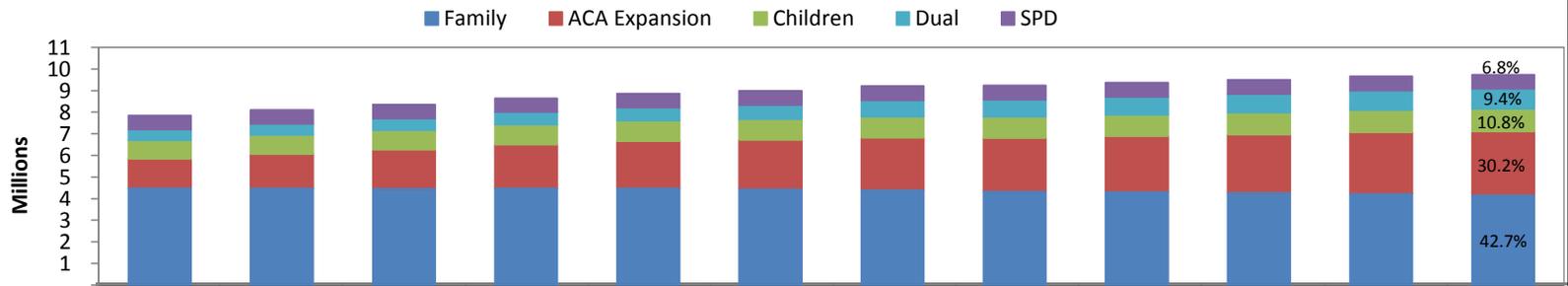


## ENROLLMENT: Statewide as of June, 1 2015

Fig 1-1 Enrollment By Population



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
<b>All</b>	<b>7,839,687</b>	<b>8,111,548</b>	<b>8,355,217</b>	<b>8,651,053</b>	<b>8,859,950</b>	<b>8,986,463</b>	<b>9,215,870</b>	<b>9,239,099</b>	<b>9,368,077</b>	<b>9,500,095</b>	<b>9,654,461</b>	<b>9,732,593</b>
SPD	653,225	652,625	651,452	650,917	650,202	669,158	666,692	664,639	662,497	661,641	661,180	657,914
Dual	483,876	517,859	544,817	577,911	603,312	650,431	758,663	791,466	829,333	861,845	894,968	919,563
Children	857,696	882,323	894,917	927,447	949,385	959,748	970,550	977,719	994,364	1,012,851	1,033,209	1,053,346
ACA Expansion	1,361,644	1,579,571	1,799,442	2,019,286	2,186,275	2,277,344	2,420,942	2,474,365	2,574,901	2,691,521	2,833,755	2,943,098
Family	4,483,246	4,479,170	4,464,589	4,475,492	4,470,776	4,429,782	4,399,023	4,330,910	4,306,982	4,272,237	4,231,349	4,158,672

Notes: SPDs are Medi-Cal only; SPD children are categorized as SPD's

Children are exclusively Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes parents and children who mostly qualify for TANF

Fig 1-2 Enrollment by Plan Model

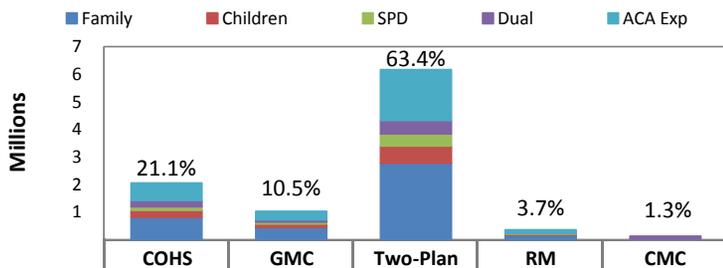


Fig 1-3 Medi-Cal Managed Care vs. FFS

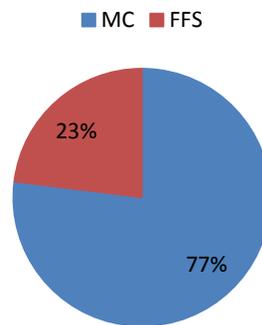
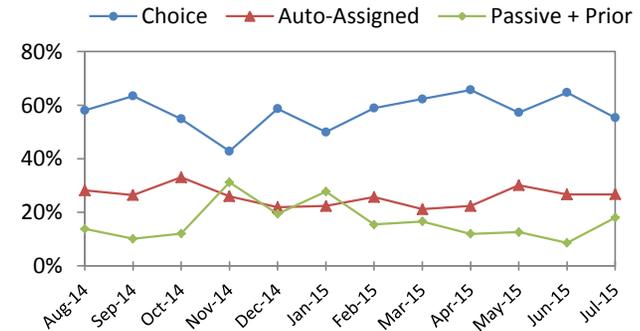


Fig 1-4 Choice and Auto-Assignment Rates

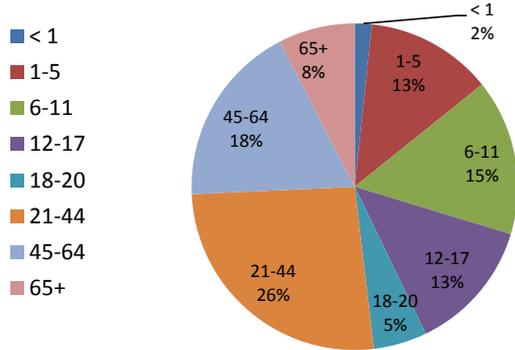


Notes: Passive + Prior includes transitioning populations, members defaulted because they were previously a member, or if other family members were already assigned to the plan.

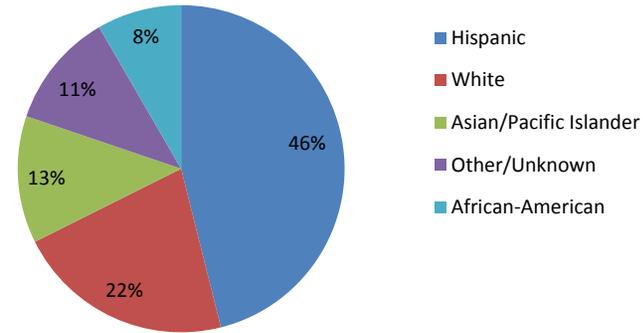
Date is effective date of plan enrollment. Choice/plan assignment occurred during the previous month.

**DEMOGRAPHICS: As of June, 1 2015**

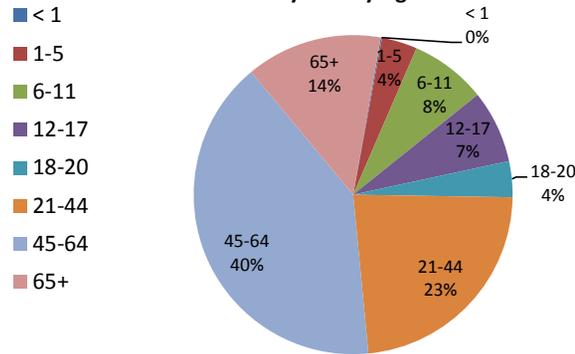
**Fig 2-1 Medi-Cal Managed Care Members by Age (Includes SPD and Dual)**



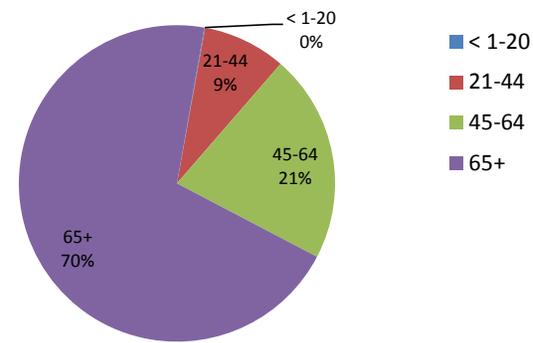
**Fig 2-2 Medi-Cal Managed Care Members by Race and Ethnicity (Includes SPD and Dual)**



**Fig 2-3 Medi-Cal Managed Care Members Medi-Cal Only SPD by Age**



**Fig 2-4 Medi-Cal Managed Care Members Dual Eligibles by Age**

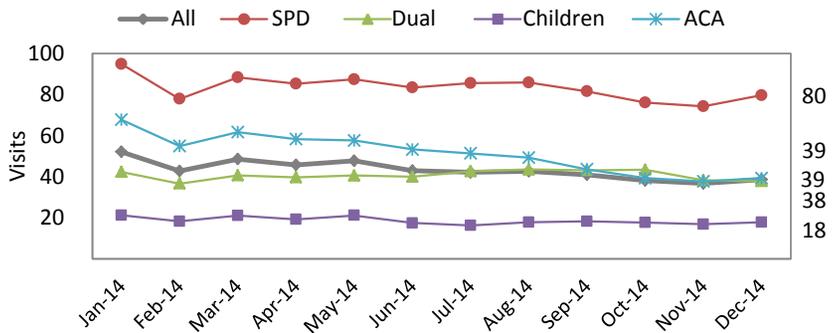


**Fig 2-5 Medi-Cal Managed Care Members Percent of Total by Age/Gender**

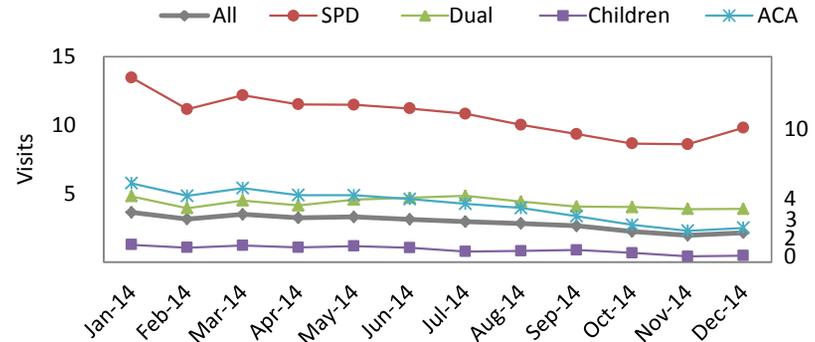
Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+
Female	48.9%	48.9%	48.8%	49.0%	51.7%	57.4%	54.3%	62.3%
Male	51.1%	51.1%	51.2%	51.0%	48.3%	42.6%	45.7%	37.7%
Total	163,856	1,221,367	1,505,404	1,277,922	515,109	2,544,185	1,763,942	740,808

## UTILIZATION: Statewide

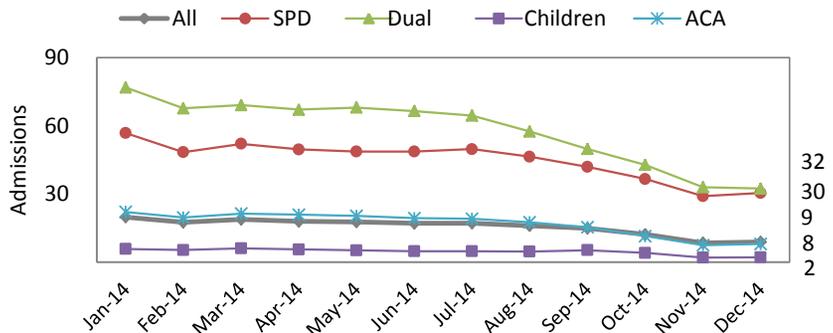
**Fig 3-1 ER Visits per 1,000 Member Months**



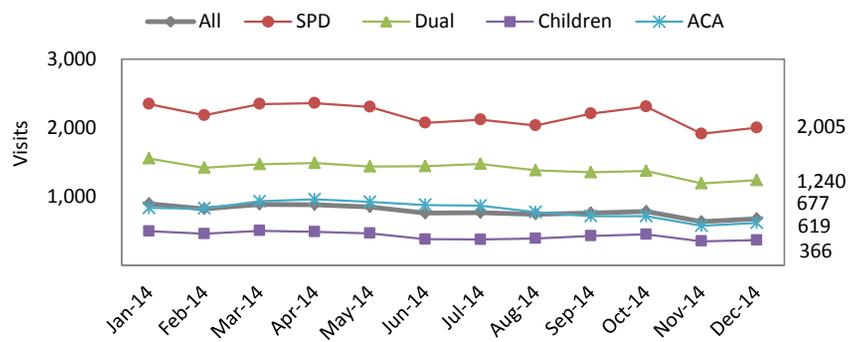
**Fig 3-2 ER Visits w/an IP Admission per 1,000 Member Months**



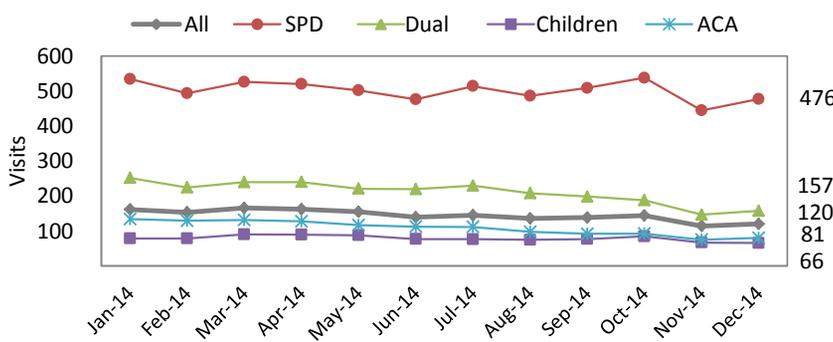
**Fig 3-3 Inpatient Admissions per 1,000 Member Months**



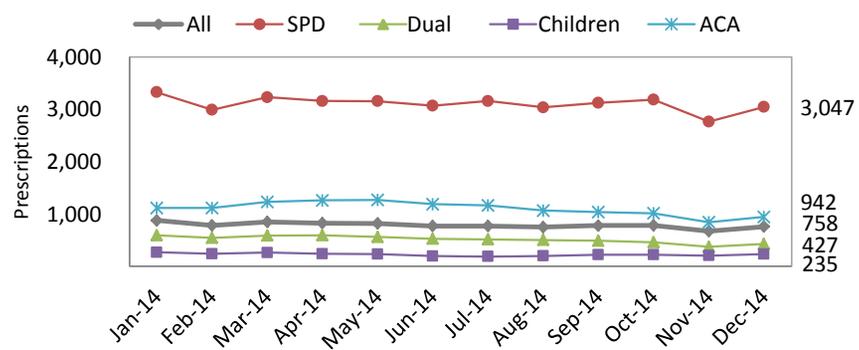
**Fig 3-4 Outpatient Visits per 1,000 Member Months**



**Fig 3-5 Outpatient Mental Health Visits per 1,000 Member Months**

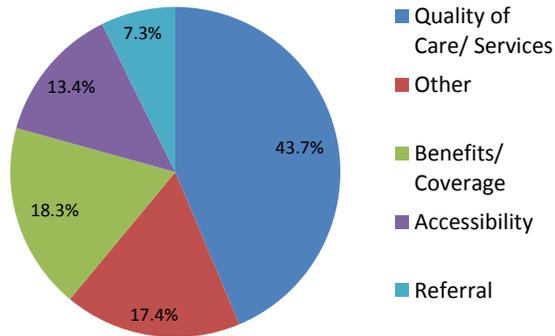


**Fig 3-6 Prescriptions per 1,000 Member Months**

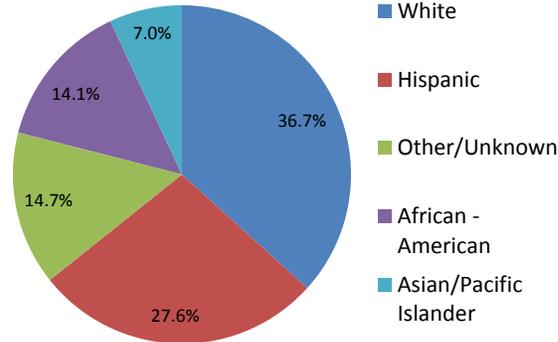


**ACCESS: Grievances for Q2 2015 Statewide**

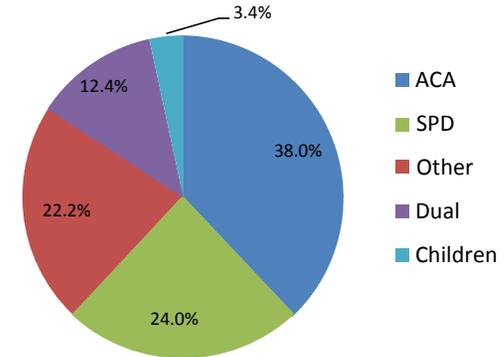
**Fig 4-1 Grievances by Type**



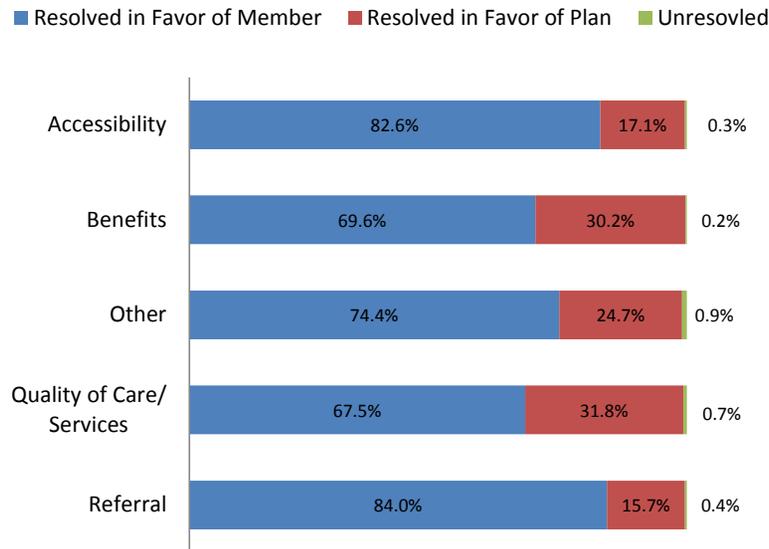
**Fig 4-2 Grievances by Ethnicity**



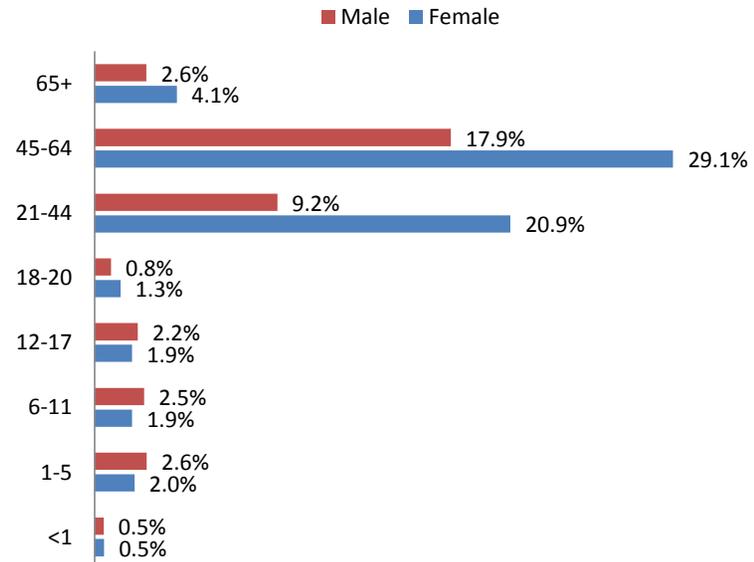
**Fig 4-3 Grievances by Population**



**Fig 4-4 Grievance Resolution by Type**



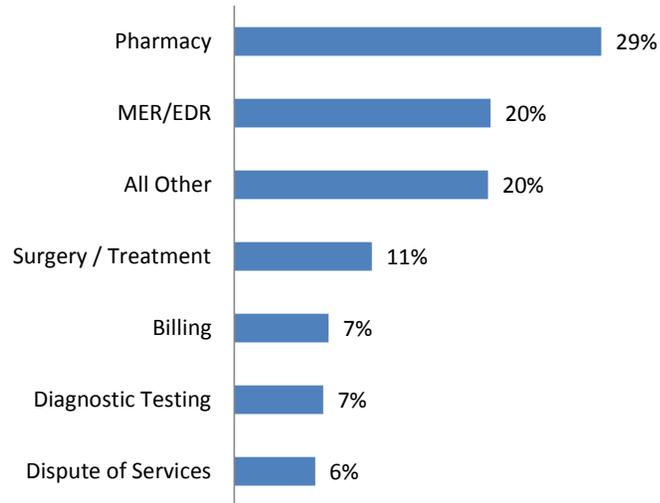
**Fig 4-5 Grievances by Age**



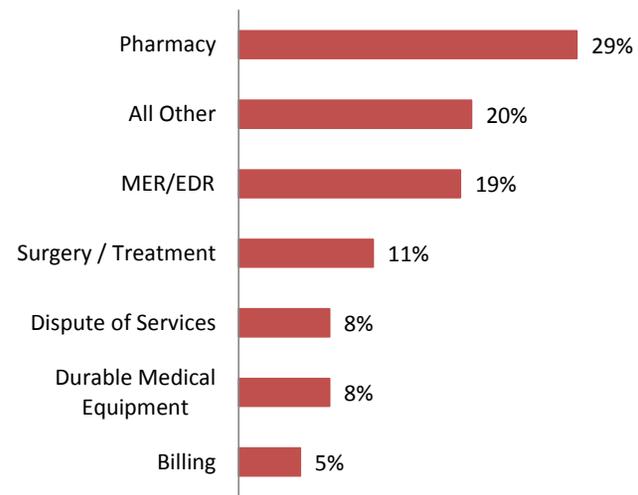
Grievance data displayed on this page represents plan-reported data.

**ACCESS: State Fair Hearing Requests for Q2 2015 Statewide**

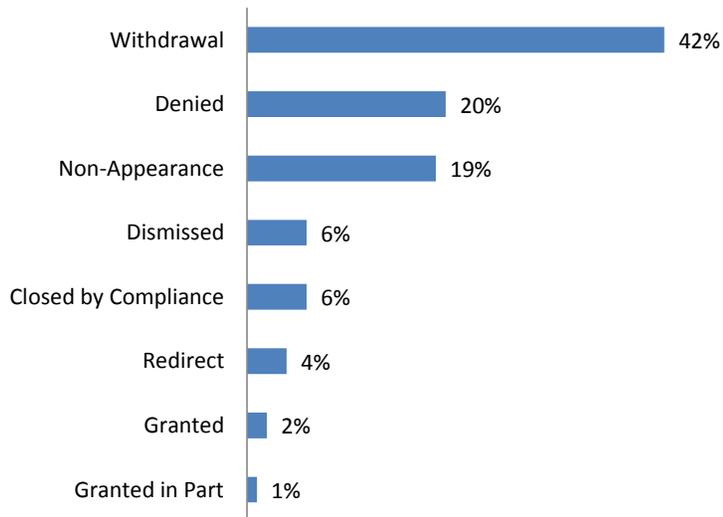
**Fig 5-1 Request Reasons: Non-SPD**



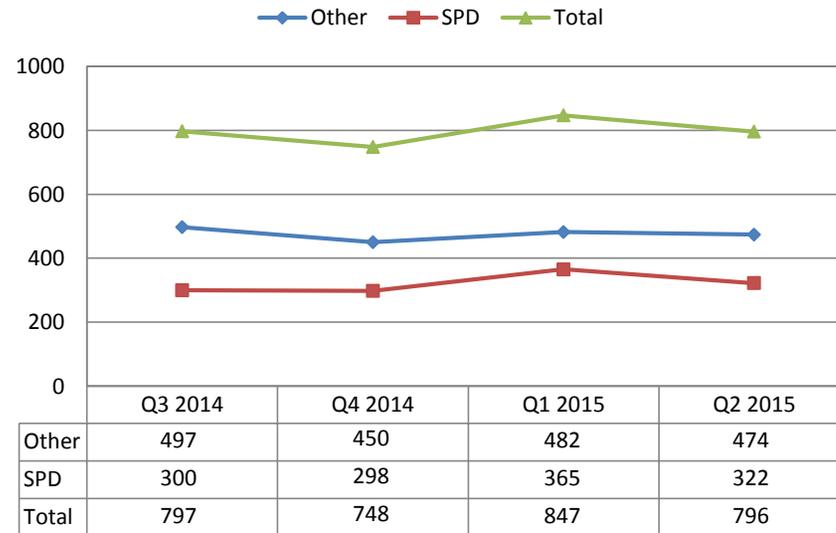
**Fig 5-2 Request Reasons: SPD**



**Fig 5-3 Request Outcomes**



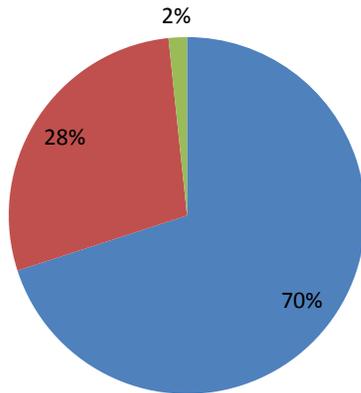
**Fig 5-4 Request Totals**



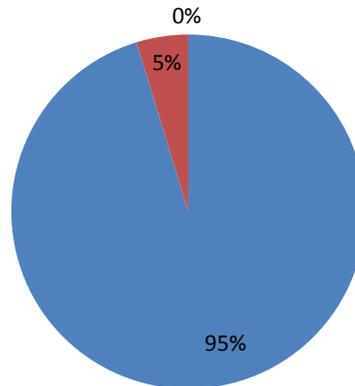
## ACCESS: Continuity of Care (COC) for Q2 2015 Statewide

■ Approved     
 ■ Denied     
 ■ In-Process

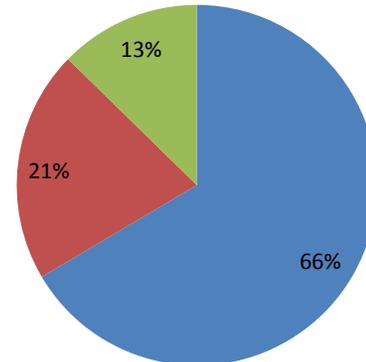
**Fig 6-1 Children COC**



**Fig 6-2 Mental Health Services COC**

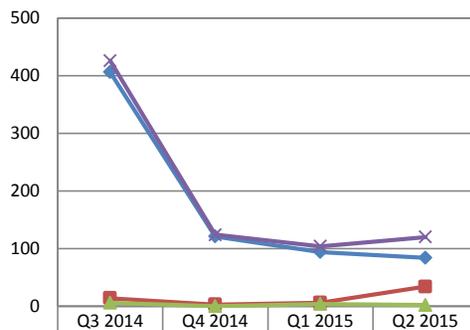


**Fig 6-3 SPD COC**



**Fig 6-4 Children COC Totals**

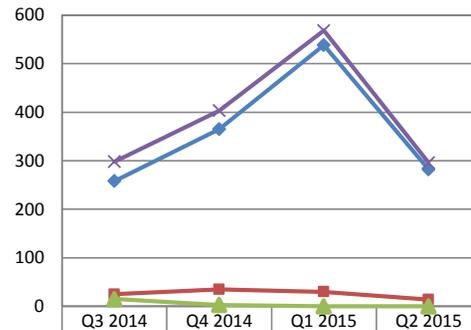
◆ Approved     
 ■ Denied     
 ▲ In Process     
 ✕ Total



Category	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Approved	406	121	94	84
Denied	14	3	6	34
In Process	6	0	4	2
Total	426	124	104	120

**Fig 6-5 Mental Health Services COC Totals**

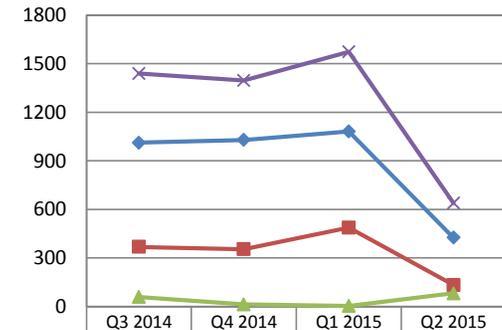
◆ Approved     
 ■ Denied     
 ▲ In Process     
 ✕ Total



Category	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Approved	258	365	538	282
Denied	25	35	30	14
In Process	15	3	0	0
Total	298	403	568	296

**Fig 6-6 SPD COC Totals**

◆ Approved     
 ■ Denied     
 ▲ In Process     
 ✕ Total



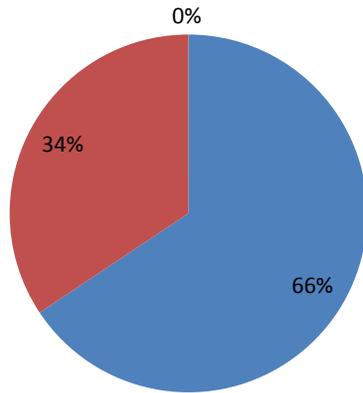
Category	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Approved	1012	1029	1082	425
Denied	368	354	487	133
In Process	59	13	4	81
Total	1439	1396	1573	639

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

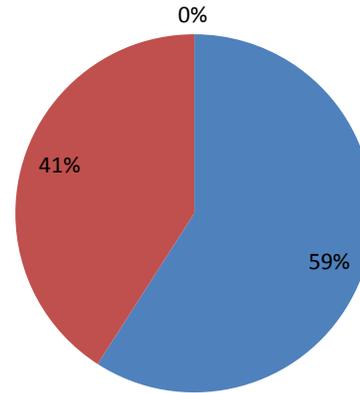
## ACCESS: Medical Exemption Requests (MERS) for Q2 2015 Statewide

■ Approved     
 ■ Denied     
 ■ In-Process

**Fig 7-1 All Beneficiary MERS**

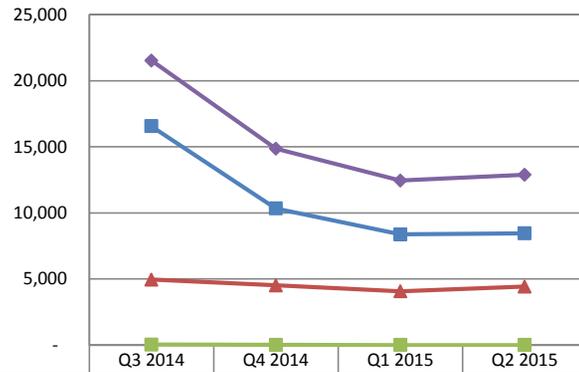


**Fig 7-2 SPD Beneficiary MERS**



**Fig 7-3 All Beneficiary MERS**

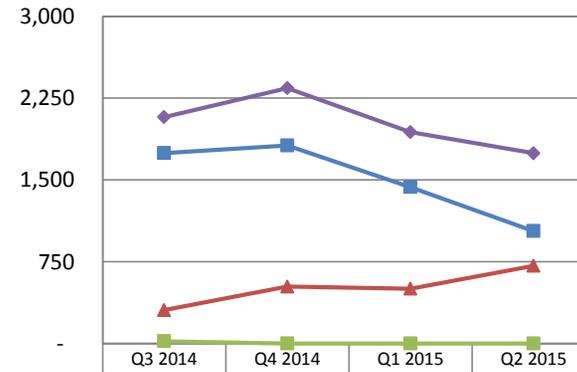
■ Approved   
 ▲ Denied   
 ■ Pending   
 ◆ MERS Submitted



	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Approved	16,557	10,339	8,368	8,451
Denied	4,943	4,513	4,060	4,421
Pending	26	2	-	1
MERS Submitted	21,526	14,856	12,437	12,873

**Fig 7-4 SPD Beneficiary MERS**

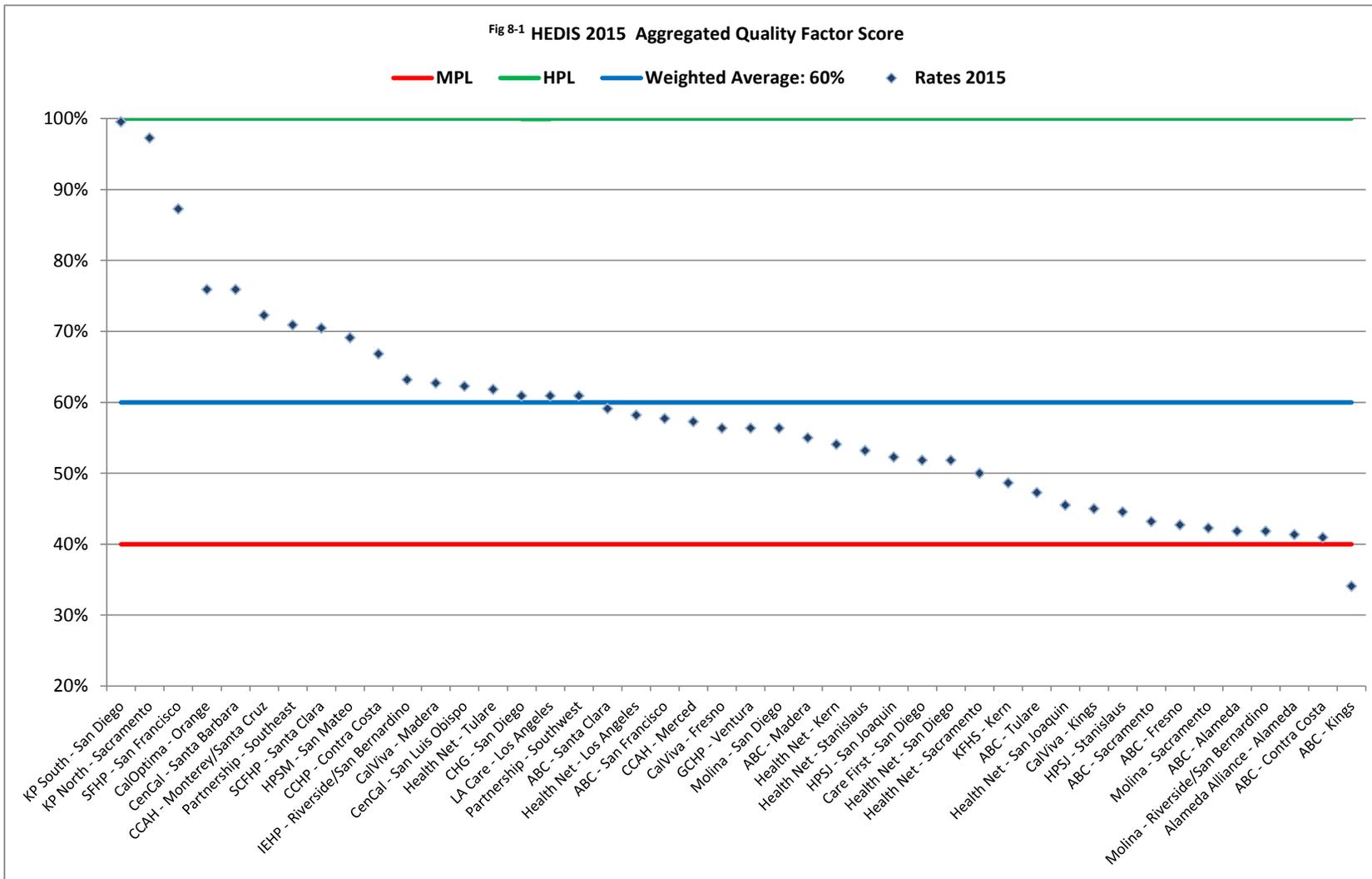
■ Approved   
 ▲ Denied   
 ■ Pending   
 ◆ MERS Submitted



	Q3 2014	Q4 2014	Q1 2015	Q2 2015
Approved	1,747	1,817	1,435	1,031
Denied	306	523	503	714
Pending	22	1	-	-
MERS Submitted	2,075	2,341	1,938	1,745

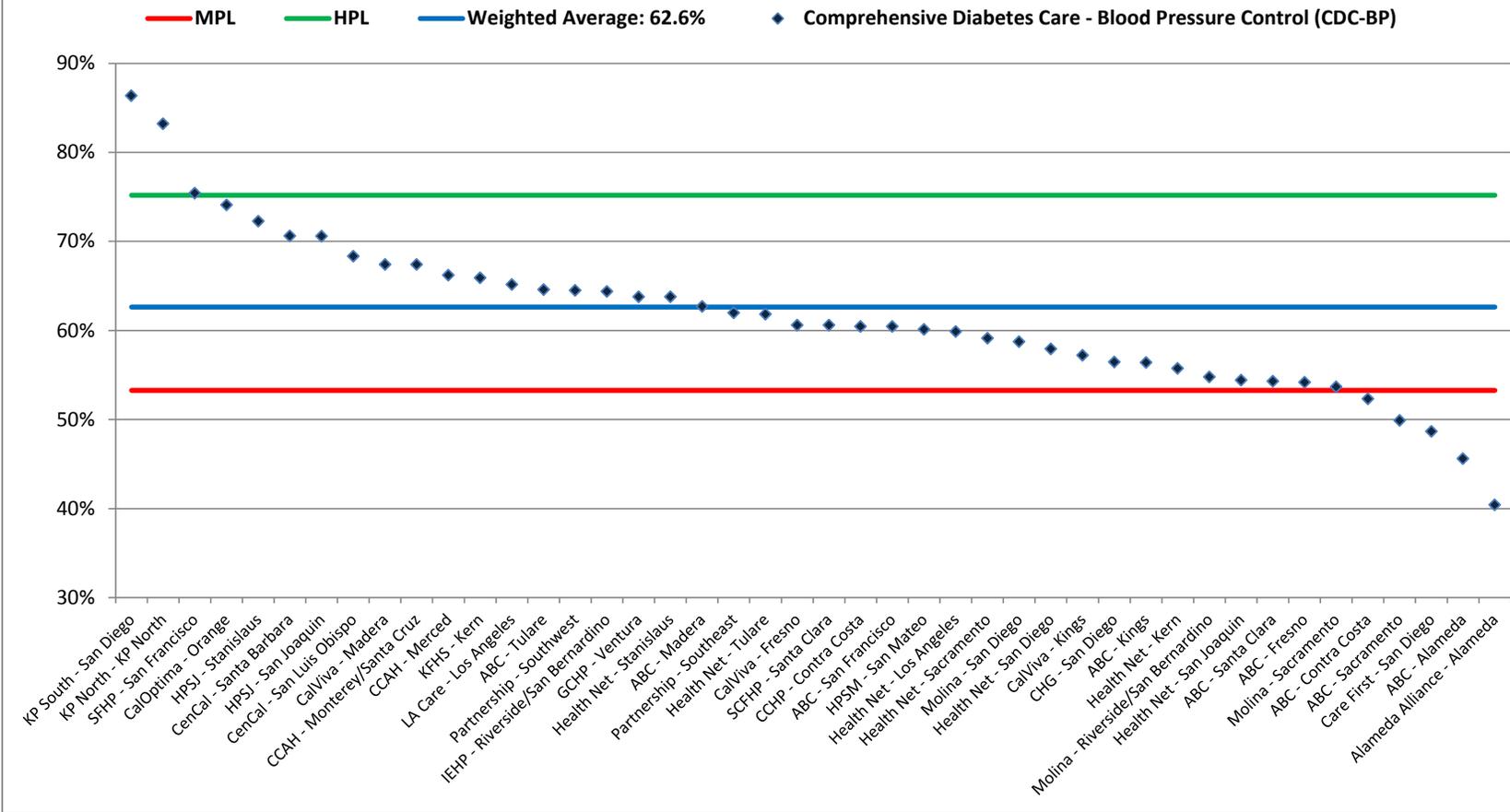
Approved represents the total in Fee-For-Service due to an approved MER

**QUALITY: Diabetes Care**

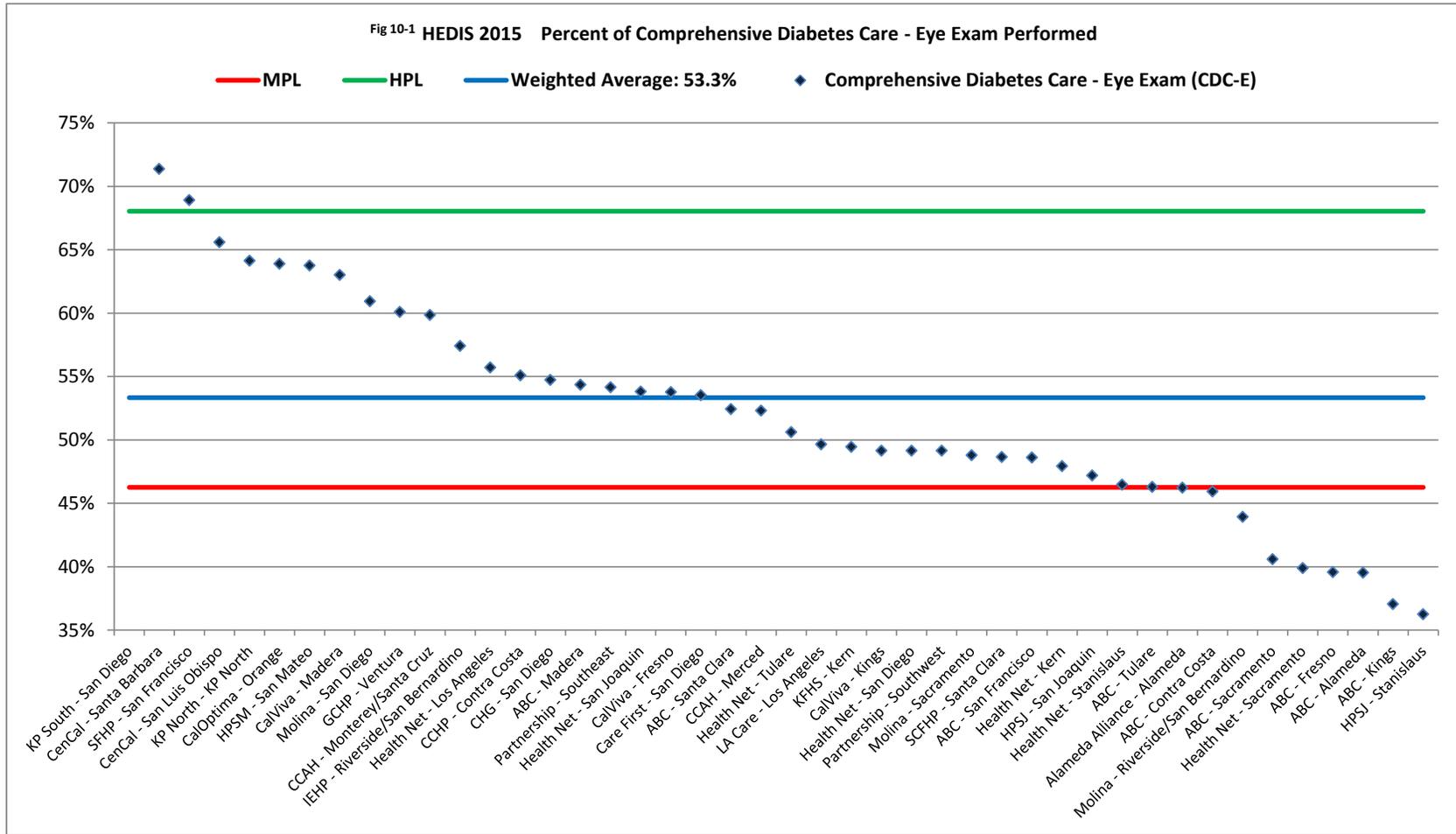


*Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL, the 90th percentile of 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%.*

Fig 9-1 HEDIS 2015 Percent of Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)



Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation. The percentage of members ages 18-75 with type I or II diabetes who had adequate blood pressure control (<140/90 mm Hg). High performance level (HPL): 90th percentile of NCQA national Medicaid level. Minimum performance level (MPL): 25th percentile of NCQA national Medicaid level.



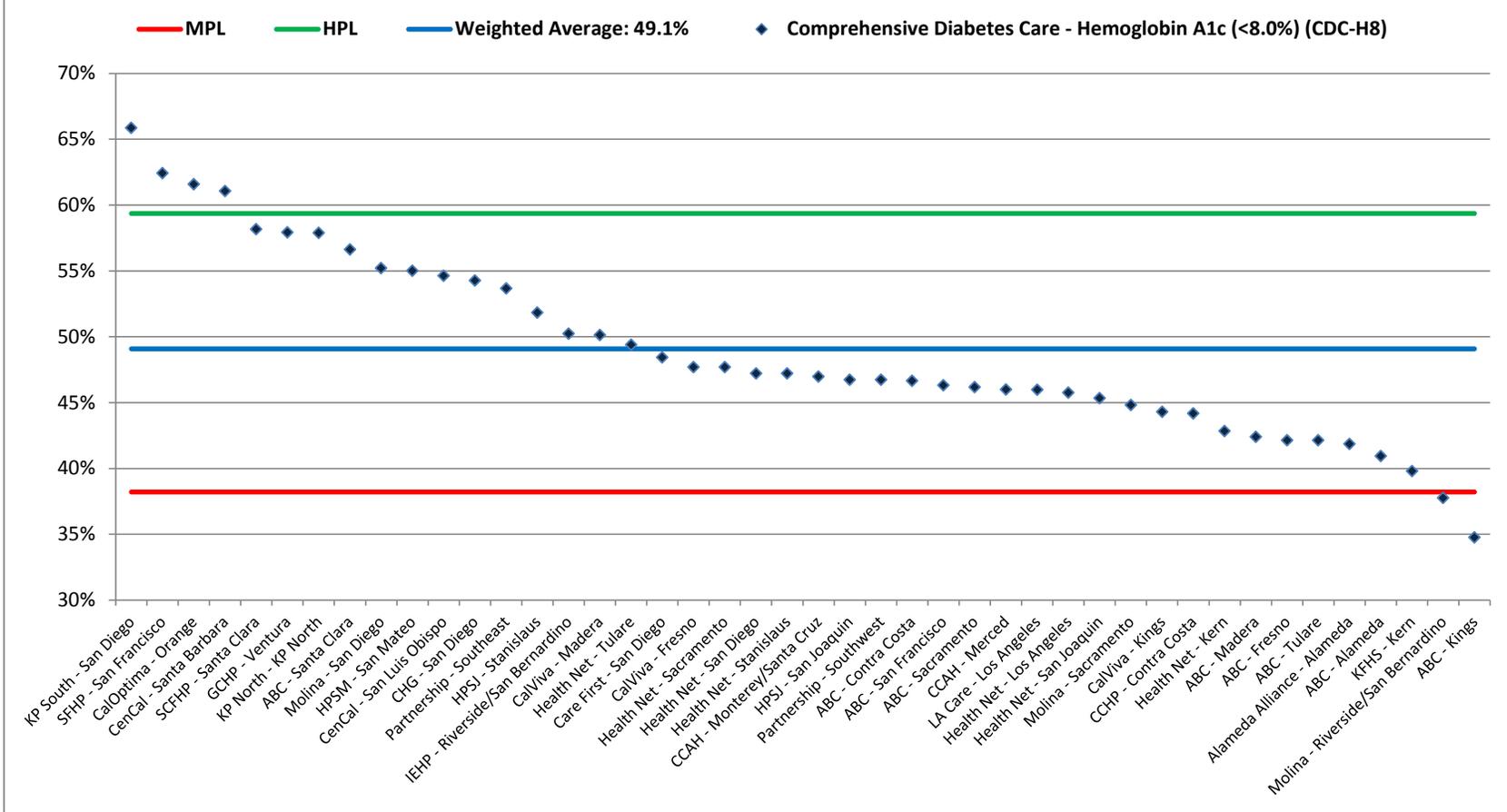
Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation.

The percentage of members ages 18-75 with type I or II diabetes who had a screening diabetic eye exam performed in the measurement year or a normal exam in the year prior.

High Performance Level (HPL): the 90th percentile of NCQA national Medicaid level.

Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.

Fig 11-1 HEDIS 2015 Percent of Comprehensive Diabetes Care - Hemoglobin (HbA1c < 8.0%)

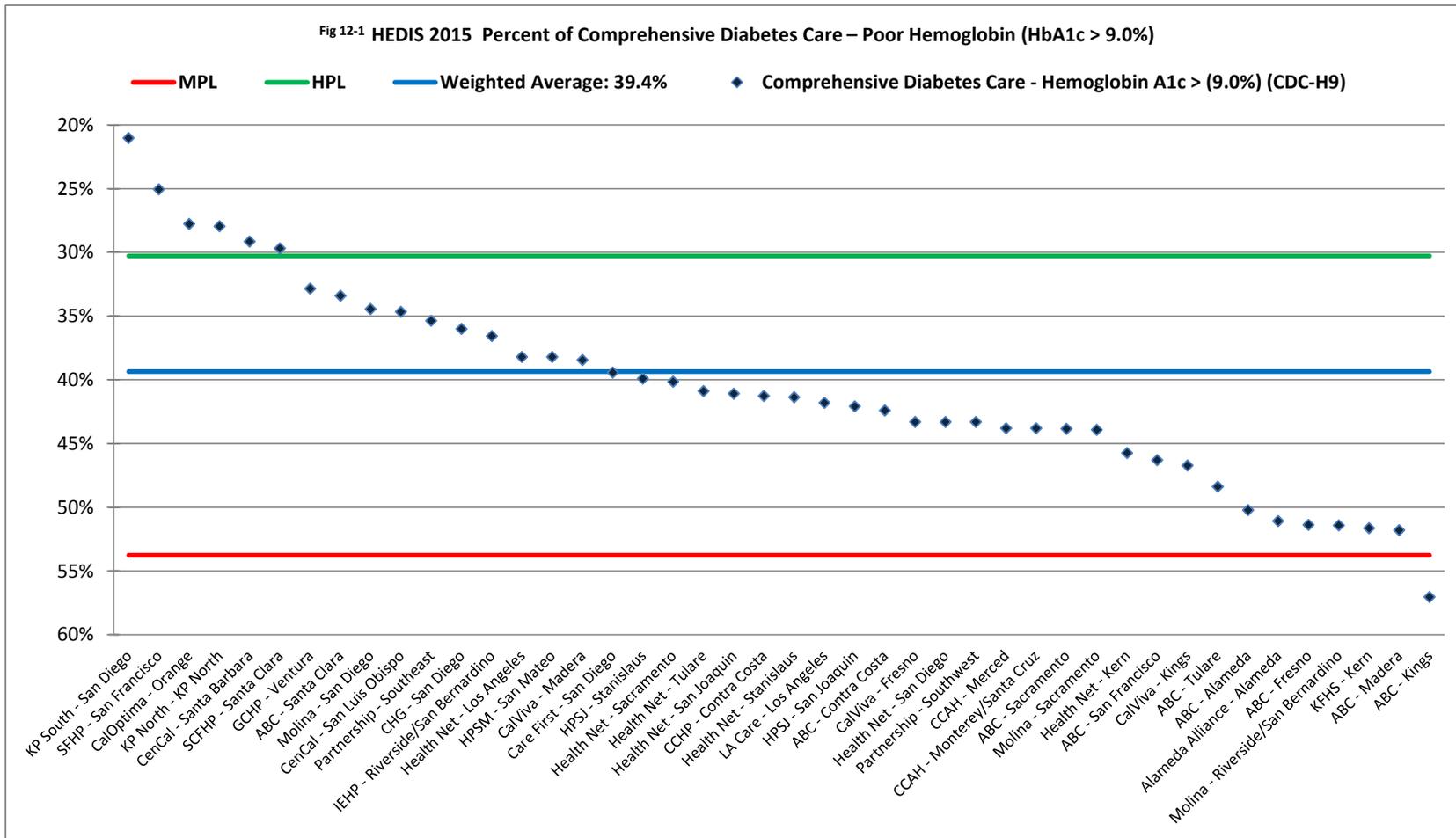


Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation.

The percentage of members ages 18-75 with type I or II diabetes who had blood glucose control (most recent HbA1c < 8.0%) during the measurement year.

High Performance Level (HPL): the 90th percentile of NCQA national Medicaid level.

Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.

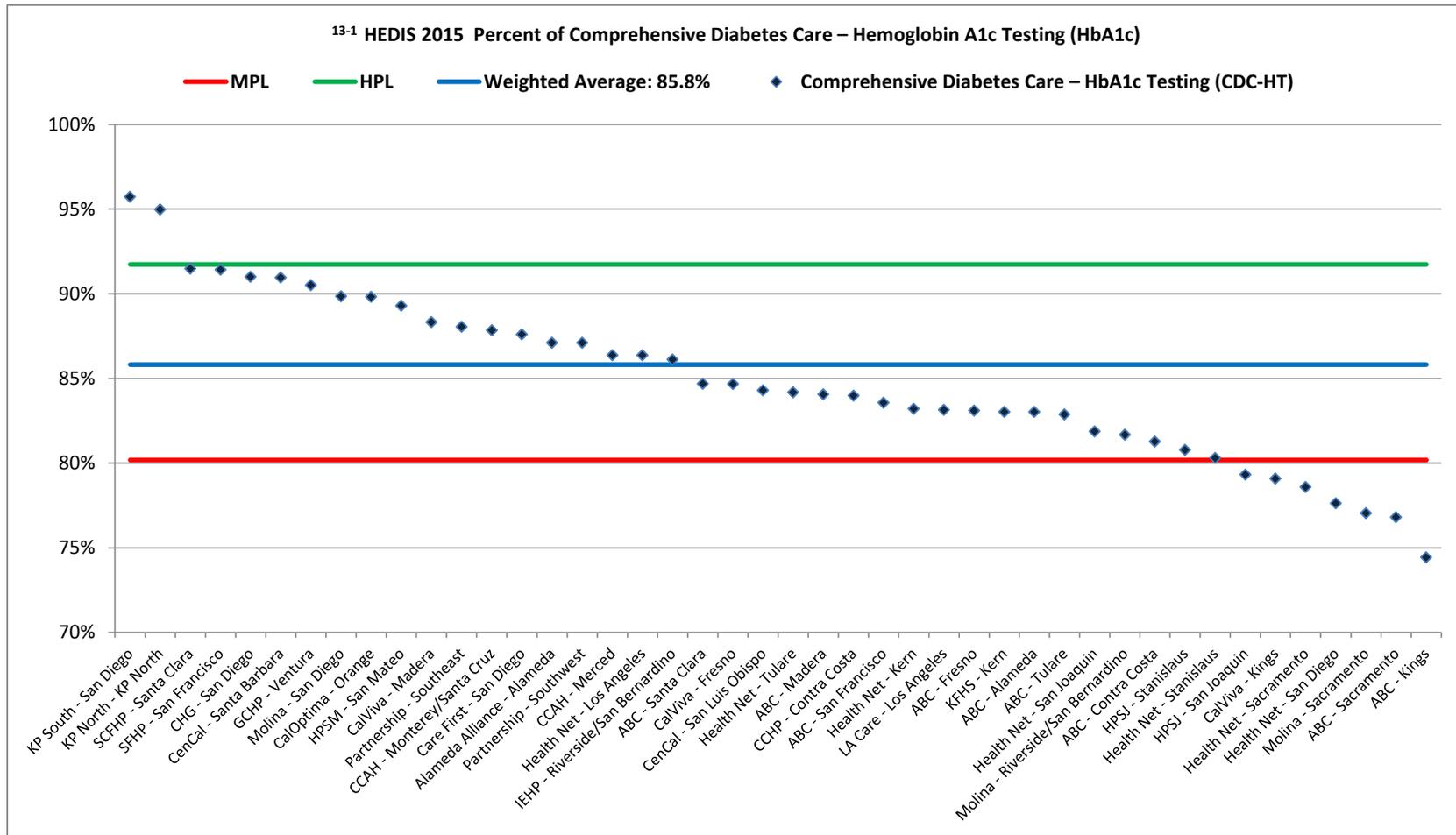


Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation.

The percentage of members ages 18-75 with type I or II diabetes who had poor blood glucose control (most recent HbA1c > 9.0%) during the measurement year.

Note: A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).

High performance level (HPL): 10th percentile of NCQA national Medicaid level. Minimum performance level (MPL): 75th percentile of NCQA national Medicaid level.



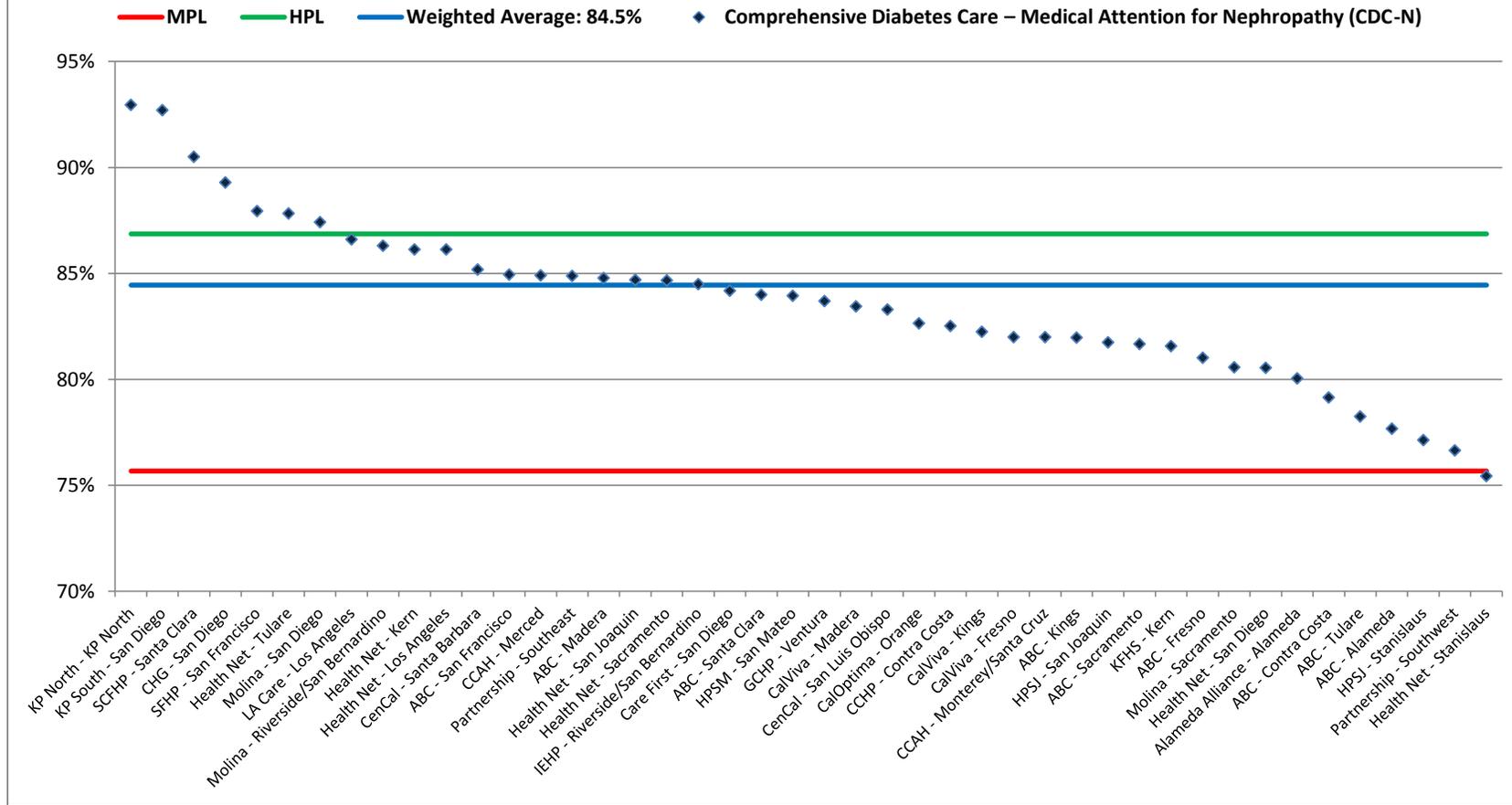
Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation.

The percentage of members ages 18-75 with type I or II diabetes that had hemoglobin A1c testing (HbA1c) in the measurement year.

High Performance Level (HPL): the 90th percentile of NCQA national Medicaid level.

Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.

Fig 14-1 HEDIS 2015 Percent of Comprehensive Diabetes Care – Screening for Nephropathy



Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2015. Rates reflect 2014 measurement year data. This is an annual calculation.  
 The percentage of members ages 18-75 with type I or II diabetes who had a screening test for or other documentation of kidney disease in the measurement year.  
 High Performance Level (HPL): the 90th percentile of NCQA national Medicaid level.  
 Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.