CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT

Released January 2023

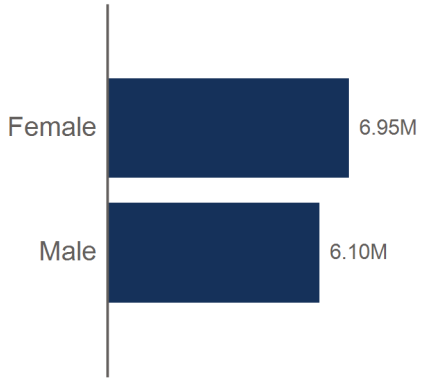
Quarterly Release Notes and Changes in Performance/Trends

- Dashboard data is updated monthly and includes quarterly Encounter Completeness metric and annual HEDIS metric. The latest refresh date is a month prior to the above-mentioned Release Date.
- Emergency Room Visits per 1,000 Members (Page 5) decreased from August 2021 to March 2022 (By All Populations).
- Total number of grievances (page 11) decreased from 2021Q3 to 2021Q4 and remained relatively steady through 2022Q3.
- Count of State Fair Hearings Outcomes (page 14) decreased from May 2022 to September 2022 for all outcomes.
- In comparing A&I Medical Audit Findings from 2022Q2 to 2022Q3 (page 17), the number of findings increased in some plans, such as AHF (7 to 10), Blue Shield (12 to 13), and HPSJ (0 to 10) as a result of new audit findings identified in 2022Q3 in addition to their current corrective action plan, thereby adding to their total number of open findings. DHCS is following closely with MCPs to resolve all audit findings. If there are repeat findings, DHCS will exercise appropriate corrective actions.

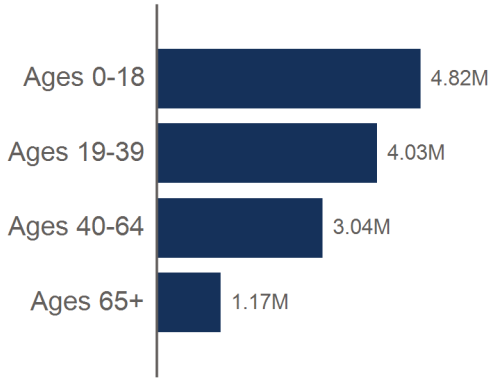
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Managed Care Member Demographics (Sep-22)

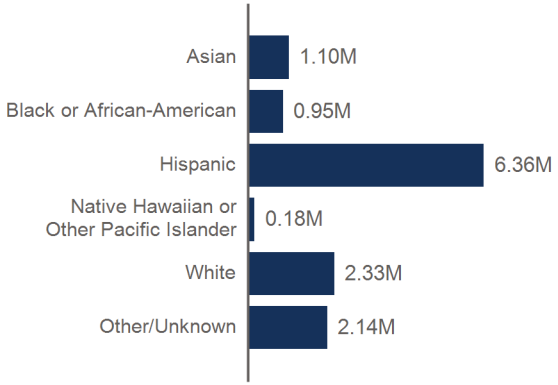
By Sex



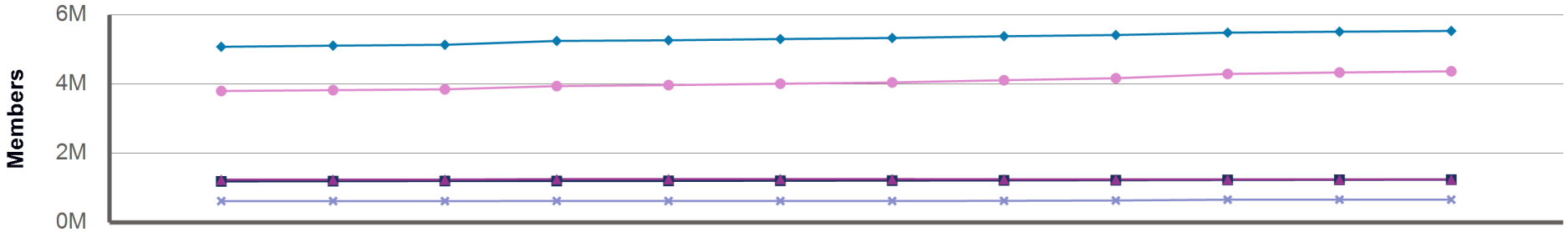
By Age



By Ethnicity



By Population



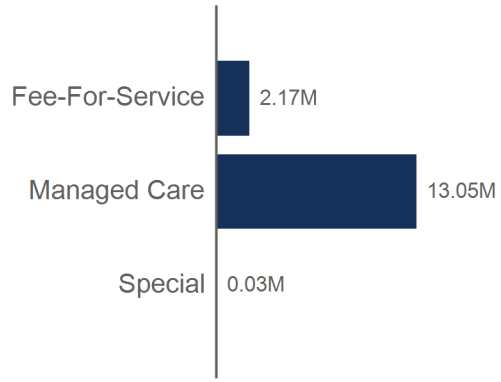
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dual	1,189,648	1,195,651	1,201,259	1,201,326	1,203,834	1,208,722	1,212,931	1,219,253	1,225,114	1,231,185	1,236,272	1,241,284
MO-ACA	3,799,448	3,823,432	3,847,666	3,941,583	3,969,767	4,009,411	4,046,381	4,110,820	4,168,458	4,292,767	4,334,242	4,368,083
MO-OTLIC	1,237,936	1,239,713	1,240,667	1,254,567	1,254,586	1,257,184	1,254,965	1,249,798	1,249,083	1,249,114	1,247,346	1,247,302
MO-SPD	621,692	621,171	620,545	624,592	623,420	623,401	622,801	628,833	638,217	662,557	662,908	662,971
MO-Other	5,075,683	5,108,948	5,134,312	5,244,861	5,264,140	5,299,722	5,330,273	5,380,715	5,415,208	5,484,696	5,512,716	5,534,193
MC Total	11,924,407	11,988,915	12,044,449	12,266,929	12,315,747	12,398,440	12,467,351	12,589,419	12,696,080	12,920,319	12,993,484	13,053,833

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

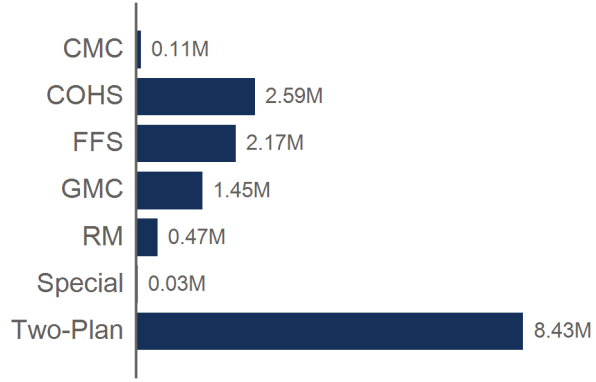
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Medi-Cal Member Demographics (Sep-22)

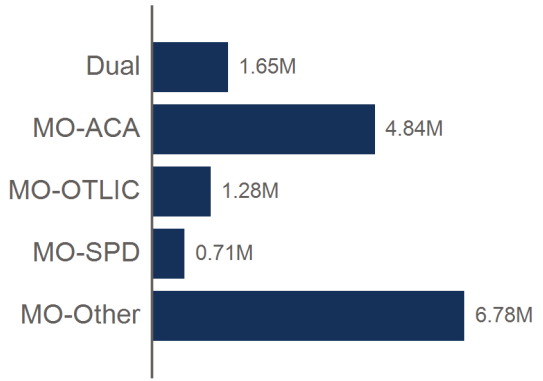
By Medi-Cal Type



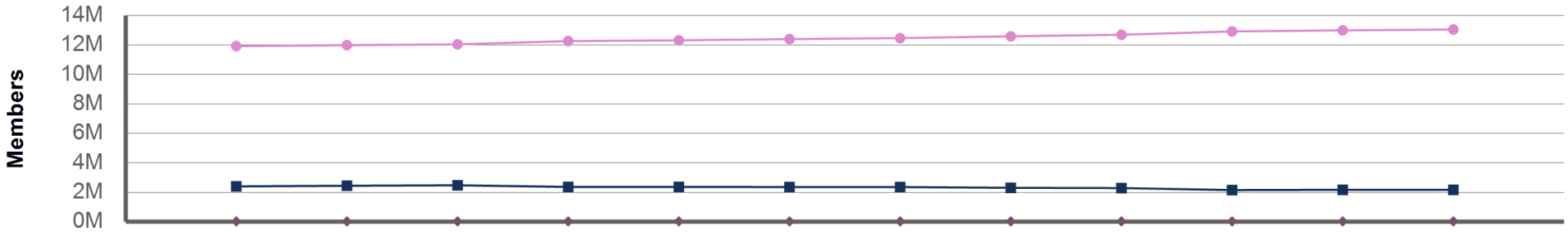
By Plan Model



By Population



By Medi-Cal Type



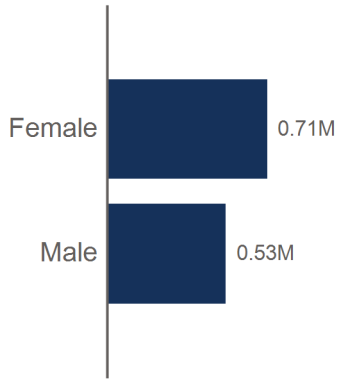
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Fee-For-Service	2,406,546	2,448,987	2,481,467	2,370,012	2,369,586	2,363,781	2,361,150	2,309,194	2,291,473	2,154,727	2,173,567	2,171,782
Managed Care	11,924,407	11,988,915	12,044,449	12,266,929	12,315,747	12,398,440	12,467,351	12,589,419	12,696,080	12,920,319	12,993,484	13,053,833
Special	29,986	30,347	30,568	30,533	30,550	30,717	30,953	31,197	31,410	31,692	31,967	32,331
Total	14,360,939	14,468,249	14,556,484	14,667,474	14,715,883	14,792,938	14,859,454	14,929,810	15,018,963	15,106,738	15,199,018	15,257,946

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

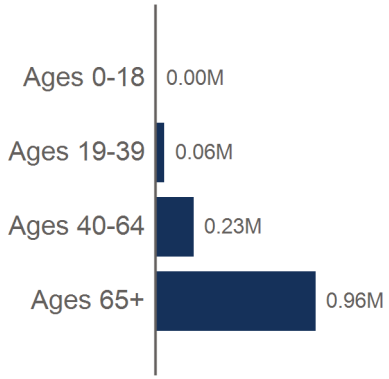
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Dual Member Demographics (Sep-22)

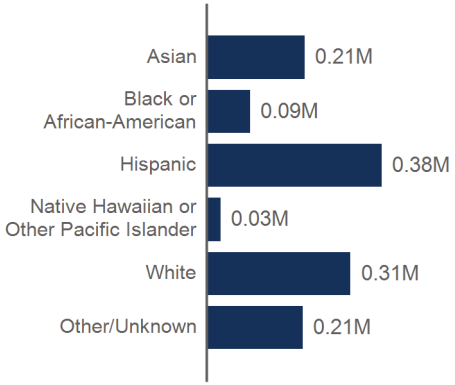
By Sex



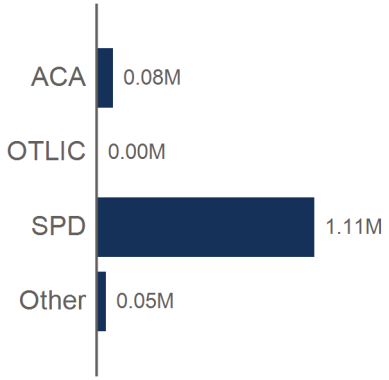
By Age



By Ethnicity

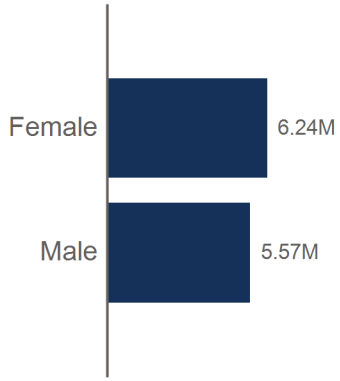


By Population

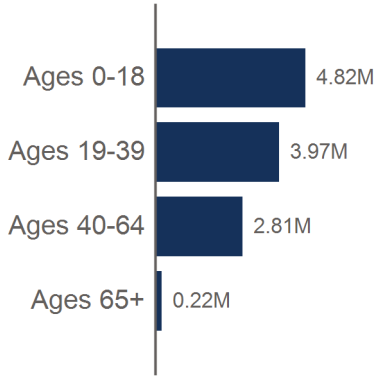


Non-Dual Member Demographics (Sep-22)

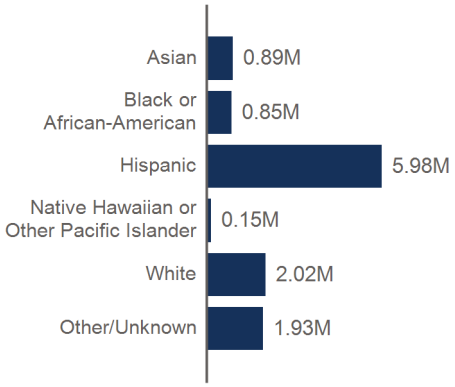
By Sex



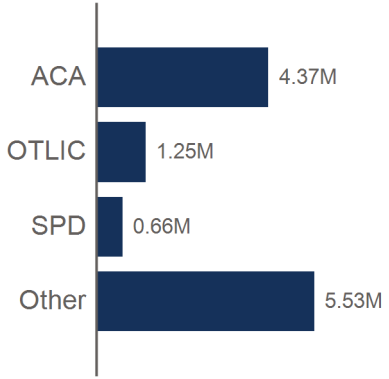
By Age



By Ethnicity



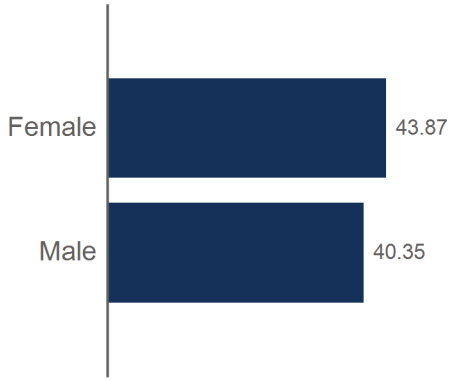
By Population



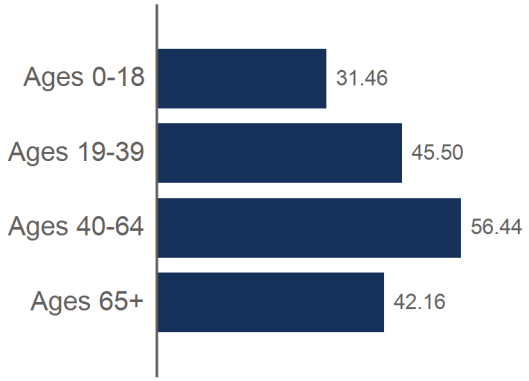
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Emergency Room Visits per 1,000 Members (Mar-22)

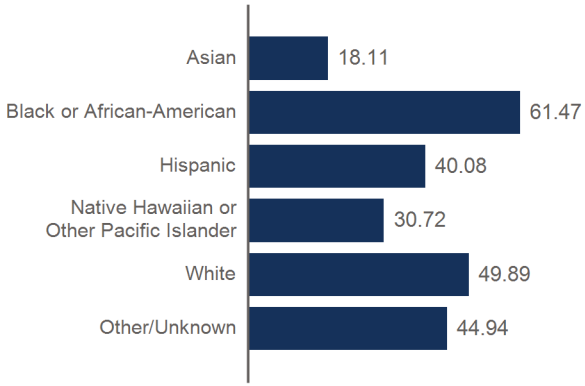
By Sex



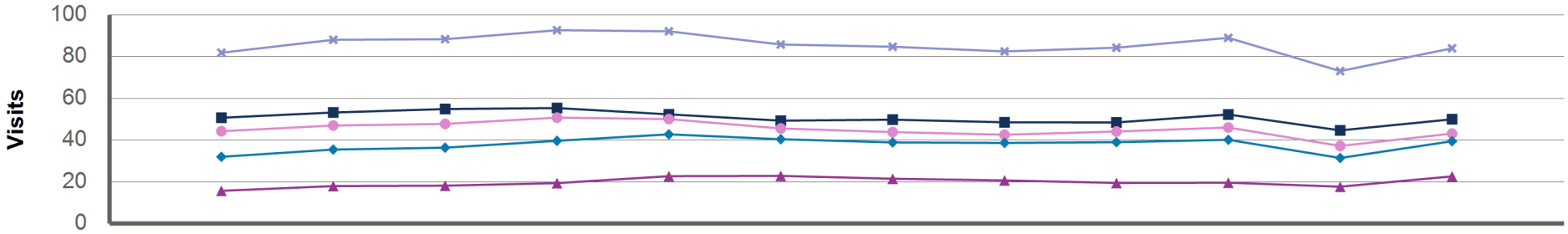
By Age



By Ethnicity



By Population

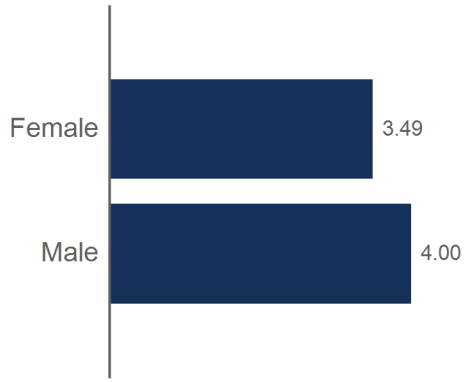


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	50.7	53.2	54.9	55.4	52.4	49.3	49.8	48.6	48.5	52.3	44.7	50.0
MO-ACA	44.3	47.0	47.8	50.8	50.1	45.6	43.9	42.6	44.1	46.1	37.2	43.1
MO-OTLIC	15.7	18.0	18.2	19.4	22.8	22.9	21.5	20.7	19.5	19.6	17.7	22.6
MO-SPD	81.9	88.1	88.3	92.6	92.1	85.8	84.7	82.5	84.3	89.0	73.1	84.0
MO-Other	32.0	35.5	36.4	39.7	42.8	40.4	38.9	38.7	39.0	40.2	31.5	39.5
Total	38.7	41.9	42.7	45.4	46.6	43.5	42.2	41.3	41.9	43.6	35.3	42.2

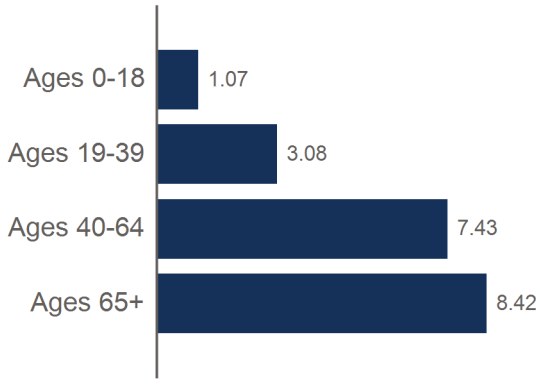
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Emergency Room Visits with an Inpatient Admission per 1,000 Members (Mar-22)

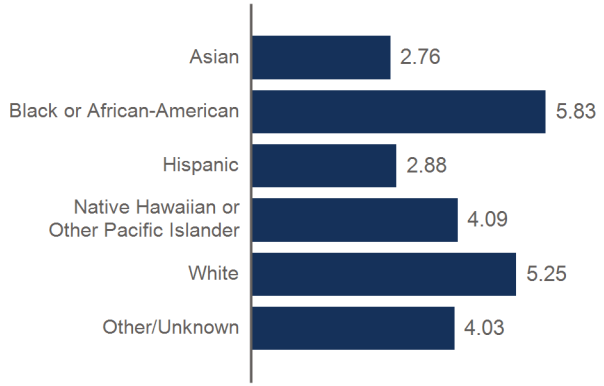
By Sex



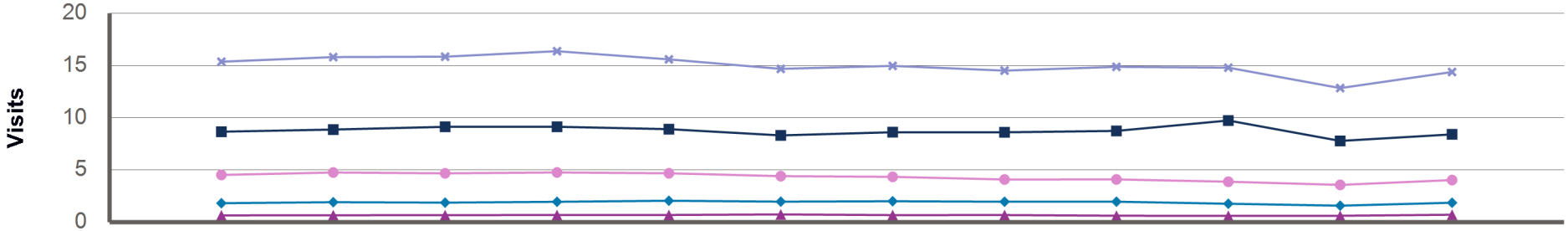
By Age



By Ethnicity



By Population

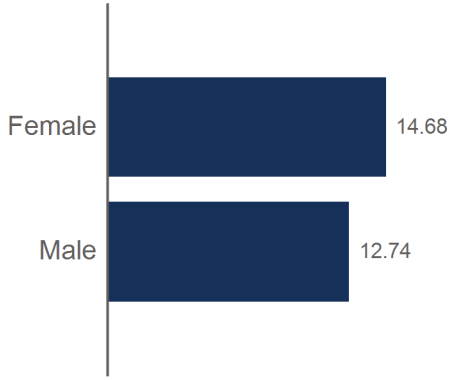


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	8.7	8.9	9.1	9.1	8.9	8.3	8.6	8.6	8.7	9.7	7.8	8.4
MO-ACA	4.5	4.8	4.7	4.8	4.7	4.4	4.4	4.1	4.1	3.9	3.6	4.0
MO-OTLIC	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.7	0.6	0.6	0.6	0.7
MO-SPD	15.4	15.8	15.8	16.4	15.6	14.7	15.0	14.5	14.9	14.8	12.8	14.4
MO-Other	1.8	1.9	1.9	2.0	2.1	2.0	2.0	2.0	2.0	1.8	1.6	1.9
Total	4.0	4.1	4.1	4.2	4.2	3.9	4.0	3.8	3.9	3.8	3.3	3.7

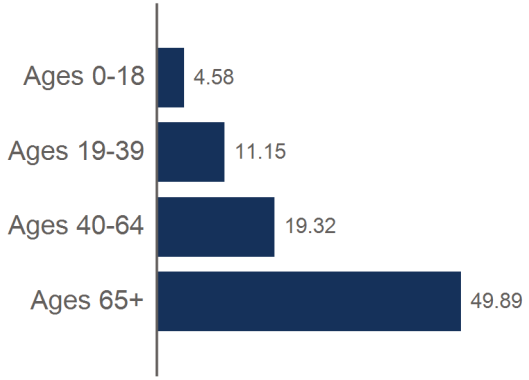
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Inpatient Admissions per 1,000 Members (Mar-22)

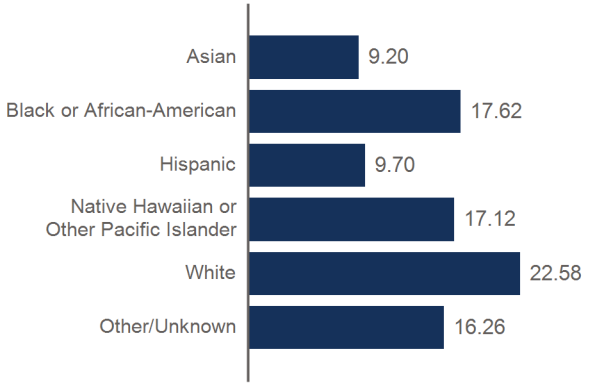
By Sex



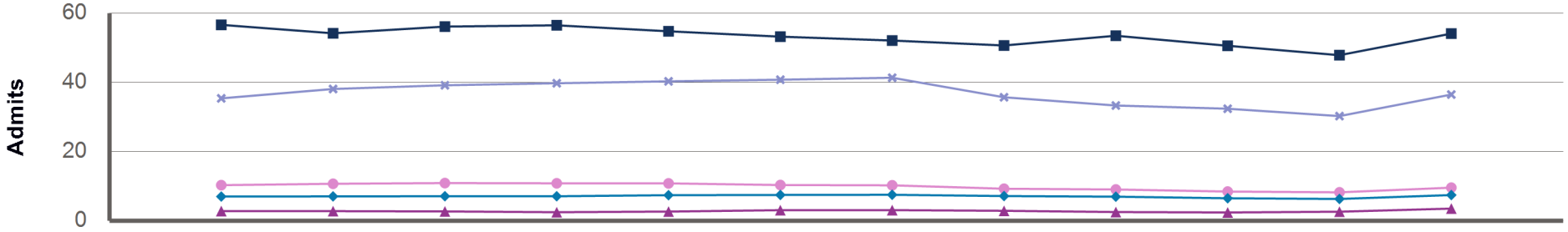
By Age



By Ethnicity



By Population

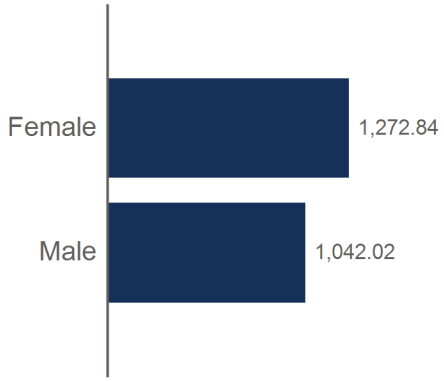


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	56.6	54.2	56.1	56.5	54.8	53.2	52.1	50.7	53.5	50.6	47.9	54.1
MO-ACA	10.3	10.7	10.9	10.9	10.8	10.4	10.3	9.3	9.1	8.5	8.3	9.6
MO-OTLIC	2.8	2.8	2.7	2.5	2.7	3.1	3.1	2.9	2.6	2.4	2.7	3.6
MO-SPD	35.4	38.1	39.2	39.8	40.3	40.8	41.3	35.7	33.3	32.4	30.3	36.5
MO-Other	7.0	7.1	7.1	7.1	7.4	7.5	7.6	7.2	7.0	6.5	6.3	7.5
Total	14.1	14.1	14.5	14.5	14.5	14.3	14.2	13.2	13.2	12.4	11.9	13.8

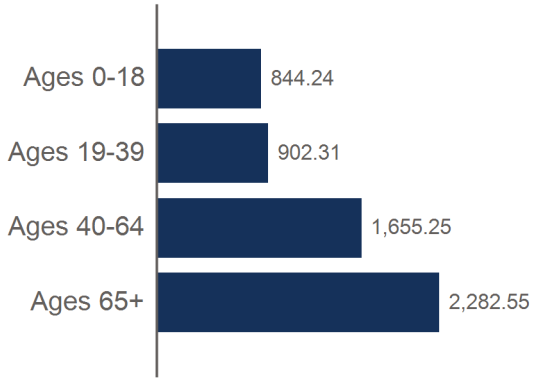
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Outpatient Visits per 1,000 Members (Mar-22)

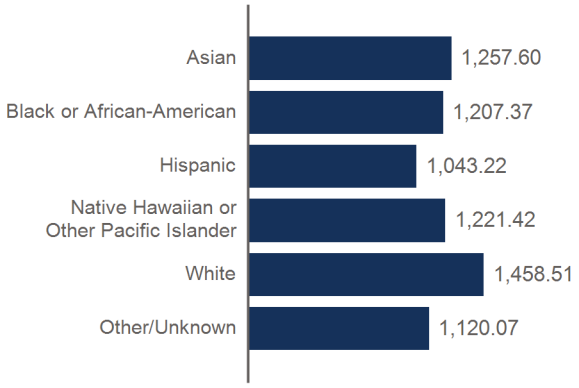
By Sex



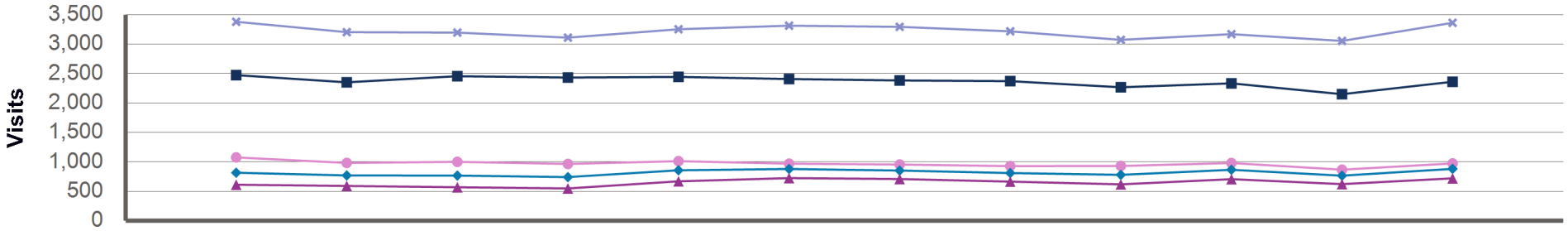
By Age



By Ethnicity



By Population



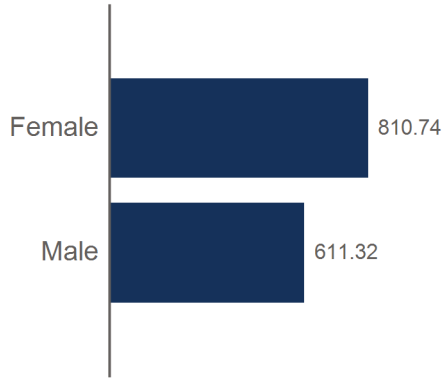
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	2,474.3	2,351.6	2,455.8	2,432.5	2,443.9	2,407.6	2,383.3	2,371.4	2,267.7	2,334.3	2,150.3	2,361.0
MO-ACA	1,077.0	983.3	1,001.6	965.9	1,013.2	970.6	955.9	929.1	931.9	981.3	868.3	974.9
MO-OTLIC	613.0	592.2	570.4	550.0	670.8	725.9	709.9	665.9	619.7	707.7	623.3	722.0
MO-SPD	3,379.6	3,203.4	3,195.9	3,110.0	3,252.6	3,313.5	3,293.7	3,217.4	3,072.7	3,169.3	3,054.5	3,362.3
MO-Other	817.4	770.8	768.6	742.9	858.5	880.4	854.0	811.5	781.2	866.9	767.0	882.7
Total	1,181.0	1,106.8	1,118.9	1,087.2	1,172.2	1,173.0	1,151.3	1,114.2	1,079.0	1,148.3	1,036.0	1,165.0

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

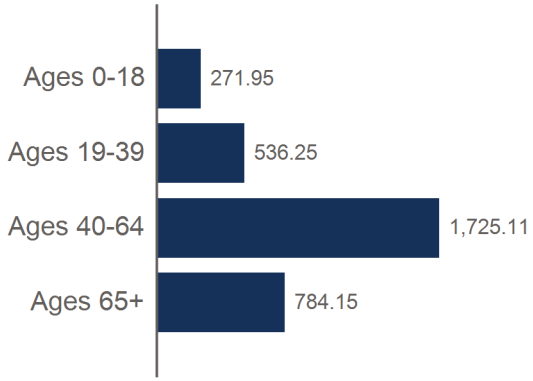
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Prescriptions per 1,000 Members (Mar-22)

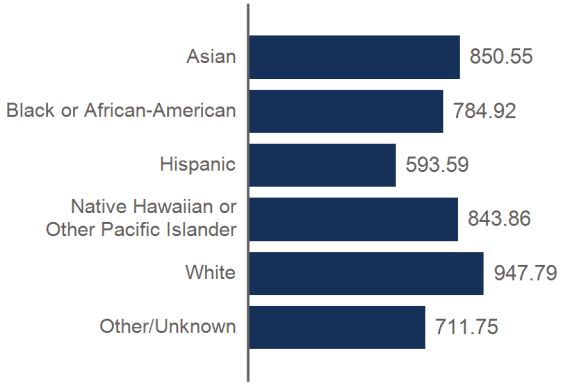
By Sex



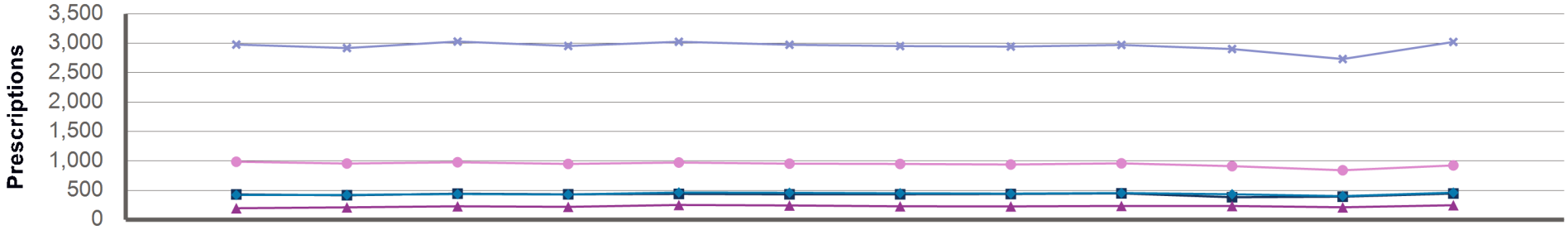
By Age



By Ethnicity



By Population



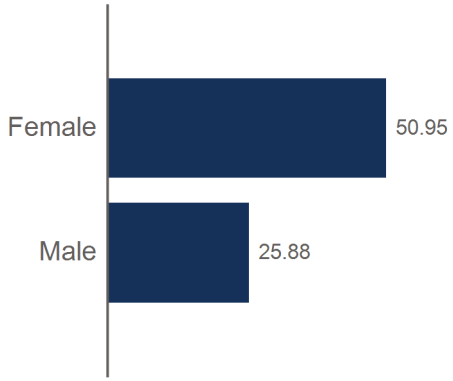
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	432.6	417.3	444.5	433.7	440.7	433.5	434.8	438.8	449.8	384.0	393.7	446.7
MO-ACA	987.1	957.1	978.4	950.3	974.1	954.8	949.7	940.2	959.7	912.5	842.4	925.2
MO-OTLIC	197.9	212.3	230.4	221.0	253.3	244.5	230.6	228.9	236.7	235.5	213.6	248.7
MO-SPD	2,977.9	2,919.1	3,029.0	2,954.2	3,025.3	2,974.9	2,952.2	2,943.7	2,971.4	2,902.1	2,732.2	3,022.1
MO-Other	424.3	423.7	438.6	430.5	465.1	459.6	451.6	445.8	455.6	434.6	403.0	462.4
Total	715.5	702.5	725.8	707.2	736.9	724.0	716.1	709.8	723.1	688.5	642.4	717.6

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

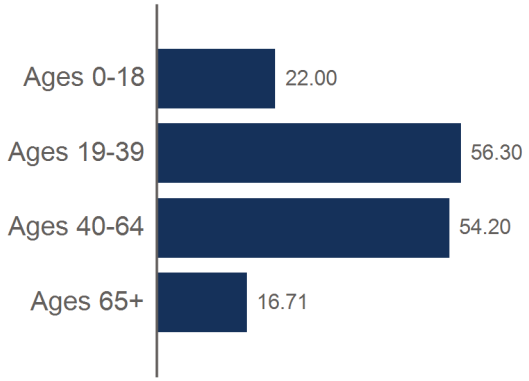
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Mild-to-Moderate Mental Health Visits per 1,000 Members (Mar-22)

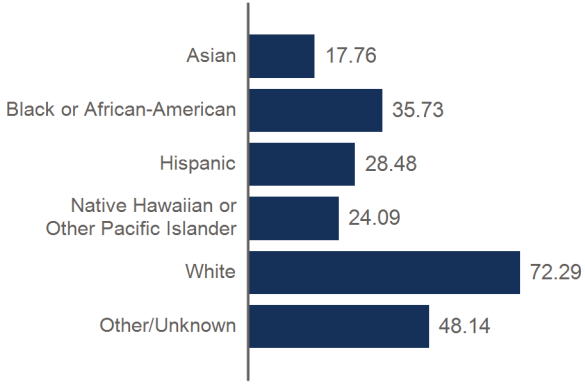
By Sex



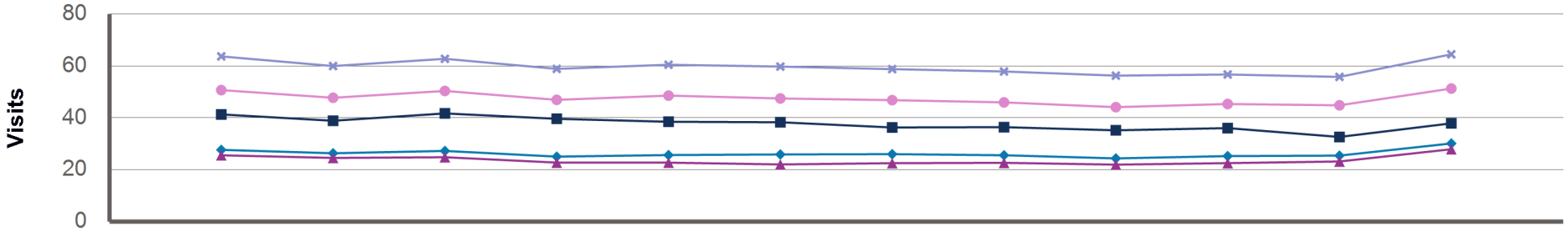
By Age



By Ethnicity



By Population



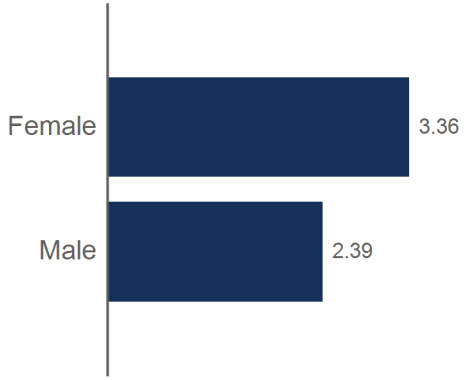
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Dual	41.3	38.9	41.7	39.6	38.5	38.3	36.3	36.4	35.2	36.1	32.7	37.9
MO-ACA	50.7	47.7	50.4	46.9	48.6	47.5	46.8	46.0	44.1	45.3	44.8	51.3
MO-OTLIC	25.6	24.6	24.8	22.8	22.8	22.1	22.5	22.7	22.0	22.6	23.2	27.9
MO-SPD	63.7	59.9	62.7	58.9	60.5	59.7	58.8	57.9	56.3	56.7	55.8	64.5
MO-Other	27.7	26.4	27.3	25.1	25.7	25.9	26.0	25.6	24.4	25.3	25.5	30.1
Total	38.0	35.9	37.6	35.0	35.7	35.4	35.0	34.5	33.2	34.1	33.7	39.2

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

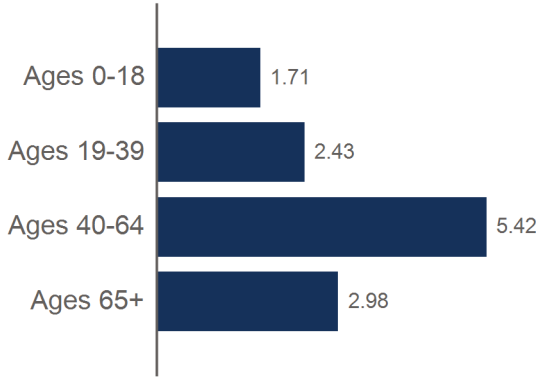
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Grievances per 1,000 Member Months (2022Q3)

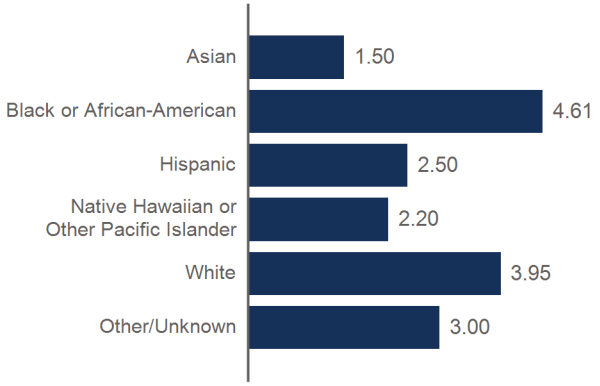
By Sex



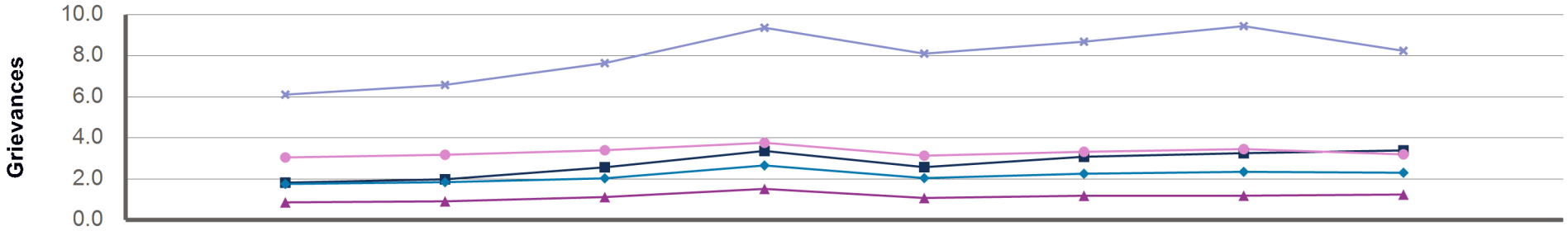
By Age



By Ethnicity



By Population



	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3
Dual	1.8	2.0	2.6	3.4	2.6	3.1	3.3	3.4
MO-ACA	3.0	3.2	3.4	3.8	3.1	3.3	3.5	3.2
MO-OTLIC	0.9	0.9	1.1	1.5	1.1	1.2	1.2	1.2
MO-SPD	6.1	6.6	7.6	9.4	8.1	8.7	9.4	8.2
MO-Other	1.8	1.8	2.0	2.7	2.0	2.3	2.3	2.3
Total	2.3	2.4	2.7	3.3	2.7	2.9	3.0	2.9

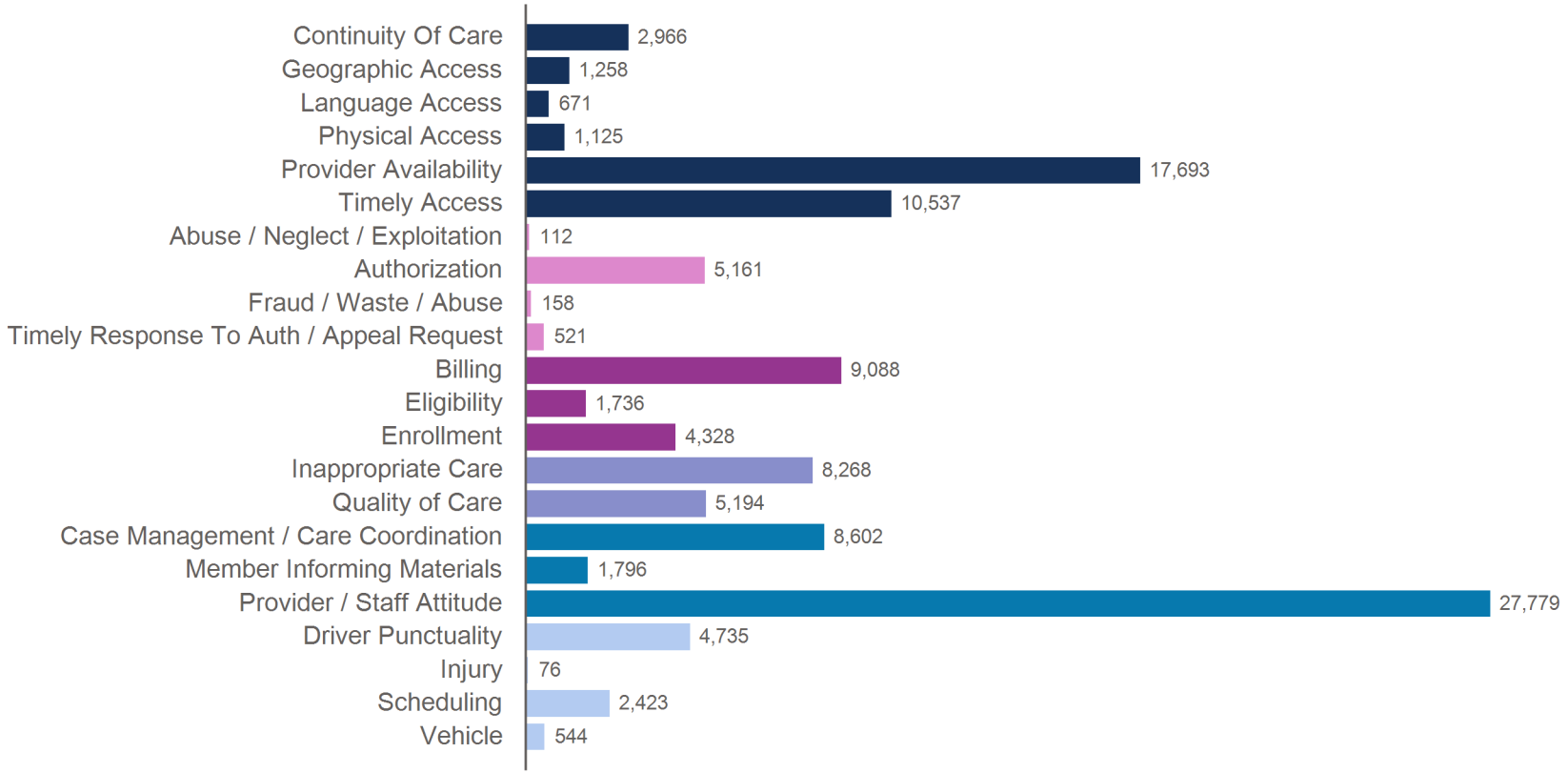
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Count of Grievances (2022Q3)

Access to Care | Compliance | Coverage | Quality of Care | Quality of Service | Transportation

By Grievance Type

Total count of grievances (2022Q3): 114,771

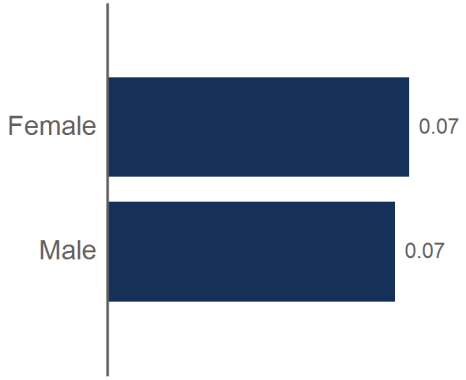


Total number of grievances decreased slightly from 2022Q2 to 2022Q3

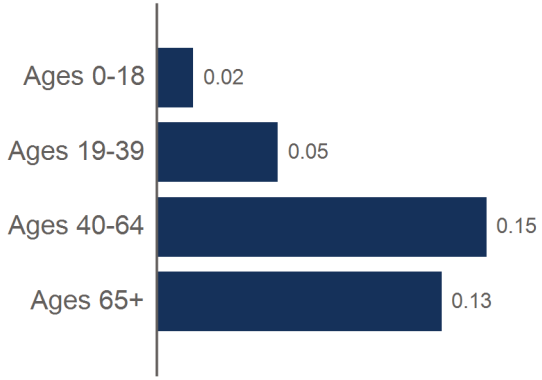
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

State Fair Hearings per 10,000 Members (Sep-22)

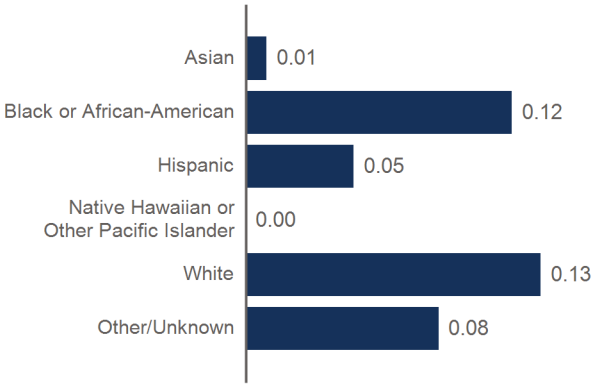
By Sex



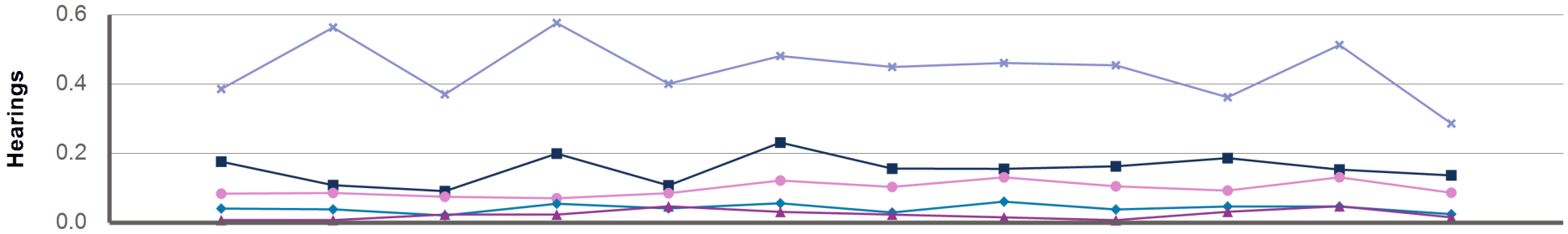
By Age



By Ethnicity



By Population

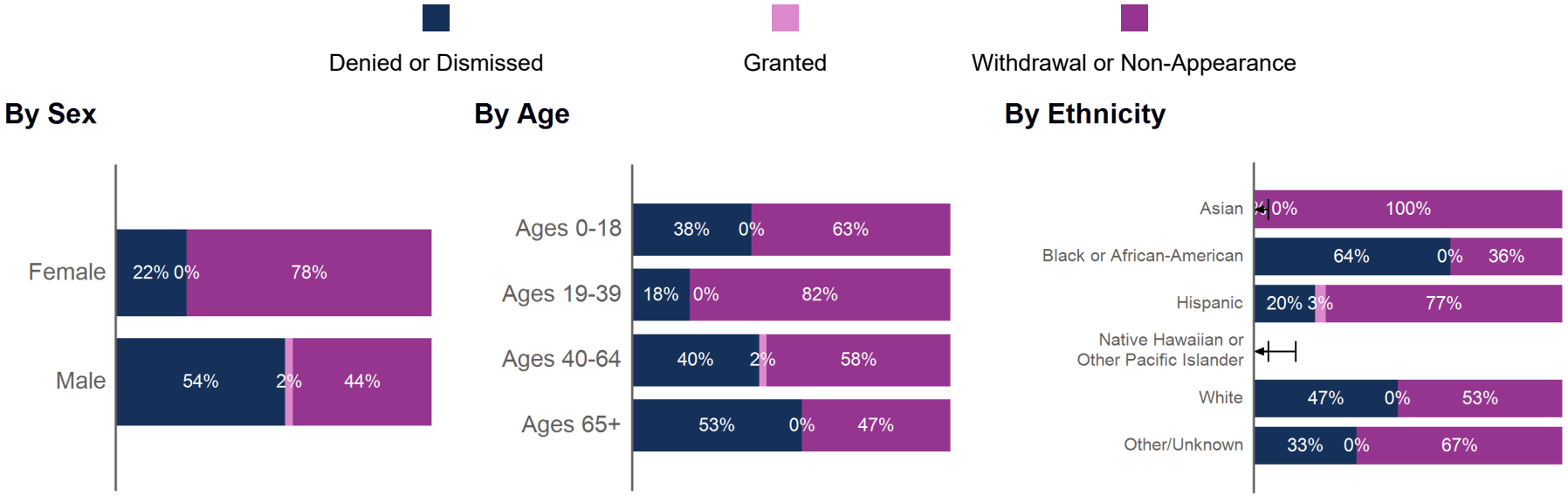


	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Dual	0.2	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.1
MO-ACA	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
MO-OTLIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MO-SPD	0.4	0.6	0.4	0.6	0.4	0.5	0.4	0.5	0.5	0.4	0.5	0.3
MO-Other	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0
Total	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

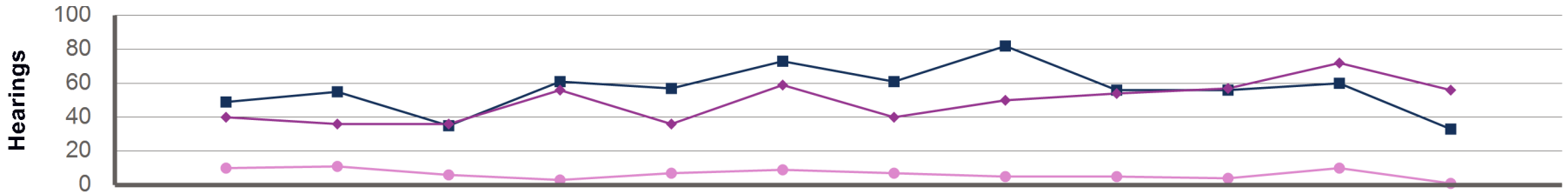
Managed Care Performance Monitoring
Dashboard Report Released January 2023

Count of State Fair Hearings: Outcomes (Sep-22)



0% Denied of Dismissed, 0% Granted, and 0% Withdrawal or Non-Appearance outcomes for Native Hawaiian or Other Pacific Islander.

By Outcome

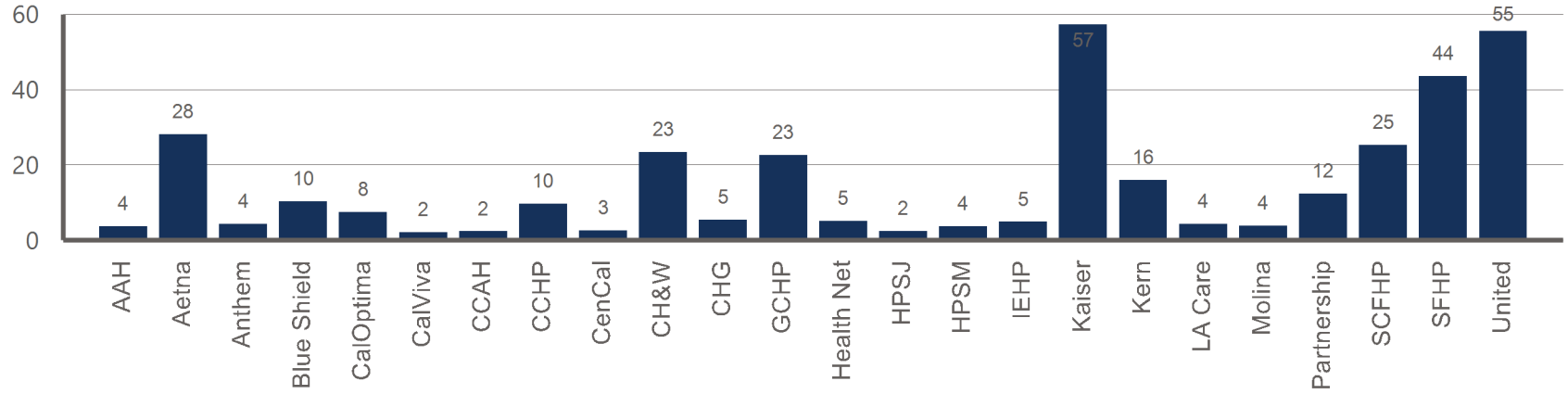


	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Denied or Dismissed	49	55	35	61	57	73	61	82	56	56	60	33
Granted	10	11	6	3	7	9	7	5	5	4	10	1
Withdrawal or Non-Appearance	40	36	36	56	36	59	40	50	54	57	72	56
Total	99	102	77	120	100	141	108	137	115	117	142	90

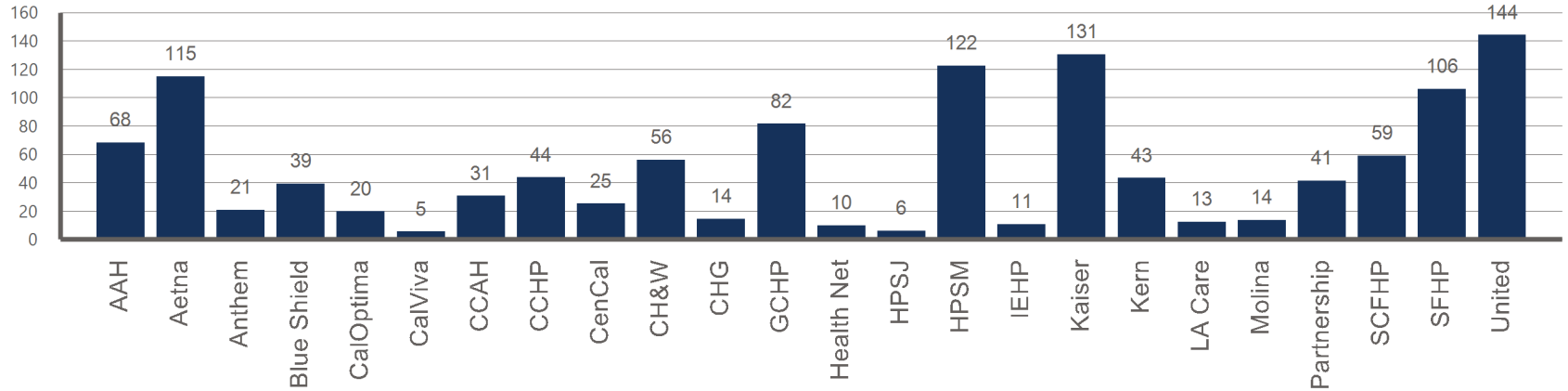
Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Provider Ratios (Sep-22)

PCPs per 2,000 Members



Physicians per 1,200 Members



*The contractual standards are 1 Primary Care Physician (PCP) per 2,000 plan enrollees and 1 Physician per 1,200 plan enrollees.
*Please note that provider to member ratios calculated by DHCS during the Annual Network Certification (ANC) is by HEDIS reporting unit whereas the Managed Care Dashboard breaks down the ratio results by Plan Parent.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Managed Care Performance Monitoring
Dashboard Report Released January 2023

Encounter Completeness Monitoring (CY 2021)

Plan Parent	Inpatient	Outpatient and Emergency Room	Prescription	Professional
AAH	99.43%	102.85%	99.60%	102.87%
Aetna	96.74%	91.97%	90.50%	97.70%
AHF	101.11%	84.82%	99.46%	116.15%
Anthem	97.55%	95.25%	99.59%	94.92%
Blue Shield	95.57%	94.97%	101.38%	98.42%
CalOptima	83.32%	117.06%	101.43%	97.69%
CalViva	100.75%	103.22%	101.63%	97.99%
CCAH	104.50%	93.98%	99.77%	98.19%
CCHP	99.48%	101.09%	99.64%	105.96%
CenCal	101.17%	98.67%	98.94%	106.20%
CH&W	97.98%	103.41%	101.20%	102.04%
CHG	103.97%	104.44%	97.21%	97.79%
GCHP	98.20%	70.79%	101.25%	108.33%
Health Net	100.07%	97.74%	101.12%	99.59%
HPSJ	102.58%	101.60%	98.18%	101.83%
HPSM	92.25%	134.52%	99.51%	96.11%
IEHP	100.70%	101.08%	101.87%	99.67%
Kaiser	105.57%	107.14%	105.83%	102.34%
Kern	95.26%	94.35%	101.46%	104.15%
LA Care	79.07%	91.05%	98.60%	97.60%
Molina	96.35%	92.78%	97.03%	105.23%
Partnership	98.54%	91.87%	97.13%	97.94%
SCFHP	96.90%	90.79%	95.79%	101.67%
SFHP	90.09%	89.06%	99.28%	98.57%
United	106.12%	94.00%	95.08%	103.92%

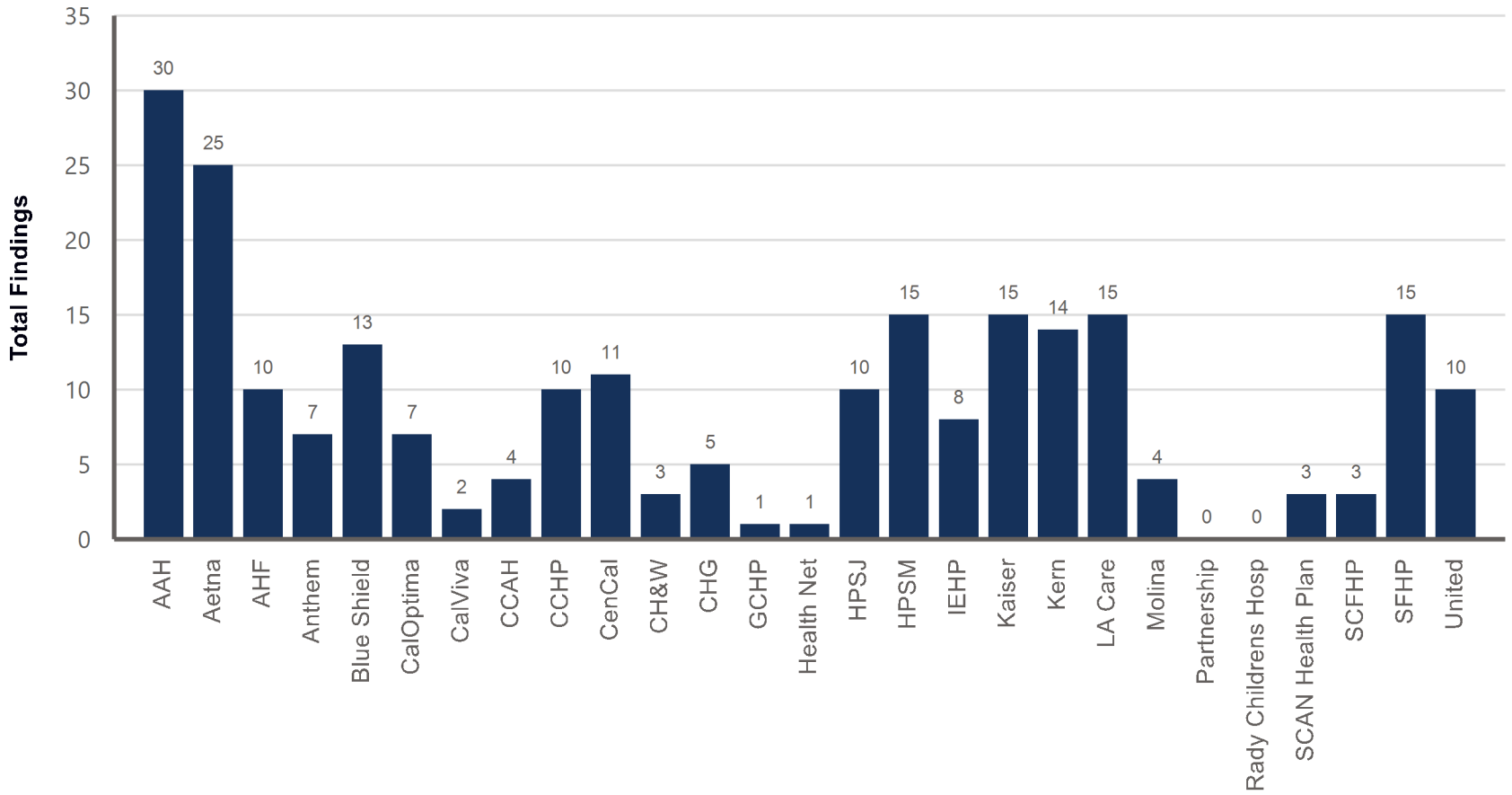
Encounter Completeness Percentage (ECP) Color Grade

Red:	Major encounter completeness challenges; ECP is < 70%.
Yellow:	Moderate encounter completeness challenges; ECP is at least 70% and <90% or ECP is >110%.
Green:	No clear encounter completeness challenges; ECP is between 90-110%.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

A&I Medical Audit Findings (2022Q3)

By Plan Parent

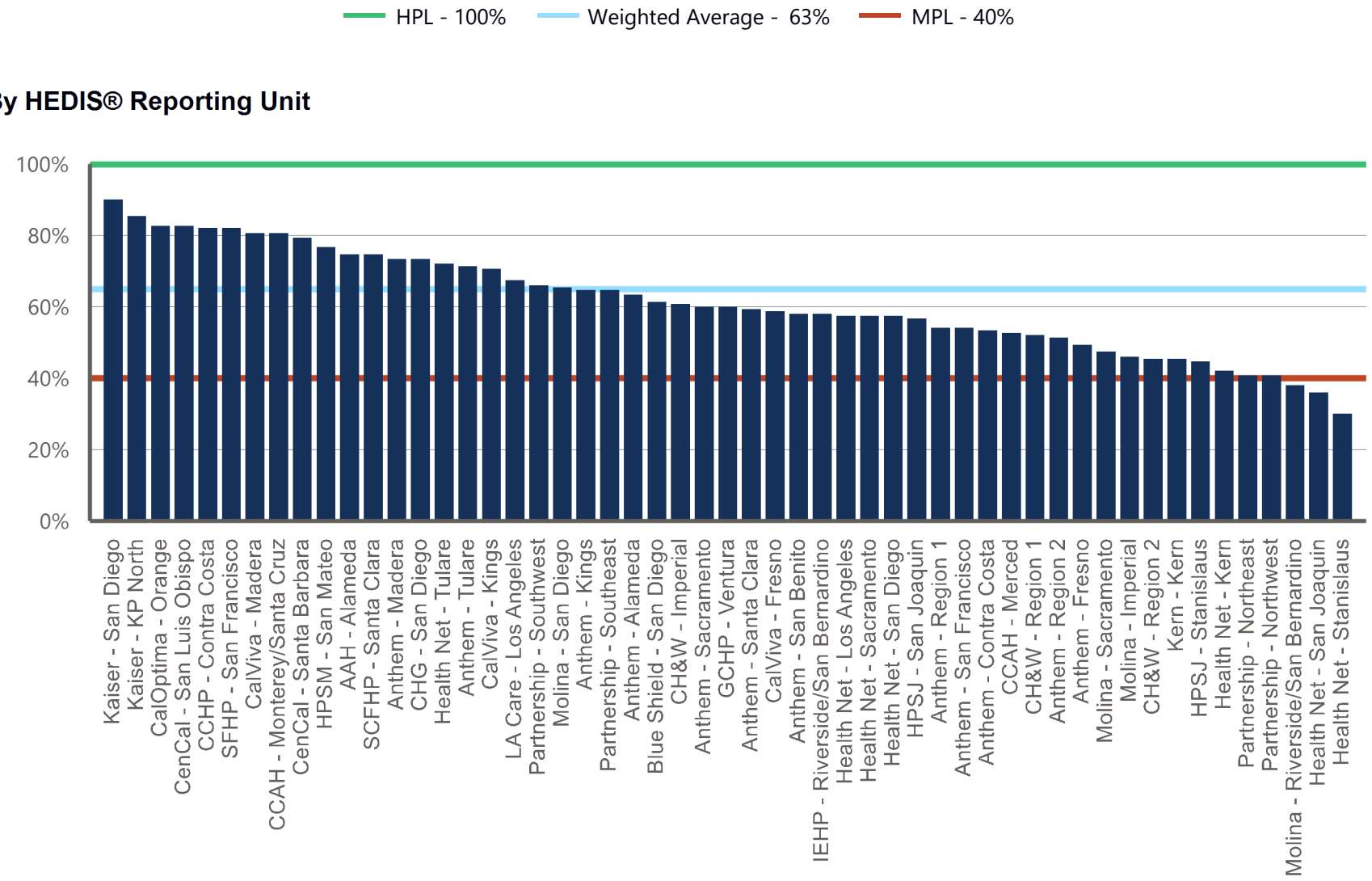


*Total Findings are based on the MCP's most recent audit for which a final report was issued. DHCS is following closely with MCPs to resolve all audit findings. If there are repeat findings, DHCS will exercise appropriate corrective actions.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Managed Care Performance Monitoring
Dashboard Report Released January 2023

2022 HEDIS® Aggregated Quality Factor Score (AQFS)



Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Managed Care Performance Monitoring
Dashboard Report Released January 2023

2022 HEDIS® Aggregated Quality Factor Score (AQFS)

HPL - 100% Weighted Average - 63% MPL - 40%

Reporting Unit	AQFS	Reporting Unit	AQFS
AAH - Alameda	74.67%	GCHP - Ventura	60.00%
Anthem - Alameda	63.33%	Health Net - Kern	42.00%
Anthem - Contra Costa	53.33%	Health Net - Los Angeles	57.33%
Anthem - Fresno	49.33%	Health Net - Sacramento	57.33%
Anthem - Kings	64.67%	Health Net - San Diego	57.33%
Anthem - Madera	73.33%	Health Net - San Joaquin	36.00%
Anthem - Region 1	54.00%	Health Net - Stanislaus	30.00%
Anthem - Region 2	51.33%	Health Net - Tulare	72.00%
Anthem - Sacramento	60.00%	HPSJ - San Joaquin	56.67%
Anthem - San Benito	58.00%	HPSJ - Stanislaus	44.67%
Anthem - San Francisco	54.00%	HPSM - San Mateo	76.67%
Anthem - Santa Clara	59.33%	IEHP - Riverside/San Bernardino	58.00%
Anthem - Tulare	71.33%	Kaiser - KP North	85.33%
Blue Shield - San Diego	61.33%	Kaiser - San Diego	90.00%
CalOptima - Orange	82.67%	Kern - Kern	45.33%
CalViva - Fresno	58.67%	LA Care - Los Angeles	67.33%
CalViva - Kings	70.67%	Molina - Imperial	46.00%
CalViva - Madera	80.67%	Molina - Riverside/San Bernardino	38.00%
CCAH - Merced	52.67%	Molina - Sacramento	47.33%
CCAH - Monterey/Santa Cruz	80.67%	Molina - San Diego	65.33%
CCHP - Contra Costa	82.00%	Partnership - Northeast	40.67%
CenCal - San Luis Obispo	82.67%	Partnership - Northwest	40.67%
CenCal - Santa Barbara	79.33%	Partnership - Southeast	64.67%
CH&W - Imperial	60.67%	Partnership - Southwest	66.00%
CH&W - Region 1	52.00%	SCFHP - Santa Clara	74.67%
CH&W - Region 2	45.33%	SFHP - San Francisco	82.00%
CHG - San Diego	73.33%		

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

GLOSSARY

Metrics

Certified Eligible: A certified eligible is a beneficiary deemed qualified for Medi-Cal services by a valid eligibility determination, and who have enrolled into the program. This classification excludes beneficiaries who have a monthly share-of-cost obligation that has not been met. Enrollment counts exclude information related to applications received or any other eligible members that may be in the process of becoming certified eligible.

Member Month: A member month represent one certified eligible for one month of enrollment. Counts of Member months represent the number of certified eligible individuals enrolled in a health plan or Fee-For-Service each month.

Per 1,000 Members: Rates per 1,000 members were calculated by dividing overall utilization of a given service (e.g., Emergency Room Visits) by the total number of members for the same time period and multiplying the result by 1,000.

Per 10,000 Members: Rates per 10,000 members were calculated by dividing the overall (e.g.,State Fair Hearings) by the total number of members for the same time period and multiplying the result by 10,000.

Abbreviated Numbers: Numbers in millions (M) that are less than 50,000 are displayed as 0.0M. Numbers in thousands (K) that are less than 50 are displayed as 0.0K.

Percentages: Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100%, or 101%.

MO-: Indicates Medi-Cal Only. See Non-Dual definition for more information.

Population Aid Code Groups

Affordable Care Act (ACA): This population consists of the following Adult Expansion aid codes: M1, M2, L1, and 7U.

Optional Targeted Low Income Children (OTLIC): This population consists of the following OTLIC aid codes: 2P, 2R, 2S, 2T, 2U, 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9.

Seniors and Persons with Disabilities (SPD): This population consists of the following SPD aid codes: 10, 13, 14, 16, 17, 1E, 1H, 20, 23, 24, 26, 27, 2E, 2H, 36, 60, 63, 64, 66, 67, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, C1, C2, C3, C4, C7, C8, D2, D3, D4, D5, D6, and D7.

Other Populations (OTHER): This population consists of all aid codes not categorized under ACA, OTLIC, or SPD.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Medicare Status

Dual: This population consists of any Medi-Cal eligible member who has active Medicare coverage. Active Medicare coverage means one or more of the following Medicare portions are active: Part A, B, or D. Dual members are not identified by an aid code.

Non-Dual: This population consists of any Medi-Cal eligible member who is Medi-Cal Only (MO) and has no active Medicare coverage.

Utilization Measures for Certified Eligible Managed Care Members

Utilization is tracked by aid code population and Medicare status.

Emergency Room (ER) Visits: This measure captures the number of ER visits per month. The results from this measure are used to calculate ER visits with an inpatient admission. A visit consists of a unique combination between provider, member, and date of service. This measure is displayed per 1,000 members.

Emergency Room (ER) Visits with an Inpatient (IP) Admission: This measure captures the number of ER visits that resulted in an inpatient admission per month. The results of this measure are a subset of ER visits and IP admissions. The service date and member identification are linked to create this measure. An admission consists of a unique combination between member and date of admission to a facility. This measure is displayed per 1,000 members.

Inpatient (IP) Admissions: This measure captures the number of inpatient admissions per month. The results from this measure are used to calculate ER visits with an inpatient admission. An admission consists of a unique combination between member and date of admission to a facility. This measure is displayed per 1,000 members.

Outpatient (OP) Visits: This measure captures the number of outpatient visits per month. A visit consists of a unique combination between provider, member, and date of service. This measure is displayed per 1,000 members.

Prescriptions: This measure captures the number of prescriptions per month. A prescription consists of a unique combination between National Drug Code, member, and date of service. This measure is displayed per 1,000 members.

Mild to Moderate Mental Health Visits: This measure captures the number of visits per month related to selected Psychotherapy Services and Diagnostic Evaluations. The selected procedure codes aim to capture mild to moderate mental health visits. A visit consists of a unique combination between provider, member, and date of service. This measure is displayed per 1,000 members.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Grievances and State Fair Hearings

Grievances: Grievance data is collected monthly and is plan reported. A single member can have multiple grievances, and a single grievance can have multiple grievance types. Grievance types include, but are not limited to, language access, billing, inappropriate care, provider/staff attitude, and referral. Grievance types are summarized into grievance categories, such as Access to Care, Compliance, Coverage, Quality of Care, etc.

State Fair Hearings: Hearing data is reported from the Department of Social Services. Hearing outcomes have been grouped into three outcomes types: Denied or Dismissed, Granted, and Withdrawal or Non-Appearance.

Encounter Completeness

Encounter Completeness Monitoring Summary: Mercer Government Human Services Consulting provides DHCS a quarterly report that represents the aggregate encounter monitoring grade for all contracted health plans by category of service. Color grades are determined by the encounter completeness percentage: (encounter utilization/1,000) / (benchmark utilization /1,000) where the benchmark is selected to be the most favorable to the health plan (i.e. the benchmark selected shows encounters as the most complete). DHCS evaluates the aggregate encounter monitoring results for all contracted health plans by category of service no less than every 1st and 3rd quarter. Any score of Red may result in a Corrective Action Plan and/or Financial Sanctions.

Aetna Better Health and United Healthcare have currently not been included in the encounter monitoring summary because of the lack of time spent providing Medi-Cal services. For reference, Aetna Better Health began January 1, 2018 and United HealthCare began October 1, 2017. It is planned to include these health plans in future reporting.

Encounter Completeness Percentage (ECP):
Red (R) indicates major encounter completeness challenges; ECP is less than 70%.
Yellow (Y) indicates moderate encounter completeness or other reporting challenges; ECP is at least 70% and less than 90% or ECP above 110%.
Green (G) indicates that there are no clear encounter completeness challenges; ECP is between 90-110%.

Network Adequacy

Provider Ratios: These metrics are designed to showcase the number of Primary Care Physicians (PCPs) per 2,000 plan enrollees and all Physicians per 1,200 plan enrollees.

Audits and Investigations Division (A&I) Medical Audit

A&I Medical Audit Findings: DHCS' A&I conducts audits of each Medi-Cal Managed Care Plan (MCP) on an annual basis. The

data is based on the MCP's most recent audit for which a final report was issued. The total number of audits represents findings across all audit categories. DHCS posts the results of the medical audits to the DHCS website within one month after the report is issued to the MCP. DHCS also posts the results of the completed corrective action plan once the CAP has been approved by DHCS.

Health Effectiveness Data and Information Set (HEDIS®) Aggregated Quality Factor Score (AQFS)

The HEDIS® measures and specifications were developed by and are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). The HEDIS® AQFS is a single score that accounts for plan performance on all DHCS selected HEDIS® indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL). The High Performance Level is 100%. The Minimum Performance Level is 40%. The State Population Weighted Average is calculated annually. A HEDIS® reporting unit is a combination of one health plan in a county or region.

AQFS Calculations: The AQFS listed on the MCQMD Dashboard is calculated by DHCS and is based on the audited HEDIS rates for each reporting year. The HEDIS indicators that DHCS holds MPLs (minimum performance levels) will be included in the calculation.

Step 1: Calculate the Assigned Score - for each HEDIS indicator, assign a score to each plan at the county (or reporting unit) level according to its NCQA Medicaid benchmark (percentile) as shown below:

NCQA Percentile Performance	Assigned Score
Below 10%	1
10%<= and <17.5%	2
17.5% <=and <25%	3
25%<= and <37.5%	4
37.5%<= and <50%	5
50%<= and <62.5%	6
62.5%<= and <75%	7
75% <=and <82.5%	8
82.5%<= and <90%	9
90% and above	10

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Step 2: Total Assigned Score - calculate the Total Assigned Score for each plan at the county (or reporting unit) level by summing up the Assigned Scores of all HEDIS indicators.

Step 3: Identify the Aggregate HPL (High Performance Level, the 90th percentile of national level) Score - assign the maximum possible score (10) to each HEDIS indicator and the total of all indicators is the Aggregate HPL Score.

Step 4: Normalize - normalize (divide) the Total Assigned Score calculated in Step 2 by the Aggregated HPL Score calculated in Step 3. The final score is the AQFS for each plan at the county level.

Step 5: Interpretation - the AQFS is a single score that accounts for plan performance on DHCS-selected HEDIS indicators. It is a composite rate calculated as a percent of the HPL (National High Performance Level - the 90th percentile of NCQA national Medicaid level).

Note: "NR" (not reportable) is treated as <10th percentile; "NA" (not applicable) is excluded and its corresponding score (for the same indicator) is taken away from the Aggregated HPL Score when normalizing.