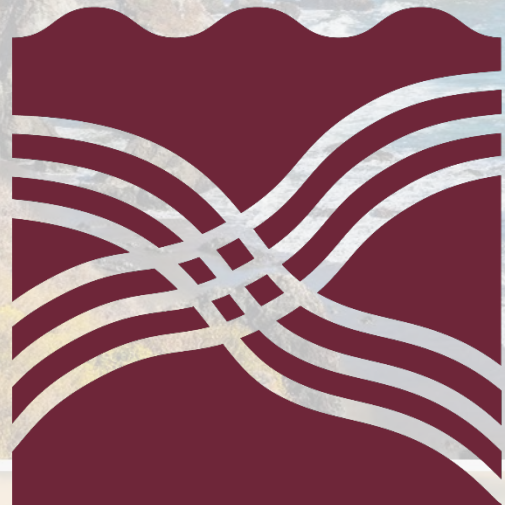


PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

A Public Agency



Annual Partnership County Data Report 2024: Marin County

April 2024



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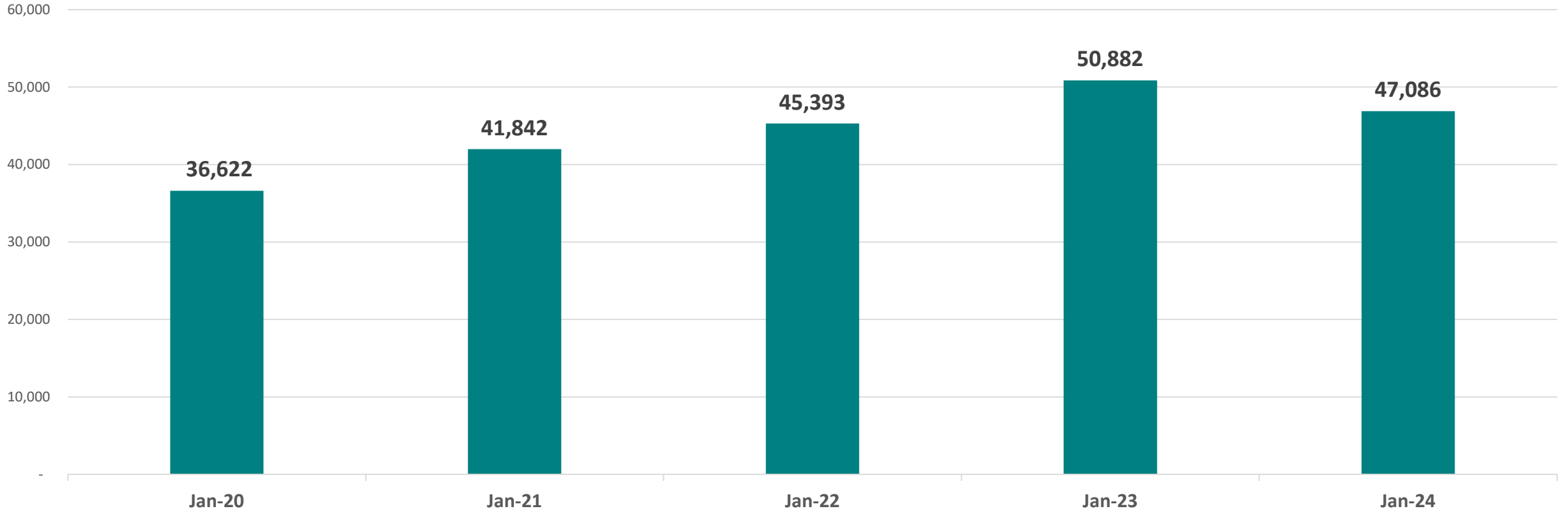
Membership / County Overview





County Enrollment Five Year Trend

Marin County Enrolled Members



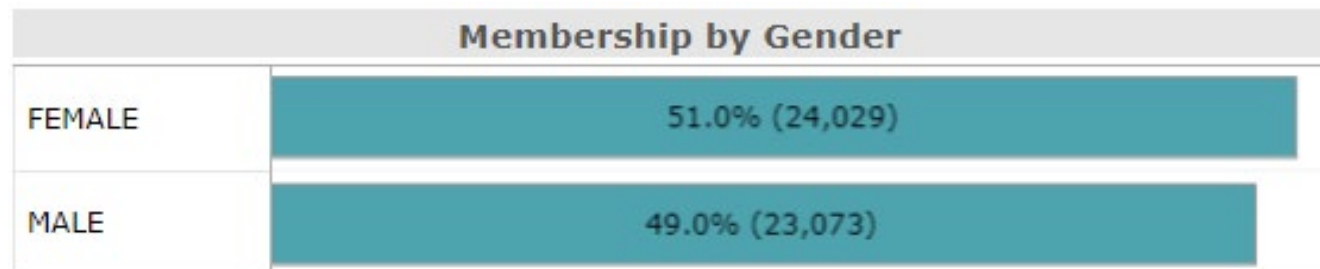
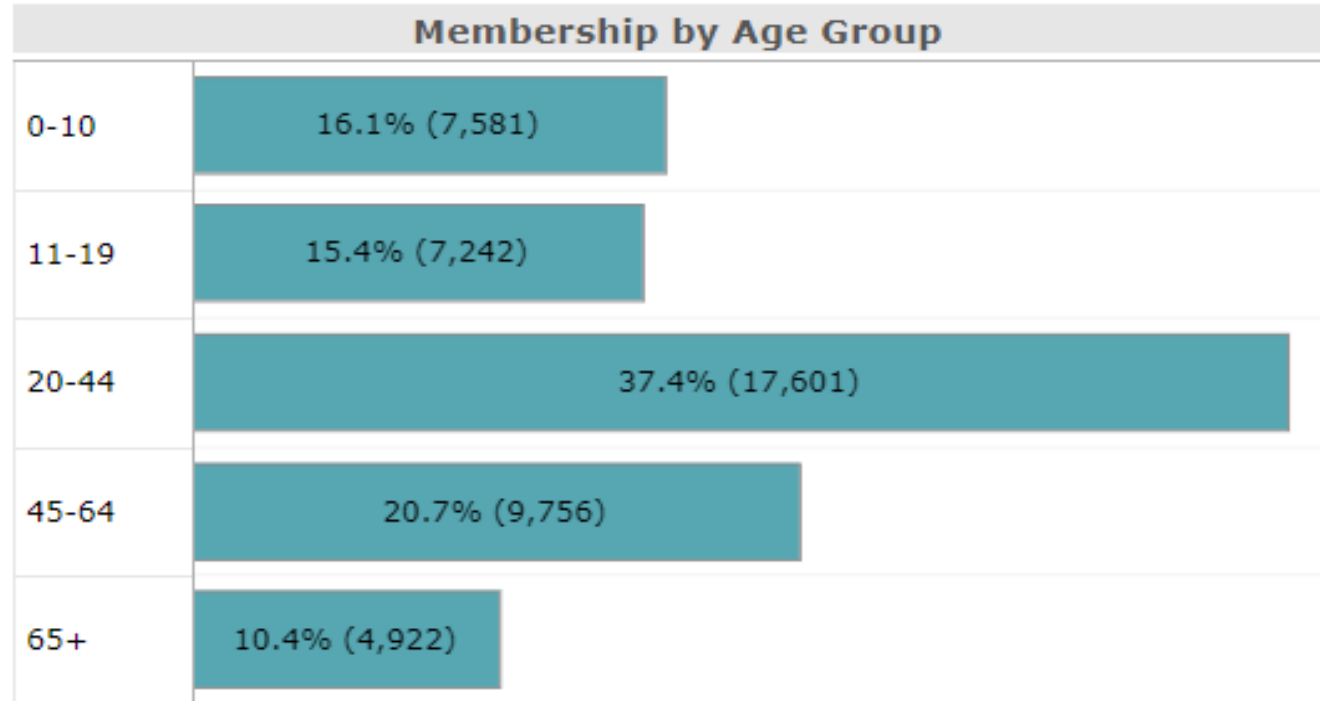
*** 2024 Enrollment decrease due to ~ 6,900 members transferred to Direct Kaiser contract. Partnership enrollment 920,000 in January 2024**

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**

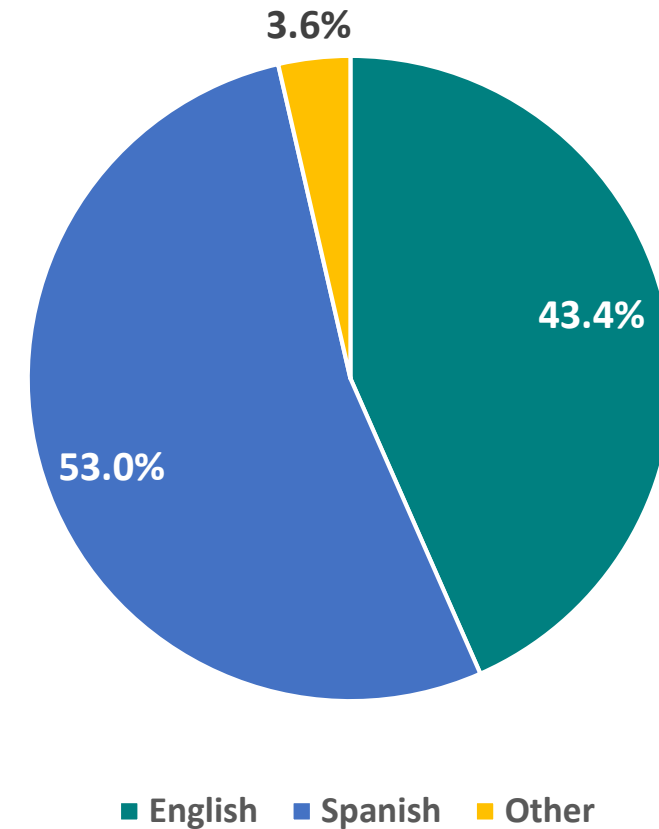
County Age Groups and Gender (March 2024)



County Member Ethnicity & Preferred Language (March 2024)

| Membership by Ethnicity | |
|-------------------------|----------------|
| HISPANIC | 60.5% (28,492) |
| WHITE | 23.8% (11,190) |
| UNKNOWN | 5.5% (2,592) |
| BLACK | 3.7% (1,731) |
| OTHER | 3.3% (1,533) |
| ASIAN/PACIFIC ISLANDER | 1.1% (518) |
| VIETNAMESE | 1.0% (455) |
| ASIAN INDIAN | 0.7% (308) |
| FILIPINO | 0.5% (222) |
| NATIVE AMERICAN | 0.1% (50) |

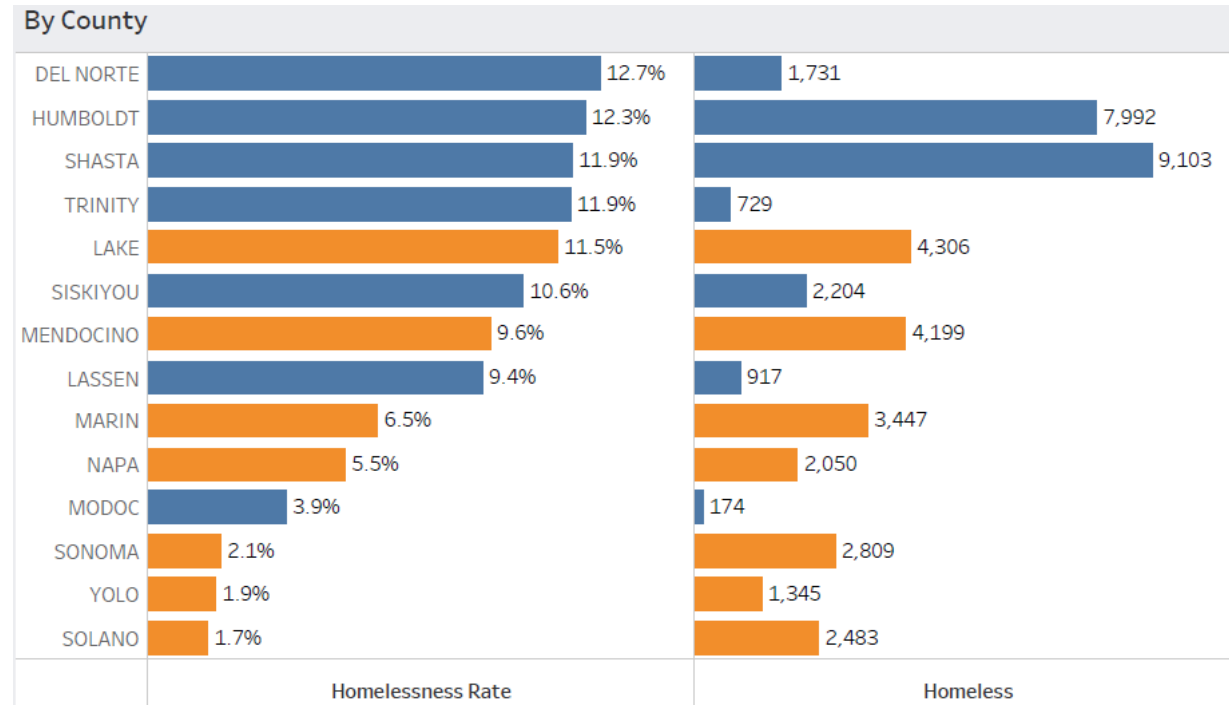
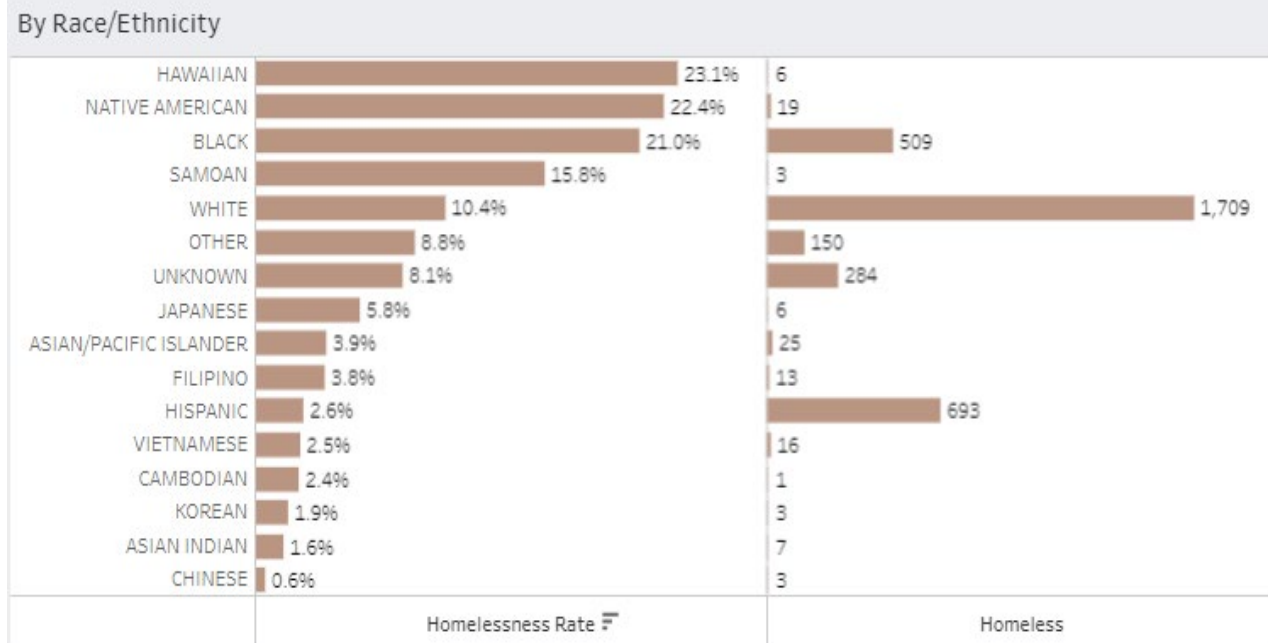
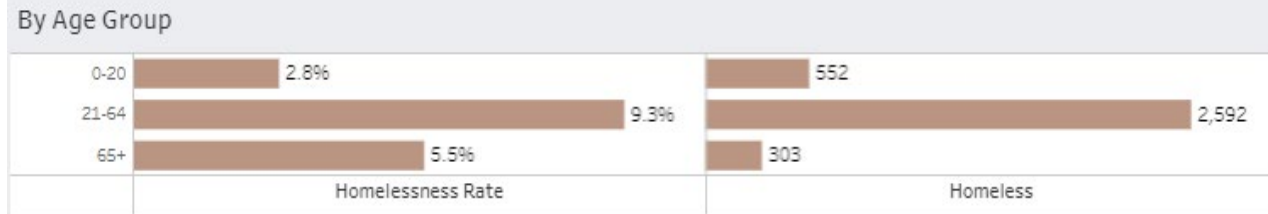
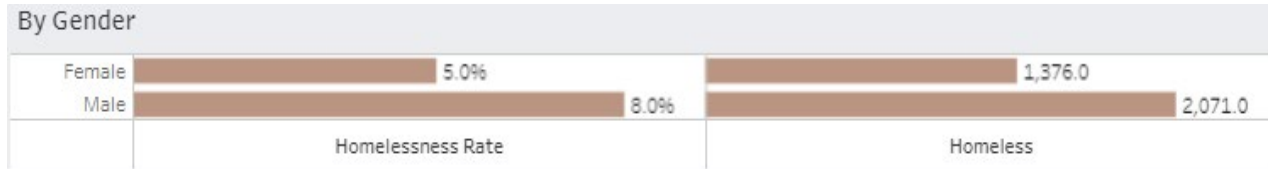
Preferred Language





County Homeless Demographics (2022)

Homeless Rate in 14 Legacy Counties: 6%
Marin: 3,447 Homeless Members; 687 Substance Use; 325 Severe Mental Health; 0 HIV/AIDS; 2,274 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).**





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.



| PCP Affiliation ID | PCP Full Name | PCP County | Clinic Type | Current Enrollment Status | April 2024 | |
|-----------------------------------------------------|---------------------------|------------|-----------------|---------------------------|---------------|---------------|
| | | | | | Member Count | % of Members |
| Total Members Assigned to Primary Care Sites | | | | | 35,773 | 100.0% |
| 22856 0008 | MARIN COMM CLN SAN RAFAEL | MARIN | FQHC/ RHC | Open | 12,518 | 35.0% |
| 26754 0009 | MARIN COMM CLN CAMPUS | MARIN | FQHC/ RHC | Open | 5,563 | 15.6% |
| 18385 0018 | MARIN COMM CLN NOVATO | MARIN | FQHC/ RHC | Open | 5,084 | 14.2% |
| 38385 0001 | MARIN COMM SOUTH NOVATO | MARIN | FQHC/ RHC | Open | 3,058 | 8.5% |
| 17353 0007 | RITTER HEALTH CENTER | MARIN | FQHC/ RHC | Open | 2,690 | 7.5% |
| 23087 0004 | MARIN CITY HLTH AND WELL | MARIN | FQHC/ RHC | Open | 1,694 | 4.7% |
| 5931 0012 | MARIN COMM CLN LARKSPUR | MARIN | FQHC/ RHC | Open | 1,151 | 3.2% |
| 71725 0001 | PETALUMA HEALTH CENTER | MARIN | FQHC/ RHC | Open | 1,041 | 2.9% |
| 54144 0002 | MARINHEALTH MED NETWORK | MARIN | PHYSICIAN GROUP | Current Patient.. | 834 | 2.3% |
| 71724 0001 | PETALUMA HEALTH CENTER | MARIN | FQHC/ RHC | Open | 333 | 0.9% |
| 70604 0004 | MARIN COMM CLN GREENBRAE | MARIN | FQHC/ RHC | Open | 269 | 0.8% |
| 23682 0006 | MARINHEALTH MED NETWORK | MARIN | PHYSICIAN GROUP | Current Patient.. | 216 | 0.6% |
| 22856 0030 | MARIN COMM CLN SAN RAFAEL | MARIN | FQHC/ RHC | Open | 179 | 0.5% |
| 22869 0002 | TAMALPAIS PEDIATRICS GB | MARIN | PHYSICIAN GROUP | Current Patient.. | 167 | 0.5% |
| 23681 0008 | MARINHEALTH MED NETWORK | MARIN | PHYSICIAN GROUP | Current Patient.. | 139 | 0.4% |
| 22868 0001 | TAMALPAIS PEDIATRICS NOV | MARIN | PHYSICIAN GROUP | Current Patient.. | 132 | 0.4% |
| 71726 0001 | PETALUMA HEALTH CENTER | MARIN | FQHC/ RHC | Open | 98 | 0.3% |
| 38385 0014 | MARIN COMM SOUTH NOVATO | MARIN | FQHC/ RHC | Open | 87 | 0.2% |
| 23679 0018 | MARINHEALTH MED NETWORK | MARIN | PHYSICIAN GROUP | Current Patient.. | 72 | 0.2% |
| 44293 0004 | WEST MARIN MEDICAL CENTER | MARIN | PHYSICIAN GROUP | Current Patient.. | 67 | 0.2% |
| 82884 0004 | MARIN CITY HLTH AND WELL | MARIN | FQHC/ RHC | Open | 63 | 0.2% |
| 23768 0007 | MARINHEALTH MED NETWORK | MARIN | PHYSICIAN GROUP | Current Patient.. | 60 | 0.2% |

*** Providers with a member count under 50 are not shown.**



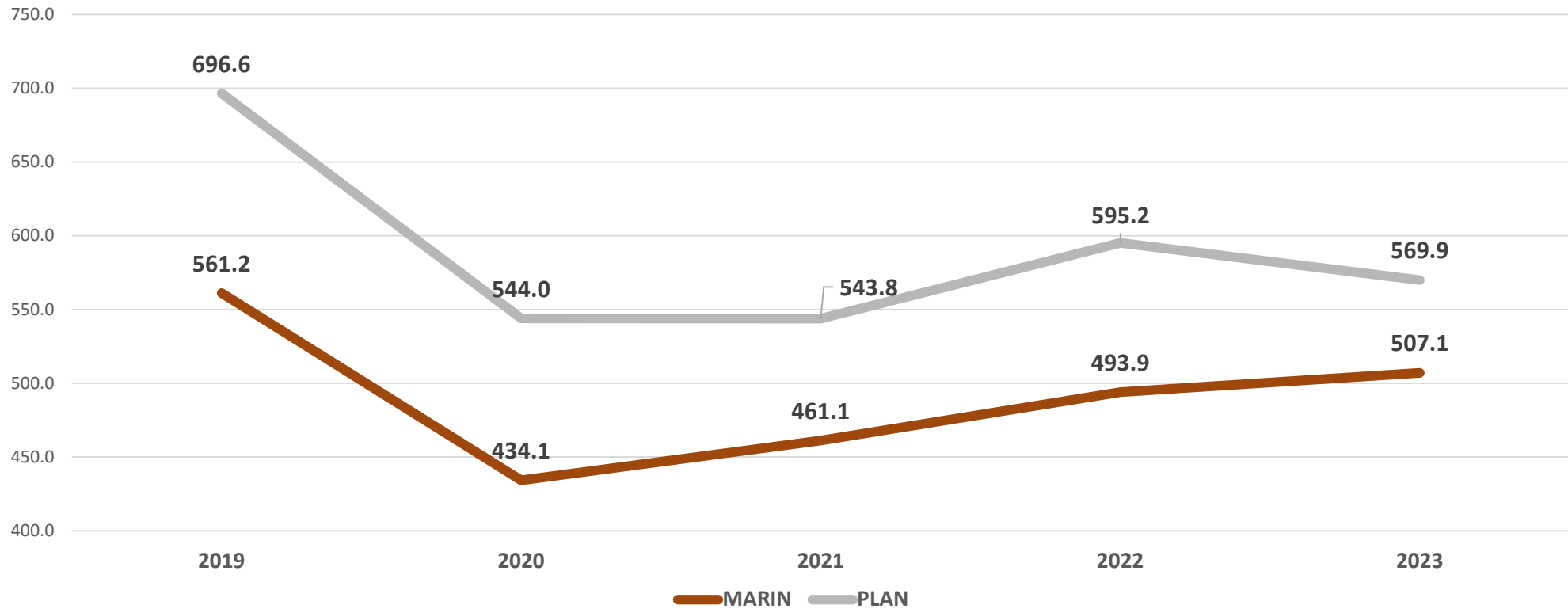
Emergency Department, Hospital, and Provider Utilization





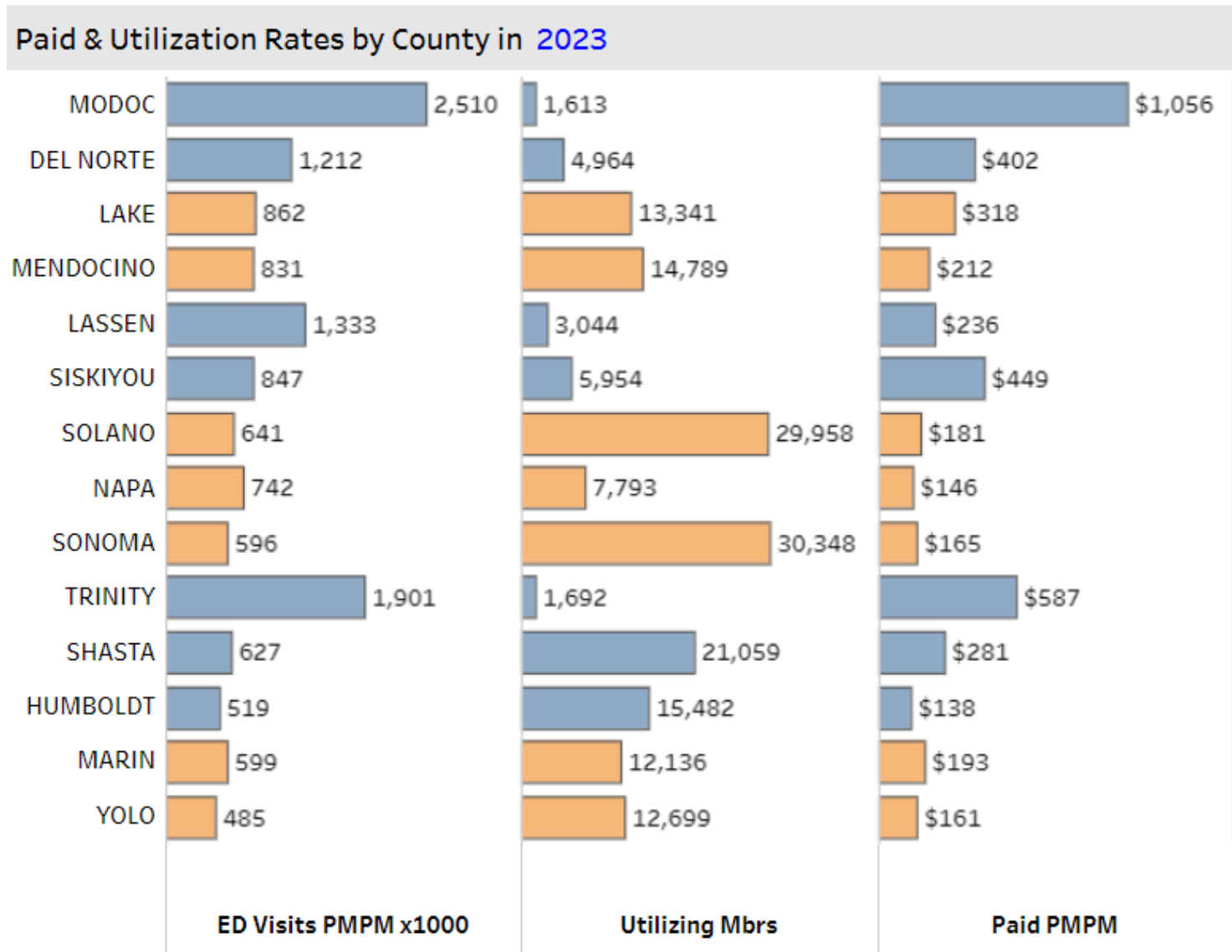
County Annual Emergency Department Use Trend (2019-2023)

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



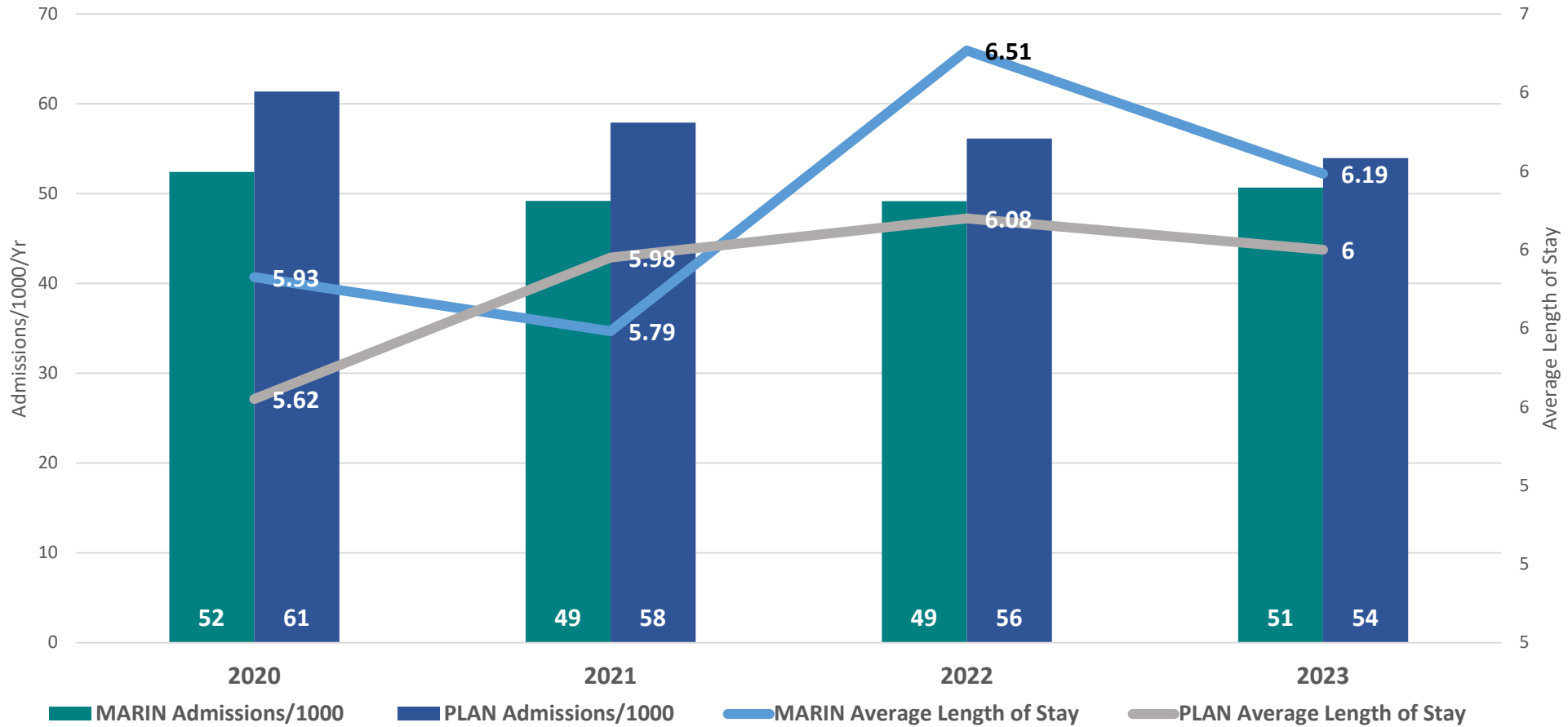
Marin County ED visit rates are lower than the Partnership use rate.

Emergency Department Utilization (2023)



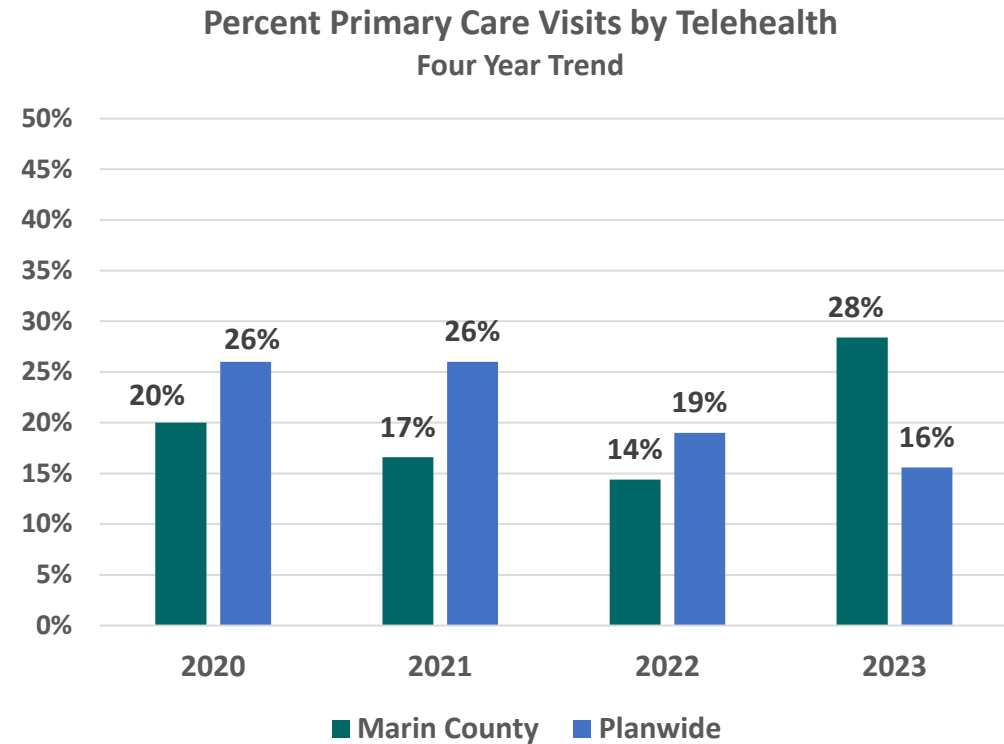
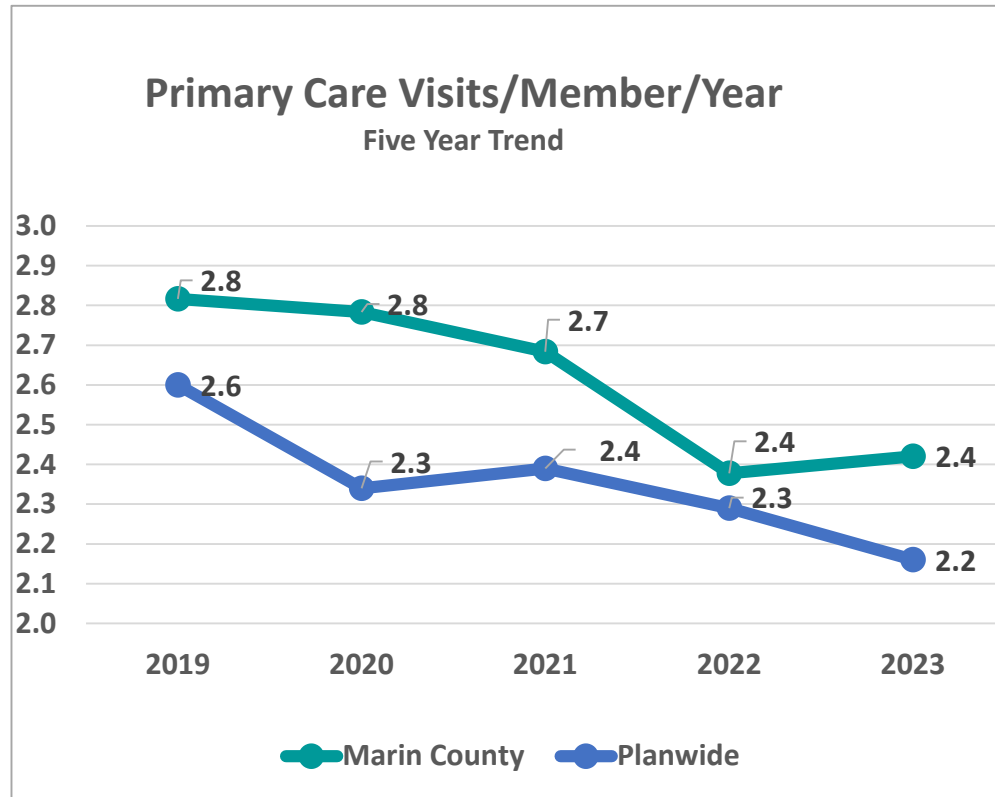
County Hospital Use Rates (2020-2023)

Acute Hospital Admissions & Average Length of Stay



Marin County hospital length of stay has risen above Plan average for 2022 through 2023. The rate of inpatient admissions is below Plan average.

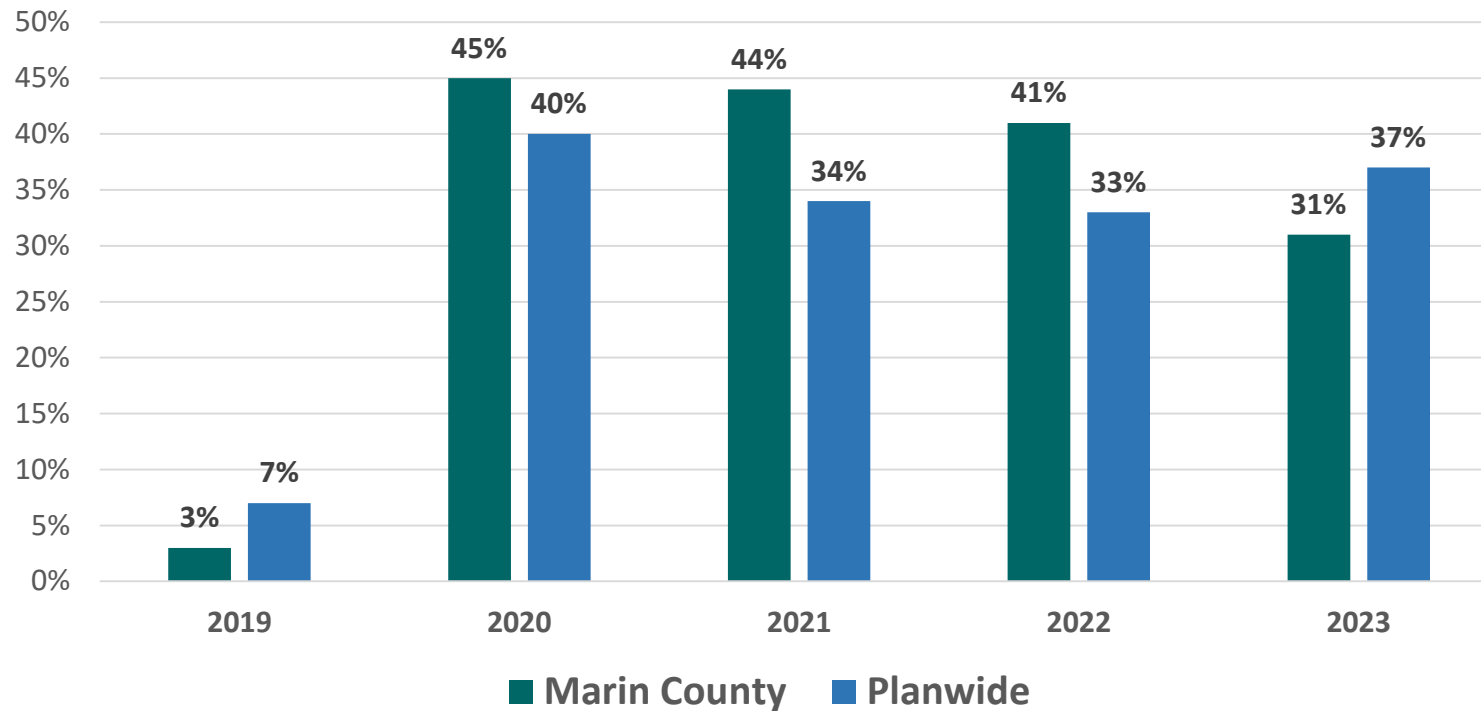
County Primary Care Visit Rates & Telehealth Trends



Primary care visits per member per year in Marin County are higher than the Partnership average. In 2023, 28.4% 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

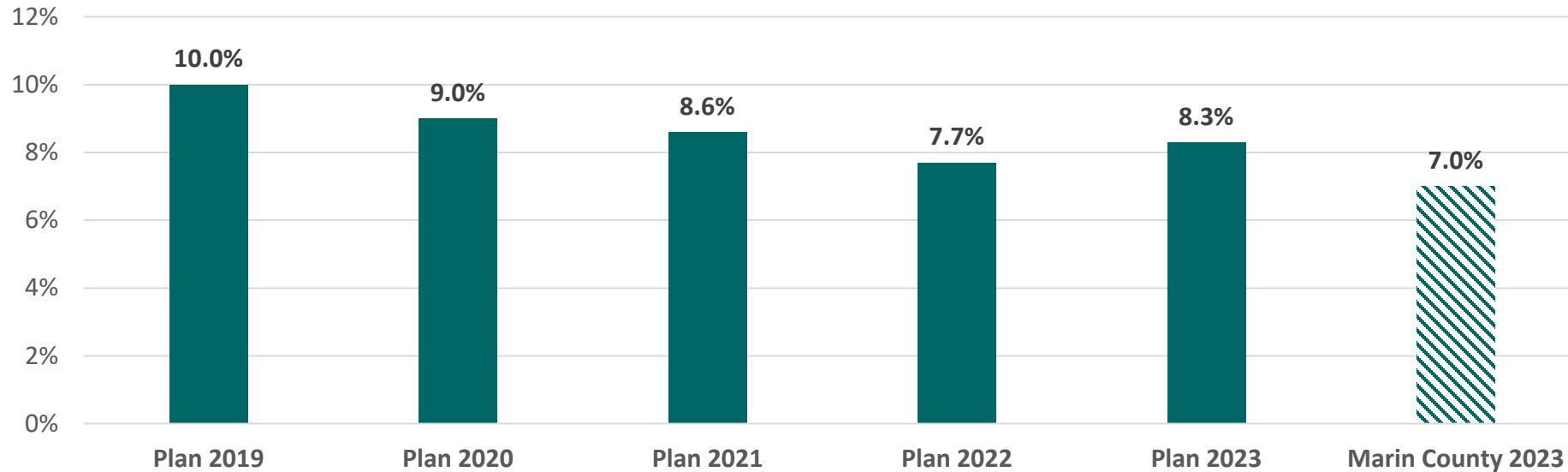


| Specialty (Eight Most Commonly Used Telehealth Specialties) | Percent Visits by Telehealth |
|----------------------------------------------------------------|------------------------------|
| Partnership CY 2023 | |
| Psychiatry | 66% |
| Rheumatology | 39% |
| Endocrinology | 38% |
| Neurology | 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 Marin County are provided by telehealth.

County Behavioral Health Use (All Ages)

Percent of Total Members Using Behavioral Health Services



Marin County Utilization Data for 2023

| Provider Type | Visits 2023 | Ave. Visits per Member |
|--------------------|-------------|------------------------|
| Therapy Services | 25,373 | 8.8 |
| Medical Management | 3,394 | 3.0 |
| Other | 1,931 | 5.5 |



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.

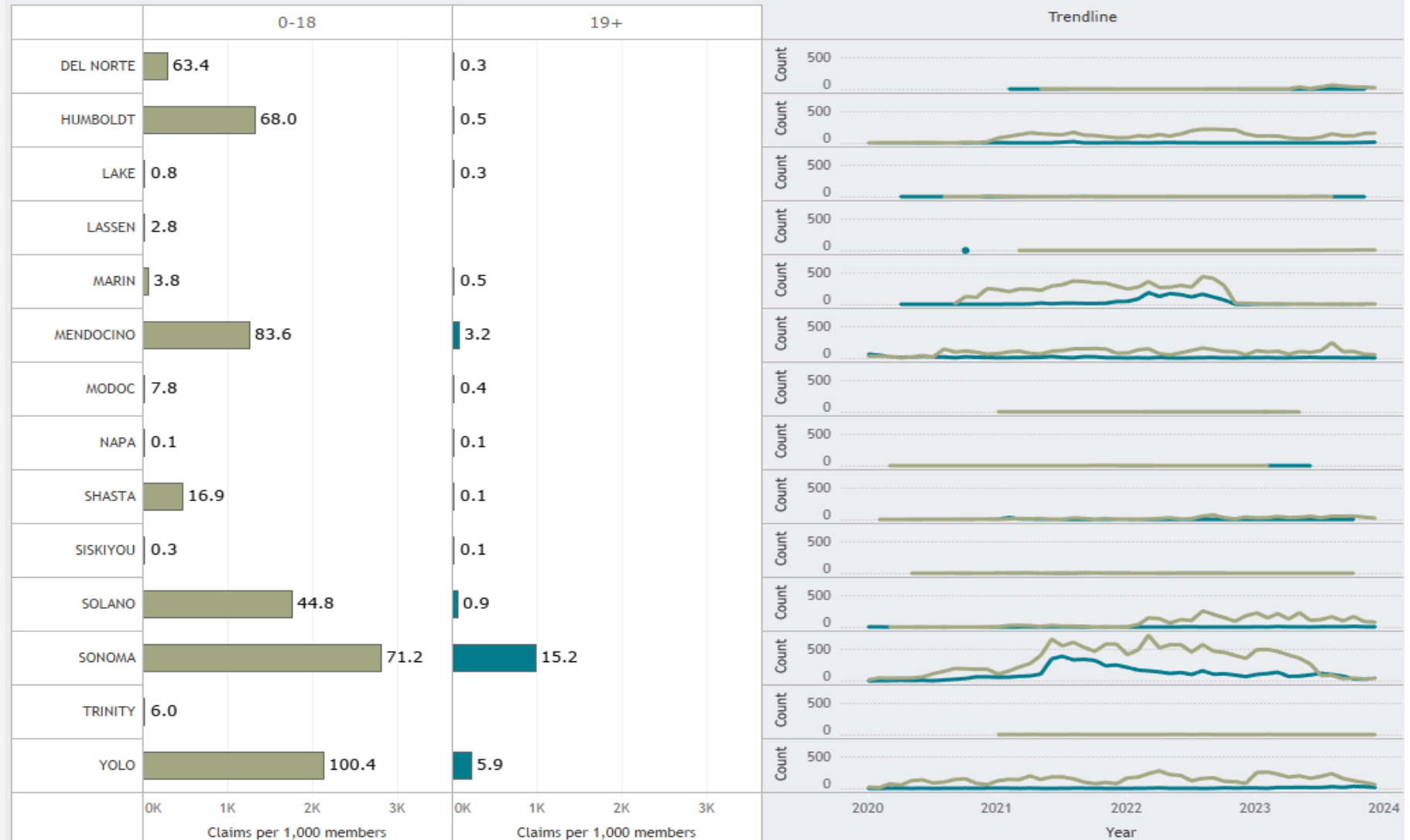
Calculations:

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):**
 - MarinHealth Medical Center: 493 Partnership members delivered, 1490 deliveries total in 2022
- **Marin County births by residence of mother: 2323**
 - Source: CDPH
- **Marin County Partnership member deliveries by residence of mother: 563**
- **Percentage of Partnership members seen in CPSP program: 77.1%**
 - Other county range: 0.6% to 77.1%
- **Prenatal care providers:** Marin Community Clinic, MarinHealth OB/GYN & Urogynecology
- **Sweet Success Program:** East Bay Physicians Medical Group – Endocrine, Washington Hospital Healthcare Systems
- **Birth Center in Marin County:** Marin Family Birth Center (Marin City Health and Wellness)

If you have corrections for this info, please email:
rmoore@partnershiphp.org,
llago@partnershiphp.org, or
ctownsend@partnershiphp.org.



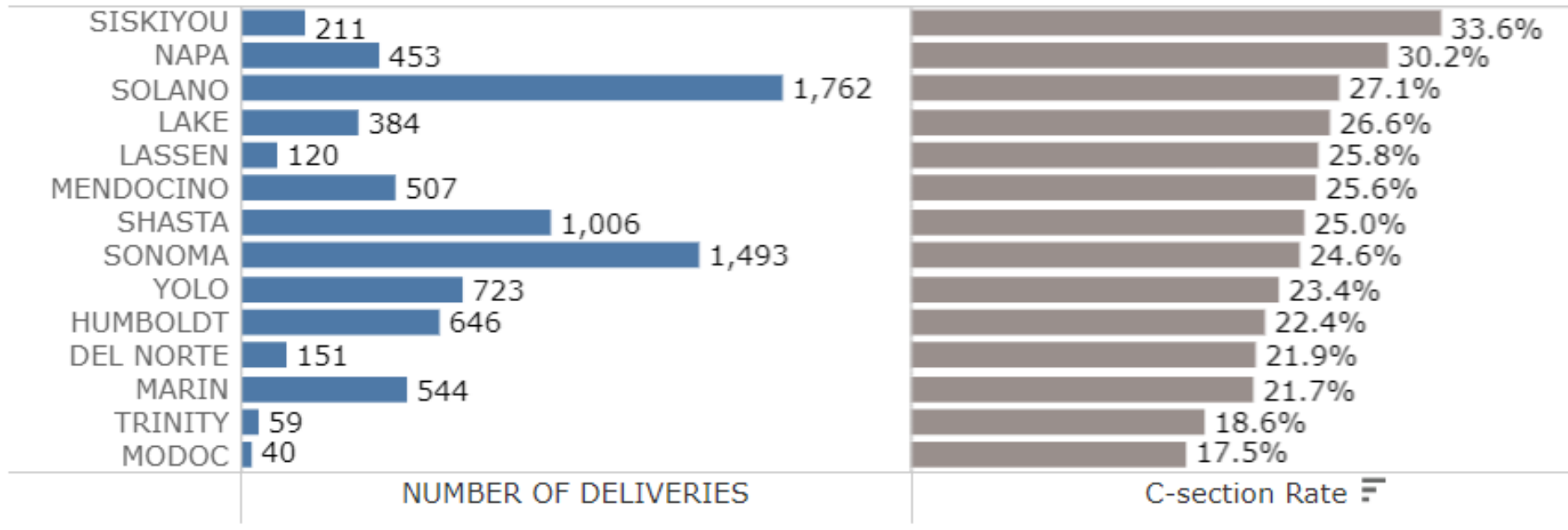
Maternity Data by Provider (2022)

| 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)

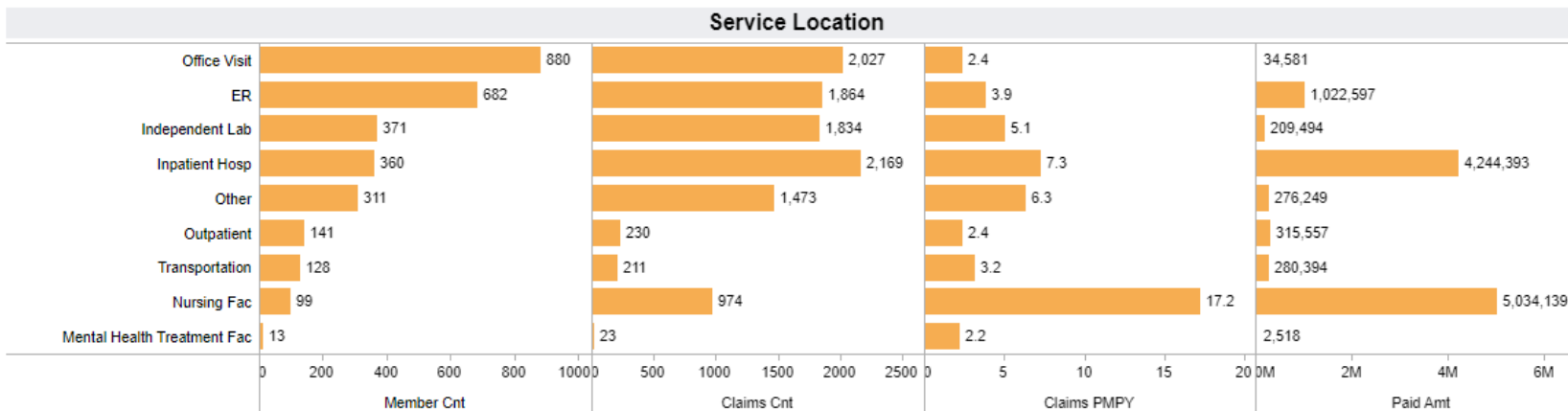
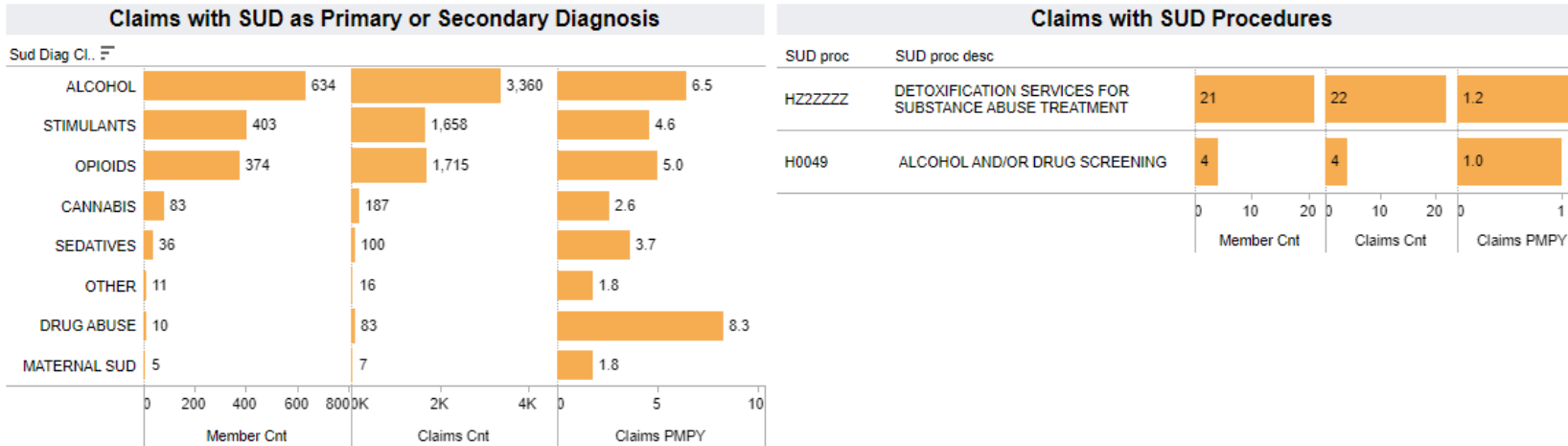
Paid Claims with Substance Use Disorder Diagnoses or Procedures

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: **1,901** Claims Count: **10,803**

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.



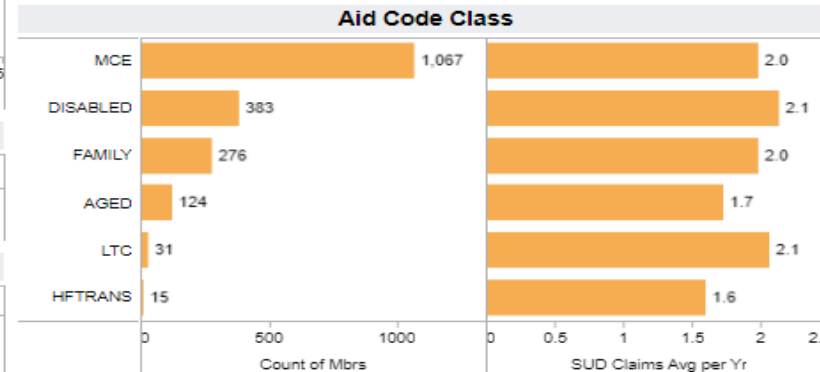
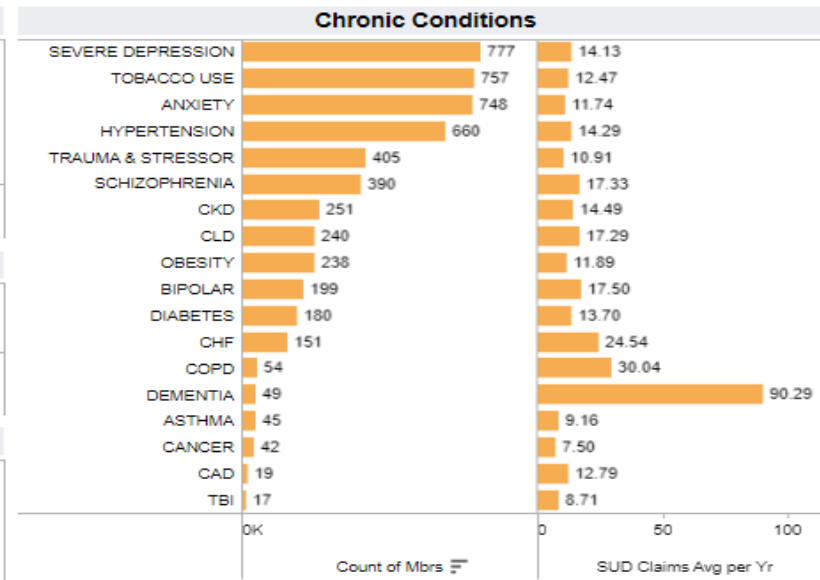
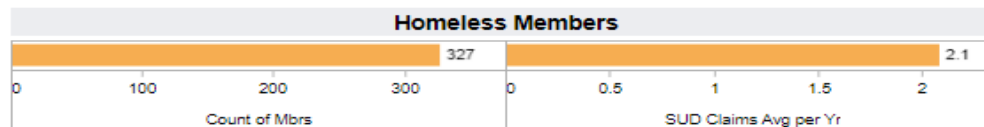
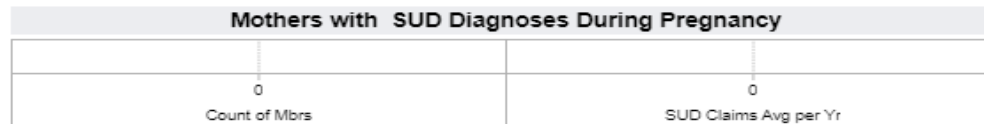
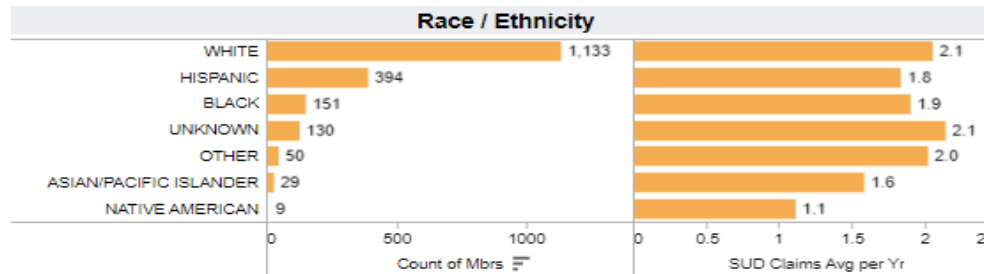
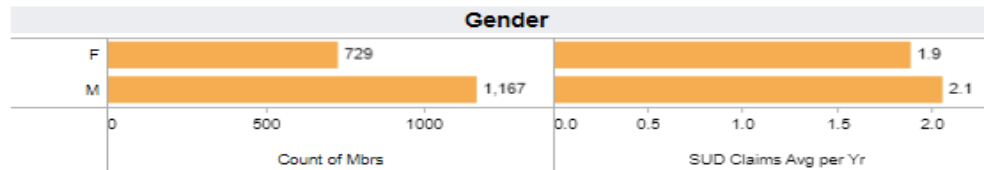
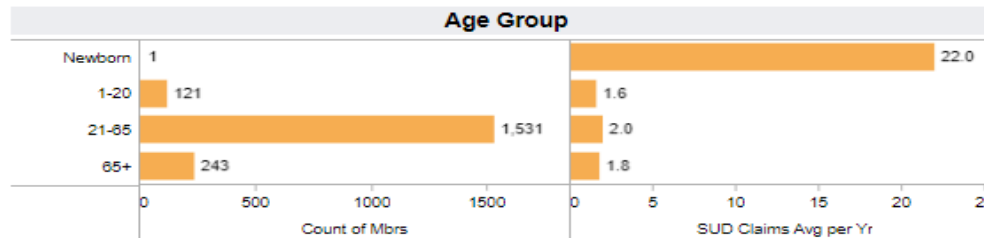
County Demographics of Members Diagnosed with SUD (2023)

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:

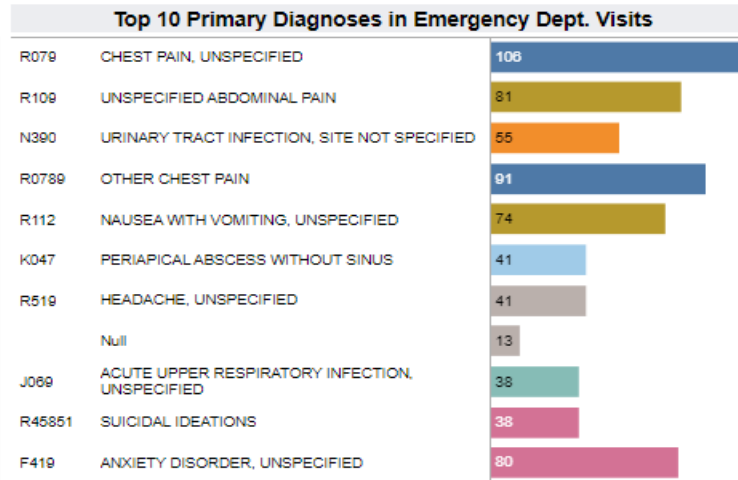
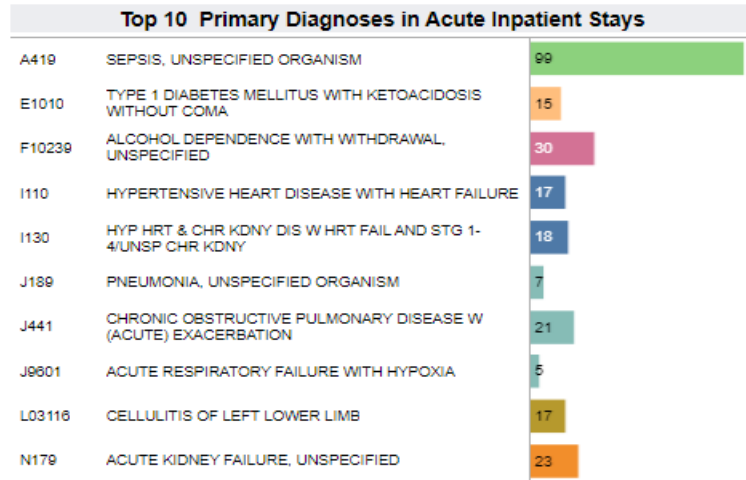


Reasons Members with SUD Used Health Services (2023)

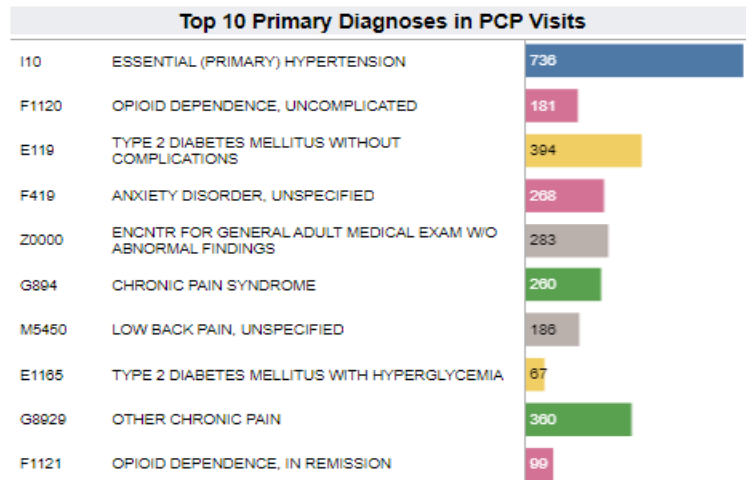
Top Reasons Members with SUD Saw Health Services

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:



- Diagnosis Group**
- Certain infectious and parasitic diseases
 - Diseases of the circulatory system
 - Diseases of the genitourinary system
 - Diseases of the respiratory system
 - Diseases of the skin and subcutaneous ti...
 - Endocrine, nutritional and metabolic dise...
 - Mental, behavioral and neurodevelopme...



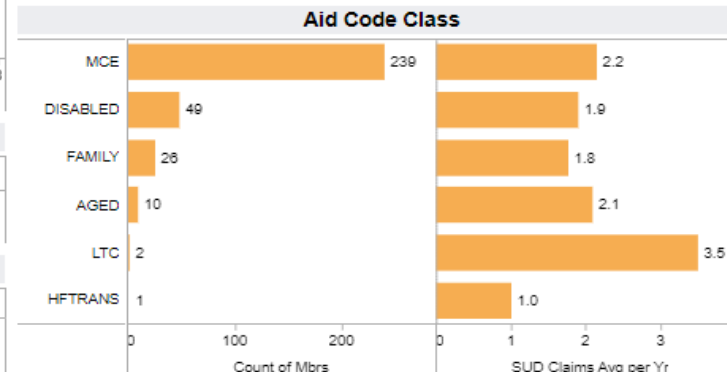
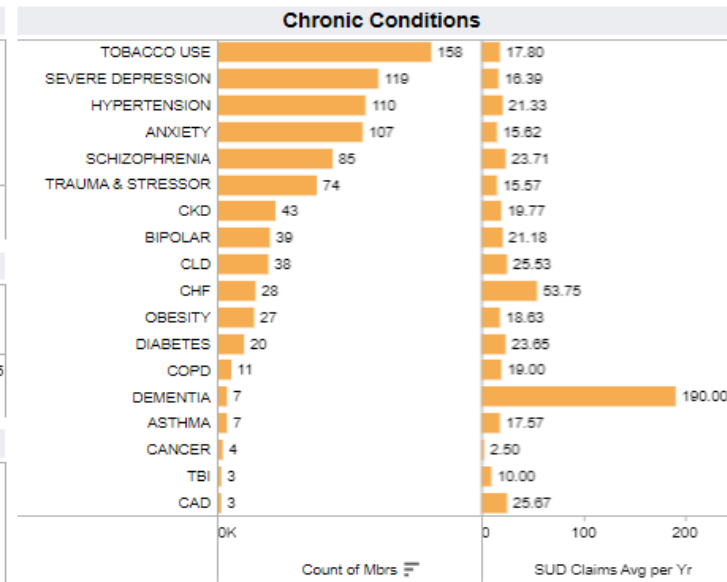
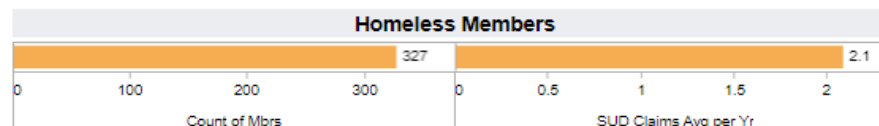
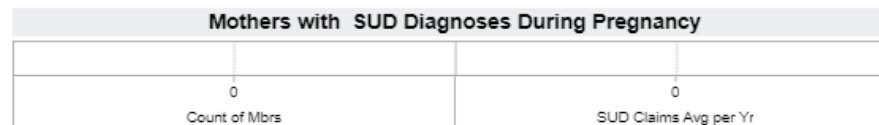
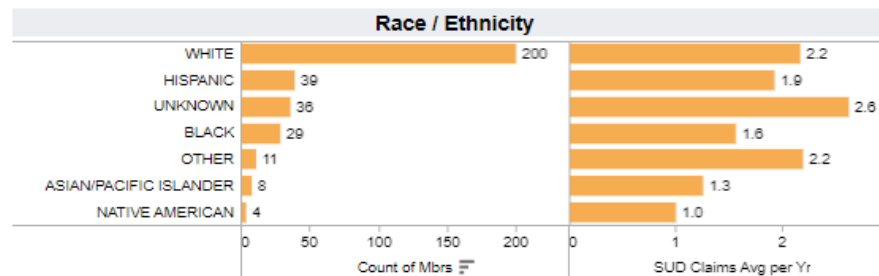
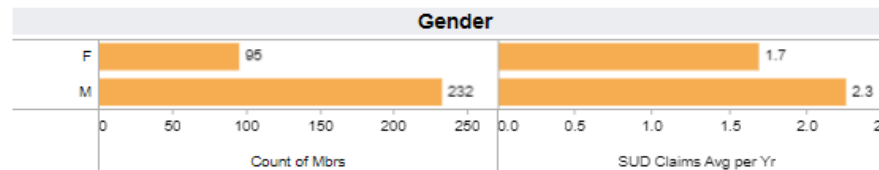
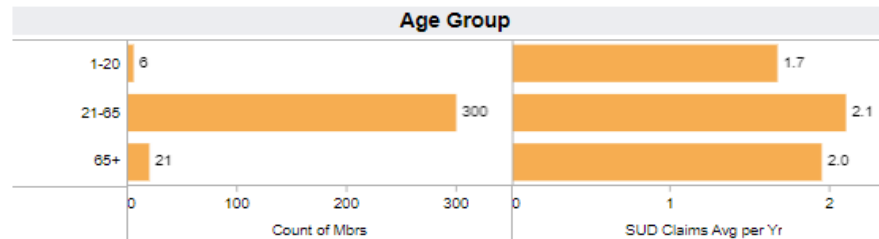
County Homeless with SUD (2023)

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: MARIN | 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

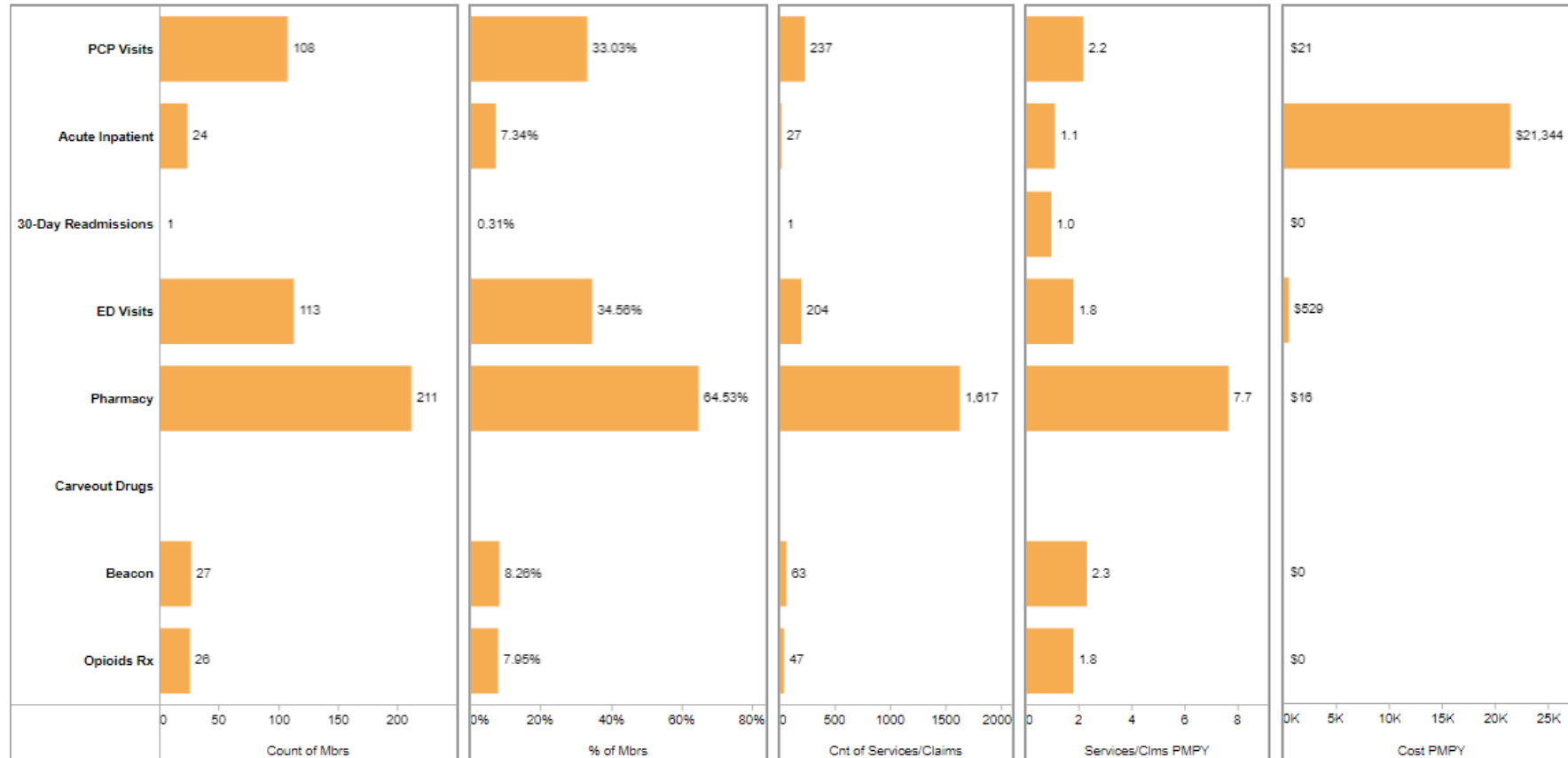
Data Sources: Medical claims (Amisys), MedImpact claims, State Drug Carveout claims, Beacon claims, Membership data



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:
 Choose Location Level:
 Location:
 Homelessness:
 Age Group:
 Kaiser Status:

Utilization Summary by Type of Service



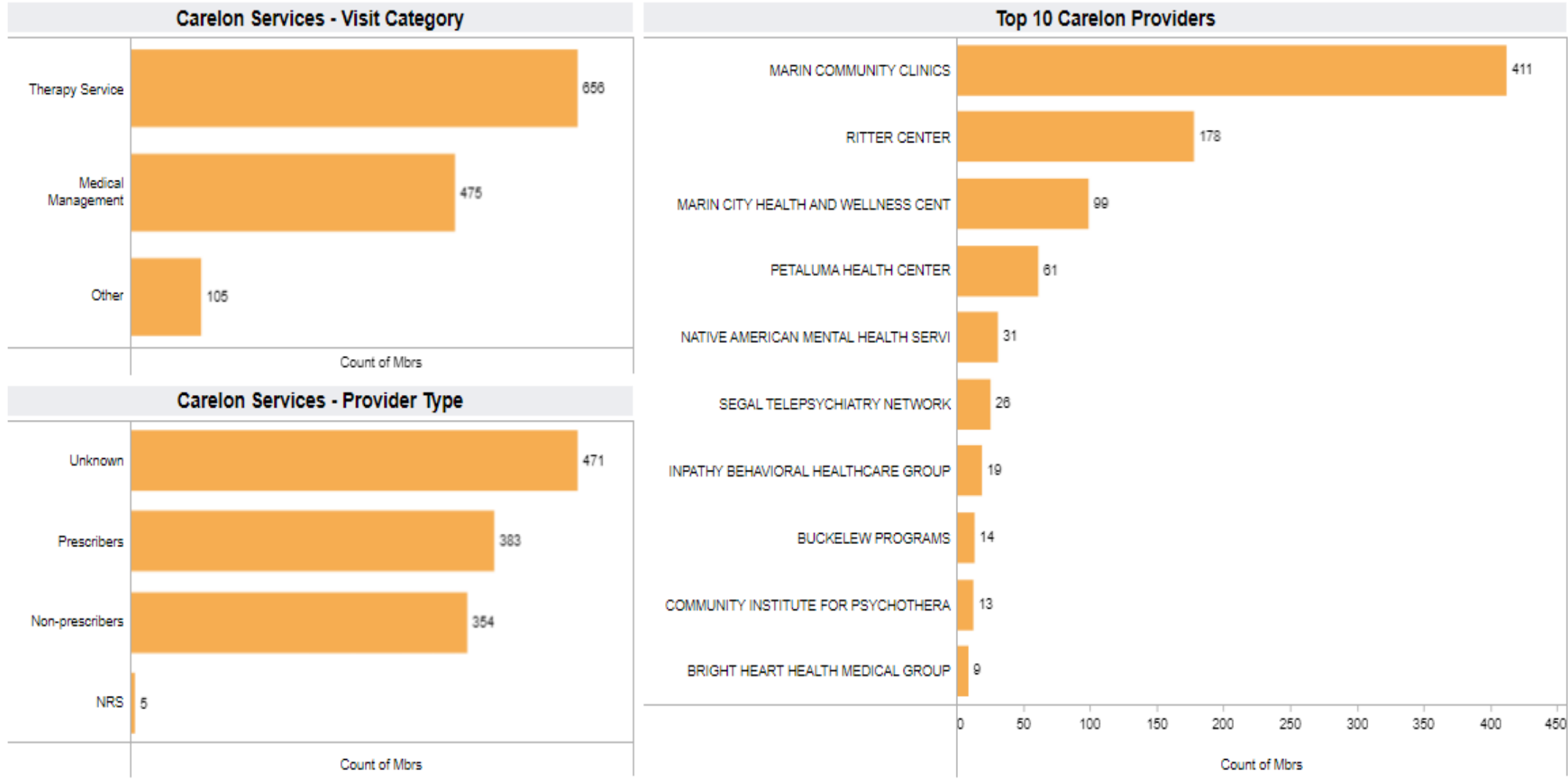
* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

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.

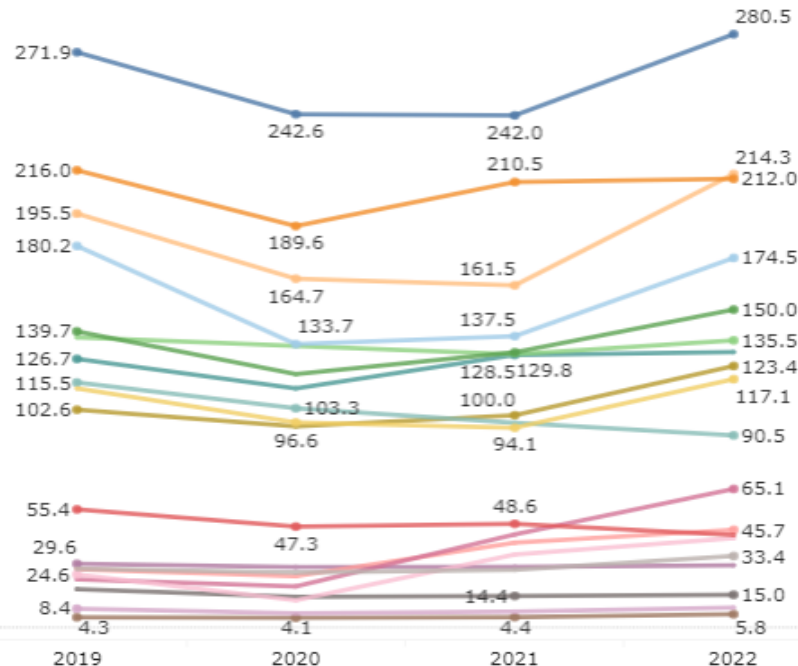


Select Year
2023

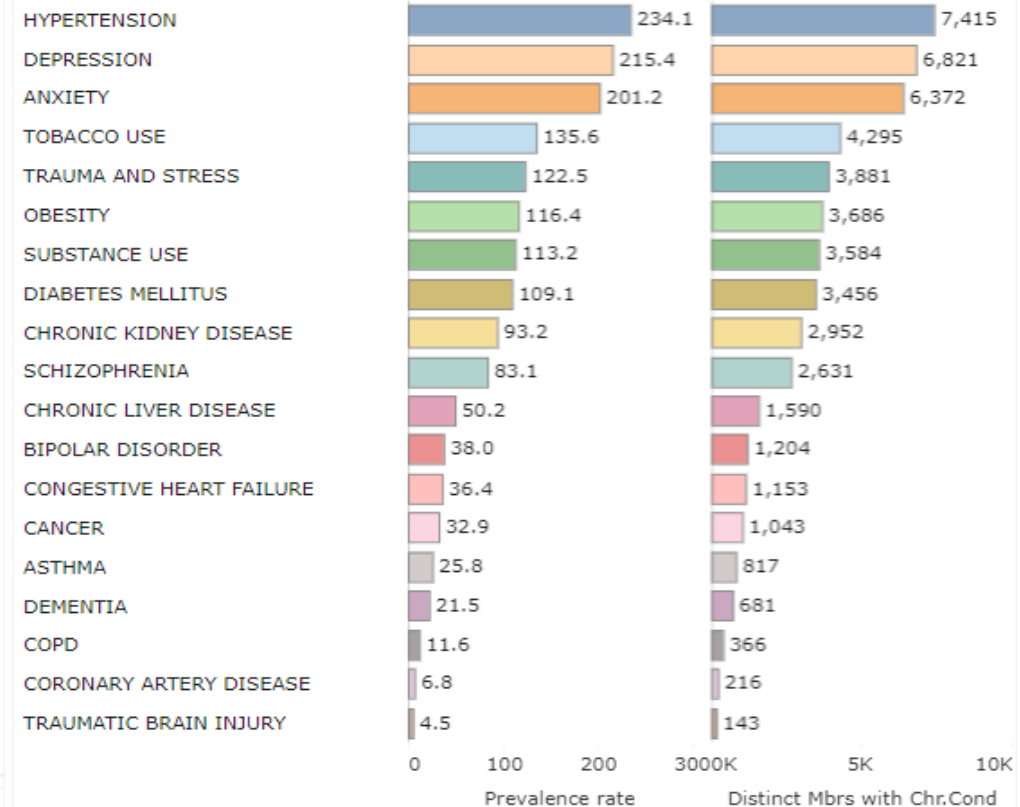
Select Age Group
Adults

Select County
MARIN

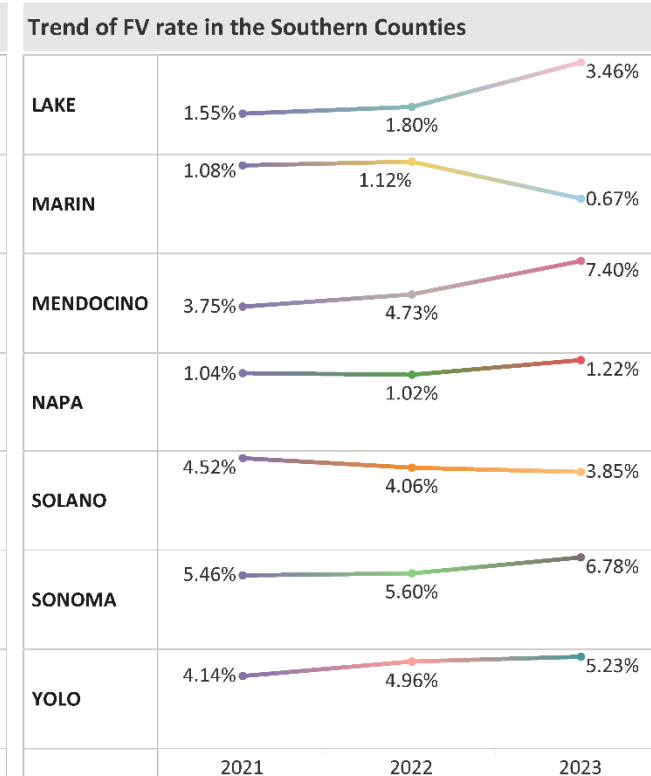
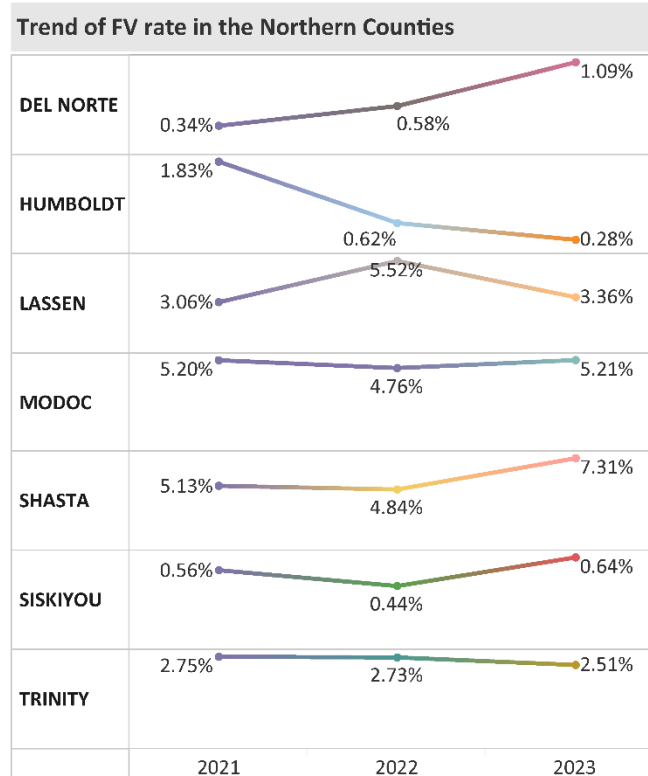
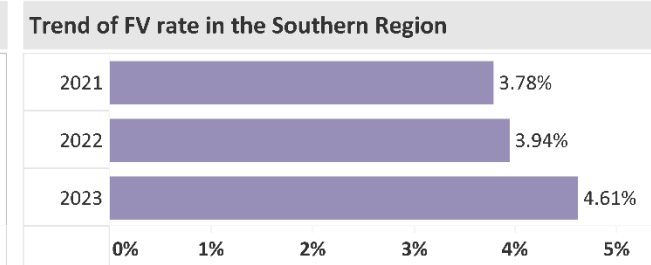
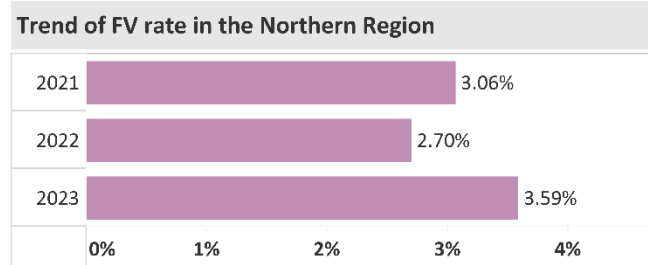
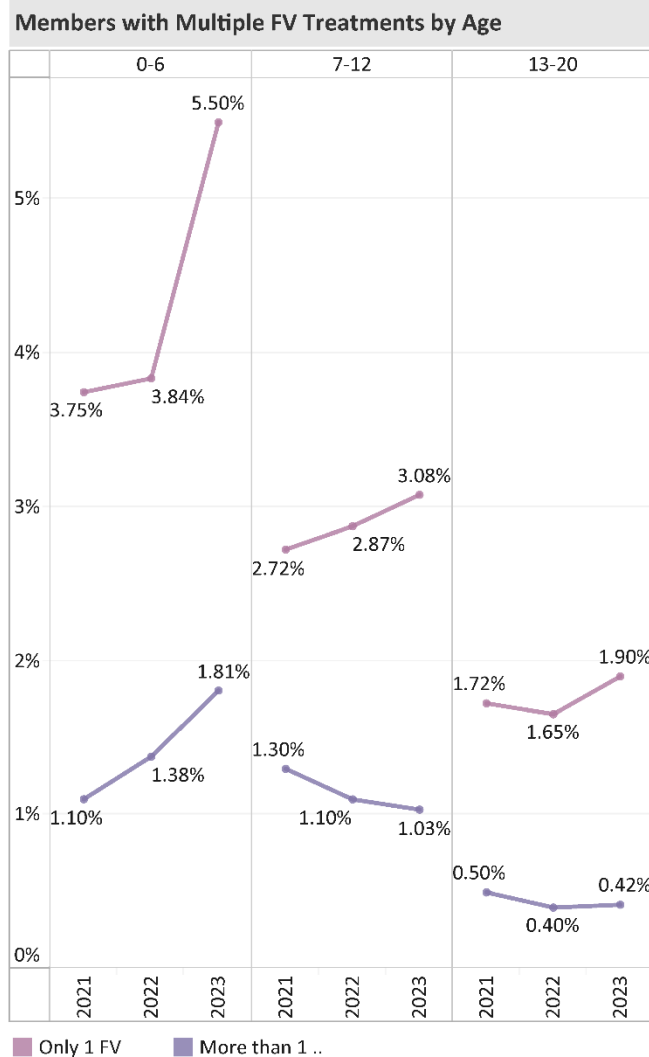
How Does Each Chronic Conditions Prevalence in **Adults** Trend Over the Years?



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 |
| Grand Total | 386 | 91 | 404 |

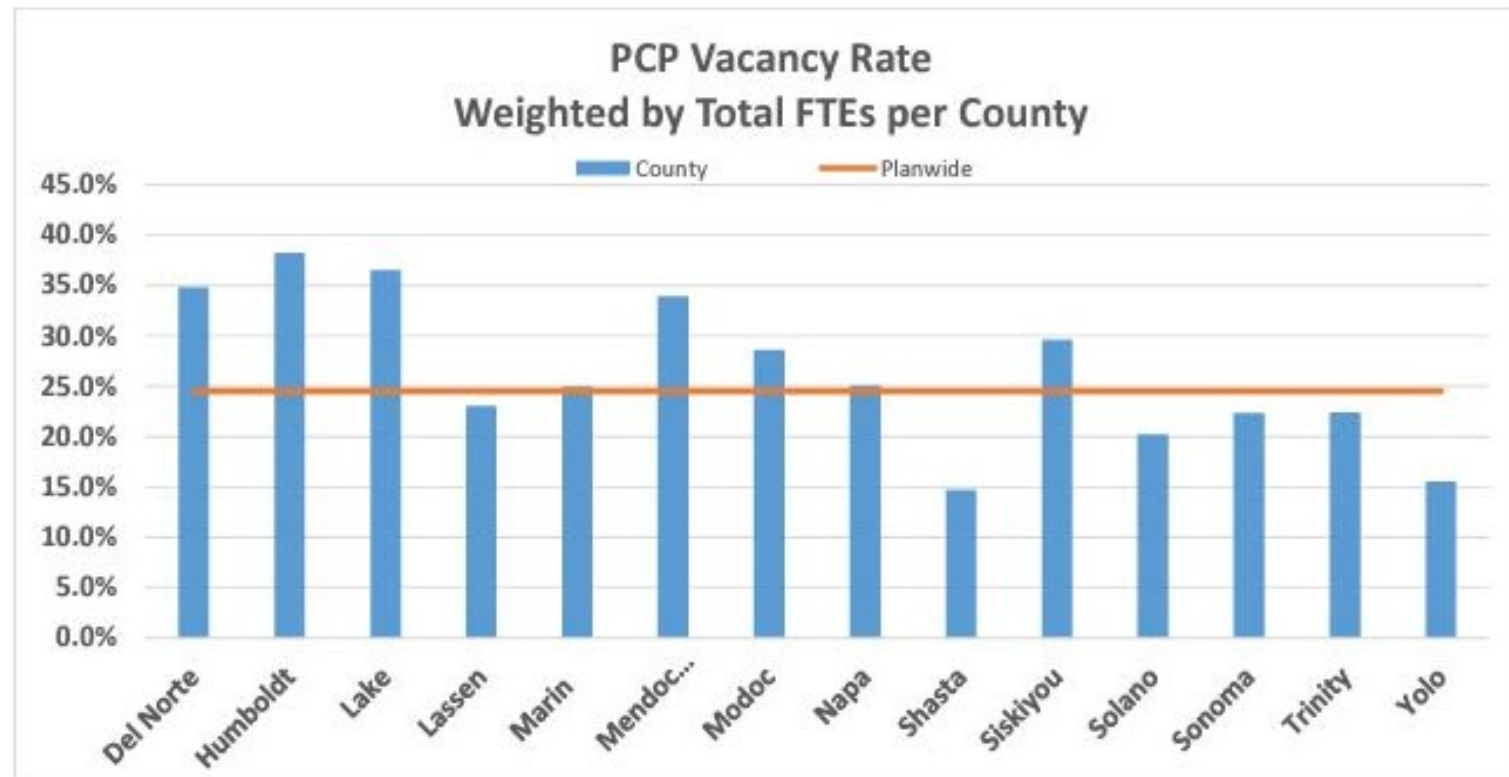


Surveys and Screening Data



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)

1,374

Children Screened for Blood Lead

1,499

Blood Lead Tests

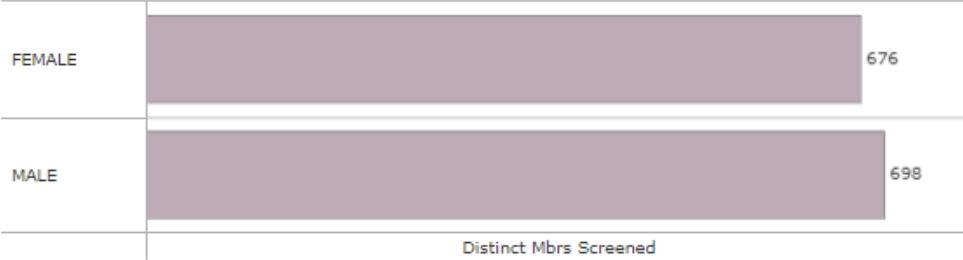
Select Year
2023

Month of Service Date
(All)

Select County
MARIN

Select Age Group
(All)

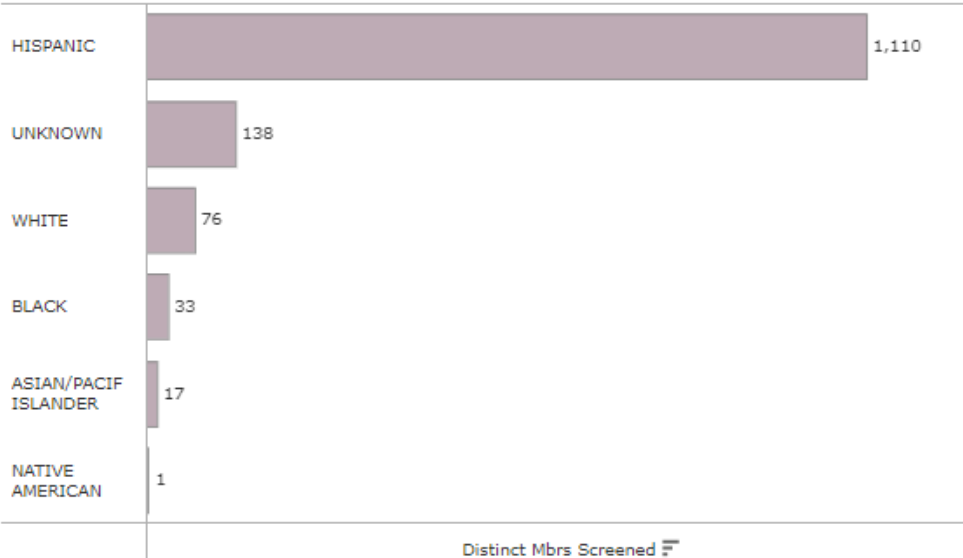
Blood Lead Screening by Gender



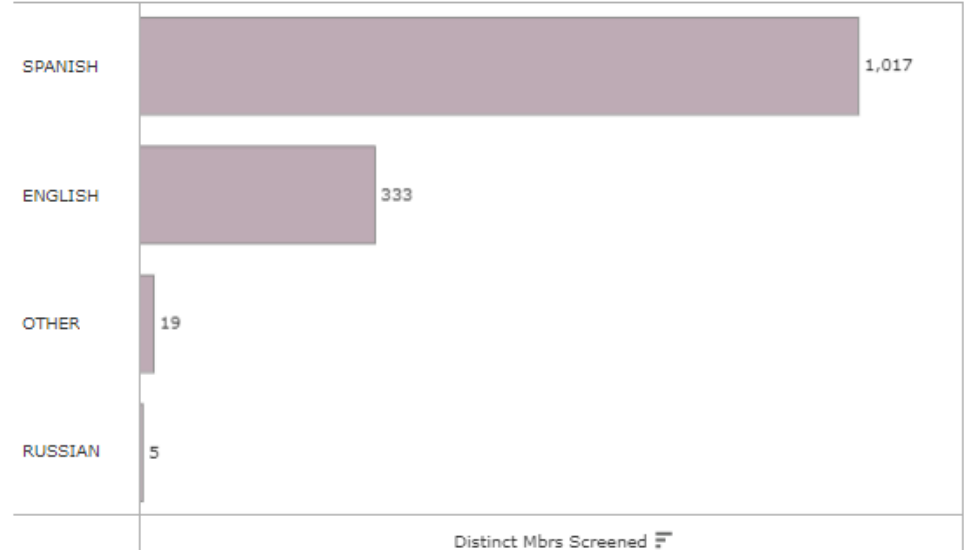
Blood Lead Screening by Aid Category



Blood Lead Screening by Race



Blood Lead Screening by Language





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 |
| Prevention and Equity | | | | | | | | | | | | | | | | | | | |
| Children and Adolescent Well-Care | | | | | | | | | | | | | | | | | | | |
| 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% |
| Women's reproductive health | | | | | | | | | | | | | | | | | | | |
| 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% |
| Cancer screening | | | | | | | | | | | | | | | | | | | |
| 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% | |
| Equity | | | | | | | | | | | | | | | | | | | |
| 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% |
| Other preventive services | | | | | | | | | | | | | | | | | | | |
| 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
Measurement Year 2022 - Reporting Year 2023**



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 | |
| Treatment | | | | | | | | | | | | | | | | | | | | |
| Respiratory | | | | | | | | | | | | | | | | | | | | |
| 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% | |
| Diabetes | | | | | | | | | | | | | | | | | | | | |
| 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% | |
| Heart Disease | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | 60.00% | 62.79% | 40.74% | 43.48% | 64.38% | 62.96% | 61.54% | 46.96% | 56.20% | 63.50% | 69.19% |

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Measurement Year 2022 - Reporting Year 2023**



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 | |
| Behavioral Health--Care Coordination | | | | | | | | | | | | | | | | | | | | |
| 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% | |
| Behavioral Health--Medication Adherence | | | | | | | | | | | | | | | | | | | | |
| 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% | |
| Behavioral Health-- Access, Monitoring and Safety | | | | | | | | | | | | | | | | | | | | |
| 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% | |

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



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 |
| Risk-Adjusted Utilization | | | | | | | | | | | | | | | | | | | |
| 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 |
| Overuse of Opioids | | | | | | | | | | | | | | | | | | | |
| 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% |
| Other Treatment Measure | | | | | | | | | | | | | | | | | | | |
| 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>*Antidepressant Medication Management (AMM)</p> | <ul style="list-style-type: none"> • Continuation Phase Treatment. • Acute Phase Treatment. | <ul style="list-style-type: none"> • 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"> ○ Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). ○ Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). |
| <p>*Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</p> | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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. <p><i>Note: 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> |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase (ADD)</p> | <ul style="list-style-type: none"> • Initiation Phase. • Continuation and Maintenance (C&M) Phase. | <ul style="list-style-type: none"> • 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"> ○ 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. ○ Continuation and Maintenance (C&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. |
| <p>*Asthma Medication Ratio (AMR)</p> | <ul style="list-style-type: none"> • 5–64 years. • Total. | <ul style="list-style-type: none"> • 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. |
| <p>*Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP)</p> | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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. |
| <p>*Breast Cancer Screening (BCS)</p> | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|--------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cervical Cancer Screening (CCS) | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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"> ○ Women 21–64 years of age who had cervical cytology performed within the last 3 years ○ Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years ○ Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years |
| Childhood Immunization Status (CIS) | <ul style="list-style-type: none"> • Combination 10 | <ul style="list-style-type: none"> • 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"> ○ Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza). |
| *Chlamydia Screening in Women (CHL) | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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. |

Partnership HealthPlan of California
Measurement Year 2022 - Reporting Year 2023



| HEDIS Measure | Measure Indicator | Measure Definition |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comprehensive Diabetes Care (CDC) | <ul style="list-style-type: none"> • Eye Exams • Blood Pressure Control (<140/90) • HbA1c Control (<8%) | <ul style="list-style-type: none"> • 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"> ○ Eye exams-Screening or monitoring for diabetic retinal disease as identified by administrative data (See measure definition) ○ BP Control <140/90 mm Hg The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review. ○ HbA1c Control (<8%) The member is numerator compliant if the most recent HbA1c level is <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. |
| Controlling High Blood Pressure (CBP) | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. |
| *Risk of Continued Opioid Use (COU) | <ul style="list-style-type: none"> • 31-day rate • Total | <ul style="list-style-type: none"> • 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"> ○ The percentage of members with at least 15 days of prescription opioids in a 30-day period. ○ The percentage of members with at least 31 days of prescription opioids in a 62-day period. <p>Note: A lower rate indicates better performance.</p> |
| *Appropriate Testing for Pharyngitis(CWP) | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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. |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | <ul style="list-style-type: none"> Diabetes Screening | <ul style="list-style-type: none"> 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. |
| ***Flu Vaccinations for Adults Ages 18-64 (FVA) | <ul style="list-style-type: none"> Flu Vaccinations | <ul style="list-style-type: none"> 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. |
| ***Medical Assistance With Smoking and Tobacco Use Cessation (MSC) | <ul style="list-style-type: none"> Advising Smokers and Tobacco Users to Quit | <ul style="list-style-type: none"> 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. |
| *Follow-Up After Hospitalization for Mental Illness (FUH) | <ul style="list-style-type: none"> 7 Days | <ul style="list-style-type: none"> 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"> 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. 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. |

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| HEDIS Measure | Measure Indicator | Measure Definition |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Follow-Up After Emergency Department Visit for Mental Illness (FUM) | <ul style="list-style-type: none"> • 7 days • Total | <ul style="list-style-type: none"> • 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"> ○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). |
| *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA) | <ul style="list-style-type: none"> • 7 days • Total | <ul style="list-style-type: none"> • 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"> ○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). |
| *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) | <ul style="list-style-type: none"> • 7 days • Total | <ul style="list-style-type: none"> • 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"> ○ 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. |
| *Use of Opioids at High Dosage (HDO) | <ul style="list-style-type: none"> • High Dose Opioid Rx | <ul style="list-style-type: none"> • The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year. <p>Note: A lower rate indicates better performance.</p> |
| Blood Pressure Control (<140/90) for Patients With Diabetes (BPD) | | <ul style="list-style-type: none"> • The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year. |

Partnership HealthPlan of California
Measurement Year 2022 - Reporting Year 2023



| HEDIS Measure | Measure Indicator | Measure Definition |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hemoglobin A1c Control for Patients With Diabetes — (HBD) | | <ul style="list-style-type: none"> • 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"> • HbA1c Control (<8%) • HbA1c poor control (>9.0%). <p><i>Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</i></p> |
| Eye Exam for Patients With Diabetes (EED) | | <ul style="list-style-type: none"> • The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam. |
| Kidney Health Evaluation for Patients with Diabetes (KED) | | <ul style="list-style-type: none"> • 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. |
| *Initiation and Engagement of Substance Use Disorder Treatment— (IET) | <ul style="list-style-type: none"> • Engagement of SUD Treatment • Total | <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"> ○ 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. ○ Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
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| <p>*Use of Imaging Studies for Low Back Pain (LPB)</p> | <ul style="list-style-type: none"> • Imaging for Low Back Pain | <ul style="list-style-type: none"> • 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"> ○ 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). |
| <p>Immunizations for Adolescents (IMA)</p> | <ul style="list-style-type: none"> • Combination 2 | <ul style="list-style-type: none"> • 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"> ○ Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV). |
| <p>*Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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"> ○ Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year. |
| <p>Prenatal and Postpartum Care (PPC)</p> | <ul style="list-style-type: none"> • Timeliness of Prenatal Care • Postpartum Care | <ul style="list-style-type: none"> • 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"> ○ 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. ○ Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. |

Partnership HealthPlan of California
Measurement Year 2022 - Reporting Year 2023



| HEDIS Measure | Measure Indicator | Measure Definition |
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| Prenatal Immunization Status (PRS-E) | <ul style="list-style-type: none"> • Combination Rate | <ul style="list-style-type: none"> • The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. |
| *Pharmacotherapy Management of COPD Exacerbation(PCE) | <ul style="list-style-type: none"> • Systemic Corticosteroid • Bronchodilator | <ul style="list-style-type: none"> • 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"> 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. <ul style="list-style-type: none"> ○ Note: <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> |
| *Pharmacotherapy for Opioid Use Disorder(POD) | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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"> ○ 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. |
| *Plan All-Cause Readmissions— (PCR) | <ul style="list-style-type: none"> • Observed-to-Expected Ratio • 18-64 years • Total | <ul style="list-style-type: none"> • 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. Note: <i>For commercial and Medicaid, report only members 18–64 years of age.</i> |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</p> | <ul style="list-style-type: none"> • Non-Medicare 80% Coverage | <ul style="list-style-type: none"> • 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. |
| <p>*Statin Therapy for Patients With Cardiovascular Disease (SPC)</p> | <ul style="list-style-type: none"> • Total. • Statin Therapy. • Statin Adherence 80%. | <ul style="list-style-type: none"> • 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"> ○ Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. ○ Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. |
| <p>* Statin Therapy Statin Therapy for Patients With Diabetes (SPD)</p> | <ul style="list-style-type: none"> • Received Statin Therapy • Statin Adherence 80% | <ul style="list-style-type: none"> • 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"> ○ Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. ○ Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period. |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*Use of Opioids from Multiple Providers (UOP)</p> | <ul style="list-style-type: none"> • Multiple Prescribers and Multiple Pharmacies | <ul style="list-style-type: none"> • The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported. <ul style="list-style-type: none"> ○ Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year. ○ Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. ○ 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). <p>Note: A lower rate indicates better performance for all three rates.</p> |
| <p>*Appropriate Treatment for Upper Respiratory Infection (URI)</p> | <ul style="list-style-type: none"> • Total | <ul style="list-style-type: none"> • 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. <p>Note: The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{eligible population})]$. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</p> |
| <p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p> | <ul style="list-style-type: none"> • BMI Percentile Documentation | <ul style="list-style-type: none"> • 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"> ○ 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. |

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 age15-30 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"> Non-Medicare Total | <ul style="list-style-type: none"> 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. |
| Cervical Cancer Screening (CCS) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> Women 21–64 years of age who had cervical cytology performed within the last 3 years Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years |
| *Child and Adolescent Well-Care Visits (WCV) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year. |
| Childhood Immunization Status (CIS) | <ul style="list-style-type: none"> Combination 10 | <ul style="list-style-type: none"> 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"> Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza). |
| *Chlamydia Screening in Women (CHL) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> Total. The sum of the age stratifications. |

Partnership HealthPlan of California
Measurement Year 2022 / Reporting Year 2023



| HEDIS Measure | Measure Indicator | Measure Definition |
|---------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Controlling High Blood Pressure (CBP) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year. |
| *Follow-Up After ED Visit for Mental Illness – 30 days (FUM) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). |
| *Follow-Up After ED Visit for Substance Abuse – 30 days (FUA) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). |
| Immunizations for Adolescents (IMA) | <ul style="list-style-type: none"> Combination 2 | <ul style="list-style-type: none"> 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"> Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV). |
| Hemoglobin A1c Control for Patients With Diabetes (HBD) | <ul style="list-style-type: none"> HbA1c poor control (>9.0%) | <ul style="list-style-type: none"> 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"> HbA1c poor control (>9.0%). The most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. |
| Lead Screening in Children (LSC) | <ul style="list-style-type: none"> Total | <ul style="list-style-type: none"> 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"> At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday. |

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



| HEDIS Measure | Measure Indicator | Measure Definition |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prenatal and Postpartum Care (PPC) | <ul style="list-style-type: none"> • <i>Timeliness of Prenatal Care</i> • <i>Postpartum Care</i> | <ul style="list-style-type: none"> • <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"> ○ <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> ○ <i>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</i> |
| *Well-Child Visits in the First 30 Months of Life (W30) | <ul style="list-style-type: none"> • <i>Well-Child Visits in the First 15 Months</i> • <i>Well-Child Visits for Age 15 Months–30 Months.</i> | <ul style="list-style-type: none"> • <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"> ○ <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> ○ <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> |

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