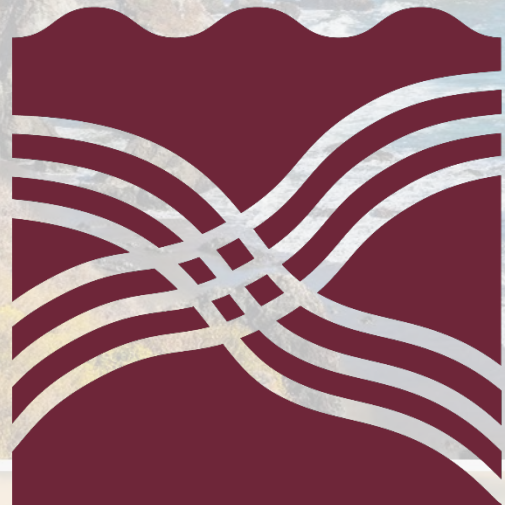


PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Annual Partnership County Data Report 2024: Lake County

April 2024





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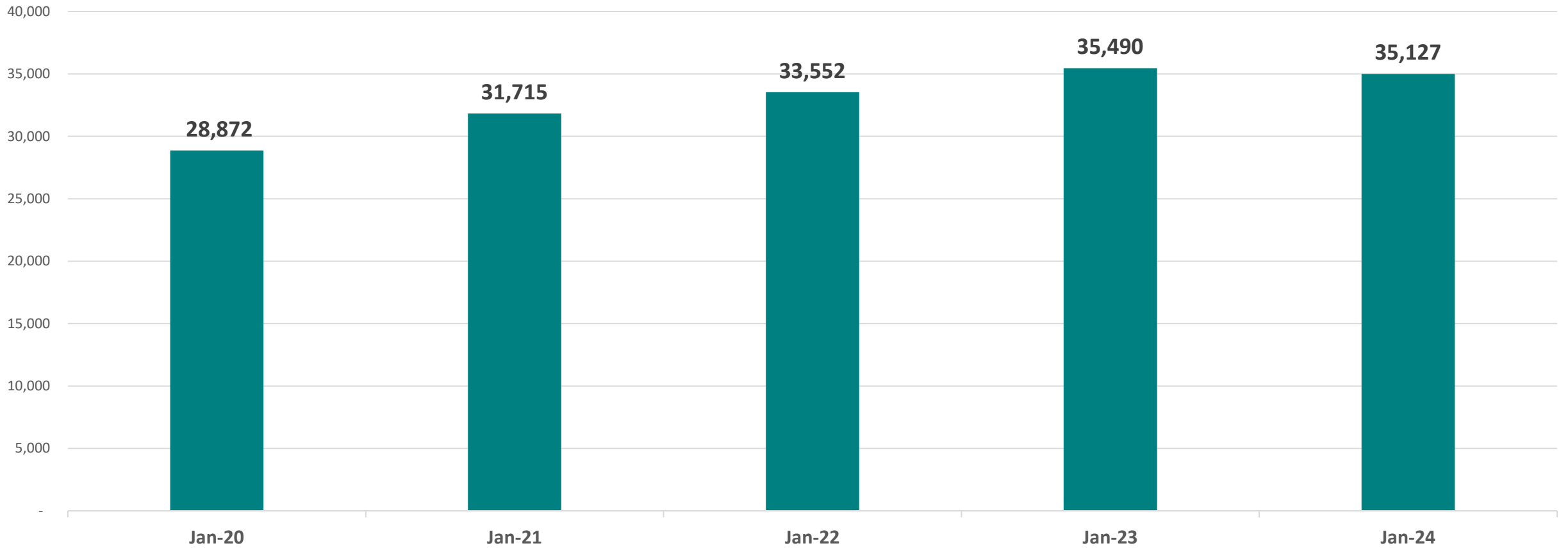
# Membership / County Overview





# County Enrollment Five Year Trend

## Lake County Enrolled Members

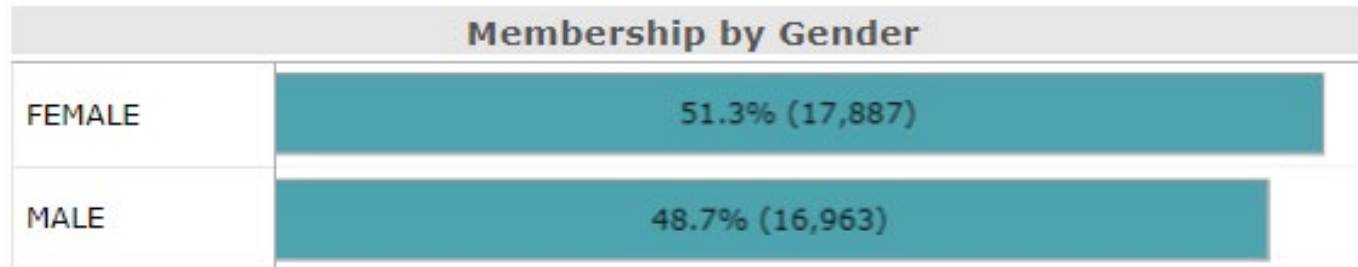
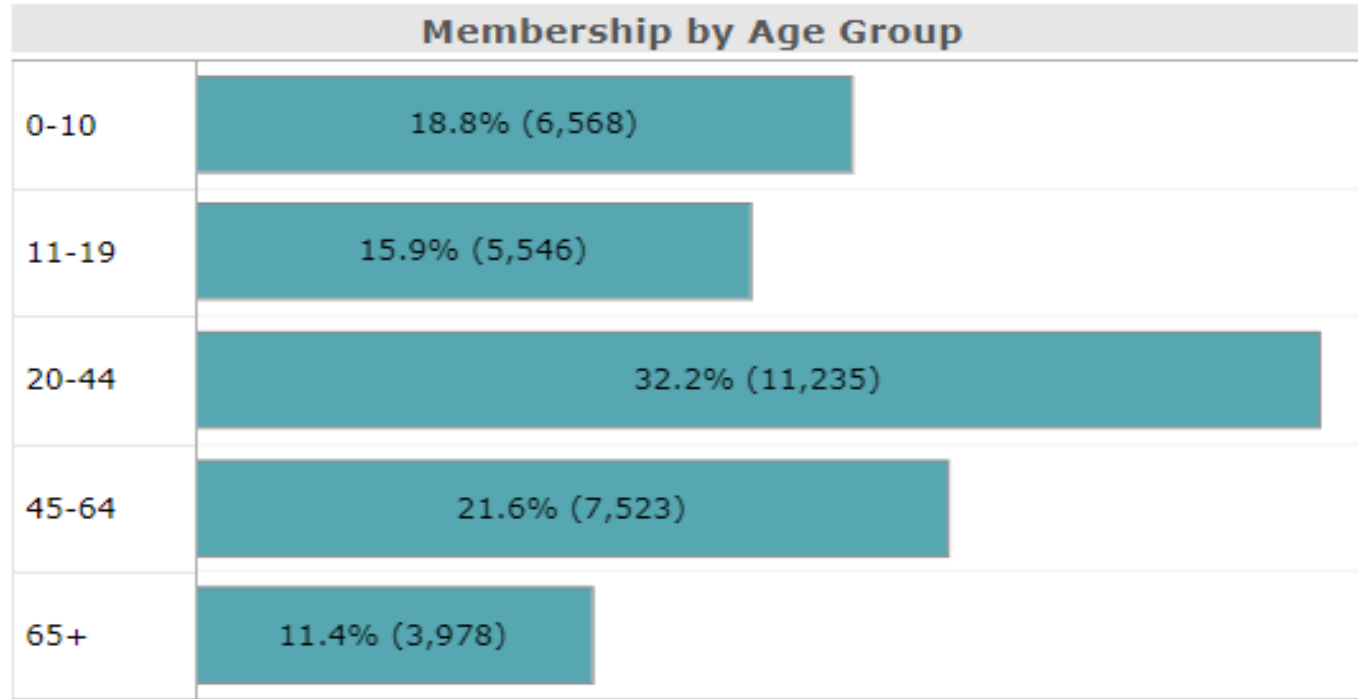


# Current County Enrollment (March 2024)

Membership by County	
SONOMA	12.0% (110,241)
SOLANO	11.3% (103,547)
BUTTE	9.4% (86,393)
SHASTA	7.6% (70,125)
PLACER	6.5% (60,013)
HUMBOLDT	6.5% (59,588)
YOLO	6.0% (54,972)
MARIN	5.1% (47,110)
SUTTER	4.8% (44,294)
MENDOCINO	4.5% (41,461)
YUBA	4.0% (36,680)
LAKE	3.8% (34,930)
TEHAMA	3.4% (31,250)
NEVADA	3.1% (28,772)
NAPA	3.0% (27,425)
SISKIYOU	2.0% (18,208)
GLENN	1.5% (13,818)
DEL NORTE	1.4% (12,439)
COLUSA	1.2% (10,598)
LASSEN	0.9% (8,632)
PLUMAS	0.7% (5,964)
TRINITY	0.6% (5,666)
MODOC	0.4% (4,015)
SIERRA	0.1% (874)

**Partnership enrollment:  
~917,000 in March 2024**

# County Age Groups and Gender (March 2024)

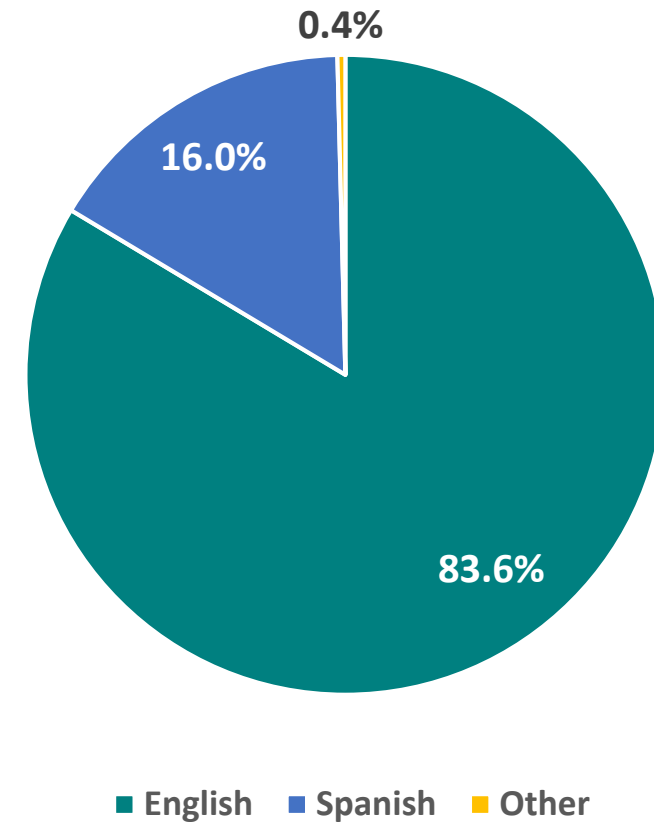


# County Member Ethnicity & Preferred Language (March 2024)

**Membership by Ethnicity**

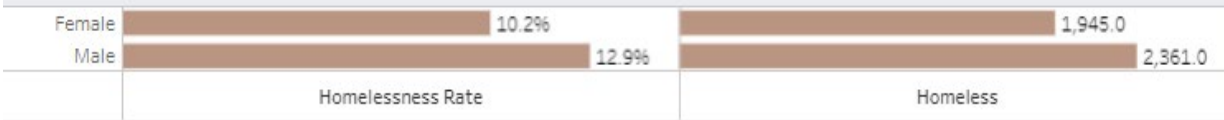
WHITE	55.6% (19,361)
HISPANIC	30.6% (10,676)
UNKNOWN	6.5% (2,265)
NATIVE AMERICAN	3.2% (1,103)
BLACK	2.2% (751)
OTHER	1.2% (422)
FILIPINO	0.3% (103)
ASIAN/PACIFIC ISLANDER	0.2% (85)
VIETNAMESE	0.1% (40)
ASIAN INDIAN	0.1% (37)

**Preferred Language**

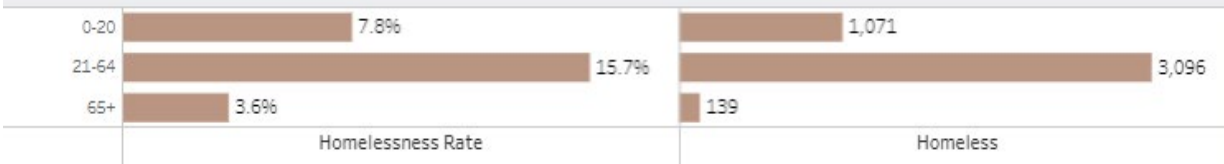


# County Homeless Demographics (2022)

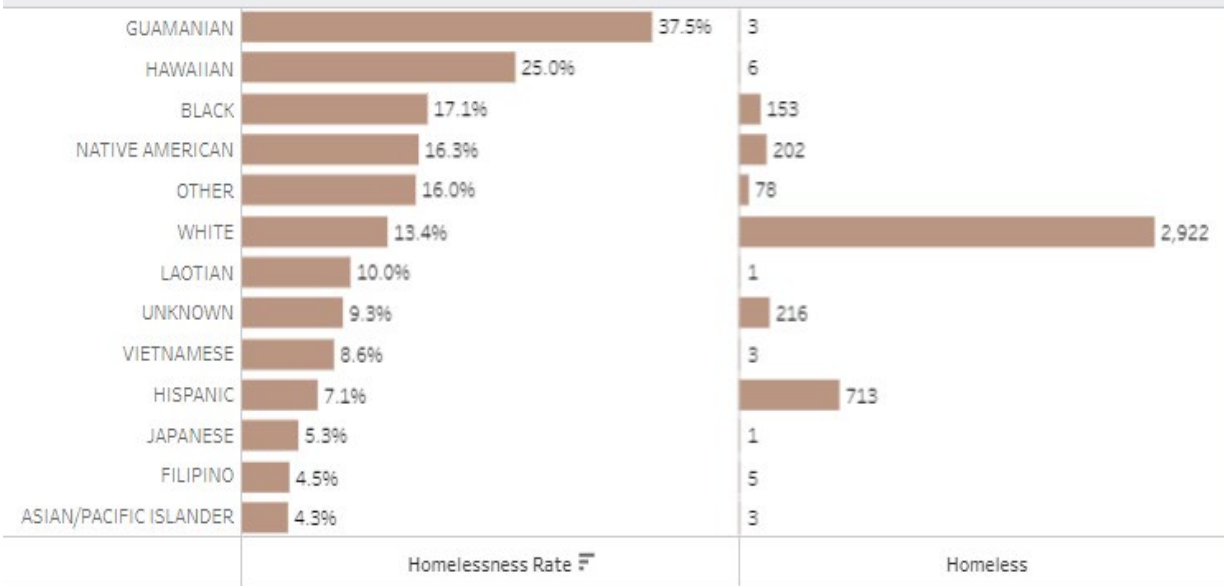
## By Gender



## By Age Group



## By Race/Ethnicity

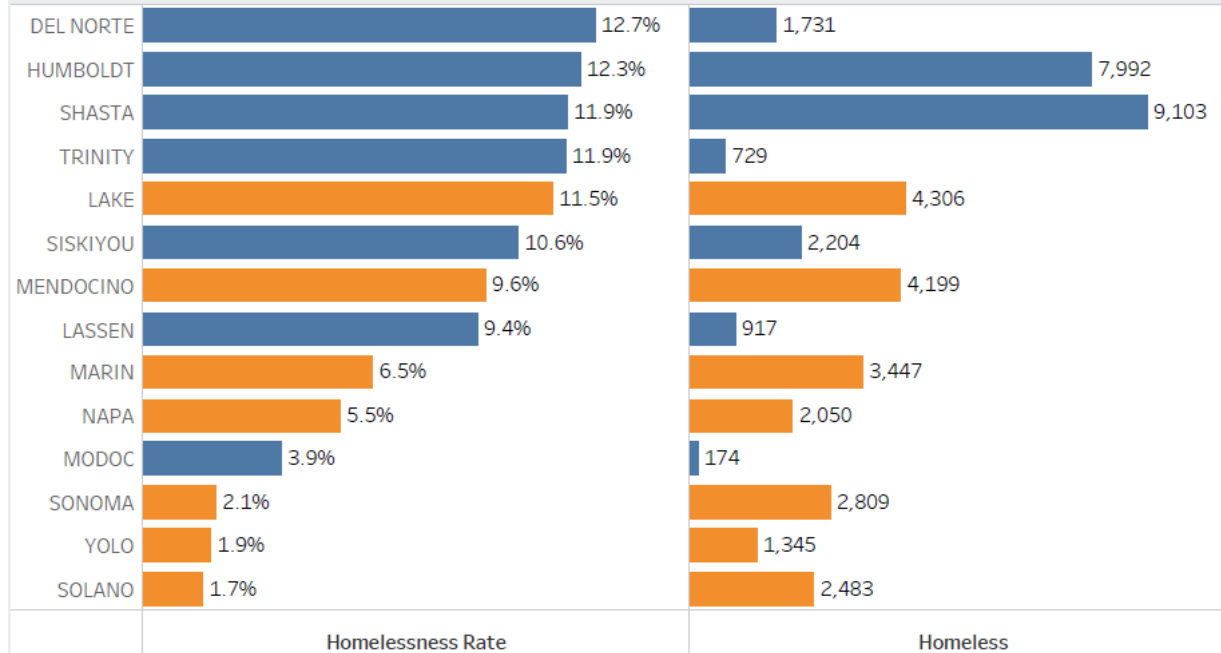


## Homeless Rate in 14 Legacy Counties: 6%

**Lake: 4,306 Homeless Members; 838 Substance Use; 271 Severe Mental Health; 2 HIV/AIDS; 2,830 Chronic Homelessness**

**\* Homelessness is defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).**

## By County







# County Membership Assignment Status (April 2024)

## Provider Panel Capacity

This report shows the number of PHC members assigned to each clinic and their capacity to accept new members. Includes only clinics currently serving members.

Enrollment Status
All
Open
Current Patients Only
Closed

PCP Affiliation ID	PCP Full Name	PCP County	Clinic Type	Current Enrollment Status	April 2024	
					Member Count	% of Members
<b>Total Members Assigned to Primary Care Sites</b>					<b>27,597</b>	<b>100.0%</b>
26800 0047	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Open	7,554	27.4%
26801 0002	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Open	3,931	14.2%
13848 0024	LAKE COUNTY TRIBAL HEALTH	LAKE	FQHC TRIBAL APM	Open	2,485	9.0%
			INDIAN HEALTH SERVI..	Open	1,094	4.0%
3853 0010	LAKEVIEW HEALTH CENTER	LAKE	FQHC/ RHC	Open	3,374	12.2%
35717 0011	LAKE COUNTY TRIBAL HEALTH	LAKE	FQHC TRIBAL APM	Open	1,400	5.1%
			INDIAN HEALTH SERVI..	Open	308	1.1%
78058 0008	LAKE COUNTY TRIBAL HEALTH	LAKE	FQHC TRIBAL APM	Open	1,219	4.4%
9505 0013	SUTTER LKSID MED PRACTICE	LAKE	FQHC/ RHC	Open	1,063	3.9%
24350 0005	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Open	1,050	3.8%
26806 0009	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	960	3.5%
26805 0008	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	956	3.5%
61302 0023	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	748	2.7%
14226 0018	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	361	1.3%
26810 0002	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	347	1.3%
31449 0004	SUTTER LKSID COMM CLINIC	LAKE	FQHC/ RHC	Open	231	0.8%
37902 0004	ADVENTIST HLTH CLEARLAKE	LAKE	FQHC/ RHC	Current Patient..	226	0.8%

**\* Providers with a member count under 100 are not shown.**



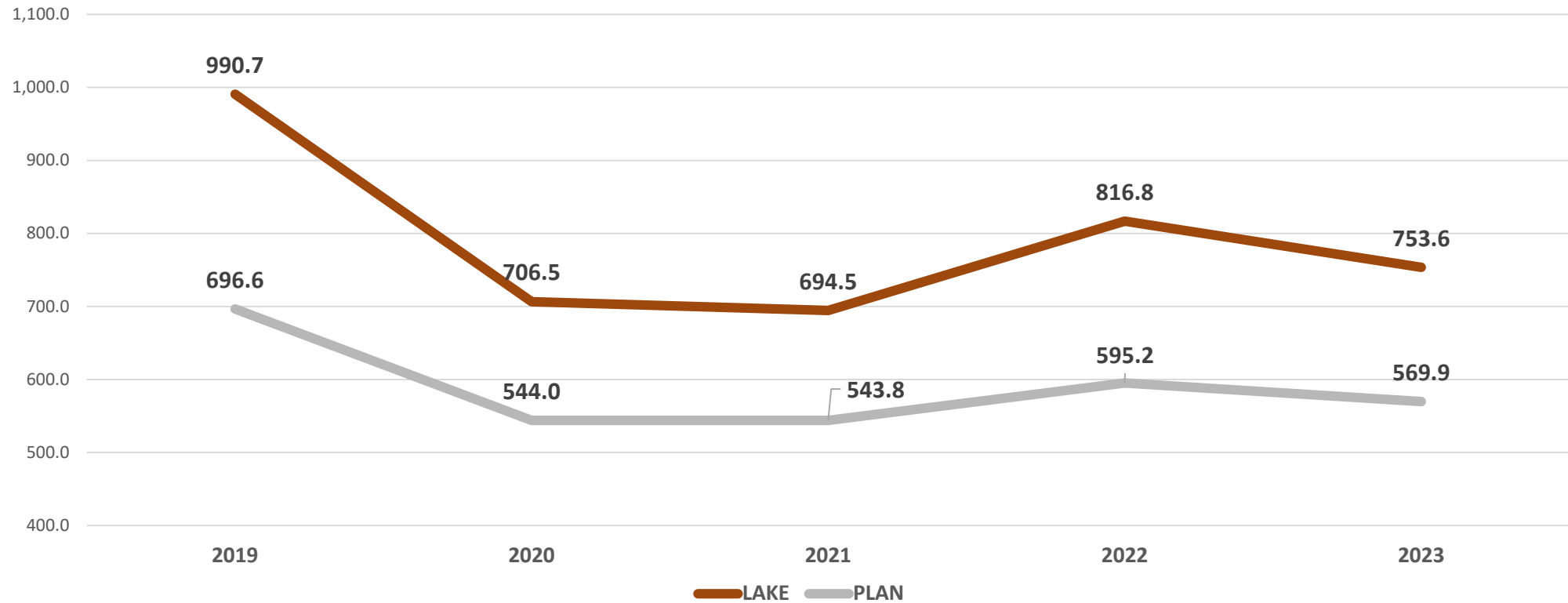
# Emergency Department, Hospital, and Provider Utilization





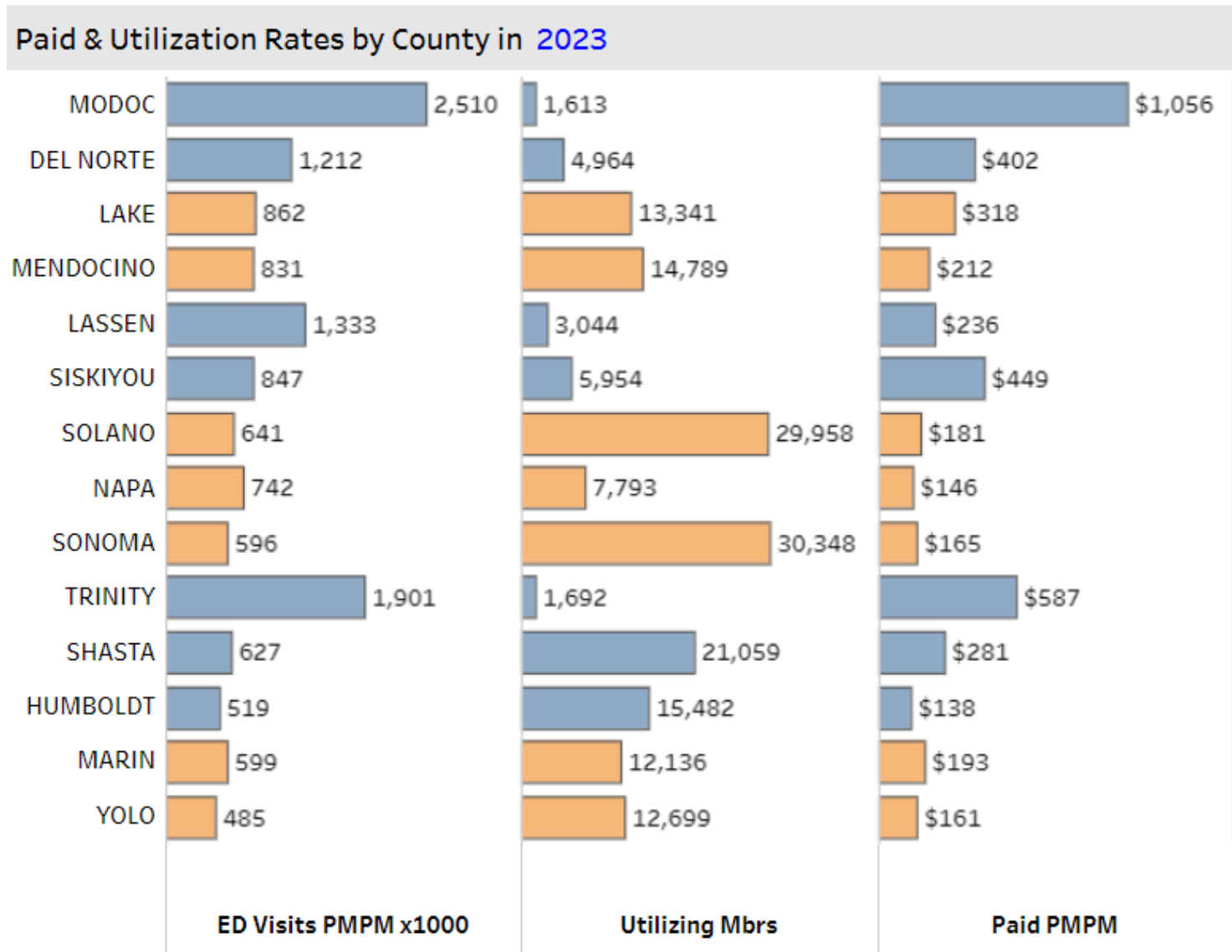
# County Annual Emergency Department Use Trend (2019-2023)

Lake County ED Visits Vs Partnership  
Yearly Visit Rates per 1000 Members



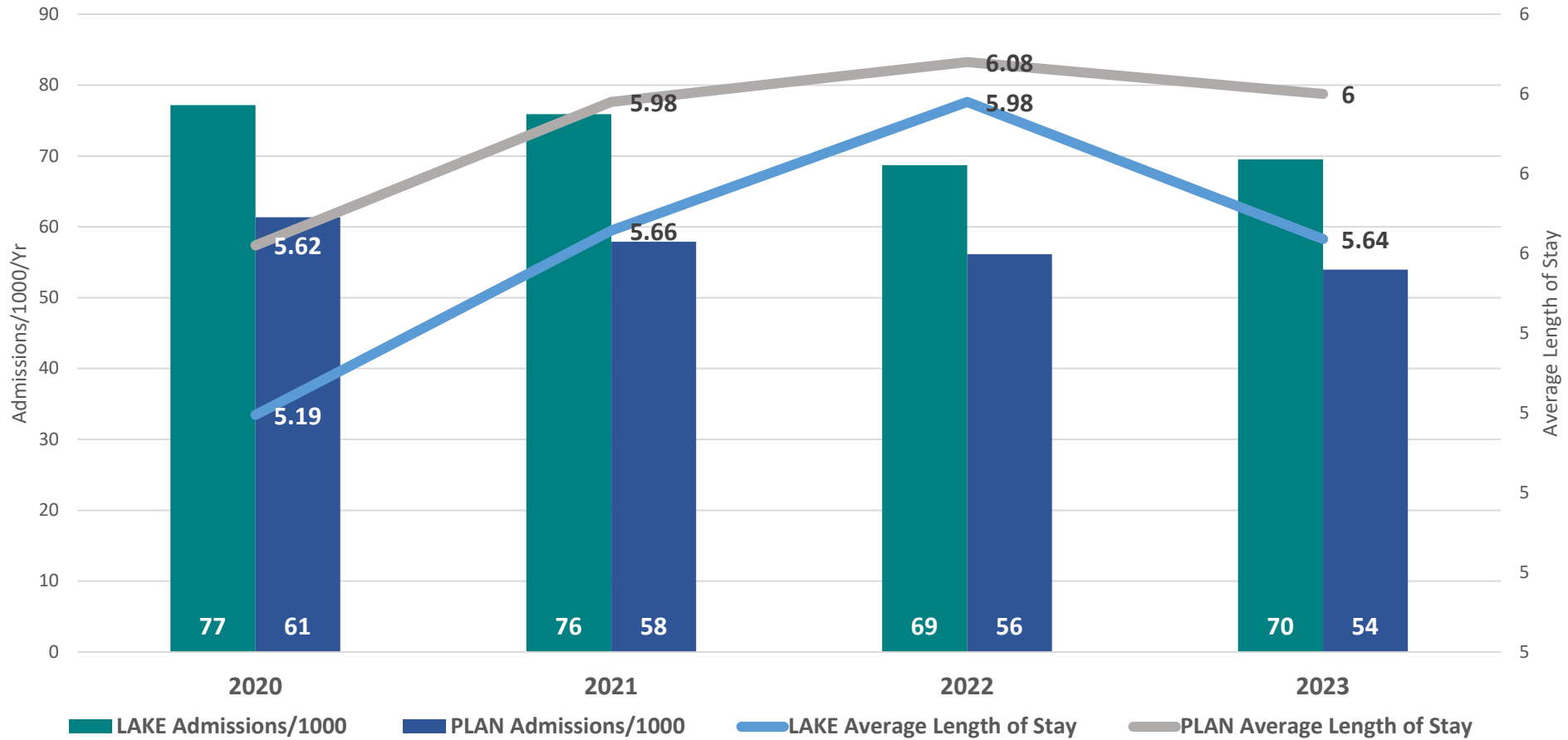
Lake County ED visit rates are substantially higher than the Partnership use rate.

# Emergency Department Utilization (2023)



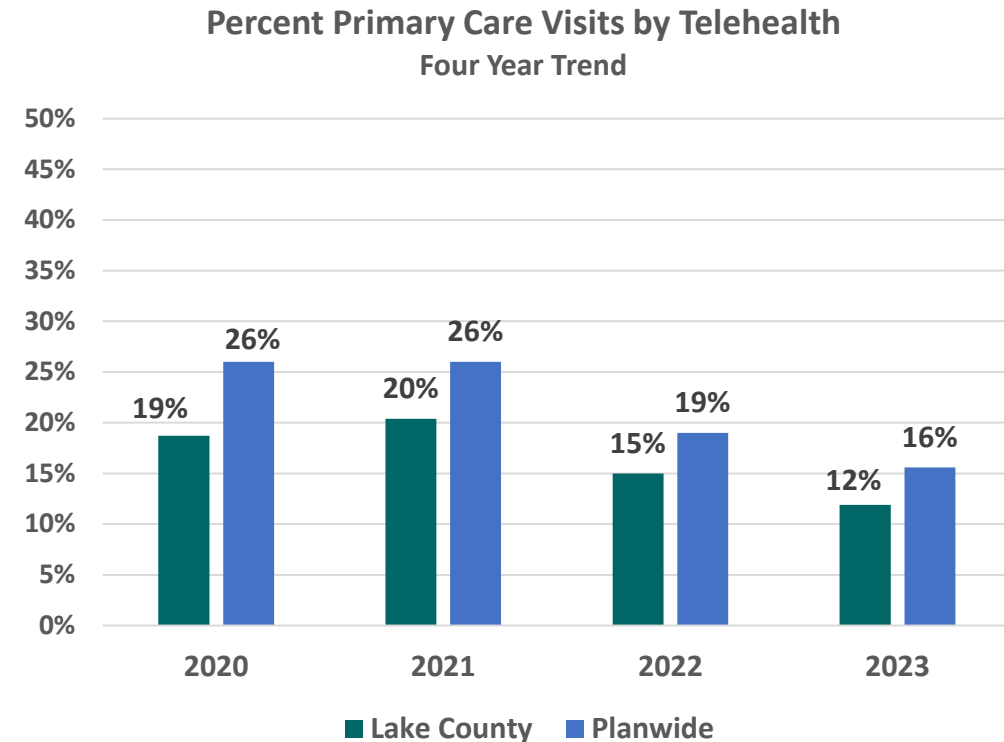
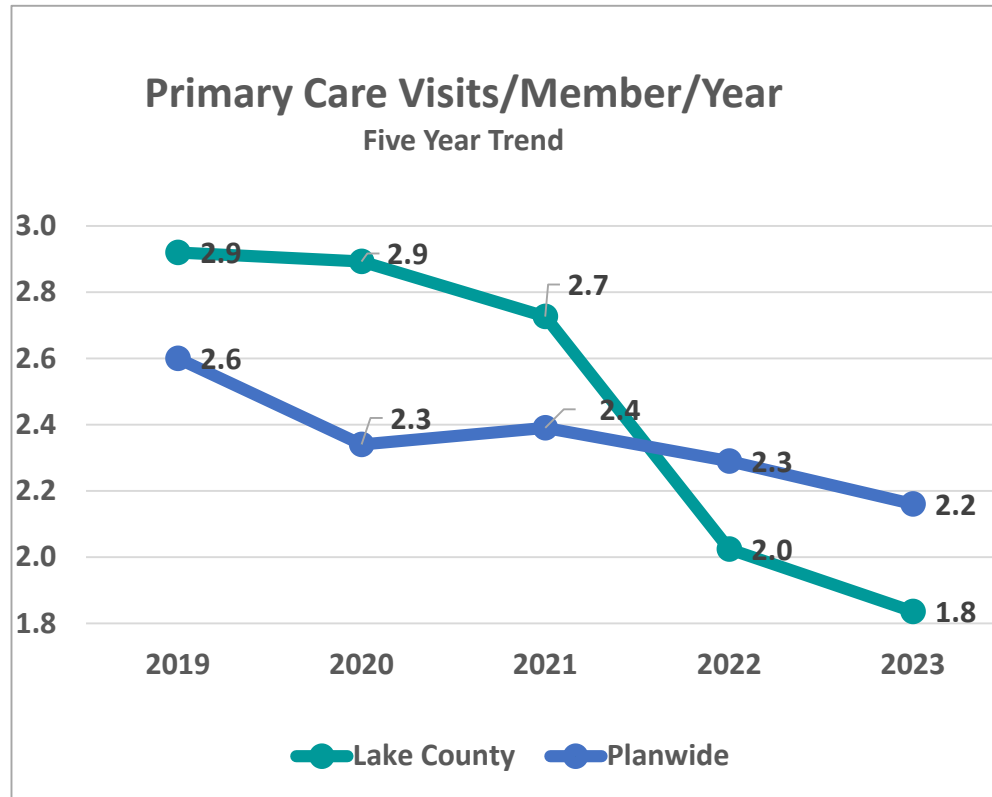
# County Hospital Use Rates (2020-2023)

## Acute Hospital Admissions & Average Length of Stay



Lake County hospital length of stay is lower than Plan average for 2020 through 2023. The rate of inpatient admissions is higher than Plan average.

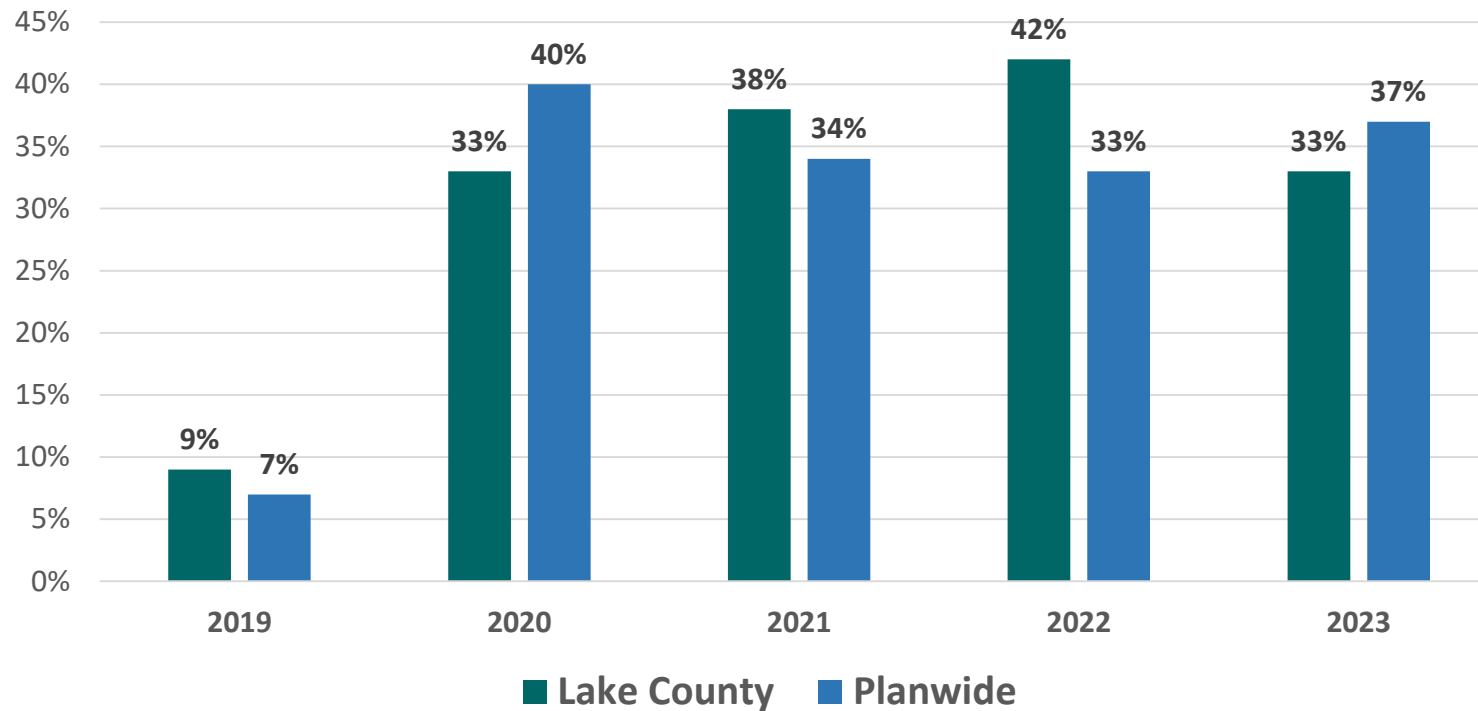
# County Primary Care Visit Rates & Telehealth Trends



**Primary care visits per member per year in Lake County have decreased and are now below the Partnership average. In 2023, 11.9% of total primary care visits were provided through telehealth (video or phone) compared to 15.6% Planwide.**

# County Specialty Visits Provided by Telehealth (Video and Phone)

Percent Specialty Visits Provided by Telehealth  
Five Year Trend

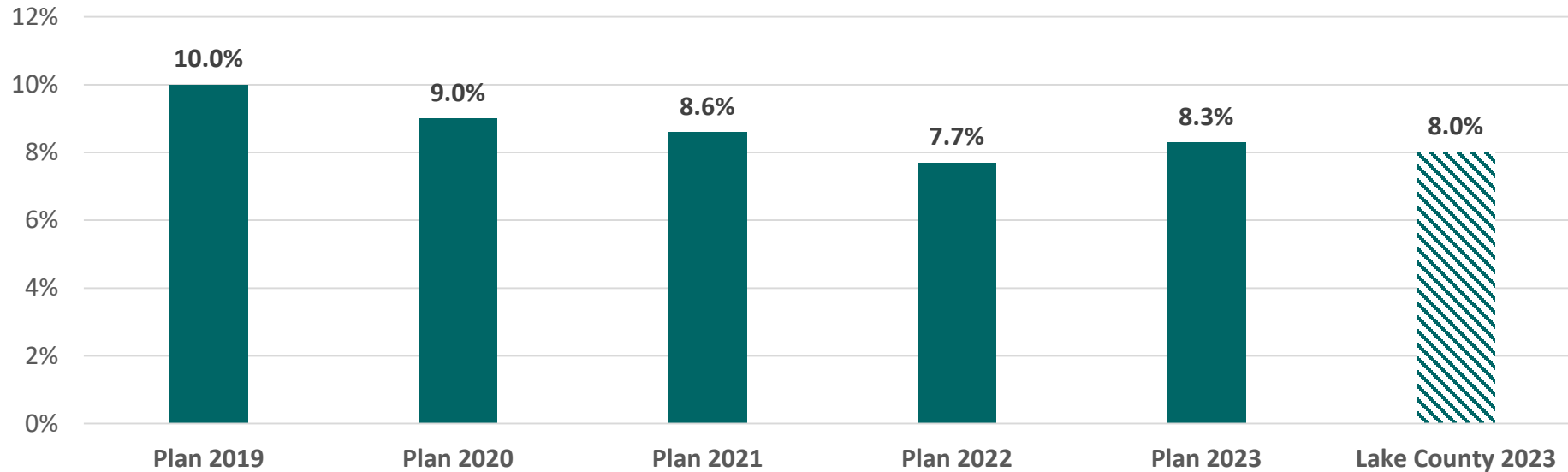


Specialty (Eight Most Commonly Used Telehealth Specialties)	Percent Visits by Telehealth
<b>Partnership CY 2023</b>	
Psychiatry	66%
Rheumatology	39%
Endocrinology	38%
Neurology	26%
Infectious Disease	18%
Pulmonary Disease	16%
Urology	8%
Dermatology	4%

**The provision of specialty care via telehealth remains a major tool to improve access. Approximately a third of specialty visits in Lake County are provided by telehealth.**

# County Behavioral Health Use (All Ages)

**Percent of Total Members Using Behavioral Health Services**



**Lake County Utilization Data for 2023**

Provider Type	Visits 2023	Ave. Visits per Member
Therapy Services	15,368	10.0
Medical Management	3,440	2.7
Other	1,275	6.2



# County ACEs Screening Rates (2023)

2023 Screening Rates by County (per 1,000 Members)

**Data Description:**

Adverse Childhood Experiences (ACEs) are traumatic events children between the ages of 0-18 may experience such as violence, exposure to drug abuse, family abuse, self-harm and more. ACEs screenings help identify whether children are in unhealthy/unsafe environments and seeks to find opportunities to prevent and address the risks of those traumatic events. Screening data includes all billed claims with codes G9919 and G9920 from the last 5 years except the last 2 quarters and all eligible PHC members. Excluded data are all Kaiser, Medi-Medi, deceased, newborns, and Wellness & Recovery members. All Carelon ACEs Screenings are excluded from the data.

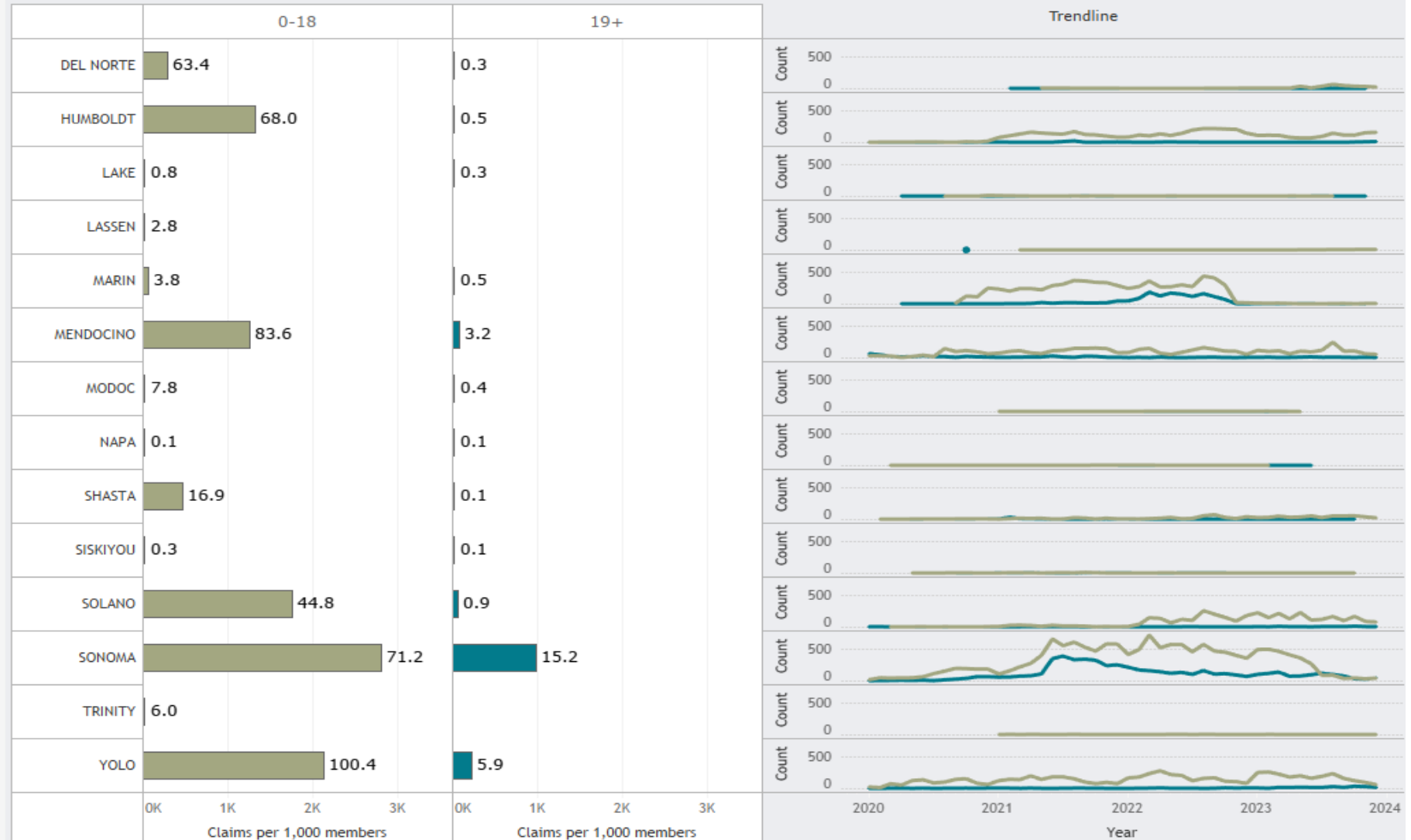
**Calculations:**

**Yearly Claims per 1,000 Members:**  
 $\text{Total Sum of 2023 ACEs Claims} / \text{Number of Partnership Members in 2023}$

**Monthly Claims per 1,000 Members (trendline):**  
 $\text{Total Sum of Monthly ACEs Claims} / \text{Number of Partnership Members in 2023}$

**Legend: Age Groups**

- 0-18
- 19+





# Obstetrics / Maternity Data





# County Maternity Data & Resources (2022)

- **Hospitals with maternity services (does not include Kaiser):**
  - Adventist Health Clear Lake: 114 Partnership members delivered, 155 deliveries total in 2022, high risk of closing
  - Sutter Lakeside Hospital: 169 Partnership members delivered, 246 deliveries total in 2022
- **Lake County births by residence of mother: 690**
  - Source: CDPH
- **Lake County Partnership member deliveries by residence of mother: 411**
- **Percentage of Partnership members seen in CPSP program: 37.8%**
  - Other county range: 0.6% to 77.1%
- **Prenatal care providers:** Adventist Health Clearlake, Sutter Lakeside Hospital Birth Center, Lake County Tribal Health
- **Sweet Success Program:** Mendocino Community Health Clinic, Inc. – Care for Her, Lakeside, Sutter Lakeside Community Clinic, Lake County Tribal Health Consortium, Inc.
- **Birth Center in Lake County:** No known center in county

If you have corrections for this info, please email:  
[rmoore@partnershiphp.org](mailto:rmoore@partnershiphp.org),  
[llago@partnershiphp.org](mailto:llago@partnershiphp.org), or  
[ctownsend@partnershiphp.org](mailto:ctownsend@partnershiphp.org).



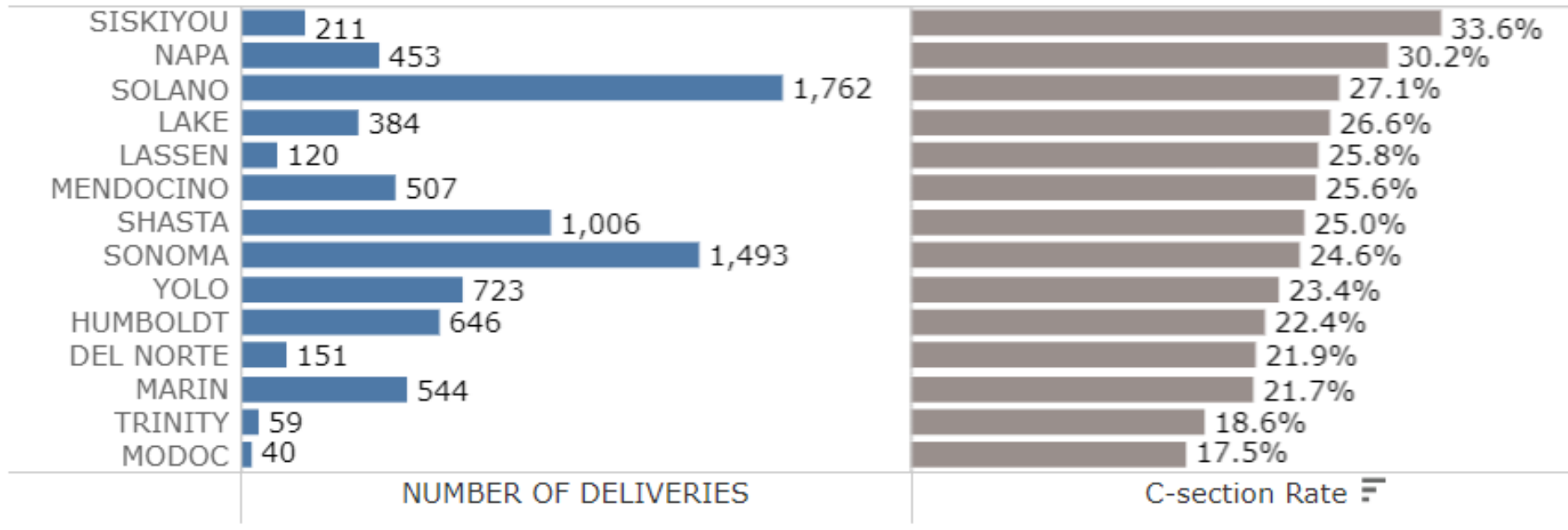
# Maternity Data by Provider (2022)

HOSPITAL NAME	Partnership Region	County	City	NTSV C-Section Rate			Early Elective Delivery (22-23 CMQCC Data)			Breastfeeding Rate (CDPH)			Episiotomy Rate			VBAC Rate			VBAC Routinely Available	Certified Nurse Midwife Delivery Rate	
				Denominator	Score [%]	Rating	Denominator	Score (%)	Rating	Denominator	Score [%]	Rating	Denominator	Score [%]	Rating	Denominator	Score [%]	Rating	Yes/No	Denominator	Score [%]
Adventist Health Clear Lake	Southwest	Lake	Clearlake	40	10	Above Average	21	0%	Above Average	158	72.2	Average	130	2.3	Average			No	155	0	
Sutter Lakeside Hospital	Southwest	Lake	Lakeport	72	20.8	Above Average	47	2.10%	Below Average	236	62.3	Below Average	171	0.6	Above Average			No	246	0	
Marin Health Medical Center	Southwest	Marin	Greenbrae	480	21	Above Average	63	0%	Above Average	1077	89.4	Superior	1093	0.5	Superior	207	37.2	Superior	Yes	1490	43.6
Adventist Health Ukiah Valley	Southwest	Mendocino	Ukiah	227	22.5	Average				715	81.5	Above Average	537	1.7	Average			No	748	47.1	
Sutter Santa Rosa Regional Hospital	Southwest	Sonoma	Santa Rosa	525	21.3	Above Average				1264	74.8	Average	1053	0.9	Above Average			No	1552	1.4	
Santa Rosa Memorial Hospital	Southwest	Sonoma	Santa Rosa	175	21.1	Above Average	30.0	3.3%	Below Average	459	90.2	Superior	368	0.0	Superior	91	36.3	Superior	Yes	534	50.2
Providence Queen of the Valley Medical Center	Southeast	Napa	Napa	228	22.4	Average	34	5.90%	Below Average	630	83	Above Average	478	0.6	Above Average	108	25	Above Average	Yes	688	0
NorthBay Medical Center	Southeast	Solano	Fairfield	489	26.4	Below Average	144	1.40%	Average	1089	72.5	Average	1078	1.3	Average	260	12.7	Average	Yes	1619	0
Dignity Health Woodland Memorial Hospital	Southeast	Yolo	Woodland	176	16.5	Above Average	40	0%	Above Average	457	82.5	Above Average	382	1.6	Average			No	521	0	
Sutter Davis Hospital	Southeast	Yolo	Davis	403	17.4	Superior				1063	91.6	Superior	894	1.1	Above Average	142	34.5	Superior	Yes	1143	59.4
Sutter Coast Hospital	Northwest	Del Norte	Crescent City	79	21.5	Above Average				211	74.9	Average	169	5.9	Below Average			No	242	0	
Mad River Community Hospital	Northwest	Humboldt	Arcata	135	20.7	Above Average	20	0%	Above Average	447	83.9	Above Average	304	1.6	Average			No	398	22.9	
Providence St. Joseph Hospital Eureka	Northwest	Humboldt	Eureka	240	20.8	Above Average	41	0%	Above Average	379	67.5	Below Average	515	2.3	Average	104	19.2	Average	Yes	723	17.7
Banner Lassen Medical Center	Northeast	Lassen	Susanville	72	22.2	Average	22	0%	Above Average	218	74.8	Average	136	7.4	Below Average			No	197	0	
Dignity Health Mercy Medical Center Redding	Northeast	Shasta	Redding	524	22.9	Average	213	1.40%	Average	1507	75	Above Average	1124	1.7	Average			No	1677	0	
Dignity Health Mercy Medical Center Mount Shasta	Northeast	Siskiyou	Mount Shasta	41	34.1	Below Average	9	11.10%	Below Average	99	80.8	Average	78	1.3	Average			No	119	0	
Fairchild Medical Center	Northeast	Siskiyou	Yreka	36	36.1	Below Average	11	9.10%	Below Average	170	80	Average	104	6.7	Below Average	41	17.1	Average	Yes	182	0
Dignity Health St. Elizabeth Community Hospital	Northeast	Tehama	Red Bluff	190	18.9	Above Average	47.0	0.0	Above Average	453	72.8	Average	403	2.2	Average			No	556	18.3	
Oroville Hospital	Eastern	Butte	Oroville	121	25.6	Below Average				465	60.2	Below Average	253	5.1	Average			No	429	43.8	
Enloe Medical Center - Esplanade Campus	Eastern	Butte	Chico	635	20.5	Above Average				1730	86.6	Above Average	1380	1.8	Average	260	22.3	Average	Yes	1916	22.9
Dignity Health Sierra Nevada Memorial Hospital	Eastern	Nevada	Grass Valley	133	25.6	Below Average				281	90.7	Superior	245	3.7	Average			No	339	10.6	
Tahoe Forest Hospital	Eastern	Nevada	Truckee	140	15	Superior				290	94.5	Superior	278	4.3	Average			No	375	0	
Sutter Roseville Medical Center	Eastern	Placer	Roseville	853	23.3	Average				2068	74.2	Average	1704	2.7	Average	310	13.5	Average	Yes	2402	0
Adventist Health and Rideout	Eastern	Yuba	Marysville	508	21.9	Above Average				1641	67.2	Below Average	1254	2	Average	288	10.8	Average	Yes	1791	0.7

Key:	NTSV C-section	Early Elective Delivery	Breastfeeding at discharge	Episiotomy Rate	VBAC rate	CNM delivery rate
Above Avg	<21.9%	<1%	>75%	<1.2%	>25%	>10%
Avg	22-23.6%	1-2%	70-75%	1.5 - 5.0%	10 - 25%	
Below Avg	>23.6%	>2%	<70%	>5.0%	<10%	<10%

# County Deliveries (2023)

## Deliveries by County



**In 2023, Partnership members had a total of 8,099 deliveries, an average length of stay (ALOS) of 2.51 days, and a C-section rate of 25.3%.**



# Substance Use Disorder (SUD) Data



# County Substance Use Disorder Claims (2023)

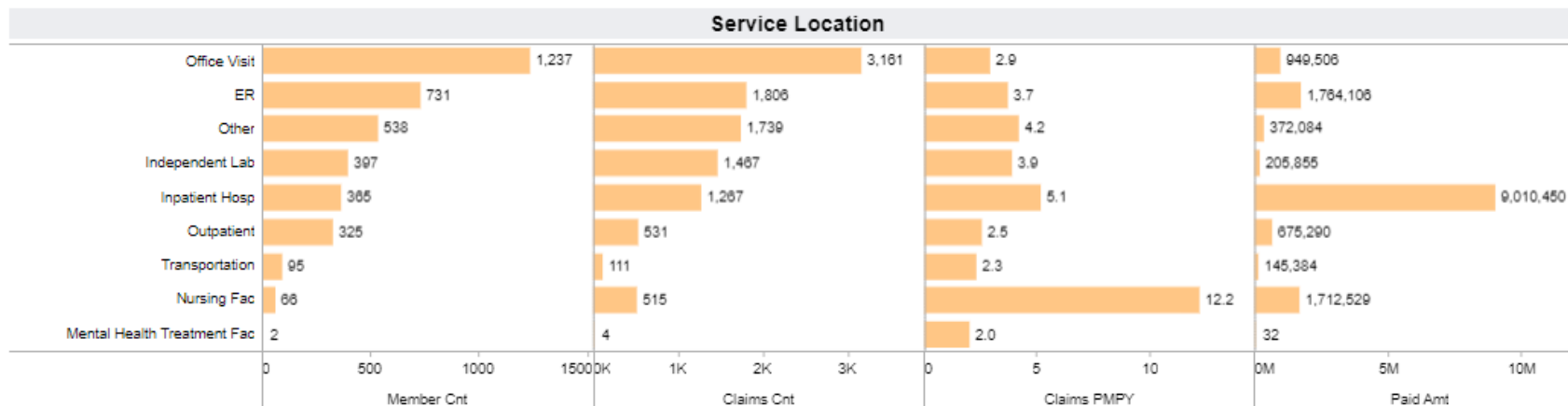
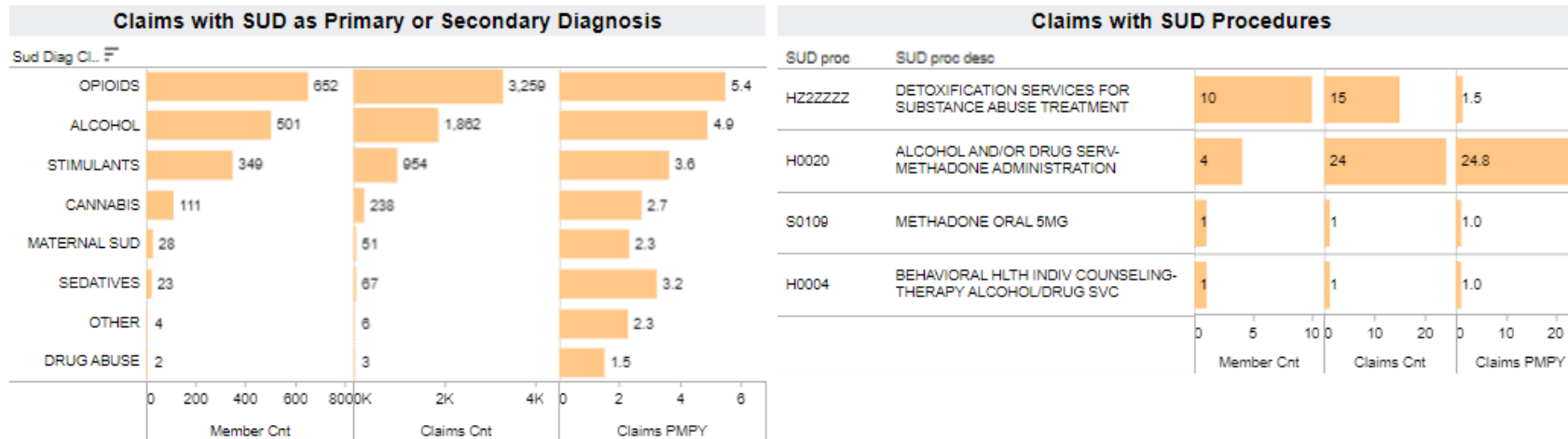
## Paid Claims with Substance Use Disorder Diagnoses or Procedures

This view shows information on all the medical claims paid by PHC that had at least one substance use disorder diagnosis or procedure code in any position in the claim summarized by year and substance type, procedure, and service location.

Member Count: **2,354** Claims Count: **10,591**

Year of Service: 
 Choose Location Level: 
 Choose Location: 
 Homelessness: 
 Age Group: 
 Risk Class: 
 Kaiser Status:

Click on any bar or header below to filter on.



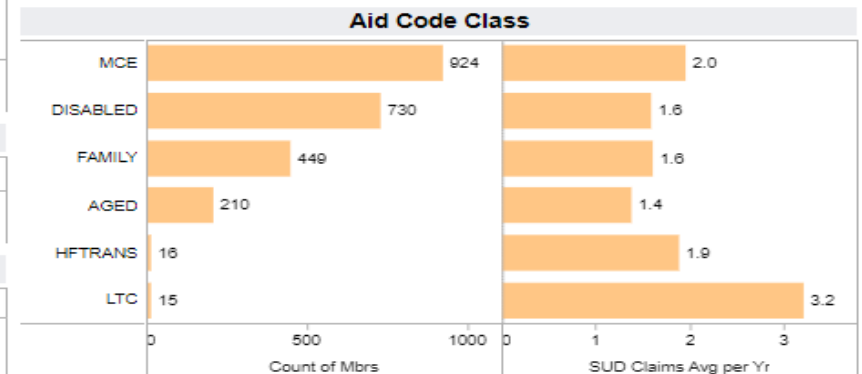
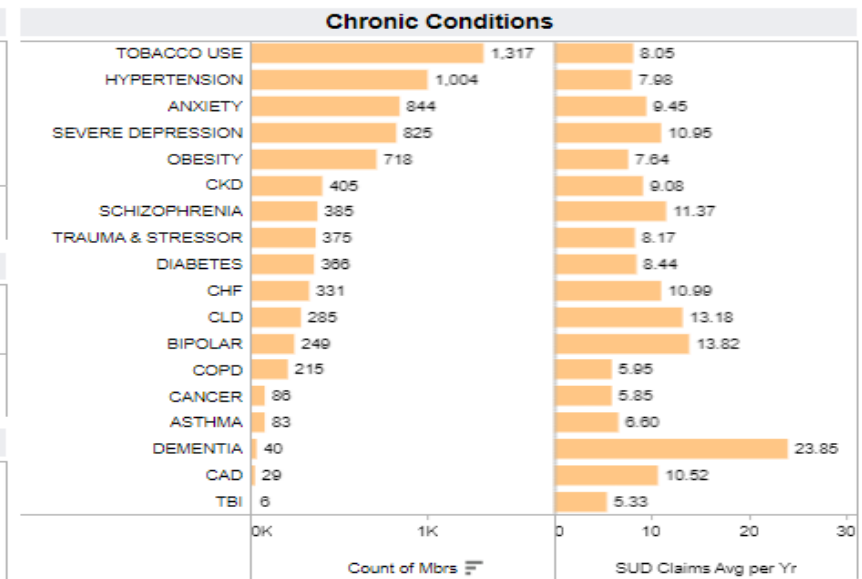
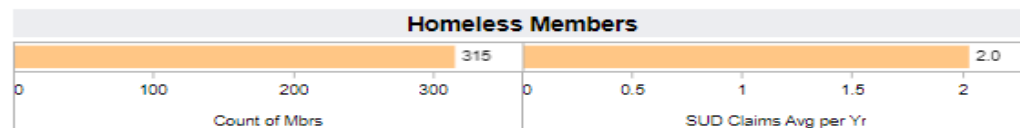
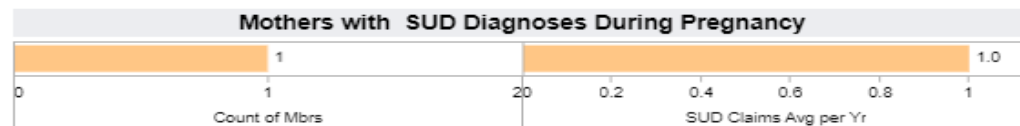
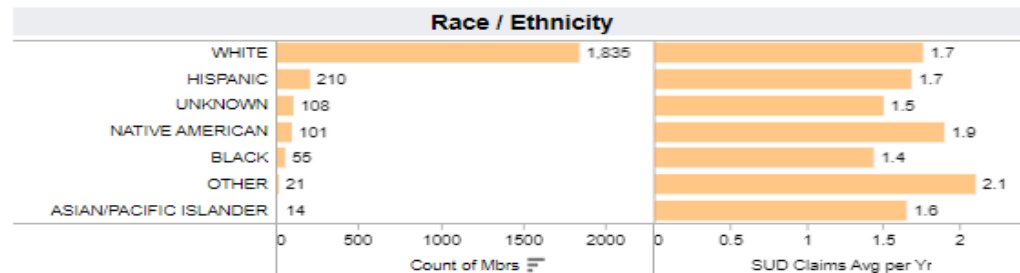
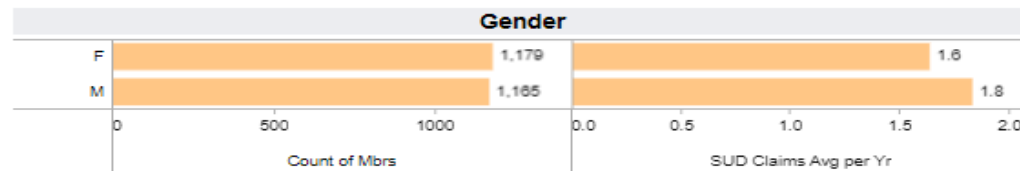
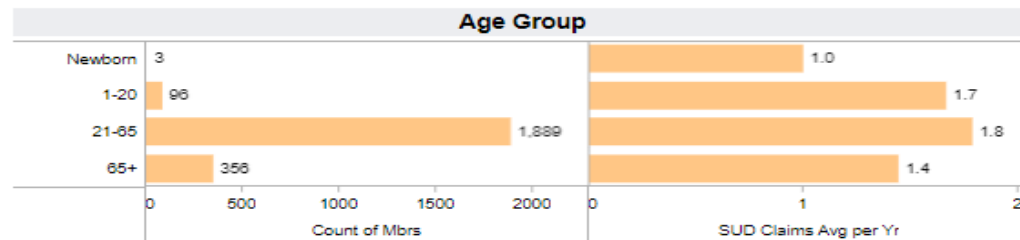
# County Demographics of Members Diagnosed with SUD (2023)

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Click on any demographics bar to filter on

Year: 
 Choose Location Level: 
 Choose Location: 
 Homelessness: 
 Risk Class: 
 Kaiser Status:



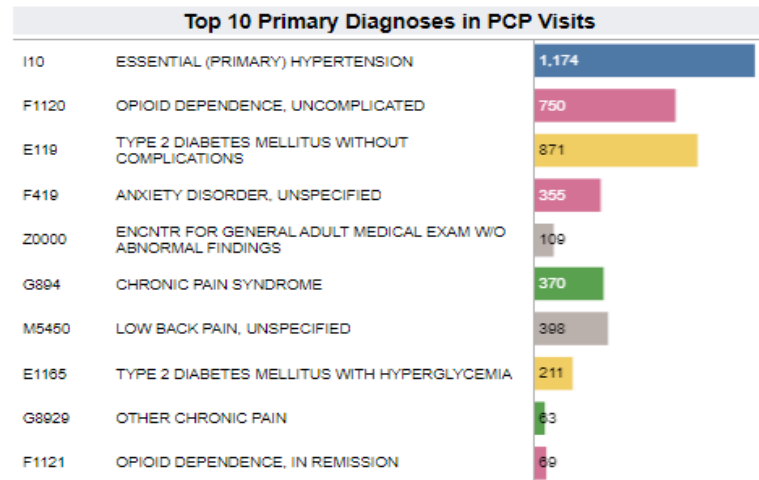
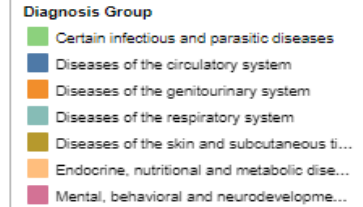
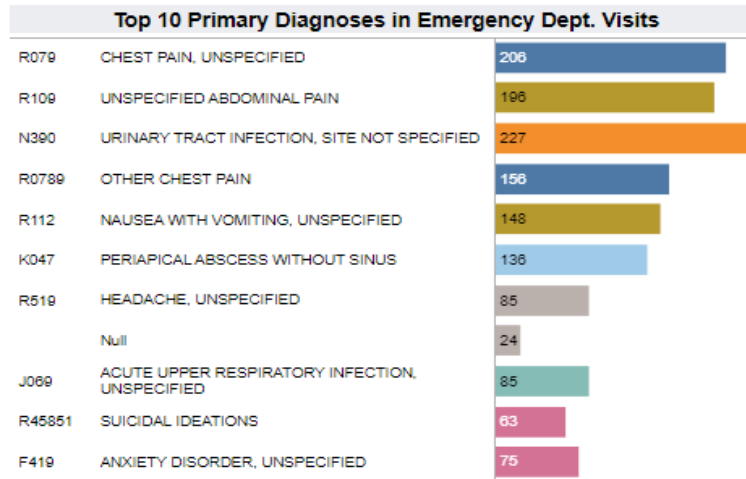
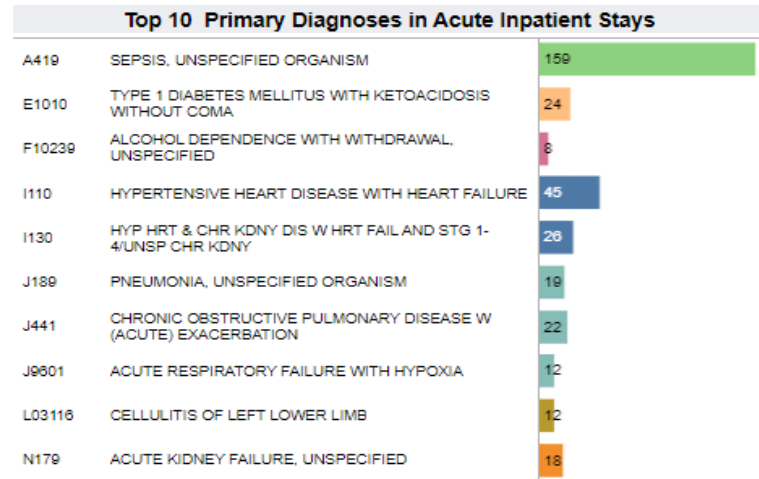


# Reasons Members with SUD Used Health Services (2023)

## Top Reasons Members with SUD Saw Health Services

This view compares the top chief complaints of members previously diagnosed with SUD who received care in different provider settings (acute hospitals, ED, PCPs and mild-to-moderate mental health providers) in a yearly basis.

Year: 
 Choose Location Level: 
 Choose Location: 
 Age Group:



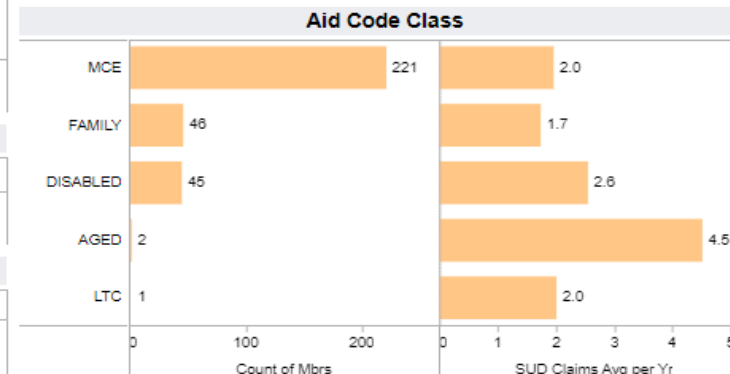
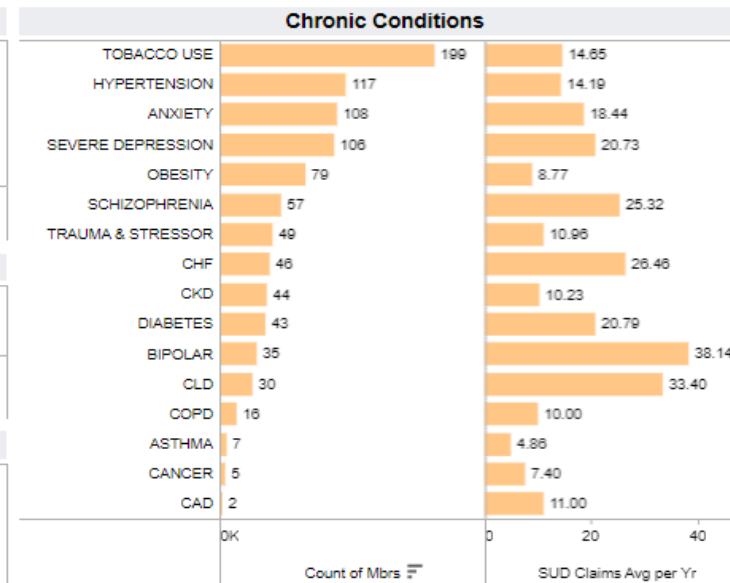
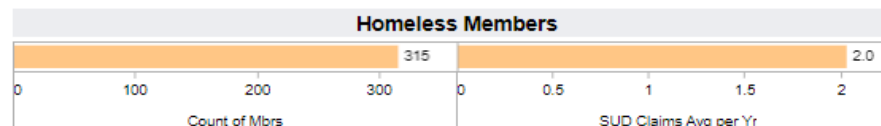
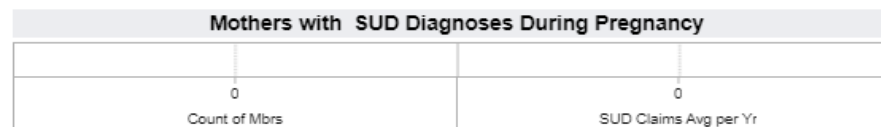
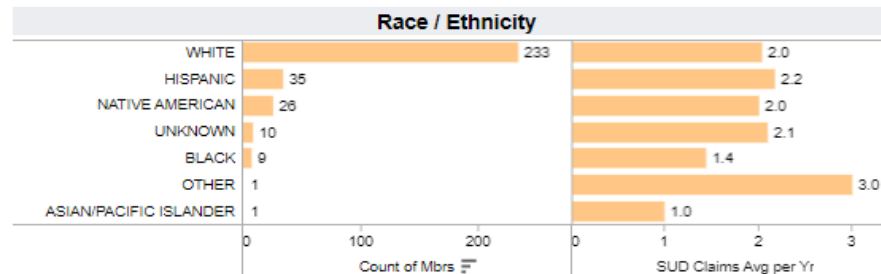
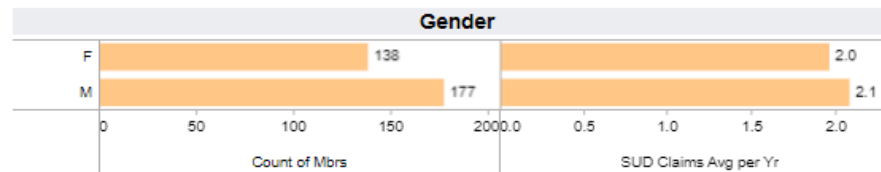
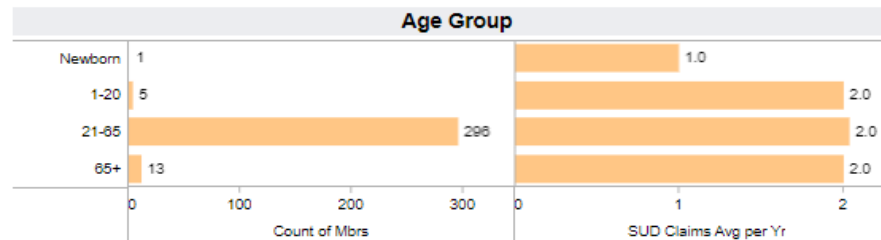
# County Homeless with SUD (2023)

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Click on any demographics bar to filter on

Year: 2023 | Choose Location Level: Mbr County | Choose Location: LAKE | Homelessness: Y | Risk Class: (All) | Kaiser Status: (All)



**\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).**

# County Homeless and SUD Utilization (2023)

## Services Utilized by Members Diagnosed with Substance Use Disorder

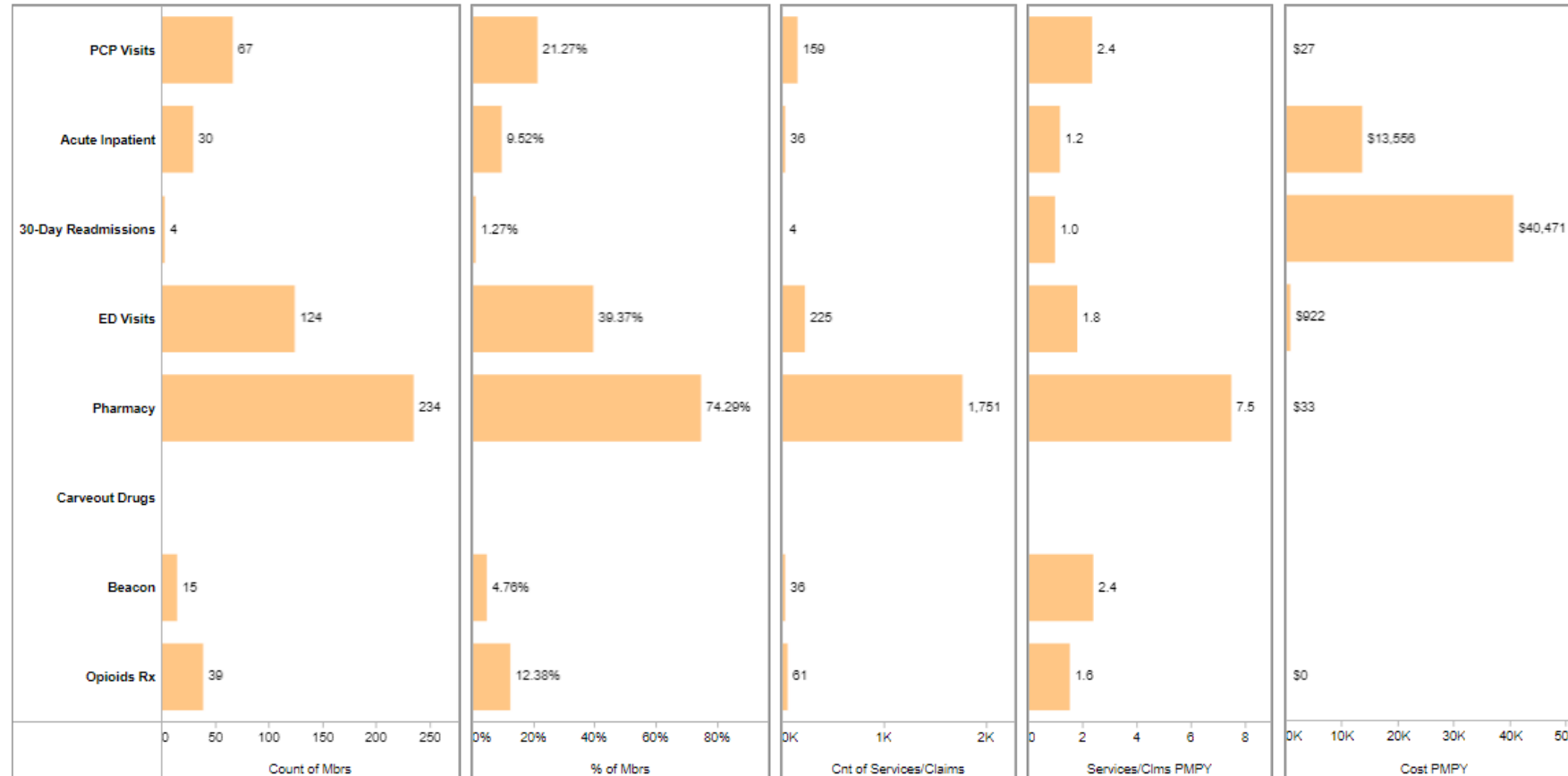
Data Sources: Medical claims (Amisys), MedImpact claims, State Drug Carveout claims, Beacon claims, Membership data



This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.

Year of Service: 2023  
 Choose Location Level: Mbr County  
 Location: LAKE  
 Homelessness: Y  
 Age Group: (All)  
 Kaiser Status: (All)

Utilization Summary by Type of Service



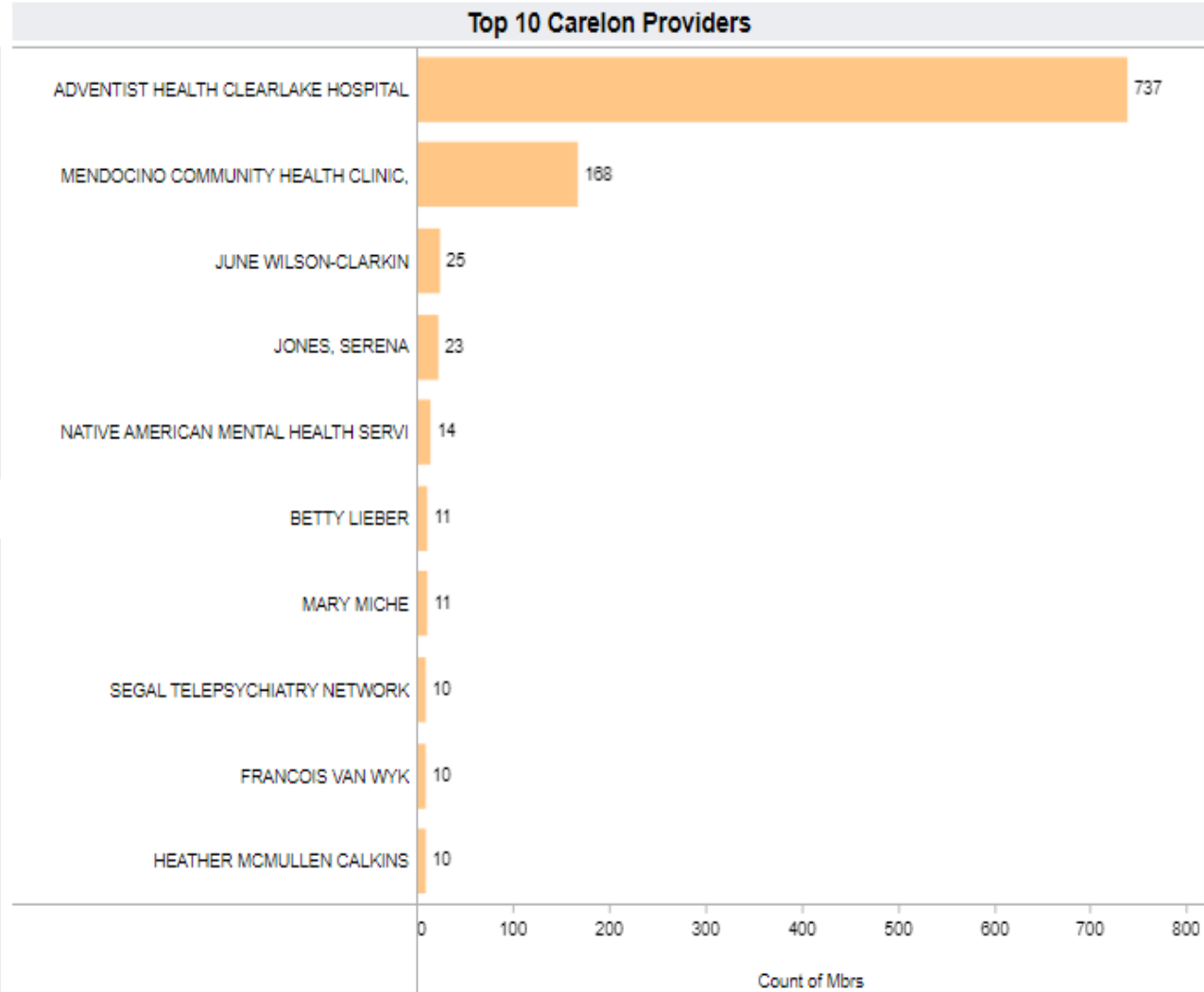
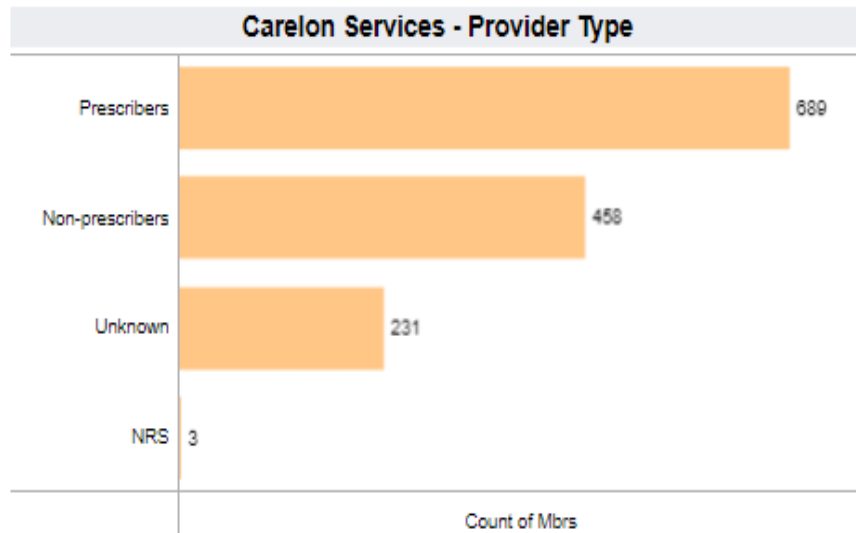
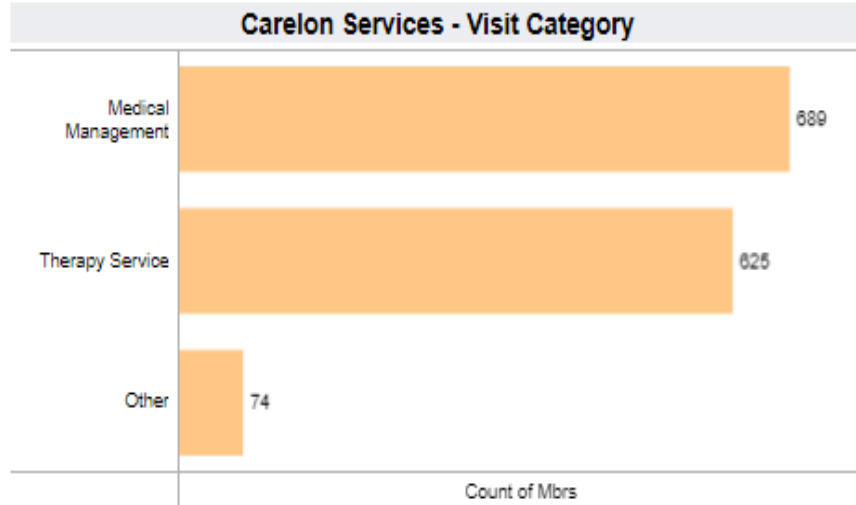
\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

# County Behavioral Health Services used by Patients with SUD (2023)

## Behavioral Services Utilized by Members Diagnosed with Substance Use Disorder

Data Sources: State Drug Carveout claims, Beacon claims, Membership data

This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.





# Supplementary Data



# County Chronic Conditions Prevalence

This dashboard provides an estimate of the number of members having a certain chronic condition in the selected year and the trend over years. Prevalence is represented as number of cases per 1000 members. Children are 0-21 years of age.

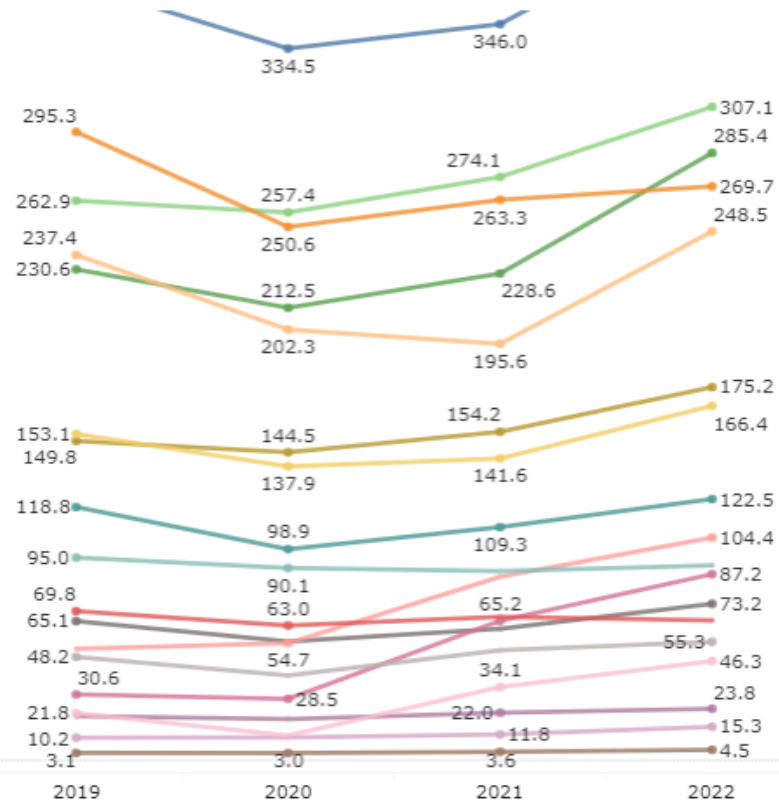
<b>20,316</b> Total Mbrs with Chronic Conditions	<b>17,055</b> Adults with Chronic Conditions	<b>480.2</b> Prevalence in Adults	<b>3,261</b> Children with Chronic Conditions	<b>91.8</b> Prevalence in Children
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**Select Year**  
2023

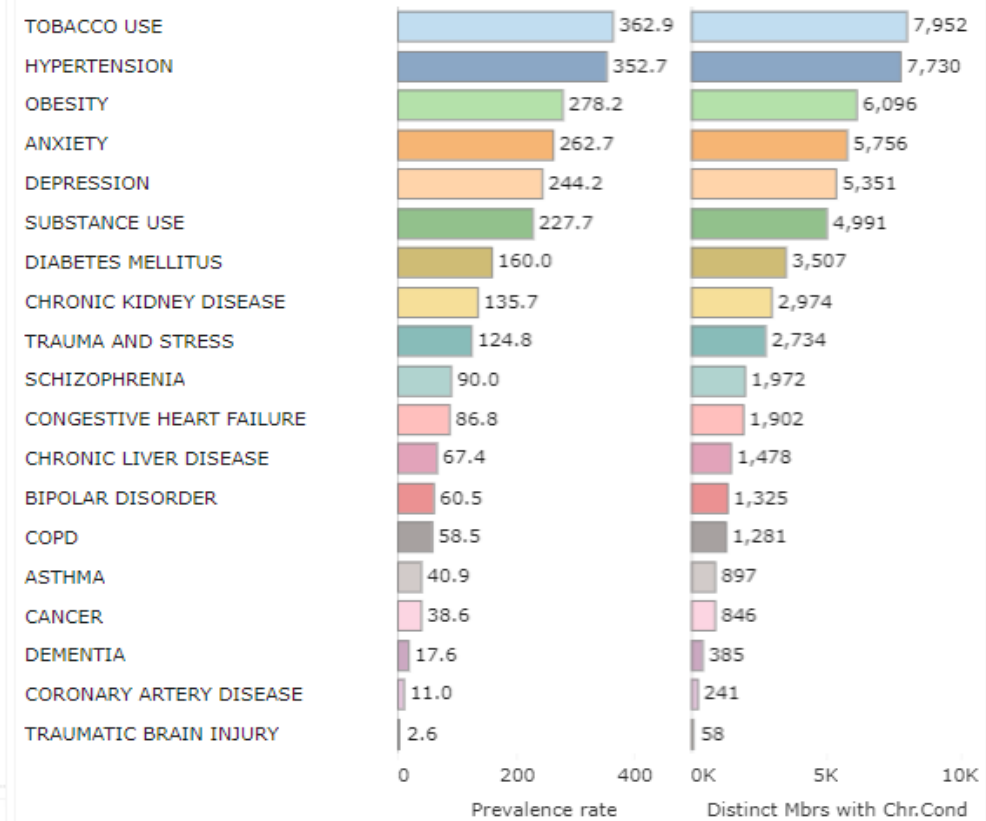
**Select Age Group**  
Adults

**Select County**  
LAKE

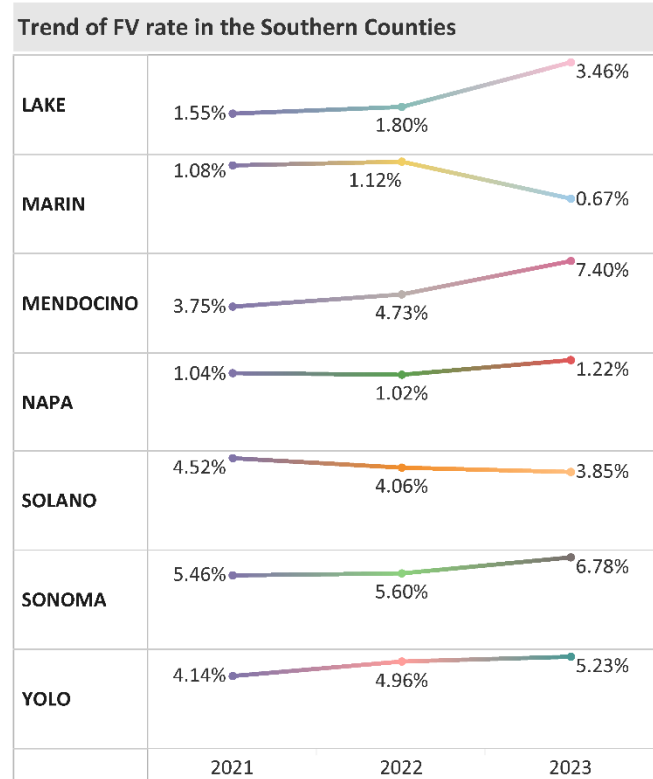
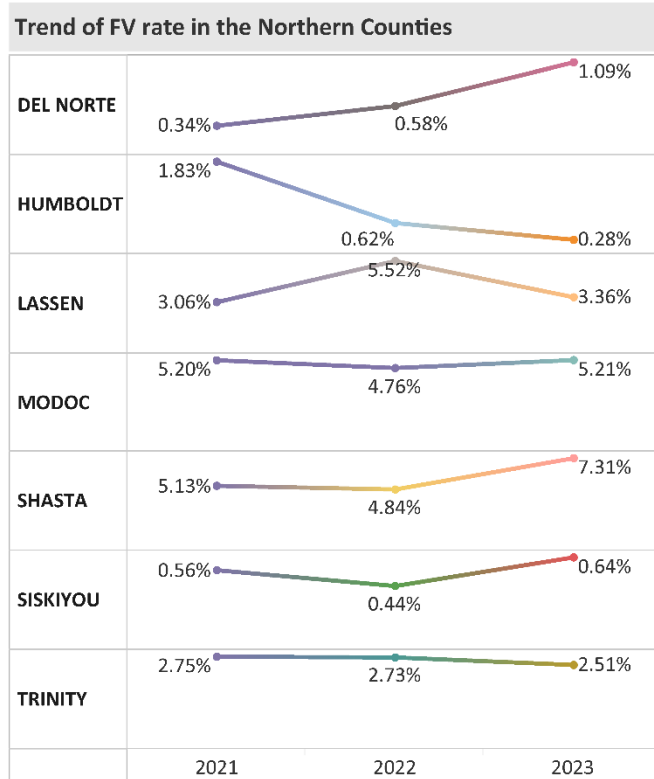
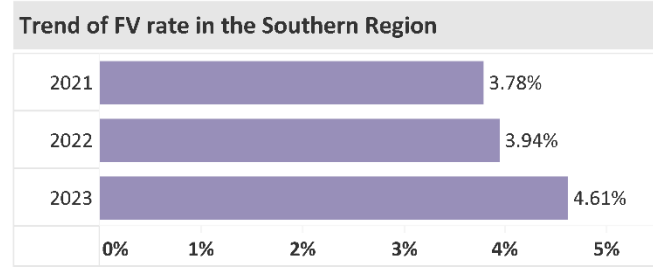
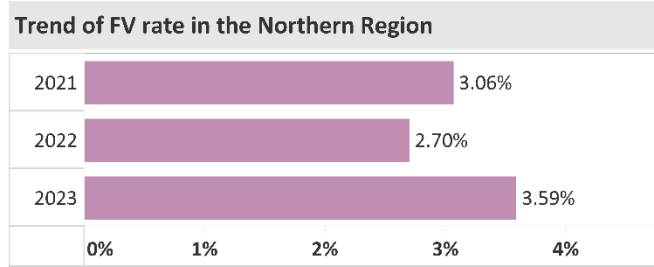
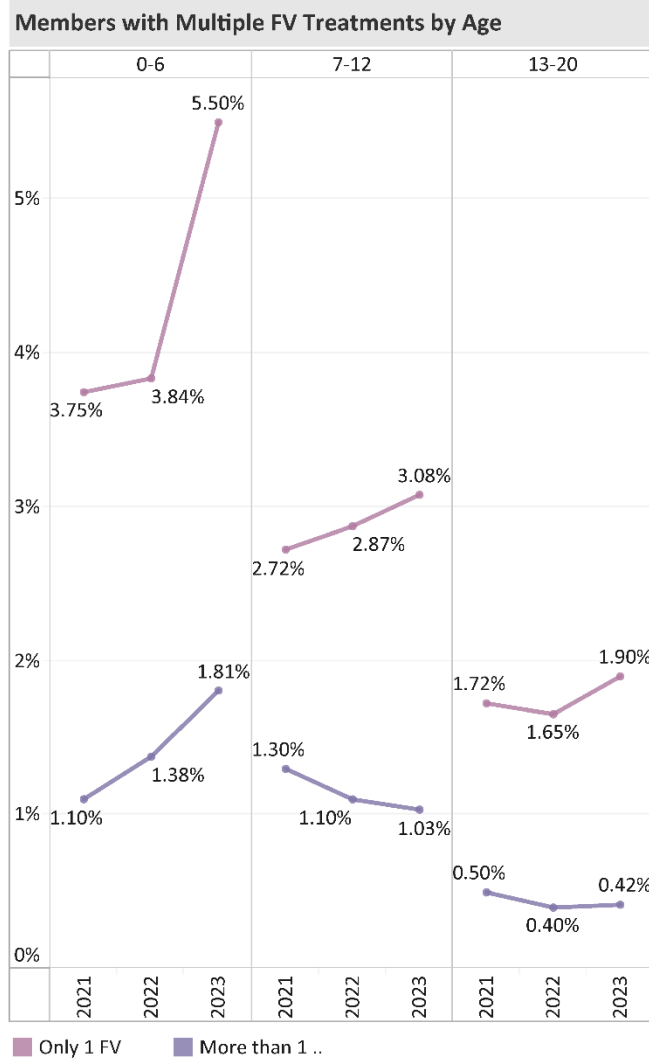
How Does Each Chronic Conditions Prevalence in **Adults** Trend Over the Years?



What is the Prevalence of Chronic Conditions in **Adults** in the year **2023**?



# Fluoride Varnish Treatment Data (Age 20 or Under, 2021-2023)



**Does not include Kaiser- and Wellness & Recovery-only members.**



# Fluoride Varnish Treatment by PCP (2021-2023)

Rate of FV Treatment by PCP (Top 20 PCP with highest assigned members)

PCP Name	2021		2022		2023	
	Members with FV	Percent by PCP	Members with FV	Percent by PCP	Members with FV	Percent by PCP
SHASTA COMM HEALTH CENTER	726	6%	731	6%	1,218	10%
SRCH PEDIATRIC CAMPUS	487	8%	580	9%	724	12%
SRCH LOMBARDI CAMPUS	593	14%	582	17%	711	18%
HILLSIDE HEALTH CENTER	117	3%	157	4%	498	12%
WOODLAND CLINIC	335	4%	446	5%	458	5%
ADVENTIST HLTH UKIAH VALLEY	258	5%	324	7%	360	8%
VISTA FAMILY HEALTH CENTER	221	6%	204	5%	266	7%
SRCH DUTTON CAMPUS	187	7%	202	7%	263	8%
OLE HEALTH	152	1%	169	1%	202	2%
SOLANO COUNTY HLTH SVC	276	2%	211	2%	185	2%
LA CLINICA NORTH VALLEJO	54	1%	30	1%	164	4%
CENTER FOR PRIMARY CARE	178	4%	152	3%	117	3%
ADVENTIST HLTH CLEARLAKE	119	1%	126	2%	112	1%
COMMUNITY MED CNTR VACAVILLE	536	16%	616	17%	90	5%
LAKE COUNTY TRIBAL HEALTH	49	2%	77	2%	81	2%
PETALUMA HEALTH CENTER	74	1%	73	1%	64	1%
MARIN COMM CLN SAN RAFAEL	68	1%	66	1%	51	1%
LA CLINICA VALLEJO	48	1%	34	1%	39	1%
EUREKA COMM HEALTH CENTER	154	3%	39	1%	16	0%
REDWOOD PEDS MEDICAL GROUP	9	0%	9	0%	11	0%

**Does not include Kaiser- and Wellness & Recovery-only members.**



# Pre-Exposure Prophylaxis (PrEP) for HIV (2023)

County	Adherent to PrEP treatment	Non-adherent. At least 60 day gap	Discontinued PrEP by end of year. Started PrEP in CY 2023 but no meds for at least November and December 2023
DE	5	0	5
HU	42	14	46
LA	0	0	3
LK	18	1	12
MA	34	10	41
ME	9	3	16
MO	1	0	0
NA	22	4	25
SH	23	2	17
SI	7	1	7
SM	104	31	112
SO	82	20	82
TR	1	0	0
YO	38	5	38
<b>Grand Total</b>	<b>386</b>	<b>91</b>	<b>404</b>

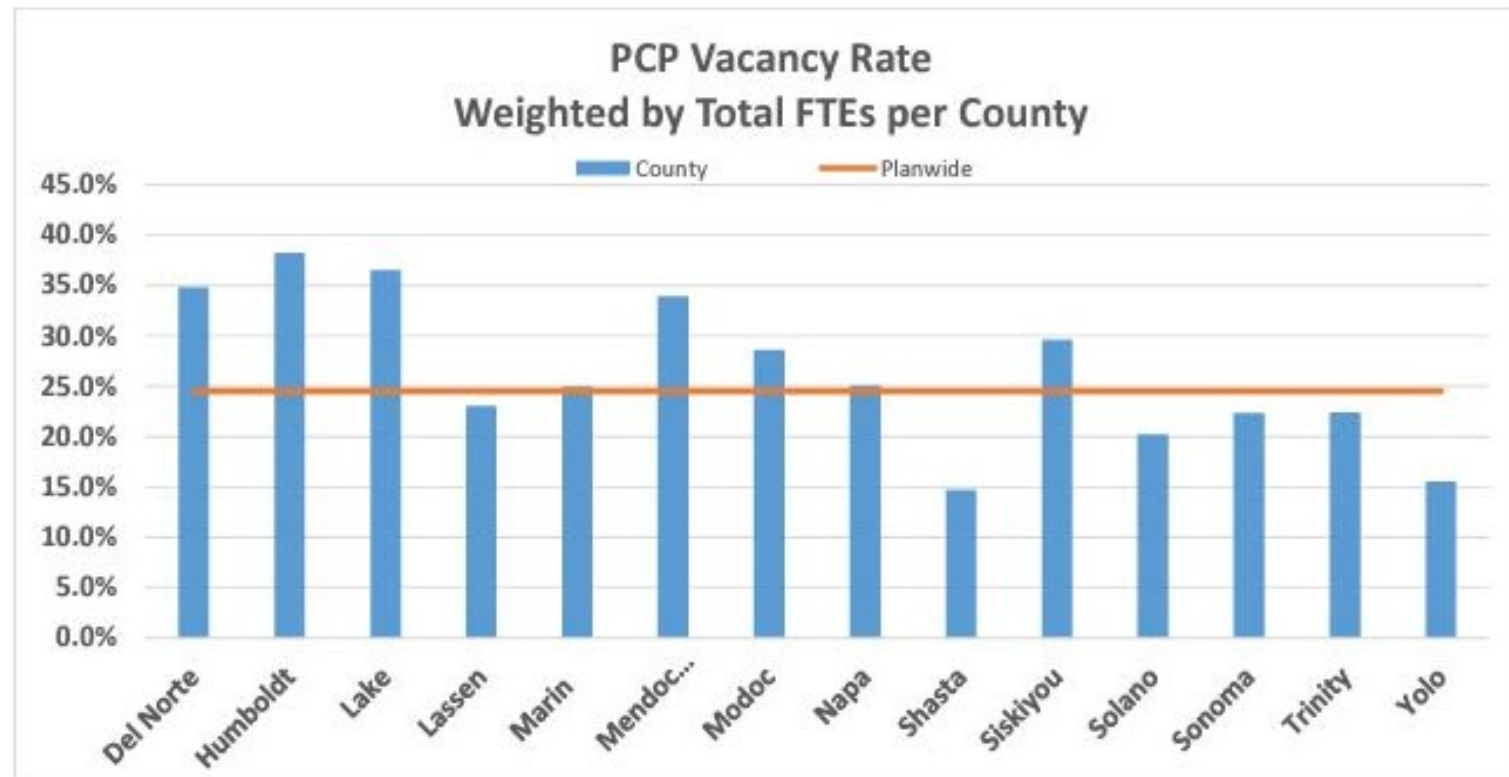


# Surveys and Screening Data



# Workforce Point in Time Survey (January 2023)

Partnership staff conducted a survey of primary care organizations across the 14 county region. The results shown below indicate the current primary care provider vacancies weighted by available positions per county. The Partnership 14 legacy county vacancy rate was 24.5%, representing 296 clinician vacancies (~200 physicians and 100 NP/PA positions).



All primary care practices are challenged by workforce shortages impacting access to care, quality, workforce burnout, retention and more. Primary care shortages range from a low of 15% to high of 38%. The Partnership average is 24%.

# CAHPS Survey Results: Flu & Smoking Cessation (2023)

County	Q28 (Influenza Vaccines) Have you had either a flu shot or flu spray in the nose since July 1, 2020?			Q29 Do you now smoke cigarettes or use tobacco every day, some days, or not at all?				Q30 In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?*				Q31 In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?*				Q32 In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?*				Completes
	Yes	No	Don't know	Every day	Some days	Not at all	Don't know	Never	Sometimes	Usually	Always	Never	Sometimes	Usually	Always	Never	Sometimes	Usually	Always	
Trinity	26.0%	66.0%	8.0%	26.0%	2.0%	72.0%	0.0%	14.3%	14.3%	21.4%	50.0%	28.6%	28.6%	0.0%	42.9%	42.9%	14.3%	7.1%	35.7%	51
Yolo	56.5%	34.5%	9.0%	8.8%	5.6%	83.7%	1.9%	19.4%	20.9%	17.9%	41.8%	25.8%	16.7%	21.2%	36.4%	31.3%	22.4%	14.9%	31.3%	488
Siskiyou	47.2%	49.1%	3.7%	17.2%	3.9%	78.9%	0.0%	10.5%	25.6%	19.8%	44.2%	30.2%	24.4%	22.1%	23.3%	36.0%	32.6%	20.9%	10.5%	420
Sonoma	48.1%	45.3%	6.6%	7.8%	5.1%	86.6%	0.4%	17.8%	18.9%	17.8%	45.6%	27.2%	13.0%	23.9%	35.9%	33.7%	17.4%	16.3%	32.6%	727
Lassen	34.6%	61.7%	3.7%	23.4%	9.0%	67.5%	0.0%	17.8%	13.7%	16.4%	52.1%	42.6%	23.0%	12.8%	21.6%	50.3%	17.9%	13.9%	17.9%	465
Shasta	41.5%	53.4%	5.1%	18.1%	5.7%	75.8%	0.4%	15.4%	16.2%	22.3%	46.2%	39.1%	25.0%	10.2%	25.8%	45.7%	19.4%	19.4%	15.5%	557
Del Norte	50.7%	37.3%	11.9%	14.9%	10.4%	74.6%	0.0%	13.3%	33.3%	13.3%	40.0%	33.3%	53.3%	13.3%	0.0%	52.9%	11.8%	23.5%	11.8%	71
Modoc	54.5%	45.5%	0.0%	10.0%	10.0%	80.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	100.0%	11
Napa	56.3%	38.6%	5.1%	10.6%	4.0%	82.8%	2.6%	0.0%	13.6%	40.9%	45.5%	31.8%	40.9%	9.1%	18.2%	59.1%	27.3%	9.1%	4.5%	164
Humboldt	46.2%	47.9%	5.9%	15.9%	7.1%	76.6%	0.4%	14.8%	25.9%	20.4%	38.9%	27.3%	38.2%	10.9%	23.6%	47.3%	27.3%	14.5%	10.9%	239
Marin	40.9%	48.1%	11.1%	6.3%	2.4%	89.8%	1.5%	38.9%	22.2%	0.0%	38.9%	77.8%	11.1%	11.1%	0.0%	64.3%	21.4%	14.3%	0.0%	215
Mendocino	31.5%	67.7%	0.8%	13.7%	10.5%	75.0%	0.8%	13.3%	16.7%	46.7%	23.3%	26.7%	46.7%	20.0%	6.7%	56.7%	13.3%	26.7%	3.3%	126
Solano	59.1%	35.3%	5.5%	7.0%	6.3%	85.1%	1.6%	8.4%	17.8%	29.9%	43.9%	23.1%	24.0%	30.8%	22.1%	28.6%	18.1%	34.3%	19.0%	860
Lake	41.4%	52.6%	6.0%	20.2%	3.5%	75.4%	0.9%	18.5%	22.2%	33.3%	25.9%	25.9%	25.9%	18.5%	29.6%	37.0%	25.9%	18.5%	18.5%	116

\* The denominators for the reported proportions of Q30, Q31, and Q32 are all relevant respondents who answered "Every day" or "Some days" to Q29.

# CAHPS Survey Results: Advance Directives (2023)

County	Q32 Did you fill out and sign an Advance Directive?			Q33 Did you talk about your <u>Advance Directive</u> with your medical decision maker or family?*			Q34 Did you give a copy of your <u>Advance Directive</u> to your doctor or your local hospital?*			Completes
	Yes	No	Not Sure or Don't Remember	Yes	No	Not Sure or Don't Remember	Yes	No	Not Sure or Don't Remember	
Del Norte	27.5%	58.0%	14.5%	63.2%	36.8%	0.0%	47.4%	31.6%	21.1%	71
Modoc	9.1%	81.8%	9.1%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	11
Humboldt	13.3%	66.5%	20.2%	69.0%	27.6%	3.4%	64.3%	25.0%	10.7%	239
Marin	28.4%	54.2%	17.4%	52.3%	29.5%	18.2%	15.9%	61.4%	22.7%	215
Mendocino	8.3%	63.6%	28.1%	77.8%	0.0%	22.2%	33.3%	33.3%	33.3%	126
Trinity	21.6%	56.9%	21.6%	90.9%	0.0%	9.1%	90.9%	9.1%	0.0%	51
Yolo	22.6%	55.0%	22.4%	68.7%	13.1%	18.2%	38.4%	27.3%	34.3%	488
Napa	34.9%	45.6%	19.5%	80.4%	13.7%	5.9%	56.9%	35.3%	7.8%	164
Sonoma	26.3%	51.7%	22.0%	58.4%	28.0%	13.7%	30.7%	51.8%	17.5%	727
Siskiyou	26.7%	54.5%	18.8%	70.1%	27.8%	2.1%	55.6%	33.3%	11.1%	420
Lake	33.6%	52.7%	13.6%	62.9%	22.9%	14.3%	40.0%	34.3%	25.7%	116
Solano	25.1%	52.8%	22.1%	69.9%	21.3%	8.7%	55.7%	24.6%	19.7%	860
Lassen	18.2%	56.1%	25.7%	61.8%	27.6%	10.5%	65.7%	15.7%	18.6%	465
Shasta	23.8%	58.5%	17.7%	67.8%	20.0%	12.2%	51.3%	26.5%	22.2%	557

\* The denominators for the reported proportions of Q33 and Q34 are all relevant respondents who answered "Yes" to Q32.



# County Lead Screening Data (2023)

**1,255**  
Children Screened for Blood Lead

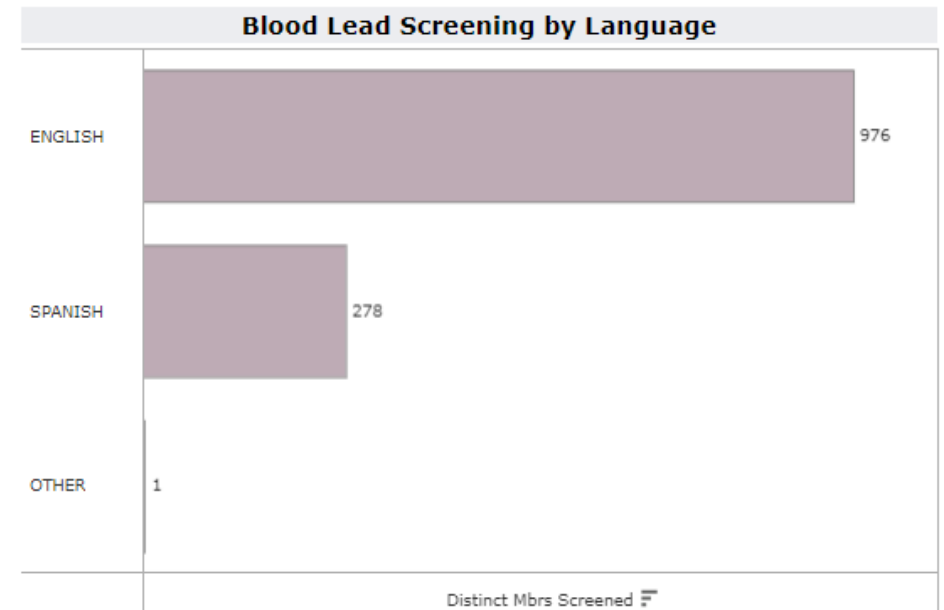
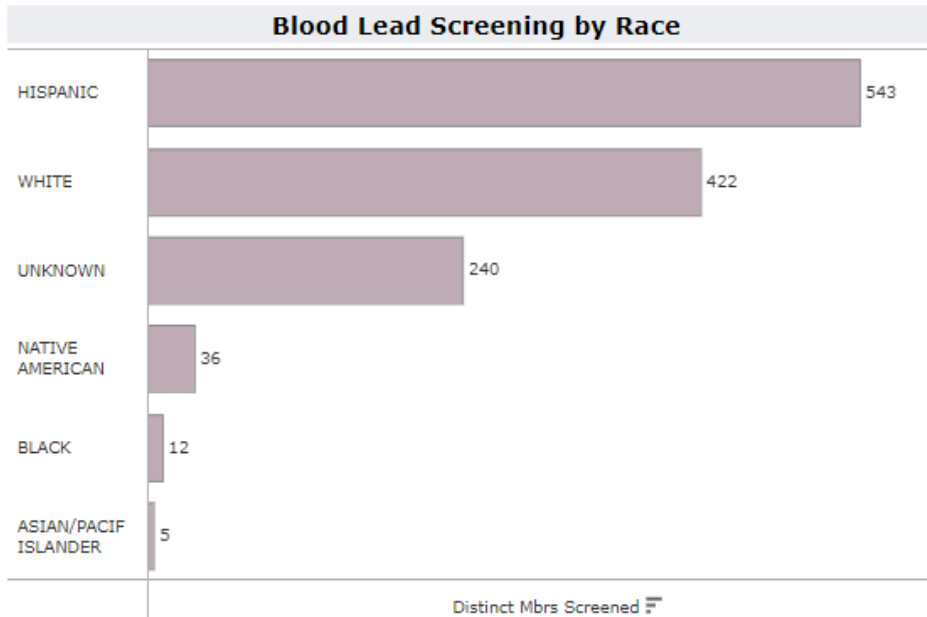
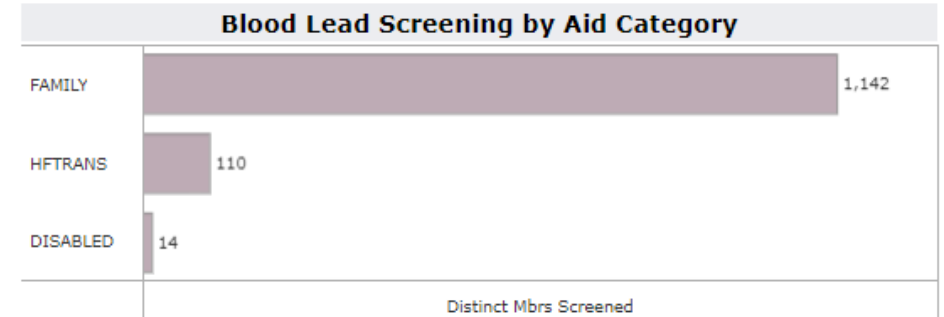
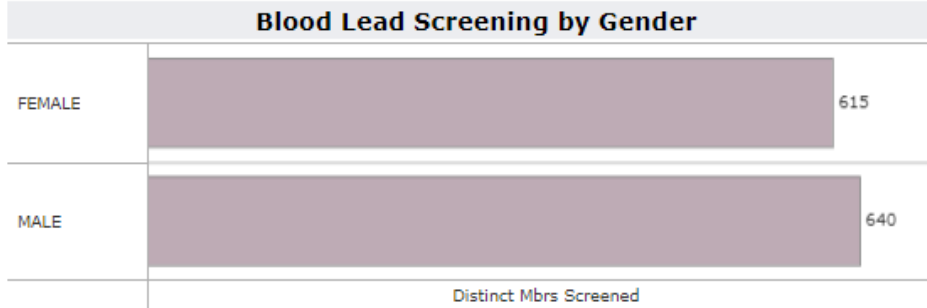
**1,447**  
Blood Lead Tests

Select Year  
2023

Month of Service Date  
(All)

Select County  
LAKE

Select Age Group  
(All)





# Appendix: HEDIS Information

## Report Year 2023, Measurement Year 2022

- HEDIS HPA Rate Performance by County & Measure Set Descriptions
- HEDIS Performance by Partnership Counties
- Managed Care Accountability Site (MCAS) Measurement Set Descriptions



**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



### 3.0 HPA HEDIS Rate Performance by County: Change from Prior Year

#### 3.1 HPA HEDIS Rate Performance by County: Prevention and Equity Measures

Note: CAHPS is not captured by County

● 4-5 points  
 ○ 3 points  
 ● 1-2 points  
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Modoc	Shasta	Siskiyou	Trinity	Lassen	Humboldt	Delnorte	Napa	Solano	Yolo	Lake	Sonoma	Marin	Mendocino	10th	33.33rd	66.67th	90th
<b>Prevention and Equity</b>																			
<b>Children and Adolescent Well-Care</b>																			
MY 2021	ADV - Annual Dental Visit—Total	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20.51%	40.23%	49.95%	56.82%
MY 2022		5.79%	0.97%	3.66%	5.40%	2.95%	0.79%	16.48%	18.87%	20.14%	2.14%	6.24%	1.28%	3.77%	28.53%	44.17%	53.67%	61.40%	
MY 2021	***CIS - Childhood Immunization Status (Combination 10)	17.86%				33.33%		32.00%	33.33%	50.00%	52.00%	32.39%	42.86%	39.29%	26.52%	33.33%	42.34%	53.66%	
MY 2022		13.73%				19.05%		25.00%	43.55%	54.05%	38.10%	36.99%	52.78%	34.29%	23.71%	31.14%	39.42%	49.76%	
MY 2021	***IMA - Immunizations for Adolescents (Combination 2)	29.55%				19.35%		65.00%	47.95%	62.16%		54.22%	50.00%	41.67%	27.01%	33.52%	41.81%	50.61%	
MY 2022		25.64%				32.00%		82.76%	49.35%	37.78%		59.49%	42.31%	35.14%	25.79%	31.87%	39.16%	48.42%	
MY 2021	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI	95.45%				72.97%		88.57%	78.67%	91.30%	85.71%	87.36%	72.73%	84.62%	60.58%	72.34%	80.67%	87.18%	
MY 2022		94.12%				80.00%			78.38%				90.48%		80.95%	60.83%	74.94%	82.73%	88.31%
<b>Women's reproductive health</b>																			
MY 2021	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	80.43%				73.33%				75.82%	87.50%		93.94%		83.33%	72.02%	81.51%	88.32%	92.21%
MY 2022		88.46%				86.96%				83.93%	82.61%		92.45%	95.65%		73.49%	82.73%	87.83%	91.89%
MY 2021	***PPC - Prenatal and Postpartum Care—Postpartum Care	78.26%				86.00%				85.71%	87.50%		96.97%		88.89%	65.21%	73.72%	78.35%	83.70%
MY 2022		88.46%				86.96%				91.07%	86.96%		90.57%	100.00%		64.57%	74.94%	80.00%	84.18%
MY 2021	PRS-E - Prenatal Immunization Status - Combination Rate	36.11%	26.84%	24.39%	24.59%	30.00%	25.31%	31.15%	40.54%	43.72%	44.91%	28.30%	44.79%	60.23%	36.30%	12.18%	18.95%	35.07%	45.76%
MY 2022		19.35%	19.14%	11.89%	11.36%	16.13%	21.00%	17.22%	39.93%	40.14%	42.42%	31.05%	43.64%	54.37%	36.79%	8.65%	15.16%	27.32%	39.12%
<b>Cancer screening</b>																			
MY 2021	BCS - Breast Cancer Screening	44.32%	49.75%	48.56%	26.17%	37.05%	40.70%	40.86%	56.59%	54.03%	47.55%	44.20%	58.31%	51.39%	48.82%	42.96%	51.20%	56.72%	63.77%
MY 2022		45.00%	46.91%	49.32%	28.87%	39.36%	41.88%	39.68%	64.75%	56.72%	57.75%	48.15%	62.48%	54.86%	48.68%	40.72%	47.76%	53.96%	61.27%
MY 2021	CCS - Cervical Cancer Screening	50.00%				59.09%			61.43%	64.29%	66.67%	77.94%	66.67%	31.25%	42.67%	54.01%	61.80%	67.99%	
MY 2022		52.17%				56.86%			69.44%	53.85%	43.48%	64.00%	65.52%	56.52%	42.71%	54.27%	60.83%	66.88%	
<b>Equity</b>																			
MY 2021	Race/Ethnicity Diversity of Membership	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MY 2022	Reporting Only	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.33%	100.00%	100.00%	100.00%
<b>Other preventive services</b>																			
MY 2021	CHL - Chlamydia Screening in	39.81%	49.23%	42.20%	42.19%	38.89%	54.93%	45.37%	56.80%	63.35%	65.16%	49.13%	57.18%	71.49%	51.01%	40.43%	50.76%	60.28%	66.15%
MY 2022	Women—Total	31.45%	52.83%	41.75%	46.92%	44.12%	53.60%	46.15%	55.53%	61.80%	55.84%	51.39%	55.84%	73.51%	52.82%	41.89%	51.41%	60.24%	67.84%



**Partnership HealthPlan of California  
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**3.2 HPA HEDIS Rate Performance by County: Treatment Measures**

Note: CAHPS is not captured by County

● 4-5 points ○ 3 points ● 1-2 points ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks				
		Modoc	Shasta	Siskiyou	Trinity	Lassen	Humboldt	Delnorte	Napa	Solano	Yolo	Lake	Sonoma	Marin	Mendocino	10th	33.33rd	66.67th	90th	
<b>Treatment</b>																				
<b>Respiratory</b>																				
MY 2021	AMR - Asthma Medication Ratio- Total	50.00%	62.98%	62.11%	58.82%	61.04%	63.07%	65.97%	87.67%	81.17%	74.72%	64.58%	78.74%	77.98%	67.31%	54.73%	62.26%	68.24%	75.32%	
MY 2022		54.24%	84.33%	59.50%	57.14%	65.12%	61.42%	60.67%	84.33%	77.48%	74.02%	62.92%	79.09%	76.32%	65.58%	54.60%	61.38%	68.21%	74.21%	
MY 2021	CWP - Appropriate Testing for Pharyngitis—Total	55.81%	59.77%	49.48%	46.81%	82.05%	68.37%	61.86%	27.59%	33.59%	66.76%	45.93%	50.29%	48.22%	70.83%	60.34%	72.98%	80.59%	85.77%	
MY 2022		44.74%	66.47%	44.96%	44.64%	69.05%	73.18%	71.31%	40.00%	51.89%	75.41%	46.95%	68.07%	56.19%	70.23%	48.98%	65.56%	74.02%	79.40%	
MY 2021	URI - Appropriate Treatment for Upper Respiratory Infection—Total	95.09%	96.82%	96.60%	93.55%	91.71%	96.31%	92.54%	97.16%	96.84%	97.51%	93.01%	97.59%	98.55%	96.37%	79.88%	86.88%	90.81%	94.34%	
MY 2022		94.53%	95.50%	93.15%	96.08%	91.86%	95.10%	88.06%	96.11%	97.51%	96.48%	92.61%	97.21%	98.42%	96.62%	79.72%	88.74%	92.46%	96.23%	
MY 2021	AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total		61.27%	58.90%			55.17%	56.41%	80.95%	68.35%	63.16%	55.88%	54.31%	72.73%	56.90%	42.33%	49.46%	59.51%	70.39%	
MY 2022		70.59%	75.06%	64.96%	70.00%	61.54%	74.07%	73.33%	80.65%	78.14%	84.28%	64.24%	73.77%	87.30%	79.13%	43.17%	50.98%	58.74%	70.79%	
MY 2021	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid		64.58%	61.54%			62.86%	55.17%		60.64%	72.00%	69.01%	64.29%	90.00%	76.60%	56.59%	66.67%	73.66%	80.84%	
MY 2022			81.25%	80.00%			81.01%			77.57%	78.43%	74.68%	71.76%	70.00%	66.67%	55.58%	67.45%	74.76%	82.81%	
MY 2021	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator		80.21%	84.62%			84.29%	86.21%		85.11%	88.00%	85.92%	92.86%	96.67%	87.23%	67.98%	82.47%	86.99%	90.57%	
MY 2022			91.07%	96.67%			82.28%			81.31%	82.35%	91.14%	87.79%	70.00%	93.06%	67.19%	82.32%	87.83%	91.22%	
<b>Diabetes</b>																				
MY 2021	EED - Eye Exams for Patients with Diabetes		62.50%						56.52%	47.37%	48.21%	29.17%	59.72%	69.57%		37.71%	46.96%	55.96%	63.02%	
MY 2022			50.00%					45.00%			54.17%	48.98%		62.50%		48.00%	38.20%	47.93%	54.74%	63.75%
MY 2021	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes		67.50%						65.22%	57.89%	60.71%	45.83%	68.06%	47.83%		44.71%	54.26%	63.26%	71.23%	
MY 2022			71.43%					64.52%			67.82%	69.05%	58.62%	73.91%	79.17%	70.00%	48.91%	57.66%	65.21%	72.75%
MY 2021	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)		50.00%						65.22%	44.21%	30.36%	33.33%	54.17%	56.52%		32.85%	42.09%	49.64%	55.23%	
MY 2022			57.14%					57.50%			58.33%	55.10%		55.00%		56.00%	36.01%	46.96%	52.80%	58.39%
MY 2021	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	65.97%	57.05%	53.59%	51.35%	59.46%	56.75%	60.00%	68.34%	70.09%	71.71%	59.60%	69.44%	65.97%	60.92%	52.14%	63.47%	68.57%	72.23%	
MY 2022		59.78%	56.23%	58.44%	43.24%	58.90%	54.37%	58.80%	70.64%	70.18%	68.79%	58.49%	68.42%	62.47%	54.67%	53.18%	64.17%	68.32%	72.92%	
MY 2021	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	71.85%	67.86%	71.13%	81.58%	73.86%	70.11%	66.67%	71.32%	71.55%	70.17%	63.53%	64.84%	71.85%	67.45%	58.13%	64.95%	71.95%	80.00%	
MY 2022		76.36%	76.88%	75.56%	75.00%	68.75%	78.45%	78.44%	80.14%	79.20%	76.65%	71.88%	74.51%	77.41%	71.46%	54.57%	63.51%	70.00%	77.40%	
MY 2021	KED - Kidney Health Evaluation for Patients with Diabetes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
MY 2022		37.42%	46.92%	33.99%	22.81%	17.48%	29.61%	30.26%	63.47%	56.27%	45.09%	32.33%	51.02%	56.26%	21.83%	21.05%	28.15%	37.70%	46.76%	
<b>Heart Disease</b>																				
MY 2021	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total		73.08%				80.00%			85.39%	86.67%	84.62%	81.33%	94.12%	87.50%	66.72%	78.67%	81.90%	85.64%	
MY 2022			77.55%	72.00%			65.22%	75.83%	74.07%	87.06%	80.56%	85.81%	80.42%	82.21%	85.71%	86.32%	65.09%	78.97%	82.29%	85.91%
MY 2021	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total		81.58%							67.11%	76.92%	59.09%	68.85%	71.88%	66.67%	61.11%	68.27%	74.98%	81.31%	
MY 2022			80.26%	88.89%			80.00%	79.12%	80.00%	86.49%	81.23%	76.38%	79.13%	79.59%	88.89%	80.49%	59.20%	66.84%	73.75%	81.25%
MY 2021	***CBP - Controlling High Blood Pressure		65.79%							60.87%	68.67%	63.04%	48.28%	65.38%	66.67%	62.07%	45.01%	52.31%	60.10%	66.79%
MY 2022			58.14%					56.52%			60.00%	62.79%	40.74%	43.48%	64.38%	62.96%	61.54%	46.96%	56.20%	63.50%

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**3.3 HPA HEDIS Rate Performance by County: Behavioral Health Measures**

Note: CAHPS is not captured by County

● 4-5 points  
 ○ 3 points  
 ● 1-2 points  
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance													National Medicaid Benchmarks					
		Modoc	Shasta	Siskiyou	Trinity	Lassen	Humboldt	Delnorte	Napa	Solano	Yolo	Lake	Sonoma	Marin	Mendocino	10th	33.33rd	66.67th	90th	
<b>Behavioral Health--Care Coordination</b>																				
MY 2021	FUH - Follow-Up After Hospitalization for Mental Illness-7 days															23.72%	34.50%	44.82%	55.92%	
MY 2022									43.22%				9.30%			22.94%	33.54%	42.75%	54.55%	
MY 2021	FUM - Follow-Up After Emergency Department Visit for Mental Illness 7 days total		31.60%	11.11%		6.90%	9.58%	11.43%	21.57%	17.82%	10.57%	6.50%	15.61%	19.32%	8.72%	23.09%	32.49%	46.38%	61.36%	
MY 2022			19.25%	4.69%			7.77%	7.81%	14.58%	13.32%	10.13%	11.11%	17.53%	22.15%	6.67%	20.54%	31.97%	45.35%	60.58%	
MY 2021	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7	6.67%	18.76%	10.34%	8.51%	5.88%	5.95%	5.63%	7.25%	12.13%	4.83%	6.04%	5.90%	2.95%	11.45%	3.84%	9.49%	16.38%	22.98%	
MY 2022		32.14%	39.62%	18.07%	35.48%	13.51%	27.05%	5.50%	23.60%	26.62%	18.56%	17.41%	18.48%	17.19%	27.46%	3.47%	8.93%	16.16%	21.97%	
MY 2021	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total		28.16%	33.33%			35.59%			2.94%	25.66%	7.32%	14.29%	9.70%	11.43%	11.45%	15.64%	26.60%	39.21%	49.13%
MY 2022			33.47%	43.24%			43.67%		4.00%	30.60%	11.76%		10.34%	20.75%	54.10%	13.33%	23.24%	37.86%	49.39%	
<b>Behavioral Health--Medication Adherence</b>																				
MY 2021	AMM - Antidepressant Medication Management—Effective Continuation	54.72%	48.26%	47.92%	63.41%	47.71%	50.40%	47.10%	51.23%	49.43%	47.11%	37.97%	46.69%	46.57%	44.19%	31.82%	38.50%	42.97%	52.49%	
MY 2022		45.71%	51.18%	49.44%	39.53%	54.67%	55.19%	57.50%	53.26%	54.97%	55.82%	43.46%	50.17%	55.15%	41.43%	32.78%	40.68%	46.09%	56.24%	
MY 2021	POD - Pharmacotherapy for Opioid Use Disorder—Total	13.04%	9.33%	13.21%	9.09%	18.18%	13.66%	31.82%	20.69%	5.07%	13.04%	16.46%	18.32%	20.00%	20.58%	14.78%	25.71%	35.17%	43.60%	
MY 2022			12.92%	31.13%	14.29%	12.90%	22.99%	31.11%	29.79%	28.08%	22.64%	24.34%	31.30%	25.71%	32.01%	13.00%	23.48%	33.15%	41.67%	
MY 2021	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia		63.47%	64.44%			60.33%	67.86%	62.00%	60.00%	64.75%	68.64%	69.75%	75.51%	65.93%	45.95%	59.25%	67.62%	73.04%	
MY 2022			74.51%	62.50%			72.31%	66.67%	75.81%	73.84%	70.00%	76.47%	76.00%	80.00%	78.41%	42.20%	57.14%	64.52%	72.94%	
<b>Behavioral Health-- Access, Monitoring and Safety</b>																				
MY 2021	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and		40.24%	40.00%		26.47%	26.83%		39.29%	41.67%	19.70%	24.44%	57.22%	52.17%	36.21%	20.96%	26.04%	34.89%	44.58%	
MY 2022			40.27%	33.33%		33.33%	26.40%	28.00%	61.76%	41.91%	31.65%	20.48%	42.92%	38.46%	32.84%	24.51%	29.67%	39.29%	51.69%	
MY 2021	ADD - Follow-Up Care for Children Prescribed ADHD		27.78%				40.63%			37.50%	21.74%		41.67%			38.24%	48.92%	60.35%	67.61%	
MY 2022			39.19%				53.13%			39.58%	41.46%		44.23%		30.00%	34.95%	46.72%	55.40%	62.96%	
MY 2021	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		78.43%	74.82%		73.47%	82.58%	71.26%	83.33%	80.86%	76.28%	77.09%	81.50%	76.92%	77.97%	69.90%	74.94%	78.90%	82.53%	
MY 2022			82.20%	82.96%		72.09%	79.35%	83.33%	77.10%	83.92%	80.13%	76.14%	80.90%	78.17%	78.61%	72.71%	77.48%	81.21%	86.28%	
MY 2021	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total		26.09%	21.62%			14.29%			25.58%			28.00%		11.11%	40.87%	57.67%	66.87%	76.29%	
MY 2022			30.17%	14.29%			23.53%			24.49%	29.63%	14.52%	27.66%		9.09%	33.33%	57.05%	65.63%	75.59%	
MY 2021	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total															5.86%	10.82%	16.45%	22.84%	
MY 2022		3.77%	11.44%	9.69%	5.36%	10.50%	11.25%	4.21%	5.72%	8.59%	5.48%	5.78%	7.85%	4.49%	11.36%	5.90%	11.25%	16.57%	22.12%	

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**3.4 HPA HEDIS Rate Performance by County: Risk Adjusted / Other Measures**

Note: CAHPS is not captured by County

● 4-5 points ○ 3 points ● 1-2 points ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance													National Medicaid Benchmarks				
		Modoc	Shasta	Siskiyou	Trinity	Lassen	Humboldt	Delnorte	Napa	Solano	Yolo	Lake	Sonoma	Marin	Mendocino	10th	33.33rd	66.67th	90th
<b>Risk-Adjusted Utilization</b>																			
MY 2021	**PCR - Plan All-Cause Readmission -	0.5415	0.8299	0.8786			0.8386	0.9267	0.8680	0.8555	0.8503	0.8003	0.9120	0.9216	0.9280	1.1815	1.0617	0.9452	0.8349
MY 2022	Observed to - Expected Ratio (18-64 years)		0.7886	0.8646			0.6492		0.8172	0.8922	0.9902	0.6400	0.8556	1.0576	0.8044	1.1995	1.0428	0.9444	0.8511
<b>Overuse of Opioids</b>																			
MY 2021	** HDO - Use of Opioids at High Dosage	3.45%	2.63%	3.44%	1.20%	3.80%	6.74%	0.97%	3.70%	3.61%	3.01%	5.09%	5.17%	9.31%	5.27%	14.62%	7.42%	2.87%	1.18%
MY 2022		1.85%	3.52%	2.21%	1.71%	3.16%	2.52%	2.94%	5.71%	7.17%	3.73%	4.02%	7.20%	11.69%	3.75%	14.60%	6.68%	2.65%	0.80%
MY 2021	**UOP - Use of Opioids from Multiple Providers—Multiple Prescribers and Multiple Pharmacies	1.56%	0.39%	0.00%	1.08%	0.00%	0.63%	0.00%	1.99%	1.53%	1.39%	0.36%	1.52%	0.78%	0.30%	4.55%	2.47%	1.21%	0.52%
MY 2022		0.00%	0.31%	0.28%	0.76%	1.68%	0.80%	0.96%	6.04%	3.98%	2.72%	0.99%	3.60%	3.80%	0.43%	4.37%	2.19%	0.90%	0.48%
MY 2021	**COU - Risk of Continued Opioid Use—31-day rate—Total	5.32%	2.47%	2.83%	4.12%	3.00%	2.55%	4.60%	1.73%	2.29%	2.14%	2.98%	2.83%	1.81%	3.30%	7.05%	4.55%	2.79%	1.52%
MY 2022		6.85%	7.01%	7.95%	9.64%	6.51%	6.77%	8.72%	3.13%	4.73%	4.15%	4.24%	5.86%	4.17%	5.91%	6.12%	3.84%	2.35%	1.12%
<b>Other Treatment Measure</b>																			
MY 2021	LBP - Use of Imaging Studies for Low Back Pain	70.00%	80.24%	67.75%	84.37%	79.37%	84.95%	66.46%	83.33%	80.38%	82.31%	76.47%	83.31%	80.24%	79.07%	68.74%	72.98%	77.76%	82.82%
MY 2022		67.86%	79.28%	63.55%	77.75%	73.24%	79.74%	78.05%	81.74%	82.15%	83.77%	83.77%	85.07%	78.61%	83.55%	67.97%	72.20%	76.82%	81.24%



#### 4.0 MY2022 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
<p><b>*Antidepressant Medication Management (AMM)</b></p>	<ul style="list-style-type: none"> <li>• Continuation Phase Treatment.</li> <li>• Acute Phase Treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.                             <ul style="list-style-type: none"> <li>○ Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>○ Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul> </li> </ul>
<p><b>*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b></p>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</li> </ul> <p><i><b>Note:</b> This measure is reported as an inverted rate [1– (numerator/eligible population)]. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).</i></p>

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HEDIS Measure	Measure Indicator	Measure Definition
<p><b>*Follow-Up Care for Children Prescribed ADHD Medication—Continuation &amp; Maintenance Phase (ADD)</b></p>	<ul style="list-style-type: none"> <li>• Initiation Phase.</li> <li>• Continuation and Maintenance (C&amp;M) Phase.</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.               <ul style="list-style-type: none"> <li>○ Initiation Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>○ Continuation and Maintenance (C&amp;M) Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul> </li> </ul>
<p><b>*Asthma Medication Ratio (AMR)</b></p>	<ul style="list-style-type: none"> <li>• 5–64 years.</li> <li>• Total.</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</li> </ul>
<p><b>*Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP)</b></p>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</li> </ul>
<p><b>*Breast Cancer Screening (BCS)</b></p>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Cervical Cancer Screening (CCS)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:               <ul style="list-style-type: none"> <li>○ Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>○ Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>○ Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul> </li> </ul>
<b>Childhood Immunization Status (CIS)</b>	<ul style="list-style-type: none"> <li>• Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.               <ul style="list-style-type: none"> <li>○ Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul> </li> </ul>
<b>*Chlamydia Screening in Women (CHL)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</li> </ul>

**Partnership HealthPlan of California**  
**Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Comprehensive Diabetes Care (CDC)</b>	<ul style="list-style-type: none"> <li>• Eye Exams</li> <li>• Blood Pressure Control (&lt;140/90)</li> <li>• HbA1c Control (&lt;8%)</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. <ul style="list-style-type: none"> <li>○ Eye exams-Screening or monitoring for diabetic retinal disease as identified by administrative data (See measure definition)</li> <li>○ BP Control &lt;140/90 mm Hg The most recent BP level (taken during the measurement year) is &lt;140/90 mm Hg, as documented through administrative data or medical record review.</li> <li>○ HbA1c Control (&lt;8%) The member is numerator compliant if the most recent HbA1c level is &lt;8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>
<b>Controlling High Blood Pressure (CBP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
<b>*Risk of Continued Opioid Use (COU)</b>	<ul style="list-style-type: none"> <li>• 31-day rate</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: <ul style="list-style-type: none"> <li>○ The percentage of members with at least 15 days of prescription opioids in a 30-day period.</li> <li>○ The percentage of members with at least 31 days of prescription opioids in a 62-day period.</li> </ul> </li> </ul> <p><b>Note:</b> A lower rate indicates better performance.</p>
<b>*Appropriate Testing for Pharyngitis(CWP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>*Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	<ul style="list-style-type: none"> <li>Diabetes Screening</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</li> </ul>
<b>***Flu Vaccinations for Adults Ages 18-64 (FVA)</b>	<ul style="list-style-type: none"> <li>Flu Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of commercial and Medicaid members 18–64 years of age who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed.</li> </ul>
<b>***Medical Assistance With Smoking and Tobacco Use Cessation (MSC)</b>	<ul style="list-style-type: none"> <li>Advising Smokers and Tobacco Users to Quit</li> </ul>	<ul style="list-style-type: none"> <li>A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.</li> </ul>
<b>*Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<ul style="list-style-type: none"> <li>7 Days</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:               <ul style="list-style-type: none"> <li>The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</li> <li>The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>



**Partnership HealthPlan of California**  
**Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>*Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.               <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>
<b>*Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.               <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>
<b>*Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.               <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>*Use of Opioids at High Dosage (HDO)</b>	<ul style="list-style-type: none"> <li>• High Dose Opioid Rx</li> </ul>	<ul style="list-style-type: none"> <li>• The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] <math>\geq 90</math>) for <math>\geq 15</math> days during the measurement year.</li> </ul> <p><b>Note:</b> A lower rate indicates better performance.</p>
<b>Blood Pressure Control (&lt;140/90) for Patients With Diabetes (BPD)</b>		<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Hemoglobin A1c Control for Patients With Diabetes — (HBD)</b>		<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:                             <ul style="list-style-type: none"> <li>• HbA1c Control (&lt;8%)</li> <li>• HbA1c poor control (&gt;9.0%).</li> </ul> </li> </ul> <p><i><b>Note:</b> Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</i></p>
<b>Eye Exam for Patients With Diabetes (EED)</b>		<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</li> </ul>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>		<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</li> </ul>
<b>*Initiation and Engagement of Substance Use Disorder Treatment— (IET)</b>	<ul style="list-style-type: none"> <li>• Engagement of SUD Treatment</li> <li>• Total</li> </ul>	<p>The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> <li>○ Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.</li> <li>○ Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<p><b>*Use of Imaging Studies for Low Back Pain (LPB)</b></p>	<ul style="list-style-type: none"> <li>• Imaging for Low Back Pain</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.                             <ul style="list-style-type: none"> <li>○ The measure is reported as an inverted rate [1–(numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</li> </ul> </li> </ul>
<p><b>Immunizations for Adolescents (IMA)</b></p>	<ul style="list-style-type: none"> <li>• Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.                             <ul style="list-style-type: none"> <li>○ Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul> </li> </ul>
<p><b>*Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b></p>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both blood glucose and cholesterol testing.                             <ul style="list-style-type: none"> <li>○ Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year.</li> </ul> </li> </ul>
<p><b>Prenatal and Postpartum Care (PPC)</b></p>	<ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.                             <ul style="list-style-type: none"> <li>○ Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>○ Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> </li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Prenatal Immunization Status (PRS-E)</b>	<ul style="list-style-type: none"> <li>Combination Rate</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</li> </ul>
<b>*Pharmacotherapy Management of COPD Exacerbation(PCE)</b>	<ul style="list-style-type: none"> <li>Systemic Corticosteroid</li> <li>Bronchodilator</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:               <ol style="list-style-type: none"> <li>Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.                   <ul style="list-style-type: none"> <li><b>Note:</b> <i>The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.</i></li> </ul> </li> </ol> </li> </ul>
<b>*Pharmacotherapy for Opioid Use Disorder(POD)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.               <ul style="list-style-type: none"> <li>A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</li> </ul> </li> </ul>
<b>*Plan All-Cause Readmissions— (PCR)</b>	<ul style="list-style-type: none"> <li>Observed-to-Expected Ratio</li> <li>18-64 years</li> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.               <p><b>Note:</b> <i>For commercial and Medicaid, report only members 18–64 years of age.</i></p> </li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<p><b>*Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b></p>	<ul style="list-style-type: none"> <li>• Non-Medicare 80% Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</li> </ul>
<p><b>*Statin Therapy for Patients With Cardiovascular Disease (SPC)</b></p>	<ul style="list-style-type: none"> <li>• Total.</li> <li>• Statin Therapy.</li> <li>• Statin Adherence 80%.</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul> </li> </ul>
<p><b>* Statin Therapy Statin Therapy for Patients With Diabetes (SPD)</b></p>	<ul style="list-style-type: none"> <li>• Received Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul> </li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 - Reporting Year 2023**



HEDIS Measure	Measure Indicator	Measure Definition
<p><b>*Use of Opioids from Multiple Providers (UOP)</b></p>	<ul style="list-style-type: none"> <li>• Multiple Prescribers and Multiple Pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>• The proportion of members 18 years and older, receiving prescription opioids for <math>\geq 15</math> days during the measurement year, who received opioids from multiple providers. Three rates are reported.                             <ul style="list-style-type: none"> <li>○ Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li>○ Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li>○ Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).</li> </ul> </li> </ul> <p><b>Note:</b> A lower rate indicates better performance for all three rates.</p>
<p><b>*Appropriate Treatment for Upper Respiratory Infection (URI)</b></p>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.</li> </ul> <p><b>Note:</b> The measure is reported as an inverted rate <math>[1 - (\text{numerator}/\text{eligible population})]</math>. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</p>
<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b></p>	<ul style="list-style-type: none"> <li>• BMI Percentile Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.                             <ul style="list-style-type: none"> <li>○ BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</li> </ul> </li> </ul>

Select Report Year  
Report Year 2023; Measurement Year 2022

## HEDIS Performance by County Report Year 2023; Measurement Year 2022

Northeast Region  
Modoc, Trinity, Siskiyou, Shasta and Lassen Counties



Select Provider Type  
All Providers

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northeast Region					National Medicaid Benchmarks			
	MODOC	TRINITY	SISKIYOU	SHASTA	LASSEN	25TH	50TH	75TH	90TH
Breast Cancer Screening (BCS)*	45.00%	28.87%	49.32%	46.91%	39.36%	45.23%	50.95%	56.52%	61.27%
**Cervical Cancer Screening (CCS)	71.43%	61.11%	53.73%	54.44%	42.86%	52.39%	57.64%	62.53%	66.88%
**Childhood Immunization Status (CIS) - Combo 10	25.00%	17.65%	12.50%	20.14%	14.29%	28.95%	34.79%	42.09%	49.76%
Chlamydia Screening in Women (CHL) - Total*	31.45%	46.92%	41.75%	52.83%	44.12%	48.67%	55.32%	62.65%	67.84%
**Controlling High Blood Pressure (CBP)	46.15%	63.16%	60.56%	64.44%	69.70%	54.50%	59.85%	65.10%	69.19%
**Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	11.11%	27.27%	14.06%	32.30%	33.33%	44.82%	54.51%	63.44%	72.01%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	35.71%	35.48%	27.11%	49.48%	21.62%	10.72%	21.24%	25.81%	32.38%
**Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	35.29%	35.71%	25.61%	36.86%	28.57%	46.96%	39.90%	35.52%	30.90%
**Immunizations for Adolescents (IMA) - Combo 2	11.11%	0.00%	10.96%	22.89%	11.11%	30.41%	35.04%	41.12%	48.42%
**Lead Screening in Children (LSC)	55.56%	44.44%	31.82%	23.02%	60.00%	53.28%	63.99%	72.67%	79.57%
**Prenatal and Postpartum Care (PPC) - Postpartum care	75.00%	66.67%	67.35%	82.91%	83.33%	72.87%	77.37%	81.27%	84.18%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	100.00%	95.24%	93.88%	87.94%	95.83%	81.27%	85.40%	88.86%	91.89%
Well Care Visits (WCV) - Total*	47.09%	39.89%	38.72%	41.70%	34.16%	43.50%	48.93%	57.44%	62.70%
Well Child 30 (W30) - Well child visits for age 15-30 months*	64.41%	43.94%	58.63%	52.83%	46.58%	60.53%	65.83%	72.24%	78.07%
Well Child 30 (W30) - Well child visits in the first 15 months*	29.03%	41.18%	37.29%	36.38%	31.15%	49.88%	55.72%	61.19%	67.56%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*- In MY2022 the CDC measure was retired and split into 3 stand-alone measures: BPD, EED, and HBD. For MY2022 MCAS required reporting it is now HBD.  
 \*- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Select Report Year  
Report Year 2023; Measurement Year 2022

## HEDIS Performance by County Report Year 2023; Measurement Year 2022 Northwest Region Del Norte and Humboldt Counties



Select Provider Type  
All Providers

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northwest Region		National Medicaid Benchmarks			
	DEL NORTE	HUMBOLDT	25TH	50TH	75TH	90TH
Breast Cancer Screening (BCS)*	39.68%	41.88%	45.23%	50.95%	56.52%	61.27%
Cervical Cancer Screening (CCS)	50.82%	55.78%	52.39%	57.64%	62.53%	66.88%
Childhood Immunization Status (CIS) - Combo 10	16.67%	25.22%	28.95%	34.79%	42.09%	49.76%
Chlamydia Screening in Women (CHL) - Total*	46.15%	53.60%	48.67%	55.32%	62.65%	67.84%
Controlling High Blood Pressure (CBP)	58.33%	64.36%	54.50%	59.85%	65.10%	69.19%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	15.63%	16.58%	44.82%	54.51%	63.44%	72.01%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	10.09%	37.09%	10.72%	21.24%	25.81%	32.38%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	33.33%	33.44%	46.96%	39.90%	35.52%	30.90%
Immunizations for Adolescents (IMA) - Combo 2	21.33%	25.60%	30.41%	35.04%	41.12%	48.42%
Lead Screening in Children (LSC)	37.88%	47.25%	53.28%	63.99%	72.67%	79.57%
Prenatal and Postpartum Care (PPC) - Postpartum care	86.30%	85.50%	72.87%	77.37%	81.27%	84.18%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	84.93%	86.64%	81.27%	85.40%	88.86%	91.89%
Well Care Visits (WCV) - Total*	42.89%	44.23%	43.50%	48.93%	57.44%	62.70%
Well Child 30 (W30) - Well child visits for age15-30 months*	53.45%	62.74%	60.53%	65.83%	72.24%	78.07%
Well Child 30 (W30) - Well child visits in the first 15 months*	44.14%	43.39%	49.88%	55.72%	61.19%	67.56%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*- In MY2022 the CDC measure was retired and split into 3 stand-alone measures: BPD, EED, and HBD. For MY2022 MCAS required reporting it is now HBD.

\*- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.



Select Report Year  
Report Year 2023; Measurement Year 2022

## HEDIS Performance by County Report Year 2023; Measurement Year 2022 Southeast Region Solano, Yolo and Napa Counties



Select Provider Type  
All Providers

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southeast Region			National Medicaid Benchmarks			
	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Breast Cancer Screening (BCS)*	64.75%	56.72%	57.75%	45.23%	50.95%	56.52%	61.27%
Cervical Cancer Screening (CCS)	70.83%	64.58%	66.35%	52.39%	57.64%	62.53%	66.88%
Childhood Immunization Status (CIS) - Combo 10	48.15%	47.11%	44.35%	28.95%	34.79%	42.09%	49.76%
Chlamydia Screening in Women (CHL) - Total*	55.53%	61.80%	63.74%	48.67%	55.32%	62.65%	67.84%
Controlling High Blood Pressure (CBP)	51.52%	66.51%	58.56%	54.50%	59.85%	65.10%	69.19%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	27.08%	21.35%	23.63%	44.82%	54.51%	63.44%	72.01%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	34.83%	35.54%	30.84%	10.72%	21.24%	25.81%	32.38%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	38.30%	32.50%	43.30%	46.96%	39.90%	35.52%	30.90%
Immunizations for Adolescents (IMA) - Combo 2	58.02%	51.50%	45.36%	30.41%	35.04%	41.12%	48.42%
Lead Screening in Children (LSC)	64.38%	39.68%	69.23%	53.28%	63.99%	72.67%	79.57%
Prenatal and Postpartum Care (PPC) - Postpartum care	88.24%	84.75%	96.36%	72.87%	77.37%	81.27%	84.18%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	91.18%	76.27%	92.73%	81.27%	85.40%	88.86%	91.89%
Well Care Visits (WCV) - Total*	53.44%	41.94%	48.64%	43.50%	48.93%	57.44%	62.70%
Well Child 30 (W30) - Well child visits for age15-30 months*	65.68%	58.25%	69.95%	60.53%	65.83%	72.24%	78.07%
Well Child 30 (W30) - Well child visits in the first 15 months*	30.12%	39.97%	37.14%	49.88%	55.72%	61.19%	67.56%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*- In MY2022 the CDC measure was retired and split into 3 stand-alone measures: BPD, EED, and HBD. For MY2022 MCAS required reporting it is now HBD.  
 \*- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Select Report Year  
Report Year 2023; Measurement Year 2022

## HEDIS Performance by County Report Year 2023; Measurement Year 2022



Select Provider Type  
All Providers

Southwest Region  
Lake, Marin, Mendocino and Sonoma Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southwest Region				National Medicaid Benchmarks			
	LAKE	MARIN	MENDOCINO	SONOMA	25TH	50TH	75TH	90TH
Breast Cancer Screening (BCS)*	48.15%	54.86%	48.68%	62.48%	45.23%	50.95%	56.52%	61.27%
Cervical Cancer Screening (CCS)	61.54%	64.38%	62.90%	71.43%	52.39%	57.64%	62.53%	66.88%
Childhood Immunization Status (CIS) - Combo 10	35.29%	44.00%	38.89%	43.88%	28.95%	34.79%	42.09%	49.76%
Chlamydia Screening in Women (CHL) - Total*	51.39%	73.51%	52.82%	55.84%	48.67%	55.32%	62.65%	67.84%
Controlling High Blood Pressure (CBP)	64.58%	69.70%	68.25%	66.82%	54.50%	59.85%	65.10%	69.19%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	17.17%	30.87%	16.67%	34.38%	44.82%	54.51%	63.44%	72.01%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	25.45%	31.62%	36.53%	29.70%	10.72%	21.24%	25.81%	32.38%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	36.67%	22.73%	35.38%	30.96%	46.96%	39.90%	35.52%	30.90%
Immunizations for Adolescents (IMA) - Combo 2	39.22%	52.05%	26.39%	59.07%	30.41%	35.04%	41.12%	48.42%
Lead Screening in Children (LSC)	27.87%	77.61%	51.76%	34.85%	53.28%	63.99%	72.67%	79.57%
**Prenatal and Postpartum Care (PPC) - Postpartum care	81.82%	100.00%	96.55%	88.46%	72.87%	77.37%	81.27%	84.18%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	86.36%	94.44%	93.10%	97.44%	81.27%	85.40%	88.86%	91.89%
Well Care Visits (WCV) - Total*	36.61%	46.52%	40.99%	52.10%	43.50%	48.93%	57.44%	62.70%
Well Child 30 (W30) - Well child visits for age15-30 months*	63.28%	76.07%	67.55%	61.99%	60.53%	65.83%	72.24%	78.07%
Well Child 30 (W30) - Well child visits in the first 15 months*	35.04%	39.26%	52.17%	43.13%	49.88%	55.72%	61.19%	67.56%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*- In MY2022 the CDC measure was retired and split into 3 stand-alone measures: BPD, EED, and HBD. For MY2022 MCAS required reporting it is now HBD.

\*- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

## 7.0 Measurement Year 2022 Managed Care Accountability Site (MCAS) Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
*Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> <li>Non-Medicare Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.</li> </ul>
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:                             <ul style="list-style-type: none"> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul> </li> </ul>
*Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.                             <ul style="list-style-type: none"> <li>Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.</li> </ul> </li> </ul>
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> <li>Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.                             <ul style="list-style-type: none"> <li>Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul> </li> </ul>
*Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.                             <ul style="list-style-type: none"> <li>Total. The sum of the age stratifications.</li> </ul> </li> </ul>

**Partnership HealthPlan of California**  
**Measurement Year 2022 / Reporting Year 2023**



<b>HEDIS Measure</b>	<b>Measure Indicator</b>	<b>Measure Definition</b>
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.               <ul style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul> </li> </ul>
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.               <ul style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul> </li> </ul>
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> <li>Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.               <ul style="list-style-type: none"> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul> </li> </ul>
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed.               <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%). The most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.               <ul style="list-style-type: none"> <li>At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.</li> </ul> </li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2022 / Reporting Year 2023**



<b>HEDIS Measure</b>	<b>Measure Indicator</b>	<b>Measure Definition</b>
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> <li>• <i>Timeliness of Prenatal Care</i></li> <li>• <i>Postpartum Care</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</i> <ul style="list-style-type: none"> <li>○ <i>Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</i></li> <li>○ <i>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</i></li> </ul> </li> </ul>
*Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> <li>• <i>Well-Child Visits in the First 15 Months</i></li> <li>• <i>Well-Child Visits for Age 15 Months–30 Months.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</i> <ul style="list-style-type: none"> <li>○ <i>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</i></li> <li>○ <i>Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</i></li> </ul> </li> </ul>

*\*-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures)*