



CALEQRO PERFORMANCE MEASURES FY19-20 – LOS ANGELES MHP

Table 1: Medi-Cal Enrollees and Beneficiaries Served in CY 2018, by Race/Ethnicity Los Angeles MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	514,888	13.0%	32,635	15.5%
Latino/Hispanic	2,320,000	58.6%	108,093	51.4%
African-American	390,371	9.9%	37,455	17.8%
Asian/Pacific Islander	377,714	9.5%	9,422	4.5%
Native American	5,042	0.1%	522	0.2%
Other	356,845	9.0%	22,210	10.6%
Total	3,960,000	100%	210,337	100%
<p>The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.</p>				

Table 2: High-Cost Beneficiaries Los Angeles MHP							
MHP	Year	HCB Count	Total Beneficiary Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Statewide	CY 2018	23,164	618,977	3.74%	\$57,725	\$1,337,141,530	33.47%
MHP	CY 2018	6,681	210,337	3.18%	\$53,559	\$357,825,966	27.54%
	CY 2017	5,490	205,143	2.68%	\$48,630	\$266,979,411	22.58%
	CY 2016	5,030	204,249	2.46%	\$49,569	\$249,329,843	21.88%



Table 3: Psychiatric Inpatient Utilization – Los Angeles MHP					
Year	Unique Beneficiary Count	Total Inpatient Admissions	Average LOS	ACB	Total Approved Claims
CY 2018	19,946	91,861	8.25	\$12,002	\$239,392,803
CY 2017	18,999	95,993	7.47	\$8,041	\$152,774,986
CY 2016	17,929	89,480	7.64	\$8,143	\$145,993,724

**Table 14: Summary of CY 2018 Short Doyle/Medi-Cal Claims
Los Angeles MHP**

Service Month	Number Submitted	Dollars Billed	Number Denied	Dollars Denied	Percent Denied	Dollars Adjudicated	Dollars Approved
TOTAL	5,126,625	\$1,177,698,095	160,461	\$38,761,166	3.29%	\$1,138,936,929	\$1,077,171,591
JAN18	480,460	\$111,108,599	16,257	\$3,866,556	3.48%	\$107,242,043	\$101,631,280
FEB18	458,506	\$104,709,884	16,214	\$3,820,657	3.65%	\$100,889,227	\$95,149,120
MAR18	499,935	\$114,864,302	20,485	\$4,499,484	3.92%	\$110,364,818	\$103,915,558
APR18	482,501	\$110,473,180	16,730	\$3,849,975	3.48%	\$106,623,205	\$100,682,390
MAY18	502,248	\$115,678,120	16,715	\$4,081,158	3.53%	\$111,596,962	\$105,015,638
JUN18	426,625	\$96,542,403	12,512	\$2,901,663	3.01%	\$93,640,740	\$88,977,157
JUL18	427,344	\$101,430,112	11,204	\$3,055,865	3.01%	\$98,374,247	\$92,938,466
AUG18	471,154	\$109,122,670	11,780	\$2,942,222	2.70%	\$106,180,448	\$100,760,794
SEP18	409,870	\$93,967,840	10,118	\$2,492,734	2.65%	\$91,475,106	\$86,812,052
OCT18	469,751	\$107,901,748	11,411	\$2,742,092	2.54%	\$105,159,656	\$100,132,784
NOV18	348,617	\$79,993,417	9,511	\$2,569,283	3.21%	\$77,424,134	\$73,323,087
DEC18	149,614	\$31,905,822	7,524	\$1,939,478	6.08%	\$29,966,344	\$27,833,264

Includes services provided during CY 2018 with the most recent DHCS claim processing date of June 7, 2019. Reports Short-Doyle/Medi-Cal claim transactions, does not include Inpatient Consolidated IPC hospital claims. Statewide denial rate for CY 2018 was **3.25 percent**.



**Table 15: Summary of CY 2018 Top Three Reasons for Claim Denial
Los Angeles MHP**

Denial Reason Description	Number Denied	Dollars Denied	Percent of Total Denied
Payment denied - prior processing information incorrect. Void/replacement condition.	77,808	\$17,948,380	46%
Medicare or Other Health Coverage must be billed before submission of claim.	29,958	\$7,815,875	20%
Service line is a duplicate and repeat service procedure modifier is not present.	22,010	\$4,408,072	11%
TOTAL	160,461	\$38,761,166	N/A

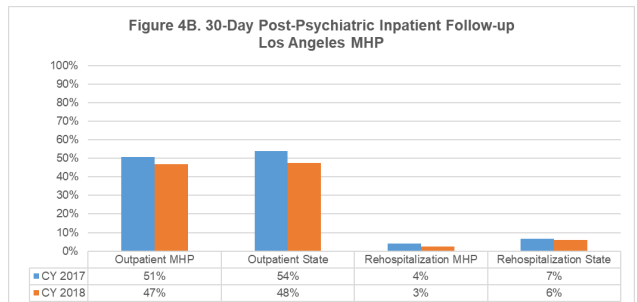
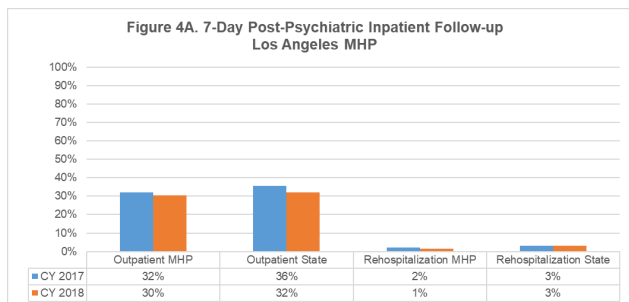
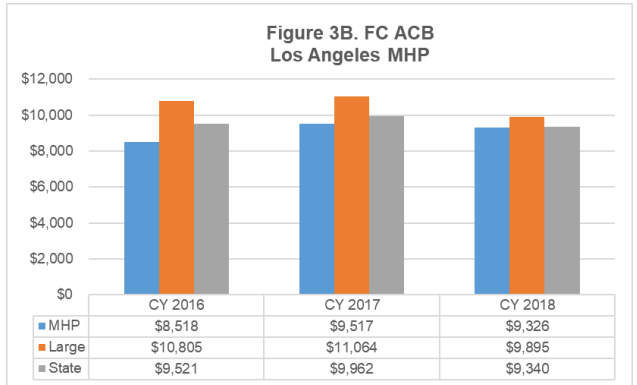
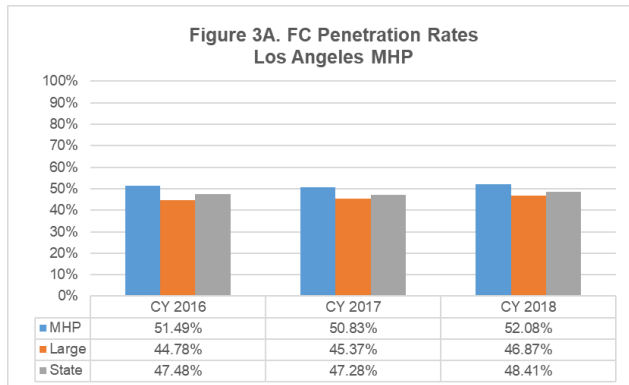
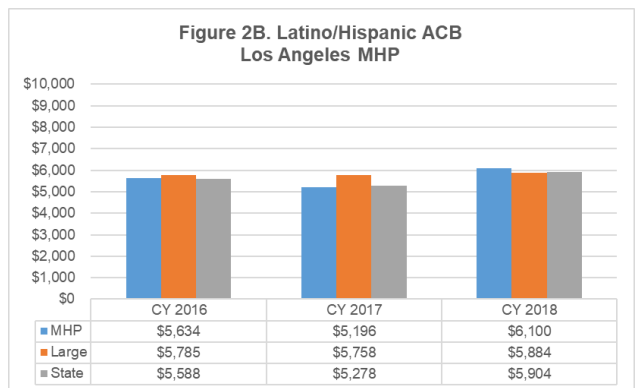
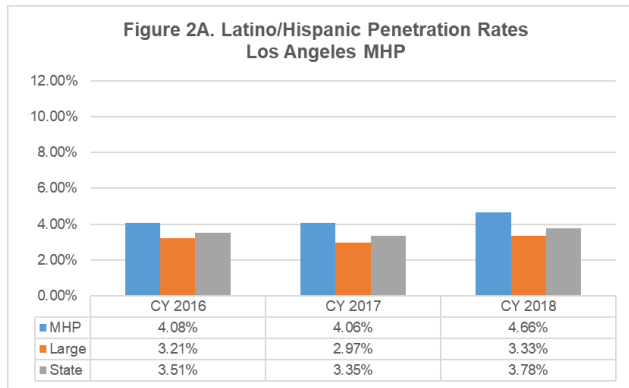
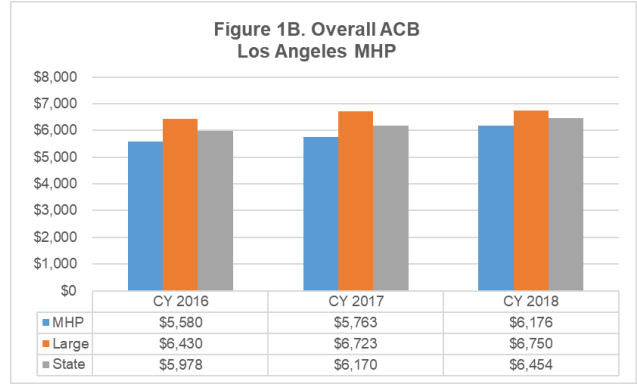
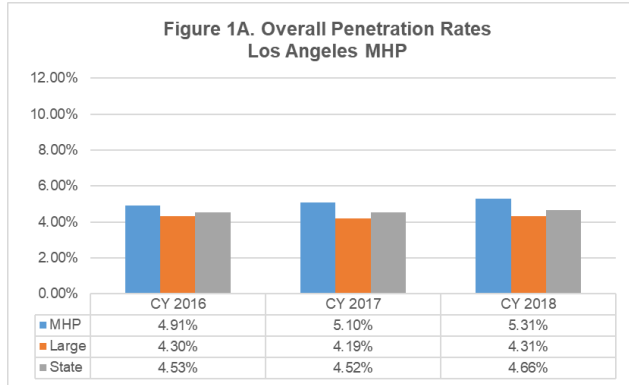
The total denied claims information does not represent a sum of the top three reasons. It is a sum of all denials.

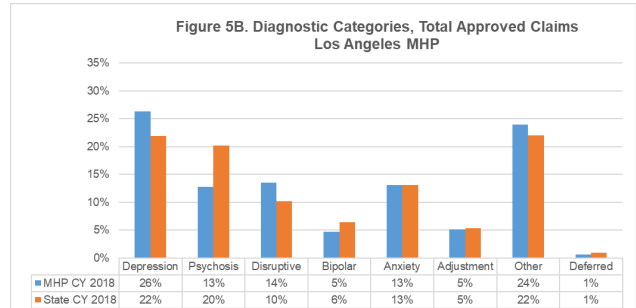
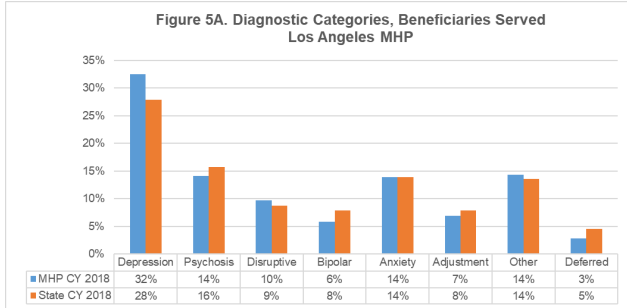
**Table C1: CY 2018 Medi-Cal Expansion (ACA) Penetration Rate and ACB
Los Angeles MHP**

Entity	Average Monthly ACA Enrollees	Beneficiaries Served	Penetration Rate	Total Approved Claims	ACB
Statewide	3,807,829	152,568	4.01%	\$832,986,475	\$5,460
Large	1,833,373	69,835	3.81%	\$406,057,927	\$5,815
MHP	1,168,416	45,553	3.90%	\$176,017,825	\$3,864

**Table C2: CY 2018 Distribution of Beneficiaries by ACB Range
Los Angeles MHP**

Range of ACB	Beneficiaries Served	MHP Percent Beneficiaries	Statewide Percent Beneficiaries	MHP Total Approved Claims	MHP ACB	Statewide ACB	MHP Percent Total Approved Claims	Statewide Percent Total Approved Claims
\$0K - \$20K	197,421	93.86%	93.16%	\$790,141,741	\$4,002	\$3,802	60.82%	54.88%
>\$20K - \$30K	6,235	2.96%	3.10%	\$151,131,828	\$24,239	\$24,272	11.63%	11.65%
>\$30K	6,681	3.18%	3.74%	\$357,825,966	\$53,559	\$57,725	27.54%	33.47%







Beginning FY 2018-19, CalEQRO is examining the following SB 1291 performance measures (Chapter 844; Statutes of 2016) for each MHP. Below are the Public Information Links to Senate Bill (SB) 1291 and foster care specific data requirements:

1. SB 1291 (Chapter 844). This statute would require annual mental health plan reviews to be conducted by an EQRO and, commencing July 1, 2018, would require those reviews to include specific data for Medi-Cal eligible minor and nonminor dependents in foster care, including the number of Medi-Cal eligible minor and nonminor dependents in foster care served each year. The bill would require the department to share data with county boards of supervisors, including data that will assist in the development of mental health service plans and performance outcome system data and metrics, as specified. More information can be found at http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_1251-1300/sb_1291_bill_20160929_chaptered.pdf

2. EPSDT POS Data Dashboards:

<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>

3. Psychotropic Medication and HEDIS Measures:

http://cssr.berkeley.edu/ucb_childwelfare/ReportDefault.aspx includes:

- 5A (1&2) Use of Psychotropic Medications
- 5C Use of Multiple Concurrent Psychotropic Medications
- 5D Ongoing Metabolic Monitoring for Children on Antipsychotic Medications New Measure

<http://www.dhcs.ca.gov/dataandstats/Pages/Quality-of-Care-Measures-in-Foster-Care.aspx>

4. Assembly Bill (AB) 1299 (Chapter 603; Statutes of 2016). This statute pertains to children and youth in foster care and ensures that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs and the requirements of EPSDT program standards and requirements. This process is defined as presumptive transfer as it transfers the responsibility to provide or arrange for mental health services to a foster child from the county of original jurisdiction to the county in which the foster child resides. More information can be found at http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1251-1300/ab_1299_bill_20160925_chaptered.pdf

5. *Katie A. v. Bonta*:

The plaintiffs filed a class action suit on July 18, 2002, alleging violations of federal Medicaid laws, the American with Disabilities Act, Section 504 of the Rehabilitation Act and California Government Code Section 11135. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. More information can be found at

<https://www.dhcs.ca.gov/formsandpubs/Documents/13-11.pdf>.