ENROLLMENT: Statewide as of December 1, 2015

**Fig 1-1 Enrollment By Population**

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All</strong></td>
<td>9,214,464</td>
<td>9,236,776</td>
<td>9,366,752</td>
<td>9,499,223</td>
<td>9,654,356</td>
<td>9,733,320</td>
<td>9,826,345</td>
<td>9,946,222</td>
<td>10,044,032</td>
<td>10,130,315</td>
<td>10,223,787</td>
<td>10,274,691</td>
</tr>
<tr>
<td><strong>SPD</strong></td>
<td>668,728</td>
<td>666,326</td>
<td>664,210</td>
<td>664,009</td>
<td>664,377</td>
<td>662,175</td>
<td>660,265</td>
<td>659,841</td>
<td>659,044</td>
<td>657,305</td>
<td>654,333</td>
<td>651,998</td>
</tr>
<tr>
<td><strong>Dual</strong></td>
<td>761,143</td>
<td>794,935</td>
<td>833,810</td>
<td>866,706</td>
<td>900,331</td>
<td>925,594</td>
<td>945,191</td>
<td>948,011</td>
<td>951,871</td>
<td>954,767</td>
<td>956,249</td>
<td>957,897</td>
</tr>
<tr>
<td><strong>OTLIC</strong></td>
<td>967,271</td>
<td>973,936</td>
<td>990,631</td>
<td>1,008,732</td>
<td>1,028,813</td>
<td>1,048,438</td>
<td>1,062,513</td>
<td>1,084,096</td>
<td>1,101,490</td>
<td>1,113,378</td>
<td>1,127,772</td>
<td>1,133,726</td>
</tr>
<tr>
<td><strong>ACA</strong></td>
<td>2,420,082</td>
<td>2,473,620</td>
<td>2,574,467</td>
<td>2,691,283</td>
<td>2,833,484</td>
<td>2,942,771</td>
<td>3,050,040</td>
<td>3,166,560</td>
<td>3,272,017</td>
<td>3,375,404</td>
<td>3,477,247</td>
<td>3,546,537</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>4,397,240</td>
<td>4,327,959</td>
<td>4,303,634</td>
<td>4,268,493</td>
<td>4,227,351</td>
<td>4,154,342</td>
<td>4,108,336</td>
<td>4,087,714</td>
<td>4,059,610</td>
<td>4,029,461</td>
<td>4,008,186</td>
<td>3,984,533</td>
</tr>
</tbody>
</table>

**Fig 1-2 Enrollment by Plan Model**

<table>
<thead>
<tr>
<th></th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COHS</strong></td>
<td>2,159,727</td>
</tr>
<tr>
<td><strong>GMC</strong></td>
<td>1,105,364</td>
</tr>
<tr>
<td><strong>Two-Plan</strong></td>
<td>6,518,675</td>
</tr>
<tr>
<td><strong>RM</strong></td>
<td>376,293</td>
</tr>
<tr>
<td><strong>CMC</strong></td>
<td>114,632</td>
</tr>
</tbody>
</table>

**Fig 1-3 Medi-Cal Managed Care vs. FFS**

- **MC**: 63%
- **FFS/Other**: 37%

**Fig 1-4 Choice and Auto-Assignment Rates**

- **Choice**: 77%
- **Auto-Assigned**: 23%
- **Passive + Prior**: 6%

**Note**

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*
### Medi-Cal Managed Care Performance Dashboard

Released June 15, 2016

#### Medi-Cal Managed Care Member Demographics: As of December 1, 2015

<table>
<thead>
<tr>
<th>Age</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>161,299</td>
</tr>
<tr>
<td>1-5</td>
<td>1,236,562</td>
</tr>
<tr>
<td>6-11</td>
<td>1,551,743</td>
</tr>
<tr>
<td>12-17</td>
<td>1,325,338</td>
</tr>
<tr>
<td>18-20</td>
<td>547,796</td>
</tr>
<tr>
<td>21-44</td>
<td>2,794,258</td>
</tr>
<tr>
<td>45-64</td>
<td>1,878,917</td>
</tr>
<tr>
<td>65+</td>
<td>778,777</td>
</tr>
<tr>
<td>Total</td>
<td>10,274,690</td>
</tr>
</tbody>
</table>

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

---

**Fig 2-1** Age (Includes SPD and Dual)

**Fig 2-2** Race and Ethnicity (Includes SPD and Dual)

**Fig 2-3** Medi-Cal Only SPD by Age

**Fig 2-4** Dual Eligible by Age

**Fig 2-5** Age/Gender

---

**Note:** Figure 2-6 does not include a female member of undetermined age. Adjusted total is 10,274,691.
UTILIZATION: Statewide July 2014 to July 2015

**Fig 3-1** ER Visits per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD: 85
- Dual: 31
- ACA: 42
- Other: 36
- OTLIC: 19

**Fig 3-2** ER Visits w/an IP Admission per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD: 11
- Dual: 3
- ACA: 3
- Other: 1
- OTLIC: 0

**Fig 3-3** IP Admissions per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD: 32
- Dual: 27
- ACA: 8
- Other: 4
- OTLIC: 2

Note: Data in this dashboard is preliminary and subject to change
 UTILIZATION: Statewide July 2014 to July 2015

Fig 4-1 | OP Visits per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD 2,084
- Dual 1,210
- ACA 678
- Other 483
- OTLIC 365

Fig 4-2 | Prescriptions per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD 3,158
- Dual 361
- ACA 972
- Other 413
- OTLIC 212

Fig 4-3 | Mild to Moderate Mental Health Visits per 1,000 Member Months

- SPD
- Dual
- ACA
- Other
- OTLIC

As of June 2015
- SPD 13
- Dual 19
- ACA 12
- Other 5
- OTLIC 5

Note: Data in this dashboard is preliminary and subject to change
ACCESS: Grievance Demographics for Q4 (October-December 2015) Statewide

**Grievances by Ethnicity**
- White: 34%
- Hispanic: 15%
- African-American: 14%
- Other/Unknown: 7%
- Asian/Pacific Islander: 15%

**Grievances by Population**
- ACA: 42%
- SPD: 21%
- Other: 22%
- Dual: 12%
- OTLIC: 3%

**Grievances by Age**
- 65+: 3%
- 45-64: 18%
- 21-44: 28%
- 12-20: 10%
- 6-11: 3%
- <1-5: 3%

ACCESS: State Fair Hearing Demographics for Q4 (October-December 2015) Statewide

**Hearings by Ethnicity**
- White: 39%
- Hispanic: 17%
- Other/Unknown: 13%
- African-American: 20%
- Asian/Pacific Islander: 11%

**Hearings by Population**
- ACA: 45%
- SPD: 30%
- DUAL: 13%
- OTHER: 10%
- OTLIC: 2%

**Hearings by Age**
- 65+: 5%
- 45-64: 22%
- 21-44: 30%
- 12-20: 11%
- 6-11: 18%
- <1-11: 3%

*Note: Grievance data displayed on this page represents plan-reported data.*

*Note: Data in this dashboard is preliminary and subject to change.*
ACCESS: Grievance Outcomes for Q4 (October-December 2015) Statewide

**Fig 6-1** Grievances by Type

- Quality of Care: 45%
- Benefits: 15%
- Other: 9%
- Accessibility: 10%
- Referral: 21%

**Fig 6-2** Grievances by Population and Type

<table>
<thead>
<tr>
<th>Type</th>
<th>ACA</th>
<th>OTLIC</th>
<th>SPD</th>
<th>Other</th>
<th>Dual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>45%</td>
<td>4%</td>
<td>18%</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Benefits</td>
<td>42%</td>
<td>3%</td>
<td>17%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>41%</td>
<td>4%</td>
<td>22%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>41%</td>
<td>3%</td>
<td>24%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Referral</td>
<td>46%</td>
<td>2%</td>
<td>28%</td>
<td>19%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Fig 6-3** Grievance Resolution by Type

- Resolved in Favor of Member
- Resolved in Favor of Plan
- Unresolved

<table>
<thead>
<tr>
<th>Type</th>
<th>Accessibility</th>
<th>Benefits</th>
<th>Other</th>
<th>Quality of Care</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved in Favor of Member</td>
<td>75%</td>
<td>68%</td>
<td>69%</td>
<td>63%</td>
<td>63%</td>
</tr>
<tr>
<td>Resolved in Favor of Plan</td>
<td>21%</td>
<td>32%</td>
<td>26%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Unresolved</td>
<td>3%</td>
<td>0%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Fig 6-4** Grievances by Plan Model per 1,000 Member Months

- GMC: 0.8
- Two-Plan: 0.6
- COHS: 0.3
- RM: 0.3

Note: Data in this dashboard is preliminary and subject to change.
ACCESS: State Fair Hearing Requests for Q4 (October-December 2015) Statewide

**Fig 7-1** Hearing Reasons by Population

- **Billing**
  - ACA: 41%
  - SPD: 8%
  - Other: 19%
  - Dual: 32%
- **Diagnostic Testing**
  - ACA: 73%
  - SPD: 16%
  - Other: 9%
- **Dispute of Services**
  - ACA: 51%
  - SPD: 27%
  - Other: 10%
- **Medication/Prescription**
  - ACA: 48%
  - SPD: 32%
  - Other: 9%
- **MER/EDR**
  - ACA: 42%
  - SPD: 41%
  - Other: 13%
- **Referral**
  - ACA: 54%
  - SPD: 26%
  - Other: 15%
- **Surgery/Treatment**
  - ACA: 51%
  - SPD: 21%
  - Other: 15%
- **All Other**
  - ACA: 30%
  - SPD: 33%
  - Other: 11%
  - Dual: 26%

**Fig 7-2** Hearing Outcomes by Population

- **Denied**
  - ACA: 42%
  - SPD: 41%
  - Other: 9%
  - Dual: 7%
- **Dismissed**
  - ACA: 37%
  - SPD: 33%
  - Other: 10%
  - Dual: 20%
- **Granted**
  - ACA: 44%
  - SPD: 42%
  - Other: 14%
- **Non-Appearance**
  - ACA: 50%
  - SPD: 29%
  - Other: 10%
- **Withdrawal**
  - ACA: 47%
  - SPD: 26%
  - Other: 12%
  - Dual: 14%

**Fig 7-3** Hearings by Population

- Q1 2015: 321
- Q2 2015: 335
- Q3 2015: 350
- Q4 2015: 406

**Fig 7-4** Top Hearing Reasons

- Billing: 11%
- Medication/Prescription: 30%
- Surgery/Treatment: 20%
- MER/EDR: 27%
- All Other: 12%

**Fig 7-5** Hearings by Plan Model per 10,000 Member Months

- RM: 0.6
- GMC: 0.5
- CMC: 0.5
- COHS: 0.3
- Two-Plan: 0.3

Note: Data in this dashboard is preliminary and subject to change.
ACCESS: Medical Exemption Requests (MERS) for Q4 (October-December 2015) Statewide

**Fig 8-1 All Beneficiary MERs**

- Approved: 63%
- Denied: 37%
- Pending: 0%

**Fig 8-2 SPD Beneficiary MERs**

- Approved: 48%
- Denied: 52%
- Pending: 0%

**Fig 8-3 All Beneficiary MERs**

- Approved: Q1 2014: 8,368, Q2 2015: 8,451, Q3 2015: 7,599, Q4 2015: 6,776
- Denied: Q1 2014: 4,060, Q2 2015: 4,421, Q3 2015: 4,047, Q4 2015: 3,939
- Pending: Q1 2014: 9, Q2 2015: 1, Q3 2015: 5, Q4 2015: 16
- MERs Submitted: Q1 2014: 12,437, Q2 2015: 12,873, Q3 2015: 11,651, Q4 2015: 10,731

**Fig 8-4 SPD Beneficiary MERs**

- Approved: Q1 2014: 1,435, Q2 2015: 1,031, Q3 2015: 843, Q4 2015: 810
- Denied: Q1 2014: 503, Q2 2015: 714, Q3 2015: 718, Q4 2015: 866
- Pending: Q1 2014: 0, Q2 2015: 0, Q3 2015: 0, Q4 2015: 7
- MERs Submitted: Q1 2014: 1,938, Q2 2015: 1,745, Q3 2015: 1,561, Q4 2015: 1,683

*Note: Approved represents the total in Fee-For-Service due to an approved MER*
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 90th percentile of NCQA national Medicaid level). This is an annual calculation.

The High Performance Level of AQFS is 100% (represents the 90th percentile of NCQA national Medicaid level). The Minimum Performance Level of AQFS is 40% (represents the 25th percentile of NCQA national Medicaid level). The statewide weighted average is 60%.

Note: Data in this dashboard is preliminary and subject to change
Medi-Cal Managed Care Performance Dashboard Glossary

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. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

**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.

**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. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

**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. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

**Other Populations (Other):** This population consists of all other aid codes not mentioned above. Data for this population is Medi-Cal coverage only and does not include Medicare coverage.

Utilization Measures for Certified Eligible Managed Care Members

**Emergency Room (ER) Visits:** This measure captures the number of ER visits per month. A visit consists of a 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. An admission consists of a 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. An admission consists of a 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 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 National Drug Code, member, and date of service. This measure is displayed per 1,000 member months.

**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 provider, member and date of service. This measure is displayed per 1,000 member months.