Quarterly Release Notes

- For metrics displaying one month of data, the phrase "Member Months" has been updated to "Members" to more accurately reflect the analysis at the month level. The Grievance page is the only metric being measured by member months because grievance demographics includes three months of aggregated data.
- Dashboard data is updated quarterly except for Network Adequacy and HEDIS metrics. Latest refresh date: 08/01/2018.
- Network Adequacy data is refreshed monthly. Latest refresh date: 09/01/2018.
- HEDIS data is refreshed annually. Latest refresh date: 09/01/2018.
Managed Care Member Demographics (Mar-18)

By Sex
- Female: 5.8M
- Male: 5.0M

By Age
- Ages 0-18: 4.6M
- Ages 19-39: 3.0M
- Ages 40-64: 2.4M
- Ages 65+: 0.9M

By Ethnicity
- Asian: 0.9M
- Black or African-American: 0.9M
- Hispanic: 5.3M
- Native Hawaiian or Other Pacific Islander: 0.2M
- White: 2.2M
- Other/Unknown: 1.4M

By Population

<table>
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<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Medi-Cal Member Demographics (Mar-18)

By Medi-Cal Type

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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 September 26, 2018

Dual Member Demographics (Mar-18)

By Sex
- Female: 0.6M
- Male: 0.4M

By Age
- Ages 0-18: 0.0M
- Ages 19-39: 0.1M
- Ages 40-64: 0.2M
- Ages 65+: 0.8M

By Ethnicity
- Asian: 0.1M
- Black or African-American: 0.1M
- Hispanic: 0.3M
- Native Hawaiian or Other Pacific Islander: 0.1M
- White: 0.3M
- Other/Unknown: 0.2M
- Other: 0.0M

By Population
- ACA: 0.0M
- OTLIC: 0.0M
- SPD: 1.0M
- Other: 0.0M

Non-Dual Member Demographics (Mar-18)

By Sex
- Female: 5.2M
- Male: 4.6M

By Age
- Ages 0-18: 4.6M
- Ages 19-39: 2.9M
- Ages 40-64: 2.1M
- Ages 65+: 0.1M

By Ethnicity
- Asian: 0.8M
- Black or African-American: 0.8M
- Hispanic: 5.0M
- Native Hawaiian or Other Pacific Islander: 0.2M
- White: 1.9M
- Other/Unknown: 1.2M
- Other: 4.7M

By Population
- ACA: 3.1M
- OTLIC: 1.2M
- SPD: 0.7M
- Other: 4.7M

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
## Managed Care Performance Monitoring Dashboard Report
Released September 26, 2018

### Count of New Enrollments (Mar-18)

#### By Sex
- **Female**: 94.7K
- **Male**: 86.1K

#### By Age
- **Ages 0-18**: 67.5K
- **Ages 19-39**: 64.4K
- **Ages 40-64**: 40.8K
- **Ages 65+**: 8.1K

#### By Ethnicity
- **Asian**: 16.5K
- **Black or African-American**: 15.8K
- **Hispanic**: 80.0K
- **Native Hawaiian or Other Pacific Islander**: 2.8K
- **White**: 37.5K
- **Other/Unknown**: 28.2K

#### By Population

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<tr>
<th>Month</th>
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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

**Note:** Data in this dashboard is preliminary and subject to change.
Count of New Enrollments: Enrollment Type (Mar-18)

By Sex

- Female
  - Auto Assigned: 26%
  - Passive/Prior: 6%
  - Regular: 68%
- Male
  - Auto Assigned: 31%
  - Passive/Prior: 6%
  - Regular: 62%

By Age

- Ages 0-18
  - Auto Assigned: 26%
  - Passive/Prior: 9%
  - Regular: 65%
- Ages 19-39
  - Auto Assigned: 34%
  - Passive/Prior: 5%
  - Regular: 62%
- Ages 40-64
  - Auto Assigned: 26%
  - Passive/Prior: 3%
  - Regular: 71%
- Ages 65+
  - Auto Assigned: 22%
  - Passive/Prior: 0%
  - Regular: 78%

By Ethnicity

- Asian: 21%, 4%, 74%
- Black or African-American: 35%, 6%, 60%
- Hispanic: 28%, 7%, 65%
- Native Hawaiian or Other Pacific Islander: 21%, 6%, 73%
- White: 31%, 4%, 65%
- Other/Unknown: 28%, 6%, 66%

By Enrollment Type

<table>
<thead>
<tr>
<th></th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
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<td>171,338</td>
<td>180,831</td>
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</table>
Managed Care Performance Monitoring Dashboard Report
Released September 26, 2018

Emergency Room Visits per 1,000 Members (Sep-17)

By Sex
- Female: 51.3
- Male: 45.8

By Age
- Ages 0-18: 36.8
- Ages 19-39: 57.3
- Ages 40-64: 64.7
- Ages 65+: 39.2

By Ethnicity
- Asian: 19.8
- Black or African-American: 72.6
- Hispanic: 45.0
- Native Hawaiian or Other Pacific Islander: 33.5
- White: 60.5
- Other/Unknown: 52.1

By Population

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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Emergency Room Visits with an Inpatient Admission per 1,000 Members (Sep-17)

By Sex
- Female: 3.4
- Male: 3.8

By Age
- Ages 0-18: 1.1
- Ages 19-39: 3.3
- Ages 40-64: 7.5
- Ages 65+: 6.7

By Ethnicity
- Asian: 2.4
- Black or African-American: 5.9
- Hispanic: 2.5
- Native Hawaiian or Other Pacific Islander: 3.6
- White: 5.3
- Other/Unknown: 4.4

By Population

<table>
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<tr>
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<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
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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 September 26, 2018

Inpatient Admissions per 1,000 Members (Sep-17)

By Sex
Female 14.7
Male 12.8

By Age
Ages 0-18 4.5
Ages 19-39 12.7
Ages 40-64 19.2
Ages 65+ 51.8

By Ethnicity
Asian 8.4
Black or African-American 20.2
Hispanic 8.7
Native Hawaiian or Other Pacific Islander 14.4
White 22.6
Other/Unknown 19.2

By Population

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<th>Dec-16</th>
<th>Jan-17</th>
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Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
### Outpatient Visits per 1,000 Members (Sep-17)

#### By Sex

- **Female**: 1,046.9
- **Male**: 893.9

#### By Age

- **Ages 0-18**: 692.3
- **Ages 19-39**: 792.0
- **Ages 40-64**: 1,412.8
- **Ages 65+**: 1,900.4

#### By Ethnicity

- **Asian**: 1,008.0
- **Black or African-American**: 1,028.3
- **Hispanic**: 833.5
- **Native Hawaiian or Other Pacific Islander**: 977.8
- **White**: 1,250.5
- **Other/Unknown**: 1,030.1

#### By Population

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*Source: Enterprise Performance Monitoring System*

*Note: Data in this dashboard is preliminary and subject to change*
### Prescriptions per 1,000 Members (Sep-17)

#### By Sex

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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
Managed Care Performance Monitoring Dashboard Report
Released September 26, 2018

Mild-to-Moderate Mental Health Visits per 1,000 Members (Sep-17)

By Sex
- Female
  - Oct-16: 19.5
  - Nov-16: 31.4
  - Dec-16: 31.5
  - Jan-17: 31.9
  - Feb-17: 37.8
  - Mar-17: 35.5
  - Apr-17: 42.4
  - May-17: 37.5
  - Jun-17: 39.0
  - Jul-17: 39.4
  - Aug-17: 35.6
  - Sep-17: 37.1

- Male
  - Oct-16: 13.2
  - Nov-16: 18.5
  - Dec-16: 18.4
  - Jan-17: 20.5
  - Feb-17: 19.5
  - Mar-17: 20.9
  - Apr-17: 22.0
  - May-17: 21.0
  - Jun-17: 22.0
  - Jul-17: 21.0
  - Aug-17: 19.3
  - Sep-17: 22.8

By Age
- Ages 0-18
  - Oct-16: 8.4
  - Nov-16: 18.5
  - Dec-16: 18.4
  - Jan-17: 20.5
  - Feb-17: 19.5
  - Mar-17: 23.5
  - Apr-17: 20.9
  - May-17: 22.0
  - Jun-17: 21.0
  - Jul-17: 22.0
  - Aug-17: 19.3
  - Sep-17: 22.8

- Ages 19-39
  - Oct-16: 20.8
  - Nov-16: 18.5
  - Dec-16: 18.4
  - Jan-17: 20.5
  - Feb-17: 19.5
  - Mar-17: 23.5
  - Apr-17: 20.9
  - May-17: 22.0
  - Jun-17: 21.0
  - Jul-17: 22.0
  - Aug-17: 19.3
  - Sep-17: 22.8

- Ages 40-64
  - Oct-16: 29.0
  - Nov-16: 18.5
  - Dec-16: 18.4
  - Jan-17: 20.5
  - Feb-17: 19.5
  - Mar-17: 23.5
  - Apr-17: 20.9
  - May-17: 22.0
  - Jun-17: 21.0
  - Jul-17: 22.0
  - Aug-17: 19.3
  - Sep-17: 22.8

- Ages 65+
  - Oct-16: 11.0
  - Nov-16: 8.7
  - Dec-16: 8.7
  - Jan-17: 9.4
  - Feb-17: 9.3
  - Mar-17: 11.6
  - Apr-17: 10.4
  - May-17: 11.4
  - Jun-17: 10.1
  - Jul-17: 9.1
  - Aug-17: 10.6
  - Sep-17: 9.8

By Ethnicity
- Asian: 6.1
- Black or African-American: 14.0
- Hispanic: 9.1
- Native Hawaiian or Other Pacific Islander: 10.8
- White: 37.1
- Other/Unknown: 22.3

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 September 26, 2018

Grievances per 1,000 Member Months (2018Q1)

By Sex
- Female: 1.2
- Male: 0.8

By Age
- Ages 0-18: 0.5
- Ages 19-39: 1.0
- Ages 40-64: 2.2
- Ages 65+: 0.8

By Ethnicity
- Asian: 0.6
- Black or African-American: 1.4
- Hispanic: 0.8
- Native Hawaiian or Other Pacific Islander: 0.7
- White: 1.6
- Other/Unknown: 1.2

By Population

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</table>

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
Count of Grievances: Grievance Type* (2018Q1)

Accessibility
- Excessive Long Wait Time: 843
- Facility Physical Access: 37
- Language Accessibility: 49
- Primary Care Provider Availability: 1,182
- Specialist Availability: 830
- Telephone Accessibility: 344

Benefits
- Dispute over Covered Services: 3,794

Quality of Care
- Inadequate Facilities: 444
- Inappropriate Ancillary Care: 796
- Inappropriate Hospital Care: 321
- Inappropriate Provider Care: 2,727
- Plan Denial of Treatment: 795
- Poor Provider/Staff Attitude: 8,933
- Provider Denial of Treatment: 327

Referral
- Delay in Referral: 1,116
- Plan Refusal to Refer: 185
- Provider Refusal to Refer: 308

*There were 9,791 Other Grievances during the quarter that did not fall under one of the above four categories.
State Fair Hearings per 10,000 Members (Mar-18)

By Sex
- Female: 0.2
- Male: 0.1

By Age
- Ages 0-18: 0.0
- Ages 19-39: 0.2
- Ages 40-64: 0.4
- Ages 65+: 0.2

By Ethnicity
- Asian: 0.1
- Black or African-American: 0.3
- Hispanic: 0.1
- Native Hawaiian or Other Pacific Islander: 0.2
- White: 0.3
- Other/Unknown: 0.2

By Population

<table>
<thead>
<tr>
<th>Month</th>
<th>Dual</th>
<th>MO-ACA</th>
<th>MO-OTLIC</th>
<th>MO-SPD</th>
<th>MO-Other</th>
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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 September 26, 2018

Count of State Fair Hearings: Outcomes (Mar-18)

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 (Mar-18)

### By Sex
- Female: 0.8
- Male: 0.6

### By Age
- Ages 0-18: 0.2
- Ages 19-39: 0.8
- Ages 40-64: 1.3
- Ages 65+: 0.9

### By Ethnicity
- Asian: 0.9
- Black or African-American: 0.9
- Hispanic: 0.4
- Native Hawaiian or Other Pacific Islander: 0.9
- White: 0.9
- Other/Unknown: 1.1

### By Population

<table>
<thead>
<tr>
<th>Month</th>
<th>Dual</th>
<th>MO-ACA</th>
<th>MO-OTLIC</th>
<th>MO-SPD</th>
<th>MO-Other</th>
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</table>

Source: Enterprise Performance Monitoring System
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Managed Care Performance Monitoring Dashboard Report
Released September 26, 2018

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

By Sex
- Female: 54% Approved, 46% Denied
- Male: 61% Approved, 39% Denied

By Age
- Ages 0-18: 80% Approved, 20% Denied
- Ages 19-39: 60% Approved, 40% Denied
- Ages 40-64: 43% Approved, 57% Denied
- Ages 65+: 67% Approved, 33% Denied

By Ethnicity
- Asian: 49% Approved, 51% Denied
- Black or African-American: 62% Approved, 38% Denied
- Hispanic: 51% Approved, 49% Denied
- Native Hawaiian or Other Pacific Islander: 79% Approved, 21% Denied
- White: 55% Approved, 45% Denied
- Other/Unknown: 65% Approved, 35% Denied

By Exempt Status

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<tr>
<th>Month</th>
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<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
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</table>

Source: Enterprise Performance Monitoring System
Note: Data in this dashboard is preliminary and subject to change
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2018 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
Network Adequacy (2018Q1)

**Member Ratios**

- **Members per PCP**
  - Jan-18: 449.4
  - Feb-18: 443.0
  - Mar-18: 441.0

- **Members per Specialist**
  - Jan-18: 178.7
  - Feb-18: 177.3
  - Mar-18: 172.6

**Provider Ratios**

- **PCPs per 2,000 Members**
  - Jan-18: 4.5
  - Feb-18: 4.5
  - Mar-18: 4.5

- **Physicians per 1,200 Members**
  - Jan-18: 8.1
  - Feb-18: 8.1
  - Mar-18: 8.3

**Physician Counts**

- **PCP**
  - Jan-18: 48,210
  - Feb-18: 48,359
  - Mar-18: 49,602

- **Non-PCP**
  - Jan-18: 23,795
  - Feb-18: 24,184
  - Mar-18: 24,281

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
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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.

**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.

**Network Adequacy**

**Member Ratios:** This metric is designed to showcase the number of plan enrollees per physician type. Physician types include...
Primary Care Physician (PCP) and Specialist. A PCP can also be categorized as a Specialist; therefore, a single physician may be counted towards a PCP ratio and a Specialist ratio.

**Provider Ratios:** This metric is designed to showcase the number of Primary Care Physicians (PCPs) per 2,000 plan enrollees and all Physicians per 1,200 plan enrollees.

**Physician Counts:** This metric is designed to showcase the unique statewide count and percentage of physicians identified as a PCP. Non-PCP physicians include any physician not designated as a PCP by a health plan organization.