

Medi-Cal Managed Care Performance Dashboard



March 16, 2016 Release

ENROLLMENT: Statewide as of September 1, 2015

Fig 1-1 Enrollment By Population

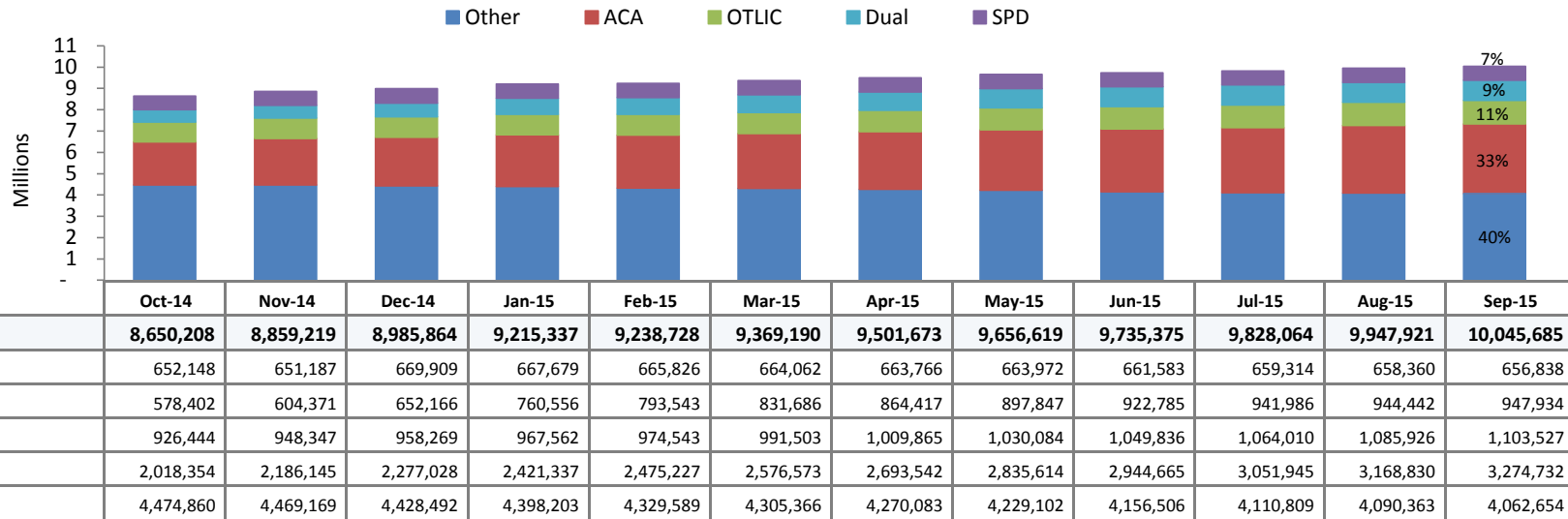


Fig 1-2 Enrollment by Plan Model

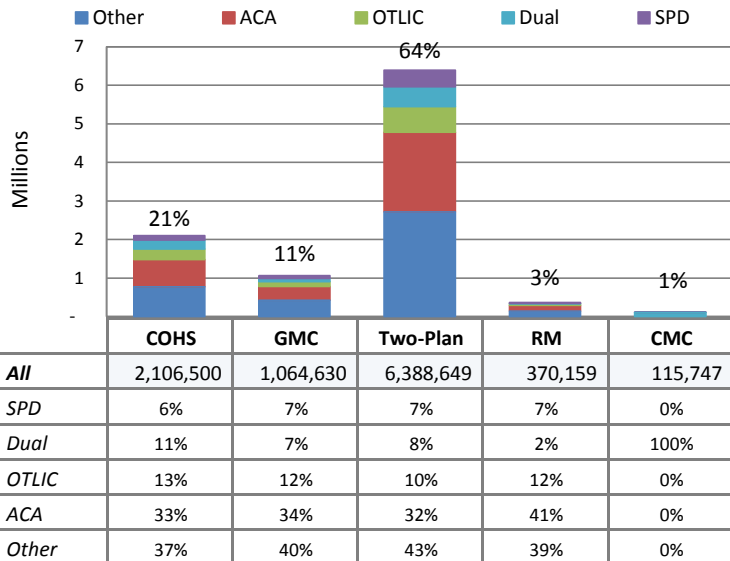


Fig 1-3 Medi-Cal Managed Care vs. FFS

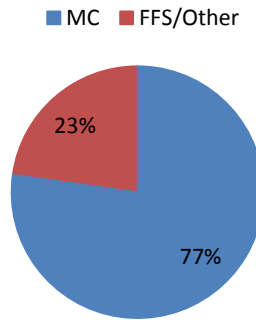
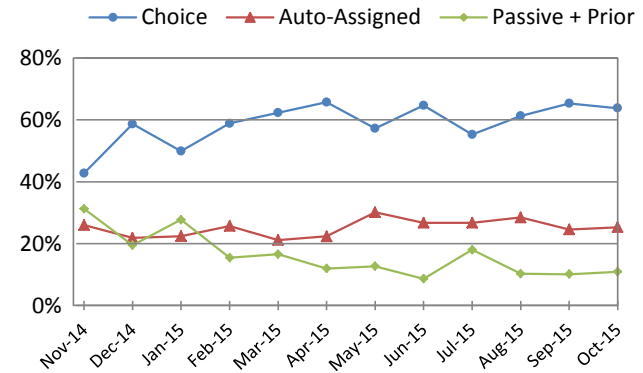


Fig 1-4 Choice and Auto-Assignment Rates



Notes: 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.

MEDI-CAL MANAGED CARE MEMBER DEMOGRAPHICS: As of September 1, 2015

Fig 2-1 Age (Includes SPD and Dual)

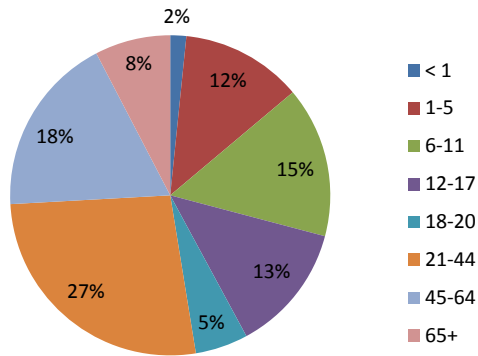


Fig 2-2 Race and Ethnicity (Includes SPD and Dual)

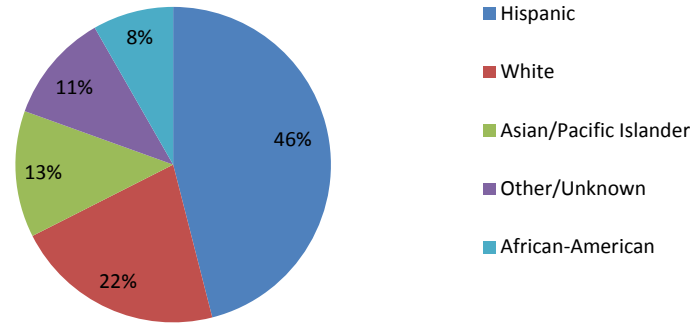


Fig 2-3 Medi-Cal Only SPD by Age

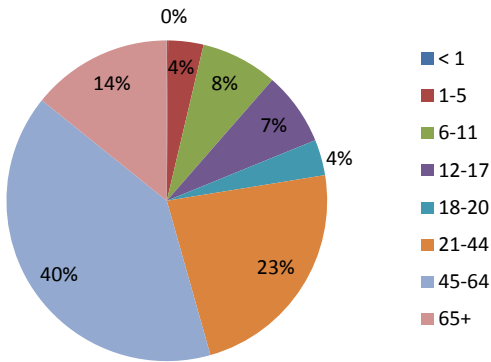


Fig 2-4 Dual Eligible by Age

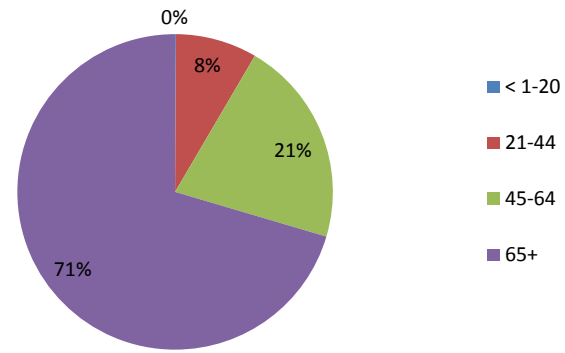
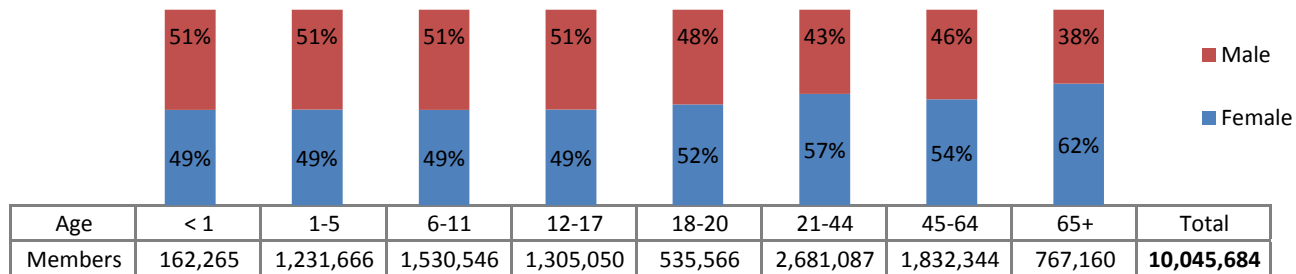


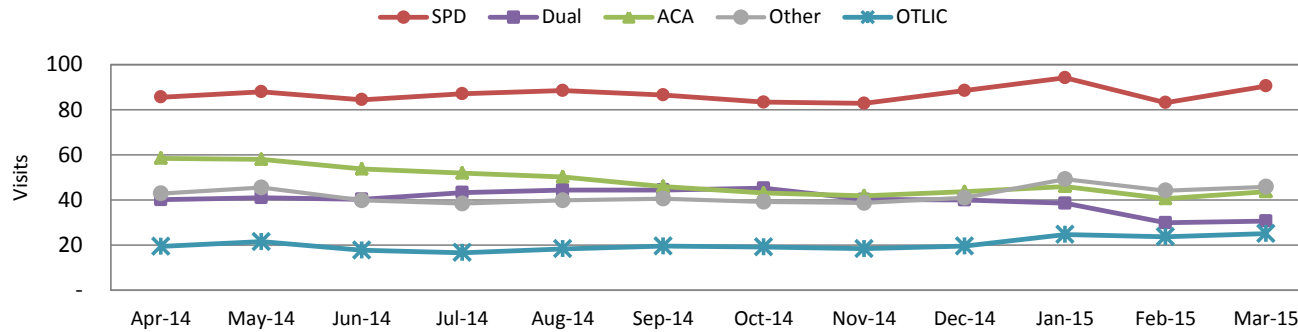
Fig 2-5 Age/Gender



Note: Figure 2-5 does not include a 16 year old of indetermined gender. Adjusted total is 10,045,685

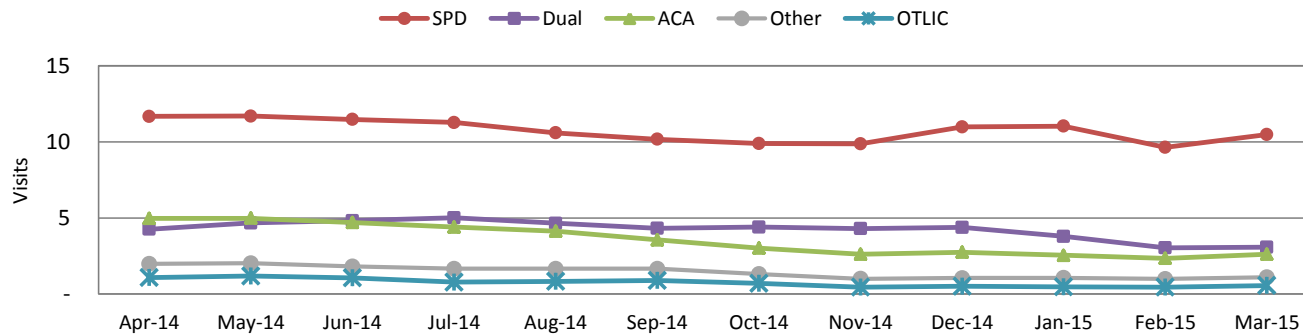
UTILIZATION: Statewide April 2014 to March 2015

Fig 3-1 ER Visits per 1,000 Member Months



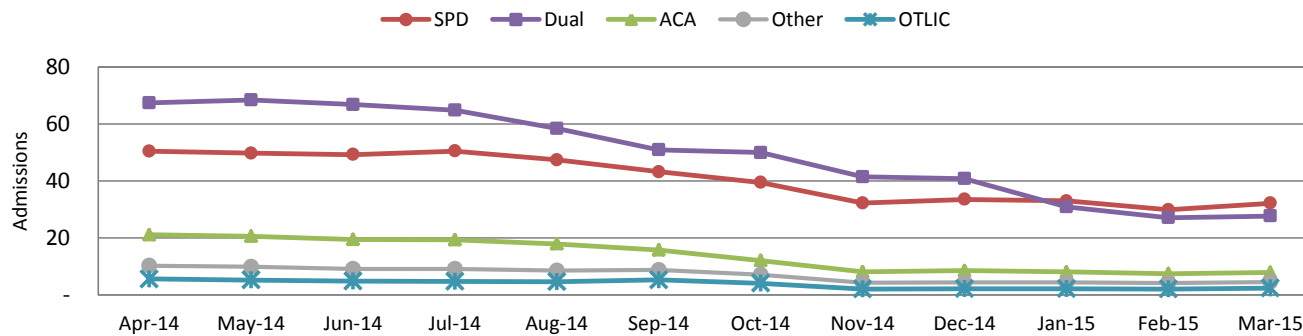
As of March 2015	
SPD	91
Other	46
ACA	44
Dual	31
OTLIC	25

Fig 3-2 ER Visits w/an IP Admission per 1,000 Member Months



As of March 2015	
SPD	10
Dual	3
ACA	3
Other	1
OTLIC	1

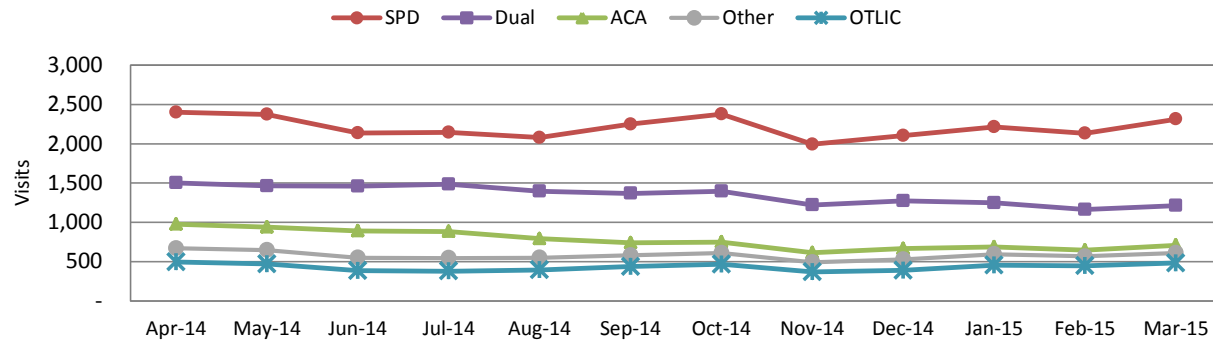
Fig 3-3 IP Admissions per 1,000 Member Months



As of March 2015	
SPD	32
Dual	28
ACA	8
Other	4
OTLIC	2

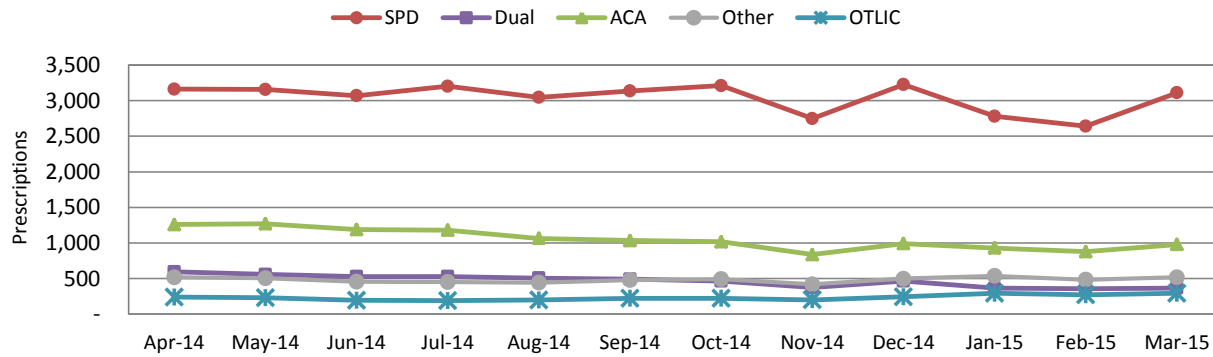
UTILIZATION: Statewide April 2014 to March 2015

Fig 4-1 OP Visits per 1,000 Member Months



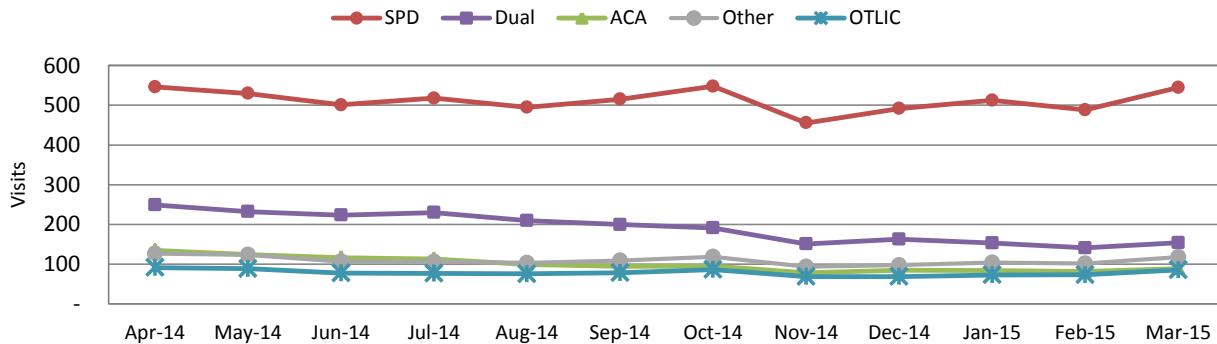
As of March 2015	
SPD	2,314
Dual	1,214
ACA	709
Other	609
OTLIC	482

Fig 4-2 Prescriptions per 1,000 Member Months



As of March 2015	
SPD	3,111
ACA	979
Other	517
Dual	364
OTLIC	291

Fig 4-3 Mental Health Visits per 1,000 Member Months



As of March 2015	
SPD	545
Dual	154
Other	118
ACA	89
OTLIC	86

ACCESS: Grievances for Q3 (July-September 2015) Statewide

Fig 5-1 Grievances by Type

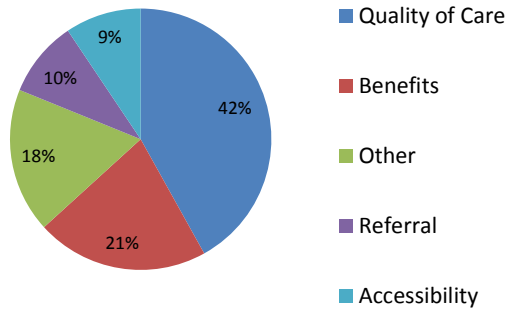


Fig 5-2 Grievances by Ethnicity

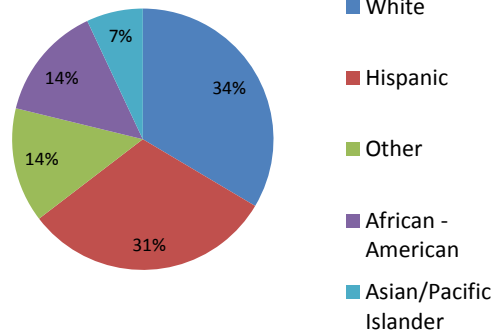


Fig 5-3 Grievances by Population

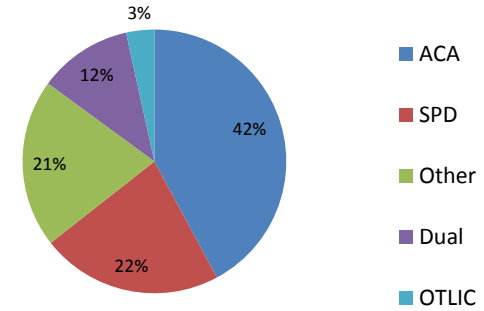


Fig 5-4 Grievance Resolution by Type

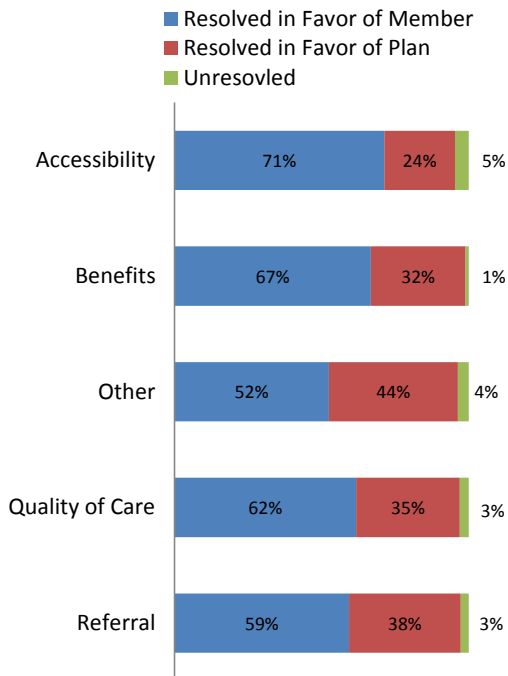


Fig 5-5 Grievances by Plan Model per 1,000 Member Months

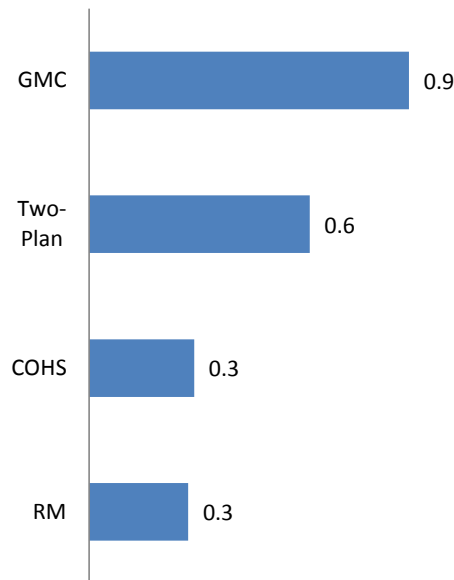
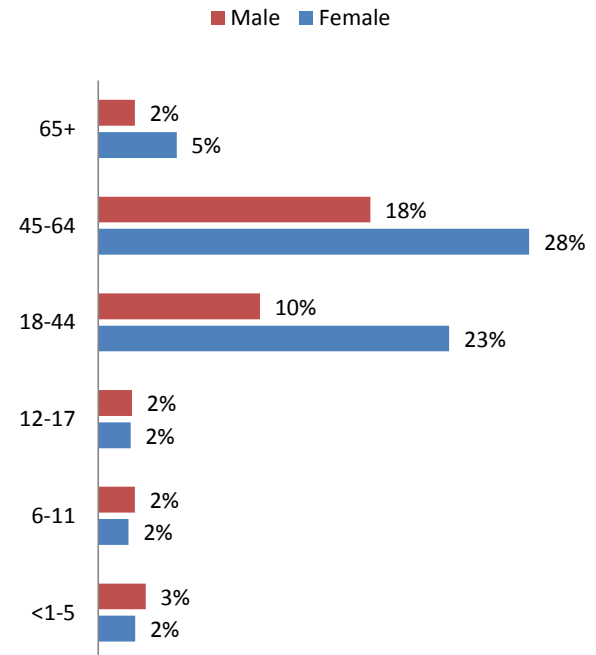
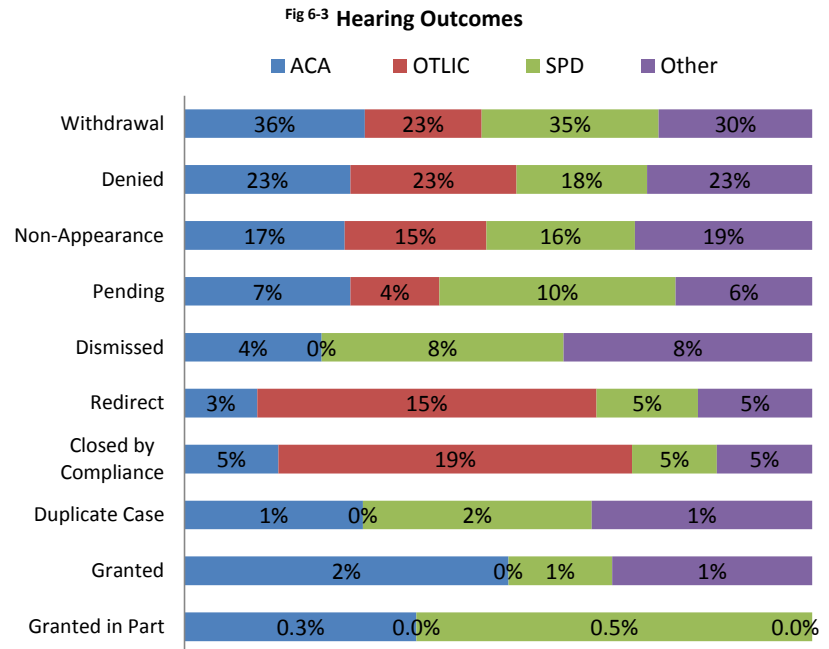
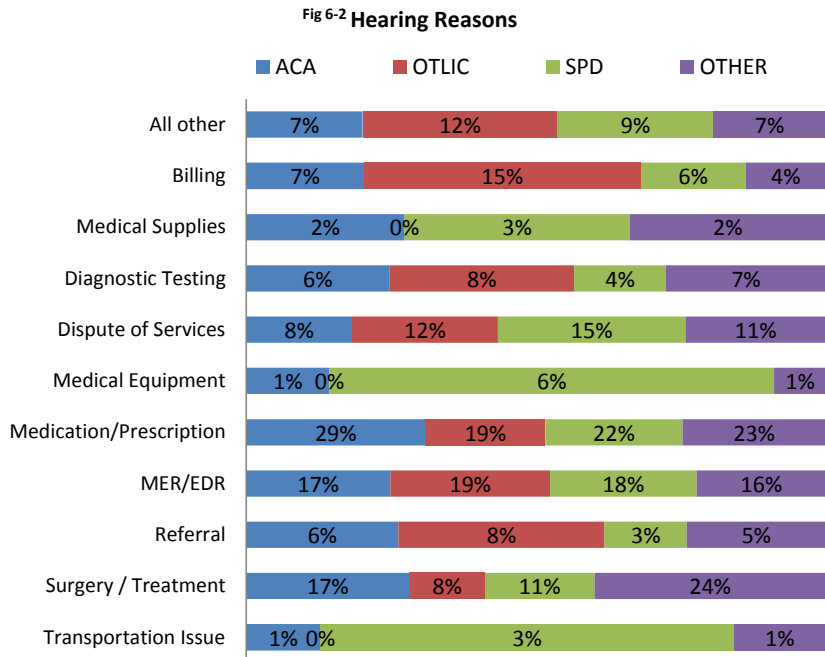
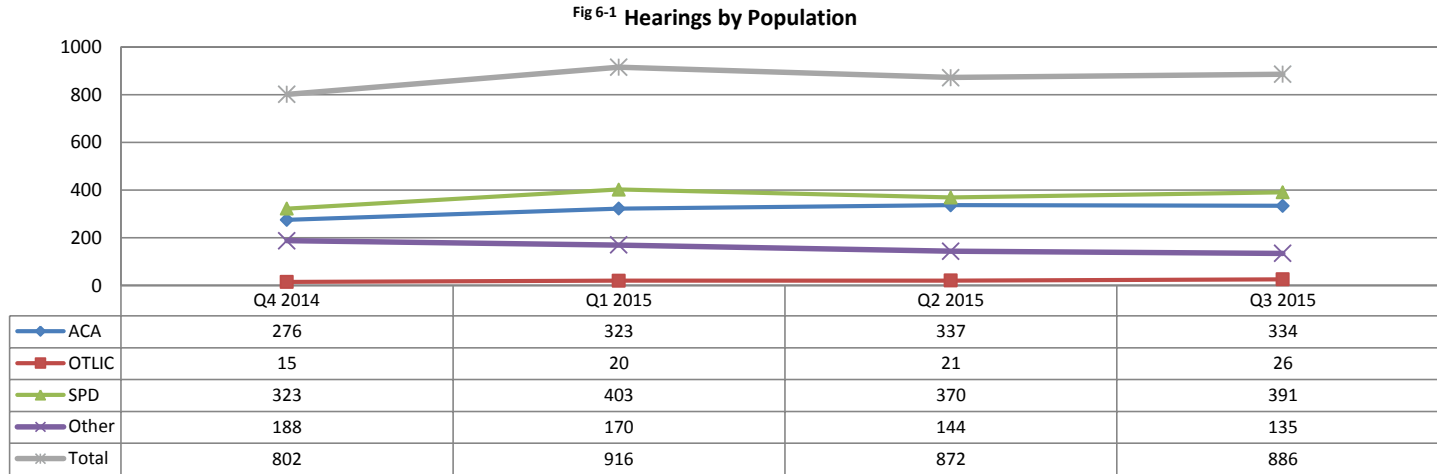


Fig 5-6 Grievances by Age



Grievance data displayed on this page represents plan-reported data.

ACCESS: State Fair Hearing Requests for Q3 (July-September 2015) Statewide



ACCESS: Continuity of Care (COC) for Q3 (July-September 2015) Statewide

■ Approved
 ■ Denied
 ■ In-Process

Fig 7-1 OTLIC COC

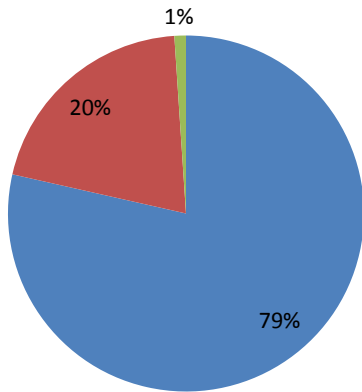


Fig 7-2 Mental Health Services COC

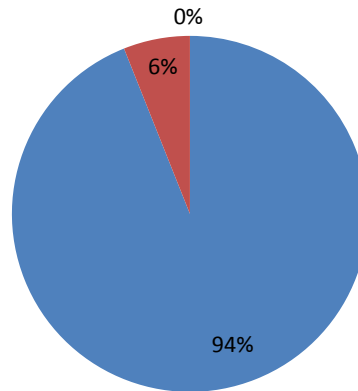


Fig 7-3 SPD COC

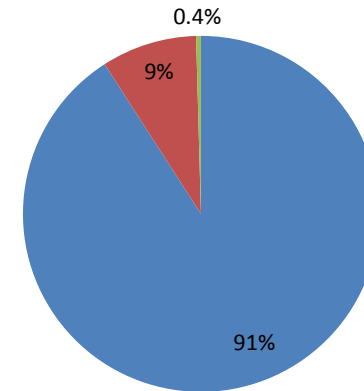
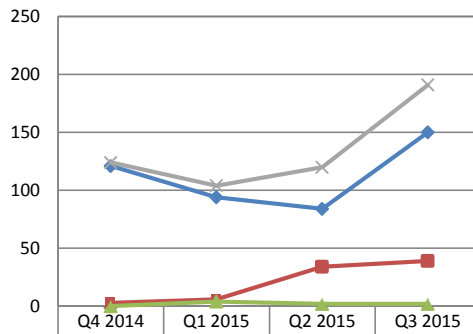


Fig 7-4 OTLIC COC Totals

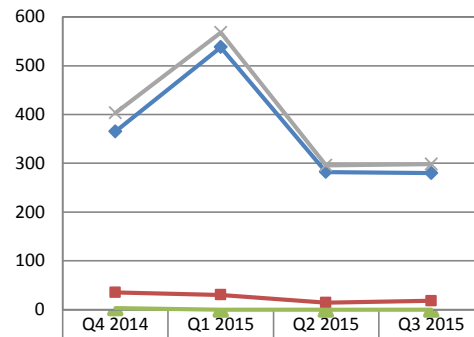
◆ Approved
 ■ Denied
 ◆ In Process
 x Total



Category	Q4 2014	Q1 2015	Q2 2015	Q3 2015
Approved	121	94	84	150
Denied	3	6	34	39
In Process	0	4	2	2
Total	124	104	120	191

Fig 7-5 Mental Health Services COC Totals

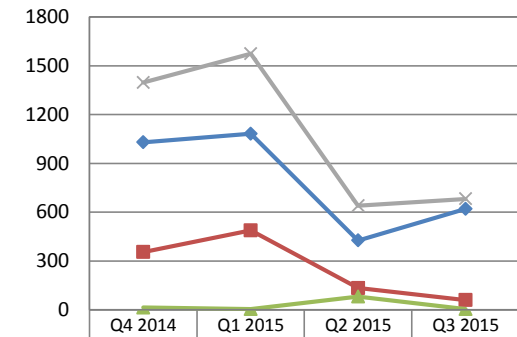
◆ Approved
 ■ Denied
 ◆ In Process
 x Total



Category	Q4 2014	Q1 2015	Q2 2015	Q3 2015
Approved	365	538	282	280
Denied	35	30	14	18
In Process	3	0	0	0
Total	403	568	296	298

Fig 7-6 SPD COC Totals

◆ Approved
 ■ Denied
 ◆ In Process
 x Total



Category	Q4 2014	Q1 2015	Q2 2015	Q3 2015
Approved	1029	1082	425	619
Denied	354	487	133	59
In Process	13	4	81	3
Total	1396	1573	639	681

Continuity of Care data displayed on this page represents plan-reported data.

ACCESS: Medical Exemption Requests (MERS) for Q3 (July-September 2015) Statewide

■ Approved
 ■ Denied
 ■ In-Process

Fig 8-1 All Beneficiary MERS

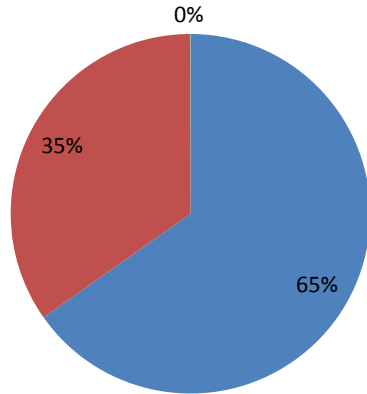


Fig 8-2 SPD Beneficiary MERS

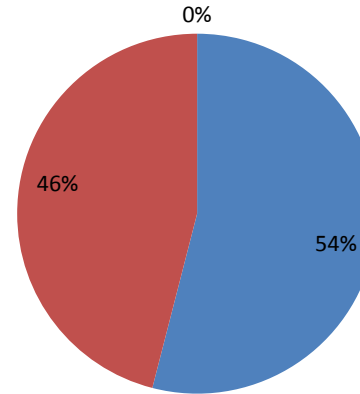
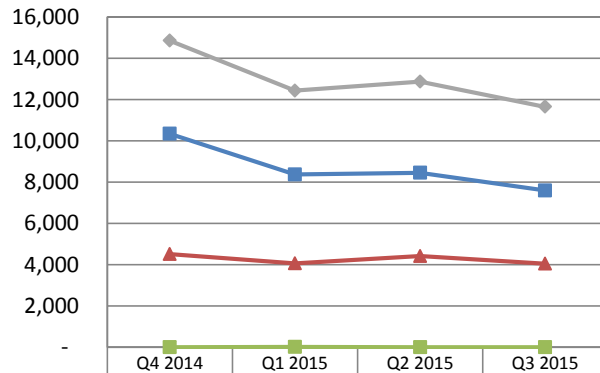


Fig 8-3 All Beneficiary MERS

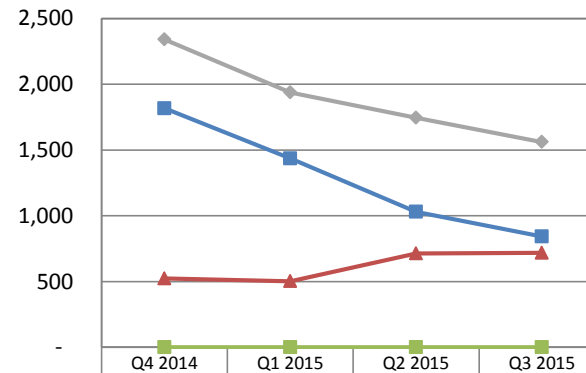
■ Approved
 ▲ Denied
 ■ Pending
 ◆ MERS Submitted



Category	Q4 2014	Q1 2015	Q2 2015	Q3 2015
Approved	10,339	8,368	8,451	7,599
Denied	4,513	4,060	4,421	4,047
Pending	4	9	1	5
MERS Submitted	14,856	12,437	12,873	11,651

Fig 8-4 SPD Beneficiary MERS

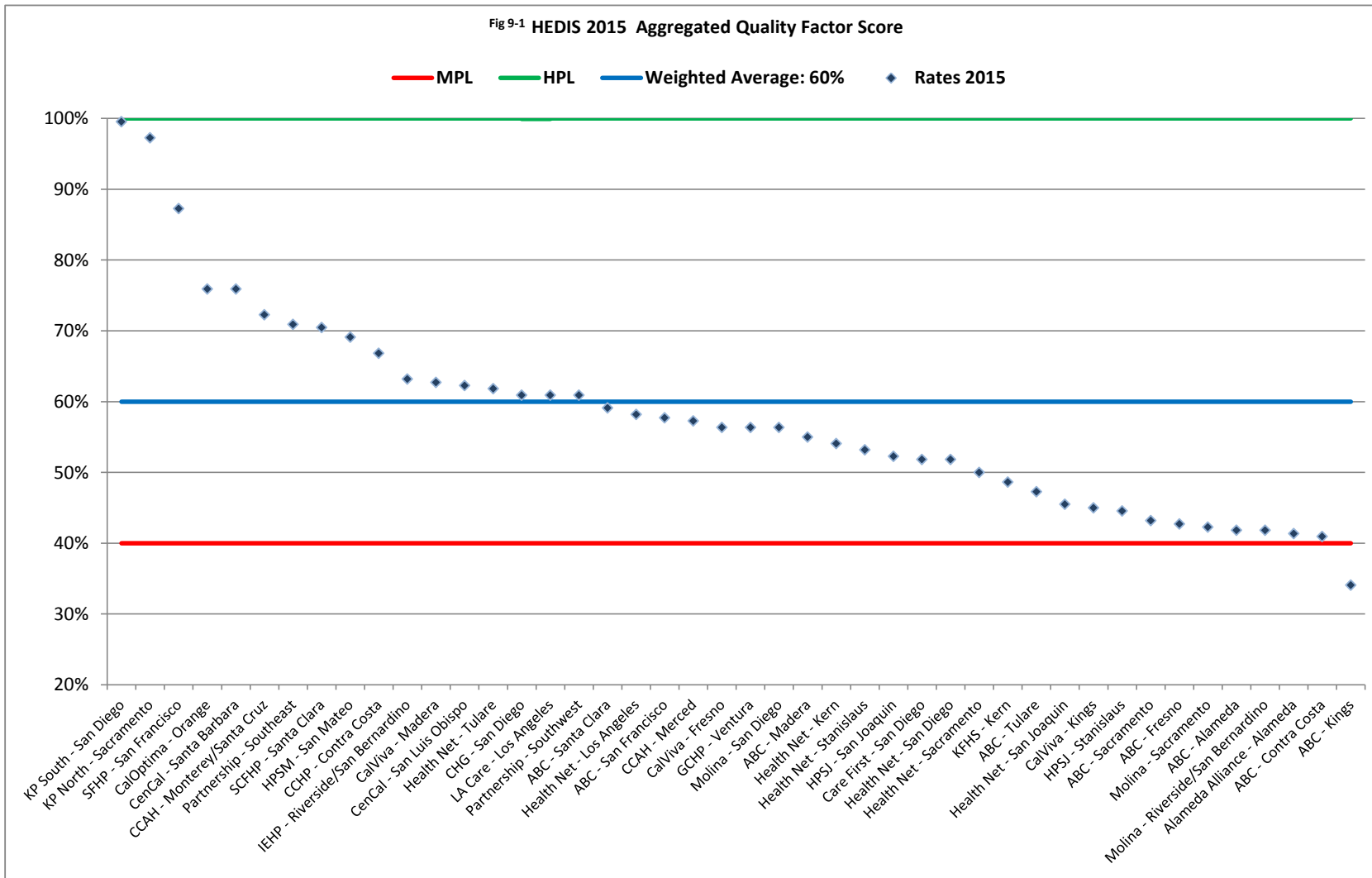
■ Approved
 ▲ Denied
 ■ Pending
 ◆ MERS Submitted



Category	Q4 2014	Q1 2015	Q2 2015	Q3 2015
Approved	1,817	1,435	1,031	843
Denied	523	503	714	718
Pending	1	0	0	0
MERS Submitted	2,341	1,938	1,745	1,561

Approved represents the total in Fee-For-Service due to an approved MER

QUALITY: HEDIS 2015



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 90th percentile of NCQA national Medicaid level). This is an annual calculation. The High Performance Level of AQFS is 100% (represents the 90th percentile of NCQA national Medicaid level). The Minimum Performance Level of AQFS is 40% (represents the 25th percentile of NCQA national Medicaid level). The statewide weighted average is 60%.



Medi-Cal Managed Care Performance Dashboard Glossary

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. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

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.

Optional Targeted Low Income Children (OTLIC): This population consists of the following OTLIC aid codes: 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

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. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

Other Populations (Other): This population consists of all other aid codes not mentioned above. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

Utilization Measures for Certified Eligible Managed Care Members

Emergency Room (ER) Visits: This measure captures the number of ER visits per month. A visit consists of a provider, member and date of service. This measure is displayed per 1,000 member months.



Medi-Cal Managed Care Performance Dashboard Glossary

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. An admission consists of a 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. An admission consists of a 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 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 National Drug Code, member, and date of service. This measure is displayed per 1,000 member months.

Mental Health Visits: This measure captures the number of visits per month related to outpatient mental health services as defined by Healthcare Effectiveness Data and Information Set specifications. A visit consists of a provider, member and date of service. This measure is displayed per 1,000 member months.