CALIFORNIA HEALTHCARE FOUNDATION

Monitoring Performance:
A Dashboard of Medi-Cal Managed Care

CHCF Briefing
December 17, 2013

Today's Agenda

- **Purpose & Overview**

- **Dashboard**

  - Approach

  - Findings

  - Recommendations & next steps

- **Reactor Panel**

- **Q&A**

- **Wrap-Up**

Headlines in 2013

"GAO includes Medicaid on its 2013 High Risk List" (Feb. 14)

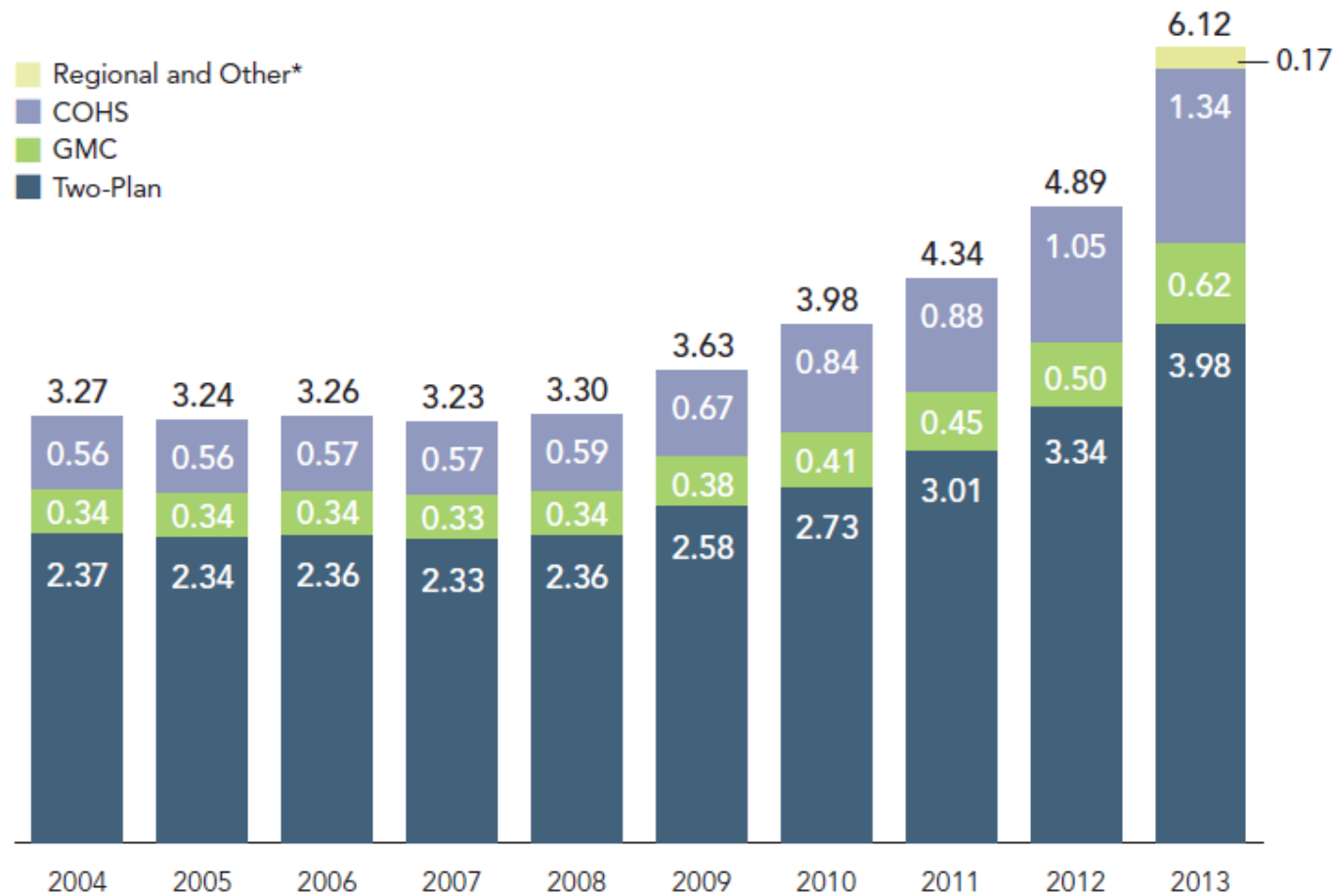"Advocates Urge More Government Oversight of Medicaid Managed Care" (Jul. 5)

"Expanded state Medicaid plans need oversight" (Jul. 5)

"Poor oversight of Medicaid managed care programs takes toll on patients" (Aug. 22)

Managed Care Enrollment Trends
by Model, 2004 to 2013

ENROLLMENT, IN MILLIONS

Legend:
- Regional and Other*
- COHS
- GMC
- Two-Plan

| Year	Two-Plan	GMC	COHS	Regional and Other*	Total
2004	2.37	0.34	0.56		3.27
2005	2.34	0.34	0.56		3.24
2006	2.36	0.34	0.57		3.26
2007	2.33	0.33	0.57		3.23
2008	2.36	0.34	0.59		3.30
2009	2.58	0.38	0.67		3.63
2010	2.73	0.41	0.84		3.98
2011	3.01	0.45	0.88		4.34
2012	3.34	0.50	1.05		4.89
2013	3.98	0.62	1.34	0.17	6.12

*Implementation of Regional and Other Models was completed on November 1, 2013. Other includes Imperial and San Benito Counties.

Notes: COHS is County Organized Health System; GMC is Geographic Managed Care. Segments may not add to totals due to rounding. See Appendix A for enrollment numbers by plan.

Sources: Data for 2004 to 2008: Lewin/Ingenix analysis of MIS/DSS data for 12-month periods ending June 30 of respective year. Data for 2009 to 2013: California Department of Health Care Services (DHCS), Medi-Cal Managed Care Enrollment Reports, www.dhcs.ca.gov, accessed December 9, 2013.

Managed Care Enrollment Trends, by Group, 2006 to 2015

PERCENTAGE OF BENEFICIARIES ENROLLED IN MEDI-CAL MANAGED CARE
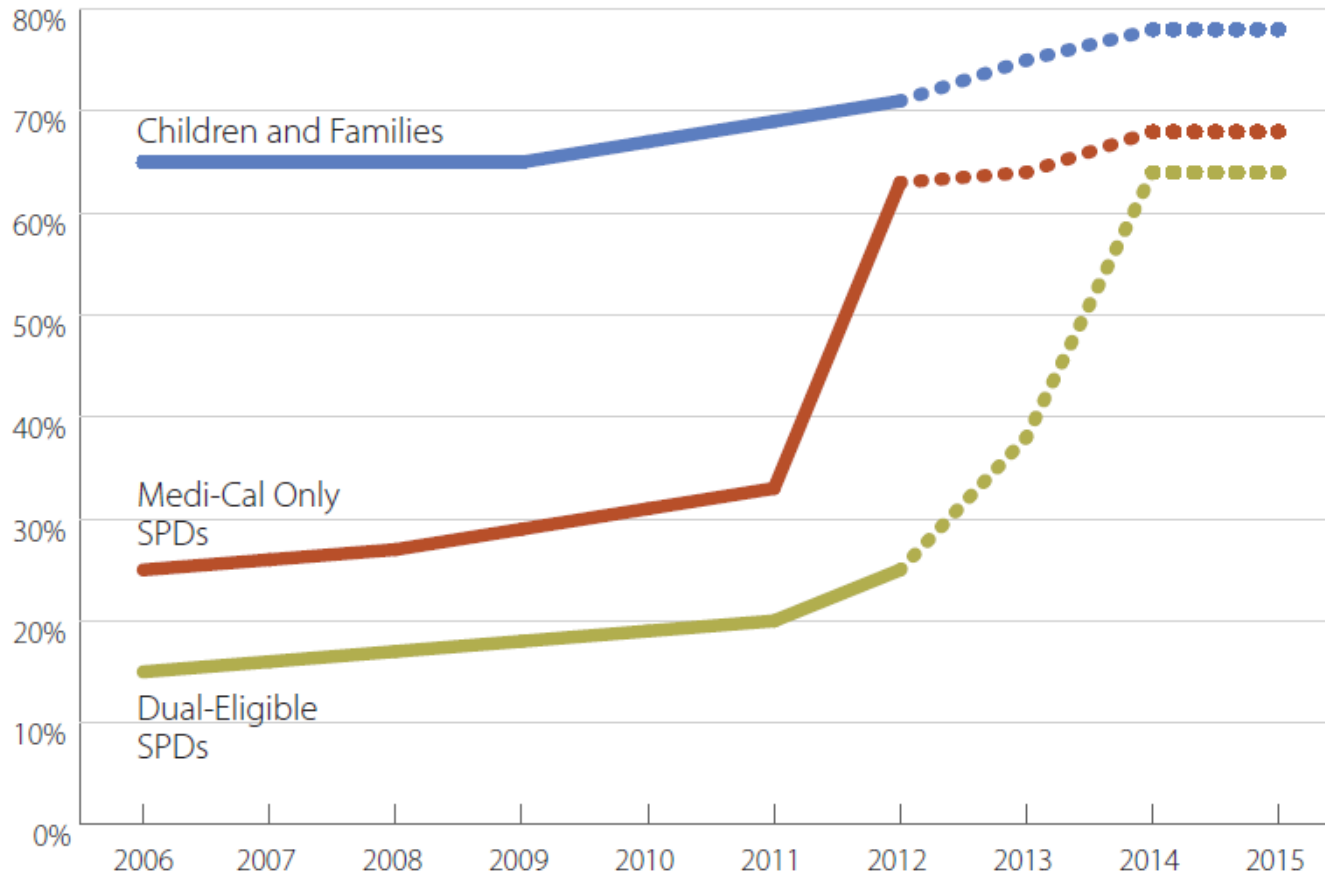
Note: Projections (shown by dotted lines) do not account for expansion of Medi-Cal enrollment beginning in January 2014 as a result of the Affordable Care Act. SPDs are seniors and persons with disabilities.

Source: California Legislative Analyst Office, *Cal Facts 2013*, www.lao.ca.gov.

Purpose of Performance Dashboards

A dashboard is a tool for communicating metrics and enabling users to improve performance

- Use data to monitor performance, inform decisions, and drive actionable next steps

- Evaluate progress toward achieving key outcomes

- Concisely share critical performance metrics with stakeholders and "tell the story"

- Raise questions that may warrant more detailed investigation

Outline of CHCF Dashboard

- Overview

- Performance measures

  - National measures

  - Service use

  - Other enrollee measures

  - Financial measures

- Recommendations

Quality of Care National Comparison, HEDIS 2012

Measure	Stars*	Change*
Women's Health		
▶ Cervical Cancer Screening	★★★	▲
▶ Timeliness of Prenatal Care	★★	none
▶ Postpartum Care	★★	none
Children's Services		
▶ Childhood Immunizations Status, Combination 3	★★★★	▲
▶ Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	★★★	none
▶ Adolescent Well-Care Visits	★★★	▲
▶ WWC† - BMI Percentiles Total	★★★★	▲
▶ WWC† - Counseling for Nutrition Total	★★★★★	▲
▶ WWC† - Counseling Physical Activity Total	★★★★	▲
Comprehensive Diabetes Care		
▶ Blood Pressure Control (< 140/90)	★★★	▲
▶ Eye Exam (Retinal) Performed	★★★	▲
▶ HbA1c Control (< 8.0%)	★★★	▲
▶ Poor HbA1c Control (> 9.0%)‡	★★★	▲
▶ HbA1c Testing	★★★	none
▶ LDL-C Control	★★★	▲
▶ LDL-C Screening	★★★	none
▶ Medical Attention for Nephropathy	★★★	▲
Appropriate Use of Services		
▶ Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	★★★	▼
▶ Use of Imaging Studies for Low Back Pain	★★★★	none

*Compared to HEDIS 2011 national benchmarks. Change shown if difference was +/– 1 percentage point.
†Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.
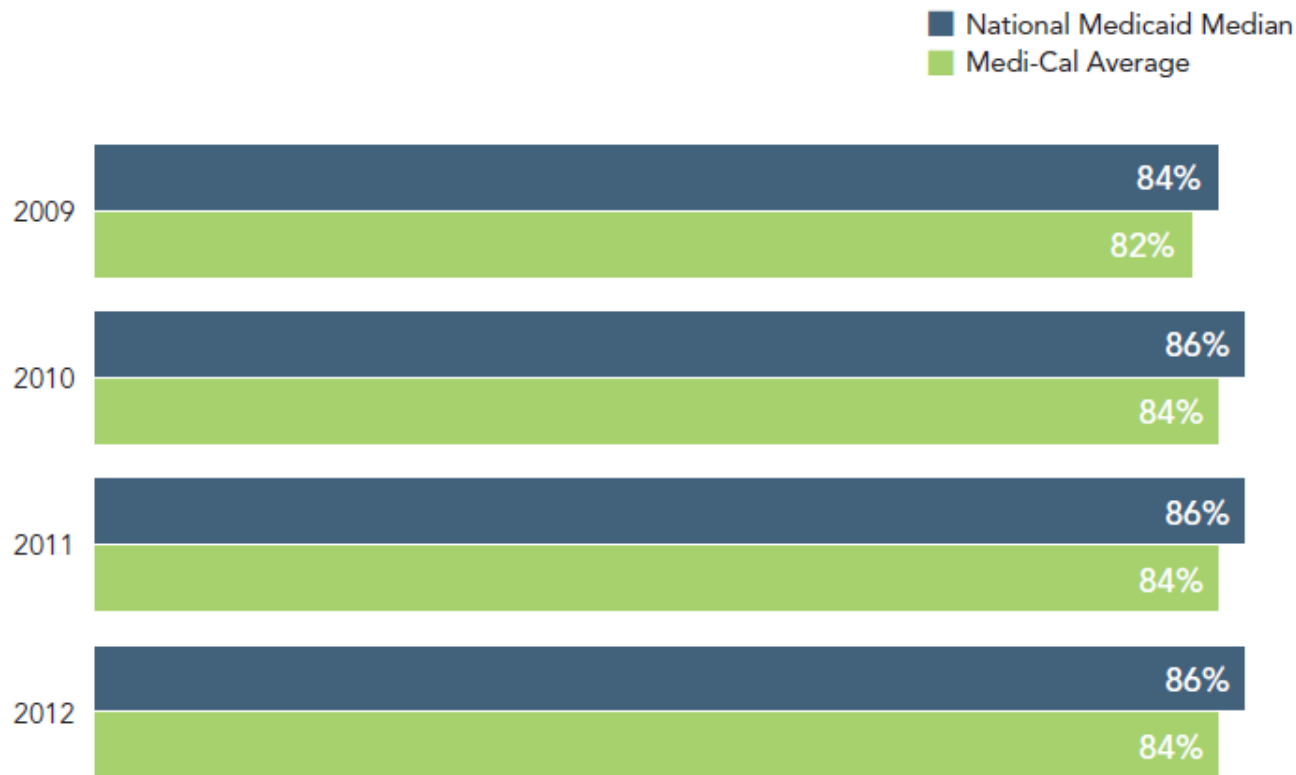‡A lower rate is desirable. Improved performance corresponds with a decline in rate from 2011 to 2012.

Notes: HEDIS is the Healthcare Effectiveness Data and Information Set. For measure definitions, see "2012 Aggregate HEDIS Report for the Medi-Cal Managed Care Program" (www.dhcs.ca.gov).

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (rates provided on June 5, 2013).

Timeliness of Prenatal Care
California vs. US, 2009 to 2012

Legend:
- ■ National Medicaid Median
- ■ Medi-Cal Average

2009
- National Medicaid Median: 84%
- Medi-Cal Average: 82%

2010
- National Medicaid Median: 86%
- Medi-Cal Average: 84%

2011
- National Medicaid Median: 86%
- Medi-Cal Average: 84%

2012
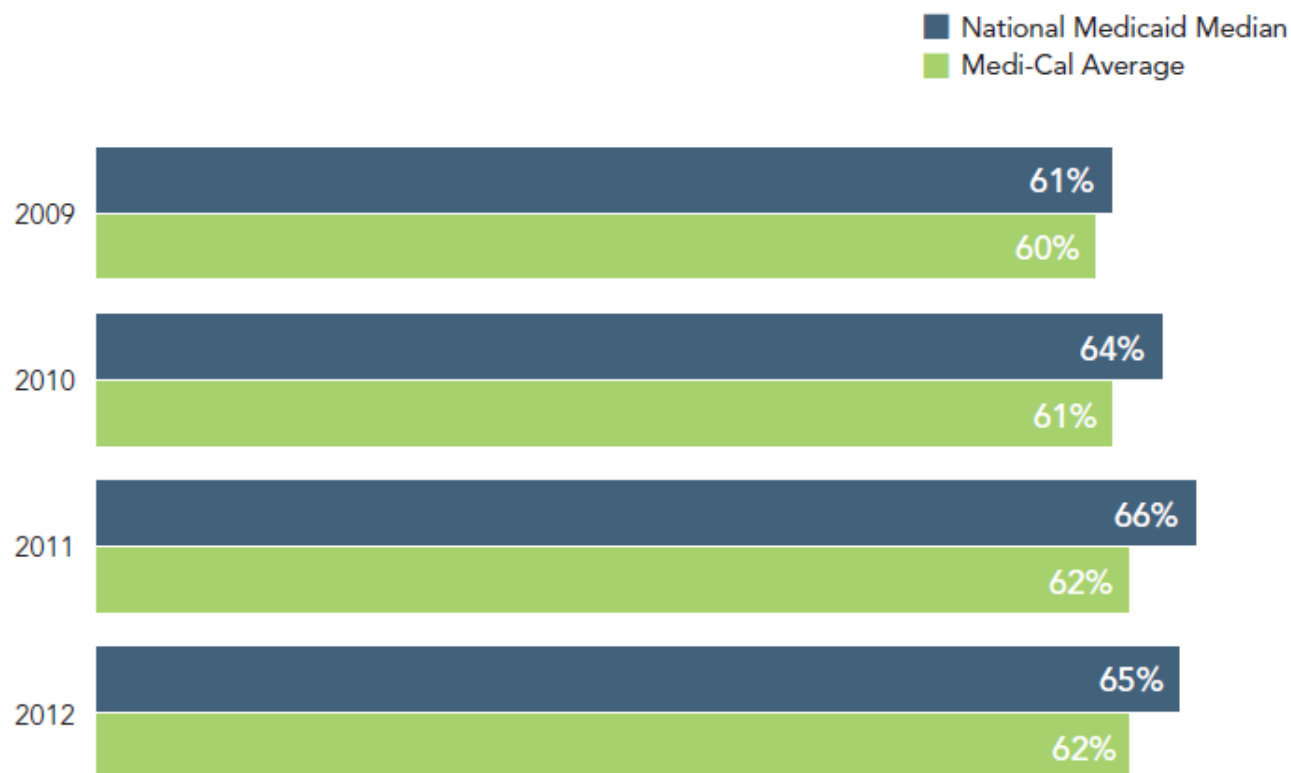- National Medicaid Median: 86%
- Medi-Cal Average: 84%

Notes: HEDIS is the Healthcare Effectiveness Data and Information Set. Years represents measurement over prior calendar year. For example, 2012 reflects HEDIS measurement period of January 1, 2011, to December 31, 2011. Timeliness of prenatal care reflects the percentage of deliveries in which the mother, as a member of the plan, received a prenatal care visit in the first trimester or within 42 days of enrollment in the plan. National Medicaid Median reflects the 50th percentile for the previous HEDIS year. Medi-Cal Average is a weighted average based on plan enrollment.

Sources: 2011 and 2012 HEDIS rates: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (provided on June 5, 2013). 2009 and 2010 HEDIS rates: DHCS, www.dhcs.ca.gov. National benchmarks provided by Health Services Advisory Group.

Postpartum Care
California vs. US, 2009 to 2012

Legend:
- National Medicaid Median (dark blue)
- Medi-Cal Average (green)

2009: National Medicaid Median 61%, Medi-Cal Average 60%
2010: National Medicaid Median 64%, Medi-Cal Average 61%
2011: National Medicaid Median 66%, Medi-Cal Average 62%
2012: National Medicaid Median 65%, Medi-Cal Average 62%

Notes: HEDIS is the Healthcare Effectiveness Data and Information Set. Years represents measurement over prior calendar year. For example, 2012 reflects HEDIS measurement period of January 1, 2011, to December 31, 2011. Postpartum care is a measure of the percentage of deliveries in which the mother had a visit on or between 21 and 56 days after delivery. National Medicaid Median reflects the 50th percentile for the previous HEDIS year. Medi-Cal Average is a weighted average based on plan enrollment.

Sources: 2011 and 2012 HEDIS rates: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (provided on June 5, 2013). 2009 and 2010 HEDIS rates: DHCS, www.dhcs.ca.gov. National benchmarks provided by Health Services Advisory Group.

Health Plan Quality Among Plans
Total HEDIS Scores, 2012
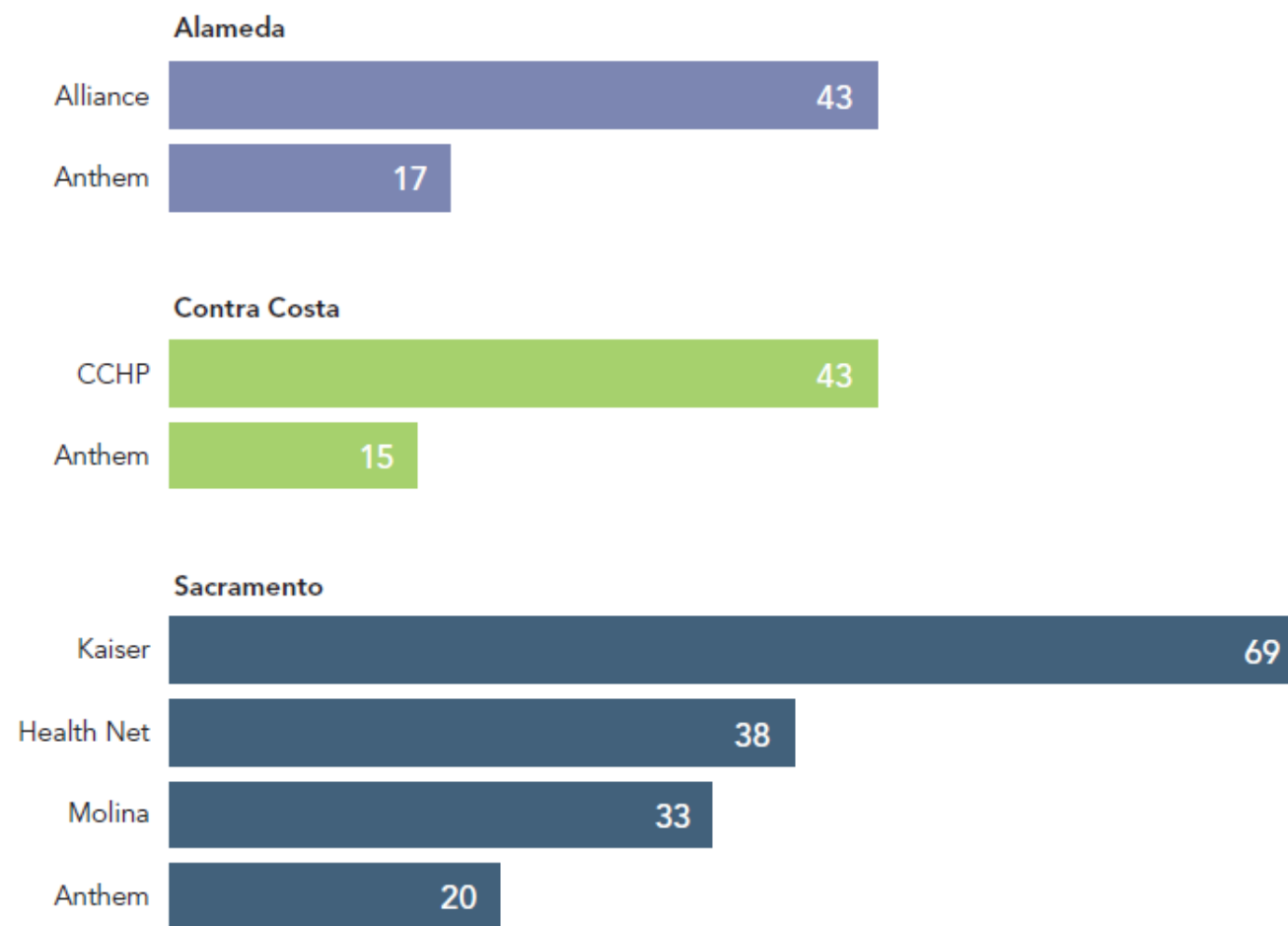
HIGHEST POSSIBLE SCORE: 76
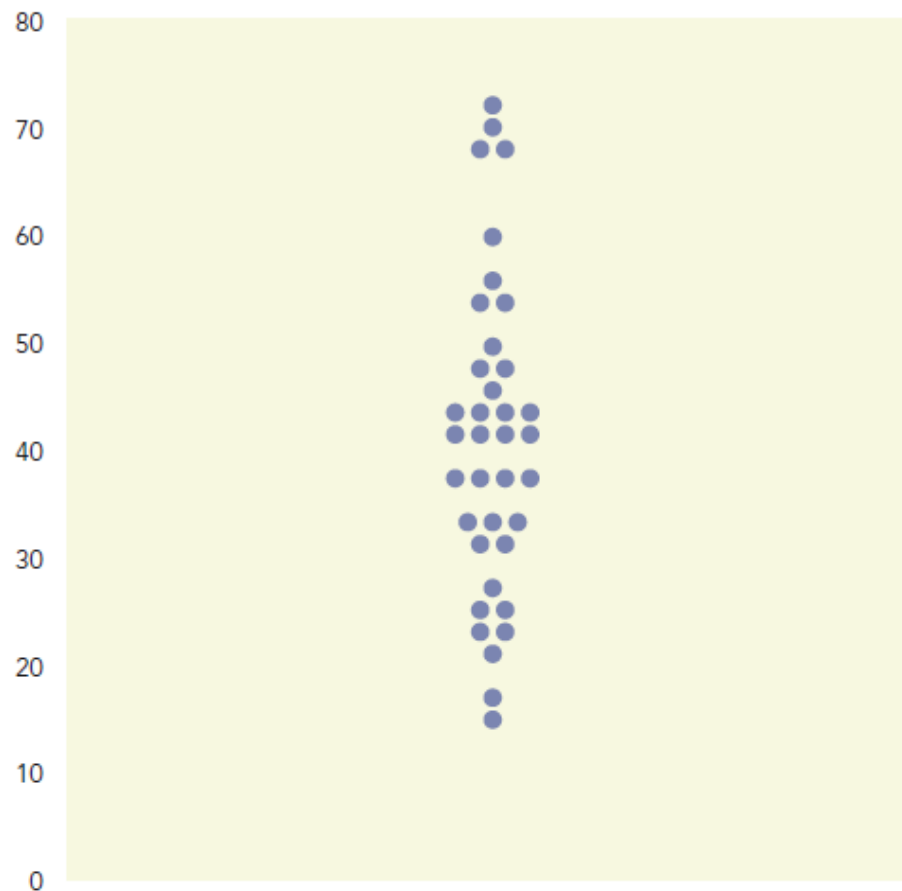
Notes: HEDIS is the Healthcare Effectiveness Data and Information Set. Total HEDIS score reflects cumulative performance across all 19 HEDIS measures. Scoring method is based on DHCS Quality Award calculations. The score for individual HEDIS measures is calculated as follows: four points for 90th percentile and above among Medicaid plans, three for 75th to 89th percentile, two for 50th to 74th percentile, one for 25th to 49th percentile, and no points for a HEDIS score below the 25th percentile. Each dot represents one plan. Plan-specific scores are available at www.chcf.org/medical-dashboard.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (rates provided on June 14, 2013).

Health Plan Quality, Selected Counties
Total HEDIS Scores, 2012

HIGHEST POSSIBLE SCORE: 76

Alameda

Alliance	43
Anthem	17

Contra Costa

CCHP	43
Anthem	15

Sacramento

Kaiser	69
Health Net	38
Molina	33
Anthem	20

Notes: HEDIS is the Healthcare Effectiveness Data and Information Set. Analysis excluded County Organized Health Systems counties, in which only one plan operates. Alliance is Alameda Alliance for Health, CCHP is Contra Costa Health Plan.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (provided on June 14, 2013).

CAHPS Scores, by Population
California vs. US, 2010

Measure	Adult	Child
Global Ratings		
▶ Health Plan	★	★ ★
▶ All Health Care	★	★
▶ Personal Doctor	★	★ ★
▶ Specialist Seen Most Often	★ ★	★ ★ ★
Composite Measures		
▶ Getting Needed Care	★	★
▶ Getting Care Quickly	★	★
▶ How Well Doctors Communicate	★	★
▶ Customer Service	★	★ ★
▶ Shared Decisionmaking	★	★

| Star Rating	Adult Percentiles	Child Percentiles
★ ★ ★ ★ ★	≥90th	≥80th
★ ★ ★ ★	75th to 89th	60th to 79th
★ ★ ★	50th to 74th	40th to 59th
★ ★	25th to 49th	20th to 39th
★	≤24th	≤19th

Notes: CAHPS is the Consumer Assessment of Healthcare Providers and Systems. Global ratings measure respondents' assessment of their health plan and the quality of care received in the last 12 months. Composite measures combine results for closely related items that have been grouped together. Adults are anyone 18 years or older, and children are 17 and younger. For measure definitions, see Medi-Cal Managed Care Program, "2010 CAHPS Summary Report" (www.dhcs.ca.gov).

Source: California Department of Health Care Services (DHCS), www.dhcs.ca.gov.

Health Plan Member Satisfaction, by Plan
CAHPS Scores, California, 2010
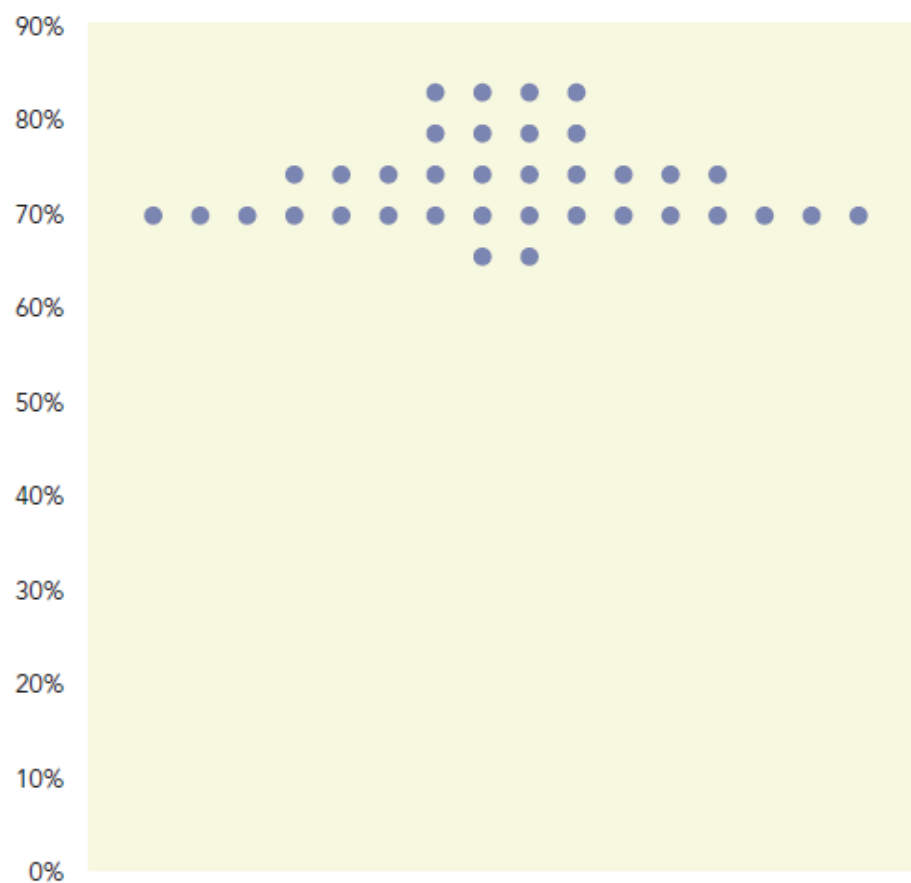
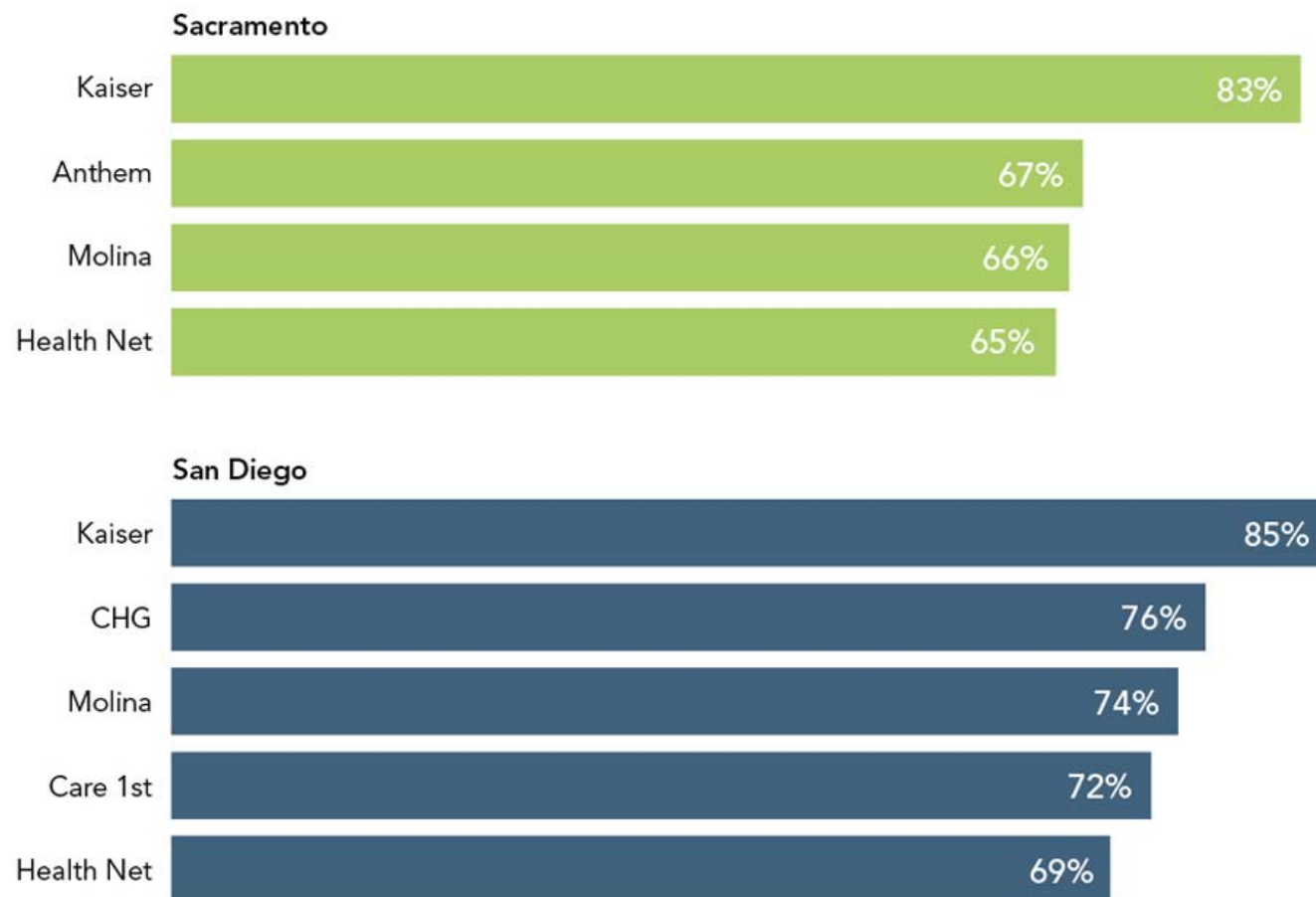PERCENTAGE WHO RATE 8, 9, OR 10

Notes: CAHPS is the Consumer Assessment of Healthcare Providers and Systems. Percentages reflect unweighted average ratings by adults and children across the four global ratings measures: rating of health plan, rating of all health care, rating of personal doctor, rating of specialist. Members could rate a plan on a scale from 0 (lowest) to 10 (highest). Each dot represents one plan. Plan-specific scores are available at www.chcf.org/medical-dashboard.

Source: Medi-Cal Managed Care Program 2010 CAHPS Summary Report, www.dhcs.ca.gov.

Member Satisfaction, Selected Counties
CAHPS Scores, California, 2010

PERCENTAGE WHO RATE 8, 9, OR 10

Sacramento

Plan	Score
Kaiser	83%
Anthem	67%
Molina	66%
Health Net	65%

San Diego

Plan	Score
Kaiser	85%
CHG	76%
Molina	74%
Care 1st	72%
Health Net	69%

Notes: CAHPS is the Consumer Assessment of Healthcare Providers and Systems. Percentages reflect unweighted average ratings by adults and children across the four global ratings measures: rating of health plan, rating of all health care, rating of personal doctor, rating of specialist. Members could rate a plan on a scale from 0 (lowest) to 10 (highest). CHG is Community Health Group.

Source: Medi-Cal Managed Care Program 2010 CAHPS Summary Report, www.dhcs.ca.gov.

Emergency Department Use Among Plans
by Population, 2012

VISITS PER 1,000 MEMBER MONTHS
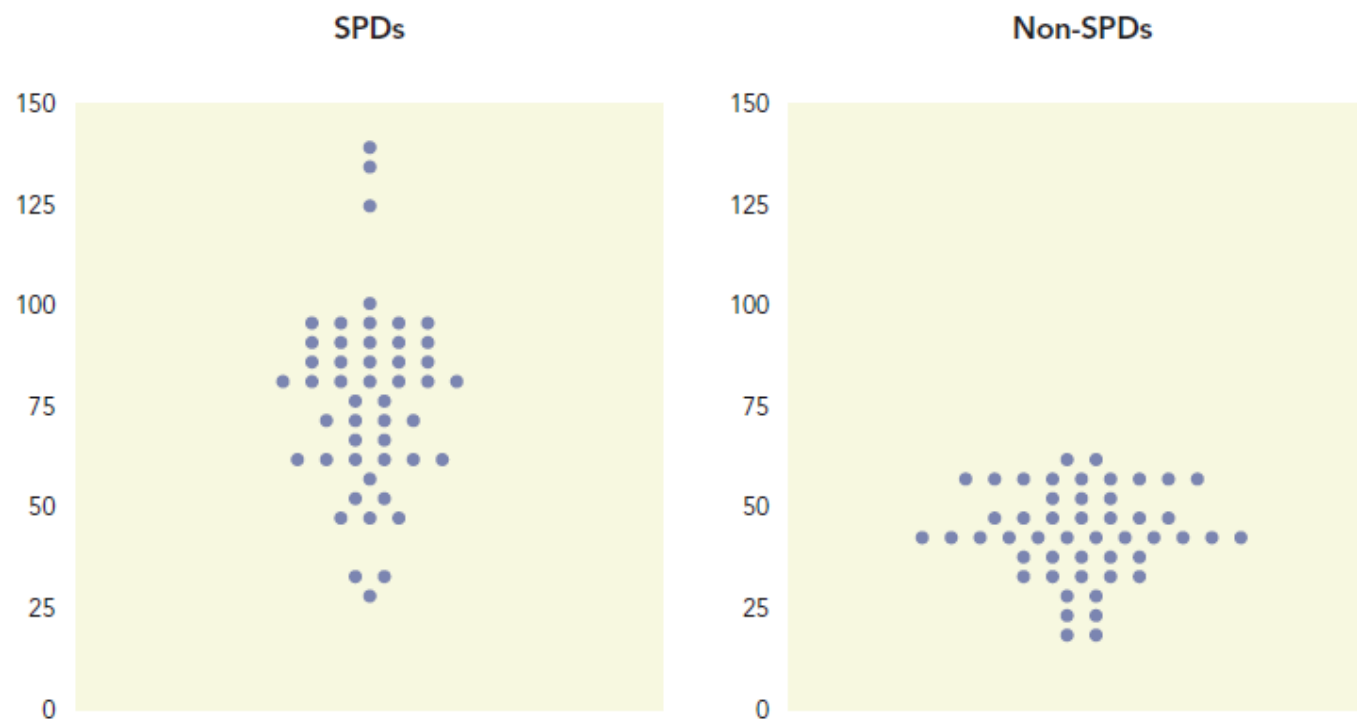
SPDs

Non-SPDs

Notes: Each dot represents one plan. Plan-specific scores are available at www.chcf.org/medical-dashboard.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division. Number of enrollees and ED visits by plan for January 2012 to March 2013 (created June 17, 2013).

Emergency Department Use, by Population
Selected Counties, 2012

VISITS PER 1,000 MEMBER MONTHS
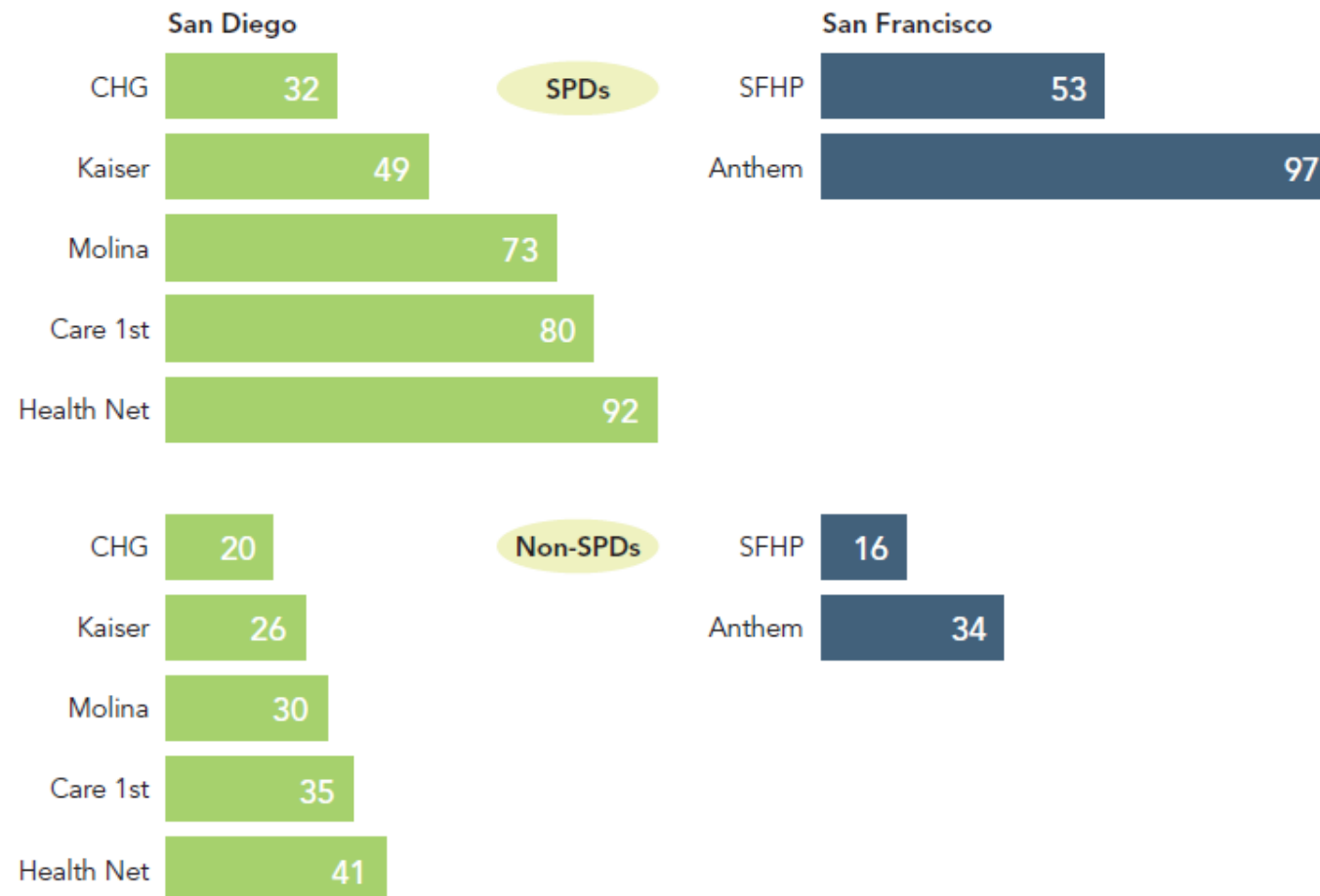
San Diego — SPDs
- CHG: 32
- Kaiser: 49
- Molina: 73
- Care 1st: 80
- Health Net: 92

San Francisco — SPDs
- SFHP: 53
- Anthem: 97

San Diego — Non-SPDs
- CHG: 20
- Kaiser: 26
- Molina: 30
- Care 1st: 35
- Health Net: 41

San Francisco — Non-SPDs
- SFHP: 16
- Anthem: 34

Notes: Analysis excluded County Organized Health System counties, in which only one plan operates. CHG is Community Health Group, SFHP is San Francisco Health Plan.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division. Number of enrollees and ED visits by plan for January 2012 to March 2013 (created June 17, 2013).
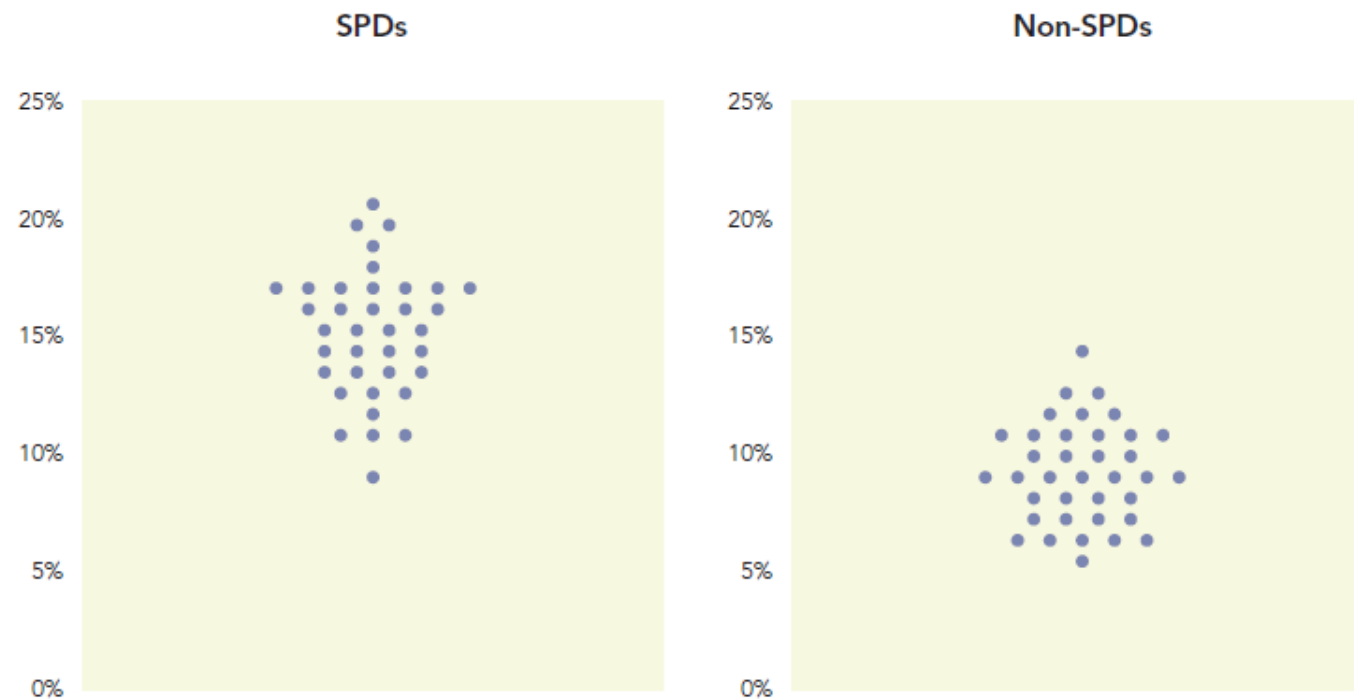
Hospital Readmission Rates Among Plans
Selected Populations, 2012

Notes: Each dot represents one plan. Plan-specific scores are available at www.chcf.org/medical-dashboard.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division. Hospital readmission rates (all causes) by plan for January 2012 to March 2013 (created June 17, 2013).

Hospital Readmission Rates, by Population
Selected Counties, 2012

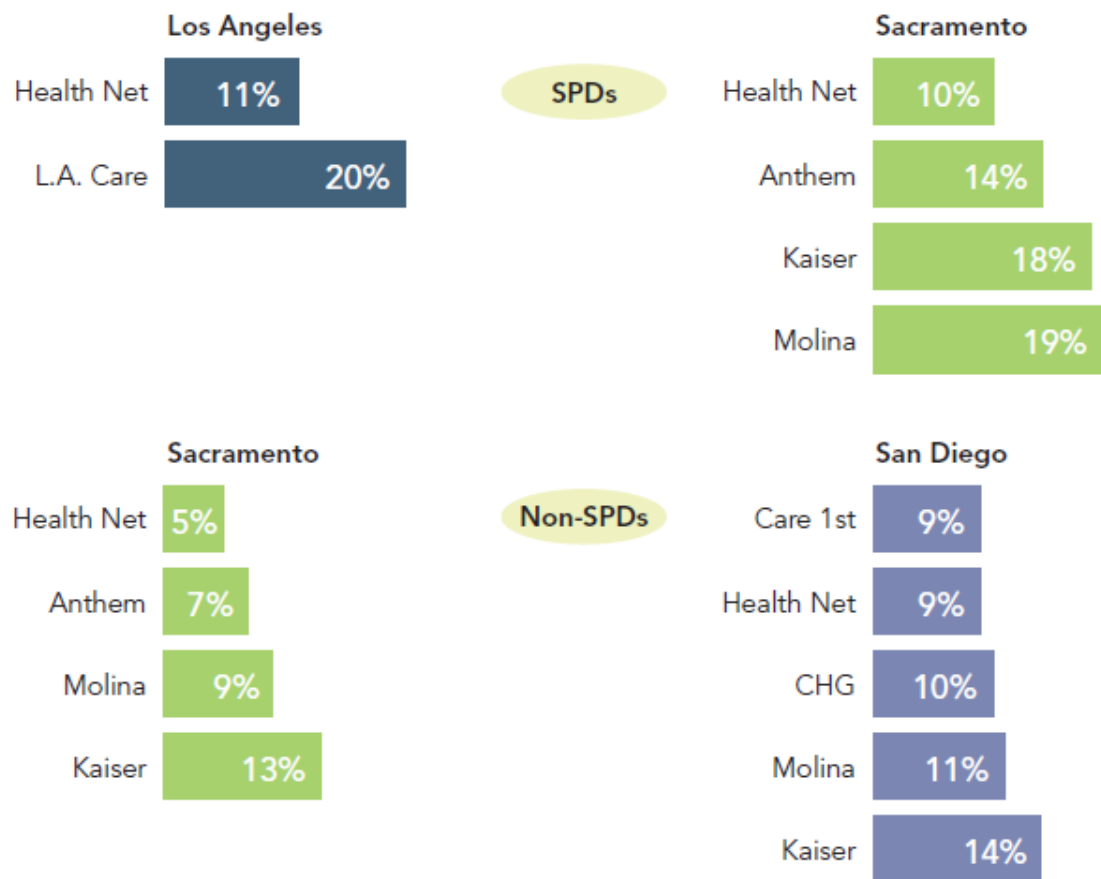PERCENTAGE OF HOSPITALIZATIONS WITH A READMISSION WITHIN 30 DAYS OF DISCHARGE

Los Angeles   SPDs   **Sacramento**

Health Net	11%
L.A. Care	20%

Health Net	10%
Anthem	14%
Kaiser	18%
Molina	19%

Sacramento   Non-SPDs   **San Diego**

Health Net	5%
Anthem	7%
Molina	9%
Kaiser	13%

Care 1st	9%
Health Net	9%
CHG	10%
Molina	11%
Kaiser	14%

Notes: Analysis excluded County Organized Health System counties, in which only one plan operates. CHG is Community Health Group. After the counties shown, San Diego County had the next greatest difference in readmission rates for SPD enrollees, and Los Angeles County the next greatest difference for other enrollees.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (report created June 4, 2013). All cause readmissions rates for 2012 (dates of service in CY 2011).

Grievance Rate Among Plans
January to March 2013

GRIEVANCES PER 1,000 MEMBERS
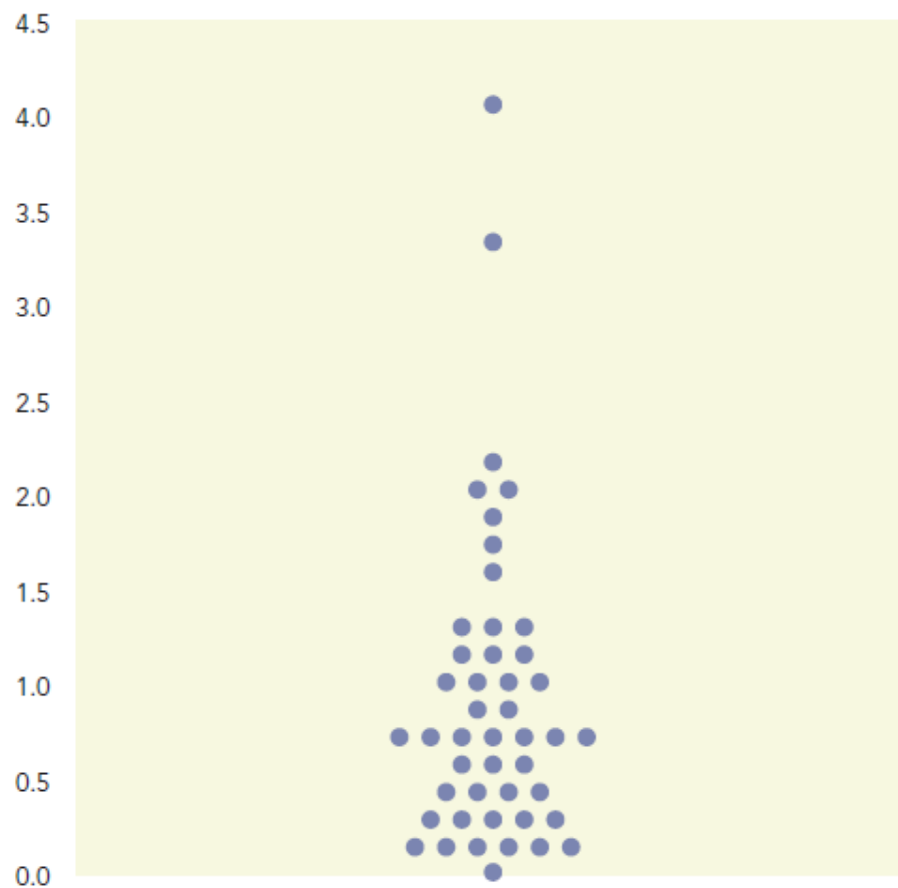
Notes: Each dot represents one plan. Plan-specific scores are available at www.chcf.org/medical-dashboard. Period shown reflects most recent quarter for which data were available.

Source: Navigant calculations using data providing by California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (June 26, 2013), including the number of grievances and member months by plan.

Health Plan Grievance Rate
by Population, April 2012 to March 2013

GRIEVANCES PER 1,000 MEMBERS

SPDs	10.7
Non-SPDs	3.0
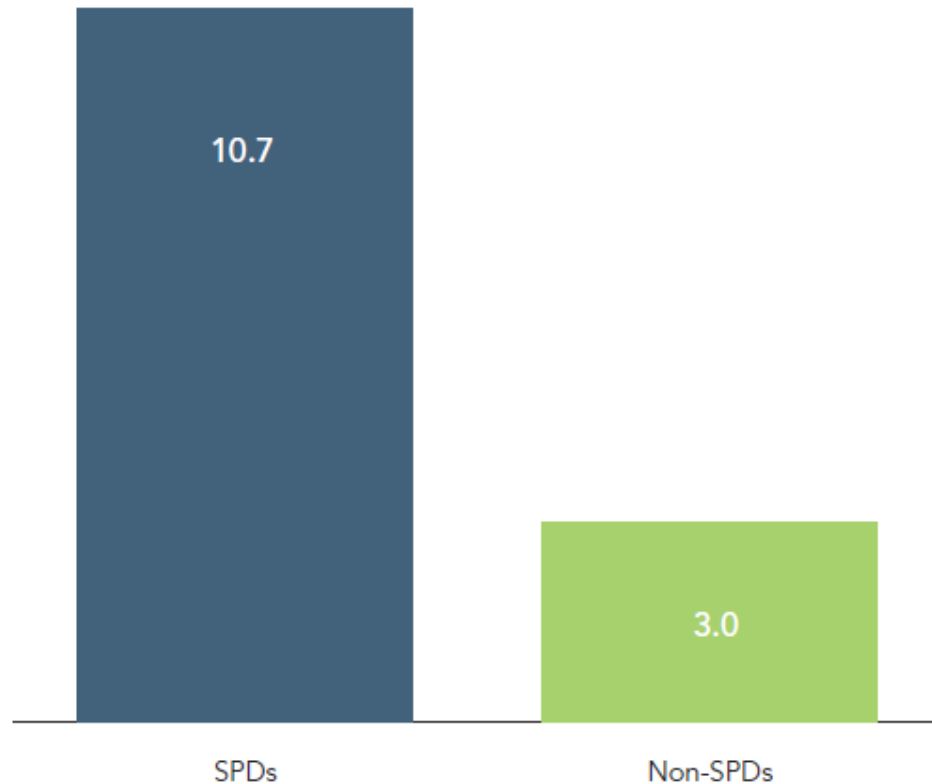
Note: Includes Two-Plan and Geographic Managed Care counties only.

Source: Calculation based on data provided by California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (June 26, 2013), including the number of grievances and member months by plan.

Reasons for Health Plan Grievances
SPDs, 2012

TOTAL: 6,216

- Access to Primary Care 13%
- Access to Specialists 9%
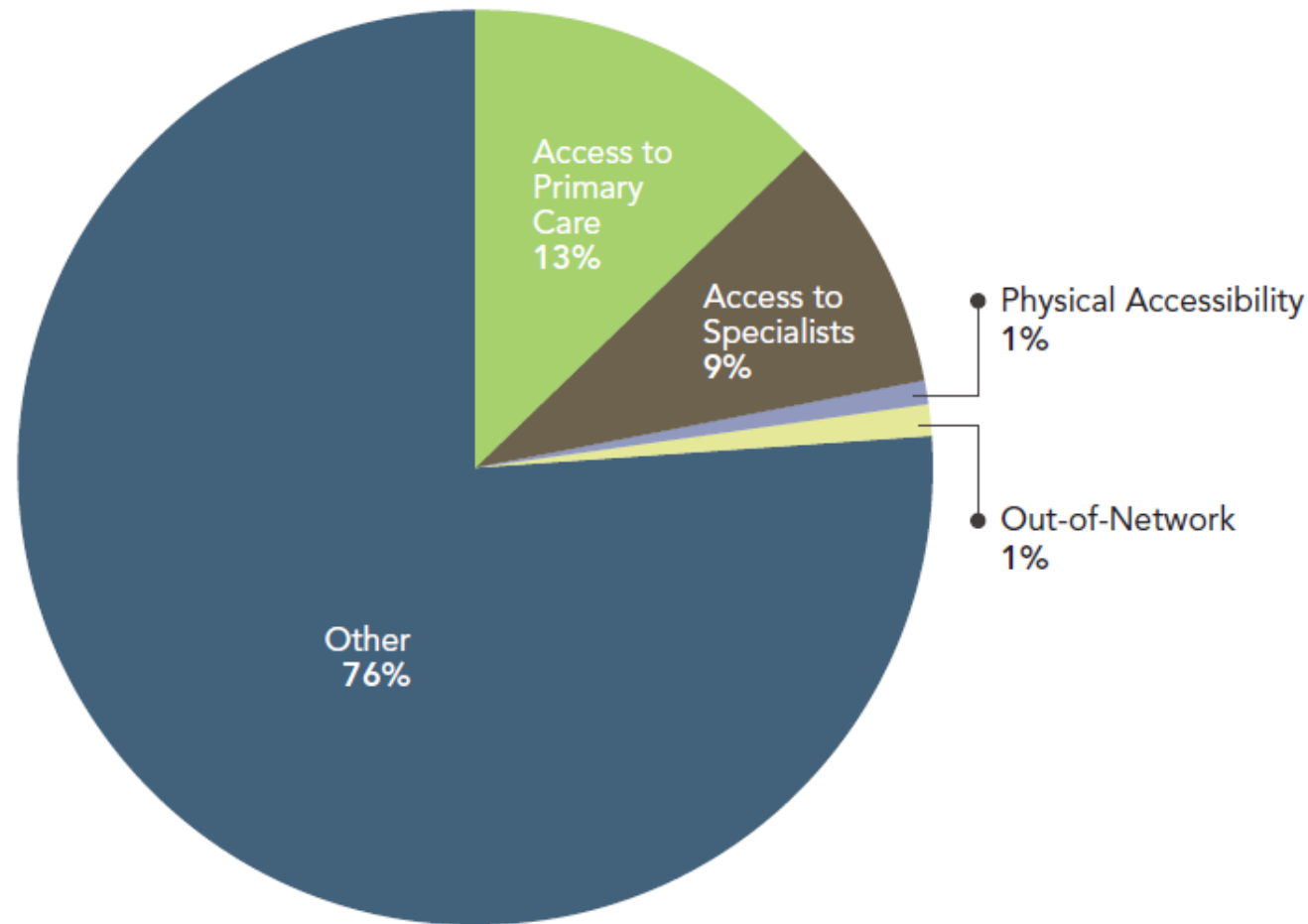- Physical Accessibility 1%
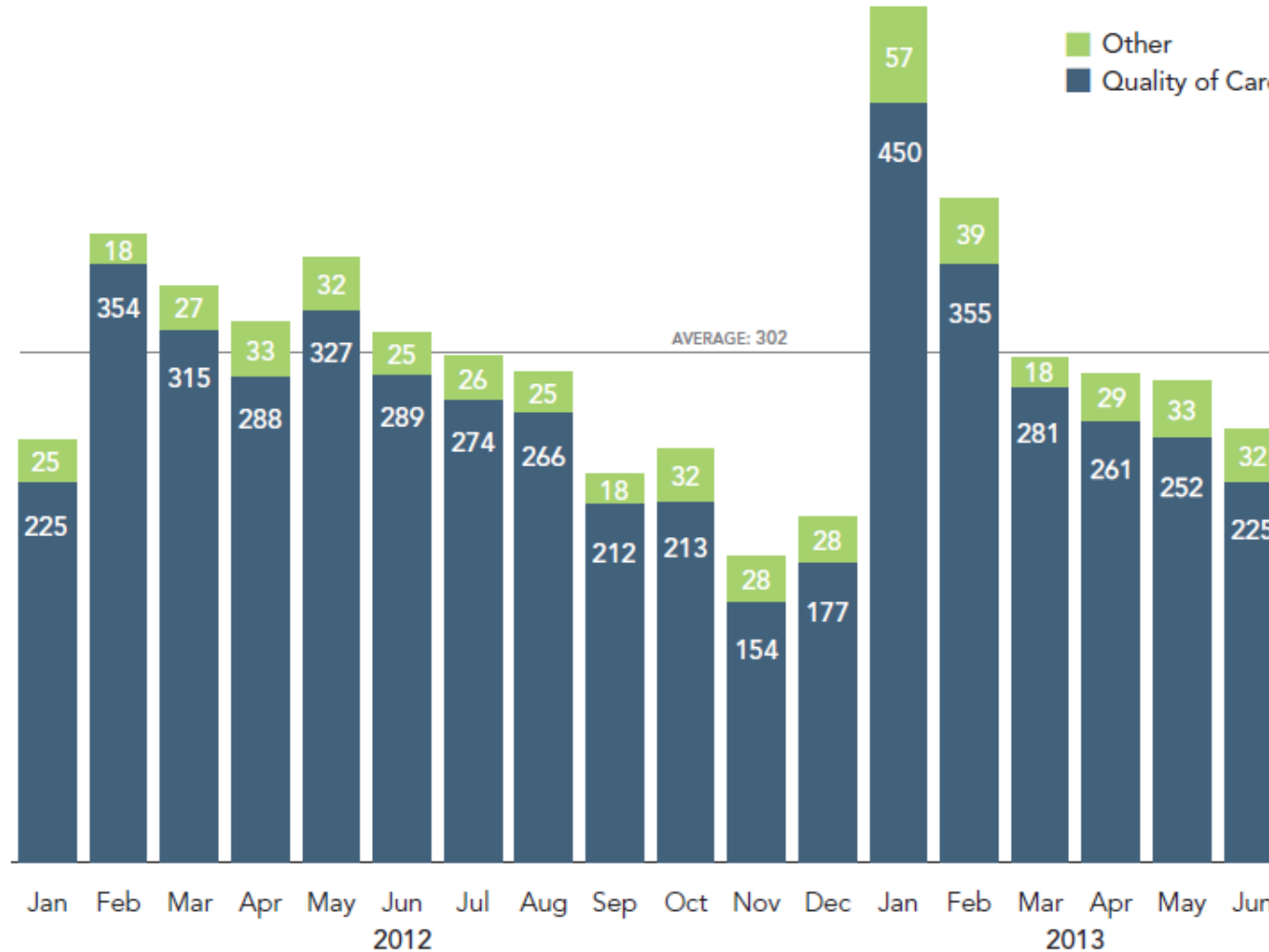- Out-of-Network 1%
- Other 76%

Note: Includes Two-Plan and Geographic Managed Care counties only.
Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (June 12, 2013).

State Fair-Hearing Requests, by Reason
January 2012 to June 2013

AVERAGE: 302

Legend:
- Other
- Quality of Care

Data values by month:

2012
- Jan: Other 25, Quality of Care 225
- Feb: Other 18, Quality of Care 354
- Mar: Other 27, Quality of Care 315
- Apr: Other 33, Quality of Care 288
- May: Other 32, Quality of Care 327
- Jun: Other 25, Quality of Care 289
- Jul: Other 26, Quality of Care 274
- Aug: Other 25, Quality of Care 266
- Sep: Other 18, Quality of Care 212
- Oct: Other 32, Quality of Care 213
- Nov: Other 28, Quality of Care 154
- Dec: Other 28, Quality of Care 177

2013
- Jan: Other 57, Quality of Care 450
- Feb: Other 39, Quality of Care 355
- Mar: Other 18, Quality of Care 281
- Apr: Other 29, Quality of Care 261
- May: Other 33, Quality of Care 252
- Jun: Other 32, Quality of Care 225

Notes: Other includes the following categories: health care plan issues, plan subcontractor/provider issues, continuity of care, eligibility, enrollment/disenroll-ment, other health coverage, and miscellaneous. Quality of Care encompasses complaints related to delays or denials of service, other service disputes, and the outcomes of medical exemption requests.

Source: California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division (report created September 16, 2013), Ombudsman Fair Hearings by Reason Category, January 2012 to June 2013.

Continuity-of-Care Requests by SPDs
October 2011 to June 2013

Legend:
- In Process
- Denied
- Approved

Quarter	Total
2011-Q3	2,408
2011-Q4	3,809
2012-Q1	4,281
2012-Q2	6,064
2012-Q3	3,130
2012-Q4	1,779
2013-Q1	1,560
2013-Q2	1,871
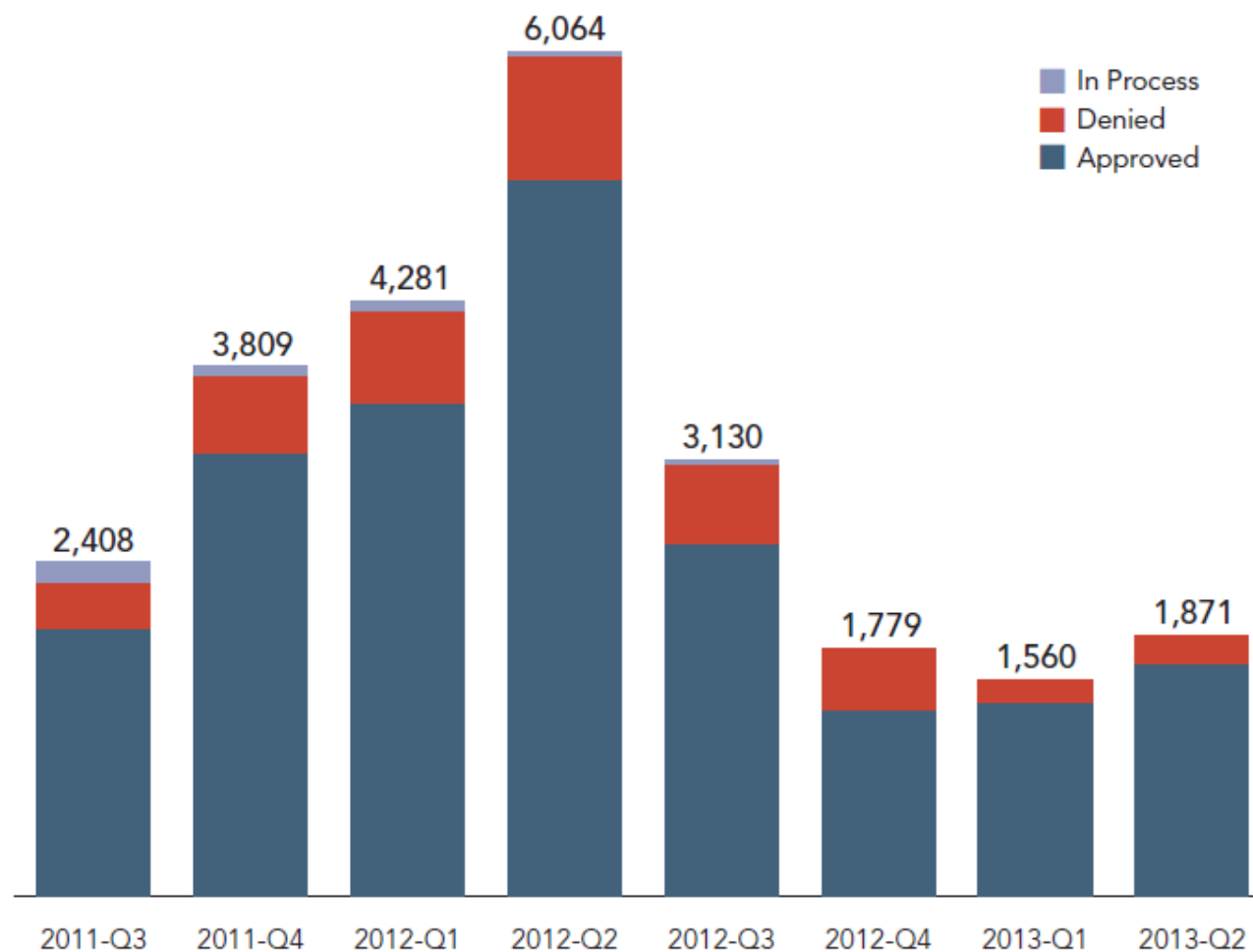
Notes: Includes Two-Plan and Geographic Managed Care counties only. The volume of continuity-of-care requests is a measure of ability of the plan's provider network to serve this population of new managed care members.

Source: California Department of Health Care Services (DHCS), Managed Care Implementation for Seniors and Persons with Disabilities Monitoring Dashboard, September 2012 (2011-Q3 to 2012-Q2) and augmented November 2013 (2012-Q3 to 2013-Q2).

Financial Performance Indicators
July 2011 to June 2013

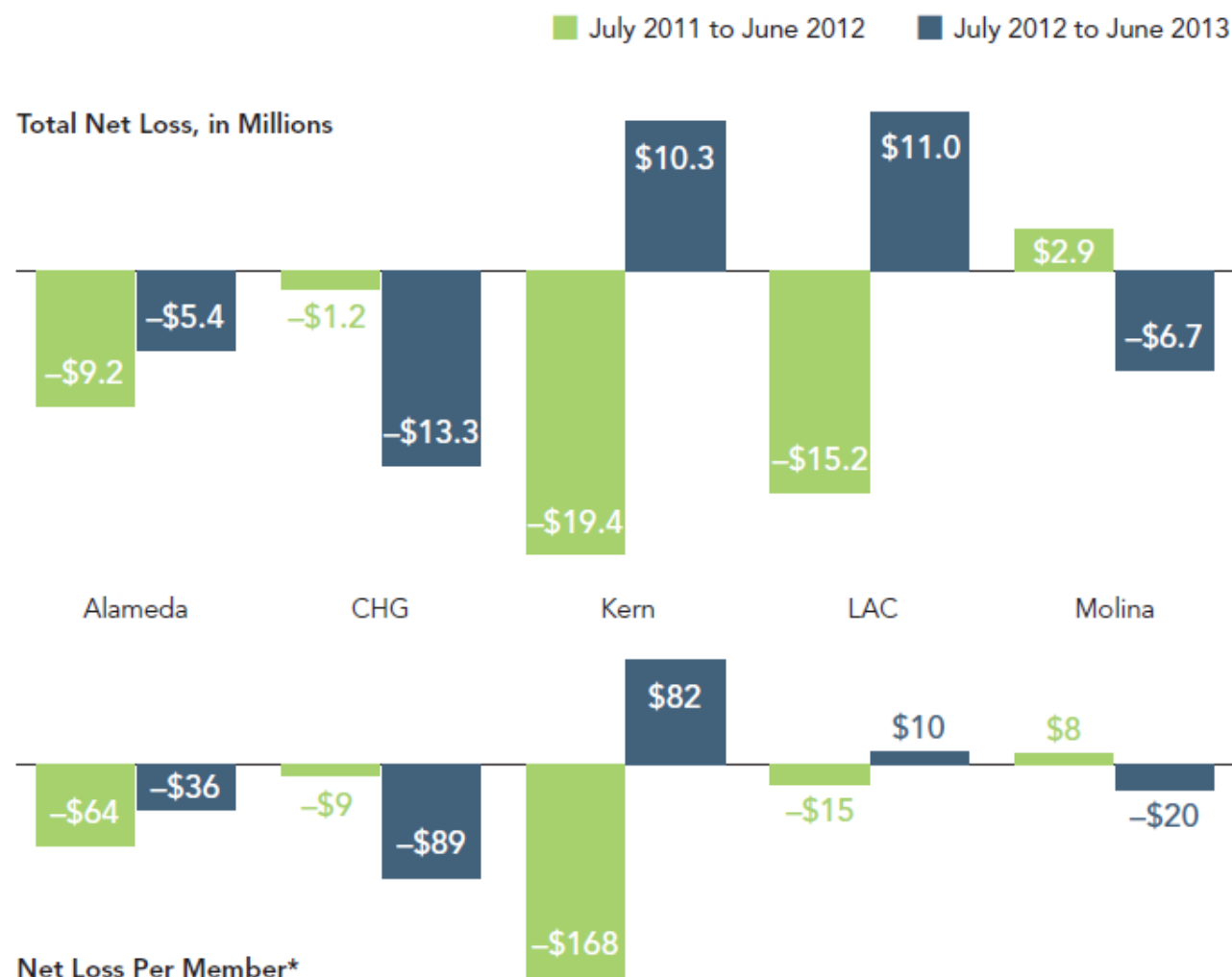| Medi-Cal Health Plan	Net Income	MLR	Current Ratio	TNE
Alameda Alliance for Health	▼	●	●	▼
Anthem Blue Cross	●	●	●	●
CalOptima	●	●	▼	●
CalViva Health	●	●	●	●
Care 1st	●	●	●	●
CenCal	●	●	●	●
Central California Alliance for Health	●	●	●	●
Community Health Group	▼	●	●	●
Contra Costa Health Plan	●	▼	●	●
Health Net	●	●	●	●
Health Plan of San Joaquin	●	●	●	●
Health Plan of San Mateo	●	●	●	●
Inland Empire Health Plan	●	●	●	●
Kaiser Permanente	●	●	▼	●
Kern Health Systems	▼	▼	●	●
L.A. Care Health Plan	▼	●	●	●
Molina Healthcare of California	▼	●	●	●
Partnership HealthPlan of California	●	●	●	●
San Francisco Health Plan	●	●	●	●
Santa Clara Family Health Plan	●	●	●	●

▼ Fell below indicators
● Met or exceeded indicators

Notes: Net income, medical loss ratio (MLR), and current ratio were examined over eight quarters. Tangible net equity (TNE) was examined over the most recent quarter reported to DMHC, April to June 2013. Red represents a cumulative net loss for the period or a net loss in four of the eight quarters, an MLR below 85% or above 100%, a current ratio less than 1.0 in four of the eight quarters, or TNE below 100%. Gold Coast Health Plan did not report financial information to DMHC during the period examined.

Source: Navigant and California HealthCare Foundation analysis of financial data reported to the California Department of Managed Health Care, "Health Plan Financial Summary Report," wpso.dmhc.ca.gov/flash, accessed October 31, 2013.

Plans with Net Income Loss
July 2011 to June 2013

■ July 2011 to June 2012   ■ July 2012 to June 2013

Total Net Loss, in Millions

	Alameda	CHG	Kern	LAC	Molina
July 2011 to June 2012	−$9.2	−$1.2	−$19.4	−$15.2	$2.9
July 2012 to June 2013	−$5.4	−$13.3	$10.3	$11.0	−$6.7

	Alameda	CHG	Kern	LAC	Molina
July 2011 to June 2012	−$64	−$9	−$168	−$15	$8
July 2012 to June 2013	−$36	−$89	$82	$10	−$20

Net Loss Per Member*

*Based on reported enrollment in Q1 (January to March) of 2012 and 2013, respectively.

Note: Alameda is Alameda Alliance for Health, CHG is Community Health Group, and LAC is L.A. Care.

Source: California Department of Managed Health Care, "Health Plan Financial Summary Report," wpso.dmhc.ca.gov/flash, accessed October 31, 2013.

Plans with High Medical Loss Ratios
July 2011 to June 2013

Contra Costa Health Plan*

Quarter	Value
2011-Q3	136%
2011-Q4	100%
2012-Q1	116%
2012-Q2	139%
2012-Q3	119%
2012-Q4	108%
2013-Q1	111%
2013-Q2	100%

Kern Health System

Quarter	Value
2011-Q3	80%
2011-Q4	105%
2012-Q1	109%
2012-Q2	99%
2012-Q3	120%
2012-Q4	98%
2013-Q1	97%
2013-Q2	161%

*Contra Costa Health Plan reports that DMHC has incorrectly excluded certain revenues and that its Medical Loss Ratios were below 100% during period shown.

Source: California Department of Managed Health Care, "Health Plan Financial Summary Report," wpso.dmhc.ca.gov/flash, accessed October 31, 2013.
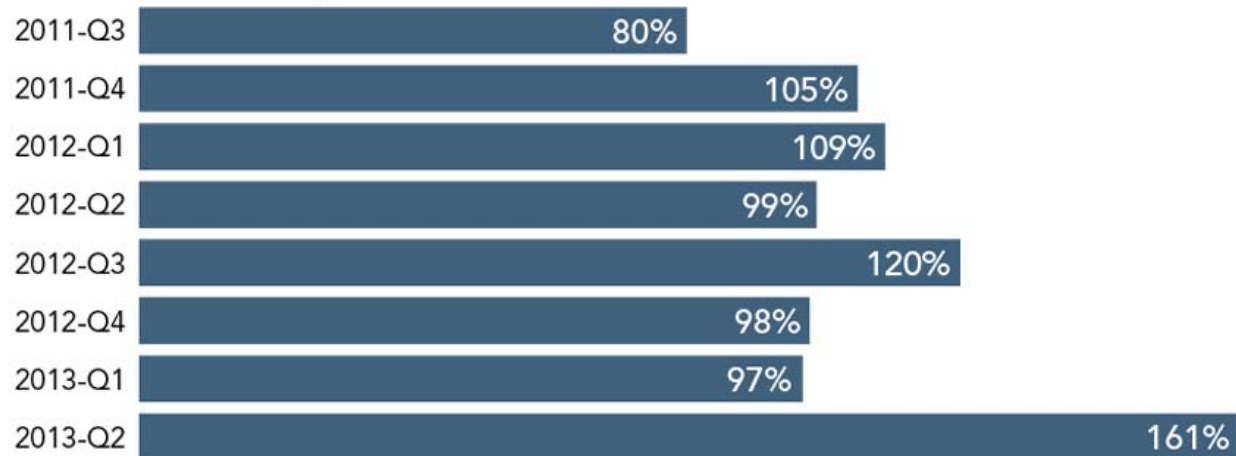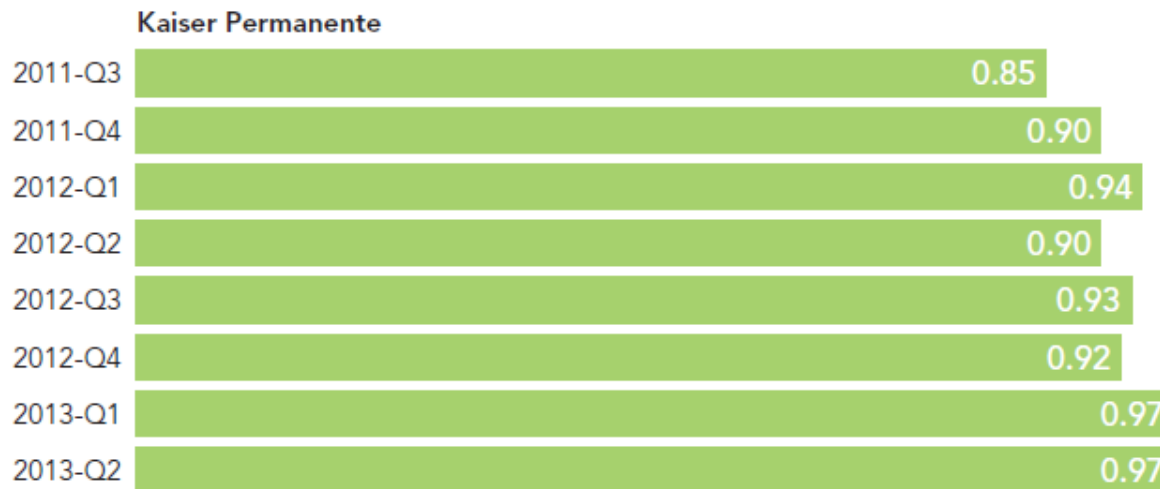
Plans with Low Current Ratios
July 2011 to June 2013

Kaiser Permanente

Quarter	Ratio
2011-Q3	0.85
2011-Q4	0.90
2012-Q1	0.94
2012-Q2	0.90
2012-Q3	0.93
2012-Q4	0.92
2013-Q1	0.97
2013-Q2	0.97

CalOptima

Quarter	Ratio
2011-Q3	N/A
2011-Q4	0.88
2012-Q1	0.84
2012-Q2	0.91
2012-Q3	0.88
2012-Q4	1.04
2013-Q1	1.12
2013-Q2	1.07

Note: Current ratio was not available for CalOptima for Q3 of 2011.

Source: California Department of Managed Health Care, "Health Plan Financial Summary Report," wpso.dmhc.ca.gov/flash, accessed October 31, 2013.

Recommendations

Improving the Medi-Cal dashboard

- Establish desired values for each measure

- Stratify reporting by key subgroups; revise collection and reporting methods as needed

- Administer consumer experience survey annually

- Standardize data collection and reporting

- Report additional measures using data state currently collects

- Add new measures as they are developed to address full range of populations and services