Medi-Cal Managed Care Performance Dashboard
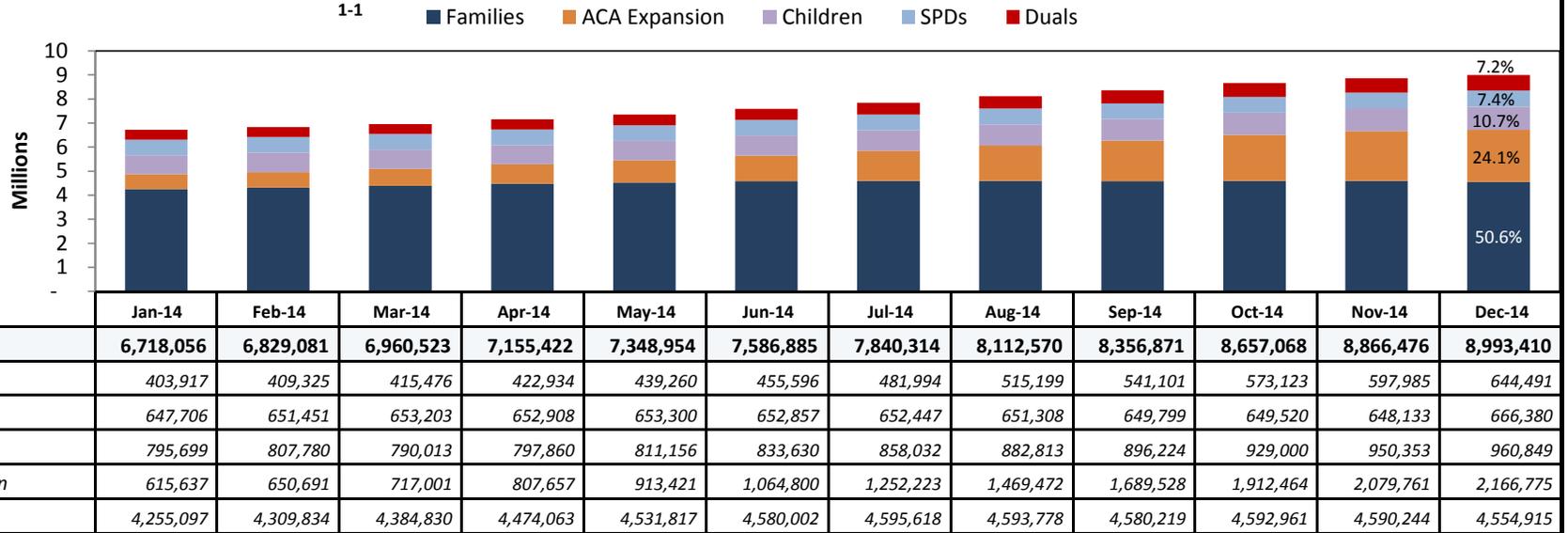## *Released June 16, 2015*

ENROLLMENT

Fig 1-1

Enrollment By Population: *Statewide*

■ Families   ■ ACA Expansion   ■ Children   ■ SPDs   ■ Duals

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
All	6,718,056	6,829,081	6,960,523	7,155,422	7,348,954	7,586,885	7,840,314	8,112,570	8,356,871	8,657,068	8,866,476	8,993,410
Duals	403,917	409,325	415,476	422,934	439,260	455,596	481,994	515,199	541,101	573,123	597,985	644,491
SPDs	647,706	651,451	653,203	652,908	653,300	652,857	652,447	651,308	649,799	649,520	648,133	666,380
Children	795,699	807,780	790,013	797,860	811,156	833,630	858,032	882,813	896,224	929,000	950,353	960,849
ACA Expansion	615,637	650,691	717,001	807,657	913,421	1,064,800	1,252,223	1,469,472	1,689,528	1,912,464	2,079,761	2,166,775
Families	4,255,097	4,309,834	4,384,830	4,474,063	4,531,817	4,580,002	4,595,618	4,593,778	4,580,219	4,592,961	4,590,244	4,554,915

Notes: SPDs are Medi-Cal only; SPD children are categorized as SPD's

Children are exclusively Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes parents and children who mostly qualify for TANF

Fig 1-2

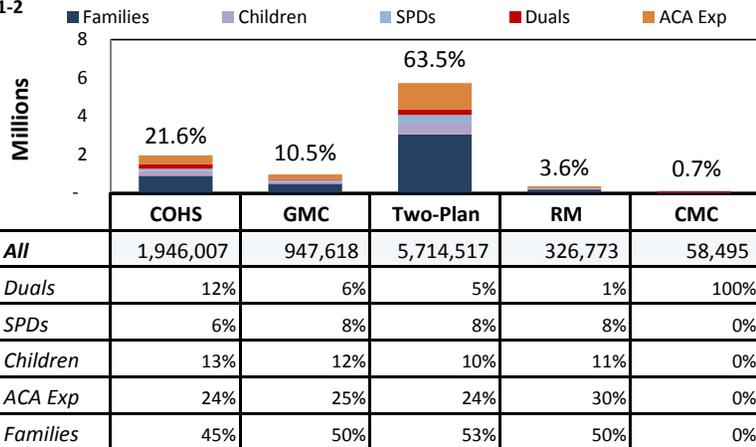### Enrollment by *Plan Model* as of December 1, 2014

■ Families   ■ Children   ■ SPDs   ■ Duals   ■ ACA Exp

	COHS	GMC	Two-Plan	RM	CMC
All	1,946,007	947,618	5,714,517	326,773	58,495
Duals	12%	6%	5%	1%	100%
SPDs	6%	8%	8%	8%	0%
Children	13%	12%	10%	11%	0%
ACA Exp	24%	25%	24%	30%	0%
Families	45%	50%	53%	50%	0%

Fig 1-3

Medi-Cal Managed Care vs. FFS as of December 1, 2014: *Statewide*

■ FFS   ■ MC
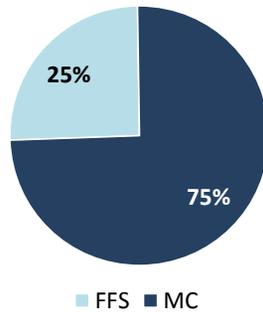
Fig 1-4

Choice and Auto-Assignment Rates: *Statewide*

● Choice   ▲ Auto-Assigned   ◆ Passive + Prior

Notes: Passive + Prior includes transitioning populations, members defaulted because they were previously a member, or if other family members were already assigned to the plan.

Date is effective date of plan enrollment. Choice/plan assignment occurred during the previous month.

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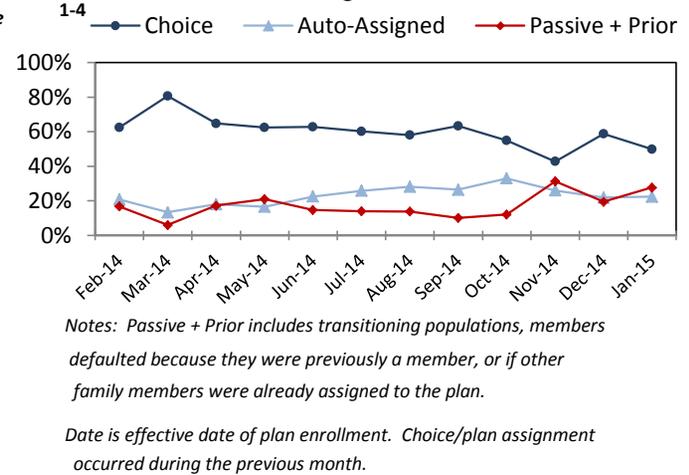
DEMOGRAPHICS

Fig 2-1 **Medi-Cal Managed Care Members by Age as of December 1, 2014 (Includes SPD and Duals)**
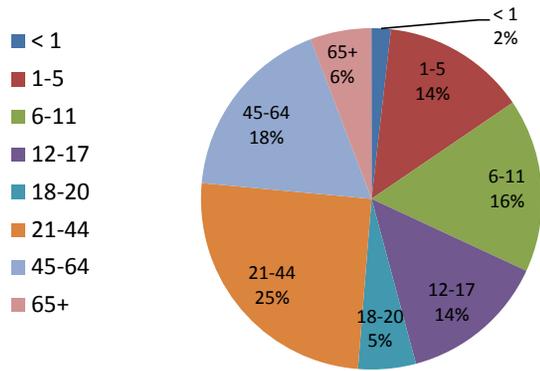

Fig 2-2 **Medi-Cal Managed Care Members by Race and Ethnicity as of December 1, 2014 (Includes SPD and Duals)**
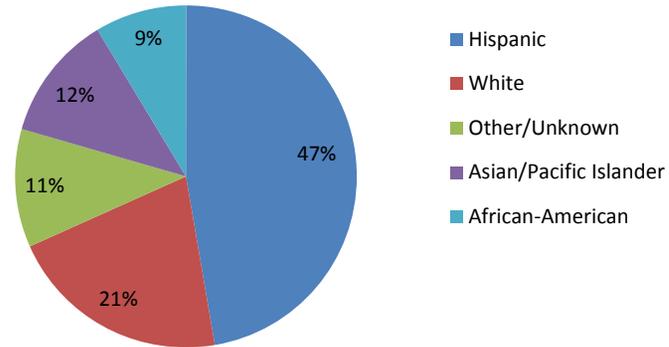

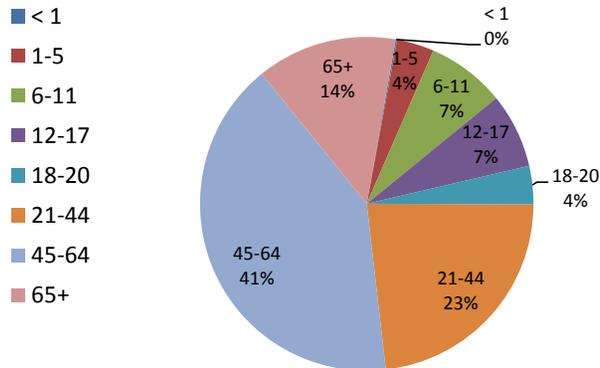Fig 2-3 **Medi-Cal Managed Care Members Medi-Cal Only SPDs by Age As of December 1, 2014**

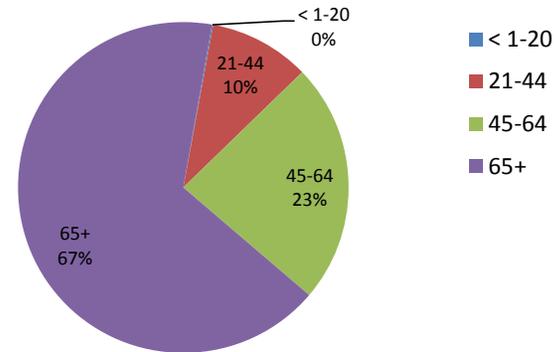Fig 2-4 **Medi-Cal Managed Care Members Dual Eligibles by Age As of December 1, 2014**

Fig 2-5 **Medi-Cal Managed Care Members Percent of Total by Age/Gender As of December 1, 2014 (Includes SPDs and Duals)**
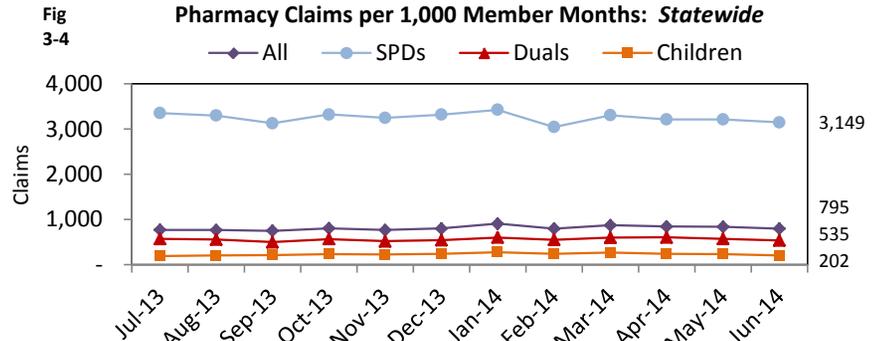
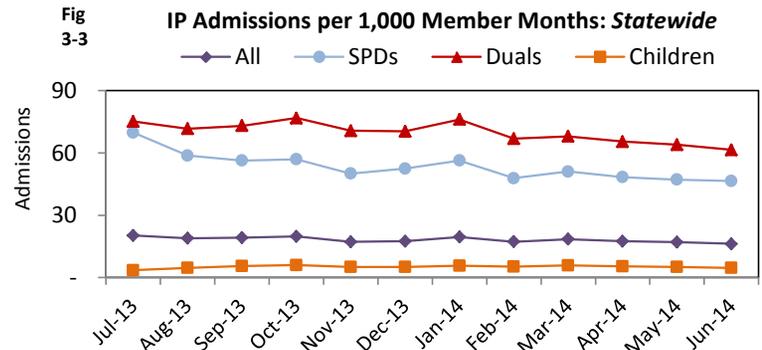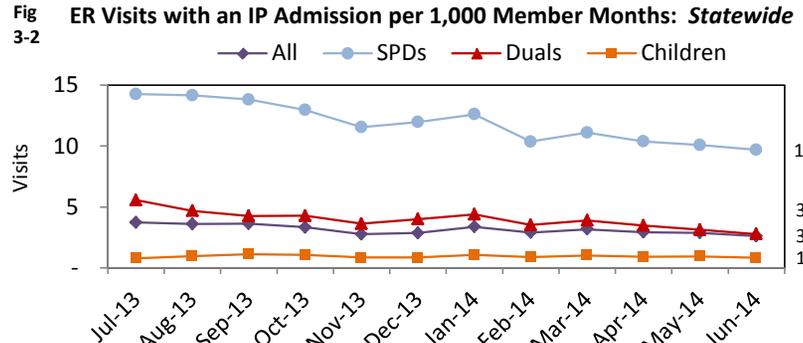| Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+
Female	48.8%	48.9%	48.8%	48.9%	51.8%	58.6%	54.7%	62.5%
Male	51.2%	51.1%	51.2%	51.1%	48.2%	41.4%	45.3%	37.5%
Total	163,523	1,229,426	1,477,844	1,247,793	492,287	2,266,430	1,592,915	523,191

UTILIZATION

Fig 3-1

ER Visits per 1,000 Member Months: *Statewide*
Legend: All • SPDs ▲ Duals ■ Children

Fig 3-2

ER Visits with an IP Admission per 1,000 Member Months: *Statewide*
Legend: All • SPDs ▲ Duals ■ Children

Fig 3-3

IP Admissions per 1,000 Member Months: *Statewide*
Legend: All • SPDs ▲ Duals ■ Children

Fig 3-4

Pharmacy Claims per 1,000 Member Months: *Statewide*
Legend: All • SPDs ▲ Duals ■ Children

Fig 3-5

OP Visits per 1,000 Member Months: Statewide
Legend: All • SPDs ▲ Duals ■ Children

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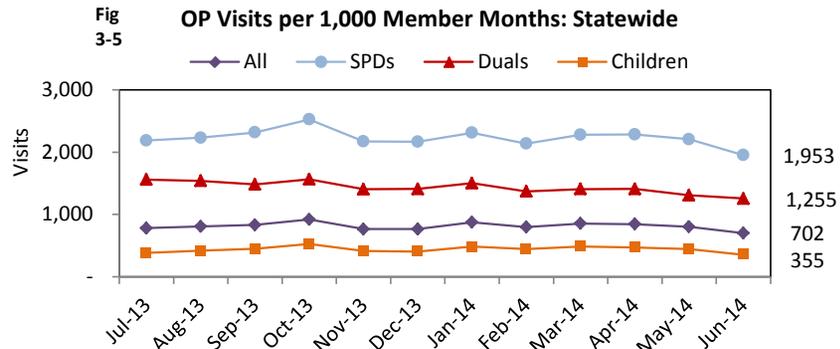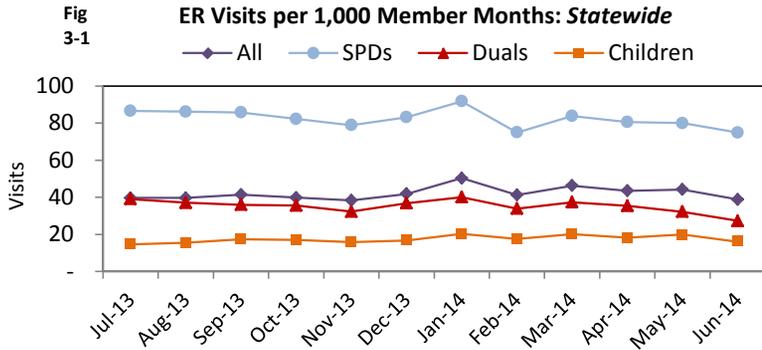
ACCESS

Fig 4-1

Grievances by Type (Q4 2014) Statewide

- Accessibility
- Benefits/ Coverage
- Referral
- Quality of Care/Services
- Other
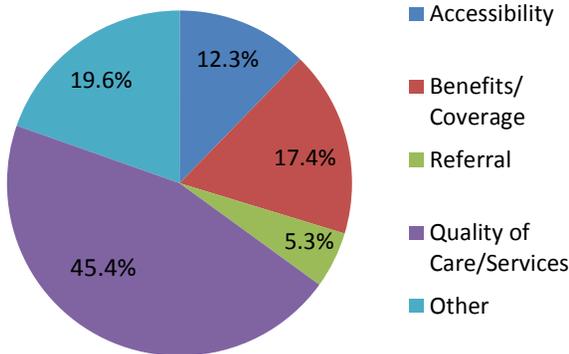
Fig 4-2

Grievances by Ethnicity (Q4 2014) Statewide

- White
- Hispanic
- Other/ Unknown
- African - American
- Asian/Pacific Islander
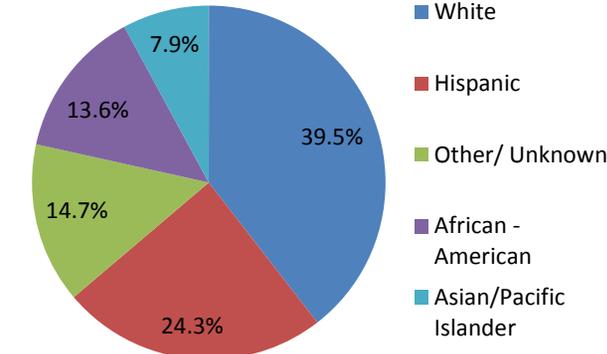
Fig 4-3

Grievances by Age (Q4 2014) Statewide

- <1
- 1-5
- 6-11
- 12-17
- 18-20
- 21-44
- 45-64
- 65+
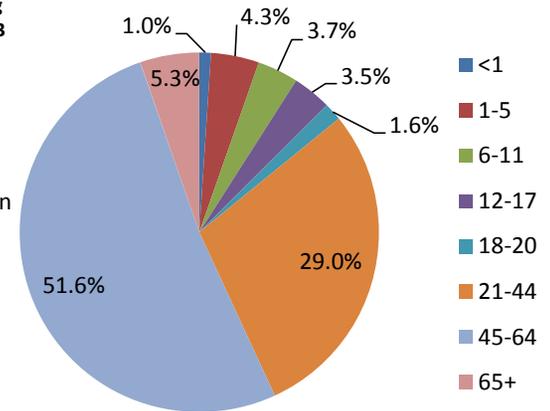
Fig 4-4

Grievances by Age and Gender (Q4 2014): *Statewide*

Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+	Grievances by Gender	
Female	0.4%	1.9%	1.5%	1.8%	0.9%	19.3%	30.8%	3.3%	Sub Total	4484
Male	0.6%	2.4%	2.2%	1.7%	0.7%	9.7%	20.8%	2.0%	Sub Total	3001
									Total	**7485**

Grievance data displayed on this page represents plan-reported data.

Fig 4-5

State Fair Hearing Requests by Reason (Q4 2014): *Statewide*

Reason Category	Total	SPDs	Children	Other
MER/EDER	209	76	*	133
Pharmacy	170	73	*	97
Surgery/Treatment	71	24	*	47
Denial of Service	46	19	*	27
Billing Issue	50	15	*	35
Durable Medical Equipment	35	35	*	*
All Other Reasons	143	56	*	87
Total	**724**	**298**	*****	**426**

* Represents small cells required to be suppressed due to the potential to identify individual Medi-Cal beneficiaries.

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

ACCESS (Cont.)

Fig 5-1

SPDs Continuity of Care (Q4 2014):
Statewide

1%
25%
74%
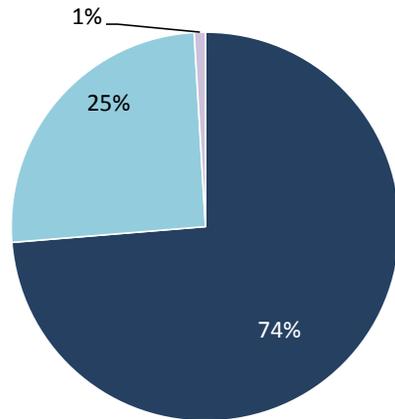
Fig 5-2

Children Continuity of Care (Q3 2014)
Statewide

0%
2%
98%

■ Approved　　■ Denied　　■ In Process
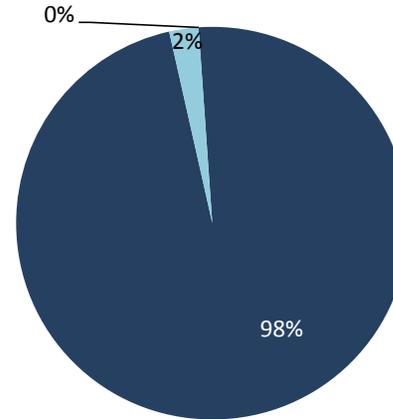
Fig 5-3

SPD Continuity of Care Statewide

◆ Approved　■ Denied　△ In Process
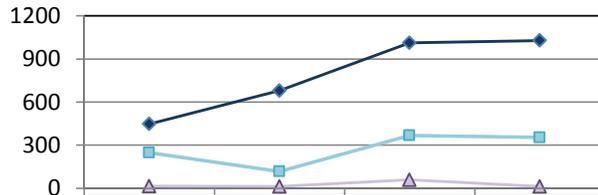
	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	448	681	1,012	1,029
Denied	248	118	368	354
In Process	15	12	59	13
Total	711	811	1,439	1,396

Fig 5-4

Children Continuity of Care Statewide

◆ Approved　■ Denied　△ In Process
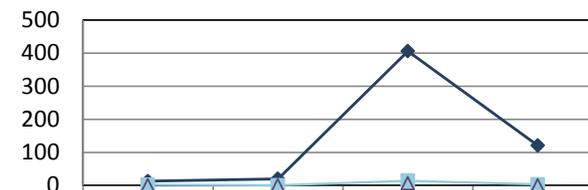
	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	13	20	406	121
Denied	2	0	14	3
In Process	0	0	6	0
Total	15	20	426	124

Continuity of Care data displayed on this page represents plan-reported data.

ACCESS (Cont.)

Fig 6-1

LIHP Continuity of Care (Q4 2014):
Statewide
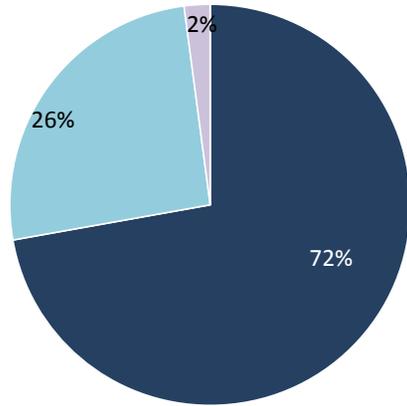
- Approved
- Denied
- In-Process

Fig 6-2

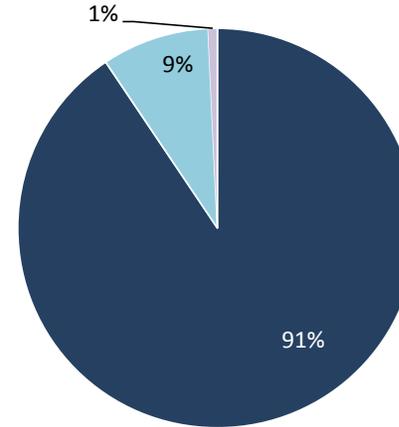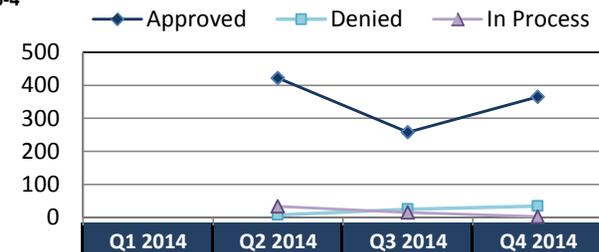**Mental Health Continuity of Care (Q4 2014):**
Statewide

Fig 6-3

LIHP Continuity of Care Statewide

	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	-	1,413	1,248	1,901
Denied	-	173	109	677
In Process	-	117	47	55
Total	-	1,703	1,404	2,633

Fig 6-4

Mental Health Continuity of Care Statewide

	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	-	422	258	365
Denied	-	8	25	35
In Process	-	34	15	3
Total	-	464	298	403

Continuity of Care data displayed on this page represents plan-reported data.

Note: Data collection for LIHP and Mental Health started with Q2 2014

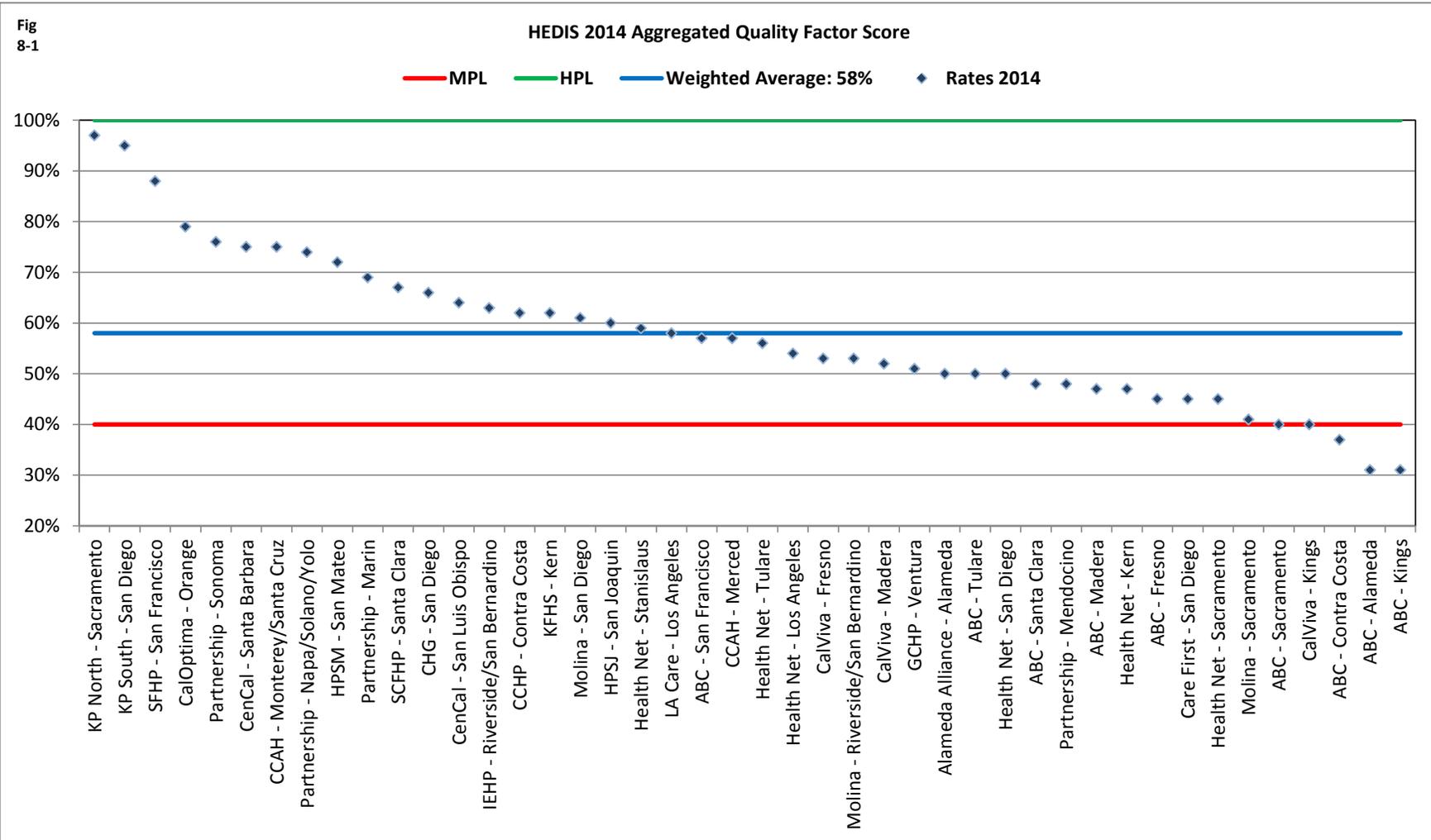## ACCESS (Cont.)

Fig 7-1

All Beneficiary MERs (Q4 2014) *Statewide: (Medical Only)*

- Approved
- Denied
- Pending

Fig 7-2

SPD Beneficiary MERs (Q4 2014) *Statewide: (Medical Only)*

Fig 7-3

All Beneficiary MERs Statewide

All	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	9,458	10,274	16,557	10,339
Denied	2,953	3,530	4,943	4,513
Pending	12	157	26	2

Fig 7-4

SPD Beneficiary MERs Statewide

SPD	Q1 2014	Q2 2014	Q3 2014	Q4 2014
Approved	2,243	1,870	1,747	1,817
Denied	657	446	306	523
Pending	3	10	22	1

Approved represents the total in Fee-For-Service due to an approved MER

QUALITY AND SATISFACTION

Fig 8-1

HEDIS 2014 Aggregated Quality Factor Score

— MPL   — HPL   — Weighted Average: 58%   ◆ Rates 2014
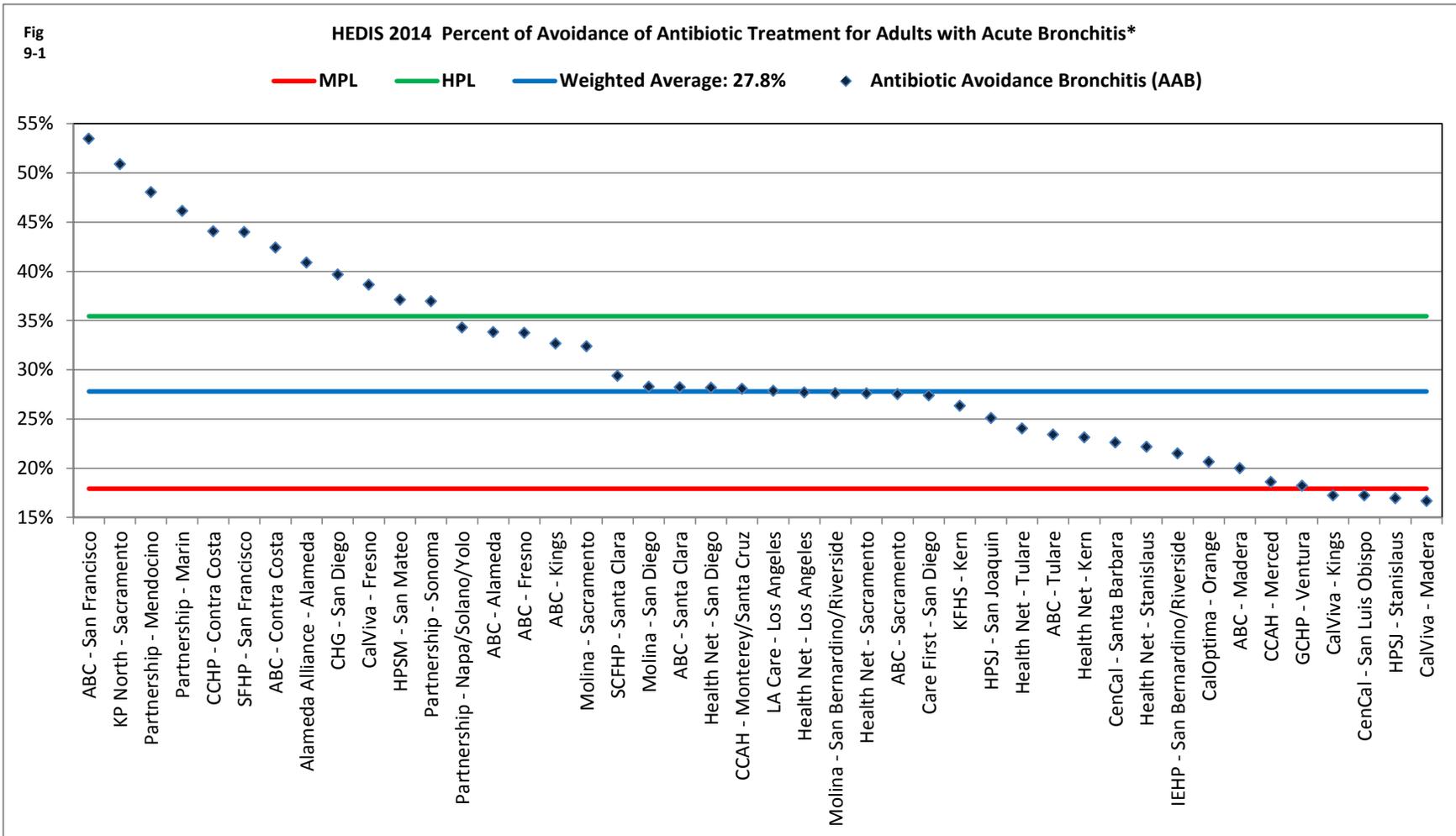

Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL).

The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 58%.

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

QUALITY AND SATISFACTION (Cont.)

Fig 9-1

HEDIS 2014 Percent of Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis*

— MPL — HPL — Weighted Average: 27.8% ◆ Antibiotic Avoidance Bronchitis (AAB)

Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2014. Rates reflect 2013 measurement year data.

*The percentage of members 18-75 with acute bronchitis who were not given an antibiotic prescription. A higher rate indicates appropriate treatment.

High Performance Level (HPL): 90th percentile of NCQA national Medicaid level. Top 10% of Medicaid plans in the U.S. documented not giving antibiotics to adults with acute bronchitis.
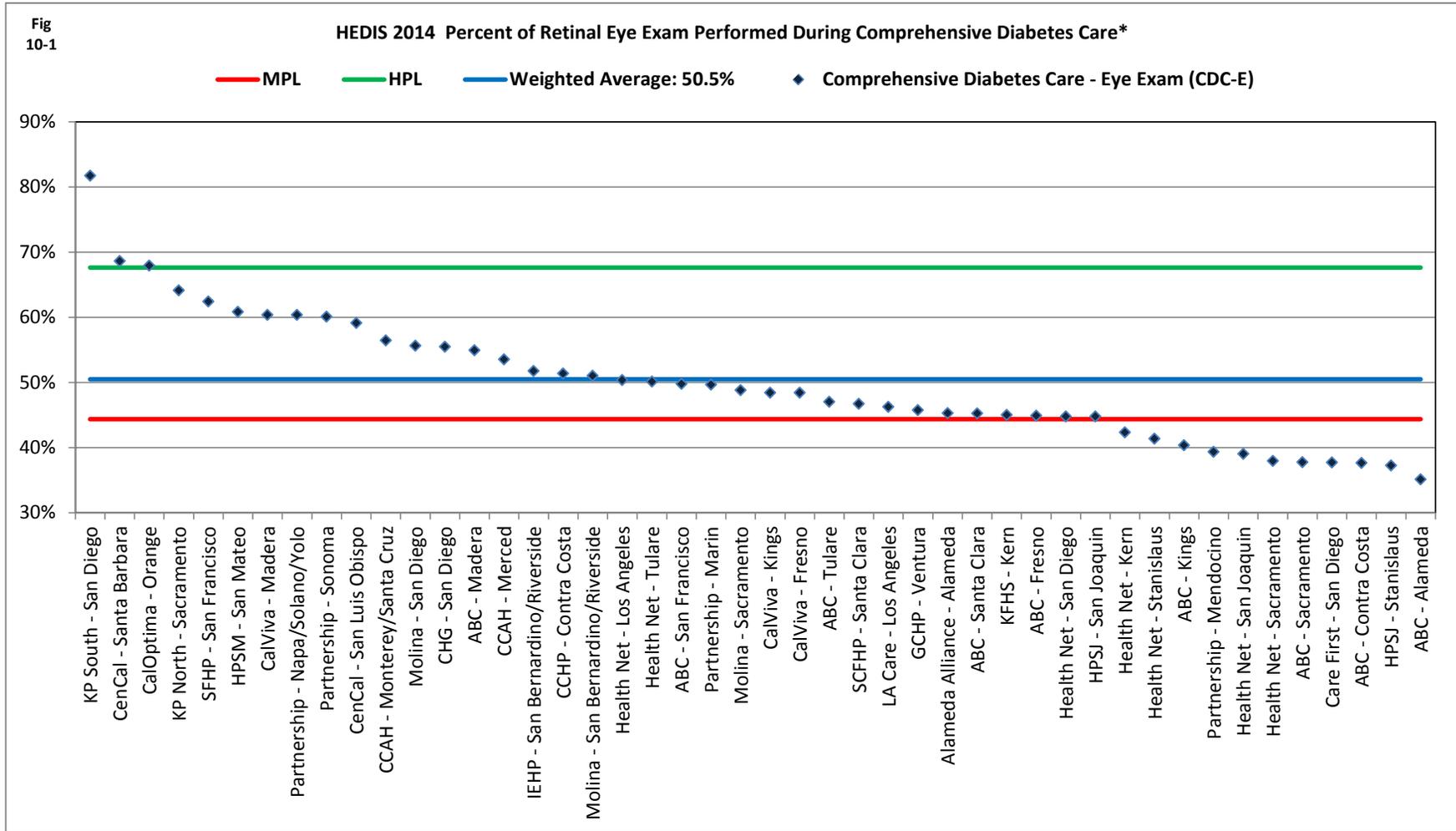
Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.

QUALITY AND SATISFACTION (Cont.)

Fig 10-1

HEDIS 2014 Percent of Retinal Eye Exam Performed During Comprehensive Diabetes Care*

— MPL — HPL — Weighted Average: 50.5% ◆ Comprehensive Diabetes Care - Eye Exam (CDC-E)

Source: Healthcare Effectiveness Data and Information Set (HEDIS) 2014. Rates reflect 2013 measurement year data.

*The percentage of members 18-75 with diabetes (Type I and Type II) who had a screening diabetic eye exam during the measurement year, or a normal exam in the year prior.

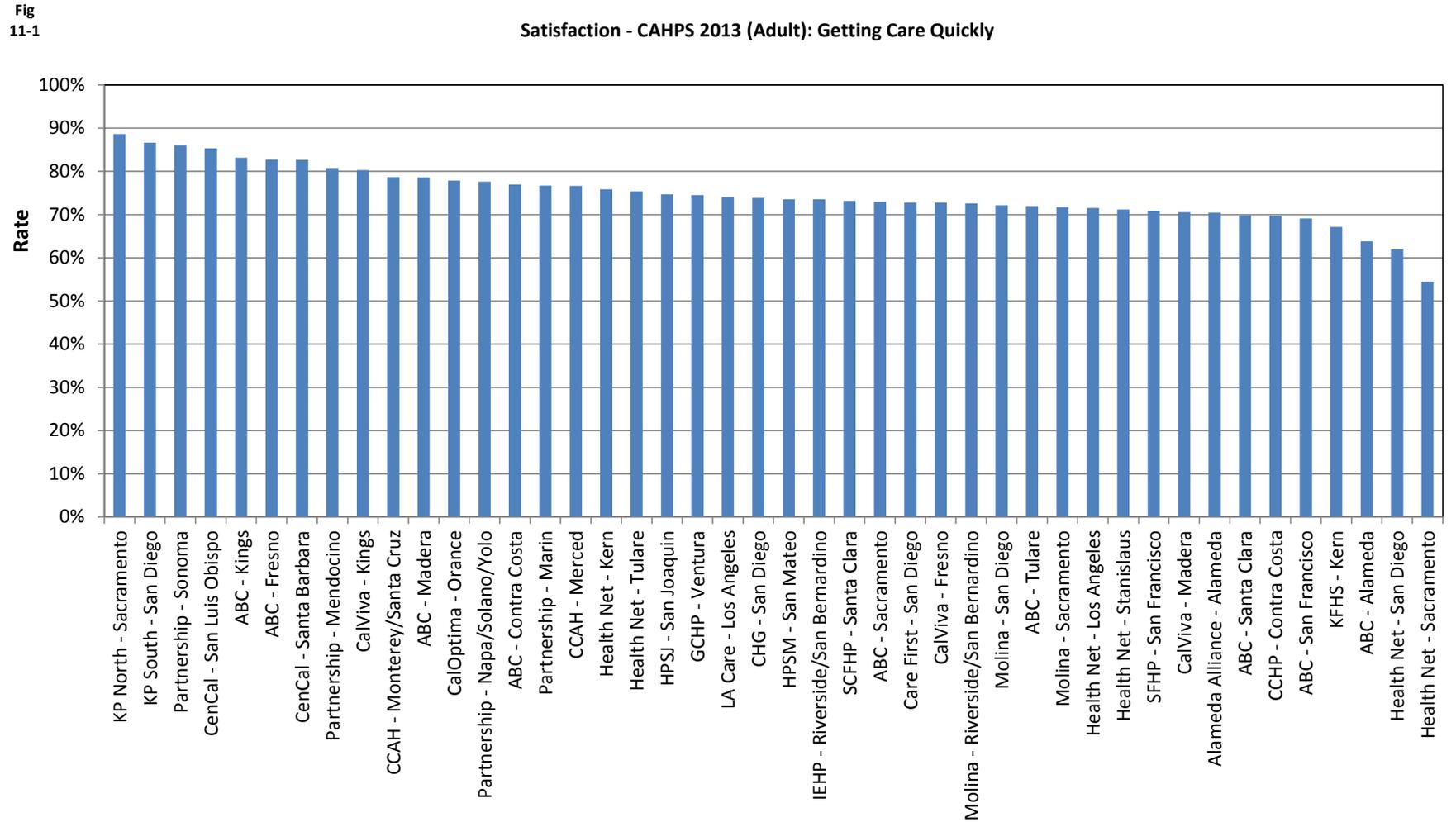*High Performance Level (HPL): the 90th percentile of NCQA national Medicaid level.*

Minimum Performance Level (MPL): the 25th percentile NCQA national Medicaid level.

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

QUALITY AND SATISFACTION (Cont.)

Fig 11-1

Satisfaction - CAHPS 2013 (Adult): Getting Care Quickly
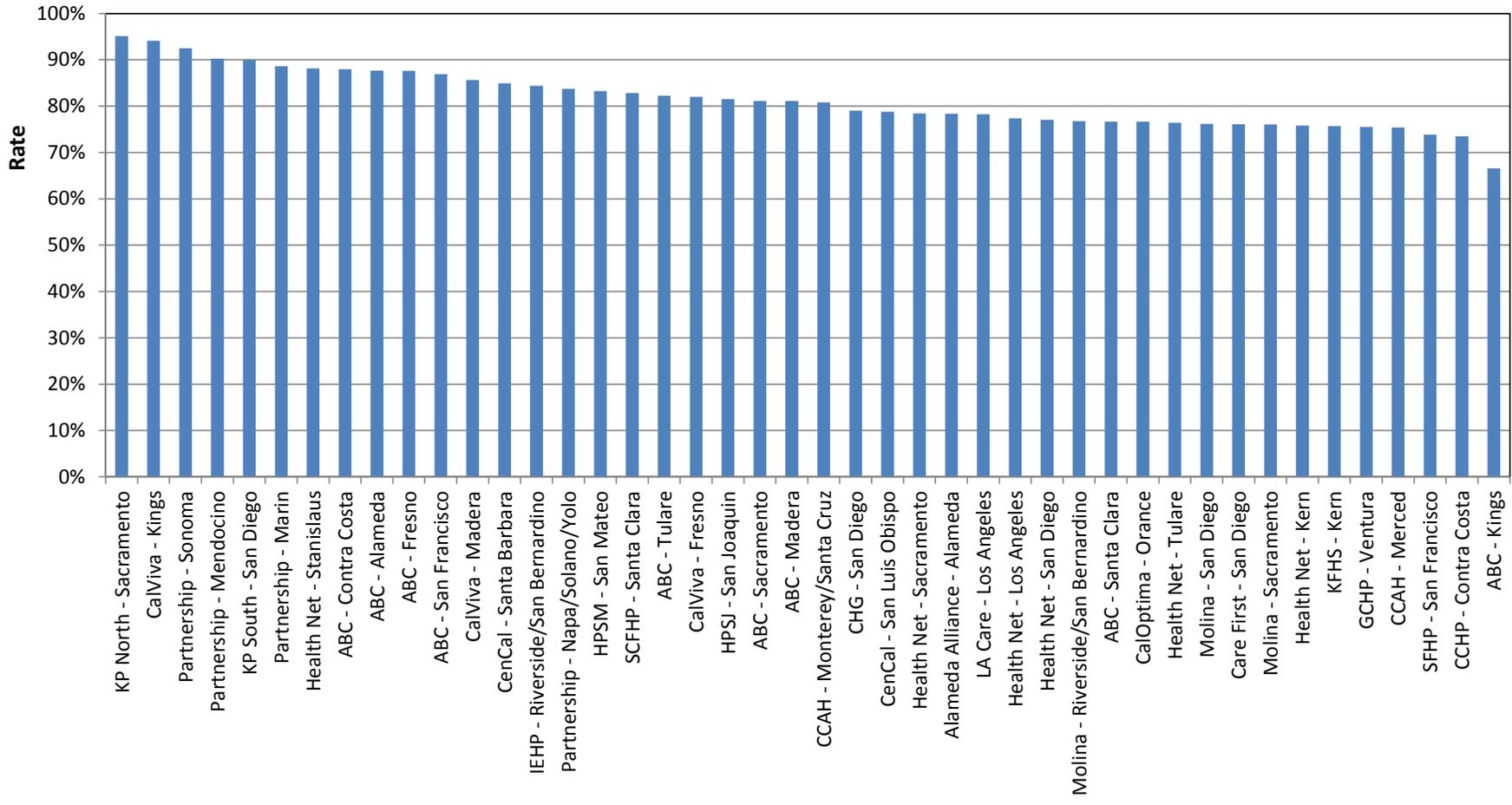

Medi-Cal Managed Care members were asked to assess how often their child or themselves got care, an appointment for a check-up or care at a doctor's office or clinic, as soon as was needed in the last six months.

The rate is the percentage of members who responded "Always" or "Usually" to the specific questions.

QUALITY AND SATISFACTION (Cont.)

Fig 12-1

Satisfaction - CAHPS 2013 (Child): Getting Care Quickly

Medi-Cal Managed Care members were asked to assess how often their child or themselves got care, an appointment for a check-up or care at a doctor's office or clinic,
  as soon as was needed in the last six months.

The rate is the percentage of members who responded "Always" or "Usually" to the specific questions.