



# **Healthcare Effectiveness Data and Information Set (HEDIS®)**

**Measurement Year 2023 / Reporting Year 2024**

**NCQA HealthPlan Accreditation (HPA) Summary of  
Performance**

**Partnership – HPA Star Rating**

**July 2024**



## Table of Contents

NCQA’s Notice of Copyright and Disclaimers.....	3
1.0 Notable Changes to the MY2023 Annual Summary of Performance Report:.....	4
2.0 HPA Summary of Performance Plan-wide Relative to National All Lines of Business	
Benchmarks – CAHPS Results .....	6
2.1 HPA Plan-wide Performance Child CAHPS Results – Patient Experience .....	6
2.2 HPA Plan-wide Performance Adult CAHPS Results – Patient Experience .....	7
2.2 HPA HEDIS Plan-wide Performance – Prevention and Equity:.....	8
2.3 HPA HEDIS Plan-wide Performance– Treatment: .....	9
2.4 HPA HEDIS Plan-wide Performance – Behavioral Health:.....	10
2.5 HPA HEDIS Plan-wide Performance – Risk Adjusted / Other: .....	11
3.0 HPA HEDIS Rate Performance by County: Change from Prior Year.....	12
3.1 HPA HEDIS Rate Performance by County: Prevention and Equity Measures .....	12
3.2 HPA HEDIS Rate Performance by County: Treatment Measures .....	13
3.3 HPA HEDIS Rate Performance by County: Behavioral Health Measures .....	14
3.4 HPA HEDIS Rate Performance by County: Risk Adjusted / Other Measures .....	15
4.0 MY2022 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions .....	16
5.0 HEDIS HealthPlan Accreditation (HPA) – Healthplan Rating Methodology .....	25
6.0 HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid.....	26
7.0 HEDIS/CAHPS MY2023 / RY2024 HPA Overall Star Rating Results: with Child CAHPS Survey Results (Projected) .....	30
7.1 MY2023 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Child CAHPS - Change from Prior Year.....	31
7.2 MY2023 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Adults CAHPS - Change from Prior Year .....	32
8.0 MY2023 Partnership HPA Overall Star Rating: Comparison to MY2022 – with Child CAHPS... 33	
8.1 MY2023 Partnership Star Rating (Child CAHPS): Patient Experience & Prevention and Equity Scores.....	33
8.2 MY2022 Partnership Star Rating (Child CAHPS): Treatment / Behavioral Health Scores... 34	
9.0 MY2023 Partnership HPA Overall Star Rating: Comparison to MY2022 – with Adult CAHPS... 35	
9.1 MY2023 Partnership Star Rating (Adults): Patient Experience & Prevention and Equity Scores .....	35
9.2 MY2023 Partnership Star Rating (Adults): Treatment / Behavioral Health Scores .....	36

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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 Services Advisory Group Auditor
- NCQA HEDIS Health Plan Accreditation / HPA: Advent Advisory Group 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 of eligibility did not begin until mid-year in 2023. The overall impact of resumed re-determinations and adverse benefit 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 not a determining factor for eligibility for full scope of Medi-Cal for those aged 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 ECDS data to primarily support the depression screening measures. 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 the 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.

### Clinical Measure Changes for MY2023 HPA Required Reporting:

- Changed Measures:
  - Breast Cancer Screening (BCS) hybrid measure to the Breast Cancer Screening (BCS-E) ECDS measure
  - Flu Vaccinations for Adults Ages 18–64 (FVA) and the Flu Vaccinations for Adults Ages 65 and Older (FVO) both based on CAHPS results changed to the Influenza immunizations for adults (AIS-E), an ECDS measure.
- Retired Clinical Measures:
  - Annual Dental Visit (ADV).
  - Pneumococcal Vaccination Status for Older Adults (PNU)
  - Use of Opioids at High Dosage (HDO)
  - Use of Opioids from Multiple Providers (UOP)
  - Risk of Continued Opioid Use—31-day rate (COU)
- Removed Clinical Measures:
  - Appropriate Treatment for Upper Respiratory Infection (URI) – removed from the Medicaid LOB
  - Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit (MSC)

Retired the following CAHPS Measures beginning with HPR 2023:

- Rating of Specialist Seen Most Often (Medicaid)
- Coordination of Care (Medicaid)

**Note:** These CAHPS measures were removed due to low response rates and inability to score them in prior HPR years.

Partnership successfully launched our HEDIS® MY2023/RV2024 data collection and reporting audits incorporating all changes as noted above.



**In July 2021, NCQA released the HealthPlan Rating Methodology: (Plan-wide):**

As an NCQA Accredited plan, Partnership was required to report HEDIS and CAHPS annually, starting June 2022, for measurement year 2021 (MY2021). The overall Health Plan Rating (HPR) is the weighted average of a plan’s HEDIS and CAHPS measure ratings, plus bonus points for plans with current Accreditation status. In MY2023 Partnership chose to be formally scored utilizing the Adult CAHPS results.

**2.0 HPA Summary of Performance Plan-wide Relative to National All Lines of Business Benchmarks – CAHPS Results**

**2.1 HPA Plan-wide Performance Child CAHPS Results – Patient Experience:**

This table shows the results of the MY2023 baseline performance on the Patient Experience NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32rd Percentile	2
< 10th Percentile	1



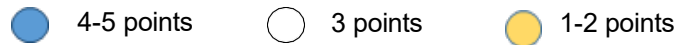
NCQA Accreditation Measures - Planwide Performance w/Child CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
<b>Patient Experience</b>						
<b>Getting Care</b>						
MY 2022	***Getting Needed Care (Usually + Always)	76.68%	76.18%	83.02%	86.66%	89.48%
MY 2023		77.06%	74.98%	79.83%	83.11%	86.50%
MY 2022	Getting Care Quickly (Usually + Always)	76.32%	79.85%	85.31%	89.34%	91.90%
MY 2023		78.92%	73.36%	77.73%	83.78%	86.94%
<b>Satisfaction with Plan Physicians</b>						
MY 2022	Rating of Personal Doctor (9+10)	74.37%	71.82%	75.46%	78.81%	82.18%
MY 2023		75.51%	61.79%	65.38%	70.59%	74.03%
<b>Satisfaction with Health Plan Services</b>						
MY 2022	Rating of All Health Care (9+10)	64.25%	65.35%	68.39%	73.19%	77.06%
MY 2023		68.13%	48.00%	53.48%	58.27%	62.50%
MY 2022	***Rating of Health Plan (9+10)	68.03%	65.22%	69.57%	74.36%	78.64%
MY 2023		58.89%	52.72%	59.30%	64.02%	68.70%



**2.2 HPA Plan-wide Performance Adult CAHPS Results – Patient Experience:**

This table shows the results of the MY2023 baseline performance on the Patient Experience NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1



NCQA Accreditation Measures - Planwide Performance w/Adult CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
<b>Patient Experience</b>						
<b>Getting Care</b>						
MY 2022	***Getting Needed Care (Usually + Always)	76.37%	75.64%	80.37%	84.60%	87.47%
MY 2023		73.98%	73.36%	77.73%	83.78%	86.94%
MY 2022	Getting Care Quickly (Usually + Always)	69.45%	70.19%	77.90%	83.82%	86.85%
MY 2023		68.09%	74.98%	79.83%	83.11%	86.50%
<b>Satisfaction with Plan Physicians</b>						
MY 2022	Rating of Personal Doctor (9+10)	66.92%	61.79%	65.34%	71.14%	75.00%
MY 2023		70.00%	61.79%	65.38%	70.59%	74.03%
<b>Satisfaction with Health Plan Services</b>						
MY 2022	Rating of All Health Care (9+10)	55.69%	49.34%	54.22%	58.77%	63.02%
MY 2023		54.49%	48.00%	53.48%	58.27%	62.50%
MY 2022	***Rating of Health Plan (9+10)	56.83%	53.85%	59.78%	64.94%	70.09%
MY 2023		46.62%	52.72%	59.30%	64.02%	68.70%



## 2.2 HPA HEDIS Plan-wide Performance – Prevention and Equity:

This table shows the MY2023 baseline performance on the **Prevention and Equity** NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 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).

NCQA Accreditation Measures - Planwide Performance w/Adult CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
<b>Prevention and Equity</b>						
<b>Children and Adolescent Well-Care</b>						
MY 2022	***CIS - Childhood Immunization Status (Combination 10)	34.55%	23.71%	31.14%	39.42%	49.76%
MY 2023		29.68%	20.68%	26.76%	35.04%	45.26%
MY 2022	***IMA - Immunizations for Adolescents (Combination 2)	43.80%	25.79%	31.87%	39.16%	48.42%
MY 2023		43.07%	24.82%	30.66%	38.93%	48.80%
MY 2022	WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	86.25%	60.83%	74.94%	82.73%	88.31%
MY 2023		85.99%	62.77%	74.70%	83.21%	89.72%
<b>Women's reproductive health</b>						
MY 2022	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	86.92%	73.49%	82.73%	87.83%	91.89%
MY 2023		90.34%	73.48%	81.75%	86.86%	91.07%
MY 2022	***PPC - Prenatal and Postpartum Care—Postpartum Care	89.23%	64.57%	74.94%	80.00%	84.18%
MY 2023		86.96%	67.31%	75.18%	80.78%	84.59%
MY 2022	PRS-E - Prenatal Immunization Status - Combination Rate	35.59%	8.65%	15.16%	27.32%	39.12%
MY 2023		35.40%	7.94%	15.17%	25.81%	37.75%
<b>Cancer screening</b>						
MY 2022	BCS - Breast Cancer Screening	53.45%	40.72%	47.76%	53.96%	61.27%
MY 2023		55.52%	42.98%	48.33%	54.94%	62.67%
MY 2022	CCS - Cervical Cancer Screening	59.75%	42.71%	54.27%	60.83%	66.88%
MY 2023		58.04%	43.50%	53.37%	59.85%	66.48%
<b>Equity</b>						
MY 2022	Race/Ethnicity Diversity of Membership (Reporting Only)	100.00%	66.33%	100.00%	100.00%	100.00%
MY 2023		100.00%	0.03%	56.73%	100.00%	100.00%
<b>Other preventive services</b>						
MY 2022	CHL - Chlamydia Screening in Women—Total	57.21%	41.89%	51.41%	60.24%	67.84%
MY 2023		56.00%	42.61%	51.39%	61.07%	67.39%
MY 2023	AIS-E- Influenza immunizations for adults	17.61%	6.50%	10.82%	16.32%	21.05%
MY 2023	AIS-E-Td/Tdap immunizations for adults	36.43%	18.67%	29.84%	41.54%	56.53%
MY 2023	AIS-E-Zoster immunizations for adults	14.63%	1.72%	4.42%	10.27%	14.54%
MY 2023	AIS-E-Adult Immunization Status—Pneumococcal	49.15%	N/A	N/A	N/A	N/A

<b>Note:</b>	Removed the Appropriate Treatment for Upper Respiratory Infection (URI) measure for the Medicaid product line. Removed the following measures: HDO,UOP,COU,FVA,FVO,PNU,ADV, MSC Retired the following measures from HPR (beginning with HPR 2023): – Rating of Specialist Seen Most Often (Medicaid) – Coordination of Care (Medicaid) <b>Note:</b> These CAHPS measures were removed due to low response rates and inability to score them in prior HPR years. Replaced the following measures/indicator: BSC to BSC-E Added the following measures: AIS-E-Influenza (Total) AIS-E-Td/Tdap (Total) AIS-E-Zoster(Total) AIS-E-Pneumococcal (Total)
**	Inverted measures, a lower rate results in better performance
***	DHCS Withhold Measures
<b>BOLD</b>	Indicates MCAS measures held to the MPL

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**2.3 HPA HEDIS Plan-wide Performance– Treatment:**

This table shows the MY2023 baseline performance on the **Treatment** NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used f whole numbers on a 1–5 scale.

● 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).

Treatment						
Respiratory						
MY 2022	AMR - Asthma Medication Ratio- Total	71.21%	54.60%	61.38%	68.21%	74.21%
MY 2023		64.01%	55.09%	61.81%	69.41%	75.92%
MY 2022	CWP - Appropriate Testing for Pharyngitis—Total	62.42%	48.98%	65.56%	74.02%	79.40%
MY 2023		71.45%	57.41%	68.76%	77.56%	82.40%
MY 2022	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	75.05%	43.17%	50.98%	58.74%	70.79%
MY 2023		74.30%	50.05%	57.16%	66.19%	77.11%
MY 2022	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	75.93%	55.58%	67.45%	74.76%	82.81%
MY 2023		73.71%	56.05%	68.39%	75.79%	82.43%
MY 2022	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.23%	67.19%	82.32%	87.83%	91.22%
MY 2023		88.15%	72.88%	82.35%	86.96%	90.53%
Diabetes						
MY 2022	EED - Eye Exams for Patients with Diabetes	53.53%	38.20%	47.93%	54.74%	63.75%
MY 2023		52.59%	36.74%	46.96%	56.20%	63.33%
MY 2022	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	68.61%	48.91%	57.66%	65.21%	72.75%
MY 2023		67.50%	52.07%	59.85%	68.61%	74.56%
MY 2022	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	56.93%	36.01%	46.96%	52.80%	58.39%
MY 2023		54.81%	38.93%	49.39%	55.72%	60.34%
MY 2022	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	64.07%	53.18%	64.17%	68.32%	72.92%
MY 2023		63.12%	54.15%	62.58%	67.07%	72.15%
MY 2022	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	76.61%	54.57%	63.51%	70.00%	77.40%
MY 2023		94.76%	52.67%	62.50%	70.37%	77.97%
MY 2022	KED - Kidney Health Evaluation for Patients with Diabetes	46.16%	21.05%	28.15%	37.70%	46.76%
MY 2023		42.13%	22.73%	29.42%	38.80%	47.55%
Heart Disease						
MY 2022	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	81.09%	65.09%	78.97%	82.29%	85.91%
MY 2023		81.90%	70.02%	78.80%	81.64%	85.04%
MY 2022	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	81.00%	59.20%	66.84%	73.75%	81.25%
MY 2023		95.45%	56.67%	66.48%	73.63%	80.95%
MY 2022	***CBP - Controlling High Blood Pressure	58.93%	46.96%	56.20%	63.50%	69.19%
MY 2023		70.57%	50.36%	57.66%	65.45%	72.22%

**Note:** Removed the Appropriate Treatment for Upper Respiratory Infection (URI) measure for the Medicaid product line.  
Removed the following measures: HDO,UOP,COU,FVA,FVO,PNU,ADV, MSC  
Retired the following measures from HPR (beginning with HPR 2023):  
– Rating of Specialist Seen Most Often (Medicaid)  
– Coordination of Care (Medicaid)  
**Note:** These CAHPS measures were removed due to low response rates and inability to score them in prior HPR years.  
Replaced the following measures/indicator:BSC to BSC-E  
Added the following measures:  
AIS-E-Influenza (Total)  
AIS-E-Td/Tdap (Total)  
AIS-E-Zoster(Total)  
AIS-E-Pneumococcal (Total)

\*\* Inverted measures, a lower rate results in better performance  
\*\*\* DHCS Withhold Measures

**BOLD** Indicates MCAS measures held to the MPL

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**2.4 HPA HEDIS Plan-wide Performance – Behavioral Health:**

This table shows the MY2023 baseline performance on the **Behavioral Health** NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 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).

Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
<b>Behavioral Health–Care Coordination</b>						
MY 2022	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	21.66%	22.94%	33.54%	42.75%	54.55%
MY 2023	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	29.05%	21.77%	31.23%	41.03%	52.90%
MY 2022	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	13.43%	20.54%	31.97%	45.35%	60.58%
MY 2023	FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	18.92%	23.74%	33.61%	46.35%	61.68%
MY 2022	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	24.18%	3.47%	8.93%	16.16%	21.97%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.68%	13.83%	20.00%	27.73%	38.15%
MY 2022	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	32.80%	13.33%	23.24%	37.86%	49.39%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	32.29%	15.16%	23.12%	37.31%	49.55%
<b>Behavioral Health–Medication Adherence</b>						
MY 2022	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	51.83%	32.78%	40.68%	46.09%	56.24%
MY 2023	AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	81.49%	31.59%	40.01%	46.74%	58.06%
MY 2022	POD - Pharmacotherapy for Opioid Use Disorder—Total	24.25%	13.00%	23.48%	33.15%	41.67%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	41.53%	14.94%	23.38%	31.93%	40.34%
MY 2022	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	74.44%	42.20%	57.14%	64.52%	72.94%
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	73.46%	41.24%	57.79%	64.90%	72.61%
<b>Behavioral Health-- Access, Monitoring and Safety</b>						
MY 2022	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	36.01%	24.51%	29.67%	39.29%	51.69%
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	32.80%	26.36%	31.97%	40.50%	53.58%
MY 2022	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	42.53%	34.95%	46.72%	55.40%	62.96%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	31.45%	40.38%	50.98%	57.90%	63.92%
MY 2022	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	80.57%	72.71%	77.48%	81.21%	86.28%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.90%	72.83%	77.40%	80.86%	85.52%
MY 2022	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	22.69%	33.33%	57.05%	65.63%	75.59%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	25.95%	36.65%	55.19%	63.89%	73.87%
MY 2022	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	8.53%	5.90%	11.25%	16.57%	22.12%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	8.50%	36.57%	41.92%	46.91%	55.24%

**Note:** Removed the Appropriate Treatment for Upper Respiratory Infection (URI) measure for the Medicaid product line.  
 Removed the following measures: HDO,UOP,COU,FVA,FVO,PNU,ADV, MSC  
 Retired the following measures from HPR (beginning with HPR 2023):  
 – Rating of Specialist Seen Most Often (Medicaid)  
 – Coordination of Care (Medicaid)  
**Note:** These CAHPS measures were removed due to low response rates and inability to score them in prior HPR years.  
 Replaced the following measures/indicator:BSC to BSC-E  
 Added the following measures:  
 AIS-E-Influenza (Total)  
 AIS-E-Td/Tdap (Total)  
 AIS-E-Zoster(Total)  
 AIS-E-Pneumococcal (Total)

\*\* Inverted measures, a lower rate results in better performance  
 \*\*\* DHCS Withhold Measures  
**BOLD** Indicates MCAS measures held to the MPL

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32rd Percentile	2
< 10th Percentile	1

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**2.5 HPA HEDIS Plan-wide Performance – Risk Adjusted / Other:**

This table shows the MY2023 baseline performance on the **Risk Adjusted / Other** NCQA Accreditation measures relative to the National All Lines of Business 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles that are used for ratings, calculated as whole numbers on a 1–5 scale.

● 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).

NCQA Accreditation Measures - Planwide Performance w/Adult CAHPS Survey Results						
Year	Measure	Plan-level Performance	National Medicaid Benchmarks			
			10th	33.33rd	66.67th	90th
Risk-Adjusted Utilization						
MY 2022	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.8269	1.1995	1.0428	0.9444	0.8511
MY 2023		0.8951	1.1874	1.0305	0.9272	0.8314
Other Treatment Measure						
MY 2022	**LBP - Use of Imaging Studies for Low	80.91%	67.97%	72.20%	76.82%	81.24%
MY 2023	Back Pain	76.71%	67.72%	71.32%	75.44%	79.96%

**Note:** Removed the Appropriate Treatment for Upper Respiratory Infection (URI) measure for the Medicaid product line.  
 Removed the following measures: **HDO,UOP,COU,FVA,FVO,PNU,ADV, MSC**  
 Retired the following measures from HPR (beginning with HPR 2023):  
 – Rating of Specialist Seen Most Often (Medicaid)  
 – Coordination of Care (Medicaid)  
**Note:** These CAHPS measures were removed due to low response rates and inability to score them in prior HPR years.  
 Replaced the following measures/indicator:BSC to BSC-E  
 Added the following measures:  
 AIS-E-Influenza (Total)  
 AIS-E-Td/Tdap (Total)  
 AIS-E-Zoster(Total)  
 AIS-E-Pneumococcal (Total)

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\*\* Inverted measures, a lower rate results in better performance

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\*\*\* DHCS Withhold Measures

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**BOLD** Indicates MCAS measures held to the MPL

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



### 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			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
<b>Prevention and Equity</b>																			
<b>Children and Adolescent Well-Care</b>																			
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	10.00%	19.44%	18.75%	10.00%	28.13%	21.88%	0.00%	45.00%	13.95%	20.00%	33.33%	44.74%	0.00%	41.38%	20.68%	26.76%	35.04%	45.26%
MY 2022		50.00%	19.05%	38.10%	28.57%	52.78%	34.29%	20.00%	25.00%	13.73%	30.77%	43.55%	36.99%	0.00%	54.05%	23.71%	31.14%	39.42%	49.76%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	50.00%	40.48%	28.57%	0.00%	64.29%	33.33%	50.00%	70.37%	21.82%	18.18%	39.13%	65.43%	33.33%	37.93%	24.82%	30.66%	38.93%	48.80%
MY 2022		44.44%	32.00%	27.27%	0.00%	42.31%	35.14%	0.00%	82.76%	25.64%	6.67%	49.35%	59.49%	100.00%	37.78%	25.79%	31.87%	39.16%	48.42%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and	100.00%	88.89%	92.86%	66.67%	89.47%	91.67%	100.00%	100.00%	86.67%	66.67%	97.22%	77.50%	66.67%	69.23%	62.77%	74.70%	83.21%	89.72%
MY 2022		100.00%	80.00%	88.24%	100.00%	80.00%	80.95%	100.00%	100.00%	94.12%	100.00%	78.38%	90.48%	0.00%	75.00%	60.83%	74.94%	82.73%	88.31%
<b>Women's Reproductive Health</b>																			
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	80.00%	100.00%	100.00%	88.89%	92.31%	75.00%	90.91%	93.75%	66.67%	90.70%	91.67%	0.00%	89.47%	73.48%	81.75%	86.86%	91.07%
MY 2022		100.00%	86.96%	73.33%	66.67%	95.65%	89.47%	100.00%	87.50%	88.46%	60.00%	83.93%	92.45%	100.00%	82.61%	73.49%	82.73%	87.83%	91.89%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	80.00%	85.71%	100.00%	100.00%	92.31%	25.00%	81.82%	84.38%	33.33%	93.02%	88.89%	0.00%	94.74%	67.31%	75.18%	80.78%	84.59%
MY 2022		100.00%	86.96%	73.33%	100.00%	100.00%	100.00%	0.00%	100.00%	88.46%	60.00%	91.07%	90.57%	0.00%	86.96%	64.57%	74.94%	80.00%	84.18%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	19.67%	19.46%	32.27%	11.70%	57.21%	38.89%	15.63%	35.87%	14.29%	20.00%	41.85%	45.31%	8.51%	38.39%	7.94%	15.17%	25.81%	37.75%
MY 2022		17.22%	21.00%	31.05%	16.13%	54.37%	36.79%	19.35%	39.93%	19.14%	11.89%	40.14%	43.64%	11.36%	42.42%	8.65%	15.16%	27.32%	39.12%
<b>Cancer Screening</b>																			
MY 2023	BCE-E - Breast Cancer Screening	38.88%	47.35%	47.56%	45.98%	58.02%	50.43%	45.65%	67.20%	50.90%	51.66%	58.12%	61.94%	43.46%	59.99%	42.98%	48.33%	54.94%	62.67%
MY 2022		39.68%	41.88%	48.15%	39.36%	54.86%	48.68%	45.00%	64.75%	46.91%	49.32%	56.72%	62.48%	28.87%	57.75%	40.72%	47.76%	53.96%	61.27%
MY 2023	CCS - Cervical Cancer Screening	30.00%	48.78%	65.52%	33.33%	75.00%	66.67%	0.00%	77.27%	39.47%	66.67%	66.07%	58.62%	66.67%	48.78%	43.50%	53.37%	59.85%	66.48%
MY 2022		63.64%	56.86%	43.48%	0.00%	65.52%	56.52%	0.00%	75.00%	52.17%	57.14%	69.44%	64.00%	33.33%	53.85%	42.71%	54.27%	60.83%	66.88%
<b>Equity</b>																			
MY 2023	RDM-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	63.20%	95.91%	100.00%	100.00%
MY 2022		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%

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**3.2 HPA HEDIS Rate Performance by County: Treatment Measures**

Note: CAHPS is not captured by Count

● 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				
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
<b>Treatment</b>																			
<b>Respiratory</b>																			
MY 2023	AMR - Asthma Medication Ratio- Total	46.79%	60.64%	51.71%	54.64%	65.65%	60.71%	46.88%	78.34%	49.94%	49.05%	68.85%	71.78%	48.00%	65.93%	55.09%	61.81%	69.41%	75.92%
MY 2022		60.67%	61.42%	62.92%	65.12%	76.32%	65.58%	54.24%	84.33%	84.33%	59.50%	77.48%	79.09%	57.14%	74.02%	54.60%	61.38%	68.21%	74.21%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	68.86%	72.81%	60.75%	83.33%	77.41%	69.21%	74.39%	65.48%	60.26%	52.12%	62.85%	75.36%	47.44%	89.19%	57.41%	68.76%	77.56%	82.40%
MY 2022		71.31%	73.18%	46.95%	69.05%	56.19%	70.23%	44.74%	40.00%	66.47%	44.96%	51.89%	68.07%	44.64%	75.41%	48.98%	65.56%	74.02%	79.40%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	73.28%	71.76%	58.58%	71.01%	87.50%	68.16%	46.67%	76.10%	69.48%	67.18%	81.13%	79.66%	72.41%	78.71%	50.05%	57.16%	66.19%	77.11%
MY 2022		73.33%	74.07%	64.24%	61.54%	87.30%	79.13%	70.59%	80.65%	75.06%	64.96%	78.14%	73.77%	70.00%	84.28%	43.17%	50.98%	58.74%	70.79%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	75.76%	79.26%	75.20%	90.48%	72.22%	74.47%	75.00%	69.70%	66.06%	61.11%	74.00%	75.00%	77.78%	75.00%	56.05%	68.39%	75.79%	82.43%
MY 2022		83.33%	81.01%	74.68%	81.25%	70.00%	66.67%	72.73%	60.00%	81.25%	80.00%	77.57%	71.76%	83.33%	78.43%	55.58%	67.45%	74.76%	82.81%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.88%	88.89%	83.20%	95.24%	86.11%	87.94%	75.00%	100.00%	87.27%	86.11%	89.50%	91.88%	88.89%	84.52%	72.88%	82.35%	86.96%	90.53%
MY 2022		88.89%	82.28%	91.14%	93.75%	70.00%	93.06%	90.91%	90.00%	91.07%	96.67%	81.31%	87.79%	100.00%	82.35%	67.19%	82.32%	87.83%	91.22%
<b>Diabetes</b>																			
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	75.00%	59.09%	68.00%	66.67%	66.67%	75.00%	80.00%	66.67%	73.81%	70.00%	71.23%	59.76%	66.67%	67.86%	52.07%	59.85%	68.61%	74.56%
MY 2022		60.00%	64.52%	58.62%	63.64%	79.17%	70.00%	0.00%	66.67%	71.43%	75.00%	67.82%	73.91%	0.00%	69.05%	48.91%	57.66%	65.21%	72.75%
MY 2023	EED - Eye Exams for Patients with Diabetes	22.22%	44.12%	56.52%	100.00%	50.00%	44.00%	100.00%	69.57%	68.42%	85.71%	58.76%	41.77%	50.00%	43.24%	36.74%	46.96%	56.20%	63.33%
MY 2022		14.29%	45.00%	62.50%	100.00%	63.16%	48.00%	0.00%	50.00%	50.00%	56.25%	54.17%	62.50%	50.00%	48.98%	38.20%	47.93%	54.74%	63.75%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	77.78%	55.88%	52.17%	0.00%	73.08%	44.00%	100.00%	52.17%	65.79%	42.86%	56.70%	49.37%	25.00%	48.65%	38.93%	49.39%	55.72%	60.34%
MY 2022		57.14%	57.50%	56.25%	100.00%	52.63%	56.00%	0.00%	50.00%	57.14%	68.75%	58.33%	55.00%	100.00%	55.10%	36.01%	46.96%	52.80%	58.39%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	54.32%	54.86%	58.43%	55.29%	65.65%	53.94%	64.13%	69.71%	54.82%	56.68%	69.35%	65.80%	47.73%	68.62%	54.15%	62.58%	67.07%	72.15%
MY 2022		58.80%	54.37%	58.49%	58.90%	62.47%	54.67%	59.78%	70.64%	56.23%	58.44%	70.18%	68.42%	43.24%	68.79%	53.18%	64.17%	68.32%	72.92%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	95.45%	96.36%	92.39%	93.62%	95.35%	92.45%	98.31%	94.88%	93.45%	93.50%	96.63%	93.54%	97.62%	94.49%	52.67%	62.50%	70.37%	77.97%
MY 2022		78.44%	78.45%	71.88%	68.75%	77.41%	71.46%	76.36%	80.14%	76.88%	75.56%	79.20%	74.51%	75.00%	76.65%	54.57%	63.51%	70.00%	77.40%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	25.32%	31.69%	19.91%	18.15%	43.55%	19.26%	25.00%	59.81%	38.24%	26.56%	55.47%	44.30%	24.83%	47.04%	22.73%	29.42%	38.80%	47.55%
MY 2022		30.26%	29.61%	32.33%	17.48%	56.26%	21.83%	37.42%	63.47%	46.92%	33.99%	56.27%	51.02%	22.81%	45.09%	21.05%	28.15%	37.70%	46.76%
<b>Heart Disease</b>																			
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	77.78%	83.72%	80.12%	72.73%	87.74%	83.33%	50.00%	85.26%	75.22%	87.50%	82.35%	83.18%	78.57%	84.31%	70.02%	78.80%	81.64%	85.04%
MY 2022		74.07%	75.83%	80.42%	65.22%	85.71%	86.32%	83.33%	87.06%	77.55%	72.00%	80.56%	82.21%	88.89%	85.81%	65.09%	78.97%	82.29%	85.91%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	91.43%	95.37%	92.70%	100.00%	100.00%	96.25%	100.00%	97.53%	96.47%	91.43%	96.94%	93.38%	100.00%	93.80%	56.67%	66.48%	73.63%	80.95%
MY 2022		80.00%	79.12%	79.13%	80.00%	88.89%	80.49%	80.00%	86.49%	80.26%	88.89%	81.23%	79.59%	87.50%	76.38%	59.20%	66.84%	73.75%	81.25%
MY 2023	***CBP - Controlling High Blood Pressure	37.50%	78.13%	72.22%	100.00%	62.07%	74.07%	75.00%	86.67%	80.65%	80.00%	65.71%	71.64%	100.00%	63.64%	50.36%	57.66%	65.45%	72.22%
MY 2022		36.36%	56.52%	43.48%	62.50%	62.96%	61.54%	25.00%	60.00%	58.14%	88.89%	62.79%	64.38%	75.00%	40.74%	46.96%	56.20%	63.50%	69.19%



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**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			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Behavioral Health - Care Coordination																			
MY 2023	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	0.00%	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	16.67%	0.00%	0.00%	58.10%	15.79%	0.00%	0.00%	21.77%	31.23%	41.03%	52.90%
MY 2022		0.00%	0.00%	0.00%	0.00%	17.65%	0.00%	0.00%	14.29%	0.00%	0.00%	43.22%	9.30%	0.00%	5.26%	22.94%	33.54%	42.75%	54.55%
MY 2023	FUM - Follow-Up After Emergency Department Visit for Mental Illness 7 days total	10.89%	22.04%	10.78%	10.00%	28.49%	5.69%	0.00%	20.59%	17.44%	13.58%	19.43%	26.91%	21.05%	15.58%	23.74%	33.61%	46.35%	61.68%
MY 2022		7.81%	7.77%	11.11%	25.00%	22.15%	6.67%	0.00%	14.58%	19.25%	4.69%	13.32%	17.53%	9.09%	10.13%	20.54%	31.97%	45.35%	60.58%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	14.97%	26.22%	19.35%	6.67%	22.95%	22.27%	35.29%	17.37%	34.58%	18.37%	24.81%	17.08%	21.05%	17.45%	13.83%	20.00%	27.73%	38.15%
MY 2022		5.50%	27.05%	17.41%	13.51%	17.19%	27.46%	32.14%	23.60%	39.62%	18.07%	26.62%	18.48%	35.48%	18.56%	3.47%	8.93%	16.16%	21.97%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use	20.00%	35.39%	8.00%	26.09%	17.81%	53.69%	40.00%	17.39%	31.27%	40.00%	36.08%	13.57%	0.00%	11.76%	15.16%	23.12%	37.31%	49.55%
MY 2022		18.18%	43.67%	6.67%	37.50%	20.75%	54.10%	66.67%	4.00%	33.47%	43.24%	30.60%	10.34%	100.00%	11.76%	13.33%	23.24%	37.86%	49.39%
Behavioral Health - Medication Adherence																			
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	76.92%	73.83%	67.38%	75.00%	85.71%	71.65%	73.68%	78.02%	72.43%	84.38%	73.23%	73.57%	50.00%	67.11%	41.24%	57.79%	64.90%	72.61%
MY 2022		66.67%	72.31%	76.47%	62.50%	80.00%	78.41%	87.50%	75.81%	74.51%	62.50%	73.84%	76.00%	100.00%	70.00%	42.20%	57.14%	64.52%	72.94%
MY 2023	AMM - Antidepressant Medication Management—Effective	86.96%	82.99%	73.58%	81.05%	82.33%	79.39%	72.41%	86.92%	81.78%	86.41%	84.74%	80.13%	86.36%	79.92%	31.59%	40.01%	46.74%	58.06%
MY 2022		57.50%	55.19%	43.46%	54.67%	55.15%	41.43%	45.71%	53.26%	51.18%	49.44%	54.97%	50.17%	39.53%	55.82%	32.78%	40.68%	46.09%	56.24%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	61.90%	40.96%	48.40%	52.94%	47.22%	47.30%	66.67%	38.46%	33.63%	37.63%	42.53%	46.89%	46.15%	39.68%	14.94%	23.38%	31.93%	40.34%
MY 2022		31.11%	22.99%	24.34%	12.90%	25.71%	32.01%	50.00%	29.79%	12.92%	31.13%	28.08%	31.30%	14.29%	22.64%	13.00%	23.48%	33.15%	41.67%
Behavioral Health - Access, Monitoring and Safety																			
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	54.05%	21.32%	29.52%	30.43%	40.00%	37.04%	11.11%	47.73%	29.11%	34.78%	33.57%	41.84%	37.50%	21.18%	26.36%	31.97%	40.50%	53.58%
MY 2022		28.00%	26.40%	20.48%	33.33%	38.46%	32.84%	0.00%	61.76%	40.27%	33.33%	41.91%	42.92%	16.67%	31.65%	24.51%	29.67%	39.29%	51.69%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	55.00%	36.00%	25.00%	15.38%	27.03%	43.33%	25.00%	37.50%	32.43%	37.50%	16.22%	33.74%	37.50%	38.78%	40.38%	50.98%	57.90%	63.92%
MY 2022		29.41%	53.13%	70.59%	0.00%	43.75%	30.00%	0.00%	50.00%	39.19%	44.44%	39.58%	44.23%	100.00%	41.46%	34.95%	46.72%	55.40%	62.96%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.76%	81.56%	78.73%	67.92%	79.34%	86.96%	96.15%	82.55%	78.12%	87.62%	85.45%	81.45%	76.47%	83.85%	72.83%	77.40%	80.86%	85.52%
MY 2022		83.33%	79.35%	76.14%	72.09%	78.17%	78.61%	86.67%	77.10%	82.20%	82.96%	83.92%	80.90%	83.33%	80.13%	72.71%	77.48%	81.21%	86.28%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	40.00%	30.36%	16.67%	20.83%	22.73%	11.11%	14.29%	28.00%	31.97%	18.18%	20.37%	32.47%	20.00%	17.39%	36.65%	55.19%	63.89%	73.87%
MY 2022		7.14%	23.53%	14.52%	0.00%	45.45%	9.09%	0.00%	29.41%	30.17%	14.29%	24.49%	27.66%	100.00%	29.63%	33.33%	57.05%	65.63%	75.59%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.85%	10.11%	8.55%	6.51%	6.69%	10.44%	2.59%	6.32%	9.95%	11.13%	9.24%	7.17%	5.00%	4.34%	7.05%	11.11%	16.94%	24.37%
MY 2022		4.21%	11.25%	5.78%	10.50%	4.49%	11.36%	3.77%	5.72%	11.44%	9.69%	8.59%	7.85%	5.36%	5.48%	5.90%	11.25%	16.57%	22.12%



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**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			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Risk-Adjusted Utilization																			
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.7160	0.8959	0.9614	0.7435	0.9021	0.7823	1.2776	1.0566	0.8396	0.9745	0.8160	0.9640	0.8752	0.9892	1.1874	1.0305	0.9272	0.8314
MY 2022		0.3591	0.6492	0.6400	1.2278	1.0576	0.8044	0.5046	0.8172	0.7886	0.8646	0.8922	0.8556	0.9066	0.9902	1.1995	1.0428	0.9444	0.8511
Other Treatment Measures																			
MY 2023	**LBP - Use of Imaging Studies for	66.82%	82.27%	72.25%	68.93%	75.28%	79.77%	73.91%	75.78%	76.68%	61.90%	77.01%	78.80%	75.76%	76.37%	67.72%	71.32%	75.44%	79.96%
MY 2022	Low Back Pain	78.05%	79.74%	83.77%	73.24%	78.61%	83.55%	67.86%	81.74%	79.28%	63.55%	82.15%	85.07%	77.75%	83.77%	67.97%	72.20%	76.82%	81.24%

#### 4.0 MY2023 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
<b>Antidepressant Medication Management (AMM)</b>	<ul style="list-style-type: none"> <li>Continuation Phase Treatment</li> <li>Acute Phase Treatment</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.                             <ul style="list-style-type: none"> <li>Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul> </li> </ul>
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</li> </ul> <p><b>Note:</b> This measure is reported as an inverted rate <math>[1 - (\text{numerator} / \text{eligible population})]</math>. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).</p>
<b>Adult Immunization Status (AIS-E)</b>	<ul style="list-style-type: none"> <li>Influenza immunizations for adults</li> <li>Td/Tdap immunizations for adults</li> <li>Zoster immunizations for adults</li> <li>Pneumococcal immunizations for adults</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



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

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Cervical Cancer Screening (CCS)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:               <ul style="list-style-type: none"> <li>○ Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>○ Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>○ Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul> </li> </ul>
<b>Childhood Immunization Status (CIS)</b>	<ul style="list-style-type: none"> <li>• Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.               <ul style="list-style-type: none"> <li>○ Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul> </li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</li> </ul>
<b>Controlling High Blood Pressure (CBP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Appropriate Testing for Pharyngitis(CWP)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</li> </ul>
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	<ul style="list-style-type: none"> <li>Diabetes Screening</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</li> </ul>
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<ul style="list-style-type: none"> <li>7 Days</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:               <ul style="list-style-type: none"> <li>The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</li> <li>The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	<ul style="list-style-type: none"> <li>7 days</li> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.               <ul style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>

**Partnership HealthPlan of California**  
**Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Blood Pressure Control (&lt;140/90) for Patients With Diabetes (BPD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
<b>Hemoglobin A1c Control for Patients With Diabetes — (HBD)</b>	<ul style="list-style-type: none"> <li>• HbA1c Control (&lt;8%)</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: <ul style="list-style-type: none"> <li>○ HbA1c Control (&lt;8%)</li> <li>○ HbA1c poor control (&gt;9.0%).</li> </ul> </li> </ul> <p><b>Note:</b> Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</p>



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Eye Exam for Patients With Diabetes (EED)</b>	<ul style="list-style-type: none"> <li>• Eye Exam for Patients With Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</li> </ul>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	<ul style="list-style-type: none"> <li>• Kidney Health Evaluation for Patients With Diabetes—Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</li> </ul>
<b>Initiation and Engagement of Substance Use Disorder Treatment—(IET)</b>	<ul style="list-style-type: none"> <li>• Engagement of SUD Treatment</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <ul style="list-style-type: none"> <li>○ Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.</li> <li>○ Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</li> </ul> </li> </ul>
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	<ul style="list-style-type: none"> <li>• Imaging for Low Back Pain</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. <ul style="list-style-type: none"> <li>○ The measure is reported as an inverted rate [1–(numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</li> </ul> </li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Immunizations for Adolescents (IMA)</b>	<ul style="list-style-type: none"> <li>• Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.                             <ul style="list-style-type: none"> <li>○ Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul> </li> </ul>
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both blood glucose and cholesterol testing.                             <ul style="list-style-type: none"> <li>○ Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year.</li> </ul> </li> </ul>
<b>Prenatal and Postpartum Care (PPC)</b>	<ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.                             <ul style="list-style-type: none"> <li>○ Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>○ Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> </li> </ul>
<b>Prenatal Immunization Status (PRS-E)</b>	<ul style="list-style-type: none"> <li>• Combination Rate</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Pharmacotherapy Management of COPD Exacerbation(PCE)</b>	<ul style="list-style-type: none"> <li>• Systemic Corticosteroid</li> <li>• Bronchodilator</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:               <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.                   <ul style="list-style-type: none"> <li>○ <b>Note:</b> <i>The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.</i></li> </ul> </li> </ol> </li> </ul>
<b>Pharmacotherapy for Opioid Use Disorder(POD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.               <ul style="list-style-type: none"> <li>○ A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</li> </ul> </li> </ul>
<b>Plan All-Cause Readmissions— (PCR)</b>	<ul style="list-style-type: none"> <li>• Observed-to-Expected Ratio</li> <li>• 18-64 years</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</li> </ul> <p><b>Note:</b> <i>For commercial and Medicaid, report only members 18–64 years of age.</i></p>
<b>Race/Ethnicity Diversity of Membership- (RDM)</b>	<ul style="list-style-type: none"> <li>• Race/Ethnicity Direct</li> </ul>	<ul style="list-style-type: none"> <li>• An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.</li> </ul>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	<ul style="list-style-type: none"> <li>• Non-Medicare 80% Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</li> </ul>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



HEDIS Measure	Measure Indicator	Measure Definition
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b>	<ul style="list-style-type: none"> <li>• Total.</li> <li>• Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Statin Therapy Statin Therapy for Patients With Diabetes (SPD)</b>	<ul style="list-style-type: none"> <li>• Received Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	<ul style="list-style-type: none"> <li>• BMI Percentile Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.               <ul style="list-style-type: none"> <li>○ BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</li> </ul> </li> </ul>

## 5.0 HEDIS HealthPlan Accreditation (HPA) – Healthplan Rating Methodology

Health plans are rated in three categories: private/commercial plans in which people enroll through employers or on their own; plans that serve Medicare beneficiaries in the Medicare Advantage program (not supplemental plans); and plans that serve Medicaid beneficiaries.

NCQA ratings are based on three types of quality measures: 1) measures of clinical quality from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) and Health Outcomes Survey (HOS); 2) measures of patient experience using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®); and 3) results from NCQA's review of a health plan's health quality processes (NCQA Accreditation). NCQA rates health plans that choose to report measures publicly.

The overall rating is the weighted average of a plan's HEDIS, HOS and CAHPS measure ratings, plus Accreditation bonus points (if the plan is Accredited by NCQA), rounded to the nearest half point displayed as stars.

The overall rating is based on performance on dozens of measures of care and is calculated on a 0–5 scale in half points (5 is highest). Performance includes three subcategories:

1. **Patient Experience:** Patient-reported experience of care, including experience with doctors, services and customer service (measures in the Patient Experience category).
2. **Rates for Clinical Measures:** The proportion of eligible members who received preventive services (prevention measures) and the proportion of eligible members who received recommended care for certain conditions (treatment measures).
3. **NCQA Health Plan Accreditation:** For a plan with an Accredited or Provisional status, 0.5 bonus points are added to the overall rating before rounding to the nearest half point and displayed as stars.



## 6.0 HEDIS/CAHPS Measures Required for HP Accreditation—Medicaid

Measure Name		Display Name	Weight
<b>PATIENT EXPERIENCE</b>			
<b>Getting Care</b>			
Getting Needed Care (Usually + Always)		Getting care easily	1.5
Getting Care Quickly (Usually + Always)		Getting care quickly	1.5
<b>Satisfaction With Plan Physicians</b>			
Rating of Personal Doctor (9 + 10)		Rating of primary care doctor	1.5
<b>Satisfaction With Plan and Plan Services</b>			
Rating of Health Plan (9 + 10)		Rating of health plan	1.5
Rating of All Health Care (9 + 10)		Rating of care	1.5
<b>PREVENTION AND EQUITY</b>			
<b>Children and Adolescent Well-Care</b>			
CIS	Childhood Immunization Status—Combination 10	Childhood immunizations	3
IMA	Immunizations for Adolescents—Combination 2	Adolescent immunizations	3
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	BMI percentile assessment	1



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



<b>Women's Reproductive Health</b>			
PPC	Prenatal and Postpartum Care—Timeliness of Prenatal Care	Prenatal checkups	1
	Prenatal and Postpartum Care—Postpartum Care	Postpartum care	1
PRS-E	Prenatal Immunization Status—Combination Rate	Prenatal immunizations	1
<b>Cancer Screening</b>			
BCS-E	Breast Cancer Screening ( <b>NEW REPORTING METHOD</b> )	Breast cancer screening	1
CCS	Cervical Cancer Screening	Cervical cancer screening	1
<b>Equity</b>			
RDM	Race/Ethnicity Diversity of Membership	Race and ethnicity of members	1
<b>Other Preventive Services</b>			
CHL	Chlamydia Screening in Women—Total	Chlamydia screening	1
AIS-E	Adult Immunization Status—Influenza—Total ( <b>NEW MEASURE</b> )	Influenza immunizations for adults	1
	Adult Immunization Status—Td/Tdap—Total ( <b>NEW MEASURE</b> )	Td/Tdap immunizations for adults	1
	Adult Immunization Status—Zoster—Total ( <b>NEW MEASURE</b> )	Zoster immunizations for adults	1
	Adult Immunization Status—Pneumococcal—66+ ( <b>NEW MEASURE</b> )	Pneumococcal immunizations for adults	1

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



TREATMENT			
<b>Respiratory</b>			
AMR	Asthma Medication Ratio—Total	Asthma control	1
CWP	Appropriate Testing for Pharyngitis—Total	Appropriate testing and care for a sore throat	1
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	Appropriate antibiotic use for acute bronchitis/bronchiolitis	1
PCE	Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid	Steroid after hospitalization for acute COPD	1
	Pharmacotherapy Management of COPD Exacerbation—Bronchodilator	Bronchodilator after hospitalization for acute COPD	1
<b>Diabetes</b>			
BPD	Blood Pressure Control for Patients With Diabetes	Patients with diabetes—blood pressure control (140/90)	3
EED	Eye Exam for Patients With Diabetes	Patients with diabetes—eye exams	1
HBD	Hemoglobin A1c Control for Patients With Diabetes—HbA1c Control (<8%)	Patients with diabetes—glucose control	3

Measure Name		Display Name	Weight
SPD	Statin Therapy for Patients With Diabetes—Received Statin Therapy	Patients with diabetes—received statin therapy	1
	Statin Therapy for Patients With Diabetes—Statin Adherence 80%	Patients with diabetes—statin adherence 80%	1
KED	Kidney Health Evaluation for Patients With Diabetes—Total	Patients with diabetes—kidney health evaluation	1
<b>Heart Disease</b>			
SPC	Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	Patients with cardiovascular disease—received statin therapy	1
	Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	Patients with cardiovascular disease—statin adherence 80%	1
CBP	Controlling High Blood Pressure	Controlling high blood pressure	3
<b>Behavioral Health—Care Coordination</b>			
FUH	Follow-Up After Hospitalization for Mental Illness—7 days—Total	Follow-up after hospitalization for mental illness	1
FUM	Follow-Up After Emergency Department Visit for Mental Illness—7 days—Total	Follow-up after ED for mental illness	1
FUA	Follow-Up After Emergency Department Visit for Substance Use—7 days—Total	Follow-up after ED for substance use disorder	1
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	Follow-up after high-intensity care for substance use disorder	1



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



<b>Behavioral Health—Medication Adherence</b>			
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Adherence to antipsychotic medications for individuals with schizophrenia	1
AMM	Antidepressant Medication Management—Effective Continuation Phase Treatment	Patients with a new episode of depression—medication adherence for 6 months	1
POD	Pharmacotherapy for Opioid Use Disorder—Total	Patients with opioid use disorder—medication adherence for 6 months	1
<b>Behavioral Health—Access, Monitoring and Safety</b>			
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	Cholesterol and blood sugar testing for youth on antipsychotic medications	1
ADD	Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	Continued follow-up after ADHD diagnosis	1
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes screening for individuals with schizophrenia or bipolar disorder	1
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	First-line psychosocial care for youth on antipsychotic medications	1
IET	Initiation and Engagement of Substance Use Disorder Treatment—Engagement of SUD Treatment—Total	Substance use disorder treatment engagement	1

<b>Measure Name</b>		<b>Display Name</b>	<b>Weight</b>
<b>Risk-Adjusted Utilization</b>			
PCR	Plan All-Cause Readmissions—Observed-to-Expected Ratio—18-64 years	Plan all-cause readmissions	1
<b>Other Treatment Measures</b>			
LBP	Use of Imaging Studies for Low Back Pain—Total	Appropriate use of imaging studies for low back pain	1

## 7.0 HEDIS/CAHPS MY2023 / RY2024 HPA Overall Star Rating Results: with Child CAHPS Survey Results (Projected)

MY2023 / RY2024 below is Partnership's projected Star Rating to be formally scored under the Health Plan Accreditation (HPA) Star Rating. This rating is calculated based on the MY2023 Adult CAHPS® (regulated) survey results and plan-wide HEDIS rates per the NCQA Health Plan scoring methodology. Final scores will be confirmed by NCQA in Fall of 2024.



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**7.1 MY2023 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Child CAHPS - Change from Prior Year**

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

MY2023 Projected Star Rating w/Child CAHPS survey results:					Final Overall Rating +.5 Bonus		3.752101	
HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Child CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points		
Overall Rating (CAHPS + Accreditation Measures)	59.5	153	155	193.5	3.252101	4.0	★★★★☆	
Child CAHPS Rating	7.5	12	9	13.5				
Patient Experience	7.5	12	9	13.5	1.800	2	★★★★☆	
Prevention and Equity	18	39	52	66	3.667	3.5	★★★★☆	
Treatment	34	102	94	114	3.353	3.5	★★★★☆	

MY2022 Star Rating w/Child CAHPS Formal Final survey results:					Final Overall Rating +.5 Bonus		3.69167	
HEDIS HealthPlan Accreditation Star Rating Scoring MY2022 With Child CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2021	TOTAL ACCRD Score MY2022	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points		
Overall Rating (CAHPS + Accreditation Measures)	60	135	156	191.5	3.191667	3.5	★★★★☆	
Child CAHPS Rating	7.5	18	10	15				
Patient Experience	10.5	14	14	21	2.000	2	★★★★☆	
Prevention and Equity	14.5	34	39	50.5	3.483	3.5	★★★★☆	
Treatment	38	83	103	125	3.289	3.5	★★★★☆	

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**7.2 MY2023 HEDIS HealthPlan Accreditation (HPA) – HealthPlan Rating Score Adults CAHPS - Change from Prior Year**

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

MY2023 Projected Star Rating w/Adult CAHPS survey results:

<b>Final Overall Rating +.5 Bonus</b>	<b>3.70661157</b>
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Adult CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
Overall Rating (CAHPS + Accreditation Measures)	60.5	158	63	194	3.20661157	3.5 ★★★★★
Adult CAHPS Rating	7.5	17	8	12		
Patient Experience	7.5	17	8	12	1.600	1.5 ★★★★★
Prevention and Equity	19	39	54	68	3.579	3.5 ★★★★★
Treatment	34	102	1	114	3.353	3.5 ★★★★★

MY2022 Projected Star Rating w/Adult CAHPS survey results:

<b>Final Overall Rating +.5 Bonus</b>	<b>3.607692308</b>
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HEDIS HealthPlan Accreditation Star Rating Scoring MY2022 With Adult CAHPS Survey Results	TOTAL Weight	TOTAL ACCRD Score MY2021	TOTAL ACCRD Score MY2022	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
Overall Rating (CAHPS + Accreditation Measures)	65	132	158	202	3.107692308	3.5 ★★★★★
Adult CAHPS Rating	10.5	15	17	25.5		
Patient Experience	10.5	11	17	25.5	2.429	2.5 ★★★★★
Prevention and Equity	16.5	34	39	52.5	3.182	3 ★★★★★
Treatment	38	83	102	124	3.263	3.5 ★★★★★

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**8.0 MY2023 Partnership HPA Overall Star Rating: Comparison to MY2022 – with Child CAHPS**

**8.1 MY2023 Partnership Star Rating (Child CAHPS): Patient Experience & Prevention and Equity Scores**

HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Child CAHPS Survey Results	MY 2023 Final Rate	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
<b>Overall Rating (CAHPS + Accreditation Measures)</b>		59.5	153	155	193.5	3.25210084	4.0 ★★★★★
<b>Child CAHPS Rating</b>		7.5	12	9	13.5		
<b>Patient Experience</b>		7.5	12	9	13.5	1.800	2 ★★★★★
Getting Care							
***Getting Needed Care (Usually+ Always)	77.06%	1.5	2	2	3		
***Getting Care Quickly (Usually + Always)	78.92%	1.5	1	1	1.5		
Satisfaction with Plan Physicians							
Rating of Personal Doctor (9+10)	75.51%	1.5	2	3	4.5		
Satisfaction with Health Plan Services							
Rating of Health Plan (9+10)	68.13%	1.5	2	2	3		
Rating of All Health Plan (9+10)	58.89%	1.5	2	1	1.5		
<b>NCQA Accreditation Measures Rating</b>		52	141	146	180	3.461538462	
<b>Prevention and Equity</b>		18	39	52	66	3.667	3.5 ★★★★★
<b>Children and Adolescent Well-Care</b>							
***CIS - Childhood Immunization Status (Combination 10)	29.68%	3	2	3	9		
***IMA - Immunizations for Adolescents (Combination 2)	43.07%	3	4	4	12		
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total	85.99%	1	4	4	4		
<b>Women's reproductive health</b>							
***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	90.34%	1	5	4	4		
***PPC - Prenatal and Postpartum Care—Postpartum Care	86.96%	1	5	5	5		
PRS-E - Prenatal Immunization Status - Combination Rate	35.40%	1	4	4	4		
<b>Cancer screening</b>							
BCS - E Breast Cancer Screening	55.52%	1	3	4	4		
CCS - Cervical Cancer Screening	58.04%	1	3	3	3		
<b>Equity</b>							
Race/Ethnicity Diversity of Membership - Race/Ethnicity Direct Total	100.00%	1	5	5	5		
Other preventive services							
CHL - Chlamydia Screening in Women—Total	56.00%	1	3	3	3		
AIS-E-Adult Immunization Status—Influenza	17.61%	1	N/A	4	4		
AIS-E-Adult Immunization Status—Td/Tdap	36.43%	1	N/A	3	3		
AIS-E-Adult Immunization Status—Zoster	14.63%	1	N/A	5	5		
AIS-E-Adult Immunization Status—Pneumococcal	49.15%	1	N/A	1	1		

Overall Rating Source	
Field	Calculation
Measure points	193.5
Overall Rating Not Rounded	3.25210084
Final Overall Rating +.5 Bonus	3.752
<b>Final Score Rounded</b>	<b>4.0</b>

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32rd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

*Inverted Rate
**Inverted Measures
***Withhold Measures
<b>New Measures</b>
<b>BOLD: Also MCAS Measures held to MPL</b>



**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**8.2 MY2022 Partnership Star Rating (Child CAHPS): Treatment / Behavioral Health Scores**

HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Child CAHPS Survey Results	MY 2023 Final Rate	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
<b>Overall Rating (CAHPS + Accreditation Measures)</b>		59.5	153	155	193.5	3.25210084	4.0 ★★★★★
<b>Child CAHPS Rating</b>		7.5	12	9	13.5		
<b>Treatment</b>		34	102	94	114	3.353	3.5 ★★★★★
<b>Respiratory</b>							
AMR - Asthma Medication Ratio- Total	64.01%	1	4	3	3		
CWP - Appropriate Testing for Pharyngitis—Total	71.45%	1	2	3	3		
*AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	74.30%	1	5	4	4		
PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	73.71%	1	4	3	3		
PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	88.15%	1	3	4	4		
<b>Diabetes</b>							
EED - Eye Exams for Patients with Diabetes	52.59%	1	3	3	3		
BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	67.50%	3	4	3	9		
HBD -Hemoglobin A1c Control for Patients with Diabetes- HbA1c Control (<8%	54.81%	3	4	3	9		
SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	63.12%	1	2	3	3		
SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	94.76%	1	4	5	5		
KED - Kidney Health Evaluation for Patients with Diabetes	42.13%	1	4	4	4		
SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	81.90%	1	3	4	4		
SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	95.45%	1	4	5	5		
***CBP - Controlling High Blood Pressure	70.57%	3	3	4	12		
<b>Behavioral Health—Care Coordination</b>							
FUH - Follow-Up After Hospitalization for Mental Illness-7 days	29.05%	1	1	2	2		
FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	18.92%	1	1	1	1		
FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.68%	1	5	3	3		
FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	32.29%	1	3	3	3		
<b>Behavioral Health—Medication Adherence</b>							
AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	81.49%	1	4	5	5		
POD - Pharmacotherapy for Opioid Use Disorder—Total	41.53%	1	3	5	5		
SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	73.46%	1	5	5	5		
<b>Behavioral Health-- Access, Monitoring and Safety</b>							
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	32.80%	1	3	3	3		
ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	31.45%	1	2	1	1		
SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	81.90%	1	3	4	4		
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	25.95%	1	1	1	1		
IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	8.50%	1	2	2	2		
<b>Risk-Adjusted Utilization</b>							
PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.8951	1	5	4	4		
<b>Other Treatment Measure</b>							
*LBP - Use of Imaging Studies for Low Back Pain	76.71%	1	4	4	4		

Overall Rating Source	
Field	Calculation
Measure points	193.5
Overall Rating Not Rounded	3.25210084
Final Overall Rating +.5 Bonus	3.752
<b>Final Score Rounded</b>	<b>4.0</b>

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

*Inverted Rate
**Inverted Measures
***Withhold Measures
<b>New Measures</b>
<b>BOLD: Also MCAS Measures held to MPL</b>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**9.0 MY2023 Partnership HPA Overall Star Rating: Comparison to MY2022 – with Adult CAHPS**

**9.1 MY2023 Partnership Star Rating (Adults): Patient Experience & Prevention and Equity Scores**

HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Adult CAHPS Survey Results	MY 2023 Final Rate	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
<b>Overall Rating (CAHPS + Accreditation Measures)</b>		59.5	158	61	192	3.226890756	3.5 ★★★★★
<b>Adult CAHPS Rating</b>		7.5	17	8	12		
<b>Patient Experience</b>		7.5	17	8	12	1.600	1.5 ★★★★★
<b>Getting Care</b>							
***Getting Needed Care (Usually+ Always)	73.98%	1.5	2	1	1.5		
***Getting Care Quickly (Usually + Always)	68.09%	1.5	1	1	1.5		
<b>Satisfaction with Plan Physicians</b>							
Rating of Personal Doctor (9+10)	70.00%	1.5	3	3	4.5		
<b>Satisfaction with Health Plan Services</b>							
Rating of Health Plan (9+10)	54.49%	1.5	2	2	3		
Rating of All Health Plan (9+10)	46.32%	1.5	3	1	1.5		
<b>NCQA Accreditation Measures Rating</b>		52	143	53	180	3.461538462	
<b>Prevention and Equity</b>		18	39	52	66	3.667	3.5 ★★★★★
<b>Children and Adolescent Well-Care</b>							
***CIS - Childhood Immunization Status (Combination 10)	29.68%	3	3	3	9		
***IMA - Immunizations for Adolescents (Combination 2)	43.07%	3	4	4	12		
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescent	85.99%	1	4	4	4		
<b>Women's reproductive health</b>							
***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	90.34%	1	4	4	4		
***PPC - Prenatal and Postpartum Care—Postpartum Care	86.96%	1	5	5	5		
PRS-E - Prenatal Immunization Status - Combination Rate	35.40%	1	4	4	4		
<b>Cancer screening</b>							
BCS - E Breast Cancer Screening	55.52%	1	3	4	4		
CCS - Cervical Cancer Screening	58.04%	1	3	3	3		
<b>Equity</b>							
Race/Ethnicity Diversity of Membership - Race/Ethnicity Direct Total	100.00%	1	5	5	5		
<b>Other preventive services</b>							
CHL - Chlamydia Screening in Women—Total	56.00%	1	3	3	3		
AIS-E-Adult Immunization Status—Influenza	17.61%	1	N/A	4	4		
AIS-E-Adult Immunization Status—Td/Tdap	36.43%	1	N/A	3	3		
AIS-E-Adult Immunization Status—Zoster	14.63%	1	N/A	5	5		
AIS-E-Adult Immunization Status—Pneumococcal	49.15%	1	N/A	1	1		

Overall Rating Source	
Field	Calculation
Measure points	194
Overall Rating Not Rounded	3.20661157
Final Overall Rating +.5 Bonus	3.707
<b>Final Score Rounded</b>	<b>3.5</b>

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
1.750–2.249 → 2.0	≥4.750 → 5.0
2.250–2.749 → 2.5	

*Inverted Rate
**Inverted Measures
***Withhold Measures
<b>New Measures</b>
<b>BOLD: Also MCAS Measures held to MPL</b>

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**9.2 MY2023 Partnership Star Rating (Adults): Treatment / Behavioral Health Scores**

HEDIS HealthPlan Accreditation Star Rating Scoring MY2023 With Adult CAHPS Survey Results	MY 2023 Final Rate	TOTAL Weight	TOTAL ACCRD Score MY2022	TOTAL ACCRD Score MY2023	TOTAL Measure Score (Weight*Score)	Calculated Score (Not-Rounded)	Star Rating (Rounded) + 0.5 Bonus points
<b>Overall Rating (CAHPS + Accreditation Measures)</b>		59.5	158	154	192	3.226890756	3.5 ★★★★★
<b>Adult CAHPS Rating</b>		7.5	17	8	12		
<b>Treatment</b>		34	102	94	114	3.353	3.5 ★★★★★
<b>Respiratory</b>							
AMR - Asthma Medication Ratio- Total	64.01%	1	4	3	3		
CWP - Appropriate Testing for Pharyngitis—Total	71.45%	1	2	3	3		
*AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	74.30%	1	5	4	4		
PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	73.71%	1	4	3	3		
PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	88.15%	1	3	4	4		
<b>Diabetes</b>							
EED - Eye Exams for Patients with Diabetes	52.59%	1	3	3	3		
BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	67.50%	3	4	3	9		
HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	54.81%	3	4	3	9		
SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	63.12%	1	2	3	3		
SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	94.76%	1	4	5	5		
KED - Kidney Health Evaluation for Patients with Diabetes	42.13%	1	4	4	4		
SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	81.90%	1	3	4	4		
SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	95.45%	1	4	5	5		
***CBP - Controlling High Blood Pressure	70.57%	3	3	4	12		
<b>Behavioral Health—Care Coordination</b>							
FUH - Follow-Up After Hospitalization for Mental Illness-7 days	29.05%	1	1	2	2		
FUM - Follow-UP After Emergency Department Visit for Mental Illness 7 days total	18.92%	1	1	1	1		
FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	22.68%	1	5	3	3		
FUI - Follow-Up After High-Intensity Care for Substance Use Disorder—7 days—Total	32.29%	1	3	3	3		
<b>Behavioral Health—Medication Adherence</b>							
AMM - Antidepressant Medication Management—Effective Continuation Phase Treatment	81.49%	1	4	5	5		
POD - Pharmacotherapy for Opioid Use Disorder—Total	41.53%	1	3	5	5		
SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	73.46%	1	5	5	5		
<b>Behavioral Health— Access, Monitoring and Safety</b>							
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	32.80%	1	3	3	3		
<b>ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation &amp; Maintenance Phase</b>	31.45%	1	2	1	1		
<b>SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b>	81.90%	1	3	4	4		
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	25.95%	1	1	1	1		
IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	8.50%	1	2	2	2		
<b>Risk-Adjusted Utilization</b>							
PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.8951	1	5	4	4		
<b>Other Treatment Measure</b>							
*LBP - Use of Imaging Studies for Low Back Pain	76.71%	1	4	4	4		

Overall Rating Source	
Field	Calculation
Measure points	194
Overall Rating Not Rounded	3.20661157
Final Overall Rating +.5 Bonus	3.707
Final Score Rounded	3.5

Percentile	Score Rating
> 90th Percentile	5
67th – 90th Percentile	4
33rd – 66th Percentile	3
10th – 32nd Percentile	2
< 10th Percentile	1

Rounding Rules	
0.000–0.249 → 0.0	2.750–3.249 → 3.0
0.250–0.749 → 0.5	3.250–3.749 → 3.5
0.750–1.249 → 1.0	3.750–4.249 → 4.0
1.250–1.749 → 1.5	4.250–4.749 → 4.5
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