MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT

Released June 27, 2018

Quarterly Release Notes

- Ethnicity groupings have been updated. The "Asian/Pacific-Islander" group has been divided into "Asian" and "Native Hawaiian or Other Pacific Islander," and "African-American" has been renamed to "Black or African-American."
- The category ordering for Ethnicity and Population has changed; "Other" categories are now listed at the end of the category list.
- DHCS identified invalid grievance codes in the source data. The grievance logic has been updated to account for invalid codes resulting in a significant increase to the number of grievances categorized as "Other."
- DHCS has removed the "Members per Physician" metric for this Dashboard release. DHCS is in the process of developing additional Network Adequacy metrics.
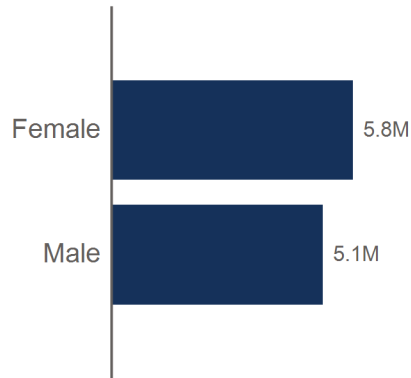
Managed Care Demographics in Member Months (Dec-17)
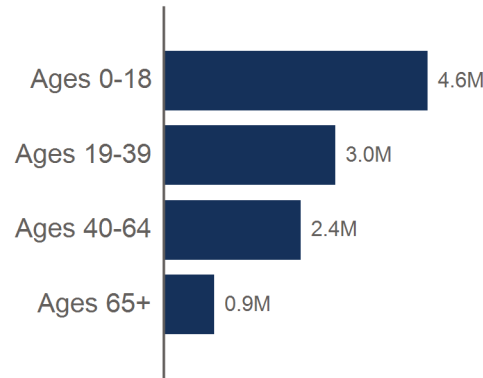
By Sex

	Member Months
Female	5.8M
Male	5.1M

By Age

	Member Months
Ages 0-18	4.6M
Ages 19-39	3.0M
Ages 40-64	2.4M
Ages 65+	0.9M

By Ethnicity

	Member Months
Asian	0.9M
Black or African-American	0.9M
Hispanic	5.3M
Native Hawaiian or Other Pacific Islander	0.2M
White	2.2M
Other/Unknown	1.4M

By Population

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dual	1,003,082	1,022,607	1,029,017	1,032,313	1,033,414	1,038,376	1,046,313	1,050,847	1,052,872	1,053,161	1,051,408	1,051,639
MO-ACA	3,006,848	3,019,178	3,038,052	3,057,376	3,070,582	3,086,330	3,098,245	3,109,166	3,118,315	3,121,738	3,115,487	3,126,702
MO-OTLIC	1,193,645	1,194,181	1,198,065	1,201,809	1,207,677	1,217,017	1,224,047	1,232,858	1,238,108	1,240,234	1,239,788	1,241,695
MO-SPD	673,394	673,686	673,530	671,292	669,818	668,850	668,338	667,890	667,367	665,635	664,083	662,595
MO-Other	4,896,136	4,909,140	4,909,820	4,894,340	4,879,787	4,870,045	4,859,202	4,839,580	4,819,565	4,800,165	4,776,586	4,777,196
MC Total	10,773,105	10,818,792	10,848,484	10,857,130	10,861,278	10,880,618	10,896,145	10,900,341	10,896,227	10,880,933	10,847,352	10,859,827

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Managed Care Performance Monitoring Dashboard Report
Released June 27, 2018

Medi-Cal Demographics in Member Months (Dec-17)

By Medi-Cal Type
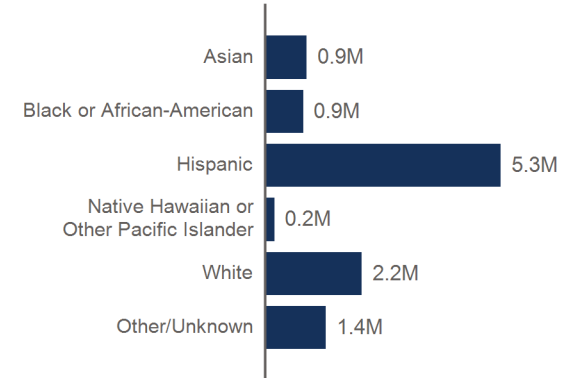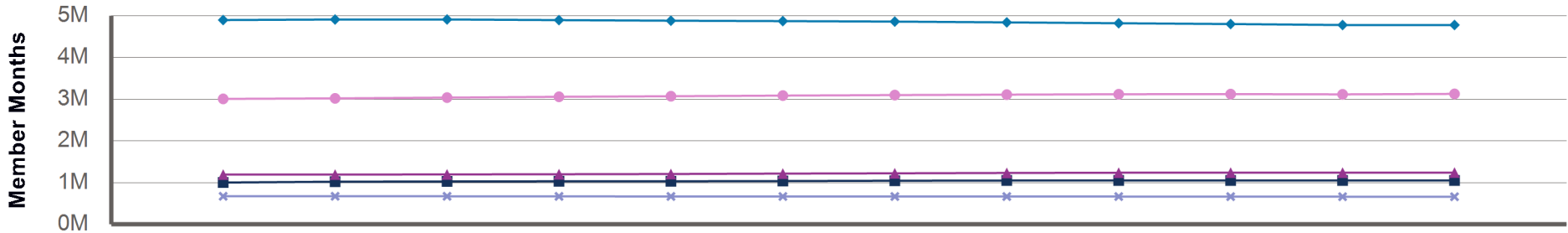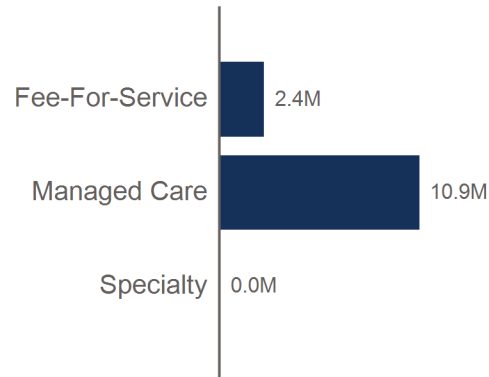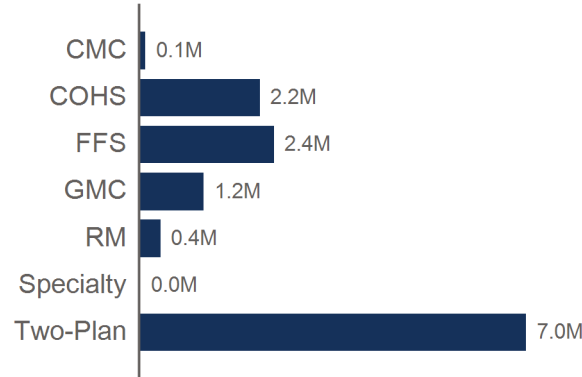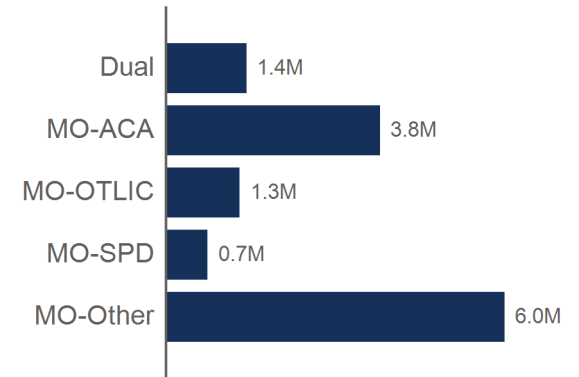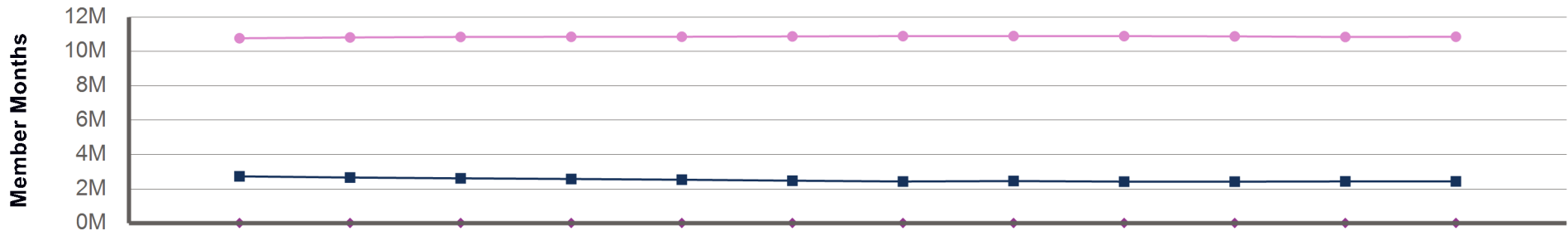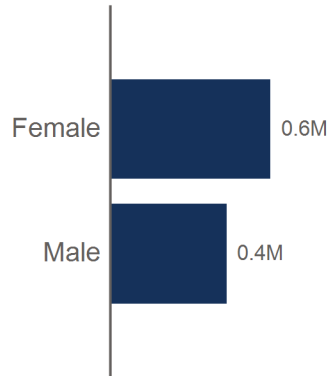
- Fee-For-Service: 2.4M
- Managed Care: 10.9M
- Specialty: 0.0M

By Plan Model

- CMC: 0.1M
- COHS: 2.2M
- FFS: 2.4M
- GMC: 1.2M
- RM: 0.4M
- Specialty: 0.0M
- Two-Plan: 7.0M

By Population

- Dual: 1.4M
- MO-ACA: 3.8M
- MO-OTLIC: 1.3M
- MO-SPD: 0.7M
- MO-Other: 6.0M

By Medi-Cal Type

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Fee-For-Service	2,734,762	2,666,300	2,619,872	2,580,318	2,537,698	2,481,924	2,435,393	2,461,576	2,427,283	2,425,125	2,439,281	2,442,034
Managed Care	10,773,105	10,818,792	10,848,484	10,857,130	10,861,278	10,880,618	10,896,145	10,900,341	10,896,227	10,880,933	10,847,352	10,859,827
Specialty	21,542	21,654	21,793	21,846	21,871	21,991	22,237	22,387	22,473	22,575	22,597	22,934
Total	13,529,409	13,506,746	13,490,149	13,459,294	13,420,847	13,384,533	13,353,775	13,384,304	13,345,983	13,328,633	13,309,230	13,324,795

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

DHCS
California Department of
HealthCareServices

Dual Demographics in Member Months (Dec-17)

By Sex

- Female: 0.6M
- Male: 0.4M

By Age

- Ages 0-18: 0.0M
- Ages 19-39: 0.1M
- Ages 40-64: 0.2M
- Ages 65+: 0.8M

By Ethnicity

- Asian: 0.1M
- Black or African-American: 0.1M
- Hispanic: 0.3M
- Native Hawaiian or Other Pacific Islander: 0.1M
- White: 0.3M
- Other/Unknown: 0.2M

By Population

- ACA: 0.0M
- OTLIC: 0.0M
- SPD: 1.0M
- Other: 0.0M

Non-Dual Demographics in Member Months (Dec-17)

By Sex

- Female: 5.2M
- Male: 4.6M
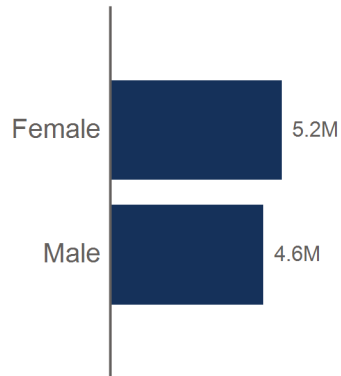
By Age

- Ages 0-18: 4.6M
- Ages 19-39: 2.9M
- Ages 40-64: 2.2M
- Ages 65+: 0.1M

By Ethnicity

- Asian: 0.8M
- Black or African-American: 0.8M
- Hispanic: 5.0M
- Native Hawaiian or Other Pacific Islander: 0.2M
- White: 1.9M
- Other/Unknown: 1.2M

By Population

- ACA: 3.1M
- OTLIC: 1.2M
- SPD: 0.7M
- Other: 4.8M

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Count of New Enrollments (Dec-17)

By Sex

Female 81.0K
Male 74.3K

By Age

Ages 0-18 61.1K
Ages 19-39 53.6K
Ages 40-64 32.4K
Ages 65+ 8.3K

By Ethnicity

Asian 12.6K
Black or African-American 15.5K
Hispanic 70.9K
Native Hawaiian or Other Pacific Islander 2.7K
White 30.0K
Other/Unknown 23.6K

By Population

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dual	39,040	31,284	12,117	11,319	9,728	11,129	13,644	10,130	9,452	8,052	6,892	8,837
MO-ACA	72,804	71,820	71,719	80,270	67,458	67,157	63,477	54,813	62,150	51,266	38,386	53,544
MO-OTLIC	17,054	18,037	16,998	18,434	16,288	16,115	14,768	13,052	14,466	12,112	9,506	12,255
MO-SPD	7,250	7,101	7,191	7,223	6,319	6,382	6,541	6,494	6,924	5,567	4,266	5,720
MO-Other	101,265	90,454	84,558	92,427	82,684	82,256	79,364	71,348	85,081	71,262	54,194	74,977
Total	237,413	218,696	192,583	209,673	182,477	183,039	177,794	155,837	178,073	148,259	113,244	155,333

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Count of New Enrollments: Enrollment Type (Dec-17)
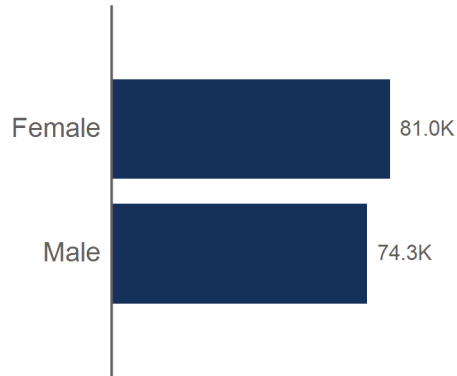
■ Auto Assigned   ■ Passive/Prior   ■ Regular

By Sex

Female	32%	8%	59%
Male	37%	9%	54%

By Age

Ages 0-18	31%	13%	56%
Ages 19-39	41%	7%	52%
Ages 40-64	32%	4%	64%
Ages 65+	32%	0%	68%

By Ethnicity

Asian	22%	6%	72%
Black or African-American	43%	8%	49%
Hispanic	36%	10%	54%
Native Hawaiian or Other Pacific Islander	29%	7%	63%
White	36%	6%	57%
Other/Unknown	31%	9%	60%
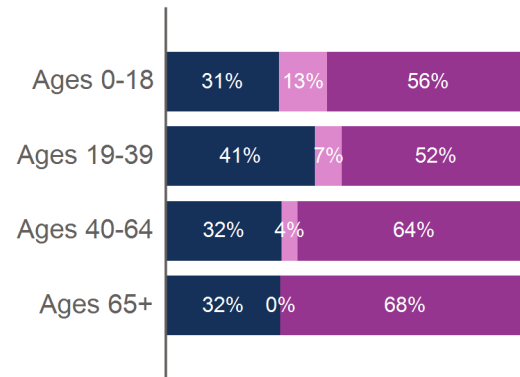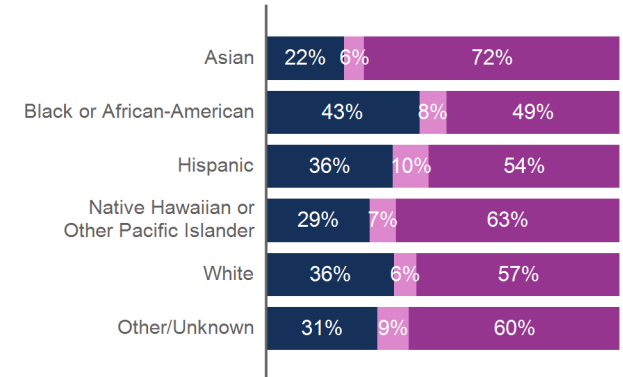
By Enrollment Type
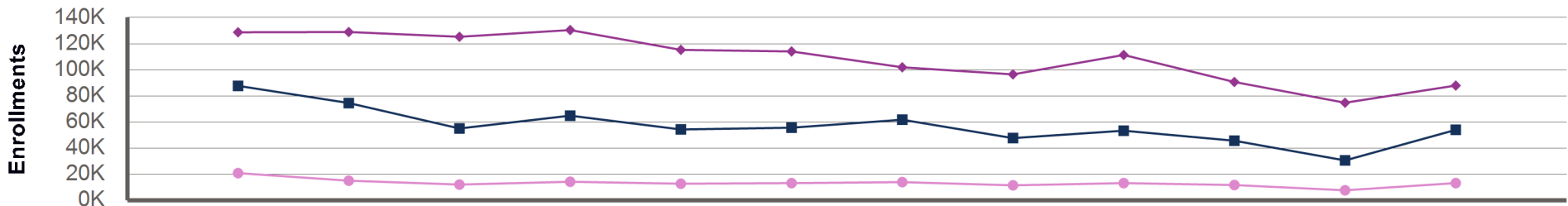
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Auto Assigned	87,735	74,596	55,114	64,920	54,366	55,697	61,800	47,730	53,409	45,741	30,644	54,059
Passive/Prior	20,932	15,141	12,187	14,312	12,834	13,282	14,035	11,600	13,276	11,818	7,782	13,314
Regular	128,746	128,959	125,282	130,441	115,277	114,060	101,959	96,507	111,388	90,700	74,818	87,960
Total	237,413	218,696	192,583	209,673	182,477	183,039	177,794	155,837	178,073	148,259	113,244	155,333

Source: Enterprise Performance Monitoring System
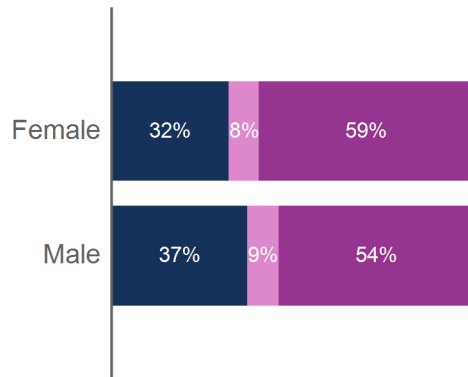*Note: Data in this dashboard is preliminary and subject to change*
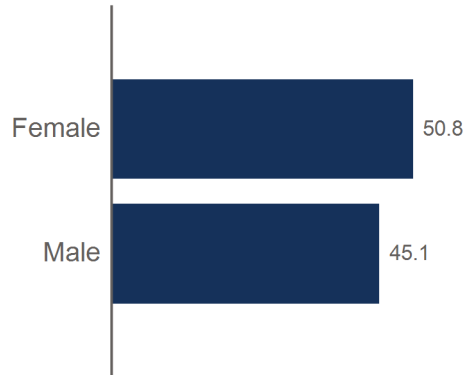
Emergency Room Visits per 1,000 Member Months (Jun-17)
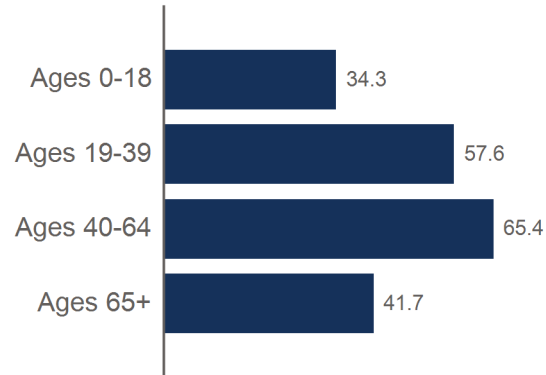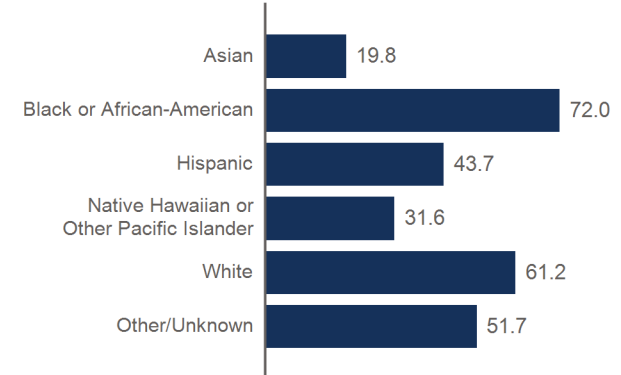
By Sex

	Visits
Female	50.8
Male	45.1

By Age

	Visits
Ages 0-18	34.3
Ages 19-39	57.6
Ages 40-64	65.4
Ages 65+	41.7

By Ethnicity

	Visits
Asian	19.8
Black or African-American	72.0
Hispanic	43.7
Native Hawaiian or Other Pacific Islander	31.6
White	61.2
Other/Unknown	51.7

By Population
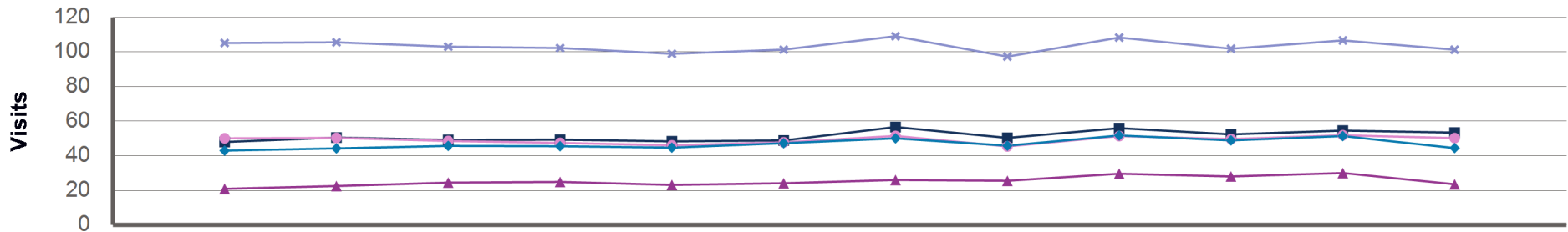
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	48.0	50.6	49.2	49.3	48.4	48.9	56.6	50.4	56.0	52.4	54.6	53.4
MO-ACA	50.1	50.4	48.6	47.5	46.1	47.8	51.5	45.5	51.4	49.7	51.9	50.3
MO-OTLIC	21.0	22.5	24.5	24.9	23.2	24.2	26.1	25.6	29.7	28.1	30.1	23.6
MO-SPD	105.2	105.6	103.0	102.3	98.9	101.3	109.1	97.3	108.3	101.9	106.7	101.3
MO-Other	43.0	44.3	45.8	45.6	44.8	47.3	50.1	45.9	51.8	49.0	51.4	44.5
Total	46.8	48.0	48.1	47.7	46.4	48.4	52.1	47.2	53.2	50.5	52.9	48.1

Source: Enterprise Performance Monitoring System
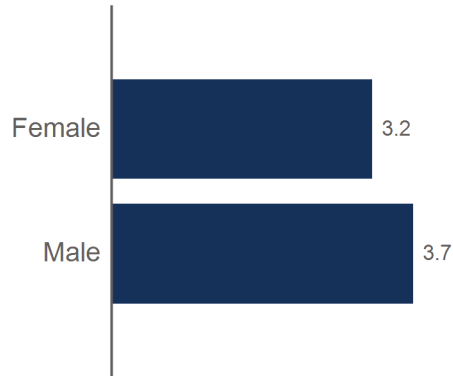*Note: Data in this dashboard is preliminary and subject to change*

Emergency Room Visits with an Inpatient Admission per 1,000 Member Months (Jun-17)
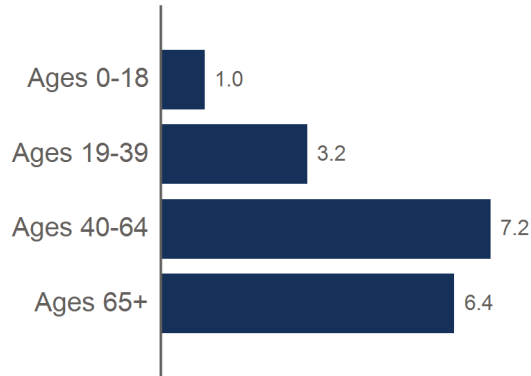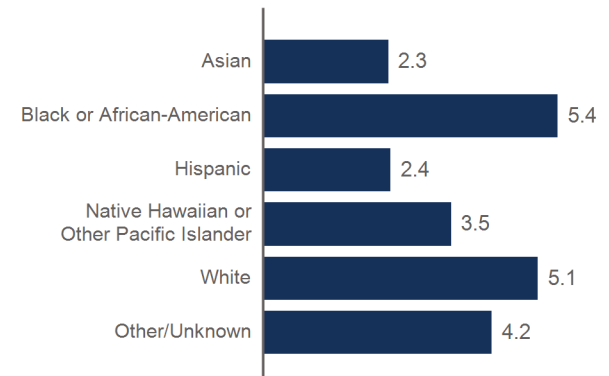
By Sex

Female	3.2
Male	3.7

By Age

Ages 0-18	1.0
Ages 19-39	3.2
Ages 40-64	7.2
Ages 65+	6.4

By Ethnicity

Asian	2.3
Black or African-American	5.4
Hispanic	2.4
Native Hawaiian or Other Pacific Islander	3.5
White	5.1
Other/Unknown	4.2

By Population
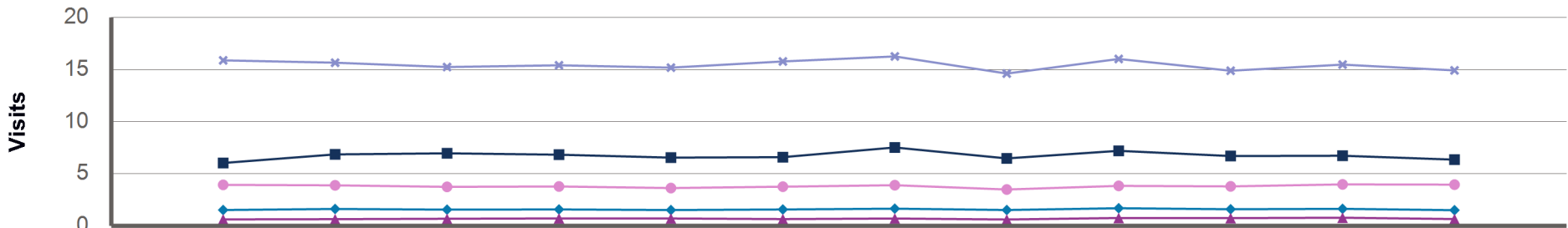
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	6.0	6.9	7.0	6.8	6.6	6.6	7.5	6.5	7.2	6.7	6.7	6.4
MO-ACA	3.9	3.9	3.8	3.8	3.6	3.8	3.9	3.5	3.9	3.8	4.0	4.0
MO-OTLIC	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.8	0.8	0.8	0.7
MO-SPD	15.9	15.7	15.2	15.4	15.2	15.8	16.3	14.6	16.0	14.9	15.5	14.9
MO-Other	1.5	1.6	1.6	1.6	1.5	1.6	1.7	1.5	1.7	1.6	1.7	1.5
Total	3.4	3.5	3.4	3.4	3.3	3.4	3.6	3.3	3.6	3.4	3.6	3.4

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Inpatient Admissions per 1,000 Member Months (Jun-17)
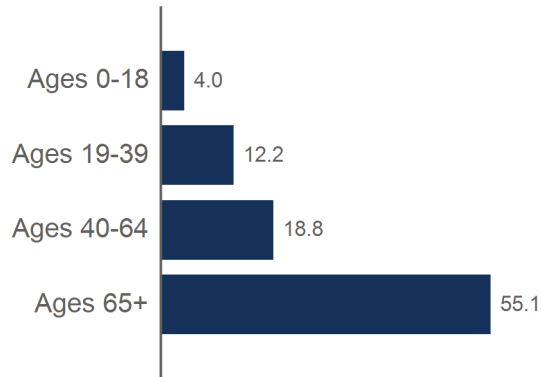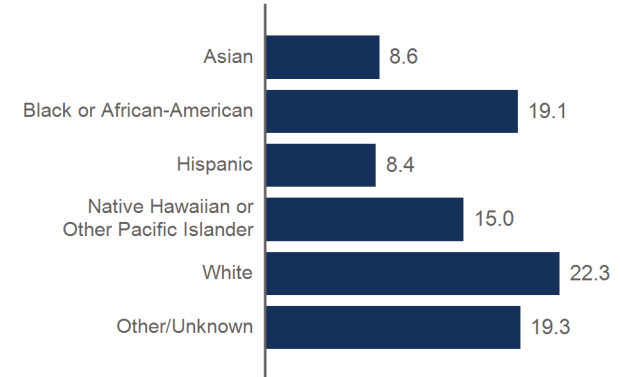
By Sex

Female	14.4
Male	12.6

By Age

Ages 0-18	4.0
Ages 19-39	12.2
Ages 40-64	18.8
Ages 65+	55.1

By Ethnicity

Asian	8.6
Black or African-American	19.1
Hispanic	8.4
Native Hawaiian or Other Pacific Islander	15.0
White	22.3
Other/Unknown	19.3

By Population
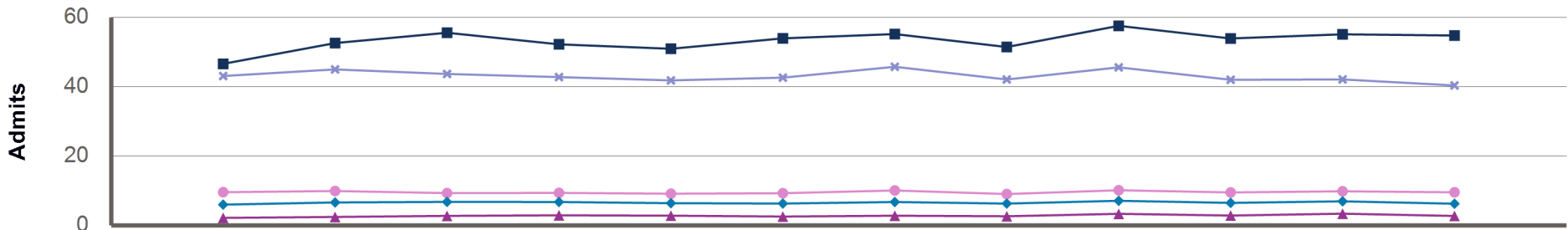
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	46.6	52.6	55.6	52.2	50.9	53.9	55.2	51.5	57.5	53.9	55.1	54.8
MO-ACA	9.6	10.0	9.4	9.4	9.2	9.3	10.1	9.1	10.2	9.6	9.9	9.6
MO-OTLIC	2.2	2.5	2.8	3.0	2.9	2.6	2.8	2.7	3.4	2.9	3.4	2.8
MO-SPD	43.1	45.0	43.7	42.8	41.8	42.6	45.8	42.1	45.6	42.0	42.1	40.4
MO-Other	6.0	6.7	6.8	6.8	6.5	6.4	6.8	6.3	7.1	6.5	7.0	6.3
Total	12.6	13.7	13.8	13.4	13.0	13.3	14.2	13.2	14.7	13.7	14.2	13.6

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

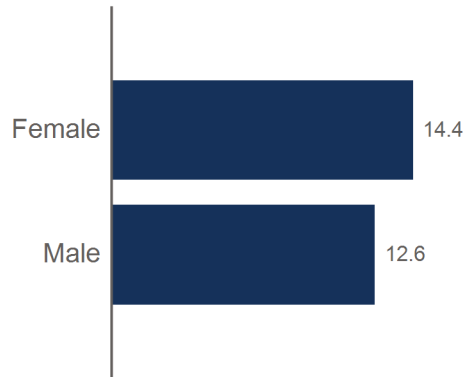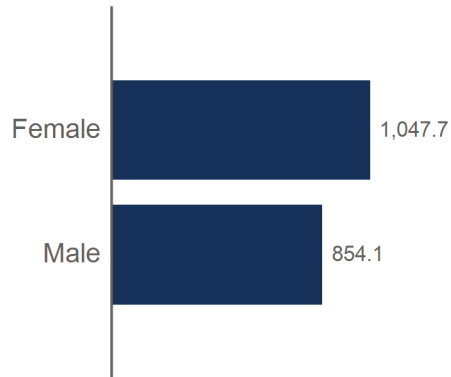*Outpatient Visits per 1,000 Member Months (Jun-17)*
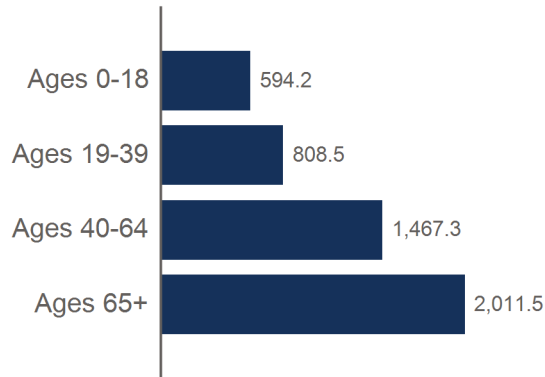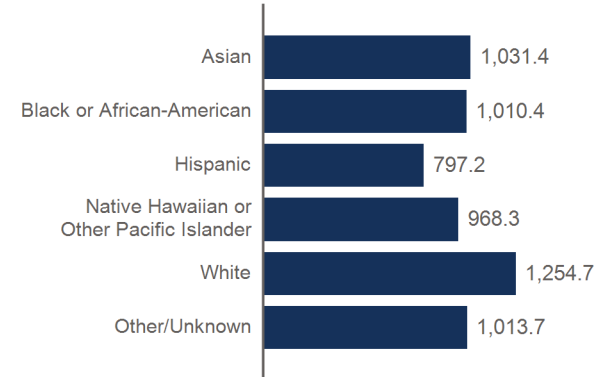
By Sex

Female — 1,047.7
Male — 854.1

By Age

Ages 0-18 — 594.2
Ages 19-39 — 808.5
Ages 40-64 — 1,467.3
Ages 65+ — 2,011.5

By Ethnicity

Asian — 1,031.4
Black or African-American — 1,010.4
Hispanic — 797.2
Native Hawaiian or Other Pacific Islander — 968.3
White — 1,254.7
Other/Unknown — 1,013.7

By Population
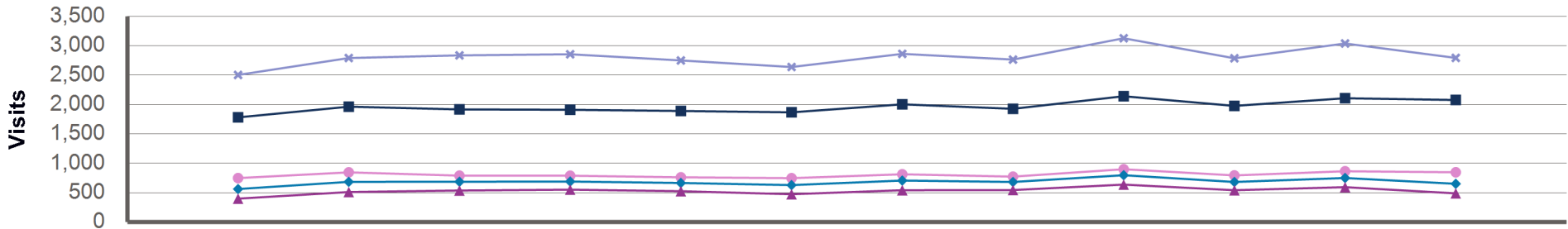
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	1,781.5	1,963.6	1,916.9	1,910.5	1,890.4	1,867.4	2,003.4	1,927.0	2,141.3	1,976.9	2,107.2	2,077.4
MO-ACA	749.5	847.3	791.1	790.0	762.8	748.2	814.1	774.3	900.1	794.8	865.6	848.3
MO-OTLIC	399.9	512.2	538.4	553.0	526.4	474.9	543.4	546.1	638.9	543.1	595.4	489.7
MO-SPD	2,503.5	2,790.7	2,836.1	2,854.7	2,749.6	2,638.1	2,861.4	2,764.2	3,126.9	2,786.8	3,038.0	2,792.8
MO-Other	563.3	685.8	687.2	690.6	666.2	630.0	707.7	683.5	798.4	683.3	750.9	652.2
Total	826.8	958.7	945.6	947.9	917.3	882.7	974.5	940.8	1,081.2	952.2	1,036.1	957.3

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
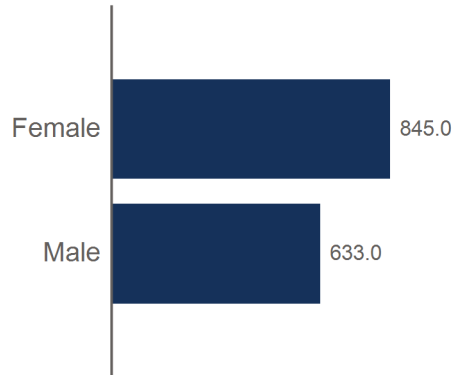
DHCS
California Department of
HealthCareServices

Prescriptions per 1,000 Member Months (Jun-17)
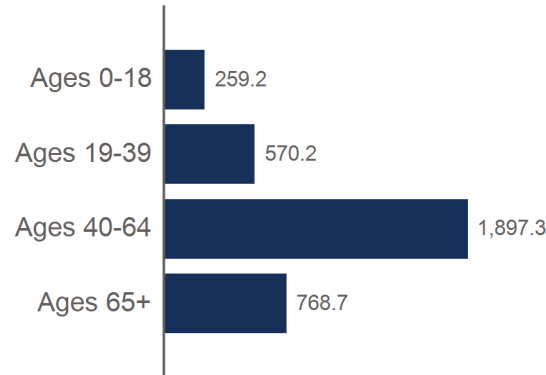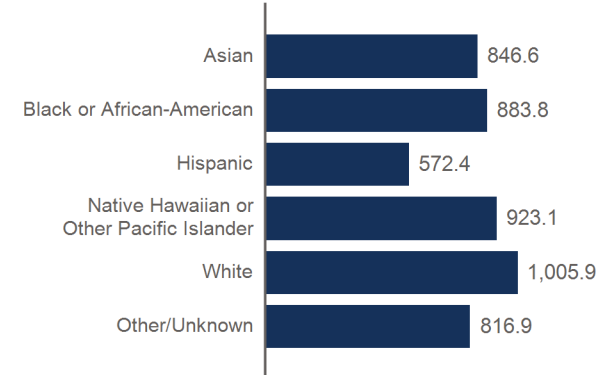
By Sex

Female	845.0
Male	633.0

By Age

Ages 0-18	259.2
Ages 19-39	570.2
Ages 40-64	1,897.3
Ages 65+	768.7

By Ethnicity

Asian	846.6
Black or African-American	883.8
Hispanic	572.4
Native Hawaiian or Other Pacific Islander	923.1
White	1,005.9
Other/Unknown	816.9

By Population
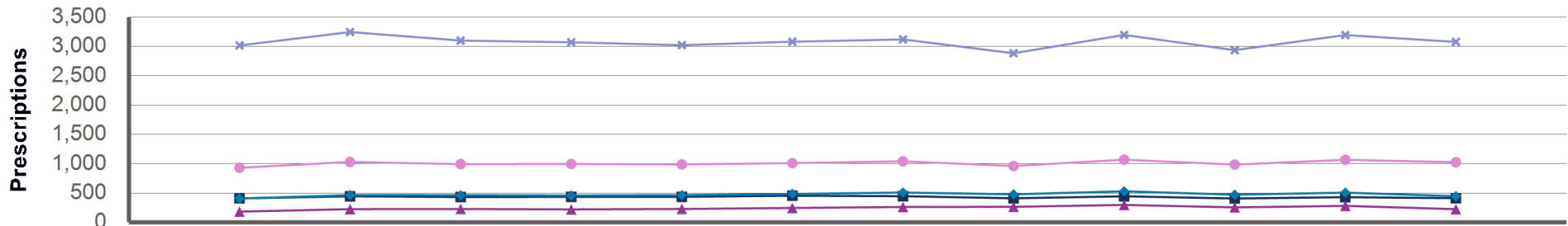
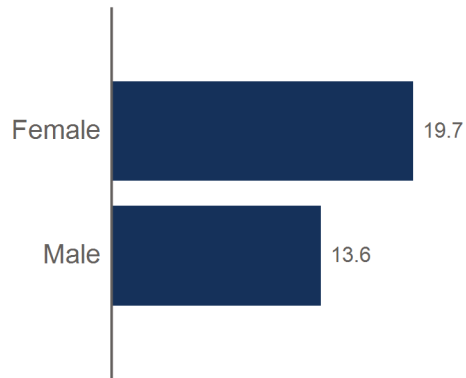|	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	410.6	446.2	433.6	436.3	436.7	456.5	447.6	412.5	446.3	408.5	431.6	413.9
MO-ACA	933.0	1,031.1	994.6	996.9	989.8	1,011.3	1,042.2	962.1	1,070.4	986.5	1,067.9	1,027.4
MO-OTLIC	185.2	227.3	229.7	222.5	230.6	247.3	264.3	267.5	299.5	257.9	282.9	227.2
MO-SPD	3,017.2	3,245.3	3,100.3	3,070.6	3,022.4	3,080.7	3,119.8	2,884.0	3,196.2	2,936.7	3,194.4	3,077.2
MO-Other	408.3	465.8	464.3	459.3	464.7	486.3	510.1	479.9	531.6	473.6	508.3	447.9
Total	690.6	768.4	748.2	744.0	742.8	766.0	788.7	734.3	814.2	740.3	799.8	746.0

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

Mild-to-Moderate Mental Health Visits per 1,000 Member Months (Jun-17)
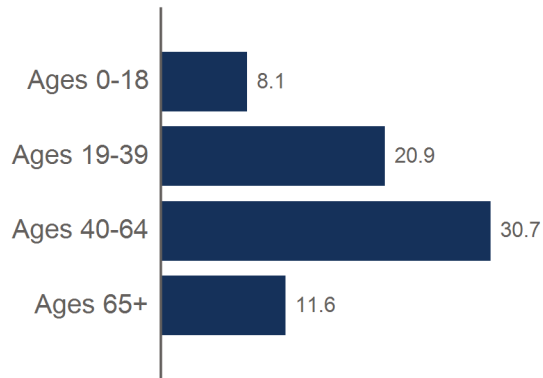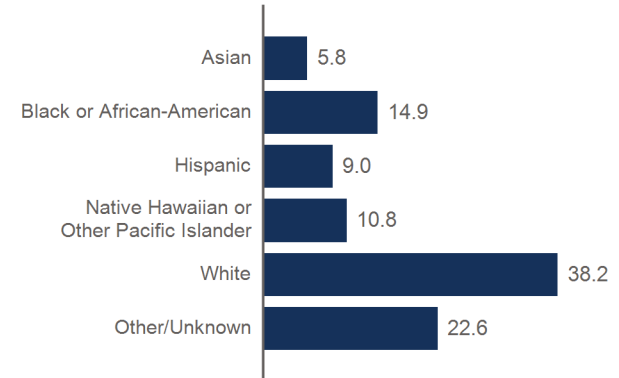
By Sex

Female 19.7

Male 13.6

By Age

Ages 0-18 8.1

Ages 19-39 20.9

Ages 40-64 30.7

Ages 65+ 11.6

By Ethnicity

Asian 5.8

Black or African-American 14.9

Hispanic 9.0

Native Hawaiian or Other Pacific Islander 10.8

White 38.2

Other/Unknown 22.6

By Population
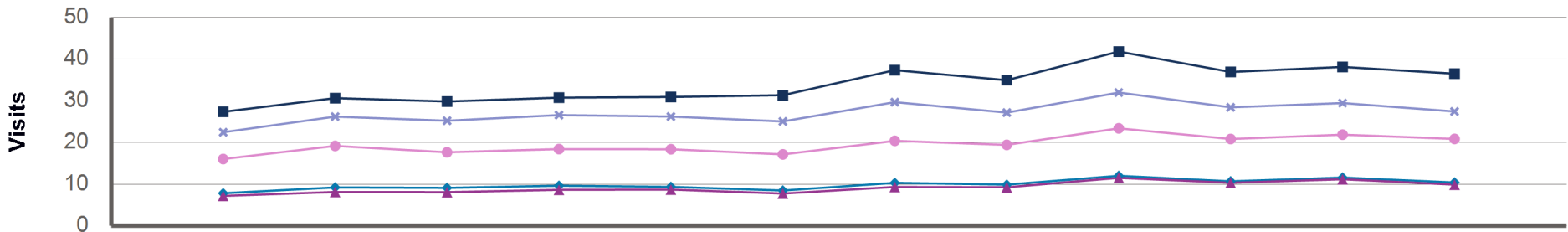
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Dual	27.4	30.6	29.8	30.8	30.9	31.3	37.3	34.9	41.8	36.9	38.1	36.5
MO-ACA	16.0	19.2	17.6	18.4	18.4	17.1	20.4	19.4	23.4	20.8	21.9	20.9
MO-OTLIC	7.2	8.1	8.1	8.6	8.7	7.8	9.3	9.3	11.5	10.3	11.2	9.9
MO-SPD	22.5	26.2	25.2	26.6	26.2	25.0	29.7	27.2	32.0	28.4	29.4	27.4
MO-Other	7.8	9.2	9.1	9.6	9.4	8.5	10.3	9.9	12.0	10.7	11.6	10.4
Total	12.7	14.8	14.2	14.9	14.8	13.9	16.7	15.9	19.2	17.1	18.1	16.9

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

DHCS
California Department of
HealthCareServices

Grievances per 1,000 Member Months (2017Q4)

By Sex

Female	1.0
Male	0.7

By Age

Ages 0-18	0.3
Ages 19-39	0.8
Ages 40-64	1.9
Ages 65+	0.7

By Ethnicity

Asian	0.5
Black or African-American	1.3
Hispanic	0.6
Native Hawaiian or Other Pacific Islander	0.6
White	1.4
Other/Unknown	1.0
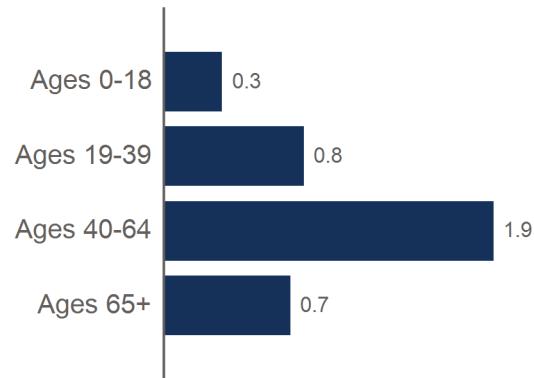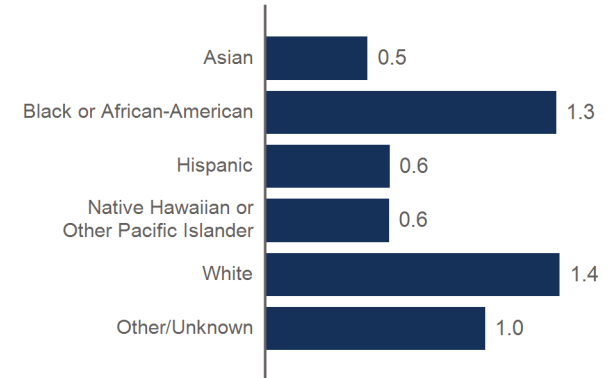
By Population
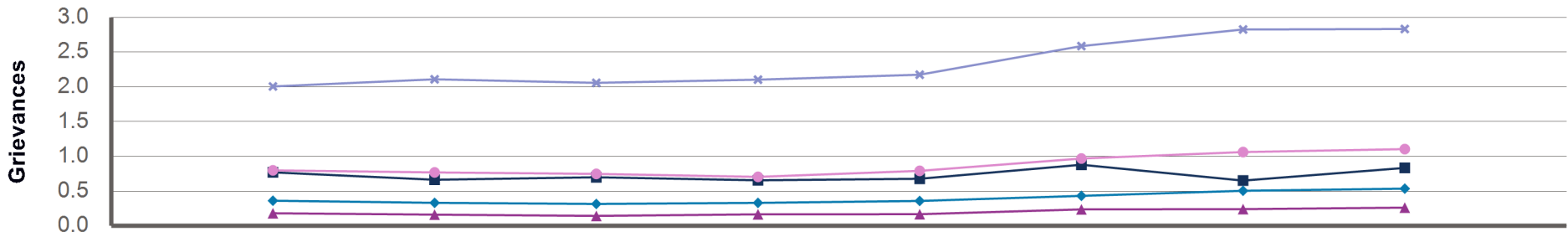
	2016Q1	2016Q2	2016Q3	2016Q4	2017Q1	2017Q2	2017Q3	2017Q4
Dual	0.8	0.7	0.7	0.7	0.7	0.9	0.7	0.8
MO-ACA	0.8	0.8	0.7	0.7	0.8	1.0	1.1	1.1
MO-OTLIC	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.3
MO-SPD	2.0	2.1	2.1	2.1	2.2	2.6	2.8	2.8
MO-Other	0.4	0.3	0.3	0.3	0.4	0.4	0.5	0.5
Total	0.6	0.6	0.6	0.6	0.6	0.7	0.8	0.8

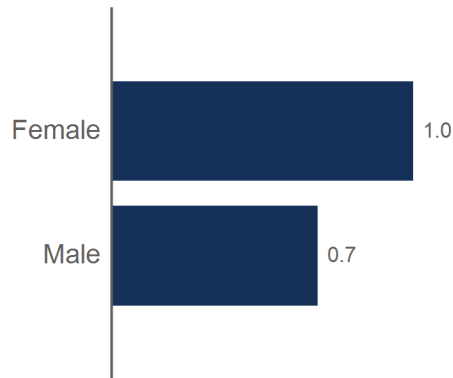*Source: Enterprise Performance Monitoring System*
Note: Data in this dashboard is preliminary and subject to change

DHCS
California Department of
HealthCareServices

Count of Grievances: Grievance Type* (2017Q4)

Accessibility

Excessive Long Wait Time	724
Facility Physical Access	36
Language Accessibility	63
Primary Care Provider Availability	753
Specialist Availability	502
Telephone Accessibility	278

Benefits

Dispute over Covered Services	3,508

Quality of Care

Inadequate Facilities	419
Inappropriate Ancillary Care	908
Inappropriate Hospital Care	316
Inappropriate Provider Care	3,123
Plan Denial of Treatment	886
Poor Provider/Staff Attitude	6,928
Provider Denial of Treatment	464

Referral

Delay in Referral	1,167
Plan Refusal to Refer	151
Provider Refusal to Refer	447

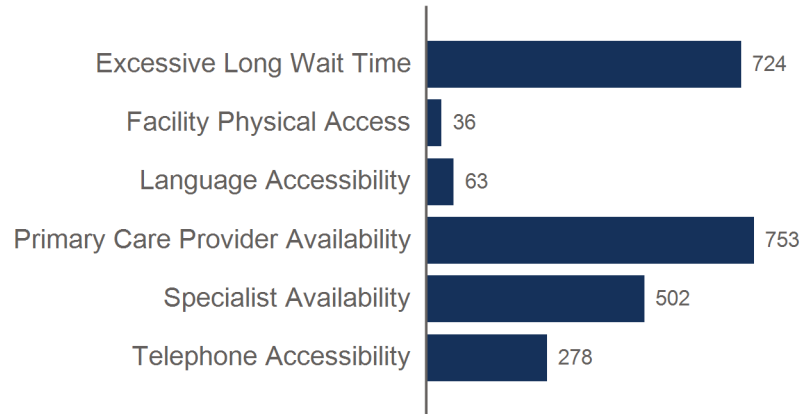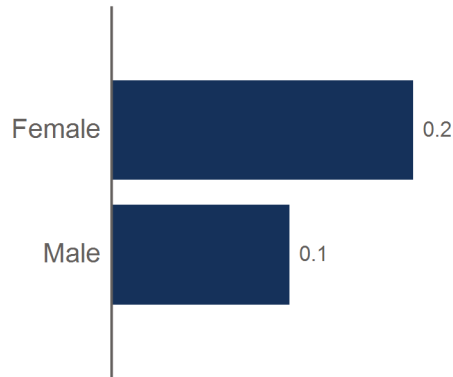**There were 7,187 Other Grievances during the quarter that did not fall under one of the above four categories.*

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

DHCS
California Department of
HealthCareServices

State Fair Hearings per 10,000 Member Months (Dec-17)

By Sex

Female — 0.2
Male — 0.1

By Age

Ages 0-18 — 0.0
Ages 19-39 — 0.1
Ages 40-64 — 0.3
Ages 65+ — 0.1

By Ethnicity

Asian — 0.1
Black or African-American — 0.2
Hispanic — 0.1
Native Hawaiian or Other Pacific Islander — 0.2
White — 0.2
Other/Unknown — 0.2

By Population

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dual	0.3	0.3	0.4	0.3	0.3	0.5	0.3	0.4	0.3	0.2	0.2	0.2
MO-ACA	0.4	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2
MO-OTLIC	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
MO-SPD	1.5	1.5	1.9	1.2	1.5	1.4	1.4	1.4	1.2	1.4	0.9	0.7
MO-Other	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.0
Total	0.3	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.1

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
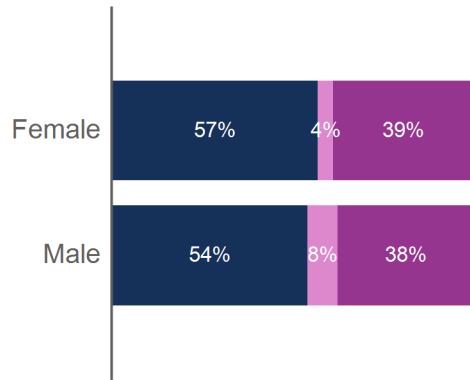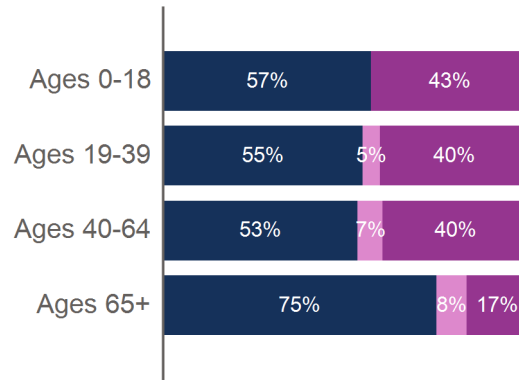
Count of State Fair Hearings: Outcomes (Dec-17)

■ Denied or Dismissed   ■ Granted   ■ Withdrawal or Non-Appearance

By Sex

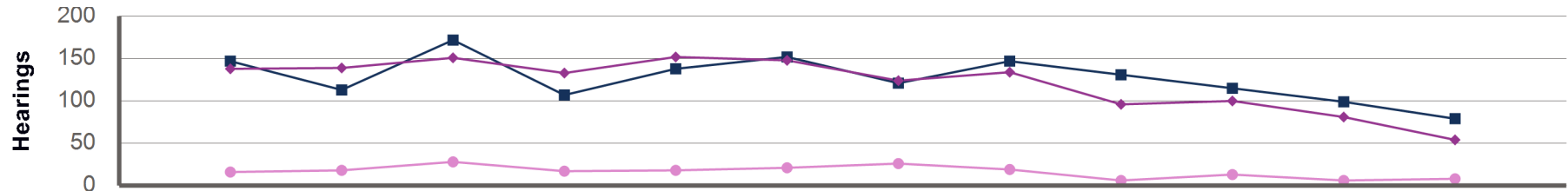|			
Female	57%	4%	39%
Male	54%	8%	38%

By Age

Ages 0-18	57%		43%
Ages 19-39	55%	5%	40%
Ages 40-64	53%	7%	40%
Ages 65+	75%	8%	17%

By Ethnicity

Asian	33%		67%
Black or African-American	53%		47%
Hispanic	61%	6%	33%
Native Hawaiian or Other Pacific Islander	75%		25%
White	51%	8%	41%
Other/Unknown	61%	3%	35%

By Outcome

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Denied or Dismissed	147	113	172	107	138	152	121	147	131	115	99	79
Granted	16	18	28	17	18	21	26	19	6	13	6	8
Withdrawal or Non-Appearance	138	139	151	133	152	148	124	134	96	100	81	54
Total	301	270	351	257	308	321	271	300	233	228	186	141

Source: Enterprise Performance Monitoring System
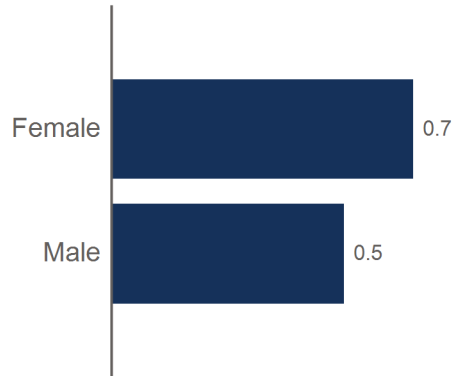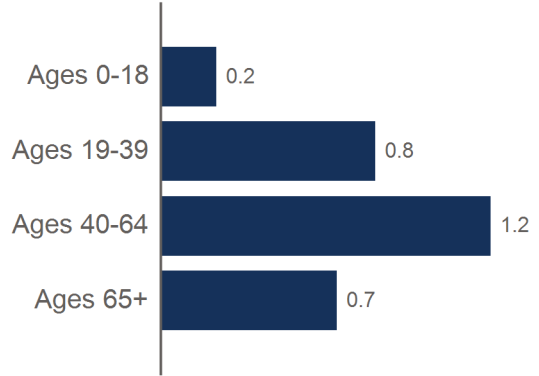*Note: Data in this dashboard is preliminary and subject to change*

Medical Exemption Requests per 10,000 Member Months (Dec-17)

By Sex

By Age

By Ethnicity
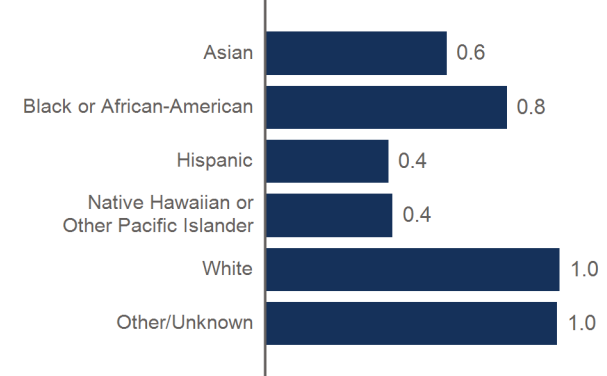
By Population
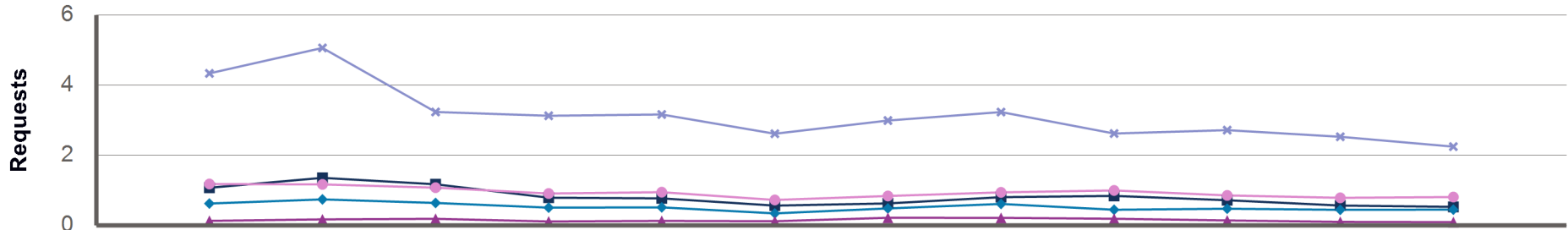
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Dual	1.1	1.4	1.2	0.8	0.8	0.6	0.6	0.8	0.8	0.7	0.6	0.5
MO-ACA	1.2	1.2	1.1	0.9	1.0	0.7	0.8	0.9	1.0	0.9	0.8	0.8
MO-OTLIC	0.1	0.2	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1
MO-SPD	4.3	5.1	3.2	3.1	3.2	2.6	3.0	3.2	2.6	2.7	2.5	2.2
MO-Other	0.6	0.7	0.6	0.5	0.5	0.3	0.5	0.6	0.5	0.5	0.4	0.5
Total	1.0	1.1	0.9	0.8	0.8	0.6	0.7	0.8	0.7	0.7	0.6	0.6

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

DHCS
California Department of
HealthCareServices

Count of Medical Exemption Requests: Exempt Status (Dec-17)

■ Approved   ▪ Denied

By Sex

Female	46% / 54%
Male	56% / 44%

By Age

Ages 0-18	78% / 22%
Ages 19-39	42% / 58%
Ages 40-64	47% / 53%
Ages 65+	53% / 47%

By Ethnicity

Asian	43% / 57%
Black or African-American	62% / 38%
Hispanic	43% / 57%
Native Hawaiian or Other Pacific Islander	22% / 78%
White	52% / 48%
Other/Unknown	57% / 43%
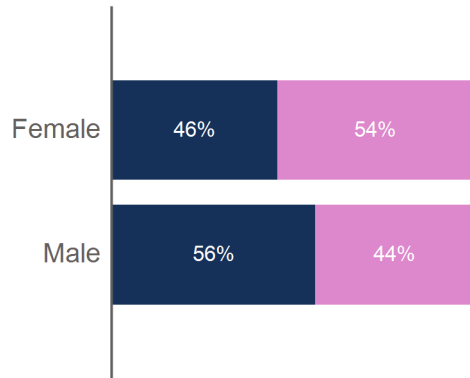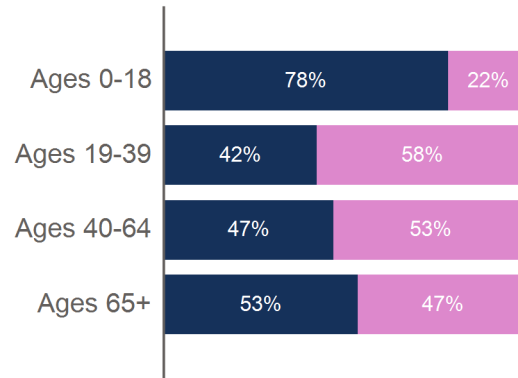
By Exempt Status

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Approved	478	363	444	357	411	263	387	464	416	365	342	344
Denied	601	858	562	478	442	380	404	456	401	405	358	344
Total	1,079	1,221	1,006	835	853	643	791	920	817	770	700	688

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

2017 HEDIS® Aggregated Quality Factor Score (AQFS)

——— HPL - 100%   ——— Weighted Average - 63%   ——— MPL - 40%

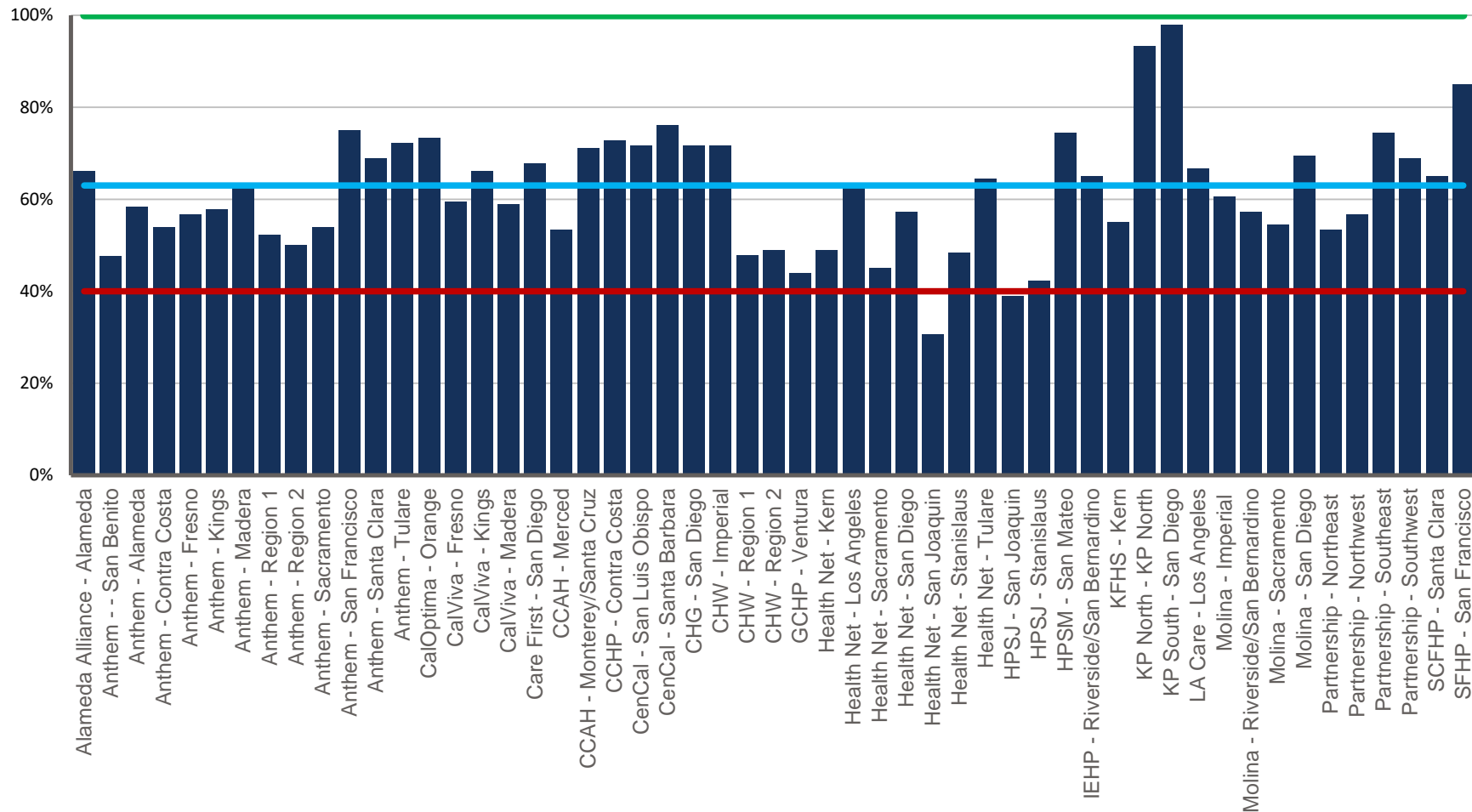**By HEDIS® Reporting Unit**

Network Adequacy (2017Q4)

Member Ratios
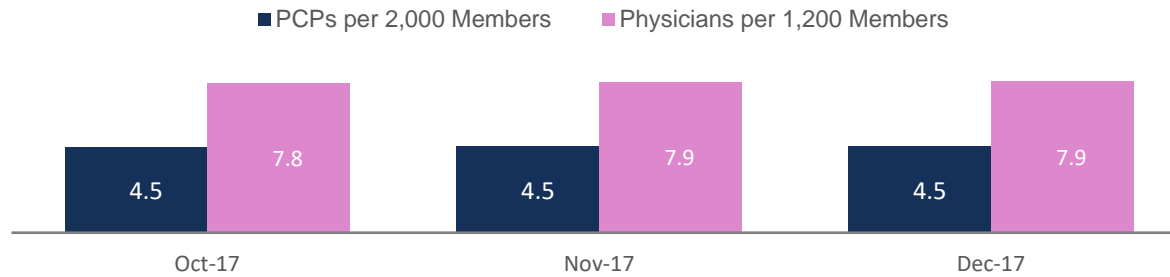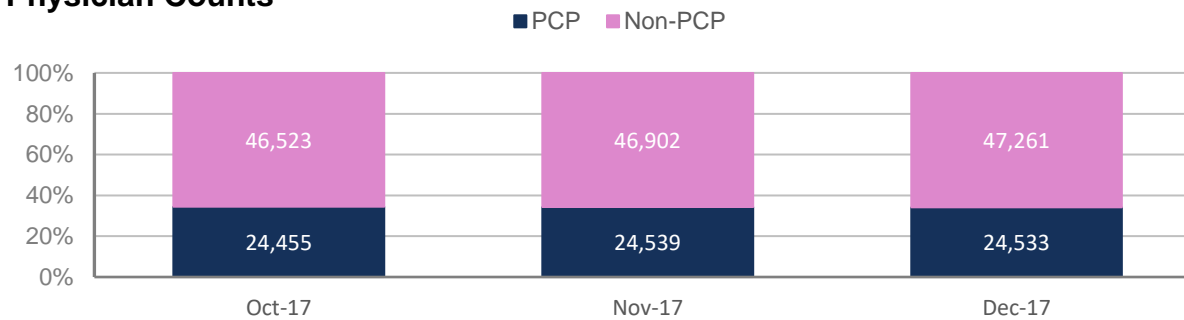
■ Members per PCP   ■ Members per Specialist

	Oct-17	Nov-17	Dec-17
Members per PCP	444.9	442.0	442.7
Members per Specialist	179.7	177.8	177.4

Provider Ratios

■ PCPs per 2,000 Members   ■ Physicians per 1,200 Members

	Oct-17	Nov-17	Dec-17
PCPs per 2,000 Members	4.5	4.5	4.5
Physicians per 1,200 Members	7.8	7.9	7.9

Physician Counts

■ PCP   ■ Non-PCP

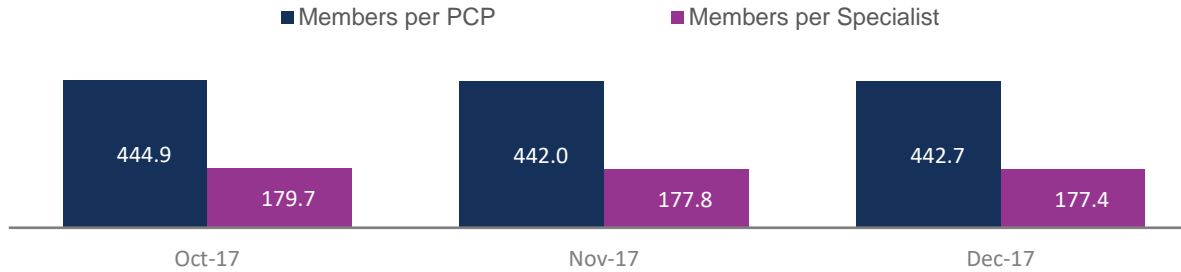|	Oct-17	Nov-17	Dec-17
Non-PCP	46,523	46,902	47,261
PCP	24,455	24,539	24,533

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

GLOSSARY

Metrics

Certified Eligible: A certified eligible is a beneficiary deemed qualified for Medi-Cal services by a valid eligibility determination, and who have enrolled into the program. This classification excludes beneficiaries who have a monthly share-of-cost obligation that has not been met. Enrollment counts exclude information related to applications received or any other eligible members that may be in the process of becoming certified eligible.

Member Month: A member month represent one certified eligible for one month of enrollment. Counts of Member months represent the number of certified eligible individuals enrolled in a health plan or Fee-For-Service each month.

Per 1,000 Member Months: Utilization rates per 1,000 member months were calculated by dividing overall utilization of a given service (e.g., Emergency Room Visits) by the total number of member months for the same time period and multiplying the result by 1,000.

Abbreviated Numbers: Numbers in millions (M) that are less than 50,000 are displayed as 0.0M. Numbers in thousands (K) that are less than 50 are displayed as 0.0K.

Percentages: Percentage metrics are displayed as whole numbers. Charts may add up to 99%, 100%, or 101%.

MO-: Indicates Medi-Cal Only. See Non-Dual definition for more information.

Population Aid Code Groups

Affordable Care Act (ACA): This population consists of the following Adult Expansion aid codes: M1, M2, 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.

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 aid codes not categorized under ACA, OTLIC, or SPD.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

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. Dual members are not identified by an aid code.

Non-Dual: This population consists of any Medi-Cal eligible member who is Medi-Cal Only (MO) and has no active Medicare coverage.

New Enrollments

This population consists of members who were newly eligible for Medi-Cal Managed Care enrollment. The enrollment types are defined below:

Auto Assigned: Members who made no choice that were assigned by default algorithm.

Passive/Prior: Members who were passively enrolled and members defaulted because they were previously a member or because other family members were already assigned to the plan.

Regular: Members who made a choice or selected a health plan by submitting an enrollment form.

Utilization Measures for Certified Eligible Managed Care Members

Utilization is tracked by aid code population and Medicare status.

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

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change

date of admission to a facility. This measure is displayed per 1,000 member months.

Outpatient (OP) Visits: This measure captures the number of outpatient 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.

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.

Grievances, State Fair Hearings, and Medical Exemption Requests

Grievances: Grievance data is collected quarterly and is plan reported. A single member can have multiple grievances, and a single grievance can have multiple reasons. Grievance reasons include Accessibility, Benefits, Quality of Care, and Referral. The count of grievances that do not fall into one of the above mentioned categories will be noted as "Other".

State Fair Hearings: Hearing data is reported from the Department of Social Services. Hearing outcomes have been grouped into three outcomes types: Denied or Dismissed, Granted, and Withdrawal or Non-Appearance.

Medical Exemption Requests (MERs): A MER is a request to be exempt from mandatory enrollment into a Managed Care health plan. If a MER is approved a beneficiary can stay in Medi-Cal fee-for-service for a period of 12 months. If a MER is denied a member is required to enroll into a Managed Care health plan.

Health Effectiveness Data and Information Set (HEDIS®) Aggregated Quality Factor Score (AQFS)

The HEDIS® measures and specifications were developed by and are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). The HEDIS® AQFS is a single score that accounts for plan performance on all DHCS selected 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 calculated annually. A HEDIS® reporting unit is a combination of one or more health plans in a county or region.

Network Adequacy

Member Ratios: This metric is designed to showcase the number of plan enrollees per physician type. Physician types include

Primary Care Physician (PCP) and Specialist. A PCP can also be categorized as a Specialist; therefore, a single physician may be counted towards a PCP ratio and a Specialist ratio.

Provider Ratios: This metric is designed to showcase the number of Primary Care Physicians (PCPs) per 2,000 plan enrollees and all Physicians per 1,200 plan enrollees.

Physician Totals: This metric is designed to showcase the number and percentage of physicians identified as a PCP. Non-PCP physicians include any physician not designated as a PCP by a health plan organization.