



# Medi-Cal Managed Care Performance Dashboard Glossary

Released March 16, 2017

## Quarterly Release Notes

**Utilization Figures 4-1 to 6-2:** The abbreviation MO (Medi-Cal coverage only) has been added to the **ACA**, **SPD**, **OTLIC**, and **Other** labels. This is to help better differentiate between Dual and Non-Dual member utilization. See the *Medicare Status* section for addition information.

**Note:** 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.

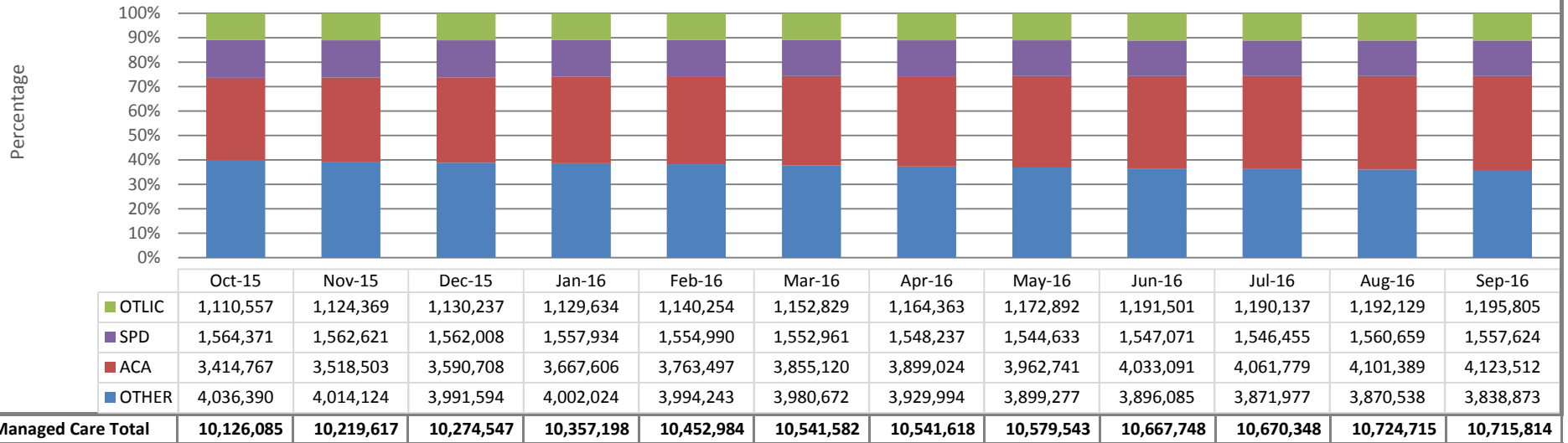


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**CERTIFIED ELIGIBLE ENROLLMENT: As of September 2016 (Data Warehouse pull February 2017)**

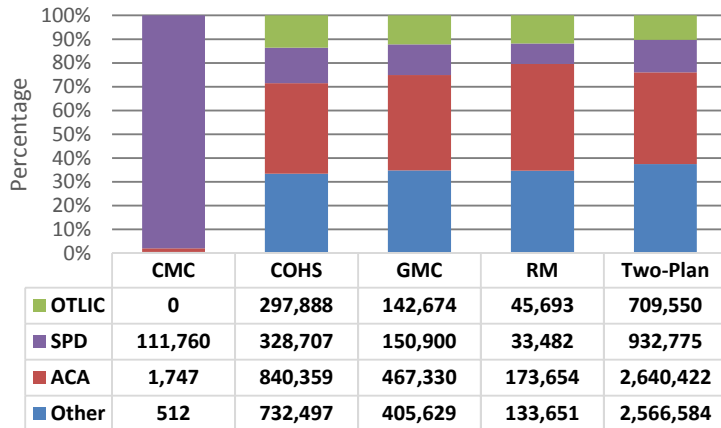
**1-1: Managed Care Enrollment by Aid Population**



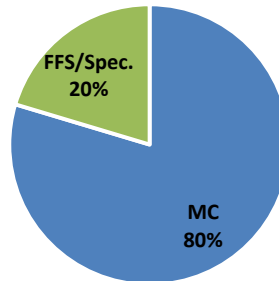
**Other Medi-Cal Programs**

Medi-Cal Type	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Fee-for-Service	2,988,414	2,990,010	3,095,972	3,196,491	3,132,161	3,092,539	3,054,375	3,040,214	2,946,050	2,841,660	2,781,047	2,719,553
Speciality Plans	19,506	19,687	20,090	20,386	20,578	20,764	20,875	21,005	21,062	20,971	20,998	20,965
<b>Medi-Cal Program Total</b>	<b>13,134,005</b>	<b>13,229,314</b>	<b>13,390,609</b>	<b>13,574,075</b>	<b>13,605,723</b>	<b>13,654,885</b>	<b>13,616,868</b>	<b>13,640,762</b>	<b>13,634,860</b>	<b>13,532,979</b>	<b>13,526,760</b>	<b>13,456,332</b>

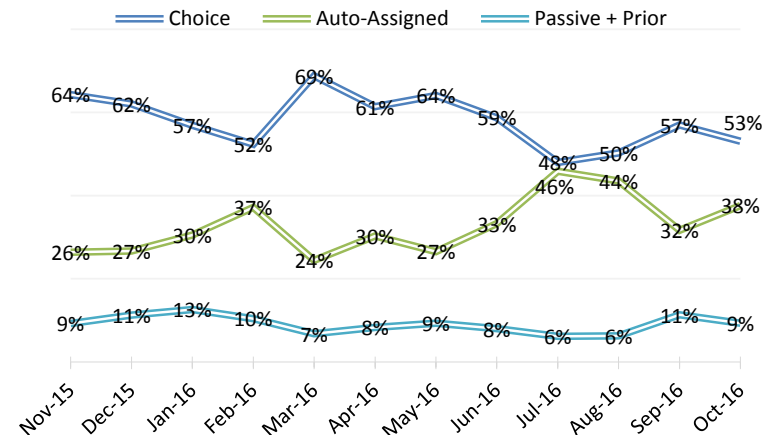
**1-2: Aid Population by Plan Model**



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

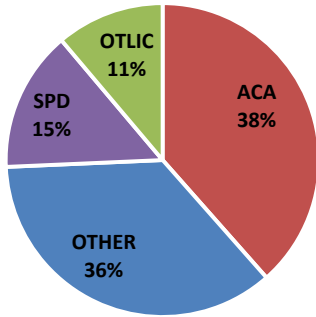


**1-4: Choice and Auto-Assignment Rates**

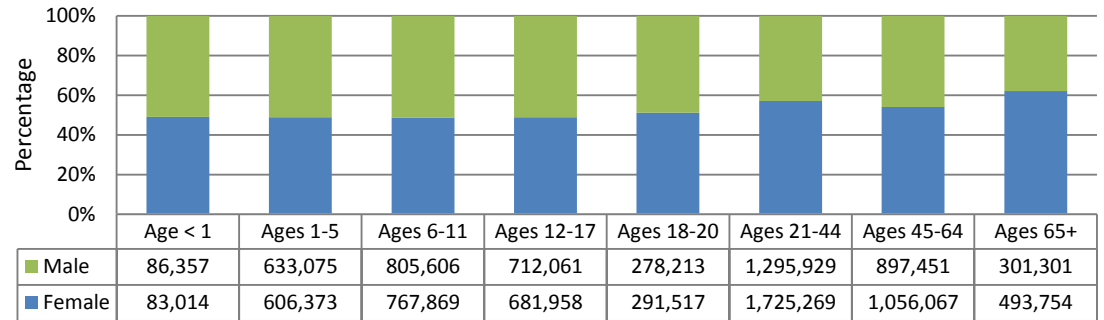


**CERTIFIED ELIGIBLE DEMOGRAPHICS: Managed Care demographics for September 2016 (Data Warehouse pull February 2017)**

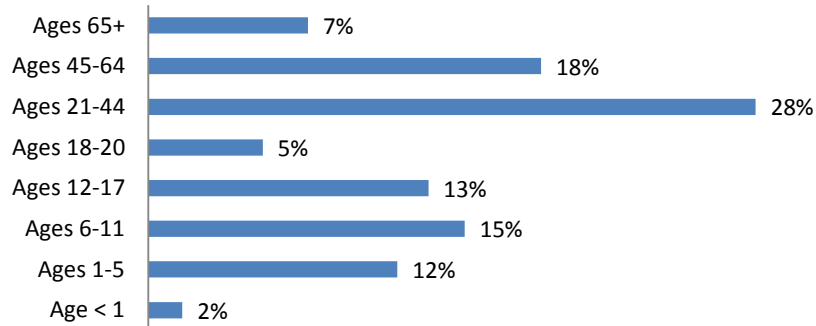
**2-1: Aid Groups "All Managed Care"**



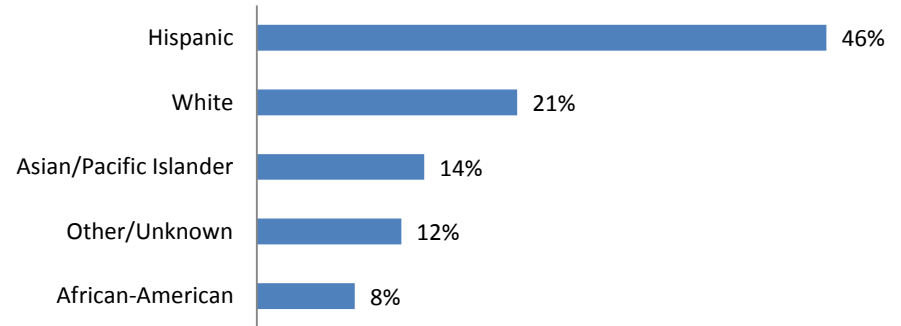
**2-2: Age by Gender "All Managed Care"**



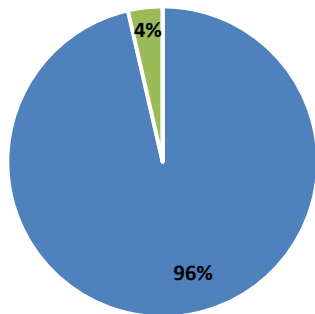
**2-3: Age Cohorts "All Managed Care"**



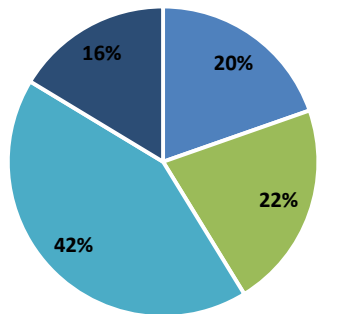
**2-4: Race and Ethnicity "All Managed Care"**



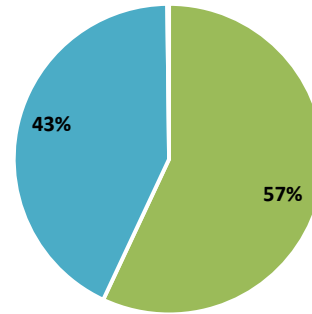
**2-5: Medi-Cal Only "OTLIC" Age**



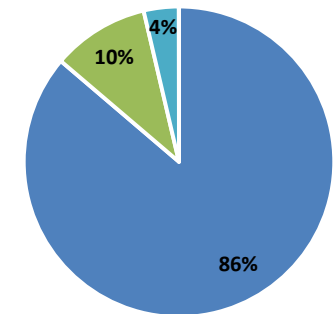
**2-6: Medi-Cal Only "SPD" Age**



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



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



■ Ages 0-18    
 ■ Ages 19-39    
 ■ Ages 40-64    
 ■ Ages 65+



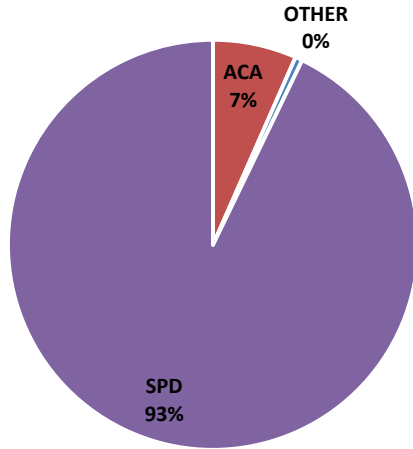
# Medi-Cal Managed Care Performance Dashboard

**Released March 16, 2017**

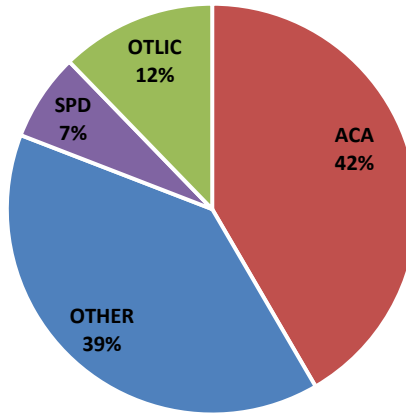
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for September 2016 (Data Warehouse pull February 2017)												
Dual Status	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Dual	961,100	963,825	966,998	965,390	964,540	965,183	963,598	962,057	963,275	958,274	957,900	954,377
Non-Dual*	9,164,985	9,255,792	9,307,549	9,391,808	9,488,444	9,576,399	9,578,020	9,617,486	9,704,473	9,712,074	9,766,815	9,761,437

Note: Medi-Cal Only. See glossary.

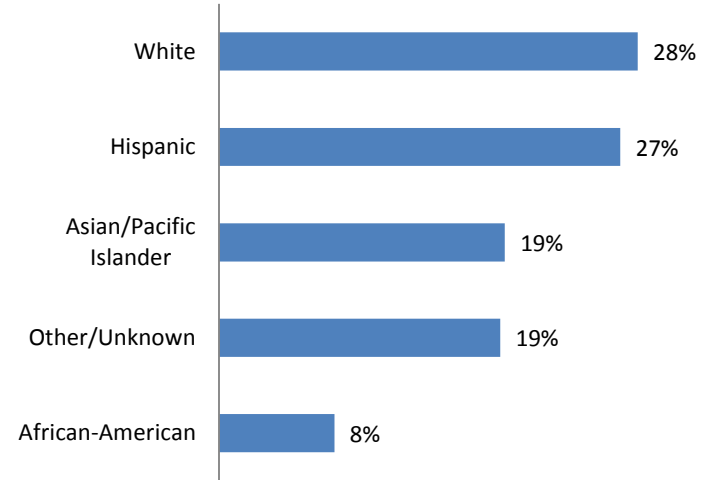
**3-1: Aid Groups "Dual"**



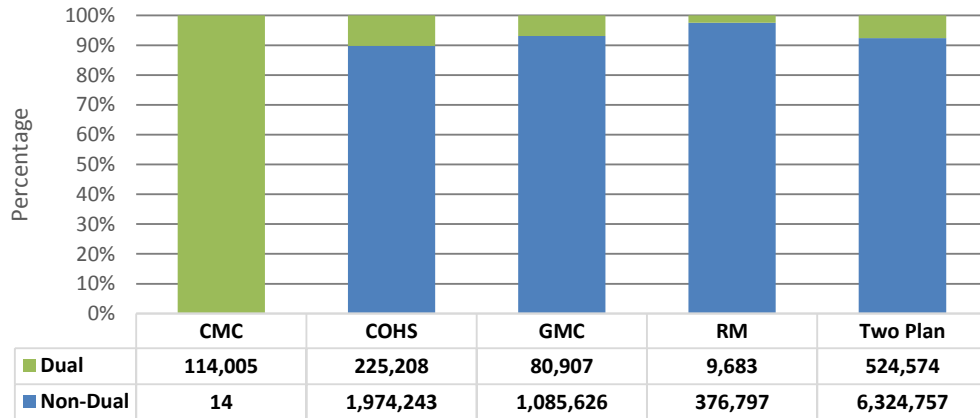
**3-2: Aid Groups "Non-Dual"**



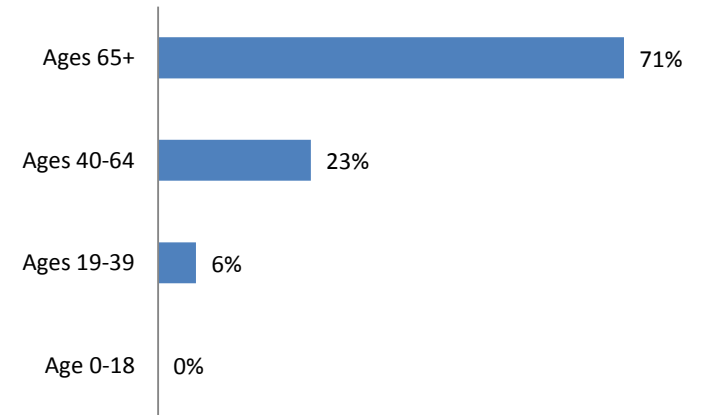
**3-3: Dual Eligible by Race and Ethnicity**



**3-4: Plan Model Totals**

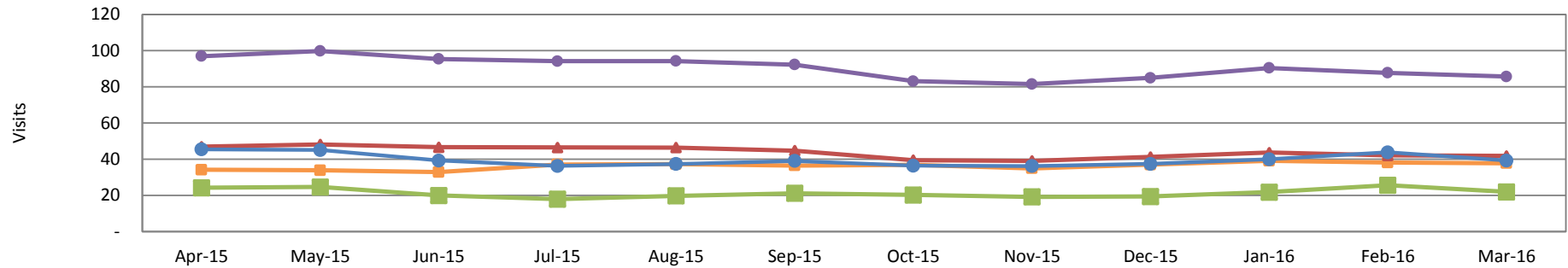


**3-5: Dual Age Cohorts**



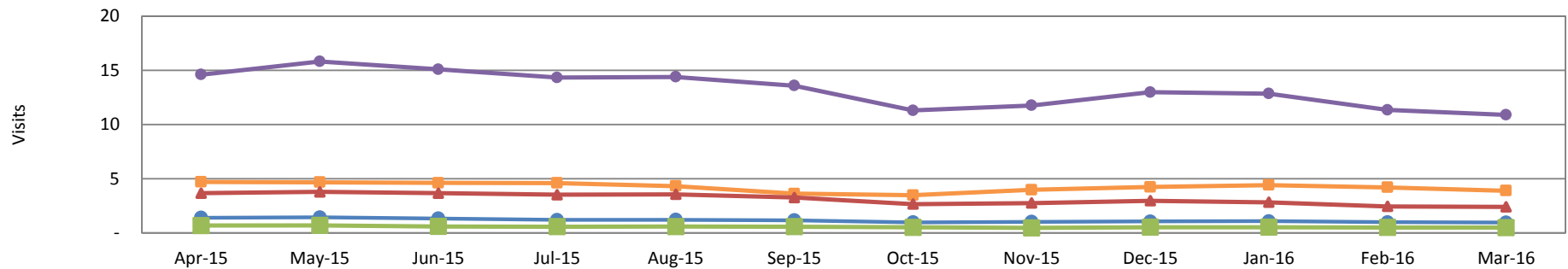
### UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	97	100	95	94	94	92	83	82	85	90	88	86
Dual	34	34	33	37	37	37	37	35	37	39	38	38
MO-ACA	47	48	47	47	46	45	40	39	41	44	42	42
MO-Other	45	45	39	36	37	39	36	36	37	40	44	39
MO-OTLIC	24	25	20	18	20	21	20	19	19	22	26	22

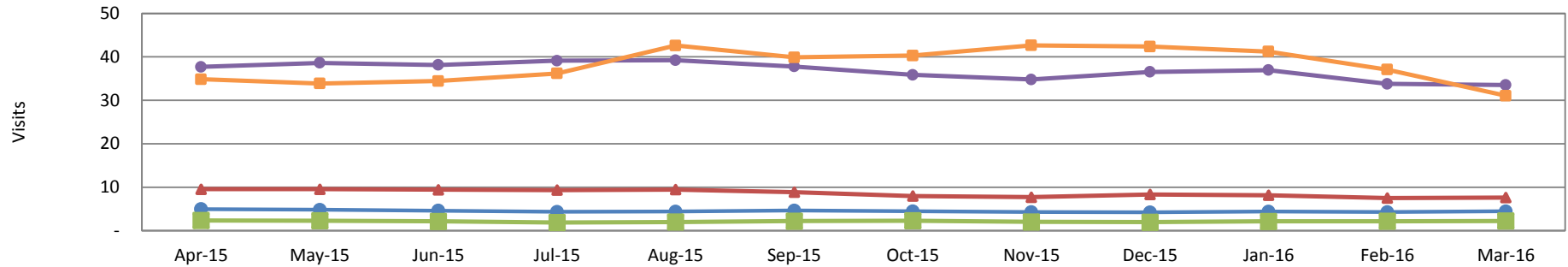
#### 4-2: Emergency Room Visits With an Inpatient Admission per 1,000 Member Months



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	15	16	15	14	14	14	11	12	13	13	11	11
Dual	5	5	5	5	4	4	3	4	4	4	4	4
MO-ACA	4	4	4	4	4	3	3	3	3	3	2	2
MO-Other	1	1	1	1	1	1	1	1	1	1	1	1
MO-OTLIC	1	1	1	1	1	1	1	0	1	1	1	0

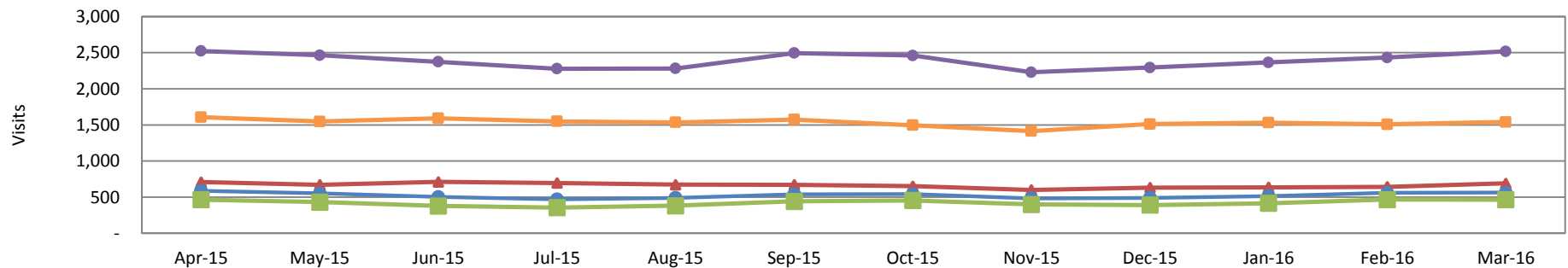
### UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	38	39	38	39	39	38	36	35	37	37	34	34
Dual	35	34	34	36	43	40	40	43	42	41	37	31
MO-ACA	10	10	9	9	9	9	8	8	8	8	8	8
MO-Other	5	5	5	4	4	5	4	4	4	4	4	4
MO-OTLIC	2	2	2	2	2	2	2	2	2	2	2	2

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

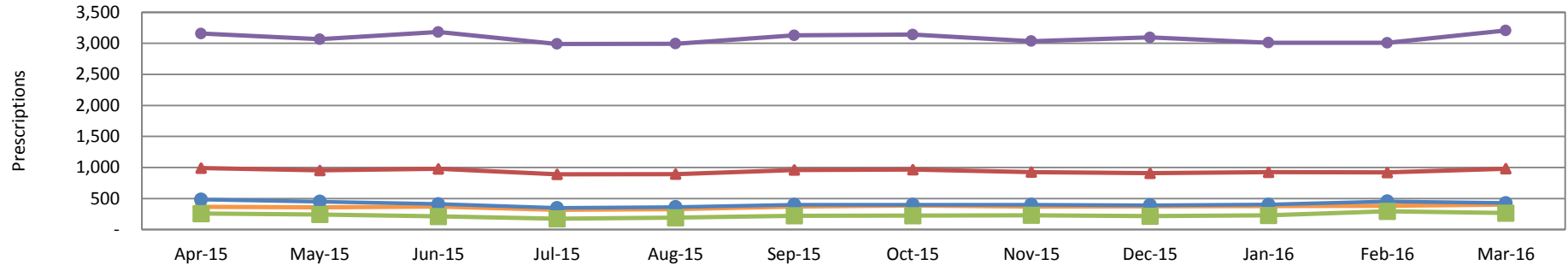


	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	2,523	2,464	2,374	2,278	2,282	2,495	2,461	2,230	2,293	2,365	2,432	2,518
Dual	1,607	1,547	1,591	1,549	1,535	1,574	1,496	1,414	1,512	1,531	1,508	1,540
MO-ACA	709	670	711	695	673	671	651	599	632	636	642	690
MO-Other	587	551	502	469	489	540	540	482	489	514	558	562
MO-OTLIC	465	431	377	354	381	441	455	398	389	414	467	464



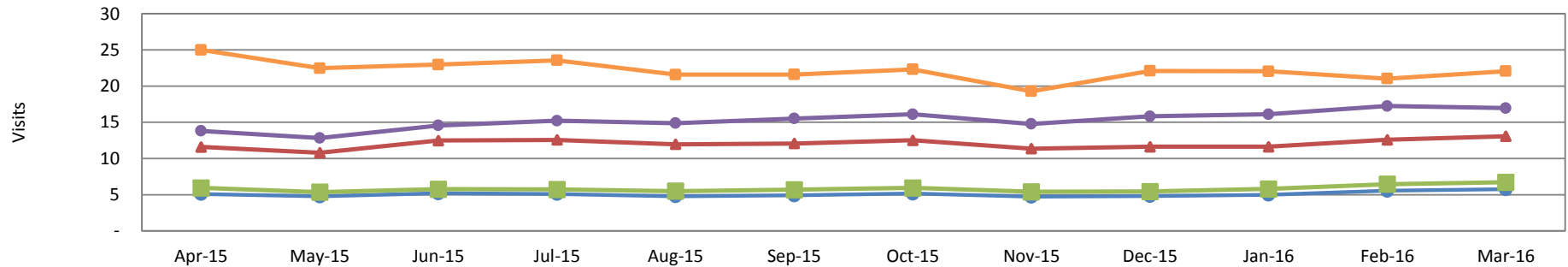
### UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	3,158	3,066	3,182	2,990	2,994	3,128	3,141	3,035	3,096	3,010	3,008	3,207
Dual	364	356	369	317	327	369	384	370	375	377	381	401
MO-ACA	990	953	978	890	892	959	965	926	909	924	920	980
MO-Other	483	449	411	349	364	400	400	400	392	402	454	427
MO-OTLIC	257	242	211	174	191	223	223	230	215	229	294	264

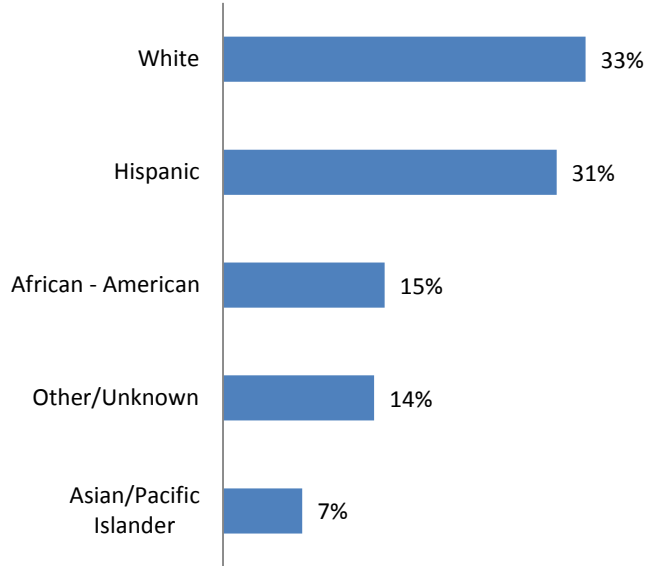
#### 6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



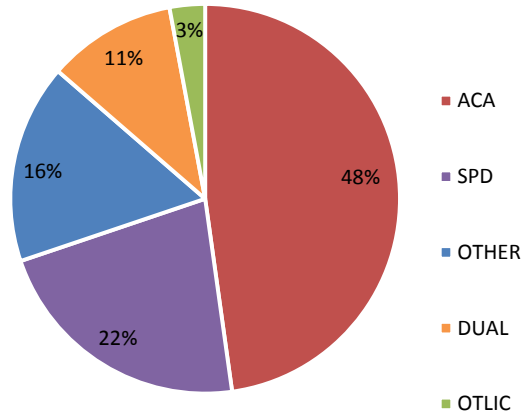
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	14	13	15	15	15	16	16	15	16	16	17	17
Dual	25	22	23	24	22	22	22	19	22	22	21	22
MO-ACA	12	11	12	13	12	12	13	11	12	12	13	13
MO-Other	5	5	5	5	5	5	5	5	5	5	6	6
MO-OTLIC	6	5	6	6	6	6	6	5	5	6	6	7

**Grievance Demographics: Q3 2016 (July to September 2016) Statewide**

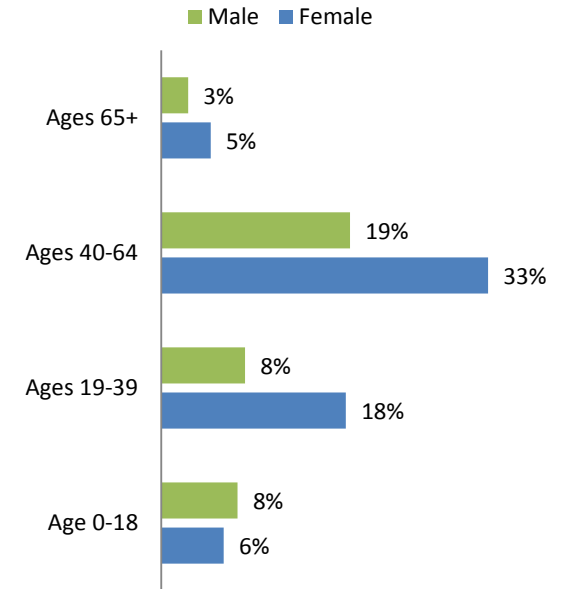
**7-1: Grievances by Ethnicity**



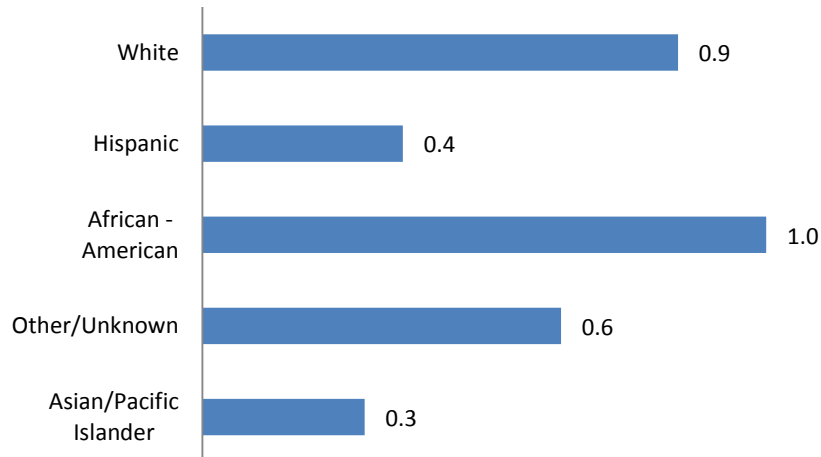
**7-2: Grievances by Population**



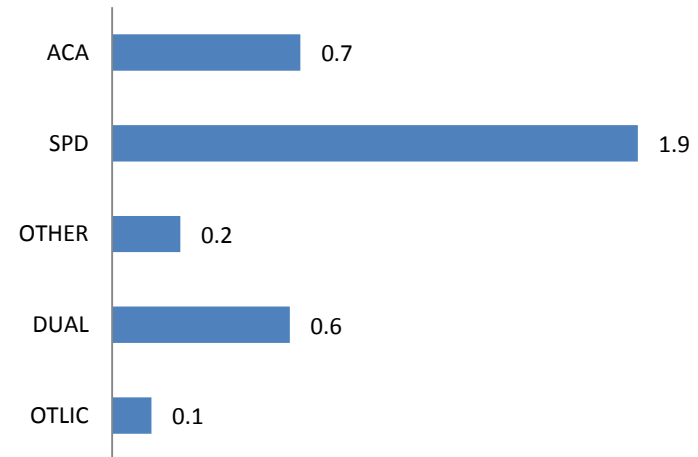
**7-3: Grievances by Age**



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

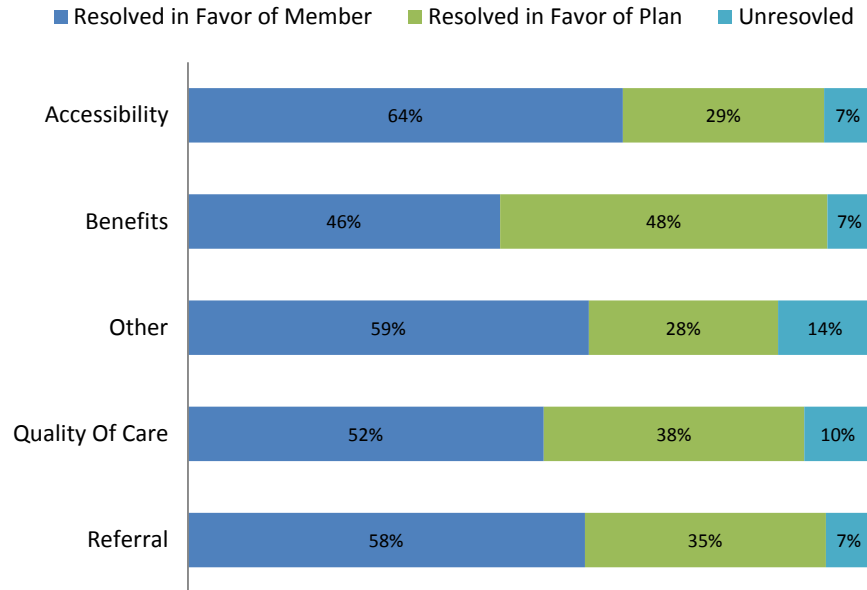


**7-5: Grievances by Population Per 1,000 Member Months**

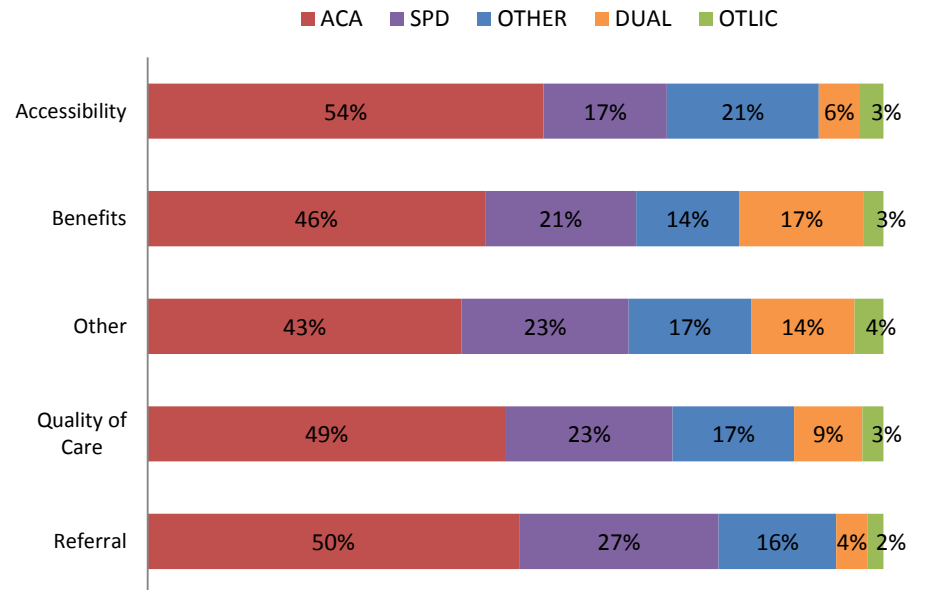


## Grievance and Appeals Outcomes: Q3 2016 (July to September 2016) Statewide

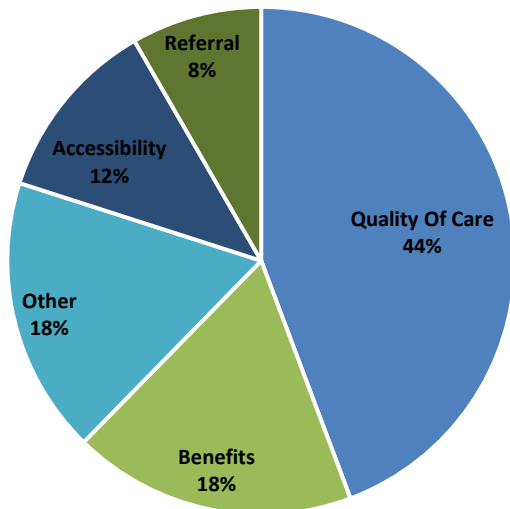
**8-1: Grievance Resolution by Type**



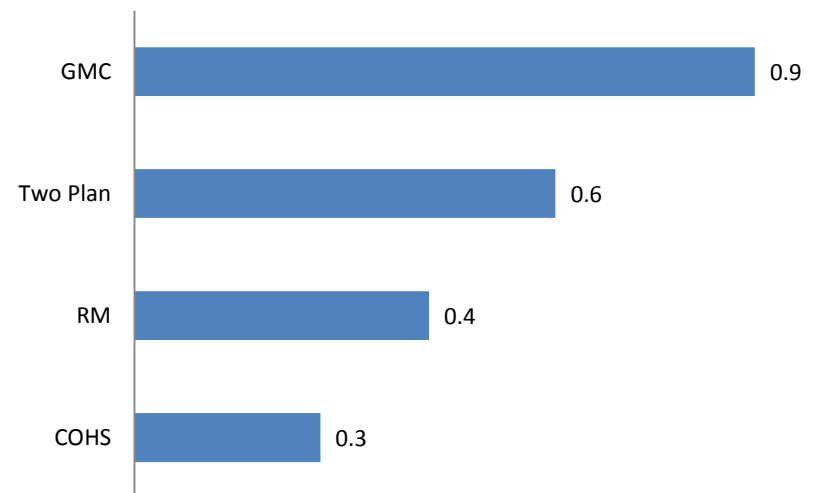
**8-2: Grievances by Population and Type**



**8-3: Grievances by Type**

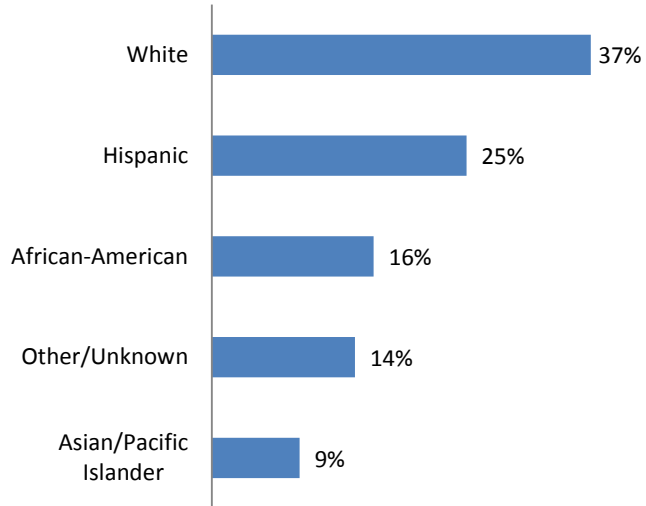


**8-4: Grievances by Plan Model per 1,000 Member Months**

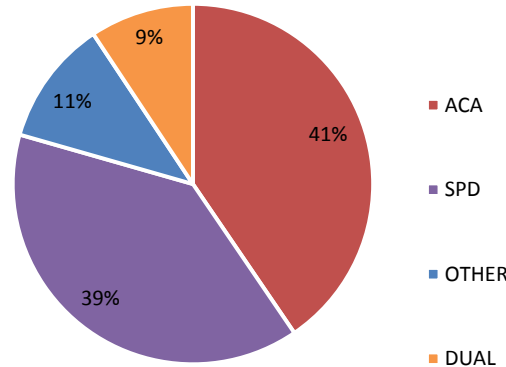


### State Fair Hearing Demographics: Q3 2016 (July to September 2016) Statewide

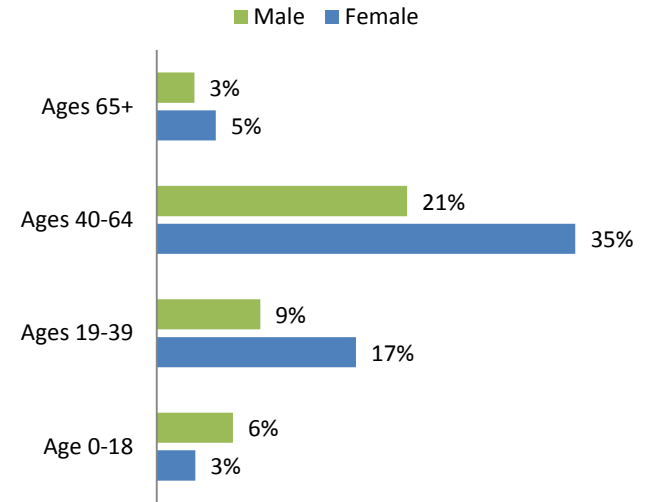
**9-1: Hearings by Ethnicity**



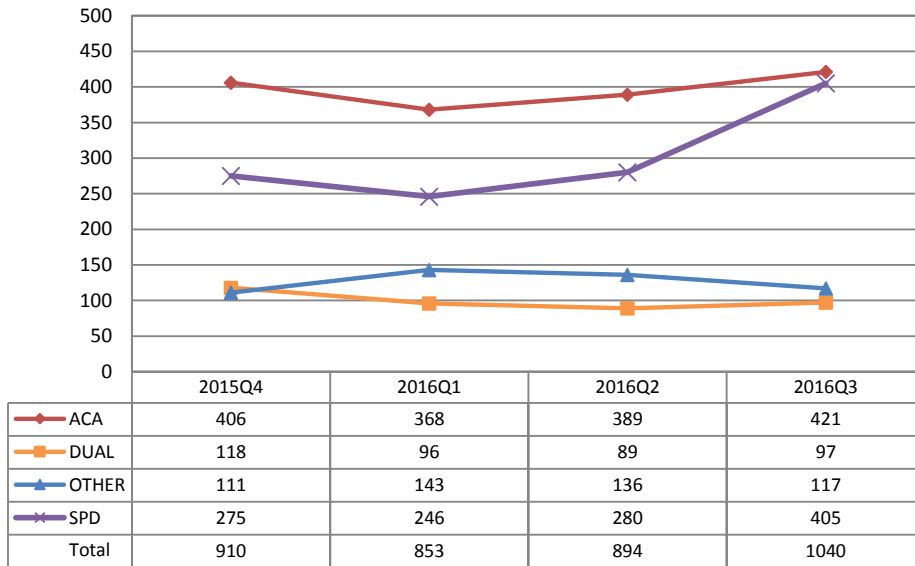
**9-2: Hearings by Population**



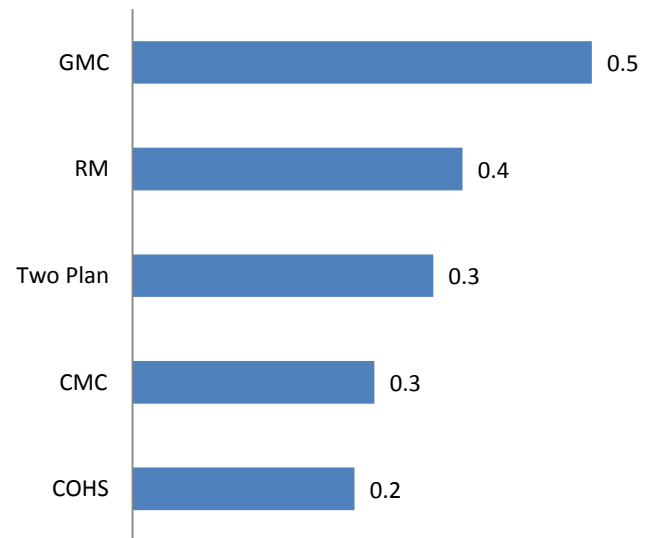
**9-3: Hearings by Age**



**9-4: Hearings by Population**

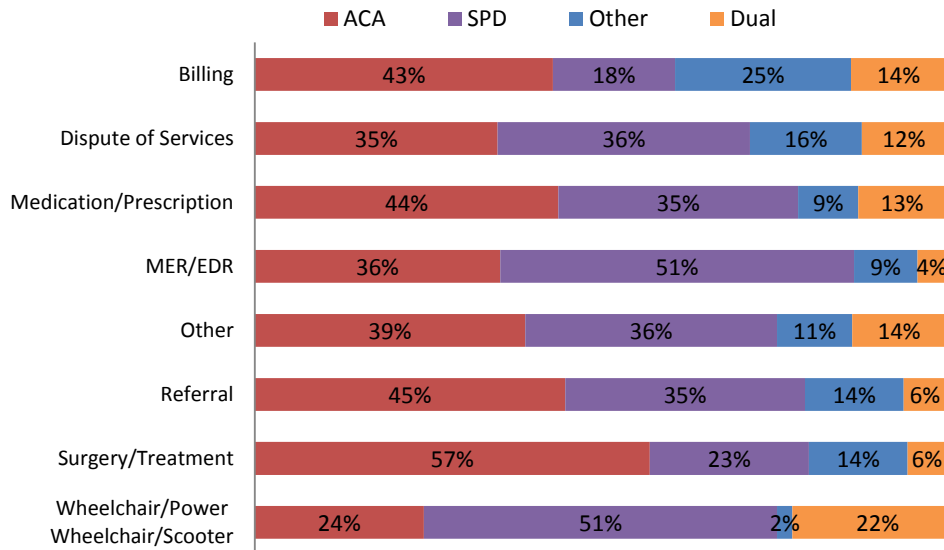


**9-5: Hearings by Plan Model per 10,000 Member Months**

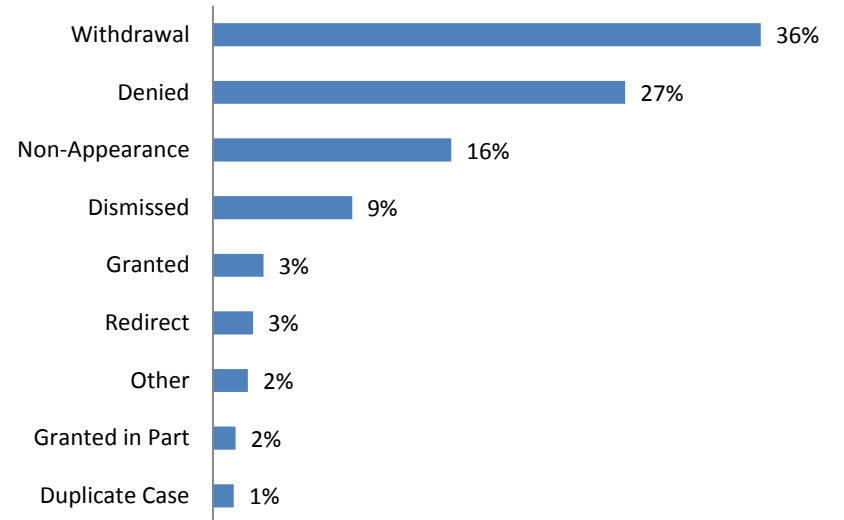


## State Fair Hearing Reasons/Outcomes: Q3 2016 (July to September 2016) Statewide

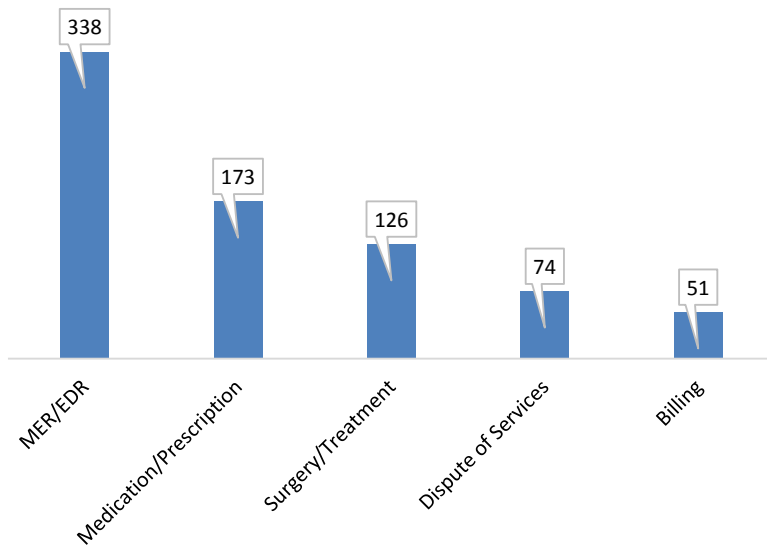
**10-1: Hearing Reasons by Population**



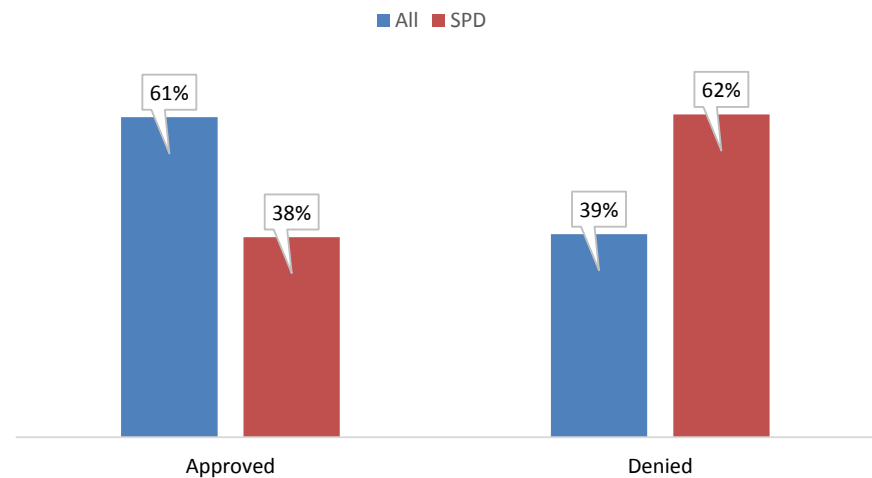
**10-2: Hearing Outcomes**



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

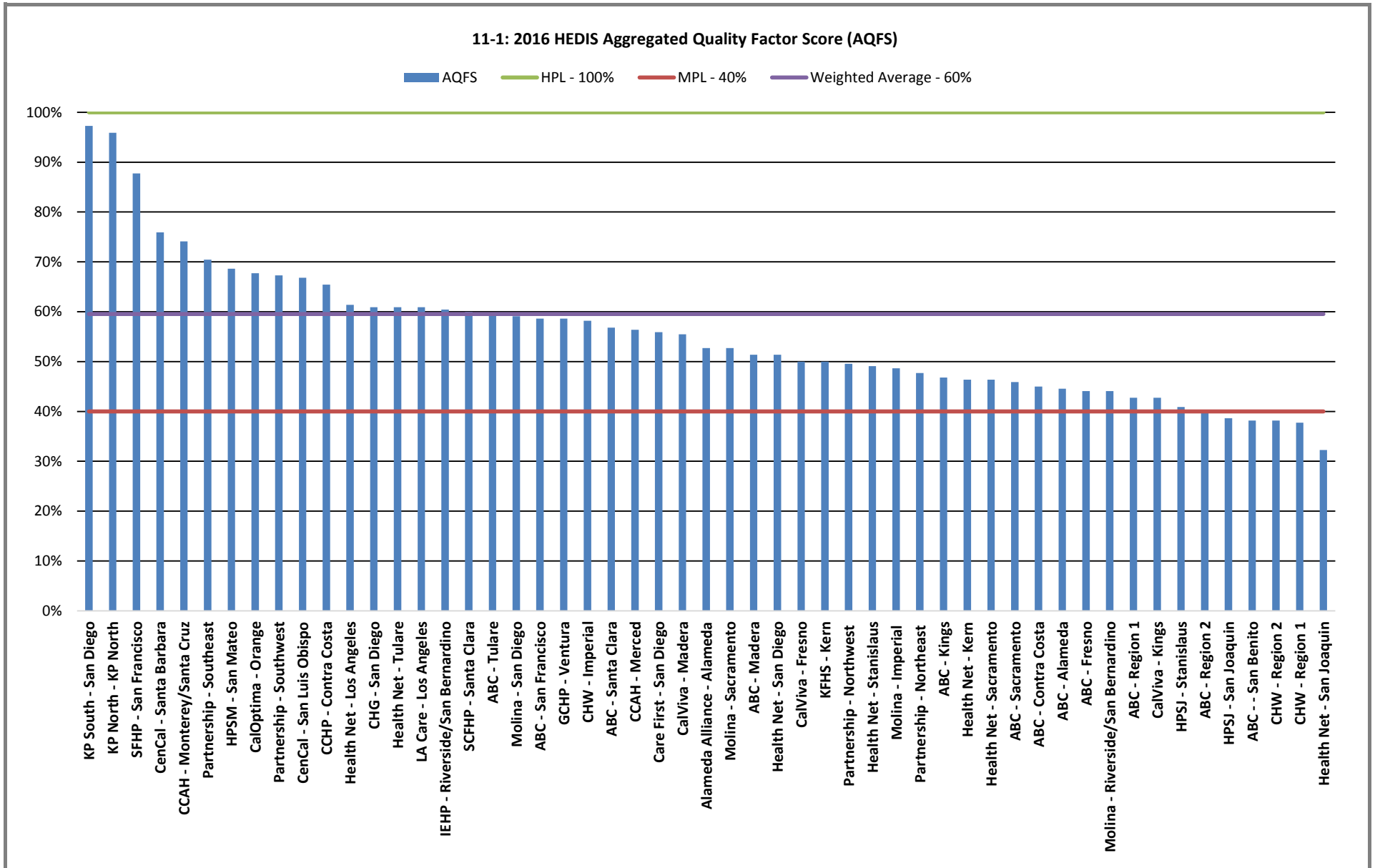


**10-4: Medical Exemption Requests**



# Medi-Cal Managed Care Performance Dashboard

## Released March 16, 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%.