



Medi-Cal Managed Care Performance Dashboard Glossary

Released June 14, 2017

Quarterly Release Notes

- Pie charts have been changed to bar charts.
- Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100% or 101%.

Population Aid Code Groups

Affordable Care Act (ACA): This population consists of the following Adult Expansion aid codes: M1, M2, M3, M4, 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.

Medi-Cal only 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 other aid codes not mentioned above.

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. A Dual member is not identified by an aid code or aid code group.



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Non-Dual: This population consists of any Medi-Cal eligible member who is Medi-Cal only and has no active Medicare coverage. Aid code groups are displayed as Medi-Cal only for the following measures: Utilization, Grievance and Appeals, and State Fair Hearings.

Utilization Measures for Certified Eligible Managed Care Members

Utilization is tracked by aid code population and Medicare status. Utilization metrics displayed by aid code group is Medi-Cal coverage only (MO) and does not include Medicare coverage.

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 member months.

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 member months.

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 member months.

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

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 member months.



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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 member months.

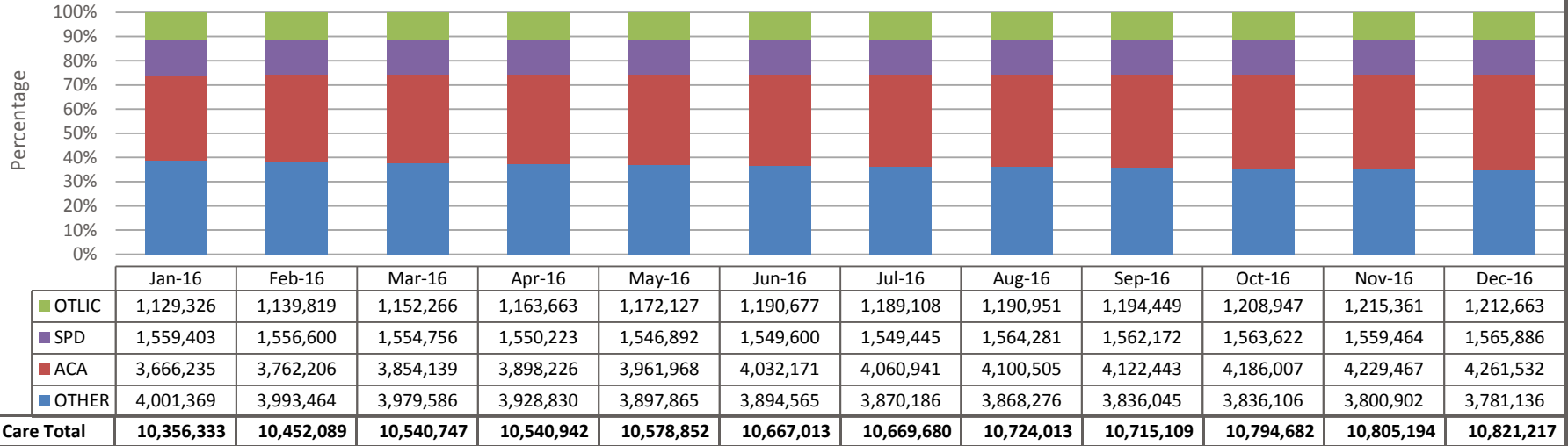
Grievance, Appeals and State Fair Hearings

Grievance and Appeals: Grievance and Appeals data is plan reported. Grievance and Appeals metrics displayed by aid code group is Medi-Cal coverage only (Non-Dual) and does not include Medicare coverage.

State Fair Hearings: Hearing data is submitted through the Department of Social Services. Hearing metrics displayed by aid code group is Medi-Cal coverage only (Non-Dual) and does not include Medicare coverage.

CERTIFIED ELIGIBLE ENROLLMENT: As of December 2016 (Data Warehouse pull May 2017)

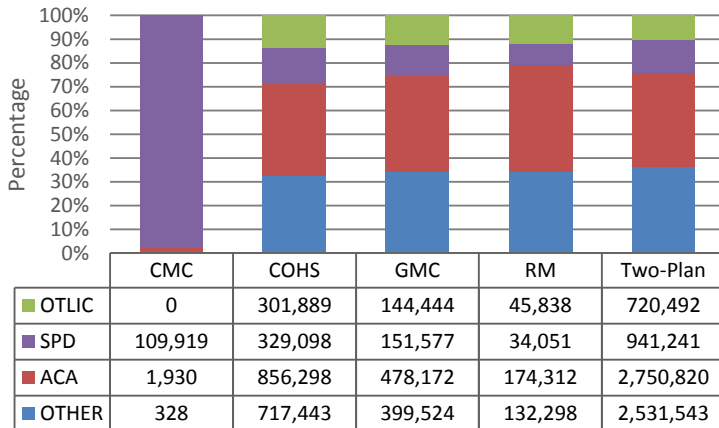
1-1: Managed Care Enrollment by Aid Population



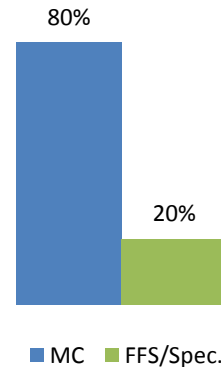
Other Medi-Cal Programs

Medi-Cal Type	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Fee-for-Service	3,195,478	3,132,836	3,096,446	3,061,116	3,048,611	2,956,730	2,856,666	2,801,616	2,749,993	2,672,731	2,683,808	2,689,262
Speciality Plans	20,382	20,578	20,771	20,881	21,012	21,072	20,993	21,020	20,993	21,085	21,166	21,191
Medi-Cal Program Total	13,572,193	13,605,503	13,657,964	13,622,939	13,648,475	13,644,815	13,547,339	13,546,649	13,486,095	13,488,498	13,510,168	13,531,670

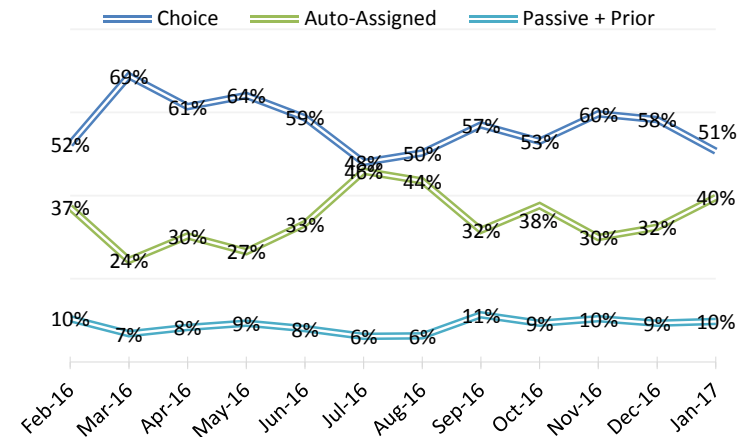
1-2: Aid Population by Plan Model



1-3: Medi-Cal Managed Care vs. FFS/Specialty

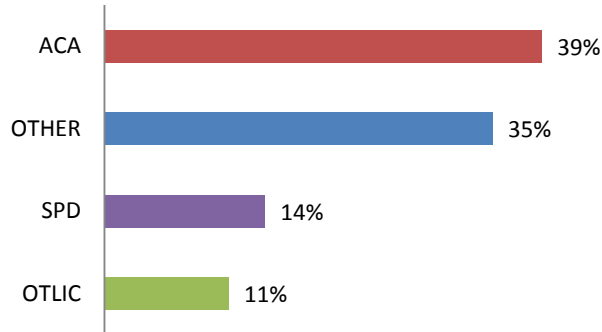


1-4: Choice and Auto-Assignment Rates

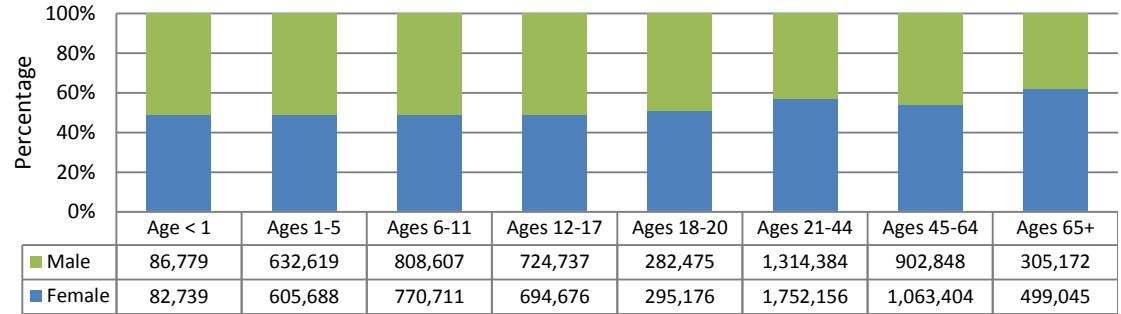


CERTIFIED ELIGIBLE DEMOGRAPHICS: Managed Care demographics for December 2016 (Data Warehouse pull May 2017)

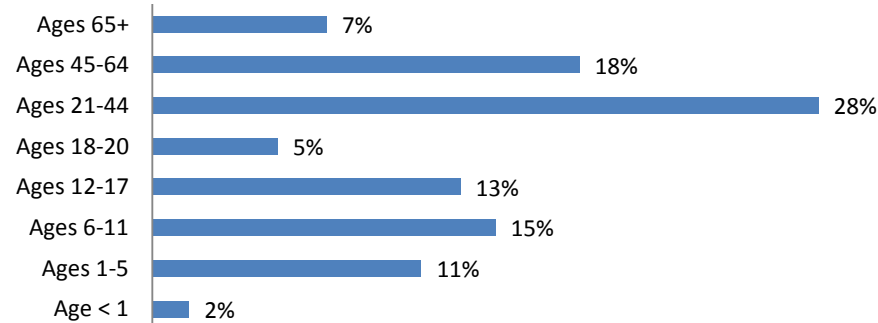
2-1: Aid Groups "All Managed Care"



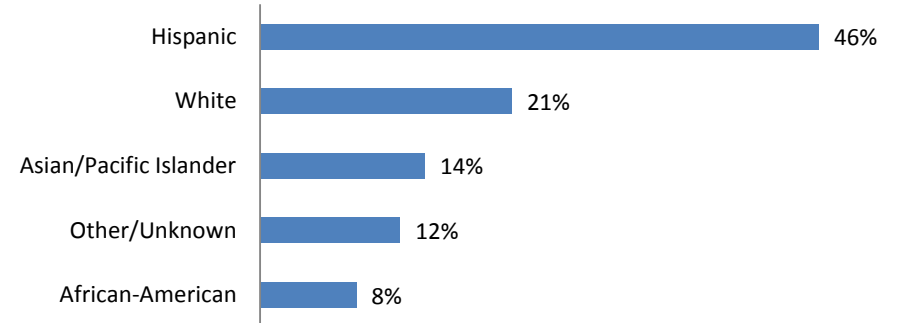
2-2: Age by Gender "All Managed Care"



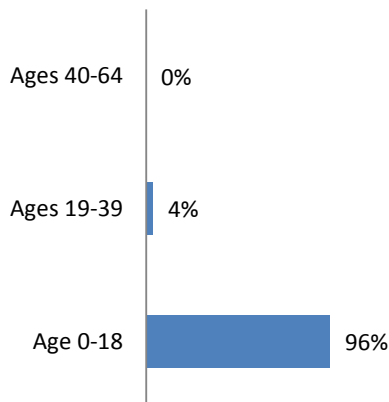
2-3: Age Cohorts "All Managed Care"



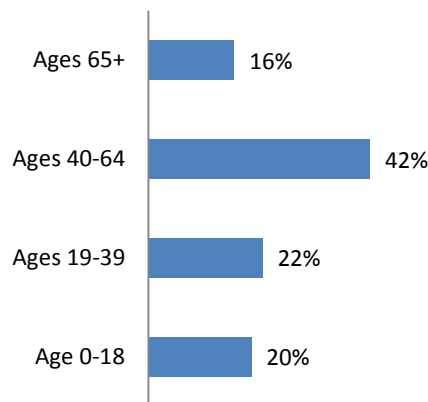
2-4: Race and Ethnicity "All Managed Care"



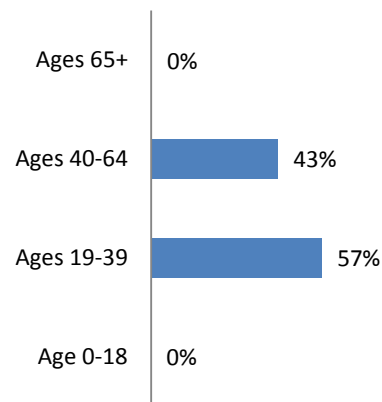
2-5: Medi-Cal Only "OTLIC" Age



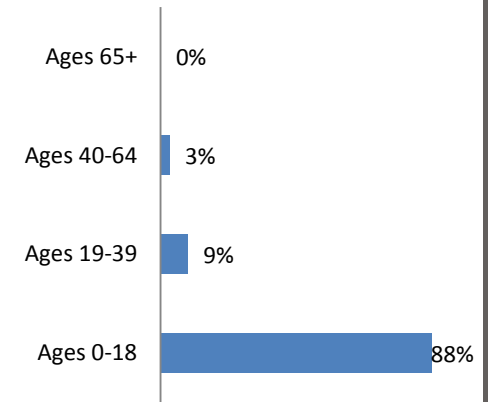
2-6: Medi-Cal Only "SPD" Age



2-7: Medi-Cal Only "ACA" Age



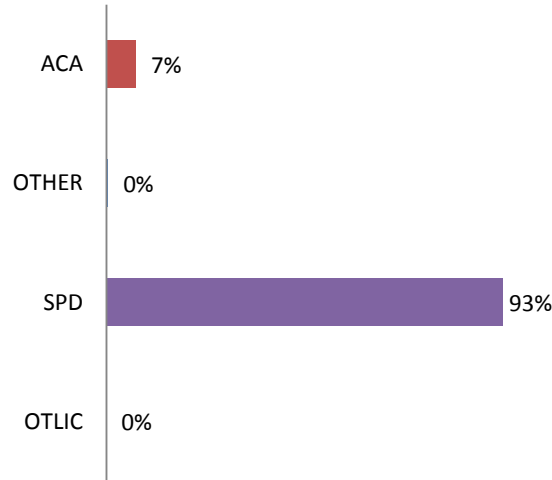
2-8: Medi-Cal Only "OTHER" Age



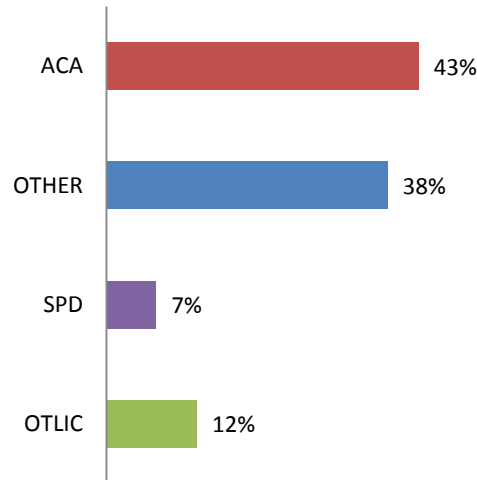
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for December 2016 (Data Warehouse pull May 2017)												
Dual Status	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Dual	965,363	965,194	966,957	966,377	965,091	966,682	962,228	962,338	959,322	960,063	958,268	967,850
Non-Dual*	9,390,970	9,486,895	9,573,790	9,574,565	9,613,761	9,700,331	9,707,452	9,761,675	9,755,787	9,834,619	9,846,926	9,853,367

Note: Medi-Cal Only. See glossary.

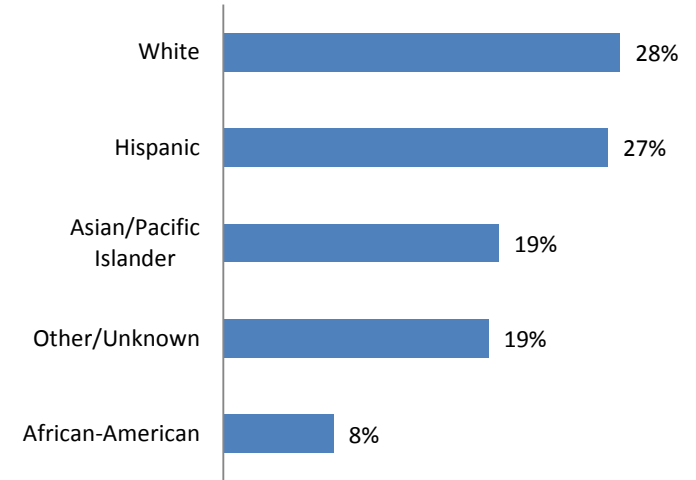
3-1: Aid Groups "Dual"



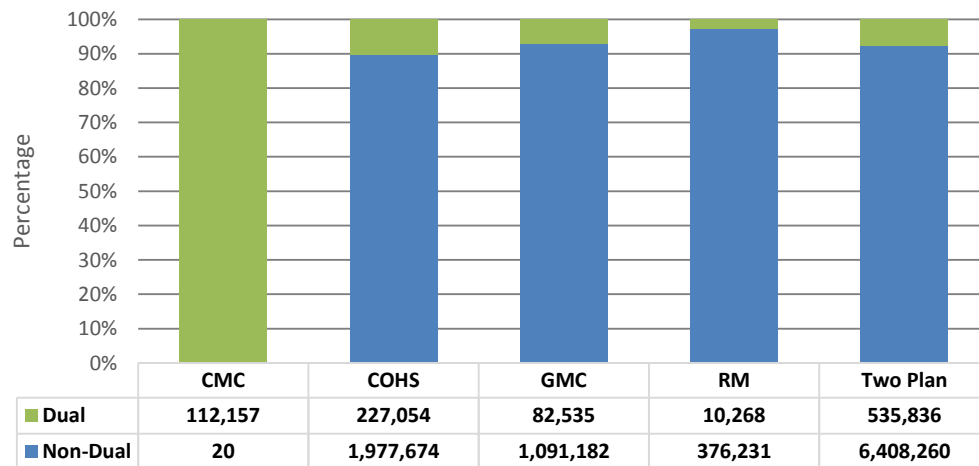
3-2: Aid Groups "Non-Dual"



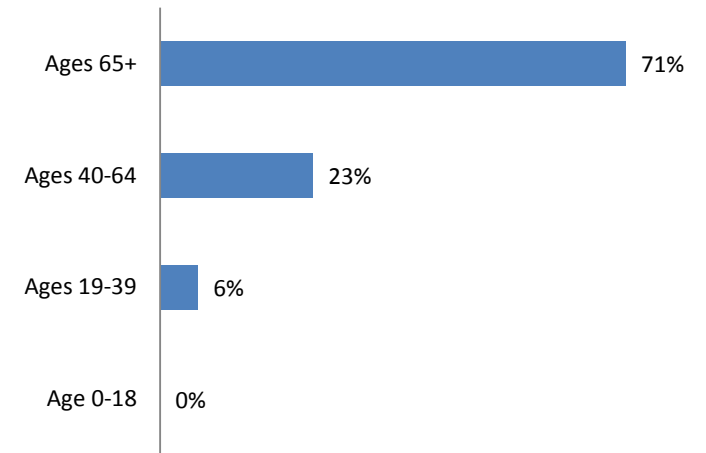
3-3: Dual Eligible by Race and Ethnicity



3-4: Plan Model Totals

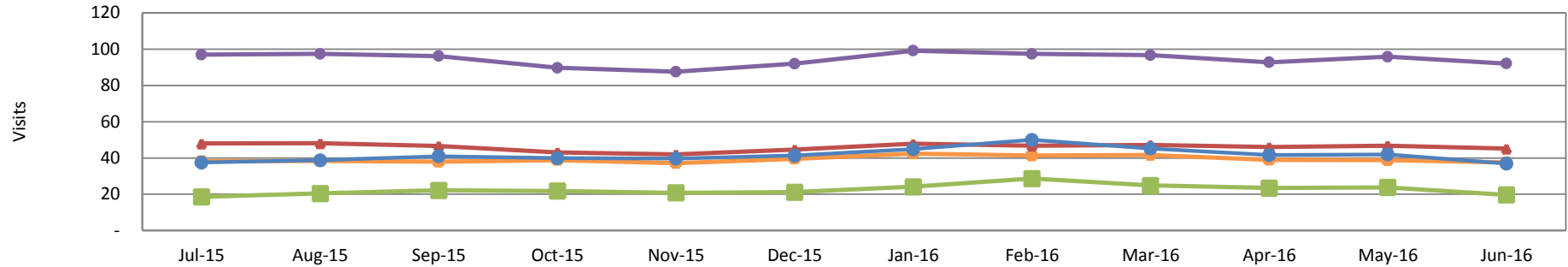


3-5: Dual Age Cohorts



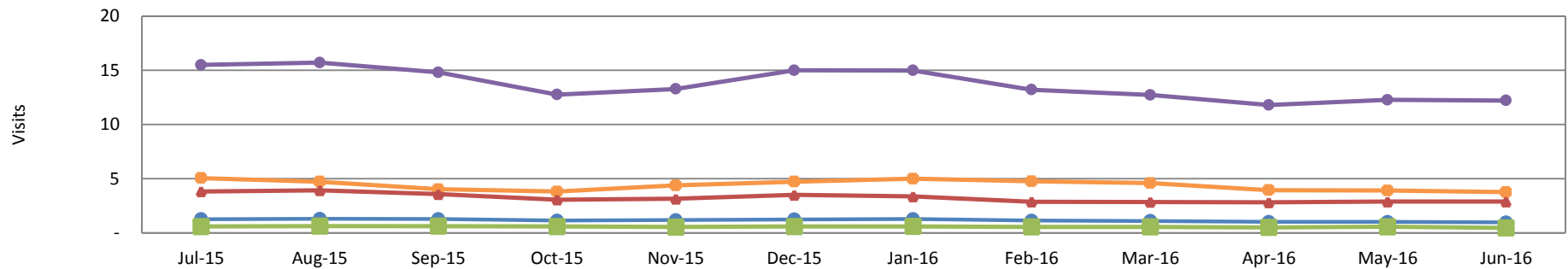
UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

4-1: Emergency Room Visits per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	97	97	96	90	88	92	99	97	97	93	96	92
Dual	38	38	38	39	37	40	42	41	42	39	39	38
MO-ACA	48	48	47	43	42	45	48	47	47	46	47	45
MO-Other	37	39	41	40	40	41	45	50	45	42	42	37
MO-OTLIC	19	20	22	22	21	21	24	29	25	23	24	20

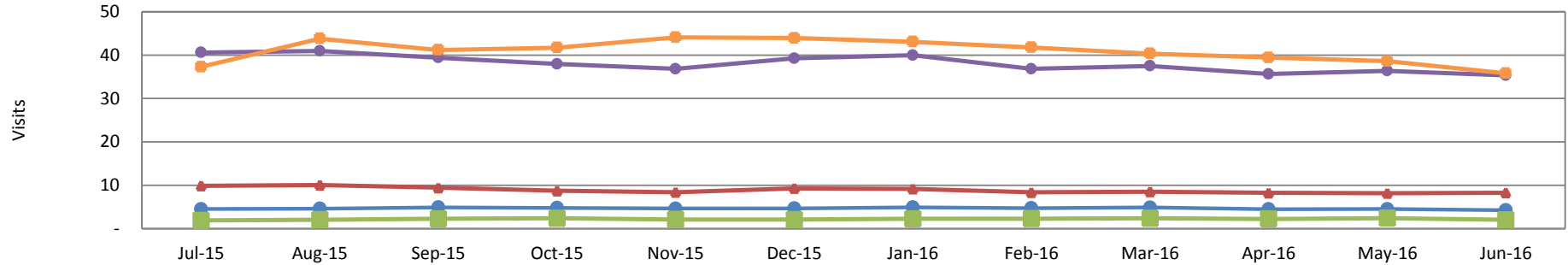
4-2: Emergency Room Visits With an Inpatient Admission per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	16	16	15	13	13	15	15	13	13	12	12	12
Dual	5	5	4	4	4	5	5	5	5	4	4	4
MO-ACA	4	4	4	3	3	4	3	3	3	3	3	3
MO-Other	1	1	1	1	1	1	1	1	1	1	1	1
MO-OTLIC	1	1	1	1	1	1	1	1	1	1	1	0

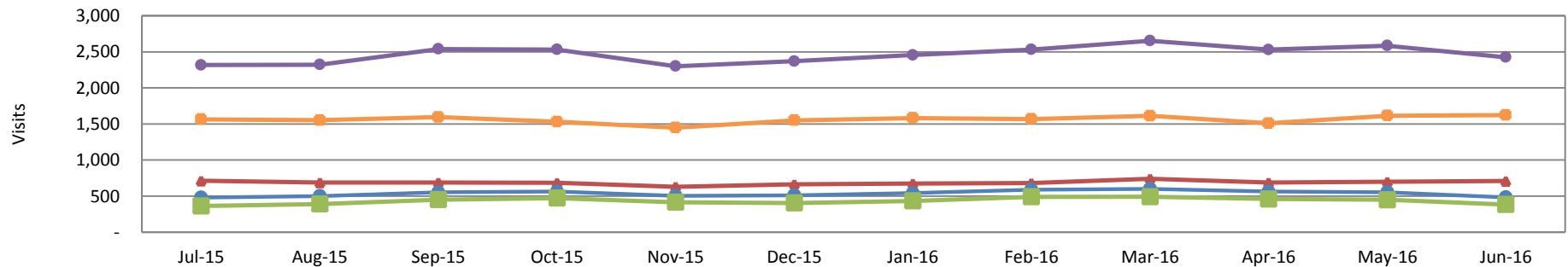
UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

5-1: Inpatient Admissions per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	41	41	39	38	37	39	40	37	38	36	36	35
Dual	37	44	41	42	44	44	43	42	40	39	39	36
MO-ACA	10	10	9	9	8	9	9	8	9	8	8	8
MO-Other	5	5	5	5	5	5	5	5	5	5	5	4
MO-OTLIC	2	2	2	2	2	2	2	2	2	2	2	2

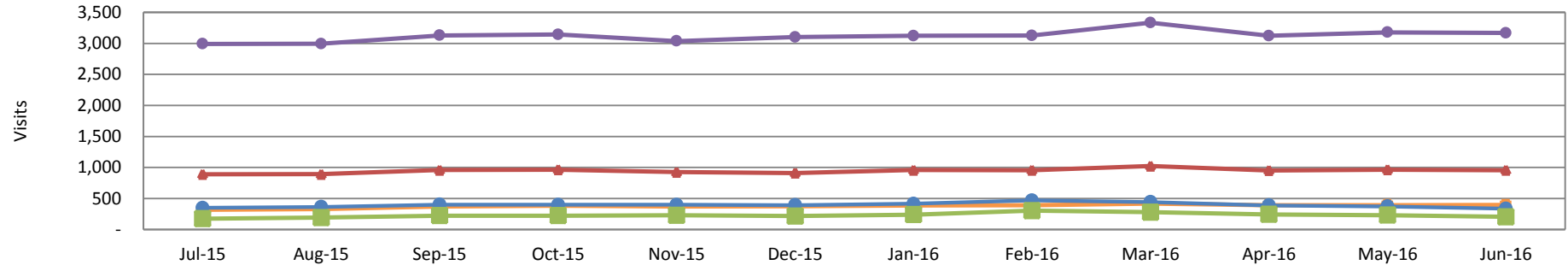
5-2: Outpatient Visits per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	2,316	2,321	2,538	2,532	2,300	2,370	2,455	2,532	2,653	2,530	2,585	2,424
Dual	1,565	1,552	1,595	1,530	1,448	1,550	1,583	1,567	1,612	1,509	1,614	1,623
MO-ACA	712	688	688	684	629	664	673	681	740	688	698	708
MO-Other	480	500	553	563	505	512	541	590	600	563	554	483
MO-OTLIC	363	390	452	473	415	406	434	490	492	461	449	384

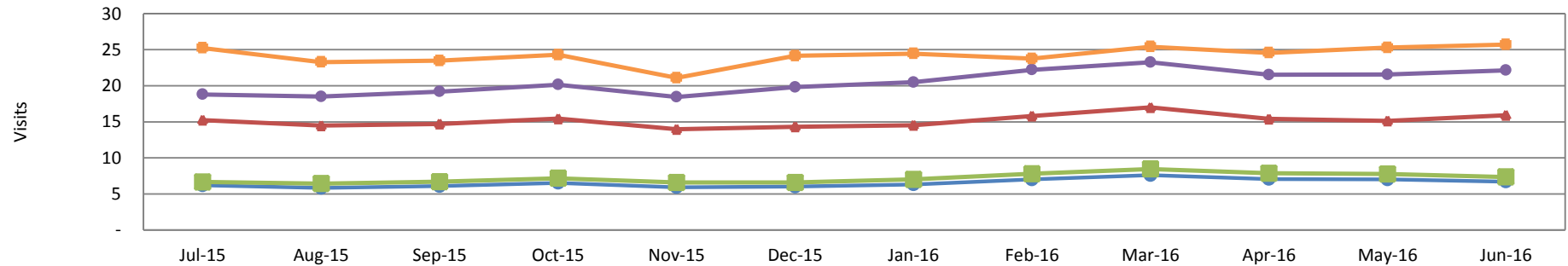
UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

6-1: Prescriptions per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	2,990	2,994	3,128	3,142	3,036	3,101	3,121	3,126	3,333	3,122	3,177	3,167
Dual	318	328	370	386	371	376	388	392	418	391	393	396
MO-ACA	890	892	959	966	925	912	958	956	1,023	953	964	956
MO-Other	349	364	400	400	400	392	415	469	443	389	372	336
MO-OTLIC	174	191	223	223	230	217	239	304	278	244	232	204

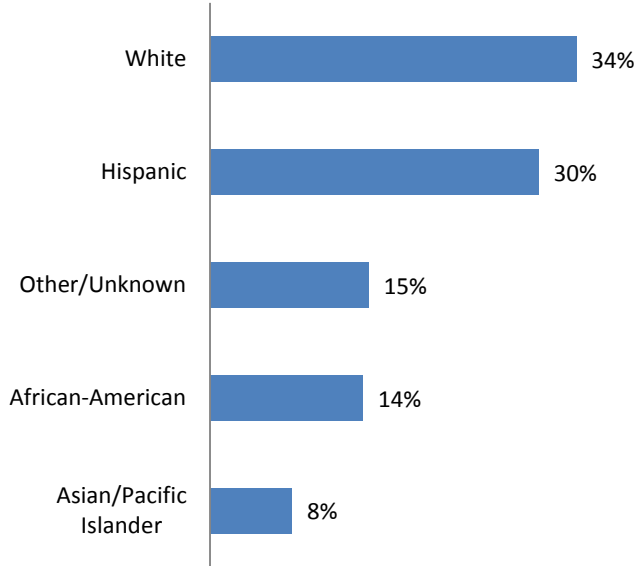
6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



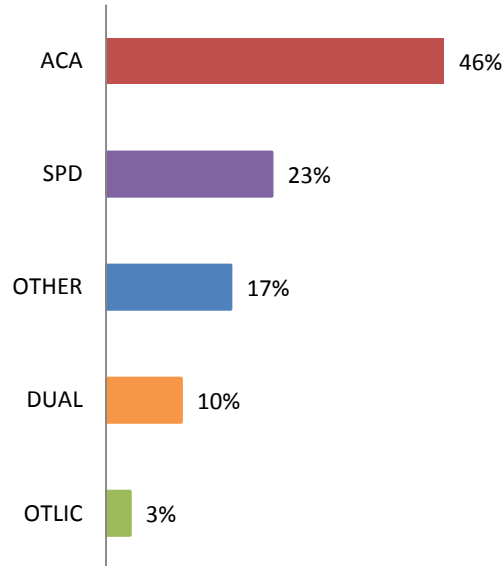
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	19	19	19	20	18	20	21	22	23	22	22	22
Dual	25	23	23	24	21	24	24	24	25	25	25	26
MO-ACA	15	14	15	15	14	14	15	16	17	15	15	16
MO-Other	6	6	6	7	6	6	6	7	8	7	7	7
MO-OTLIC	7	6	7	7	7	7	7	8	8	8	8	7

Grievance Demographics: Q4 2016 (October to December 2016) Statewide

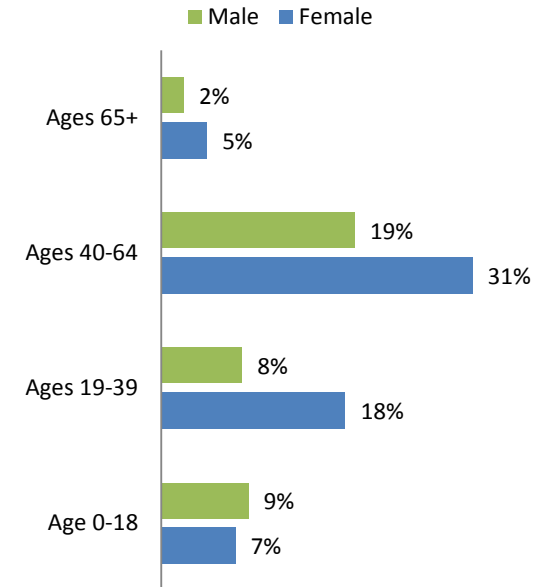
7-1: Grievances by Ethnicity



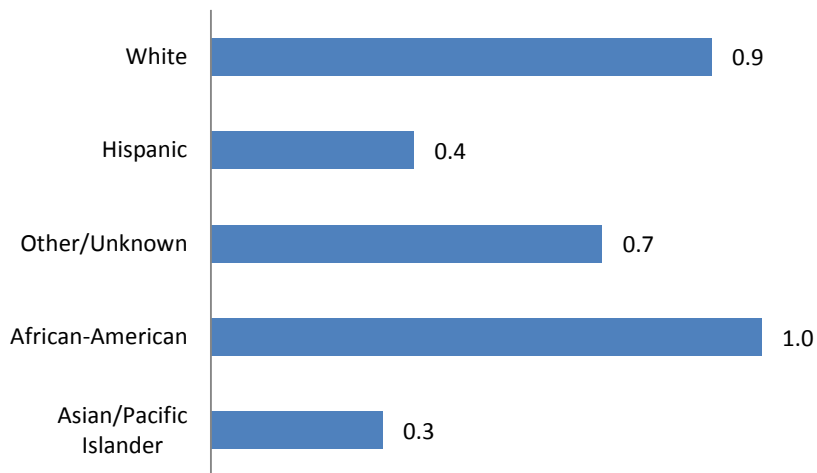
7-2: Grievances by Population



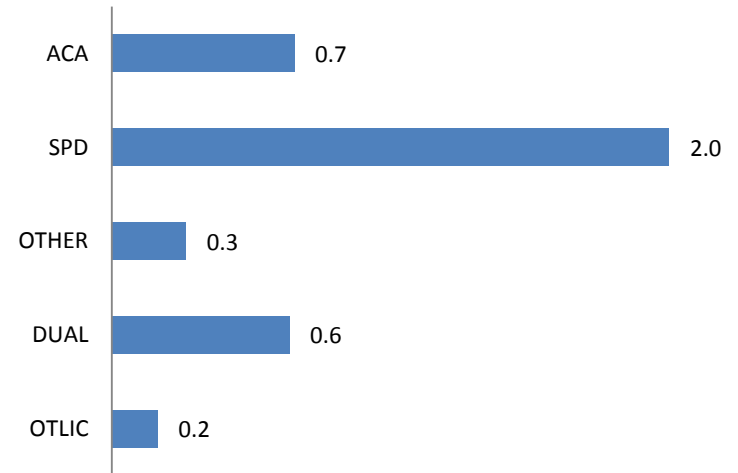
7-3: Grievances by Age



7-4: Grievances by Ethnicity Per 1,000 Member Months

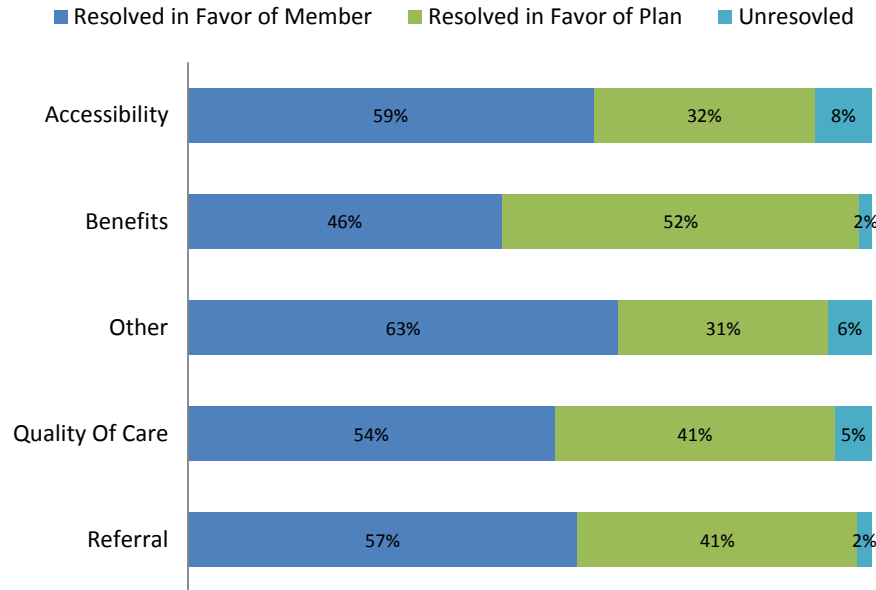


7-5: Grievances by Population Per 1,000 Member Months

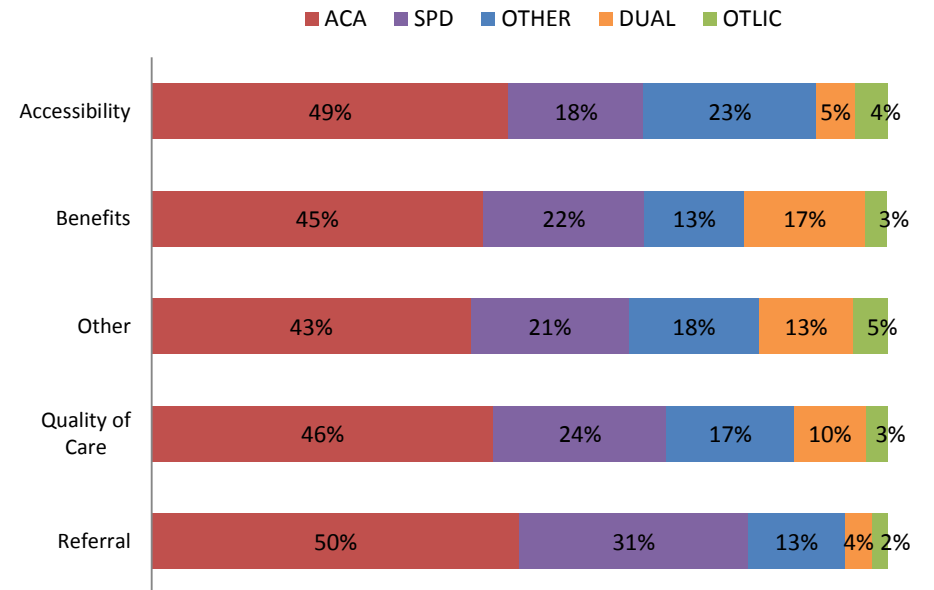


Grievance and Appeals Outcomes: Q4 2016 (October to December 2016) Statewide

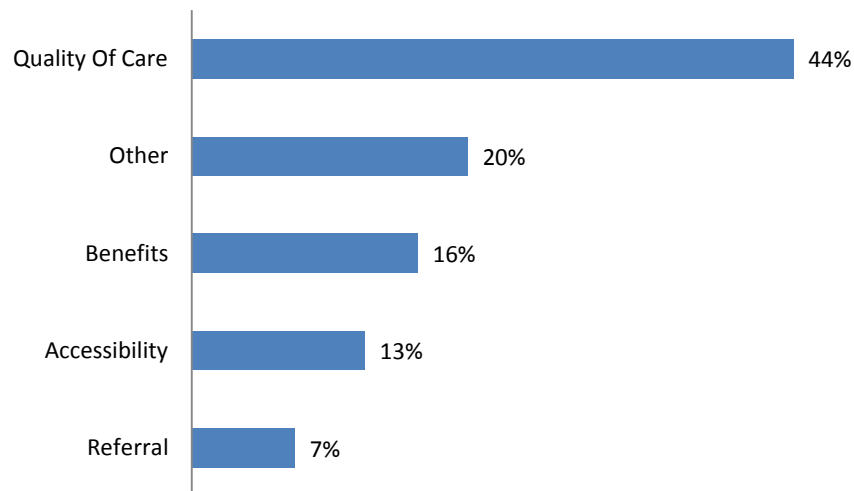
8-1: Grievance Resolution by Type



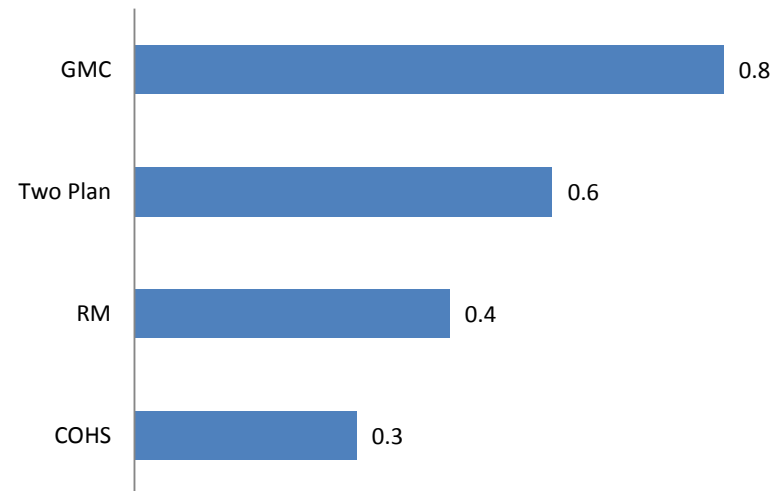
8-2: Grievances by Population and Type



8-3: Grievances by Type

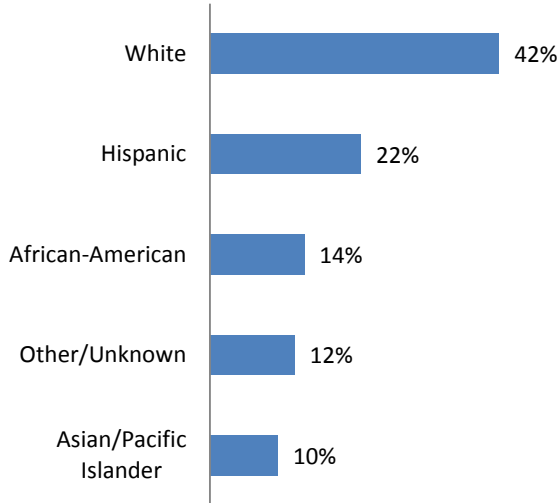


8-4: Grievances by Plan Model per 1,000 Member Months

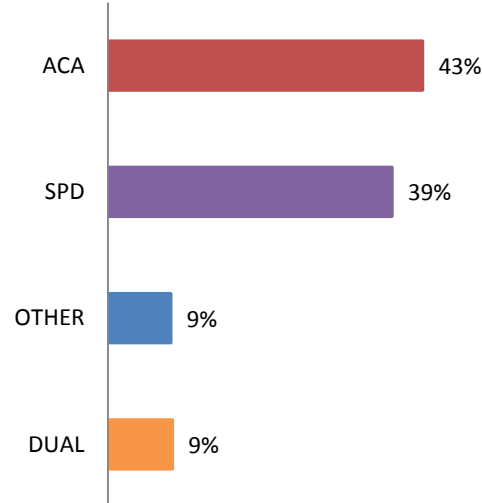


State Fair Hearing Demographics: Q4 2016 (October to December 2016) Statewide

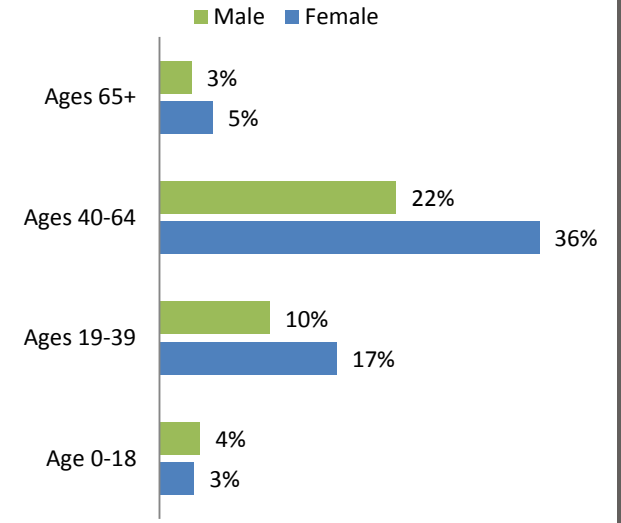
9-1: Hearings by Ethnicity



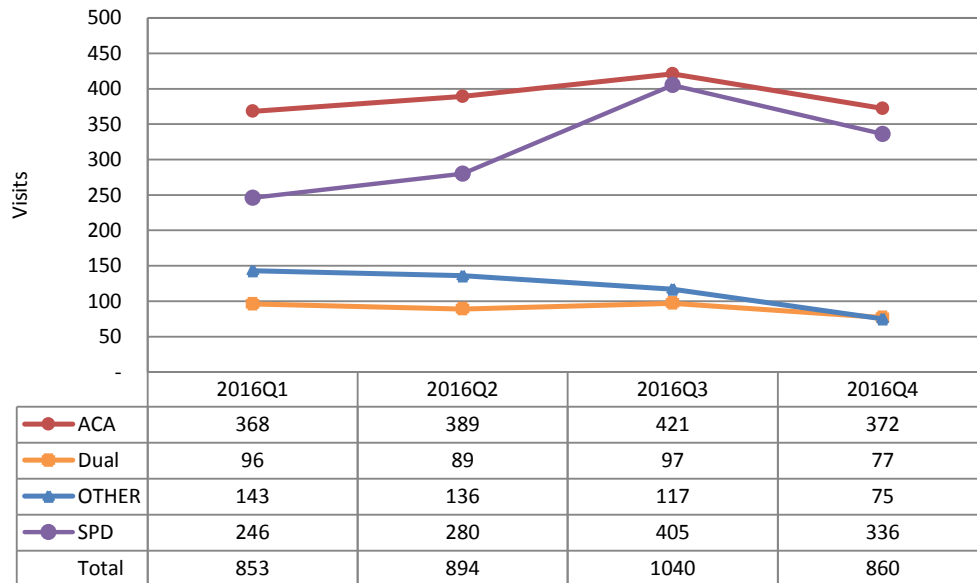
9-2: Hearings by Population



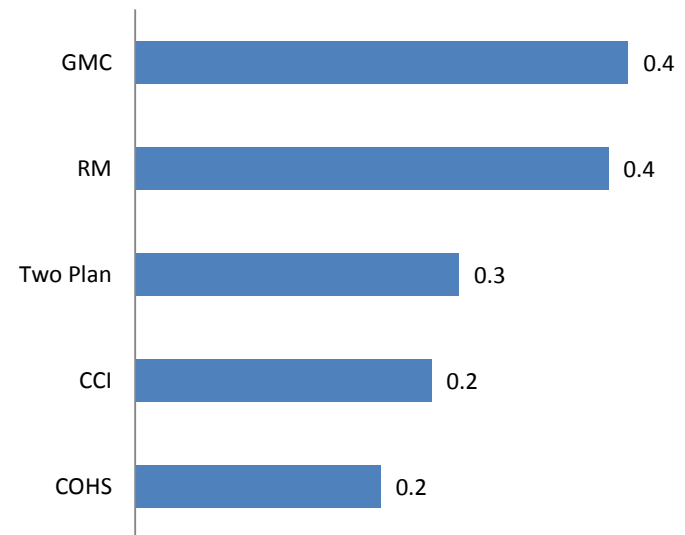
9-3: Hearings by Age



9-4: Hearings by Population

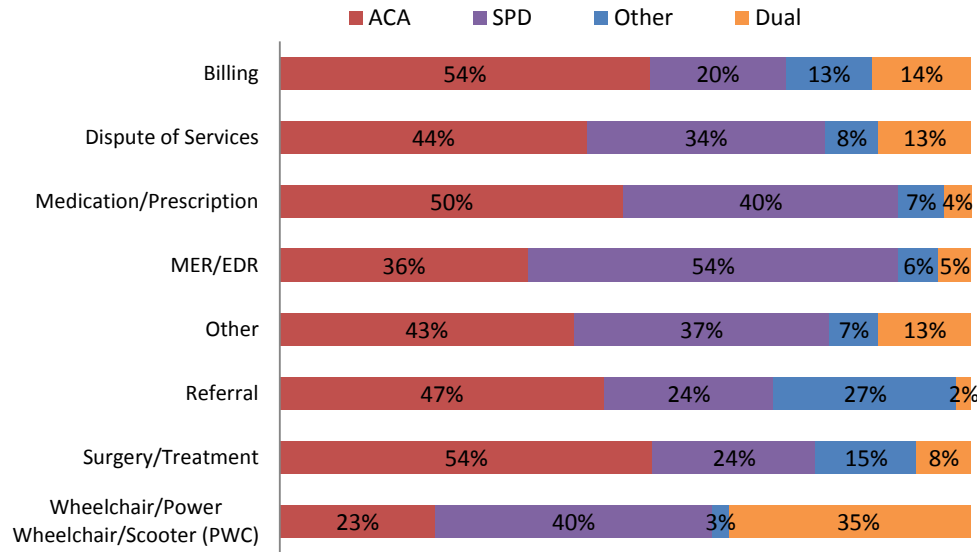


9-5: Hearings by Plan Model per 10,000 Member Months

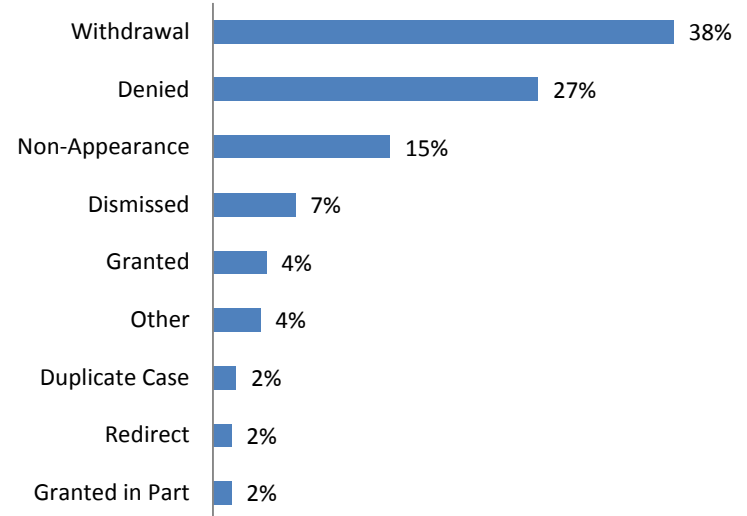


State Fair Hearing Reasons/Outcomes: Q4 2016 (October to December 2016) Statewide

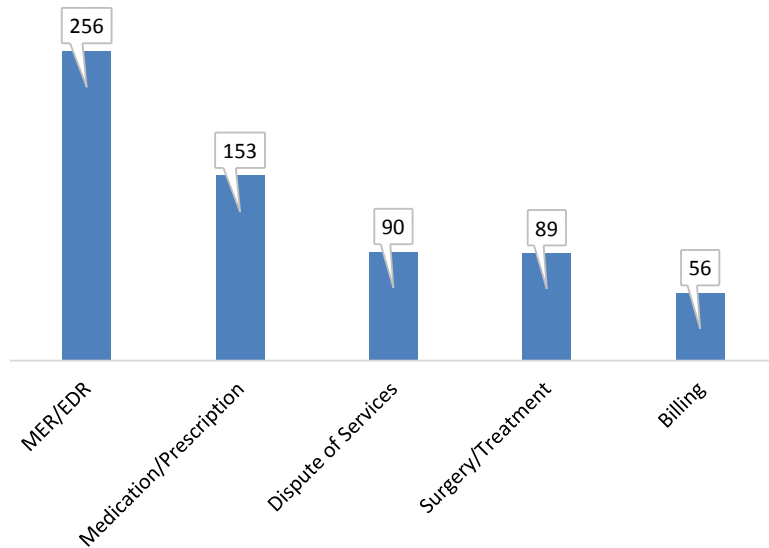
10-1: Hearing Reasons by Population



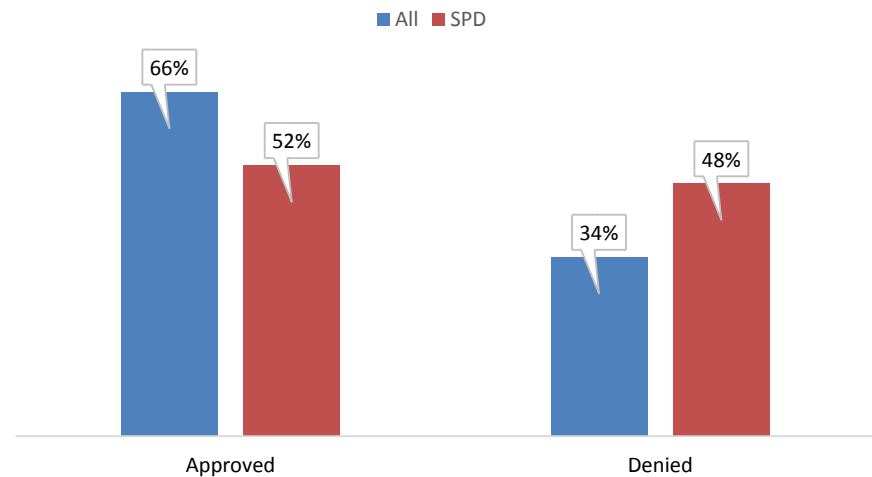
10-2: Hearing Outcomes

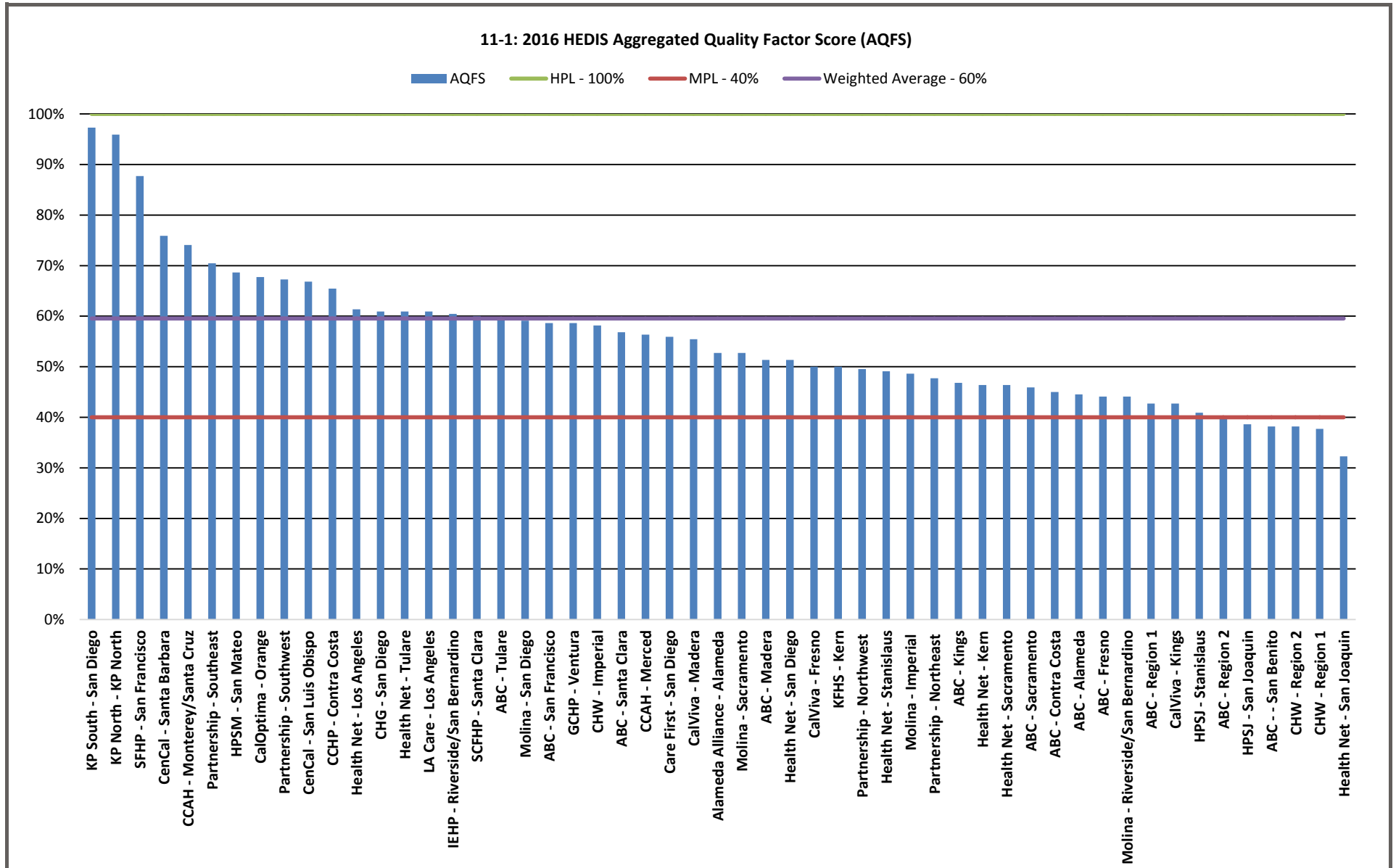


10-3: Top 5 Hearing Reasons



10-4: Medical Exemption Requests





Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (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 Average is 60%.