



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.

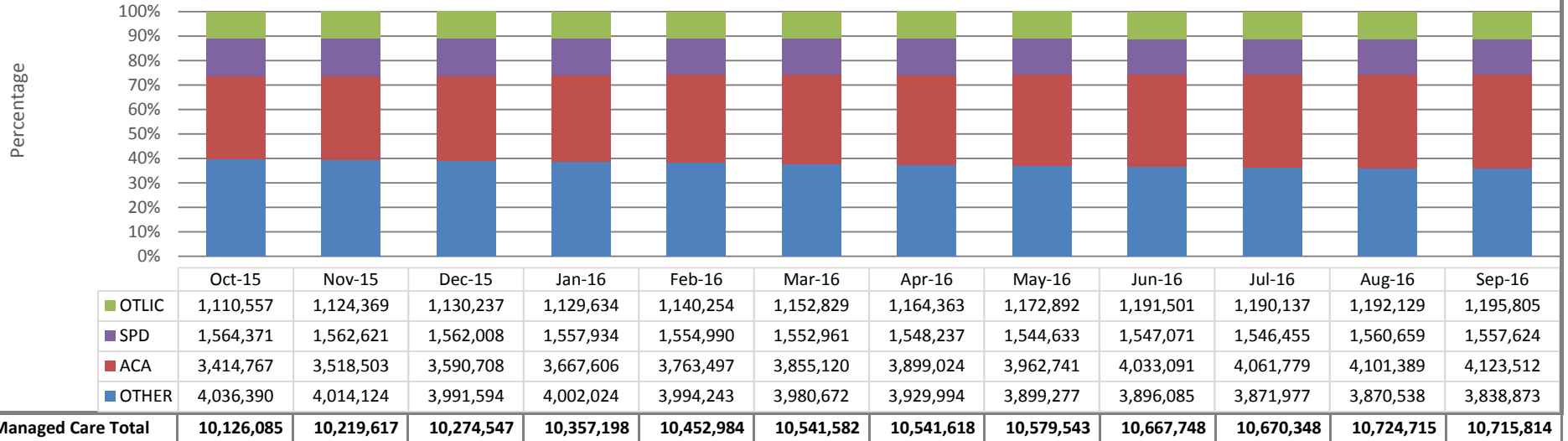


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CERTIFIED ELIGIBLE ENROLLMENT: As of September 2016 (Data Warehouse pull February 2017)

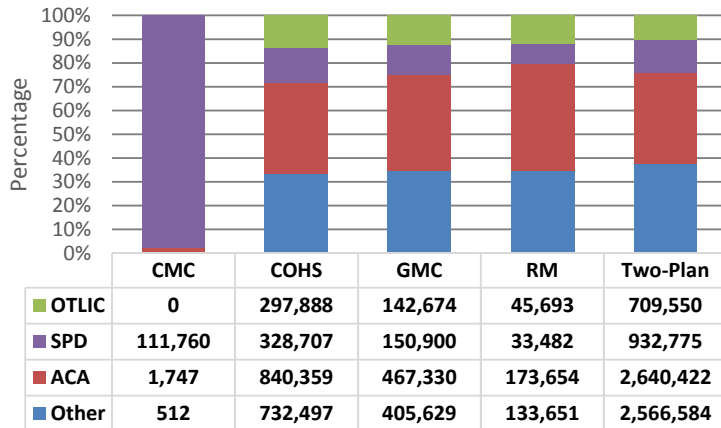
1-1: Managed Care Enrollment by Aid Population



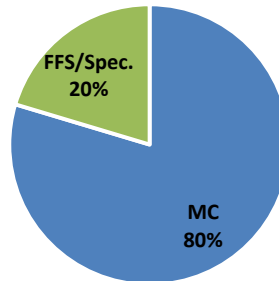
Other Medi-Cal Programs

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
Medi-Cal Program Total	13,134,005	13,229,314	13,390,609	13,574,075	13,605,723	13,654,885	13,616,868	13,640,762	13,634,860	13,532,979	13,526,760	13,456,332

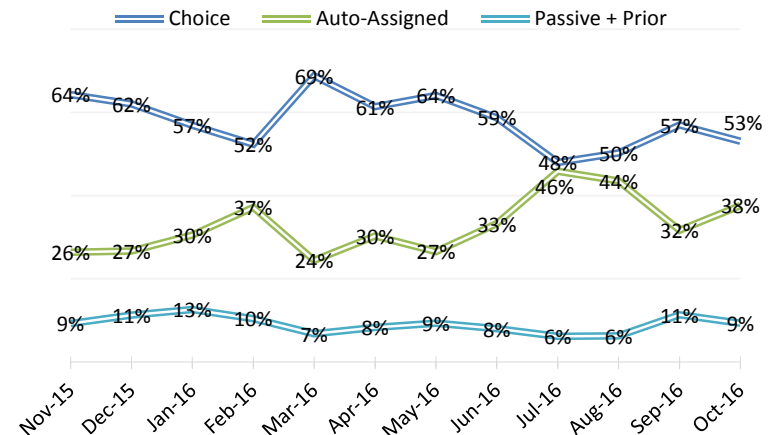
1-2: Aid Population by Plan Model



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

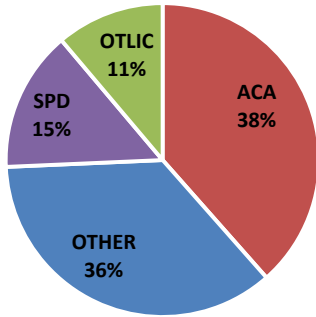


1-4: Choice and Auto-Assignment Rates

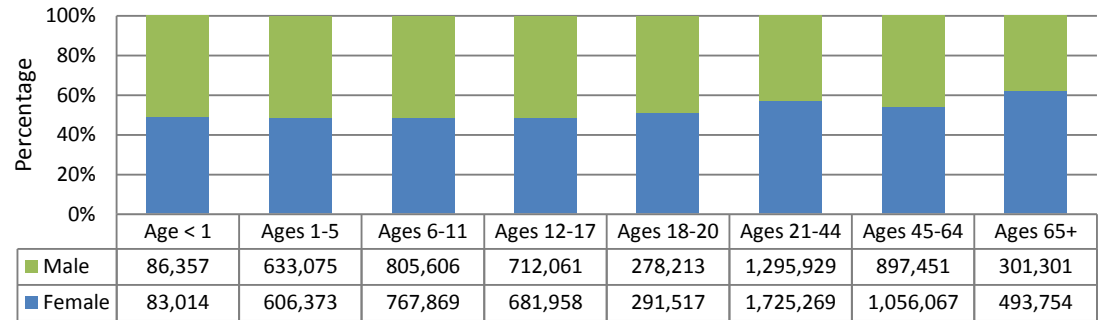


CERTIFIED ELIGIBLE DEMOGRAPHICS: Managed Care demographics for September 2016 (Data Warehouse pull February 2017)

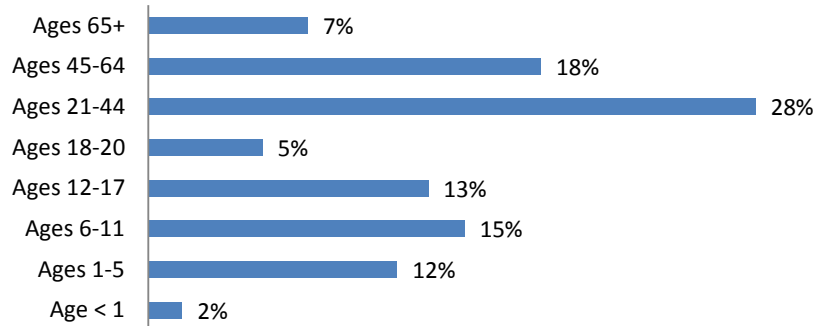
2-1: Aid Groups "All Managed Care"



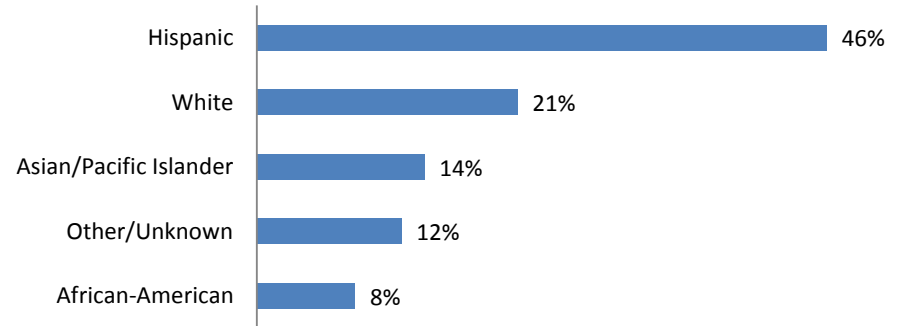
2-2: Age by Gender "All Managed Care"



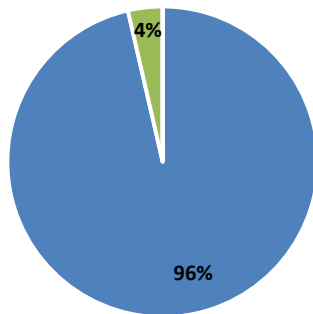
2-3: Age Cohorts "All Managed Care"



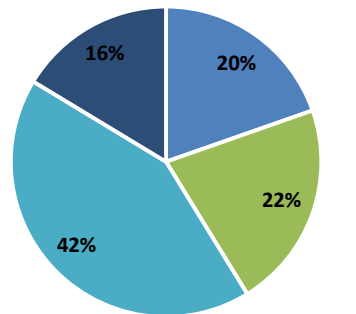
2-4: Race and Ethnicity "All Managed Care"



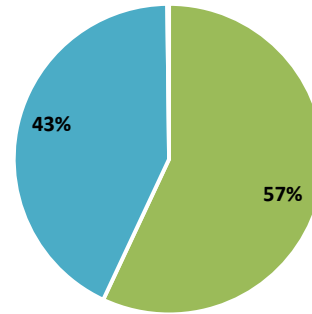
2-5: Medi-Cal Only "OTLIC" Age



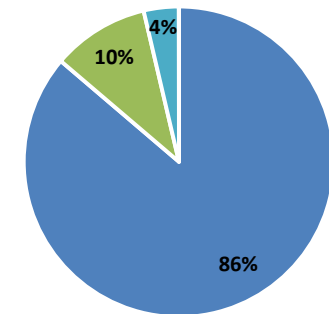
2-6: Medi-Cal Only "SPD" Age



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+



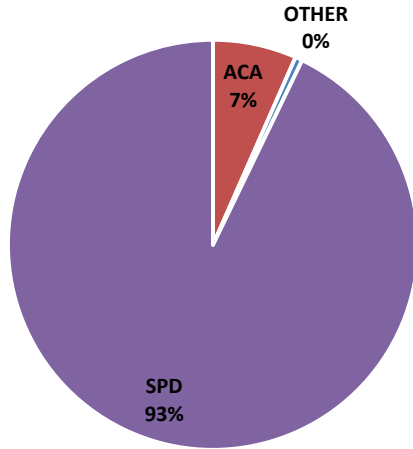
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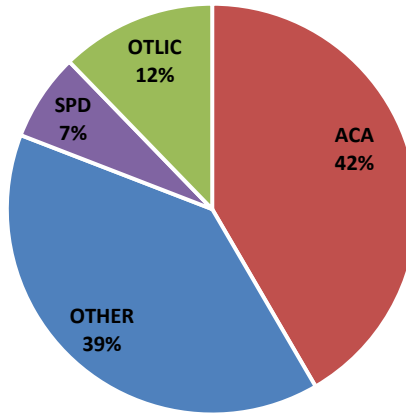
CERTIFIED ELIGIBLE DEMOGRAPHICS: Dual Eligible Managed Care demographics for September 2016 (Data Warehouse pull February 2017)												
Dual Status	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Dual	961,100	963,825	966,998	965,390	964,540	965,183	963,598	962,057	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.

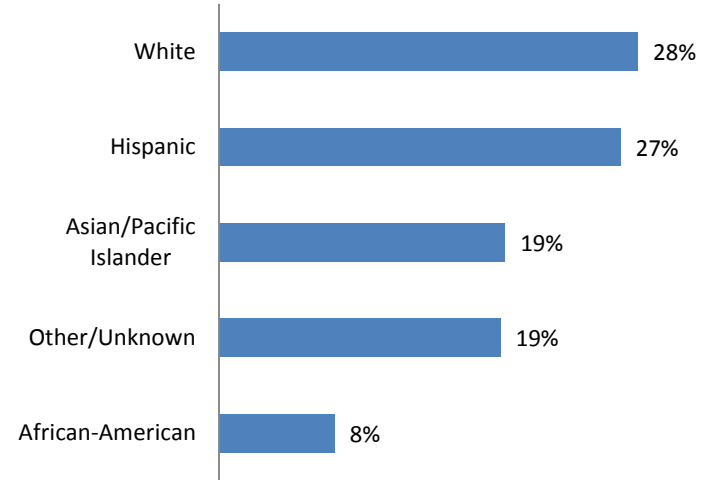
3-1: Aid Groups "Dual"



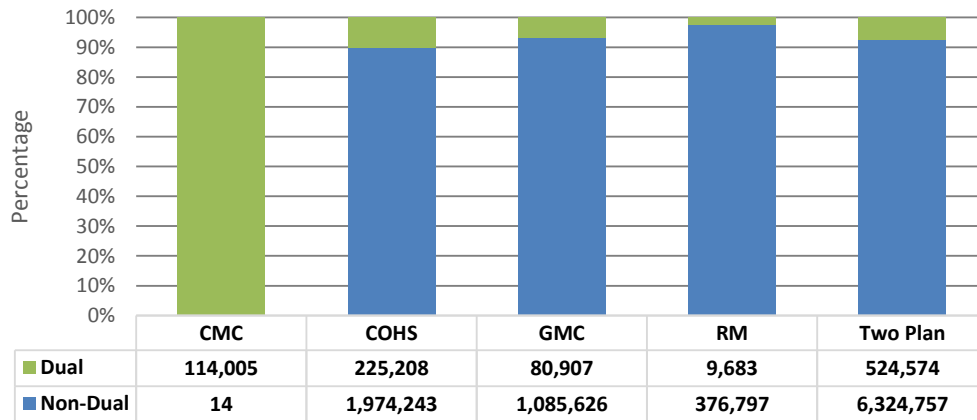
3-2: Aid Groups "Non-Dual"



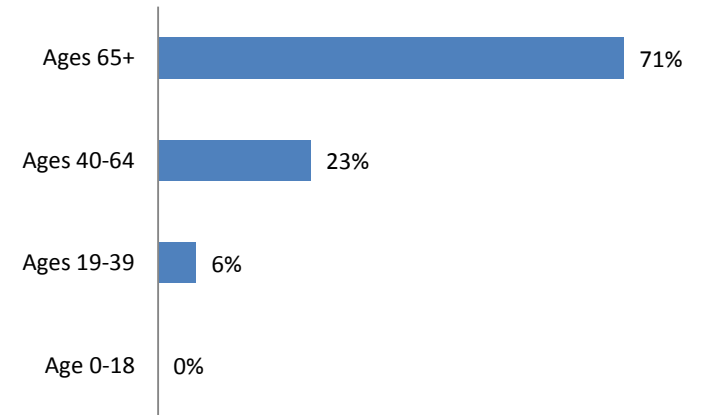
3-3: Dual Eligible by Race and Ethnicity



3-4: Plan Model Totals

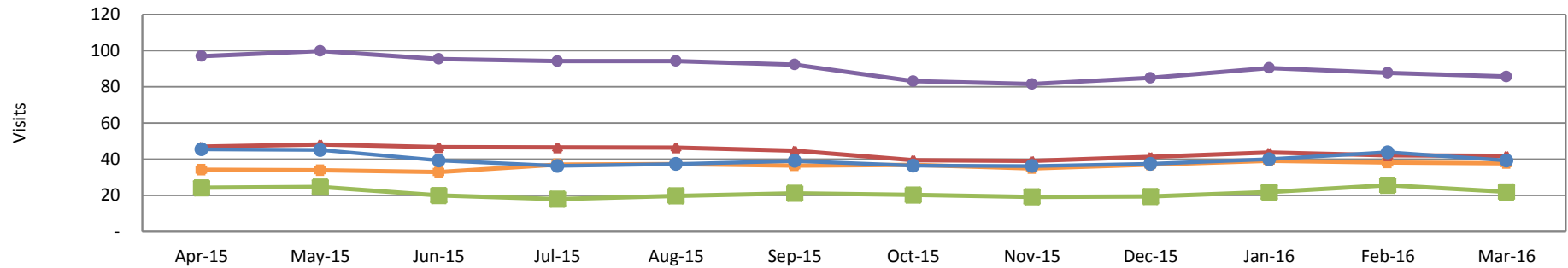


3-5: Dual Age Cohorts



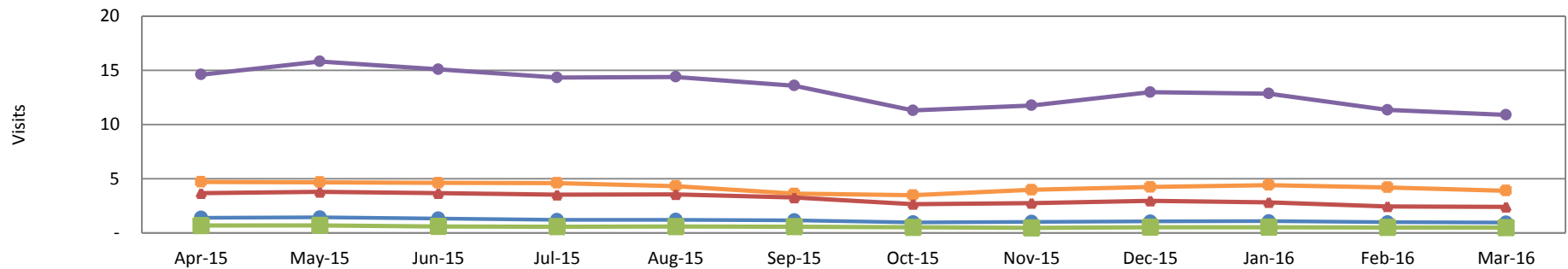
UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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

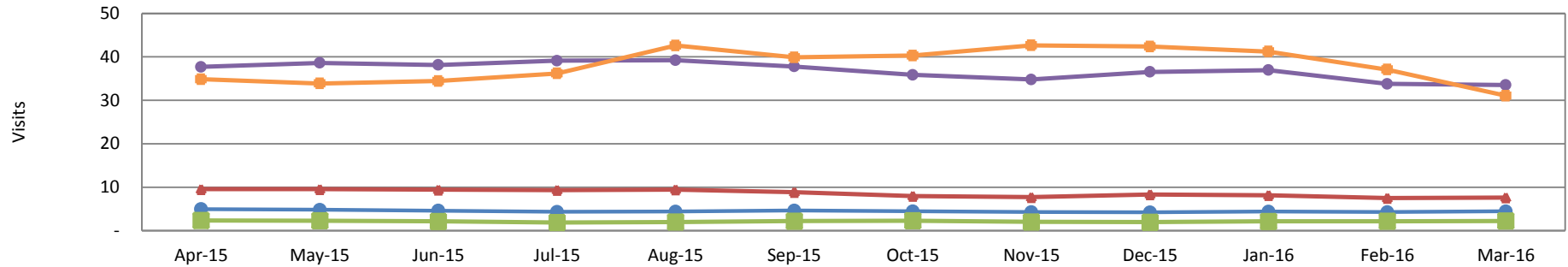
4-2: Emergency Room Visits With an Inpatient Admission per 1,000 Member Months



	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

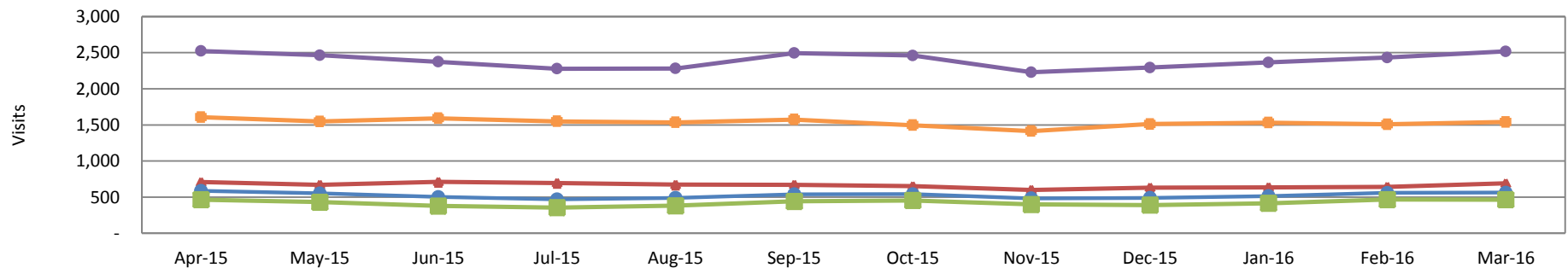
UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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

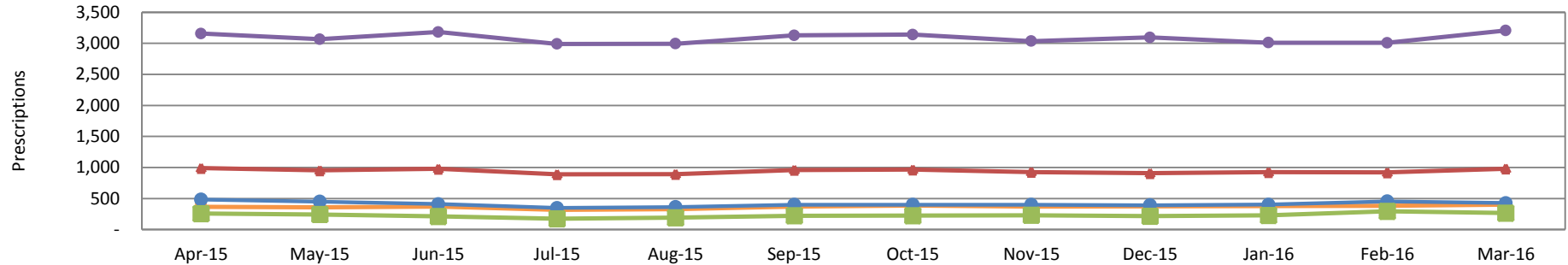
5-2: Outpatient Visits per 1,000 Member Months



	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

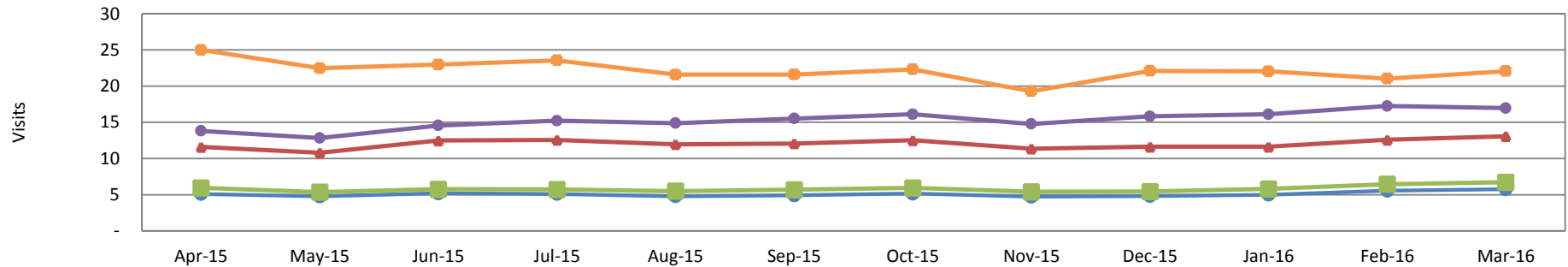
UTILIZATION: Statewide April 2015 to March 2016 (Data Warehouse pull February 2017)

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

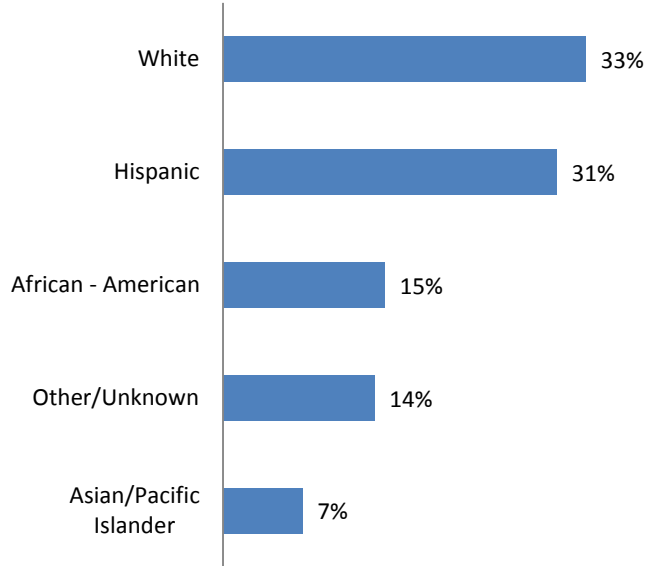
6-2: Mild to Moderate Mental Health Visits per 1,000 Member Months



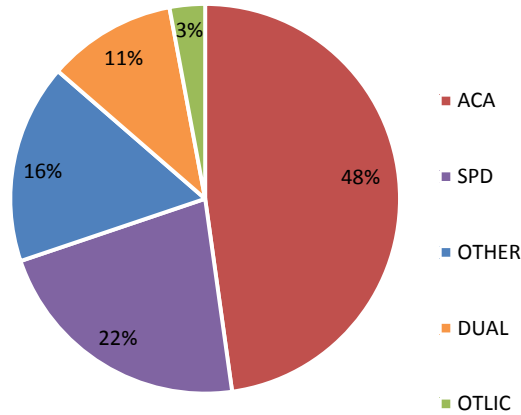
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
MO-SPD	14	13	15	15	15	16	16	15	16	16	17	17
Dual	25	22	23	24	22	22	22	19	22	22	21	22
MO-ACA	12	11	12	13	12	12	13	11	12	12	13	13
MO-Other	5	5	5	5	5	5	5	5	5	5	6	6
MO-OTLIC	6	5	6	6	6	6	6	5	5	6	6	7

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

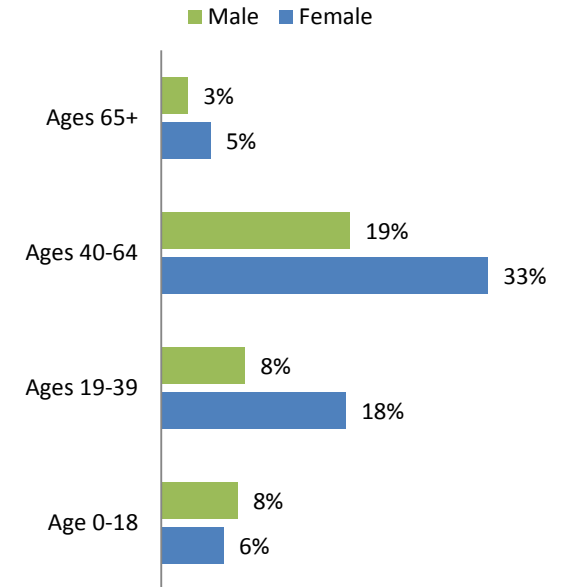
7-1: Grievances by Ethnicity



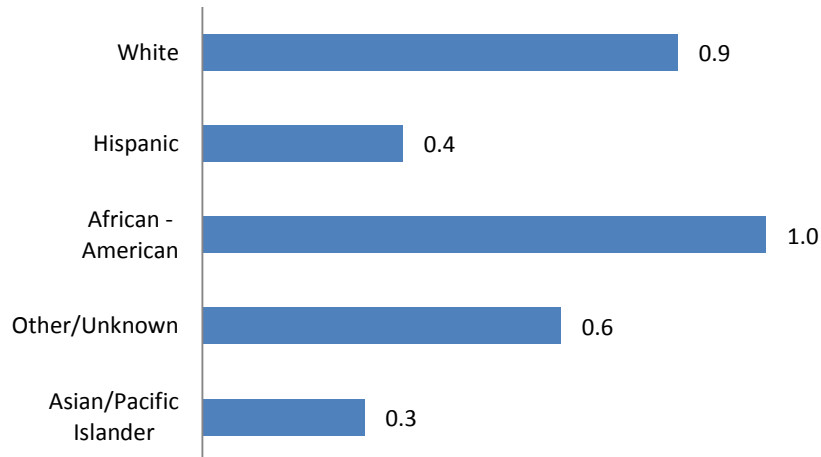
7-2: Grievances by Population



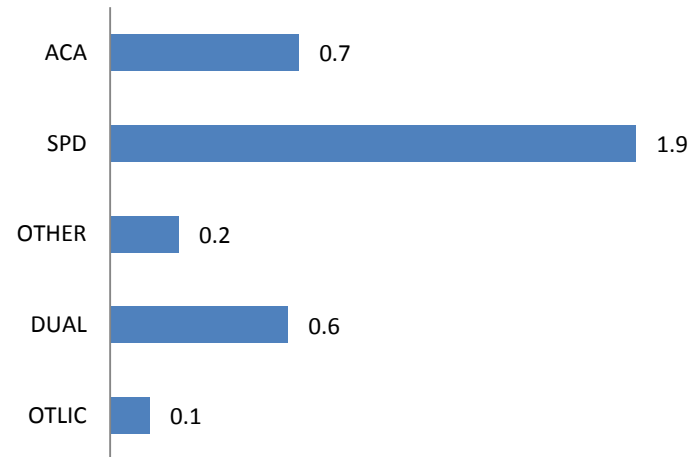
7-3: Grievances by Age



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

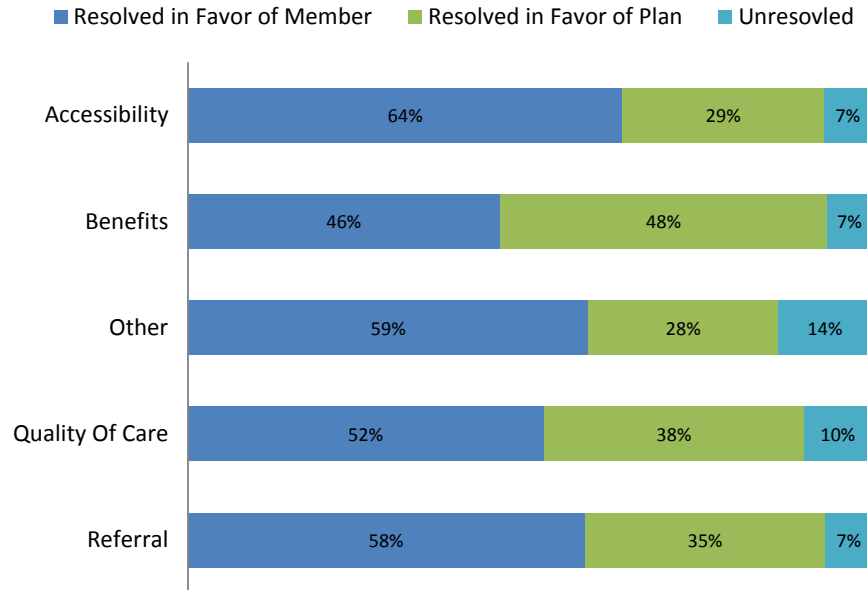


7-5: Grievances by Population Per 1,000 Member Months

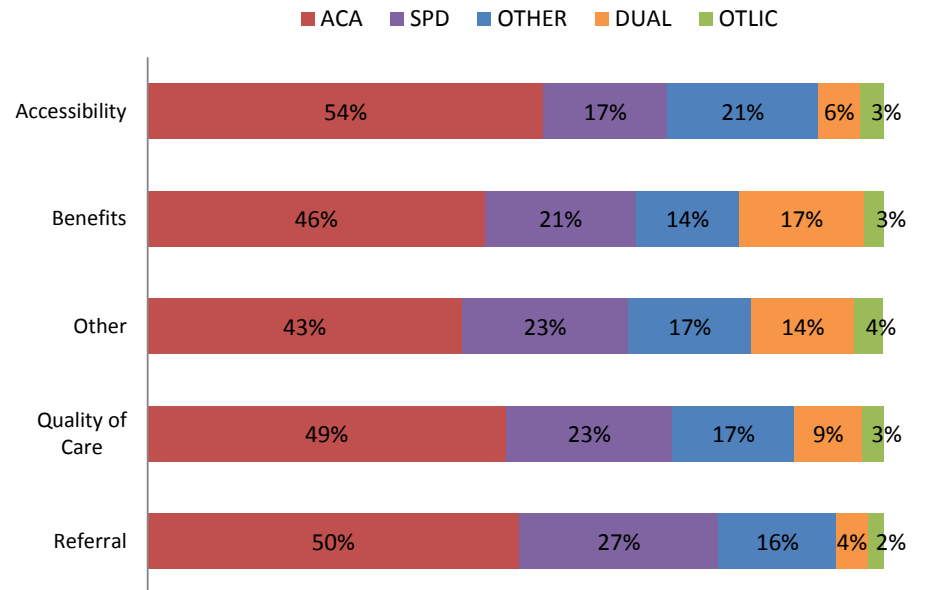


Grievance and Appeals Outcomes: Q3 2016 (July to September 2016) Statewide

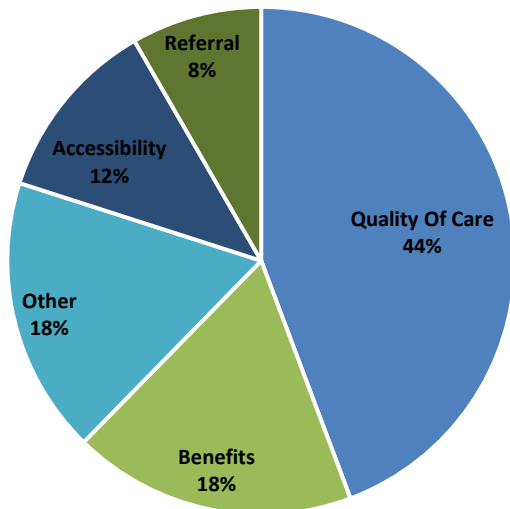
8-1: Grievance Resolution by Type



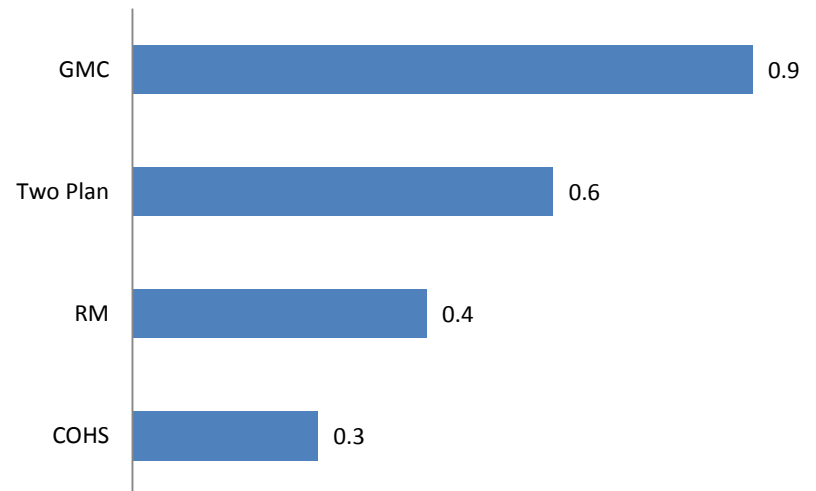
8-2: Grievances by Population and Type



8-3: Grievances by Type

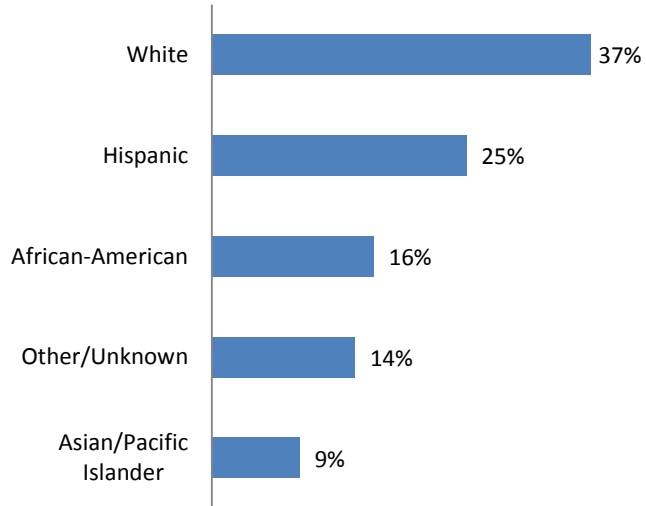


8-4: Grievances by Plan Model per 1,000 Member Months

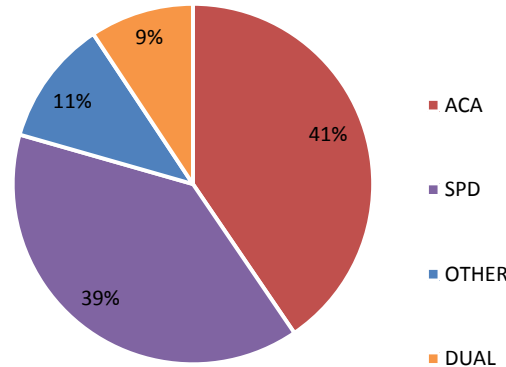


State Fair Hearing Demographics: Q3 2016 (July to September 2016) Statewide

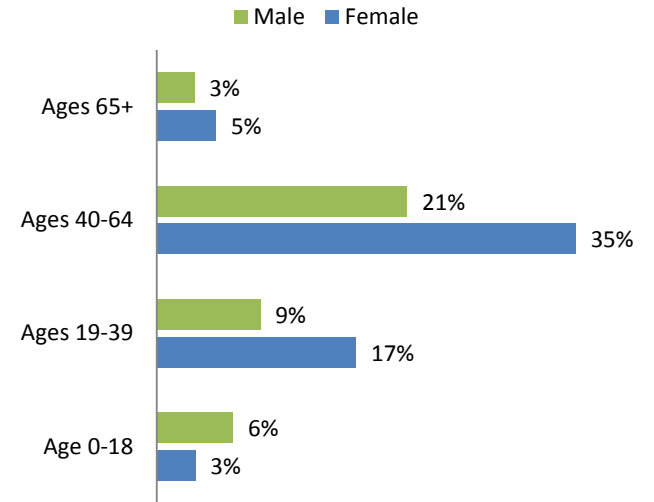
9-1: Hearings by Ethnicity



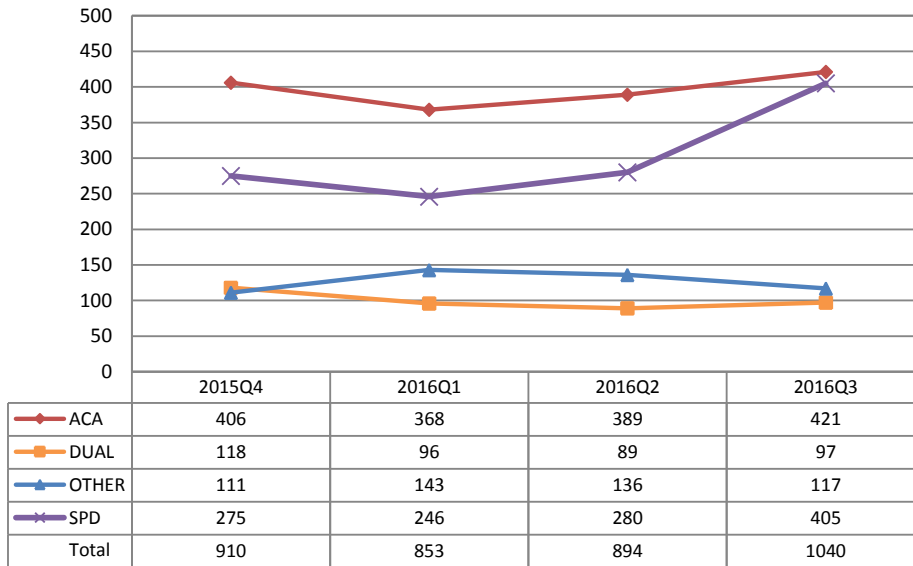
9-2: Hearings by Population



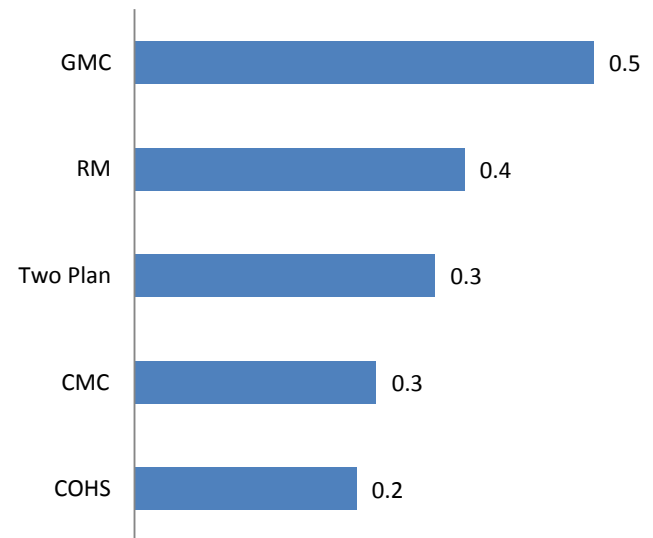
9-3: Hearings by Age



9-4: Hearings by Population

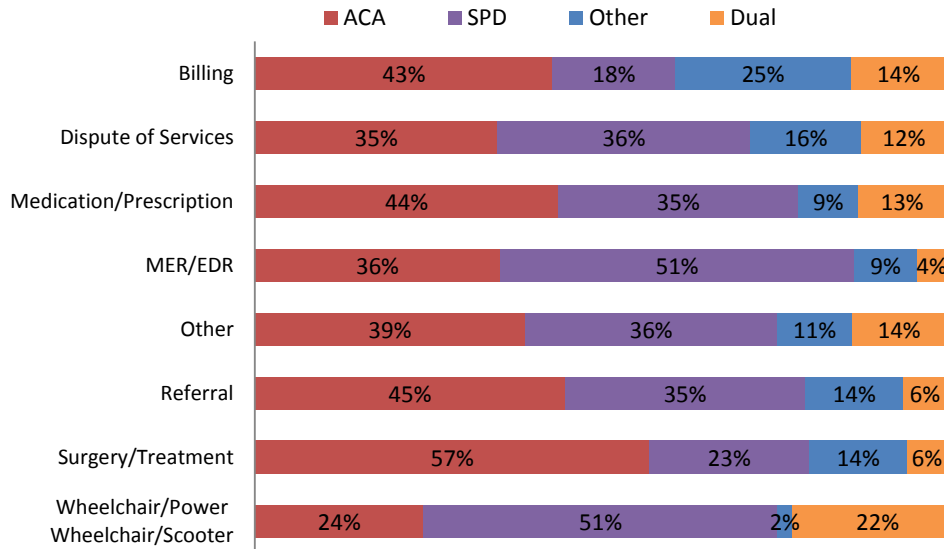


9-5: Hearings by Plan Model per 10,000 Member Months

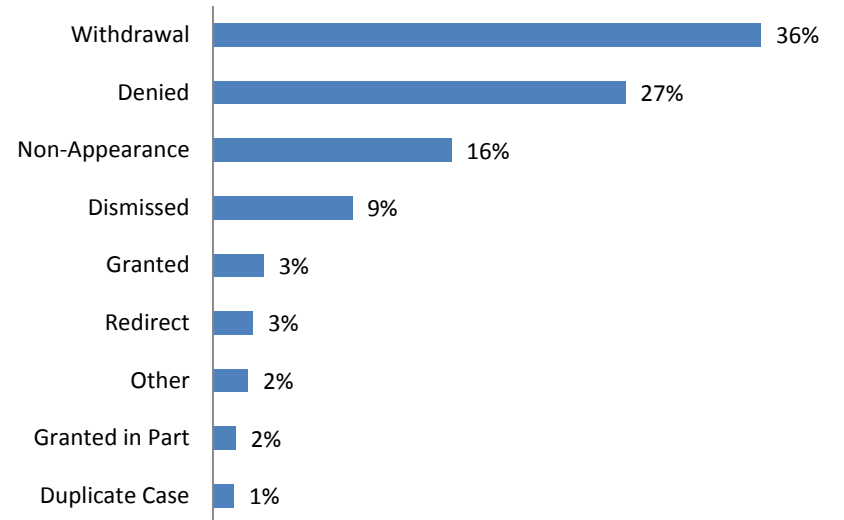


State Fair Hearing Reasons/Outcomes: Q3 2016 (July to September 2016) Statewide

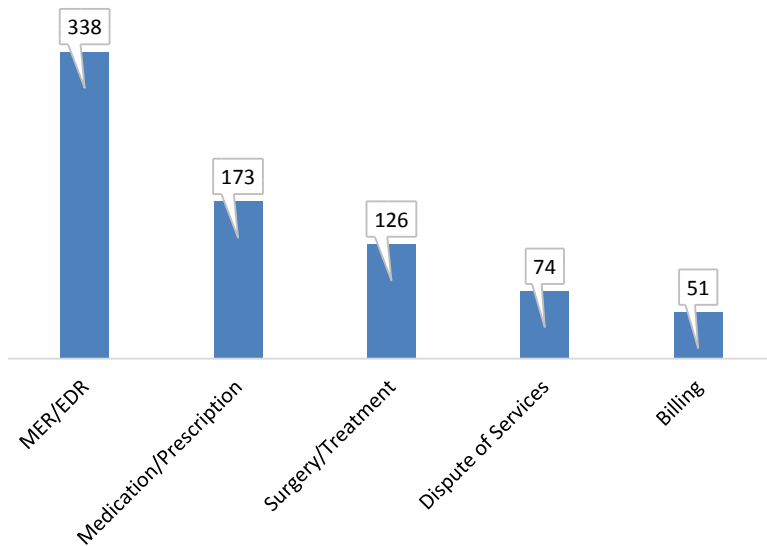
10-1: Hearing Reasons by Population



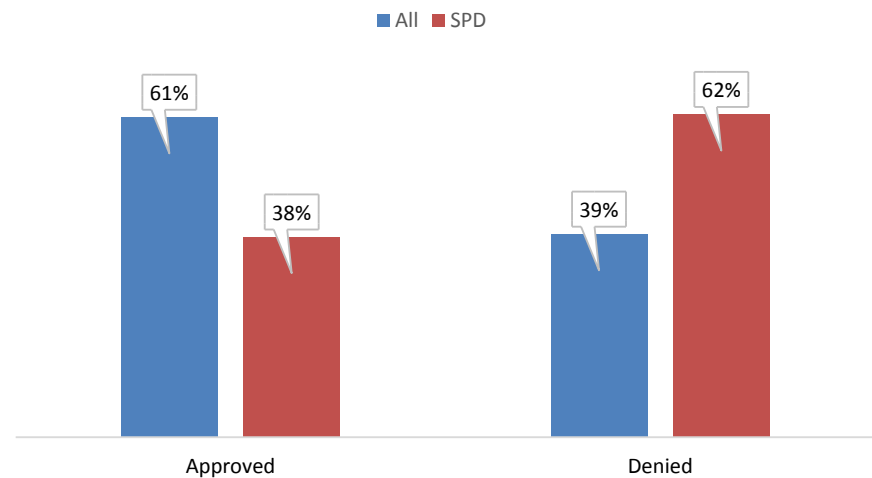
10-2: Hearing Outcomes



10-3: Top 5 Hearing Reasons

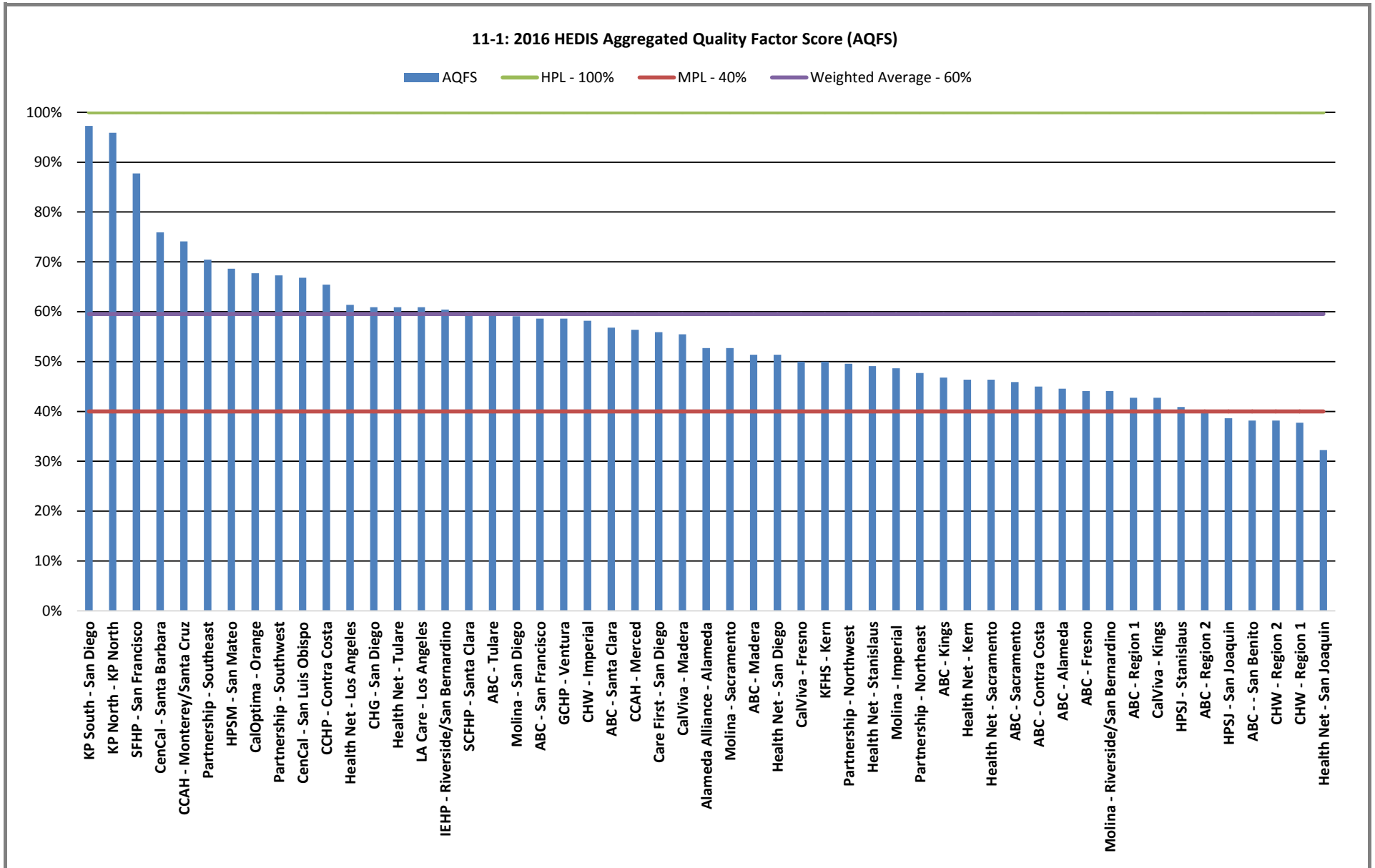


10-4: Medical Exemption Requests



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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%.