

Medi-Cal Managed Care Performance Dashboard Glossary

Released December 14, 2017

- Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100%, or 101%.
- The metric *Grievance Resolution by Type* (formally figure 8-1) was removed from this Dashboard due to a change in the source data.

Population Aid Code Groups

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

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. Dual members are not identified by an aid code.

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



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Released December 14, 2017 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 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.

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.



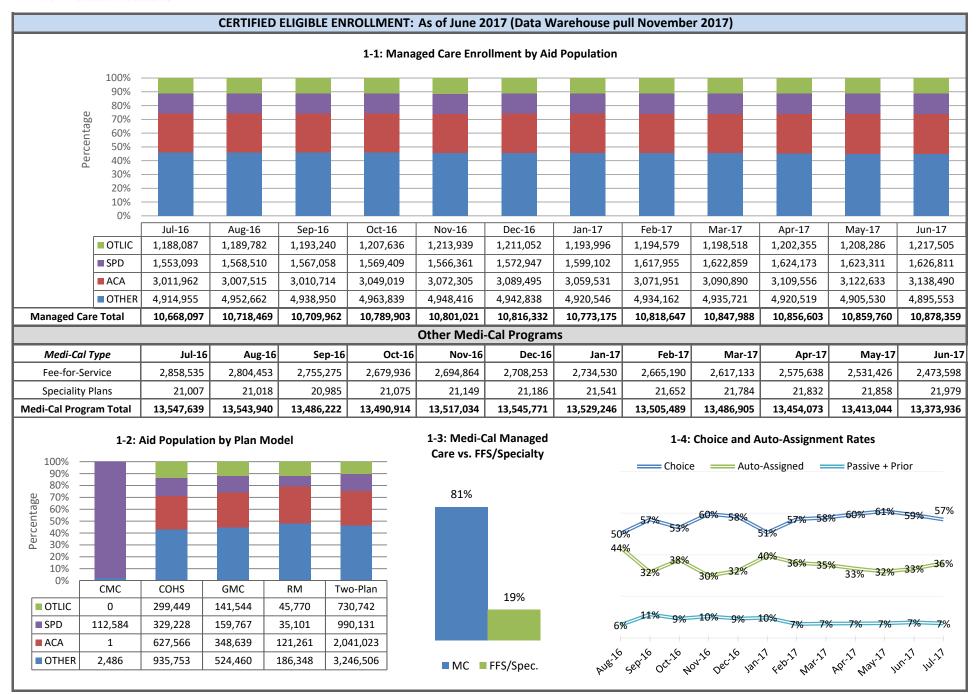
Medi-Cal Managed Care Performance Dashboard Glossary

Released December 14, 2017 Grievance, Appeals and State Fair Hearings

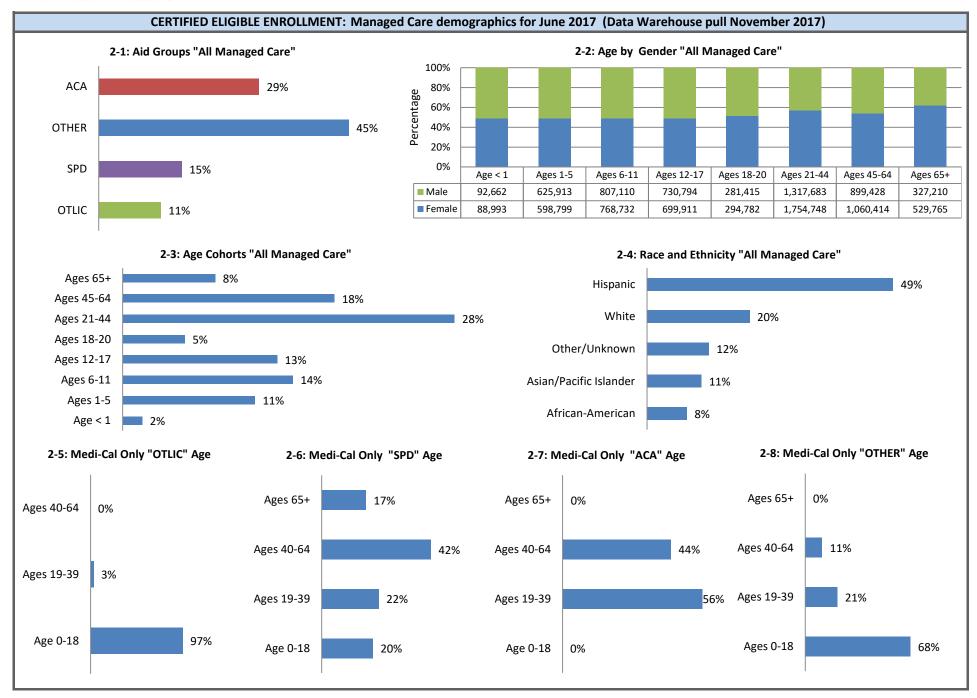
Grievance and Appeals: Grievance and Appeals data is plan reported. Metrics displayed by aid code group is **Medi-Cal Only (MO)** and does not include Medicare coverage.

State Fair Hearings: Hearing data is submitted through the Department of Social Services. Metrics displayed by aid code group is **Medi-Cal Only (MO)** and does not include Medicare coverage.



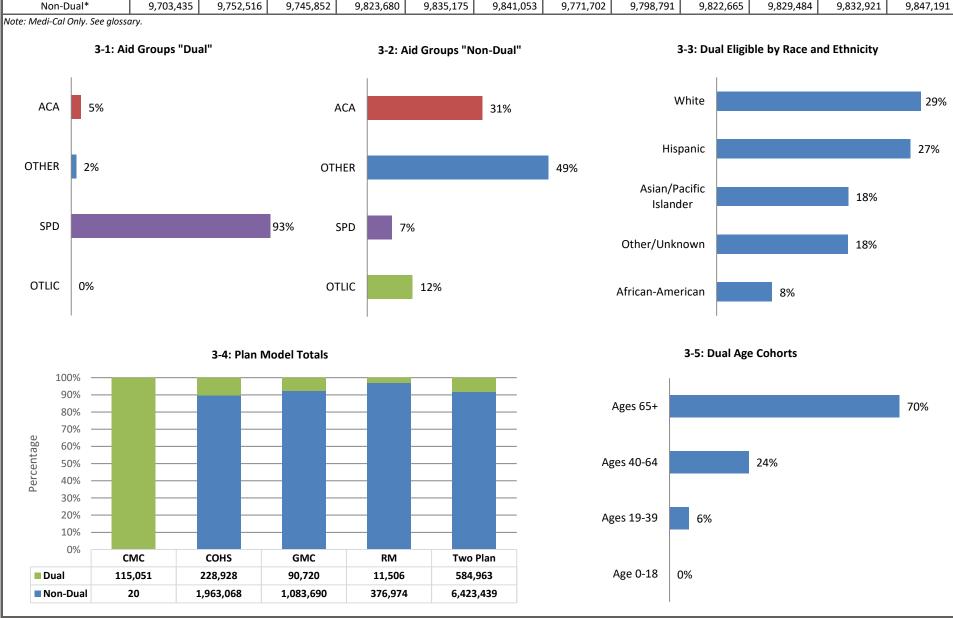




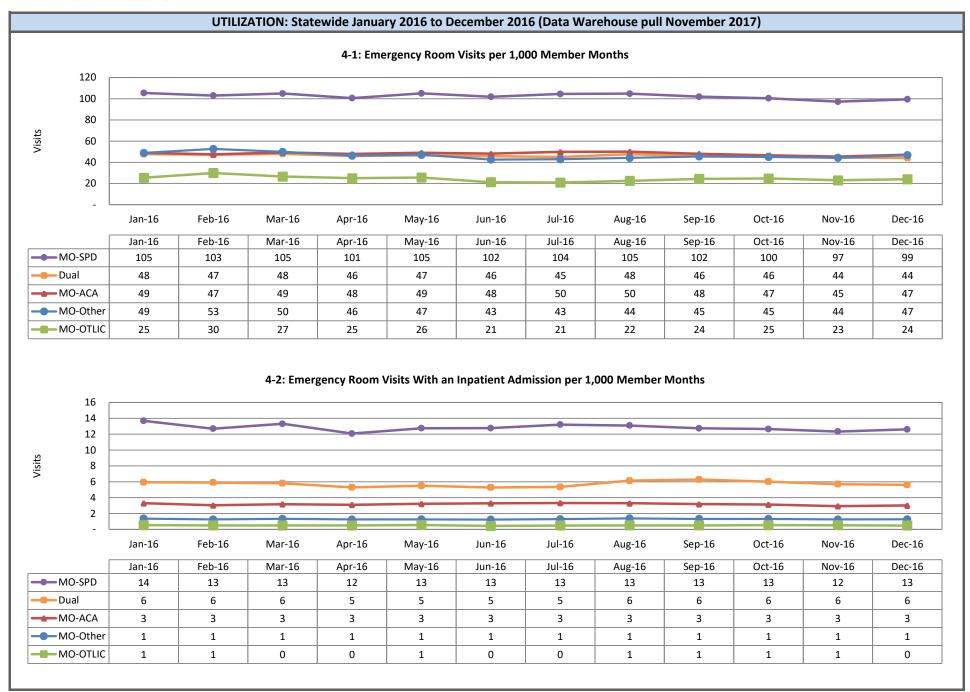




CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for June 2017 (Data Warehouse pull November 2017)												
Dual Status	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	964,662	965,953	964,110	966,223	965,846	975,279	1,001,473	1,019,856	1,025,323	1,027,119	1,026,839	1,031,168
Non-Dual*	9,703,435	9,752,516	9,745,852	9,823,680	9,835,175	9,841,053	9,771,702	9,798,791	9,822,665	9,829,484	9,832,921	9,847,191



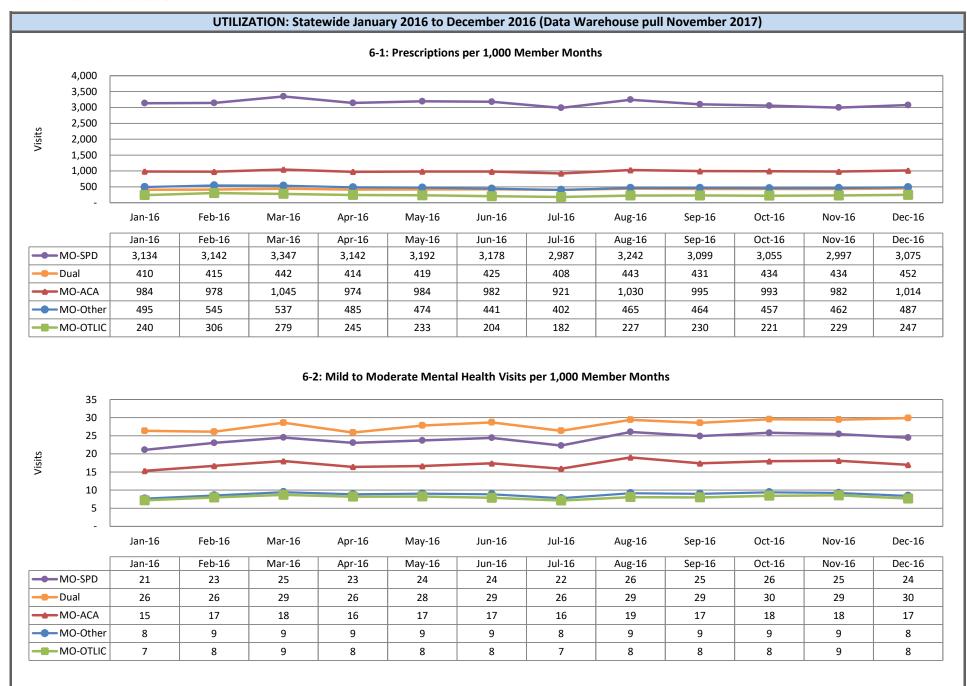




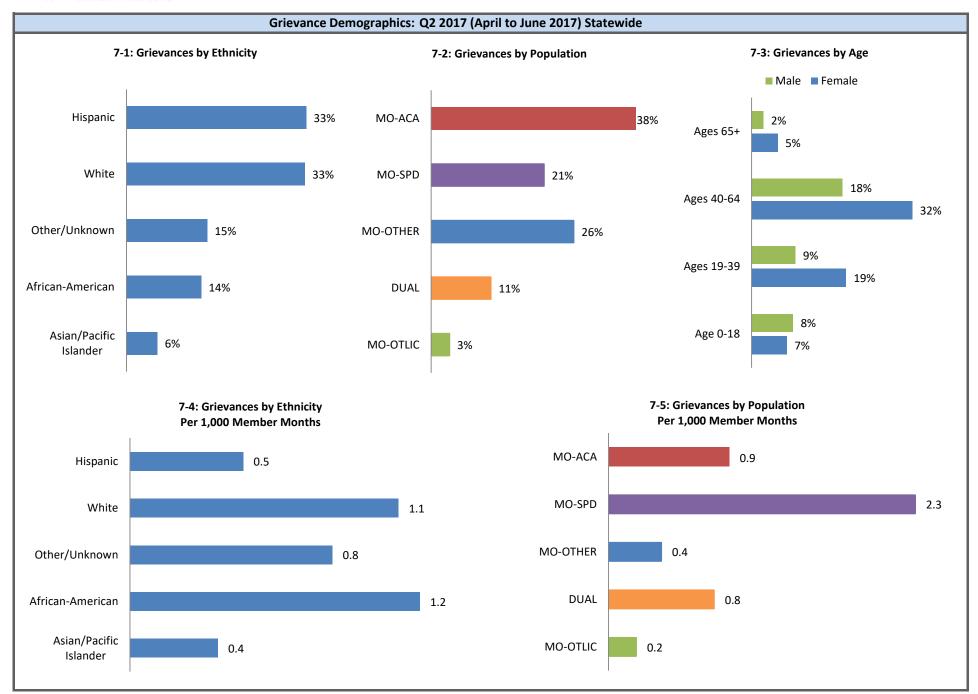




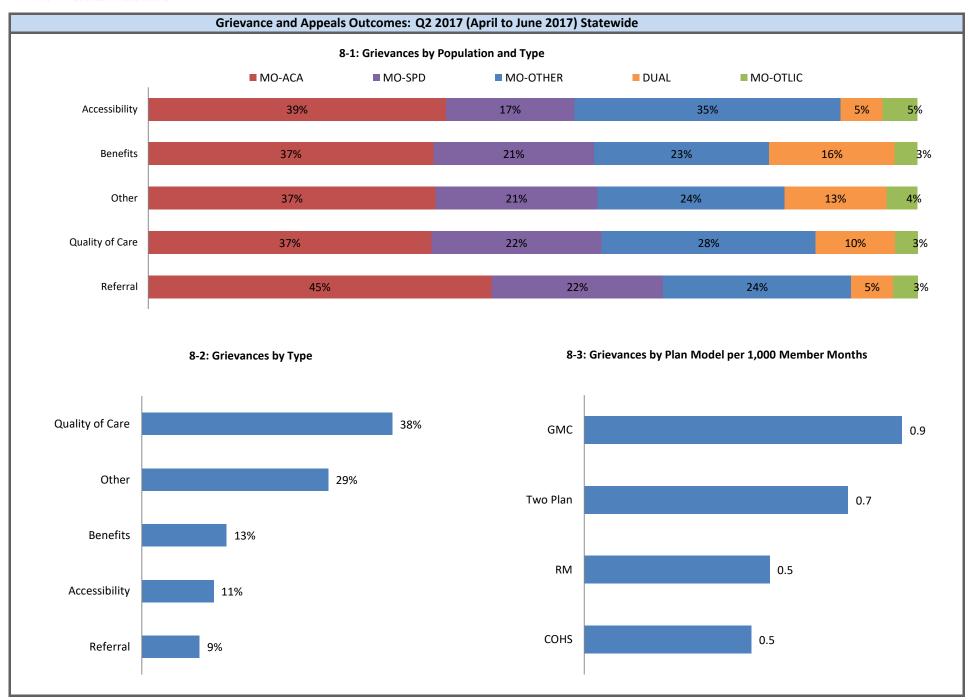




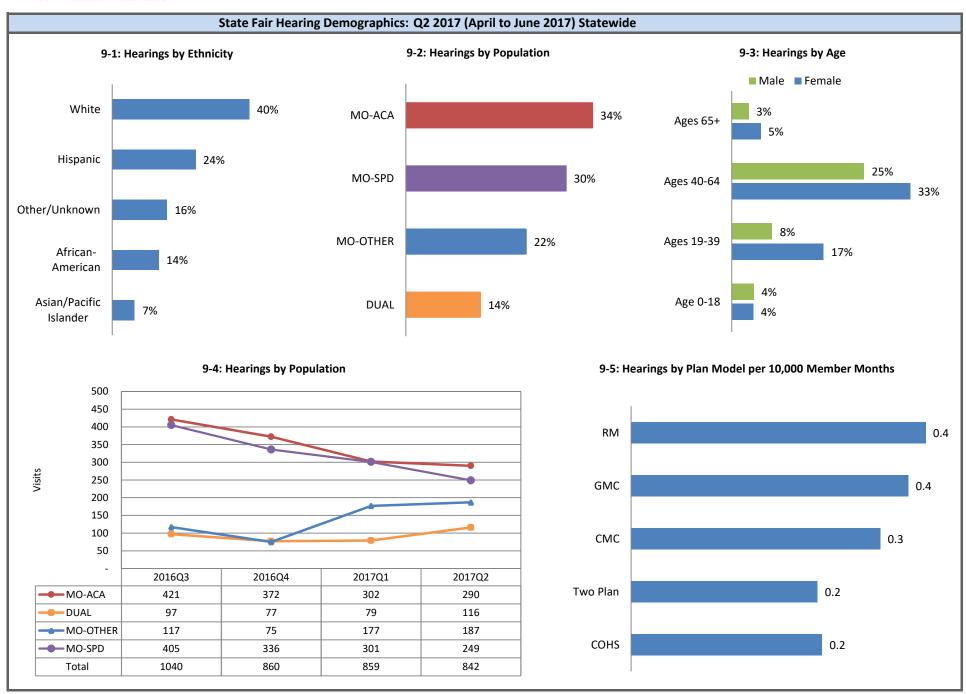




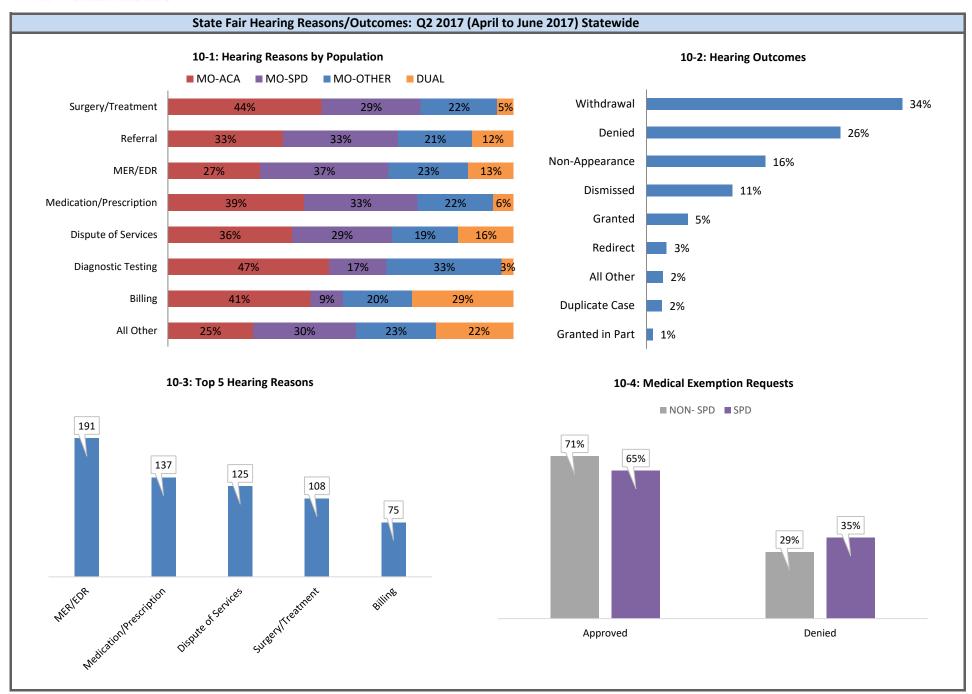




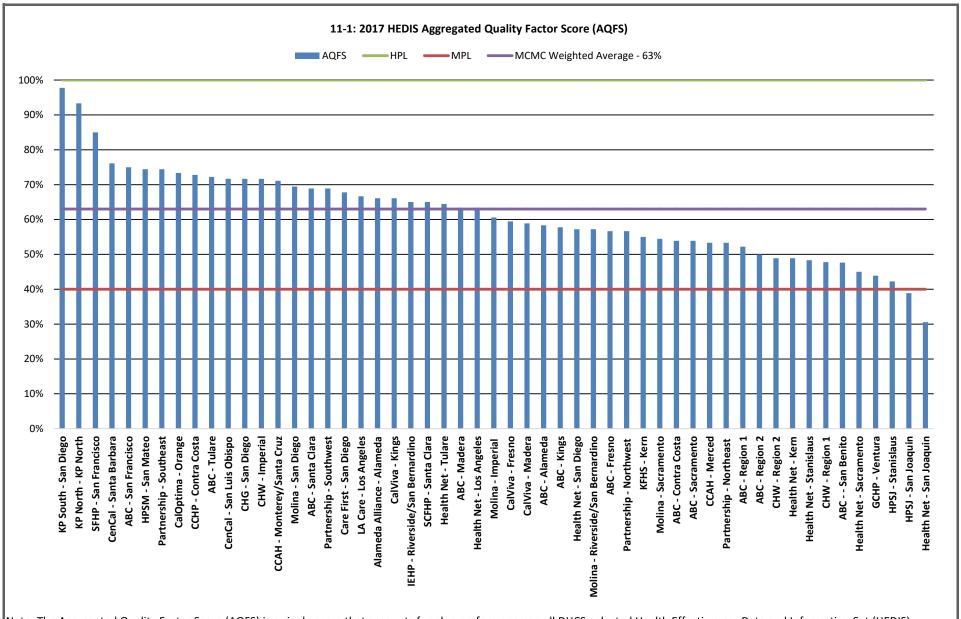












Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL). The High Performance Level is 100%. The Minimum Performance Level is 40%. The State Average is 63%.