DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Integrated California Children's Services and Whole Child Model Dashboard

Released September 2024

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Introduction

The Integrated California Children's Services (CCS) and Whole Child Model (WCM) Dashboard contains data for April 2022 through March 2023. The data are broken down at the State, Managed Care Plan (MCP) and County levels across various services. The addition of Kaiser to WCM and expansion into additional counties will be reflected in future releases of the Dashboard. However, for the current reporting period, the dashboard is still under APL 23-034 The Dashboard demonstrates the WCM Program's effectiveness and ensures services align with those of the CCS Program.

Background

The CCS Program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-Eligible Conditions.

- The CCS Program is administered as a partnership between County Health Departments and the California Department of Health Care Services (DHCS).
- The intent of the CCS Program is to provide necessary medical services for children with CCS-Eligible Conditions whose parents or caregivers are unable to pay for these services, wholly or in part.
- The statute also requires DHCS and the County CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment.

The WCM Program is for children and youth under 21 years of age who meet the eligibility requirements of CCS and are enrolled in a Medi-Cal MCP under a County Organized Health System (COHS) or Regional Health Authority (RHA). From April 2022 to December 2024, WCM operated across 21 counties and collaborated with 5 participating MCPs, including CenCal Health (CenCal), Central California Alliance for Health (CCAH), Health Plan of San Mateo (HPSM), CalOptima, and Partnership HealthPlan of California (PHC). Additional county and plan-specific information can be found here: CCS Whole Child Model (ca.gov).

The goals of the WCM Program are to:

- Improve the coordination of primary and preventive services with specialty care services, medical therapy units, Early and Periodic Screening, Diagnostics, and Treatment benefits (EPSDT), long-term services and supports (LTSS), Regional Center services, and home-and community-based services using a child and youth and family-centered

approach.

- Maintain or exceed CCS Program standards and Special Care Center (SCC) access, including access to appropriate subspecialties.
- Provide for the continuity of child and youth access to expert, dedicated, CCS case management and care coordination, provider referrals, and service authorizations.
- Improve the transition of youth from WCM to adult Medi-Cal managed systems of care through better coordination of medical and nonmedical services and supports and improved access to appropriate adult providers for youth who age out of WCM.
- Identify, track, and evaluate the transition of children and youth from County CCS Program to the WCM Program to inform future WCM Program improvements.

Data and Analysis Notes

This Dashboard displays a combination of point-in-time, trend, and cumulative measures. WCM data is reported by MCP and/or Counties. CCS data refers to Counties operating outside WCM.

- **Point-in-Time charts:** Figures 2 - 8, 46 and 47.
  Charts display data for the last month in the reporting period.
- **Trend charts:** Figures 1, 11, 12, 15, 16, 19, 22, 25, 28, 37, 38, 40, 41, 43 and 45.
  Charts display each month's or quarter's data for the reporting period of April 2022 through March 2023.
- **Cumulative charts:** Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26, 27, 29, 32 - 36, 39, 42, 44 and 48 - 50.
  Charts display the sum of the last 12 months' data (Apr 2022 to Mar 2023) in the reporting period as one figure.
- **Tables:** Figures 30 and 31.
  Tables display each month's data in the last 12 months (Apr 2022 to Mar 2023) of the reporting period.

CCS and WCM Enrollment and Demographics: Figures 1-28

The data in this section comes from the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS). The Enterprise Performance Monitoring (EPM) is utilized to extract and aggregate all WCM data for *Figures 1-28*. The Children's Medical Services Network (CMS Net) database is utilized to extract all CCS data for *Figures 1-7, 9-11, 13-15, 36* and *39*. *Figures 1-8* display enrollment and demographics and Figures 9-28 display utilization data for CCS and WCM Programs. *Figures 1, 11, 12, 15, 16, 19, 22, 25* and *28* are trend charts displaying monthly data over the last 12 months. Figures 2-8 display data for the last month in the reporting period as a point of time view of the CCS and WCM programs. *Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26* and *27* are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM Enrollment and Demographics: Figures 1-8

This section examines enrollment trends over time and the demographic breakdown of CCS and WCM Members. Evaluation of Medi-Cal Members enrolled in CCS and in the MCPs participating in the WCM Program occurs monthly. Demographic data studies the structure of the CCS and WCM populations in terms of ethnicity, gender, primary languages, and age.

Figure 1 displays the trend of total CCS and WCM enrollment over time. In April 2022, 147,728 Members were enrolled in CCS. CCS enrollment increased 2% to 151,880 Members by March 2023. In April 2022, 31,559 Members were enrolled in WCM. WCM enrollment increased 1% to 31,778 Members enrolled by March 2023.

Figure 2 displays that 47% of CCS Members identified themselves as Hispanic. This was calculated by using the Member-reported ethnicity for March 2023 as the numerator, and total enrollment for March 2023 as the denominator. *Figure 2* also displays that 58% of WCM Members identified themselves as Hispanic. This was calculated by using Member reported ethnicity for the month of March 2023 as the numerator, divided by total enrollment for March 2023 as the denominator.

Figure 3 displays that the CCS Members consist of 46.1% female and 53.9% male. This was calculated by using enrollment by gender in March 2023 as the numerator, divided by the total enrollment in March 2023 as the denominator. *Figure* 3 also displays the WCM population consists of 53.3% male and 46.7% female. This was calculated by using enrollment by gender in March 2023 as the numerator, divided by the total enrollment in March 2023 as the denominator.

Figure 4 displays enrollment by primary languages. In March 2023, 68.5% of CCS Members spoke English and 27.1% spoke Spanish as their primary spoken language. This was calculated by using CCS enrollment for each language in March 2023 as the numerator, divided by the total CCS enrollment in March 2023 as the denominator. In March 2023, 62.4% of WCM Members spoke English and 35.2% spoke Spanish as their primary spoken language. This was calculated by using WCM Member enrollment for each language in March 2023 as the numerator, divided by the total WCM Member enrollment in March 2023 as the denominator.

Figure 5 displays enrollment by age. In March 2023, 32.8% of CCS Members were between the ages 12 and 17 and 15.7% of CCS Members were between the ages of 18 and 20. This was calculated by using CCS enrollment for each age range for the month of March 2023 as the numerator, divided by total CCS enrollment for March 2023 as the denominator. In March 2023, 33.5% of WCM Members were between the ages 12 and 17, and 16.2% of WCM Members were between the ages of 18 and 20. This was calculated by using WCM Member enrollment for each age range for the month of March 2023 as the numerator, divided by total WCM Member enrollment for March 2023 as the denominator.

Figures 6 and 7 display total CCS enrollment by County, in alphabetical order. The largest enrollment is Los Angeles County with 35,898

Members. The smallest enrollment displayed is Mariposa County with 68 Members. A letter "S" represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 8 displays total WCM Member enrollment by County, in alphabetical order. Orange County had the most Member enrollments with 11,645 Members and Trinity County had the least with 47 Members.

CCS and WCM Outpatient Visits: Figures 9-12

An outpatient visit is defined as a patient who visits a hospital, clinic, or associated facility for diagnosis or treatment. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 9 displays that for CCS, female Members made 1,566 outpatient visits per 1,000 Members per month while males made 1,585 outpatient visits per 1,000 Members per month. This was calculated by using the number of CCS outpatient visits for each gender for April 2022 through March 2023 as the numerator, divided by the CCS enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 9* also displays that for WCM, female Members made 2,738 outpatient visits per 1,000 Members per month while males made 2,849 outpatient visits per 1,000 Members per month. This was calculated by using the number of WCM outpatient visits for each gender for April 2022 through March 2023 as the numerator, divided by the WCM Member enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 10 displays CCS Members that identified as African American made the most outpatient visits at 2,389 per 1,000 Members per month. This was calculated by using the number of CCS outpatient visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the CCS enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 10* also displays WCM Members that identified as Asian/Pacific Islander made the most outpatient visits at 3,183 per 1,000 Members per month. This was calculated by using the number of WCM outpatient visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the WCM Member enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 11 displays the trend in the number of statewide CCS and WCM Member outpatient visits from April 2022 through March 2023. This was calculated by using the number of outpatient visits for each program per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each program per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. From April 2022 to March 2023, the CCS Program had an average of 43% fewer outpatient visits per 1,000, with a 12% increase in utilization for CCS and a 2% increase in utilization for WCM over the year.

Figure 12 displays the trend in the number of WCM Member outpatient visits for each participating MCP from April 2022 through March 2023. This was calculated by using the number of outpatient visits for each MCP per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. Outpatient visits increased by 18% for CCAH, 14% for PHC, 11% for CalOptima, 6% for CenCal, and 5% for HPSM. CalOptima had the most outpatient visits and CCAH had the fewest.

CCS and WCM Inpatient Admissions: Figures 13-16

An inpatient admission is defined as a hospital patient who receives lodging and food as well as treatment. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 13 displays that for CCS, male Members had 27 inpatient admissions per 1,000 Members per month and female Members had 26 inpatient admissions per 1,000 Members per month. This was calculated by using the number of CCS inpatient visits for each gender for April 2022 through March 2023 as the numerator, divided by the CCS enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 13* also displays that for WCM, male Members had 26 inpatient admissions per 1,000 Members per month and female Members had 27 inpatient admissions per 1,000 Members per month. This was calculated by using the number of WCM Member inpatient visits for each gender for April 2022 through March 2023 as the numerator, divided by the WCM Member enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 14 displays that in the CCS Program, African-American Members had the most inpatient admissions at 49 per 1,000 Members per month. This was calculated by using the number of CCS inpatient visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the CCS Member enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. In the WCM program, African American Members had the most inpatient admissions at 44 per 1,000 Members per month. This was calculated by using the number of WCM inpatient visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the WCM Member enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 15 displays the trend in the number of statewide CCS and WCM Member inpatient admissions from April 2022 through March 2023. This was calculated by using the number of inpatient admissions for each program per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each program per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. From April 2022 to March 2023, WCM MCPs averaged 2% fewer inpatient admissions per 1,000, with steady utilization for both programs over the year.

Figure 16 displays the trend in the number of WCM Member inpatient admissions for each participating MCP from April 2022 through March 2023. This was calculated by using the number of inpatient admissions for each MCP per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. Between April 2022 and March 2023, Inpatient admissions increased 50% for HPSM, increased 21% for CalOptima, increased 11% for PHC, increased 8% for CenCal, and decreased 7% for CCAH.

WCM Emergency Department (ED) Visits: Figures 17-19

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. An ED visit is defined as a health care encounter where a patient presents at a hospital's emergency department, responsible for the administration and provision of immediate medical care to the patient. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 17 displays male Members made 77 ED visits per 1,000 Members per month and female Members made 77 ED visits per 1,000 Members per month. This was calculated by using the number of ED visits for each gender for April 2022 through March 2023 as the numerator, divided by the enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 18 displays that African-American Members made the most ED visits at 113 per 1,000 Members per month. This was calculated by using the number of ED visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 19 displays the trend in the number of ED visits for each participating MCP from April 2022 through March 2023. This was calculated by using the number of ED visits for each MCP per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. ED utilization increased 24% for CalOptima, 18% for HPSM, 14% for CenCal, 11% for PHC, and 9% for CCAH.

WCM Prescriptions Medications: Figures 20-22

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. Prescription medications is defined as medicines ordered by physicians for the treatment of patients. The data in this section is broken down by gender, ethnicity,

and MCP.

Figure 20 displays that female Members had utilized 1,289 prescription medications per 1,000 Members per month while males had utilized 1,260 prescription medications per 1,000 Member per month. This was calculated by using the number of prescriptions for each gender for April 2022 through March 2023 as the numerator, divided by the enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 21 displays that African-American Members utilized the most prescription medications at 1,541 per 1,000 Members per month. This was calculated by using the number of prescriptions for each ethnicity for April 2022 through March 2023 as the numerator, divided by the enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 22 displays the trend in the number of prescription medications for each participating MCP from April 2022 through March 2023. This was calculated by using the number of prescriptions reported by each MCP per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. Prescriptions increased 17% for CCAH, 12% for CalOptima, 11% for CenCal, 9% for HPSM, and 5% for PHC.

WCM Non-Specialty Mental Health (NSMH): Figures 23-25

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. NSMH is defined as services for the treatment of Members' mental health that are covered by the plans' contracts, including, but not limited to, individual and group mental health evaluation and treatment; psychological testing; medication management; outpatient laboratory; medications; supplies and supplements. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 23 displays that female Members made 63 NSMH visits per 1,000 Members per month while males made 37 NSMH visits per 1,000 Members per month. This was calculated by using the number of NSMH visits for each gender for April 2022 through March 2023 as the numerator, divided by the enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 24 displays that Non-Hispanic/White Members made the most NSMH visits at 94 per 1,000 Members per month. This was calculated by using the number of NSMH visits for each ethnicity for April 2022 through March 2023 as the numerator, divided by the enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 25 displays the trend in the number of NSMH visits for each participating MCP from April 2022 through March 2023. This was calculated by using the number of NSMH visits for each MCP per month for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. Between April 2022 and March 2023. NSMH visits increased 40% for CenCal, 28% for CalOptima, 28% for CCAH, 28% for HPSM, and 25% for PHC.

WCM Emergency Department (ED) Visits with an Inpatient Admission: Figures 26-28

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. This data focuses on those patients who visited the ED and then were admitted to the hospital for treatment and care. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 26 displays male Members made 11 ED visits with an inpatient admission per 1,000 Members per month and female Members made 10 ED visits with an inpatient admission per 1,000 Members per month. This was calculated by using the number of ED visits with an inpatient admission for each gender for April 2022 through March 2023 as the numerator, divided by the enrollment for each gender for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 27 displays that African-American Members made the most ED visits with an inpatient admission at 20 per 1,000 Members per month. This was calculated by using the number of ED visits with an inpatient admission for each ethnicity for April 2022 through March 2023 the numerator, divided by the enrollment for each ethnicity for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 28 displays the trend in the number of ED visits with an inpatient admission for each participating MCP from April 2022 through March 2023. This was calculated by using the number of ED visits with an inpatient admission for each MCP per month for April 2022 through March 2023 as the numerator, divided by the denominator is enrollment for each MCP per month for April 2022 through March 2023 as the denominator. The dividend was then multiplied by 1,000. The figures for CenCal, CCAH, HPSM, and PHC have been suppressed due to a low number of observations, which are seen as statistically unreliable. Considering suppressed numbers, ED visits with an inpatient admission increased 80% for HPSM, 13% for CalOptima, 13% for CCAH, 11% for CenCal, and 2% for PHC.

WCM Continuity of Care (CoC): Figures 29-35

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must establish and maintain a

process to allow Members to request and receive CoC with existing CCS provider(s for up to 12 months. All existing rules and regulations apply with the following additions that are specific to WCM: specialized or customized durable medical equipment (DME, CoC case management, authorized prescription drugs, and extension of CoC period. CoC data is submitted by MCPs. *Figures 30-31* are tables displaying monthly data for 12 months. *Figures 29* and *32-35* are cumulative charts, showing the sum of the 12 months' data as one figure.

Figure 29 displays requests for CoC per 1,000 Members ranged from fewer than 11 for CalOptima, CCAH, and PHC to 78 for CenCal. This was calculated by using the number of CoC requests for each MCP for April 2022 through March 2023 as the numerator, divided by the enrollment for each MCP in March 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 29* also displays percentage of CoC requests approved, by MCP and by County. The approval percentage ranged from 88% for CenCal to 97% for HPSM. This was calculated by using the number of approved CoC requests for each MCP and each County for April 2022 through March 2023 as the numerator, divided by the total number of CoC requests for each MCP and each County for April 2022 through March 2023 as the denominator.

Figure 30 displays a total number of CoC requests for each MCP for the months 46 through 57 after joining the WCM program. In the 46th month of operation, the number of COC requests for CalOptima, CenCal, CCAH, HPSM, and PHC were suppressed due to a low number of observations. In the 57th month of operation, CalOptima, HPSM, and PHC reported 0 COC requests, and the numbers for CenCal and CCAH were suppressed due to a low number of observations. A letter "S" represents numbers have been suppressed for MCPs that have a low number of observations as they are seen as statistically unreliable.

Figure 31 displays Months 58 through 69 upon joining the program for CoC requests. In the 58th month of operation, CalOptima and PHC reported 0 CoC requests, and the numbers for CenCal, CCAH, and HPSM were suppressed due to a low number of observations. Figures were not available for the 66th through 69th months of operation.

Figure 32 displays the average number of CoC requests for each MCP for months 46 through 57 compared to months 58 through 69. The average number of requests for all plans for months 46 through 57 are suppressed due to a low number of observations. CoC data is not presently available for months 66 through 69. A letter "S" represents numbers that have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 33 displays major categories for the CoC requests. Prescription drugs were requested fewer than 11 times, or 1.7% of the time, while 94, or 31.3%, of requests were made for major specialty types. This was calculated by using the number of CoC requests for each category for April 2022 through March 2023 as the numerator, divided by the total number of CoC requests for April 2022 through March 2023 as the denominator.

Figure 34 data is not available for the current reporting period.

Figure 35 displays reasons for CoC denials required by APL 23-034. No pre-existing relationship between WCM Member and Provider accounted for fewer than 11, or 20% of CoC denial reasons while fewer than 11, or 40% were due to quality-of-care issues. This was calculated by using the number of CoC denials for each reason for April 2022 through March 2023 as the numerator, divided by the total number of CoC denials for April 2022 through March 2023 as the denominator.

Please note that for *Figure 34*, only the top five denial reasons are displayed. Figure 35 displays all denial categories as required by APL 23-034 besides "Others". Neither *Figure 34* nor *Figure 35* adds up to 100%.

CCS and WCM Case Management: Figures 36-45

MCPs must provide case management and care coordination for WCM Members and their families. MCPs must ensure that information, education, and support is continuously provided to WCM Members and their families to assist in their understanding of the WCM Member's health, other available services, and overall collaboration on the WCM Member's Individual Care Plan (ICP). This dashboard focuses on Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Inpatient Facilities and SCCs, and Specialized or Customized DME authorization requests. Case management data is submitted by MCPs. Figures 37 and 40 are trend charts displaying monthly data over the 12 months. *Figures 38, 41, 43* and *45* are trend charts displaying quarterly data over 12 months. *Figures 36, 39, 42,* and *44* are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM NICU Authorizations: Figures 36-38

Figure 36 displays total requests for NICU authorizations and percent approval rate by MCP and by County.
Total MCP enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference.
The approval percentage ranged from 98% for CalOptima to 100% for CenCal, CCAH, and PHC. This was calculated by using the number of approved NICU authorizations for each MCP and each County for April 2022 through March 2023 the numerator, divided by the number of NICU requests for authorizations for each MCP and each County for April 2022 through March 2023

as the denominator. A letter "S" represents numbers have been suppressed for MCPs or Counties that have low number of observations as they are seen as statistically unreliable.

Figure 37 displays the total NICU authorization requests per 1,000 Members, by month. The figure displays that there were 5.0 CCS NICU authorization requests per 1,000 Members for April 2022. There were 4.3 CCS NICU authorization requests per 1,000 Members for March 2023. The figure also displays that there were 3.5 WCM NICU authorization requests per 1,000 Members for April 2022. There were 3.8 WCM NICU authorization requests per 1,000 Members for March 2023.

Figure 38 displays the trend of total requests seeking authorization for NICU services for each MCP each quarter. For example, CCAH reported 81 requests in Q2 2022, 62 requests in Q3 2022, 60 requests in Q4 2022, and 54 requests in Q1 2023. The figures for HPSM and PHC were suppressed as they have a low number of observations, which are seen as statistically unreliable.

CCS and WCM PICU Authorizations: Figures 39-41

Figure 39 displays total requests for PICU authorizations and approval rate, by MCP and by County. The figure displays total requests for PICU authorizations ranged from 33 for HPSM to 574 for CCAH. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage for PICU requests ranged from 99% for PHC and CalOptima to 100% for CenCal, CCAH, and HPSM. This was calculated by using the number of approved PICU requests for authorizations for each MCP and each County for April 2022 through March 2023 as the numerator, divided by the number of PICU authorizations for each MCP and each County for April 2022 through March 2023 as the denominator. A letter "S" represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 40 displays total PICU authorization requests per 1,000 Members, by month. The figure displays there were 1.8 CCS PICU authorization requests per 1,000 Members in April 2022 and 2.2 CCS PICU authorization requests per 1,000 Members in March 2023. The figure also displays that there were 4.6 WCM PICU authorization requests per 1,000 Members in April 2022 and 4.0 WCM PICU authorization requests per 1,000 Members for March 2023.

Figure 41 displays the trend of total requests seeking authorization for PICU services for each MCP each quarter. For example, CalOptima reported 128 requests in Q2 2022, 140 requests in Q3 2022, 79 requests in Q4 2022, and 95 requests in Q1 2023. The figures for HPSM are suppressed as they contain a low number of observations, which are seen as statistically unreliable.

WCM Inpatient Facilities and SCC Authorizations: Figures 42-43

This data is not reported by County CCS Programs at this time. The data below is reported for WCM.

Figure 42 displays total requests for SCC authorizations and approval rate, by MCP and by County. The figure displays that Inpatient Facilities and SCC authorization requests ranged from 406 for CenCal to 3,475 for CalOptima. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage for Inpatient Facilities and SCC Authorizations ranged from 97% for CalOptima and PHC to 100% for CenCal and CCAH. This was calculated by using the number of approved Inpatient Facilities and SCC authorizations for each MCP and each County for April 2022 through March 2023 as the numerator, divided by the number of Inpatient Facilities and SCC requests for authorizations for each MCP and each County for April 2022 through March 2023 as the denominator.

Figure 43 displays the total requests seeking authorization for SCC services for each MCP each quarter. For example, CenCal reported 120 requests in Q2 2022, 98 requests in Q3 2022, 106 requests in Q4 2022, and 82 requests in Q1 2023.

WCM Specialized or Customized DME Authorizations: Figures 44-45

This data is not reported by County CCS Programs at this time. The data below is reported for WCM.

Figure 44 displays total requests for DME authorizations and approval rate, by MCP and by County. The figure displays that specialized or customized DME requests for authorizations ranged from 90 for CenCal to 1,102 for PHC. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage ranged from 94% for PHC to 100% for CenCal and CCAH. This was calculated by using the number of approved specialized or customized DME authorizations for each MCP and each County for April 2022 through March 2023 as the numerator, divided by the number of specialized or customized DME requests for authorizations for each MCP and each County for April 2022 through March 2023 as the denominator.

Figure 45 displays the total requests seeking authorization for DME services for each MCP each quarter. For example, PHC reported 415 requests in Q2 2022, 264 requests in Q3 2022, 190 requests in Q4 2022, and 233 requests in Q1 2023. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

WCM Care Coordination: Figures 46-47

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must assess each CCS child's or youth's risk level and needs by performing a risk assessment process using means such as telephonic or in-person communication, review of utilization and claims processing data, or by other means. MCPs are required to develop and complete the risk assessment process for WCM transition Members, newly CCS-eligible Members, or new CCS Members enrolling in the MCP. The risk assessment

process must include the development of a pediatric risk stratification process (PRSP that will be used to classify Members into high and low risk categories, allowing the plan to identify Members who have more complex health care needs. Members who do not have any information available will automatically be categorized as high risk until further assessment data is gathered to make an additional risk determination. An ICP must be created for high-risk Members. Care coordination data is submitted by MCPs and the dashboard charts display the last month in the reporting period as a point of time view.

Figure 46 displays the percentage of high-risk Members who received an assessment ranged from 84% to 100%, which is 4,241 assessments for CCAH and 20 assessments for CenCal[1], respectively. This was calculated by using the number of high-risk assessments for each MCP as of March 2023 as the numerator, divided by the number of high-risk Members in each MCP in March 2023 as the denominator. Each denominator is different because each MCP has a different number of high-risk Members. A letter "S" represents numbers have been suppressed for MCPs that have a low number of observations as they are seen as statistically unreliable.

Figure 47 displays the percentage of low-risk Members who received an assessment ranged from 40% to 100%, which is 28 assessments for PHC and 63 assessments for CenCal, respectively. This was calculated by using the number of low-risk assessments for each MCP as of March 2023 as the numerator, divided by the number of low-risk Members in each MCP in March 2023 as the denominator. Each denominator is different because each MCP has a different number of low-risk Members. A letter "S" represents numbers have been suppressed for MCPs that have a low number of observations as they are seen as statistically unreliable.

WCM Grievances and Appeals: Figure 48-50

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. WCM Members are provided the same grievance and appeal rights as other MCP Members. MCPs must have timely processes for accepting and acting upon Member grievances and appeals. Grievances and appeals data are submitted by MCPs.

Figure 48 displays WCM appeals and grievances per 1,000 Members are trended over 12 months (April 2022 - March 2023). *Figure 48* is a trend chart displaying monthly data over 12 months. *Figures 49* and *50* are cumulative charts, showing the sum of the 12 months' data as one figure. In April 2022, MCPs reported to have received 0.57 appeals per 1,000 Members and 1.14 grievances per 1,000 Members. In March 2023, MCPs received 0.50 appeals per 1,000 Members and 0.69 grievances per 1,000 Members.

Figure 49 displays WCM appeals per 1,000 Members per month. CenCal reported to have received 1 appeal per 1,000 Members per month while HPSM reported 10 appeals per 1,000 Members per month.

[1] Data displayed in this section may show some discrepancies due to MCPs reporting the information differently on the reporting template. Per WCM Reporting Instructions, Care Coordination data is reported "to date" by the MCPs, however some MCPs provided "all time" data. Please note, per APL 23-034, risk assessments are conducted on an annual basis for all WCM eligible Members to ensure their risk classification remains an accurate reflection of their true risk level.

Figure 50 displays percent distribution of major categories of total grievances reported by MCPs. Total grievances for each MCP are displayed on the far-right end of the bar.[2] This was calculated by using the number of each grievance type for each MCP for April 2022 through March 2023 as the numerator, divided by the total number of grievances for each MCP from April 2022 through March 2023 as the denominator.

WCM Family Advisory Committee Meetings: Figure 51

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must establish a quarterly Family Advisory Committee (FAC) for WCM families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. The FAC must also include, but not limited to, parent centers, such as family resource centers, family empowerment centers, and parent training and information centers.

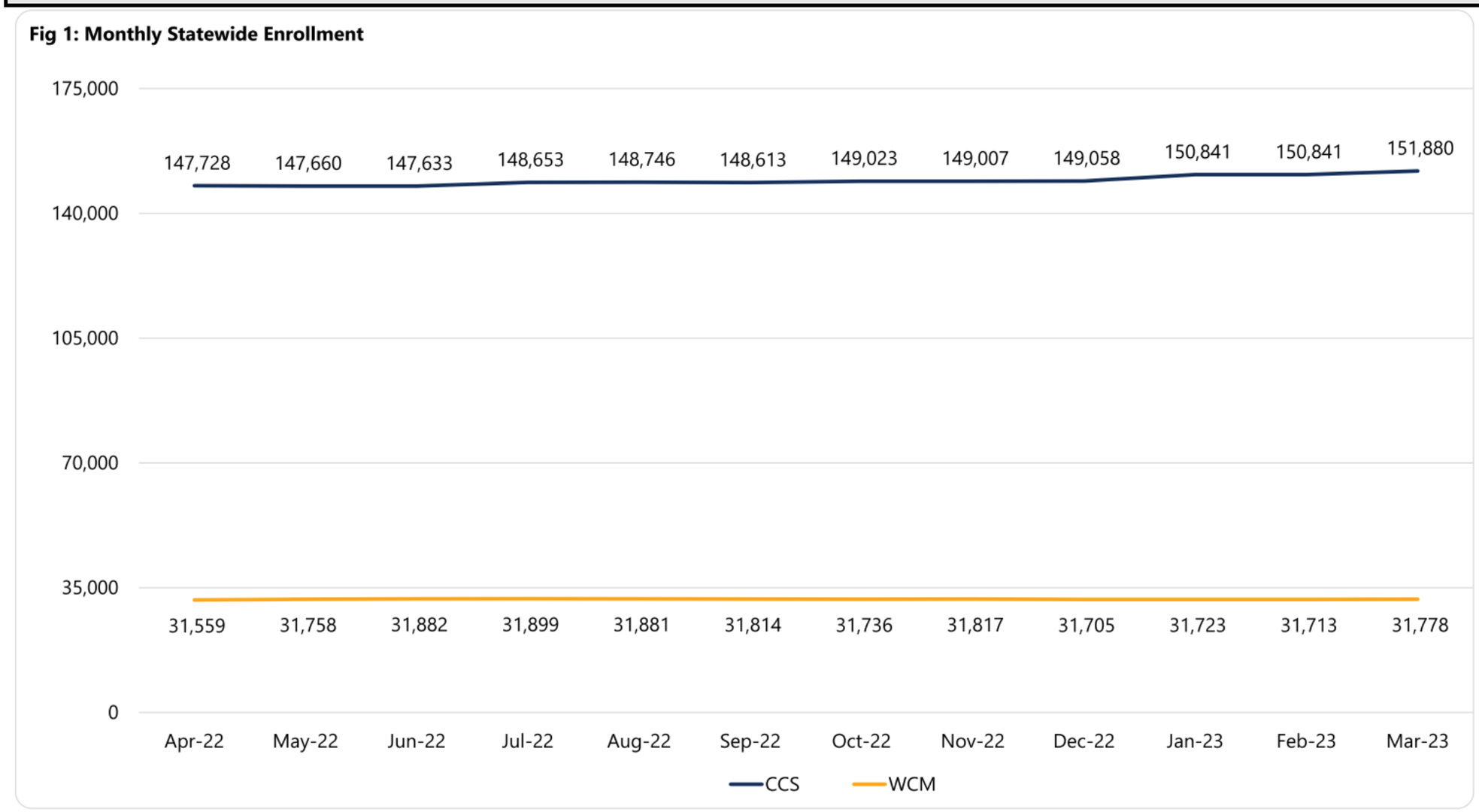
Figure 51 summarizes the number of committee Members, meetings held, recruitment efforts and seats to be filled for each MCP over 12 months (April 2022 - March 2023).

Plan Key:

Plan Name	Plan Abbreviation on Dashboard	WCM Implementation Date
CalOptima	CalOptima	July 1, 2019
CenCal Health	CenCal	July 1, 2018
Central California Alliance for Health	CCAH	July 1, 2018
Health Plan of San Mateo	HPSM	July 1, 2018
Partnership Health Plan of California	PHC	January 1, 2019

[2] Plans must give details on the "Others" grievance category. "Others" grievances included but were not limited to billing issues, staff dissatisfaction, other insurance/inadequate insurance coverage.

CCS and WCM Enrollment and Demographics Figure 1: Breakdown of Enrollment (Apr'22 - Mar'23)



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018.

CCS and WCM Enrollment and Demographics Figures 2 & 3: Breakdowns of Population as of March 2023

Fig 2: Enrollment by Race/Ethnicity

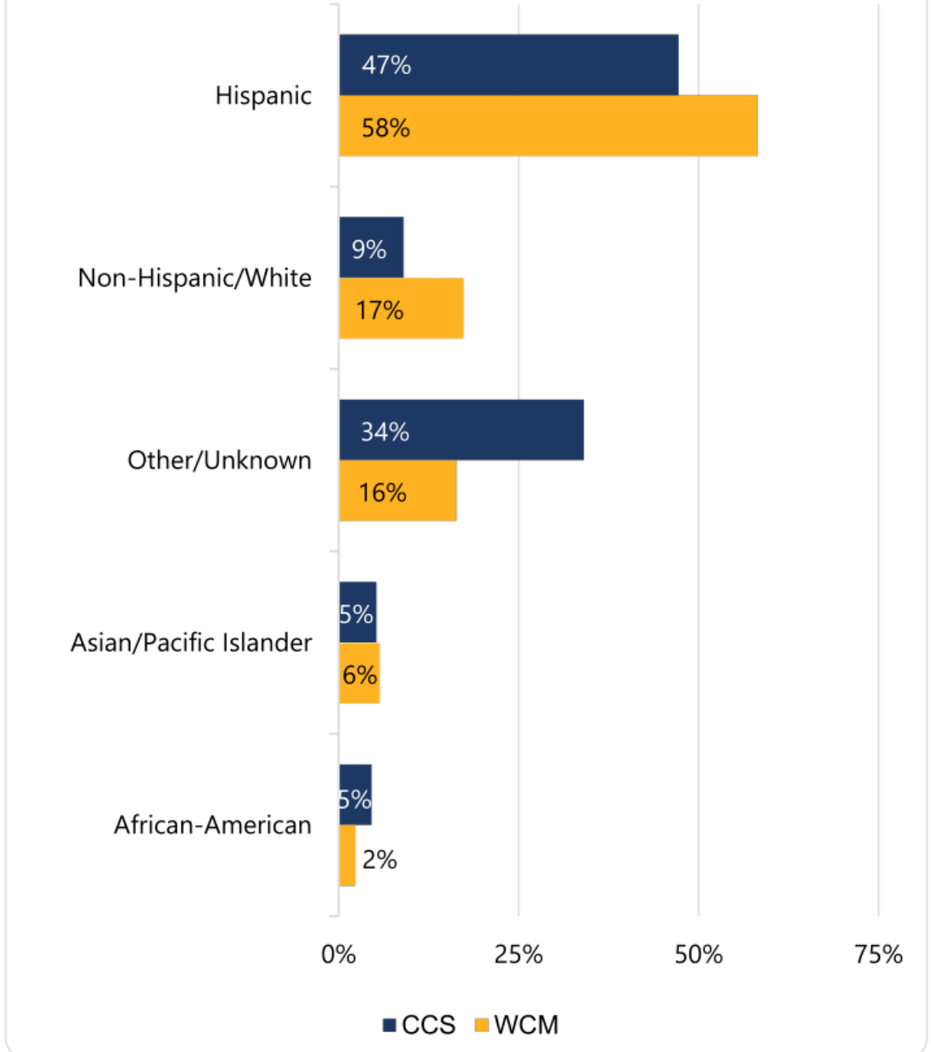
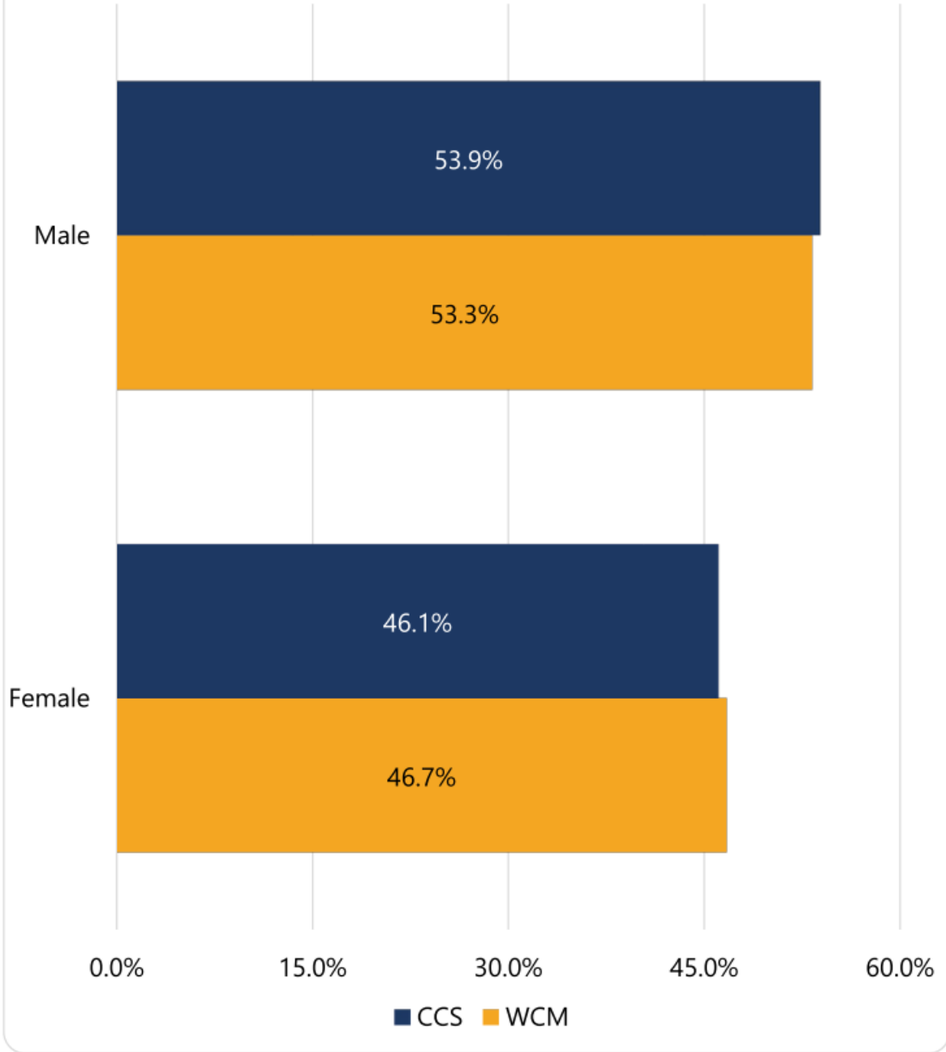


Fig 3: Enrollment by Gender



Note: CCS refers to counties operating outside of the Whole Child Model Program

CCS and WCM Enrollment and Demographics Figures 4 & 5: Breakdowns of Population as of March 2023

Fig 4: Enrollment by Language Spoken (Top 6 for WCM)

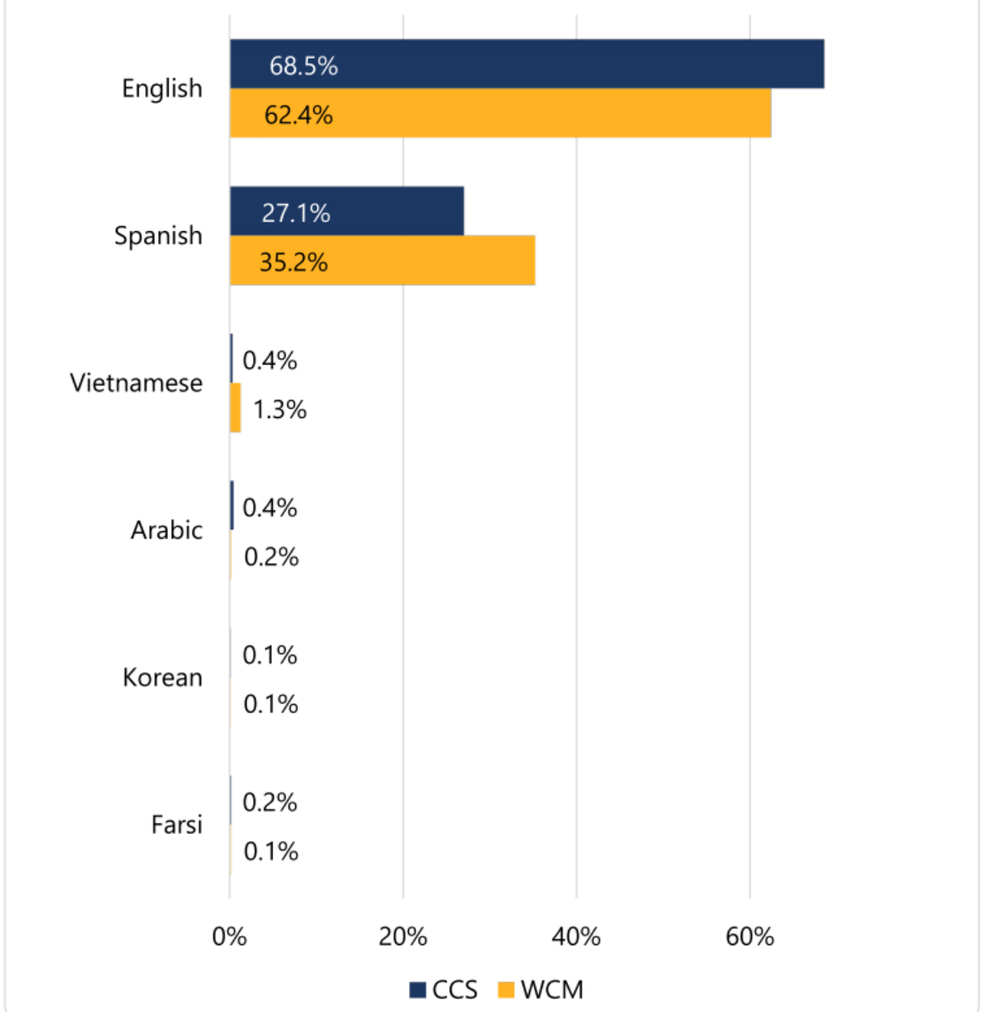
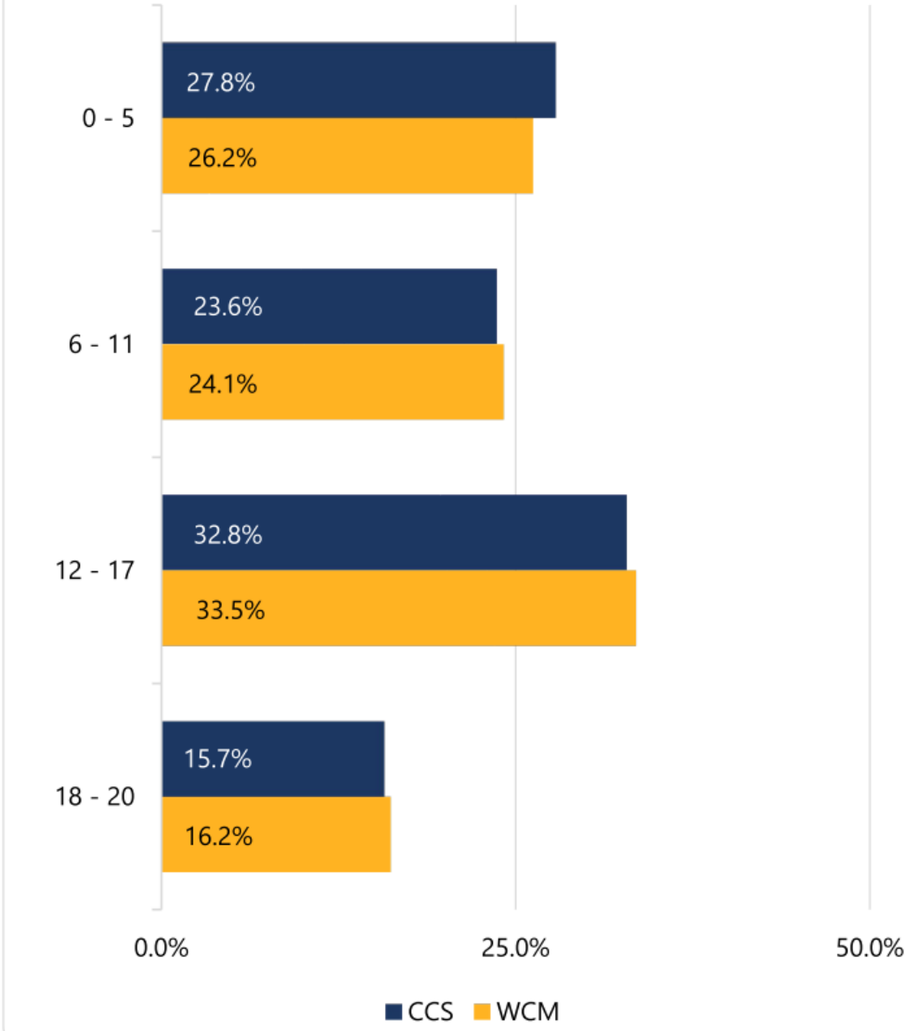


Fig 5: Enrollment by Age



Note: CCS refers to counties operating outside of the Whole Child Model Program

CCS Enrollment and Demographics Figures 6 & 7: Breakdowns of Population as of March 2023

Fig 6: Total Classic CCS Enrollment by County

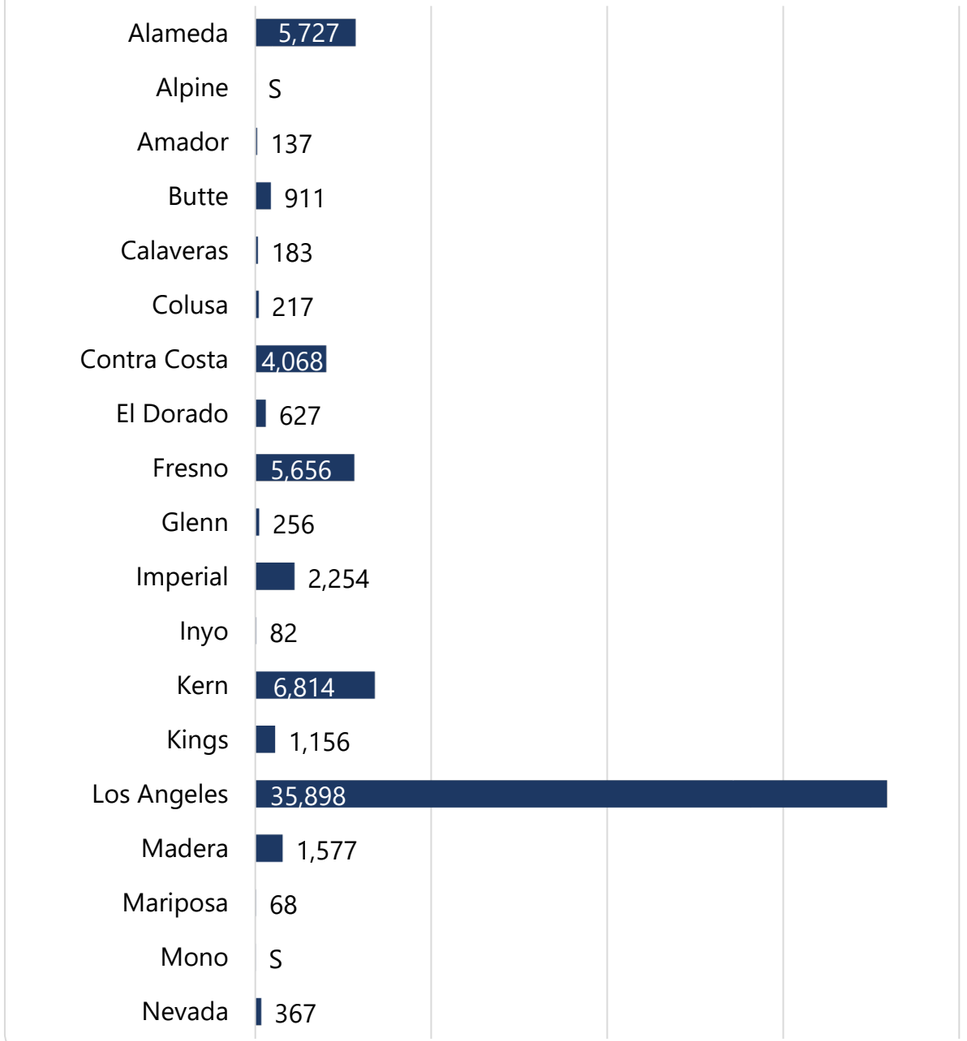
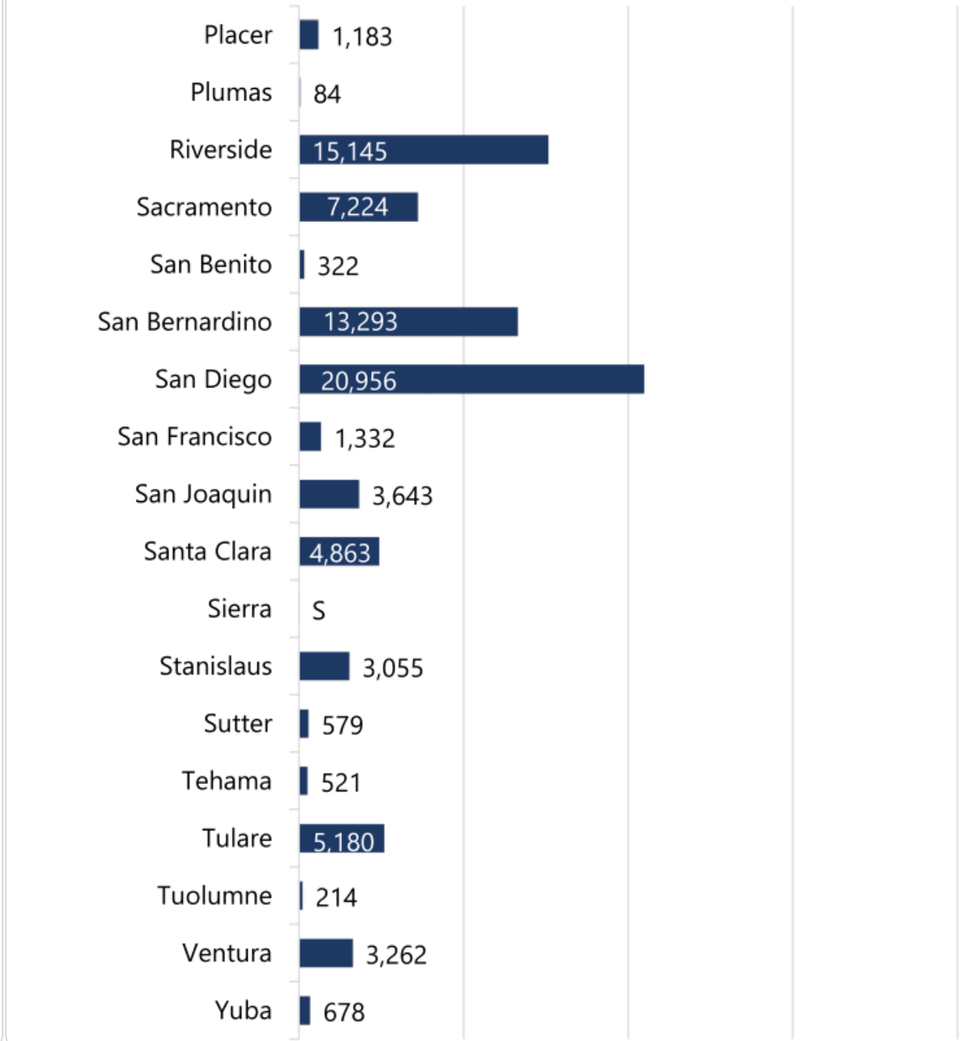


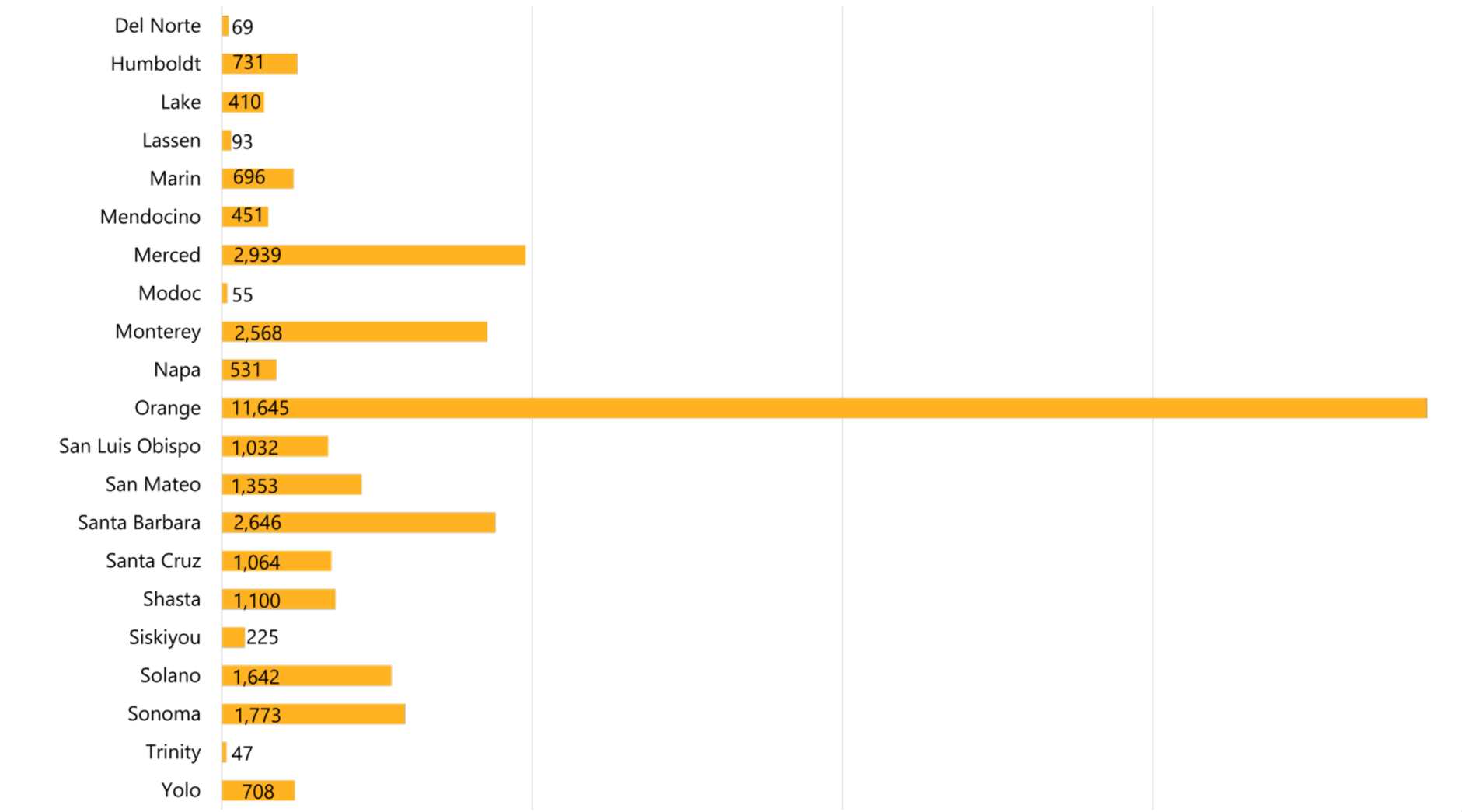
Fig 7: Total Classic CCS Enrollment by County



Note: CCS refers to counties operating outside of the Whole Child Model Program.
Items marked with a letter "S" indicate counts of items that are suppressed per the DHCS De-identification guidelines v. 2.0, November 2016.

WCM Enrollment and Demographics Figure 8: Breakdowns of Population as of March 2023

Fig 8: WCM Enrollment by County



CCS and WCM Utilization Figures 9 & 10: Breakdowns of Outpatient Admissions Utilization (Apr'22 - Mar'23)

Fig 9: Outpatient Visits per 1,000 Member Months by Gender

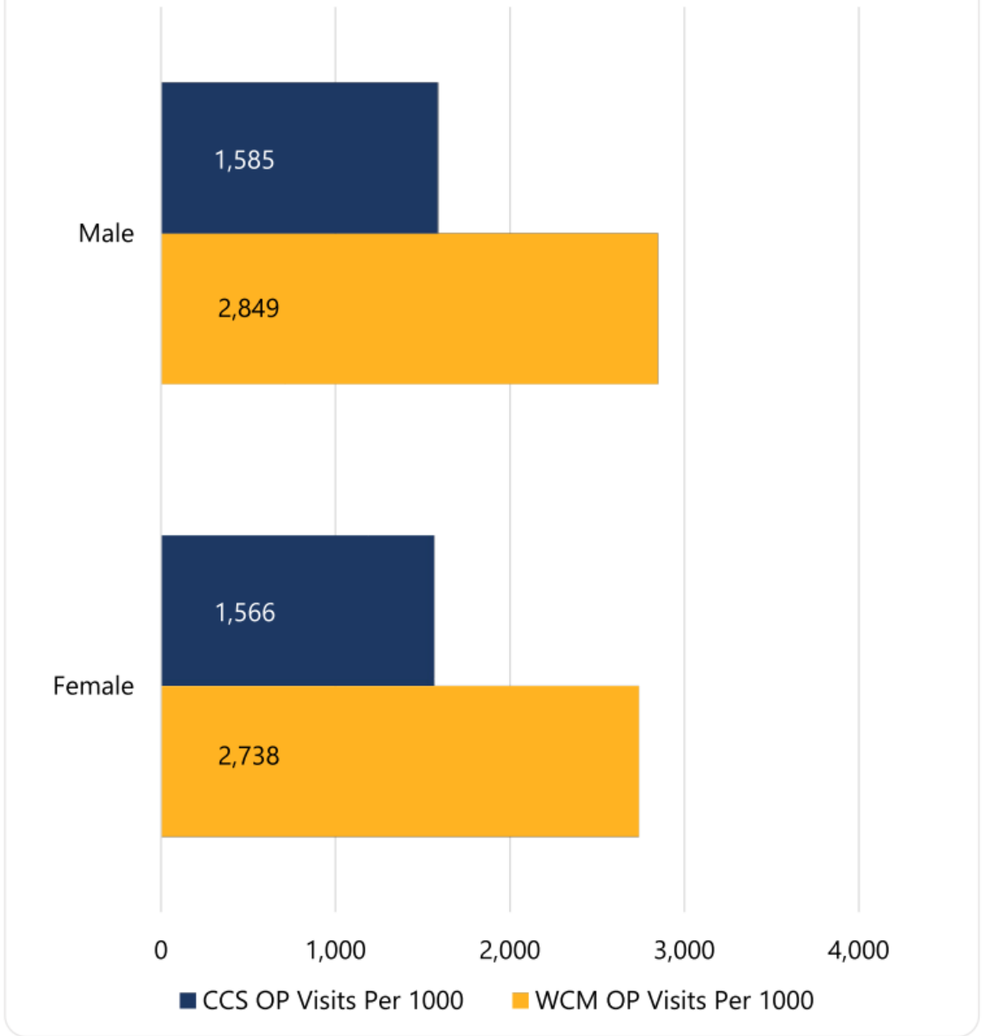
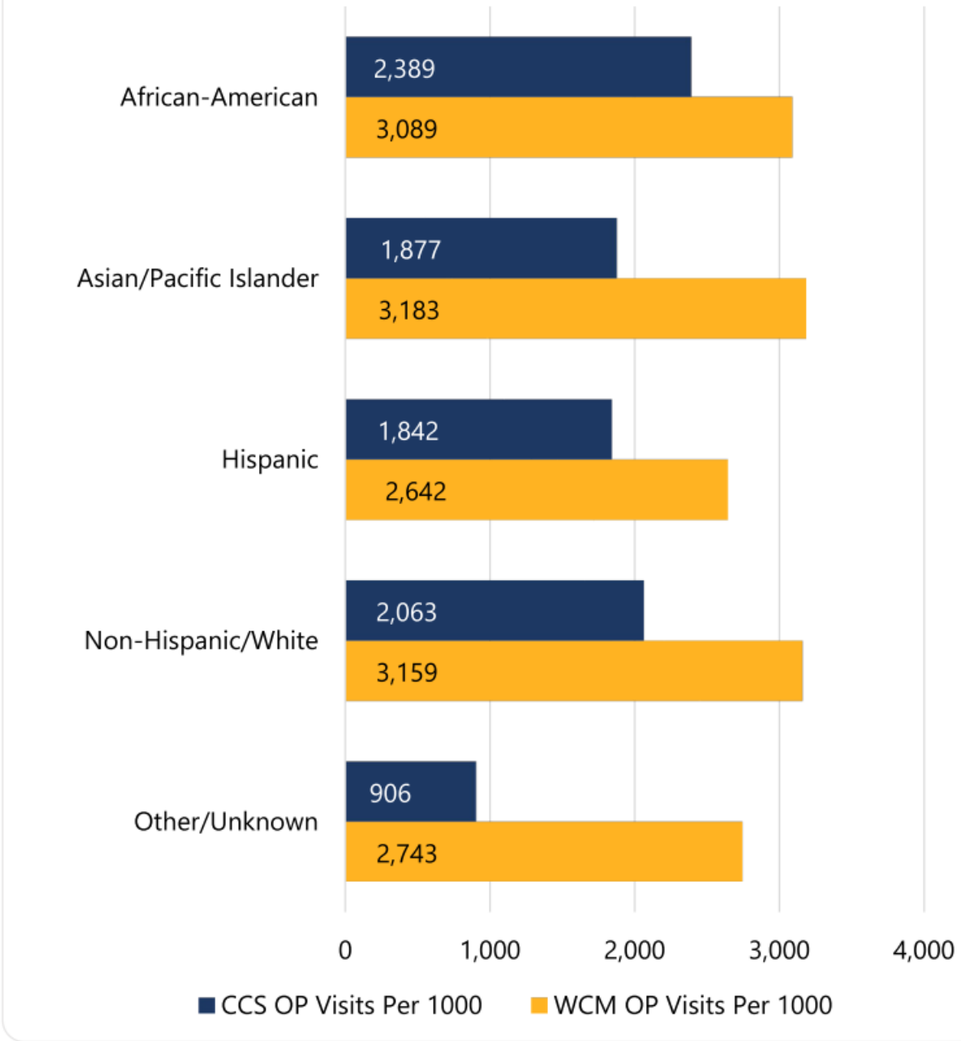


Fig 10: Outpatient Visits per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023.

CCS and WCM Utilization Figures 11 & 12: Breakdowns of Outpatient Admissions Utilization (Apr'22 - Mar'23)

Fig 11: Outpatient Visits Statewide per 1,000 Members, by Month

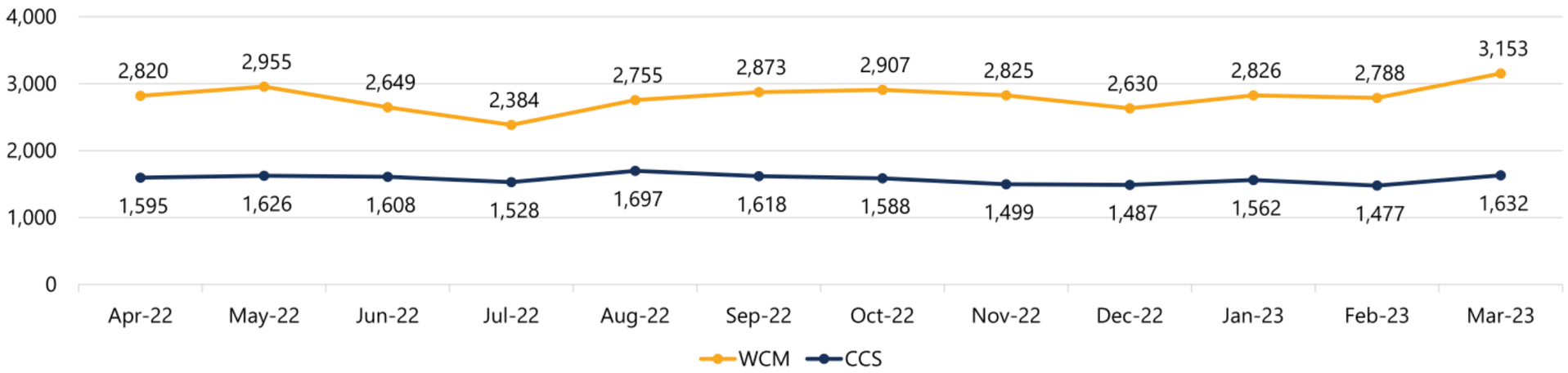
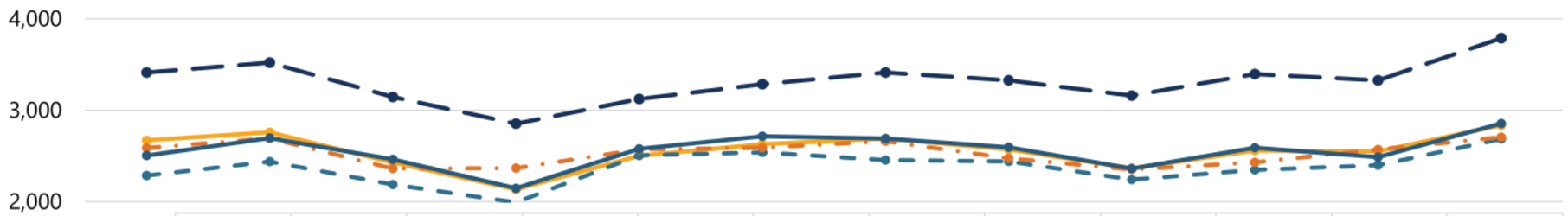


Fig 12: WCM Outpatient Visits per 1,000 Members by Plan, by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	3,411	3,521	3,144	2,852	3,123	3,284	3,411	3,326	3,160	3,395	3,325	3,787
CenCal	2,671	2,759	2,428	2,134	2,502	2,630	2,691	2,569	2,365	2,557	2,552	2,835
CCAH	2,285	2,437	2,187	1,992	2,507	2,538	2,455	2,441	2,241	2,346	2,397	2,686
HPSM	2,587	2,693	2,361	2,366	2,569	2,590	2,661	2,473	2,351	2,430	2,570	2,705
PHC	2,503	2,694	2,462	2,146	2,578	2,714	2,690	2,594	2,362	2,591	2,488	2,855

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023.

CCS and WCM Utilization Figures 13 & 14: Breakdowns of Inpatient Visits Utilization (Apr'22 - Mar'23)

Fig 13: Inpatient Admissions per 1,000 Member Months by Gender

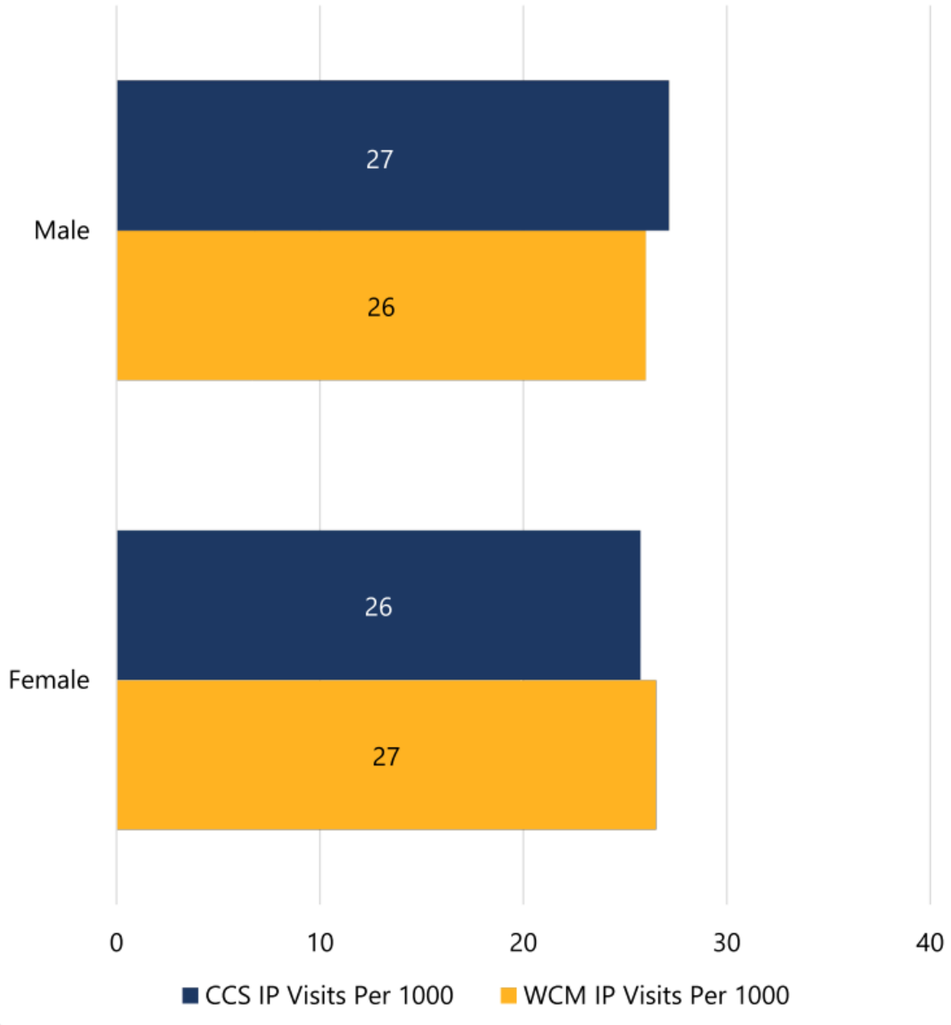
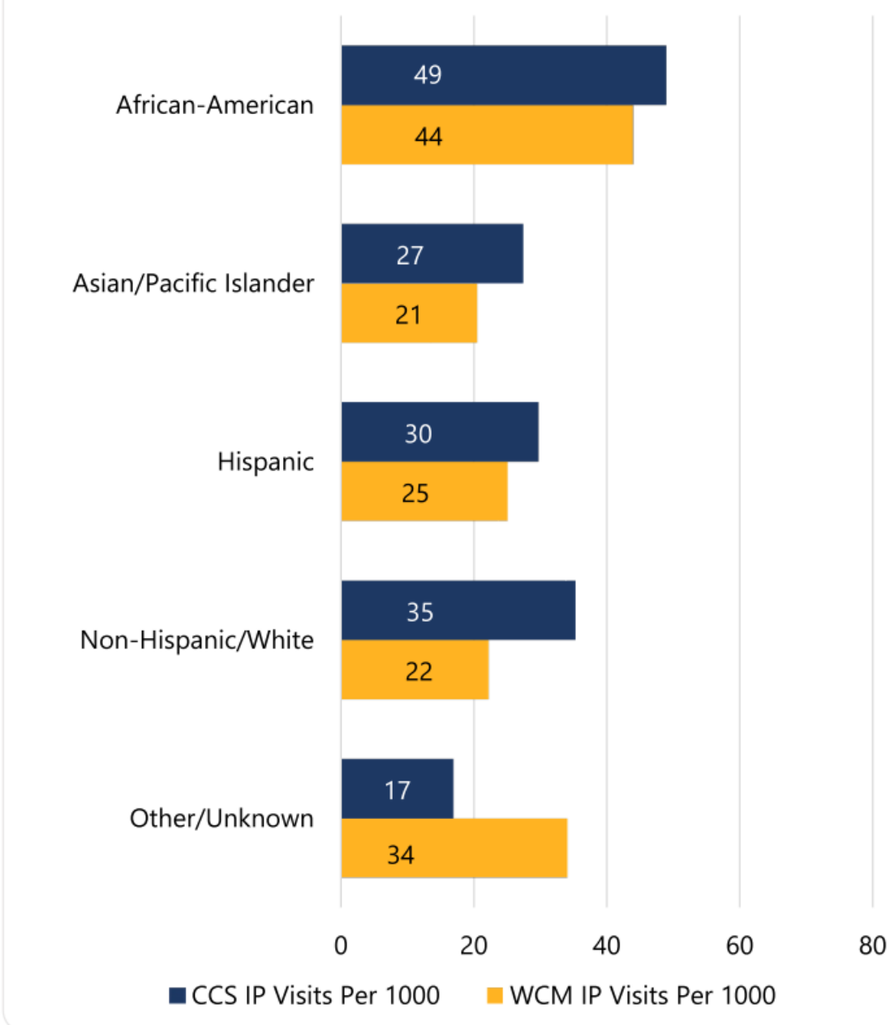


Fig 14: Inpatient Admissions per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023.

CCS and WCM Utilization Figures 15 & 16: Breakdowns of Inpatient Visits Utilization (Apr'22 - Mar'23)

Fig 15: Inpatient Admissions Statewide per 1,000 Members, by Month

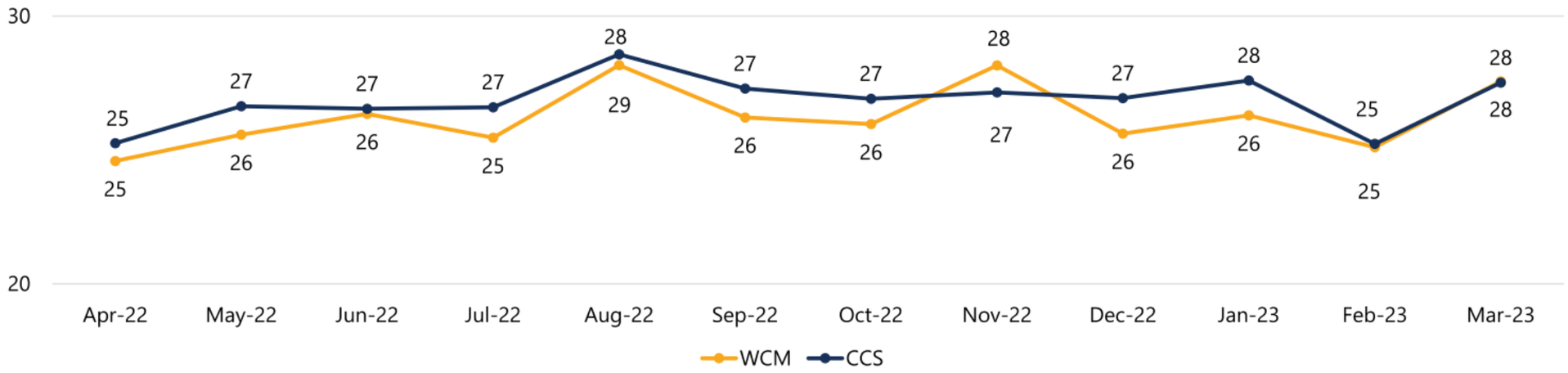
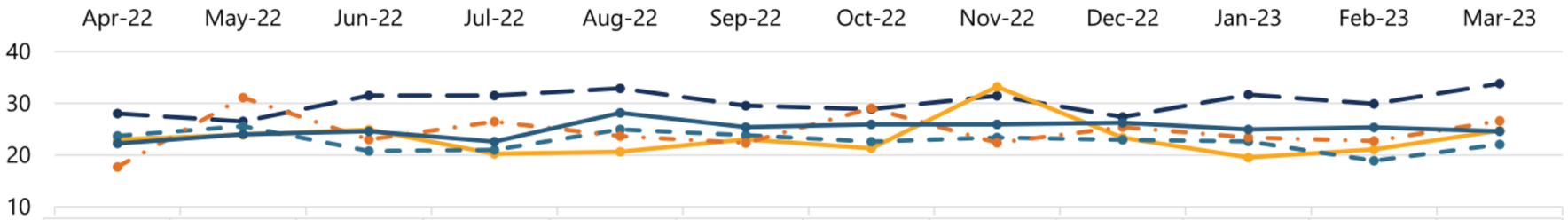


Fig 16: WCM Inpatient Admissions per 1,000 Members by Plan, by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	28	27	32	32	33	30	29	31	27	32	30	34
CenCal	23	24	25	20	21	23	21	33	23	20	21	25
CCAH	24	26	21	21	25	24	23	23	23	23	19	22
HPSM	18	31	23	26	24	22	29	22	25	23	23	27
PHC	22	24	25	23	28	25	26	26	26	25	25	25

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023.

WCM Utilization Figure 17 - 19: Breakdowns of Emergency Department (ED) Utilization (Apr'22 - Mar'23)

Fig 17: ED Visits per 1,000 Member Months by Gender

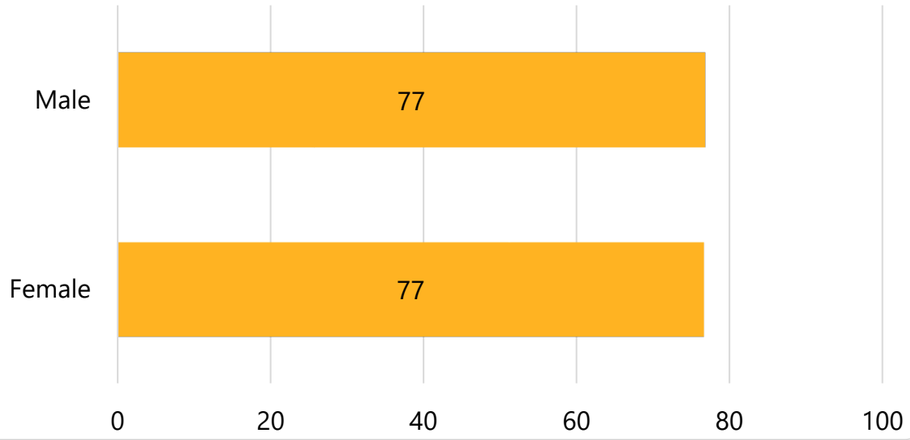


Fig 18: ED Visits per 1,000 Member Months by Ethnicity

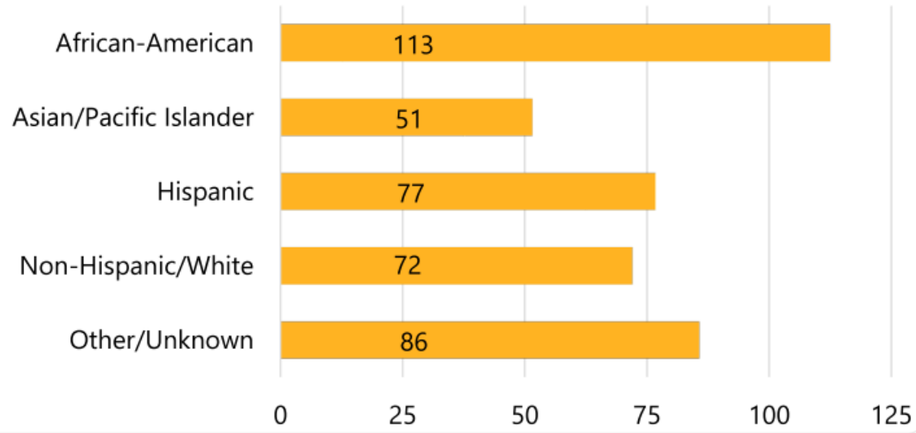
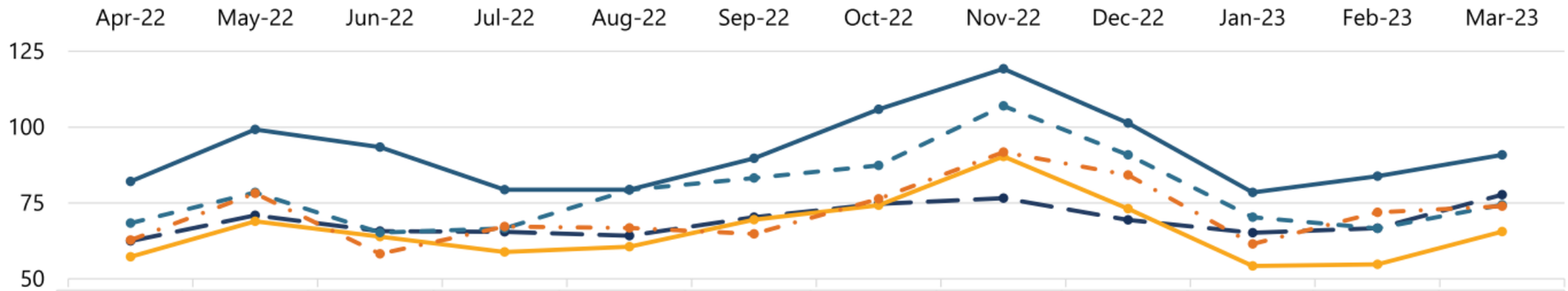


Fig 19: ED Visits per 1,000 Members by Plan, by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	62	71	66	65	64	70	75	77	69	65	67	78
CenCal	57	69	64	59	61	69	74	90	73	54	55	66
CCAH	68	78	65	67	79	83	87	107	91	70	67	74
HPSM	63	78	58	67	67	65	76	92	84	61	72	74
PHC	82	99	93	79	79	90	106	119	101	78	84	91

WCM Utilization Figure 20 - 22: Breakdowns of Prescriptions Utilization (Apr'22 - Mar'23)

Fig 20: Prescriptions per 1,000 Member Months by Gender

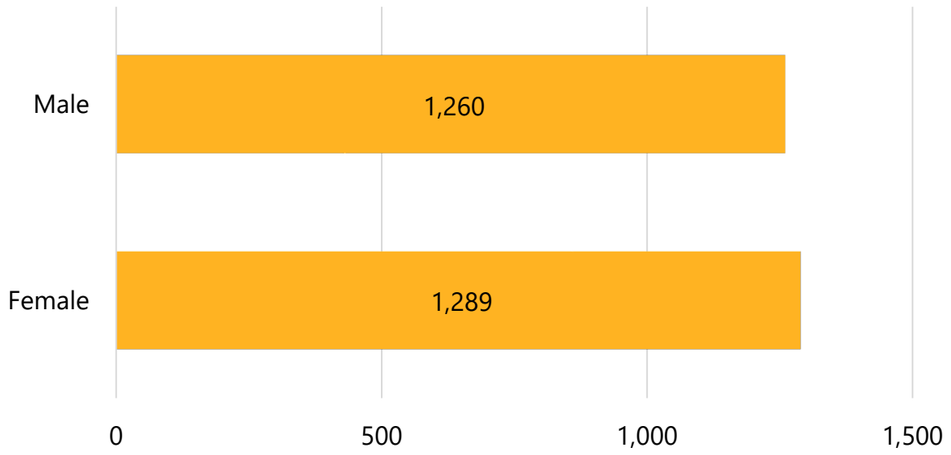


Fig 21: Prescriptions per 1,000 Member Months by Ethnicity

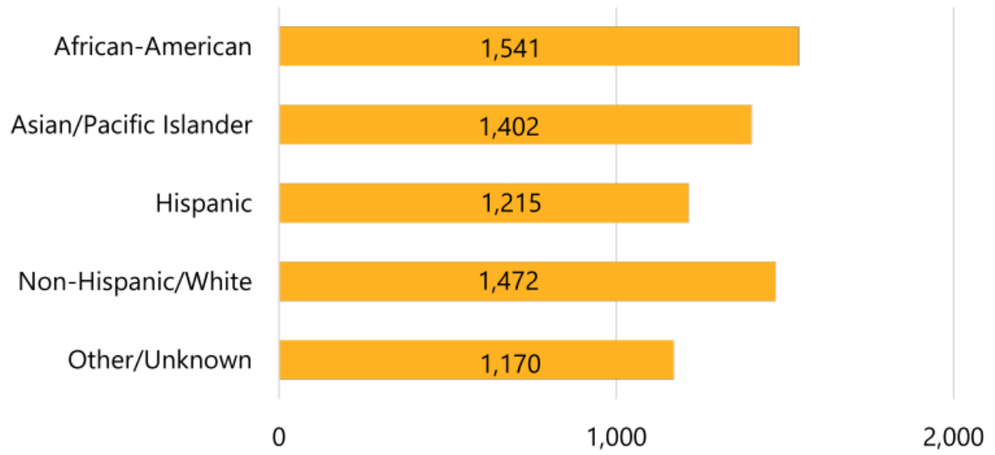
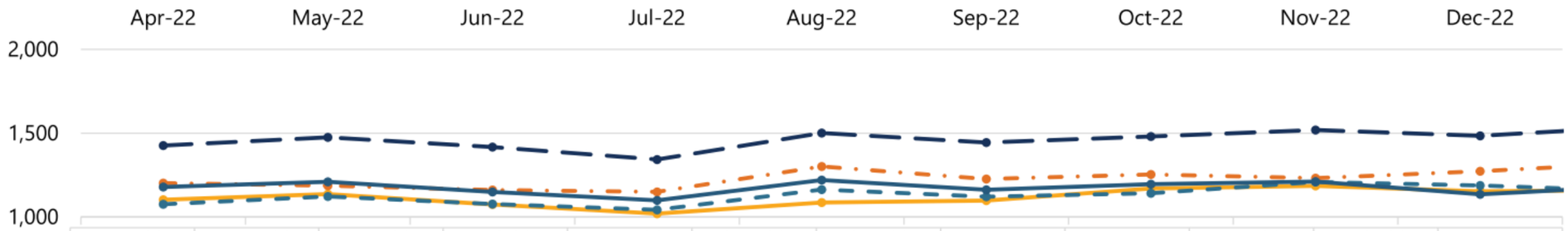


Fig 22: Prescription per 1,000 Members by Plan, by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	1,426	1,475	1,417	1,343	1,501	1,444	1,480	1,518	1,483	1,541	1,483	1,592
CenCal	1,103	1,136	1,074	1,019	1,086	1,097	1,169	1,185	1,153	1,160	1,050	1,219
CCAH	1,076	1,122	1,076	1,042	1,162	1,121	1,141	1,208	1,187	1,153	1,092	1,264
HPSM	1,202	1,187	1,161	1,149	1,301	1,226	1,253	1,231	1,273	1,323	1,233	1,311
PHC	1,178	1,210	1,149	1,099	1,220	1,162	1,195	1,211	1,135	1,185	1,085	1,234

WCM Utilization Figure 23 - 25: Breakdowns of Non-specialty Mental Health Visits Utilization (Apr'22 - Mar'23)

Fig 23: Non-specialty Mental Health Visits per 1,000 Member Months by Gender

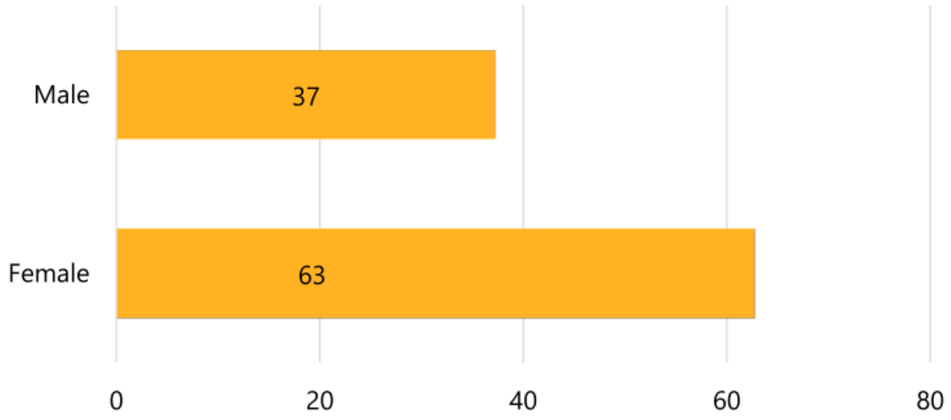


Fig 24: Non-specialty Mental Health Visits per 1,000 Member Months by Ethnicity

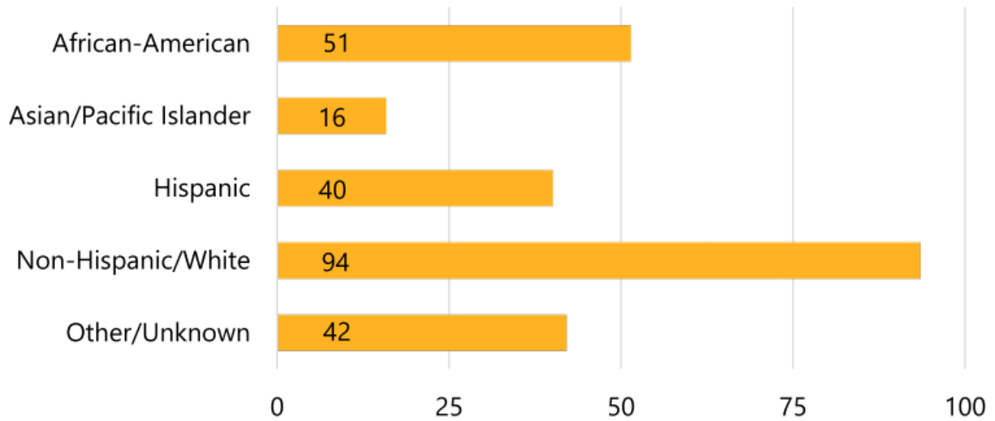
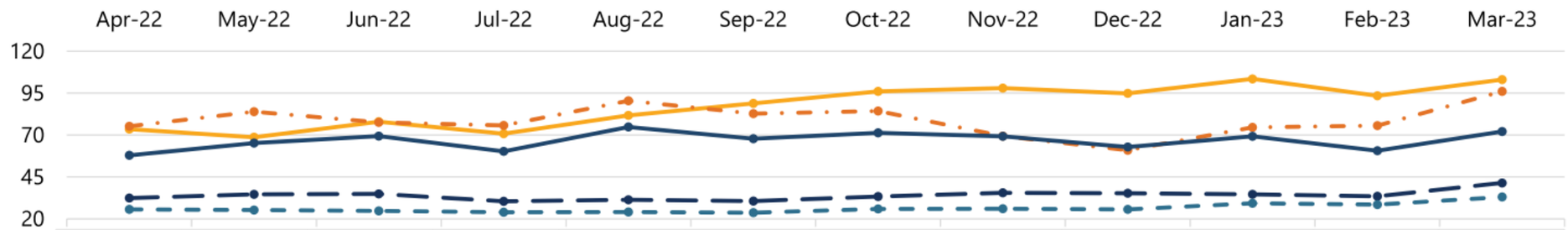


Fig 25: Non-specialty Mental Health Visits per 1,000 Members by Plan, by Month



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	32	35	35	31	31	31	33	35	35	35	34	41
CenCal	74	69	78	71	82	89	96	98	95	104	93	103
CCAH	26	25	25	24	24	24	26	26	26	29	29	33
HPSM	75	84	78	76	90	83	84	69	61	75	76	96
PHC	58	65	69	60	75	68	71	69	63	69	61	72

WCM Utilization Figure 26 - 28: Breakdowns of Emergency Department Visits with an Inpatient Admission Utilization (Apr'22 - Mar'23)

Fig 26: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Gender

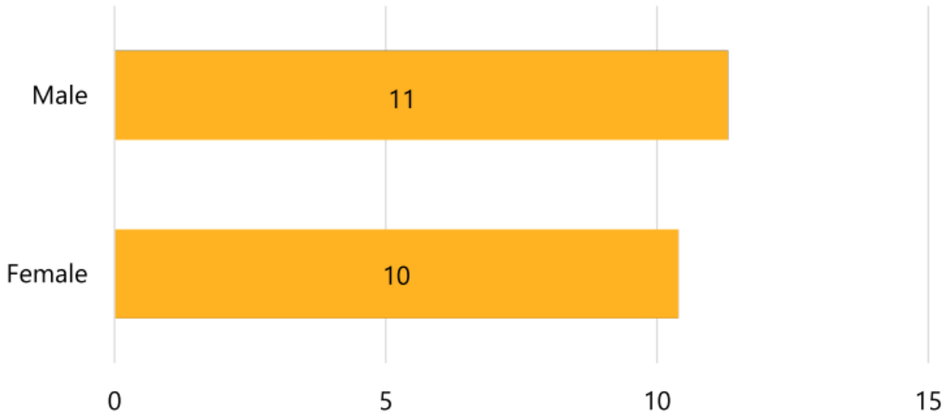


Fig 27: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Ethnicity

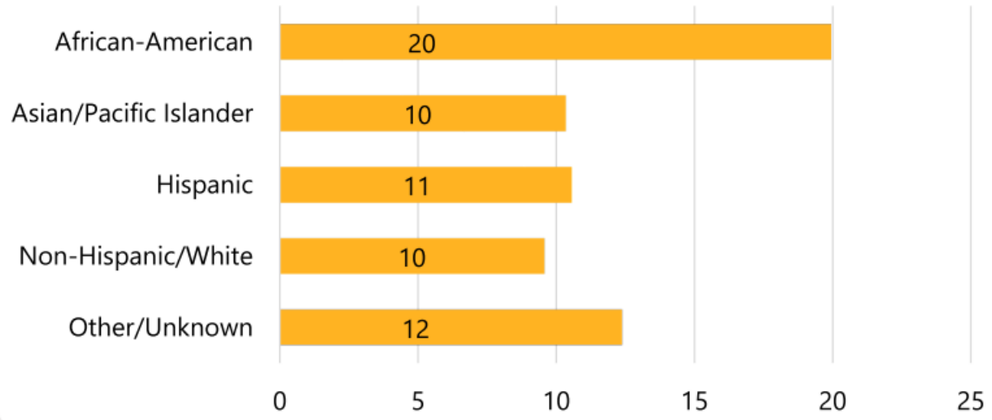
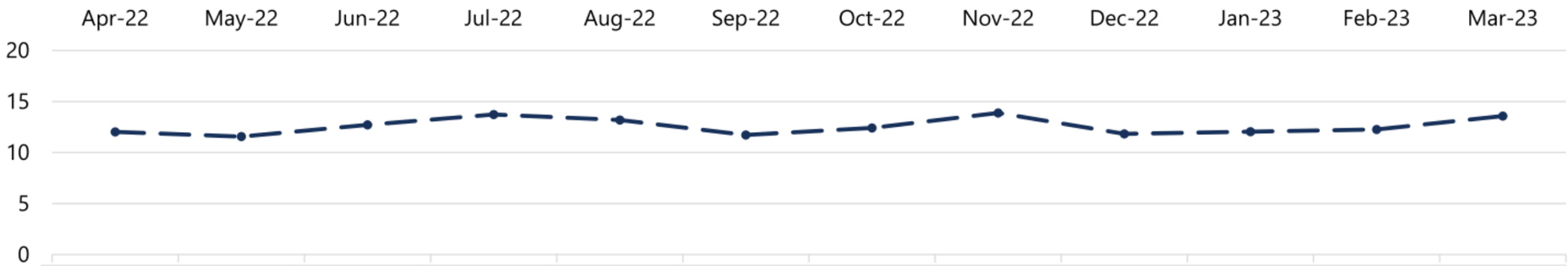


Fig 28: Emergency Department Visits with an Inpatient Admission per 1,000 Members by Plan, by Month

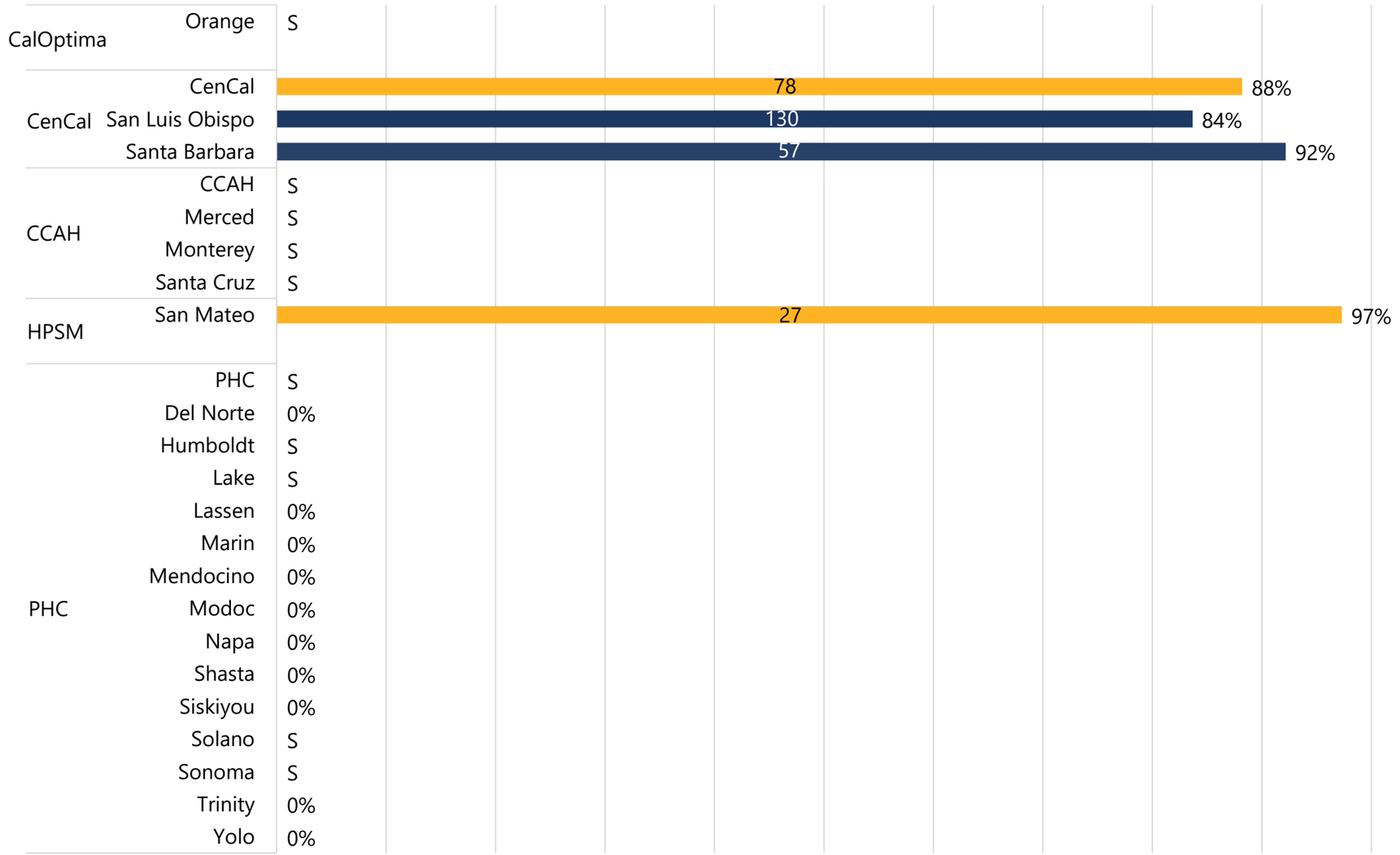


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CalOptima	12	12	13	14	13	12	12	14	12	12	12	14

**Figures for CenCal, CCAH, HPSM, and PHC are suppressed per CDO guidelines.*

WCM Figure 29: Continuity of Care (COC) Requests & Approvals per 1,000 Members (Apr'22 - Mar'23)

Fig 29: COC Request per 1,000 Members & Percentage Approval by Plan, by County



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 30: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 46 through Month 57

	Month 46	Month 47	Month 48	Month 49	Month 50	Month 51	Month 52	Month 53	Month 54	Month 55	Month 56	Month 57
CalOptima	S	S	0	0	S	S	S	S	0	S	0	0
CenCal	S	S	S	S	S	S	S	S	S	S	S	S
CCAH	S	S	0	0	0	0	0	0	0	0	S	S
HPSM	S	S	S	S	S	S	S	S	S	S	S	0
PHC	S	S	0	S	S	0	0	0	S	S	0	0

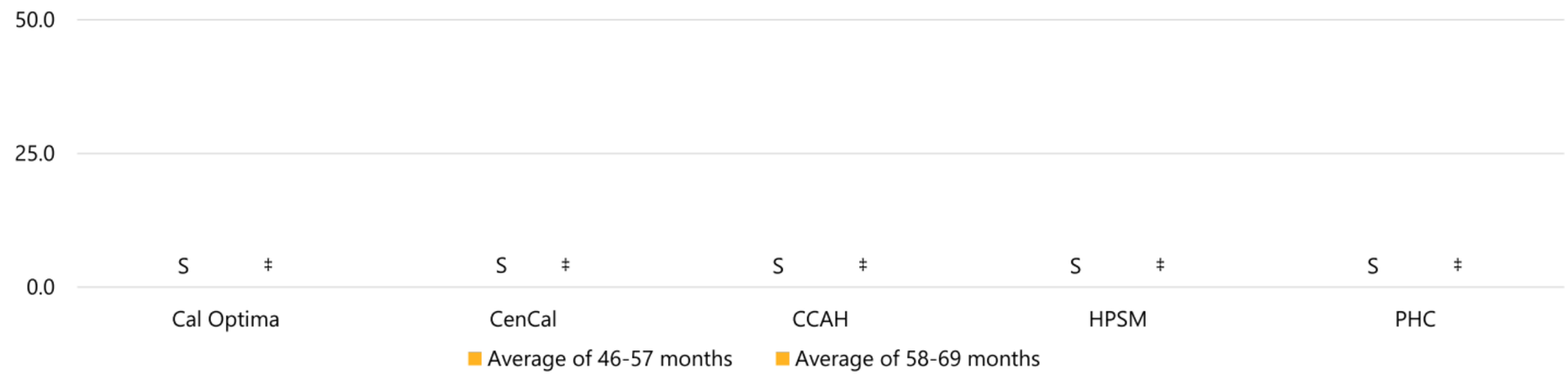
WCM Figure 31: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 58 through Month 69

	Month 58	Month 59	Month 60	Month 61	Month 62	Month 63	Month 64	Month 65	Month 66	Month 67	Month 68	Month 69
CalOptima	0	0	0	0	0	0	0	0	‡	‡	‡	‡
CenCal	S	S	S	S	S	0	0	0	‡	‡	‡	‡
CCAH	S	S	S	0	0	0	S	0	‡	‡	‡	‡
HPSM	S	S	S	0	S	S	0	S	‡	‡	‡	‡
PHC	0	0	S	S	S	0	0	0	‡	‡	‡	‡

Note: CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines.
‡Plans have not reached this month in their observation yet.

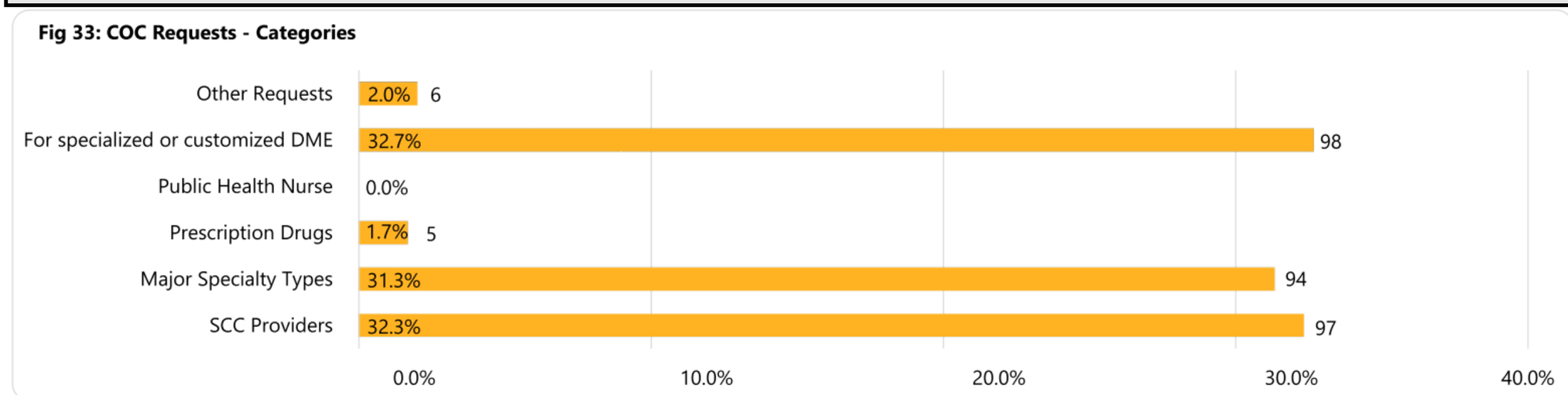
WCM Figure 32: Continuity of Care (COC) - Requests, by Plan (Apr'22 - Mar'23)

Fig 32: Plan Average COC Request Upon Joining the Program, Month 46 - Month 57 vs Month 58 - Month 69



WCM Figure 33: Continuity of Care (COC) - Requests Categories (Apr'22 - Mar'23)

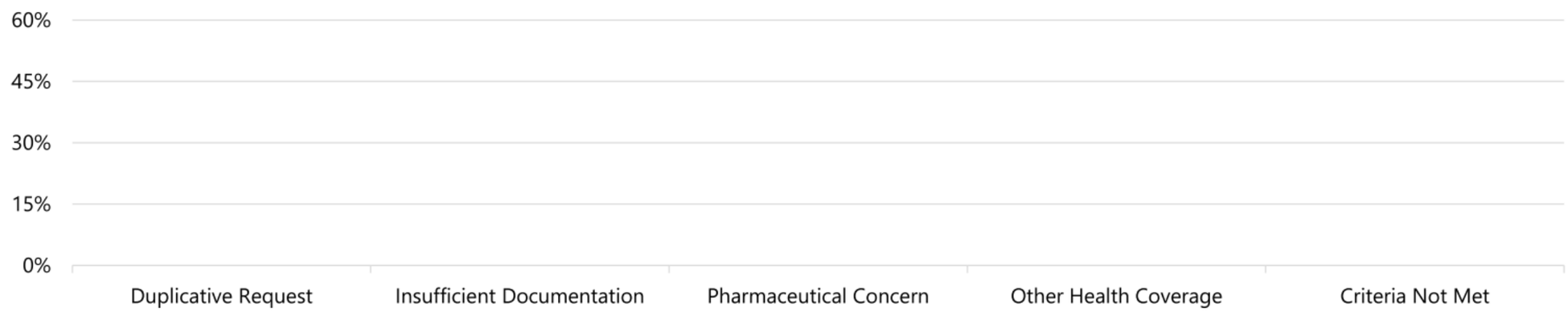
Fig 33: COC Requests - Categories



A letter "S" indicates counts of items that are suppressed per CDO guidelines. ‡ Plans have not reached this month in their observation yet.

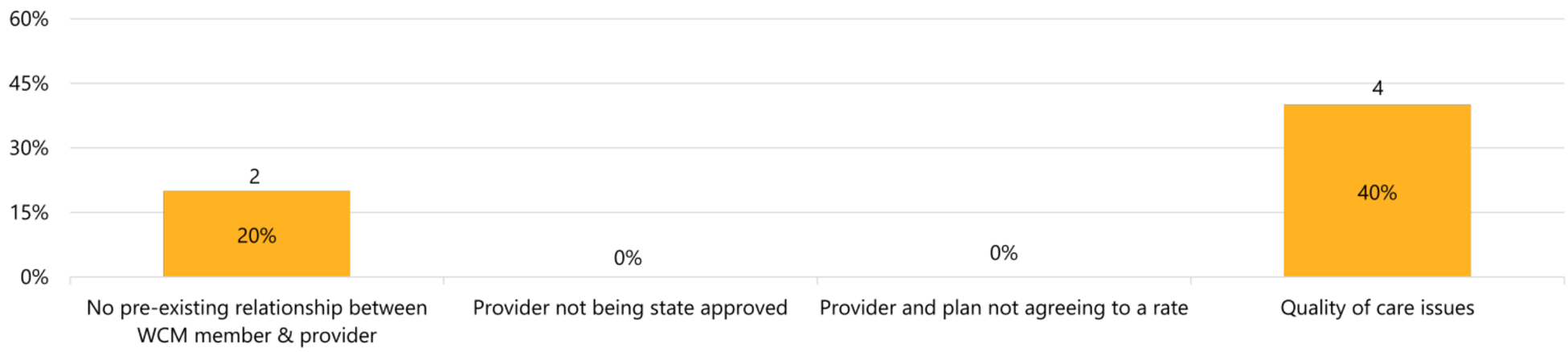
WCM Figures 34 & 35: Continuity of Care (COC) - Denials Reasons (Apr'22 - Mar'23)

Fig 34: Top 5 COC Denial Reasons (Not Required by APL)



**This data is not available for the current reporting period.*

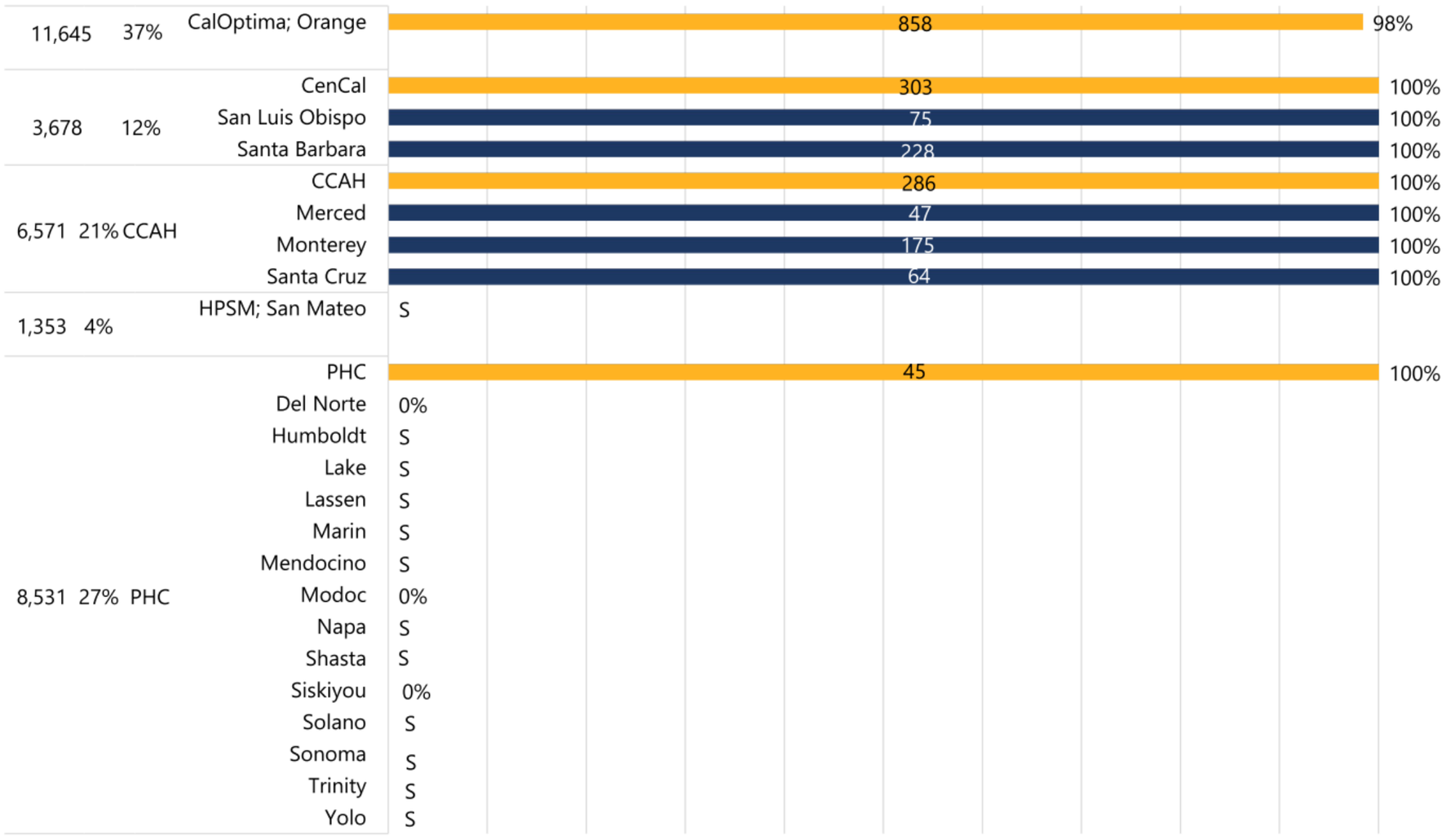
Fig 35: COC Denial Reasons (Required by APL)



Note: Please see page 8 for detailed information on why Figures 28 & 29 do not add up to 100%. A letter "S" indicates counts of items that are suppressed per CDO guidelines.

WCM Figure 36: Case Management NICU Authorization Requests & Approvals (Apr'22 - Mar'23)

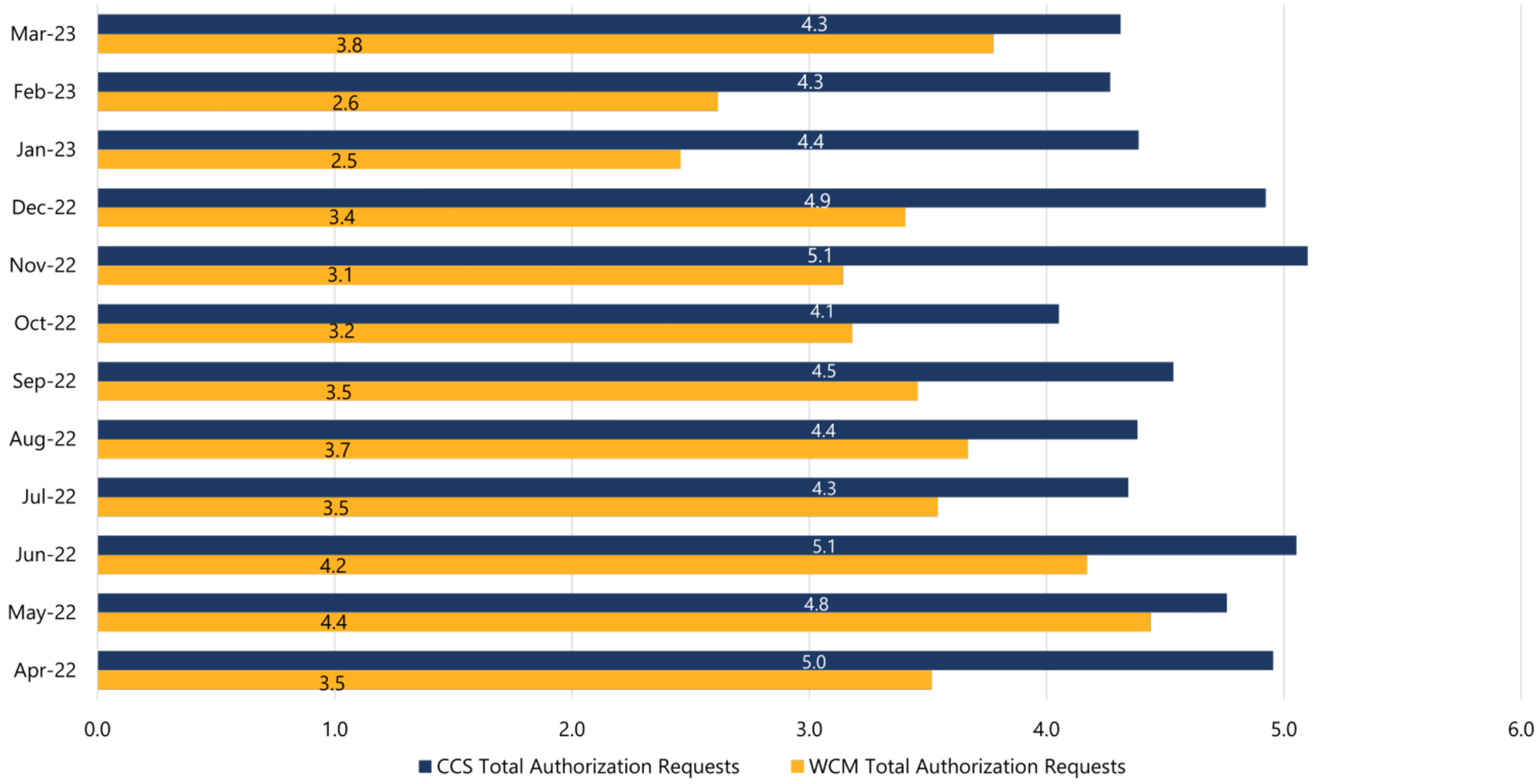
Fig 36: WCM Total NICU Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

CCS and WCM Figure 37: Case Management NICU Authorization Requests (Apr'22 - Mar'23)

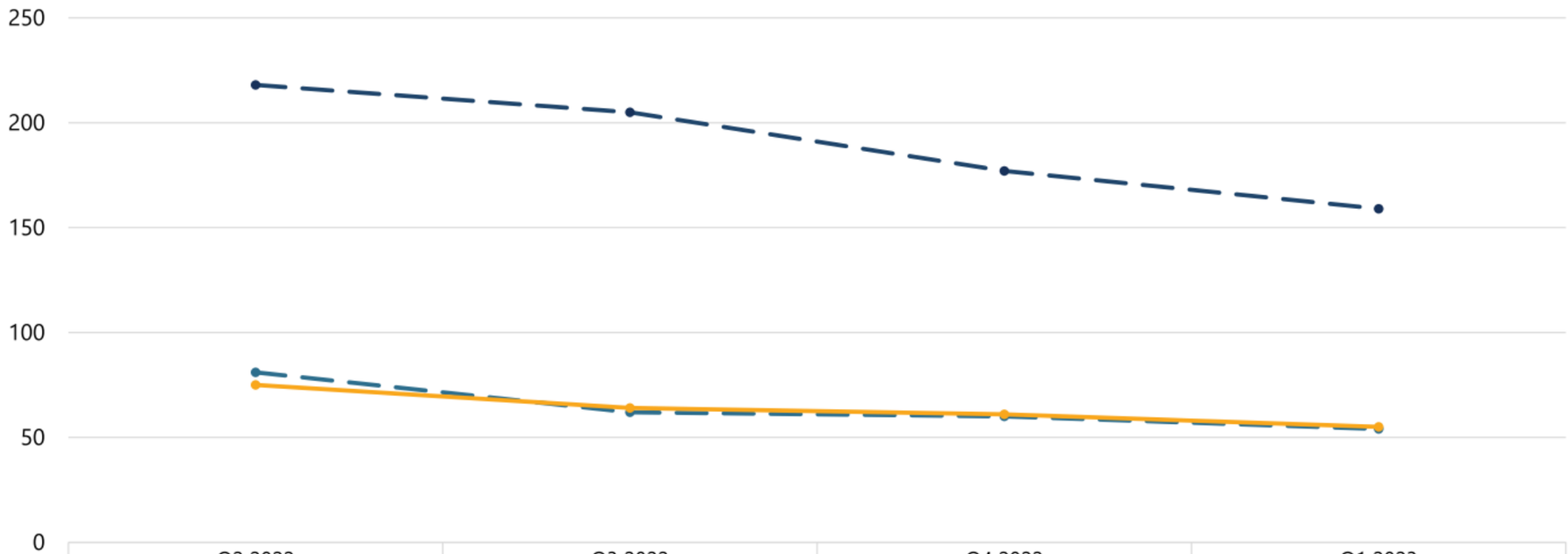
Fig 37: Statewide Total NICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 38: Case Management NICU Authorization Requests (Apr'22 - Mar'23)

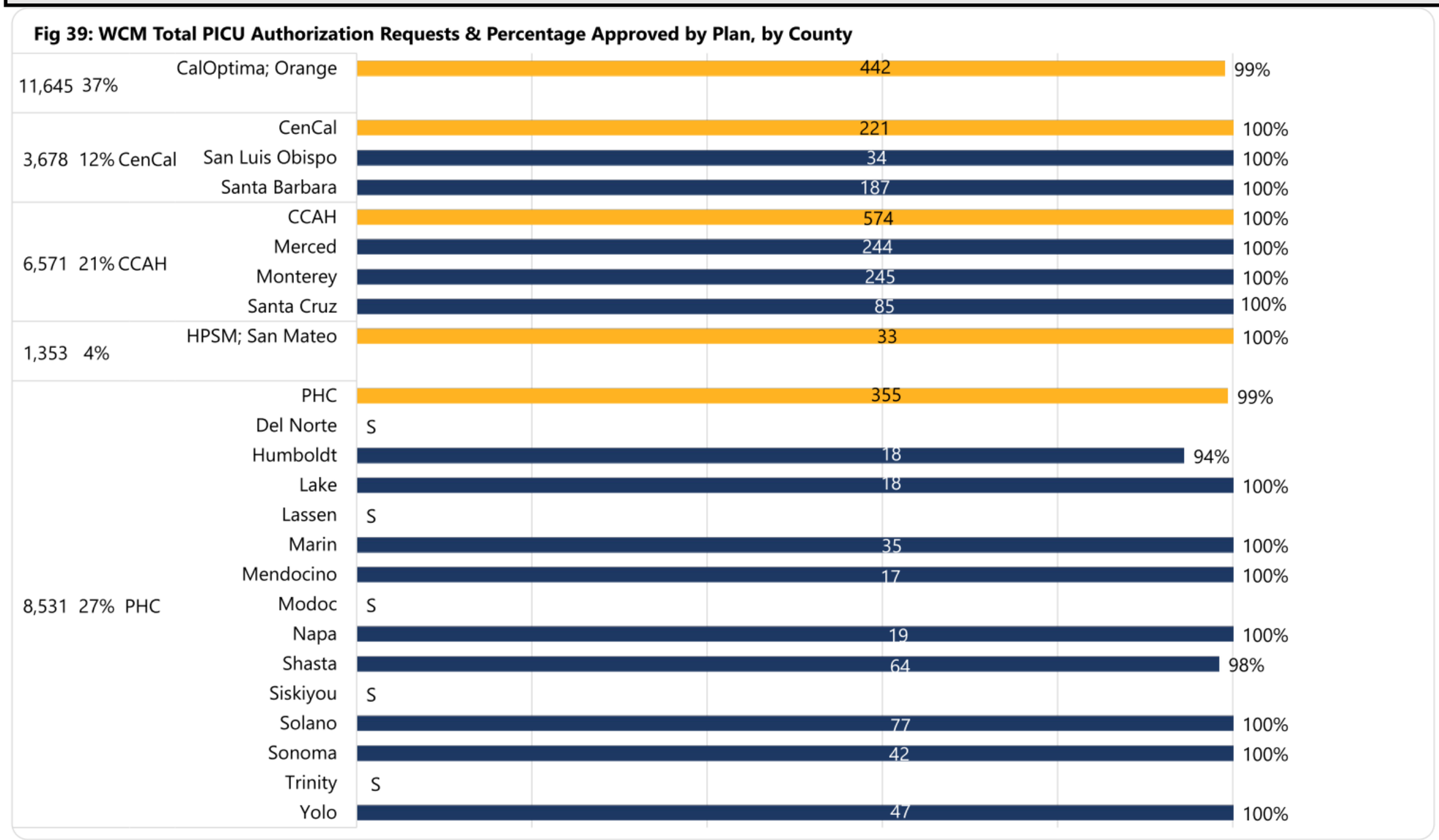
Fig 38: WCM Total NICU Authorization Requests by Plan, by Quarter



	Q2 2022	Q3 2022	Q4 2022	Q1 2023
CalOptima	218	205	177	159
CCAH	81	62	60	54
CenCal	75	64	61	55

Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.
**Figures for HPSM and PHC are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

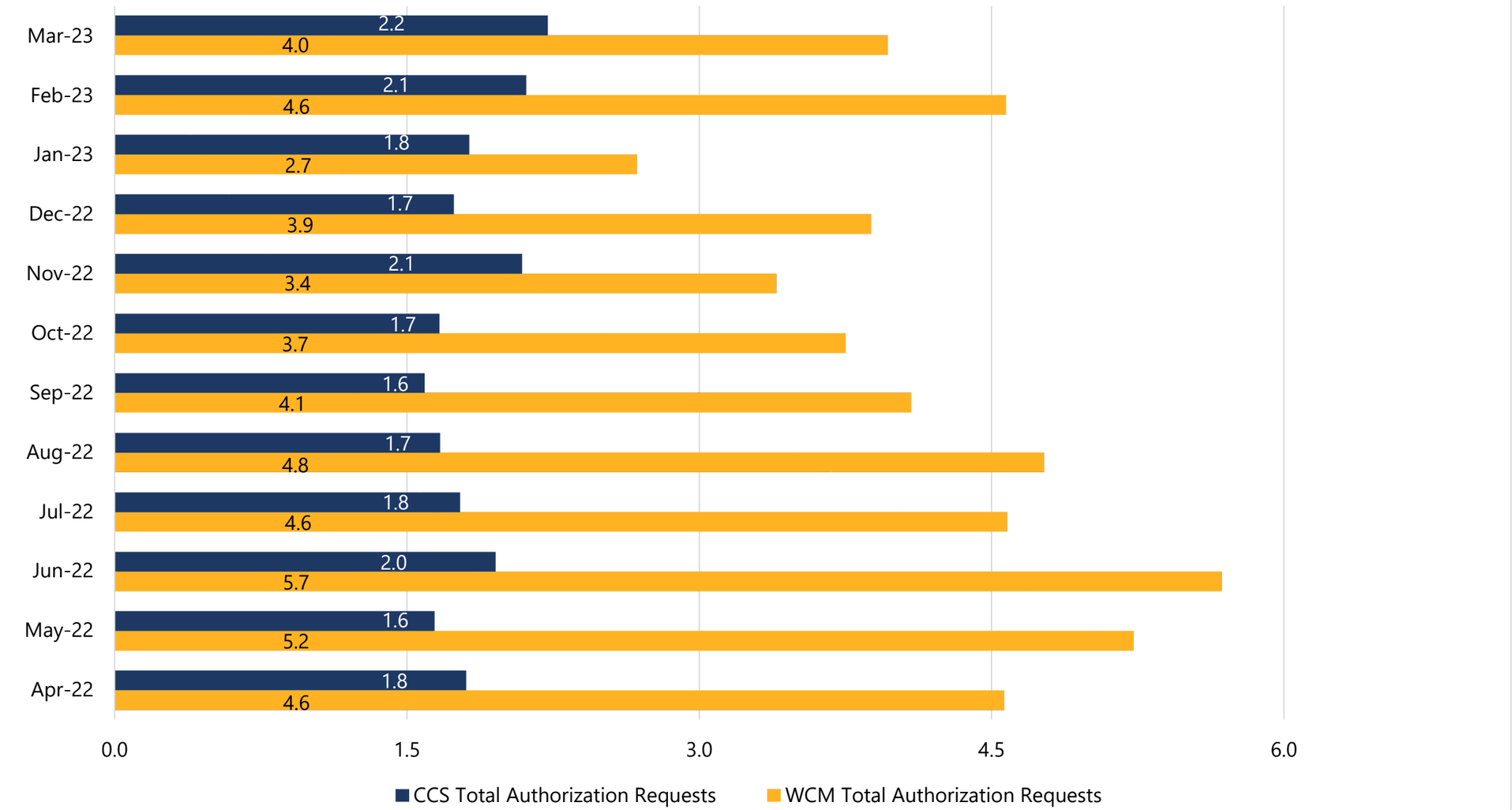
WCM Figure 39: Case Management PICU Authorization Requests & Approvals (Apr'22 - Mar'23)



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

CCS and WCM Figure 40: Case Management PICU Authorization Requests (Apr'22 - Mar'23)

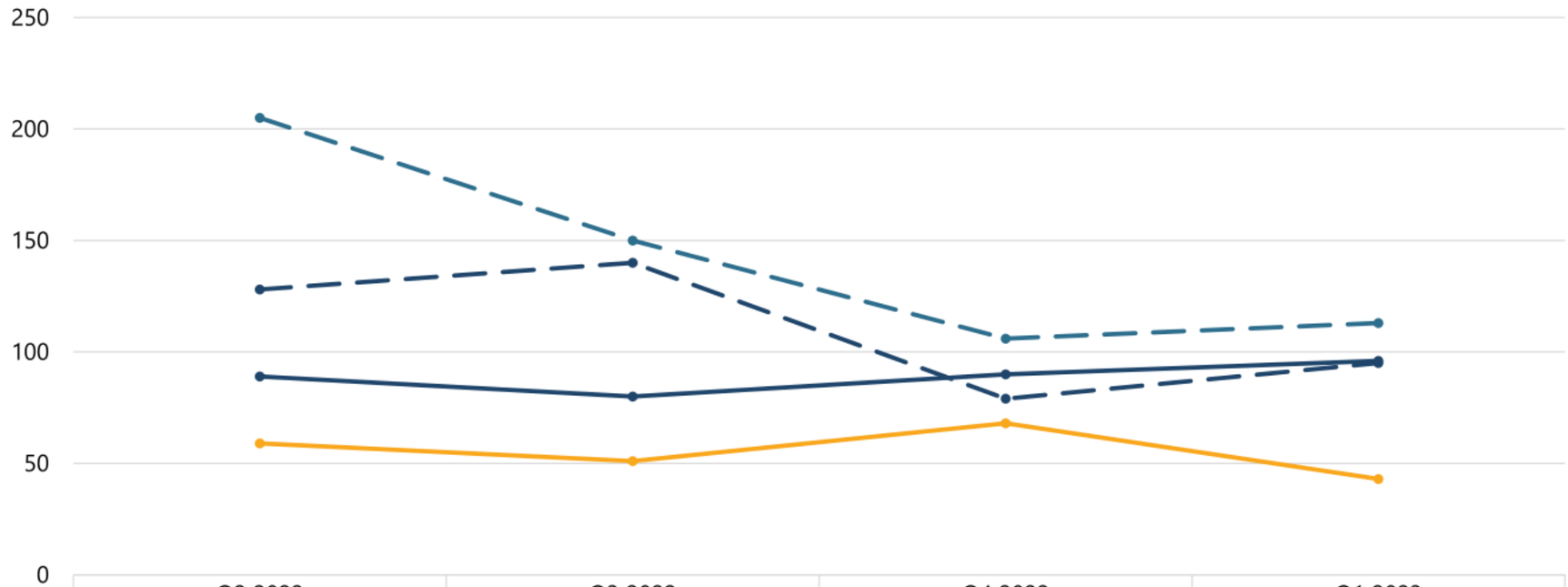
Fig 40: Statewide Total PICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 41: Case Management PICU Authorization Requests (Apr'22 - Mar'23)

Fig 41: WCM Total PICU Authorization Requests by Plan, by Quarter

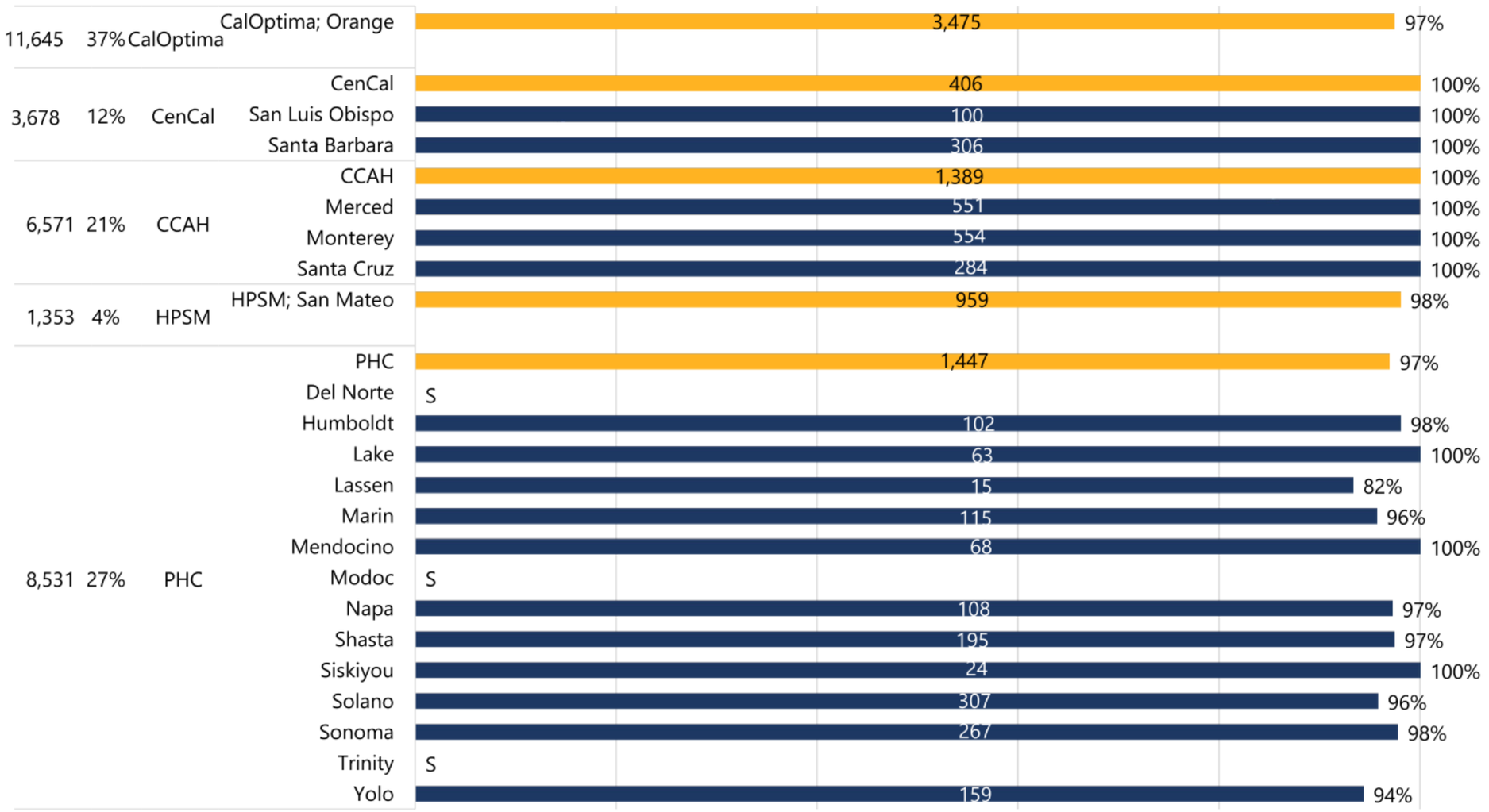


	Q2 2022	Q3 2022	Q4 2022	Q1 2023
CalOptima	128	140	79	95
CCAH	205	150	106	113
CenCal	59	51	68	43
PHC	89	80	90	96

Note: This report contains data from April 2022 to March 2023.. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.
**Figures for HPSM are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figure 42: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests & Approvals (Apr'22 - Mar'23)

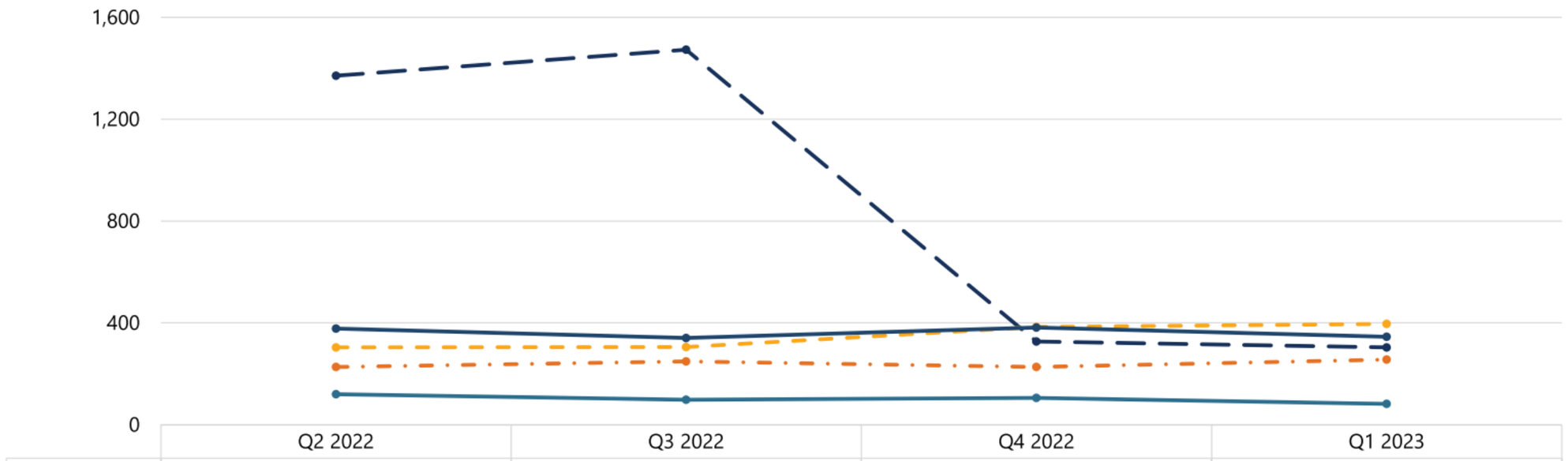
Fig 42: WCM Total Inpatient Facilities and SCC Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 43: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests (Apr'22 - Mar'23)

Fig 43: WCM Total Inpatient Facilities and Special Care Centers (SCC) Authorization Requests by Plan, by Quarter

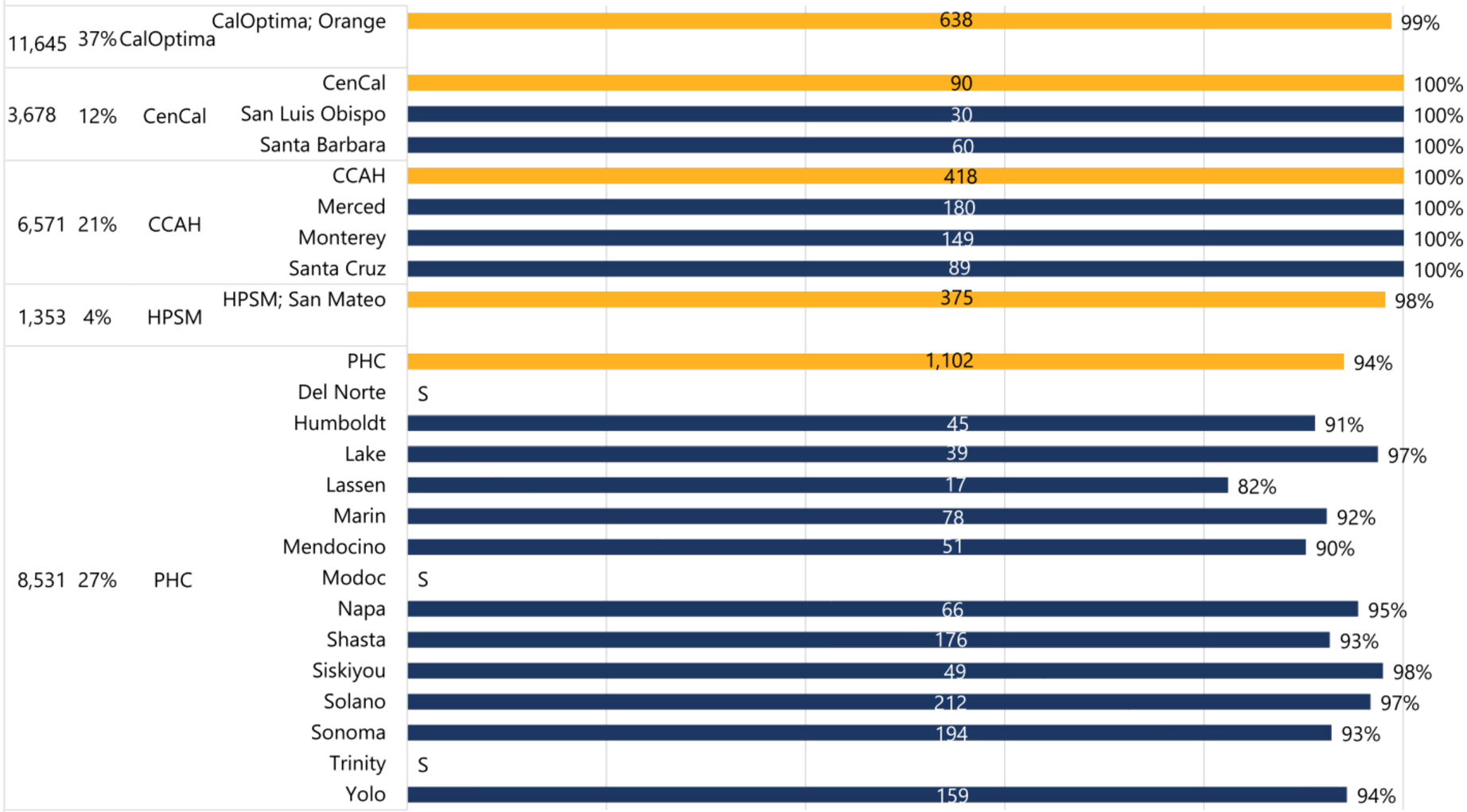


	Q2 2022	Q3 2022	Q4 2022	Q1 2023
CalOptima	1,371	1,473	327	304
CCAH	304	305	384	396
CenCal	120	98	106	82
HPSM	227	249	227	256
PHC	378	341	382	346

Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.

WCM Figure 44: Case Management Specialized or Customized DME Authorization Requests & Approvals (Apr'22 - Mar'23)

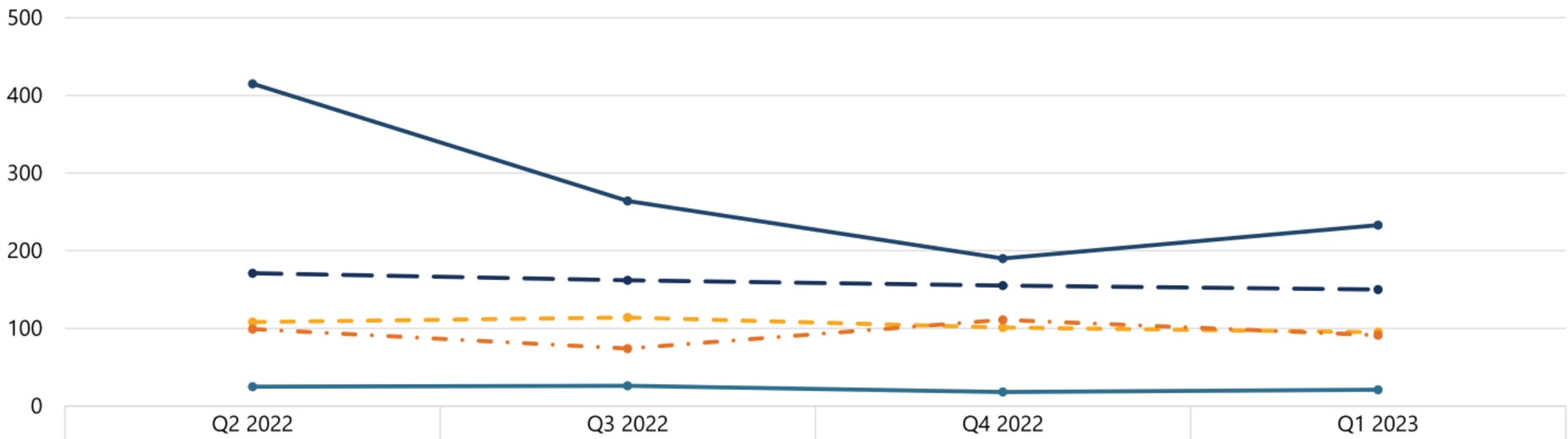
Fig 44: WCM Total Specialized or Customized DME Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 45: Case Management Specialized or Customized DME Authorization Requests (Apr'22 - Mar'23)

Fig 45: WCM Total Specialized or Customized DME Authorization Requests by Plan, by Quarter



	Q2 2022	Q3 2022	Q4 2022	Q1 2023
CalOptima	171	162	155	150
CCAH	108	114	101	95
CenCal	25	26	18	21
HPSM	99	74	111	91
PHC	415	264	190	233

Note: This report contains data from April 2022 to March 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.

WCM Figures 46 & 47: Care Coordination High-Risk and Low-Risk Assessments - March 2023

Fig 46: Percentage of High Risk Members who Received an Assessment, by Plan

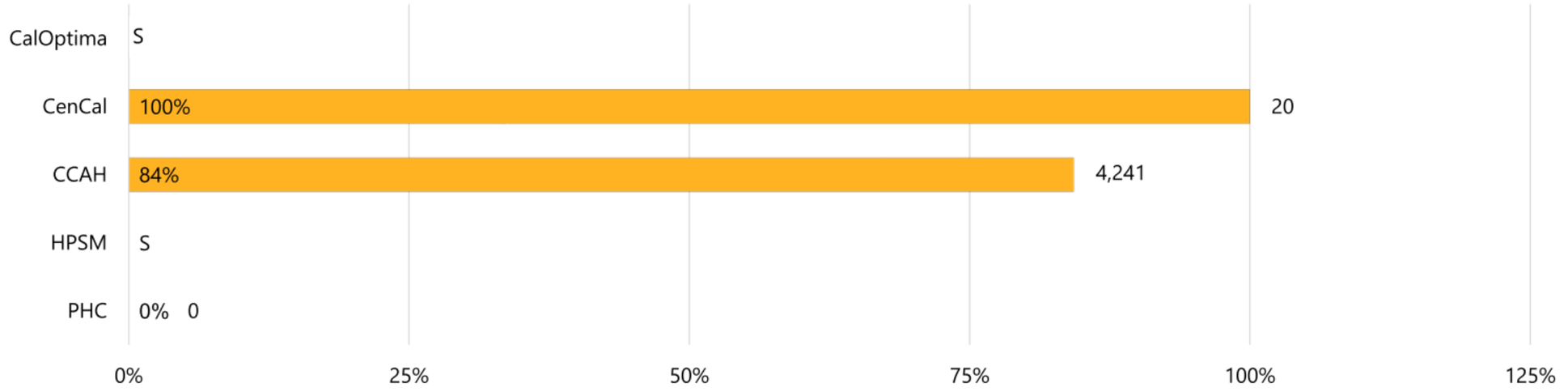
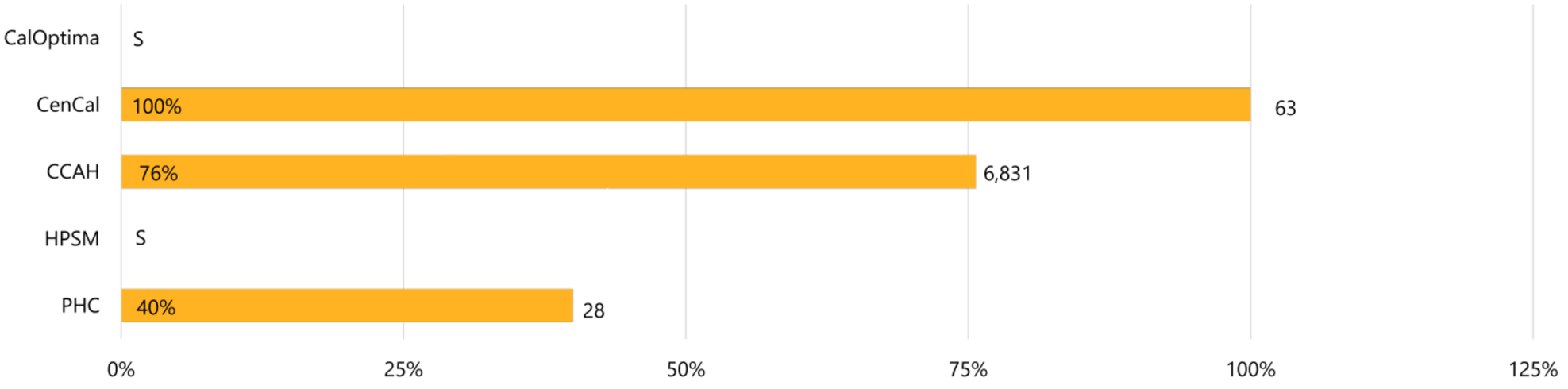


Fig 47: Percentage of Low Risk Members who Received an Assessment, by Plan



A letter "S" indicates counts of items that are suppressed per CDO guidelines.

WCM Figures 48 & 49: Grievances & Appeals per 1,000 Member Months (Apr'22 - Mar'23)

Fig 48: WCM Grievances and Appeals per 1,000 Members

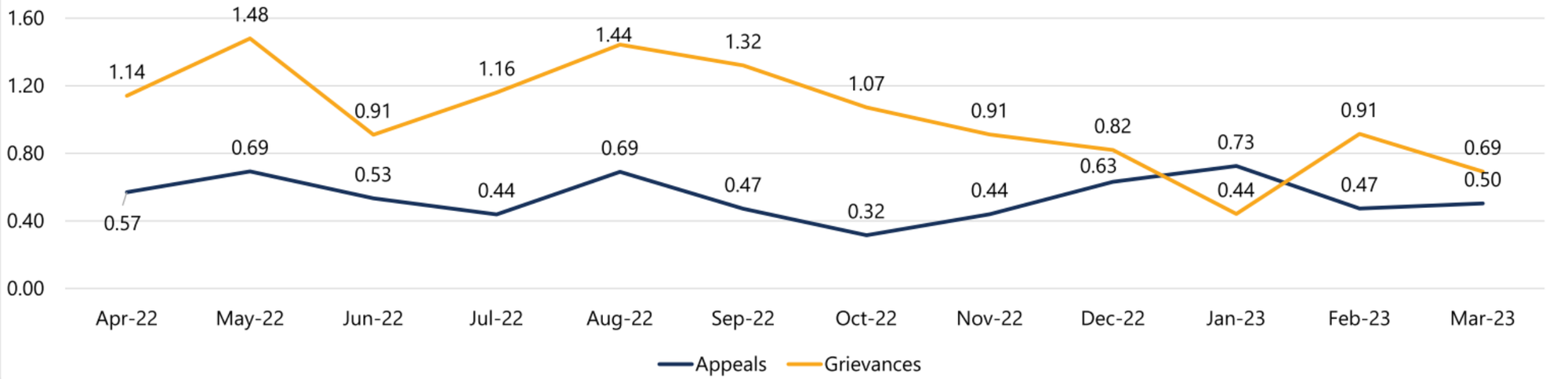
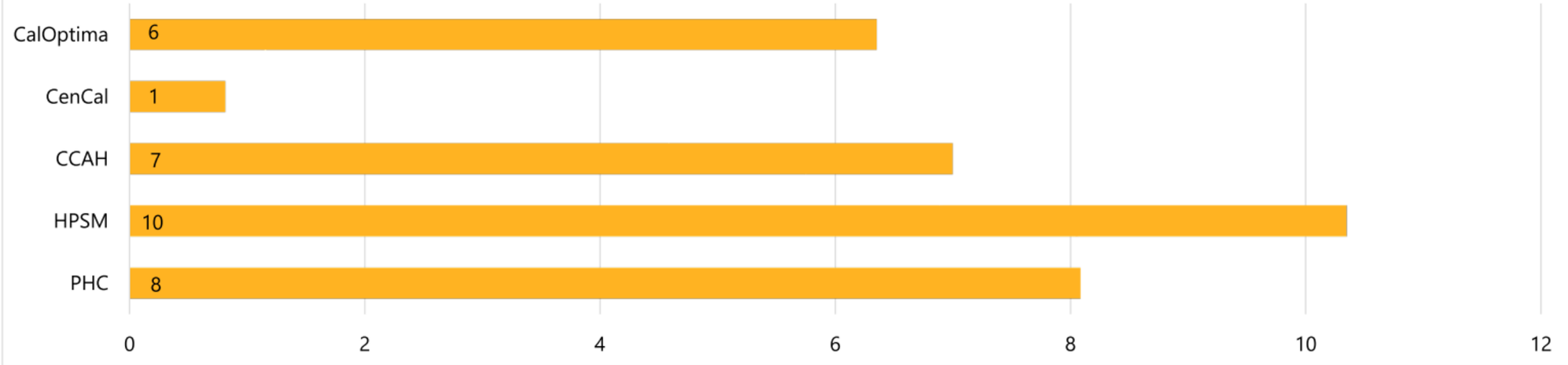
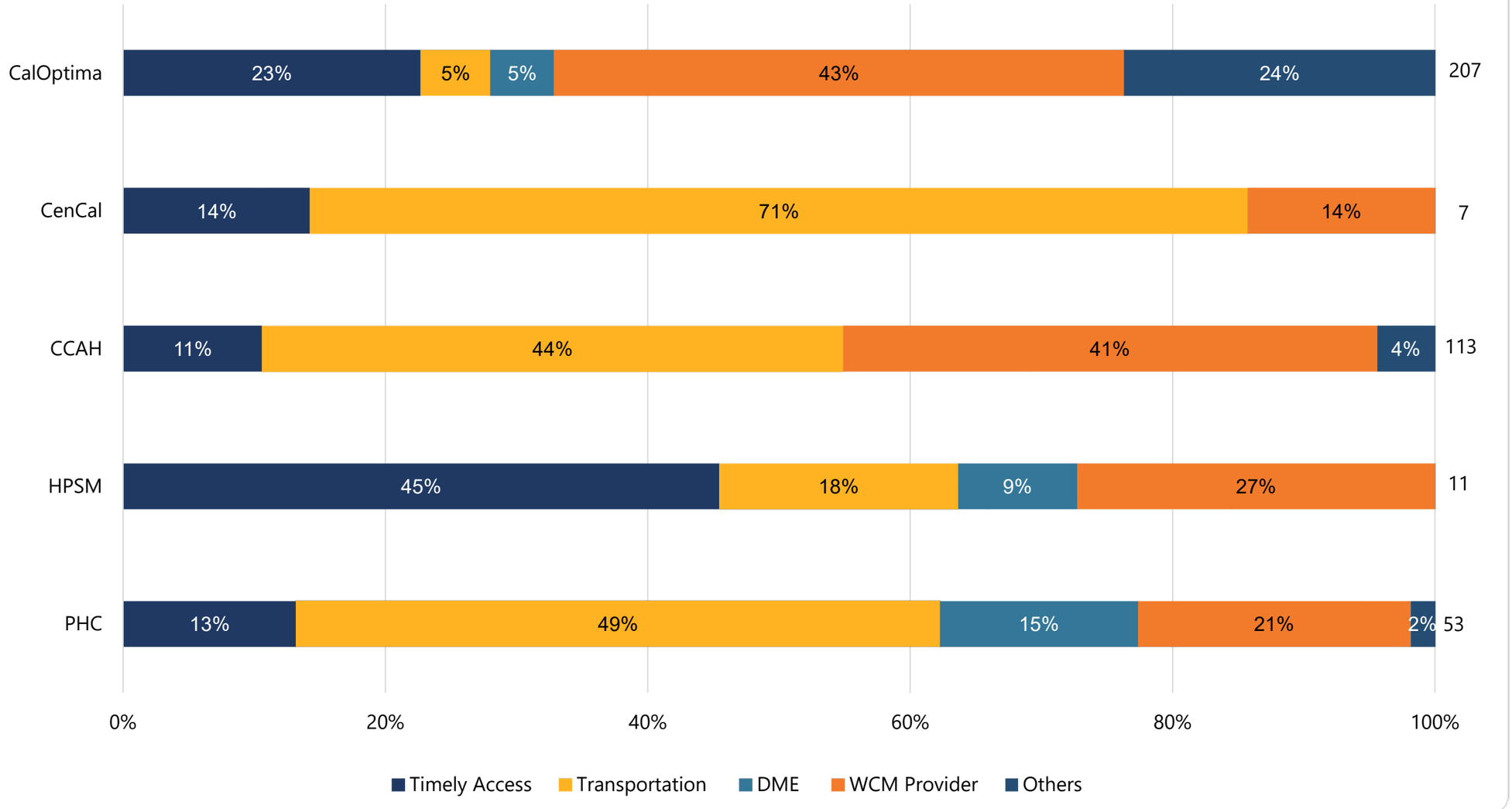


Fig 49: WCM Appeals per 1,000 Member Months, by Plan



WCM Figure 50: Grievances - Breakdown by Categories, by Plan (Apr'22 - Mar'23)

Fig 50: Grievances Categories, by Plan



WCM Figure 51: Family Advisory Committee Meetings Table (Apr'22 - Mar'23)

Plan Name	Number of Committee Members	Number of Meetings Held Apr'22 - Mar'23	Recruitment Efforts	Seats to be Filled
CalOptima	8	6	Staff continued to recruit through existing members and publicizing the openings on CalOptima's website as well as regular updates in newsletters to community members.	3 of 11
CCAH	12	6	After the guidance was lifted from the California Department of Public Health and the California Governor's Office, regarding the COVID-19 virus, Alliance offices were reopened. Recruiting efforts began in the community, including: •Committee members created a WCM/FAC fact sheet that is routinely shared at outreach events via YHM in each of the Alliance's counties •WCM/FAC members shared the fact sheet with Community Based Organizations and Schools where their WCM kids participate •County MTU departments and Regional Centers use the fact sheet to recruit members •The Community Engagement Director who staffs the WCM/FAC presents to CBOs and other entities regarding the committee	6 of 19
CenCal	17	4	Currently recruiting for 1 position - seeking help from family advocacy groups	1 of 18
HPSM	21	3	Efforts are ad hoc as HPSM's Social Workers make contact with families	N/A. No target number of seats to fill.
PHC	13	5	•We have recruited another new member, bringing our total membership to 13. There is one other family member currently considering joining as well. •Meeting in February was an even more robust conversation than the previous meeting, with several members taking a leadership role and entering their names for consideration as the Chair and Vice Chair. •Flyers have been distributed to CCS offices and several providers to post, ongoing. •Outreach and initial meetings with expansion counties has begun, with FAC recruitment as part of our agenda. •Our Care Coordination team has made several visits to the county MTCs to engage with families and also promote the FAC. These have proven valuable and are ongoing. •An incentive has been approved for any PHC staff member who sucessfully recruits a new family for the FAC which has produced positive results. So far, we've awarded 6 incentives to Care Coordination staff for successful recruitment efforts.	15 of 28

Appendix