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 Performance Monitoring Dashboard Report
Released March 28, 2019

Managed Care Member Demographics (Sep-18)

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Medi-Cal Member Demographics (Sep-18)

By Medi-Cal Type

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Source: Enterprise Performance Monitoring System
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Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Dual Member Demographics (Sep-18)

Non-Dual Member Demographics (Sep-18)

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Count of New Enrollments (Sep-18)

### By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

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

By Sex

- Female: Auto Assigned 27%, Passive/Prior 7%, Regular 65%
- Male: Auto Assigned 34%, Passive/Prior 8%, Regular 59%

By Age

- Ages 0-18: Auto Assigned 27%, Passive/Prior 11%, Regular 61%
- Ages 19-39: Auto Assigned 36%, Passive/Prior 6%, Regular 58%
- Ages 40-64: Auto Assigned 28%, Passive/Prior 4%, Regular 68%
- Ages 65+: Auto Assigned 23%, Passive/Prior 0%, Regular 77%

By Ethnicity

- Asian: Auto Assigned 19%, Passive/Prior 5%, Regular 76%
- Black or African-American: Auto Assigned 38%, Passive/Prior 6%, Regular 56%
- Hispanic: Auto Assigned 31%, Passive/Prior 12%, Regular 61%
- Native Hawaiian or Other Pacific Islander: Auto Assigned 25%, Passive/Prior 4%, Regular 69%
- White: Auto Assigned 32%, Passive/Prior 5%, Regular 63%
- Other/Unknown: Auto Assigned 29%, Passive/Prior 6%, Regular 63%

By Enrollment Type

- Total Enrollments
  - Oct-17: 148,402
  - Nov-17: 113,558
  - Dec-17: 155,864
  - Jan-18: 134,371
  - Feb-18: 173,931
  - Mar-18: 184,433
  - Apr-18: 182,653
  - May-18: 149,633
  - Jun-18: 150,214
  - Jul-18: 141,987
  - Aug-18: 149,725
  - Sep-18: 149,725

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

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

By Sex

- Female: 55.4
- Male: 49.4

By Age

- Ages 0-18: 41.7
- Ages 19-39: 58.3
- Ages 40-64: 67.9
- Ages 65+: 48.8

By Ethnicity

- Asian: 22.4
- Black or African-American: 77.5
- Hispanic: 48.4
- Native Hawaiian or Other Pacific Islander: 37.7
- White: 64.8
- Other/Unknown: 56.9

By Population

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<th>MO-OTLIC</th>
<th>MO-SPD</th>
<th>MO-Other</th>
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Source: Enterprise Performance Monitoring System
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Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

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

By Sex

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<th>Nov-17</th>
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By Age

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By Ethnicity

| Asian     | 2.8    |        |        |        |        |        |        |        |        |        |        |        |
| Black or African-American | 6.7    |        |        |        |        |        |        |        |        |        |        |        |
| Hispanic  | 2.9    |        |        |        |        |        |        |        |        |        |        |        |
| Native Hawaiian or Other Pacific Islander | 4.2    |        |        |        |        |        |        |        |        |        |        |        |
| White     | 6.1    |        |        |        |        |        |        |        |        |        |        |        |
| Other/Unknown | 5.1    |        |        |        |        |        |        |        |        |        |        |        |

By Population

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Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

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

By Sex

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By Age

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<th>Jul-17</th>
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By Ethnicity

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

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

By Sex
- Female: 1,145.7
- Male: 986.8

By Age
- Ages 0-18: 772.9
- Ages 19-39: 859.1
- Ages 40-64: 1,538.2
- Ages 65+: 2,084.7

By Ethnicity
- Asian: 1,087.5
- Black or African-American: 1,107.9
- Hispanic: 924.2
- Native Hawaiian or Other Pacific Islander: 1,088.5
- White: 1,369.9
- Other/Unknown: 1,135.3

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Prescriptions per 1,000 Members (Mar-18)

By Sex

- Female: Apr-17, 413.7; May-17, 437.4; Jun-17, 425.4; Jul-17, 406.5; Aug-17, 423.8; Sep-17, 411.5; Oct-17, 438.3; Nov-17, 419.1; Dec-17, 431.6; Jan-18, 464.3; Feb-18, 407.0; Mar-18, 440.5
- Male: Apr-17, 702.0; May-17, 916.8

By Age

- Ages 0-18: Apr-17, 343.8; May-17, 611.3; Jun-17, 1,991.5
- Ages 19-39: Apr-17, 406.5; May-17, 238.2; Jun-17, 806.0
- Ages 40-64: Apr-17, 423.8; May-17, 455.9; Jun-17, 496.8
- Ages 65+: Apr-17, 440.5; May-17, 297.6

By Ethnicity

- Asian: Apr-17, 901.9; May-17, 923.3
- Black or African-American: Apr-17, 476.5; May-17, 510.4
- Hispanic: Apr-17, 923.3; May-17, 656.9
- Native Hawaiian or Other Pacific Islander: Apr-17, 1014.5; May-17, 1,014.5
- White: Apr-17, 1,072.7; May-17, 875.9
- Other/Unknown: Apr-17, 451.0; May-17, 455.9

By Population

- Total: Apr-17, 749.6; May-17, 808.1; Jun-17, 756.3; Jul-17, 718.1; Aug-17, 749.7; Sep-17, 744.2; Oct-17, 797.7; Nov-17, 752.4; Dec-17, 773.7; Jan-18, 855.1; Feb-18, 763.9; Mar-18, 816.6

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 Members (Mar-18)

#### By Sex
- **Female**: 22.2
- **Male**: 15.4

#### By Age
- **Ages 0-18**: 10.7
- **Ages 19-39**: 24.0
- **Ages 40-64**: 31.8
- **Ages 65+**: 11.4

#### By Ethnicity
- **Asian**: 7.0
- **Black or African-American**: 16.4
- **Hispanic**: 10.8
- **Native Hawaiian or Other Pacific Islander**: 12.4
- **White**: 42.4
- **Other/Unknown**: 24.9

#### By Population

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*Source: Enterprise Performance Monitoring System*

*Note: Data in this dashboard is preliminary and subject to change*
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Grievances per 1,000 Member Months (2018Q3)

By Sex
- Female: 1.5
- Male: 1.1

By Age
- Ages 0-18: 0.6
- Ages 19-39: 1.3
- Ages 40-64: 2.8
- Ages 65+: 1.3

By Ethnicity
- Asian: 1.0
- Black or African-American: 2.1
- Hispanic: 1.0
- Native Hawaiian or Other Pacific Islander: 1.0
- White: 2.0
- Other/Unknown: 1.6

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report
Released March 28, 2019

Count of Grievances: Grievance Type* (2018Q3)

Accessibility
- Excessive Long Wait Time: 1,187
- Facility Physical Access: 133
- Language Accessibility: 147
- Primary Care Provider Availability: 1,576
- Specialist Availability: 1,057
- Telephone Accessibility: 677

Benefits
- Dispute over Covered Services: 3,863

Quality of Care
- Inadequate Facilities: 715
- Inappropriate Ancillary Care: 1,728
- Inappropriate Hospital Care: 387
- Inappropriate Provider Care: 4,252
- Plan Denial of Treatment: 915
- Poor Provider/Staff Attitude: 10,175
- Provider Denial of Treatment: 422

Referral
- Delay in Referral: 1,951
- Plan Refusal to Refer: 378
- Provider Refusal to Refer: 709

*There were 15,517 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
### State Fair Hearings per 10,000 Members (Sep-18)

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#### By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Count of State Fair Hearings: Outcomes (Sep-18)

By Sex

- Female
  - Denied or Dismissed: 37%
  - Granted: 10%
  - Withdrawal or Non-Appearance: 53%

- Male
  - Denied or Dismissed: 47%
  - Granted: 11%
  - Withdrawal or Non-Appearance: 43%

By Age

- Ages 0-18
  - Denied or Dismissed: 25%
  - Granted: 6%
  - Withdrawal or Non-Appearance: 69%

- Ages 19-39
  - Denied or Dismissed: 32%
  - Granted: 16%
  - Withdrawal or Non-Appearance: 52%

- Ages 40-64
  - Denied or Dismissed: 51%
  - Granted: 9%
  - Withdrawal or Non-Appearance: 40%

- Ages 65+
  - Denied or Dismissed: 27%
  - Granted: 9%
  - Withdrawal or Non-Appearance: 64%

By Ethnicity

- Asian
  - Denied or Dismissed: 11%
  - Granted: 11%
  - Withdrawal or Non-Appearance: 78%

- Black or African-American
  - Denied or Dismissed: 43%
  - Granted: 13%
  - Withdrawal or Non-Appearance: 43%

- Hispanic
  - Denied or Dismissed: 42%
  - Granted: 11%
  - Withdrawal or Non-Appearance: 47%

- Native Hawaiian or Other Pacific Islander
  - Denied or Dismissed: 33%
  - Granted: 33%
  - Withdrawal or Non-Appearance: 33%

- White
  - Denied or Dismissed: 42%
  - Granted: 8%
  - Withdrawal or Non-Appearance: 50%

- Other/Unknown
  - Denied or Dismissed: 54%
  - Granted: 8%
  - Withdrawal or Non-Appearance: 38%

By Outcome

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Medical Exemption Requests per 10,000 Members (Sep-18)

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Count of Medical Exemption Requests: Exempt Status (Sep-18)

By Sex
- Female: Approved 58%, Denied 42%
- Male: Approved 69%, Denied 31%

By Age
- Ages 0-18: Approved 70%, Denied 30%
- Ages 19-39: Approved 60%, Denied 40%
- Ages 40-64: Approved 63%, Denied 37%
- Ages 65+: Approved 60%, Denied 40%

By Ethnicity
- Asian: Approved 58%, Denied 42%
- Black or African-American: Approved 67%, Denied 33%
- Hispanic: Approved 59%, Denied 41%
- Native Hawaiian or Other Pacific Islander: Approved 38%, Denied 63%
- White: Approved 63%, Denied 37%
- Other/Unknown: Approved 72%, Denied 28%

By Exempt Status

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

- United: 127
- Kaiser: 65
- SFHP: 47
- AHF: 43
- CCHP: 30
- GCHP: 24
- Kern: 19
- HPSM: 18
- CH&W: 16
- Partnership: 12
- Blue Shield: 10
- LA Care: 9
- SCFHP: 9
- Molina: 8
- Anthem: 6
- IEHP: 6
- Health Net: 6
- CHG: 5
- Aetna: 4
- CalOptima: 4
- AAH: 3
- CenCal: 3
- CCAH: 3
- HPSJ: 2
- Calviva: 2

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

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Physicians per 1,200 Members (Sep-18)

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

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
2018 HEDIS® Aggregated Quality Factor Score (AQFS)

By HEDIS® Reporting Unit

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 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.

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Managed Care Performance Monitoring Dashboard Report  
Released March 28, 2019

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.

*Source: Enterprise Performance Monitoring System*

*Note: Data in this dashboard is preliminary and subject to change*
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.

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