

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

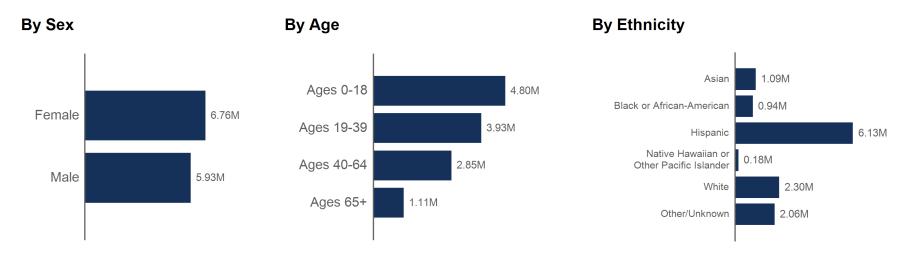
MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT

Released October 2022

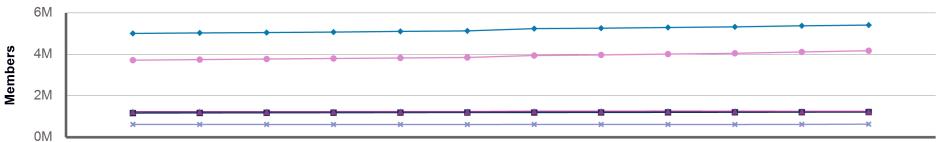
Quarterly Release Notes and Changes in Performance/Trends

- 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 Medical Audit 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 Member Demographics (Jun-22)



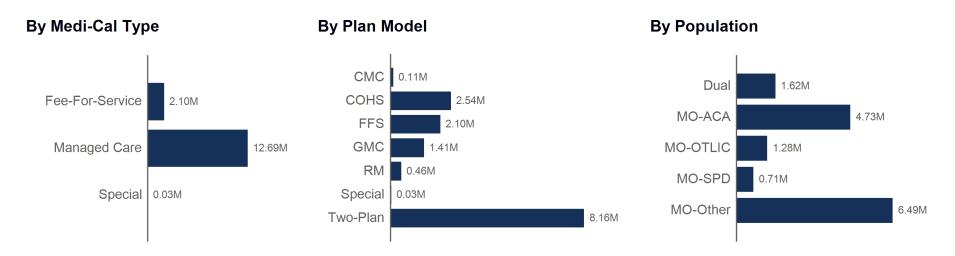
By Population



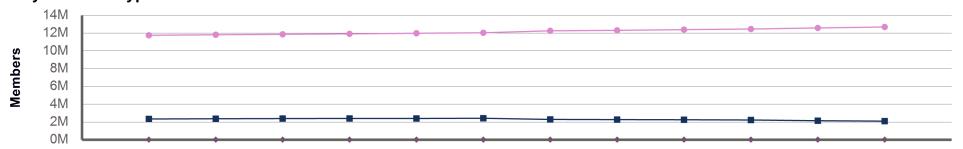
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Dual	1,171,700	1,178,226	1,183,811	1,188,496	1,193,681	1,198,849	1,198,354	1,200,286	1,204,634	1,208,389	1,214,098	1,219,118
MO-ACA	3,720,251	3,747,594	3,776,341	3,801,343	3,826,073	3,850,550	3,945,094	3,973,874	4,014,232	4,052,128	4,116,175	4,175,500
MO-OTLIC	1,234,778	1,236,218	1,237,468	1,238,204	1,240,137	1,241,074	1,255,187	1,255,356	1,258,073	1,256,156	1,251,319	1,251,146
MO-SPD	624,077	623,137	622,451	621,503	620,983	620,289	624,199	622,848	622,446	621,331	626,659	635,911
MO-Other	5,008,886	5,032,942	5,050,841	5,073,864	5,106,865	5,131,293	5,241,213	5,260,310	5,295,719	5,325,722	5,377,266	5,410,465
MC Total	11,759,692	11,818,117	11,870,912	11,923,410	11,987,739	12,042,055	12,264,047	12,312,674	12,395,104	12,463,726	12,585,517	12,692,140

Source: Enterprise Performance Monitoring System

Medi-Cal Member Demographics (Jun-22)



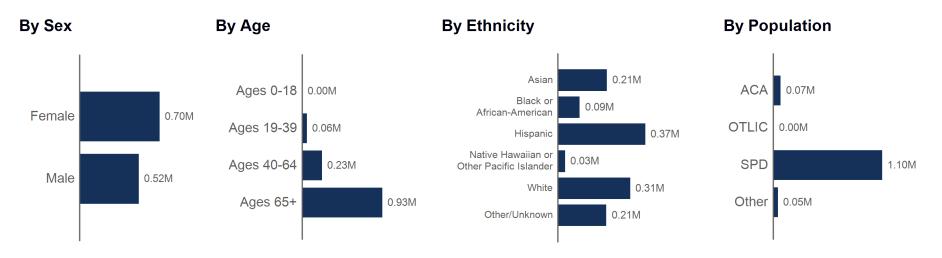
By Medi-Cal Type



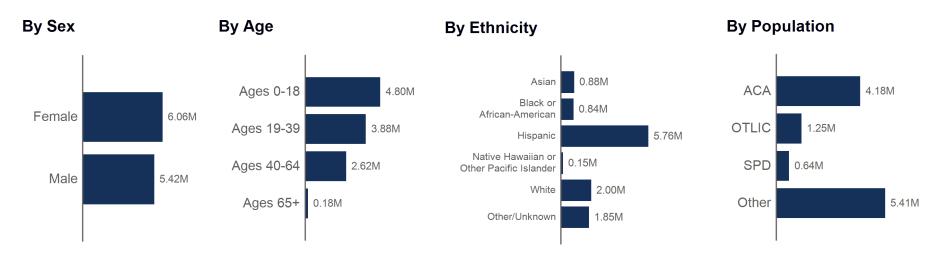
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Fee-For-Service	2,346,397	2,375,521	2,395,570	2,407,911	2,405,309	2,428,751	2,297,372	2,279,631	2,263,230	2,234,663	2,152,832	2,104,712
Managed Care	11,759,692	11,818,117	11,870,912	11,923,410	11,987,739	12,042,055	12,264,047	12,312,674	12,395,104	12,463,726	12,585,517	12,692,140
Special	28,950	29,365	29,718	29,975	30,335	30,541	30,480	30,468	30,644	30,853	31,116	31,321
Total	14,135,039	14,223,003	14,296,200	14,361,296	14,423,383	14,501,347	14,591,899	14,622,773	14,688,978	14,729,242	14,769,465	14,828,173

Source: Enterprise Performance Monitoring System

Dual Member Demographics (Jun-22)

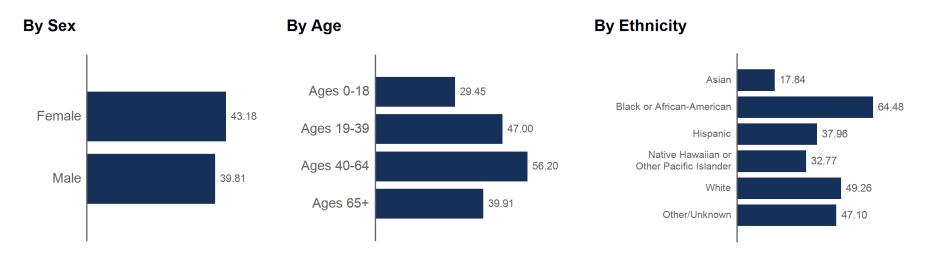


Non-Dual Member Demographics (Jun-22)

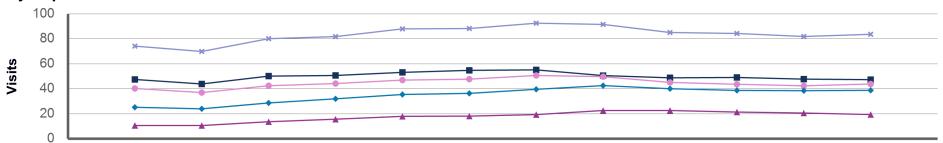


Source: Enterprise Performance Monitoring System

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



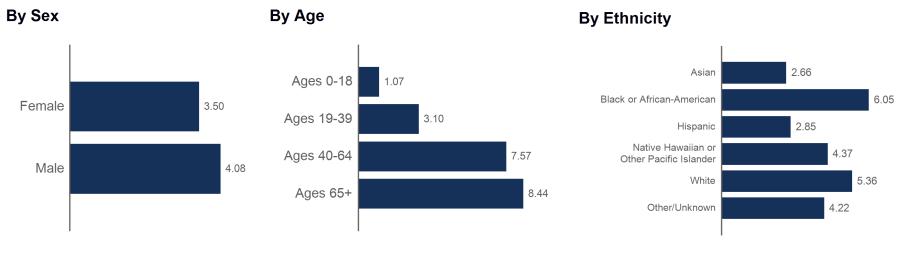
By Population



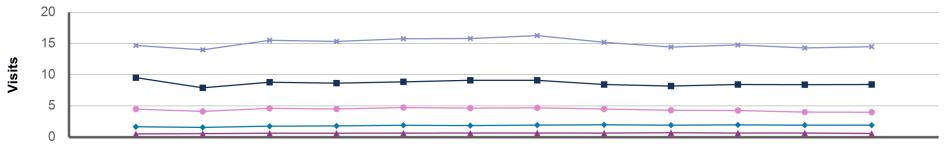
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	47.5	43.9	50.2	50.7	53.2	54.8	55.2	50.6	48.8	49.1	47.8	47.4
MO-ACA	40.3	37.0	42.5	44.2	47.0	47.8	50.7	49.8	45.2	43.7	42.4	43.9
MO-OTLIC	10.7	10.6	13.7	15.7	18.0	18.2	19.4	22.7	22.7	21.4	20.6	19.4
MO-SPD	74.2	69.9	80.2	81.8	88.0	88.3	92.6	91.6	85.1	84.3	81.9	83.7
MO-Other	25.3	24.0	28.7	32.0	35.5	36.4	39.6	42.6	40.1	38.8	38.5	38.8
Total	33.3	31.1	36.4	38.7	41.8	42.7	45.4	46.2	43.1	41.9	41.1	41.6

Source: Enterprise Performance Monitoring System

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



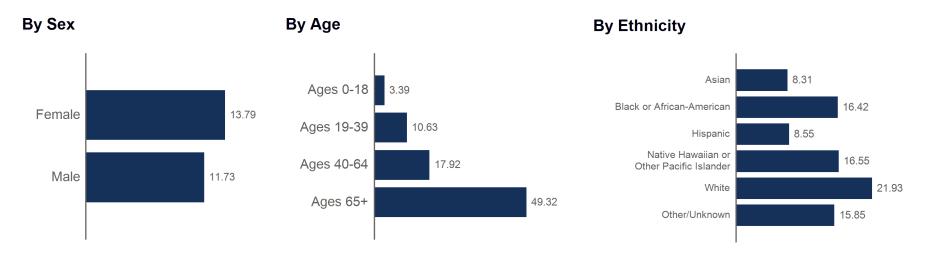
By Population



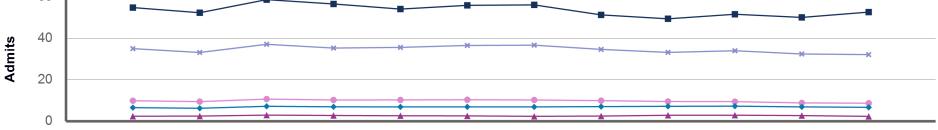
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	9.6	7.9	8.8	8.7	8.9	9.1	9.1	8.5	8.2	8.5	8.4	8.5
MO-ACA	4.5	4.1	4.6	4.5	4.8	4.7	4.7	4.5	4.3	4.3	4.0	4.0
MO-OTLIC	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.6
MO-SPD	14.7	14.0	15.5	15.3	15.8	15.8	16.3	15.2	14.5	14.8	14.3	14.5
MO-Other	1.7	1.6	1.8	1.8	1.9	1.9	2.0	2.0	1.9	2.0	1.9	1.9
Total	4.0	3.6	4.0	4.0	4.1	4.1	4.2	4.0	3.9	3.9	3.8	3.8

Source: Enterprise Performance Monitoring System

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



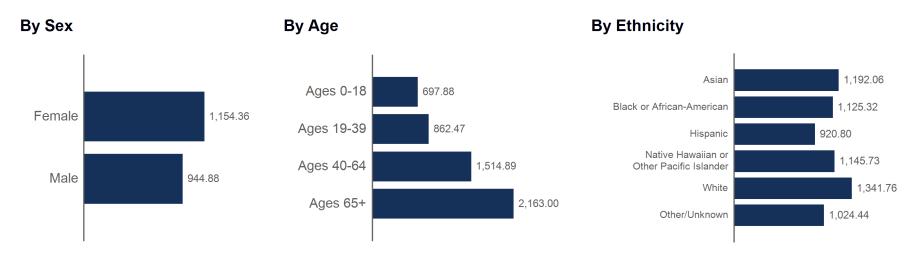




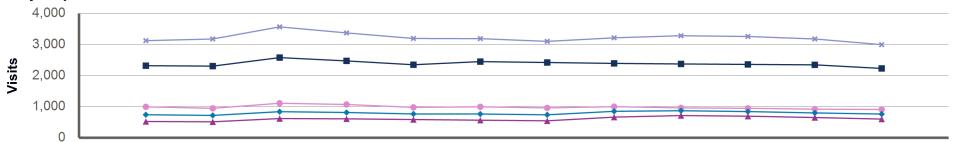
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	54.8	52.4	58.7	56.6	54.1	55.9	56.1	51.3	49.4	51.6	50.1	52.7
MO-ACA	9.9	9.5	10.7	10.3	10.3	10.4	10.3	10.0	9.6	9.5	8.9	8.8
MO-OTLIC	2.5	2.6	3.0	2.8	2.7	2.6	2.4	2.6	2.9	3.0	2.8	2.4
MO-SPD	35.0	33.2	37.1	35.3	35.6	36.6	36.7	34.7	33.2	34.0	32.5	32.2
MO-Other	6.6	6.3	7.3	7.0	7.0	7.0	7.0	7.1	7.3	7.3	7.0	6.8
Total	13.6	13.0	14.7	14.1	13.8	14.1	14.0	13.4	13.1	13.4	12.8	12.8

Source: Enterprise Performance Monitoring System

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



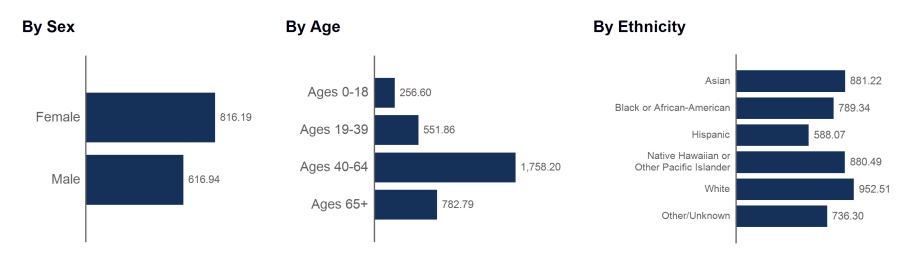




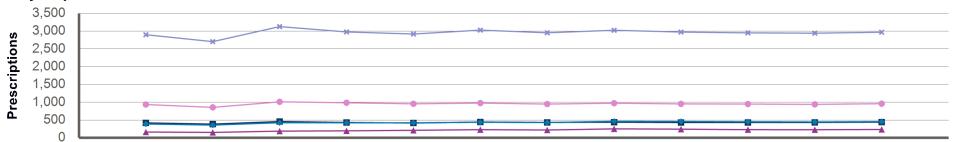
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	2,318.8	2,304.9	2,578.6	2,472.2	2,349.3	2,450.5	2,421.3	2,392.5	2,374.9	2,360.1	2,346.4	2,230.6
MO-ACA	997.1	949.2	1,112.2	1,072.3	979.8	998.4	962.9	1,002.3	963.7	949.7	922.2	913.1
MO-OTLIC	527.0	516.6	620.8	611.4	589.6	568.1	547.8	665.9	717.1	696.7	654.0	603.5
MO-SPD	3,123.4	3,176.9	3,566.1	3,372.0	3,193.6	3,188.0	3,100.0	3,214.0	3,281.8	3,256.6	3,177.4	2,995.2
MO-Other	743.8	721.6	841.9	815.3	768.7	766.7	740.7	852.3	872.7	844.6	801.5	765.0
Total	1,089.4	1,063.9	1,224.9	1,177.8	1,103.8	1,115.9	1,083.4	1,158.5	1,161.5	1,139.5	1,101.7	1,056.5

Source: Enterprise Performance Monitoring System

Prescriptions per 1,000 Members (Dec-21)



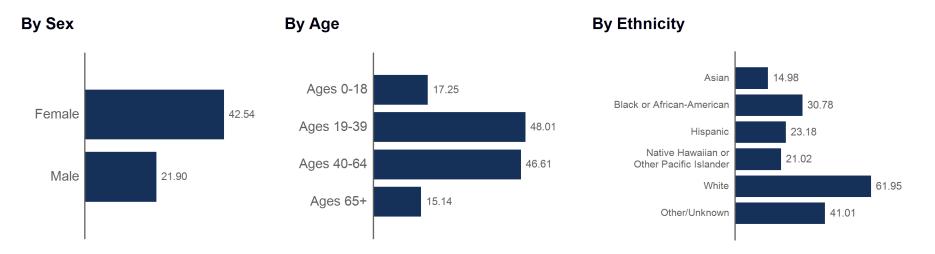
By Population



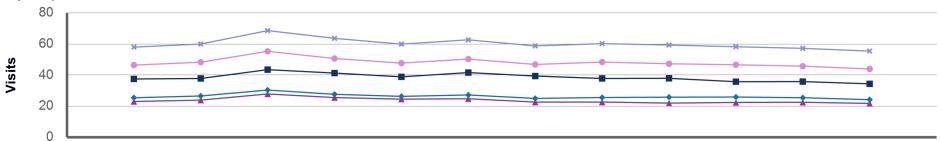
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	421.0	386.4	458.0	432.6	417.3	444.5	433.7	440.7	432.0	431.3	433.3	442.4
MO-ACA	937.5	857.2	1,012.9	987.1	957.1	978.3	950.2	974.1	955.3	950.5	941.4	961.2
MO-OTLIC	164.3	153.4	189.5	197.9	212.3	230.3	220.9	253.2	244.4	230.6	228.9	236.6
MO-SPD	2,899.8	2,705.3	3,128.2	2,977.9	2,919.1	3,029.0	2,954.2	3,025.2	2,974.4	2,951.8	2,942.1	2,969.9
MO-Other	390.2	359.5	426.2	424.3	423.7	438.6	430.5	465.0	459.6	451.9	446.2	456.1
Total	676.5	623.1	734.2	715.5	702.5	725.8	707.1	736.9	724.0	716.1	709.8	723.1

Source: Enterprise Performance Monitoring System

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



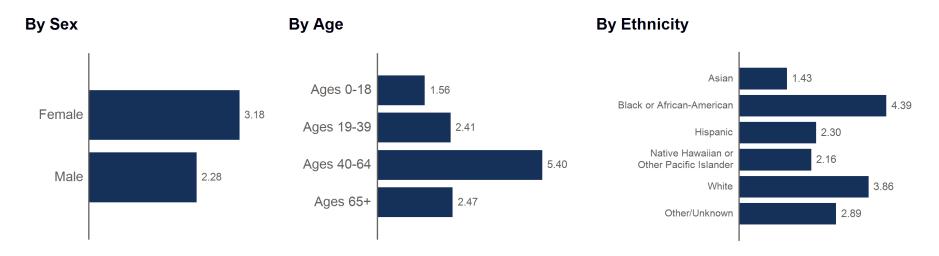
By Population



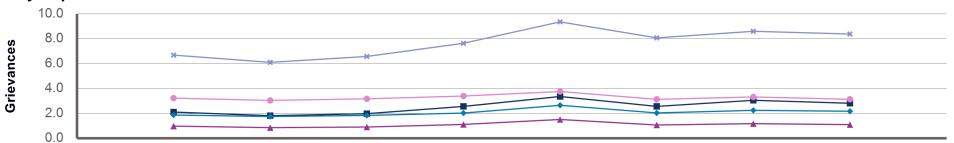
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Dual	37.5	37.8	43.5	41.3	38.9	41.6	39.4	37.8	37.9	35.8	35.8	34.4
MO-ACA	46.4	48.3	55.3	50.7	47.7	50.3	46.9	48.4	47.3	46.6	45.8	43.9
MO-OTLIC	23.0	23.9	27.9	25.6	24.6	24.8	22.7	22.7	22.0	22.4	22.5	21.8
MO-SPD	58.0	60.0	68.6	63.6	59.9	62.7	58.8	60.2	59.3	58.2	57.2	55.4
MO-Other	25.5	26.6	30.4	27.7	26.4	27.3	25.0	25.6	25.8	25.9	25.5	24.2
Total	34.7	36.0	41.3	38.0	35.9	37.6	34.9	35.6	35.2	34.8	34.3	32.9

Source: Enterprise Performance Monitoring System

Grievances per 1,000 Member Months (2022Q2)



By Population



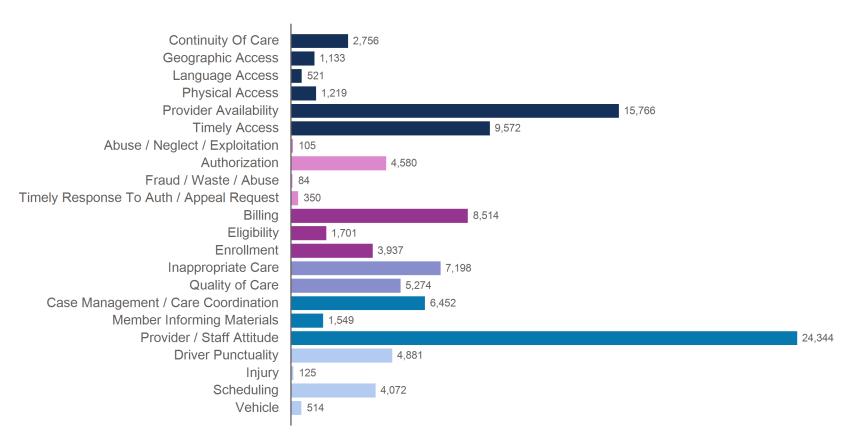
	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2
Dual	2.1	1.8	2.0	2.6	3.4	2.6	3.1	2.8
MO-ACA	3.2	3.0	3.2	3.4	3.8	3.1	3.3	3.1
MO-OTLIC	1.0	0.9	0.9	1.1	1.5	1.1	1.2	1.1
MO-SPD	6.7	6.1	6.6	7.6	9.4	8.1	8.6	8.4
MO-Other	1.9	1.8	1.8	2.0	2.7	2.0	2.3	2.2
Total	2.5	2.3	2.4	2.7	3.3	2.7	2.9	2.8

Source: Enterprise Performance Monitoring System

Count of Grievances (2022Q2)

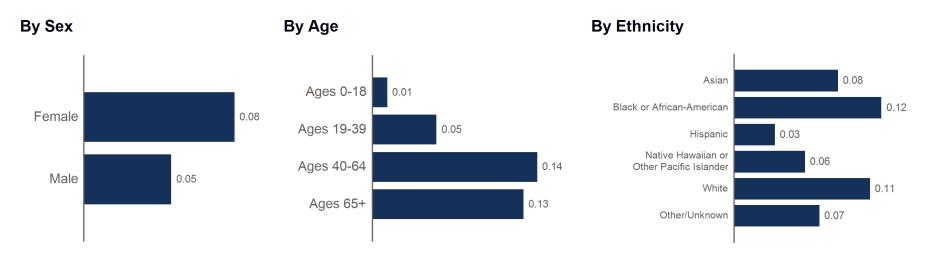


By Grievance Type

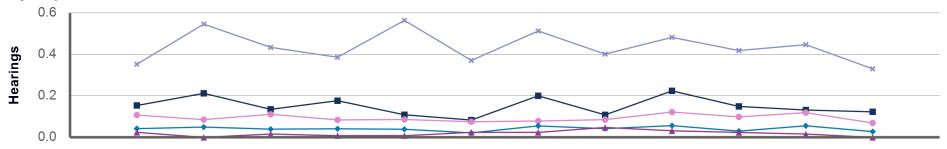


Total number of grievances increased slightly from 2022Q1 to 2022Q2.

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



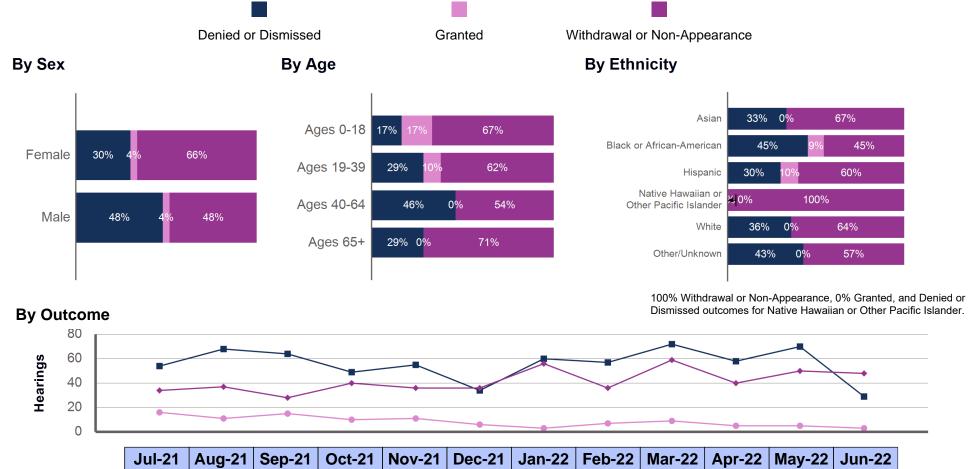
By Population



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Dual	0.2	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0.1
MO-ACA	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
MO-OTLIC	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MO-SPD	0.4	0.5	0.4	0.4	0.6	0.4	0.5	0.4	0.5	0.4	0.4	0.3
MO-Other	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0
Total	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

Source: Enterprise Performance Monitoring System

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

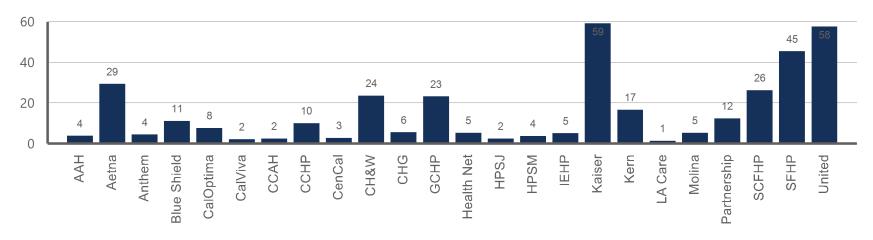


	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Denied or Dismissed	54	68	64	49	55	34	60	57	72	58	70	29
Granted	16	11	15	10	11	6	3	7	9	5	5	3
Withdrawal or Non-Appearance	34	37	28	40	36	36	56	36	59	40	50	48
Total	104	116	107	99	102	76	119	100	140	103	125	80

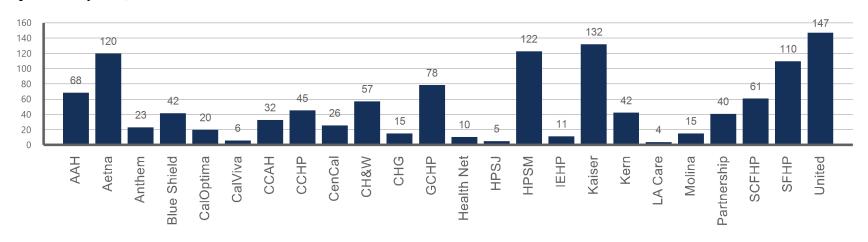
Source: Enterprise Performance Monitoring System

Provider Ratios (Jun-22)

PCPs per 2,000 Members



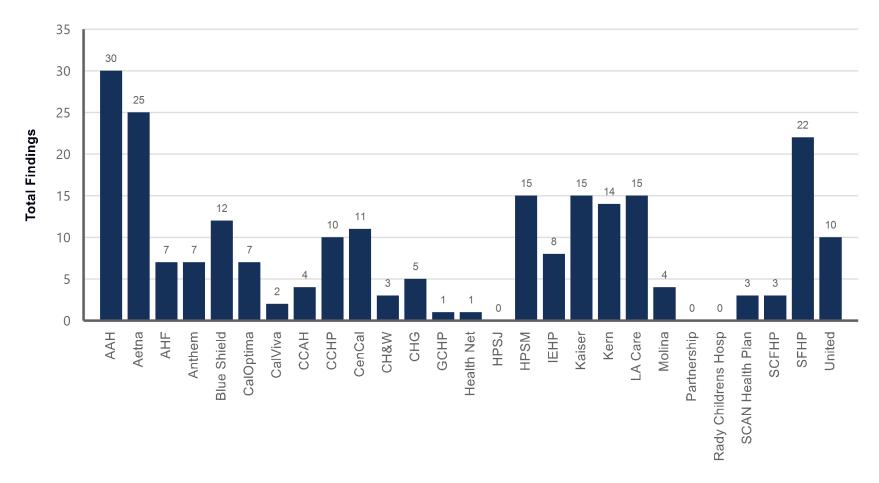
Physicians per 1,200 Members



^{*}The contractual standards are 1 Primary Care Physician (PCP) per 2,000 plan enrollees and 1 Physician per 1,200 plan enrollees.

A&I Medical Audit Findings (2022Q2)

By Plan Parent



^{*}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

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.

<u>Utilization Measures for Certified Eligible Managed Care Members</u>

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

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