



Medi-Cal Managed Care Performance Dashboard Glossary

Released December 13, 2016

Quarterly Release Notes

Figure 1-1 and 1-4: The revised figures display only the Aid code groups. Dual members are no longer extracted out as an Aid code population because Dual eligibility is not identified by an Aid code type.

Figure 1-4: Passive + Prior includes transitioning populations, members defaulted because they were previously a member, or if other family members were already assigned to the plan. Date is effective date of plan enrollment. Choice/plan assignment occurred during the previous month.

July 2016 saw an increase in volume of auto assignments for Coordinated Care Initiative (CCI) eligible beneficiaries. The increase is related to a backlog effort in which defaults were processed for CCI eligible beneficiaries into a Cal MediConnect plan.

Figures 2-5 to 2-8: Age cohorts have been standardized for aid code group age metrics.

Figures 3-1 to 3-5 (page 3): A page has been developed to showcase Dual eligible metrics to compared to Non-Dual.

Figure 7-4 and 7-5: New grievance and appeal metrics. Measures are displayed per 1,000 member months.

Figure 10-4: Medical Exemption Request (MER) metrics have been consolidated into one metric that will be displayed with State Fair Hearing metrics. Approved represents the total in Fee-For-Service due to an approved MER.

Figure 11-1: The HEDIS Aggregated Quality Factor Score (AQFS) has been updated for 2016 using 2015 data.

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



Medi-Cal Managed Care Performance Dashboard Glossary

Released December 13, 2016

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.

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.



Medi-Cal Managed Care Performance Dashboard Glossary

Released December 13, 2016

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 (Non-Dual) 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.



Medi-Cal Managed Care Performance Dashboard Glossary

Released December 13, 2016

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.

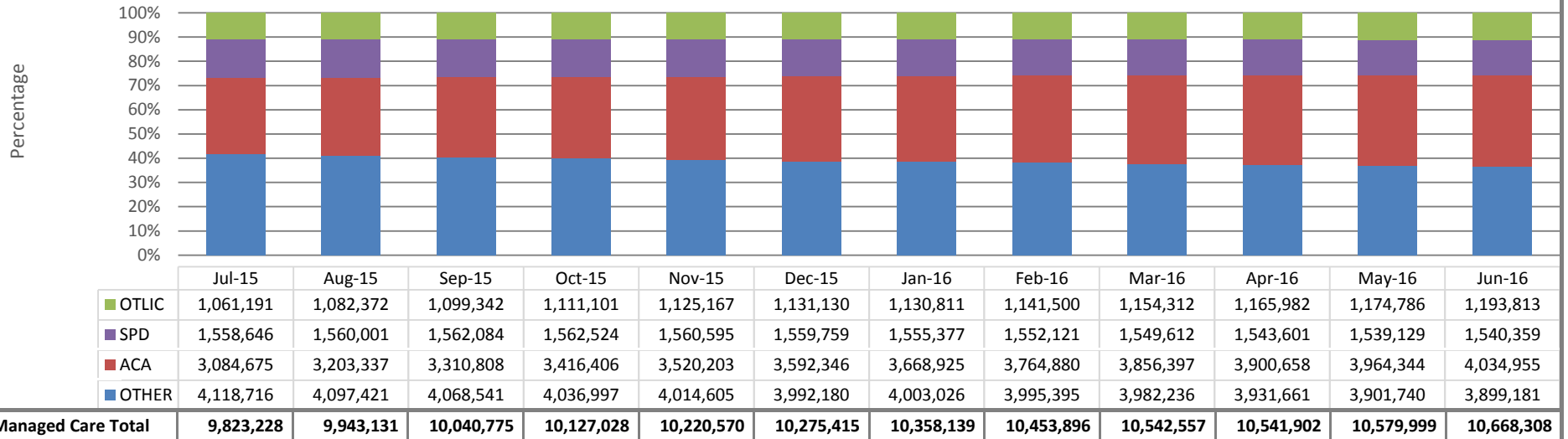


Medi-Cal Managed Care Performance Dashboard

Released December 13, 2016

CERTIFIED ELIGIBLE ENROLLMENT: As of June 2016 (Data Warehouse pull November 2016)

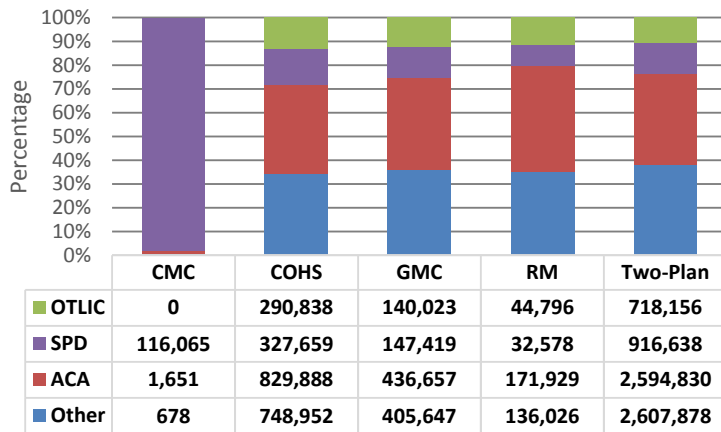
1-1: Managed Care Enrollment by Aid Population



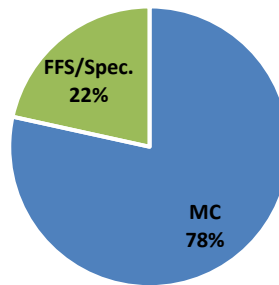
Other Medi-Cal Programs

Medi-Cal Type	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Fee-for-Service	2,991,817	2,999,335	2,996,131	2,987,806	2,986,715	3,089,826	3,187,773	3,122,041	3,079,743	3,038,169	3,016,837	2,910,990
Speciality Plans	18,862	19,232	19,490	19,509	19,688	20,088	20,385	20,575	20,759	20,865	20,996	21,048
Medi-Cal Program Total	12,833,907	12,961,698	13,056,396	13,134,343	13,226,973	13,385,329	13,566,297	13,596,512	13,643,059	13,600,936	13,617,832	13,600,346

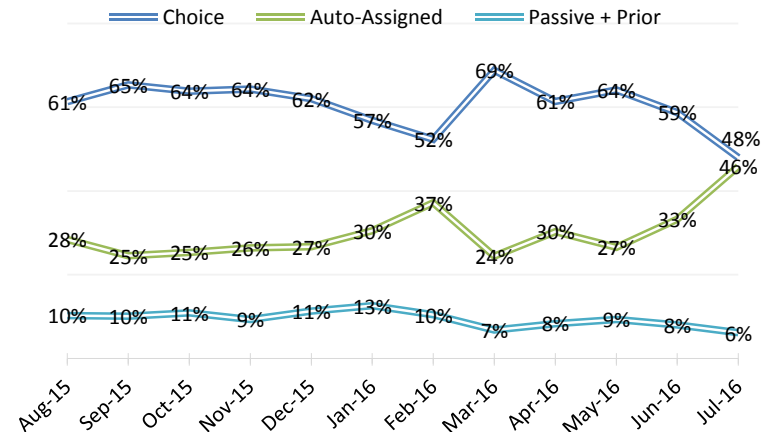
1-2: Aid Population by Plan Model



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

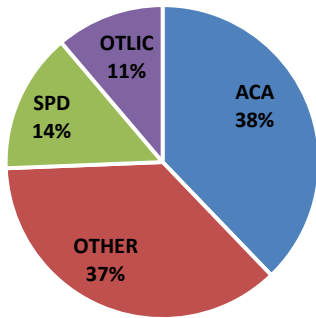


1-4: Choice and Auto-Assignment Rates

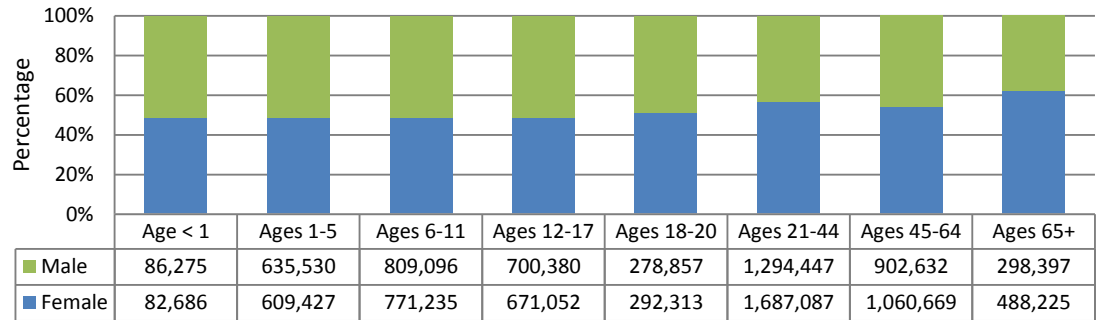


CERTIFIED ELIGIBLE DEMOGRAPHICS: Managed Care demographics for June 2016 (Data Warehouse pull November 2016)

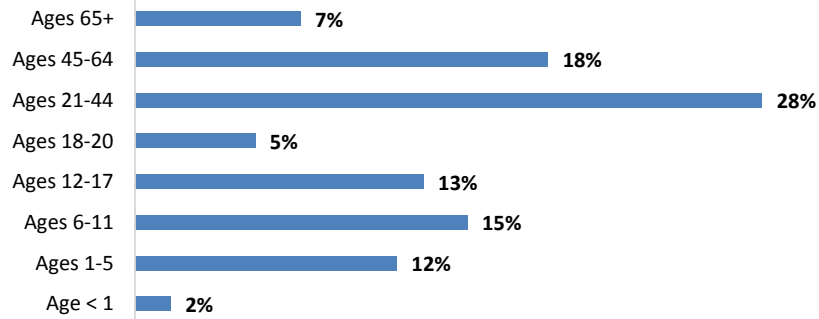
2-1: Aid Groups "All Managed Care"



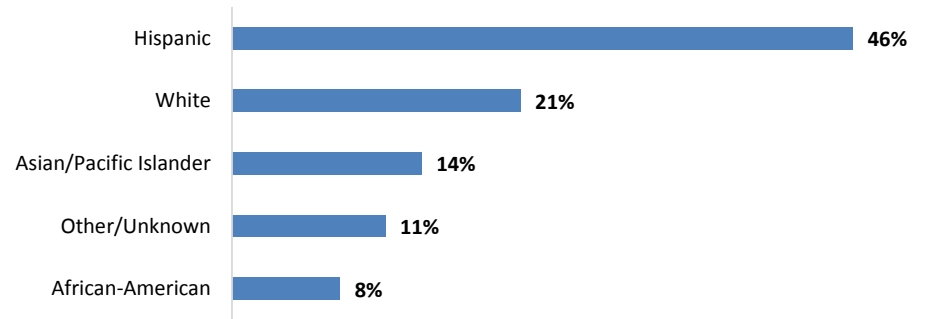
2-2: Age by Gender "All Managed Care"



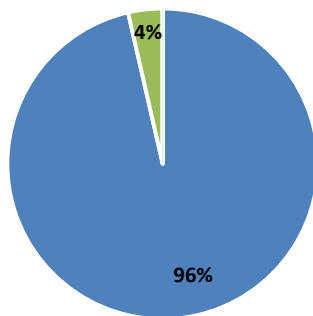
2-3: Age Cohorts "All Managed Care"



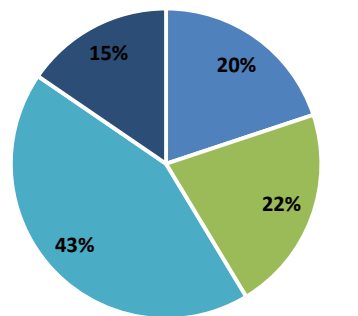
2-4: Race and Ethnicity "All Managed Care"



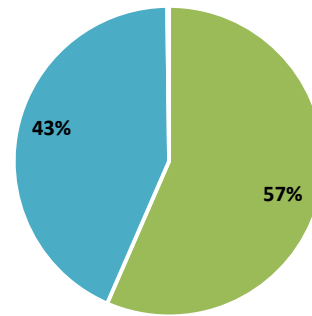
2-5: Medi-Cal Only "OTLIC" Age



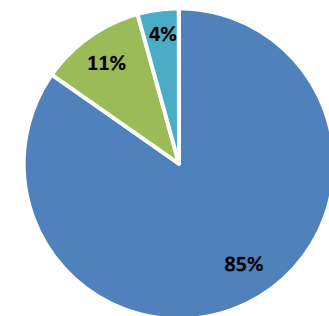
2-6: Medi-Cal Only "SPD" Age



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



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



■ Ages 0-18
 ■ Ages 19-39
 ■ Ages 40-64
 ■ Ages 65+



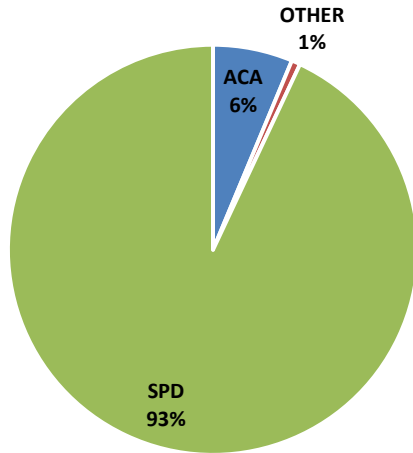
Medi-Cal Managed Care Performance Dashboard

Released December 13, 2016

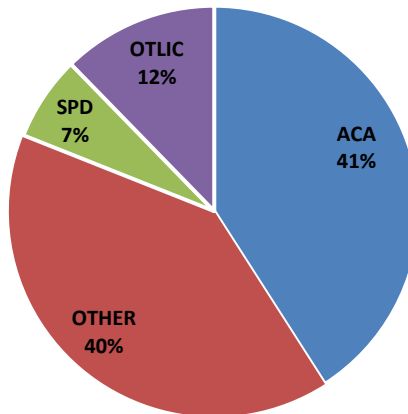
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for June 2016 (Data Warehouse pull November 2016)												
Dual Status	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Dual	948,568	952,271	957,018	960,528	962,750	965,011	962,847	961,748	962,113	959,557	957,655	958,417
Non-Dual*	8,874,660	8,990,860	9,083,757	9,166,500	9,257,820	9,310,404	9,395,292	9,492,148	9,580,444	9,582,345	9,622,344	9,709,891

Note: Medi-Cal Only. See glossary.

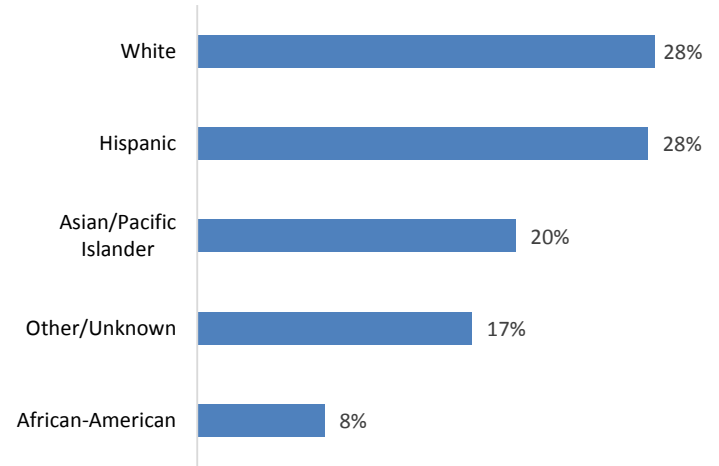
3-1: Aid Groups "Dual"



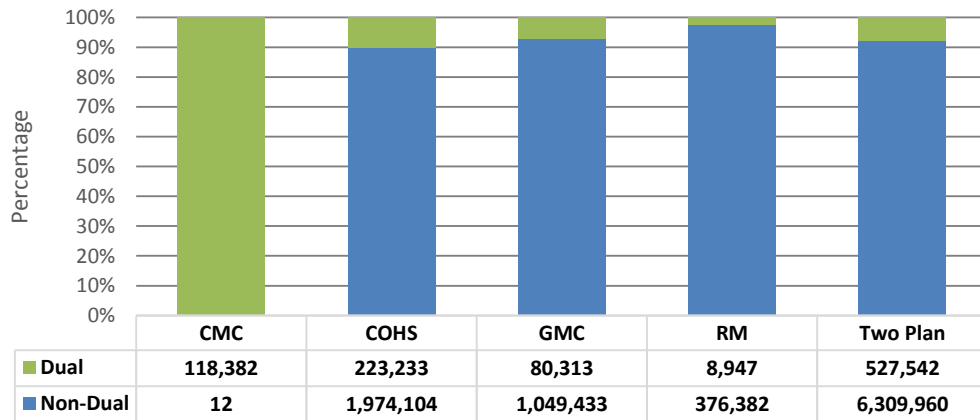
3-2: Aid Groups "Non-Dual"



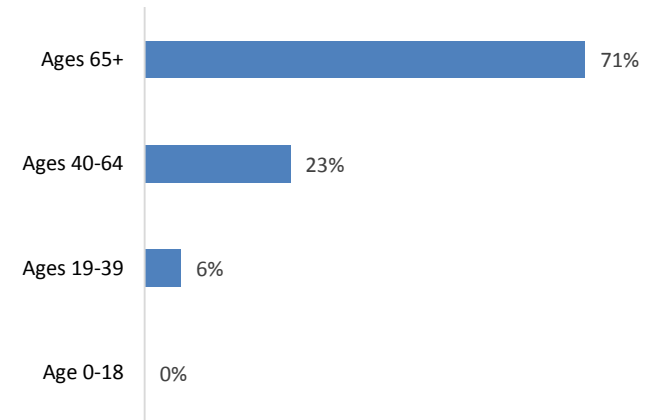
3-3: Dual Eligible by Race and Ethnicity



3-4: Plan Model Totals

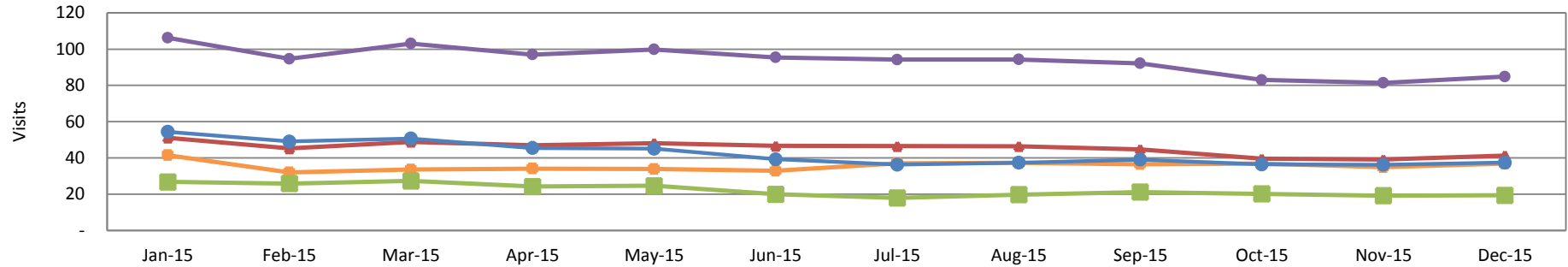


3-5: Dual Age Cohorts



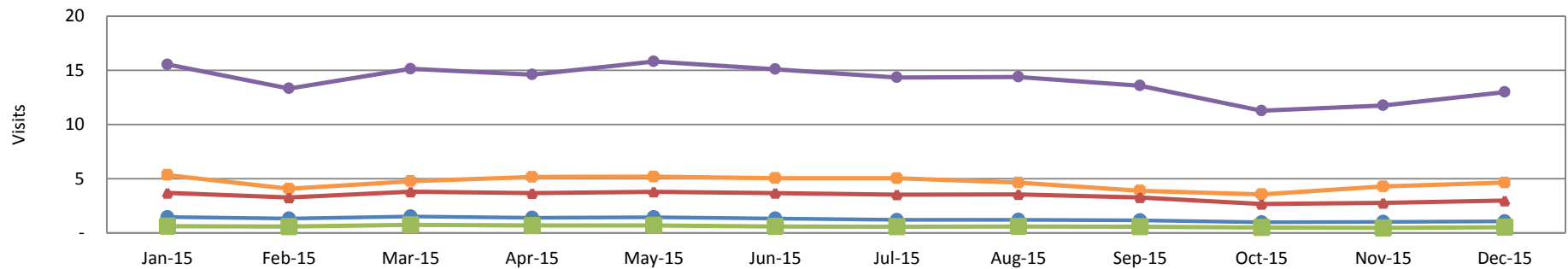
UTILIZATION: Statewide January 2015 to December 2015. (Data Warehouse pull November 2016)

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



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
SPD	106	95	103	97	100	95	94	94	92	83	81	85
Dual	41	32	34	34	34	33	37	37	37	37	35	37
ACA	51	45	49	47	48	47	47	46	45	40	39	41
Other	54	49	51	45	45	39	36	37	39	36	36	37
OTLIC	27	26	27	24	25	20	18	20	21	20	19	19

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



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
SPD	16	13	15	15	16	15	14	14	14	11	12	13
Dual	5	4	5	5	5	5	5	5	4	4	4	5
ACA	4	3	4	4	4	4	4	4	3	3	3	3
Other	1	1	2	1	1	1	1	1	1	1	1	1
OTLIC	1	1	1	1	1	1	1	1	1	1	0	1

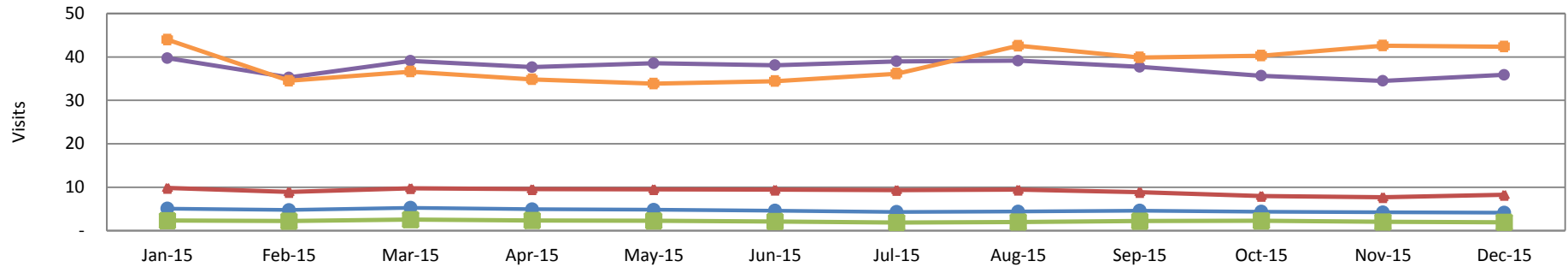


Medi-Cal Managed Care Performance Dashboard

Released December 13, 2016

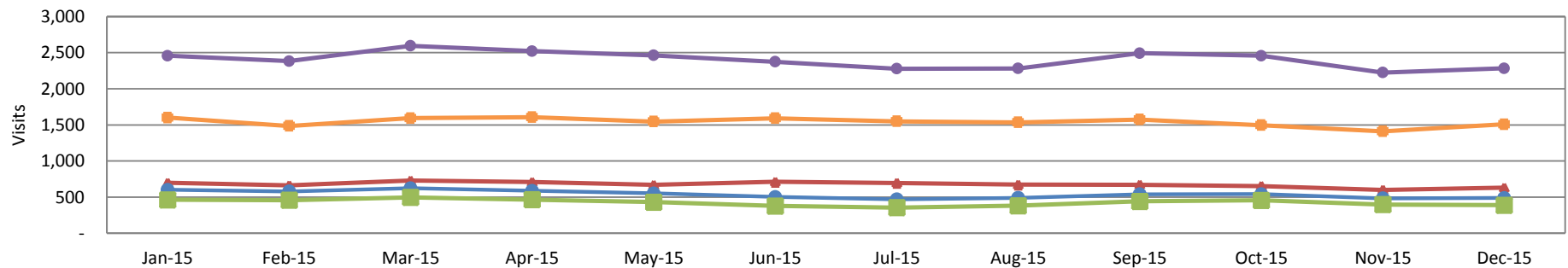
UTILIZATION: Statewide January 2015 to December 2015. (Data Warehouse pull November 2016)

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



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
SPD	40	35	39	38	39	38	39	39	38	36	34	36
Dual	44	35	37	35	34	34	36	43	40	40	43	42
ACA	10	9	10	10	10	9	9	9	9	8	8	8
Other	5	5	5	5	5	5	4	4	5	4	4	4
OTLIC	2	2	3	2	2	2	2	2	2	2	2	2

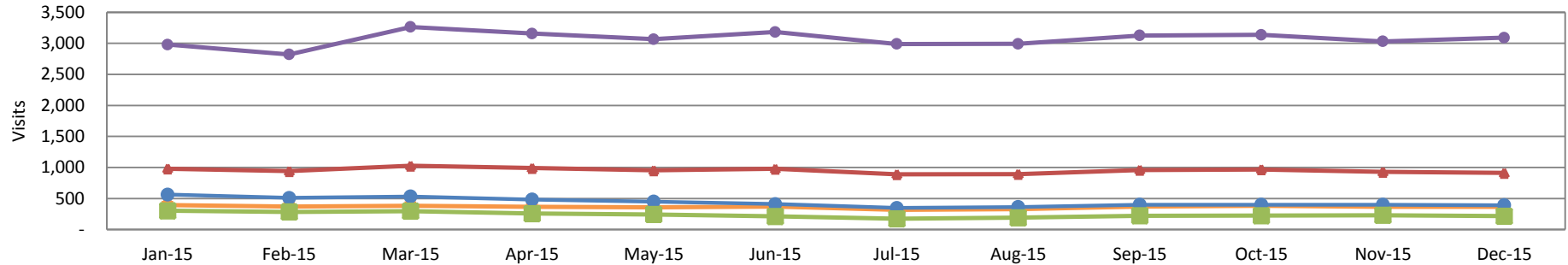
5-2: Outpatient Admissions per 1,000 Member Months



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
SPD	2,457	2,383	2,595	2,523	2,464	2,374	2,277	2,282	2,494	2,458	2,224	2,284
Dual	1,601	1,486	1,593	1,607	1,547	1,591	1,548	1,534	1,574	1,495	1,411	1,508
ACA	698	663	730	709	670	712	695	673	671	652	599	631
Other	602	578	623	587	551	502	469	489	540	541	482	487
OTLIC	463	458	496	465	431	377	354	380	441	455	398	388

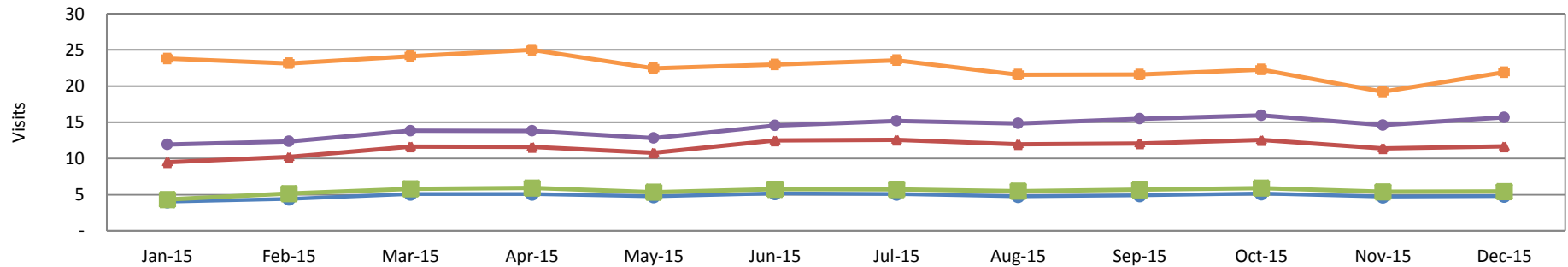
UTILIZATION: Statewide January 2015 to December 2015. (Data Warehouse pull November 2016)

6-1: Prescriptions per 1,000 Member Months



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
SPD	2,980	2,821	3,263	3,158	3,066	3,182	2,990	2,992	3,126	3,137	3,031	3,093
Dual	394	369	384	364	356	369	317	327	369	382	366	367
ACA	980	940	1,028	990	953	978	890	893	960	967	928	911
Other	564	510	533	483	449	411	349	364	401	400	400	393
OTLIC	304	284	297	257	242	211	174	191	223	223	230	215

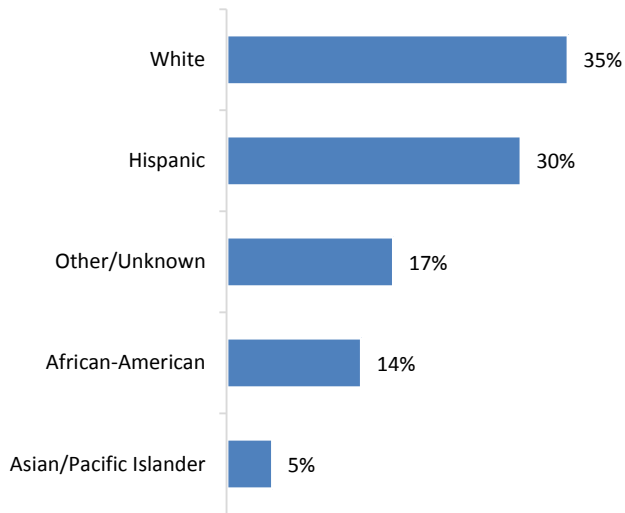
6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



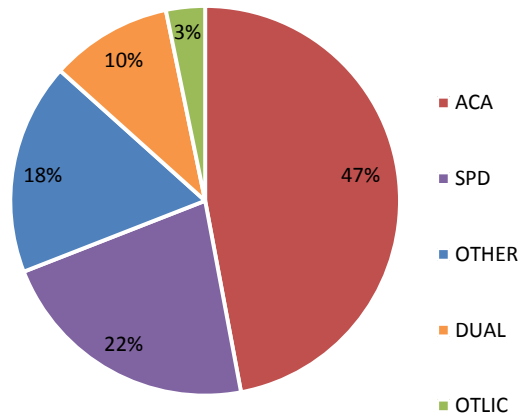
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Dual	24	23	24	25	22	23	24	22	22	22	19	22
SPD	12	12	14	14	13	15	15	15	15	16	15	16
ACA	9	10	12	12	11	12	13	12	12	13	11	12
Other	4	4	5	5	5	5	5	5	5	5	5	5
OTLIC	4	5	6	6	5	6	6	6	6	6	5	5

Grievance Demographics: Q2 2016 (April-June 2016) Statewide

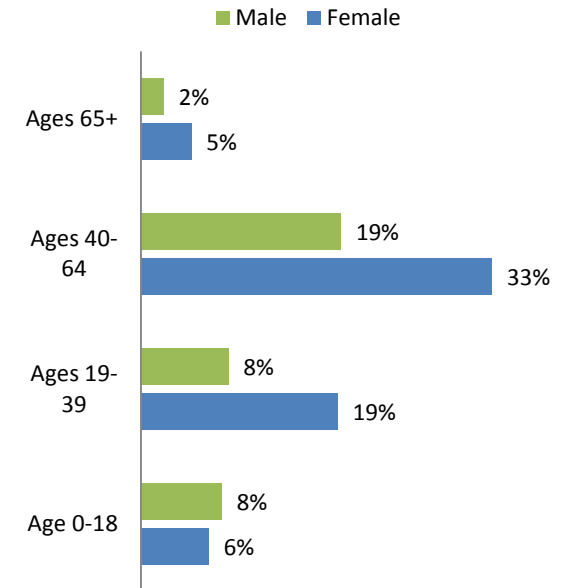
7-1: Grievances by Ethnicity



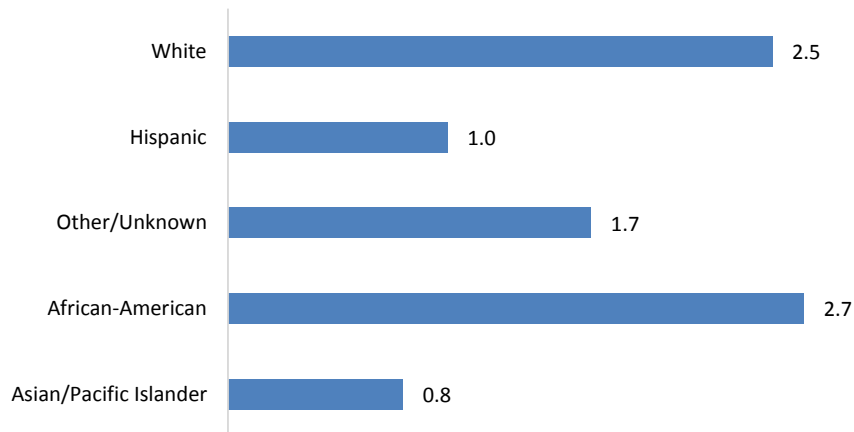
7-2: Grievances by Population



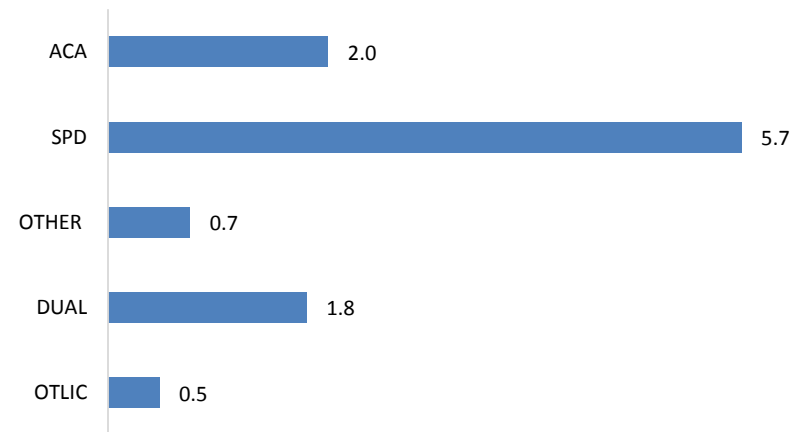
7-3: Grievances by Age



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

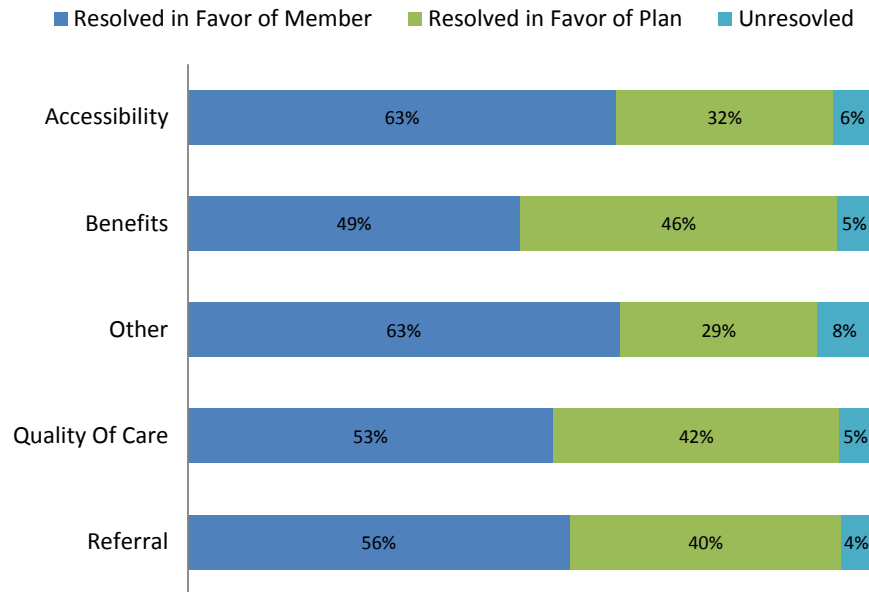


7-5: Grievances by Population Per 1000 Member Months

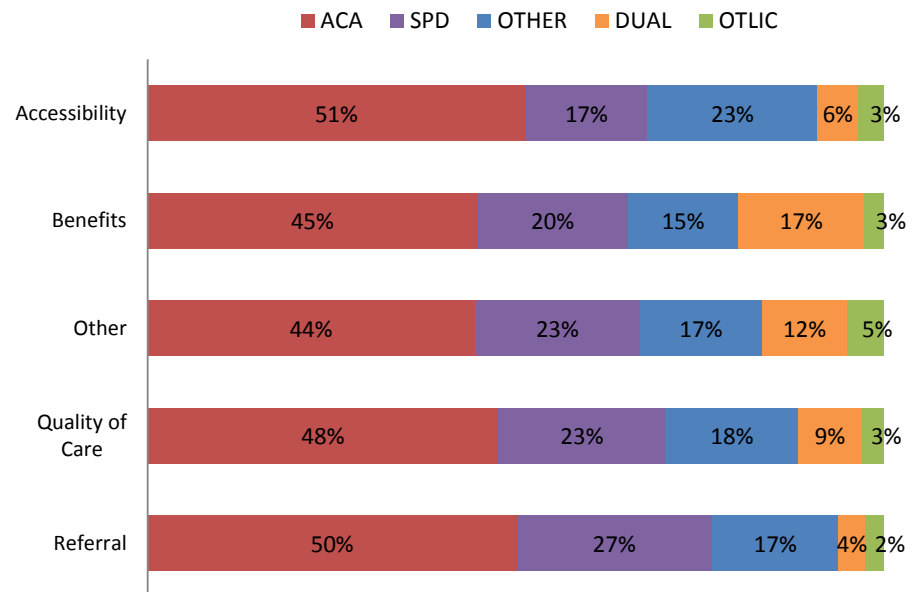


Grievance and Appeals Outcomes: Q2 2016 (April-June 2016) Statewide

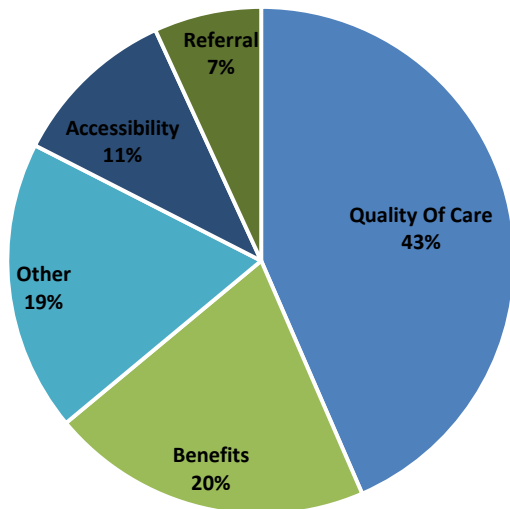
8-1: Grievance Resolution by Type



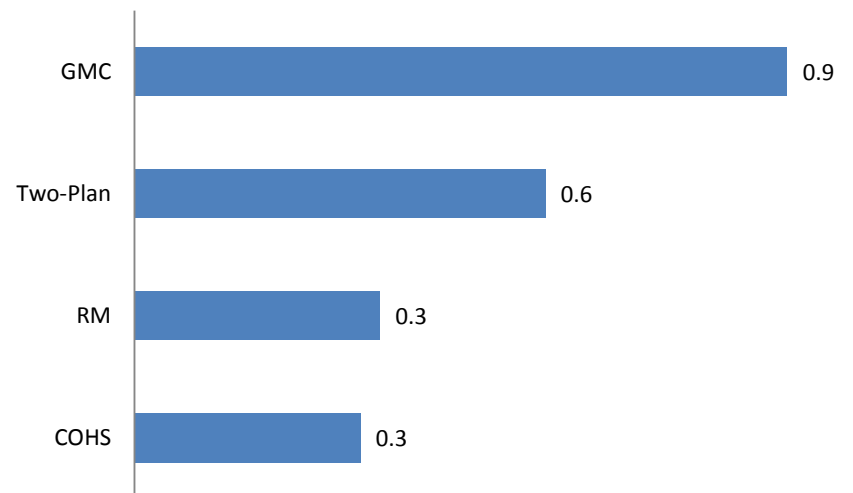
8-2: Grievances by Population and Type



8-3: Grievances by Type

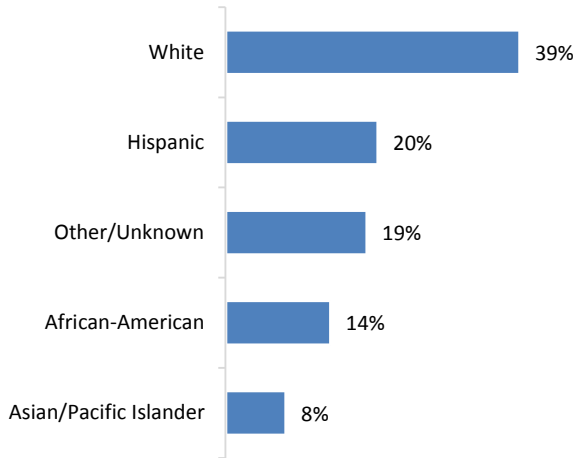


8-4: Grievances by Plan Model per 1,000 Member Months

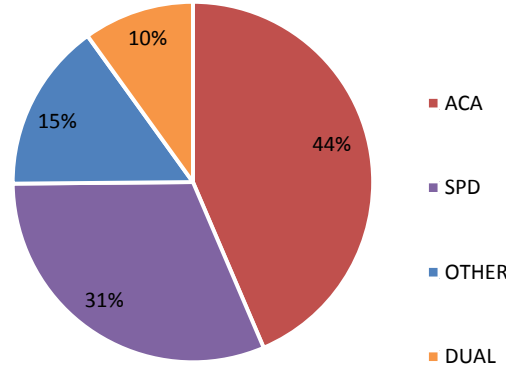


State Fair Hearing Demographics: Q2 2016 (April-June 2016) Statewide

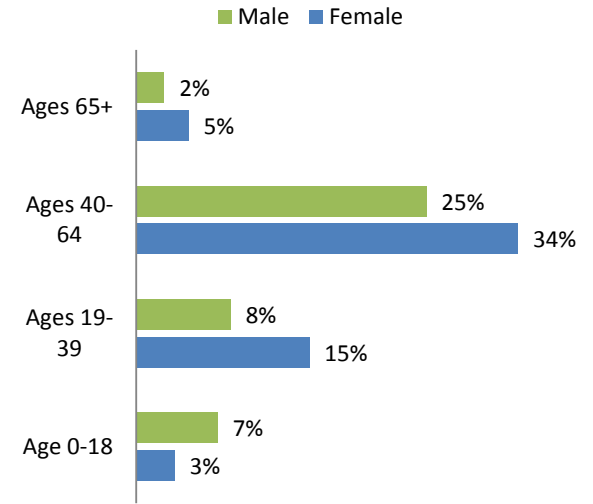
9-1: Hearings by Ethnicity



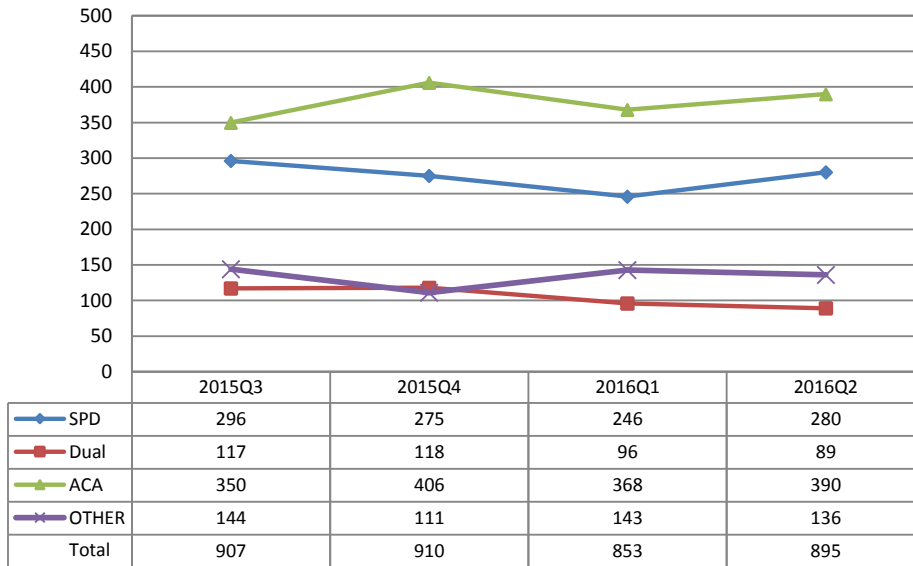
9-2: Hearings by Population



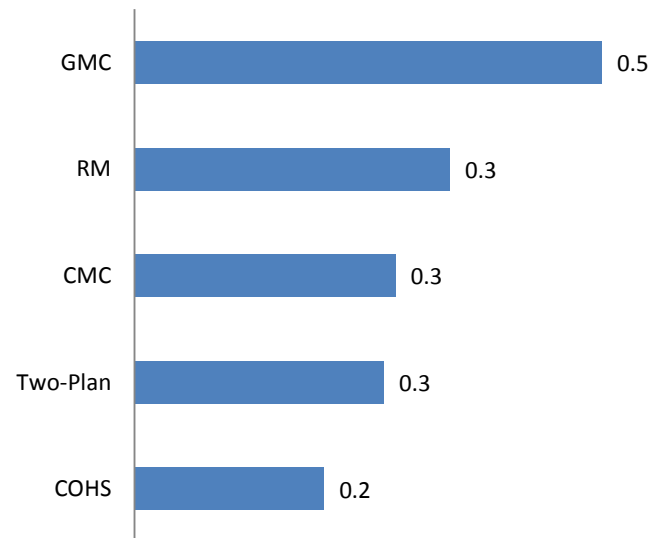
9-3: Hearings by Age



9-4: Hearings by Population

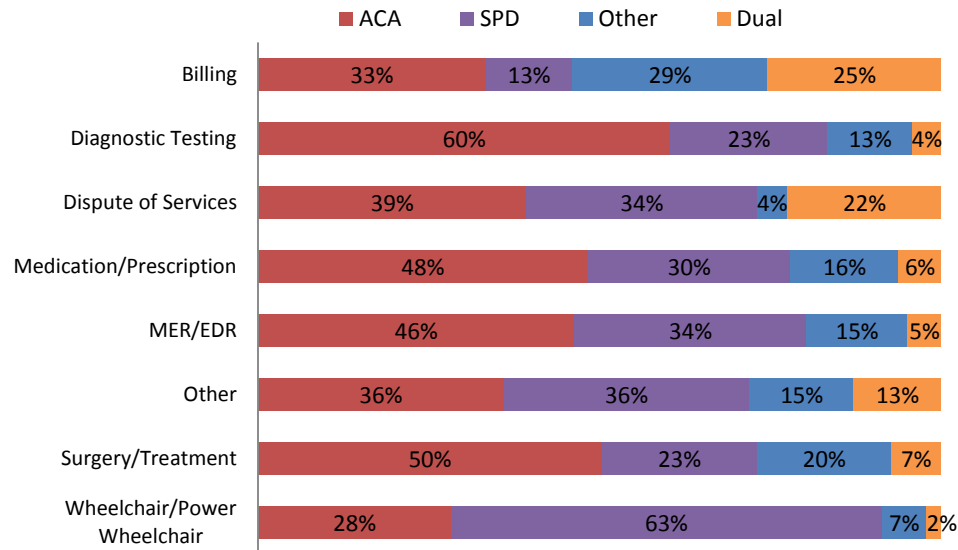


9-5: Hearings by Plan Model per 10,000 Member Months

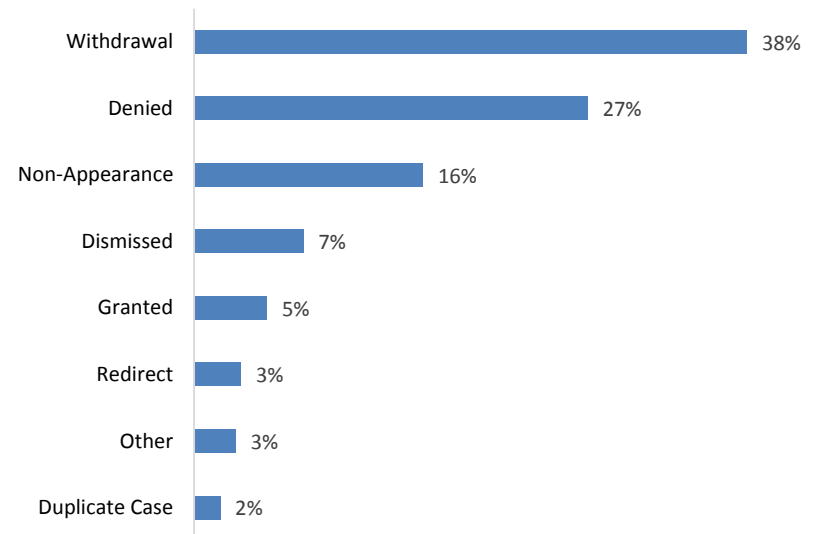


State Fair Hearing Reasons/Outcomes: Q2 2016 (April-June 2016) Statewide

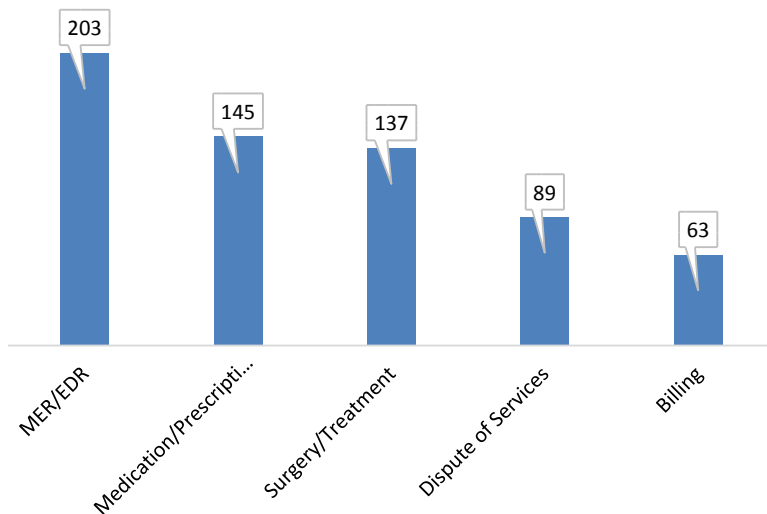
10-1: Hearing Reasons by Population



10-2: Hearing Outcomes



10-3: Top 5 Hearing Reasons

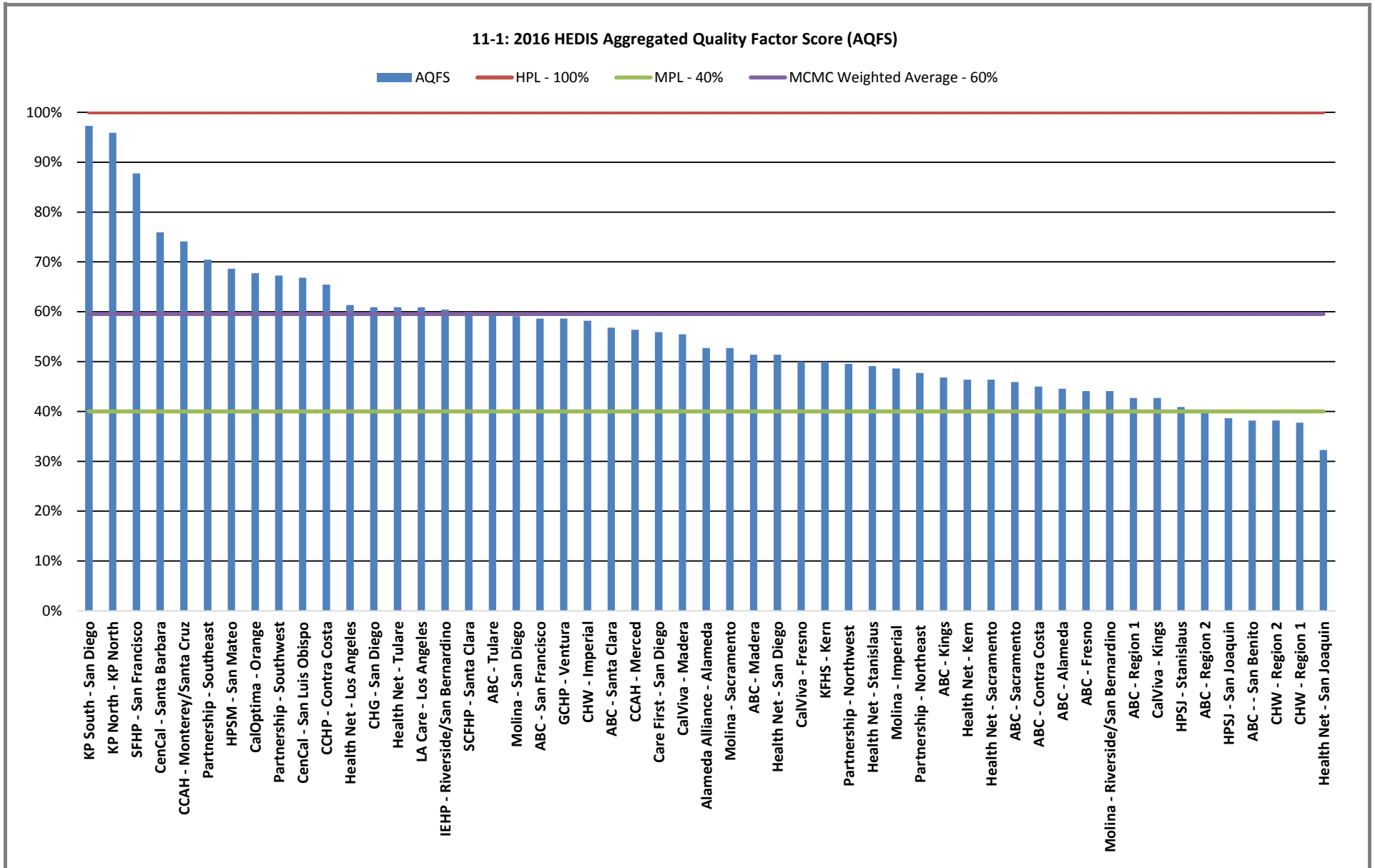


10-4: Medical Exemption Requests



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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%.