



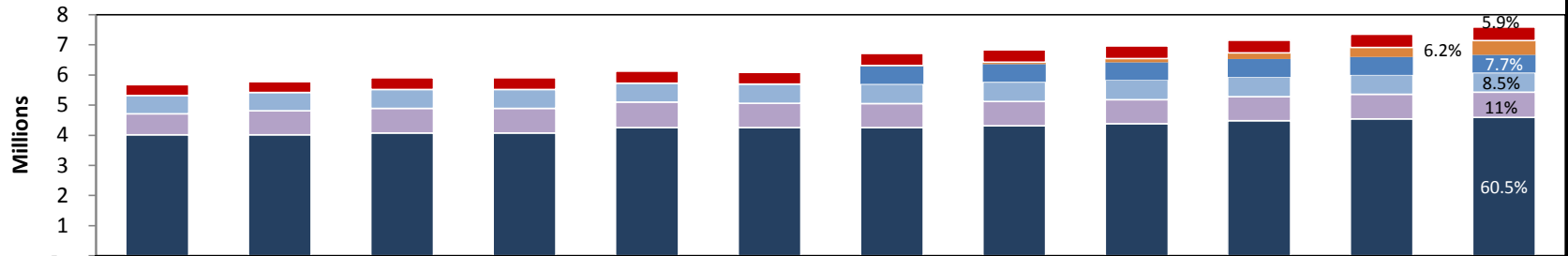
Medi-Cal Managed Care Quarterly Performance Dashboard

Released November 20, 2014

ENROLLMENT

E1 Enrollment By Population: *Statewide*

■ Families ■ Children ■ SPDs ■ LIHP ■ ACA Expansion ■ Duals



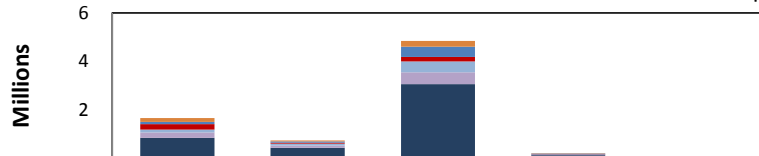
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
All	5,677,434	5,779,091	5,903,807	5,911,169	6,124,689	6,088,595	6,718,526	6,829,578	6,961,149	7,156,223	7,349,658	7,588,083
Duals	357,361	360,312	385,877	388,926	391,978	394,609	401,724	406,450	411,798	417,932	433,618	449,188
SPDs	609,204	610,216	629,351	630,435	632,948	633,694	646,994	650,445	651,621	650,671	650,177	648,647
Children	697,758	791,715	809,984	812,249	848,793	806,945	797,449	810,594	794,005	802,152	815,485	837,785
LIHP	-	-	-	-	-	-	596,063	591,854	592,367	599,183	596,250	586,476
ACA Expansion	-	-	-	-	-	-	20,561	59,857	123,462	205,041	312,442	472,417
Families	4,013,111	4,016,848	4,078,595	4,079,559	4,250,970	4,253,347	4,255,735	4,310,378	4,387,896	4,481,244	4,541,686	4,593,570

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

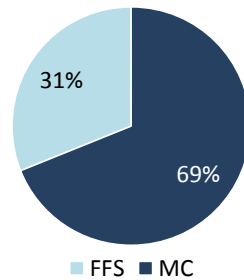
Children are exclusively Optional Targeted Low Income (up to 266% FPL) whose parents' income is too high for Medi-Cal; Families population includes parents and children who mostly qualify for TANF

E2 Enrollment by Plan Model as of June 1, 2014

■ Families ■ Children ■ SPDs ■ Duals ■ LIHP ■ ACA Exp

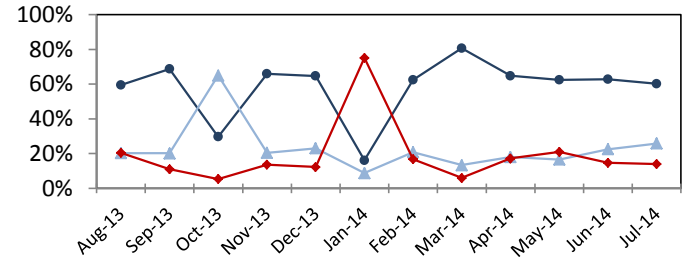


E3 Medi-Cal Managed Care vs. FFS as of June 1, 2014: *Statewide*



E4 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.

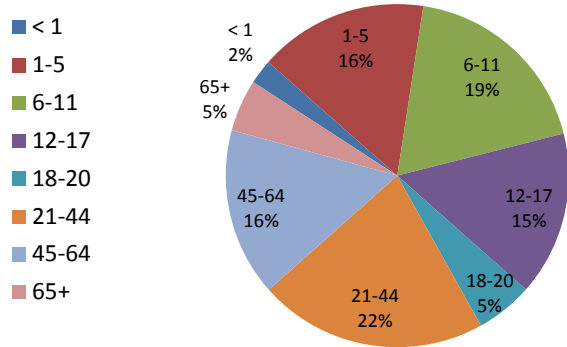


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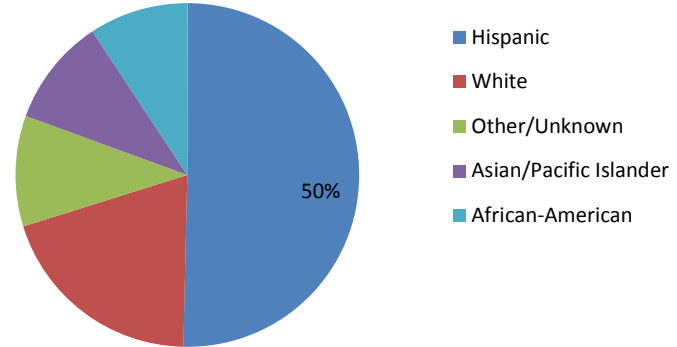
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Demographics

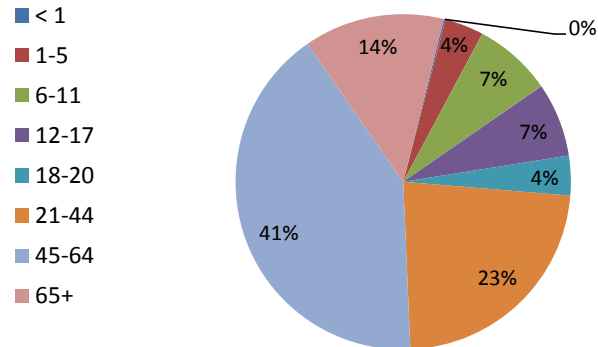
D1 Medi-Cal Managed Care Members by Age as of June 1, 2014 (Includes SPD and Duals)



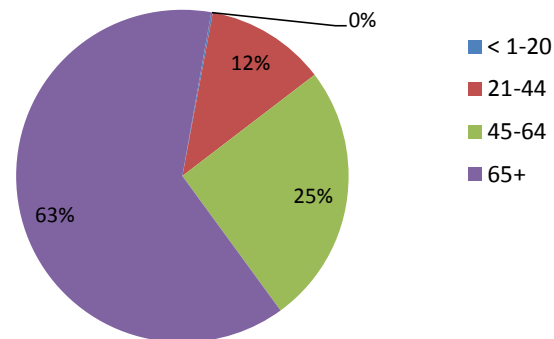
D2 Medi-Cal Managed Care Members by Race/Ethnicity as of June 1, 2014 (Includes SPD and Duals)



D3 Medi-Cal Managed Care Members Medi-Cal Only SPDs by Age As of June 1, 2014



D4 Medical Managed Care Members Dual Eligibles by Age As of June 1, 2014



D5 Medi-Cal Managed Care Members Percent of Total by Age/Gender As of June 1, 2014 (Includes SPDs and Duals)

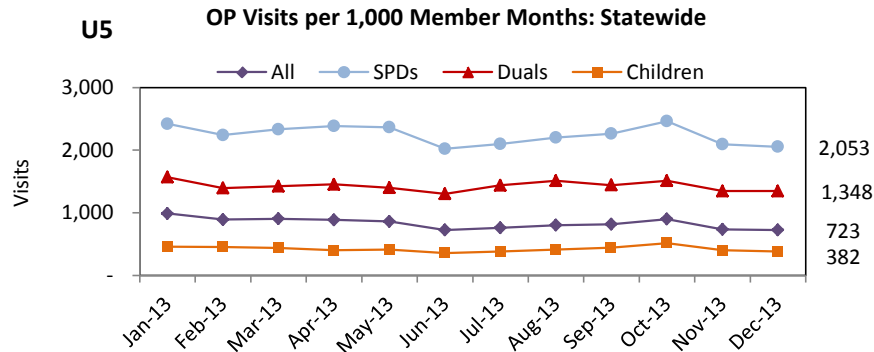
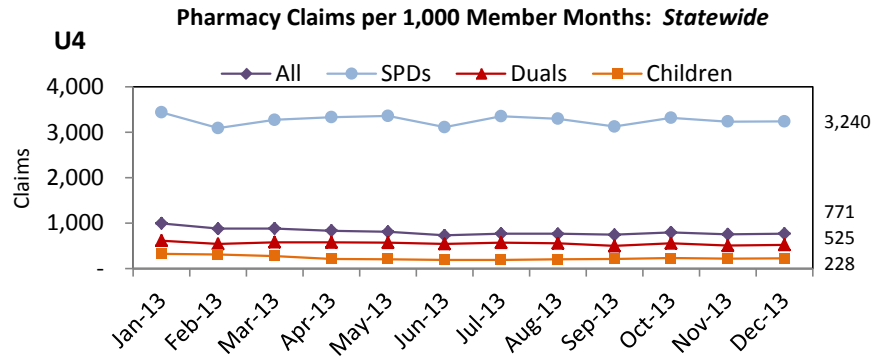
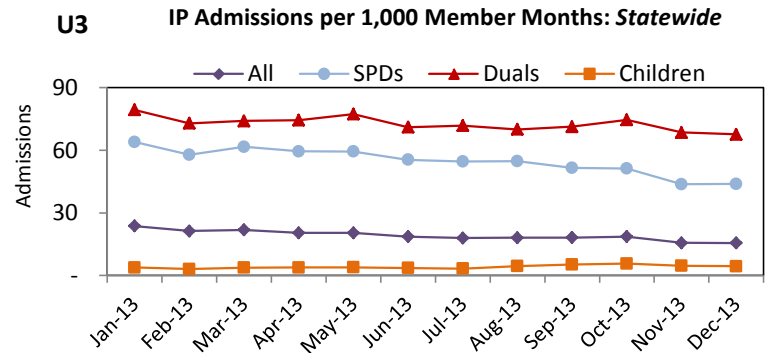
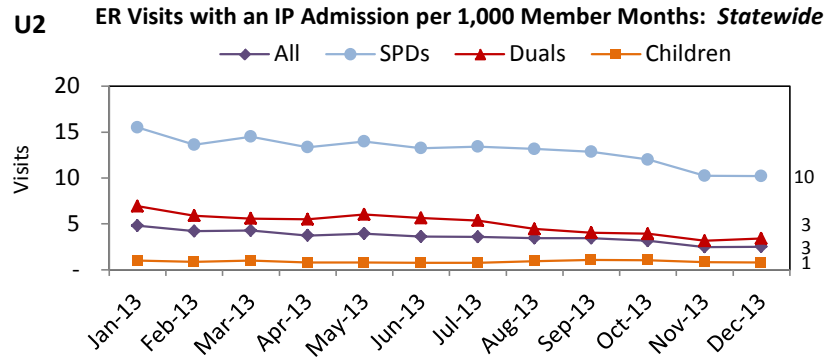
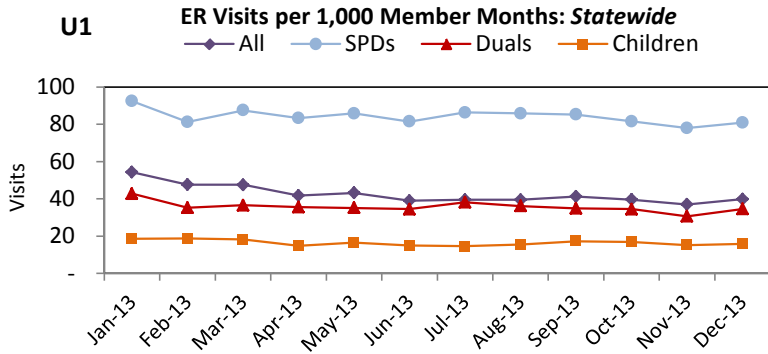
Age Group	< 1	1-5	6-11	12-17	18-20	21-44	45-64	65+
Female	48.9%	48.9%	48.8%	49.0%	52.3%	61.6%	55.2%	62.4%
Male	51.1%	51.1%	51.2%	51.0%	47.7%	38.4%	44.8%	37.6%
Total	176,087	1,210,136	1,412,816	1,174,078	408,370	1,633,121	1,201,908	371,565



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Utilization





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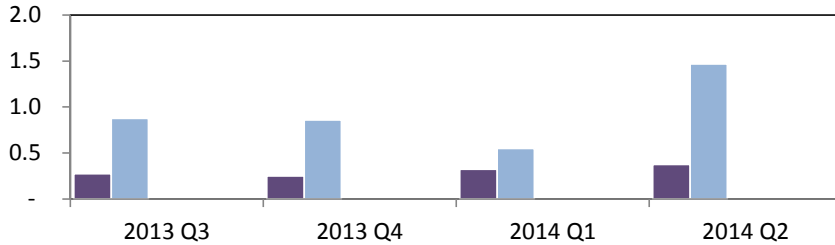
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ACCESS

Grievances per 1,000 Member Months (Q2 2014): *Statewide*

A1

Legend: All (dark purple), SPDs (light blue), Duals (red), Children (light purple), Families (dark blue)

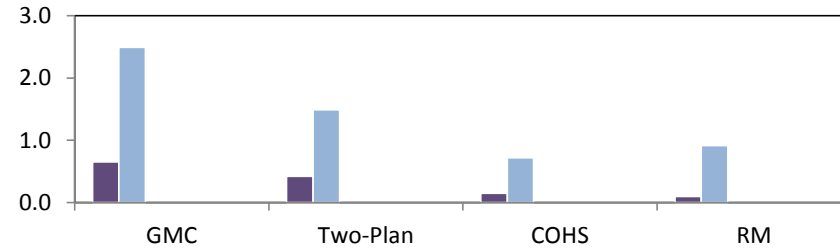


We cannot breakout grievance data for duals, children, and families at this time.

Grievances per 1,000 Member Months (Q2 2014): *Plan Model*

A2

Legend: All (dark purple), SPDs (light blue), Duals (red), Children (light purple), CBAS (dark blue), Families (teal)



A3

Grievances by Reason (Q2 2014): *Statewide*

Population	Physical Accessibility	Access to Primary Care	Access to Specialists	Out-of-Network	Other Types of Grievances
All	24	739	381	154	6,973
SPDs	13	239	99	47	2,462

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

A4

State Fair Hearing Requests by Reason (Q2 2014): *Statewide*

Reason Category	Total	SPDs	Children	Other
MER/EDER	167	55	0	112
Pharmacy	154	65	2	87
Surgery/Treatment	89	33	1	55
Billing Issue	38	11	1	26
Durable Medical Equipment	35	31	0	4
Denial of Service	34	19	2	13
All Other Reasons	148	70	7	71
Total	665	284	13	368

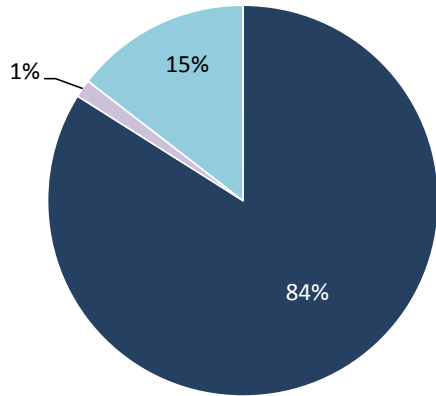


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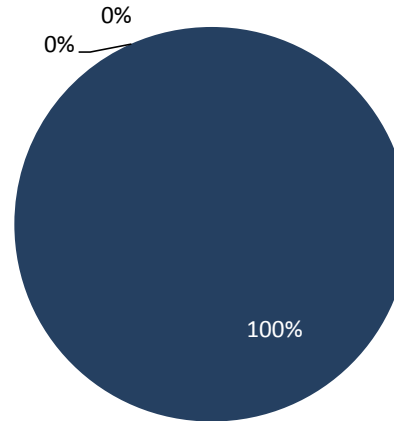
ACCESS (Cont.)

A5 SPDs Continuity of Care (Q2 2014):
Statewide



■ Approved ■ Denied ■ In Process

A6 Children Continuity of Care (Q2 2014)
Statewide

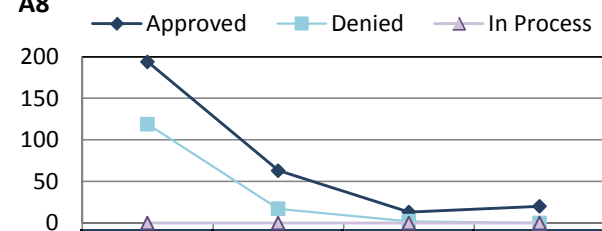


A7 SPD Continuity of Care Statewide



	Q3 2013	Q4 2013	Q1 2014	Q2 2014
Approved	732	1,083	448	681
Denied	105	152	248	118
In Process	12	2	15	12
Total	849	1,237	711	811

A8 Children Continuity of Care Statewide



	Q3 2013	Q4 2013	Q1 2014	Q2 2014
Approved	194	63	13	20
Denied	119	17	2	0
In Process	0	0	0	0
Total	313	80	15	20

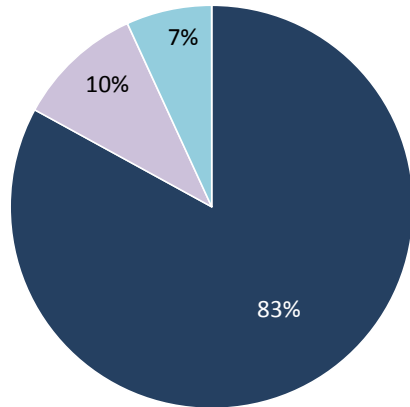
Continuity of Care data displayed on this page represents plan-reported data.



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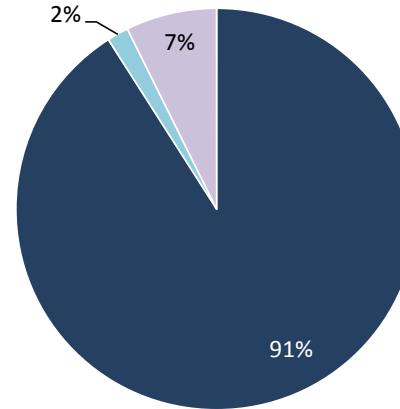
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A9 LIHP Continuity of Care (Q2 2014):
Statewide

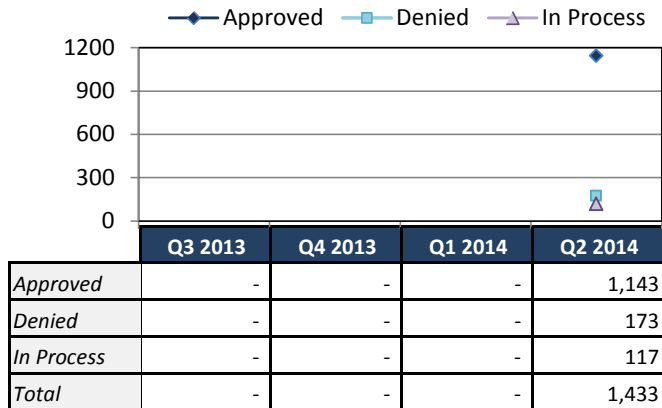


■ Approved
 ■ Denied
 ■ In-Process

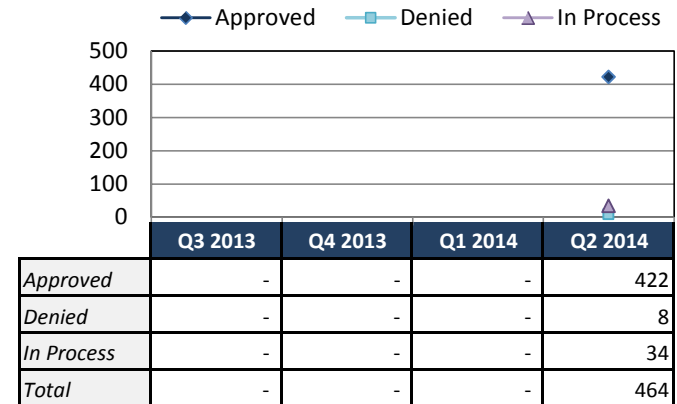
A10 Mental Health Continuity of Care (Q2 2014):
Statewide



A11 LIHP Continuity of Care Statewide



A12 Mental Health Continuity of Care Statewide



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

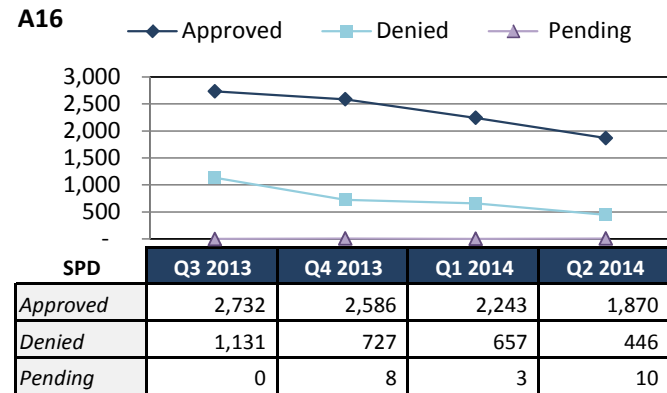
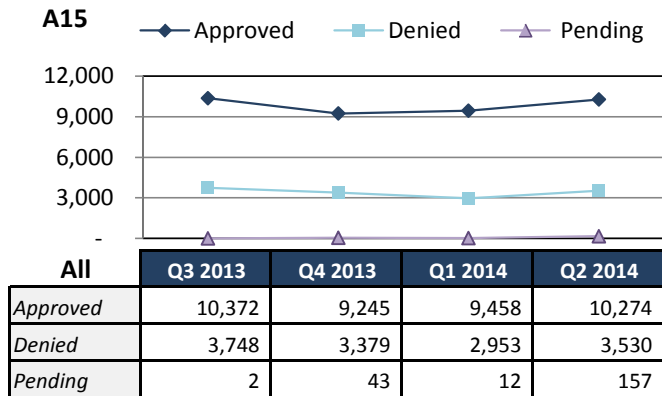
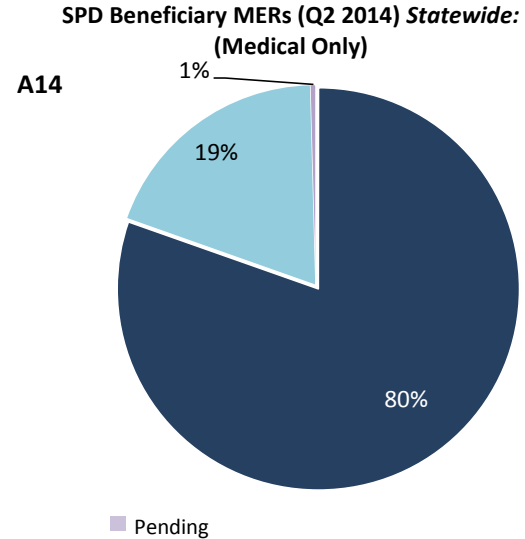
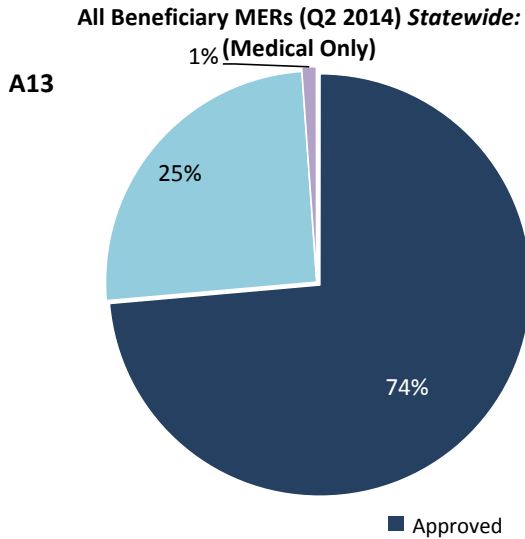
Note: Data collection for LIHP and Mental Health began in Q2 2014



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ACCESS (Cont.)



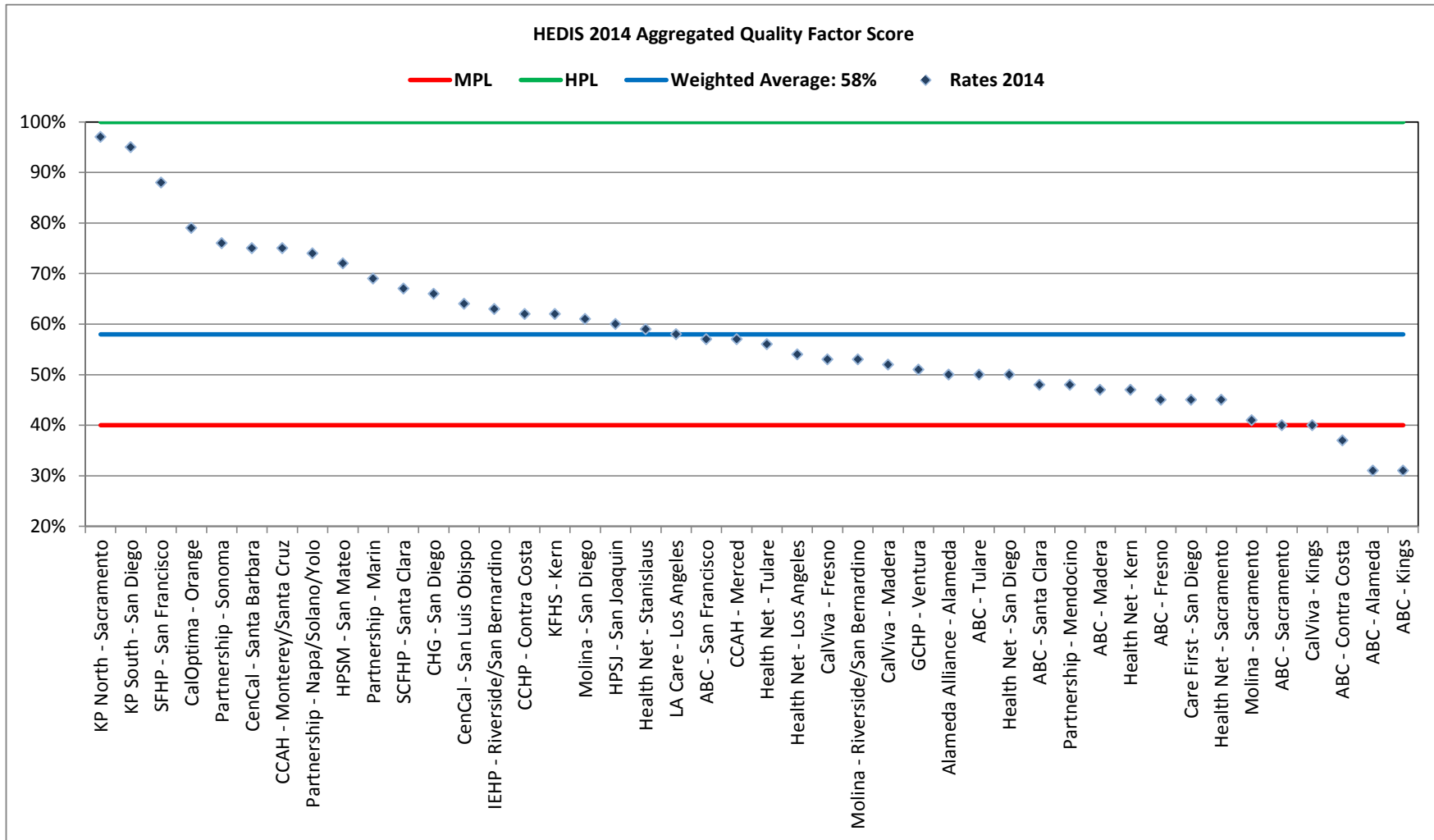
Approved represents the total in Fee-For-Service due to an approved MER



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QUALITY AND SATISFACTION

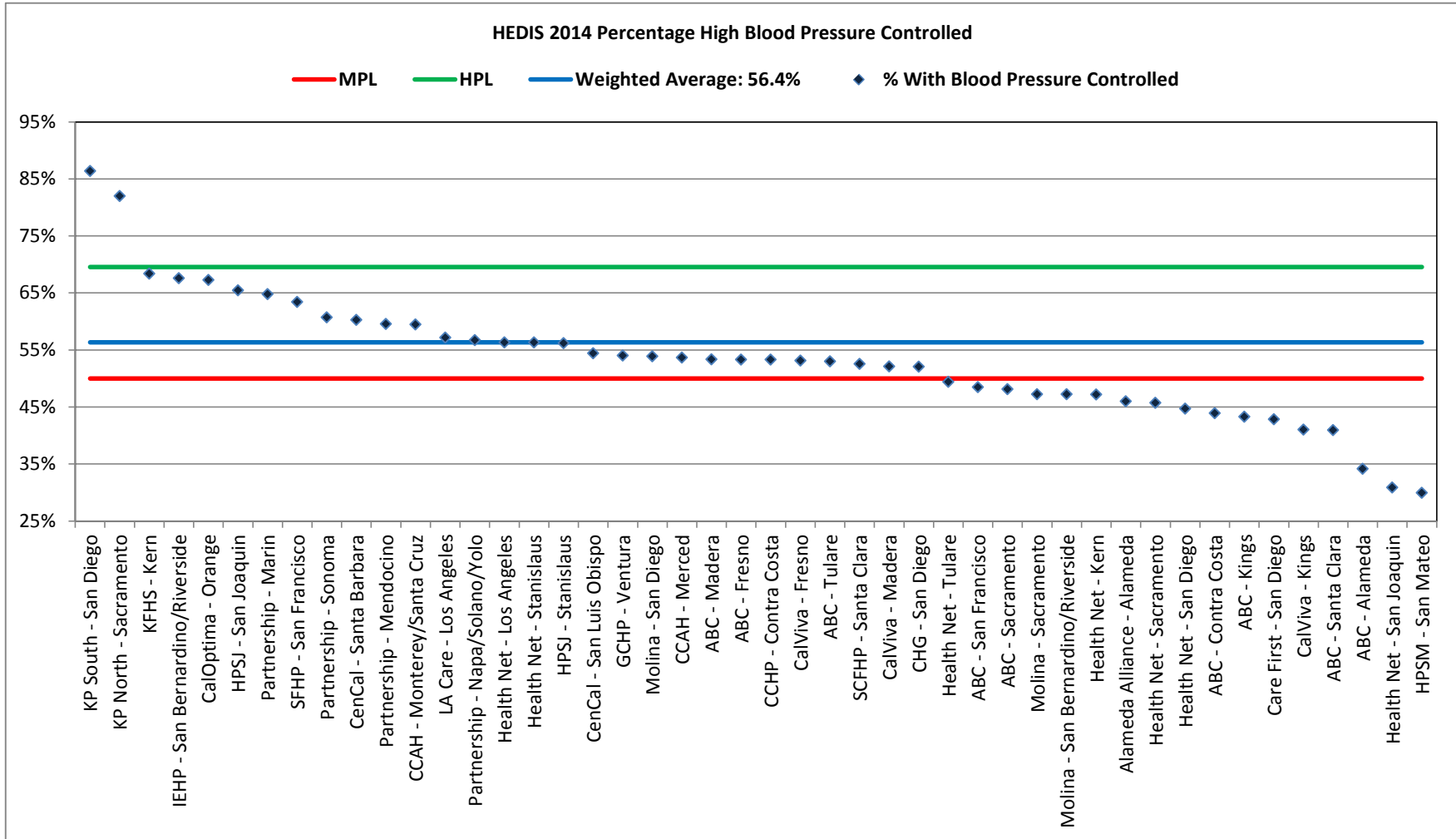


Note: The Aggregated Quality Factor Score (AQFS) is a single score that accounts for plan performance on all DHCS-selected Health Effectiveness Data and Information Set (HEDIS) indicators. It is a composite rate calculated as percent of the National High Performance Level (HPL), the 90th percentile of NCQA national Medicaid level. The High Performance Level is 100%. The Minimum Performance Level is 40%. The Weighted Average is 58%.



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

High Performance Level (HPL): Top 10% of Medicaid plans in the U.S. documented controlled members' high blood pressure above this level.

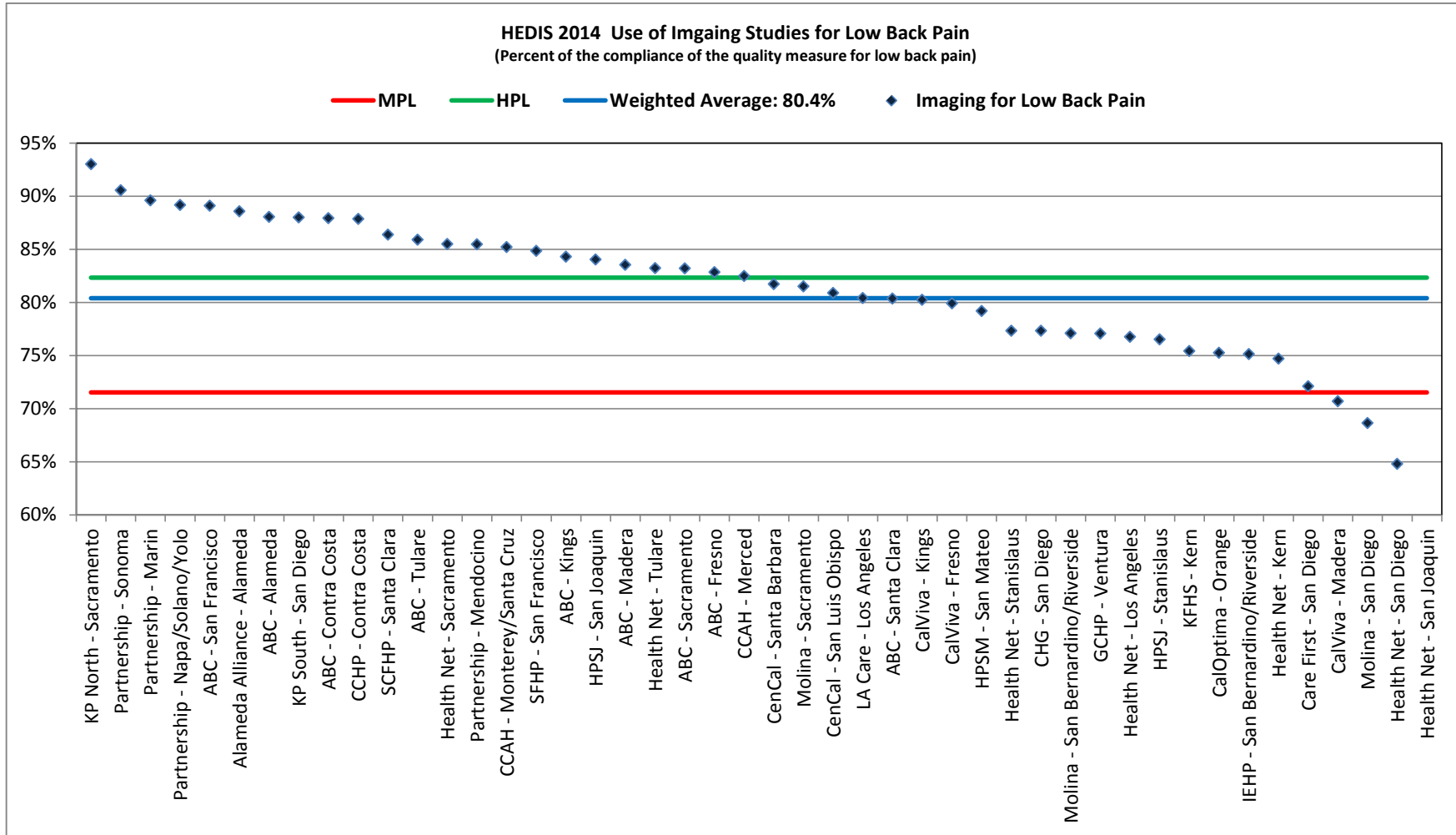
The Minimum Performance Level (MPL): Bottom 25% of Medicaid plans in the U.S. documented controlled members' high blood pressure below this level.



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QUALITY AND SATISFACTION (Cont.)



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

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

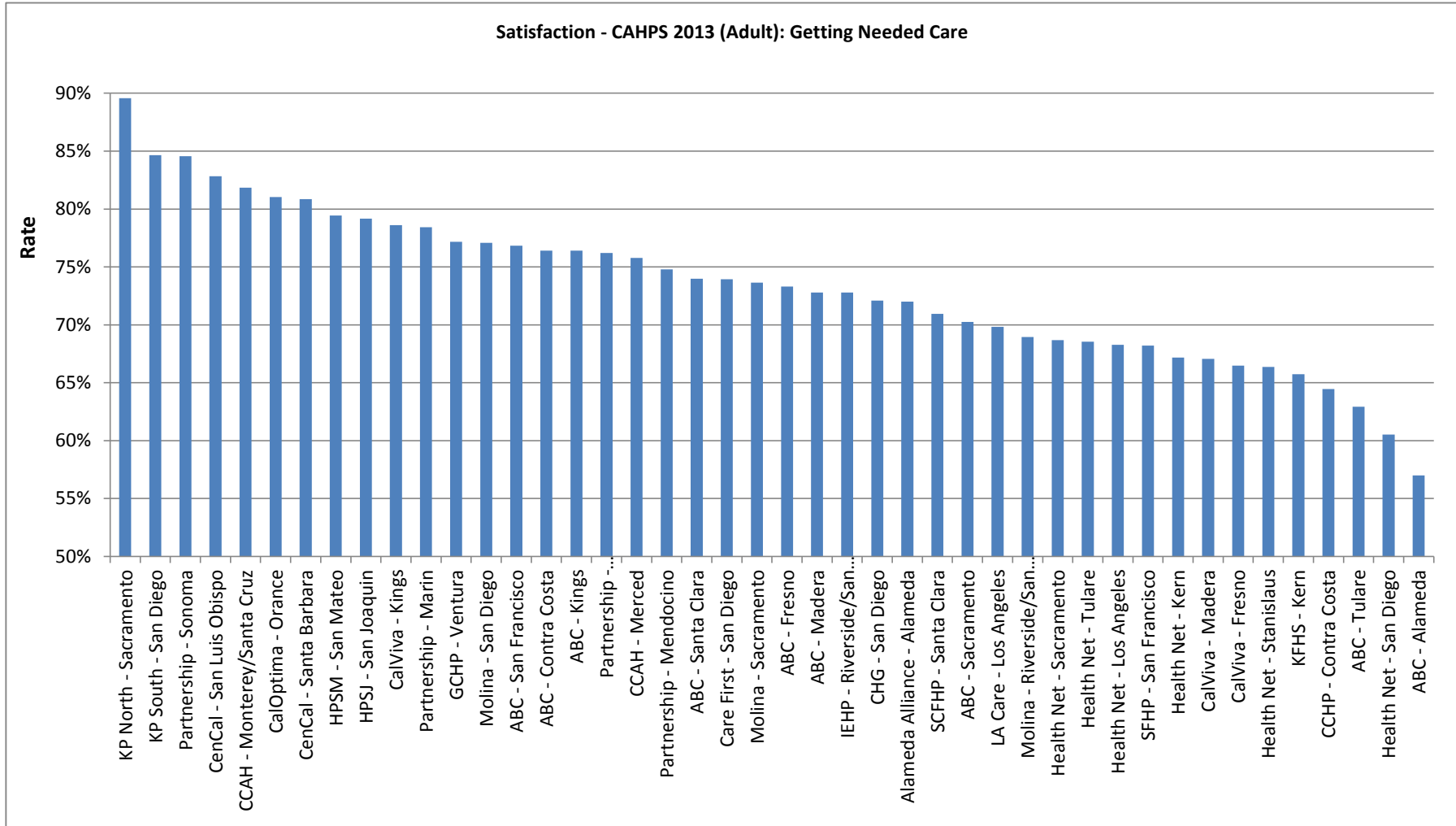
The Minimum Performance Level (MPL): the 25th percentile of NCQA national Medicaid level.



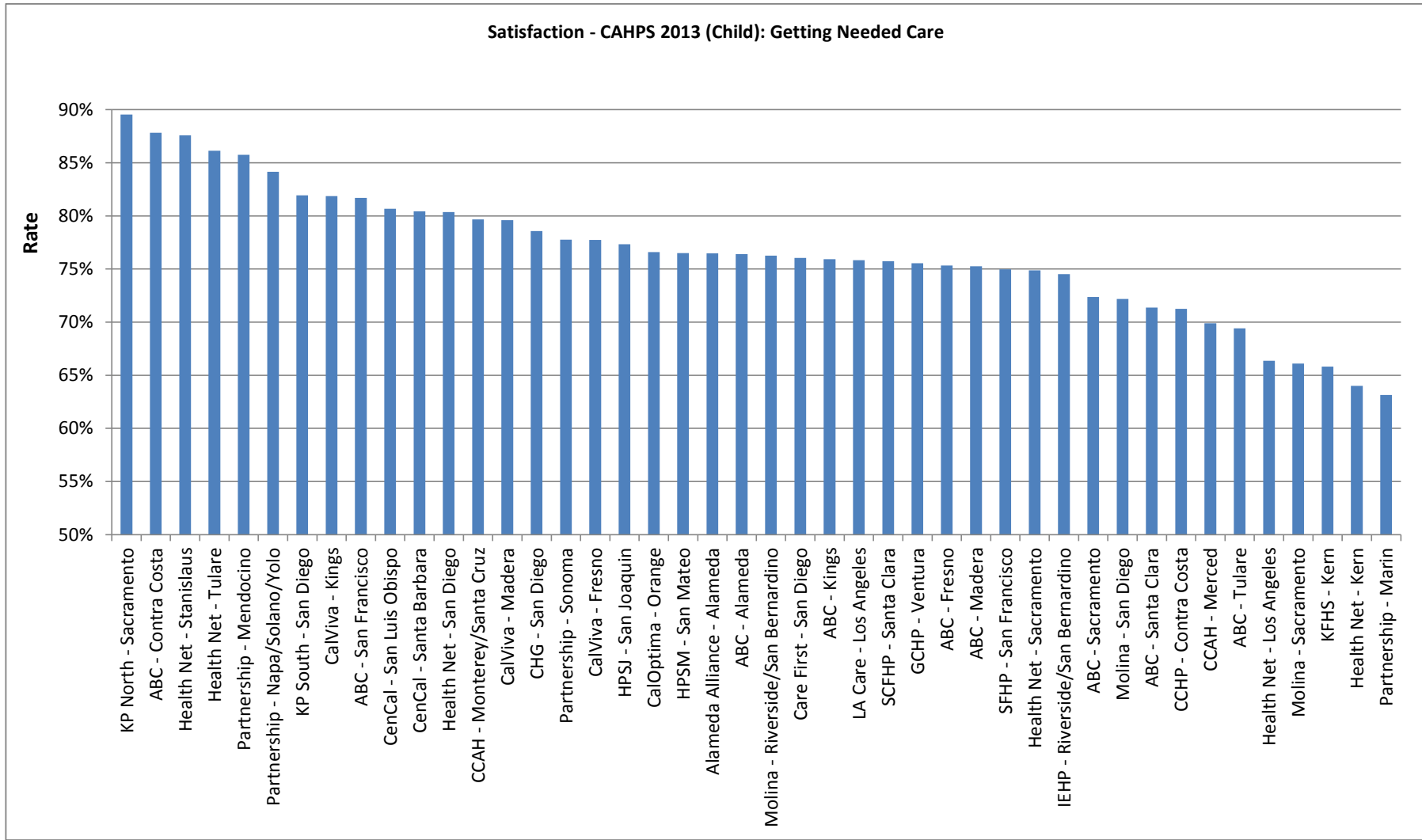
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QUALITY AND SATISFACTION (Cont.)



Medi-Cal Managed Care members were asked to assess how often it was easy to get needed care for themselves or their child from specialists as well as care, tests, or treatment through the health plan in the last six months. The rate is the percentage of members who responded "Always" or "Usually" to the specific questions.



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