

APPENDICES



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APPENDIX A: DETAILED ASSESSMENT OF ACCESS TO CARE

MEDI-CAL MANAGED CARE

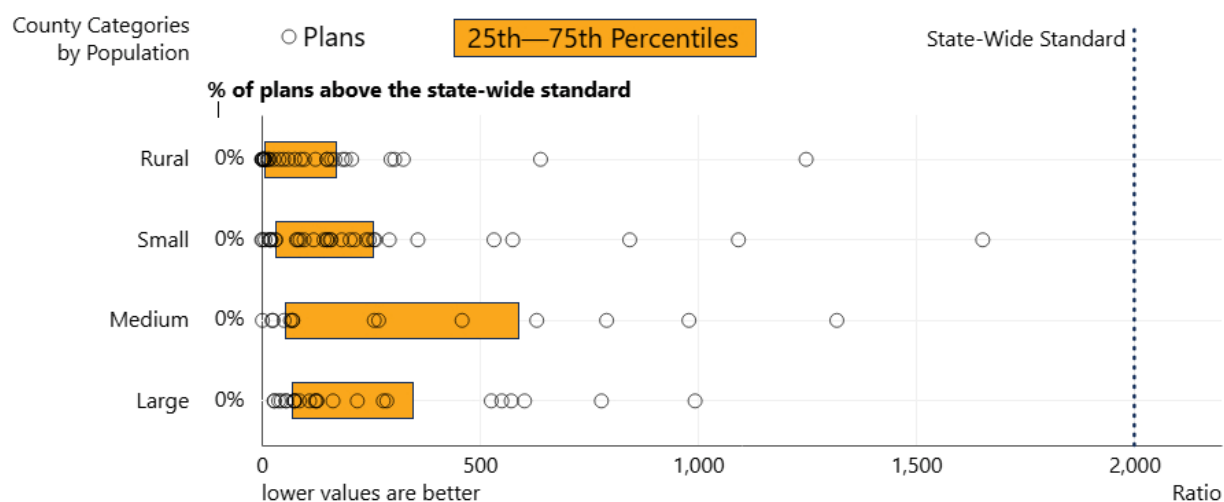
Provider availability and accessibility

Member-to-provider ratio

Measure description: Number of members (all ages) per provider.

Measure rationale: Member-to-provider ratio and its associated sub-measures help assess how many providers are reported by plans to be available to members. A lower ratio generally indicates better potential access, meaning members have more options for care and potentially shorter wait times.

Figure MCMC.SA.6. Member-to-provider ratio (Primary Care): county size visual

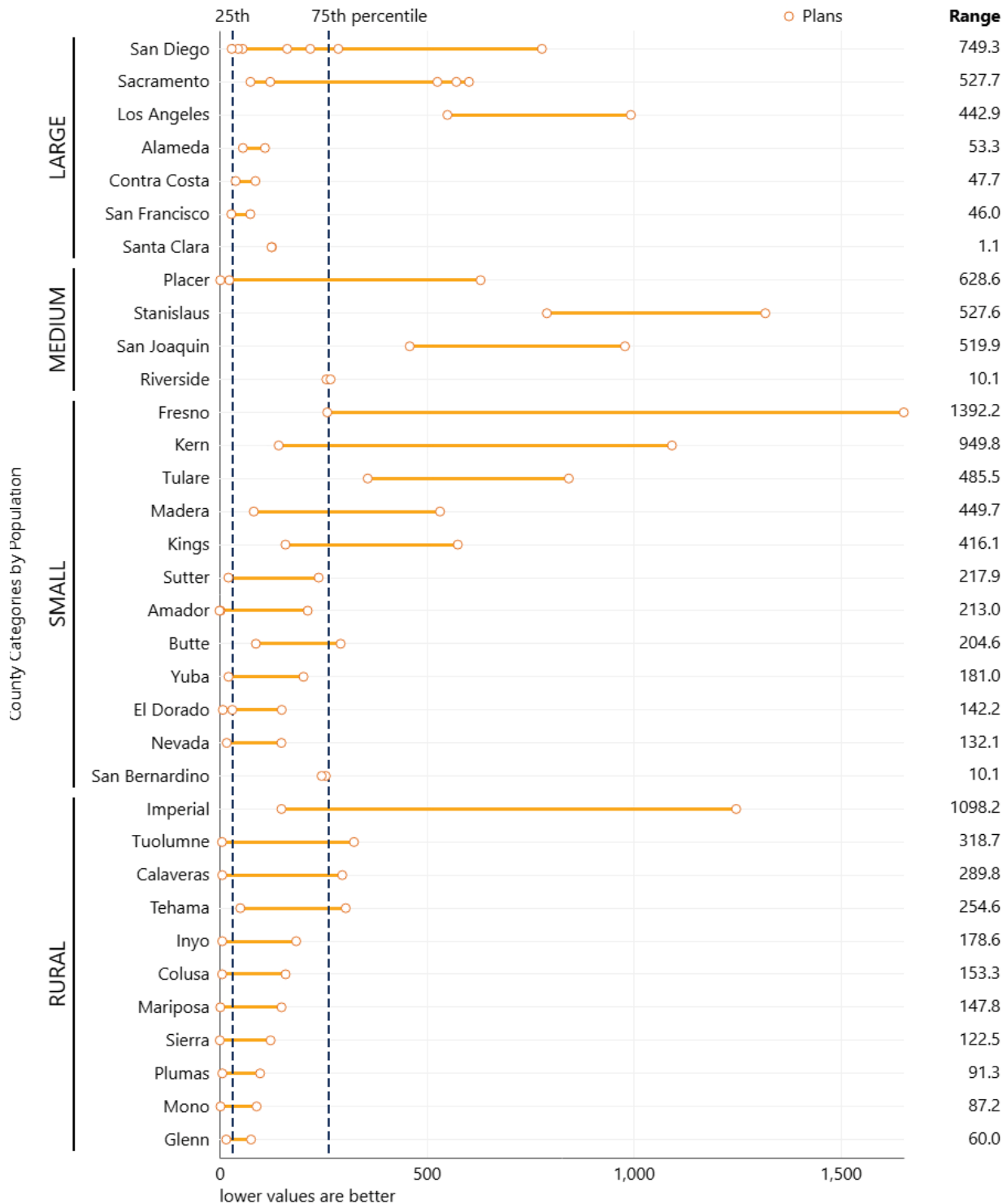


Source: Provider network report and MIS/DSS enrollment data.

No county sizes had plans below the state-wide standard for primary care member-to-provider ratio.

Source: Provider network report and MIS/DSS enrollment data.

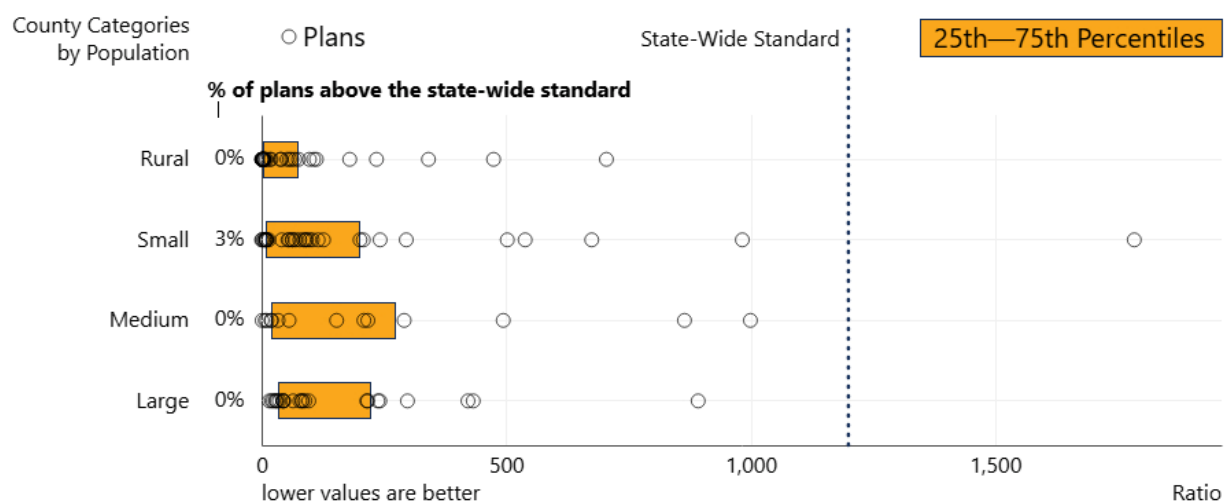
Figure MCMC.SA.6. Member-to-provider ratio (Primary Care): internal county visual



Source: Provider network report and MIS/DSS enrollment data.

Fresno County had the widest range in member-to-provider ratio between the highest and lowest-performing plans, with a difference of 1,392.2 members per provider, suggesting lower-performing plans in Fresno County have the most potential for improvement. Sacramento County had the highest number of plans above the 75th percentile.

Figure MCMC.SA.6. Member-to-provider ratio (Specialist): county size visual



Source: Provider network report and MIS/DSS enrollment data.

Small counties had the only plan above the state-wide standard for specialist member-to-provider ratio.

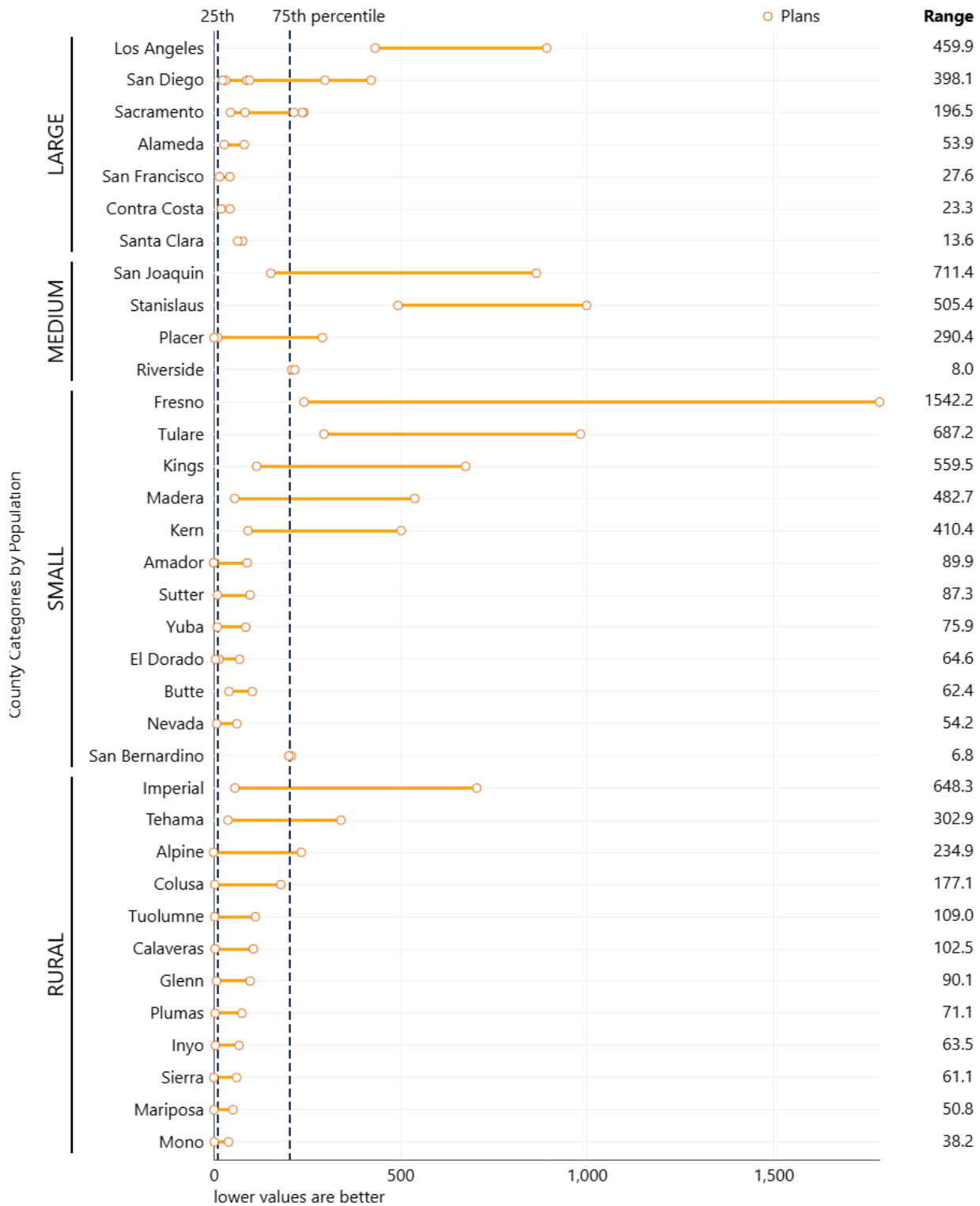
Figure MCMC.SA.6. Member-to-provider ratio (Specialist): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Small	Fresno	CalViva Health	1,784.6

Note: Lower values are better.

Source: Provider network report and MIS/DSS enrollment data.

Figure MCMC.SA.6. Member-to-provider ratio (Specialist): internal county visual



Source: Provider network report and MIS/DSS enrollment data.

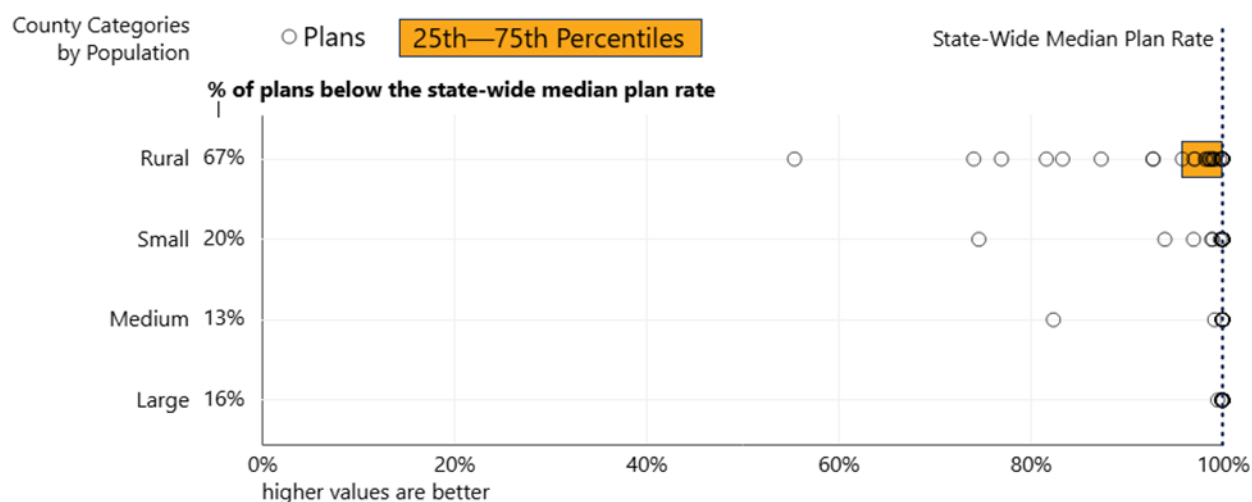
Fresno County had the widest range in member-to-provider ratio between the highest and lowest-performing plans, with a difference of 1,542.2 members per provider, suggesting lower-performing plans in Fresno County have the most potential for improvement. Sacramento County had the highest number of plans above the 75th percentile.

Members living inside time and distance standards

Measure description: Percentage of members (all ages) living in a zip code that falls inside at least one time and distance standard.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. Percentages can be used to pinpoint plans that have a high number of members living outside of the established time and distance standard. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure MCMC.SA.7b. Members inside primary care time and distance standards (adult 21 +): county size visual



Source: Time and distance database and MIS/DSS enrollment data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for percentage of members living inside primary care time and distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.7b. Members inside primary care time and distance standards (adult 21+): county size table of low-performing plans

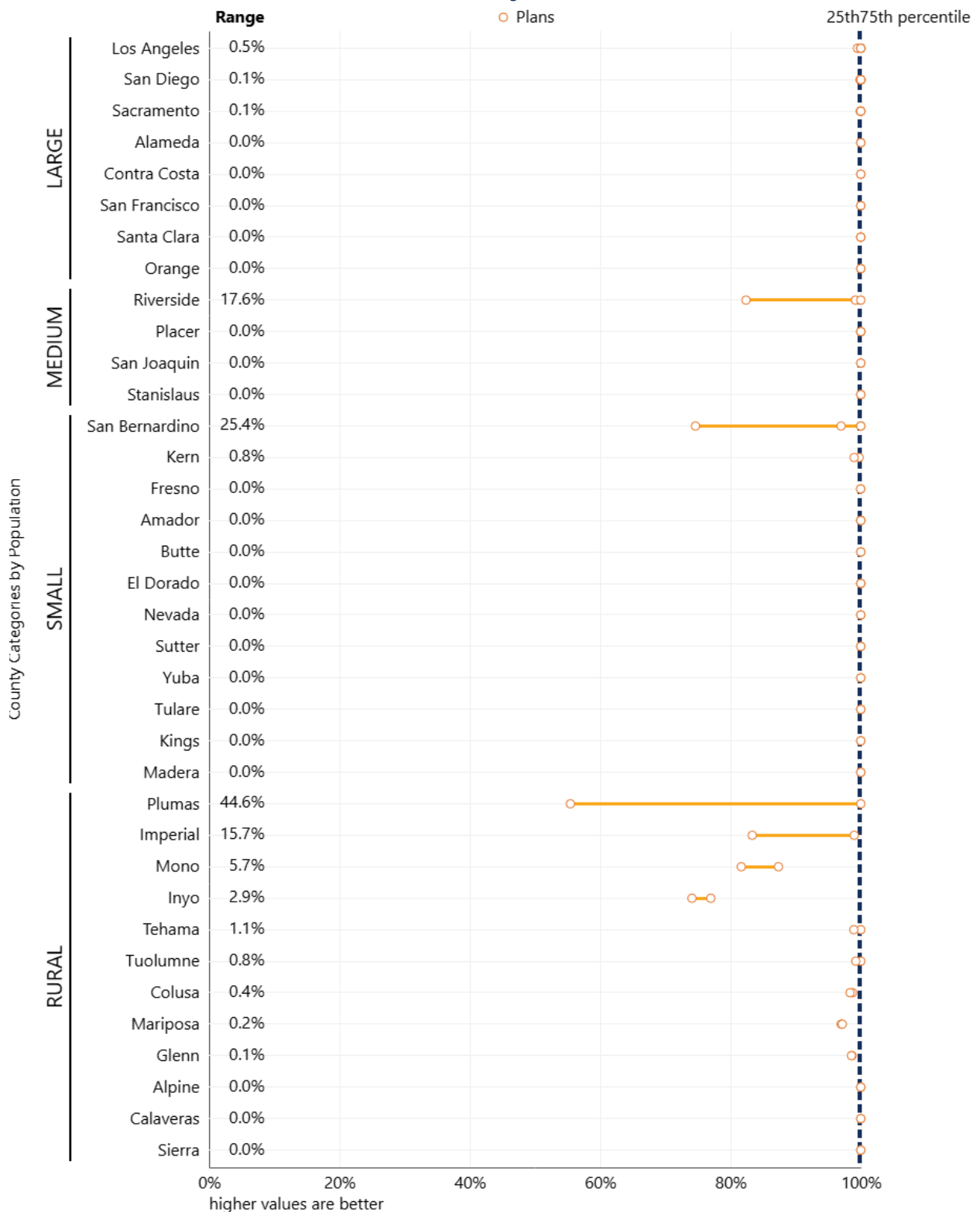
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	99.5%
	Sacramento	Molina Healthcare of California	99.9%
	Sacramento	Health Net Community Solutions, Inc.	99.9%
	San Diego	Aetna	99.9%
	San Diego	Molina Healthcare of California	99.9%
Medium	Riverside	Molina Healthcare of California	99.2%
	Riverside	Inland Empire Health Plan	82.4%
Small	Fresno	Anthem Blue Cross	99.9%
	Kern	Kern Health Systems	99.8%
	Kern	Health Net Community Solutions, Inc.	99.0%
	Monterey	Central California Alliance for Health	94.0%
	San Bernardino	Molina Healthcare of California	97.0%
	San Bernardino	Inland Empire Health Plan	74.6%
	San Luis Obispo	CenCal Health	98.9%
Rural	Colusa	Anthem Blue Cross	98.7%
	Colusa	California Health and Wellness Plan	98.4%
	Del Norte	Partnership Health Plan of California	98.2%
	Glenn	Anthem Blue Cross	98.6%
	Glenn	California Health and Wellness Plan	98.6%
	Imperial	California Health and Wellness Plan	99.0%
	Imperial	Molina Healthcare of California	83.4%
	Inyo	Anthem Blue Cross	77.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Inyo	California Health and Wellness Plan	74.1%
	Lassen	Partnership Health Plan of California	92.8%
	Mariposa	California Health and Wellness Plan	97.2%
	Mariposa	Anthem Blue Cross	97.0%
	Modoc	Partnership Health Plan of California	92.8%
	Mono	Anthem Blue Cross	87.4%
	Mono	California Health and Wellness Plan	81.7%
	Plumas	California Health and Wellness Plan	55.4%
	San Benito	Anthem Blue Cross	99.1%
	Shasta	Partnership Health Plan of California	99.9%
	Siskiyou	Partnership Health Plan of California	99.7%
	Tehama	California Health and Wellness Plan	98.9%
	Trinity	Partnership Health Plan of California	95.8%
	Tuolumne	California Health and Wellness Plan	99.2%

Note: Higher values are better.

Source: Time and distance database and MIS/DSS enrollment data.

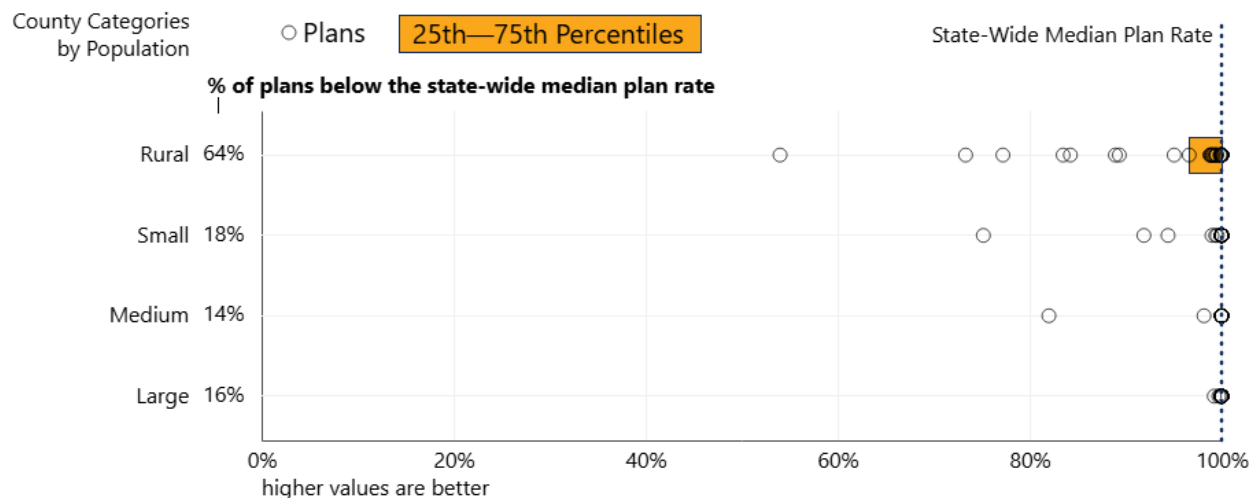
Figure MCMC.SA.7b. Members inside primary care time and distance standards (adult 21+): internal county visual



Source: Time and distance database and MIS/DSS enrollment data.

Plumas County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 44.6 percent, suggesting lower-performing plans in Plumas County have the most potential for improvement. Colusa, Glenn, Imperial, Inyo, Mariposa, Mono, Riverside, Sacramento, and San Bernardino Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SA.7b. Members inside primary care time and distance standards (child 0-20): county size visual



Source: Time and distance database and MIS/DSS enrollment data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for the percent of members inside primary care time and distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.7b. Members inside primary care time and distance standards (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	99.9%
	Los Angeles	L.A. Care Health Plan	99.2%
	San Diego	Molina Healthcare of California	99.9%
	San Diego	United	99.7%

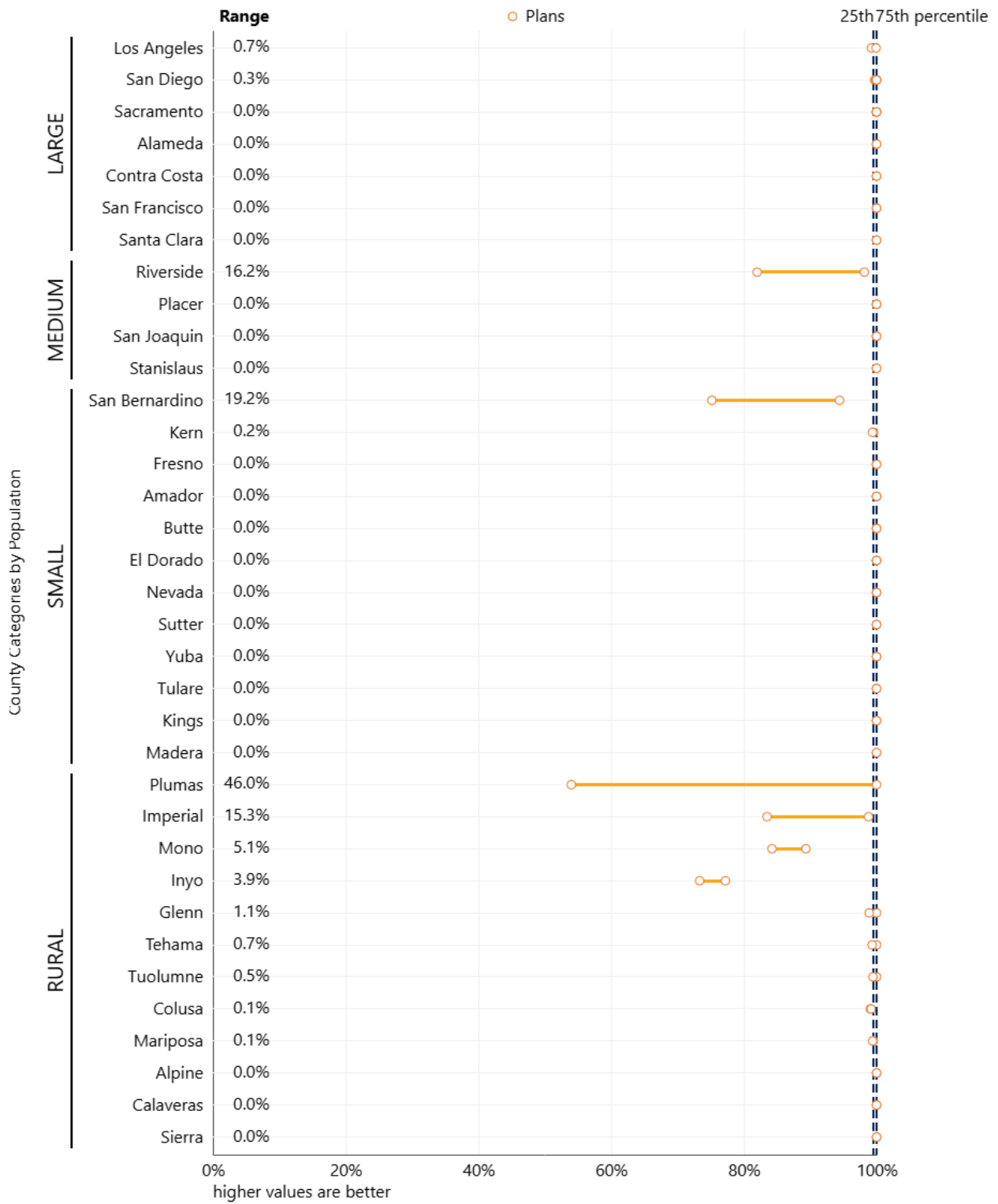
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Riverside	Molina Healthcare of California	98.2%
	Riverside	Inland Empire Health Plan	82.0%
Small	Kern	Kern Health Systems	99.5%
	Kern	Health Net Community Solutions, Inc.	99.4%
	Monterey	Central California Alliance for Health	91.9%
	San Bernardino	Molina Healthcare of California	94.4%
	San Bernardino	Inland Empire Health Plan	75.2%
	San Luis Obispo	CenCal Health	99.0%
Rural	Colusa	California Health and Wellness Plan	99.2%
	Colusa	Anthem Blue Cross	99.1%
	Del Norte	Partnership Health Plan of California	98.8%
	Glenn	California Health and Wellness Plan	98.9%
	Imperial	California Health and Wellness Plan	98.8%
	Imperial	Molina Healthcare of California	83.5%
	Inyo	Anthem Blue Cross	77.2%
	Inyo	California Health and Wellness Plan	73.3%
	Lassen	Partnership Health Plan of California	95.1%
	Mariposa	Anthem Blue Cross	99.5%
	Mariposa	California Health and Wellness Plan	99.4%
	Modoc	Partnership Health Plan of California	88.9%
	Mono	Anthem Blue Cross	89.4%
	Mono	California Health and Wellness Plan	84.3%
	Plumas	California Health and Wellness Plan	54.0%
	San Benito	Anthem Blue Cross	99.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Shasta	Partnership Health Plan of California	99.9%
	Siskiyou	Partnership Health Plan of California	99.8%
	Tehama	California Health and Wellness Plan	99.3%
	Trinity	Partnership Health Plan of California	96.6%
	Tuolumne	California Health and Wellness Plan	99.5%

Note: Higher values are better.

Source: Time and distance database and MIS/DSS enrollment data.

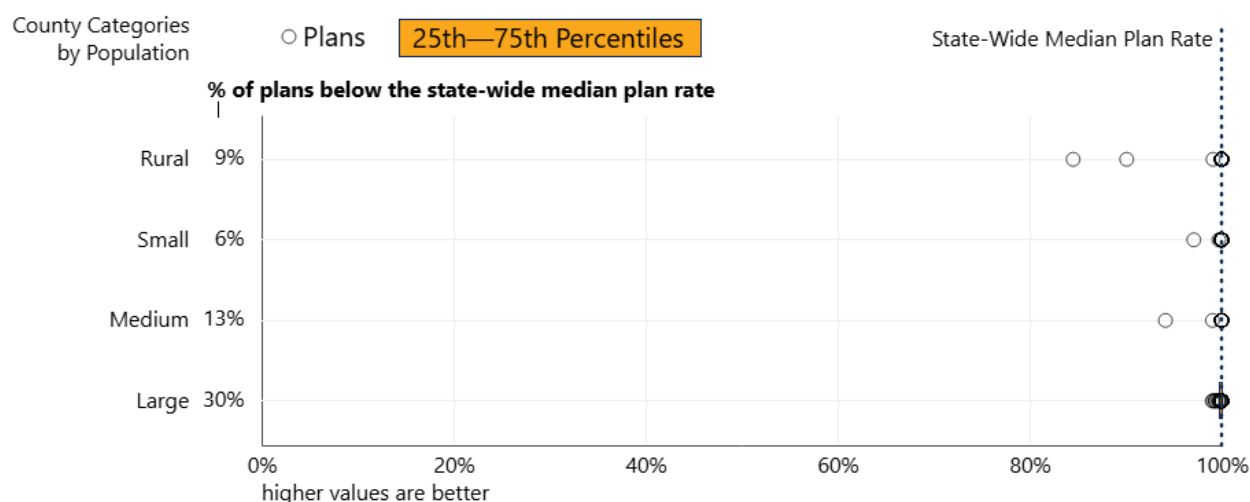
Figure MCMC.SA.7b. Members inside primary care time and distance standards (child 0-20): internal county visual



Source: Time and distance database and MIS/DSS enrollment data.

Plumas County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 46.0 percent, suggesting lower-performing plans in Plumas County have the most potential for improvement. Colusa, Imperial, Inyo, Mono, Riverside, and San Bernardino Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SA.7d. Members inside OB/GYN time and distance standards: county size visual



Source: Time and distance database and MIS/DSS enrollment data.

Large counties had the highest percentage of plans below the state-wide median plan rate for the percentage of members inside OB/GYN time and distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.SA.7d. Members inside OB/GYN time and distance standards: county size table of low-performing plans

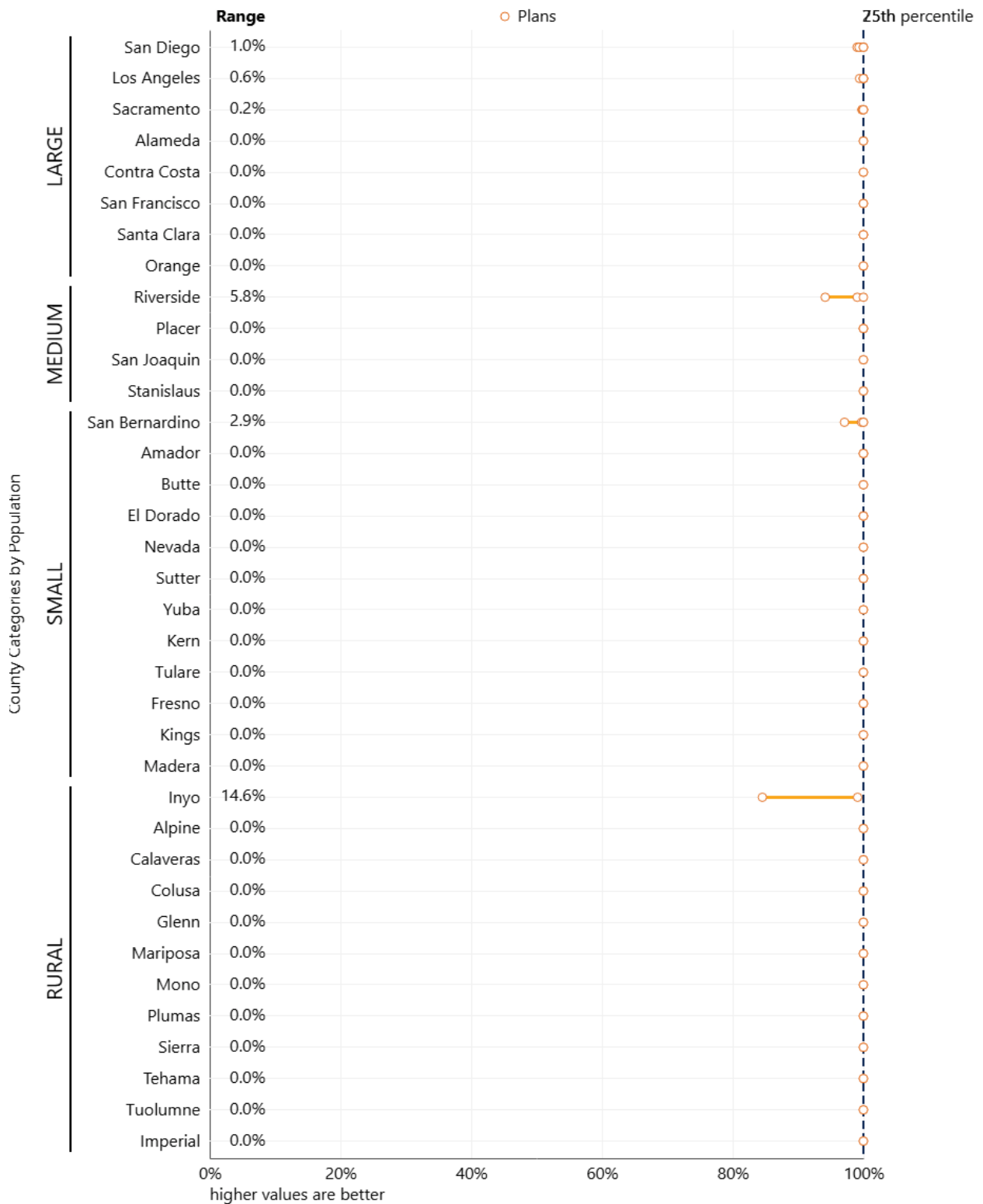
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	L.A. Care Health Plan	100.0%
	Los Angeles	Health Net Community Solutions, Inc.	99.4%
	Sacramento	Molina Healthcare of California	99.8%
	Sacramento	Aetna	99.8%
	San Diego	Community Health Group	99.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	Aetna	99.6%
	San Diego	United	99.4%
	San Diego	Blue Shield of California Promise	99.3%
	San Diego	Health Net Community Solutions, Inc.	99.1%
	San Diego	Molina Healthcare of California	99.0%
Medium	Riverside	Molina Healthcare of California	99.1%
	Riverside	Inland Empire Health Plan	94.2%
Small	San Bernardino	Molina Healthcare of California	99.7%
	San Bernardino	Inland Empire Health Plan	97.1%
Rural	Inyo	Anthem Blue Cross	99.1%
	Inyo	California Health and Wellness Plan	84.5%
	Modoc	Partnership Health Plan of California	90.1%

Note: Higher values are better.

Source: Time and distance database and MIS/DSS enrollment data.

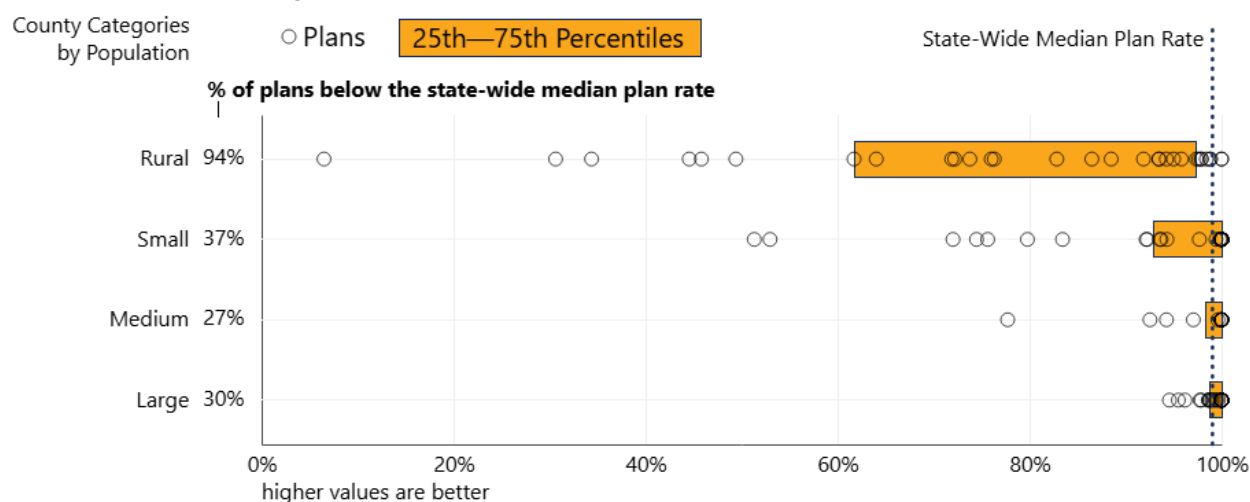
Figure MCMC.SA.7d. Members inside OB/GYN time and distance standards: internal county visual



Source: Time and distance database and MIS/DSS enrollment data.

Inyo County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 14.6 percent, suggesting lower-performing plans in Inyo County have the most potential for improvement. San Diego County had the highest number of plans below the 25th percentile.

Figure MCMC.SA.7a. Members inside hospital time and distance standards: county size visual



Source: Time and distance database and MIS/DSS enrollment data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for members inside hospital time and distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.7a. Members inside hospital time and distance standards: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	4.6%
	Alameda	Anthem Blue Cross	3.4%
	Alameda	Alameda Alliance for Health	0.0%
	Contra Costa	Contra Costa Health Plan	19.8%
	Los Angeles	L.A. Care Health Plan	40.9%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	23.7%
	Orange	CalOptima	22.5%
	Orange	CalOptima	10.4%
	Sacramento	Aetna	57.5%
	Sacramento	Molina Healthcare of California	54.4%
	Sacramento	Molina Healthcare of California	38.1%
	Sacramento	Kaiser Permanente	14.4%
	Sacramento	Health Net Community Solutions, Inc.	14.0%
	Sacramento	Anthem Blue Cross	1.1%
	San Diego	Health Net Community Solutions, Inc.	63.3%
	San Diego	Molina Healthcare of California	55.7%
	San Diego	Community Health Group	53.8%
	San Diego	Aetna	44.8%
	San Diego	Aetna	23.4%
	San Diego	Molina Healthcare of California	13.7%
	San Diego	Kaiser Permanente	2.1%
	San Francisco	San Francisco Health Plan	13.9%
	San Francisco	Anthem Blue Cross	7.7%
	Santa Clara	Santa Clara Family Health Plan	16.1%
	Santa Clara	Anthem Blue Cross	0.4%
Medium	Placer	Kaiser Permanente	14.4%
	Placer	Anthem Blue Cross	3.9%
	Riverside	Molina Healthcare of California	35.4%
	Riverside	Molina Healthcare of California	2.4%
	Riverside	Inland Empire Health Plan	1.7%
	San Joaquin	Health Net Community Solutions, Inc.	15.9%

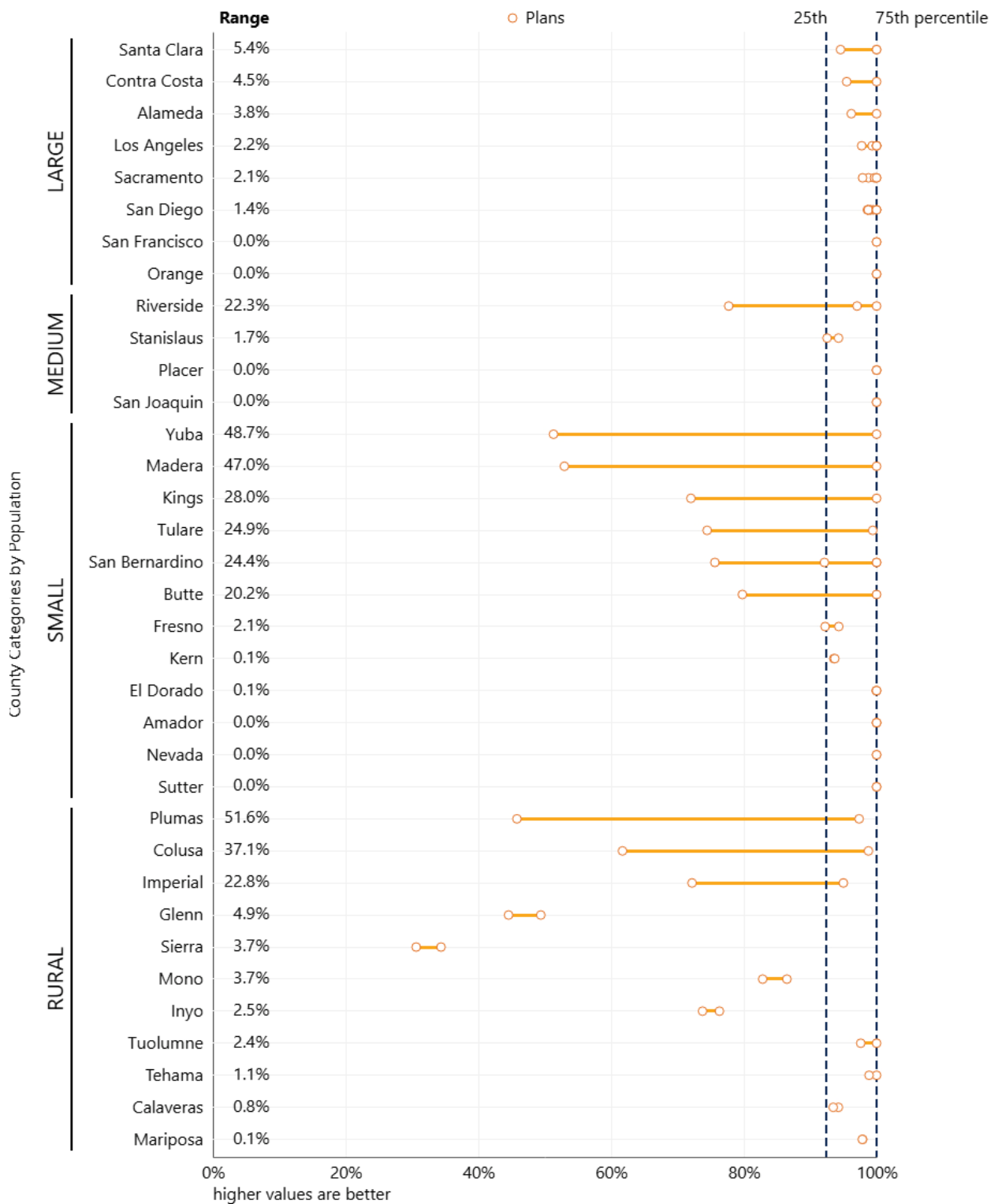
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Santa Cruz	Central California Alliance for Health	3.5%
	Stanislaus	Health Net Community Solutions, Inc.	31.8%
	Stanislaus	Health Net Community Solutions, Inc.	8.5%
	Ventura	Gold Coast Health Plan	23.7%
Small	Amador	Kaiser Permanente	14.4%
	Amador	Anthem Blue Cross	6.5%
	El Dorado	Kaiser Permanente	14.4%
	El Dorado	Anthem Blue Cross	4.0%
	Fresno	CalViva Health	16.0%
	Kern	Health Net Community Solutions, Inc.	48.2%
	Kern	Kern Health Systems	3.4%
	Kern	Health Net Community Solutions, Inc.	1.4%
	Kings	CalViva Health	41.4%
	Madera	CalViva Health	20.8%
	Madera	Anthem Blue Cross	2.5%
	Merced	Central California Alliance for Health	3.5%
	Monterey	Central California Alliance for Health	3.5%
	San Bernardino	Molina Healthcare of California	28.9%
	San Bernardino	Molina Healthcare of California	1.9%
	San Bernardino	Inland Empire Health Plan	1.7%
	San Luis Obispo	CenCal Health	4.1%
	San Luis Obispo	CenCal Health	2.5%
	Santa Barbara	CenCal Health	7.3%
	Santa Barbara	CenCal Health	4.7%
	Sutter	Anthem Blue Cross	10.0%
	Tulare	Health Net Community Solutions, Inc.	42.1%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yuba	Anthem Blue Cross	10.3%
Rural	Tuolumne	Anthem Blue Cross	5.0%

Note: Higher values are better.

Source: Time and distance database and MIS/DSS enrollment data.

Figure MCMC.SA.7a. Members inside hospital time and distance standards: internal county visual



Source: 274 provider file.

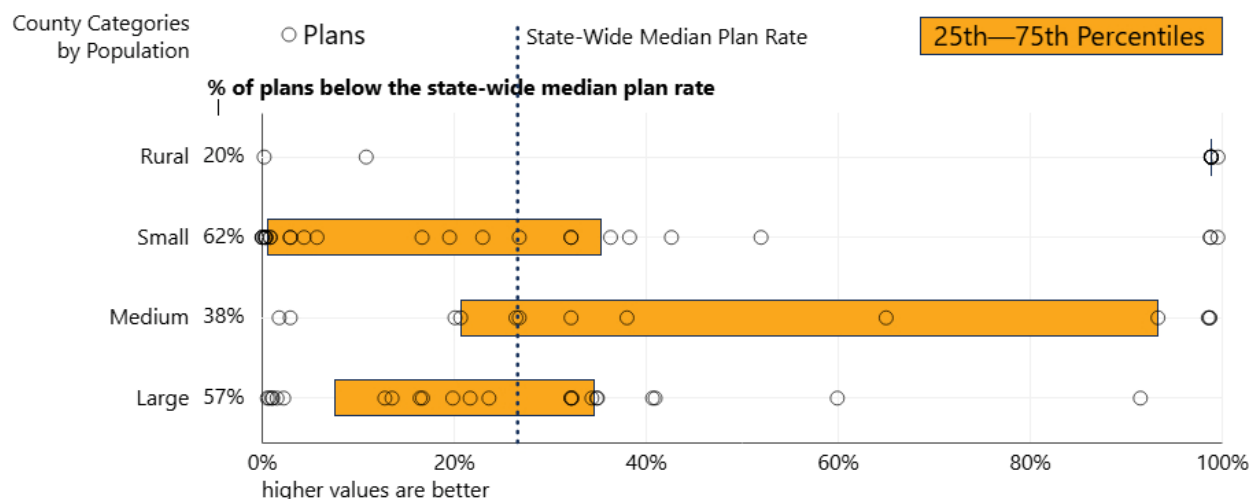
Plumas County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 51.6 percent, suggesting lower-performing plans in Plumas County have the most potential for improvement. Glenn, Sierra, Mono and Inyo Counties had the highest number of plans below the 25th percentile.

Accepting new patients

Measure description: Percentage of providers accepting new patients.

Measure rationale: Percentage of providers accepting new patients can assist in gauging the underlying capacity of a plan's network. Percentages can be used to pinpoint plans with fewer providers accepting new patients. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure MCMC.SA.8. Accepting new patients: county size visual



Source: 274 provider file.

Small counties had the highest percentage of plans below the state-wide median plan rate for the percentage of providers accepting new patients. Large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to small counties.

Figure MCMC.SA.8. Accepting new patients: county size table of low-performing plans

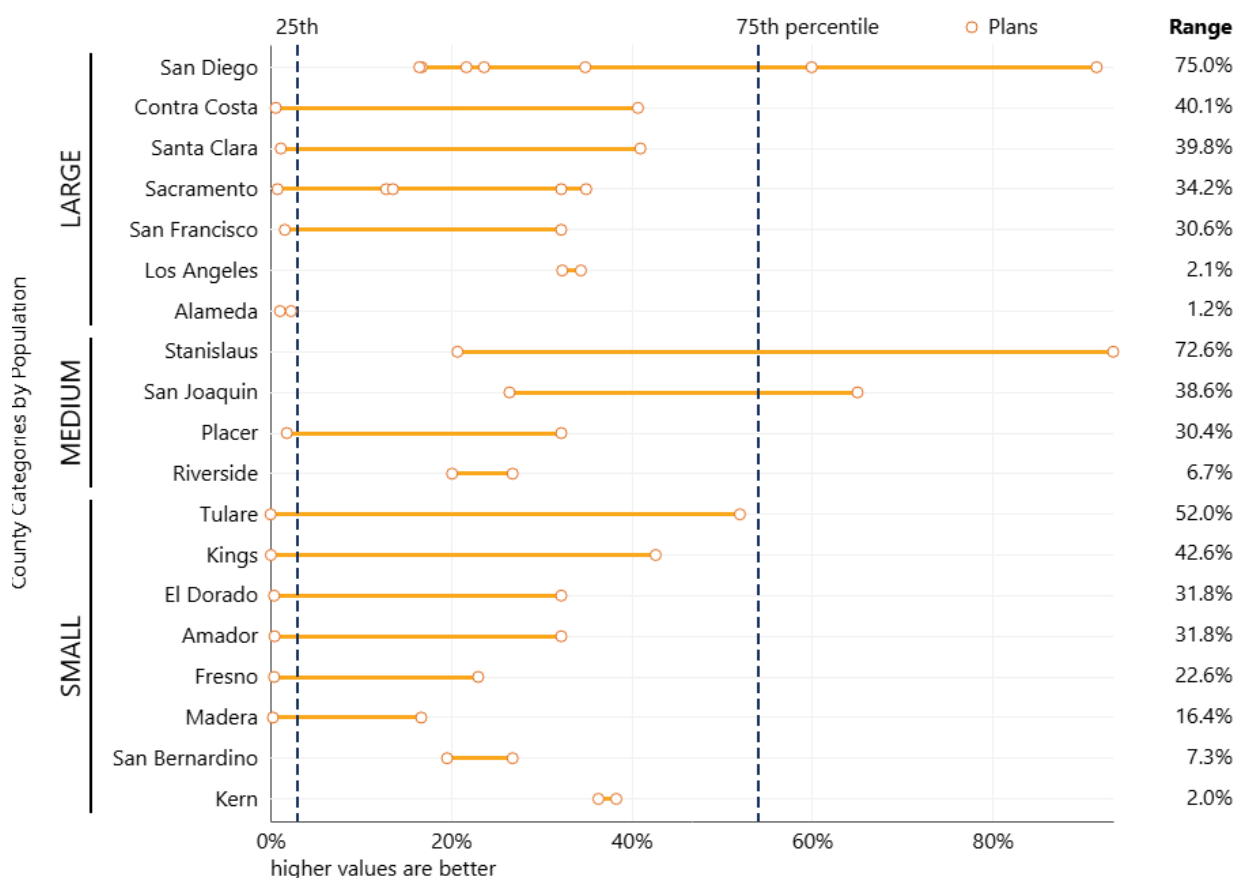
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	2.3%
	Alameda	Anthem Blue Cross	1.1%
	Contra Costa	Anthem Blue Cross	0.6%
	Orange	CalOptima	19.9%
	Sacramento	Health Net Community Solutions, Inc.	13.6%
	Sacramento	Molina Healthcare of California	12.8%
	Sacramento	Anthem Blue Cross	0.8%
	San Diego	Community Health Group	23.7%
	San Diego	Aetna	21.7%
	San Diego	Health Net Community Solutions, Inc.	16.8%
	San Diego	Molina Healthcare of California	16.5%
	San Francisco	Anthem Blue Cross	1.6%
	Santa Clara	Anthem Blue Cross	1.2%
Medium	Placer	Anthem Blue Cross	1.8%
	Riverside	Molina Healthcare of California	20.1%
	San Joaquin	Health Net Community Solutions, Inc.	26.5%
	Santa Cruz	Central California Alliance for Health	3.0%
	Stanislaus	Health Net Community Solutions, Inc.	20.7%
Small	Amador	Anthem Blue Cross	0.5%
	El Dorado	Anthem Blue Cross	0.4%
	Fresno	CalViva Health	23.0%
	Fresno	Anthem Blue Cross	0.4%
	Kings	Anthem Blue Cross	0.1%
	Madera	CalViva Health	16.7%
	Madera	Anthem Blue Cross	0.3%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Merced	Central California Alliance for Health	3.0%
	Monterey	Central California Alliance for Health	3.0%
	Nevada	Anthem Blue Cross	0.1%
	San Bernardino	Molina Healthcare of California	19.6%
	San Luis Obispo	CenCal Health	4.4%
	Santa Barbara	CenCal Health	5.8%
	Sutter	Anthem Blue Cross	0.9%
	Tulare	Anthem Blue Cross	0.0%
	Yuba	Anthem Blue Cross	0.9%
Rural	Imperial	Molina Healthcare of California	10.9%
	Tuolumne	Anthem Blue Cross	0.3%

Note: Higher values are better.

Source: 274 provider file.

Figure MCMC.SA.8. Accepting new patients: internal county visual



Source: 274 provider file.

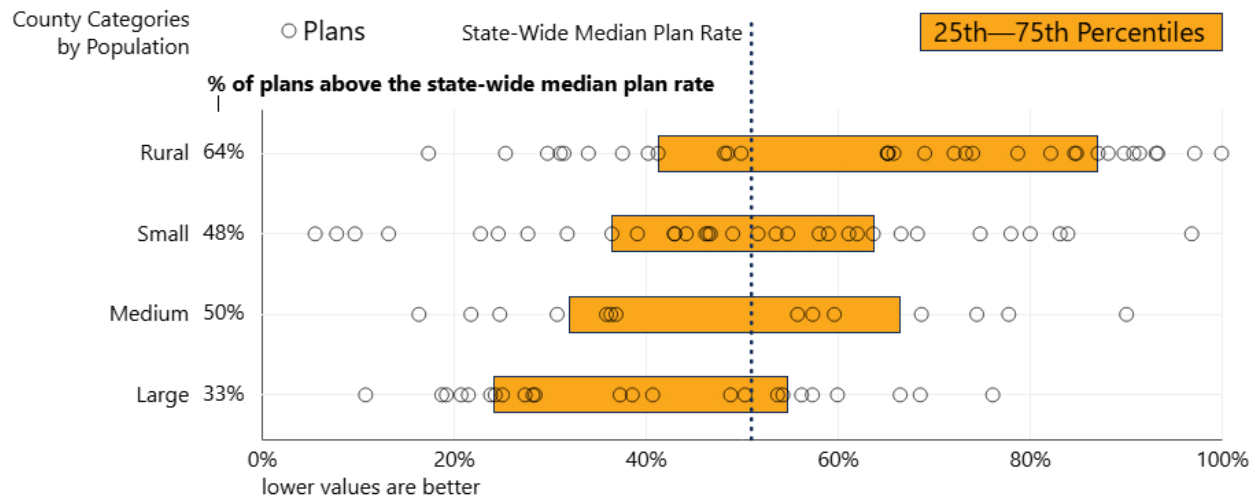
San Diego County had the widest range in percentage of plans accepting new patients between the highest and lowest-performing plans, with a difference of 75.0 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Alameda County had the highest number of plans below the 25th percentile.

Active providers

Measure description: Percentage of providers in the plan's 274 provider file billing 0 claims in the past year, respectively.

Measure rationale: The use of member visit thresholds for providers (0, 1-49, and over 50 members seen in the past year) can offer insights into (1) how many providers are participating in Medi-Cal per plan (i.e., the latent supply for that plan) and (2) the levels of provider engagement for that plan. The percentages and the associated sub-measures can assist in identifying plans that may meet time and distance standards but whose provider networks are not frequently providing services to members.

Figure MCMC.SA.9. Active providers (provider billing 0 encounters): county size visual



Source: 274 provider file and claims and encounter data.

Rural counties had the highest percentage of plans above the state-wide median plan rate for providers billing zero claims in the past year. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.9. Active providers (provider billing 0 claims): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa Health Plan	53.8%
	Orange	CalOptima	68.6%
	Sacramento	Kaiser Permanente	60.0%
	San Diego	Kaiser Permanente	76.2%
	San Francisco	San Francisco Health Plan	66.5%
	San Francisco	Anthem Blue Cross	56.3%
	San Mateo	Health Plan of San Mateo	54.3%
	Santa Clara	Santa Clara Family Health Plan	57.4%
Medium	Marin	Partnership Health Plan of California	77.8%

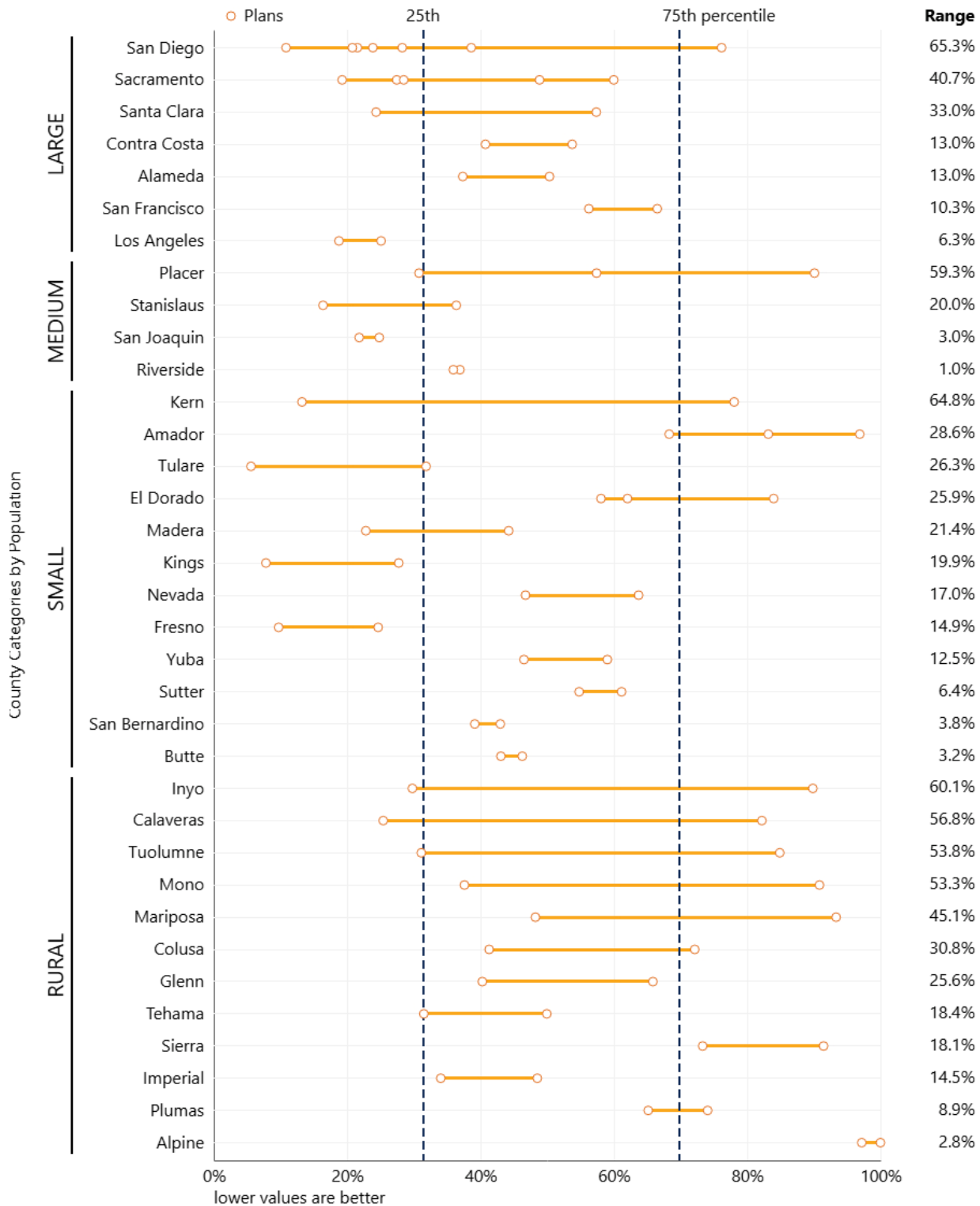
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Placer	Kaiser Permanente	90.1%
	Placer	California Health and Wellness Plan	57.4%
	Santa Cruz	Central California Alliance for Health	55.8%
	Solano	Partnership Health Plan of California	59.7%
	Sonoma	Partnership Health Plan of California	68.7%
	Ventura	Gold Coast Health Plan	74.5%
Small	Amador	Kaiser Permanente	96.9%
	Amador	California Health and Wellness Plan	83.2%
	Amador	Anthem Blue Cross	68.3%
	El Dorado	Kaiser Permanente	84.0%
	El Dorado	Anthem Blue Cross	62.1%
	El Dorado	California Health and Wellness Plan	58.1%
	Kern	Kern Health Systems	78.1%
	Lake	Partnership Health Plan of California	66.6%
	Merced	Central California Alliance for Health	53.6%
	Monterey	Central California Alliance for Health	51.7%
	Napa	Partnership Health Plan of California	80.1%
	Nevada	California Health and Wellness Plan	63.7%
	Sutter	California Health and Wellness Plan	61.2%
	Sutter	Anthem Blue Cross	54.8%
	Yolo	Partnership Health Plan of California	74.9%
	Yuba	California Health and Wellness Plan	59.0%
Rural	Alpine	Anthem Blue Cross	100.0%
	Alpine	California Health and Wellness Plan	97.2%
	Calaveras	California Health and Wellness Plan	82.2%
	Colusa	California Health and Wellness Plan	72.1%
	Del Norte	Partnership Health Plan of California	84.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Glenn	California Health and Wellness Plan	65.9%
	Humboldt	Partnership Health Plan of California	65.3%
	Inyo	California Health and Wellness Plan	89.9%
	Lassen	Partnership Health Plan of California	87.1%
	Mariposa	California Health and Wellness Plan	93.4%
	Mendocino	Partnership Health Plan of California	69.1%
	Modoc	Partnership Health Plan of California	93.2%
	Mono	California Health and Wellness Plan	90.9%
	Plumas	California Health and Wellness Plan	74.1%
	Plumas	Anthem Blue Cross	65.2%
	Shasta	Partnership Health Plan of California	65.2%
	Sierra	California Health and Wellness Plan	91.5%
	Sierra	Anthem Blue Cross	73.3%
	Siskiyou	Partnership Health Plan of California	78.8%
	Trinity	Partnership Health Plan of California	88.2%
	Tuolumne	California Health and Wellness Plan	84.9%

Note: Lower values are better.

Source: 274 provider file and claims and encounter data.

**Figure MCMC.SA.9. Active providers (provider billing 0 claims):
internal county visual**



Source: 274 provider file and claims and encounter data.

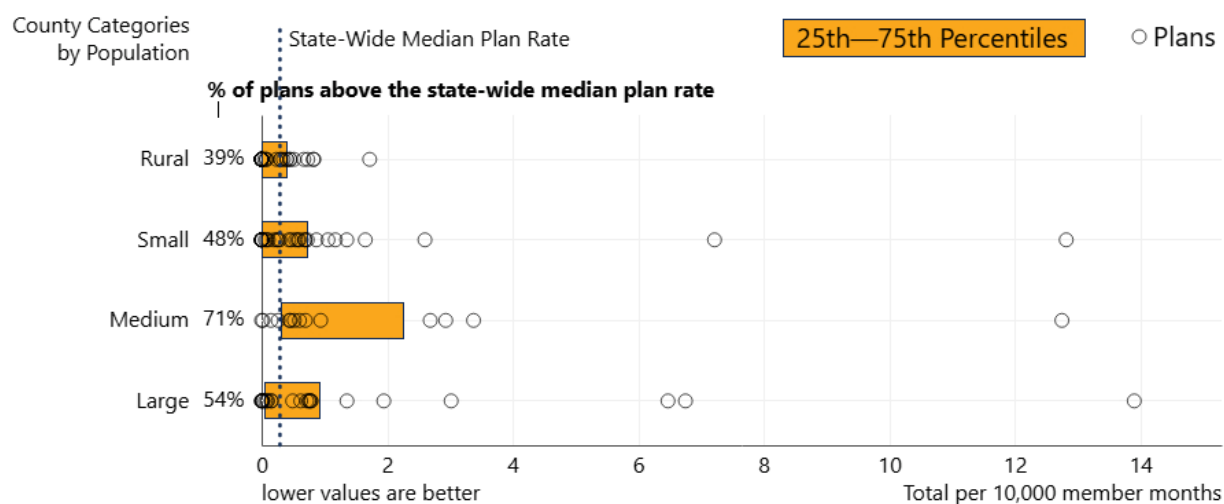
Kern County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 63.1 percent, suggesting lower-performing plans in Kern County have the most potential for improvement. Amador, Sierra, and Plumas Counties had the highest number of plans above the 75th percentile.

Access to care grievances

Measure description: Total number of access to care grievances per 10,000 member months.

Measure rationale: Access to care grievances can help capture the degree to which Medi-Cal plans' members are reporting access-related issues.

Figure MCMC.SA.10. Access to care grievances: county size visual



Source: Managed care performance monitoring dashboard report.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for access to care grievances. Other county sizes did not have similar rates above the median, suggesting lower performance was more prevalent in medium-sized counties.

Figure MCMC.SA.10. Access to care grievances: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Alameda	Alameda Alliance for Health - Alameda	6.8
	Contra Costa	Contra Costa Health Plan - Contra Costa	0.8

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Los Angeles	LA Care Health Plan - Los Angeles	1.9
	Los Angeles	Health Net Community Solutions, Inc. - Los Angeles	0.7
	Orange	CalOptima - Orange	3.0
	Sacramento	Health Net Community Solutions, Inc. - Sacramento	0.8
	Sacramento	Aetna Better Health - Sacramento	0.5
	San Diego	United Healthcare - San Diego	13.9
	San Diego	Blue Shield of California Promise - San Diego	6.5
	San Diego	Health Net Community Solutions, Inc. - San Diego	0.8
	San Diego	Aetna Better Health - San Diego	0.6
	San Mateo	Health Plan of San Mateo - San Mateo	0.8
	Santa Clara	Santa Clara Family Health Plan - Santa Clara	1.4
Medium	Marin	Partnership Health Plan of California - Southwest	0.5
	Placer	California Health and Wellness Plan - Region 2	2.7
	Riverside	Inland Empire Health Plan - Riverside/San Bernardino	12.8
	San Joaquin	Health Plan of San Joaquin - San Joaquin	2.9
	San Joaquin	Health Net Community Solutions, Inc. - San Joaquin	0.5
	Santa Cruz	Central California Alliance for Health - Monterey/Santa Cruz	0.9
	Solano	Partnership Health Plan of California - Southeast	0.7
	Stanislaus	Health Plan of San Joaquin - Stanislaus	3.4
	Stanislaus	Health Net Community Solutions, Inc. - Stanislaus	0.4

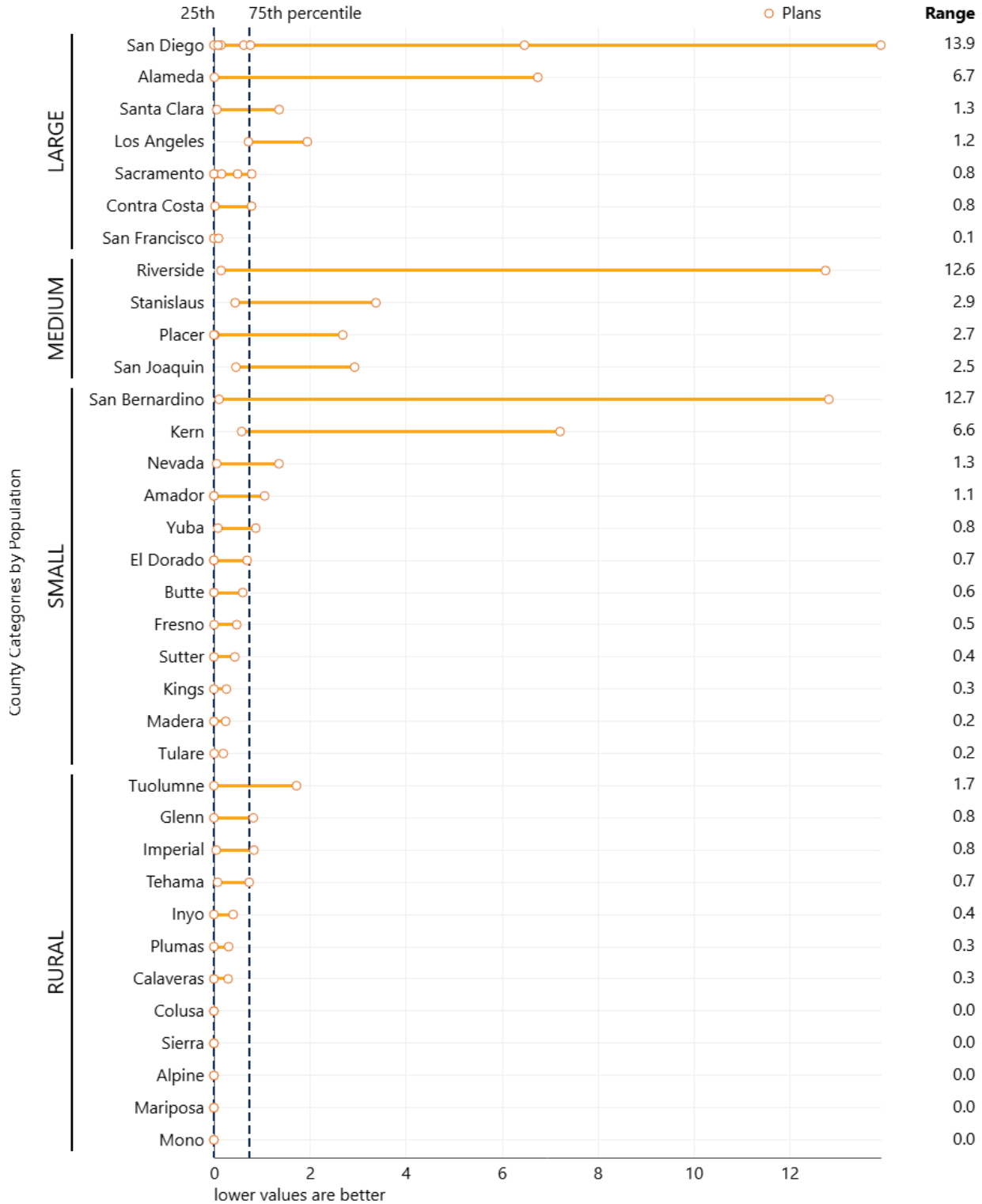
Category	County	Plan Name Not Meeting Comparison Value	Total
Medium	Ventura	Gold Coast Health Plan - Ventura	0.6
Small	Amador	California Health and Wellness Plan - Region 2	1.1
	Butte	California Health and Wellness Plan - Region 1	0.6
	El Dorado	California Health and Wellness Plan - Region 2	0.7
	Fresno	CalViva - Fresno	0.5
	Kern	Kern Family Health Care - Kern	7.2
	Kern	Health Net Community Solutions, Inc. - Kern	0.6
	Lake	Partnership Health Plan of California - Southwest	0.7
	Merced	Central California Alliance for Health - Merced	0.7
	Monterey	Central California Alliance for Health - Monterey/Santa Cruz	1.2
	Napa	Partnership Health Plan of California - Southeast	0.5
	Nevada	California Health and Wellness Plan - Region 2	1.4
	San Bernardino	Inland Empire Health Plan - Riverside/San Bernardino	12.8
	San Luis Obispo	CenCal Health - San Luis Obispo	1.7
	Santa Barbara	CenCal Health - Santa Barbara	2.6
	Sutter	California Health and Wellness Plan - Region 1	0.4
	Yuba	California Health and Wellness Plan - Region 2	0.9
Rural	Calaveras	California Health and Wellness Plan - Region 2	0.3
	Del Norte	Partnership Health Plan of California - Northwest	0.4
	Glenn	California Health and Wellness Plan - Region 1	0.8
	Imperial	California Health and Wellness Plan - Imperial	0.8
	Inyo	California Health and Wellness Plan - Region 2	0.4
	Lassen	Partnership Health Plan of California - Northeast	0.7

Category	County	Plan Name Not Meeting Comparison Value	Total
Rural	Mendocino	Partnership Health Plan of California - Southwest	0.5
	Plumas	California Health and Wellness Plan - Region 1	0.3
	Shasta	Partnership Health Plan of California - Northeast	0.5
	Siskiyou	Partnership Health Plan of California - Northeast	0.3
	Tehama	California Health and Wellness Plan - Region 1	0.7
	Trinity	Partnership Health Plan of California - Northeast	0.5
	Tuolumne	California Health and Wellness Plan - Region 2	1.7

Note: Lower values are better.

Source: Managed care performance monitoring dashboard report.

Figure MCMC.SA.10. Access to care grievances: internal county visual



Source: Managed care performance monitoring dashboard report.

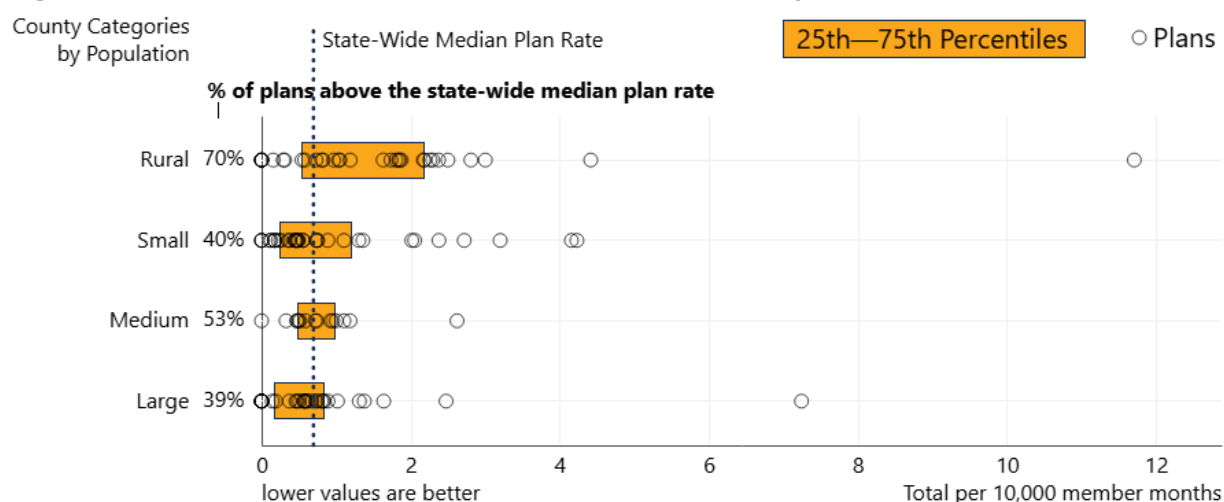
San Diego County had the widest range in rate of access to care grievances between the highest and lowest-performing plans, with a difference of 13.9 grievances per 10,000 member months, suggesting lower-performing plans in San Diego County had the most potential for improvement. San Diego County also had the highest number of plans above the 75th percentile.

Resolved appeals

Measure description: Total number of resolved appeals per 10,000 member months.

Measure rationale: Resolved appeals can help capture the frequency of instances where members felt that their request for services was unfairly denied. Fewer appeals may indicate members are not being improperly denied needed services.

Figure MCMC.SA.11. Resolved appeals: county size visual



Source: Managed care performance monitoring dashboard report.

Rural counties had the highest percentage of plans above the median for total number of resolved appeals per 10,000 member months. Other county sizes did not have similar percentages of plans above the median, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.11. Resolved appeals: county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Total
Large	Alameda	Alameda Alliance for Health	0.8
	Orange	CalOptima	0.9
	Sacramento	Aetna	2.5
	San Diego	Aetna	7.2
	San Diego	United	1.6
	San Diego	Molina Healthcare of California	1.4
	San Diego	Blue Shield of California Promise	1.0
	San Diego	Health Net Community Solutions, Inc.	0.8
	San Diego	Kaiser Permanente	0.7
	San Francisco	Anthem Blue Cross	1.3
	San Mateo	Health Plan of San Mateo	0.8
	Santa Clara	Santa Clara Family Health Plan	0.7
Medium	Marin	Partnership Health Plan of California	1.0
	Placer	California Health and Wellness Plan	2.6
	Placer	Kaiser Permanente	1.1
	Riverside	Molina Healthcare of California	1.2
	Solano	Partnership Health Plan of California	1.0
	Sonoma	Partnership Health Plan of California	0.7
	Stanislaus	Health Plan of San Joaquin	0.7
	Ventura	Gold Coast Health Plan	0.9
Rural	Alpine	California Health and Wellness Plan	11.7
	Calaveras	California Health and Wellness Plan	2.4
	Calaveras	Anthem Blue Cross	0.8
	Colusa	California Health and Wellness Plan	1.8
	Del Norte	Partnership Health Plan of California	4.4
	Glenn	California Health and Wellness Plan	1.7

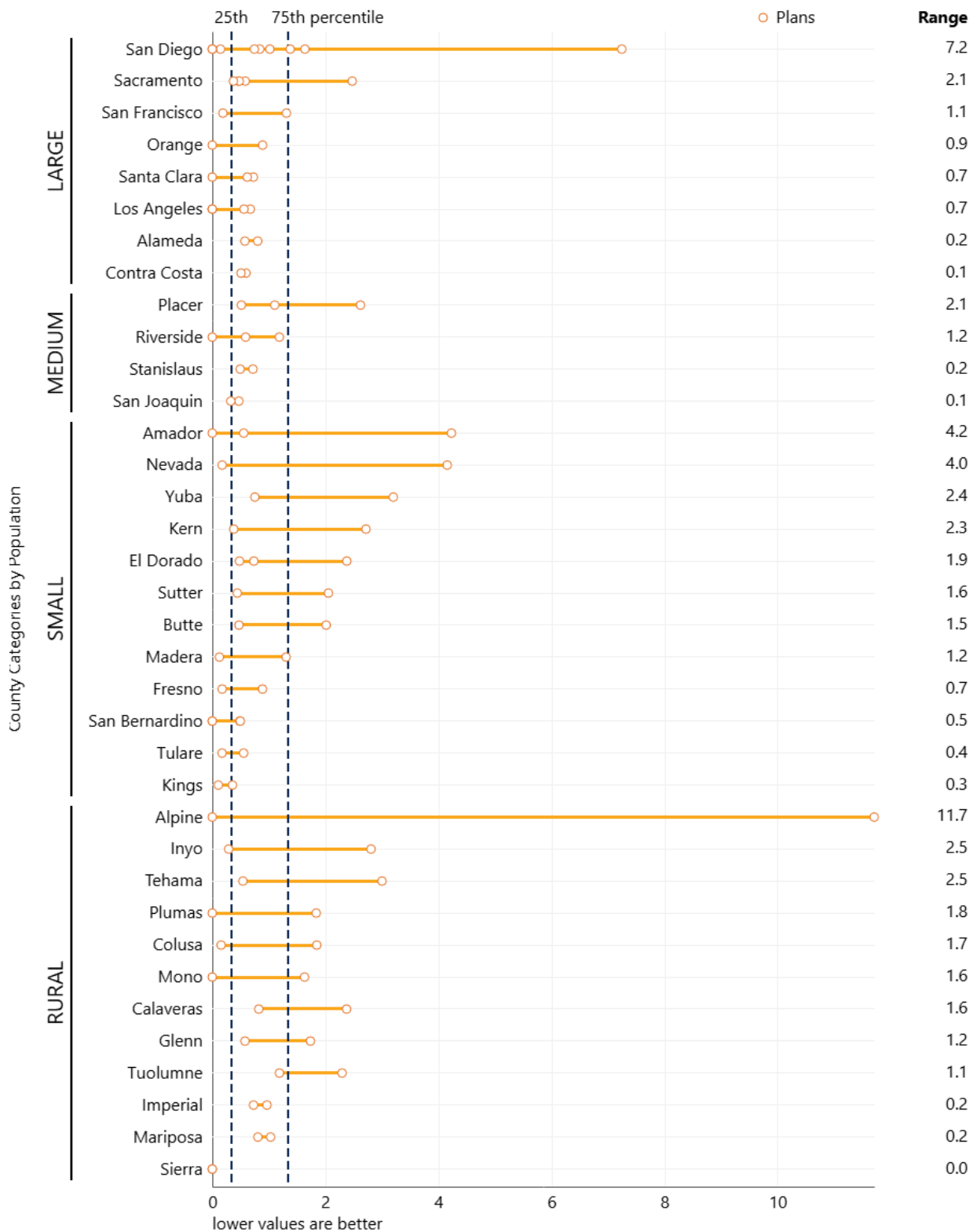
Category	County	Plan name not meeting comparison value	Total
Rural	Humboldt	Partnership Health Plan of California	2.2
	Imperial	Molina Healthcare of California	1.0
	Imperial	California Health and Wellness Plan	0.7
	Inyo	California Health and Wellness Plan	2.8
	Lassen	Partnership Health Plan of California	2.5
	Mariposa	Anthem Blue Cross	1.0
	Mariposa	California Health and Wellness Plan	0.8
	Mendocino	Partnership Health Plan of California	1.1
	Modoc	Partnership Health Plan of California	1.9
	Mono	Anthem Blue Cross	1.6
	Plumas	California Health and Wellness Plan	1.8
	Shasta	Partnership Health Plan of California	1.8
	Siskiyou	Partnership Health Plan of California	2.2
	Tehama	California Health and Wellness Plan	3.0
	Trinity	Partnership Health Plan of California	2.3
	Tuolumne	California Health and Wellness Plan	2.3
	Tuolumne	Anthem Blue Cross	1.2
Small	Amador	California Health and Wellness Plan	4.2
	Butte	California Health and Wellness Plan	2.0
	El Dorado	California Health and Wellness Plan	2.4
	El Dorado	Anthem Blue Cross	0.7
	Fresno	CalViva Health	0.9
	Kern	Kern Health Systems	2.7
	Lake	Partnership Health Plan of California	1.4
	Madera	CalViva Health	1.3
	Napa	Partnership Health Plan of California	0.7
	Nevada	California Health and Wellness Plan	4.2

Category	County	Plan name not meeting comparison value	Total
Small	Sutter	California Health and Wellness Plan	2.1
	Yolo	Partnership Health Plan of California	1.1
	Yuba	California Health and Wellness Plan	3.2
	Yuba	Anthem Blue Cross	0.8

Note: Lower values are better.

Source: Managed care performance monitoring dashboard report.

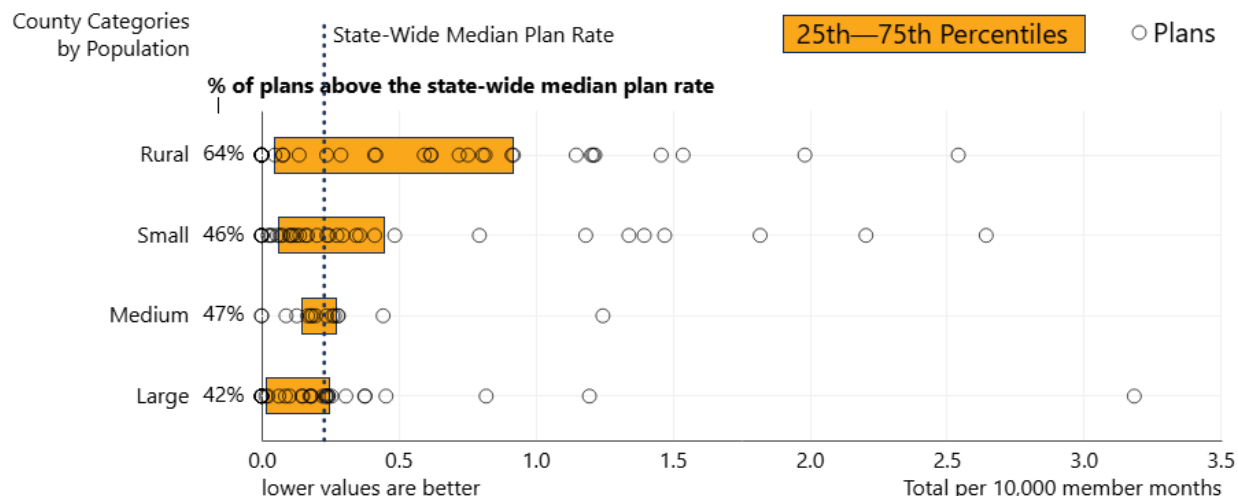
Figure MCMC.SA.11. Resolved appeals: internal county visual



Source: Managed care performance monitoring dashboard report.

Alpine County had the widest range in appeals between the highest and lowest-performing plans, with a difference of 11.7 appeals per 10,000 member months, suggesting lower-performing plans in Alpine County have the most potential for improvement. San Diego County had the highest number of plans above the 75th percentile.

Figure MCMC.SA.11.1 Resolved appeals in favor of member: county size visual



Source: Managed care performance monitoring dashboard report.

Rural counties had the highest percentage of plans above the state-wide median plan rate for appeals resolved in favor of the member. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.11.1 Resolved appeals in favor of member: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Contra Costa	Contra Costa Health Plan	0.24
	Orange	CalOptima	0.24
	Sacramento	Aetna	1.20
	Sacramento	Health Net Community Solutions, Inc.	0.24
	Sacramento	Molina Healthcare of California	0.23

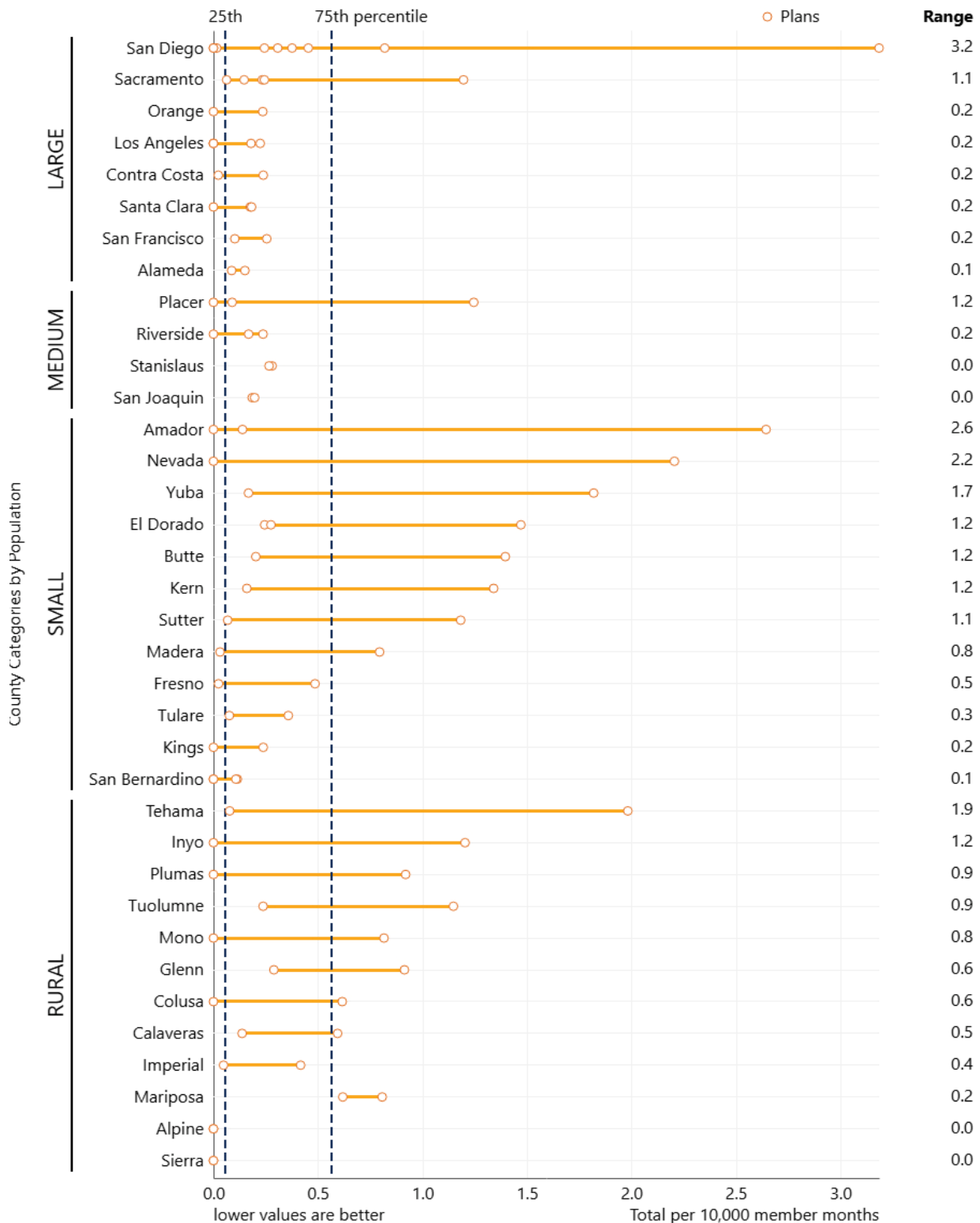
Category	County	Plan Name Not Meeting Comparison Value	Total
Large	San Diego	Aetna	3.19
	San Diego	United	0.82
	San Diego	Molina Healthcare of California	0.45
	San Diego	Health Net Community Solutions, Inc.	0.38
	San Diego	Blue Shield of California Promise	0.31
	San Diego	Kaiser Permanente	0.24
	San Francisco	Anthem Blue Cross	0.26
	San Mateo	Health Plan of San Mateo	0.38
Medium	Marin	Partnership Health Plan of California	0.28
	Placer	California Health and Wellness Plan	1.25
	Riverside	Molina Healthcare of California	0.24
	Solano	Partnership Health Plan of California	0.26
	Stanislaus	Health Plan of San Joaquin	0.28
	Stanislaus	Health Net Community Solutions, Inc.	0.27
	Ventura	Gold Coast Health Plan	0.44
Small	Amador	California Health and Wellness Plan	2.64
	Butte	California Health and Wellness Plan	1.40
	El Dorado	California Health and Wellness Plan	1.47
	El Dorado	Kaiser Permanente	0.28
	El Dorado	Anthem Blue Cross	0.25
	Fresno	CalViva Health	0.49
	Kern	Kern Health Systems	1.34
	Kings	CalViva Health	0.24
	Lake	Partnership Health Plan of California	0.41
	Madera	CalViva Health	0.80
	Napa	Partnership Health Plan of California	0.30
	Nevada	California Health and Wellness Plan	2.21

Category	County	Plan Name Not Meeting Comparison Value	Total
Small	Sutter	California Health and Wellness Plan	1.18
	Tulare	Health Net Community Solutions, Inc.	0.36
	Yolo	Partnership Health Plan of California	0.35
	Yuba	California Health and Wellness Plan	1.82
Rural	Calaveras	California Health and Wellness Plan	0.59
	Colusa	California Health and Wellness Plan	0.62
	Del Norte	Partnership Health Plan of California	2.54
	Glenn	California Health and Wellness Plan	0.91
	Glenn	Anthem Blue Cross	0.29
	Humboldt	Partnership Health Plan of California	1.21
	Imperial	California Health and Wellness Plan	0.42
	Inyo	California Health and Wellness Plan	1.20
	Lassen	Partnership Health Plan of California	1.54
	Mariposa	California Health and Wellness Plan	0.81
	Mariposa	Anthem Blue Cross	0.62
	Mendocino	Partnership Health Plan of California	0.41
	Modoc	Partnership Health Plan of California	1.46
	Mono	Anthem Blue Cross	0.82
	Plumas	California Health and Wellness Plan	0.92
	Shasta	Partnership Health Plan of California	0.72
	Siskiyou	Partnership Health Plan of California	1.22
	Tehama	California Health and Wellness Plan	1.98
	Trinity	Partnership Health Plan of California	0.75
	Tuolumne	California Health and Wellness Plan	1.15
	Tuolumne	Anthem Blue Cross	0.24

Note: Higher values are better.

Source: Managed care performance monitoring dashboard report.

Figure MCMC.SA.11.1 Resolved appeals in favor of member: internal county visual



Source: Managed care performance monitoring dashboard report.

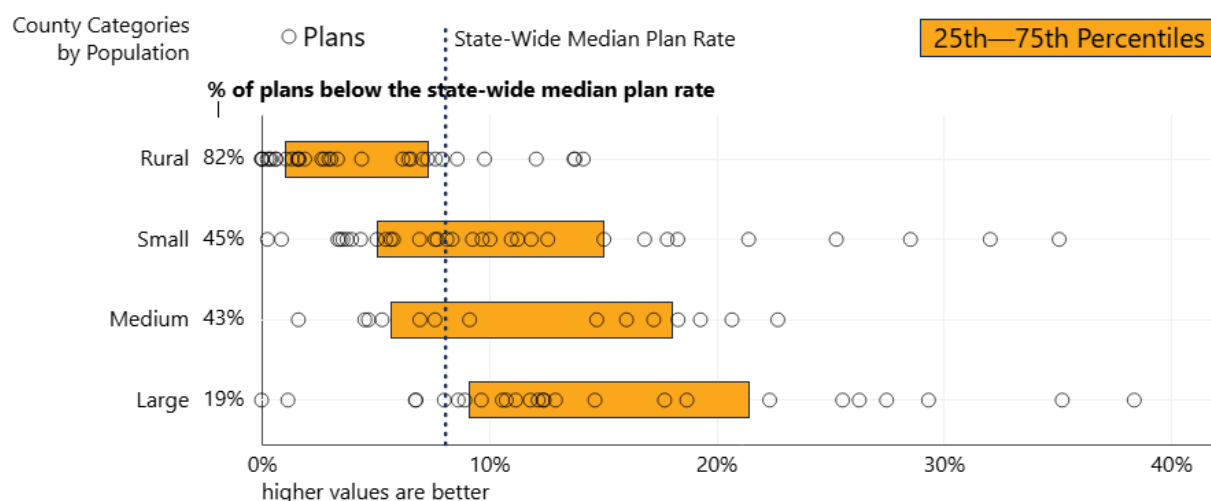
San Diego County had the widest range in appeals per 10,000 member months between the highest and lowest-performing plans, with a difference of 3.19 appeals, suggesting lower-performing plans in that county have the most potential for improvement. San Diego and Mariposa Counties had the highest number of plans above the 75th percentile.

Provision of telehealth services

Measure description: Percentage of providers providing telehealth services.

Measure rationale: Provision of telehealth services can assist DHCS in identifying plans with limited telehealth availability, which may lead to availability and accessibility of service issues. By reviewing Measure 12, DHCS can pinpoint plans with comparatively lower telehealth services. DHCS can then review the sub-measures for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure MCMC.SA.12. Provision of telehealth services: county size visual



Source: 274 provider file and claims and encounter data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for the provision of telehealth services. Other county sizes did not have similar rates below the median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SA.12. Provision of telehealth services: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	AIDS Healthcare Foundation	1.2%
	Orange	CalOptima	6.8%
	San Diego	Kaiser Permanente	6.8%
	San Francisco	San Francisco Health Plan	8.0%
	San Francisco	Family Mosaic	0.0%
Medium	Marin	Partnership Health Plan of California	4.7%
	Placer	California Health and Wellness Plan	4.5%
	Placer	Kaiser Permanente	1.6%
	Santa Cruz	Central California Alliance for Health	7.0%
	Sonoma	Partnership Health Plan of California	7.6%
	Ventura	Gold Coast Health Plan	5.3%
Small	Amador	Anthem Blue Cross	5.7%
	Amador	California Health and Wellness Plan	0.9%
	Amador	Kaiser Permanente	0.3%
	Butte	California Health and Wellness Plan	7.6%
	El Dorado	California Health and Wellness Plan	4.4%
	El Dorado	Kaiser Permanente	3.6%
	Kern	Kern Health Systems	5.1%
	Lake	Partnership Health Plan of California	5.8%
	Madera	Anthem Blue Cross	7.7%
	Merced	Central California Alliance for Health	7.0%
	Napa	Partnership Health Plan of California	4.0%
	Nevada	California Health and Wellness Plan	3.5%
	Sutter	California Health and Wellness Plan	3.4%
	Yolo	Partnership Health Plan of California	5.5%

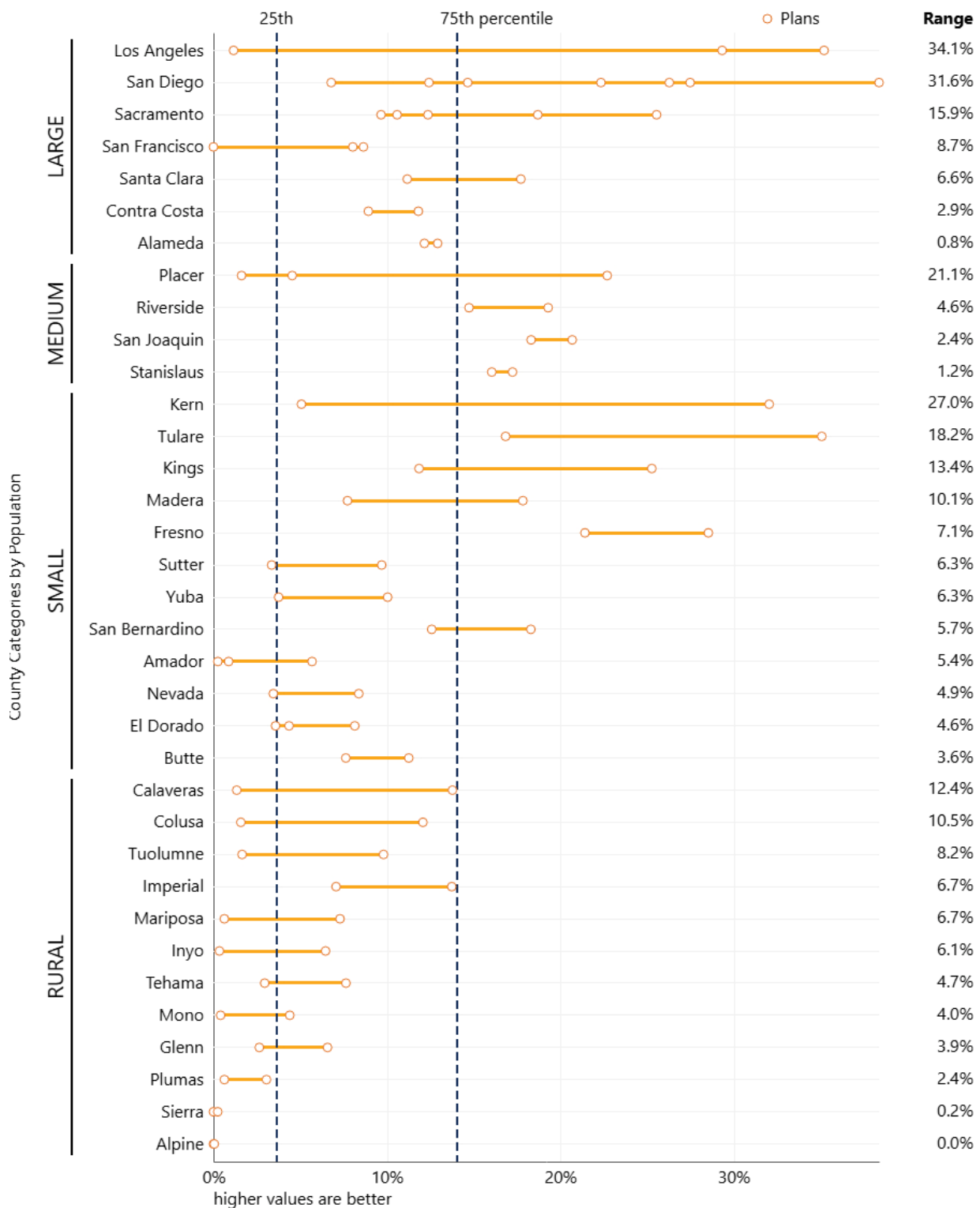
Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yuba	California Health and Wellness Plan	3.8%
Rural	Alpine	California Health and Wellness Plan	0.0%
	Alpine	Anthem Blue Cross	0.0%
	Calaveras	California Health and Wellness Plan	1.3%
	Colusa	California Health and Wellness Plan	1.6%
	Del Norte	Partnership Health Plan of California	2.8%
	Glenn	Anthem Blue Cross	6.6%
	Glenn	California Health and Wellness Plan	2.6%
	Imperial	California Health and Wellness Plan	7.1%
	Inyo	Anthem Blue Cross	6.5%
	Inyo	California Health and Wellness Plan	0.3%
	Lassen	Partnership Health Plan of California	1.9%
	Mariposa	Anthem Blue Cross	7.3%
	Mariposa	California Health and Wellness Plan	0.6%
	Mendocino	Partnership Health Plan of California	6.2%
	Modoc	Partnership Health Plan of California	1.1%
	Mono	Anthem Blue Cross	4.4%
	Mono	California Health and Wellness Plan	0.4%
	Plumas	Anthem Blue Cross	3.1%
	Plumas	California Health and Wellness Plan	0.6%
	Shasta	Partnership Health Plan of California	7.9%
	Sierra	California Health and Wellness Plan	0.2%
	Sierra	Anthem Blue Cross	0.0%
	Siskiyou	Partnership Health Plan of California	3.3%
	Tehama	Anthem Blue Cross	7.6%
	Tehama	California Health and Wellness Plan	3.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Trinity	Partnership Health Plan of California	1.6%
	Tuolumne	California Health and Wellness Plan	1.7%

Note: Higher values are better.

Source: 274 provider file and claims and encounter data.

Figure MCMC.SA.12 Provision of telehealth services: internal county visual



Source: 274 provider file and claims and encounter data.

Los Angeles County had the widest range in provision of telehealth services between the highest and lowest-performing plans, with a difference of 34.1 percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Alpine, Amador, Plumas, and Sierra Counties each had two plans below the 25th percentile.

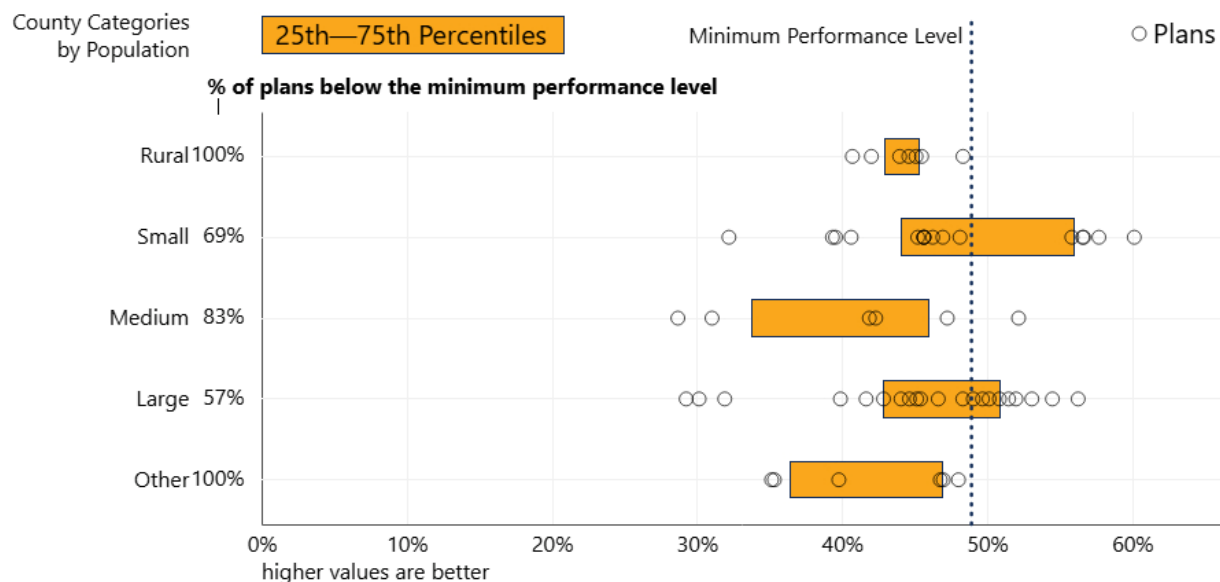
Service use

Child and adolescent well-care visits

Measure description: Percentage of children and adolescents ages 3 to 21 who received one or more well-care visits with a primary care practitioner or obstetrician/gynecologist.

Measure rationale: Child and adolescent well-care visits can assist in monitoring access to primary care for children and in monitoring progress on one of DHCS' Bold Goals: "close racial/ethnic disparities in well-child visits and immunizations by 50 percent".

Figure MCMC.SU.15 Child and adolescent well-care visits: county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Rural counties had the highest percentage of plans below the minimum performance level rate for child and adolescent well-care visits. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SU.15 Child and adolescent well-care visits: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Anthem Blue Cross	44.1%
	Contra Costa	Anthem Blue Cross	44.7%
	Los Angeles	L.A. Care Health Plan	46.6%
	Los Angeles	Health Net Community Solutions, Inc.	45.2%
	Sacramento	Aetna	29.3%
	San Diego	Kaiser Permanente	48.3%
	San Diego	Blue Shield of California Promise	45.4%
	San Diego	Health Net Community Solutions, Inc.	39.9%
	San Diego	United	31.9%
	San Diego	Aetna	30.2%
	San Francisco	Anthem Blue Cross	41.7%
	Santa Clara	Anthem Blue Cross	42.9%
Medium	San Joaquin	Health Plan of San Joaquin	47.3%
	San Joaquin	Health Net Community Solutions, Inc.	31.0%
	Stanislaus	Health Plan of San Joaquin	41.9%
	Stanislaus	Health Net Community Solutions, Inc.	28.7%
	Ventura	Gold Coast Health Plan	42.3%
Small	Fresno	CalViva Health	48.1%
	Fresno	Anthem Blue Cross	45.6%
	Kern	Kern Health Systems	40.6%
	Kern	Health Net Community Solutions, Inc.	32.2%
	Kings	CalViva Health	39.6%

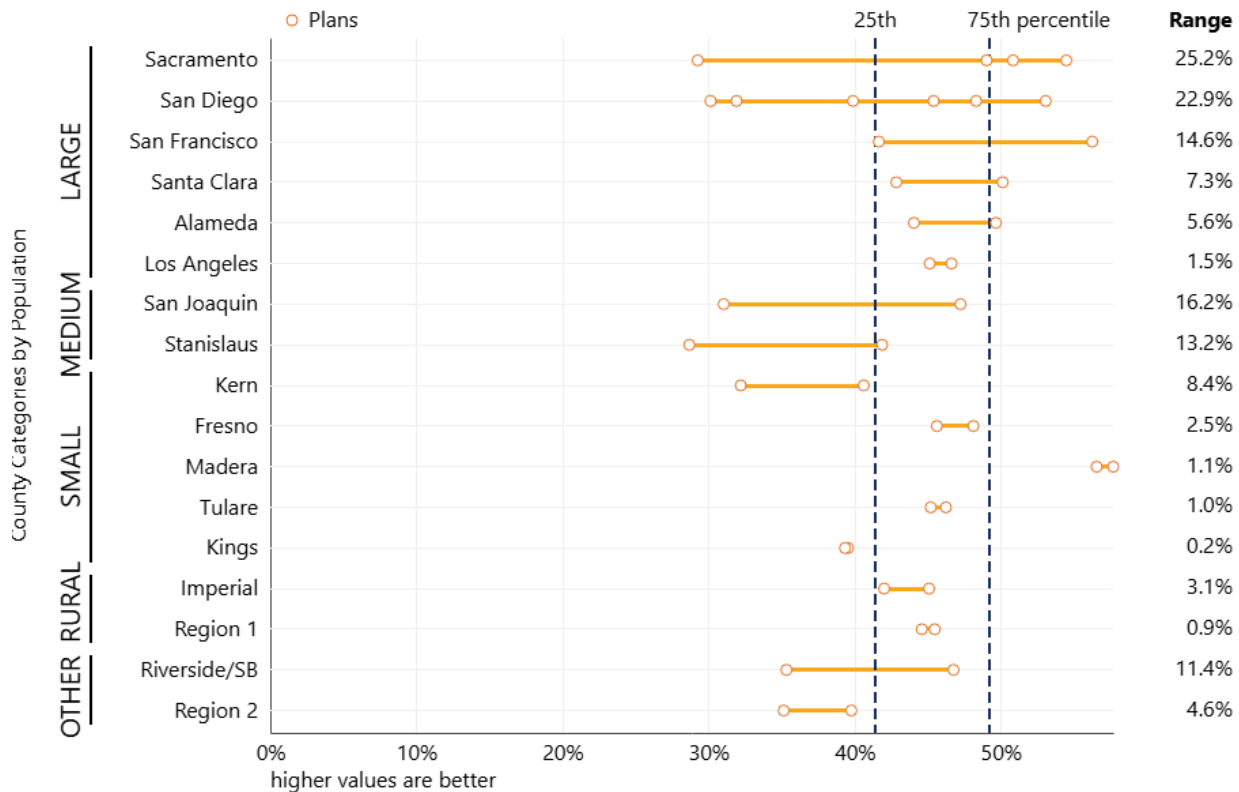
Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Kings	Anthem Blue Cross	39.3%
	Merced	Central California Alliance for Health	45.6%
	San Bernardino	Molina Healthcare of California	47.0%
	Southeast	Partnership Health Plan of California	45.7%
	Tulare	Health Net Community Solutions, Inc.	46.3%
	Tulare	Anthem Blue Cross	45.2%
Rural	Imperial	California Health and Wellness Plan	45.1%
	Imperial	Molina Healthcare of California	42.0%
	Northeast	Partnership Health Plan of California	40.7%
	Northwest	Partnership Health Plan of California	44.0%
	Region 1	Anthem Blue Cross	45.5%
	Region 1	California Health and Wellness Plan	44.6%
	San Benito	Anthem Blue Cross	48.3%
Other	KP North	Kaiser Permanente	48.0%
	Region 2	Anthem Blue Cross	39.8%
	Region 2	California Health and Wellness Plan	35.2%
	Riverside/SB	Inland Empire Health Plan	46.8%
	Riverside/SB	Molina Healthcare of California	35.3%
	Southwest	Partnership Health Plan of California	47.0%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.15 Child and adolescent well-care visits: internal county visual

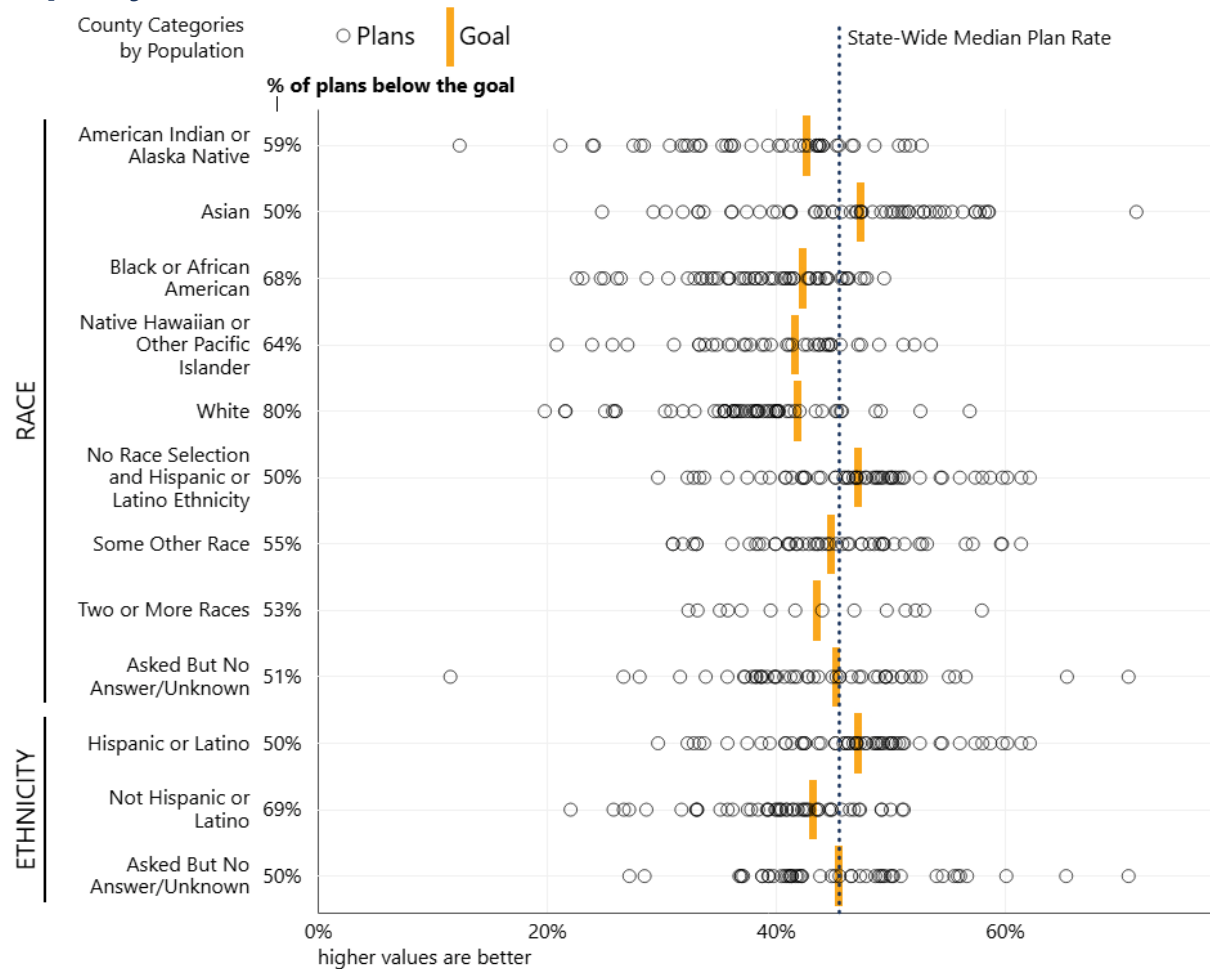


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

Sacramento County had the highest range in percentage points between the highest and lower-performing plans, with a difference of 25 percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. San Diego County had the highest number of plans below the 25th percentile.

Figure MCMC.SU.15 Child and adolescent well-care visits: baseline disparity visual

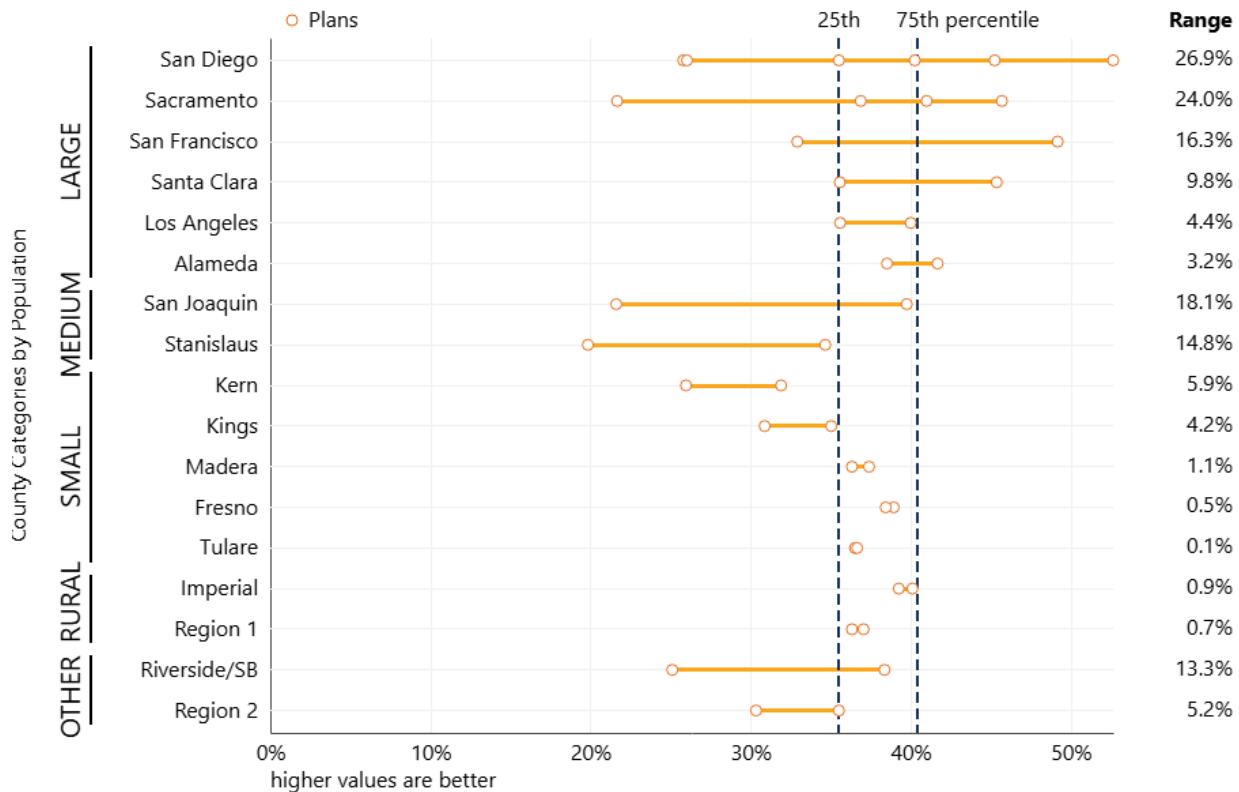


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

The *White* racial/ethnic group had the highest percentage of plans below the goal for child and adolescent well care visits. The DHCS 2022 Health Disparities Report indicated the *White* racial/ethnic group experienced worsening disparity from calendar year 2021 to 2022.

Figure MCMC.SU.15 Child and adolescent well-care visits: baseline disparity internal county visual for highest racial/ethnic group (White)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the highest range in percentage points between the highest and lower-performing plans, with a difference of 26.9 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego County had the highest number of plans below the goal.

Figure MCMC.SU.15 Child and adolescent well-care visits: baseline disparity internal county table of low-performing plans for highest racial/ethnic group (White)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	41.7%
	Alameda	Anthem Blue Cross	38.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Anthem Blue Cross	40.2%
	Los Angeles	L.A. Care Health Plan	40.0%
	Los Angeles	Health Net Community Solutions, Inc.	35.6%
	Orange	CalOptima	37.8%
	Sacramento	Health Net Community Solutions, Inc.	41.0%
	Sacramento	Molina Healthcare of California	36.9%
	Sacramento	Aetna	21.7%
	San Diego	Blue Shield of California Promise	40.3%
	San Diego	Health Net Community Solutions, Inc.	35.5%
	San Diego	United	26.0%
	San Diego	Aetna	25.8%
	San Francisco	Anthem Blue Cross	32.9%
	Santa Clara	Anthem Blue Cross	35.6%
Medium	San Joaquin	Health Plan of San Joaquin	39.8%
	San Joaquin	Health Net Community Solutions, Inc.	21.6%
	Stanislaus	Health Plan of San Joaquin	34.7%
	Stanislaus	Health Net Community Solutions, Inc.	19.8%
	Ventura	Gold Coast Health Plan	38.3%
Small	Fresno	Anthem Blue Cross	38.9%
	Fresno	CalViva Health	38.4%
	Kern	Kern Health Systems	31.9%
	Kern	Health Net Community Solutions, Inc.	26.0%
	Kings	Anthem Blue Cross	35.0%
	Kings	CalViva Health	30.9%
	Madera	Anthem Blue Cross	37.4%
	Madera	CalViva Health	36.3%
	Merced	Central California Alliance for Health	36.3%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	San Bernardino	Molina Healthcare of California	41.3%
	Southeast	Partnership Health Plan of California	40.1%
	Tulare	Health Net Community Solutions, Inc.	36.7%
	Tulare	Anthem Blue Cross	36.5%
Rural	Imperial	Molina Healthcare of California	40.1%
	Imperial	California Health and Wellness Plan	39.3%
	Northeast	Partnership Health Plan of California	38.2%
	Northwest	Partnership Health Plan of California	40.3%
	Region 1	Anthem Blue Cross	37.1%
	Region 1	California Health and Wellness Plan	36.3%
	San Benito	Anthem Blue Cross	38.0%
Other	Region 2	Anthem Blue Cross	35.5%
	Region 2	California Health and Wellness Plan	30.3%
	Riverside/SB	Inland Empire Health Plan	38.4%
	Riverside/SB	Molina Healthcare of California	25.1%
	Southwest	Partnership Health Plan of California	39.5%

Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

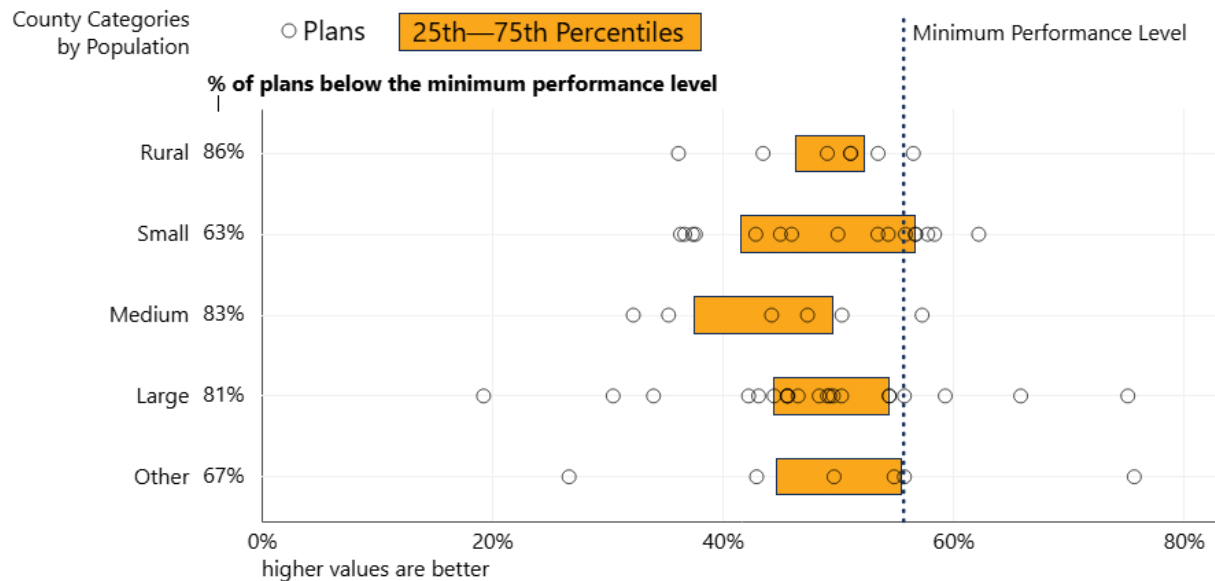
Source: Medi-Cal Managed Care Accountability Sets.

Well-child visits in the first 30 months of life

Measure description: Percentage of child members who had (1) at least six well-child visits by age 15 months and (2) at least two well-child visits from age 15 months to 30 months. Child members who turned 15 months or 30 months old during the measurement year are included in the relevant measures.

Measure rationale: Percentage of children with well-child visits can assist in monitoring access to primary care for children and in monitoring progress on one of DHCS' Bold Goals: "close racial/ethnic disparities in well-child visits and immunizations by 50 percent".

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Rural counties had the highest percentage of plans below the minimum performance level rate for well-child visits in the first 15 months of life. Medium-sized and large county sizes had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	46.6%
	Contra Costa	Anthem Blue Cross	54.5%
	Los Angeles	L.A. Care Health Plan	45.6%
	Los Angeles	Health Net Community Solutions, Inc.	43.1%
	Sacramento	Anthem Blue Cross	50.3%
	Sacramento	Health Net Community Solutions, Inc.	48.4%
	Sacramento	Molina Healthcare of California	42.3%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Aetna	19.3%
	San Diego	Health Net Community Solutions, Inc.	45.6%
	San Diego	Blue Shield of California Promise	44.5%
	San Diego	Aetna	34.0%
	San Diego	United	30.5%
	San Francisco	Anthem Blue Cross	49.3%
	San Francisco	San Francisco Health Plan	49.1%
	San Mateo	Health Plan of San Mateo	49.6%
	Santa Clara	Santa Clara Family Health Plan	54.5%
	Santa Clara	Anthem Blue Cross	45.7%
Medium	San Joaquin	Health Plan of San Joaquin	50.4%
	San Joaquin	Health Net Community Solutions, Inc.	44.3%
	Stanislaus	Health Plan of San Joaquin	35.3%
	Stanislaus	Health Net Community Solutions, Inc.	32.3%
	Ventura	Gold Coast Health Plan	47.4%
Small	Fresno	CalViva Health	50.0%
	Fresno	Anthem Blue Cross	45.0%
	Kern	Health Net Community Solutions, Inc.	42.9%
	Kern	Kern Health Systems	37.4%
	Kings	Anthem Blue Cross	54.4%
	Kings	CalViva Health	53.5%
	Madera	Anthem Blue Cross	46.0%
	Merced	Central California Alliance for Health	36.7%
	San Bernardino	Molina Healthcare of California	36.4%
	Southeast	Partnership Health Plan of California	37.6%
Rural	Imperial	California Health and Wellness Plan	53.5%
	Imperial	Molina Healthcare of California	51.1%

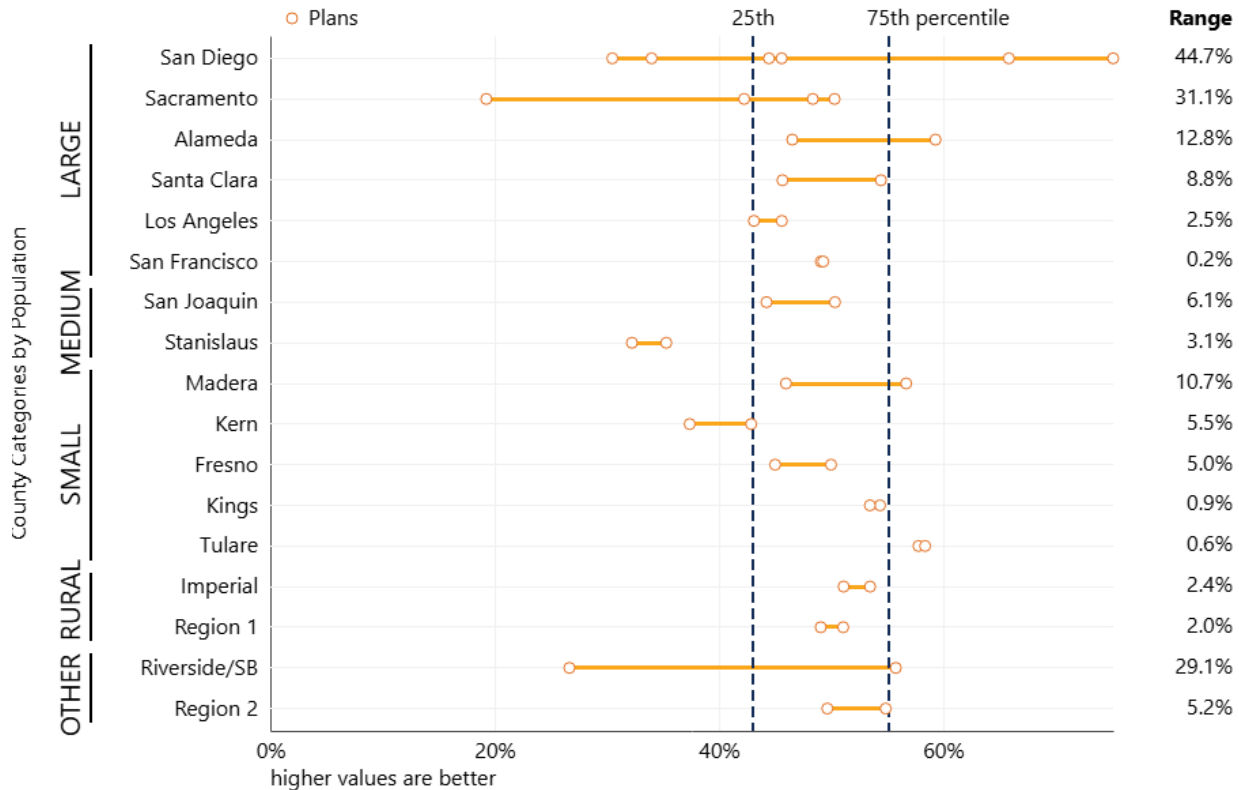
Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Northeast	Partnership Health Plan of California	36.2%
	Northwest	Partnership Health Plan of California	43.5%
	Region 1	California Health and Wellness Plan	51.1%
	Region 1	Anthem Blue Cross	49.1%
Other	Region 2	California Health and Wellness Plan	54.9%
	Region 2	Anthem Blue Cross	49.7%
	Riverside/SB	Molina Healthcare of California	26.7%
	Southwest	Partnership Health Plan of California	43.0%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): internal county visual

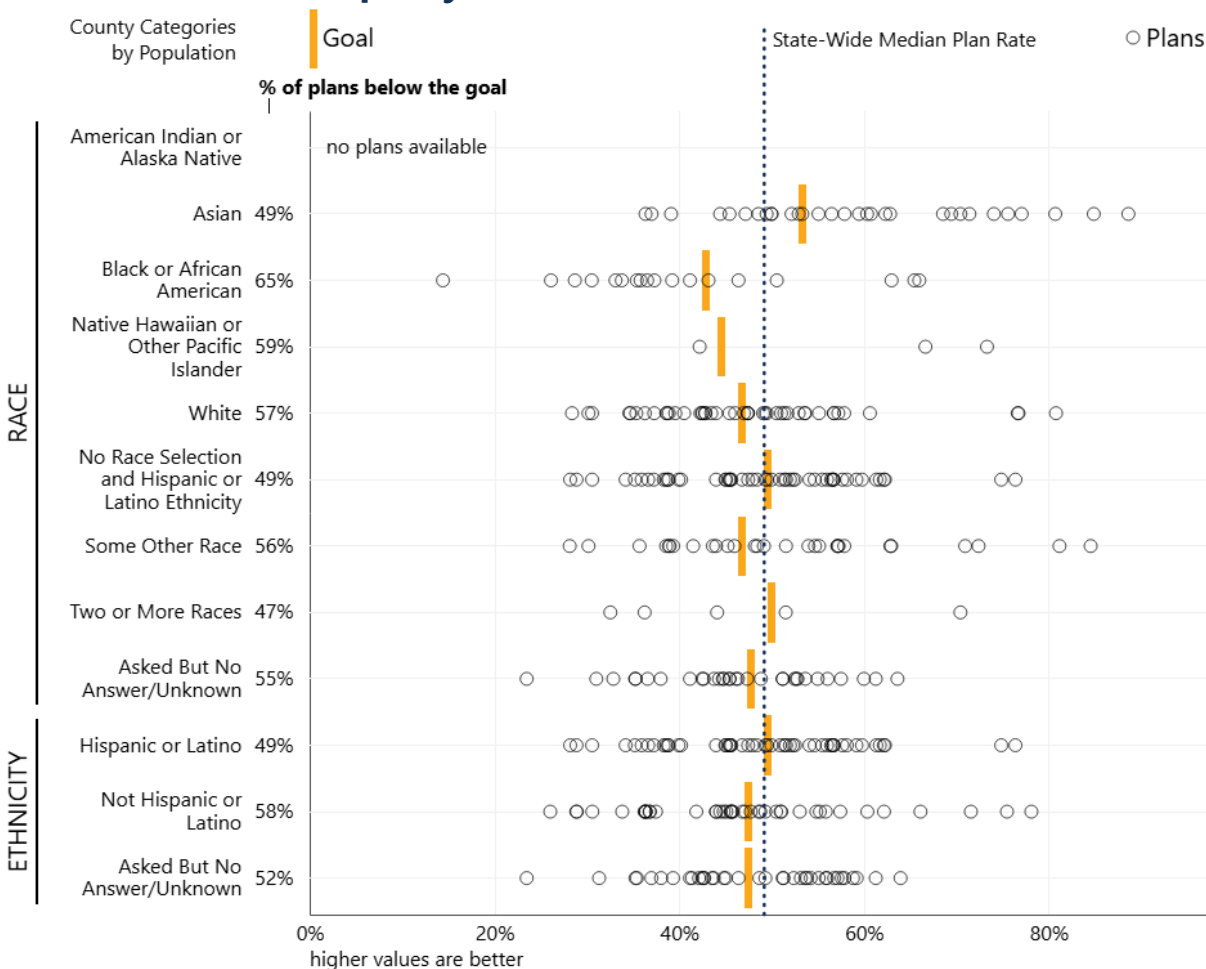


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 45 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego, Sacramento, Stanislaus, and Kern Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): baseline disparity visual

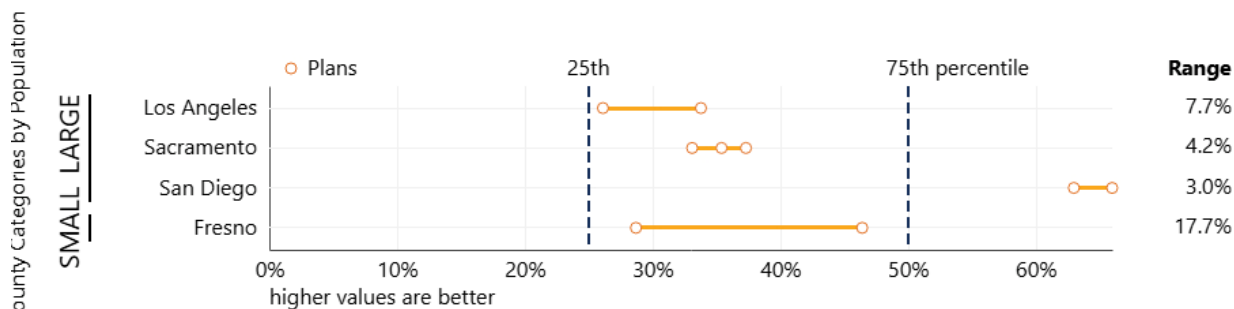


Note Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

The *Black or African American* racial/ethnic group had the highest percentage of plans below the goal for well child visits in the first 15 months of life. The DHCS 2022 Health Disparities Report indicated the *Black or African American* racial/ethnic group experienced improvement in this metric from calendar year 2021 to 2022. Even with this improvement, the *Black or African American* racial/ethnic group still experienced a widespread disparity, greater than ten percent below the DHCS minimum performance rate, and a large disparity, a disparity across multiple measures.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): baseline disparity internal county visual for highest racial/ethnic group (Black or African American)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Medi-Cal Managed Care Accountability Sets.

Fresno County had the widest range between the highest and lowest-performing plans in percentage of members receiving recommended well-child visits in the first 15 months of life, with a difference of 7.7 percent. This suggests lower-performing plans in Fresno County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (15 months): baseline disparity internal county table of low-performing plans for highest racial/ethnic group (Black or African American)

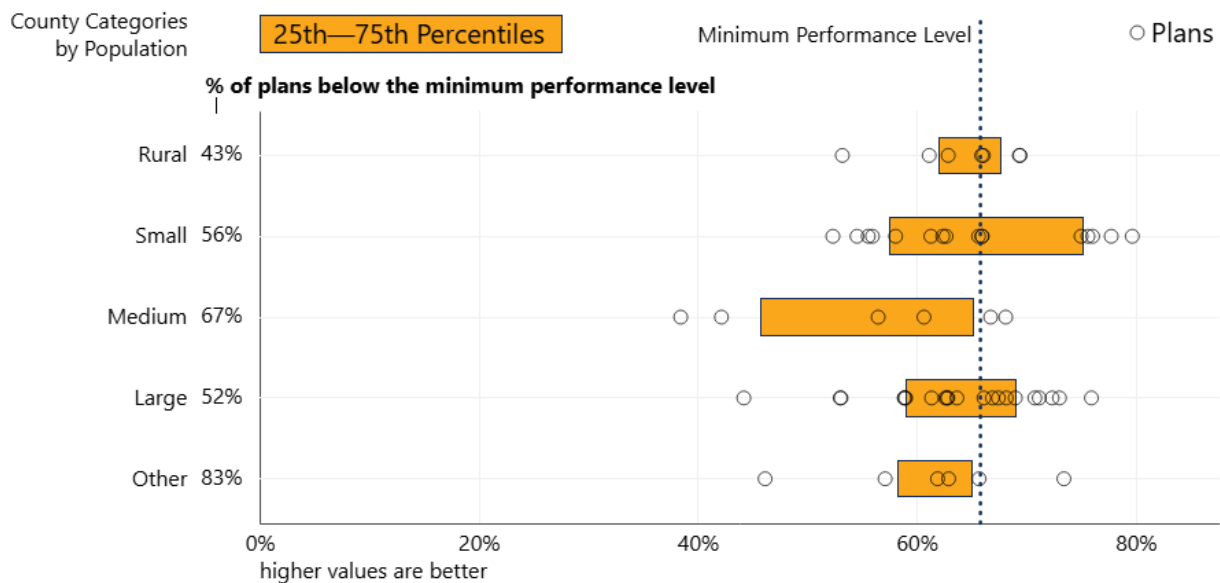
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	30.5%
	Los Angeles	L.A. Care Health Plan	33.8%
	Los Angeles	Health Net Community Solutions, Inc.	26.1%
	Orange	CalOptima	41.2%
	Sacramento	Anthem Blue Cross	37.3%
	Sacramento	Molina Healthcare of California	35.4%
	Sacramento	Health Net Community Solutions, Inc.	33.1%
	Santa Clara	Santa Clara Family Health Plan	43.2%
Medium	San Joaquin	Health Plan of San Joaquin	36.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Fresno	Anthem Blue Cross	46.4%
	Fresno	CalViva Health	28.7%
	Kern	Kern Health Systems	14.4%
	Southeast	Partnership Health Plan of California	35.8%
Other	Riverside/SB	Inland Empire Health Plan	39.3%

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Medium-sized counties had the highest percentage of plans below the minimum performance level rate for well-child visits in the first 30 months of life. Other county sizes did not have similar rates below the state-wide median plan rates, suggesting lower performance was more prevalent in medium-sized counties.

**Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months):
county size table of low-performing plans**

Category	County	Plan name not meeting comparison value	Percent
Large	Contra Costa	Anthem Blue Cross	63.7%
	Los Angeles	L.A. Care Health Plan	62.6%
	Los Angeles	Health Net Community Solutions, Inc.	61.4%
	Sacramento	Health Net Community Solutions, Inc.	62.9%
	Sacramento	Anthem Blue Cross	62.8%
	Sacramento	Molina Healthcare of California	59.0%
	Sacramento	Aetna	44.2%
	San Diego	Health Net Community Solutions, Inc.	58.9%
	San Diego	United	53.1%
	San Diego	Aetna	53.0%
	San Francisco	Anthem Blue Cross	58.9%
Medium	San Joaquin	Health Plan of San Joaquin	60.7%
	San Joaquin	Health Net Community Solutions, Inc.	38.5%
	Stanislaus	Health Plan of San Joaquin	56.5%
	Stanislaus	Health Net Community Solutions, Inc.	42.2%
Small	Fresno	CalViva Health	62.7%
	Fresno	Anthem Blue Cross	61.3%
	Kern	Kern Health Systems	54.6%
	Kern	Health Net Community Solutions, Inc.	52.4%
	Kings	Anthem Blue Cross	56.0%
	Kings	CalViva Health	55.6%
	Merced	Central California Alliance for Health	58.1%
	Southeast	Partnership Health Plan of California	62.4%
	Tulare	Health Net Community Solutions, Inc.	65.7%
Rural	Imperial	Molina Healthcare of California	62.9%

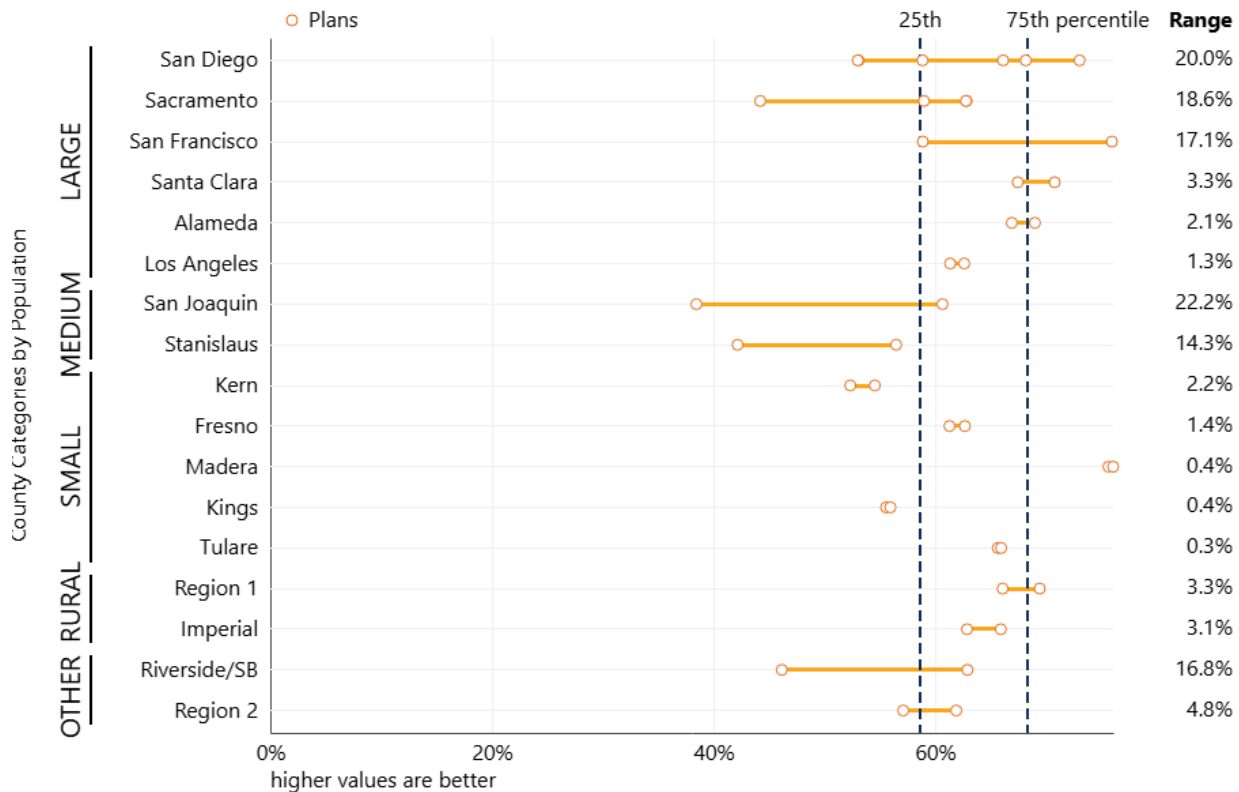
Category	County	Plan name not meeting comparison value	Percent
Rural	Northeast	Partnership Health Plan of California	53.2%
	Northwest	Partnership Health Plan of California	61.2%
Other	Region 2	Anthem Blue Cross	61.9%
	Region 2	California Health and Wellness Plan	57.1%
	Riverside/SB	Inland Empire Health Plan	62.9%
	Riverside/SB	Molina Healthcare of California	46.2%
	Southwest	Partnership Health Plan of California	65.7%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months): internal county visual

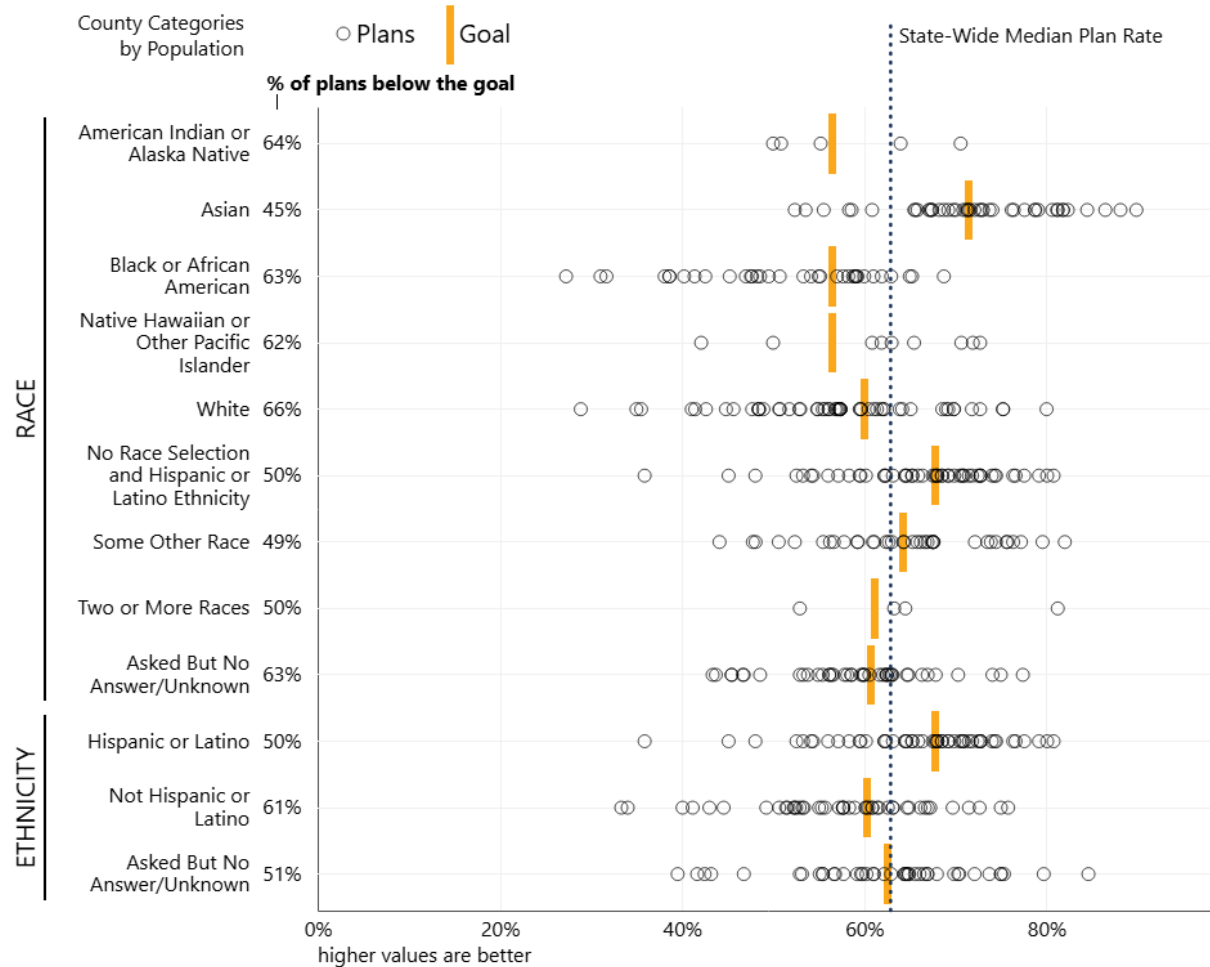


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Joaquin County had the widest range between the highest and lowest-performing plans in percentage of members receiving recommended well-child visits in the first 30 months of life, with a difference of 22 percent. This suggests lower-performing plans in San Joaquin County have the most potential for improvement. Stanislaus, Kings, and Kern Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months): baseline disparity visual

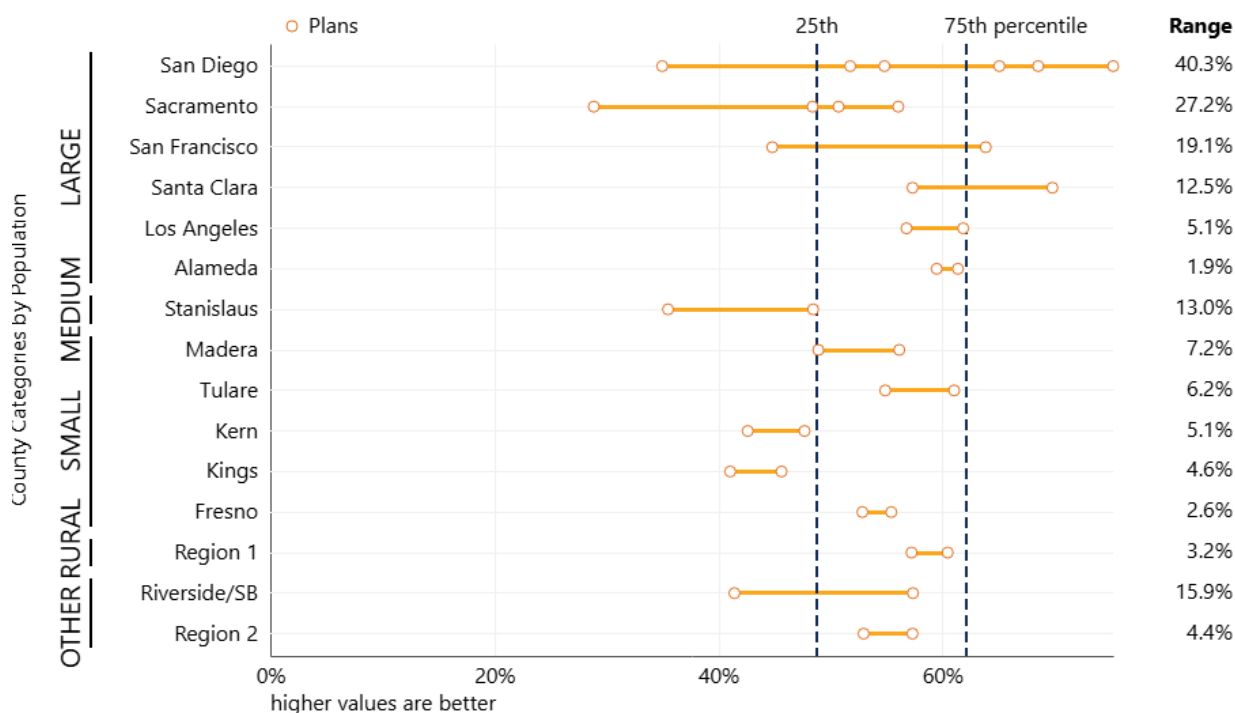


Note Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

The *White* racial/ethnic group had the highest percentage of plans below the well-child visit goal in the first 30 months of life. The DHCS 2022 Health Disparities Report indicated the *White* racial/ethnic group experienced improvement in this metric from calendar year 2021 to 2022. Even with this improvement, the *White* racial/ethnic still experienced a persistent widespread disparity, greater than ten percent below the DHCS minimum performance rate.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months): baseline disparity internal county visual for highest racial/ethnic group (White)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range between the highest and lowest-performing plans in percentage of members receiving recommended well-child visits in the first 30 months of life, with a difference of 40.3 percent. This suggests lower-performing plans in San Diego County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure MCMC.SU.16 Well-child visits in the first 30 months of life (30 months): baseline disparity internal county table of low-performing plans for highest racial/ethnic group (White)

Category	County	Plan Name Not Meeting Goal	Percent
Large	Alameda	Alameda Alliance for Health	59.5%
	Los Angeles	Health Net Community Solutions, Inc.	56.8%

Category	County	Plan Name Not Meeting Goal	Percent
Large	Sacramento	Anthem Blue Cross	56.1%
	Sacramento	Molina Healthcare of California	50.7%
	Sacramento	Health Net Community Solutions, Inc.	48.4%
	Sacramento	Aetna	28.9%
	San Diego	Health Net Community Solutions, Inc.	54.8%
	San Diego	Aetna	51.8%
	San Diego	United	35.0%
	San Francisco	Anthem Blue Cross	44.8%
	Santa Clara	Anthem Blue Cross	57.4%
Medium	San Joaquin	Health Plan of San Joaquin	57.0%
	Santa Cruz	Central California Alliance for Health	59.7%
	Stanislaus	Health Plan of San Joaquin	48.5%
	Stanislaus	Health Net Community Solutions, Inc.	35.5%
	Ventura	Gold Coast Health Plan	59.6%
Small	Fresno	CalViva Health	55.5%
	Fresno	Anthem Blue Cross	52.9%
	Kern	Health Net Community Solutions, Inc.	47.7%
	Kern	Kern Health Systems	42.6%
	Kings	CalViva Health	45.7%
	Kings	Anthem Blue Cross	41.1%
	Madera	Anthem Blue Cross	56.2%
	Madera	CalViva Health	48.9%
	Merced	Central California Alliance for Health	48.4%
	Southeast	Partnership Health Plan of California	57.4%
	Tulare	Health Net Community Solutions, Inc.	54.9%
Rural	Northeast	Partnership Health Plan of California	50.7%
	Northwest	Partnership Health Plan of California	55.7%

Category	County	Plan Name Not Meeting Goal	Percent
Rural	Region 1	California Health and Wellness Plan	57.3%
Other	Region 2	Anthem Blue Cross	57.3%
	Region 2	California Health and Wellness Plan	53.0%
	Riverside/SB	Inland Empire Health Plan	57.4%
	Riverside/SB	Molina Healthcare of California	41.4%
	Southwest	Partnership Health Plan of California	57.1%

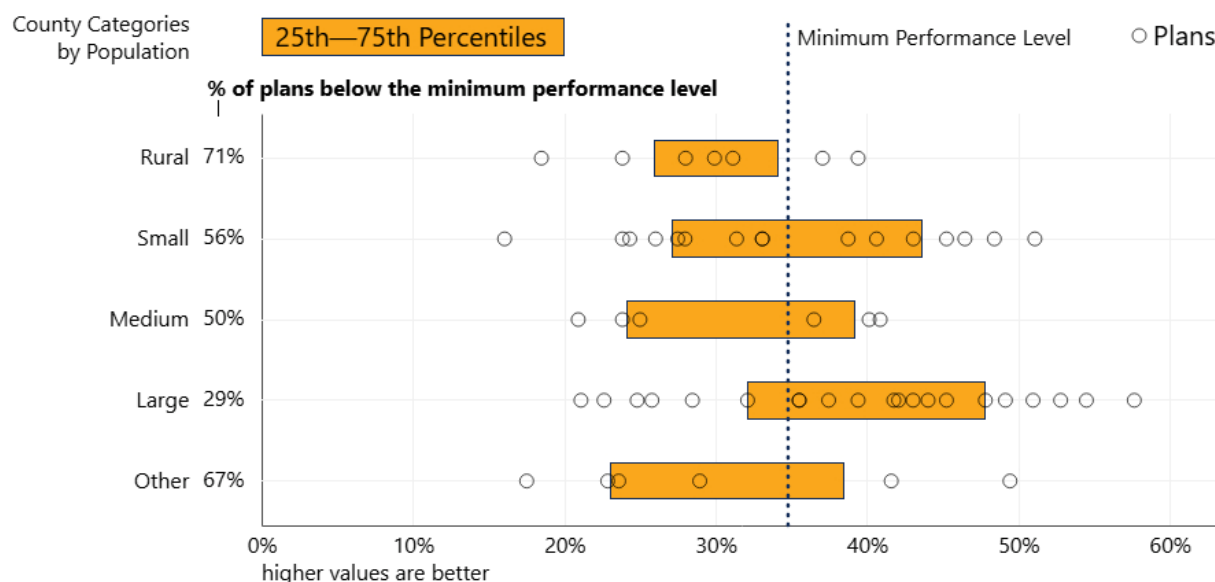
Note: Higher values are better.

Childhood immunization status

Measure description: Percentage of children age 2 who were up to date on recommended immunizations¹.

Measure rationale: Childhood immunization status can assist in monitoring access to primary care for children and in progress on one of DHCS' Bold Goals: "close racial/ethnic disparities in well-child visits and immunizations by 50 percent."

MCMC.SU.17 Childhood immunization status (combination 10): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Rural counties had the highest percentage of plans below the state-wide median plan rate for childhood immunization status (combination 10). Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

¹ The Centers for Disease Control and Prevention recommends the following immunizations by age 2: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines

MCMC.SU.17 Childhood immunization status (combination 10): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	22.6%
	Sacramento	Health Net Community Solutions, Inc.	28.5%
	Sacramento	Anthem Blue Cross	25.8%
	Sacramento	Molina Healthcare of California	24.8%
	Sacramento	Aetna	21.1%
	San Diego	United	32.1%
Medium	San Joaquin	Health Net Community Solutions, Inc.	25.0%
	Stanislaus	Health Net Community Solutions, Inc.	23.8%
	Stanislaus	Health Plan of San Joaquin	20.9%
Small	Fresno	Anthem Blue Cross	31.4%
	Fresno	CalViva Health	27.5%
	Kern	Kern Health Systems	28.0%
	Kern	Health Net Community Solutions, Inc.	26.0%
	Kings	Anthem Blue Cross	24.3%
	Kings	CalViva Health	23.8%
	Merced	Central California Alliance for Health	16.1%
	Tulare	Health Net Community Solutions, Inc.	33.1%
	Tulare	Anthem Blue Cross	33.1%
Rural	Northeast	Partnership Health Plan of California	18.5%
	Northwest	Partnership Health Plan of California	23.8%
	Region 1	California Health and Wellness Plan	31.1%
	Region 1	Anthem Blue Cross	29.9%
	San Benito	Anthem Blue Cross	28.0%
Other	Region 2	Anthem Blue Cross	23.6%
	Region 2	California Health and Wellness Plan	22.9%

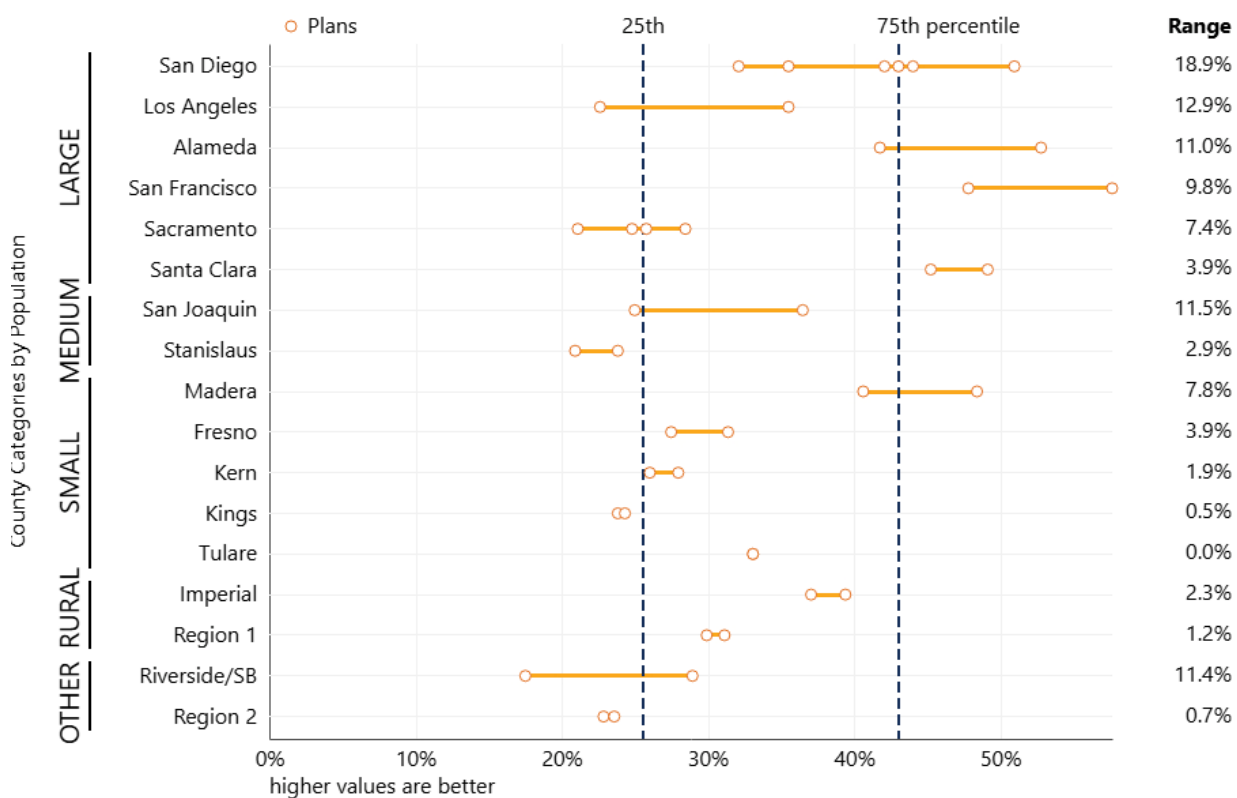
Category	County	Plan name not meeting comparison value	Percent
Other	Riverside/SB	Inland Empire Health Plan	29.0%
	Riverside/SB	Molina Healthcare of California	17.5%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.17 Childhood immunization status (combination 10): internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

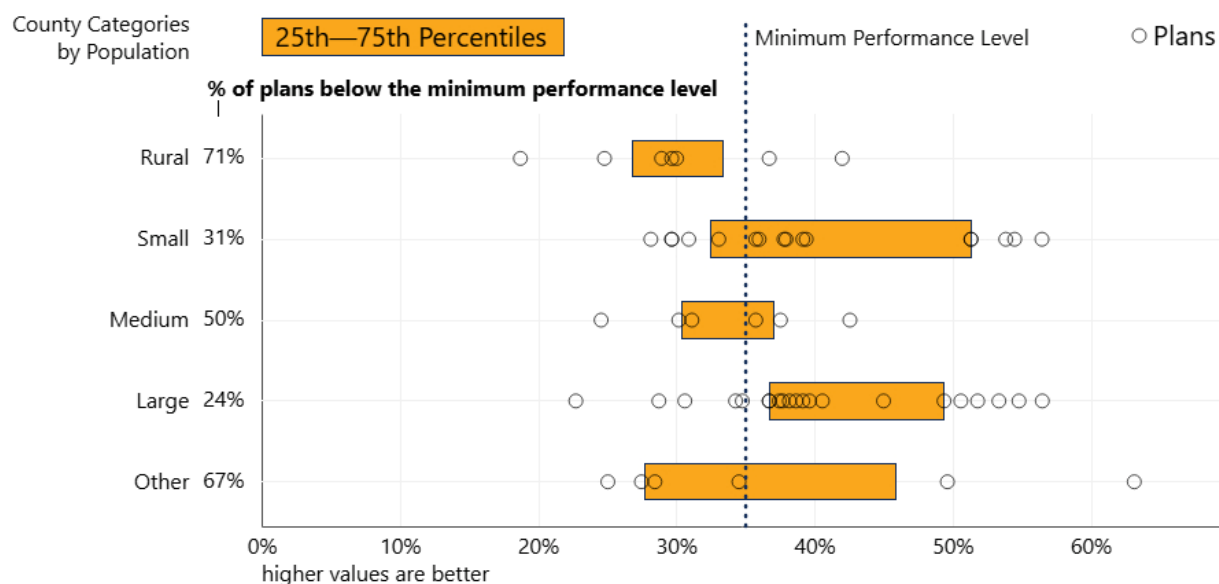
San Diego County had the widest range between the highest and lowest-performing plan for percent of children receiving recommended immunizations, with a difference of 19 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Sacramento, Stanislaus, and Kings Counties had the highest number of plans below the 25th percentile.

Immunizations for adolescents (combination 2)

Measure description: Percentage of adolescents age 13 who were up to date on recommended immunizations².

Measure rationale: Immunizations for adolescents can assist in monitoring access to primary care for adolescents and in progress on one of DHCS' Bold Goals: "close racial/ethnic disparities in well-child visits and immunizations by 50 percent."

Figure MCMC.SU.18 Immunizations for adolescents (combination 2): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

² The CDC recommends adolescents receive one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday.

Rural counties had the highest percentage of plans below the minimum performance level rate for immunizations for adolescents (combination 2). Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SU.18 Immunizations for adolescents (combination 2): county size table of low-performing plans

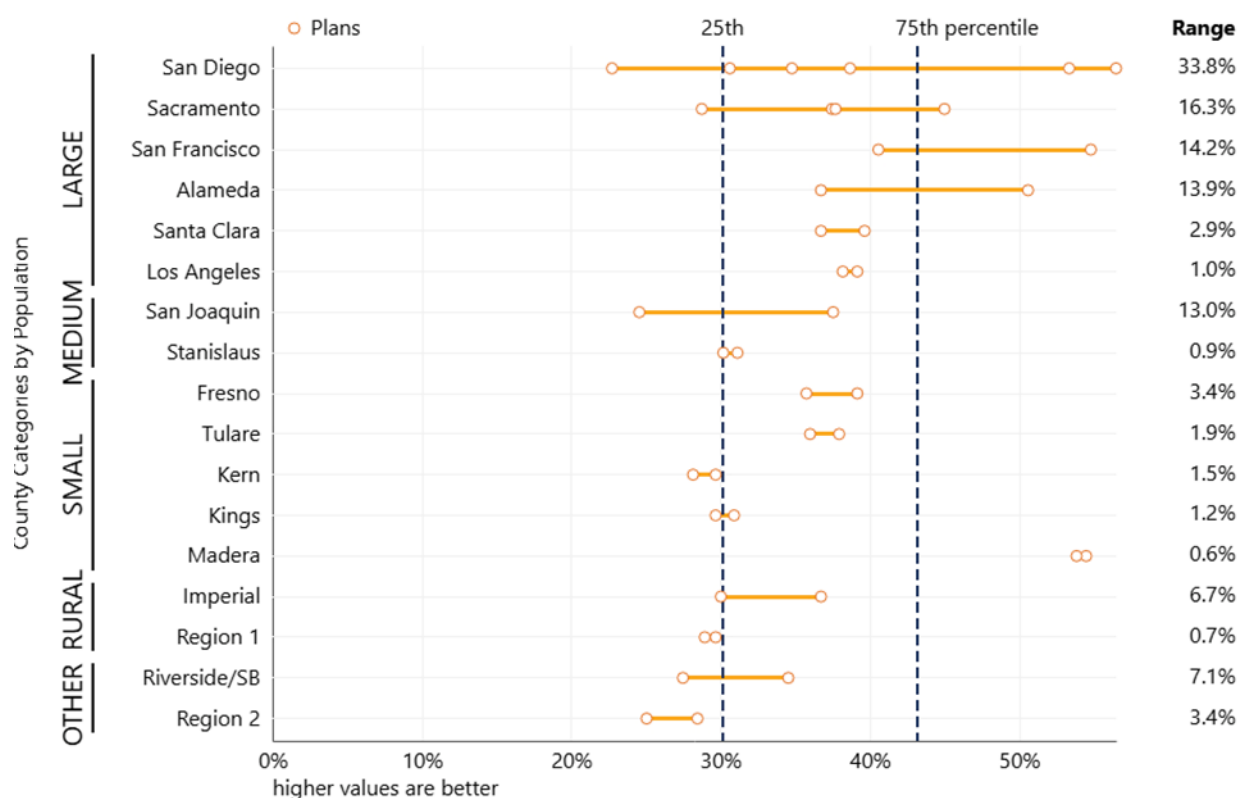
Category	County	Plan name not meeting comparison value	Percent
Large	Contra Costa	Anthem Blue Cross	34.3%
	Sacramento	Aetna	28.8%
	San Diego	Blue Shield of California Promise	34.8%
	San Diego	United	30.6%
	San Diego	Aetna	22.7%
Medium	San Joaquin	Health Net Community Solutions, Inc.	24.6%
	Stanislaus	Health Net Community Solutions, Inc.	31.1%
	Stanislaus	Health Plan of San Joaquin	30.2%
Small	Kern	Kern Health Systems	29.7%
	Kern	Health Net Community Solutions, Inc.	28.2%
	Kings	Anthem Blue Cross	30.9%
	Kings	CalViva Health	29.7%
	Merced	Central California Alliance for Health	33.1%
Rural	Imperial	Molina Healthcare of California	30.0%
	Northeast	Partnership Health Plan of California	18.7%
	Northwest	Partnership Health Plan of California	24.8%
	Region 1	Anthem Blue Cross	29.7%
	Region 1	California Health and Wellness Plan	29.0%
Other	Region 2	Anthem Blue Cross	28.5%
	Region 2	California Health and Wellness Plan	25.1%
	Riverside/SB	Inland Empire Health Plan	34.5%
	Riverside/SB	Molina Healthcare of California	27.5%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.18 Immunizations for adolescents (combination 2): internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

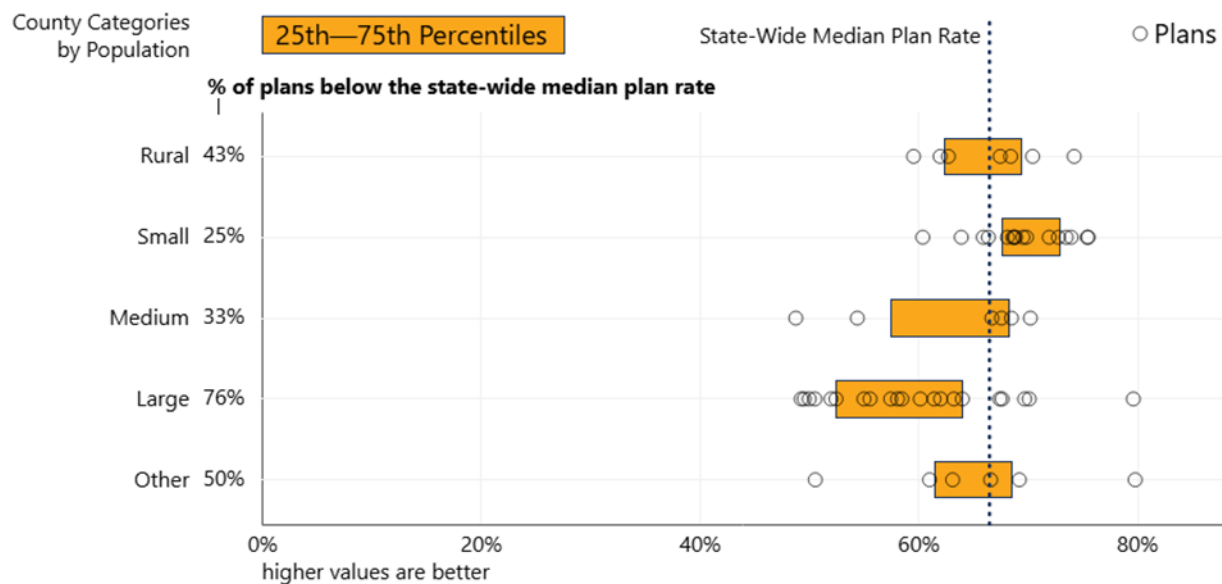
San Diego County had the widest range in percentage points between the highest lowest-performing plans, with a difference of 34 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Kern County and Regions 1 and 2 had the highest number of plans below the 25th percentile.

Adults' access to preventive/ ambulatory health services

Measure description: Percentage of adults age 20 or older who had a primary care visit.

Measure rationale: This measure can assist DHCS in monitoring adult access to primary care.

Figure MCMC.SU.19 Adults' access to preventive/ambulatory health services: county size visual



Source: Medi-Cal Managed Care Accountability Sets.

Large counties had the highest percentage of plans below the state-wide median plan rate for adults' access to preventive/ambulatory health services. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.SU.19 Adults' access to preventive/ambulatory health services: county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Alameda	Alameda Alliance for Health	61.5%
	Alameda	Anthem Blue Cross	52.0%
	Contra Costa	Anthem Blue Cross	52.5%
	Los Angeles	L.A. Care Health Plan	60.2%
	Los Angeles	Health Net Community Solutions, Inc.	58.5%

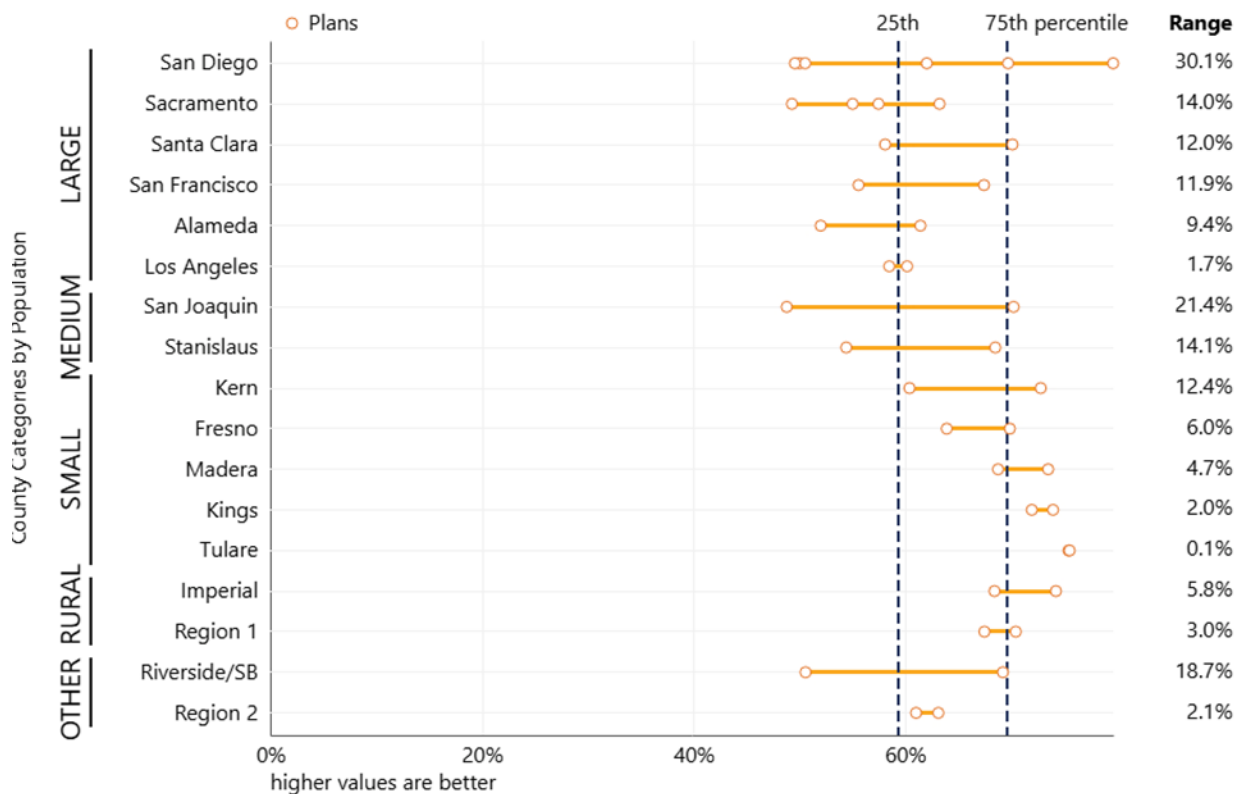
Category	County	Plan name not meeting comparison value	Percent
Large	Orange	CalOptima	64.1%
	Sacramento	Anthem Blue Cross	63.3%
	Sacramento	Health Net Community Solutions, Inc.	57.5%
	Sacramento	Molina Healthcare of California	55.1%
	Sacramento	Aetna	49.3%
	San Diego	Blue Shield of California Promise	62.1%
	San Diego	Aetna	50.6%
	San Diego	United	50.0%
	San Diego	Health Net Community Solutions, Inc.	49.6%
	San Francisco	Anthem Blue Cross	55.6%
	Santa Clara	Anthem Blue Cross	58.1%
Medium	San Joaquin	Health Net Community Solutions, Inc.	48.8%
	Stanislaus	Health Net Community Solutions, Inc.	54.5%
Small	Fresno	Anthem Blue Cross	64.0%
	Kern	Health Net Community Solutions, Inc.	60.4%
	San Bernardino	Molina Healthcare of California	66.4%
	Southeast	Partnership Health Plan of California	66.0%
Rural	Northeast	Partnership Health Plan of California	62.8%
	Northwest	Partnership Health Plan of California	59.6%
	San Benito	Anthem Blue Cross	62.0%
Other	Region 2	Anthem Blue Cross	63.2%
	Region 2	California Health and Wellness Plan	61.1%
	Riverside/SB	Molina Healthcare of California	50.6%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.19 Adults' access to preventive/ambulatory health services: internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 30 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Sacramento County had the highest number of plans below the 25th percentile.

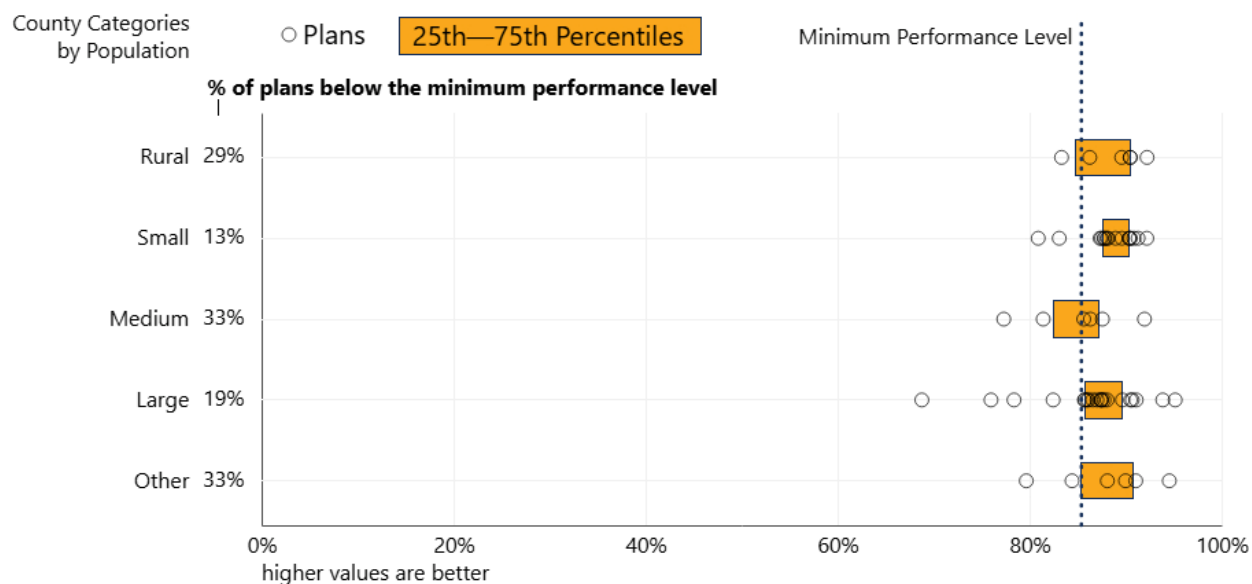
Prenatal and postpartum care

Measure description: Percentage of deliveries (all ages) in which timely prenatal and postpartum care was provided.

Measure rationale: Percentage of deliveries in which timely care was provided can assist in monitoring access to OB/GYN care and in monitoring progress on one of DHCS' Bold Goals: "close maternity care disparity for Black and Native American persons by 50

percent". It is also one of the measures included in the proposed list of the Center for Medicaid and CHIP Services (CMCS)'s Initial Core Set of Access Measures.

Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Medium-sized counties had the highest percentage of plans below the minimum performance level rate for prenatal care. Rural counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Sacramento	Molina Healthcare of California	82%
	San Diego	Aetna	76%
	San Diego	Health Net Community Solutions, Inc.	78%
	San Diego	United	69%

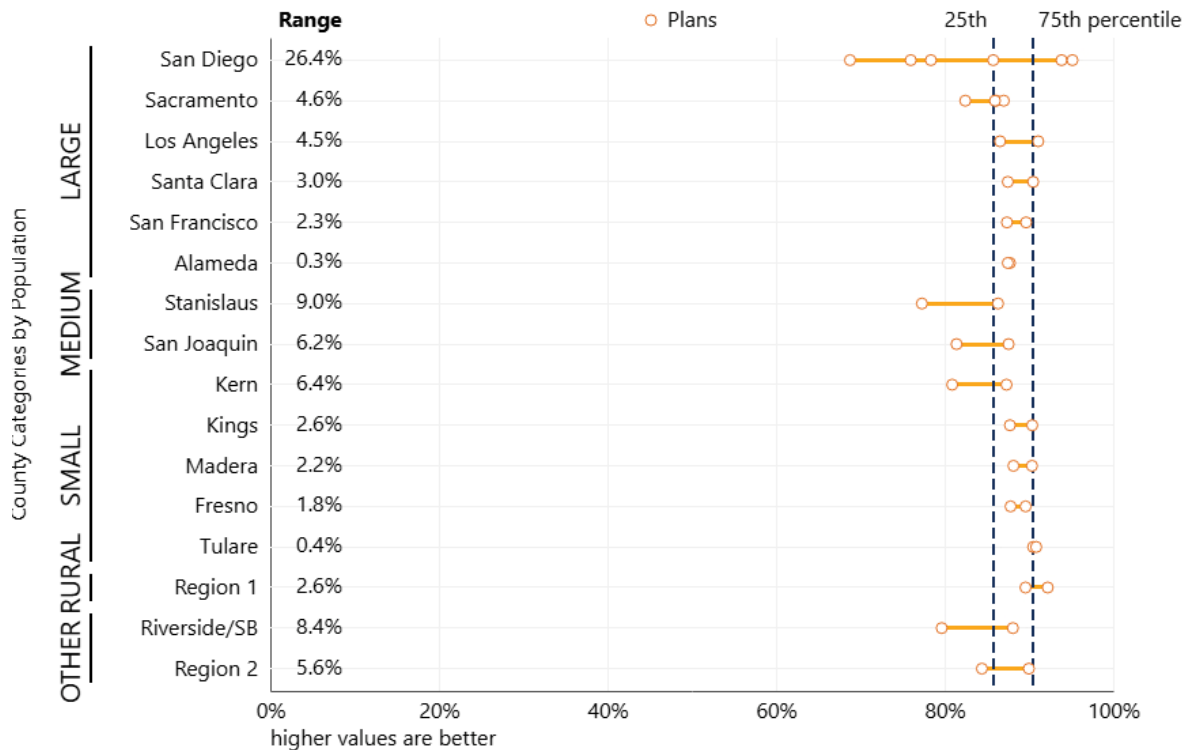
Category	County	Plan name not meeting comparison value	Percent
Medium	San Joaquin	Health Net Community Solutions, Inc.	81%
	Stanislaus	Health Net Community Solutions, Inc.	77%
Small	Kern	Health Net Community Solutions, Inc.	81%
	Southeast	Partnership Health Plan of California	83%
Rural	Imperial	California Health and Wellness Plan	83%
Other	Region 2	Anthem Blue Cross	84%
	Riverside/SB	Molina Healthcare of California	80%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

**Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care):
internal county visual**

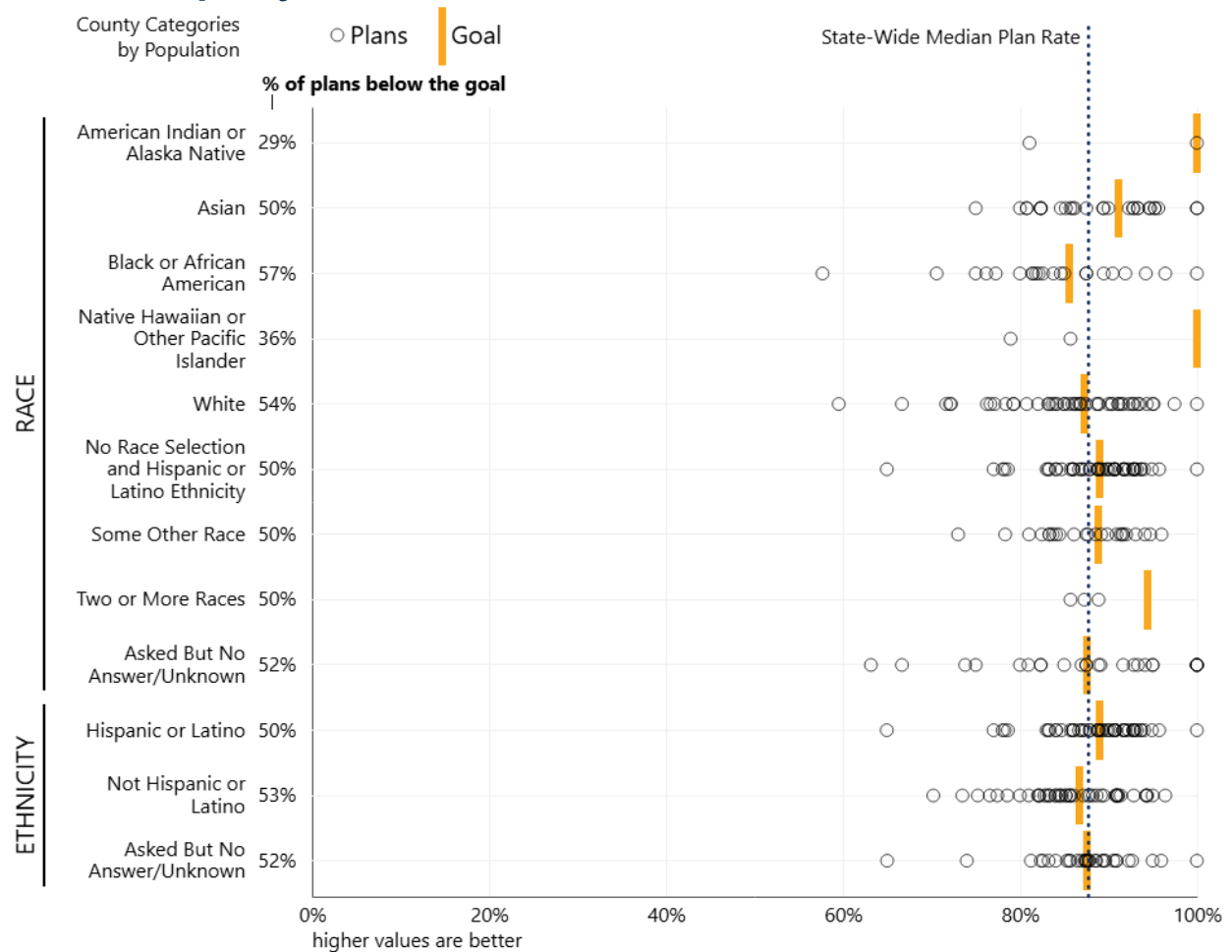


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 26 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego County had the highest number of plans below the 25th percentile.

**Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care):
baseline disparity visual**

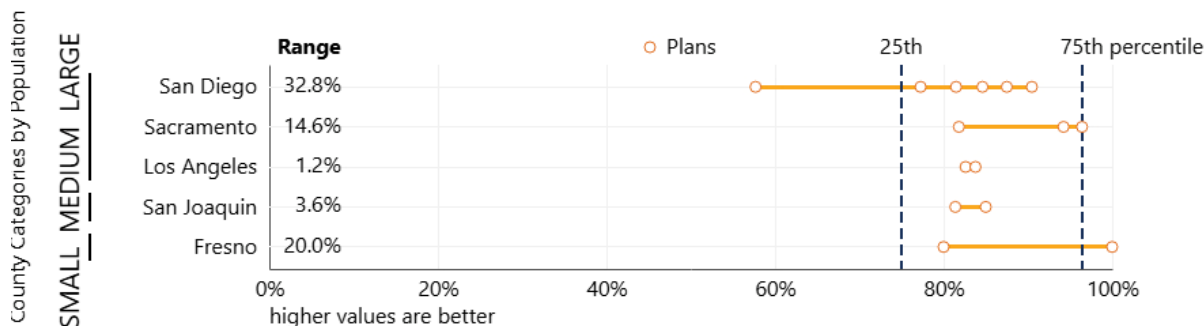


Note Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

The *Black or African American* racial/ethnic group had the highest percentage of plans below the goal for timely prenatal care. The DHCS 2022 Health Disparities Report indicated the *Black or African American* racial/ethnic group had a new disparity identified 2022 which indicates greater than ten percent below the DHCS minimum performance rate.

Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care): baseline disparity internal county visual for highest racial/ethnic group (Black or African American)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 32.8 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego County had the highest number of plans below the goal.

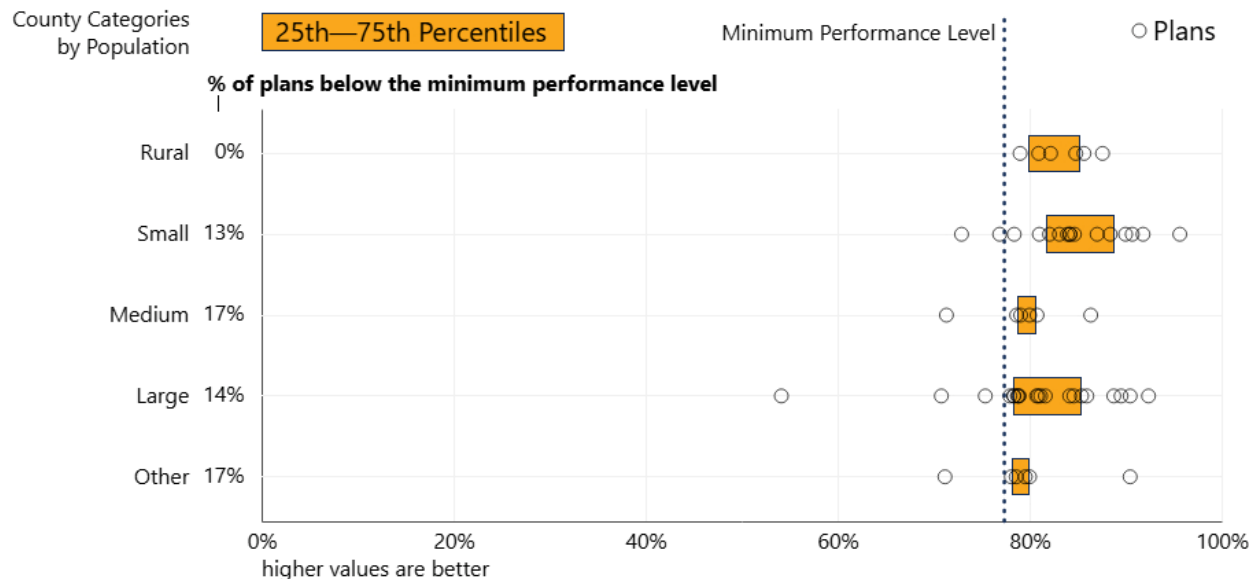
Figure MCMC.SU.20 Prenatal and postpartum care (prenatal care): baseline disparity internal county table of low-performing plans for highest racial/ethnic group (Black or African American)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Anthem Blue Cross	76.2%
	Los Angeles	L.A. Care Health Plan	83.8%
	Los Angeles	Health Net Community Solutions, Inc.	82.6%
	Sacramento	Aetna	81.8%
	San Diego	Blue Shield of California Promise	84.6%
	San Diego	Aetna	81.5%
	San Diego	Health Net Community Solutions, Inc.	77.3%
	San Diego	United	57.7%
Medium	San Joaquin	Health Net Community Solutions, Inc.	85.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	San Joaquin	Health Plan of San Joaquin	81.4%
	Santa Cruz	Central California Alliance for Health	82.1%
Small	Fresno	Anthem Blue Cross	80.0%
	Southeast	Partnership Health Plan of California	70.6%
Other	Riverside/SB	Inland Empire Health Plan	75.0%

Note: Higher values are better.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum care): county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Medium-sized counties had the highest percentage of plans below the minimum performance level rate for postpartum care. Small and large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum care): county size table of low-performing plans

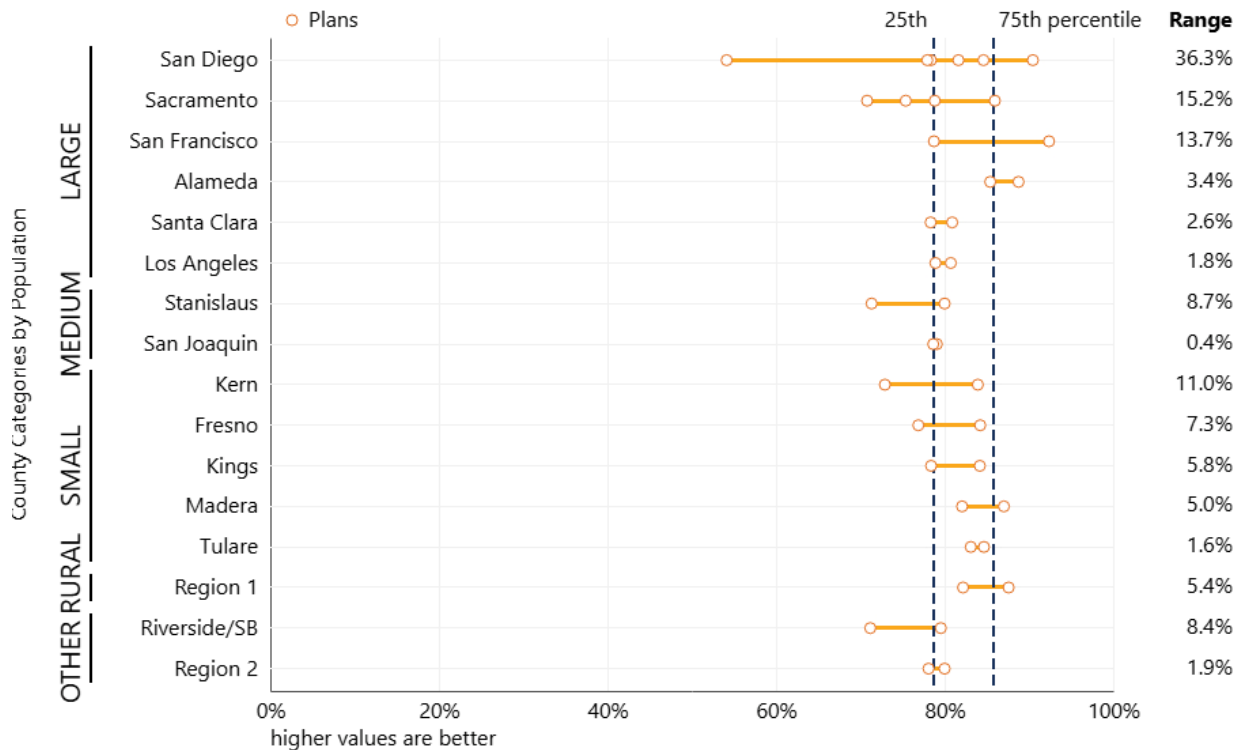
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Health Net Community Solutions, Inc.	75%
	Sacramento	Aetna	71%
	San Diego	United	54%
Medium	Stanislaus	Health Net Community Solutions, Inc.	71%
Small	Fresno	Anthem Blue Cross	77%
	Kern	Health Net Community Solutions, Inc.	73%
Other	Riverside/SB	Molina Healthcare of California	71%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum care): internal county visual

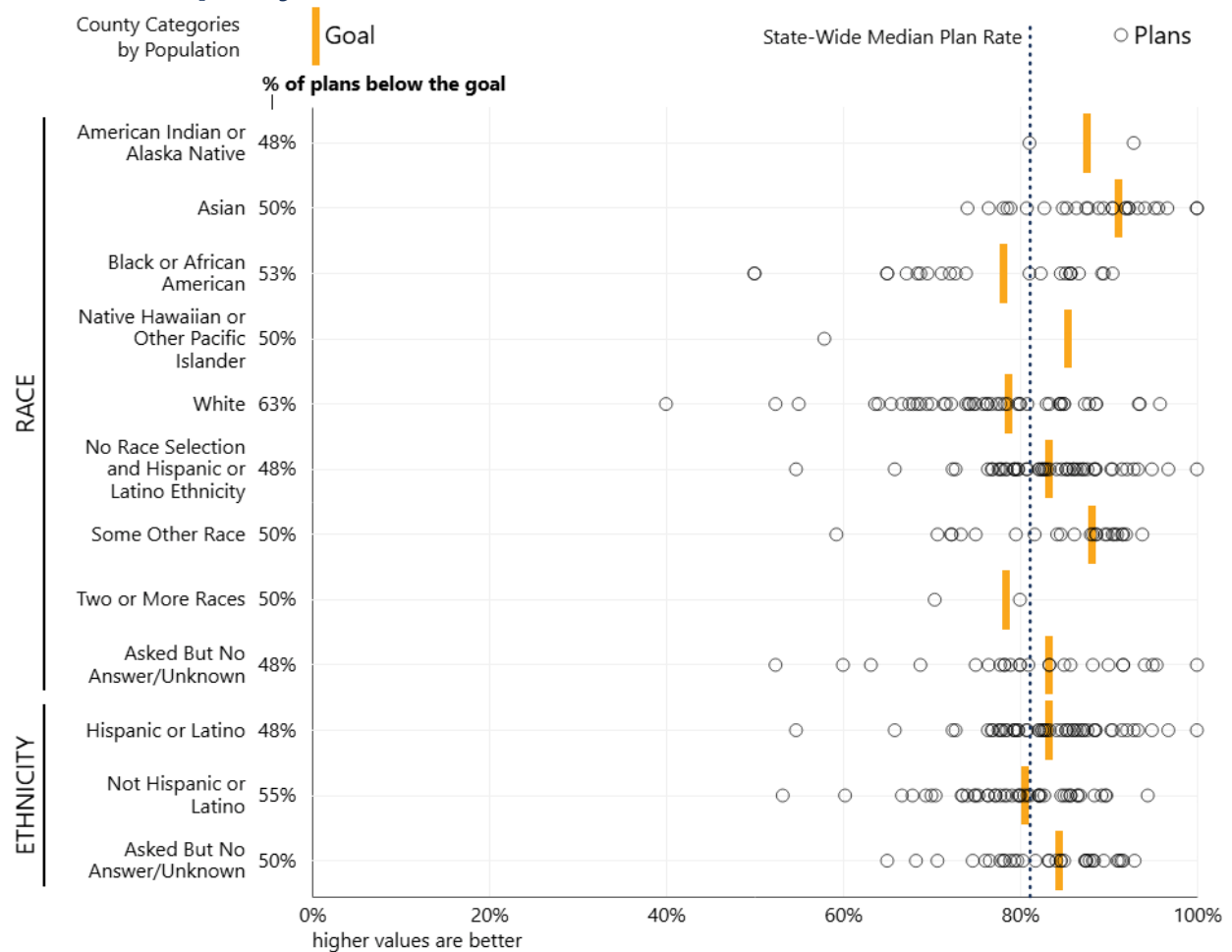


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 36 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego and Sacramento Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum care): baseline disparity visual

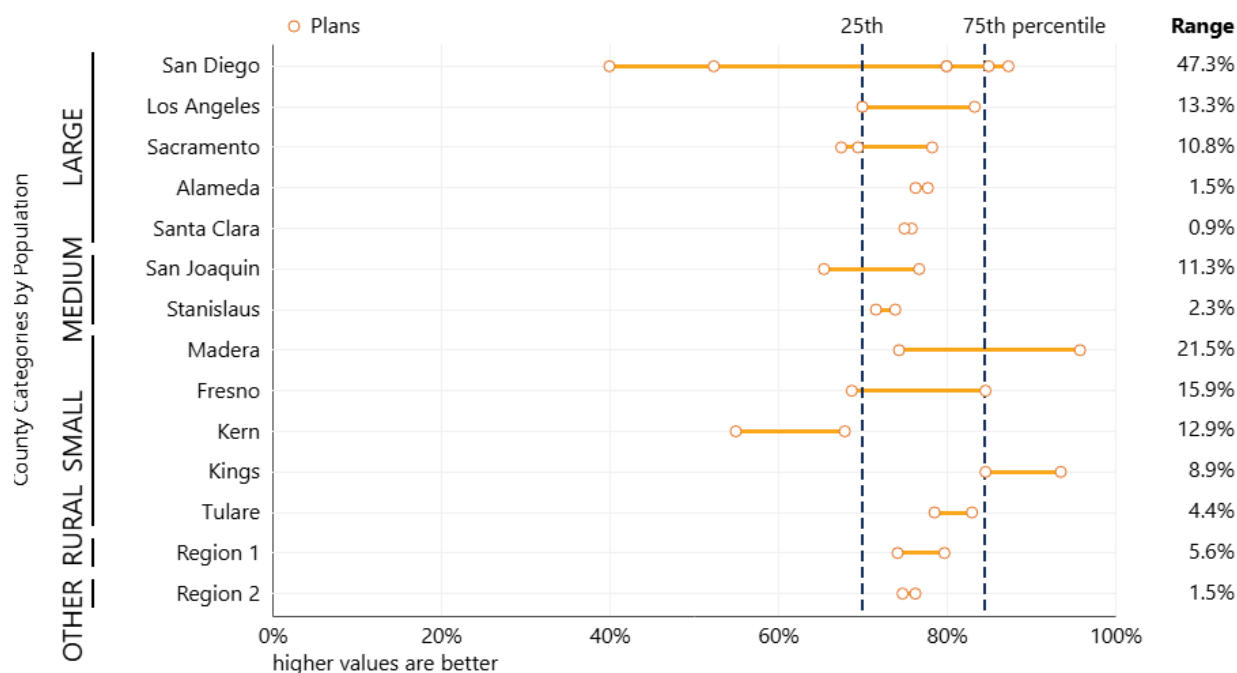


Note Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

The *White* racial/ethnic group had the highest percentage of plans below the goal for timely postpartum care. The DHCS 2022 Health Disparities Report indicated the *White* racial/ethnic group is at risk of having a disparity emerge in 2023.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum): baseline disparity internal county visual for highest racial/ethnic group (White)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 47.3 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure MCMC.SU.20 Prenatal and postpartum care (postpartum): baseline disparity internal county table of low-performing plans for highest racial/ethnic group (White)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	77.8%
	Alameda	Anthem Blue Cross	76.3%
	Contra Costa	Anthem Blue Cross	66.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	L.A. Care Health Plan	70.0%
	Orange	CalOptima	71.4%
	Sacramento	Anthem Blue Cross	78.3%
	Sacramento	Health Net Community Solutions, Inc.	69.5%
	Sacramento	Aetna	67.5%
	San Diego	Aetna	52.4%
	San Diego	United	40.0%
	San Francisco	Anthem Blue Cross	64.0%
	Santa Clara	Anthem Blue Cross	75.9%
	Santa Clara	Santa Clara Family Health Plan	75.0%
Medium	San Joaquin	Health Net Community Solutions, Inc.	76.7%
	San Joaquin	Health Plan of San Joaquin	65.5%
	Santa Cruz	Central California Alliance for Health	68.4%
	Stanislaus	Health Plan of San Joaquin	73.9%
	Stanislaus	Health Net Community Solutions, Inc.	71.6%
Small	Fresno	Anthem Blue Cross	68.8%
	Kern	Kern Health Systems	67.9%
	Kern	Health Net Community Solutions, Inc.	55.0%
	Madera	Anthem Blue Cross	74.4%
	Merced	Central California Alliance for Health	63.6%
	Tulare	Health Net Community Solutions, Inc.	78.6%
Rural	Region 1	California Health and Wellness Plan	74.2%
Other	KP North	Kaiser Permanente	77.4%
	Region 2	California Health and Wellness Plan	76.3%
	Region 2	Anthem Blue Cross	74.8%
	Riverside/SB	Inland Empire Health Plan	72.2%

Note: Higher values are better.

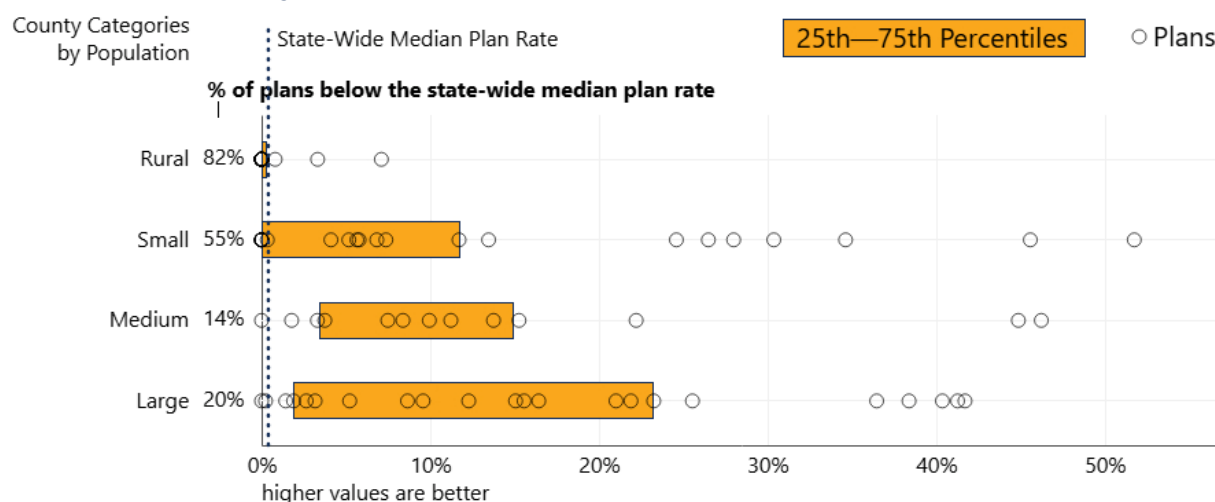
Source: Medi-Cal Managed Care Accountability Sets.

Screening for depression and follow-up plan

Measure description: Percentage of adolescents age 12-17 who were screened for depression and, if needed, were provided a follow-up plan.

Measure rationale: This measure can assist in monitoring access to mental health care for adolescents and progress on one of DHCS' Bold Goals: "improve maternal and adolescent depression." The measure is also included in the proposed list of CMCS's Initial Core Set of Access Measures.

Figure MCMC.SU.24 Screening for depression and follow-up plan (ages 12 to 17): county size visual



Note: This measure requires depression screening results and follow-ups that are mainly available through EHR data which may not be widely available for use by health plans. When data is not available for screening or a follow-up for a member, the measure considers the member to not have had a screening and/or follow-up. The lack of these data may be related to the low performance rates on this measure.

Source: Claims and encounter data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for screening for depression and follow-up plan for adolescents. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

**Figure MCMC.SU.24 Screening for depression and follow-up plan (ages 12 to 17):
county size table of low-performing plans**

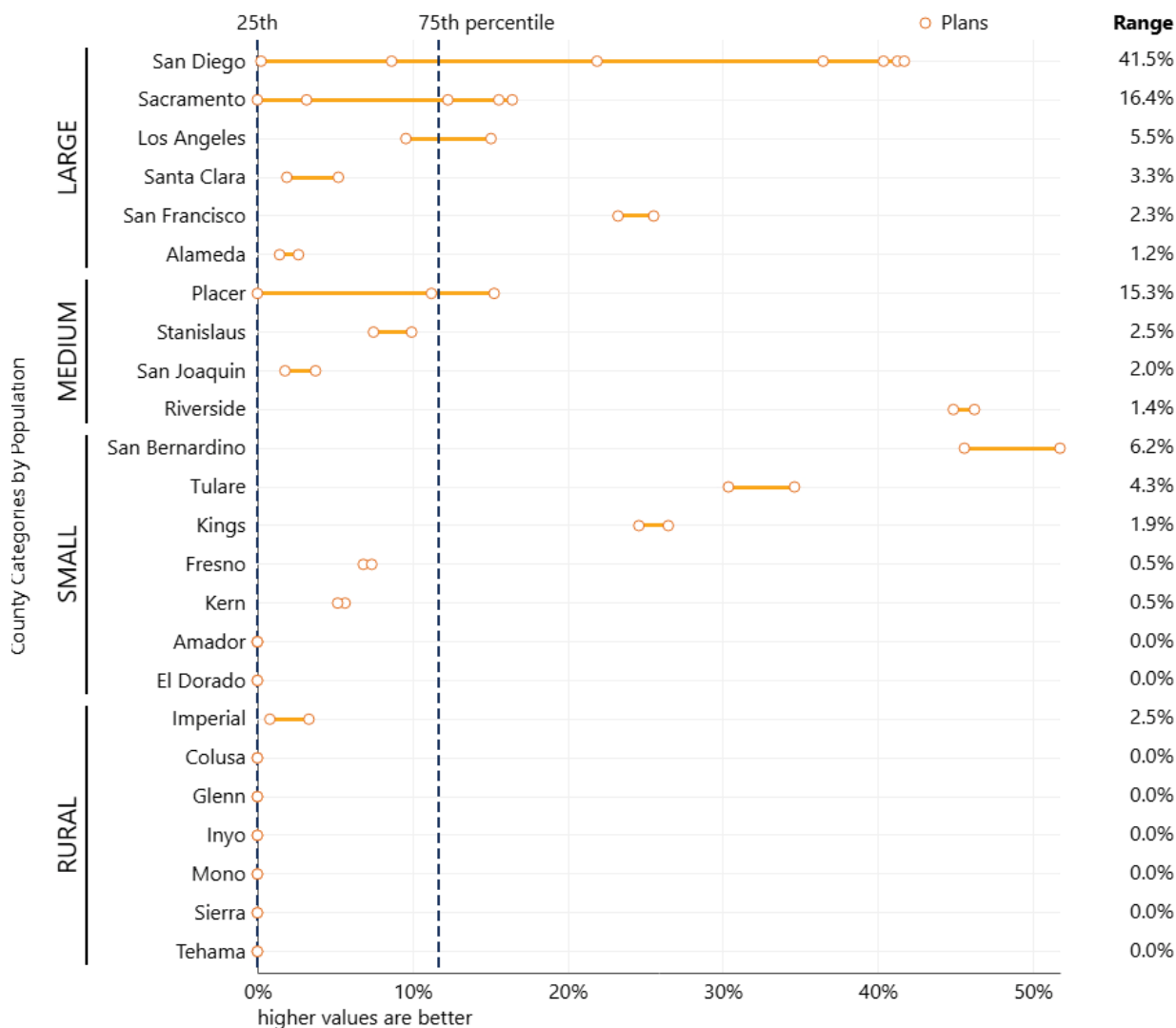
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Kaiser Permanente	0.0
	San Diego	Kaiser Permanente	0.0
Medium	Placer	Kaiser Permanente	0.0
Small	Amador	Anthem Blue Cross	0.0
	Amador	California Health and Wellness Plan	0.0
	Amador	Kaiser Permanente	0.0
	El Dorado	California Health and Wellness Plan	0.0
	El Dorado	Kaiser Permanente	0.0
	Lake	Partnership Health Plan of California	0.0
	Madera	CalViva Health	0.0
	Nevada	Anthem Blue Cross	0.0
Rural	Alpine	Anthem Blue Cross	0.0
	Calaveras	California Health and Wellness Plan	0.0
	Colusa	Anthem Blue Cross	0.0
	Colusa	California Health and Wellness Plan	0.0
	Glenn	Anthem Blue Cross	0.0
	Glenn	California Health and Wellness Plan	0.0
	Inyo	Anthem Blue Cross	0.0
	Inyo	California Health and Wellness Plan	0.0
	Lassen	Partnership Health Plan of California	0.0
	Mariposa	California Health and Wellness Plan	0.0
	Mendocino	Partnership Health Plan of California	0.0
	Modoc	Partnership Health Plan of California	0.0
	Mono	Anthem Blue Cross	0.0
	Mono	California Health and Wellness Plan	0.0

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Sierra	Anthem Blue Cross	0.0
	Sierra	California Health and Wellness Plan	0.0
	Siskiyou	Partnership Health Plan of California	0.0
	Tehama	Anthem Blue Cross	0.0
	Tehama	California Health and Wellness Plan	0.0
	Tuolumne	California Health and Wellness Plan	0.0

Note: Higher values are better.

Source: Claims and encounter data.

Figure MCMC.SU.24 Screening for depression and follow-up plan (ages 12 to 17): internal county visual



Source: Claims and encounter data.

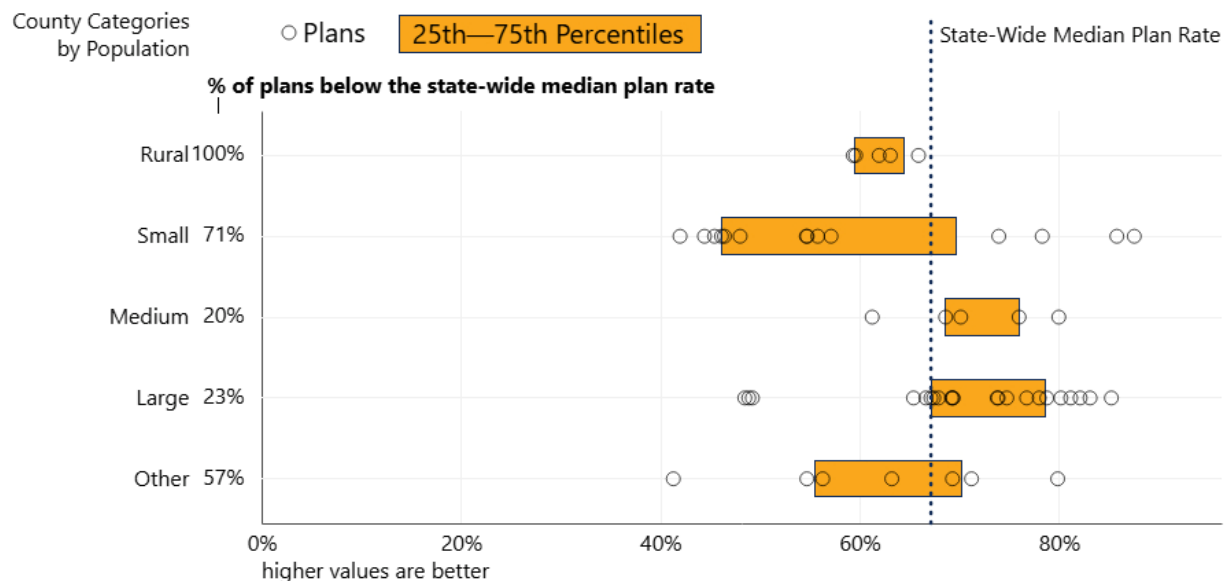
San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 41.5 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Amador County had the highest number of plans equal to the 25th percentile.

Follow-up after hospitalization for mental illness

Measure description: Percentage of hospital discharges for members age 6 or older related to mental illness for which there was timely follow-up care in 7 or 30 days.

Measure rationale: This measure can assist in monitoring access to mental health care and progress on one of DHCS' Bold Goals: "improve follow-up for mental health and substance use disorder by 50 percent". The measure is also included in the proposed list of CMCS's Initial Core Set of Access Measures. Plans with lower rates could indicate potential access issues with mental health providers in the plans provider network.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 7 days: county size visual



Source: T-MSIS data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for follow-up after hospitalization for mental illness in 7 days. Other county size did not have similar performance rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 7 days: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Aetna	48.9%
	San Diego	Kaiser Permanente	65.4%
	San Francisco	San Francisco Health Plan	66.7%
	Santa Clara	Anthem Blue Cross	49.3%
	Santa Clara	Santa Clara Family Health Plan	48.5%

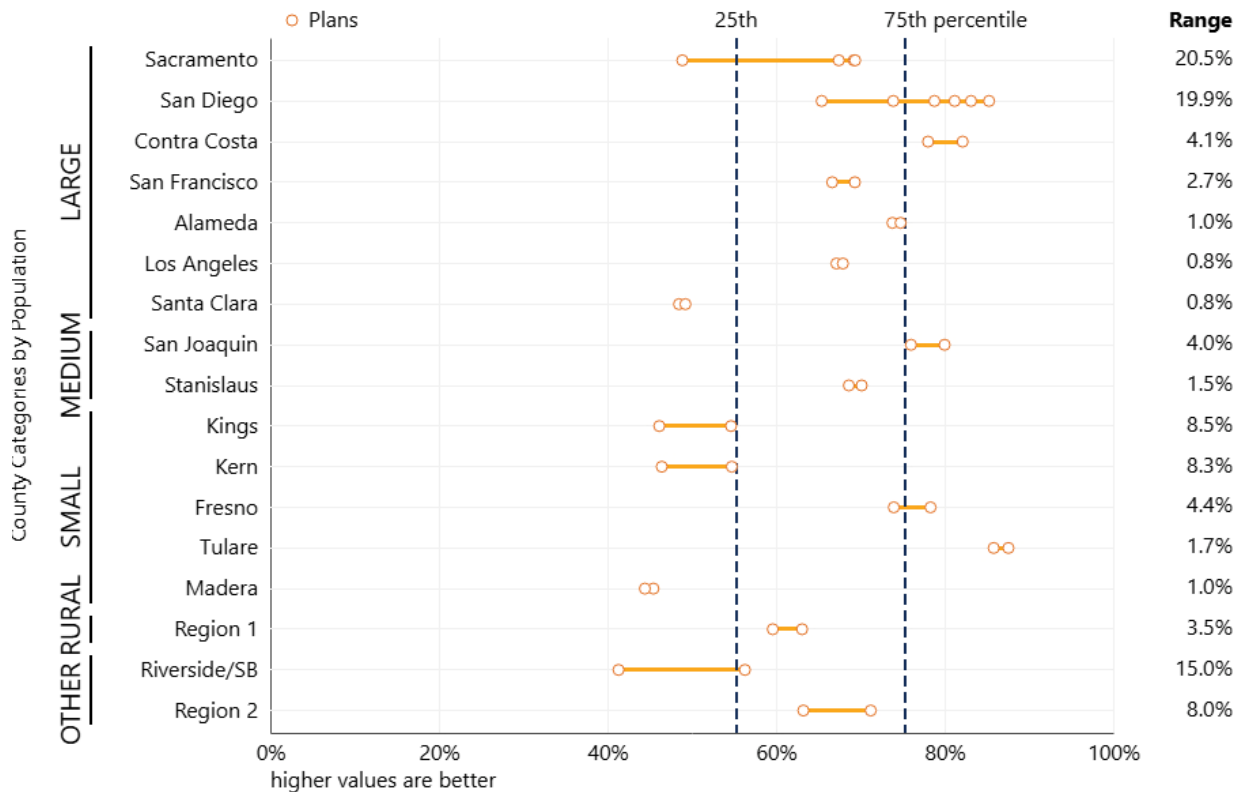
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Ventura	Gold Coast Health Plan	61.3%
Small	Kern	Kern Health Systems	54.8%
	Kern	Health Net Community Solutions, Inc.	46.4%
	Kings	CalViva Health	54.7%
	Kings	Anthem Blue Cross	46.2%
	Madera	CalViva Health	45.5%
	Madera	Anthem Blue Cross	44.4%
	Merced	Central California Alliance for Health	42.0%
	San Luis Obispo	CenCal Health	57.1%
	Santa Barbara	CenCal Health	55.8%
	Southeast	Partnership Health Plan of California	48.0%
Rural	Imperial	California Health and Wellness Plan	59.4%
	Northeast	Partnership Health Plan of California	65.9%
	Northwest	Partnership Health Plan of California	62.0%
	Region 1	Anthem Blue Cross	63.1%
	Region 1	California Health and Wellness Plan	59.6%
Other	KP North	Kaiser Permanente	54.7%
	Region 2	Anthem Blue Cross	63.2%
	Riverside/SB	Inland Empire Health Plan	56.3%
	Riverside/SB	Molina Healthcare of California	41.3%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: T-MSIS data.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 7 days: internal county visual

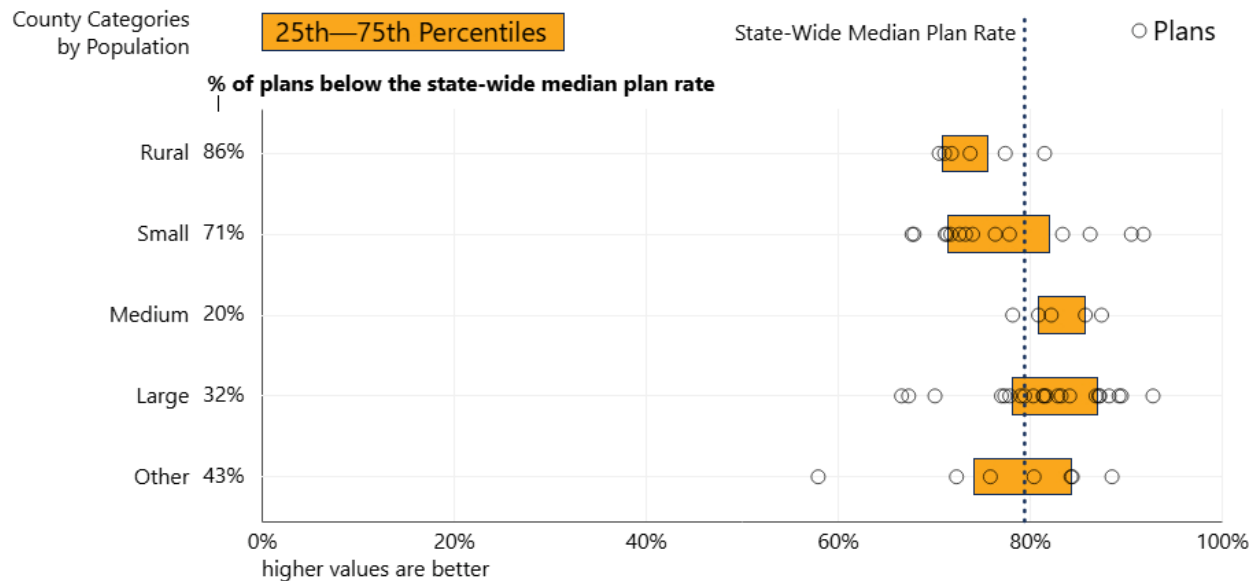


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: T-MSIS data.

Sacramento County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 20.5 percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Santa Clara, Kings, Kern, and Madera Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 30 days: county size visual



Source: T-MSIS data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for follow-up after hospitalization for mental illness within 30 days. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 30 days: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	77.9%
	Los Angeles	L.A. Care Health Plan	77.1%
	Sacramento	Aetna	66.7%
	San Francisco	San Francisco Health Plan	79.1%
	San Francisco	Anthem Blue Cross	77.4%
	Santa Clara	Anthem Blue Cross	70.1%
	Santa Clara	Santa Clara Family Health Plan	67.4%
Medium	Ventura	Gold Coast Health Plan	78.2%
Small	Kern	Kern Health Systems	72.7%

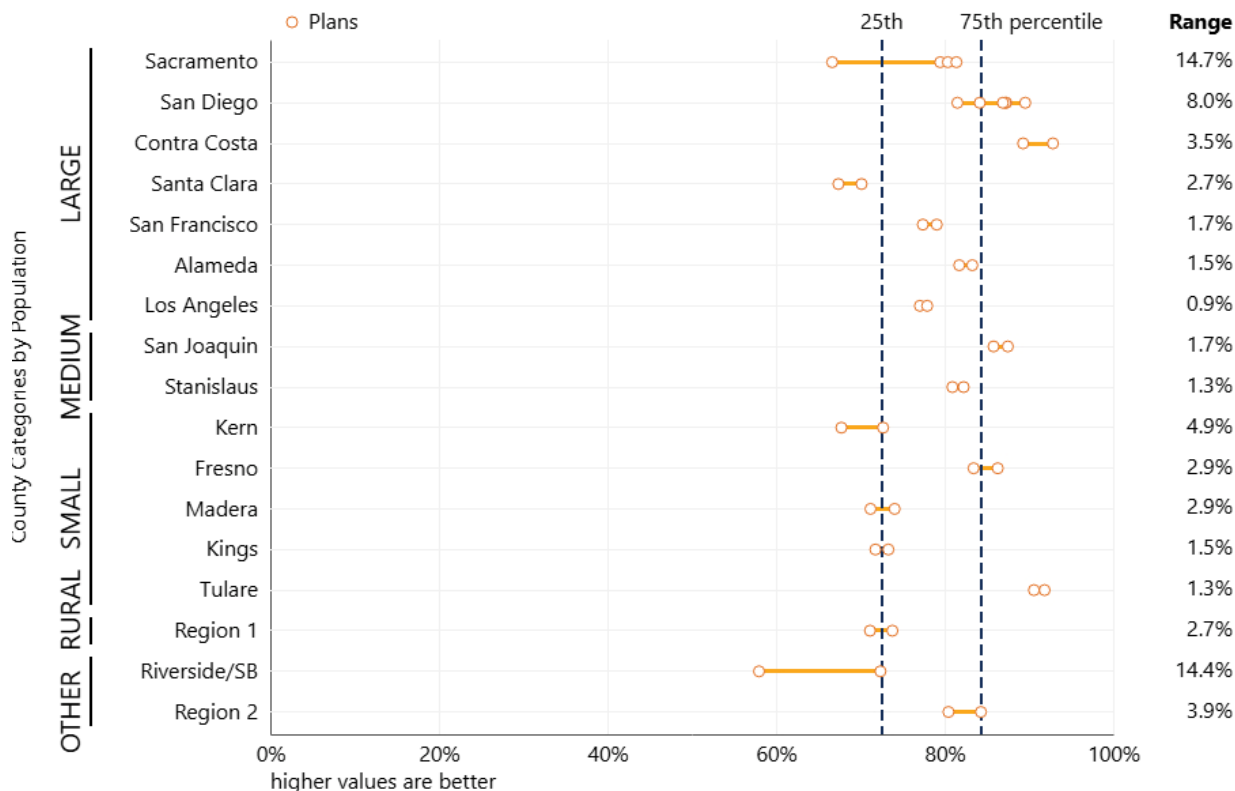
Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Kern	Health Net Community Solutions, Inc.	67.8%
	Kings	CalViva Health	73.3%
	Kings	Anthem Blue Cross	71.8%
	Madera	Anthem Blue Cross	74.1%
	Madera	CalViva Health	71.2%
	Merced	Central California Alliance for Health	68.0%
	San Luis Obispo	CenCal Health	76.4%
	Santa Barbara	CenCal Health	77.9%
	Southeast	Partnership Health Plan of California	71.4%
Rural	Imperial	California Health and Wellness Plan	71.9%
	Northwest	Partnership Health Plan of California	77.5%
	Region 1	Anthem Blue Cross	73.8%
	Region 1	California Health and Wellness Plan	71.2%
	San Benito	Anthem Blue Cross	70.6%
Other	KP North	Kaiser Permanente	75.9%
	Riverside/SB	Inland Empire Health Plan	72.4%
	Riverside/SB	Molina Healthcare of California	58.0%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: T-MSIS data.

Figure MCMC.SU.25 Follow-up after hospitalization for mental illness in 30 days: internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: T-MSIS data.

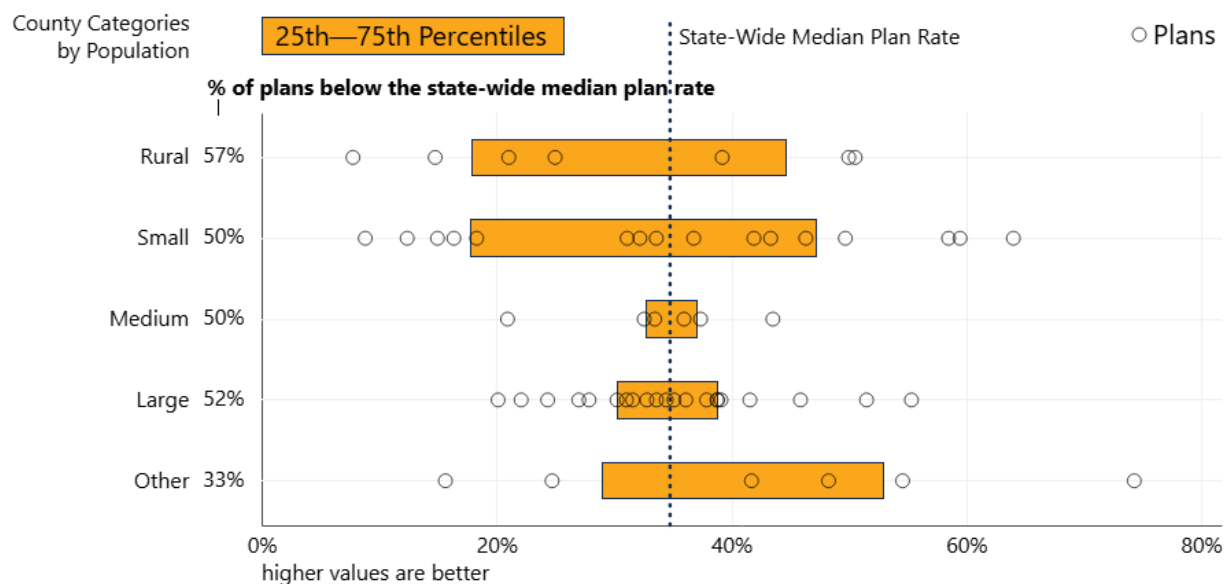
Sacramento County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 14.7 percent, suggesting low-performing plans in Sacramento County have the most potential for improvement. Santa Clara County and Riverside/San Bernardino Region had the highest number of plans below the 25th percentile.

Follow-up after emergency department visits for mental illness

Measure description: Percentage of emergency department visits for members age 6 or older related to mental illness for which there was timely follow-up care in 7 or 30 days.

Measure rationale: This measure can assist in monitoring access to mental health care and progress on one of DHCS' Bold Goals: "improve follow-up for mental health and substance use disorder by 50 percent". It is also one of the measures included in CMCS's Initial Core Set of Access Measures. Plans with lower rates could indicate potential access issues with mental health providers in the plans provider network.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (7 day): county size visual



Source: Medi-Cal Managed Care Accountability Sets.

Rural counties had the highest percentage of plans below the state-wide median plan rate for 7-day follow-up after emergency department visits for mental illness. Small, medium, and large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (7 day): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Alameda	Anthem Blue Cross	33.6%
	Contra Costa	Anthem Blue Cross	31.1%
	Los Angeles	Health Net Community Solutions, Inc.	27.9%
	Los Angeles	L.A. Care Health Plan	24.4%
	Sacramento	Aetna	32.8%

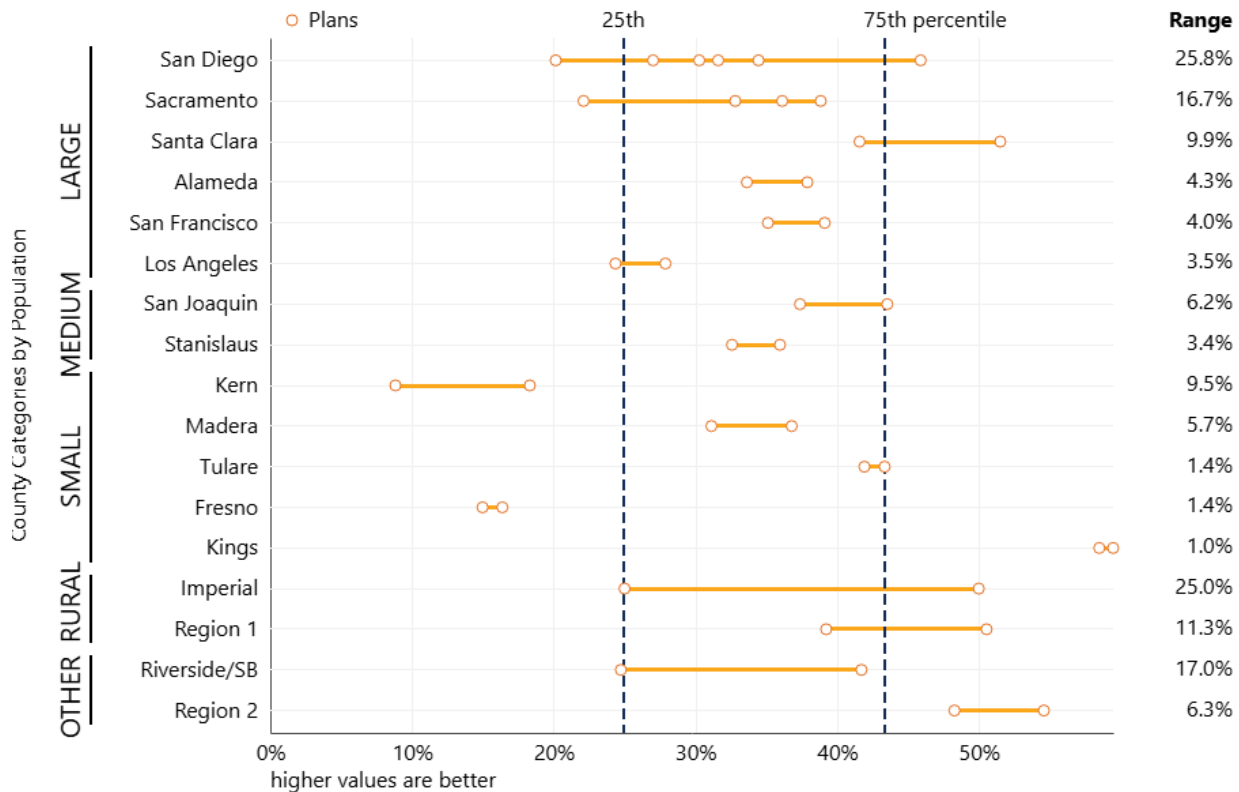
Category	County	Plan name not meeting comparison value	Percent
Large	Sacramento	Molina Healthcare of California	22.1%
	San Diego	Health Net Community Solutions, Inc.	34.5%
	San Diego	Aetna	31.6%
	San Diego	Blue Shield of California Promise	30.3%
	San Diego	Community Health Group	27.0%
	San Diego	United	20.1%
Medium	Santa Cruz	Central California Alliance for Health	33.5%
	Stanislaus	Health Net Community Solutions, Inc.	32.6%
	Ventura	Gold Coast Health Plan	20.9%
Small	Fresno	Anthem Blue Cross	16.4%
	Fresno	CalViva Health	15.0%
	Kern	Health Net Community Solutions, Inc.	18.3%
	Kern	Kern Health Systems	8.8%
	Madera	Anthem Blue Cross	31.1%
	San Bernardino	Molina Healthcare of California	32.2%
	Santa Barbara	CenCal Health	33.6%
	Southeast	Partnership Health Plan of California	12.4%
Rural	Imperial	Molina Healthcare of California	25.0%
	Northeast	Partnership Health Plan of California	14.8%
	Northwest	Partnership Health Plan of California	7.8%
	San Benito	Anthem Blue Cross	21.1%
Other	Riverside/SB	Molina Healthcare of California	24.7%
	Southwest	Partnership Health Plan of California	15.7%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (7 day): internal county visual

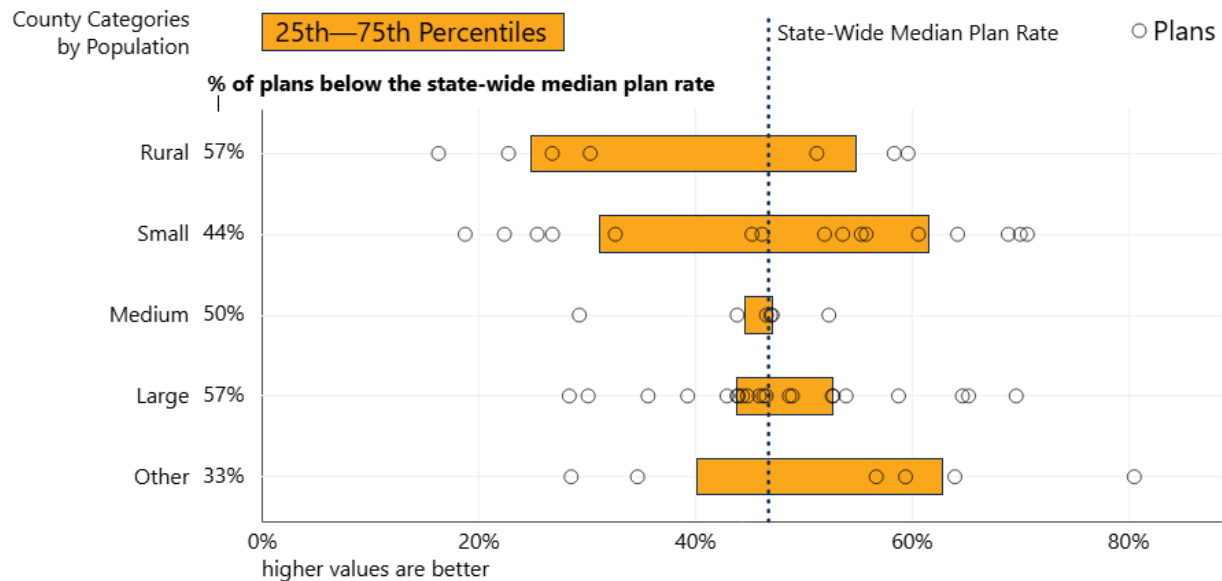


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

San Diego County had the widest range in follow-up rate between the highest and lowest-performing plans, with a difference of 26 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. Kern and Fresno Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (30 day): county size visual



Source: Medi-Cal Managed Care Accountability Sets.

Rural and large counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visits for mental illness within 30 days. Medium-size counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural and large counties.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (30 day): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Alameda	Anthem Blue Cross	43.0%
	Contra Costa	Anthem Blue Cross	46.6%
	Los Angeles	Health Net Community Solutions, Inc.	39.4%
	Los Angeles	L.A. Care Health Plan	35.7%
	Sacramento	Aetna	46.4%
	Sacramento	Molina Healthcare of California	30.2%
	San Diego	Community Health Group	46.0%
	San Diego	Blue Shield of California Promise	44.4%

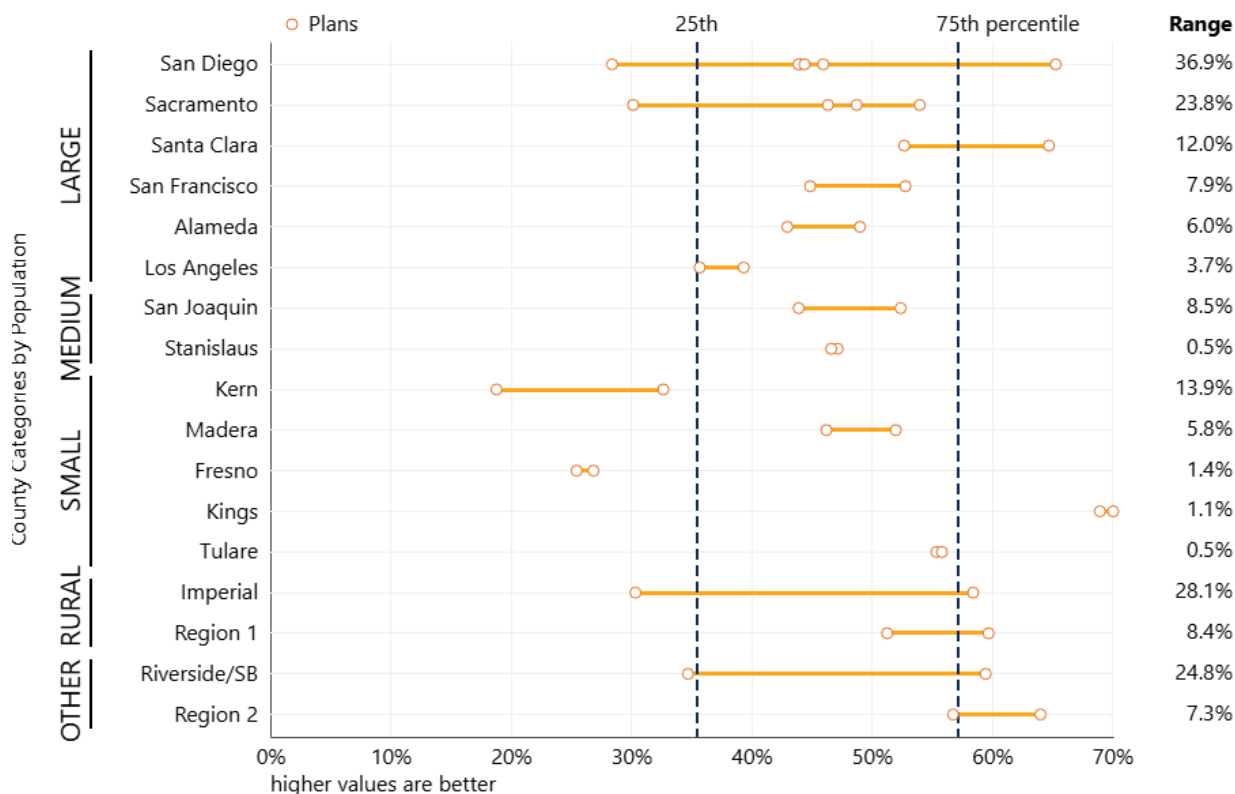
Category	County	Plan name not meeting comparison value	Percent
Large	San Diego	Aetna	44.0%
	San Diego	Health Net Community Solutions, Inc.	43.9%
	San Diego	United	28.4%
	San Francisco	Anthem Blue Cross	44.9%
Medium	San Joaquin	Health Net Community Solutions, Inc.	43.9%
	Stanislaus	Health Net Community Solutions, Inc.	46.6%
	Ventura	Gold Coast Health Plan	29.3%
Small	Fresno	Anthem Blue Cross	26.9%
	Fresno	CalViva Health	25.5%
	Kern	Health Net Community Solutions, Inc.	32.7%
	Kern	Kern Health Systems	18.8%
	Madera	Anthem Blue Cross	46.2%
	San Bernardino	Molina Healthcare of California	45.3%
	Southeast	Partnership Health Plan of California	22.4%
Rural	Imperial	Molina Healthcare of California	30.4%
	Northeast	Partnership Health Plan of California	26.8%
	Northwest	Partnership Health Plan of California	16.3%
	San Benito	Anthem Blue Cross	22.8%
Other	Riverside/SB	Molina Healthcare of California	34.7%
	Southwest	Partnership Health Plan of California	28.6%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.26 Follow-up after emergency department visits for mental illness (30 day): internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

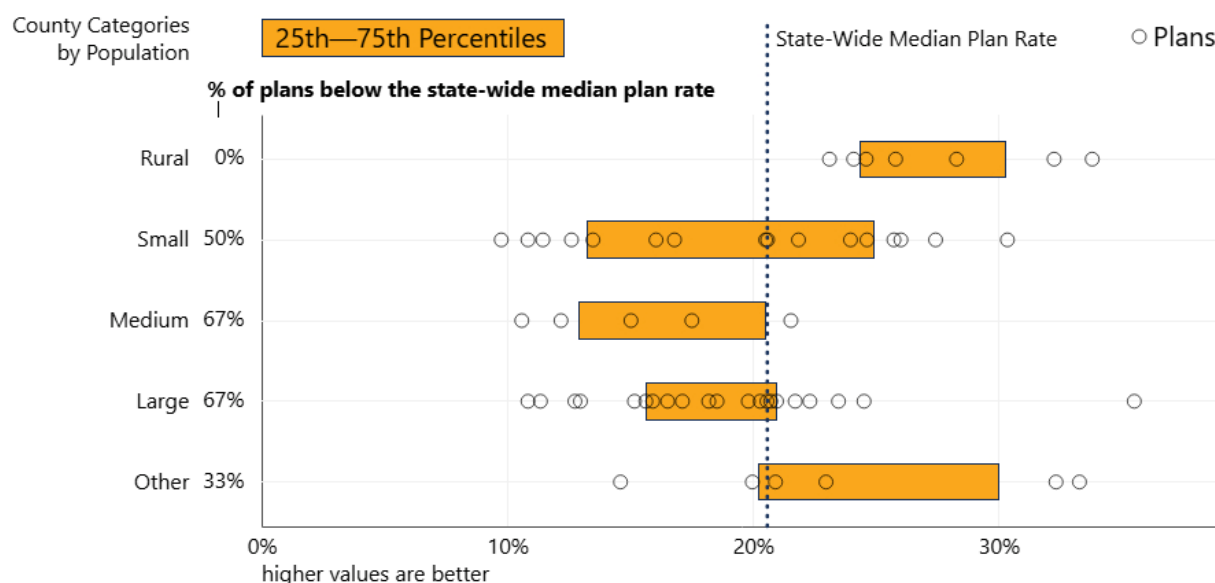
San Diego County had the widest range between the highest and lowest-performing plans for percent of follow-ups after emergency department visits for mental illness completed within 30 days, with a difference of 37 percent. This suggests lower-performing plans in San Diego have the most potential for improvement. Kern and Fresno counties had the highest number of plans below the 25th percentile.

Follow-up after emergency department visit for alcohol or other drug abuse

Measure description: Percentage of emergency department (ED) visits for members age 13 or older related to SUD or AOD for which there was timely follow-up care in 7 or 30 days.

Measure rationale: Percentage of ED visits with timely follow-up care can assist in monitoring access to SUD care and progress on one of DHCS' Bold Goals: "improve follow-up for mental health and substance use disorder by 50 percent". It is also one of the measures included in CMCS's Initial Core Set of Access Measures. Plans with lower rates could indicate potential access issues with SUD providers in the plans' provider network.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (7 day) county size visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

Medium-sized and large counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visit for alcohol or other drug abuse. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized and large counties.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (7 day) county size table of low-performing plans

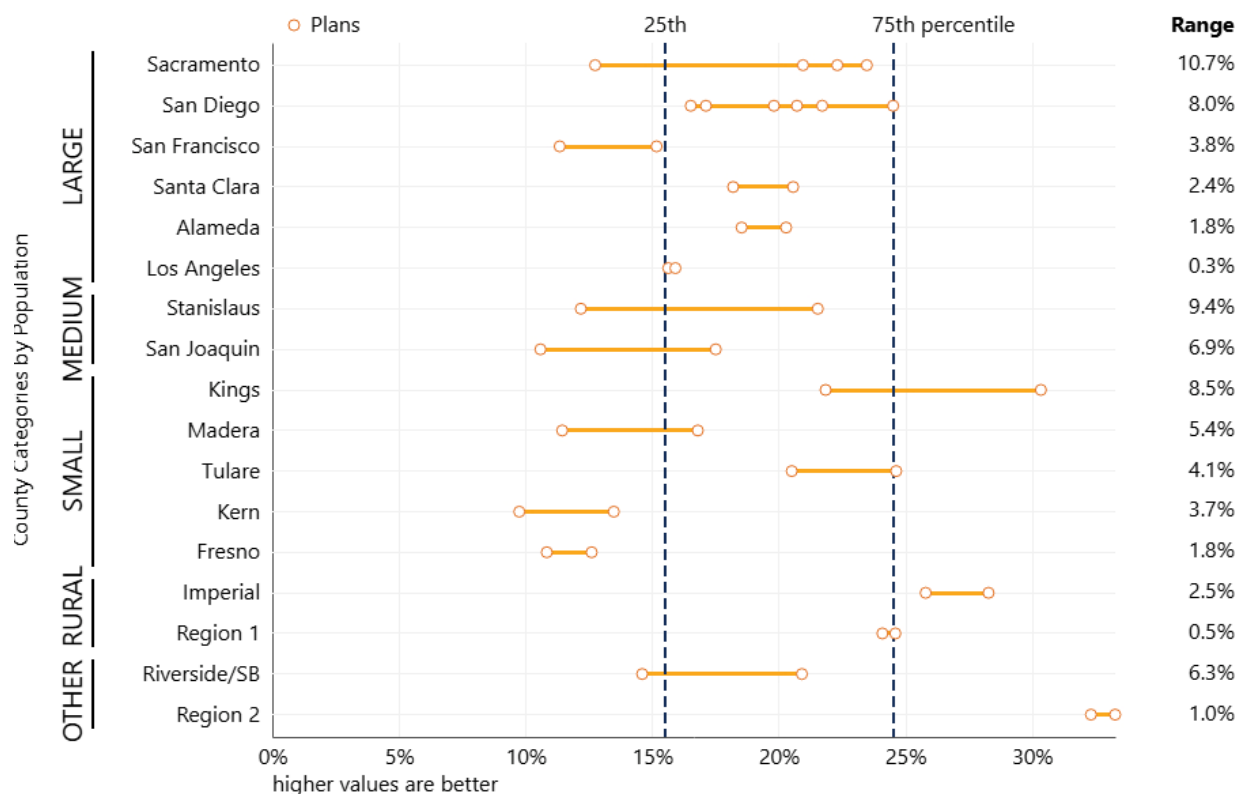
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	20.3%
	Alameda	Anthem Blue Cross	18.5%
	Contra Costa	Anthem Blue Cross	10.8%
	Los Angeles	L.A. Care Health Plan	15.9%
	Los Angeles	Health Net Community Solutions, Inc.	15.6%
	Orange	CalOptima	13.0%
	Sacramento	Molina Healthcare of California	12.8%
	San Diego	Aetna	19.8%
	San Diego	United	17.1%
	San Diego	Community Health Group	16.5%
	San Francisco	Anthem Blue Cross	15.2%
	San Francisco	San Francisco Health Plan	11.4%
	Santa Clara	Santa Clara Family Health Plan	20.6%
	Santa Clara	Anthem Blue Cross	18.2%
Medium	San Joaquin	Health Net Community Solutions, Inc.	17.5%
	San Joaquin	Health Plan of San Joaquin	10.6%
	Stanislaus	Health Plan of San Joaquin	12.2%
	Ventura	Gold Coast Health Plan	15.0%
Small	Fresno	Anthem Blue Cross	12.6%
	Fresno	CalViva Health	10.8%
	Kern	Health Net Community Solutions, Inc.	13.5%
	Kern	Kern Health Systems	9.8%
	Madera	Anthem Blue Cross	16.8%
	Madera	CalViva Health	11.5%
	Merced	Central California Alliance for Health	16.1%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Tulare	Health Net Community Solutions, Inc.	20.5%
Other	Riverside/SB	Molina Healthcare of California	14.6%
	Southwest	Partnership Health Plan of California	20.0%

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (7 day) internal county visual

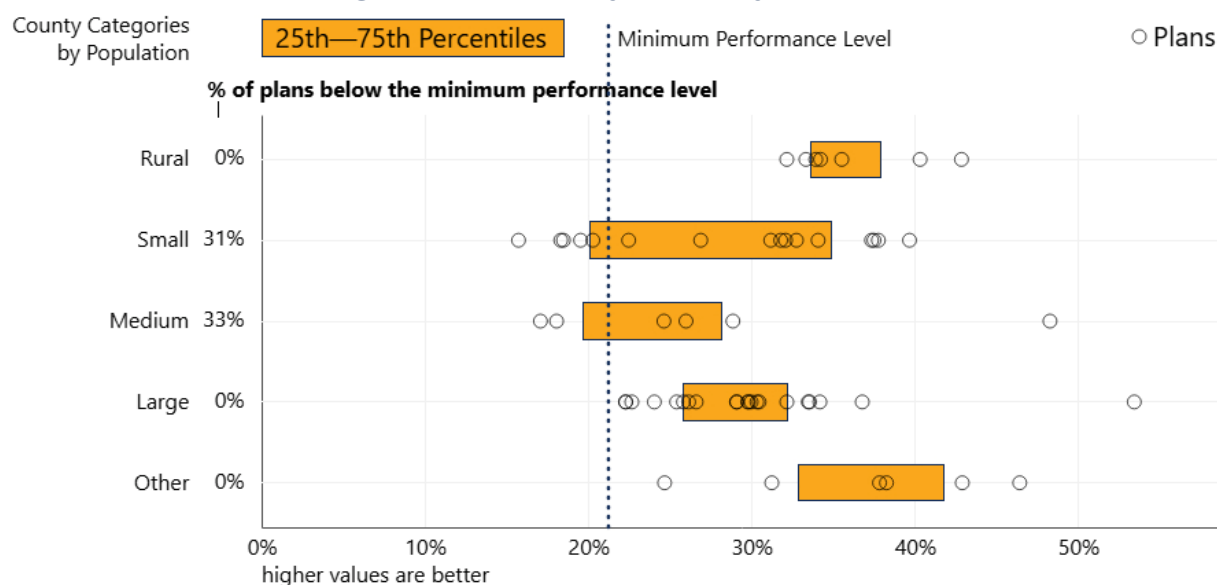


Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

Sacramento County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 10.7 percent, suggesting lower-performing plans in Sacramento County had the most potential for improvement. Sacramento and San Diego Counties had the highest number of plans below the 25th percentile.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (30 day) county size visual



Note: Minimum performance level value is associated with the Managed Care Accountability Set documented in the MCMC External Quality Review Technical Report July 1, 2022–June 30, 2023.

Source: Medi-Cal Managed Care Accountability Sets.

Medium-sized counties had the highest percentage of plans below the minimum performance level for follow-up after an emergency department visit for alcohol or other drug abuse within 30 days. Small counties had a similar portion of plans below the minimum performance level, suggesting lower performance was not isolated to medium-sized counties.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (30 day) county size table of low-performing plans

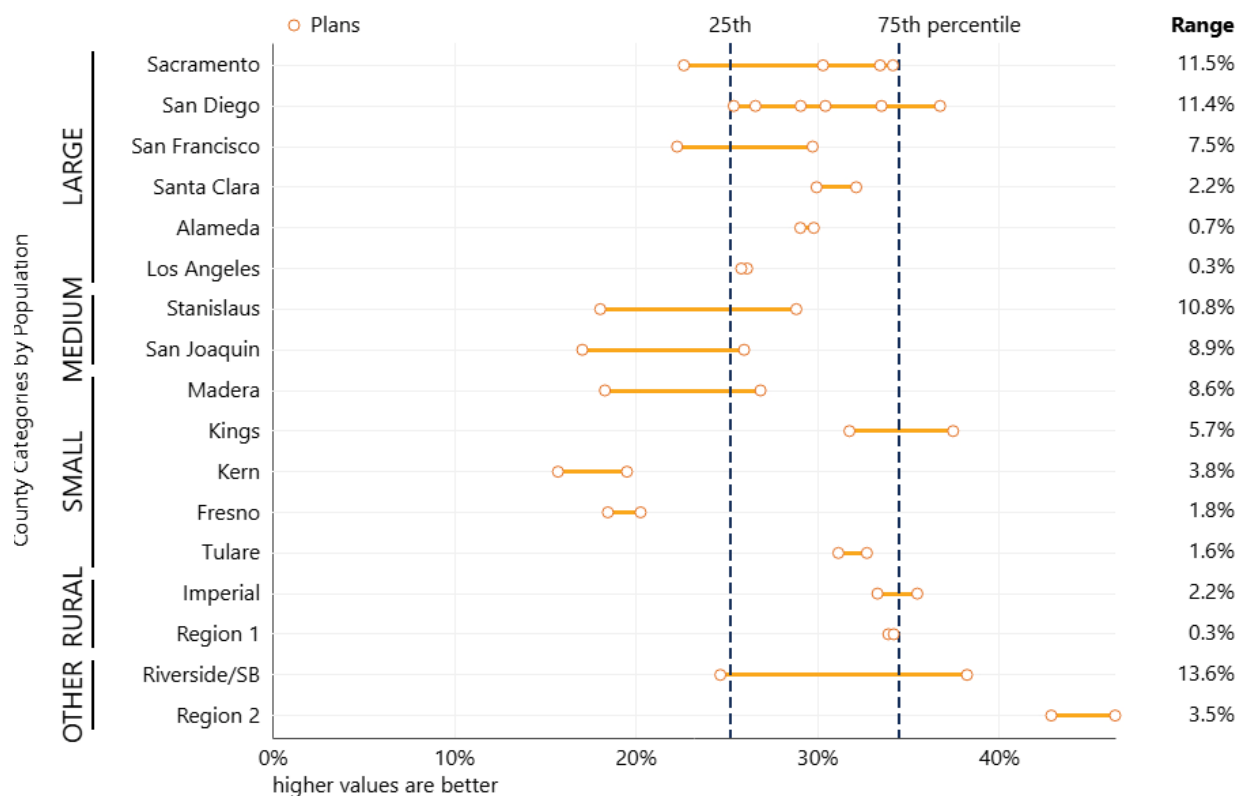
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	San Joaquin	Health Plan of San Joaquin	17.1%
	Stanislaus	Health Plan of San Joaquin	18.1%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Fresno	Anthem Blue Cross	20.3%
	Fresno	CalViva Health	18.5%
	Kern	Health Net Community Solutions, Inc.	19.5%
	Kern	Kern Health Systems	15.7%
	Madera	CalViva Health	18.3%

Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.SU.29 Follow-up after emergency department visit for alcohol or other drug abuse (30 day) internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1).

County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Note: Higher values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Riverside/San Bernardino Region had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 13.6 percent, suggesting lower-performing plans in the Riverside/San Bernardino Region have the most potential for improvement. Kern and Fresno Counties had the highest number of plans below the 25th percentile.

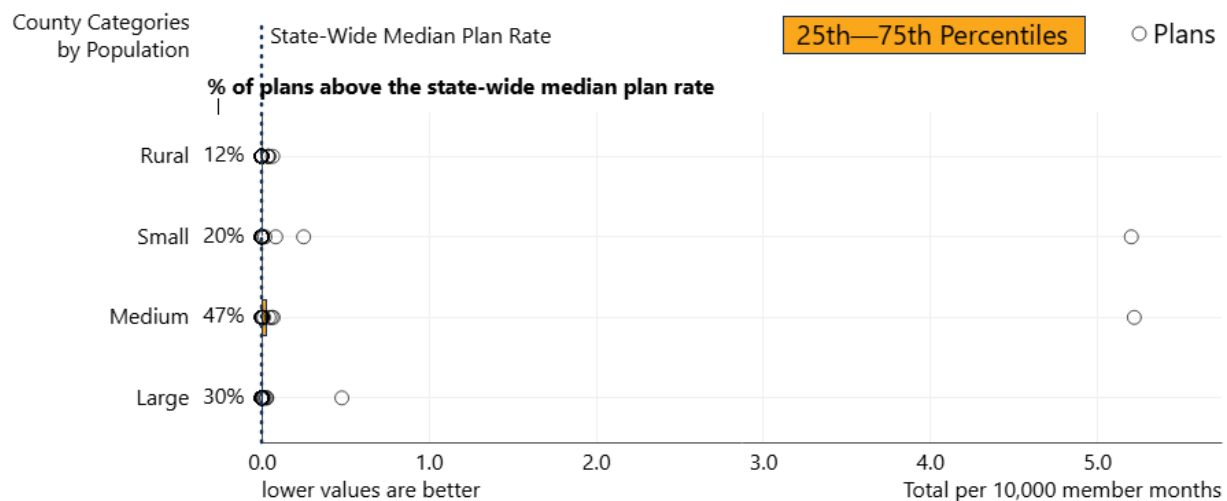
Member experience

Continuity of care grievances

Measure description: Total number of continuity of care grievances per 10,000 member months.

Measure rationale: Continuity of care grievances can assist in identifying plans where members may face challenges accessing their usual source of care or remaining connected to care.

Figure MCMC.BE.30 Continuity of care grievances: county size visual



Source: Managed care performance monitoring dashboard report.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for continuity of care grievances. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure MCMC.BE.30 Continuity of care grievances: county size table of low-performing plans

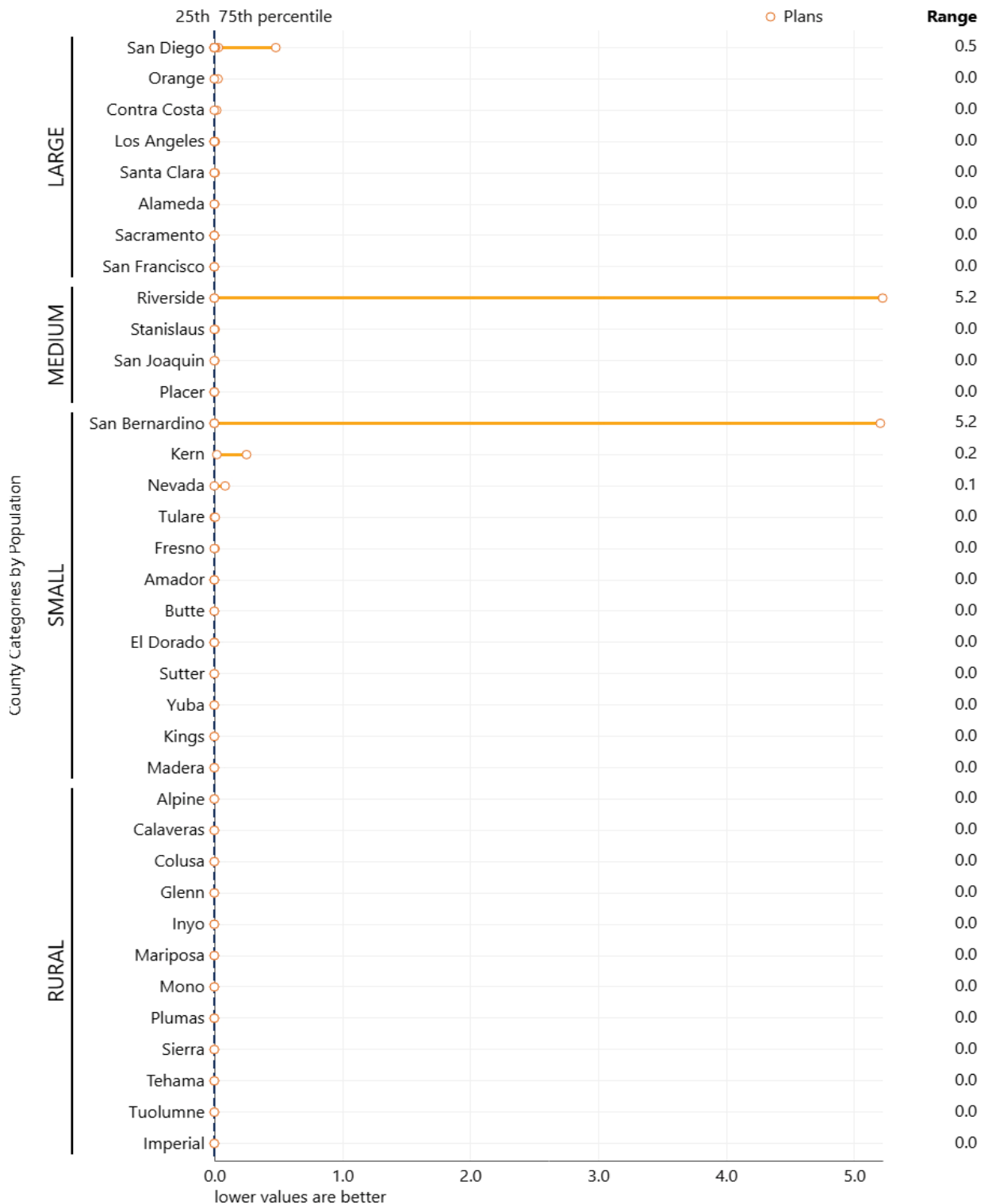
Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Alameda	Alameda Alliance for Health	0.00
	Contra Costa	Contra Costa Health Plan	0.02
	Los Angeles	Health Net Community Solutions, Inc.	0.01
	Los Angeles	L.A. Care Health Plan	0.00
	Orange	CalOptima	0.03
	San Diego	United	0.48
	San Diego	Aetna	0.03
	San Diego	Health Net Community Solutions, Inc.	0.01
	San Diego	Molina Healthcare of California	0.00
	Santa Clara	Santa Clara Family Health Plan	0.01
Medium	Marin	Partnership Health Plan of California	0.07
	Riverside	Inland Empire Health Plan	5.22
	San Joaquin	Health Plan of San Joaquin	0.00
	Solano	Partnership Health Plan of California	0.04
	Sonoma	Partnership Health Plan of California	0.01
	Stanislaus	Health Plan of San Joaquin	0.01
	Ventura	Gold Coast Health Plan	0.06
Small	Fresno	CalViva Health	0.01
	Kern	Kern Health Systems	0.25
	Kern	Health Net Community Solutions, Inc.	0.02
	Monterey	Central California Alliance for Health	0.00
	Nevada	California Health and Wellness Plan	0.08
	San Bernardino	Inland Empire Health Plan	5.21
	Tulare	Health Net Community Solutions, Inc.	0.01
Rural	Del Norte	Partnership Health Plan of California	0.07

Category	County	Plan Name Not Meeting Comparison Value	Total
Rural	Humboldt	Partnership Health Plan of California	0.04
	Shasta	Partnership Health Plan of California	0.04
	Siskiyou	Partnership Health Plan of California	0.04

Note: Lower values are better.

Source: Managed care performance monitoring dashboard report.

Figure MCMC.BE.30 Continuity of care grievances: internal county visual



Note: A dash indicates counties where all plans had 0 continuity of care grievances.

Source: Managed care performance monitoring dashboard report.

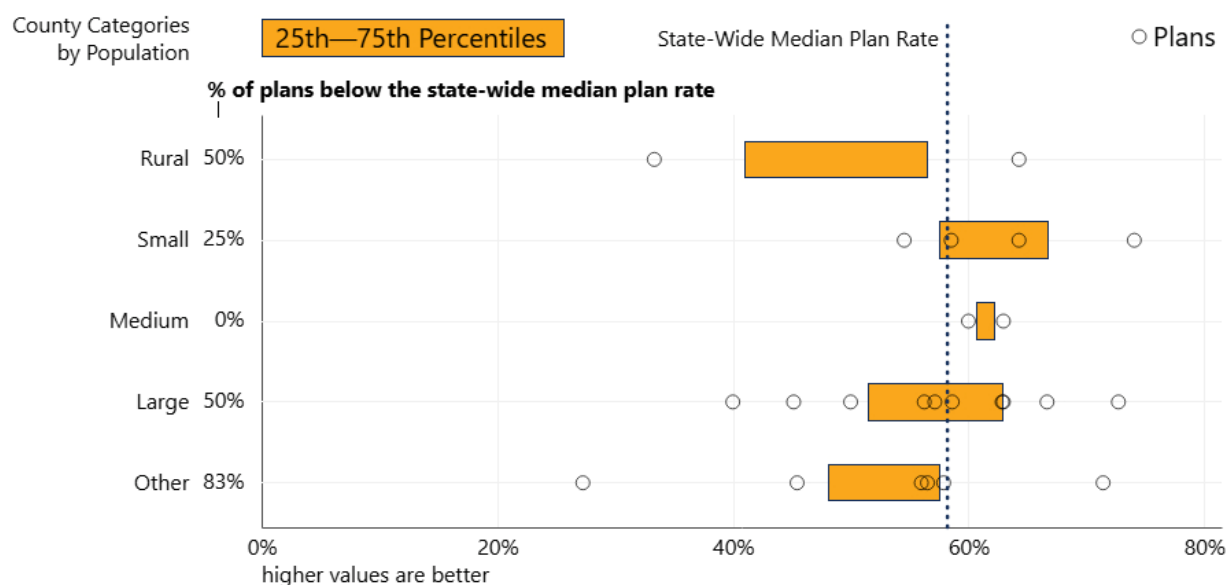
Riverside County had the widest range in grievances per 10,000 member months between the highest-performing and lowest-performing plans, with a difference of 5.22 grievances, suggesting lower-performing plans in Riverside County have the most potential for improvement. San Diego County had the highest number of plans above the 75th percentile.

Got help managing care among different providers and services

Measure description: Percentage of members (all ages) responding that their plan provided needed care coordination.

Measure rationale: Percentage of members who received care coordination support and assistance can assist in identifying plans that may not address their members' care coordination needs. Without effective coordination, members may encounter fragmented care that can lead to gaps in care, duplication of services, and confusion. This can ultimately hinder timely access to care and negatively impact their healthcare experience. Care coordination can be especially critical for vulnerable populations. These members may face additional barriers to accessing care, such as lack of transportation or difficulty navigating the health care system.

Figure MCMC.BE.31 Got help managing care (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Rural and large counties had the highest percentage of plans below the state-wide median plan rate for receiving help managing care. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural and large counties.

Figure MCMC.BE.31 Got help managing care (adult 18+): county size table of low-performing plans

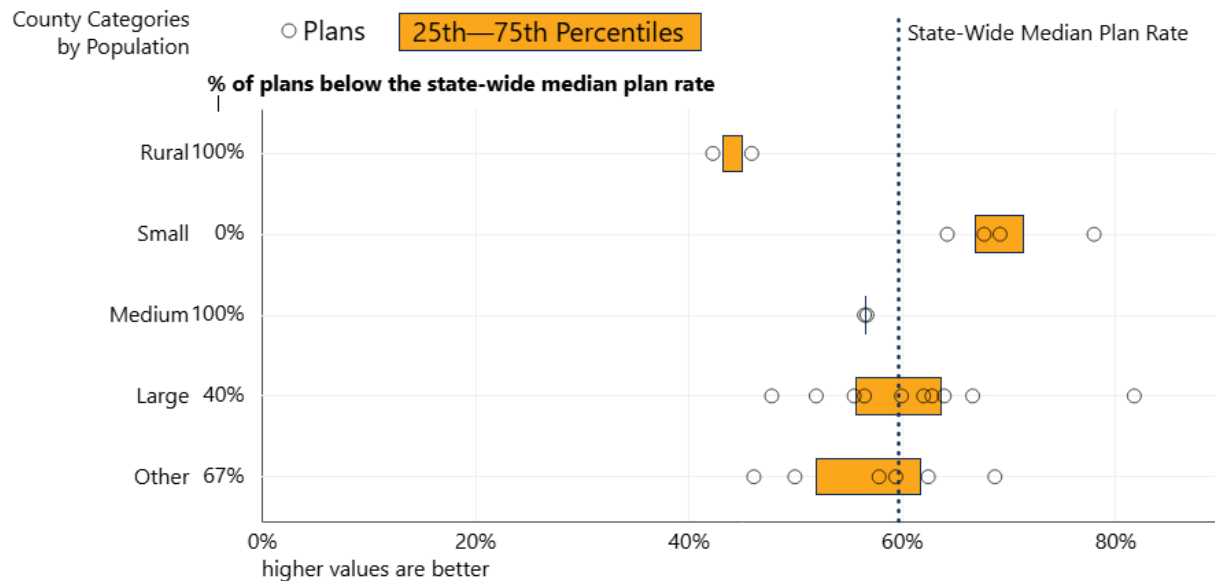
Category	Plan Name Not Meeting Comparison Value	Percent
Large	Aetna	57.1%
	L.A. Care Health Plan	56.3%
	Santa Clara Family Health Plan	50.0%
	Alameda Alliance for Health	45.2%
	Blue Shield of California Promise	40.0%
Small	CalViva Health	54.5%
Rural	Partnership Health Plan of California	33.3%
Other	Inland Empire Health Plan	57.9%
	Anthem Blue Cross	56.5%
	Molina Healthcare of California	56.0%
	Health Net Community Solutions, Inc.	45.5%
	Kaiser NorCal	27.3%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.31 Got help managing care (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Rural and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for receiving help managing a child's care. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural and medium-sized counties.

Figure MCMC.BE.31 Got help managing care (child 0-17): county size table of low-performing plans

Category	Plan Name Not Meeting Comparison Value	Percent
Large	CalOptima	56.5%
	San Francisco Health Plan	55.6%
	Aetna	52.0%
	Santa Clara Family Health Plan	47.8%
Medium	Health Plan of San Joaquin	56.8%
	Gold Coast Health Plan	56.5%
Rural	Partnership Health Plan of California	45.9%
	California Health and Wellness Plan	42.3%
Other	Inland Empire Health Plan	59.5%

Category	Plan Name Not Meeting Comparison Value	Percent
Other	Health Net Community Solutions, Inc.	57.9%
	Anthem Blue Cross	50.0%
	Molina Healthcare of California	46.2%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

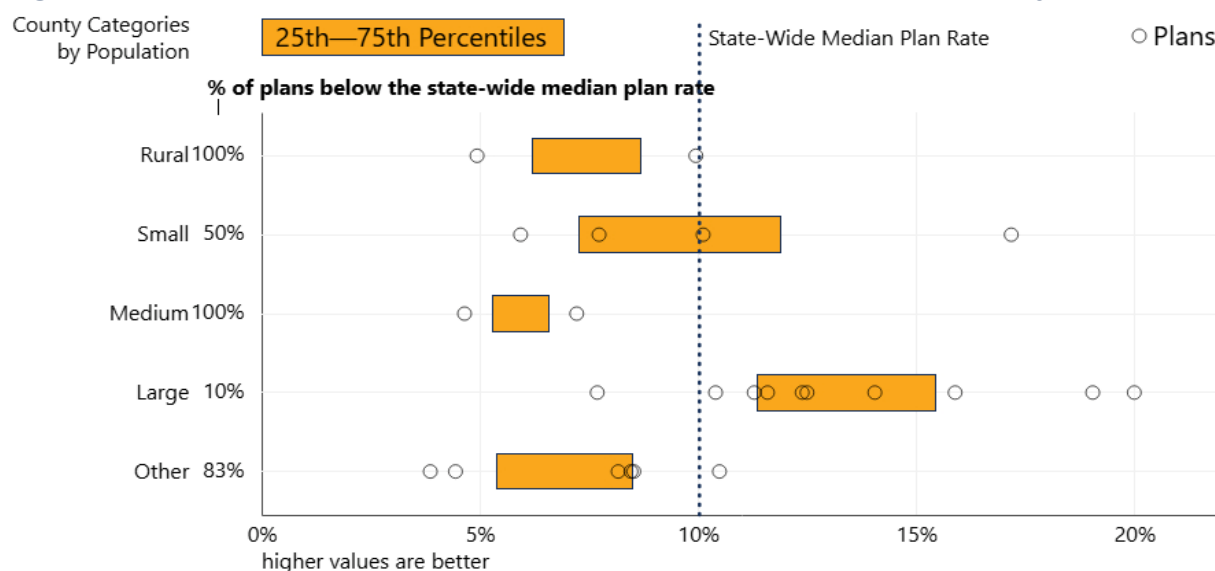
Source: Consumer Assessment of Healthcare Providers and Systems.

Transportation help

Measure description: Percentage of members (all ages) responding that their plan's transportation assistance met their needs.

Measure rationale: Percentage of members satisfied with their plan's transportation help can assist in identifying plans that may not address their members' transportation needs. Transportation support is critical to access because it helps overcome geographical, financial, and logistical barriers that prevent members from reaching providers and facilities.

Figure MCMC.BE.32 Transportation help (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Rural and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for satisfaction with transportation help for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural and medium-sized counties.

Figure MCMC.BE.32 Transportation help (adult 18+): county size table of low-performing plans

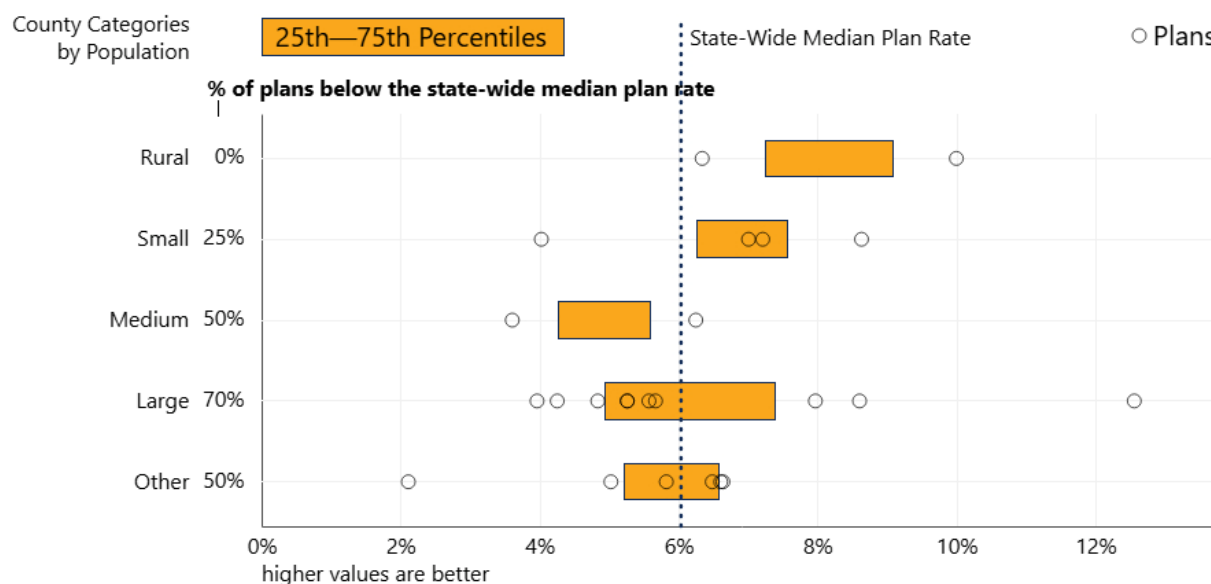
Category	Plan Name Not Meeting Comparison Value	Percent
Large	Aetna	7.7%
Medium	Gold Coast Health Plan	7.2%
	Health Plan of San Joaquin	4.7%
Small	CenCal Health	7.7%
	Central California Alliance for Health	5.9%
Rural	California Health and Wellness Plan	10.0%
	Partnership Health Plan of California	4.9%
Other	Health Net Community Solutions, Inc.	8.5%
	Anthem Blue Cross	8.5%
	Inland Empire Health Plan	8.2%
	Kaiser NorCal	4.4%
	Kaiser SoCal	3.9%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.32 Transportation help (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Large counties had the highest percentage of plans below the state-wide median plan rate for satisfaction with transportation help for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.BE.32 Transportation help (child 0-17): county size table of low-performing plans

Category	Plan Name Not Meeting Comparison Value	Percent
Large	San Francisco Health Plan	5.7%
	Santa Clara Family Health Plan	5.6%
	Aetna	5.3%
	CalOptima	5.3%
	Contra Costa Health Plan	4.8%
	Community Health Group	4.3%
	L.A. Care Health Plan	4.0%
Medium	Gold Coast Health Plan	3.6%
Small	CenCal Health	4.0%
Other	Anthem Blue Cross	5.8%

Category	Plan Name Not Meeting Comparison Value	Percent
Other	Kaiser NorCal	5.0%
	Kaiser SoCal	2.1%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

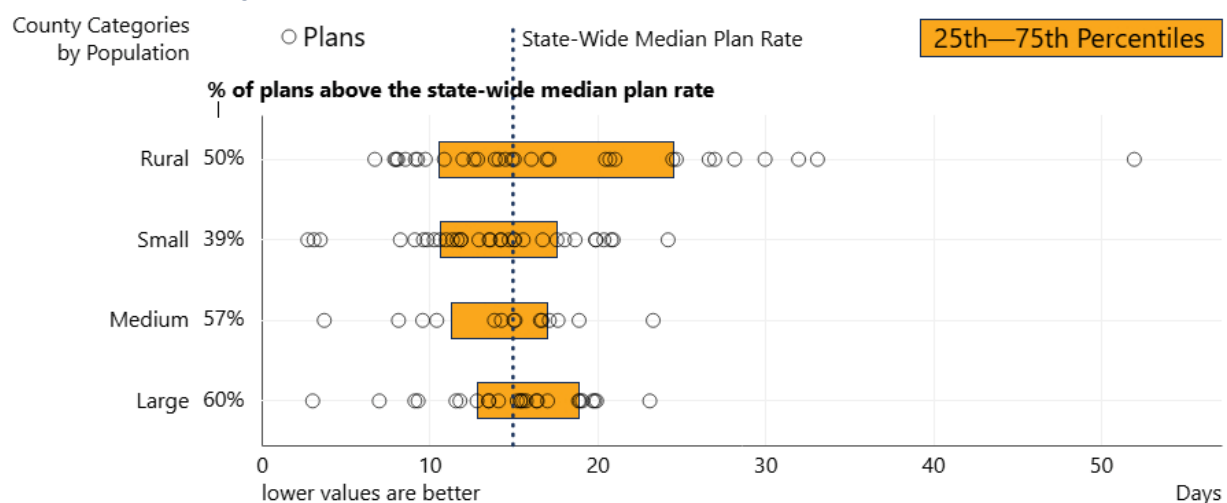
Source: Consumer Assessment of Healthcare Providers and Systems.

Days to next available appointments – nonurgent (NAA)

Measure description: Average number of days to next available nonurgent appointment.

Measure rationale: NAA can assist in gauging the underlying capacity of a plan's network. A long average NAA may indicate delays in care, while a short NAA could indicate the desired balance between demand for providers and provider capacity. These averages can be used to pinpoint plans whose members experience longer wait times for appointments. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider specialty.

Figure MCMC.BE.37 Days to next available appointments – nonurgent (adult): county size visual



Source: Timely access state-wide report.

Large counties had the highest percentage of plans above the state-wide median plan rate for days to next available nonurgent appointments for adults. Medium-sized and rural counties had a similar portion of plans above the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure MCMC.BE.37 Days to next available appointments – nonurgent (adult): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Days
Large	Alameda	Anthem Blue Cross	15.4
	Contra Costa	Anthem Blue Cross	19.0
	Contra Costa	Contra Costa Health Plan	15.6
	Los Angeles	AIDS Healthcare Foundation	16.4
	Sacramento	Anthem Blue Cross	19.7
	Sacramento	Health Net Community Solutions, Inc.	16.4
	Sacramento	Aetna	15.4
	San Diego	Blue Shield of California Promise	23.1
	San Diego	United	19.8
	San Diego	Health Net Community Solutions, Inc.	18.9
	San Diego	Community Health Group	17.0
	San Diego	Aetna	15.8
	San Diego	Molina Healthcare of California	15.2
	San Mateo	Health Plan of San Mateo	20.0
	Santa Clara	Santa Clara Family Health Plan	19.1
Medium	Marin	Partnership Health Plan of California	23.3
	Placer	Anthem Blue Cross	16.7
	San Joaquin	Health Plan of San Joaquin	16.6
	Santa Cruz	Central California Alliance for Health	15.0
	Sonoma	Partnership Health Plan of California	17.7
	Stanislaus	Health Net Community Solutions, Inc.	18.9
	Stanislaus	Health Plan of San Joaquin	17.1

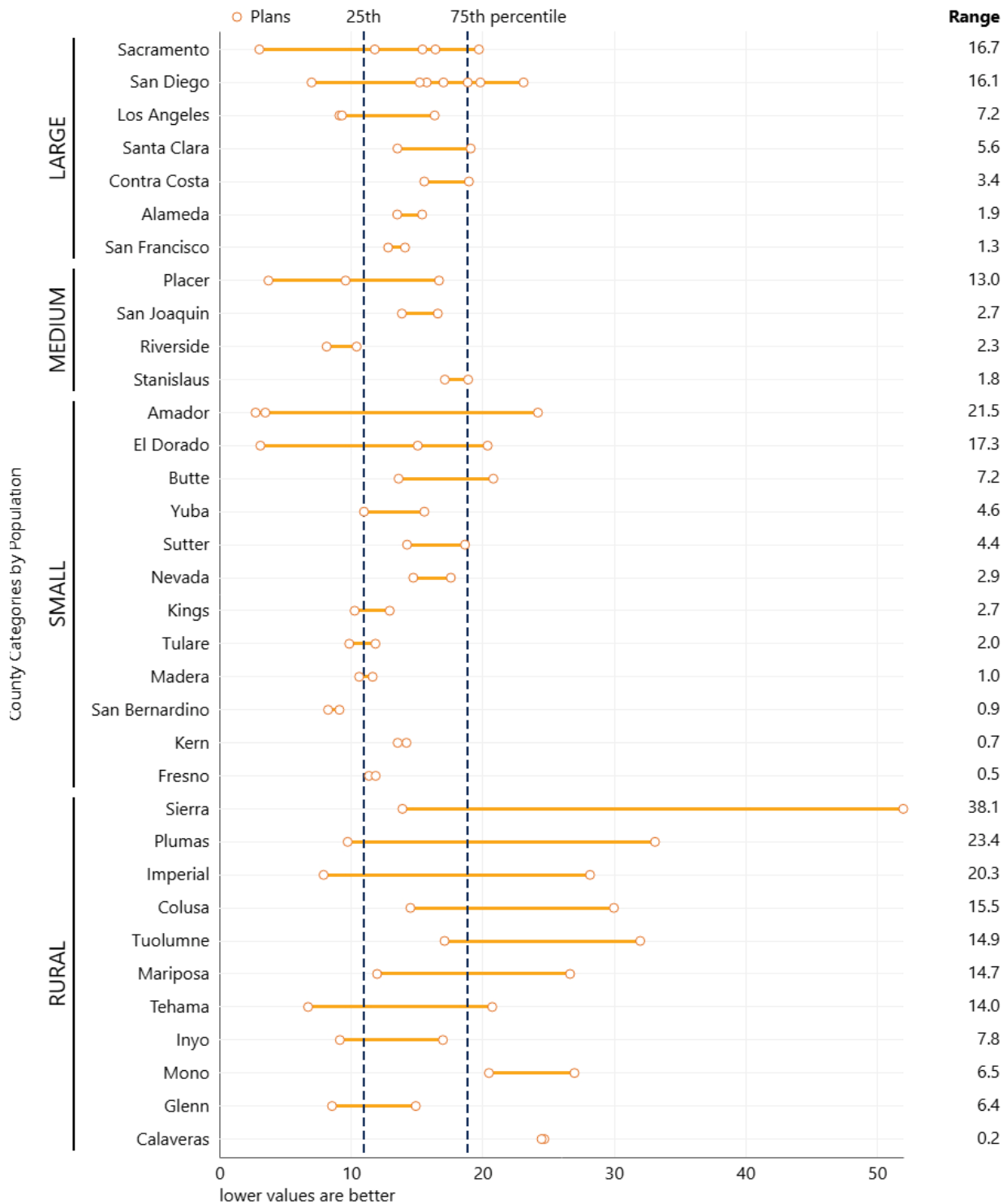
Category	County	Plan Name Not Meeting Comparison Value	Days
Medium	Ventura	Gold Coast Health Plan	15.1
Small	Amador	California Health and Wellness Plan	24.2
	Butte	California Health and Wellness Plan	20.8
	El Dorado	California Health and Wellness Plan	20.4
	El Dorado	Anthem Blue Cross	15.1
	Merced	Central California Alliance for Health	19.9
	Monterey	Central California Alliance for Health	18.1
	Napa	Partnership Health Plan of California	16.8
	Nevada	Anthem Blue Cross	17.6
	San Luis Obispo	CenCal Health	19.9
	Santa Barbara	CenCal Health	20.9
	Sutter	California Health and Wellness Plan	18.7
	Yolo	Partnership Health Plan of California	15.0
	Yuba	California Health and Wellness Plan	15.6
Rural	Calaveras	Anthem Blue Cross	24.7
	Calaveras	California Health and Wellness Plan	24.5
	Colusa	Anthem Blue Cross	30.0
	Imperial	California Health and Wellness Plan	28.2
	Inyo	California Health and Wellness Plan	17.0
	Lassen	Partnership Health Plan of California	21.1
	Mariposa	Anthem Blue Cross	26.7
	Modoc	Partnership Health Plan of California	15.1
	Mono	Anthem Blue Cross	27.0
	Mono	California Health and Wellness Plan	20.5
	Plumas	Anthem Blue Cross	33.1
	San Benito	Anthem Blue Cross	16.1
	Sierra	Anthem Blue Cross	52.0

Category	County	Plan Name Not Meeting Comparison Value	Days
Rural	Tehama	California Health and Wellness Plan	20.8
	Tuolumne	California Health and Wellness Plan	32.0
	Tuolumne	Anthem Blue Cross	17.1

Note: Lower values are better.

Source: Timely access state-wide report.

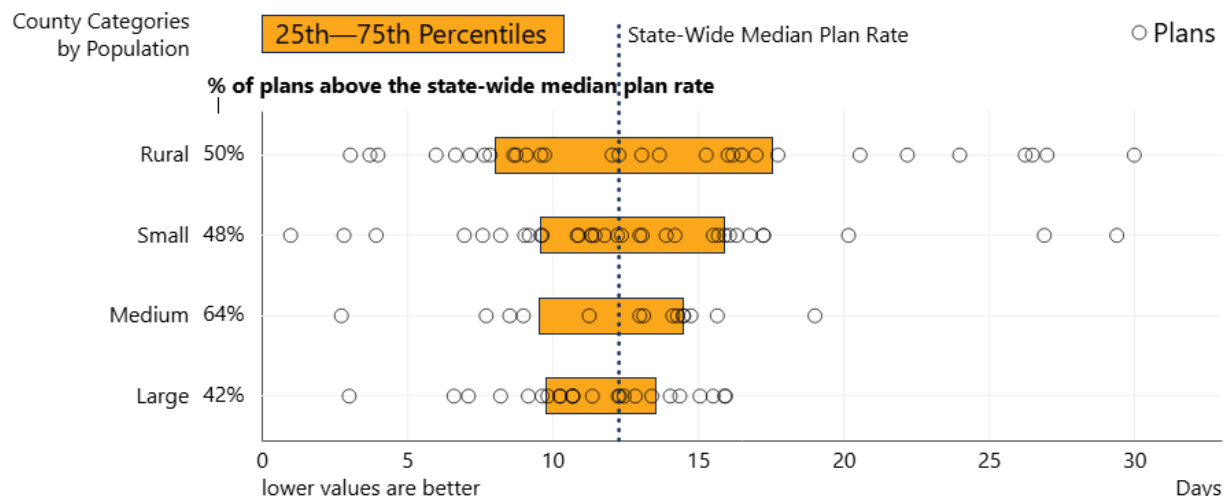
Figure MCMC.BE.37 Days to next available appointments – nonurgent (adult): internal county visual



Source: Timely access state-wide report.

Sierra County had the widest range in days to next available nonurgent appointments for adults between the highest and lowest-performing plans, with a difference of 38.1 days, suggesting lower-performing plans in Sierra County had the most potential for improvement. San Diego, Mono, and Calaveras Counties had the highest number of plans above the 75th percentile.

Figure MCMC.BE.37 Days to next available appointments – nonurgent (child): county size visual



Source: Timely access state-wide report.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for days to next available nonurgent appointments for children. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure MCMC.BE.37 Days to next available appointments – nonurgent (child): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Days
Large	Alameda	Anthem Blue Cross	12.5
	Sacramento	Anthem Blue Cross	15.5
	Sacramento	Aetna	13.4
	San Diego	Blue Shield of California Promise	16.0
	San Diego	United	14.4

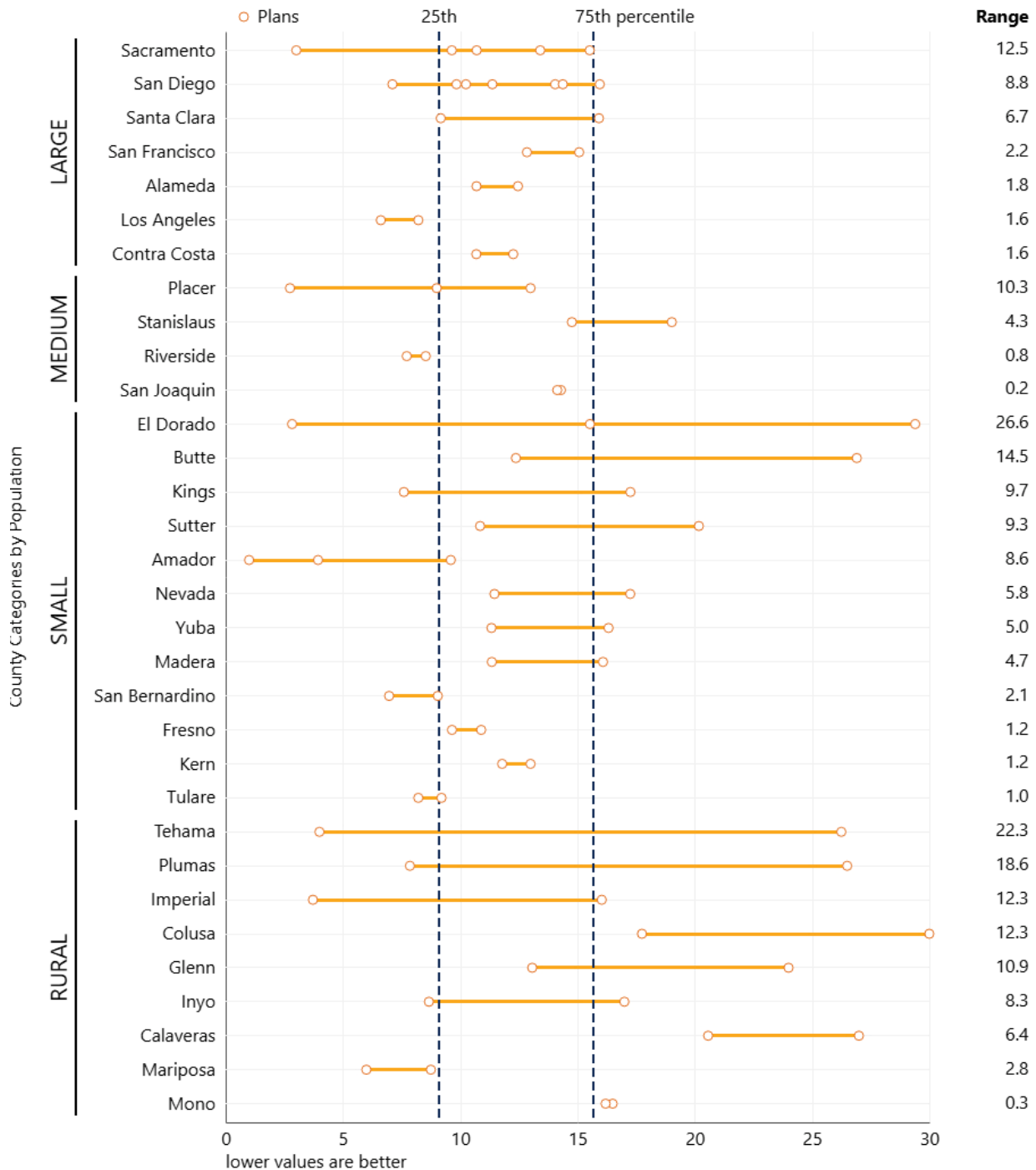
Category	County	Plan Name Not Meeting Comparison Value	Days
Large	San Diego	Community Health Group	14.0
	San Francisco	Anthem Blue Cross	15.1
	San Francisco	San Francisco Health Plan	12.8
	San Mateo	Health Plan of San Mateo	12.3
	Santa Clara	Santa Clara Family Health Plan	15.9
Medium	Marin	Partnership Health Plan of California	15.7
	Placer	Anthem Blue Cross	13.0
	San Joaquin	Health Net Community Solutions, Inc.	14.3
	San Joaquin	Health Plan of San Joaquin	14.1
	Santa Cruz	Central California Alliance for Health	14.5
	Solano	Partnership Health Plan of California	13.1
	Stanislaus	Health Net Community Solutions, Inc.	19.0
	Stanislaus	Health Plan of San Joaquin	14.8
	Ventura	Gold Coast Health Plan	14.5
Small	Butte	California Health and Wellness Plan	26.9
	Butte	Anthem Blue Cross	12.4
	El Dorado	California Health and Wellness Plan	29.4
	El Dorado	Anthem Blue Cross	15.5
	Kern	Kern Health Systems	13.0
	Kings	Anthem Blue Cross	17.3
	Lake	Partnership Health Plan of California	13.9
	Madera	CalViva Health	16.1
	Merced	Central California Alliance for Health	16.8
	Monterey	Central California Alliance for Health	15.7
	Napa	Partnership Health Plan of California	13.1
	Nevada	California Health and Wellness Plan	17.3
	San Luis Obispo	CenCal Health	14.2

Category	County	Plan Name Not Meeting Comparison Value	Days
Small	Santa Barbara	CenCal Health	15.9
	Sutter	California Health and Wellness Plan	20.2
	Yuba	California Health and Wellness Plan	16.3
Rural	Calaveras	California Health and Wellness Plan	27.0
	Calaveras	Anthem Blue Cross	20.6
	Colusa	Anthem Blue Cross	30.0
	Colusa	California Health and Wellness Plan	17.8
	Glenn	Anthem Blue Cross	24.0
	Glenn	California Health and Wellness Plan	13.1
	Imperial	California Health and Wellness Plan	16.0
	Inyo	California Health and Wellness Plan	17.0
	Lassen	Partnership Health Plan of California	22.2
	Mendocino	Partnership Health Plan of California	13.7
	Mono	Anthem Blue Cross	16.5
	Mono	California Health and Wellness Plan	16.2
	Plumas	Anthem Blue Cross	26.5
	San Benito	Anthem Blue Cross	15.3
	Tehama	California Health and Wellness Plan	26.3

Note: Lower values are better.

Source: Timely access state-wide report.

Figure MCMC.BE.37 Days to next available appointments – nonurgent (child): internal county visual



Source: Timely access state-wide report.

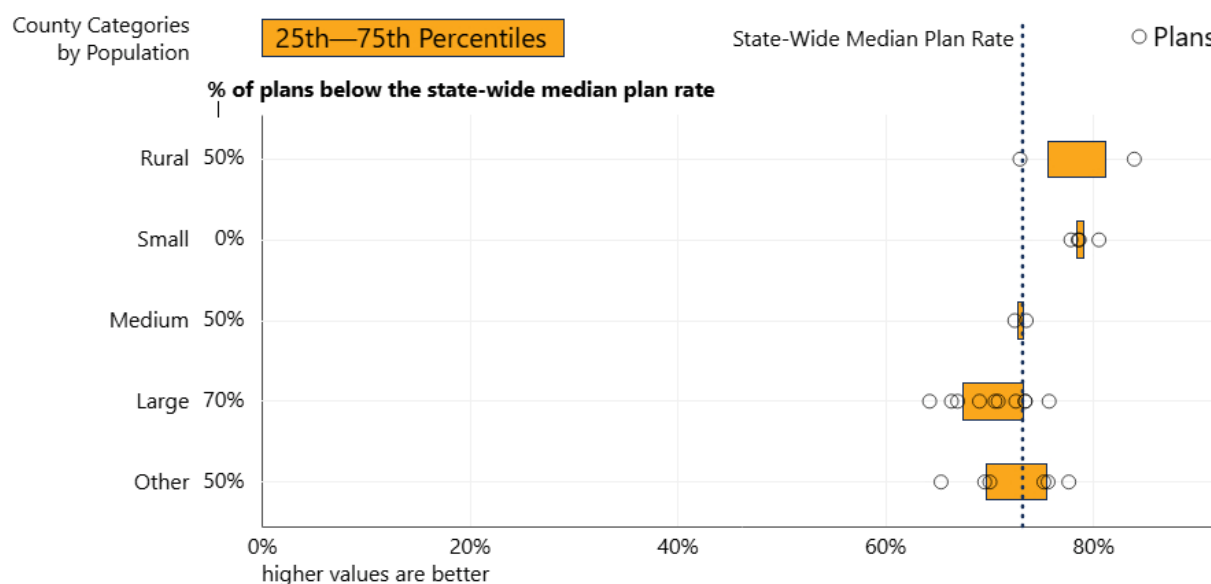
El Dorado County had the widest range in days to next available nonurgent appointments for children between the highest and lowest-performing plans, with a difference of 26.6 days, suggesting lower-performing plans in El Dorado County had the most potential for improvement. Calaveras, Colusa, and Mono Counties had the highest number of plans above the 75th percentile.

Getting care quickly

Measure description: Percentage of members (all ages) responding that they received needed care quickly.

Measure rationale: Percentage of members who received care quickly can assist in identifying plans whose members indicate that they are not receiving needed care in a timely fashion. These plans may have network adequacy issues and/or members who face access to care issues.

Figure MCMC.BE.39 Getting care quickly (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Large counties had the highest percentage of plans below the state-wide median plan rate for the getting care quickly for adults measure. Other counties did not have a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure MCMC.BE.39 Getting care quickly (adult 18+): county size table of low-performing plans

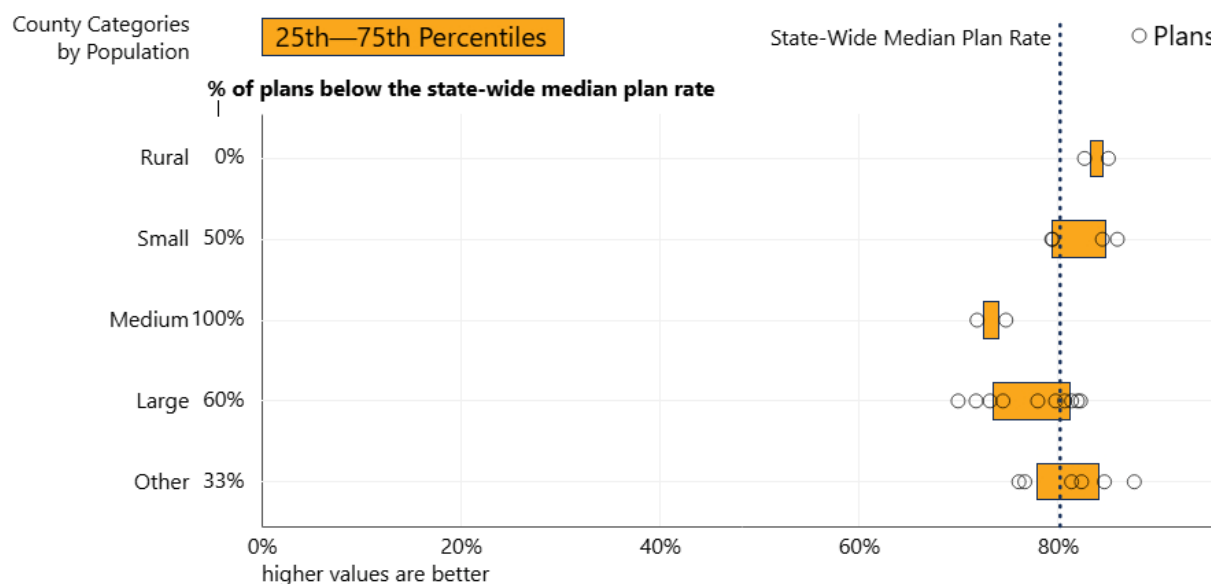
Category	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa Health Plan	72.6%
	Santa Clara Family Health Plan	70.9%
	CalOptima	70.6%
	L.A. Care Health Plan	69.1%
	Alameda Alliance for Health	67.0%
	San Francisco Health Plan	66.4%
	Aetna	64.3%
Medium	Health Plan of San Joaquin	72.5%
Rural	Partnership Health Plan of California	73.0%
Other	Molina Healthcare of California	70.1%
	Health Net Community Solutions, Inc.	69.6%
	Anthem Blue Cross	65.4%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.39 Getting care quickly (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

All medium-sized counties were below the state-wide median plan rate for the getting care quickly for children measure. Other county sizes did not have similar rates of plans below the median, suggesting lower performance was more prevalent in medium-sized counties.

Figure MCMC.BE.39 Getting care quickly (child 0-17): county size table of low-performing plans

Category	Plan Name Not Meeting Comparison Value	Percent
Large	Blue Shield of California Promise	79.8%
	L.A. Care Health Plan	78.0%
	Alameda Alliance for Health	74.5%
	Aetna	73.2%
	Santa Clara Family Health Plan	71.8%
	San Francisco Health Plan	70.0%
Medium	Gold Coast Health Plan	74.8%
	Health Plan of San Joaquin	71.9%
Small	Central California Alliance for Health	79.5%
	CalViva Health	79.4%

Category	Plan Name Not Meeting Comparison Value	Percent
Other	Molina Healthcare of California	76.7%
	Health Net Community Solutions, Inc.	76.1%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

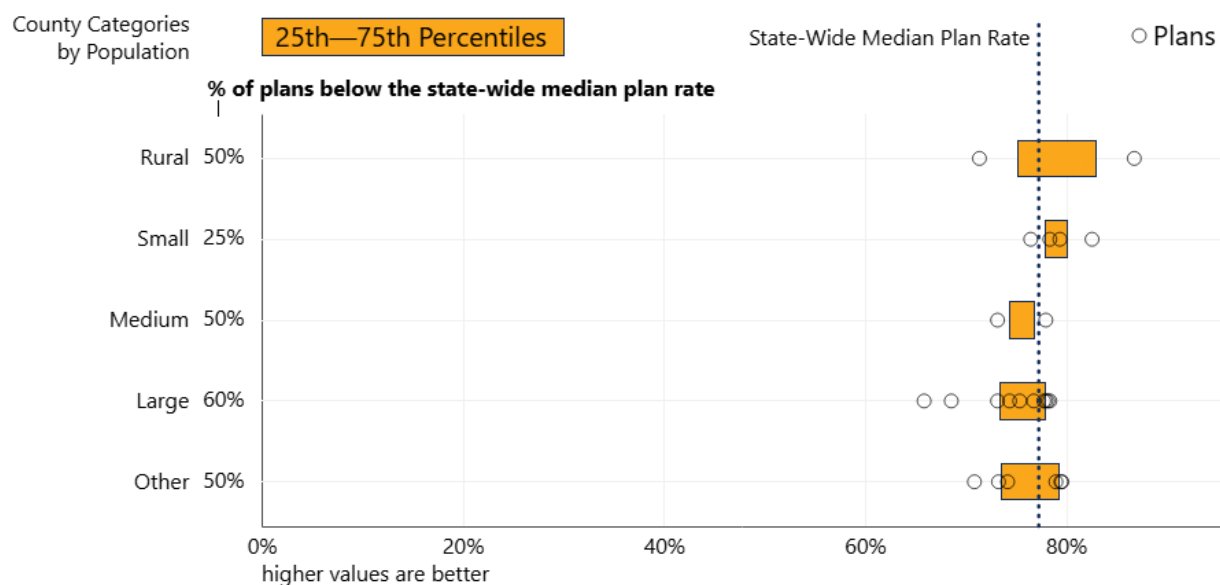
Source: Consumer Assessment of Healthcare Providers and Systems.

Getting needed care

Measure description: Percentage of members (all ages) responding that they were able to get the help and services they needed.

Measure rationale: The percentage of members able to get needed help and services can assist in identifying plans whose members indicate that they are not receiving needed care. These plans may have network adequacy issues and/or members who face access to care issues.

Figure MCMC.BE.39.1 Getting needed care (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Large counties had the highest percentage of plans below the state-wide median plan rate for getting needed care for adults. Rural and medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure MCMC.BE.39.1 Getting needed care (adult 18+): county size table of low-performing plans

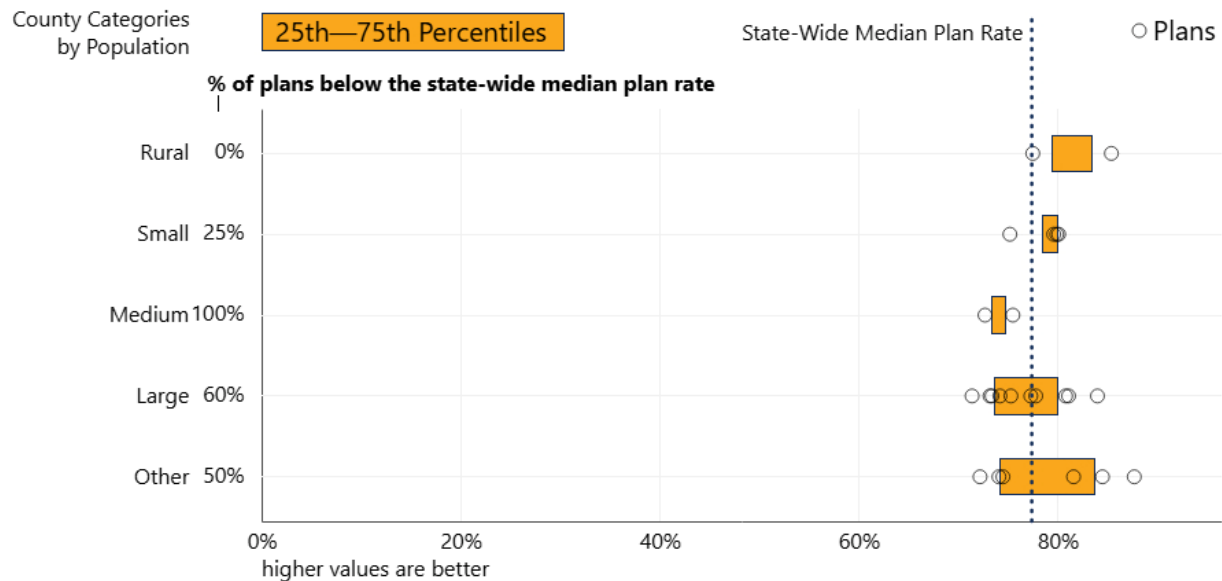
Category	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa Health Plan	76.8%
	Santa Clara Family Health Plan	75.4%
	CalOptima	74.4%
	L.A. Care Health Plan	73.2%
	San Francisco Health Plan	68.6%
	Aetna	65.9%
Medium	Health Plan of San Joaquin	73.2%
Small	CalViva Health	76.5%
Rural	Partnership Health Plan of California	71.4%
Other	Molina Healthcare of California	74.2%
	Health Net Community Solutions, Inc.	73.3%
	Anthem Blue Cross	70.9%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.39.1 Getting needed care (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for getting needed care for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure MCMC.BE.39.1 Getting needed care (child 0-17): county size table of low-performing plans

Category	Plan Name Not Meeting Comparison Value	Percent
Large	Community Health Group	77.3%
	L.A. Care Health Plan	75.3%
	Aetna	74.2%
	San Francisco Health Plan	73.4%
	Santa Clara Family Health Plan	73.2%
	Alameda Alliance for Health	71.4%
Medium	Health Plan of San Joaquin	75.5%
	Gold Coast Health Plan	72.7%
Small	CalViva Health	75.2%

Category	Plan Name Not Meeting Comparison Value	Percent
Other	Anthem Blue Cross	74.5%
	Molina Healthcare of California	74.1%
	Health Net Community Solutions, Inc.	72.2%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

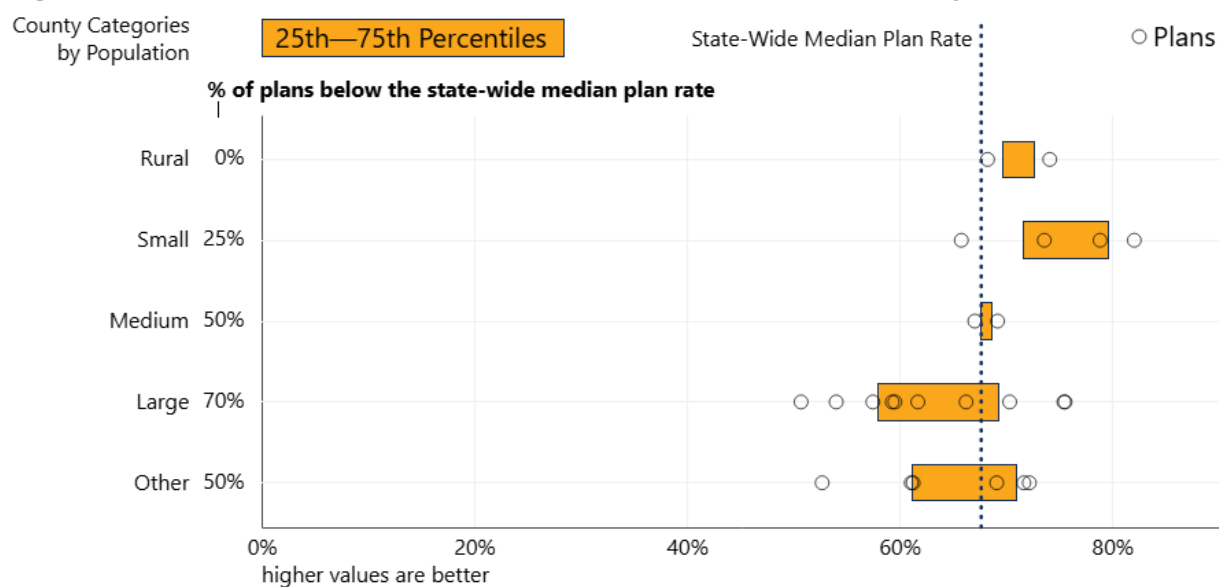
Source: Consumer Assessment of Healthcare Providers and Systems.

Got interpreter

Measure description: Percentage of members (all ages) responding that their personal doctor provided interpreter services when needed.

Measure rationale: Percentage of members reporting doctors provided interpreter services can assist in identifying plans whose members indicate they are not receiving needed language services.

Figure MCMC.BE.42 Got interpreter (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Large counties had the highest percentage of plans below the state-wide median plan rate for receiving interpreter services for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.BE.42 Got interpreter (adult 18+): county size table of low-performing plans

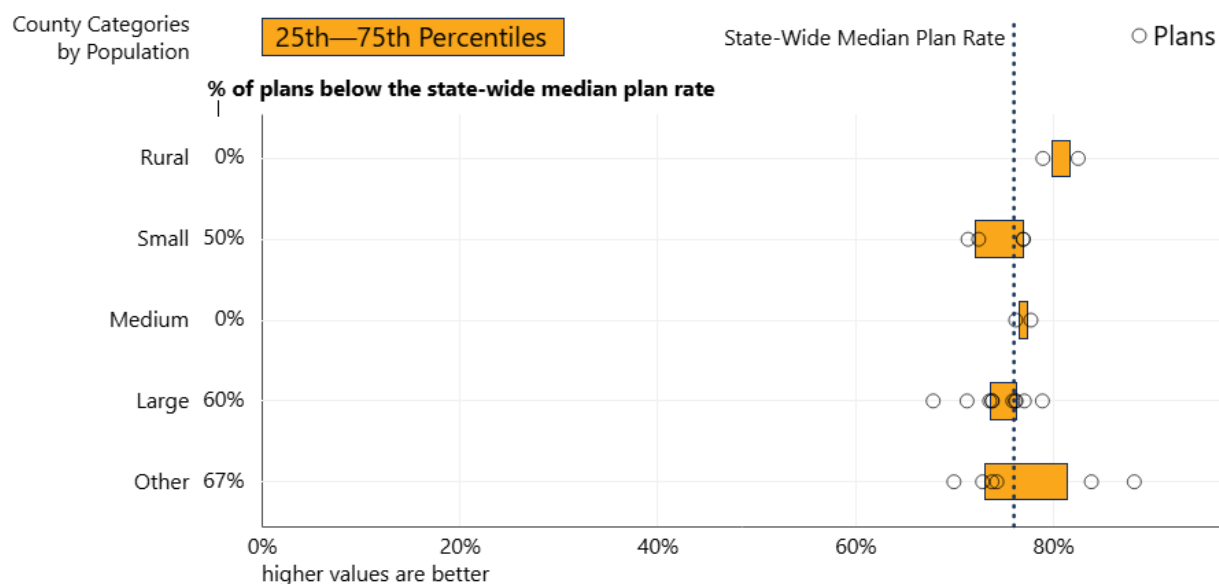
Category	Plan name not meeting comparison value	Percent
Large	Health Plan of San Mateo	66.3%
	Santa Clara Family Health Plan	61.7%
	Alameda Alliance for Health	59.6%
	Blue Shield of California Promise	59.3%
	Aetna	57.5%
	CalOptima	54.1%
	Community Health Group	50.7%
Medium	Health Plan of San Joaquin	67.1%
Small	Central California Alliance for Health	65.8%
Other	Molina Healthcare of California	61.3%
	Kaiser NorCal	61.1%
	Anthem Blue Cross	52.7%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.42 Got interpreter (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Large counties had the highest percentage of plans below the state-wide median plan rate for receiving interpreter services for children. Small counties had similar rates below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure MCMC.BE.42 Got interpreter (child 0-17): county size table of low-performing plans

Category	Plan name not meeting comparison value	Percent
Large	Health Plan of San Mateo	75.9%
	Contra Costa Health Plan	73.9%
	L.A. Care Health Plan	73.8%
	CalOptima	73.6%
	Alameda Alliance for Health	71.3%
	Santa Clara Family Health Plan	67.9%
Small	CenCal Health	72.5%
	Kern Health Systems	71.4%
Other	Health Net Community Solutions, Inc.	74.3%
	Molina Healthcare of California	73.8%

Category	Plan name not meeting comparison value	Percent
Other	Anthem Blue Cross	72.9%
	Kaiser NorCal	70.0%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

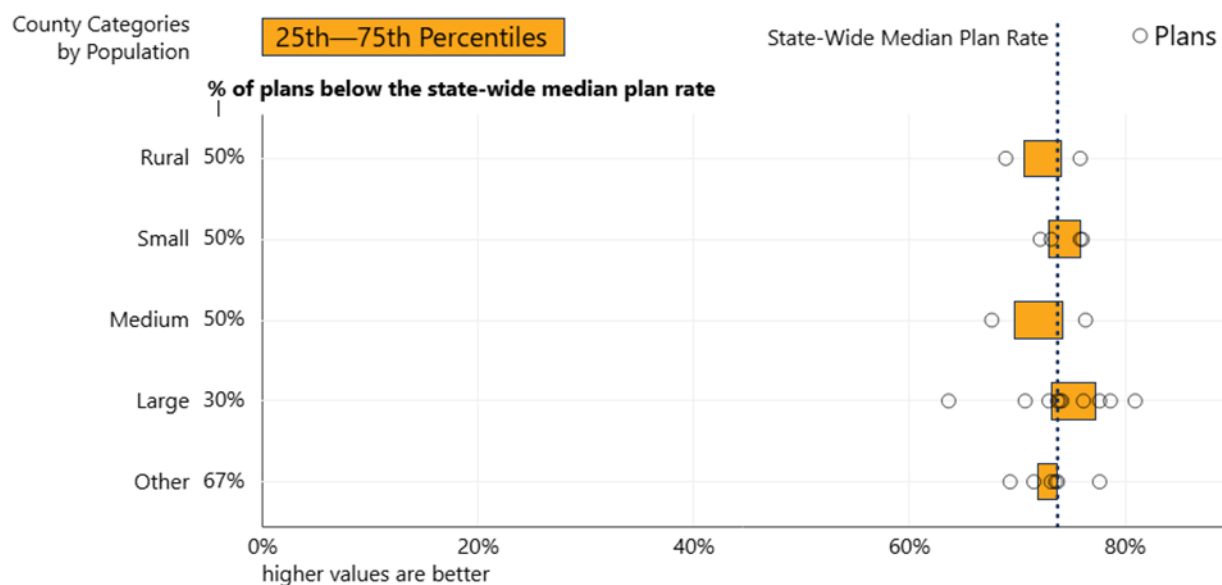
Source: Consumer Assessment of Healthcare Providers and Systems.

Rating of all health care

Measure description: Average member (all ages) rating of overall health care.

Measure rationale: Rating of all health care can assist in gauging members' satisfaction with their health care. The rating can be used to pinpoint plans with a comparatively high number of unsatisfied members. Its associated sub-measures can then be reviewed to better understand whether members are unsatisfied with their clinical health care, health plan, or both.

Figure MCMC.BE.46 Rating of all health care (adult 18+): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Rural, small, and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for the rating of all health care for adults.

Figure MCMC.BE.46 Rating of all health care (adult 18+): county size table of low-performing plans

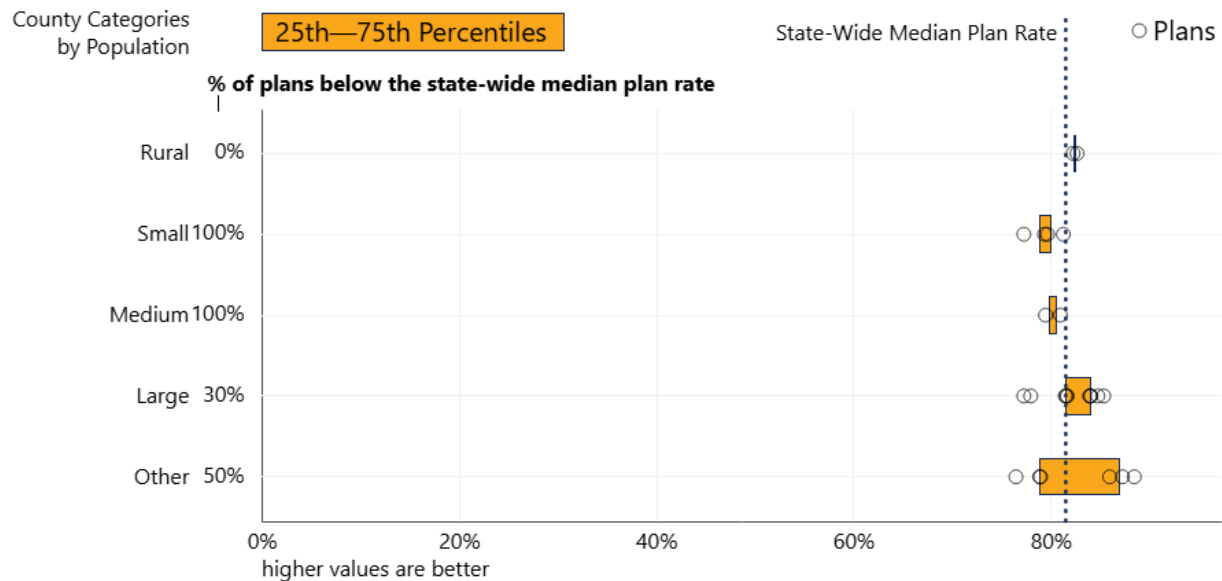
Category	Plan Name Not Meeting Comparison Value	Percent
Large	Blue Shield of California Promise	73.0%
	L.A. Care Health Plan	70.8%
	Aetna	63.7%
Medium	Health Plan of San Joaquin	67.7%
Small	Kern Health Systems	73.2%
	CalViva Health	72.2%
Rural	Partnership Health Plan of California	69.0%
Other	Molina Healthcare of California	73.6%
	Kaiser NorCal	73.2%
	Health Net Community Solutions, Inc.	71.6%
	Anthem Blue Cross	69.4%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

Figure MCMC.BE.46 Rating of all health care (child 0-17): county size visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Small and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for the rating of all health care for children.

Figure MCMC.BE.46 Rating of all health care (child 0-17): county size table of low-performing plans

Category	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa Health Plan	81.5%
	Santa Clara Family Health Plan	78.0%
	Aetna	77.3%
Medium	Gold Coast Health Plan	81.0%
	Health Plan of San Joaquin	79.5%
Small	CenCal Health	81.3%
	Kern Health Systems	79.7%
	Central California Alliance for Health	79.4%
	CalViva Health	77.3%
Other	Molina Healthcare of California	79.0%

Category	Plan Name Not Meeting Comparison Value	Percent
Other	Anthem Blue Cross	78.9%
	Health Net Community Solutions, Inc.	76.5%

Note: Metric contains plan reported rates that are aggregated across counties and not available at the county level. Plan rates are assigned to a county size category based on the size of the majority of the counties aggregated within the plan reported rate. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit.

Note: Higher values are better.

Source: Consumer Assessment of Healthcare Providers and Systems.

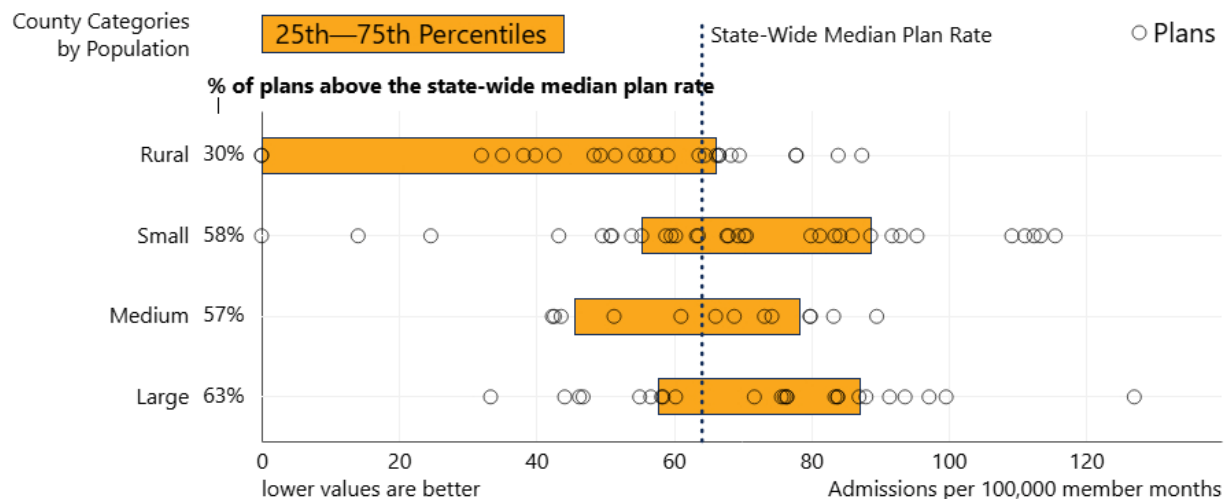
Member outcomes

PQI 90: Prevention Overall Composite

Measure description: Overall composite of ACS hospital admissions for members 18 or older per 100,000 member months.

Measure rationale: PQI 90 was constructed to assess access to ambulatory care. High PQI 90 rates may signal that a plan's members face challenges in accessing timely and appropriate ambulatory care.

Figure MCMC.BO.49 PQI 90: prevention overall composite: county size visual



Source: T-MSIS data.

Large counties had the highest percentage of plans above state-wide median plan rate for the PQI 90 prevention overall composite measure. Small and medium-sized counties had a similar portion of plans above the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure MCMC.BO.49 PQI 90: prevention overall composite: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Admissions
Large	Alameda	Alameda Alliance for Health	75.7
	Alameda	Anthem Blue Cross	71.7
	Contra Costa	Contra Costa Health Plan	83.5
	Los Angeles	L.A. Care Health Plan	76.1
	Sacramento	Molina Healthcare of California	127.0
	Sacramento	Health Net Community Solutions, Inc.	99.6
	Sacramento	Aetna	87.0
	Sacramento	Anthem Blue Cross	83.8
	San Diego	Community Health Group	97.2
	San Diego	Blue Shield of California Promise	91.4
	San Diego	Molina Healthcare of California	76.4
	San Francisco	Anthem Blue Cross	88.0
	San Francisco	San Francisco Health Plan	76.5
	Santa Clara	Anthem Blue Cross	93.7
	Santa Clara	Santa Clara Family Health Plan	83.9
Medium	Placer	California Health and Wellness Plan	83.3
	Riverside	Inland Empire Health Plan	79.9
	San Joaquin	Health Net Community Solutions, Inc.	89.5
	San Joaquin	Health Plan of San Joaquin	79.8
	Solano	Partnership Health Plan of California	68.8
	Sonoma	Partnership Health Plan of California	66.1

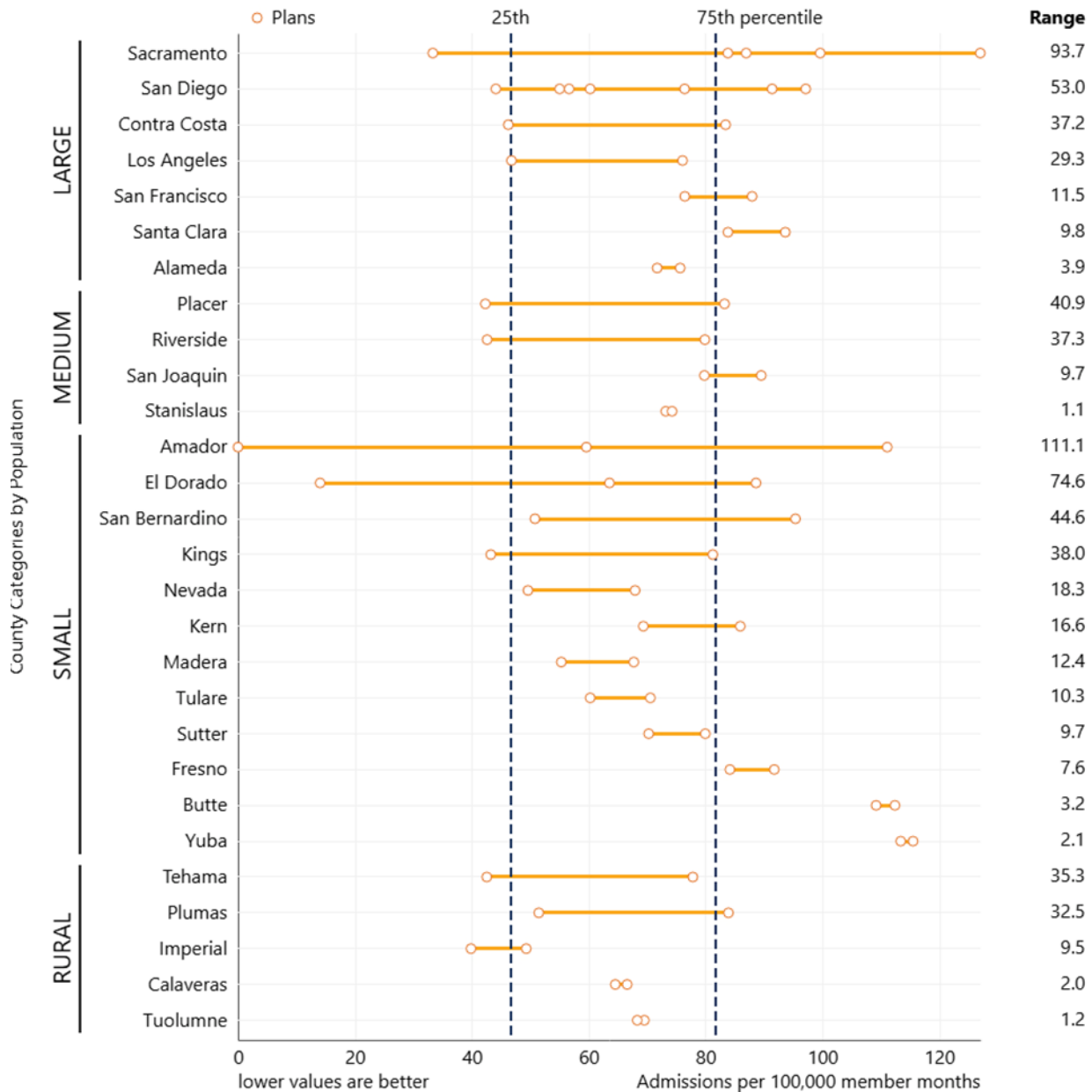
Category	County	Plan Name Not Meeting Comparison Value	Admissions
Medium	Stanislaus	Health Net Community Solutions, Inc.	74.3
	Stanislaus	Health Plan of San Joaquin	73.2
Rural	Calaveras	Anthem Blue Cross	66.6
	Calaveras	California Health and Wellness Plan	64.6
	Del Norte	Partnership Health Plan of California	66.2
	Glenn	California Health and Wellness Plan	66.6
	Lassen	Partnership Health Plan of California	87.4
	Plumas	California Health and Wellness Plan	83.9
	Shasta	Partnership Health Plan of California	77.8
	Tehama	California Health and Wellness Plan	77.8
	Tuolumne	Anthem Blue Cross	69.5
	Tuolumne	California Health and Wellness Plan	68.3
Small	Amador	California Health and Wellness Plan	111.1
	Butte	California Health and Wellness Plan	112.4
	Butte	Anthem Blue Cross	109.2
	El Dorado	California Health and Wellness Plan	88.7
	Fresno	CalViva Health	91.8
	Fresno	Anthem Blue Cross	84.2
	Kern	Health Net Community Solutions, Inc.	86.0
	Kern	Kern Health Systems	69.4
	Kings	Anthem Blue Cross	81.3
	Lake	Partnership Health Plan of California	93.0
	Madera	CalViva Health	67.7
	Merced	Central California Alliance for Health	83.4
	Nevada	California Health and Wellness Plan	68.0

Category	County	Plan Name Not Meeting Comparison Value	Admissions
Small	San Bernardino	Inland Empire Health Plan	95.4
	Sutter	Anthem Blue Cross	80.0
	Sutter	California Health and Wellness Plan	70.3
	Tulare	Health Net Community Solutions, Inc.	70.6
	Yuba	Anthem Blue Cross	115.5
	Yuba	California Health and Wellness Plan	113.4

Note: Lower values are better.

Source: T-MSIS data.

Figure MCMC.BO.49 PQI 90: prevention overall composite: internal county visual



Source: T-MSIS data.

Amador County had the widest range in ACS hospital admissions per 100,000 member months between the highest and lowest-performing plans, with a difference of 111.1 admissions per 100,000 member months, suggesting lower-performing plans in Amador

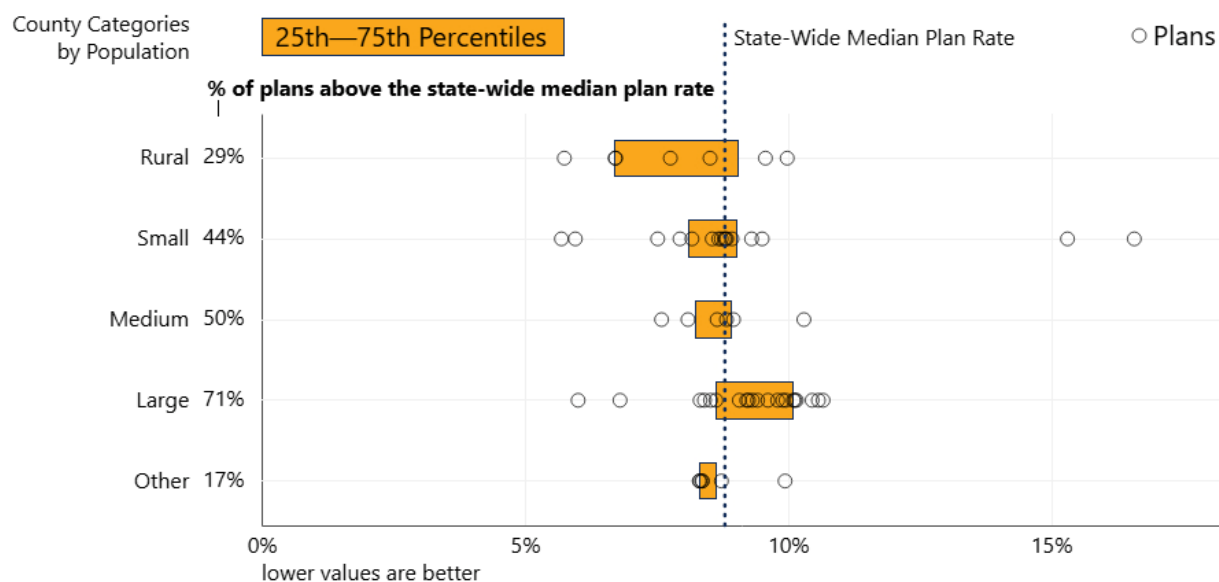
County have the most potential for improvement. Sacramento County had the highest number of plans above the 75th percentile.

Plan all-cause readmissions

Measure description: Percentage of acute inpatient and observation stays for members 18-64 years that were followed up by an unplanned acute readmission.

Measure rationale: Plan All-Cause Readmissions can assist in identifying plans with a high rate of potentially avoidable readmissions, which may highlight issues related to continuity of care between inpatient and outpatient settings and/or access to ambulatory care constraints post-discharge.

Figure MCMC.BO.50 Plan All-Cause Readmissions: county size visual



Source: Medi-Cal Managed Care Accountability Sets.

Large counties had the highest percentage of plans above the state-wide median plan rate for plan all-cause readmissions. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.BO.50 Plan All-Cause Readmissions: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	10.1%

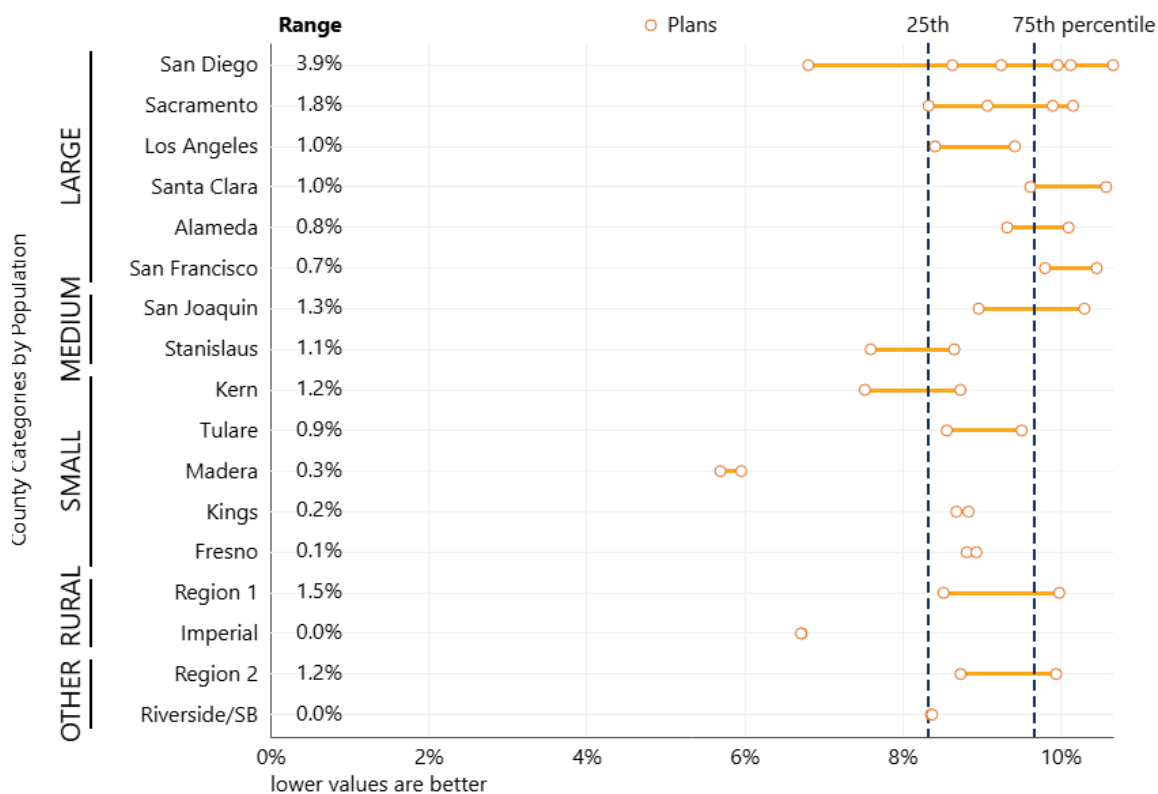
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Anthem Blue Cross	9.3%
	Los Angeles	L.A. Care Health Plan	9.4%
	Orange	CalOptima	9.2%
	Sacramento	Aetna	10.2%
	Sacramento	Molina Healthcare of California	9.9%
	Sacramento	Anthem Blue Cross	9.1%
	San Diego	United	10.7%
	San Diego	Aetna	10.1%
	San Diego	Blue Shield of California Promise	10.0%
	San Diego	Health Net Community Solutions, Inc.	9.3%
	San Francisco	Anthem Blue Cross	10.5%
	San Francisco	San Francisco Health Plan	9.8%
	Santa Clara	Anthem Blue Cross	10.6%
	Santa Clara	Santa Clara Family Health Plan	9.6%
Medium	San Joaquin	Health Net Community Solutions, Inc.	10.3%
	San Joaquin	Health Plan of San Joaquin	9.0%
	Ventura	Gold Coast Health Plan	8.8%
Small	Fresno	Anthem Blue Cross	8.9%
	Fresno	CalViva Health	8.8%
	Kings	Anthem Blue Cross	8.8%
	Merced	Central California Alliance for Health	15.3%
	Monterey	Central California Alliance for Health	16.6%
	Santa Barbara	CenCal Health	9.3%
	Tulare	Anthem Blue Cross	9.5%
Rural	Region 1	Anthem Blue Cross	10.0%
	San Benito	Anthem Blue Cross	9.6%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Other	Region 2	Anthem Blue Cross	9.9%

Note: Lower values are better.

Source: Medi-Cal Managed Care Accountability Sets.

Figure MCMC.BO.50 Plan All-Cause Readmissions: internal county visual



Note: Figure includes plan rates where county level reporting is not available and regional reporting units are used (such as KP North, Southwest, and Region 1). County sizes are assigned to each reporting unit, see Appendix C. Detailed methodology for more information.

Source: Medi-Cal Managed Care Accountability Sets.

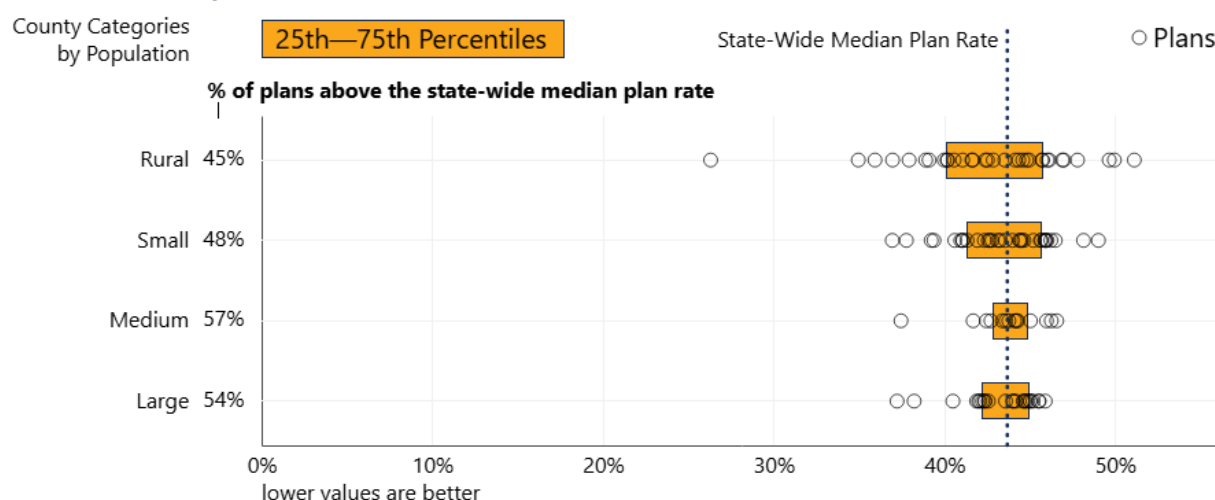
San Diego County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 3.9 percent, suggesting lower-performing plans in San Diego County have the most potential for improvement. San Diego County also had the highest number of plans above the 75th percentile.

Primary care treatable emergency department visits

Measure description: Percentage of emergency department visits (all ages) that could have been treated in primary care settings.

Measure rationale: Percentage of preventable ED visits was constructed to assess access to primary care. A high rate of primary care ED visits may signal that a plan's members face challenges receiving needed care in primary care settings in a timely fashion.

Figure MCMC.BO.51 Primary care treatable emergency department visits: county size visual



Source: T-MSIS data.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for primary care treatable emergency department visits. Small and large counties had a similar portion of plans above the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure MCMC.BO.51 Primary care treatable emergency department visits: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa Health Plan	45.5%
	Contra Costa	Anthem Blue Cross	44.9%
	Los Angeles	L.A. Care Health Plan	45.9%

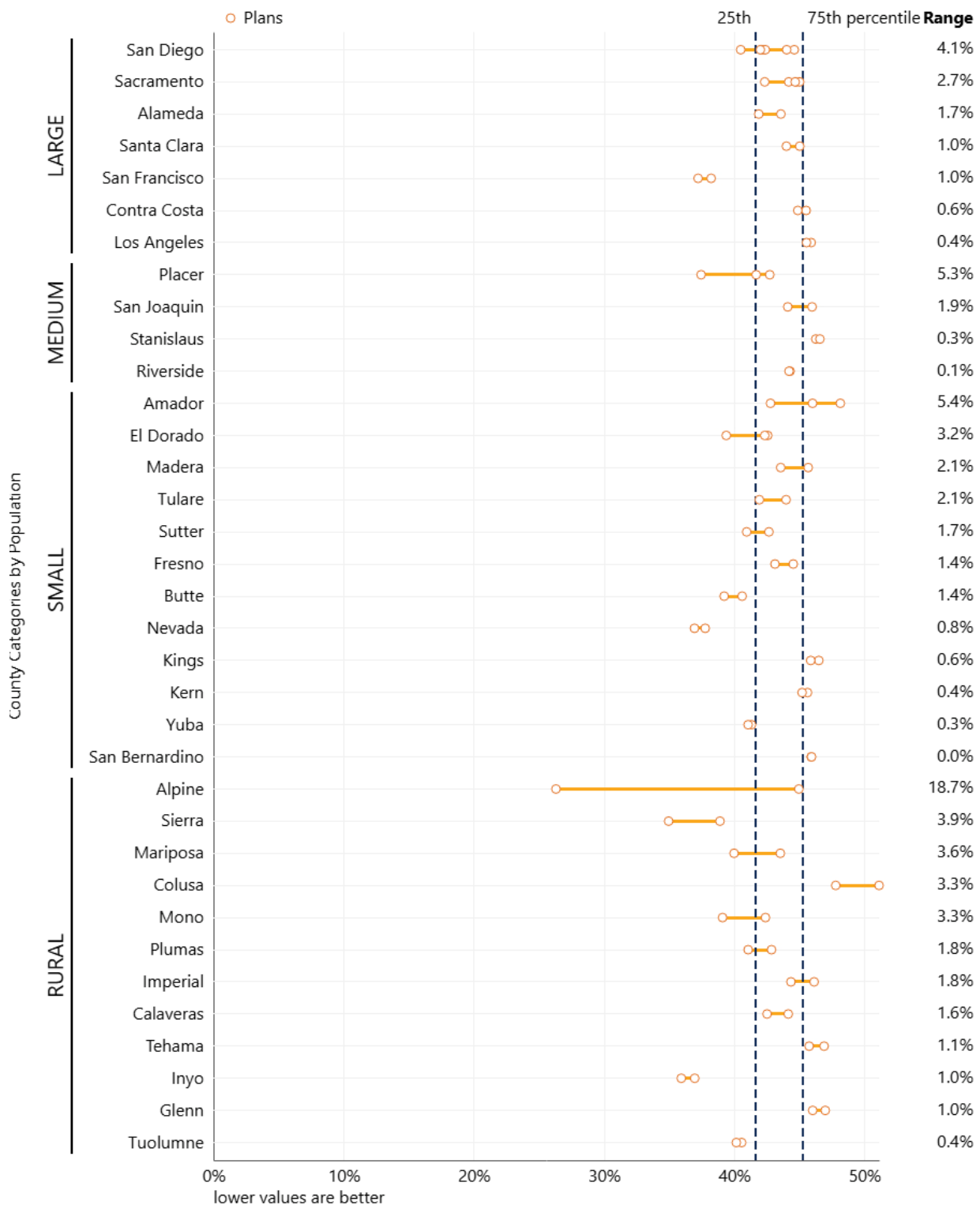
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Health Net Community Solutions, Inc.	45.6%
	Sacramento	Kaiser Permanente	45.0%
	Sacramento	Health Net Community Solutions, Inc.	44.8%
	Sacramento	Anthem Blue Cross	44.7%
	Sacramento	Molina Healthcare of California	44.2%
	San Diego	Community Health Group	44.6%
	San Diego	Molina Healthcare of California	44.0%
	San Mateo	Health Plan of San Mateo	45.2%
	Santa Clara	Santa Clara Family Health Plan	45.0%
	Santa Clara	Anthem Blue Cross	44.0%
Medium	Riverside	Inland Empire Health Plan	44.3%
	Riverside	Molina Healthcare of California	44.2%
	San Joaquin	Health Plan of San Joaquin	46.0%
	San Joaquin	Health Net Community Solutions, Inc.	44.1%
	Santa Cruz	Central California Alliance for Health	43.8%
	Stanislaus	Health Net Community Solutions, Inc.	46.6%
	Stanislaus	Health Plan of San Joaquin	46.3%
	Ventura	Gold Coast Health Plan	45.1%
Small	Amador	Anthem Blue Cross	48.2%
	Amador	California Health and Wellness Plan	46.0%
	Fresno	CalViva Health	44.5%
	Kern	Kern Health Systems	45.6%
	Kern	Health Net Community Solutions, Inc.	45.2%
	Kings	CalViva Health	46.5%
	Kings	Anthem Blue Cross	45.9%
	Lake	Partnership Health Plan of California	44.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Madera	CalViva Health	45.7%
	Merced	Central California Alliance for Health	46.2%
	Monterey	Central California Alliance for Health	49.0%
	Napa	Partnership Health Plan of California	44.4%
	San Bernardino	Molina Healthcare of California	46.0%
	San Bernardino	Inland Empire Health Plan	45.9%
	Santa Barbara	CenCal Health	44.7%
	Tulare	Health Net Community Solutions, Inc.	44.0%
Rural	Alpine	Anthem Blue Cross	45.0%
	Calaveras	Anthem Blue Cross	44.2%
	Colusa	California Health and Wellness Plan	51.1%
	Colusa	Anthem Blue Cross	47.8%
	Del Norte	Partnership Health Plan of California	44.8%
	Glenn	California Health and Wellness Plan	47.0%
	Glenn	Anthem Blue Cross	46.0%
	Imperial	California Health and Wellness Plan	46.1%
	Imperial	Molina Healthcare of California	44.4%
	Lassen	Partnership Health Plan of California	45.7%
	Mendocino	Partnership Health Plan of California	44.6%
	Modoc	Partnership Health Plan of California	50.0%
	San Benito	Anthem Blue Cross	49.7%
	Tehama	Anthem Blue Cross	46.9%
	Tehama	California Health and Wellness Plan	45.8%

Note: Lower values are better.

Source: T-MSIS data.

Figure MCMC.BO.51 Primary care treatable emergency department visits: internal county visual



Source: T-MSIS data.

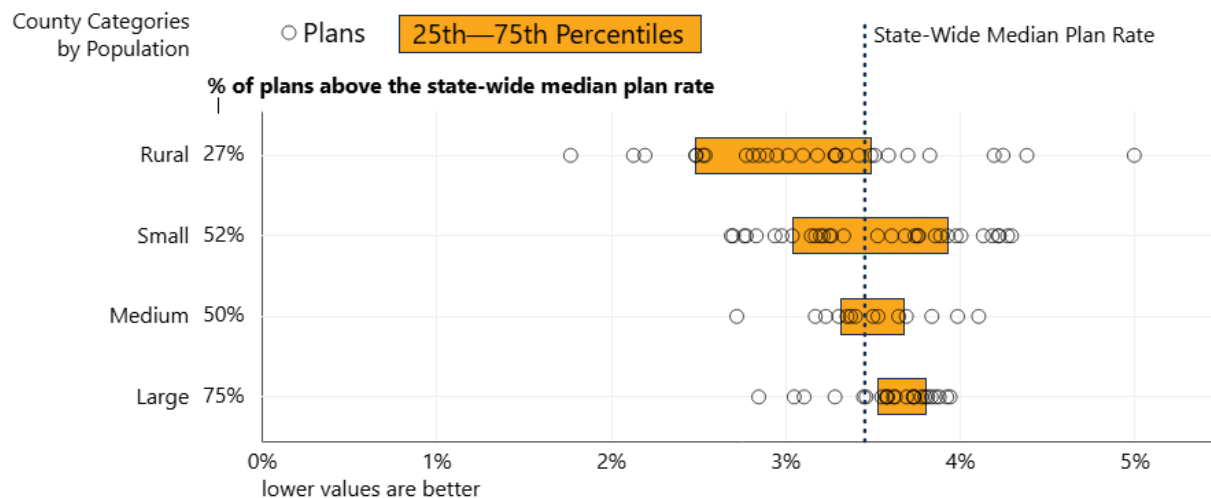
Alpine County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 18.7 percent, suggesting lower-performing plans in Alpine County have the most potential for improvement. Amador, Colusa, Glenn, Kern, Kings, Los Angeles, San Bernardino, Stanislaus, and Tehama Counties each had two plans above the 75th percentile.

Primary care avoidable emergency department visits

Measure description: Percentage of emergency department visits (all ages) that could have been avoided with timely ambulatory care.

Measure rationale: Percentage of avoidable ED visits was constructed to assess access to primary care. A high rate of ED visits that could have been avoided with better access to primary care may signal that a plan's members face challenges receiving needed care in primary care settings, particularly consistent primary care.

Figure MCMC.BO.52 Primary care avoidable emergency department visits: county size visual



Source: T-MSIS data.

Large counties had the highest percentage of plans above the state-wide median plan rate for primary care avoidable emergency department visits. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure MCMC.BO.52 Primary care avoidable emergency department visits: county size table of low-performing plans

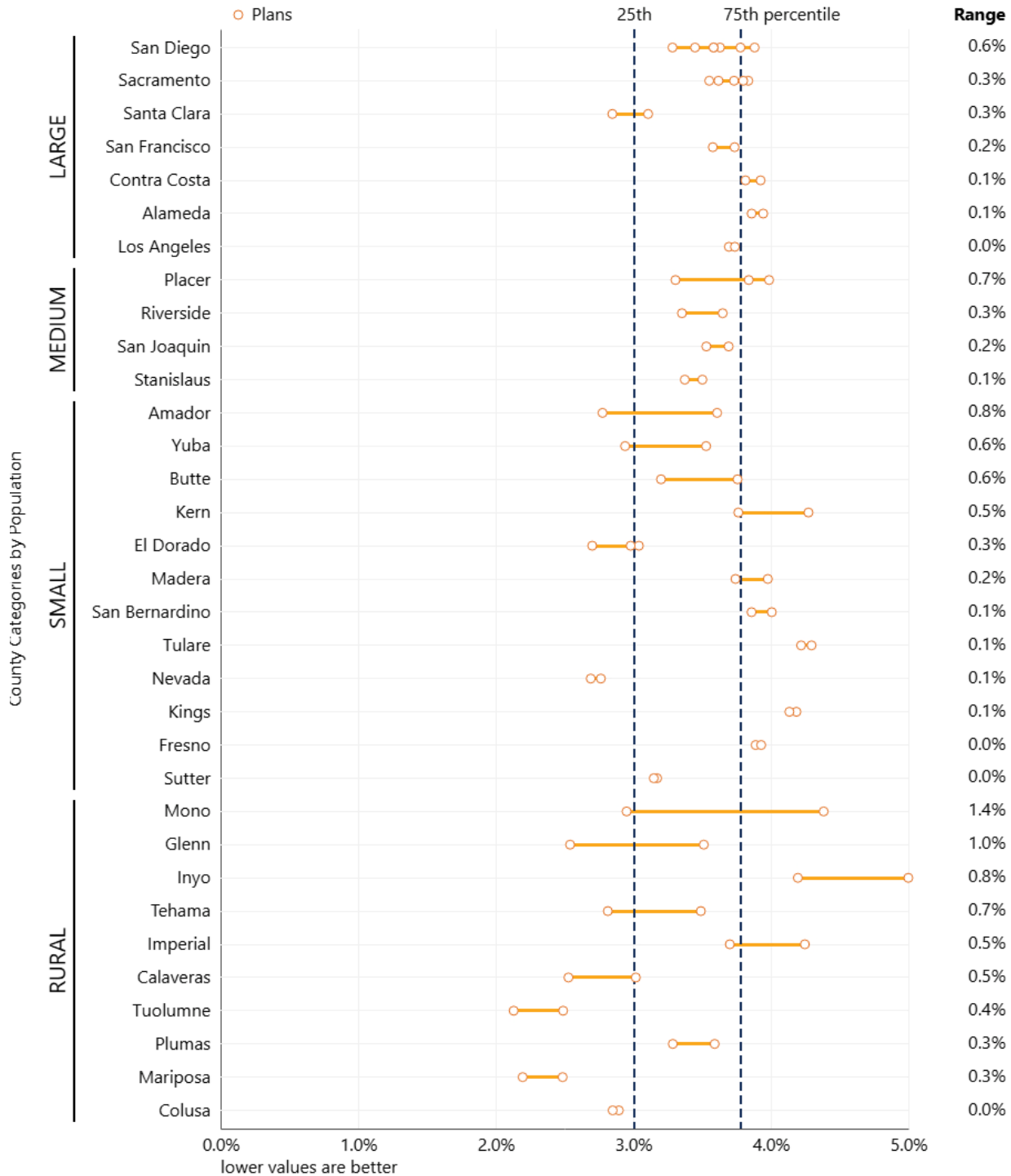
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Anthem Blue Cross	3.9%
	Alameda	Alameda Alliance for Health	3.9%
	Contra Costa	Contra Costa Health Plan	3.9%
	Contra Costa	Anthem Blue Cross	3.8%
	Los Angeles	Health Net Community Solutions, Inc.	3.7%
	Los Angeles	L.A. Care Health Plan	3.7%
	Sacramento	Molina Healthcare of California	3.8%
	Sacramento	Health Net Community Solutions, Inc.	3.8%
	Sacramento	Aetna	3.7%
	Sacramento	Kaiser Permanente	3.6%
	Sacramento	Anthem Blue Cross	3.6%
	San Diego	Kaiser Permanente	3.9%
	San Diego	Community Health Group	3.8%
	San Diego	Health Net Community Solutions, Inc.	3.6%
	San Diego	Molina Healthcare of California	3.6%
	San Diego	Blue Shield of California Promise	3.6%
	San Francisco	San Francisco Health Plan	3.7%
	San Francisco	Anthem Blue Cross	3.6%
Medium	Placer	California Health and Wellness Plan	4.0%
	Placer	Kaiser Permanente	3.8%
	Riverside	Inland Empire Health Plan	3.7%
	San Joaquin	Health Net Community Solutions, Inc.	3.7%
	San Joaquin	Health Plan of San Joaquin	3.5%
	Solano	Partnership Health Plan of California	4.1%
	Stanislaus	Health Plan of San Joaquin	3.5%
Small	Amador	California Health and Wellness Plan	3.6%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Butte	California Health and Wellness Plan	3.8%
	Fresno	Anthem Blue Cross	3.9%
	Fresno	CalViva Health	3.9%
	Kern	Health Net Community Solutions, Inc.	4.3%
	Kern	Kern Health Systems	3.8%
	Kings	CalViva Health	4.2%
	Kings	Anthem Blue Cross	4.1%
	Madera	CalViva Health	4.0%
	Madera	Anthem Blue Cross	3.7%
	Merced	Central California Alliance for Health	4.2%
	San Bernardino	Inland Empire Health Plan	4.0%
	San Bernardino	Molina Healthcare of California	3.9%
	Tulare	Anthem Blue Cross	4.3%
	Tulare	Health Net Community Solutions, Inc.	4.2%
	Yolo	Partnership Health Plan of California	3.7%
	Yuba	Anthem Blue Cross	3.5%
Rural	Glenn	California Health and Wellness Plan	3.5%
	Humboldt	Partnership Health Plan of California	3.8%
	Imperial	Molina Healthcare of California	4.2%
	Imperial	California Health and Wellness Plan	3.7%
	Inyo	California Health and Wellness Plan	5.0%
	Inyo	Anthem Blue Cross	4.2%
	Mono	Anthem Blue Cross	4.4%
	Plumas	California Health and Wellness Plan	3.6%
	Tehama	California Health and Wellness Plan	3.5%

Note: Lower values are better.

Source: T-MSIS data.

Figure MCMC.BO.52 Primary care avoidable emergency department visits: internal county visual



Source: T-MSIS data.

Mono County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 1.4 percent, suggesting lower-performing plans in Mono County have the most potential for improvement. Alameda, Contra Costa, Fresno, Inyo, Kings, Placer, Sacramento, San Bernardino, San Diego, and Tulare Counties had the most plans above the 75th percentile.

DENTAL MANAGED CARE

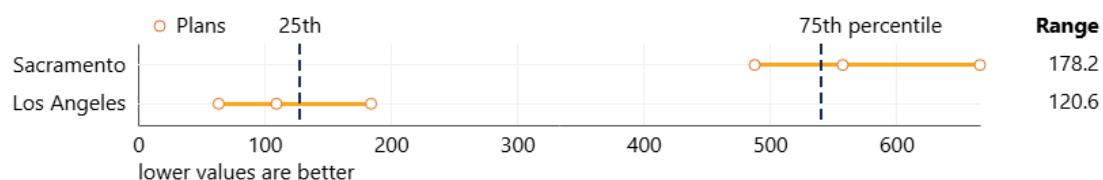
Provider availability and accessibility

Member-to-provider ratio

Measure description: Number of members (all ages) per provider.

Measure rationale: Member-to-provider ratio can help assess how many providers are reported by plans to be available to members. A lower ratio generally indicates better potential access, meaning members have more options for care and potentially shorter wait times.

Figure DENTAL.SA.6. Member-to-provider ratio: internal county visual



Source: Provider network report and MIS/DSS enrollment data.

Sacramento County had the widest range in the ratio of members to providers between the highest and lowest-performing plans, with a difference of 178.2 members per provider, suggesting lower-performing plans in Sacramento County had the most potential for improvement. Sacramento County also had the highest number of plans above the 75th percentile.

Figure DENTAL.SA.6. Member-to-provider ratio: internal county table of low-performing plans

County	Plan Name	Ratio
Sacramento	Access Dental Plan	666.2
Sacramento	Liberty Dental Plan	557.6
Sacramento	Health Net of California	487.9
Los Angeles	Health Net of California	184.4
Los Angeles	Access Dental Plan	109.6
Los Angeles	Liberty Dental Plan	63.8

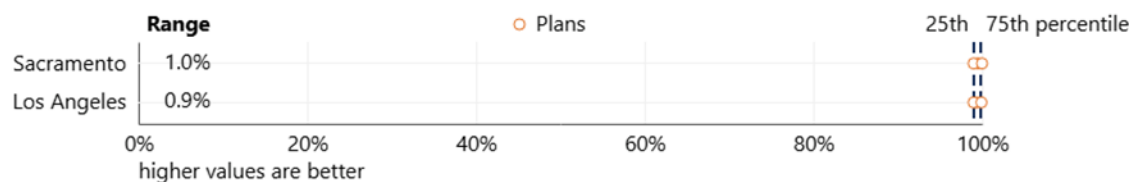
Note: Lower values are better.

Members living inside time and distance standards

Measure description: Percentage of members (all ages) living in a zip code that falls inside at least one time or distance standard.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. The percentage can be used to pinpoint plans that have a high number of members living outside of the established time and distance standards. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure DENTAL.SA.7. Members living inside time and distance standards: internal county visual



Source: Time and distance database and MIS/DSS enrollment data.

Sacramento and Los Angeles Counties both had a difference of one percent between the highest and lowest-performing plans. Sacramento and Los Angeles Counties had the same number of plans below the 25th percentile.

Figure DENTAL.SA.7. Members living inside time and distance standards: internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Health Net	99.9%
Los Angeles	Access	99.4%
Los Angeles	Liberty	99.0%
Sacramento	Health Net	100.0%
Sacramento	Access	99.5%
Sacramento	Liberty	99.0%

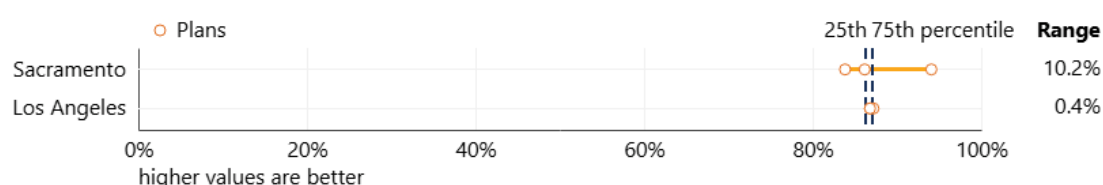
Note: Higher values are better.

Accepting new patients

Measure description: Percentage of providers accepting new patients.

Measure rationale: Percentage of providers accepting new patients can assist in gauging the underlying capacity of a plan's network. The percentage can be used to pinpoint plans with fewer providers accepting new patients. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure DENTAL.SA.8. Accepting new patients: internal county visual



Source: Provider network report

Sacramento County had the widest range in percentage points of providers accepting new patients between the highest and lowest-performing plans, with a difference of ten percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Sacramento County had the higher number of plans below the 25th percentile.

Figure DENTAL.SA.8. Accepting new patients: internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Access Dental Plan	87.2%
Los Angeles	Liberty Dental Plan	86.8%
Los Angeles	Health Net of California	86.8%
Sacramento	Access Dental Plan	94.1%
Sacramento	Health Net of California	86.2%
Sacramento	Liberty Dental Plan	83.9%

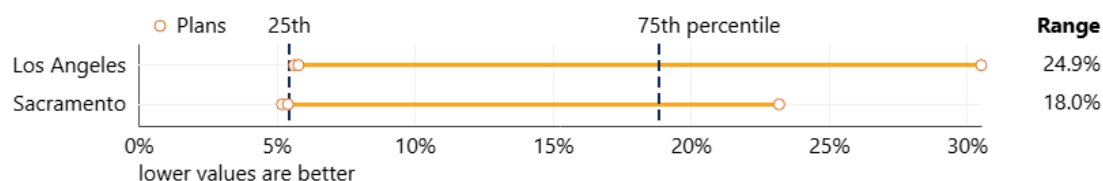
Note: Higher values are better.

Active providers

Measure description: Percentage of providers included in the plan's Provider Network Report billing 0 claims in the past year, respectively.

Measure rationale: The use of member visit thresholds for providers (0, 1-49, and over 50 members seen in the past year) can offer insights into (1) how many providers are participating in Medi-Cal per plan (i.e., the latent supply for that plan) and (2) the levels of provider engagement for that plan. The percentage and its associated sub-measures can assist in identifying plans that may meet time and distance standards but whose provider networks are not frequently providing services to members.

Figure DENTAL.SA.9. Active providers (provider billing 0 encounters): internal county visual



Source: Provider network report and claims and encounter data.

Los Angeles County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 24.9 percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Los Angeles and Sacramento Counties both had one plan above the 75th percentile.

Figure DENTAL.SA.9. Active providers (provider billing 0 claims): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Access Dental Plan	30.5%
Los Angeles	Liberty Dental Plan	5.8%
Los Angeles	Health Net of California	5.6%
Sacramento	Access Dental Plan	23.2%
Sacramento	Health Net of California	5.4%
Sacramento	Liberty Dental Plan	5.2%

Note: Lower values are better.

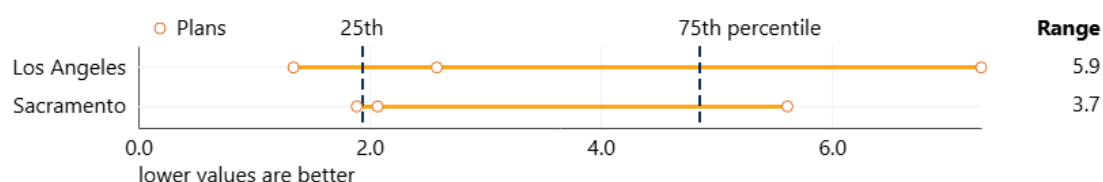
Source: Provider network report and claims and encounter data

Access to care grievances

Measure description: Total number of access to care grievances per 10,000 member months.

Measure rationale: Access to care grievances can help capture the degree to which Medi-Cal plans' members are reporting access-related issues.

Figure DENTAL.SA.10. Access to care grievances: internal county visual



Source: Grievance appeal reports.

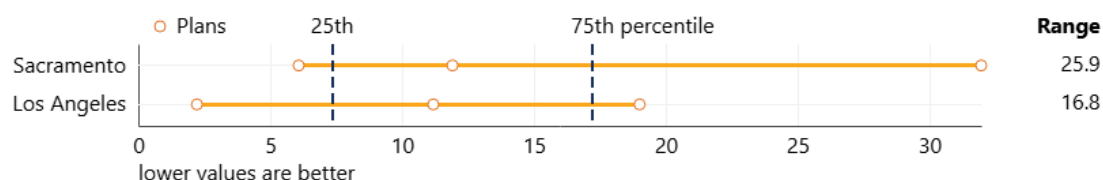
Los Angeles County had the widest range in access to care grievances between the highest- and lowest-performing plans, with a difference of 5.95 grievances per 10,000 member months, suggesting lower-performing plans in Los Angeles have the most potential for improvement. Los Angeles and Sacramento Counties both had one plan below the 25th percentile.

Resolved appeals

Measure description: Total number of resolved appeals per 10,000 member months.

Measure rationale: Resolved appeals can help capture the frequency of instances where members felt that their request for services was unfairly denied. Fewer appeals may indicate members are not being improperly denied needed services.

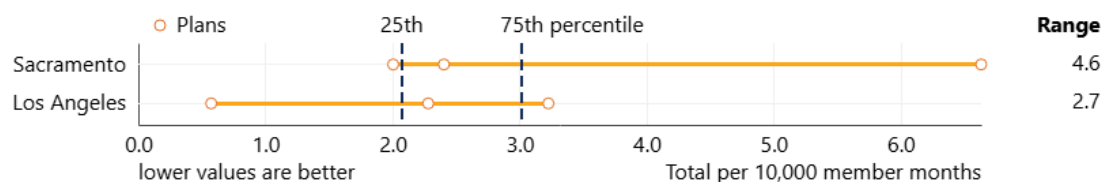
Figure DENTAL.SA.11. Resolved appeals: internal county visual



Source: Grievance appeal reports.

Sacramento County had the widest range in resolved appeals per 10,000 member months between the highest and lowest-performing plans, with a difference of 25.87 resolved appeals per 10,000 member months, suggesting lower performing plans in Sacramento have the most potential for improvement. Los Angeles and Sacramento Counties both had one plan below the 25th percentile.

Figure DENTAL.SA.11.2. Resolved appeals in favor of member: internal county visual



Source: Grievance appeal reports.

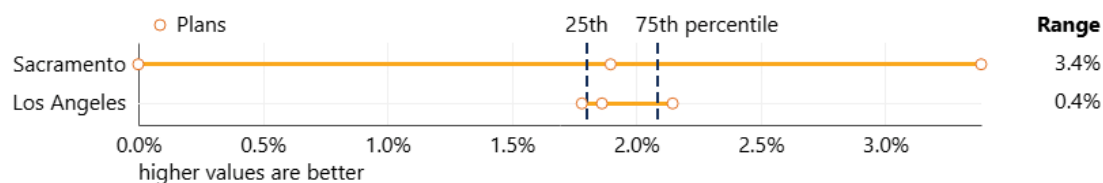
Sacramento County had the widest range in resolved appeals in favor of member between the highest and lowest-performing plans, with a difference of 4.63 resolved appeals in favor of member per 10,000 member months, suggesting lower-performing plans in Sacramento have the most potential for improvement. Los Angeles and Sacramento Counties both had one plan below the 25th percentile.

Provision of telehealth services

Measure description: Percentage of providers providing telehealth services.

Measure rationale: Provision of telehealth services can assist DHCS in identifying plans with limited telehealth availability, which may lead to availability and accessibility of service issues. By reviewing Measure 12, DHCS can pinpoint plans with comparatively lower telehealth services. DHCS can then review the sub-measures for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure DENTAL.SA.12 Provision of telehealth services: internal county visual



Source: Provider Network Report and claims and encounter data.

Sacramento County had the widest range in provision of telehealth services between the highest and lowest-performing plans, with a difference of 3.4 percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Los Angeles County and Sacramento Counties both had one plan below the 25th percentile.

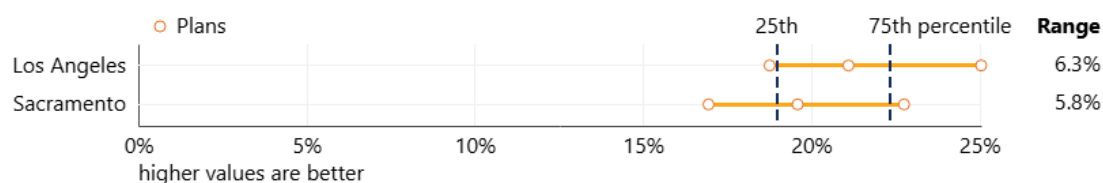
Service use

Annual dental visits

Measure description: Percentage of members (all ages) who had at least one dental visit.

Measure rationale: Annual dental visits can assist in monitoring access to dental care.

Figure DENTAL.SU.21. Annual dental visits (adult 21+): internal county visual



Source: Public dental plan performance data.

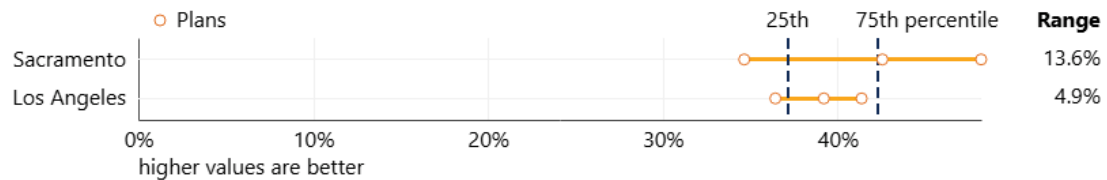
Los Angeles and Sacramento Counties had the same range between the highest and lowest-performing plans, with a difference of six percent. Los Angeles and Sacramento Counties had the same number of plans below the 25th percentile.

Figure DENTAL.SU.21. Annual dental visits (adult 21+): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	25.1%
Los Angeles	Health Net of California	21.1%
Los Angeles	Access Dental Plan	18.8%
Sacramento	Liberty Dental Plan	22.8%
Sacramento	Health Net of California	19.6%
Sacramento	Access Dental Plan	17.0%

Note: Higher values are better.

Figure DENTAL.SU.21. Annual dental visits (child 0-20): internal county visual



Source: Public dental plan performance data.

Sacramento County had the widest range in percentage points between highest and lowest-performing plans, with a difference of 14 percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Los Angeles and Sacramento Counties had the same number of plans below the 25th percentile.

Figure DENTAL.SU.21. Annual dental visits (child 0-20): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	41.4%
Los Angeles	Access Dental Plan	39.2%
Los Angeles	Health Net of California	36.4%
Sacramento	Liberty Dental Plan	48.2%
Sacramento	Health Net of California	42.6%
Sacramento	Access Dental Plan	34.7%

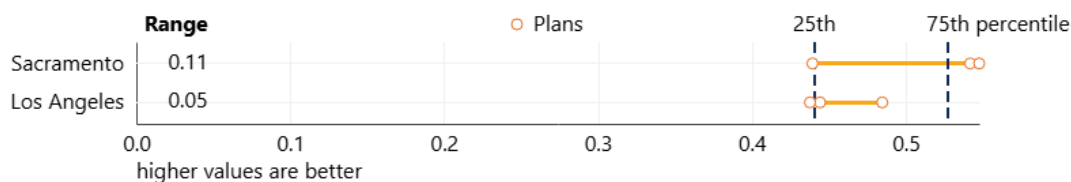
Note: Higher values are better.

Preventive-services-to-fillings

Measure description: Ratio of the number of preventive services provided to fillings (all ages).

Measure rationale: Ratio of preventative-services-to-fillings can assist in monitoring access to dental services. A low ratio may indicate that members only seek care when problems arise, possibly due to limited access to routine dental care.

Figure DENTAL.SU.27. Preventive-services-to-fillings (adult 21+): internal county visual



Source: Public dental plan performance data.

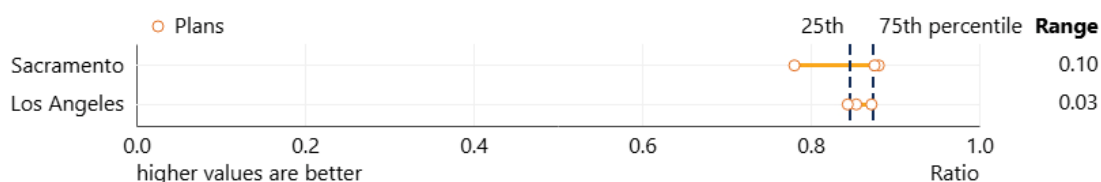
Sacramento County had the widest range between the highest and lowest-performing plans, with a difference of in ratios of .11, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Los Angeles County had the higher number of plans below the 25th percentile.

Figure DENTAL.SU.27. Preventive-services-to-fillings (adult 21+): internal county table of low-performing plans

County	Plan Name	Ratio
Los Angeles	Liberty Dental Plan	0.48
Los Angeles	Access Dental Plan	0.44
Los Angeles	Health Net of California	0.44
Sacramento	Liberty Dental Plan	0.55
Sacramento	Health Net of California	0.54
Sacramento	Access Dental Plan	0.44

Note: Higher values are better.

Figure DENTAL.SU.27. Preventive services to fillings (child 0-20): internal county visual



Source: Public dental plan performance data.

Sacramento County had the widest range between the highest and lowest-performing plans, with a difference in ratio of .10, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Los Angeles and Sacramento Counties had the same number of plans below the 25th percentile.

Figure DENTAL.SU.27. Preventive services to fillings (child 0-20): internal county table of low-performing plans

County	Plan Name	Ratio
Los Angeles	Liberty Dental Plan	0.87
Los Angeles	Access Dental Plan	0.85
Los Angeles	Health Net of California	0.84
Sacramento	Health Net of California	0.88
Sacramento	Liberty Dental Plan	0.88
Sacramento	Access Dental Plan	0.78

Note: Higher values are better.

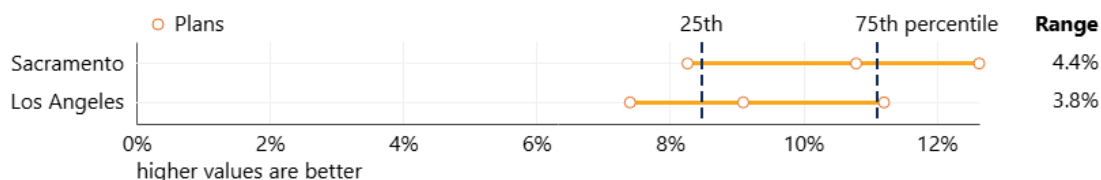
Member experience

Usual source of dental care

Measure description: Percentage of members (all ages) that have consistent access to dental care. Percentage of members who received any dental services in both the first and second measure years among members enrolled both years.

Measure rationale: The percentage can assist in determining whether members receive consistent access to dental health care. A higher rate may suggest (1) that a large portion of the plan's members are consistently engaging with dental care providers for regular preventive services, (2) the plan's provider network has effective outreach and engagement strategies to encourage members in maintain regular dental care, and (3) members are satisfied with the care they receive and trust their dental providers.

Figure DENTAL.BE.33. Usual source of dental care (adult 21+): internal county visual



Source: Public dental plan performance data.

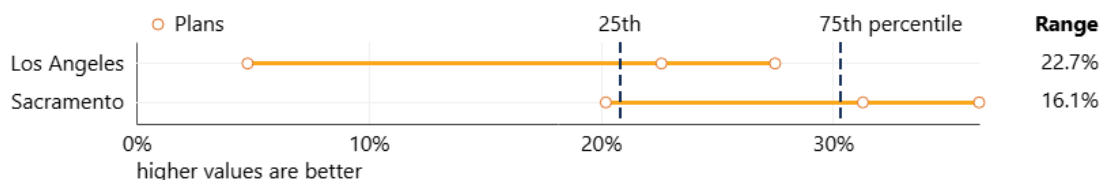
Sacramento and Los Angeles Counties had the same range between the highest and lowest performing plans, with a difference of four percent. Sacramento and Los Angeles Counties had the same number of plans below the 25th percentile.

Figure DENTAL.BE.33. Usual source of dental care (adult 21+): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	11.2%
Los Angeles	Health Net of California	9.1%
Los Angeles	Access Dental Plan	7.4%
Sacramento	Liberty Dental Plan	12.6%
Sacramento	Health Net of California	10.8%
Sacramento	Access Dental Plan	8.3%

Note: Higher values are better.

Figure DENTAL.BE.33. Usual source of dental care (child 0-20): internal county visual



Source: Public dental plan performance data.

Los Angeles County had the widest range in percentage points between the highest and lowest performing plans, with a difference of 23 percent, suggesting lower performing plans in Los Angeles County have the most potential for improvement. Los Angeles and Sacramento Counties had the same number of plans below the 25th percentile.

Figure DENTAL.BE.33. Usual source of dental care (child 0-20): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	27.5%
Los Angeles	Health Net of California	22.6%
Los Angeles	Access Dental Plan	4.8%
Sacramento	Liberty Dental Plan	36.3%
Sacramento	Health Net of California	31.3%
Sacramento	Access Dental Plan	20.2%

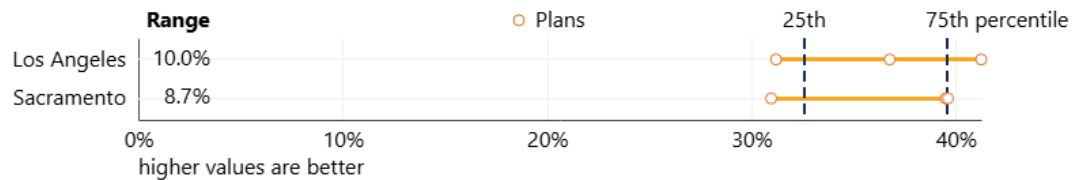
Note: Higher values are better.

Continuity of dental care

Measure description: Percentage of members (all ages) that have consistent access to preventive dental care. Percentage of members who received preventive dental care (comprehensive oral evaluation or prophylaxis) in both the first and second measure years among members enrolled in both years.

Measure rationale: This measure can assist in determining whether members receive consistent access to dental health care. A higher rate may suggest (1) that a large portion of the plan's members are consistently engaging with dental care providers for regular preventive services, (2) the plan's provider network has effective outreach and engagement strategies to encourage members in maintain regular dental care, and (3) members are satisfied with the care they receive and trust their dental providers.

Figure DENTAL.BE.34. Continuity of dental care (adult 21+): internal county visual



Source: Public dental plan performance data.

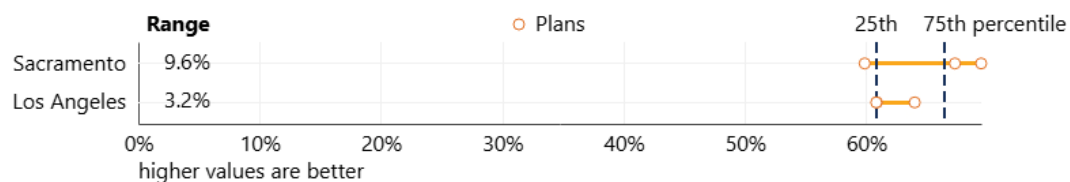
Los Angeles County had the widest range between the highest and lowest-performing plans with a difference of ten percent, suggesting lower-performing plans in those counties have the most potential for improvement. Los Angeles and Sacramento Counties had the same number of plans below the 25th percentile.

Figure DENTAL.BE.34. Continuity of dental care (adult 21+): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	41.2%
Los Angeles	Health Net of California	36.8%
Los Angeles	Access Dental Plan	31.2%
Sacramento	Liberty Dental Plan	39.6%
Sacramento	Health Net of California	39.5%
Sacramento	Access Dental Plan	31.0%

Note: Higher values are better.

Figure DENTAL.BE.34. Continuity of dental care (child 0-20): internal county visual



Source: Public dental plan performance data.

Sacramento County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of ten percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Sacramento and Los Angeles Counties had the same number of plans below the 25th percentile.

Figure DENTAL.BE.34. Continuity of dental care (child 0-20): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	64.0%
Los Angeles	Access Dental Plan	60.9%
Los Angeles	Health Net of California	60.8%
Sacramento	Liberty Dental Plan	69.5%
Sacramento	Health Net of California	67.3%
Sacramento	Access Dental Plan	59.9%

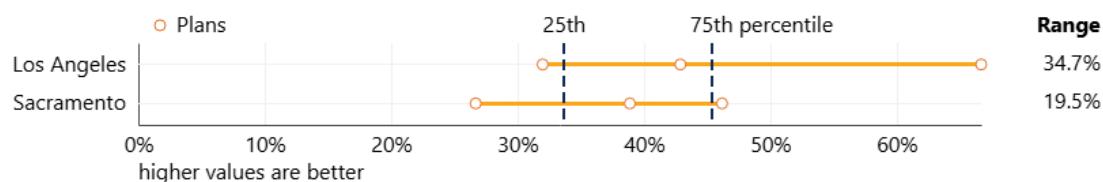
Note: Higher values are better.

Finding a dentist

Measure description: Percentage of members (all ages) who were satisfied with their experience finding a dentist for their child.

Measure rationale: Percentage of members satisfied with finding a dentist can assist in understanding whether members felt they could access dental care.

Figure DENTAL.BE.35. Finding a dentist (child 0-17): internal county visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Los Angeles County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 35 percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento and Los Angeles Counties had the same number of plans below the 25th percentile.

Figure DENTAL.BE.35. Finding a dentist (child 0-17): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	66.7%
Los Angeles	Access Dental Plan	42.9%
Los Angeles	Health Net of California	32.0%
Sacramento	Health Net of California	46.2%
Sacramento	Liberty Dental Plan	38.9%
Sacramento	Access Dental Plan	26.7%

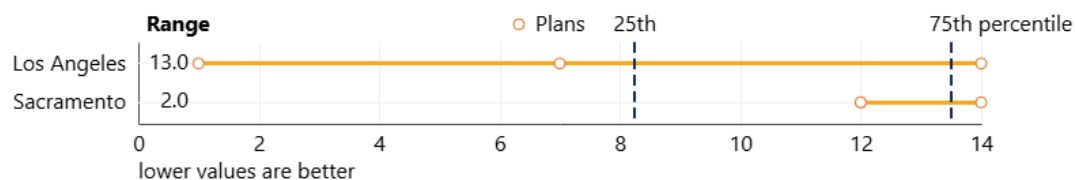
Note: Higher values are better.

Days to next available appointments (NAA)

Measure description: Average number of days to next available dental appointment.

Measure rationale: NAA can assist in gauging the underlying capacity of a plan's network. A long average NAA may indicate delays in care, while a short NAA could indicate the desired balance between demand for providers and provider capacity. The average can be used to pinpoint plans whose members experience longer wait times for appointments. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider specialty.

Figure DENTAL.BE.37. Days to next available appointments (NAA): internal county visual



Source: Network timely access reports.

Los Angeles County had the widest range in days to next available appointment between the highest and lowest-performing plans, with a difference of 13 days, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Los Angeles and Sacramento Counties had the same number of plans above the 75th percentile.

Figure DENTAL.BE.37. Days to next available appointments (NAA): internal county table of low-performing plans

County	Plan Name	Days
Los Angeles	Access	14.0
Los Angeles	Health Net	7.0
Los Angeles	Liberty	1.0
Sacramento	Access	14.0
Sacramento	Liberty	12.0
Sacramento	Health Net	12.0

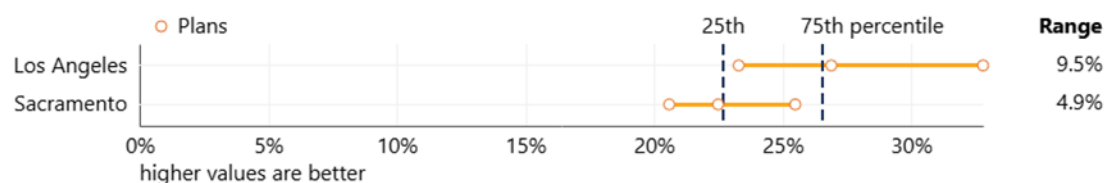
Note: Lower values are better.

Getting care quickly

Measure description: Percentage of members (all ages) responding that they received needed care quickly.

Measure rationale: Percentage of members receiving care quickly can assist in identifying plans whose members indicate that they are not receiving needed care in a timely fashion. These plans may have network adequacy issues and/or members who face access to care issues.

Figure DENTAL.BE.39. Getting care quickly (child 0-17): internal county visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Los Angeles County had the widest range in percentage points between the and lowest-performing plans, with a difference of ten percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento County had the highest number of plans below the 25th percentile.

Figure DENTAL.BE.39. Getting care quickly (child 0-17): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	32.8%
Los Angeles	Health Net of California	26.9%
Los Angeles	Access Dental Plan	23.3%
Sacramento	Health Net of California	25.5%
Sacramento	Liberty Dental Plan	22.5%
Sacramento	Access Dental Plan	20.6%

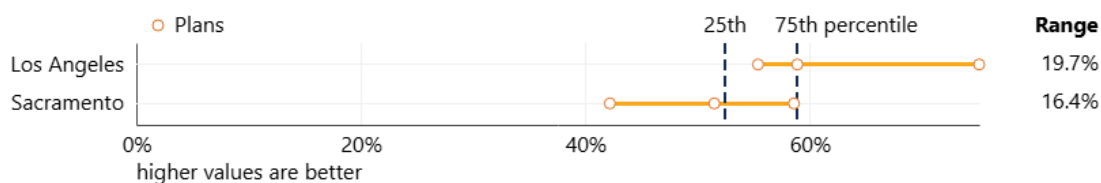
Note: Higher values are better.

Culturally competent dental care

Measure description: Percentage of members (all ages) responding that their dentists and dental staff provided culturally competent care.

Measure rationale: Percentage of members reporting culturally competent care can assist DHCS in identifying plans whose members indicate they are not receiving culturally competent dental care.

Figure DENTAL.BE.43. Culturally competent dental care (child 0-17): internal county visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Los Angeles County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 20 percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento County had the highest number of plans below the 25th percentile.

Figure DENTAL.BE.43. Culturally competent dental care (child 0-17): internal county table of low-performing plans

• County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	75.1%
Los Angeles	Access Dental Plan	58.9%
Los Angeles	Health Net of California	55.4%
Sacramento	Health Net of California	58.6%
Sacramento	Liberty Dental Plan	51.5%
Sacramento	Access Dental Plan	42.2%

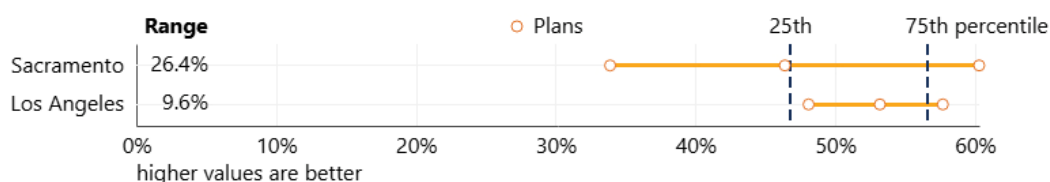
Note: Higher values are better.

Rating of all dental care

Measure description: Average member (all ages) rating of overall dental care.

Measure rationale: Average member rating of dental care can assist in gauging members' satisfaction with their health care. The rating can be used to pinpoint plans with a comparatively high number of unsatisfied members. Its associated sub-measures can then be reviewed to better understand whether members are unsatisfied with their clinical health care, health plan, or both.

Figure DENTAL.BE.46. Rating of all dental care (child 0-17): internal county visual



Source: Consumer Assessment of Healthcare Providers and Systems.

Sacramento County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of 26 percent, suggesting lower-performing plans in Sacramento County have the most potential for improvement. Sacramento County had the highest number of plans below the 25th percentile.

Figure DENTAL.BE.46. Rating of all dental care (child 0-17): internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Liberty Dental Plan	57.7%
Los Angeles	Access Dental Plan	53.2%
Los Angeles	Health Net of California	48.1%
Sacramento	Health Net of California	60.3%
Sacramento	Liberty Dental Plan	46.4%
Sacramento	Access Dental Plan	33.9%

Note: Higher values are better.

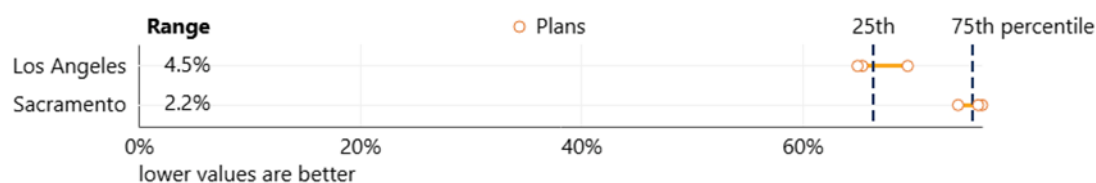
Member outcomes

Avoidable dental emergency department visits

Measure description: Percentage of emergency department visits (all ages) for non-traumatic dental conditions (NTDC).

Measure rationale: Percentage of non-traumatic dental ED visits can be used to understand access to dental health care. A high rate of avoidable dental emergency department visits may signal that a plan's members face limited or constrained access to timely dental care.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: internal county visual



Source: T-MSIS data.

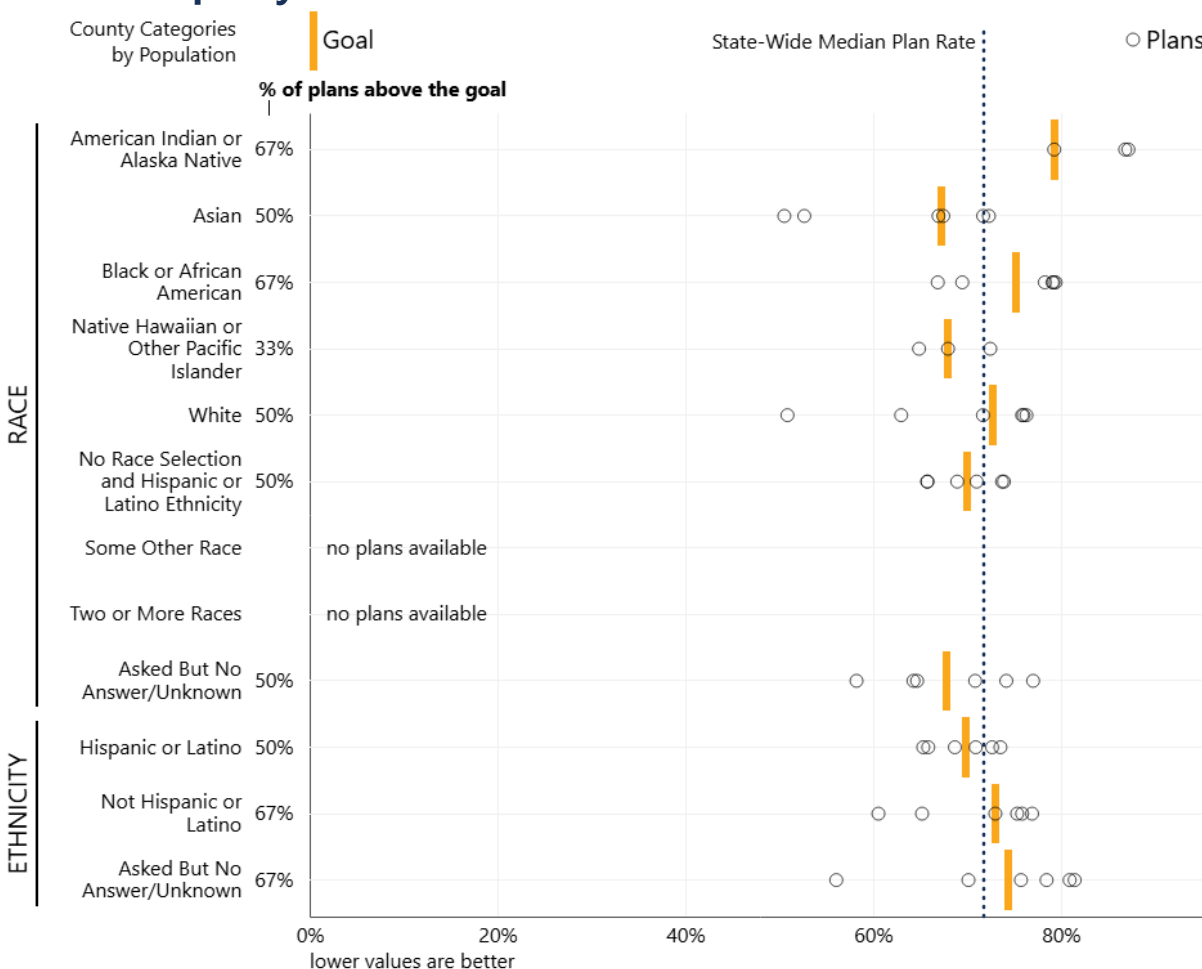
Los Angeles County had the widest range in percentage points between the highest and lowest-performing plans, with a difference of five percent, suggesting lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento County had the highest number of plans above the 75th percentile.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: internal county table of low-performing plans

County	Plan Name	Percent
Los Angeles	Access Dental Plan	69.5%
Los Angeles	Health Net of California	65.4%
Los Angeles	Liberty Dental Plan	65.0%
Sacramento	Access Dental Plan	76.3%
Sacramento	Health Net of California	75.9%
Sacramento	Liberty Dental Plan	74.1%

Note: Higher values are better.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity visual

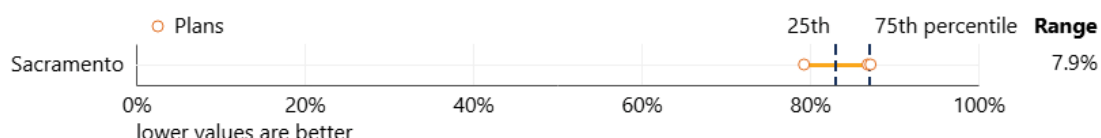


Note Ethnic plan rates that are suppressed for low numbers are not included on the chart. Goal is determined by following the DHCS Bold Goal Methodology, see Appendix C: Detailed methodology for more information.

Source: T-MSIS data.

The *American Indian and Alaska Native*, *Black or African American*, and *Not Hispanic or Latino* racial/ethnic groups had the highest percentage of plans below the goal for avoidable emergency department visits.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county visual for highest racial/ethnic group (American Indian and Alaska Native)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: T-MSIS data.

Sacramento County had the widest range between the highest and lowest-performing plans, with a difference of 7.9 percent. This suggests lower-performing plans in Sacramento County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county table of low-performing plans for highest racial/ethnic group (American Indian and Alaska Native)

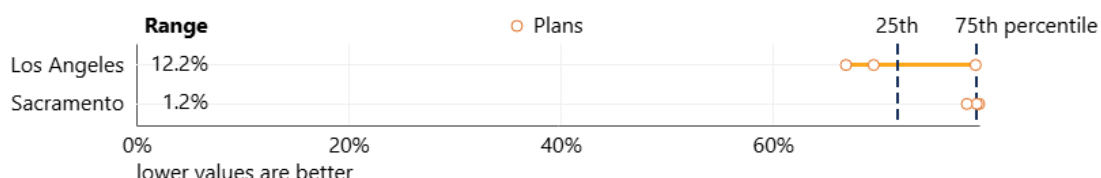
County	Plan Name Not Meeting Goal	Percent
Sacramento	Access Dental Plan	86.9%
Sacramento	Liberty Dental Plan	87.2%

Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Lower values are better.

Source: T-MSIS data.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county visual for highest racial/ethnic group (Black or African American)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: T-MSIS data.

Los Angeles County had the widest range between the highest and lowest-performing plans, with a difference of 12.2 percent. This suggests lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county table of low-performing plans for highest racial/ethnic group (Black or African American)

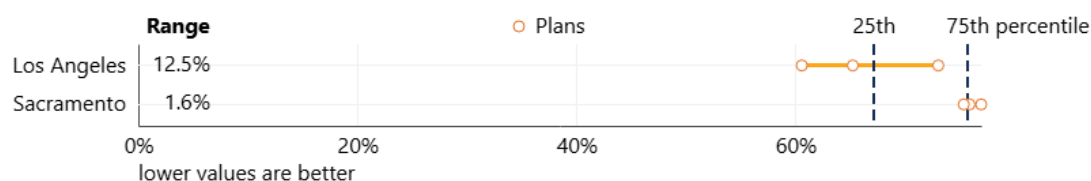
County	Plan Name Not Meeting Goal	Percent
Los Angeles	Access Dental Plan	79.1%
Sacramento	Access Dental Plan	79.5%
Sacramento	Health Net of California	79.2%
Sacramento	Liberty Dental Plan	78.3%

Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Lower values are better.

Source: T-MSIS data.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county visual for highest racial/ethnic group (Not Hispanic or Latino)



Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: T-MSIS data.

Los Angeles County had the widest range between the highest and lowest-performing plans, with a difference of 12.5 percent. This suggests lower-performing plans in Los Angeles County have the most potential for improvement. Sacramento County had the highest number of plans below the goal.

Figure DENTAL.BO.53. Avoidable dental emergency department visits: baseline disparity internal county table of low-performing plans for highest racial/ethnic group (Not Hispanic or Latino)

County	Plan Name Not Meeting Goal	Percent
Los Angeles	Access	73.0%
Sacramento	Access	77.0%
Sacramento	Health Net	75.9%
Sacramento	Liberty	75.4%

Note: Metric racial and ethnic plan rates that are suppressed for low numbers are not included in the table.

Note: Lower values are better.

Source: T-MSIS data.

SPECIALTY MENTAL HEALTH SERVICES

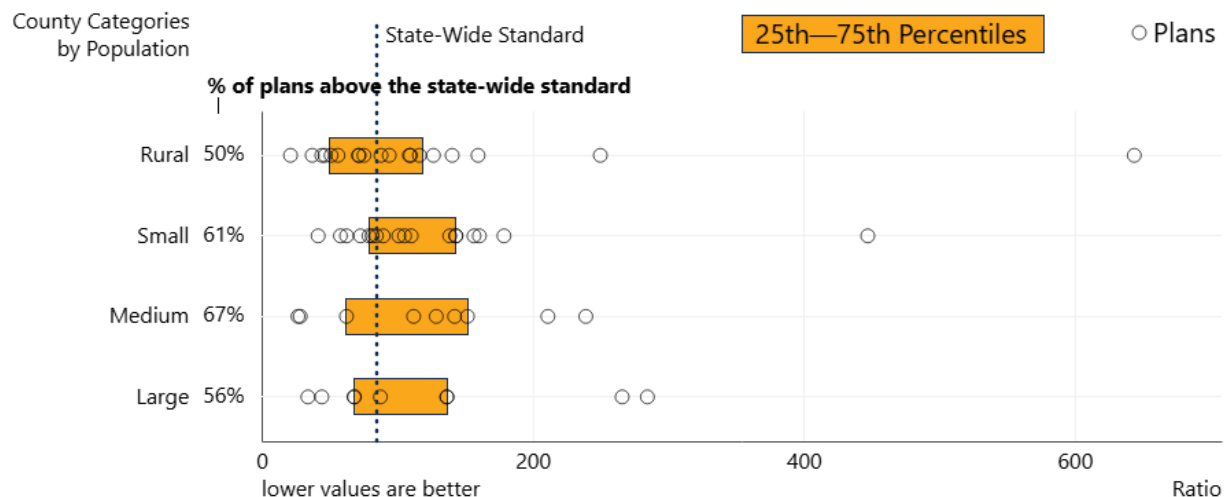
Provider availability and accessibility

Member-to-provider ratio

Measure description: Number of members (total MCMC enrollment [all ages] multiplied by a prevalence rate for need for SMHS) per provider.

Measure rationale: Member-to-provider ratio can help assess how many providers are reported by plans to be available to members. A lower ratio generally indicates better potential access, meaning members have more options for care and potentially shorter wait times.

Figure SMC.SA.6d. Outpatient mental health member-to-provider ratio (adult 21+): county size visual



Source: NACT and MIS/DSS enrollment data.

Medium-sized counties had the highest percentage of plans above the state-wide standard for outpatient mental health member-to-provider ratio for adults. Small counties had a similar portion of plans above the state-wide standard, suggesting lower performance was not isolated to medium-sized counties.

Figure SMC.SA.6d. Outpatient mental health member-to-provider ratio (adult 21+): county size table of low-performing plans

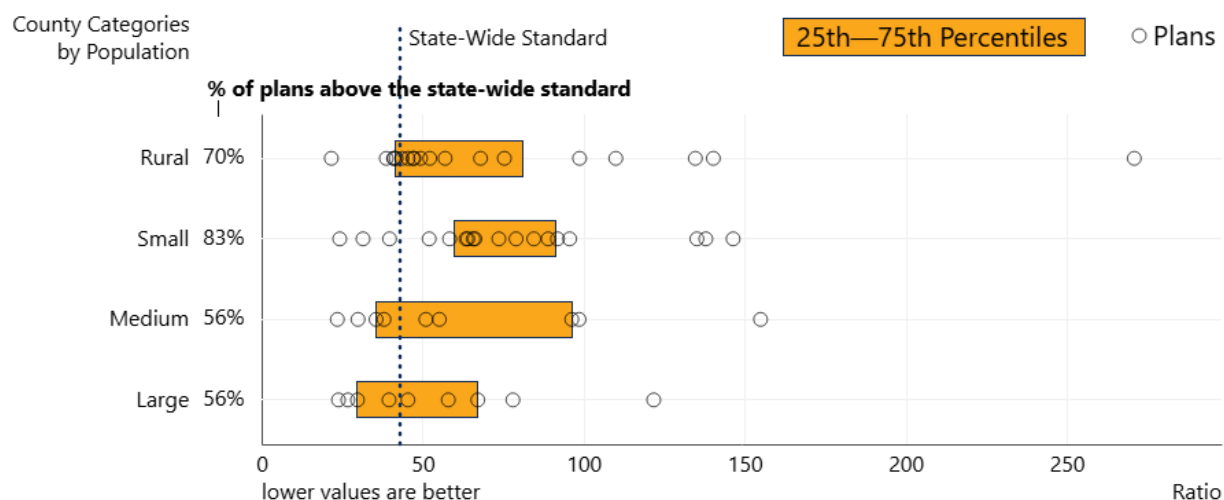
Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Alameda	Alameda SMHS Plan	284.7
	Los Angeles	Los Angeles SMHS Plan	87.7
	Orange	Orange SMHS Plan	136.8
	Sacramento	Sacramento SMHS Plan	266.1
	San Diego	San Diego SMHS Plan	136.8
Medium	Riverside	Riverside SMHS Plan	211.3
	San Joaquin	San Joaquin SMHS Plan	151.9
	Solano	Solano SMHS Plan	128.9
	Sonoma	Sonoma SMHS Plan	142.4
	Stanislaus	Stanislaus SMHS Plan	239.3

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Medium	Ventura	Ventura SMHS Plan	112.2
Small	El Dorado	El Dorado SMHS Plan	105.5
	Fresno	Fresno SMHS Plan	101.3
	Kern	Kern SMHS Plan	143.4
	Kings	Kings SMHS Plan	110.5
	Lake	Lake SMHS Plan	447.3
	Madera	Madera SMHS Plan	138.9
	Merced	Merced SMHS Plan	143.4
	San Bernardino	San Bernardino SMHS Plan	178.9
	Sutter-Yuba	Sutter-Yuba SMHS Plan	89.8
	Tulare	Tulare SMHS Plan	156.8
	Yolo	Yolo SMHS Plan	160.8
Rural	Calaveras	Calaveras SMHS Plan	94.3
	Del Norte	Del Norte SMHS Plan	644.0
	Humboldt	Humboldt SMHS Plan	88.1
	Imperial	Imperial SMHS Plan	109.1
	Lassen	Lassen SMHS Plan	250.0
	Mendocino	Mendocino SMHS Plan	109.9
	Shasta	Shasta SMHS Plan	126.8
	Siskiyou	Siskiyou SMHS Plan	159.8
	Tehama	Tehama SMHS Plan	140.7
	Trinity	Trinity SMHS Plan	116.5

Note: Lower values are better.

Source: NACT and MIS/DSS enrollment data.

Figure SMC.SA.6d. Outpatient mental health member-to-provider ratio (child 0-20): county size visual



Source: NACT and MIS/DSS enrollment data.

Small counties had the highest percentage of plans above the state-wide standard for outpatient mental health member-to-provider ratio for children. Other county sizes did not have similar rates above the state-wide standard, suggesting lower performance was more prevalent in small counties.

Figure SMC.SA.6d. Outpatient mental health member-to-provider ratio (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Alameda	Alameda SMHS Plan	121.8
	Los Angeles	Los Angeles SMHS Plan	45.5
	Orange	Orange SMHS Plan	58.0
	Sacramento	Sacramento SMHS Plan	78.1
	San Diego	San Diego SMHS Plan	67.1
Medium	Riverside	Riverside SMHS Plan	98.6
	San Joaquin	San Joaquin SMHS Plan	155.0
	Solano	Solano SMHS Plan	55.2
	Sonoma	Sonoma SMHS Plan	51.0

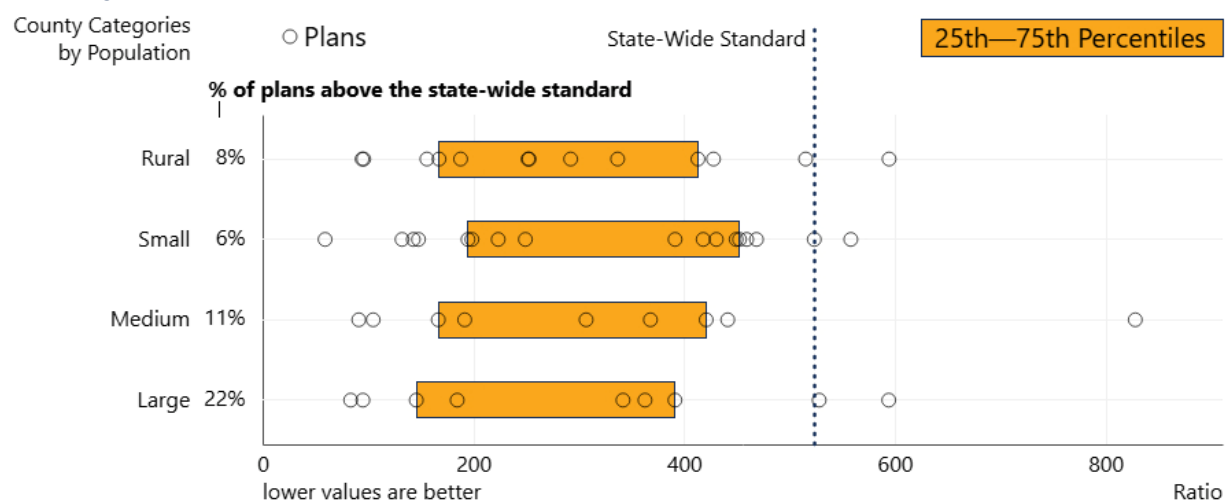
Category	County	Plan Name Not Meeting Comparison Value	Ratio
Medium	Stanislaus	Stanislaus SMHS Plan	96.3
Small	Amador	Amador SMHS Plan	66.3
	El Dorado	El Dorado SMHS Plan	64.0
	Fresno	Fresno SMHS Plan	58.4
	Kern	Kern SMHS Plan	84.5
	Kings	Kings SMHS Plan	135.2
	Lake	Lake SMHS Plan	146.4
	Madera	Madera SMHS Plan	91.9
	Merced	Merced SMHS Plan	138.0
	Monterey	Monterey SMHS Plan	52.1
	Napa	Napa SMHS Plan	63.5
	San Bernardino	San Bernardino SMHS Plan	65.7
	Santa Barbara	Santa Barbara SMHS Plan	79.0
	Sutter-Yuba	Sutter-Yuba SMHS Plan	95.7
	Tulare	Tulare SMHS Plan	89.0
	Yolo	Yolo SMHS Plan	73.7
Rural	Calaveras	Calaveras SMHS Plan	75.4
	Colusa	Colusa SMHS Plan	57.0
	Del Norte	Del Norte SMHS Plan	47.0
	Humboldt	Humboldt SMHS Plan	43.6
	Imperial	Imperial SMHS Plan	134.7
	Inyo	Inyo SMHS Plan	45.5
	Lassen	Lassen SMHS Plan	271.0
	Mono	Mono SMHS Plan	110.0
	San Benito	San Benito SMHS Plan	49.4

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Rural	Shasta	Shasta SMHS Plan	52.2
	Siskiyou	Siskiyou SMHS Plan	68.0
	Tehama	Tehama SMHS Plan	140.3
	Trinity	Trinity SMHS Plan	47.3
	Tuolumne	Tuolumne SMHS Plan	98.8

Note: Lower values are better.

Source: NACT and MIS/DSS enrollment data.

Figure SMC.SA.6e. Psychiatric member-to-provider ratio (adult 21+): county size visual



Source: NACT and MIS/DSS enrollment data.

Large counties had the highest percentage of plans above the state-wide standard for psychiatric mental health member-to-provider ratio for adults. Other county sizes did not have similar rates above the state-wide standard, suggesting lower performance was more prevalent in large counties.

Figure SMC.SA.6e. Psychiatric member-to-provider ratio (adult 21+): county size table of low-performing plans

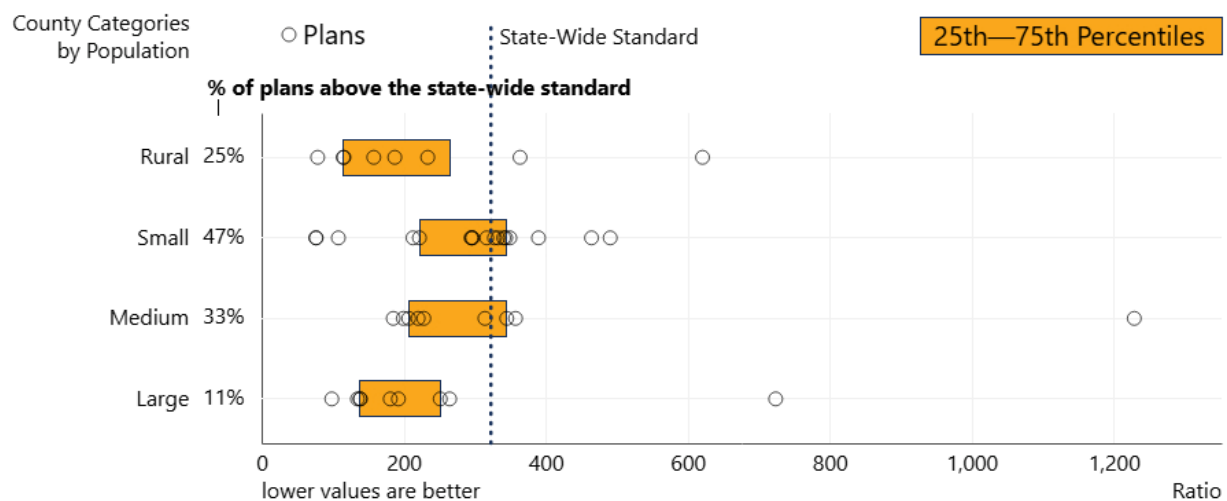
Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Alameda	Alameda SMHS Plan	528.3

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Sacramento	Sacramento SMHS Plan	594.3
Medium	Stanislaus	Stanislaus SMHS Plan	828.3
Small	Madera	Madera SMHS Plan	558.3
Rural	Shasta	Shasta SMHS Plan	594.7

Note: Lower values are better.

Source: NACT and MIS/DSS enrollment data.

Figure SMC.SA.6e. Psychiatric mental health member-to-provider ratio (child 0-20): county size visual



Source: NACT and MIS/DSS enrollment data.

Small counties had the highest percentage of plans above the state-wide standard for psychiatric mental health member-to-provider ratio for children. Other county sizes did not have similar rates above the state-wide standard, suggesting lower performance was more prevalent in small counties.

Figure SMC.SA.6e. Psychiatric mental health member-to-provider ratio (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Alameda	Alameda SMHS Plan	724.0
Medium	Riverside	Riverside SMHS Plan	345.3

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Medium	Solano	Solano SMHS Plan	357.7
	Stanislaus	Stanislaus SMHS Plan	1,229.0
Small	El Dorado	El Dorado SMHS Plan	390.0
	Fresno	Fresno SMHS Plan	340.9
	Merced	Merced SMHS Plan	328.0
	Monterey	Monterey SMHS Plan	349.7
	Santa Barbara	Santa Barbara SMHS Plan	343.8
	Sutter-Yuba	Sutter-Yuba SMHS Plan	333.0
	Tulare	Tulare SMHS Plan	464.7
	Yolo	Yolo SMHS Plan	491.0
Rural	Mendocino	Mendocino SMHS Plan	364.0
	Shasta	Shasta SMHS Plan	621.0

Note: Lower values are better.

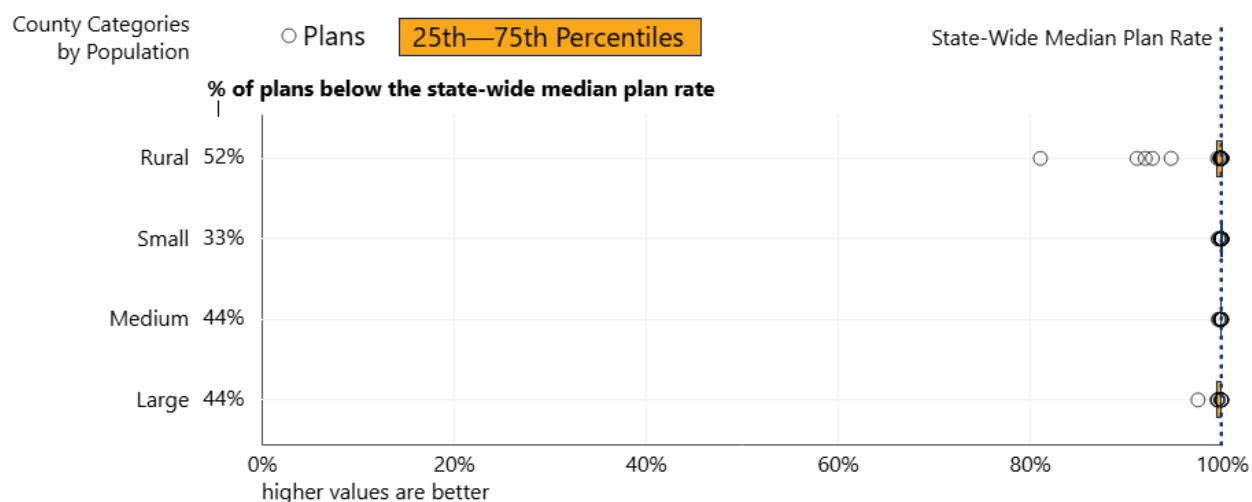
Source: NACT and MIS/DSS enrollment data.

Members living inside time or distance standards

Measure description: Percentage of members (all ages) living in a zip code that falls inside at least one time or distance standard.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. The percentage can be used to pinpoint plans that have a high number of members living outside of the established time or distance standards. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure SMC.SA.7e. Members inside outpatient mental health time or distance standards (adult 21 +): county size visual



Source: MHC deficient ZIP Codes file.

Rural counties had the highest percentage of plans below the state-wide median plan rate for the percentage of members inside outpatient mental health time or distance standards. Large and medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure SMC.SA.7e. Members inside outpatient mental health time or distance standards (adult 21 +): county size table of low-performing plans

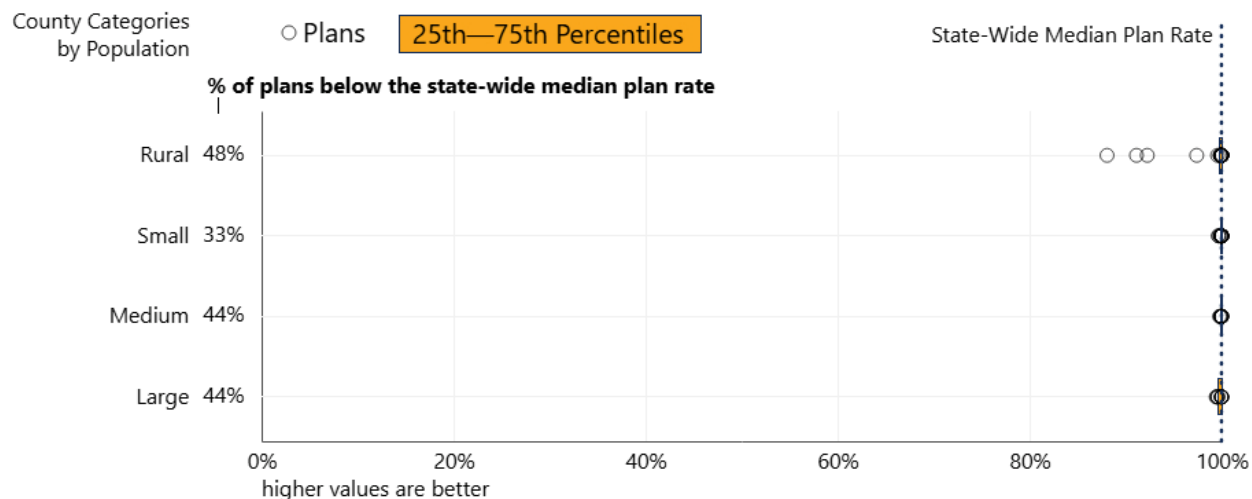
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles SMHS Plan	99.7%
	Sacramento	Sacramento SMHS Plan	97.6%
	San Diego	San Diego SMHS Plan	99.6%
	San Mateo	San Mateo SMHS Plan	99.6%
Medium	Marin	Marin SMHS Plan	99.9%
	Placer	Placer SMHS Plan	99.7%
	Riverside	Riverside SMHS Plan	99.9%
	Sonoma	Sonoma SMHS Plan	99.8%
Small	Monterey	Monterey SMHS Plan	99.9%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	San Bernardino	San Bernardino SMHS Plan	99.9%
	San Luis Obispo	San Luis Obispo SMHS Plan	99.6%
	Santa Barbara	Santa Barbara SMHS Plan	99.7%
	Sutter/Yuba	Sutter SMHS Plan	99.9%
	Yolo	Yolo SMHS Plan	100.0%
Rural	Imperial	Imperial SMHS Plan	99.8%
	Inyo	Inyo SMHS Plan	94.8%
	Lassen	Lassen SMHS Plan	99.9%
	Mariposa	Mariposa SMHS Plan	99.9%
	Modoc	Modoc SMHS Plan	92.1%
	Mono	Mono SMHS Plan	91.2%
	Plumas	Plumas SMHS Plan	99.8%
	San Benito	San Benito SMHS Plan	99.9%
	Sierra	Sierra SMHS Plan	81.1%
	Siskiyou	Siskiyou SMHS Plan	92.8%
	Trinity	Trinity SMHS Plan	99.6%

Note: Higher values are better.

Source: MHC deficient ZIP Codes file.

Figure SMC.SA.7e. Members inside outpatient mental health time or distance standards (child 0-20): county size visual



Source: MHC deficient ZIP Codes file.

Rural counties had the highest percentage of plans below the state-wide median plan rate for the percentage of members inside outpatient mental health time or distance standards. Large and medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure SMC.SA.7e. Members inside outpatient mental health time or distance standards (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles SMHS Plan	99.6%
	Sacramento	Sacramento SMHS Plan	99.4%
	San Diego	San Diego SMHS Plan	99.6%
	San Mateo	San Mateo SMHS Plan	99.5%
Medium	Marin	Marin SMHS Plan	99.9%
	Placer	Placer SMHS Plan	99.9%
	Riverside	Riverside SMHS Plan	99.9%
	Sonoma	Sonoma SMHS Plan	99.8%
Small	Monterey	Monterey SMHS Plan	100.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	San Bernardino	San Bernardino SMHS Plan	99.9%
	San Luis Obispo	San Luis Obispo SMHS Plan	99.7%
	Santa Barbara	Santa Barbara SMHS Plan	99.7%
	Sutter/Yuba	Sutter SMHS Plan	99.9%
	Yolo	Yolo SMHS Plan	100.0%
Rural	Humboldt	Humboldt SMHS Plan	99.9%
	Imperial	Imperial SMHS Plan	99.9%
	Inyo	Inyo SMHS Plan	97.4%
	Mendocino	Mendocino SMHS Plan	100.0%
	Modoc	Modoc SMHS Plan	88.1%
	Mono	Mono SMHS Plan	92.3%
	Plumas	Plumas SMHS Plan	99.8%
	San Benito	San Benito SMHS Plan	99.9%
	Siskiyou	Siskiyou SMHS Plan	91.1%
	Trinity	Trinity SMHS Plan	99.6%

Note: Higher values are better.

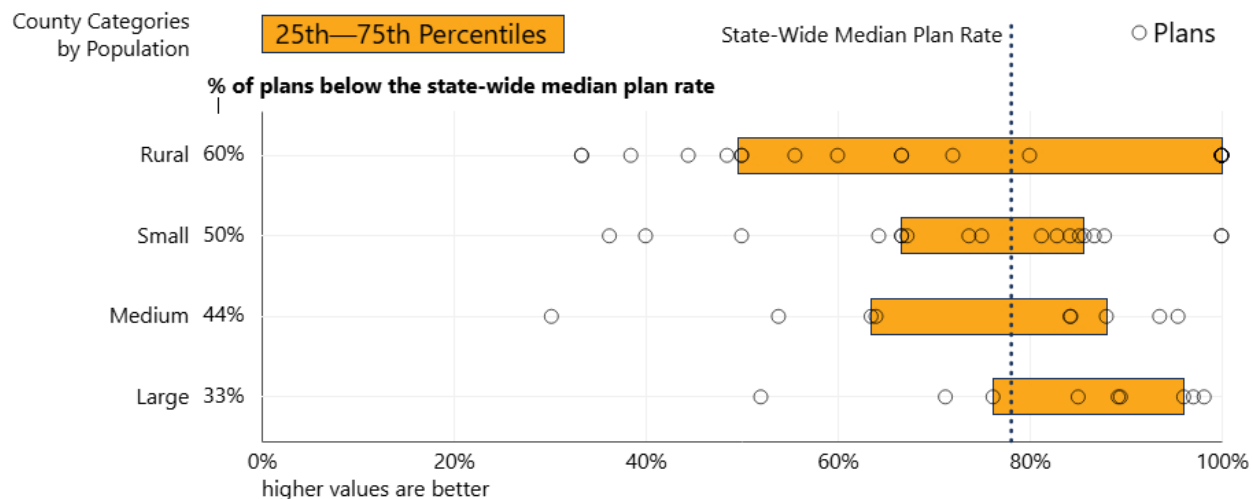
Source: MHC deficient ZIP Codes file.

Active providers

Measure description: Percentage of providers billing at least one claim in the past year.

Measure rationale: The use of member visit thresholds for providers (0, at least one member seen in the past year) can offer insights into (1) how many providers are participating in Medi-Cal per plan (i.e., the latent supply for that plan) and (2) the levels of provider engagement for that plan. The percentages and the associated sub-measures can assist in identifying plans that may meet time and distance standards but whose provider networks are not frequently providing services to members.

Figure SM.SA.9. Active providers (providers billing at least 1 claim): county size visual



Source: NACT and claims and encounter data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for active providers. Small counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure SM.SA.9. Active providers (providers billing at least 1 claim): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	76.2%
	Orange	Orange SMHS Plan	52.0%
	Sacramento	Sacramento SMHS Plan	71.2%
Medium	Marin	Marin SMHS Plan	64.0%
	Placer	Placer SMHS Plan	30.2%
	San Joaquin	San Joaquin SMHS Plan	63.5%
	Stanislaus	Stanislaus SMHS Plan	53.8%
Small	El Dorado	El Dorado SMHS Plan	75.0%
	Fresno	Fresno SMHS Plan	67.2%
	Lake	Lake SMHS Plan	40.0%
	Madera	Madera SMHS Plan	73.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Merced	Merced SMHS Plan	66.7%
	Napa	Napa SMHS Plan	50.0%
	Nevada	Nevada SMHS Plan	66.7%
	San Luis Obispo	San Luis Obispo SMHS Plan	36.2%
	Yolo	Yolo SMHS Plan	64.3%
Rural	Alpine	Alpine SMHS Plan	33.3%
	Humboldt	Humboldt SMHS Plan	72.0%
	Inyo	Inyo SMHS Plan	66.7%
	Lassen	Lassen SMHS Plan	50.0%
	Mendocino	Mendocino SMHS Plan	48.5%
	Modoc	Modoc SMHS Plan	33.3%
	Mono	Mono SMHS Plan	50.0%
	Plumas	Plumas SMHS Plan	44.4%
	San Benito	San Benito SMHS Plan	66.7%
	Shasta	Shasta SMHS Plan	55.6%
	Tehama	Tehama SMHS Plan	38.5%
	Trinity	Trinity SMHS Plan	60.0%

Note: Higher values are better.

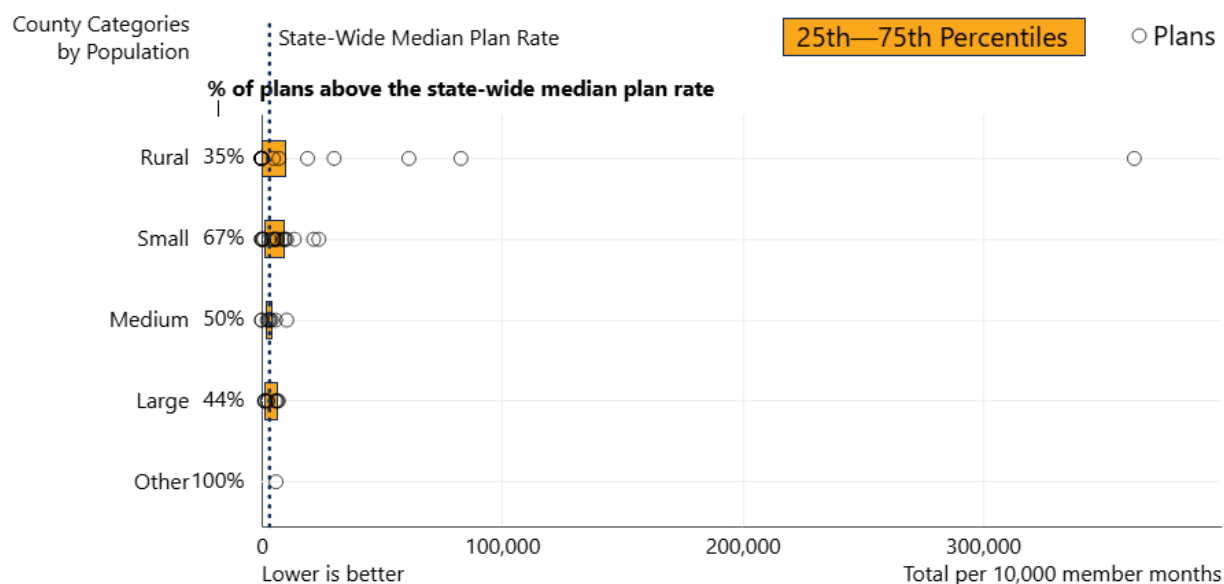
Source: NACT and claims and encounter data.

Access to care grievances

Measure description: Total number of access to care grievances per 10,000 member months.

Measure rationale: Access to Care Grievances can help capture the degree to which Medi-Cal plans' members are reporting access-related issues.

Figure SMC.SA.10. Access to care grievances: county size visual



Source: Managed care program annual report- SMHS and MIS/DSS enrollment data.

Small counties had the highest percentage of plans above the state-wide median plan rate for access to care grievances. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure SMC.SA.10. Access to care grievances: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Contra Costa	Contra Costa SMHS Plan	6,322.3
	Orange	Orange SMHS Plan	7,025.2
	San Mateo	San Mateo SMHS Plan	6,421.8
	Santa Clara	Santa Clara SMHS Plan	5,671.0
Medium	Marin	Marin SMHS Plan	4,115.2
	Solano	Solano SMHS Plan	3,469.3
	Sonoma	Sonoma SMHS Plan	10,472.3
	Ventura	Ventura SMHS Plan	5,836.7

Category	County	Plan Name Not Meeting Comparison Value	Total
Small	Butte	Butte SMHS Plan	10,452.1
	El Dorado	El Dorado SMHS Plan	5,087.5
	Kern	Kern SMHS Plan	9,750.7
	Kings	Kings SMHS Plan	21,677.2
	Madera	Madera SMHS Plan	8,547.0
	Merced	Merced SMHS Plan	6,218.9
	Napa	Napa SMHS Plan	6,440.0
	Nevada	Nevada SMHS Plan	5,348.7
	San Bernardino	San Bernardino SMHS Plan	4,771.4
	San Luis Obispo	San Luis Obispo SMHS Plan	13,620.3
	Santa Barbara	Santa Barbara SMHS Plan	9,484.1
	Yolo	Yolo SMHS Plan	23,820.9
Rural	Humboldt	Humboldt SMHS Plan	4,935.3
	Imperial	Imperial SMHS Plan	19,125.3
	Mariposa	Mariposa SMHS Plan	363,005.1
	Mono	Mono SMHS Plan	82,918.7
	San Benito	San Benito SMHS Plan	61,274.5
	Shasta	Shasta SMHS Plan	30,173.4
	Siskiyou	Siskiyou SMHS Plan	7,259.0
Other	Placer-Sierra	Placer-Sierra SMHS Plan	6,027.7

Note: Lower values are better.

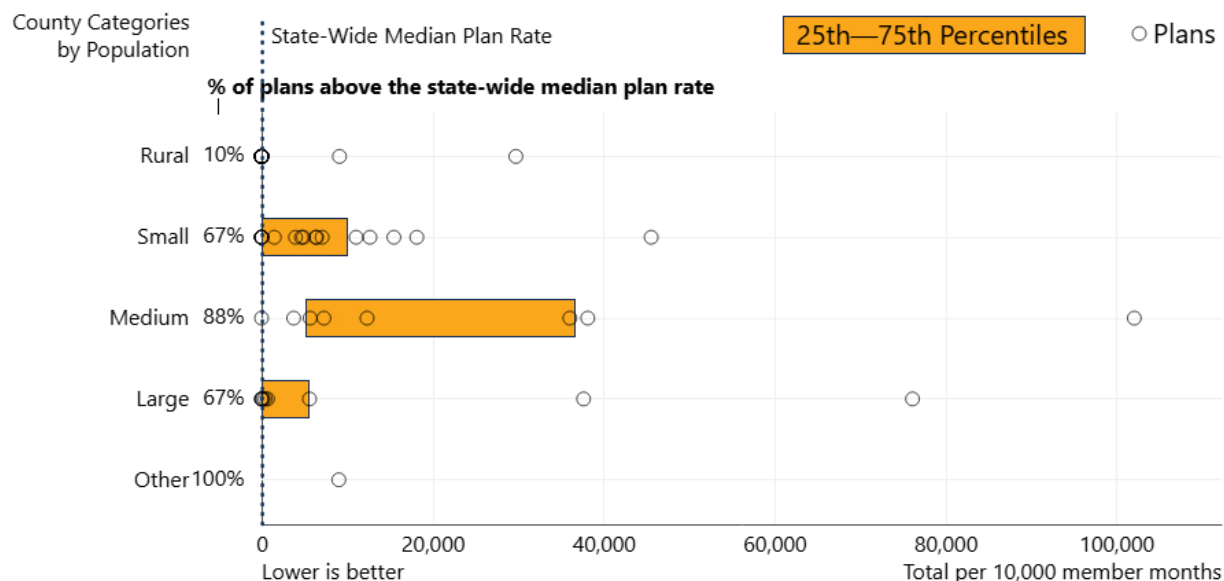
Source: Managed care program annual report- SMHS and MIS/DSS enrollment data.

Resolved appeals

Measure description: Total number of resolved appeals per 10,000 member months.

Measure rationale: Resolved Appeals can help capture the frequency of instances where members felt that their request for services was unfairly denied. Fewer appeals may indicate members are not being improperly denied needed services.

Figure SMC.SA.11. Resolved appeals: county size visual



Source: Managed care program annual report- SMHS and MIS/DSS enrollment data.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for resolved appeals. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure SMC.SA.11. Resolved appeals: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Alameda	Alameda SMHS Plan	437.6
	Los Angeles	Los Angeles SMHS Plan	197.8
	Orange	Orange SMHS Plan	702.5
	Sacramento	Sacramento SMHS Plan	37,675.0
	San Diego	San Diego SMHS Plan	5,609.3

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	San Francisco	San Francisco SMHS Plan	76,157.8
Medium	Marin	Marin SMHS Plan	12,345.7
	Riverside	Riverside SMHS Plan	36,072.8
	San Joaquin	San Joaquin SMHS Plan	3,757.5
	Santa Cruz	Santa Cruz SMHS Plan	5,680.5
	Solano	Solano SMHS Plan	38,162.6
	Sonoma	Sonoma SMHS Plan	102,104.9
	Ventura	Ventura SMHS Plan	7,295.9
Small	Butte	Butte SMHS Plan	1,493.2
	Fresno	Fresno SMHS Plan	4,905.5
	Kings	Kings SMHS Plan	15,483.7
	Madera	Madera SMHS Plan	45,584.0
	Merced	Merced SMHS Plan	4,664.2
	Monterey	Monterey SMHS Plan	12,679.5
	Napa	Napa SMHS Plan	6,440.0
	San Luis Obispo	San Luis Obispo SMHS Plan	18,160.4
	Santa Barbara	Santa Barbara SMHS Plan	11,064.7
	Sutter-Yuba	Sutter-Yuba SMHS Plan	7,090.2
	Tulare	Tulare SMHS Plan	6,339.3
	Yolo	Yolo SMHS Plan	3,970.1
Rural	Imperial	Imperial SMHS Plan	29,750.5
	Tuolumne	Tuolumne SMHS Plan	9,117.4
Other	Placer-Sierra	Placer-Sierra SMHS Plan	9,041.6

Note: Lower values are better.

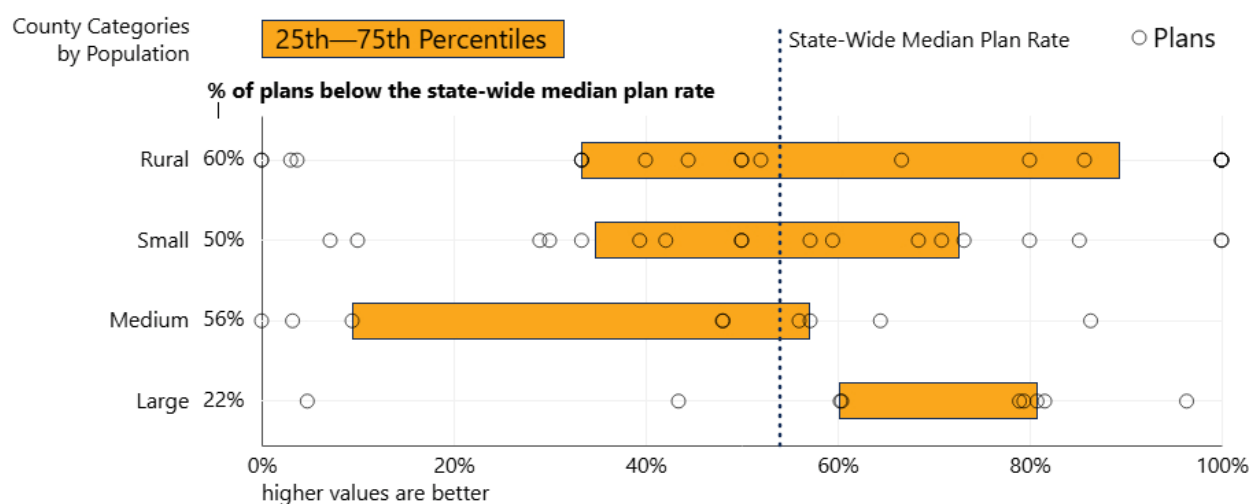
Source: Managed care program annual report- SMHS and MIS/DSS enrollment data.

Provision of telehealth services

Measure description: Percentage of providers providing telehealth services.

Measure rationale: Provision of telehealth services can assist DHCS in identifying plans with limited telehealth availability, which may lead to availability and accessibility of service issues. By reviewing Measure 12, DHCS can pinpoint plans with comparatively lower telehealth services. DHCS can then review the sub-measures for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure SMC.SA.12. Provision of telehealth services: county size visual



Source: NACT and MIS/DSS enrollment data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for provision of telehealth services. Medium-sized and small counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

Figure SMC.SA.12. Provision of telehealth services: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	4.8%
	Orange	Orange SMHS Plan	43.4%
Medium	Marin	Marin SMHS Plan	48.0%
	Placer	Placer SMHS Plan	9.4%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Solano	Solano SMHS Plan	0.0%
	Stanislaus	Stanislaus SMHS Plan	48.1%
	Ventura	Ventura SMHS Plan	3.2%
Small	El Dorado	El Dorado SMHS Plan	50.0%
	Lake	Lake SMHS Plan	30.0%
	Madera	Madera SMHS Plan	42.1%
	Merced	Merced SMHS Plan	39.4%
	Napa	Napa SMHS Plan	10.0%
	Nevada	Nevada SMHS Plan	33.3%
	San Bernardino	San Bernardino SMHS Plan	7.1%
	San Luis Obispo	San Luis Obispo SMHS Plan	29.0%
	Yolo	Yolo SMHS Plan	50.0%
Rural	Alpine	Alpine SMHS Plan	33.3%
	Humboldt	Humboldt SMHS Plan	52.0%
	Imperial	Imperial SMHS Plan	0.0%
	Lassen	Lassen SMHS Plan	50.0%
	Mendocino	Mendocino SMHS Plan	3.0%
	Modoc	Modoc SMHS Plan	33.3%
	Mono	Mono SMHS Plan	50.0%
	Plumas	Plumas SMHS Plan	44.4%
	San Benito	San Benito SMHS Plan	33.3%
	Shasta	Shasta SMHS Plan	3.7%
	Tehama	Tehama SMHS Plan	0.0%
	Trinity	Trinity SMHS Plan	40.0%

Note: Higher values are better.

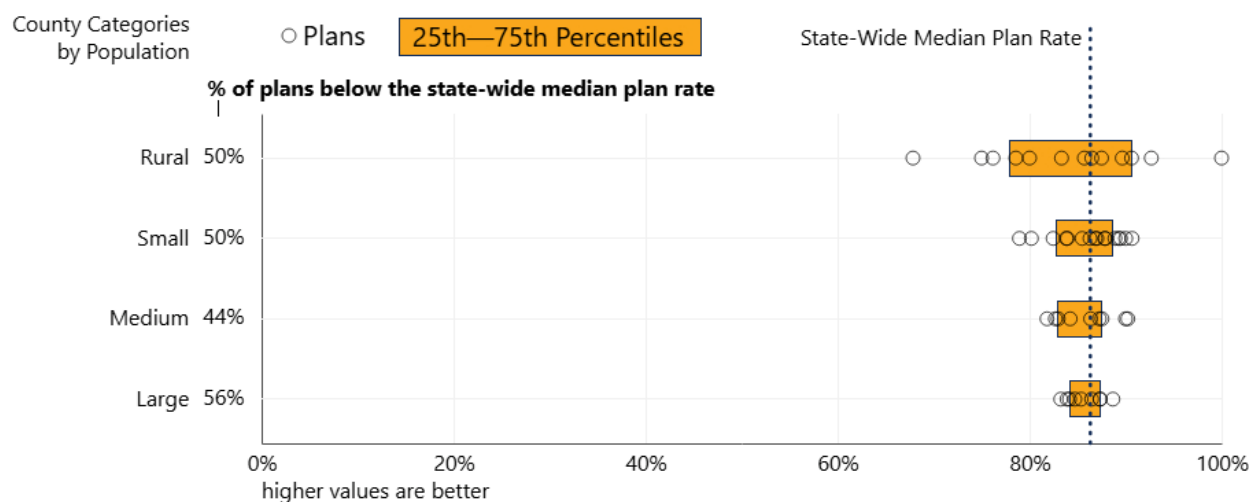
Source: NACT and MIS/DSS enrollment data.

Accessibility of SMHS services

Measure description: Percentage of members age 13 or older responding that the location of services was convenient.

Measure rationale: This measure can assist in understanding whether the location of mental health services is convenient for members.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): county size visual



Source: Consumer Perception Survey.

Large counties had the highest percentage of plans below the state-wide median plan rate for accessibility of SMHS services. Rural and small counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): county size table of low-performing plans

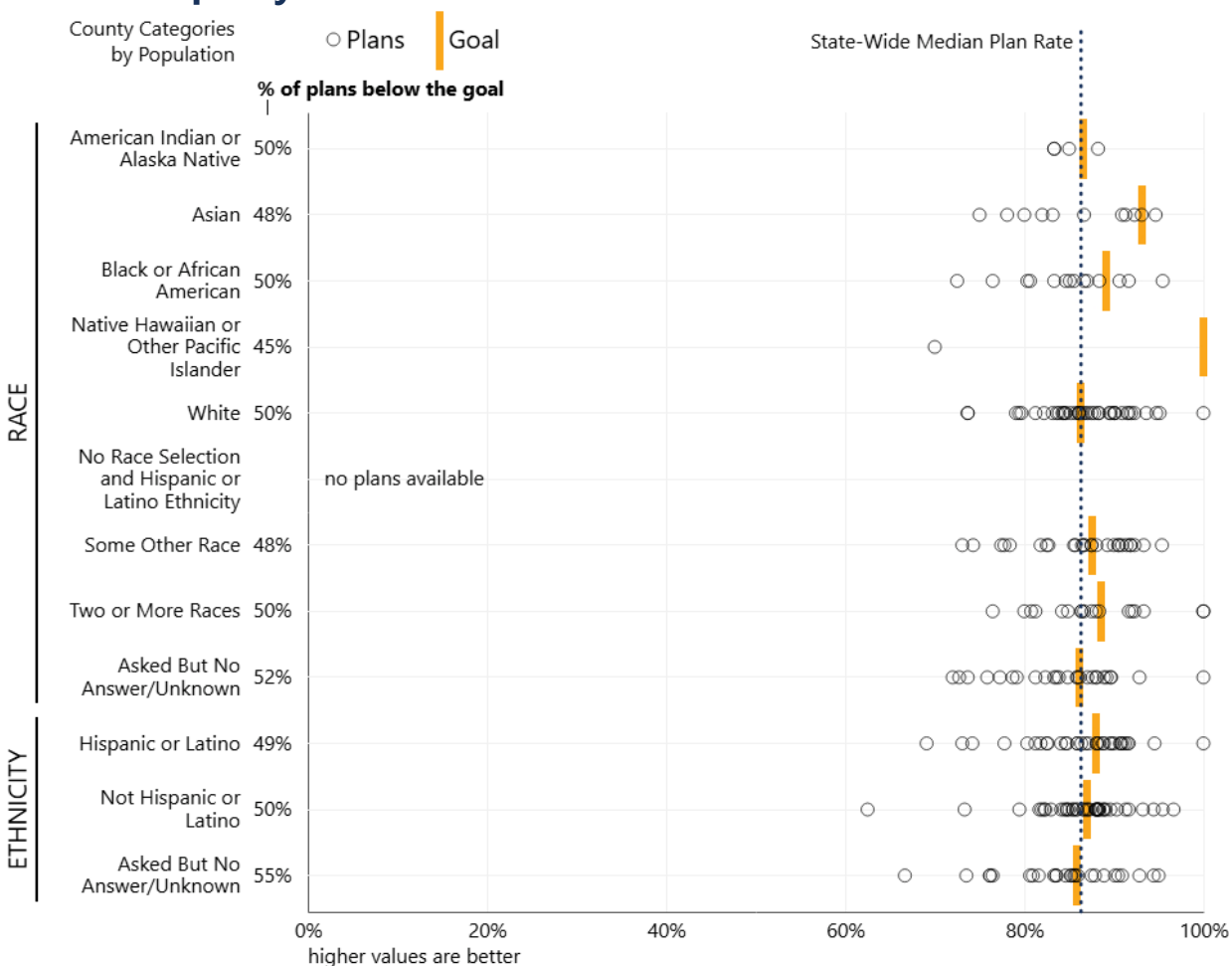
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	84.2%
	Los Angeles	Los Angeles SMHS Plan	85.4%
	San Diego	San Diego SMHS Plan	83.9%
	San Francisco	San Francisco SMHS Plan	84.7%
	San Mateo	San Mateo SMHS Plan	83.2%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Marin	Marin SMHS Plan	82.7%
	San Joaquin	San Joaquin SMHS Plan	84.2%
	Sonoma	Sonoma SMHS Plan	81.8%
	Stanislaus	Stanislaus SMHS Plan	83.0%
Small	Butte	Butte SMHS Plan	86.3%
	Madera	Madera SMHS Plan	83.8%
	Merced	Merced SMHS Plan	82.5%
	Monterey	Monterey SMHS Plan	80.2%
	Nevada	Nevada SMHS Plan	83.9%
	Santa Barbara	Santa Barbara SMHS Plan	78.9%
	Yolo	Yolo SMHS Plan	85.5%
Rural	Calaveras	Calaveras SMHS Plan	78.6%
	Colusa	Colusa SMHS Plan	83.3%
	Humboldt	Humboldt SMHS Plan	67.9%
	Lassen	Lassen SMHS Plan	76.2%
	San Benito	San Benito SMHS Plan	75.0%
	Siskiyou	Siskiyou SMHS Plan	80.0%
	Tehama	Tehama SMHS Plan	85.7%

Note: Higher values are better.

Source: Consumer Perception Survey.

**Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59):
baseline disparity visual**

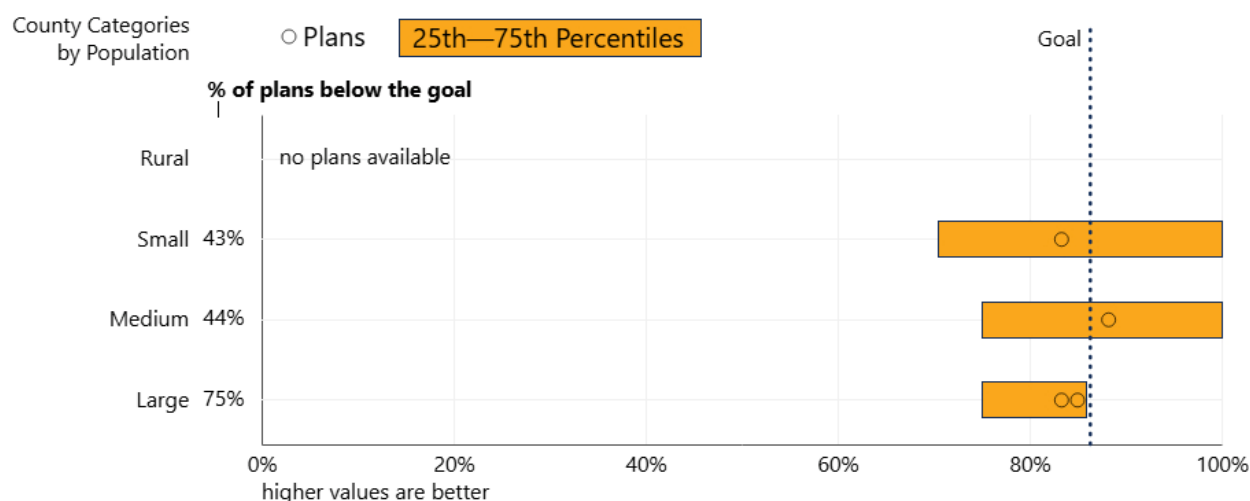


Notes: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Consumer Perception Survey.

The American Indian or Alaska Native, Black or African American, White, and Not Hispanic or Latino racial/ethnic groups had the highest percentage of plans below the goal for accessibility of SMHS services.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size visual for highest racial/ethnic group (American Indian or Alaska Native)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Consumer Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the *American Indian or Alaska Native* racial/ethnic group for accessibility of SMHS services.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size table of low-performing plans for highest racial/ethnic group (American Indian or Alaska Native)

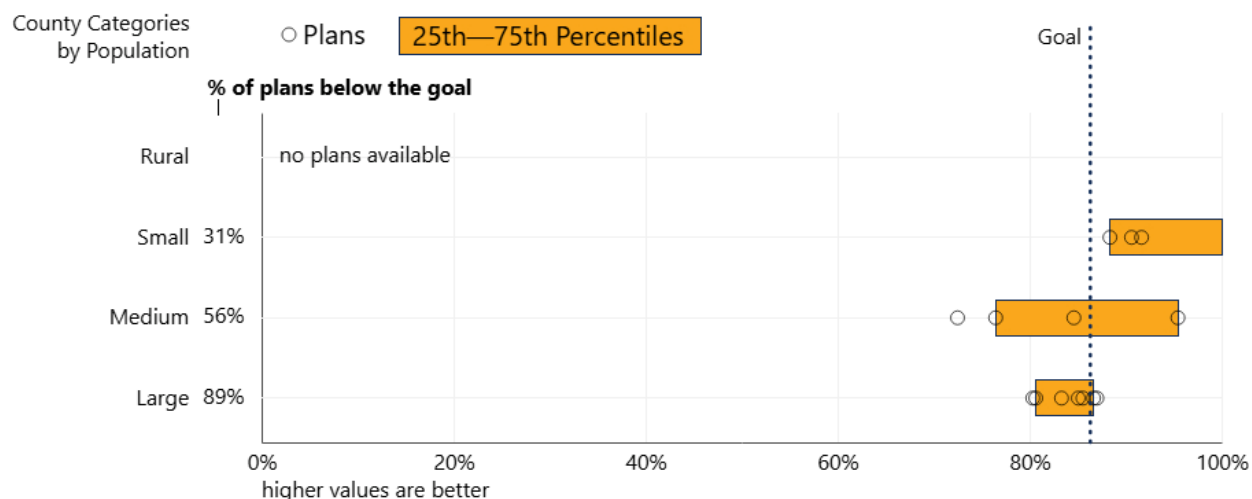
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles SMHS Plan	85.0%
	San Diego	San Diego SMHS Plan	83.3%
Small	Fresno	Fresno SMHS Plan	83.3%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size visual for highest racial/ethnic group (Black or African American)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Consumer Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the *Black or African American* racial/ethnic group for accessibility of SMHS services.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size table of low-performing plans for highest racial/ethnic group (Black or African American)

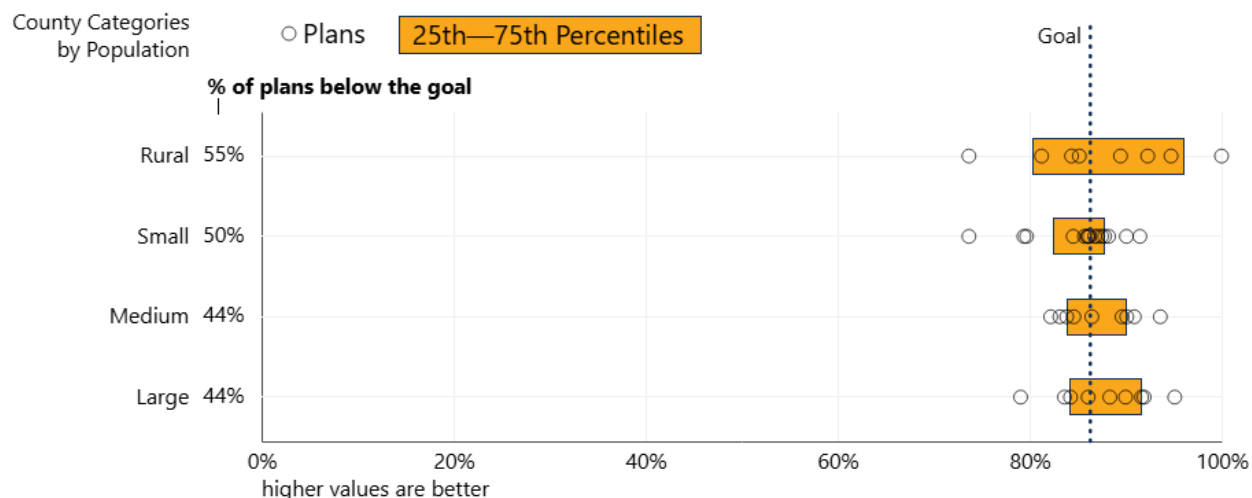
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	80.3%
	Los Angeles	Los Angeles SMHS Plan	85.1%
	Orange	Orange SMHS Plan	80.6%
	San Diego	San Diego SMHS Plan	85.6%
	Santa Clara	Santa Clara SMHS Plan	83.3%
Medium	Marin	Marin SMHS Plan	76.5%
	Riverside	Riverside SMHS Plan	84.6%
	San Joaquin	San Joaquin SMHS Plan	72.5%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size visual for highest racial/ethnic group (White)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Consumer Perception Survey.

Rural counties had the highest percentage of plans below the goal for beneficiaries from the *White* racial/ethnic group for accessibility of SMHS services.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size table of low-performing plans for highest racial/ethnic group (White)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles SMHS Plan	86.1%
	Orange	Orange SMHS Plan	84.3%
	San Diego	San Diego SMHS Plan	83.6%
	San Francisco	San Francisco SMHS Plan	79.1%
Medium	Marin	Marin SMHS Plan	82.2%
	Solano	Solano SMHS Plan	84.6%

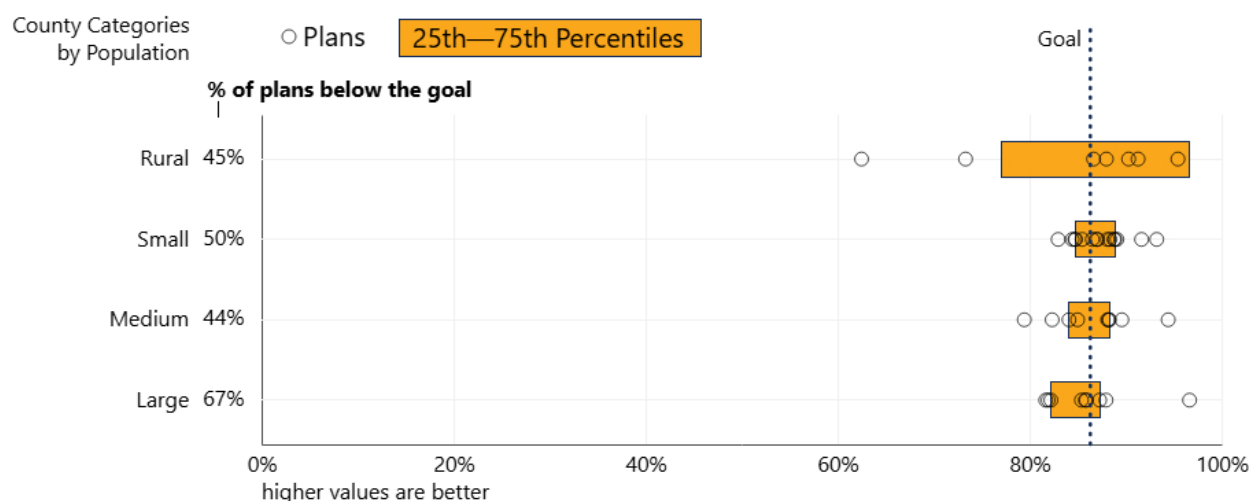
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Sonoma	Sonoma SMHS Plan	83.2%
	Stanislaus	Stanislaus SMHS Plan	83.9%
Small	Butte	Butte SMHS Plan	86.1%
	Fresno	Fresno SMHS Plan	84.5%
	Kern	Kern SMHS Plan	86.3%
	Merced	Merced SMHS Plan	79.4%
	Monterey	Monterey SMHS Plan	73.7%
	Napa	Napa SMHS Plan	85.7%
	Nevada	Nevada SMHS Plan	86.0%
	Santa Barbara	Santa Barbara SMHS Plan	79.7%
Rural	Humboldt	Humboldt SMHS Plan	73.7%
	Lassen	Lassen SMHS Plan	81.3%
	Siskiyou	Siskiyou SMHS Plan	84.4%
	Tehama	Tehama SMHS Plan	85.2%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size visual for highest racial/ethnic group (Not Hispanic or Latino)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Consumer Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the *Not Hispanic or Latino* racial/ethnic group for accessibility of SMHS services.

Figure SMC.SA.13. Accessibility of SMHS services (adult 18-59): baseline disparity county size table of low-performing plans for highest racial/ethnic group (Not Hispanic or Latino)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	85.8%
	Contra Costa	Contra Costa SMHS Plan	85.9%
	Los Angeles	Los Angeles SMHS Plan	85.4%
	Orange	Orange SMHS Plan	81.9%
	San Diego	San Diego SMHS Plan	82.2%
	San Francisco	San Francisco SMHS Plan	81.7%
Medium	Marin	Marin SMHS Plan	84.1%
	San Joaquin	San Joaquin SMHS Plan	85.0%

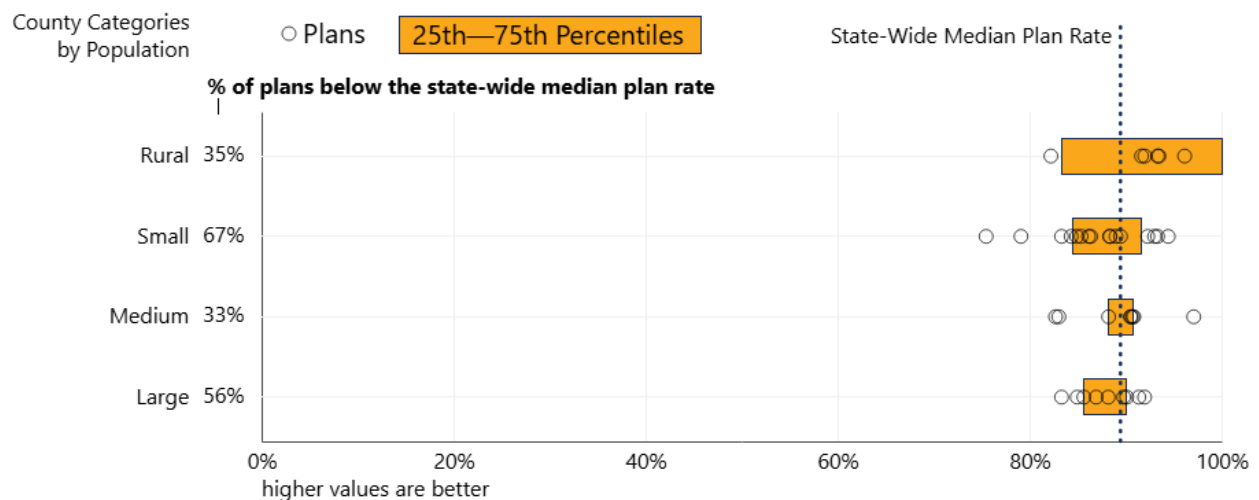
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Sonoma	Sonoma SMHS Plan	82.4%
	Stanislaus	Stanislaus SMHS Plan	79.5%
Small	Kern	Kern SMHS Plan	84.7%
	Madera	Madera SMHS Plan	83.0%
	Monterey	Monterey SMHS Plan	84.8%
	Nevada	Nevada SMHS Plan	84.4%
	Santa Barbara	Santa Barbara SMHS Plan	85.5%
Rural	Humboldt	Humboldt SMHS Plan	62.5%
	Lassen	Lassen SMHS Plan	73.3%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.SA.13. Accessibility of SMHS services (child 13-17): county size visual



Source: Consumer Perception Survey.

Small counties had the highest percentage of plans below the state-wide median plan rate for accessibility of SMHS services. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure SMC.SA.13. Accessibility of SMHS services (child 13-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	Orange SMHS Plan	85.7%
	San Diego	San Diego SMHS Plan	86.9%
	San Francisco	San Francisco SMHS Plan	85.0%
	San Mateo	San Mateo SMHS Plan	83.3%
	Santa Clara	Santa Clara SMHS Plan	88.2%
Medium	Marin	Marin SMHS Plan	88.2%
	Sonoma	Sonoma SMHS Plan	83.1%
	Stanislaus	Stanislaus SMHS Plan	82.7%
Small	Butte	Butte SMHS Plan	88.3%
	El Dorado	El Dorado SMHS Plan	85.4%
	Fresno	Fresno SMHS Plan	84.3%
	Kings	Kings SMHS Plan	86.2%
	Merced	Merced SMHS Plan	79.1%
	Monterey	Monterey SMHS Plan	84.9%
	Napa	Napa SMHS Plan	86.4%
	San Bernardino	San Bernardino SMHS Plan	89.0%
	San Luis Obispo	San Luis Obispo SMHS Plan	75.5%
	Tulare	Tulare SMHS Plan	88.4%
	Yolo	Yolo SMHS Plan	83.3%
Rural	Imperial	Imperial SMHS Plan	82.2%

Note: Higher values are better.

Source: Consumer Perception Survey.

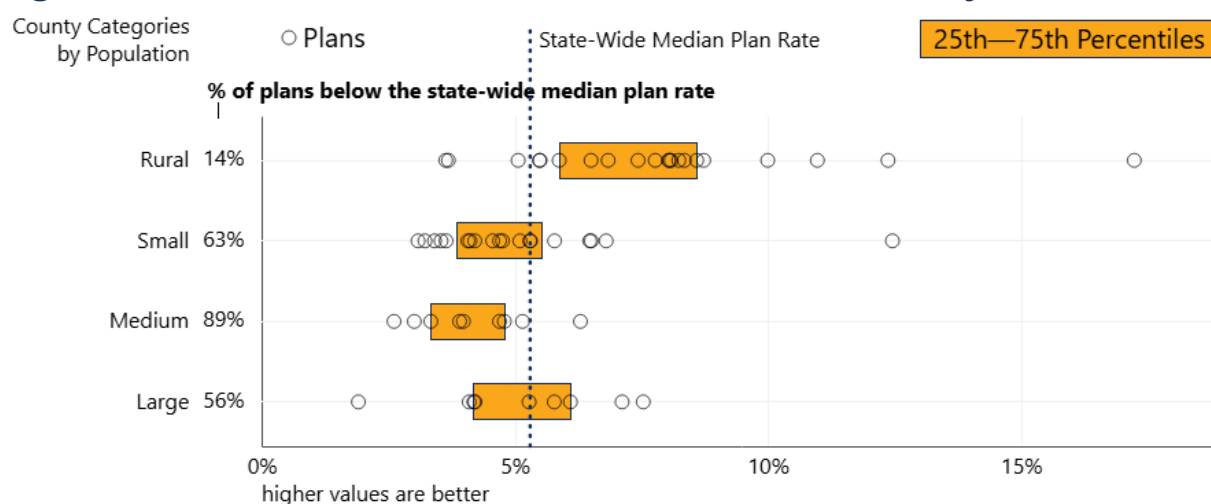
Service use

Penetration and engagement rates

Measure description: Percentage of Medi-Cal eligible population (all ages) that received SMHS services.³

Measure rationale: Percentage of Medi-Cal eligible population that received SMHS services can assist in monitoring access to SMHS services. Comparing the penetration rate to the engagement rate can help indicate whether members are successfully engaging with mental health treatment.

Figure SMC.SU.22. Penetration rates (adult 21+): county size visual



Source: Specialty mental health services performance dashboard.

Medium-sized counties had the highest percentage of plans below the state-wide median penetration rate for adults. Other county sizes did not have similar rates of plans below this state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

³ Penetration and engagement rates capture members receiving SMHS out of all members enrolled in MCMC as opposed to a population in which the need for SMHS may be more prevalent. DHCS is exploring alternate methodologies to better capture these measures.

Figure SMC.SU.22. Penetration rates (adult 21+): county size table of low-performing plans

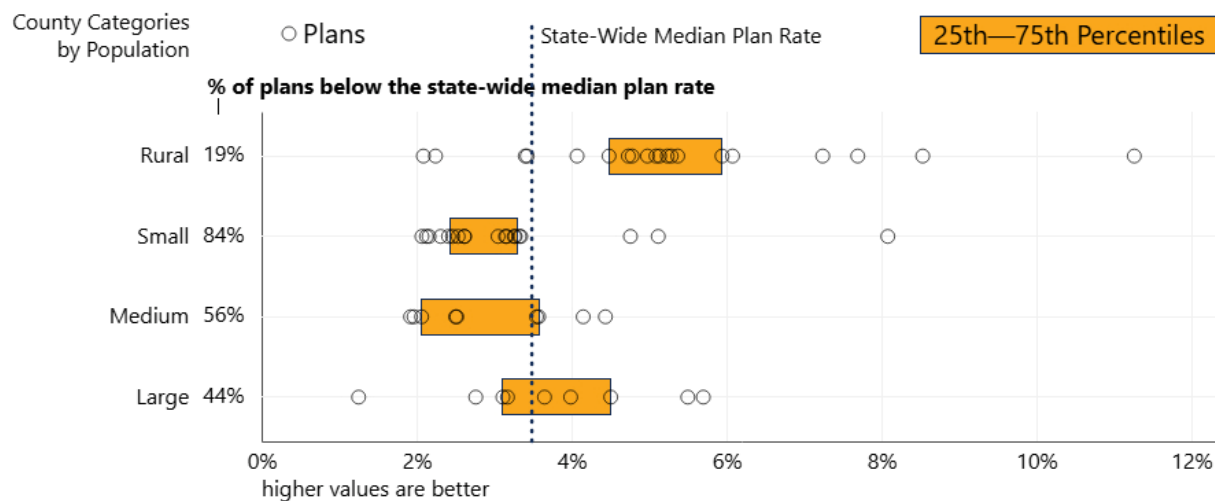
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	4.2%
	Los Angeles	Los Angeles SMHS Plan	5.3%
	Orange	Orange SMHS Plan	1.9%
	Sacramento	Sacramento SMHS Plan	4.1%
	San Diego	San Diego SMHS Plan	4.2%
Medium	Marin	Marin SMHS Plan	5.2%
	Riverside	Riverside SMHS Plan	3.9%
	San Joaquin	San Joaquin SMHS Plan	4.8%
	Santa Cruz	Santa Cruz SMHS Plan	3.3%
	Solano	Solano SMHS Plan	4.0%
	Sonoma	Sonoma SMHS Plan	2.6%
	Stanislaus	Stanislaus SMHS Plan	3.0%
	Ventura	Ventura SMHS Plan	4.7%
Small	El Dorado	El Dorado SMHS Plan	3.5%
	Fresno	Fresno SMHS Plan	4.8%
	Kern	Kern SMHS Plan	4.7%
	Kings	Kings SMHS Plan	5.1%
	Lake	Lake SMHS Plan	4.1%
	Madera	Madera SMHS Plan	4.6%
	Merced	Merced SMHS Plan	4.2%
	Napa	Napa SMHS Plan	4.1%
	San Bernardino	San Bernardino SMHS Plan	3.2%
	Santa Barbara	Santa Barbara SMHS Plan	3.4%
	Tulare	Tulare SMHS Plan	3.6%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yolo	Yolo SMHS Plan	3.1%
Rural	Humboldt	Humboldt SMHS Plan	5.1%
	Shasta	Shasta SMHS Plan	3.7%
	Tehama	Tehama SMHS Plan	3.6%

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.22. Engagement rates (adult 21+): county size visual



Source: Specialty mental health services performance dashboard.

Small counties had the highest percentage of plans below the state-wide median engagement rate for adults. Other county sizes did not have similar rates of plans below this state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure SMC.SU.22. Engagement rates (adult 21+): county size table of low-performing plans

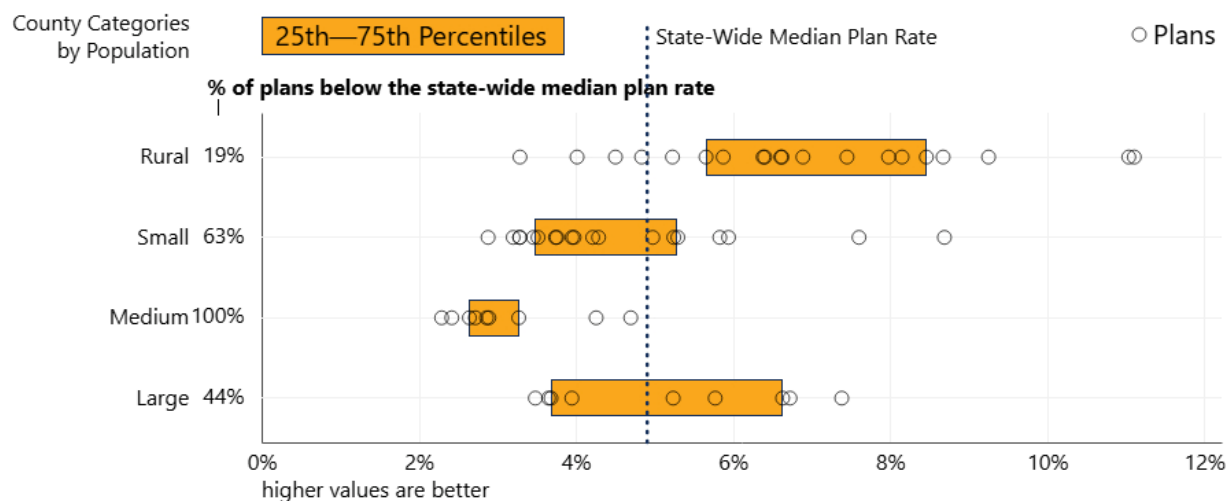
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	3.2%
	Orange	Orange SMHS Plan	1.3%
	Sacramento	Sacramento SMHS Plan	3.2%
	San Diego	San Diego SMHS Plan	2.8%
Medium	Riverside	Riverside SMHS Plan	2.6%
	Santa Cruz	Santa Cruz SMHS Plan	2.0%
	Solano	Solano SMHS Plan	2.6%
	Sonoma	Sonoma SMHS Plan	2.1%
	Stanislaus	Stanislaus SMHS Plan	2.0%
Small	El Dorado	El Dorado SMHS Plan	2.1%
	Fresno	Fresno SMHS Plan	3.2%
	Kern	Kern SMHS Plan	3.2%
	Kings	Kings SMHS Plan	3.5%
	Lake	Lake SMHS Plan	2.4%
	Madera	Madera SMHS Plan	2.7%
	Merced	Merced SMHS Plan	2.6%
	Monterey	Monterey SMHS Plan	3.4%
	Napa	Napa SMHS Plan	2.7%
	San Bernardino	San Bernardino SMHS Plan	2.2%
	San Luis Obispo	San Luis Obispo SMHS Plan	3.4%
	Santa Barbara	Santa Barbara SMHS Plan	2.4%
	Sutter	Sutter SMHS Plan	3.1%
	Tulare	Tulare SMHS Plan	2.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yolo	Yolo SMHS Plan	2.2%
	Yuba	Yuba SMHS Plan	3.4%
Rural	Del Norte	Del Norte SMHS Plan	3.5%
	Humboldt	Humboldt SMHS Plan	3.5%
	Shasta	Shasta SMHS Plan	2.2%
	Tehama	Tehama SMHS Plan	2.2%

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.22. Penetration rates (child 0-20): county size visual



Source: Specialty mental health services performance dashboard.

Medium-sized counties had the highest percentage of plans below the state-wide median penetration rate for children. Other county sizes did not have similar rates of plans below this state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure SMC.SU.22. Penetration rates (child 0-20): county size table of low-performing plans

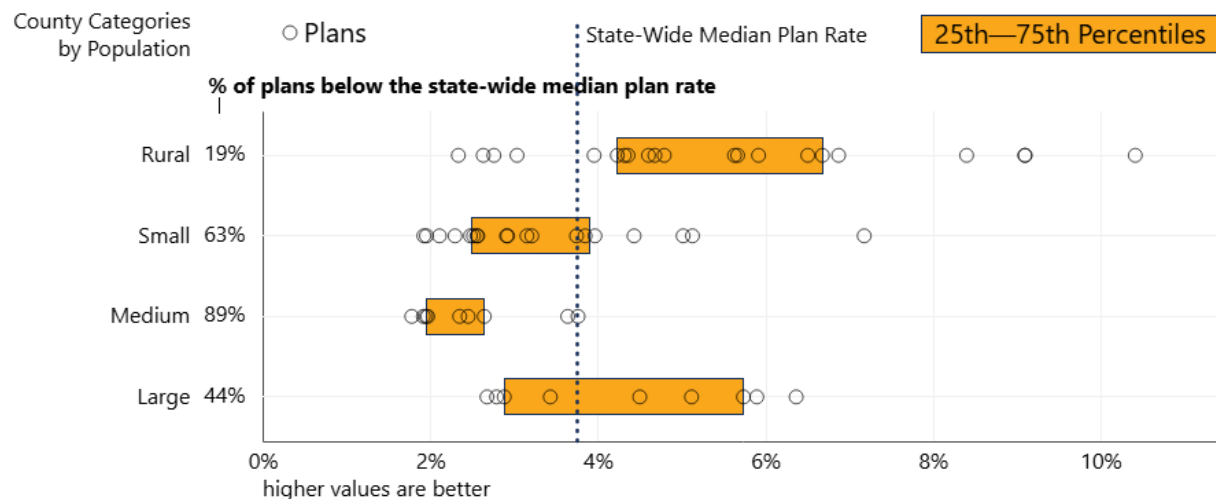
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	Orange SMHS Plan	3.7%
	Sacramento	Sacramento SMHS Plan	4.0%
	San Diego	San Diego SMHS Plan	3.5%
	San Mateo	San Mateo SMHS Plan	3.7%
Medium	Marin	Marin SMHS Plan	2.4%
	Placer	Placer SMHS Plan	2.6%
	Riverside	Riverside SMHS Plan	3.3%
	San Joaquin	San Joaquin SMHS Plan	2.9%
	Santa Cruz	Santa Cruz SMHS Plan	4.3%
	Solano	Solano SMHS Plan	2.9%
	Sonoma	Sonoma SMHS Plan	2.3%
	Stanislaus	Stanislaus SMHS Plan	2.7%
	Ventura	Ventura SMHS Plan	4.7%
Small	El Dorado	El Dorado SMHS Plan	3.5%
	Kings	Kings SMHS Plan	3.8%
	Lake	Lake SMHS Plan	4.2%
	Madera	Madera SMHS Plan	3.5%
	Merced	Merced SMHS Plan	2.9%
	Monterey	Monterey SMHS Plan	4.0%
	Napa	Napa SMHS Plan	3.3%
	San Bernardino	San Bernardino SMHS Plan	4.0%
	Santa Barbara	Santa Barbara SMHS Plan	3.3%
	Sutter	Sutter SMHS Plan	3.2%
	Yolo	Yolo SMHS Plan	3.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yuba	Yuba SMHS Plan	4.3%
Rural	Mono	Mono SMHS Plan	4.5%
	Siskiyou	Siskiyou SMHS Plan	4.0%
	Tehama	Tehama SMHS Plan	3.3%
	Tuolumne	Tuolumne SMHS Plan	4.8%

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.22. Engagement rates (child 0-20): county size visual



Source: Specialty mental health services performance dashboard.

Medium-sized counties had the highest percentage of plans below the state-wide median plan engagement rate in SMHS services for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure SMC.SU.22. Engagement rates (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	Orange SMHS Plan	2.9%

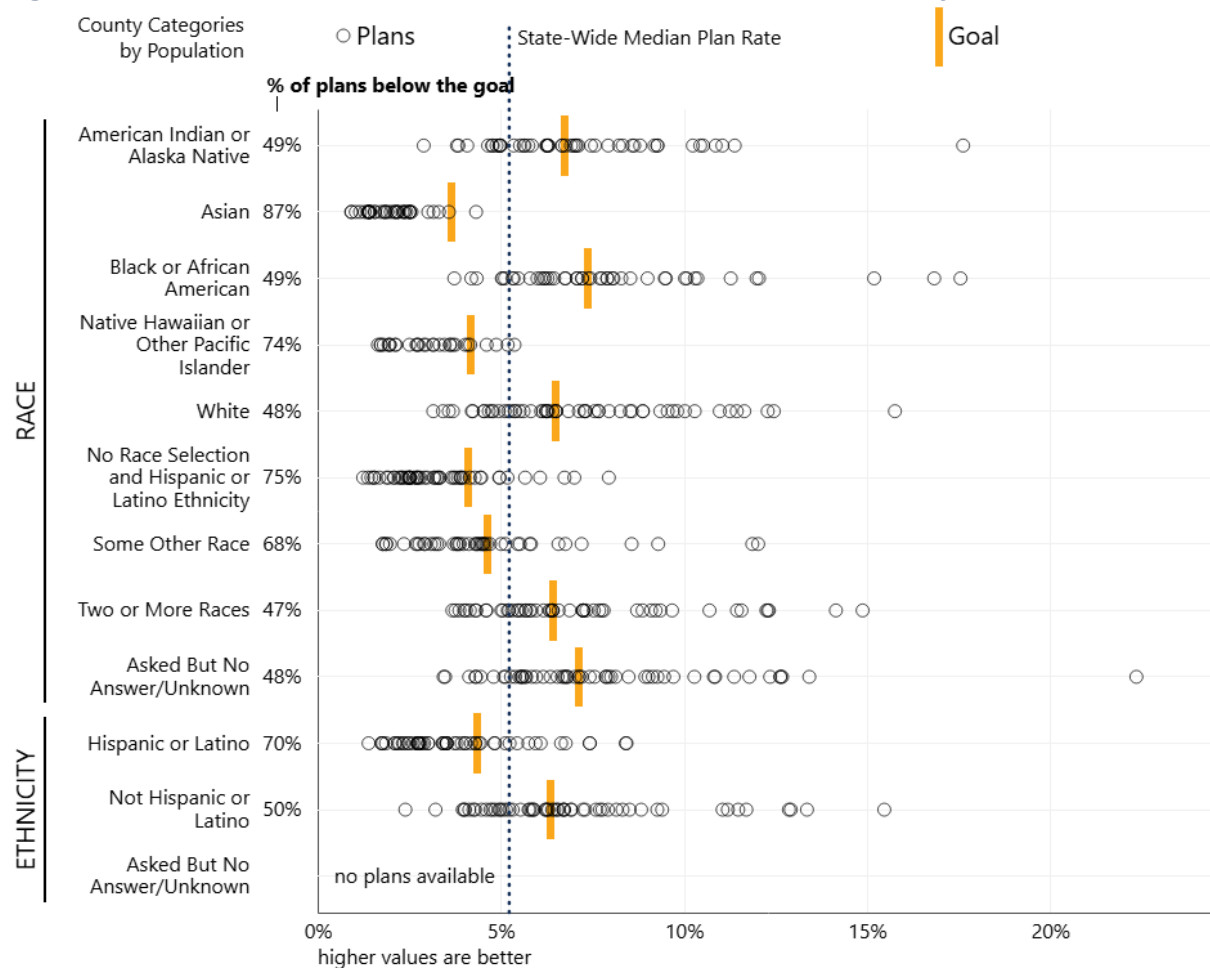
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Sacramento SMHS Plan	3.4%
	San Diego	San Diego SMHS Plan	2.8%
	San Mateo	San Mateo SMHS Plan	2.7%
Medium	Marin	Marin SMHS Plan	1.9%
	Placer	Placer SMHS Plan	2.0%
	Riverside	Riverside SMHS Plan	2.6%
	San Joaquin	San Joaquin SMHS Plan	2.4%
	Solano	Solano SMHS Plan	2.5%
	Sonoma	Sonoma SMHS Plan	1.9%
	Stanislaus	Stanislaus SMHS Plan	1.8%
	Ventura	Ventura SMHS Plan	3.6%
Small	El Dorado	El Dorado SMHS Plan	2.5%
	Kings	Kings SMHS Plan	2.6%
	Lake	Lake SMHS Plan	2.9%
	Madera	Madera SMHS Plan	2.0%
	Merced	Merced SMHS Plan	1.9%
	Monterey	Monterey SMHS Plan	2.6%
	Napa	Napa SMHS Plan	2.5%
	San Bernardino	San Bernardino SMHS Plan	3.2%
	Santa Barbara	Santa Barbara SMHS Plan	2.3%
	Sutter	Sutter SMHS Plan	2.1%
	Yolo	Yolo SMHS Plan	3.2%
	Yuba	Yuba SMHS Plan	2.9%
Rural	Mono	Mono SMHS Plan	2.8%
	Siskiyou	Siskiyou SMHS Plan	2.6%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Tehama	Tehama SMHS Plan	2.3%
	Tuolumne	Tuolumne SMHS Plan	3.0%

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.22. Penetration rates: baseline disparity visual

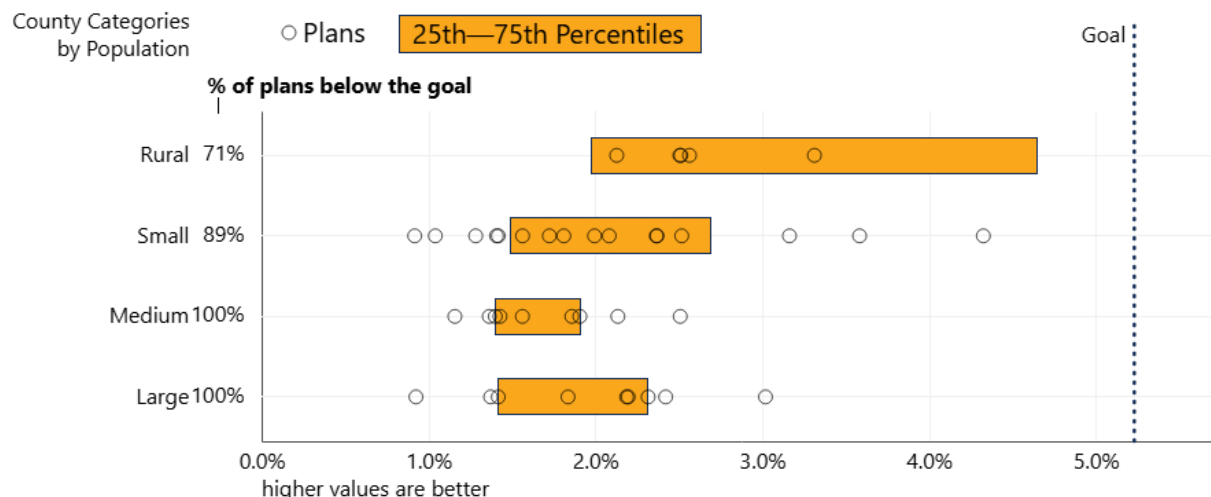


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Specialty mental health services performance dashboard.

The *Asian* racial/ethnic group had the highest percentage of plans below the goal for the penetration rate.

Figure SMC.SU.22. Penetration rates: baseline disparity county size visual for highest racial/ethnic group (Asian)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Specialty mental health services performance dashboard.

Large and medium-sized counties had the highest percentage of plans below the goal for members from the *Asian* racial/ethnic group for the penetration rate.

Figure SMC.SU.22. Penetration rates: baseline disparity county size table of low-performing plans for highest racial/ethnic group (Asian)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	1.4%
	Contra Costa	Contra Costa SMHS Plan	2.2%
	Los Angeles	Los Angeles SMHS Plan	2.3%
	Orange	Orange SMHS Plan	0.9%
	Sacramento	Sacramento SMHS Plan	1.4%
	San Diego	San Diego SMHS Plan	1.8%
	San Francisco	San Francisco SMHS Plan	3.0%
	San Mateo	San Mateo SMHS Plan	2.2%
	Santa Clara	Santa Clara SMHS Plan	2.4%
Medium	Marin	Marin SMHS Plan	2.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Placer	Placer SMHS Plan	1.4%
	Riverside	Riverside SMHS Plan	1.4%
	San Joaquin	San Joaquin SMHS Plan	2.1%
	Santa Cruz	Santa Cruz SMHS Plan	1.9%
	Solano	Solano SMHS Plan	1.6%
	Sonoma	Sonoma SMHS Plan	1.2%
	Stanislaus	Stanislaus SMHS Plan	1.4%
	Ventura	Ventura SMHS Plan	1.9%
Small	Butte	Butte SMHS Plan	3.2%
	El Dorado	El Dorado SMHS Plan	0.9%
	Fresno	Fresno SMHS Plan	2.0%
	Kern	Kern SMHS Plan	1.7%
	Kings	Kings SMHS Plan	3.6%
	Madera	Madera SMHS Plan	1.4%
	Merced	Merced SMHS Plan	2.4%
	Monterey	Monterey SMHS Plan	2.5%
	Napa	Napa SMHS Plan	1.6%
	San Bernardino	San Bernardino SMHS Plan	1.3%
	San Luis Obispo	San Luis Obispo SMHS Plan	2.1%
	Santa Barbara	Santa Barbara SMHS Plan	1.8%
	Sutter	Sutter SMHS Plan	1.4%
	Tulare	Tulare SMHS Plan	2.4%
	Yolo	Yolo SMHS Plan	1.0%
	Yuba	Yuba SMHS Plan	4.3%
Rural	Humboldt	Humboldt SMHS Plan	2.6%
	Imperial	Imperial SMHS Plan	3.3%

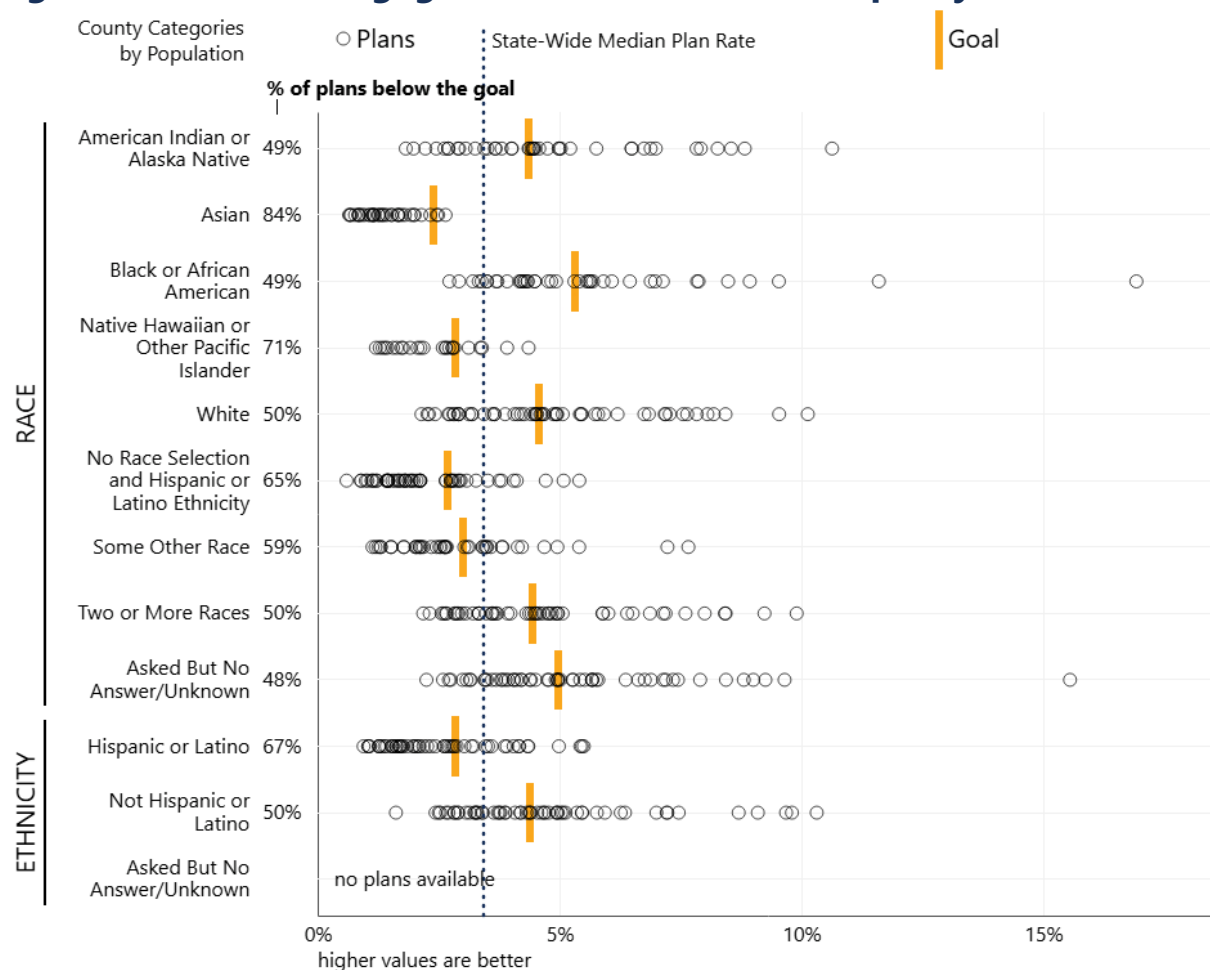
Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Mendocino	Mendocino SMHS Plan	2.5%
	Shasta	Shasta SMHS Plan	2.5%
	Siskiyou	Siskiyou SMHS Plan	2.1%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.22. Engagement rates: baseline disparity visual

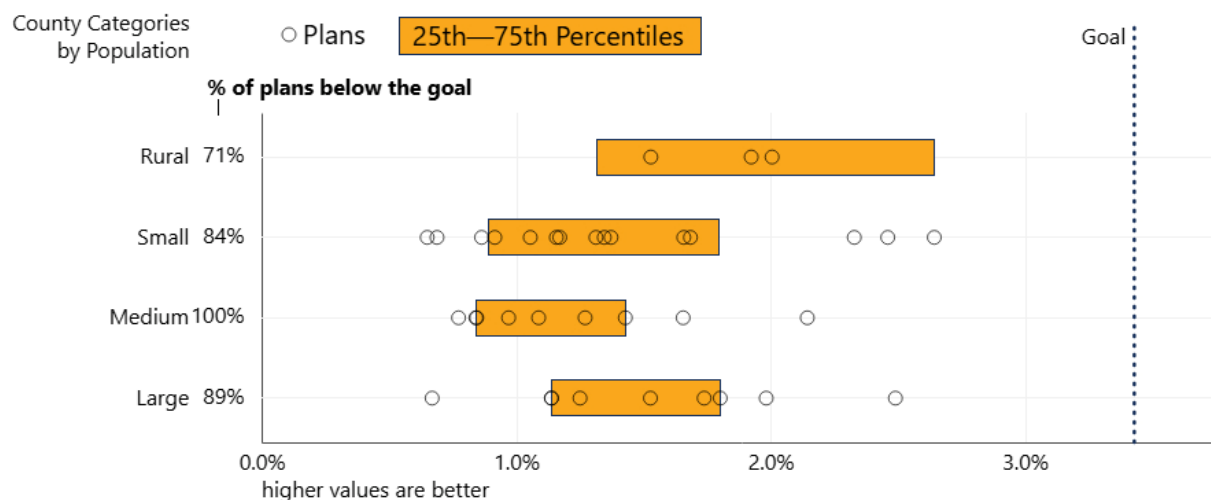


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Specialty mental health services performance dashboard.

The *Asian* racial/ethnic group had the highest percentage of plans below the goal for the engagement rate.

Figure SMC.SU.22. Engagement rates: baseline disparity county size visual for highest racial/ethnic group (Asian)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Specialty mental health services performance dashboard.

Medium-sized counties had the highest percentage of plans below the goal for beneficiaries from the *Asian* racial/ethnic group for the engagement rate.

Figure SMC.SU.22. Engagement rates: baseline disparity county size table of low-performing plans for highest racial/ethnic group (Asian)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda SMHS Plan	1.1%
	Contra Costa	Contra Costa SMHS Plan	1.5%
	Los Angeles	Los Angeles SMHS Plan	1.8%
	Orange	Orange SMHS Plan	0.7%
	Sacramento	Sacramento SMHS Plan	1.1%
	San Diego	San Diego SMHS Plan	1.3%
	San Francisco	San Francisco SMHS Plan	2.5%
	San Mateo	San Mateo SMHS Plan	1.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Santa Clara	Santa Clara SMHS Plan	2.0%
Medium	Marin	Marin SMHS Plan	2.1%
	Placer	Placer SMHS Plan	0.8%
	Riverside	Riverside SMHS Plan	1.0%
	San Joaquin	San Joaquin SMHS Plan	1.7%
	Santa Cruz	Santa Cruz SMHS Plan	1.3%
	Solano	Solano SMHS Plan	1.1%
	Sonoma	Sonoma SMHS Plan	0.8%
	Stanislaus	Stanislaus SMHS Plan	0.8%
	Ventura	Ventura SMHS Plan	1.4%
Small	Butte	Butte SMHS Plan	2.5%
	Fresno	Fresno SMHS Plan	1.3%
	Kern	Kern SMHS Plan	1.2%
	Kings	Kings SMHS Plan	2.3%
	Madera	Madera SMHS Plan	1.1%
	Merced	Merced SMHS Plan	1.4%
	Monterey	Monterey SMHS Plan	1.7%
	Napa	Napa SMHS Plan	1.2%
	San Bernardino	San Bernardino SMHS Plan	0.9%
	San Luis Obispo	San Luis Obispo SMHS Plan	0.9%
	Santa Barbara	Santa Barbara SMHS Plan	1.3%
	Sutter	Sutter SMHS Plan	0.7%
	Tulare	Tulare SMHS Plan	1.7%
	Yolo	Yolo SMHS Plan	0.7%
	Yuba	Yuba SMHS Plan	2.6%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Humboldt	Humboldt SMHS Plan	1.9%
	Mendocino	Mendocino SMHS Plan	2.0%
	Shasta	Shasta SMHS Plan	1.5%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

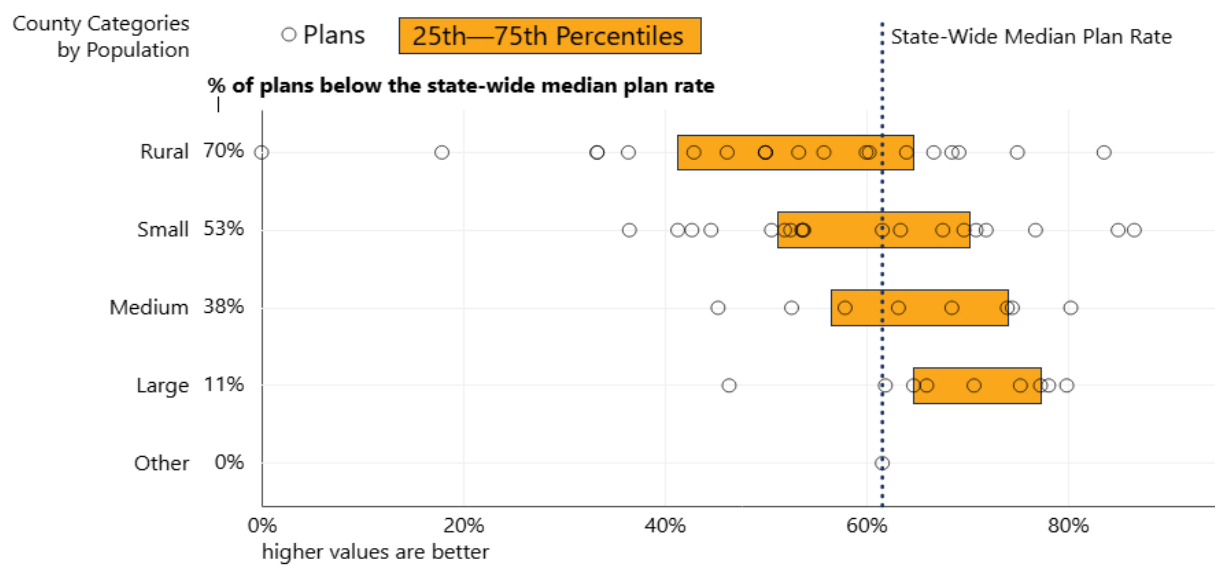
Source: Specialty mental health services performance dashboard.

Follow-up after hospitalization for mental illness

Measure description: Percentage of hospital discharges for members age 6 or older related to mental illness for which there was timely follow-up care within 7 calendar days.

Measure rationale: This measure can assist in monitoring access to mental health care and progress on one of DHCS' Bold Goals: "improve follow-up for mental health and substance use disorder by 50 percent". It is also included in the proposed list of CMCS's Initial Core Set of Access Measures. Plans with lower rates could indicate potential access issues with mental health providers in the plans provider network.

Figure SMC.SU.25 Follow-up after hospitalization for mental illness (7 day): county size visual



Source: Managed care program annual report- SMHS.

Rural counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visits for mental illness within 7 days. Other county sizes did not have similar rates, suggesting lower performance was more prevalent in rural counties.

Figure SMC.SU.25 Follow-up after hospitalization for mental illness (7 day): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Santa Clara	Santa Clara SMHS Plan	46%
Medium	Riverside	Riverside SMHS Plan	53%
	Solano	Solano SMHS Plan	45%
	Ventura	Ventura SMHS Plan	58%
Small	El Dorado	El Dorado SMHS Plan	53%
	Kern	Kern SMHS Plan	52%
	Kings	Kings SMHS Plan	41%
	Madera	Madera SMHS Plan	45%
	Merced	Merced SMHS Plan	37%
	Napa	Napa SMHS Plan	54%
	San Bernardino	San Bernardino SMHS Plan	54%
	San Luis Obispo	San Luis Obispo SMHS Plan	54%
	Santa Barbara	Santa Barbara SMHS Plan	51%
	Yolo	Yolo SMHS Plan	43%
Rural	Alpine	Alpine SMHS Plan	50%
	Colusa	Colusa SMHS Plan	33%
	Del Norte	Del Norte SMHS Plan	46%
	Glenn	Glenn SMHS Plan	50%
	Humboldt	Humboldt SMHS Plan	60%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Imperial	Imperial SMHS Plan	56%
	Inyo	Inyo SMHS Plan	33%
	Mariposa	Mariposa SMHS Plan	50%
	Modoc	Modoc SMHS Plan	0%
	Mono	Mono SMHS Plan	60%
	Plumas	Plumas SMHS Plan	36%
	San Benito	San Benito SMHS Plan	43%
	Siskiyou	Siskiyou SMHS Plan	53%
	Tehama	Tehama SMHS Plan	18%

Note: Higher values are better.

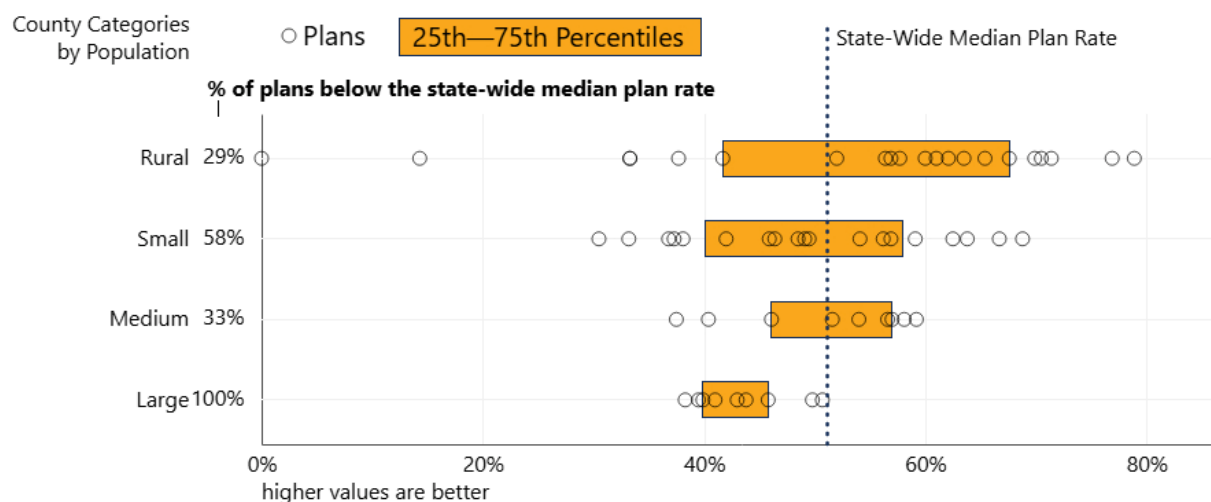
Source: Managed care program annual report- SMHS.

Follow-up after emergency department visits for mental illness

Measure description: Percentage of emergency department visits for members age 6 or older related to mental illness for which there was timely follow-up care.

Measure rationale: This measure can assist in monitoring access to mental health care and progress on one of DHCS' Bold Goals: "improve follow-up for mental health and substance use disorder by 50 percent". The percentage is also one of the measures included in CMCS's Initial Core Set of Access Measures. Plans with lower rates could indicate potential access issues with mental health providers in the plans provider network.

Figure SMC.SU.26 Follow-up after emergency department visits for mental illness (7 day): county size visual



Source: Managed care program annual report- SMHS.

Large counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visits for mental illness in 7 days. Other county sizes did not have similar rates of plans below this state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure SMC.SU.26 Follow-up after emergency department visits for mental illness (7 day): county size table of low-performing plans

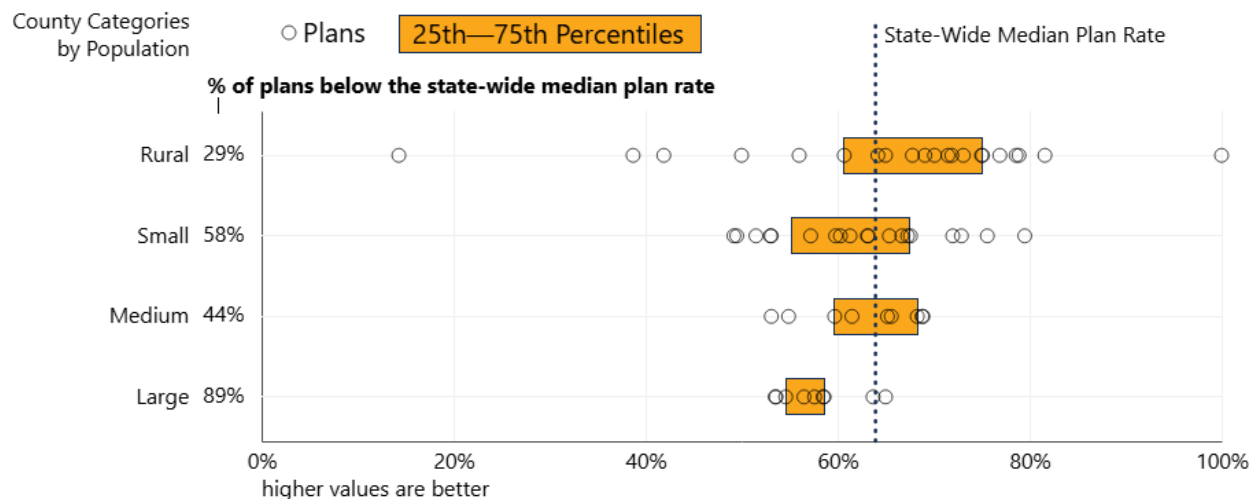
Category	County	Plan name not meeting comparison value	Percent
Large	Alameda	Alameda SMHS Plan	44%
	Contra Costa	Contra Costa SMHS Plan	40%
	Los Angeles	Los Angeles SMHS Plan	41%
	Orange	Orange SMHS Plan	46%
	Sacramento	Sacramento SMHS Plan	38%
	San Diego	San Diego SMHS Plan	43%
	San Francisco	San Francisco SMHS Plan	40%
	San Mateo	San Mateo SMHS Plan	51%
	Santa Clara	Santa Clara SMHS Plan	50%
Medium	Riverside	Riverside SMHS Plan	38%

Category	County	Plan name not meeting comparison value	Percent
Medium	Santa Cruz	Santa Cruz SMHS Plan	46%
	Solano	Solano SMHS Plan	40%
Small	Butte	Butte SMHS Plan	49%
	Fresno	Fresno SMHS Plan	31%
	Kern	Kern SMHS Plan	38%
	Madera	Madera SMHS Plan	46%
	Monterey	Monterey SMHS Plan	42%
	Napa	Napa SMHS Plan	49%
	San Bernardino	San Bernardino SMHS Plan	37%
	San Luis Obispo	San Luis Obispo SMHS Plan	46%
	Santa Barbara	Santa Barbara SMHS Plan	33%
	Tulare	Tulare SMHS Plan	37%
	Yolo	Yolo SMHS Plan	50%
Rural	Alpine	Alpine SMHS Plan	0%
	Lassen	Lassen SMHS Plan	33%
	Mono	Mono SMHS Plan	42%
	Plumas	Plumas SMHS Plan	38%
	Sierra	Sierra SMHS Plan	14%
	Tehama	Tehama SMHS Plan	33%

Note: Higher values are better.

Source: Managed care program annual report- SMHS.

Figure SMC.SU.26 Follow-up after emergency department visits for mental illness (30 day): county size visual



Source: Managed care program annual report- SMHS.

Large counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visits for mental illness in 30 days. Other county sizes did not have similar rates of plans below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure SMC.SU.26 Follow-up after emergency department visits for mental illness (30 day): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Percent
Large	Alameda	Alameda SMHS Plan	57%
	Contra Costa	Contra Costa SMHS Plan	59%
	Los Angeles	Los Angeles SMHS Plan	54%
	Orange	Orange SMHS Plan	59%
	Sacramento	Sacramento SMHS Plan	55%
	San Diego	San Diego SMHS Plan	58%
	San Francisco	San Francisco SMHS Plan	54%
	Santa Clara	Santa Clara SMHS Plan	64%
Medium	Riverside	Riverside SMHS Plan	53%
	Santa Cruz	Santa Cruz SMHS Plan	60%

Category	County	Plan name not meeting comparison value	Percent
Medium	Solano	Solano SMHS Plan	55%
	Stanislaus	Stanislaus SMHS Plan	62%
Small	Butte	Butte SMHS Plan	61%
	El Dorado	El Dorado SMHS Plan	63%
	Fresno	Fresno SMHS Plan	50%
	Kern	Kern SMHS Plan	53%
	Madera	Madera SMHS Plan	60%
	Monterey	Monterey SMHS Plan	57%
	Napa	Napa SMHS Plan	63%
	San Bernardino	San Bernardino SMHS Plan	52%
	San Luis Obispo	San Luis Obispo SMHS Plan	60%
	Santa Barbara	Santa Barbara SMHS Plan	49%
	Tulare	Tulare SMHS Plan	53%
Rural	Colusa	Colusa SMHS Plan	56%
	Lassen	Lassen SMHS Plan	42%
	Mono	Mono SMHS Plan	50%
	Plumas	Plumas SMHS Plan	61%
	Sierra	Sierra SMHS Plan	14%
	Tehama	Tehama SMHS Plan	39%

Note: Higher values are better.

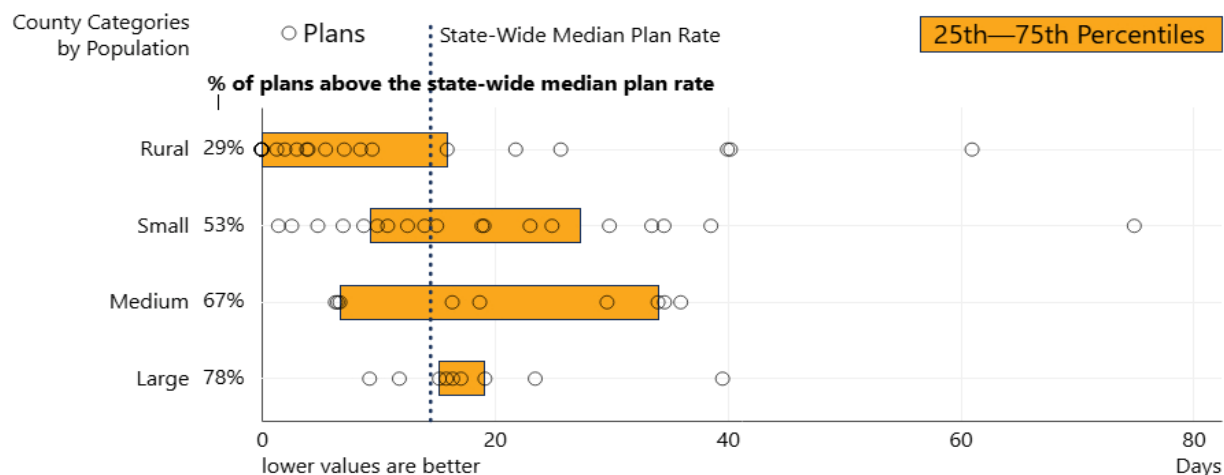
Source: Managed care program annual report- SMHS.

Time between inpatient discharge and step-down service

Measure description: Mean time to step-down services (all ages) following mental health-related inpatient discharge.

Measure rationale: Mean time to step-down services can assist in understanding both the availability of outpatient behavioral health care and the continuity of care between inpatient behavioral health care and outpatient behavioral health care. Long step-down times may indicate that the outpatient behavioral health care supply cannot absorb members promptly.

Figure SMC.SU.28. Time between inpatient discharge and step-down service (adult 21+): county size visual



Source: Specialty mental health services performance dashboard.

Large counties had the highest percentage of plans above the state-wide median time between inpatient discharge and step-down service for adults. Other county sizes did not have similar rates of plans above this state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure SMC.SU.28. Time between inpatient discharge and step-down service (adult 21+): county size table of low-performing plans

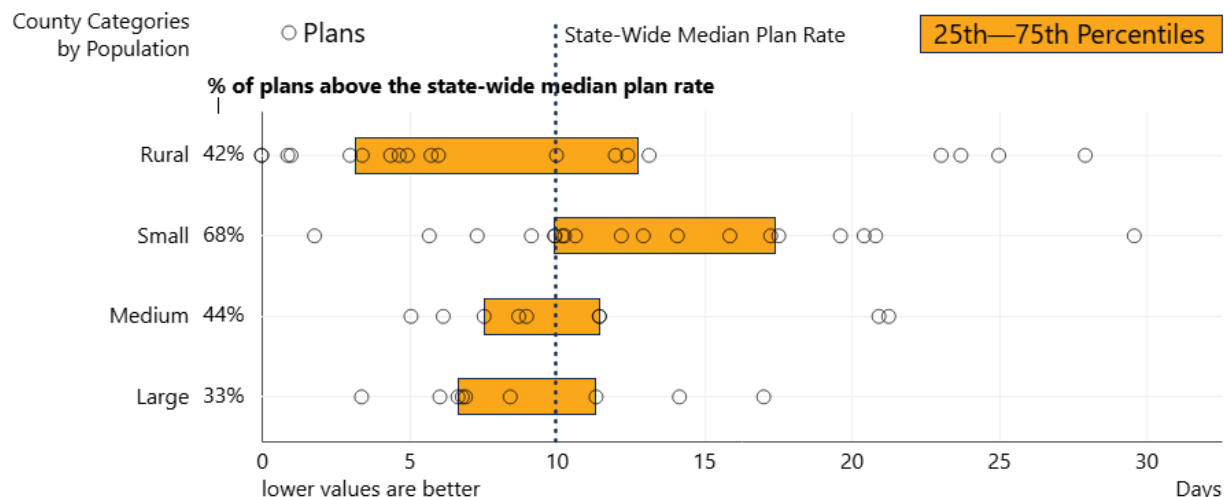
Category	County	Plan name not meeting comparison value	Days
Large	Alameda	Alameda SMHS Plan	15.3
	Contra Costa	Contra Costa SMHS Plan	23.5
	Los Angeles	Los Angeles SMHS Plan	16.4
	Orange	Orange SMHS Plan	17.1
	San Francisco	San Francisco SMHS Plan	19.2
	San Mateo	San Mateo SMHS Plan	15.9
	Santa Clara	Santa Clara SMHS Plan	39.6

Category	County	Plan name not meeting comparison value	Days
Medium	Placer	Placer SMHS Plan	16.4
	Riverside	Riverside SMHS Plan	34.6
	San Joaquin	San Joaquin SMHS Plan	34.0
	Santa Cruz	Santa Cruz SMHS Plan	36.0
	Solano	Solano SMHS Plan	29.7
	Ventura	Ventura SMHS Plan	18.7
Small	Butte	Butte SMHS Plan	29.9
	El Dorado	El Dorado SMHS Plan	19.1
	Kern	Kern SMHS Plan	24.9
	Madera	Madera SMHS Plan	15.0
	Merced	Merced SMHS Plan	38.6
	Napa	Napa SMHS Plan	18.9
	Nevada	Nevada SMHS Plan	23.1
	San Bernardino	San Bernardino SMHS Plan	34.6
	San Luis Obispo	San Luis Obispo SMHS Plan	74.9
	Yolo	Yolo SMHS Plan	33.5
Rural	Humboldt	Humboldt SMHS Plan	40.3
	San Benito	San Benito SMHS Plan	25.7
	Shasta	Shasta SMHS Plan	15.9
	Siskiyou	Siskiyou SMHS Plan	21.8
	Tehama	Tehama SMHS Plan	61.0
	Tuolumne	Tuolumne SMHS Plan	40.0

Note: Lower values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.SU.28. Time between inpatient discharge and step-down service (child 0-20): county size visual



Source: Specialty mental health services performance dashboard.

Small counties had the highest percentage of plans above the state-wide median plan rate for time between inpatient discharge and step-down service for children. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure SMC.SU.28. Time between inpatient discharge and step-down service (child 0-20): county size table of low-performing plans

Category	County	Plan name not meeting comparison value	Days
Large	Sacramento	Sacramento SMHS Plan	14.2
	San Francisco	San Francisco SMHS Plan	11.3
	Santa Clara	Santa Clara SMHS Plan	17.0
Medium	Placer	Placer SMHS Plan	20.9
	Riverside	Riverside SMHS Plan	21.3
	Santa Cruz	Santa Cruz SMHS Plan	11.5
	Solano	Solano SMHS Plan	11.5
Small	Amador	Amador SMHS Plan	12.2
	Butte	Butte SMHS Plan	17.3
	El Dorado	El Dorado SMHS Plan	29.6

Category	County	Plan name not meeting comparison value	Days
Small	Kings	Kings SMHS Plan	10.6
	Madera	Madera SMHS Plan	20.8
	Merced	Merced SMHS Plan	15.9
	Monterey	Monterey SMHS Plan	10.3
	Napa	Napa SMHS Plan	17.5
	Nevada	Nevada SMHS Plan	10.2
	San Luis Obispo	San Luis Obispo SMHS Plan	20.4
	Sutter	Sutter SMHS Plan	14.1
	Yolo	Yolo SMHS Plan	19.6
	Yuba	Yuba SMHS Plan	12.9
Rural	Lassen	Lassen SMHS Plan	23.7
	Mariposa	Mariposa SMHS Plan	12.4
	San Benito	San Benito SMHS Plan	23.0
	Shasta	Shasta SMHS Plan	12.0
	Siskiyou	Siskiyou SMHS Plan	25.0
	Tehama	Tehama SMHS Plan	27.9
	Trinity	Trinity SMHS Plan	10.0
	Tuolumne	Tuolumne SMHS Plan	13.1

Note: Lower values are better.

Source: Specialty mental health services performance dashboard.

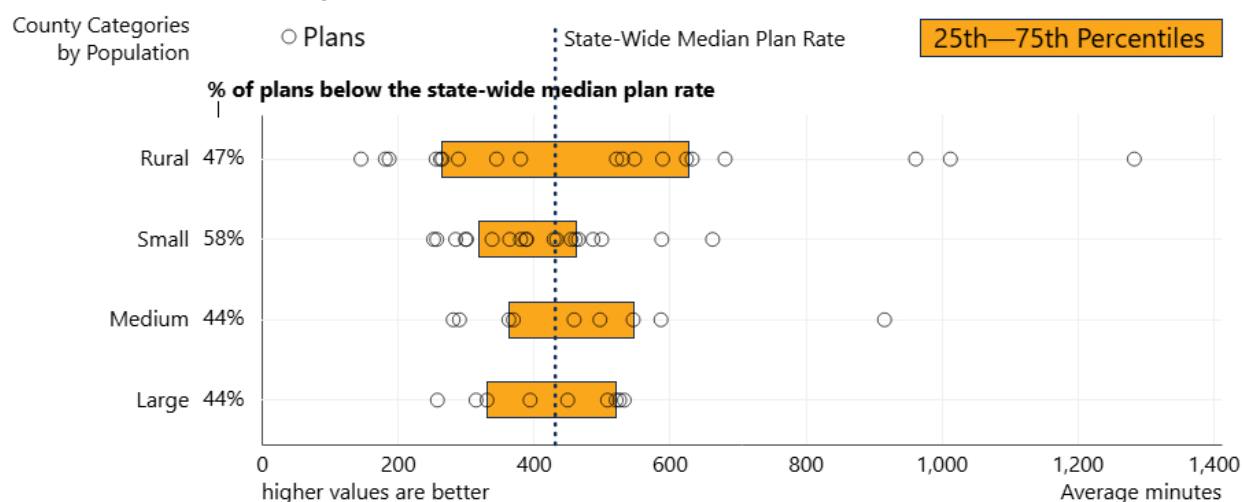
Member experience

Mental health case management service utilization

Measure description: Average number of minutes of case management or brokerage services used (all ages).

Measure rationale: Average number of minutes of case management can assist in monitoring how Medi-Cal members that need additional support to access needed medical, social, education, and other services receive needed case management (or care management/care coordination) services.

Figure SMC.BE.36. Mental health case management service utilization (adult 21+): county size visual



Source: Specialty mental health services performance dashboard.

Small counties had the highest percentage of plans below the state-wide median plan rate of mental health case management service utilization for adults. Other county sizes did not have similar rates of plans below this state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure SMC.BE.36. Mental health case management service utilization (adult 21+): county size table of low-performing plans

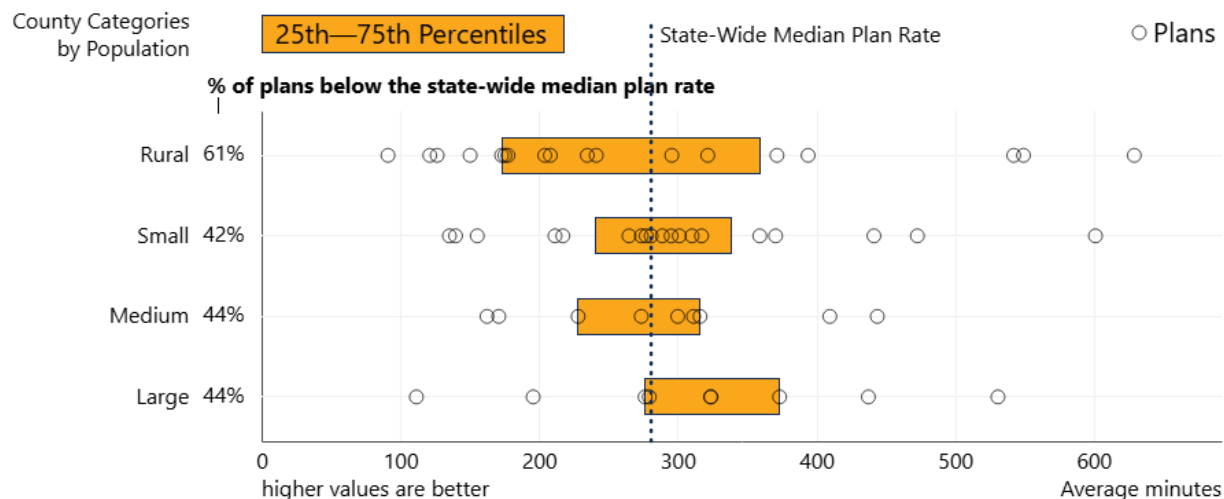
Category	County	Plan name not meeting comparison value	Minutes
Large	Orange	Orange SMHS Plan	258.7
	Sacramento	Sacramento SMHS Plan	331.7
	San Diego	San Diego SMHS Plan	395.0
	San Mateo	San Mateo SMHS Plan	315.5
Medium	Placer	Placer SMHS Plan	363.8
	San Joaquin	San Joaquin SMHS Plan	291.2
	Solano	Solano SMHS Plan	281.9

Category	County	Plan name not meeting comparison value	Minutes
Medium	Ventura	Ventura SMHS Plan	370.5
Small	Amador	Amador SMHS Plan	257.7
	El Dorado	El Dorado SMHS Plan	381.1
	Fresno	Fresno SMHS Plan	388.7
	Kern	Kern SMHS Plan	299.9
	Kings	Kings SMHS Plan	339.2
	Madera	Madera SMHS Plan	430.2
	Napa	Napa SMHS Plan	301.6
	San Bernardino	San Bernardino SMHS Plan	285.5
	San Luis Obispo	San Luis Obispo SMHS Plan	253.1
	Santa Barbara	Santa Barbara SMHS Plan	365.1
	Tulare	Tulare SMHS Plan	390.0
Rural	Del Norte	Del Norte SMHS Plan	381.1
	Imperial	Imperial SMHS Plan	256.8
	Inyo	Inyo SMHS Plan	187.7
	Lassen	Lassen SMHS Plan	146.3
	Modoc	Modoc SMHS Plan	345.6
	Mono	Mono SMHS Plan	263.2
	Plumas	Plumas SMHS Plan	182.1
	Trinity	Trinity SMHS Plan	265.8
	Tuolumne	Tuolumne SMHS Plan	289.6

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

Figure SMC.BE.36. Mental health case management service utilization (child 0-20): county size visual



Source: Specialty mental health services performance dashboard.

Rural counties had the highest percentage of plans below the state-wide median plan rate for mental health case management service utilization for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in rural counties.

Figure SMC.BE.36. Mental health case management service utilization (child 0-20): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Minutes
Large	Los Angeles	Los Angeles SMHS Plan	279.6
	Orange	Orange SMHS Plan	111.6
	San Diego	San Diego SMHS Plan	195.8
	San Mateo	San Mateo SMHS Plan	276.5
Medium	Marin	Marin SMHS Plan	273.8
	San Joaquin	San Joaquin SMHS Plan	162.5
	Solano	Solano SMHS Plan	171.0
	Stanislaus	Stanislaus SMHS Plan	228.2
Small	Kern	Kern SMHS Plan	139.9

Category	County	Plan Name Not Meeting Comparison Value	Minutes
Small	Kings	Kings SMHS Plan	211.6
	Napa	Napa SMHS Plan	217.2
	San Bernardino	San Bernardino SMHS Plan	264.9
	San Luis Obispo	San Luis Obispo SMHS Plan	135.4
	Santa Barbara	Santa Barbara SMHS Plan	155.5
	Sutter	Sutter SMHS Plan	277.3
	Tulare	Tulare SMHS Plan	273.8
Rural	Del Norte	Del Norte SMHS Plan	177.7
	Imperial	Imperial SMHS Plan	121.3
	Inyo	Inyo SMHS Plan	126.6
	Lassen	Lassen SMHS Plan	150.4
	Modoc	Modoc SMHS Plan	175.4
	Mono	Mono SMHS Plan	173.1
	Plumas	Plumas SMHS Plan	91.2
	Shasta	Shasta SMHS Plan	208.2
	Siskiyou	Siskiyou SMHS Plan	241.3
	Tehama	Tehama SMHS Plan	234.9
	Tuolumne	Tuolumne SMHS Plan	204.2

Note: Higher values are better.

Source: Specialty mental health services performance dashboard.

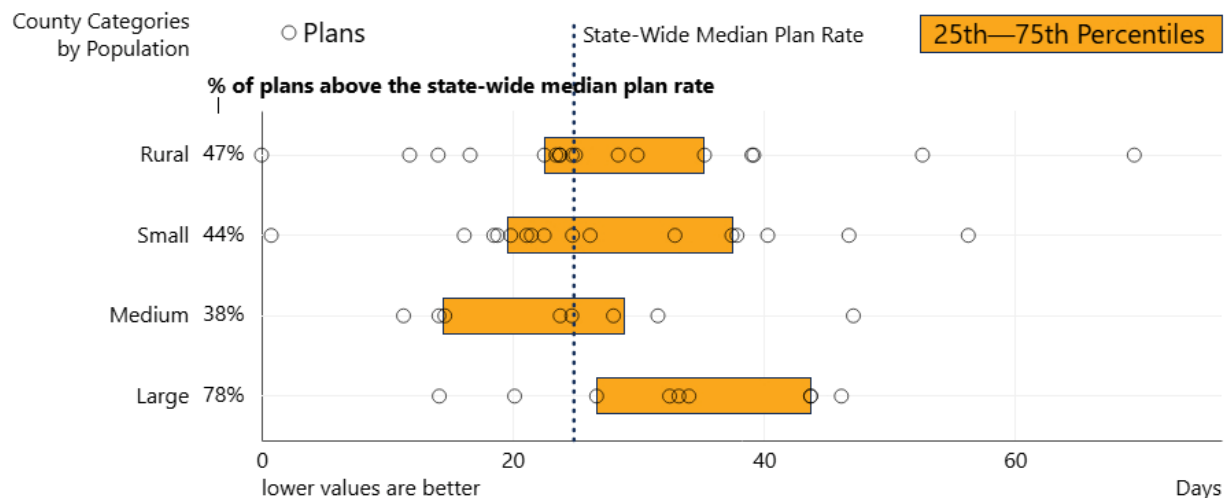
Days to first offered appointment for treatment

Measure description: Average number of days to first offered appointment for treatment.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. A long average first offered appointment may signal potential delays in

care, while a short one could indicate a balance between demand for providers and provider capacity. The average can be used to pinpoint plans whose members experience longer wait times for appointments. Its sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider specialty.

Figure SMC.BE.38. Days to first offered appointment for treatment: county size visual



Source: Timely access data tool.

Large counties had the highest percentage of plans below the state-wide median plan rate for days to first offered appointment for treatment. No other county had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was primarily in large counties.

Figure SMC.BE.38. Days to first offered appointment for treatment: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Days
Large	Los Angeles	Los Angeles SMHS Plan	26.7
	Orange	Orange SMHS Plan	33.2
	Sacramento	Sacramento SMHS Plan	43.7
	San Diego	San Diego SMHS Plan	32.5
	San Francisco	San Francisco SMHS Plan	43.7
	San Mateo	San Mateo SMHS Plan	46.2

Category	County	Plan Name Not Meeting Comparison Value	Days
Medium	San Joaquin	San Joaquin SMHS Plan	47.1
	Solano	Solano SMHS Plan	28.0
	Ventura	Ventura SMHS Plan	31.6
Small	El Dorado	El Dorado SMHS Plan	46.8
	Kings	Kings SMHS Plan	26.2
	Lake	Lake SMHS Plan	56.3
	Merced	Merced SMHS Plan	37.9
	Napa	Napa SMHS Plan	37.5
	Nevada	Nevada SMHS Plan	40.3
	Santa Barbara	Santa Barbara SMHS Plan	32.9
Rural	Calaveras	Calaveras SMHS Plan	39.2
	Colusa	Colusa SMHS Plan	35.3
	Del Norte	Del Norte SMHS Plan	69.5
	Humboldt	Humboldt SMHS Plan	29.9
	Mariposa	Mariposa SMHS Plan	39.1
	Mendocino	Mendocino SMHS Plan	52.6
	Mono	Mono SMHS Plan	28.4
	San Benito	San Benito SMHS Plan	25.0

Note: Lower values are better.

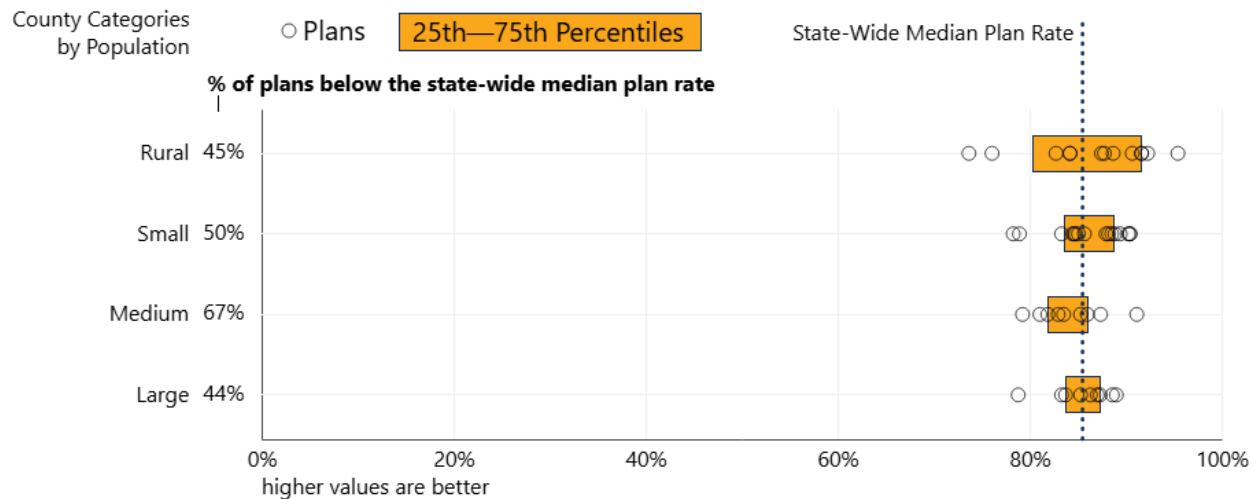
Source: Timely access data tool.

Getting needed care

Measure description: Percentage of members age 13 or older responding that they were able to get the help and services they needed.

Measure rationale: Percentage of members responding they were able to get the help and services they needed can assist in identifying plans whose members indicate that they are not receiving needed care. These plans may have network adequacy issues and/or members who face access to care issues.

Figure SMC.BE.39.1 Getting needed care (adult 18-59): county size visual



Source: Consumer Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for getting needed care for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure SMC.BE.39.1 Getting needed care (adult 18-59): county size table of low-performing plans

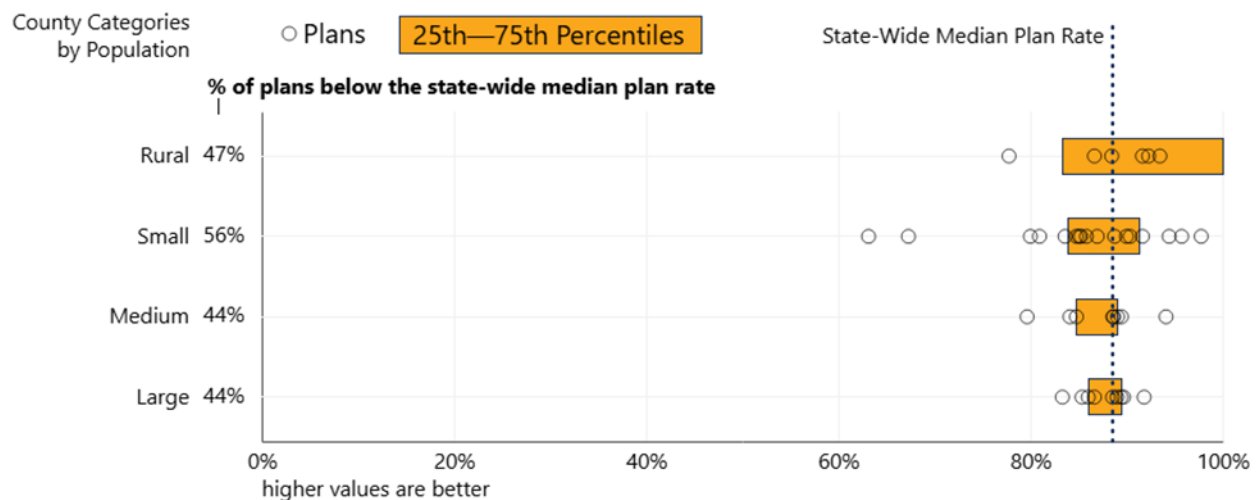
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa SMHS Plan	83.8%
	Orange	Orange SMHS Plan	85.3%
	Sacramento	Sacramento SMHS Plan	83.3%
	San Mateo	San Mateo SMHS Plan	78.8%
Medium	Marin	Marin SMHS Plan	85.3%
	Placer	Placer SMHS Plan	79.3%
	Santa Cruz	Santa Cruz SMHS Plan	83.6%
	Solano	Solano SMHS Plan	81.1%
	Sonoma	Sonoma SMHS Plan	83.0%
	Ventura	Ventura SMHS Plan	81.9%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Amador	Amador SMHS Plan	83.3%
	Butte	Butte SMHS Plan	84.6%
	Kern	Kern SMHS Plan	78.9%
	Merced	Merced SMHS Plan	85.1%
	Nevada	Nevada SMHS Plan	84.5%
	Santa Barbara	Santa Barbara SMHS Plan	78.3%
	Yolo	Yolo SMHS Plan	84.8%
Rural	Colusa	Colusa SMHS Plan	84.2%
	Humboldt	Humboldt SMHS Plan	82.8%
	Mariposa	Mariposa SMHS Plan	73.7%
	Mendocino	Mendocino SMHS Plan	84.2%
	Siskiyou	Siskiyou SMHS Plan	76.1%

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.BE.39.1 Getting needed care (child 13-17): county size visual



Source: Consumer Perception Survey.

Small counties had the highest percentage of plans below the state-wide median plan rate for getting needed care for children. Rural counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to small counties.

Figure SMC.BE.39.1 Getting needed care (child 13-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	Orange SMHS Plan	85.4%
	Sacramento	Sacramento SMHS Plan	86.0%
	San Diego	San Diego SMHS Plan	86.7%
	San Mateo	San Mateo SMHS Plan	83.3%
Medium	Sonoma	Sonoma SMHS Plan	79.7%
	Stanislaus	Stanislaus SMHS Plan	84.1%
	Ventura	Ventura SMHS Plan	84.8%
Small	Butte	Butte SMHS Plan	85.8%
	El Dorado	El Dorado SMHS Plan	81.0%
	Fresno	Fresno SMHS Plan	83.6%
	Kings	Kings SMHS Plan	80.0%
	Madera	Madera SMHS Plan	84.8%
	Merced	Merced SMHS Plan	85.1%
	Napa	Napa SMHS Plan	87.0%
	San Luis Obispo	San Luis Obispo SMHS Plan	67.3%
	Tulare	Tulare SMHS Plan	85.3%
	Yolo	Yolo SMHS Plan	63.2%
Rural	Glenn	Glenn SMHS Plan	86.7%
	Humboldt	Humboldt SMHS Plan	88.5%
	Imperial	Imperial SMHS Plan	77.8%

Note: Higher values are better.

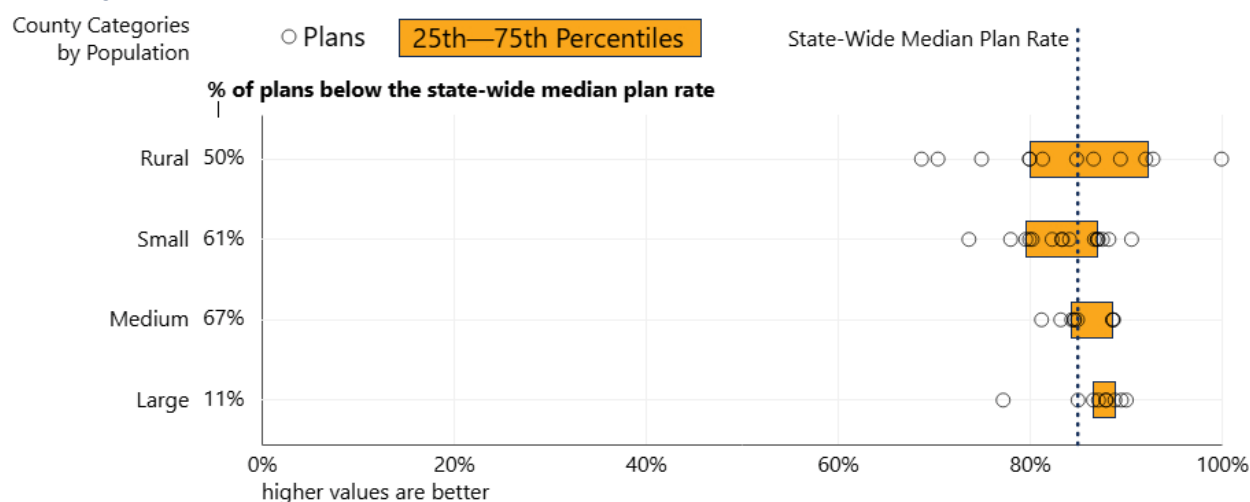
Source: Consumer Perception Survey.

Culturally competent SMHS services

Measure description: Percentage of members age 13 or older responding that SMHS services were culturally competent and respectful.

Measure rationale: This measure can assist in understanding whether members feel that they are receiving culturally competent SMHS care.

Figure SMC.BE.44. Culturally competent SMHS services (adult 18-59): county size visual



Source: Consumer Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for culturally competent SMHS services for adults. Small counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure SMC.BE.44. Culturally competent SMHS services (adult 18-59): county size table of low-performing plans

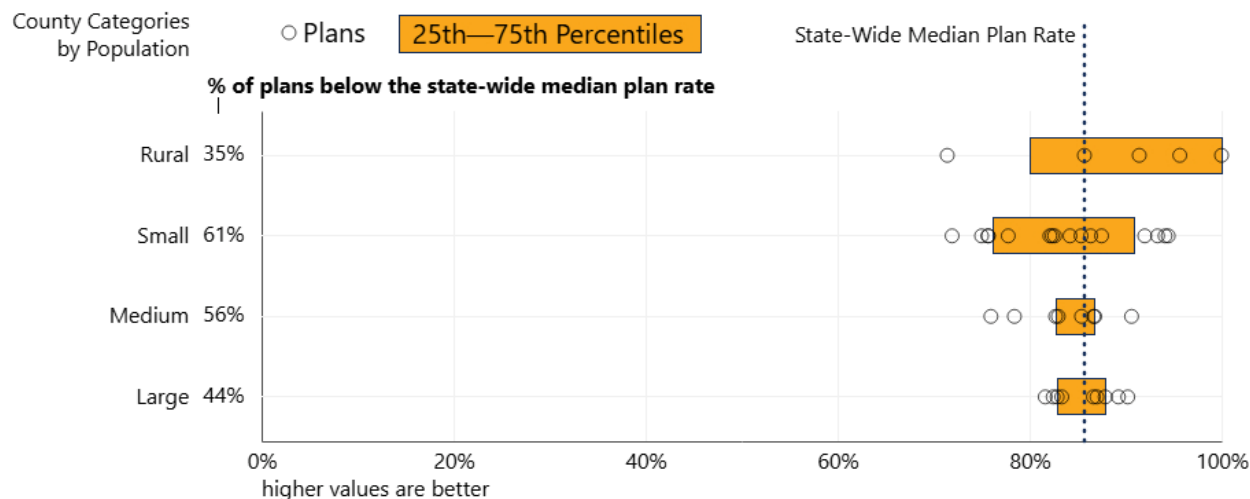
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Mateo	San Mateo SMHS Plan	77.2%
Medium	Marin	Marin SMHS Plan	83.3%
	Placer	Placer SMHS Plan	81.3%
	Riverside	Riverside SMHS Plan	84.6%
	Santa Cruz	Santa Cruz SMHS Plan	84.4%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Sonoma	Sonoma SMHS Plan	85.0%
	Ventura	Ventura SMHS Plan	84.7%
Small	Amador	Amador SMHS Plan	80.0%
	Butte	Butte SMHS Plan	79.6%
	Madera	Madera SMHS Plan	78.0%
	Monterey	Monterey SMHS Plan	82.4%
	Napa	Napa SMHS Plan	80.3%
	Nevada	Nevada SMHS Plan	73.7%
	San Luis Obispo	San Luis Obispo SMHS Plan	83.4%
	Sutter/Yuba	SUTYUB-SMHS	83.3%
	Yolo	Yolo SMHS Plan	84.2%
Rural	Colusa	Colusa SMHS Plan	75.0%
	Humboldt	Humboldt SMHS Plan	80.0%
	Imperial	Imperial SMHS Plan	81.4%
	Mariposa	Mariposa SMHS Plan	84.9%
	Mendocino	Mendocino SMHS Plan	80.0%
	Siskiyou	Siskiyou SMHS Plan	70.5%
	Trinity	Trinity SMHS Plan	68.8%

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.BE.44. Culturally competent SMHS Services (child 13-17): county size visual



Source: Consumer Perception Survey.

Small counties had the highest percentage of plans below the state-wide median plan rate for culturally competent SMHS services for children. Medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to small counties.

Figure SMC.BE.44. Culturally competent SMHS Services (child 13-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	Orange SMHS Plan	83.4%
	Sacramento	Sacramento SMHS Plan	82.5%
	San Diego	San Diego SMHS Plan	82.9%
	San Francisco	San Francisco SMHS Plan	81.6%
Medium	Riverside	Riverside SMHS Plan	83.0%
	Santa Cruz	Santa Cruz SMHS Plan	82.7%
	Solano	Solano SMHS Plan	85.4%
	Stanislaus	Stanislaus SMHS Plan	78.4%
	Ventura	Ventura SMHS Plan	76.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Butte	Butte SMHS Plan	82.4%
	El Dorado	El Dorado SMHS Plan	75.7%
	Fresno	Fresno SMHS Plan	75.7%
	Kings	Kings SMHS Plan	84.2%
	Madera	Madera SMHS Plan	85.4%
	Merced	Merced SMHS Plan	71.9%
	San Bernardino	San Bernardino SMHS Plan	82.1%
	Santa Barbara	Santa Barbara SMHS Plan	82.6%
	Tulare	Tulare SMHS Plan	77.8%
	Yolo	Yolo SMHS Plan	75.0%
Rural	Imperial	Imperial SMHS Plan	71.4%

Note: Higher values are better.

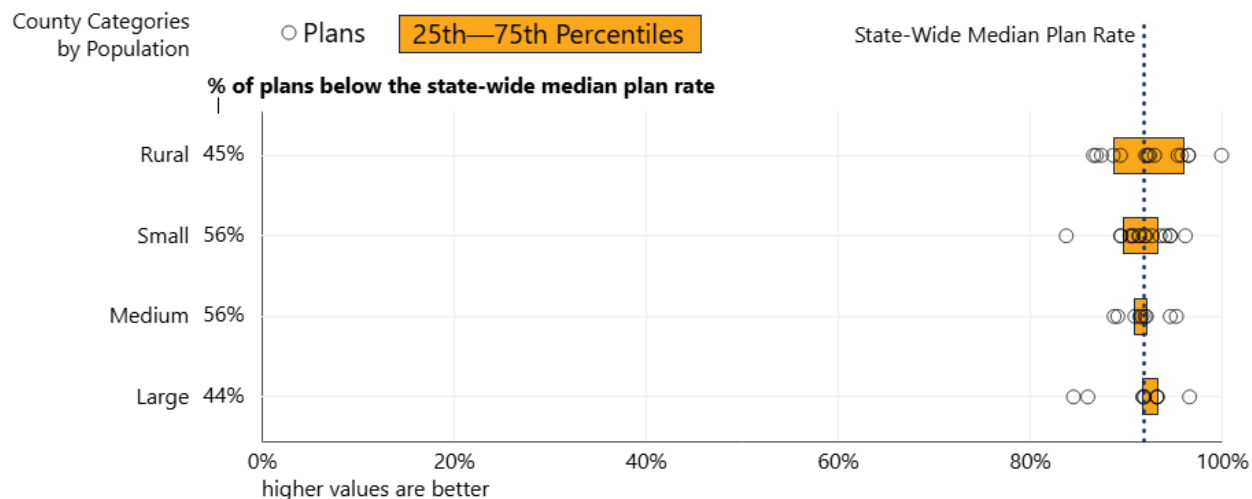
Source: Consumer Perception Survey.

General satisfaction with SMHS services

Measure description: Percentage of members age 13 or older saying they were satisfied with their SMHS care.

Measure rationale: This measure can assist in gauging members' satisfaction with their health care.

Figure SMC.BE.47. General satisfaction with SMHS services (adult 18-59): county size visual



Source: Consumer Perception Survey.

Small and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for general satisfaction with SMHS services for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in small and medium-sized counties.

Figure SMC.BE.47. General satisfaction with SMHS services (adult 18-59): county size table of low-performing plans

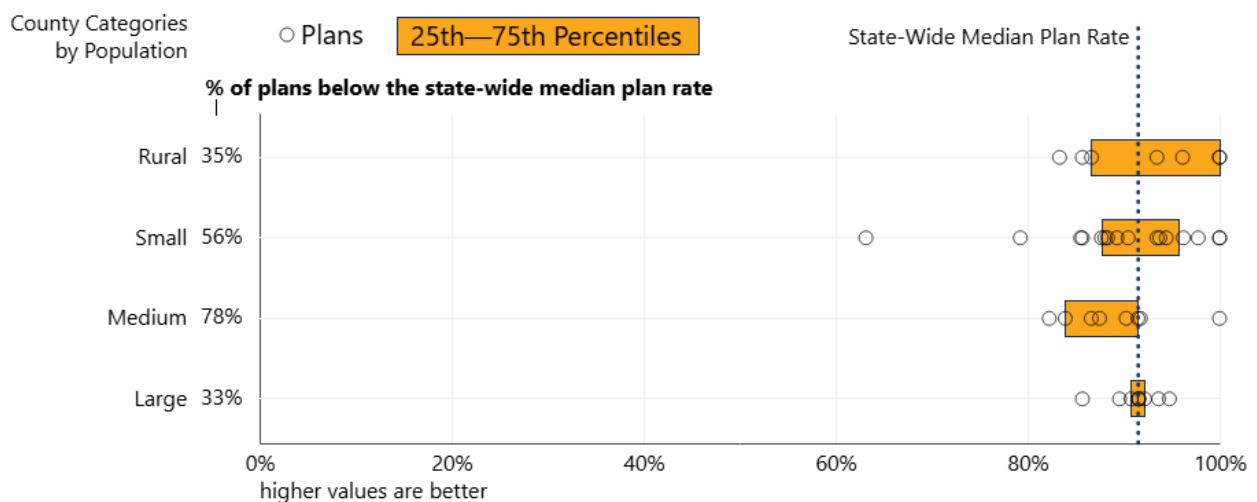
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego SMHS Plan	91.9%
	San Francisco	San Francisco SMHS Plan	84.6%
	San Mateo	San Mateo SMHS Plan	86.1%
	Santa Clara	Santa Clara SMHS Plan	91.8%
Medium	San Joaquin	San Joaquin SMHS Plan	89.2%
	Santa Cruz	Santa Cruz SMHS Plan	91.7%
	Sonoma	Sonoma SMHS Plan	91.0%
	Stanislaus	Stanislaus SMHS Plan	88.8%
	Ventura	Ventura SMHS Plan	91.5%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Amador	Amador SMHS Plan	89.5%
	Butte	Butte SMHS Plan	90.7%
	Fresno	Fresno SMHS Plan	91.5%
	Merced	Merced SMHS Plan	90.7%
	Monterey	Monterey SMHS Plan	90.5%
	Nevada	Nevada SMHS Plan	91.4%
	Santa Barbara	Santa Barbara SMHS Plan	89.6%
	Sutter/Yuba	SUTYUB-SMHS	83.8%
Rural	Colusa	Colusa SMHS Plan	89.5%
	Imperial	Imperial SMHS Plan	88.7%
	Plumas	Plumas SMHS Plan	87.5%
	Siskiyou	Siskiyou SMHS Plan	87.0%
	Trinity	Trinity SMHS Plan	86.7%

Note: Higher values are better.

Source: Consumer Perception Survey.

Figure SMC.BE.47. General satisfaction with SMHS services (child 13-17): county size visual



Source: Consumer Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for general satisfaction with SMHS services for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure SMC.BE.47. General satisfaction with SMHS services (child 13-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego SMHS Plan	89.6%
	San Francisco	San Francisco SMHS Plan	90.8%
	San Mateo	San Mateo SMHS Plan	85.7%
Medium	Riverside	Riverside SMHS Plan	91.5%
	San Joaquin	San Joaquin SMHS Plan	90.3%
	Solano	Solano SMHS Plan	83.9%
	Sonoma	Sonoma SMHS Plan	82.3%
	Stanislaus	Stanislaus SMHS Plan	86.6%
	Ventura	Ventura SMHS Plan	87.5%
Small	Butte	Butte SMHS Plan	88.3%
	El Dorado	El Dorado SMHS Plan	90.5%
	Fresno	Fresno SMHS Plan	85.5%
	Kings	Kings SMHS Plan	87.7%
	Merced	Merced SMHS Plan	88.1%
	Nevada	Nevada SMHS Plan	85.7%
	San Luis Obispo	San Luis Obispo SMHS Plan	79.2%
	Tulare	Tulare SMHS Plan	89.3%
	Yolo	Yolo SMHS Plan	63.2%
Rural	Glenn	Glenn SMHS Plan	83.3%
	Humboldt	Humboldt SMHS Plan	85.7%
	Imperial	Imperial SMHS Plan	86.7%

Note: Higher values are better.
Source: Consumer Perception Survey.

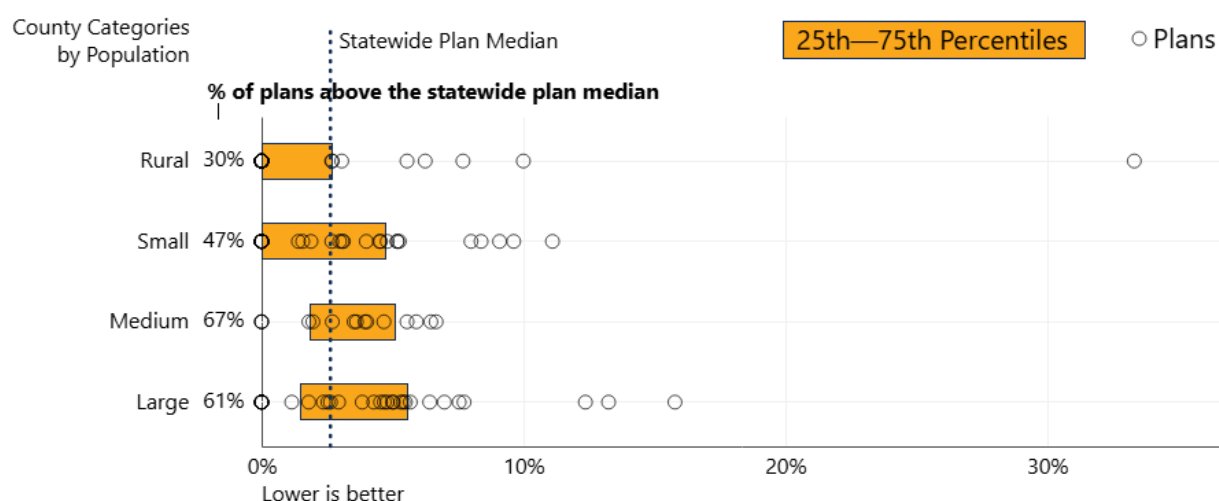
Member outcomes

Psychiatric readmission rate

Measure description: Percentage of psychiatric readmissions for members age 18-64 that were followed up by an unplanned readmission for a behavioral health diagnosis after discharge.

Measure rationale: Percentage of psychiatric readmissions can assist in identifying plans with a high rate of potentially avoidable behavioral health readmissions, which may highlight issues related to continuity of care between inpatient and outpatient settings and/or access to outpatient care constraints post-discharge.

Figure SMC.BO.54. Psychiatric readmission rate (7 day): county size visual



Source: Claims and encounter data.

Medium-sized counties had the highest percentage of plans above the state-wide median plan rate for the 7-day psychiatric readmission rate. Large counties had a similar portion of plans above the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure SMC.BO.54. Psychiatric readmission rate (7 day): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Anthem Blue Cross	5.0%
	Los Angeles	AIDS Healthcare Foundation	15.8%
	Los Angeles	L.A. Care Health Plan	13.3%
	Los Angeles	Health Net Community Solutions, Inc.	12.4%
	Orange	CalOptima	7.0%
	Sacramento	Kaiser Permanente	7.5%
	Sacramento	Molina Healthcare of California	4.3%
	Sacramento	Anthem Blue Cross	2.9%
	San Diego	Blue Shield of California Promise	7.7%
	San Diego	Molina Healthcare of California	6.4%
	San Diego	Aetna	5.7%
	San Diego	Community Health Group	5.4%
	San Diego	Health Net Community Solutions, Inc.	4.8%
	San Diego	Kaiser Permanente	4.7%
	San Diego	United	4.5%
	San Francisco	Anthem Blue Cross	3.8%
	San Mateo	Health Plan of San Mateo	5.3%
	Santa Clara	Anthem Blue Cross	5.5%
	Santa Clara	Santa Clara Family Health Plan	5.0%
Medium	Marin	Partnership Health Plan of California	3.9%
	Placer	California Health and Wellness Plan	6.7%
	Placer	Anthem Blue Cross	5.6%
	Riverside	Inland Empire Health Plan	3.5%
	Riverside	Molina Healthcare of California	2.7%
	Solano	Partnership Health Plan of California	4.7%

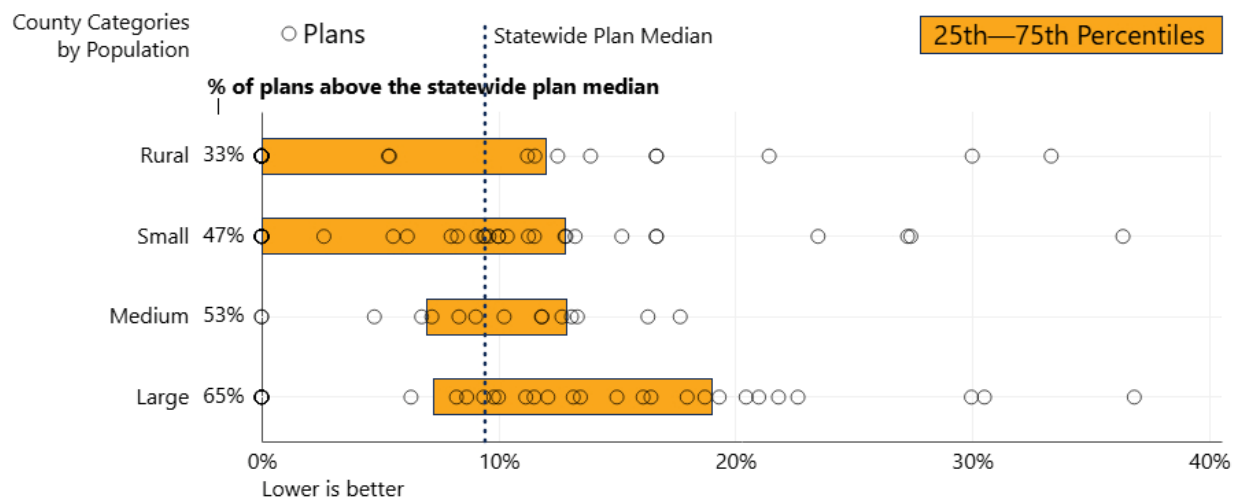
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Sonoma	Partnership Health Plan of California	4.0%
	Stanislaus	Health Net Community Solutions, Inc.	6.5%
	Stanislaus	Health Plan of San Joaquin	5.9%
	Ventura	Gold Coast Health Plan	3.6%
Small	El Dorado	California Health and Wellness Plan	9.1%
	Fresno	Anthem Blue Cross	5.2%
	Fresno	CalViva Health	3.0%
	Kern	Health Net Community Solutions, Inc.	4.8%
	Kern	Kern Health Systems	2.7%
	Kings	Anthem Blue Cross	3.1%
	Lake	Partnership Health Plan of California	3.1%
	Madera	Anthem Blue Cross	8.0%
	Merced	Central California Alliance for Health	5.3%
	Napa	Partnership Health Plan of California	4.5%
	San Bernardino	Molina Healthcare of California	9.6%
	San Bernardino	Inland Empire Health Plan	8.4%
	San Luis Obispo	CenCal Health	4.0%
	Tulare	Health Net Community Solutions, Inc.	5.2%
	Tulare	Anthem Blue Cross	4.5%
	Yuba	Anthem Blue Cross	11.1%
Rural	Calaveras	California Health and Wellness Plan	10.0%
	Humboldt	Partnership Health Plan of California	2.7%
	Imperial	California Health and Wellness Plan	7.7%
	Mendocino	Partnership Health Plan of California	3.1%
	Plumas	California Health and Wellness Plan	33.3%
	Shasta	Partnership Health Plan of California	2.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	Siskiyou	Partnership Health Plan of California	6.3%
	Tuolumne	Anthem Blue Cross	5.6%

Note: Lower values are better.

Source: Claims and encounter data.

Figure SMC.BO.54. Psychiatric readmission rate (30 day): county size visual



Source: Claims and encounter data.

Large counties had the highest percentage of plans above the state-wide median plan rate for 30-day psychiatric readmissions. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure SMC.BO.54. Psychiatric readmission rate (30 day): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Anthem Blue Cross	13.2%
	Alameda	Alameda Alliance for Health	11.2%
	Contra Costa	Anthem Blue Cross	15.0%
	Los Angeles	AIDS Healthcare Foundation	36.8%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	L.A. Care Health Plan	30.5%
	Los Angeles	Health Net Community Solutions, Inc.	30.0%
	Orange	CalOptima	21.0%
	Sacramento	Kaiser Permanente	22.6%
	Sacramento	Molina Healthcare of California	10.0%
	Sacramento	Anthem Blue Cross	9.8%
	San Diego	Blue Shield of California Promise	21.8%
	San Diego	United	20.5%
	San Diego	Aetna	19.3%
	San Diego	Molina Healthcare of California	18.7%
	San Diego	Community Health Group	18.0%
	San Diego	Health Net Community Solutions, Inc.	16.4%
	San Francisco	Anthem Blue Cross	13.5%
	San Mateo	Health Plan of San Mateo	11.5%
	Santa Clara	Santa Clara Family Health Plan	16.1%
	Santa Clara	Anthem Blue Cross	12.1%
Medium	Marin	Partnership Health Plan of California	11.8%
	Placer	California Health and Wellness Plan	13.3%
	Riverside	Inland Empire Health Plan	11.8%
	Santa Cruz	Central California Alliance for Health	10.2%
	Solano	Partnership Health Plan of California	13.1%
	Stanislaus	Health Net Community Solutions, Inc.	17.7%
	Stanislaus	Health Plan of San Joaquin	16.3%
	Ventura	Gold Coast Health Plan	12.7%
Small	El Dorado	Anthem Blue Cross	36.4%
	El Dorado	California Health and Wellness Plan	27.3%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Fresno	CalViva Health	12.8%
	Fresno	Anthem Blue Cross	12.8%
	Kern	Kern Health Systems	10.4%
	Kern	Health Net Community Solutions, Inc.	9.6%
	Monterey	Central California Alliance for Health	11.5%
	Nevada	Anthem Blue Cross	16.7%
	Nevada	California Health and Wellness Plan	10.0%
	San Bernardino	Molina Healthcare of California	27.4%
	San Bernardino	Inland Empire Health Plan	23.5%
	San Luis Obispo	CenCal Health	10.0%
	Santa Barbara	CenCal Health	11.3%
	Tulare	Health Net Community Solutions, Inc.	15.2%
	Tulare	Anthem Blue Cross	13.2%
	Yuba	Anthem Blue Cross	16.7%
Rural	Calaveras	California Health and Wellness Plan	30.0%
	Imperial	Molina Healthcare of California	16.7%
	Imperial	California Health and Wellness Plan	11.5%
	Mariposa	Anthem Blue Cross	16.7%
	Mendocino	Partnership Health Plan of California	11.2%
	Plumas	California Health and Wellness Plan	33.3%
	Siskiyou	Partnership Health Plan of California	12.5%
	Tuolumne	California Health and Wellness Plan	21.4%
	Tuolumne	Anthem Blue Cross	13.9%

Note: Lower values are better.

Source: Claims and encounter data.

DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

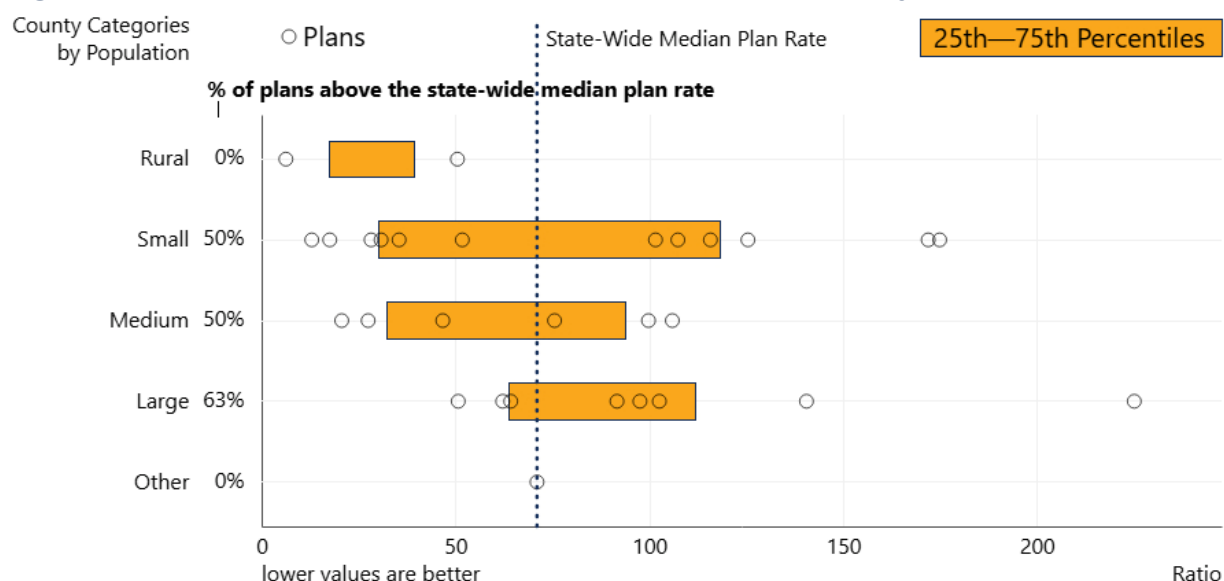
Provider availability and accessibility

Member-to-provider ratio

Measure description: Number of members (total MCMC enrollment [all ages] multiplied by a prevalence rate for need for DMC-ODS services) per provider.

Measure rationale: Member-to-provider ratio help assess how many providers are reported by plans to be available to members. A lower ratio generally indicates better potential access, meaning members have more options for care and potentially shorter wait times.

Figure DMC.SA.6. Member-to-provider ratio: county size visual



Source: NACT and MIS/DSS enrollment data.

Large counties had the highest percentage of plans above the state-wide median plan rate for member-to-provider ratio. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SA.6. Member-to-provider ratio: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Ratio
Large	Alameda	Alameda DMC-ODS Plan	91.7
	Los Angeles	Los Angeles DMC-ODS Plan	140.6
	Orange	Orange DMC-ODS Plan	225.1
	Sacramento	Sacramento DMC-ODS Plan	97.6
	San Mateo	San Mateo DMC-ODS Plan	102.6
Medium	Riverside	Riverside DMC-ODS Plan	106.0
	Stanislaus	Stanislaus DMC-ODS Plan	75.6
	Ventura	Ventura DMC-ODS Plan	99.8
Small	Fresno	Fresno DMC-ODS Plan	101.6
	Kern	Kern DMC-ODS Plan	115.8
	Merced	Merced DMC-ODS Plan	125.5
	Monterey	Monterey DMC-ODS Plan	107.4
	San Bernardino	San Bernardino DMC-ODS Plan	174.9
	Tulare	Tulare DMC-ODS Plan	172.0

Note: Regional Model encompassing Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties.

Note: Lower values are better.

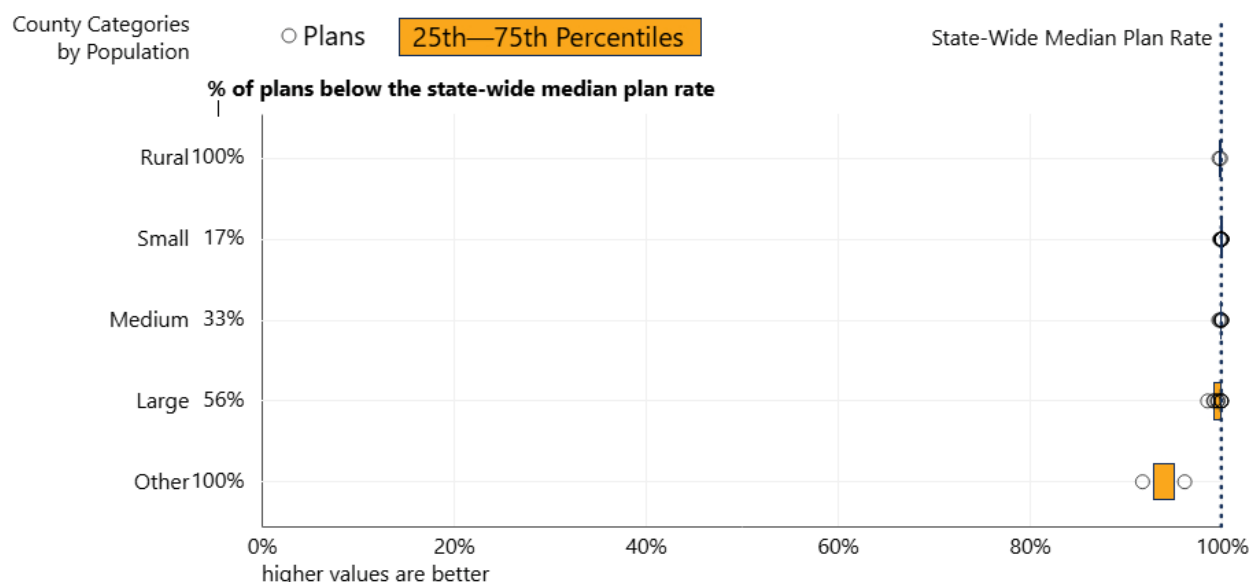
Source: NACT and MIS/DSS enrollment data.

Members living inside time or distance standards

Measure description: Percentage of members (all ages) living in a zip code that falls inside at least one time or distance standard.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. The percentage can be used to pinpoint plans that have a high number of members living outside of the established time or distance standards. Its associated sub-measures can then be reviewed for plans that raise concerns to determine if the issue relates to a particular provider type.

Figure DMC.SA.7g. Members inside SUD outpatient time or distance standards (adult 18+): county size visual



Source: DMC-ODS network data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for adult members living inside SUD outpatient time or distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance is more prevalent in rural counties.

Figure DMC.SA.7g. Members inside SUD outpatient time or distance standards (adult 18+): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	99.2%
	Los Angeles	Los Angeles DMC-ODS Plan	99.7%
	Sacramento	Sacramento DMC-ODS Plan	99.2%
	San Diego	San Diego DMC-ODS Plan	98.6%
	San Mateo	San Mateo DMC-ODS Plan	99.6%
Medium	Marin	Marin DMC-ODS Plan	99.7%
	Riverside	Riverside DMC-ODS Plan	99.9%
Small	Monterey	Monterey DMC-ODS Plan	99.9%

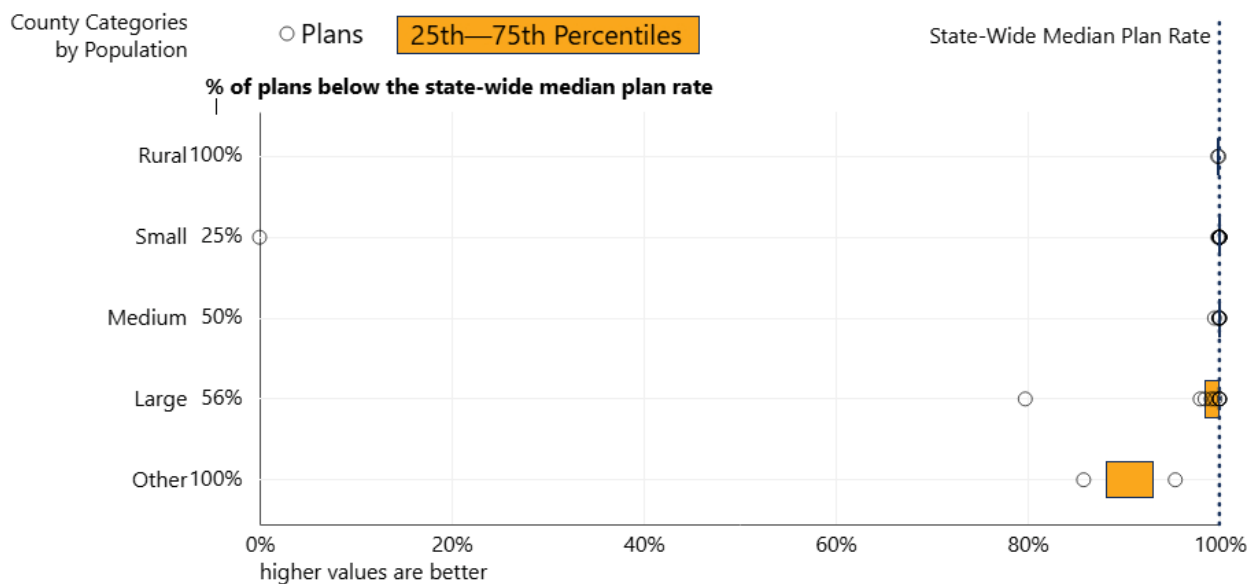
Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	San Bernardino	San Bernardino DMC-ODS Plan	99.8%
Rural	Imperial	Imperial DMC-ODS Plan	99.7%
	San Benito	San Benito DMC-ODS Plan	99.9%
Other	Regional Model (30mi/60min)	Regional Model DMC-ODS Plan	91.8%
	Regional Model (60mi/90min)	Regional Model DMC-ODS Plan	96.2%

Note: Regional Model encompassing Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties.

Note: Higher values are better.

Source: DMC-ODS network data.

Figure DMC.SA.7g. Members inside SUD outpatient time or distance standards (youth 0-17): county size visual



Source: DMC-ODS network data.

Rural counties had the highest percentage of plans below the state-wide median plan rate for younger members living inside SUD outpatient time or distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance is more prevalent in rural counties.

Figure DMC.SA.7g. Members inside SUD outpatient time or distance standards (youth 0-17): county size table of low-performing plans

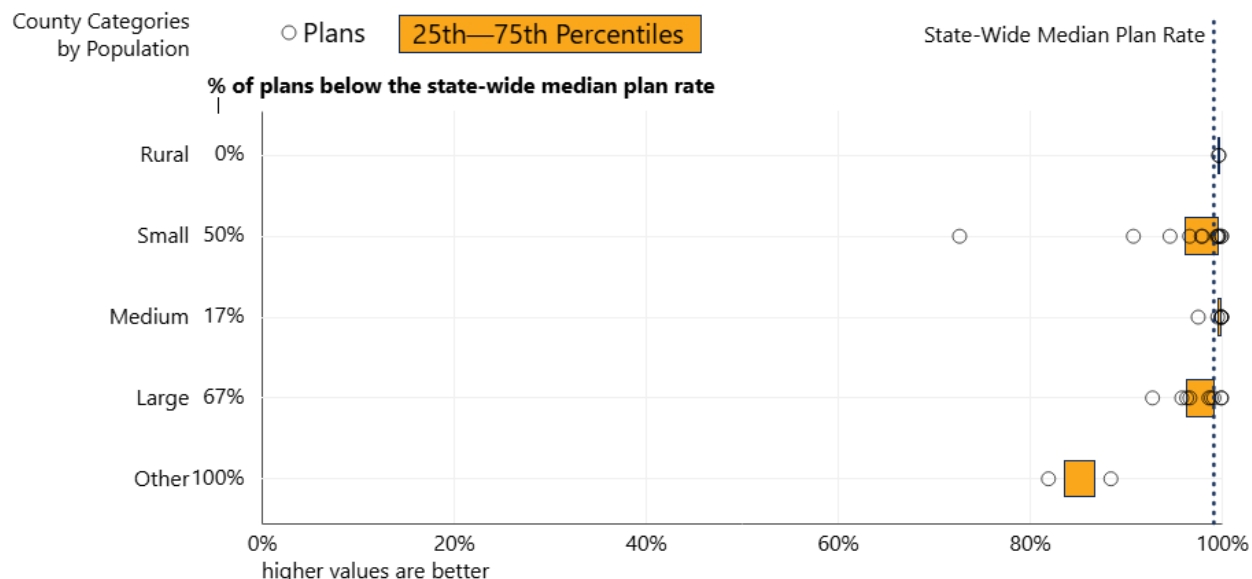
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	98.0%
	Los Angeles	Los Angeles DMC-ODS Plan	99.1%
	Sacramento	Sacramento DMC-ODS Plan	79.8%
	San Diego	San Diego DMC-ODS Plan	98.5%
	San Mateo	San Mateo DMC-ODS Plan	99.5%
Medium	Marin	Marin DMC-ODS Plan	99.5%
	Riverside	Riverside DMC-ODS Plan	99.9%
	Stanislaus	Stanislaus DMC-ODS Plan	100.0%
Small	San Bernardino	San Bernardino DMC-ODS Plan	99.8%
	Tulare	Tulare DMC-ODS Plan	100.0%
	Yolo	Yolo DMC-ODS Plan	0.0%
Rural	Imperial	Imperial DMC-ODS Plan	99.8%
	San Benito	San Benito DMC-ODS Plan	99.9%
Other	Regional Model (30mi/60min)	Regional Model DMC-ODS Plan	85.8%
	Regional Model (60mi/90min)	Regional Model DMC-ODS Plan	95.4%

Note: Regional Model encompassing Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties.

Note: Higher values are better.

Source: DMC-ODS network data.

Figure DMC.SA.7h. Members inside SUD OTP time or distance standards (adult 18+): county size visual



Source: DMC-ODS network data.

Large counties had the highest percentage of plans below the state-wide median plan rate for adult members inside SUD OTP time or distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance is more prevalent in large counties.

Figure DMC.SA.7h. Members inside SUD OTP time or distance standards (adult 18+): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	95.9%
	Contra Costa	Contra Costa DMC-ODS Plan	98.9%
	Los Angeles	Los Angeles DMC-ODS Plan	98.7%
	Orange	Orange DMC-ODS Plan	92.8%
	San Diego	San Diego DMC-ODS Plan	96.4%
	San Mateo	San Mateo DMC-ODS Plan	96.7%
Medium	Riverside	Riverside DMC-ODS Plan	97.6%
Small	El Dorado	El Dorado DMC-ODS Plan	72.7%
	Fresno	Fresno DMC-ODS Plan	97.9%

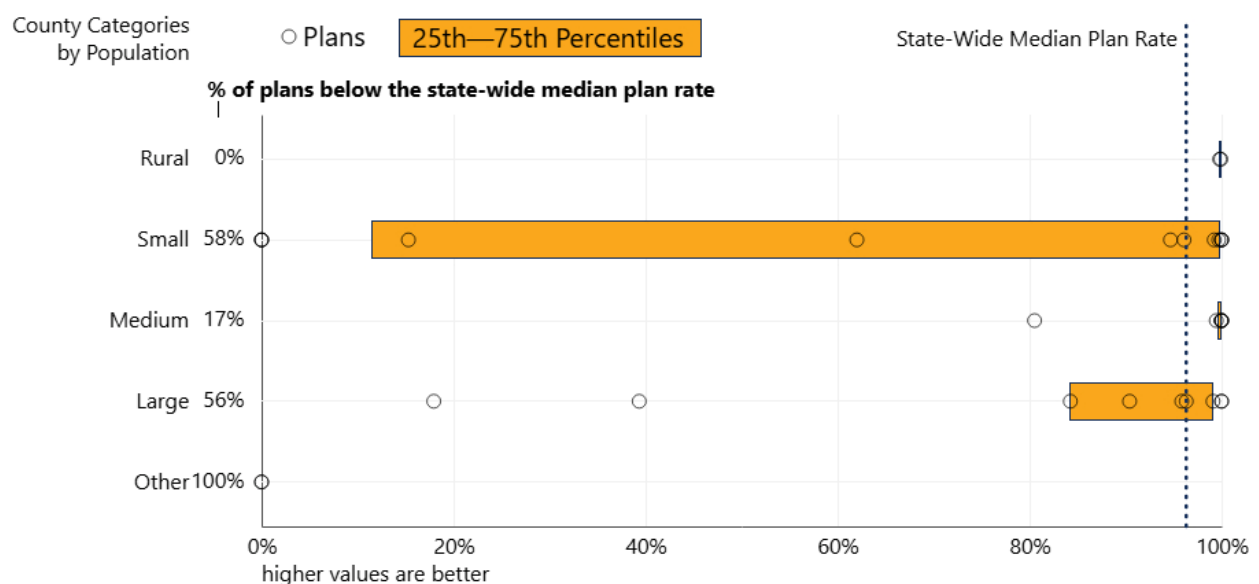
Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Kern	Kern DMC-ODS Plan	96.7%
	Monterey	Monterey DMC-ODS Plan	94.6%
	Nevada	Nevada DMC-ODS Plan	90.8%
	San Bernardino	San Bernardino DMC-ODS Plan	98.0%
Other	Regional Model (30mi/60min)	Regional Model DMC-ODS Plan	82.0%
	Regional Model (60mi/90min)	Regional Model DMC-ODS Plan	88.5%

Note: Regional Model encompassing Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties.

Note: Higher values are better.

Source: DMC-ODS network data.

Figure DMC.SA.7h. Members inside SUD OTP time or distance standards (youth 0-17): county size visual



Source: DMC-ODS network data.

Small counties had the highest percentage of plans below the state-wide median plan rate for younger members inside SUD OTP time or distance standards. Large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure DMC.SA.7h. Members inside SUD OTP time or distance standards (youth 0-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	95.9%
	Contra Costa	Contra Costa DMC-ODS Plan	39.3%
	Los Angeles	Los Angeles DMC-ODS Plan	84.3%
	San Diego	San Diego DMC-ODS Plan	17.9%
	Santa Clara	Santa Clara DMC-ODS Plan	90.4%
Medium	Riverside	Riverside DMC-ODS Plan	80.5%
Small	El Dorado	El Dorado DMC-ODS Plan	62.0%
	Fresno	Fresno DMC-ODS Plan	0.0%
	Kern	Kern DMC-ODS Plan	94.7%
	Monterey	Monterey DMC-ODS Plan	0.0%
	Nevada	Nevada DMC-ODS Plan	15.3%
	San Bernardino	San Bernardino DMC-ODS Plan	96.1%
	Tulare	Tulare DMC-ODS Plan	0.0%
Other	Regional Model (30mi/60min)	Regional Model DMC-ODS Plan	0.0%
	Regional Model (60mi/90min)	Regional Model DMC-ODS Plan	0.0%

Note: Regional Model encompassing Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties.

Note: Higher values are better.

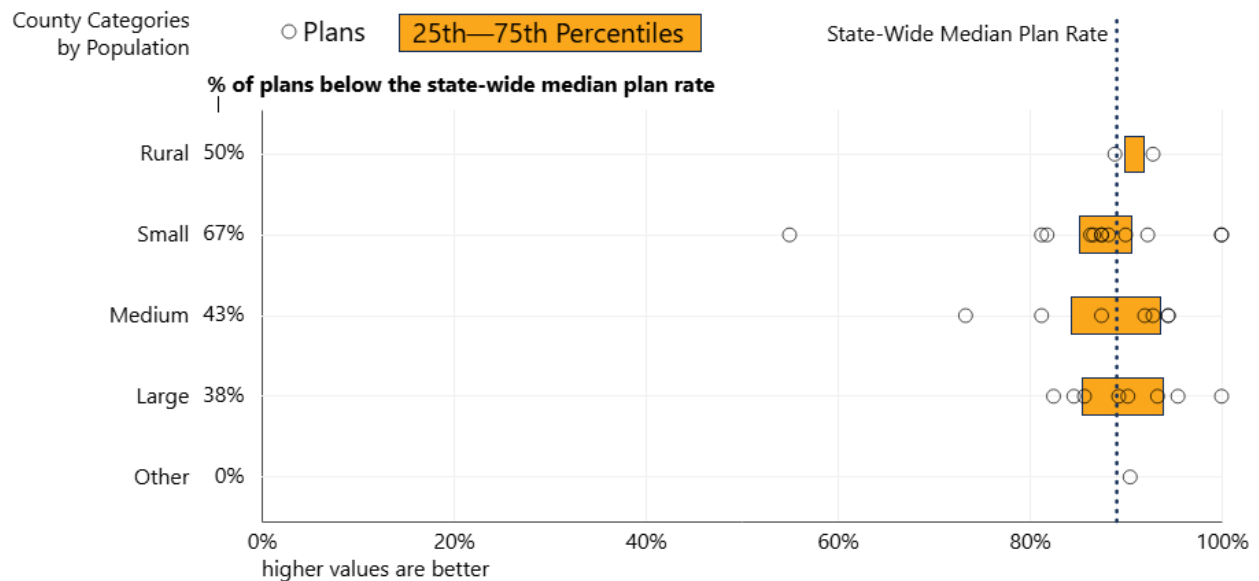
Source: DMC-ODS network data.

Active providers

Measure description: Percentage of providers billing at least one in the past year.

Measure rationale: The use of member visit thresholds for providers (0, at least 1 member seen in the past year) can offer insights into (1) how many providers are participating in Medi-Cal per plan (i.e., the latent supply for that plan) and (2) the levels of provider engagement for that plan. The percentages and the associated sub-measures can assist in identifying plans that may meet time and distance standards but whose provider networks are not frequently providing services to members.

Figure DMC.SA.9. Active providers (provider billing at least 1 claim): county size visual



Source: NACT and claims and encounter data.

Small counties had the highest percentage of plans below the state-wide median plan rate for active providers. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Figure DMC.SA.9. Active providers (provider billing at least 1 claim): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	82.5%
	Sacramento	Sacramento DMC-ODS Plan	84.6%
	San Diego	San Diego DMC-ODS Plan	85.7%
Medium	Marin	Marin DMC-ODS Plan	73.3%
	San Joaquin	San Joaquin DMC-ODS Plan	87.5%
	Ventura	Ventura DMC-ODS Plan	81.3%
Small	El Dorado	El Dorado DMC-ODS Plan	81.3%
	Fresno	Fresno DMC-ODS Plan	55.0%
	Merced	Merced DMC-ODS Plan	87.5%
	Monterey	Monterey DMC-ODS Plan	86.7%
	San Bernardino	San Bernardino DMC-ODS Plan	88.2%
	Santa Barbara	Santa Barbara DMC-ODS Plan	86.4%
	Tulare	Tulare DMC-ODS Plan	81.8%
	Yolo	Yolo DMC-ODS Plan	87.5%
Rural	San Benito	San Benito DMC-ODS Plan	88.9%

Note: Higher values are better.

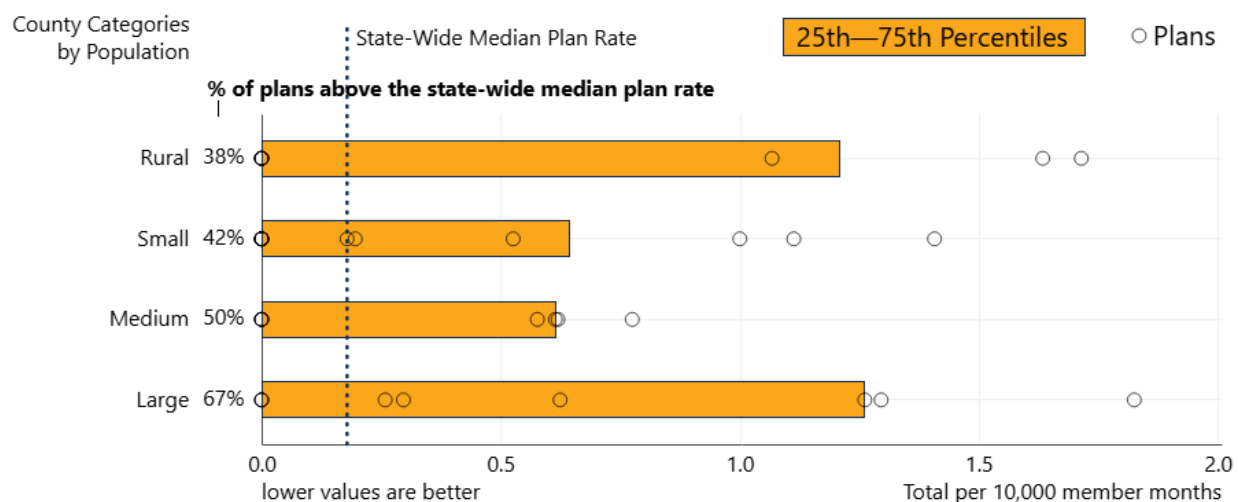
Source: NACT and claims and encounter data.

Access to care grievances

Measure description: Total number of access to care grievances per 10,000 member months

Measure rationale: Access to care grievances can help capture the degree to which Medi-Cal plans' members are reporting access-related issues.

Figure DMC.SA.10. Access to care grievances: county size visual



Source: Managed care program annual report-DMC-ODS and MIS/DSS enrollment data.

Large counties had the highest percentage of plans above the state-wide median plan rate for access to care grievances. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SA.10. Access to care grievances: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Contra Costa	Contra Costa DMC-ODS Plan	0.6
	Los Angeles	Los Angeles DMC-ODS Plan	0.3
	Orange	Orange DMC-ODS Plan	1.3
	San Diego	San Diego DMC-ODS Plan	1.3
	San Francisco	San Francisco DMC-ODS Plan	0.3
	San Mateo	San Mateo DMC-ODS Plan	1.8
Medium	Riverside	Riverside DMC-ODS Plan	0.8
	Solano	Solano DMC-ODS Plan	0.6
	Stanislaus	Stanislaus DMC-ODS Plan	0.6
	Ventura	Ventura DMC-ODS Plan	0.6

Category	County	Plan Name Not Meeting Comparison Value	Total
Small	Fresno	Fresno DMC-ODS Plan	0.5
	Kern	Kern DMC-ODS Plan	0.2
	Monterey	Monterey DMC-ODS Plan	1.1
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	1.0
	Yolo	Yolo DMC-ODS Plan	1.4
Rural	Humboldt	Humboldt DMC-ODS Plan	1.7
	Mendocino	Mendocino DMC-ODS Plan	1.6
	Shasta	Shasta DMC-ODS Plan	1.1

Note: Lower values are better.

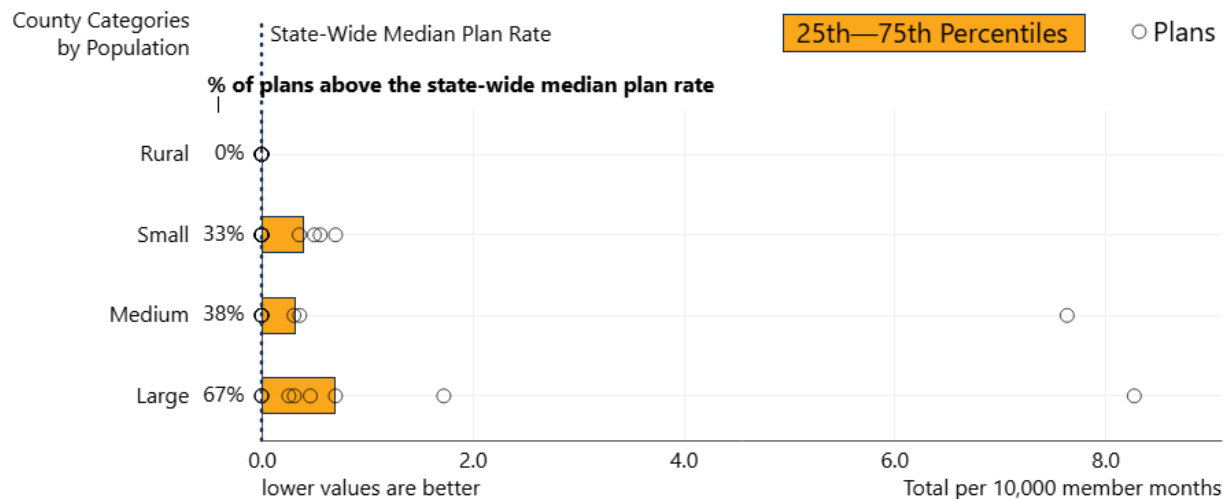
Source: Managed care program annual report-DMC-ODS and MIS/DSS enrollment data.

Resolved appeals

Measure description: Total number of resolved appeals per 10,000 member months.

Measure rationale: Resolved appeals can help capture the frequency of instances where members felt that their request for services was unfairly denied. Fewer appeals may indicate members are not being improperly denied needed services.

Figure DMC.SA.11 Resolved appeals: county size visual



Source: Managed care program annual report-DMC-ODS and MIS/DSS enrollment data.

Large counties had the highest percentage of plans above the state-wide median plan rate for resolved appeals. Other county sizes did not have similar rates above the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SA.11 Resolved appeals: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Total
Large	Los Angeles	Los Angeles DMC-ODS Plan	8.3
	Orange	Orange DMC-ODS Plan	0.7
	Sacramento	Sacramento DMC-ODS Plan	0.5
	San Diego	San Diego DMC-ODS Plan	1.7
	San Francisco	San Francisco DMC-ODS Plan	0.3
	Santa Clara	Santa Clara DMC-ODS Plan	0.3
Medium	San Joaquin	San Joaquin DMC-ODS Plan	0.4
	Santa Cruz	Santa Cruz DMC-ODS Plan	7.6
	Stanislaus	Stanislaus DMC-ODS Plan	0.3
Small	Fresno	Fresno DMC-ODS Plan	0.7
	Monterey	Monterey DMC-ODS Plan	0.6
	San Bernardino	San Bernardino DMC-ODS Plan	0.4
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	0.5

Note: Lower values are better.

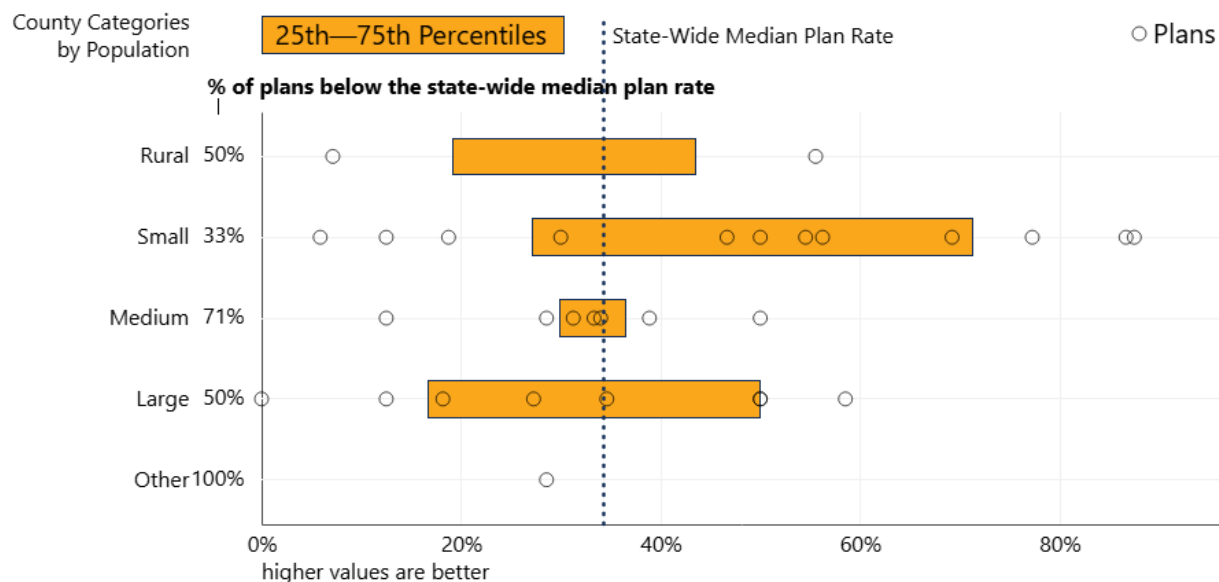
Source: Managed care program annual report-DMC-ODS and MIS/DSS enrollment data.

Provision of telehealth services

Measure description: Percentage of providers providing telehealth services.

Measure rationale: Provision of telehealth services can assist DHCS in identifying plans with limited telehealth availability, which may lead to availability and accessibility of service issues. By reviewing this measure, DHCS can pinpoint plans with comparatively lower telehealth services.

Figure DMC.SA.12. Provision of telehealth services: county size visual



Source: NACT and MIS/DSS enrollment data.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for provision of telehealth services. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure DMC.SA.12. Provision of telehealth services: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	18.2%
	Contra Costa	Contra Costa DMC-ODS Plan	12.5%
	San Diego	San Diego DMC-ODS Plan	0.0%
	San Mateo	San Mateo DMC-ODS Plan	27.3%
Medium	Marin	Marin DMC-ODS Plan	33.3%
	Riverside	Riverside DMC-ODS Plan	34.0%
	San Joaquin	San Joaquin DMC-ODS Plan	31.3%
	Stanislaus	Stanislaus DMC-ODS Plan	28.6%
	Ventura	Ventura DMC-ODS Plan	12.5%
Small	Fresno	Fresno DMC-ODS Plan	30.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Merced	Merced DMC-ODS Plan	12.5%
	San Bernardino	San Bernardino DMC-ODS Plan	5.9%
	Yolo	Yolo DMC-ODS Plan	18.8%
Rural	Imperial	Imperial DMC-ODS Plan	7.1%
Other	Regional Model	Regional Model DMC-ODS Plan	28.6%

Note: Higher values are better.

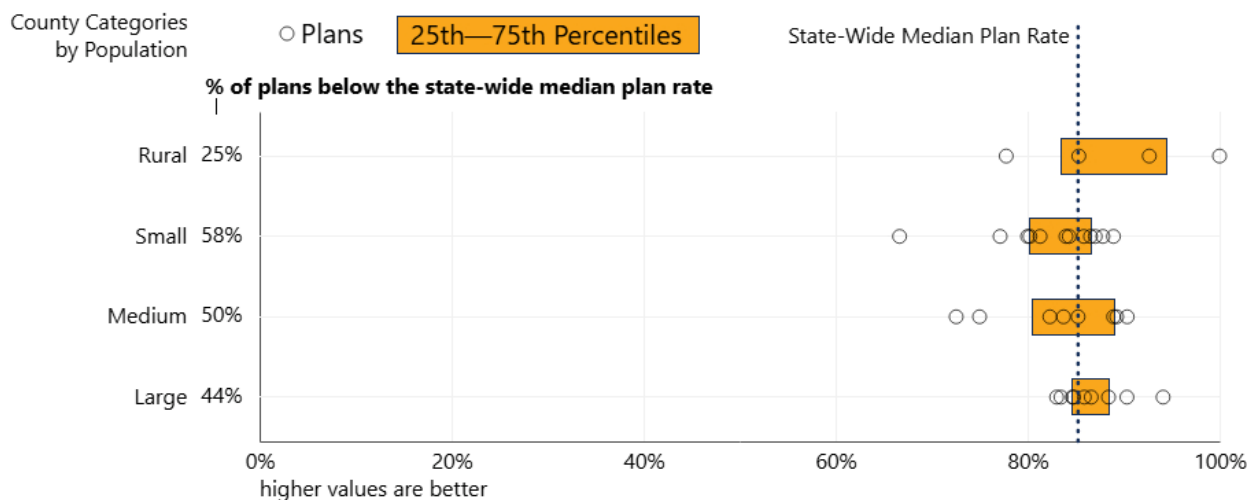
Source: NACT and MIS/DSS enrollment data.

Accessibility of SUD services

Measure description: Percentage of members age 12 or older responding that the location of services was convenient.

Measure rationale: The percentage can assist in understanding whether the location of SUD services is convenient for its members.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): county size visual



Source: Treatment Perception Survey.

Small counties had the highest percentage of plans below the state-wide median plan rate for accessibility of SUD services for adults. Medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to small counties.

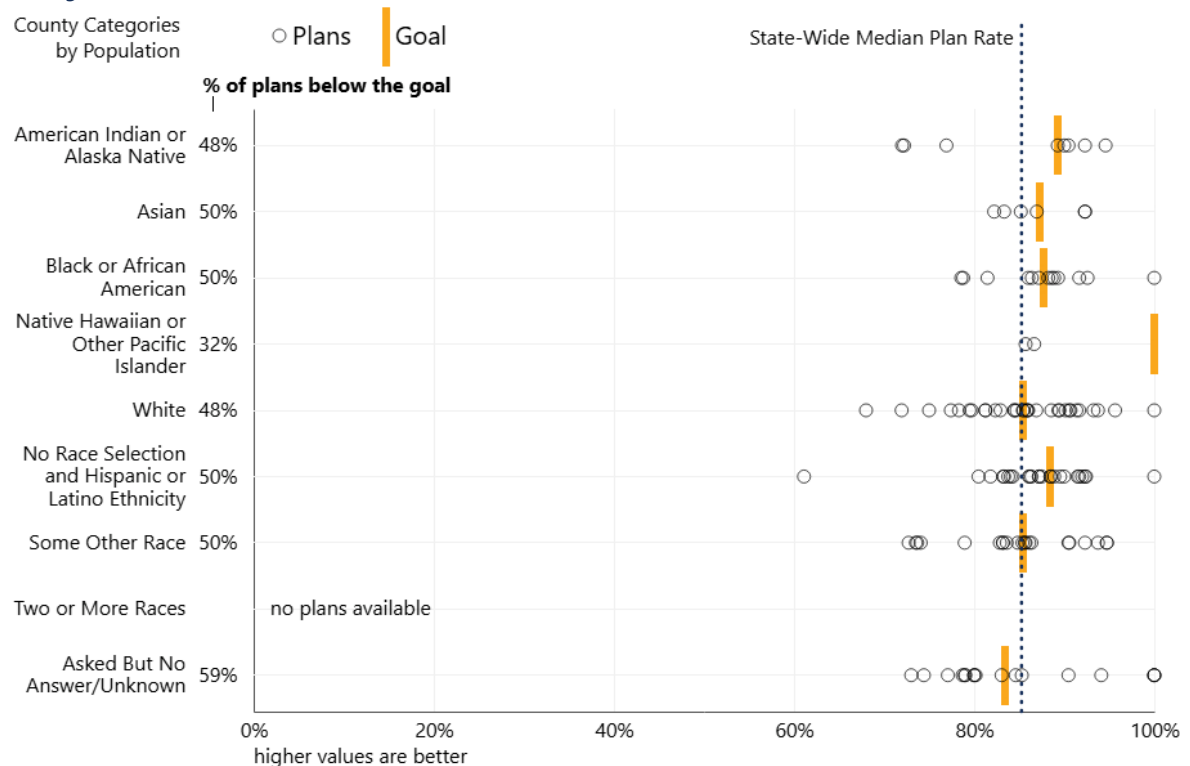
Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	84.7%
	Contra Costa	Contra Costa DMC-ODS Plan	83.5%
	Orange	Orange DMC-ODS Plan	84.8%
	Sacramento	Sacramento DMC-ODS Plan	83.0%
Medium	Placer	Placer DMC-ODS Plan	72.6%
	Riverside	Riverside DMC-ODS Plan	83.7%
	San Joaquin	San Joaquin DMC-ODS Plan	82.3%
	Solano	Solano DMC-ODS Plan	75.0%
Small	El Dorado	El Dorado DMC-ODS Plan	77.1%
	Napa	Napa DMC-ODS Plan	66.7%
	Nevada	Nevada DMC-ODS Plan	84.0%
	San Bernardino	San Bernardino DMC-ODS Plan	81.3%
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	80.2%
	Santa Barbara	Santa Barbara DMC-ODS Plan	84.3%
	Yolo	Yolo DMC-ODS Plan	80.0%
Rural	San Benito	San Benito DMC-ODS Plan	77.8%

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity visual

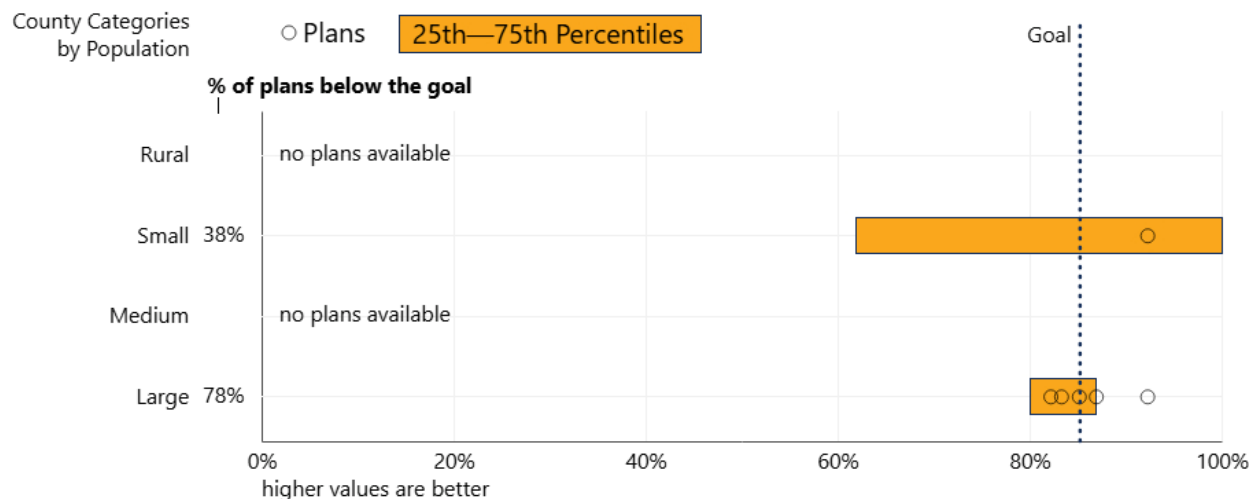


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Treatment Perception Survey.

The *Asian*, *Black or African American*, and *No Race Selection and Hispanic or Latino Ethnicity* racial/ethnic groups had the highest percent of plans below the goal for accessibility of SUD services.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size visual for highest racial/ethnic group (Asian)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Treatment Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the Asian racial/ethnic group for accessibility of SUD services.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size table of low-performing plans for highest racial/ethnic group (Asian)

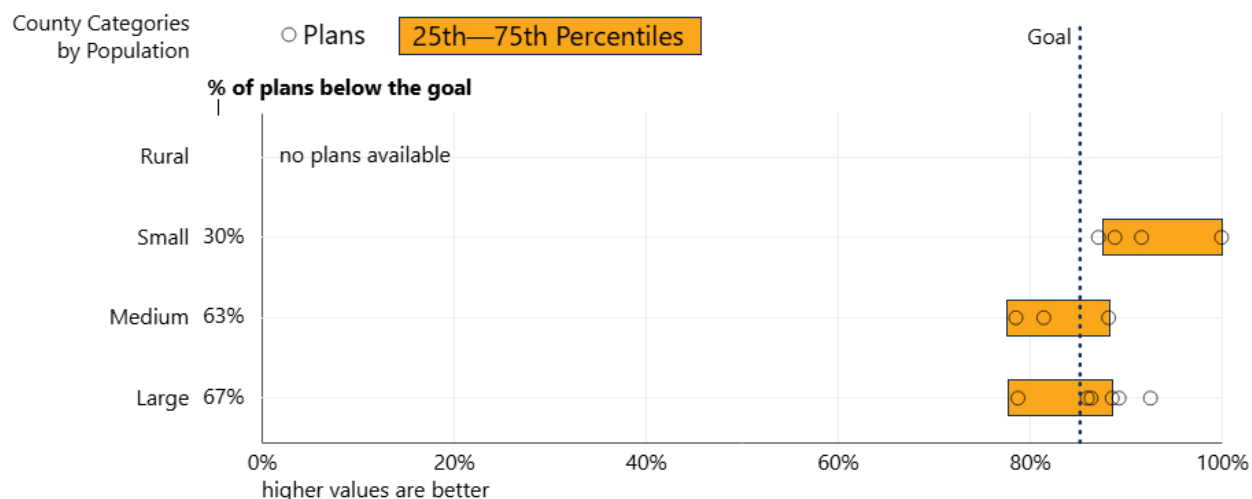
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego DMC-ODS Plan	85.2%
	Orange	Orange DMC-ODS Plan	83.3%
	Los Angeles	Los Angeles DMC-ODS Plan	82.2%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size visual for highest racial/ethnic group (Black or African American)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Treatment Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the Black or African American racial/ethnic group for accessibility of SUD services.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size table of low-performing plans for highest racial/ethnic group (Black or African American)

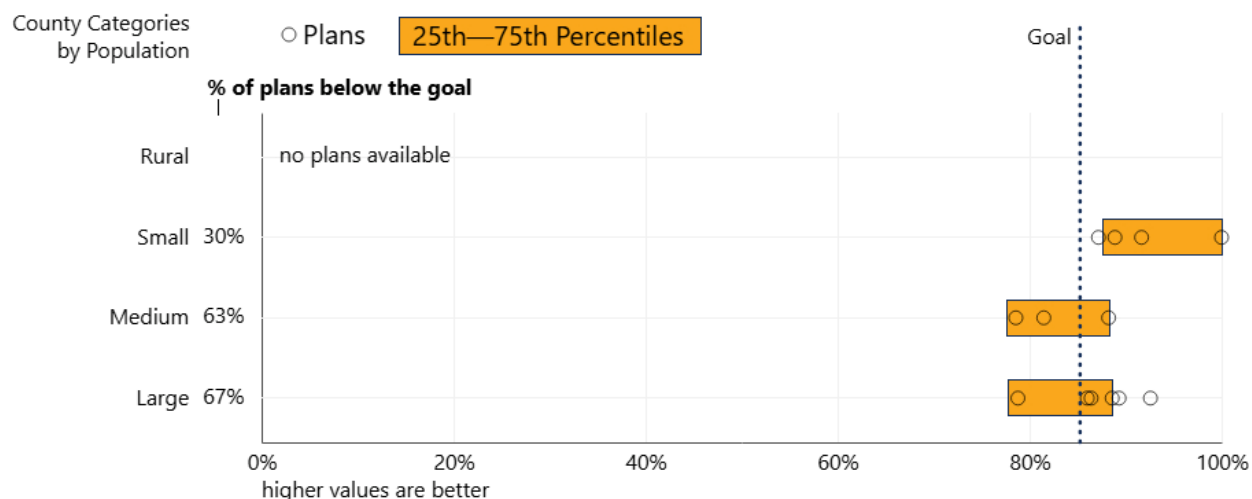
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Sacramento	Sacramento DMC-ODS Plan	78.8%
Medium	Riverside	Riverside DMC-ODS Plan	81.5%
	San Joaquin	San Joaquin DMC-ODS Plan	78.6%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size visual for highest racial/ethnic group (No Race Selection and Hispanic or Latino Ethnicity)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: Treatment Perception Survey.

Large counties had the highest percentage of plans below the goal for beneficiaries from the No Race Selection and Hispanic or Latino Ethnicity racial/ethnic group for accessibility of SUD services.

Figure DMC.SA.14. Accessibility of SUD Services (adult 18+): baseline disparity county size table of low-performing plans for highest racial/ethnic group (No Race Selection and Hispanic or Latino Ethnicity)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego DMC-ODS Plan	83.2%
	San Francisco	San Francisco DMC-ODS Plan	81.8%
Small	Fresno	Fresno DMC-ODS Plan	84.1%
	Merced	Merced DMC-ODS Plan	80.5%
	Napa	Napa DMC-ODS Plan	61.1%
	San Bernardino	San Bernardino DMC-ODS Plan	83.8%
Rural	Imperial	Imperial DMC-ODS Plan	84.3%

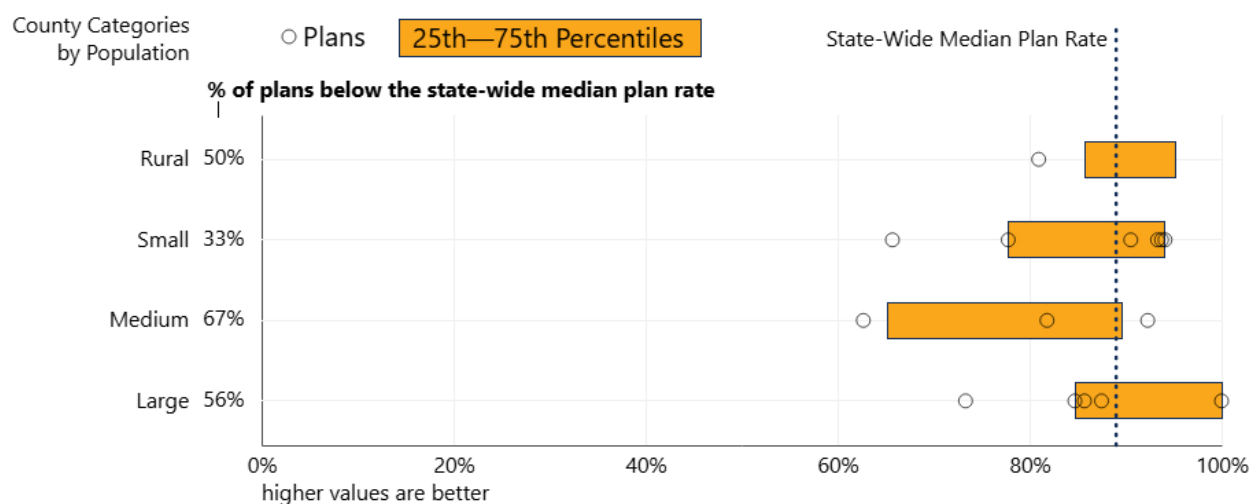
Category	County	Plan Name Not Meeting Comparison Value	Percent
Rural	San Benito	San Benito DMC-ODS Plan	83.3%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.SA.14. Accessibility of SUD Services (youth 12-17): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for accessibility of SUD services for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure DMC.SA.14. Accessibility of SUD Services (youth 12-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	87.5%
	Los Angeles	Los Angeles DMC-ODS Plan	73.3%
	Orange	Orange DMC-ODS Plan	85.7%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego DMC-ODS Plan	84.7%
Medium	Riverside	Riverside DMC-ODS Plan	62.7%
	Stanislaus	Stanislaus DMC-ODS Plan	81.8%
Small	San Bernardino	San Bernardino DMC-ODS Plan	77.8%
	Santa Barbara	Santa Barbara DMC-ODS Plan	65.7%
Rural	Imperial	Imperial DMC-ODS Plan	81.0%

Note: Higher values are better.

Source: Treatment Perception Survey.

Service use

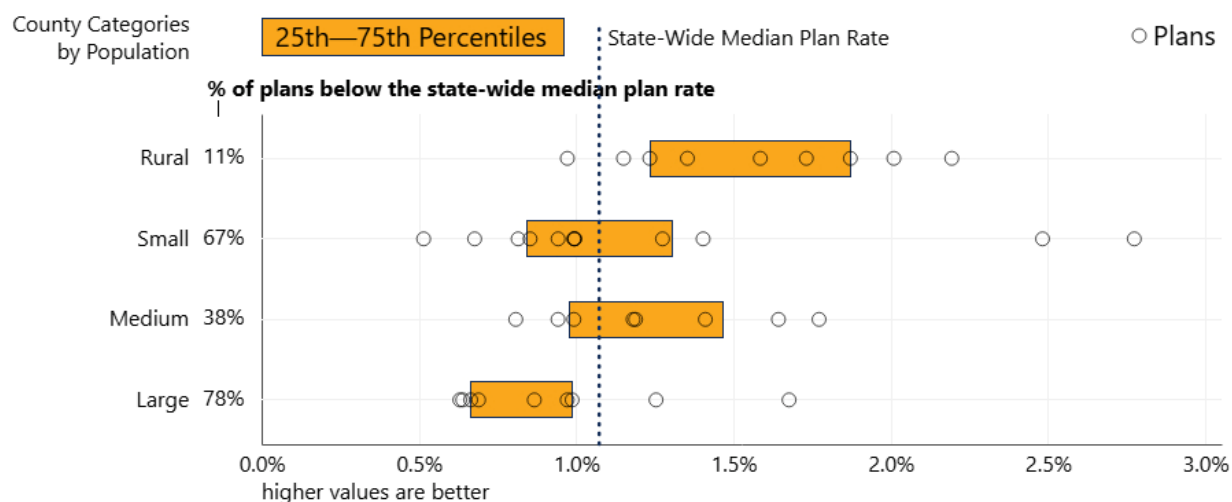
Penetration and engagement rates

Measure description: Percentage of Medi-Cal eligible population (all ages) that received DMC-ODS services.⁴

Measure rationale: Percentage of Medi-Cal eligible population that received DMC-ODS services can assist in monitoring access to DMC-ODS services. Comparing the penetration rate to the engagement rate can help indicate whether members are successfully engaging with substance use disorder treatment.

⁴ Penetration and engagement rates capture members receiving DMC-ODS out of all members enrolled in MCMC as opposed to a population in which the need for DMC-ODS may be more prevalent. DHCS is exploring alternate methodologies to better capture these measures.

Figure DMC.SU.22. Penetration rates: county size visual



Source: MIS/DSS Short Doyle claims and enrollment data.

Large counties had the highest percentage of plans below the state-wide median plan rate for DMC-ODS penetration. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SU.22. Penetration rates: county size table of low-performing plans

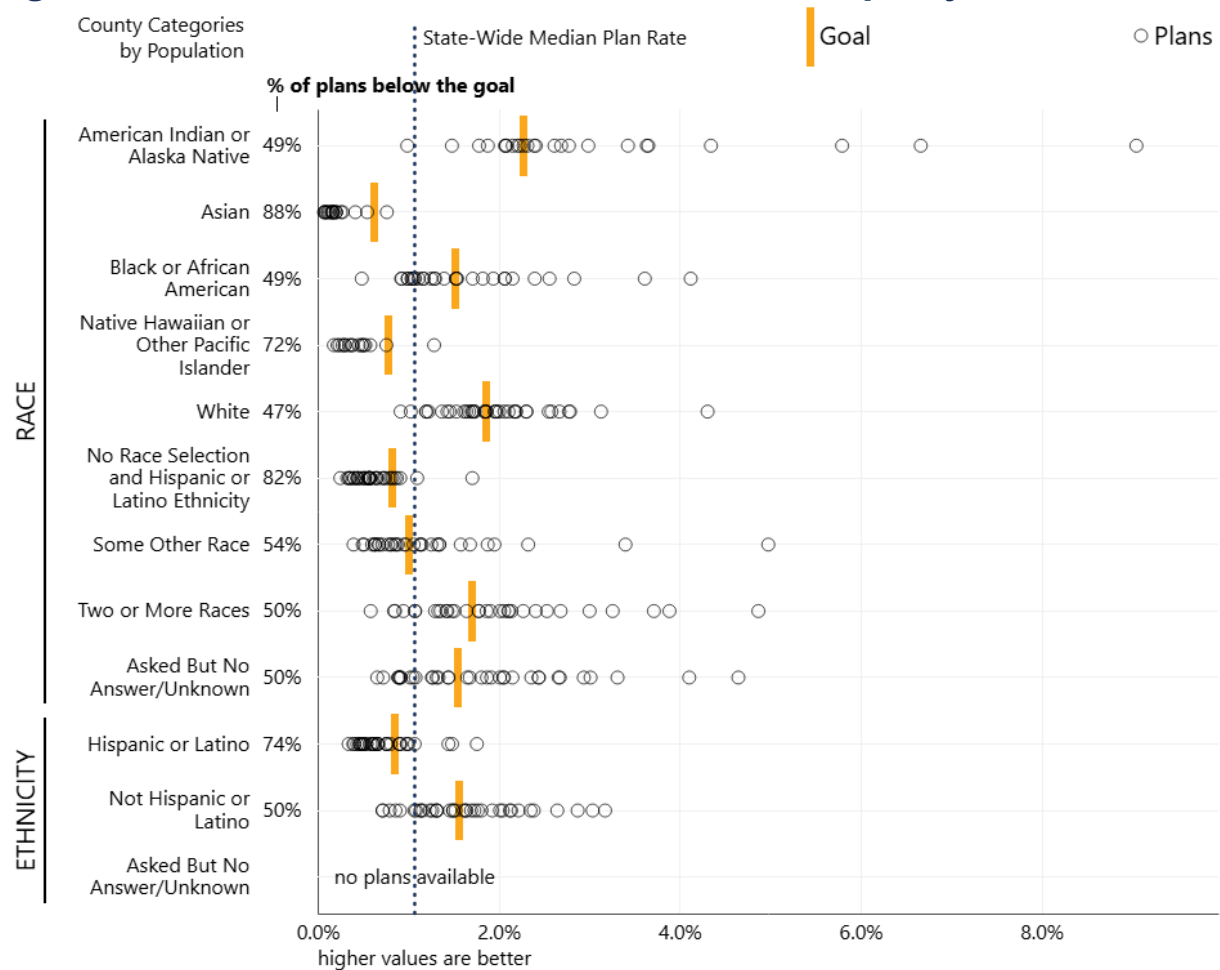
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	0.9%
	Contra Costa	Contra Costa DMC-ODS Plan	1.0%
	Los Angeles	Los Angeles DMC-ODS Plan	0.7%
	Orange	Orange DMC-ODS Plan	0.6%
	Sacramento	Sacramento DMC-ODS Plan	1.0%
	San Mateo	San Mateo DMC-ODS Plan	0.6%
	Santa Clara	Santa Clara DMC-ODS Plan	0.7%
Medium	Riverside	Riverside DMC-ODS Plan	0.9%
	San Joaquin	San Joaquin DMC-ODS Plan	0.8%
	Solano	Solano DMC-ODS Plan	1.0%
Small	El Dorado	El Dorado DMC-ODS Plan	1.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Fresno	Fresno DMC-ODS Plan	1.0%
	Kern	Kern DMC-ODS Plan	1.0%
	Merced	Merced DMC-ODS Plan	0.7%
	Monterey	Monterey DMC-ODS Plan	0.8%
	San Bernardino	San Bernardino DMC-ODS Plan	0.5%
	Tulare	Tulare DMC-ODS Plan	0.9%
	Yolo	Yolo DMC-ODS Plan	0.9%
Rural	Lassen	Lassen DMC-ODS Plan	1.0%

Note: Higher values are better.

Source: MIS/DSS Short Doyle claims and enrollment data.

Figure DMC.SU.22. Penetration rates: baseline disparity visual

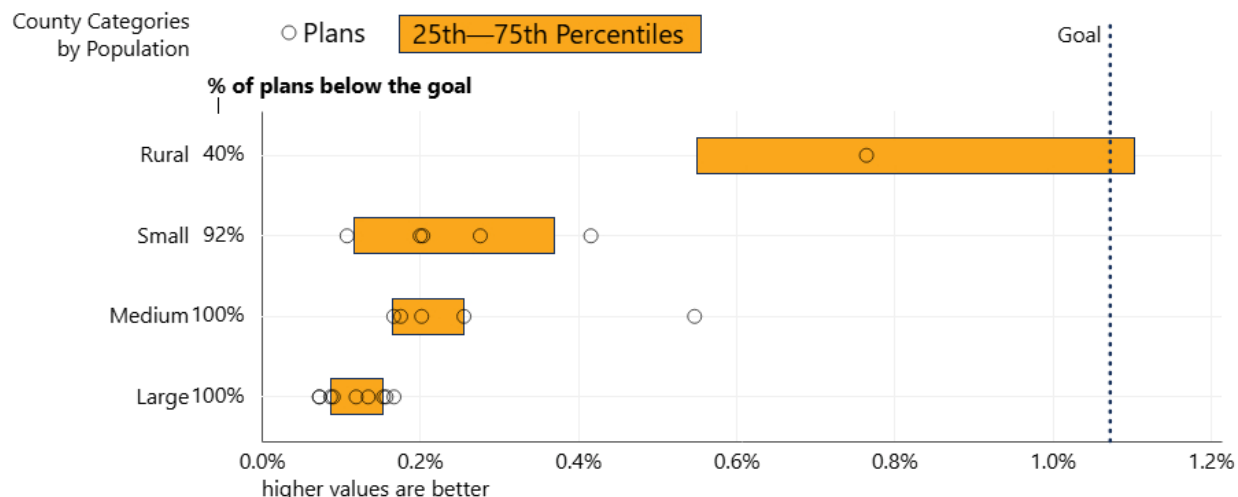


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: MIS/DSS Short Doyle claims and enrollment data.

The *Asian* racial/ethnic groups had the highest percentage of plans below the goal for penetration rates.

Figure DMC.SU.22. Penetration rates: baseline disparity county size visual for highest racial/ethnic group (Asian)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: MIS/DSS Short Doyle claims and enrollment data.

Medium-sized and large counties had the highest percentage of plans below the goal for members from *Asian* racial/ethnic group for penetration rates.

Figure DMC.SU.22. Penetration rates: baseline disparity county size table of low-performing plans for highest racial/ethnic group (Asian)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	0.07%
	Contra Costa	Contra Costa DMC-ODS Plan	0.16%
	Los Angeles	Los Angeles DMC-ODS Plan	0.09%
	Orange	Orange DMC-ODS Plan	0.09%
	Sacramento	Sacramento DMC-ODS Plan	0.13%
	San Diego	San Diego DMC-ODS Plan	0.17%
	San Francisco	San Francisco DMC-ODS Plan	0.07%
	San Mateo	San Mateo DMC-ODS Plan	0.15%
	Santa Clara	Santa Clara DMC-ODS Plan	0.12%
Medium	Marin	Marin DMC-ODS Plan	0.55%

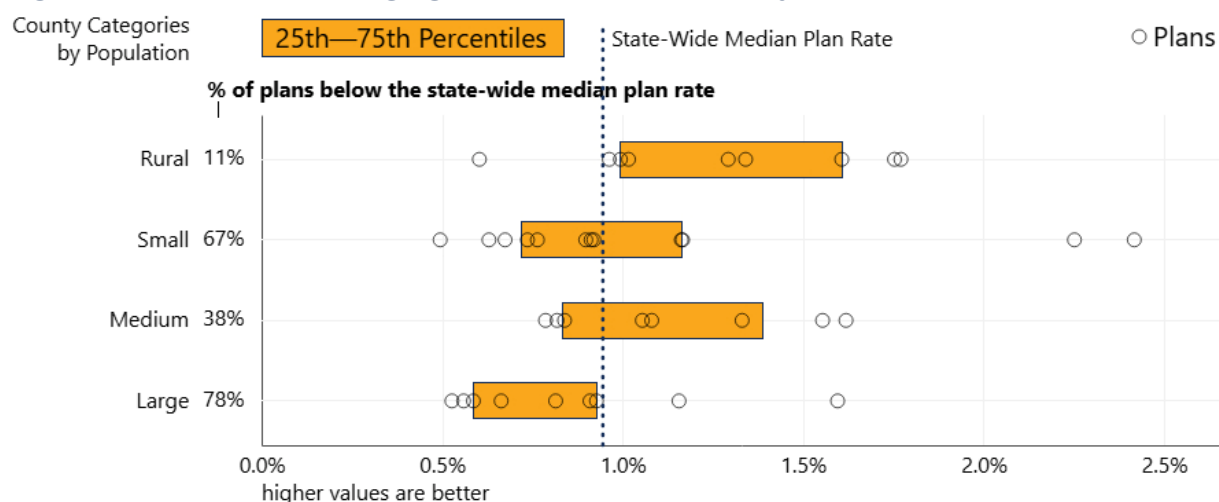
Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Riverside	Riverside DMC-ODS Plan	0.18%
	San Joaquin	San Joaquin DMC-ODS Plan	0.17%
	Solano	Solano DMC-ODS Plan	0.20%
	Stanislaus	Stanislaus DMC-ODS Plan	0.26%
Small	Fresno	Fresno DMC-ODS Plan	0.20%
	Kern	Kern DMC-ODS Plan	0.28%
	Merced	Merced DMC-ODS Plan	0.20%
	Monterey	Monterey DMC-ODS Plan	0.42%
	San Bernardino	San Bernardino DMC-ODS Plan	0.11%
Rural	Shasta	Shasta DMC-ODS Plan	0.77%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

Source: MIS/DSS Short Doyle claims and enrollment data.

Figure DMC.SU.22. Engagement rates: county size visual



Source: MIS/DSS Short Doyle claims and enrollment data.

Large counties had the highest percentage of plans below the state-wide median plan rate for DMC-ODS engagement. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

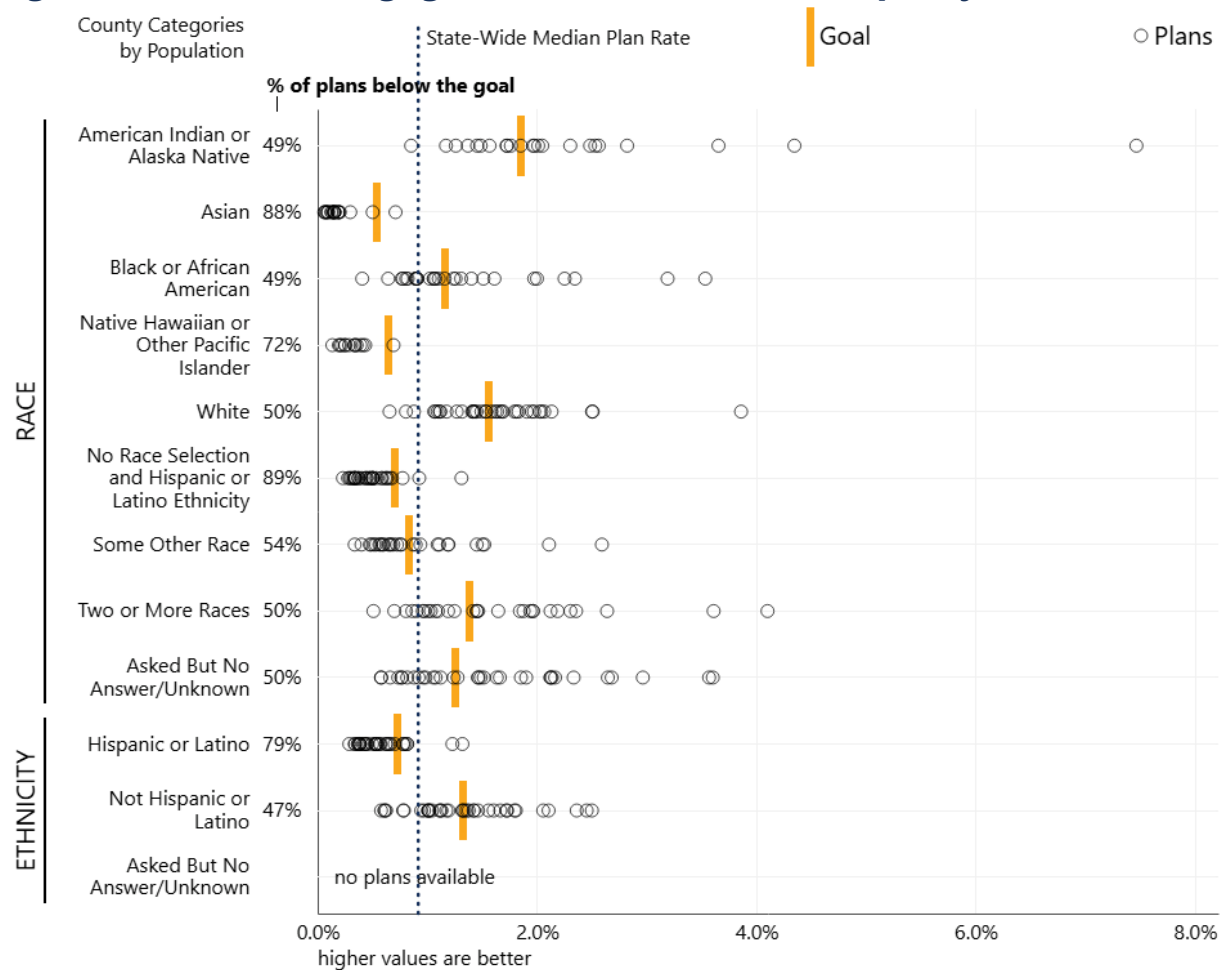
Figure DMC.SU.22. Engagement rates: county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	0.8%
	Contra Costa	Contra Costa DMC-ODS Plan	0.9%
	Los Angeles	Los Angeles DMC-ODS Plan	0.7%
	Orange	Orange DMC-ODS Plan	0.5%
	Sacramento	Sacramento DMC-ODS Plan	0.9%
	San Mateo	San Mateo DMC-ODS Plan	0.6%
	Santa Clara	Santa Clara DMC-ODS Plan	0.6%
Medium	Riverside	Riverside DMC-ODS Plan	0.8%
	San Joaquin	San Joaquin DMC-ODS Plan	0.8%
	Solano	Solano DMC-ODS Plan	0.8%
Small	El Dorado	El Dorado DMC-ODS Plan	0.9%
	Fresno	Fresno DMC-ODS Plan	0.9%
	Kern	Kern DMC-ODS Plan	0.8%
	Merced	Merced DMC-ODS Plan	0.6%
	Monterey	Monterey DMC-ODS Plan	0.7%
	San Bernardino	San Bernardino DMC-ODS Plan	0.5%
	Tulare	Tulare DMC-ODS Plan	0.7%
	Yolo	Yolo DMC-ODS Plan	0.9%
Rural	Lassen	Lassen DMC-ODS Plan	0.6%

Note: Higher values are better.

Source: MIS/DSS Short Doyle claims and enrollment data.

Figure DMC.SU.22. Engagement rates: baseline disparity visual

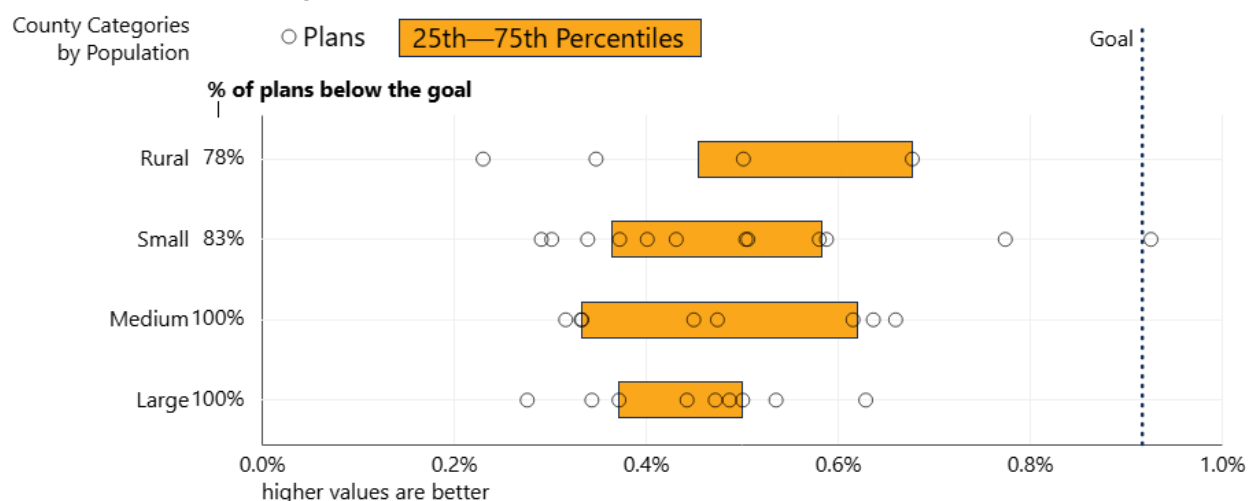


Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: MIS/DSS Short Doyle claims and enrollment data.

The *No Race Selection and Hispanic or Latino Ethnicity* racial/ethnic group had the highest percentage of plans below the goal for the engagement rate.

Figure DMC.SU.22. Engagement rates: baseline disparity county size visual for highest racial/ethnic group (No Race Selection and Hispanic or Latino Ethnicity)



Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Source: MIS/DSS Short Doyle claims and enrollment data.

Medium-sized and large counties had the highest percentage of plans below the goal for members from *No Race Selection and Hispanic or Latino Ethnicity* racial/ethnic group for engagement rates.

Figure DMC.SU.22. Engagement rates: baseline disparity county size table of low-performing plans for highest racial/ethnic group (No Race Selection and Hispanic or Latino Ethnicity)

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	0.44%
	Contra Costa	Contra Costa DMC-ODS Plan	0.34%
	Los Angeles	Los Angeles DMC-ODS Plan	0.47%
	Orange	Orange DMC-ODS Plan	0.37%
	Sacramento	Sacramento DMC-ODS Plan	0.50%
	San Diego	San Diego DMC-ODS Plan	0.63%
	San Francisco	San Francisco DMC-ODS Plan	0.54%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Mateo	San Mateo DMC-ODS Plan	0.28%
	Santa Clara	Santa Clara DMC-ODS Plan	0.49%
Medium	Marin	Marin DMC-ODS Plan	0.33%
	Placer	Placer DMC-ODS Plan	0.66%
	Riverside	Riverside DMC-ODS Plan	0.47%
	San Joaquin	San Joaquin DMC-ODS Plan	0.32%
	Santa Cruz	Santa Cruz DMC-ODS Plan	0.64%
	Solano	Solano DMC-ODS Plan	0.33%
	Stanislaus	Stanislaus DMC-ODS Plan	0.45%
	Ventura	Ventura DMC-ODS Plan	0.62%
Small	El Dorado	El Dorado DMC-ODS Plan	0.29%
	Fresno	Fresno DMC-ODS Plan	0.50%
	Kern	Kern DMC-ODS Plan	0.40%
	Merced	Merced DMC-ODS Plan	0.37%
	Monterey	Monterey DMC-ODS Plan	0.34%
	Napa	Napa DMC-ODS Plan	0.58%
	San Bernardino	San Bernardino DMC-ODS Plan	0.30%
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	0.59%
	Santa Barbara	Santa Barbara DMC-ODS Plan	0.77%
	Tulare	Tulare DMC-ODS Plan	0.43%
	Yolo	Yolo DMC-ODS Plan	0.51%
Rural	Humboldt	Humboldt DMC-ODS Plan	0.50%
	Imperial	Imperial DMC-ODS Plan	0.68%
	Mendocino	Mendocino DMC-ODS Plan	0.23%
	Shasta	Shasta DMC-ODS Plan	0.35%

Note: Racial and ethnic plan rates that are suppressed for low numbers are not included on the chart.

Note: Higher values are better.

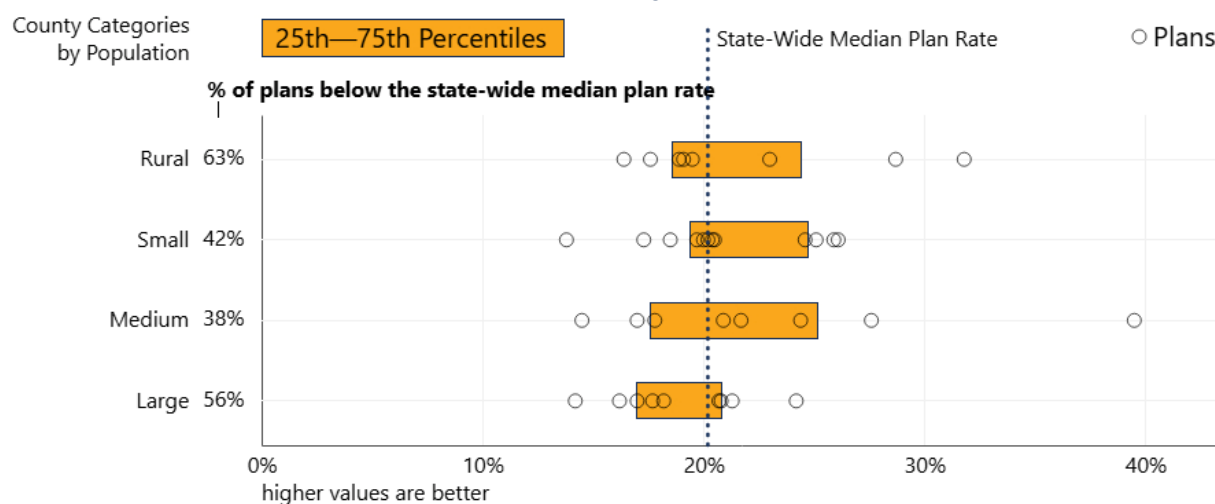
Source: MIS/DSS Short Doyle claims and enrollment data.

Initiation and engagement of substance use disorder treatment

Measure description: Percentage of members age 13 or older who received timely initiation and continuation of substance use disorder treatment.

Measure rationale: This measure can assist in monitoring access and engagement with substance use disorder treatment. Plans with lower rates could indicate potential access issues with substance use disorder providers.

Figure DMC.SU.23.1. Initiation and engagement of substance use disorder treatment (initiation): county size visual



Source: Medicaid and CHIP managed care reporting.

Rural counties had the highest percentage of plans below the state-wide median plan rate for the initiation of substance use disorder treatment. Large counties had a similar portion of plans below state-wide median plan rate, suggesting lower performance was not isolated to rural counties.

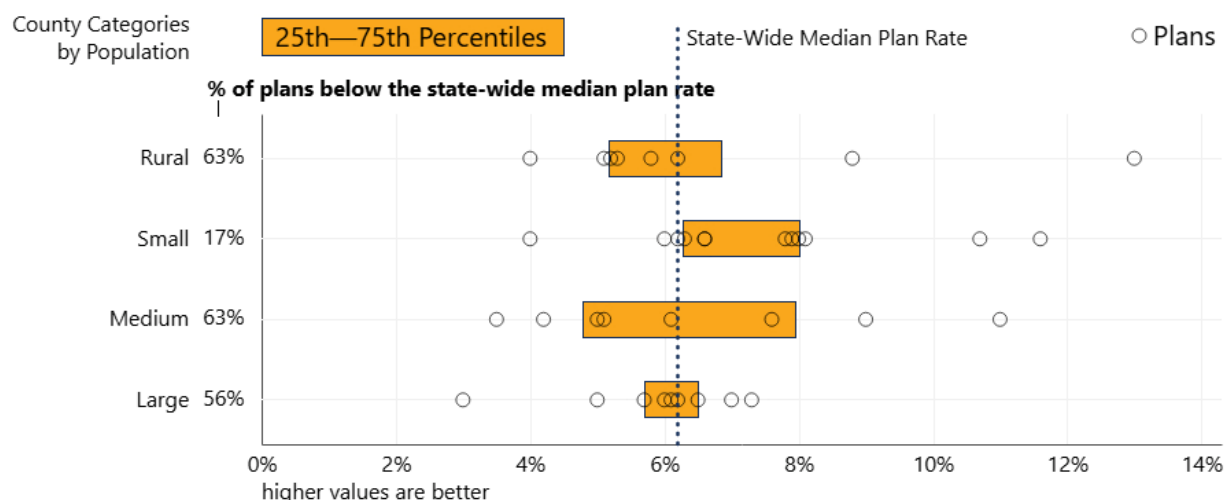
Figure DMC.SU.23.1. Initiation and engagement of substance use disorder treatment (initiation): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	16.2%
	Contra Costa	Contra Costa DMC-ODS Plan	17.7%
	San Diego	San Diego DMC-ODS Plan	18.2%
	San Francisco	San Francisco DMC-ODS Plan	14.2%
	Santa Clara	Santa Clara DMC-ODS Plan	17.0%
Medium	Riverside	Riverside DMC-ODS Plan	17.0%
	San Joaquin	San Joaquin DMC-ODS Plan	14.5%
	Solano	Solano DMC-ODS Plan	17.8%
Small	Fresno	Fresno DMC-ODS Plan	17.3%
	San Bernardino	San Bernardino DMC-ODS Plan	13.8%
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	18.5%
	Santa Barbara	Santa Barbara DMC-ODS Plan	20.0%
	Yolo	Yolo DMC-ODS Plan	19.7%
Rural	Lassen	Lassen DMC-ODS Plan	19.1%
	Mendocino	Mendocino DMC-ODS Plan	19.5%
	San Benito	San Benito DMC-ODS Plan	16.4%
	Shasta	Shasta DMC-ODS Plan	18.9%
	Siskiyou	Siskiyou DMC-ODS Plan	17.6%

Note: Higher values are better.

Source: Medicaid and CHIP managed care reporting.

Figure DMC.SU.23.1. Initiation and engagement of substance use disorder treatment (engagement): county size visual



Source: Medicaid and CHIP managed care reporting.

Rural and medium-sized counties had the highest percentage of plans below the state-wide median plan rate for the rate of engagement of substance use disorder treatment. Large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to rural and medium-sized counties.

Figure DMC.SU.23.1. Initiation and engagement of substance use disorder treatment (engagement): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	5.0%
	Contra Costa	Contra Costa DMC-ODS Plan	6.1%
	Los Angeles	Los Angeles DMC-ODS Plan	5.7%
	San Francisco	San Francisco DMC-ODS Plan	3.0%
	Santa Clara	Santa Clara DMC-ODS Plan	6.0%
Medium	Marin	Marin DMC-ODS Plan	5.1%
	Riverside	Riverside DMC-ODS Plan	6.1%
	San Joaquin	San Joaquin DMC-ODS Plan	3.5%
	Solano	Solano DMC-ODS Plan	5.0%
	Stanislaus	Stanislaus DMC-ODS Plan	4.2%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	San Bernardino	San Bernardino DMC-ODS Plan	4.0%
	Tulare	Tulare DMC-ODS Plan	6.0%
Rural	Humboldt	Humboldt DMC-ODS Plan	5.8%
	Lassen	Lassen DMC-ODS Plan	4.0%
	Mendocino	Mendocino DMC-ODS Plan	5.3%
	Shasta	Shasta DMC-ODS Plan	5.2%
	Siskiyou	Siskiyou DMC-ODS Plan	5.1%

Note: Higher values are better.

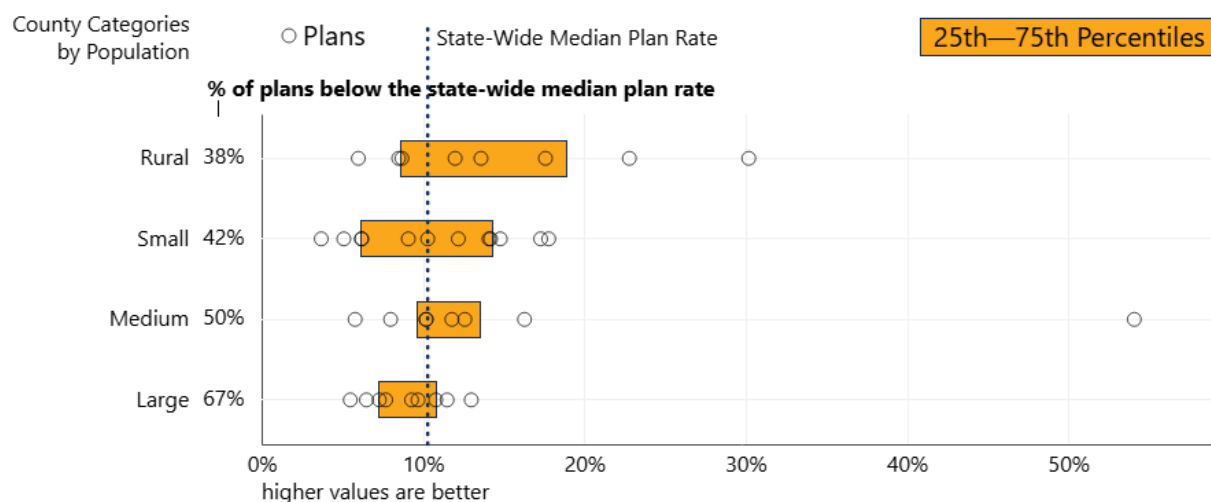
Source: Medicaid and CHIP managed care reporting.

Follow-up after emergency department visit for alcohol and other drug abuse

Measure description: Percentage of emergency department visits for members age 13 or older related to alcohol and other drug abuse for which there was timely follow-up care.

Measure rationale: This measure can assist in monitoring access to substance use disorder care and progress on one of its Bold Goals: “improve follow-up for mental health and substance use disorder by 50 percent”. It is also one of the measures included in CMCS’s Initial Core Set of Access Measures. A plan having a lower rate could indicate potential access issues with substance use disorder providers in the plan’s provider network.

Figure DMC.SU.29. Follow-up after emergency department visit for alcohol and other drug abuse (7 days): county size visual



Source: Managed care program annual report-DMC-ODS.

Large counties had the highest percentage of plans below the state-wide median plan rate for follow-up after emergency department visit for alcohol and other drug abuse after 7 days. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SU.29. Follow-up after emergency department visit for alcohol and other drug abuse (7 days): county size table of low-performing plans

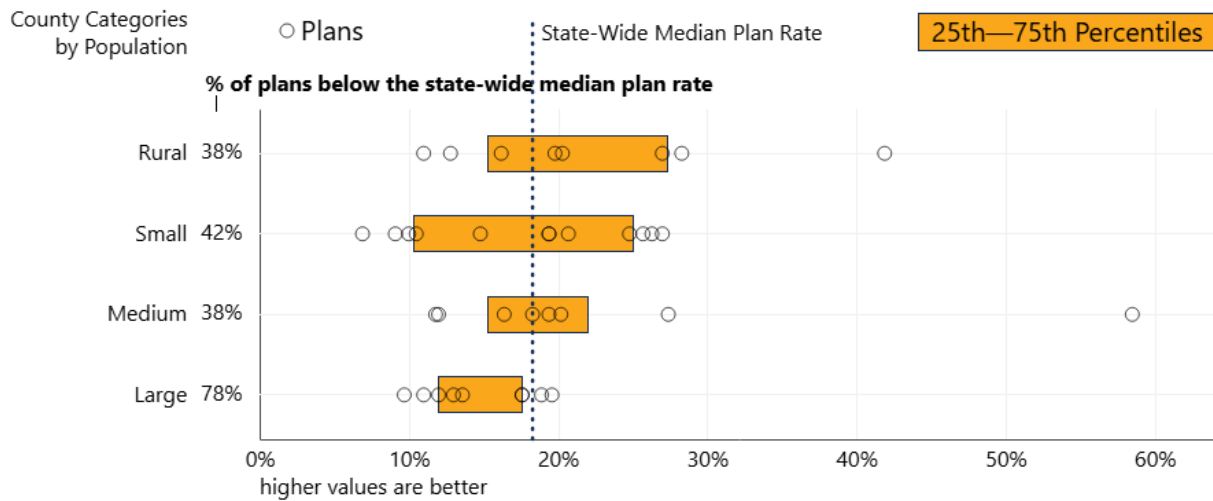
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles DMC-ODS Plan	6.5%
	Orange	Orange DMC-ODS Plan	7.3%
	Sacramento	Sacramento DMC-ODS Plan	7.7%
	San Francisco	San Francisco DMC-ODS Plan	9.3%
	San Mateo	San Mateo DMC-ODS Plan	9.7%
	Santa Clara	Santa Clara DMC-ODS Plan	5.5%
Medium	Riverside	Riverside DMC-ODS Plan	5.8%
	San Joaquin	San Joaquin DMC-ODS Plan	8.0%
	Santa Cruz	Santa Cruz DMC-ODS Plan	10.2%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Stanislaus	Stanislaus DMC-ODS Plan	10.2%
Small	Fresno	Fresno DMC-ODS Plan	6.2%
	Kern	Kern DMC-ODS Plan	6.2%
	Merced	Merced DMC-ODS Plan	5.1%
	Napa	Napa DMC-ODS Plan	9.1%
	San Bernardino	San Bernardino DMC-ODS Plan	3.7%
Rural	Lassen	Lassen DMC-ODS Plan	6.0%
	San Benito	San Benito DMC-ODS Plan	8.5%
	Siskiyou	Siskiyou DMC-ODS Plan	8.7%

Note: Higher values are better.

Source: Managed care program annual report-DMC-ODS.

Figure DMC.SU.29. Follow-up after emergency department visit for alcohol and other drug abuse (30 days): county size visual



Source: Managed care program annual report-DMC-ODS.

Large counties had the highest percentage of plans below the median state-wide rate for follow-up after emergency department visit for alcohol and other drug abuse after 30 days. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in large counties.

Figure DMC.SU.29. Follow-up after emergency department visit for alcohol and other drug abuse (30 days): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles DMC-ODS Plan	11.0%
	Orange	Orange DMC-ODS Plan	12.0%
	Sacramento	Sacramento DMC-ODS Plan	13.0%
	San Diego	San Diego DMC-ODS Plan	17.6%
	San Francisco	San Francisco DMC-ODS Plan	13.6%
	San Mateo	San Mateo DMC-ODS Plan	17.6%
	Santa Clara	Santa Clara DMC-ODS Plan	9.7%
Medium	Riverside	Riverside DMC-ODS Plan	12.0%
	San Joaquin	San Joaquin DMC-ODS Plan	11.8%
	Stanislaus	Stanislaus DMC-ODS Plan	16.4%
Small	Fresno	Fresno DMC-ODS Plan	10.5%
	Kern	Kern DMC-ODS Plan	10.0%
	Merced	Merced DMC-ODS Plan	9.1%
	San Bernardino	San Bernardino DMC-ODS Plan	6.9%
	Tulare	Tulare DMC-ODS Plan	14.8%
Rural	Lassen	Lassen DMC-ODS Plan	11.0%
	San Benito	San Benito DMC-ODS Plan	16.2%
	Siskiyou	Siskiyou DMC-ODS Plan	12.8%

Note: Higher values are better.

Source: Managed care program annual report-DMC-ODS.

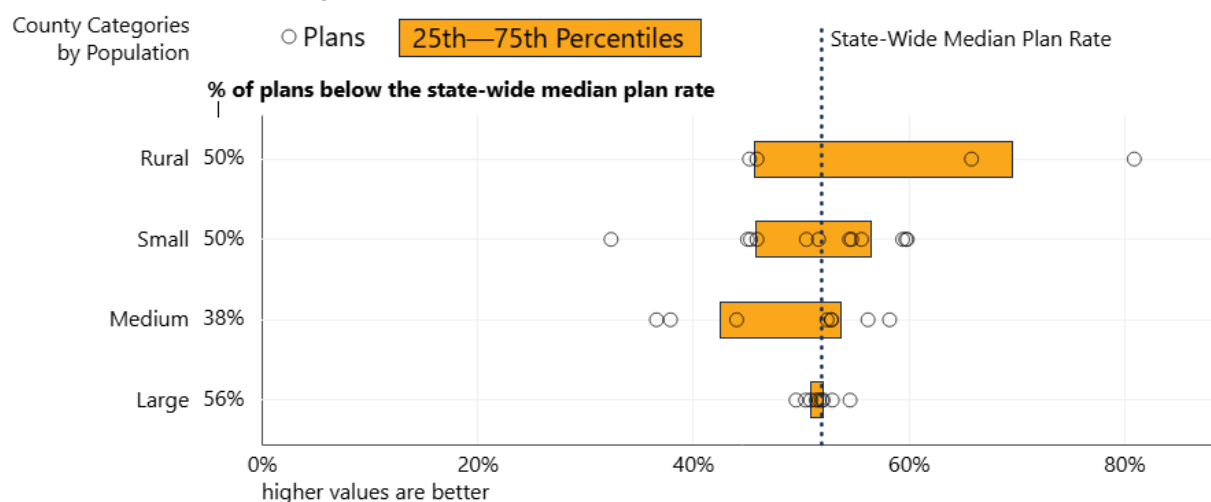
Member experience

Availability of substance use disorder services

Measure description: Percentage of members age 12 or older responding that they received services when they needed them.

Measure rationale: Percentage of members receiving SUD services can assist in identifying plans whose members indicate that they are not receiving needed care in a timely fashion. These plans may have network adequacy issues and/or members who face access to care issues.

Figure DMC.BE.40. Availability of substance use disorder services (adult 18+): county size visual



Source: Treatment Perception Survey.

Large counties had the highest percentage of plans below the state-wide median plan rate for the availability of substance use disorder services for adults. Rural and small counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

Figure DMC.BE.40. Availability of substance use disorder services (adult 18+): county size table of low-performing plans

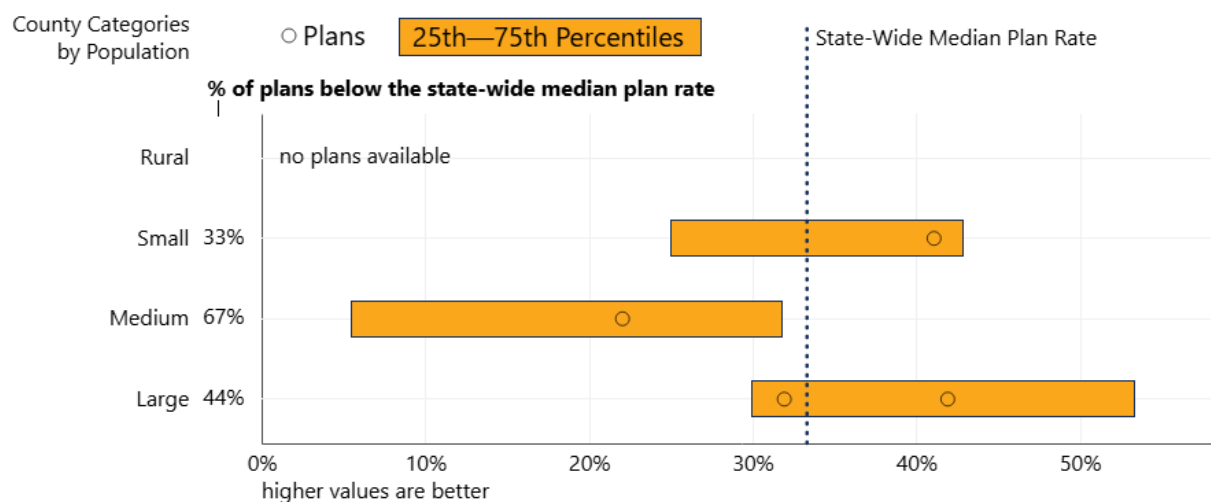
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	51.4%
	Orange	Orange DMC-ODS Plan	50.5%
	San Diego	San Diego DMC-ODS Plan	51.7%
	San Francisco	San Francisco DMC-ODS Plan	50.9%
	San Mateo	San Mateo DMC-ODS Plan	49.6%
Medium	Placer	Placer DMC-ODS Plan	37.9%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	San Joaquin	San Joaquin DMC-ODS Plan	36.6%
	Santa Cruz	Santa Cruz DMC-ODS Plan	44.1%
Small	Kern	Kern DMC-ODS Plan	32.4%
	Merced	Merced DMC-ODS Plan	50.5%
	Monterey	Monterey DMC-ODS Plan	45.4%
	Napa	Napa DMC-ODS Plan	51.7%
	Santa Barbara	Santa Barbara DMC-ODS Plan	45.1%
	Yolo	Yolo DMC-ODS Plan	45.9%
Rural	Imperial	Imperial DMC-ODS Plan	45.3%
	San Benito	San Benito DMC-ODS Plan	45.9%

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.BE.40. Availability of substance use disorder services (child 12-17): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for the availability of substance use disorder services for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure DMC.BE.40. Availability of substance use disorder services (child 12-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Diego	San Diego DMC-ODS Plan	31.9%
Medium	Riverside	Riverside DMC-ODS Plan	22.1%

Note: Higher values are better.

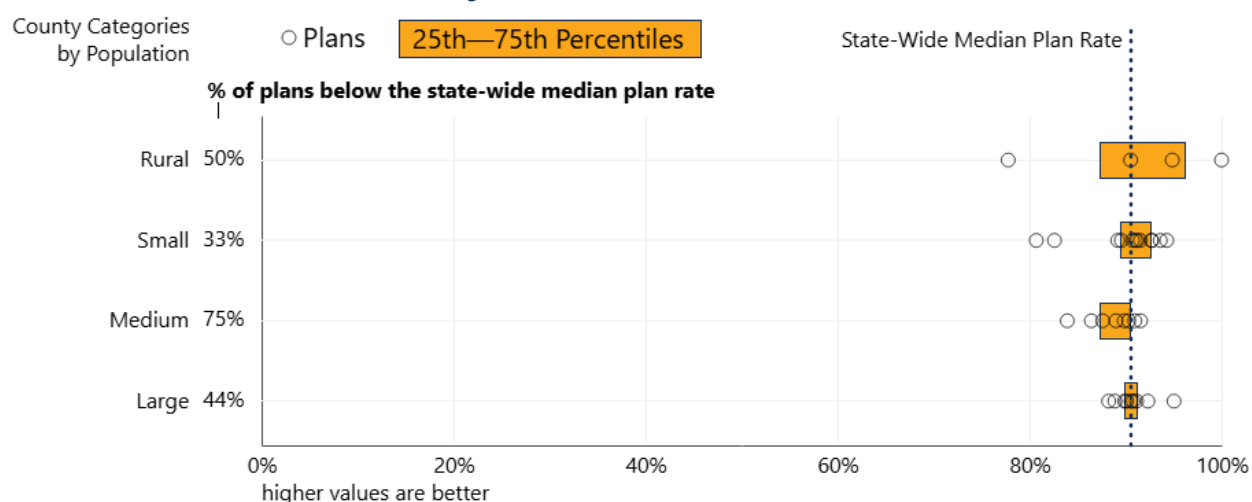
Source: Treatment Perception Survey.

Culturally competent substance use disorder services

Measure description: Percentage of members age 12 or older responding that substance use disorder care was sensitive to their cultural background.

Measure rationale: Percentage of members reporting SUD was sensitive to their cultural background can assist in understanding whether members feel that they are receiving culturally competent substance use disorder care.

Figure DMC.BE.45. Culturally competent substance use disorder services (adult 18+): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for culturally competent substance use disorder services for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

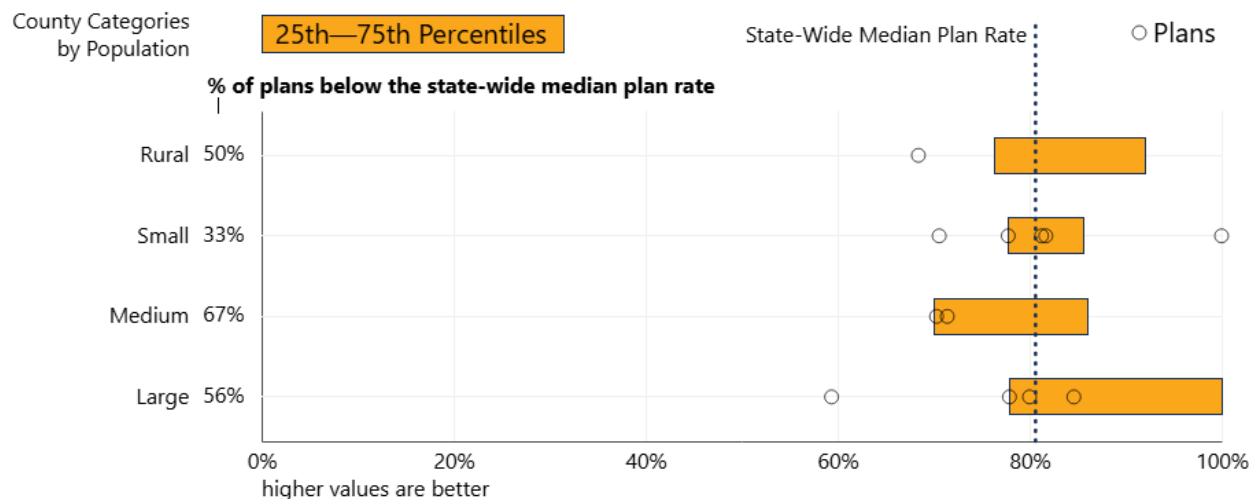
Figure DMC.BE.45. Culturally competent substance use disorder services (adult 18+): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	90.1%
	Contra Costa	Contra Costa DMC-ODS Plan	88.9%
	Los Angeles	Los Angeles DMC-ODS Plan	89.9%
	San Diego	San Diego DMC-ODS Plan	88.2%
Medium	Marin	Marin DMC-ODS Plan	89.9%
	Placer	Placer DMC-ODS Plan	83.9%
	San Joaquin	San Joaquin DMC-ODS Plan	89.0%
	Santa Cruz	Santa Cruz DMC-ODS Plan	86.4%
	Solano	Solano DMC-ODS Plan	90.3%
	Stanislaus	Stanislaus DMC-ODS Plan	87.6%
Small	Merced	Merced DMC-ODS Plan	89.6%
	Napa	Napa DMC-ODS Plan	80.7%
	San Bernardino	San Bernardino DMC-ODS Plan	89.2%
	Santa Barbara	Santa Barbara DMC-ODS Plan	82.6%
Rural	Imperial	Imperial DMC-ODS Plan	90.5%
	San Benito	San Benito DMC-ODS Plan	77.8%

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.BE.45. Culturally competent substance use disorder services (child 12-17): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for culturally competent substance use disorder services for children. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure DMC.BE.45. Culturally competent substance use disorder services (child 12-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Los Angeles	Los Angeles DMC-ODS Plan	77.9%
	San Diego	San Diego DMC-ODS Plan	59.4%
	Santa Clara	Santa Clara DMC-ODS Plan	80.0%
Medium	Riverside	Riverside DMC-ODS Plan	70.3%
	Stanislaus	Stanislaus DMC-ODS Plan	71.4%
Small	San Bernardino	San Bernardino DMC-ODS Plan	77.8%
	Santa Barbara	Santa Barbara DMC-ODS Plan	70.6%
Rural	Imperial	Imperial DMC-ODS Plan	68.4%

Note: Higher values are better.

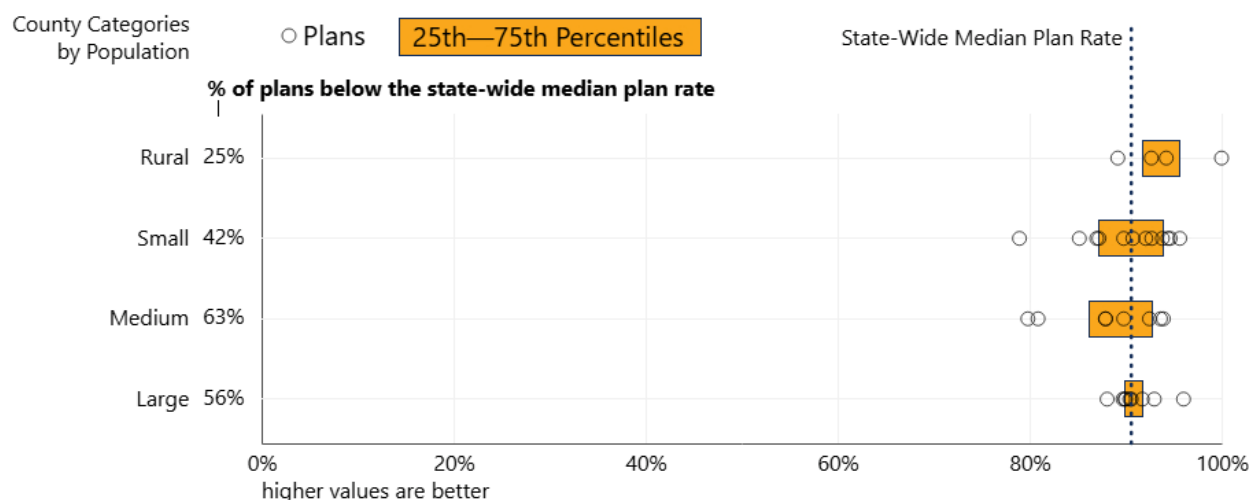
Source: Treatment Perception Survey.

General satisfaction with substance use disorder services

Measure description: Percentage of members age 12 or older saying they were satisfied with their substance use disorder care.

Measure rationale: Percentage of satisfied members can assist in gauging members' satisfaction with their health care.

Figure DMC.BE.48. General satisfaction with substance use disorder services (adult 18+): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for general satisfaction with substance use disorder services for adults. Large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure DMC.BE.48. General satisfaction with substance use disorder services (adult 18+): county size table of low-performing plans

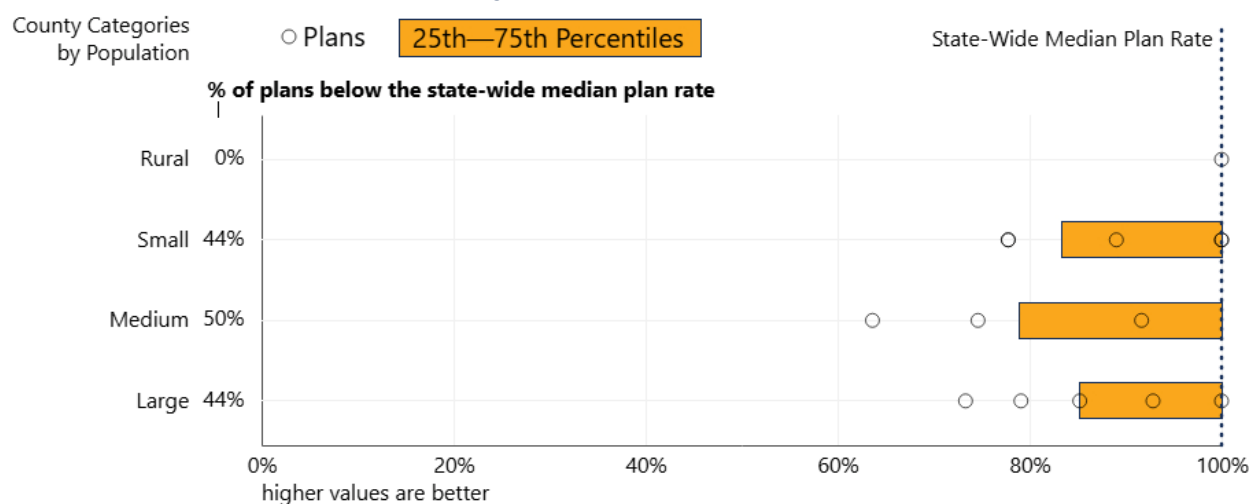
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	89.7%
	Contra Costa	Contra Costa DMC-ODS Plan	88.1%
	Los Angeles	Los Angeles DMC-ODS Plan	90.4%
	Sacramento	Sacramento DMC-ODS Plan	89.9%
	San Diego	San Diego DMC-ODS Plan	90.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Medium	Marin	Marin DMC-ODS Plan	87.9%
	Placer	Placer DMC-ODS Plan	79.8%
	San Joaquin	San Joaquin DMC-ODS Plan	80.9%
	Santa Cruz	Santa Cruz DMC-ODS Plan	87.9%
	Stanislaus	Stanislaus DMC-ODS Plan	89.8%
Small	Napa	Napa DMC-ODS Plan	78.9%
	Nevada	Nevada DMC-ODS Plan	87.0%
	San Bernardino	San Bernardino DMC-ODS Plan	89.8%
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	85.2%
	Santa Barbara	Santa Barbara DMC-ODS Plan	87.2%
Rural	San Benito	San Benito DMC-ODS Plan	89.2%

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.BE.48. General satisfaction with substance use disorder services (child 12-17): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for general satisfaction with substance use disorder services for children. Small and large counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to medium-sized counties.

Figure DMC.BE.48. General satisfaction with substance use disorder services (child 12-17): county size table of low-performing plans

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	73.3%
	Los Angeles	Los Angeles DMC-ODS Plan	85.2%
	Orange	Orange DMC-ODS Plan	92.9%
	San Diego	San Diego DMC-ODS Plan	79.1%
Medium	Riverside	Riverside DMC-ODS Plan	74.6%
	Stanislaus	Stanislaus DMC-ODS Plan	63.6%
	Ventura	Ventura DMC-ODS Plan	91.7%
Small	Fresno	Fresno DMC-ODS Plan	89.0%
	San Bernardino	San Bernardino DMC-ODS Plan	77.8%
	Santa Barbara	Santa Barbara DMC-ODS Plan	77.8%

Note: Higher values are better.

Source: Treatment Perception Survey.

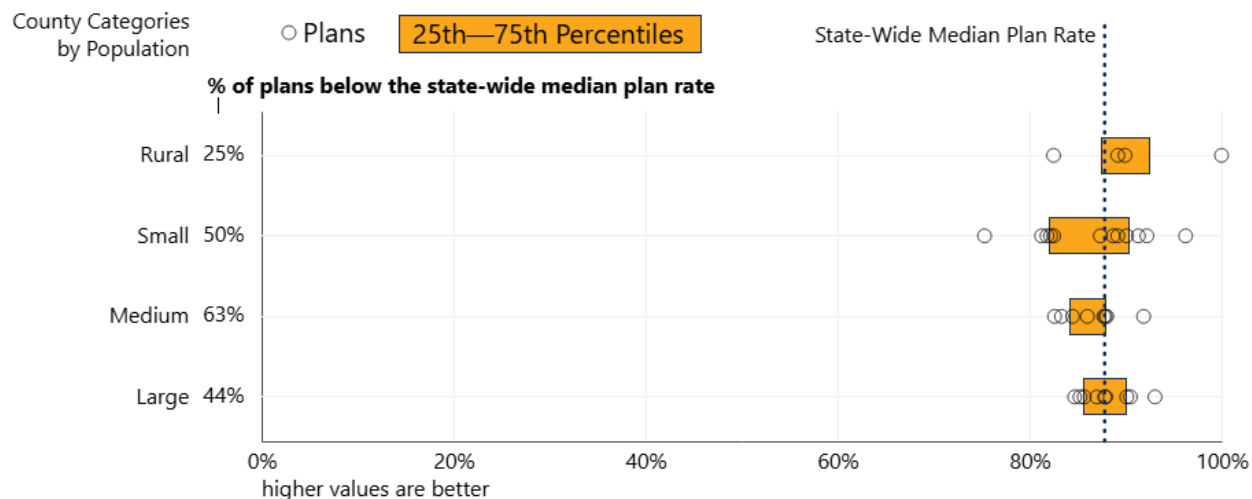
Member outcomes

Success of substance use disorder treatment

Measure description: Percentage of members age 12 or older saying their health has improved post-substance use disorder treatment.

Measure rationale: Percentage of members reporting improved health can assist in understanding whether members feel that the substance use disorder care they received improved their health.

Figure DMC.BO.55. Success of substance use disorder treatment (adult 18+): county size visual



Source: Treatment Perception Survey.

Medium-sized counties had the highest percentage of plans below the state-wide median plan rate for success of substance use disorder treatment for adults. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in medium-sized counties.

Figure DMC.BO.55. Success of substance use disorder treatment (adult 18+): county size table of low-performing plans

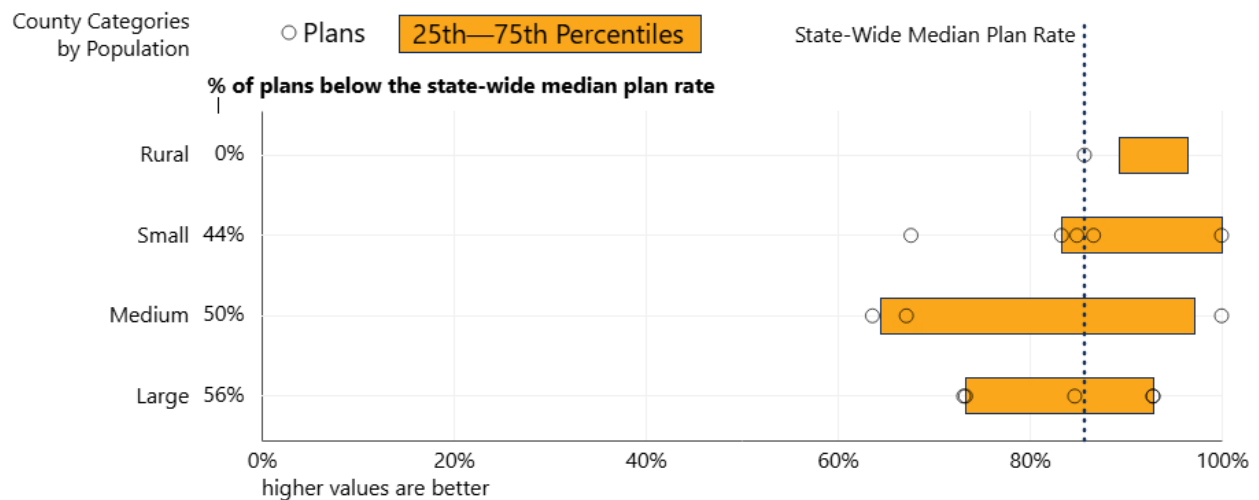
Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda DMC-ODS Plan	87.0%
	Contra Costa	Contra Costa DMC-ODS Plan	84.7%
	Sacramento	Sacramento DMC-ODS Plan	85.3%
	San Diego	San Diego DMC-ODS Plan	85.7%
Medium	Marin	Marin DMC-ODS Plan	87.7%
	Placer	Placer DMC-ODS Plan	82.6%
	San Joaquin	San Joaquin DMC-ODS Plan	83.3%
	Santa Cruz	Santa Cruz DMC-ODS Plan	84.5%
	Stanislaus	Stanislaus DMC-ODS Plan	86.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Napa	Napa DMC-ODS Plan	81.8%
	Nevada	Nevada DMC-ODS Plan	81.3%
	San Bernardino	San Bernardino DMC-ODS Plan	87.4%
	San Luis Obispo	San Luis Obispo DMC-ODS Plan	75.3%
	Santa Barbara	Santa Barbara DMC-ODS Plan	82.5%
	Yolo	Yolo DMC-ODS Plan	82.2%
Rural	Shasta	Shasta DMC-ODS Plan	82.5%

Note: Higher values are better.

Source: Treatment Perception Survey.

Figure DMC.BO.55. Success of substance use disorder treatment (child 12-17): county size visual



Source: Treatment Perception Survey.

Large counties had the highest percentage of plans below the state-wide median plan rate for success of substance use disorder treatment for children. Medium-sized counties had a similar portion of plans below the state-wide median plan rate, suggesting lower performance was not isolated to large counties.

**Figure DMC.BO.55. Success of substance use disorder treatment (child 12-17):
county size table of low-performing plans**

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Contra Costa	Contra Costa DMC-ODS Plan	73.3%
	Los Angeles	Los Angeles DMC-ODS Plan	84.7%
	San Diego	San Diego DMC-ODS Plan	73.1%
Medium	Riverside	Riverside DMC-ODS Plan	67.2%
	Stanislaus	Stanislaus DMC-ODS Plan	63.6%
Small	Fresno	Fresno DMC-ODS Plan	84.9%
	San Bernardino	San Bernardino DMC-ODS Plan	83.3%
	Santa Barbara	Santa Barbara DMC-ODS Plan	67.6%

Note: Higher values are better.

Source: Treatment Perception Survey.

APPENDIX B: MCMC SUBCONTRACTOR NETWORK ANALYSIS

DHCS has identified increased oversight of managed care plan subcontractors (i.e., delegated entities) as an area of focus to strengthen access monitoring within the Medi-Cal Managed Care delivery system. Subcontractors include any entity accepting significant risk for Medi-Cal managed care enrollees from the Prime risk-based plan, including providers receiving a capitated payment.

Subcontractor performance measures

The Interim Improvement Report includes four subcontractor-level measures of compliance with network adequacy standards at 42 CFR 438.68 and 438.206 derived from the CMS-issued Network Adequacy and Access Assurances Report (NAAAR). DHCS combines these annual plan reports into subcontractor network compliance (SNC) Results Analysis files. Table B.1. lists these measures.

Table B.1. MCMC subcontractor measures

Measure name	Measure description	Source
Plan level subcontractor – timely access compliance rate	Percentage of subcontractors complying with the timely access standard	2022 SNC Results Analysis
Plan level subcontractor – member-to-provider ratio	Percentage of subcontractors complying with the member-to-provider ratio standard	2022 SNC Results Analysis
Plan level subcontractor – T/D standard compliance rate	Percentage of subcontractors complying with the time and distance standards	2022 SNC Results Analysis
Plan level subcontractor – mandatory provider type compliance rate	Percentage of subcontractors complying with mandatory provider type standards	2022 SNC Results Analysis

MEDI-CAL MANAGED CARE SUBCONTRACTOR

Subcontractor compliance measures

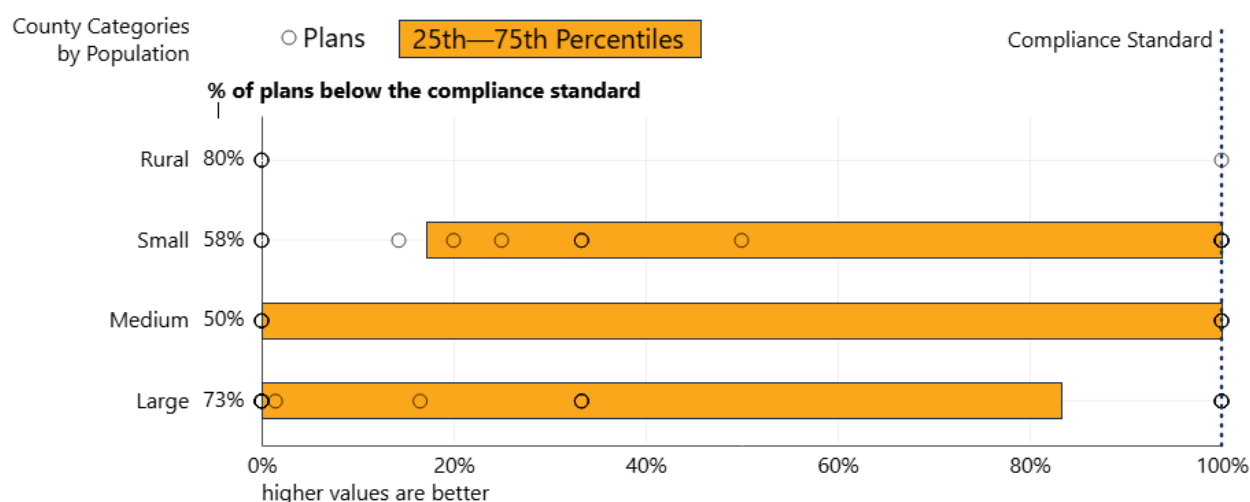
The four measures directly sourced from the 2022 SNC Results Analysis report on the percent of subcontractors within a Medi-Cal plan and county that are compliant with standards governing timely access, member-to-provider ratio, time and distance, and mandatory provider types required by Title 42 CFR § 438.68 and Title 42 CFR § 438.206(d). The timely access, member-to-provider ratio, time and distance compliance measures, as well as the provider availability stratifications, include both fully and partially delegated subcontractors; the mandatory provider type compliance measures only include applicable subcontractors.⁵ In 2022, these subcontractor compliance measures represent 21 plans operating in 34 counties and covering 335 subcontractors.

Timely access

Measure description: Percentage of subcontractors complying with time and distance standards.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. It can be used to pinpoint plans that are not in compliance with timely access standards.

Figure MCMC.SUB.CM.56. Plan level subcontractor compliance with the timely access standard compliance rate: county size visual



Source: Subcontractor Network Compliance Analysis.

⁵ Subcontractors were excluded from mandatory provider type analysis for subcontractors that are not contracted to provide a given service.

Rural counties had the highest percentage of plans below the state-wide median plan rate for subcontractor compliance with the timely access standard. Large counties had a similar portion of plans below the state-wide standard, suggesting lower performance was not isolated to rural counties.

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	33.3%
	Alameda	Anthem Blue Cross	0.0%
	Contra Costa	Anthem Blue Cross	0.0%
	Los Angeles	L.A. Care Health Plan	16.5%
	Los Angeles	Health Net Community Solutions, Inc.	1.4%
	Orange	CalOptima	0.0%
	Sacramento	Aetna	33.3%
	Sacramento	Health Net Community Solutions, Inc.	33.3%
	Sacramento	Molina Healthcare of California	0.0%
	Sacramento	Anthem Blue Cross	0.0%
	San Diego	Aetna	0.0%
	San Diego	Health Net Community Solutions, Inc.	0.0%
	San Diego	Molina Healthcare of California	0.0%
	San Diego	Blue Shield of California Promise	0.0%
	San Francisco	Anthem Blue Cross	0.0%
	Santa Clara	Anthem Blue Cross	33.3%
Medium	Placer	Anthem Blue Cross	0.0%
	Riverside	Molina Healthcare of California	0.0%
	San Joaquin	Health Net Community Solutions, Inc.	0.0%
	Stanislaus	Health Net Community Solutions, Inc.	0.0%
	Ventura	Gold Coast Health Plan	0.0%
Small	Butte	Anthem Blue Cross	0.0%
	Fresno	Anthem Blue Cross	33.3%
	Fresno	CalViva Health	20.0%
	Kern	Health Net Community Solutions, Inc.	33.3%
	Kings	Anthem Blue Cross	33.3%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Kings	CalViva Health	0.0%
	Madera	Anthem Blue Cross	25.0%
	Nevada	Anthem Blue Cross	0.0%
	San Bernardino	Molina Healthcare of California	14.3%
	Tulare	Health Net Community Solutions, Inc.	50.0%
	Tulare	Anthem Blue Cross	0.0%
Rural	Glenn	Anthem Blue Cross	0.0%
	Imperial	California Health and Wellness Plan	0.0%
	Imperial	Molina Healthcare of California	0.0%
	San Benito	Anthem Blue Cross	0.0%

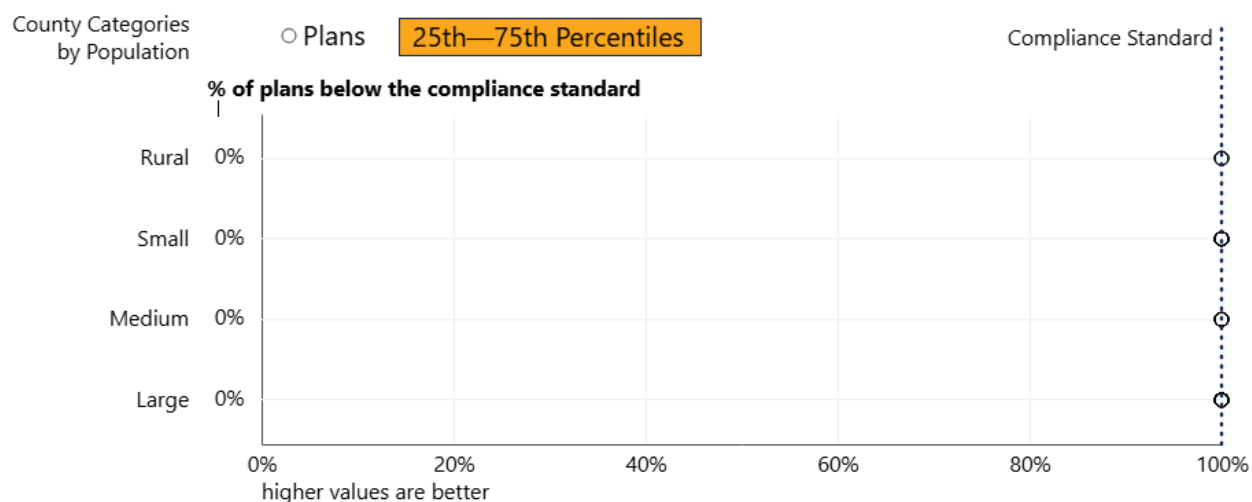
Source: Subcontractor Network Compliance Analysis.

Member-to-provider ratio

Measure description: Percentage of subcontractors complying with member-to-provider ratio standards.

Measure rationale: Member-to-provider ratio and its associated sub-measures help assess how many providers are reported by plans to be available to members. A higher compliance rate generally indicates better potential access, meaning members have more options for care and potentially shorter wait times.

Figure MCMC.SUB.CM.6i. Plan level subcontractor member-to-provider ratio: county size visual



Source: Subcontractor Network Compliance Analysis.

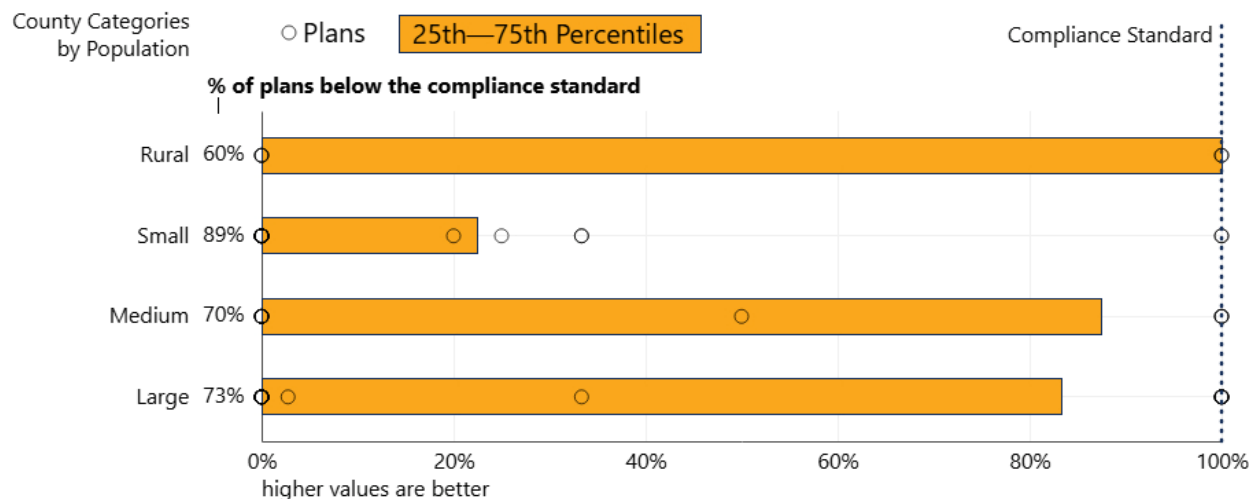
No county sizes had plans below the state-wide median plan rate for subcontractor member-to-provider ratio.

Time and distance standards compliance rate

Measure description: Percentage of subcontractors complying with time and distance standards.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. It can be used to pinpoint plans that are not complying with time and distance standards.

Figure MCMC.SUB.CM.7i Plan level subcontractor time and distance standard compliance rate: county size visual



Source: Subcontractor Network Compliance Analysis.

Small counties had the highest percentage of plans below the compliance standard for subcontractor compliance with time and distance standards. Other county sizes did not have similar rates below the compliance standard, suggesting lower performance was more prevalent in small counties.

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Alameda	Alameda Alliance for Health	0.0%
	Alameda	Anthem Blue Cross	0.0%
	Contra Costa	Anthem Blue Cross	0.0%
	Los Angeles	L.A. Care Health Plan	2.8%
	Los Angeles	Health Net Community Solutions, Inc.	0.0%
	Orange	CalOptima	0.0%
	Sacramento	Health Net Community Solutions, Inc.	33.3%
	Sacramento	Molina Healthcare of California	0.0%
	San Diego	United	0.0%
	San Diego	Health Net Community Solutions, Inc.	0.0%
	San Diego	Molina Healthcare of California	0.0%
	San Diego	Blue Shield of California Promise	0.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	San Francisco	San Francisco Health Plan	0.0%
	San Francisco	Anthem Blue Cross	0.0%
	Santa Clara	Santa Clara Family Health Plan	0.0%
	Santa Clara	Anthem Blue Cross	0.0%
Medium	Marin	Partnership Health Plan of California	0.0%
	Riverside	Molina Healthcare of California	0.0%
	San Joaquin	Health Net Community Solutions, Inc.	0.0%
	Solano	Partnership Health Plan of California	0.0%
	Sonoma	Partnership Health Plan of California	0.0%
	Stanislaus	Health Net Community Solutions, Inc.	50.0%
	Ventura	Gold Coast Health Plan	0.0%
Small	Butte	Anthem Blue Cross	0.0%
	El Dorado	Anthem Blue Cross	0.0%
	Fresno	Anthem Blue Cross	33.3%
	Fresno	CalViva Health	20.0%
	Kern	Health Net Community Solutions, Inc.	33.3%
	Kern	Kern Health Systems	0.0%
	Kings	CalViva Health	0.0%
	Kings	Anthem Blue Cross	0.0%
	Madera	CalViva Health	0.0%
	Madera	Anthem Blue Cross	0.0%
	Napa	Partnership Health Plan of California	0.0%
	Nevada	Anthem Blue Cross	0.0%
	San Bernardino	Molina Healthcare of California	0.0%
	Tulare	Health Net Community Solutions, Inc.	25.0%
	Tulare	Anthem Blue Cross	0.0%
	Yolo	Partnership Health Plan of California	0.0%

Category	County	Plan Name Not Meeting Comparison Value	Percent
Small	Yuba	Anthem Blue Cross	0.0%
Rural	Imperial	California Health and Wellness Plan	0.0%
	Imperial	Molina Healthcare of California	0.0%
	Sierra	Anthem Blue Cross	0.0%

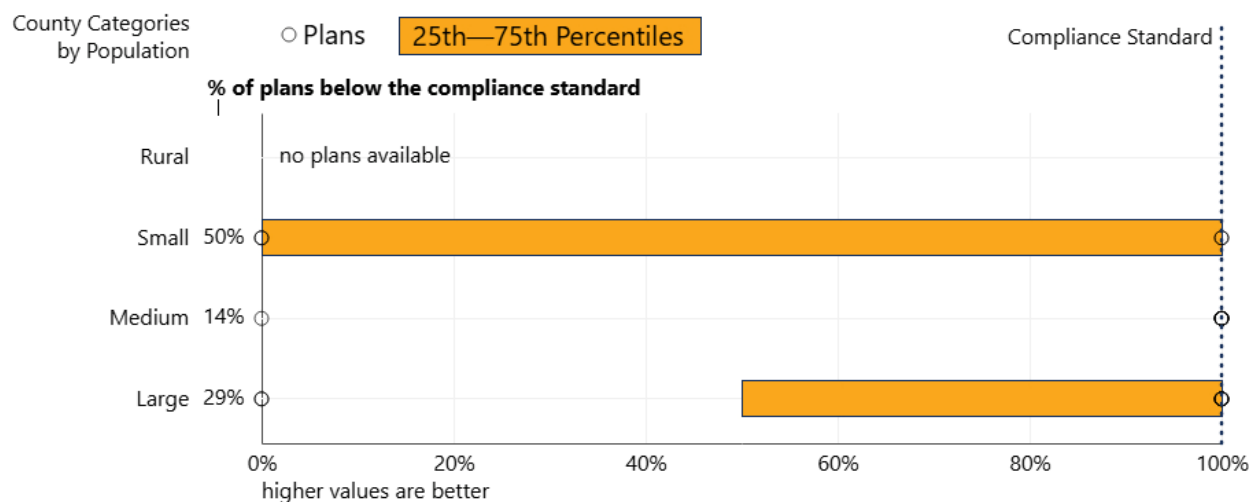
Source: Subcontractor Network Compliance Analysis.

Mandatory provider type

Measure description: Percentage of subcontractors complying with mandatory provider type standards.

Measure rationale: This measure can assist in gauging the underlying capacity of a plan's network. It can be used to pinpoint plans that are not complying with mandatory provider type standards.

Figure MCMC.SUB.CM.199 Plan level subcontractor mandatory provider type compliance rate: county size visual



Source: Subcontractor Network Compliance Analysis.

Small counties had the highest percentage of plans below the state-wide median plan rate for subcontractor compliance with time and distance standards. Other county sizes did not have similar rates below the state-wide median plan rate, suggesting lower performance was more prevalent in small counties.

Category	County	Plan Name Not Meeting Comparison Value	Percent
Large	Orange	CalOptima	0.0%
	San Francisco	San Francisco Health Plan	0.0%
Medium	Riverside	Inland Empire Health Plan	0.0%
Small	Kern	Kern Health Systems	0.0%
	San Bernardino	Inland Empire Health Plan	0.0%

Source: Subcontractor Network Compliance Analysis.

Appendix C: Detailed Methodology

This report employs a cross-sectional methodology to compare performance across different populations at a single point in time (calendar year 2022). Although a cross-sectional approach cannot show causation or changes in performance over time, it is well suited for this baseline analysis of Medi-Cal members' access to care in 2022.

The report includes three types of analyses: plan performance by county size, plan performance within a given county, and disparities among race and ethnicity categories. The Department of Health Care Services (DHCS) analyzed disparities by race and ethnicity only for a limited number of priority measures but anticipates that the number and breadth of measures included in the disparities analysis may increase in future years.

Plan performance by county size.

- » This analysis groups plans by county size, using the same categories and definitions used by DHCS for Medi-Cal Managed Care (MCMC) health plans' annual network certification requirements. These county size groupings rely on population density, rather than total population size. Analysis by county size allows for an exploration of whether performance is higher or lower in regions with different population densities. Readers cannot assume that population density is the cause of any differences in plan performance. However, population density may be associated with different transportation challenges, child care availability, provider density, or other factors that influence access to care. Analysis by county size is not available for Dental MC measures because that delivery system is only available in two counties (Los Angeles and Sacramento).

Table C.1. County size categories⁶

Size Category	Population	Counties
Rural	≤50 people per square mile	Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

⁶ For more information on DHCS' network adequacy standards, see <https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAStandards3-26-18.pdf>.

Size Category	Population	Counties
Small	51–200 people per square mile	Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, Yuba
Medium	201–600 people per square mile	Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, Ventura
Large	≥601 people per square mile	Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, Santa Clara

Note: Plans that span multiple counties falling under multiple county size categories and that do not report separate county rates will be presented in an Other category.

Plans that span multiple counties submit aggregated rates on certain MCMC metrics that are not available at the county level. These regions are assigned a county size category based on the size of the majority of the counties aggregated within the reporting unit. The Other category will be presented when there is not a clear majority of the county sizes aggregated within the reporting unit. See Table C.2 for further details.

Table C.2. MCMC region reporting units for combined plan rates

Region or reporting unit	County size category	Counties included in region
KP North	Other	Amador, El Dorado, Placer, Sacramento
Riverside/SB	Other	Riverside, San Bernardino
Northeast	Rural	Lassen, Modoc, Shasta, Siskiyou, Trinity
Northwest	Rural	Del Norte, Humboldt
Southeast	Small	Napa, Solano, Yolo
Southwest	Other	Lake, Marin, Mendocino, Sonoma
Region 1	Rural	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama

Region or reporting unit	County size category	Counties included in region
Region 2	Other	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, Yuba

Plan performance within a given county.

- » This analysis compares plan performance within each county. While the regional diversity of California makes it difficult to compare plans to each other on a state-wide scale, this analysis narrows the comparison to plans with the same geographic scope. Plans serving the same county will draw from similar member and provider populations with similar demographic and socioeconomic factors. Therefore, large differences in plan performance within a given county may more likely be the direct result of plan performance as opposed to factors outside of the plans' control. Counties with only one plan are excluded from these visualizations. Within-county analysis is not available for Specialty Mental Health Services (SMHS) or Drug Medi-Cal Organized Delivery System (DMC-ODS) measures because there is only one plan per county.

Plan performance by race and ethnicity.

- » The analysis of performance for each race and ethnicity category illustrates which measures and demographic groups experienced the greatest disparities at the 2022 baseline. DHCS also compared findings from this analysis to the DHCS Health Plan Disparity Report for additional context.⁷
- » For each race and ethnicity category, DHCS aims to close 50 percent of the disparity between the state-wide median plan value measured for the category and the overall state-wide median plan performance. For example, if a race or ethnicity category had a state-wide median plan performance of 30 percent on a given measure at the 2022 baseline while the overall state-wide median for the measure was 40 percent, the target performance by 2025 for that race or ethnicity category would be 35 percent. Race or ethnicity categories that perform above the state-wide median level at baseline will have a target value equal to their baseline performance, signifying maintenance of performance.

⁷ The Health Plan Disparity Report is available at <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfDisp.aspx>.

This methodology is aligned with the CalAIM Bold Goals: 50x2025 initiative launched in 2022.

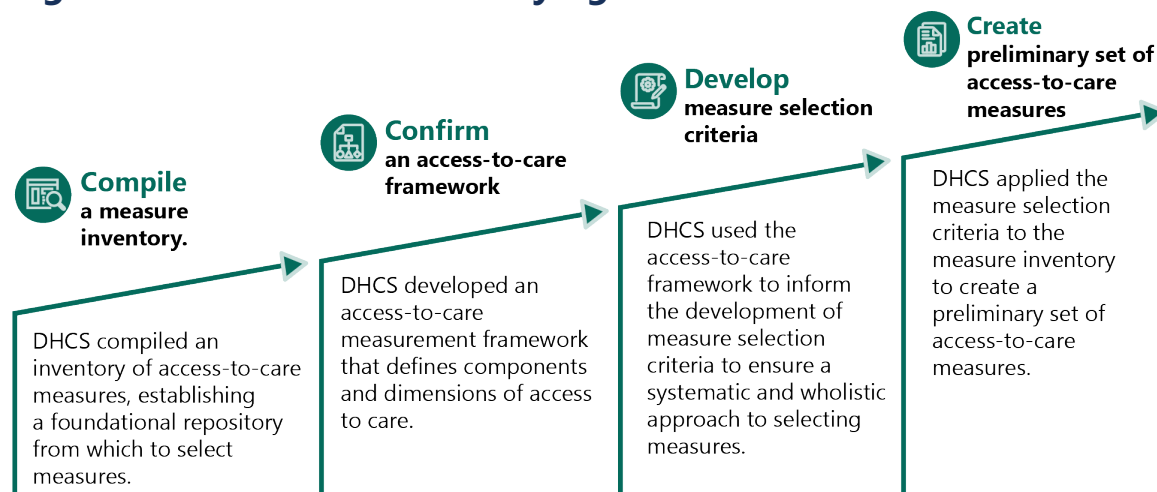
COMPARISON VALUES

For each measure and type of analysis, plan performance is charted as a dot plot, where one dot represents a single plan. Each visualization includes a comparison value that represents DHCS' expectation of performance. Within-county analyses use the county's top-performing plan as the comparison value. Comparison values for analyses of race and ethnicity disparity use the target values described earlier. The comparison value for county size analyses for measures included in DHCS' managed care quality strategy is DHCS' minimum performance standard. For all other measures, the comparison value for county size analyses is the state-wide median of plan scores on that measure. To show the spread of plan performance, visualizations displaying performance by county size show the 25th and 75th percentile values per county size, while visualizations displaying performance within counties show the state-wide 25th and 75th percentile values.

Appendix D: Performance Measure Framework

Performance measure identification. The Department of Health Care Services (DHCS) used a multistep process to identify a broad set of measures for access monitoring (shown in Figure D.1). The process included gathering a measure inventory and developing an access-to-care framework and measure selection criteria.

Figure D.1. Process for identifying access-to-care measures



DHCS = Department of Health Care Services.

Measure inventory. DHCS used a two-pronged approach to identify measures for inclusion in the measure inventory: (1) reviewing internal reports, dashboards, and other public sources to identify access-related measures already collected by the department, and (2) gathering access measures used by other Medicaid and the Children’s Health Insurance Program (CHIP) state programs and federal entities.

Access framework. DHCS developed an access monitoring framework to clarify the most important components of access to measure and to guide the process of selecting measures to use. The framework helped increase the consistency of monitoring approaches across all four managed care delivery systems. The department’s access framework was informed by eight frameworks used by the Centers for Medicare & Medicaid Services (CMS), the Medicaid and CHIP Payment and Access Commission (MACPAC), other federal healthcare agencies, and health services researchers (see Figure D.2). In addition, DHCS added the “member outcomes” domain to the framework to ensure that the framework prioritized measuring access-related health outcomes.

Figure D.2. Thematic review of domains included in access to care frameworks

Domains												
Framework	Provider availability	Service use	Member experience	Insurance coverage	Affordability of care	Member characteristics	Quality of services	Member health literacy	Usual Source of Care	Approachability of	Acceptability of care	Appropriateness of
Proposed Medicaid Access Monitoring Plan (The Urban Institute) ⁸	✓	✓	✓			✓						
MACPAC ⁹	✓	✓				✓						
CMS’s Proposed Rule for Ensuring Access to Medicaid Services ¹⁰	✓	✓	✓	✓								
AHRQ ¹¹	✓			✓					✓			
CDC ¹²	✓		✓		✓		✓	✓				
HRSA ¹³	✓			✓			✓	✓				
Levesque, Harris, and Russell ¹⁴	✓				✓					✓	✓	✓

⁸ Proposed Medicaid Access Monitoring Plan (Urban Institute, 2016).

⁹ Examining Access to Care in Medicaid and CHIP (Medicaid and CHIP Payment and Access Commission, 2011).

¹⁰ Summary of Public Comments from CMS's 2022 Request for Information: Access to Coverage and Care in Medicaid and CHIP (Centers for Medicare & Medicaid Services, 2022).

¹¹ Topic: Access to Care (Agency for Healthcare Research and Quality).

¹² Health Care Access (Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, 2023).

¹³ Advancing Health Center Excellence (Health Resources and Services Administration, 2020).

¹⁴ Jean-Frederic Levesque, Mark F. Harris, and Grant Russell, "Patient-Centered Access to Health Care: Conceptualizing Access at the interface of health systems and populations." International Journal for Equity in Health, vol. 12, no. 13, March 2013), pp. 12–18.

Domains												
Framework	Provider availability	Service use	Member experience	Insurance coverage	Affordability of care	Member characteristics	Quality of services	Member health literacy	Usual Source of Care	Approachability of	Acceptability of care	Appropriateness of
Penchansky and Thomas ¹⁵	✓				✓							
Number of frameworks using domain	8	3	3	3	3	2	2	2	1	1	1	1

DHCS’s access framework includes five core domains (the green boxes in Figure D.3) and eight subdomains (the tan boxes in Figure D.3). DHCS selected the two domains used by both CMS and MACPAC, as well as three other domains that aligned with the department’s goals and represented distinct concepts (that is, they could not be considered smaller parts of other domains) as core domains. DHCS then selected as subdomains other potential domain candidates that fit under these five core domains, as well as several other concepts mentioned frequently in the department’s review of access frameworks. See Figure D.4 for more information on this process. After developing the framework, DHCS assigned each measure in the inventory to a relevant access domain or subdomain to ensure that the proposed set of measures included all key access dimensions.

¹⁵ Roy Penchansky and William Thomas, “The Concept of Access: Definition and Relationship to Consumer Satisfaction.” *Medical Care*, vol. 19, no. 2, February 1981, pp. 127–40.

Figure D.3. DHCS access to care monitoring framework

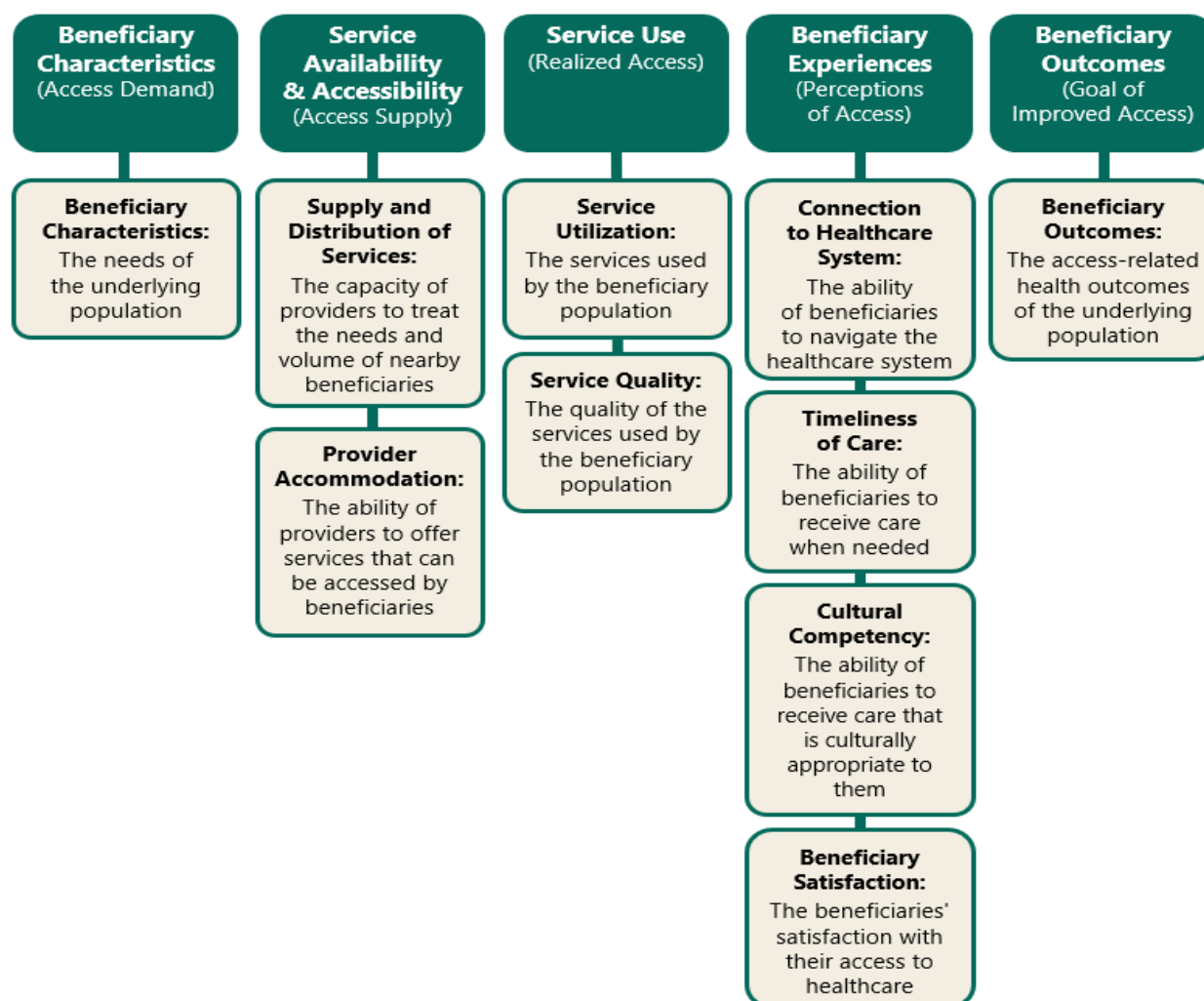


Figure D.4. Domain inclusion rationale

Domain ¹⁶	Inclusion or exclusion decision	Rationale
Service availability and accessibility (8)	Include as core domain	Because (a) every framework reviewed included this domain as a distinct access domain, and (b) it is included as one of the four categories of data elements described in DHCS' State Work Plan, DHCS designated provider availability as a core domain.
Service use (3)	Include as core domain	Because (a) every framework reviewed included this domain as a distinct access domain, and (b) it is included as one of the four categories of data elements described in DHCS' State Work Plan, DHCS designated service use as a core domain.
Member experiences (3)	Include as core domain	Because (a) CMS's access framework included this domain as a distinct access domain, (b) it is included as one of the four categories of data elements described in DHCS' State Work Plan, and (c) DHCS has a strong commitment to a member-centric approach to access monitoring, DHCS designated member experiences as a core domain.
Insurance coverage (3)	Exclude	Because (a) insurance coverage is not included as a distinct domain in frameworks used by CMS or MACPAC; (b) all individuals included in DHCS' analyses will have Medicaid insurance, making this domain irrelevant in this context; and (c) interventions to improve coverage may differ from those aimed at improving access to healthcare services, DHCS excluded insurance coverage from the framework.

¹⁶ The number in parentheses following each domain name represents the number of frameworks that used each domain.

Domain ¹⁶	Inclusion or exclusion decision	Rationale
Affordability of care (3)	Exclude	Because affordability is not a distinct domain in frameworks used by CMS or MACPAC, nor is it recognized as a key subdomain by these frameworks, DHCS excluded affordability of care from the framework. The exclusion of affordability from federal Medicaid and CHIP access frameworks suggests that it may not be a pivotal component of monitoring access for these populations.
Member characteristics (3)	Include as core domain	Because (a) both frameworks used by CMS and MACPAC include member characteristics, (b) it is included as one of the four categories of data elements described in DHCS' State Work Plan, and (c) DHCS has a strong commitment to a member-centric approach, DHCS designated member characteristics as a core domain.
Service quality (2)	Include under service use domain	After exploring the components of access captured within service quality, DHCS incorporated service quality into the service use domain. This subdomain is a key component of equity, as it is important that Medi-Cal members have access to the same services as non-Medi-Cal populations and that the care provided is of similar quality.
Member health literacy (2)	Include under member experience domain	After exploring the components of access captured within member health literacy, DHCS incorporated it into the member experience domain. Health literacy assesses members' ability to participate in the health care system and maintain good health and includes items such as a member's ability to use health technology (such as remote monitors) or read discharge instructions. This concept aligns well with the connection to the health system subdomain within the member experience core domain.

Domain ¹⁶	Inclusion or exclusion decision	Rationale
Usual source of care (1)	Include under member experience domain	After exploring the components of access captured within a usual source of care, DHCS incorporated it into the member experience domain. The connection to the health system subdomain within member experience includes metrics that assess whether members have a usual source of care.
Approachability of provider (1)	Include under member experience domain	According to the Urban Institute, provider approachability reflects whether members know how to contact their provider. This concept aligns with the connection to the health system subdomain within the member experience domain. For that reason, DHCS incorporated it into the member experience domain.
Acceptability of care (1)	Include under member experience domain	According to Levesque et al., acceptability relates to cultural and social factors (e.g., sex or social groups of providers) determining whether people will accept aspects of the service. This aligns with the cultural competency subdomain within the member experience domain; for that reason, DHCS incorporated it into the member experience domain.
Appropriateness of care (1)	Include under service use domain	After exploring the components of access captured within the appropriateness of care, DHCS incorporated it into the service use domain. The quality subdomain with service use includes measures assessing whether care provided to members aligned with clinical guidelines.

Measure selection criteria. After developing the measure inventory and access framework, DHCS established selection criteria (see the “Measure Selection Criteria” text box). The selection criteria are divided into two tiers: one that assesses a measure’s feasibility and another that assesses a measure’s usefulness and alignment with DHCS’s needs. A measure had to satisfy all Tier 1 criteria to be assessed against Tier 2 criteria.

DHCS created a measure selection checklist to make certain that the metrics accounted for the diversity of the members and services provided by DHCS’ delivery systems. It then applied the full checklist to each delivery system’s measure set (see Figure D.5). Next, DHCS circulated the proposed measures among internal and external stakeholders for their feedback. After integrating this feedback, the department updated and finalized its measure set, found in Appendix E.

Measure Selection Criteria

Tier 1: Feasibility criteria

1. **Data availability:** Measure can be calculated by DHCS and its partners or derived from data already collected.
2. **Stratification availability:** Measure can be stratified at the county-plan level and, where possible, by race and ethnicity.
3. **Scientific acceptability:** Measure has been validated or is commonly used for monitoring and reporting by Medicaid and CHIP programs.

Tier 2: Actionability and alignment criteria

1. **Strategic alignment:** Measure aligns with DHCS’s comprehensive quality strategy goals and clinical focus areas.
2. **Timeliness of data:** Measure can be calculated using 2022 data (the Interim Report’s measurement period).
3. **Frequency of data collection:** Measure can be calculated quarterly or yearly to support near real-time monitoring and prompt responses to access issues.
4. **National and state comparability:** Measure can be benchmarked against national or state Medicaid and CHIP program performance.

Figure D.5. Measure selection checklist for all delivery systems and sample representative measure for each system

At least one measure maps to...	MCMC	Dental MC	SMHS	DMC-ODS
Alignment with access framework				
Member characteristic	Members by race and ethnicity	Members by race and ethnicity	Members by race and ethnicity	Members by race and ethnicity
Service availability: Supply and distribution of services	Primary care provider (PCP)-to-member ratio	Dental provider-to-member ratio	Outpatient mental health provider-to-member ratio	Substance use disorder (SUD) outpatient provider-to-member ratio
Service availability: provider accommodation	Provision of primary care telehealth services	Provision of dental telehealth services	Provision of outpatient mental health telehealth services	Provision of SUD outpatient services
Service use: Service utilization	Child and adolescent well-care visits	Annual dental visits	Penetration and engagement rates	Penetration and engagement rates
Service use: Service quality	Screening for depression and follow-up plan: Ages 12–17	Preventive services to fillings	Time between inpatient discharge and step-down service	Follow-up after emergency department (ED) visit for alcohol and other drug (AOD) abuse or dependence
Member experiences: Connection to healthcare system	Continuity of care grievances	Continuity of care grievances	Continuity of care grievances	Continuity of care grievances

At least one measure maps to...	MCMC	Dental MC	SMHS	DMC-ODS
Member experiences: Timeliness of care	Getting care quickly	Access to dental care	Days to first offered appointment	Days to first offered appointment
Member experiences: Cultural competency	Got interpreter	Culturally competent dental care	Culturally competent SMHS services	Culturally competent SUD services
Member experiences: Member satisfaction	Rating of all health care	Rating of all dental care	General satisfaction with SMHS services	General satisfaction with SUD services
Member outcomes	Primary care treatable emergency department visits	Avoidable dental ED visits	Psychiatric readmission rate	Success of SUD treatment
Alignment with Medi-Cal populations and services				
Primary care access and preventive care—adults	Adults' access to preventive/ ambulatory health services	N/A	N/A	N/A
Primary care access and preventive care—children	Child and adolescent well-care visits	N/A	N/A	N/A
Maternal and perinatal health	Prenatal and postpartum care	N/A	N/A	N/A
Care of acute and chronic conditions—adults	Prevention quality indicators (PQI) 90: Prevention overall composite	N/A	N/A	N/A

At least one measure maps to...	MCMC	Dental MC	SMHS	DMC-ODS
Care of acute and chronic conditions—children	Primary care avoidable ED visits	N/A	N/A	N/A
Mental health care—adults	Follow-up after hospitalization for mental illness	N/A	Time between inpatient discharge and step-down service	N/A
Mental health care—children	Screening for depression and follow-up plan: Ages 12–17	N/A	Time between inpatient discharge and step-down service	N/A
SUD treatment—adults	N/A	N/A	N/A	Initiation and engagement of SUD treatment
SUD treatment—children	N/A	N/A	N/A	Initiation and engagement of SUD treatment
Dental and oral health services—adults	N/A	Annual dental visits	N/A	N/A
Dental and oral health services—children	N/A	Annual dental visits	N/A	N/A

At least one measure maps to...	MCMC	Dental MC	SMHS	DMC-ODS
Care coordination	Follow-up after hospitalization for mental illness	<i>DHCS was unable to identify a care coordination measure for DM; but will continue looking for a measure for this category</i>	Mental health [or SUD] case management service utilization	Mental health [or SUD] case management service utilization
Alignment with DHCS' Comprehensive Quality Strategy				
Bold Goal ¹⁷ : Well-child visits	Child and adolescent well-care visits	N/A	N/A	N/A
Bold Goal: Child immunizations	Childhood immunization status (combination 10)	N/A	N/A	N/A
Bold Goal: Maternal depression screening	<i>DHCS identified several measures (e.g., postpartum depression screening and follow-up), but they required the use of electronic clinical data systems and were not otherwise available to DHCS. DHCS will</i>	N/A	N/A	N/A

¹⁷ DHCS' Bold Goals can be found on page 6 of the [DHCS Comprehensive Quality Strategy](#).

At least one measure maps to...	MCMC	Dental MC	SMHS	DMC-ODS
	<i>continue looking for a measure or calculate measures for this category.</i>			
Bold Goal: Adolescent depression screening	Screening for depression and follow-up plan: Ages 12–17	N/A	N/A	N/A
Bold Goal: Follow-up for mental health	Follow-up after hospitalization for mental illness	N/A	Engagement rate	N/A
Bold Goal: Follow-up for SUD	N/A	N/A	N/A	Follow-up after ED visit for alcohol and other drug (AOD) abuse or dependence
Bold Goal/DHCS clinical focus area: Child preventive care	Immunizations for adolescents (combination 2)	N/A	N/A	N/A
DHCS clinical focus area ¹⁸ : Behavioral health integration	Follow-up after hospitalization for mental illness	N/A	Follow-up after hospitalization for mental illness	Follow-up after ED visit for AOD abuse or dependence
DHCS clinical focus area: Maternity outcomes	Prenatal and postpartum care	N/A	N/A	N/A

¹⁸ DHCS' clinical focus areas can be found on page 50 of the [DHCS Comprehensive Quality Strategy](#).

Appendix E: List of Measures by Delivery System and Domain

Appendix E. represents the full inventory of measures selected using the criteria referenced in Appendix D. While the measure list represents the foundation of measures for the Interim Report, not all measures are included in Appendix A.

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
1	Total managed care members	Number of members enrolled in Medi-Cal managed care	Member characteristics	N/A	MCMC
2	Total managed care members	Number of members enrolled in Medi-Cal managed care	Member characteristics	N/A	Dental
3	Total managed care members	Number of members enrolled in Medi-Cal managed care	Member characteristics	N/A	SMHS
4	Total managed care members	Number of members enrolled in Medi-Cal managed care	Member characteristics	N/A	DMC-ODS
5	Members by race/ethnicity	Percentage of members enrolled in Medi-Cal managed care by race/ethnicity	Member characteristics	N/A	MCMC
6	Members by race/ethnicity	Percentage of members enrolled in Medi-Cal managed care by race/ethnicity	Member characteristics	N/A	Dental
7	Members by race/ethnicity	Percentage of members enrolled in Medi-Cal managed care by race/ethnicity	Member characteristics	N/A	SMHS
8	Members by race/ethnicity	Percentage of members enrolled in Medi-Cal managed care by race/ethnicity	Member characteristics	N/A	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
9	Members by sex	Percentage of members enrolled in Medi-Cal managed care by sex	Member characteristics	N/A	MCMC
10	Members by sex	Percentage of members enrolled in Medi-Cal managed care by sex	Member characteristics	N/A	Dental
11	Members by sex	Percentage of members enrolled in Medi-Cal managed care by sex	Member characteristics	N/A	SMHS
12	Members by sex	Percentage of members enrolled in Medi-Cal managed care by sex	Member characteristics	N/A	DMC-ODS
13	Members by age	Percentage of members enrolled in Medi-Cal managed care by age	Member characteristics	N/A	MCMC
14	Members by age	Percentage of members enrolled in Medi-Cal managed care by age	Member characteristics	N/A	Dental
15	Members by age	Percentage of members enrolled in Medi-Cal managed care by age	Member characteristics	N/A	SMHS
16	Members by age	Percentage of members enrolled in Medi-Cal managed care by age	Member characteristics	N/A	DMC-ODS
17	Members by primary language	Percentage of members enrolled in Medi-Cal managed care by primary language	Member characteristics	N/A	MCMC
18	Members by primary language	Percentage of members enrolled in Medi-Cal managed care by primary language	Member characteristics	N/A	Dental

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
19	Members by primary language	Percentage of members enrolled in Medi-Cal managed care by primary language	Member characteristics	N/A	SMHS
20	Members by primary language	Percentage of members enrolled in Medi-Cal managed care by primary language	Member characteristics	N/A	DMC-ODS
21	Members by immigration status	Percentage of members enrolled in Medi-Cal managed care by immigration status	Member characteristics	N/A	MCMC
22	Member-to-provider ratio	Number of members per provider	Service availability and accessibility	Supply and distribution of services	MCMC
23	Member-to-provider ratio	Number of members per provider	Service availability and accessibility	Supply and distribution of services	Dental
24	Member-to-provider ratio	Number of members per provider	Service availability and accessibility	Supply and distribution of services	SMHS
25	Member-to-provider ratio	Number of members per provider	Service availability and accessibility	Supply and distribution of services	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
26	Member-to-PCP ratio	Number of members per primary care provider	Service availability and accessibility	Supply and distribution of services	MCMC
27	Member-to-specialty ratio	Number of members per specialty care provider	Service availability and accessibility	Supply and distribution of services	MCMC
28	Member-to-OB/GYN ratio	Number of members per OB/GYN care provider	Service availability and accessibility	Supply and distribution of services	MCMC
29	Member-to-outpatient mental health ratio	Number of members per outpatient mental health care provider	Service availability and accessibility	Supply and distribution of services	MCMC
30	Member-to-outpatient mental health ratio	Number of members per outpatient mental health care provider	Service availability and accessibility	Supply and distribution of services	SMHS
31	Member-to-psychiatric ratio	Number of members per psychiatric care provider	Service availability and accessibility	Supply and distribution of services	MCMC
32	Member-to-psychiatric ratio	Number of members per psychiatric care provider	Service availability and accessibility	Supply and distribution of services	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
33	Member-to-pediatric dental provider ratio	Number of members per pediatric dental care provider	Service availability and accessibility	Supply and distribution of services	Dental
34	Member-to-SUD outpatient ratio	Number of members per SUD outpatient care provider	Service availability and accessibility	Supply and distribution of services	DMC-ODS
35	Member-to-SUD Opioid Treatment Provider (OTP) provider ratio	Number of members per SUD Opioid Treatment Provider	Service availability and accessibility	Supply and distribution of services	DMC-ODS
36	Member-to-Licensed Midwife ratio	Number of members per Licensed Midwife	Service availability and accessibility	Supply and distribution of services	MCMC
37	Members living inside time and distance standards	Percentage of members living in a zip code that falls inside at least one time and distance standard	Service availability and accessibility	Supply and distribution of services	MCMC
38	Members living inside time and distance standards	Percentage of members living in a zip code that falls inside at least one time and distance standard	Service availability and accessibility	Supply and distribution of services	Dental
39	Members living inside time and distance standards	Percentage of members living in a zip code that falls inside at least one time and distance standard	Service availability and accessibility	Supply and distribution of services	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
40	Members living inside time and distance standards	Percentage of members living in a zip code that falls inside at least one time and distance standard	Service availability and accessibility	Supply and distribution of services	DMC-ODS
41	Members living inside hospital time and distance standards	Percentage of members living inside the hospital time and distance standards	Service availability and accessibility	Supply and distribution of services	MCMC
42	Members living inside primary care time and distance standards	Percentage of members living inside the primary care time and distance standards	Service availability and accessibility	Supply and distribution of services	MCMC
43	Members living inside specialty care time and distance standards	Percentage of members living inside the specialty care time and distance standards	Service availability and accessibility	Supply and distribution of services	MCMC
44	Members living inside OB/GYN time and distance standards	Percentage of female members, aged 18 to 64, living inside the OB/GYN time and distance standards	Service availability and accessibility	Supply and distribution of services	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
45	Members living inside outpatient mental health time and distance standards	Percentage of members living inside the outpatient mental health (non-psychiatry) time and distance standards	Service availability and accessibility	Supply and distribution of services	MCMC
46	Members living inside outpatient mental health time and distance standards	Percentage of members living inside the outpatient mental health (non-psychiatry) time and distance standards	Service availability and accessibility	Supply and distribution of services	SMHS
48	Members living inside SUD outpatient time and distance standards	Percentage of members living inside the SUD outpatient time and distance standards	Service availability and accessibility	Supply and distribution of services	DMC-ODS
49	Members living inside SUD OTP time and distance standards	Percentage of members living inside the SUD OTP time and distance standards	Service availability and accessibility	Supply and distribution of services	DMC-ODS
49	Accepting new patients	Percentage of providers accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
50	Accepting new patients	Percentage of providers accepting new patients	Service availability and accessibility	Supply and distribution of services	Dental
51	PCPs accepting new patients	Percentage of PCPs accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
52	Specialty providers accepting new patients	Percentage of specialty providers accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
53	OB/GYNs accepting new patients	Percentage of OB/GYNs accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
54	Outpatient mental health providers accepting new patients	Percentage of outpatient mental health (non-psychiatry) providers accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
55	Psychiatric providers accepting new patients	Percentage of psychiatric providers accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
56	Pediatric dental providers accepting new patients	Percentage of pediatric dental providers accepting new patients	Service availability and accessibility	Supply and distribution of services	Dental

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
57	Subcontractor's percent of providers accepting new patients	Percentage of providers within a subcontract accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
58	Subcontractor's percent of PCPs accepting new patients	Percentage of PCPs within a subcontract accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
59	Subcontractor's percent of OB/GYNs accepting new patients	Percentage of OB/GYNs accepting new patients	Service availability and accessibility	Supply and distribution of services	MCMC
60	Active providers	Percentage of providers billing 0 claims in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
61	Active providers	Percentage of providers billing 0 claims in the past year	Service availability and accessibility	Supply and distribution of services	Dental
62	Active providers	Percentage of providers billing at least one claim in the past year	Service availability and accessibility	Supply and distribution of services	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
63	Active providers	Percentage of providers billing at least one claim in the past year	Service availability and accessibility	Supply and distribution of services	DMC-ODS
64	Active PCPs	Percentage of PCPs billing claims in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
65	Active specialty providers	Percentage of specialty providers billing claims in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
66	Active OB/GYNs	Percentage of OB/GYNs billing claims in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
67	Active outpatient mental health providers	Percentage of outpatient mental health providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
68	Active outpatient mental health providers	Percentage of outpatient mental health providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	SMHS
69	Active psychiatric providers	Percentage of psychiatric providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
70	Active psychiatric providers	Percentage of psychiatric providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	SMHS
71	Active pediatric dental providers	Percentage of pediatric dental providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	Dental
72	Active SUD outpatient providers	Percentage of SUD outpatient providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	DMC-ODS
73	Active SUD OTP providers	Percentage of SUD OTP providers serving members in the past year	Service availability and accessibility	Supply and distribution of services	DMC-ODS
74	Active providers by subcontractor	Percentage of providers associated with a subcontracted entity billing claims in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
74	Active PCPs by subcontractor	Percentage of PCPs associated with a subcontracted entity serving members in the past year	Service availability and accessibility	Supply and distribution of services	MCMC
74	Active OB/GYNs by subcontractor	Percentage of OB/GYNs associated with a subcontracted entity serving members in the past year	Service availability and accessibility	Supply and distribution of services	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
75	Access to care grievances	Total number of access to care grievances per 10,000 member months	Service availability and accessibility	Supply and distribution of services	MCMC
76	Access to care grievances	Total number of access to care grievances per 10,000 member months	Service availability and accessibility	Supply and distribution of services	Dental
77	Access to care grievances	Total number of access to care grievances per 10,000 member months	Service availability and accessibility	Supply and distribution of services	SMHS
78	Access to care grievances	Total number of access to care grievances per 10,000 member months	Service availability and accessibility	Supply and distribution of services	DMC-ODS
79	Resolved appeals	Total number of resolved appeals per 10,000 member months	Service availability and accessibility	Supply and distribution of services	MCMC
80	Resolved appeals	Total number of resolved appeals per 10,000 member months	Service availability and accessibility	Supply and distribution of services	Dental
81	Resolved appeals	Total number of resolved appeals per 10,000 member months	Service availability and accessibility	Supply and distribution of services	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
82	Resolved appeals	Total number of resolved appeals per 10,000 member months	Service availability and accessibility	Supply and distribution of services	DMC-ODS
83	Resolved appeals in favor of member	Total number of appeals resolved in favor of member per 10,000 member months	Service availability and accessibility	Supply and distribution of services	MCMC
84	Resolved appeals in favor of member	Total number of appeals resolved in favor of member per 10,000 member months	Service availability and accessibility	Supply and distribution of services	Dental
85	Provision of telehealth services	Percentage of providers providing telehealth services	Service availability and accessibility	Provider accommodation	MCMC
86	Provision of telehealth services	Percentage of providers providing telehealth services	Service availability and accessibility	Provider accommodation	Dental
87	Provision of telehealth services	Percentage of providers providing telehealth services	Service availability and accessibility	Provider accommodation	SMHS
88	Provision of telehealth services	Percentage of providers providing telehealth services	Service availability and accessibility	Provider accommodation	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
89	Provision of primary care telehealth services	Percentage of PCPs providing telehealth services	Service availability and accessibility	Provider accommodation	MCMC
90	Provision of specialty care telehealth services	Percentage of specialty providers providing telehealth services	Service availability and accessibility	Provider accommodation	MCMC
91	Provision of OB/GYN telehealth services	Percentage of OB/GYNs providing telehealth services	Service availability and accessibility	Provider accommodation	MCMC
92	Provision of outpatient mental health telehealth services	Percentage of outpatient mental health (non-psychiatry) providers providing telehealth services	Service availability and accessibility	Provider accommodation	MCMC
93	Provision of outpatient mental health telehealth services	Percentage of outpatient mental health (non-psychiatry) providers providing telehealth services	Service availability and accessibility	Provider accommodation	SMHS
94	Provision of pediatric dental telehealth services	Percentage of pediatric dental providers providing telehealth services	Service availability and accessibility	Provider accommodation	Dental
95	Provision of SUD outpatient telehealth services	Percentage of contracted SUD outpatient providers providing telehealth services	Service availability and accessibility	Provider accommodation	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
96	Accessibility of SMHS services (adult)	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	SMHS
97	Accessibility of SMHS services (adult)	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	SMHS
98	Accessibility of SMHS services (child)	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	SMHS
99	Accessibility of DMC-ODS services	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	DMC-ODS
100	Accessibility of DMC-ODS services (adult)	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	DMC-ODS
101	Accessibility of DMC-ODS services (child)	Percentage of members responding that the location of services was convenient	Service availability and accessibility	Provider accommodation	DMC-ODS
102	Child and adolescent well-care visits	Percentage of children and adolescents who received one or more well-care visits	Service use	Service utilization	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
103	Well-child visits in the first 15 months of life (W15)	Percentage of members who had at least six well-child visits by 15 months of life	Service use	Service utilization	MCMC
104	Well-child visits in the first 30 months of life (W30)	Percentage of members who had at least two well-child visits by 30 months of life	Service use	Service utilization	MCMC
105	Childhood immunization status (combination 10)	Percentage of members who were up to date on their immunizations	Service use	Service utilization	MCMC
106	Immunizations for Adolescents (combination 2)	Percentage of adolescents who were up to date on their immunizations	Service use	Service utilization	MCMC
107	Adults' access to preventive/ ambulatory health services	Percentage of adults who had a primary care visit	Service use	Service utilization	MCMC
108	Postpartum care	Percentage of deliveries in which timely prenatal and postpartum care was provided	Service use	Service utilization	MCMC
109	Prenatal care	Percentage of deliveries in which timely prenatal care was provided	Service use	Service utilization	MCMC
110	Annual dental visits	Percentage of members who had at least one dental visit	Service use	Service utilization	Dental

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
111	Penetration rate	Percentage of Medi-Cal eligible population that received SMHS services	Service use	Service utilization	SMHS
112	Penetration rate	Percentage of Medi-Cal eligible population that received DMC-ODS services	Service use	Service utilization	DMC-ODS
113	Engagement rate	Percentage of Medi-Cal eligible population that received at least five SMHS services during the measurement year	Service use	Service utilization	SMHS
114	Engagement rate	Percentage of Medi-Cal eligible population that received at least two DMC-ODS services	Service use	Service utilization	DMC-ODS
115	Initiation of substance use disorder treatment	Percentage of members who received timely initiation of SUD treatment	Service use	Service utilization	DMC-ODS
116	Engagement of substance use disorder treatment	Percentage of members who received timely continuation of SUD treatment	Service use	Service utilization	DMC-ODS
117	Screening for depression and follow-up plan: ages 12-17	Percentage of adolescents screened for depression and, if needed, provided a follow-up plan	Service use	Service utilization	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
118	Follow-up after hospitalization for mental illness (30 days)	Percentage of hospital discharges related to mental illness for which there was timely follow-up care within 30 days	Service use	Service quality	MCMC
119	Follow-up after hospitalization for mental illness (30 days)	Percentage of hospital discharges related to mental illness for which there was timely follow-up care within 30 days	Service use	Service quality	SMHS
120	Follow-up after hospitalization for mental illness (7 days)	Percentage of hospital discharges related to mental illness for which there was timely follow-up care within 7 days	Service use	Service quality	MCMC
121	Follow-up after hospitalization for mental illness (7 days)	Percentage of hospital discharges related to mental illness for which there was timely follow-up care within 7 days	Service use	Service quality	SMHS
122	Follow-up after ed visits for mental illness (30 days)	Percentage of ED visits related to mental illness for which there was timely follow-up care within 30 days	Service use	Service quality	MCMC
123	Follow-up after ed visits for mental illness (30 days)	Percentage of ED visits related to mental illness for which there was timely follow-up care within 30 days	Service use	Service quality	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
124	Follow-up after ed visits for mental illness (7 days)	Percentage of ED visits related to mental illness for which there was timely follow-up care within 7 days	Service use	Service quality	MCMC
125	Follow-up after ed visits for mental illness (7 days)	Percentage of ED visits related to mental illness for which there was timely follow-up care within 7 days	Service use	Service quality	SMHS
126	Preventive services to fillings	Ratio of the number of preventive services provided to fillings	Service use	Service quality	Dental
127	Time between inpatient discharge and step-down service	Mean time to step-down services following mental health- related inpatient discharge	Service use	Service quality	SMHS
128	Follow-up after emergency department visit for alcohol and other drug (AOD) abuse or dependence (30 days)	Percentage of ED visits related to SUD or AOD for which there was timely follow-up care within 30 days	Service use	Service quality	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
129	Follow-up after emergency department visit for alcohol and other drug (AOD) abuse or dependence (30 days)	Percentage of ED visits related to SUD or AOD for which there was timely follow-up care within 30 days	Service use	Service quality	DMC-ODS
130	Follow-up after emergency department visit for alcohol and other drug (AOD) abuse or dependence (7 days)	Percentage of ED visits related to Substance Abuse for which there was timely follow-up care within 7 days	Service use	Service quality	MCMC
131	Follow-up after emergency department visit for alcohol and other drug (AOD) abuse or dependence (7 days)	Percentage of ED visits related to AOD for which there was timely follow-up care within 7 days	Service use	Service quality	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
132	Continuity of care grievances	Total number of continuity of care grievances per 10,000 member months	Member experience	Recommended connection to healthcare system	MCMC
133	Got help managing care among different providers and services	Percentage of members responding that their plan provided needed care coordination	Member experience	Recommended connection to healthcare system	MCMC
134	Transportation help	Percentage of members responding that their plan's transportation help met their needs	Member experience	Recommended connection to healthcare system	MCMC
135	Usual source of dental care	Percentage of members that have consistent access to dental care	Member experience	Recommended connection to healthcare system	Dental

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
136	Continuity of dental care	Percentage of members that have consistent access to preventive dental care	Member experience	Recommended connection to healthcare system	Dental
137	Finding a dentist	Percentage of members who were satisfied with their experience finding a dentist for their child	Member experience	Recommended connection to healthcare system	Dental
138	Mental health case management service utilization	Average number of minutes of case management or brokerage services used	Member experience	Recommended connection to healthcare system	SMHS
139	Days to third next available appointments (TNAA)	Average number of days to TNAA	Member experience	Timeliness of care	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
140	Days to third next available appointment (TNAA): primary care	Average number of days to TNAA for primary care	Member experience	Timeliness of care	MCMC
141	Days to third next available appointment (TNAA): specialty care	Average number of days to TNAA for specialty care	Member experience	Timeliness of care	MCMC
142	Days to third next available appointment (TNAA): OB/GYN care	Average number of days to TNAA for OB/GYN care	Member experience	Timeliness of care	MCMC
143	Days to third next available appointment (TNAA): outpatient mental health care	Average number of days to TNAA for outpatient mental health care	Member experience	Timeliness of care	MCMC
144	Days to third next available appointment (TNAA): psychiatric care	Average number of days to TNAA for psychiatric care	Member experience	Timeliness of care	MCMC
145	Days to first appointment	Average number of days to initial appointment	Member experience	Timeliness of care	Dental

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
146	Days to first offered appointment for treatment	Average number of days to first offered appointment for treatment	Member experience	Timeliness of care	SMHS
147	Getting care quickly	Number of plan's members responding they "Usually" or "Always" received care quickly	Member experience	Timeliness of care	MCMC
148	Getting care quickly	Percentage of plan's members responding they "Usually" or "Always" received care quickly	Member experience	Timeliness of care	Dental
149	Getting needed care	Percentage of plan's members responding that they received needed care	Member experience	Timeliness of care	MCMC
150	Getting needed SMHS care	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	SMHS
150	Getting needed SMHS care (adult)	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	SMHS
151	Getting needed SMHS care (child)	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	SMHS
152	Getting needed SUD care	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	DMC-ODS
153	Getting needed SUD care (adult)	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
154	Getting needed SUD care (child)	Percentage of members saying they were able to get help and services needed	Member experience	Timeliness of care	DMC-ODS
155	Availability of SUD services	Percentage of members responding that they received services when they needed them	Member experience	Timeliness of care	DMC-ODS
156	Availability of SUD services (adult)	Percentage of members responding that they received services when they needed them	Member experience	Timeliness of care	DMC-ODS
157	Availability of SUD services (child)	Percentage of members responding that they received services when they needed them	Member experience	Timeliness of care	DMC-ODS
158	Access to language services	Number of members who speak a particular primary language per provider speaking that language	Member experience	Cultural competency	MCMC
159	Access to language services	Number of members who speak a particular primary language per provider speaking that language	Member experience	Cultural competency	Dental
160	Access to language services	Number of members who speak a particular primary language per provider speaking that language	Member experience	Cultural competency	SMHS
161	Access to language services	Number of members who speak a particular primary language per provider speaking that language	Member experience	Cultural competency	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
162	Access to language services in primary care	Number of members who speak a particular primary language per PCPs speaking that language	Member experience	Cultural competency	MCMC
163	Access to language services in specialty care	Number of members who speak a particular primary language per specialty care providers speaking that language	Member experience	Cultural competency	MCMC
164	Access to language services in OB/GYN care	Number of members who speak a particular primary language per OB/GYN providers speaking that language	Member experience	Cultural competency	MCMC
165	Access to language services in outpatient mental health care	Number of members who speak a particular primary language per outpatient mental health providers speaking that language	Member experience	Cultural competency	MCMC
166	Access to language services in outpatient mental health care	Number of members who speak a particular primary language per outpatient mental health providers speaking that language	Member experience	Cultural competency	SMHS
167	Access to language services in psychiatric care	Number of members who speak a particular primary language per psychiatric providers speaking that language	Member experience	Cultural competency	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
168	Access to language services in psychiatric care	Number of members who speak a particular primary language per psychiatric providers speaking that language	Member experience	Cultural competency	SMHS
169	Access to language services in pediatric dental care	Number of members who speak a particular primary language per pediatric dental providers speaking that language	Member experience	Cultural competency	Dental
170	Access to language services in SUD outpatient care	Number of members who speak a particular primary language per SUD outpatient providers speaking that language	Member experience	Cultural competency	DMC-ODS
171	Access to language services in SUD OTP care	Number of members who speak a particular primary language per SUD OTP providers speaking that language	Member experience	Cultural competency	DMC-ODS
172	Got interpreter	Percentage of members responding that their personal doctor provided interpreter services when needed	Member experience	Cultural competency	MCMC
173	Culturally competent dental care	Percentage of members responding that their dentists and dental staff provided culturally competent care	Member experience	Cultural competency	Dental
174	Culturally competent SMHS Services	Percentage of members responding that SMHS services were culturally competent and respectful	Member experience	Cultural competency	SMHS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
175	Culturally competent SMHS Services (adult)	Percentage of members responding that SMHS services were culturally competent and respectful	Member experience	Cultural competency	SMHS
176	Culturally competent SMHS Services (child)	Percentage of members responding that SMHS services were culturally competent and respectful	Member experience	Cultural competency	SMHS
177	Culturally competent SUD Services	Percentage of members responding that SUD care was to their cultural background	Member experience	Cultural competency	DMC-ODS
178	Culturally competent SUD Services (adult)	Percentage of members responding that SUD care was to their cultural background	Member experience	Cultural competency	DMC-ODS
179	Culturally competent SUD Services (child)	Percentage of members responding that SUD care was to their cultural background	Member experience	Cultural competency	DMC-ODS
180	Rating of all health care	Average member rating of overall health care	Member experience	Member satisfaction	MCMC
181	Rating of all health care	Average member rating of overall health care	Member experience	Member satisfaction	Dental
182	Rating of personal doctor/dentist	Average member rating of personal doctor	Member experience	Member satisfaction	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
183	Rating of personal doctor/dentist	Average member rating of personal doctor	Member experience	Member satisfaction	Dental
184	Rating of health plan	Average member rating of health plan	Member experience	Member satisfaction	MCMC
185	Rating of health plan	Average member rating of health plan	Member experience	Member satisfaction	Dental
186	General satisfaction with SMHS services	Percentage of members saying they were satisfied with their SMHS care	Member experience	Member satisfaction	SMHS
187	General satisfaction with SMHS services	Percentage of members saying they were satisfied with their SMHS care	Member experience	Member satisfaction	SMHS
188	General satisfaction with SMHS services	Percentage of members saying they were satisfied with their SMHS care	Member experience	Member satisfaction	SMHS
189	General satisfaction with SUD services	Percentage of members saying they were satisfied with their SUD care	Member experience	Member satisfaction	DMC-ODS
190	General satisfaction with SUD services (adult)	Percentage of members saying they were satisfied with their SUD care	Member experience	Member satisfaction	DMC-ODS
191	General satisfaction with SUD services (child)	Percentage of members saying they were satisfied with their SUD care	Member experience	Member satisfaction	DMC-ODS
192	PQI 90: Prevention Overall Composite	Overall composite of ACS hospital admissions per 100,000 member months	Member outcomes	N/A	MCMC

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
193	Plan all-cause readmissions	Percentage of acute inpatient and observation stays that were followed up by an unplanned acute readmission	Member outcomes	N/A	MCMC
194	Primary care treatable ED visits	Percentage of ED visits that could have been treated in primary care settings	Member outcomes	N/A	MCMC
195	Primary care avoidable ED visits	Percentage of ED visits that could have been avoided with timely ambulatory care	Member outcomes	N/A	MCMC
196	Avoidable dental ED visits	Percentage of ED visits for non-traumatic dental conditions (NTDC)	Member outcomes	N/A	Dental
197	Mental health-related readmission rate	Percentage of psychiatric readmissions that were followed up by an unplanned readmission for a BH diagnosis after discharge	Member outcomes	N/A	SMHS
198	Mental health-related readmission rate	Percentage of psychiatric readmissions that were followed up by an unplanned readmission for a BH diagnosis after discharge	Member outcomes	N/A	SMHS
199	Success of SUD treatment	Percentage of members saying their health has improved post SUD treatment	Member outcomes	N/A	DMC-ODS
200	Success of SUD treatment (adult)	Percentage of members saying their health has improved post SUD treatment	Member outcomes	N/A	DMC-ODS

#	Measure	Measure Description	Framework-Domain	Subdomain	Delivery System
201	Success of SUD treatment (child)	Percentage of members saying their health has improved post SUD treatment	Member outcomes	N/A	DMC-ODS
202	Subcontractor compliance with timely access standard at the plan-county level	Percentage of subcontractors complying with the timely access standard at the plan-county level	Service availability and accessibility	Supply and distribution of services	MCMC
203	Subcontractor compliance with mandatory provider type at the plan-county level	Percentage of subcontractors compliant with the mandatory provider type standard at the plan-county level	Service availability and accessibility	Supply and distribution of services	MCMC
204	Subcontractor compliance with time and distance standards at the plan-county level	Percentage of subcontractors that are in compliance with the time and distance standards at the plan-county level	Service availability and accessibility	Supply and distribution of services	MCMC

Appendix F: Data Sources Used for Access to Care Measures

DHCS maintains several different sources of data, shown in Exhibit F.1, that are used to generate the measures described in these specifications. Data for the Initial Assessment Report was extracted between January and June 2024.

Table F.1. Data sources

Data Source	Description
274 Provider File	A MIS/DSS data extract of Medi-Cal managed care plan provider data. Provider records with Effective Dates in CY2022 are included.
Annual Network Certification Database (ANC)	Along with the Alternative Access database, databases maintained by DHCS that identify plans, plan parents, and alternative access standards and compliance status by provider type and zip code. ANC Year = 2022.
Annual Treatment Perception Survey (TPS)	Annual client satisfaction survey administered by DMC-ODS providers. CY2022 Measurement Year.
Consumer Assessment of Healthcare Providers Survey (CAHPS)	A tool that measures patients' experience with healthcare services. CY2022 Measurement Year.
Consumer Perception Survey (CPS)	Annual outcome measure survey administered by SMHS to members receiving care through SMHS. CY2022 Measurement Year.
Dental Time and Distance data	Reports including Network Analysis and Annual Quality Management Reports submitted by the dental plans which include time and distance reporting. Report periods vary from Q4 2021 to Q3 2022.
DMC-ODS Deficient Zip Codes	A DMC-ODS report identifying zip codes within counties that are compliant or non-compliant with time and distance standards. Data file = FY21-FY22.
EQRO Data Files and Deliverables	Annual report on all delivery systems that analyzes and evaluates aggregated information on the health care services provided by Medi-Cal MCPs.

Data Source	Description
Managed Care Accountability Sets (MCAS)	A set of performances measures that DHCS selects for annual reporting by Medi-Cal managed care health plans (MCPs). CY2022 Measurement Year.
Managed Care Program Annual Report (MCPAR)	An annual report required by CMS to detail the performance and operations of Medi-Cal managed care programs. Reporting Period 7/1/2022 – 6/30/2023.
Management Information System/Decision Support System (MIS/DSS)	DHCS's Management Information System/Decision Support System (MIS/DSS), which supports mission-critical activities throughout the Department and beyond. Enrollment and claims and encounter data can be extracted from this system. CY2022 Measurement Year.
MHP Deficient Zip Codes	An SMHS report identifying zip codes within counties that are compliant or non-compliant with time and distance standards. Data file = FY21-FY22.
Network Adequacy and Access Assurances Report (NAAAR)	A CMS-approved reporting template containing network information about network adequacy.
Network Adequacy Certification Tool (NACT)	An annual report for plans to demonstrate compliance with standards for network adequacy, and other services. Data file = FY21-FY22.
Power BI and Data Permissions Dashboards	Internal dashboards accessible to DHCS users that include information on grievances and appeals.
Provider Network Files	Quarterly performance reports from Dental Managed Care plans.
Short Doyle Claims	Claims available in the MIS/DSS for the SMHS and DMC-ODS programs. CY2022 Measurement Year.
Subcontractor Network Certification Data (SNC NAAR)	A report summarizing Medi-Cal managed care health plans' compliance with Network adequacy and access standards. Reporting Year 2022.

Data Source	Description
Timely Access Survey	A survey of all Medi-Cal managed care health plans for compliance with provider availability and wait time standards for urgent and non-urgent pediatric and adult appointments among network provider types. CY2022 Measurement Year.
Timely Access Data Tool (TADT)	A tool for measuring timeliness of care in the SMHS and DMC-ODS programs. Data file = FY21-FY22.