Cal MediConnect Performance Dashboard
Released March 2016

Health Risk Assessments (HRAs): Cumulative (April 2014 - September 2015) and Quarter 3 (July 2015- September 2015) data.
See metric summary for additional information.

HRAs completed within 90 days of enrollment

Fig 1-1 **Overall completion**

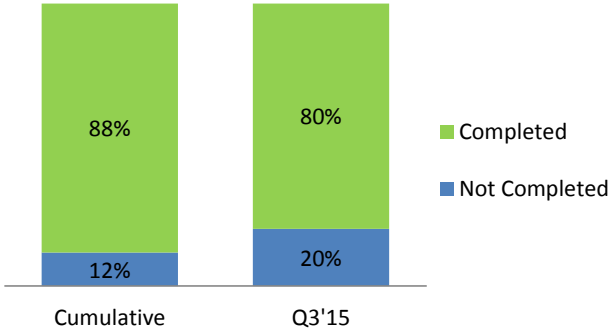
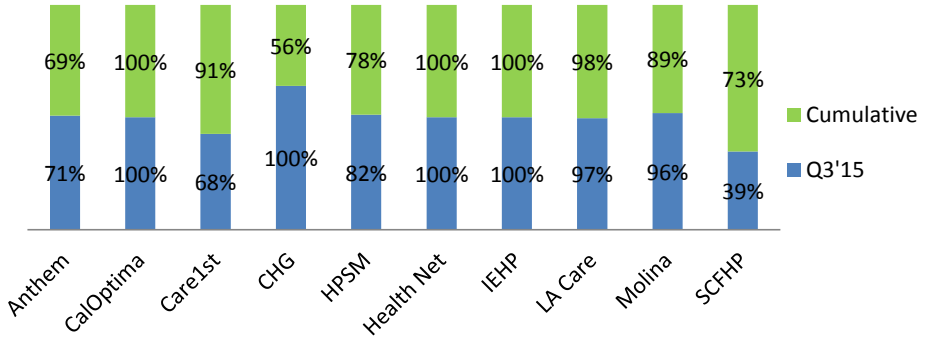


Fig 1-2 **Completion per plan**



Note: Fig 1-1 and 1-2 excludes beneficiaries who were unwilling to participate in a HRA or unreachable by the plan during the reporting period.

Fig 1-3 **Members with 90 days of enrollment**

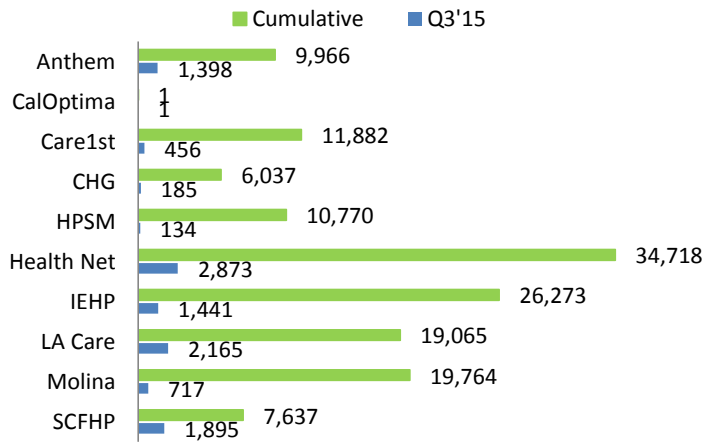
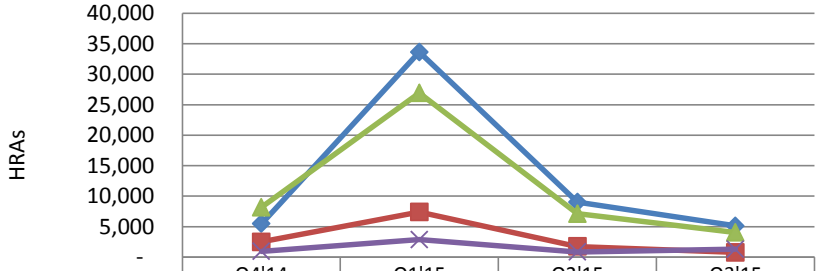


Fig 1-4 **Quarterly totals**



	Q4'14	Q1'15	Q2'15	Q3'15
Completed	5,479	33,610	9,024	5,121
Unwilling	2,497	7,422	1,754	774
Unreachable	8,182	26,915	7,119	4,069
Not Completed	949	2,884	864	1,301

Note 1-3: CalOptima started voluntary enrollment during this period with 1 member enrolled during July 2015 whose 90th day of enrollment occurred within the reporting period.

Note 1-4: A substantial number of Dual Special Needs Plan (DSNP) and Low income subsidy (LIS) members were passively enrolled into the CMC Program with an effective date of January 1, 2015.

Health Risk Assessments (HRAs): Cumulative (April 2014 - September 2015) and Quarter 3 (July 2015 - September 2015) data.
See metric summary for additional information.

Fig 2-1 **Q3'15 HRA breakdown**

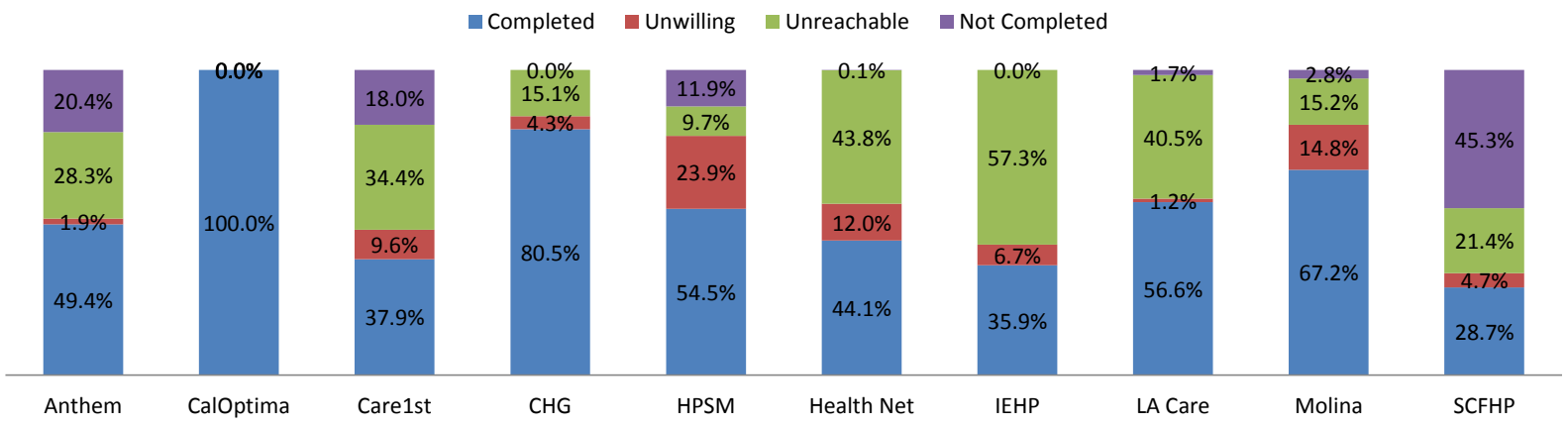
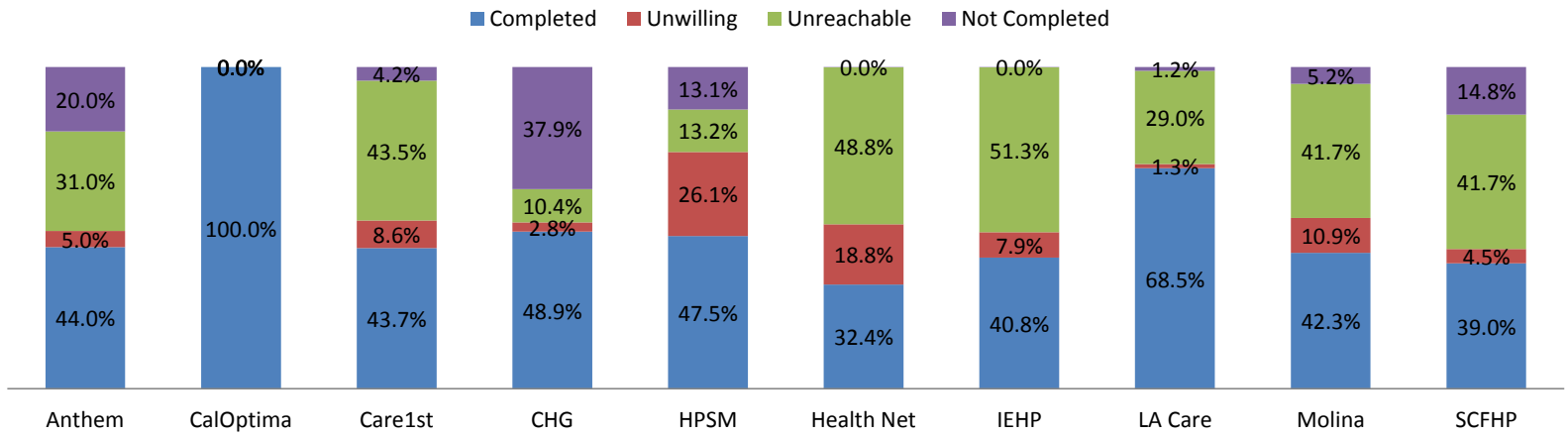


Fig 2-2 **Cumulative HRA breakdown**



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Hospital Discharge: Quarter 3 (July 2015 - September 2015) data. See metric summary for additional information.

Fig 4-1 Discharges that resulted in an ambulatory care follow-up visit within 30 days of hospital discharge

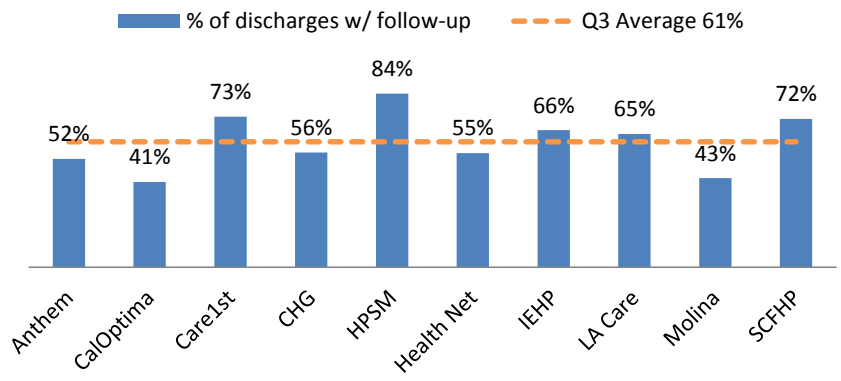
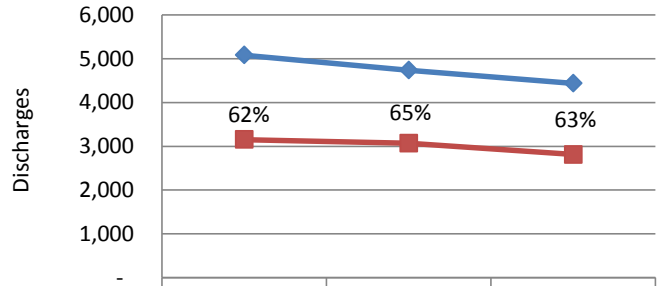


Fig 4-2 Quarterly trending



	Q1'15	Q2'15	Q3'15
Discharges	5,082	4,736	4,438
Follow-up visits	3,154	3,071	2,811
Percentage	62%	65%	63%

Note 4-1: Molina is revamping their transition of care program. This program will have a higher touch member transition focus as a key intervention to ensure proper follow up. CalOptima has implemented a post discharge team to reach out to members following discharge from acute care to assure they have the appropriate physician follow-up coordinated.

Note 4-2: Plans were required to report on this measure starting in January 2015.

Emergency Utilization: Quarter 3 (July 2015 - September 2015) data. See metric summary for additional information.

Fig 4-3 Behavioral health-related emergency visits per 1,000 members

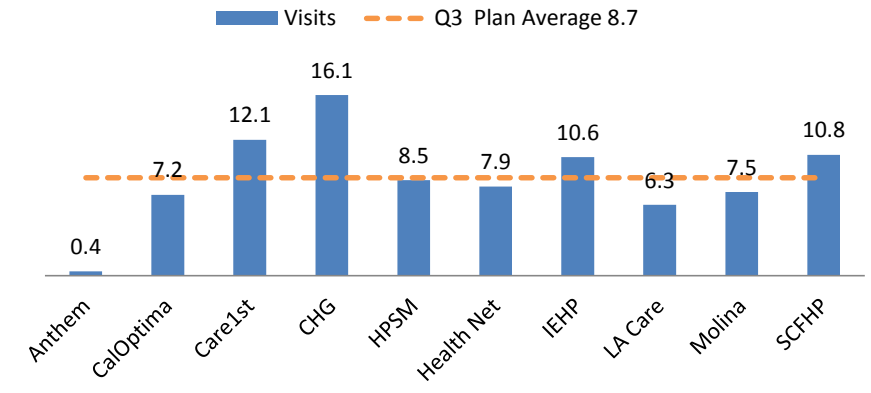
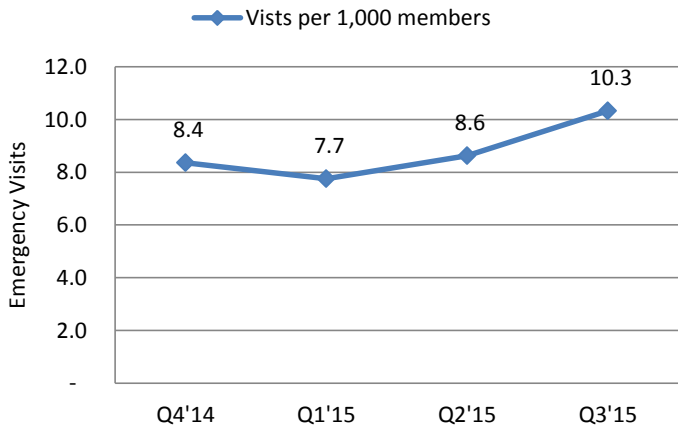


Fig 4-4 Quarterly trending



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LTSS Utilization: Quarter 3 (July 2015 - September 2015) data. See metric summary for additional information.

Fig 5-1 **Member receiving LTSS per 1,000 members**

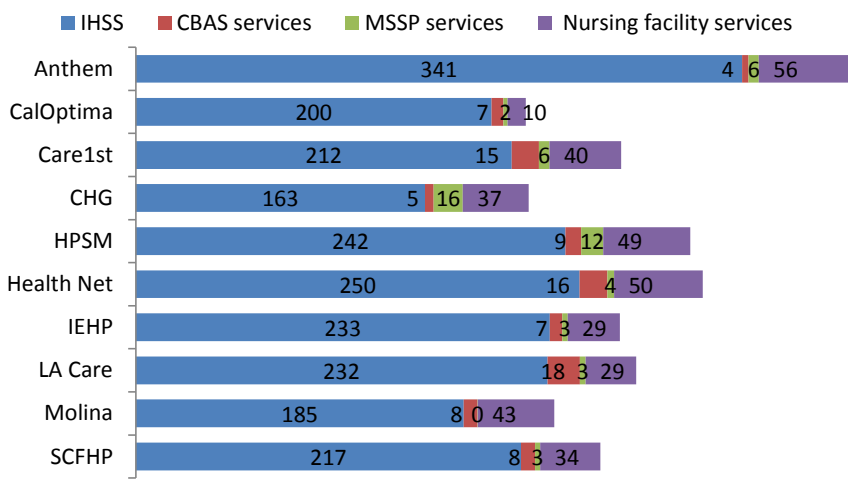
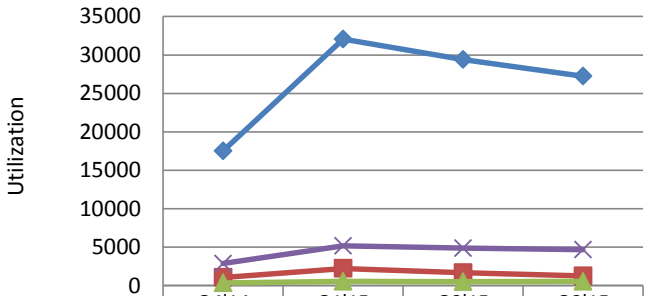


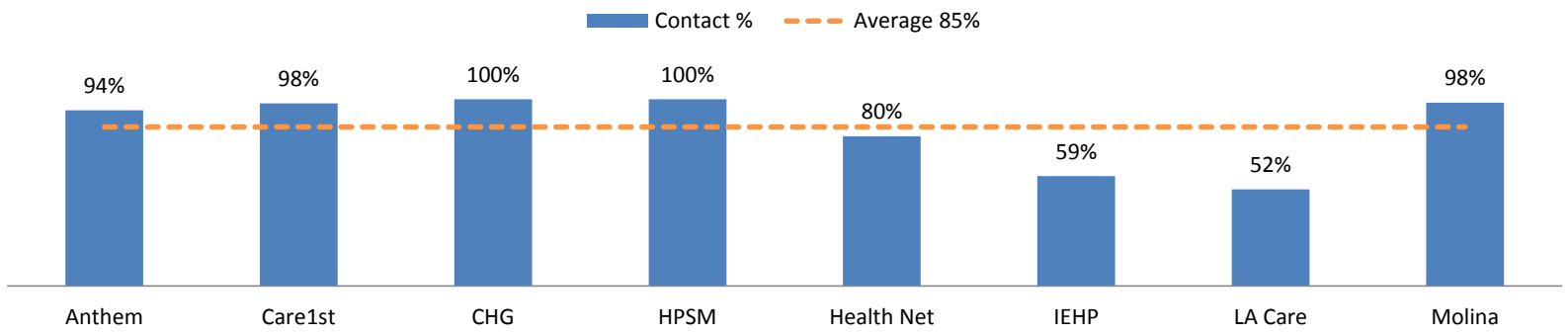
Fig 5-2 **Quarterly trending for members receiving LTSS**



	Q4'14	Q1'15	Q2'15	Q3'15
IHSS	17537	32070	29410	27252
CBAS	1068	2236	1669	1262
MSSP	363	562	526	539
Nursing Facility	2865	5182	4866	4690

Case Management: 2014 data**.** This metric is reported annually. See metric summary for additional information.

Fig 5-3 **Members contacted by their case manager or care team**



Note on 5-3 L.A. Care has hired additional care staff and revised its care management workflow to ensure all CMC high risk members are assigned a dedicated Care Manager. IEHP held training sessions with delegated physician groups on HRAs and care management best practices. IEHP has developed a QA process that reviews timeliness of care management contacts.

Cal MediConnect Performance Dashboard Metrics Summary

Plan Key

Plan Name	Plan abbreviation on Dashboard
Anthem Blue Cross Partnership of California	Anthem
CalOptima	CalOptima
Care1st	Care1st
Community Health Group	CHG
Health Net	Health Net
Health Plan of San Mateo	HPSM
Inland Empire Health Plan	IEHP
LA Care	LA Care
Molina Healthcare	Molina
Santa Clara Family Health Plan	SCFHP

Metric Summary

Health Risk Assessments (HRAs): An HRA is a survey tool conducted by the Medicare-Medicaid Plan (MMP) that assesses an enrollee's current health risk and identifies further assessment needs such as behavioral health, substance use, chronic conditions, disabilities, functional impairments, assistance in key activities of daily living, dementia, cognitive and mental status, and the capacity to make informed decisions. This metric is a Centers for Medicare & Medicaid Services (CMS) Core Measure. For this measure data is compared cumulatively and quarterly. *See Dashboard figures 1-1 to 2-2.*

Appeals (Reconsiderations) by Determinations: An organization determination is a MMPs response to a request for coverage (payment or provision) of an item or service – including auto-adjudicated claims, prior authorization requests, and requests to continue previously authorized ongoing courses of treatment. It includes requests from both contract and non-contract providers. If a MMP denies an enrollee's request for an item or service in whole or in part (issues an adverse organization determination), the enrollee may appeal the decision to the MMP by requesting reconsideration. Reconsideration is a plan's review of an adverse or partially favorable organization determination. This metric is a CMS Core Measure. *See Dashboard figures 3-1 to 3-4.*

Cal MediConnect Performance Dashboard Metrics Summary

Hospital Discharge: The ***Hospital Discharge*** metric measures ambulatory follow-up visits. Ambulatory care follow-up visits assess the member's health following a hospitalization. A higher percentage is an indicator of better care coordination. This metric is a California Specific CMS Core Measure. *See Dashboard figures 4-1 to 4-2.*

Emergency Utilization: The ***Emergency Utilization*** metric measures behavioral health-related emergency visits. A visit is comprised of a revenue code for an emergency department visit and a principal diagnosis related to behavioral health. This metric is a CMS Core measure. *See Dashboard figure 4-3 to 4-4.*

Long Term Care Services and Supports (LTSS) Utilization: ***LTSS Utilization*** is reported by each MMP. LTSS services include In-Home Supportive Services (IHSS), Nursing Facility Services, Community Based Adult Services (CBAS), and Multi-Purpose Senior Services Program (MSSP). This metric measures the total number of members receiving LTSS for the reporting period. This metrics is a California Specific CMS Core Measure. *See Dashboard figures 5-1 to 5-2.*

Case Manager Contact: The ***Case Manager Contact*** metric measures the percentage of members with a case manager who received contact by their case manager or care team during the reporting period. This measure is reported annually and reflects the 2014 reporting period. This metrics is a California Specific CMS Core Measure. *See Dashboard figures 5-3.*

Note: Dashboard data is plan reported.