Dashboard data is updated monthly except for the quarterly Encounter Completeness metric and annual HEDIS metric. The latest refresh date is a month prior to the above-mentioned Release Date.

• HEDIS metrics have been excluded due to COVID-19.
• The Encounter Completeness (Stoplight) page has been excluded due to COVID-19.
• Emergency Room Visits per 1,000 Members (page 5) increased from February 2021 to December 2021 (By All Populations).
• Total number of grievances (page 11) decreased from 2021Q3 to 2021Q4 and remained relatively steady through 2022Q2.
• Count of State Fair Hearings Outcomes (page 14) decreased from March 2022 to June 2022 for all outcomes.
• In comparing A&I MedicalAudit Findings from 2022Q1 to 2022Q2 (page 16), the number of findings increased in some plans, such as Anthem (6 to 7), CCAH (1 to 4), and CenCal (10 to11) as a result of new audit findings identified in 2022Q2 in addition to their current corrective action plan, thereby adding to their total number of open findings. DHCS is following closely with MCPs to resolve all audit findings. If there are repeat findings, DHCS will exercise appropriate corrective actions.
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Managed Care Member Demographics (Jun-22)

By Sex
- Female: 6.76M
- Male: 5.93M

By Age
- Ages 0-18: 4.80M
- Ages 19-39: 3.93M
- Ages 40-64: 2.85M
- Ages 65+: 1.11M

By Ethnicity
- Asian: 1.09M
- Black or African-American: 0.94M
- Hispanic: 6.13M
- Native Hawaiian or Other Pacific Islander: 0.18M
- White: 2.30M
- Other/Unknown: 2.06M

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Medi-Cal Member Demographics (Jun-22)

By Medi-Cal Type

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By Plan Model

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By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Dual Member Demographics (Jun-22)

By Sex
- Female: 0.70M
- Male: 0.52M

By Age
- Ages 0-18: 0.00M
- Ages 19-39: 0.06M
- Ages 40-64: 0.23M
- Ages 65+: 0.93M

By Ethnicity
- Asian: 0.21M
- Black or African-American: 0.09M
- Hispanic: 0.37M
- Native Hawaiian or Other Pacific Islander: 0.03M
- White: 0.31M
- Other/Unknown: 0.21M

By Population
- ACA: 0.07M
- OTLIC: 0.00M
- SPD: 1.10M
- Other: 0.05M

Non-Dual Member Demographics (Jun-22)

By Sex
- Female: 6.05M
- Male: 5.42M

By Age
- Ages 0-18: 4.80M
- Ages 19-39: 3.88M
- Ages 40-64: 2.62M
- Ages 65+: 0.18M

By Ethnicity
- Asian: 0.88M
- Black or African-American: 0.84M
- Hispanic: 5.76M
- Native Hawaiian or Other Pacific Islander: 0.15M
- White: 2.00M
- Other/Unknown: 1.85M

By Population
- ACA: 4.18M
- OTLIC: 1.25M
- SPD: 0.64M
- Other: 5.41M

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Emergency Room Visits per 1,000 Members (Dec-21)

By Sex
- Female: 43.18
- Male: 39.81

By Age
- Ages 0-18: 29.45
- Ages 19-39: 47.00
- Ages 40-64: 56.20
- Ages 65+: 39.91

By Ethnicity
- Asian: 17.84
- Black or African-American: 64.48
- Hispanic: 37.96
- Native Hawaiian or Other Pacific Islander: 32.77
- White: 49.26
- Other/Unknown: 47.10

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Emergency Room Visits with an Inpatient Admission per 1,000 Members (Dec-21)

By Sex

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By Age

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By Ethnicity

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Inpatient Admissions per 1,000 Members (Dec-21)

By Sex
- Female: 13.79
- Male: 11.73

By Age
- Ages 0-18: 3.39
- Ages 19-39: 10.63
- Ages 40-64: 17.92
- Ages 65+: 49.32

By Ethnicity
- Asian: 8.31
- Black or African-American: 16.42
- Hispanic: 8.55
- Native Hawaiian or Other Pacific Islander: 18.55
- White: 21.93
- Other/Unknown: 15.85

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Outpatient Visits per 1,000 Members (Dec-21)

By Sex
- Female: 1,154.36
- Male: 944.88

By Age
- Ages 0-18: 697.88
- Ages 19-39: 862.47
- Ages 40-64: 1,514.89
- Ages 65+: 2,163.00

By Ethnicity
- Asian: 1,192.06
- Black or African-American: 1,125.32
- Hispanic: 920.80
- Native Hawaiian or Other Pacific Islander: 1,115.73
- White: 1,341.76
- Other/Unknown: 1,024.44

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Prescriptions per 1,000 Members (Dec-21)

By Sex

- Female: 816.19
- Male: 616.94

By Age

- Ages 0-18: 256.60
- Ages 19-39: 551.86
- Ages 40-64: 1,758.20
- Ages 65+: 782.79

By Ethnicity

- Asian: 881.22
- Black or African-American: 789.34
- Hispanic: 588.07
- Native Hawaiian or Other Pacific Islander: 880.49
- White: 952.51
- Other/Unknown: 736.30

By Population

- Total: 676.5

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Mild-to-Moderate Mental Health Visits per 1,000 Members (Dec-21)

By Sex
- Female: 42.54
- Male: 21.90

By Age
- Ages 0-18: 17.25
- Ages 19-39: 48.01
- Ages 40-64: 46.61
- Ages 65+: 15.14

By Ethnicity
- Asian: 14.98
- Black or African-American: 30.78
- Hispanic: 23.18
- Native Hawaiian or Other Pacific Islander: 21.02
- White: 61.95
- Other/Unknown: 41.01

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Grievances per 1,000 Member Months (2022Q2)

By Sex
- Female: 3.18
- Male: 2.28

By Age
- Ages 0-18: 1.56
- Ages 19-39: 2.41
- Ages 40-64: 5.40
- Ages 65+: 2.47

By Ethnicity
- Asian: 1.43
- Black or African-American: 4.39
- Hispanic: 2.30
- Native Hawaiian or Other Pacific Islander: 2.16
- White: 3.86
- Other/Unknown: 2.89

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Total number of grievances increased slightly from 2022Q1 to 2022Q2.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
 Managed Care Performance Monitoring
Dashboard Report Released October 2022

State Fair Hearings per 10,000 Members (Jun-22)

By Sex

- Female: 0.08
- Male: 0.05

By Age

- Ages 0-18: 0.01
- Ages 19-39: 0.05
- Ages 40-64: 0.14
- Ages 65+: 0.13

By Ethnicity

- Asian: 0.08
- Black or African-American: 0.12
- Hispanic: 0.03
- Native Hawaiian or Other Pacific Islander: 0.06
- White: 0.11
- Other/Unknown: 0.07

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Count of State Fair Hearings: Outcomes (Jun-22)

By Sex
- Female: 30% Denied or Dismissed, 4% Granted, 66% Withdrawal or Non-Appearance
- Male: 48% Denied or Dismissed, 4% Granted, 48% Withdrawal or Non-Appearance

By Age
- Ages 0-18: 17% Denied or Dismissed, 17% Granted, 67% Withdrawal or Non-Appearance
- Ages 19-39: 29% Denied or Dismissed, 10% Granted, 62% Withdrawal or Non-Appearance
- Ages 40-64: 46% Denied or Dismissed, 0% Granted, 54% Withdrawal or Non-Appearance
- Ages 65+: 29% Denied or Dismissed, 0% Granted, 71% Withdrawal or Non-Appearance

By Ethnicity
- Asian: 33% Denied or Dismissed, 0% Granted, 67% Withdrawal or Non-Appearance
- Black or African-American: 45% Denied or Dismissed, 9% Granted, 45% Withdrawal or Non-Appearance
- Hispanic: 30% Denied or Dismissed, 10% Granted, 60% Withdrawal or Non-Appearance
- Native Hawaiian or Other Pacific Islander: 24% Denied or Dismissed, 0% Granted, 100% Withdrawal or Non-Appearance
- White: 36% Denied or Dismissed, 0% Granted, 64% Withdrawal or Non-Appearance
- Other/Unknown: 43% Denied or Dismissed, 0% Granted, 57% Withdrawal or Non-Appearance

Total
- Denied or Dismissed
  - Jul-21: 54
  - Aug-21: 68
  - Sep-21: 64
  - Oct-21: 49
  - Nov-21: 55
  - Dec-21: 34
  - Jan-22: 60
  - Feb-22: 57
  - Mar-22: 72
  - Apr-22: 58
  - May-22: 70
  - Jun-22: 29
- Granted
  - Jul-21: 16
  - Aug-21: 11
  - Sep-21: 15
  - Oct-21: 10
  - Nov-21: 11
  - Dec-21: 6
  - Jan-22: 3
  - Feb-22: 7
  - Mar-22: 9
  - Apr-22: 5
  - May-22: 5
  - Jun-22: 3
- Withdrawal or Non-Appearance
  - Jul-21: 34
  - Aug-21: 37
  - Sep-21: 28
  - Oct-21: 40
  - Nov-21: 36
  - Dec-21: 36
  - Jan-22: 56
  - Feb-22: 36
  - Mar-22: 59
  - Apr-22: 40
  - May-22: 50
  - Jun-22: 48
- Total
  - Jul-21: 104
  - Aug-21: 116
  - Sep-21: 107
  - Oct-21: 99
  - Nov-21: 102
  - Dec-21: 76
  - Jan-22: 119
  - Feb-22: 100
  - Mar-22: 140
  - Apr-22: 103
  - May-22: 125
  - Jun-22: 80

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
The contractual standards are 1 Primary Care Physician (PCP) per 2,000 plan enrollees and 1 Physician per 1,200 plan enrollees.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
*Total Findings are based on the MCP's most recent audit for which a final report was issued. DHCS is following closely with MCPs to resolve all audit findings. If there are repeat findings, DHCS will exercise appropriate corrective actions.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
GLOSSARY

Metrics

Certified Eligible: A certified eligible is a beneficiary deemed qualified for Medi-Cal services by a valid eligibility determination, and who have enrolled into the program. This classification excludes beneficiaries who have a monthly share-of-cost obligation that has not been met. Enrollment counts exclude information related to applications received or any other eligible members that may be in the process of becoming certified eligible.

Member Month: A member month represent one certified eligible for one month of enrollment. Counts of Member months represent the number of certified eligible individuals enrolled in a health plan or Fee-For-Service each month.

Per 1,000 Members: Rates per 1,000 members were calculated by dividing overall utilization of a given service (e.g., Emergency Room Visits) by the total number of members for the same time period and multiplying the result by 1,000.

Abbreviated Numbers: Numbers in millions (M) that are less than 50,000 are displayed as 0.0M. Numbers in thousands (K) that are less than 50 are displayed as 0.0K.

Percentages: Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100%, or 101%.

MO-: Indicates Medi-Cal Only. See Non-Dual definition for more information.

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 aid codes not categorized under ACA, OTLIC, or SPD.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
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 Medi-Cal Only (MO) and has no active Medicare coverage.

*Utilization Measures for Certified Eligible Managed Care Members*

Utilization is tracked by aid code population and Medicare status.

**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 members.

**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 members.

**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 members.

**Outpatient (OP) Visits**: This measure captures the number of outpatient visits per month. A visit consists of a unique combination between provider, member, and date of service. This measure is displayed per 1,000 members.

**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 members.

**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 members.

*Source: Enterprise Performance Monitoring System*
*Note: Data in this dashboard is preliminary and subject to change*
Managed Care Performance Monitoring
Dashboard Report Released October 2022

Grievances and State Fair Hearings

**Grievances:** Grievance data is collected monthly and is plan reported. A single member can have multiple grievances, and a single grievance can have multiple grievance types. Grievance types include, but are not limited to, language access, billing, inappropriate care, provider/staff attitude, and referral. Grievance types are summarized into grievance categories, such as Access to Care, Compliance, Coverage, Quality of Care, etc.

**State Fair Hearings:** Hearing data is reported from the Department of Social Services. Hearing outcomes have been grouped into three outcomes types: Denied or Dismissed, Granted, and Withdrawal or Non-Appearance.

Network Adequacy

**Provider Ratios:** These metrics are designed to showcase the number of Primary Care Physicians (PCPs) per 2,000 plan enrollees and all Physicians per 1,200 plan enrollees.

Audits and Investigations Division (A&I) Medical Audit

**A&I Medical Audit Findings:** DHCS’ A&I conducts audits of each Medi-Cal Managed Care Plan (MCP) on an annual basis. The data is based on the MCP’s most recent audit for which a final report was issued. The total number of audits represents findings across all audit categories. DHCS posts the results of the medical audits to the DHCS website within one month after the report is issued to the MCP. DHCS also posts the results of the completed corrective action plan once the CAP has been approved by DHCS.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change