

Statewide Grievance Outcomes for Q1 (January – March) 2017

	Grievances by Type	Grievances by Population	Grievance Resolution by Type
Quality of Care	41%	ACA 37% Other 28% SPD 22% Dual 10% OTLIC 3%	50% resolved in favor of member 42% resolved in favor of plan 8% unresolved
Other	25%	ACA 39% Other 26% SPD 20% Dual 12% OTLIC 4%	57% resolved in favor of member 31% resolved in favor of plan 12% unresolved
Benefits	15%	ACA 35% Other 23% SPD 22% Dual 17% OTLIC 3%	40% resolved in favor of member 53% resolved in favor of plan 7% unresolved
Accessibility	10%	ACA 39% Other 34% SPD 17% Dual 5% OTLIC 5%	49% resolved in favor of member 40% resolved in favor of plan 11% Unresolved
Referral	9%	ACA 41% Other 27% SPD 25% Dual 5% OTLIC 2%	41% resolved in favor of member 41% resolved in favor of plan 18% unresolved

Data Source: Medi-Cal Managed Care Performance Dashboard – Release Date September 14, 2017

Aid Code Groups:

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

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

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

OTLIC – Optional Targeted Low Income Children

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

Highlights:

- Quality of Care was the most common type of grievance.
- ACA and “Other” members filed the largest number of grievances (about 2/3 of all grievances).
- Most grievances were resolved in favor of the member, with the exception of the categories “Benefits” and “Referral.”

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Managed Care Model	Grievances by Plan Model Per 1,000 Members Months	
	Q1 2016	Q1 2017
Geographic Managed Care (GMC)	.9	.8
Two Plan	.6	.7
Regional Model (RM)	.3	.5
County Organized Health System (COHS)	.3	.3

Data Source: Medi-Cal Managed Care Performance Dashboard – Release Date September 14, 2017

**Statewide Utilization Data for September 2016
Data per 1,000 Member Months**

Aid Code Groups	ER Visits	ER Visits w/an IP Admission	IP Admissions	Outpatient Visits	Prescriptions	Mild to Moderate MH Visits
SPD	96	13	39	2,600	3,050	24
ACA	46	3	8	706	985	17
Dual	44	6	60	1,770	406	27
Other	44	1	6	613	459	9
OTLIC	24	1	3	490	227	8

Data Source: Medi-Cal Managed Care Performance Dashboard – Release Date September 14, 2017

Health Effectiveness Data and Information Set (HEDIS)

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 – <i>reflects prior year data</i>	
	2015	2016
Statewide Weighted Average	17.72	17.24
Anthem Blue Cross	16.76	15.46
Health Net	17.19	15.62
Kaiser North	14.84	14.08
Molina	15.15	14.80

Data Sources: HEDIS 2015 and External Quality Review Technical Report: July 1, 2015 – June 30, 2016

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.*

Plan	Emergency Department Visits per 1,000 Member Months	
	2015	2016
Statewide Weighted Average	40.45	44.94
Anthem Blue Cross	54.99	53.84
Health Net	30.09	50.27
Kaiser North	49.65	47.19
Molina	58.83	60.04

Data Sources: HEDIS 2015 and External Quality Review Technical Report: July 1, 2015 – June 30, 2016

Plan	Outpatient Visits per 1,000 Member Months	
	2015	2016
Statewide Weighted Average	272.82	281.57
Anthem Blue Cross	198.90	200.75
Health Net	172.89	206.66
Kaiser North	447.02	426.09
Molina	454.21	277.80

Data Sources: HEDIS 2015 and External Quality Review Technical Report: July 1, 2015 – June 30, 2016

Comprehensive Diabetes Care – HbA1C Control

The *Comprehensive Diabetes Care – HbA1c Control* measure reports the percentage of members ages 18 – 75 with diabetes whose most recent test showed an HbA1c level of less than 8%. HbA1c control improves quality of life, increases work productivity, and decreases health care utilization. Controlling the HbA1c level also lowers the risk of diabetes-related death, blindness, end-stage renal disease, and lower extremity amputation.

Plan	Percentage of Controlled HbA1c (< 8%) by RY	
	2015	2016
Statewide Weighted Average	49.08	49.71
Anthem Blue Cross	46.17	46.14
Health Net	47.69	49.39
Kaiser North	57.87	61.39
Molina	44.81	46.58

Data Sources: HEDIS 2015 and External Quality Review Technical Report: July 1, 2015 – June 30, 2016

Controlling High Blood Pressure

This measure is used to assess the percentage of members ages 18 – 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 150/90 for ages 60 – 85 without a diagnosis of diabetes; < 140/90 for all others). Note: *The Healthy People 2020 Goal is 61.20%.*

Plan	Percentage of Controlled High Blood Pressure by RY	
	2015	2016
Statewide Weighted Average	61.22	61.18
Anthem Blue Cross	43.43	55.24
Health Net	58.88	59.35
Kaiser North	84.00	83.75
Molina	50.99	54.39

Data Sources: HEDIS 2015 and External Quality Review Technical Report: July 1, 2015 – June 30, 2016

Note:

This document outlines only 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 – September 14, 2017 (Quarterly)

2015 HEDIS Aggregate Report (Revised March 2016)

Medi-Cal Managed Care External Quality Review Technical Report: July 1, 2015 – June 30, 2016 (April 2017)