



# Medi-Cal Managed Care Performance Dashboard Glossary

Released June 14, 2017

## Quarterly Release Notes

- Pie charts have been changed to bar charts.
- Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100% or 101%.

## Population Aid Code Groups

**Affordable Care Act (ACA):** This population consists of the following Adult Expansion aid codes: M1, M2, M3, M4, L1, and 7U.

**Optional Targeted Low Income Children (OTLIC):** This population consists of the following OTLIC aid codes: 2P, 2R, 2S, 2T, 2U, 5C, 5D, E2, E5, E6, E7, H1, H2, H3, H4, H5, M5, T0, T1, T2, T3, T4, T5, T6, T7, T8, and T9.

**Medi-Cal only Seniors and Persons with Disabilities (SPD):** This population consists of the following SPD aid codes: 10, 13, 14, 16, 17, 1E, 1H, 20, 23, 24, 26, 27, 2E, 2H, 36, 60, 63, 64, 66, 67, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, C1, C2, C3, C4, C7, C8, D2, D3, D4, D5, D6, and D7.

**Other Populations (OTHER):** This population consists of all other aid codes not mentioned above.

## Medicare Status

**Dual:** This population consists of any Medi-Cal eligible member who has active Medicare coverage. Active Medicare coverage means one or more of the following Medicare portions are active: Part A, B, or D. A Dual member is not identified by an aid code or aid code group.



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**Non-Dual:** This population consists of any Medi-Cal eligible member who is Medi-Cal only and has no active Medicare coverage. Aid code groups are displayed as Medi-Cal only for the following measures: Utilization, Grievance and Appeals, and State Fair Hearings.

## Utilization Measures for Certified Eligible Managed Care Members

Utilization is tracked by aid code population and Medicare status. Utilization metrics displayed by aid code group is Medi-Cal coverage only (MO) and does not include Medicare coverage.

**Emergency Room (ER) Visits:** This measure captures the number of ER visits per month. The results from this measure are used to calculate ER visits with an inpatient admission. A visit consists of a unique combination between provider, member and date of service. This measure is displayed per 1,000 member months.

**Emergency Room (ER) Visits with an Inpatient (IP) Admission:** This measure captures the number of ER visits that resulted in an inpatient admission per month. The results of this measure are a subset of ER visits and IP admissions. The service date and member identification are linked to create this measure. An admission consists of a unique combination between member and date of admission to a facility. This measure is displayed per 1,000 member months.

**Inpatient (IP) Admissions:** This measure captures the number of Inpatient Admissions per month. The results from this measure are used to calculate ER visits with an inpatient admission. An admission consists of a unique combination between member and date of admission to a facility. This measure is displayed per 1,000 member months.

**Outpatient (OP) Visits:** This measure captures the number of OP visits per month. A visit consists of a unique combination between provider, member and date of service. This measure is displayed per 1,000 member months.

**Prescriptions:** This measure captures the number of prescriptions per month. A prescription consists of a unique combination between National Drug Code, member, and date of service. This measure is displayed per 1,000 member months.



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**Mild to Moderate Mental Health Visits:** This measure captures the number of visits per month related to selected Psychotherapy Services and Diagnostic Evaluations. The selected procedure codes aim to capture mild to moderate mental health visits. A visit consists of a unique combination between provider, member and date of service. This measure is displayed per 1,000 member months.

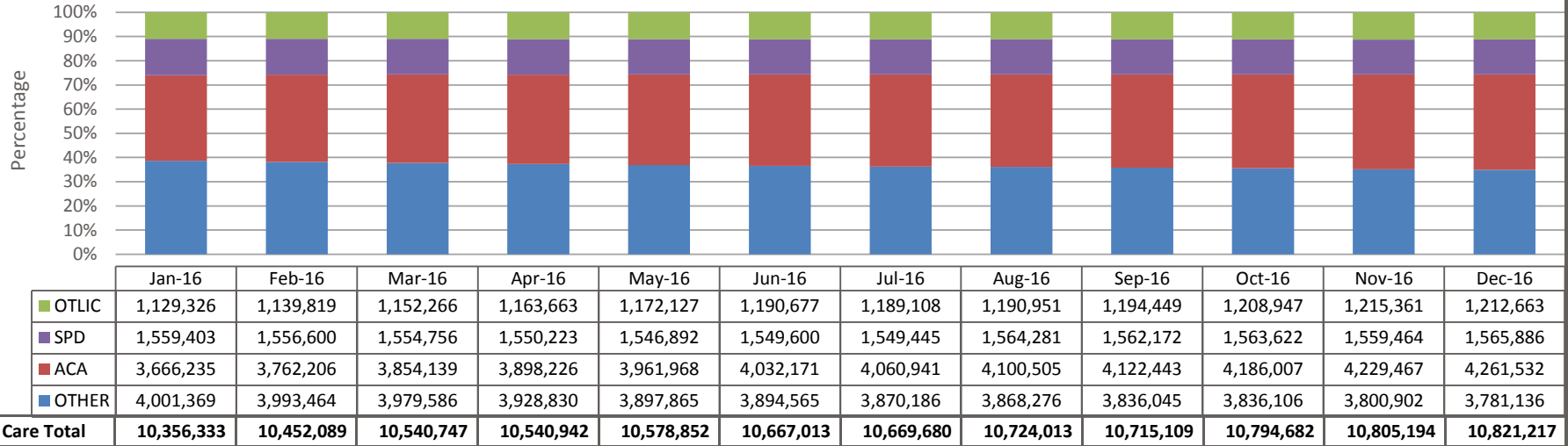
### Grievance, Appeals and State Fair Hearings

**Grievance and Appeals:** Grievance and Appeals data is plan reported. Grievance and Appeals metrics displayed by aid code group is Medi-Cal coverage only (Non-Dual) and does not include Medicare coverage.

**State Fair Hearings:** Hearing data is submitted through the Department of Social Services. Hearing metrics displayed by aid code group is Medi-Cal coverage only (Non-Dual) and does not include Medicare coverage.

## CERTIFIED ELIGIBLE ENROLLMENT: As of December 2016 (Data Warehouse pull May 2017)

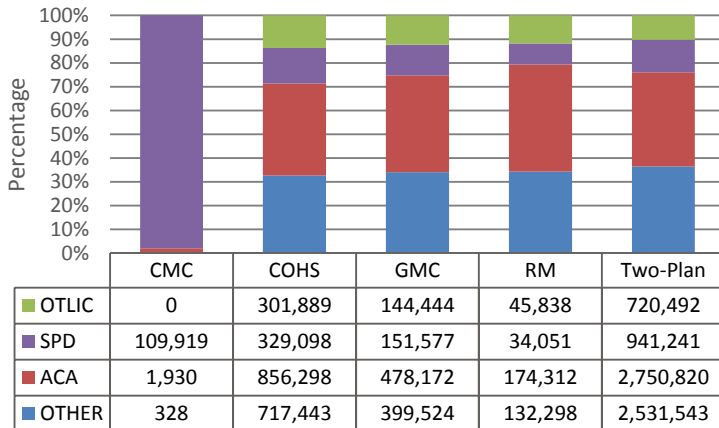
### 1-1: Managed Care Enrollment by Aid Population



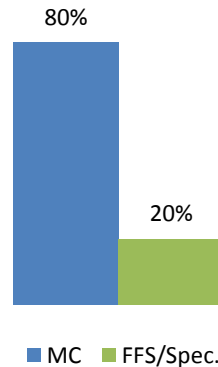
### Other Medi-Cal Programs

Medi-Cal Type	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Fee-for-Service	3,195,478	3,132,836	3,096,446	3,061,116	3,048,611	2,956,730	2,856,666	2,801,616	2,749,993	2,672,731	2,683,808	2,689,262
Speciality Plans	20,382	20,578	20,771	20,881	21,012	21,072	20,993	21,020	20,993	21,085	21,166	21,191
<b>Medi-Cal Program Total</b>	<b>13,572,193</b>	<b>13,605,503</b>	<b>13,657,964</b>	<b>13,622,939</b>	<b>13,648,475</b>	<b>13,644,815</b>	<b>13,547,339</b>	<b>13,546,649</b>	<b>13,486,095</b>	<b>13,488,498</b>	<b>13,510,168</b>	<b>13,531,670</b>

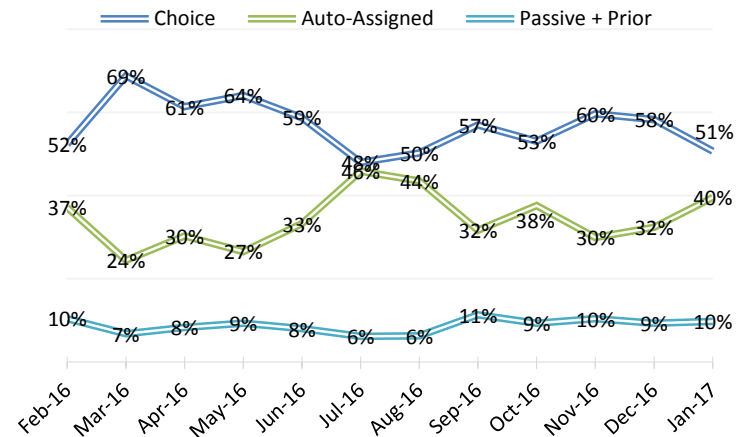
### 1-2: Aid Population by Plan Model



### 1-3: Medi-Cal Managed Care vs. FFS/Specialty

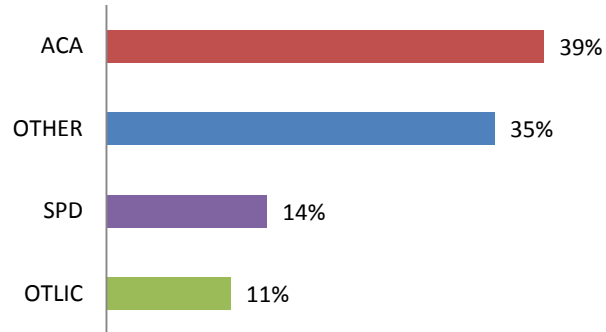


### 1-4: Choice and Auto-Assignment Rates

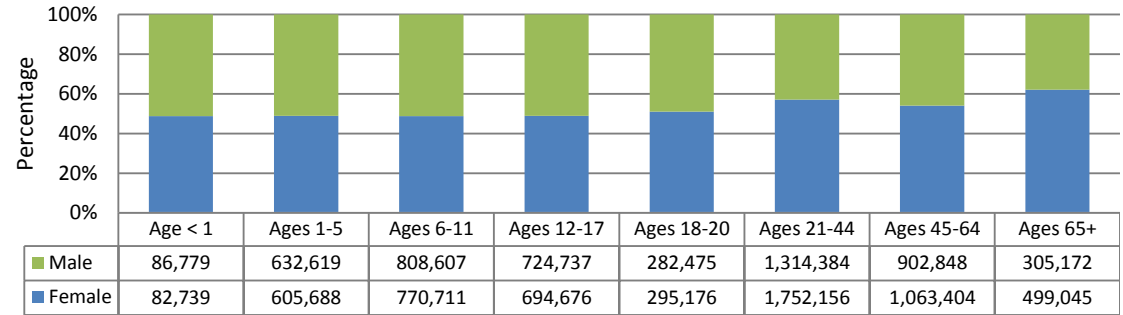


**CERTIFIED ELIGIBLE DEMOGRAPHICS: Managed Care demographics for December 2016 (Data Warehouse pull May 2017)**

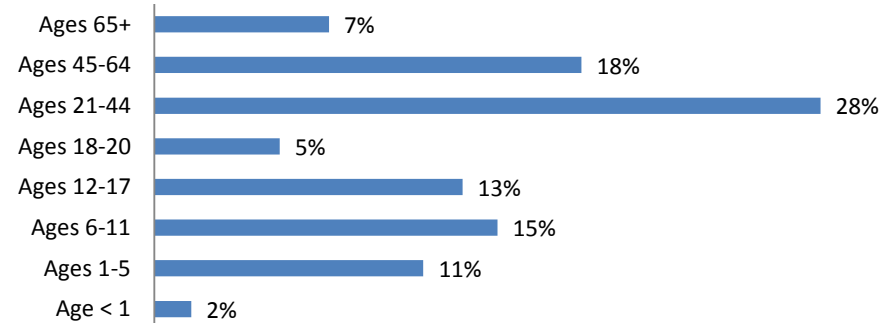
**2-1: Aid Groups "All Managed Care"**



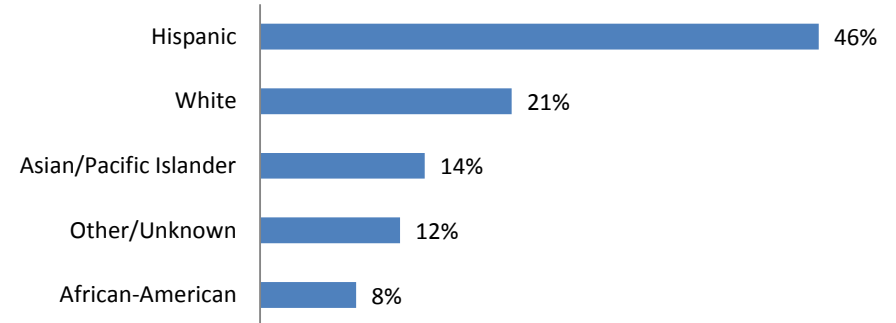
**2-2: Age by Gender "All Managed Care"**



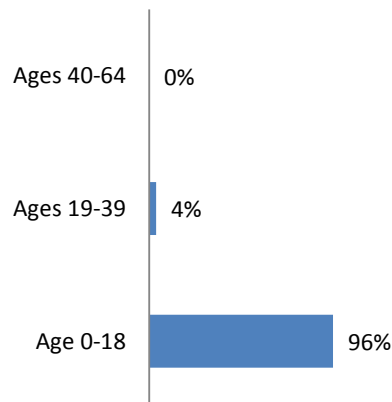
**2-3: Age Cohorts "All Managed Care"**



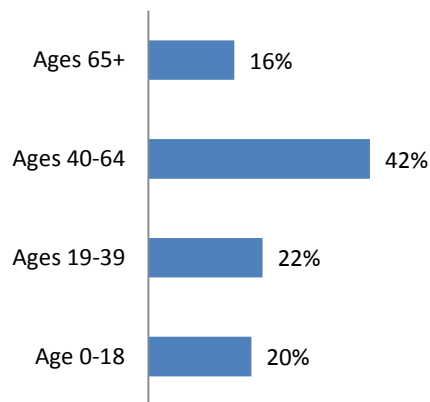
**2-4: Race and Ethnicity "All Managed Care"**



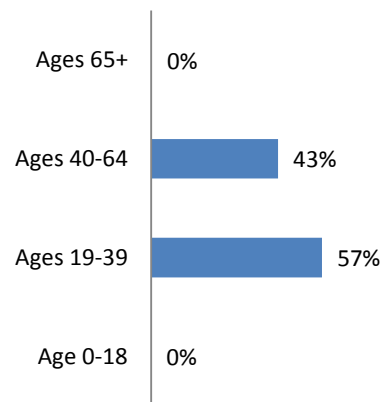
**2-5: Medi-Cal Only "OTLIC" Age**



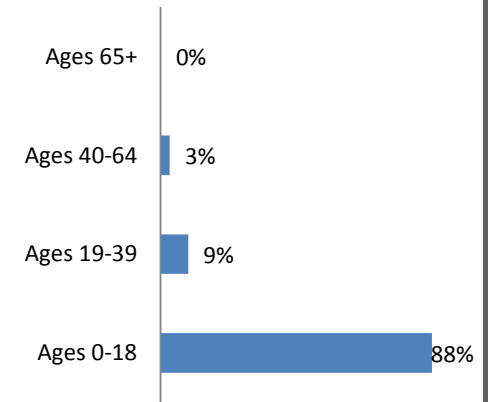
**2-6: Medi-Cal Only "SPD" Age**



**2-7: Medi-Cal Only "ACA" Age**



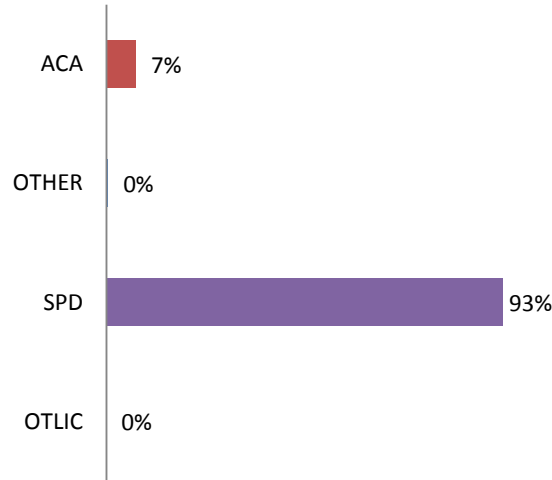
**2-8: Medi-Cal Only "OTHER" Age**



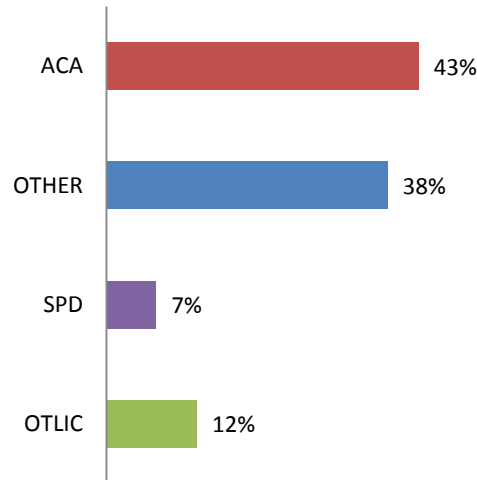
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for December 2016 (Data Warehouse pull May 2017)												
Dual Status	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Dual	965,363	965,194	966,957	966,377	965,091	966,682	962,228	962,338	959,322	960,063	958,268	967,850
Non-Dual*	9,390,970	9,486,895	9,573,790	9,574,565	9,613,761	9,700,331	9,707,452	9,761,675	9,755,787	9,834,619	9,846,926	9,853,367

Note: Medi-Cal Only. See glossary.

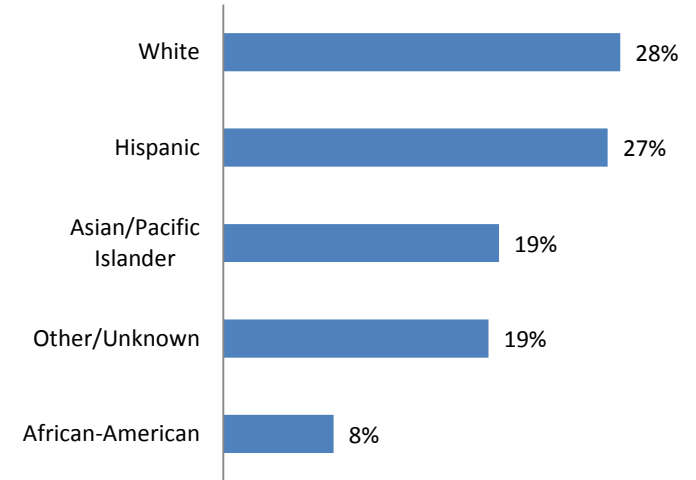
**3-1: Aid Groups "Dual"**



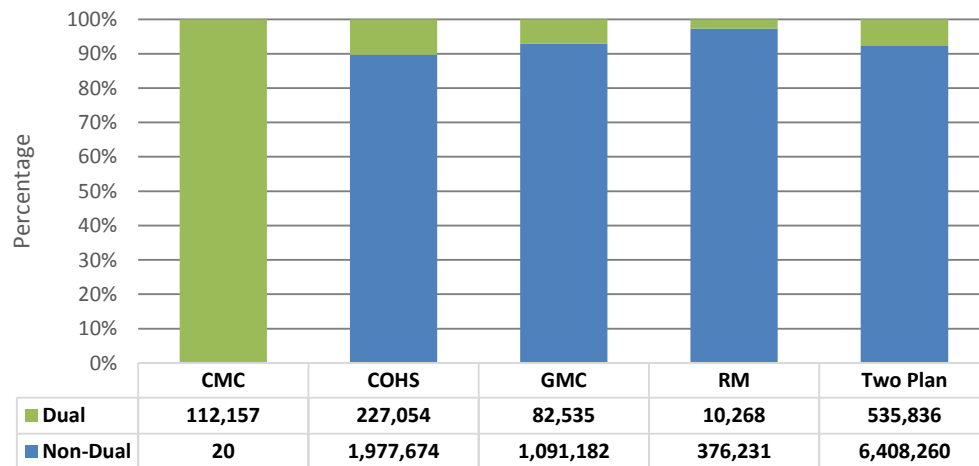
**3-2: Aid Groups "Non-Dual"**



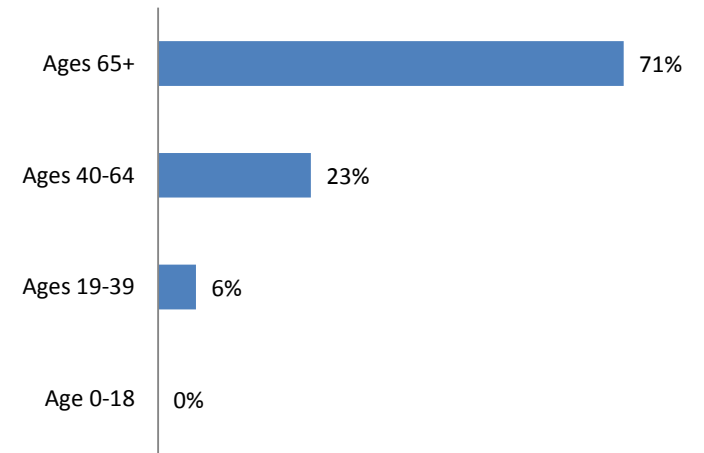
**3-3: Dual Eligible by Race and Ethnicity**



**3-4: Plan Model Totals**

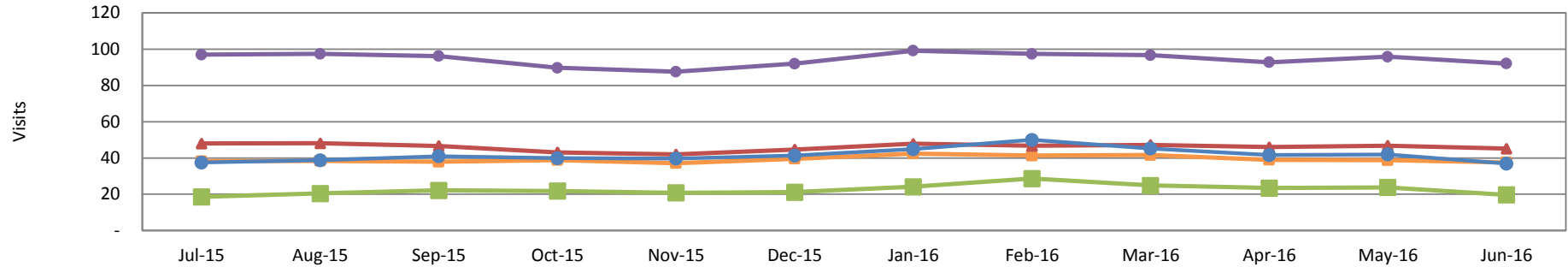


**3-5: Dual Age Cohorts**



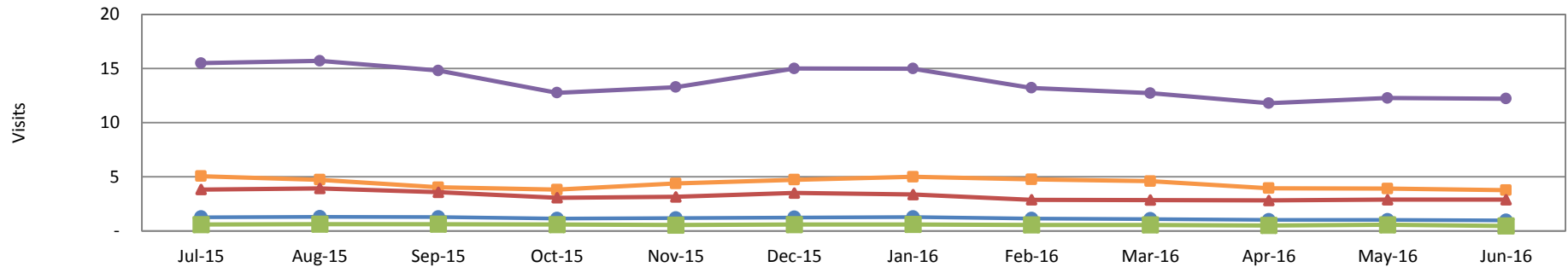
## UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

### 4-1: Emergency Room Visits per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	97	97	96	90	88	92	99	97	97	93	96	92
Dual	38	38	38	39	37	40	42	41	42	39	39	38
MO-ACA	48	48	47	43	42	45	48	47	47	46	47	45
MO-Other	37	39	41	40	40	41	45	50	45	42	42	37
MO-OTLIC	19	20	22	22	21	21	24	29	25	23	24	20

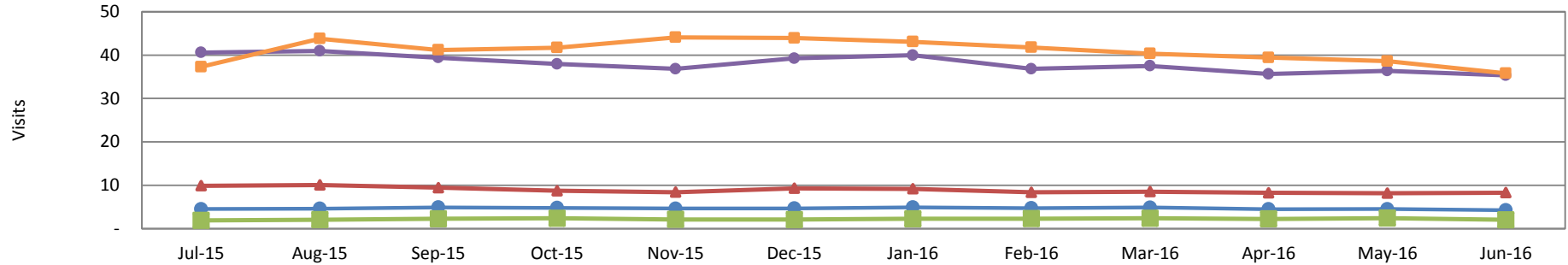
### 4-2: Emergency Room Visits With an Inpatient Admission per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	16	16	15	13	13	15	15	13	13	12	12	12
Dual	5	5	4	4	4	5	5	5	5	4	4	4
MO-ACA	4	4	4	3	3	4	3	3	3	3	3	3
MO-Other	1	1	1	1	1	1	1	1	1	1	1	1
MO-OTLIC	1	1	1	1	1	1	1	1	1	1	1	0

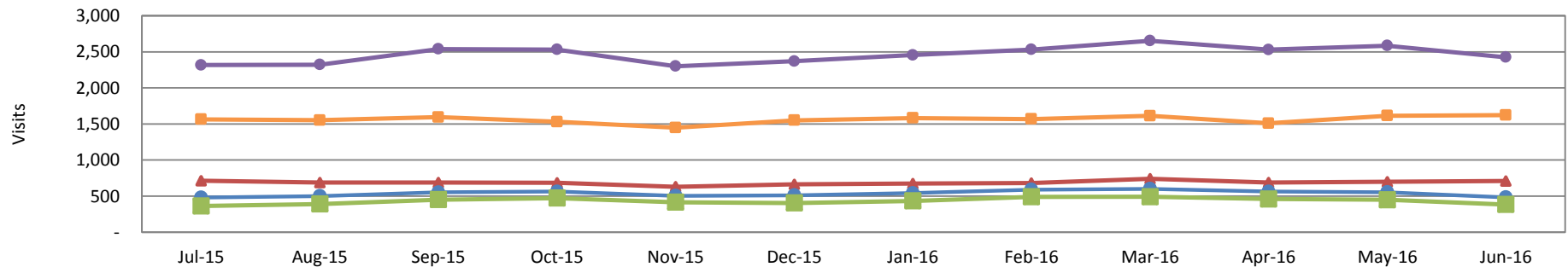
## UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

### 5-1: Inpatient Admissions per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	41	41	39	38	37	39	40	37	38	36	36	35
Dual	37	44	41	42	44	44	43	42	40	39	39	36
MO-ACA	10	10	9	9	8	9	9	8	9	8	8	8
MO-Other	5	5	5	5	5	5	5	5	5	5	5	4
MO-OTLIC	2	2	2	2	2	2	2	2	2	2	2	2

### 5-2: Outpatient Visits per 1,000 Member Months

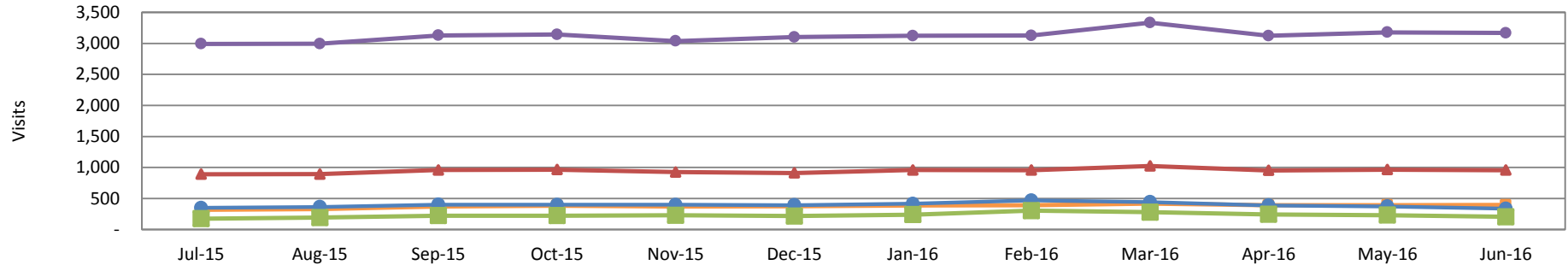


	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	2,316	2,321	2,538	2,532	2,300	2,370	2,455	2,532	2,653	2,530	2,585	2,424
Dual	1,565	1,552	1,595	1,530	1,448	1,550	1,583	1,567	1,612	1,509	1,614	1,623
MO-ACA	712	688	688	684	629	664	673	681	740	688	698	708
MO-Other	480	500	553	563	505	512	541	590	600	563	554	483
MO-OTLIC	363	390	452	473	415	406	434	490	492	461	449	384



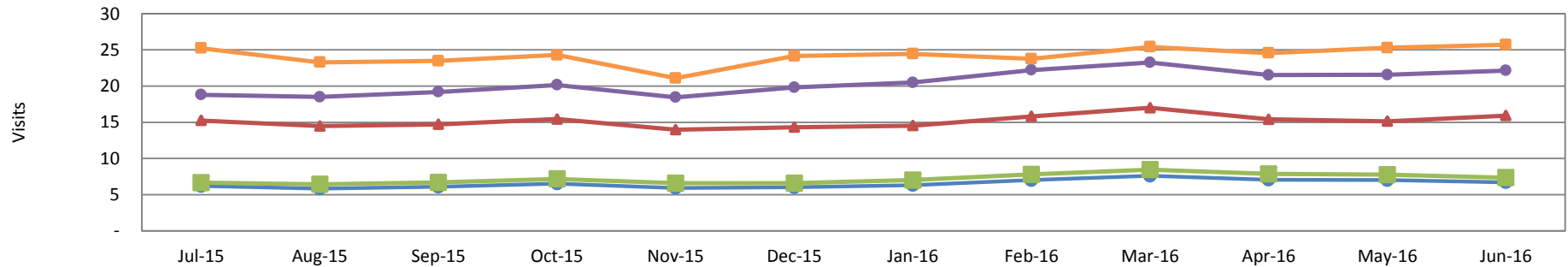
## UTILIZATION: Statewide July 2015 to June 2016 (Data Warehouse pull May 2017)

### 6-1: Prescriptions per 1,000 Member Months



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	2,990	2,994	3,128	3,142	3,036	3,101	3,121	3,126	3,333	3,122	3,177	3,167
Dual	318	328	370	386	371	376	388	392	418	391	393	396
MO-ACA	890	892	959	966	925	912	958	956	1,023	953	964	956
MO-Other	349	364	400	400	400	392	415	469	443	389	372	336
MO-OTLIC	174	191	223	223	230	217	239	304	278	244	232	204

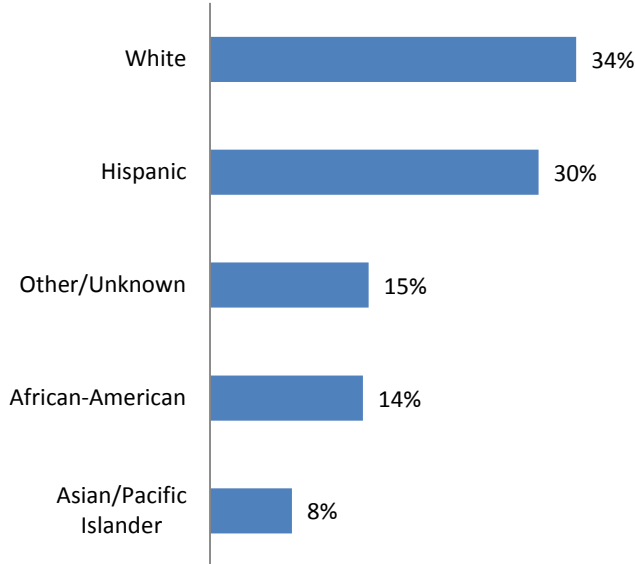
### 6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



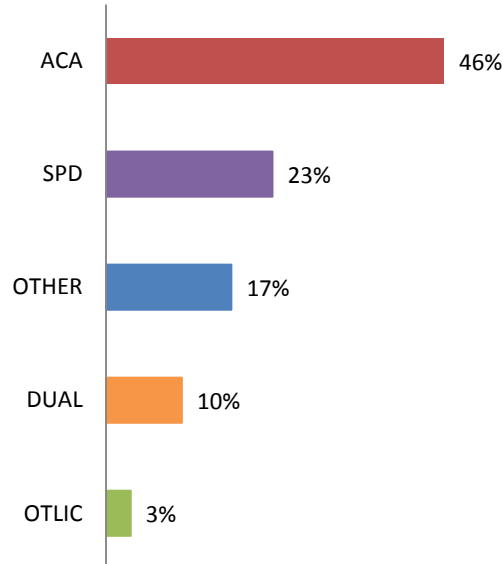
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
MO-SPD	19	19	19	20	18	20	21	22	23	22	22	22
Dual	25	23	23	24	21	24	24	24	25	25	25	26
MO-ACA	15	14	15	15	14	14	15	16	17	15	15	16
MO-Other	6	6	6	7	6	6	6	7	8	7	7	7
MO-OTLIC	7	6	7	7	7	7	7	8	8	8	8	7

## Grievance Demographics: Q4 2016 (October to December 2016) Statewide

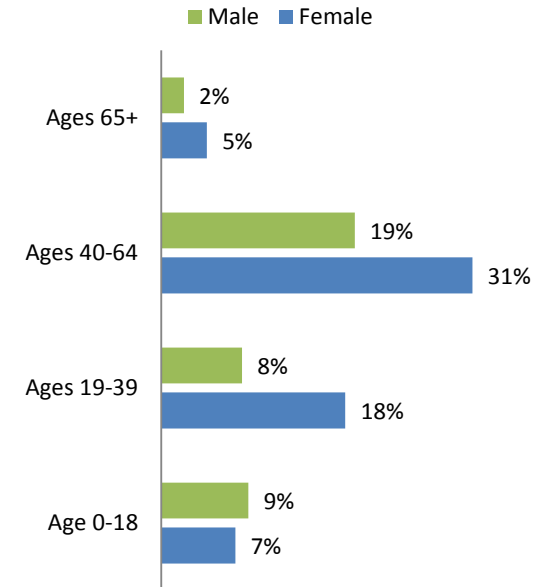
**7-1: Grievances by Ethnicity**



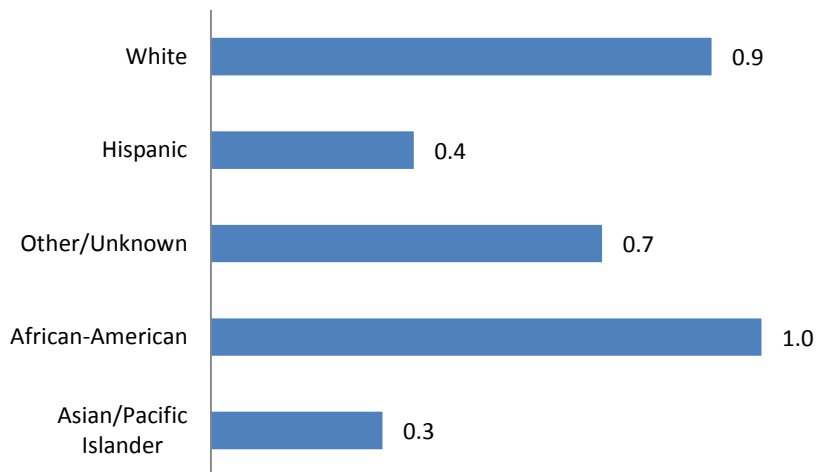
**7-2: Grievances by Population**



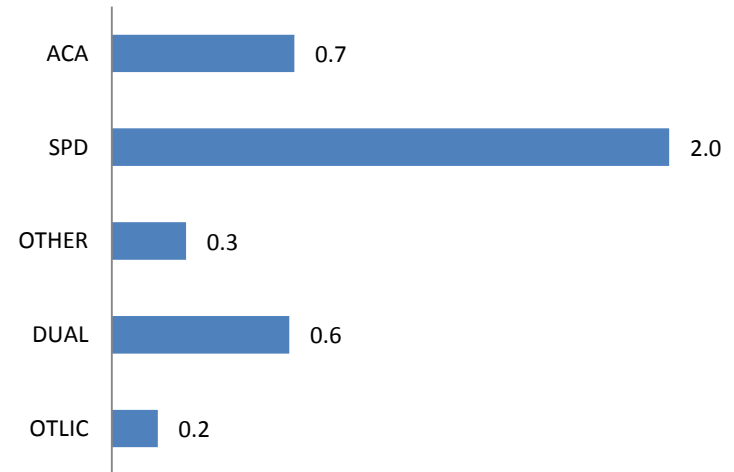
**7-3: Grievances by Age**



**7-4: Grievances by Ethnicity Per 1,000 Member Months**

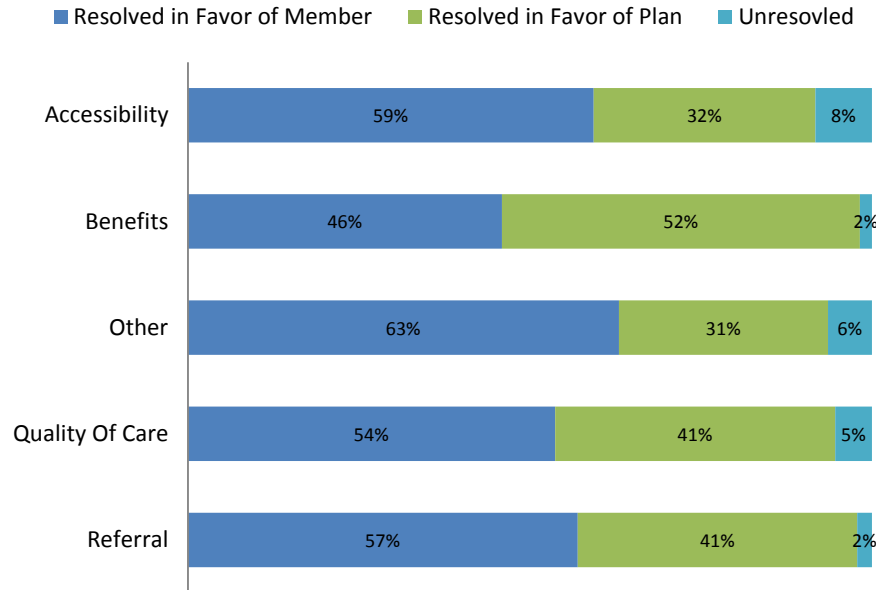


**7-5: Grievances by Population Per 1,000 Member Months**

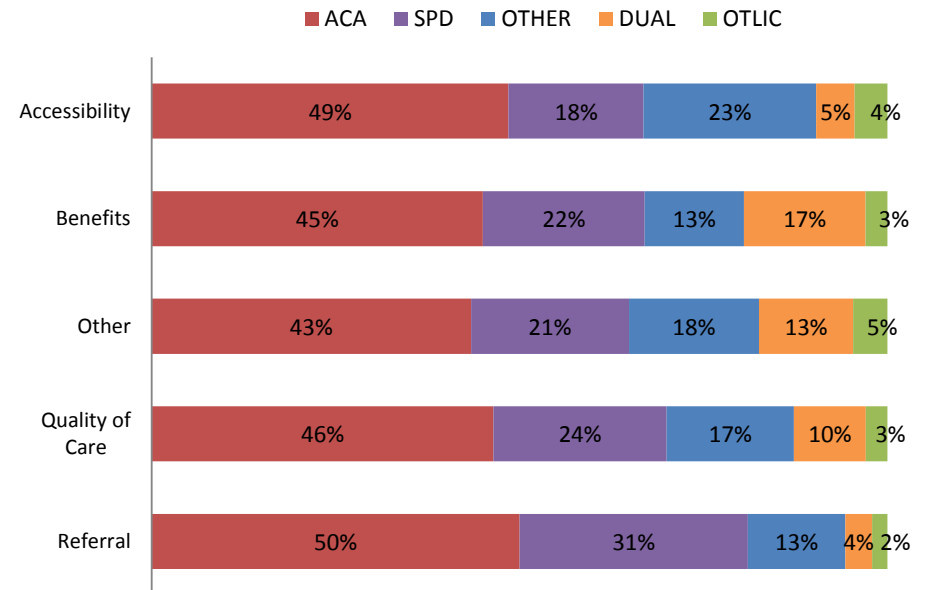


## Grievance and Appeals Outcomes: Q4 2016 (October to December 2016) Statewide

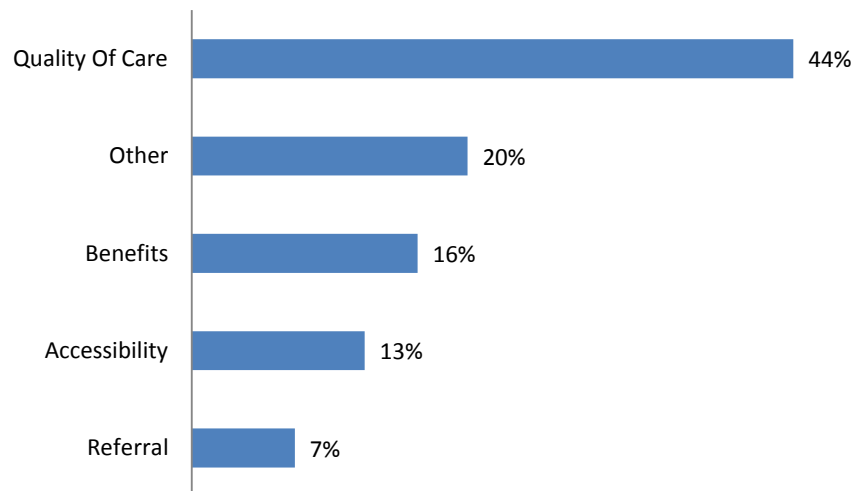
**8-1: Grievance Resolution by Type**



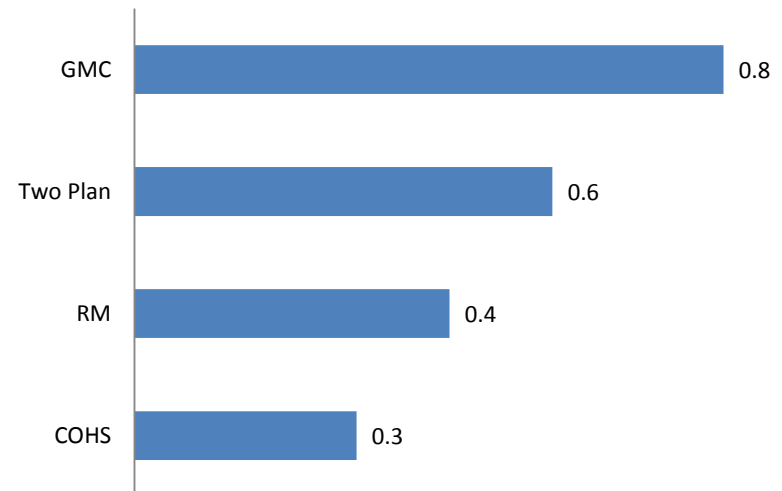
**8-2: Grievances by Population and Type**



**8-3: Grievances by Type**

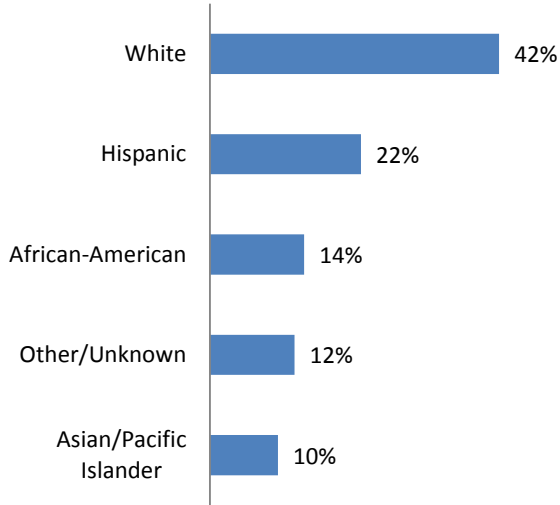


**8-4: Grievances by Plan Model per 1,000 Member Months**

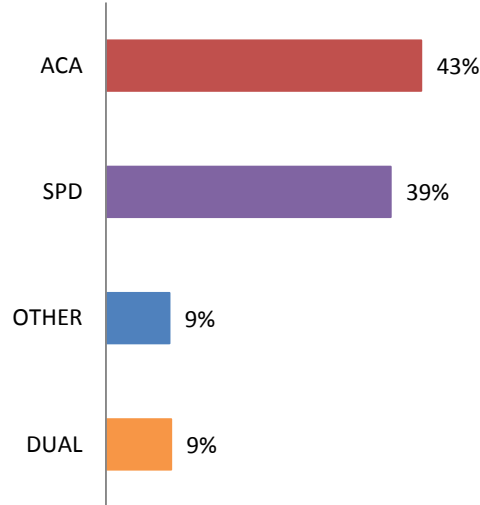


## State Fair Hearing Demographics: Q4 2016 (October to December 2016) Statewide

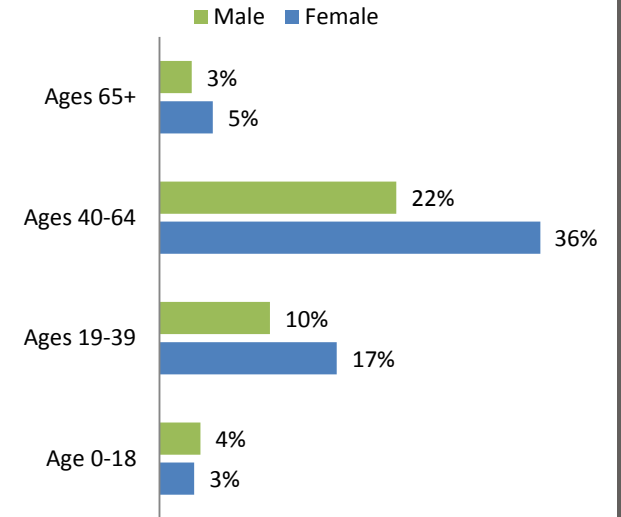
**9-1: Hearings by Ethnicity**



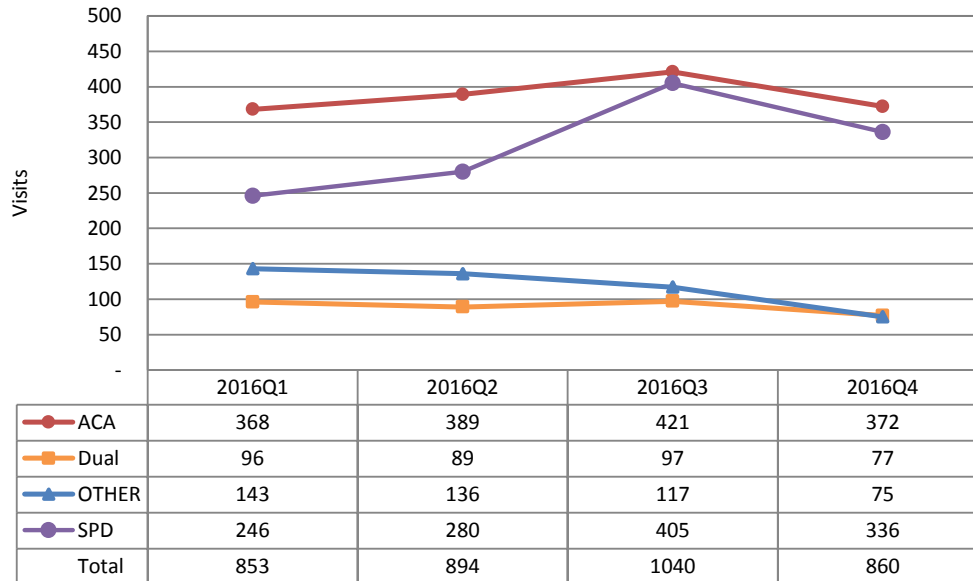
**9-2: Hearings by Population**



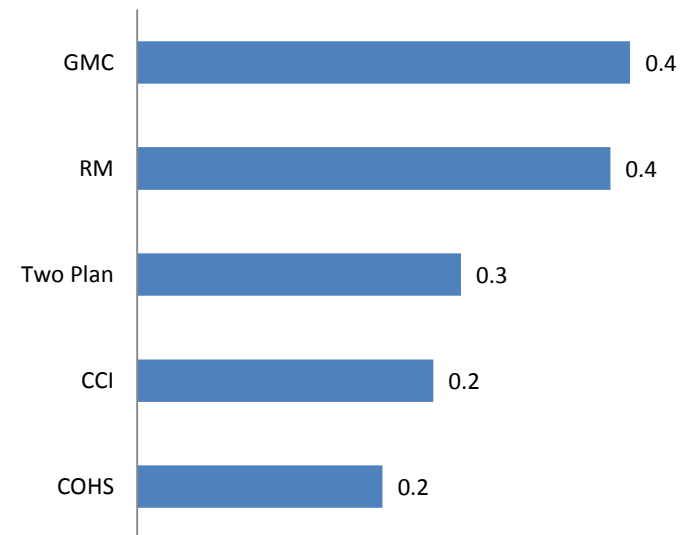
**9-3: Hearings by Age**



**9-4: Hearings by Population**

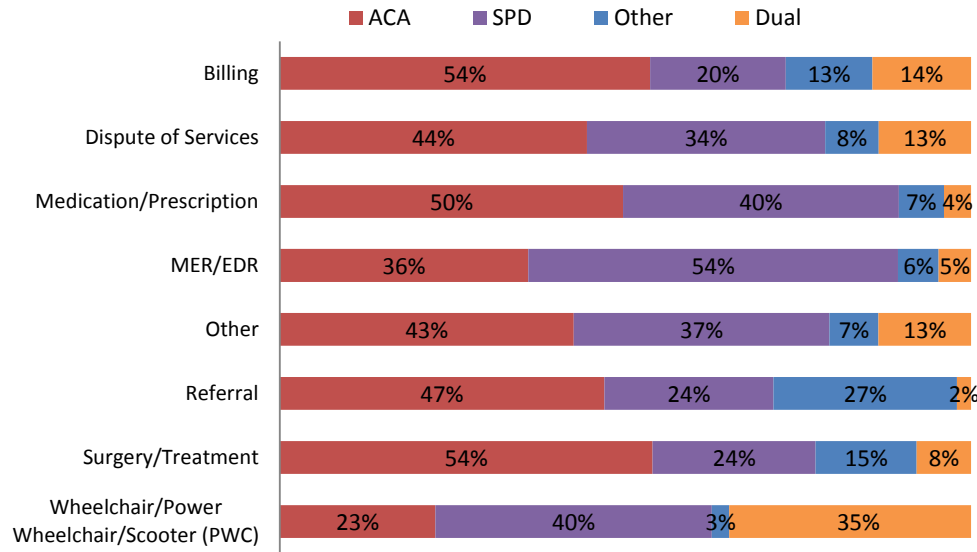


**9-5: Hearings by Plan Model per 10,000 Member Months**

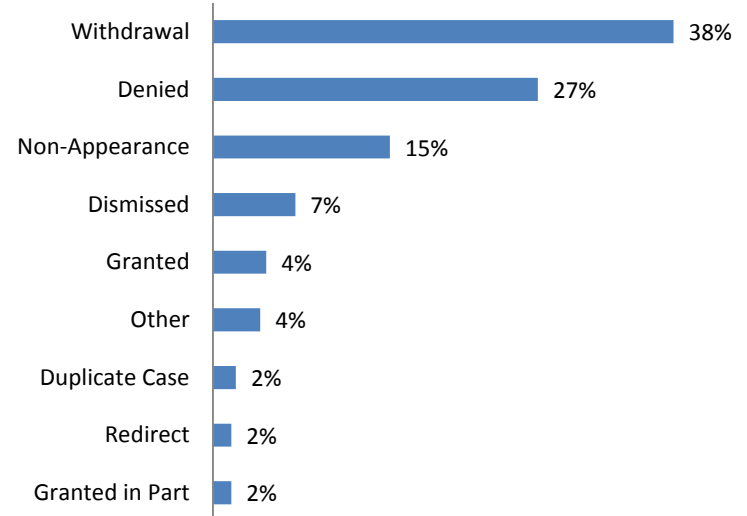


## State Fair Hearing Reasons/Outcomes: Q4 2016 (October to December 2016) Statewide

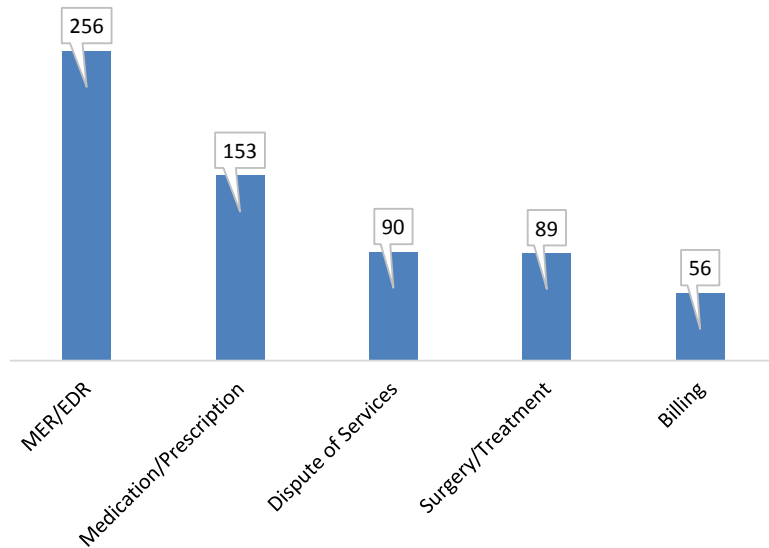
**10-1: Hearing Reasons by Population**



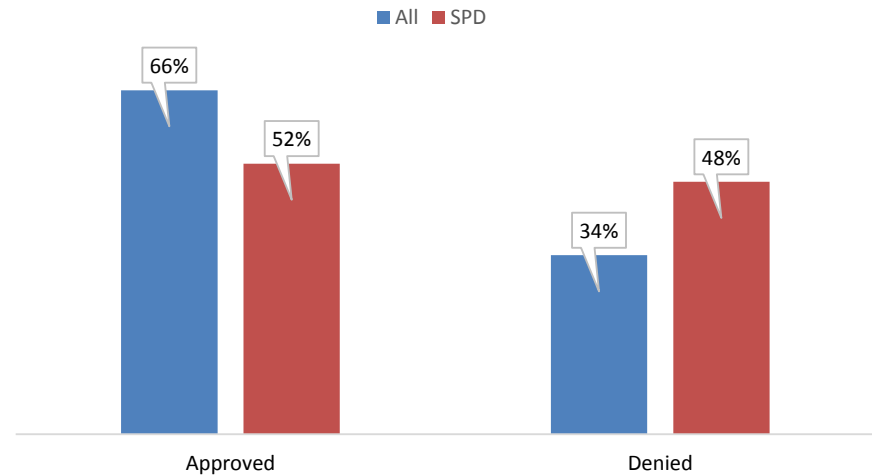
**10-2: Hearing Outcomes**



**10-3: Top 5 Hearing Reasons**

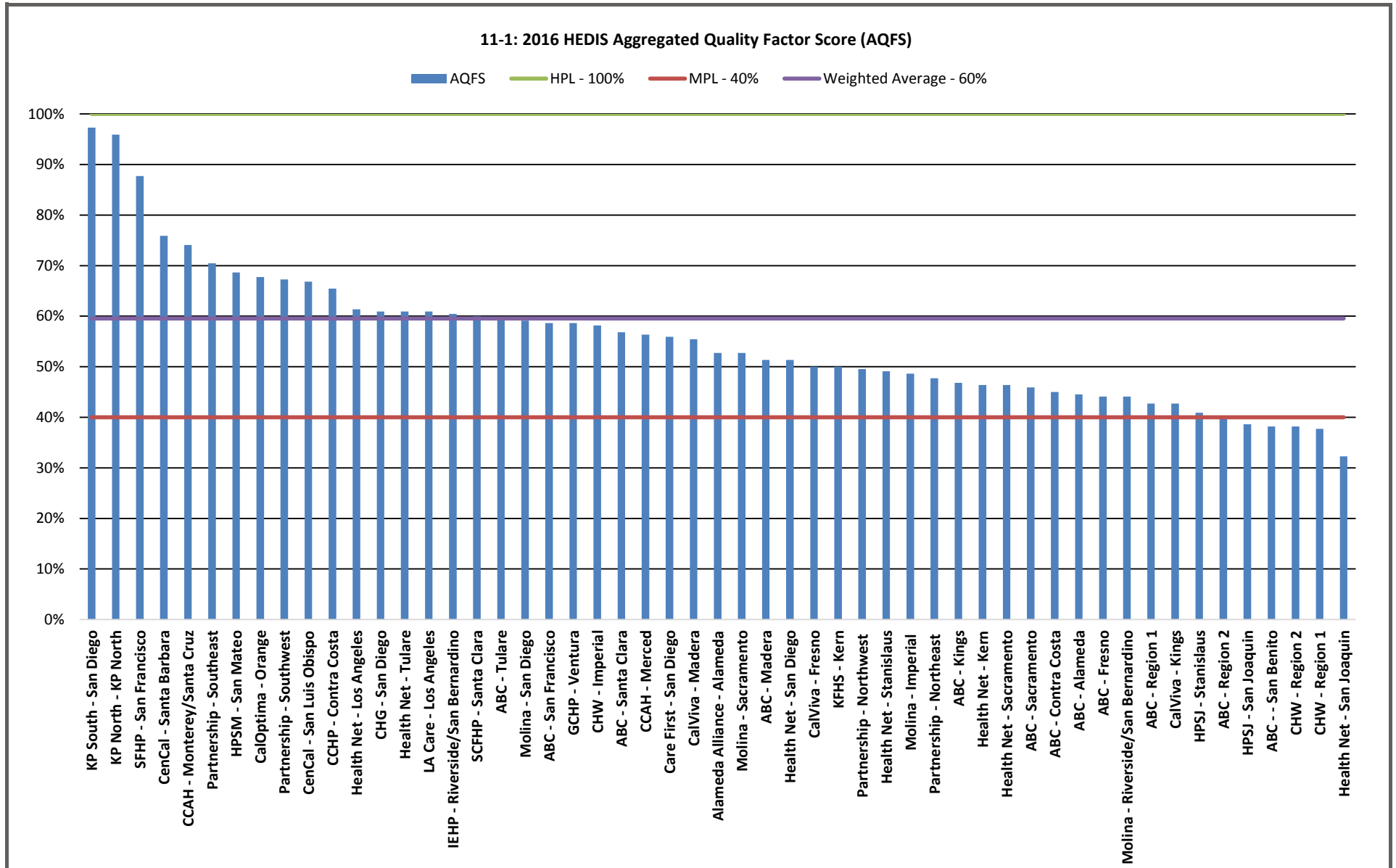


**10-4: Medical Exemption Requests**



# Medi-Cal Managed Care Performance Dashboard

## Released June 14, 2017



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 State Average is 60%.