Healthcare Effectiveness Data and Information Set (HEDIS®)

Measurement Year 2023 / Reporting Year 2024

Managed Care Accountability Set (MCAS)
Summary of Performance
July 2024

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1.0 Notable Changes to the MY2023 Annual Summary of Performance Report

MY2023 continued to host two required separate audits:

- DHCS / MCAS required reporting: Health Service Advisory Group Auditor (this report's focus)
- NCQA HEDIS Health Plan Accreditation / HPA: Advent Advisory Auditor

In MY2023, Partnership observed an increase in overall membership by approximately 5.80%, which resulted in an increase in the eligible population across a subset of measures. A contributing factor to this growth occurred as the state did not begin to reinstate Medi-Cal eligibility re-determinations until April 1, 2023 and the effect on eligibility did not begin until mid-year in 2023. The overall impact of resumed re-determinations is expected to bring greater stabilization to membership over the next 1-2 years. Additionally, Partnership observed a slight increase in membership in the age range of 50 years and older which is likely a result of the expanded scope of Medi-Cal which began on May 1, 2022, in which immigration status was no longer a determining factor for eligibility for full scope of Medi-Cal for those age 50 years and older.

Partnership observed an increase in pharmacy and mental health claims impacting multiple measures. Integration of new data sources is ongoing and contributed to an overall improvement in a subset of clinical measures.

Additionally, in MY2023 Partnership focused on collecting new Electronic Clinical Data Systems (ECDS) data to primarily support the depression screening measures, which are presently designated as reporting only measures by DHCS. This required the primary source verification process mandated and audited by NCQA and its certified auditors. The ECDS data collection method is still new to many providers; many of whom are still learning to ensure their EHR system and source data align, as is required for primary source verification. Consequently, Partnership was only able to integrate ECDS data from eight (8) providers. We are continuing efforts to collect and integrate this data utilizing an NCQA data aggregator, which we are currently piloting.

NCQA released a number of changes to HEDIS® measurement specifications that applied to MY2023 including the following:

- **Deceased Members, General Guideline 16:** Exclude members who die any time during the measurement year. *Deceased members were previously considered an optional exclusion.*
- **Race and Ethnicity Stratification, General Guideline 31:** Listed additional measures which have instructions to categorize members by their RES. Added instructions on reporting "Unknown" race and ethnicity category values.
- **Exclusions**: Moved all optional exclusions to required exclusions.
- **Palliative Care Direct Reference:** In measures where palliative care is specified as a required exclusion, added a direct reference code for palliative *care: ICD-10-CM code Z51.5*
- **Frailty Cross-Cutting Exclusion:** In measures with the frailty cross-cutting exclusion (i.e. exclude members 66 years and older with frailty and advanced illness), updated the number of occurrences of frailty required. Increased from one (1) to two (2) required occurrences of frailty.

Additionally, NCQA released changes to an existing clinical measure used in DHCS MCAS for MY2023:

- Breast Cancer Screening (BCS-E) using ECDS methodology replaced Breast Cancer Screening (BCS), which was an administrative measure.

Partnership successfully launched our HEDIS® MY2023/RY2024 data collection and reporting audits incorporating all changes as noted above.

DHCS MCAS Accountable Measures

In MY2023/RY2024 HEDIS® Annual Final Reporting, DHCS is holding managed care plans (MCPs) accountable and imposing financial sanctions on 18 selected Hybrid and Administrative measures performing below the minimum performance level (MPL - 50th national Medicaid percentile) by reporting region, up from 15 accountable MCAS measures in MY2022.

Results of an additional 24 MCAS measures were reported, but were not part of the accountability measure set in MY2023 ("reporting only measures"). The full list of MY2023 MCAS measures can be found on the DHCS website: https://www.dhcs.ca.gov/dataandstats/reports/Documents/Medi-Cal-Accountability-Set-Reporting-Year-2024.pdf

The same 15 MCAS measures from MY2022 continued into MY2023. The three new accountable measures added include reinstatement of the Asthma Medication Ratio (AMR) measure, which was paused in MY2022, but was previously an accountable measure. Two controversial non-HEDIS measures were also added, based on the 2022 CMS Core Measure Set: Developmental Screening in the First Three Years of Life (DEV), an administrative measure specified by CMS and Topical Fluoride for Children (TFL-CH), an administrative measure specified by the Dental Quality Alliance (DQA). Per recently released APL 24-004, DHCS designates MPLs for CMS Core Set measures in the current MY using previous Federal Fiscal Year (FFY) benchmarks as its basis.

Much of the measure performance analysis that follows is based on the performance of the 16 accountable MCAS measures per NCQA Quality Compass 2023 Benchmarks, developed on MY2022 performance.

2.0 MCAS Summary of Performance by Region

Regional Distribution of Measures by Percentile Ranking

	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST
90th (HPL)			2	2
75th		2	4	2
50th (MPL)	4	3	4	8
25th	3	5	4	2
<25th	9	6	2	2

2.1 MCAS Measures at or Above the High Performance Level (HPL) – 90th Percentile

Measures	SOUTHEAST	SOUTHWEST
Immunizations for Adolescents (IMA) - Combo 2	●	
Prenatal and Postpartum Care (PPC) - Postpartum care	●	●
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care		●

2.2 MCAS Measures below the Minimum Performance Level (MPL) - 50th Percentile

In MY2023/RY2024 HEDIS Annual Final Reporting, DHCS is holding managed care plans (MCPs) accountable and imposing sanctions on selected Hybrid and Administrative measures performing below the minimum performance level (MPL- Medicaid 50th national percentile) by reporting region.

Note: *This table provides the final rankings on rates in which Partnership performed below the 50th MPL percentile rankings provided by DHCS.*

Measures	NORTHEAST	NORTHWEST	SOUTHEAST	SOUTHWEST
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	●	●		
***Breast Cancer Screening (BCS-E)*	●	●		
Cervical Cancer Screening (CCS)	●			
Childhood Immunization Status (CIS) - Combo 10	●	●		
Chlamydia Screening in Women (CHL) - Total*	●	●		
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	●	●	●	●
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*		●	●	●
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	●			
Immunizations for Adolescents (IMA) - Combo 2	●	●		
Lead Screening in Children (LSC)	●		●	●
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care		●		
Well Care Visits (WCV) - Total*	●	●	●	
Well Child 30 (W30) - Well child visits for age15-30 months*	●	●	●	
Well Child 30 (W30) - Well child visits in the first 15 months*	●	●	●	●

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

3.0 MCAS Performance Relative to Quality Compass® Medicaid Benchmarks

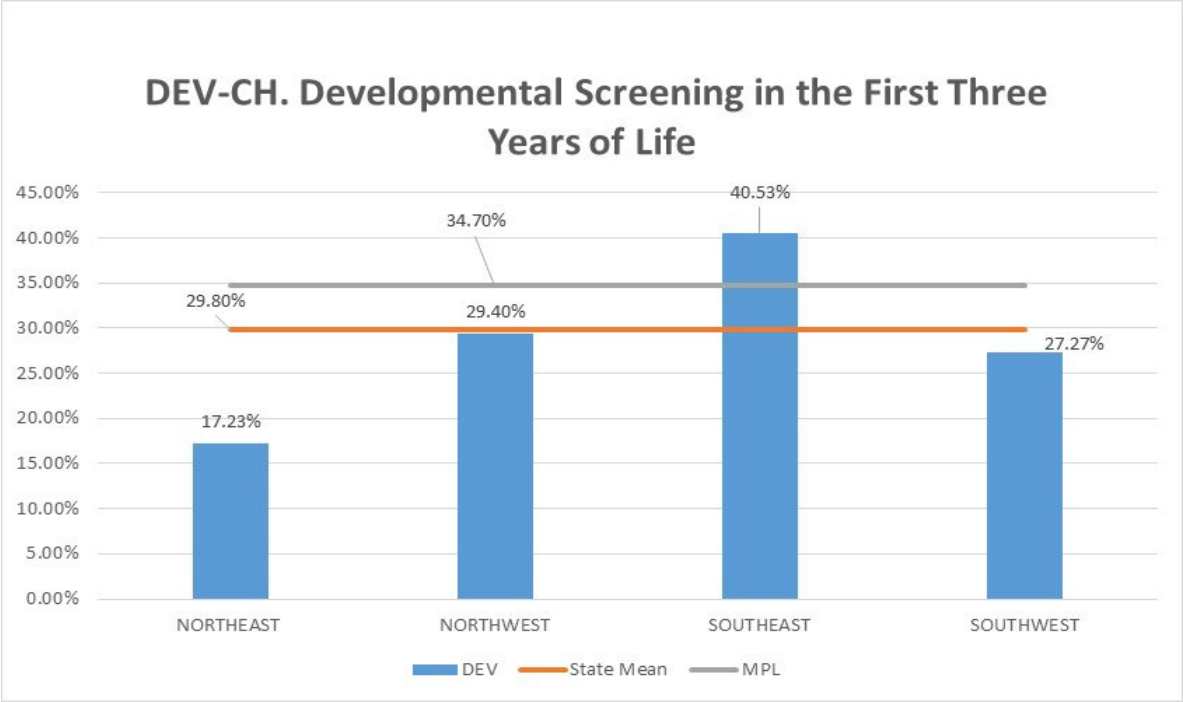
Note: *This table provides the final rankings on rates in which Partnership performed at or above the 50th MPL and the 90th percentile rankings provided by DHCS.*

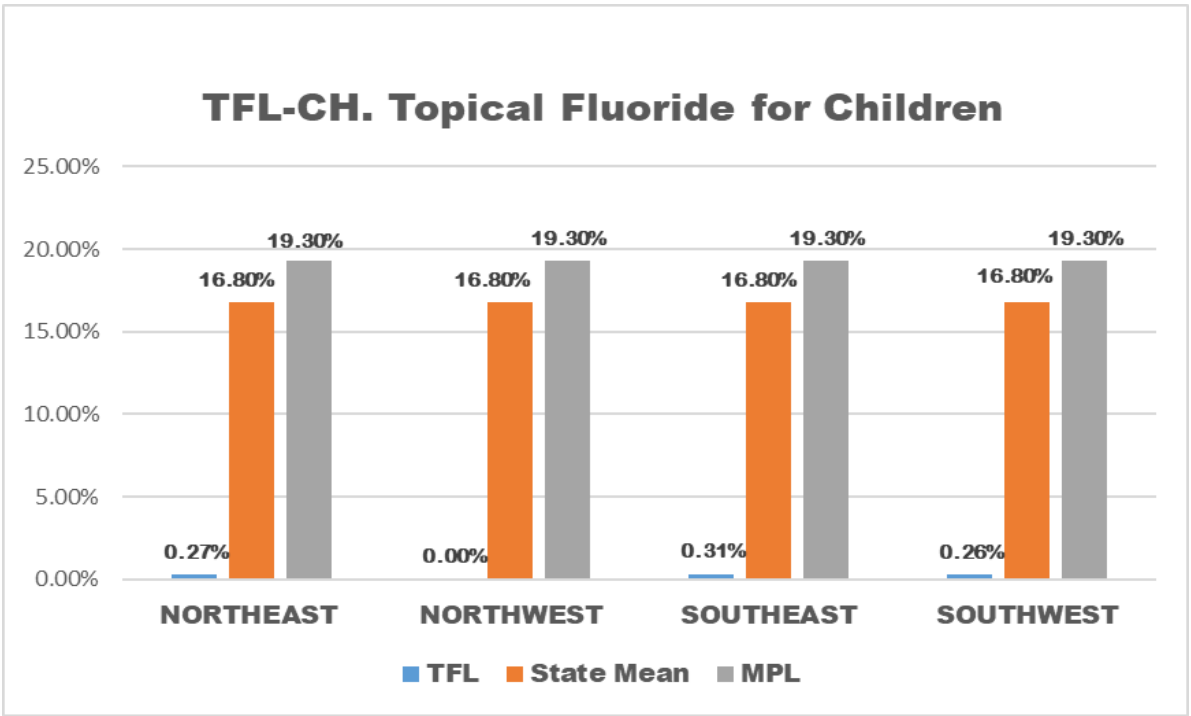
- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level,based on NCQA's Quality Compass Medicaid 50th percentile)

	Regional Performance				National Medicaid Benchmarks			
Measures	**NORTHEAST**	**NORTHWEST**	**SOUTHEAST**	**SOUTHWEST**	**25TH**	**50TH**	**75TH**	**90TH**
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	49.92%	58.54%	69.61%	66.50%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	50.00%	45.64%	59.95%	57.06%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	45.97%	58.72%	59.84%	61.75%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	8.03%	18.98%	44.53%	37.47%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	49.23%	51.78%	59.02%	57.40%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	61.34%	63.14%	64.29%	64.75%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	30.34%	31.60%	27.35%	34.81%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	38.85%	32.46%	29.85%	30.00%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	38.81%	33.15%	31.32%	33.06%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	20.19%	31.87%	51.82%	47.93%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	51.09%	64.96%	61.07%	59.37%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	81.36%	82.19%	87.50%	93.71%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	85.30%	79.00%	88.75%	93.71%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	41.64%	48.03%	47.79%	49.45%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	56.09%	65.44%	65.20%	67.47%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	39.25%	45.26%	36.83%	46.28%	52.84%	58.38%	63.34%	68.09%

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

In MY2023/RY2024 the Developmental Screening in the First Three Years of Life (DEV) and the Topical Fluoride for Children (TFL-CH) measures are newly held accountable to the DHCS minimum performance level (MPL). Performance of both of these measures are presented below using the CMS FFY 2022 State Medians as the designated MPL benchmarks.





3.1 MCAS Percentile Ranking Change from Prior Year

Where measures remained in the MCAS in MY2023, the next table shows that Partnership observed a number of measures within our four reporting regions that declined or improved in percentile ranking relative to prior year. The NCQA Quality Compass 2023 Benchmarks, which were developed based on MY2022 performance, result in the percentile rankings below.

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year
- Rates unavailable for that MY

Regional Performance

Measures	NORTHEAST		NORTHWEST		SOUTHEAST		SOUTHWEST	
	MY2022	2023	MY2022	2023	MY2022	2023	MY2022	2023
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*		<25th		<25th		50th		50th
***Breast Cancer Screening (BCS-E)*	25th	25th	<25th	<25th	75th	75th	50th	50th
Cervical Cancer Screening (CCS)	25th	<25th	25th	50th	75th	50th	90th	50th
Childhood Immunization Status (CIS) - Combo 10	<25th	<25th	<25th	<25th	75th	75th	50th	50th
Chlamydia Screening in Women (CHL) - Total*	25th	<25th	25th	25th	50th	50th	50th	50th
Controlling High Blood Pressure (CBP)	50th	50th	50th	50th	50th	50th	75th	50th
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	90th	50th	75th	25th	90th	25th	75th	25th
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	75th	25th	75th	75th	50th	75th	75th	75th
Immunizations for Adolescents (IMA) - Combo 2	<25th	<25th	<25th	25th	90th	90th	90th	75th
Lead Screening in Children (LSC)	<25th	25th	<25th	50th	<25th	25th	<25th	25th
Prenatal and Postpartum Care (PPC) - Postpartum care	50th	50th	90th	75th	90th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	75th	50th	50th	<25th	25th	75th	90th	90th
Well Care Visits (WCV) - Total*	<25th	<25th	25th	25th	25th	25th	25th	50th
Well Child 30 (W30) - Well child visits for age15-30 months*	<25th	<25th	25th	25th	25th	25th	25th	50th
Well Child 30 (W30) - Well child visits in the first 15 months*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

4.0 MCAS Summary of Performance by County

4.1 MCAS Distribution of Percentile Rankings by County

Note: *This table provides the final rankings on rates in which Partnership performed at the percentile rankings provided by DHCS.*

Distribution of Percentile Rankings by County

Sub Region	County	<25th	25th	50th (MPL)	75th	90th (HPL)
NORTHEAST	SHASTA	8	6	1	1	
	SISKIYOU	9	4	1		2
	LASSEN	12	2		2	
	TRINITY	9	1	5	1	
	MODOC	10	2	1		3
NORTHWEST	HUMBOLDT	4	5	5	1	1
	DEL NORTE	12	3		1	
SOUTHEAST	SOLANO	4	3	4	3	2
	YOLO	3	2	4	4	3
	NAPA	2	2	2	2	8
SOUTHWEST	SONOMA	3	3	2	4	4
	MENDOCINO	3	7	2	2	2
	MARIN	2	1	2	7	4
	LAKE	6	6	3		1

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

4.2 MCAS Northeast Region: Modoc, Trinity, Siskiyou, Shasta, and Lassen Counties

Note: *This table provides the final rankings on rates in which Partnership performed at the 50th MPL and the 90th percentile rankings provided by DHCS.*

● 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.

	Northeast Region					National Medicaid Benchmarks			
Measures	MODOC	TRINITY	SISKIYOU	SHASTA	LASSEN	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.88%	48.00%	49.05%	49.94%	54.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	45.65%	43.46%	51.66%	50.90%	45.98%	47.09%	52.60%	57.48%	62.67%
**Cervical Cancer Screening (CCS)	33.33%	44.00%	53.41%	44.02%	48.00%	50.85%	57.11%	61.80%	66.48%
**Childhood Immunization Status (CIS) - Combo 10	0.00%	7.41%	17.24%	7.69%	0.00%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	30.39%	35.96%	46.15%	53.06%	37.37%	49.65%	56.04%	62.90%	67.39%
**Controlling High Blood Pressure (CBP)	46.15%	66.67%	73.33%	60.08%	58.70%	55.47%	61.31%	67.27%	72.22%
**Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	15.00%	26.32%	27.16%	33.66%	12.50%	47.01%	54.87%	64.29%	73.26%
**Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	35.29%	36.84%	28.57%	43.66%	16.00%	27.75%	36.34%	42.67%	53.44%
**Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	25.00%	33.33%	40.35%	40.31%	32.14%	44.77%	37.96%	33.45%	29.44%
**Immunizations for Adolescents (IMA) - Combo 2	20.00%	13.04%	14.04%	23.32%	9.09%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	62.96%	43.08%	51.37%	46.51%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	100.00%	78.57%	81.63%	80.93%	82.35%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	100.00%	85.71%	97.96%	81.96%	82.35%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	41.32%	47.73%	40.81%	41.93%	37.84%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	62.26%	53.75%	57.85%	57.25%	43.08%	62.07%	66.76%	71.35%	77.78%
**Well Child 30 (W30) - Well child visits in the first 15 months*	31.58%	37.74%	32.05%	41.60%	26.23%	52.84%	58.38%	63.34%	68.09%

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

4.3 MCAS Northwest Region: Del Norte and Humboldt Counties

Note: *This table provides the final rankings on rates in which Partnership performed at the 50th MPL and the 90th percentile rankings provided by DHCS.*

- **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.

	Northwest Region		National Medicaid Benchmarks			
Measures	DEL NORTE	HUMBOLDT	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.79%	60.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	38.88%	47.35%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.89%	59.94%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	3.53%	23.01%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	44.16%	53.17%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	51.65%	66.67%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	21.78%	34.87%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	21.09%	34.87%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	33.33%	33.11%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	18.42%	34.93%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	50.00%	68.58%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	66.67%	86.55%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	81.25%	78.36%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	45.91%	48.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	59.63%	66.62%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	40.31%	46.58%	52.84%	58.38%	63.34%	68.09%

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

4.4 MCAS Southeast Region: Solano, Yolo, and Napa Counties

Note: *This table provides the final rankings on rates in which Partnership performed at the 50th MPL and the 90th percentile rankings provided by DHCS.*

- **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.

	Southeast Region			National Medicaid Benchmarks			
Measures	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	78.34%	68.85%	65.93%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	67.20%	58.12%	59.99%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	77.08%	56.17%	60.22%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	58.18%	43.31%	40.20%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	55.05%	62.67%	53.32%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	64.18%	67.56%	57.00%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	42.16%	26.27%	25.19%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	29.66%	31.58%	27.02%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	29.03%	34.78%	23.86%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	68.42%	49.34%	45.28%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	56.57%	69.00%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	94.59%	85.21%	88.52%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	91.89%	85.92%	93.44%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	56.08%	42.80%	53.44%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	71.53%	59.35%	75.38%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	32.35%	35.70%	43.47%	52.84%	58.38%	63.34%	68.09%

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:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

4.5 MCAS Southwest Region: Lake, Marin, Mendocino, and Sonoma Counties

Note: *This table provides the final rankings on rates in which Partnership performed at the 50th MPL and the 90th percentile rankings provided by DHCS.*

- **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.

	Southwest Region				National Medicaid Benchmarks			
Measures	LAKE	MARIN	MENDOCINO	SONOMA	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	51.71%	65.65%	60.71%	71.78%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	47.56%	58.02%	50.43%	61.94%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.08%	73.68%	47.62%	66.49%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	25.86%	43.37%	24.18%	45.25%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	51.56%	72.34%	52.96%	54.05%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	61.82%	68.00%	68.85%	62.86%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illnes (FUM) - 30 Days Total*	23.04%	43.55%	17.07%	42.82%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	28.39%	33.81%	30.41%	28.27%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	34.62%	31.94%	37.74%	31.69%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	39.39%	41.94%	32.43%	57.89%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	44.59%	83.78%	77.14%	49.22%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	77.78%	100.00%	100.00%	93.33%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	94.44%	86.67%	95.24%	95.56%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	43.84%	55.51%	44.68%	50.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	60.47%	76.28%	70.65%	65.11%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	43.59%	48.69%	53.94%	42.70%	52.84%	58.38%	63.34%	68.09%

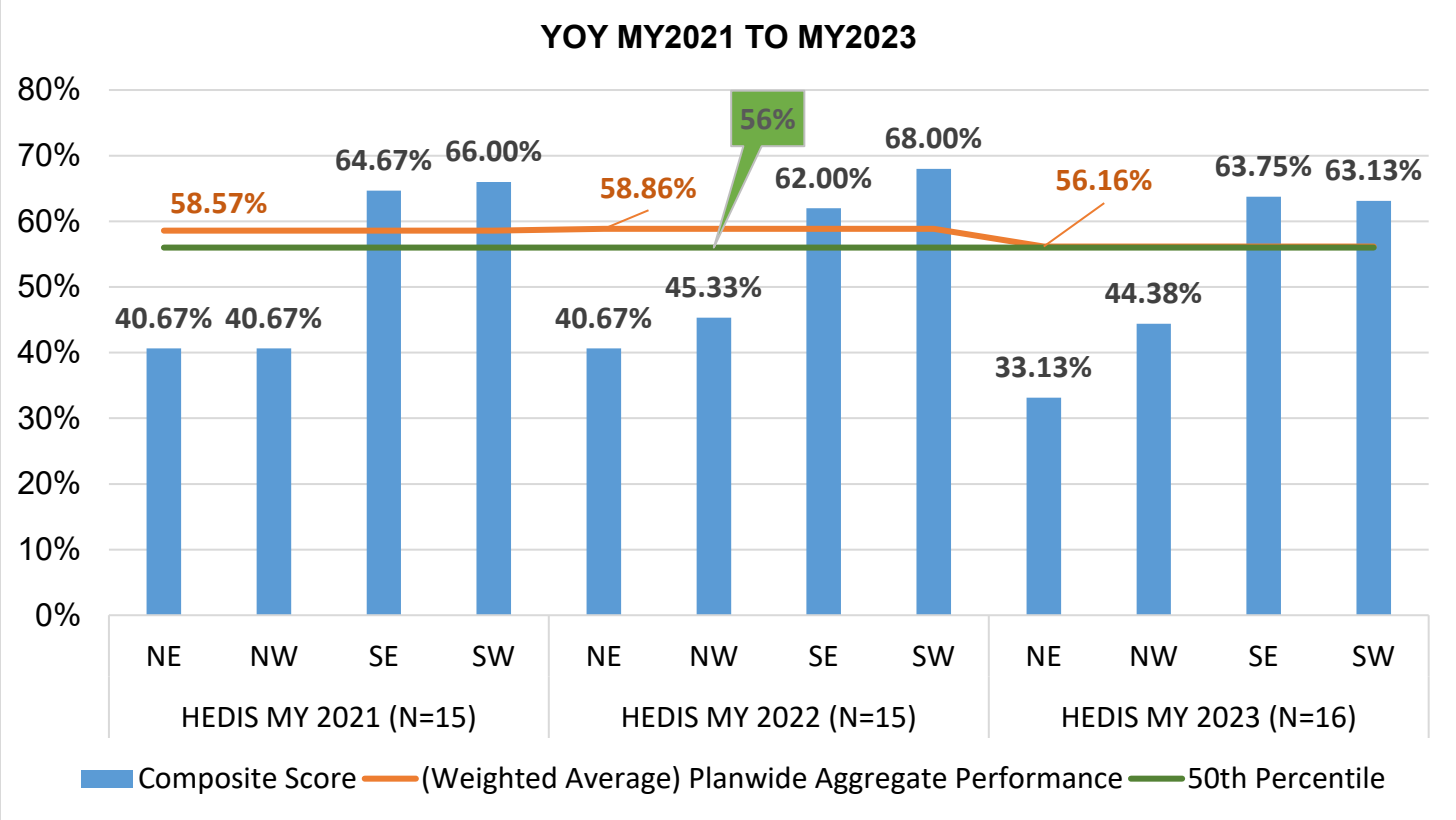
Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures).* ***Note:* *This report excludes measures reported to DHCS not held to DHCS MPL. ***BCS-E in historical measurement years was named BCS. HBD - HbA1c Poor Control is an inverted measure; a lower rate reflects a better performance. AMR is a reinstated measure held to MPL for MY2023.*

5.0 Overall Health Plan Ranking: DHCS Managed Care Accountability Set (MCAS)

DHCS uses a scoring methodology to determine an aggregated Quality Factor Score (QFS), which ranks health plan performance relative to California Medicaid reporting health plans. Partnership adopts DHCS' scoring methodology to determine Partnership's regional and plan-wide composite scores year over year. Each measure in each reporting region is given a score from one to ten (1-10) based on performance relative to national benchmarks. A regional composite score is then calculated by dividing total earned points by total possible points. The plan-wide composite score represents a weighted aggregate score based on the eligible populations by region, given membership is significantly greater in the southern region reporting units versus the northern region reporting units.

The Quality Compass 2023 Benchmarks, which were developed based on national MY2022 performance, are the most currently available benchmarks. These benchmarks were used by Partnership to determine percentile rankings and the following composite scoring year over year analysis. Annually each fall, DHCS releases a dashboard indicating the plan's regional Quality Factor Scores and associated rankings to other health plans. The results of this ranking will be published upon the release of this information and will be utilized by DHCS to assess mandated improvement activities and any sanctions.

MY2023 HEDIS® Composite Performance Year over Year Comparison: DHCS Managed Care Accountability Set (MCAS)



➢**Reported Measures held to MPL MY 2021:** BCS, CBP, CCS, CDC-H9, CHL, CIS-10, IMA-2, PPC-Pre, PPC-Post, W30-0-15, W30-15-30, WCC-BMI, WCC-PA, WCC-Nut, WCV

➢**Reported Measures held to MPL MY 2022:** BCS, CBP, CCS, CHL, CIS-10, HBD-H9, IMA-2,FUM-30, FUA-30, LSC, PPC-Pre, PPC-Post, W30-0-15, W30-15-30, WCV

➢**Reported Measures held to MPL MY 2023:** AMR, BCS-E, CBP, CCS, CHL, CIS-10, HBD-H9, IMA-2,FUM-30, FUA-30, LSC, PPC-Pre, PPC-Post, W30-0-15, W30-15-30, WCV

Note: MY2023/RY2024: Total Points Earned: 290 Points out of 640 Total Points (16 measures included)

- In MY2023 there were 18 measures held accountable to the MPL. The chart above shows 16 measures, excluding the DEV and TFL-CH measures. Both of these new measures are held accountable to the State's designated minimum performance level (MPL), which utilizes the CMS FFY 2022 State Median as the MPL benchmark. To date, DHCS has only established the MPLs for these new measures and therefore these measures are not included in composite scoring and year over year comparisons,
- The NCQA Quality Compass 2023 Benchmarks reflected increases for several measures, contributing to declines in final percentile rankings versus MY2022.

6.0 Year-over-year Performance Trends and Initial Assessment of Results

6.1 Year-over-year Performance Trends

The MY2023 HEDIS® Composite Performance Year over Year Comparison is based on NCQA Quality Compass 2023 (MY2022) Benchmarks. To date, DHCS has only established state-wide MPLs for the newly accountable CMS Core set measures, Developmental Screening in the First Three Years of Life (DEV) and Topical Fluoride for Children (TFL-CH), therefore these measures are not included in composite scoring and performance trend analysis.

Overall, the MY2023 HEDIS® Composite Performance Year over Year Comparison indicates a 2.70% decline in aggregate plan-wide performance from MY2022 to MY2023. The composite score trend across Partnership's four designated reporting regions versus prior year indicates a 0.95% decline in the NW, a 7.54% decline in the NE, a 1.75% increase in the SE, and a 4.87% decline in the SW.

The declines in composite scoring reflect no change in the total number of accountable measures performing below the MPL. Across all reporting regions, the total number of below MPL measures increased from 31 out of 60 measures (52%) in MY2022 to 33 out of 64 measures (52%) in MY2023. Within the 33 measures reporting below MPL, 26 are continuing measures remaining below MPL versus prior year, five (5) are continuing measures dropping below MPL versus prior year, and two (2) are previous measures returning as accountable measures in MY2023. In contrast, Partnership reported rates at or exceeding the MPL in 31 out of 64 measures (48%) in MY2023, of which the majority (29) are continuing measures from prior year.

6.2 Trends in Continuing Measures from MY2022:

- The 26 measures remaining with below MPL rates are predominantly representing reporting in the NE and NW. These measures include Breast Cancer Screening (BCS), Chlamydia Screening (CHL), Childhood Immunizations (CIS), and Immunizations for Adolescents (IMA). All reporting regions continued reporting below MPL rates for Well Child Visits in the First 15 Months (W30+6). The NE, NW, and SE continued below MPL reporting for Well Child Visits for ages 15-30 Months (W30+2) and Child and Adolescent Well Care Visits (WCV). With the exception of immunization measures, all of these rates reflect less than a 5% change versus prior year.
- Of the continuing measures, five (5) measures met or exceeded the MPL in MY2023 after reporting below MPL rates in MY2022. Specifically, the NW region achieved above MPL rates in Cervical Cancer Screening (CCS) and Lead Screening for Children (LSC). While only one region exceeded the MPL in LSC, it is important to note that the other three regions achieved improvement gains ranging from 10-21%. Ongoing improvement activities attributed to these results are continuing to spread in 2024; see Section 9 for details. The SW region is the first Partnership reporting region to exceed the MPL in Well Child Visits for ages 15-30 Months (W30+2) and Child and Adolescent Well Care Visits (WCV). Notably, the SE region also achieved above MPL results in the Timeliness of Prenatal Care (PPC-Pre) measure.
- Of the 24 measures with continued strong performance versus prior year, Partnership demonstrates above MPL performance across all its reporting regions in Controlling High BP (CBP) and Postpartum Care (PPC-Post). Additionally, the SE and SW continue to exceed the MPL in Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Childhood

Immunizations (CIS), and Immunizations for Adolescents (IMA), while both suffering declines yet still achieving the MPL for Chlamydia Screening (CHL). The NW, SE, and SW all continue to exceed the MPL for Hemoglobin A1c Control (HBD). The NE and SW continue to meet or exceed the MPL for Timeliness of Prenatal Care (PPC-Pre) versus prior year.

- Of the five (5) continuing measures dropping below MPL, Partnership reported significant declines in the Follow-up After Emergency Department (ED) Visit for Substance Use (FUA) measure in the NW, SE, and SW after all four reporting regions reported above MPL performance in MY2022. FUA performance is now comparable to continued below MPL performance across all four regions in the other behavioral health accountable measure, Follow-up After ED Visit for Mental Health (FUM). While the accountable measures dedicated to diabetes care have varied in recent years, Partnership has maintained above MPL rates in all regions for hemoglobin A1c control measures dating back to MY2018. In MY2023, the NE region reported below MPL with just over a 5% decline in its rate while the percentiles for the current hemoglobin A1c control measure (HBD) improved. Partnership has reported varying rates across its reporting regions in the Timeliness of Prenatal Care (PPC-Pre) in MY2021 and MY2022, with 1-2 reporting regions reporting below MPL, although the regions have varied. In MY2023, the NW region is the only region reporting below MPL after meeting the MPL in MY2022. This rate reflects a 6.7% decline in the reported rate versus MY2022, with percentiles remaining stable.

6.3 Trends in New Accountable Measures in MY2023:

- The Asthma Medication Ratio (AMR) measure split with below MPL rates reported in the NE and NW regions, while meeting or exceeding the MPL in the SW and SE, respectively.
- The Developmental Screening in the First Three Years of Life (DEV) measure rates reported below DHCS' newly designated MPL in the NE, NW, and SW, while exceeding the MPL in the SE.
- The Topical Fluoride for Children (TFL-CH) reported below DHCS' newly designated MPL in all regions.

6.4 Initial Assessment of Annual MCAS MY2023 Results

Overall, the measures reaching or achieving above MPL performance were not enough to offset composite scoring of measures continuing below the MPL, returning measures reporting below the MPL, and continuing measures dropping below the MPL versus prior year. Another contributor to the declining aggregate scoring trend is 67% of measures (43 of the total 64 measures) scored demonstrated less than a 5% change in rate versus prior year. This minimal change rate occurred with an overall increasing trend in national benchmarks across the accountable measure set.

After analyzing the MY2023 annual results and year over year performance comparisons, the stagnant below MPL and declining trends can be categorized across three primary drivers.

1.) Performance – Members qualifying under a measure did not receive the required care per measure specifications and designated timeframes

2.) **Data Incompleteness** – Data used to generate reported rates has gaps, decreasing confidence that reported rates accurately reflect performance.

3.) Measure Limitations – Measure specifications determine how data is collected through the reporting of rate performance. Measure specifications can detract from a measure's intended purpose. In these cases, specifications can limit accurate representation of performance as well as detection of recent improvements that are in alignment with the measure's purpose and clinical practice.

In this initial assessment, measures with reported rates contributing to declining performance trends are accounted for under the driver considered primary. In many cases, other drivers contribute to the reported rate and are cited accordingly.

1.) Performance

The following measures are cited as having reported rates indicative of members not receiving the required care as defined by each accountable measure's purpose and design. Refer to Section 9 for a summary of improvement initiatives completed over 2023-2024, which are presently being adapted by cross-functional measure domain workgroups based on these annual reported rates to affect performance in 2024-2025.

- Childhood Immunizations (CIS): Partnership continues to struggle in its NW and NE regions, with 5-10% declines, respectively, in reported rates versus prior year. These rates are comparable to less than the 10th percentile nationally. In comparison, the national percentiles reflect a 4% on average decline between MY2021 and MY2022. The PCP QIP plan-wide performance rate in MY2023 was 27.98%, which is below the MPL and comparable to the range of rates reported across the MCAS regions. In review of HEDIS sampled medical records, the second required influenza immunization and fourth Pneumovax immunization were observed as the most common missing immunizations. In cases where the immunizations were administered, the dates of service were often outside the measurement compliance timeframe. Additionally, high rates of parental refusal continue to be a major factor in measure performance, which even when documented in the record is not a permitted exclusion under the HEDIS measure. Similarly, the PCP QIP team noted multiple exclusion requests by providers in MY2023 due to parental refusals. Additionally, as cited below, Data Incompleteness was another contributing driver to low reported rates.
- Immunizations for Adolescents: Like CIS, Partnership continues to struggle in its NW and NE regions with continued low rates. While the NW region reported a 7% gain, this was not enough to exceed the 25th percentile and the NE remains below the 10th percentile. The PCP QIP plan-wide performance rate in MY2023 was 38.89%, which is just above the MPL, but comparable to the range of rates reported across the MCAS regions. The predominant causes of low rates are missing or late secondary doses of the HPV immunization series and high rates of parental refusal. Additionally, as cited below, Data Incompleteness was another contributing driver to low reported rates.
- Well Child Visits for ages 15-30 Months (W30+2): Partnership continues to struggle in the majority of its regions, with only the SW region reaching the MPL. While improvement gains were observed across all regions, less than a 5% change in rates were reported versus MY2022. Performance is largely impacted by access constraints in the Partnership PCP network.
- Child and Adolescent Well Care Visits (WCV): This measure requires an annual well care visit for children and adolescents between the ages of 3-21. Similar to the well child visit measures, improvement gains were observed across all regions but constituted less than a 5% change in rates versus prior year. Given this measure's demand, performance is largely impacted by the

same access constraints cited for the well child visit measures. When providers face capacity challenges, they are prioritizing babies and toddlers for visits versus older adolescents. Additionally, as members age through adolescence their engagement in seeking annual well care visits lessens as the perceived needs is not as great amongst this generally healthy and active population.

- Timeliness of Prenatal Care (PPC-Pre): The NE and NW experienced, on average, a 6% decline in reported rates versus prior year. While the NE just met the MPL, the NW region is reporting below MPL after meeting the MPL in MY2022. In contrast, the SE experienced a significant improvement over prior year, reporting just over a 5.5% gain. Initiatives central to the improving access in the SE, as summarized in Section 9, are being studied for spread opportunities to improve access in the NE and NW.
- Breast Cancer Screening (BCS): Notable improvement gains were achieved in the NE and NW, which positively influenced composite scoring, but did not result in achievement of the MPL. These gains are largely attributed to initiatives cited in Section 9, focused on creating greater access through mobile mammography events. This measure continues in the PCP QIP to bring continued PCP focus in utilizing available access to mammography services on an ongoing basis. PCP QIP MY2023 plan-wide results demonstrate comparable performance to the rates reported across MCAS regions. Of note, performance in this measure is expected to drop next year and in the following few years, as the U.S. Preventive Services Task Force (USPSTF) lowered the recommended age for initiating breast cancer screening from age 50 years to 40 years in April 2024. While the NCQA HEDIS measure has not yet been updated to reflect this recommendation, Partnership anticipates this will result in larger demand for already limited availability of mammography services. As this is occurring nationally, an adjustment in the benchmarks for this measure may follow, but some negative impact on performance is anticipated. The initiatives cited in Section 9 are of even more importance given this development.

2.) Data Incompleteness

In MY2023, Partnership was unable to obtain HEDIS auditor approval to integrate regional HIE, Sacramento Valley Medical Share (SVMS), as a supplemental data source for lab and immunization data. This was a qualified data source in MY2022 and in prior years. This influenced declining rates reported under measures with large dependencies on lab data, as outlined below. Partnership is working with SVMS to improve validation processes for increased confidence when seeking auditor approval next year.

- Cervical Cancer Screening (CCS): The SW, SE, and NE reported rates representing a 5.5-8.0% decline over prior year. No shifts were observed in MPL status, but composite scores were adversely impacted as the benchmarks are narrow. Secondly, this measure has performance struggles due primarily to access constraints resulting from low staffing across the PCP network. As noted in Section 9, Partnership is attempting to address access via piloting self-swab test kit distribution to members through PCPs.
- Chlamydia Screening in Women (CHL): All reporting regions experienced slight declines in rates versus prior year. The NE and NW rate changes were enough to impact positioning relative to increasing national benchmarks, thereby adversely influencing composite scoring. In initial analysis of members qualifying in the NE and NW, most were the result of pregnancy testing or filling of contraceptives ordered by non-PCP providers. As such, the absence of SVMS data may

have limited capturing screenings completed outside of the PCP network where administrative data capture is less robust. These data observations have also been shared with large PCP organizations in the NE and NW to inform improvement activities through primary care workflows.

- Hemoglobin A1c Control (HBD): All reporting regions have consistently reported above MPL performance in diabetes hemoglobin A1c controls measures dating back to MY2018. A 5.0% decline in the NE rate resulted in below MPL, at the 37.5th percentile, after reporting at the 75th percentile in MY2022. In comparison, the SW rate experienced a 2% decline, no change in the NW rate, and an almost a 5% improvement in the SE versus prior year. For reference, the 50th percentile (MPL) to the 90th percentile only represents an 8.5% span. While the absence of SVMS alone does not explain the declines in the NE and SW, because of varied coding practices across the network, it is believed to be a contributing driver. Another driver influencing reported HBD rates is cited under Measure Limitations (see below).
- While the California Immunization Registry (CAIR) and claims data serve as primary data sources for immunization measures, SVMS also represents a supplemental data source for assuring data completeness in these measures.

In MY2023, Partnership utilized data provided by DHCS to fully represent performance under the following measures:

- Topical Fluoride for Children (TFL-CH): Each region reported rates of less than 1% for this new accountable measure. The largest driver is incomplete dental claims data provided by DHCS; major gaps have been identified relative to qualifying members under this measure. This measure can be fulfilled through services provided in either the primary care or dental setting. While Partnership is leveraging its PCP QIP to incentivize completing this service during well child visits, most medical providers opt-out due to capacity and access constraints. A secondary driver to the low rates is related to the measure specifications. In surveying Federally Qualified Health Centers with embedded dental clinics, Partnership learned the Prospective Payment System (PPS) does not offer any additional reimbursement when billing for this service, thereby limiting accurate representation of performance (i.e., providers failing to bill despite completing the service).
- Follow-up After Emergency Department (ED) Visit for Mental Illness or Substance Use (FUM/FUA): These measures are accountable because members are eligible for both medical and mental health benefits under Medi-Cal. Unlike other state Medicaid systems (which drive national benchmarks), Medi-Cal divides mental health benefits from medical benefits, and then further divides these benefits between managed care plans and “County Mental Health Plans (MHPs)”. Benefits for those requiring “Specialty Mental Health Services (SMHS): aka Serious and Persistent Mental Health Services” are the responsibility of the County MHPs, while the benefits for those requiring Non-Specialty Mental Health Services (NSMHS) are the responsibility of Partnership. This complicated dual delivery system limits Partnership’s ability to capture, through internal means, all follow-up visits, as it relies on reporting from the state, which currently provides this data on behalf of counties in SMHS cases (where the county is responsible for follow-up visits). In prior years, when these measures were reporting only, inconsistencies in the mental health data received by the state were cited. Over the course of MY2023, Partnership and several other health plans observed significant drops in monthly data provided by DHCS. To help address this, Partnership is actively pursuing data agreements with over 20 of its counties to improve capturing follow-up visits from county mental health and SUD providers through SVMS.

Interventions with large PCP organizations are also underway, focused on timely referral processing and/or timely follow-up to ED discharge reporting. Incomplete data is the largest driver, but Measure Limitations and Performance drivers are also contributing to the low reported rates. The current measure specifications limit counting timely follow-up visits if they do not have a diagnosis matching the ED visit. Partnership also acknowledges there is significant performance improvement potential under both measures, which can be more fully addressed once data is more complete and anticipated specification updates occur.

- Well Child Visits in the First 15 months of Life (W30+6): The Medi-Cal eligibility process was designed to ease the process by which newborns apply and gain Medi-Cal, not for capturing newborn well baby visits. Partnership has identified significant gaps in newborn data because early visits occur under a temporary ID before newborns are granted Medi-Cal and enrolled with Partnership. These visits are subsequently difficult to link to the permanent ID when the member becomes eligible under this HEDIS measure in the MY they turn 15 months old. DHCS recently launched a Newborn Gateway program, which has been offered as a solution to improve linking of records, however the process by which this will happen is unclear and will be monitored closely by Partnership. Partnership is launching new initiatives this summer to expedite newborn member enrollment and PCP selection, which also supports performance by helping moms establish newborn care with a PCP earlier. The HEDIS team is also evaluating creation of a supplemental data source to better match the higher performance rates captured in the PCP QIP.

3.) Measure Limitations

- Developmental Screening (DEV): This measure was formerly a reporting only measure. In MY2023, the SE, NW, and NE reported improved rates ranging from 3-8% versus prior year, but only the SE was able to exceed DHCS' designated MPL. Starting in 2019, Partnership's Site Review team incorporated chart audits for this measure into their workflow. The results from these and other chart audits suggest that more screenings are occurring than what this measure's performance reflects. Accurate measurement of this developmental screening is significantly limited by prescriptive coding requirements. Along with the chart audits, the Site Review team includes counseling of providers performing these screenings to update their coding practices. This resulted in very limited success, due to struggles to gain provider adoption of coding these screenings properly to capture compliance. A review of efforts to improve performance on this measure is indicated.
- Hemoglobin A1c Control (HBD): In addition to the Data Incompleteness driver, the reported rates in MY2023 are also influenced by measure specification inclusion of GLP-1 antagonist medications for weight loss (not diabetes). When these medications are filled by members, it qualifies them for the measure denominator even when a diagnosis for diabetes is not present. In reviewing sampled medical records, the HEDIS team observed an increase in members taking these medications without evidence of a diabetes diagnosis. When these medications are used for weight loss in non-diabetic patients, providers are less likely to order and assure HbA1c testing, for which a threshold must be met for the member to be compliant with the measure. This observation was further substantiated by the PCP QIP team, who received unprecedented exclusion requests from providers for this reason in MY2023. Partnership's PCP QIP and the

NCQA HEDIS measure specifications have been updated for MY2024, each now requiring a documented diagnosis of diabetes for members to qualify.

- Asthma Medication Ration (AMR): While only the NW and NE reported below MPL performance, all reporting regions experienced declines, averaging over 6.5%. In contrast, the year-over-year benchmarks remained stable. Partnership removed AMR from its PCP QIP at the conclusion of MY2023, given continued year-over-year performance gains in recent years. In preparation for this year's annual MCAS project, Partnership proposed and gained auditor approval of an AMR custom code mapping to better reflect medications actively used in clinical practice. This is to mitigate the impact of lagging updates to the medications cited for use in the measure specifications. Given the unexpected declines, the Partnership Pharmacy team evaluated the MY2023 HEDIS eligible population and their use of medications over the course of 2023 contributing to member-level ratio calculations. In total, eight controller medications were being used that were not included in the approved custom code mapping. With additional claims analysis, an impact on AMR rates was not found. Next steps include a closer evaluation of performance improvement opportunities by Partnership's cross-functional Chronic Disease and Medication Management improvement workgroup. Given the risk of lagging updates to the medications permitted in this measure, the HEDIS team will review updates to its AMR custom code mapping more frequently based on medication use across this population.

6.5 Comparing MY2023 MCAS Results to MY2023 PCP QIP Results

Overall, the PCP QIP in MY2023 improved about 4% year over year from MY2022. Members eligible under the QIP must be assigned to contracted PCPs in good standing for at least 9 months of the year and qualify under criteria unique to each clinical measure. In contrast, members qualifying under HEDIS clinical measures are required 11 of 12 months enrollment with the health plan. As a result, the member populations are similar but not equal across comparable clinical measures. The clinical measures included in the PCP QIP are designed to reflect HEDIS measure priorities. In some cases, Partnership allows medical record data to supplement measure rates in the PCP QIP, whereas this is not permitted in all HEDIS measures.

The accountable MCAS measure performance trends for MY2023 were compared to corresponding MY2023 PCP QIP results. The only significant differences observed were in the well child and well care visit measures. WCV reported rates under MCAS ranged between 41.64-49.45% for qualifying members 3-21 years of age. For reasons noted previously, the PCP QIP WCV measure only includes members 3-17 years of age. This, combined with permitting supplemental medical records not allowed under MCAS WCV, influenced the higher achievement of 53.37% in PCP QIP plan-wide performance. In the well child visit measure specific to members 0-15 months of age (W30+6), the MCAS reported rates ranged between 36.83%-46.28% whereas the PCP QIP measure, reflecting the same age range, achieved 63.95% plan-wide performance. This difference is largely attributed to QIP permitting supplemental medical record data. As noted previously under the Data Incompleteness driver, Partnership is evaluating creation of a supplemental data source for HEDIS to better match higher performance rates captured in the PCP QIP. If this is determined to be feasible and gains approval from the HEDIS auditor, this would help offset incomplete newborn data in HEDIS with the goal of achieving rates in MCAS more reflective of the PCP QIP.

6.6 Next Steps in Finalizing Assessment of Results

- In the SE and SW, where a delegated arrangement once existed between Kaiser and Partnership, the impact on accountable measures reported by Partnership is still being analyzed.
- DHCS will finalize Quality Factor Scoring of all managed care plans, based on composite scoring per reporting region, late this fall and assess mandated performance improvement activities and sanctions thereafter.
- Final assessment of results will be used to adapt quality measure score improvement strategies and tactics in 2024-2025.

7.0 Summary of Measures in the Primary Care Provider Quality Improvement Program (PCP QIP)

The table below provides a summary of Primary Care Provider Quality Improvement Program measures included in the Measures Managed Care Accountability Sets (MCAS) for Medi-Cal Managed Care Plans Measurement Year 2023 | Reporting Year 2024.

HEDIS Measures	MY2022 PCP QIP Measures	*MY2023 PCP QIP Measures*	Alternate Measure in PCP QIP Measures
Adult Body Mass Index (BMI) Assessment (ABA)			
Antidepressant Medication Management: Acute Phase Treatment (AMM-Acute)*			
Antidepressant Medication Management: Continuation PhaseTreatment (AMM-Cont.)*			
Asthma Medication Ration (AMR)*	X	X	
Breast Cancer Screening (BCS)*	X	X	
Cervical Cancer Screening (CCS)	X	X	
Childhood Immunization Status (CIS) – Combo 10	X	X	
Chlamydia Screening in Women (CHL)*			
Comprehensive Diabetes Care (CDC-H9) – HbA1c PoorControl (>9.0%)*	X	X	For the PCP QIP, we use the inverse of this measure: Good Control, HbA1c Good Control
Comprehensive Diabetes Care (CDC-HT) – HbA1c Testing			
Controlling High Blood Pressure (CBP)	X	X	
Immunizations for Adolescents (IMA) – Combo 2	X	X	
Prenatal and Postpartum Care (PPC) – Postpartum Care			Measure is in the perinatal QIP
Prenatal and Postpartum Care (PPC) – Timeliness of PrenatalCare			Measure is in the perinatal QIP
Weight Assessment and Counseling for Children/Adolescents(WCC) – BMI Assessment			
Well-Child Visits in the First 15 Months of Life: Six or MoreWell-Child Visits (W15)	X	X	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years ofLife (W34)			
Eye Exam for Patients with Diabetes (EED)		X	
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)		X	
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)		X	
Child and Adolescent Well-Care Visits (WCV)	X	X	
Colorectal Cancer Screening (COL)	X	X	

PCP QIP Measurement Set: http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx

8.0 Measurement Year 2023 Managed Care Accountability Site (MCAS) Measurement Set Descriptions-Accountable Measures

HEDIS Measure	Measure Indicator	Measure Definition
*Asthma Medication Ratio (AMR)	• Total	• 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.
*Breast Cancer Screening (BCS-E)	• Non-Medicare Total	• 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)	• Total	• The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: o Women 21–64 years of age who had cervical cytology performed within the last 3 years o 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)	• Total	• 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. • Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.
Childhood Immunization Status (CIS)	• Combination 10	• 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 three combination rates.
*Chlamydia Screening in Women (CHL)	• Total	• 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. o Total. The sum of the age stratifications.

HEDIS Measure	Measure Indicator	Measure Definition
Controlling High Blood Pressure (CBP)	• Total	• 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.
*Developmental Screening in the First Three Years of Life (DEV_CH)	• Total All Ages	• Percentage of children screened for risk of developmental, behavioral, and social delays screening tool in the 12 months preceding or on their first, second, or third birthday. • This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	• Total	• 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. • 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)	• Total	• 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. • 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)	• Combination 2	• 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. • Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).
Hemoglobin A1c Control for Patients With Diabetes (HBD)	• HbA1c poor control (>9.0%)	• The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. ○ 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.

HEDIS Measure	Measure Indicator	Measure Definition
Lead Screening in Children (LSC)	• Total	• 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. • At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.
Prenatal and Postpartum Care (PPC)	• Timeliness of Prenatal Care • Postpartum Care	• 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. o 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. o Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
*Topical Fluoride for Children (TFL-CH)	• Total ages 1 through 20	• Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. • This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.
*Well-Child Visits in the First 30 Months of Life (W30)	• Well-Child Visits in the First 15 Months • Well-Child Visits for Age 15 Months–30 Months.	• 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: • Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. • 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.

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

9.0 Quality Improvement Initiatives - HEDIS Score Improvement

Partnership's Quality Improvement organization-wide goals for 2023-2024 focused on five measure domains similar to those defined under the DHCS Managed Care Accountability Set (MCAS) measures:

1. **Medication Management**
2. **Chronic Diseases**
3. **Behavioral Health**
4. **Pediatrics**
5. **Women's Health and Perinatal**

The Quality Measure Score Improvement (QMSI) effort continues to better coordinate service and performance across the organization and to raise Partnership's overall performance in quality measures, as defined under DHCS MCAS and NCQA Health Plan Accreditation (HPA). This effort involved team formation under QMSI to encompass all current and potentially future accountable measures by measure family within each workgroup team: Pediatric, Chronic Diseases, Medication Management, Behavioral Health, Women's Health and Perinatal Care. Each workgroup monitored and reviewed all measure performance where data was available, assessed current improvement efforts, identified gaps and initiated new performance improvement activities.

QMSI workgroups consisted of cross-functional teams led by Quality and included representation from across the organization, such as: Care Coordination, Claims, Health Education, Office of the CMO, Pharmacy, Population Health, Provider Relations, Quality and/or regional leadership. The following summaries include what each measure-family QMSI Workgroup Team achieved in 2023-2024.

9.1 Medication Management Measure Activities

ADD measure project (ADD=ADHD medication monitoring) Initial Visit: The goal of this project was to improve timely ADHD follow-up visit rates for children newly prescribed and dispensed an ADHD medication by sending a fax of 1st fill with 30-day appointment reminder. A total of 332 faxes were sent on behalf of members from March 8, 2023 through December 29, 2023. A total of 145 of those members received appropriate follow-up care with their prescriber within 30 days of starting their new ADHD medication, which translates to a rate of 43.67% for the intervention group. This is an improvement from the baseline rate of 40.09% (rate from MY2022). The results suggest that continual communications with prescribers through these faxes may be beneficial in ensuring appropriate and timely follow-up care for these children.

POD (Pharmacotherapy for Opioid Use Disorder) Project: The Pharmacy team identified members on buprenorphine for opiate use disorder. The focus of this project was on pharmacy outreach via fax,

using daily reports to identify those who are three (3) days overdue. Summary of results: It would appear that pharmacy fax intervention performed better than no intervention (36.4% vs 24%) and provider fax intervention did not perform better than control (22.7% vs 24%).

AMR (Asthma Medication Ratio) Pilot Analysis: This intervention looked at members who appear on the Collective Medical (now Point Click Care) 72-hour asthma ED event report, with an ED discharge within seven (7) days, who are 18 and older. The goal was to improve AMR HEDIS® measure performance and lower repeat ED visit/hospitalization among members reached and educated, compared to those who were not reached. Results: Compared to the control group (members not reached), members who received a phone call had a higher chance of increasing their AMR after their phone call. Members also showed an increase in PCP visits and a decrease in ED visits for asthma in the follow up period.

9.2 Chronic Disease Measure Activities

Colorectal Cancer Screening: Cologuard. To focus on colorectal cancer screening, the workgroup continued the collaboration with Exact Sciences, maker of Cologuard (FIT DNA test), through a pilot test which began in June 2023. Partnership engaged interested sites, which resulted in the completion of four (4) successful bulk order cycles in 2023. This program expands colorectal cancer screening access by offering a bulk order option to sites for eligible members not seen annually by their primary care provider. Currently, 27 distinct parent organizations in all three (3) regions are participating in various planning and deployment stages. Initial pilot results show increased testing but overall evaluation of impact on Colorectal Cancer Screening rates remains pending.

Best Practices for at-home Blood Pressure Monitoring and Member Engagement: The Partnership Medical Equipment Distribution Services (PMEDS) program distributes medical devices to eligible members based on diagnosis of related conditions. The work group has collaborated with a PCP who has experienced success in this measure by utilizing the PMEDS program. Their work flows and interdisciplinary care approach has been documented. The work group will consider piloting a similar interdisciplinary approach with interested PCP Quality Incentive Program (QIP) organizations to increase measure success annually. This may increase measure success by implementing workflow best practices alongside the PMEDS program.

9.3 Behavioral Health Measure Activities

Activities for FUA and FUM Measures:

- Review performance rates for measures in communication with Health Analytics Team to ensure regular dissemination of rates throughout year.
- Track Behavioral Health data, specifically focusing on the data sharing component that is included in the Memorandums of Understanding (MOUs) that will be executed with County Behavioral Health departments.
- Completed DHCS mandated fishbone diagrams for Northern and Southern regions assessing root causes for lower rates of follow-up visit for mental illness within 30 days of discharge from ED.
- Evaluated and documented discharge process at Partnership's EDs related to discharge with a diagnosis

of mental illness
- Evaluated provider utilization of ER Notification and Alerts features for behavioral health in Partnership's Provider Online Services.
- Tracking of DHCS Nonclinical Performance Improvement (PIP) related to Follow-Up After Emergency Department Visit for Mental Illness (FUM).
- Partnership is participating in DHCS' Behavioral Health Collaborative

9.4 Pediatric Medicine Measure Activities

School-Focused Immunization Clinics: Conducted 5 school-focused immunization clinics in Shasta County as part of a building pilot program resulting in 260 students vaccinated. The pilot program partners included a team of enthusiastic school nurses and a locally owned pharmacy partner. Key learnings from this year's program included the need for education, where possible, about the importance of the cancer-preventing HPV vaccine.

Launch of the State-Mandated Performance Improvement Project (PIP) Focused on Early Well-Care in Black/African American Members in Solano County: During this fiscal year, Partnership staff completed a Root Cause Analysis where the largest identified themes impacting 0-15-month well-baby visits for Black/African-American children in Solano County are: Member education, trust and cultural barriers, access, provider-specific issues. This PIP's initial intervention will likely address delays in Medi-Cal enrollment, which have a significant impact on all families, including African American families, continuity of care with their chosen PCP and on Partnership's ability to capture all well-child visits in babies' first 15 months of life.

Improve the Completion of Lead Screening: The following strategies were developed and launched: Strategy one (1): Increased practice access to lead Point of Care Devices (POC), which resulted in 38 POC device grants being awarded. Strategy two (2): Provided lead prevention education to clinical practices that see children, including best practices identified through outreach to high and low performing practices. Strategy three (3): Ensure education for clinical practices includes both information on and the importance of billing for lead testing so that testing numbers may be captured. Strategy four (4): Increased member and provider awareness of the importance of lead prevention and lead testing through educational articles and webinars.

QI Measures and Claims Investigation Pilot. This was a micro pilot working with QI Analyst and QI Manager to research coding and billing practices for underperforming sites specific to well-child visit (WCV) and W15 measures. The results of research did not identify specific coding errors, but did identify several non-numerator compliant members that had visits during the measurement year with a potential to be converted to a well-child visit. These missed opportunities were shared with the pilot sites along with best practices for addressing opportunities for incorporating preventative care during all patient visits.

Increase HPV and Flu Vaccine Uptake through New Provider Incentives for Early Administration: In order to address continuing low rates of childhood and adolescent immunizations, the Pediatric

workgroup proposed 2 new measures for the 2024 calendar year to incentivize family and pediatric practices for early administration of two (2) multidose vaccines: HPV and Influenza. These incentives are currently part of Partnership's PCP Quality Incentive Program (PCP QIP) for 2024.

Promote Pediatric Group Well-Care Visits through Expanded Provider Incentive: Group Well-Care Visits is one (1) proven strategy to increase completion of these important pediatric preventative care services early in a child's life. The Pediatric workgroup proposed implementing a new measure in Partnership PCP QIP program to incentivize providers to conduct group well-visit cohorts in the 2024 calendar year, focusing on the 0-15-month old population. This incentive was approved and is currently part of the 2024 PCP QIP unit-of-service measure set, as an expansion of the existing "Peer-Lead Group Visits" measure.

Completed Participation in the Centers for Medicare and Medicaid Services (CMS) Affinity Group to Improve Baby Well-Care Visit Completion: Partnership completed participation in this 2-year collaborative focused on improving early well-baby visits in December 2023. In the intervention, Partnership focused on outreach to new mothers to ensure they have their first well-baby appointments scheduled at or shortly after discharge and found that 86% of members that were reached by Population Health attended their appointments that had been scheduled at discharge.

Launch Participation in DHCS/Institute for Healthcare Improvement (IHI) Collaborative to Improve Pediatric Well-Care Visits: In March of 2024, Partnership engaged in the launch of a one (1)-year, mandated collaborative led by DCHS, intended to improve access, coordination and equity across the communities we serve by initiating a focused effort to improve the completion of pediatric well-care visits, with a specific lens towards equity. The front-line project work is conducted in partnership with a primary care organization who have agreed to participate in this program as a pilot partner. Their role is to work with their managed care plan to develop and execute the project phases:

- Equity and Transparent, Stratified, and Actionable Data (April-May, 2024)
- Understand Provider and Patient/Caregiver Experiences (June-July, 2024)
- Reliable and Equitable Scheduling Processes (August-October, 2024)
- Asset Mapping and Community Partnerships (November-December, 2024)
- Partnering for Effective Education and Communication (January-March, 2024)

9.5 Women's Health and Perinatal Care Measure Activities

Improve Breast Cancer Screening by Engaging Mobile Mammography: The major effort to improve BCS performance this year was focused on scheduling mobile mammography event days in our most rural, access challenged areas. Partnership continued to contract with Alinea Medical Imaging, the sole provider of mobile mammography services in Northern California. In FY 23-24, there were 67 Mobile Mammography event days with 27 provider organizations at 42 geographical sites. These events resulted in 923 completed mammograms for Partnership members. There was an overall no-show rate of 26%.

Cervical Cancer Screening Self-Swab Pilot: A Cervical Cancer self-swab pilot launched in January 2024 with five (5) strategically selected primary care clinics in all four (4) sub-regions and of all different sizes. The scale of the pilot was to use 200 kits across the five (5) sites. The pilot was planned to wrap up at the end of May 2024 but is being extended by 12 weeks to allow more time to use all of the 200 kits. The most common barriers to using the test kits reported by the clinics is the process to register the self-swab kit for testing. This process is outside of their normal workflow, thus cumbersome to manage. The equally most common barrier is that patients are still reluctant to be screened, even when they can collect the sample themselves.

Perinatal Care Improvement Efforts: Efforts to improve perinatal care included through CME/CEU educational presentations, provider newsletter articles, targeted perinatal outreach to Native American/Alaskan Native populations, participation in a Solano County collaborative group that focused on improving access to obstetrical care by developing better systems of care across organizations and improving methods of patient-related and professional communication. The outcomes of the Solano collaboration resulted in one of the Federally Qualified Health Centers (FQHCs) were able to add additional prenatal providers, one FQHC added new prenatal services which reduced average wait time for new patient appoint from six (6) weeks to one (1) week at most of the practices. With improved access for routine care throughout Solano County, the community hospital system is able to focus on high-risk care, which alleviates other access concerns.

Chlamydia Screening Improvement Efforts: Activities to improve this measure in the past year included a new educational session for providers and initial querying of providers about contributing factors to low performance. The educational session included content on screening and treatment best practices and screening disparities by race/ethnicity. Practices indicated that there are complicating factors for chlamydia screening, especially among adolescents. The providers also reported challenges in implementing universal screening for chlamydia that relate to practice work flows and limited provider capacity for soliciting the appropriate history regarding sexual activity. Pilot tests are being planned for the next fiscal year.