

## **MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT**

Released April 2024

### *Quarterly Release Notes*

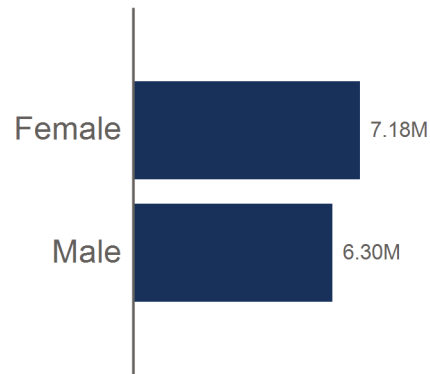
- Dashboard data is updated monthly except for the quarterly Encounter Completeness metric and annual HEDIS metric. Data reported in this dashboard is current as of the month prior to the month of release.
- Total Managed Care Member Demographics Q3 of 2023 on Page 2 have decreased by 2.97% from the previous quarter but are still 1.49% higher than this same quarter in the previous year.
- Count of Grievances on Page 12-14 has been updated to a table that includes all selectable Grievance Types and now includes Barriers / Impeded Access to Labor and Delivery Doula Services, Barriers / Impeded Access to Postpartum Doula Services, Barriers / Impeded Access to Prenatal Doula Services, Rural Member Denied Out of Network Request, Transportation, Plan's Reduction / Suspension / Termination of Previously Authorized Service, Billing, Out of Network, and Referral.
- The Glossary Section on Page 23 has been updated to include label abbreviations and their definitions for the charts in this Dashboard Report.

# Managed Care Performance Monitoring Dashboard Report

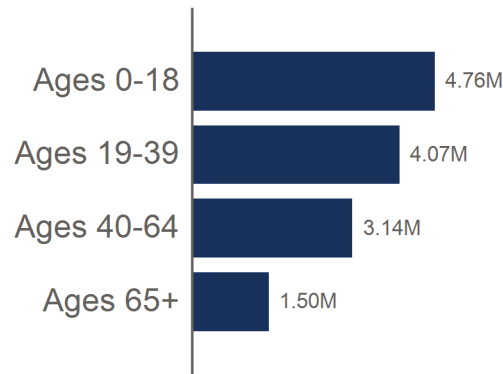
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## Managed Care Member Demographics (Dec-23)

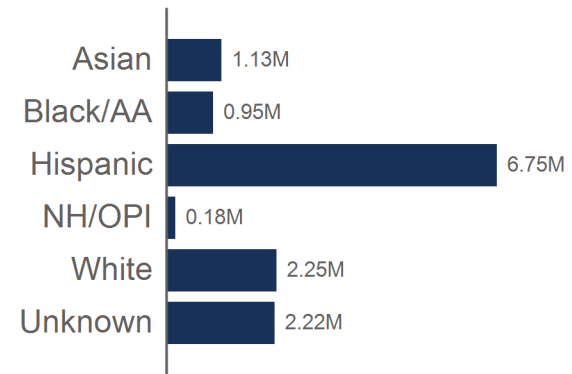
### By Sex



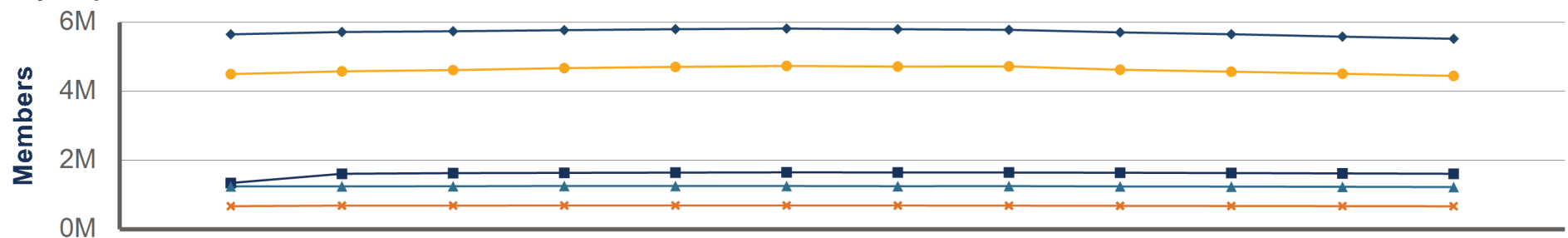
### By Age



### By Ethnicity



### By Population



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dual	1.35M	1.61M	1.63M	1.64M	1.65M	1.65M	1.65M	1.65M	1.64M	1.63M	1.62M	1.61M
MO-ACA	4.50M	4.58M	4.61M	4.67M	4.71M	4.74M	4.72M	4.72M	4.62M	4.57M	4.51M	4.45M
MO-OTLIC	1.25M	1.25M	1.25M	1.26M	1.26M	1.26M	1.25M	1.26M	1.25M	1.24M	1.23M	1.23M
MO-SPD	0.67M	0.69M	0.69M	0.69M	0.69M	0.70M	0.69M	0.69M	0.68M	0.68M	0.68M	0.67M
MO-Other	5.65M	5.72M	5.74M	5.77M	5.80M	5.82M	5.80M	5.78M	5.71M	5.65M	5.58M	5.52M
MC Total	13.41M	13.85M	13.93M	14.04M	14.10M	14.16M	14.11M	14.10M	13.90M	13.78M	13.62M	13.48M

Source: Enterprise Performance Monitoring System

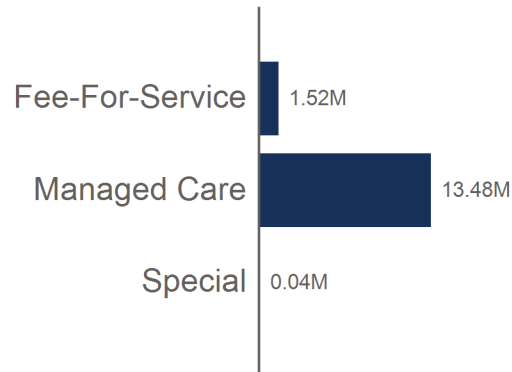
Note: Data in this dashboard is preliminary and subject to change

# Managed Care Performance Monitoring Dashboard Report

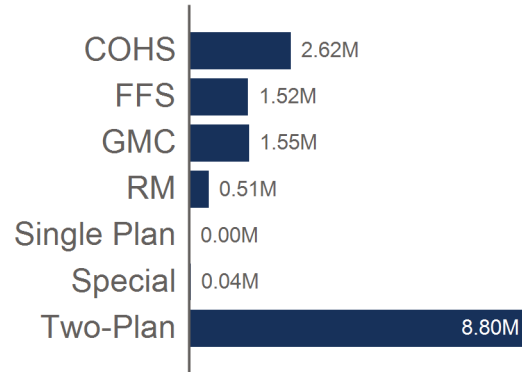
## Released April 2024

### Medi-Cal Member Demographics (Dec-23)

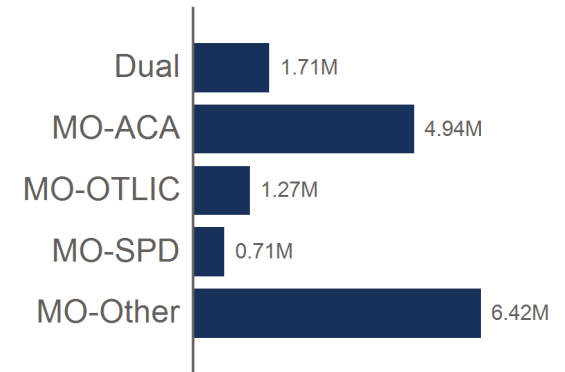
#### By Medi-Cal Type



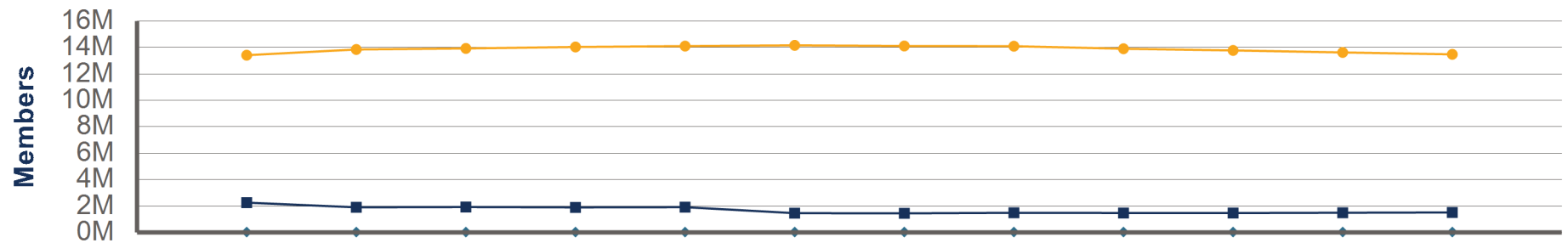
#### By Plan Model



#### By Population



#### By Medi-Cal Type



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Fee-For-Service	2.26M	1.91M	1.93M	1.90M	1.92M	1.47M	1.45M	1.49M	1.48M	1.48M	1.50M	1.52M
Managed Care	13.41M	13.85M	13.93M	14.04M	14.10M	14.16M	14.11M	14.10M	13.90M	13.78M	13.62M	13.48M
Special	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M	0.04M
Total	15.72M	15.80M	15.90M	15.98M	16.07M	15.67M	15.61M	15.63M	15.43M	15.29M	15.17M	15.04M

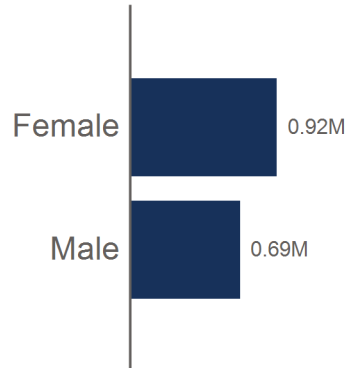
Source: Enterprise Performance Monitoring System

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

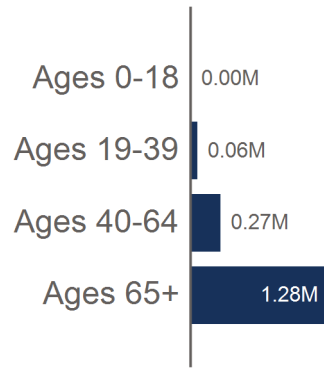
Managed Care Performance Monitoring Dashboard Report  
Released April 2024

*Dual Member Demographics (Dec-23)*

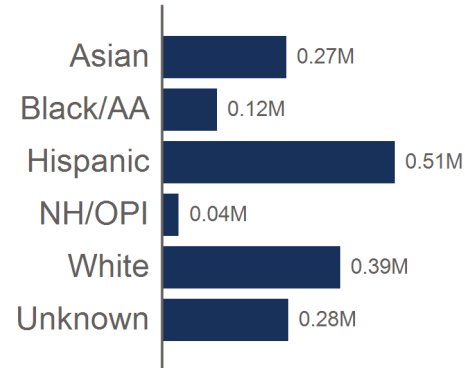
**By Sex**



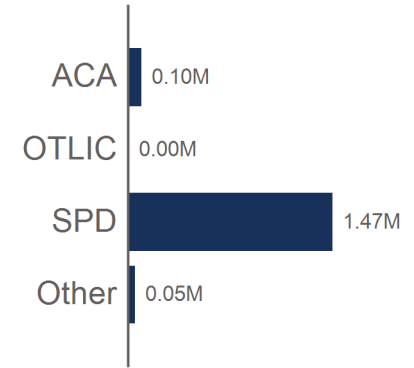
**By Age**



**By Ethnicity**

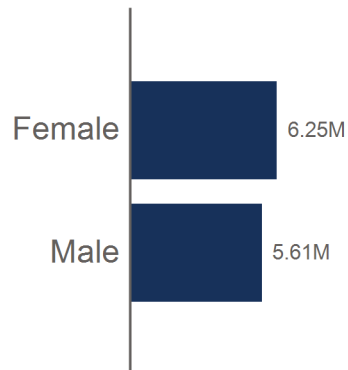


**By Population**

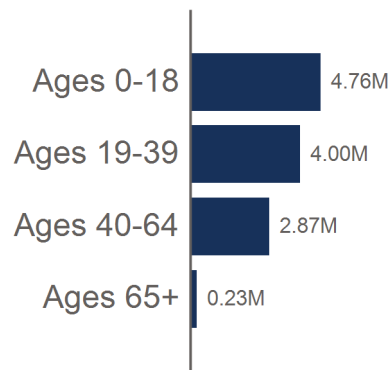


*Non-Dual Member Demographics (Dec-23)*

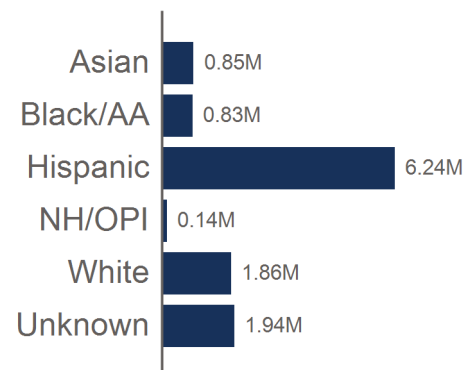
**By Sex**



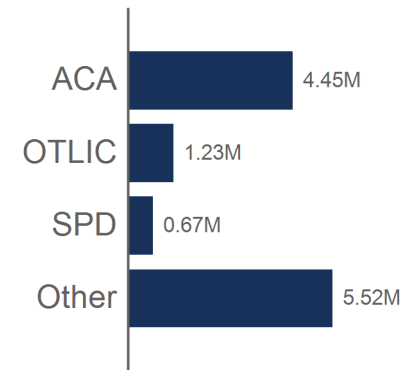
**By Age**



**By Ethnicity**



**By Population**

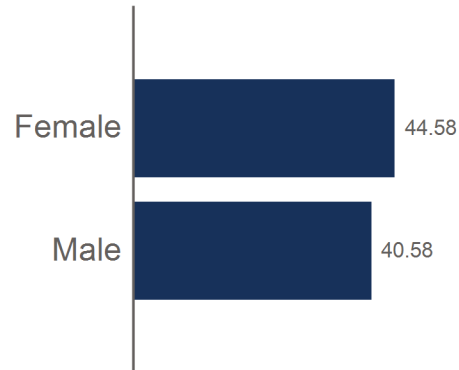


# Managed Care Performance Monitoring Dashboard Report

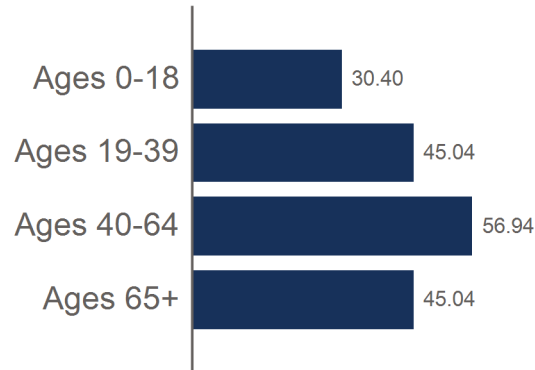
## Released April 2024

### Emergency Room Visits per 1,000 Members (Jun-23)

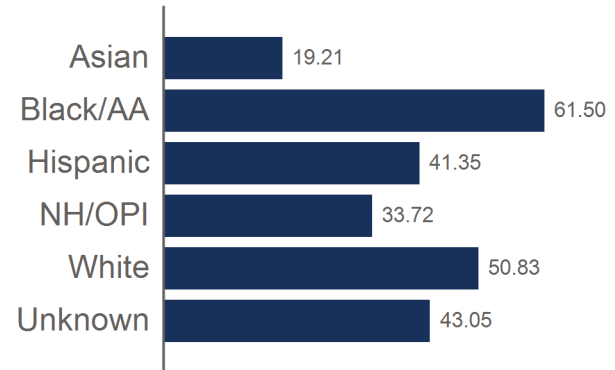
#### By Sex



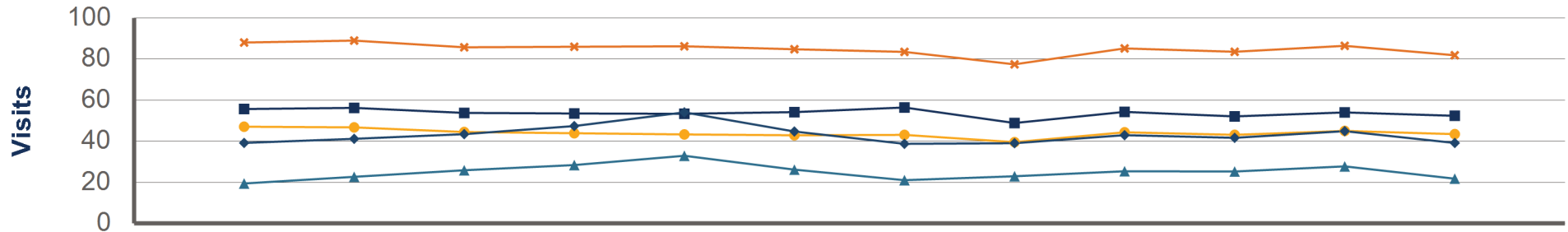
#### By Age



#### By Ethnicity



#### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	55.7	56.2	53.8	53.5	53.4	54.2	56.4	48.9	54.3	52.1	54.0	52.4
MO-ACA	47.1	46.8	44.5	43.9	43.3	42.9	43.1	39.6	44.4	43.1	45.0	43.5
MO-OTLIC	19.5	22.7	25.9	28.4	32.9	26.2	21.1	23.0	25.4	25.3	27.8	21.8
MO-SPD	88.0	89.0	85.7	86.0	86.2	84.8	83.5	77.4	85.2	83.5	86.4	81.8
MO-Other	39.2	41.2	43.5	47.4	54.1	44.7	38.8	39.1	43.0	41.7	44.9	39.2
Total	44.0	45.2	45.3	47.0	50.0	45.3	42.6	40.8	45.3	44.0	46.5	42.7

Source: Enterprise Performance Monitoring System

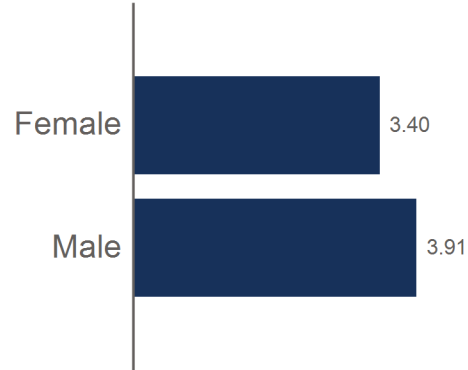
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# Managed Care Performance Monitoring Dashboard Report

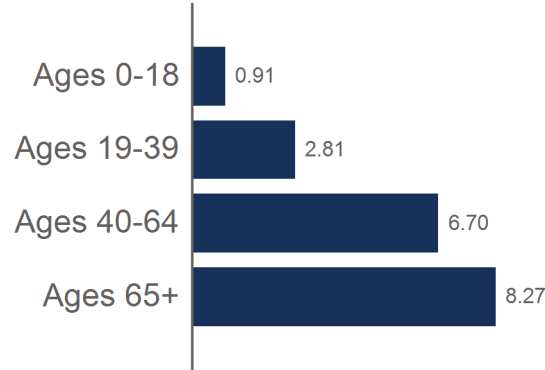
Released April 2024

## Emergency Room Visits with an Inpatient Admission per 1,000 Members (Jun-23)

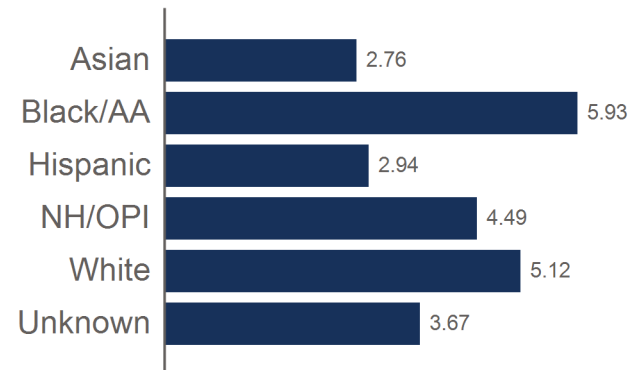
### By Sex



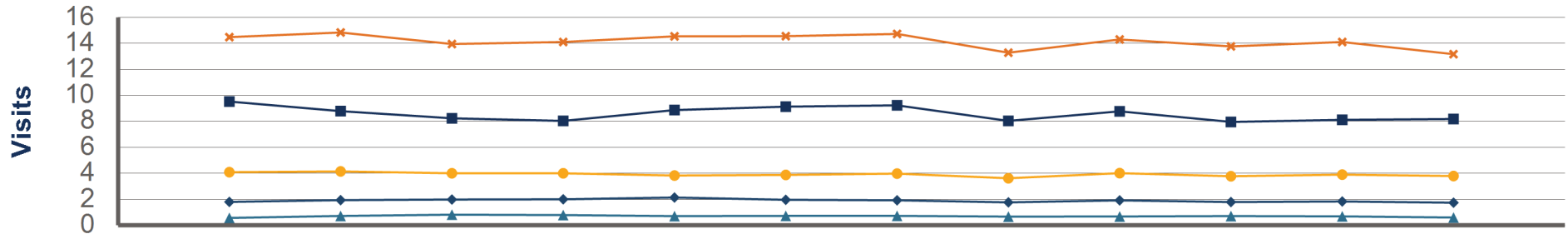
### By Age



### By Ethnicity



### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	9.5	8.8	8.2	8.0	8.9	9.1	9.2	8.0	8.8	8.0	8.1	8.2
MO-ACA	4.1	4.2	4.0	4.0	3.8	3.9	4.0	3.6	4.0	3.8	3.9	3.8
MO-OTLIC	0.6	0.7	0.8	0.8	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.6
MO-SPD	14.5	14.8	13.9	14.1	14.5	14.5	14.7	13.3	14.3	13.8	14.1	13.2
MO-Other	1.8	1.9	2.0	2.0	2.1	2.0	1.9	1.8	1.9	1.8	1.8	1.7
Total	3.8	3.9	3.8	3.8	3.8	3.8	3.9	3.6	3.9	3.7	3.8	3.6

Source: Enterprise Performance Monitoring System

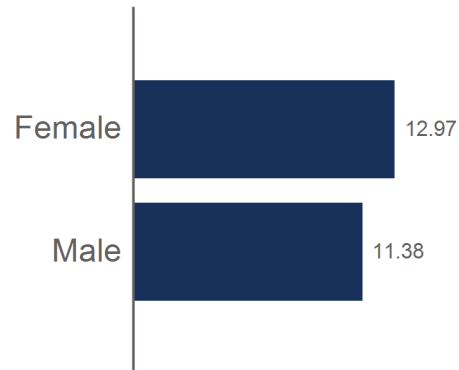
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# Managed Care Performance Monitoring Dashboard Report

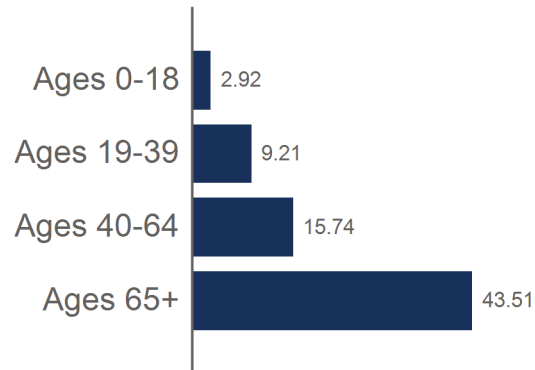
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## Inpatient Admissions per 1,000 Members (Jun-23)

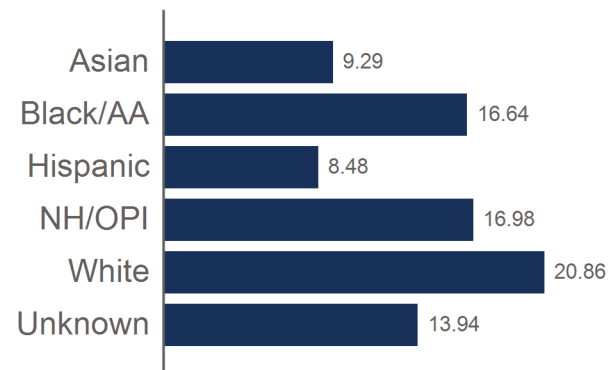
### By Sex



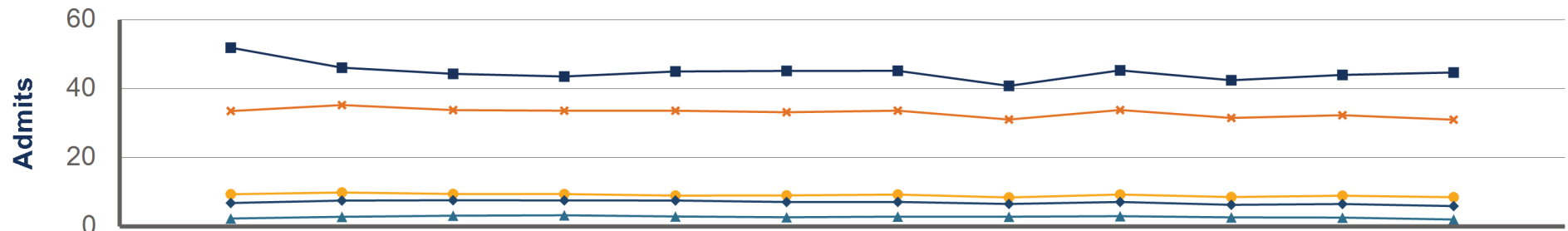
### By Age



### By Ethnicity



### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	51.9	46.1	44.3	43.5	45.0	45.2	45.2	40.8	45.3	42.4	44.0	44.7
MO-ACA	9.4	9.9	9.5	9.4	9.0	9.1	9.3	8.5	9.3	8.6	9.0	8.5
MO-OTLIC	2.4	2.9	3.2	3.3	2.9	2.7	2.9	2.9	3.0	2.7	2.6	2.1
MO-SPD	33.5	35.2	33.8	33.6	33.6	33.2	33.6	31.1	33.8	31.5	32.3	31.0
MO-Other	6.8	7.6	7.6	7.6	7.6	7.1	7.2	6.6	7.1	6.3	6.6	6.0
Total	13.0	13.0	12.7	12.6	12.5	12.3	12.6	12.1	13.3	12.2	12.6	12.2

Source: Enterprise Performance Monitoring System

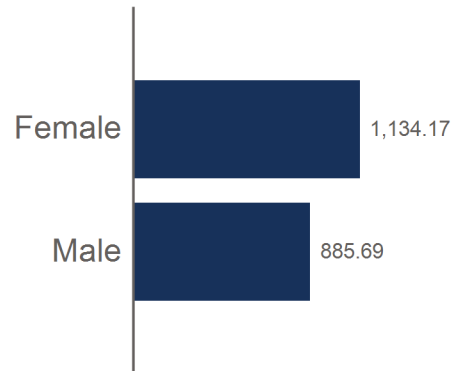
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# Managed Care Performance Monitoring Dashboard Report

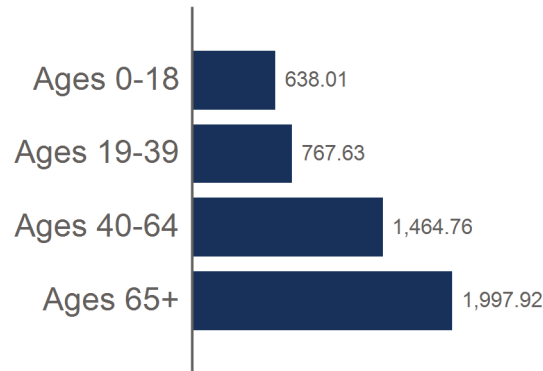
## Released April 2024

### Outpatient Visits per 1,000 Members (Jun-23)

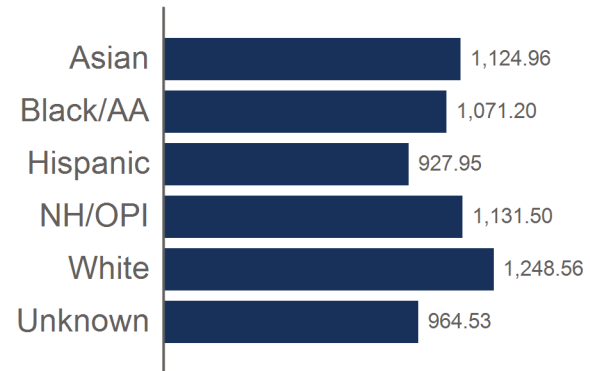
#### By Sex



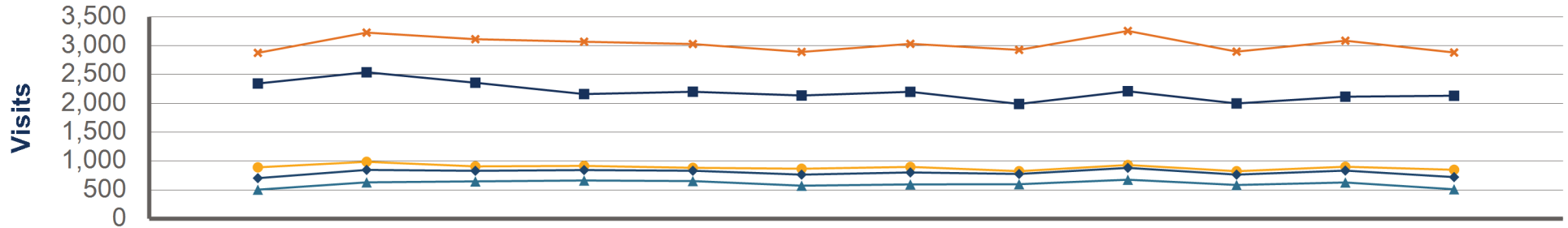
#### By Age



#### By Ethnicity



#### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	2,345.0	2,539.7	2,357.8	2,161.8	2,201.8	2,137.5	2,200.9	1,990.5	2,210.6	1,999.5	2,116.5	2,133.5
MO-ACA	892.7	988.4	909.3	917.9	884.4	868.2	900.1	826.4	933.0	825.7	902.8	850.0
MO-OTLIC	505.9	632.6	649.5	664.5	654.8	574.7	596.8	600.5	678.5	587.1	630.2	512.5
MO-SPD	2,876.0	3,226.4	3,112.4	3,068.5	3,028.8	2,891.8	3,032.0	2,927.3	3,255.5	2,897.3	3,086.3	2,881.8
MO-Other	705.6	848.0	832.7	845.1	833.7	766.2	804.4	777.5	883.2	766.2	836.1	723.3
Total	1,017.5	1,158.5	1,104.0	1,092.4	1,076.7	1,022.0	1,069.3	1,026.2	1,154.6	1,019.3	1,100.3	1,017.6

Source: Enterprise Performance Monitoring System

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

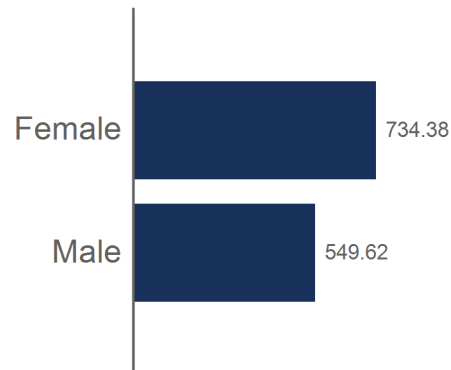


# Managed Care Performance Monitoring Dashboard Report

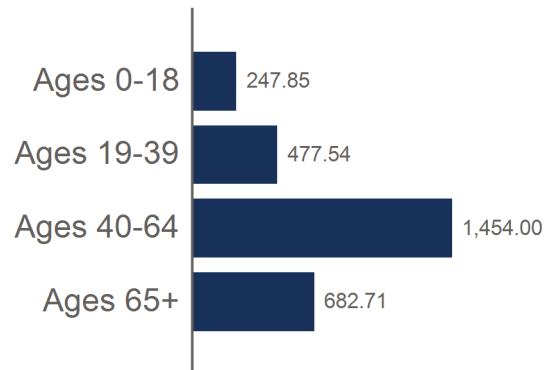
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## Prescriptions per 1,000 Members (Jun-23)

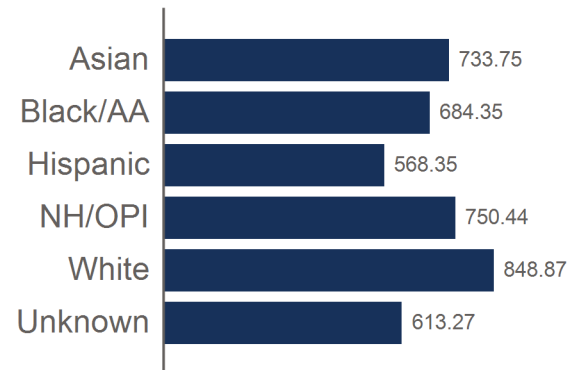
### By Sex



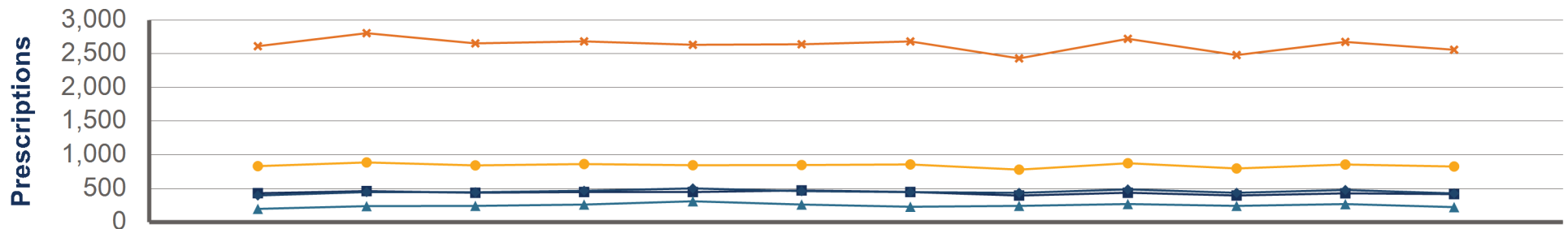
### By Age



### By Ethnicity



### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	431.5	463.0	438.7	449.1	449.0	472.8	449.9	396.4	438.6	397.3	430.1	418.1
MO-ACA	832.8	888.1	844.1	864.2	846.7	849.2	858.3	781.0	876.3	798.6	857.3	827.8
MO-OTLIC	199.1	239.5	243.6	263.0	311.9	263.3	230.5	243.5	270.7	243.7	270.2	225.1
MO-SPD	2,612.8	2,805.7	2,654.5	2,684.1	2,633.3	2,641.1	2,683.3	2,431.8	2,722.1	2,480.9	2,676.4	2,559.5
MO-Other	398.1	448.7	445.4	467.4	503.0	462.2	447.6	436.5	487.6	437.5	479.0	429.1
Total	640.2	697.1	671.4	691.9	703.0	684.7	677.8	627.9	702.2	636.6	689.2	647.7

Source: Enterprise Performance Monitoring System

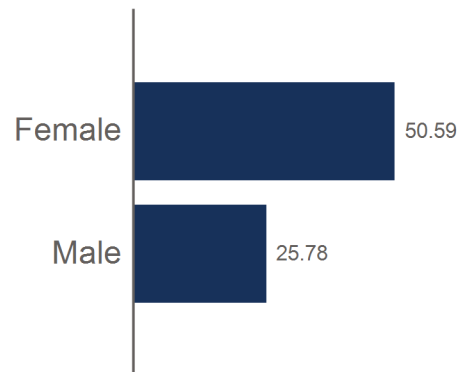
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# Managed Care Performance Monitoring Dashboard Report

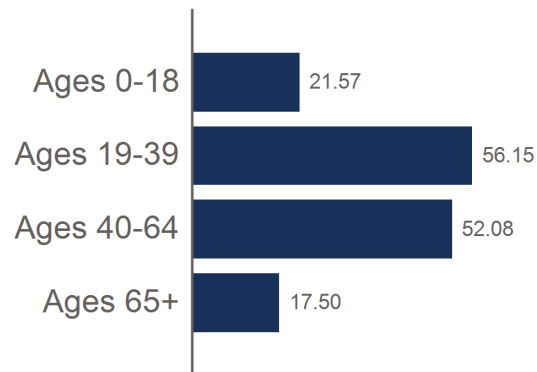
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### Mild-to-Moderate Mental Health Visits per 1,000 Members (Jun-23)

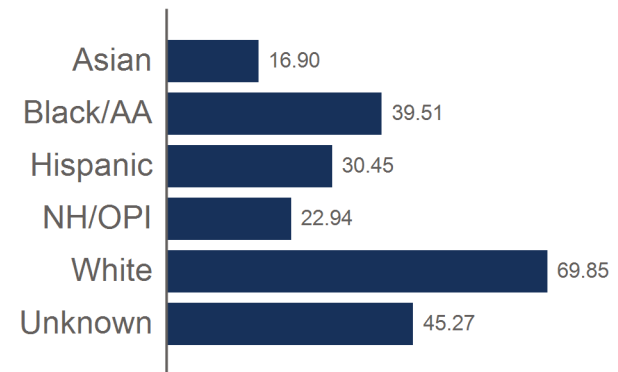
#### By Sex



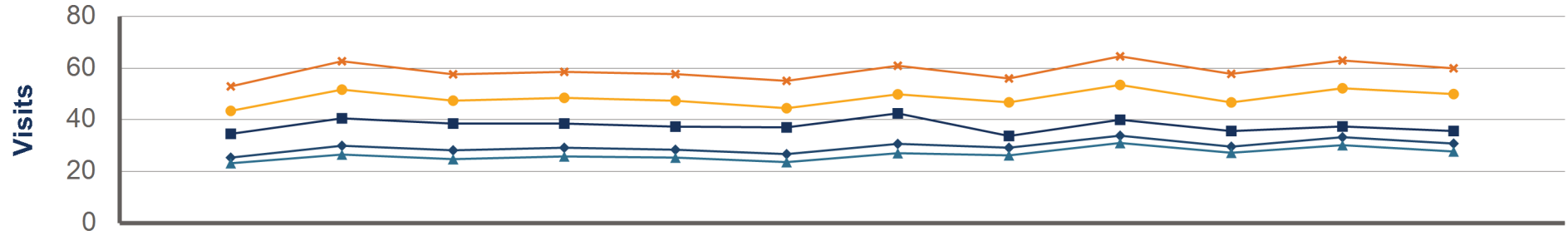
#### By Age



#### By Ethnicity



#### By Population



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Dual	34.6	40.6	38.5	38.6	37.4	37.1	42.5	33.8	40.0	35.7	37.4	35.7
MO-ACA	43.5	51.7	47.4	48.5	47.4	44.5	49.9	46.8	53.5	46.7	52.2	50.0
MO-OTLIC	23.2	26.6	24.8	25.9	25.4	23.7	27.1	26.3	31.0	27.3	30.2	27.8
MO-SPD	52.9	62.7	57.6	58.5	57.7	55.1	60.9	56.0	64.6	57.8	62.9	59.9
MO-Other	25.4	30.0	28.2	29.2	28.5	26.8	30.7	29.2	33.9	29.6	33.3	30.8
Total	33.5	39.6	36.8	37.7	36.8	34.9	39.5	36.6	42.4	37.2	41.3	39.0

Source: Enterprise Performance Monitoring System

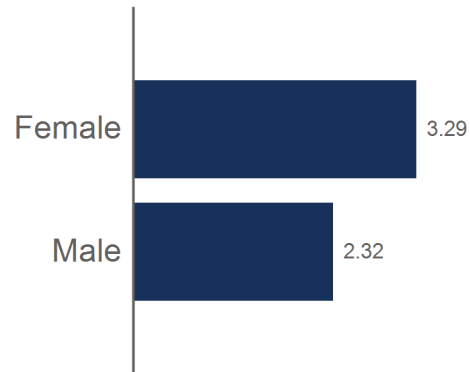
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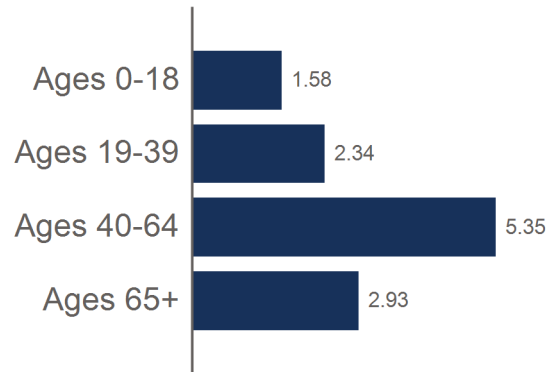
## Released April 2024

### Grievances per 1,000 Member Months (2023Q4)

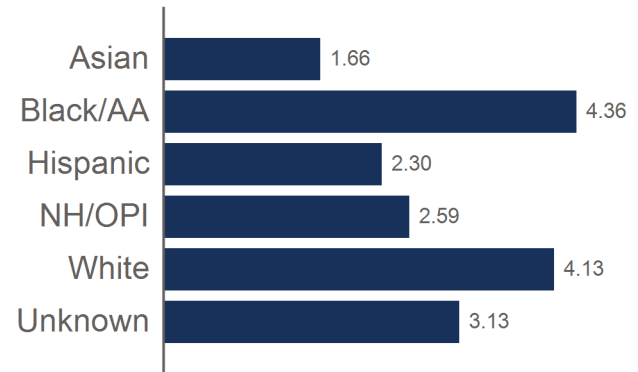
#### By Sex



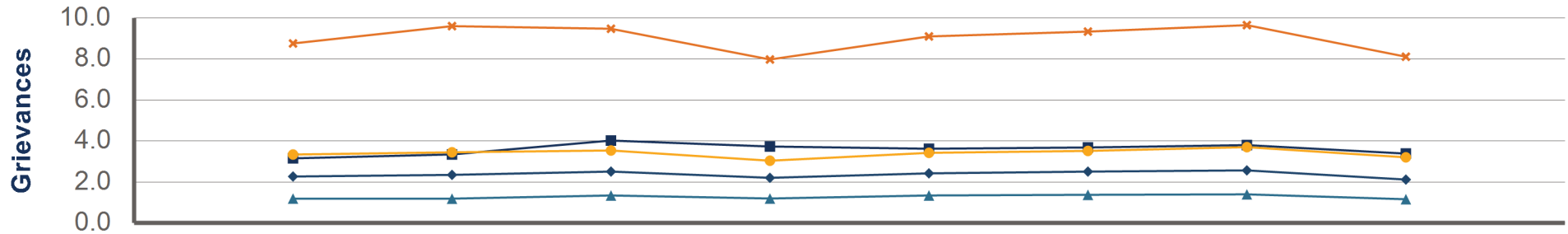
#### By Age



#### By Ethnicity



#### By Population



	2022Q1	2022Q2	2022Q3	2022Q4	2023Q1	2023Q2	2023Q3	2023Q4
Dual	3.2	3.3	4.0	3.7	3.6	3.7	3.8	3.4
MO-ACA	3.3	3.5	3.5	3.0	3.4	3.5	3.7	3.2
MO-OTLIC	1.2	1.2	1.3	1.2	1.3	1.4	1.4	1.2
MO-SPD	8.8	9.6	9.5	8.0	9.1	9.3	9.6	8.1
MO-Other	2.3	2.3	2.5	2.2	2.4	2.5	2.6	2.1
Total	2.9	3.1	3.2	2.8	3.1	3.2	3.3	2.8

Source: Enterprise Performance Monitoring System

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**Managed Care Performance Monitoring Dashboard Report**  
**Released April 2024**

*Count of Grievances (2023Q4)*

Category	Grievance Type	Grievances PACES
Access to Care	Barriers / Impeded Access to Labor And Delivery Doula Services	2
	Barriers / Impeded Access to Postpartum Doula Services	0
	Barriers / Impeded Access to Prenatal Doula Services	0
	Continuity Of Care	851
	Geographic Access	1,259
	Language Access	662
	LTC (Long Term Care) -Timely Access	22
	Physical Access	788
	Provider Availability	14,209
	Rural Member Denied Out of Network Request	0
	Timely Access	11,604
	Transportation	0
Compliance	Abuse / Neglect / Exploitation	109
	Assault / Harassment	151
	Authorization	5,271
	Disability Discrimination	114
	Discrimination	1,094
	Expedited Appeal Request Denied	13
	Fraud / Waste / Abuse	264
	PHI / Confidentiality / HIPAA	467

Source: Enterprise Performance Monitoring System

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

**Managed Care Performance Monitoring Dashboard Report**  
**Released April 2024**

Category	Grievance Type	Grievances PACES
Compliance	Plan's Failure to Meet Timeframes for Resolution	21
	Plan's Reduction / Suspension / Termination of Previously Authorized Service	7
	Timely Response To Auth / Appeal Request	871
Coverage	Billing	0
	Denial of Payment Request	3,227
	Denial of Request to Dispute Financial Liability	5,332
	Eligibility	2,735
	Enrollment	3,136
	Provider Balance Billing	5,450
	Provider Direct Member Billing	1,180
Quality of Care	Inappropriate Care	3,628
	LTC (Long Term Care) -Facility/Provider grievances	74
	Quality of Care	9,621
Quality of Service	Case Management / Care Coordination	12,087
	LTC (Long Term Care) - Other	6
	Member Informing Materials	2,611
	Plan Customer Service	11,504
	Provider / Staff Attitude	17,814
	Technology / Telephone	4,659
Referral	Out-of-Network	587
	Referral	5,744
Transportation	Driver Punctuality	3,984
	Injury	81

Source: Enterprise Performance Monitoring System

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

**Managed Care Performance Monitoring Dashboard Report**  
**Released April 2024**

Category	Grievance Type	Grievances PACES
Transportation	LTC (Long Term Care) -Transportation	39
	Scheduling	1,005
	Vehicle	575

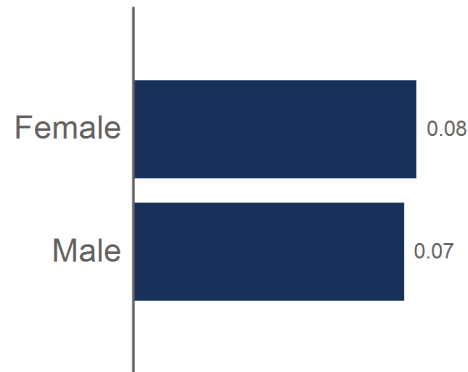
**Total Count of Grievances: 132,858**

# Managed Care Performance Monitoring Dashboard Report

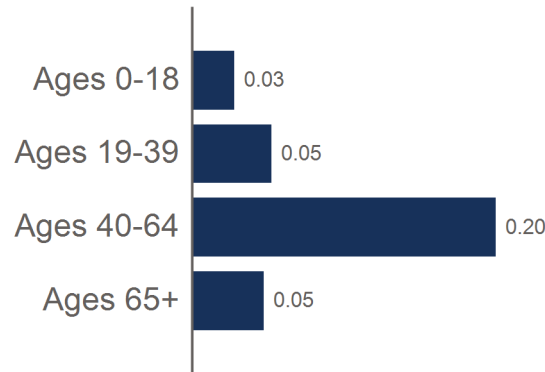
Released April 2024

## State Fair Hearings per 10,000 Members (Dec-23)

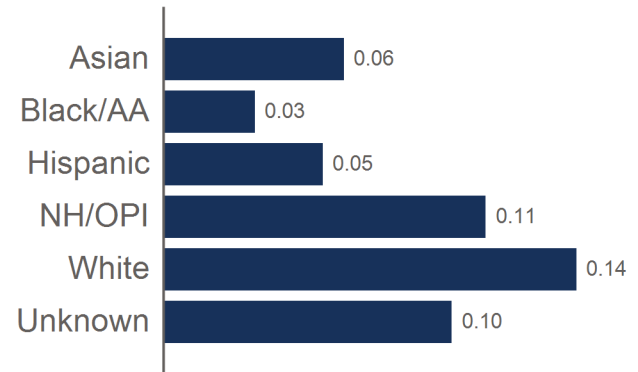
### By Sex



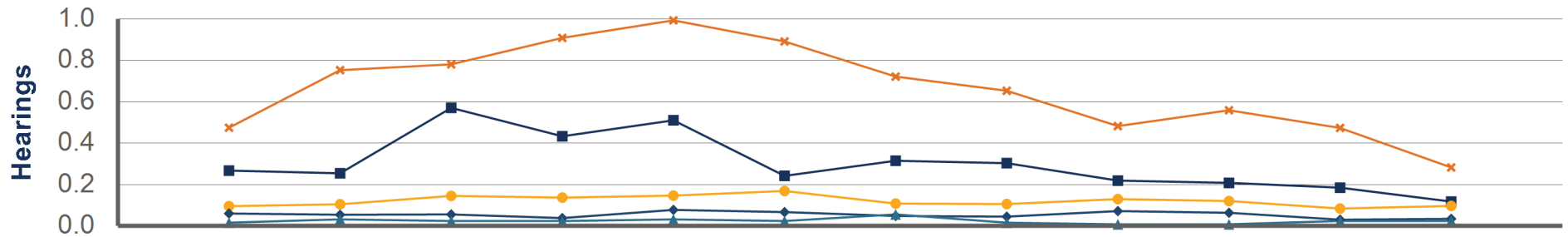
### By Age



### By Ethnicity



### By Population



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Dual	0.3	0.3	0.6	0.4	0.5	0.2	0.3	0.3	0.2	0.2	0.2	0.1
MO-ACA	0.1	0.1	0.1	0.1	0.1	0.2	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	0.1	0.0	0.0	0.0	0.0	0.0
MO-SPD	0.5	0.8	0.8	0.9	1.0	0.9	0.7	0.7	0.5	0.6	0.5	0.3
MO-Other	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.0
Total	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1

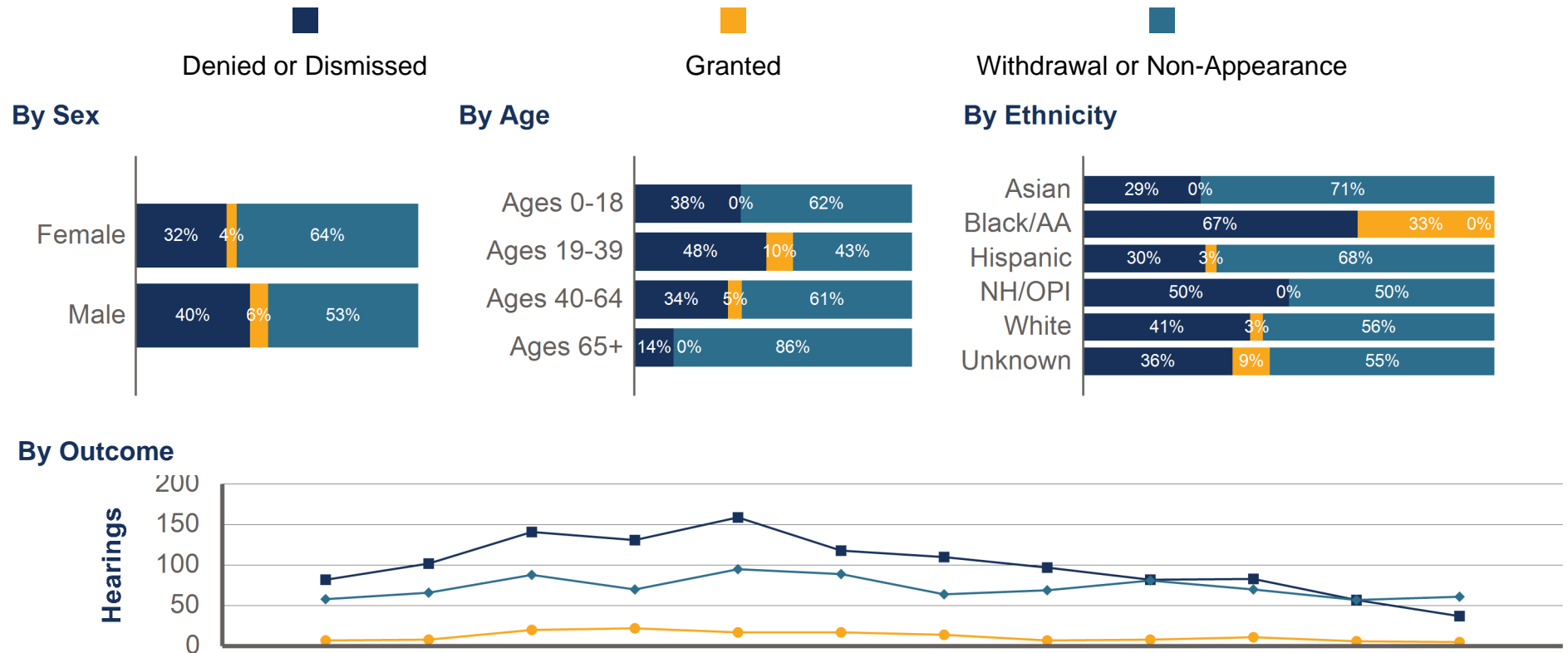
Source: Enterprise Performance Monitoring System

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

# Managed Care Performance Monitoring Dashboard Report

Released April 2024

## Count of State Hearings: Outcomes (Dec-23)



Source: Enterprise Performance Monitoring System

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

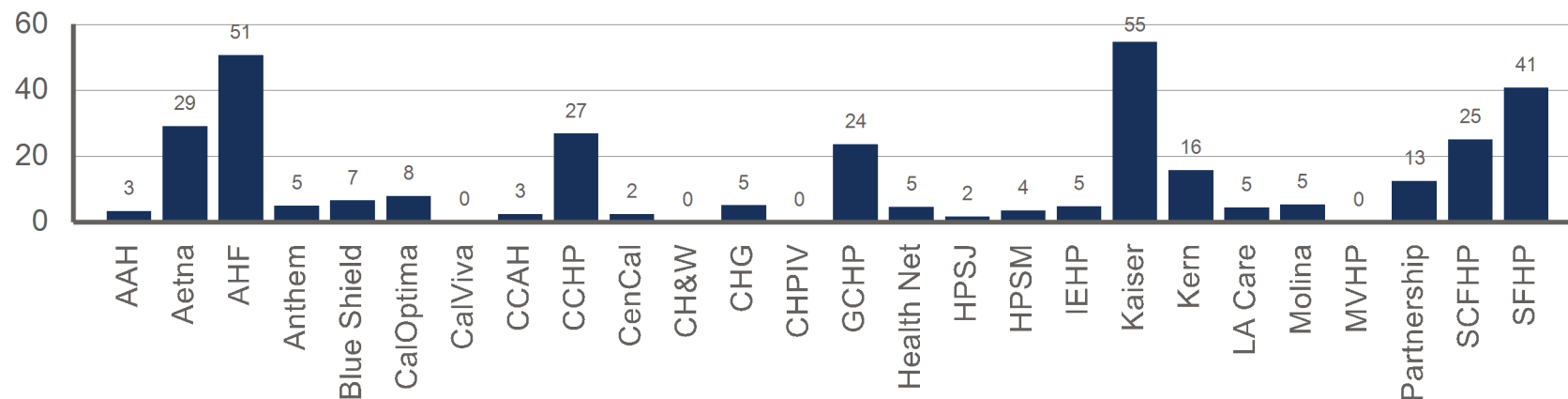


# Managed Care Performance Monitoring Dashboard Report

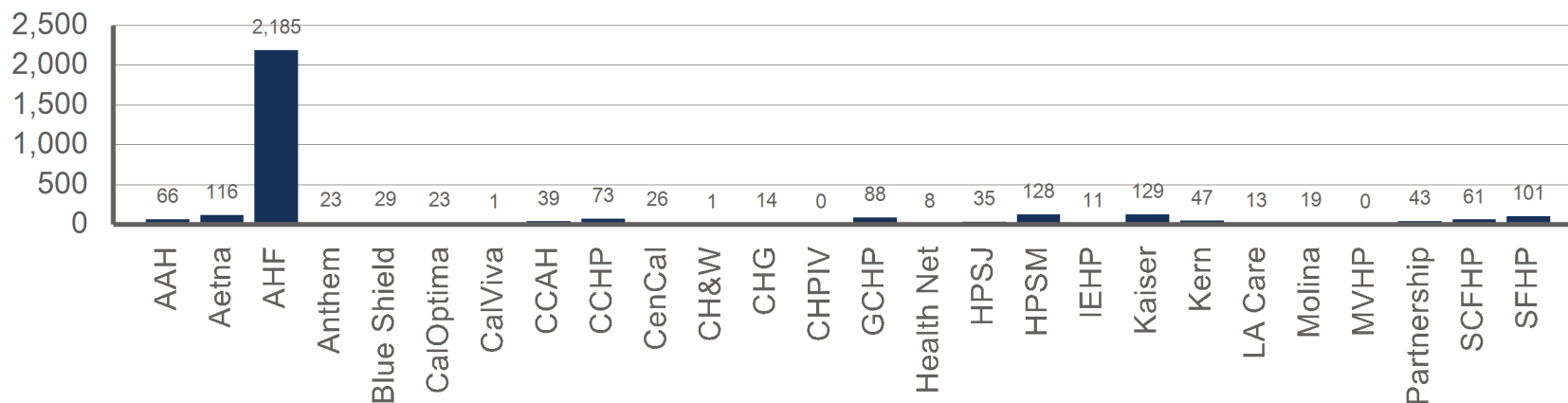
## Released April 2024

### Provider Ratios (Dec-23)

#### 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.

**Managed Care Performance Monitoring Dashboard Report  
Released April 2024**

*Encounter Completeness Monitoring (CY 2022)*

Plan Parent	Inpatient	Outpatient and Emergency Room	Professional
AAH	96.76%	99.96%	98.70%
Aetna	106.88%	87.19%	87.81%
AHF	74.17%	83.16%	106.48%
Anthem	91.57%	91.30%	95.62%
Blue Shield	108.95%	92.79%	102.54%
CalOptima	86.47%	80.59%	109.68%
CalViva	104.13%	101.42%	100.56%
CCAH	100.67%	91.40%	99.88%
CCHP	89.66%	99.22%	103.93%
CenCal	101.09%	96.13%	102.63%
CH&W	109.15%	102.25%	138.27%
CHG	99.38%	99.16%	104.05%
GCHP	92.78%	76.13%	104.34%
Health Net	97.23%	96.67%	98.68%
HPSJ	99.03%	99.31%	101.61%
HPSM	84.67%	129.07%	101.41%
IEHP	102.81%	99.05%	101.28%
Kaiser	100.89%	96.80%	106.52%
Kern	103.81%	94.46%	108.99%
LA Care	84.91%	86.07%	100.60%
Molina	95.36%	90.05%	104.16%
Partnership	98.19%	88.16%	101.80%
SCFHP	89.37%	96.84%	99.47%
SFHP	98.25%	80.07%	96.67%

**Encounter Completeness Percentage (ECP) Color Grade**

**Blue:** Major encounter completeness challenges; ECP is < 70%.

**Yellow:** Moderate encounter completeness challenges; ECP is at least 70% and <90% or ECP is >110%.

**No Shading:** No clear encounter completeness challenges; ECP is between 90-110%.

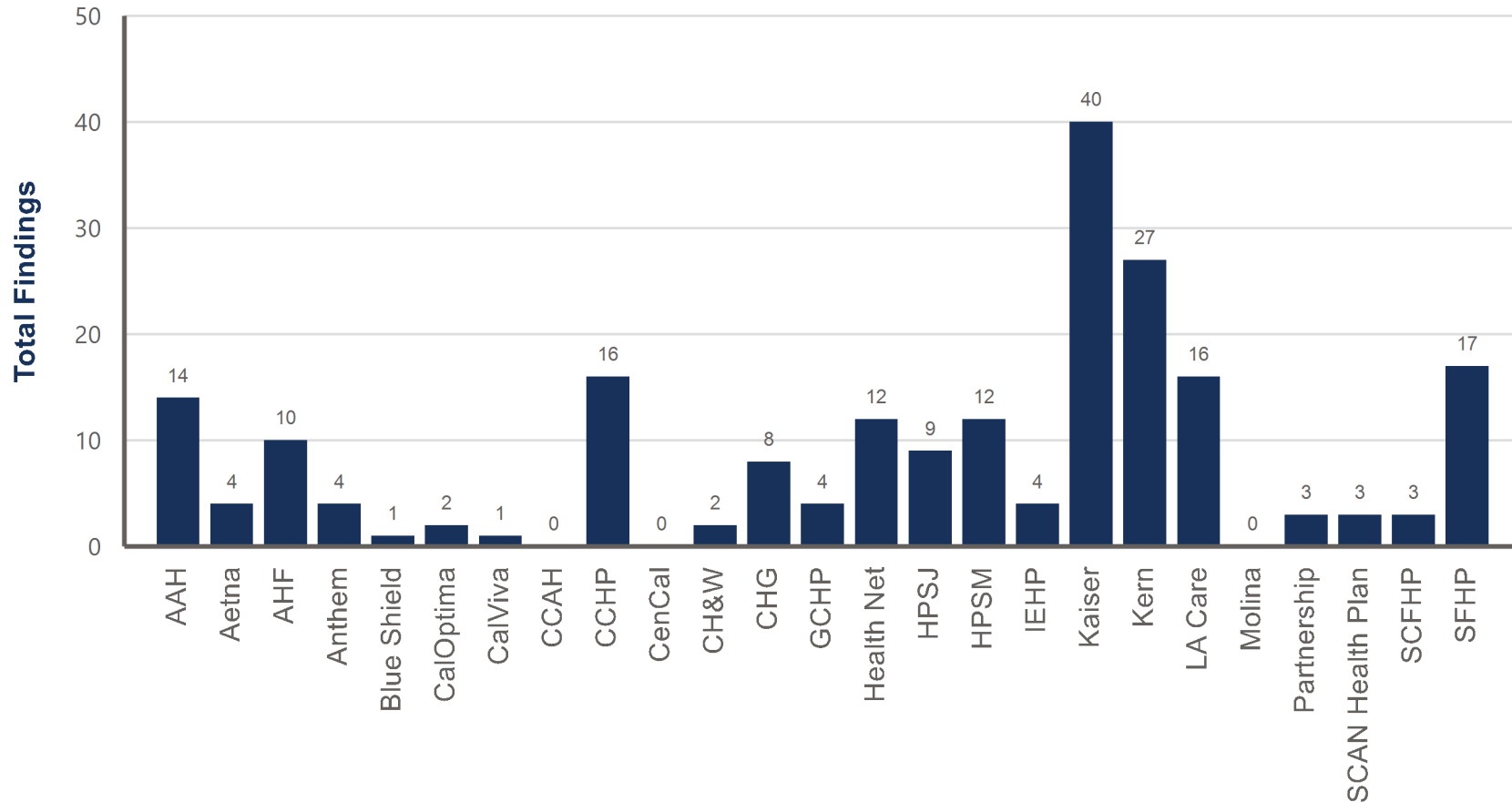
*Source: Enterprise Performance Monitoring System*

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

Managed Care Performance Monitoring Dashboard Report  
Released April 2024

*A&I Medical Audit Findings (2023Q4)*

**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

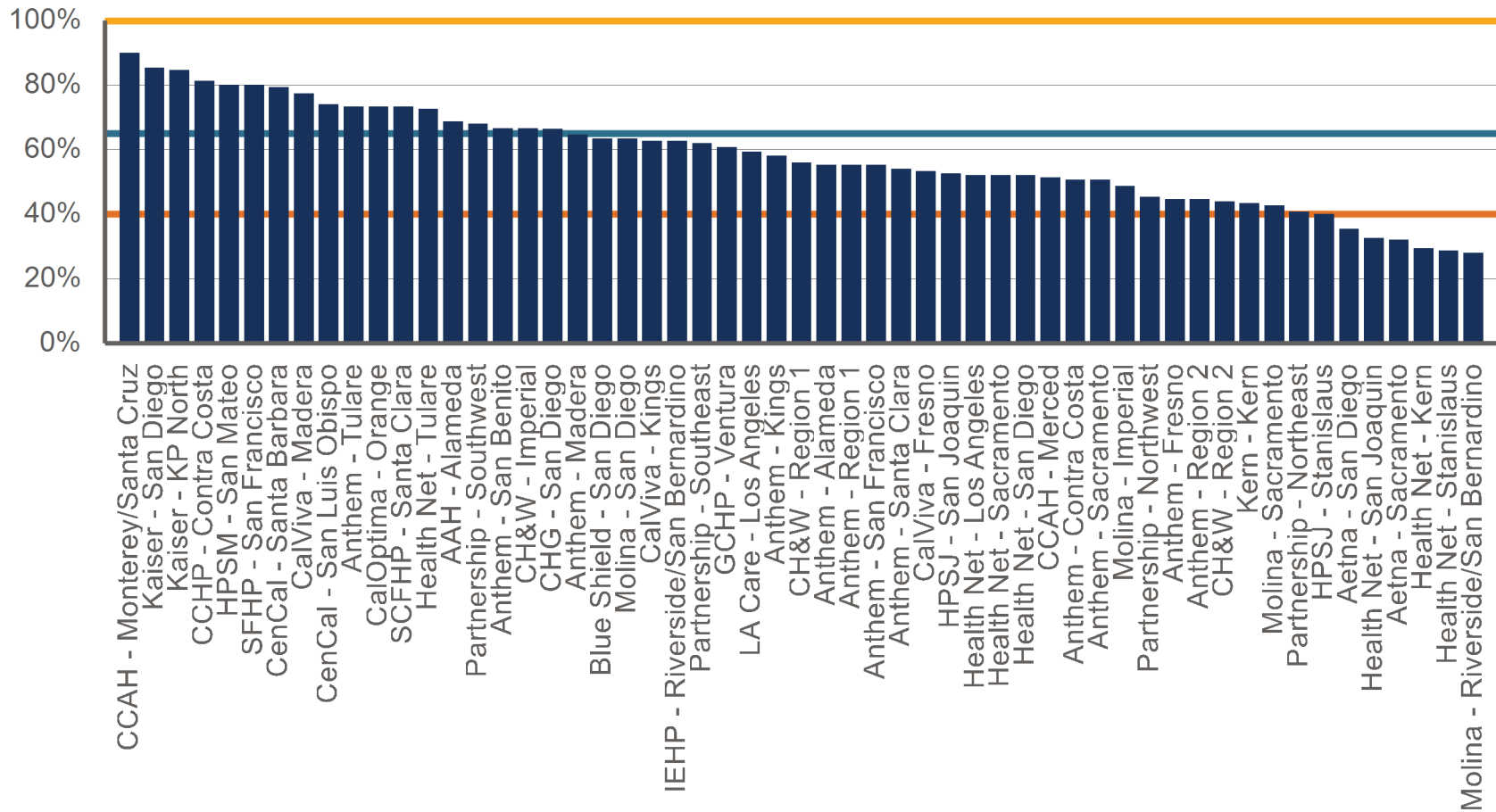
Note: Data in this dashboard is preliminary and subject to change

Managed Care Performance Monitoring Dashboard Report  
Released April 2024

2023 HEDIS® Aggregated Quality Factor Score (AQFS)

— HPL - 100% — Weighted Average - 60% — MPL - 40%

By HEDIS® Reporting Unit



Source: Enterprise Performance Monitoring System

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

**Managed Care Performance Monitoring Dashboard Report**  
**Released April 2024**

*2023 HEDIS® Aggregated Quality Factor Score (AQFS)*

HPL - 100%	Weighted Average - 60%	MPL - 40%
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Reporting Unit	AQFS	Reporting Unit	AQFS
AAH - Alameda	68.67%	CHG - San Diego	66.43%
Aetna - Sacramento	32.00%	GCHP - Ventura	60.67%
Aetna - San Diego	35.33%	Health Net - Kern	29.33%
Anthem - Alameda	55.33%	Health Net - Los Angeles	52.00%
Anthem - Contra Costa	50.67%	Health Net - Sacramento	52.00%
Anthem - Fresno	44.67%	Health Net - San Diego	52.00%
Anthem - Kings	58.00%	Health Net - San Joaquin	32.67%
Anthem - Madera	64.67%	Health Net - Stanislaus	28.67%
Anthem - Region 1	55.33%	Health Net - Tulare	72.67%
Anthem - Region 2	44.67%	HPSJ - San Joaquin	52.67%
Anthem - Sacramento	50.67%	HPSJ - Stanislaus	40.00%
Anthem - San Benito	66.67%	HPSM - San Mateo	80.00%
Anthem - San Francisco	55.33%	IEHP - Riverside/San Bernardino	62.67%
Anthem - Santa Clara	54.00%	Kaiser - KP North	84.67%
Anthem - Tulare	73.33%	Kaiser - San Diego	85.33%
Blue Shield - San Diego	63.33%	Kern - Kern	43.33%
CalOptima - Orange	73.33%	LA Care - Los Angeles	59.33%
CalViva - Fresno	53.33%	Molina - Imperial	48.67%
CalViva - Kings	62.67%	Molina - Riverside/San Bernardino	28.00%
CalViva - Madera	77.33%	Molina - Sacramento	42.67%
CCAH - Merced	51.33%	Molina - San Diego	63.33%
CCAH - Monterey/Santa Cruz	90.00%	Partnership - Northeast	40.67%
CCHP - Contra Costa	81.33%	Partnership - Northwest	45.33%
CenCal - San Luis Obispo	74.00%	Partnership - Southeast	62.00%

Source: Enterprise Performance Monitoring System

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

**Managed Care Performance Monitoring Dashboard Report**  
**Released April 2024**

Reporting Unit	AQFS	Reporting Unit	AQFS
CenCal - Santa Barbara	79.33%	Partnership - Southwest	68.00%
CH&W - Imperial	66.67%	SCFHP - Santa Clara	73.33%
CH&W - Region 1	56.00%	SFHP - San Francisco	80.00%
CH&W - Region 2	44.00%		

*Source: Enterprise Performance Monitoring System*

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

Managed Care Performance Monitoring Dashboard Report  
Released April 2024

## 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.

## Managed Care Performance Monitoring Dashboard Report

### Released April 2024

#### 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.



## Managed Care Performance Monitoring Dashboard Report Released April 2024

### 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.

### Encounter Completeness

**Encounter Completeness Monitoring Summary:** Mercer Government Human Services Consulting provides DHCS a quarterly report that represents the aggregate encounter monitoring grade for all contracted health plans by category of service. Color grades are determined by the encounter completeness percentage:  $(\text{encounter utilization} / 1,000) / (\text{benchmark utilization} / 1,000)$  where the benchmark is selected to be the most favorable to the health plan (i.e. the benchmark selected shows encounters as the most complete). DHCS evaluates the aggregate encounter monitoring results for all contracted health plans by category of service no less than every 1st and 3rd quarter. Any score of Red may result in a Corrective Action Plan and/or Financial Sanctions.

Aetna Better Health and United Healthcare have currently not been included in the encounter monitoring summary because of the lack of time spent providing Medi-Cal services. For reference, Aetna Better Health began January 1, 2018 and United HealthCare began October 1, 2017. It is planned to include these health plans in future reporting.

#### **Encounter Completeness Percentage (ECP):**

Red (R) indicates major encounter completeness challenges; ECP is less than 70%.

Yellow (Y) indicates moderate encounter completeness or other reporting challenges; ECP is at least 70% and less than 90% or ECP above 110%.

Green (G) indicates that there are no clear encounter completeness challenges; ECP is between 90-110%.

### 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

Source: Enterprise Performance Monitoring System

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

## Managed Care Performance Monitoring Dashboard Report

### Released April 2024

**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.

#### 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 Population Weighted Average is calculated annually. A HEDIS® reporting unit is a combination of one health plan in a county or region.

**AQFS Calculations:** The AQFS listed on the MCQMD Dashboard is calculated by DHCS and is based on the audited HEDIS rates for each reporting year. The HEDIS indicators that DHCS holds MPLs (minimum performance levels) will be included in the calculation.

*Step 1: Calculate the Assigned Score* - for each HEDIS indicator, assign a score to each plan at the county (or reporting unit) level according to its NCQA Medicaid benchmark (percentile) as shown below:

NCQA Percentile Performance	Assigned Score
Below 10%	1
10%<= and <17.5%	2
17.5% <=and <25%	3
25%<= and <37.5%	4
37.5%<= and <50%	5
50%<= and <62.5%	6
62.5%<= and <75%	7
75% <=and <82.5%	8
82.5%<= and <90%	9
90% and above	10

## Managed Care Performance Monitoring Dashboard Report

### Released April 2024

*Step 2: Total Assigned Score* - calculate the Total Assigned Score for each plan at the county (or reporting unit) level by summing up the Assigned Scores of all HEDIS indicators.

*Step 3: Identify the Aggregate HPL (High Performance Level, the 90th percentile of national level) Score* - assign the maximum possible score (10) to each HEDIS indicator and the total of all indicators is the Aggregate HPL Score.

*Step 4: Normalize* - normalize (divide) the Total Assigned Score calculated in Step 2 by the Aggregated HPL Score calculated in Step 3. The final score is the AQFS for each plan at the county level.

*Step 5: Interpretation* - the AQFS is a single score that accounts for plan performance on DHCS-selected HEDIS indicators. It is a composite rate calculated as a percent of the HPL (National High Performance Level - the 90th percentile of NCQA national Medicaid level).

Note: "NR" (not reportable) is treated as <10th percentile; "NA" (not applicable) is excluded and its corresponding score (for the same indicator) is taken away from the Aggregated HPL Score when normalizing.

**Ethnicity Bar Chart:** Abbreviation for short names in ethnicity bar chart : Native Hawaiian or Other Pacific Islander (NH/OPI), Black or African-American (Black/AA), Other/Unknown (Unknown).

Below are the ethnicity codes and ethnicity description in each ethnicity group.

**Asian:** 7, A, C, H, J, K, N, T, V, F (Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Asian Indian, Laotian, Vietnamese, Hmong)

**Black/AA:** 3 (Black)

**Hispanic:** 2 (Hispanic)

**NH/OPI:** 4, M, P, R (Other Asian or Pacific Islander, Samoan, Hawaiian, Guamanian)

**Unknown:** Z, 5 (Other, Alaskan Native or American Indian)

**White:** 1 (White)