

Medi-Cal Managed Care Committee
 Performance and Satisfaction Data
 July 25, 2016

Statewide Utilization Data / July 2014 to July 2015
 Visits Per 1,000 Member Months
 As of June 2015

Aid Code Groups	ER Visits	ER Visits w/an IP Admission	IP Admissions	OP Visits Per	Prescriptions*	Mild to Moderate MH Visits
SPD	85	11	32	2,084	3,158	13
ACA	42	3	8	678	972	12
Other	36	1	4	483	413	5
Dual	31	3	27	1,210	361	19
OTLIC	19	0	2	365	212	5

*Prescriptions – Number of prescriptions per month. All above displayed per 1,000 member months.

Population Aid Code Groups:

ACA (Affordable Care Act) – The following Adult Expansion aid codes: M1, M2, M3, M4, L1 and 7U.

Dual – Medi-Cal Managed Care member with active Medicare Coverage

OTLIC – Optional Targeted Low Income Children

SPD - Medi-Cal Only Seniors & Other Persons with Disabilities

Other - Other Populations includes all other aid codes not mentioned.

Grievances Outcomes Statewide for Q4 (October – December 2015)

	Grievances by Type	Grievances by Population	Grievance Resolution by Type
Quality of Care	45%	ACA 41% SPD 24% Other 21% Dual 11% OTLIC 3%	63% resolved in favor of member 34% resolved in favor of member 3% unresolved
Benefits	21%	ACA 42% Dual 20% Other 18% SPD 17% OTLIC 3%	68% resolved in favor of member 32% resolved in favor of plan 0% unresolved
Other	15%	ACA 41% SPD 22% Other 20% Dual 12% OTLIC 4%	69% resolved in favor of member 26% resolved in favor of plan 5% unresolved

	Grievances by Type	Grievances by Population	Grievance Resolution by Type
Accessibility	10%	ACA 45% Other 27% SPD 18% Dual 6% OTLIC 4%	75% resolved in favor of member 21% resolved in favor of plan 3% Unresolved
Referral	9%	ACA 46% SPD 28% Other 19% Dual 5% OTLIC 2%	63% resolved in favor of member 35% resolved in favor of plan 2% unresolved

Managed Care Model	Grievances by Plan Model Per 1,000 Member Months
Geographic Managed Care (GMC)	.8
Two Plan	.6
County Organized Health System (COHS)	.3
Regional Model (RM)	.3

**Consumer Assessment of Healthcare Providers and Systems (CAHPS)
2013 CAHPS / Report Date April 2014**

	Anthem Blue Cross	Health Net	Molina	Kaiser	Program Average	Range of Plan Ratings
Getting Needed Care	71.4%	71.8%	69.7%	89.5%	74.3	65.4% - 89.5%
Getting Care Quickly	77.5%	66.9%	73.8%	92.2%	77.3%	66.9% - 92.2%
How Well Doctors Communicate	84.5%	77.6%	78.7%	91.6%	85.4	77.6 – 92.6
Customer Service	80.5%	82.4%	86.3%	94.3%	84.3	70.8 – 94.3
Shared Decision Making	39.6	46.8	50.9	59.9	47.5	37.9% - 65.9%

Yellow shade – Significantly Below Medi-Cal Managed Care Program

No Shade – Comparable to Medi-Cal Managed Care Program

Blue Shade – Significantly Above Medi-Cal Managed Care Program

Member Satisfaction surveys were conducted of child and adult members during the first half of 2013.

2015 Health Effectiveness Data and Information Set (HEDIS)

The 2015 HEDIS Aggregate Report for Medi-Cal Managed Care, January 2016 (Revised March 2016) presents results for the 2014 measurement year (January 1, 2014 – December 1, 2014).

- 14 HEDIS Measures include more than one indicator, bringing the total performance measures required to 30. Plans were required to report separate rates for Seniors & Persons with Disabilities (SPD) and non-SPD populations for selected measures.
- The “All Cause Readmissions” is not a HEDIS measure. The recommendation for improvement is based on declining performance.

All-Cause Readmissions

The *All-Cause Readmissions* measure reports the percentage of acute inpatient hospital stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days for MCMC beneficiaries ages 21 years and older. *A lower rate indicates better performance.* In order to reduce hospital readmissions, interventions should address discharge planning, transitions of care processes, care coordination, education and self-management.

Plan	Readmission Percentage
Health Net	17.19
Anthem Blue Cross	16.76
Molina	15.15
Kaiser	14.84
Weighted Average (all Plans): 17.2	
Range: Anthem Region 2 (8.39%) – Anthem San Fran (24.15)	

Ambulatory Care – Outpatient Visits

Use of services measures provides information about how MCPs manage the provision of care to their beneficiaries as well as how those MCPs use and manage resources. However, use of services measures are not totally controlled by the MCPs and are affected by many beneficiary characteristics which can vary greatly among MCPs and include age and sex, current medical condition, socioeconomic status, and regional practice patterns. *High and low rates do not necessarily indicate better or worse performance.*

	Outpatient Visits Per 1,000 Member Months	ED Visits Per 1,000 Member Months
Health Net	172.89	30.09
Anthem Blue Cross	198.90	54.99
Kaiser	447.02	49.65
Molina	454.21	58.83
Outpatient Weighted Average (All Plans) - 272.82		
Outpatient Range : Health Net of San Joaquin (143.82) – Kaiser San Diego (469.28)		
ED Weighted Average (All Plans): 49.65		
ED Range: Health Net LA (22.52) – Partnership Northeast (68.85)		

Childhood Immunization Status

	Percentage of Children – Combination 3 By 2nd Birthday (various IZ)
Molina	59.2%
Health Net	62.3%
Anthem Blue Cross	66.2%
Kaiser	82.96%
Weighted Average (All Plans): 73.84%	
Range: Molina Imperial (34.04) – Kaiser San Diego (86.5%)	

See HEDIS report page 66 for Immunization best and emerging practices.

Note:

This document only outlines a few measures. See the complete reports as well as available reports online at the State DHCS Managed Care Monitoring webpage:

<http://www.dhcs.ca.gov/services/Pages/ManagedCareMonitoring.aspx>

Reports Used:

Medi-Cal Managed Care Performance Dashboard - June 15, 2016 (Quarterly)

Performance Measurement (HEDIS) Reports – HEDIS 2015 (reflects prior year)

Member Satisfaction Survey (CAHPS) Reports CAHPS Survey Reports – CAHPS 2013 (April 2014)