

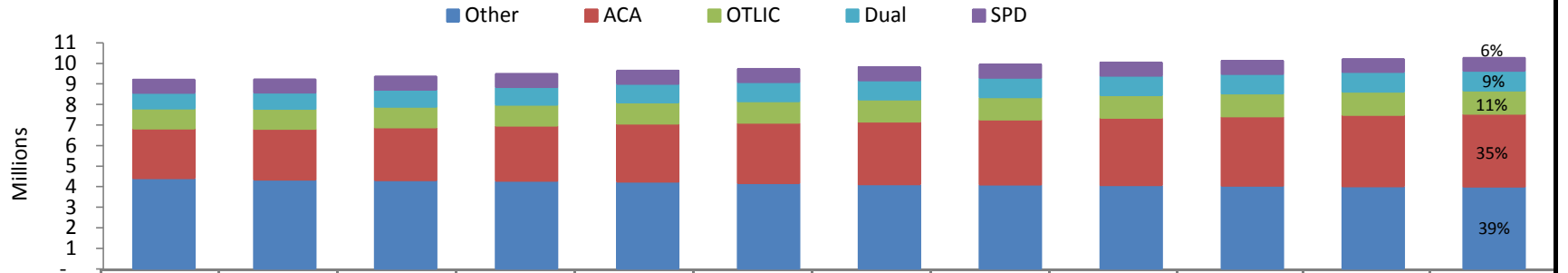
Medi-Cal Managed Care Performance Dashboard



June 15, 2016 Release

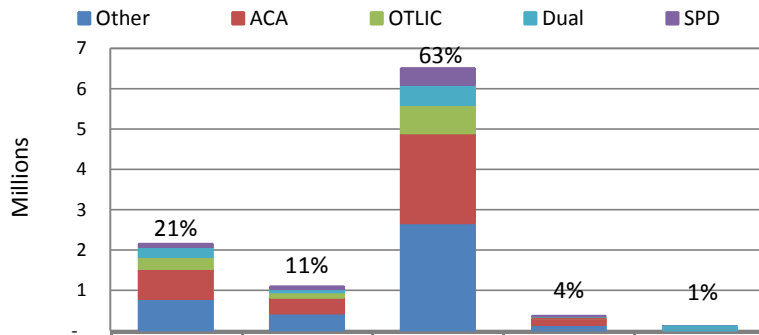
ENROLLMENT: Statewide as of December 1, 2015

Fig 1-1 Enrollment By Population



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
All	9,214,464	9,236,776	9,366,752	9,499,223	9,654,356	9,733,320	9,826,345	9,946,222	10,044,032	10,130,315	10,223,787	10,274,691
SPD	668,728	666,326	664,210	664,009	664,377	662,175	660,265	659,841	659,044	657,305	654,333	651,998
Dual	761,143	794,935	833,810	866,706	900,331	925,594	945,191	948,011	951,871	954,767	956,249	957,897
OTLIC	967,271	973,936	990,631	1,008,732	1,028,813	1,048,438	1,062,513	1,084,096	1,101,490	1,113,378	1,127,772	1,133,726
ACA	2,420,082	2,473,620	2,574,467	2,691,283	2,833,484	2,942,771	3,050,040	3,166,560	3,272,017	3,375,404	3,477,247	3,546,537
Other	4,397,240	4,327,959	4,303,634	4,268,493	4,227,351	4,154,342	4,108,336	4,087,714	4,059,610	4,029,461	4,008,186	3,984,533

Fig 1-2 Enrollment by Plan Model



All	COHS	GMC	Two-Plan	RM	CMC
All	2,159,727	1,105,364	6,518,675	376,293	114,632
SPD	6%	7%	7%	7%	0%
Dual	11%	7%	8%	2%	100%
OTLIC	13%	12%	10%	12%	0%
ACA	35%	36%	34%	42%	0%
Other	35%	38%	41%	37%	0%

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

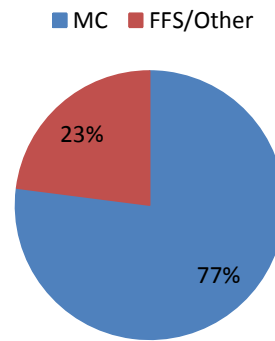
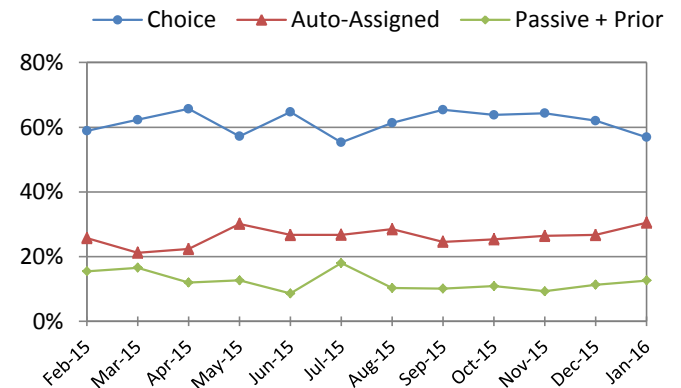


Fig 1-4 Choice and Auto-Assignment Rates



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.

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

Fig 2-1 Age (Includes SPD and Dual)

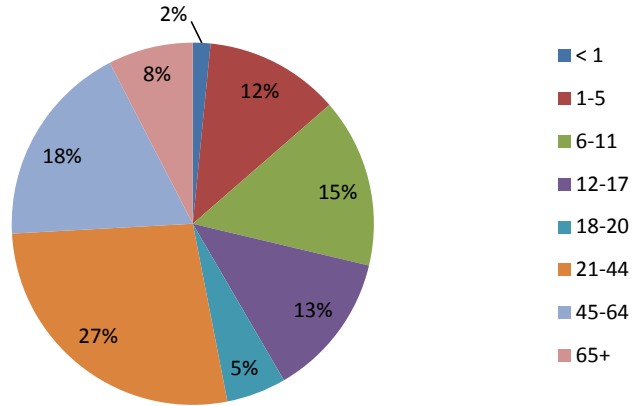


Fig 2-2 Race and Ethnicity (Includes SPD and Dual)

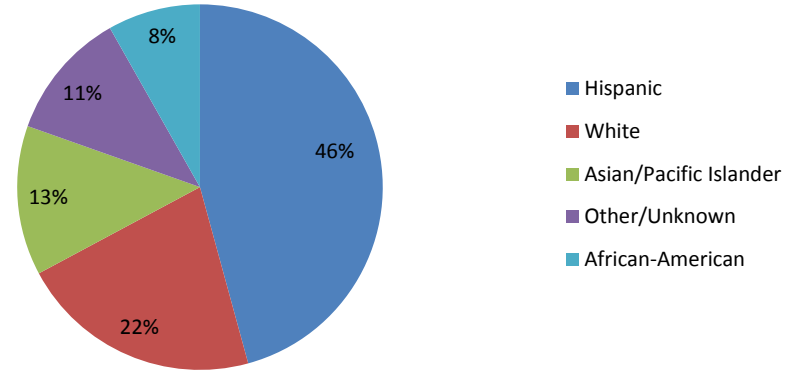


Fig 2-3 Medi-Cal Only SPD by Age

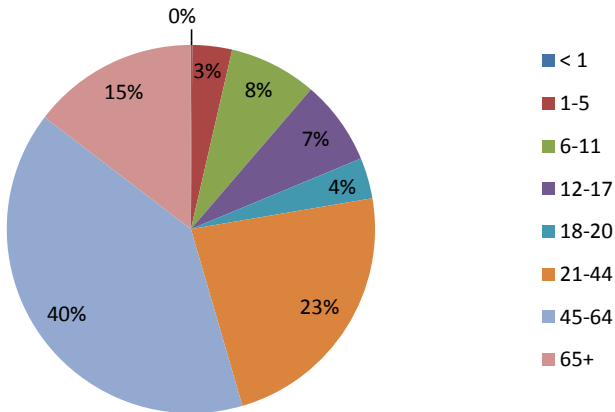


Fig 2-4 Dual Eligible by Age

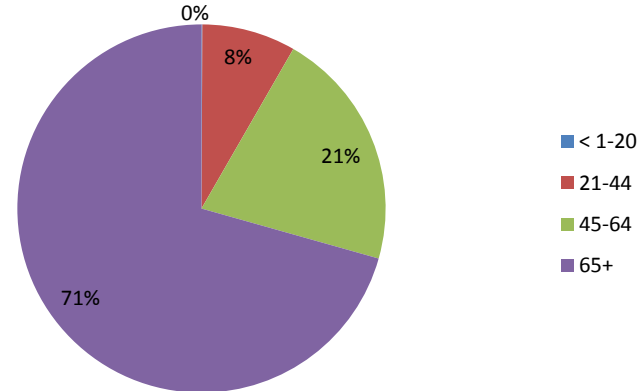
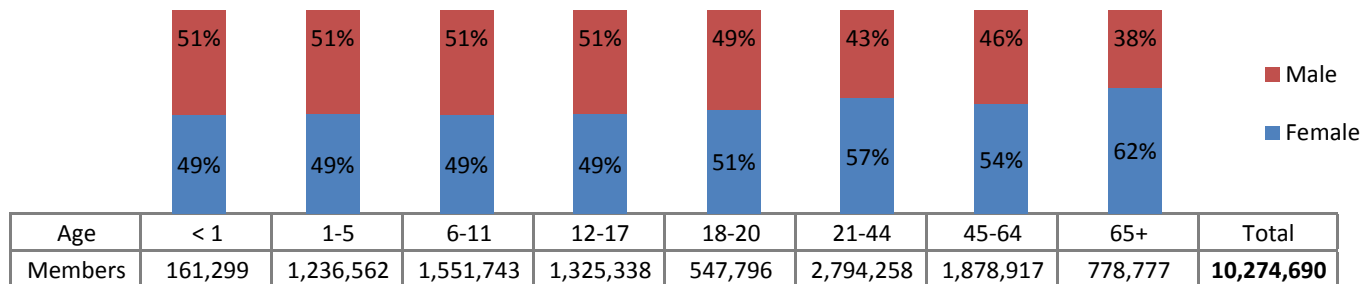


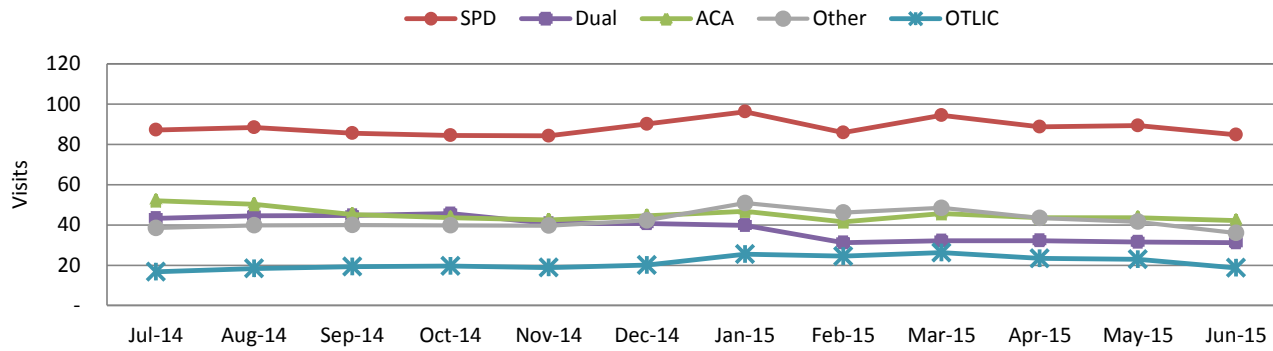
Fig 2-5 Age/Gender



Note: Figure 2-6 does not include a female member of undetermined age. Adjusted total is 10,274,691

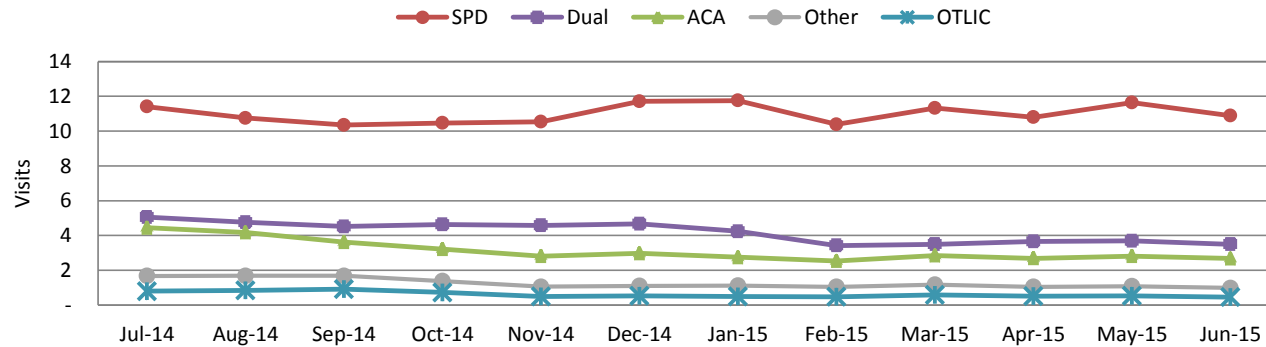
UTILIZATION: Statewide July 2014 to July 2015

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



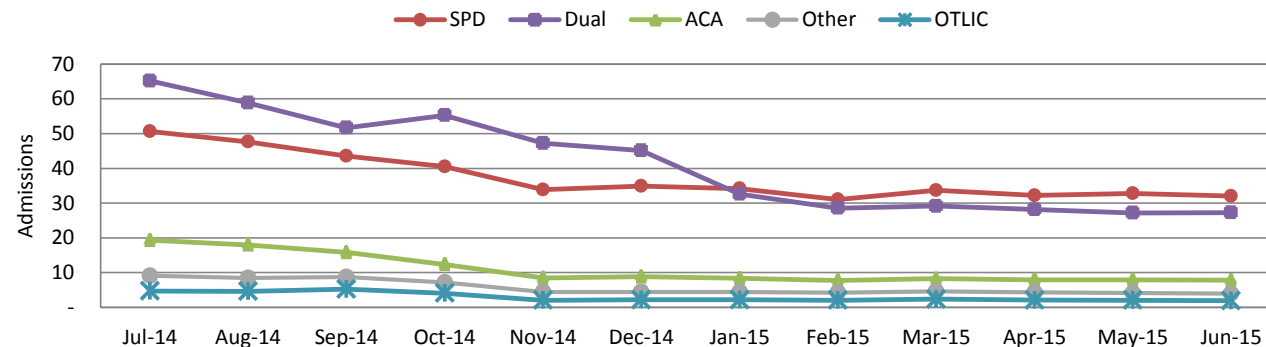
As of June 2015	
SPD	85
Dual	31
ACA	42
Other	36
OTLIC	19

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



As of June 2015	
SPD	11
Dual	3
ACA	3
Other	1
OTLIC	0

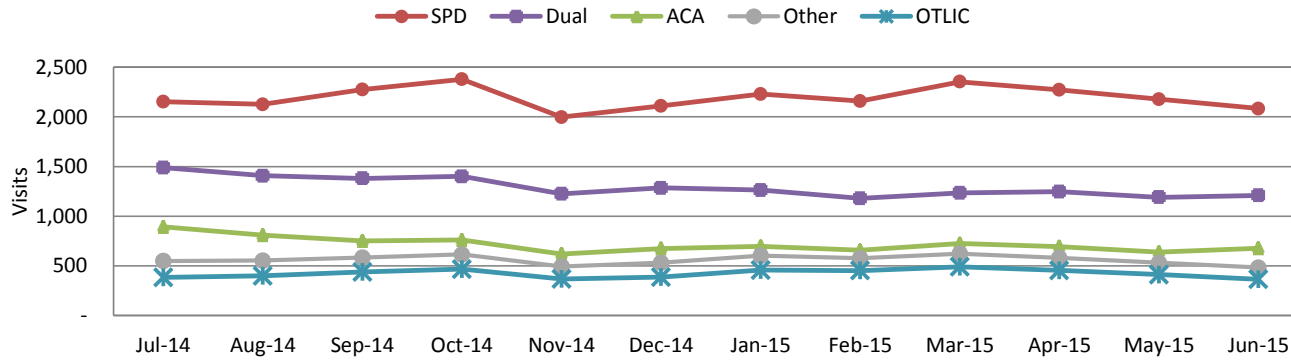
Fig 3-3 IP Admissions per 1,000 Member Months



As of June 2015	
SPD	32
Dual	27
ACA	8
Other	4
OTLIC	2

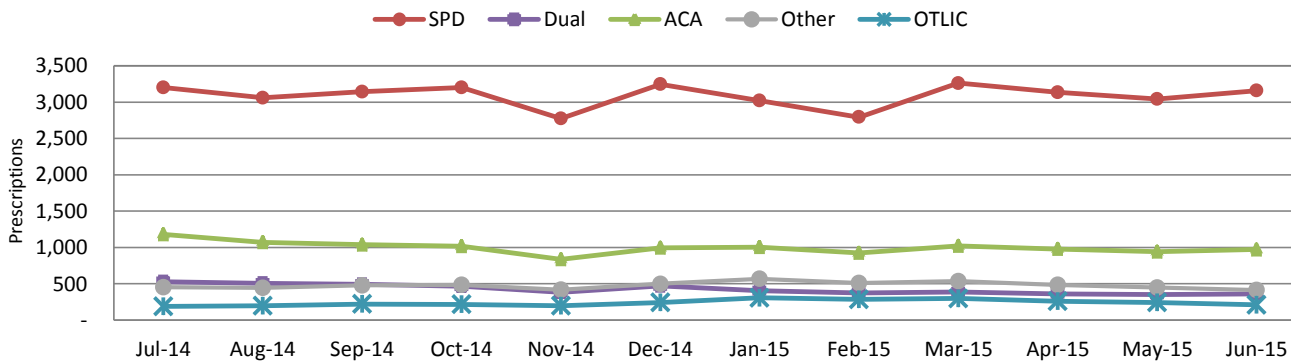
UTILIZATION: Statewide July 2014 to July 2015

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



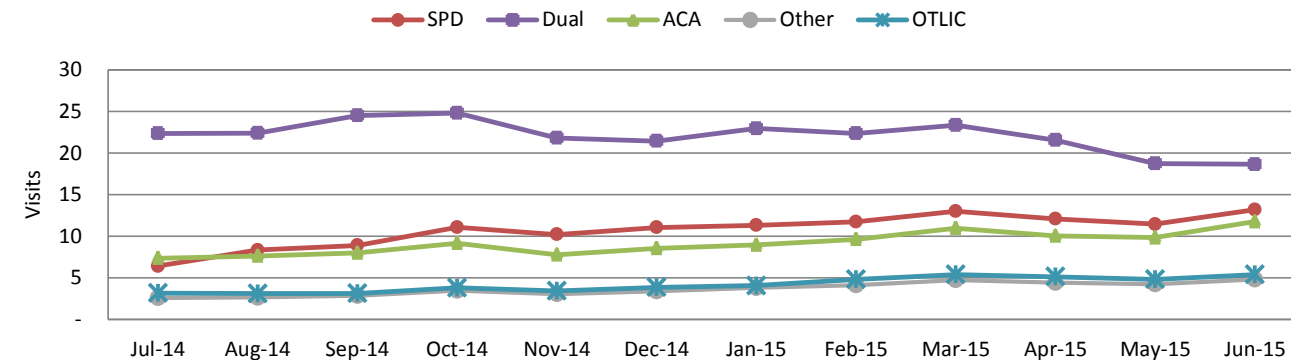
As of June 2015	
SPD	2,084
Dual	1,210
ACA	678
Other	483
OTLIC	365

Fig 4-2 Prescriptions per 1,000 Member Months



As of June 2015	
SPD	3,158
Dual	361
ACA	972
Other	413
OTLIC	212

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



As of June 2015	
SPD	13
Dual	19
ACA	12
Other	5
OTLIC	5

ACCESS: Grievance Demographics for Q4 (October-December 2015) Statewide

Fig 5-1 Grievances by Ethnicity

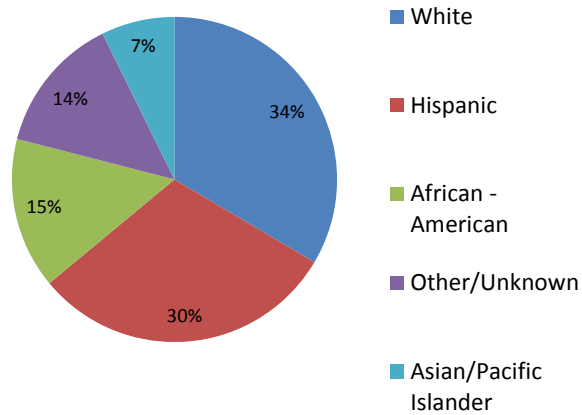


Fig 5-2 Grievances by Population

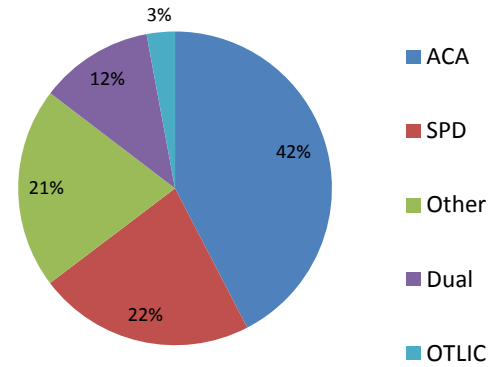
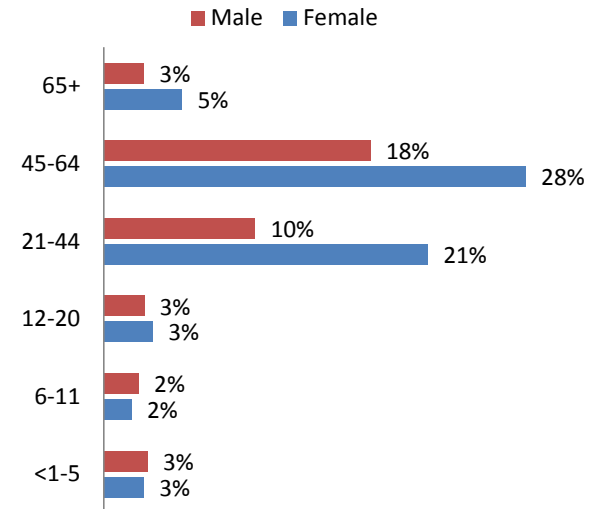


Fig 5-3 Grievances by Age



ACCESS: State Fair Hearing Demographics for Q4 (October-December 2015) Statewide

Fig 5-4 Hearings by Ethnicity

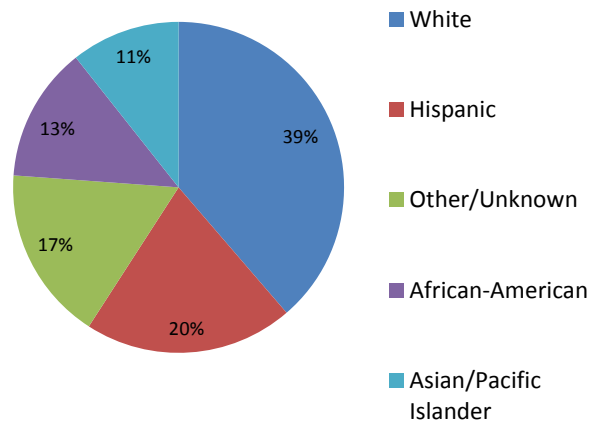


Fig 5-5 Hearings by Population

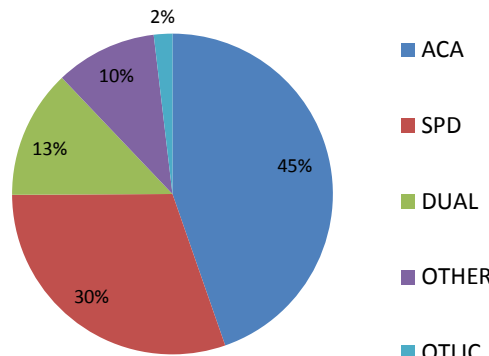
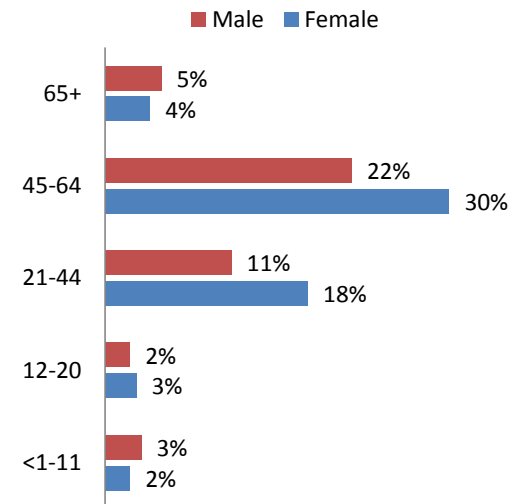


Fig 5-6 Hearings by Age



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

ACCESS: Grievance Outcomes for Q4 (October-December 2015) Statewide

Fig 6-1 Grievances by Type

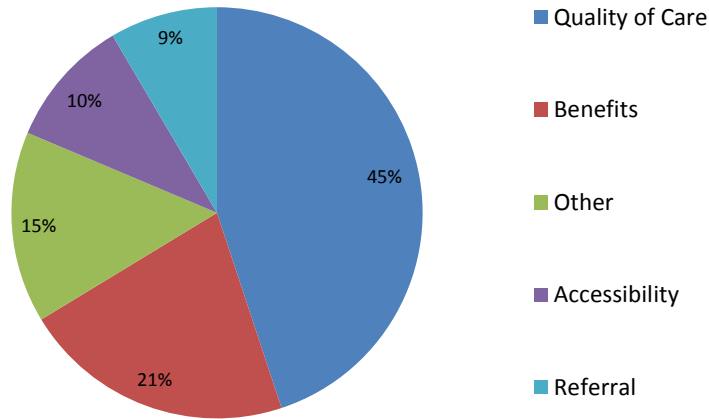


Fig 6-2 Grievances by Population and Type

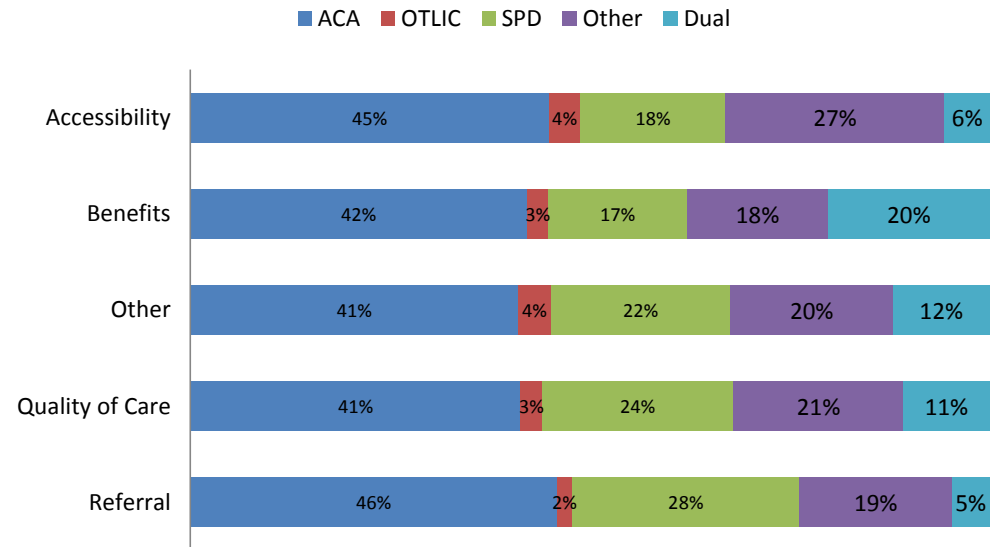


Fig 6-3 Grievance Resolution by Type

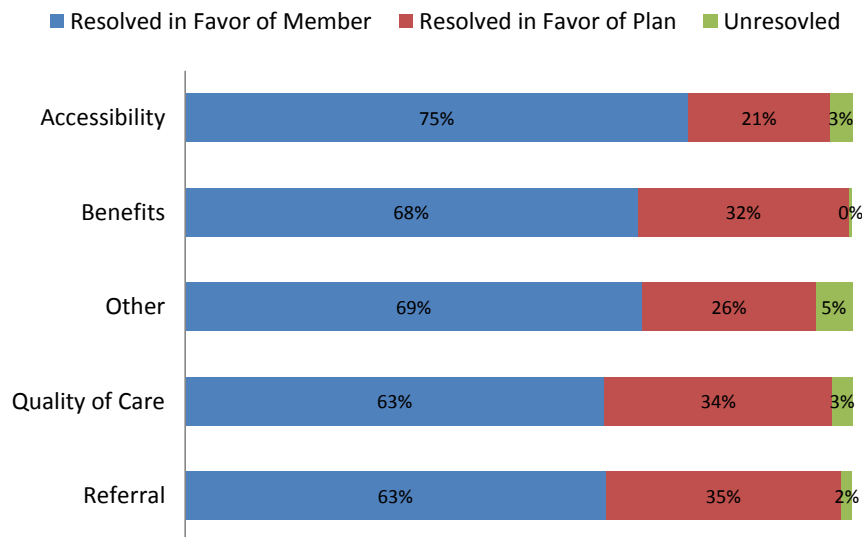
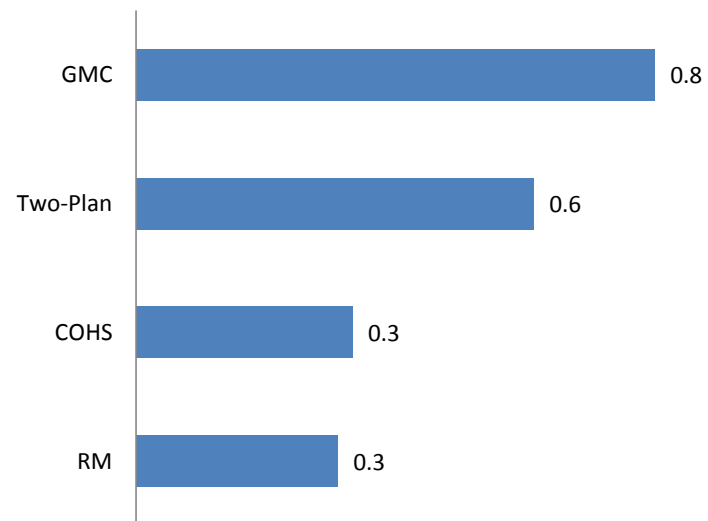


Fig 6-4 Grievances by Plan Model per 1,000 Member Months



ACCESS: State Fair Hearing Requests for Q4 (October-December 2015) Statewide

Fig 7-1 Hearing Reasons by Population

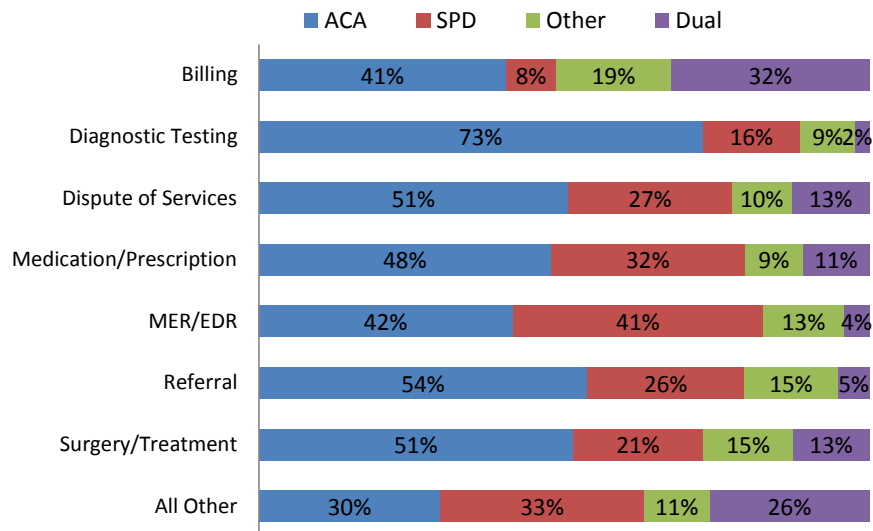


Fig 7-2 Hearing Outcomes by Population

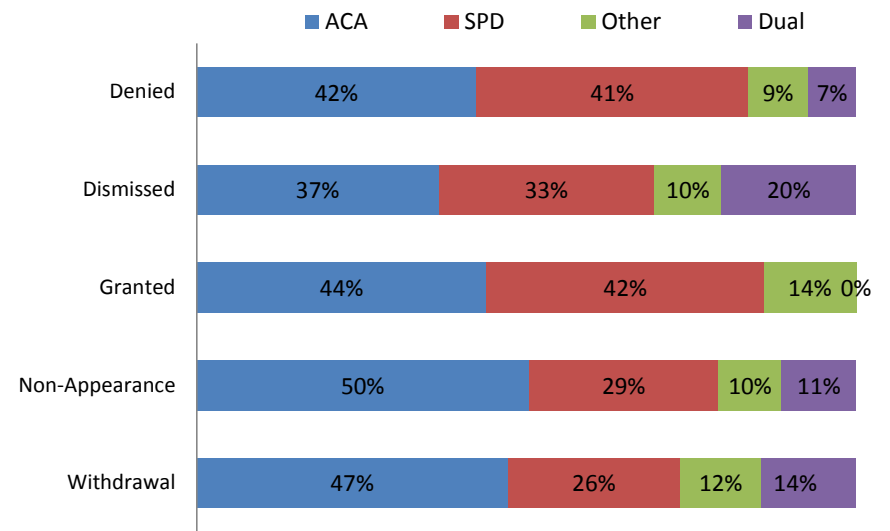
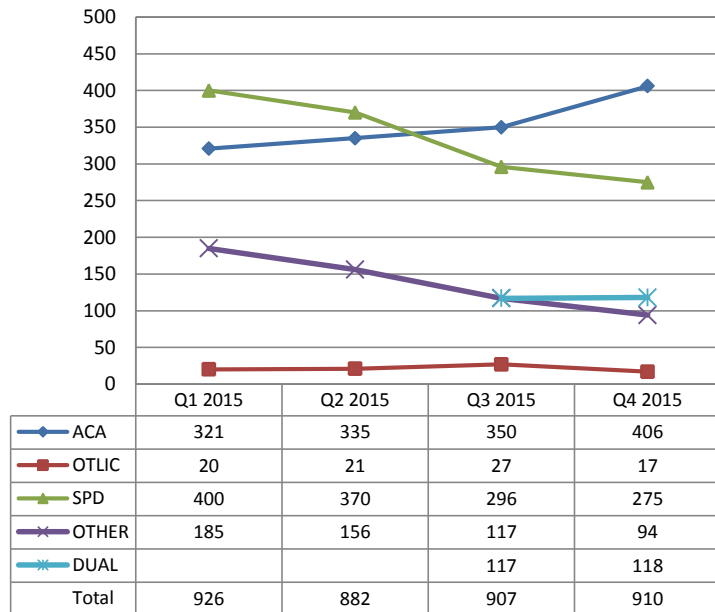


Fig 7-3 Hearings by Population



Note Fig 7-3: Dual data was not collected in Q1 and Q2 2015.

Fig 7-4 Top Hearing Reasons

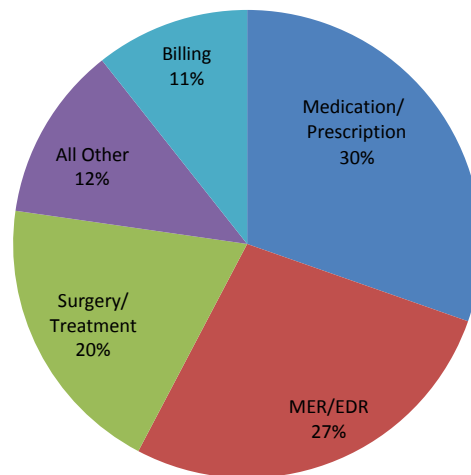
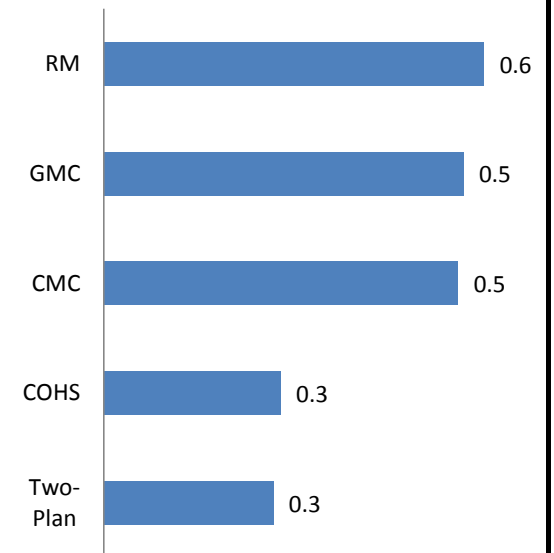


Fig 7-5 Hearings by Plan Model per 10,000 Member Months



ACCESS: Medical Exemption Requests (MERS) for Q4 (October-December 2015) Statewide

■ Approved
 ■ Denied
 ■ Pending

Fig 8-1 All Beneficiary MERS

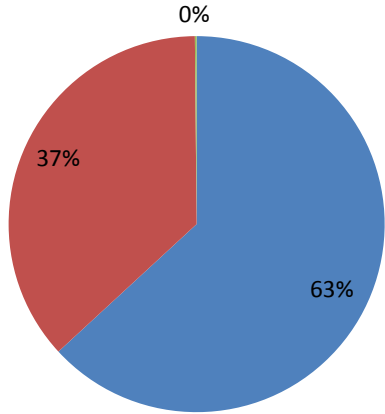


Fig 8-2 SPD Beneficiary MERS

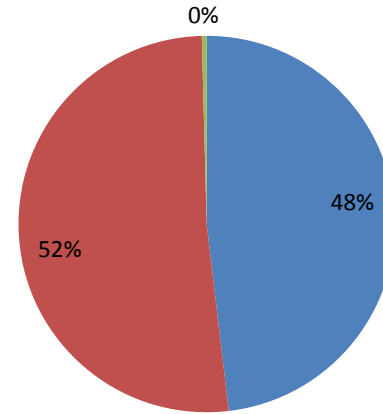
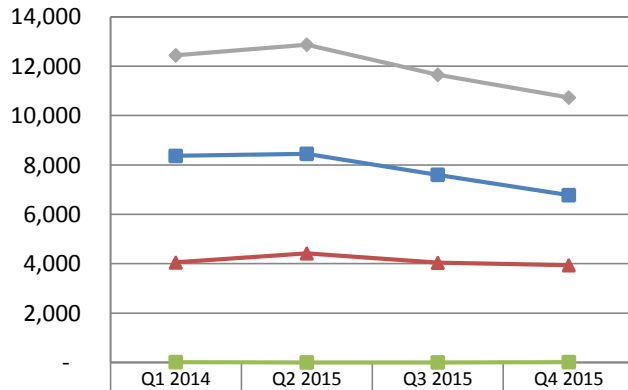


Fig 8-3 All Beneficiary MERS

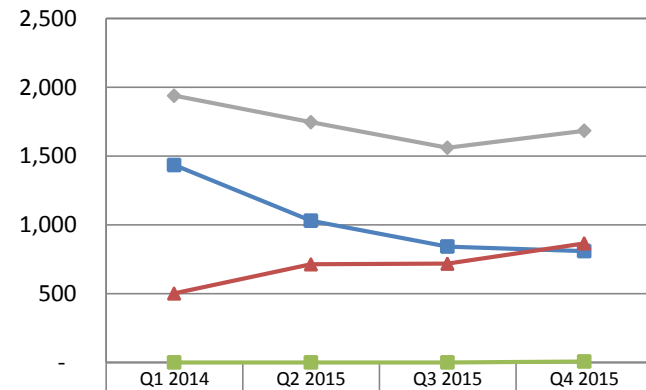
■ Approved
 ▲ Denied
 ■ Pending
 ◆ MERS Submitted



Category	Q1 2014	Q2 2015	Q3 2015	Q4 2015
Approved	8,368	8,451	7,599	6,776
Denied	4,060	4,421	4,047	3,939
Pending	9	1	5	16
MERS Submitted	12,437	12,873	11,651	10,731

Fig 8-4 SPD Beneficiary MERS

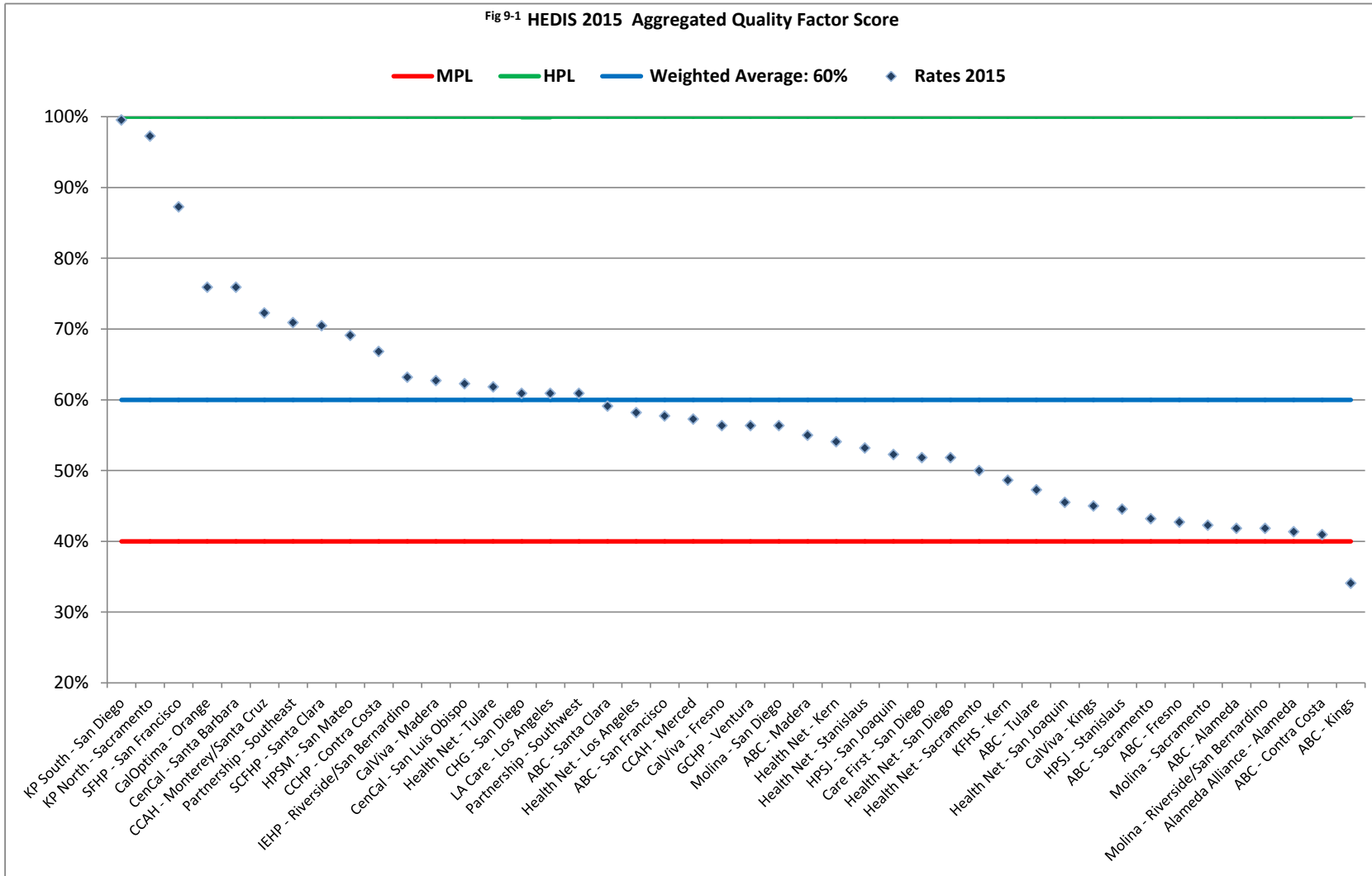
■ Approved
 ▲ Denied
 ■ Pending
 ◆ MERS Submitted



Category	Q1 2014	Q2 2015	Q3 2015	Q4 2015
Approved	1,435	1,031	843	810
Denied	503	714	718	866
Pending	0	0	0	7
MERS Submitted	1,938	1,745	1,561	1,683

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.