



Medi-Cal Managed Care Performance Dashboard Glossary

Released September 14, 2017

Quarterly Release Notes

- Aid Codes M3 and M4 have been reassigned from the ACA population group to the OTHER population group. This reassignment represents a significant difference between this dashboard and previous versions.
- The label “MO-,” which stands for Medi-Cal Only, has been added by each population type when the metric compares DUAL membership against different aid code populations.
- Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100%, or 101%.

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.



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

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.



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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.

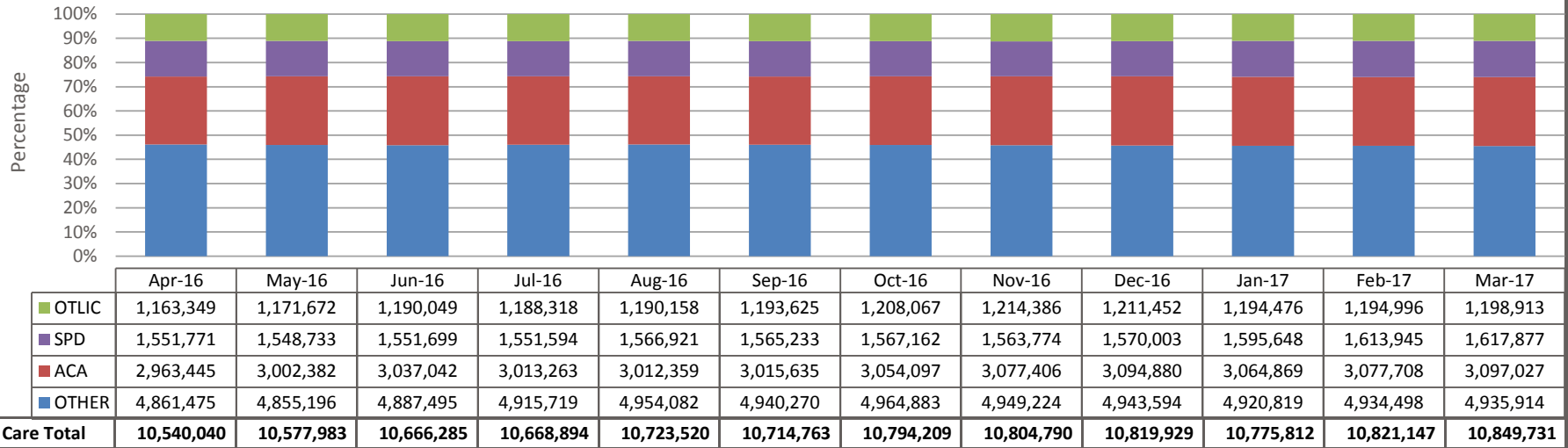
Grievance, Appeals and State Fair Hearings

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 ENROLLMENT: As of March 2017 (Data Warehouse pull August 2017)

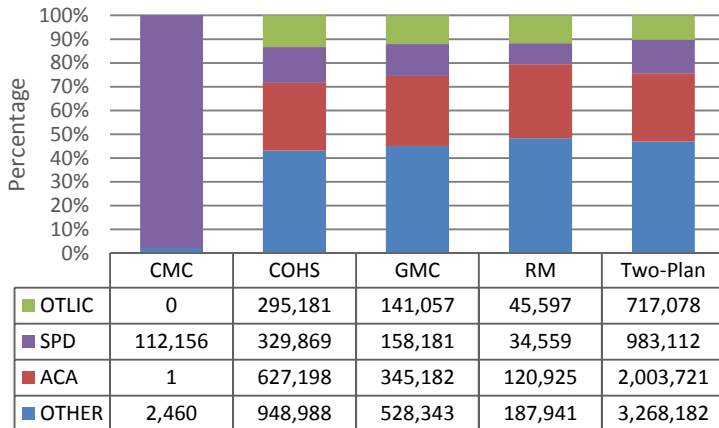
1-1: Managed Care Enrollment by Aid Population



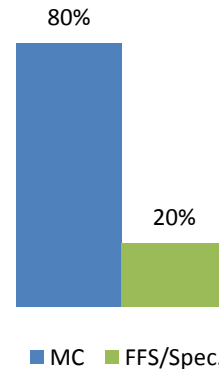
Other Medi-Cal Programs

Medi-Cal Type	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Fee-for-Service	3,059,610	3,048,263	2,958,105	2,860,607	2,806,742	2,756,571	2,680,452	2,694,482	2,707,179	2,730,853	2,659,646	2,607,959
Speciality Plans	20,879	21,022	21,080	21,008	21,025	20,991	21,078	21,166	21,199	21,544	21,662	21,803
Medi-Cal Program Total	13,620,529	13,647,268	13,645,470	13,550,509	13,551,287	13,492,325	13,495,739	13,520,438	13,548,307	13,528,209	13,502,455	13,479,493

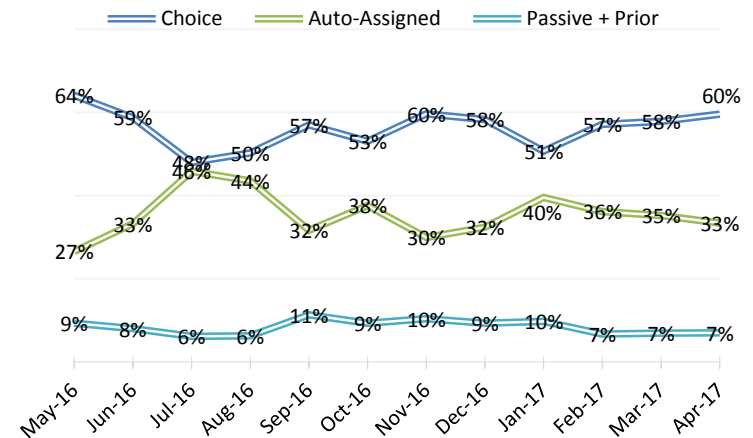
1-2: Aid Population by Plan Model



1-3: Medi-Cal Managed Care vs. FFS/Specialty

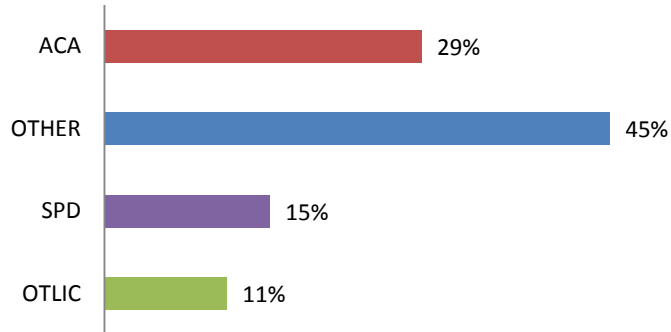


1-4: Choice and Auto-Assignment Rates

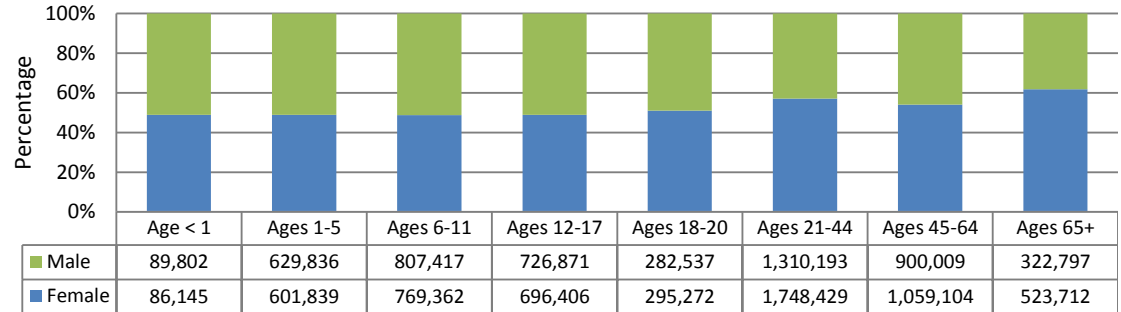


CERTIFIED ELIGIBLE ENROLLMENT: Managed Care demographics for March 2017 (Data Warehouse pull August 2017)

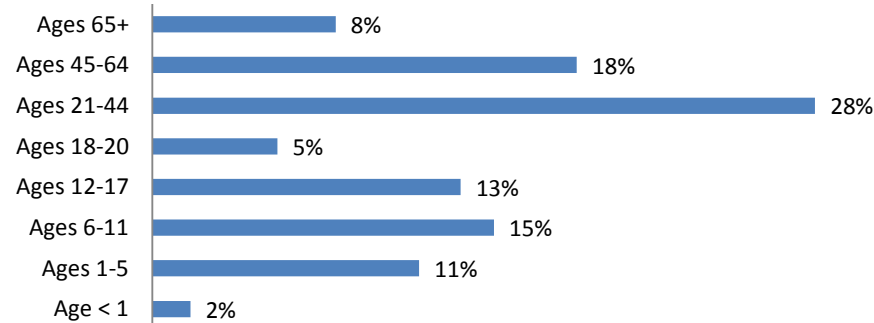
2-1: Aid Groups "All Managed Care"



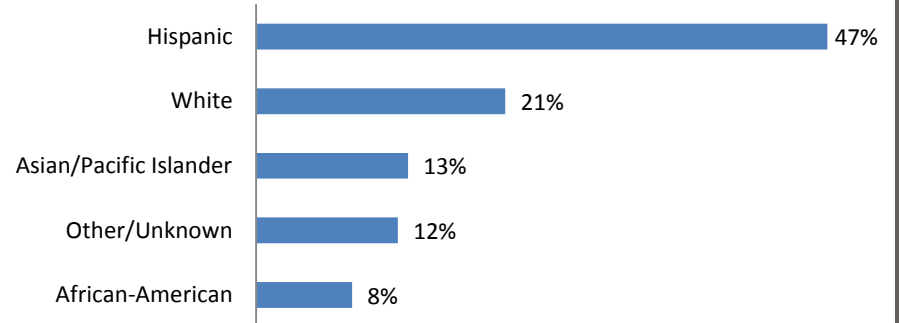
2-2: Age by Gender "All Managed Care"



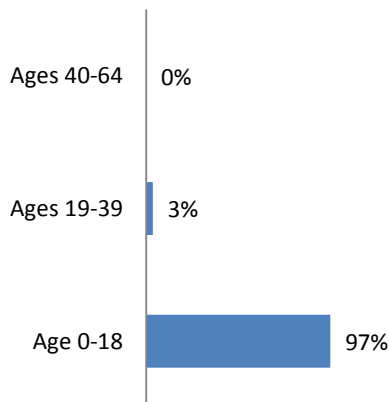
2-3: Age Cohorts "All Managed Care"



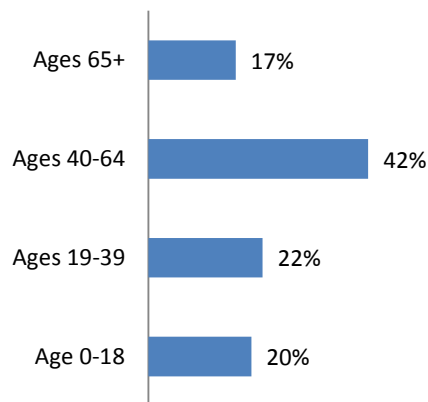
2-4: Race and Ethnicity "All Managed Care"



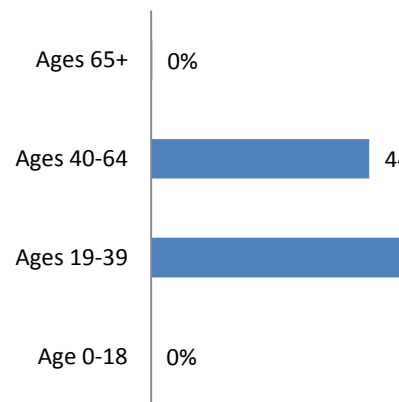
2-5: Medi-Cal Only "OTLIC" Age



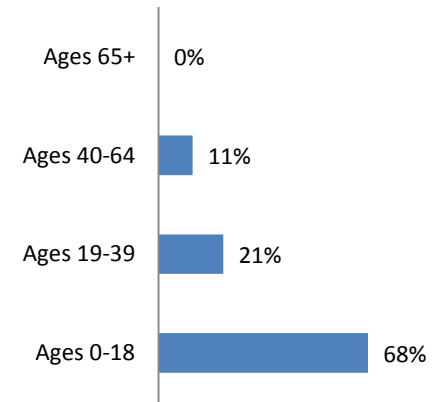
2-6: Medi-Cal Only "SPD" Age



2-7: Medi-Cal Only "ACA" Age



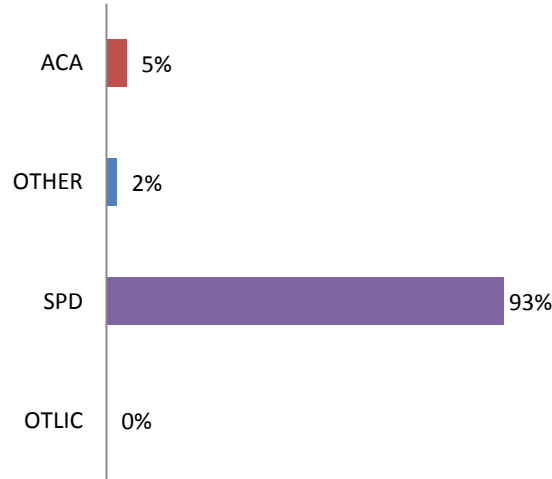
2-8: Medi-Cal Only "OTHER" Age



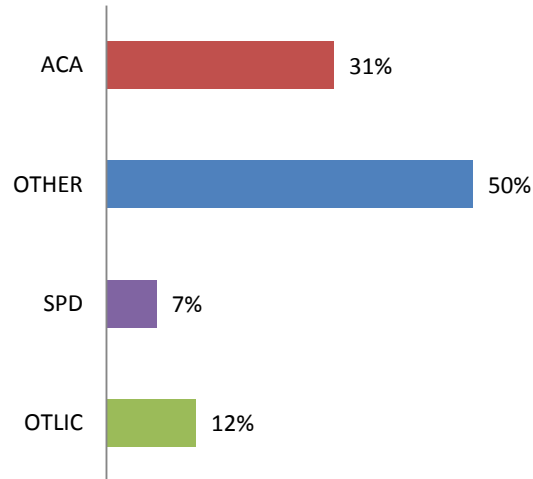
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for March 2017 (Data Warehouse pull August 2017)												
Dual Status	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Dual	966,351	965,864	968,518	964,686	965,296	962,590	963,711	962,345	971,414	997,225	1,015,186	1,020,021
Non-Dual*	9,573,689	9,612,119	9,697,767	9,704,208	9,758,224	9,752,173	9,830,498	9,842,445	9,848,515	9,778,587	9,805,961	9,829,710

Note: Medi-Cal Only. See glossary.

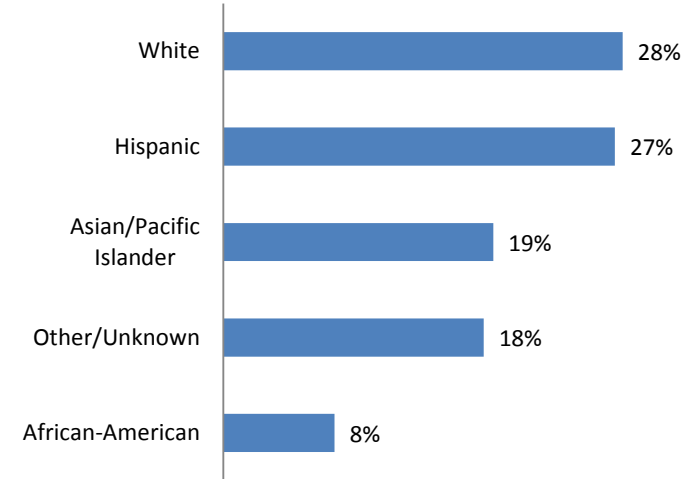
3-1: Aid Groups "Dual"



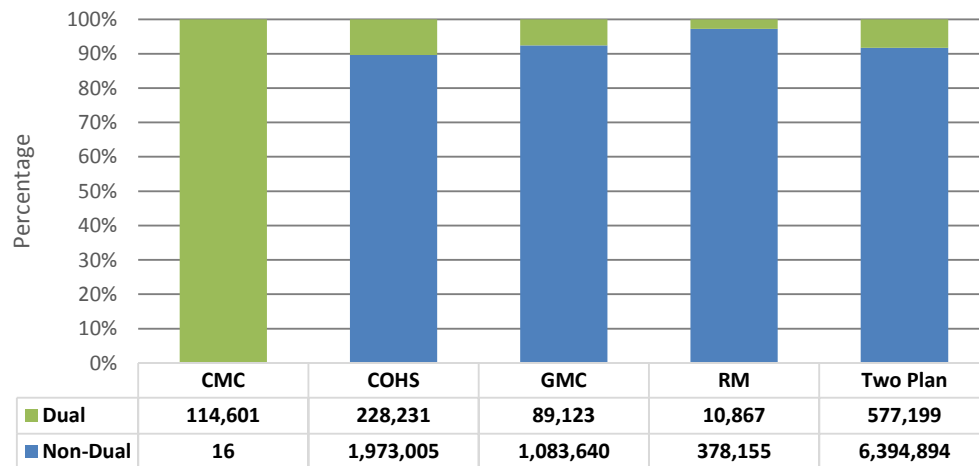
3-2: Aid Groups "Non-Dual"



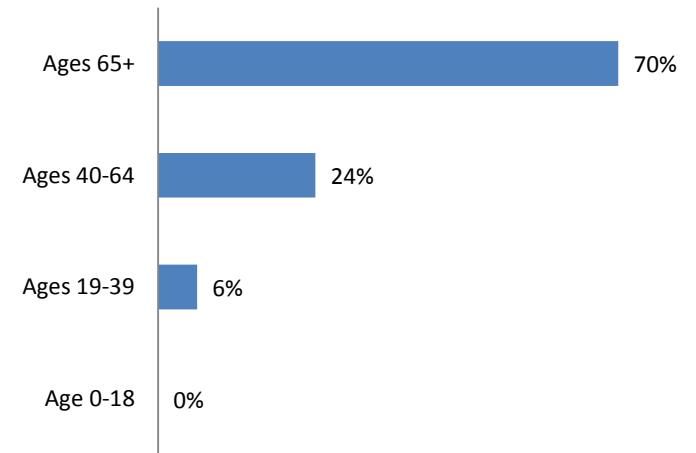
3-3: Dual Eligible by Race and Ethnicity



3-4: Plan Model Totals

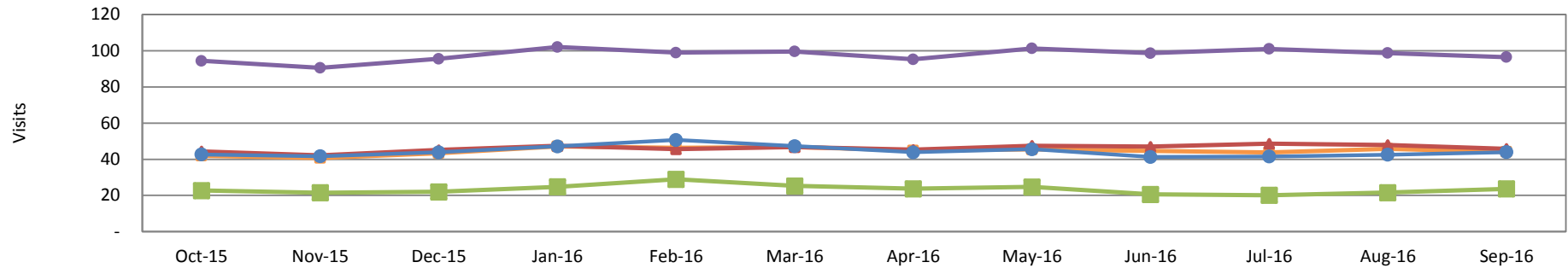


3-5: Dual Age Cohorts



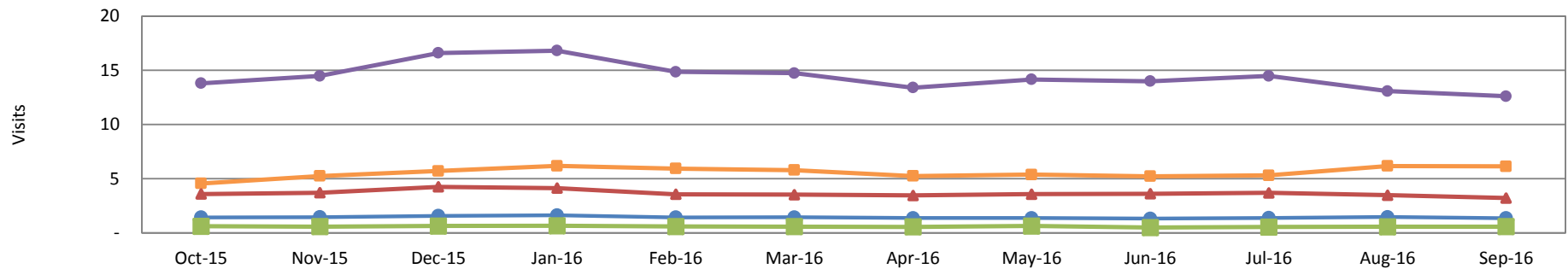
UTILIZATION: Statewide October 2015 to September 2016 (Data Warehouse pull August 2017)

4-1: Emergency Room Visits per 1,000 Member Months



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	94	91	96	102	99	100	95	101	99	101	99	96
Dual	42	41	43	47	46	47	45	45	45	44	46	44
MO-ACA	44	42	45	47	46	47	45	47	47	49	48	46
MO-Other	43	42	44	47	51	47	44	46	41	42	43	44
MO-OTLIC	23	22	22	25	29	25	24	25	21	20	22	24

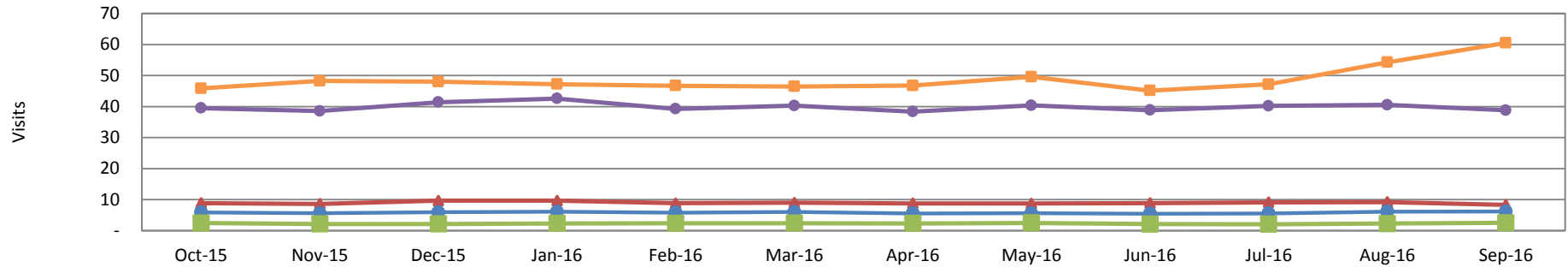
4-2: Emergency Room Visits With an Inpatient Admission per 1,000 Member Months



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	14	14	17	17	15	15	13	14	14	14	13	13
Dual	5	5	6	6	6	6	5	5	5	5	6	6
MO-ACA	4	4	4	4	4	4	3	4	4	4	3	3
MO-Other	1	1	2	2	1	1	1	1	1	1	1	1
MO-OTLIC	1	1	1	1	1	1	1	1	0	1	1	1

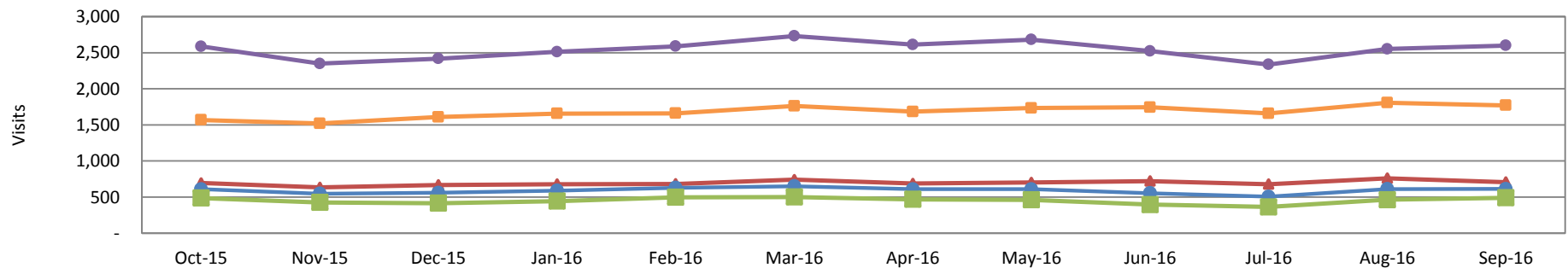
UTILIZATION: Statewide October 2015 to September 2016 (Data Warehouse pull August 2017)

5-1: Inpatient Admissions per 1,000 Member Months



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	40	39	41	43	39	40	38	40	39	40	41	39
Dual	46	48	48	47	47	46	47	50	45	47	54	60
MO-ACA	9	9	10	10	9	9	9	9	9	9	9	8
MO-Other	6	6	6	6	6	6	6	6	5	6	6	6
MO-OTLIC	2	2	2	2	2	2	2	2	2	2	2	3

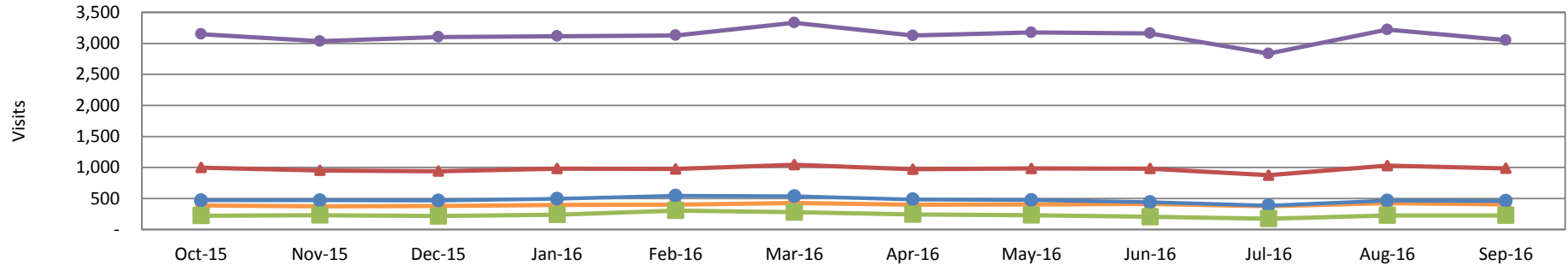
5-2: Outpatient Visits per 1,000 Member Months



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	2,587	2,348	2,418	2,513	2,588	2,731	2,612	2,681	2,522	2,336	2,552	2,600
Dual	1,569	1,520	1,608	1,657	1,660	1,762	1,684	1,733	1,744	1,658	1,807	1,770
MO-ACA	694	635	669	679	682	741	688	702	722	679	760	706
MO-Other	609	547	559	589	629	650	610	610	555	507	611	613
MO-OTLIC	487	427	416	445	498	500	469	461	397	364	463	490

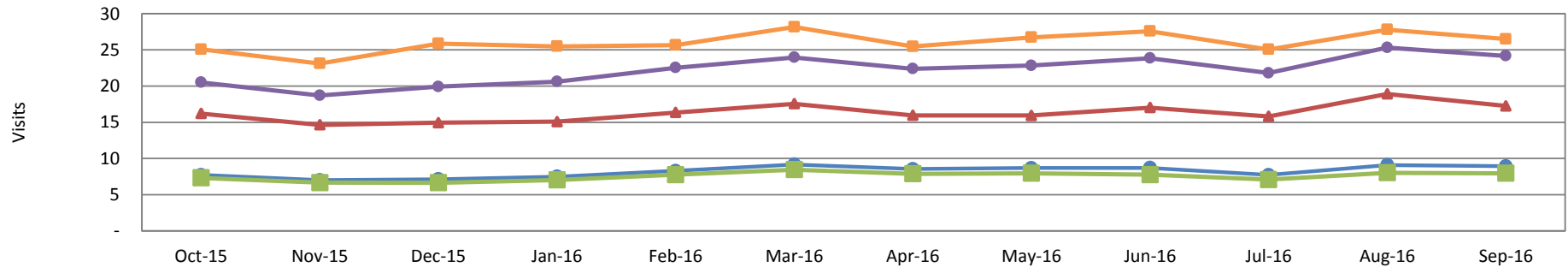
UTILIZATION: Statewide October 2015 to September 2016 (Data Warehouse pull August 2017)

6-1: Prescriptions per 1,000 Member Months



	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	3,148	3,035	3,103	3,116	3,127	3,331	3,126	3,175	3,160	2,836	3,221	3,050
Dual	389	374	380	394	399	428	399	404	411	376	426	406
MO-ACA	998	951	940	981	976	1,043	971	983	980	876	1,029	985
MO-Other	470	469	465	494	545	536	484	473	440	386	465	459
MO-OTLIC	224	231	218	239	305	278	244	232	204	174	226	227

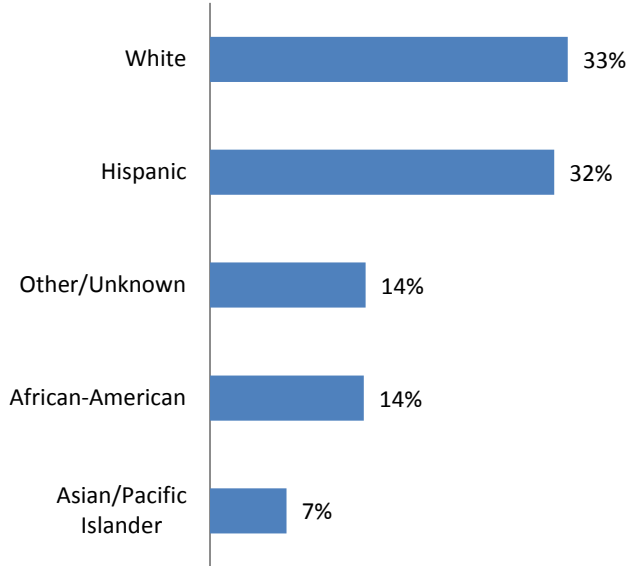
6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



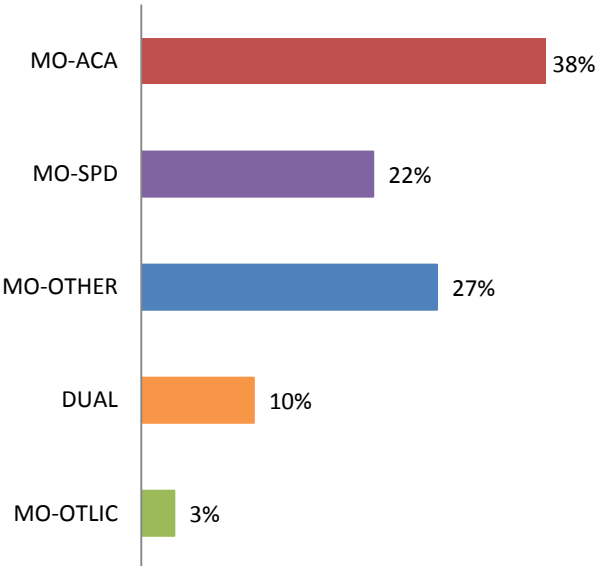
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
MO-SPD	21	19	20	21	23	24	22	23	24	22	25	24
Dual	25	23	26	25	26	28	25	27	28	25	28	27
MO-ACA	16	15	15	15	16	18	16	16	17	16	19	17
MO-Other	8	7	7	7	8	9	9	9	9	8	9	9
MO-OTLIC	7	7	7	7	8	8	8	8	8	7	8	8

Grievance Demographics: Q1 2017 (January to March 2017) Statewide

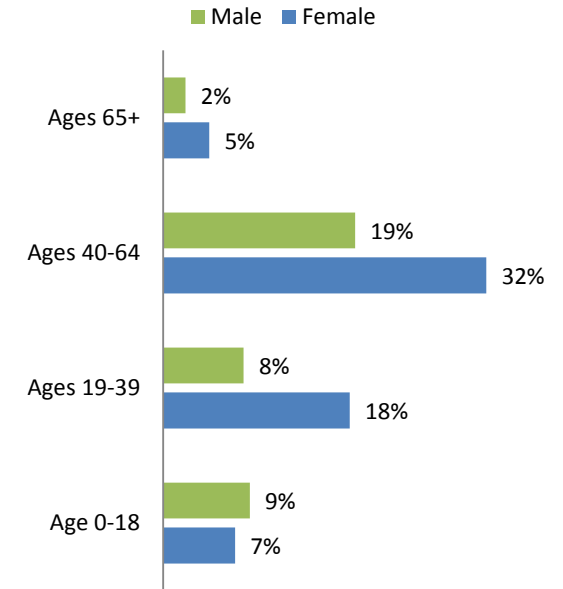
7-1: Grievances by Ethnicity



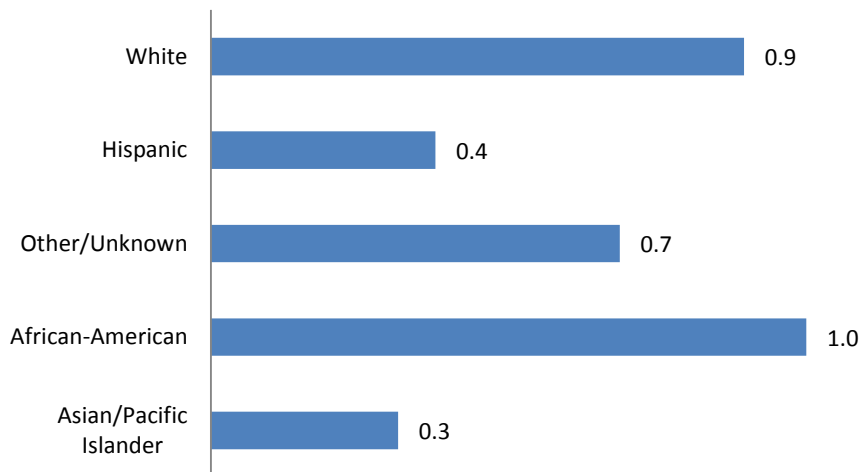
7-2: Grievances by Population



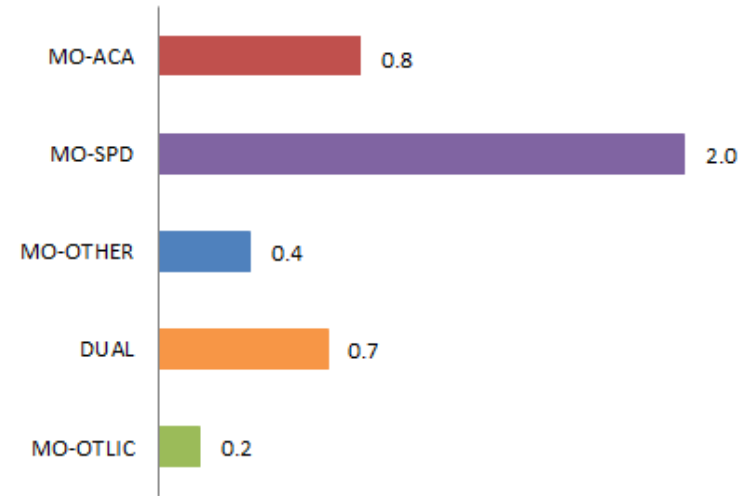
7-3: Grievances by Age



7-4: Grievances by Ethnicity Per 1,000 Member Months

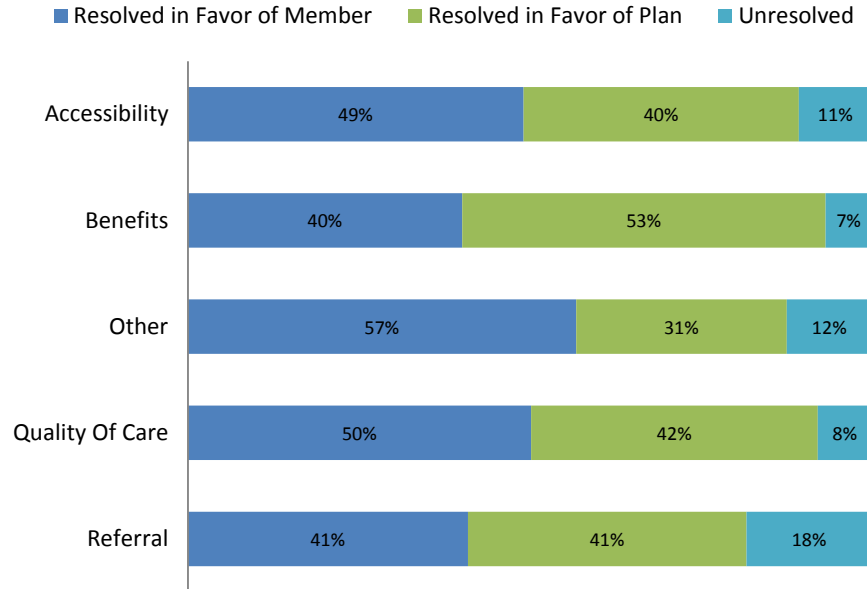


7-5: Grievances by Population Per 1,000 Member Months

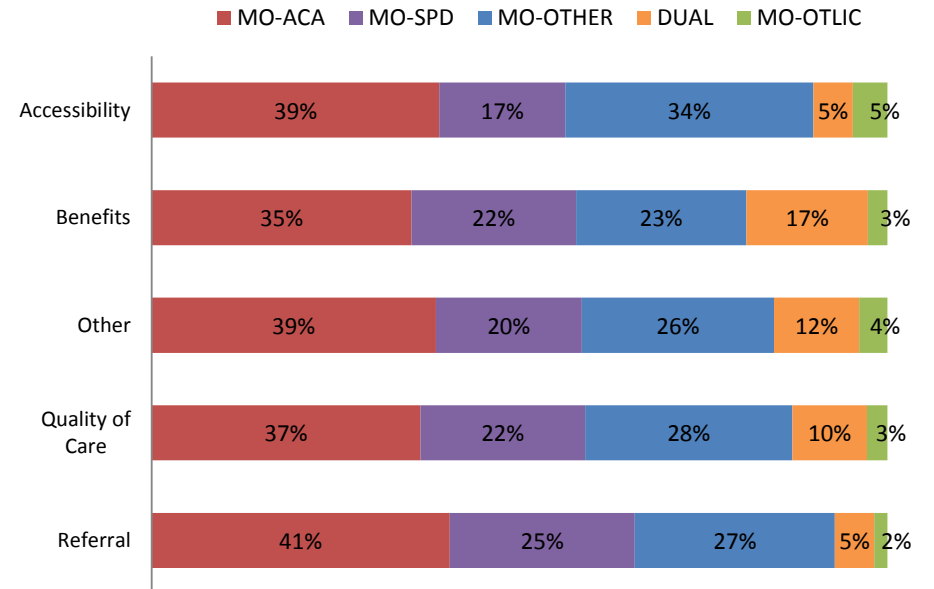


Grievance and Appeals Outcomes: Q1 2017 (January to March 2017) Statewide

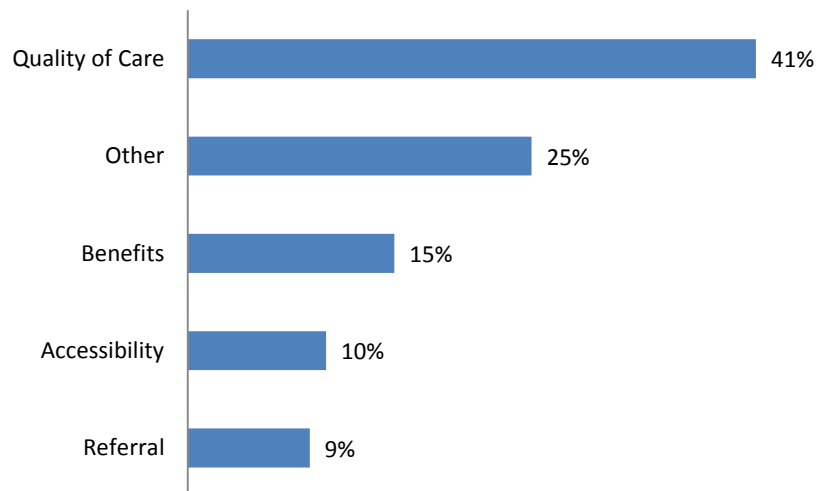
8-1: Grievance Resolution by Type



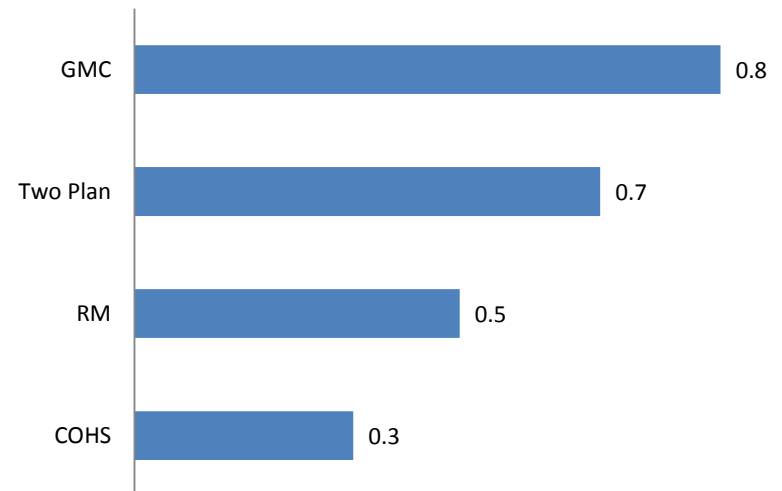
8-2: Grievances by Population and Type



8-3: Grievances by Type

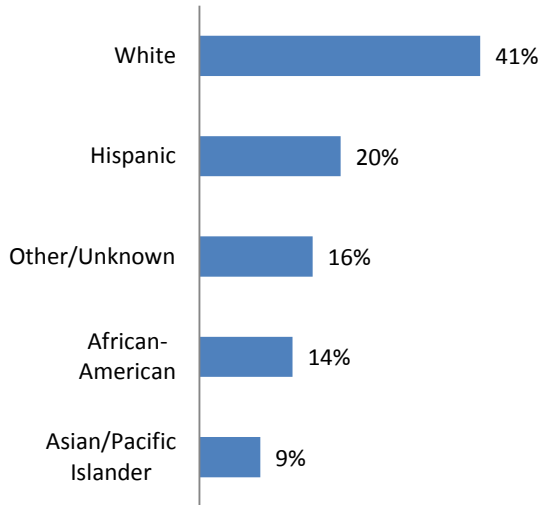


8-4: Grievances by Plan Model per 1,000 Member Months

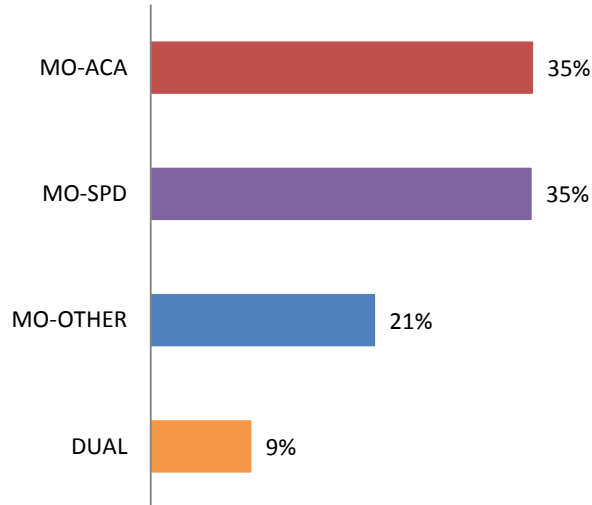


State Fair Hearing Demographics: Q1 2017 (January to March 2017) Statewide

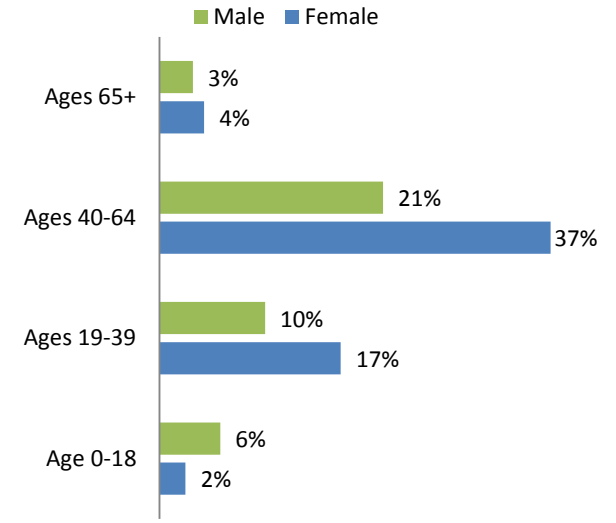
9-1: Hearings by Ethnicity



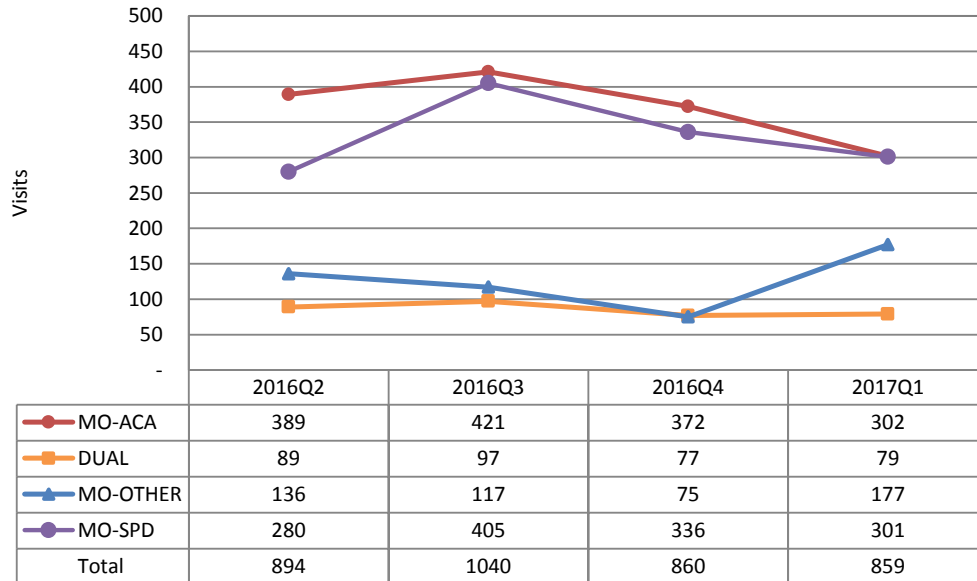
9-2: Hearings by Population



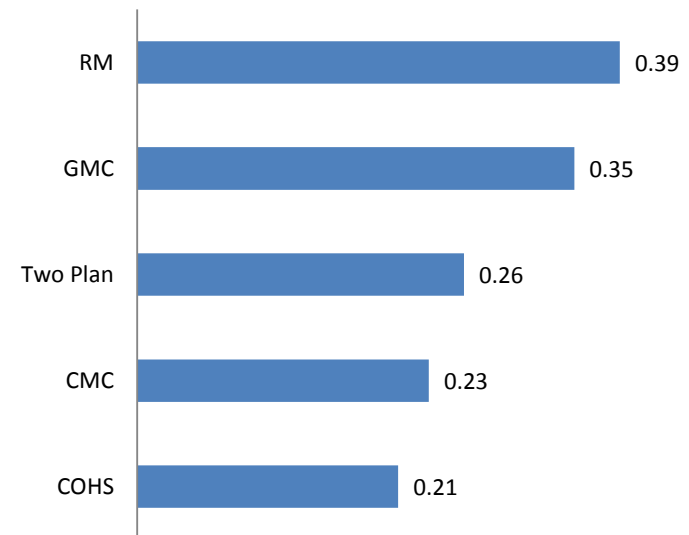
9-3: Hearings by Age



9-4: Hearings by Population

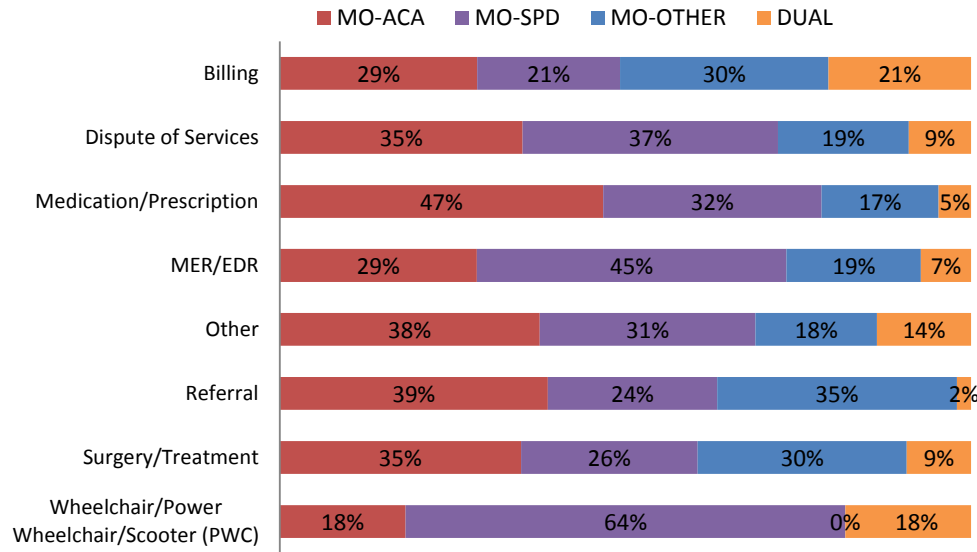


9-5: Hearings by Plan Model per 10,000 Member Months

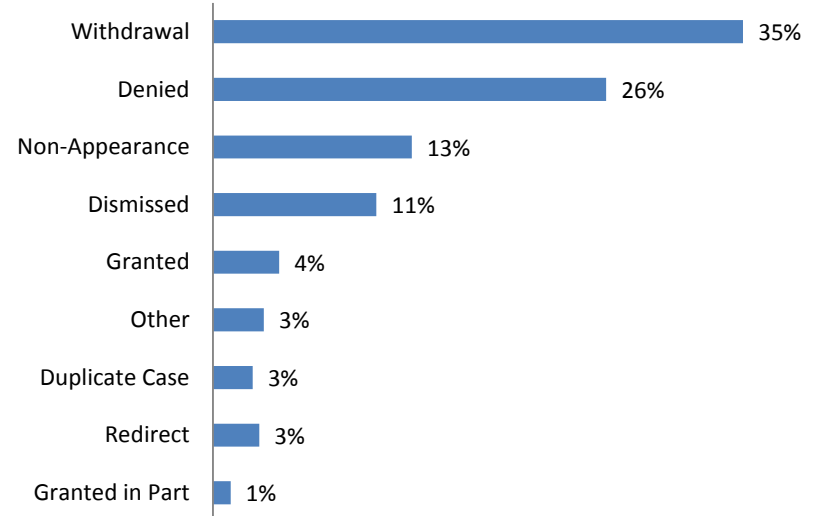


State Fair Hearing Reasons/Outcomes: Q1 2017 (January to March 2017) Statewide

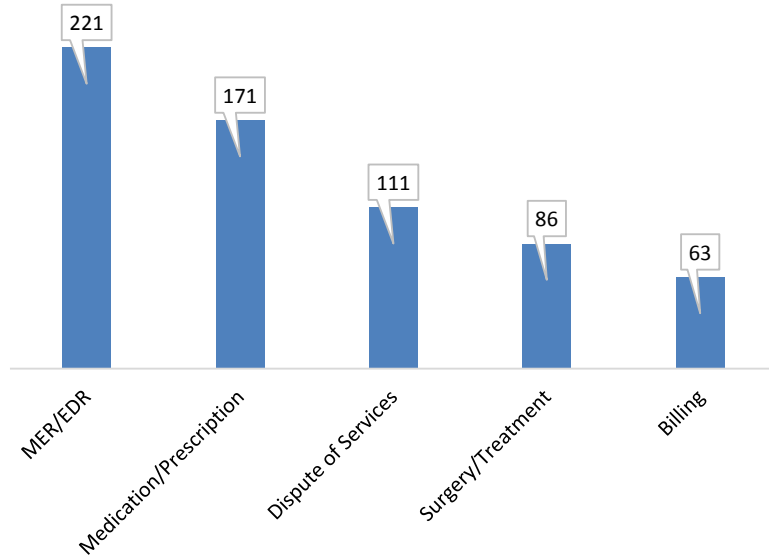
10-1: Hearing Reasons by Population



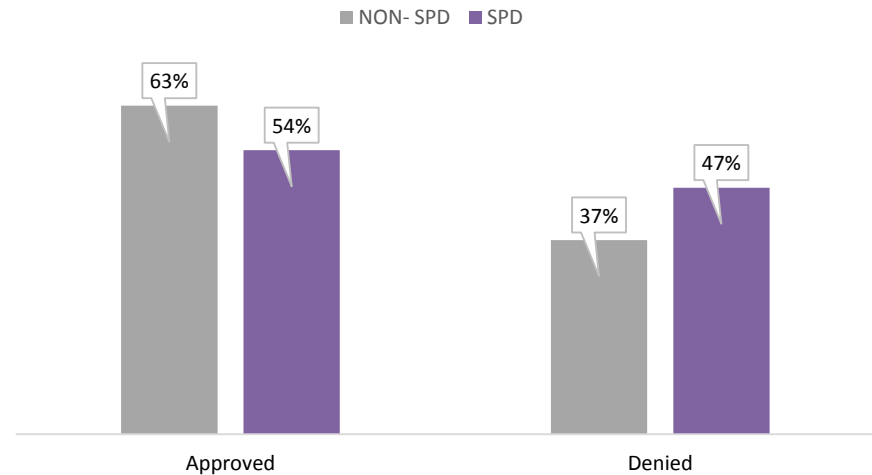
10-2: Hearing Outcomes



10-3: Top 5 Hearing Reasons

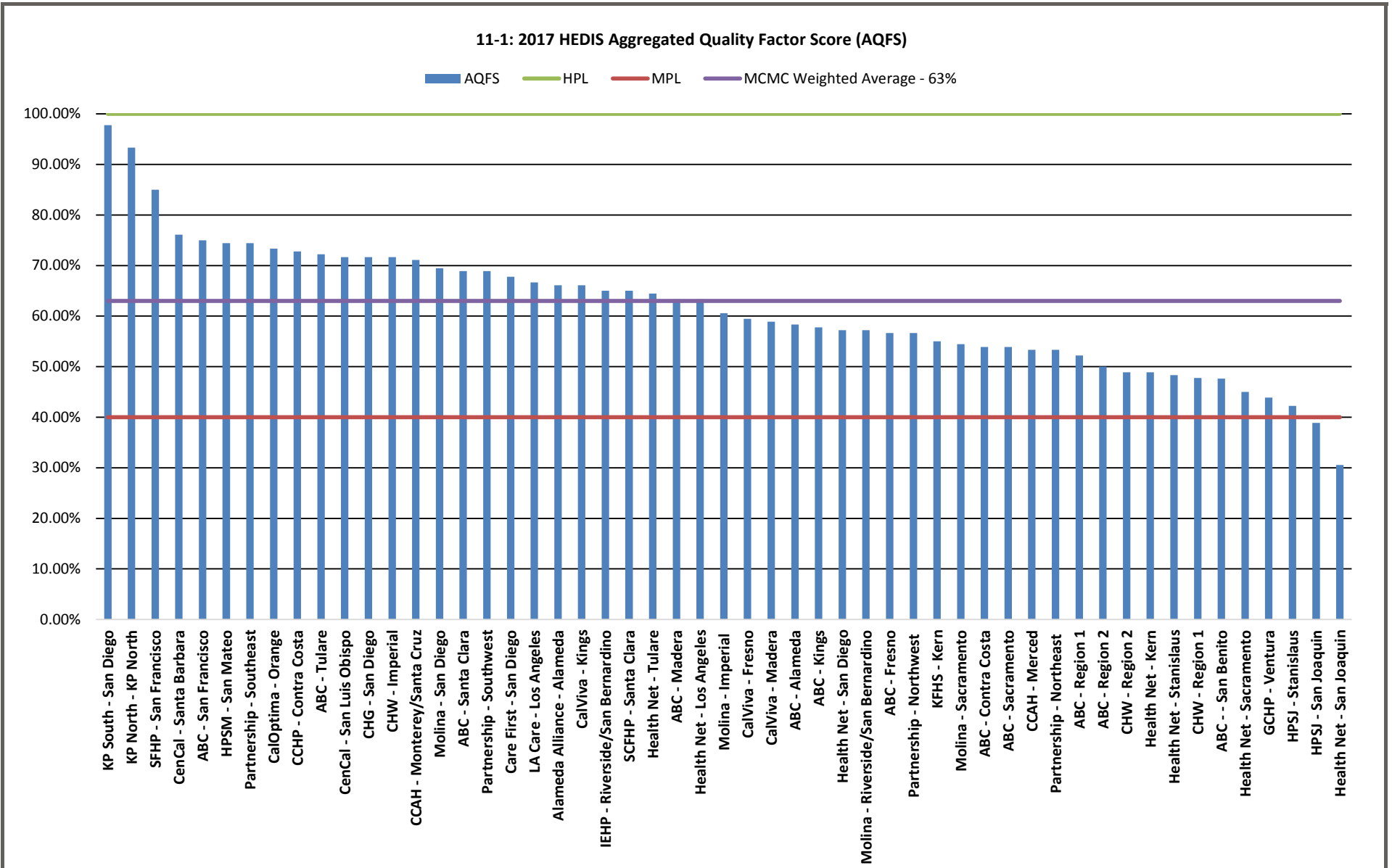


10-4: Medical Exemption Requests



Medi-Cal Managed Care Performance Dashboard

Released September 14, 2017



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%.