



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

## MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT

Released March 21, 2018

### *Quarterly Release Notes*

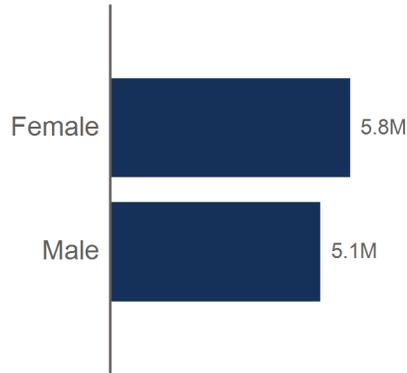
- Enrollment demographic metrics that were formerly percentages are now displayed as a count of member months in millions.
  - Pages 5 and 6 contain metrics that relate to Choice and Auto Assignment on the previous Dashboard. New metrics include demographics by new enrollees and demographic percentages by enrollment type.
  - All utilization measures now include Sex, Age, and Ethnicity metrics.
  - Grievance demographic metrics that were formerly percentages are now displayed per 1,000 Member Months.
  - The methodology for counting grievances was modified. A single member can have multiple grievances. Grievance types are now a count of grievances by grievance category: Accessibility, Benefits, Quality of Care, and Referral. The count of grievances that do not fall into one of the above mentioned categories will be noted as “Other”.
  - State Fair Hearing demographic metrics that were formerly percentages are now displayed per 1,000 Member Months.
  - The methodology for counting State Fair Hearing outcomes was modified. Outcomes are rolled up into three categories: Denied or Dismissed, Granted, and Withdrawal or Non-Appearance. Hearings still pending were not included on page 16.
  - Pages 17 and 18 contain metrics that relate to Medical Exemption Requests (MERs) on the previous Dashboard. New metrics include MER demographics per 1,000 Member Months and the count of MER approvals and denials by Sex, Age and Ethnicity. MERs still pending were not included on page 18.
  - Page 20 contains metrics that relate to Network Adequacy. These metrics include provider ratios and counts.
- UPDATES as of 5/01/2018:**
- The HEDIS® portion of the glossary has been updated.
  - The Member Ratio metric on page 20 has also been updated to reflect a correction for the Members per Specialist ratio.

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018

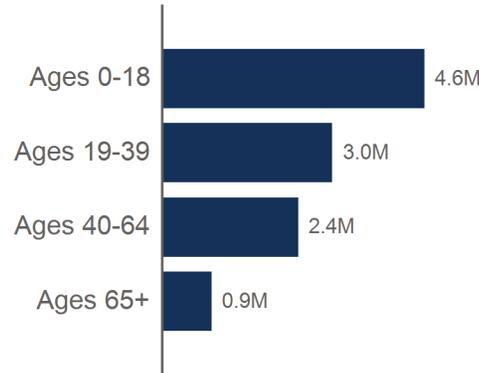


## Managed Care Demographics in Member Months (Sep-17)

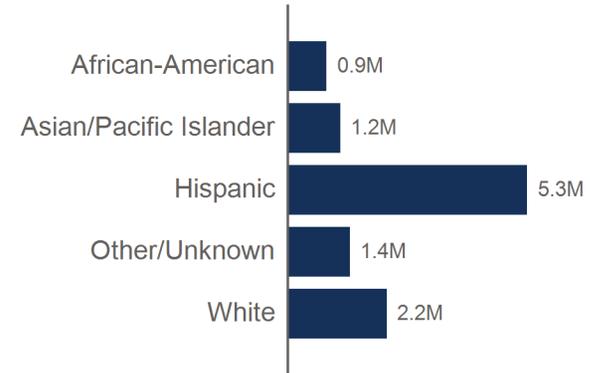
### By Sex



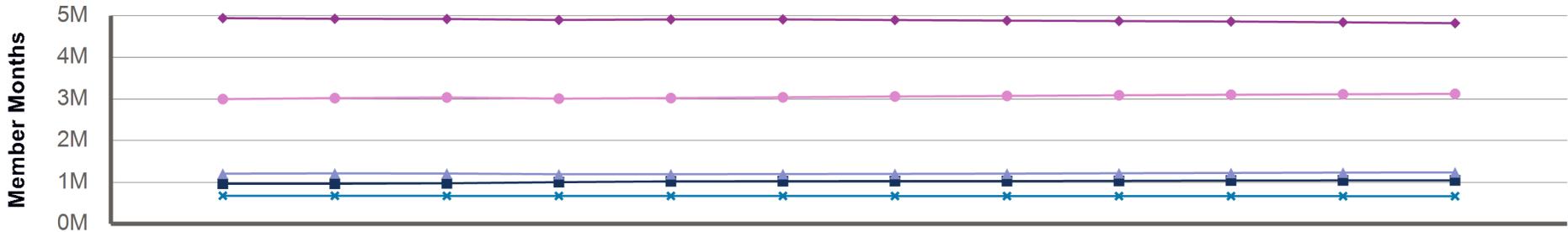
### By Age



### By Ethnicity



### By Population



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Dual	966,211	965,832	976,056	1,003,097	1,021,816	1,027,481	1,029,474	1,029,741	1,034,374	1,041,844	1,045,882	1,047,283
MO-ACA	2,997,554	3,019,991	3,036,409	3,007,977	3,020,961	3,039,927	3,059,738	3,073,294	3,089,307	3,101,603	3,112,834	3,122,335
MO-Other	4,940,908	4,925,307	4,919,370	4,896,709	4,909,934	4,910,618	4,895,217	4,880,470	4,870,674	4,859,812	4,840,240	4,819,983
MO-OTLIC	1,207,541	1,213,808	1,210,910	1,193,773	1,194,384	1,198,316	1,202,143	1,208,072	1,217,360	1,224,369	1,233,176	1,238,332
MO-SPD	677,291	675,604	673,716	672,086	672,358	672,571	670,791	669,515	668,474	667,913	667,201	666,346
MC Total	10,789,505	10,800,542	10,816,461	10,773,642	10,819,453	10,848,913	10,857,363	10,861,092	10,880,189	10,895,541	10,899,333	10,894,279

Source: Enterprise Performance Monitoring System

Note: Data in this dashboard is preliminary and subject to change

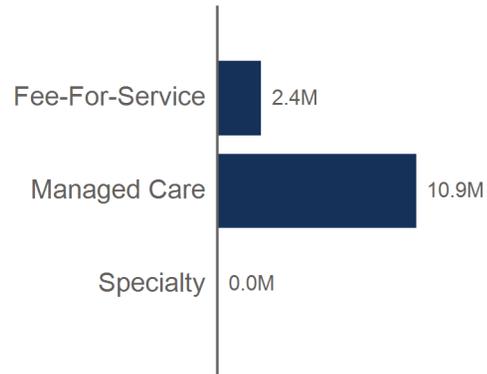
# Managed Care Performance Monitoring Dashboard Report

## Released March 21, 2018

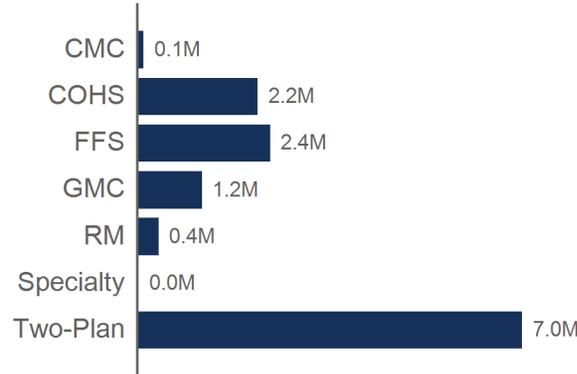


### Medi-Cal Demographics in Member Months (Sep-17)

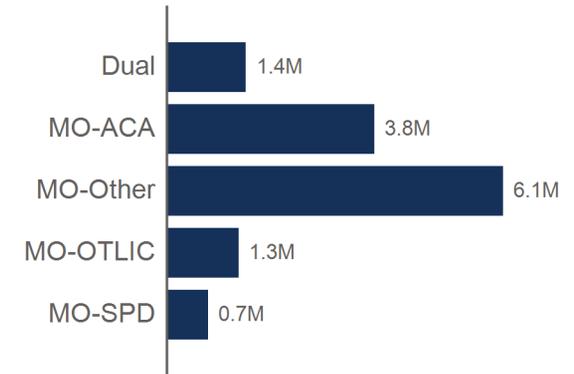
**By Medi-Cal Type**



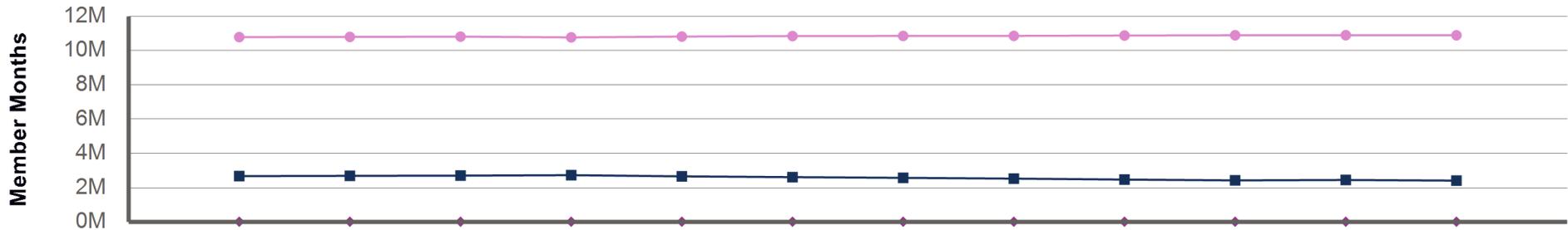
**By Plan Model**



**By Population**



**By Medi-Cal Type**



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Fee-For-Service	2,679,437	2,694,313	2,707,823	2,735,290	2,666,420	2,618,864	2,578,072	2,534,507	2,478,270	2,431,204	2,456,053	2,418,860
Managed Care	10,789,505	10,800,542	10,816,461	10,773,642	10,819,453	10,848,913	10,857,363	10,861,092	10,880,189	10,895,541	10,899,333	10,894,279
Specialty	21,073	21,147	21,190	21,543	21,656	21,790	21,840	21,867	21,987	22,232	22,387	22,467
<b>Total</b>	<b>13,490,015</b>	<b>13,516,002</b>	<b>13,545,474</b>	<b>13,530,475</b>	<b>13,507,529</b>	<b>13,489,567</b>	<b>13,457,275</b>	<b>13,417,466</b>	<b>13,380,446</b>	<b>13,348,977</b>	<b>13,377,773</b>	<b>13,335,606</b>

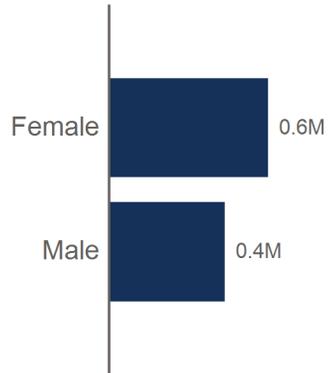
Source: Enterprise Performance Monitoring System  
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**Managed Care Performance Monitoring Dashboard Report  
Released March 21, 2018**

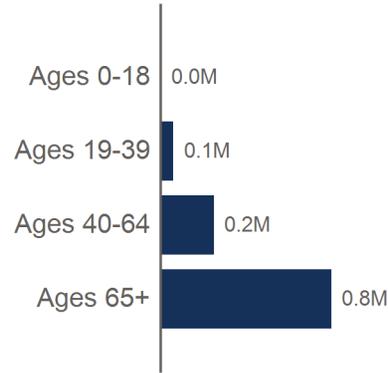


*Dual Demographics in Member Months (Sep-17)*

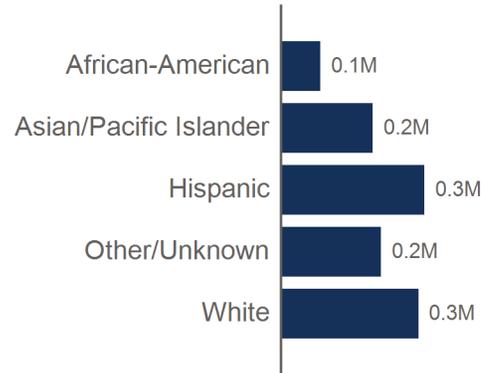
**By Sex**



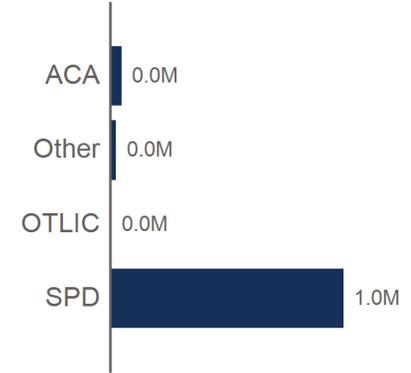
**By Age**



**By Ethnicity**

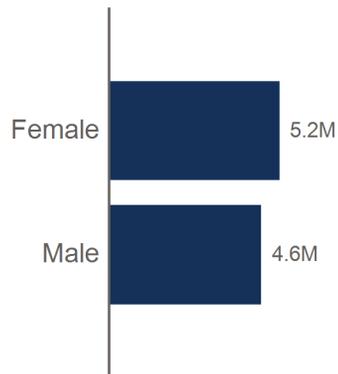


**By Population**

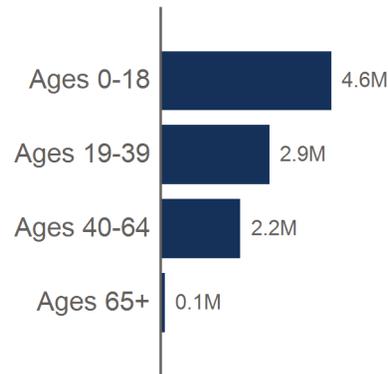


*Non-Dual Demographics in Member Months (Sep-17)*

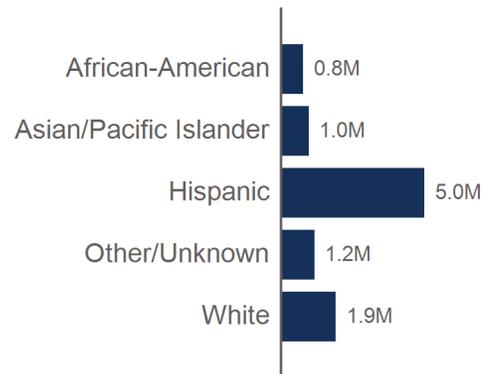
**By Sex**



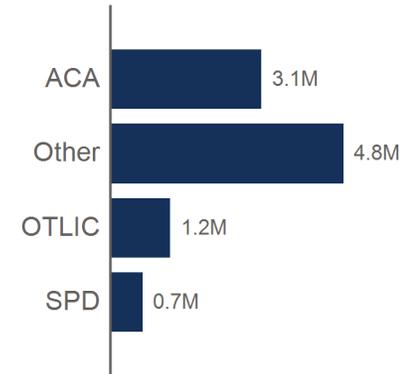
**By Age**



**By Ethnicity**



**By Population**



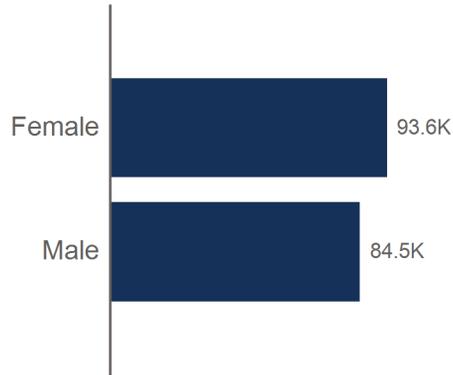
Source: Enterprise Performance Monitoring System  
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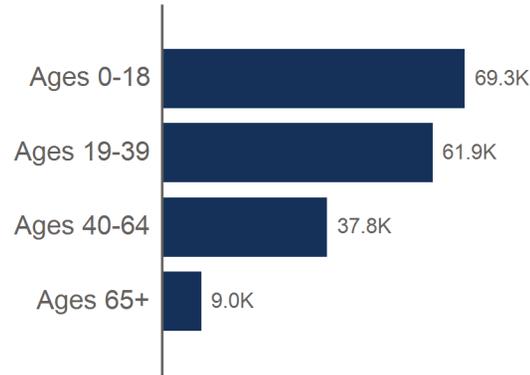


## Count of New Enrollments (Sep-17)

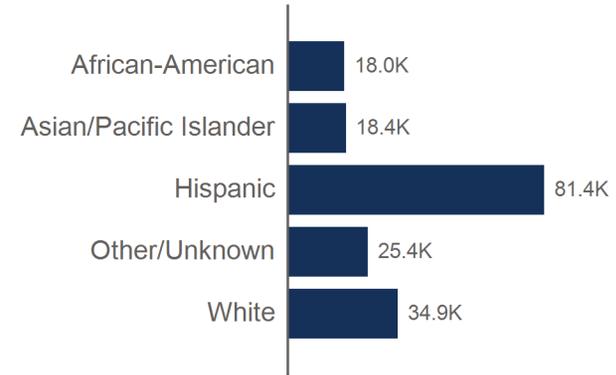
### By Sex



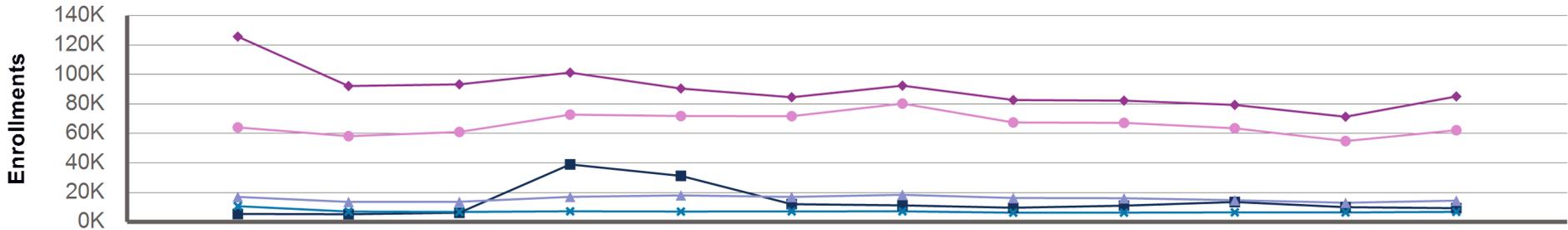
### By Age



### By Ethnicity



### By Population



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Dual	5,482	5,261	6,283	39,040	31,276	12,097	11,279	9,673	11,072	13,571	10,052	9,374
MO-ACA	64,118	58,213	61,038	72,814	71,841	71,747	80,298	67,489	67,207	63,543	54,868	62,235
MO-Other	125,711	92,189	93,324	101,284	90,479	84,582	92,449	82,718	82,275	79,382	71,362	85,117
MO-OTLIC	17,041	13,630	13,725	17,056	18,044	17,003	18,448	16,291	16,126	14,783	13,064	14,473
MO-SPD	10,740	7,082	6,825	7,245	7,087	7,195	7,230	6,335	6,373	6,539	6,490	6,904
<b>Total</b>	<b>223,092</b>	<b>176,375</b>	<b>181,195</b>	<b>237,439</b>	<b>218,727</b>	<b>192,624</b>	<b>209,704</b>	<b>182,506</b>	<b>183,053</b>	<b>177,818</b>	<b>155,836</b>	<b>178,103</b>

Source: Enterprise Performance Monitoring System

Note: Data in this dashboard is preliminary and subject to change

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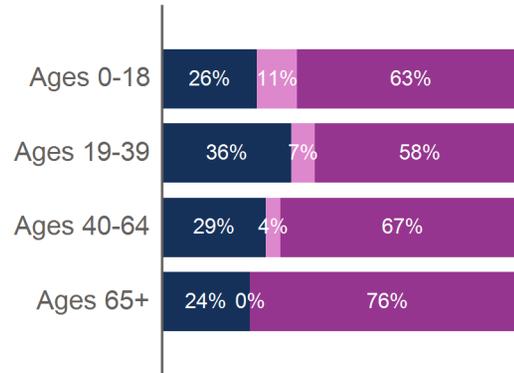
## Count of New Enrollments: Enrollment Type (Sep-17)



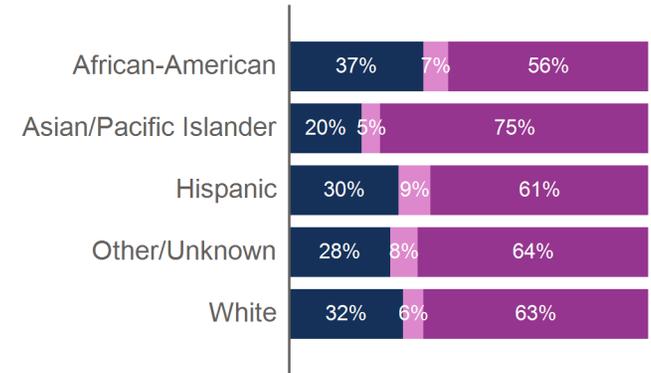
### By Sex



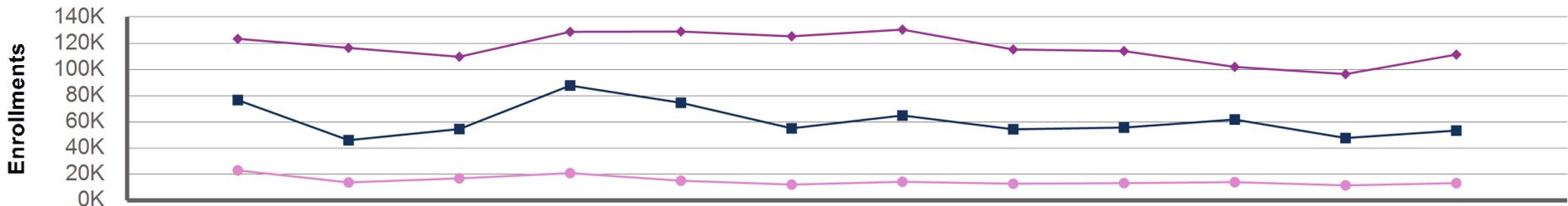
### By Age



### By Ethnicity



### By Enrollment Type



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Auto Assigned	76,656	46,057	54,568	87,744	74,608	55,132	64,930	54,383	55,706	61,809	47,718	53,422
Passive/Prior	23,030	13,833	16,908	20,938	15,144	12,187	14,312	12,838	13,284	14,038	11,608	13,287
Regular	123,406	116,485	109,719	128,757	128,975	125,305	130,462	115,285	114,063	101,971	96,510	111,394
Total	223,092	176,375	181,195	237,439	218,727	192,624	209,704	182,506	183,053	177,818	155,836	178,103

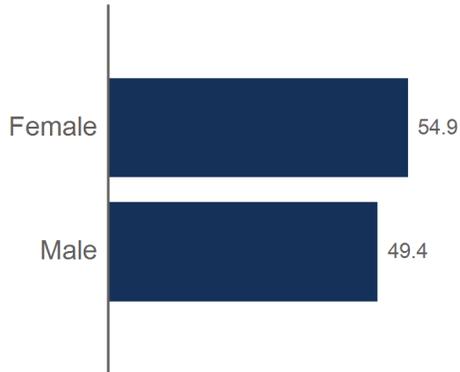
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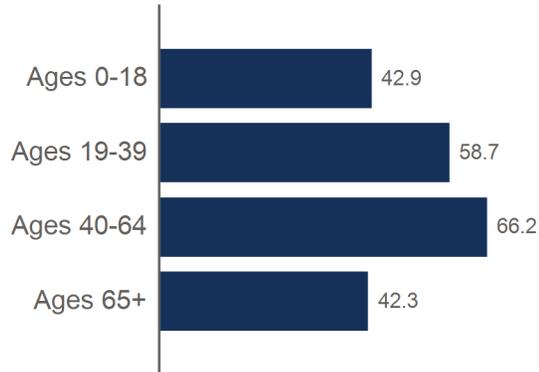


## Emergency Room Visits per 1,000 Member Months (Mar-17)

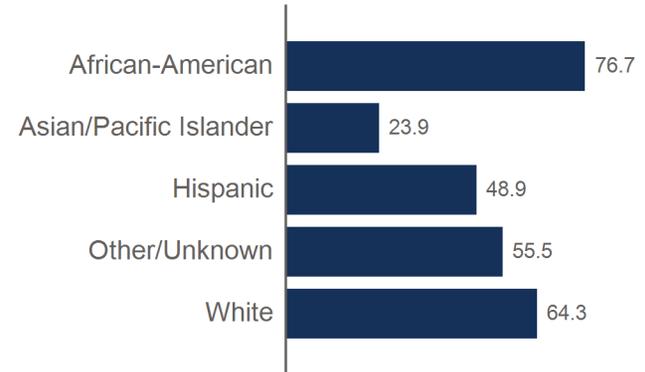
### By Sex



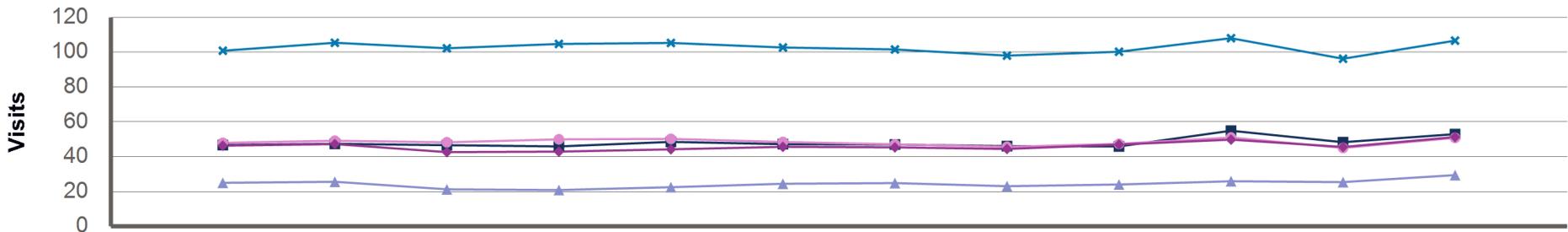
### By Age



### By Ethnicity



### By Population



	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	46.7	47.4	46.6	45.9	48.5	47.2	47.0	46.1	45.9	54.9	48.3	53.0
MO-ACA	48.0	49.2	48.3	50.0	50.3	48.5	47.1	45.7	47.4	51.0	45.0	50.8
MO-Other	46.3	47.2	42.6	42.9	44.3	45.7	45.4	44.5	47.0	49.8	45.6	51.3
MO-OTLIC	25.0	25.6	21.3	20.9	22.5	24.5	24.9	23.1	24.1	25.9	25.4	29.5
MO-SPD	100.9	105.4	102.3	104.8	105.3	102.7	101.6	98.1	100.3	108.1	96.3	106.6
Total	47.8	49.0	45.9	46.5	47.7	47.8	47.2	45.9	47.8	51.6	46.6	52.4

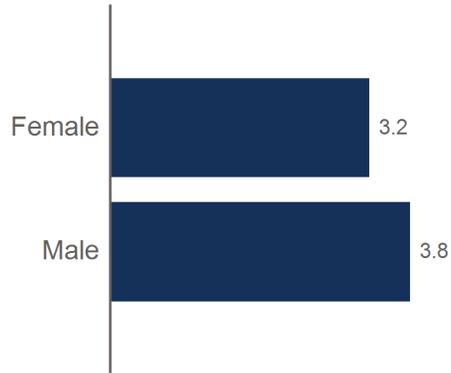
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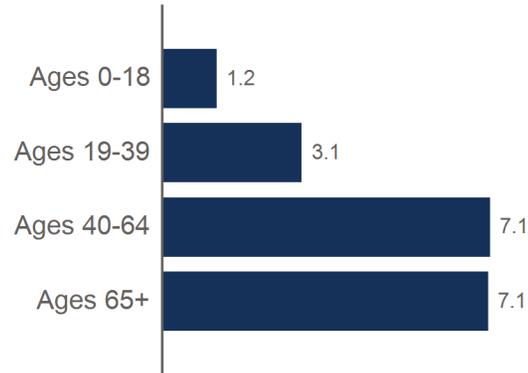


Emergency Room Visits with an Inpatient Admission per 1,000 Member Months (Mar-17)

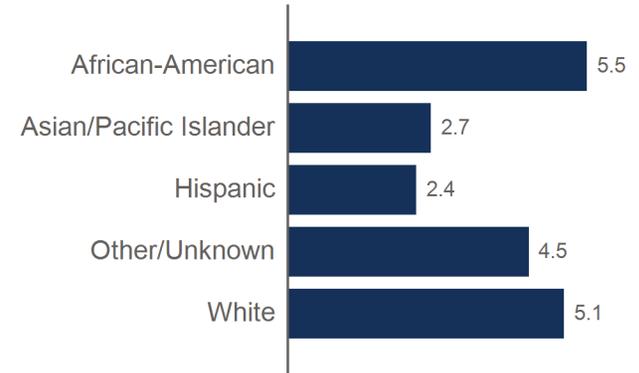
By Sex



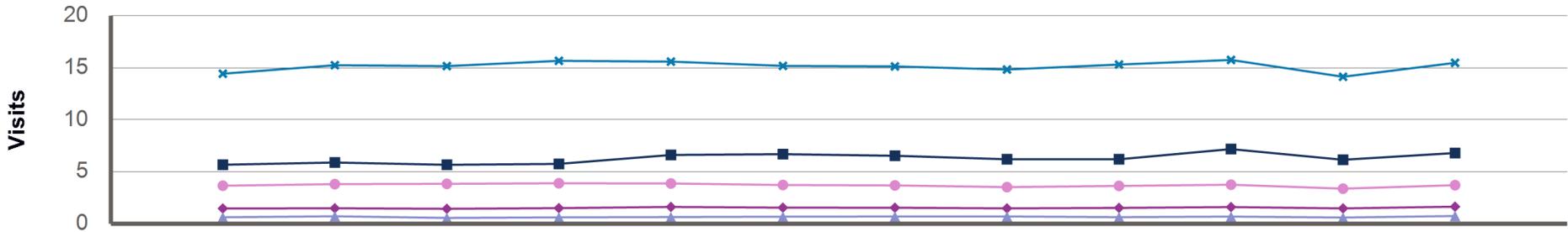
By Age



By Ethnicity



By Population



	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	5.7	5.9	5.7	5.8	6.6	6.7	6.5	6.2	6.2	7.2	6.2	6.8
MO-ACA	3.7	3.8	3.8	3.9	3.9	3.7	3.7	3.5	3.7	3.8	3.4	3.7
MO-Other	1.5	1.5	1.5	1.5	1.6	1.6	1.6	1.5	1.5	1.6	1.5	1.7
MO-OTLIC	0.6	0.7	0.6	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.8
MO-SPD	14.4	15.2	15.2	15.7	15.6	15.2	15.1	14.8	15.3	15.7	14.1	15.5
Total	3.2	3.3	3.3	3.3	3.5	3.4	3.4	3.2	3.3	3.5	3.2	3.5

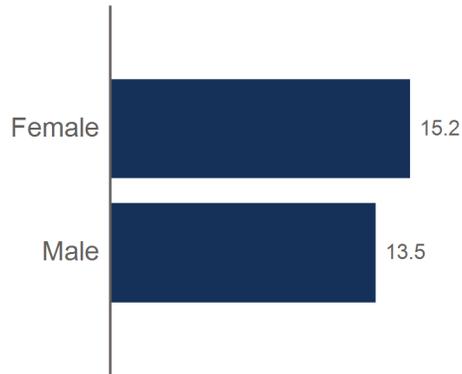
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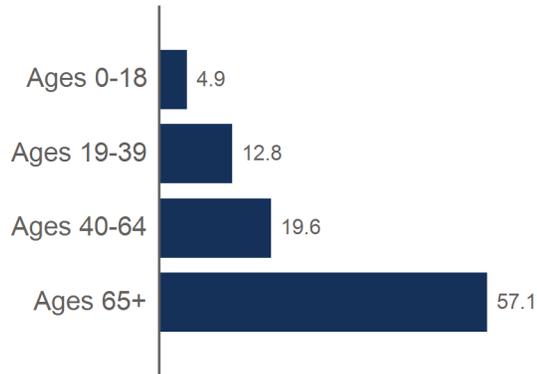


## Inpatient Admissions per 1,000 Member Months (Mar-17)

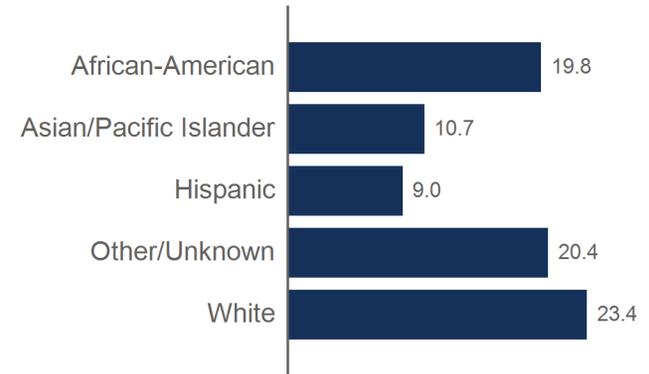
### By Sex



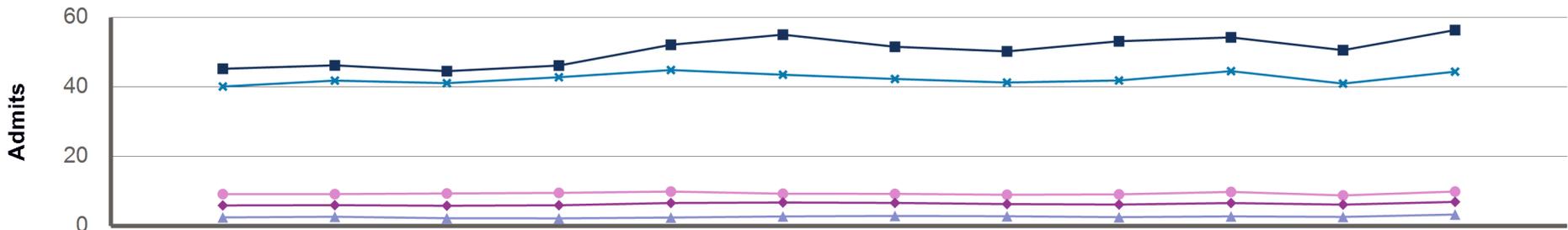
### By Age



### By Ethnicity



### By Population



	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	45.2	46.2	44.5	46.1	52.1	55.0	51.6	50.2	53.1	54.2	50.6	56.3
MO-ACA	9.2	9.2	9.4	9.6	9.9	9.3	9.3	9.0	9.1	9.8	8.8	9.9
MO-Other	5.9	6.0	5.9	6.0	6.6	6.8	6.7	6.3	6.2	6.6	6.2	7.0
MO-OTLIC	2.5	2.7	2.3	2.2	2.5	2.8	2.9	2.8	2.6	2.8	2.7	3.3
MO-SPD	40.1	41.8	41.1	42.8	44.9	43.5	42.3	41.3	41.9	44.6	41.0	44.4
Total	12.2	12.4	12.1	12.5	13.6	13.7	13.2	12.8	13.1	13.9	12.9	14.4

Source: Enterprise Performance Monitoring System

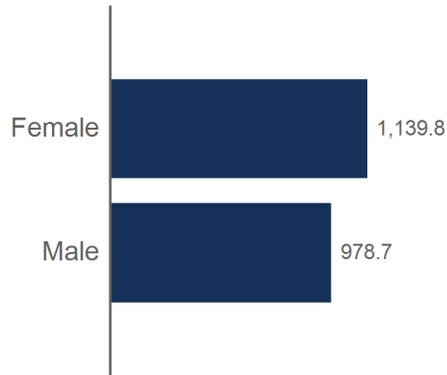
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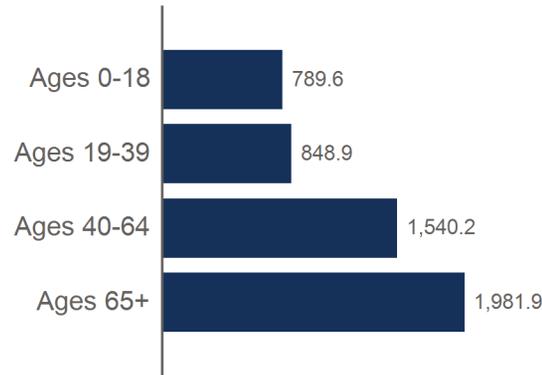


## Outpatient Visits per 1,000 Member Months (Mar-17)

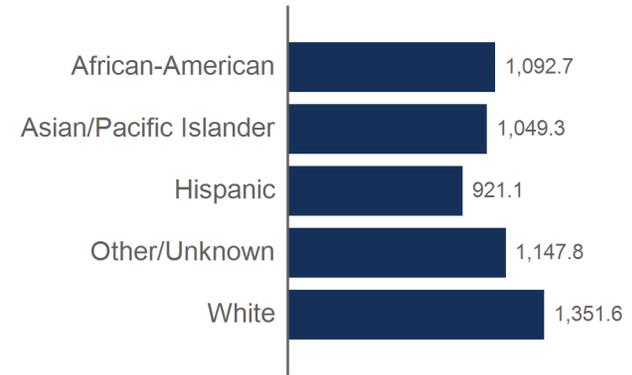
### By Sex



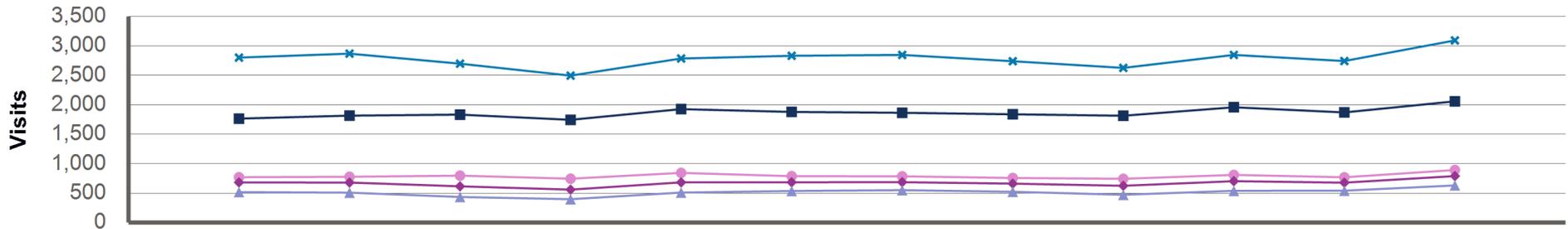
### By Age



### By Ethnicity



### By Population



	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	1,765.1	1,815.7	1,832.7	1,744.9	1,926.3	1,878.3	1,864.1	1,838.7	1,814.0	1,957.4	1,870.1	2,058.3
MO-ACA	771.5	778.9	797.7	746.0	844.8	789.1	786.4	758.4	744.3	810.2	770.2	893.5
MO-Other	683.3	680.5	617.0	560.9	683.8	685.8	687.5	662.4	626.0	704.1	679.1	790.4
MO-OTLIC	518.9	509.6	436.0	398.5	511.0	537.7	551.7	524.8	473.2	541.3	542.6	632.0
MO-SPD	2,800.4	2,867.4	2,697.4	2,494.3	2,784.9	2,831.0	2,845.7	2,738.8	2,625.7	2,845.8	2,742.1	3,091.7
Total	919.9	927.6	885.5	820.7	953.2	940.5	940.6	908.9	873.9	966.0	930.1	1,064.6

Source: Enterprise Performance Monitoring System

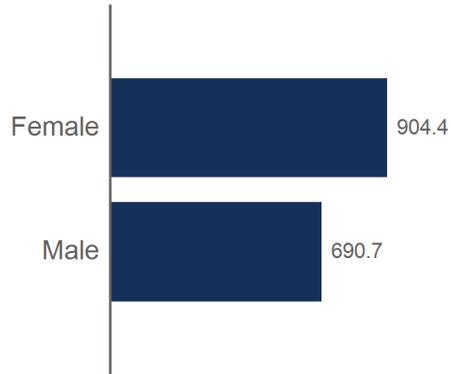
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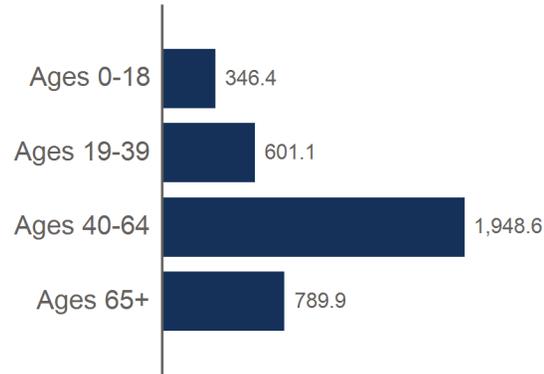


## Prescriptions per 1,000 Member Months (Mar-17)

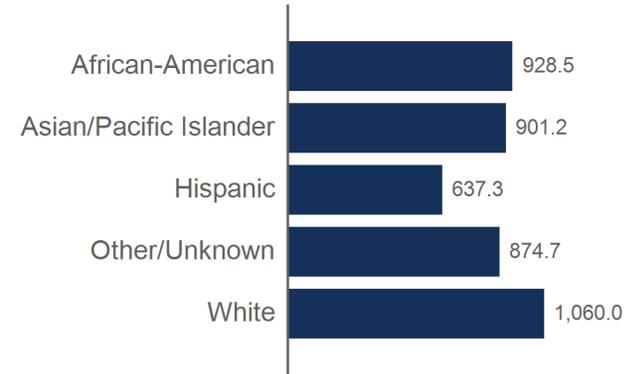
### By Sex



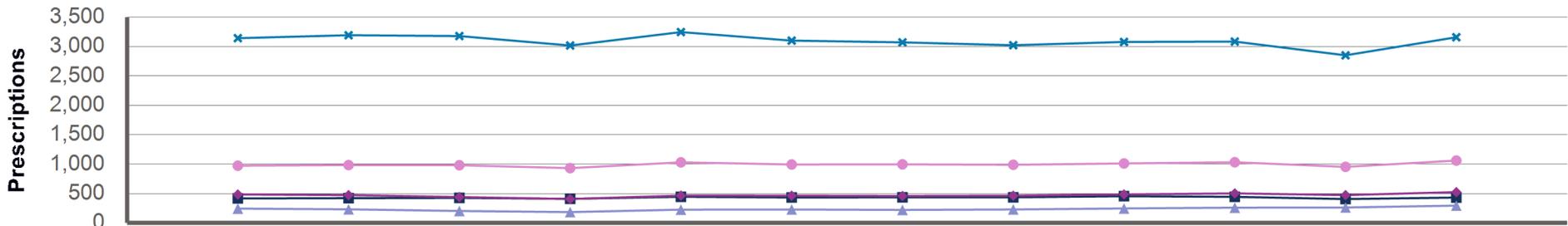
### By Age



### By Ethnicity



### By Population



	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	417.5	422.3	427.4	410.6	446.2	433.6	436.3	436.7	456.4	444.5	407.1	432.8
MO-ACA	973.8	984.4	981.9	933.0	1,031.3	994.8	997.0	990.2	1,012.3	1,033.0	954.5	1,061.5
MO-Other	485.3	474.3	441.2	408.3	465.8	464.3	459.3	464.8	486.5	504.0	474.2	525.0
MO-OTLIC	245.2	232.6	204.3	185.2	227.3	229.7	222.5	230.7	247.3	260.9	263.7	295.7
MO-SPD	3,142.2	3,192.2	3,178.5	3,017.5	3,245.8	3,100.7	3,071.0	3,022.1	3,078.4	3,084.6	2,850.9	3,158.3
Total	752.4	752.9	733.0	690.6	768.5	748.3	744.1	742.8	766.0	780.2	726.4	804.5

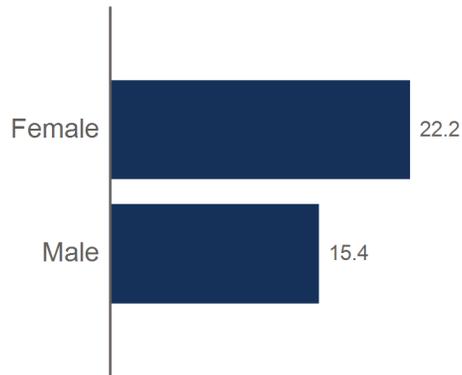
Source: Enterprise Performance Monitoring System  
Note: Data in this dashboard is preliminary and subject to change

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018

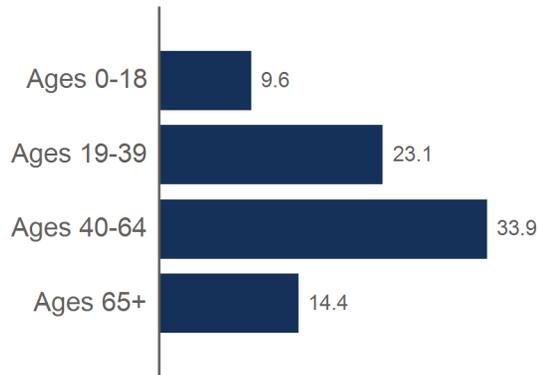


## Mild-to-Moderate Mental Health Visits per 1,000 Member Months (Mar-17)

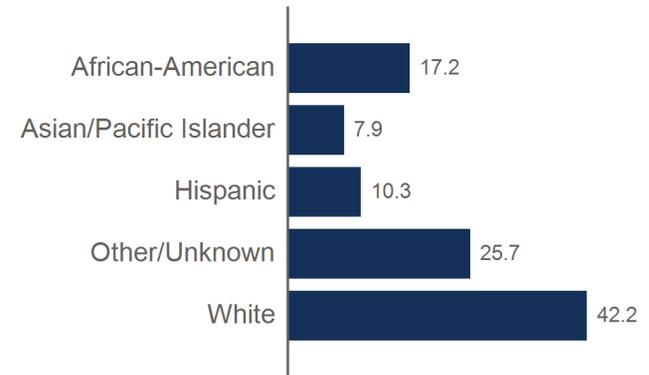
### By Sex



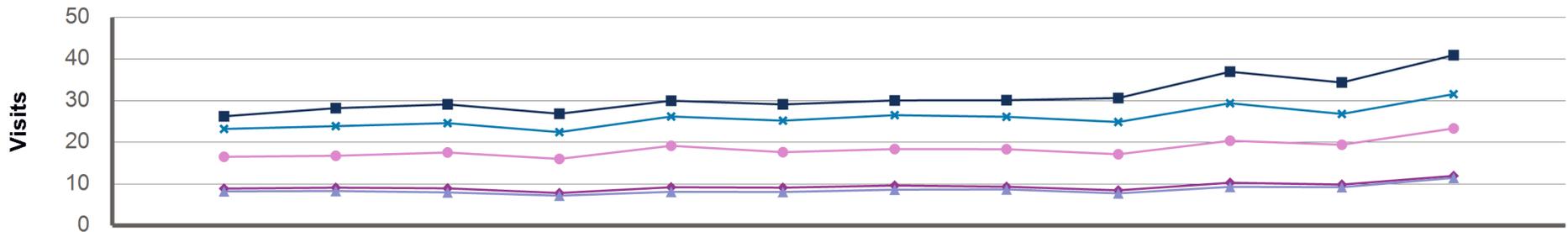
### By Age



### By Ethnicity



### By Population



	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	26.2	28.2	29.1	26.9	30.0	29.1	30.1	30.1	30.6	36.9	34.4	40.9
MO-ACA	16.5	16.8	17.6	16.0	19.2	17.6	18.4	18.3	17.1	20.4	19.4	23.3
MO-Other	8.9	9.1	8.9	7.8	9.2	9.1	9.6	9.3	8.5	10.3	9.9	11.9
MO-OTLIC	8.2	8.3	8.0	7.2	8.1	8.1	8.6	8.7	7.7	9.3	9.2	11.5
MO-SPD	23.2	23.9	24.6	22.4	26.2	25.2	26.5	26.1	24.9	29.4	26.8	31.6
Total	13.4	13.8	14.0	12.7	14.8	14.2	14.8	14.7	13.8	16.7	15.8	19.0

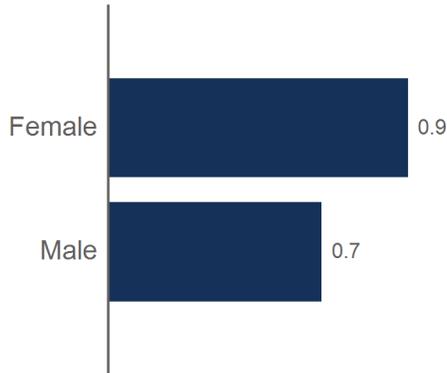
Source: Enterprise Performance Monitoring System  
Note: Data in this dashboard is preliminary and subject to change

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018

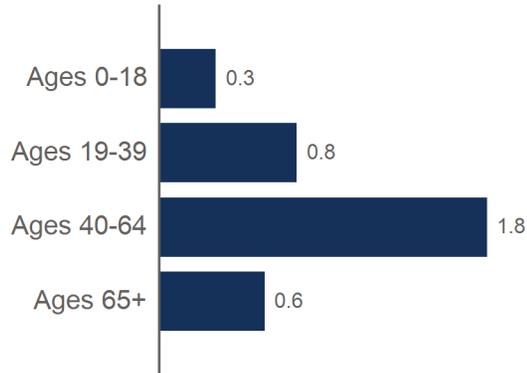


## Grievances per 1,000 Member Months (2017Q3)

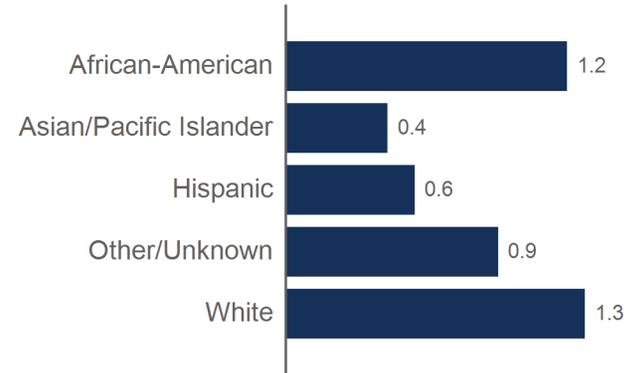
### By Sex



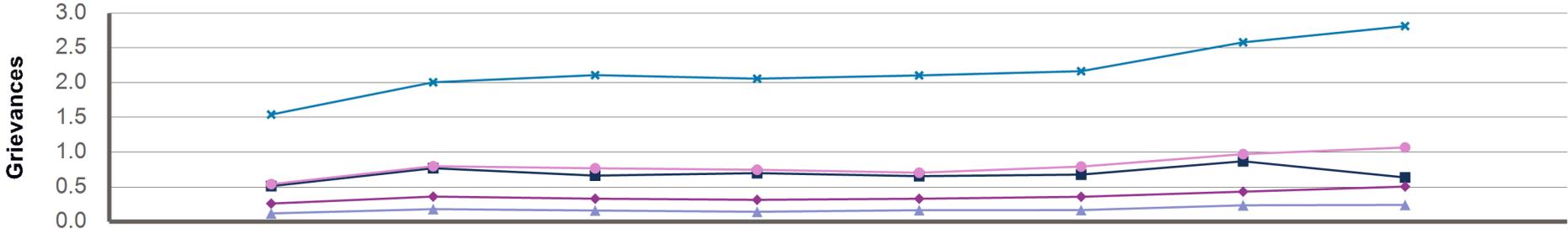
### By Age



### By Ethnicity



### By Population



	2015Q4	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2	2017Q3
Dual	0.5	0.8	0.7	0.7	0.7	0.7	0.9	0.6
MO-ACA	0.5	0.8	0.8	0.7	0.7	0.8	1.0	1.1
MO-Other	0.3	0.4	0.3	0.3	0.3	0.4	0.4	0.5
MO-OTLIC	0.1	0.2	0.2	0.1	0.2	0.2	0.2	0.2
MO-SPD	1.5	2.0	2.1	2.1	2.1	2.2	2.6	2.8
Total	0.4	0.6	0.6	0.6	0.6	0.6	0.7	0.8

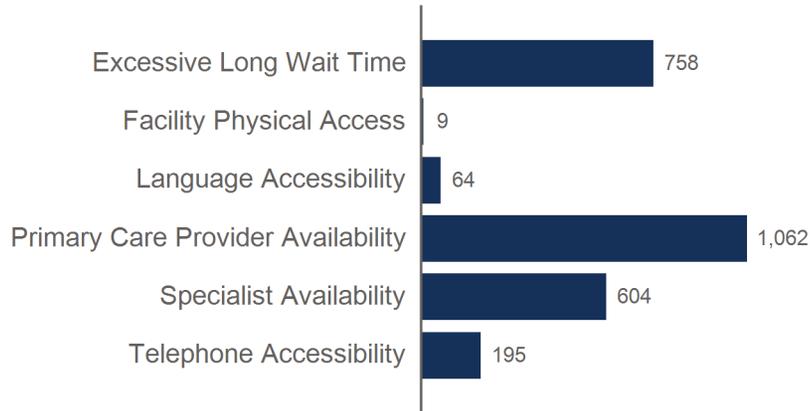
Source: Enterprise Performance Monitoring System  
Note: Data in this dashboard is preliminary and subject to change

**Managed Care Performance Monitoring Dashboard Report  
Released March 21, 2018**



*Count of Grievances: Grievance Type\* (2017Q3)*

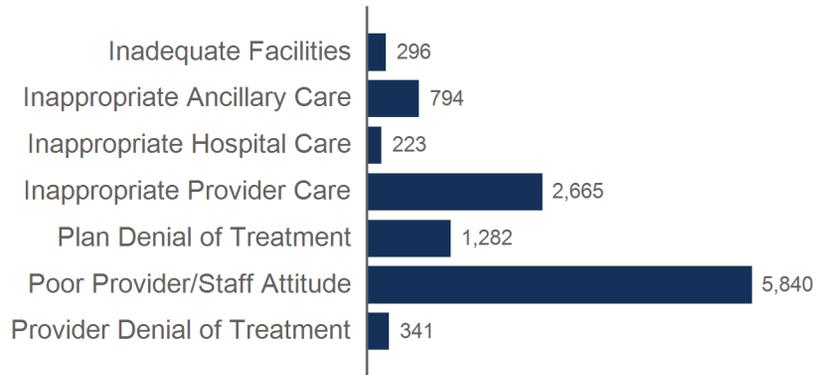
**Accessibility**



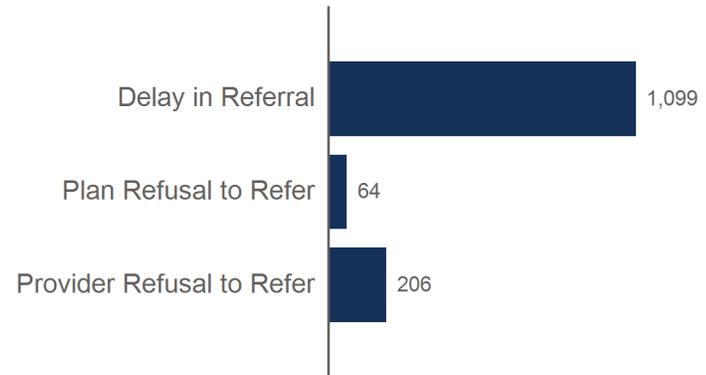
**Benefits**



**Quality of Care**



**Referral**



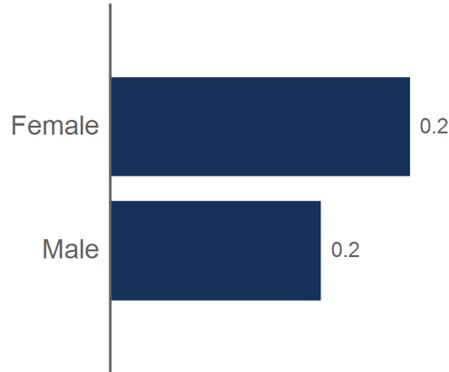
\*There were 413 Other Grievances during the quarter that did not fall under one of the above four categories.

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018

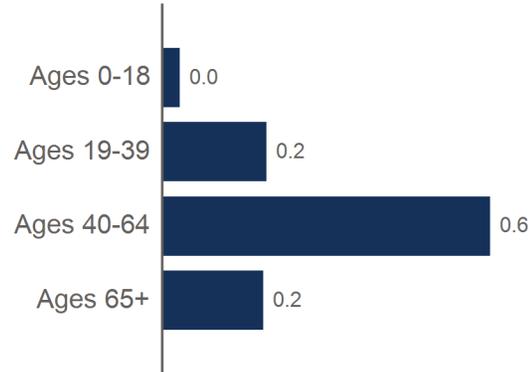


## State Fair Hearings per 10,000 Member Months (Sep-17)

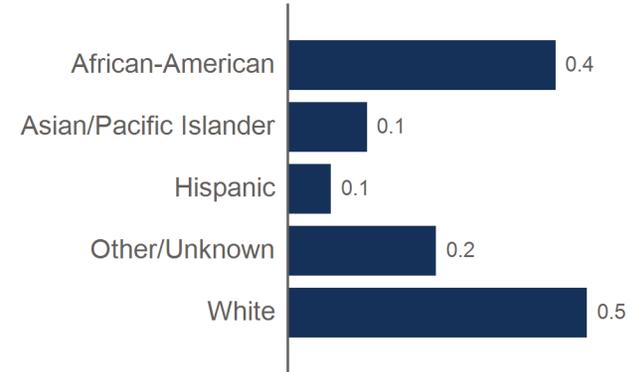
### By Sex



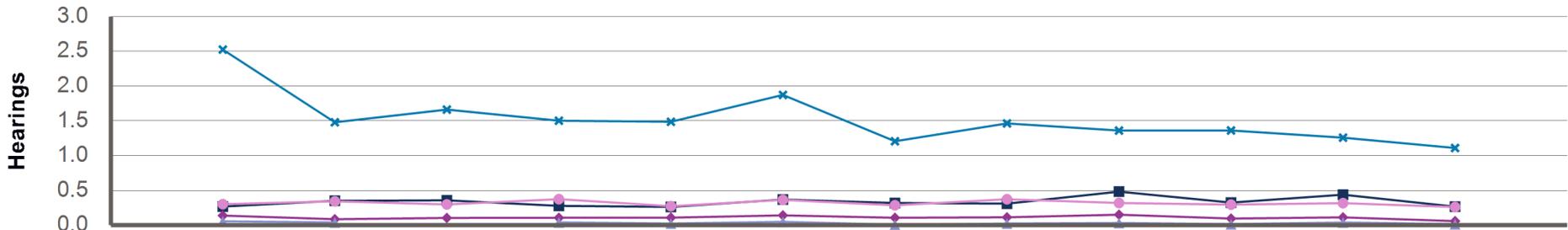
### By Age



### By Ethnicity



### By Population



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Dual	0.3	0.4	0.4	0.3	0.3	0.4	0.3	0.3	0.5	0.3	0.4	0.3
MO-ACA	0.3	0.3	0.3	0.4	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.3
MO-Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1
MO-OTLIC	0.1	0.0		0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
MO-SPD	2.5	1.5	1.7	1.5	1.5	1.9	1.2	1.5	1.4	1.4	1.3	1.1
Total	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.2

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

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018



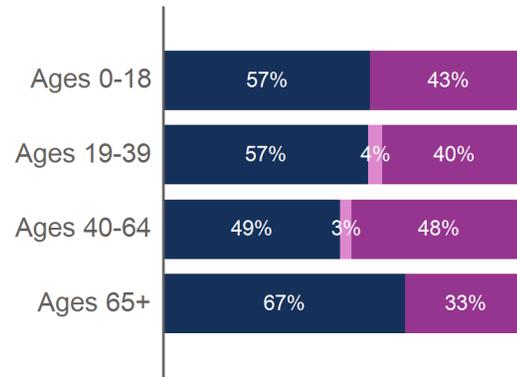
## Count of State Fair Hearings: Outcomes (Sep-17)

■ Denied or Dismissed     
 ■ Granted     
 ■ Withdrawal or Non-Appearance

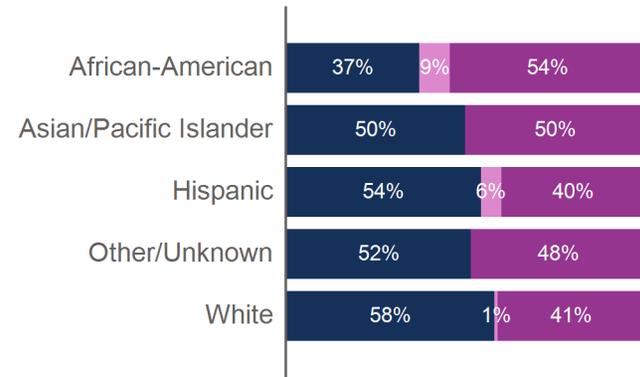
### By Sex



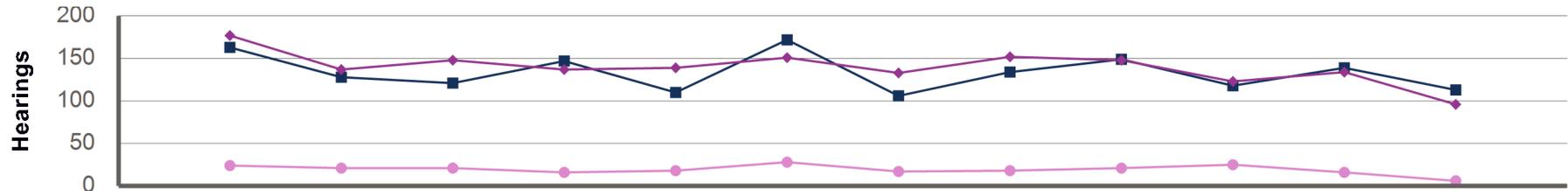
### By Age



### By Ethnicity



### By Outcome



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Denied or Dismissed	163	128	121	147	110	172	106	134	149	118	139	113
Granted	24	21	21	16	18	28	17	18	21	25	16	6
Withdrawal or Non-Appearance	177	137	148	137	139	151	133	152	148	123	134	96
<b>Total</b>	<b>364</b>	<b>286</b>	<b>290</b>	<b>300</b>	<b>267</b>	<b>351</b>	<b>256</b>	<b>304</b>	<b>318</b>	<b>266</b>	<b>289</b>	<b>215</b>

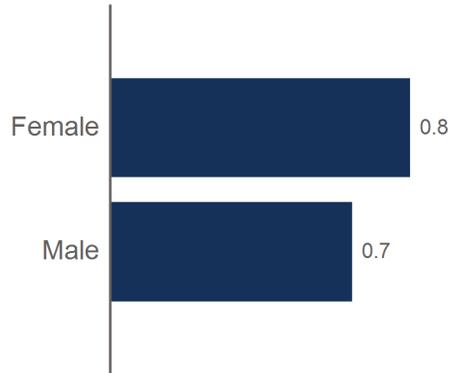
Source: Enterprise Performance Monitoring System  
Note: Data in this dashboard is preliminary and subject to change

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018

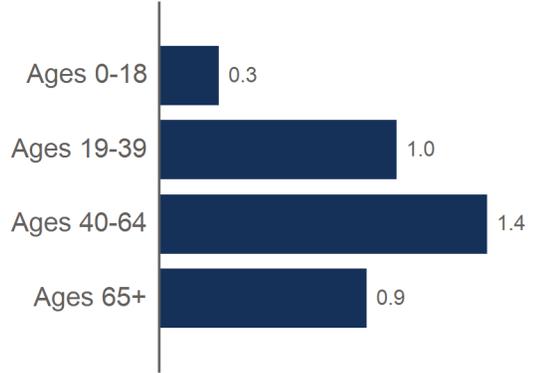


## Medical Exemption Requests per 10,000 Member Months (Sep-17)

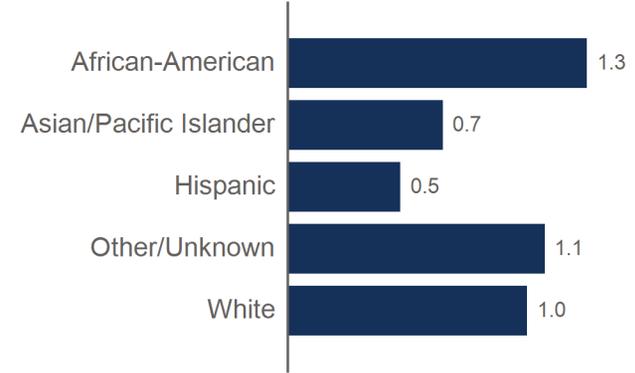
### By Sex



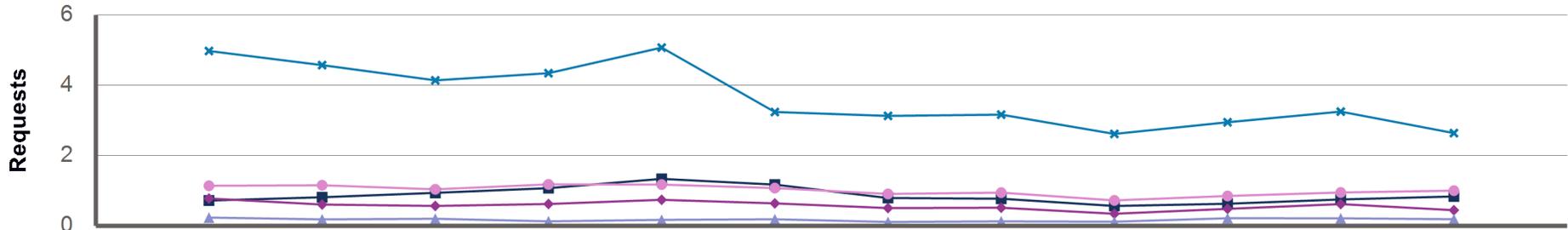
### By Age



### By Ethnicity



### By Population



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Dual	0.7	0.8	0.9	1.1	1.3	1.2	0.8	0.8	0.6	0.6	0.8	0.8
MO-ACA	1.1	1.2	1.0	1.2	1.2	1.1	0.9	1.0	0.7	0.9	1.0	1.0
MO-Other	0.8	0.6	0.6	0.6	0.7	0.6	0.5	0.5	0.3	0.5	0.6	0.5
MO-OTLIC	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2
MO-SPD	5.0	4.6	4.1	4.3	5.1	3.2	3.1	3.2	2.6	2.9	3.3	2.6
Total	1.1	1.0	0.9	1.0	1.1	0.9	0.8	0.8	0.6	0.7	0.8	0.8

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

# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018



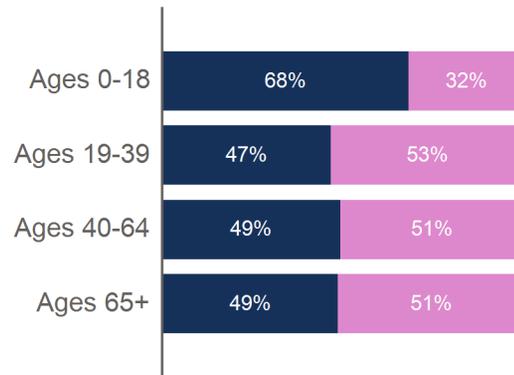
## Count of Medical Exemption Requests: Exempt Status (Sep-17)

■ Approved
 ■ Denied

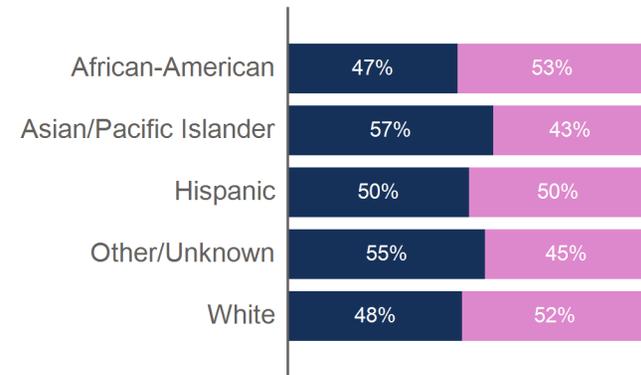
### By Sex



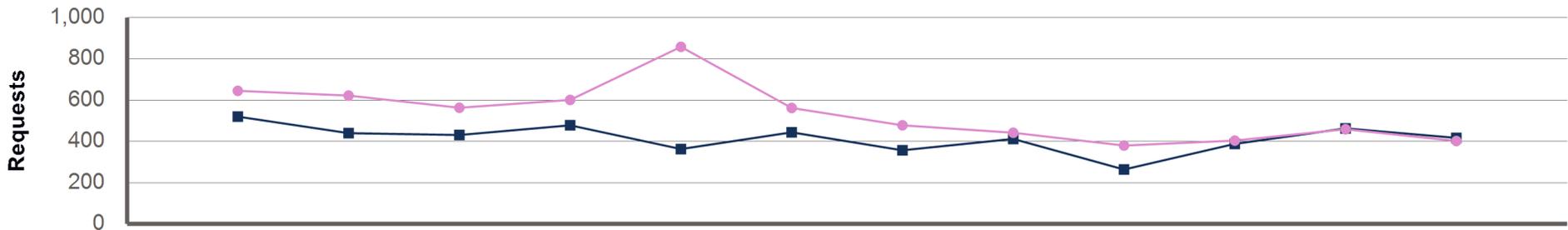
### By Age



### By Ethnicity



### By Exempt Status



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Approved	520	440	431	478	363	444	357	412	264	388	463	417
Denied	645	622	563	601	858	562	478	442	380	404	459	402
Total	1,165	1,062	994	1,079	1,221	1,006	835	854	644	792	922	819

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

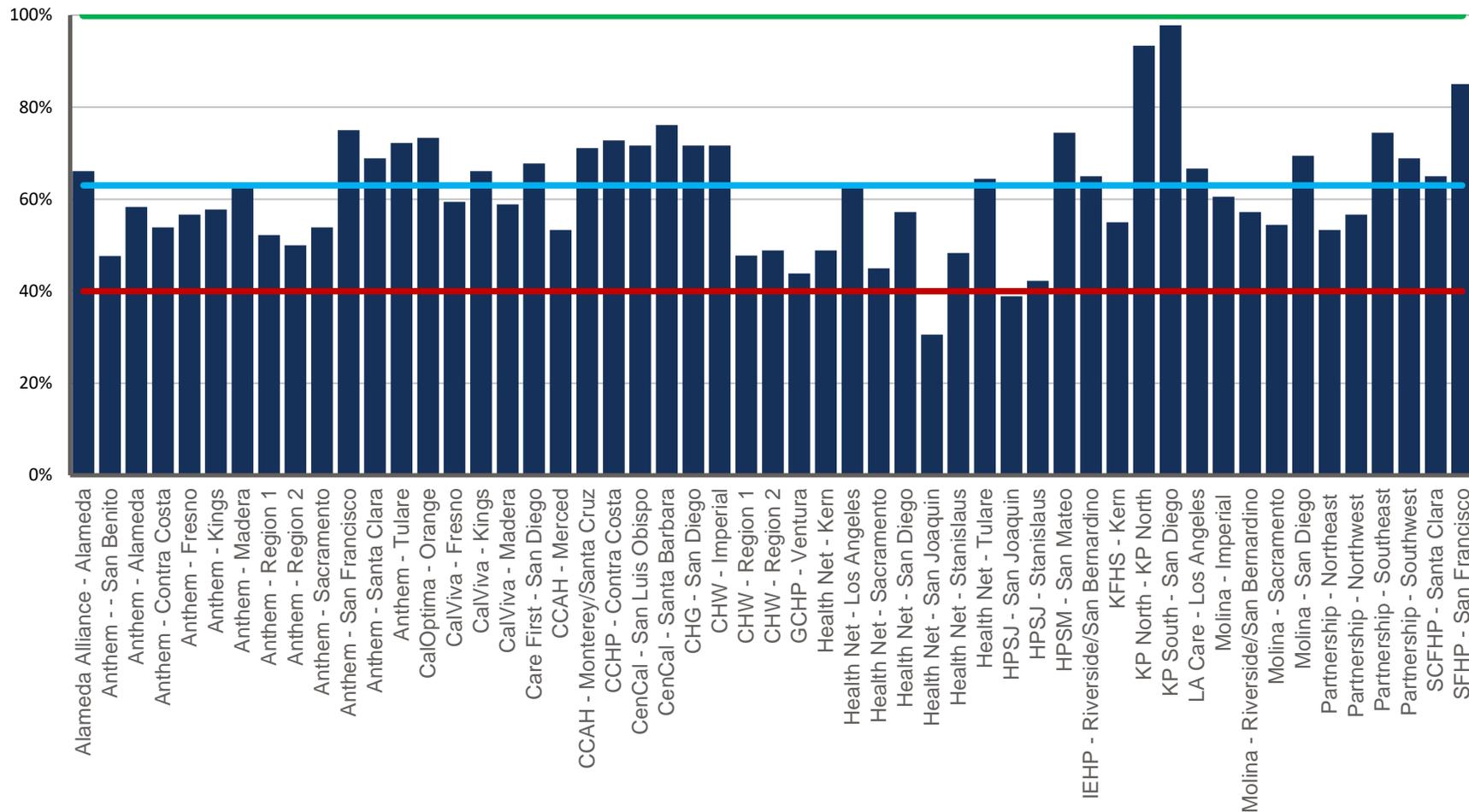
# Managed Care Performance Monitoring Dashboard Report Released March 21, 2018



## 2017 HEDIS® Aggregated Quality Factor Score (AQFS)

HPL - 100%    Weighted Average - 63%    MPL - 40%

### By HEDIS® Reporting Unit



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

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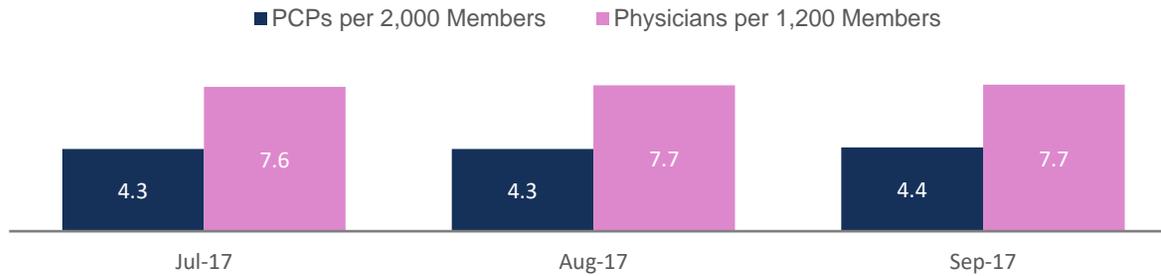


## Network Adequacy (2017Q3)

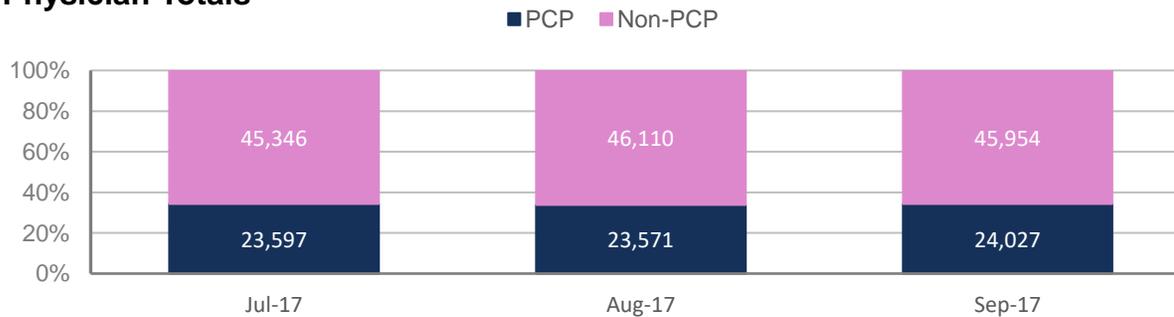
### Member Ratios



### Provider Ratios



### Physician Totals



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 Member Months:** Utilization rates per 1,000 member months were calculated by dividing overall utilization of a given service (e.g., Emergency Room Visits) by the total number of member months 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.

**Other Populations (OTHER):** This population consists of all aid codes not categorized under ACA, OTLIC, or SPD.

**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.

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.

### New Enrollments

This population consists of members who were newly eligible for Medi-Cal Managed Care enrollment. The enrollment types are defined below:

**Auto Assigned:** Members who made no choice that were assigned by default algorithm.

**Passive/Prior:** Members who were passively enrolled and members defaulted because they were previously a member or because other family members were already assigned to the plan.

**Regular:** Members who made a choice or selected a health plan by submitting an enrollment form.

### 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 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 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 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.

#### Grievances, State Fair Hearings, and Medical Exemption Requests

**Grievances:** Grievance data is collected quarterly and is plan reported. A single member can have multiple grievances, and a single grievance can have multiple reasons. Grievance reasons include Accessibility, Benefits, Quality of Care, and Referral. The count of grievances that do not fall into one of the above mentioned categories will be noted as "Other".

**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.

**Medical Exemption Requests (MERs):** A MER is a request to be exempt from mandatory enrollment into a Managed Care health plan. If a MER is approved a beneficiary can stay in Medi-Cal fee-for-service for a period of 12 months. If a MER is denied a member is required to enroll into a Managed Care health plan.

#### Health Effectiveness Data and Information Set (HEDIS®) Aggregated Quality Factor Score (AQFS)

The HEDIS® measures and specifications were developed by and are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). The HEDIS® AQFS is a single score that accounts for plan performance on all DHCS selected 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 calculated annually. A HEDIS® reporting unit is a combination of one or more health plans in a county or region.

#### Network Adequacy

**Member Ratios:** This metric is designed to showcase the number of plan enrollees per physician type. Physician types include

Source: Enterprise Performance Monitoring System

Note: Data in this dashboard is preliminary and subject to change

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Primary Care Physician (PCP), Specialist, and Physician. Providers categorized as a PCP or Specialist are subsets of the Physician category. A Specialist can also be categorized as a PCP; therefore, a physician may be counted towards a PCP ratio and a Specialist ratio.

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

**Physician Totals:** This metric is designed to showcase the number and percentage of physicians identified as a PCP. Non-PCP physicians include any physician not designated as a PCP by a health plan organization.