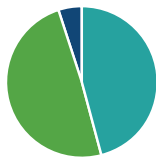


AT A GLANCE: Kaiser Permanente's Participation in Medi-Cal and the Children's Health Insurance Program

Enrollment*

MORE THAN
718,000




More than 718,000 Kaiser Permanente members are enrolled in Medicaid and the Children's Health Insurance Program (CHIP), called Medi-Cal in California.

Membership is composed of:

 **46.7%**
CHILDREN

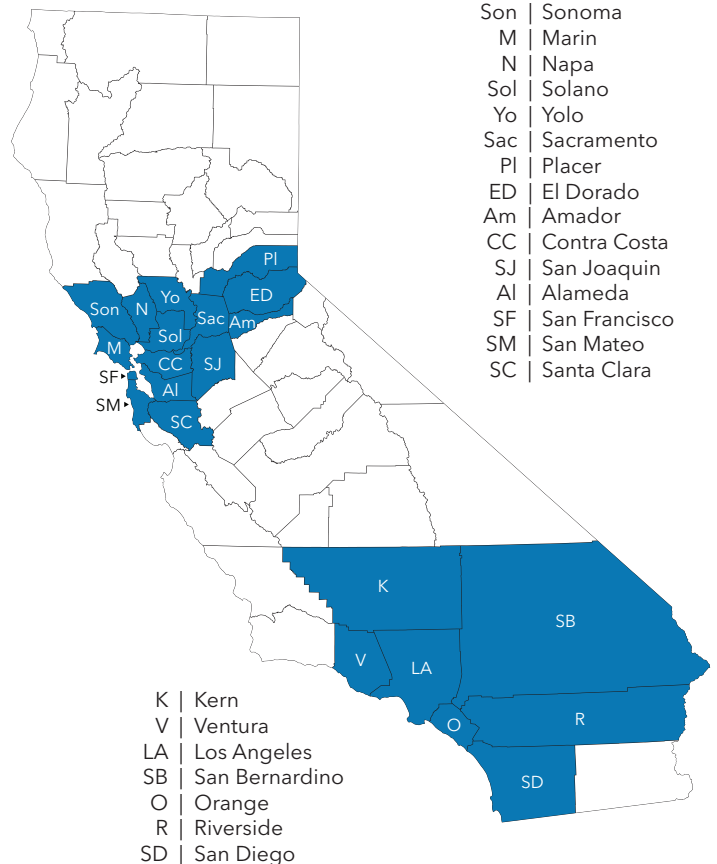
 **48.7%**
ADULTS

 **4.6%**
SENIORS
and PERSONS
with DISABILITIES

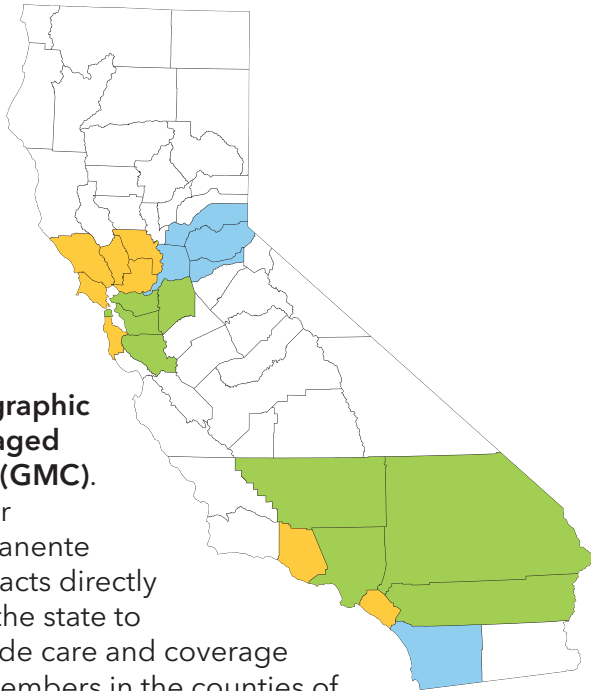
*Data is current as of May 2020.

Participation

Kaiser Permanente participates in Medi-Cal in 22 counties in its Northern and Southern California regions.



Kaiser Permanente’s Medi-Cal contract and subcontracts fall into 1 of 3 managed care models:



Geographic Managed Care (GMC).

Kaiser Permanente contracts directly with the state to provide care and coverage for members in the counties of Sacramento, Amador, El Dorado, Placer and San Diego on a capitated basis (a fixed payment per member, per month.)

Two Plan Model. Kaiser Permanente subcontracts with a local, non-profit health plan to provide care for members in 9 counties on a capitated basis. Contracted plans include the Alameda Alliance, Contra Costa Health Plan, Kern Family Health, LA Care, Inland Empire Health Plan, San Francisco Health Plan, Health Plan of San Joaquin, and Santa Clara Family Health Plan.

County Organized Health System (COHS). Kaiser Permanente subcontracts with the COHS health plan to provide care for members in 8 counties on a capitated basis. Contracted plans include Partnership Health Plan of California, CalOptima, Health Plan of San Mateo, and Gold Coast Health Plan.

Quality ★★★★★

Kaiser Permanente performs highly on measures of both consumer satisfaction and quality. Kaiser Permanente Medi-Cal holds 5-star ratings on the Consumer Assessment of Healthcare Providers Survey (CAHPS) in San Diego and Sacramento Counties, and the highest ratings of any Medi-Cal managed care plan in the state.

Kaiser Permanente Medi-Cal performs in the National Committee for Quality Assurance (NCQA®) 95th percentile** for the following measures:

- Breast Cancer Screening
- Cervical Cancer Screening
- High Blood Pressure Control
- CAD: Beta Blocker Use
- Diabetes: A1C Screening
- Diabetes: A1C Control
- Diabetes: Eye Exam
- Diabetes: High Blood Pressure Control
- Timely Prenatal Visits
- Timely Postpartum Visits

These metrics are based on NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS), a tool used by more than 90% of America’s health plans to measure performance on important dimensions of care and service.

** Measures reflect Kaiser Permanente Medi-Cal performance among all Medicaid plans nationally in 2018.

Dual Eligibility in Medi-Cal and Medicare

COVID-19 has elevated the need for dual eligibles, those people who can participate in both Medi-Cal and Medicare programs, to enroll in Dual Eligible Special Needs Plans (D-SNP). Kaiser Permanente serves roughly 100,000 duals across the state. We serve these duals in both D-SNPs and traditional Medicare Advantage plans. The state placed a freeze on D-SNP enrollment in California Medi-Connect demonstration counties. Specifically, in certain counties, D-SNPs are not able to enroll new members unless the beneficiaries became eligible for the D-SNP while enrolled in a plan offered by the same organization. This strategy, while intended to promote growth of integrated products, has led to growth of Kaiser Permanente's traditional Medicare Advantage products rather than D-SNP.

D-SNP plan options would enable this vulnerable population to get the care they need and avoid potentially dangerous utilization of skilled nursing facilities. With the closure of D-SNP look-alike plans, we are advocating for the state to re-open enrollment into D-SNPs.

Telehealth

Kaiser Permanente is a leader in virtual care. Due to COVID-19 and the need to limit transmission of the virus, the usage of telehealth services has increased. Within the Northern California Medicaid population, the combined usage of scheduled telephone visits and video visits has increased over two-fold, while the combined usage of scheduled telephone visits and video visits in Southern California has increased over three-fold.

In May 2020, Medicaid members in Northern California had approximately 65,000 virtual visits compared to approximately 29,000 virtual visits in January 2020, prior to COVID-19. Similarly, in Southern California, Medicaid members had approximately 95,000 virtual visits compared to approximately 27,000 virtual visits in January 2020.