State's thoughts on the changes. The State may say that if the proposal is going to change, GCHP either must wait until done with current process or start over with the new process. Because this is a substantive change from what has been approved, and for the purpose of public transparency, we should have the details on the agenda so that everyone can comment.

Commissioner Zaragoza commented the only change is the initial participants. General Counsel Campbell added that in addition to the participants, the amended proposal includes a change the pilot length, CDCR's financial support (for TNE requirements), and the removal of Item 13 (what happens at the end of the program).

CCO Armenta expressed her concern regarding the changes to the TNE structure, adding that Plan counsel has had discussions with AHP's counsel regarding TNE. CCO Armenta wants to ensure the proposed changes are vetted, as this is not how the TNE reads in the boilerplate. This is a critical point, if there is a change, the Plan must make sure the State is aware, as it changes the contractual language of the boilerplate. General Counsel Campbell stated the Commission would need to provide direction to staff to pursue an amendment along with the terms noted and present the language at the next meeting, as well as the comments from the staff, counsel and State.

Commissioner Swenson requested clarification that the direction is to bring back impacts of the proposed amendments and have a full discussion. General Counsel Campbell replied that if there is no desire to go forward with making changes to the current pilot the Commission can give that direction. If the Commission wants it analyzed and brought back to the next meeting, we need direction. Supervisor Zaragoza added that would be his motion.

Commissioner Atin asked CCO Armenta how the TNE requirement currently looks. CCO Armenta replied the TNE requirement is that the health plan (AHP) has the financial dollars, as opposed to the parent company. She added that both GCHP and AHP counsel discussed this on a number of occasions, and as the boilerplate reads today, it does not specify that this is allowable. CCO Armenta stated that both counsels must meet to determine if the revision can be made and if the State would allow the change. Commissioner Atin asked whether TNE phase in or other possibilities are available to AHP, given they are a much smaller organization, if the legal requirement may not allow CDCR to provide the TNE. CCO Armenta replied that those are discussions the legal teams must have, and that both regulators [DHCS and DMHC] will have to agree. Supervisor Zaragoza asked if the TNE was computed by dollars or membership. CFO Kashina Bishop stated the calculation is driven by medical expenses and is a ratio of medical expenses and the TNE.

Commissioner Cho asked if the original proposal is currently under consideration with the State. CCO Armenta replied that the boilerplate has been sent with existing language. DHCS did request additional information, which did not include the TNE. There were no questions on the TNE issue. CCO Armenta added that if we want to modify the language, we will need to send back to the State. She mentioned there is one outstanding error and that error will be addressed and finalized. She stated that the membership proposal is also currently under review by DHCS.

CEO Villani commented that staff received questions from the State on the membership proposal although a number of the questions were already outlined in the proposal. Staff requested that DHCS reframe their questions or they were pointed in the direction of the proposal for review. Commissioner Cho asked if

there had been any comment on the 5,000 pilot member or the pilot being too large or too small. Staff indicated there was no comment on the size of the pilot and that the questions were around taking membership from CDCR, CDCR's randomizer algorithm, and what the transition looked like from Gold Coast Health Plan to AHP from a hand-off standpoint.

Commissioner Ashworth asked if management addressed the process of how we would operationalize this and how it would be addressed. CCO Armenta replied that the benefit is we have Kaiser as a plan partner and will apply the same principles to AHP. The difference between Kaiser and AHP is that GCHP will continue to have a direct contract with Kaiser for primary care services. That is where the bifurcation can occur and we have had those discussions with AHP when those members are still with a CDCR PCP for Gold Coast Health Plan or AHP and how they will navigate them but we will work closely with their team.

Commissioner Swenson asked if there are items that could potentially put this pilot back several months. CCO Armenta responded that it starts the membership proposal timeline over, which will cause a delay. It will change our membership proposal because it states five years and we will have to change to three years. This will start the sixty (60) day clock over again, possibly depending on how the agencies look at the TNE component. Regarding Item 13, the proposal currently states it will never exceed the existing CDCR membership. By eliminating that, it opens the window to the complete 38,000 as a plan partner. Commissioner Zaragoza stated this would be part of the consideration to be discussed at a future meeting.

Commissioner Atin asked if there was a distinction in the State's mind whether it is a pilot or ongoing (three-year pilot) because eliminating item 13 was done after the pilot. CCO Armenta stated it matters to the State because it is outlined in the pilot. By eliminating that, DHCS will ask the question, "Does this open up the full 38,000 and what will it look like?" Commissioner Atin noted that the Commission will give some direction today but as questions arise, communication with AHP is imperative. CCO Armenta stated that staff will work with AHP's teams.

PUBLIC COMMENT

3. Christine Velasco, Chief Financial Officer for CDCR, appeared on behalf of Clinicas del Camino Real regarding the AHP Pilot Update (Agenda Item 5).
Ms. Velasco stated that she met last year with some of the Commissioners advocating for this plan to be on contract. She added that they have been trying to do this for seven or eight years. She is happy to know that the number changed from 5,000 to 10,000 as it allows for AHP to be successful. She stated that we have always advocated for all 38,000 patients to be with AHP but this is a good compromise. Ms. Velasco had a comment regarding the proposed change around TNE. She stated that the change indicates that CDCR (the parent company) may provide the required Tangible Net Equity if CDCR and their board decides to move in that direction. She added that when Gold Coast Health

Plan started out, the County provided TNE help to Gold Coast Health Plan. There should be no issue with TNE requirements and in fact, that is a non-issue. Ms. Velasco stated that AHP is its own company and if they get more lives they should not be restricted to what CDCR does. She commented that at the June [Commission] meeting, Commissioner Zaragoza's secretary read the 13 [pilot proposal] requirements and that this board approved them. They did not delay it for another month or another sixty (60) days. There is no reason for these amendments to the 13 not to be voted on today.

4. Sonia DeMarta, Chief Financial Officer for AHP, appeared on behalf of Americas Health Plan (AHP) regarding the AHP Pilot Update (Agenda Item 5). Ms. DeMarta stated she wanted to clarify a few points. She mentioned that a productive meeting was held last Thursday with Gold Coast Health Plan to begin discussing rates but that AHP was not advised there had been communication with the State regarding the proposal. Staff responded that at the time of the meeting they had not received communication back from the State.

Ms. DeMarta stated that the issue regarding the TNE is a requirement by the Department of Managed Health Care regardless of whether AHP has Medi-Call membership from Gold Coast Health Plan. AHP currently meets and exceeds DMHC TNE requirements. She added that the TNE requirements Gold Coast Health Plan requested exceeds where Gold Coast Health Plan is today in terms of meeting their own TNE requirements and that the threshold feels arbitrary. Ms. DeMarta added that if AHP fell below the DHCS required TNE, they would be put on a CAP and would have to fix it. Ms. DeMarta explained where the funding comes from in order to lower the TNE and that any funds the plan borrows must be a subordinated debt meaning it has to be subordinated to every other debtor on the books. She stated that there is no bank or investment group that will fund that. The reason it is done that way is that CDCR is the parent company and they are the only organization in a position to help build the TNE. She also noted that a threshold was designed that cannot be met and would like to request reconsideration. She also requested to get feedback, as she does not feel the State micromanages how health plans manage their contracts.

Commissioner Atin asked Ms. DeMarta to explain what she wants to specifically do regarding the reconsideration of the TNE. Ms. DeMarta stated she would like the proposal to state AHP will meet the required TNE by the DHCS. Commissioner Zaragoza asked if that would be part of the discussion regarding the TNE. CCO Armenta responded that yes, it is currently outlined in the boilerplate. Ms. DeMarta added that funding for meeting the TNE requirement should not have any limitations. Commissioner Zaragoza stated that when the County of Ventura lent $7.5M to GCHP for the TNE there was a [financial] cap set [by DHCS] and that GCHP just got rid of it. CCO Armenta commented that the $7.5M was for a Line of Credit due to a Corrective Action Plan that the Plans' monitors required GCHP to obtain. It was an agreement with the County in 2011 and has been paid back. Ms. DeMarta noted that DHCS gave GCHP three years to pay it back. Commissioner Atin asked if Commissioner Zaragoza would be amenable to amending that portion of his proposal to change the wording to "AHP agrees to meet the requirements for the TNE and will secure the TNE funding as they choose with a phase-in of the TNE. For the first

year they will have 100% and after the first year they will have 300%." Commissioner Zaragoza stated there is no issue with wording, but whether CDCR can lend them [AHP] the money. CCO Armenta stated that was the concern GCHP's legal counsel had in the original conversation about the contract. Commissioner Atin stated that if CDCR cannot lend AHP the money, AHP can get the funding from wherever they choose. There can be an agreement written into the contract where they can have a phase-in. From the beginning AHP will have 100% TNE and after the next year 300% TNE.

General Counsel Campbell stated his understanding is that currently the purpose of Number 4 is that AHP would supply the funding and this says "may." The intent is that you want to make it broader, whether it is CDCR or any other third party. Commissioner Zaragoza asked if the "may" takes care of that. Commissioner Atin noted that the goal is to have an easy-going relationship going forward. He added it is taking too long and he is trying to expedite this decision-making process by amending the proposal to a level where it would be acceptable. If the State agrees with this type of language, let it be broader; CDCR or other financial sourcing of AHP's choosing with a phase-in they will agree to meet the TNE requirements. Commissioner Zaragoza asked General Counsel Campbell if we have the broader approach to Number 4, whether it would come under the discussion we are going to have next meeting. General Counsel Campbell replied if we provide an appropriate amendment, for example "the parent company of AHP may provide" to the "parent company of AHP or another qualified source may provide," the State will need to approve. Commissioner Zaragoza stated he agreed.

COO Watson commented that the State of California can be difficult on 100% of required TNE. She stated that when managed care plans are at 100% of TNE, they are usually placed on a watch list if not a corrective action plan. Staff would seek the State's recommendation and not go into 100% as a definitive in case it would come back and the process would have to start over. Commissioner Atin noted he just picked 100% TNE as an acceptable floor. Ms. DeMarta stated the requirements is 100%. COO Watson replied that the problem is if GCHP were at 100% TNE today, the Plan would be on a corrective action plan. Commissioner Pupa commented that DMHC places plans that are under 135% of TNE on a monthly watch list. COO Watson asked if from a staff's perspective, is this something we would ask DHCS for a recommendation. Commissioner Atin suggested the Plan use 150%. Ms. DeMarta pointed out that when the State monitors at 100%, it just means instead of reporting quarterly, you are reporting monthly. COO Watson noted that when GCHP was at 100% TNE, DHCS assigned had a monitor. Ms. DeMarta noted that she doesn't believe 150% is a hurdle they cannot meet but would also like to know if AHP could have a phase-in of two years as opposed to one year and the next year would be 300%.

Commissioner Zaragoza modified the motion to approve the recommendations and to replace "may" with "or other qualified funding sources." Commissioner Swenson requested a full analysis at the next meeting to understand the impact and action items. Commissioner Swenson then asked if there were any other comments. CCO Armenta asked the Commission about the membership proposal under review with DHCS. DHCS submitted questions around the membership proposal. In light of this discussion she

requested direction on what she say to DHCS - whether to hold on, the pilot may change or come back to the clarifying questions based on what they asked with regard to the current membership proposal. Commissioner Swenson responded that she personally would like to keep the current proposal moving forward while staff worked through the new process, but would like to hear from the Commissioners. Commissioner Atin asked if staff will get direction from the Commission to move with Commissioner Zaragoza's proposed changes. Commissioner Swenson replied that the direction given [to staff] is to provide a full analysis and what the impact is of this new proposal, as it is different from the original. Commissioner Atin asked whether this was a legal requirement or the Commission's preference. General Counsel Campbell replied that it is the Commission's preference. In the meantime, staff can contact the State to discuss this change and the impact it will have on the current pilot proposal, but not request to stop the current process. Supervisor Zaragoza stated he felt that was the right direction.

Commissioner Espinosa noted that she appreciated Supervisor Zaragoza bringing this forward, as it helps the climate and discussion. However, she is concerned that the Commission has given direction in previous Commission meetings and that we not delay or use semantics that would give any type of perception to the State we are not in full consensus with the plan moving forward with the modifications.

Commissioner Atin asked if we can get a vote today, if this is the direction the Commission wants to go in or whether the Commission can wait for State/staff's feedback. General Counsel Campbell stated that discussion can occur around whether there is a desire to move forward with the new proposal changes presented today, but that we still need to come back at the next meeting with formal adoption after we have information from the State and have discussed with legal counsel the particulars on whether the TNE is legal or not.

Supervisor Zaragoza amended the motion to make sure we have a qualified source of income in Number 4 and have the support of the Commission to continue with this effort as amended.

Commissioner Cho commented she understands the part of the TNE requiring clarification at the State level. There are other elements that are significantly different from what was originally approved and asked how this benefits the members. She added if the Commission is going to do that, it will require a robust discussion of each of the points, not just the TNE. there are other substantial changes in the numbers, and to what benefit are those changes to the members?

Commissioner Ashworth stated he does not have enough information given the changes and was not part of the original conversation. He does not feel comfortable voting. Commissioner Ashworth stated it was his original understanding that everything was going to continue moving in its current format and that additional clarifications and a deep dive on each of these items would be brought back at the next meeting.

The original motion was to direct staff to move forward with discussions on an amended agreement with AHP on all six points with Number 4 being amended to say the parent company of AHP or other qualified funding sources, staff provide an analysis of the impact of these changes upon the plan, and at the same time, staff go to the state and discuss the amendment and provide any feedback on the state's view and the impact of the progress on getting this approved at the next Commission meeting. With specific direction also to have an approval item on these items if the Commission has the option to approve or not approve at the next meeting.

Commissioner Swenson asked if the motion was clear.

Supervisor Zaragoza motioned to approve the original motion as stated. Commissioner Espinosa seconded.

AYES: Commissioners Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Lanyard Dial, M.D., Laura Espinosa, Dee Pupa and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Swenson declared the motion carried.

Commissioners Alatorre and Pawar return to meeting at 3:18 pm.

PRESENTATION

6. Overview of GCHP Process for Staff Promotions, Raises and Merit Bonuses

Staff: Dale Villani, Chief Executive Officer and Jean Halsell, Executive Director of Human Resources

RECOMMENDATION: Receive and file the presentation.

CEO Villani stated that he and Executive Director, Human Resources, Jean Halsell, will review the process, and spend as much time required by the Commission, to ensure an understanding around the process for staff promotions and raises whether through market assessments, market adjustments or annual performance reviews.

CEO Villani explained that GCHP is an eight year-old plan and is still in its infancy. When looking at the people, processes, and technology, there is a certain amount of legacy application around how we do things. Focus is placed on enhancing or replacing legacy technology investments. An equal level of focus should be placed around processes and people, which also determine the success or failure of the plan. We are in competition for talent. As a health plan, we try to recruit those

who are in the health plan space; in turn, they try to recruit from us. Our goal is to retain high performance employees. The business is evolving. We have talked about delegation oversight, which is an increased emphasis for us as a health plan. We discussed our outsourced services and the monitoring of the performance of those outsourced vendors is important. We must ensure we have the right team and leadership in place to move the Plan forward.

CEO Villani then discussed the process around market compensation review and salaries. He explained that staff conducts market compensation surveys on a regular basis using an outside industry consultant. Additionally, GCHP uses reference information from our industry associations, which conduct salary surveys specific to managed Medi-Cal plans by position, average, median, low and the high salary. CEO Villani noted that the Plan must be responsive and receptive to industry salary demands in the local market and adjust accordingly. Commissioners specifically requested to look at salary adjustments for the senior management team, however the Plan conducts compensation surveys for all positions in the organization. As a result, in April 2018 adjustments were made for twenty-two (22) employees for a total impact of $122K. As part of the process, discussion was held with CDO Bagley from a diversity perspective. After the analysis and survey review, Executive Director Halsell makes recommendations on any market adjustments. CEO Villani added that one of the positions that was not in alignment was the Executive Director of Human Resources. However, that adjustment was delayed to December 2018.

CEO Villani then reviewed the "Delegation of Authority to CEO" which was approved by the Commission in November 2011. It states that the CEO is responsible for all hiring, firing and compensation, and that notification is required to the Commission when a senior position changes. CEO Villani commented that the Plan has worked under this process since 2011. Personnel matters are discussed with Commissioner Atin as the designated human resources representative to plan. If the commission wishes a more active role in hiring, firing and compensation, as specified in the current Delineation of Authority to the CEO, then current policies should be modified accordingly.

Executive Director, Human Resources, Jean Halsell then reviewed a PowerPoint presentation on the process for salary increases and promotions. Executive Director Halsell provided detail around the Plan's base compensation program, noting the work done in December 2017 with Steve Smith from LTC Performance, which was presented to the Commission. With assistance from Mr. Smith, all job descriptions were reviewed and a comprehensive salary grade structure was developed. Executive Director Halsell explained that compensation is an important part of the Plan's total rewards program. She also stated that Mr. Smith continues to work with the plan as needed, such as with new job positions descriptions or positions have changed.

GCHP's pay bands (salary ranges) were also reviewed. These allow for variances based on the level of the incumbent's experience, education, skills and performance. Pay bands are a common tool that assists HR and hiring managers For example, if someone comes in and doesn't have years of experience, but they will be a good fit and will do a good job, you may want to place in the Entry Level area. There are some who have the experience and placed at a higher level. As people evolve in their role, the best spot is the Proficient Level (market rate). They have experience, job skill, and they are doing the job. Some may not want to be promoted, so we need to allow for them to grow in the range. You do not want to penalize them for staying and doing a good job.

The Plan must be externally competitive and internally equitable. We (Executive Director Halsell and CEO Villani) are heavily involved and CFO Bishop is also involved in changes we make to the program.

Executive Director Halsell then provided a review of the promotion process for in-place and new positions. She explained the concept of job families. For example, a Health Navigator 1, 2, and 3. These job families (levels) have clear expectations and must have a certain level of experience. Once the employee has met expectations, the manager can come to us and we discuss moving the employee to the next level. Associated in-place salary increases are usually 5-10% depending on where they fall in the salary range. Executive Director Halsell, state the organization needs to have equity throughout the organization for similar positions. The CFO is contacted to ensure the dollars are in the department budget.

Promotions involving new positions or back-fill positions are posted internally and externally. There is a requisition approval process which goes to the CEO and CFO for approval in order to post the position. If an internal employee applies and meets the minimum requirements, they are moved on for interviews. If the hiring manager selects the internal applicant, they works with HR to ensure there is equity within the salary range for the new position.

Executive Director Halsell reviewed the process for merit-based salary increases. Managers review employee performance on an annual and recommend merit increases. Department managers are provided a merit budget and must ensure the total spend is not greater than the budget. Managers may award a higher merit increase for an employee that exceeds recommendations. If someone is not performing to expectations, they can receive zero dollars or a lesser amount. Our review period is from July to June. We conduct performance reviews in September and salary changes are effective in October. After managers make their recommendations, they are sent to Executive Team for review, and then to the CEO for final review and approval.

Internal equity is also reviewed as part of compensation. This is how the twenty-two (22) individuals that CEO Villani mentioned were identified for market

adjustments. There were staff who were in old salary grades and their positions were not rated as high as the market indicated, so they were placed in a new salary band. Some staff were below the range and had to be moved up to the minimum. Some staff had been here a long time and were outstanding performers and their salary fit on the low end of the range. It was Steve Smith's recommendation to look at these adjustments for the 22 individuals identified. In conjunction with the manager, we reviewed salaries and considered the employee's experience, where they are placed on the range, and came to an agreement where they should be placed. The CFO will approve the requisition and make sure the next level manager is agreeable.

Most salary changes last fiscal year were attributed to the merit adjustments made in October 2018. As to the question specifically around salary changes for directors and above, once we filtered out managers and staff who either received a promotion or an equity adjustment, there were five employees that received salary changes since October 2018. Commissioners Pupa and Pawar asked about salary ranges. Executive Director Halsell reviewed the chart reflecting the minimum, mid-point (market) and maximum of the ranges, and stated that the Plan does not have staff outside the maximum of the range.

Executive Director Halsell then discussed performance based incentive compensation for executive team members. She explained that last year the executive team was eligible for a five percent target incentive payment. This was performance based and built around a balanced score card of shared target goals along with the associated percentage that would be paid out if the goals were met. It is based on goal attainment and can be from zero up to five percent. We did not achieve all of our shared goals last year so the full 5% payment was not issued.

Commissioner Atin stated that his goal asking for this information was transparency, especially with the current budget situation projected at a $42M loss. He stated this is a quasi-organization it is not a government agency, like the county but it is a public entity. He suggested that the Commission should be apprised of executive changes before they are made, rather than after. He stated that a review of by-laws could be done to if there needs to be a change and noted that this was the first time he was aware of the 5% pay for performance incentive, adding that it may be appropriate, but he was not aware of it.

General Counsel Campbell stated that the Commission indicated at the next meeting they will create a sub-committee to look at by-laws and will include the delegation of authority.

Commissioner Zaragoza stated he agrees with Commissioner Atin regarding transparency. In his experience as a city council member and as a supervisor, almost all promotions or raises went to the board under Consent. By doing this it gives the board an opportunity to review or question if necessary. It is important

that we are transparent for raises, promotions and if those promotions are internal or external to give people the opportunity to apply for those jobs.

Executive Director Halsell explained that all jobs are posted and that open positions are posted both internally and externally; everyone has an opportunity to apply. The only time we do not post is if the position is in-place promotion. Commissioner Zaragoza suggested that for transparency this should be put on the agenda under Consent.

Commissioner Alatorre stated at the last special executive finance meeting when the budget was reviewed, the Commission requested a Human Resources dashboard. This does not need to be quarterly, but every six months or whatever the Commission prefers. Commissioner Alatorre added that he echoed Commissioner Atin and Commissioner Zaragoza's comments.

Commissioner Zaragoza cited examples from other boards he sits on, stating that many times on an agenda there is a recommendation for a manager and board members ask for justification. He is not saying that people don't warrant a promotion, however we need more transparency. Commissioner Alatorre stated it was mentioned in the executive finance meeting that when you have a $42M deficit, when do you tighten your belt, stop traveling, salary/hiring freezes. In a conversation with CEO Villani, the CEO stated we aren't there yet, then we hear there have been lay-offs and positions have been eliminated. On one hand, we are seeing promotions and salary increases and on the other, we are seeing lay-offs. Are those jobs eliminated completely or will new staff be hired to fill those positions?

Commissioner Espinosa commented on the Delineation of Authority policy. According to the policy total hiring, evaluations, terminations and compensation for all employees is delineated to the CEO. If we are facing a $42M deficit, from the Commission's perspective, we have a fiduciary duty to act on behalf of the organization. Would that policy prevent the Commission from acting on freezes, travel restrictions, etc? General Counsel Campbell explained that per the policy for terminations and compensation, the Commission would be barred from adjusting those, but not for travel or other expenses. At the annual review of the CEO you can evaluate on how he executed the Delineation of Authority responsibilities and factor that into your decision. Commissioner Espinosa suggested the policy be reviewed as the Commission should carry out their fiduciary duties when the organization is experiencing the crisis it is in.

Commissioner Espinosa asked Executive Director Halsell about the in place promotions. Is there a set timeframe between the time an individual must serve in a position, for example, a year or six months or is it a managerial review? Executive Director Jean Halsell explained that there is a timeframe that is tied to it and the ability to acquire the skills for the next level. Commissioner Espinosa stated that it is not a consistent timeframe. Ms. Halsell indicated the employee

needs to perform the duties for a year, it's about performance. Usually they are performing the duties for the next level because they have been given more responsibilities. Commissioner Espinosa asked if there was an application process to apply for the next level if this is a promotion. Ms. Halsell stated there is no application process for in-place promotions. This is to motivate people, keep them challenged and wanting to progress.

Commissioner Espinosa asked if the salary ranges are normally about a 5-10% separation. Ms. Halsell replied that it varies, as you get further along the range it may be bigger. Commissioner Espinosa noted she is concerned about the financial portion; according to our attorney's interpretation, the Commission is not equipped to take action that may be required or should have been done already. General Counsel Campbell stated that his view is not on specific individuals, you can set the overall budget, it is up to the CEO to determine how to allocate the resources set in the budget.

Commissioner Pupa asked about two of the promotions. Both are somewhere around the mid-range. One promotion was 20% but the Director of Population Health promotion was only 5%. That is a very wide range. Executive Director, Human Resources, Jean Halsell stated the 5% was for a fairly-new employee and that this was a new position. That was the amount the manager submitted. Executive Director Halsell stated it depends on where someone is in the range along with other factors considered, such as the LHPC market survey, and what is going on in the local landscape.

Supervisor Zaragoza stated that 20% of $186K compared to a 5% of $130K is tremendous difference. Executive Director Halsell explained that the variance indicates the complexity of the job and that all jobs are not created equal. Supervisor Zaragoza noted his recommendation is that these things should come to the Commission so we can question before promotions are given.

CEO Villani stated that the decision to make the Compliance Officer position a Chief Compliance Officer was established based on the increasing regulatory oversight requirements placed upon the plan. Additional responsibilities were given to the Compliance Officer last year including expanded PBM and Conduent oversight. At that time an initial market adjustment should have been made. Instead the Compliance Officer was advised of the future plan to establish the Chief Compliance Officer role and a development plan established which included an executive coach. When the Chief Compliance Officer position was established in June this resulted in a 20% increase which brought the salary inline with other Medi-Cal plan chief compliance officers. The timing did not impact the current fiscal year which ended on June 30.

CEO Villani stated we do know that going into the next fiscal year we need to be judicious. From a policy standpoint, it would be best if the Commission set the policy but leave operational details to the plan. We agree with transparency and

informing the Commission. A number of employees, as a part of their recruitment and negotiation, received an offer letter that includes a performance-based incentive. While not a contractual document it is an important part of the executive compensation program. Performance-based incentives alcould be a separate line item in future budgets. When the Commission is approving the budget, they can approve bonuses and merits. The HR dashboard can be added as part of the CEO update.

CFO Bishop added that new positions, even if budgeted, are reviewed and that the organization has a soft hiring freeze in place. Every requisition comes to the CFO and CEO for review and approval even if budgeted. We have limited travel and are under current budget in the travel line item. We do have some travel to Sacramento, in order to stay current on regulatory and finance issues.

Commissioner Dial stated that in 2011, guidelines were developed for the Delineation of Authority policy and there was discussion for the oversight role of this group, but not the day-to-day management. Commissioner Dial stated that the Commission needs to allow the CEO the authority to run the business. Commissioner Zaragoza noted that he agreed we do not want to micromanage the staff, but it is important that we agendize items (under Consent) when raises are given. This is done for public trust and the need to be transparent. Commissioner Dial stated he agreed that parameters should be set on executive's ranges and what percentage of money is available for salary increases.

Commissioner Atin commented that requesting more transparency does not mean you are micromanaging. He added that GCHP is a public entity. Using the county as an example, he stated that while the Board of Supervisors doesn't see every raise of each employee at the County, they do understand and ask questions of the process the county uses. The County asks if it was an open competitive process, where was it advertised, and how many candidates were received. Even if it's not an open session, there are questions asked by the newspaper, some of the boards and the public. Do not inform after the fact, make the Commission aware as you go through with general salary increases and bonuses. Commissioner Ashworth stated he agreed with Commissioner Dial and that if we start to take power away from the CEO, we (the Commission) are putting ourselves in a position that may not be best for this group.

Commissioner Atin moved to approve Consent item 6. Commissioner Espinosa seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Theresa Cho, M.D., Lanyard Dial, M.D., Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

FORMAL ACTION

7. Inovolan Contract Approval – Purchase of Additional Modules

Staff: Nancy Wharfield, Chief Medical Officer

RECOMMENDATION: Extend the Inovolan contract for an additional three (3) year period at the end of the contract term.

CMO Wharfield reviewed the Inovolan contract and the reasons for the contract extension, noting that Inovolan is a NCQA certified HEDIS software vendor. Inovolan provided a suite of services needed for quality activities required by the state, which includes compiling data, measuring and analyzing, so we can report to our providers where they are and also to the State. Inovolan software analytics has enabled us in improving our quality reporting. The Plan received the DHCS most improved quality award in 2019, and our most recent HEDIS metrics in 2019 also showed improvement. These quality improvements are done in the clinic systems by our providers. It is our ability to see where we are and quickly get data back to them and validate provider information that is key to our performance. With the new proposal, Inovolan included the ability to address the new Managed Care Accountability Set (MCAS) measures that the Governor has mandated. This is provided in the XL Platform (an upgrade from the current system version). Additionally, the new proposal includes Indices, a module that allows for real time visualization of the data through a portal. This is foundational for data validation and care gap closure efforts.

CAO Scrymgeour noted that Inovolan has significant market reach and experience with California Medi-Cal. Several Medi-Cal managed care plans contract with Inovolan for HEDIS services.

Commissioner Pawar asked about the accuracy of the data. CMO Wharfield spoke to data validation, replying that we find for all of the HEDIS or quality vendors we like to oversee the medical record retrieval to ensure the numerator hits are accurate. Since we have been with Inovolan, we have seen a lot of improvement.

Commissioner Ashworth asked why we would need to tack a 50% contingency. CMO Wharfield stated that with a technology vendor there are different things embedded, including a lot of our membership number rates; those numbers are not just the membership of Gold Coast Health Plan, it's also the members involved in a certain measurement which can change. The state can change what we are measuring, and we do not have insight or control into that - which is a big concern. Our experience has been with other vendors, medical management system, that

essentially things come up that you need to address, and it would be poor management not to plan for that possibility.

Commissioner Cho asked if the daily dashboard is something already received. CMO Wharfield replied that we do not have that functionality today; it is part of the Indices module, which will reduce the need for GCHP staff involvement to process the information in a way that is packaged and can be shared in a meaningful way. Two things will happen, information will be processed quickly and your ability to understand will be more at your fingertips. Commissioner Alatorre asked General Counsel Campbell if we can vote to extend the contract even without an approved budget. General Counsel Campbell replied yes.

Commissioner Dial asked about the single sheet agenda item in the packet where it shows not more than $2.6M but it is really $3M. CMO Wharfield stated at the time the budget was made we were in negotiations with Inovolan. She explained that these are the correct numbers with a contingency included.

Commissioner Dial moved to approve Consent item 7 Inovolan Contract Approval – Purchase of Additional Modules. Commissioner Ashworth seconded.

AYES: Commissioners Antonio Alatorre, Shawn Atin, Theresa Cho, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Supervisor John Zaragoza

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

8. Contract Award Approval – Desktop Hardware Purchase Vendor

Staff: Melissa Scrymgeour, Chief Administrative Officer

RECOMMENDATION: Award the purchase of desktop and laptop equipment to Hypertech Direct.

CAO Scrymgeour explained that this is a contract to purchase desktop and laptop computers from an authorized re-seller. As part of the Plan's migration to Windows 10, we must replace a number of desktop and laptop computers. To ensure the best pricing for this bulk purchase, staff worked with procurement on an RFQ, which was issued on June 27, 2019. Bids were received from nine vendors ranging between $212K and $267K. Hypertech Direct, a minority owned business, was the lowest responsive bidder. The delivered, total purchase price is $212,482, which is in the FY20/21 budget plan.

Commissioner Alatorre moved to approve Consent item 8 Contract Award Approval – Desktop Hardware Purchase Vendor. Commissioner Ashworth seconded.

AYES: Commissioners Shawn Atin, Theresa Cho, M.D., Lanyard Dial, M.D., Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Supervisor John Zaragoza.

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

9. Fiscal Year 2019/2020 Operating and Capital Budgets

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive, approve and file the 2019/2020 Operating and Capital Budgets as presented.

CFO Bishop stated there were many changes within the Finance Department in the past year and although challenging, it has been a good opportunity. One of the first changes made was to address issues with our data submissions to the State which are critical - 100% of our revenue is based on our rate development template submission. Previous submissions contained many errors and resubmissions to DHCS. For better alignment and quality improvement we re-aligned a financial analyst that was almost wholly responsible for these data submission to the Decision Support Services Department. This provide more resources and peer review around the submissions. We have received very positive feedback from the capitated rates division at the State. They are happy with the changes we have made, noting the improvement and want us to move forward. Additionally, we have a new Director of Finance, and almost completely new staff in the finance department. This is a challenge due to training, but we are also getting a fresh set of eyes. There are some best practices that need to be implemented, for example our accounts are not being reconciled on a monthly basis. We have a financial audit scheduled and we have our June year-end financial statements; our goal is to have every single account fully reconciled by the end of June, which could impact the June financial statements. Adjustments will need to be made. We will have a fresh start in July.

In answer to Commissioner Zaragoza's question on what caused the budget gap, CFO Bishop explained that historically providers were paid low in the beginning, as GCHP was a start-up organization. The provider community was patient and generous. GCHP was allowed to pay lower than other plans for several years.

With the membership expansion related to the ACA in 2014, the plan's financial position improved. At the end of FY15/16 GCHP's TNE was at $156M, or 618% of what was required by the State. There was a discussion with the Commission and it made sense for a public agency not to make a profit and have the money go to the community. A grant program was developed, and provider rates were increased. The most significant provider rate changes happened in June and July 2017. At that time the expansion rates started to come in line with the normal rate development process. When we made those provider contract changes, we were going to experience losses and there was a presentation to the executive finance committee in November 2017 where it was projected that GCHP would be at 228% of the required TNE at the end of this fiscal year. CFO Bishop stated that she will probably never know or understand how we went from November 2017 projecting a 228% TNE level to April 2018 when we developed the budget and estimated the situation would significantly improve. Additionally, the FY18/19 budget did not properly capture some contractual changes and unexpected medical expenses. After the budget was developed, we made budget adjustments in October 2018, as we were finalizing the FY17/18 audit that reduced our TNE. One was a $12M AE adjustment that was removed from our allowable medical expenses. We found we were not properly accruing our long-term rates which increase every year and go retroactive. In addition to not being built into the FY18/19 budget, it did not get properly accrued for year-end. There was also a $6.5M settlement to a provider system.

Commissioner Ashworth asked about June financials and if there was anything unusual that would put us into a situation where the oncoming budget could be at risk as a result. CFO Bishop replied no, the budget process for FY19/20 was reviewed. Commissioner Ashworth stated several of these pieces are one-offs or accruals; have all those processes and evaluations of the accrual process been addressed going forward so we know the financial statements are reported and the magnitude of the items should be smaller in terms of adjustments? CFO Bishop replied yes, but there are some unknowns that can happen.

CFO Bishop then gave an overview of the FY19/20 operating budget. Membership drives our revenue. Medical expenses are calculated on a PMPM basis and multiplied by our estimated membership to get medical costs. Administrative expense is a large component based on membership as we have the administrative fees for our claim system and PBM administrative fees, those are contractual on a PMPM basis. After budgets were submitted, we cut $3.5M out where we initially saw the budget submissions. We went through every department budget line item in detail. We are estimating a 2% decrease in Membership due to what we experienced in the previous fiscal year. This is consistent with the Governor's budget, as they are estimating that membership would continue to slightly decline due to lower unemployment and higher minimum wage. In the budget we have an average membership of 193,000.

Draft rates are received from the State. There are three components to the rates we receive. Our rates for FY19/20 were based on calendar year 2017 data that are trended forward to come up with the medical component of what we are paid in our rates. When multiplied by the estimated membership, that comes to approximately $706M for medical expenses. DHCS adds on an administrative component which is approximately $55.6M for the health plan to operate. There is a margin added of approximately 2% or $14.8M. Total revenue budget is $776.4M and that includes a 12% increase in our base capitation rates from the State. The biggest variable and risk in the budget is how we budget for medical expenses that are paid for on a Fee for Service basis. Revenue is somewhat consistent if we get supplemental revenue for Hep C or behavioral health revenue might go up. Changes in the utilization pattern can also impact us. Our process for the FY19/20 budget is that we took PMPM expenses for 2018 and projected it forward. There was one major contract that went into effect in September 2018 valued at approximately $4.5M per year and we ensured it was captured. There was another contract change for emergency room costs of approximately $400K per year, and we must factor an increase for Long Term Care. These rates are established by the State and they can go up 3% every year. This was included within the budget. We also included a 3% increase for pharmacy costs. We would typically want that higher because we are estimating a savings in Dermatology that was reduced. A 1% increase in specialty physician costs is included which is based on the Medi-Cal fee schedule that can change. Mental and behavioral health and home and community based services were trended as it started to increase within the last few months. Capitation is increasing approximately 3% related to the transportation vendor, which was approved along with contractual changes with increases in utilization. All together for the Fee for Service, the budget is $639.7M. When we initially calculated the budget and aggregated everything together, we were showing a loss $5M. With the significant losses we were facing in FY18/19, we did not want to go into the upcoming fiscal year in a loss situation. Therefore, $5M is the target where staff is looking at potential contractual changes added on some additional audit and recovery services and different mechanisms to achieve medical savings. Care Management will be addressed within the Administrative portion of the budget. On a PMPM basis it increased 16% because of membership going down but we are not estimating staffing or software costs that are put into Care Management. We cannot decrease staff because membership is declining. We have a Medical Loss Ratio of 92.5%. In review of the FY19/20 our total Administrative budget, not including projects, is $50.6M. A good portion of that (41%) is related to salary, benefits and temp labor; the largest component is outside services (Conduent, PBM fees and other administrative fees).

The two areas mentioned in the last Executive Finance Meeting was an 8% increase in salary expense, but we had only budgeted a 3% merit. The other areas included a 17% increase in taxes and benefits which did not correlate to those salaries. Our FTEs in FY18/19 were budgeted at 202 and included in the FY19/20 budget is 204.5, an increase of 2.5. The CDO position was transferred to the

consulting budget. There are changes/transfers where we re-purposed positions. We had a Sr. IT Business Analyst who was a contractor and was converted to a FTE. We hired a part-time Pharmacy Tech and a Utilization Management RN which was also converted to a FTE. We reduced the temp labor line item by approximately $185K. Benefits were over budgeted so we can reduce that item by approximately $500K. Our total Administrative budget for fiscal year, not including the $500K reduction, is 6.5% of revenue. Last year it was budgeted at 7% of revenue, so this is a .5% reduction.

CEO Villani asked how the 6.5% compares to other plans. CFO Bishop replied that we calculate and aggregate the budget, and this is within what we are being paid to operate, which is about $55.5M. Our base budget is below that amount. What is putting us over operating within what we get paid to operate is the ETP Project. Commissioner Swenson asked what the percentage is without the Enterprise Portfolio Project. CFO Bishop stated it was 6.5%. Commissioner Swenson stated we were at a great point at one time, but there was a pivotal moment in our history that caused us to decline. She believed it went back to contract changes. Commissioner Swenson asked if CFO Bishop knew what component of our variance is related to contract variance. CEO Villani stated it's either a volume variance or rate variance. On a utilization basis, we are about where we should be. We have started to see up ticks in various categories, whether physical therapy or behavioral health some things are increasing in volume. We do know we made significant increases in rates on some of the larger hospital systems. We held firm with PCPs and specialists, but there is a strong indication that what we pay the hospitals today we need to stay firm on, we can't increase rates. We are working with different hospitals and systems on what is a fair and reasonable reduction. We do feel that it is a rate variance as opposed to a volume variance. Commissioner Atin asked if we have comparable data and how do you know if the correct amount is being paid. CFO Bishop reviewed the handout of comparative costs of other Medi-Cal plans. We have been working closely with other CFOs and have gathered data from other plans but it is not public. Commissioner Swenson stated that after being on the Commission for several years, she is disappointed this information was not disclosed at the executive finance meeting at a high level as to what the impact the new signed contracts would be on the health plan. She added a good budget has been managed at this time and there is a lot of detail to get accurate numbers. Paying attention to daily activities that could have budgetary impact is important for transparency.

CAO Scrymgeour reviewed the Enterprise Project Portfolio (EPP) which was budgeted separately. She provided background on how projects are added to the portfolio and the function of the Project Steering Committee which meets monthly to prioritize requests. All initiatives are not added to the portfolio. - EPP projects tend to be larger and more complex than other initiatives, have cross-functional impact, and some form of financial investment, but not always. Staff also includes projects on the portfolio that are high visibility or high risk from a regulatory perspective. Projects are categorized as either Regulatory, KTLO (Keep the Lights

On), Information Security, and Strategic Investments. All projects are aligned with our strategic objectives as outlined in our strategic plan. The FY19-20 EPP consists of 14 projects: 9 are carry-over projects from FY18/19 and all of them except one is currently in a planning or implementation stage. Staff approved 5 additional projects for FY 19-20 around KLTO, regulatory initiatives and some strategic investments. The total portfolio budget for those 14 initiatives is $7.8M. The ETP (Enterprise Transformation Project) and Provider Credentialing, Contracting and Maintenance projects, both previously approved by the Commission, comprise 64% ($4.5M) of the EPP budget. There is an initiative this year to invest in our data warehouse. That initiative is a strategic technology investment, but also has regulatory components as it addresses risks for us in the future and the ability to continue to meet increasing mandates.

CAO Scrymgeour noted that the EPP budget includes a line item of $867k for EPP staff augmentation. These are for seven temp labor resources for Provider Network Operations and IT. CAO Scrymgeour also reviewed the estimated timing for the projects, noting that it can change due to unanticipated mandates or other unknown priorities.

CFO Bishop then reviewed the TNE projections. Commissioner Atin stated we are projected to be $40M behind this year but that he thought we were going to receive a 12% increase putting us in much better shape than we were previously. He asked how we got a 12% increase but did not do better. CFO Bishop explained that it is a 12% increase, but we are also covering large losses from last fiscal and budgeting for additional medical expenses. It is a 12% PMPM increase, but the budget also includes an expected decline in membership. At the end of the fiscal year, we would be at $73M of TNE and in 18 months we would be at $65M, 197% of what is required by the State. If we drop below 200%, the State would implement additional reporting requirements.

CFO Bishop reviewed questions from Supervisor Zaragoza, Commissioners Pupa and Atin, referencing detailed data on the different major expense categories and servicing provider type for the past five years in the packet appendix. Additional information was provided on network utilization, and care management, along with back-up documentation that has the 2018 Health Services work plan, the 2019 Care Management Program description and the 2019 UM Program description.

Supervisor Zaragoza commented that he had several concerns at the last June Commission meeting regarding the budget and that he would provide a list of questions because he needed more information. His questions were around the $42M loss, the decline in the TNE (below the Commission's approved policy) and the lower capitation rate for our providers, which will affect the health care services to our members. CFO Bishop responded that she had hoped to meet and review with him directly so that she could have fully answered all questions. Unfortunately, a miscommunication occurred in scheduling a meeting. CFO Bishop stated she hopes to be in a better place next year getting the work completed earlier to share

with the Commission. Commissioner Alatorre stated the Commissioners need to receive information ahead of time so they have time to review. CFO Bishop stated that we need to collaborate with the Commission on what can be done. The Commission could decide to let our TNE decline. We can refresh the sensitivity analysis graphs presented as the year goes on. Medical expenses are significant and we have models that easily point to what is occurring. In addition, along with staff, we are very familiar with every component of the medical budget of the revenue. Budget to actual variances will be much easier. CEO Villani stated this is the budget originally brought to the executive finance committee, so the question is are there any other opportunities. This is the budget we are going forward with, but there are things we have discussed that can be more efficient. The problem is that 92.5% of the expenses are healthcare expenses. We have engaged an outside consultant who was the former CMO at Cal Optima and Central California Alliance to review our health services processes and see if there is an opportunity to be more efficient. The State pays us 6.5% for administrative costs and this is what is paid for a Medi-Cal plan of this size. Many of the administrative costs are semi-fixed costs. The Conduent contract is $19.2M. To reduce administrative costs by 1% is a reduction of $7M. Does that mean job eliminations or lay-offs? We would have half the staff and are barely making regulatory requirements now.

Commissioner Atin moved to approve the Fiscal Year 2019/2020 Operating and Capital Budgets. Commissioner Dial seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Laura Espinosa, Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson

NOES: None.

ABSTAIN: Supervisor John Zaragoza

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

10. May Financial Reports

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Receive, approve and file the May Financial Reports as presented.

CFO Bishop reviewed the May financials, noting that some long-term trends have been consistent. The biggest impact is our fee for service estimate in the Incurred but Not Paid (IBNP) model. We looked at our estimate from last month to this month and noted a spike in January 2019 which has stayed consistent. The estimated expenses in April for February and March were more level. Another

significant spike was ER costs in the child aid category (related to flu) which increased about $1M. We also finalized our estimates for long term care adjustments, which were approximately $500K higher than estimated. There were continued increases in behavioral health services, but we do receive a supplemental payment from the State. Regarding reinsurance, we pay reinsurance on an aggregated spec deductible. We pay a lower per member per month rate for reinsurance. Our deductible is $650K and our retained risk is $2.9M. We submitted claims but we do not get paid until we take the entire retained risk of $2.9M. We are there now, although we remain under-budget on reinsurance. Additionally, we had some FY17/18 reinsurance recoveries received this fiscal year, so we had an offset. May resulted in a loss of $7.2M. The fiscal year to date loss is almost $43M; $31.6M over budget. The Plan is at 271% of the TNE requirement. Total cost of healthcare is 11% over budget. Again, the directed payments (Prop 56) is almost $12M, which we see in revenue and expense. Commissioner Alatorre asked about the cash and investment total which is $103M. Short-term investments are at $46M plus the $103M. Commissioner Alatorre asked when we allocated the funding at $150M about two years ago, the balance was $46M in short-term investments. CFO Bishop stated we also used investments during that time frame.

Commissioner Espinosa moved to approve the May 2019 Fiscal Year to Date Financials. Commissioner Dial seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Shawn Atin, Theresa Cho, M.D., Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, and Supervisor John Zaragoza

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

REPORTS

11. Chief Medical Officer (CMO) Update

Staff: Nancy Wharfield, Chief Medical Officer

RECOMMENDATION: Receive and file the update.

12. Chief Diversity Officer (CDO) Update

Staff: Ted Bagley, Chief Diversity Officer

RECOMMENDATION: Receive and file the update.

13. Chief Operating Officer (COO) Update

Staff: Ruth Watson, Chief Operating Officer

RECOMMENDATION: Receive and file the update.

Commissioner Espinosa moved to approve the Chief Medical Officer Update, the Chief Diversity Update and the Chief Operating Officer Update. Commissioner Atin seconded.

AYES: Commissioners Antonio Alatorre, Fred Ashworth, Theresa Cho, M.D., Lanyard Dial, M.D., Gagan Pawar, M.D., Dee Pupa, Jennifer Swenson, Supervisor John Zaragoza

NOES: None.

ABSENT: Commissioner Johnson Gill

Commissioner Alatorre declared the motion carried.

Commissioners Atin, Cho, Pupa, and Supervisor Zaragoza recused themselves at 5:53 p.m.

The Commission adjourned to Closed Session at 5:56 pm regarding the following item:

CLOSED SESSION

14. CONFERENCE CALL WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Initiation of litigation pursuant to paragraph (3) of subdivision (d) of Section 54956.9: One Case.

OPEN SESSION

The regular meeting reconvened at 6:10 p.m.

General Counsel Campbell stated there was no reportable action.

COMMENTS FROM COMMISSIONERS

None.

ADJOURNMENT

Commission Alatorre adjourned the meeting at 6:11 p.m.

AGENDA ITEM NO. 2

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Dale Villani, Chief Executive Officer

DATE: August 26, 2019

SUBJECT: Chief Executive Officer Update

CEO SUMMARY: Verbal Update.

GOVERNMENT RELATIONS AND COMMUNITY RELATIONS UPDATE

Meeting with Congresswoman Katie Hill

This month, GCHP's Chief Executive Officer (CEO), Chief Administrative Officer (CAO), and the Director of Government and Community Relations met with Congresswoman Katie Hill and her staff in her district office. During the meeting the Gold Coast Health Plan (GCHP) team discussed the value of the County Organized Health System (COHS) model and expressed concerns over a number of proposed draft/and or final regulations coming from the President's Administration, such as: The Public Charge, proposed changes being made to the federal poverty level calculations, and Section 8 housing determinations.
Congresswoman Hill also expressed concern over the final/proposed regulations and stated she had sent letters of concern to the Administration.

National Policy Update

<u>**The Public Charge**</u>

On Monday, August 12, the U.S. Department of Homeland Security (DHS) released the final public charge rule. The rule will go into effect on October 15. Since the publication of the Final Rule, several states, counties, and immigrant rights groups have filed – or have threated to file – lawsuits against the federal government. The Rule may be held up in federal court; however, the chilling effect continues to be a concern regardless of whether the rule is ultimately implemented.

Below is an analysis conducted by the Local Health Plans of California:
1. *Public charge definition*. Public charge means an alien who receives one or more public benefits, as defined in paragraph (b) of this section, for more than 12 months in the aggregate

within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months) (8 CFR Section 212.21(a)).

2. *Medicaid as a public benefit in public charge determinations*. Medicaid is included as a public benefit, as defined in federal regulation, therefore, receipt of the benefit will be considered a negative factor during public charge determinations (8 CFR Section 212.21(b)).

3. *Exceptions to considering Medicaid in public charge determinations.* There are exceptions wherein receipt of Medicaid will not be considered in public charge determinations (8 CFR Section 212.21(b)(5)(i-iv)). Exceptions are as follows:

a. Receipt of emergency Medicaid

b. Medicaid benefits received by individuals under 21 years of age (EPSDT)

c. Medicaid benefits received by a woman during pregnancy and during the 60-day postpartum period

d. Services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act

4. *Other benefits to be considered in public charge determinations.* Receipt of the following benefits will be considered during public charge determinations: SSI; TANF; SNAP; Section 8 assistance; subsidized public housing; and federal, state, and local cash benefit programs for income maintenance (8 CFR 212.22(b)).

5. *Medical conditions are included as a heavily weighted negative factor.* In addition to the receipt of Medicaid being considered a negative factor in public charge determinations, an immigrant's health will also be considered. Specifically, a diagnosis of a medical condition that will interfere with the immigrant's ability to be self-sufficient will be a heavily weighted negative factor if the immigrant is uninsured and does not have the ability to pay for private insurance or pay for medical costs associated with the condition (8 CFR 212.22(c)(1)(iii)).

California Legislative and Policy Update

Legislative Update

On August 12, Legislators returned to Sacramento to begin the final month of work before adjourning for the year. For the remainder of August, the focus will be centered on the Appropriations Committees in both the Assembly and the Senate. These committees focus on the potential cost legislative proposals may have on the State and determine which bills will be voted on by the Legislature and sent to the Governor for approval or denial.
AB 1642 authored by Assemblymember Wood, previously reported on, will be voted on in the Senate Appropriations Committee. This measure proposes a number of changes to the Medi-Cal program intended to improve the delivery and utilization of services, including

changes related to time and distance standards and preventative services and outreach. AB 1642 also codifies the Department of Health Care Services' (DHCS) authority to impose administrative and financial sanctions on Medi-Cal managed care plans (MCP). AB 1642 is in response to a previous audit that focused on Medi-Cal MCP provisions of pediatric preventive services and access to care. The author's stated goal is to improve timely access to medically necessary services and preventative care and to improve accountability in Medi-Cal MCP performance.

AB 1122 authored by Assemblymember Jacqui Irwin will also be voted on in the Senate Appropriates Committee this month. This bill, which is supported by the County of Ventura, authorizes the County to conduct a three-year "super user" pilot project to predict which Medi-Cal beneficiaries are likely to become "super users." The measure requires GCHP to report data to the county as part of the pilot project.

California State Audit on the Oversight by DHCS of the Regional Model

The State Auditor recently released an audit report that, while not directly focused on GCHP, speaks favorable about the COHS and their ability to deliver reliable health care. The report focused on the delivery of timely and convenient healthcare in Northern California rural counties served by two commercial health plans. The audit found that the Medi-Cal enrollees in these counties had fewer provider options and had to travel further distances to receive their health care compared to enrollees in similar Northern California counties served by Partnership Health Plan, which is COHS. In her report, the State Auditor highlighted the fact that COHS do not have to distribute profits to shareholder or owners, leaving more money to directly serve Medi-Cal enrollees. Furthermore, the Auditor attributed the better service provided by the COHS plan to the fact that COHS are governed by a board of directors consisting of appointed local officials and providers. The audit report went so far as to recommend that the Medi-Cal enrollees in the counties studied could be better served by a COHS and DHCS should assist counties to transition into a COHS model.

Community Relations Update

Sponsorships

In the last month, GCHP awarded sponsorships to the following organizations:

- **Ventura County Medical Resource Foundation:** A sponsorship was awarded to the 26th Annual Fainer/Tauber, MD Awards. Proceeds of the event go towards providing access to health care services for underserved children and families.

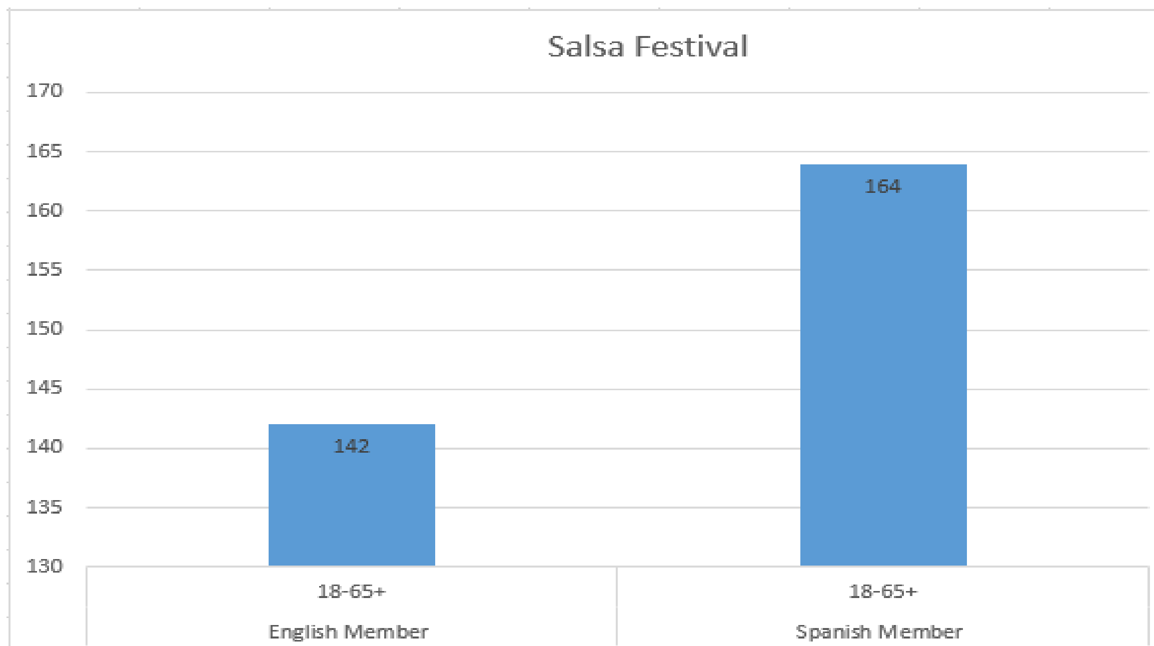
- **Mixteco/Indigena Community Organizing Project (MICOP):** A sponsorship was awarded to the Night in Oaxaca 2019. The event raises funds to support the indigenous migrant communities of Ventura and Santa Barbara counties.

- **United Way of Ventura County:** A sponsorship was awarded to the 15th Annual Spirit Awards Gala. Proceeds of the event go towards providing education, financial stability, and health to Ventura county residents.

The Community Relations team participated in several events in July and August:

The Oxnard Salsa Festival

Gold Coast Health Plan was an event sponsor of the Oxnard Salsa Festival held at Plaza Park in the City of Oxnard. Every year the event draws over 30,000 attendees. The Community Relations (CR) team engaged over 700 participants over two days. Over 300 of those individuals were GCHP members. The CR team was able to share information on care management, member benefits information, transportation, and member incentives. Positive feedback was received from many participants; one member went to state "GCHP saved my life" (see the table below). Dale Villani, GCHP's CEO also participated in the amateur salsa tasting as a judge.



GCHP in the Community

The Saticoy Lemon Association Health and Wellness Fair held in the City of Santa Paula drew over 100 participants. Most of the information distributed was on member benefits and incentive programs carried out at the plan. Several county agencies were also at the event.

The Fruit & Veggie Fest 2019 was held at La Tapatia Market #2 in the City of Oxnard drawing over 120 participants. Nearly 50 percent of the participants were children. The event focused on promoting healthy eating. The CR team was able to share information about member services, care management, and transportation.

The Amigo Baby Celebration held in the City of Oxnard drew over 2,000 participants. The CR team engaged over 300 participants. Information shared with the community included the member services brochure, transportation information, member orientations, and the upcoming commission-meeting flyer.

Assemblymember Jacqui Irwin held her annual K-12 Resource Fair at the Oxnard PAL Gym in the City of Oxnard drawing over 200 participants. Nearly 90 percent of participants were GCHP members. The team was able to distribute information about care management, member incentives, member benefits flyer, and upcoming Commission meeting flyer.

In preparation for this month's Commission meeting, the CR team focused their efforts on promoting the meeting in the community. The CR team along with the Network Operations team distributed over 500 flyers around the community. Flyers were distributed to over 70 community based organizations, hospitals, clinics, and provider offices. In addition, the team worked with several school districts around the county to post and/or distribute flyers at the school sites.

COMPLIANCE UPDATE

DHCS Annual Medical Audit:

Audits and Investigation (A&I) conducted the annual medical audit June 3, 2019 through June 7, 2019. Staff received the draft report from A&I On August 13, 2019 and had the exit conference on August 16, 2019. GCHP has 15 days to respond to A&I with additional documentation on the preliminary findings. The draft report has identified (4) findings and the Plan is working on responding to (1) with additional documentation. Once the report is final, staff will discuss the findings and corrective action plan.

DHCS issued GCHP a Corrective Action Plan (CAP) closure letter on July 10, 2019 for the 2018 Medical Audit. Staff worked diligently with DHCS to meet timely CAP submissions and staff made themselves available for questions and or clarifications. The closure exemplifies GCHP's ongoing commitment to serving our members by meeting our contractual obligations.

DHCS Medical Audit	Review Period	CAP Issued	CAP Closed	# of CAP Findings
Dec-12	**11/11-10/12**	Jun-13	May-14	**110**
Feb-15	**12/13-11/14**	Oct-15	03/2016 (Provisional) & 09/2016 (Final Closure)	**42**
Apr-16	**04/15-03/16**	Nov-16	Feb-17	**1**
Jun-17	**04/16-03/17**	Mar-18	May-18	**2**
Jun-18	**04/17-03/18**	Oct-18	May-19	**3**
Jun-19	**04/18-03/19**	TBD		**3**

The Joint Legislative Audit released the final audit report on August 15, 2019. The Audit report has two recommendations:

1) To ensure that the public clearly understands the commission's decisions, the commission should report its reasoning for awarding contracts or the legal basis, if any, for choosing not to do so.

2) To ensure that it addresses any significant performance issues by its contractors in a timely manner, Gold Coast should establish a process to immediately require contractors to take necessary corrective action to resolve issues and ensure that they do not recur.

The Plan is required to respond in 60 days, 6 months and 1 year about the steps it took to implement the recommendations that are within statutory authority. The response will include timelines and who or whom is responsible party for implementing the recommendations.

DHCS Contract Amendments:

The draft DHCS contract amendment has included multiple revisions based on CMS review. The contract amendment is still pending approval by CMS and the Plan is pending the final amendment for signature. GCHP has received additional requirements from the Mega Reg via All Plan Letters and has had multiple deliverables due to DHCS to ensure compliance. GCHP is operating under the requirements of the draft amendment as required by DHCS and GCHP is audited by DHCS to those standards.

Delegation Oversight:

Gold Coast Health Plan (GCHP) is contractually required to perform oversight of all functions delegated through subcontracting arrangements. Oversight includes but is not limited to:

- Monitoring/reviewing routine submissions from subcontractors
- Conducting onsite audits
- Issuing a Corrective Action Plan (CAP) when deficiencies are identified

Delegate	Audit Year and Type	Audit Status	Date CAP Issued	Date CAP Closed	Ongoing Monitoring
Conduent	2017 Claims	Open	12/28/2017	Under CAP	Open item system configuration change will be modified in new system

Delegate	Audit Year and Type	Audit Status	Date CAP Issued	Date CAP Closed	Ongoing Monitoring
Kaiser	2018 Annual Claims	Open	9/23/2018	Under CAP Pending Closure	N/A
Conduent	2018 Annual Claims	*Open	6/20/2018	Under CAP	Ongoing monitoring imposed
Beacon Health Options	2018 Annual Claims	*Open	6/26/2018	Under CAP & Under Financial Sanctions	Ongoing monitoring imposed
Beacon Health Options	2018 6 month Claims (focused) audit	*Open	11/21/2018	Under CAP & Under Financial Sanctions	Ongoing monitoring imposed
Clinicas del Camino Real, Inc.	2018 Annual Claims Audit	*Open	12/28/2018	Under CAP	Ongoing monitoring imposed
USC Keck	2019 Annual Credentialing	Closed	March 4, 2019	April 12, 2019	
Optum	2019 Annual Audit (C&L, FWA, HIPAA, UM, Credentialing)	Open	March 4, 2019	Under CAP	
CDCR	Concurrent UM Quarterly Audit	Closed	May 9, 2019	N/A (CAP not issued)	
Beacon Health Options	Concurrent UM Quarterly Audit	Closed	April 11, 2019	N/A (CAP not issued)	
Beacon Health Options	Call Center	Open	May 23, 2019	Under CAP	
VTS	Call Center	Open	April 26, 2019	Under CAP	

**Ongoing monitoring denotes delegate is not making progress on a CAP issued and/or audit results were unsatisfactory and GCHP is required to monitor the delegate closely as it is a risk to the Plan when delegates are unable to comply.*

Compliance will continue to monitor all CAP(s) issued. GCHP goal is to ensure compliance is achieved and sustained by our delegates. It is a DHCS requirement for GCHP to hold all delegates accountable. The oversight activities conducted by GCHP is evaluated during the DHCS annual medical audit. DHCS auditors review GCHP's policies and procedures, audit tools, audit methodology, and review audits conducted and corrective plans issued by GCHP during the audit period. DHCS continues to emphasize the high level of responsibility Plans have in oversight of delegates.

HUMAN RESOURCES UPDATE

January to July 2019

Period	Overall Turnover	Total Terminations	Average Headcount
Jan- 19	0.54%	1	186.13
Feb- 19	1.08%	2	185.39
Mar- 19	0.53%	1	187.84
Apr- 19	1,06%	2	189.40
May- 19	1.05%	2	190.10
Jun- 19	0.52%	1	193.47
July- 19	2.04%	4	196.06

Total Terms	Reasons
2	Elimination of Position
1	Retirement
6	Resignation
1	Health
1	Misconduct
2	Performance

<u>Work in Progress and Upcoming</u>

- Performance Reviews and Merit Reviews August through October 2019
- Ongoing culture work and team building to include DiSC Communication Style workshops
- Employee Survey roll out November 2019 to be completed by year end
- Benefit Open Enrollment November for January 2020 effective date

- Salary Market review with Compensation Plan validation January 2020

RECOMMENDATION:

Receive and file the update.

AGENDA ITEM NO. 3

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, Chief Medical Officer

DATE: August 26, 2019

SUBJECT: Beacon Health Presentation

SUMMARY:

Beacon Health Options has been providing mental health services for GCHP members since DHCS implemented a benefit to provide services for some behavioral health conditions in 2014. This presentation will review the history of the mental health benefit under managed care, Beacon's network, and utilization of services by GCHP membership.

RECOMMENDATION:

Plan is recommending the Ventura County Medi-Cal Managed Care Commission receive and file this presentation.

Behavioral Health Services at GCHP

Sarah Arnquist
VP Account Partnerships, West
Beacon Health Options

August 26, 2019

Return to Agenda

Today's Agenda

1. Medi-Cal Behavioral Health Benefit
2. About Beacon: Nationally & California
3. Beacon and GCHP's Behavioral Health Program

beacon

Chapter

01

Medi-Cal Behavioral Health Benefit

beacon

Return to Agenda

Medi-Cal Managed Care Mental Health Benefits

- In 2014, mental health services for **mild to moderate** mental illness were added to managed care contracts
- **Target population:** Medi-Cal beneficiaries with a Diagnostic and mental health diagnosis and mild to moderate impairment in mental, emotional or behavioral functioning
- The state's intent is that these short-term therapeutic services are **solution-focused**
- In 2014, **Behavioral Health Therapy (BHT)** for beneficiaries with an Autism Spectrum Disorder (ASD) was added as a Medi-Cal-covered benefit.
- In 2018 BHT services were expanded to beneficiaries without an ASD diagnosis

Medi-Cal's Behavioral Health Benefit is divided across three systems

GCHP/Beacon		Ventura County Funded & Provided Mental Health Services		Ventura County-funded Substance Use Disorder Services
✓ Maternity and newborn care ✓ Pediatric services, including oral and vision care ✓ Ambulatory patient services ✓ Prescription drugs (carved in) ✓ Laboratory services ✓ Preventive and wellness services and chronic disease management	**Mental health services for <u>Mild to Moderate</u> Impairments** ✓ Medication management ✓ Individual and group therapy ✓ Psychological testing ✓ Behavioral health treatment for ASD	✓ Medication management ✓ Assessment and treatment planning ✓ Individual and group therapy ✓ Crisis intervention ✓ Crisis stabilization ✓ Adult crisis residential services	✓ Targeted case management ✓ Adult residential treatment services ✓ Full service partnerships ✓ Acute Psychiatric Hospital Services ✓ Inpatient Professional Services ✓ IMD Psychiatric Services	✓ Early Intervention Services ✓ Outpatient Services ✓ Intensive Outpatient Services ✓ Residential Treatment ✓ Withdrawal Management ✓ Opioid Treatment ✓ Medication Assisted Treatment ✓ Recovery Services ✓ Case Management

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Return to Agenda

Determining the appropriate level of care requires coordination

Defining the Line Between Mild to Moderate vs Serious Impairments

To be eligible for Services covered by Ventura County, **ALL** of the following must be true:

1. ***Diagnosis:*** Must fall within one or more of the 18 specified diagnostic ranges
2. ***Impairment***. The mental disorder must result in one of the following:
    a) Significant impairment or probability of significant deterioration in an important area of life functioning
    b) For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patient's mental illness or condition
3. ***Intervention:*** Services must address the impairment, be expected to significantly improve the condition, and the condition would **not be responsive to** physical health care–based treatment.

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Chapter

02

About Beacon

We help people live their lives to the **fullest potential.**

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Beacon's California Footprint

Beacon manages MH/SUD benefits for **approximately 3.2M Medi-Cal beneficiaries**

Beacon clients in the state include both **health plans and counties**

14 Clients **26** Counties

1 in 3 Medi-Cal enrollees

Beacon Staff Know Your Community

We have local staff in the communities we work throughout California, including staff co-located onsite at Gold Coast.

Return to Agenda

Beacon partners with GCHP to provide an array of services

Functional Area	Services
Network	• Contracting and Credentialing a network of behavioral health providers
Claims	• Payment: electronic and paper
Member Services	• Answers member and provider questions, eligibility verification, provides referrals, Medi-Cal screening and referral process
Utilization Management	• Clinical review of outpatient claims and peer–to–peer outreach
Appeals & Grievances	• Coordinates with the health plan on member and provider appeals or grievances. Delegated to the plan but provide information as requested.
Care Coordination	• Beacon staff onsite at Gold Coast coordinate between physical and behavioral health care
PCP Support	• Psychiatric Decision Support: offer referral and linkage support
County Coordination	• Support referrals and linkages with counties • Dispute resolution process

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Return to Agenda

Successes & Opportunities for Ongoing Improvement

Partnership highlights

- Gold Coast has contracted with Beacon since 2014 to manage MH services for members. Developed strong partnership with local staff for coordination of care.
- Implemented an innovative partnership with Ventura County to support families in the child welfare system
- Increased mental health service utilization by 50%; launched tele-psychiatry services in 2017.

Partnership Opportunities

- Beacon infrastructure investments have improved core operations, including telephony, claims processing and electronic data exchanges
- Ongoing efforts related to network enhancements, especially for non-English language and cultural competency
- Continuous focus on improving integration of service delivery to promote total health and wellbeing.

Chapter

03

Beacon Program for Gold Coast Health Plan Members:

- Network development
- MH utilization
- BHT utilization

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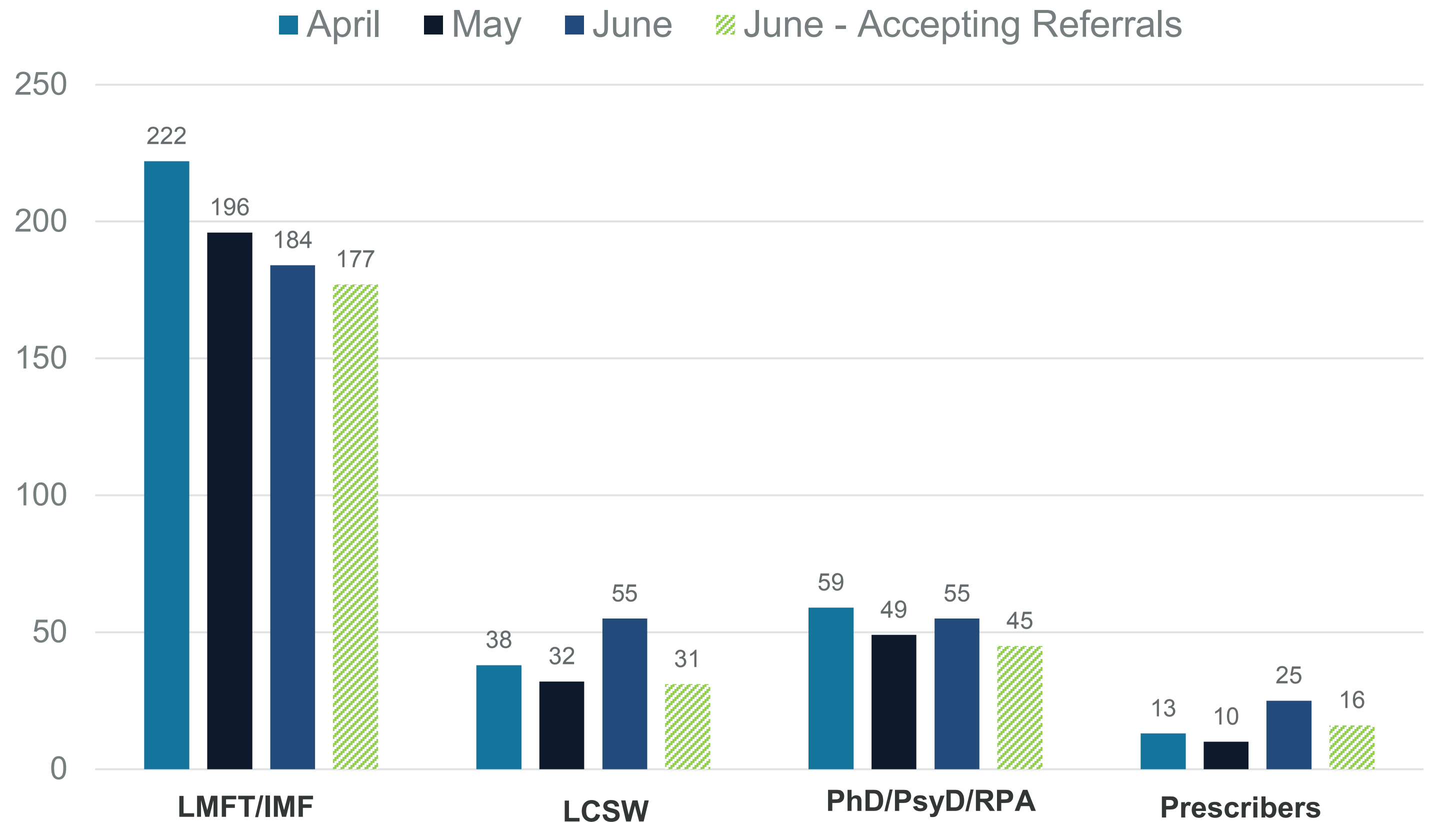
Outpatient mental health network decreased slightly after 2018 Medi-Cal provider enrollment process requirements

Spanish Speakers

- 38 Spanish speaking non-prescribers
- 3 Spanish speaking prescribers.
- Continuous effort to recruit more multi-lingual providers at all licensure levels.

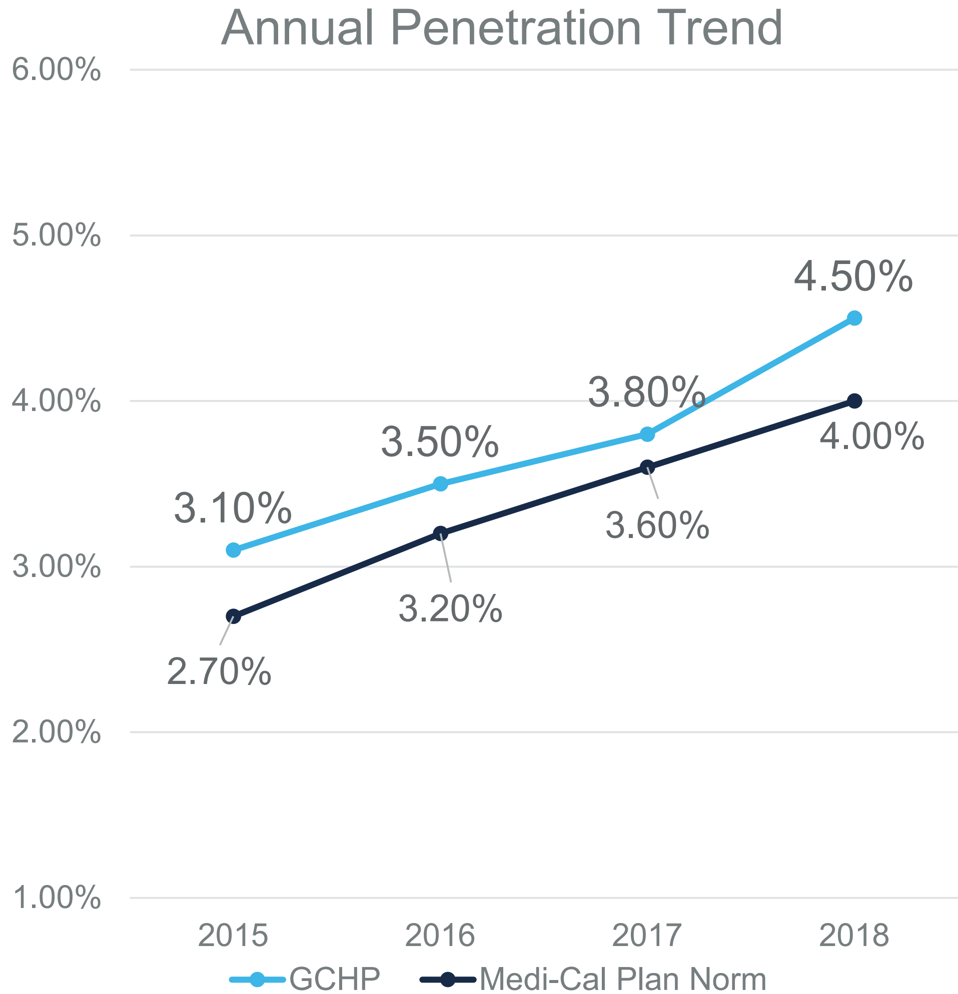
Active Providers with largest integrated FQHCs: Clinicas and VCMC

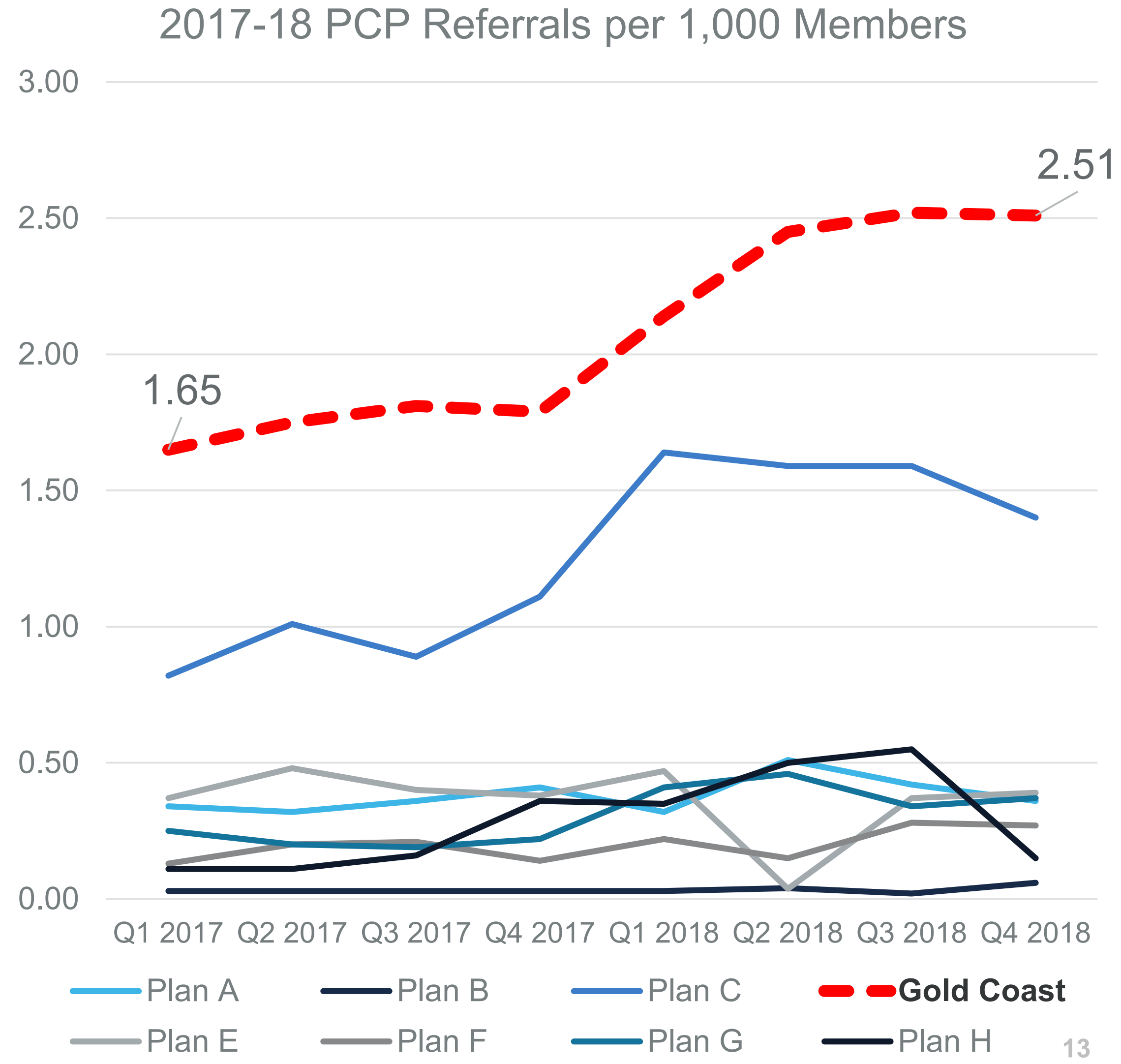
- 31 therapists
- 11 psychologist
- 8 Prescribers



beacon

MH service referrals & utilization increase year over year





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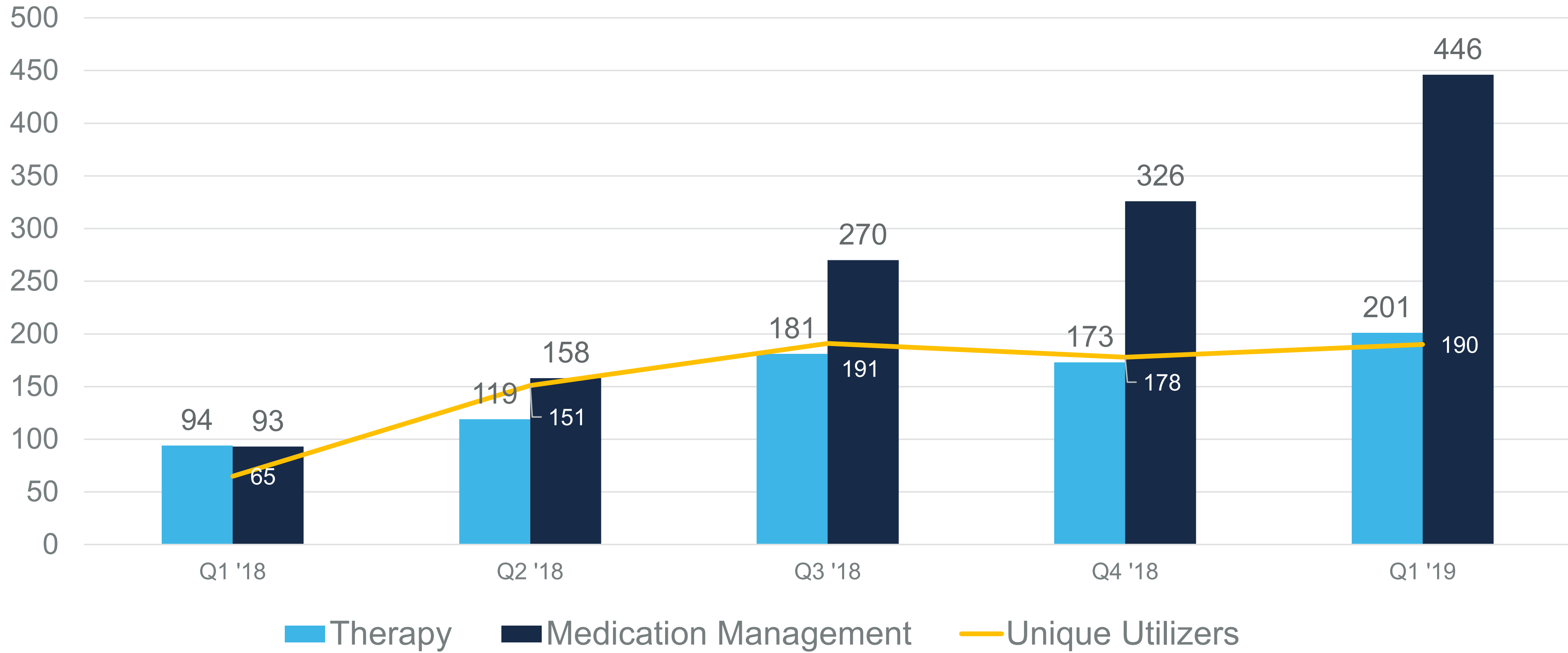
Beacon launched telehealth in 2017. About 200 unique GCHP members now use tele-psychiatry each quarter



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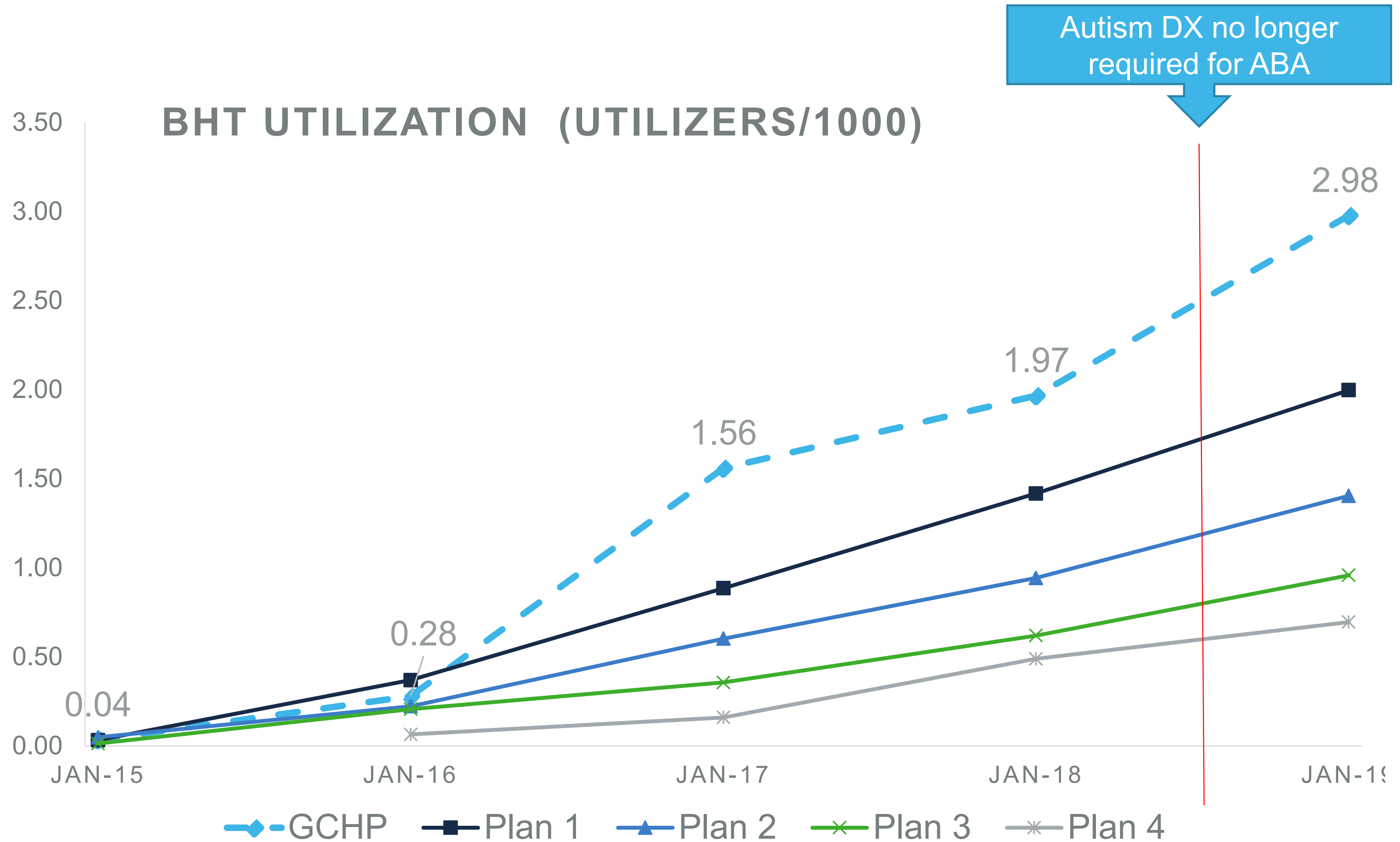
BHT Utilization increased each quarter since launch

- The volume of children authorized for ABA increased by 12% between November 2018 and April 2019. Largely attributed to change of no longer requiring ASD dx.
- Now, ~15% of current unique utilizers do NOT have ASD dx.
- The average hours of ABA billed per GCHP utilizer per month is lower than other Medi-Cal plans.



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Return to Agenda

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AGENDA ITEM NO. 4

TO: Gold Coast Health Plan Executive / Finance Committee

FROM: Kashina Bishop, Chief Financial Officer

DATE: August 26, 2019

SUBJECT: June 2019 Fiscal Year to Date Financials

SUMMARY:

Staff is presenting the attached June 2019 fiscal year-to-date (FYTD) financial statements of Gold Coast Health Plan ("Plan") for the Commission to accept and file. The Executive / Finance Committee did not review these financials.

BACKGROUND/DISCUSSION:

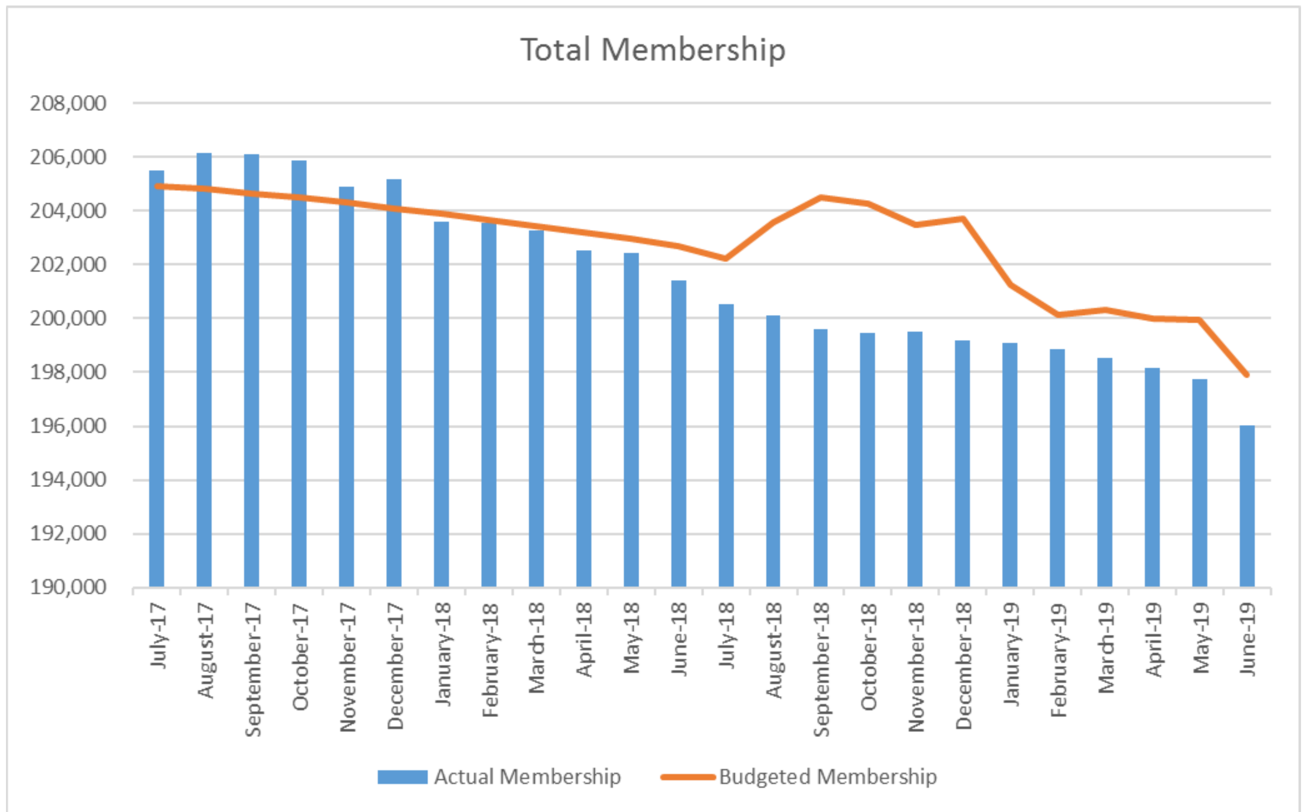
The staff has prepared the unaudited June 2019 FYTD financial package, including statements of financial position, statement of revenues, expenses and changes in net assets, and statement of cash flows.

The June 2019 FYTD financial statements are currently being audited by Moss Adams, and are subject to change until the finalization of the audit. The final FY 18/19 financial statements will be presented to the Commission at the October 28, 2019 meeting.

FISCAL IMPACT:

FYTD Financial Highlights

- Net loss of $8.9 million, FYTD net loss of $51.9 million; a $39.6 million budget variance.
- June FYTD net revenue is $723.2 million, $22.6 million higher than budget.
- FYTD cost of health care is $732.4 million, $72.4 million higher than budget.
- The medical loss ratio is 101.4% of revenue, which is 7.2% higher than the budget.
- The administrative cost ratio is 6.5%, 1.2% lower than budget.
- Membership, including estimated retroactivity, is approximately 198,000 which is 4,124 below the budgeted average.
- Tangible Net Equity was $80.2 million which represents approximately 38 days of operating expenses in reserve and 245% of the required amount by the State.



Financial Report:

In the month of June 2019, Gold Coast Health Plan is reporting a net loss of $8.9 million. The loss is more significant than experienced over the last several months, although medical expenses went down slightly in June over previous months. Gold Coast Health Plan made several significant adjustments within the financial statements to accurately reflect known assets and liabilities at the year end. The most significant adjustment is the recording of a $6.9 million liability for amounts due back to the State for the FY 16/17 Adult Expansion Medical Loss Ratio (MLR) Requirement.

Under that Affordable Care Act, if medical expenses are below 85% of the revenue associated with that population, the difference must be returned to the State. In May of 2018, approximately $4M was estimated due back to the State for this time period and the amount was accrued in the financial statements. At the close of the audit as of June 30, 2018 and in finalizing the amounts due back to the State for the 2014-2016 time period, staff released the $4 million accrued for this time period in error.

The adjustments made to the financial statements in June do not change the budgeted projections for FY 19-20 and were all related to prior periods.

Revenue
Base revenue is in line with budget expectations. The budget variance is being driven by Proposition 56 funding which was not included in budget as it was projected to be neutral to the bottom line. The Direct Payments line item under medical expenses in the amount of $12.5 million is the associated expense for the additional Proposition 56 payments to providers. In addition, supplemental payments for Behavioral Health Treatment is approximately $8.5 million higher than the budget which is correlated to higher than anticipated utilization. The FY 16/17 $6.9 million liability for the Adult Expansion MLR

Note: Proposition 56 increased the excise tax rate on cigarettes and tobacco products for purposes of funding specified expenditures, including specified services in managed care effective July 1, 2017.

MCO Tax
MCO tax is a pre-determined liability in accordance with Senate Bill X2-2, passed in October 2016. The Plan's MCO tax liability for FY 2019 is $94.5 million, accrued at a rate of approximately $7.9 million per month and paid on a quarterly basis. The MCO tax for June 2019 was $9.9 million due to an error found in the prior year end accrual amount.

Health Care Costs
Health care costs for the month of June were $62.6 million.

Notable variances in the month of June were a result of the following:

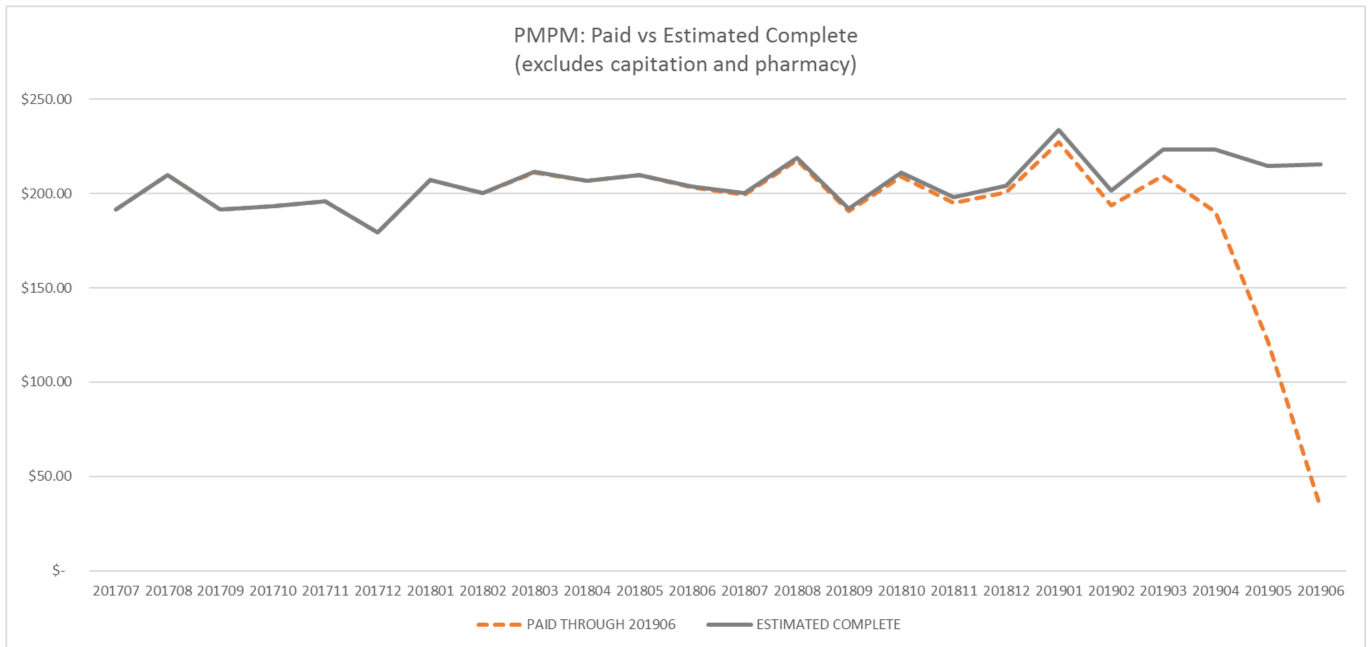
- Inpatient expense dropped due to a reduction in the inpatient high dollar claims which had remained high for four consecutive months (on a payment, not date of service basis).

- Emergency room expense normalized after a spike of payments in May for dates of service in March 2019.

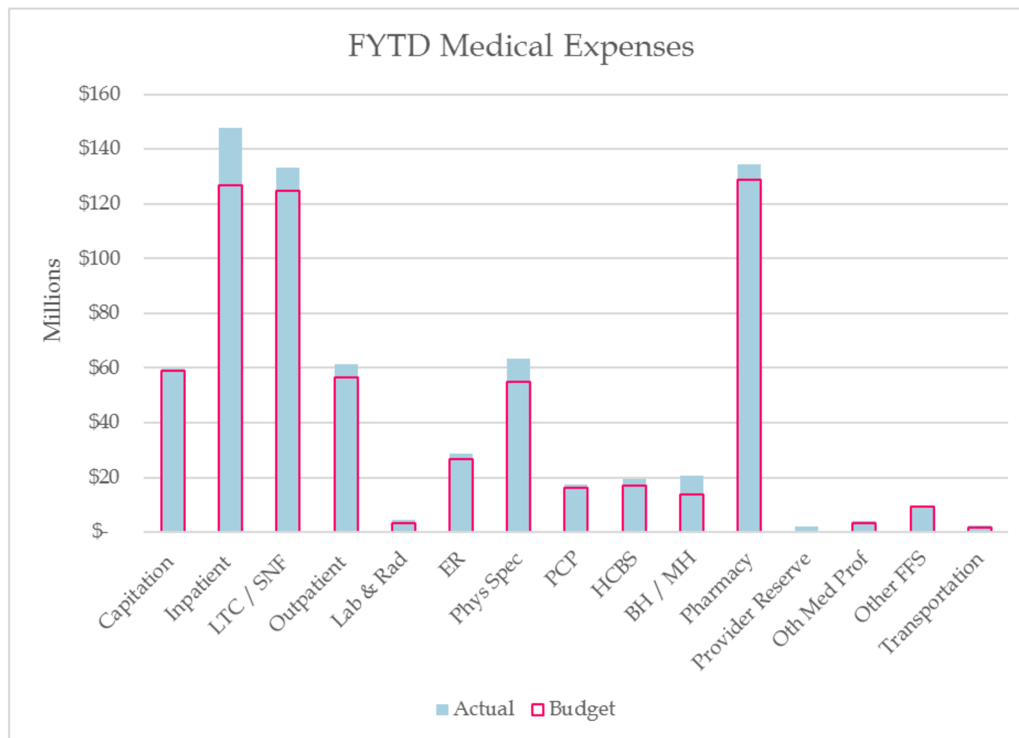
- Continued increase in utilization for physician specialty.

- Pharmacy expense was impacted by a financial statement adjustment in which $450,000 was written off due to recording a credit which had not been reconciled since November 2018.

FYTD health care costs were $732.4 million, which was $72.4 million higher than budget (excluding Prop 56 directed payments, this is $60 million over budget). The medical loss ratio (MLR) was 101.4% versus 94.2% for budget. While we are noting some significant variances from budget, at a high level, medical expenses on a per member per month basis were consistent in calendar year 2018 with an increase in the first quarter of calendar year 2019 due to an increase in high dollar cases and the flu season.



Note: Medical expenses are considered a significant estimate due to the delay between the time the medical service is provided and when the claim is paid. This is calculated through a predictive model which is referred to as "Incurred But Not Paid" (IBNP), and is a liability on the balance sheet. On the balance sheet, this calculation is a combination of the Incurred But Not Reported and Claims Payable. The total liability is the difference between the estimated costs (the orange line above) and the paid amounts (in grey above).



As displayed in the above graph, medical expenses are over budget in several service categories. The cause of the significant variances are as follows:

- **Inpatient exceeded budget by $21.0 million (17%).**
  The budget variance is in large part due to the budget not appropriately calculating the impact of contractual changes to provider contracts. In addition, there have been a number of high dollar cases – most related to sepsis, cancer, transplants and heart surgery. The expense is offset by reinsurance claims; the reinsurance line item is a positive budget variance of $4.5 million.

- **Physician Specialty exceeded budget by $8.7 million (16%).**
  The budget variance is in large part due to the budget not appropriately calculating the impact of contractual changes to provider contracts. In addition, there were two specialties with significant increases to utilization -- Physical Therapy and Dermatology. In a 6 month period, physical therapy increased by over $600,000. New authorization requirements were implemented on December 1, 2018 which may reduce costs. Dermatology increased almost $500,000 in a 6 month period and this is attributed to a single practitioner that is currently being monitored. We anticipate that these expenses will start to decrease, but this will be a focus for review.

- **Home & Community Based Services exceeded budget by $2.3 million (14%).**
  The increase is in part related to hospice services that have steadily increased as a result of the Palliative Care benefit mandated by DHCS effective January 2018.

- **Applied Behavior Analysis and Mental Health were $4.1 million (56%) and $2.8 million (44%) over budget, respectively.**
  There has been a steady increase in utilization.

- **Provider reserve in the amount of $2.1 million was not budgeted.**
  This is accrued amounts based on the potential for a provider to earn back all or a portion of withheld capitation under an incentive program.

- **Reinsurance cost is under budget by $4.5 million (i.e. recoveries exceeded the premium payments).**
  The recoveries received in FY 18/19 were related to dates of service in FY 17/18. As of June, there have been no recoveries related to FY 18/19. GCHP has an Aggregated Specific Deductible (ASD). GCHP pays a lower monthly premium, but then does not collect until the amount of the claims exceed the retained risk which is $2.9 million. To date, GCHP is just below that retained risk amount so it is anticipated that claims meeting the deductible requirements will begin to be paid.

Administrative Expenses – For the fiscal year to date through June, administrative costs were $46.7 million and $7.2 million below budget. As a percentage of revenue, the administrative cost ratio (or ACR) was 6.5% versus 7.7% for budget.

Cash and Short Term Investment Portfolio – At June 30th, the Plan had $155.9 million in cash and short-term investments. The investment portfolio included Ventura County Investment Pool $41.8 million; LAIF CA State 5.1 million; the portfolio yielded a rate of 2.5%.

Medi-Cal Receivable – At June 30th, the Plan had $69.9 million in Medi-Cal Receivables due from the DHCS.

RECOMMENDATION:

Staff requests that the Commission accept and file the June 2019 financial package.

ATTACHMENT:

June 2019 Financial Package

FINANCIAL PACKAGE
For the month ended June 2019

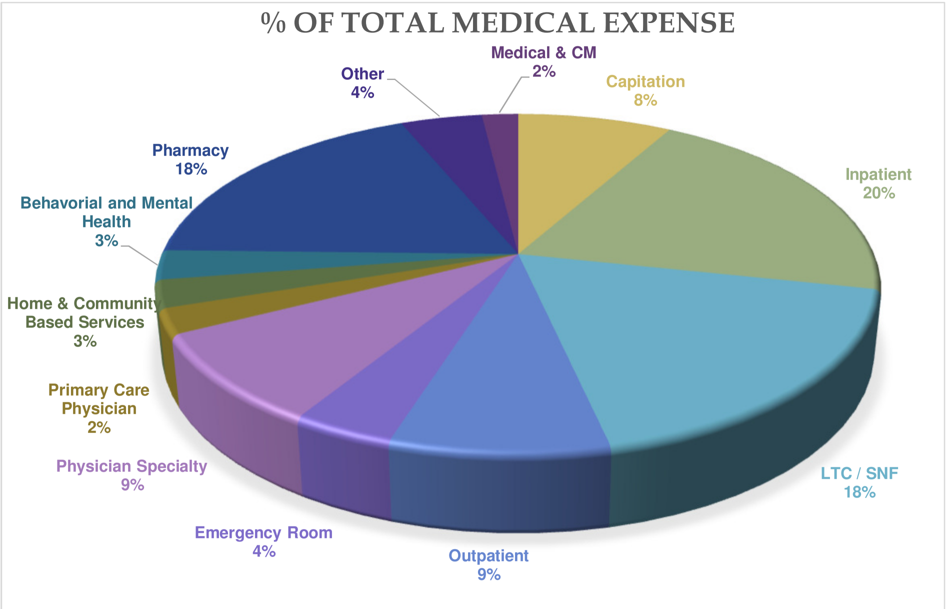
TABLE OF CONTENTS

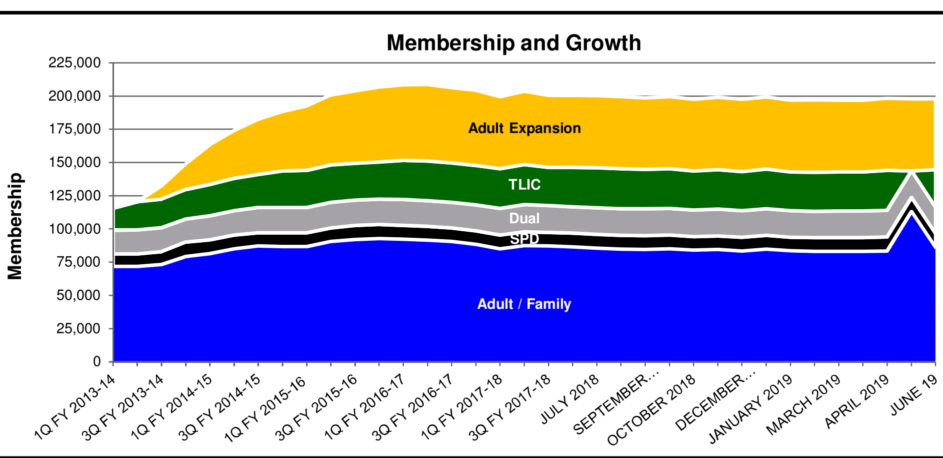
- Executive Dashboard
- Statement of Financial Position
- Statement of Revenues, Expenses and Changes in Net Assets
- Statement of Cash Flows

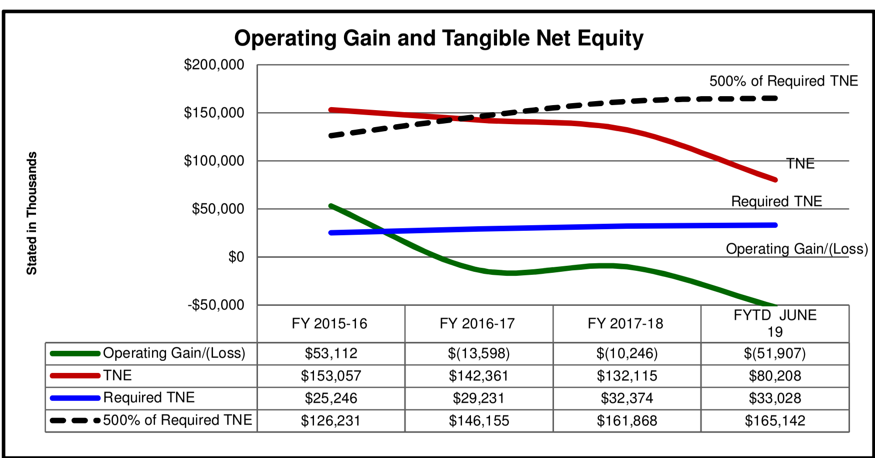
Gold Coast Health Plan

Executive Dashboard as of June 30, 2019

	FYTD 18/19 Budget	FYTD 18/19 Actual	FY 17/18 Actual	FY 16/17 Actual
Average Enrollment	201,774	198,140	202,748	207,100
Revenue	$ 289.37	$ 303.88	$ 284.60	$ 273.72
Capitation	$ 24.33	$ 25.14	$ 13.90	$ 26.22
Inpatient	$ 52.29	$ 62.09	$ 58.98	$ 53.44
LTC / SNF	$ 51.50	$ 56.06	$ 51.30	$ 47.86
Outpatient	$ 23.42	$ 25.88	$ 25.74	$ 23.17
Emergency Room	$ 11.07	$ 12.14	$ 12.77	$ 9.07
Physician Specialty	$ 22.62	$ 26.71	$ 23.82	$ 22.55
Primary Care Physician	$ 6.64	$ 7.36	$ 6.78	$ 6.45
Home & Community Based Services	$ 7.02	$ 8.14	$ 6.88	$ 7.33
Behavorial and Mental Health	$ 5.67	$ 8.69	$ 6.37	$ 4.57
Pharmacy	$ 53.18	$ 56.60	$ 49.76	$ 47.76
Other	$ 8.66	$ 13.33	$ 9.48	$ 6.57
Medical & CM	$ 6.20	$ 5.92	$ 4.79	$ 4.92
Total Per Member Per Month	$ 272.60	$ 308.05	$ 270.57	$ 259.91
% of Revenue	94.2%	101.4%	95.1%	95.0%
Total Administrative Expenses	$ 53,869,160	$ 46,655,880	$ 49,015,352	$ 51,176,317
% of Revenue	7.7%	6.5%	7.1%	7.5%
TNE	$ 116,430,197	$ 80,207,972	$ 132,115,371	$ 142,360,951
Required TNE	$ 30,044,759	$ 32,802,236	$ 32,373,536	$ 29,231,052
% of Required	388%	245%	408%	487%







	FY 2015-16	FY 2016-17	FY 2017-18	FYTD JUNE 19
Operating Gain/(Loss)	$53,112	$(13,598)	$(10,246)	$(51,907)
TNE	$153,057	$142,361	$132,115	$80,208
Required TNE	$25,246	$29,231	$32,374	$33,028
500% of Required TNE	$126,231	$146,155	$161,868	$165,142

STATEMENT OF FINANCIAL POSITION

	06/30/19	05/31/19	04/30/19
ASSETS			
Current Assets:			
Total Cash and Cash Equivalents	**108,964,312**	**$ 103,320,380**	**$ 101,647,151**
Total Short-Term Investments	**46,961,600**	**46,833,185**	**46,692,826**
Medi-Cal Receivable	69,895,552	76,311,271	85,081,420
Interest Receivable	412,797	445,602	490,638
Provider Receivable	1,624,443	387,081	327,370
Other Receivables	7,826,412	6,781,623	6,780,216
Total Accounts Receivable	**79,759,203**	**83,925,576**	**92,679,644**
Total Prepaid Accounts	2,044,070	1,515,926	1,714,314
Total Other Current Assets	153,789	153,789	153,789
Total Current Assets	**237,882,975**	**235,748,856**	**242,887,724**
Total Fixed Assets	**1,667,770**	**1,652,181**	**1,674,470**
Total Assets	**239,550,745**	**$ 237,401,037**	**$ 244,562,194**
LIABILITIES & NET ASSETS			
Current Liabilities:			
Incurred But Not Reported	51,757,912	$ 45,779,614	$ 56,947,245
Claims Payable	19,991,095	28,719,797	24,316,267
Capitation Payable	26,002,103	28,922,818	28,852,654
Physician Payable	-	3,495,375	3,495,375
DHCS - Reserve for Capitation Recoup	11,008,184	3,552,448	3,337,147
Accounts Payable	4,257,785	3,700,813	9,048,552
Accrued ACS	(1,192)	1,649,251	3,319,764
Accrued Provider Reserve	1,995,681	1,995,681	1,842,677
Accrued Pharmacy	17,719,988	6,358,316	0
Accrued Expenses	572,319	7,963,936	8,314,632
Accrued Premium Tax	23,626,246	13,687,065	5,811,650
Accrued Payroll Expense	1,291,500	1,316,998	1,817,759
Total Current Liabilities	**158,221,621**	**147,142,113**	**147,103,723**
Long-Term Liabilities:			
Other Long-term Liability-Deferred Rent	1,121,152	1,128,400	1,129,106
Total Long-Term Liabilities	**1,121,152**	**1,128,400**	**1,129,106**
Total Liabilities	**159,342,773**	**148,270,512**	**148,232,829**
Net Assets:			
Beginning Net Assets	132,115,371	132,115,371	132,115,371
Total Increase / (Decrease in Unrestricted Net Assets)	(51,907,399)	(42,984,846)	(35,786,006)
Total Net Assets	**80,207,972**	**89,130,525**	**96,329,365**
Total Liabilities & Net Assets	**239,550,745**	**$ 237,401,037**	**$ 244,562,194**

STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS
FOR YEAR ENDED JUNE 30, 2019

	June 2019	June 2019 Year-To-Date		Variance	Variance	June 2019 Year-To-Date		Variance
	Actual	Actual	Budget	Fav / (Unfav)	%	Actual	Budget	Fav / (Unfav)
Membership (includes retro members)	196,813	2,377,675	2,421,291	(43,616)	-2%	PMPM - FYTD		
Revenue								
Premium	74,735,422	830,095,320	792,650,579	37,444,741	5%	$ 349.12	$ 327.37	$ 21.75
Facility Expense AB85	-	-	-	-	0%	-	-	-
Reserve for Cap Requirements	(7,455,736)	(11,008,184)	-	(11,008,184)	0%	(4.63)	-	(4.63)
MCO Premium Tax	(9,939,180)	(96,568,748)	(92,009,131)	(4,559,617)	5%	(40.61)	(38.00)	(2.61)
Total Net Premium	**57,340,506**	**722,518,388**	**700,641,448**	**21,876,940**	**3%**	**303.88**	**289.37**	**14.51**
Other Revenue:								
Miscellaneous Income	-	686,625	-	686,625	0%	0.29	-	0.29
Total Other Revenue	-	686,625	-	686,625	0%	0.29	-	0.29
Total Revenue	**57,340,506**	**723,205,013**	**700,641,448**	**22,563,565**	**3%**	**303.88**	**289.37**	**14.80**
Medical Expenses:								
Capitation (PCP, Specialty, Kaiser, NEMT &	3,662,738	59,776,743	58,917,897	(858,846)	-1%	25.14	24.33	(0.81)
FFS Claims Expenses:								
Inpatient	12,092,680	147,633,946	126,619,650	(21,014,296)	-17%	62.09	52.29	(9.80)
LTC / SNF	11,560,859	133,283,807	124,702,072	(8,581,735)	-7%	56.06	51.50	(4.55)
Outpatient	5,565,479	61,542,049	56,697,917	(4,844,132)	-9%	25.88	23.42	(2.47)
Laboratory and Radiology	259,617	4,332,077	3,494,584	(837,493)	-24%	1.82	1.44	(0.38)
Directed Payments - Provider	783,656	12,460,819	-	(12,460,819)	0%	5.24	-	(5.24)
Emergency Room	2,570,368	28,866,515	26,802,115	(2,064,400)	-8%	12.14	11.07	(1.07)
Physician Specialty	6,054,642	63,502,775	54,762,191	(8,740,584)	-16%	26.71	22.62	(4.09)
Primary Care Physician	1,632,485	17,491,750	16,080,487	(1,411,263)	-9%	7.36	6.64	(0.72)
Home & Community Based Services	1,634,737	19,363,134	16,991,005	(2,372,129)	-14%	8.14	7.02	(1.13)
Applied Behavior Analysis Services	1,167,249	11,457,906	7,348,428	(4,109,478)	-56%	4.82	3.03	(1.78)
Mental Health Services	1,129,304	9,199,964	6,376,003	(2,823,961)	-44%	3.87	2.63	(1.24)
Pharmacy	11,931,576	134,566,717	128,757,593	(5,809,123)	-5%	56.60	53.18	(3.42)
Provider Reserve	-	2,095,681	-	(2,095,681)	0%	0.88	-	(0.88)
Other Medical Professional	412,933	4,185,152	3,397,445	(787,706)	-23%	1.76	1.40	(0.36)
Other Medical Care	-	35,813	-	(35,813)	0%	0.02	-	(0.02)
Other Fee For Service	946,511	9,480,532	9,242,505	(238,027)	-3%	3.99	3.82	(0.17)
Transportation	340,400	2,589,399	1,761,996	(827,403)	-47%	1.09	0.73	(0.36)
Total Claims	58,082,493	662,088,036	583,033,991	(79,054,046)	-14%	278.46	240.79	(37.67)
Medical & Care Management Expense	962,829	14,080,687	15,010,676	929,988	6%	5.92	6.20	0.28
Reinsurance	244,872	(1,416,559)	3,074,064	4,490,623	146%	(0.60)	1.27	1.87
Claims Recoveries	(371,540)	(2,079,464)	-	2,079,464	0%	(0.87)	-	0.87
Sub-total	836,161	10,584,665	18,084,739	7,500,075	41%	4.45	7.47	3.02
Total Cost of Health Care	**62,581,392**	**732,449,444**	**660,036,627**	**(72,412,817)**	**-11%**	**308.05**	**272.60**	**(35.46)**
Contribution Margin	**(5,240,886)**	**(9,244,431)**	**40,604,821**	**(49,849,252)**	**-123%**	**(4.18)**	**16.77**	**(20.95)**
General & Administrative Expenses:								
Salaries, Wages & Employee Benefits	2,023,172	24,633,178	24,885,624	252,446	1%	10.36	10.28	(0.08)
Training, Conference & Travel	22,860	273,606	585,341	311,735	53%	0.12	0.24	0.13
Outside Services	2,044,369	24,887,946	26,789,563	1,901,617	7%	10.47	11.06	0.60
Professional Services	250,726	2,607,261	3,209,246	601,985	19%	1.10	1.33	0.23
Occupancy, Supplies, Insurance & Others	407,153	7,253,101	8,578,300	1,325,200	15%	3.05	3.54	0.49
Care Management Credit	(962,829)	(14,080,687)	(15,010,676)	(929,988)	6%	(5.92)	(6.20)	(0.28)
G&A Expenses	3,785,452	45,574,403	49,037,398	3,462,995	7%	19.17	20.25	1.08
Project Portfolio	142,530	1,081,477	4,831,762	3,750,285	78%	0.45	2.00	1.54
Total G&A Expenses	**3,927,981**	**46,655,880**	**53,869,160**	**7,213,280**	**13%**	**19.62**	**22.25**	**2.63**
Total Operating Gain / (Loss)	**(9,168,868)**	**(55,900,311)**	**(13,264,339)**	**(42,635,972)**	**321%**	**$ (23.80)**	**$ (5.48)**	**$ (18.32)**
Revenues - Interest	246,314	3,992,912	934,189	3,058,723	327%	1.68	0.39	1.29
Total Non-Operating	246,314	3,992,912	934,189	3,058,723	327%	1.68	0.39	1.29
Total Increase / (Decrease) in Unrestricted Net Assets	**(8,922,553)**	**(51,907,399)**	**(12,330,150)**	**(39,577,249)**	**321%**	**(22.12)**	**(5.09)**	**(17.03)**

INCOME STATEMENT BY CATEGORY OF AID
FOR YEAR ENDED JUNE 30, 2019

	JUNE 2019 Year-To-Date			
	AE	**SPD**	**Classic**	**Total**
Membership (includes retro members)	53,832	29,879	113,102	196,813
Revenue				
Premium	287,531,168	209,554,784	333,009,368	830,095,320
Reserve for Cap Requirements	(8,135,043)	(441,080)	(2,432,061)	(11,008,184)
MCO Premium Tax	(26,482,395)	(14,122,528)	(55,963,825)	(96,568,748)
Total Net Premium	**252,913,730**	**194,991,176**	**275,300,107**	**723,205,013**
Other Revenue:				
Miscellaneous Income				
Total Other Revenue	-	-	-	-
Total Revenue	**252,913,730**	**194,991,176**	**275,300,107**	**723,205,013**
Medical Expenses:				
Capitation (PCP, Specialty, Kaiser, NEMT & Vision)	28,037,647	4,117,960	27,621,136	59,776,743
FFS Claims Expenses:				
Inpatient	70,209,954	39,024,391	38,399,602	147,633,946
LTC / SNF	14,351,689	38,788,456	80,143,662	133,283,807
Outpatient	26,323,505	15,997,163	19,221,381	61,542,049
Laboratory and Radiology	2,002,683	513,923	1,815,471	4,332,077
Directed Payments - Provider	3,838,305	1,354,838	7,267,676	12,460,819
Emergency Room	10,487,122	3,315,322	15,064,071	28,866,515
Physician Specialty	28,340,943	13,915,537	21,246,294	63,502,775
Primary Care Physician	4,973,971	2,977,512	9,540,267	17,491,750
Home & Community Based Services	2,153,010	15,687,290	1,522,834	19,363,134
Applied Behavior Analysis Services	-	5,004,212	6,453,694	11,457,906
Mental Health Services	3,294,926	1,963,645	3,941,392	9,199,964
Pharmacy	66,411,927	30,587,363	37,567,426	134,566,717
Adult Expansion Reserve				
Provider Reserve	1,047,208	110,798	937,675	2,095,681
Other Medical Professional	2,028,193	1,036,305	1,120,654	4,185,152
Other Medical Care	-	(2,801)	38,614	35,813
Other Fee For Service	1,926,438	5,112,481	2,441,613	9,480,532
Transportation	1,033,896	817,985	737,519	2,589,399
Total Claims	238,423,771	176,204,420	247,459,845	662,088,037
Medical & Care Management Expense	5,059,479	3,721,141	5,300,068	14,080,687
Reinsurance	-	-	(2,700,197)	(1,416,559)
Claims Recoveries	-	-	(2,079,464)	(2,079,464)
Sub-total	5,059,479	3,721,141	520,407	10,584,665
Total Cost of Health Care	**271,520,897**	**184,043,520**	**275,601,389**	**732,449,444**
Contribution Margin	**(18,607,166)**	**10,947,655**	**(301,282)**	**(9,244,432)**

STATEMENT OF CASH FLOWS	June 2019	FYTD 18-19
Cash Flows Provided By Operating Activities		
Net Income (Loss)	(8,922,553)	(51,907,399)
Adjustments to reconciled net income to net cash provided by operating activities		
Depreciation on fixed assets	39,858	534,470
Amortization of discounts and premium	-	(105,364)
Changes in Operating Assets and Liabilites		-
Accounts Receivable	4,166,373	2,148,423
Prepaid Expenses	(528,144)	(331,110)
Accounts Payable	11,361,672	(136,327,976)
Claims Payable	11,633,321	16,004,286
MCO Tax liablity	9,939,180	3,353,988
IBNR	5,978,298	2,538,269
Net Cash Provided by (Used in) Operating Activities	33,668,006	(164,092,414)
Cash Flow Provided By Investing Activities		
Proceeds from Restricted Cash & Other Assets		
Proceeds from Investments	-	172,056,288
Proceeds for Sales of Property, Plant and Equipment		-
Payments for Restricted Cash and Other Assets		-
Purchase of Investments plus Interest reinvested	(128,415)	(22,230,377)
Purchase of Property and Equipment	-	(176,058)
Net Cash (Used In) Provided by Investing Activities	(128,415)	149,649,854
Increase/(Decrease) in Cash and Cash Equivalents	33,539,591	(14,442,560)
Cash and Cash Equivalents, Beginning of Period	103,320,380	151,302,531
Cash and Cash Equivalents, End of Period	136,859,971	136,859,971

AGENDA ITEM NO. 5

TO: Ventura County Medi-Cal Managed Care Commission

From: Kashina Bishop, Chief Financial Officer
Melissa Scrymgeour, Chief Administrative Officer

Date: August 26, 2019

Subject: Contract Award Approval – Centauri Health Solutions, Inc. d/b/a Human Arc

SUMMARY:

GCHP staff seeks approval to enter into a contract with Centauri Health Solutions, Inc. d/b/a Human Arc, (Human Arc) for Supplemental Security Income (SSI)/Social Security Disability (SSDI) services.

BACKGROUND/DISCUSSION:

GCHP identified several cost savings strategies to contain administrative and medical expense costs for FY19-20. One initiative is to engage the services of an outside firm specializing in identifying members who may be eligible for social security (SSI/SSDI) benefits and guiding them through the application process. This is a value add to members who may quality for additional benefits as well as GCHP in the resulting positive impact to capitation rates.

On July 7, 2019, GCHP publicly posted and issued Request For Proposal, (“RFP”) #GCHP05282019 to the following three (3) vendors requesting a proposal due date of July 29, 2019:

- Human Arc
- Citizens Disability
- HFI Healthcare

GCHP received one responsive proposal from Human Arc. Citizens Disability and HFI Healthcare submitted an intent-to-bid, but then declined to submit a proposal.

Under the services contract, Human Arc will utilize GCHP claims and other data to perform the following:

1. Determine if the member is potentially eligible for disability status.
2. Complete necessary applications and all accompanying paperwork.
3. Provide the completed application to the member for review and signature.
4. Obtain authorization to represent the member with SSA.

5. Assist the member in securing documents to verify eligibility (income, assets, etc.).
6. Follow-up with the area SSA office to monitor timely process completion.
7. Coordinate with the area SSA office to resolve any open items.
8. Evaluate denied eligibility when it occurs and, when appropriate, represent the member throughout the appeal process.

After confirmation of approval of disability by DDS/SSA, Human Arc will track the member's status on the plan's payment file from the Department of Health Care Services (DHCS) to assure movement to the appropriate disability aid code. GCHP would receive increased revenue as the member will move to the Seniors and Persons with Disability (SPD) aid category, which is between $770-$1,095 higher on a per member per month basis.

FISCAL IMPACT:

GCHP would pay a fee for each member that obtains disability benefits (and the aid category is appropriately reflected by DHCS), not to exceed $1,700 per member.

For each member identified and converted to the SPD aid code, the annual *increase* to Plan revenue is between $9,200-$13,100 per member.

RECOMMENDATION:

The Plan recommends the Commission authorize the CEO to award and execute a one-year agreement to the single responsive bidder, Centauri Health Solutions, Inc. d/b/a Human Arc, with approval of two, twelve-month renewal options based on Human Arc's performance during the initial one-year term.

If the Commission desires to review this contract, it is available at Gold Coast Health Plan's Finance Department.

AGENDA ITEM NO. 6

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: August 26, 2019

SUBJECT: Proposed creation of a Bylaws Subcommittee of the Commission to review bylaws the Delineation of Authority Policy.

SUMMARY:

At the July 22, 2019 Commission meeting, the Gold Coast Health Plan Commission ("Commission") directed staff to bring back for consideration the establishment of a Bylaws Subcommittee. That Committee, if established, would review the bylaws and make recommendations on any amendments to the bylaws. Additionally, that subcommittee would review of the Delineation of Authority Policy which delegates certain authority to the CEO ("Delegation Policy") and propose revisions, amendments, or restatements to the policy, as deemed necessary.

BACKGROUND / DISCUSSION:

At the July 22, 2019 Commission meeting, the Commission directed staff to bring this item for consideration of the establishment of an ad hoc subcommittee to review and recommend changes to the bylaws and Delegation Policy. Pursuant to the bylaws, the bylaws are currently subject to review on an annual basis and amendments may be proposed by any member of the Commission. (See Attachment A, Art. X, section (b).) To effectuate any amendment, a full statement of the proposed amendment must be submitted at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon by the Commission and amendment to the bylaws must occur by an affirmative vote of a majority of the voting members of the Commission. (See Art. X, section (a).)

If the Commission establishes a Bylaws Subcommittee, it should vote on the membership of the subcommittee, the scope of the bylaws review as well as a timeframe for the ad hoc committee to come forward with changes to the bylaws.

Additionally, the Bylaws Subcommittee would review the Delegation Policy regarding the responsibilities delegated to the CEO and return with any recommendations on any revisions to the Delegation Policy. (See Attachment B.)

FISCAL IMPACT:

Establishment of the Subcommittee will not result in any immediate fiscal impacts.

RECOMMENDATION:

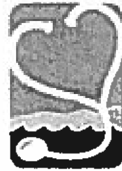
Staff recommends the following:

1. That the Commission establish a Bylaws Ad Hoc Subcommittee to be tasked with making recommendations on any changes to the bylaws and Delegation Policy.

Attachments:

Attachment 1 – Delineation of Authority Policy
Attachment 2 – Gold Coast Health Plan Bylaws

ATTACHMENT 1



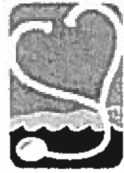
POLICY

DELINEATION OF AUTHORITY

1. Any actions not specified as being the responsibility of the Commission are delegated to the CEO including, but not limited to:
   - Negotiation, execution and termination of provider contracts. As new model contracts are developed, Management will present such models to the Executive / Finance Committee as an information item.
   - Negotiation and execution of vendor contracts, subject to thresholds established by the Commission (See Attached: VCMMCC CEO Signing Authority for Contractual Agreements for Administrative Goods and Services, approved on June 28, 2010).
   - Authority to select, hire, evaluate, terminate and compensate all employees, including the Chief Medical Officer and Chief Financial Officer.
   - Management will inform the Commission of changes in senior executive positions.
   - Authority to establish and amend the staffing plan, provided that any changes to the staffing plan do not change the number of budgeted full-time equivalent employees by more than 10% and that the change does cause exceed the total budget.
   - Management will develop a salary range schedule for each established position. While the schedule is not subject to Commission approval, it will be presented to the Commission on an annual basis as an information item.

Amended: November 28, 2011

ATTACHMENT 2



POLICY

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   - Management will inform the Commission of changes in senior executive positions.
   - Authority to establish and amend the staffing plan, provided that any changes to the staffing plan do not change the number of budgeted full-time equivalent employees by more than 10% and that the change does cause exceed the total budget.
   - Management will develop a salary range schedule for each established position. While the schedule is not subject to Commission approval, it will be presented to the Commission on an annual basis as an information item.

Amended: November 28, 2011

AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (dba Gold Coast Health Plan)

Approved: October 24, 2011
Amended: January 23, 2017

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AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)

ARTICLE I

Name and Mission

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

ARTICLE II

Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members ("members" or "Commissioners") who shall be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representative. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors.

(f) County Official. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Board of Supervisors.

(g) Consumer Representative. One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is

not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

(h) Ventura County Medical Center Health System Representative. One member shall be the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee and approved by the Board of Supervisors.

Selection and Terms of Commissioners

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

ARTICLE III

Officers

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

Election

(a) The VCMMCC shall elect officers by majority vote of the members present.

(b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.

(c) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

Duties

(a) The Chairperson shall:

1. Preside at all meetings;

2. Execute all documents approved by the VCMMCC;

3. Be responsible to see that all actions of the VCMMCC are implemented; and

4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and

2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

ARTICLE IV

Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.

ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:

1. Chairperson.

2. Vice-Chairperson.

3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.

4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.

5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.

2. Assist the CEO in the planning or presentation of items for governing board consideration.

3. Assist the CEO or VCMMCC staff in the initial review of draft policy statements requiring governing board approval.

4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.

5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.

6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.

7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:

   - PCP
   - Specialists
   - Hospitals o LTC
   - Ancillary Providers

8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.

9. Review and recommend provider incentive program structure.

10. Review investment strategy and make recommendations.

11. On an annual basis, develop the CEO review process and criteria.

12. Serve as Interview Committee for CEO/CMO/CFO.

13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.

14. Develop long-term and short-term business plans for review and approval by the governing board.

15. Undertake such other activities as may be delegated from time-to-time by the governing board.

iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:

1. Adopting, amending or repealing any bylaw.

2. Making final determinations of policy.

3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).

4. Filling vacancies or removing any Commissioner.

5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.

6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.

7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

ARTICLE V

Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

ARTICLE VI

Meetings

(a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").

(b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.

(c) Closed session items shall be noticed in compliance with Government Code section 54954.5.

(d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.

(e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.

(f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.

(g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

Conduct of Meetings

(a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.

(b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of *Rosenberg's Rules of Order*, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

ARTICLE VII

Powers and Duties

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

(d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;

(e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;

(f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;

(g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;

(h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;

(i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and

(j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

ARTICLE VIII

STAFF

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

Chief Executive Officer

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

(a) Direct the planning, organization, and operation of all services and facilities;

(b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

(c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;

(c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;

(d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and

(f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

Clerk

The Clerk shall:

(a) Perform the usual duties pertaining to secretaries;

(b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;

(c) Cause to be issued notices of regular and special meetings;

(d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and

(e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

Assistant Clerk

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

ARTICLE IX

Rules of Order

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

ARTICLE X

Amendments

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCMMCC. A full statement of a proposed amendment shall be submitted to the VCMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCMMCC members present.

ARTICLE XI

Nondiscrimination Clause

The VCMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCMMCC or any person subject to its direction pursuant to federal, state or local law.

ARTICLE XII

Conflict of Interest and Ethics

VCMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

ARTICLE XIII

Dissolution

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCMMCC may no longer function for the purposes for which it was established, at the time that VCMMCC's then existing

obligations have been satisfied or VCMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.

AGENDA ITEM 7

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Scott Campbell, General Counsel

DATE: August 26, 2019

SUBJECT: Creation of an Ad Hoc Advisory Subcommittee of the Commission to provide guidelines for the appointment process of the Community Advisory and Credentialing and Peer Review Committees.

SUMMARY:

At the July 22, 2019 Gold Coast Health Plan Commission ("Commission") meeting, the Commission directed staff to bring back for consideration the establishment of an Ad Hoc Advisory Subcommittee concerning the appointment of members of non-Commission member Committees that the Commission appoints. That Committee, if established, could propose guidelines, considerations, and other factors, that the Commission may use to assess members that are recommended for appointment to the Community Advisory Committee ("CAC Committee") and Credentialing and Peer Review Committee ("CPR Committee").

BACKGROUND / DISCUSSION:

At the July 22, 2019 Commission meeting, the Commission directed staff to bring this item for consideration of the establishment of an ad hoc subcommittee to propose guidelines, considerations, and other factors, that the Commission may use to assess members that are recommended for appointment to the CAC and CPR Committees. Pursuant to the bylaws, the Commission is responsible for establishing committees and advisory boards. (See Attachment 1, Art. IV, section (a).) Staff is responsible in gathering a list of potential appointments and making recommendations to the Commission for membership. (Id.). Attachment 2 is a list of current members of the CAC and CPR Committees as well as information about the functions of the committees.

If the Commission establishes an Advisory Subcommittee, it should vote on the membership of the subcommittee, the scope of the propose guidelines that the Commission may use to assess members that are recommended for appointment to the CAC Committee and CPR Committee, as well as a timeframe for the ad hoc committee to come forward with guidelines.

FISCAL IMPACT:
Establishment of the Subcommittee will not result in any immediate fiscal impacts.

RECOMMENDATION:

Staff recommends the following:

1. That the Commission establish an Advisory Subcommittee to propose guidelines, considerations, and factors, that the Commission may use to assess proposed appointments to the Community Advisory and Credentialing and Peer Review Committees.

Attachments:

Attachment 1—GCHP Bylaws
Attachment 2 – Membership and Committee Charter Membership Language of the CAC Committee and CPR Committee

ATTACHMENT 1

AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM

VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (dba Gold Coast Health Plan)

Approved: October 24, 2011
Amended: January 23, 2017

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AMENDED AND RESTATED BYLAWS FOR THE OPERATION OF THE VENTURA COUNTY ORGANIZED HEALTH SYSTEM (dba Gold Coast Health Plan)

ARTICLE I

Name and Mission

The name of this Commission shall be the Ventura County Medi-Cal Managed Care Commission, hereafter referred to in these Bylaws as the VCMMCC. VCMMCC shall operate under the fictitious name, Gold Coast Health Plan.

The VCMMCC shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

(a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;

(b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;

(c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;

(d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;

(e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;

(f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCMMCC and shall not be the obligations of the County of Ventura or the State of California; and

(g) Implementing programs and procedures to ensure a high level of member satisfaction.

ARTICLE II

Commissioners

The governing board of the VCMMCC shall consist of eleven (11) voting members ("members" or "Commissioners") who shall be legal residents of Ventura County. Members shall possess the requisite skills and knowledge necessary to design and operate a publicly managed health care delivery system.

Members of the VCMMCC shall be appointed by a majority vote of the Board of Supervisors and shall consist of the following:

(a) Physician Representatives. Three members shall be practicing physicians who serve a significant number of Medi-Cal beneficiaries in Ventura County. One shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Association, one shall be selected from a list with a minimum of three (3) nominees submitted by Clinicas Del Camino Real and one shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center Executive Committee.

(b) Private Hospital/Healthcare System Representatives. Two members shall be representatives of private hospitals and healthcare systems operating within Ventura County and shall be selected from a list with a minimum of three (3) nominees submitted by the Hospital Association of Southern California. Nominees shall be from different hospitals and healthcare systems. The two appointed members shall not be affiliated with the same hospital or healthcare system.

(c) Ventura County Medical Center Health System Representative. One member shall be a representative of the Ventura County Medical Center Health System and shall be selected from a list with a minimum of three (3) nominees submitted by the Ventura County Medical Center administration.

(d) Public Representative. One member shall be a member of the Board of Supervisors, nominated and selected by the Board of Supervisors.

(e) Clinicas Del Camino Real Representative. One member shall be the chief executive officer of Clinicas del Camino Real or designee nominated by the Clinicas del Camino Real chief executive officer and approved by the Ventura County Board of Supervisors.

(f) County Official. One member shall be the Ventura County Health Care Agency Director or designee nominated by the Health Care Agency Director and approved by the Board of Supervisors.

(g) Consumer Representative. One member shall be a Medi-Cal beneficiary and/or a representative of an advocacy organization that serves the Medi-Cal population and is

not otherwise represented on the Ventura County Medi-Cal Managed Care Commission. This member shall be appointed from applications submitted to the Ventura County Executive Office after a posting of public notice for the open position.

(h) Ventura County Medical Center Health System Representative. One member shall be the Ventura County Medical Center Family Medicine Residency Program Director or Faculty Designee and approved by the Board of Supervisors.

Selection and Terms of Commissioners

In order to stagger terms with the intent of maintaining experienced members, in the initial cycle of appointments, the following appointees shall serve two-year terms: one of the Ventura County Medical Center Health System Representatives, the Physician Representative nominated by the Ventura County Medical Association, the Public Representative, and one Private Hospital/Healthcare System Representative. All other initial appointments and all subsequent appointments to the VCMMCC shall be for four-year terms. No member may serve more than two consecutive four-year terms. Any vacancy will be filled by the Board of Supervisors for the remainder of the unexpired term and shall maintain the balance of representation on the VCMMCC. The term of each subsequent appointment shall be deemed to commence on March 15 of the year of the appointment.

A member may resign effective on giving written notice to the Clerk of the VCMMCC, unless the notice specifies a later date for his/her resignation to become effective. Upon receipt of such notice, the Clerk shall notify the Chairperson and the Board of Supervisors. The Clerk of the VCMMC shall enter the notice in the proceedings of the Commission. The acceptance of a resignation shall not be necessary to make it effective.

A member may be removed from the VCMMCC by a 4/5 vote of the Board of Supervisors.

Nominations to the VCMMCC shall be submitted to the Ventura County Executive Office, which shall be responsible for screening nominees and presenting candidates to the Board of Supervisors.

ARTICLE III

Officers

(a) Officers of the VCMMCC shall be a Chairperson and Vice-Chairperson.

(b) The Chairperson and the Vice-Chairperson shall be elected by majority vote of the members in attendance at the first meeting of the VCMMCC to serve for the remainder of the calendar year in which the first meeting occurs. Officers subsequently elected to these offices, pursuant to the procedures outlined under "Election" below, shall serve a term of two years or until their successor(s) has/have been duly elected.

(c) No individual shall serve more than two consecutive terms in any of the elected officer positions.

Election

(a) The VCMMCC shall elect officers by majority vote of the members present.

(b) The election of officers shall be held at the first regular meeting of the VCMMCC after March 15 (or after the date upon which the Board of Supervisors appoints Commissioners for the present term if later than March 15) in every even-numbered year. The two-year terms of office shall be deemed to commence on March 15 of the year of the election, regardless of when the election actually occurs. The officers of the prior term shall continue to preside over any meetings and perform all other functions of their offices until new officers are elected.

(c) Notwithstanding the normal election process detailed in paragraphs (a) and (b) above, when circumstances warrant it, an election may be held at any time during the year. Circumstances that would warrant a special election include: one or more of the officers wishes to resign as an officer, or one or more of the officers is terminated.

Duties

(a) The Chairperson shall:

1. Preside at all meetings;

2. Execute all documents approved by the VCMMCC;

3. Be responsible to see that all actions of the VCMMCC are implemented; and

4. Maintain consultation with the Chief Executive Officer (CEO).

(b) The Vice-Chairperson shall:

1. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson; and

2. In agreement with the Chairperson, perform all responsibilities mutually agreed upon.

ARTICLE IV

Standing Committees

(a) At a minimum, the VCMMCC shall establish two (2) committees/advisory boards, one member/consumer based and one provider based. VCMMCC staff will be responsible to gather a list of potential appointments and make recommendations to the VCMMCC for membership on these boards. Each of the boards shall submit a charter to the VCMMCC for approval. All meetings of standing committees shall be subject to the provisions of the Brown Act.

(b) Executive/Finance Committee.

i. Purpose. The role of the Executive/Finance Committee shall be to assist the CEO and VCMMCC accomplish its work in the most efficient and timely way. Meetings of this committee shall be at the request of the Chairperson or CEO to evaluate time sensitive matters. The Committee shall report on all of its activities to the governing board at the next regular meeting of the governing board.

ii. Membership. The Executive/Finance Committee shall be comprised of the following five (5) Commissioners:

1. Chairperson.
2. Vice-Chairperson.
3. Private hospital/healthcare system representative (to rotate between the two representatives following the representative's resignation from the committee). If the Chairperson and/or Vice-Chairperson is a private hospital/healthcare system representative, then the Commission may appoint any one of its members to fill this position.
4. Ventura County Medical Center Health System representative. If the Chairperson and/or Vice-Chairperson is a Ventura County Medical Center Health System representative, then the Commission may appoint any one of its members to fill this position.
5. Clinicas Del Camino Real representative. If the Chairperson and/or Vice-Chairperson is a Clinicas Del Camino Real representative, then the Commission may appoint any one of its members to fill this position.

The CEO and Finance Director will serve as Ex-Officio members to Co-Chair the committee.

Appointments to the Committee shall be made at either the regular meeting in which the Chairperson and Vice-Chairperson are elected or at the next regular meeting immediately thereafter. Appointments may also be made at any regular meeting where the appointment is necessitated by a resignation, termination, vacancy, special election of officers, or other event which results in the Committee lacking full membership.

iii. Duties of the Executive/Finance Committee.

1. Advise the governing board Chairperson on requested matters.

2. Assist the CEO in the planning or presentation of items for governing board consideration.

3. Assist the CEO or VCMMCC staff in the initial review of draft policy statements requiring governing board approval.

4. Assist the CEO in the ongoing monitoring of economic performance by focusing on budgets for pre-operational and operational periods.

5. Review proposed State contracts and rates, once actuary has reviewed and made recommendations.

6. Review proposed contracts for services over the assigned dollar value/limit of the CEO.

7. Establish basic tenets for payment-provider class and levels as related to Medi-Cal rates:

o PCP
o Specialists
o Hospitals o LTC
o Ancillary Providers

8. Recommend auto-assignment policies for beneficiaries who do not select a Primary Care Provider.

9. Review and recommend provider incentive program structure.

10. Review investment strategy and make recommendations.

11. On an annual basis, develop the CEO review process and criteria.

12. Serve as Interview Committee for CEO/CMO/CFO.

13. Assist the governing board and/or the CEO in determining the appropriate committee, if any, to best deal with questions or issues that may arise from time-to-time.

14. Develop long-term and short-term business plans for review and approval by the governing board.

15. Undertake such other activities as may be delegated from time-to-time by the governing board.

iv. Limitations on Authority. The Executive/Finance Committee shall not have the power or authority in reference to any of the following matters:

1. Adopting, amending or repealing any bylaw.

2. Making final determinations of policy.

3. Approving changes to the budget or making major structural or contractual decisions (such as adding or eliminating programs).

4. Filling vacancies or removing any Commissioner.

5. Changing the membership of, or filling vacancies in, the Executive/Finance Committee.

6. Hiring or firing of senior executives, but may make recommendations to the governing board as to their appointment, dismissal or ongoing performance.

7. Taking any action on behalf of the governing board unless expressly authorized by the governing board.

ARTICLE V

Special Committees

Members may be asked to participate on a subcommittee, task force or special project as part of their responsibilities. The VCMMCC may establish a committee(s) or advisory board(s) for any purpose that will be beneficial in accomplishing the work of the VCMMCC.

ARTICLE VI

Meetings

(a) All meetings shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code relating to meetings of local agencies ("Brown Act").

(b) A regular meeting shall be held monthly. The VCMMCC shall by resolution establish the date, time and location for the monthly meeting. A regular meeting may, for cause, be rescheduled by the Chairperson with 72 hour advance notice.

(c) Closed session items shall be noticed in compliance with Government Code section 54954.5.

(d) Special meetings may be called, consistent with the Brown Act, by the Chairperson or by a quorum of the VCMMCC. Notice of such special meeting shall conform to the Brown Act.

(e) Any meeting at which at least a quorum cannot attend, or for which there is no agenda item requiring action may be cancelled by the Chairperson with 72 hour advance notice.

(f) A quorum shall be defined as one person more than half of the appointed members of the VCMMCC. For these purposes, "appointed members" excludes unfilled positions and those vacated by resignation or removal. Unless otherwise expressly stated in these bylaws, a majority vote of members present and constituting a quorum shall be required for any VCMMCC action.

(g) After three (3) absences of any member during a fiscal year, the reasons for the absences will be reviewed by the VCMMCC and it may notify the Board of Supervisors of the absences, if it deems this action appropriate. Three or more absences from regular meetings may be cause for the VCMMCC to recommend dismissal of that member to the Board of Supervisors.

Conduct of Meetings

(a) The Chairperson shall adhere to the order of items as posted on the agenda. Modifications to the order of the agenda may be made to the extent that (on the advice of counsel) the rearrangement of the agenda items does not violate the spirit or intent of the Brown Act.

(b) All motions or amendments to motions require a second in order to be considered for action. Upon a motion and a second the item shall be open for discussion before the call for the vote.

(c) Voice votes will be made on all items as read. An abstention will not be recognized except for a legal conflict of interest. In furtherance of the foregoing, an abstention or refusal to vote (not arising from a legal conflict of interest) shall be deemed a vote with the majority of those Commissioners who do vote, except when there is a tie vote and the motion or action fails. For example, if there are 7 Commissioners present at a meeting (none of whom are subject to a legal conflict of interest), (i) a motion passes with 3 votes in favor and 4 Commissioners abstaining, (ii) a motion passes with 3 votes in favor, 2 votes against and 2 Commissioners abstaining; and (iii) a motion fails with 3 votes in favor, 3 votes against and 1 Commissioner abstaining.

(d) A call for a point of order shall have precedence over all other motions on the floor.

(e) Without objection, the Chairperson may continue or withdraw any item. In the event of an objection, a motion to continue or reset an item must be passed by a majority of the members present. A motion to continue or reset an item shall take precedence over all other motions except for a point of order.

(f) An amendment to a motion must be germane to the subject of the motion, but it may not intend an action contrary to the motion. There may be an amendment to the motion and an amendment to an amendment, but no further amendments. In the event the maker of the original motion accepts the amendment(s), the original motion shall be deemed modified. In the event the maker of the original motion does not accept the amendment(s), the amendment(s) shall be voted separately and in reverse order of proposal.

(g) Where these Bylaws do not afford an adequate procedure in the conduct of a meeting, the Chairperson may defer to the most current edition of *Rosenberg's Rules of Order*, to resolve parliamentary questions.

(h) The Chairperson shall be permitted to make motions and vote on all matters to the same extent and subject to the same limitations as other Commissioners.

ARTICLE VII

Powers and Duties

The VCMMCC is responsible for all of the activities described in Article I of these Bylaws and in its enabling ordinance. In furtherance of such responsibility, the VCMMCC shall have the following powers and duties and shall:

(a) Advise the Chief Executive Officer (CEO) and request from the CEO information it deems necessary;

(b) Conduct meetings and keep the minutes of the VCMMCC;

(c) Provide for financial oversight through various actions and methodologies such as the preparation and submission of an annual statement of financial affairs and an estimate of the amount of funding required for expenditures, approval of an annual

budget, receipt of monthly financial briefings and other appropriate action in support of its financial oversight role;

(d) Evaluate business performance and opportunity, and review and recommend strategic plans and business strategies;

(e) Establish, support and oversee the quality, service utilization, risk management and fraud and abuse programs;

(f) Encourage VCMMCC members to actively participate in VCMMCC committees as well as subcommittees;

(g) Comply with and implement all applicable federal, state and local laws, rules and regulations as they become effective;

(h) Provide for the resolution of or resolve conflict among its leaders and those under its leadership;

(i) Respect confidentiality, privacy and avoid any real or potential conflict of interest; and

(j) Receive and take appropriate action, if warranted, based upon reports presented by the CEO (or designated individual). Such reports shall be prepared and submitted to the VCMMCC at least annually.

ARTICLE VIII

STAFF

The VCMMCC shall employ personnel and contract for services as necessary to perform its functions. The permanent staff employed by the VCMMCC shall include, but not be limited to, a Chief Executive Officer (CEO), Clerk and Assistant Clerk.

Chief Executive Officer

The CEO shall have the responsibility for day to day operations, consistent with the authority conferred by the VCMMCC. The CEO is responsible for coordinating all activities of the County Organized Health System.

The CEO shall:

(a) Direct the planning, organization, and operation of all services and facilities;

(b) Direct studies of organizations, operations, functions and activities relating to economy, efficiency and improvement of services;

(c) Direct activities which fulfill all duties mandated by federal or state law, regulatory or accreditation authority, or VCMMCC board resolution, and shall bring any conflict between these laws, regulations, resolutions or policy to the attention of the VCMMCC;

(c) Appoint and supervise an executive management staff, and such other individuals as are necessary for operations. The CEO may delegate certain duties and responsibilities to these and other individuals where such delegated duties are in furtherance of the goals and objectives of the VCMMCC;

(d) Retain and appoint necessary personnel, consistent with all policies and procedures, in furtherance of the VCMMCC's powers and duties; and

(f) Implement and enforce all policies and procedures, and assure compliance with all applicable federal and state laws, rules and regulations.

Clerk

The Clerk shall:

(a) Perform the usual duties pertaining to secretaries;

(b) Cause to be kept, a full and true record of all VCMMCC meetings and of such special meetings as may be scheduled;

(c) Cause to be issued notices of regular and special meetings;

(d) Maintain a record of attendance of members and promptly report to the VCMMCC any member whose position has been vacated; and

(e) Attest to the Chair or Vice-Chair's signature on documents approved by the VCMMCC.

Assistant Clerk

The Assistant Clerk shall perform the duties of the Clerk in the Clerk's absence.

ARTICLE IX

Rules of Order

The Chairperson shall be responsible for maintaining decorum during VCMMCC meetings. All motions, comments, and questions shall be made through the Chairperson. Any decision by the Chairperson shall be considered final unless an appeal of the decision is requested and passed by a majority of the VCMMCC members present.

ARTICLE X

Amendments

(a) These Bylaws may be amended by an affirmative vote of a majority of the voting members of the VCMMCC. A full statement of a proposed amendment shall be submitted to the VCMMCC at least two weeks prior to the meeting at which the proposed amendment is scheduled to be voted upon.

(b) The Bylaws shall be reviewed annually and amendments to the Bylaws may be proposed by any VCMMCC member.

(c) Bylaws may be suspended on an ad hoc basis upon the affirmative vote of a majority of the VCMMCC members present.

ARTICLE XI

Nondiscrimination Clause

The VCMMCC or any person subject to its authority shall not discriminate against or in favor of any person because of race, gender, religion, color, national origin, age, sexual orientation or disability with regard to job application procedures, hiring, advancement, discharge, compensation, training or other terms or condition of employment of any person employed by or doing business with the VCMMCC or any person subject to its direction pursuant to federal, state or local law.

ARTICLE XII

Conflict of Interest and Ethics

VCMMCC members are subject to conflict of interest laws, including Government Code section 1090 and the 1974 Political Reform Act (Government Code section 8100 et seq.), as modified by Welfare and Institutions Code section 14087.57, and must identify and disclose any conflicts and refrain from participating in any manner in such matters in accordance with the applicable statutes. Members of the VCMMCC agree to adhere to all relevant standards established by state or federal law regarding ethical behavior.

ARTICLE XIII

Dissolution

Pursuant to California Welfare & Institutions Code, section 14087.54:

(a) In the event the Commissioners determine that VCMMCC may no longer function for the purposes for which it was established, at the time that VCMMCC's then existing

obligations have been satisfied or VCMMCC's assets have been exhausted, the Board of Supervisors may by ordinance terminate the VCMMCC.

(b) Prior to the termination of the VCMMCC, the Board of Supervisors shall notify the State Department of Health Care Services ("DHCS") of its intent to terminate VCMMCC. The DHCS shall conduct an audit of VCMMCC's records within 30 days of the notification to determine the liabilities and assets of VCMMCC. The DHCS shall report its findings to the Board of Supervisors within 10 days of completion of the audit. The Board of Supervisors shall prepare a plan to liquidate or otherwise dispose of the assets of VCMMCC and to pay the liabilities of VCMMCC to the extent of VCMMCC's assets, and present the plan to the DHCS within 30 days upon receipt of these findings.

(c) Upon termination of the VCMMCC by the Board of Supervisors, the County of Ventura shall manage any remaining assets of VCMMCC until superseded by a DHCS-approved plan. Any liabilities of VCMMCC shall not become obligations of the County of Ventura upon either the termination of the VCMMCC or the liquidation or disposition of VCMMCC's remaining assets.

(d) Any assets of VCMMCC shall be disposed of pursuant to provisions contained in the contract entered into between the state and VCMMCC.

ATTACHMENT 2

Committee	Membership	Committee Charter Membership language
Credentialing and Peer Review Committee	Dr. Wharfield, Committee Chair Menashe Ehrenburg, DO - CDCR Stanley Frochzwajg, MD - CMH Gary Proffett, MD – Private Practice Richard Reisman, MD - CMH Robert Streeter, MD – Dignity Health Bryan Wong, MD - VCMC Julian Becher, MD - CDCR	**Credentials/Peer Review (CPR) Committee** *Purpose:* The Credentials/Peer Review Committee provides guidance and peer input into GCHP's provider credentialing and practitioner peer review process. *Credentialing Responsibilities:* • Provide guidance and comments on GCHP's provider credentialing process • Review and make decisions for initial credentialing and re-credentialing for participation in GCHP's provider network • Review the provider credentialing policy annually and make recommendations for change *Peer Review Responsibilities:* • Review results of provider profiling when available and suggest methods to feed information back to network providers • Review member and provider clinical complaints, grievances, and issues involving clinical quality of care concerns and determine corrective action when necessary *Membership:* The Committee will consist of seven to nine (7-9) physicians and the CMO who will be the

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		chairperson. To assure due process in the performance of peer review investigations, the Chief Medical Officer shall appoint other physician consultants as necessary to obtain relevant clinical expertise and representation by an appropriate mix of physician types and specialties. *Meeting Frequency:* The committee meets quarterly.
Community Advisory Committee	Committee Chair, Rita Duarte Weaver, V.C. Public Health – Health Care for All Vice-Chair, Ruben Juarez, Whole Person Care Pablo Velez, Amigo Baby Curtis Updike, V.C. Human Services Agency Paula Johnson, The Arc Frisa Herrera, Casa Pacifica Laurie Jordan, Rainbow Connection/TCRC Victoria Jump, Area Agency on the Aging Norma Gomez, MICOP Estelle Cervantes, Beneficiary Member	**Purpose** The Ventura County Medi-Cal Managed Care Commission (VCMMC) enabling ordinance 4409 (April 2010) and the California Department of Health Care Services, Medi-Cal Managed Care Division, require the establishment of a Community Advisory Committee. The ordinance requires, at a minimum, that this committee meet quarterly and makes recommendations, reviews policies and programs, explores issues and discusses how the plan may best fulfill its mission. The CAC gives GCHP information about important issues that affect Medi-Cal members in Ventura County to further enhance the quality of the experience between the members and the Plan. **Duties and Responsibilities** To ensure a member centered delivery system that promotes optimal health outcomes and member experiences. Through CAC input, we will inform the Plan of member needs by engaging our members to communicate their needs to the Plan.

<table>
<tr><td></td><td></td><td><u>Composition and Qualifications</u>
The Commission decided that the Community Advisory Committee would consist of eleven members with two permanent seats; one for the Ventura County Health Care Agency (VCHCA) and one for the Ventura County Human Services Agency.

<u>Committee Member Community Stakeholder Representation (a member can represent more than one stakeholder category)</u>
• Beneficiaries with Chronic Medical Conditions
• VC County Health Care Agency (permanent seat)
• County Human Services Agency (permanent seat)
• Foster Children
• Medi-Cal Beneficiaries
• Persons with Disabilities
• Persons with Special Needs
• Seniors
• Beneficiary Member or the Parent/Guardian of a Beneficiary Member
Approved by the VCMMCC on December 5, 2012</td></tr>
</table>

AGENDA ITEM 8

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Melissa Scrymgeour, Chief Administrative Officer

DATE: August 26, 2019

SUBJECT: Proposed creation of a Strategic Planning Subcommittee of the Commission to provide guidance and input for Strategic Plan updates and the development of supporting goals and objectives

SUMMARY:

At the August 13, 2019 Gold Coast Health Plan Special Executive Finance Committee meeting, staff and committee members discussed options for greater commission involvement in the development of GCHP's strategic plan. Committee members suggested that at the August Commission meeting, staff bring back for consideration the establishment of an ad hoc subcommittee to provide guidance and input for strategic plan updates and the development of supporting goals and objectives.

BACKGROUND / DISCUSSION:

GCHP embarked on its strategic planning process in the spring of 2015 with assistance from Health Management Associates. The resulting 12-month strategic plan was approved by the Commission in October 2015. The tenants of the strategic plan are built around six core objectives ("what we aim to do"):

- GCHP will be a health care leader delivering quality health outcomes to our members.
- GCHP will be a collaborative community partner.
- GCHP will be an effective strategic business partner in Ventura County.
- GCHP will demonstrate responsible fiscal stewardship of public funds.
- GCHP will be considered a great place to work.
- GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service for our members.

Since 2015, the strategic plan was expanded to a three-year and five-year view. Staff meets with the Commission annually to review progress and changes to the plan. As GCHP continues to evolve its strategic planning function, the Commission has expressed an interest for greater participation and input into the planning process and development of supporting goals and objectives.

This ad hoc subcommittee will work with staff to review and revise the strategic plan in preparation for the annual strategic planning retreat with the full Commission, scheduled for December 9, 2019.

FISCAL IMPACT:

Establishment of the Subcommittee will not result in any immediate fiscal impacts.

RECOMMENDATION:

Staff recommends that the Commission establish an ad hoc Strategic Planning Subcommittee of the Commission to provide guidance and input for Strategic Plan updates and the development of supporting goals and objectives.

Attachments:

Attachment 1— GCHP Strategic Plan 2018-2022

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Strategic Plan 2018-2022

Compassionate care, accessible to all, for a healthy community.

Message from the CEO

You've heard the old adage, "If you don't know where you are going, any road will get you there."

Since its adoption in 2015, GCHP's strategic plan has been our steady guide along the path toward our vision of compassionate care, accessible to all, for a healthy community. The challenges we face are considerable, given the dynamic environment and complexity of our national health care system. Yet the work we have accomplished together over the past three years has helped define what we value collectively – delivering quality care and services to our members.

As the health care industry evolves, so must GCHP and its strategic plan. In uncertain times, we must continue to work together in meeting the needs of our community. It is important that we continuously evaluate the industry, regulatory, and community landscapes and adapt so that we can provide the resources, programs, and services that enhance the quality of health care for those most in need.

I am proud to present GCHP's 2018-2022 strategic plan. As we adapt our current plan to one that will guide us through the next five years, we want to remember our most important stakeholders: Our members. This plan identifies our priorities and key strategies in achieving our strategic objectives, which are key to GCHP's continued success.

I hope you will take the time to carefully review the strategic plan to understand how it fits into what we do and use it to guide the decisions that will need to be made in the coming years.

Thank you for your dedication to our shared vision.

Sincerely,

Dale Villani, CEO

About Gold Coast Health Plan

Our Mission

To improve the health of our members through the provision of high quality care and services.

Our Vision

Compassionate care, accessible to all, for a healthy community.

Our Values

Integrity, Accountability, Collaboration, Trust, Respect

Gold Coast Health Plan (GCHP) is dedicated to serving Medi-Cal beneficiaries living in Ventura County. GCHP is an independent public entity governed by the Ventura County Medi-Cal Managed Care Commission (VCMMCC), comprised of consumer advocates, providers, locally-elected officials and hospital and county health care agency representatives.

Our *member-first focus* centers on the delivery of exceptional quality health care services, providing greater access and member choice.

Gold Coast Health Plan Fast Facts

194,013
Members
[As of January 2019]

6,772
Partners

403 Primary Care Physicians
4,956 Specialist Physicians
19 Acute Care Hospitals
5 Tertiary Hospitals
382 Behavioral Health Providers
617 Pharmacy Providers
390 Service Providers

IN VENTURA COUNTY

50% OF ALL CHILDREN 0-5

20% OF ALL RESIDENTS

12.5% OF ALL SENIORS

ARE SERVED BY GOLD COAST HEALTH PLAN

94
CENTS
of every dollar spent by Gold Coast Health Plan goes to health care costs.

Gold Coast Health Plan℠
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Who We Are

Commissioners

Antonio Alatorre (Chair)
Clinicas del Camino Real, Inc.

Shawn Atin
County of Ventura

Theresa Cho, MD
Ventura County Health Care Agency

Lanyard Dial, MD
Ventura County Medical Association

Laura Espinosa
Consumer Representative

Johnson Gill
Ventura County Health Care Agency

Debra Herwaldt
Los Robles Hospital

Bob Huber
Ventura County Board of Supervisors

Gagan Pawar, MD
Clinicas del Camino Real, Inc.

Dee Pupa
Ventura County Health Care Agency

Jennifer Swenson (Vice Chair)
Adventist Health, Simi Valley

Gold Coast Health Plan Leadership

Dale Villani
Chief Executive Officer

Kashina Bishop
Chief Financial Officer

Melissa Scrymgeour
Chief Administrative Officer

Ruth Watson
Chief Operating Officer

Nancy Wharfield, MD
Chief Medical Officer

Brandy Armenta
Compliance Officer

Jean Halsell
Executive Director, HR

Ted Bagley
Chief Diversity Officer

Directors

Bob Bushey
Procurement Officer

Anne Freese, Pharm.D.
Director of Pharmacy

Lupe Gonzalez
Director of Health Education

Christianne Hodina
Director of Operations

Helen Miller
Senior Director of Information Technology

Kathy Neal
Senior Director of Health Services

Kim Osajda
Director of Compliance

Steve Peiser
Senior Director of Network Management

Kris Schmidt
Director of Strategy and Enterprise Analytics

Kimberly Timmerman
Director of Quality Improvement

Marlen Torres
Director of Government and Community Relations

Lyndon A. Turner
Senior Director of Finance

Strategic Planning Process

Throughout the process of updating the Gold Coast Health Plan strategic plan, the Plan's leadership team built upon the mission, vision and values that guide the organization. The team continuously assesses the health care landscape to identify what's coming and how that might affect GCHP's members and providers, while taking into consideration the external view (what we should do), the internal view (what we can do), and the executive view (what we want to do). This is where planning helps the team focus and prioritize the Plan's goals and objectives.

GCHP takes the strategic planning process seriously and understands that it is a process that requires continuous review and modification to keep up with the ever-changing managed care environment.

Strategic Objectives

To ensure GCHP is best positioned to meet the future demands of the ever-changing managed care world, a series of strategic objectives was developed to guide these efforts. These objectives are geared towards moving GCHP forward in providing quality health outcomes to our members; demonstrating fiscal stewardship of public funds; expanding our ability to be a strategic business partner in Ventura County; and continuing to be a great place to work.

Our values reflect integrity, accountability, collaboration, trust and respect for our members, our providers, our employees, and our community partners. It is our goal with this strategic plan to continue to deliver exceptional quality of care and services.

GCHP's Strategic Objectives

- GCHP will be a health care leader delivering quality health outcomes to our members.
- GCHP will be a collaborative community partner.
- GCHP will be an effective strategic business partner in Ventura County.
- GCHP will demonstrate responsible fiscal stewardship of public funds.
- GCHP will be considered a great place to work.
- GCHP will be positioned to best meet the future demands of providing quality health care and exceptional service for our members.

GCHP will be a health care leader delivering quality health outcomes to our members.

Strategies for Success

Ensure access to and availability of quality care.
GCHP will develop and deploy new programs and financial incentives to ensure access to and availability of care for our members through expanded stakeholder collaborations, including the County of Ventura, the state Department of Health Care Services (DHCS), and providers, to deliver quality health outcomes.

Invest in quality data.
Staff will work to improve the completeness, accuracy, timeliness, and management of data to assure GCHP meets goals to improve Healthcare Effectiveness Data and Information Set (HEDIS®) scores, and patient accuracy and completeness of Consumer Assessment of Healthcare Providers and Systems (CAHPS). Based on quality outcomes, GCHP will also evaluate options for alternative reimbursement models.

Build a culture of quality care.
Delivering quality health outcomes to GCHP members starts with creating a culture of quality care inside the organization. GCHP will continue to address care gaps, identifying opportunities for improving the quality of care delivered. The Plan will promote internal understanding of Quality Care Across the Care Continuum, focusing team performance on quality outcomes. We will work to transform reporting narratives from strictly quantity of care to include quality of care, and will increase transparency by reporting on positive outcomes in community health issues.

Promote integrated care across the continuum.
GCHP will work collaboratively with community stakeholders and health care providers, regardless of funding stream, to provide integrated care for members across the care continuum.

GCHP will be a collaborative community partner.

Convey the GCHP Story.
GCHP will develop and implement a multi-faceted communications plan to convey the many positive outcomes achieved by GCHP, as well as how GCHP is a positive partner in the managed care landscape.

Engage key stakeholders across the care continuum to share the GCHP story.
GCHP's communications plan will include community stakeholders and Plan Ambassadors to communicate the value GCHP brings to the community, as well as create brand awareness about who we are, what we do and why it matters to Ventura County.

GCHP will be an effective strategic business partner in Ventura County.

Strategies for Success

Streamline the business partnership experience.
GCHP will simplify the way it conducts business with its health care partners to eliminate barriers in providing high quality care and will provide assurances so that partners view working with GCHP as a "win-win."

Collaborate with our provider network / community to build quality programs and reward excellence in quality outcomes.
GCHP will create and implement sustainable quality programs to improve the health of its members and reduce avoidable hospital admissions through strategic community stakeholder and provider collaborations, using alternative provider reimbursement models such as pay-for-performance and value-based payments.

GCHP will demonstrate responsible fiscal stewardship of public funds.

Strategies for Success

Ensure long-term financial solvency.
GCHP will continue to work towards long-term solvency by maintaining a healthy level of reserves; ensuring reimbursement models are reasonable and fair; and ensuring ongoing quality of care for the Plan's members and managing the ever-changing managed care environment, including federal and state level changes.

Ensure fiscal discipline.
GCHP will work to embody national and state formulas for how health care dollars should be spent in the managed care environment in California by employing recognized industry best practices.

Build a culture of compliance.
GCHP will embed compliance into everyday workflow, which will set the foundation and expectations for accountability across the organization.

Invest in the community.
GCHP recognizes that individual health is impacted by where we live, work and play and as such, we will continue to invest in the community through a thoughtful and targeted approach around partnerships, health education and community outreach, to impact the social determinants of health.

GCHP will be considered a great place to work.

Strategies for Success

Establish a positive workplace culture.
In collaboration with staff, identify, define and develop the Plan's desired culture and develop employee communications to support that culture and accountability.

Ensure that diversity and inclusion are part of our DNA.
Work alongside employees to ensure that service, diversity and inclusion are part of the Plan's culture and DNA.

Enhance work environment.
GCHP will deploy employee satisfaction and retention tools and metrics, leverage technology to provide employee self-service, clearly articulate career paths and the accompanying compensation plans, and explore and create training and development programs based on the needs of employees, as well as the needs of the business, to enhance the work environment.

GCHP will be positioned to best meet the future demands of providing health care for our membership.

Strategies for Success

Work across all departments to create work plans that reinforce our foundation while permitting sustainable growth in the future.
GCHP will embark on several work plans throughout the organization to meet the future demands of health care for our members including: building cash reserves with our financial team; ensuring that qualified staff are hired with our Human Resources team; assuring we have the right technology with our IT team; and enhancing and expanding our analytics.

Explore opportunities for future Medi-Cal programs and other lines of business to expand services to GCHP members.
GCHP will evaluate and diversify its portfolio to ensure the right mix of services, products, and partnerships are used to ensure optimal member benefits and services in support of GCHP's mission, vision and values.

Explore innovative programs to improve quality outcomes and population health.
GCHP will establish community partnerships for future opportunities and work to enhance and expand member services for better health outcomes while balancing community needs and costs.

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A Public Entity

Strategic Plan 2018-2022

AGENDA ITEM NO. 9

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Brandy Armenta, Chief Compliance Officer

Scott Campbell, General Counsel

DATE: August 26, 2019

SUBJECT: AmericasHealth Plan (AHP) Pilot Changes

SUMMARY:

At the July 22, 2019 Commission meeting, Commissioner Zaragoza presented a recommendation that the 13-point Pilot Program with America's Health Plan be amended. The Commission asked that the revisions be brought back to the August Commission meeting for consideration and directed that Gold Coast Health Plan's staff provide information on how the proposed amendments would impact the Plan and that staff contact the Department of Health Care Services to determine their view on the proposed amendments. The Commission also directed staff to continue working with the Department of Health Care Services on the previously approved 13-point pilot program.

BACKGROUND/DISCUSSION:

- The proposed Amendments to the original Commission approved 13-point AHP pilot program are as follows:

    1. In order for the pilot to be fairly and accurately assessed, the period of the pilot should be amended from five years to three years.

    2. The pilot program will begin with 10,000 rather than 5,000 members, who will have the option to self-select from Clinicas' existing GCHP assigned membership pool.

    3. At the end of the two-year period, in the event that pre-agreed upon performance measures are met or exceeded, and at the discretion of the Commission, the pilot will be continued with up to an additional 5,000. Members will have the option to self-select from Clinicas' existing GCHP assigned membership pool for a total of 15,000 members.

    4. Clinicas, the parent company of AHP, or any other qualified funding source, MAY provide the required Tangible Net Equity (TNE) for AHP as a prudent reserve during the course of this pilot program.

5. Item #12 of the program shall be amended to state:

   At the end of the three-year pilot program, in the event the program has been deemed to be successful by the GCHP Commission, the Plan will enter into discussions with AHP regarding the creation of a permanent option whereby Clinicas and other GCHP assigned members will have the option to receive services by AHP.

6. And finally, item 13of the original 13 approved points will be deleted. That item stated:

   "In no event will the total AHP membership exceed the current percentage of eligible GCHP members assigned to Clinicas."

RECOMMENDATION:

That Commissioners receive information about Commissioner Zaragoza's proposed amendments to the original 13-point America's Health Plan pilot program, including any impact on Gold Coast Health Plan and the Department of Health Care Services comments on the revised plan, and consider approval of the amendments to the 13-point program as outlined by Commissioner Zaragoza's motion at the July 22 Commission meeting.

ADDITIONAL COMMENT:

The Department of Health Care Services (DHCS) is reviewing the AHP membership proposal and has provided some initial feedback. The Plan is still awaiting formal written communication from DHCS. The CEO report given by Mr. Villani will provide an overview.

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AGENDA ITEM NO. 10

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Nancy Wharfield, MD, Chief Medical Officer

DATE: August 26, 2019

SUBJECT: Chief Medical Officer Update

Overview of Medi-Cal Transportation Benefit

Background

Access to transportation is a social determinant of health and plays a crucial role in public health. Lack of transportation affects access to health care services and lack of it results in missed or delayed health care appointments, increased health expenditures, and overall poorer health outcomes.

Transportation to medical appointments by passenger vehicles was added to the Medi-Cal benefits administered by Gold Coast Health Plan (GCHP) in 2017. Medi-Cal members are eligible for transportation to medical services including trips to medical, dental mental health, substance use disorder appointments and to pick up prescriptions or medical supplies. Nonmedical Transportation (NMT) is provided in a variety of passenger vehicles such as cars, taxis, and buses. Nonemergency medical transportation (NEMT) is provided in specialized vehicles that can accommodate wheelchairs or gurneys. NEMT requires a prescription from a doctor. Emergency transport by ambulance or air is also a Medi-Cal benefit.

Ventura Transit Systems (VTS) has been GCHP's legacy transportation vendor. They were selected to continue services with GCHP from a field of six vendors in an RFP issued in August 2018.

Utilization Trends

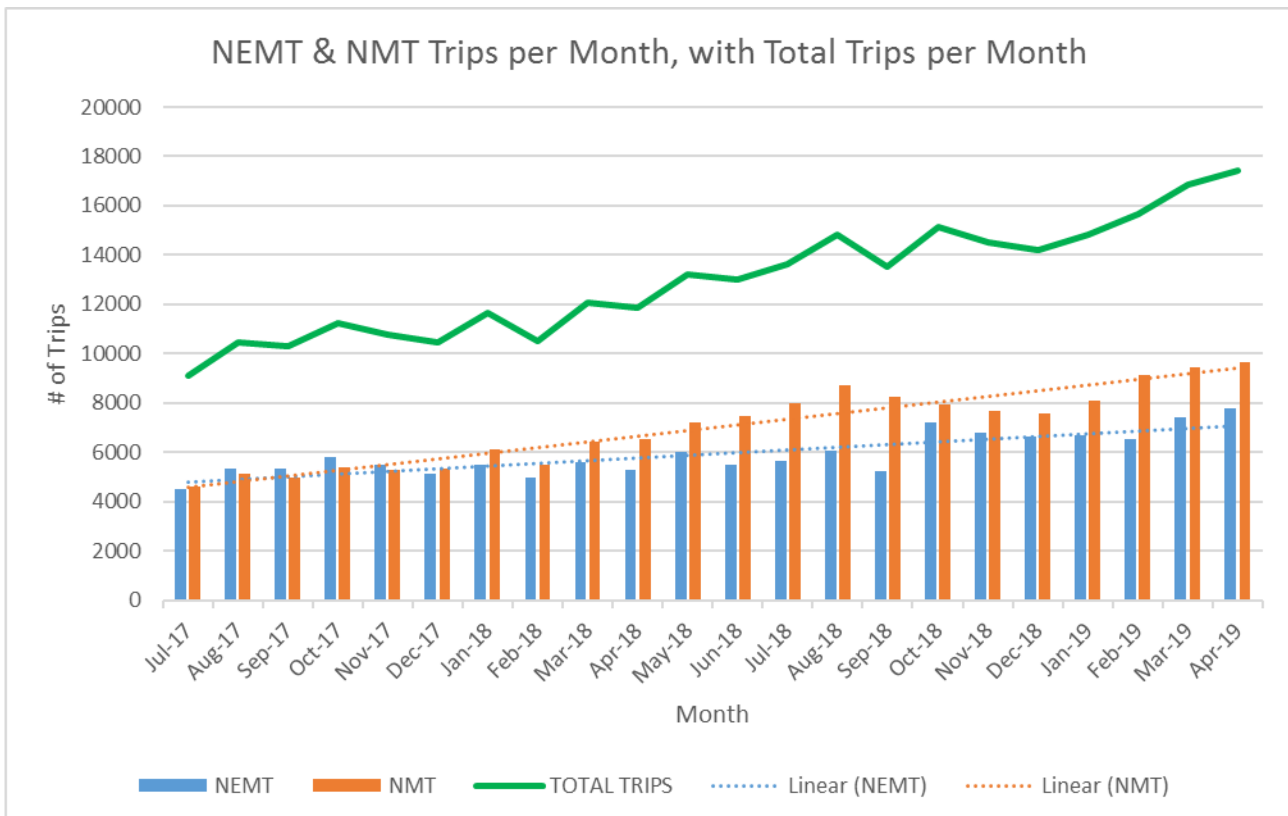
GCHP has promoted this important benefit through educational campaigns targeted at members and providers and utilization has increased dramatically in the past 2 years. Notifications to members were included in new member packets, member newsletters, and the GCHP web page. Additionally, the Plan created formal Call Center tools, and noticed Providers frequently through bulletins and newsletters. In 2018, the Plan designed and distributed a bilingual business card with the dedicated VTS transportation phone number for members to contact VTS directly for their NMT ride. Staff have worked with community based organizations and provider partners to also improve service and efficiency of the transportation benefit. Initially this benefit required a physician authorization, but after

assessing the efficiency of this practice, authorization for NMT was eliminated as the benefit was widely implemented. Additionally, the Plan changed its practice of authorizing NEMT to ensure that one authorization met all the member's needs for up to one year.

GCHP recently collaborated with California Health Care Foundation to provide information for an issue brief they will be releasing later this year. We shared that the Plan is currently providing over 17,000 rides/month to medical services for just over 1,400 members.

Data highlights for the time period July 2017 to April 2019 are shown below:

- The number of unique utilizers has nearly doubled.
- The number of rides provided has also approximately doubled.
- NMT rides are utilized more than NEMT by about 1.5 times.
- Most rides are provided for adults 21 and over. Only 1 – 2% of rides are provided for children.
- Approximately half of all rides are provided to dialysis patients.
- The number of grievances/ride is very low (0.01% - 0.06%).



Infectious Disease Update

West Nile Virus (WNV) is a mosquito-borne illness occurring in the summer and fall. Most people infected with WNV will have no symptoms. About 20% of those infected may develop fever and less than 1% of those infected can develop a serious and sometimes fatal illness. People over age 60 or who are immunocompromised are at greatest risk of serious infection. Today, there are no vaccines or medicines to prevent or treat WNV. The risk of infection can be reduced by using insect repellent, wearing long sleeves and pants especially at dawn and dusk when mosquitoes are most active, and check screens and remove standing water around your house. California has had 4 case of WNV this year including 1 death. No cases have been reported in Ventura County.

Measles activity in California continues with a total of 65 cases reported as of August 14, 2019. Los Angeles has had 18 cases and Santa Barbara has reported 2 cases. No cases have been reported in Ventura County.

Community Health Needs Assessment Update

On August 7th, 2019, GCHP staff joined hospital and healthcare system leaders from across the county at a half day event focused on attaining healthcare transformation through population health integration.

The event, sponsored by Communities Lifting Communities (CLC) and the CHNA (Community Health Needs Assessment) Collaborative of Ventura County, included facilitated dialogue by the Public Health Institute (PHI) on building institutional capacity and alignment across healthcare organizations. Participants identified areas of focus for potential innovations and offered opportunities for customized coaching and technical assistance by CLC & PHI. Attendees will reconvene in September to review priority areas and develop next steps towards improving our healthcare delivery system in Ventura County through this collaborative effort.

DHCS Pharmacy Carve-Out

The California Department of Health Care Services (DHCS), following Governor Gavin Newsom's executive order to carve-out all pharmacy services into a Fee-For-Service (FFS) benefit, has been working toward the carve-out date of January 1, 2021. The department has released a request-for-proposal (RFP) seeking a pharmacy benefits manager (PBM) to conduct the claims processing and utilization management functions for the carve-out with the anticipated contract award to occur in November 2019. The department has held one stakeholder meeting and shared that plans will maintain responsibility for care coordination and drug management programs after the carve-out occurs. Additional stakeholder meetings are being scheduled with the next stakeholder meeting scheduled for late September. Legislative representatives and interest groups representing FQHC, hospitals and managed care plans continued to have open dialogue with the department to understand the process

and timeline and continue to push for shared responsibilities in order to ensure beneficiary access to all medically necessary medications is not inadvertently restricted during this process.

The California Legislative Analyst Office (LAO) has reported to the legislature on the potential impacts of a carve-out:

- Costs of dispensing drugs and of pharmacy services would be shifted to the state
- Reduction in 340B earnings for providers
- Reduction in funding of between 15 and 20 percent for Medi-Cal managed care plans
- Increased revenue to pharmacies due to higher FFS dispensing fees
- Statewide standardization of the Medi-Cal pharmacy services benefit with the same preferred drug list applying to all Medi-Cal enrollees
- Difficulty with care coordination and management of prescription drug use, filling, and adherence
- Concerns about opioid dispensing curtailment management programs that have historically been managed by managed care plans

The LAO described four alternative approaches to the carve-out for consideration:

1. Universal Medi-Cal preferred drug list spanning FFS and managed care to work toward standardizing the Medi-Cal pharmacy services benefit and encourage drug manufacturer to offer steeper discounts (in the form of supplemental rebates) in exchange for their drugs' placement on the list;
2. Transfer savings from 340B drug discounts in Medi-Cal to the state. Ending the 340B discounts in Medi-Cal would make additional drugs dispensed to Medi-Cal enrollees eligible for alternative drug discounts available under federal Medicaid law, likely resulting in savings for the state;
3. Formalize the use of cost-effectiveness analysis for preference of drugs in Medi-Cal providing a formal structure for evaluating whether an intervention, such as the utilization of a given prescription drug, is justified at its cost;
4. Adopt a Medi-Cal prescription drug spending cap emulating states like New York who saw significant reductions in drug spending when the cap triggered the negotiation of additional rebates with drug manufacturers.

As more information becomes available, GCHP will share that information with the commission, its partners, its members and the public.

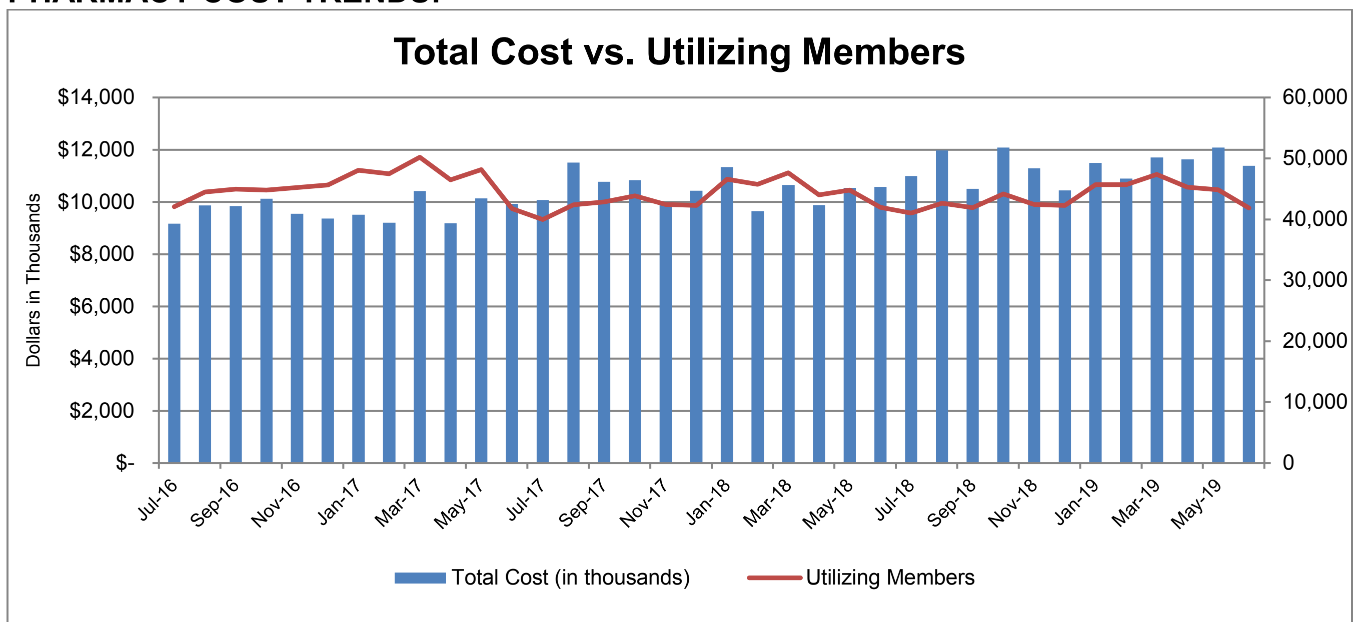
Pharmacy Benefit Performance and Trends

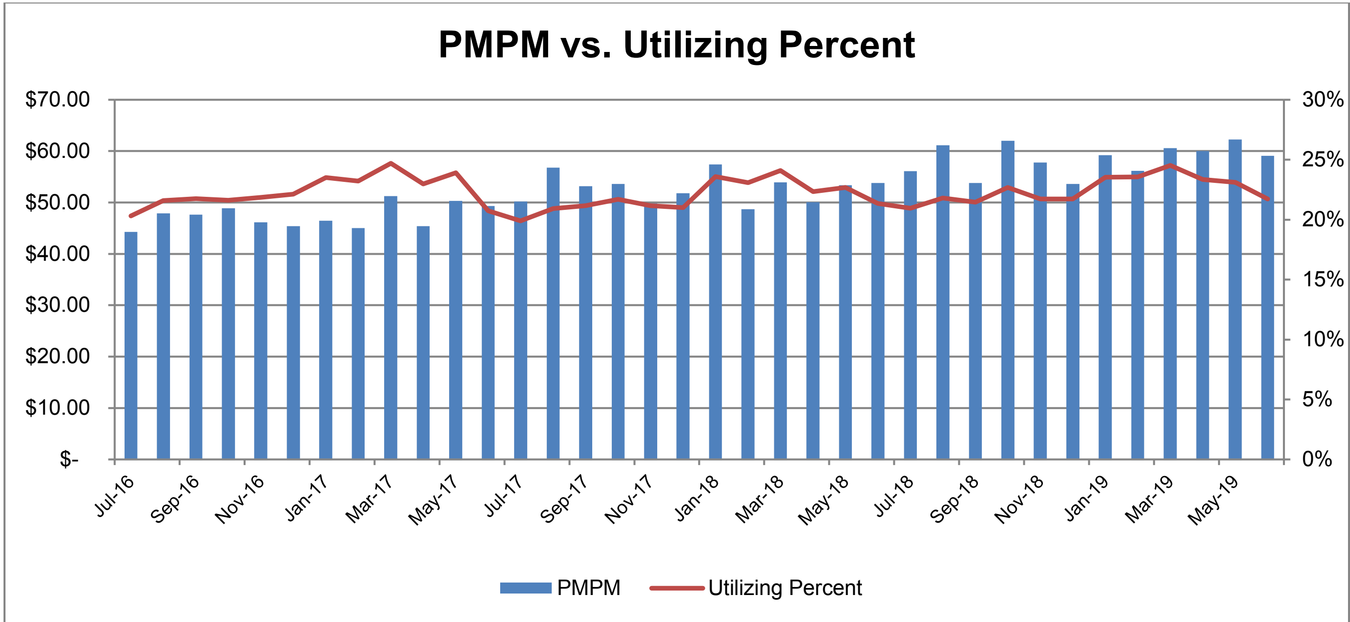
SUMMARY:

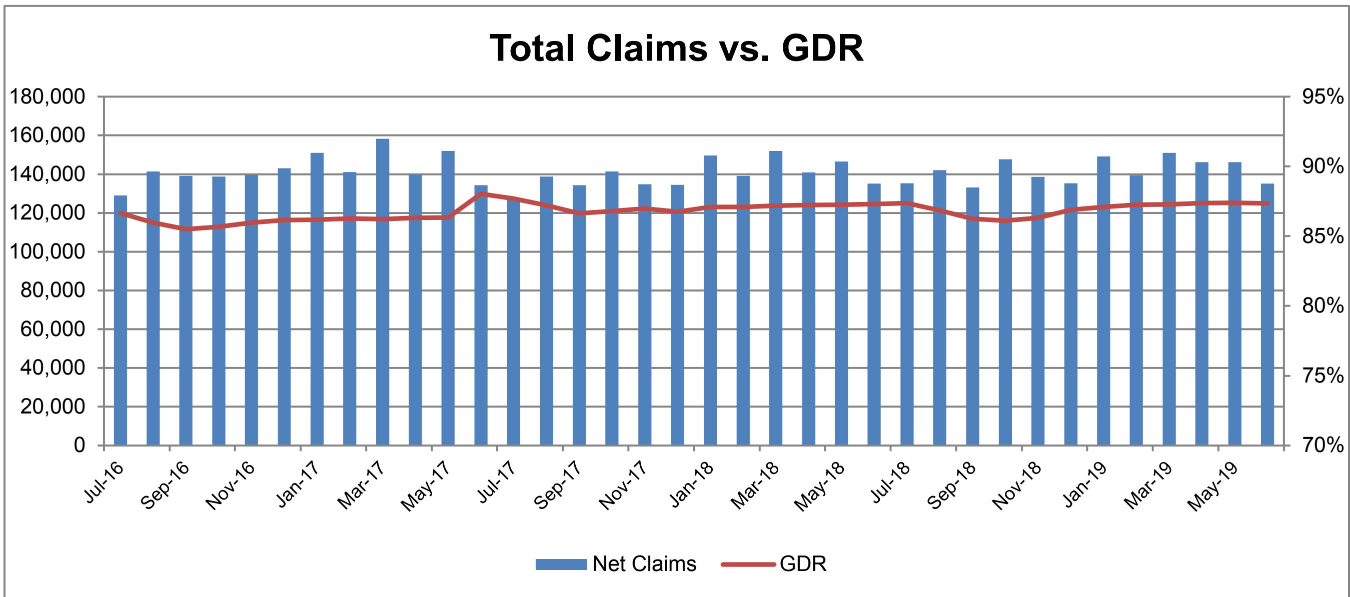
Pharmacy utilization data is compiled from multiple sources including the pharmacy benefits manager (PBM) monthly reports, GCHP's ASO operational membership counts, and invoice data. The data shown is through the end of June 2019. Although minor changes may occur to the data going forward due to the potential of claim adjustments from audits and/or member reimbursement requests, the data is generally considered complete due to point of sale processing of pharmacy data.

Abbreviation Key:
PMPM: Per member per month
PUPM: Per utilizer per month
GDR: Generic dispensing rate
COHS: County Organized Health System
KPI: Key Performance indicators
RxPMPM: Prescriptions per member per month

PHARMACY COST TRENDS:

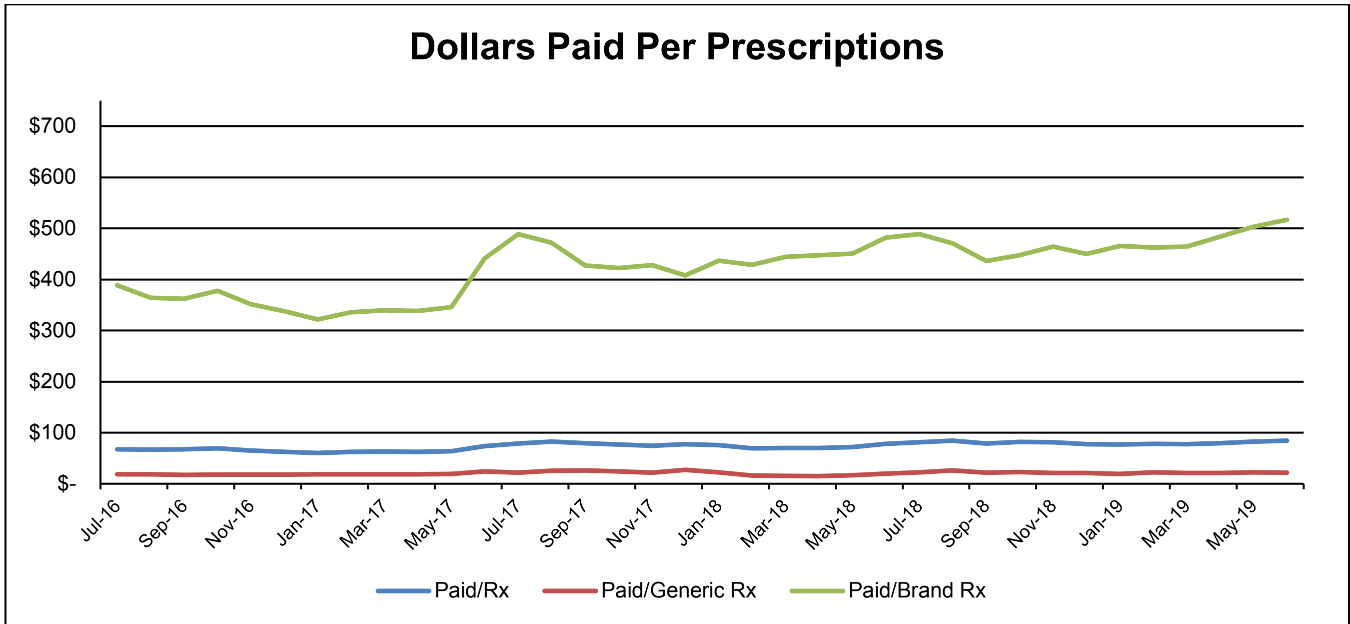




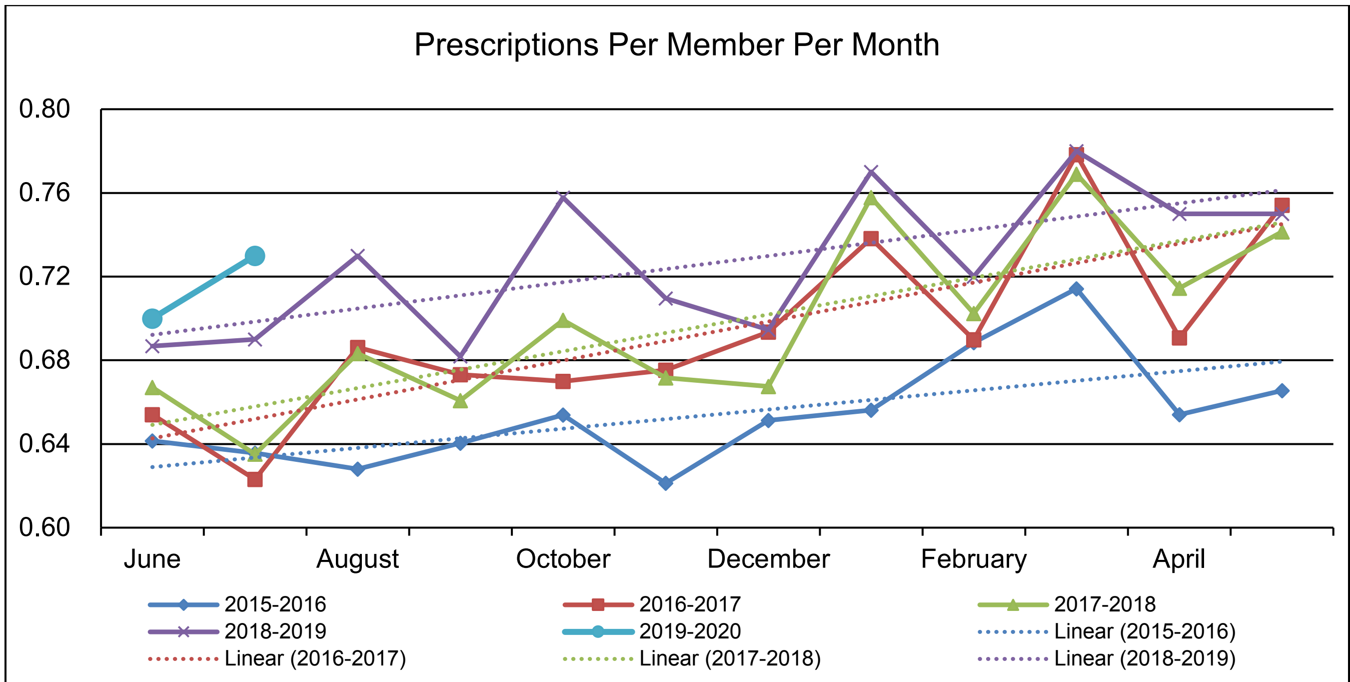


*Claim totals prior to June 2017 are adjusted to reflect net claims.

PAID PER PRESCRIPTION:



PRESCRIPTIONS PER MEMBER PER MONTH:



*Calculation reflects net claims.

PBM OVERSIGHT:

Pharmacy Monitoring:

Issue Type	Number of Pharmacies
CA Board of Pharmacy Disciplinary Actions – Pending	2
CA Board of Pharmacy Disciplinary Actions – License Revoked	0
CA Board of Pharmacy Disciplinary Actions – Probation	2
OptumRx Audits – Ongoing	0
DEA Investigations	1

340B DRUG DISCOUNT PROGRAM

Clinicas del Camino Real (CDCR) and GCHP continue to have discussions regarding the proposed 340B compliance contract GCHP provided to CDCR in early 2018. This is affected by a pending release of a DHCS All Plan Letter (APL) regarding 340B program oversight requirements for managed care plans (MCPs).

ONGOING PHARMACY INITIATIVES

Clinical Programs:
Gold Coast Health Plan has selected the following clinical programs offered by OptumRx:

Programs	Modules	Start Date	Notes
Retrospective Drug Utilization Review (RDUR)	• Safe and Appropriate Utilization • Gaps in Care	10/1/2018	• Potential to impact Asthma Medication Ratio (Part of HEDIS and MCAS) • Outcomes reporting available 120 days after intervention period
Opioid Risk Management	• Retrospective Drug Utilization Review (RDUR) • Intensive Case Management	10/1/2018	• Outcomes reporting requires 6 month timeframe post intervention period

Module	Quarter 1 Interventions	Quarter 1 Outcomes	Effectiveness
Safe and Appropriate Utilization	2493	282	11.3%
Gaps In Care	2766	312	11.3%

GCHP is evaluating other clinical offerings from OptumRx such as member based adherence programs which align with the new MCAS measures for antidepressants and ADD/ADHD medications.

Provider Relations:
Gold Coast Health Plan is reaching out to provider offices in the following mechanisms in order to facilitate more efficient PBM communications for provider offices:

- Provider Survey on PBM Functions
- GCHP Pharmacy Staff Provider Office Visits
  - Office visits continue for August and September

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AGENDA ITEM NO. 11

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ted Bagley, Chief Diversity Officer

DATE: August 26, 2019

SUBJECT: Chief Diversity Officer Update

The Chief Diversity Officer will give a verbal presentation.

711 E. Daily Drive, Suite 106, Camarillo, CA 93010 Phone: 805-437-5500

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AGENDA ITEM NO. 12

TO: Ventura County Medi-Cal Managed Care Commission

FROM: Ruth Watson, Chief Operating Officer

DATE: August 26, 2019

SUBJECT: Chief Operating Officer Update

Executive Summary

Membership –

- GCHP's August 2019 enrollment is 192,642 members. Member churn trends, which include terms, adds, and retro adds remain stable. Total enrollment is on a slight 3-month downward trend. Since May 2019, we have experienced a 0.81% overall decrease in membership (194,206 members to 192,642 members).

Member Services –

- The call center has met their service level agreements (SLAs) each month from January through July of 2019. The call center is fully staffed, and attrition has been low this year.

Regulatory:

DHCS Regulatory requests – Over the past month, the Plan has received one single request from the DHCS. Below is the list of requests currently in progress.

Note: The below is separate to DHCS requirements relative to medical audit.

- Rate Development Template Schedule 2B – Contract reimbursement information-Delivered 8/15/2019.
- Monthly Data Quality Checks – Delivered 8/2/2019.

Provider Contracting:

- **Contracting and Rate Moratorium:** The 90-day contracting moratorium was lifted effective August 1, 2019.

- **Medical Cost Reduction Contract Strategy:** The Plan has initiated strategies to adjust contract rates as a means to control medical costs through the following efforts:

  - Contract rate adjustments for all provider types.

- Evaluation and implementation of additional capitation arrangements
- Development and implementation of preferred networks

- **New Contracts:**

  - Philip J. Morgan, MD (APC Southwest Pain Management – Pain Management specialist in Ventura, minimizing a network gap.
  - Lin Radiology – Radiology group rendering services in Barlow Hospital.
  - MS Acupuncture Clinic, Inc. Acupuncture provider rendering services in Camarillo and Oxnard.
  - Avenida Living Home – Congregate Living Facility located in Thousand Oaks.

- **Better Doctors** – The Plan continues to meet weekly with Quest Analytics to ensure that the process continues to move smoothly.

  We also continue to verify the demographic information obtain from Better Doctors. The following reviews were performed:
  - 298 providers were completed and updated in Provider Network Database (PNDB).
  - 323 provider records were audited to ensure the providers were loaded accurately in PNDB and IKA (GCHP Claims system).
  - Below are the numbers for the last 3 months for Better Doctors:

    Updated in PNDB: 1989
    Audited for Accuracy: 2031

- **Provider Contract review:** 117 files reviewed for accuracy and system updates.

- **PCCM Testing:**

  Symplir Database Project:

  The Plan's team has attended bi-weekly meetings with internal GCHP staff and Symplir staff to discuss and make decisions required to support the eVIPs conversion and process configuration. This project includes the review and updating of the Provider Relations Shared Drive. It also includes the testing of the eVIPs system to ensure that information transfer from GCHP systems is accurate in the eVIPs system setup.
  - Completed Test Case Scenarios – 3,102 lines

- 46 NPI Separate NPIs

Provider Additions and Terminations:

July 2019 Provider Additions- 49 Total
2 PCP
35 Specialists
13 Midlevel

July 2019 Provider Terminations – 30 Total
17 Specialists
2 PCP
6 Midlevel
5 Pharmacy

These provider terminations have no impact on member access and availability.

APPENDIX

Gold Coast Health Plan
A Public Entity

HEALTH OF THE PLAN DASHBOARD COMMISSION UPDATE

August 2019

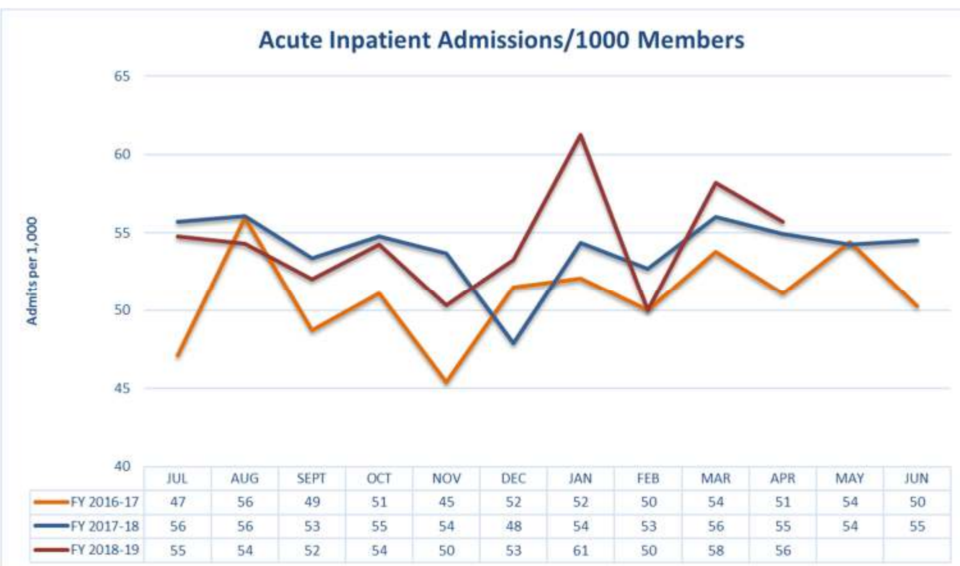
Utilization and Cost: Dates of Service between May 1, 2017 and April 30, 2019
Eligible Membership as of August 1, 2019

Contents

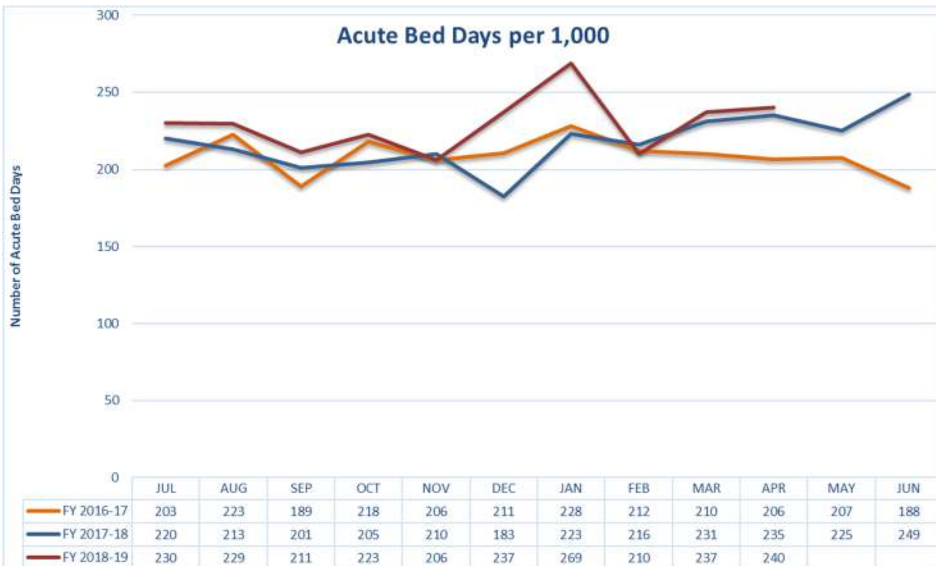
Inpatient Utilization and Cost 1
Emergency Department Utilization and Cost 2
Eligible Membership 3

GCHP Decision Support Services
DSS@goldchp.org

Inpatient Utilization and Cost



	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	47	56	49	51	45	52	52	50	54	51	54	50
FY 2017-18	56	56	53	55	54	48	54	53	56	55	54	55
FY 2018-19	55	54	52	54	50	53	61	50	58	56		



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	203	223	189	218	206	211	228	212	210	206	207	188
FY 2017-18	220	213	201	205	210	183	223	216	231	235	225	249
FY 2018-19	230	229	211	223	206	237	269	210	237	240		

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	4.3	4.0	3.9	4.3	4.5	4.1	4.4	4.1	3.9	4.0	3.8	3.7
FY 2017-18	3.9	3.8	3.8	3.7	3.9	3.8	4.1	4.1	4.1	4.3	4.2	4.6
FY 2018-19	4.2	4.2	4.1	4.1	4.1	4.5	4.4	4.2	4.1	4.3		

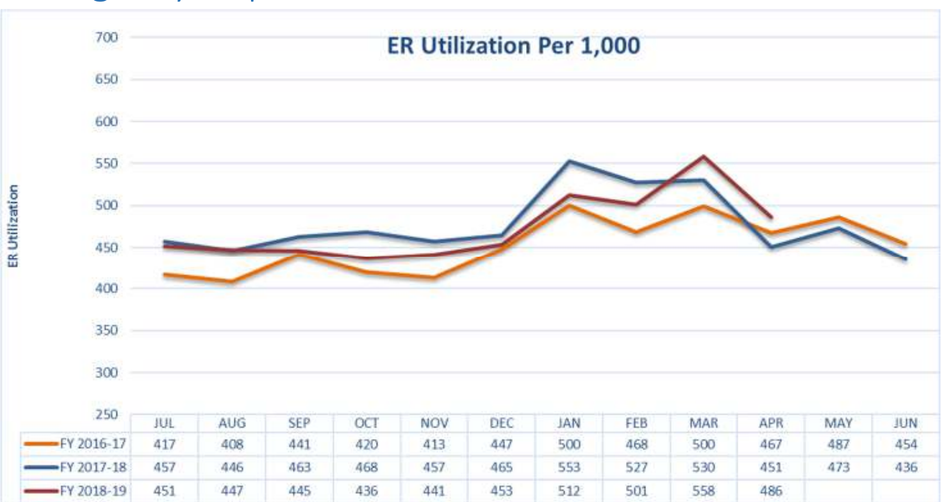
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY 2016 -17	$12,095	$12,932	$12,010	$11,881	$12,330	$14,228	$12,982	$12,811	$12,648	$14,116	$11,185	$14,825
FY 2017- 18	$13,184	$14,448	$12,508	$11,723	$13,579	$12,379	$13,099	$15,612	$14,019	$15,211	$14,456	$14,849
FY 2018- 19	$12,692	$15,402	$12,261	$12,702	$13,560	$14,661	$15,190	$13,929	$14,166	$14,464		

Source: MedInsight Full Claims Cube – File load August 12, 2019
*Dates of Service between May 1, 2017 and April 30, 2019
Current date as of April 30, 2019
Excludes Dual Coverage members

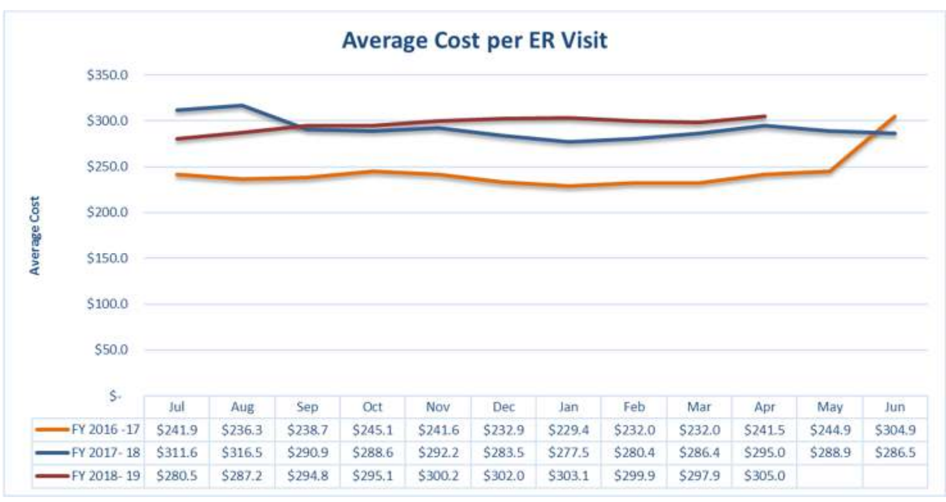
Inpatient Cost (cont'd)

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	$2,706	$2,782	$2,664	$2,631	$2,494	$3,076	$2,724	$2,743	$2,683	$2,742	$2,597	$2,854
FY 2017-18	$2,910	$3,379	$2,983	$2,837	$3,009	$2,749	$2,786	$3,380	$2,890	$3,268	$3,189	$3,024
FY 2018-19	$3,570	$3,842	$3,414	$3,518	$4,358	$3,641	$3,552	$3,780	$4,069	$3,876		

Emergency Department Utilization and Cost



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
FY 2016-17	417	408	441	420	413	447	500	468	500	467	487	454
FY 2017-18	457	446	463	468	457	465	553	527	530	451	473	436
FY 2018-19	451	447	445	436	441	453	512	501	558	486		

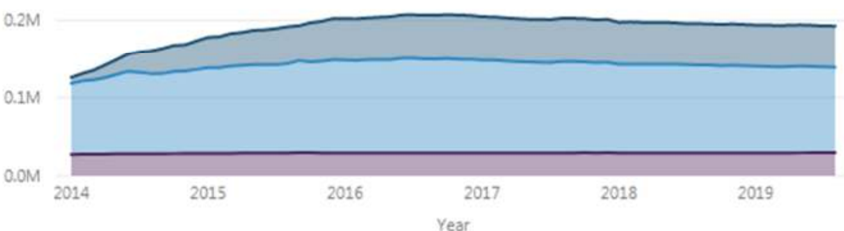


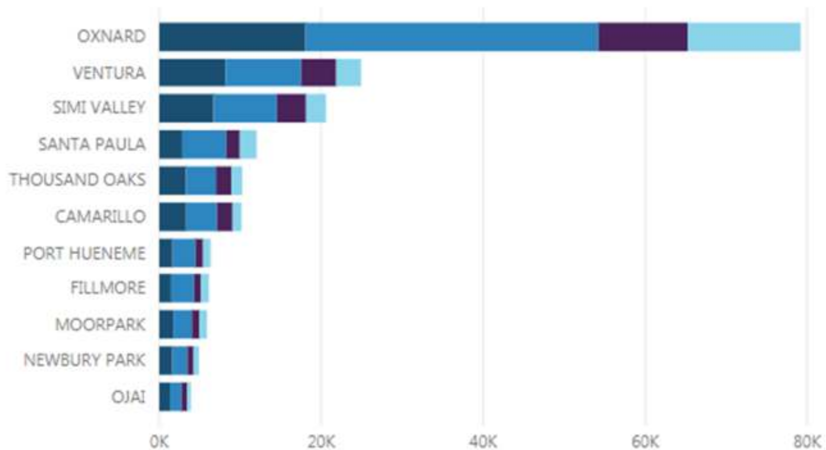
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY 2016 -17	$241.9	$236.3	$238.7	$245.1	$241.6	$232.9	$229.4	$232.0	$232.0	$241.5	$244.9	$304.9
FY 2017- 18	$311.6	$316.5	$290.9	$288.6	$292.2	$283.5	$277.5	$280.4	$286.4	$295.0	$288.9	$286.5
FY 2018- 19	$280.5	$287.2	$294.8	$295.1	$300.2	$302.0	$303.1	$299.9	$297.9	$305.0		

Source: MedInsight Full Claims Cube – File load August 12, 2019
*Dates of Service between May 1, 2017 and April 30, 2019
Current date as of April 30, 2019
Excludes Dual Coverage members

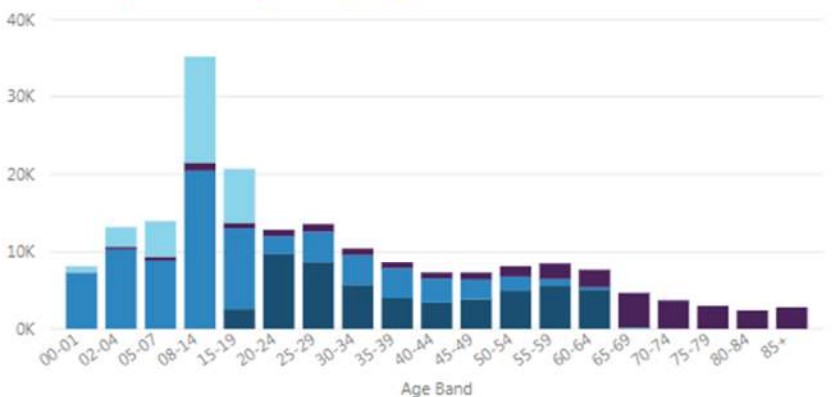
Gold Coast Health Plan
A Public Entity

Eligible Membership





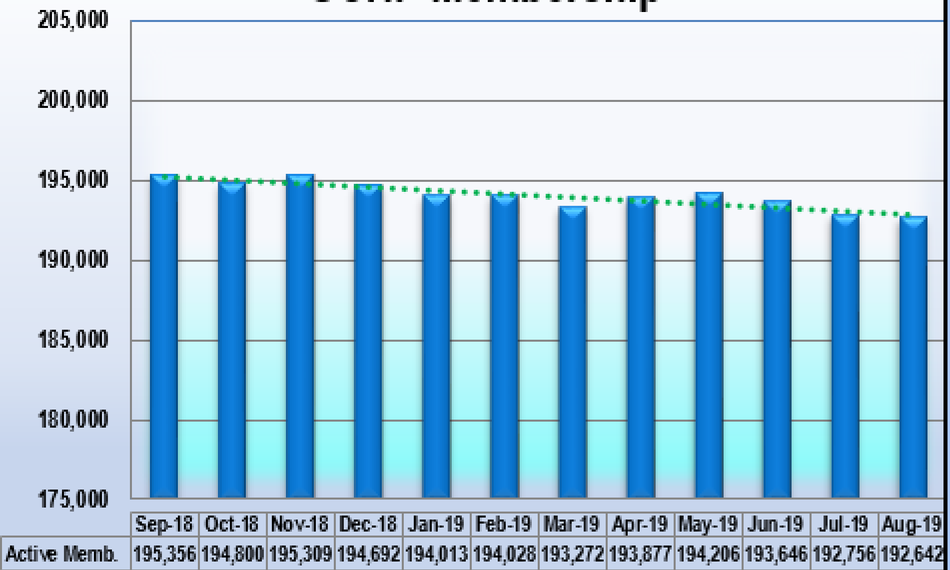
Eligible Membership as of August, 2019
Source: GCHP Static Member Table

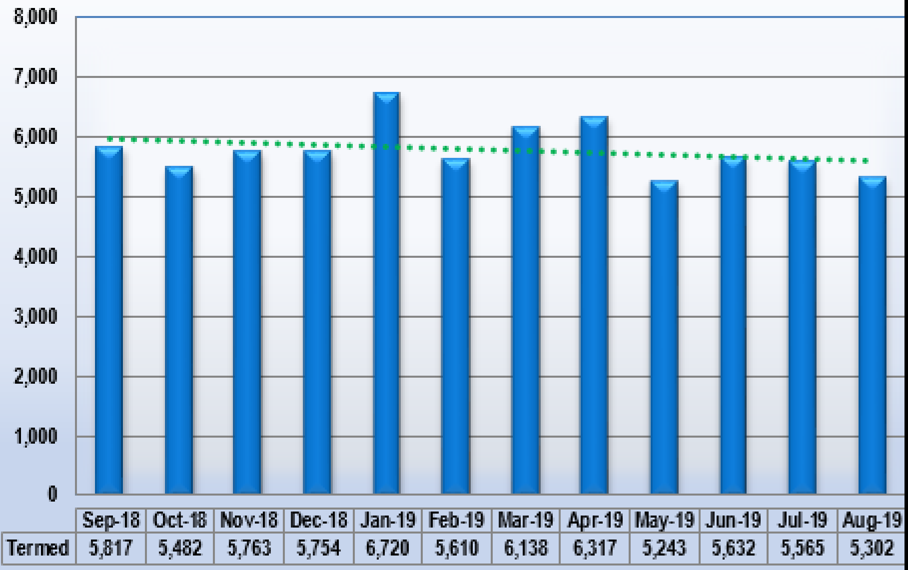


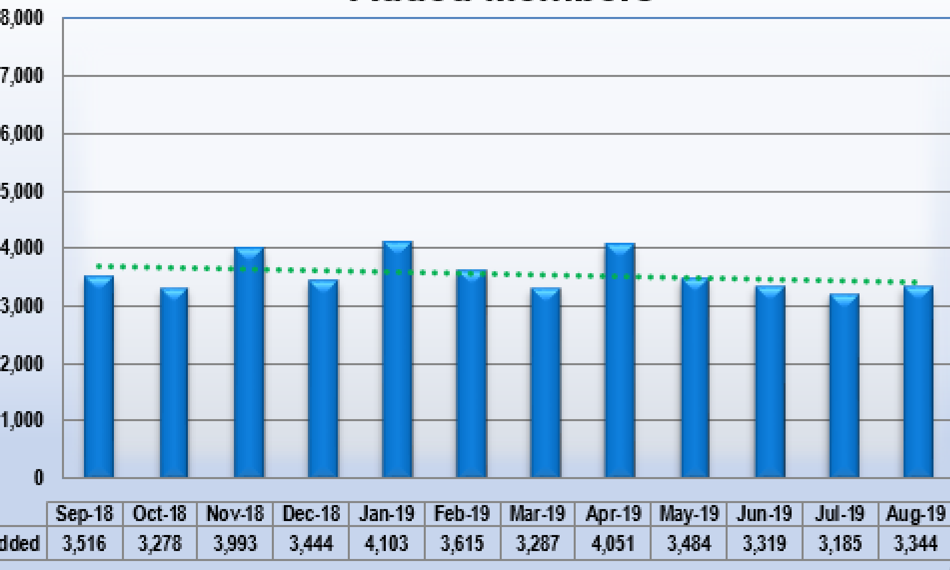
Source: GCHP Static Member Table
Current member counts reflective of August 01, 2019 eligibility data from DHCS
Excludes Share of Cost members

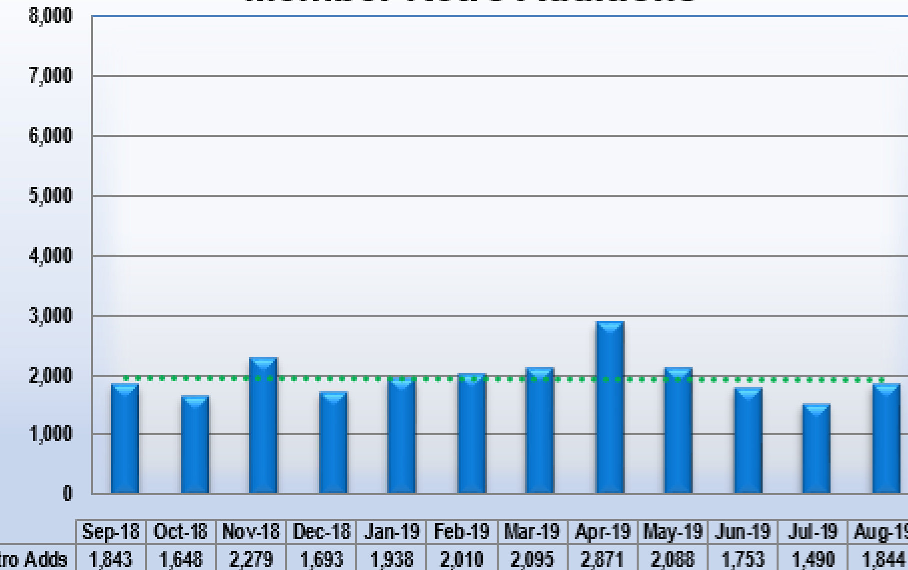
OPERATIONS METRICS

GCHP Membership Trends

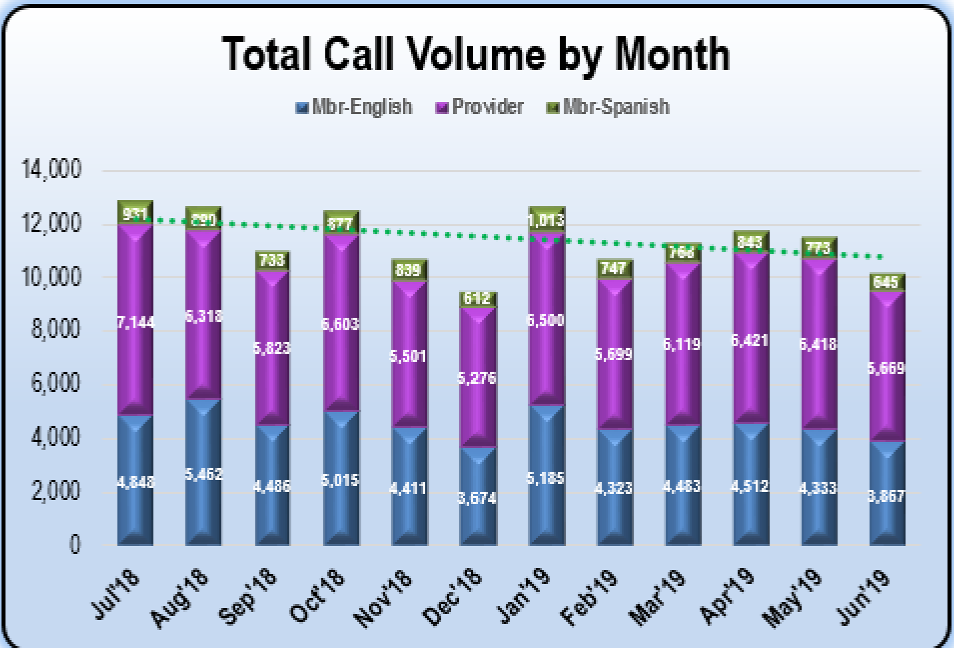


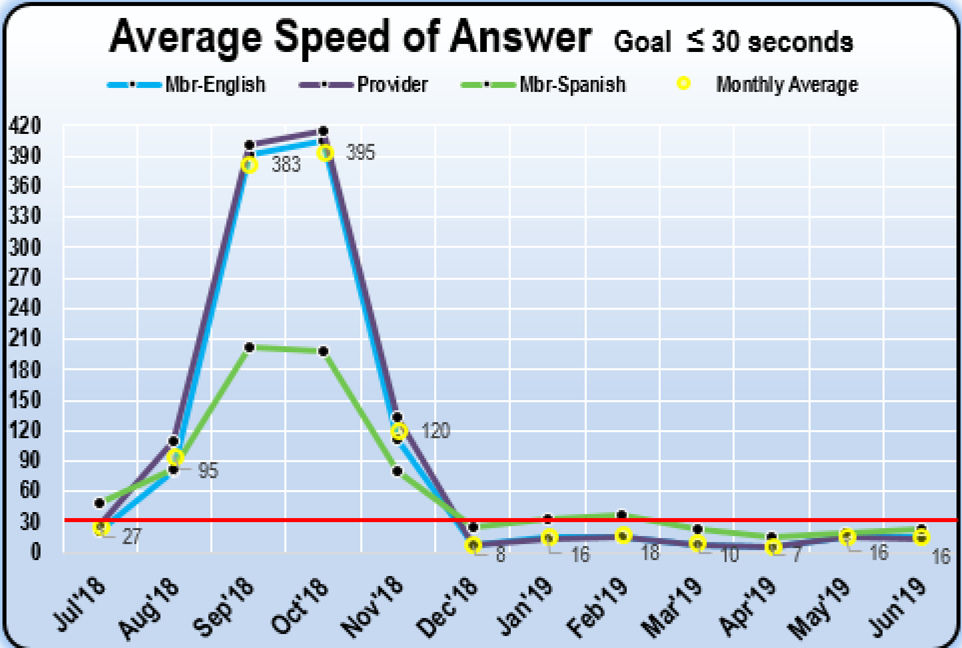


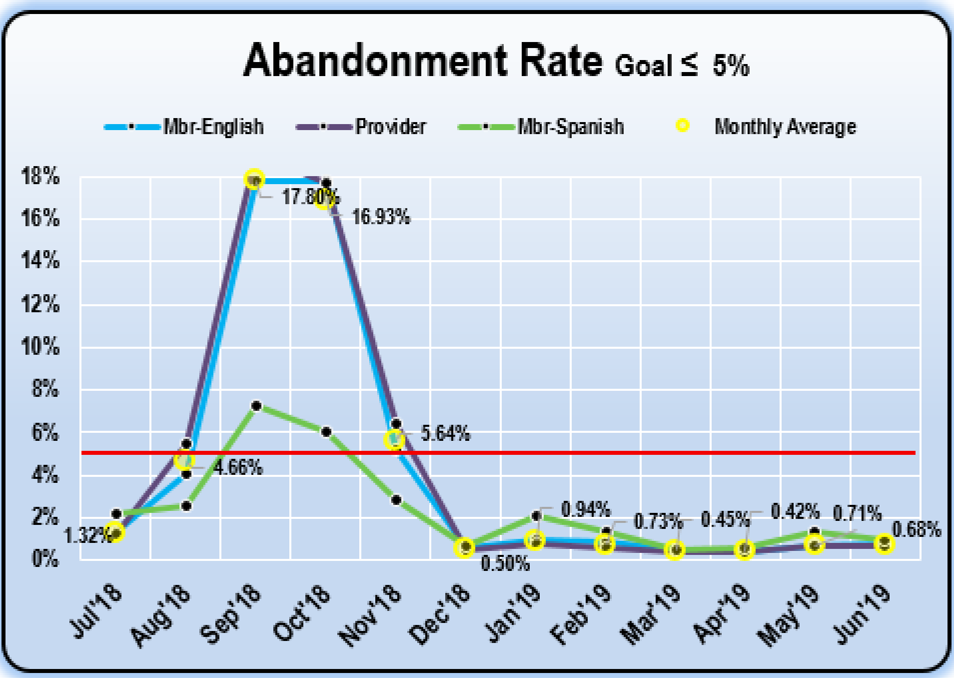


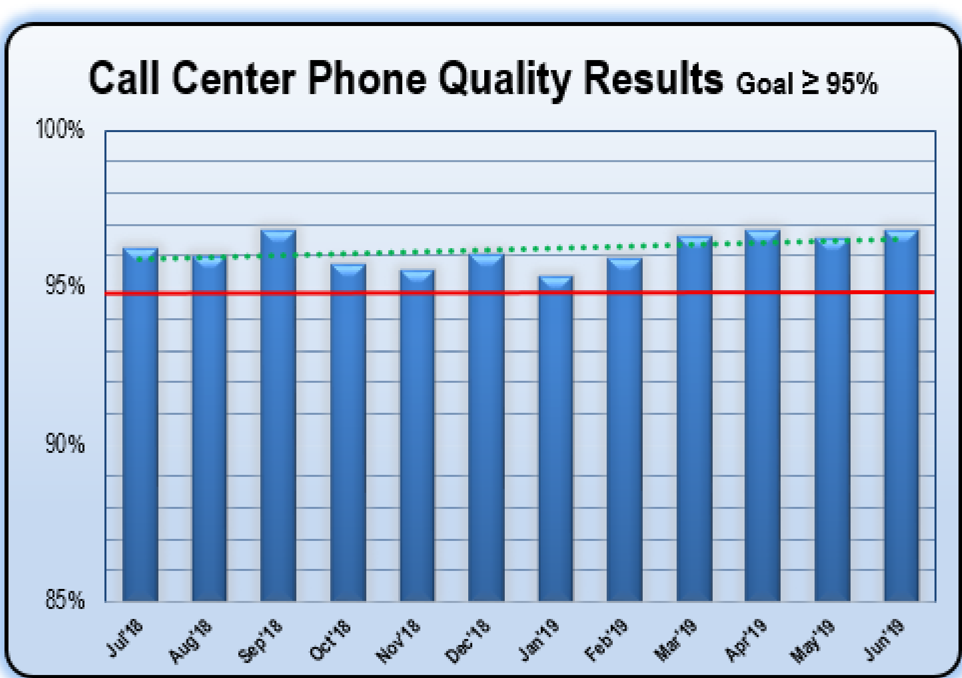


Call Center KPI Dashboard

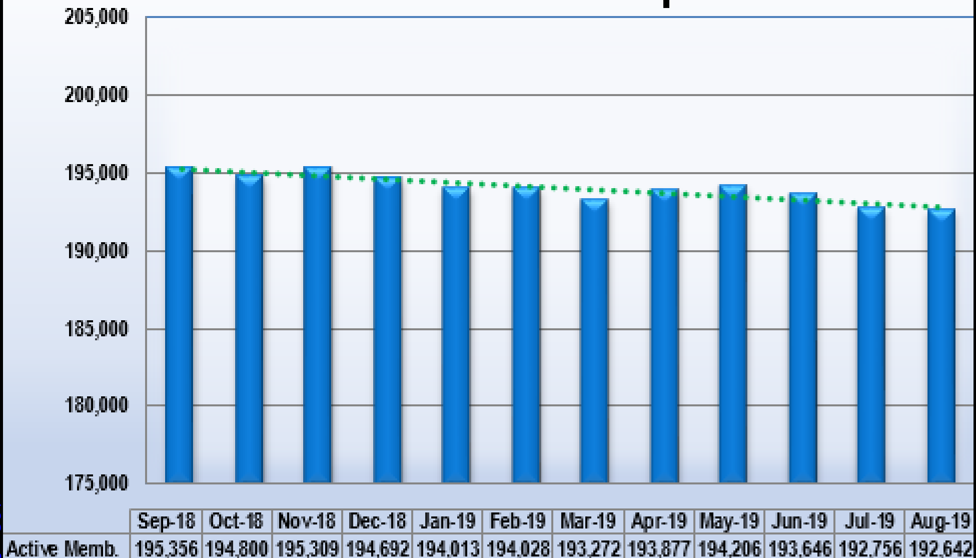


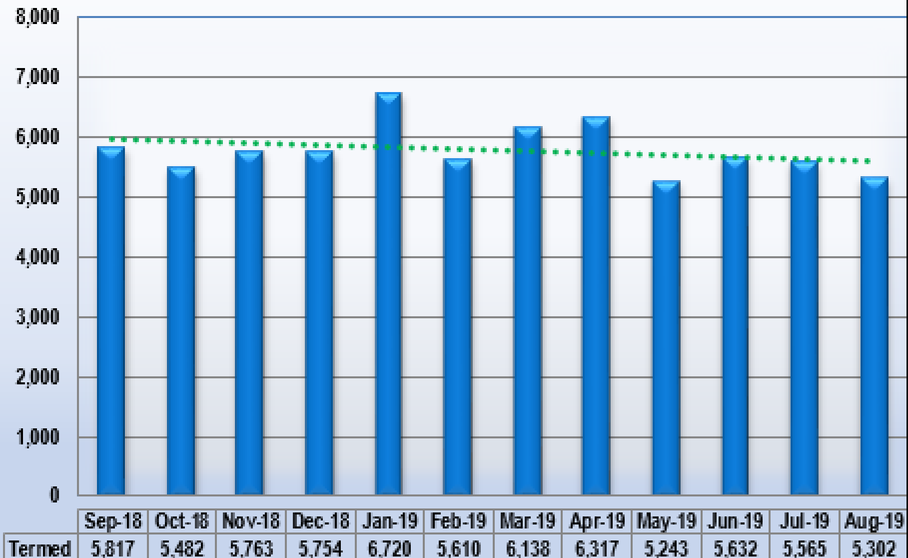


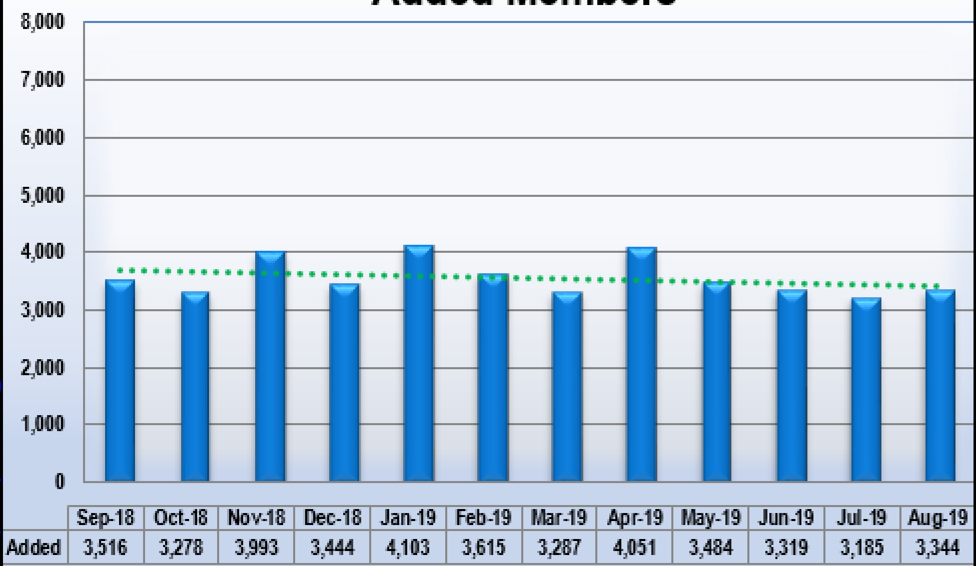


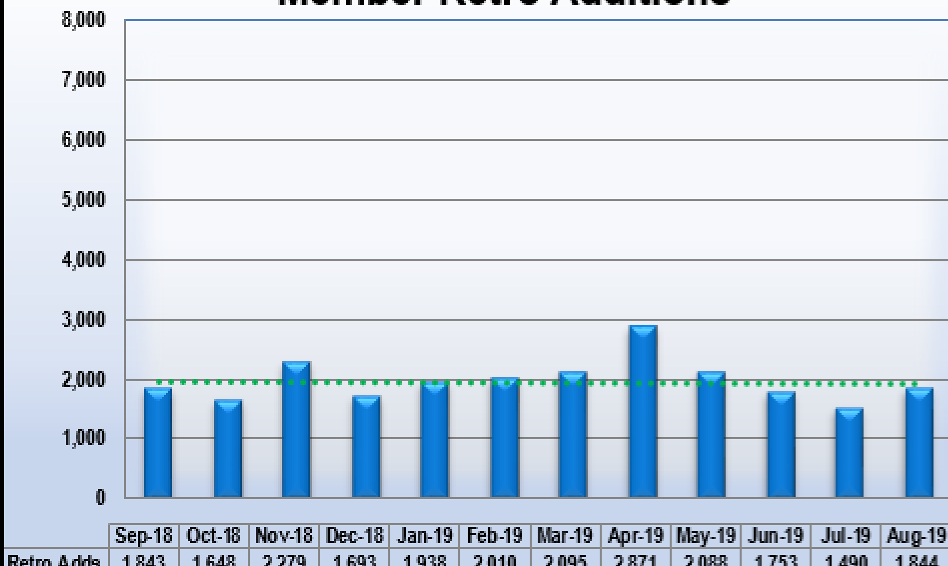


GCHP Membership Trends

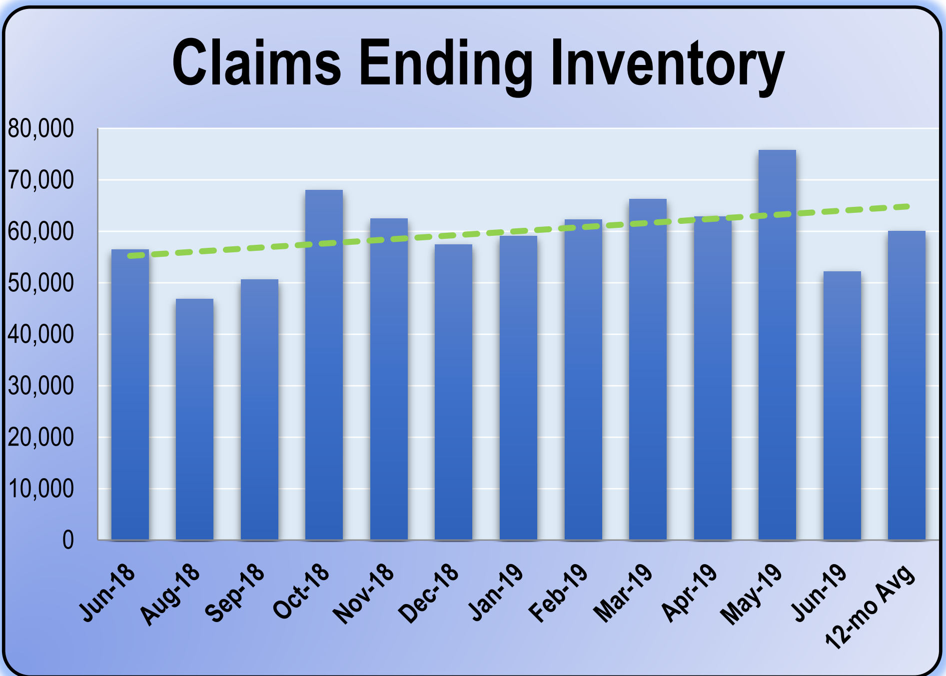


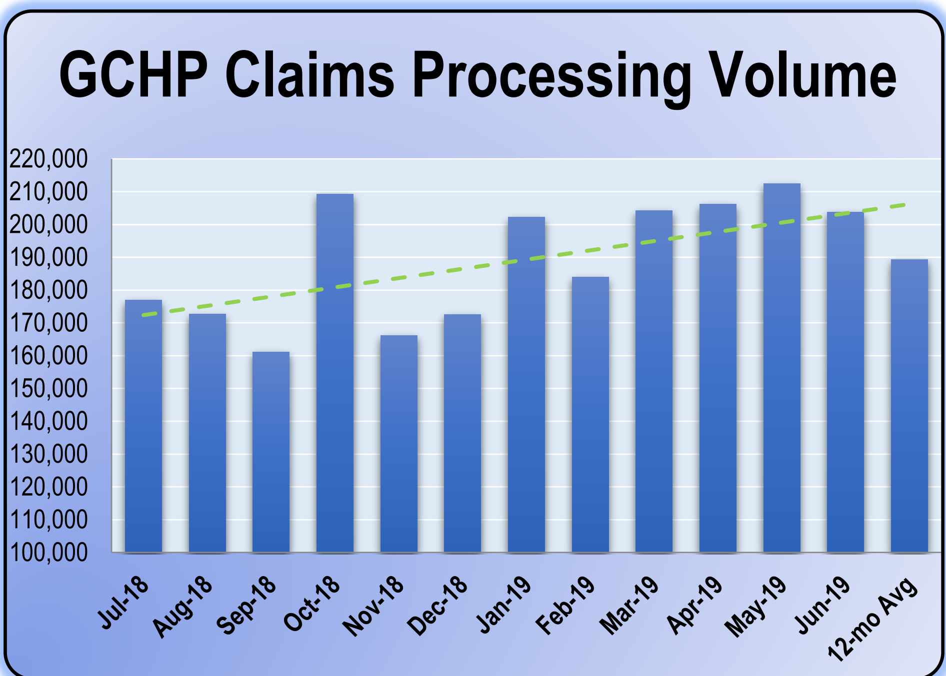


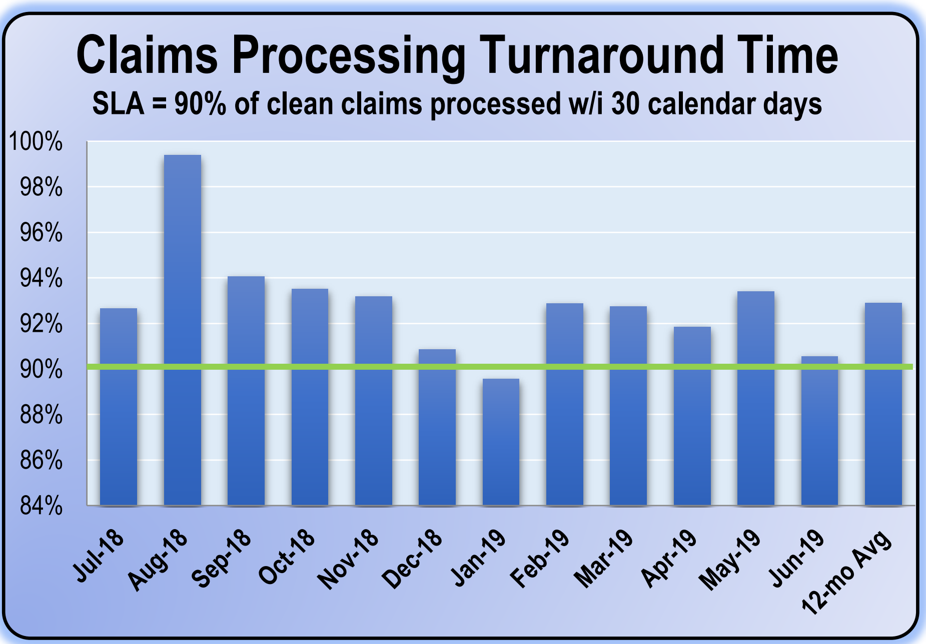


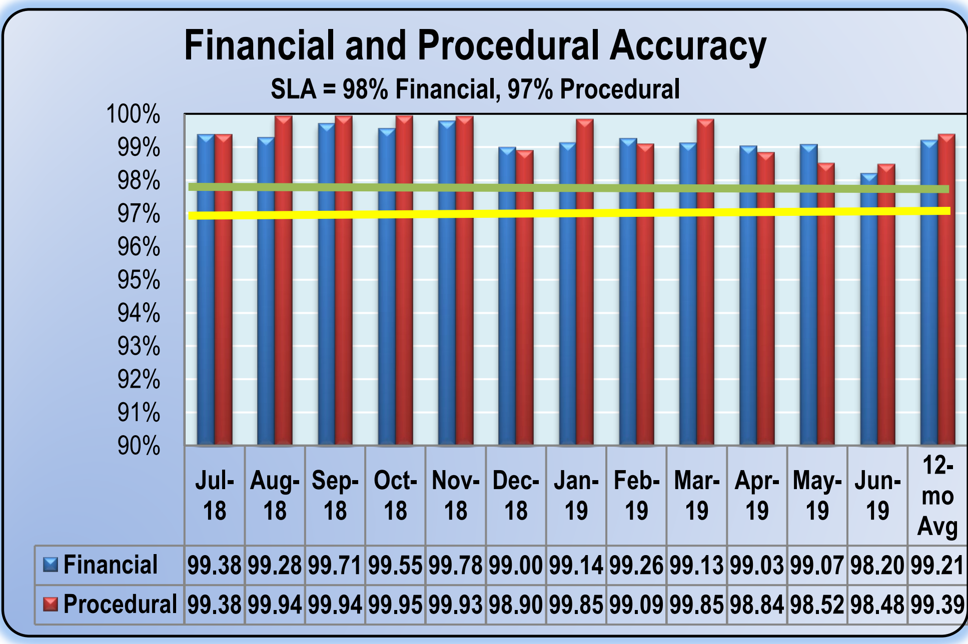


Claims KPI Dashboard





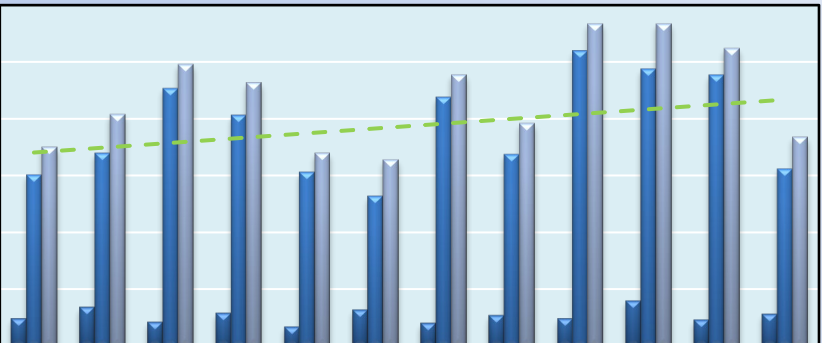




	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	12-mo Avg
Financial	99.38	99.28	99.71	99.55	99.78	99.00	99.14	99.26	99.13	99.03	99.07	98.20	99.21
Procedural	99.38	99.94	99.94	99.95	99.93	98.90	99.85	99.09	99.85	98.84	98.52	98.48	99.39

Grievance and Appeals KPI Dashboard

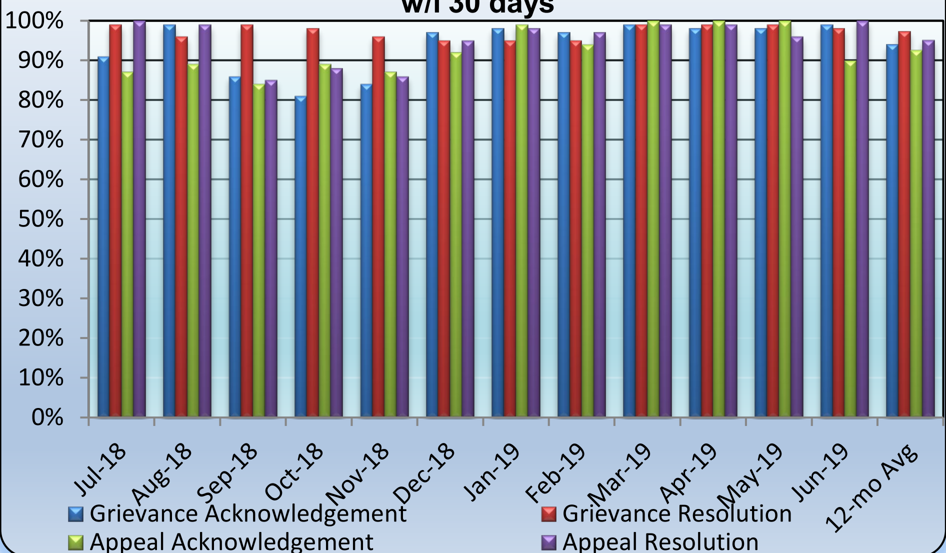
Total Grievances per Month



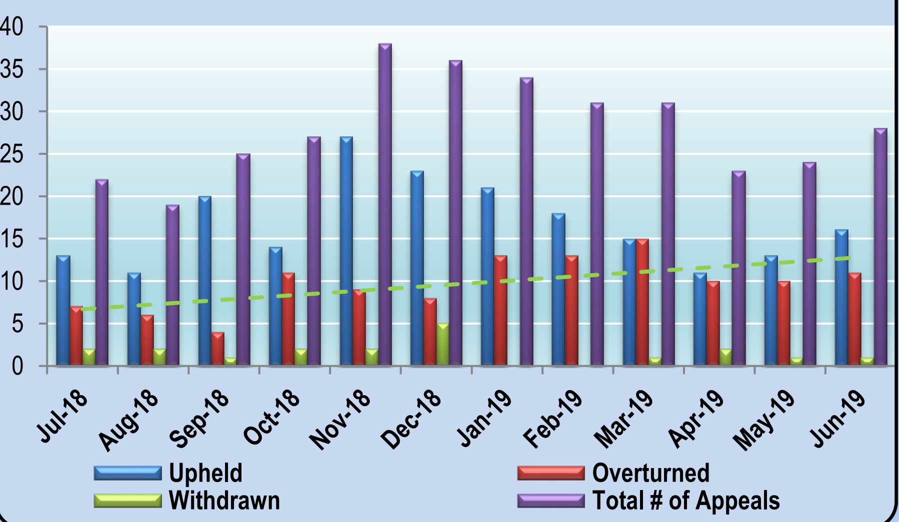
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
Member	24	34	21	29	17	32	20	27	24	40	23	28
Provider	151	170	227	203	153	132	219	169	260	244	239	156
Combined	175	204	248	232	170	164	239	196	284	284	262	184

G&A Acknowledgement and Resolution TAT

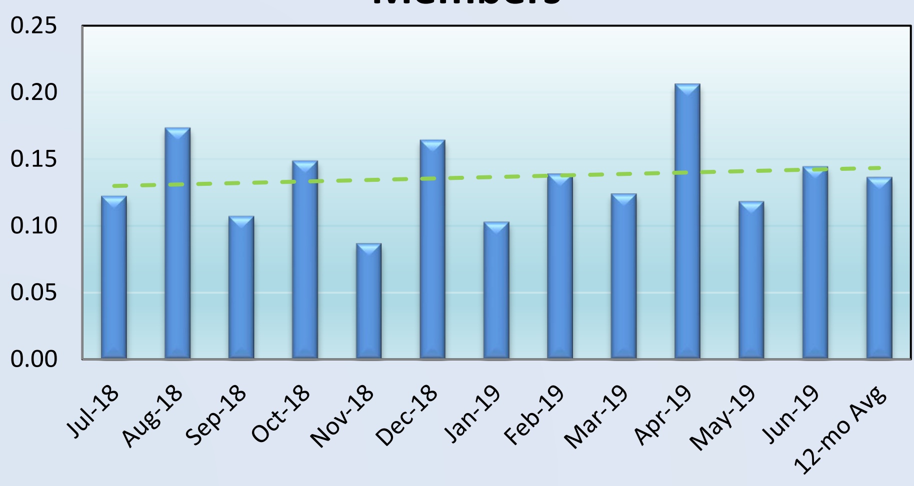
SLA = Acknowledgement - 100% w/i 5 days, Resolution - 100% w/i 30 days



Total Clinical Appeals per Month

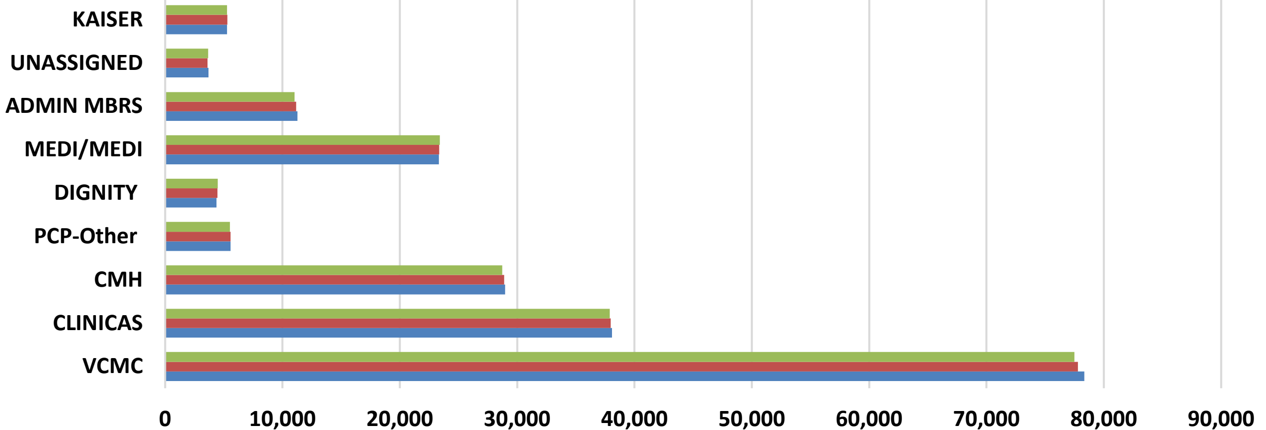


Member Grievance per 1000 Members

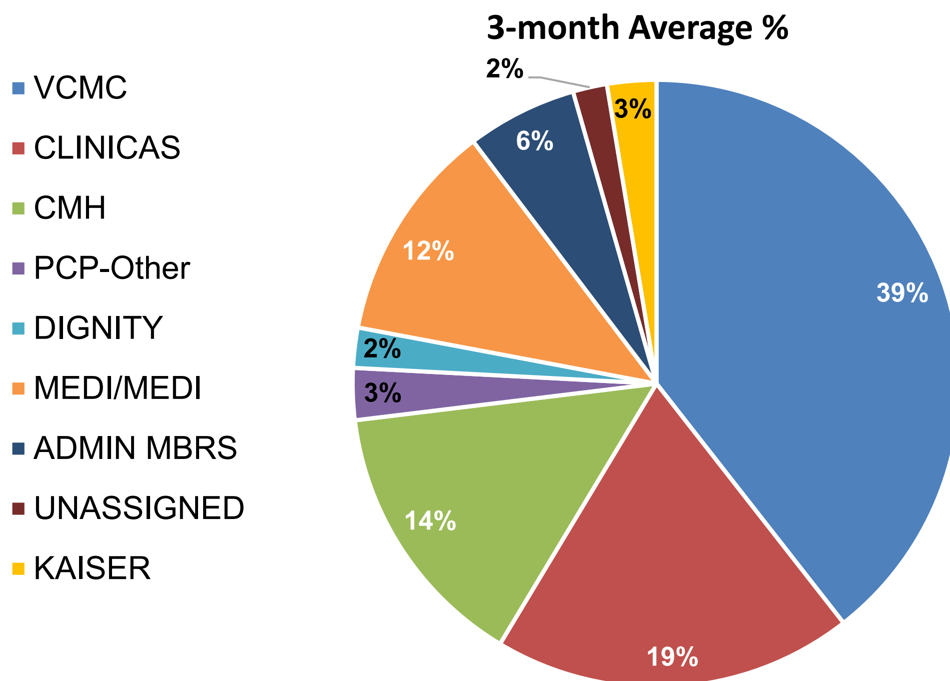


Return to Agenda

Member PCP Assignments



	VCMC	CLINICAS	CMH	PCP-Other	DIGNITY	MEDI/MEDI	ADMIN MBRS	UNASSIGNED	KAISER
Jul-19	77,486	37,901	28,739	5,524	4,480	23,421	11,017	3,674	5,280
Jun-19	77,791	37,968	28,891	5,569	4,442	23,345	11,172	3,602	5,292
May-19	78,349	38,083	28,974	5,575	4,364	23,325	11,269	3,679	5,284



Gold Coast Health Plan
Medical Expenses and Utilization

TOTAL NETWORK

Report Date: August 2019
Reporting Period: DOS April 2017 through March 2019
Reporting Source: MedInsight
Prepared by: DSS/RDuce

Integrity
Accountability
Collaboration
Trust
Respect

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Category of Service

Category of Service	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Emergency Room	17-18	Units	9,557	10,068	9,371	9,449	9,639	9,721	9,750	9,431	9,673	11,718	11,083	10,775	120,235	
		Paid	$ 2,024,832.00	$ 2,120,878.00	$ 2,580,720.00	$ 2,696,819.00	$ 2,578,640.00	$ 2,415,751.00	$ 2,344,104.00	$ 2,258,804.00	$ 2,289,586.00	$ 2,628,494.00	$ 2,513,510.00	$ 2,532,570.00	$ 28,984,708.00	
		Paid/Member	$ 9.86	$ 10.36	$ 12.61	$ 13.18	$ 12.56	$ 11.77	$ 11.43	$ 11.07	$ 11.21	$ 12.97	$ 12.40	$ 12.52	$ 11.83	
		Units/Member	0.0466	0.0492	0.0458	0.0462	0.0470	0.0474	0.0476	0.0462	0.0474	0.0578	0.0547	0.0533	0.0491	
		Paid/Unit	$ 211.87	$ 210.66	$ 275.39	$ 285.41	$ 267.52	$ 248.51	$ 240.42	$ 239.51	$ 236.70	$ 224.31	$ 226.79	$ 235.04	$ 241.07	
	18-19	Units	9,094	9,656	8,803	8,916	8,890	8,890	8,559	8,620	8,708	9,457	9,113	10,232	108,938	
		Paid	$ 2,311,081.00	$ 2,392,248.00	$ 2,241,123.00	$ 2,167,590.00	$ 2,155,706.00	$ 2,314,630.00	$ 2,294,260.00	$ 2,258,447.00	$ 2,298,887.00	$ 2,573,431.00	$ 2,469,210.00	$ 2,749,407.00	$ 28,226,020.00	
		Paid/Member	$ 11.47	$ 11.88	$ 11.19	$ 10.86	$ 10.84	$ 11.68	$ 11.61	$ 11.39	$ 11.64	$ 13.07	$ 12.55	$ 14.02	$ 11.84	0.2%
		Units/Member	0.0451	0.0479	0.0440	0.0447	0.0447	0.0448	0.0433	0.0435	0.0441	0.0480	0.0463	0.0522	0.0457	-6.8%
		Paid/Unit	$ 254.13	$ 247.75	$ 254.59	$ 243.11	$ 242.49	$ 260.36	$ 268.05	$ 262.00	$ 264.00	$ 272.12	$ 270.95	$ 268.71	$ 259.10	7.5%
FQHC - Primary Care Physician	17-18	Units	21,070	22,871	21,633	19,285	23,032	20,954	23,437	21,144	19,287	25,003	23,226	24,325	265,267	
		Paid	$ 653,589.00	$ 696,736.00	$ 702,811.00	$ 666,476.00	$ 761,077.00	$ 728,324.00	$ 818,092.00	$ 724,794.00	$ 643,595.00	$ 777,072.00	$ 732,109.00	$ 770,773.00	$ 8,675,448.00	
		Paid/Member	$ 3.18	$ 3.40	$ 3.43	$ 3.26	$ 3.71	$ 3.55	$ 3.99	$ 3.55	$ 3.15	$ 3.83	$ 3.61	$ 3.81	$ 3.54	
		Units/Member	0.1026	0.1117	0.1057	0.0942	0.1122	0.1021	0.1143	0.1036	0.0944	0.1233	0.1146	0.1202	0.1082	
		Paid/Unit	$ 31.02	$ 30.46	$ 32.49	$ 34.56	$ 33.04	$ 34.76	$ 34.91	$ 34.28	$ 33.37	$ 31.08	$ 31.52	$ 31.69	$ 32.70	
	18-19	Units	22,274	22,767	21,201	19,225	21,816	19,212	22,887	19,100	18,594	23,145	21,679	24,138	256,038	
		Paid	$ 742,293.00	$ 756,288.00	$ 761,487.00	$ 691,760.00	$ 781,336.00	$ 653,755.00	$ 851,852.00	$ 673,167.00	$ 654,255.00	$ 789,098.00	$ 704,654.00	$ 795,057.00	$ 8,855,002.00	
		Paid/Member	$ 3.68	$ 3.75	$ 3.80	$ 3.47	$ 3.93	$ 3.30	$ 4.31	$ 3.40	$ 3.31	$ 4.01	$ 3.58	$ 4.06	$ 3.72	5.0%
		Units/Member	0.1105	0.1130	0.1059	0.0964	0.1097	0.0969	0.1158	0.0964	0.0941	0.1176	0.1102	0.1231	0.1074	-0.7%
		Paid/Unit	$ 33.33	$ 33.22	$ 35.92	$ 35.98	$ 35.81	$ 34.03	$ 37.22	$ 35.24	$ 35.19	$ 34.09	$ 32.50	$ 32.94	$ 34.58	5.7%
FQHC - Specialty Physician	17-18	Units	3,533	3,881	3,924	3,616	4,412	3,715	4,584	4,111	3,607	4,449	3,723	3,847	47,402	
		Paid	$ 168,386.00	$ 195,234.00	$ 191,576.00	$ 178,032.00	$ 215,194.00	$ 186,492.00	$ 215,714.00	$ 188,726.00	$ 185,986.00	$ 206,409.00	$ 165,605.00	$ 185,093.00	$ 2,282,447.00	
		Paid/Member	$ 0.82	$ 0.95	$ 0.94	$ 0.87	$ 1.05	$ 0.91	$ 1.05	$ 0.93	$ 0.91	$ 1.02	$ 0.82	$ 0.91	$ 0.93	
		Units/Member	0.0172	0.0190	0.0192	0.0177	0.0215	0.0181	0.0224	0.0202	0.0177	0.0219	0.0184	0.0190	0.0193	
		Paid/Unit	$ 47.66	$ 50.31	$ 48.82	$ 49.23	$ 48.77	$ 50.20	$ 47.06	$ 45.91	$ 51.56	$ 46.39	$ 44.48	$ 48.11	$ 48.15	
	18-19	Units	3,604	3,865	3,500	3,465	3,953	3,424	4,792	4,817	4,598	5,017	4,363	4,671	50,069	
		Paid	$ 178,660.00	$ 198,102.00	$ 176,683.00	$ 175,865.00	$ 188,239.00	$ 179,834.00	$ 206,935.00	$ 188,618.00	$ 189,337.00	$ 228,294.00	$ 188,732.00	$ 197,782.00	$ 2,297,081.00	
		Paid/Member	$ 0.89	$ 0.98	$ 0.88	$ 0.88	$ 0.95	$ 0.91	$ 1.05	$ 0.95	$ 0.96	$ 1.16	$ 0.96	$ 1.01	$ 0.96	3.5%
		Units/Member	0.0179	0.0192	0.0175	0.0174	0.0199	0.0173	0.0242	0.0243	0.0233	0.0255	0.0222	0.0238	0.0210	8.6%
		Paid/Unit	$ 49.57	$ 51.26	$ 50.48	$ 50.75	$ 47.62	$ 52.52	$ 43.18	$ 39.16	$ 41.18	$ 45.50	$ 43.26	$ 42.34	$ 45.88	-4.7%
Home and Community Based Services - CBAS	17-18	Units	5,799	6,380	6,464	6,210	6,766	6,009	6,702	7,024	5,843	6,493	5,642	6,538	75,870	
		Paid	$ 875,567.00	$ 980,594.00	$ 972,933.00	$ 905,716.00	$ 1,015,566.00	$ 924,017.00	$ 975,827.00	$ 940,744.00	$ 875,177.00	$ 965,380.00	$ 872,176.00	$ 952,862.00	$ 11,256,559.00	
		Paid/Member	$ 4.27	$ 4.79	$ 4.75	$ 4.43	$ 4.95	$ 4.50	$ 4.76	$ 4.61	$ 4.28	$ 4.76	$ 4.30	$ 4.71	$ 4.59	
		Units/Member	0.0283	0.0312	0.0316	0.0303	0.0330	0.0293	0.0327	0.0344	0.0286	0.0320	0.0278	0.0323	0.0310	
		Paid/Unit	$ 150.99	$ 153.70	$ 150.52	$ 145.85	$ 150.10	$ 153.77	$ 145.60	$ 133.93	$ 149.78	$ 148.68	$ 154.59	$ 145.74	$ 148.37	
	18-19	Units	6,804	6,859	5,736	6,538	7,411	6,054	6,643	6,347	6,144	6,504	5,928	6,229	77,197	
		Paid	$ 889,547.00	$ 962,576.00	$ 891,647.00	$ 927,765.00	$ 1,026,976.00	$ 871,549.00	$ 1,023,812.00	$ 938,506.00	$ 870,734.00	$ 967,327.00	$ 878,497.00	$ 920,362.00	$ 11,169,298.00	
		Paid/Member	$ 4.41	$ 4.78	$ 4.45	$ 4.65	$ 5.16	$ 4.40	$ 5.18	$ 4.73	$ 4.41	$ 4.91	$ 4.46	$ 4.69	$ 4.69	2.0%
		Units/Member	0.0338	0.0341	0.0286	0.0328	0.0373	0.0305	0.0336	0.0320	0.0311	0.0330	0.0301	0.0318	0.0324	4.6%
		Paid/Unit	$ 130.74	$ 140.34	$ 155.45	$ 141.90	$ 138.57	$ 143.96	$ 154.12	$ 147.87	$ 141.72	$ 148.73	$ 148.19	$ 147.75	$ 144.69	-2.5%
Home and Community Based Services - Hospice Services	17-18	Units	59	79	74	71	99	100	101	120	99	98	129	125	1,154	
		Paid	$ 214,997.00	$ 227,602.00	$ 220,141.00	$ 261,776.00	$ 250,924.00	$ 253,179.00	$ 240,143.00	$ 278,125.00	$ 245,677.00	$ 253,472.00	$ 287,296.00	$ 307,701.00	$ 3,041,033.00	
		Paid/Member	$ 1.05	$ 1.11	$ 1.08	$ 1.28	$ 1.22	$ 1.23	$ 1.17	$ 1.36	$ 1.20	$ 1.25	$ 1.42	$ 1.52	$ 1.24	
		Units/Member	0.0003	0.0004	0.0004	0.0003	0.0005	0.0005	0.0005	0.0006	0.0005	0.0005	0.0006	0.0006	0.0005	
		Paid/Unit	$ 3,644.02	$ 2,881.04	$ 2,974.88	$ 3,686.99	$ 2,534.59	$ 2,531.79	$ 2,377.65	$ 2,317.71	$ 2,481.59	$ 2,586.45	$ 2,227.10	$ 2,461.61	$ 2,635.21	
	18-19	Units	114	124	115	136	173	170	154	134	148	128	90	99	1,585	
		Paid	$ 333,457.00	$ 340,229.00	$ 261,406.00	$ 309,406.00	$ 357,416.00	$ 419,176.00	$ 409,610.00	$ 369,273.00	$ 372,503.00	$ 308,561.00	$ 284,985.00	$ 342,777.00	$ 4,108,799.00	
		Paid/Member	$ 1.65	$ 1.69	$ 1.31	$ 1.55	$ 1.80	$ 2.11	$ 2.07	$ 1.86	$ 1.89	$ 1.57	$ 1.45	$ 1.75	$ 1.72	39.0%
		Units/Member	0.0006	0.0006	0.0006	0.0007	0.0009	0.0009	0.0008	0.0007	0.0007	0.0007	0.0005	0.0005	0.0007	41.3%
		Paid/Unit	$ 2,925.06	$ 2,743.78	$ 2,273.10	$ 2,275.04	$ 2,065.99	$ 2,465.74	$ 2,659.81	$ 2,755.77	$ 2,516.91	$ 2,410.63	$ 3,166.50	$ 3,462.39	$ 2,592.30	-1.6%
Home and Community Based Services - Other	17-18	Units	513	846	657	618	616	637	647	629	615	684	601	658	7,721	
		Paid	$ 215,573.00	$ 238,558.00	$ 213,100.00	$ 237,368.00	$ 222,384.00	$ 230,479.00	$ 234,852.00	$ 217,211.00	$ 246,942.00	$ 253,032.00	$ 280,537.00	$ 306,265.00	$ 2,896,301.00	
		Paid/Member	$ 1.05	$ 1.17	$ 1.04	$ 1.16	$ 1.08	$ 1.12	$ 1.15	$ 1.06	$ 1.21	$ 1.25	$ 1.38	$ 1.51	$ 1.18	
		Units/Member	0.0025	0.0041	0.0032	0.0030	0.0030	0.0031	0.0032	0.0031	0.0030	0.0034	0.0030	0.0033	0.0032	
		Paid/Unit	$ 420.22	$ 281.98	$ 324.35	$ 384.09	$ 361.01	$ 361.82	$ 362.99	$ 345.33	$ 401.53	$ 369.93	$ 466.78	$ 465.45	$ 375.12	
	18-19	Units	613	639	`	560	615	665	768	649	671	742	684	667	7,273	
		Paid	$ 271,775.00	$ 292,242.00	$ 281,441.00	$ 253,162.00	$ 281,129.00	$ 298,507.00	$ 285,533.00	$ 287,157.00	$ 271,211.00	$ 265,642.00	$ 211,786.00	$ 227,433.00	$ 3,227,018.00	
		Paid/Member	$ 1.35	$ 1.45	$ 1.41	$ 1.27	$ 1.41	$ 1.51	$ 1.44	$ 1.45	$ 1.37	$ 1.35	$ 1.08	$ 1.16	$ 1.35	14.6%
		Units/Member	0.0030	0.0032	-	0.0028	0.0031	0.0034	0.0039	0.0033	0.0034	0.0038	0.0035	0.0034	0.0031	-3.1%
		Paid/Unit	$ 443.35	$ 457.34	$ -	$ 452.08	$ 457.12	$ 448.88	$ 371.79	$ 442.46	$ 404.19	$ 358.01	$ 309.63	$ 340.98	$ 443.70	18.3%
	17-18	Units	1,556	1,629	1,616	1,650	1,828	1,719	1,685	1,619	1,524	1,664	1,598	1,675	19,763	
		Paid	$ 11,783,772.00	$ 9,984,146.00	$ 12,191,676.00	$ 11,948,658.00	$ 13,441,961.00	$ 11,444,689.00	$ 10,517,177.00	$ 11,834,137.00	$ 9,643,314.00	$ 12,168,517.00	$ 13,046,915.00	$ 12,706,895.00	$ 140,711,857.00	
		Paid/Member	$ 57.41	$ 48.78	$ 59.57	$ 58.39	$ 65.48	$ 55.76	$ 51.30	$ 58.01	$ 47.21	$ 60.03	$ 64.38	$ 62.81	$ 57.41	

Return to Agenda

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**	
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**	

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Category of Service

Category of Service	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Inpatient		Units/Member	0.0076	0.0080	0.0079	0.0081	0.0089	0.0084	0.0082	0.0079	0.0075	0.0082	0.0079	0.0083	0.0081	
		Paid/Unit	$ 7,573.12	$ 6,129.00	$ 7,544.35	$ 7,241.61	$ 7,353.37	$ 6,657.76	$ 6,241.65	$ 7,309.53	$ 6,327.63	$ 7,312.81	$ 8,164.53	$ 7,586.21	$ 7,119.96	
	18-19	Units	1,625	1,708	1,617	1,587	1,589	1,553	1,551	1,479	1,538	1,679	1,380	1,534	18,840	
		Paid	$ 13,067,908.00	$ 12,171,956.00	$ 12,618,402.00	$ 10,982,458.00	$ 12,848,085.00	$ 9,902,684.00	$ 10,801,342.00	$ 10,396,058.00	$ 11,952,453.00	$ 14,360,336.00	$ 10,604,838.00	$ 12,544,952.00	$ 142,251,472.00	
		Paid/Member	$ 64.84	$ 60.43	$ 63.01	$ 55.05	$ 64.58	$ 49.96	$ 54.65	$ 52.45	$ 60.50	$ 72.95	$ 53.89	$ 63.99	$ 59.69	4.0%
		Units/Member	0.0081	0.0085	0.0081	0.0080	0.0080	0.0078	0.0078	0.0075	0.0078	0.0085	0.0070	0.0078	0.0079	-2.0%
		Paid/Unit	$ 8,041.79	$ 7,126.44	$ 7,803.59	$ 6,920.26	$ 8,085.64	$ 6,376.49	$ 6,964.11	$ 7,029.11	$ 7,771.43	$ 8,552.91	$ 7,684.67	$ 8,177.93	$ 7,550.50	6.0%
Lab and Radiology	17-18	Units	3,592	3,906	3,856	3,738	4,421	4,181	4,720	3,987	3,446	4,543	4,308	4,532	49,230	
		Paid	$ 249,835.00	$ 297,337.00	$ 311,070.00	$ 291,024.00	$ 325,296.00	$ 298,168.00	$ 319,074.00	$ 288,644.00	$ 232,220.00	$ 319,926.00	$ 303,507.00	$ 321,014.00	$ 3,557,115.00	
		Paid/Member	$ 1.22	$ 1.45	$ 1.52	$ 1.42	$ 1.58	$ 1.45	$ 1.56	$ 1.41	$ 1.14	$ 1.58	$ 1.50	$ 1.59	$ 1.45	
		Units/Member	0.0175	0.0191	0.0188	0.0183	0.0215	0.0204	0.0230	0.0195	0.0169	0.0224	0.0213	0.0224	0.0201	
		Paid/Unit	$ 69.55	$ 76.12	$ 80.67	$ 77.86	$ 73.58	$ 71.31	$ 67.60	$ 72.40	$ 67.39	$ 70.42	$ 70.45	$ 70.83	$ 72.26	
	18-19	Units	4,375	4,367	3,805	3,886	4,288	3,868	4,205	3,690	3,573	4,364	4,016	4,190	48,627	
		Paid	$ 328,547.00	$ 329,675.00	$ 296,118.00	$ 281,465.00	$ 337,595.00	$ 298,746.00	$ 324,421.00	$ 289,555.00	$ 243,941.00	$ 354,006.00	$ 340,893.00	$ 333,434.00	$ 3,758,396.00	
		Paid/Member	$ 1.63	$ 1.64	$ 1.48	$ 1.41	$ 1.70	$ 1.51	$ 1.64	$ 1.46	$ 1.23	$ 1.80	$ 1.73	$ 1.70	$ 1.58	8.7%
		Units/Member	0.0217	0.0217	0.0190	0.0195	0.0216	0.0195	0.0213	0.0186	0.0181	0.0222	0.0204	0.0214	0.0204	1.6%
		Paid/Unit	$ 75.10	$ 75.49	$ 77.82	$ 72.43	$ 78.73	$ 77.24	$ 77.15	$ 78.47	$ 68.27	$ 81.12	$ 84.88	$ 79.58	$ 77.29	7.0%
Long Term Care	17-18	Units	4,011	4,035	4,358	4,169	4,884	4,374	4,373	4,485	4,943	4,750	4,464	4,544	53,390	
		Paid	$ 9,435,018.00	$ 9,684,862.00	$ 9,586,363.00	$ 10,155,416.00	$ 10,700,126.00	$ 10,093,334.00	$ 10,543,702.00	$ 10,358,623.00	$ 10,820,707.00	$ 10,468,693.00	$ 9,212,087.00	$ 10,496,596.00	$ 121,555,527.00	
		Paid/Member	$ 45.97	$ 47.32	$ 46.84	$ 49.63	$ 52.12	$ 49.17	$ 51.43	$ 50.78	$ 52.97	$ 51.64	$ 45.46	$ 51.88	$ 49.60	
		Units/Member	0.0195	0.0197	0.0213	0.0204	0.0238	0.0213	0.0213	0.0220	0.0242	0.0234	0.0220	0.0225	0.0218	
		Paid/Unit	$ 2,352.29	$ 2,400.21	$ 2,199.72	$ 2,435.94	$ 2,190.85	$ 2,307.58	$ 2,411.09	$ 2,309.61	$ 2,189.10	$ 2,203.94	$ 2,063.64	$ 2,309.99	$ 2,276.75	
	18-19	Units	4,261	4,781	4,624	4,423	4,642	4,365	4,555	4,638	4,428	4,517	4,320	4,349	53,903	
		Paid	$ 10,291,209.00	$ 10,641,689.00	$ 10,186,537.00	$ 10,908,086.00	$ 11,409,825.00	$ 10,860,157.00	$ 11,162,244.00	$ 10,869,957.00	$ 11,141,739.00	$ 11,288,094.00	$ 10,409,993.00	$ 10,736,100.00	$ 129,905,630.00	
		Paid/Member	$ 51.06	$ 52.83	$ 50.87	$ 54.67	$ 57.35	$ 54.79	$ 56.47	$ 54.84	$ 56.39	$ 57.34	$ 52.90	$ 54.76	$ 54.51	9.9%
		Units/Member	0.0211	0.0237	0.0231	0.0222	0.0233	0.0220	0.0230	0.0234	0.0224	0.0229	0.0220	0.0222	0.0226	3.8%
		Paid/Unit	$ 2,415.21	$ 2,225.83	$ 2,202.97	$ 2,466.22	$ 2,457.95	$ 2,488.01	$ 2,450.55	$ 2,343.67	$ 2,516.20	$ 2,499.02	$ 2,409.72	$ 2,468.64	$ 2,409.99	5.9%
Other Medical	17-18	Units	6,814	7,218	6,980	6,843	7,243	6,869	7,040	6,920	7,131	7,429	7,025	7,934	85,446	
		Paid	$ 714,346.00	$ 795,966.00	$ 808,421.00	$ 733,446.00	$ 1,485,985.00	$ 803,386.00	$ 819,446.00	$ 760,437.00	$ 697,837.00	$ 837,471.00	$ 763,211.00	$ 861,133.00	$ 10,081,085.00	
		Paid/Member	$ 3.48	$ 3.89	$ 3.95	$ 3.58	$ 7.24	$ 3.91	$ 4.00	$ 3.73	$ 3.42	$ 4.13	$ 3.77	$ 4.26	$ 4.11	
		Units/Member	0.0332	0.0353	0.0341	0.0334	0.0353	0.0335	0.0343	0.0339	0.0349	0.0366	0.0347	0.0392	0.0349	
		Paid/Unit	$ 104.84	$ 110.28	$ 115.82	$ 107.18	$ 205.16	$ 116.96	$ 116.40	$ 109.89	$ 97.86	$ 112.73	$ 108.64	$ 108.54	$ 117.98	
	18-19	Units	7,673	9,445	8,926	8,639	8,949	8,650	9,012	8,360	8,111	8,717	8,532	8,699	103,713	
		Paid	$ 774,022.00	$ 838,896.00	$ 830,720.00	$ 812,393.00	$ 979,191.00	$ 774,565.00	$ 813,013.00	$ 756,404.00	$ 740,055.00	$ 791,856.00	$ 801,183.00	$ 781,232.00	$ 9,693,530.00	
		Paid/Member	$ 3.84	$ 4.17	$ 4.15	$ 4.07	$ 4.92	$ 3.91	$ 4.11	$ 3.82	$ 3.75	$ 4.02	$ 4.07	$ 3.98	$ 4.07	-1.1%
		Units/Member	0.0381	0.0469	0.0446	0.0433	0.0450	0.0436	0.0456	0.0422	0.0411	0.0443	0.0434	0.0444	0.0435	24.8%
		Paid/Unit	$ 100.88	$ 88.82	$ 93.07	$ 94.04	$ 109.42	$ 89.55	$ 90.21	$ 90.48	$ 91.24	$ 90.84	$ 93.90	$ 89.81	$ 93.46	-20.8%
Outpatient Facility	17-18	Units	36,435	40,736	38,547	34,841	41,078	36,417	38,874	39,097	30,373	42,243	37,774	40,857	457,272	
		Paid	$ 4,207,875.00	$ 4,566,386.00	$ 5,070,468.00	$ 4,741,010.00	$ 5,519,995.00	$ 5,167,057.00	$ 5,444,758.00	$ 5,348,466.00	$ 4,711,193.00	$ 5,450,637.00	$ 5,357,215.00	$ 5,713,842.00	$ 61,298,902.00	
		Paid/Member	$ 20.50	$ 22.31	$ 24.77	$ 23.17	$ 26.89	$ 25.17	$ 26.56	$ 26.22	$ 23.06	$ 26.89	$ 26.44	$ 28.24	$ 25.01	
		Units/Member	0.1775	0.1990	0.1883	0.1703	0.2001	0.1774	0.1896	0.1916	0.1487	0.2084	0.1864	0.2020	0.1866	
		Paid/Unit	$ 115.49	$ 112.10	$ 131.54	$ 136.08	$ 134.38	$ 141.89	$ 140.06	$ 136.80	$ 155.11	$ 129.03	$ 141.82	$ 139.85	$ 134.05	
	18-19	Units	36,256	40,888	36,760	35,375	39,554	35,308	38,884	34,476	32,394	40,443	37,003	40,283	447,624	
		Paid	$ 4,847,003.00	$ 5,598,893.00	$ 4,981,362.00	$ 4,801,444.00	$ 5,291,053.00	$ 4,346,955.00	$ 5,399,879.00	$ 4,751,881.00	$ 4,367,049.00	$ 5,117,932.00	$ 4,735,993.00	$ 5,094,335.00	$ 59,333,779.00	
		Paid/Member	$ 24.05	$ 27.80	$ 24.88	$ 24.07	$ 26.60	$ 21.93	$ 27.32	$ 23.97	$ 22.10	$ 26.00	$ 24.06	$ 25.99	$ 24.90	-0.5%
		Units/Member	0.1799	0.2030	0.1836	0.1773	0.1988	0.1781	0.1967	0.1739	0.1640	0.2054	0.1880	0.2055	0.1878	0.7%
		Paid/Unit	$ 133.69	$ 136.93	$ 135.51	$ 135.73	$ 133.77	$ 123.12	$ 138.87	$ 137.83	$ 134.81	$ 126.55	$ 127.99	$ 126.46	$ 132.55	-1.1%
Pharmacy	17-18	Units	1,656	1,652	1,664	1,418	1,537	1,463	1,476	1,449	1,439	1,475	1,508	1,921	18,658	
		Paid	$ 289,162.00	$ 241,945.00	$ 257,706.00	$ 234,452.00	$ 220,112.00	$ 168,895.00	$ 174,009.00	$ 171,091.00	$ 182,585.00	$ 201,932.00	$ 182,449.00	$ 277,567.00	$ 2,601,905.00	
		Paid/Member	$ 1.41	$ 1.18	$ 1.26	$ 1.15	$ 1.07	$ 0.82	$ 0.85	$ 0.84	$ 0.89	$ 1.00	$ 0.90	$ 1.37	$ 1.06	
		Units/Member	0.0081	0.0081	0.0081	0.0069	0.0075	0.0071	0.0072	0.0071	0.0070	0.0073	0.0074	0.0095	0.0076	
		Paid/Unit	$ 174.61	$ 146.46	$ 154.87	$ 165.34	$ 143.21	$ 115.44	$ 117.89	$ 118.08	$ 126.88	$ 136.90	$ 120.99	$ 144.49	$ 139.45	
	18-19	Units	1,561	1,749	1,796	1,718	1,888	1,685	1,937	1,801	1,702	1,882	1,618	1,574	20,911	
		Paid	$ 293,437.00	$ 257,374.00	$ 206,102.00	$ 270,530.00	$ 244,505.00	$ 229,408.00	$ 214,875.00	$ 206,710.00	$ 226,310.00	$ 222,190.00	$ 267,792.00	$ 237,297.00	$ 2,876,530.00	
		Paid/Member	$ 1.46	$ 1.28	$ 1.03	$ 1.36	$ 1.23	$ 1.16	$ 1.09	$ 1.04	$ 1.15	$ 1.13	$ 1.36	$ 1.21	$ 1.21	13.7%
		Units/Member	0.0077	0.0087	0.0090	0.0086	0.0095	0.0085	0.0098	0.0091	0.0086	0.0096	0.0082	0.0080	0.0088	15.3%
		Paid/Unit	$ 187.98	$ 147.15	$ 114.76	$ 157.47	$ 129.50	$ 136.15	$ 110.93	$ 114.78	$ 132.97	$ 118.06	$ 165.51	$ 150.76	$ 137.56	-1.4%
Transportation	17-18	Units	1,674	1,855	1,721	1,632	1,808	1,708	1,610	1,613	1,560	1,702	1,523	1,715	20,121	
		Paid	$ 144,845.00	$ 165,823.00	$ 163,289.00	$ 150,684.00	$ 167,397.00	$ 146,160.00	$ 151,598.00	$ 140,892.00	$ 140,206.00	$ 155,743.00	$ 138,371.00	$ 155,601.00	$ 1,820,609.00	
		Paid/Member	$ 0.71	$ 0.81	$ 0.80	$ 0.74	$ 0.82	$ 0.71	$ 0.74	$ 0.69	$ 0.69	$ 0.77	$ 0.68	$ 0.77	$ 0.74	
		Units/Member	0.0082	0.0091	0.0084	0.0080	0.0088	0.0083	0.0079	0.0079	0.0076	0.0084	0.0075	0.0085	0.0082	
		Paid/Unit	$ 86.53	$ 89.39	$ 94.88	$ 92.33	$ 92.59	$ 85.57	$ 94.16	$ 87.35	$ 89.88	$ 91.51	$ 90.85	$ 90.73	$ 90.48	
	18-19	Units	1,461	1,700	1,649	1,881	1,760	1,757	1,816	1,732	1,695	1,793	1,619	1,730	20,593	

Return to Agenda

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- Paid Threshold > 200K

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18	205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19	201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

Category of Service

Category of Service	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
	18-19	Paid	$ 132,209.00	$ 145,938.00	$ 140,961.00	$ 277,998.00	$ 143,621.00	$ 139,458.00	$ 151,393.00	$ 137,498.00	$ 136,006.00	$ 149,084.00	$ 142,305.00	$ 158,080.00	$ 1,854,551.00	
	18-19	Paid/Member	$ 0.66	$ 0.72	$ 0.70	$ 1.39	$ 0.72	$ 0.70	$ 0.77	$ 0.69	$ 0.69	$ 0.76	$ 0.72	$ 0.81	$ 0.78	4.8%
	18-19	Units/Member	0.0072	0.0084	0.0082	0.0094	0.0088	0.0089	0.0092	0.0087	0.0086	0.0091	0.0082	0.0088	0.0086	5.3%
	18-19	Paid/Unit	$ 90.49	$ 85.85	$ 85.48	$ 147.79	$ 81.60	$ 79.37	$ 83.37	$ 79.39	$ 80.24	$ 83.15	$ 87.90	$ 91.38	$ 90.06	-0.5%
Primary Care Physician	17-18	Units	16,789	19,062	17,482	15,616	18,926	17,043	18,942	17,709	15,108	20,914	17,771	19,413	214,775	
	17-18	Paid	$ 385,603.00	$ 436,664.00	$ 402,104.00	$ 373,409.00	$ 432,405.00	$ 393,675.00	$ 429,634.00	$ 410,220.00	$ 312,863.00	$ 585,852.00	$ 442,834.00	$ 472,388.00	$ 5,077,651.00	
	17-18	Paid/Member	$ 1.88	$ 2.13	$ 1.96	$ 1.82	$ 2.11	$ 1.92	$ 2.10	$ 2.01	$ 1.53	$ 2.89	$ 2.19	$ 2.33	$ 2.07	
	17-18	Units/Member	0.0818	0.0931	0.0854	0.0763	0.0922	0.0830	0.0924	0.0868	0.0740	0.1032	0.0877	0.0960	0.0876	
	17-18	Paid/Unit	$ 22.97	$ 22.91	$ 23.00	$ 23.91	$ 22.85	$ 23.10	$ 22.68	$ 23.16	$ 20.71	$ 28.01	$ 24.92	$ 24.33	$ 23.64	
	18-19	Units	16,482	18,234	16,850	16,661	18,597	16,865	18,828	16,962	15,536	19,586	17,897	18,833	211,331	
	18-19	Paid	$ 400,739.00	$ 432,210.00	$ 380,685.00	$ 395,153.00	$ 446,551.00	$ 401,916.00	$ 458,223.00	$ 416,463.00	$ 395,469.00	$ 592,961.00	$ 486,814.00	$ 484,175.00	$ 5,291,359.00	
	18-19	Paid/Member	$ 1.99	$ 2.15	$ 1.90	$ 1.98	$ 2.24	$ 2.03	$ 2.32	$ 2.10	$ 2.00	$ 3.01	$ 2.47	$ 2.47	$ 2.22	7.2%
	18-19	Units/Member	0.0818	0.0905	0.0841	0.0835	0.0935	0.0851	0.0953	0.0856	0.0786	0.0995	0.0909	0.0961	0.0887	1.2%
	18-19	Paid/Unit	$ 24.31	$ 23.70	$ 22.59	$ 23.72	$ 24.01	$ 23.83	$ 24.34	$ 24.55	$ 25.46	$ 30.27	$ 27.20	$ 25.71	$ 25.04	5.9%
Specialty Physician	17-18	Units	57,351	62,162	57,211	55,426	59,477	57,924	60,697	58,599	53,533	73,052	64,580	65,297	725,309	
	17-18	Paid	$ 4,357,914.00	$ 4,896,581.00	$ 4,408,622.00	$ 7,013,493.00	$ 4,792,901.00	$ 4,610,002.00	$ 4,775,077.00	$ 4,537,585.00	$ 4,148,290.00	$ 5,077,358.00	$ 4,671,804.00	$ 4,990,968.00	$ 58,280,595.00	
	17-18	Paid/Member	$ 21.23	$ 23.92	$ 21.54	$ 34.27	$ 23.35	$ 22.46	$ 23.29	$ 22.24	$ 20.31	$ 25.05	$ 23.05	$ 24.67	$ 23.78	
	17-18	Units/Member	0.2794	0.3037	0.2795	0.2708	0.2897	0.2822	0.2960	0.2872	0.2621	0.3604	0.3187	0.3228	0.2959	
	17-18	Paid/Unit	$ 75.99	$ 78.77	$ 77.06	$ 126.54	$ 80.58	$ 79.59	$ 78.67	$ 77.43	$ 77.49	$ 69.50	$ 72.34	$ 76.43	$ 80.35	
	18-19	Units	60,967	69,359	65,626	67,158	68,653	62,889	69,446	61,009	60,165	71,264	62,950	67,542	787,028	
	18-19	Paid	$ 5,137,724.00	$ 5,163,350.00	$ 4,755,972.00	$ 12,611,563.00	$ 5,153,840.00	$ 4,515,439.00	$ 5,097,546.00	$ 4,431,411.00	$ 4,416,228.00	$ 5,527,323.00	$ 4,873,879.00	$ 5,090,877.00	$ 66,775,152.00	
	18-19	Paid/Member	$ 25.49	$ 25.64	$ 23.75	$ 63.21	$ 25.91	$ 22.78	$ 25.79	$ 22.36	$ 22.35	$ 28.08	$ 24.77	$ 25.97	$ 28.02	17.8%
	18-19	Units/Member	0.3025	0.3444	0.3277	0.3366	0.3451	0.3173	0.3513	0.3078	0.3045	0.3620	0.3199	0.3445	0.3303	11.6%
	18-19	Paid/Unit	$ 84.27	$ 74.44	$ 72.47	$ 187.79	$ 75.07	$ 71.80	$ 73.40	$ 72.64	$ 73.40	$ 77.56	$ 77.42	$ 75.37	$ 84.84	5.6%
Transportation	17-18	Units	1,674	1,855	1,721	1,632	1,808	1,708	1,610	1,613	1,560	1,702	1,523	1,715	20,121	
	17-18	Paid	$ 144,845.00	$ 165,823.00	$ 163,289.00	$ 150,684.00	$ 167,397.00	$ 146,160.00	$ 151,598.00	$ 140,892.00	$ 140,206.00	$ 155,743.00	$ 138,371.00	$ 155,601.00	$ 1,820,609.00	
	17-18	Paid/Member	$ 0.71	$ 0.81	$ 0.80	$ 0.74	$ 0.82	$ 0.71	$ 0.74	$ 0.69	$ 0.69	$ 0.77	$ 0.68	$ 0.77	$ 0.74	
	17-18	Units/Member	0.0082	0.0091	0.0084	0.0080	0.0088	0.0083	0.0079	0.0079	0.0076	0.0084	0.0075	0.0085	0.0082	
	17-18	Paid/Unit	$ 86.53	$ 89.39	$ 94.88	$ 92.33	$ 92.59	$ 85.57	$ 94.16	$ 87.35	$ 89.88	$ 91.51	$ 90.85	$ 90.73	$ 90.48	
	18-19	Units	1,461	1,700	1,649	1,881	1,760	1,757	1,816	1,732	1,695	1,793	1,619	1,730	20,593	
	18-19	Paid	$ 132,209.00	$ 145,938.00	$ 140,961.00	$ 277,998.00	$ 143,621.00	$ 139,458.00	$ 151,393.00	$ 137,498.00	$ 136,006.00	$ 149,084.00	$ 142,305.00	$ 158,080.00	$ 1,854,551.00	
	18-19	Paid/Member	$ 0.66	$ 0.72	$ 0.70	$ 1.39	$ 0.72	$ 0.70	$ 0.77	$ 0.69	$ 0.69	$ 0.76	$ 0.72	$ 0.81	$ 0.78	4.8%
	18-19	Units/Member	0.0072	0.0084	0.0082	0.0094	0.0088	0.0089	0.0092	0.0087	0.0086	0.0091	0.0082	0.0088	0.0086	5.3%
	18-19	Paid/Unit	$ 90.49	$ 85.85	$ 85.48	$ 147.79	$ 81.60	$ 79.37	$ 83.37	$ 79.39	$ 80.24	$ 83.15	$ 87.90	$ 91.38	$ 90.06	-0.5%

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	2,450,795
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	2,383,030

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Addiction medicine	17-18	Units	2	7	1	-	2	-	-	-	1	-	4	-	17	
		Paid	$ -	$ 841.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 159.00	$ -	$ 1,000.00	
		Paid/Member	$ -	$ 0.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ -	$ 0.00	
		Units/Member	0.0000	0.0000	0.0000	-	0.0000	-	-	-	0.0000	-	0.0000	-	0.0000	
		Paid/Unit	$ -	$ 120.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39.75	$ -	$ 58.82	
	18-19	Units	-	-	2	-	3	1	5	1	5	1	2	-	20	
		Paid	$ -	$ -	$ 44.00	$ -	$ -	$ -	$ 147.00	$ -	$ 505.00	$ 37.00	$ -	$ -	$ 733.00	
		Paid/Member	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00	$ -	$ 0.00	$ 0.00	$ -	$ -	$ 0.00	-24.6%
		Units/Member	-	-	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	21.0%
		Paid/Unit	$ -	$ -	$ 22.00	$ -	$ -	$ -	$ 29.40	$ -	$ 101.00	$ 37.00	$ -	$ -	$ 36.65	-37.7%
Alcohol/Drug Abuse Treatment Facility	17-18	Units	-	-	1	-	-	-	1	-	-	-	-	-	2	
		Paid	$ -	$ -	$ 33.00	$ -	$ -	$ -	$ 33.00	$ -	$ -	$ -	$ -	$ -	$ 66.00	
		Paid/Member	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ -	$ -	$ 0.00	
		Units/Member	-	-	0.0000	-	-	-	0.0000	-	-	-	-	-	0.0000	
		Paid/Unit	$ -	$ -	$ 33.00	$ -	$ -	$ -	$ 33.00	$ -	$ -	$ -	$ -	$ -	$ 33.00	
	18-19	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
		Units/Member	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
All other suppliers	17-18	Units	5,840	6,447	6,498	6,245	6,815	6,056	6,731	7,022	5,831	6,488	5,635	6,530	76,138	
		Paid	$ 878,800.00	$ 992,162.00	$ 975,724.00	$ 908,158.00	$ 1,019,879.00	$ 931,388.00	$ 978,678.00	$ 940,296.00	$ 872,908.00	$ 963,870.00	$ 870,811.00	$ 950,963.00	$ 11,283,637.00	
		Paid/Member	$ 4.28	$ 4.85	$ 4.77	$ 4.44	$ 4.97	$ 4.54	$ 4.77	$ 4.61	$ 4.27	$ 4.75	$ 4.30	$ 4.70	$ 4.60	
		Units/Member	0.0285	0.0315	0.0317	0.0305	0.0332	0.0295	0.0328	0.0344	0.0285	0.0320	0.0278	0.0323	0.0311	
		Paid/Unit	$ 150.48	$ 153.90	$ 150.16	$ 145.42	$ 149.65	$ 153.80	$ 145.40	$ 133.91	$ 149.70	$ 148.56	$ 154.54	$ 145.63	$ 148.20	
	18-19	Units	6,801	6,854	5,735	6,533	7,396	6,045	6,629	6,332	6,122	6,498	5,914	6,226	77,085	
		Paid	$ 888,326.00	$ 961,127.00	$ 894,778.00	$ 926,494.00	$ 1,022,324.00	$ 869,515.00	$ 1,022,408.00	$ 934,418.00	$ 868,618.00	$ 966,797.00	$ 875,698.00	$ 918,989.00	$ 11,149,492.00	
		Paid/Member	$ 4.41	$ 4.77	$ 4.47	$ 4.64	$ 5.14	$ 4.39	$ 5.17	$ 4.71	$ 4.40	$ 4.91	$ 4.45	$ 4.69	$ 4.68	1.6%
		Units/Member	0.0337	0.0340	0.0286	0.0327	0.0372	0.0305	0.0335	0.0319	0.0310	0.0330	0.0301	0.0318	0.0323	4.1%
		Paid/Unit	$ 130.62	$ 140.23	$ 156.02	$ 141.82	$ 138.23	$ 143.84	$ 154.23	$ 147.57	$ 141.88	$ 148.78	$ 148.07	$ 147.61	$ 144.64	-2.4%
Allergy / immunology	17-18	Units	185	131	147	148	143	98	171	144	119	151	147	179	1,763	
		Paid	$ 13,332.00	$ 9,495.00	$ 10,805.00	$ 11,827.00	$ 10,186.00	$ 7,031.00	$ 11,635.00	$ 9,273.00	$ 9,209.00	$ 10,737.00	$ 10,176.00	$ 10,850.00	$ 124,556.00	
		Paid/Member	$ 0.06	$ 0.05	$ 0.05	$ 0.06	$ 0.05	$ 0.03	$ 0.06	$ 0.05	$ 0.05	$ 0.05	$ 0.05	$ 0.05	$ 0.05	
		Units/Member	0.0009	0.0006	0.0007	0.0007	0.0007	0.0005	0.0008	0.0007	0.0006	0.0007	0.0007	0.0009	0.0007	
		Paid/Unit	$ 72.06	$ 72.48	$ 73.50	$ 79.91	$ 71.23	$ 71.74	$ 68.04	$ 64.40	$ 77.39	$ 71.11	$ 69.22	$ 60.61	$ 70.65	
	18-19	Units	213	215	228	173	199	175	242	274	275	295	278	410	2,977	
		Paid	$ 11,910.00	$ 17,535.00	$ 12,280.00	$ 9,413.00	$ 11,783.00	$ 8,903.00	$ 12,629.00	$ 14,564.00	$ 13,672.00	$ 12,067.00	$ 14,139.00	$ 20,486.00	$ 159,381.00	
		Paid/Member	$ 0.06	$ 0.09	$ 0.06	$ 0.05	$ 0.06	$ 0.04	$ 0.06	$ 0.07	$ 0.07	$ 0.06	$ 0.07	$ 0.10	$ 0.07	31.6%
		Units/Member	0.0011	0.0011	0.0011	0.0009	0.0010	0.0009	0.0012	0.0014	0.0014	0.0015	0.0014	0.0021	0.0012	73.7%
		Paid/Unit	$ 55.92	$ 81.56	$ 53.86	$ 54.41	$ 59.21	$ 50.87	$ 52.19	$ 53.15	$ 49.72	$ 40.91	$ 50.86	$ 49.97	$ 53.54	-24.2%
Alternative Medicine	17-18	Units	117	108	141	125	114	128	136	167	123	218	190	175	1,742	
		Paid	$ 1,553.00	$ 2,017.00	$ 2,537.00	$ 2,183.00	$ 2,148.00	$ 2,197.00	$ 2,975.00	$ 5,263.00	$ 3,501.00	$ 7,264.00	$ 6,772.00	$ 9,512.00	$ 47,922.00	
		Paid/Member	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.03	$ 0.02	$ 0.04	$ 0.03	$ 0.05	$ 0.02	
		Units/Member	0.0006	0.0005	0.0007	0.0006	0.0006	0.0006	0.0007	0.0008	0.0006	0.0011	0.0009	0.0009	0.0007	
		Paid/Unit	$ 13.27	$ 18.68	$ 17.99	$ 17.46	$ 18.84	$ 17.16	$ 21.88	$ 31.51	$ 28.46	$ 33.32	$ 35.64	$ 54.35	$ 27.51	
	18-19	Units	223	145	127	158	168	234	296	235	111	122	140	174	2,133	
		Paid	$ 11,419.00	$ 10,704.00	$ 14,900.00	$ 16,801.00	$ 14,493.00	$ 14,288.00	$ 17,263.00	$ 14,646.00	$ 11,280.00	$ 12,509.00	$ 13,805.00	$ 13,883.00	$ 165,991.00	
		Paid/Member	$ 0.06	$ 0.05	$ 0.07	$ 0.08	$ 0.07	$ 0.07	$ 0.09	$ 0.07	$ 0.06	$ 0.06	$ 0.07	$ 0.07	$ 0.07	256.2%
		Units/Member	0.0011	0.0007	0.0006	0.0008	0.0008	0.0012	0.0015	0.0012	0.0006	0.0006	0.0007	0.0009	0.0009	25.9%
		Paid/Unit	$ 51.21	$ 73.82	$ 117.32	$ 106.34	$ 86.27	$ 61.06	$ 58.32	$ 62.32	$ 101.62	$ 102.53	$ 98.61	$ 79.79	$ 77.82	182.9%
Ambulance service supplier	17-18	Units	2,401	2,526	2,243	2,114	2,301	2,166	2,158	2,074	2,017	2,242	2,167	2,241	26,650	
		Paid	$ 195,709.00	$ 214,231.00	$ 204,717.00	$ 189,756.00	$ 209,011.00	$ 185,958.00	$ 197,881.00	$ 179,823.00	$ 173,525.00	$ 195,109.00	$ 191,415.00	$ 199,183.00	$ 2,336,318.00	
		Paid/Member	$ 0.95	$ 1.05	$ 1.00	$ 0.93	$ 1.02	$ 0.91	$ 0.97	$ 0.88	$ 0.85	$ 0.96	$ 0.94	$ 0.98	$ 0.95	
		Units/Member	0.0117	0.0123	0.0110	0.0103	0.0112	0.0106	0.0105	0.0102	0.0099	0.0111	0.0107	0.0111	0.0109	
		Paid/Unit	$ 81.51	$ 84.81	$ 91.27	$ 89.76	$ 90.83	$ 85.85	$ 91.70	$ 86.70	$ 86.03	$ 87.02	$ 88.33	$ 88.88	$ 87.67	
	18-19	Units	1,867	2,204	2,074	2,309	2,226	2,236	2,277	2,135	2,090	2,225	2,066	2,164	25,873	
		Paid	$ 162,812.00	$ 183,724.00	$ 174,653.00	$ 308,588.00	$ 178,129.00	$ 176,303.00	$ 189,435.00	$ 168,450.00	$ 166,074.00	$ 185,668.00	$ 181,178.00	$ 191,744.00	$ 2,266,758.00	
		Paid/Member	$ 0.81	$ 0.91	$ 0.87	$ 1.55	$ 0.90	$ 0.89	$ 0.96	$ 0.85	$ 0.84	$ 0.94	$ 0.92	$ 0.98	$ 0.95	-0.2%
		Units/Member	0.0093	0.0109	0.0104	0.0116	0.0112	0.0113	0.0115	0.0108	0.0106	0.0113	0.0105	0.0110	0.0109	-0.2%
		Paid/Unit	$ 87.21	$ 83.36	$ 84.21	$ 133.65	$ 80.02	$ 78.85	$ 83.19	$ 78.90	$ 79.46	$ 83.45	$ 87.70	$ 88.61	$ 87.61	-0.1%
		Paid	346	430	308	292	348	372	415	406	304	403	342	278	4,244	
		Paid/Member	$ 95,611.00	$ 204,144.00	$ 53,509.00	$ 79,293.00	$ 125,632.00	$ 91,393.00	$ 91,732.00	$ 94,882.00	$ 83,826.00	$ 117,247.00	$ 88,199.00	$ 130,153.00	$ 1,255,621.00	
	17-18	Units/Member	$ 0.47	$ 1.00	$ 0.26	$ 0.39	$ 0.61	$ 0.45	$ 0.45	$ 0.47	$ 0.41	$ 0.58	$ 0.44	$ 0.64	$ 0.51	

Return to Agenda

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17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	2,450,795
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Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Ambulatory surgical center		Paid/Unit	0.0017	0.0021	0.0015	0.0014	0.0017	0.0018	0.0020	0.0020	0.0015	0.0020	0.0017	0.0014	0.0017	
		Units	276.33	474.75	173.73	271.55	361.01	245.68	221.04	233.70	275.74	290.94	257.89	468.18	295.86	
	18-19	Units	278	430	402	348	416	377	421	304	320	375	336	342	4,349	
		Paid	77,771.00	143,941.00	128,872.00	122,190.00	157,700.00	63,401.00	94,794.00	64,729.00	58,246.00	70,876.00	101,512.00	92,736.00	1,176,768.00	
		Paid/Member	0.39	0.71	0.64	0.61	0.79	0.32	0.48	0.33	0.29	0.36	0.52	0.47	0.49	-3.6%
		Units/Member	0.0014	0.0021	0.0020	0.0017	0.0021	0.0019	0.0021	0.0015	0.0016	0.0019	0.0017	0.0017	0.0018	5.4%
		Paid/Unit	279.75	334.75	320.58	351.12	379.09	168.17	225.16	212.92	182.02	189.00	302.12	271.16	270.58	-8.5%
Anesthesiology	17-18	Units	2,218	2,418	2,349	2,077	2,395	2,401	2,466	2,306	1,943	2,414	2,196	2,191	27,374	
		Paid	340,033.00	399,966.00	449,021.00	359,524.00	431,852.00	419,580.00	410,816.00	423,204.00	362,576.00	384,867.00	411,868.00	486,014.00	4,879,321.00	
		Paid/Member	1.66	1.95	2.19	1.76	2.10	2.04	2.00	2.07	1.78	1.90	2.03	2.40	1.99	
		Units/Member	0.0108	0.0118	0.0115	0.0101	0.0117	0.0117	0.0120	0.0113	0.0095	0.0119	0.0108	0.0108	0.0112	
		Paid/Unit	153.31	165.41	191.15	173.10	180.31	174.75	166.59	183.52	186.61	159.43	187.55	221.82	178.25	
	18-19	Units	2,014	2,469	2,235	2,180	2,389	2,103	2,277	1,831	1,797	2,125	1,789	1,662	24,871	
		Paid	593,961.00	453,537.00	391,359.00	420,588.00	452,578.00	358,642.00	424,771.00	357,739.00	355,063.00	425,241.00	434,276.00	302,314.00	4,970,069.00	
		Paid/Member	2.95	2.25	1.95	2.11	2.27	1.81	2.15	1.80	1.80	2.16	2.21	1.54	2.09	4.8%
		Units/Member	0.0100	0.0123	0.0112	0.0109	0.0120	0.0106	0.0115	0.0092	0.0091	0.0108	0.0091	0.0085	0.0104	-6.6%
		Paid/Unit	294.92	183.69	175.10	192.93	189.44	170.54	186.55	195.38	197.59	200.11	242.75	181.90	199.83	12.1%
Audiologist (billing independently)	17-18	Units	89	171	136	167	220	166	237	322	155	205	200	266	2,334	
		Paid	12,099.00	45,575.00	23,996.00	27,878.00	38,887.00	37,074.00	52,504.00	91,135.00	24,137.00	59,990.00	45,037.00	82,552.00	540,864.00	
		Paid/Member	0.06	0.22	0.12	0.14	0.19	0.18	0.26	0.45	0.12	0.30	0.22	0.41	0.22	
		Units/Member	0.0004	0.0008	0.0007	0.0008	0.0011	0.0008	0.0012	0.0016	0.0008	0.0010	0.0010	0.0013	0.0010	
		Paid/Unit	135.94	266.52	176.44	166.93	176.76	223.34	221.54	283.03	155.72	292.63	225.19	310.35	231.73	
	18-19	Units	236	263	194	198	195	190	191	186	121	201	231	190	2,396	
		Paid	57,846.00	80,721.00	46,735.00	52,337.00	43,720.00	41,684.00	31,604.00	24,908.00	15,191.00	46,754.00	84,909.00	43,727.00	570,136.00	
		Paid/Member	0.29	0.40	0.23	0.26	0.22	0.21	0.16	0.13	0.08	0.24	0.43	0.22	0.24	8.4%
		Units/Member	0.0012	0.0013	0.0010	0.0010	0.0010	0.0010	0.0010	0.0009	0.0006	0.0010	0.0012	0.0010	0.0010	5.6%
		Paid/Unit	245.11	306.92	240.90	264.33	224.21	219.39	165.47	133.91	125.55	232.61	367.57	230.14	237.95	2.7%
Birthing Center	17-18	Units	-	-	-	-	-	-	4	2	-	-	2	3	11	
		Paid	-	-	-	-	-	-	1,530.00	150.00	-	-	126.00	120.00	1,926.00	
		Paid/Member	-	-	-	-	-	-	0.01	0.00	-	-	0.00	0.00	0.00	
		Units/Member	-	-	-	-	-	-	0.0000	0.0000	-	-	0.0000	0.0000	0.0000	
		Paid/Unit	-	-	-	-	-	-	382.50	75.00	-	-	63.00	40.00	175.09	
	18-19	Units	1	2	7	6	16	7	1	-	-	-	-	-	40	
		Paid	60.00	61.00	313.00	181.00	4,278.00	199.00	-	-	-	-	-	-	5,092.00	
		Paid/Member	0.00	0.00	0.00	0.00	0.02	0.00	-	-	-	-	-	-	0.00	171.9%
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0001	0.0000	0.0000	-	-	-	-	-	0.0000	274.0%
		Paid/Unit	60.00	30.50	44.71	30.17	267.38	28.43	-	-	-	-	-	-	127.30	-27.3%
Cardiology	17-18	Units	3,049	3,853	3,302	3,249	3,379	3,048	3,218	2,771	2,657	3,474	3,290	3,425	38,715	
		Paid	217,620.00	244,150.00	291,624.00	258,168.00	247,283.00	317,481.00	242,405.00	412,115.00	251,417.00	308,833.00	198,260.00	197,414.00	3,186,770.00	
		Paid/Member	1.06	1.19	1.42	1.26	1.20	1.55	1.18	2.02	1.23	1.52	0.98	0.98	1.30	
		Units/Member	0.0149	0.0188	0.0161	0.0159	0.0165	0.0148	0.0157	0.0136	0.0130	0.0171	0.0162	0.0169	0.0158	
		Paid/Unit	71.37	63.37	88.32	79.46	73.18	104.16	75.33	148.72	94.62	88.90	60.26	57.64	82.31	
	18-19	Units	3,201	3,698	3,562	3,469	3,883	3,202	3,830	3,155	3,249	3,490	3,374	3,395	41,508	
		Paid	276,364.00	266,229.00	218,340.00	409,260.00	320,154.00	267,104.00	265,392.00	251,922.00	260,969.00	250,449.00	209,891.00	251,237.00	3,247,311.00	
		Paid/Member	1.37	1.32	1.09	2.05	1.61	1.35	1.34	1.27	1.32	1.27	1.07	1.28	1.36	4.8%
		Units/Member	0.0159	0.0184	0.0178	0.0174	0.0195	0.0162	0.0194	0.0159	0.0164	0.0177	0.0171	0.0173	0.0174	10.3%
		Paid/Unit	86.34	71.99	61.30	117.98	82.45	83.42	69.29	79.85	80.32	71.76	62.21	74.00	78.23	-5.0%
Certified clinical nurse specialist	17-18	Units	3	4	29	33	50	57	7	9	-	-	1	1	194	
		Paid	68.00	135.00	882.00	815.00	1,415.00	1,405.00	162.00	310.00	-	-	-	-	5,192.00	
		Paid/Member	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	-	-	-	-	0.00	
		Units/Member	0.0000	0.0000	0.0001	0.0002	0.0002	0.0003	0.0000	0.0000	-	-	0.0000	0.0000	0.0001	
		Paid/Unit	22.67	33.75	30.41	24.70	28.30	24.65	23.14	34.44	-	-	-	-	26.76	
	18-19	Units	5	4	13	4	7	5	1	7	1	1	-	4	52	
		Paid	-	-	1.00	-	-	83.00	-	27.00	-	108.00	-	-	219.00	
		Paid/Member	-	-	0.00	-	-	0.00	-	0.00	-	0.00	-	-	0.00	-95.7%
		Units/Member	0.0000	0.0000	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	-72.4%
		Paid/Unit	-	-	0.08	-	-	16.60	-	3.86	-	108.00	-	-	4.21	-84.3%
Certified nurse midwife	17-18	Units	-	2	2	-	22	1	-	3	4	12	18	41	105	
		Paid	-	-	83.00	-	1,805.00	-	-	102.00	704.00	1,065.00	1,262.00	2,643.00	7,664.00	
		Paid/Member	-	-	0.00	-	0.01	-	-	0.00	0.00	0.01	0.01	0.01	0.00	
		Units/Member	-	0.0000	0.0000	-	0.0001	0.0000	-	0.0000	0.0000	0.0001	0.0001	0.0002	0.0000	
		Paid/Unit	-	-	41.50	-	82.05	-	-	34.00	176.00	88.75	70.11	64.46	72.99	
		Units	45	54	50	42	55	51	67	63	60	57	66	76	686	

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18	205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19	201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Servicing Provider Specialty	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
	18-19	Paid	2,615.00	3,086.00	3,023.00	2,325.00	3,342.00	2,865.00	5,907.00	6,353.00	4,485.00	4,280.00	7,460.00	7,256.00	52,997.00	
	18-19	Paid/Member	0.01	0.02	0.02	0.01	0.02	0.01	0.03	0.03	0.02	0.02	0.04	0.04	0.02	611.2%
	18-19	Units/Member	0.0002	0.0003	0.0002	0.0002	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0004	0.0003	571.9%
	18-19	Paid/Unit	58.1111	57.1481	60.4600	55.3571	60.7636	56.1765	88.1642	100.8413	74.7500	75.0877	113.0303	95.4737	77.26	5.8%
Chiropractic	17-18	Units	578	594	618	633	734	596	591	610	569	640	537	703	7,403	
Chiropractic	17-18	Paid	8,153.00	8,918.00	9,438.00	9,389.00	10,906.00	9,731.00	9,509.00	10,037.00	9,722.00	10,317.00	9,037.00	11,539.00	116,696.00	
Chiropractic	17-18	Paid/Member	0.04	0.04	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.04	0.06	0.05	
Chiropractic	17-18	Units/Member	0.0028	0.0029	0.0030	0.0031	0.0036	0.0029	0.0029	0.0030	0.0028	0.0032	0.0026	0.0035	0.0030	
Chiropractic	17-18	Paid/Unit	14.11	15.01	15.27	14.83	14.86	16.33	16.09	16.45	17.09	16.12	16.83	16.41	15.76	
Chiropractic	18-19	Units	661	766	794	771	894	797	996	784	780	807	768	839	9,657	
Chiropractic	18-19	Paid	10,788.00	10,585.00	10,816.00	11,382.00	12,728.00	11,970.00	14,724.00	12,074.00	12,347.00	12,551.00	11,189.00	12,495.00	143,649.00	
Chiropractic	18-19	Paid/Member	0.05	0.05	0.05	0.06	0.06	0.06	0.07	0.06	0.06	0.06	0.06	0.06	0.06	26.6%
Chiropractic	18-19	Units/Member	0.0033	0.0038	0.0040	0.0039	0.0045	0.0040	0.0050	0.0040	0.0039	0.0041	0.0039	0.0043	0.0041	34.2%
Chiropractic	18-19	Paid/Unit	16.32	13.82	13.62	14.76	14.24	15.02	14.78	15.40	15.83	15.55	14.57	14.89	14.88	-5.6%
Clinical laboratory (billing independently)	17-18	Units	3,446	3,668	3,697	3,586	4,155	3,985	4,553	3,765	3,372	4,398	4,202	4,429	47,256	
Clinical laboratory (billing independently)	17-18	Paid	212,616.00	242,947.00	257,048.00	238,440.00	265,692.00	238,129.00	260,296.00	228,839.00	186,098.00	266,592.00	248,411.00	261,737.00	2,906,845.00	
Clinical laboratory (billing independently)	17-18	Paid/Member	1.04	1.19	1.26	1.17	1.29	1.16	1.27	1.12	0.91	1.32	1.23	1.29	1.19	
Clinical laboratory (billing independently)	17-18	Units/Member	0.0168	0.0179	0.0181	0.0175	0.0202	0.0194	0.0222	0.0185	0.0165	0.0217	0.0207	0.0219	0.0193	
Clinical laboratory (billing independently)	17-18	Paid/Unit	61.70	66.23	69.53	66.49	63.95	59.76	57.17	60.78	55.19	60.62	59.12	59.10	61.51	
Clinical laboratory (billing independently)	18-19	Units	4,104	4,141	3,631	3,717	4,041	3,636	3,951	3,489	3,493	4,255	3,948	4,036	46,442	
Clinical laboratory (billing independently)	18-19	Paid	268,770.00	268,118.00	226,359.00	212,011.00	265,518.00	234,064.00	255,508.00	224,508.00	188,651.00	282,823.00	282,951.00	268,061.00	2,977,342.00	
Clinical laboratory (billing independently)	18-19	Paid/Member	1.33	1.33	1.13	1.06	1.33	1.18	1.29	1.13	0.95	1.44	1.44	1.37	1.25	5.3%
Clinical laboratory (billing independently)	18-19	Units/Member	0.0204	0.0206	0.0181	0.0186	0.0203	0.0183	0.0200	0.0176	0.0177	0.0216	0.0201	0.0206	0.0195	1.1%
Clinical laboratory (billing independently)	18-19	Paid/Unit	65.49	64.75	62.34	57.04	65.71	64.37	64.67	64.35	54.01	66.47	71.67	66.42	64.11	4.2%
Clinical psychologist	17-18	Units	53	45	50	39	65	44	43	24	30	67	59	64	583	
Clinical psychologist	17-18	Paid	2,343.00	1,734.00	2,405.00	1,784.00	2,733.00	613.00	1,101.00	1,021.00	401.00	2,830.00	1,235.00	2,310.00	20,510.00	
Clinical psychologist	17-18	Paid/Member	0.01	0.01	0.01	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.01	0.01	0.01	
Clinical psychologist	17-18	Units/Member	0.0003	0.0002	0.0002	0.0002	0.0003	0.0002	0.0002	0.0001	0.0001	0.0003	0.0003	0.0003	0.0002	
Clinical psychologist	17-18	Paid/Unit	44.21	38.53	48.10	45.74	42.05	13.93	25.60	42.54	13.37	42.24	20.93	36.09	35.18	
Clinical psychologist	18-19	Units	155	340	336	351	370	301	324	267	233	255	253	261	3,446	
Clinical psychologist	18-19	Paid	769.00	1,416.00	1,011.00	1,502.00	612.00	2,089.00	829.00	1,996.00	966.00	7,877.00	2,459.00	1,665.00	23,191.00	
Clinical psychologist	18-19	Paid/Member	0.00	0.01	0.01	0.01	0.00	0.01	0.00	0.01	0.00	0.04	0.01	0.01	0.01	16.3%
Clinical psychologist	18-19	Units/Member	0.0008	0.0017	0.0017	0.0018	0.0019	0.0015	0.0016	0.0013	0.0012	0.0013	0.0013	0.0013	0.0014	507.9%
Clinical psychologist	18-19	Paid/Unit	4.96	4.16	3.01	4.28	1.65	6.94	2.56	7.48	4.15	30.89	9.72	6.38	6.73	-80.9%
Colorectal surgery	17-18	Units	3	14	7	9	6	4	1	4	7	6	3	4	68	
Colorectal surgery	17-18	Paid	4,219.00	54,291.00	1,876.00	3,022.00	2,870.00	1,471.00	-	149.00	1,534.00	30,430.00	65.00	35,092.00	135,019.00	
Colorectal surgery	17-18	Paid/Member	0.02	0.27	0.01	0.01	0.01	0.01	-	0.00	0.01	0.15	0.00	0.17	0.06	
Colorectal surgery	17-18	Units/Member	0.0000	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Colorectal surgery	17-18	Paid/Unit	1,406.33	3,877.93	268.00	335.78	478.33	367.75	-	37.25	219.14	5,071.67	21.67	8,773.00	1,985.57	
Colorectal surgery	18-19	Units	5	18	13	10	7	11	10	12	6	14	6	7	119	
Colorectal surgery	18-19	Paid	447.00	39,731.00	5,262.00	985.00	138,050.00	8,545.00	3,921.00	2,715.00	279.00	64,726.00	327.00	618.00	265,606.00	
Colorectal surgery	18-19	Paid/Member	0.00	0.20	0.03	0.00	0.69	0.04	0.02	0.01	0.00	0.33	0.00	0.00	0.11	102.3%
Colorectal surgery	18-19	Units/Member	0.0000	0.0001	0.0001	0.0001	0.0000	0.0001	0.0001	0.0001	0.0000	0.0001	0.0000	0.0000	0.0000	80.0%
Colorectal surgery	18-19	Paid/Unit	89.40	2,207.28	404.77	98.50	19,721.43	776.82	392.10	226.25	46.50	4,623.29	54.50	88.29	2,231.98	12.4%
Critical care (intensivists)	17-18	Units	1,427	1,556	1,479	1,388	1,580	1,417	1,614	1,662	1,462	1,953	1,677	1,695	18,910	
Critical care (intensivists)	17-18	Paid	149,867.00	107,655.00	109,927.00	200,990.00	293,352.00	195,075.00	250,181.00	310,279.00	280,994.00	325,258.00	389,825.00	242,911.00	2,856,314.00	
Critical care (intensivists)	17-18	Paid/Member	0.73	0.53	0.54	0.98	1.43	0.95	1.22	1.52	1.38	1.60	1.92	1.20	1.17	
Critical care (intensivists)	17-18	Units/Member	0.0070	0.0076	0.0072	0.0068	0.0077	0.0069	0.0079	0.0081	0.0072	0.0096	0.0083	0.0084	0.0077	
Critical care (intensivists)	17-18	Paid/Unit	105.02	69.19	74.33	144.81	185.67	137.67	155.01	186.69	192.20	166.54	232.45	143.31	151.05	
Critical care (intensivists)	18-19	Units	1,495	1,703	1,694	1,598	1,560	1,554	1,539	1,228	1,447	1,699	1,491	1,698	18,706	
Critical care (intensivists)	18-19	Paid	771,873.00	777,978.00	588,822.00	302,944.00	580,979.00	474,393.00	312,893.00	741,353.00	408,695.00	664,716.00	305,624.00	965,272.00	6,895,542.00	
Critical care (intensivists)	18-19	Paid/Member	3.83	3.86	2.94	1.52	2.92	2.39	1.58	3.74	2.07	3.38	1.55	4.92	2.89	148.3%
Critical care (intensivists)	18-19	Units/Member	0.0074	0.0085	0.0085	0.0080	0.0078	0.0078	0.0078	0.0062	0.0073	0.0086	0.0076	0.0087	0.0078	1.7%
Critical care (intensivists)	18-19	Paid/Unit	516.30	456.83	347.59	189.58	372.42	305.27	203.31	603.71	282.44	391.24	204.98	568.48	368.63	144.0%
CRNA, anesthesia assistant	17-18	Units	94	104	91	76	68	67	53	47	33	77	53	57	820	
CRNA, anesthesia assistant	17-18	Paid	13,223.00	9,721.00	5,189.00	6,815.00	3,953.00	4,098.00	6,041.00	5,700.00	9,964.00	8,564.00	7,188.00	7,102.00	87,558.00	
CRNA, anesthesia assistant	17-18	Paid/Member	0.06	0.05	0.03	0.03	0.02	0.02	0.03	0.03	0.05	0.04	0.04	0.04	0.04	
CRNA, anesthesia assistant	17-18	Units/Member	0.0005	0.0005	0.0004	0.0004	0.0003	0.0003	0.0003	0.0002	0.0002	0.0004	0.0003	0.0003	0.0003	
CRNA, anesthesia assistant	17-18	Paid/Unit	140.67	93.47	57.02	89.67	58.13	61.16	113.98	121.28	301.94	111.22	135.62	124.60	106.78	
CRNA, anesthesia assistant	18-19	Units	88	141	120	114	164	124	138	106	107	143	93	104	1,442	
CRNA, anesthesia assistant	18-19	Paid	11,267.00	8,917.00	9,707.00	11,772.00	13,031.00	8,356.00	8,423.00	8,826.00	9,187.00	15,002.00	7,013.00	6,204.00	117,705.00	
CRNA, anesthesia assistant	18-19	Paid/Member	0.06	0.04	0.05	0.06	0.07	0.04	0.04	0.04	0.05	0.08	0.04	0.03	0.05	38.3%
CRNA, anesthesia assistant	18-19	Units/Member	0.0004	0.0007	0.0006	0.0006	0.0008	0.0006	0.0007	0.0005	0.0005	0.0007	0.0005	0.0005	0.0006	80.9%

Servicing Provider Specialty

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
		Paid/Unit	128.03	63.24	80.89	103.26	79.46	67.39	61.04	83.26	85.86	104.91	75.41	59.65	81.63	-23.6%
Dentist	17-18	Units	29	46	34	36	35	17	25	26	14	23	19	24	328	
		Paid	4,599.00	8,802.00	11,691.00	9,779.00	6,307.00	1,917.00	601.00	608.00	554.00	1,114.00	1,008.00	1,048.00	48,028.00	
		Paid/Member	0.02	0.04	0.06	0.05	0.03	0.01	0.00	0.00	0.00	0.01	0.00	0.01	0.02	
		Units/Member	0.0001	0.0002	0.0002	0.0002	0.0002	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	
		Paid/Unit	158.59	191.35	343.85	271.64	180.20	112.76	24.04	23.38	39.57	48.43	53.05	43.67	146.43	
	18-19	Units	20	44	40	52	44	32	32	31	23	39	38	44	439	
		Paid	601.00	1,905.00	1,203.00	1,795.00	2,094.00	905.00	3,694.00	1,451.00	2,473.00	1,814.00	1,663.00	1,654.00	21,252.00	
		Paid/Member	0.00	0.01	0.01	0.01	0.01	0.00	0.02	0.01	0.01	0.01	0.01	0.01	0.01	-54.5%
		Units/Member	0.0001	0.0002	0.0002	0.0003	0.0002	0.0002	0.0002	0.0002	0.0001	0.0002	0.0002	0.0002	0.0002	37.6%
		Paid/Unit	30.05	43.30	30.08	34.52	47.59	28.28	115.44	46.81	107.52	46.51	43.76	37.59	48.41	-66.9%
Dermatology	17-18	Units	804	974	876	1,008	1,122	861	1,113	1,087	767	1,160	1,125	1,179	12,076	
		Paid	38,559.00	53,982.00	67,631.00	100,081.00	103,315.00	81,608.00	105,201.00	102,041.00	85,540.00	129,134.00	150,730.00	222,161.00	1,239,983.00	
		Paid/Member	0.19	0.26	0.33	0.49	0.50	0.40	0.51	0.50	0.42	0.64	0.74	1.10	0.51	
		Units/Member	0.0039	0.0048	0.0043	0.0049	0.0055	0.0042	0.0054	0.0053	0.0038	0.0057	0.0056	0.0058	0.0049	
		Paid/Unit	47.96	55.42	77.20	99.29	92.08	94.78	94.52	93.87	111.53	111.32	133.98	188.43	102.68	
	18-19	Units	1,183	1,288	1,060	1,225	1,335	1,110	1,303	939	922	1,629	1,389	1,417	14,800	
		Paid	197,452.00	183,932.00	143,308.00	182,591.00	182,337.00	143,825.00	174,227.00	116,800.00	119,135.00	209,312.00	170,632.00	180,396.00	2,003,947.00	
		Paid/Member	0.98	0.91	0.72	0.92	0.92	0.73	0.88	0.59	0.60	1.06	0.87	0.92	0.84	66.2%
		Units/Member	0.0059	0.0064	0.0053	0.0061	0.0067	0.0056	0.0066	0.0047	0.0047	0.0083	0.0071	0.0072	0.0062	26.0%
		Paid/Unit	166.91	142.80	135.20	149.05	136.58	129.57	133.71	124.39	129.21	128.49	122.85	127.31	135.40	31.9%
Diagnostic radiology	17-18	Units	16,439	17,528	15,953	15,148	16,057	16,283	16,556	15,365	14,020	23,634	19,684	17,675	204,342	
		Paid	664,099.00	716,231.00	759,307.00	694,918.00	829,686.00	735,693.00	683,588.00	673,285.00	636,255.00	854,252.00	744,234.00	849,730.00	8,841,278.00	
		Paid/Member	3.24	3.50	3.71	3.40	4.04	3.58	3.33	3.30	3.11	4.21	3.67	4.20	3.61	
		Units/Member	0.0801	0.0856	0.0779	0.0740	0.0782	0.0793	0.0808	0.0753	0.0686	0.1166	0.0971	0.0874	0.0834	
		Paid/Unit	40.40	40.86	47.60	45.88	51.67	45.18	41.29	43.82	45.38	36.15	37.81	48.08	43.27	
	18-19	Units	16,247	16,409	15,815	15,780	15,859	15,249	16,603	13,809	13,621	17,668	15,120	17,179	189,359	
		Paid	814,817.00	737,030.00	671,964.00	704,072.00	724,758.00	641,922.00	731,854.00	657,396.00	593,870.00	704,579.00	638,845.00	711,662.00	8,332,769.00	
		Paid/Member	4.04	3.66	3.36	3.53	3.64	3.24	3.70	3.32	3.01	3.58	3.25	3.63	3.50	-3.1%
		Units/Member	0.0806	0.0815	0.0790	0.0791	0.0797	0.0769	0.0840	0.0697	0.0689	0.0897	0.0768	0.0876	0.0795	-4.7%
		Paid/Unit	50.15	44.92	42.49	44.62	45.70	42.10	44.08	47.61	43.60	39.88	42.25	41.43	44.01	1.7%
Diagnostic Radiology Center	17-18	Units	-	5	1	3	-	2	1	-	2	3	2	2	21	
		Paid	-	25.00	9.00	30.00	-	8.00	8.00	-	17.00	42.00	11.00	5.00	155.00	
		Paid/Member	-	0.00	0.00	0.00	-	0.00	0.00	-	0.00	0.00	0.00	0.00	0.00	
		Units/Member	-	0.0000	0.0000	0.0000	-	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	-	5.00	9.00	10.00	-	4.00	8.00	-	8.50	14.00	5.50	2.50	7.38	
	18-19	Units	1	4	-	-	2	16	18	10	11	16	6	8	92	
		Paid	5.00	12.00	-	-	6.00	219.00	455.00	235.00	686.00	529.00	620.00	324.00	3,091.00	
		Paid/Member	0.00	0.00	-	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1950.9%
		Units/Member	0.0000	0.0000	-	-	0.0000	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	350.6%
		Paid/Unit	5.00	3.00	-	-	3.00	13.69	25.28	23.50	62.36	33.06	103.33	40.50	33.60	355.2%
Dialysis Center	17-18	Units	974	1,004	1,397	1,368	1,308	1,124	1,067	1,061	1,147	1,067	1,154	1,220	13,891	
		Paid	673,215.00	756,660.00	768,678.00	777,972.00	829,202.00	801,012.00	802,779.00	795,646.00	835,411.00	826,025.00	760,463.00	849,595.00	9,476,658.00	
		Paid/Member	3.28	3.70	3.76	3.80	4.04	3.90	3.92	3.90	4.09	4.07	3.75	4.20	3.87	
		Units/Member	0.0047	0.0049	0.0068	0.0067	0.0064	0.0055	0.0052	0.0052	0.0056	0.0053	0.0057	0.0060	0.0057	
		Paid/Unit	691.19	753.65	550.23	568.69	633.95	712.64	752.37	749.90	728.34	774.16	658.98	696.39	682.22	
	18-19	Units	961	1,053	916	896	913	869	860	956	971	1,199	1,063	944	11,601	
		Paid	709,287.00	794,394.00	756,709.00	757,551.00	775,437.00	705,302.00	774,170.00	736,090.00	812,687.00	877,783.00	834,542.00	830,924.00	9,364,876.00	
		Paid/Member	3.52	3.94	3.78	3.80	3.90	3.56	3.92	3.71	4.11	4.46	4.24	4.24	3.93	1.6%
		Units/Member	0.0048	0.0052	0.0046	0.0045	0.0046	0.0044	0.0044	0.0048	0.0049	0.0061	0.0054	0.0048	0.0049	-14.1%
		Paid/Unit	738.07	754.41	826.10	845.48	849.33	811.62	900.20	769.97	836.96	732.10	785.08	880.22	807.25	18.3%
Emergency medicine	17-18	Paid	12,031	12,914	11,878	11,614	12,131	11,798	11,760	11,742	12,350	14,396	13,481	13,037	149,132	
		Paid/Member	1,271,102.00	1,563,440.00	1,577,853.00	1,562,928.00	1,684,596.00	1,364,332.00	1,627,755.00	1,591,349.00	1,802,914.00	1,952,653.00	1,779,791.00	1,842,808.00	19,621,521.00	
		Units/Member	6.19	7.64	7.71	7.64	8.21	6.65	7.94	7.80	8.83	9.63	8.78	9.11	8.01	
		Paid/Unit	0.0586	0.0631	0.0580	0.0568	0.0591	0.0575	0.0574	0.0576	0.0605	0.0710	0.0665	0.0644	0.0609	
		Units	105.65	121.07	132.84	134.57	138.87	115.64	138.41	135.53	145.98	135.64	132.02	141.35	131.57	
	18-19	Units	11,497	12,033	11,348	11,006	11,082	11,211	10,603	10,609	10,823	12,202	11,569	12,309	136,292	
		Paid	1,663,549.00	1,722,489.00	2,277,357.00	1,520,855.00	1,594,499.00	1,626,928.00	1,583,244.00	1,464,457.00	1,536,549.00	1,886,433.00	1,644,210.00	1,682,623.00	20,203,193.00	
		Paid/Member	8.25	8.55	11.37	7.62	8.01	8.21	8.01	7.39	7.78	9.58	8.35	8.58	8.48	5.9%
		Units/Member	0.0570	0.0597	0.0567	0.0552	0.0557	0.0566	0.0536	0.0535	0.0548	0.0620	0.0588	0.0628	0.0572	-6.0%
		Paid/Unit	144.69	143.15	200.68	138.18	143.88	145.12	149.32	138.04	141.97	154.60	142.12	136.70	148.23	12.7%
		Units	732	864	938	795	1,258	832	1,083	888	805	995	856	1,040	11,086	
		Paid	27,283.00	37,767.00	38,305.00	56,140.00	55,674.00	36,550.00	50,802.00	40,992.00	34,084.00	50,431.00	39,366.00	52,614.00	520,008.00	

Return to Agenda

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**	
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**	

In the most recent cycle:
Change < 0
Change > 10%
Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Endocrinology	17-18	Paid/Member	$ 0.13	$ 0.18	$ 0.19	$ 0.27	$ 0.27	$ 0.18	$ 0.25	$ 0.20	$ 0.17	$ 0.25	$ 0.19	$ 0.26	$ 0.21	
		Units/Member	0.0036	0.0042	0.0046	0.0039	0.0061	0.0041	0.0053	0.0044	0.0039	0.0049	0.0042	0.0051	0.0045	
		Paid/Unit	$ 37.27	$ 43.71	$ 40.84	$ 70.62	$ 44.26	$ 43.93	$ 46.91	$ 46.16	$ 42.34	$ 50.68	$ 45.99	$ 50.59	$ 46.91	
	18-19	Units	763	927	972	892	1,036	832	1,052	741	714	771	674	1,025	10,399	
		Paid	$ 40,124.00	$ 44,038.00	$ 43,641.00	$ 79,608.00	$ 49,139.00	$ 40,918.00	$ 50,448.00	$ 33,864.00	$ 35,869.00	$ 43,033.00	$ 34,108.00	$ 48,327.00	$ 543,117.00	
		Paid/Member	$ 0.20	$ 0.22	$ 0.22	$ 0.40	$ 0.25	$ 0.21	$ 0.26	$ 0.17	$ 0.18	$ 0.22	$ 0.17	$ 0.25	$ 0.23	7.4%
		Units/Member	0.0038	0.0046	0.0049	0.0045	0.0052	0.0042	0.0053	0.0037	0.0036	0.0039	0.0034	0.0052	0.0044	-3.5%
		Paid/Unit	$ 52.59	$ 47.51	$ 44.90	$ 89.25	$ 47.43	$ 49.18	$ 47.95	$ 45.70	$ 50.24	$ 55.81	$ 50.61	$ 47.15	$ 52.23	11.3%
Family practice	17-18	Units	36,692	40,603	37,631	33,776	40,174	32,960	40,817	39,564	33,324	45,669	40,571	43,489	465,270	
		Paid	$ 3,135,895.00	$ 3,227,327.00	$ 3,488,187.00	$ 4,156,465.00	$ 4,221,773.00	$ 3,052,094.00	$ 3,919,019.00	$ 3,905,038.00	$ 3,028,342.00	$ 4,451,773.00	$ 3,754,637.00	$ 4,027,322.00	$ 44,367,872.00	
		Paid/Member	$ 15.28	$ 15.77	$ 17.04	$ 20.31	$ 20.57	$ 14.87	$ 19.11	$ 19.14	$ 14.83	$ 21.96	$ 18.53	$ 19.91	$ 18.10	
		Units/Member	0.1788	0.1984	0.1839	0.1651	0.1957	0.1606	0.1991	0.1939	0.1631	0.2253	0.2002	0.2150	0.1898	
		Paid/Unit	$ 85.47	$ 79.48	$ 92.69	$ 123.06	$ 105.09	$ 92.60	$ 96.01	$ 98.70	$ 90.88	$ 97.48	$ 92.54	$ 92.61	$ 95.36	
	18-19	Units	38,773	40,250	36,935	35,273	39,517	35,506	39,740	35,299	34,232	42,555	38,506	41,071	457,657	
		Paid	$ 4,415,682.00	$ 4,420,928.00	$ 3,630,603.00	$ 4,163,946.00	$ 3,449,065.00	$ 3,321,068.00	$ 3,794,414.00	$ 3,309,771.00	$ 2,816,910.00	$ 3,768,426.00	$ 3,112,420.00	$ 3,643,301.00	$ 43,846,534.00	
		Paid/Member	$ 21.91	$ 21.95	$ 18.13	$ 20.87	$ 17.34	$ 16.75	$ 19.20	$ 16.70	$ 14.26	$ 19.14	$ 15.81	$ 18.58	$ 18.40	1.6%
		Units/Member	0.1924	0.1998	0.1844	0.1768	0.1986	0.1791	0.2011	0.1781	0.1733	0.2162	0.1957	0.2095	0.1920	1.2%
		Paid/Unit	$ 113.89	$ 109.84	$ 98.30	$ 118.05	$ 87.28	$ 93.54	$ 95.48	$ 93.76	$ 82.29	$ 88.55	$ 80.83	$ 88.71	$ 95.81	0.5%
Gastroenterology	17-18	Units	1,706	2,043	1,896	1,931	2,248	1,657	1,887	1,906	1,385	1,881	1,736	1,688	21,964	
		Paid	$ 254,625.00	$ 306,943.00	$ 245,316.00	$ 423,538.00	$ 230,886.00	$ 168,153.00	$ 201,075.00	$ 221,950.00	$ 169,564.00	$ 254,757.00	$ 354,683.00	$ 298,090.00	$ 3,129,580.00	
		Paid/Member	$ 1.24	$ 1.50	$ 1.20	$ 2.07	$ 1.12	$ 0.82	$ 0.98	$ 1.09	$ 0.83	$ 1.26	$ 1.75	$ 1.47	$ 1.28	
		Units/Member	0.0083	0.0100	0.0093	0.0094	0.0110	0.0081	0.0092	0.0093	0.0068	0.0093	0.0086	0.0083	0.0090	
		Paid/Unit	$ 149.25	$ 150.24	$ 129.39	$ 219.34	$ 102.71	$ 101.48	$ 106.56	$ 116.45	$ 122.43	$ 135.44	$ 204.31	$ 176.59	$ 142.49	
	18-19	Units	1,747	1,726	1,447	1,614	1,651	1,400	1,617	1,379	1,223	1,555	1,401	1,509	18,269	
		Paid	$ 290,669.00	$ 341,218.00	$ 277,874.00	$ 306,751.00	$ 210,435.00	$ 157,101.00	$ 244,300.00	$ 157,711.00	$ 128,930.00	$ 181,103.00	$ 156,069.00	$ 191,693.00	$ 2,643,854.00	
		Paid/Member	$ 1.44	$ 1.69	$ 1.39	$ 1.54	$ 1.06	$ 0.79	$ 1.24	$ 0.80	$ 0.65	$ 0.92	$ 0.79	$ 0.98	$ 1.11	-13.1%
		Units/Member	0.0087	0.0086	0.0072	0.0081	0.0083	0.0071	0.0082	0.0070	0.0062	0.0079	0.0071	0.0077	0.0077	-14.5%
		Paid/Unit	$ 166.38	$ 197.69	$ 192.03	$ 190.06	$ 127.46	$ 112.22	$ 151.08	$ 114.37	$ 105.42	$ 116.46	$ 111.40	$ 127.03	$ 144.72	1.6%
General practice	17-18	Units	861	869	774	674	815	864	861	723	732	1,044	855	899	9,971	
		Paid	$ 36,383.00	$ 33,777.00	$ 56,862.00	$ 50,069.00	$ 33,797.00	$ 60,435.00	$ 41,475.00	$ 33,772.00	$ 76,432.00	$ 68,600.00	$ 53,521.00	$ 72,145.00	$ 617,268.00	
		Paid/Member	$ 0.18	$ 0.17	$ 0.28	$ 0.24	$ 0.16	$ 0.29	$ 0.20	$ 0.17	$ 0.37	$ 0.34	$ 0.26	$ 0.36	$ 0.25	
		Units/Member	0.0042	0.0042	0.0038	0.0033	0.0040	0.0042	0.0042	0.0035	0.0036	0.0051	0.0042	0.0044	0.0041	
		Paid/Unit	$ 42.26	$ 38.87	$ 73.47	$ 74.29	$ 41.47	$ 69.95	$ 48.17	$ 46.71	$ 104.42	$ 65.71	$ 62.60	$ 80.25	$ 61.91	
	18-19	Units	769	880	807	780	808	809	910	827	823	813	1,014	1,086	10,326	
		Paid	$ 92,831.00	$ 175,561.00	$ 84,123.00	$ 135,481.00	$ 103,299.00	$ 175,889.00	$ 103,814.00	$ 126,780.00	$ 76,449.00	$ 90,872.00	$ 130,549.00	$ 177,501.00	$ 1,473,149.00	
		Paid/Member	$ 0.46	$ 0.87	$ 0.42	$ 0.68	$ 0.52	$ 0.89	$ 0.53	$ 0.64	$ 0.39	$ 0.46	$ 0.66	$ 0.91	$ 0.62	145.4%
		Units/Member	0.0038	0.0044	0.0040	0.0039	0.0041	0.0041	0.0046	0.0042	0.0042	0.0041	0.0052	0.0055	0.0043	6.5%
		Paid/Unit	$ 120.72	$ 199.50	$ 104.24	$ 173.69	$ 127.85	$ 217.42	$ 114.08	$ 153.30	$ 92.89	$ 111.77	$ 128.75	$ 163.44	$ 142.66	130.5%
General surgery	17-18	Units	1,396	1,534	1,586	1,437	1,615	1,417	1,593	1,660	1,314	1,734	1,454	1,779	18,519	
		Paid	$ 1,059,333.00	$ 720,491.00	$ 936,758.00	$ 925,698.00	$ 792,453.00	$ 836,192.00	$ 720,757.00	$ 1,612,798.00	$ 732,963.00	$ 755,092.00	$ 1,031,481.00	$ 1,415,972.00	$ 11,539,988.00	
		Paid/Member	$ 5.16	$ 3.52	$ 4.58	$ 4.52	$ 3.86	$ 4.07	$ 3.52	$ 7.91	$ 3.59	$ 3.72	$ 5.09	$ 7.00	$ 4.71	
		Units/Member	0.0068	0.0075	0.0077	0.0070	0.0079	0.0069	0.0078	0.0081	0.0064	0.0086	0.0072	0.0088	0.0076	
		Paid/Unit	$ 758.83	$ 469.68	$ 590.64	$ 644.19	$ 490.68	$ 590.11	$ 452.45	$ 971.57	$ 557.81	$ 435.46	$ 709.41	$ 795.94	$ 623.14	
	18-19	Units	1,639	1,805	1,658	1,724	1,717	1,547	1,884	1,583	1,465	1,775	1,591	1,555	19,943	
		Paid	$ 1,111,001.00	$ 970,791.00	$ 1,501,062.00	$ 1,104,331.00	$ 1,054,960.00	$ 883,622.00	$ 1,881,717.00	$ 1,149,346.00	$ 813,059.00	$ 1,346,524.00	$ 962,924.00	$ 967,908.00	$ 13,747,245.00	
		Paid/Member	$ 5.51	$ 4.82	$ 7.50	$ 5.54	$ 5.30	$ 4.46	$ 9.52	$ 5.80	$ 4.12	$ 6.84	$ 4.89	$ 4.94	$ 5.77	22.5%
		Units/Member	0.0081	0.0090	0.0083	0.0086	0.0086	0.0078	0.0095	0.0080	0.0074	0.0090	0.0081	0.0079	0.0084	10.8%
		Paid/Unit	$ 677.85	$ 537.83	$ 905.34	$ 640.56	$ 614.42	$ 571.18	$ 998.79	$ 726.06	$ 554.99	$ 758.61	$ 605.23	$ 622.45	$ 689.33	10.6%
Genetics	17-18	Units	27	20	23	24	23	24	32	21	14	20	23	37	288	
		Paid	$ 5,063.00	$ 1,991.00	$ 5,380.00	$ 4,831.00	$ 3,653.00	$ 6,550.00	$ 4,117.00	$ 6,082.00	$ 2,351.00	$ 2,283.00	$ 3,838.00	$ 6,452.00	$ 52,591.00	
		Paid/Member	$ 0.02	$ 0.01	$ 0.03	$ 0.02	$ 0.02	$ 0.03	$ 0.02	$ 0.03	$ 0.01	$ 0.01	$ 0.02	$ 0.03	$ 0.02	
		Units/Member	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0002	0.0001	0.0001	0.0001	0.0001	0.0002	0.0001	
		Paid/Unit	$ 187.52	$ 99.55	$ 233.91	$ 201.29	$ 158.83	$ 272.92	$ 128.66	$ 289.62	$ 167.93	$ 114.15	$ 166.87	$ 174.38	$ 182.61	
	18-19	Units	30	29	21	31	36	42	34	34	20	27	35	38	377	
		Paid	$ 8,346.00	$ 6,624.00	$ 10,434.00	$ 4,663.00	$ 5,472.00	$ 10,723.00	$ 3,414.00	$ 4,846.00	$ 6,263.00	$ 5,109.00	$ 8,128.00	$ 4,198.00	$ 78,220.00	
		Paid/Member	$ 0.04	$ 0.03	$ 0.05	$ 0.02	$ 0.03	$ 0.05	$ 0.02	$ 0.02	$ 0.03	$ 0.03	$ 0.04	$ 0.02	$ 0.03	53.0%
		Units/Member	0.0001	0.0001	0.0001	0.0002	0.0002	0.0002	0.0002	0.0002	0.0001	0.0001	0.0002	0.0002	0.0002	34.6%
		Paid/Unit	278.2000	228.4138	496.8571	150.4194	152.0000	255.3095	100.4118	142.5294	313.1500	189.2222	232.2286	110.4737	$ 207.48	13.6%
Geriatric medicine	17-18	Units	438	457	443	490	515	513	511	452	442	421	412	486	5,580	
		Paid	$ 136,075.00	$ 128,804.00	$ 134,521.00	$ 168,849.00	$ 133,208.00	$ 166,182.00	$ 162,785.00	$ 174,519.00	$ 211,162.00	$ 212,345.00	$ 177,592.00	$ 225,169.00	$ 2,031,211.00	
		Paid/Member	$ 0.66	$ 0.63	$ 0.66	$ 0.83	$ 0.65	$ 0.81	$ 0.79	$ 0.86	$ 1.03	$ 1.05	$ 0.88	$ 1.11	$ 0.83	
		Units/Member	0.0021	0.0022	0.0022	0.0024	0.0025	0.0025	0.0025	0.0022	0.0022	0.0021	0.0020	0.0024	0.0023	
		Paid/Unit	$ 310.67	$ 281.85	$ 303.66	$ 344.59	$ 258.66	$ 323.94	$ 318.56	$ 386.10	$ 477.74	$ 504.38	$ 431.05	$ 463.31	$ 364.02	

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Geriatric medicine	18-19	Units	283	371	341	356	320	278	351	285	255	376	357	311	3,884	
		Paid	215,726.00	286,101.00	229,898.00	236,125.00	224,622.00	215,444.00	235,605.00	238,899.00	265,428.00	272,221.00	237,458.00	246,739.00	2,904,266.00	
		Paid/Member	1.07	1.42	1.15	1.18	1.13	1.09	1.19	1.21	1.34	1.38	1.21	1.26	1.22	47.0%
		Units/Member	0.0014	0.0018	0.0017	0.0018	0.0016	0.0014	0.0018	0.0014	0.0013	0.0019	0.0018	0.0016	0.0016	-28.4%
		Paid/Unit	762.2827	771.1617	674.1877	663.2725	701.9438	774.9784	671.2393	838.2421	1,040.8941	723.9920	665.1485	793.3730	747.75	105.4%
Gynecologist/oncologist	17-18	Units	44	64	35	33	45	45	39	30	43	39	37	39	493	
		Paid	11,369.00	18,876.00	7,695.00	10,873.00	4,764.00	6,291.00	11,905.00	7,072.00	4,077.00	5,376.00	1,208.00	12,013.00	101,519.00	
		Paid/Member	0.06	0.09	0.04	0.05	0.02	0.03	0.06	0.03	0.02	0.03	0.01	0.06	0.04	
		Units/Member	0.0002	0.0003	0.0002	0.0002	0.0002	0.0002	0.0002	0.0001	0.0002	0.0002	0.0002	0.0002	0.0002	
		Paid/Unit	258.39	294.94	219.86	329.48	105.87	139.80	305.26	235.73	94.81	137.85	32.65	308.03	205.92	
	18-19	Units	44	46	22	70	40	33	35	42	34	46	63	54	529	
		Paid	8,534.00	10,187.00	13,619.00	324,743.00	34,293.00	4,533.00	3,498.00	7,343.00	4,586.00	4,393.00	7,174.00	6,647.00	429,550.00	
		Paid/Member	0.04	0.05	0.07	1.63	0.17	0.02	0.02	0.04	0.02	0.02	0.04	0.03	0.18	335.2%
		Units/Member	0.0002	0.0002	0.0001	0.0004	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0003	0.0003	0.0002	10.4%
		Paid/Unit	193.9545	221.4565	619.0455	4,639.1857	857.3250	137.3636	99.9429	174.8333	134.8824	95.5000	113.8730	123.0926	812.00	294.3%
Hand surgery	17-18	Units	59	96	53	41	73	14	59	80	35	67	25	82	684	
		Paid	5,099.00	9,238.00	7,224.00	2,381.00	9,219.00	2,382.00	6,545.00	8,190.00	4,985.00	9,138.00	2,625.00	11,384.00	78,410.00	
		Paid/Member	0.02	0.05	0.04	0.01	0.04	0.01	0.03	0.04	0.02	0.05	0.01	0.06	0.03	
		Units/Member	0.0003	0.0005	0.0003	0.0002	0.0004	0.0001	0.0003	0.0004	0.0002	0.0003	0.0001	0.0004	0.0003	
		Paid/Unit	86.42	96.23	136.30	58.07	126.29	170.14	110.93	102.38	142.43	136.39	105.00	138.83	114.63	
	18-19	Units	68	93	75	52	45	39	51	55	58	70	60	79	745	
		Paid	6,615.00	12,293.00	4,630.00	1,440.00	332.00	1,406.00	616.00	1,242.00	6,977.00	13,374.00	5,585.00	12,447.00	66,957.00	
		Paid/Member	0.03	0.06	0.02	0.01	0.00	0.01	0.00	0.01	0.04	0.07	0.03	0.06	0.03	-12.2%
		Units/Member	0.0003	0.0005	0.0004	0.0003	0.0002	0.0002	0.0003	0.0003	0.0003	0.0004	0.0003	0.0004	0.0003	12.0%
		Paid/Unit	97.28	132.18	61.73	27.69	7.38	36.05	12.08	22.58	120.29	191.06	93.08	157.56	89.88	-21.6%
Hematology	17-18	Units	143	131	100	133	110	111	100	90	71	94	84	111	1,278	
		Paid	564,793.00	419,089.00	2,207,313.00	494,893.00	511,922.00	211,764.00	332,663.00	209,562.00	48,562.00	104,848.00	124,768.00	363,823.00	5,594,000.00	
		Paid/Member	2.75	2.05	10.78	2.42	2.49	1.03	1.62	1.03	0.24	0.52	0.62	1.80	2.28	
		Units/Member	0.0007	0.0006	0.0005	0.0006	0.0005	0.0005	0.0005	0.0004	0.0003	0.0005	0.0004	0.0005	0.0005	
		Paid/Unit	3,949.60	3,199.15	22,073.13	3,721.00	4,653.84	1,907.78	3,326.63	2,328.47	683.97	1,115.40	1,485.33	3,277.68	4,377.15	
	18-19	Units	115	120	119	148	82	92	59	63	60	76	70	57	1,061	
		Paid	127,539.00	332,341.00	1,186,259.00	23,227.00	950,200.00	382,824.00	95,736.00	227,535.00	80,628.00	796,460.00	173,075.00	313,839.00	4,689,663.00	
		Paid/Member	0.63	1.65	5.92	0.12	4.78	1.93	0.48	1.15	0.41	4.05	0.88	1.60	1.97	-13.8%
		Units/Member	0.0006	0.0006	0.0006	0.0007	0.0004	0.0005	0.0003	0.0003	0.0003	0.0004	0.0004	0.0003	0.0004	-14.6%
		Paid/Unit	1,109.03	2,769.51	9,968.56	156.94	11,587.80	4,161.13	1,622.64	3,611.67	1,343.80	10,479.74	2,472.50	5,505.95	4,420.04	1.0%
Hematology	17-18	Units	143	131	100	133	110	111	100	90	71	94	84	111	1,278	
		Paid	564,793.00	419,089.00	2,207,313.00	494,893.00	511,922.00	211,764.00	332,663.00	209,562.00	48,562.00	104,848.00	124,768.00	363,823.00	5,594,000.00	
		Paid/Member	2.75	2.05	10.78	2.42	2.49	1.03	1.62	1.03	0.24	0.52	0.62	1.80	2.28	
		Units/Member	0.0007	0.0006	0.0005	0.0006	0.0005	0.0005	0.0005	0.0004	0.0003	0.0005	0.0004	0.0005	0.0005	
		Paid/Unit	3,949.60	3,199.15	22,073.13	3,721.00	4,653.84	1,907.78	3,326.63	2,328.47	683.97	1,115.40	1,485.33	3,277.68	4,377.15	
	18-19	Units	115	120	119	148	82	92	59	63	60	76	70	57	1,061	
		Paid	127,539.00	332,341.00	1,186,259.00	23,227.00	950,200.00	382,824.00	95,736.00	227,535.00	80,628.00	796,460.00	173,075.00	313,839.00	4,689,663.00	
		Paid/Member	0.63	1.65	5.92	0.12	4.78	1.93	0.48	1.15	0.41	4.05	0.88	1.60	1.97	-13.8%
		Units/Member	0.0006	0.0006	0.0006	0.0007	0.0004	0.0005	0.0003	0.0003	0.0003	0.0004	0.0004	0.0003	0.0004	-14.6%
		Paid/Unit	1,109.03	2,769.51	9,968.56	156.94	11,587.80	4,161.13	1,622.64	3,611.67	1,343.80	10,479.74	2,472.50	5,505.95	4,420.04	1.0%
Home Health Agency	17-18	Units	361	636	406	441	429	436	432	428	413	426	398	453	5,259	
		Paid	191,930.00	201,002.00	156,867.00	224,918.00	216,016.00	221,891.00	223,956.00	205,455.00	171,227.00	209,208.00	241,560.00	268,777.00	2,532,807.00	
		Paid/Member	0.94	0.98	0.77	1.10	1.05	1.08	1.09	1.01	0.84	1.03	1.19	1.33	1.03	
		Units/Member	0.0018	0.0031	0.0020	0.0022	0.0021	0.0021	0.0021	0.0021	0.0020	0.0021	0.0020	0.0022	0.0021	
		Paid/Unit	531.66	316.04	386.37	510.02	503.53	508.92	518.42	480.04	414.59	491.10	606.93	593.33	481.61	
	18-19	Units	420	376	412	385	418	422	487	431	466	464	480	470	5,231	
		Paid	266,273.00	261,885.00	228,433.00	231,659.00	277,401.00	277,500.00	279,221.00	256,940.00	281,849.00	235,005.00	211,394.00	218,920.00	3,026,480.00	
		Paid/Member	1.32	1.30	1.14	1.16	1.39	1.40	1.41	1.30	1.43	1.19	1.07	1.12	1.27	22.9%
		Units/Member	0.0021	0.0019	0.0021	0.0019	0.0021	0.0021	0.0025	0.0022	0.0024	0.0024	0.0024	0.0024	0.0022	2.3%
		Paid/Unit	633.98	696.50	554.45	601.71	663.64	657.58	573.35	596.15	604.83	506.48	440.40	465.79	578.57	20.1%
Hospice	17-18	Units	86	93	112	118	129	135	139	125	121	116	120	142	1,436	
		Paid	286,712.00	293,756.00	282,772.00	342,963.00	322,991.00	302,262.00	325,104.00	318,408.00	303,585.00	314,265.00	283,894.00	311,381.00	3,688,093.00	
		Paid/Member	1.40	1.44	1.38	1.68	1.57	1.47	1.59	1.56	1.49	1.55	1.40	1.54	1.50	
		Units/Member	0.0004	0.0005	0.0005	0.0006	0.0006	0.0007	0.0007	0.0006	0.0006	0.0006	0.0006	0.0007	0.0006	
		Paid/Unit	3,333.86	3,158.67	2,524.75	2,906.47	2,503.81	2,238.98	2,338.88	2,547.26	2,508.97	2,709.18	2,365.78	2,192.82	2,568.31	
	18-19	Units	137	120	132	174	177	161	136	131	127	139	104	105	1,643	
		Paid	343,330.00	347,083.00	361,094.00	450,104.00	441,235.00	436,301.00	422,894.00	364,009.00	358,780.00	372,119.00	344,459.00	428,132.00	4,669,540.00	
		Paid/Member	1.70	1.72	1.80	2.26	2.22	2.20	2.14	1.84	1.82	1.89	1.75	2.18	1.96	30.2%

Return to Agenda

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Membership	17-18	205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19	201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
Change < 0
Change > 10%
Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
		Units/Member	0.0007	0.0006	0.0007	0.0009	0.0009	0.0008	0.0007	0.0007	0.0006	0.0007	0.0005	0.0005	0.0007	17.7%
		Paid/Unit	$ 2,506.06	$ 2,892.36	$ 2,735.56	$ 2,586.80	$ 2,492.85	$ 2,709.94	$ 3,109.51	$ 2,778.69	$ 2,825.04	$ 2,677.12	$ 3,312.11	$ 4,077.45	$ 2,842.08	10.7%
Hospital	17-18	Units	15,669	16,622	16,275	15,785	17,649	22,457	16,460	14,802	12,925	16,499	14,905	15,501	195,549	
		Paid	$ 8,040,908.00	$ 7,003,314.00	$ 8,275,488.00	$ 10,401,145.00	$ 9,545,000.00	$ 8,715,427.00	$ 7,455,862.00	$ 7,656,530.00	$ 5,996,221.00	$ 7,180,727.00	$ 7,875,209.00	$ 9,498,885.00	$ 97,644,716.00	
		Paid/Member	$ 39.17	$ 34.21	$ 40.43	$ 50.83	$ 46.50	$ 42.46	$ 36.37	$ 37.53	$ 29.36	$ 35.42	$ 38.86	$ 46.95	$ 39.84	
		Units/Member	0.0763	0.0812	0.0795	0.0771	0.0860	0.1094	0.0803	0.0726	0.0633	0.0814	0.0736	0.0766	0.0798	
		Paid/Unit	$ 513.17	$ 421.33	$ 508.48	$ 658.93	$ 540.82	$ 388.09	$ 452.97	$ 517.26	$ 463.92	$ 435.22	$ 528.36	$ 612.79	$ 499.34	
	18-19	Units	12,138	12,970	12,231	12,781	13,202	11,968	12,732	11,721	11,131	12,441	11,979	14,080	149,374	
		Paid	$ 6,683,286.00	$ 7,116,798.00	$ 6,533,010.00	$ 11,597,579.00	$ 7,635,484.00	$ 6,871,288.00	$ 7,016,721.00	$ 7,014,199.00	$ 8,531,623.00	$ 7,982,704.00	$ 7,358,174.00	$ 8,483,769.00	$ 92,824,635.00	
		Paid/Member	$ 33.16	$ 35.33	$ 32.62	$ 58.13	$ 38.38	$ 34.66	$ 35.50	$ 35.39	$ 43.18	$ 40.55	$ 37.39	$ 43.27	$ 38.95	-2.2%
		Units/Member	0.0602	0.0644	0.0611	0.0641	0.0664	0.0604	0.0644	0.0591	0.0563	0.0632	0.0609	0.0718	0.0627	-21.4%
		Paid/Unit	$ 550.61	$ 548.71	$ 534.14	$ 907.41	$ 578.36	$ 574.14	$ 551.11	$ 598.43	$ 766.47	$ 641.64	$ 614.26	$ 602.54	$ 621.42	24.5%
Independent Diagnostic Testing Facility (IDTF)	17-18	Units	143	131	165	137	137	138	114	107	77	60	92	107	1,408	
		Paid	$ 2,792.00	$ 4,885.00	$ 5,949.00	$ 4,178.00	$ 7,690.00	$ 2,840.00	$ 2,947.00	$ 6,772.00	$ 1,359.00	$ 2,103.00	$ 2,677.00	$ 2,495.00	$ 46,687.00	
		Paid/Member	$ 0.01	$ 0.02	$ 0.03	$ 0.02	$ 0.04	$ 0.01	$ 0.01	$ 0.03	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.02	
		Units/Member	0.0007	0.0006	0.0008	0.0007	0.0007	0.0007	0.0006	0.0005	0.0004	0.0003	0.0005	0.0005	0.0006	
		Paid/Unit	$ 19.52	$ 37.29	$ 36.05	$ 30.50	$ 56.13	$ 20.58	$ 25.85	$ 63.29	$ 17.65	$ 35.05	$ 29.10	$ 23.32	$ 33.16	
	18-19	Units	88	128	123	168	157	103	121	127	125	124	120	43	1,427	
		Paid	$ 2,886.00	$ 1,366.00	$ 2,433.00	$ 2,850.00	$ 1,536.00	$ 1,152.00	$ 3,056.00	$ 10,342.00	$ 4,479.00	$ 11,079.00	$ 7,730.00	$ 2,425.00	$ 51,334.00	
		Paid/Member	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.02	$ 0.05	$ 0.02	$ 0.06	$ 0.04	$ 0.01	$ 0.02	13.1%
		Units/Member	0.0004	0.0006	0.0006	0.0008	0.0008	0.0005	0.0006	0.0006	0.0006	0.0006	0.0006	0.0002	0.0006	4.2%
		Paid/Unit	$ 32.80	$ 10.67	$ 19.78	$ 16.96	$ 9.78	$ 11.18	$ 25.26	$ 81.43	$ 35.83	$ 89.35	$ 64.42	$ 56.40	$ 35.97	8.5%
Infectious disease	17-18	Units	526	562	524	255	548	497	607	577	483	550	546	557	6,232	
		Paid	$ 24,960.00	$ 29,497.00	$ 79,185.00	$ 18,381.00	$ 39,029.00	$ 42,090.00	$ 37,268.00	$ 44,605.00	$ 42,198.00	$ 37,353.00	$ 40,914.00	$ 46,700.00	$ 482,180.00	
		Paid/Member	$ 0.12	$ 0.14	$ 0.39	$ 0.09	$ 0.19	$ 0.21	$ 0.18	$ 0.22	$ 0.21	$ 0.18	$ 0.20	$ 0.23	$ 0.20	
		Units/Member	0.0026	0.0027	0.0026	0.0012	0.0027	0.0024	0.0030	0.0028	0.0024	0.0027	0.0027	0.0028	0.0025	
		Paid/Unit	$ 47.45	$ 52.49	$ 151.12	$ 72.08	$ 71.22	$ 84.69	$ 61.40	$ 77.31	$ 87.37	$ 67.91	$ 74.93	$ 83.84	$ 77.37	
	18-19	Units	640	782	592	716	736	821	868	783	640	859	805	833	9,075	
		Paid	$ 46,577.00	$ 72,769.00	$ 45,588.00	$ 50,442.00	$ 40,186.00	$ 48,747.00	$ 48,347.00	$ 82,181.00	$ 37,126.00	$ 47,291.00	$ 42,819.00	$ 49,996.00	$ 612,069.00	
		Paid/Member	$ 0.23	$ 0.36	$ 0.23	$ 0.25	$ 0.20	$ 0.25	$ 0.24	$ 0.41	$ 0.19	$ 0.24	$ 0.22	$ 0.26	$ 0.26	30.5%
		Units/Member	0.0032	0.0039	0.0030	0.0036	0.0037	0.0041	0.0044	0.0040	0.0032	0.0044	0.0041	0.0042	0.0038	49.8%
		Paid/Unit	$ 72.78	$ 93.05	$ 77.01	$ 70.45	$ 54.60	$ 59.38	$ 55.70	$ 104.96	$ 58.01	$ 55.05	$ 53.19	$ 60.02	$ 67.45	-12.8%
Intermediate care nursing facility	17-18	Units	307	314	320	358	386	305	332	353	342	340	351	399	4,107	
		Paid	$ 906,964.00	$ 939,354.00	$ 930,345.00	$ 956,188.00	$ 1,403,713.00	$ 743,810.00	$ 974,329.00	$ 916,844.00	$ 925,473.00	$ 916,234.00	$ 861,597.00	$ 1,039,144.00	$ 11,513,995.00	
		Paid/Member	$ 4.42	$ 4.59	$ 4.55	$ 4.67	$ 6.84	$ 3.62	$ 4.75	$ 4.49	$ 4.53	$ 4.52	$ 4.25	$ 5.14	$ 4.70	
		Units/Member	0.0015	0.0015	0.0016	0.0017	0.0019	0.0015	0.0016	0.0017	0.0017	0.0017	0.0017	0.0020	0.0017	
		Paid/Unit	$ 2,954.28	$ 2,991.57	$ 2,907.33	$ 2,670.92	$ 3,636.56	$ 2,438.72	$ 2,934.73	$ 2,597.29	$ 2,706.06	$ 2,694.81	$ 2,454.69	$ 2,604.37	$ 2,803.50	
	18-19	Units	355	323	314	331	367	338	306	392	410	369	348	396	4,249	
		Paid	$ 991,812.00	$ 1,004,582.00	$ 948,148.00	$ 1,018,983.00	$ 1,041,702.00	$ 983,224.00	$ 913,608.00	$ 1,086,780.00	$ 1,072,577.00	$ 1,082,738.00	$ 864,850.00	$ 1,045,840.00	$ 12,054,844.00	
		Paid/Member	$ 4.92	$ 4.99	$ 4.73	$ 5.11	$ 5.24	$ 4.96	$ 4.62	$ 5.48	$ 5.43	$ 5.50	$ 4.39	$ 5.33	$ 5.06	7.7%
		Units/Member	0.0018	0.0016	0.0016	0.0017	0.0018	0.0017	0.0015	0.0020	0.0021	0.0019	0.0018	0.0020	0.0018	6.4%
		Paid/Unit	$ 2,793.84	$ 3,110.16	$ 3,019.58	$ 3,078.50	$ 2,838.43	$ 2,908.95	$ 2,985.65	$ 2,772.40	$ 2,616.04	$ 2,934.25	$ 2,485.20	$ 2,641.01	$ 2,837.10	1.2%
Internal medicine	17-18	Units	9,303	10,371	9,381	8,973	9,828	8,901	9,277	9,451	9,028	11,964	11,115	11,316	118,908	
		Paid	$ 2,057,640.00	$ 1,507,222.00	$ 2,049,324.00	$ 1,839,614.00	$ 2,258,909.00	$ 2,312,063.00	$ 3,058,932.00	$ 2,847,551.00	$ 3,011,791.00	$ 3,274,863.00	$ 2,520,692.00	$ 2,408,375.00	$ 29,146,976.00	
		Paid/Member	$ 10.02	$ 7.36	$ 10.01	$ 8.99	$ 11.00	$ 11.26	$ 14.92	$ 13.96	$ 14.74	$ 16.15	$ 12.44	$ 11.90	$ 11.89	
		Units/Member	0.0453	0.0507	0.0458	0.0438	0.0479	0.0434	0.0452	0.0463	0.0442	0.0590	0.0548	0.0559	0.0485	
		Paid/Unit	$ 221.18	$ 145.33	$ 218.45	$ 205.02	$ 229.84	$ 259.75	$ 329.73	$ 301.30	$ 333.61	$ 273.73	$ 226.78	$ 212.83	$ 245.12	
	18-19	Units	10,109	12,204	11,348	9,914	10,762	10,542	11,434	10,420	10,155	12,110	11,000	11,976	131,974	
		Paid	$ 2,436,144.00	$ 2,458,158.00	$ 2,318,845.00	$ 2,660,349.00	$ 2,840,757.00	$ 2,533,282.00	$ 2,725,042.00	$ 2,658,844.00	$ 2,617,443.00	$ 3,570,294.00	$ 2,818,603.00	$ 2,622,479.00	$ 32,260,240.00	
		Paid/Member	$ 12.09	$ 12.20	$ 11.58	$ 13.33	$ 14.28	$ 12.78	$ 13.79	$ 13.41	$ 13.25	$ 18.14	$ 14.32	$ 13.38	$ 13.54	13.8%
		Units/Member	0.0502	0.0606	0.0567	0.0497	0.0541	0.0532	0.0578	0.0526	0.0514	0.0615	0.0559	0.0611	0.0554	14.1%
		Paid/Unit	$ 240.99	$ 201.42	$ 204.34	$ 268.34	$ 263.96	$ 240.30	$ 238.33	$ 255.17	$ 257.75	$ 294.82	$ 256.24	$ 218.98	$ 244.44	-0.3%
Interventional Pain Management	17-18	Units	247	330	295	243	318	246	257	347	226	399	422	400	3,730	
		Paid	$ 55,200.00	$ 48,893.00	$ 33,128.00	$ 84,025.00	$ 26,257.00	$ 21,577.00	$ 21,819.00	$ 32,207.00	$ 21,820.00	$ 38,026.00	$ 27,807.00	$ 36,918.00	$ 447,677.00	
		Paid/Member	$ 0.27	$ 0.24	$ 0.16	$ 0.41	$ 0.13	$ 0.11	$ 0.11	$ 0.16	$ 0.11	$ 0.19	$ 0.14	$ 0.18	$ 0.18	
		Units/Member	0.0012	0.0016	0.0014	0.0012	0.0015	0.0012	0.0013	0.0017	0.0011	0.0020	0.0021	0.0020	0.0015	
		Paid/Unit	$ 223.48	$ 148.16	$ 112.30	$ 345.78	$ 82.57	$ 87.71	$ 84.90	$ 92.82	$ 96.55	$ 95.30	$ 65.89	$ 92.30	$ 120.02	
	18-19	Units	367	368	407	443	337	370	370	330	330	370	343	268	4,303	
		Paid	$ 31,733.00	$ 30,156.00	$ 35,813.00	$ 90,104.00	$ 22,235.00	$ 31,616.00	$ 37,241.00	$ 29,403.00	$ 26,083.00	$ 30,343.00	$ 23,716.00	$ 24,499.00	$ 412,942.00	
		Paid/Member	$ 0.16	$ 0.15	$ 0.18	$ 0.45	$ 0.11	$ 0.16	$ 0.19	$ 0.15	$ 0.13	$ 0.15	$ 0.12	$ 0.12	$ 0.17	-5.1%
		Units/Member	0.0018	0.0018	0.0020	0.0022	0.0017	0.0019	0.0019	0.0017	0.0017	0.0019	0.0017	0.0014	0.0018	18.6%
		Paid/Unit	$ 86.47	$ 81.95	$ 87.99	$ 203.40	$ 65.98	$ 85.45	$ 100.65	$ 89.10	$ 79.04	$ 82.01	$ 69.14	$ 91.41	$ 95.97	-20.0%
		Units	197	404	287	175	235	170	256	316	277	522	391	461	3,691	

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Interventional Radiology	17-18	Paid	$ 6,423.00	$ 36,373.00	$ 20,937.00	$ 11,793.00	$ 9,410.00	$ 10,515.00	$ 12,037.00	$ 9,165.00	$ 9,176.00	$ 10,347.00	$ 11,435.00	$ 19,540.00	$ 167,151.00	
		Paid/Member	$ 0.03	$ 0.18	$ 0.10	$ 0.06	$ 0.05	$ 0.05	$ 0.06	$ 0.04	$ 0.04	$ 0.05	$ 0.06	$ 0.10	$ 0.07	
		Units/Member	0.0010	0.0020	0.0014	0.0009	0.0011	0.0008	0.0012	0.0015	0.0014	0.0026	0.0019	0.0023	0.0015	
		Paid/Unit	$ 32.60	$ 90.03	$ 72.95	$ 67.39	$ 40.04	$ 61.85	$ 47.02	$ 29.00	$ 33.13	$ 19.82	$ 29.25	$ 42.39	$ 45.29	
	18-19	Units	299	532	369	354	525	300	372	311	320	401	328	168	4,279	
		Paid	$ 8,403.00	$ 19,520.00	$ 22,280.00	$ 11,469.00	$ 25,450.00	$ 17,523.00	$ 84,604.00	$ 22,888.00	$ 10,444.00	$ 89,768.00	$ 22,417.00	$ 50,569.00	$ 385,335.00	
		Paid/Member	$ 0.04	$ 0.10	$ 0.11	$ 0.06	$ 0.13	$ 0.09	$ 0.43	$ 0.12	$ 0.05	$ 0.46	$ 0.11	$ 0.26	$ 0.16	137.1%
		Units/Member	0.0015	0.0026	0.0018	0.0018	0.0026	0.0015	0.0019	0.0016	0.0016	0.0020	0.0017	0.0009	0.0018	19.2%
		Paid/Unit	$ 28.10	$ 36.69	$ 60.38	$ 32.40	$ 48.48	$ 58.41	$ 227.43	$ 73.59	$ 32.64	$ 223.86	$ 68.34	$ 301.01	$ 90.05	98.9%
Licensed clinical social worker	17-18	Units	8	6	11	6	9	6	20	11	10	32	38	30	187	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ 19.00	$ -	$ -	$ -	$ 683.00	$ -	$ 702.00	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00	$ -	$ 0.00	
		Units/Member	0.0000	0.0000	0.0001	0.0000	0.0000	0.0000	0.0001	0.0001	0.0000	0.0002	0.0002	0.0001	0.0001	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.95	$ -	$ -	$ -	$ 17.97	$ -	$ 3.75	
	18-19	Units	42	84	77	72	80	59	76	74	65	81	61	54	825	
		Paid	$ 17.00	$ 93.00	$ 84.00	$ -	$ 16.00	$ 14.00	$ 50.00	$ 209.00	$ 929.00	$ 3,356.00	$ 1,488.00	$ 1,713.00	$ 7,969.00	
		Paid/Member	$ 0.00	$ 0.00	$ 0.00	$ -	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.02	$ 0.01	$ 0.01	$ 0.00	1067.5%
		Units/Member	0.0002	0.0004	0.0004	0.0004	0.0004	0.0003	0.0004	0.0004	0.0003	0.0004	0.0003	0.0003	0.0003	353.7%
		Paid/Unit	$ 0.40	$ 1.11	$ 1.09	$ -	$ 0.20	$ 0.24	$ 0.66	$ 2.82	$ 14.29	$ 41.43	$ 24.39	$ 31.72	$ 9.66	157.3%
Maxillofacial surgery	17-18	Units	-	2	-	1	-	-	-	-	-	-	-	2	5	
		Paid	$ -	$ 7,718.00	$ -	$ 4,392.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 361.00	$ 12,471.00	
		Paid/Member	$ -	$ 0.04	$ -	$ 0.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ 0.01	
		Units/Member	-	0.0000	-	0.0000	-	-	-	-	-	-	-	0.0000	0.0000	
		Paid/Unit	$ -	$ 3,859.00	$ -	$ 4,392.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 180.50	$ 2,494.20	
	18-19	Units	-	-	-	1	2	-	1	-	1	-	-	-	5	
		Paid	$ -	$ -	$ -	$ 15.00	$ -	$ -	$ 2,732.00	$ -	$ 328.00	$ -	$ -	-	$ 3,075.00	
		Paid/Member	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ 0.01	$ -	$ 0.00	$ -	$ -	-	$ 0.00	-74.6%
		Units/Member	-	-	-	0.0000	0.0000	-	0.0000	-	0.0000	-	-	-	0.0000	2.8%
		Paid/Unit	$ -	$ -	$ -	$ 15.00	$ -	$ -	$ 2,732.00	$ -	$ 328.00	$ -	$ -	-	$ 615.00	-75.3%
Medical oncology	17-18	Units	796	937	767	722	846	561	887	877	687	979	842	1,004	9,905	
		Paid	$ 176,753.00	$ 238,149.00	$ 258,668.00	$ 225,362.00	$ 209,124.00	$ 192,514.00	$ 248,001.00	$ 239,283.00	$ 208,640.00	$ 250,312.00	$ 292,148.00	$ 375,547.00	$ 2,914,501.00	
		Paid/Member	$ 0.86	$ 1.16	$ 1.26	$ 1.10	$ 1.02	$ 0.94	$ 1.21	$ 1.17	$ 1.02	$ 1.23	$ 1.44	$ 1.86	$ 1.19	
		Units/Member	0.0039	0.0046	0.0037	0.0035	0.0041	0.0027	0.0043	0.0043	0.0034	0.0048	0.0042	0.0050	0.0040	
		Paid/Unit	$ 222.05	$ 254.16	$ 337.25	$ 312.14	$ 247.19	$ 343.16	$ 279.60	$ 272.84	$ 303.70	$ 255.68	$ 346.97	$ 374.05	$ 294.25	
	18-19	Units	875	886	783	853	819	756	764	729	492	471	205	225	7,858	
		Paid	$ 359,470.00	$ 380,252.00	$ 325,668.00	$ 351,837.00	$ 283,612.00	$ 236,041.00	$ 326,234.00	$ 218,608.00	$ 167,315.00	$ 151,906.00	$ 31,895.00	$ 45,312.00	$ 2,878,150.00	
		Paid/Member	$ 1.78	$ 1.89	$ 1.63	$ 1.76	$ 1.43	$ 1.19	$ 1.65	$ 1.10	$ 0.85	$ 0.77	$ 0.16	$ 0.23	$ 1.21	1.6%
		Units/Member	0.0043	0.0044	0.0039	0.0043	0.0041	0.0038	0.0039	0.0037	0.0025	0.0024	0.0010	0.0011	0.0033	-18.4%
		Paid/Unit	$ 410.82	$ 429.18	$ 415.92	$ 412.47	$ 346.29	$ 312.22	$ 427.01	$ 299.87	$ 340.07	$ 322.52	$ 155.59	$ 201.39	$ 366.27	24.5%
Medical supply company for DMERC	17-18	Units	4,920	5,227	5,026	5,003	5,440	5,202	5,223	5,281	5,583	5,544	5,318	5,944	63,711	
		Paid	$ 603,860.00	$ 651,643.00	$ 695,756.00	$ 599,904.00	$ 689,729.00	$ 677,013.00	$ 657,010.00	$ 585,604.00	$ 606,424.00	$ 678,769.00	$ 618,778.00	$ 666,441.00	$ 7,730,931.00	
		Paid/Member	$ 2.94	$ 3.18	$ 3.40	$ 2.93	$ 3.36	$ 3.30	$ 3.20	$ 2.87	$ 2.97	$ 3.35	$ 3.05	$ 3.29	$ 3.15	
		Units/Member	0.0240	0.0255	0.0246	0.0244	0.0265	0.0253	0.0255	0.0259	0.0273	0.0273	0.0262	0.0294	0.0260	
		Paid/Unit	$ 122.74	$ 124.67	$ 138.43	$ 119.91	$ 126.79	$ 130.14	$ 125.79	$ 110.89	$ 108.62	$ 122.43	$ 116.36	$ 112.12	$ 121.34	
	18-19	Units	5,819	6,267	5,947	5,744	5,957	5,774	5,895	5,799	5,605	5,850	5,802	5,968	70,427	
		Paid	$ 637,474.00	$ 671,805.00	$ 688,471.00	$ 669,732.00	$ 711,444.00	$ 612,628.00	$ 696,330.00	$ 647,291.00	$ 628,464.00	$ 627,357.00	$ 624,522.00	$ 650,926.00	$ 7,866,444.00	
		Paid/Member	$ 3.16	$ 3.34	$ 3.44	$ 3.36	$ 3.58	$ 3.09	$ 3.52	$ 3.27	$ 3.18	$ 3.19	$ 3.17	$ 3.32	$ 3.30	4.6%
		Units/Member	0.0289	0.0311	0.0297	0.0288	0.0299	0.0291	0.0298	0.0293	0.0284	0.0297	0.0295	0.0304	0.0296	13.7%
		Paid/Unit	$ 109.55	$ 107.20	$ 115.77	$ 116.60	$ 119.43	$ 106.10	$ 118.12	$ 111.62	$ 112.13	$ 107.24	$ 107.64	$ 109.07	$ 111.70	-8.0%
Medical supply company with certified prosthetist-orthotist	17-18	Units	148	153	139	146	162	158	154	133	95	127	129	115	1,659	
		Paid	$ 44,177.00	$ 60,629.00	$ 40,899.00	$ 48,109.00	$ 85,269.00	$ 60,301.00	$ 68,258.00	$ 36,960.00	$ 39,358.00	$ 38,820.00	$ 64,112.00	$ 58,138.00	$ 645,030.00	
		Paid/Member	$ 0.22	$ 0.30	$ 0.20	$ 0.24	$ 0.42	$ 0.29	$ 0.33	$ 0.18	$ 0.19	$ 0.19	$ 0.32	$ 0.29	$ 0.26	
		Units/Member	0.0007	0.0007	0.0007	0.0007	0.0008	0.0008	0.0008	0.0007	0.0005	0.0006	0.0006	0.0006	0.0007	
		Paid/Unit	$ 298.49	$ 396.27	$ 294.24	$ 329.51	$ 526.35	$ 381.65	$ 443.23	$ 277.89	$ 414.29	$ 305.67	$ 496.99	$ 505.55	$ 388.81	
	18-19	Units	137	133	130	125	160	149	161	142	142	154	132	113	1,678	
		Paid	$ 46,865.00	$ 53,365.00	$ 57,711.00	$ 46,049.00	$ 60,546.00	$ 85,345.00	$ 86,357.00	$ 65,382.00	$ 64,541.00	$ 73,009.00	$ 74,387.00	$ 52,323.00	$ 765,880.00	
		Paid/Member	$ 0.23	$ 0.26	$ 0.29	$ 0.23	$ 0.30	$ 0.43	$ 0.44	$ 0.33	$ 0.33	$ 0.37	$ 0.38	$ 0.27	$ 0.32	22.1%
		Units/Member	0.0007	0.0007	0.0006	0.0006	0.0008	0.0008	0.0008	0.0007	0.0007	0.0008	0.0007	0.0006	0.0007	4.0%
		Paid/Unit	$ 342.08	$ 401.24	$ 443.93	$ 368.39	$ 378.41	$ 572.79	$ 536.38	$ 460.44	$ 454.51	$ 474.08	$ 563.54	$ 463.04	$ 456.42	17.4%
	17-18	Units	-	-	-	-	-	-	-	-	-	-	1	-	1	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1.00	$ -	$ 1.00	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ -	$ 0.00	
		Units/Member	-	-	-	-	-	-	-	-	-	-	0.0000	-	0.0000	

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:

- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Medical supply company with respiratory therapist		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1.00	$ -	$ 1.00	
	18-19	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
		Units/Member	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Multispecialty clinic or group practice	17-18	Units	1,690	1,743	1,666	1,514	1,697	2,076	1,350	1,347	1,279	1,722	1,235	1,376	18,695	
		Paid	$ 66,377.00	$ 82,398.00	$ 83,770.00	$ 480,340.00	$ 87,415.00	$ 109,766.00	$ 83,915.00	$ 70,665.00	$ 70,786.00	$ 96,528.00	$ 90,381.00	$ 92,809.00	$ 1,415,150.00	
		Paid/Member	$ 0.32	$ 0.40	$ 0.41	$ 2.35	$ 0.43	$ 0.53	$ 0.41	$ 0.35	$ 0.35	$ 0.48	$ 0.45	$ 0.46	$ 0.58	
		Units/Member	0.0082	0.0085	0.0081	0.0074	0.0083	0.0101	0.0066	0.0066	0.0063	0.0085	0.0061	0.0068	0.0076	
		Paid/Unit	$ 39.28	$ 47.27	$ 50.28	$ 317.27	$ 51.51	$ 52.87	$ 62.16	$ 52.46	$ 55.34	$ 56.06	$ 73.18	$ 67.45	$ 75.70	
	18-19	Units	1,270	4,142	4,388	4,495	4,446	3,949	4,615	3,813	3,465	4,412	4,339	5,034	48,368	
		Paid	$ 79,631.00	$ 92,185.00	$ 98,636.00	$ 1,372,191.00	$ 106,853.00	$ 85,682.00	$ 96,768.00	$ 80,489.00	$ 72,336.00	$ 105,314.00	$ 89,838.00	$ 114,715.00	$ 2,394,638.00	
		Paid/Member	$ 0.40	$ 0.46	$ 0.49	$ 6.88	$ 0.54	$ 0.43	$ 0.49	$ 0.41	$ 0.37	$ 0.53	$ 0.46	$ 0.59	$ 1.00	74.0%
		Units/Member	0.0063	0.0206	0.0219	0.0225	0.0223	0.0199	0.0233	0.0192	0.0175	0.0224	0.0220	0.0257	0.0203	166.1%
		Paid/Unit	$ 62.70	$ 22.26	$ 22.48	$ 305.27	$ 24.03	$ 21.70	$ 20.97	$ 21.11	$ 20.88	$ 23.87	$ 20.70	$ 22.79	$ 49.51	-34.6%
Neonatology	17-18	Units	96	104	116	94	70	110	136	159	117	76	102	51	1,231	
		Paid	$ 123,394.00	$ 59,828.00	$ 73,044.00	$ 75,948.00	$ 15,837.00	$ 45,195.00	$ 130,892.00	$ 116,317.00	$ 78,072.00	$ 30,760.00	$ 179,185.00	$ 23,345.00	$ 951,817.00	
		Paid/Member	$ 0.60	$ 0.29	$ 0.36	$ 0.37	$ 0.08	$ 0.22	$ 0.64	$ 0.57	$ 0.38	$ 0.15	$ 0.88	$ 0.12	$ 0.39	
		Units/Member	0.0005	0.0005	0.0006	0.0005	0.0003	0.0005	0.0007	0.0008	0.0006	0.0004	0.0005	0.0003	0.0005	
		Paid/Unit	$ 1,285.35	$ 575.27	$ 629.69	$ 807.96	$ 226.24	$ 410.86	$ 962.44	$ 731.55	$ 667.28	$ 404.74	$ 1,756.72	$ 457.75	$ 773.21	
	18-19	Units	136	99	112	114	108	119	71	126	117	94	73	81	1,250	
		Paid	$ 73,998.00	$ 119,652.00	$ 24,547.00	$ 98,660.00	$ 187,674.00	$ 140,405.00	$ 167,482.00	$ 126,269.00	$ 42,791.00	$ 57,914.00	$ 51,613.00	$ 149,543.00	$ 1,240,548.00	
		Paid/Member	$ 0.37	$ 0.59	$ 0.12	$ 0.49	$ 0.94	$ 0.71	$ 0.85	$ 0.64	$ 0.22	$ 0.29	$ 0.26	$ 0.76	$ 0.52	34.0%
		Units/Member	0.0007	0.0005	0.0006	0.0006	0.0005	0.0006	0.0004	0.0006	0.0006	0.0005	0.0004	0.0004	0.0005	4.4%
		Paid/Unit	$ 544.10	$ 1,208.61	$ 219.17	$ 865.44	$ 1,737.72	$ 1,179.87	$ 2,358.90	$ 1,002.13	$ 365.74	$ 616.11	$ 707.03	$ 1,846.21	$ 992.44	28.4%
Nephrology	17-18	Units	2,407	2,312	2,271	2,182	2,204	2,078	2,193	2,303	2,092	2,524	2,209	2,337	27,112	
		Paid	$ 182,373.00	$ 412,209.00	$ 198,454.00	$ 259,221.00	$ 233,252.00	$ 250,774.00	$ 257,057.00	$ 206,439.00	$ 287,849.00	$ 266,045.00	$ 244,818.00	$ 262,638.00	$ 3,061,129.00	
		Paid/Member	$ 0.89	$ 2.01	$ 0.97	$ 1.27	$ 1.14	$ 1.22	$ 1.25	$ 1.01	$ 1.41	$ 1.31	$ 1.21	$ 1.30	$ 1.25	
		Units/Member	0.0117	0.0113	0.0111	0.0107	0.0107	0.0101	0.0107	0.0113	0.0102	0.0125	0.0109	0.0116	0.0111	
		Paid/Unit	$ 75.77	$ 178.29	$ 87.39	$ 118.80	$ 105.83	$ 120.68	$ 117.22	$ 89.64	$ 137.60	$ 105.41	$ 110.83	$ 112.38	$ 112.91	
	18-19	Units	2,161	2,649	2,721	2,820	2,812	2,509	2,528	2,578	2,350	2,771	2,510	2,564	30,973	
		Paid	$ 301,993.00	$ 560,330.00	$ 271,994.00	$ 403,653.00	$ 250,288.00	$ 253,044.00	$ 269,939.00	$ 250,511.00	$ 256,540.00	$ 290,647.00	$ 250,207.00	$ 321,053.00	$ 3,680,199.00	
		Paid/Member	$ 1.50	$ 2.78	$ 1.36	$ 2.02	$ 1.26	$ 1.28	$ 1.37	$ 1.26	$ 1.30	$ 1.48	$ 1.27	$ 1.64	$ 1.54	23.6%
		Units/Member	0.0107	0.0132	0.0136	0.0141	0.0141	0.0127	0.0128	0.0130	0.0119	0.0141	0.0128	0.0131	0.0130	17.5%
		Paid/Unit	$ 139.75	$ 211.53	$ 99.96	$ 143.14	$ 89.01	$ 100.85	$ 106.78	$ 97.17	$ 109.17	$ 104.89	$ 99.68	$ 125.22	$ 118.82	5.2%
Neurology	17-18	Units	1,017	1,269	1,266	1,029	1,296	1,147	1,237	1,116	907	1,236	1,047	1,091	13,658	
		Paid	$ 198,619.00	$ 307,812.00	$ 248,491.00	$ 230,890.00	$ 348,510.00	$ 269,997.00	$ 116,584.00	$ 170,090.00	$ 499,488.00	$ 935,313.00	$ 114,627.00	$ 261,135.00	$ 3,701,556.00	
		Paid/Member	$ 0.97	$ 1.50	$ 1.21	$ 1.13	$ 1.70	$ 1.32	$ 0.57	$ 0.83	$ 2.45	$ 4.61	$ 0.57	$ 1.29	$ 1.51	
		Units/Member	0.0050	0.0062	0.0062	0.0050	0.0063	0.0056	0.0060	0.0055	0.0044	0.0061	0.0052	0.0054	0.0056	
		Paid/Unit	$ 195.30	$ 242.56	$ 196.28	$ 224.38	$ 268.91	$ 235.39	$ 94.25	$ 152.41	$ 550.70	$ 756.73	$ 109.48	$ 239.35	$ 271.02	
	18-19	Units	1,122	1,534	1,261	1,265	1,334	1,295	1,526	1,185	1,149	1,422	1,181	1,304	15,578	
		Paid	$ 285,386.00	$ 345,125.00	$ 707,407.00	$ 229,124.00	$ 308,299.00	$ 501,829.00	$ 406,846.00	$ 174,703.00	$ 282,009.00	$ 227,918.00	$ 211,401.00	$ 585,674.00	$ 4,265,721.00	
		Paid/Member	$ 1.42	$ 1.71	$ 3.53	$ 1.15	$ 1.55	$ 2.53	$ 2.06	$ 0.88	$ 1.43	$ 1.16	$ 1.07	$ 2.99	$ 1.79	18.5%
		Units/Member	0.0056	0.0076	0.0063	0.0063	0.0067	0.0065	0.0077	0.0060	0.0058	0.0072	0.0060	0.0067	0.0065	17.3%
		Paid/Unit	$ 254.35	$ 224.98	$ 560.99	$ 181.13	$ 231.11	$ 387.51	$ 266.61	$ 147.43	$ 245.44	$ 160.28	$ 179.00	$ 449.14	$ 273.83	1.0%
Neuropsychiatry	17-18	Units	158	91	65	76	36	42	30	33	15	47	45	59	697	
		Paid	$ 9,436.00	$ 4,254.00	$ 3,820.00	$ 4,886.00	$ 1,916.00	$ 1,290.00	$ 10,758.00	$ 7,666.00	$ 6,603.00	$ 7,893.00	$ 9,038.00	$ 32,085.00	$ 99,645.00	
		Paid/Member	$ 0.05	$ 0.02	$ 0.02	$ 0.02	$ 0.01	$ 0.01	$ 0.05	$ 0.04	$ 0.03	$ 0.04	$ 0.04	$ 0.16	$ 0.04	
		Units/Member	0.0008	0.0004	0.0003	0.0004	0.0002	0.0002	0.0001	0.0002	0.0001	0.0002	0.0002	0.0003	0.0003	
		Paid/Unit	$ 59.72	$ 46.75	$ 58.77	$ 64.29	$ 53.22	$ 30.71	$ 358.60	$ 232.30	$ 440.20	$ 167.94	$ 200.84	$ 543.81	$ 142.96	
	18-19	Units	53	66	73	46	43	67	45	38	60	65	46	40	642	
		Paid	$ 34,649.00	$ 7,441.00	$ 6,359.00	$ 5,765.00	$ 4,330.00	$ 10,050.00	$ 2,786.00	$ 2,994.00	$ 21,152.00	$ 14,244.00	$ 4,204.00	$ 9,315.00	$ 123,289.00	
		Paid/Member	$ 0.17	$ 0.04	$ 0.03	$ 0.03	$ 0.02	$ 0.05	$ 0.01	$ 0.02	$ 0.11	$ 0.07	$ 0.02	$ 0.05	$ 0.05	27.2%
		Units/Member	0.0003	0.0003	0.0004	0.0002	0.0002	0.0003	0.0002	0.0002	0.0003	0.0003	0.0002	0.0002	0.0003	-5.3%
		Paid/Unit	$ 653.75	$ 112.74	$ 87.11	$ 125.33	$ 100.70	$ 150.00	$ 61.91	$ 78.79	$ 352.53	$ 219.14	$ 91.39	$ 232.88	$ 192.04	34.3%
Neurosurgery	17-18	Units	291	366	311	263	330	245	268	340	222	308	248	301	3,493	
		Paid	$ 159,078.00	$ 356,609.00	$ 301,284.00	$ 276,540.00	$ 315,659.00	$ 271,663.00	$ 111,071.00	$ 241,866.00	$ 234,377.00	$ 431,613.00	$ 398,504.00	$ 160,596.00	$ 3,258,860.00	
		Paid/Member	$ 0.77	$ 1.74	$ 1.47	$ 1.35	$ 1.54	$ 1.32	$ 0.54	$ 1.19	$ 1.15	$ 2.13	$ 1.97	$ 0.79	$ 1.33	
		Units/Member	0.0014	0.0018	0.0015	0.0013	0.0016	0.0012	0.0013	0.0017	0.0011	0.0015	0.0012	0.0015	0.0014	
		Paid/Unit	$ 546.66	$ 974.34	$ 968.76	$ 1,051.48	$ 956.54	$ 1,108.83	$ 414.44	$ 711.37	$ 1,055.75	$ 1,401.34	$ 1,606.87	$ 533.54	$ 932.97	
	18-19	Units	287	389	371	423	423	316	316	334	297	364	319	377	4,216	
		Paid	$ 403,761.00	$ 271,260.00	$ 541,976.00	$ 325,285.00	$ 500,609.00	$ 196,249.00	$ 150,923.00	$ 282,825.00	$ 114,749.00	$ 338,606.00	$ 364,167.00	$ 274,888.00	$ 3,765,298.00	

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
	18-19	Paid/Member	$ 2.00	$ 1.35	$ 2.71	$ 1.63	$ 2.52	$ 0.99	$ 0.76	$ 1.43	$ 0.58	$ 1.72	$ 1.85	$ 1.40	$ 1.58	18.8%
		Units/Member	0.0014	0.0019	0.0019	0.0021	0.0021	0.0016	0.0016	0.0017	0.0015	0.0018	0.0016	0.0019	0.0018	24.1%
		Paid/Unit	$ 1,406.83	$ 697.33	$ 1,460.85	$ 769.00	$ 1,183.47	$ 621.04	$ 477.60	$ 846.78	$ 386.36	$ 930.24	$ 1,141.59	$ 729.15	$ 893.10	-4.3%
Nuclear medicine	17-18	Units	73	69	73	54	57	58	58	48	39	55	60	62	706	
		Paid	$ 26,249.00	$ 9,862.00	$ 17,504.00	$ 11,559.00	$ 11,715.00	$ 18,886.00	$ 16,979.00	$ 22,957.00	$ 11,617.00	$ 13,651.00	$ 30,538.00	$ 20,520.00	$ 212,037.00	
		Paid/Member	$ 0.13	$ 0.05	$ 0.09	$ 0.06	$ 0.06	$ 0.09	$ 0.08	$ 0.11	$ 0.06	$ 0.07	$ 0.15	$ 0.10	$ 0.09	
		Units/Member	0.0004	0.0003	0.0004	0.0003	0.0003	0.0003	0.0003	0.0002	0.0002	0.0003	0.0003	0.0003	0.0003	
		Paid/Unit	$ 359.58	$ 142.93	$ 239.78	$ 214.06	$ 205.53	$ 325.62	$ 292.74	$ 478.27	$ 297.87	$ 248.20	$ 508.97	$ 330.97	$ 300.34	
	18-19	Units	102	128	144	110	120	116	139	97	95	125	126	127	1,429	
		Paid	$ 41,517.00	$ 39,105.00	$ 37,312.00	$ 17,365.00	$ 22,809.00	$ 16,887.00	$ 24,006.00	$ 18,811.00	$ 20,847.00	$ 24,203.00	$ 27,378.00	$ 38,796.00	$ 329,036.00	
		Paid/Member	$ 0.21	$ 0.19	$ 0.19	$ 0.09	$ 0.11	$ 0.09	$ 0.12	$ 0.09	$ 0.11	$ 0.12	$ 0.14	$ 0.20	$ 0.14	59.6%
		Units/Member	0.0005	0.0006	0.0007	0.0006	0.0006	0.0006	0.0007	0.0005	0.0005	0.0006	0.0006	0.0006	0.0006	108.2%
		Paid/Unit	$ 407.03	$ 305.51	$ 259.11	$ 157.86	$ 190.08	$ 145.58	$ 172.71	$ 193.93	$ 219.44	$ 193.62	$ 217.29	$ 305.48	$ 230.26	-23.3%
Nurse practitioner	17-18	Units	485	519	549	553	520	511	523	576	594	758	925	1,262	7,775	
		Paid	$ 51,992.00	$ 44,466.00	$ 45,027.00	$ 49,326.00	$ 52,133.00	$ 56,529.00	$ 51,523.00	$ 56,214.00	$ 69,891.00	$ 85,784.00	$ 81,974.00	$ 90,710.00	$ 735,569.00	
		Paid/Member	$ 0.25	$ 0.22	$ 0.22	$ 0.24	$ 0.25	$ 0.28	$ 0.25	$ 0.28	$ 0.34	$ 0.42	$ 0.40	$ 0.45	$ 0.30	
		Units/Member	0.0024	0.0025	0.0027	0.0027	0.0025	0.0025	0.0026	0.0028	0.0029	0.0037	0.0046	0.0062	0.0032	
		Paid/Unit	$ 107.20	$ 85.68	$ 82.02	$ 89.20	$ 100.26	$ 110.62	$ 98.51	$ 97.59	$ 117.66	$ 113.17	$ 88.62	$ 71.88	$ 94.61	
	18-19	Units	1,467	1,836	1,572	1,392	1,381	1,234	1,328	1,321	1,271	1,293	1,197	1,282	16,574	
		Paid	$ 107,571.00	$ 91,611.00	$ 72,083.00	$ 57,772.00	$ 56,319.00	$ 59,224.00	$ 54,654.00	$ 61,727.00	$ 129,639.00	$ 86,404.00	$ 84,224.00	$ 97,995.00	$ 959,223.00	
		Paid/Member	$ 0.53	$ 0.45	$ 0.36	$ 0.29	$ 0.28	$ 0.30	$ 0.28	$ 0.31	$ 0.66	$ 0.44	$ 0.43	$ 0.50	$ 0.40	34.1%
		Units/Member	0.0073	0.0091	0.0079	0.0070	0.0069	0.0062	0.0067	0.0067	0.0064	0.0066	0.0061	0.0065	0.0070	119.2%
		Paid/Unit	$ 73.33	$ 49.90	$ 45.85	$ 41.50	$ 40.78	$ 47.99	$ 41.16	$ 46.73	$ 102.00	$ 66.82	$ 70.36	$ 76.44	$ 57.88	-38.8%
Nurse, Non Practitioner	17-18	Units	96	86	74	66	55	83	45	58	53	96	79	87	878	
		Paid	$ 3,112.00	$ 2,279.00	$ 2,425.00	$ 2,425.00	$ 1,626.00	$ 2,987.00	$ 1,409.00	$ 1,229.00	$ 1,913.00	$ 3,619.00	$ 1,879.00	$ 2,474.00	$ 27,377.00	
		Paid/Member	$ 0.02	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.02	$ 0.01	$ 0.01	$ 0.01	
		Units/Member	0.0005	0.0004	0.0004	0.0003	0.0003	0.0004	0.0002	0.0003	0.0003	0.0005	0.0004	0.0004	0.0004	
		Paid/Unit	$ 32.42	$ 26.50	$ 32.77	$ 36.74	$ 29.56	$ 35.99	$ 31.31	$ 21.19	$ 36.09	$ 37.70	$ 23.78	$ 28.44	$ 31.18	
	18-19	Units	85	70	34	52	48	38	40	75	90	54	36	31	653	
		Paid	$ 2,901.00	$ 2,267.00	$ 1,123.00	$ 1,833.00	$ 1,921.00	$ 829.00	$ 885.00	$ 2,086.00	$ 2,198.00	$ 1,113.00	$ 1,275.00	$ 1,175.00	$ 19,606.00	
		Paid/Member	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.00	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	-26.3%
		Units/Member	0.0004	0.0003	0.0002	0.0003	0.0002	0.0002	0.0002	0.0004	0.0005	0.0003	0.0002	0.0002	0.0003	-23.5%
		Paid/Unit	$ 34.13	$ 32.39	$ 33.03	$ 35.25	$ 40.02	$ 21.82	$ 22.13	$ 27.81	$ 24.42	$ 20.61	$ 35.42	$ 37.90	$ 30.02	-3.7%
Nursing facility, other	17-18	Units	239	262	233	254	306	255	239	276	280	342	249	242	3,177	
		Paid	$ 364,215.00	$ 373,099.00	$ 360,119.00	$ 372,963.00	$ 618,953.00	$ 365,075.00	$ 383,467.00	$ 378,124.00	$ 393,891.00	$ 386,151.00	$ 342,393.00	$ 376,682.00	$ 4,715,132.00	
		Paid/Member	$ 1.77	$ 1.82	$ 1.76	$ 1.82	$ 3.02	$ 1.78	$ 1.87	$ 1.85	$ 1.93	$ 1.90	$ 1.69	$ 1.86	$ 1.92	
		Units/Member	0.0012	0.0013	0.0011	0.0012	0.0015	0.0012	0.0012	0.0014	0.0014	0.0017	0.0012	0.0012	0.0013	
		Paid/Unit	$ 1,523.91	$ 1,424.04	$ 1,545.58	$ 1,468.36	$ 2,022.72	$ 1,431.67	$ 1,604.46	$ 1,370.01	$ 1,406.75	$ 1,129.10	$ 1,375.07	$ 1,556.54	$ 1,484.15	
	18-19	Units	232	184	201	229	266	204	226	257	275	230	150	193	2,647	
		Paid	$ 354,603.00	$ 339,713.00	$ 338,556.00	$ 348,331.00	$ 344,168.00	$ 336,317.00	$ 351,222.00	$ 331,868.00	$ 338,113.00	$ 341,041.00	$ 312,092.00	$ 336,587.00	$ 4,072,611.00	
		Paid/Member	$ 1.76	$ 1.69	$ 1.69	$ 1.75	$ 1.73	$ 1.70	$ 1.78	$ 1.67	$ 1.71	$ 1.73	$ 1.59	$ 1.72	$ 1.71	-11.2%
		Units/Member	0.0012	0.0009	0.0010	0.0011	0.0013	0.0010	0.0011	0.0013	0.0014	0.0012	0.0008	0.0010	0.0011	-14.3%
		Paid/Unit	$ 1,528.46	$ 1,846.27	$ 1,684.36	$ 1,521.10	$ 1,293.86	$ 1,648.61	$ 1,554.08	$ 1,291.32	$ 1,229.50	$ 1,482.79	$ 2,080.61	$ 1,743.97	$ 1,538.58	3.7%
Obstetrics/gynecology	17-18	Units	6,195	6,166	5,991	5,529	6,216	5,055	5,845	5,468	4,593	5,826	5,389	5,718	67,991	
		Paid	$ 753,042.00	$ 803,577.00	$ 734,105.00	$ 788,302.00	$ 883,360.00	$ 644,832.00	$ 787,241.00	$ 739,727.00	$ 605,447.00	$ 859,454.00	$ 848,014.00	$ 802,118.00	$ 9,249,219.00	
		Paid/Member	$ 3.67	$ 3.93	$ 3.59	$ 3.85	$ 4.30	$ 3.14	$ 3.84	$ 3.63	$ 2.96	$ 4.24	$ 4.18	$ 3.96	$ 3.77	
		Units/Member	0.0302	0.0301	0.0293	0.0270	0.0303	0.0246	0.0285	0.0268	0.0225	0.0287	0.0266	0.0283	0.0277	
		Paid/Unit	$ 121.56	$ 130.32	$ 122.53	$ 142.58	$ 142.11	$ 127.56	$ 134.69	$ 135.28	$ 131.82	$ 147.52	$ 157.36	$ 140.28	$ 136.04	
	18-19	Units	5,727	6,289	5,625	5,742	6,033	5,370	6,302	5,387	5,077	6,279	5,259	5,437	68,527	
		Paid	$ 777,802.00	$ 870,163.00	$ 877,437.00	$ 768,248.00	$ 701,963.00	$ 681,322.00	$ 742,736.00	$ 703,778.00	$ 829,233.00	$ 785,955.00	$ 723,458.00	$ 639,452.00	$ 9,101,547.00	
		Paid/Member	$ 3.86	$ 4.32	$ 4.38	$ 3.85	$ 3.53	$ 3.44	$ 3.76	$ 3.55	$ 4.20	$ 3.99	$ 3.68	$ 3.26	$ 3.82	1.2%
		Units/Member	0.0284	0.0312	0.0281	0.0288	0.0303	0.0271	0.0319	0.0272	0.0257	0.0319	0.0267	0.0277	0.0288	3.7%
		Paid/Unit	$ 135.81	$ 138.36	$ 155.99	$ 133.79	$ 116.35	$ 126.88	$ 117.86	$ 130.64	$ 163.33	$ 125.17	$ 137.57	$ 117.61	$ 132.82	-2.4%
Occupational therapist (independently practicing)	17-18	Units	189	194	240	210	240	262	260	245	154	228	218	189	2,629	
		Paid	$ 10,939.00	$ 9,802.00	$ 15,634.00	$ 14,059.00	$ 21,082.00	$ 18,562.00	$ 20,281.00	$ 21,598.00	$ 9,959.00	$ 15,309.00	$ 16,104.00	$ 16,081.00	$ 189,410.00	
		Paid/Member	$ 0.05	$ 0.05	$ 0.08	$ 0.07	$ 0.10	$ 0.09	$ 0.10	$ 0.11	$ 0.05	$ 0.08	$ 0.08	$ 0.08	$ 0.08	
		Units/Member	0.0009	0.0009	0.0012	0.0010	0.0012	0.0013	0.0013	0.0012	0.0008	0.0011	0.0011	0.0009	0.0011	
		Paid/Unit	$ 57.88	$ 50.53	$ 65.14	$ 66.95	$ 87.84	$ 70.85	$ 78.00	$ 88.16	$ 64.67	$ 67.14	$ 73.87	$ 85.08	$ 72.05	
	18-19	Units	219	266	306	314	326	272	323	227	163	168	136	165	2,885	
		Paid	$ 17,106.00	$ 16,283.00	$ 17,043.00	$ 15,686.00	$ 13,414.00	$ 11,268.00	$ 16,493.00	$ 13,028.00	$ 9,399.00	$ 9,496.00	$ 7,109.00	$ 12,865.00	$ 159,190.00	
		Paid/Member	$ 0.08	$ 0.08	$ 0.09	$ 0.08	$ 0.07	$ 0.06	$ 0.08	$ 0.07	$ 0.05	$ 0.05	$ 0.04	$ 0.07	$ 0.07	-13.6%
		Units/Member	0.0011	0.0013	0.0015	0.0016	0.0016	0.0014	0.0016	0.0011	0.0008	0.0009	0.0007	0.0008	0.0012	12.9%
		Paid/Unit	$ 78.11	$ 61.21	$ 55.70	$ 49.96	$ 41.15	$ 41.43	$ 51.06	$ 57.39	$ 57.66	$ 56.52	$ 52.27	$ 77.97	$ 55.18	-23.4%

Servicing Provider Specialty

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**	
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**	

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Ocularist	17-18	Units	-	-	2	1	-	1	1	2	1	-	1	-	9	
		Paid	$ -	$ -	$ 1,221.00	$ 31.00	$ -	$ 31.00	$ 1,175.00	$ 1,643.00	$ 31.00	$ -	$ 104.00	$ -	$ 4,236.00	
		Paid/Member	$ -	$ -	$ 0.01	$ 0.00	$ -	$ 0.00	$ 0.01	$ 0.01	$ 0.00	$ -	$ 0.00	$ -	$ 0.00	
		Units/Member	-	-	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	-	0.0000	-	0.0000	
		Paid/Unit	$ -	$ -	$ 610.50	$ 31.00	$ -	$ 31.00	$ 1,175.00	$ 821.50	$ 31.00	$ -	$ 104.00	$ -	$ 470.67	
	18-19	Units	1	-	1	-	3	3	1	1	-	1	1	5	17	
		Paid	$ 31.00	$ -	$ -	$ -	$ 137.00	$ -	$ -	$ 312.00	$ -	$ 31.00	$ 42.00	$ 1,962.00	$ 2,515.00	
		Paid/Member	$ 0.00	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ 0.00	$ -	$ 0.00	$ 0.00	$ 0.01	$ 0.00	-38.9%
		Units/Member	0.0000	-	0.0000	-	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	94.3%
		Paid/Unit	$ 31.00	$ -	$ -	$ -	$ 45.67	$ -	$ -	$ 312.00	$ -	$ 31.00	$ 42.00	$ 392.40	$ 147.94	-68.6%
Ophthalmology	17-18	Units	2,342	2,685	2,542	2,370	2,875	2,316	2,541	2,545	2,079	2,718	2,538	2,497	30,048	
		Paid	$ 197,156.00	$ 230,110.00	$ 239,373.00	$ 243,794.00	$ 240,637.00	$ 198,652.00	$ 225,448.00	$ 258,950.00	$ 223,557.00	$ 288,463.00	$ 216,890.00	$ 220,199.00	$ 2,783,229.00	
		Paid/Member	$ 0.96	$ 1.12	$ 1.17	$ 1.19	$ 1.17	$ 0.97	$ 1.10	$ 1.27	$ 1.09	$ 1.42	$ 1.07	$ 1.09	$ 1.14	
		Units/Member	0.0114	0.0131	0.0124	0.0116	0.0140	0.0113	0.0124	0.0125	0.0102	0.0134	0.0125	0.0123	0.0123	
		Paid/Unit	$ 84.18	$ 85.70	$ 94.17	$ 102.87	$ 83.70	$ 85.77	$ 88.72	$ 101.75	$ 107.53	$ 106.13	$ 85.46	$ 88.19	$ 92.63	
	18-19	Units	2,618	2,696	2,364	2,655	2,794	2,198	2,537	2,449	1,977	2,308	2,286	2,212	29,094	
		Paid	$ 247,951.00	$ 247,184.00	$ 218,536.00	$ 361,072.00	$ 258,526.00	$ 220,343.00	$ 253,507.00	$ 263,826.00	$ 219,583.00	$ 270,410.00	$ 247,145.00	$ 219,567.00	$ 3,027,650.00	
		Paid/Member	$ 1.23	$ 1.23	$ 1.09	$ 1.81	$ 1.30	$ 1.11	$ 1.28	$ 1.33	$ 1.11	$ 1.37	$ 1.26	$ 1.12	$ 1.27	11.9%
		Units/Member	0.0130	0.0134	0.0118	0.0133	0.0140	0.0111	0.0128	0.0124	0.0100	0.0117	0.0116	0.0113	0.0122	-0.4%
		Paid/Unit	$ 94.71	$ 91.69	$ 92.44	$ 136.00	$ 92.53	$ 100.25	$ 99.92	$ 107.73	$ 111.07	$ 117.16	$ 108.11	$ 99.26	$ 104.06	12.3%
Optometrist	17-18	Units	229	259	253	257	242	255	332	190	288	440	324	422	3,491	
		Paid	$ 1,931.00	$ 2,335.00	$ 1,602.00	$ 1,528.00	$ 1,514.00	$ 2,126.00	$ 1,604.00	$ 932.00	$ 12,968.00	$ 26,271.00	$ 16,755.00	$ 26,633.00	$ 96,199.00	
		Paid/Member	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.06	$ 0.13	$ 0.08	$ 0.13	$ 0.04	
		Units/Member	0.0011	0.0013	0.0012	0.0013	0.0012	0.0012	0.0016	0.0009	0.0014	0.0022	0.0016	0.0021	0.0014	
		Paid/Unit	$ 8.43	$ 9.02	$ 6.33	$ 5.95	$ 6.26	$ 8.34	$ 4.83	$ 4.91	$ 45.03	$ 59.71	$ 51.71	$ 63.11	$ 27.56	
	18-19	Units	363	538	561	609	581	560	704	525	440	543	537	496	6,457	
		Paid	$ 17,133.00	$ 19,442.00	$ 18,073.00	$ 18,256.00	$ 18,067.00	$ 16,860.00	$ 24,157.00	$ 18,344.00	$ 13,196.00	$ 28,437.00	$ 20,027.00	$ 20,729.00	$ 232,721.00	
		Paid/Member	$ 0.09	$ 0.10	$ 0.09	$ 0.09	$ 0.09	$ 0.09	$ 0.12	$ 0.09	$ 0.07	$ 0.14	$ 0.10	$ 0.11	$ 0.10	148.8%
		Units/Member	0.0018	0.0027	0.0028	0.0031	0.0029	0.0028	0.0036	0.0026	0.0022	0.0028	0.0027	0.0025	0.0027	90.2%
		Paid/Unit	$ 47.20	$ 36.14	$ 32.22	$ 29.98	$ 31.10	$ 30.11	$ 34.31	$ 34.94	$ 29.99	$ 52.37	$ 37.29	$ 41.79	$ 36.04	30.8%
Oral Surgery (dentists only)	17-18	Units	2	-	1	5	5	1	10	5	-	1	3	1	34	
		Paid	$ 121.00	$ -	$ -	$ 536.00	$ 5,389.00	$ 337.00	$ 6,316.00	$ 866.00	$ -	$ -	$ 310.00	$ 289.00	$ 14,164.00	
		Paid/Member	$ 0.00	$ -	$ -	$ 0.00	$ 0.03	$ 0.00	$ 0.03	$ 0.00	$ -	$ -	$ 0.00	$ 0.00	$ 0.01	
		Units/Member	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	$ 60.50	$ -	$ -	$ 107.20	$ 1,077.80	$ 337.00	$ 631.60	$ 173.20	$ -	$ -	$ 103.33	$ 289.00	$ 416.59	
	18-19	Units	5	3	2	4	7	8	2	3	2	4	5	4	49	
		Paid	$ 3,772.00	$ 4,494.00	$ 150.00	$ -	$ 5,724.00	$ 19,349.00	$ 253.00	$ 33.00	$ 484.00	$ 818.00	$ 2,489.00	$ 112,658.00	$ 150,224.00	
		Paid/Member	$ 0.02	$ 0.02	$ 0.00	$ -	$ 0.03	$ 0.10	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.01	$ 0.57	$ 0.06	990.8%
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	48.2%
		Paid/Unit	$ 754.40	$ 1,498.00	$ 75.00	$ -	$ 817.71	$ 2,418.63	$ 126.50	$ 11.00	$ 242.00	$ 204.50	$ 497.80	$ 28,164.50	$ 3,065.80	635.9%
Orthopedic surgery	17-18	Units	1,315	1,611	1,338	1,396	1,552	1,296	1,580	1,623	1,303	1,560	1,485	1,592	17,651	
		Paid	$ 289,025.00	$ 311,818.00	$ 404,747.00	$ 331,040.00	$ 237,025.00	$ 402,182.00	$ 409,686.00	$ 403,916.00	$ 321,595.00	$ 306,018.00	$ 354,476.00	$ 303,764.00	$ 4,075,292.00	
		Paid/Member	$ 1.41	$ 1.52	$ 1.98	$ 1.62	$ 1.15	$ 1.96	$ 2.00	$ 1.98	$ 1.57	$ 1.51	$ 1.75	$ 1.50	$ 1.66	
		Units/Member	0.0064	0.0079	0.0065	0.0068	0.0076	0.0063	0.0077	0.0080	0.0064	0.0077	0.0073	0.0079	0.0072	
		Paid/Unit	$ 219.79	$ 193.56	$ 302.50	$ 237.13	$ 152.72	$ 310.33	$ 259.29	$ 248.87	$ 246.81	$ 196.17	$ 238.70	$ 190.81	$ 230.88	
	18-19	Units	1,780	1,919	1,842	1,848	1,998	1,851	2,116	1,972	1,638	2,066	1,735	1,844	22,609	
		Paid	$ 652,023.00	$ 389,874.00	$ 294,846.00	$ 622,306.00	$ 433,580.00	$ 301,985.00	$ 388,254.00	$ 383,576.00	$ 310,819.00	$ 440,478.00	$ 299,382.00	$ 514,589.00	$ 5,031,712.00	
		Paid/Member	$ 3.24	$ 1.94	$ 1.47	$ 3.12	$ 2.18	$ 1.52	$ 1.96	$ 1.94	$ 1.57	$ 2.24	$ 1.52	$ 2.62	$ 2.11	27.0%
		Units/Member	0.0088	0.0095	0.0092	0.0093	0.0100	0.0093	0.0107	0.0099	0.0083	0.0105	0.0088	0.0094	0.0095	31.7%
		Paid/Unit	$ 366.31	$ 203.17	$ 160.07	$ 336.75	$ 217.01	$ 163.15	$ 183.48	$ 194.51	$ 189.76	$ 213.20	$ 172.55	$ 279.06	$ 222.55	-3.6%
Osteopathic manipulative therapy	17-18	Units	6	8	15	5	4	-	3	5	1	1	3	4	55	
		Paid	$ 2.00	$ 7.00	$ 105.00	$ 5.00	$ -	$ -	$ 34.00	$ 309.00	$ -	$ -	$ 17.00	$ 53.00	$ 532.00	
		Paid/Member	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ -	$ -	$ 0.00	$ 0.00	$ -	$ -	$ 0.00	$ 0.00	$ 0.00	
		Units/Member	0.0000	0.0000	0.0001	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	$ 0.33	$ 0.88	$ 7.00	$ 1.00	$ -	$ -	$ 11.33	$ 61.80	$ -	$ -	$ 5.67	$ 13.25	$ 9.67	
	18-19	Units	-	3	4	2	8	6	7	9	6	1	3	4	53	
		Paid	$ -	$ 6.00	$ 6.00	$ 20.00	$ 265.00	$ 20.00	$ 272.00	$ 405.00	$ 43.00	$ 12.00	$ 38.00	$ 172.00	$ 1,259.00	
		Paid/Member	$ -	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	143.4%
		Units/Member	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-0.9%
		Paid/Unit	$ -	$ 2.00	$ 1.50	$ 10.00	$ 33.13	$ 3.33	$ 38.86	$ 45.00	$ 7.17	$ 12.00	$ 12.67	$ 43.00	$ 23.75	145.6%
	17-18	Units	716	774	756	655	871	714	870	832	561	645	694	792	8,880	
		Paid	$ 333,755.00	$ 380,532.00	$ 297,543.00	$ 366,679.00	$ 236,067.00	$ 618,292.00	$ 228,248.00	$ 162,459.00	$ 86,605.00	$ 279,642.00	$ 231,051.00	$ 113,728.00	$ 3,334,601.00	
		Paid/Member	$ 1.63	$ 1.86	$ 1.45	$ 1.79	$ 1.15	$ 3.01	$ 1.11	$ 0.80	$ 0.42	$ 1.38	$ 1.14	$ 0.56	$ 1.36	

Return to Agenda

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:

- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Otolaryngology		Units/Member	0.0035	0.0038	0.0037	0.0032	0.0042	0.0035	0.0042	0.0041	0.0027	0.0032	0.0034	0.0039	0.0036	
		Paid/Unit	$ 466.14	$ 491.64	$ 393.58	$ 559.82	$ 271.03	$ 865.96	$ 262.35	$ 195.26	$ 154.38	$ 433.55	$ 332.93	$ 143.60	$ 375.52	
	18-19	Units	756	1,136	889	792	900	824	782	795	657	807	756	681	9,775	
		Paid	$ 220,336.00	$ 172,500.00	$ 197,409.00	$ 166,112.00	$ 174,920.00	$ 113,270.00	$ 118,945.00	$ 103,958.00	$ 117,596.00	$ 198,664.00	$ 110,451.00	$ 99,377.00	$ 1,793,538.00	
		Paid/Member	$ 1.09	$ 0.86	$ 0.99	$ 0.83	$ 0.88	$ 0.57	$ 0.60	$ 0.52	$ 0.60	$ 1.01	$ 0.56	$ 0.51	$ 0.75	-44.7%
		Units/Member	0.0038	0.0056	0.0044	0.0040	0.0045	0.0042	0.0040	0.0040	0.0033	0.0041	0.0038	0.0035	0.0041	13.2%
		Paid/Unit	$ 291.45	$ 151.85	$ 222.06	$ 209.74	$ 194.36	$ 137.46	$ 152.10	$ 130.76	$ 178.99	$ 246.18	$ 146.10	$ 145.93	$ 183.48	-51.1%
Pain Management	17-18	Units	95	119	122	97	133	107	103	117	100	105	99	127	1,324	
		Paid	$ 449.00	$ 606.00	$ 356.00	$ 130.00	$ 660.00	$ 474.00	$ 680.00	$ 388.00	$ 1,431.00	$ 1,565.00	$ 770.00	$ 1,195.00	$ 8,704.00	
		Paid/Member	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.01	$ 0.01	$ 0.00	$ 0.01	$ 0.00	
		Units/Member	0.0005	0.0006	0.0006	0.0005	0.0006	0.0005	0.0005	0.0006	0.0005	0.0005	0.0005	0.0006	0.0005	
		Paid/Unit	$ 4.73	$ 5.09	$ 2.92	$ 1.34	$ 4.96	$ 4.43	$ 6.60	$ 3.32	$ 14.31	$ 14.90	$ 7.78	$ 9.41	$ 6.57	
	18-19	Units	104	94	46	81	71	76	75	61	39	55	59	33	794	
		Paid	$ 1,053.00	$ 1,285.00	$ 435.00	$ 2,393.00	$ 485.00	$ 1,430.00	$ 1,151.00	$ 1,242.00	$ 607.00	$ 2,477.00	$ 1,014.00	$ 836.00	$ 14,408.00	
		Paid/Member	$ 0.01	$ 0.01	$ 0.00	$ 0.01	$ 0.00	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.01	$ 0.01	$ 0.00	$ 0.01	70.2%
		Units/Member	0.0005	0.0005	0.0002	0.0004	0.0004	0.0004	0.0004	0.0003	0.0002	0.0003	0.0003	0.0002	0.0003	-38.3%
		Paid/Unit	$ 10.13	$ 13.67	$ 9.46	$ 29.54	$ 6.83	$ 18.82	$ 15.35	$ 20.36	$ 15.56	$ 45.04	$ 17.19	$ 25.33	$ 18.15	176.0%
Pathology	17-18	Units	2,241	2,365	2,188	1,776	2,078	1,901	3,033	2,678	2,631	3,111	2,898	3,144	30,044	
		Paid	$ 99,691.00	$ 96,712.00	$ 100,190.00	$ 88,513.00	$ 102,057.00	$ 94,153.00	$ 100,407.00	$ 104,390.00	$ 134,599.00	$ 132,917.00	$ 164,550.00	$ 140,657.00	$ 1,358,836.00	
		Paid/Member	$ 0.49	$ 0.47	$ 0.49	$ 0.43	$ 0.50	$ 0.46	$ 0.49	$ 0.51	$ 0.66	$ 0.66	$ 0.81	$ 0.70	$ 0.55	
		Units/Member	0.0109	0.0116	0.0107	0.0087	0.0101	0.0093	0.0148	0.0131	0.0129	0.0153	0.0143	0.0155	0.0123	
		Paid/Unit	$ 44.49	$ 40.89	$ 45.79	$ 49.84	$ 49.11	$ 49.53	$ 33.10	$ 38.98	$ 51.16	$ 42.72	$ 56.78	$ 44.74	$ 45.23	
	18-19	Units	2,924	2,988	2,644	2,843	2,950	2,524	2,560	2,429	2,937	3,299	2,539	2,793	33,430	
		Paid	$ 126,955.00	$ 134,420.00	$ 114,998.00	$ 126,681.00	$ 123,694.00	$ 110,406.00	$ 123,832.00	$ 126,764.00	$ 122,142.00	$ 182,391.00	$ 163,055.00	$ 162,211.00	$ 1,617,549.00	
		Paid/Member	$ 0.63	$ 0.67	$ 0.57	$ 0.63	$ 0.62	$ 0.56	$ 0.63	$ 0.64	$ 0.62	$ 0.93	$ 0.83	$ 0.83	$ 0.68	22.4%
		Units/Member	0.0145	0.0148	0.0132	0.0142	0.0148	0.0127	0.0130	0.0123	0.0149	0.0168	0.0129	0.0142	0.0140	14.4%
		Paid/Unit	$ 43.42	$ 44.99	$ 43.49	$ 44.56	$ 41.93	$ 43.74	$ 48.37	$ 52.19	$ 41.59	$ 55.29	$ 64.22	$ 58.08	$ 48.39	7.0%
Pediatric medicine	17-18	Units	6,882	8,160	7,072	6,672	8,156	6,541	8,757	8,382	7,022	9,405	8,080	8,706	93,835	
		Paid	$ 676,294.00	$ 698,628.00	$ 582,833.00	$ 606,980.00	$ 1,049,041.00	$ 540,975.00	$ 593,707.00	$ 485,746.00	$ 606,681.00	$ 625,613.00	$ 767,917.00	$ 843,439.00	$ 8,077,854.00	
		Paid/Member	$ 3.29	$ 3.41	$ 2.85	$ 2.97	$ 5.11	$ 2.64	$ 2.90	$ 2.38	$ 2.97	$ 3.09	$ 3.79	$ 4.17	$ 3.30	
		Units/Member	0.0335	0.0399	0.0346	0.0326	0.0397	0.0319	0.0427	0.0411	0.0344	0.0464	0.0399	0.0430	0.0383	
		Paid/Unit	$ 98.27	$ 85.62	$ 82.41	$ 90.97	$ 128.62	$ 82.71	$ 67.80	$ 57.95	$ 86.40	$ 66.52	$ 95.04	$ 96.88	$ 86.09	
	18-19	Units	7,885	8,419	6,866	6,502	8,186	7,266	9,179	8,300	7,499	9,340	9,003	9,959	98,404	
		Paid	$ 912,343.00	$ 879,049.00	$ 630,305.00	$ 927,994.00	$ 610,300.00	$ 836,792.00	$ 654,466.00	$ 755,623.00	$ 662,388.00	$ 1,003,161.00	$ 877,220.00	$ 659,989.00	$ 9,409,630.00	
		Paid/Member	$ 4.53	$ 4.36	$ 3.15	$ 4.65	$ 3.07	$ 4.22	$ 3.31	$ 3.81	$ 3.35	$ 5.10	$ 4.46	$ 3.37	$ 3.95	19.8%
		Units/Member	0.0391	0.0418	0.0343	0.0326	0.0411	0.0367	0.0464	0.0419	0.0380	0.0474	0.0457	0.0508	0.0413	7.9%
		Paid/Unit	$ 115.71	$ 104.41	$ 91.80	$ 142.72	$ 74.55	$ 115.17	$ 71.30	$ 91.04	$ 88.33	$ 107.40	$ 97.44	$ 66.27	$ 95.62	11.1%
Pharmacy	17-18	Units	2,209	2,177	2,170	1,952	2,091	1,954	1,987	1,933	1,902	1,951	1,946	2,378	24,650	
		Paid	$ 342,909.00	$ 277,816.00	$ 301,798.00	$ 307,815.00	$ 275,722.00	$ 231,629.00	$ 227,921.00	$ 241,258.00	$ 274,839.00	$ 273,273.00	$ 260,413.00	$ 380,380.00	$ 3,395,773.00	
		Paid/Member	$ 1.67	$ 1.36	$ 1.47	$ 1.50	$ 1.34	$ 1.13	$ 1.11	$ 1.18	$ 1.35	$ 1.35	$ 1.29	$ 1.88	$ 1.39	
		Units/Member	0.0108	0.0106	0.0106	0.0095	0.0102	0.0095	0.0097	0.0095	0.0093	0.0096	0.0096	0.0118	0.0101	
		Paid/Unit	$ 155.23	$ 127.61	$ 139.08	$ 157.69	$ 131.86	$ 118.54	$ 114.71	$ 124.81	$ 144.50	$ 140.07	$ 133.82	$ 159.96	$ 137.76	
	18-19	Units	1,970	2,219	2,278	2,164	2,389	2,167	2,498	2,276	2,189	2,460	2,062	2,068	26,740	
		Paid	$ 361,115.00	$ 317,906.00	$ 291,824.00	$ 334,316.00	$ 306,667.00	$ 324,447.00	$ 283,489.00	$ 300,184.00	$ 290,633.00	$ 310,200.00	$ 305,180.00	$ 288,467.00	$ 3,714,428.00	
		Paid/Member	$ 1.79	$ 1.58	$ 1.46	$ 1.68	$ 1.54	$ 1.64	$ 1.43	$ 1.51	$ 1.47	$ 1.58	$ 1.55	$ 1.47	$ 1.56	12.5%
		Units/Member	0.0098	0.0110	0.0114	0.0108	0.0120	0.0109	0.0126	0.0115	0.0111	0.0125	0.0105	0.0105	0.0112	11.6%
		Paid/Unit	$ 183.31	$ 143.27	$ 128.11	$ 154.49	$ 128.37	$ 149.72	$ 113.49	$ 131.89	$ 132.77	$ 126.10	$ 148.00	$ 139.49	$ 138.91	0.8%
Physical medicine and rehabilitation	17-18	Units	1,405	1,558	1,506	1,232	1,351	1,599	1,572	1,706	1,152	1,480	1,364	1,413	17,338	
		Paid	$ 1,245,322.00	$ 1,626,907.00	$ 1,398,323.00	$ 1,587,630.00	$ 1,455,695.00	$ 1,556,712.00	$ 660,700.00	$ 723,157.00	$ 617,365.00	$ 618,237.00	$ 772,591.00	$ 755,394.00	$ 13,018,033.00	
		Paid/Member	$ 6.07	$ 7.95	$ 6.83	$ 7.76	$ 7.09	$ 7.58	$ 3.22	$ 3.54	$ 3.02	$ 3.05	$ 3.81	$ 3.73	$ 5.31	
		Units/Member	0.0068	0.0076	0.0074	0.0060	0.0066	0.0078	0.0077	0.0084	0.0056	0.0073	0.0067	0.0070	0.0071	
		Paid/Unit	$ 886.35	$ 1,044.23	$ 928.50	$ 1,288.66	$ 1,077.49	$ 973.55	$ 420.29	$ 423.89	$ 535.91	$ 417.73	$ 566.42	$ 534.60	$ 750.84	
	18-19	Units	1,295	1,016	1,240	1,174	1,183	1,033	1,379	1,101	1,083	1,285	1,063	1,189	14,041	
		Paid	$ 1,103,830.00	$ 831,852.00	$ 810,907.00	$ 1,324,200.00	$ 807,781.00	$ 686,920.00	$ 924,129.00	$ 775,743.00	$ 882,839.00	$ 986,019.00	$ 942,923.00	$ 844,860.00	$ 10,922,003.00	
		Paid/Member	$ 5.48	$ 4.13	$ 4.05	$ 6.64	$ 4.06	$ 3.47	$ 4.68	$ 3.91	$ 4.47	$ 5.01	$ 4.79	$ 4.31	$ 4.58	-13.7%
		Units/Member	0.0064	0.0050	0.0062	0.0059	0.0059	0.0052	0.0070	0.0056	0.0055	0.0065	0.0054	0.0061	0.0059	-16.7%
		Paid/Unit	$ 852.38	$ 818.75	$ 653.96	$ 1,127.94	$ 682.82	$ 664.98	$ 670.14	$ 704.58	$ 815.18	$ 767.33	$ 887.04	$ 710.56	$ 777.87	3.6%
Physical therapist (independently practicing)	17-18	Units	2,801	3,313	3,048	2,827	3,368	2,985	3,420	3,576	2,856	3,702	3,468	3,705	39,069	
		Paid	$ 165,671.00	$ 204,261.00	$ 195,539.00	$ 203,291.00	$ 244,019.00	$ 212,088.00	$ 248,934.00	$ 246,961.00	$ 192,992.00	$ 278,341.00	$ 257,580.00	$ 286,395.00	$ 2,736,072.00	
		Paid/Member	$ 0.81	$ 1.00	$ 0.96	$ 0.99	$ 1.19	$ 1.03	$ 1.21	$ 1.21	$ 0.94	$ 1.37	$ 1.27	$ 1.42	$ 1.12	
		Units/Member	0.0136	0.0162	0.0149	0.0138	0.0164	0.0145	0.0167	0.0175	0.0140	0.0183	0.0171	0.0183	0.0159	
		Paid/Unit	$ 59.15	$ 61.65	$ 64.15	$ 71.91	$ 72.45	$ 71.05	$ 72.79	$ 69.06	$ 67.57	$ 75.19	$ 74.27	$ 77.30	$ 70.03	
		Units	3,571	4,806	4,599	4,492	4,998	4,077	4,895	4,284	4,319	4,933	4,517	4,743	54,234	

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
	18-19	Paid	291,214.00	324,917.00	320,811.00	321,936.00	343,577.00	275,246.00	352,065.00	309,105.00	310,492.00	398,989.00	341,266.00	354,805.00	3,944,423.00	
		Paid/Member	1.44	1.61	1.60	1.61	1.73	1.39	1.78	1.56	1.57	2.03	1.73	1.81	1.66	48.3%
		Units/Member	0.0177	0.0239	0.0230	0.0225	0.0251	0.0206	0.0248	0.0216	0.0219	0.0251	0.0230	0.0242	0.0228	42.8%
		Paid/Unit	81.55	67.61	69.76	71.67	68.74	67.51	71.92	72.15	71.89	80.88	75.55	74.81	72.73	3.9%
Physician assistant	17-18	Units	1,161	1,371	1,382	1,245	1,317	1,286	1,440	1,352	1,270	1,751	1,634	2,196	17,405	
		Paid	127,971.00	192,432.00	162,357.00	139,002.00	126,781.00	165,765.00	191,607.00	190,626.00	179,965.00	245,326.00	230,395.00	352,368.00	2,304,595.00	
		Paid/Member	0.62	0.94	0.79	0.68	0.62	0.81	0.93	0.93	0.88	1.21	1.14	1.74	0.94	
		Units/Member	0.0057	0.0067	0.0068	0.0061	0.0064	0.0063	0.0070	0.0066	0.0062	0.0086	0.0081	0.0109	0.0071	
		Paid/Unit	110.22	140.36	117.48	111.65	96.26	128.90	133.06	141.00	141.70	140.11	141.00	160.46	132.41	
	18-19	Units	2,093	2,480	2,071	2,187	2,344	2,004	2,323	2,172	2,285	2,817	2,471	2,774	28,021	
		Paid	271,536.00	267,411.00	214,521.00	284,753.00	291,454.00	265,472.00	305,307.00	222,893.00	238,406.00	321,191.00	276,014.00	369,793.00	3,328,751.00	
		Paid/Member	1.35	1.33	1.07	1.43	1.46	1.34	1.54	1.12	1.21	1.63	1.40	1.89	1.40	48.5%
		Units/Member	0.0104	0.0123	0.0103	0.0110	0.0118	0.0101	0.0118	0.0110	0.0116	0.0143	0.0126	0.0141	0.0118	65.6%
		Paid/Unit	129.74	107.83	103.58	130.20	124.34	132.47	131.43	102.62	104.34	114.02	111.70	133.31	118.79	-10.3%
Plastic and reconstructive surgery	17-18	Units	419	525	433	367	518	361	494	432	268	429	383	394	5,023	
		Paid	113,978.00	164,982.00	98,651.00	125,083.00	686,753.00	107,471.00	164,996.00	68,999.00	124,270.00	86,825.00	72,271.00	76,781.00	1,891,060.00	
		Paid/Member	0.56	0.81	0.48	0.61	3.35	0.52	0.80	0.34	0.61	0.43	0.36	0.38	0.77	
		Units/Member	0.0020	0.0026	0.0021	0.0018	0.0025	0.0018	0.0024	0.0021	0.0013	0.0021	0.0019	0.0019	0.0020	
		Paid/Unit	272.02	314.25	227.83	340.83	1,325.78	297.70	334.00	159.72	463.69	202.39	188.70	194.88	376.48	
	18-19	Units	399	470	457	359	428	389	498	392	316	349	305	377	4,739	
		Paid	55,261.00	60,680.00	95,068.00	64,424.00	49,092.00	59,704.00	62,491.00	89,391.00	48,422.00	67,286.00	82,501.00	68,730.00	803,050.00	
		Paid/Member	0.27	0.30	0.47	0.32	0.25	0.30	0.32	0.45	0.25	0.34	0.42	0.35	0.34	-56.3%
		Units/Member	0.0020	0.0023	0.0023	0.0018	0.0022	0.0020	0.0025	0.0020	0.0016	0.0018	0.0015	0.0019	0.0020	-3.0%
		Paid/Unit	138.50	129.11	208.03	179.45	114.70	153.48	125.48	228.04	153.23	192.80	270.50	182.31	169.46	-55.0%
Podiatry	17-18	Units	1,171	1,369	1,260	1,395	1,382	1,325	1,401	1,275	1,154	1,340	1,357	1,329	15,758	
		Paid	49,196.00	44,373.00	51,292.00	89,077.00	65,961.00	47,014.00	88,680.00	56,586.00	42,455.00	59,662.00	63,991.00	58,128.00	716,415.00	
		Paid/Member	0.24	0.22	0.25	0.44	0.32	0.23	0.43	0.28	0.21	0.29	0.32	0.29	0.29	
		Units/Member	0.0057	0.0067	0.0062	0.0068	0.0067	0.0065	0.0068	0.0062	0.0056	0.0066	0.0067	0.0066	0.0064	
		Paid/Unit	42.01	32.41	40.71	63.85	47.73	35.48	63.30	44.38	36.79	44.52	47.16	43.74	45.46	
	18-19	Units	1,472	1,663	1,569	1,709	1,726	1,609	1,744	1,590	1,476	1,378	1,176	1,253	18,365	
		Paid	55,190.00	57,933.00	87,665.00	129,295.00	101,372.00	52,137.00	59,661.00	44,669.00	63,149.00	57,106.00	45,616.00	45,033.00	798,826.00	
		Paid/Member	0.27	0.29	0.44	0.65	0.51	0.26	0.30	0.23	0.32	0.29	0.23	0.23	0.34	14.7%
		Units/Member	0.0073	0.0083	0.0078	0.0086	0.0087	0.0081	0.0088	0.0080	0.0075	0.0070	0.0060	0.0064	0.0077	19.9%
		Paid/Unit	37.49	34.84	55.87	75.66	58.73	32.40	34.21	28.09	42.78	41.44	38.79	35.94	43.50	-4.3%
Portable X-ray supplier	17-18	Units	76	81	96	70	72	98	88	96	95	159	102	96	1,129	
		Paid	1,335.00	986.00	3,651.00	1,605.00	2,021.00	1,855.00	2,992.00	2,964.00	2,092.00	4,098.00	2,691.00	1,783.00	28,073.00	
		Paid/Member	0.01	0.00	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01	0.01	
		Units/Member	0.0004	0.0004	0.0005	0.0003	0.0004	0.0005	0.0004	0.0005	0.0005	0.0008	0.0005	0.0005	0.0005	
		Paid/Unit	17.57	12.17	38.03	22.93	28.07	18.93	34.00	30.88	22.02	25.77	26.38	18.57	24.87	
	18-19	Units	37	110	96	75	66	101	114	63	72	118	78	112	1,042	
		Paid	2,718.00	3,104.00	2,294.00	2,448.00	2,336.00	1,172.00	1,845.00	1,461.00	979.00	4,223.00	1,233.00	1,958.00	25,771.00	
		Paid/Member	0.01	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.02	0.01	0.01	0.01	-5.6%
		Units/Member	0.0002	0.0005	0.0005	0.0004	0.0003	0.0005	0.0006	0.0003	0.0004	0.0006	0.0004	0.0006	0.0004	-5.1%
		Paid/Unit	73.46	28.22	23.90	32.64	35.39	11.60	16.18	23.19	13.60	35.79	15.81	17.48	24.73	-0.5%
Preventive medicine	17-18	Units	-	3	3	4	8	7	3	1	-	4	1	5	39	
		Paid	-	687.00	3.00	176.00	38.00	4.00	87.00	68.00	-	163.00	-	28.00	1,254.00	
		Paid/Member	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	0.00	-	0.00	0.00	
		Units/Member	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	-	229.00	1.00	44.00	4.75	0.57	29.00	68.00	-	40.75	-	5.60	32.15	
	18-19	Units	6	8	2	1	1	6	4	5	8	7	8	6	62	
		Paid	2.00	6.00	1.00	-	3.00	14.00	1.00	-	12.00	60.00	165.00	-	264.00	
		Paid/Member	0.00	0.00	0.00	-	0.00	0.00	0.00	-	0.00	0.00	0.00	-	0.00	-78.3%
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	63.5%
		Paid/Unit	0.33	0.75	0.50	-	3.00	2.33	0.25	-	1.50	8.57	20.63	-	4.26	-86.8%
Psych/Mental Health Facility	17-18	Units	5	3	5	4	4	2	1	5	1	-	3	4	37	
		Paid	-	24.00	-	-	-	-	-	-	-	-	-	-	24.00	
		Paid/Member	-	0.00	-	-	-	-	-	-	-	-	-	-	0.00	
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	0.0000	
		Paid/Unit	-	8.00	-	-	-	-	-	-	-	-	-	-	0.65	
	18-19	Units	10	25	17	19	16	11	18	13	15	15	8	12	179	
		Paid	24.00	4.00	36.00	24.00	-	2.00	37.00	40.00	27.00	72.00	60.00	368.00	694.00	
		Paid/Member	0.00	0.00	0.00	0.00	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2873.9%
		Units/Member	0.0000	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	0.0001	0.0001	397.5%

Return to Agenda

Servicing Provider Specialty

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Specialty	Year	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
		Paid/Unit	2.40	0.16	2.12	1.26	-	0.18	2.06	3.08	1.80	4.80	7.50	30.67	3.88	497.7%
Psychiatry	17-18	Units	388	420	447	453	551	470	467	473	386	593	621	688	5,957	
		Paid	70,800.00	100,001.00	161,050.00	143,641.00	109,986.00	102,200.00	99,318.00	83,326.00	82,180.00	70,450.00	46,996.00	36,561.00	1,106,509.00	
		Paid/Member	0.34	0.49	0.79	0.70	0.54	0.50	0.48	0.41	0.40	0.35	0.23	0.18	0.45	
		Units/Member	0.0019	0.0021	0.0022	0.0022	0.0027	0.0023	0.0023	0.0023	0.0019	0.0029	0.0031	0.0034	0.0024	
		Paid/Unit	182.47	238.10	360.29	317.09	199.61	217.45	212.67	176.16	212.90	118.80	75.68	53.14	185.75	
	18-19	Units	623	869	836	997	898	741	836	782	756	749	660	652	9,399	
		Paid	56,619.00	70,412.00	85,393.00	70,150.00	27,736.00	33,700.00	50,525.00	13,476.00	7,612.00	14,935.00	41,198.00	8,675.00	480,431.00	
		Paid/Member	0.28	0.35	0.43	0.35	0.14	0.17	0.26	0.07	0.04	0.08	0.21	0.04	0.20	-55.3%
		Units/Member	0.0031	0.0043	0.0042	0.0050	0.0045	0.0037	0.0042	0.0039	0.0038	0.0038	0.0034	0.0033	0.0039	62.3%
		Paid/Unit	90.88	81.03	102.14	70.36	30.89	45.48	60.44	17.23	10.07	19.94	62.42	13.31	51.12	-72.5%
Psychologist (billing independently)	17-18	Units	4	4	4	2	2	5	7	11	-	2	2	11	54	
		Paid	33.00	-	37.00	110.00	-	-	-	-	-	-	-	163.00	343.00	
		Paid/Member	0.00	-	0.00	0.00	-	-	-	-	-	-	-	0.00	0.00	
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0001	-	0.0000	0.0000	0.0001	0.0000	
		Paid/Unit	8.25	-	9.25	55.00	-	-	-	-	-	-	-	14.82	6.35	
	18-19	Units	8	53	80	75	60	71	73	62	63	71	58	72	746	
		Paid	-	-	-	299.00	-	16.00	30.00	288.00	80.00	1,624.00	162.00	70.00	2,569.00	
		Paid/Member	-	-	-	0.00	-	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	670.3%
		Units/Member	0.0000	0.0003	0.0004	0.0004	0.0003	0.0004	0.0004	0.0003	0.0003	0.0004	0.0003	0.0004	0.0003	1320.8%
		Paid/Unit	-	-	-	3.99	-	0.23	0.41	4.65	1.27	22.87	2.79	0.97	3.44	-45.8%
Public health or welfare agencies	17-18	Units	197	149	134	148	267	143	175	136	121	155	124	114	1,863	
		Paid	10,733.00	5,383.00	2,845.00	3,666.00	9,565.00	3,276.00	3,645.00	3,489.00	3,378.00	4,634.00	2,569.00	2,654.00	55,837.00	
		Paid/Member	0.05	0.03	0.01	0.02	0.05	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.02	
		Units/Member	0.0010	0.0007	0.0007	0.0007	0.0013	0.0007	0.0009	0.0007	0.0006	0.0008	0.0006	0.0006	0.0008	
		Paid/Unit	54.48	36.13	21.23	24.77	35.82	22.91	20.83	25.65	27.92	29.90	20.72	23.28	29.97	
	18-19	Units	110	115	104	109	222	120	208	104	118	125	84	157	1,576	
		Paid	2,293.00	2,935.00	2,799.00	4,037.00	7,999.00	4,823.00	7,306.00	3,462.00	3,293.00	3,849.00	3,531.00	3,152.00	49,479.00	
		Paid/Member	0.01	0.01	0.01	0.02	0.04	0.02	0.04	0.02	0.02	0.02	0.02	0.02	0.02	-8.9%
		Units/Member	0.0005	0.0006	0.0005	0.0005	0.0011	0.0006	0.0011	0.0005	0.0006	0.0006	0.0004	0.0008	0.0007	-13.0%
		Paid/Unit	20.85	25.52	26.91	37.04	36.03	40.19	35.13	33.29	27.91	30.79	42.04	20.08	31.40	4.8%
Pulmonary disease	17-18	Units	880	970	878	923	823	769	857	879	692	908	692	882	10,153	
		Paid	217,850.00	524,647.00	202,335.00	225,308.00	151,653.00	314,099.00	497,511.00	481,988.00	413,457.00	584,457.00	364,562.00	417,765.00	4,395,632.00	
		Paid/Member	1.06	2.56	0.99	1.10	0.74	1.53	2.43	2.36	2.02	2.88	1.80	2.06	1.79	
		Units/Member	0.0043	0.0047	0.0043	0.0045	0.0040	0.0037	0.0042	0.0043	0.0034	0.0045	0.0034	0.0044	0.0041	
		Paid/Unit	247.56	540.87	230.45	244.10	184.27	408.45	580.53	548.34	597.48	643.68	526.82	473.66	432.94	
	18-19	Units	784	920	874	798	961	953	1,103	884	866	1,056	849	988	11,036	
		Paid	324,727.00	410,918.00	447,531.00	345,705.00	356,015.00	522,544.00	540,069.00	440,255.00	392,895.00	410,055.00	409,099.00	554,339.00	5,154,152.00	
		Paid/Member	1.61	2.04	2.23	1.73	1.79	2.64	2.73	2.22	1.99	2.08	2.08	2.83	2.16	20.6%
		Units/Member	0.0039	0.0046	0.0044	0.0040	0.0048	0.0048	0.0056	0.0045	0.0044	0.0054	0.0043	0.0050	0.0046	11.8%
		Paid/Unit	414.19	446.65	512.05	433.21	370.46	548.31	489.64	498.03	453.69	388.31	481.86	561.07	467.03	7.9%
Radiation oncology	17-18	Units	530	570	584	525	466	473	468	527	478	507	433	472	6,033	
		Paid	173,365.00	226,343.00	250,343.00	161,175.00	166,834.00	183,502.00	185,604.00	158,883.00	191,311.00	217,245.00	161,177.00	151,540.00	2,227,322.00	
		Paid/Member	0.84	1.11	1.22	0.79	0.81	0.89	0.91	0.78	0.94	1.07	0.80	0.75	0.91	
		Units/Member	0.0026	0.0028	0.0029	0.0026	0.0023	0.0023	0.0023	0.0026	0.0023	0.0025	0.0021	0.0023	0.0025	
		Paid/Unit	327.10	397.09	428.67	307.00	358.01	387.95	396.59	301.49	400.23	428.49	372.23	321.06	369.19	
	18-19	Units	418	522	436	543	536	436	551	418	473	479	412	441	5,665	
		Paid	218,148.00	206,729.00	208,176.00	206,853.00	216,490.00	164,064.00	204,210.00	121,253.00	130,018.00	141,705.00	106,842.00	158,738.00	2,083,226.00	
		Paid/Member	1.08	1.03	1.04	1.04	1.09	0.83	1.03	0.61	0.66	0.72	0.54	0.81	0.87	-3.8%
		Units/Member	0.0021	0.0026	0.0022	0.0027	0.0027	0.0022	0.0028	0.0021	0.0024	0.0024	0.0021	0.0022	0.0024	-3.4%
		Paid/Unit	521.89	396.03	477.47	380.94	403.90	376.29	370.62	290.08	274.88	295.84	259.33	359.95	367.74	-0.4%
Radiation Therapy Center	17-18	Units	2	6	2	6	1	3	-	5	3	3	4	5	40	
		Paid	15.00	29.00	1.00	53.00	-	4.00	-	342.00	1.00	34.00	52.00	27.00	558.00	
		Paid/Member	0.00	0.00	0.00	0.00	-	0.00	-	0.00	0.00	0.00	0.00	0.00	0.00	
		Units/Member	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	7.50	4.83	0.50	8.83	-	1.33	-	68.40	0.33	11.33	13.00	5.40	13.95	
	18-19	Units	9	14	8	4	13	9	9	7	5	6	3	4	91	
		Paid	190.00	67.00	5.00	-	70.00	187.00	36.00	33.00	-	66.00	33.00	149.00	836.00	
		Paid/Member	0.00	0.00	0.00	-	0.00	0.00	0.00	0.00	-	0.00	0.00	0.00	0.00	54.1%
		Units/Member	0.0000	0.0001	0.0000	0.0000	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	134.0%
		Paid/Unit	21.11	4.79	0.63	-	5.38	20.78	4.00	4.71	-	11.00	11.00	37.25	9.19	-34.1%
		Units	-	-	-	3	-	-	2	2	2	2	3	2	16	
		Paid	-	-	-	-	-	-	-	140.00	-	-	-	13.00	153.00	

Membership			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18		205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19		201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Servicing Provider Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Rehabilitation Agency	17-18	Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ 0.00	$ 0.00	
		Units/Member	-	-	-	0.0000	-	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 70.00	$ -	$ -	$ -	$ 6.50	$ 9.56	
	18-19	Units	10	235	284	331	367	305	382	343	319	416	341	386	3,719	
		Paid	$ 134.00	$ 1,714.00	$ 2,430.00	$ 2,452.00	$ 1,492.00	$ 2,354.00	$ 2,869.00	$ 1,848.00	$ 1,931.00	$ 9,013.00	$ 1,802.00	$ 1,979.00	$ 30,018.00	
		Paid/Member	$ 0.00	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.05	$ 0.01	$ 0.01	$ 0.01	20077.5%
		Units/Member	0.0000	0.0012	0.0014	0.0017	0.0018	0.0015	0.0019	0.0017	0.0016	0.0021	0.0017	0.0020	0.0016	23804.7%
		Paid/Unit	$ 13.40	$ 7.29	$ 8.56	$ 7.41	$ 4.07	$ 7.72	$ 7.51	$ 5.39	$ 6.05	$ 21.67	$ 5.28	$ 5.13	$ 8.07	-15.6%
Rehabilitation Center	17-18	Units	-	2	-	-	-	-	-	-	-	-	-	-	2	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Units/Member	-	0.0000	-	-	-	-	-	-	-	-	-	-	0.0000	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	18-19	Units	-	-	-	-	-	-	-	1	1	-	-	-	2	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
		Units/Member	-	-	-	-	-	-	-	0.0000	0.0000	-	-	-	0.0000	2.8%
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Rheumatology	17-18	Units	286	251	214	244	237	195	278	214	212	367	231	327	3,056	
		Paid	$ 15,113.00	$ 16,909.00	$ 14,494.00	$ 19,660.00	$ 22,628.00	$ 22,124.00	$ 20,126.00	$ 36,128.00	$ 27,382.00	$ 32,721.00	$ 11,089.00	$ 31,145.00	$ 269,519.00	
		Paid/Member	$ 0.07	$ 0.08	$ 0.07	$ 0.10	$ 0.11	$ 0.11	$ 0.10	$ 0.18	$ 0.13	$ 0.16	$ 0.05	$ 0.15	$ 0.11	
		Units/Member	0.0014	0.0012	0.0010	0.0012	0.0012	0.0010	0.0014	0.0010	0.0010	0.0018	0.0011	0.0016	0.0012	
		Paid/Unit	$ 52.84	$ 67.37	$ 67.73	$ 80.57	$ 95.48	$ 113.46	$ 72.40	$ 168.82	$ 129.16	$ 89.16	$ 48.00	$ 95.24	$ 88.19	
	18-19	Units	267	395	432	359	441	434	488	398	349	487	420	395	4,865	
		Paid	$ 29,345.00	$ 28,468.00	$ 25,107.00	$ 26,060.00	$ 36,337.00	$ 29,961.00	$ 32,723.00	$ 39,626.00	$ 22,779.00	$ 43,540.00	$ 34,342.00	$ 60,457.00	$ 408,745.00	
		Paid/Member	$ 0.15	$ 0.14	$ 0.13	$ 0.13	$ 0.18	$ 0.15	$ 0.17	$ 0.20	$ 0.12	$ 0.22	$ 0.17	$ 0.31	$ 0.17	56.0%
		Units/Member	0.0013	0.0020	0.0022	0.0018	0.0022	0.0022	0.0025	0.0020	0.0018	0.0025	0.0021	0.0020	0.0020	63.7%
		Paid/Unit	$ 109.91	$ 72.07	$ 58.12	$ 72.59	$ 82.40	$ 69.03	$ 67.06	$ 99.56	$ 65.27	$ 89.40	$ 81.77	$ 153.06	$ 84.02	-4.7%
Skilled Nursing Facility	17-18	Units	2,893	2,914	3,207	2,929	3,535	3,174	3,157	3,233	3,624	3,440	3,177	3,254	38,537	
		Paid	$ 5,056,447.00	$ 5,259,394.00	$ 5,082,662.00	$ 5,391,791.00	$ 5,984,189.00	$ 5,722,435.00	$ 5,960,074.00	$ 5,853,835.00	$ 6,172,853.00	$ 5,894,524.00	$ 5,186,202.00	$ 5,773,834.00	$ 67,338,240.00	
		Paid/Member	$ 24.63	$ 25.69	$ 24.83	$ 26.35	$ 29.15	$ 27.88	$ 29.07	$ 28.69	$ 30.22	$ 29.08	$ 25.59	$ 28.54	$ 27.48	
		Units/Member	0.0141	0.0142	0.0157	0.0143	0.0172	0.0155	0.0154	0.0158	0.0177	0.0170	0.0157	0.0161	0.0157	
		Paid/Unit	$ 1,747.82	$ 1,804.87	$ 1,584.86	$ 1,840.83	$ 1,692.84	$ 1,802.91	$ 1,887.89	$ 1,810.65	$ 1,703.33	$ 1,713.52	$ 1,632.42	$ 1,774.38	$ 1,747.37	
	18-19	Units	3,027	3,478	3,370	3,165	3,285	3,141	3,286	3,286	3,064	3,153	3,138	3,050	38,443	
		Paid	$ 5,599,089.00	$ 5,691,112.00	$ 5,532,427.00	$ 5,872,609.00	$ 6,477,784.00	$ 5,907,093.00	$ 6,259,210.00	$ 6,031,106.00	$ 6,301,142.00	$ 6,317,270.00	$ 5,706,855.00	$ 5,966,952.00	$ 71,662,649.00	
		Paid/Member	$ 27.78	$ 28.26	$ 27.63	$ 29.43	$ 32.56	$ 29.80	$ 31.67	$ 30.43	$ 31.89	$ 32.09	$ 29.00	$ 30.44	$ 30.07	9.4%
		Units/Member	0.0150	0.0173	0.0168	0.0159	0.0165	0.0158	0.0166	0.0166	0.0155	0.0160	0.0159	0.0156	0.0161	2.6%
		Paid/Unit	$ 1,849.72	$ 1,636.32	$ 1,641.67	$ 1,855.48	$ 1,971.93	$ 1,880.64	$ 1,904.81	$ 1,835.39	$ 2,056.51	$ 2,003.57	$ 1,818.63	$ 1,956.38	$ 1,864.13	6.7%
Speech Language Pathologists	17-18	Units	57	60	60	51	103	67	81	56	38	90	134	123	920	
		Paid	$ 4,629.00	$ 4,885.00	$ 5,399.00	$ 5,574.00	$ 8,312.00	$ 6,124.00	$ 6,362.00	$ 3,320.00	$ 3,853.00	$ 7,293.00	$ 10,201.00	$ 9,149.00	$ 75,101.00	
		Paid/Member	$ 0.02	$ 0.02	$ 0.03	$ 0.03	$ 0.04	$ 0.03	$ 0.03	$ 0.02	$ 0.02	$ 0.04	$ 0.05	$ 0.05	$ 0.03	
		Units/Member	0.0003	0.0003	0.0003	0.0002	0.0005	0.0003	0.0004	0.0003	0.0002	0.0004	0.0007	0.0006	0.0004	
		Paid/Unit	$ 81.21	$ 81.42	$ 89.98	$ 109.29	$ 80.70	$ 91.40	$ 78.54	$ 59.29	$ 101.39	$ 81.03	$ 76.13	$ 74.38	$ 81.63	
	18-19	Units	155	158	148	134	160	86	100	77	62	84	69	72	1,305	
		Paid	$ 11,121.00	$ 9,869.00	$ 10,788.00	$ 7,434.00	$ 10,315.00	$ 5,576.00	$ 6,084.00	$ 4,874.00	$ 3,985.00	$ 5,766.00	$ 3,993.00	$ 4,654.00	$ 84,459.00	
		Paid/Member	$ 0.06	$ 0.05	$ 0.05	$ 0.04	$ 0.05	$ 0.03	$ 0.03	$ 0.02	$ 0.02	$ 0.03	$ 0.02	$ 0.02	$ 0.04	15.7%
		Units/Member	0.0008	0.0008	0.0007	0.0007	0.0008	0.0004	0.0005	0.0004	0.0003	0.0004	0.0004	0.0004	0.0005	45.9%
		Paid/Unit	$ 71.75	$ 62.46	$ 72.89	$ 55.48	$ 64.47	$ 64.84	$ 60.84	$ 63.30	$ 64.27	$ 68.64	$ 57.87	$ 64.64	$ 64.72	-20.7%
Sports Medicine	17-18	Units	-	-	-	-	-	-	-	-	-	-	-	2	2	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 212.00	$ 212.00	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ 0.00	
		Units/Member	-	-	-	-	-	-	-	-	-	-	-	0.0000	0.0000	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 106.00	$ 106.00	
	18-19	Units	2	-	-	-	2	-	-	-	-	-	-	-	4	
		Paid	$ 157.00	$ -	$ -	$ -	$ 121.00	$ -	$ -	$ -	$ -	$ -	$ -	-	$ 278.00	
		Paid/Member	$ 0.00	$ -	$ -	$ -	$ 0.00	$ -	$ -	$ -	$ -	$ -	$ -	-	$ 0.00	34.9%
		Units/Member	0.0000	-	-	-	0.0000	-	-	-	-	-	-	-	0.0000	105.7%
		Paid/Unit	$ 78.50	$ -	$ -	$ -	$ 60.50	$ -	$ -	$ -	$ -	$ -	$ -	-	$ 69.50	-34.4%
Supplier of oxygen and/or oxygen related equipment	17-18	Units	689	753	710	632	447	428	436	450	436	472	448	464	6,365	
		Paid	$ 40,152.00	$ 42,681.00	$ 41,505.00	$ 35,017.00	$ 25,903.00	$ 23,896.00	$ 25,039.00	$ 25,019.00	$ 23,412.00	$ 31,769.00	$ 24,243.00	$ 24,477.00	$ 363,113.00	
		Paid/Member	$ 0.20	$ 0.21	$ 0.20	$ 0.17	$ 0.13	$ 0.12	$ 0.12	$ 0.12	$ 0.11	$ 0.16	$ 0.12	$ 0.12	$ 0.15	
		Units/Member	0.0034	0.0037	0.0035	0.0031	0.0022	0.0021	0.0021	0.0022	0.0021	0.0023	0.0022	0.0023	0.0026	
		Paid/Unit	$ 58.28	$ 56.68	$ 58.46	$ 55.41	$ 57.95	$ 55.83	$ 57.43	$ 55.60	$ 53.70	$ 67.31	$ 54.11	$ 52.75	$ 57.05	

Return to Agenda

Servicing Provider Specialty

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Membership	17-18	205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	2,450,795
	18-19	201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	2,383,030

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
Supplier of oxygen and/or oxygen related equipment	18-19	Units	475	491	536	533	535	567	655	524	504	593	635	559	6,607	
		Paid	$ 24,728.00	$ 23,874.00	$ 23,595.00	$ 23,022.00	$ 22,155.00	$ 21,392.00	$ 23,836.00	$ 23,984.00	$ 24,087.00	$ 32,159.00	$ 29,132.00	$ 26,462.00	$ 298,426.00	
		Paid/Member	$ 0.12	$ 0.12	$ 0.12	$ 0.12	$ 0.11	$ 0.11	$ 0.12	$ 0.12	$ 0.12	$ 0.16	$ 0.15	$ 0.13	$ 0.13	-15.5%
		Units/Member	0.0024	0.0024	0.0027	0.0027	0.0027	0.0029	0.0033	0.0026	0.0026	0.0030	0.0032	0.0029	0.0028	6.8%
		Paid/Unit	$ 52.06	$ 48.62	$ 44.02	$ 43.19	$ 41.41	$ 37.73	$ 36.39	$ 45.77	$ 47.79	$ 54.23	$ 45.88	$ 47.34	$ 45.17	-20.8%
Supply company with registered pharmacist	17-18	Units	3	3	1	-	1	1	-	1	2	2	1	4	19	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1.00	$ 78.00	$ 30.00	$ -	$ -	$ 109.00	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0.00	$ 0.00	$ 0.00	$ -	$ -	$ 0.00	
		Units/Member	0.0000	0.0000	0.0000	-	0.0000	0.0000	-	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1.00	$ 39.00	$ 15.00	$ -	$ -	$ 5.74	
	18-19	Units	3	1	-	1	1	-	2	-	-	1	-	-	9	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
		Units/Member	0.0000	0.0000	-	0.0000	0.0000	-	0.0000	-	-	0.0000	-	-	0.0000	-51.3%
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Surgical oncology	17-18	Units	104	82	84	56	105	94	119	100	89	120	81	104	1,138	
		Paid	$ 90,548.00	$ 58,456.00	$ 46,195.00	$ 24,511.00	$ 277,727.00	$ 177,908.00	$ 86,114.00	$ 104,359.00	$ 54,050.00	$ 65,182.00	$ 25,805.00	$ 102,987.00	$ 1,113,842.00	
		Paid/Member	$ 0.44	$ 0.29	$ 0.23	$ 0.12	$ 1.35	$ 0.87	$ 0.42	$ 0.51	$ 0.26	$ 0.32	$ 0.13	$ 0.51	$ 0.45	
		Units/Member	0.0005	0.0004	0.0004	0.0003	0.0005	0.0005	0.0006	0.0005	0.0004	0.0006	0.0004	0.0005	0.0005	
		Paid/Unit	$ 870.65	$ 712.88	$ 549.94	$ 437.70	$ 2,645.02	$ 1,892.64	$ 723.65	$ 1,043.59	$ 607.30	$ 543.18	$ 318.58	$ 990.26	$ 978.77	
	18-19	Units	78	115	84	120	105	98	90	105	101	145	96	127	1,264	
		Paid	$ 15,625.00	$ 187,110.00	$ 67,605.00	$ 55,358.00	$ 144,284.00	$ 37,053.00	$ 11,387.00	$ 73,841.00	$ 183,068.00	$ 118,474.00	$ 74,934.00	$ 227,041.00	$ 1,195,780.00	
		Paid/Member	$ 0.08	$ 0.93	$ 0.34	$ 0.28	$ 0.73	$ 0.19	$ 0.06	$ 0.37	$ 0.93	$ 0.60	$ 0.38	$ 1.16	$ 0.50	10.4%
		Units/Member	0.0004	0.0006	0.0004	0.0006	0.0005	0.0005	0.0005	0.0005	0.0005	0.0007	0.0005	0.0006	0.0005	14.2%
		Paid/Unit	$ 200.32	$ 1,627.04	$ 804.82	$ 461.32	$ 1,374.13	$ 378.09	$ 126.52	$ 703.25	$ 1,812.55	$ 817.06	$ 780.56	$ 1,787.72	$ 946.03	-3.3%
Thoracic surgery	17-18	Units	56	86	71	52	106	86	63	72	64	65	61	71	853	
		Paid	$ 1,064,909.00	$ 30,238.00	$ 21,852.00	$ 320,899.00	$ 266,181.00	$ 662,883.00	$ 511,588.00	$ 153,984.00	$ 677,681.00	$ 27,328.00	$ 217,547.00	$ 19,520.00	$ 3,974,610.00	
		Paid/Member	$ 5.19	$ 0.15	$ 0.11	$ 1.57	$ 1.30	$ 3.23	$ 2.50	$ 0.75	$ 3.32	$ 0.13	$ 1.07	$ 0.10	$ 1.62	
		Units/Member	0.0003	0.0004	0.0003	0.0003	0.0005	0.0004	0.0003	0.0004	0.0003	0.0003	0.0003	0.0004	0.0003	
		Paid/Unit	$ 19,016.23	$ 351.60	$ 307.77	$ 6,171.13	$ 2,511.14	$ 7,707.94	$ 8,120.44	$ 2,138.67	$ 10,588.77	$ 420.43	$ 3,566.34	$ 274.93	$ 4,659.57	
	18-19	Units	94	114	112	112	90	68	92	84	89	103	94	109	1,161	
		Paid	$ 859,630.00	$ 702,970.00	$ 27,873.00	$ 95,494.00	$ 368,668.00	$ 32,793.00	$ 270,042.00	$ 200,418.00	$ 715,455.00	$ 668,652.00	$ 341,489.00	$ 108,283.00	$ 4,391,767.00	
		Paid/Member	$ 4.27	$ 3.49	$ 0.14	$ 0.48	$ 1.85	$ 0.17	$ 1.37	$ 1.01	$ 3.62	$ 3.40	$ 1.74	$ 0.55	$ 1.84	13.6%
		Units/Member	0.0005	0.0006	0.0006	0.0006	0.0005	0.0003	0.0005	0.0004	0.0005	0.0005	0.0005	0.0006	0.0005	40.0%
		Paid/Unit	$ 9,145.00	$ 6,166.40	$ 248.87	$ 852.63	$ 4,096.31	$ 482.25	$ 2,935.24	$ 2,385.93	$ 8,038.82	$ 6,491.77	$ 3,632.86	$ 993.42	$ 3,782.75	-18.8%
Unknown	17-18	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Units/Member	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	18-19	Units	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Paid	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Paid/Member	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
		Units/Member	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
		Paid/Unit	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.0%
Unknown supplier/provider specialty	17-18	Units	3,684	4,164	4,057	3,962	4,523	4,300	4,919	4,689	4,087	5,023	4,698	5,158	53,264	
		Paid	$ 380,673.00	$ 409,861.00	$ 400,865.00	$ 524,085.00	$ 555,743.00	$ 499,300.00	$ 692,644.00	$ 655,253.00	$ 474,709.00	$ 749,338.00	$ 589,777.00	$ 583,510.00	$ 6,515,758.00	
		Paid/Member	$ 1.85	$ 2.00	$ 1.96	$ 2.56	$ 2.71	$ 2.43	$ 3.38	$ 3.21	$ 2.32	$ 3.70	$ 2.91	$ 2.88	$ 2.66	
		Units/Member	0.0179	0.0203	0.0198	0.0194	0.0220	0.0209	0.0240	0.0230	0.0200	0.0248	0.0232	0.0255	0.0217	
		Paid/Unit	$ 103.33	$ 98.43	$ 98.81	$ 132.28	$ 122.87	$ 116.12	$ 140.81	$ 139.74	$ 116.15	$ 149.18	$ 125.54	$ 113.13	$ 122.33	
	18-19	Units	4,783	5,259	4,748	4,846	5,055	4,529	5,254	4,990	4,640	5,245	4,579	4,870	58,798	
		Paid	$ 691,127.00	$ 566,004.00	$ 646,970.00	$ 830,083.00	$ 1,276,250.00	$ 564,335.00	$ 920,894.00	$ 619,868.00	$ 619,305.00	$ 851,448.00	$ 791,703.00	$ 865,463.00	$ 9,243,450.00	
		Paid/Member	$ 3.43	$ 2.81	$ 3.23	$ 4.16	$ 6.42	$ 2.85	$ 4.66	$ 3.13	$ 3.13	$ 4.33	$ 4.02	$ 4.41	$ 3.88	45.9%
		Units/Member	0.0237	0.0261	0.0237	0.0243	0.0254	0.0228	0.0266	0.0252	0.0235	0.0266	0.0233	0.0248	0.0247	13.5%
		Paid/Unit	$ 144.50	$ 107.63	$ 136.26	$ 171.29	$ 252.47	$ 124.60	$ 175.27	$ 124.22	$ 133.47	$ 162.34	$ 172.90	$ 177.71	$ 157.21	28.5%
Urgent Care	17-18	Units	77	93	80	71	89	115	98	87	83	105	84	79	1,061	
		Paid	$ 586.00	$ 916.00	$ 1,017.00	$ 80,934.00	$ 1,561.00	$ 2,447.00	$ 1,223.00	$ 511.00	$ 551.00	$ 3,201.00	$ 741.00	$ 653.00	$ 94,341.00	
		Paid/Member	$ 0.00	$ 0.00	$ 0.00	$ 0.40	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.00	$ 0.02	$ 0.00	$ 0.00	$ 0.04	
		Units/Member	0.0004	0.0005	0.0004	0.0003	0.0004	0.0006	0.0005	0.0004	0.0004	0.0005	0.0004	0.0004	0.0004	
		Paid/Unit	$ 7.61	$ 9.85	$ 12.71	$ 1,139.92	$ 17.54	$ 21.28	$ 12.48	$ 5.87	$ 6.64	$ 30.49	$ 8.82	$ 8.27	$ 88.92	
	18-19	Units	35	46	32	62	22	22	20	44	28	21	45	30	407	
		Paid	$ 311.00	$ 711.00	$ 920.00	$ 199,910.00	$ 194.00	$ 360.00	$ 294.00	$ 283.00	$ 241.00	$ 390.00	$ 1,137.00	$ 205.00	$ 204,956.00	
		Paid/Member	$ 0.00	$ 0.00	$ 0.00	$ 1.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.01	$ 0.00	$ 0.09	123.4%

Return to Agenda

Membership		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
	17-18	205,263	204,688	204,673	204,641	205,288	205,262	205,027	204,010	204,262	202,719	202,650	202,312	**2,450,795**
	18-19	201,549	201,415	200,247	199,512	198,945	198,222	197,659	198,207	197,567	196,859	196,802	196,046	**2,383,030**

In the most recent cycle:
- Change < 0
- Change > 10%
- Paid Threshold > 200K

Servicing Provider Specialty

Specialty	Year	Metric	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL	% Change from Prior 12 Months
		Units/Member	0.0002	0.0002	0.0002	0.0003	0.0001	0.0001	0.0001	0.0002	0.0001	0.0001	0.0002	0.0002	0.0002	-60.5%
		Paid/Unit	$ 8.89	$ 15.46	$ 28.75	$ 3,224.35	$ 8.82	$ 16.36	$ 14.70	$ 6.43	$ 8.61	$ 18.57	$ 25.27	$ 6.83	$ 503.58	466.3%
Urology	17-18	Units	834	946	829	758	975	841	863	841	692	1,012	837	962	10,390	
		Paid	$ 93,882.00	$ 148,360.00	$ 140,882.00	$ 123,659.00	$ 165,141.00	$ 162,658.00	$ 148,014.00	$ 98,055.00	$ 352,331.00	$ 178,809.00	$ 286,407.00	$ 124,676.00	$ 2,022,874.00	
		Paid/Member	$ 0.46	$ 0.72	$ 0.69	$ 0.60	$ 0.80	$ 0.79	$ 0.72	$ 0.48	$ 1.72	$ 0.88	$ 1.41	$ 0.62	$ 0.83	
		Units/Member	0.0041	0.0046	0.0041	0.0037	0.0047	0.0041	0.0042	0.0041	0.0034	0.0050	0.0041	0.0048	0.0042	
		Paid/Unit	$ 112.57	$ 156.83	$ 169.94	$ 163.14	$ 169.38	$ 193.41	$ 171.51	$ 116.59	$ 509.15	$ 176.69	$ 342.18	$ 129.60	$ 194.69	
	18-19	Units	945	1,061	1,093	1,006	1,242	930	1,118	926	857	1,000	892	1,005	12,075	
		Paid	$ 227,160.00	$ 143,904.00	$ 185,962.00	$ 150,381.00	$ 137,624.00	$ 120,517.00	$ 116,302.00	$ 116,892.00	$ 140,431.00	$ 187,570.00	$ 134,380.00	$ 154,743.00	$ 1,815,866.00	
		Paid/Member	$ 1.13	$ 0.71	$ 0.93	$ 0.75	$ 0.69	$ 0.61	$ 0.59	$ 0.59	$ 0.71	$ 0.95	$ 0.68	$ 0.79	$ 0.76	-7.7%
		Units/Member	0.0047	0.0053	0.0055	0.0050	0.0062	0.0047	0.0057	0.0047	0.0043	0.0051	0.0045	0.0051	0.0051	19.5%
		Paid/Unit	$ 240.38	$ 135.63	$ 170.14	$ 149.48	$ 110.81	$ 129.59	$ 104.03	$ 126.23	$ 163.86	$ 187.57	$ 150.65	$ 153.97	$ 150.38	-22.8%