

Medi-Cal Managed Care Performance Dashboard



September 15, 2016 Release

ENROLLMENT: Statewide eligibility for March 2016. (Data Warehouse pull August 2016)

Fig 1-1 Managed Care Enrollment By Population

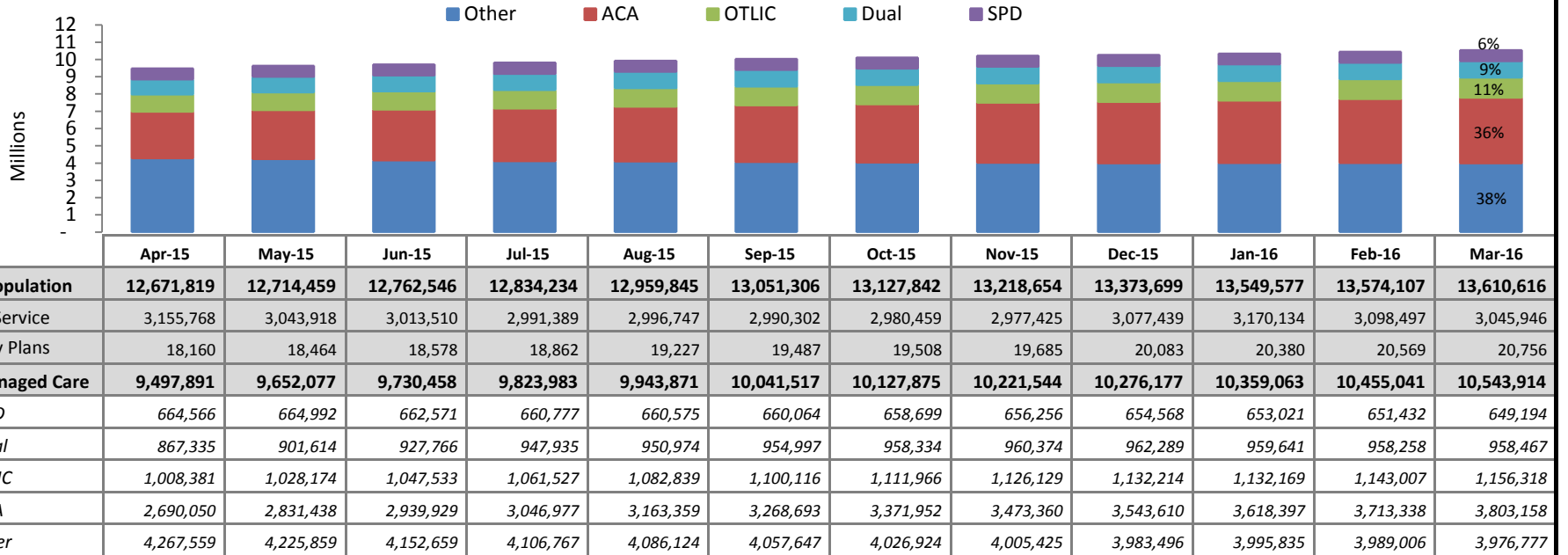


Fig 1-2 Enrollment by Plan Model

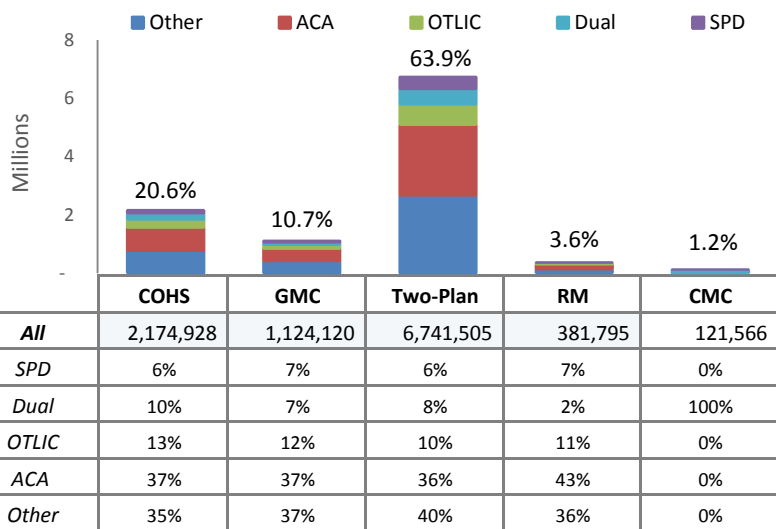


Fig 1-3 Medi-Cal Managed Care vs. FFS

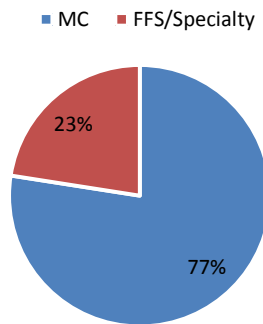
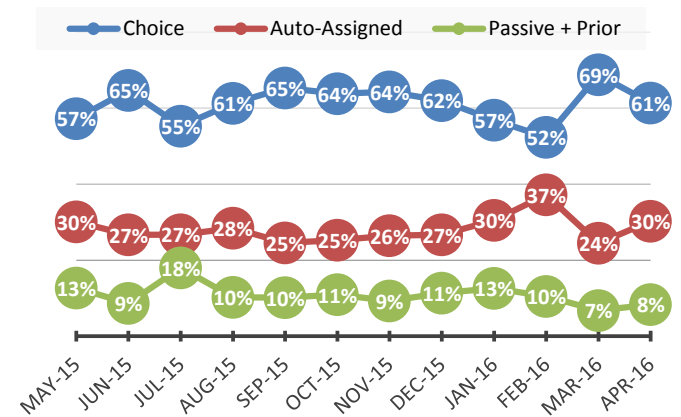


Fig 1-4 Choice and Auto-Assignment Rates



Note Fig 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.

DEMOGRAPHICS: Statewide Managed Care demographics for March 2016. (Data Warehouse pull August 2016)

Fig 2-1 Age/Gender

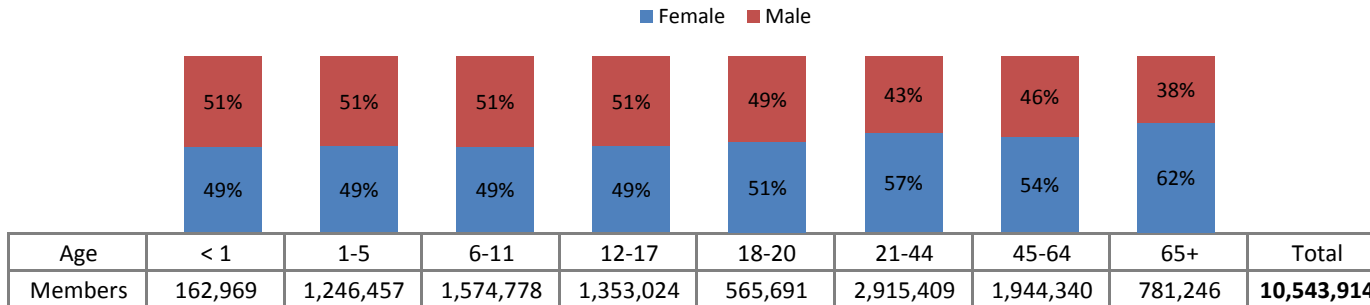


Fig 2-2 Race and Ethnicity

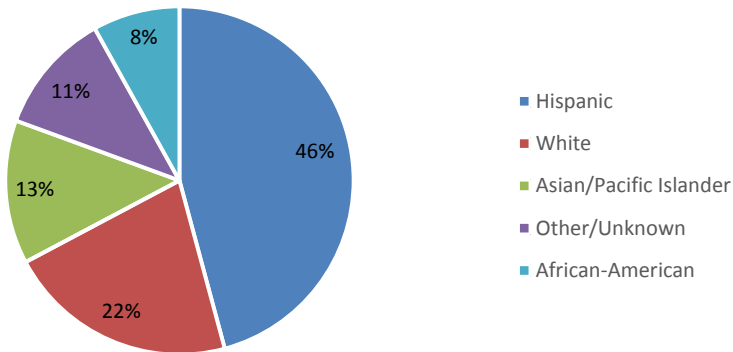


Fig 2-3 Age

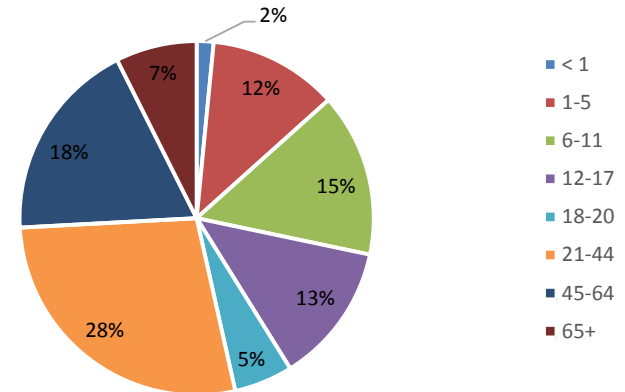


Fig 2-4 Dual Eligible Members by Aid Group

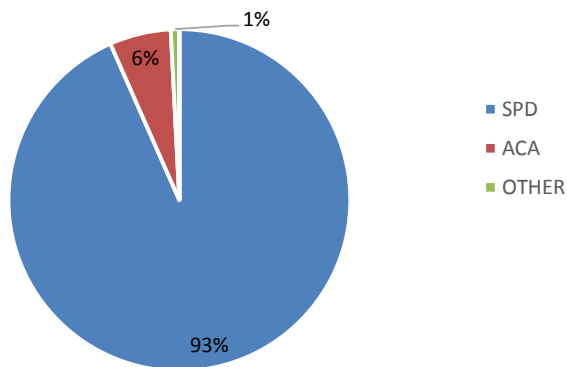
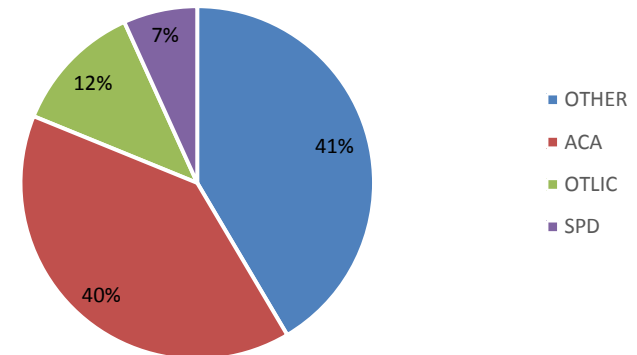
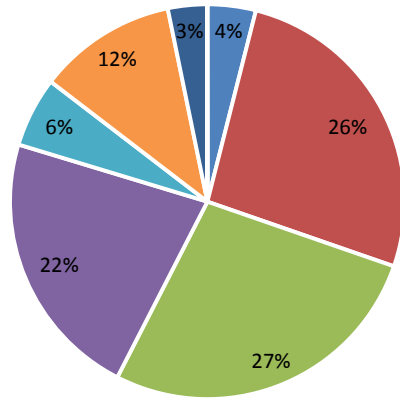


Fig 2-5 Non-Dual Eligible (Medi-Cal Only) Members by Aid Group



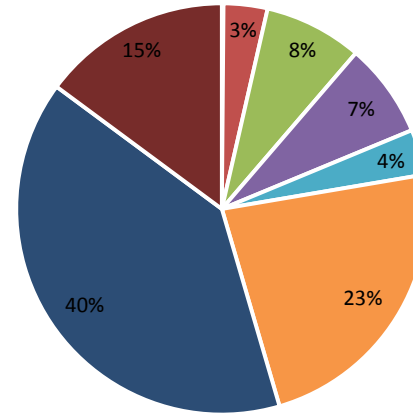
DEMOGRAPHICS: Statewide Managed Care Age demographics by Aid Group for March 2016. (Data Warehouse pull August 2016)

Fig 3-1 Medi-Cal Only "Other"



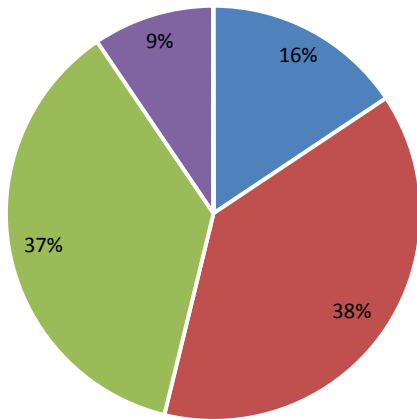
■ < 1 ■ 1-5 ■ 6-11 ■ 12-17 ■ 18-20 ■ 21-44 ■ 45-64 ■ 65+

Fig 3-2 Medi-Cal Only "SPD"



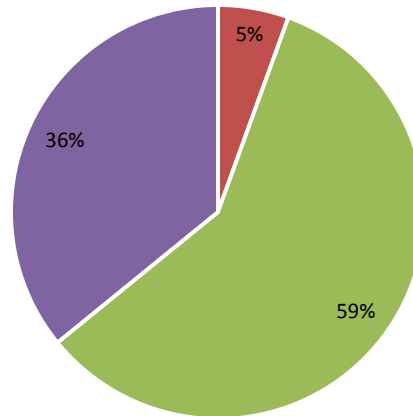
■ < 1 ■ 1-5 ■ 6-11 ■ 12-17 ■ 18-20 ■ 21-44 ■ 45-64 ■ 65+

Fig 3-3 Medi-Cal Only "OTLIC"



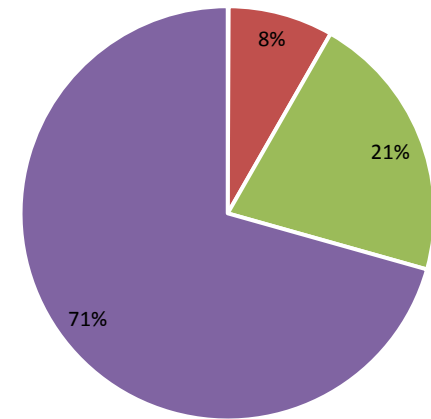
■ <1-5 ■ 6-11 ■ 12-17 ■ 18-21 ■ 22+

Fig 3-4 Medi-Cal Only "ACA"



■ <1-17 ■ 18-20 ■ 21-44 ■ 45+

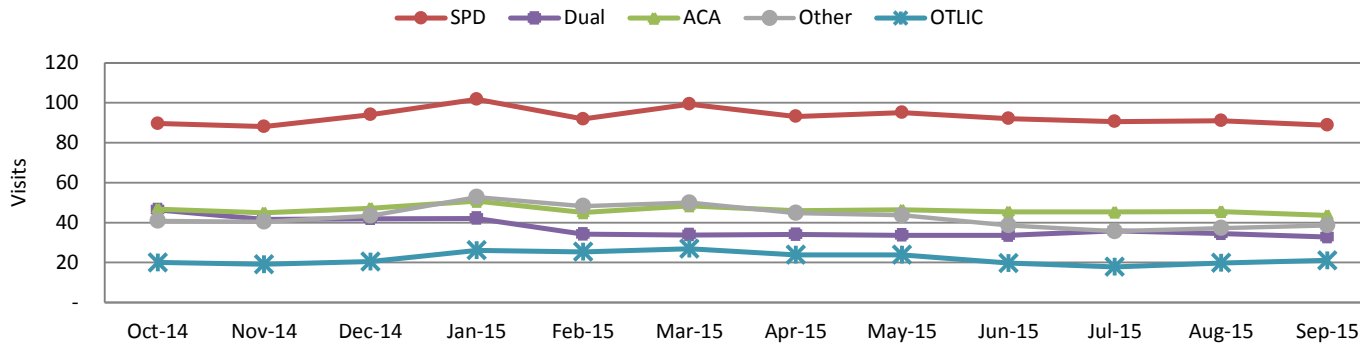
Fig 3-5 Medi-Cal "Dual" Eligible



■ < 1-20 ■ 21-44 ■ 45-64 ■ 65+

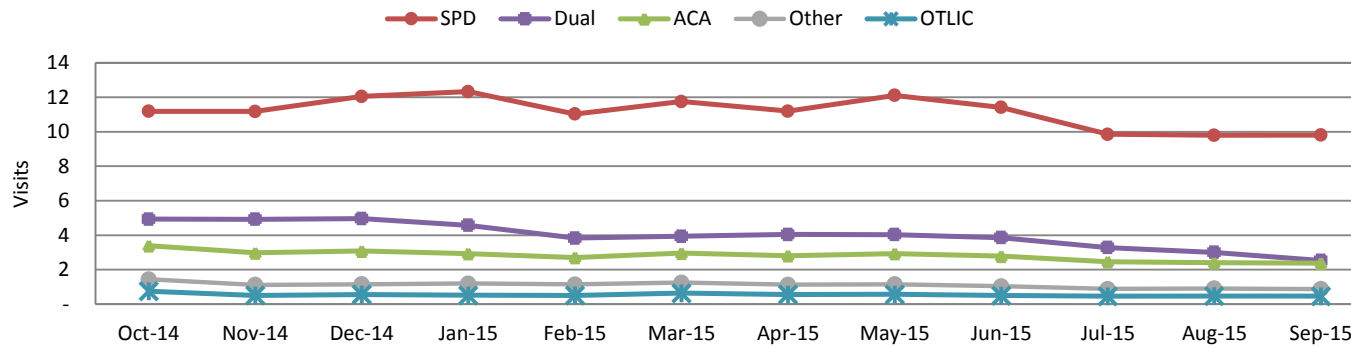
UTILIZATION: Statewide October 2014 to September 2015. (Data Warehouse pull August 2016)

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



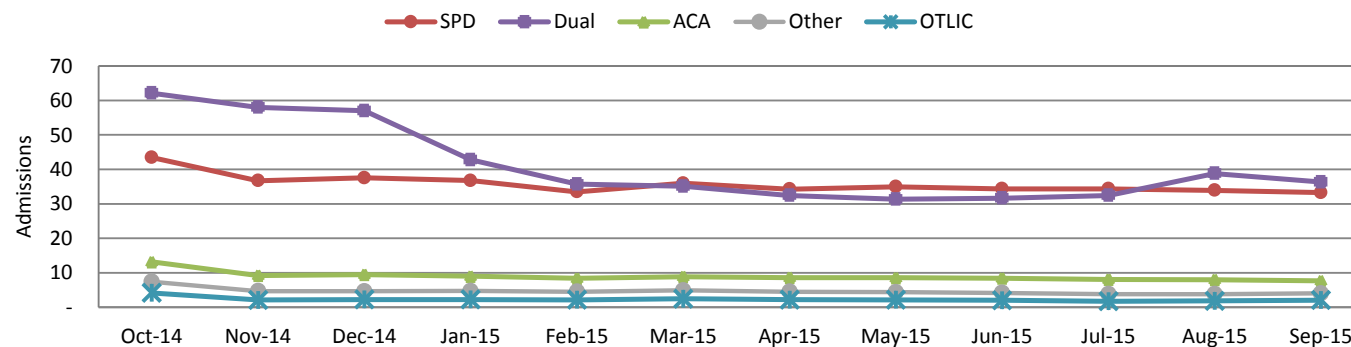
As of September 2015	
SPD	89
Dual	33
ACA	44
Other	39
OTLIC	21

Fig 4-2 ER Visits w/an IP Admission per 1,000 Member Months



As of September 2015	
SPD	10
Dual	3
ACA	2
Other	1
OTLIC	0

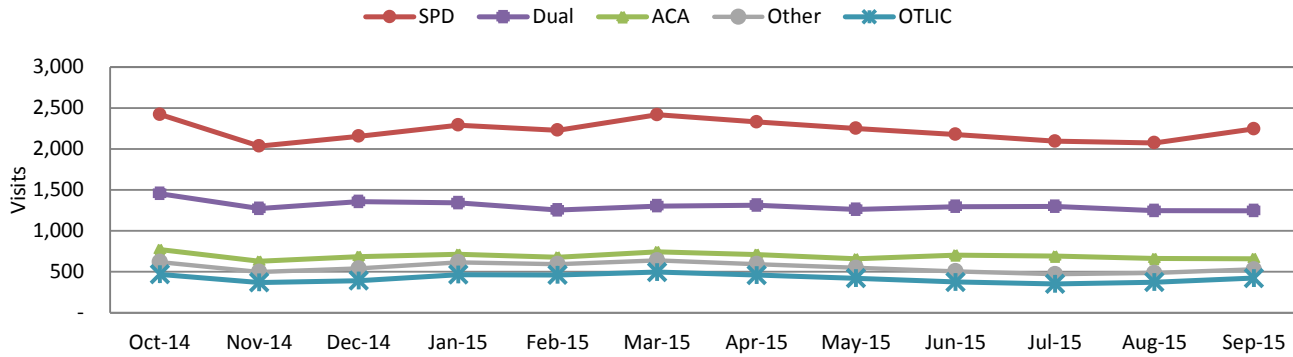
Fig 4-3 IP Admissions per 1,000 Member Months



As of September 2015	
SPD	33
Dual	36
ACA	8
Other	4
OTLIC	2

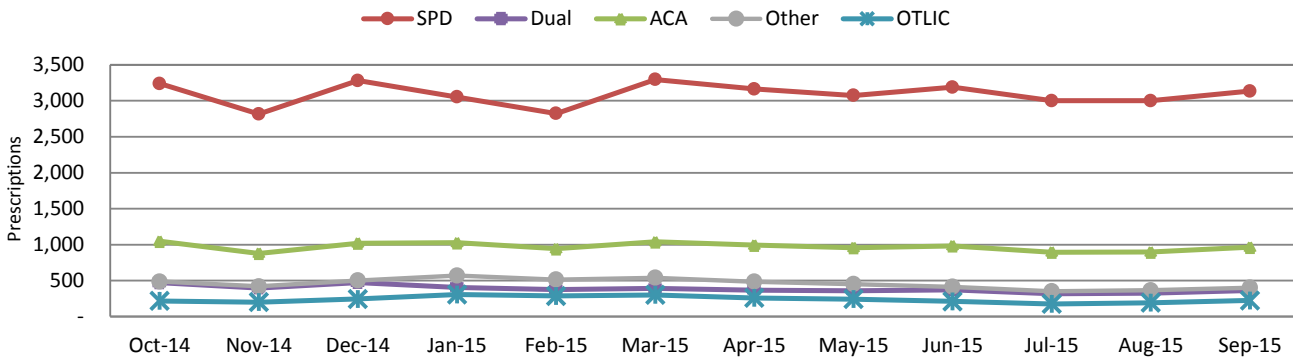
UTILIZATION: Statewide October 2014 to September 2015. (Data Warehouse pull August 2016)

Fig 5-1 OP Visits per 1,000 Member Months



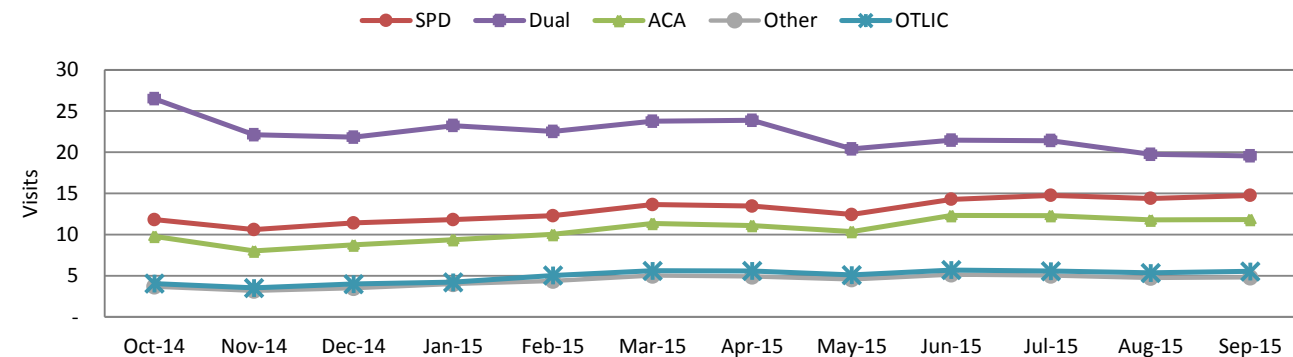
As of September 2015	
SPD	2,245
Dual	1,245
ACA	661
Other	530
OTLIC	424

Fig 5-2 Prescriptions per 1,000 Member Months



As of September 2015	
SPD	3,134
Dual	362
ACA	964
Other	402
OTLIC	223

Fig 5-3 Mild to Moderate Mental Health Visits per 1,000 Member Months



As of September 2015	
SPD	15
Dual	20
ACA	12
Other	5
OTLIC	6

ACCESS: Grievance Demographics for Q1 (January-March 2016) Statewide

Fig 6-1 Grievances by Ethnicity

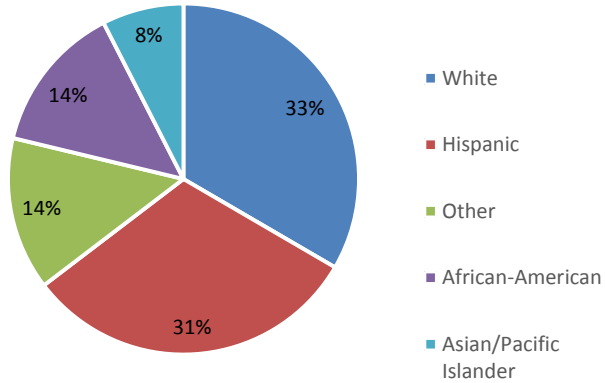


Fig 6-2 Grievances by Population

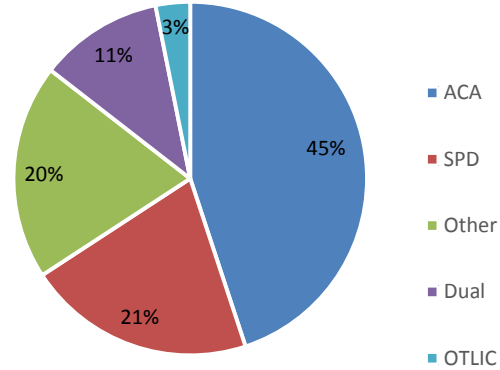
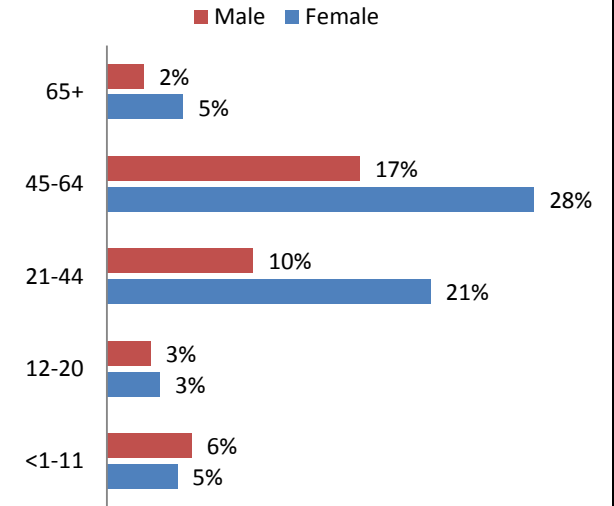


Fig 6-3 Grievances by Age



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

ACCESS: State Fair Hearing Demographics for Q1 (January-March 2016) Statewide

Fig 6-4 Hearings by Ethnicity

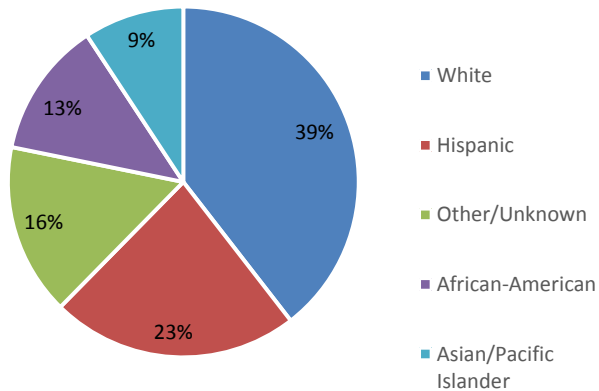


Fig 6-5 Hearings by Population

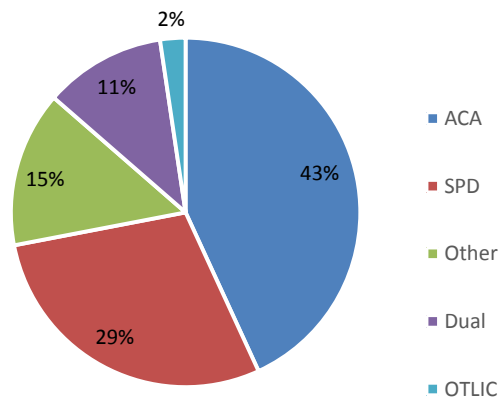
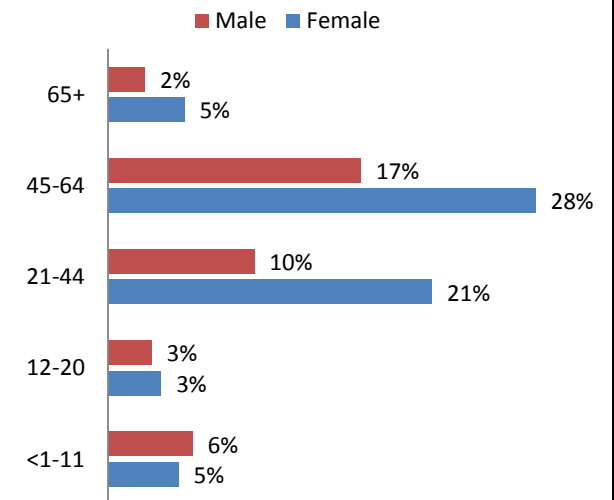


Fig 6-6 Hearings by Age



ACCESS: Grievance Outcomes for Q1 (January-March 2016) Statewide

Fig 7-1 Grievances by Type

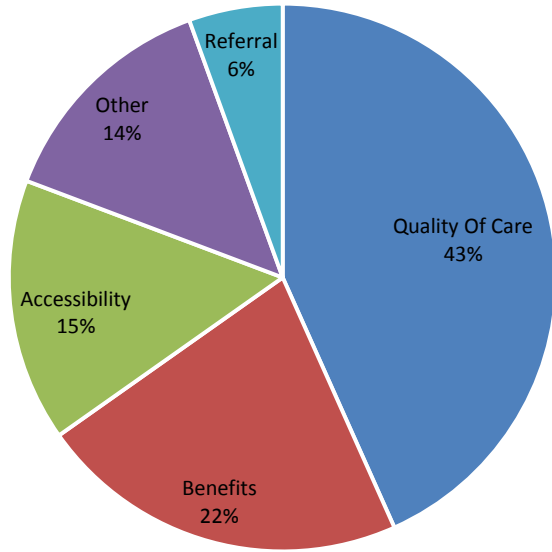


Fig 7-2 Grievances by Population and Type

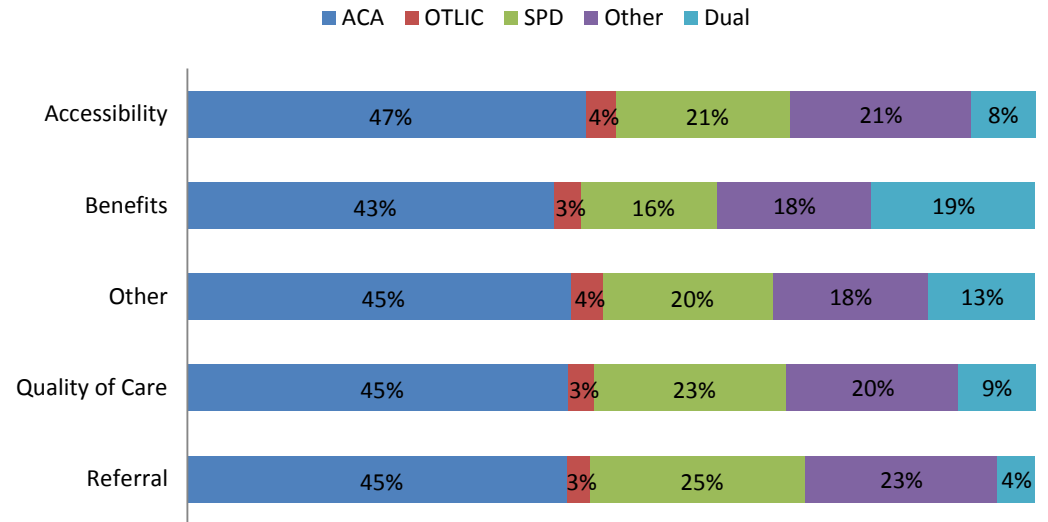


Fig 7-3 Grievance Resolution by Type

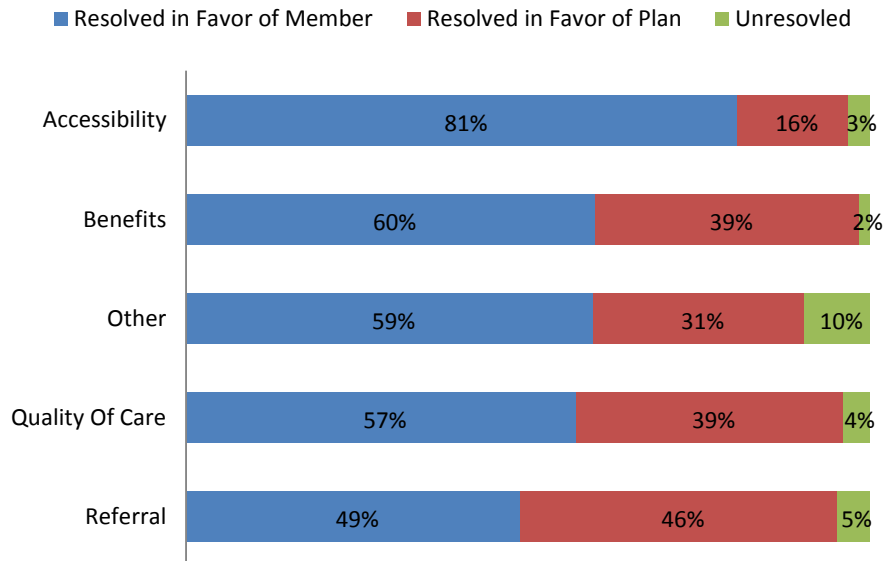
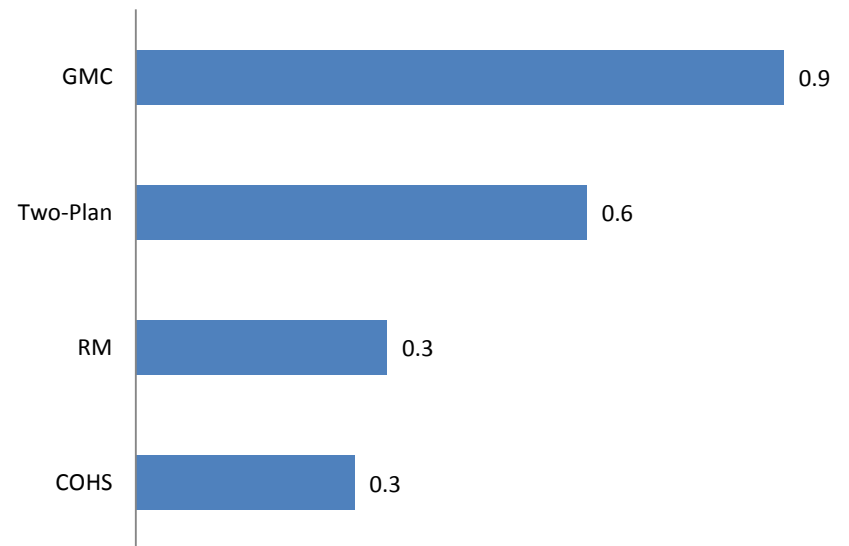


Fig 7-4 Grievances by Plan Model per 1,000 Member Months



ACCESS: State Fair Hearing Requests for Q1 (January-March 2016) Statewide

Fig 8-1 Hearing Reasons by Population

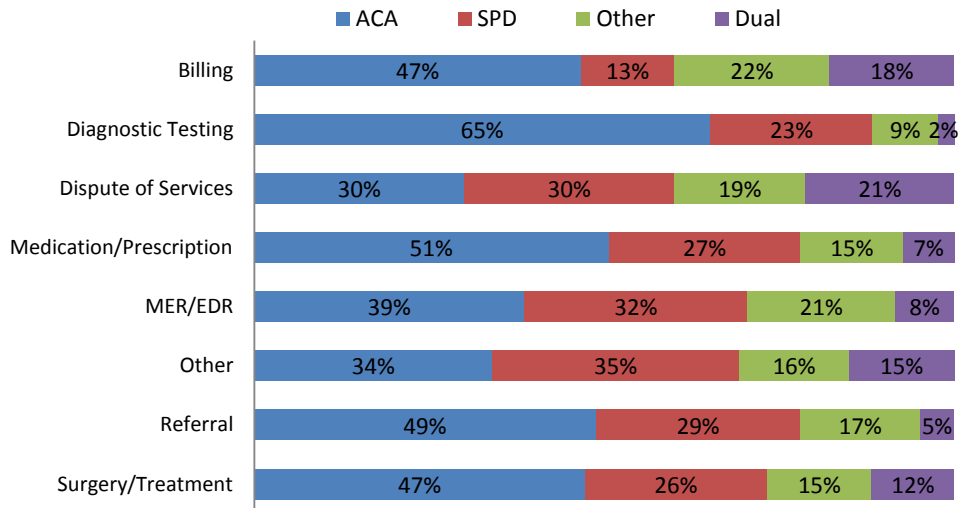


Fig 8-2 Top 5 Hearing Reasons

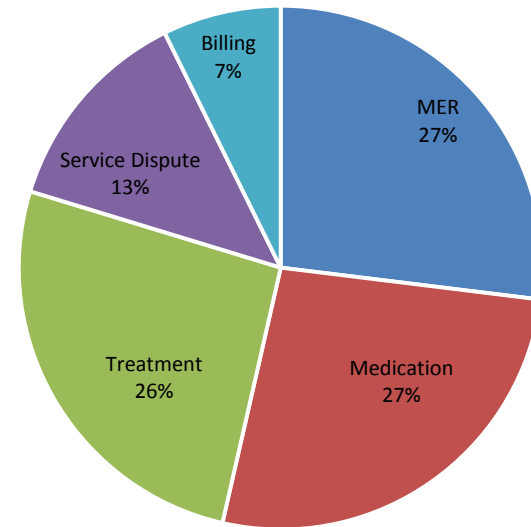
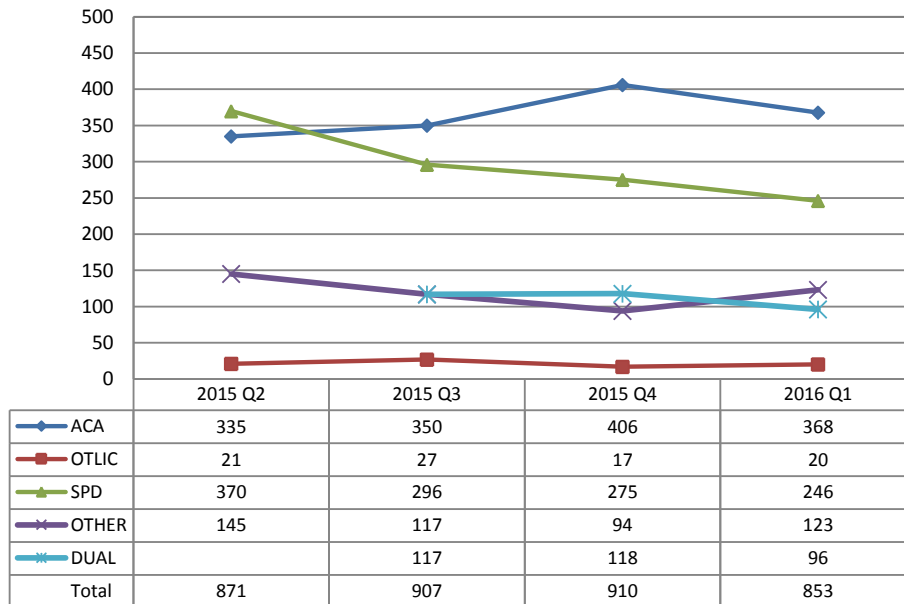
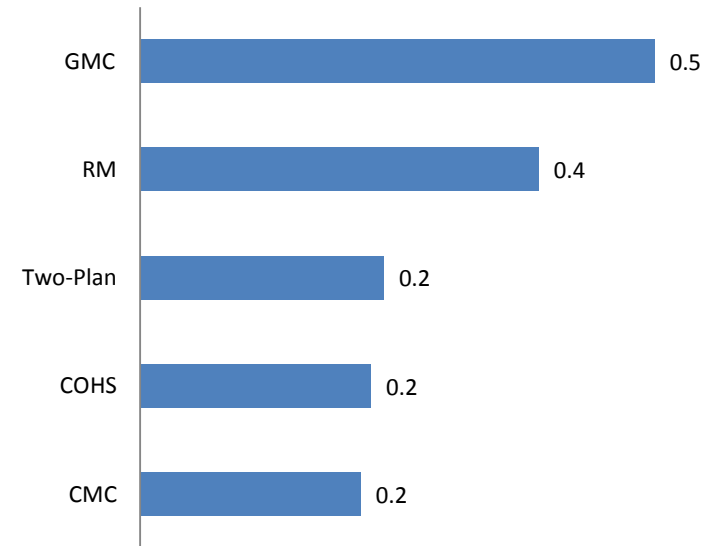


Fig 8-3 Hearings by Population



Note Fig 8-3: Dual status was not collected in 2015 Q2.

Fig 8-4 Hearings by Plan Model per 10,000 Member Months



ACCESS: Medical Exemption Requests (MERS) for Q1 (January-March 2016) Statewide

Fig 9-1 All Beneficiary MERS

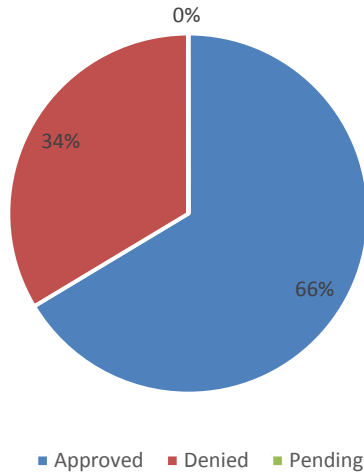


Fig 9-2 SPD Beneficiary MERS

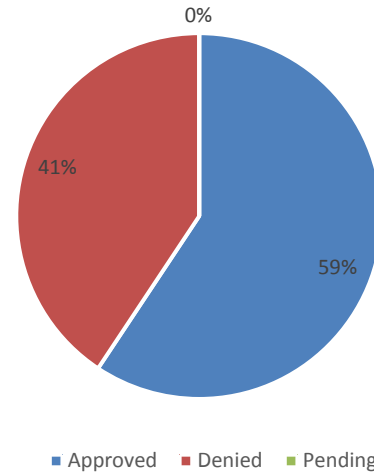


Fig 9-3 All Beneficiary MERS

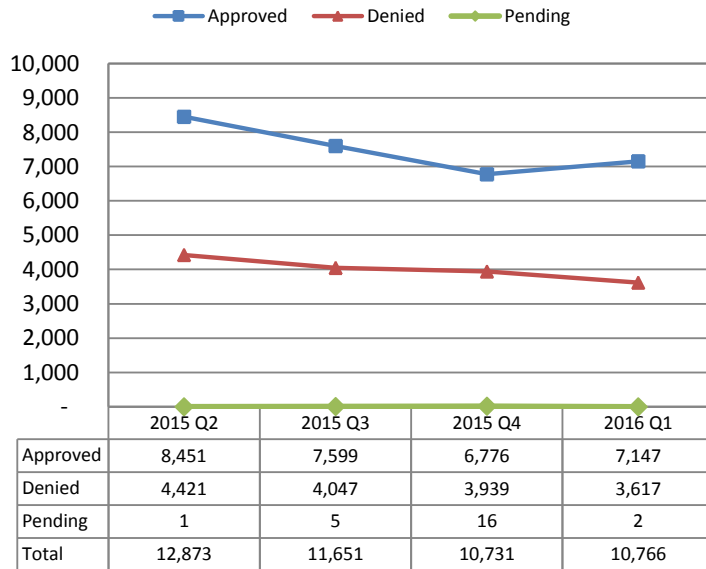
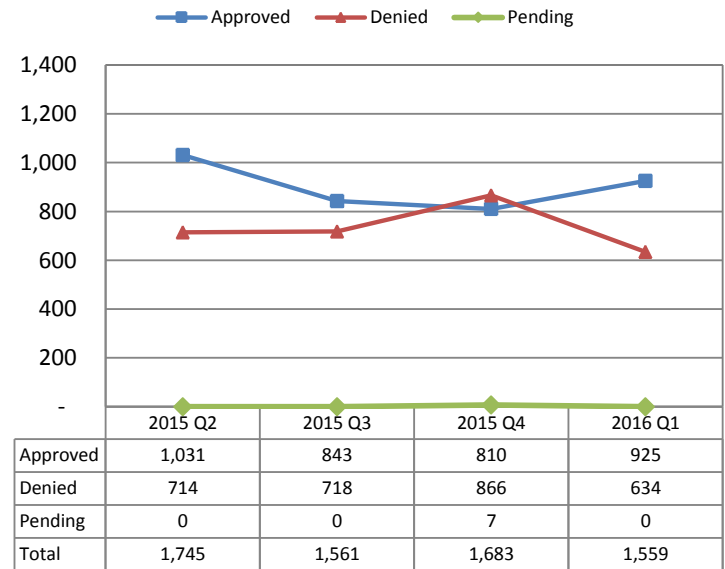
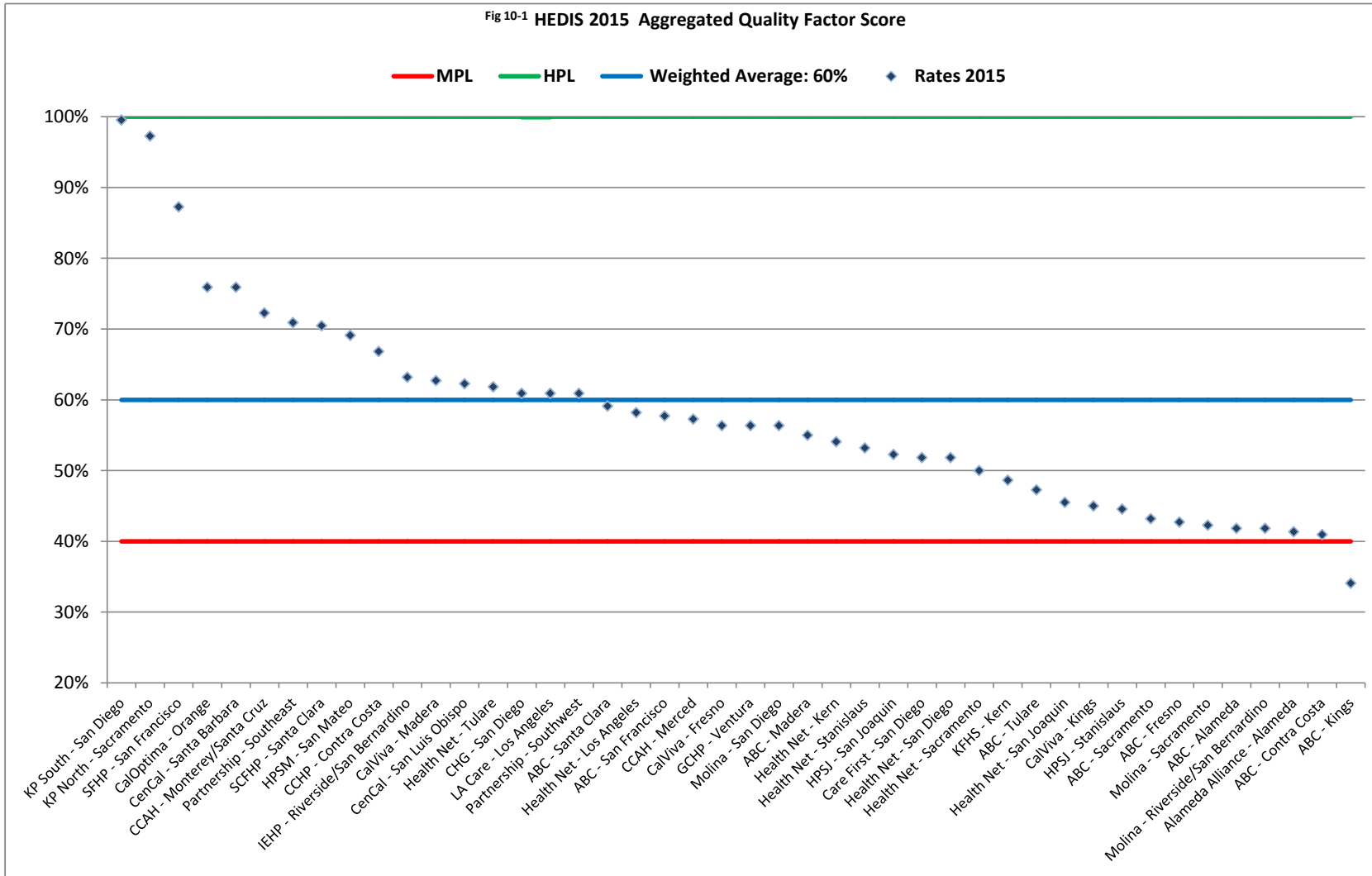


Fig 9-4 SPD Beneficiary MERS



Note: 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: 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. 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.

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 provider, member and date of service. This measure is displayed per 1,000 member months.