

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MANAGED CARE PERFORMANCE MONITORING DASHBOARD REPORT

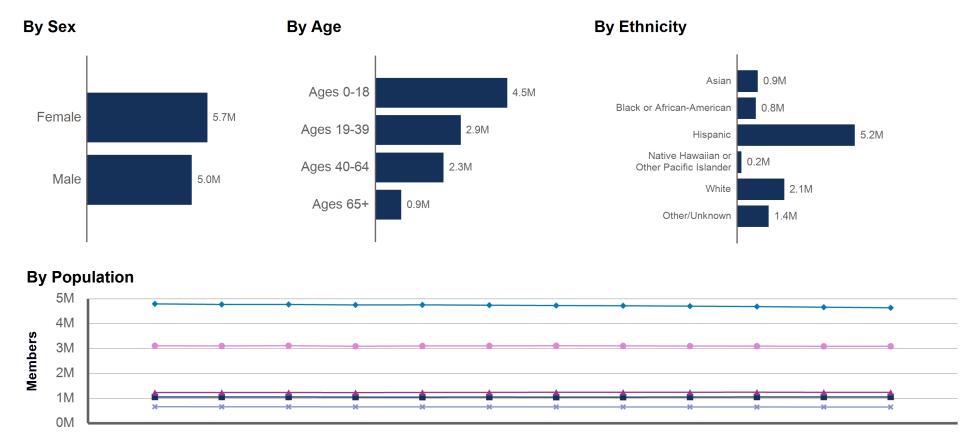
Released March 28, 2019

Quarterly Release Notes

- Care 1st Health Plan has changed their name to Blue Shield of California Promise Health Plan. Care 1st has been updated in the Dashboard to Blue Shield for the Network Adequacy and HEDIS measures.
- Dashboard data is updated quarterly except for Network Adequacy and HEDIS metrics. Latest refresh date: 02/04/2019.
- Network Adequacy data is refreshed monthly. Latest refresh date: 03/01/2018.
- HEDIS data is refreshed annually. Latest refresh date: 09/01/2018.



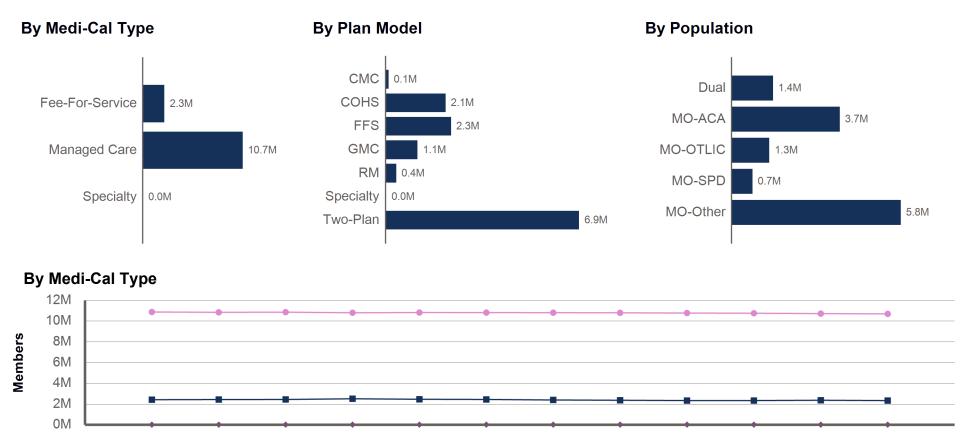
Managed Care Member Demographics (Sep-18)



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dual	1,058,728	1,058,308	1,059,901	1,054,194	1,053,958	1,055,976	1,051,900	1,053,811	1,056,386	1,058,169	1,060,241	1,060,803
MO-ACA	3,116,090	3,109,426	3,120,014	3,095,929	3,109,299	3,113,205	3,118,042	3,113,000	3,105,384	3,101,639	3,095,440	3,095,695
MO-OTLIC	1,239,439	1,238,925	1,240,856	1,235,889	1,241,223	1,245,134	1,250,138	1,250,325	1,250,600	1,251,962	1,246,492	1,244,558
MO-SPD	667,785	666,169	664,792	663,027	663,213	661,779	660,862	659,437	658,914	658,032	656,438	654,681
MO-Other	4,798,276	4,774,954	4,776,067	4,755,682	4,758,733	4,745,078	4,731,439	4,723,318	4,706,551	4,689,301	4,664,279	4,642,477
MC Total	10,880,318	10,847,782	10,861,630	10,804,721	10,826,426	10,821,172	10,812,381	10,799,891	10,777,835	10,759,103	10,722,890	10,698,214



Medi-Cal Member Demographics (Sep-18)

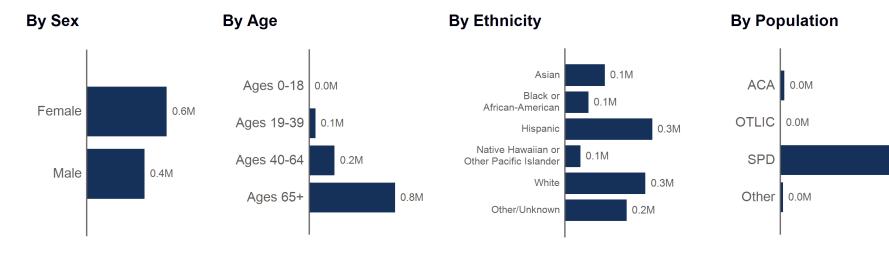


	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Fee-For-Service	2,425,480	2,441,226	2,447,228	2,515,532	2,467,580	2,448,369	2,398,084	2,371,227	2,342,341	2,343,108	2,371,325	2,340,229
Managed Care	10,880,318	10,847,782	10,861,630	10,804,721	10,826,426	10,821,172	10,812,381	10,799,891	10,777,835	10,759,103	10,722,890	10,698,214
Specialty	22,575	22,602	22,944	22,991	22,936	23,007	22,983	23,001	23,141	21,692	21,737	22,021
Total	13,328,373	13,311,610	13,331,802	13,343,244	13,316,942	13,292,548	13,233,448	13,194,119	13,143,317	13,123,903	13,115,952	13,060,464

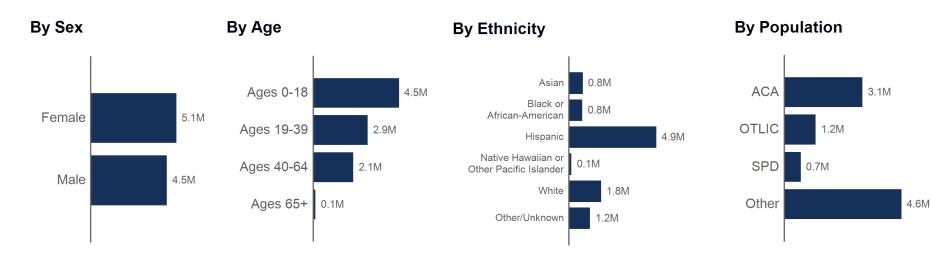


1.0M

Dual Member Demographics (Sep-18)

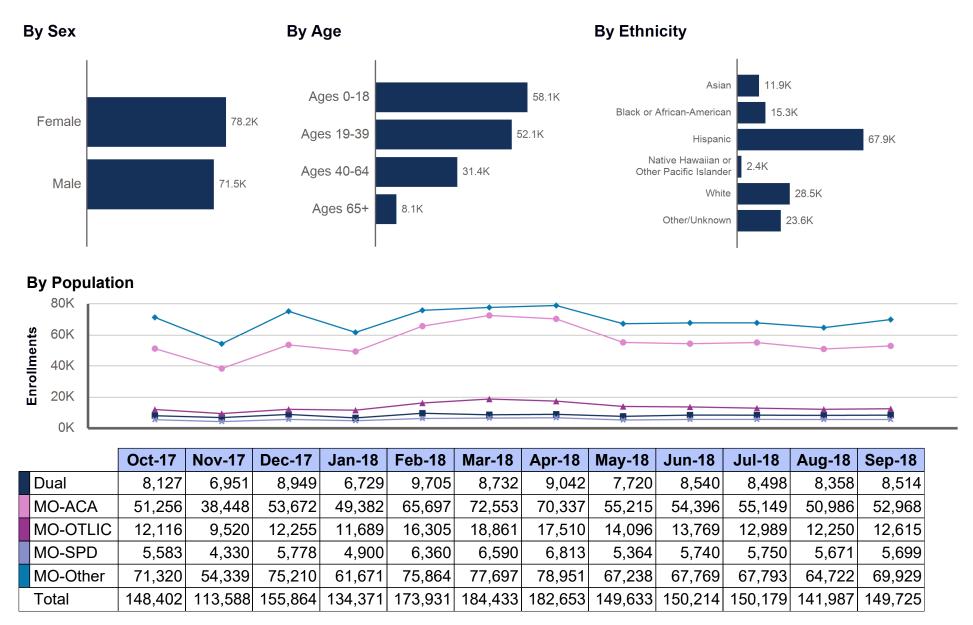


Non-Dual Member Demographics (Sep-18)





Count of New Enrollments (Sep-18)



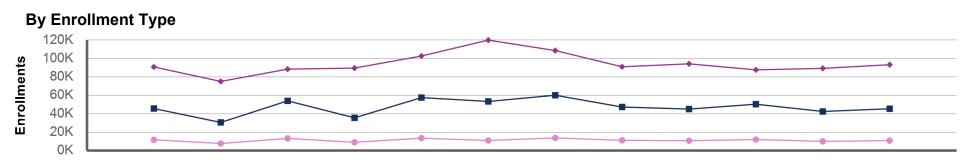


Count of New Enrollments: Enrollment Type (Sep-18)



Regular

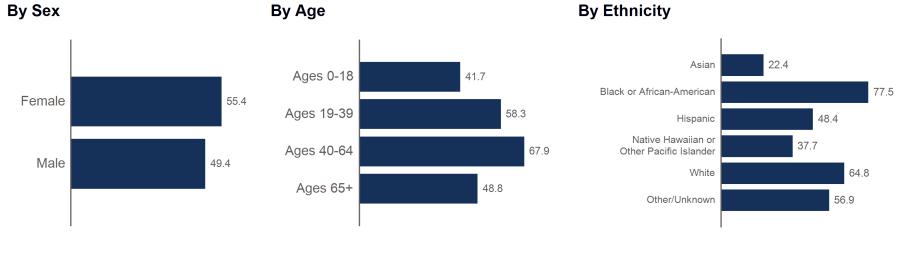




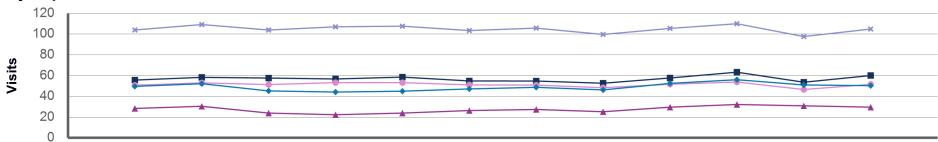
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Auto Assigned	45,716	30,636	54,061	35,657	57,601	53,411	60,153	47,375	45,142	50,425	42,560	45,500
Passive/Prior	11,809	7,775	13,301	9,087	13,569	11,030	13,831	11,187	10,808	12,050	10,101	10,931
Regular	90,877	75,177	88,502	89,627	102,761	119,992	108,669	91,071	94,264	87,704	89,326	93,294
Total	148,402	113,588	155,864	134,371	173,931	184,433	182,653	149,633	150,214	150,179	141,987	149,725



Emergency Room Visits per 1,000 Members (Mar-18)



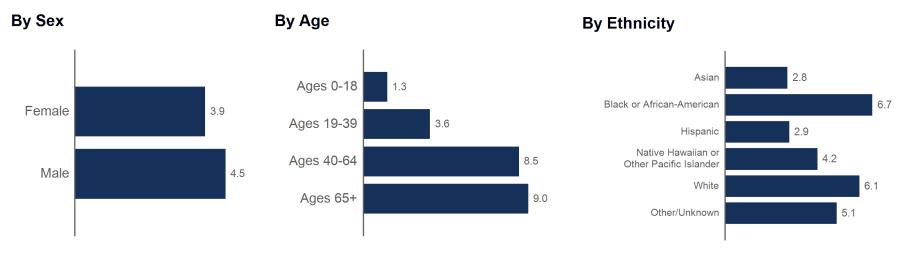
By Population



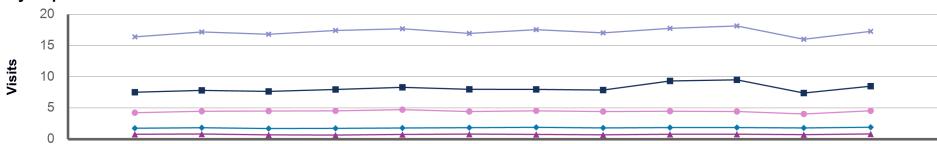
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dual	55.7	58.3	57.7	56.7	58.6	54.9	54.8	52.7	57.7	63.3	53.6	60.1
MO-ACA	50.7	53.0	51.4	53.3	53.2	51.1	50.8	48.4	51.7	53.8	46.6	51.6
MO-OTLIC	28.4	30.4	23.9	22.3	23.9	26.3	27.4	25.2	29.6	32.2	30.9	29.6
MO-SPD	104.0	109.2	104.0	107.0	107.6	103.5	105.8	99.7	105.5	110.0	97.7	104.9
MO-Other	49.6	52.2	45.2	44.2	45.0	47.2	48.7	46.2	52.5	56.0	51.0	50.3
Total	51.5	54.1	49.4	49.4	50.1	50.1	51.0	48.4	53.4	56.7	50.5	52.6



Emergency Room Visits with an Inpatient Admission per 1,000 Members (Mar-18)



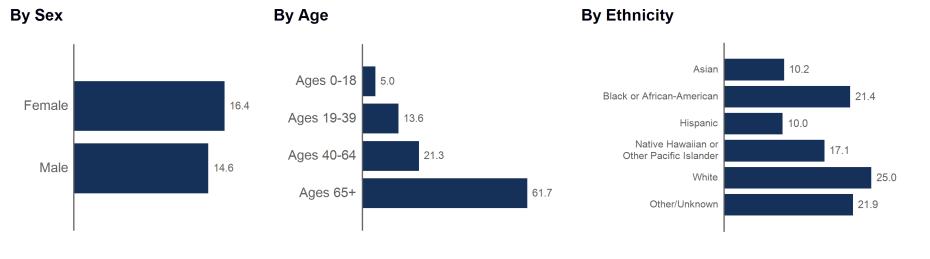
By Population



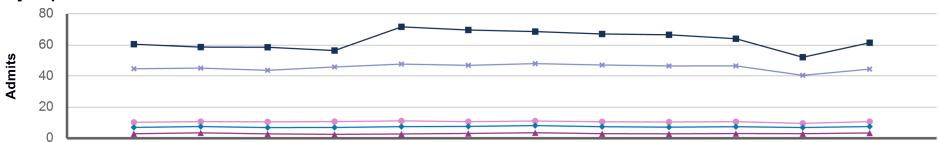
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dual	7.5	7.8	7.7	8.0	8.3	8.0	8.0	7.9	9.3	9.5	7.4	8.5
MO-ACA	4.3	4.5	4.5	4.6	4.7	4.5	4.6	4.4	4.5	4.5	4.1	4.6
MO-OTLIC	0.8	0.9	0.7	0.7	0.8	0.8	0.8	0.7	0.8	0.8	0.7	0.9
MO-SPD	16.4	17.2	16.8	17.4	17.7	17.0	17.6	17.0	17.8	18.2	16.0	17.3
MO-Other	1.8	1.9	1.7	1.8	1.8	1.9	1.9	1.8	1.9	1.9	1.8	1.9
Total	3.8	4.0	3.9	4.0	4.1	4.0	4.1	4.0	4.2	4.2	3.8	4.1



Inpatient Admissions per 1,000 Members (Mar-18)



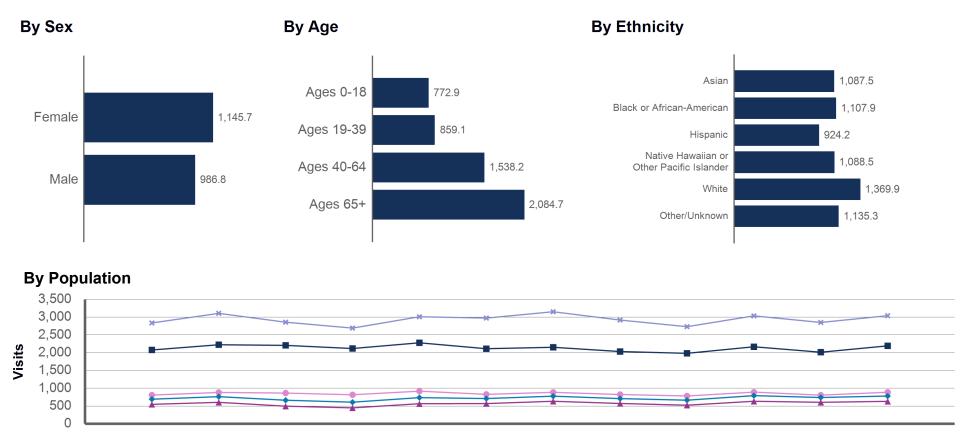
By Population



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dual	60.5	58.6	58.5	56.4	71.6	69.6	68.6	67.1	66.5	64.0	52.1	61.4
MO-ACA	10.3	10.8	10.6	10.8	11.2	10.7	11.1	10.7	10.5	10.7	9.6	10.8
MO-OTLIC	3.0	3.5	2.9	2.6	2.8	3.2	3.6	3.0	2.9	3.1	3.0	3.5
MO-SPD	44.7	45.1	43.7	45.9	47.7	46.9	48.0	47.1	46.5	46.6	40.5	44.5
MO-Other	7.0	7.6	6.9	7.0	7.5	7.7	8.2	7.5	7.2	7.5	7.0	7.6
Total	14.9	15.2	14.7	14.7	16.7	16.5	16.8	16.1	15.9	15.8	13.7	15.5



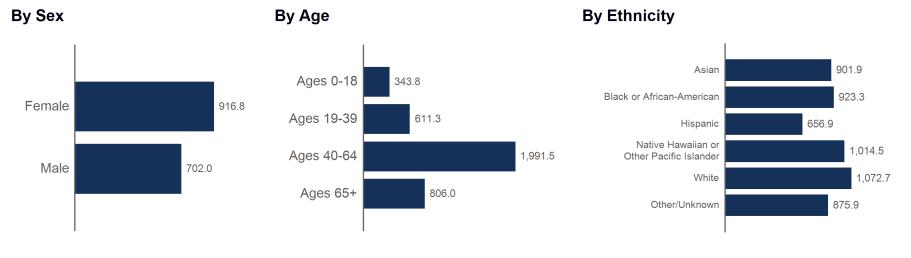
Outpatient Visits per 1,000 Members (Mar-18)



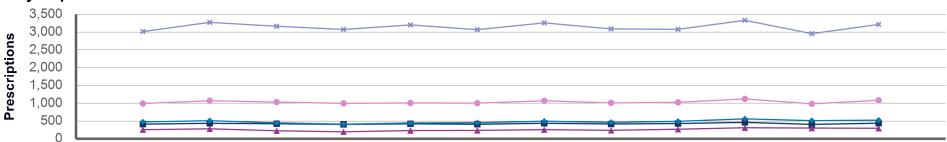
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dual	2,077.2	2,224.0	2,206.5	2,118.3	2,278.9	2,112.9	2,153.2	2,033.1	1,983.4	2,167.2	2,014.4	2,193.0
MO-ACA	809.4	882.5	865.6	817.7	919.2	829.5	885.8	825.0	784.0	892.0	807.6	889.0
MO-OTLIC	548.7	604.7	497.4	450.2	566.8	570.3	635.1	573.4	524.7	635.3	605.7	633.1
MO-SPD	2,836.7	3,106.9	2,858.0	2,692.4	3,011.3	2,974.1	3,152.2	2,918.3	2,732.0	3,036.2	2,850.7	3,041.0
MO-Other	693.6	765.1	664.7	609.6	737.5	712.1	778.6	710.6	665.9	793.9	741.4	782.3
Total	974.5	1,064.1	985.5	924.1	1,058.7	1,004.5	1,072.4	992.3	938.7	1,075.4	998.0	1,071.6



Prescriptions per 1,000 Members (Mar-18)



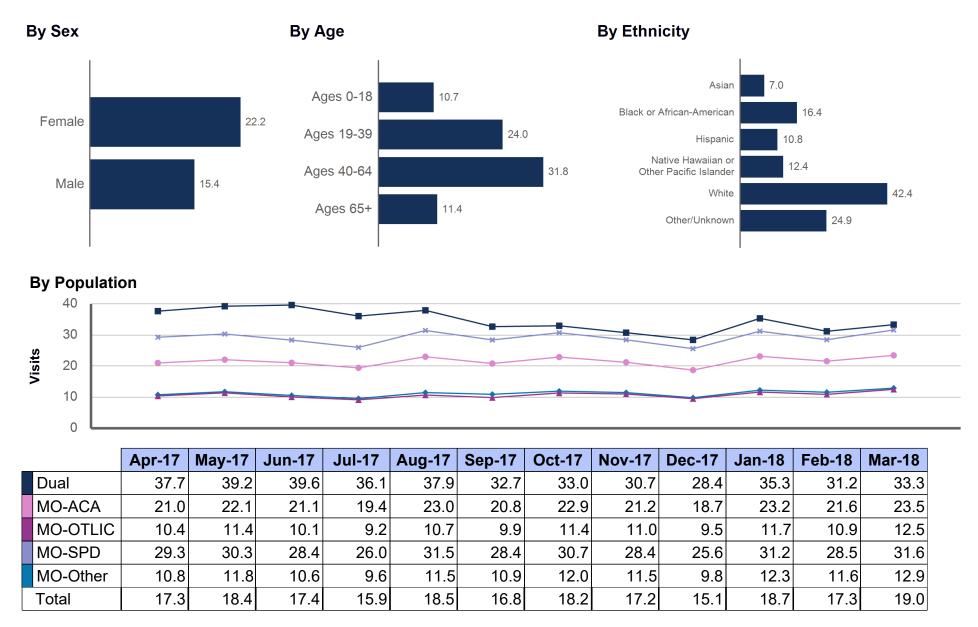
By Population



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Dual	413.7	437.4	425.4	406.5	423.8	411.5	438.3	419.1	431.6	464.3	407.0	440.5
MO-ACA	994.5	1,072.8	1,034.6	998.6	1,008.9	1,004.5	1,069.5	1,011.4	1,026.6	1,122.9	985.1	1,083.8
MO-OTLIC	258.4	283.3	228.1	198.5	233.8	238.2	258.7	239.8	271.8	313.2	303.9	297.6
MO-SPD	3,017.0	3,275.4	3,165.8	3,075.8	3,203.8	3,069.8	3,261.1	3,090.8	3,079.3	3,332.9	2,957.5	3,217.3
MO-Other	476.5	510.4	451.0	412.4	446.1	455.9	496.8	464.3	493.9	562.7	512.6	526.4
Total	749.6	808.1	756.3	718.1	749.7	744.2	797.7	752.4	773.7	855.1	763.9	816.6

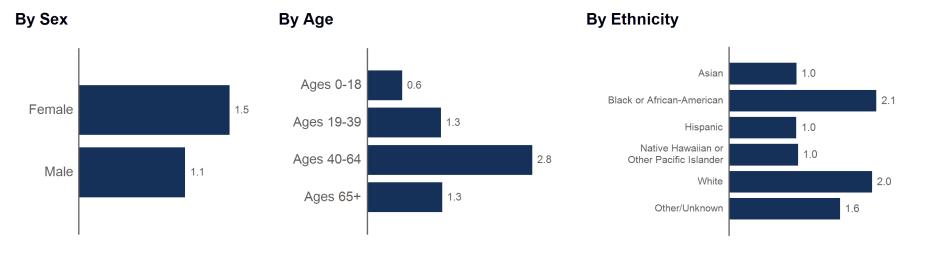


Mild-to-Moderate Mental Health Visits per 1,000 Members (Mar-18)

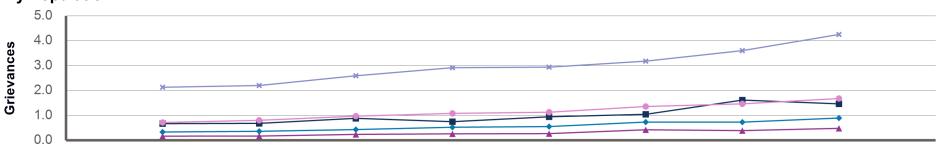




Grievances per 1,000 Member Months (2018Q3)



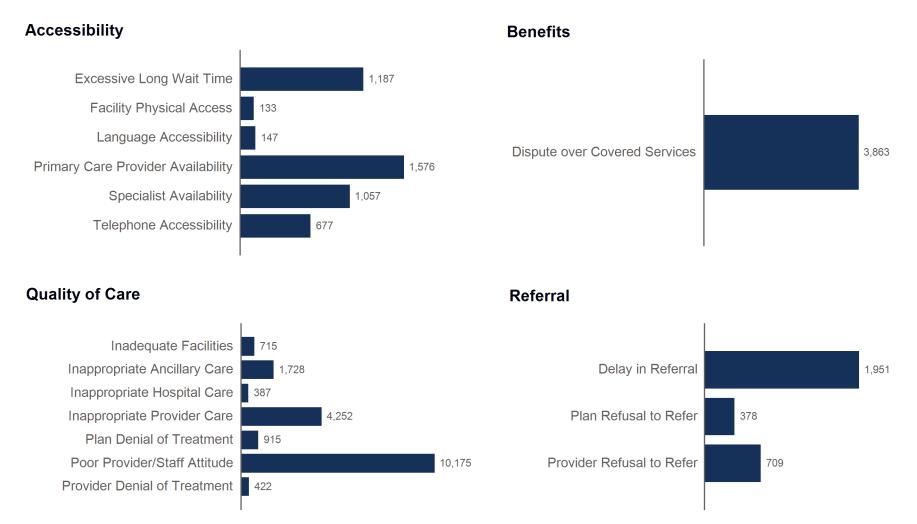
By Population



	2016Q4	2017Q1	2017Q2	2017Q3	2017Q4	2018Q1	2018Q2	2018Q3
Dual	0.7	0.7	0.9	0.8	0.9	1.0	1.6	1.5
MO-ACA	0.7	0.8	1.0	1.1	1.1	1.4	1.5	1.7
MO-OTLIC	0.2	0.2	0.2	0.3	0.3	0.4	0.4	0.5
MO-SPD	2.1	2.2	2.6	2.9	2.9	3.2	3.6	4.3
MO-Other	0.3	0.4	0.4	0.5	0.6	0.7	0.7	0.9
Total	0.6	0.6	0.7	0.8	0.9	1.1	1.2	1.3

DHCS HealthCareServices

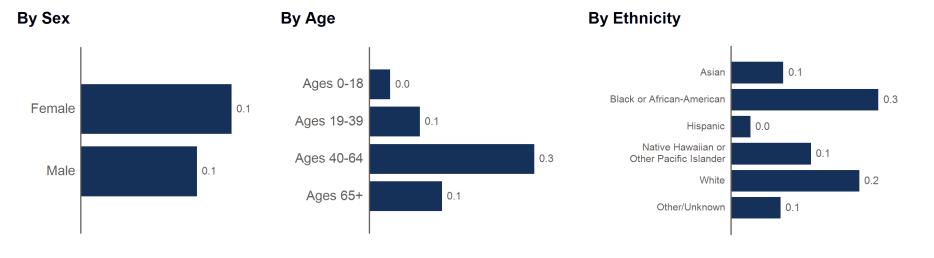
Count of Grievances: Grievance Type* (2018Q3)



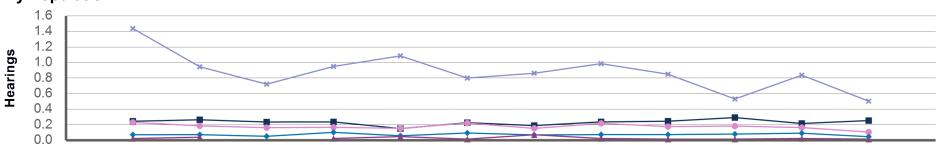
*There were 15,517 Other Grievances during the quarter that did not fall under one of the above four categories.



State Fair Hearings per 10,000 Members (Sep-18)

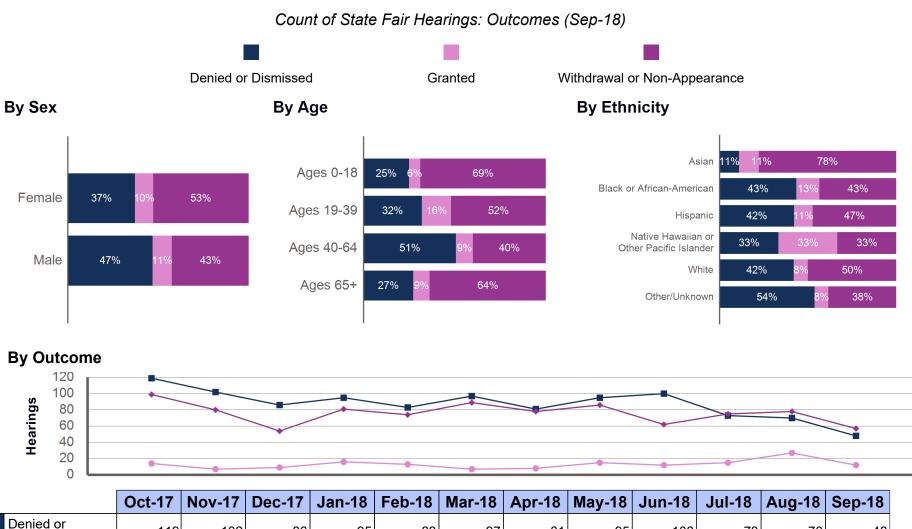


By Population



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dual	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.3
MO-ACA	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1
MO-OTLIC	0.0	0.0		0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
MO-SPD	1.4	0.9	0.7	1.0	1.1	0.8	0.9	1.0	0.8	0.5	0.8	0.5
MO-Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Total	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1

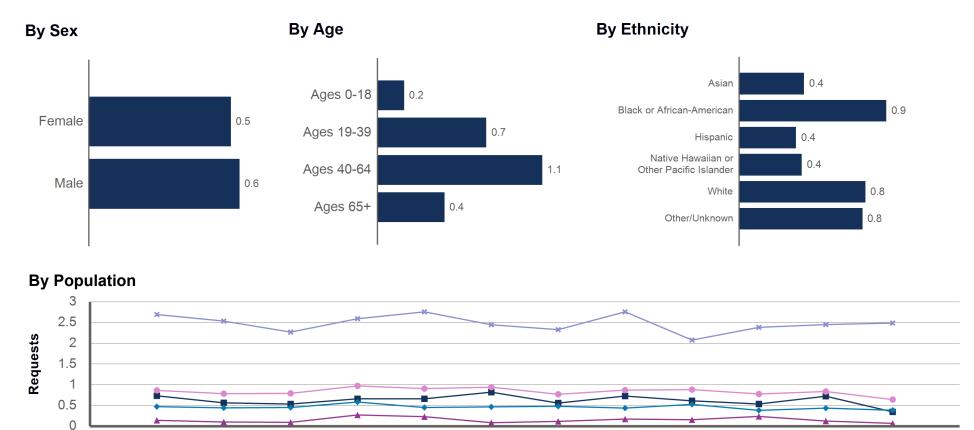




		-						- , -			- J -	
Denied or Dismissed	119	102	86	95	83	97	81	95	100	73	70	48
Granted	14	7	9	16	13	7	8	15	12	15	27	12
Withdrawal or Non-Appearance	99	80	54	81	74	89	78	86	62	75	78	57
Total	232	189	149	192	170	193	167	196	174	163	175	117



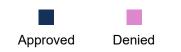
Medical Exemption Requests per 10,000 Members (Sep-18)

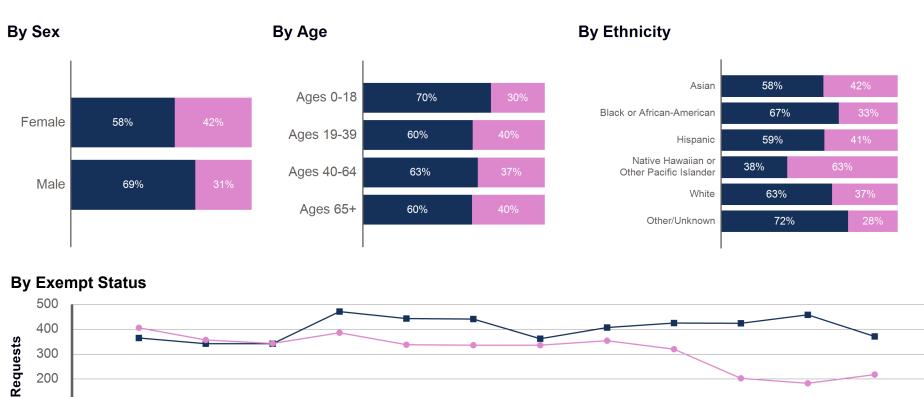


	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Dual	0.7	0.6	0.5	0.7	0.7	0.8	0.6	0.7	0.6	0.5	0.7	0.3
MO-ACA	0.9	0.8	0.8	1.0	0.9	0.9	0.8	0.9	0.9	0.8	0.8	0.6
MO-OTLIC	0.1	0.1	0.1	0.3	0.2	0.1	0.1	0.2	0.2	0.2	0.1	0.1
MO-SPD	2.7	2.5	2.3	2.6	2.8	2.4	2.3	2.8	2.1	2.4	2.5	2.5
MO-Other	0.5	0.4	0.5	0.6	0.5	0.5	0.5	0.4	0.5	0.4	0.4	0.4
Total	0.7	0.6	0.6	0.8	0.7	0.7	0.6	0.7	0.7	0.6	0.7	0.6



Count of Medical Exemption Requests: Exempt Status (Sep-18)





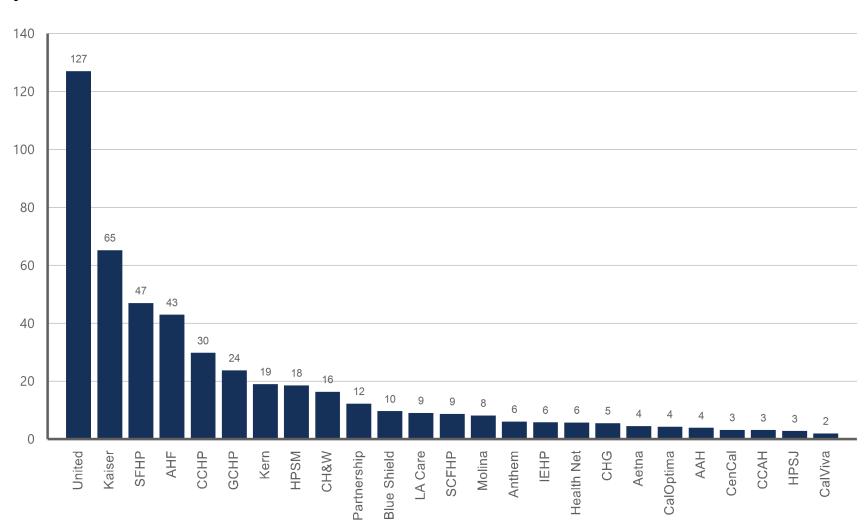
		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
	Approved	365	342	342	471	443	441	362	407	425	424	458	371
	Denied	406	357	343	386	338	336	336	354	320	203	183	218
	Total	771	699	685	857	781	777	698	761	745	627	641	589

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

200 100 0



PCPs per 2,000 Members (Sep-18)



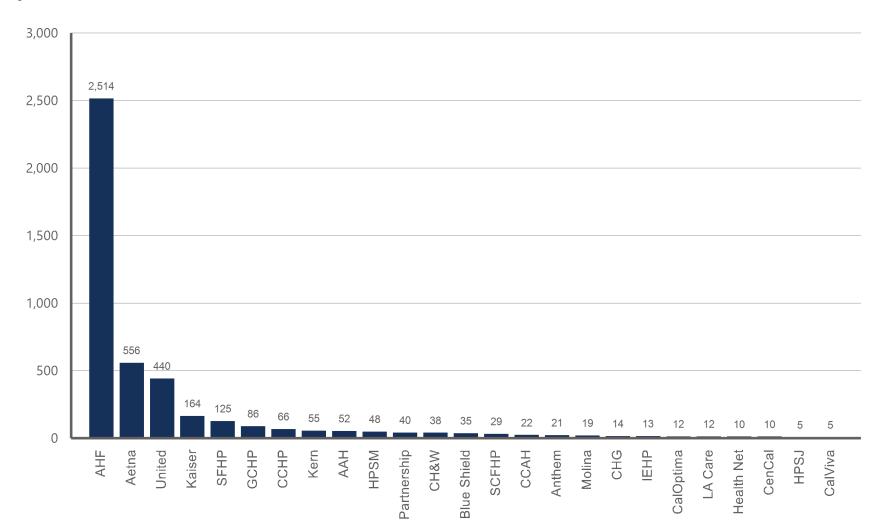
By Plan Parent

*The contractual standard is 1 Primary Care Physician (PCP) per 2,000 plan enrollees.



Physicians per 1,200 Members (Sep-18)

By Plan Parent

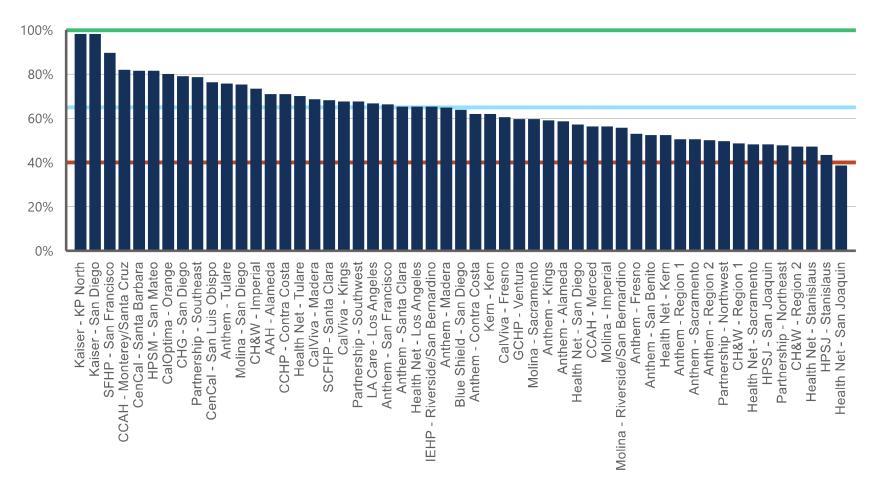


*The contractual standard is 1 Physician per 1,200 plan enrollees.



2018 HEDIS® Aggregated Quality Factor Score (AQFS)

By HEDIS® Reporting Unit





GLOSSARY

<u>Metrics</u>

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 Members: Rates per 1,000 members were calculated by dividing overall utilization of a given service (e.g., Emergency Room Visits) by the total number of members 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.



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 members.

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 members.

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 members.



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 members.

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 members.

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 members.

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.

Network Adequacy

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

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 Population Weighted Average is calculated annually. A HEDIS® reporting unit is a combination of one health plan in a county or region.