

# 2023 Preventive Services Report

Quality and Population Health Management  
California Department of Health Care Services

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## Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- ◆ **A**—administrative
- ◆ **AUS**—*Alcohol Use Screening*
- ◆ **BLS**—*Blood Lead Screening*
- ◆ **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems<sup>1</sup>
- ◆ **CalAIM**—California Advancing and Innovating Medi-Cal
- ◆ **CDPH**—California Department of Public Health
- ◆ **CHIP**—Children’s Health Insurance Program
- ◆ **CHL**—*Chlamydia Screening in Women*
- ◆ **CIS**—*Childhood Immunization Status*
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **COHS**—County Organized Health System
- ◆ **COVID-19**—coronavirus disease 2019
- ◆ **CPT**—Current Procedural Terminology
- ◆ **DDG**—Data De-Identification Guidelines<sup>2</sup>
- ◆ **DEV**—*Developmental Screening in the First Three Years of Life*
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **DMC-ODS**—Drug Medi-Cal Organized Delivery System
- ◆ **DSF**—*Depression Screening and Follow-Up for Adolescents and Adults*
- ◆ **ECDS**—Electronic Clinical Data Systems
- ◆ **EHR**—electronic health record
- ◆ **EPSDT**—Early and Periodic Screening, Diagnostic, and Treatment
- ◆ **EQR**—external quality review
- ◆ **FFS**—fee-for-service
- ◆ **FFY**—federal fiscal year

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<sup>1</sup> CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>2</sup> California Department of Health Care Services. Data De-Identification Guidelines (DDG). Version 2.2. December 6, 2022. Available at: [DHCS-DDG-V2.2.pdf \(ca.gov\)](https://www.dhcs.ca.gov/Programs/Pages/DDG-V2.2.pdf). Accessed on: Mar 19, 2024.

- ◆ **FUA**—*Follow-Up After Emergency Department Visit for Substance Use*
- ◆ **FUH**—*Follow-Up After Hospitalization for Mental Illness*
- ◆ **FUM**—*Follow-Up After Emergency Department Visit for Mental Illness*
- ◆ **H**—hybrid
- ◆ **HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set<sup>3</sup>
- ◆ **HIPAA**—Health Insurance Portability and Accountability Act of 1996
- ◆ **HMO**—health maintenance organization
- ◆ **HPV**—human papillomavirus
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **IMA**—*Immunizations for Adolescents*
- ◆ **LHJ**—Local Health Jurisdiction
- ◆ **LSC**—*Lead Screening in Children*
- ◆ **MC**—managed care
- ◆ **MCAS**—Managed Care Accountability Set
- ◆ **MCMC**—Medi-Cal Managed Care program
- ◆ **MCP**—managed care health plan
- ◆ **MRR**—medical record review
- ◆ **MS**—Microsoft
- ◆ **N**—number
- ◆ **NA**—suppressed rate due to small denominator
- ◆ **N/A**—not available
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **OB/GYN**—obstetrician/gynecologist
- ◆ **OEV**—*Oral Evaluation, Dental Services—Total*
- ◆ **PCP**—primary care provider
- ◆ **PHM**—Population Health Management
- ◆ **PIP**—performance improvement project
- ◆ **PNA**—population needs assessment
- ◆ **QMR**—Quality Measure Reporting
- ◆ **S**—suppressed rate due to small numerator
- ◆ **SMART**—specific, measurable, attainable, realistic, and time-bound

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<sup>3</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

- ◆ **Tdap**—tetanus, diphtheria toxoids, and acellular pertussis
- ◆ **TFL**—*Topical Fluoride for Children*
- ◆ **TUS**—*Tobacco Use Screening*
- ◆ **VIS**—*Vision Services*
- ◆ **W30**—*Well-Child Visits in the First 30 Months of Life*
- ◆ **WCV**—*Child and Adolescent Well-Care Visits*

# 1. Introduction

## Background

At the request of the Joint Legislative Audit Committee, the California State Auditor published an audit report in March 2019 regarding the California Department of Health Care Services' (DHCS') oversight of the delivery of preventive services to children enrolled in the California Medi-Cal Managed Care program (MCMC). The audit report recommended DHCS expand the performance measures it collects and reports on to ensure all age groups receive preventive services from the managed care health plans (MCPs).<sup>4</sup> In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG), start producing an annual Preventive Services Utilization Report in 2020.

For the 2023 Preventive Services Report, HSAG continued to analyze child and adolescent performance measures either calculated by HSAG or DHCS, or reported by the 25 full-scope MCPs for measurement year 2022 from the Managed Care Accountability Set (MCAS). MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. The 2023 Preventive Services Report presents statewide and regional results for a total of 23 indicators that assess utilization of preventive services by MCMC children and adolescents during measurement year 2022, and includes regional and demographic trends, findings, and recommendations. Comparisons to measurement year 2021 results are presented, when available.

Overall, the Preventive Services Report is an additional tool that DHCS can use to identify and monitor appropriate utilization of preventive services for children in MCMC as outlined in the 2022 Comprehensive Quality Strategy.<sup>5</sup> DHCS will leverage findings from the Preventive Services Report to work with MCPs and other stakeholders to implement targeted improvement strategies that can drive positive change and ensure MCMC children receive the right care at the right time.

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<sup>4</sup> California State Auditor. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services, March 2019. Available at: <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>. Accessed on: Mar 19, 2024.

<sup>5</sup> State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Mar 19, 2024.

## Determination of Key Findings

To focus the 2023 Preventive Services Report on more actionable results for stakeholders, HSAG and DHCS developed criteria to determine which results to include in the body of the report. These criteria include: large rate changes from year-to-year (i.e., rate increases or decreases from the prior measurement year by at least a 10 percent relative difference); indicator rates with overall low performance (i.e., below the applicable national benchmark by at least a 10 percent relative difference); racial/ethnic, primary language, gender, and age groups with disparate performance across indicators (i.e., a demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference); indicator rates with regional variations in performance (i.e., geographic regions with consistently high or low performance across indicators relative to the statewide aggregate by at least a 10 percent relative difference); and domains with overall poor performance (i.e., more than half of the indicators within a domain with low performance relative to national benchmarks).

HSAG and DHCS then decided on a final list of indicators with the most actionable results for stakeholders to include in the body of the report. For more details, see the Determination of Key Findings subheading in the Reader's Guide.

## Overall Findings

The 2023 Preventive Services Report includes the results from the analysis of 23 indicators that assess the utilization of preventive services by pediatric MCMC members at the statewide and regional levels (i.e., delivery type model, population density, geographic region, and county) as well as by key demographic characteristics (i.e., race/ethnicity, primary language, gender, and age). Table 1.1 displays the 23 indicators included in the 2023 Preventive Services Report, as well as the three age indicators for the *Child and Adolescent Well-Care Visits* indicator. Where possible, HSAG indicated if the measurement years 2021 and 2022 statewide indicator rates met the respective National Committee for Quality Assurance's (NCQA's) Quality Compass<sup>®6</sup> national Medicaid Health Maintenance Organization (HMO) 50th percentile or the Centers for Medicare & Medicaid Services' (CMS') Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP) (Child Core Set) National Median (henceforth referred to as national benchmarks).<sup>7</sup>

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<sup>6</sup> Quality Compass<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>7</sup> Centers for Medicare & Medicaid Services. 2022 Adult and Child Health Care Quality Measures. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>. Accessed on: Mar 19, 2024.

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### Table 1.1—Statewide Indicator Rates

An em dash (—) indicates the statewide rate is not available because the indicator is new for measurement year 2022.

N/A indicates that a national benchmark is not available.

 indicates that the indicator rate was above the national benchmark for its respective measurement year.

Benchmark sources for each indicator listed in the table below are available in Table 2.5 in the Reader’s Guide.

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2022 National Benchmark
<b>MCP-Calculated Indicators</b>			
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)</i>	40.23%	49.62%	58.38%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2022 National Benchmark
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)</i>	60.28%	64.36%	66.76%
<i>Child and Adolescent Well-Care Visits—3 to 11 Years (WCV)</i>	55.24%	55.45%	55.66%
<i>Child and Adolescent Well-Care Visits—12 to 17 Years (WCV)</i>	49.91%	48.93%	49.20%
<i>Child and Adolescent Well-Care Visits—18 to 21 Years (WCV)</i>	23.34%	23.43%	24.02%
<i>Child and Adolescent Well-Care Visits—Total (WCV)</i>	47.51%	47.02%	48.07%
<i>Childhood Immunization Status—Combination 10 (CIS–10)</i>	37.81%	35.23%	30.90%
<i>Chlamydia Screening in Women—16 to 20 Years (CHL–1620)</i>	59.23%	58.82%	50.45%
<i>Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)</i>	—	4.33%	N/A
<i>Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)</i>	—	87.88%	N/A
<i>Developmental Screening in the First Three Years of Life—Total (DEV)</i>	28.83%	32.33%	34.70%
<i>Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)</i>	43.47%	59.05%	69.57%
<i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)</i>	—	19.84%	30.40%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2022 National Benchmark
<i>Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)</i>	37.96%	38.63%	34.31%
<i>Lead Screening in Children (LSC)</i>	52.06%	53.41%	62.79%
<b>HSAG-Calculated Indicators</b>			
<i>Alcohol Use Screening (AUS)</i>	2.31%	3.11%	N/A
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)</i>	58.80%	56.65%	46.27%
<i>Oral Evaluation, Dental Services—Total (OEV)</i>	—	37.99%	43.20%
<i>Tobacco Use Screening (TUS)</i>	3.83%	3.86%	N/A
<i>Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)</i>	—	16.17%	19.30%
<i>Vision Services—Comprehensive Eye Exam (VIS–C)</i>	—	17.49%	N/A
<i>Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)</i>	—	19.48%	N/A
<b>DHCS-Calculated Indicators</b>			
<i>Blood Lead Screening—Test at 12 Months of Age (BLS–1)</i>	43.98%	47.70%	N/A
<i>Blood Lead Screening—Test at 24 Months of Age (BLS–2)</i>	34.50%	38.77%	N/A
<i>Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)</i>	21.26%	23.27%	N/A
<i>Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)</i>	32.29%	29.11%	N/A

The following are the overall findings from the 2023 Preventive Services Report analyses. Please note, Overall Finding 1 includes all indicators contained in this report, but the remaining overall findings are limited to those indicators considered key findings and included in Section 3. Detailed statewide and regional results for the indicators considered key findings can be found in Section 3, and the results for the remaining indicators can be found in Appendix A. MCP reporting unit results can be found in Appendix B.

- ◆ **Overall Finding 1: Performance for measurement year 2022 improved from measurement year 2021. However, the majority of indicators that could be compared to national benchmarks did not meet the national benchmarks for measurement year 2022.**
  - From measurement year 2021 to measurement year 2022, 11 of 16 (68.75 percent) indicator rates that had reportable rates in both years increased. The majority of indicators that increased in measurement year 2022 were related to well-child visits and blood lead screenings. Despite the large increases for well-child visits for younger children, the indicator rates continue to fall below the national benchmark.
  - Four of the 13 (30.77 percent) indicators with benchmarks (i.e., *Childhood Immunization Status—Combination 10*, *Chlamydia Screening in Women—16 to 20 Years*, *Immunizations for Adolescents—Combination 2*, and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicators) exceeded the national benchmark in measurement year 2022.
- ◆ **Overall Finding 2: Performance is regional.**
  - The highest performance was seen for counties in the Central Coast (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura counties), San Francisco Bay/Sacramento (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, and Sacramento counties), and Southern Coast (Los Angeles, Orange, and San Diego counties) geographic regions.
    - From measurement year 2021 to measurement year 2022, performance in the Central Coast geographic region continued to be high, with more than half of county rates in the top two quintiles (i.e., above the 60th percentile of statewide performance). However, San Luis Obispo County had two indicator rates in Quintile 2 in measurement year 2022, with one indicator (*Developmental Screening in the First Three Years of Life*) rate that declined by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022.
  - The lowest performance was seen in the North/Mountain (Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, Plumas, Sutter, Yolo, and Yuba counties) geographic region.
    - From measurement year 2021 to measurement year 2022, performance in the North/Mountain geographic region continued to be low, with more than half of county rates in the bottom two quintiles (i.e., below the 40th percentile of statewide performance). Of note, at least half of the rates for Calaveras, Del Norte, Humboldt, Lake, Lassen, Mariposa, Plumas, Shasta, Sierra, Siskiyou, and Tuolumne counties were in the bottom two quintiles for both measurement years 2021 and 2022. These

indicators were primarily related to well-child visits, immunizations, and blood lead screenings.

◆ **Overall Finding 3: Statewide performance varies based on race/ethnicity and primary language.**

- For the 13 indicators considered to be key findings, each racial/ethnic group had a varying number of reportable indicators. Seven of 12 (58.33 percent) reportable indicator rates for the Asian racial/ethnic group and four of 13 (30.77 percent) indicator rates for the Hispanic or Latino racial/ethnic group were above the statewide aggregate by more than a 10 percent relative difference.
  - The rates for the Asian racial/ethnic group were above the statewide aggregate by more than a 10 percent relative difference for both *Well-Child Visits in the First 30 Months of Life* indicators, and for the *Childhood Immunization Status—Combination 10*, *Developmental Screening in the First Three Years of Life*, *Lead Screening in Children*, *Topical Fluoride for Children—Dental or Oral Health Services—Total*, and *Vision Services—Comprehensive Eye Exam* indicators. Of note, the Asian racial/ethnic group rates for *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*, *Childhood Immunization Status—Combination 10*, and *Developmental Screening in the First Three Years of Life* were also above the national benchmark by more than a 10 percent relative difference.
  - The rates for the Hispanic or Latino racial/ethnic group were above the statewide aggregate by more than a 10 percent relative difference for the *Blood Lead Screening—Test at 24 Months of Age*, *Childhood Immunization Status—Combination 10*, *Lead Screening in Children*, and *Topical Fluoride for Children—Dental or Oral Health Services—Total* indicators. It is important to note that approximately 56 percent of MCMC children are Hispanic or Latino; therefore, it is difficult for the Hispanic or Latino racial/ethnic group to have rates above the statewide aggregate by more than a 10 percent relative difference given the group accounts for more than half of the statewide aggregate. Of note, 11 of 13 (84.62 percent) indicator rates for the Hispanic or Latino racial/ethnic group were above the statewide aggregate. Further, the Hispanic or Latino racial/ethnic group rates for the *Childhood Immunization Status—Combination 10* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicators were above the national benchmark by more than a 10 percent relative difference.
- For measurement year 2022, all nine reportable indicator rates for the Native Hawaiian or Other Pacific Islander racial/ethnic group were below the statewide aggregate by more than a 10 percent relative difference. For the American Indian or Alaska Native, Black or African American, and White racial/ethnic groups, rates were below the statewide aggregate by more than a 10 percent relative difference for 10 of 12 (83.33 percent), 12 of 13 (92.31 percent), and seven of 13 (53.85 percent) indicators, respectively.
  - At least 80 percent of reportable indicator rates with national benchmarks for the American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White racial/ethnic groups were below the national

benchmark by more than a 10 percent relative difference during measurement year 2022. Of note, all reportable indicator rates with national benchmarks for the Native Hawaiian or Other Pacific Islander racial/ethnic group were below the national benchmark by more than a 10 percent relative difference.

- The only indicator that both the American Indian or Alaska Native and Black or African American racial/ethnic groups had rates that were higher than the national benchmark was for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator, with the rate for the American Indian or Alaska Native racial/ethnic group above the national benchmark by more than a 10 percent relative difference.
- The rates for the White racial/ethnic group were below the statewide aggregates and national benchmarks by more than a 10 percent relative difference for *Child and Adolescent Well-Care Visits—Total*, *Childhood Immunization Status—Combination 10*, *Lead Screening in Children*, *Oral Evaluation*, *Dental Services—Total*, and *Topical Fluoride for Children—Dental or Oral Health Services—Total* indicators.
- From measurement year 2021 to measurement year 2022, reportable rates for the *Childhood Immunization Status—Combination 10* indicator declined by more than a 10 percent of relative difference for four of seven (57.14 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, White, and Unknown/Missing). Similarly, reportable rates for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator declined by more than a 10 percent relative difference for three of seven (42.86 percent) racial/ethnic groups (Asian, Black or African American, and Other).
  - The rates for the Black or African American racial/ethnic group improved by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022 for six of nine (66.67 percent) indicators with reportable rates in both years. Despite this, five of the six (83.33 percent) indicator rates fell below the statewide aggregate by more than a 10 percent relative difference in measurement year 2022.
- The majority of reportable rates for the Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese primary language groups were higher than the statewide aggregate by more than a 10 percent relative difference, while the majority of reportable rates for the Russian primary language group were lower than the statewide aggregate by more than a 10 percent relative difference.
  - The measurement year 2022 findings are consistent with the measurement year 2021 findings. Of note, the majority of rates for the Hmong primary language group were no longer above the statewide aggregate by more than a 10 percent relative difference in measurement year 2022.
  - For measurement year 2022, rates for the Arabic, Chinese, Farsi, Spanish, and Vietnamese primary language groups were above the national benchmark by more than a 10 percent relative difference for the *Childhood Immunization Status—Combination 10* indicator. Additionally, rates for four of these five primary language groups (Arabic, Chinese, Farsi, and Spanish) were also above the national

benchmark by more than a 10 percent relative difference for the *Lead Screening in Children* indicator.

- ◆ **Overall Finding 4: Overall performance across California’s six largest counties was high for a majority of indicators, but improvement is needed for well-child visits, childhood immunizations, blood lead screenings, and follow-up after hospitalizations for mental illness.**
  - Six counties in California (i.e., Los Angeles, Riverside, San Bernardino, San Diego, Orange, and Sacramento counties) account for approximately 59 percent of the pediatric MCMC population.
  - Overall, two of these six counties (i.e., Orange and San Diego counties) demonstrated high performance across the indicators analyzed in this report (i.e., at least half of their reportable indicator rates were in the top two quintiles).
    - The majority of indicator rates for Riverside and San Bernardino counties improved from measurement year 2021 to measurement year 2022, with five and four indicator rates, respectively, improving by more than a 10 percent relative difference from measurement year 2021. Both counties improved rates for both *Well-Child Visits in the First 30 Months of Life* indicators and the *Developmental Screening in the First Three Years of Life* indicator. Both counties continued to have rates for the *Childhood Immunization Status—Combination 10* indicator in the bottom two quintiles for measurement year 2022.
  - Opportunities exist to improve performance on the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator given that at least half of the six counties had rates in the bottom two quintiles. Of these six counties, San Diego County was the only county in Quintile 1 and had a rate below the national benchmark for this indicator.
    - While the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates for all six counties improved by more than a 10 percent relative difference from measurement year 2021 to 2022, the rates for all six counties fell below the national benchmark, with two county rates (i.e., Los Angeles and San Diego) falling below the national benchmark by at least a 10 percent relative difference.
  - All six counties had rates in the top two quintiles for the *Oral Evaluation, Dental Services—Total* indicator; however, all county rates were below the national benchmark.
- ◆ **Overall Finding 5: At least half of younger MCMC children received well-child visits and received immunizations at higher rates than seen nationally.**
  - Approximately 50 percent of MCMC children ages 15 months old and younger had six recommended comprehensive well-care visits during measurement year 2022.
  - Approximately 64 percent of MCMC children ages 15 to 30 months had two or more comprehensive well-care visits during measurement year 2022.
  - Approximately 55 percent of MCMC children ages 3 to 11 years had at least one comprehensive well-care visit during measurement year 2022.

- Approximately 35 percent of MCMC children received necessary vaccinations by their second birthday. Despite the decline from measurement year 2021 to 2022, this is approximately 4 percentage points higher than the national benchmark.
- ◆ **Overall Finding 6: Adolescent rates for well-care visits were lower than rates for younger children.**
  - Approximately 49 percent of adolescents ages 12 to 17 years had at least one comprehensive well-care visit during measurement year 2022.
  - Approximately 23 percent of adolescents ages 18 to 21 years had at least one comprehensive well-care visit during measurement year 2022.
- ◆ **Overall Finding 7: Over half of MCMC children received a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally.**
  - Approximately 53 percent of MCMC children received a blood lead screening by their second birthday, which was an increase of approximately 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, the statewide rate fell below the national benchmark by approximately 9 percentage points, demonstrating opportunities to improve blood lead screenings statewide.
    - Fourteen counties (i.e., Colusa, Imperial, Madera, Marin, Monterey, Napa, Orange, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Ventura, and Yolo) had *Lead Screening in Children* indicator rates above the national benchmark for measurement year 2022. Orange, San Benito, San Mateo, Santa Clara, Ventura, and Yolo were the only counties with rates not also above the national benchmark in measurement year 2021. Three of these counties (San Benito, Santa Clara, and Yolo) rates improved by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022.
  - Rates for Glenn, Humboldt, Kings, Mendocino, and Tulare counties were above the national benchmark in measurement year 2021; however, the rates declined by more than a 10 percent relative difference in measurement year 2022 and no longer exceeded the national benchmark (62.79 percent). Additionally, these counties are either in the North/Mountain geographic region (Glenn, Humboldt, and Mendocino) or the San Joaquin Valley geographic region (Kings and Tulare).

## 2. Reader’s Guide

### Introduction

The “Reader’s Guide” is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

### Preventive Services Population Characteristics

Table 2.1 and Table 2.2 display the statewide counts and percentages for the demographic and regional stratifications, respectively, of the pediatric MCMC population for both measurement years 2021 and 2022. Appendix C provides the county and MCP reporting unit counts and percentages for the pediatric MCMC population.

**Table 2.1—Measurement Years 2021 and 2022 Statewide Population Characteristics**

\*The percentage for the total pediatric population (i.e., 21 years of age and younger as of December 31 of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

Stratification	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
<b>Total Pediatric Population</b>				
Total	6,296,488	38.87%	6,417,796	37.78%
<b>Race/Ethnicity</b>				
American Indian or Alaska Native	19,794	0.31%	19,388	0.30%
Asian	384,051	6.10%	373,387	5.82%
Black or African American	408,319	6.48%	402,449	6.27%
Hispanic or Latino	3,526,904	56.01%	3,623,372	56.46%
Native Hawaiian or Other Pacific Islander	13,946	0.22%	12,786	0.20%
White	821,153	13.04%	765,881	11.93%
Other	459,554	7.30%	396,049	6.17%
Unknown/Missing	662,767	10.53%	824,484	12.85%

Stratification	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
<b>Primary Language</b>				
Arabic	20,563	0.33%	18,939	0.30%
Armenian	15,634	0.25%	17,516	0.27%
Cambodian	2,985	0.05%	2,651	0.04%
Chinese	60,134	0.96%	58,248	0.91%
English	4,068,489	64.62%	4,221,701	65.78%
Farsi	10,488	0.17%	10,866	0.17%
Hmong	8,790	0.14%	7,904	0.12%
Korean	10,210	0.16%	8,328	0.13%
Russian	15,234	0.24%	21,172	0.33%
Spanish	1,954,542	31.04%	1,914,874	29.84%
Tagalog	7,480	0.12%	6,022	0.09%
Vietnamese	53,572	0.85%	44,517	0.69%
Other	35,179	0.56%	38,061	0.59%
Unknown/Missing	33,188	0.53%	46,997	0.73%
<b>Age</b>				
<1 Year	230,271	3.66%	235,695	3.67%
1 to 2 Years	529,382	8.41%	517,519	8.06%
3 to 6 Years	1,130,836	17.96%	1,120,922	17.47%
7 to 11 Years	1,456,500	23.13%	1,483,720	23.12%
12 to 17 Years	1,835,261	29.15%	1,884,642	29.37%
18 to 21 Years	1,114,238	17.70%	1,175,298	18.31%
<b>Gender</b>				
Female	3,096,280	49.17%	3,150,396	49.09%
Male	3,200,208	50.83%	3,267,400	50.91%

**Table 2.2—Measurement Years 2021 and 2022 Statewide Population Regional Characteristics**

\*The percentage for the total pediatric population (i.e., 21 years of age and younger as of December 31 of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

Stratification	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
<b>Total Pediatric Population</b>				
Total	6,296,488	38.87%	6,417,796	37.78%
<b>Delivery Type Model</b>				
County Organized Health Systems	1,209,818	19.21%	1,228,999	19.15%
Geographic Managed Care	687,762	10.92%	704,619	10.98%
Two-Plan (Local Initiative or Commercial Plan)	4,140,183	65.75%	4,215,138	65.68%
Regional	185,829	2.95%	191,326	2.98%
San Benito	10,325	0.16%	10,550	0.16%
Imperial	47,313	0.75%	48,997	0.76%
<b>Population Density</b>				
Rural	399,671	6.35%	407,171	6.34%
Urban	5,867,947	93.19%	5,979,424	93.17%
<b>Geographic Region</b>				
Central Coast	384,441	6.11%	384,867	6.00%
North/Mountain	326,816	5.19%	326,594	5.09%
San Francisco Bay/Sacramento	1,062,834	16.88%	1,055,802	16.45%
San Joaquin Valley	1,086,047	17.25%	1,089,752	16.98%
Southeastern	1,007,785	16.01%	1,005,136	15.66%
Southern Coast	2,564,023	40.72%	2,537,478	39.54%

Table 2.3 displays the 58 California counties and the corresponding full-scope Medi-Cal MCPs operating within each county for ease of interpreting the results of this analysis. Figure 2.1 displays a map of California with all counties labeled.

**Table 2.3—Counties and Applicable MCPs**

County	MCP Names
Alameda	Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan
Alpine	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Amador	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan, California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)
Butte	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Calaveras	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Colusa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Contra Costa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan
Del Norte	Partnership HealthPlan of California
El Dorado	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)
Fresno	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Glenn	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Humboldt	Partnership HealthPlan of California

County	MCP Names
Imperial	California Health & Wellness Plan, Molina Healthcare of California
Inyo	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Kern	Health Net Community Solutions, Inc.; Kern Health Systems, DBA Kern Family Health Care
Kings	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Lake	Partnership HealthPlan of California
Lassen	Partnership HealthPlan of California
Los Angeles	Health Net Community Solutions, Inc.; L.A. Care Health Plan
Madera	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Marin	Partnership HealthPlan of California
Mariposa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Mendocino	Partnership HealthPlan of California
Merced	Central California Alliance for Health
Modoc	Partnership HealthPlan of California
Mono	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Monterey	Central California Alliance for Health
Napa	Partnership HealthPlan of California
Nevada	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Orange	CalOptima
Placer	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)

County	MCP Names
Plumas	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Riverside	Inland Empire Health Plan; Molina Healthcare of California
Sacramento	Aetna Better Health of California; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.; Kaiser NorCal (KP Call, LLC); Molina Healthcare of California
San Benito	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan
San Bernardino	Inland Empire Health Plan; Molina Healthcare of California
San Diego	Aetna Better Health of California; Blue Shield of California Promise Health Plan; Community Health Group Partnership Plan; Health Net Community Solutions, Inc.; Kaiser SoCal (KP Cal, LLC); Molina Healthcare of California; UnitedHealthcare Community Plan
San Francisco	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; San Francisco Health Plan
San Joaquin	Health Net Community Solutions, Inc.; Health Plan of San Joaquin
San Luis Obispo	CenCal Health
San Mateo	Health Plan of San Mateo
Santa Barbara	CenCal Health
Santa Clara	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Santa Clara Family Health Plan
Santa Cruz	Central California Alliance for Health
Shasta	Partnership HealthPlan of California
Sierra	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

County	MCP Names
Siskiyou	Partnership HealthPlan of California
Solano	Partnership HealthPlan of California
Sonoma	Partnership HealthPlan of California
Stanislaus	Health Net Community Solutions, Inc.; Health Plan of San Joaquin
Sutter	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Tehama	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Trinity	Partnership HealthPlan of California
Tulare	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.
Tuolumne	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Ventura	Gold Coast Health Plan
Yolo	Partnership HealthPlan of California
Yuba	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

Figure 2.1—California Map by County

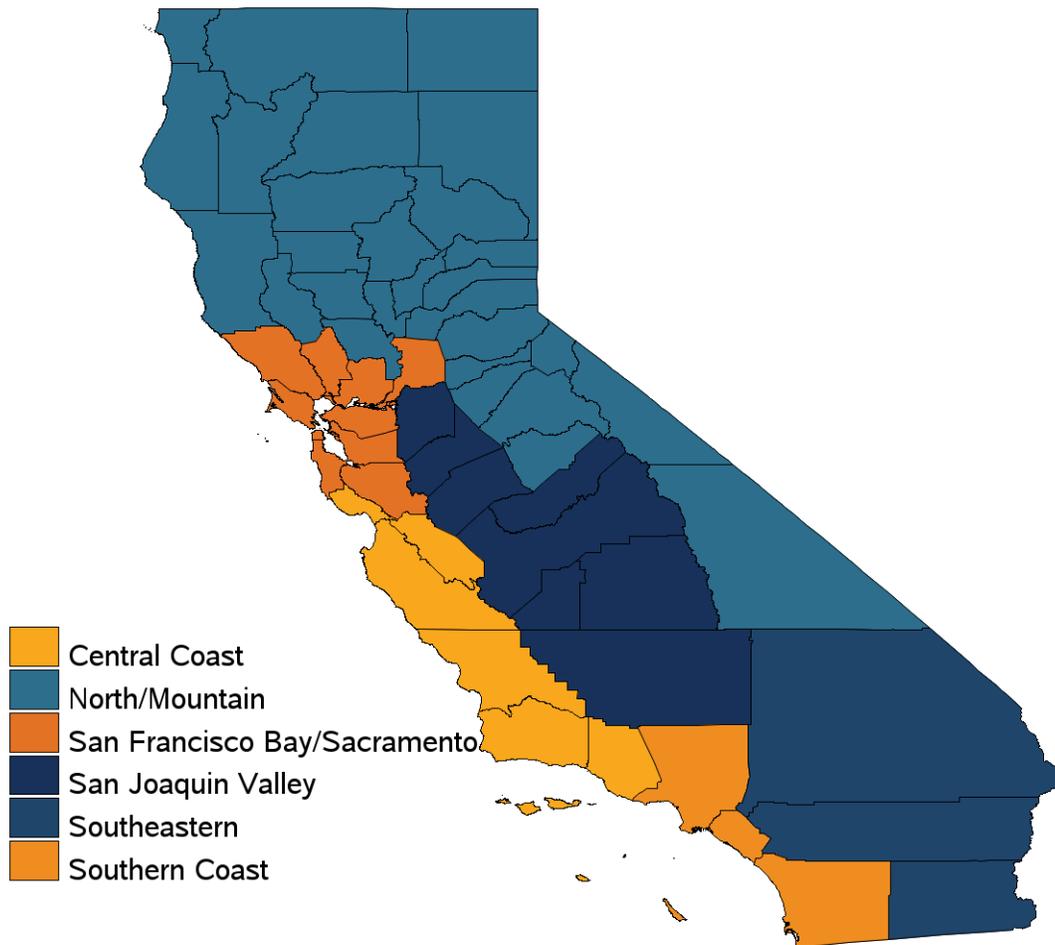


Table 2.4 displays the six geographic regions and the corresponding full-scope Medi-Cal MCPs operating within each geographic region for ease of interpreting the results of this analysis. Figure 2.2 displays a map of California with all counties shaded to their appropriate geographic region.

**Table 2.4—Geographic Region and Applicable MCPs**

Geographic Region	MCP Names
Central Coast	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan
North/Mountain	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California
San Francisco Bay/Sacramento	Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan
San Joaquin Valley	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care
Southeastern	California Health & Wellness Plan; Inland Empire Health Plan; Molina Healthcare of California
Southern Coast	Aetna Better Health of California; Blue Shield of California Promise Health Plan; CalOptima; Community Health Group Partnership Plan; Health Net Community Solutions, Inc.; Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California; UnitedHealthcare Community Plan

**Figure 2.2—California Map by Geographic Region**



## Summary of Performance Indicators

DHCS selected a total of 12 MCP-calculated indicators, seven HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS), and four DHCS-calculated indicators for inclusion in the 2023 Preventive Services Report. Table 2.5 displays the indicators included in the analysis, reporting methodology (i.e., administrative, hybrid, or Electronic Clinical Data Systems [ECDS]), age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator.

For each MCP-calculated indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the HEDIS specification for the Medicaid population or by the CMS Child Core Set. For the HSAG-calculated indicators, HSAG developed specifications for four indicators and used the CMS Child Core Set specifications for the remaining three indicators. For the DHCS-calculated indicators, DHCS developed specifications for the four indicators (i.e., the Title 17 *Blood Lead Screening* indicators).

**Table 2.5—Indicators, Reporting Methodology, Age Groups, and Benchmarks**

A = administrative methodology (claims/encounter data and supplemental administrative data sources).

H = hybrid methodology (a combination of claims/encounter data and medical record review data). For all hybrid measures, MCPs have the option to report the measure using either the hybrid or administrative reporting methodology.

ECDS = Electronic Clinical Data Systems methodology (can include electronic health record data, health information exchange data, clinical registry data, case management registry data, and administrative claims/encounter data).

“NCQA Quality Compass” refers to NCQA’s Quality Compass national Medicaid HMO 50th percentiles for each of the corresponding indicators.

“CMS Child Core Set” refers to CMS’ Child Core Set National Median. This is the calculated 50th percentile of the total statewide rates reported by a select number of states for each indicator.<sup>8</sup>

+ The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)* indicator is informational only and was excluded from determination of key findings. Therefore, this indicator is only presented in the appendices.

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

Indicators	Methodology	Age Groups	Benchmarks
<b>MCP-Calculated Indicators</b>			
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)</i>	A	15 Months; 30 Months	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Child and Adolescent Well-Care Visits—Total (WCV)</i>	A	3–11 Years; 12–17 Years; 18–21 Years	Measurement years 2021 and 2022 NCQA Quality Compass

<sup>8</sup> For FFY 2022 CMS Child Core Set benchmarks, the national median was calculated using statewide rates reported by 37 states for *Developmental Screening in the First Three Years of Life—Total (DEV)*, 27 states for *Oral Evaluation, Dental Services—Total (OEV)*, and 25 states for *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)*.

Indicators	Methodology	Age Groups	Benchmarks
<i>Childhood Immunization Status—Combination 10 (CIS–10)</i>	H	2 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Chlamydia Screening in Women—16 to 20 Years (CHL–1620)</i>	A	16–20 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS) and Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)</i>	ECDS	12–17 Years	N/A
<i>Developmental Screening in the First Three Years of Life—Total (DEV)</i>	A	1 Year; 2 Years; 3 Years	Federal fiscal year (FFY) 2021 and FFY 2022 CMS Child Core Set
<i>Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)</i>	A	6–17 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)</i>	A	13–17 Years	Measurement year 2022 NCQA Quality Compass
<i>Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, and HPV) (IMA–2)</i>	H	13 Years	Measurement years 2021 and 2022 NCQA Quality Compass

Indicators	Methodology	Age Groups	Benchmarks
<i>Lead Screening in Children (LSC)</i>	H	2 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<b>HSAG-Calculated Indicators</b>			
<i>Alcohol Use Screening (AUS)</i>	A	11 to 17 Years; 18 to 21 Years	N/A
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)</i>	A	6 to 17 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Oral Evaluation, Dental Services—Total (OEV)</i>	A	<1 Year; 1 to 2 Years; 3 to 5 Years; 6 to 7 Years; 8 to 9 Years; 10 to 11 Years; 12 to 14 Years; 15 to 18 Years; 19 to 20 Years	FFY 2022 CMS Child Core Set
<i>Tobacco Use Screening (TUS)</i>	A	11 to 17 Years; 18 to 21 Years	N/A
<i>Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)</i>	A	1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 CMS Child Core Set
<i>Vision Services—Comprehensive Eye Exam (VIS-C) and Comprehensive or Intermediate Eye Exam (VIS-CI)<sup>+</sup></i>	A	6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–21 Years	N/A

Indicators	Methodology	Age Groups	Benchmarks
<b>DHCS-Calculated Indicators</b>			
<i>Blood Lead Screening—Test at 12 Months of Age (BLS-1)</i>	A	1 Year	N/A
<i>Blood Lead Screening—Test at 24 Months of Age (BLS-2)</i>	A	2 Years	N/A
<i>Blood Lead Screening—Two Tests by 24 Months of Age (BLS-1 and 2)</i>	A	2 Years	N/A
<i>Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)</i>	A	6 Years	N/A

## Methodology Overview

The information presented below provides a high-level overview of the preventive services analyses. For the detailed methodology, please see Appendix D.

### Data Sources

For the MCP-calculated indicators listed in Table 2.5, HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2022 patient-level detail files followed HSAG’s patient-level detail file instructions and included the Medi-Cal client identification number and date of birth for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files included the eligible population for hybrid measures and indicated whether a member was included in the numerator, denominator, and eligible population for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator, denominator, and eligible population counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Microsoft (MS) Excel reporting files. HSAG also validated the eligible population for hybrid measures provided by the MCPs. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2022 rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the evaluation. HSAG obtained the following data elements from the demographic file from DHCS’ Management Information System/Decision Support System data system:

- ◆ California-required demographic file
  - Member's Medi-Cal client identification number
  - Date of birth
  - ZIP Code
  - Gender
  - Race/Ethnicity
  - Primary language
  - County

For the HSAG-calculated indicators listed in Table 2.5, HSAG received claims/encounter data; member enrollment, eligibility, and demographic data; and provider files from DHCS. Upon receipt of the data from DHCS, HSAG evaluated the data files and performed preliminary file validation. HSAG verified that the data were complete and accurate by ensuring correct formatting, confirming reasonable value ranges for critical data fields, assessing monthly enrollment and claim counts, and identifying fields with a high volume of missing values.

For the DHCS-calculated indicators listed in Table 2.5, HSAG received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags for each *Blood Lead Screening* indicator. Using the member-level file provided by DHCS, HSAG combined the file with the demographic and enrollment data provided by DHCS to limit the member-level file to those members who met the continuous enrollment requirements at the statewide and MCP reporting unit levels. HSAG then calculated statewide and MCP reporting unit-level rates for each *Blood Lead Screening* indicator.

## Statistical Analysis

Using the data sources described above, HSAG performed statewide-, regional-, and MCP-level analyses for the applicable indicators.

### Statewide-Level Analysis

HSAG calculated statewide rates for the MCP-calculated and HSAG-calculated indicators and derived statewide rates from the member-level data for the DHCS-calculated indicators listed in Table 2.5. HSAG also compared the statewide indicator rates to national benchmarks as displayed in Table 2.5. All statewide indicator rates were stratified by the demographic stratifications outlined in Table 2.6.

**Table 2.6—Statewide Stratifications**

\*Primary language stratifications were derived from the current threshold languages for Medi-Cal Managed Care counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

Stratification	Groups
<b>Demographic</b>	
Race/Ethnicity	Hispanic or Latino, White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing (see Table 2.7 for more detail)
Primary Language*	English, Spanish, Arabic, Armenian, Cambodian, Chinese (Mandarin or Cantonese), Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing
Age	Vary depending on indicator specifications (see Table 2.5 for more detail)
Gender	Male, Female, and Unknown/Missing

Table 2.7 displays the individual racial/ethnic groups that comprise the Asian and Native Hawaiian or Other Pacific Islander racial/ethnic demographic stratifications. Racial/ethnic stratifications were based on data collection guidance from the federal Office of Management and Budget as well as the U.S. Department of Health and Human Services.

**Table 2.7—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups**

\*Some “Other Pacific Islanders” who would not be considered part of the Asian racial/ethnic group were included in the Asian racial/ethnic group due to limitations of existing data fields (i.e., the data do not allow HSAG to parse out racial/ethnic groups that may not be considered Asian).

Stratification	Groups
Asian	Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Asian Indian, Laotian, Vietnamese, Hmong, and Other Asian or Pacific Islander*
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan

## Regional-Level Analysis

HSAG calculated regional-level rates for the MCP-calculated and HSAG-calculated indicators and derived regional rates from the member-level data for the DHCS-calculated indicators listed in Table 2.5. The regional stratifications are listed in Table 2.8 and Table 2.9.

**Table 2.8—Regional Stratification Groups**

\*The Imperial and San Benito delivery models are not included in the delivery type model analysis since the rates for those models are represented in the county stratifications.

Stratification	Groups
County	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba
Delivery Type Model*	County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional
Population Density	Urban, Rural

**Table 2.9—Geographic Regions and Applicable Counties**

Geographic Region	Counties
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
North/Mountain	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yolo, Yuba

Geographic Region	Counties
San Francisco Bay/Sacramento	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Southeastern	Imperial, Riverside, San Bernardino
Southern Coast	Los Angeles, Orange, San Diego

## MCP Reporting Unit-Level Analysis

HSAG used the MCP reporting unit-level rates for the MCP-calculated indicators and calculated MCP reporting unit-level rates for the DHCS-calculated indicators and HSAG-calculated indicators listed in Table 2.5.

For the six HSAG-calculated indicators, HSAG included a member in an MCP reporting unit's rate calculation if the member met the indicator's continuous enrollment criteria with the MCP reporting unit. HSAG calculated rates for the 56 MCP reporting units as displayed in Table 2.10.

**Table 2.10—MCP Reporting Units**

MCP Name	Reporting Units
Aetna Better Health of California	Sacramento, San Diego
Alameda Alliance for Health	Alameda
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Alameda, Contra Costa, Fresno, Kings, Madera, Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties), Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties), Sacramento, San Benito, San Francisco, Santa Clara, Tulare
Blue Shield of California Promise Health Plan	San Diego
California Health & Wellness Plan	Imperial, Region 1, Region 2
CalOptima	Orange
CalViva Health	Fresno, Kings, Madera

MCP Name	Reporting Units
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey/Santa Cruz
Community Health Group Partnership Plan	San Diego
Contra Costa Health Plan	Contra Costa
Gold Coast Health Plan	Ventura
Health Net Community Solutions, Inc.	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
Health Plan of San Joaquin	San Joaquin, Stanislaus
Health Plan of San Mateo	San Mateo
Inland Empire Health Plan	Riverside/San Bernardino
Kaiser NorCal (KP Cal, LLC)	KP North (Amador, El Dorado, Placer, and Sacramento counties)
Kaiser SoCal (KP Cal, LLC)	San Diego
Kern Health Systems, DBA Kern Family Health Care	Kern
L.A. Care Health Plan	Los Angeles
Molina Healthcare of California	Imperial, Riverside/San Bernardino, Sacramento, San Diego
Partnership HealthPlan of California	Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties), Northwest (Del Norte and Humboldt counties), Southeast (Napa, Solano, and Yolo counties), Southwest (Lake, Marin, Mendocino, and Sonoma counties)
San Francisco Health Plan	San Francisco
Santa Clara Family Health Plan	Santa Clara
UnitedHealthcare Community Plan	San Diego

## Determination of Key Findings

To focus the 2023 Preventive Services Report on more actionable results for stakeholders, HSAG worked with DHCS to determine which results were considered to be key findings for inclusion in the body of the 2023 Preventive Services Report. At a minimum, results had to meet at least one of the following criteria to be considered a key finding:

- ◆ Indicators with large rate changes from year-to-year

- Rate increases or decreases from the prior measurement year by at least a 10 percent relative difference
- ◆ Indicator rates with overall low performance
  - Indicators with rates below the applicable national benchmark by at least a 10 percent relative difference
- ◆ Racial/ethnic, primary language, gender, and age groups with disparate performance for indicators
  - A demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference
- ◆ Indicator rates with regional variations in performance
  - Geographic regions with consistently high or low performance across indicators relative to the statewide aggregate by at least a 10 percent relative difference.
- ◆ Domains with overall poor performance
  - More than half of the indicators within a domain with low performance relative to national benchmarks

After testing results, HSAG provided DHCS with a spreadsheet containing the results as well as its recommendations regarding which results to include in the body of the report. HSAG and DHCS then decided on a final list of indicators with the most actionable results for stakeholders to include in the body of the report.

## Cautions and Limitations

### Administrative Data Incompleteness

For the *Alcohol Use Screening* and *Tobacco Use Screening* indicators, the administrative rates may be artificially low due to a lack of reporting within administrative data sources (i.e., medical record review or electronic health record data could be necessary to capture this information). Of note, alcohol or tobacco screenings that occur during a visit to a Federally Qualified Health Center are not captured in administrative data; therefore, rates for these indicators may be incomplete due to provider billing practices.

### Lead Screening in Children Trending

Given that measurement year 2021 *Lead Screening in Children* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement year 2022 *Lead Screening in Children* rates calculated by the MCPs, as MCPs may have used medical records and/or not had access to the supplemental blood lead screening data from CDPH.

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## Demographic Characteristic Assignment

Members' demographic characteristics may change as their records are updated over time. For instance, a member may relocate and change ZIP Codes during the reporting year. HSAG assigned demographic characteristics using the most recent non-missing record for each member. Therefore, members' assigned demographic characteristics may not always reflect their demographic characteristics at the time of the indicator events.

## Discrepancies with the External Quality Review (EQR) Technical Report

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported.

## Hybrid Indicators

For hybrid indicators reported by the MCPs, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution.

## Evaluating Results

Section 3 and Appendix A of this report present the statewide demographic and regional results for each indicator, while Appendix B presents the MCP reporting unit results for each indicator. Where possible, measurement years 2021 and 2022 results are presented for each indicator.

## Figure Interpretation

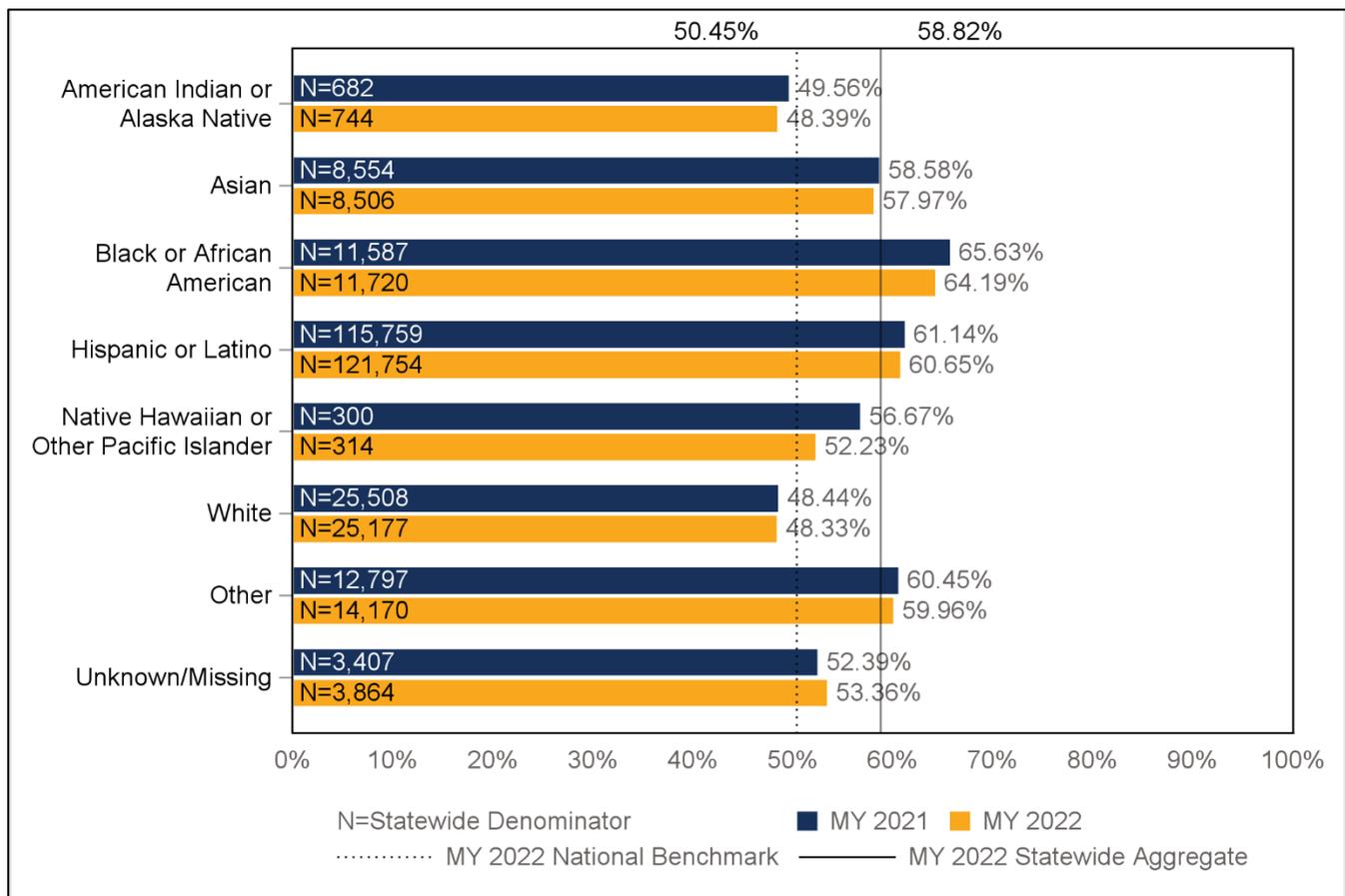
For each indicator presented within Section 3 and Appendix A of this report, horizontal bar charts display the rates for the racial/ethnic, primary language, gender, age, delivery type model, population density, and geographic region stratifications for measurement year 2022. The figures display a single dotted reference line that represents the national benchmark for measurement year 2022, where applicable, and a single solid reference line that represents

the statewide aggregate rate for measurement year 2022. The national benchmark value (i.e., the 50th percentile), where applicable, and statewide aggregate are displayed above the corresponding reference lines. “N” represents the total statewide denominator for an indicator for a particular group. The value of “N” is displayed in the figure, when possible. However, when the bar is too short to display the value, it is displayed as a note above the figure. When available, the horizontal bar chart also displays comparisons to measurement year 2021. The measurement year 2021 national benchmark and statewide aggregate values are presented above the figure as a note. An example of the horizontal bar chart for the racial/ethnic stratification is shown in Figure 2.3. All data in the sample figure are mock data.

**Figure 2.3—Sample Indicator-Level Horizontal Bar Chart Figure**

**FIGURE CONTAINS MOCK DATA**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.



## County-Level Map Interpretation

In Section 3 and Appendix A, HSAG presents measurement year 2022 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. For each indicator, HSAG calculated performance quintiles (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile) based on county performance. HSAG then determined into which quintile each county fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG shaded each county based on the corresponding quintiles as displayed in Table 2.11.

**Table 2.11—Statewide Performance Quintile Thresholds and Corresponding Colors**

For county rates with a small denominator (i.e., less than 30) or small numerator (i.e., less than 11), HSAG shaded the county white.

Quintile	Performance Thresholds and Corresponding Colors
NA	Small denominator or suppressed rate
Quintile 1 (least favorable rates)	Below the 20th percentile
Quintile 2	At or above the 20th percentile but below the 40th percentile
Quintile 3	At or above the 40th percentile but below the 60th percentile
Quintile 4	At or above the 60th percentile but below the 80th percentile
Quintile 5 (most favorable rates)	At or above the 80th percentile

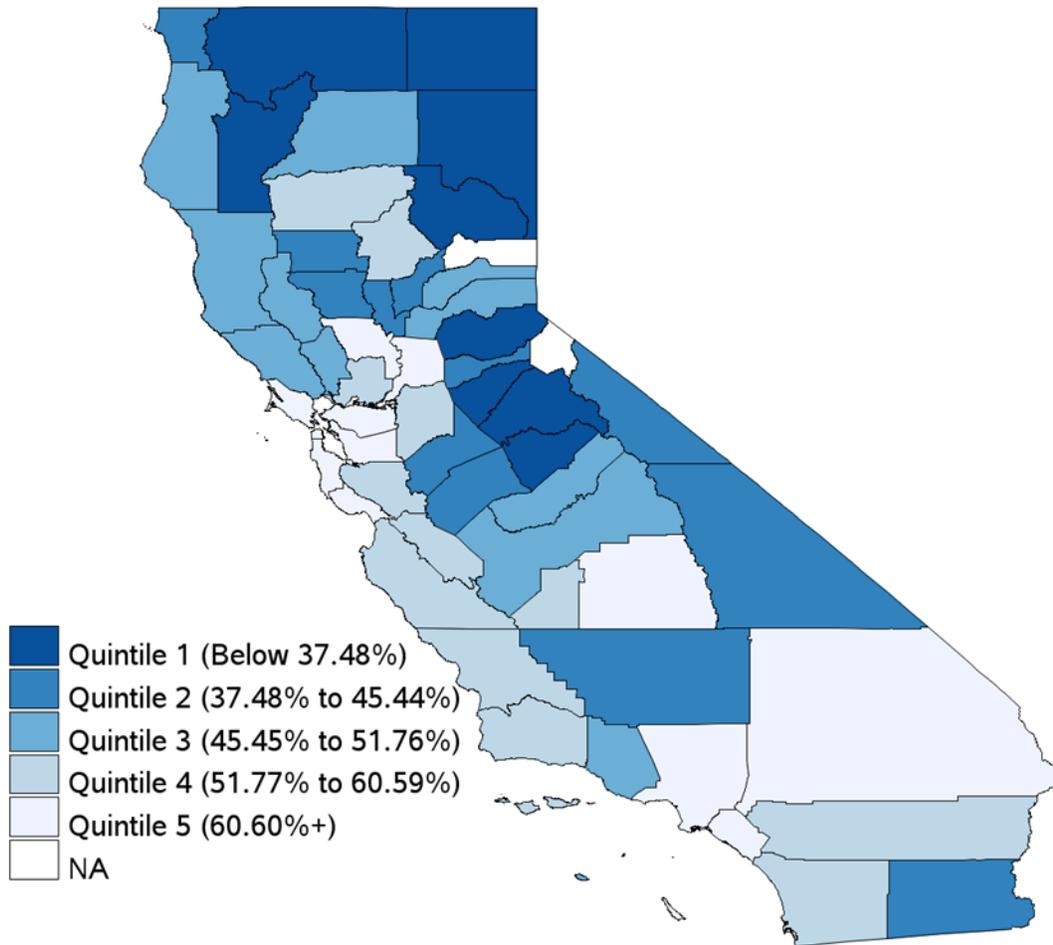
An example of a statewide map shaded to indicate county-level performance is shown in Figure 2.4. All data in the sample figure are mock data.

**Figure 2.4—Statewide Map—County-Level Results**

**FIGURE CONTAINS MOCK DATA**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



## 3. Statewide Key Findings

### Statewide-Level Analysis

The Statewide Key Findings section presents the statewide and regional results for measurement year 2022, and provides comparisons to measurement year 2021 results, where possible, for indicators meeting the key finding criteria described under the Determination of Key Findings subheading in the Reader's Guide.

For each MCP-, HSAG-, and DHCS-calculated indicator presented within the Statewide Key Findings section, horizontal bar charts display the rates for the racial/ethnic, primary language, age, gender, delivery type model, population density, and geographic region stratifications for measurement years 2022 and 2021, where possible. The figures display a single dotted reference line that represents the national benchmark for measurement year 2022 (i.e., the 50th percentile), where applicable, and a single solid reference line that represents the statewide aggregate rate for measurement year 2022. The national benchmark value, where applicable, and statewide aggregate are displayed above the corresponding reference lines. "N" represents the total statewide denominator for an indicator for a particular group. The measurement year 2021 statewide aggregate rate and national benchmark are displayed as a note above the figure, if available.

HSAG also presents measurement year 2022 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. HSAG shaded each county based on the corresponding quintiles as displayed in Table 2.11 in the Reader's Guide.

### MCP-Calculated MCAS Indicators

Figure 3.1 through Figure 3.57 display the measurement years 2021 and 2022 statewide and regional results, where applicable, for the MCAS indicators reported by the 25 full-scope Medi-Cal MCPs with results considered to be key findings. Please note that MCPs' data and HEDIS rate production processes go through an extensive independent audit and verification process before their performance measure rates are finalized and submitted to DHCS.

The following MCP-calculated indicators are not presented in Section 3 as HSAG and DHCS identified no key findings:

- ◆ *Chlamydia Screening in Women—16 to 20 Years (CHL-1620)*
- ◆ *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF-E-DS)*

- ◆ *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)*
- ◆ *Immunizations for Adolescents—Combination 2 (IMA–2)*

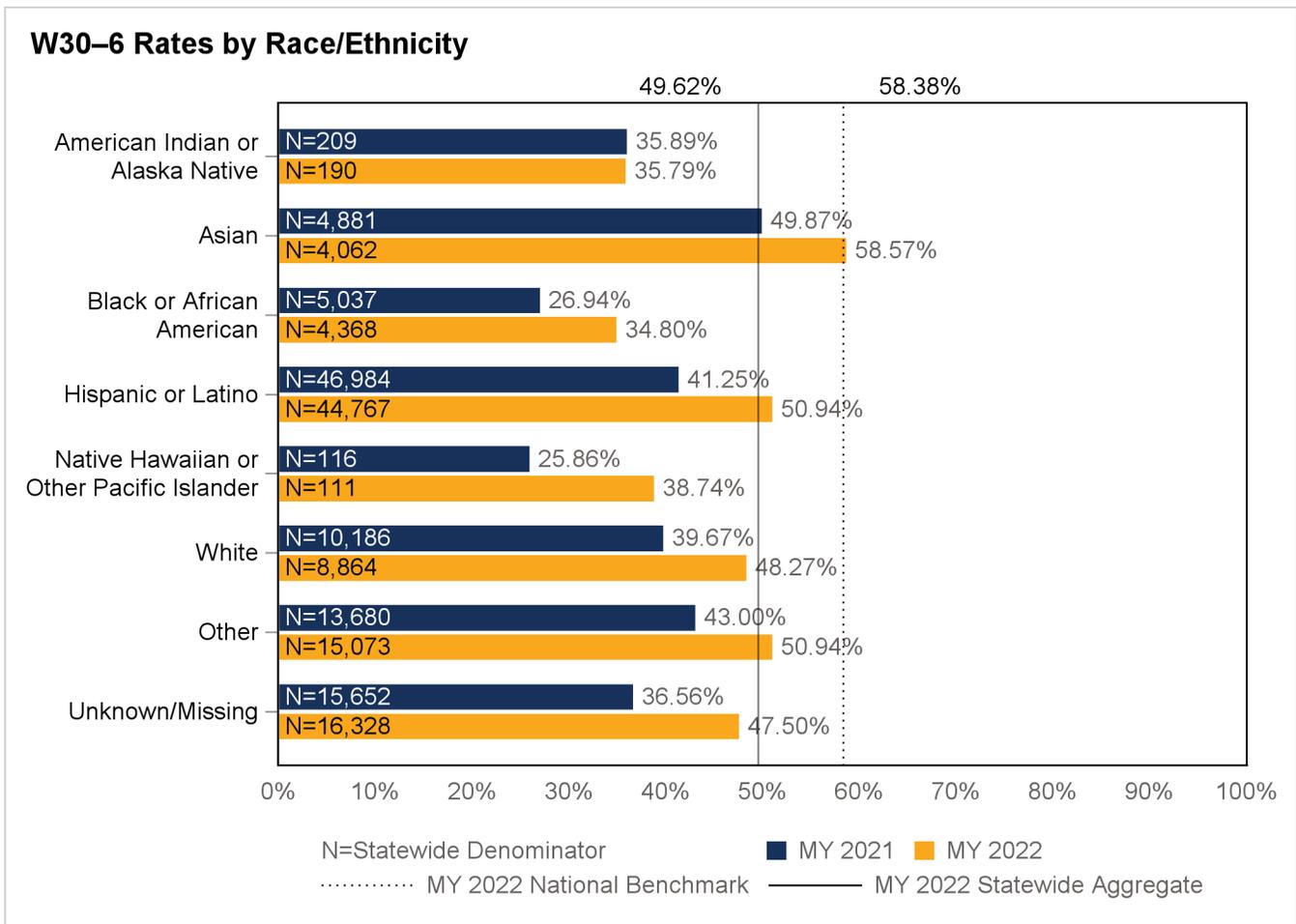
The results for these indicators are available in Appendix A.

## ***Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits***

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a primary care provider (PCP). Figure 3.1 through Figure 3.7 display the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

### **Figure 3.1—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Racial/Ethnic Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.



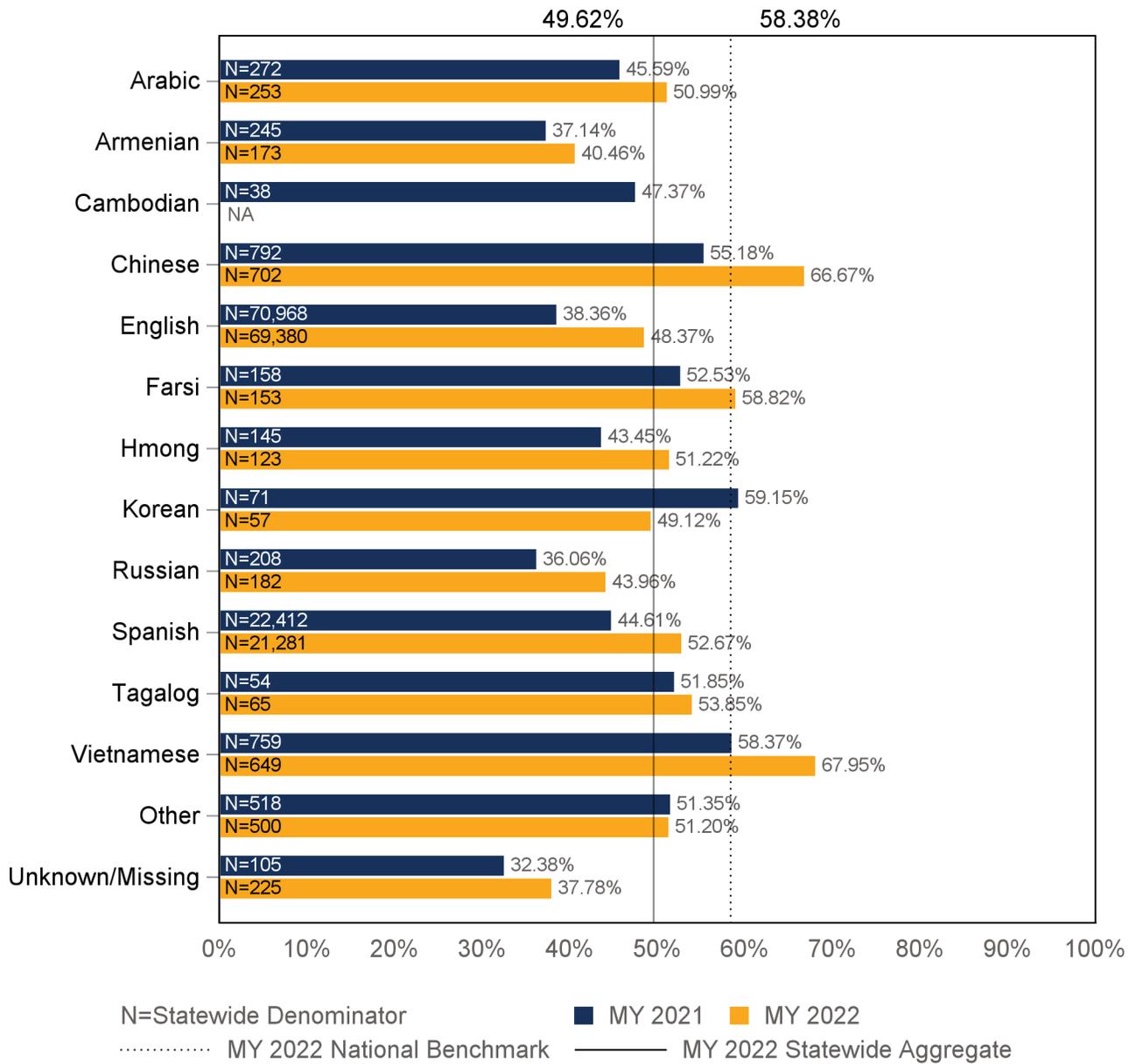
**Figure 3.2—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.

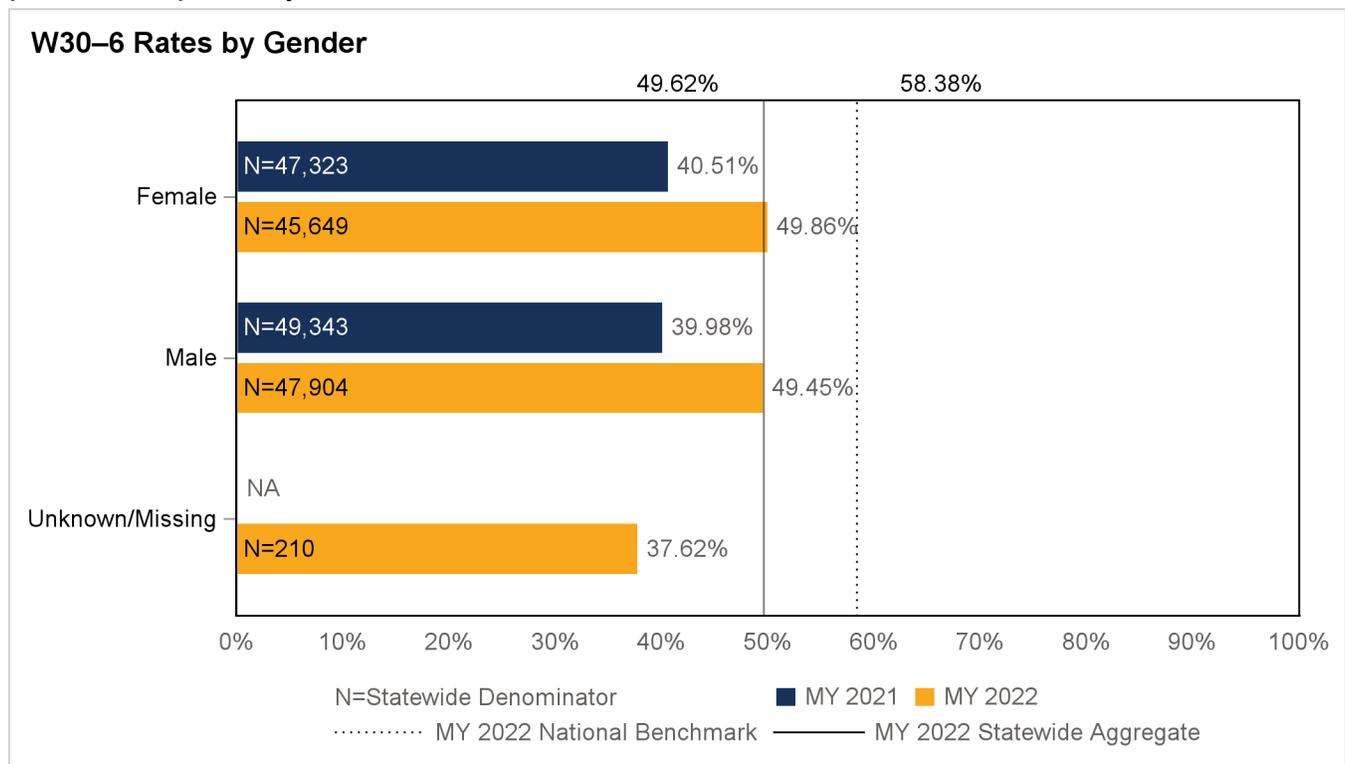
### W30-6 Rates by Primary Language



### Figure 3.3—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.



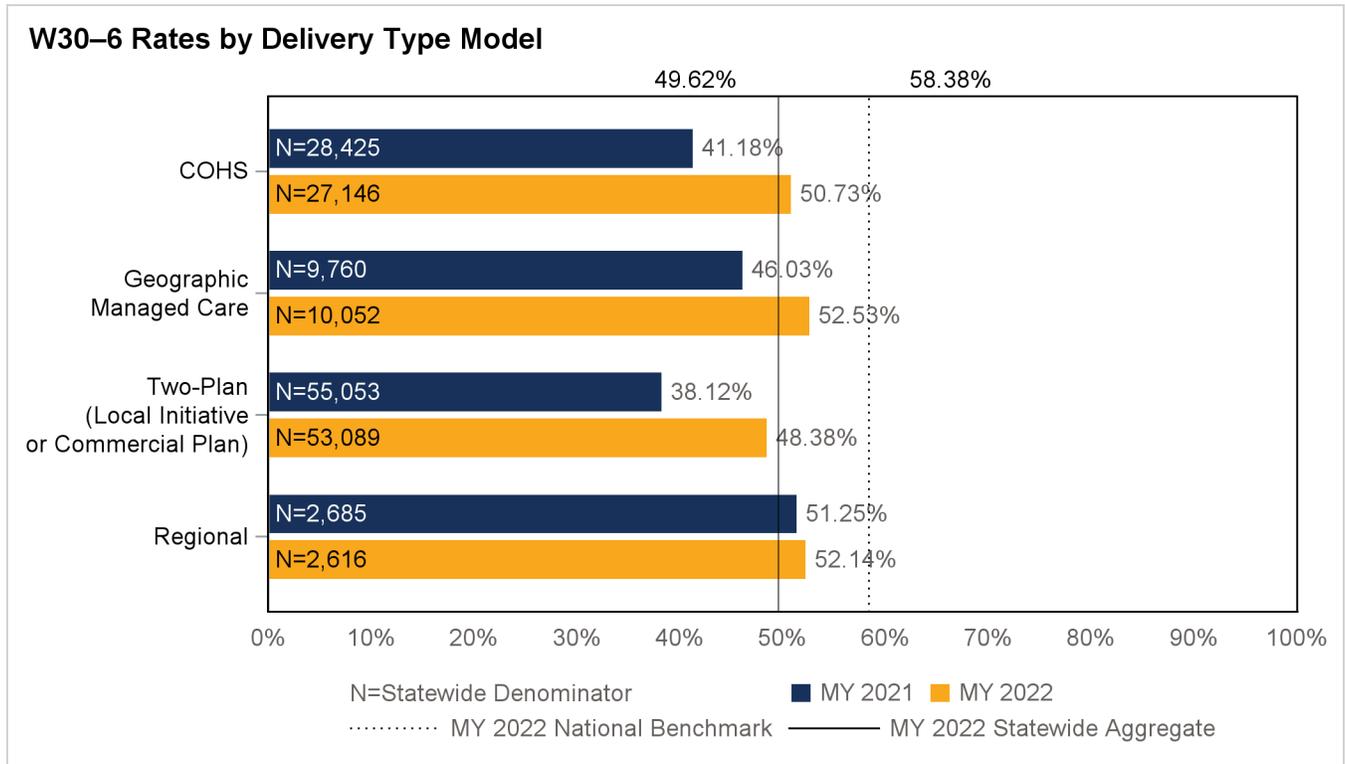
- ◆ While the statewide aggregate for measurement year 2022 fell below the national benchmark by approximately 9 percentage points, the statewide aggregate for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator also increased from measurement year 2021 by more than a 20 percent relative difference, indicating that MCPs continued making progress toward ensuring an adequate number of children received comprehensive well-child visits.
- ◆ For both measurement years 2021 and 2022, reportable rates for seven of eight (87.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Unknown/Missing, and White), nine of 13 (69.23 percent) primary language groups (Arabic, Armenian, English, Hmong, Other, Russian, Spanish, Tagalog, and Unknown/Missing), and two of three (66.67 percent) gender groups (Female and Male) fell below the national benchmark.
- ◆ For measurement year 2022, reportable rates for three of eight (37.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, and Native Hawaiian or Other Pacific Islander), three of 13 (23.08 percent) primary language groups (Armenian, Russian, and Unknown/Missing), and one of three (33.33 percent) gender groups

(Unknown/Missing) were below the statewide aggregate by at least a 10 percent relative difference.

- Rates for two of three (66.67 percent) racial/ethnic groups (Black or African American and Native Hawaiian or Other Pacific Islander) and two of three (66.67 percent) language primary language groups (Russian and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference in both measurement years 2021 and 2022.
- ◆ From measurement year 2021 to measurement 2022, reportable rates for seven of eight (87.50 percent) racial/ethnic groups (Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Unknown/Missing, and White), nine of 13 (69.23 percent) primary language groups (Arabic, Chinese, English, Farsi, Hmong, Russian, Spanish, Unknown/Missing, and Vietnamese), and two of three (66.67 percent) gender groups (Female and Male) increased by more than a 10 percent relative difference.
  - From measurement year 2021 to measurement year 2022, the rate for the Korean primary language group decreased by more than a 15 percent relative difference, and the rate for the Native Hawaiian or Other Pacific Islander racial/ethnic group increased by nearly a 50 percent relative difference.

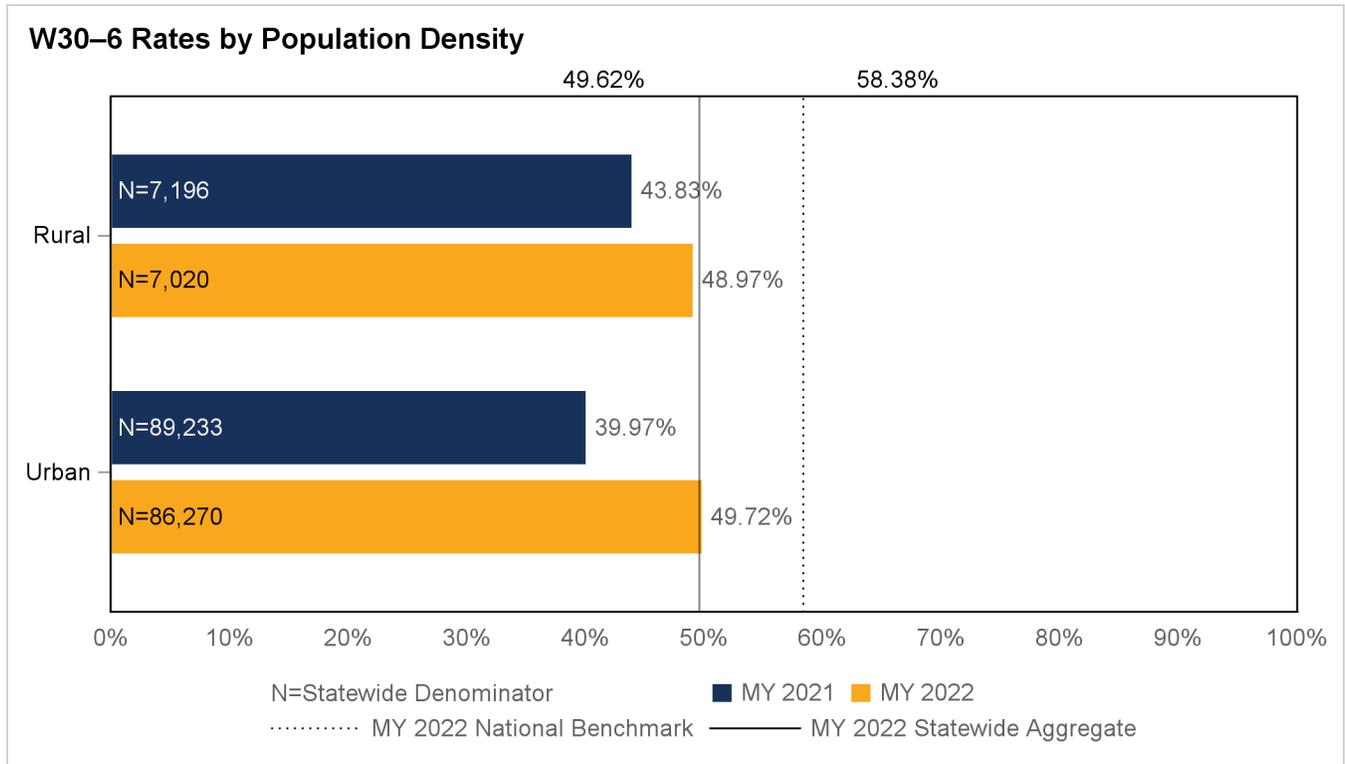
**Figure 3.4—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.



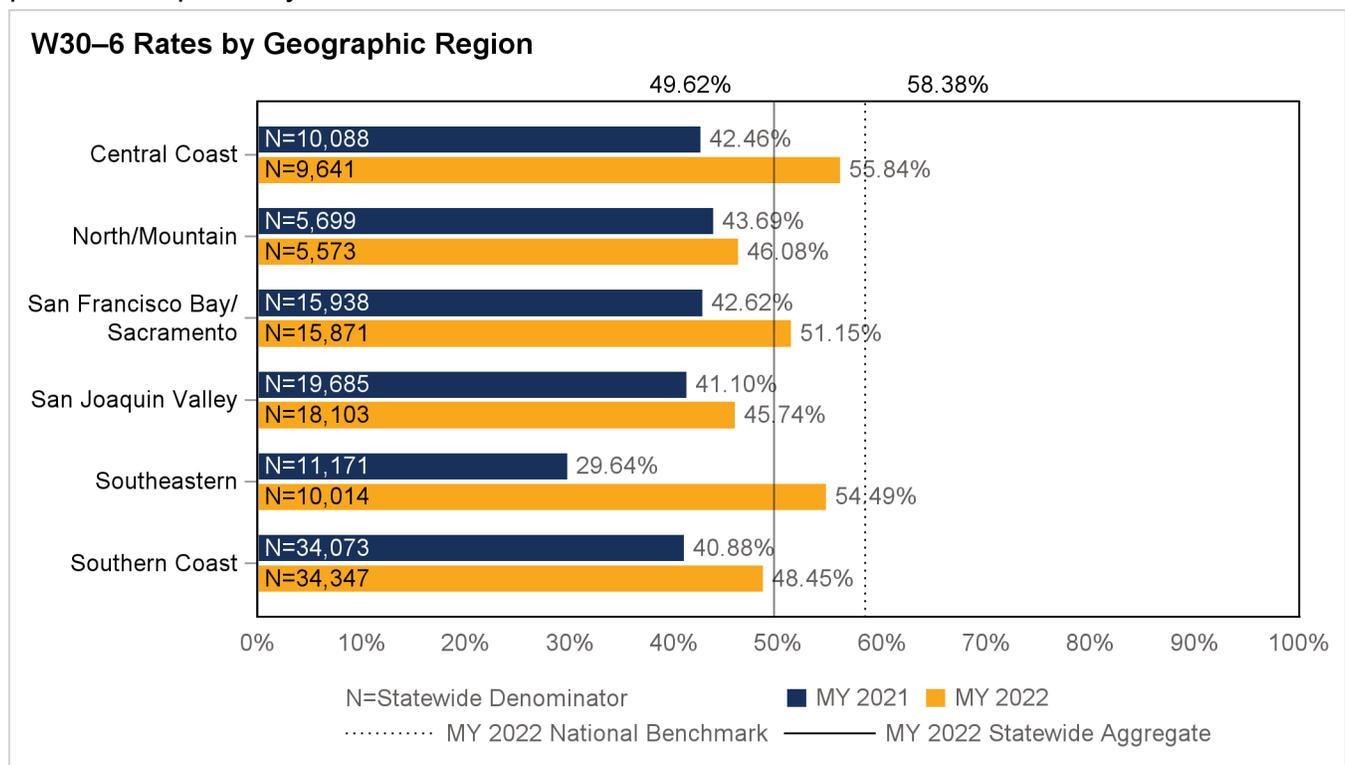
**Figure 3.5—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.



### Figure 3.6—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 55.72 percent and 40.23 percent, respectively.

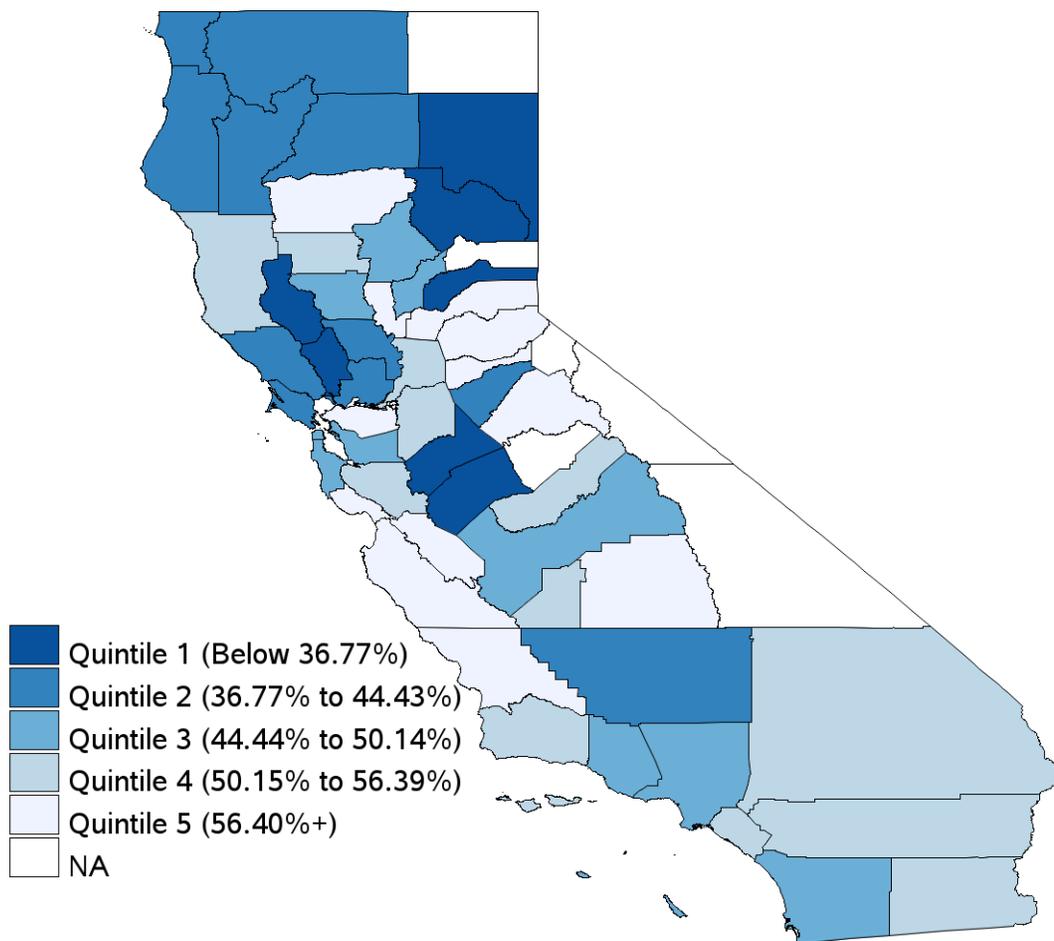


- ◆ For both measurement years 2021 and 2022, the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates for all delivery type model groups, population density groups, and geographic regions fell below the national benchmark.
- ◆ From measurement year 2021 to measurement year 2022, rates for three of four (75.00 percent) delivery type model groups (COHS, Geographic Managed Care, and Two-Plan), both population density groups, and five of six (83.33 percent) geographic regions (Central Coast, San Francisco Bay/Sacramento, San Joaquin Valley, Southeastern, and Southern Coast) increased by more than a 10 percent relative difference.
  - From measurement year 2021 to measurement year 2022, the rate for the Southeastern geographic region increased by more than an 80 percent relative difference.

### Figure 3.7—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 38 of 52 (73.08 percent) counties with reportable *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator rates increased, and rates for 29 of these 38 (76.32 percent) counties increased by at least a 10 percent relative difference. However, reportable rates for 41 of 52 (78.85 percent) counties were below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Lake, Lassen, Merced, Napa, Nevada, Plumas, and Stanislaus counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, reportable rates for 11 of 22 (50.00 percent) counties (Calaveras, Del Norte, Humboldt, Lake, Lassen, Nevada, Plumas, Shasta, Siskiyou, Trinity, and Yolo) in the North/Mountain geographic region were in Quintiles 1 or 2. Further, rates for Calaveras

and Nevada counties decreased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC); and Partnership HealthPlan of California.

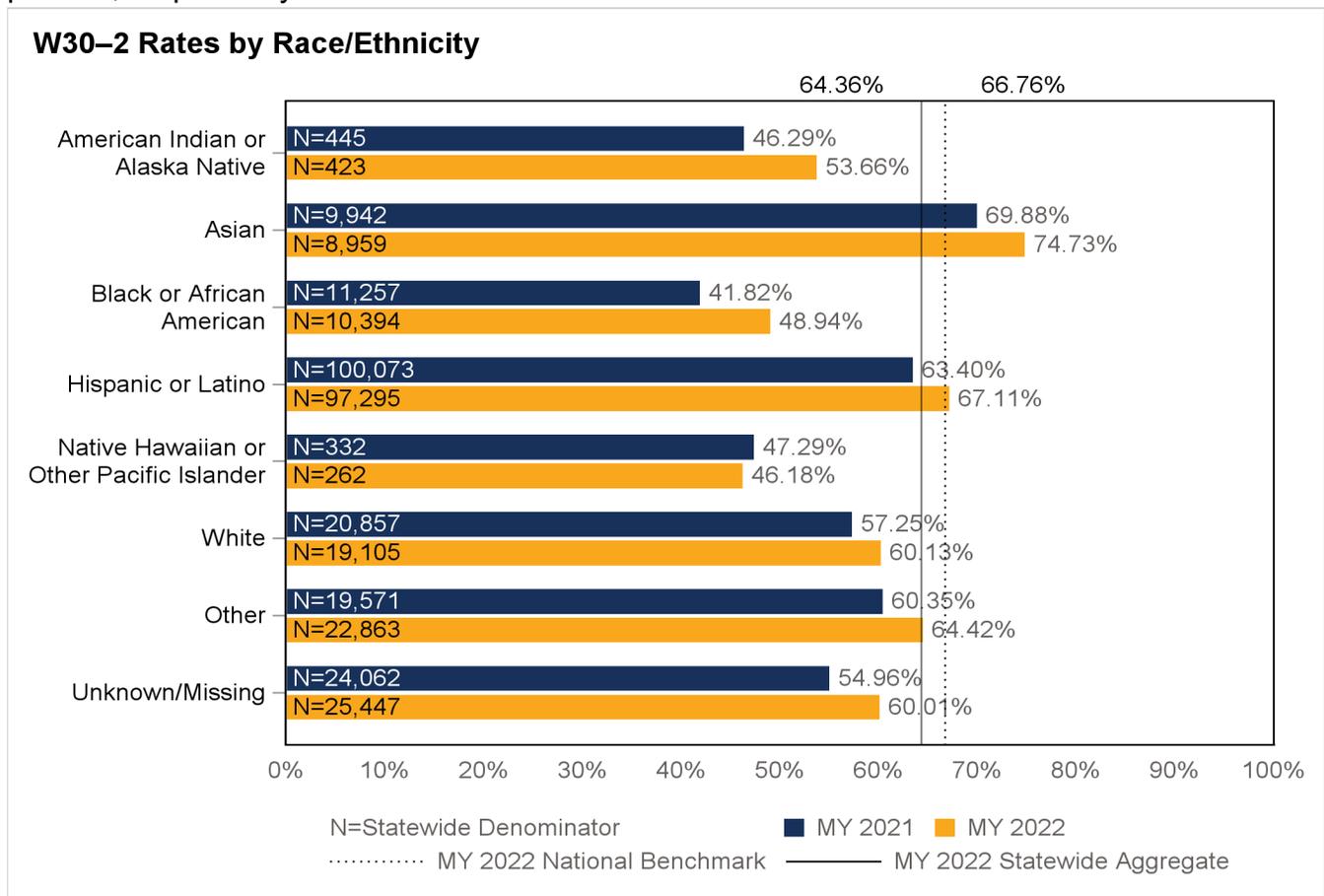
- ◆ Amador, Contra Costa, El Dorado, Monterey, Placer, San Benito, San Luis Obispo, Santa Cruz, Sutter, Tehama, Tulare, and Tuolumne counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, rates for five of six (83.33 percent) counties (Monterey, San Benito, San Luis Obispo, Santa Barbara, and Santa Cruz) in the Central Coast geographic region and four of eight (50.00 percent) counties (Kings, Madera, San Joaquin, and Tulare) in the San Joaquin Valley geographic region were in Quintiles 4 or 5. Additionally, rates for all three counties (Imperial, Riverside, and San Bernardino) in the Southeastern geographic region were in Quintile 4, and the rate for San Bernardino County increased by more than a 90 percent relative difference from measurement year 2021 to measurement year 2022.
  - MCPs operating in the Central Coast, San Joaquin Valley, and Southeastern geographic regions include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Inland Empire Health Plan; Kern Health Systems, DBA Kern Family Health Care; and Molina Healthcare of California.

## Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP. Figure 3.8 through Figure 3.14 display the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure 3.8—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Racial/Ethnic Results**

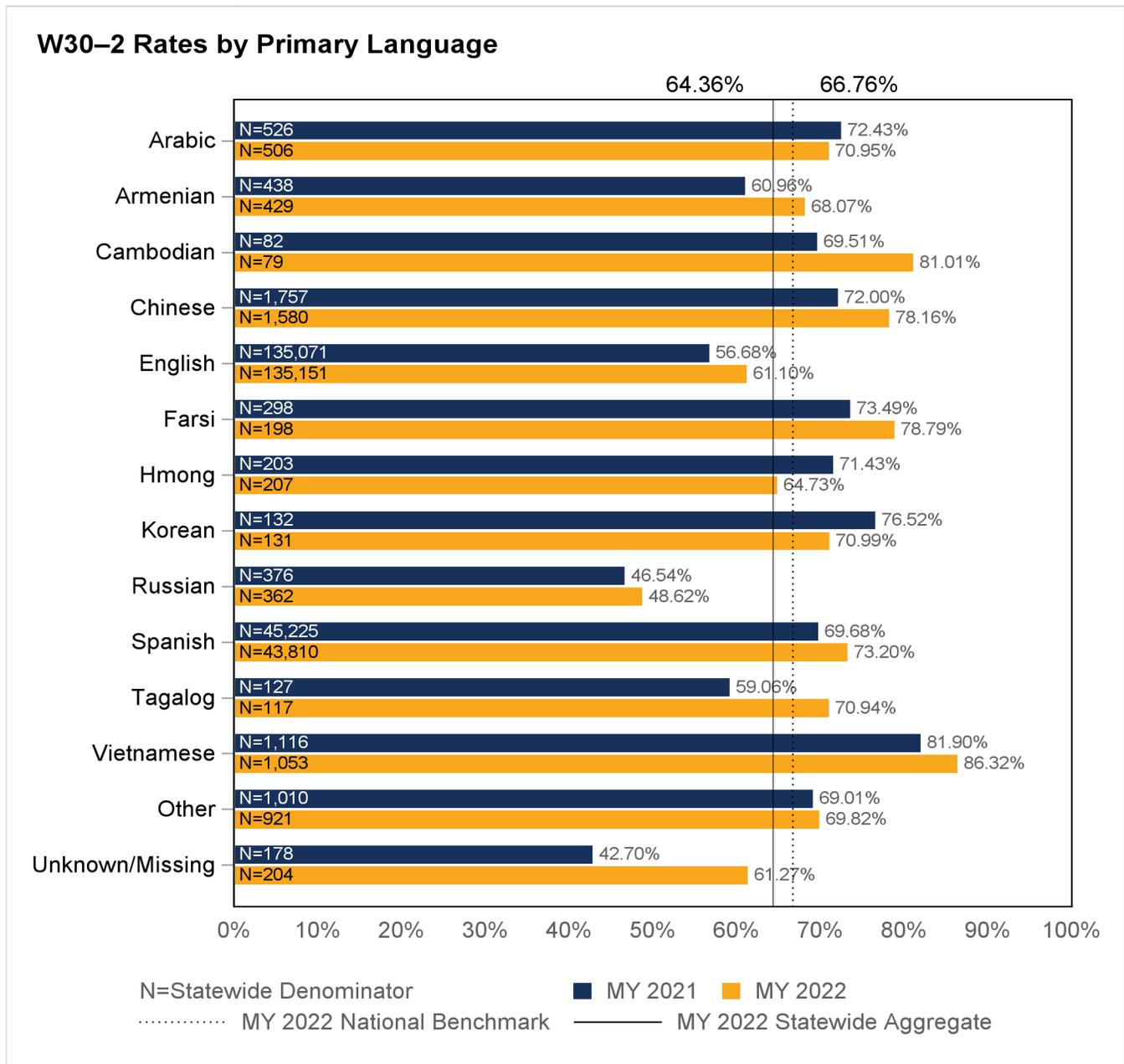
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.



**Figure 3.9—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

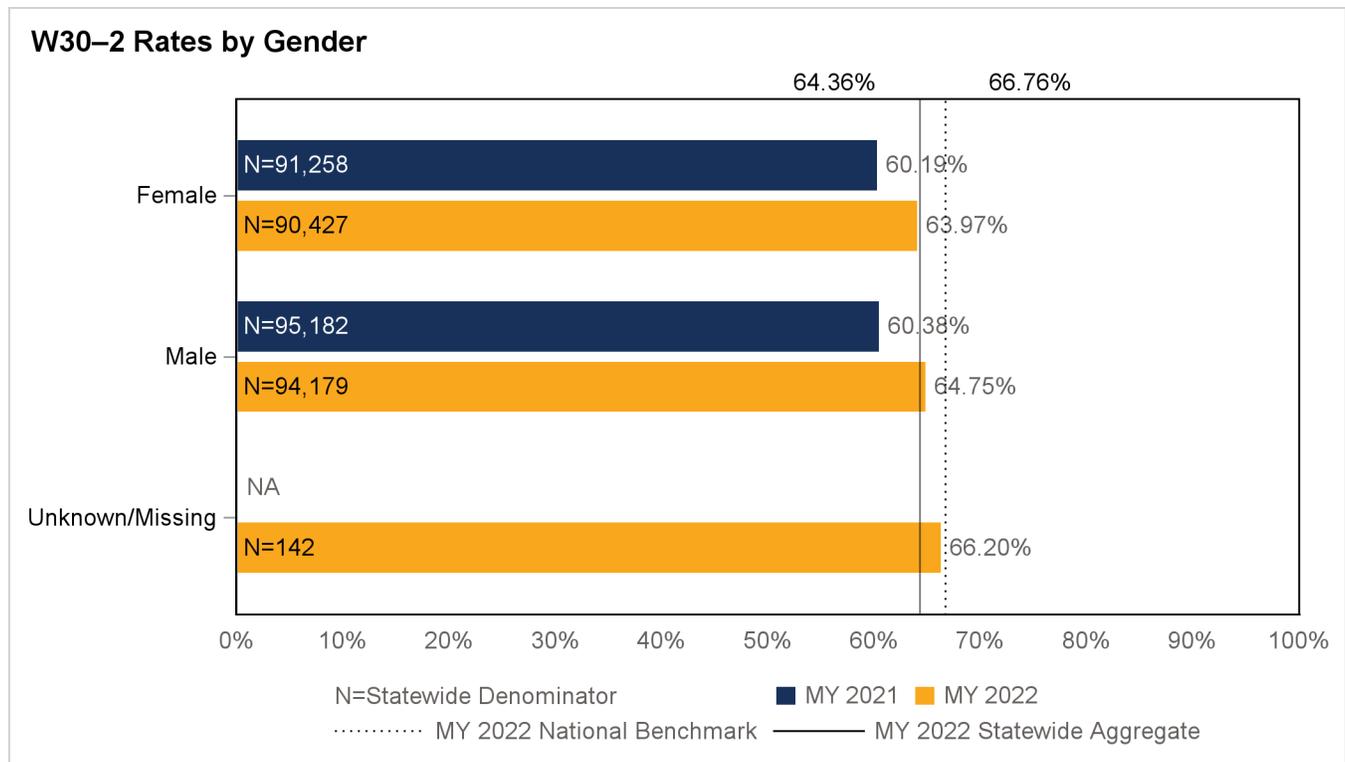
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.



### Figure 3.10—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.



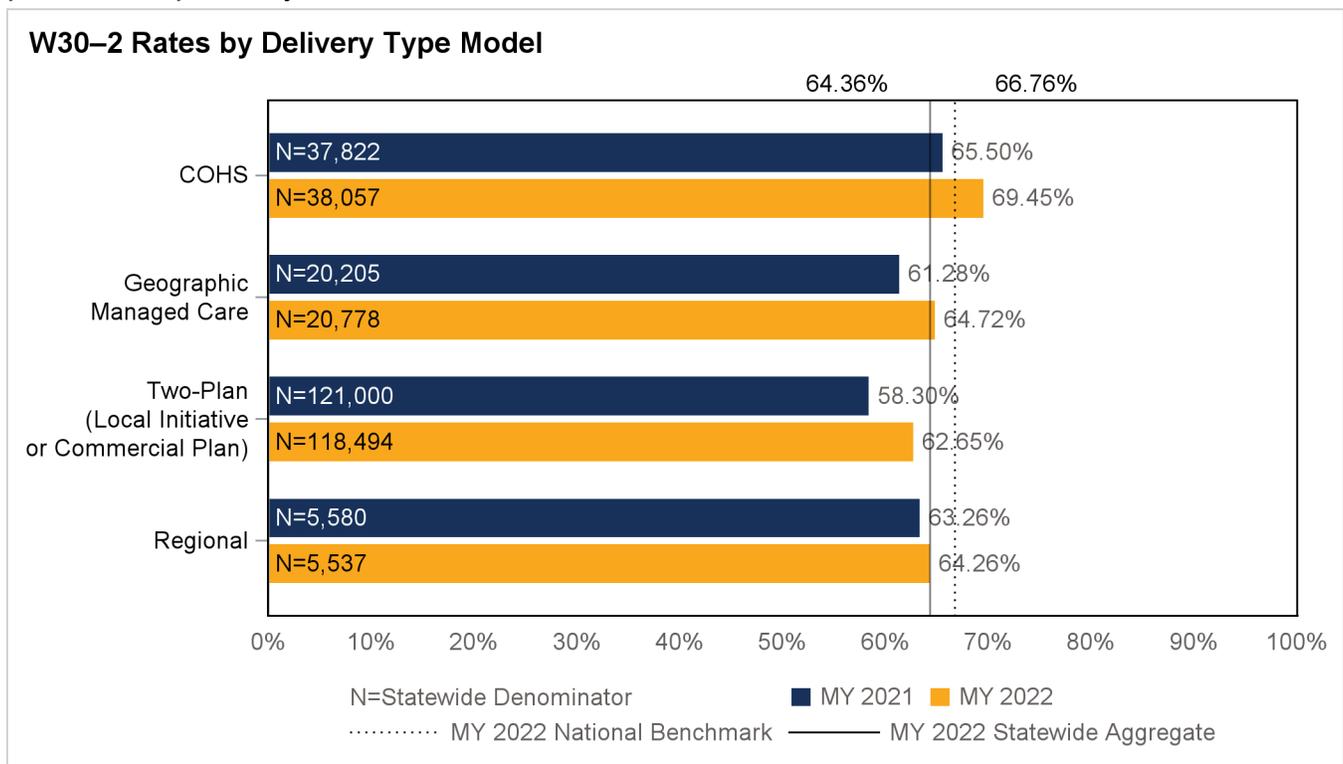
- ◆ While the statewide aggregate for measurement year 2022 fell below the national benchmark by approximately 2 percentage points, the statewide aggregate for the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits* indicator increased from measurement year 2021 by more than a 6 percent relative difference. This indicates that MCPs made progress toward ensuring an adequate number of children ages 15 to 30 months receive comprehensive well-child visits.
- ◆ For both measurement years 2021 and 2022, reportable rates for six of eight (75.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, Unknown/Missing, and White), three of 14 (21.43 percent) primary language groups (English, Russian, and Unknown/Missing), and two of three (66.67 percent) gender groups (Male and Female) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, reportable rates for three of eight (37.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American,

and Native Hawaiian or Other Pacific Islander) and the Russian primary language group fell below the statewide aggregate by more than a 15 percent relative difference.

- ◆ From measurement year 2021 to measurement year 2022, rates for two of eight (25.00 percent) racial/ethnic groups (American Indian or Alaska Native and Black or African American) and four of 14 (28.57 percent) primary language groups (Armenian, Cambodian, Tagalog, and Unknown/Missing) increased by more than a 10 percent relative difference.
  - From measurement year 2021 to measurement year 2022, the rate for the Tagalog primary language group increased by more than a 20 percent relative difference.

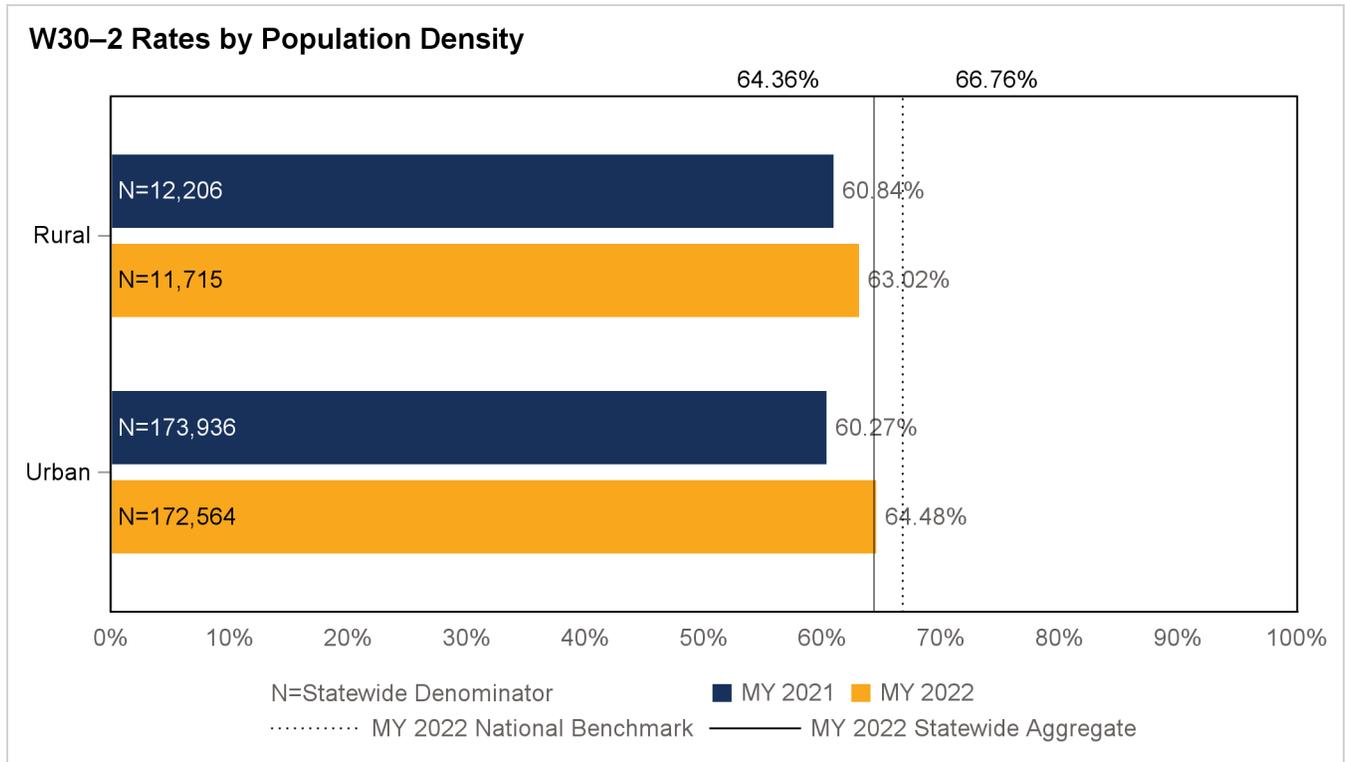
**Figure 3.11—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.



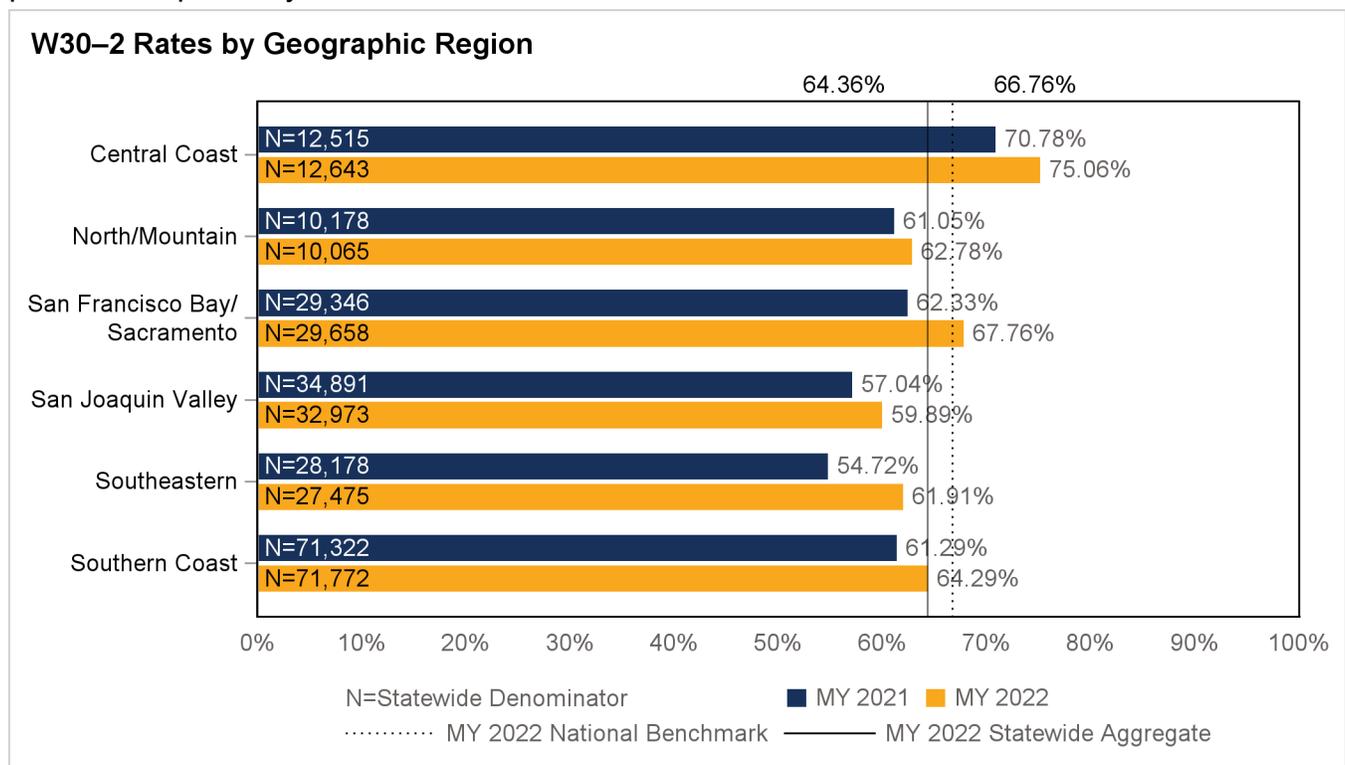
**Figure 3.12—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.



### Figure 3.13—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 65.83 percent and 60.28 percent, respectively.

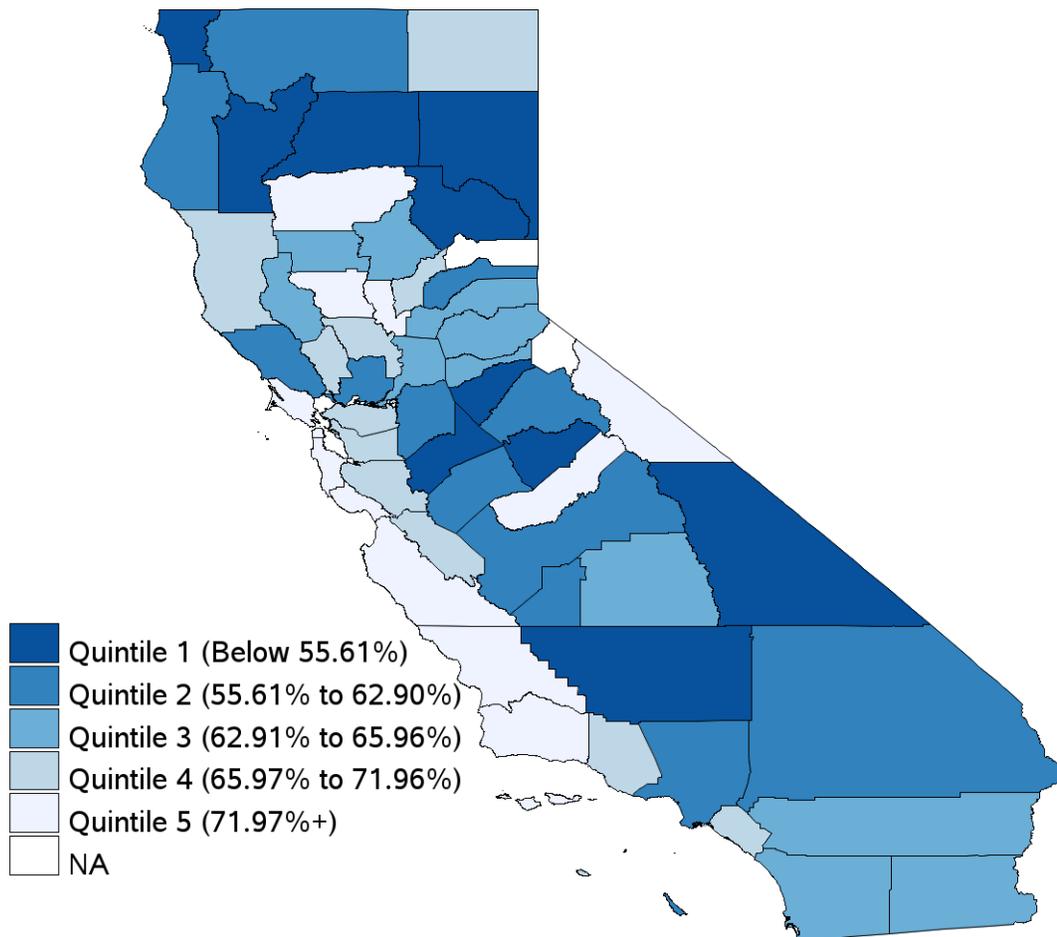


- ◆ For both measurement years 2021 and 2022, the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits* indicator rates for three of four (75.00 percent) delivery type model groups (Geographic Managed Care, Regional, and Two-Plan), both population density groups, and four of six (66.67 percent) geographic regions (North/Mountain, San Joaquin Valley, Southeastern, and Southern Coast) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, the rate for the Central Coast geographic region was above the statewide aggregate by more than a 15 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, the rate for the Southeastern geographic region increased by more than a 10 percent relative difference.

### Figure 3.14—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 43 of 56 (76.79 percent) counties with reportable *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits* indicator rates increased, and rates for 12 of these 43 (27.91 percent) counties increased by at least a 10 percent relative difference. However, reportable rates for 35 of 56 (62.50 percent) counties were below the national benchmark in measurement year 2022, with rates for 33 of these 35 (94.29 percent) counties below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Calaveras, Del Norte, Inyo, Kern, Lassen, Mariposa, Plumas, Shasta, Stanislaus, and Trinity counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, 12 of the 22 (54.55 percent) counties (Calaveras, Del Norte, Humboldt, Inyo, Lassen, Mariposa, Nevada, Plumas, Shasta, Siskiyou, Trinity, and Tuolumne) in

Quintiles 1 or 2 were in the North/Mountain geographic region. Additionally, six of eight (75.00 percent) counties (Fresno, Kern, Kings, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley geographic region were in Quintiles 1 or 2. MCPs operating in the North/Mountain and San Joaquin Valley geographic regions include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kaiser NorCal (KP Cal, LLC); Kern Health Systems, DBA Kern Family Health Care; and Partnership HealthPlan of California.

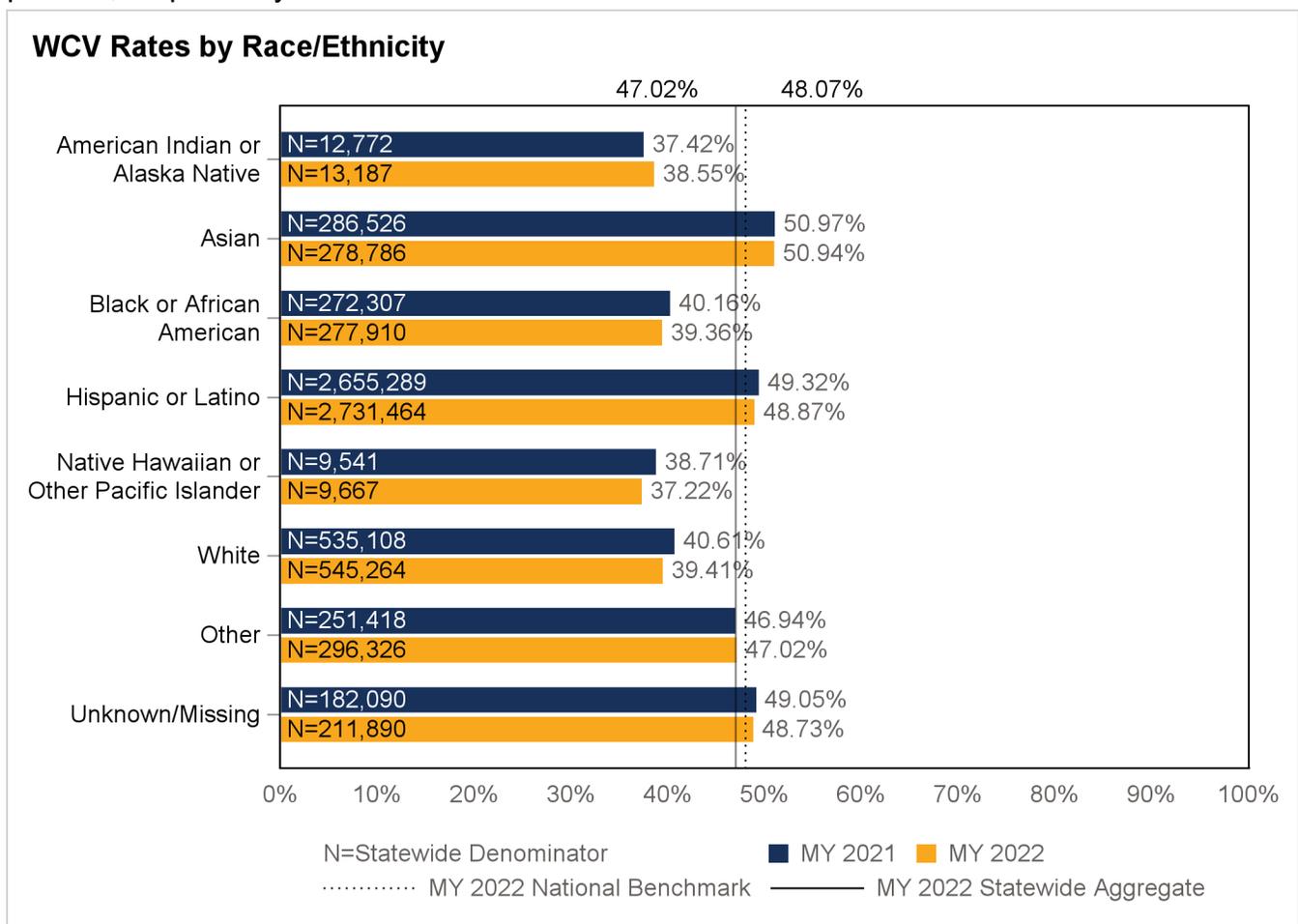
- ◆ Colusa, Madera, Marin, Mono, Monterey, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Sutter, and Tehama counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, reportable rates for all six counties (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region and seven of 10 (70.00 percent) counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, and Santa Clara) in the San Francisco Bay/Sacramento geographic region were in Quintiles 4 or 5. MCPs operating in the Central Coast and San Francisco Bay/Sacramento geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; and Santa Clara Family Health Plan.

## Child and Adolescent Well-Care Visits—Total

The *Child and Adolescent Well-Care Visits—Total (WCV)* indicator measures the percentage of children ages 3 to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Figure 3.15 through Figure 3.22 display the *Child and Adolescent Well-Care Visits—Total (WCV)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure 3.15—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.

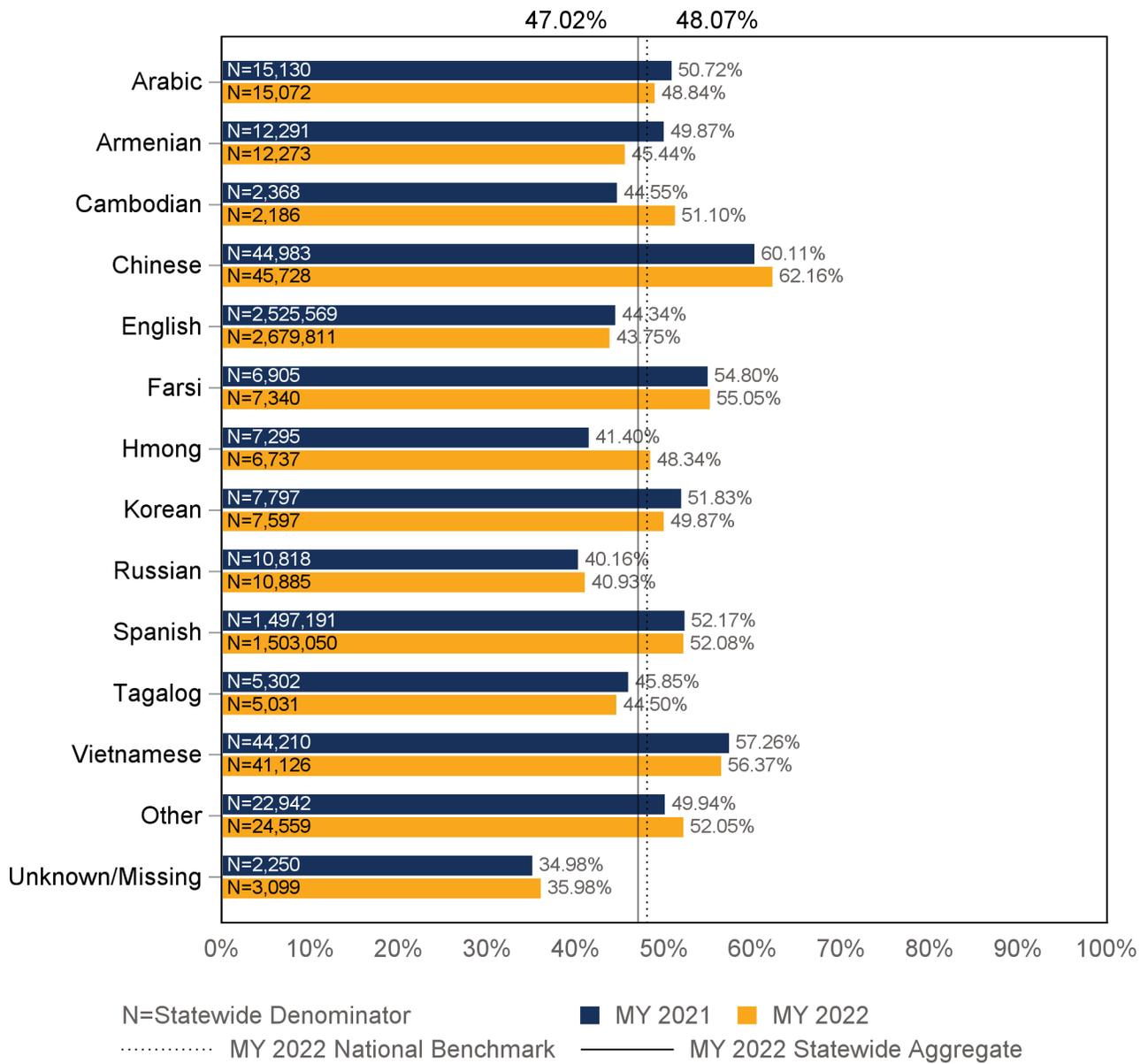


### Figure 3.16—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Primary Language Results

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.

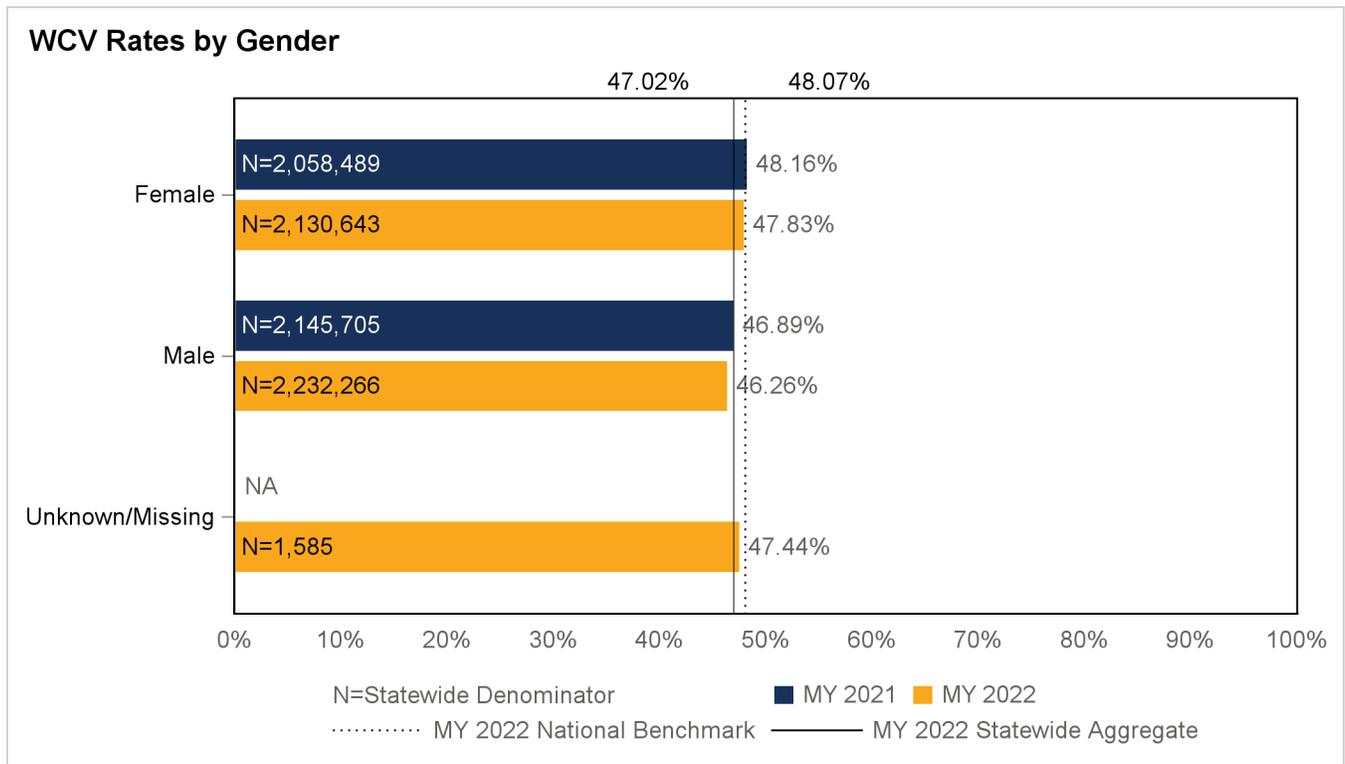
### WCV Rates by Primary Language



**Figure 3.17—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Gender Results**

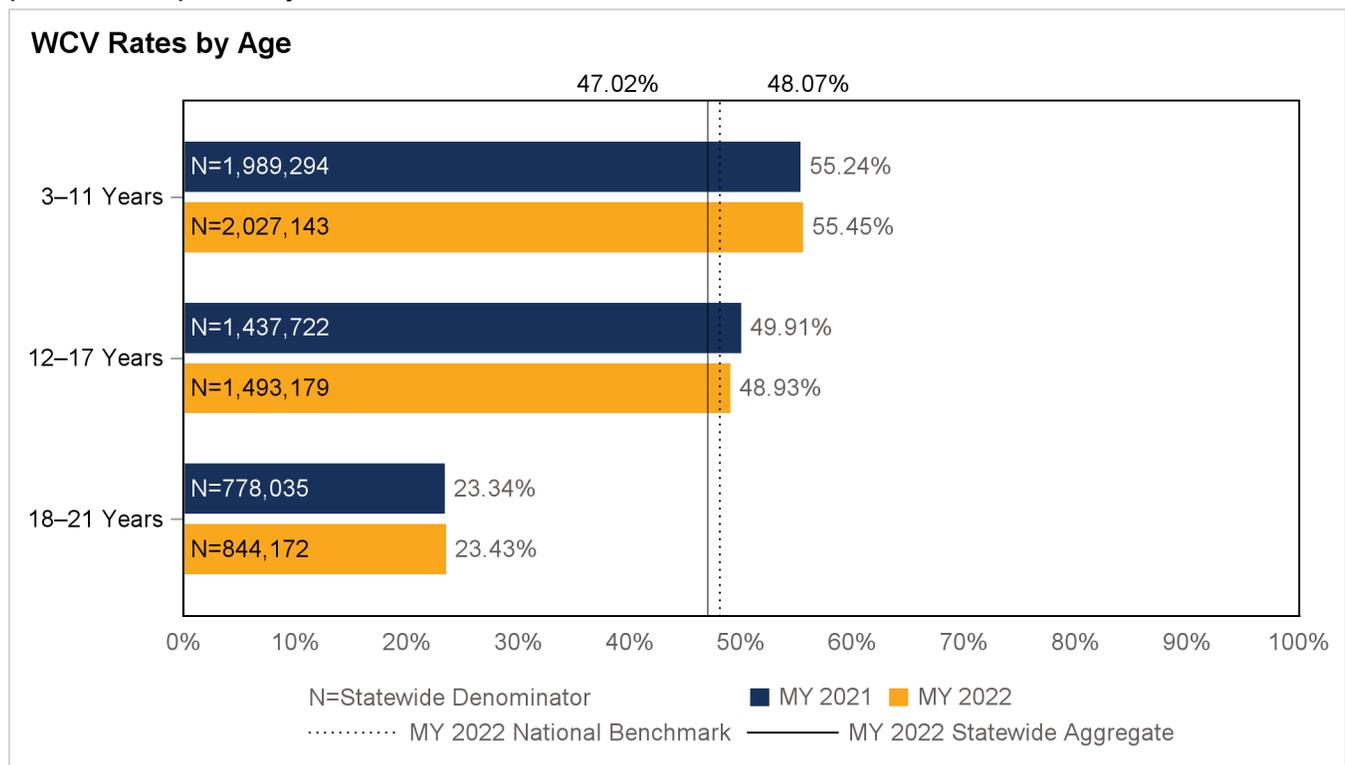
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.



### Figure 3.18—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Age Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.

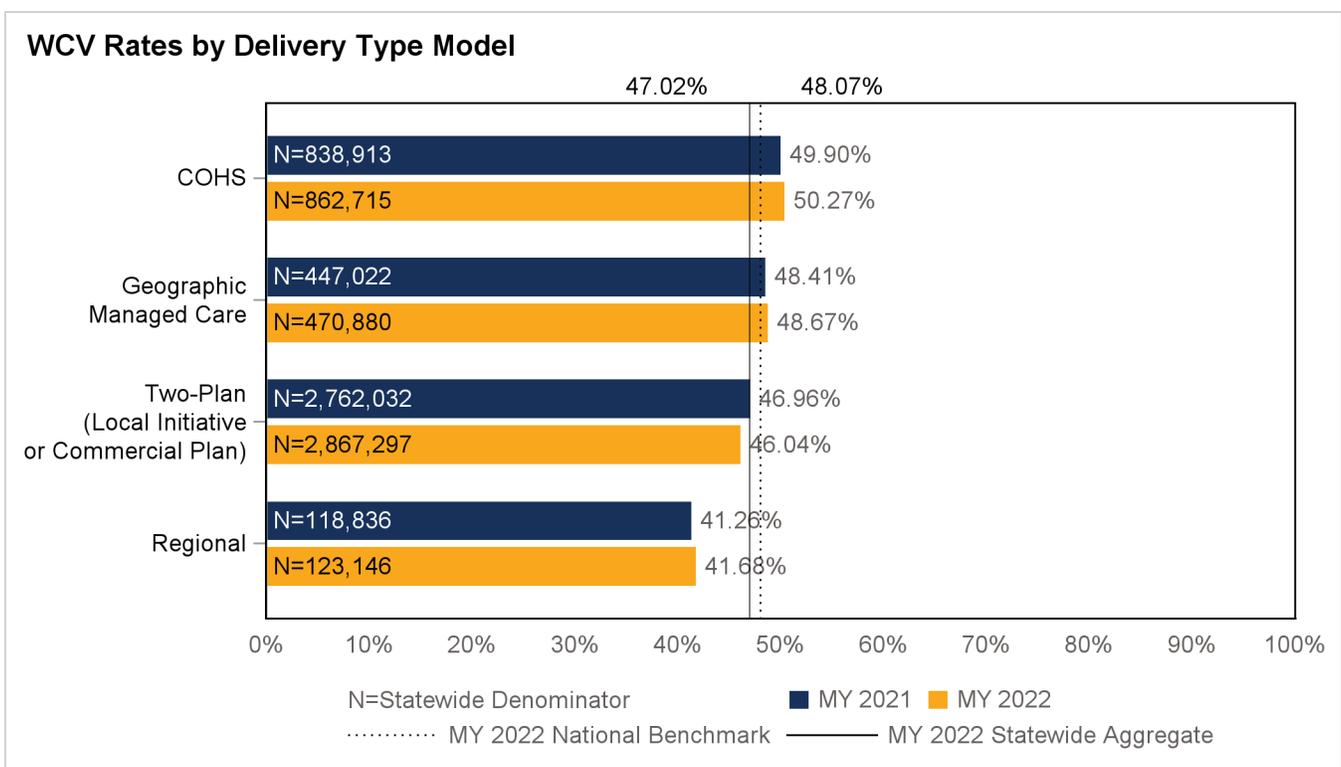


- ◆ While both the statewide aggregate and national benchmark decreased by less than 1 percentage point from measurement year 2021 to measurement year 2022, the statewide aggregate for *Child and Adolescent Well-Care Visits—Total* indicator was below the national benchmark by approximately 1 percentage point for both measurement years. This indicates MCPs have opportunities to ensure an adequate number of children receive comprehensive well-care visits.
- ◆ For both measurement years 2021 and 2022, reportable rates for five of eight (62.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White), four of 14 (28.57 percent) primary language groups (English, Russian, Tagalog, and Unknown/Missing), two of three (66.67 percent) gender groups (Female and Male), and one of three (33.33 percent) age groups (18–21 Years) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, reportable rates for four of eight (50.00) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and two of 14 (14.29 percent) primary language groups (Russian and Unknown/Missing) fell below the statewide aggregate by more than a 10 percent relative difference.

- ◆ From measurement year 2021 to measurement year 2022, rates for two of 14 (14.29 percent) primary language groups (Cambodian and Hmong) increased by more than a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, the 18–21 Years age group fell below the statewide aggregate by more than a 50 percent relative difference.

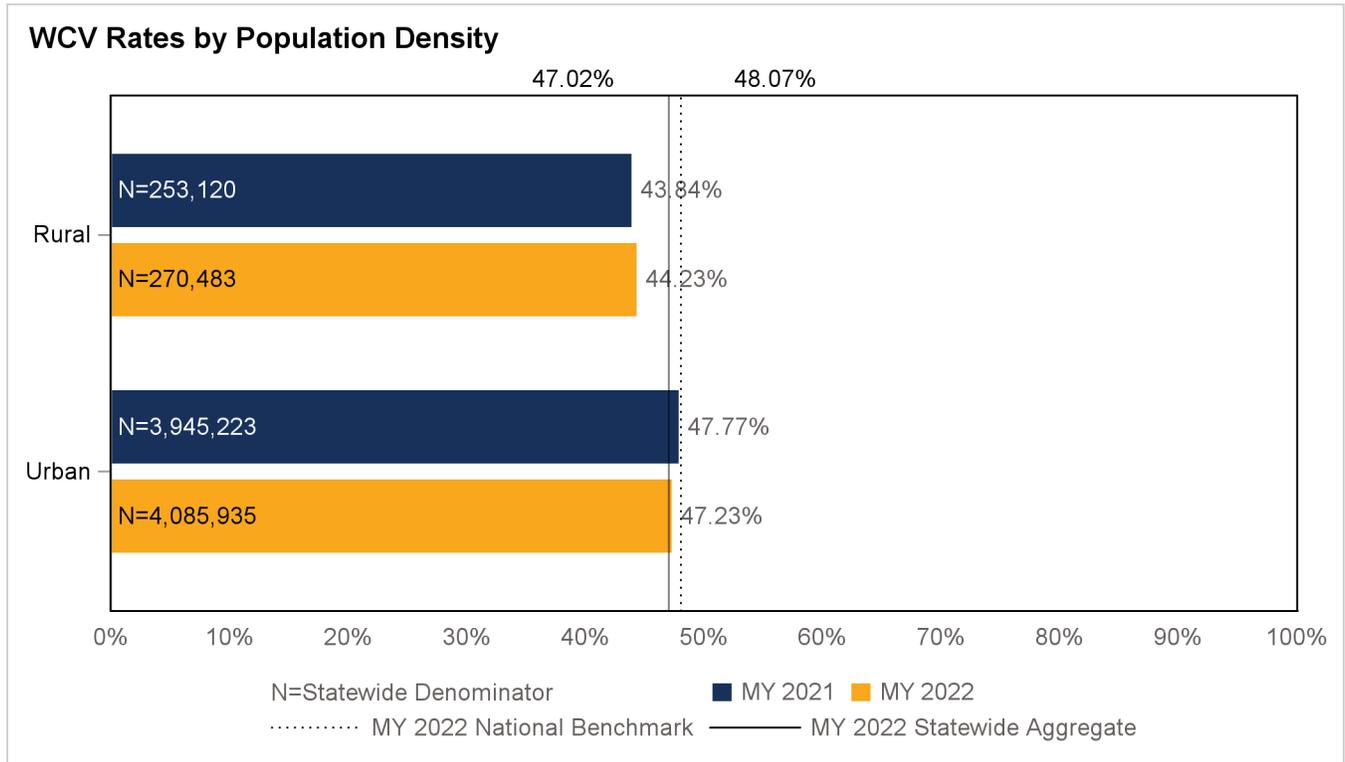
**Figure 3.19—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.



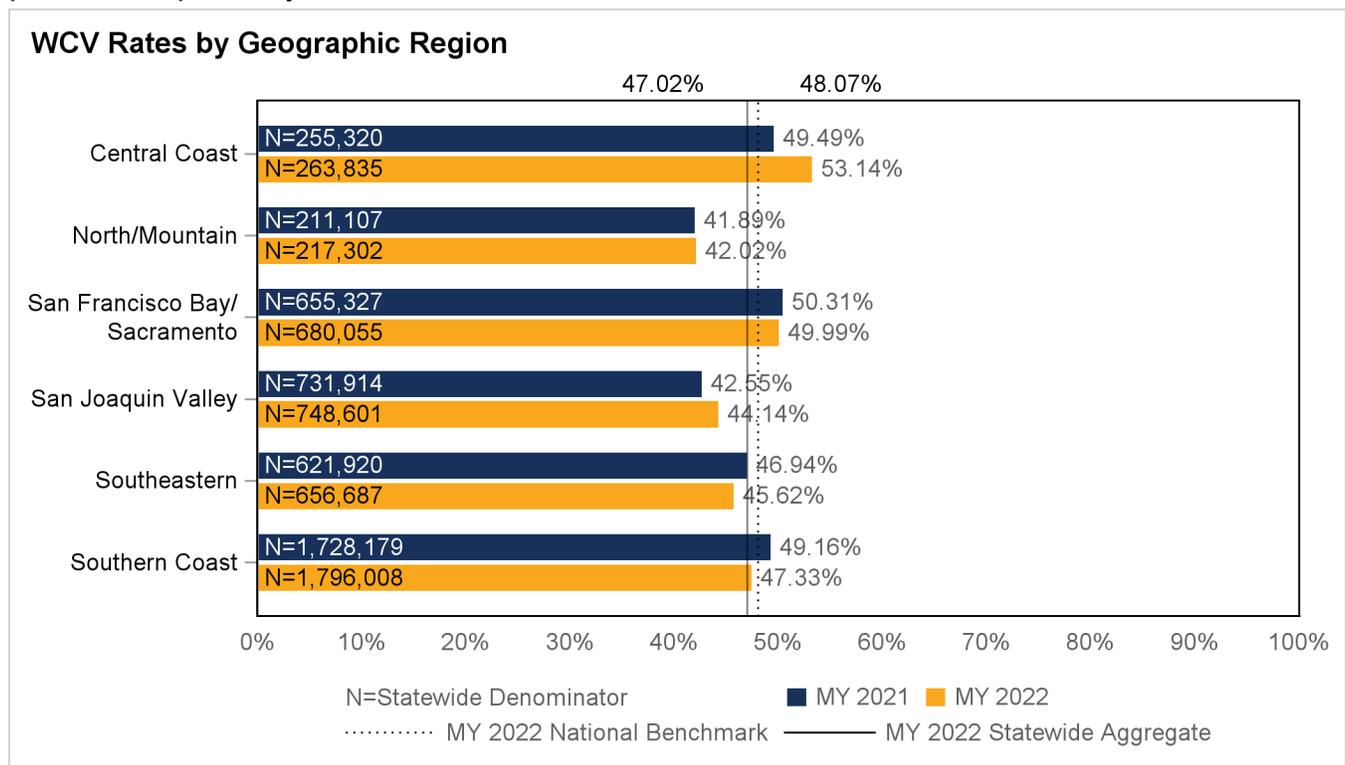
**Figure 3.20—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.



### Figure 3.21—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 48.93 percent and 47.51 percent, respectively.

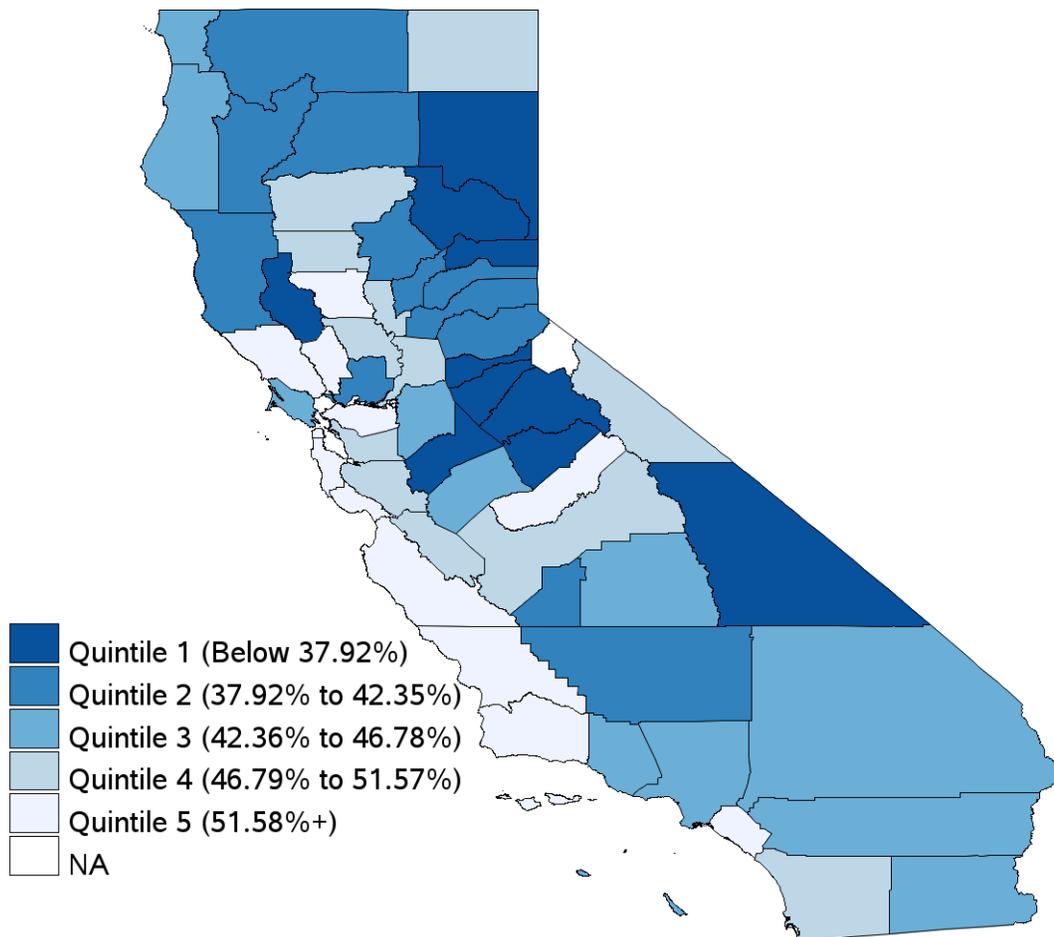


- ◆ For both measurement years 2021 and 2022, the *Child and Adolescent Well-Care Visits—Total* indicator rates for two of four (50.00 percent) delivery type model groups (Regional and Two-Plan), both population density groups, and three of six (50.00 percent) geographic regions (North/Mountain, San Joaquin Valley, and Southeastern) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, the rates for the Regional delivery type model group and the North/Mountain geographic region fell below the statewide aggregate by more than a 10 percent relative difference.

### Figure 3.22—Child and Adolescent Well-Care Visits—Total (WCV)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 35 of 57 (61.40 percent) counties with reportable *Child and Adolescent Well-Care Visits—Total* indicator rates increased, and rates for six of these 35 (17.14 percent) counties increased by at least a 10 percent relative difference. Additionally, reportable rates for 37 of 57 (64.91 percent) counties fell below the national benchmark in measurement year 2022, with rates for 36 of these 37 (97.30 percent) counties below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Amador, Calaveras, Inyo, Lake, Lassen, Mariposa, Plumas, Sierra, Stanislaus, and Tuolumne counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, 18 of 22 (81.82 percent) counties in Quintiles 1 or 2 were in the North/Mountain geographic region. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership

Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC); and Partnership HealthPlan of California.

- ◆ Colusa, Contra Costa, Madera, Monterey, Napa, Orange, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, and Sonoma counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, rates for five of six (83.33 percent) counties in the Central Coast geographic region, eight of 10 (80.00 percent) counties in the San Francisco Bay/Sacramento geographic region, and two of three (66.67 percent) counties in the Southern Coast geographic region were in Quintiles 4 or 5. MCPs operating in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; CalOptima; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan; and United Healthcare Community Plan.

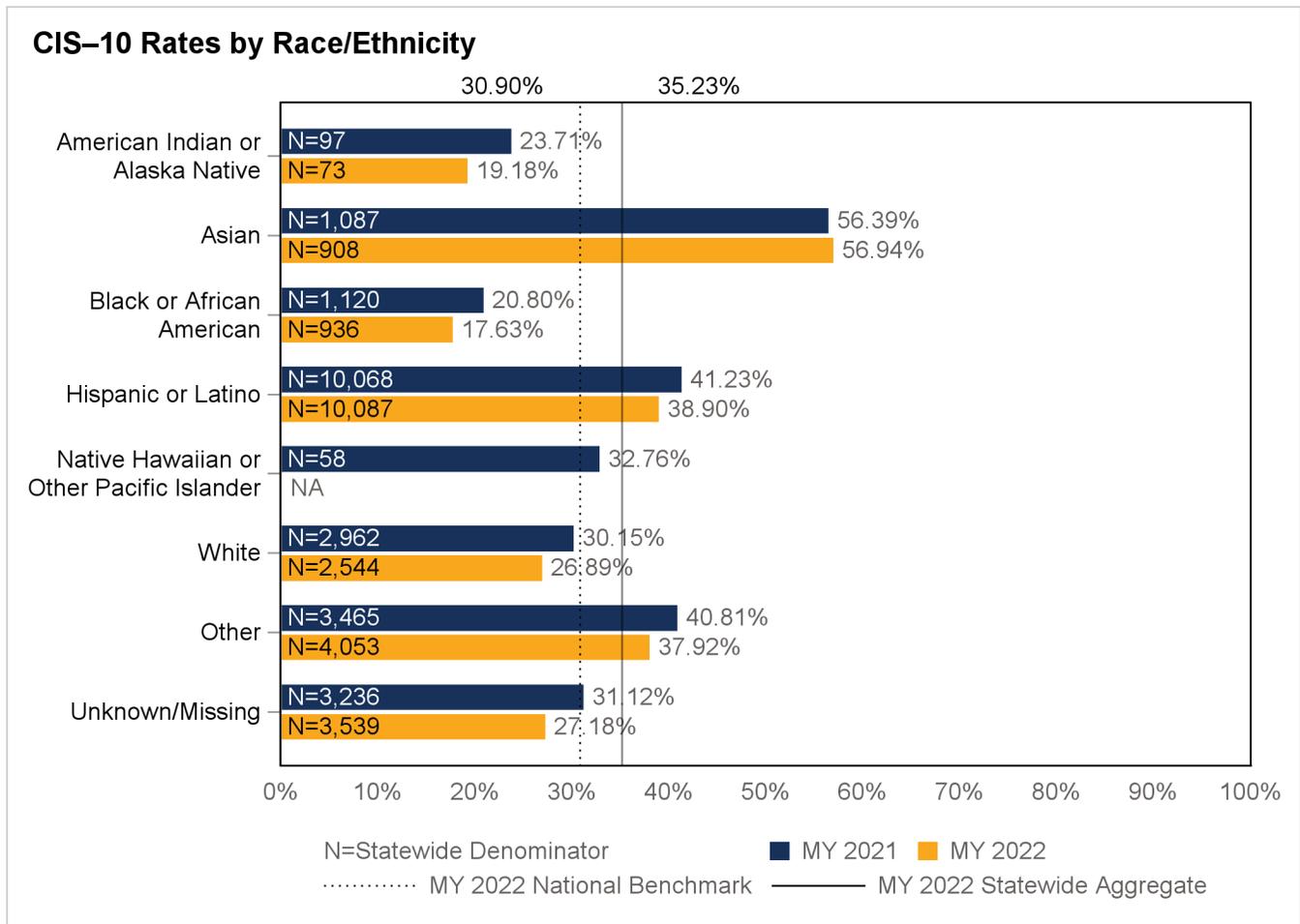
## **Childhood Immunization Status—Combination 10**

The *Childhood Immunization Status—Combination 10 (CIS-10)* indicator measures the percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three haemophilus influenza type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday. Figure 3.23 through Figure 3.29 display the *Childhood Immunization Status—Combination 10 (CIS-10)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure 3.23—Childhood Immunization Status—Combination 10 (CIS-10)—Statewide Racial/Ethnic Results**

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.



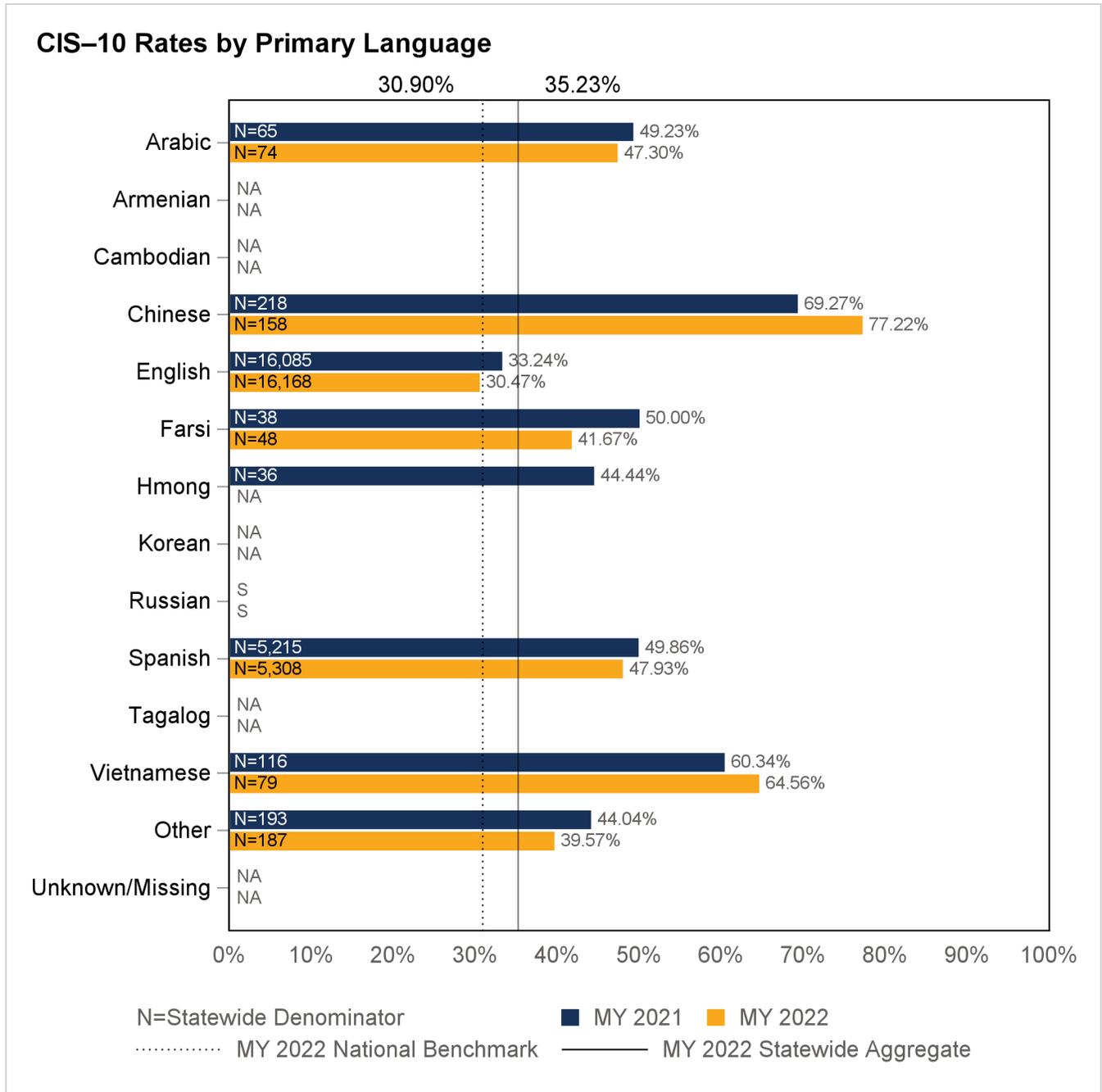
**Figure 3.24—Childhood Immunization Status—Combination 10 (CIS-10)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

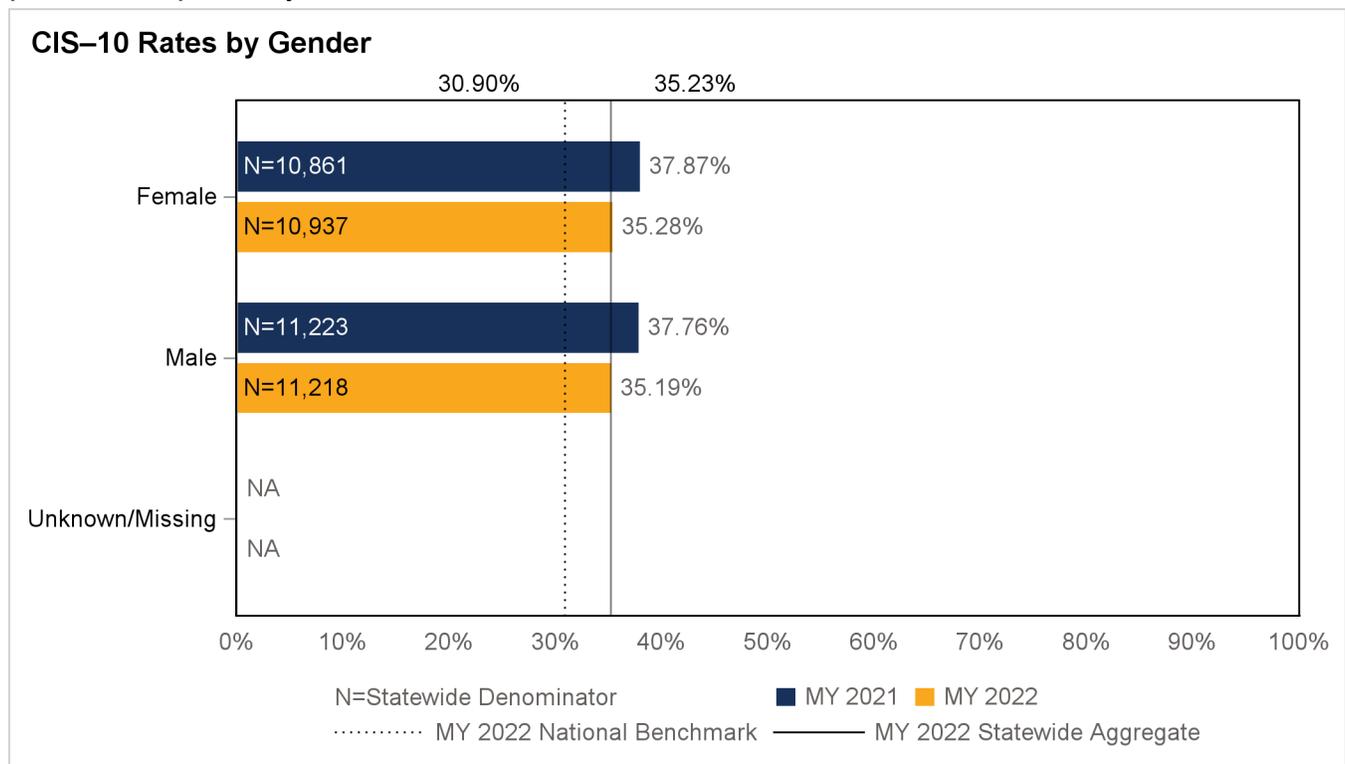
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.



### Figure 3.25—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.

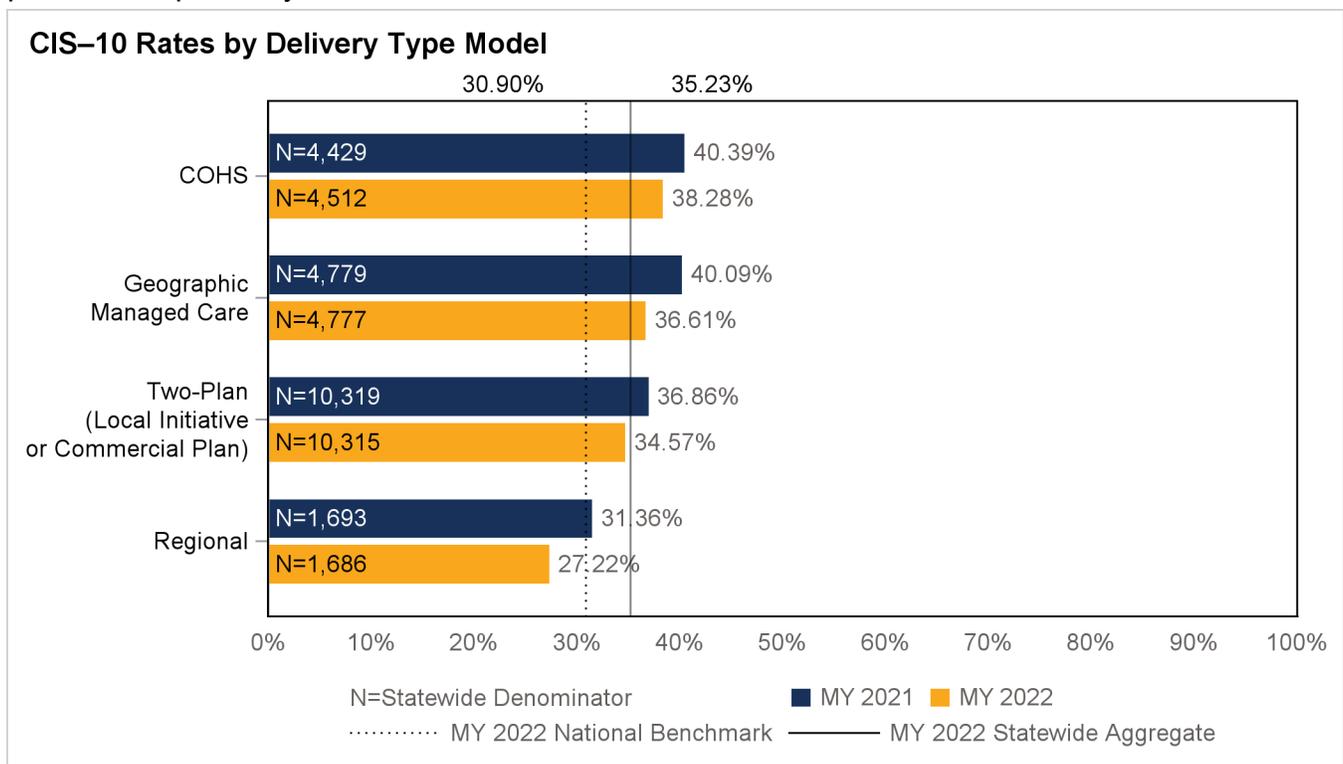


- ◆ While both the statewide aggregate and national benchmark decreased from measurement year 2021 to measurement year 2022, the statewide aggregate for the *Childhood Immunization Status—Combination 10* indicator was above the national benchmark by more than a 10 percent relative difference for measurement year 2022, indicating that MCPs ensured an adequate number of pediatric members received appropriate vaccinations.
- ◆ For both measurement years 2021 and 2022, reportable rates for four of eight (50.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Unknown/Missing, and White) and one of seven (14.29 percent) primary language groups (English) fell below the national benchmark and were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, reportable rates for four of eight (50.00) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Unknown/Missing, and White) and two of seven (28.57 percent) primary language groups (Farsi and Other) decreased by more than a 10 percent relative difference.

- From measurement year 2021 to measurement year 2022, the rate for the Chinese primary language group increased by more than a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, rates for the American Indian or Alaska Native and Black or African American racial/ethnic groups were below the statewide aggregate by more than a 35 percent relative difference, and the rates for the Chinese primary language group were above the statewide aggregate by more than an 80 percent relative difference.

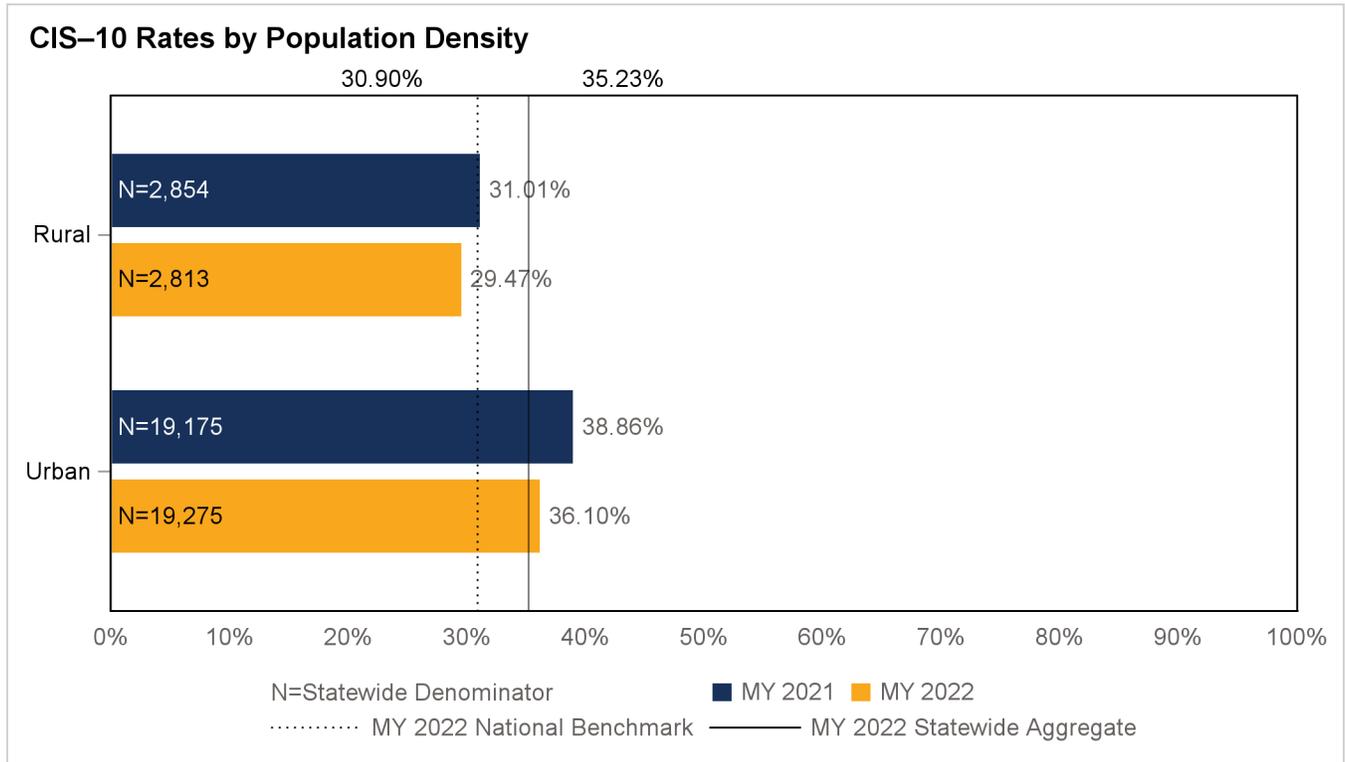
### Figure 3.26—Childhood Immunization Status—Combination 10 (CIS-10)—Regional-Level Delivery Type Model Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.



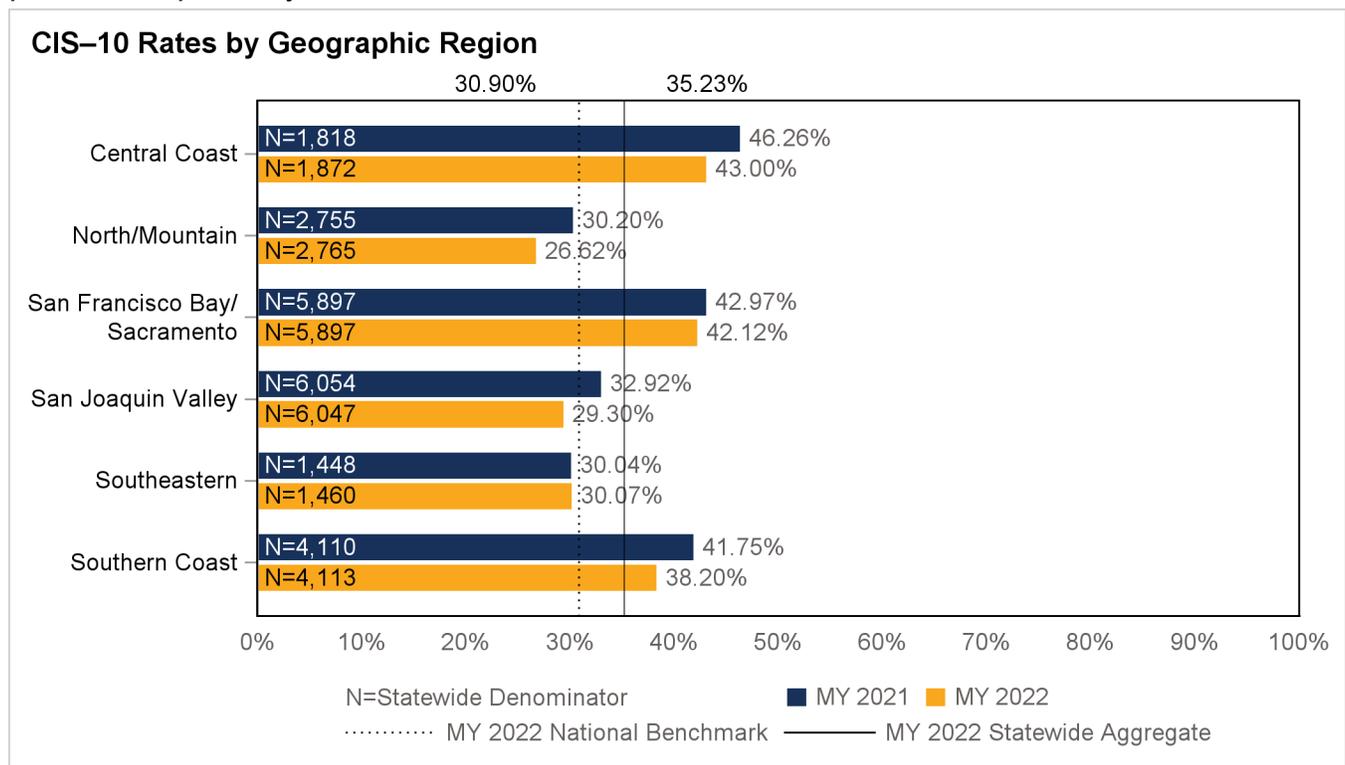
**Figure 3.27—Childhood Immunization Status—Combination 10 (CIS-10)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.



### Figure 3.28—Childhood Immunization Status—Combination 10 (CIS-10)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 34.79 percent and 37.81 percent, respectively.



- ◆ For both measurement years 2021 and 2022, the *Childhood Immunization Status—Combination 10* indicator rates for the Regional delivery type model group, rural population density group, and three of six (50.00 percent) geographic regions (North/Mountain, San Joaquin Valley, and Southeastern) fell below the national benchmark and were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, rates for the Regional delivery type model group and two of six (33.33 percent) geographic regions (North/Mountain and San Joaquin Valley) decreased by more than a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, the Central Coast geographic region was above the statewide aggregate by more than a 20 percent relative difference.



geographic region, four of eight (50.00 percent) counties (Kern, Kings, Merced, and Stanislaus) in the San Joaquin Valley geographic region, and two of three (66.67 percent) counties (Riverside and San Bernardino) in the Southeastern geographic region were in Quintiles 1 or 2. MCPs operating in the North/Mountain, San Joaquin Valley, and Southeastern geographic regions include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care; Inland Empire Health Plan; Molina Healthcare of California; and Partnership HealthPlan of California.

- ◆ Alameda, Madera, Monterey, Napa, San Francisco, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, and Solano counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, rates for five of six (83.33 percent) counties (Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region, nine of 10 (90.00 percent) counties (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma) in the San Francisco Bay/Sacramento geographic region, and two of three (66.67 percent) counties (Orange and San Diego) in the Southern Coast geographic region were in Quintiles 4 or 5. MCPs operating in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; CalOptima; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan; and United Healthcare Community Plan.

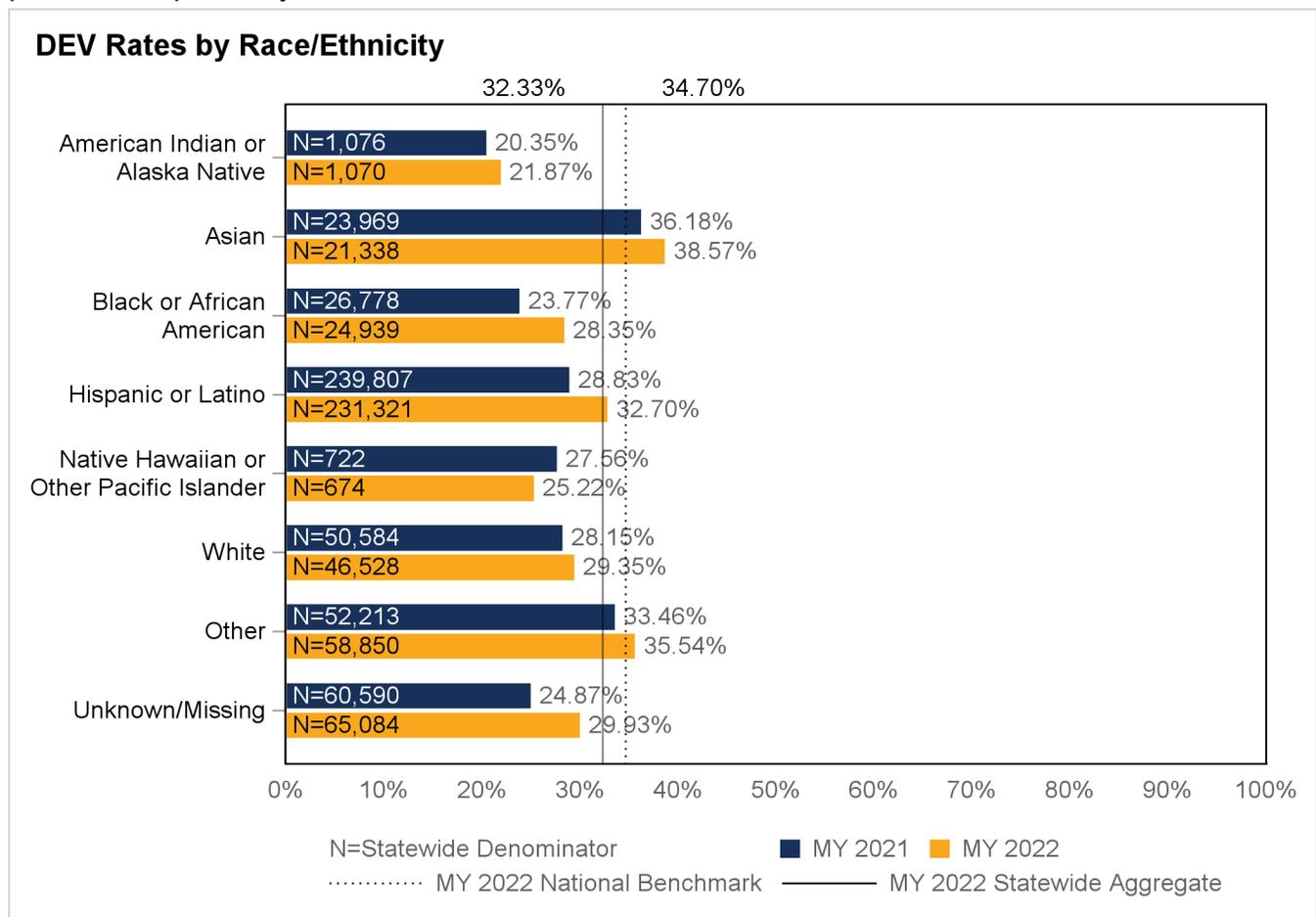
## Developmental Screening in the First Three Years of Life— Total

The *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator measures the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child’s first, second, or third birthday. Due to MCPs’ inconsistent reporting of electronic health record (EHR) data, differences in rates may be impacted by data completeness.

Figure 3.30 through Figure 3.37 display the *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

### Figure 3.30—Developmental Screening in the First Three Years of Life—Total (DEV)— Statewide Racial/Ethnic Results

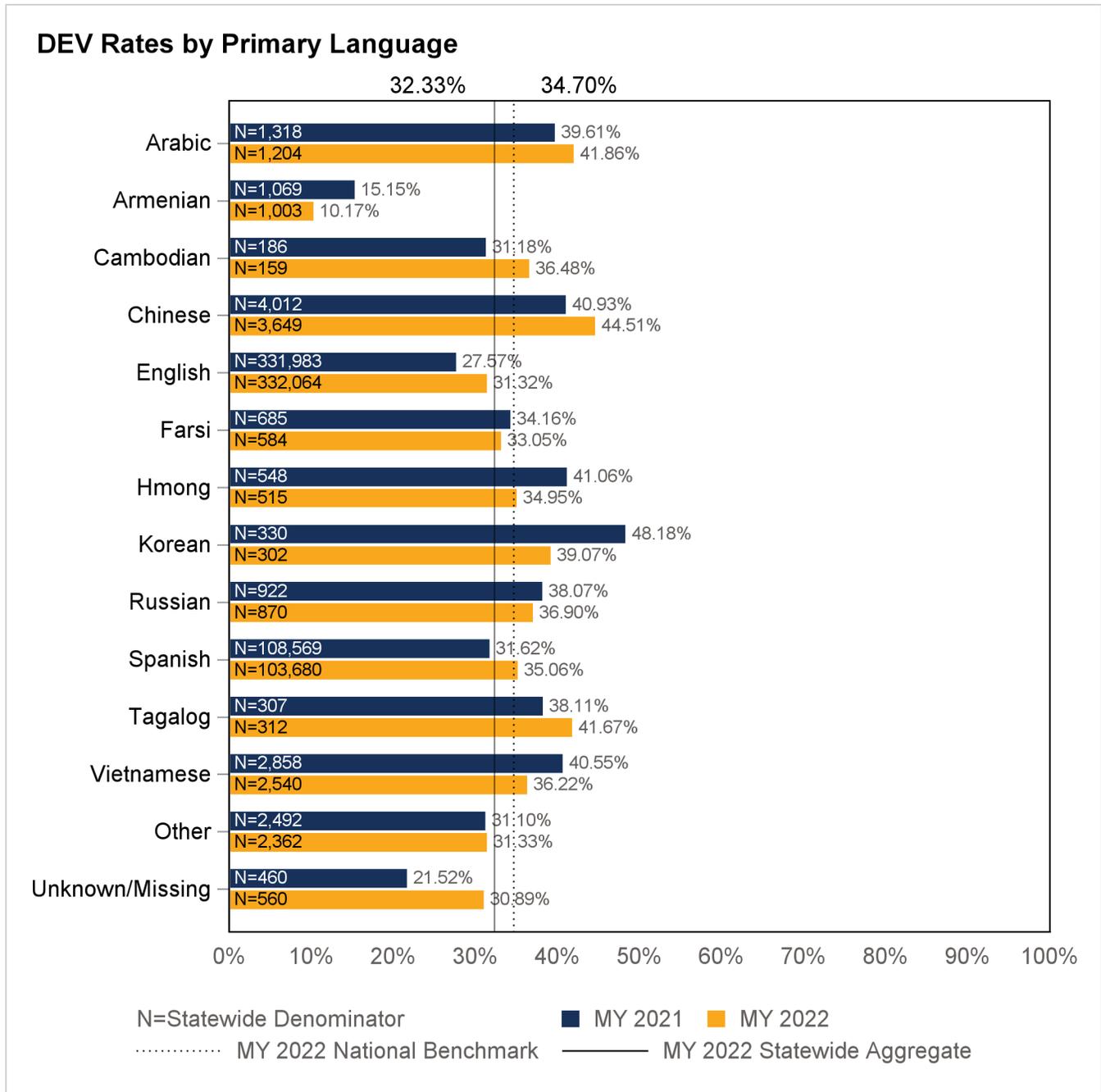
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



**Figure 3.31—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

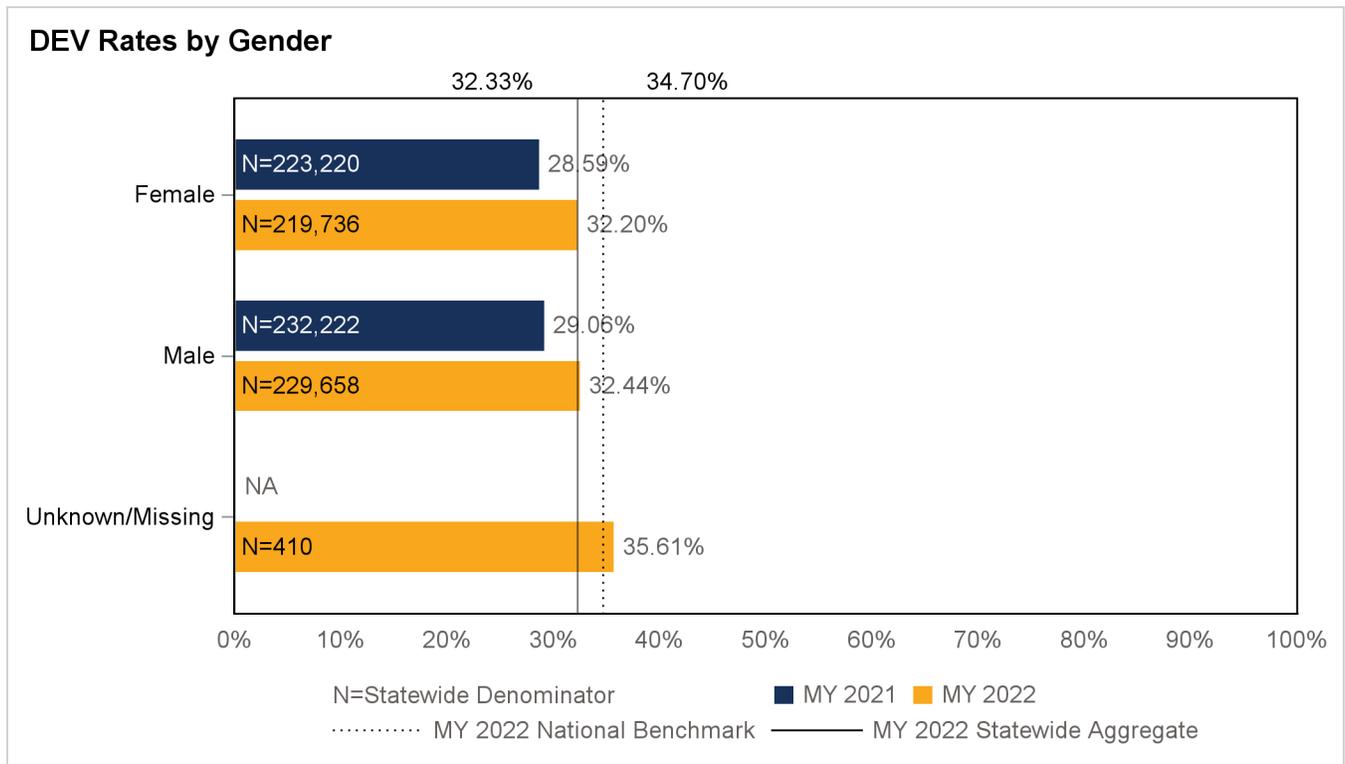
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



**Figure 3.32—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Gender Results**

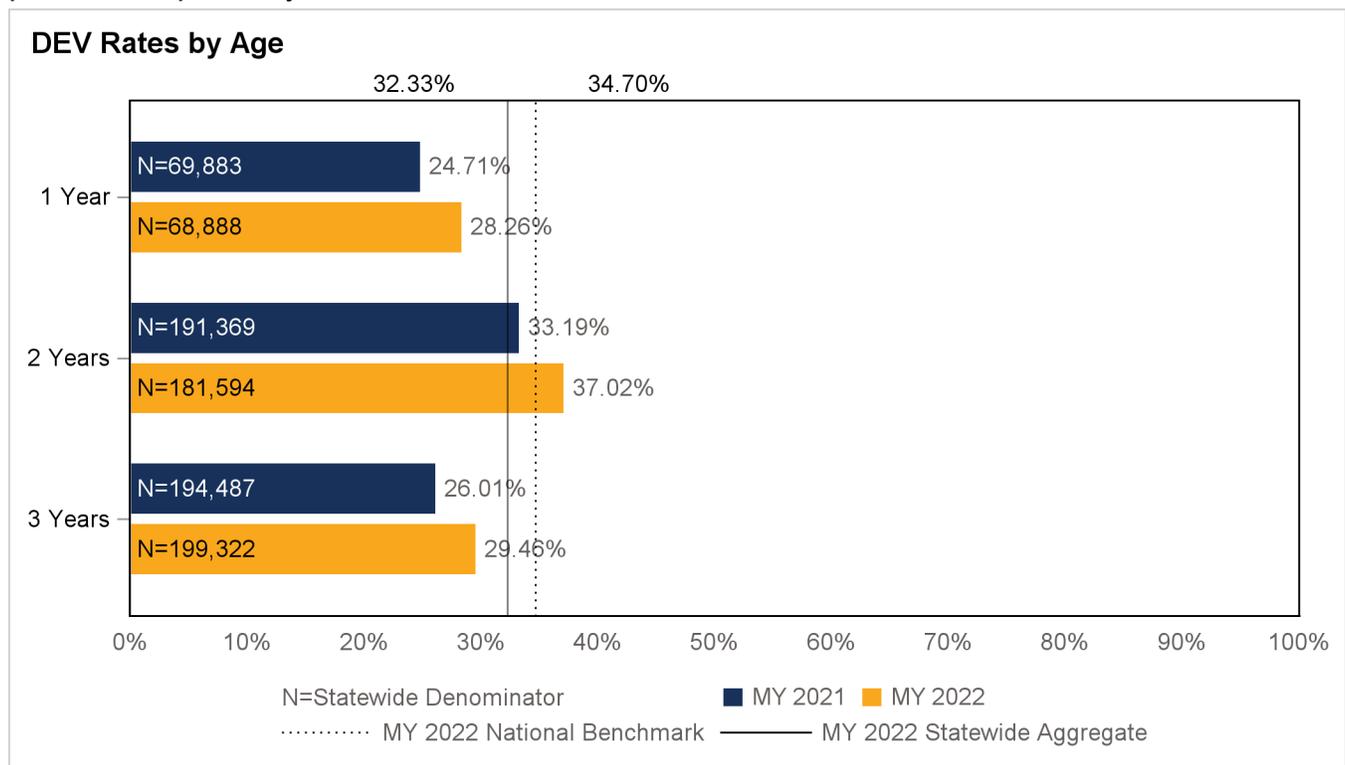
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



### Figure 3.33—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Age Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.

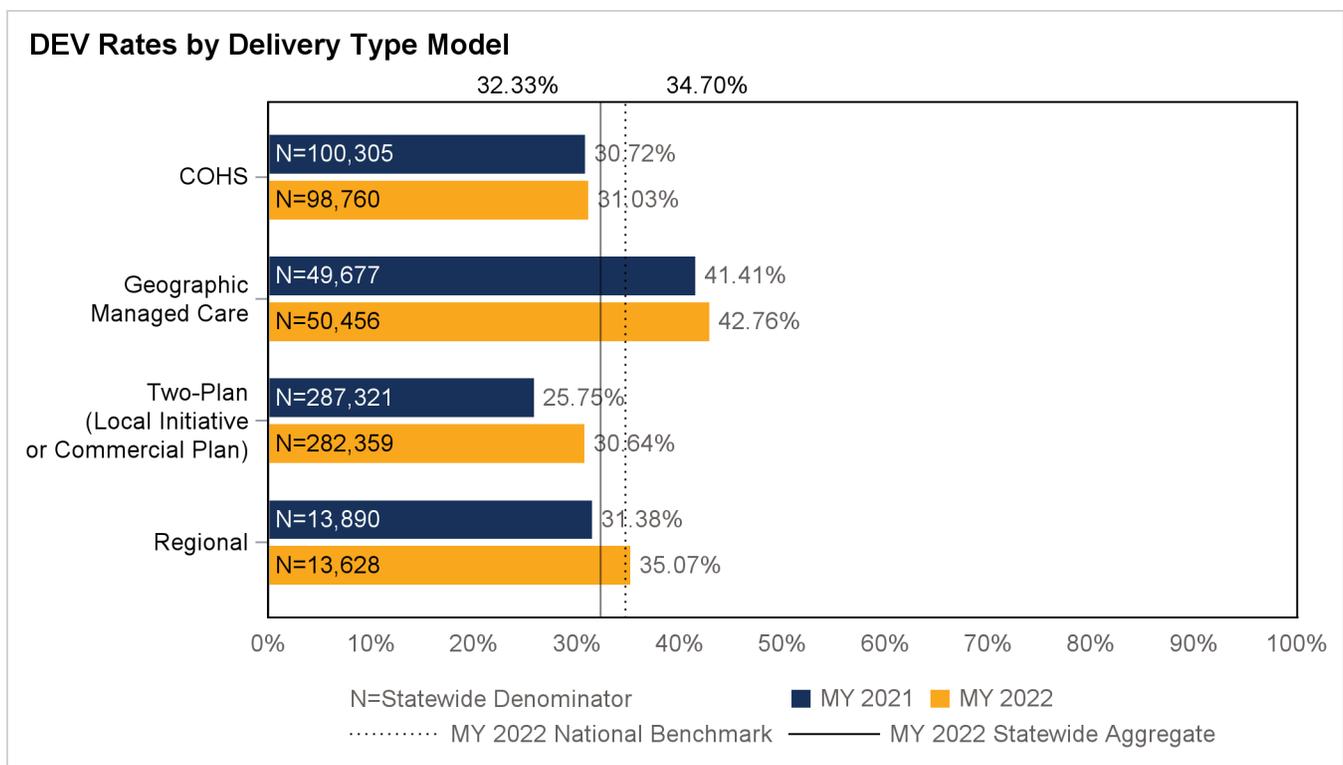


- ◆ While the statewide aggregate for measurement year 2022 fell below the national benchmark by approximately 2 percentage points, the statewide aggregate for the *Developmental Screening in the First Three Years of Life—Total* indicator also increased from measurement year 2021 by more than a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, reportable rates for six of eight (75.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Unknown/Missing, and White), four of 14 (28.57 percent) primary language groups (Armenian, English, Other, and Unknown/Missing), two of three (66.67 percent) gender groups (Female and Male), and two of three (66.67 percent) age groups (1 Year and 3 Years) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, reportable rates for two of eight (25.00 percent) racial/ethnic groups (American Indian or Alaska Native and Black or African American), one of 14 (7.14 percent) primary language groups (Armenian), and one of three (33.33 percent) age groups (1 Year) were below the statewide aggregate by more than a 10 percent relative difference.

- ◆ From measurement year 2021 to measurement year 2022, rates for three of eight (37.50 percent) racial/ethnic groups (Black or African American, Hispanic or Latino, and Unknown/Missing), four of 14 (28.57 percent) primary language groups (Cambodian, English, Spanish, and Unknown/Missing), two of three (66.67 percent) gender groups (Female and Male), and all three age groups (1 Year, 2 Years, and 3 Years) increased by more than a 10 percent relative difference.
  - From measurement year 2021 to measurement year 2022, rates for four of 14 (28.57 percent) primary language groups (Armenian, Hmong, Korean, and Vietnamese) decreased by more than 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, the rates for the Armenian primary language group were below the statewide aggregate by more than a 45 percent relative difference.

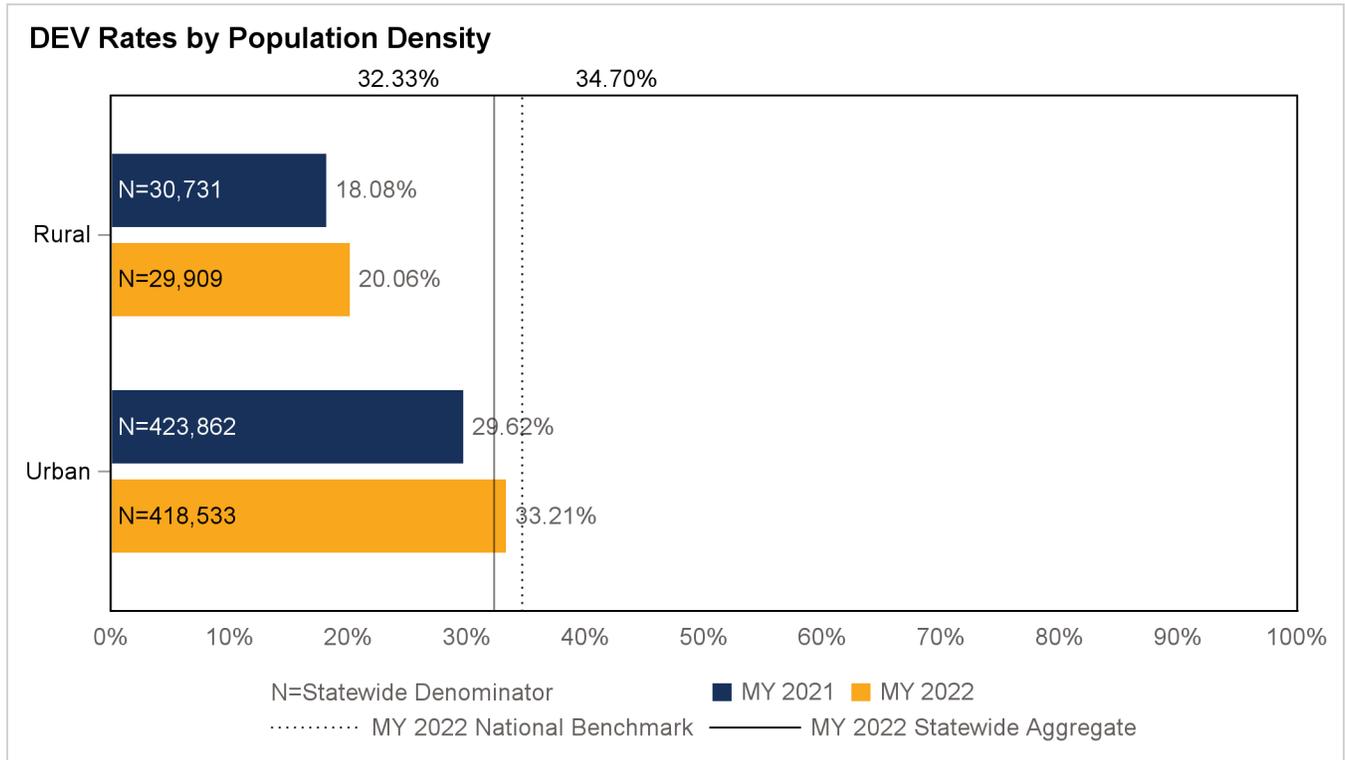
**Figure 3.34—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



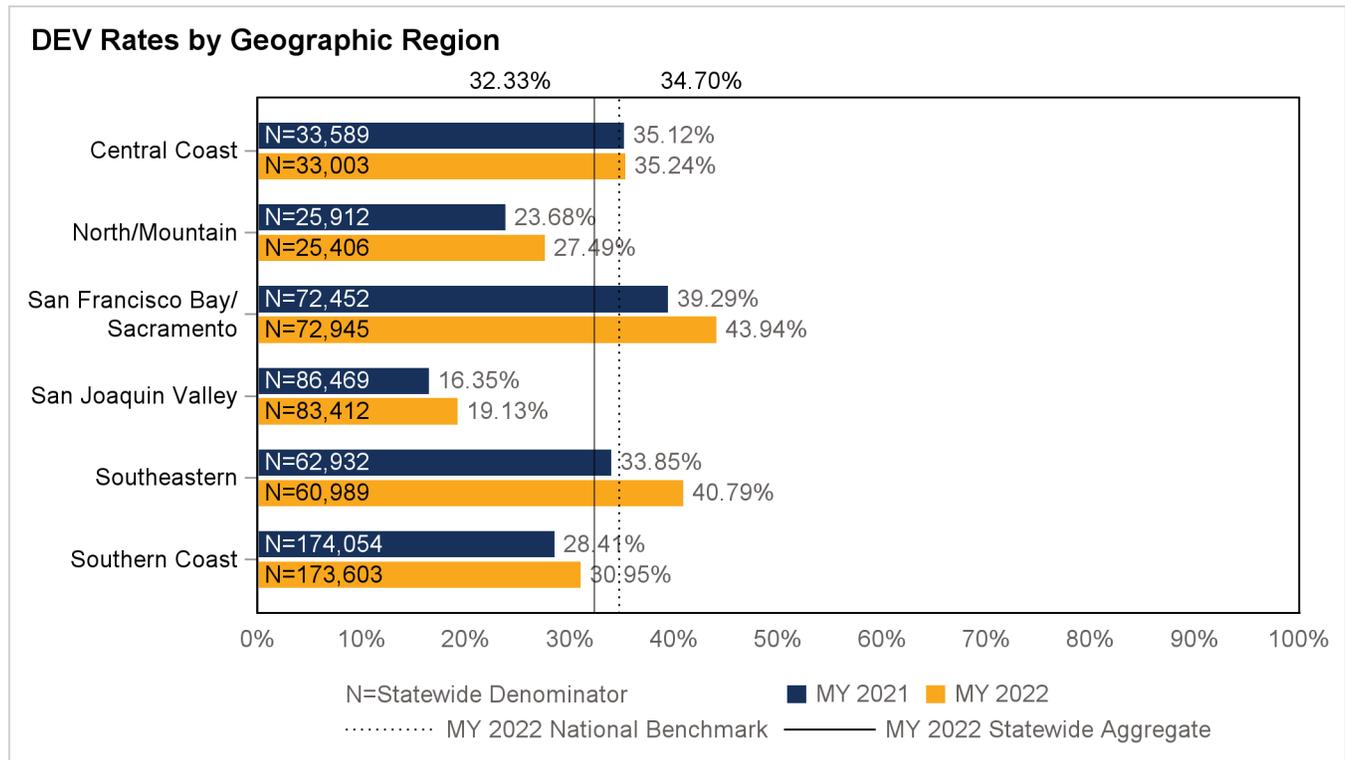
**Figure 3.35—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



### Figure 3.36—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 33.50 percent and 28.83 percent, respectively.



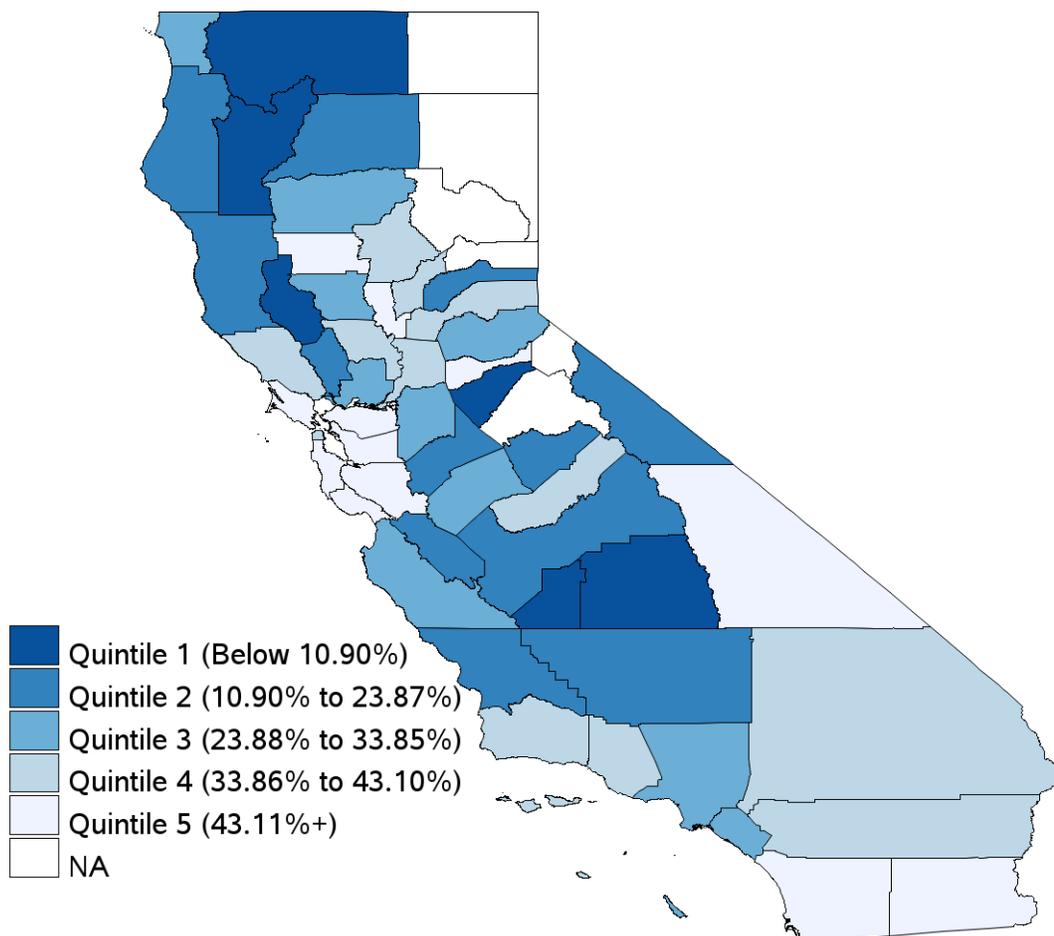
- ◆ For both measurement years 2021 and 2022, the *Developmental Screening in the First Three Years of Life—Total* indicator rates for two of four (50.00 percent) delivery type model groups (COHS and Two-Plan), both population density groups, and three of six (50.00 percent) geographic regions (North/Mountain, San Joaquin Valley, and Southern Coast) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, rates for the rural population density group and two of four (50.00 percent) geographic regions (North/Mountain and San Joaquin Valley) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, rates for two of four (50.00 percent) delivery type model groups (Regional and Two-Plan), both population density groups, and four of six (66.67 percent) geographic regions (North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southeastern) increased by more than a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, the rates for the Geographic Managed Care delivery type model group and San Francisco Bay/Sacramento geographic region were above the statewide aggregate by more than a 30 percent relative difference, and the rates

for the rural population density group and the San Joaquin Valley geography region were below the statewide aggregate by more than a 35 percent relative difference.

### Figure 3.37—Developmental Screening in the First Three Years of Life—Total (DEV)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 38 of 52 (73.07 percent) counties with reportable *Developmental Screening in the First Three Years of Life—Total* indicator rates increased, and rates for 27 of these 38 (71.05 percent) counties increased by at least a 10 percent relative difference. However, reportable rates for 29 of 52 (55.77 percent) counties fell below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Calaveras, Kings, Lake, Siskiyou, Trinity, and Tulare counties were in Quintile 1 (i.e., had the least favorable rates).

- Of note, rates for 10 of the 18 (55.56 percent) counties (Calaveras, Humboldt, Lake, Mariposa, Mendocino, Mono, Nevada, Shasta, Siskiyou, and Trinity) in Quintiles 1 or 2 were in the North/Mountain geographic region. Further, rates for four of these 10 (40.00 percent) counties (Calaveras, Mendocino, Mono, and Siskiyou) decreased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC); and Partnership HealthPlan of California.
- ◆ Alameda, Amador, Contra Costa, Glenn, Imperial, Inyo, Marin, San Diego, San Mateo, Santa Clara, Santa Cruz, and Sutter counties were in Quintile 5 (i.e., had the most favorable rates). Five of these 12 (41.67 percent) counties were in the San Francisco Bay/Sacramento geographic region.
  - Of note, three of six (50.00 percent) counties (Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region, eight of 10 (80.00 percent) counties (Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Mateo, Santa Clara, and Sonoma) in the San Francisco Bay/Sacramento geographic region, and all three counties (Imperial, Riverside, and San Bernardino) in the Southeastern geographic region were in Quintiles 4 or 5. MCPs operating in the Central Coast, San Francisco Bay/Sacramento, and Southeastern geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CenCal Health; Central California Alliance for Health; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Inland Empire Health Plan; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; and Santa Clara Family Health Plan.

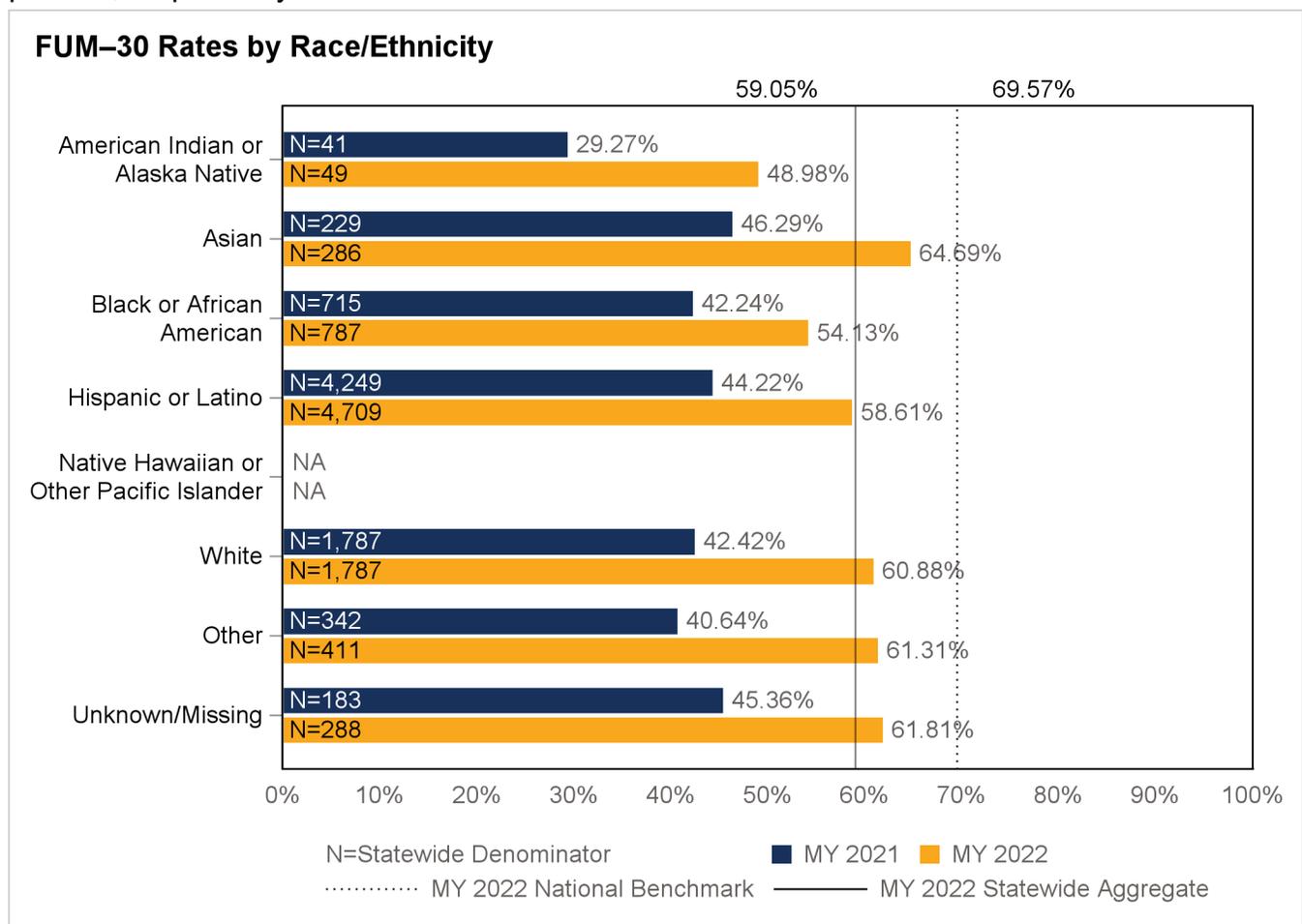
## Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years

The *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)* indicator measures the percentage of emergency department visits for members 6 to 17 years of age with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days of the emergency department visit. Figure 3.38 through Figure 3.44 display the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)* indicator rates at the statewide and regional levels for measurement years 2021 and 2022.

**Figure 3.38—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Statewide Racial/Ethnic Results**

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.

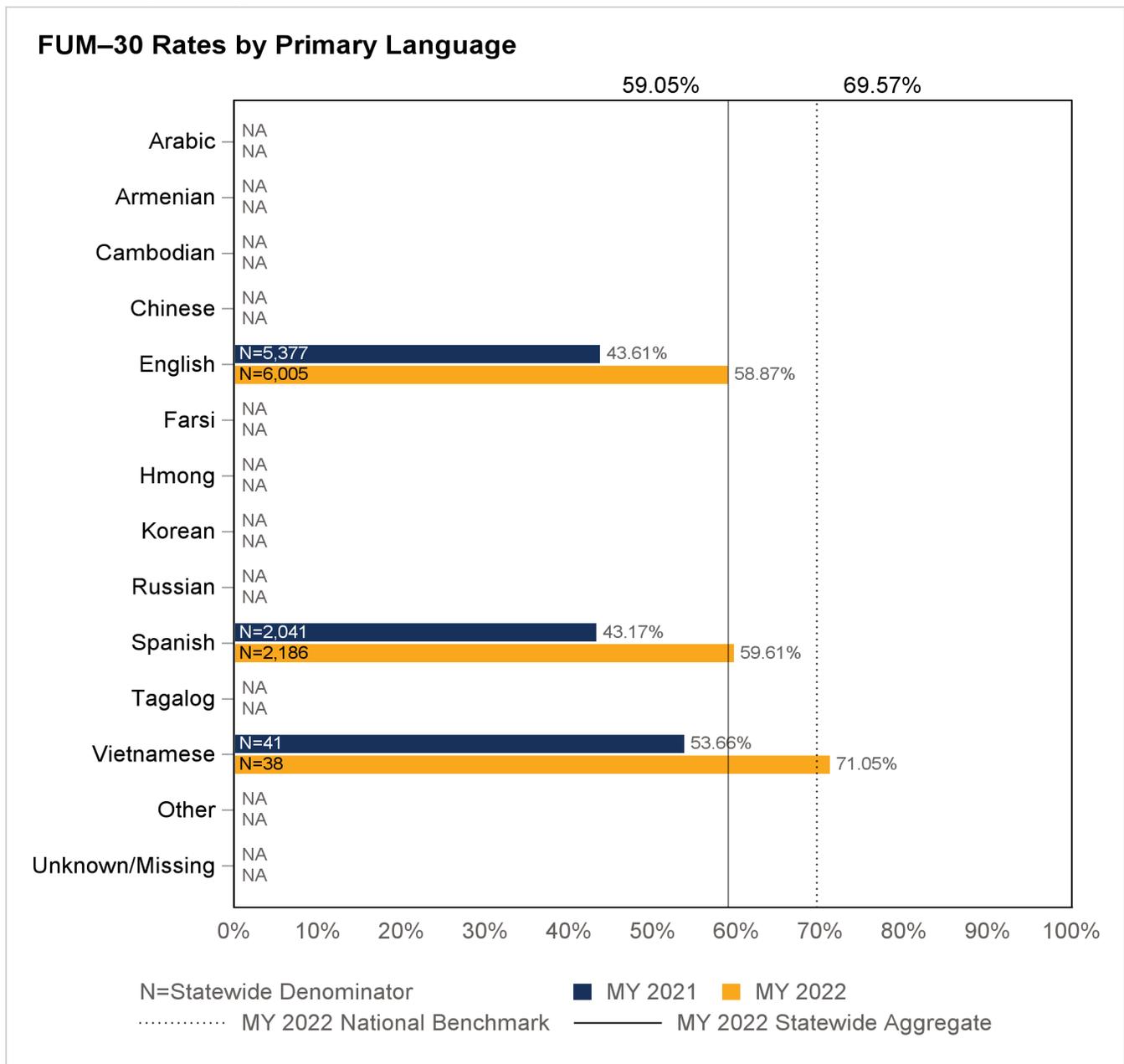


**Figure 3.39—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

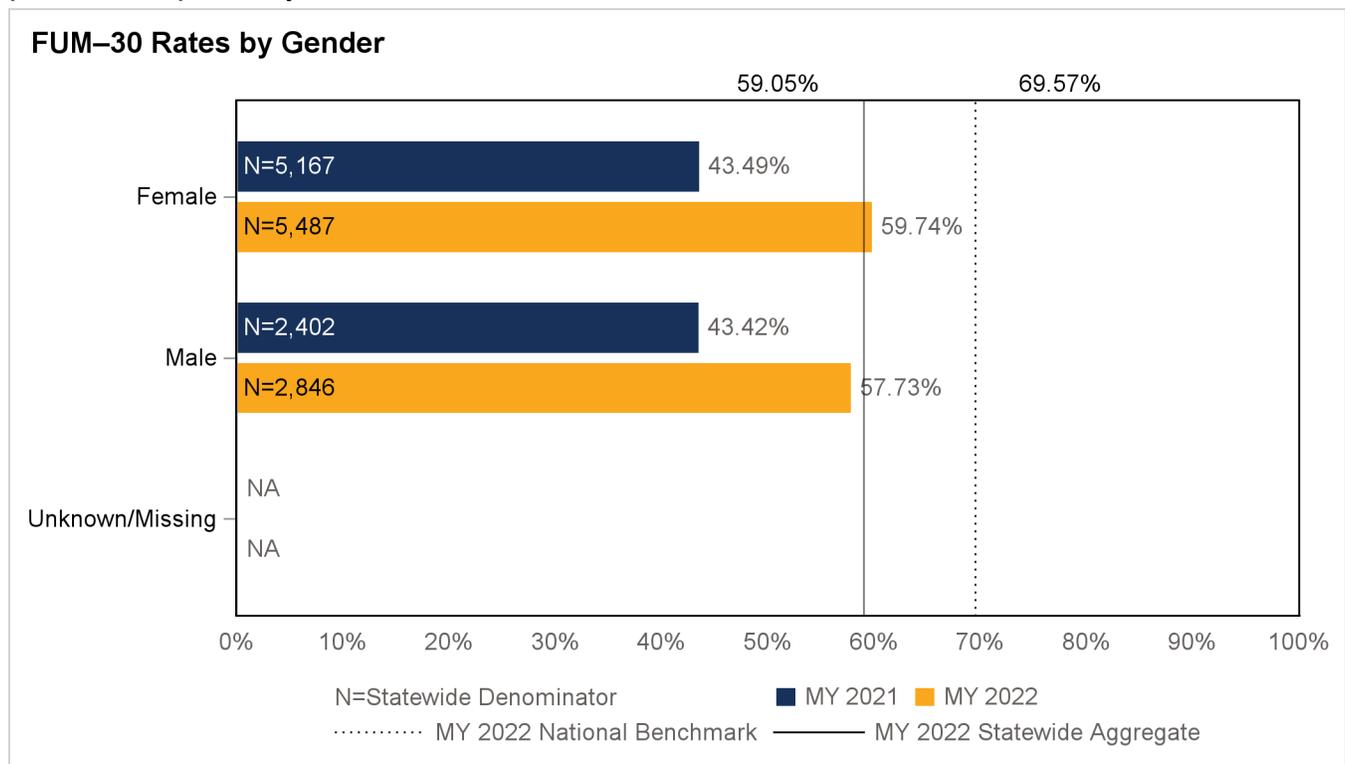
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.



### Figure 3.40—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.

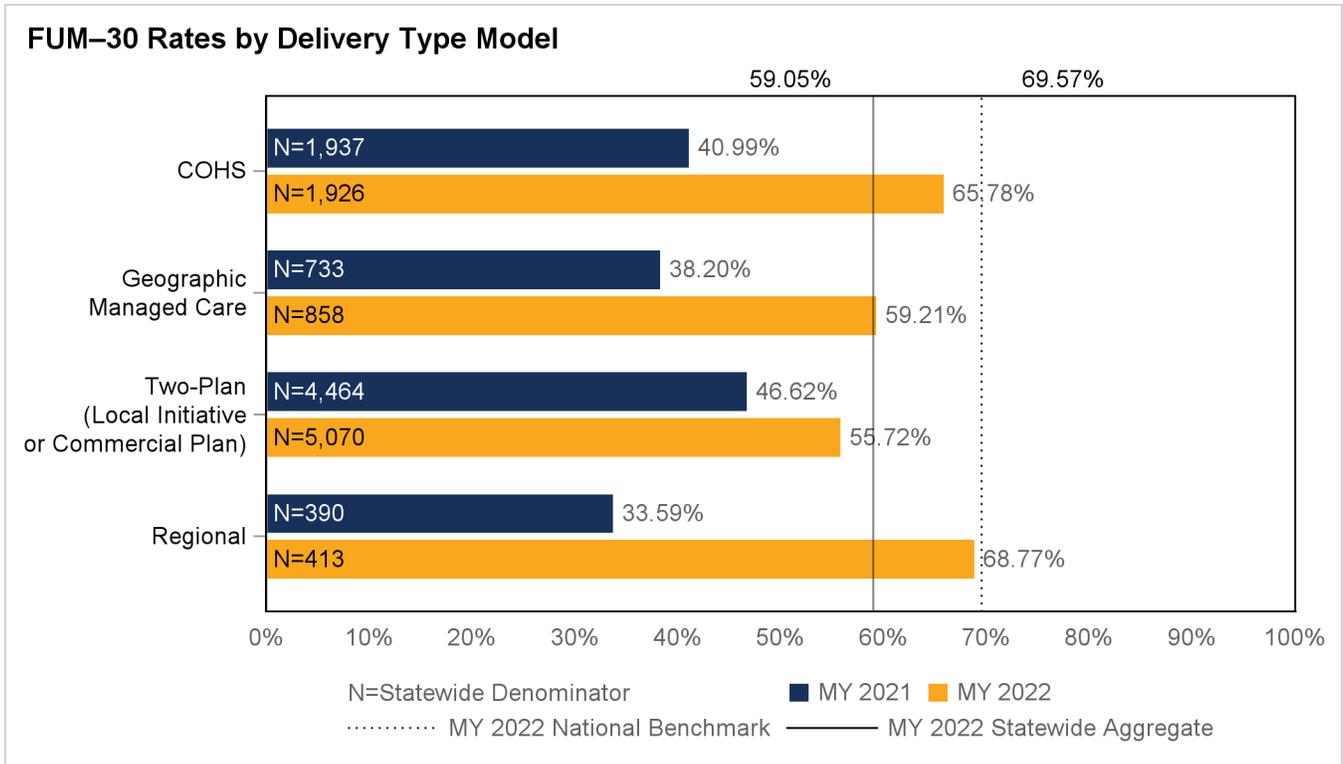


- ◆ While the statewide aggregate for measurement year 2022 was below the national benchmark by more than 10 percentage points, the statewide aggregate for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years* indicator also increased from measurement year 2021 by more than a 35 percent relative difference. Given that county mental health plans are required to provide specialty mental health services and MCPs may not have received data from the county mental health plans, rates displayed may not be indicative of MCP performance.
- ◆ For both measurement years 2021 and 2022, reportable rates for all racial/ethnic groups, two of three (66.67 percent) primary language groups (English and Spanish), and both gender groups fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, reportable rates for the American Indian or Alaska Native racial/ethnic group were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, reportable rates for all racial/ethnic groups, all primary language groups, and both gender groups increased by more than a 25 percent relative difference.

- ◆ For both measurement years 2021 and 2022, the Vietnamese primary language group was above the statewide aggregate by more than a 20 percent relative difference.

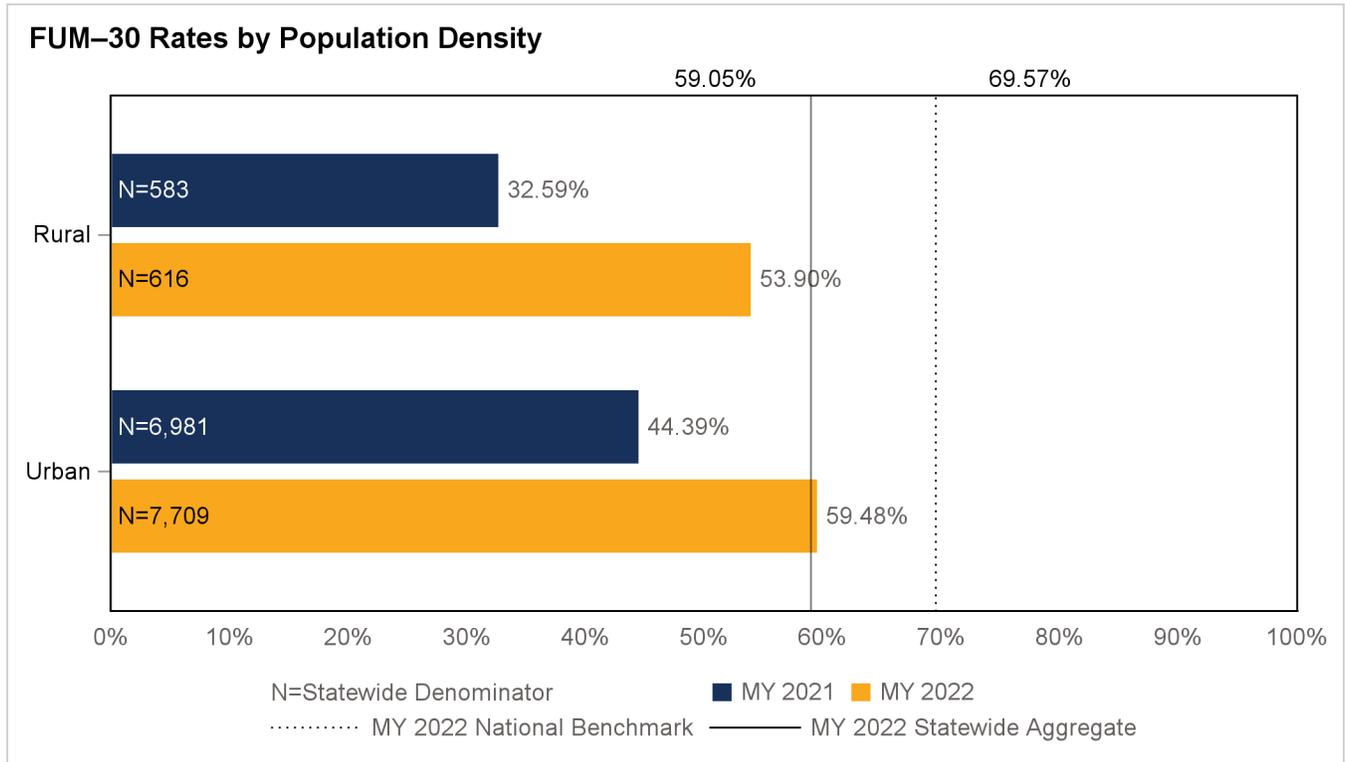
**Figure 3.41—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.



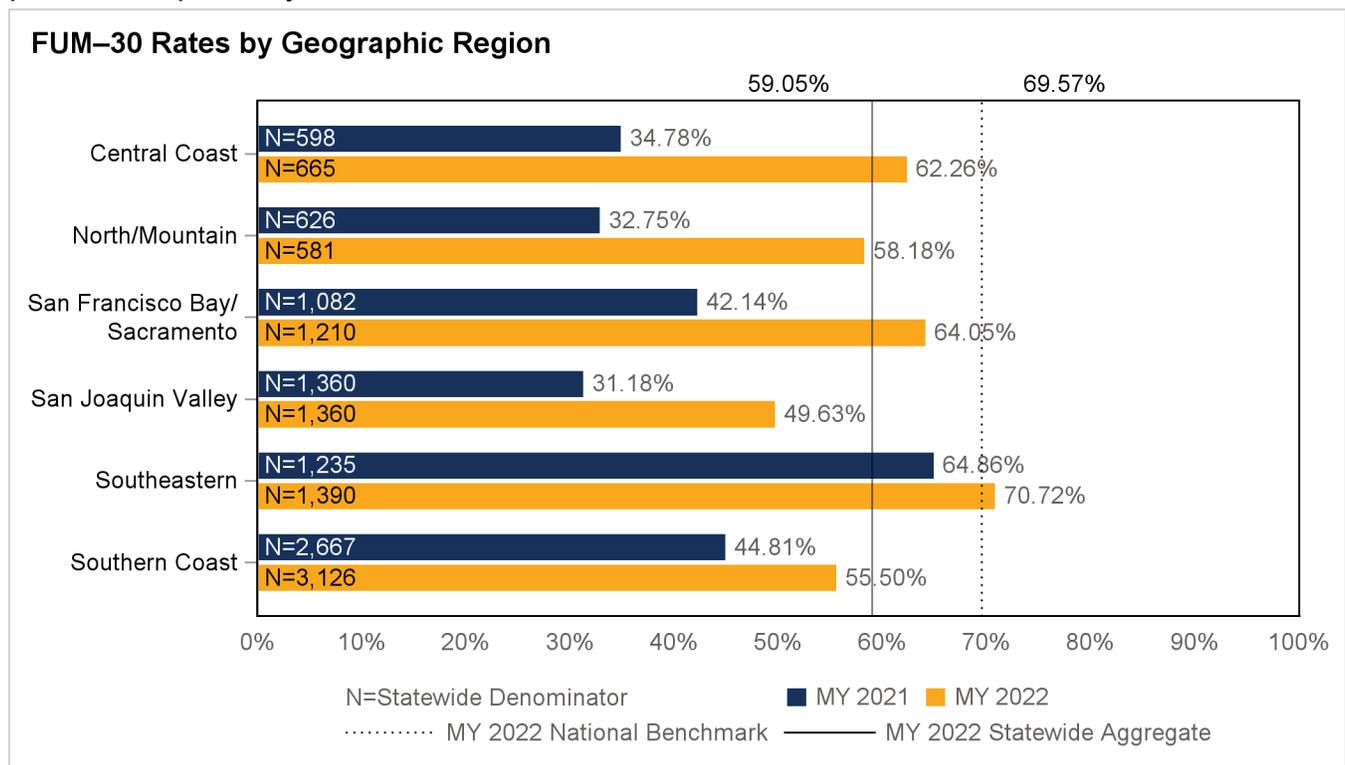
**Figure 3.42—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.



### Figure 3.43—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 67.79 percent and 43.47 percent, respectively.

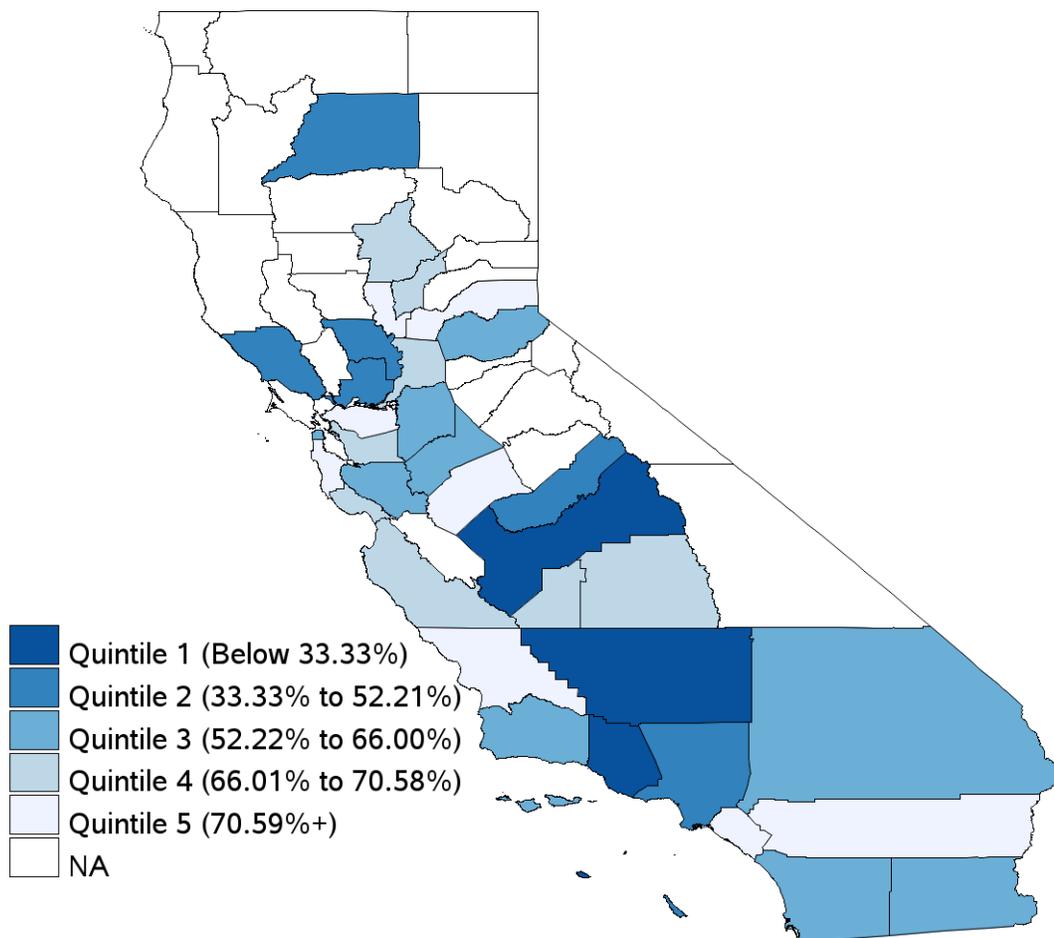


- ◆ For both measurement years 2021 and 2022, the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years* indicator rates for all delivery type model groups, both population density groups, and five of six (83.33 percent) geographic regions (Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, the rate for the San Joaquin Valley geographic region was below the statewide aggregate by more than a 15 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, rates for all delivery type model groups, both population density groups, and five of six (16.67 percent) geographic regions (Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast) increased by more than a 15 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, the rates for three of four (75.00 percent) delivery type model groups (COHS, Geographic Managed Care, and Regional), the rural population density group, and four of six (66.67 percent) geographic regions (Central Coast, North/Mountain, San Francisco Bay/Sacramento, and San Joaquin Valley) increased by more than a 50 percent relative difference.

### Figure 3.44—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 28 of 34 (82.35 percent) counties with reportable *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years* indicator rates increased, and rates for 26 of these 28 (92.86 percent) counties increased by at least a 10 percent relative difference. However, reportable rates for 25 of 34 (73.53 percent) counties fell below the national benchmark in measurement year 2022, with rates for 23 of these 25 (92.00 percent) counties below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Fresno, Kern, and Ventura counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, two of three (66.67 percent) counties (Fresno and Kern) in Quintile 1 were in the San Joaquin Valley geographic region. MCPs operating in the San Joaquin Valley geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem

Blue Cross Partnership Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; and Kern Health Systems, DBA Kern Family Health Care.

- ◆ Contra Costa, Merced, Orange, Placer, Riverside, San Luis Obispo, San Mateo, and Sutter counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, reportable rates for three of five (60.00 percent) counties (Monterey, San Luis Obispo, and Santa Cruz) in the Central Coast geographic region, four of seven (57.14 percent) counties (Butte, Placer, Sutter, and Yuba) in the North/Mountain geographic region, and four of eight (50.00 percent) counties (Alameda, Contra Costa, Sacramento, and San Mateo) in the San Francisco Bay/Sacramento geographic region were in Quintiles 4 or 5.
  - MCPs operating in the Central Coast, North/Mountain, and San Francisco Bay/Sacramento geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CenCal Health; Central California Alliance for Health; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; and Santa Clara Family Health Plan.

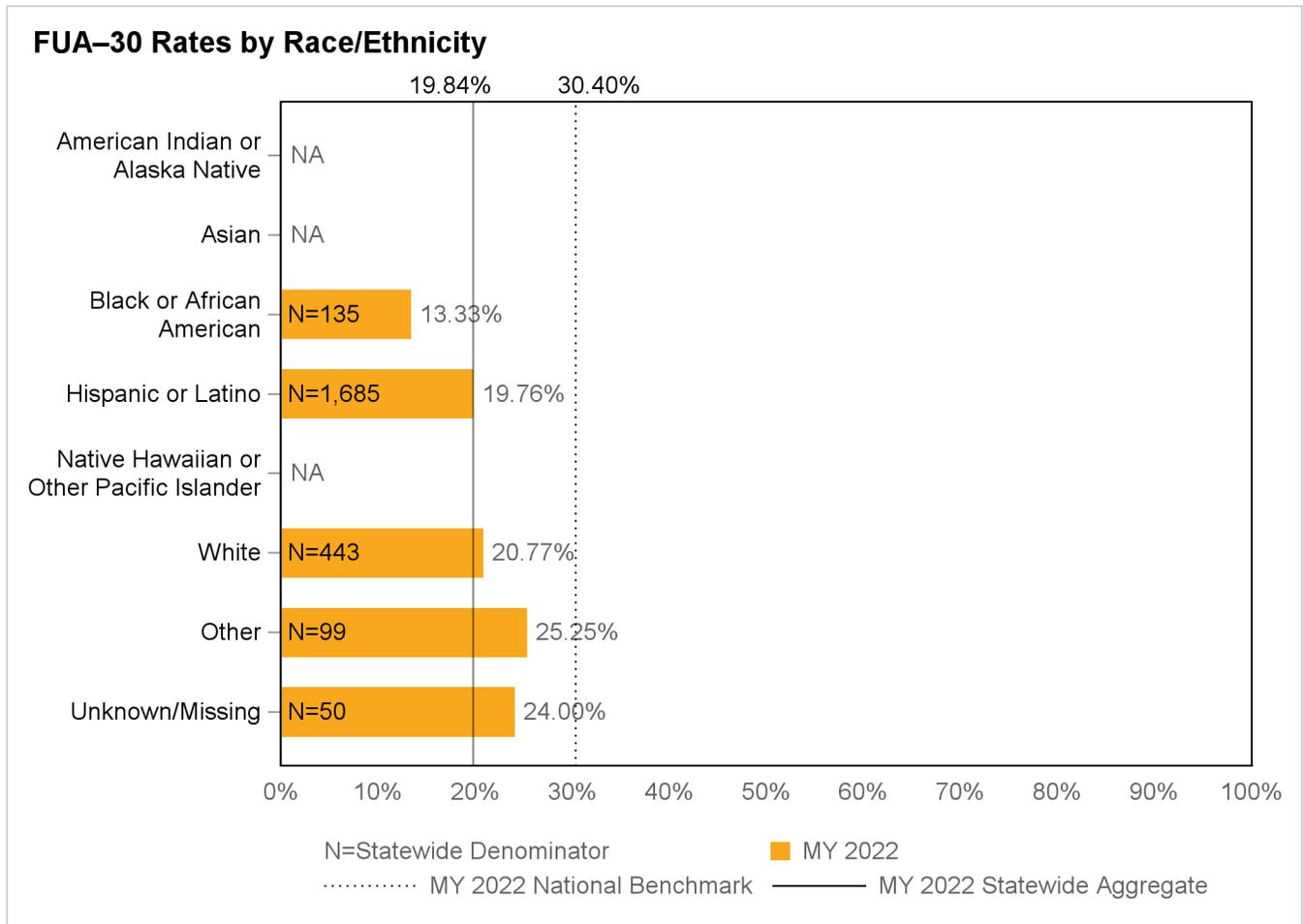
## ***Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years***

The *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator measures the percentage of emergency department visits for members 13 to 17 years of age with a principal diagnosis of substance use disorder, or any diagnosis of drug overdose, who had a follow-up visit or pharmacotherapy dispensing event within 30 days of the emergency department visit. Figure 3.45 through Figure 3.50 display the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, due to the number of suppressed county rates, HSAG did not present the map for this indicator in this section. Please refer to Appendix A for the map.

**Figure 3.45—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Statewide Racial/Ethnic Results**

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.

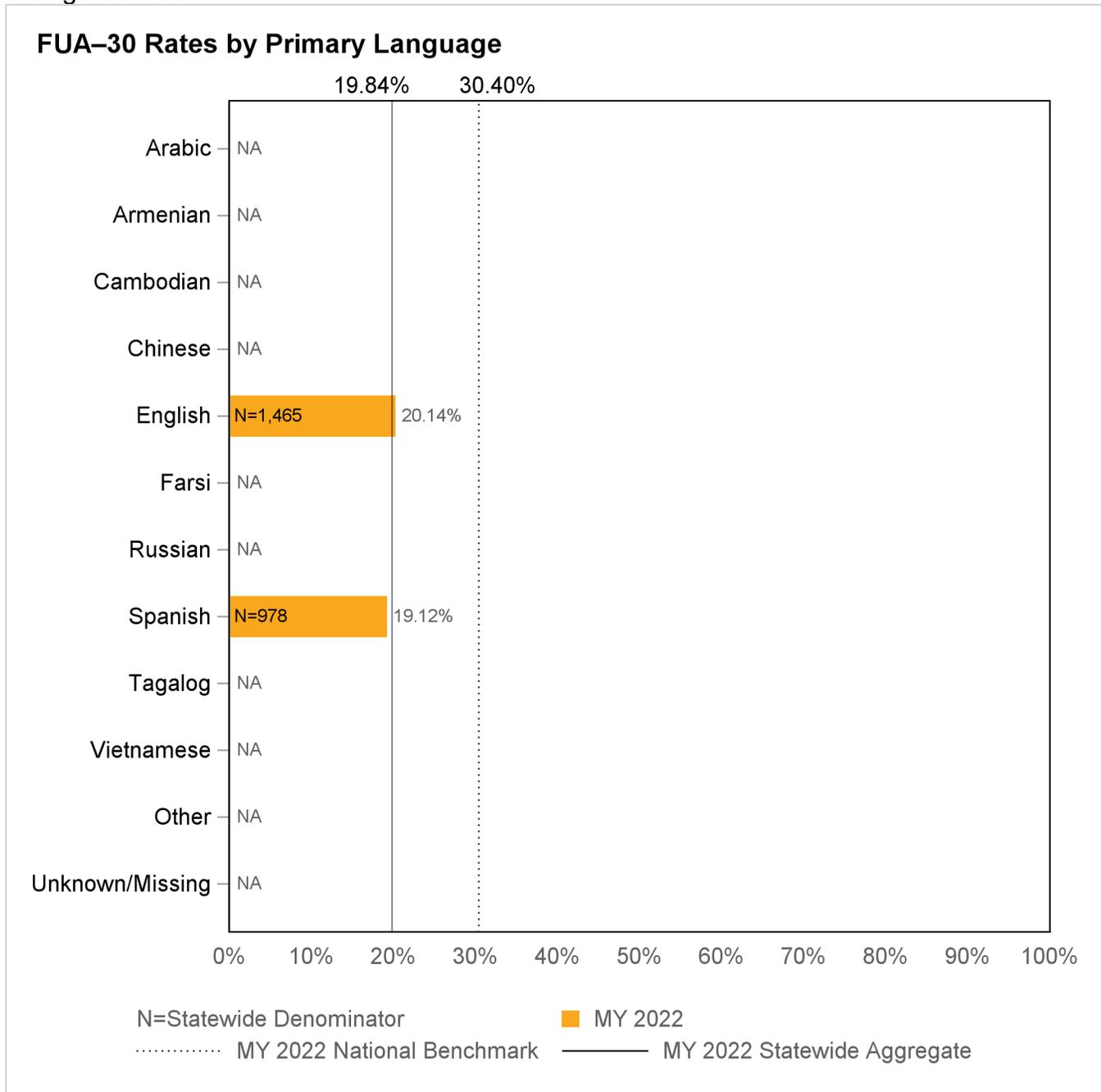


**Figure 3.46—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

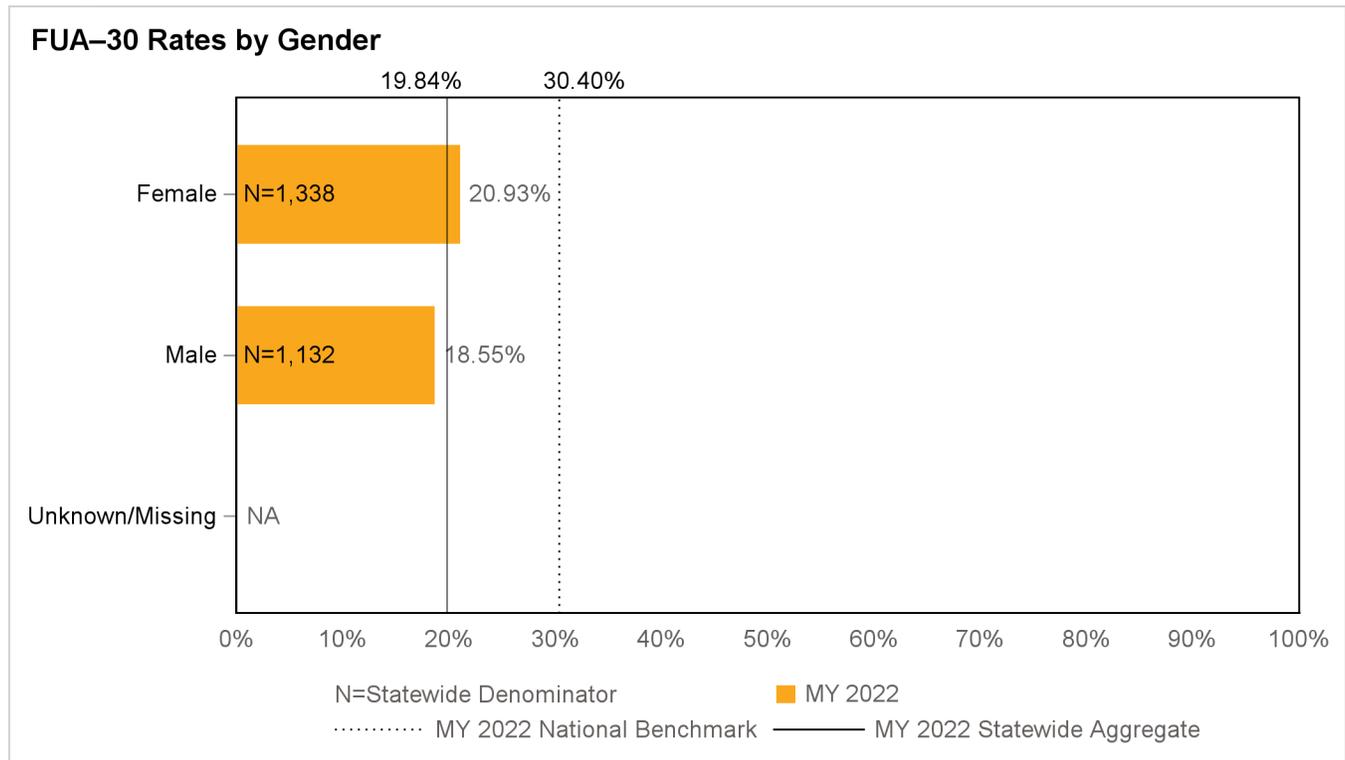
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



### Figure 3.47—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

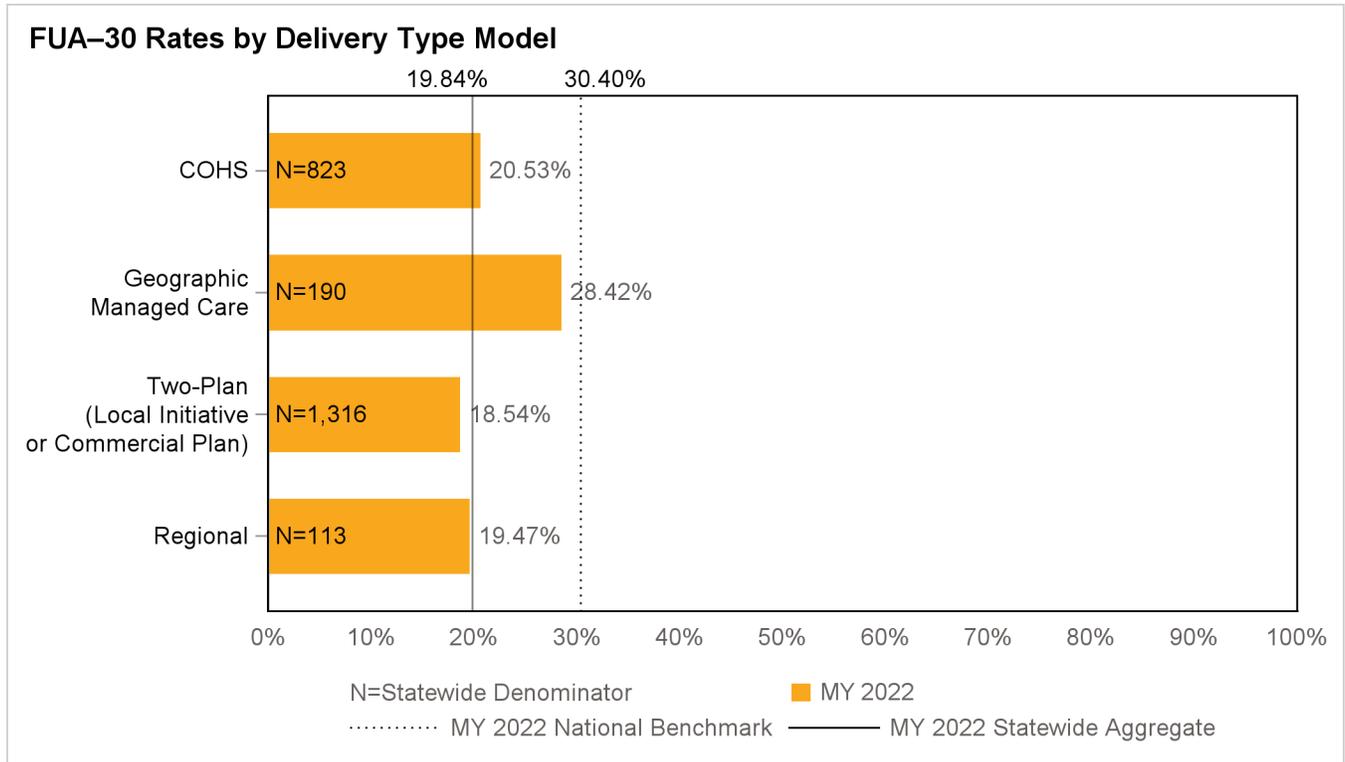
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



- ◆ The measurement year 2022 statewide aggregate for the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years* indicator was below the national benchmark by more than 10 percentage points. Given that the Drug Medi-Cal program and the Drug Medi-Cal Organized Delivery System (DMC-ODS) are required to manage and finance substance use disorder services and MCPs may not have received data from these programs, rates displayed may not be indicative of MCP performance.
- ◆ For measurement year 2022, reportable rates for all racial/ethnic, primary language, and gender groups were below the national benchmark by more than a 15 percent relative difference.
- ◆ For measurement year 2022, the rate for the Black or African American racial/ethnic group was lower than the statewide aggregate by more than a 30 percent relative difference, and the rates for the Other and Unknown/Missing racial/ethnic groups were above the statewide aggregate by more than a 20 percent relative difference.

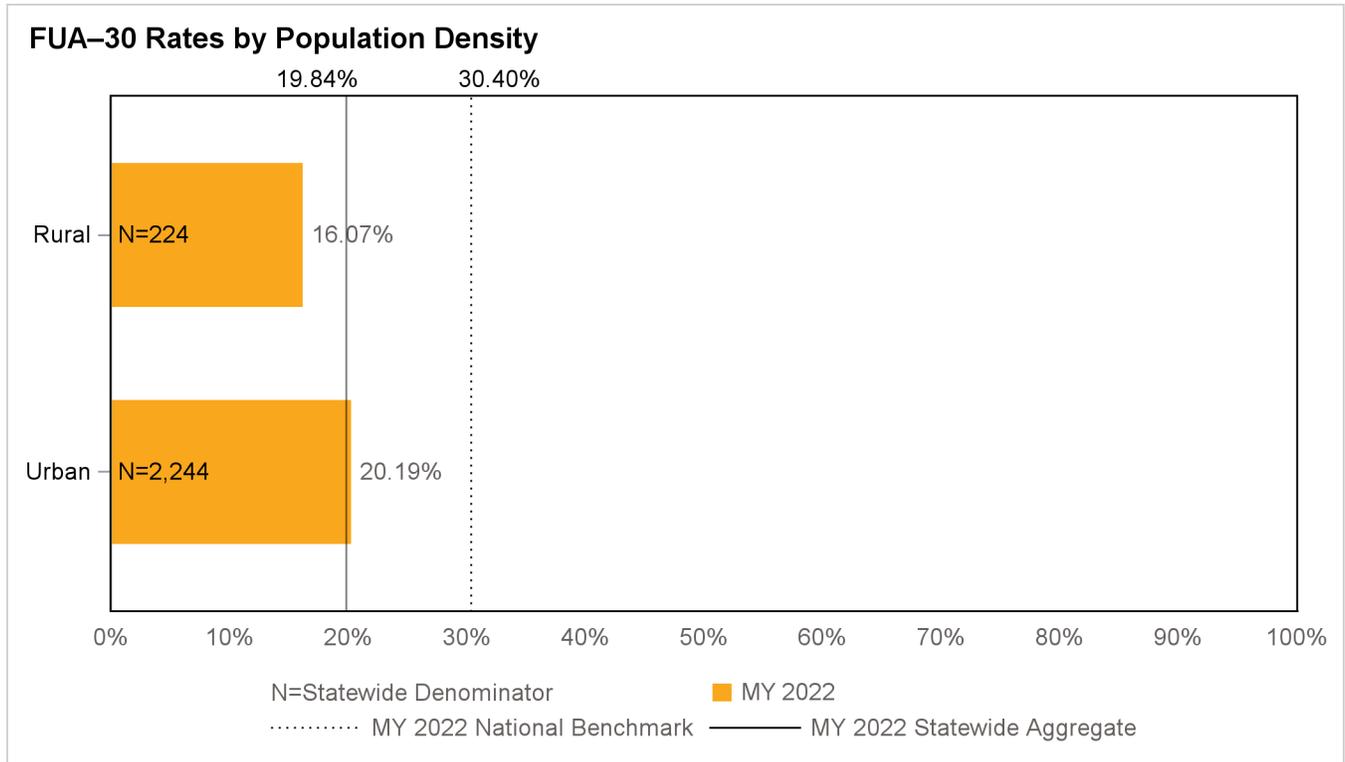
**Figure 3.48—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



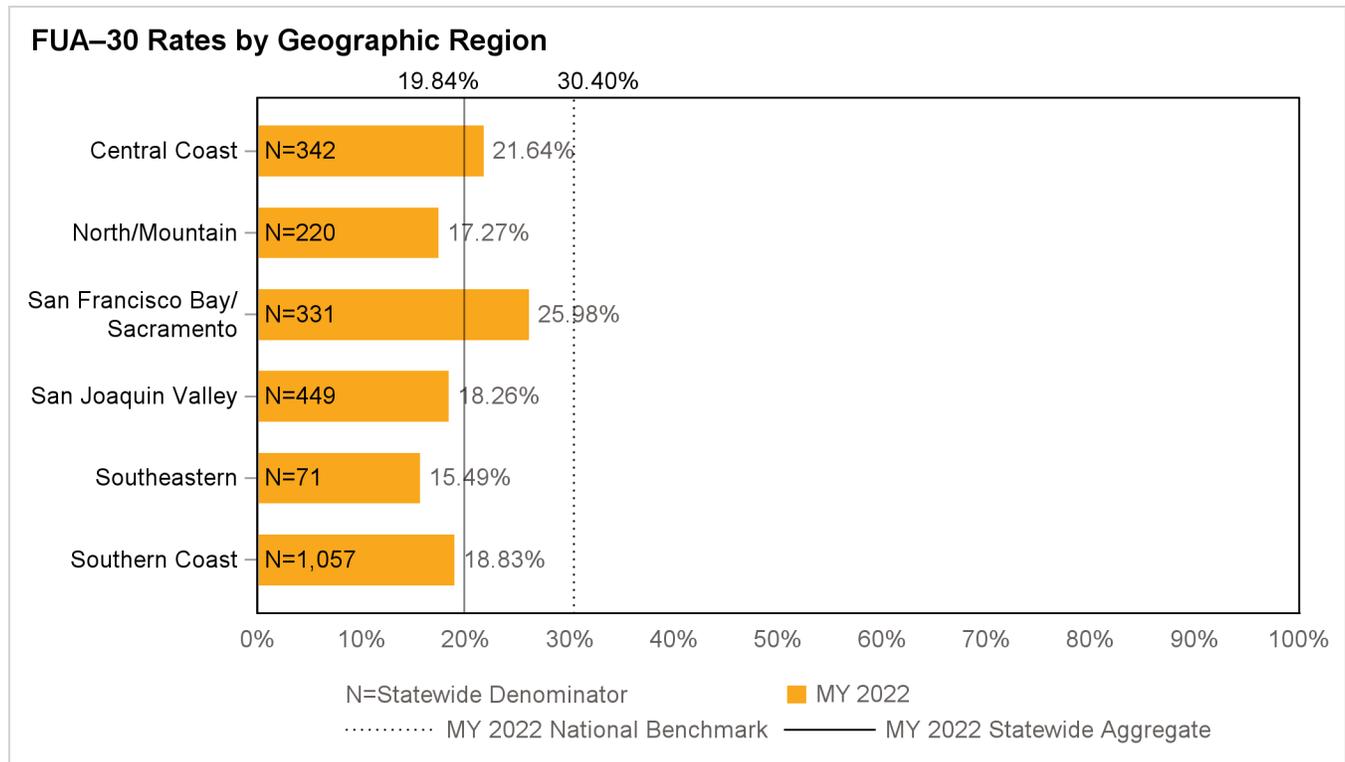
**Figure 3.49—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



### Figure 3.50—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



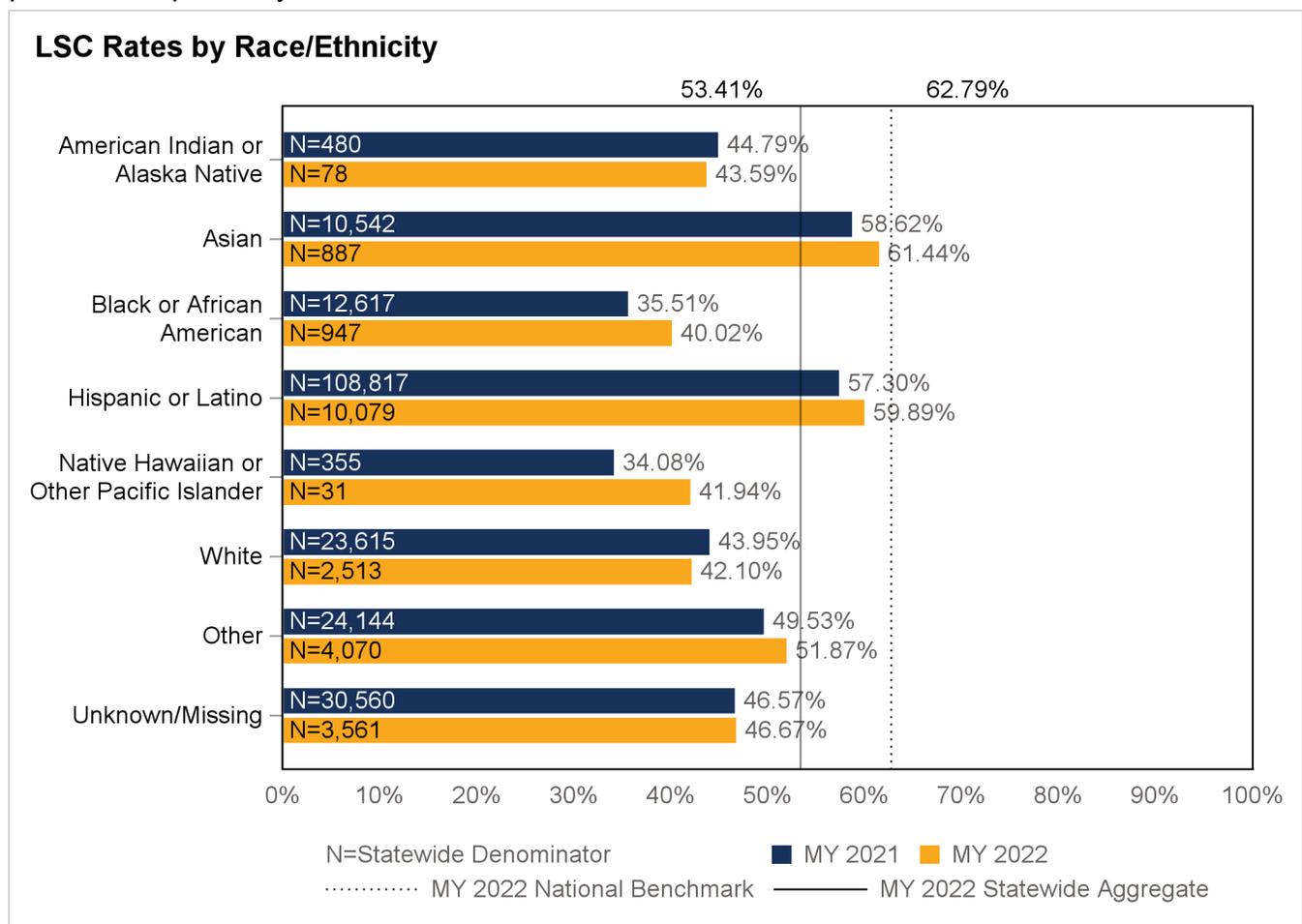
- ◆ For measurement year 2022, the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years* indicator rates for all delivery type model groups, population density groups, and geographic regions fell below the national benchmark.
- ◆ For measurement year 2022, rates for one of two (50.00 percent) population density groups (Rural) and two of six (33.33 percent) geographic regions (North/Mountain and Southeastern) were below the statewide aggregate by at least a 10 percent relative difference.
- ◆ For measurement year 2022, the rate for the Geographic Managed Care delivery type model group was above the statewide aggregate by more than a 40 percent relative difference.

## Lead Screening in Children

The *Lead Screening in Children (LSC)* indicator measures the percentage of children 2 years of age who had one or more capillary or venous blood lead test for lead poisoning by their second birthday. The *Lead Screening in Children (LSC)* indicator does not meet California regulatory requirements; please refer to the measure descriptions for the California Title 17 indicators in Appendix A. Figure 3.51 through Figure 3.57 display the *Lead Screening in Children (LSC)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, given that measurement year 2021 *Lead Screening in Children (LSC)* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement year 2022 *Lead Screening in Children (LSC)* rates calculated by the MCPs.

### Figure 3.51—Lead Screening in Children (LSC)—Statewide Racial/Ethnic Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.

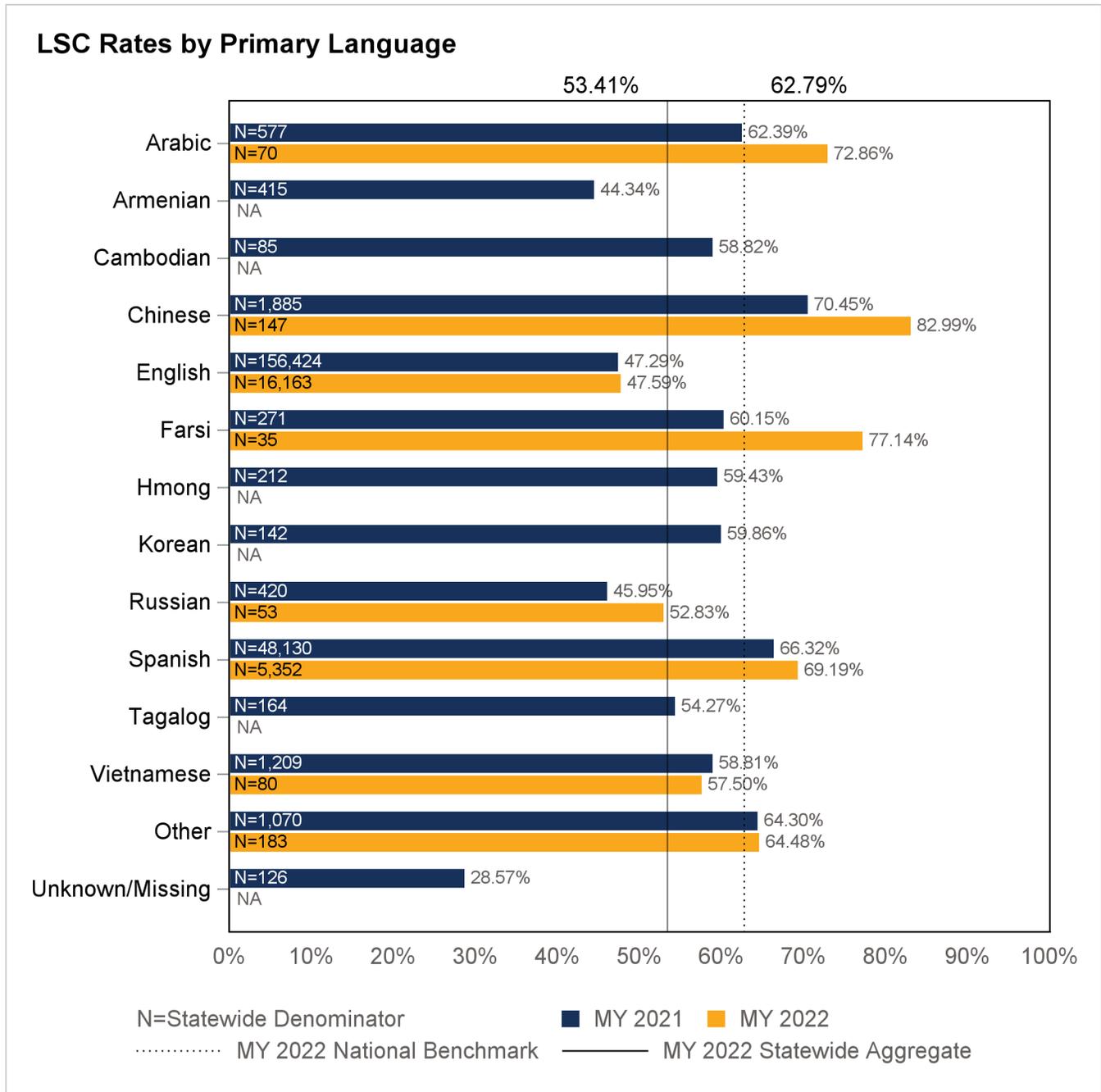


**Figure 3.52—Lead Screening in Children (LSC)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

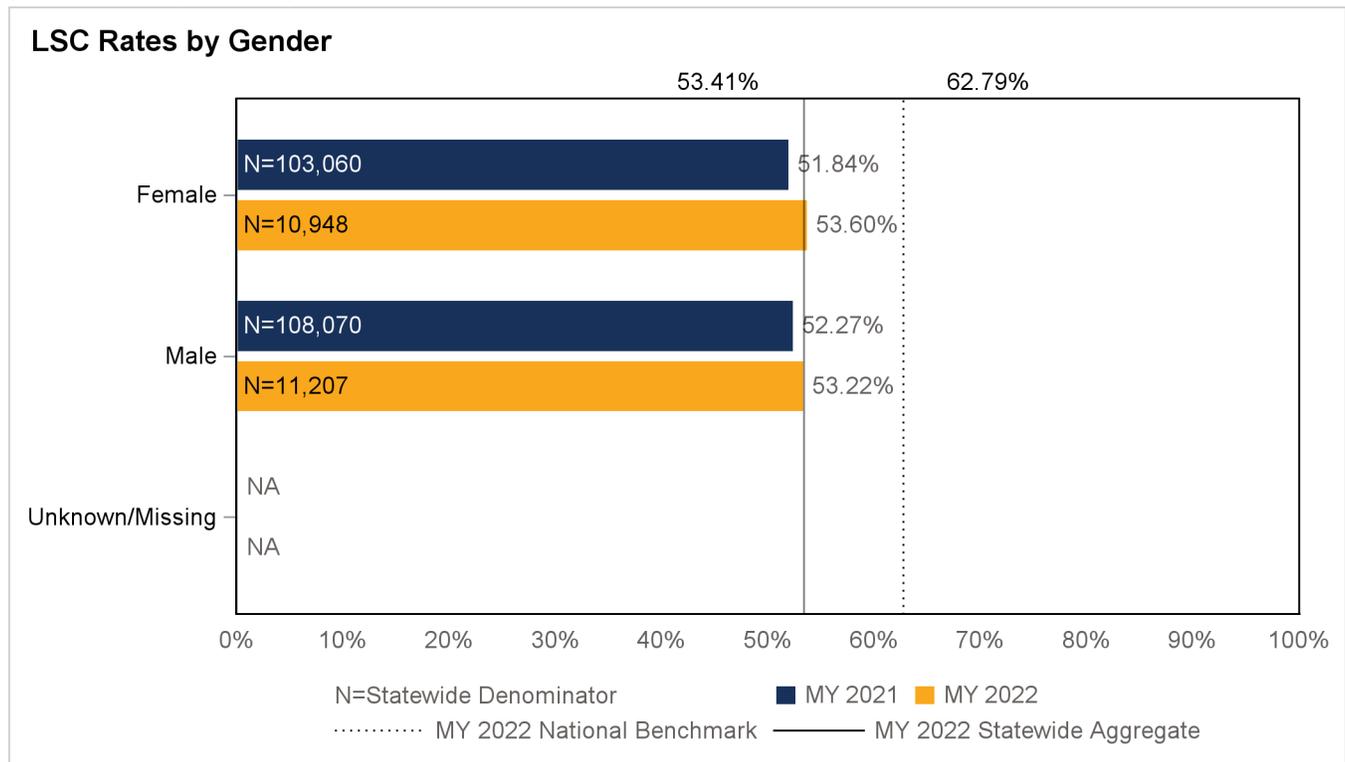
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.



**Figure 3.53—Lead Screening in Children (LSC)—Statewide Gender Results**

NA indicates the rate had a small denominator (i.e., less than 30).

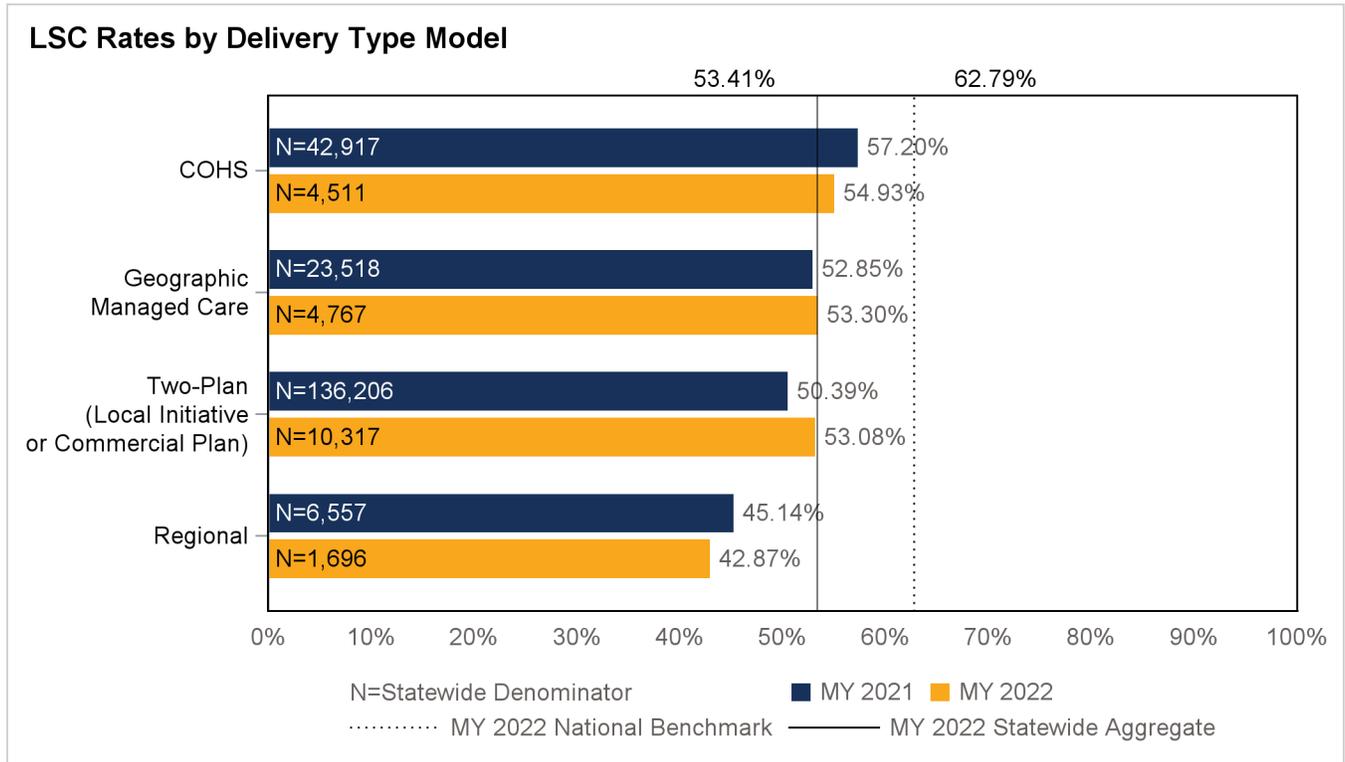
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.



- ◆ While the statewide aggregate for measurement year 2022 was below the national benchmark by approximately 9 percentage points, the *Lead Screening in Children* statewide aggregate also increased from measurement year 2021 by more than a 2 percent relative difference.
- ◆ For both measurement years 2021 and 2022, reportable rates for all racial/ethnic groups, three of eight (37.5 percent) primary language groups (English, Russian, and Vietnamese), and both gender groups fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, rates for five of eight (62.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Unknown/Missing, and White) were below the statewide aggregate by more than a 10 percent relative difference.
  - For measurement year 2022, the rate for the English primary language group was below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, reportable rates for two of eight (25.00 percent) racial/ethnic groups (Black or African American and Native Hawaiian or Other Pacific Islander) and four of eight (50.00) primary language groups (Arabic, Chinese, Farsi, and Russian) increased by more than a 10 percent relative difference.

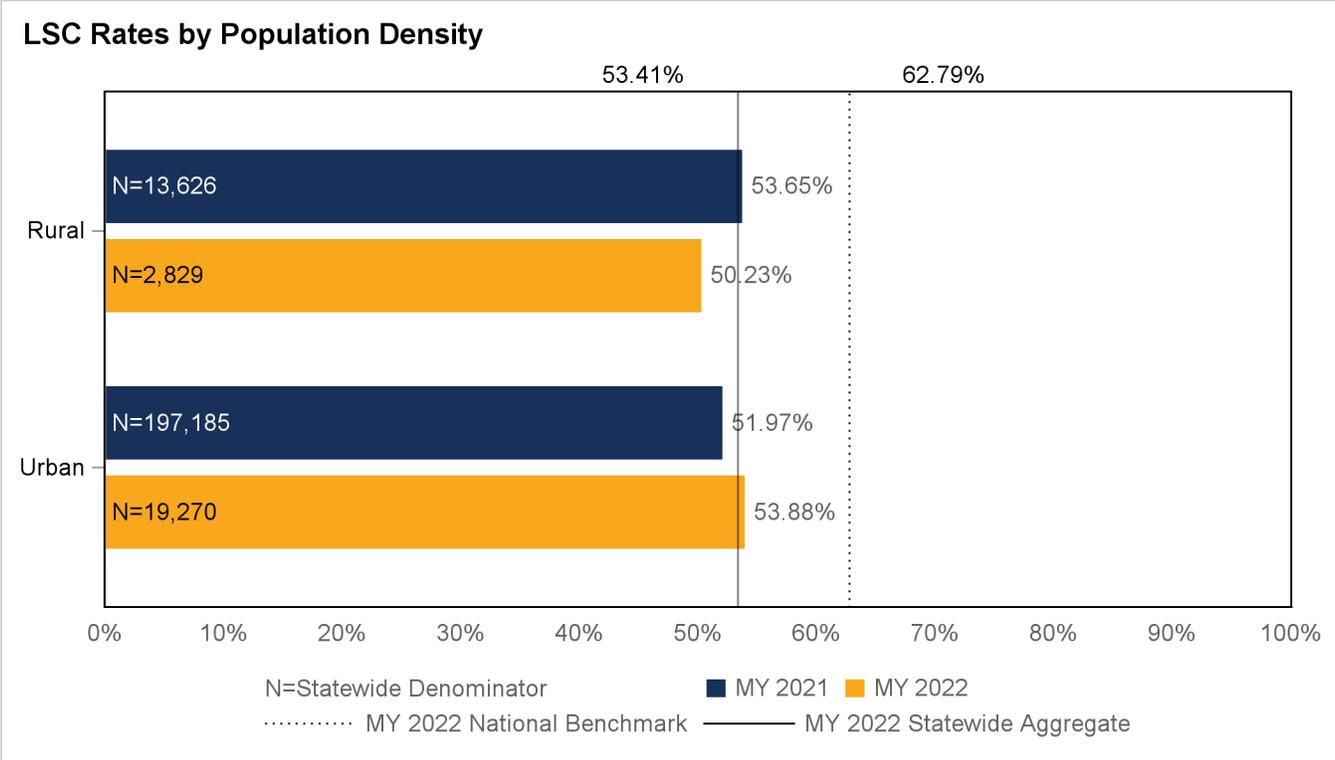
**Figure 3.54—Lead Screening in Children (LSC)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.



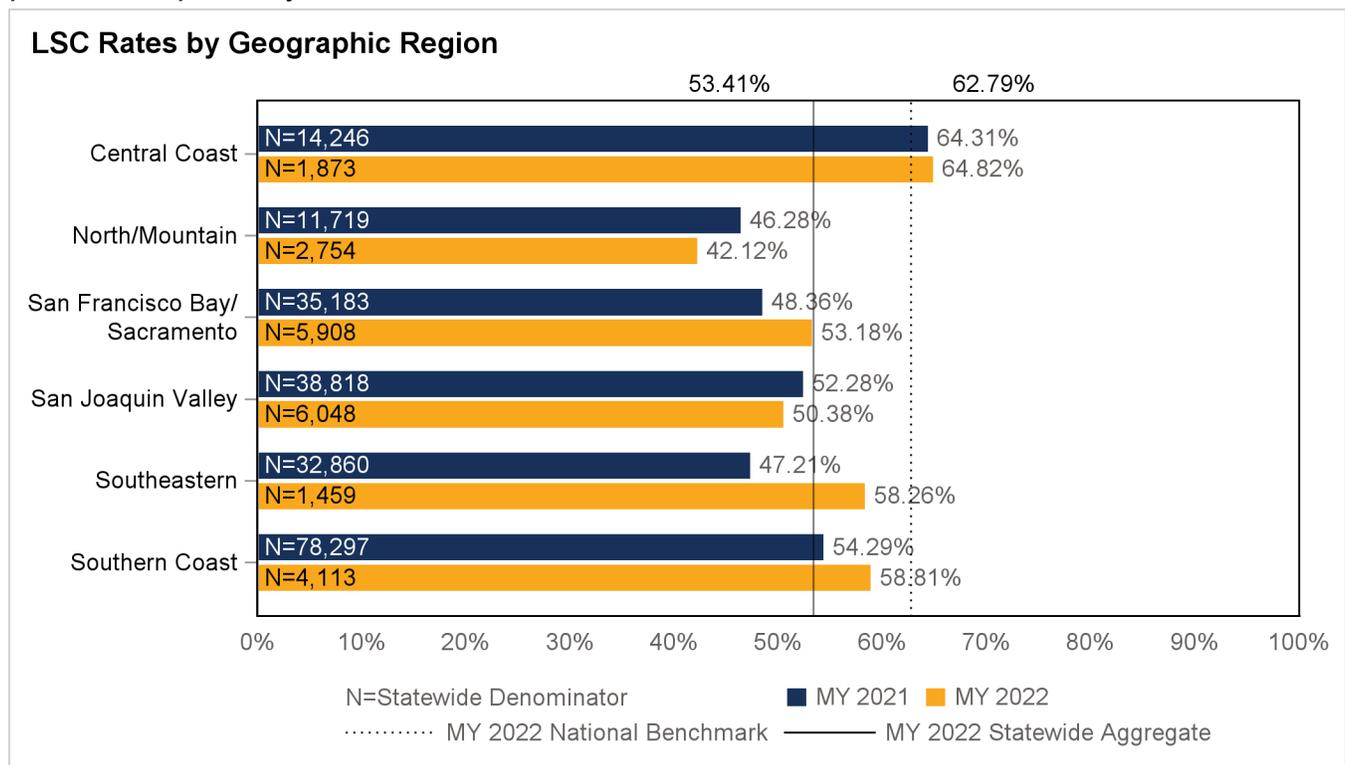
**Figure 3.55—Lead Screening in Children (LSC)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.



### Figure 3.56—Lead Screening in Children (LSC)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 63.99 percent and 52.06 percent, respectively.

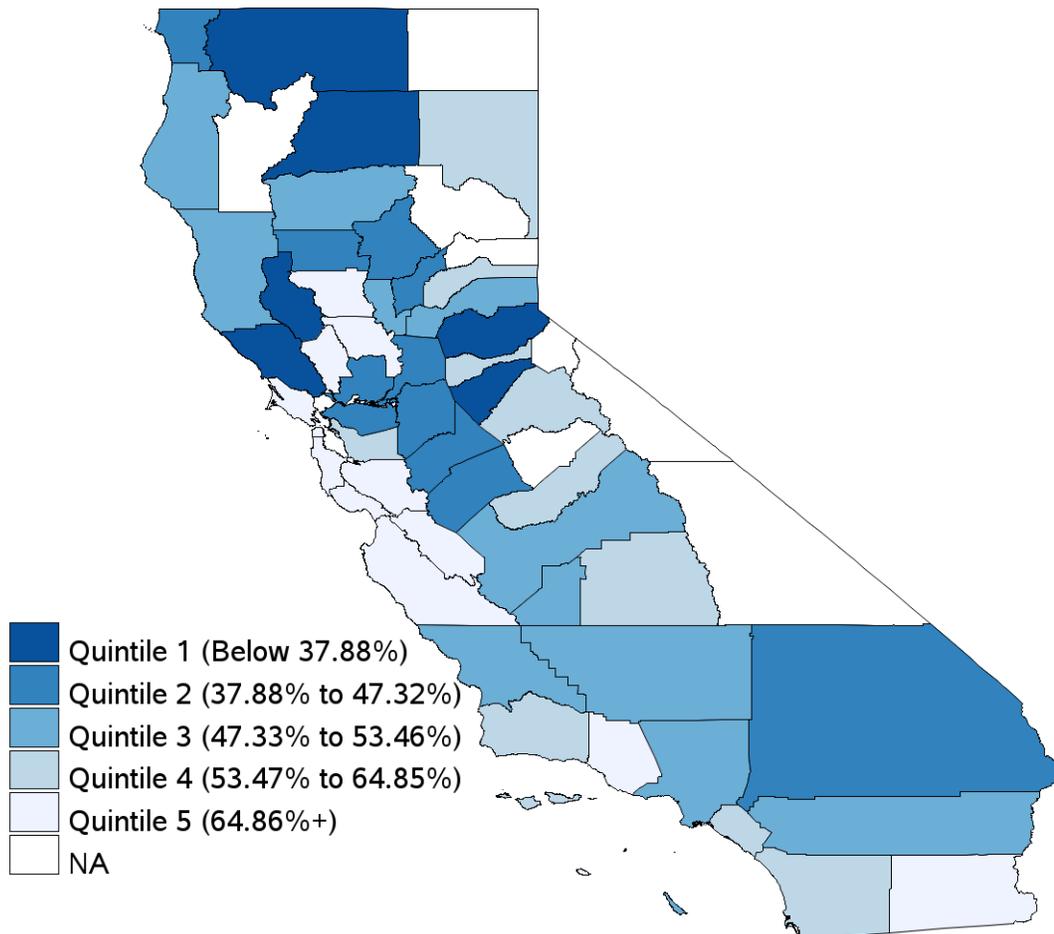


- ◆ For both measurement years 2021 and 2022, the *Lead Screening in Children* indicator rates for all delivery type model groups, both population density groups, and five of six (83.33 percent) geographic regions (North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, Southeastern, and Southern Coast) fell below the national benchmark.
- ◆ For both measurement years 2021 and 2022, rates for the Regional delivery type model and the North/Mountain geographic region were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, the rates for two of six (33.33 percent) geographic regions (San Francisco Bay/Sacramento and Southeastern) increased by at least a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, the Central Coast geographic region was above the statewide aggregate by more than a 20 percent relative difference.

### Figure 3.57—Lead Screening in Children (LSC)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 28 of 50 (56.00 percent) counties with reportable *Lead Screening in Children* indicator rates increased, and rates for 12 of these 28 (42.86 percent) counties increased by at least a 10 percent relative difference. However, reportable rates for 36 of 50 (72.00 percent) counties fell below the national benchmark in measurement year 2022, with rates for 31 of these 36 (86.11 percent) counties below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Calaveras, El Dorado, Lake, Shasta, Siskiyou, and Sonoma counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, nine of the 17 (52.94 percent) counties (Butte, Calaveras, Del Norte, El Dorado, Glenn, Lake, Shasta, Siskiyou, and Yuba) in Quintiles 1 or 2 were in the North/Mountain geographic region. Additionally, rates for three of these nine (33.33 percent) counties (Butte, Calaveras, and Glenn) declined by more than a 10 percent

relative difference. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC); and Partnership HealthPlan of California.

- ◆ Colusa, Imperial, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Ventura, and Yolo counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, five of six (83.33 percent) counties (Monterey, San Benito, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region, six of 10 (60.00 percent) counties (Alameda, Marin, Napa, San Francisco, San Mateo, and Santa Clara) in the San Francisco Bay/Sacramento geographic region, and two of three (66.67 percent) counties (Orange and San Diego) in the Southern Coast geographic region were in Quintiles 4 or 5.
  - MCPs operating in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; CalOptima; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan; and United Healthcare Community Plan.

## HSAG-Calculated Indicators

Figure 3.58 through Figure 3.88 display the measurement years 2021 and 2022 statewide and regional results, where applicable, for the HSAG-calculated indicators with results considered to be key findings.

The following HSAG-calculated indicators are not presented in Section 3 as HSAG and DHCS identified no key findings:

- ◆ *Alcohol Use Screening (AUS)*
- ◆ *Tobacco Use Screening (TUS)*

The results for these indicators are available in Appendix A.

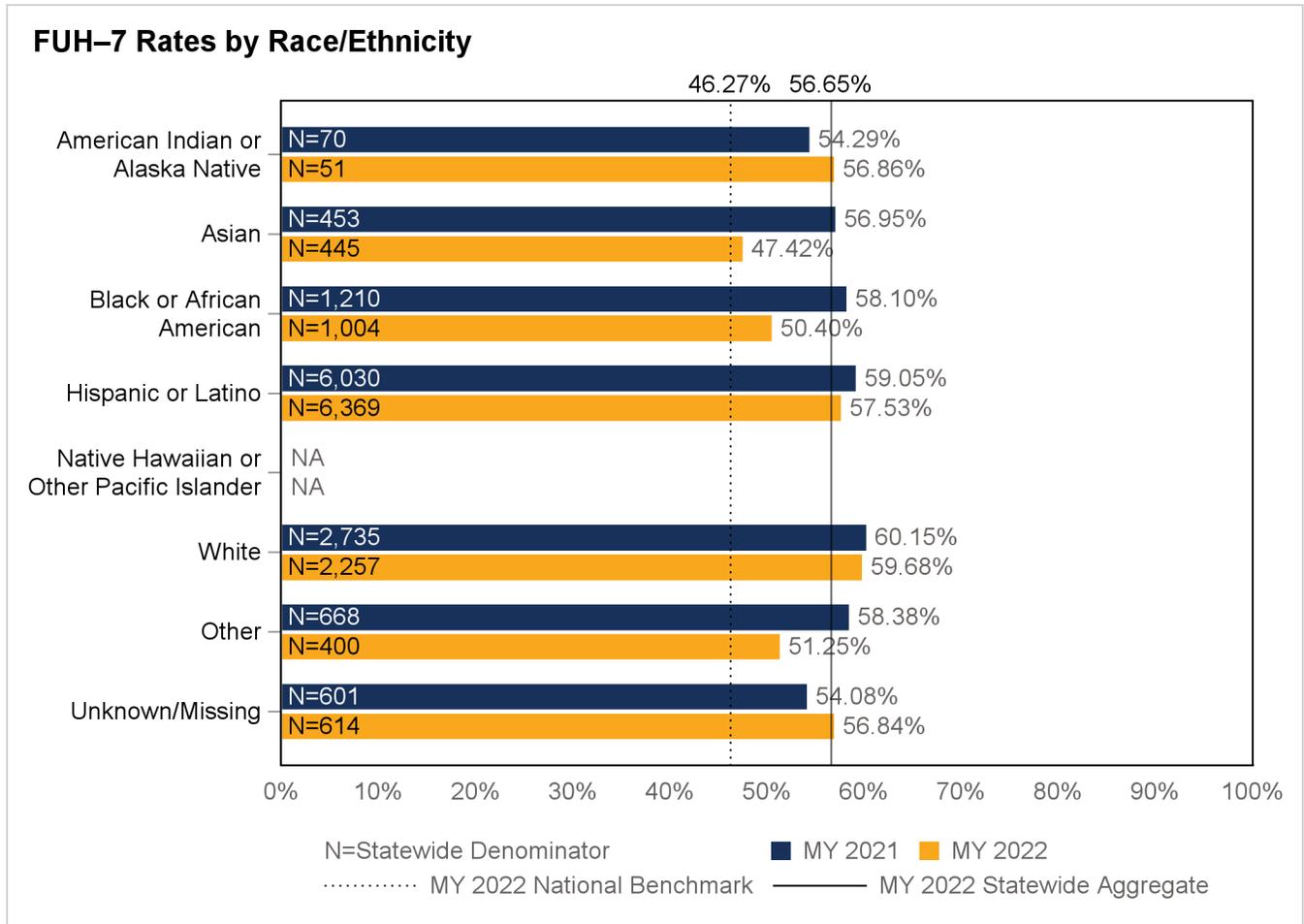
### ***Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years***

The *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)* indicator measures the percentage of discharges for members 6 to 17 years of age who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days of discharge. Figure 3.58 through Figure 3.64 display the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure 3.58—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Statewide Racial/Ethnic Results**

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.

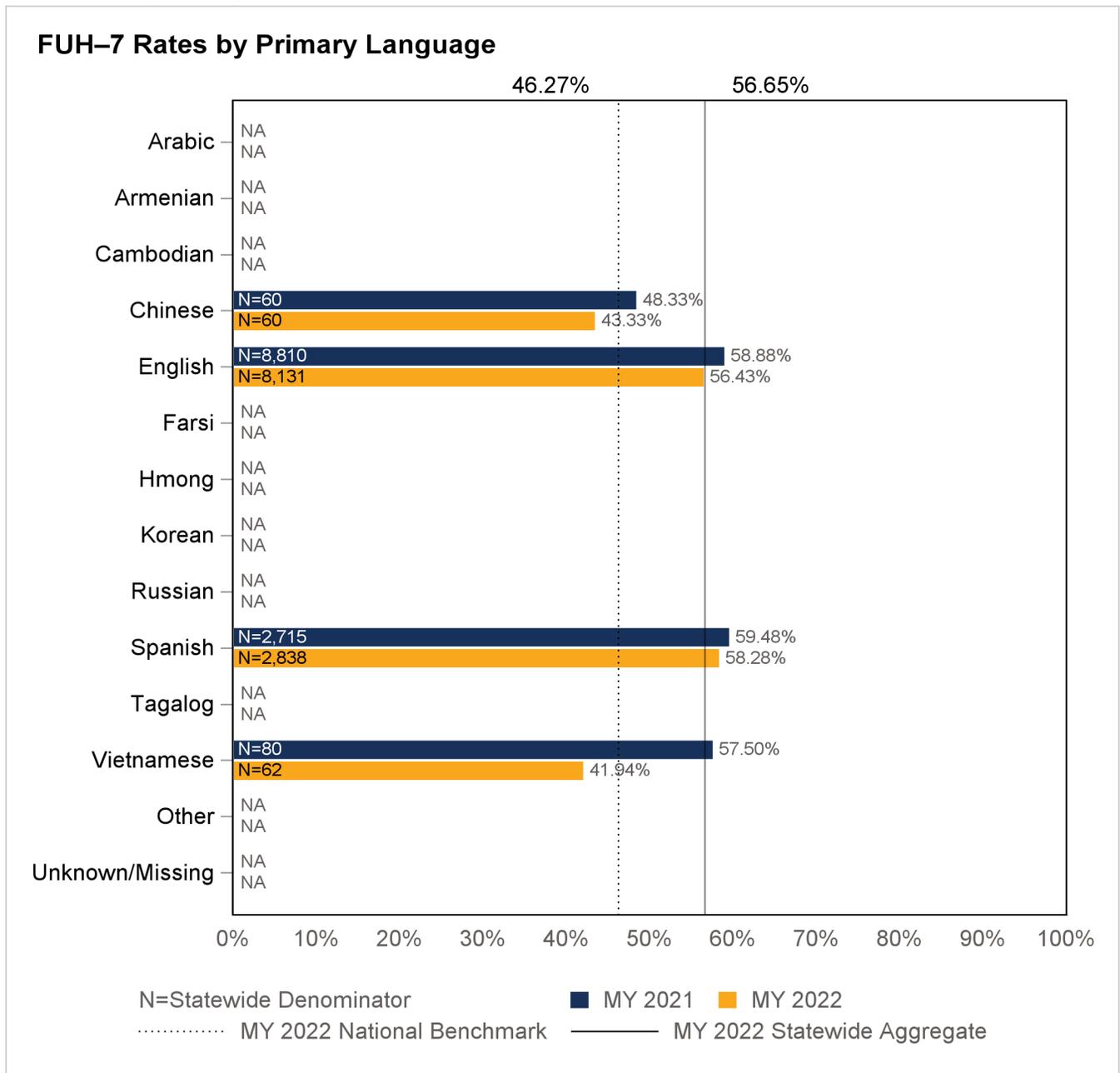


**Figure 3.59—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

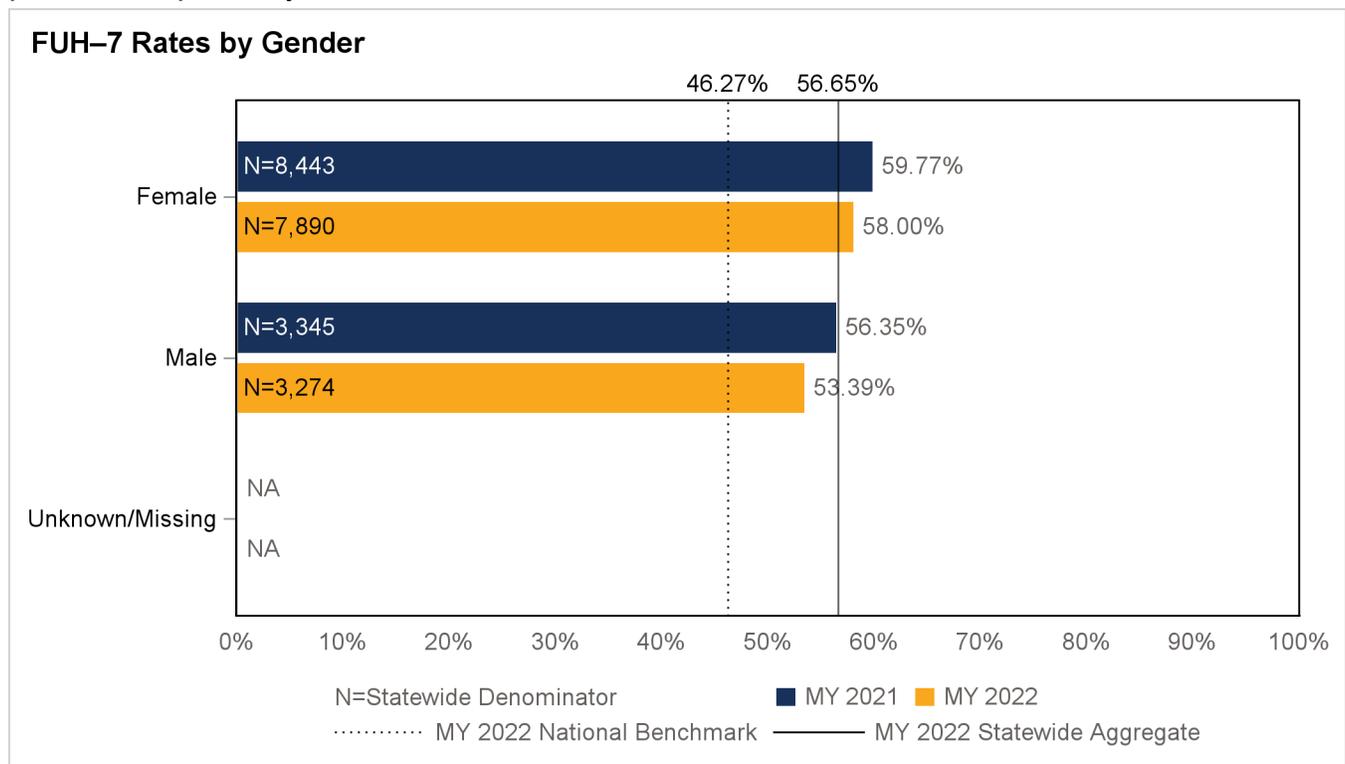
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.



### Figure 3.60—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.

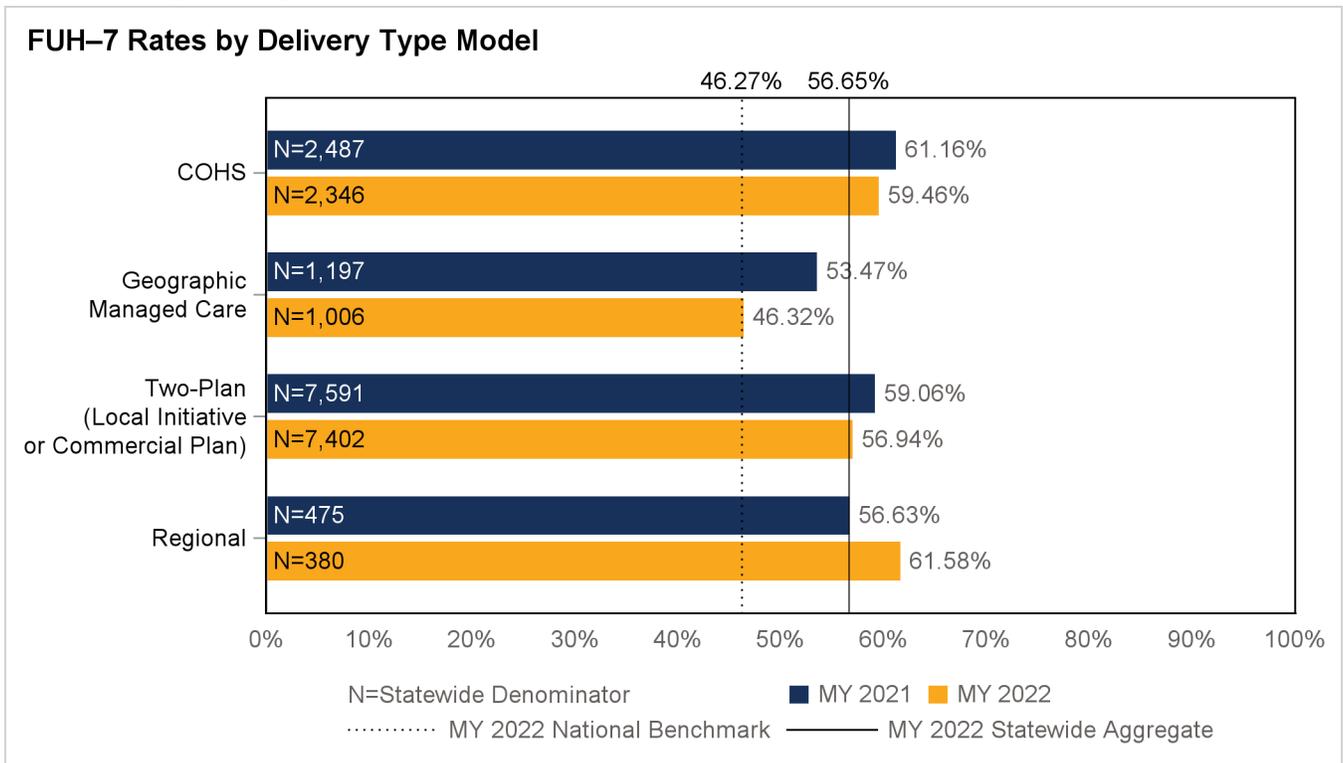


- ◆ While both the statewide aggregate and national benchmark decreased by less than a 4 percent relative difference from measurement year 2021 to measurement year 2022, the statewide aggregate for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator was above the national benchmark for both measurement years by more than 10 percentage points.
- ◆ For measurement year 2022, reportable rates for two of four (50.00 percent) primary language groups (Chinese and Vietnamese) fell below the national benchmark.
- ◆ For measurement year 2022, reportable rates for two of seven (28.57 percent) racial/ethnic groups (Asian and Black or African American) and two of four (50.00 percent) primary language groups (Chinese and Vietnamese) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, reportable rates for three of seven (42.86 percent) racial/ethnic groups (Asian, Black or African American, and Other) and two of four (50.00 percent) primary language groups (Chinese and Vietnamese) decreased by more than a 10 percent relative difference.

- ◆ For measurement year 2022, the rates for the Chinese and Vietnamese primary language groups were below the statewide aggregate by more than a 20 percent relative difference.

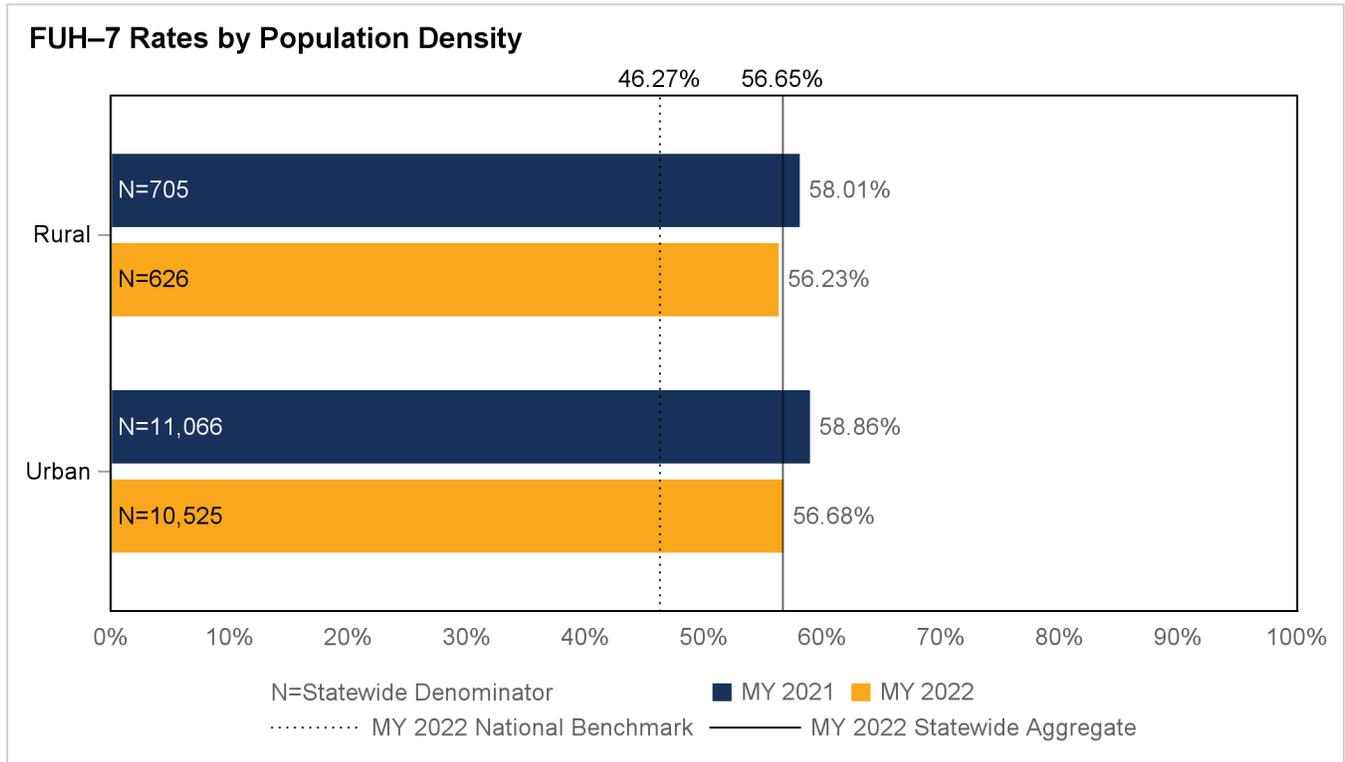
**Figure 3.61—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.



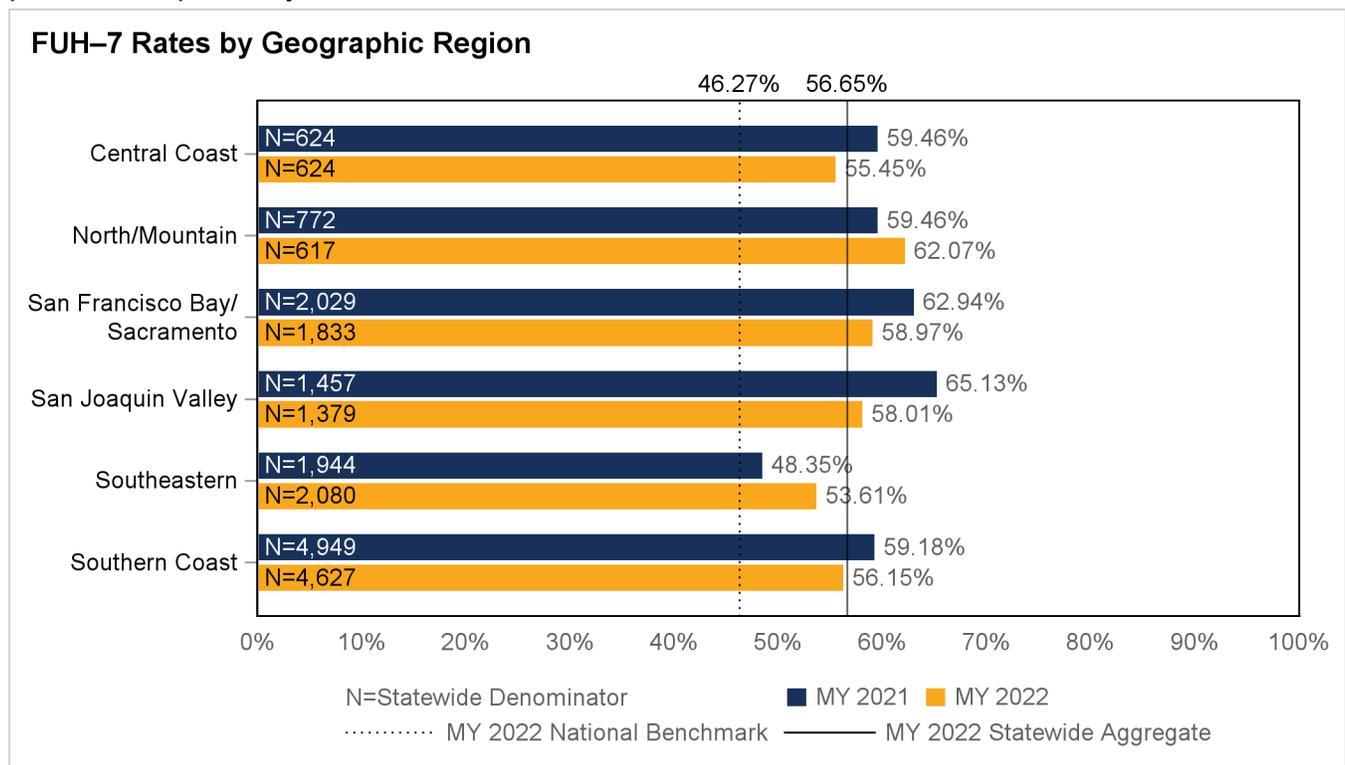
**Figure 3.62—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.



**Figure 3.63—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—Regional-Level Geographic Region Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 47.65 percent and 58.80 percent, respectively.

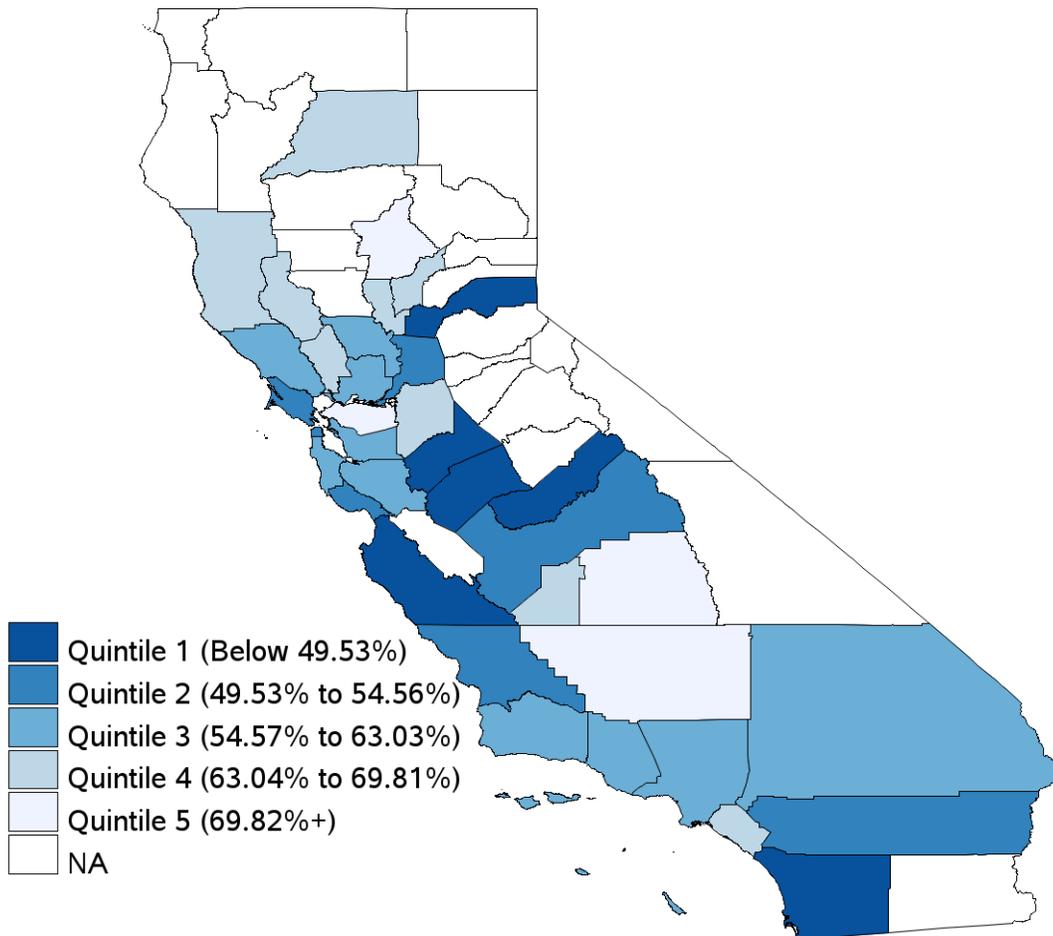


- ◆ For both measurement years 2021 and 2022, the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator rates for all delivery type model groups, population density groups, and geographic regions met or exceeded the national benchmark.
- ◆ For measurement year 2022, the rate for the Geographic Managed Care delivery type model group was below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, rates for the Geographic Managed Care delivery type model group and the San Joaquin Valley geographic region decreased by more than a 10 percent relative difference.
  - From measurement year 2021 to measurement year 2022, the rate for the Southeastern geographic region increased by more than a 10 percent relative difference.

### Figure 3.64—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 22 of 34 (64.71 percent) counties with reportable *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years* indicator rates decreased, and rates for 11 of these 22 (50.00 percent) counties decreased by at least a 10 percent relative difference. Reportable rates for three of 36 (8.33 percent) counties were below the national benchmark in measurement year 2022, with rates for one of these three (33.33 percent) counties below the national benchmarks for both measurement years 2021 and 2022.
- ◆ Madera, Merced, Monterey, Placer, San Diego, and Stanislaus counties were in Quintile 1 (i.e., had the least favorable rates)
  - Of note, rates for three of five (60.00 percent) counties (Monterey, San Luis Obispo, and Santa Cruz) in the Central Coast geographic region were in Quintiles 1 or 2. Further,

rates for Monterey and Santa Cruz counties decreased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022. MCPs operating in the Central Coast geographic region include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; and Gold Coast Health Plan.

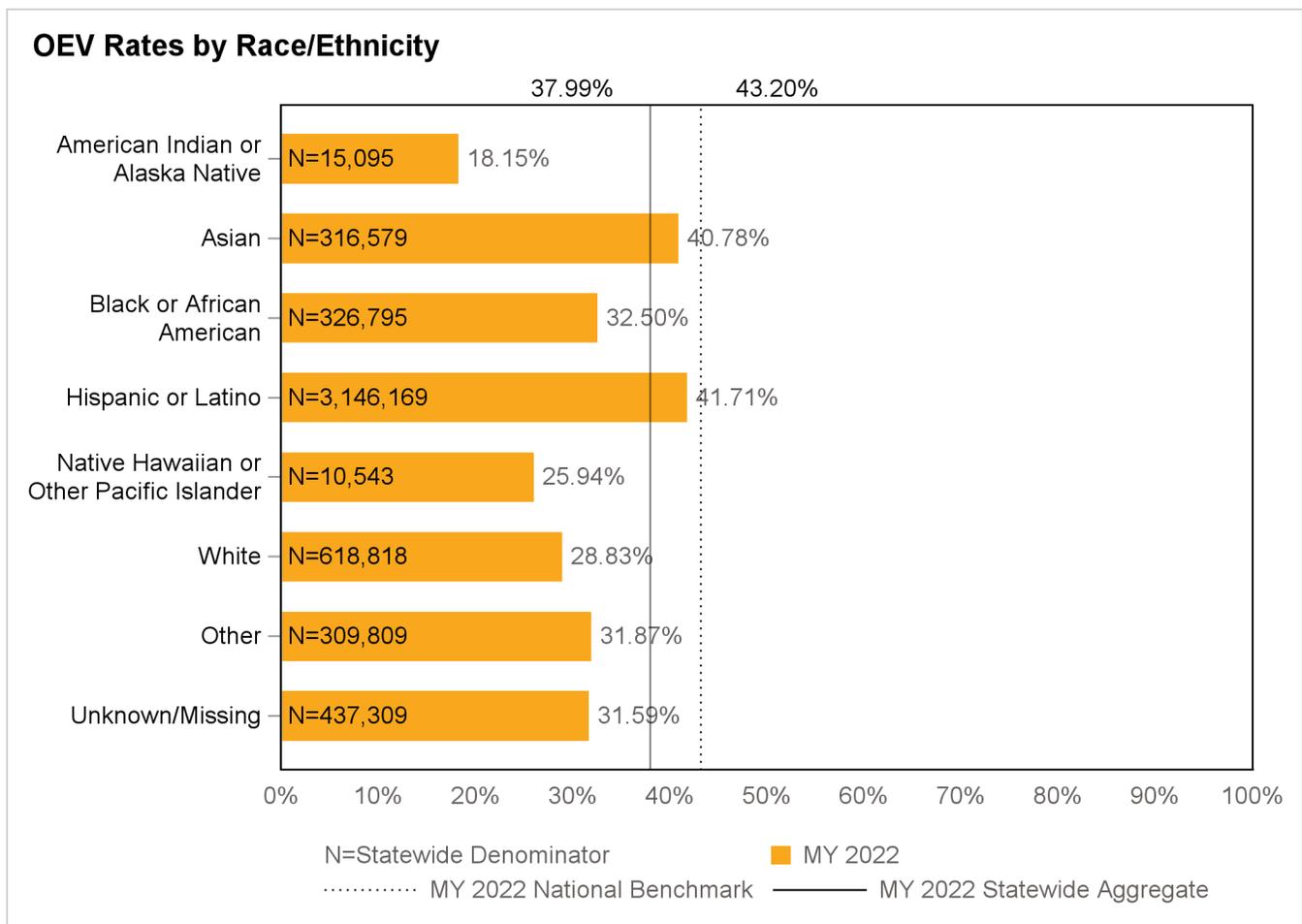
- ◆ Butte, Contra Costa, Kern, and Tulare counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, reportable rates for six of eight (75.00 percent) counties (Butte, Lake, Mendocino, Shasta, Sutter, and Yuba) in the North/Mountain geographic region were in Quintiles 4 or 5. Further, rates for four of these six (66.67 percent) counties (Butte, Mendocino, Sutter, and Yuba) increased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022. Additionally, rates for four of eight (50.00 percent) counties (Kern, Kings, San Joaquin, Tulare) in the San Joaquin Valley geographic region were in Quintiles 4 or 5.
  - MCPs operating in the North/Mountain and San Joaquin Valley geographic regions include Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care; and Partnership HealthPlan of California.

## Oral Evaluation, Dental Services—Total

The *Oral Evaluation, Dental Services—Total (OEV)* indicator measures the percentage of children younger than 21 years of age who received a comprehensive or periodic oral evaluation during the measurement year. Figure 3.65 through Figure 3.72 display the *Oral Evaluation, Dental Services—Total (OEV)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Oral Evaluation, Dental Services—Total (OEV)* indicator is new for measurement year 2022; therefore, trending results are not available.

### Figure 3.65—Oral Evaluation, Dental Services—Total (OEV)—Statewide Racial/Ethnic Results

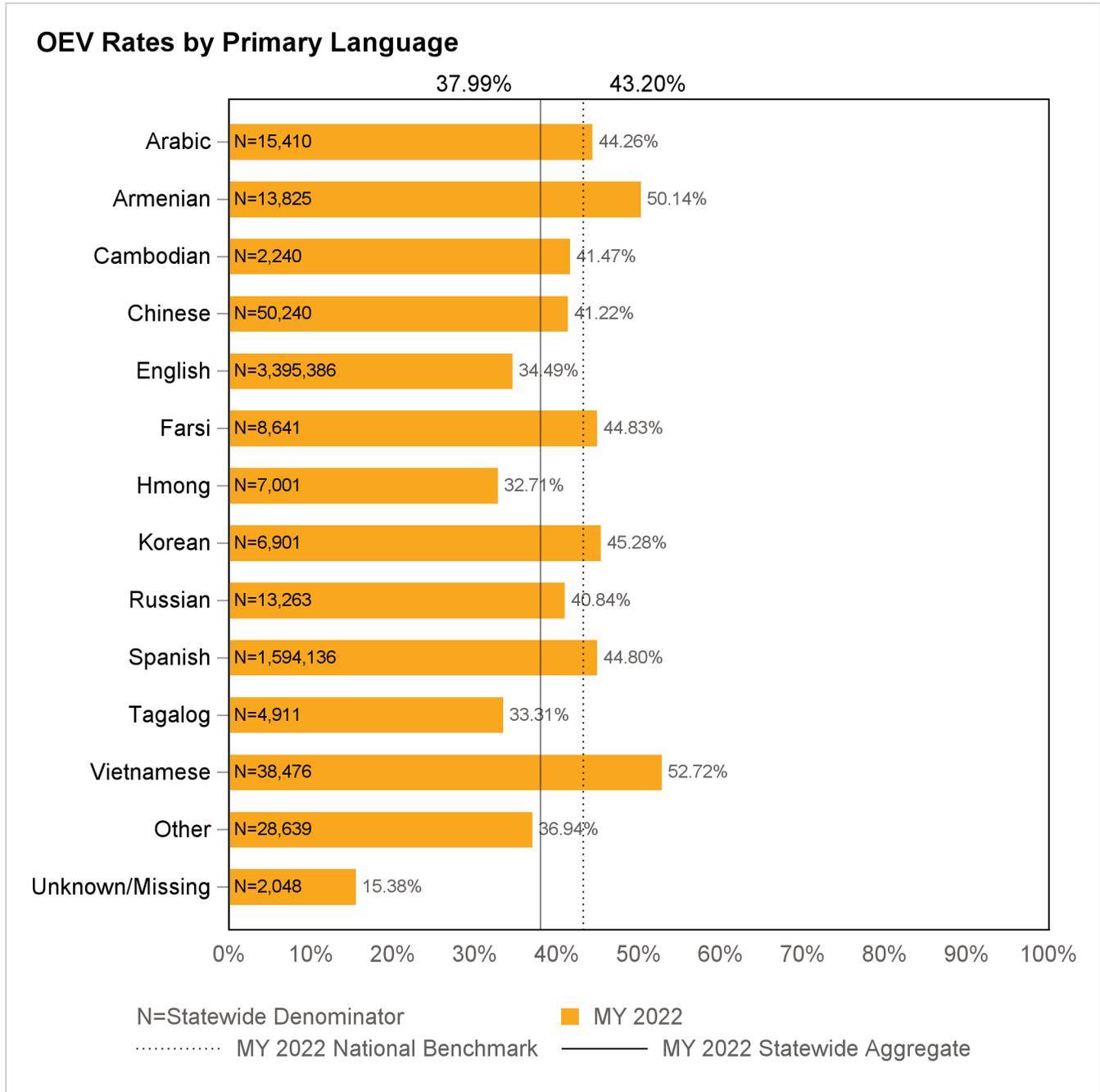
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.66—Oral Evaluation, Dental Services—Total (OEV)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

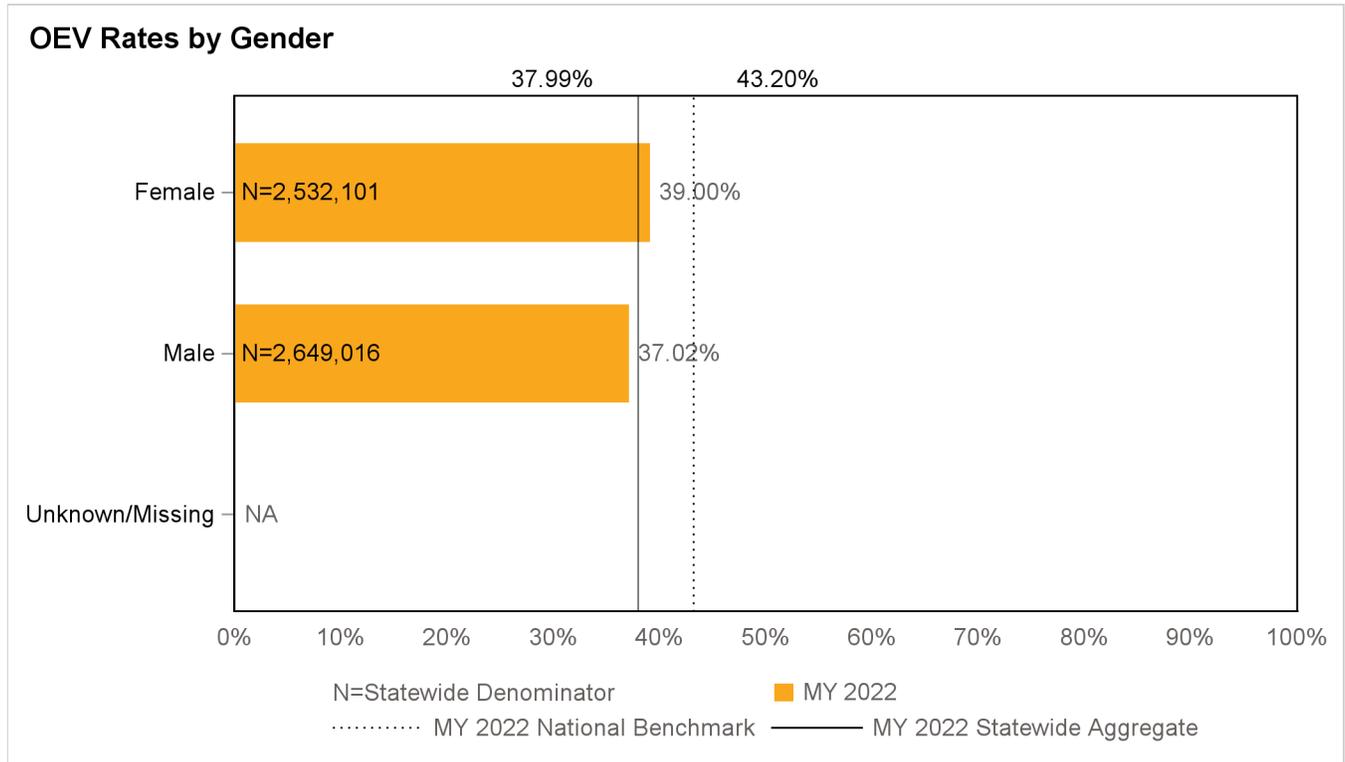
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.67—Oral Evaluation, Dental Services—Total (OEV)—Statewide Gender Results**

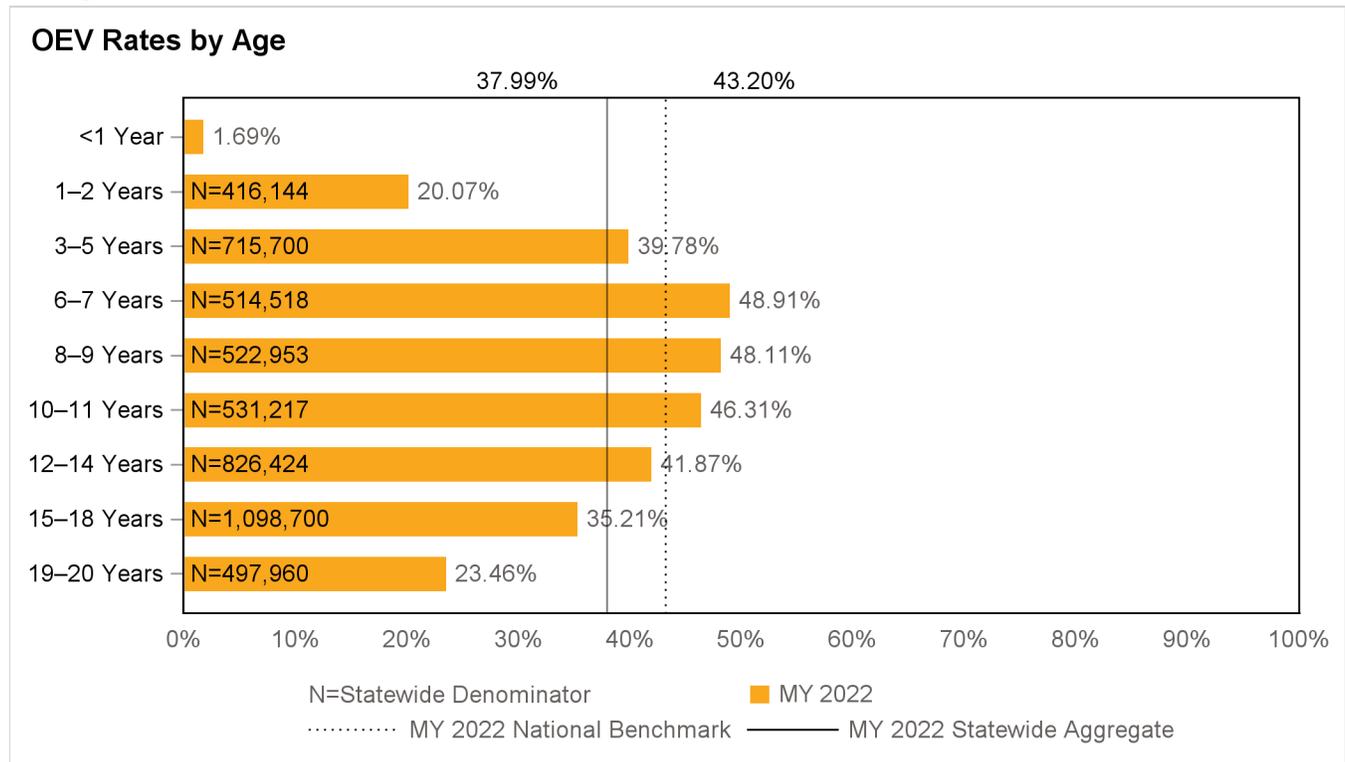
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.68—Oral Evaluation, Dental Services—Total (OEV)—Statewide Age Results**

The measurement year 2022 statewide denominator for the <1 Year age group is 57,501. The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.

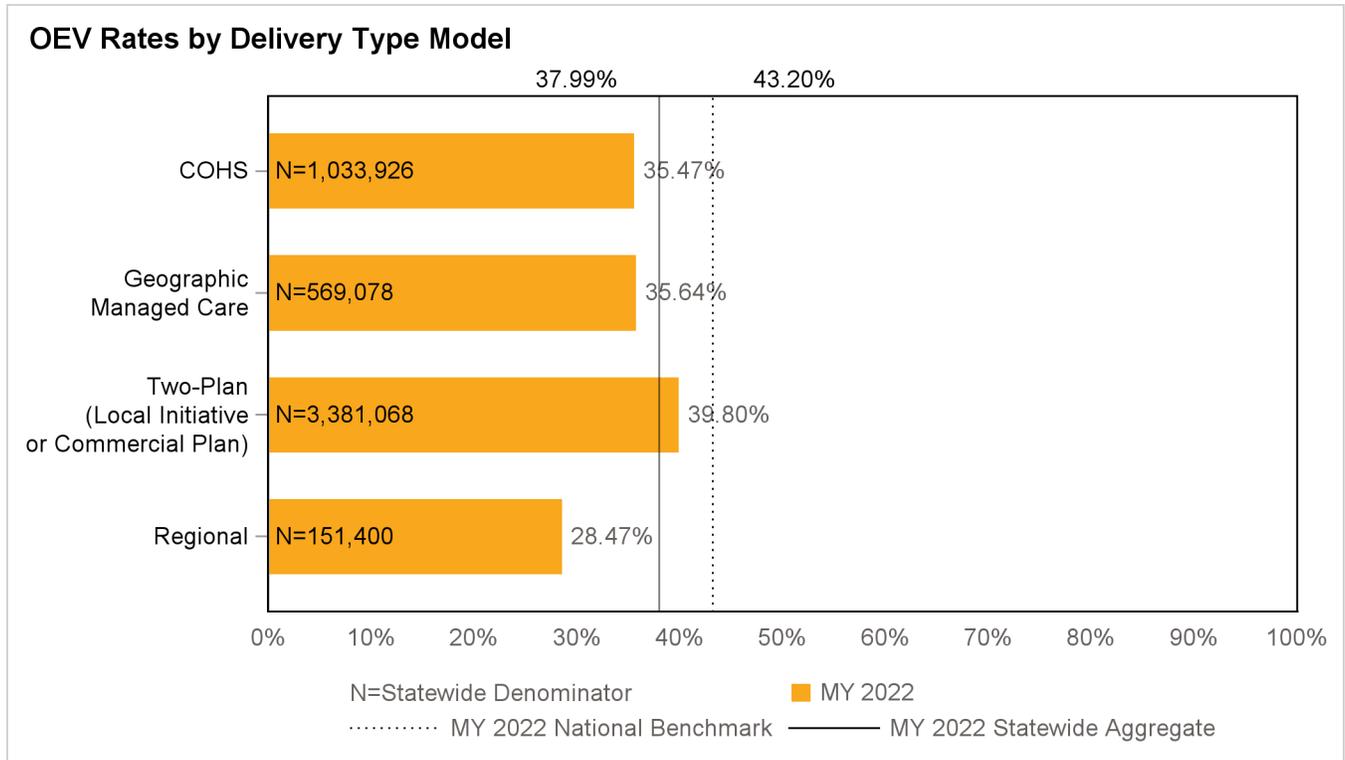


- ◆ The measurement year 2022 statewide aggregate for the *Oral Evaluation, Dental Services—Total* indicator was below the national benchmark by approximately 5 percentage points. Since dental services are provided through the Dental fee-for-service (FFS) and Dental Managed Care (Dental MC) delivery systems, rates may not be reflective of MCP performance.
- ◆ For measurement year 2022, reportable rates for all racial/ethnic groups, eight of 14 (57.14 percent) primary language groups (Cambodian, Chinese, English, Hmong, Other, Russian, Tagalog, and Unknown/Missing), both gender groups, and six of nine (66.67 percent) age groups (<1 Year, 1–2 Years, 3–5 Years, 12–14 Years, 15–18 Years, and 19–20 Years) fell below the national benchmark.
- ◆ For measurement year 2022, reportable rates for six of eight (75.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, Unknown/Missing, and White), three of 14 (21.43 percent) primary language groups (Hmong, Tagalog, and Unknown/Missing), and three of nine (33.33 percent) age groups (<1 Year, 1–2 Years, and 19–20 Years) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ For measurement year 2022, the rate for the <1 Year age group was below the statewide aggregate by more than a 95 percent relative difference, and the rate for the American

Indian or Alaska Native racial/ethnic group was below the statewide aggregate by more than a 50 percent relative difference.

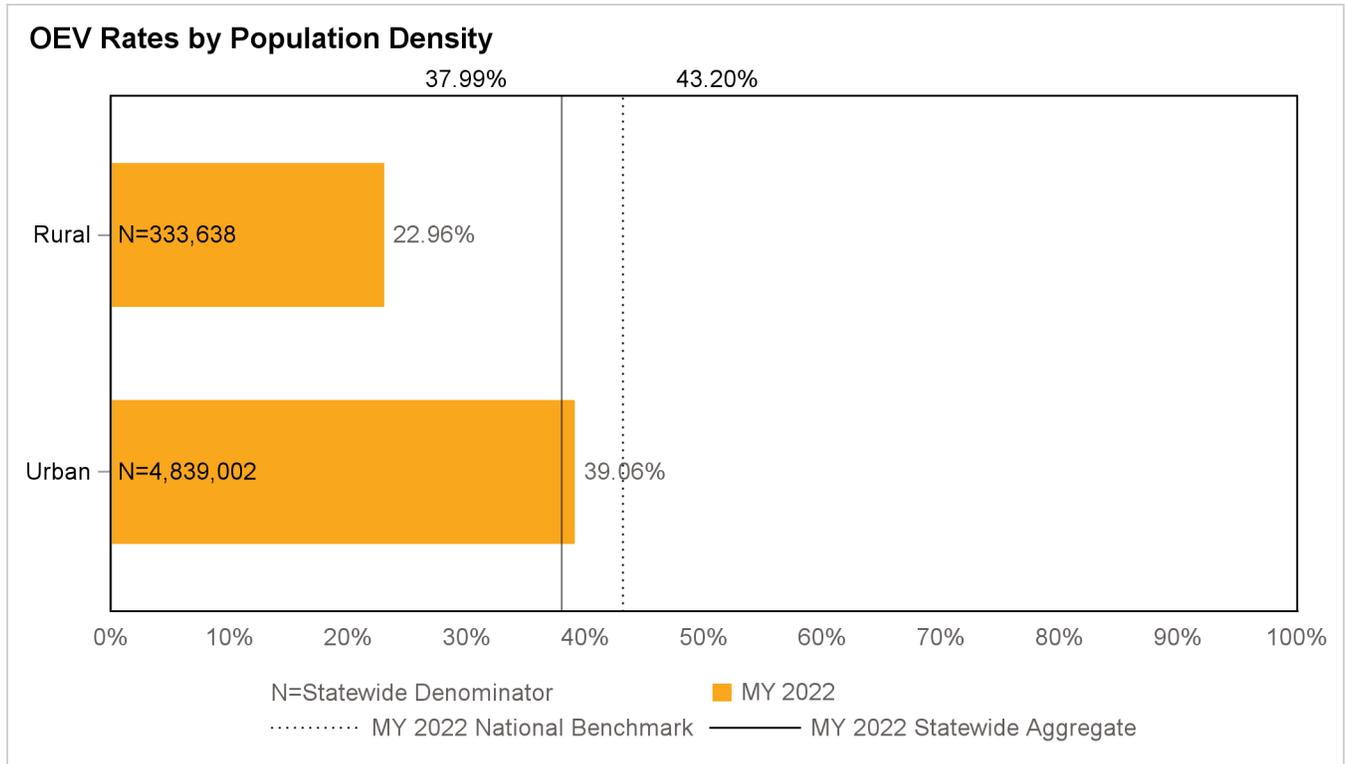
**Figure 3.69—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



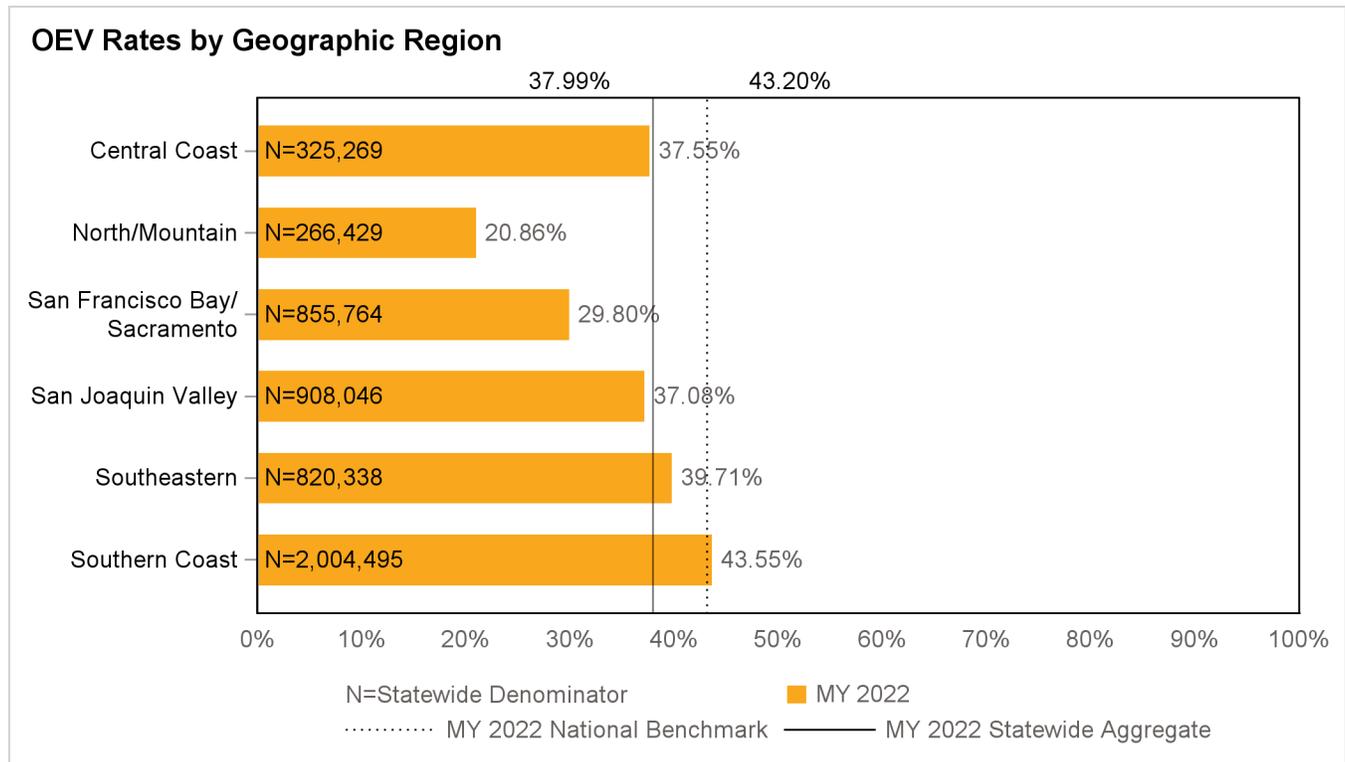
**Figure 3.70—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



### Figure 3.71—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Geographic Region Results

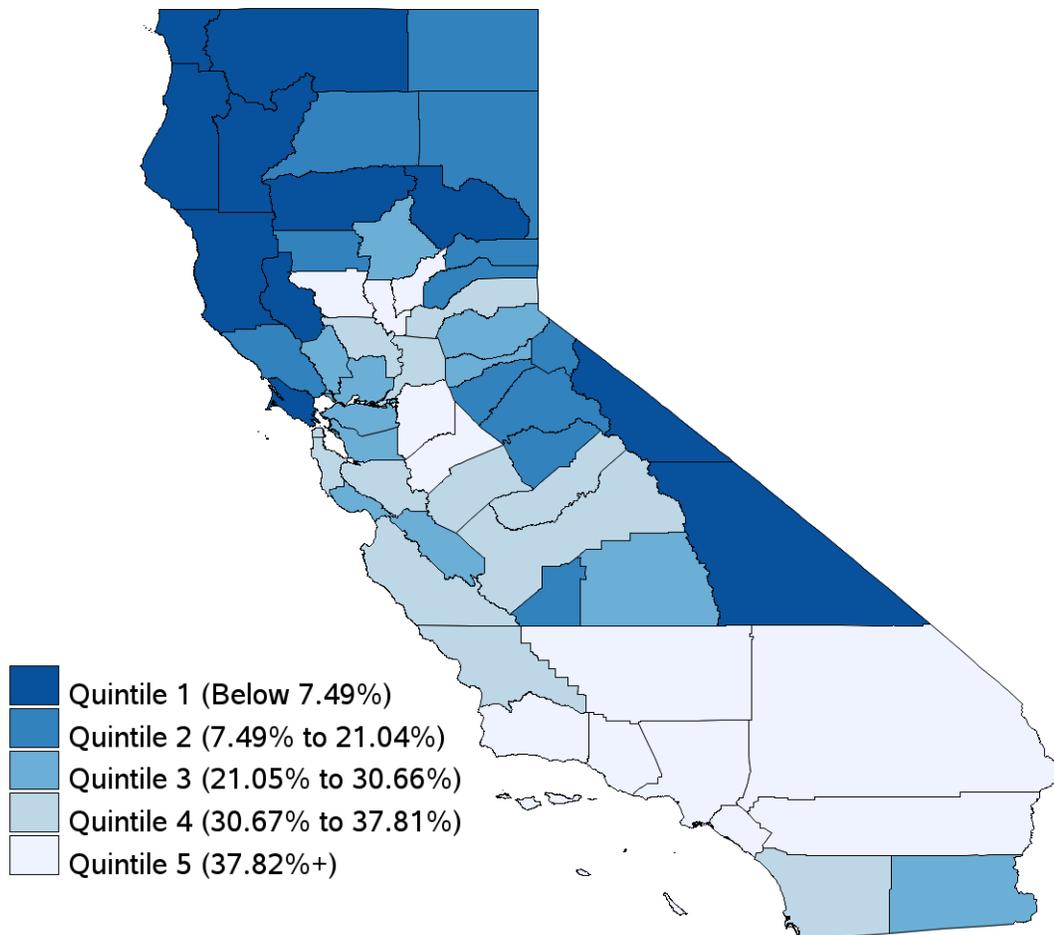
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



- ◆ For measurement year 2022, the *Oral Evaluation, Dental Services—Total* indicator rates for all delivery type model groups, both population density groups, and five of six (83.33 percent) geographic regions (Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southeastern) fell below the national benchmark.
- ◆ For measurement year 2022, the Regional delivery type model group, the rural population density group, and two of six (33.33 percent) geographic regions (North/Mountain and San Francisco Bay/Sacramento) were below the statewide aggregate by more than a 20 percent relative difference.

### Figure 3.72—Oral Evaluation, Dental Services—Total (OEV)—County-Level Results

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ For measurement year 2022, 54 of 58 (93.10 percent) counties with reportable *Oral Evaluation, Dental Services—Total* indicator rates fell below the national benchmark. Colusa, Los Angeles, Orange, and Sutter counties were the only counties with rates above the national benchmark in measurement year 2022.
- ◆ Del Norte, Humboldt, Inyo, Lake, Marin, Mendocino, Mono, Plumas, Siskiyou, Tehama, and Trinity counties were in Quintile 1 (i.e., had the least favorable rates).
  - Of note, 20 of 23 (86.96 percent) counties (Alpine, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne) in Quintiles 1 or 2 were in the North/Mountain geographic region.
- ◆ Colusa, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Santa Barbara, Stanislaus, Sutter, Ventura, and Yuba counties were in Quintile 5 (i.e., had the most favorable rates).

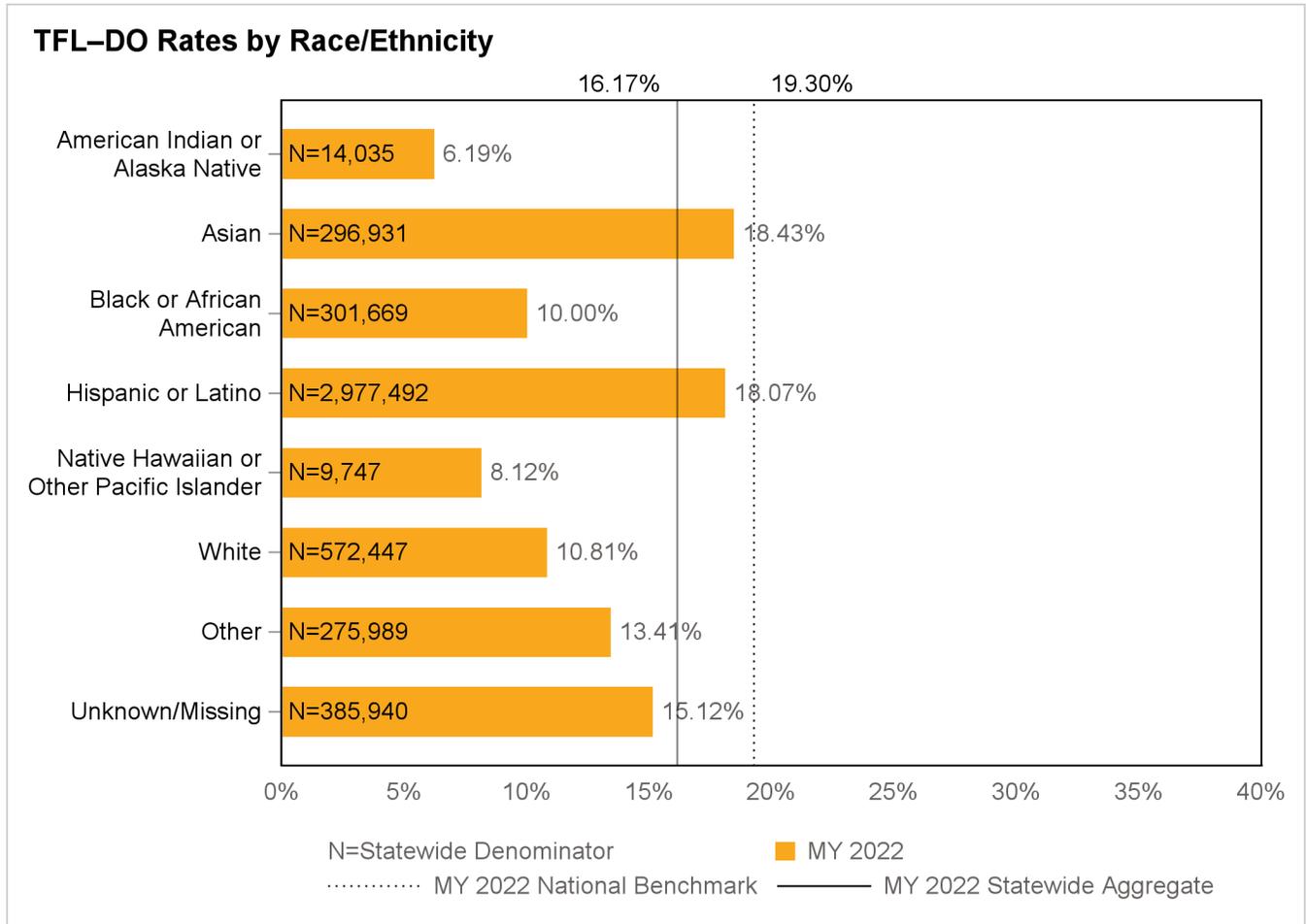
- Of note, four of six (66.67 percent) counties (Monterey, San Luis Obispo, Santa Barbara, and Ventura) in the Central Coast geographic region, six of eight (75.00 percent) counties (Fresno, Kern, Madera, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley geographic region, two of three (66.67 percent) counties (Riverside and San Bernardino) in the Southeastern geographic region, and all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast geographic region were in Quintiles 4 or 5.

## ***Topical Fluoride for Children—Dental or Oral Health Services—Total***

The *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)* indicator measures the percentage of children ages 1 to 20 years who received at least two topical fluoride applications during the measurement year. Figure 3.73 through Figure 3.80 display the *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

**Figure 3.73—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Racial/Ethnic Results**

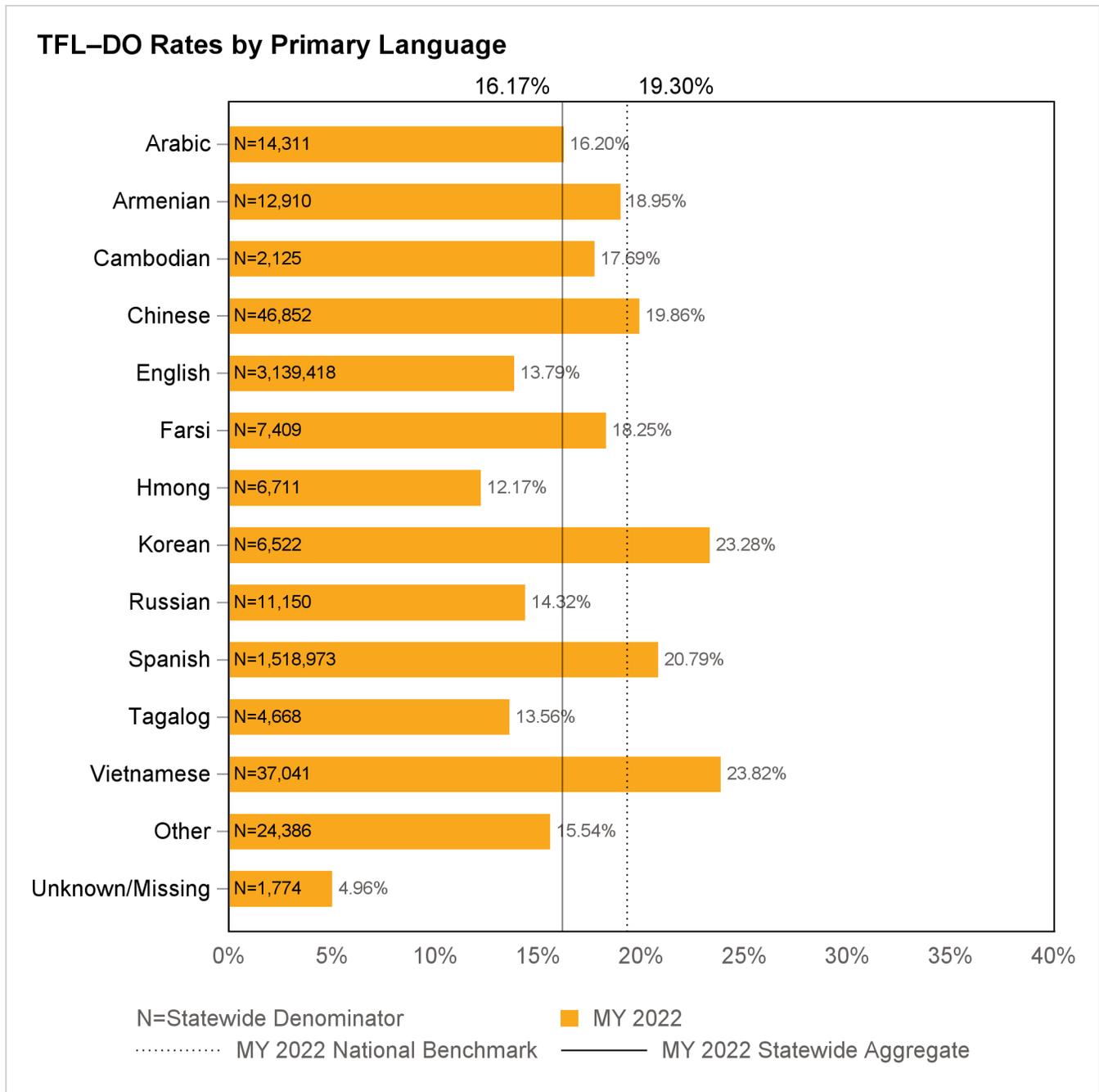
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.74—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

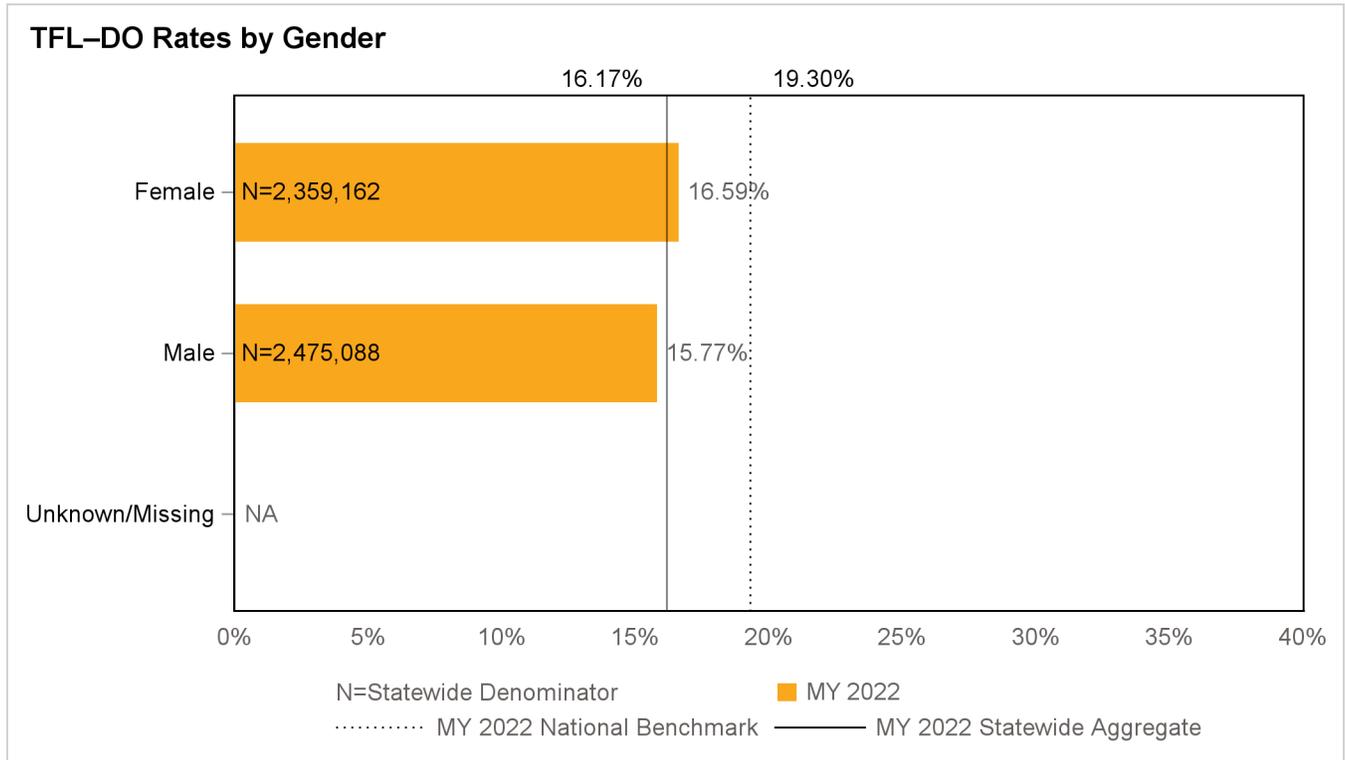
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.75—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Gender Results**

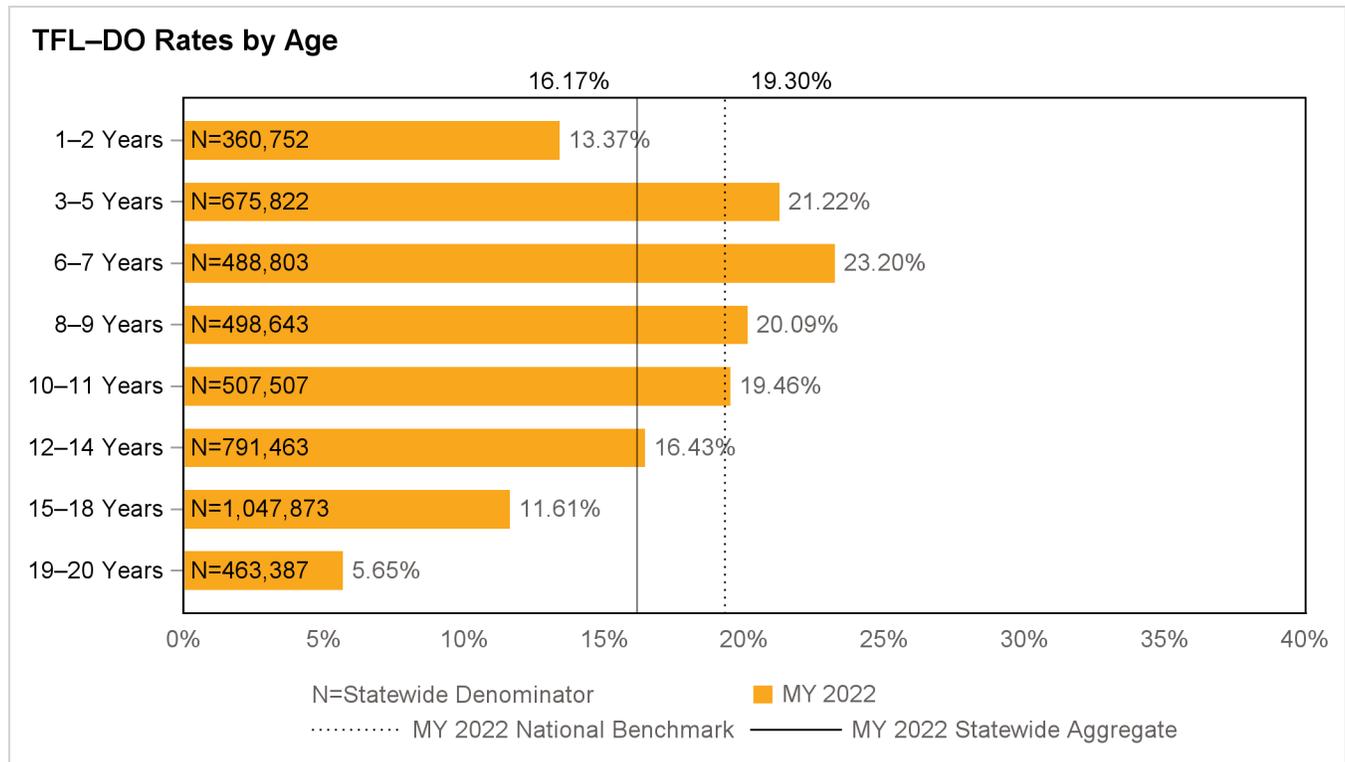
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



**Figure 3.76—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Age Results**

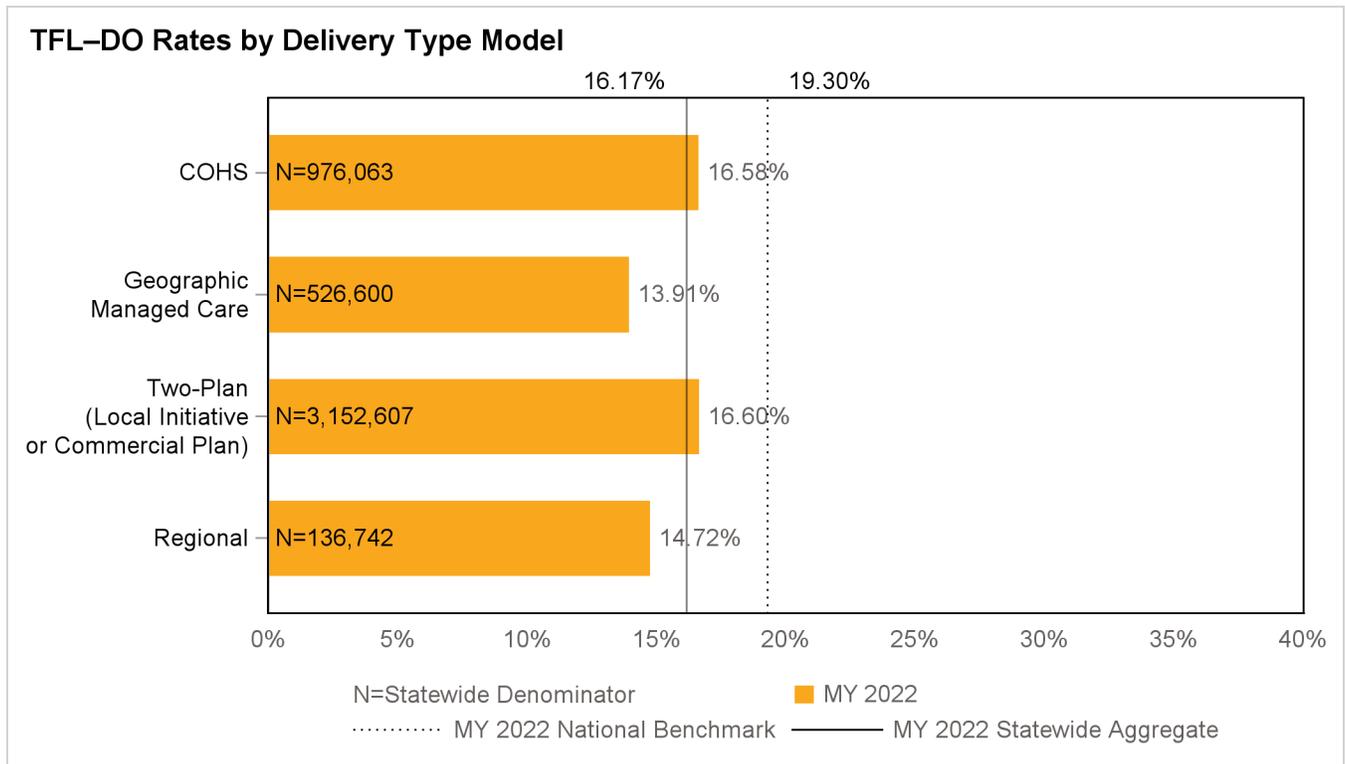
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



- ◆ The measurement year 2022 statewide aggregate for the *Topical Fluoride for Children—Dental or Oral Health Services—Total* indicator was below the national benchmark by more than a 16 percent relative difference. Since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.
- ◆ For measurement year 2022, reportable rates for all racial/ethnic groups, 10 of 14 (71.43 percent) primary language groups (Arabic, Armenian, Cambodian, English, Farsi, Hmong, Other, Russian, Tagalog, and Unknown/Missing), both gender groups, and four of eight (50.00 percent) age groups (1–2 Years, 12–14 Years, 15–18 Years, and 19–20 Years) fell below the national benchmark.
- ◆ For measurement year 2022, reportable rates for five of eight (62.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, and White), five of 14 (35.71 percent) primary language groups (English, Hmong, Russian, Tagalog, and Unknown/Missing), and three of eight (37.50 percent) age groups (1–2 Years, 15–18 Years, and 19–20 Years) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ For measurement year 2022, the rates for the 19–20 Years age group and the American Indian or Alaska Native racial/ethnic group were below the statewide aggregate by more than a 60 percent relative difference.

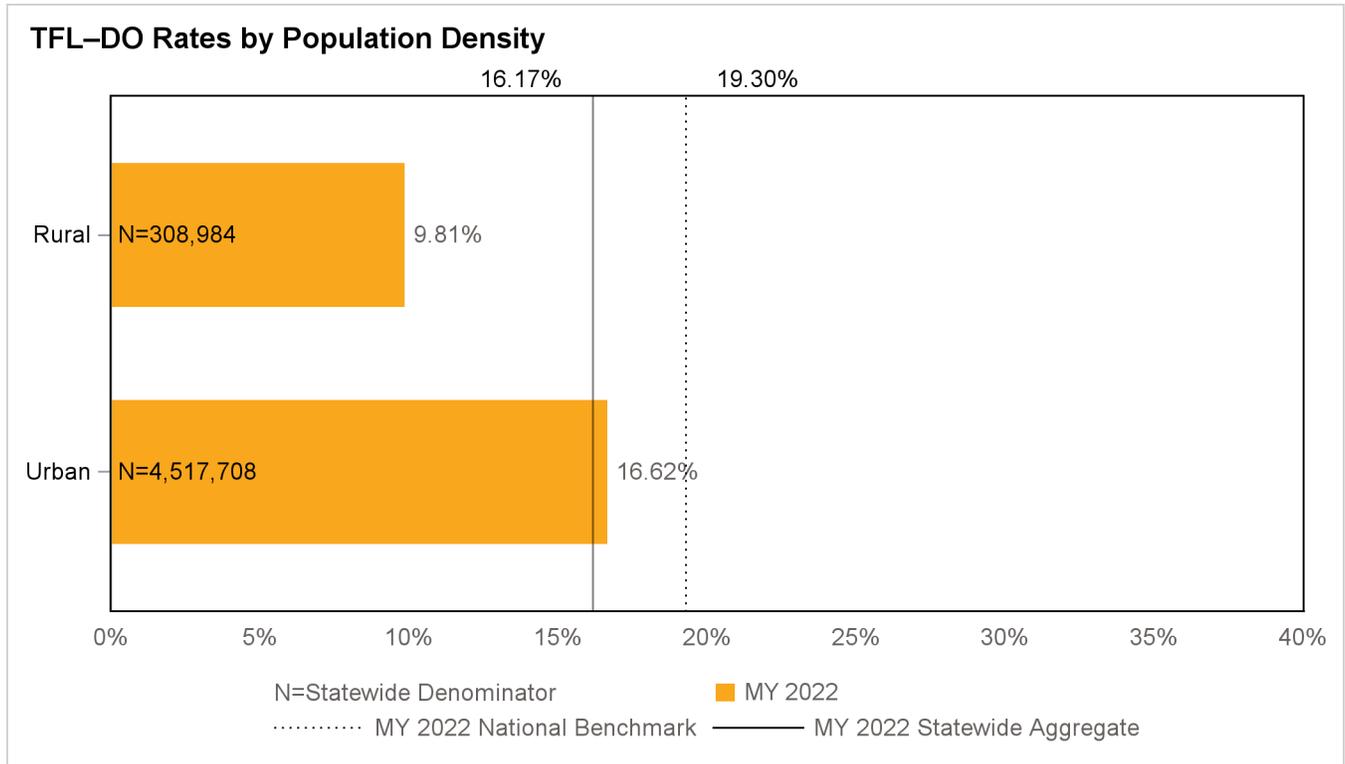
**Figure 3.77—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



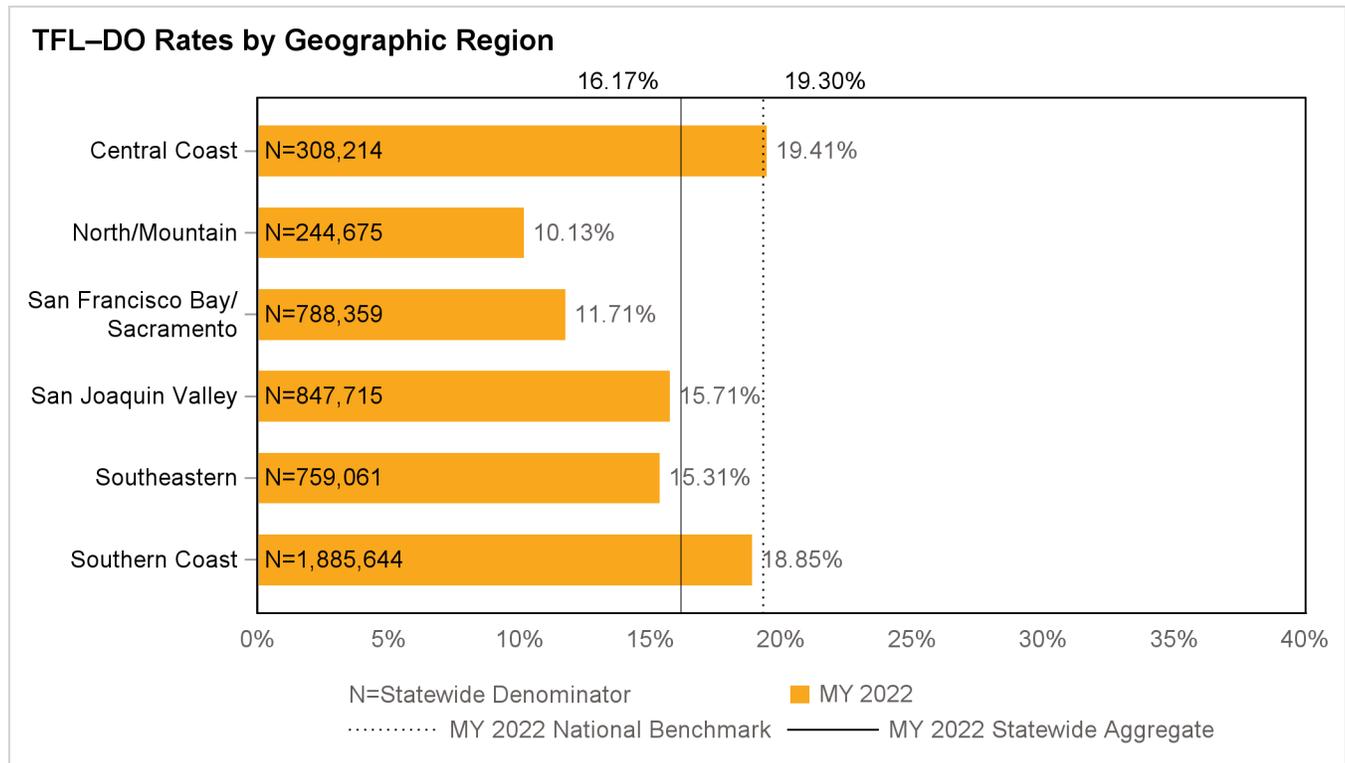
**Figure 3.78—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.



### Figure 3.79—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Regional-Level Geographic Region Results

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below.

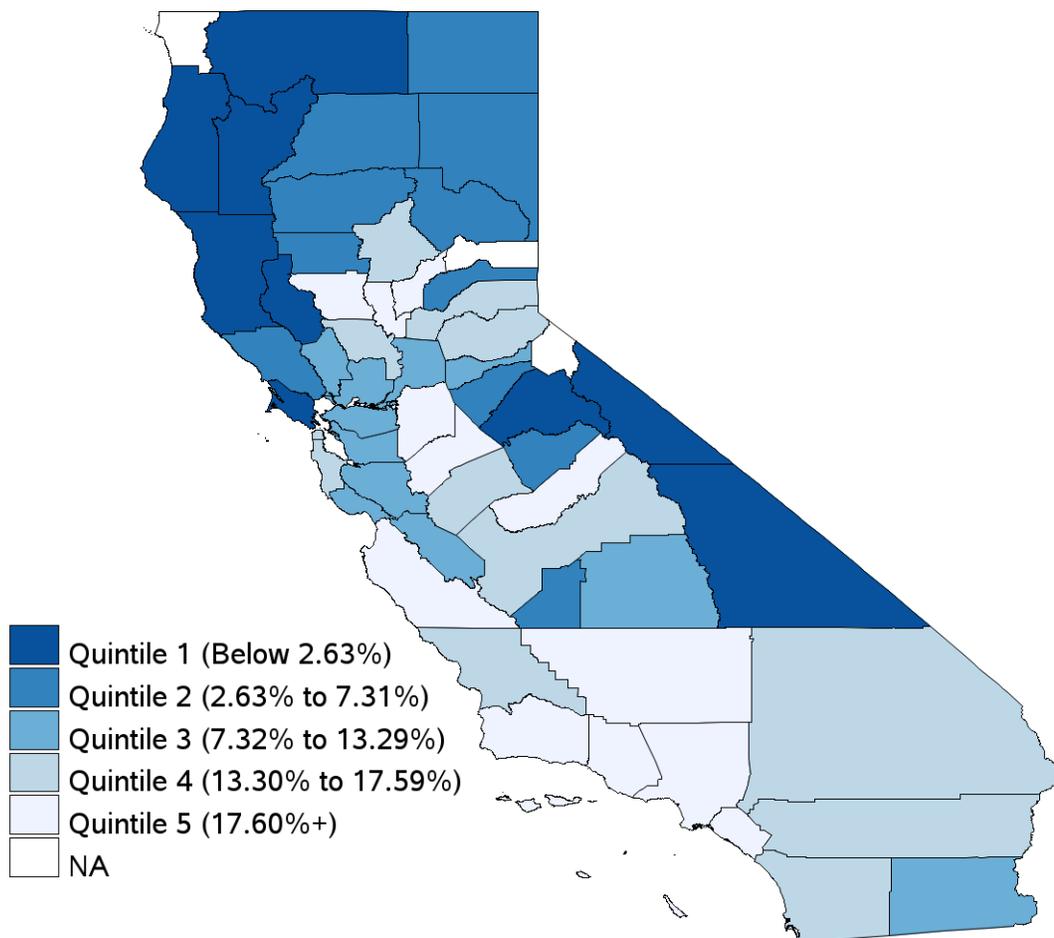


- ◆ For measurement year 2022, the *Topical Fluoride for Children—Dental or Oral Health Services—Total* indicator rates for all delivery type model groups, both population density groups, and five of six (83.33 percent) geographic regions (North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, Southeastern, and Southern Coast) fell below the national benchmark.
- ◆ For measurement year 2022, the Geographic Managed Care delivery type model group, the rural population density group, and two of six (33.33 percent) geographic regions (North/Mountain and San Francisco Bay/Sacramento) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ For measurement year 2022, the rate for the rural population density group was below the statewide aggregate by nearly a 40 percent relative difference.

### Figure 3.80—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ For measurement year 2022, 49 of 55 counties (89.09 percent) with reportable *Topical Fluoride for Children—Dental or Oral Health Services—Total* indicator rates fell below the national benchmark. Colusa, Orange, Santa Barbara, Sutter, Ventura, and Yuba counties were the only counties with rates above the national benchmark in measurement year 2022.
- ◆ Humboldt, Inyo, Lake, Marin, Mendocino, Mono, Siskiyou, Trinity, and Tuolumne counties were in Quintile 1 (i.e., had the least favorable rates). Eight of these nine (88.89 percent) counties are located in the North/Mountain geographic region.
  - Of note, 17 of 20 (85.00 percent) counties (Calaveras, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Siskiyou,

Tehama, Trinity, and Tuolumne) in Quintiles 1 or 2 were in the North/Mountain geographic region.

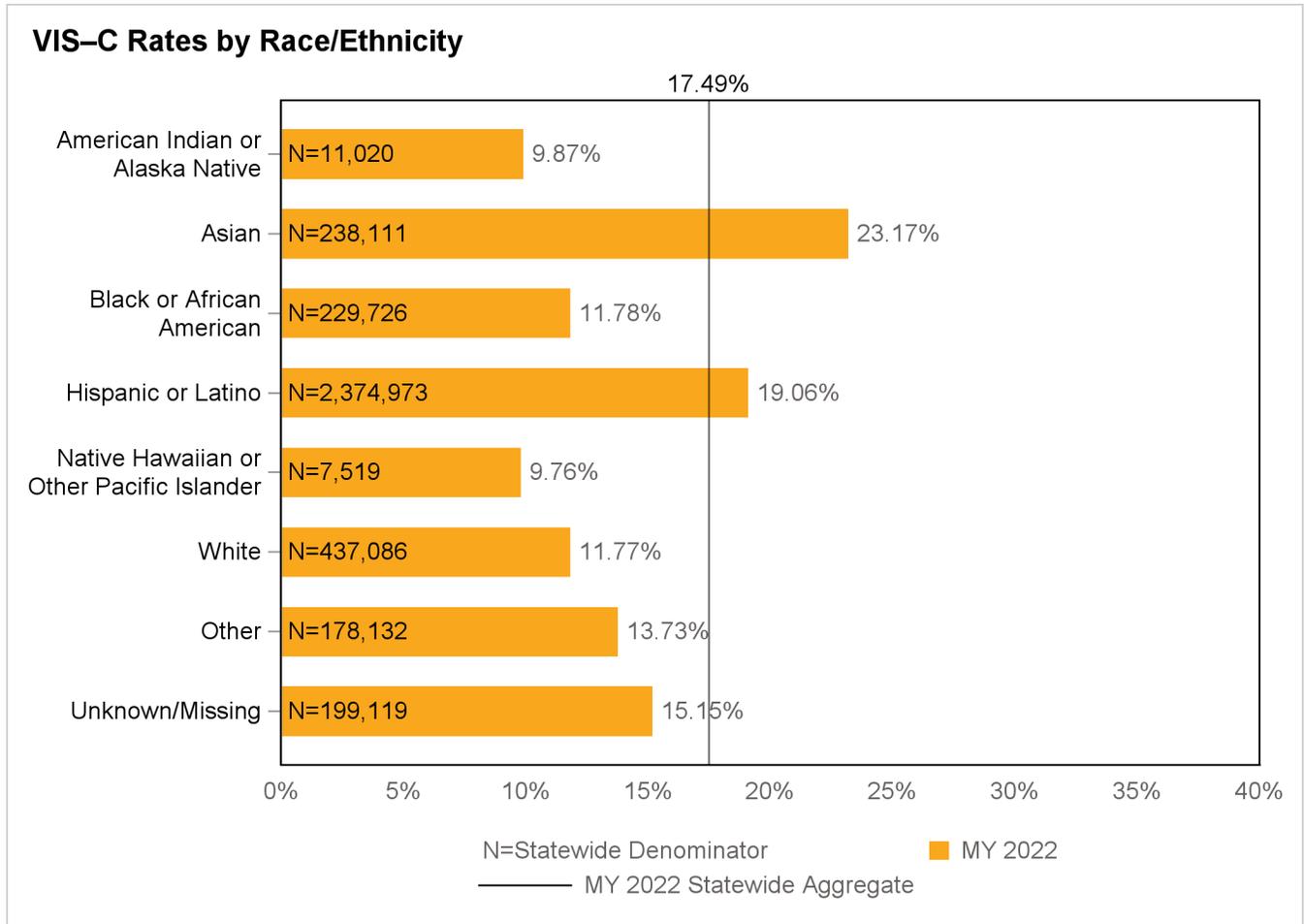
- ◆ Colusa, Kern, Los Angeles, Madera, Monterey, Orange, San Joaquin, Santa Barbara, Stanislaus, Sutter, Ventura, and Yuba counties were in Quintile 5 (i.e., had the most favorable rates)
  - Of note, four of six (66.67 percent) counties (Monterey, San Luis Obispo, Santa Barbara, and Ventura) in the Central Coast geographic region, six of eight (75.00 percent) counties (Fresno, Kern, Madera, Merced, San Joaquin, and Stanislaus) in the San Joaquin Valley geographic region, two of three (66.67 percent) counties (Riverside and San Bernardino) in the Southeastern geographic region, and all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast geographic region were in Quintiles 4 or 5.

## ***Vision Services—Comprehensive Eye Exam***

The *Vision Services—Comprehensive Eye Exam (VIS–C)* indicator measures the percentage of children ages 6 to 21 years who had a comprehensive eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Figure 3.81 through Figure 3.88 display the *Vision Services—Comprehensive Eye Exam (VIS–C)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Vision Services—Comprehensive Eye Exam (VIS–C)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, national benchmarks are not available for this indicator.

**Figure 3.81—Vision Services—Comprehensive Eye Exam (VIS-C)—Statewide Racial/Ethnic Results**

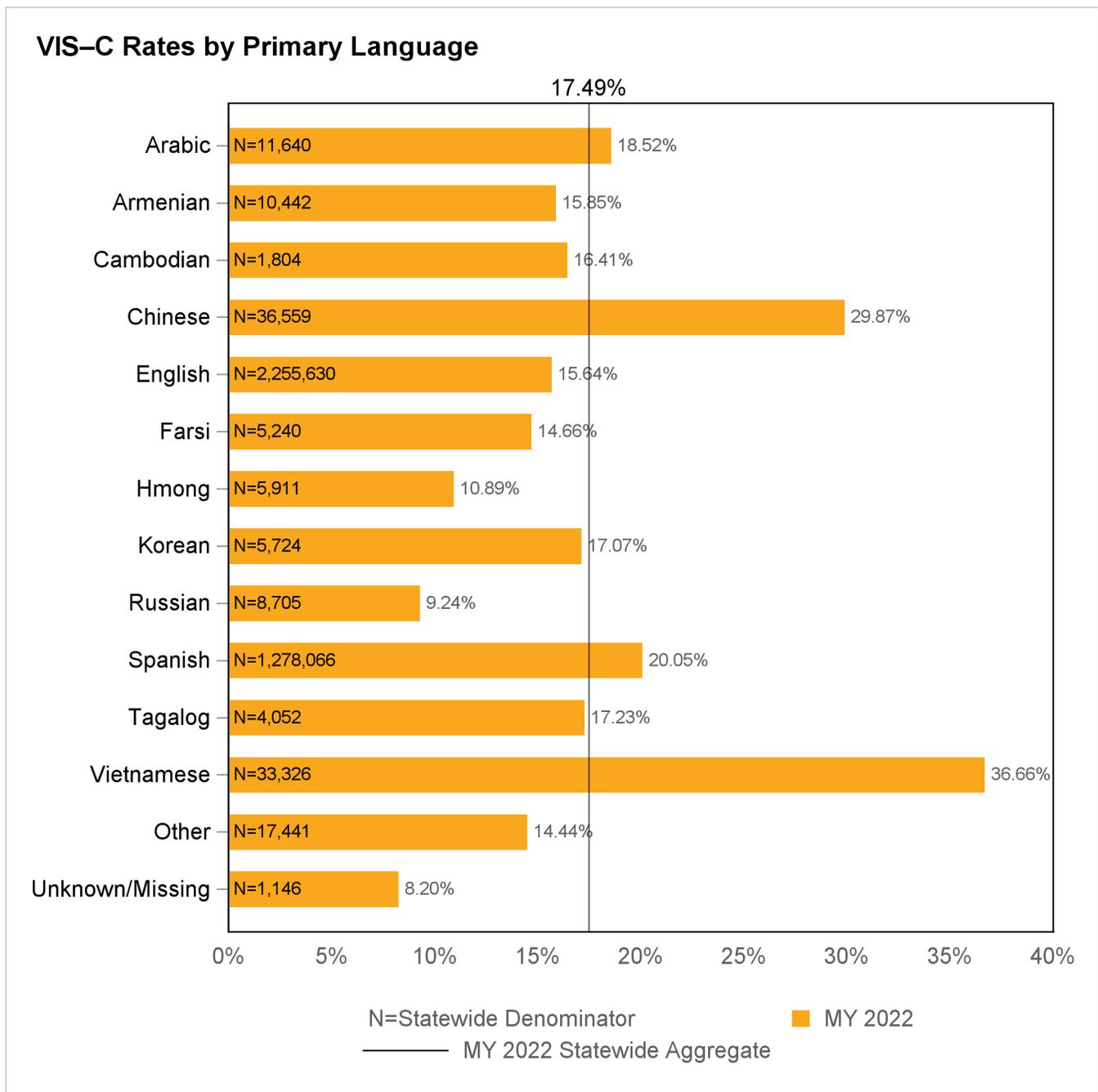
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure 3.82—Vision Services—Comprehensive Eye Exam (VIS-C)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

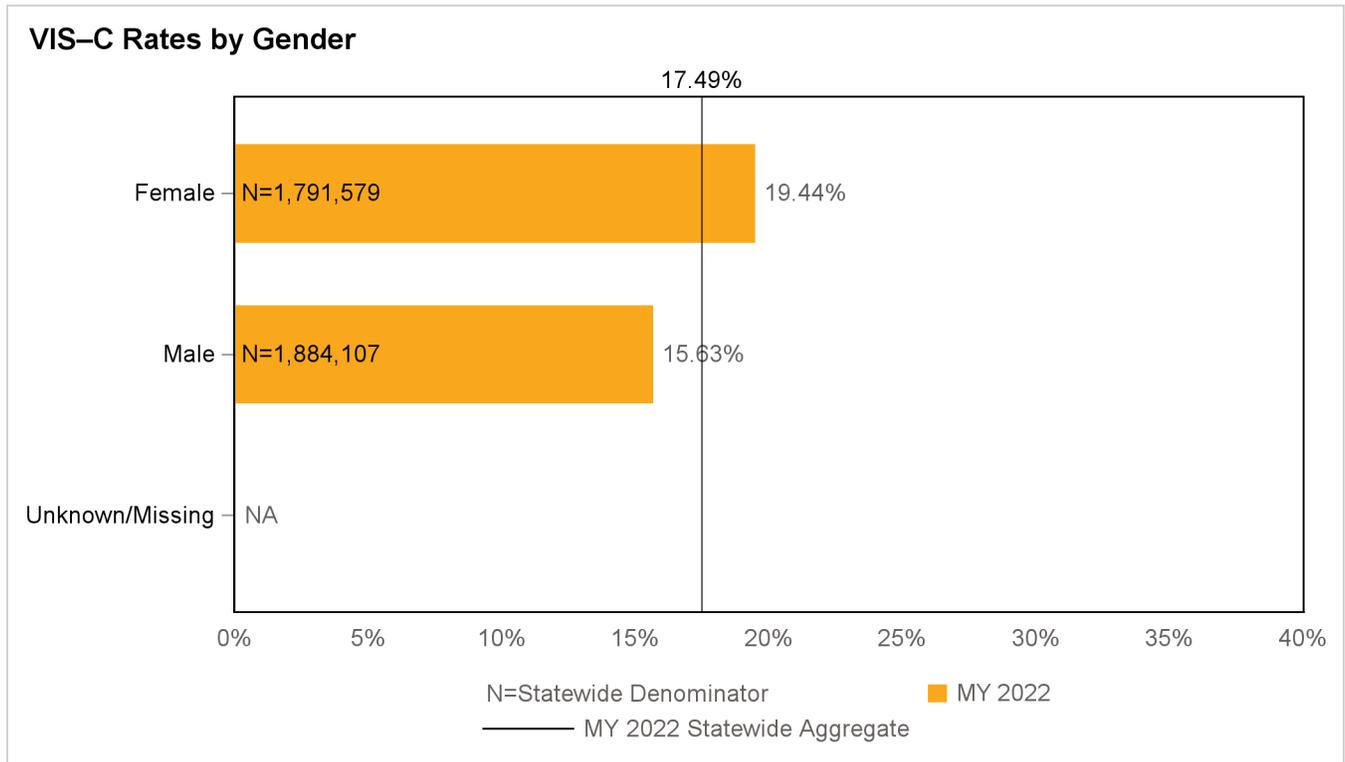
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure 3.83—Vision Services—Comprehensive Eye Exam (VIS-C)—Statewide Gender Results**

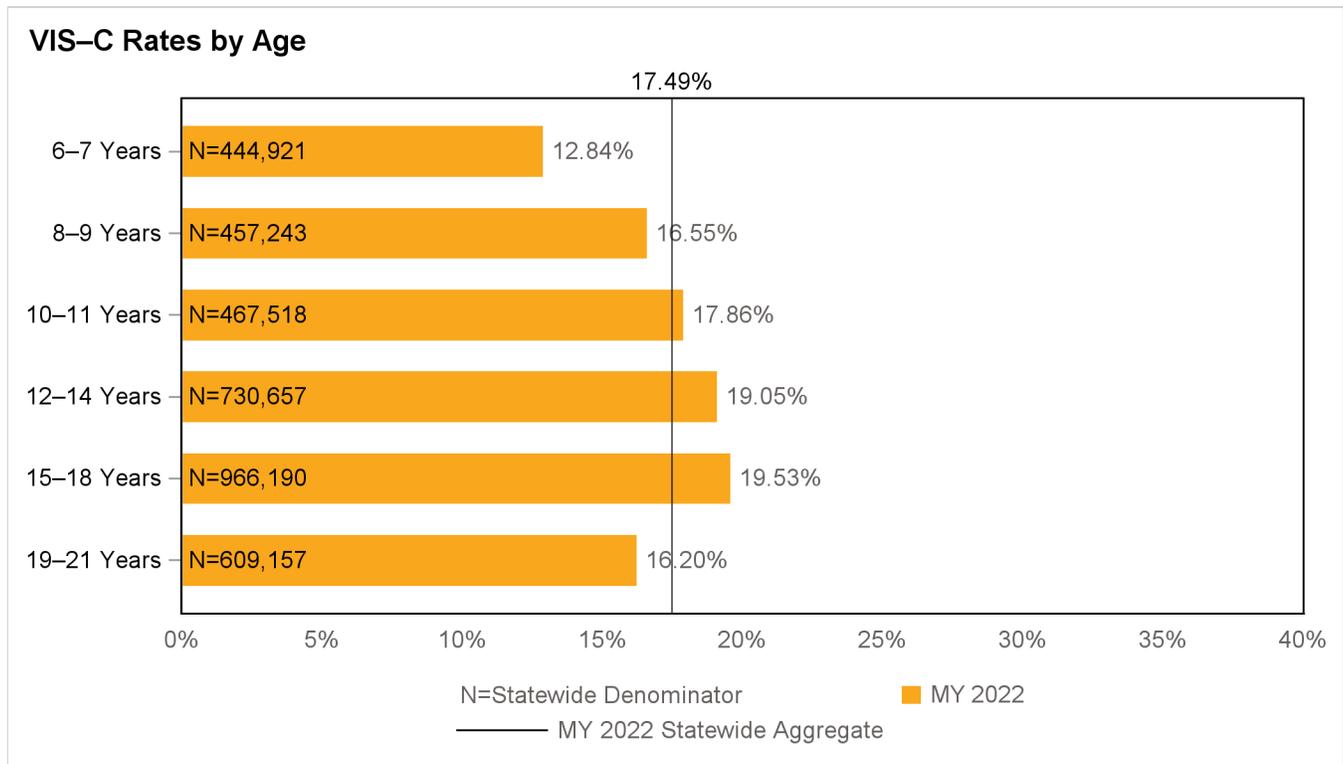
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below.



### Figure 3.84—Vision Services—Comprehensive Eye Exam (VIS-C)—Statewide Age Results

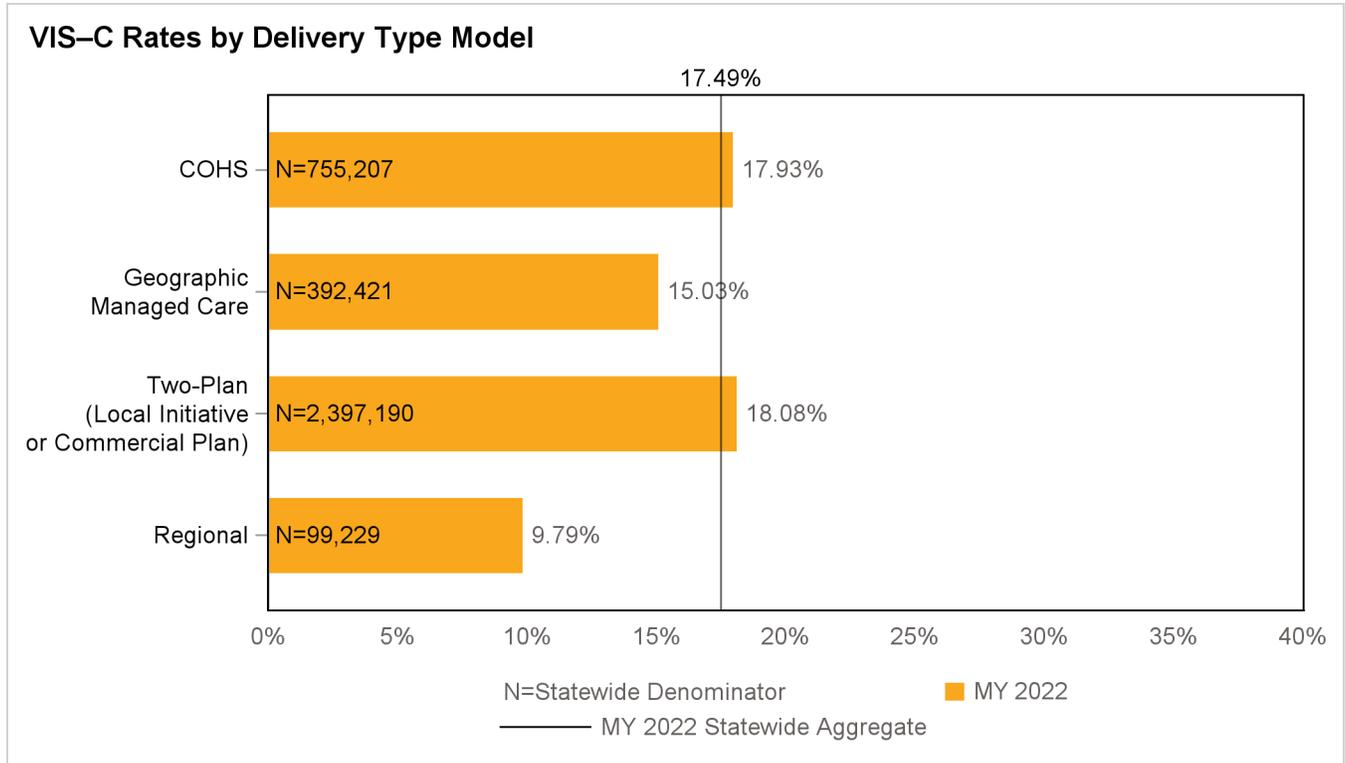
The statewide aggregate for measurement year 2022 is shown in the figure below.



- ◆ For measurement year 2022, reportable *Vision Services—Comprehensive Eye Exam* indicator rates for six of eight (75.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other, Unknown/Missing, and White), six of 14 (42.86 percent) primary language groups (English, Farsi, Hmong, Other, Russian, and Unknown/Missing), the Male gender group, and the 6–7 Years age group were below the statewide aggregate by at least a 10 percent relative difference.
- ◆ For measurement year 2022, the Vietnamese primary language group was above the statewide aggregate by more than a 100 percent relative difference, and the Chinese primary language group was above the statewide aggregate by more than a 70 percent relative difference.

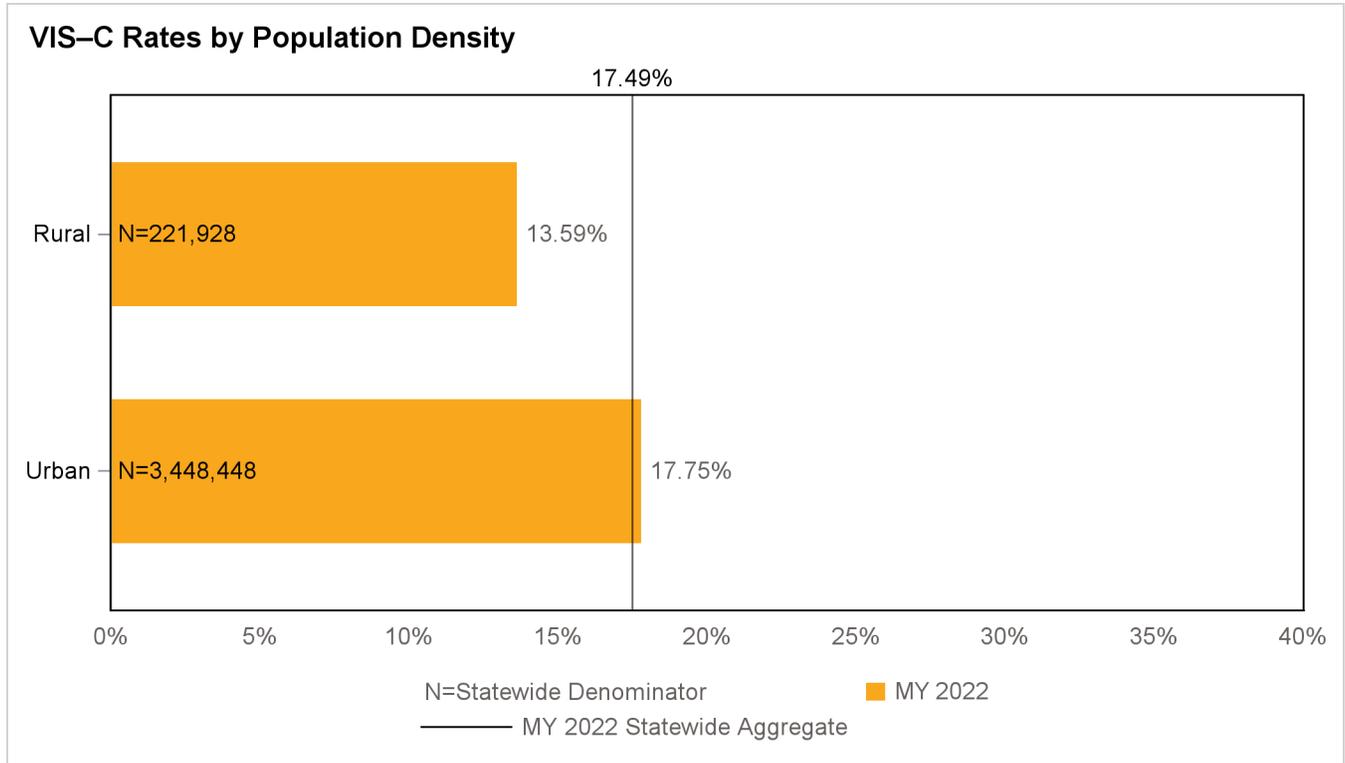
**Figure 3.85—Vision Services—Comprehensive Eye Exam (VIS-C)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



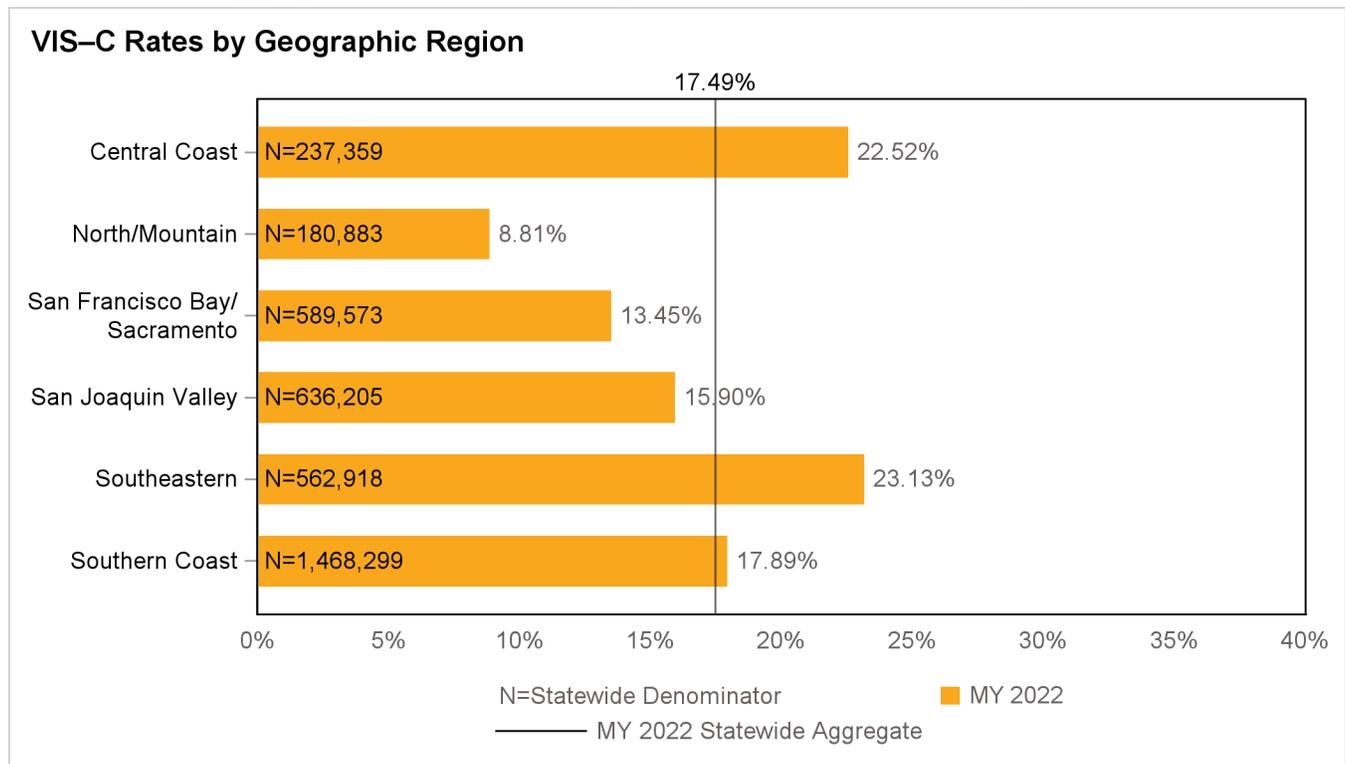
**Figure 3.86—Vision Services—Comprehensive Eye Exam (VIS-C)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



### Figure 3.87—Vision Services—Comprehensive Eye Exam (VIS-C)—Regional-Level Geographic Region Results

The statewide aggregate for measurement year 2022 is shown in the figure below.

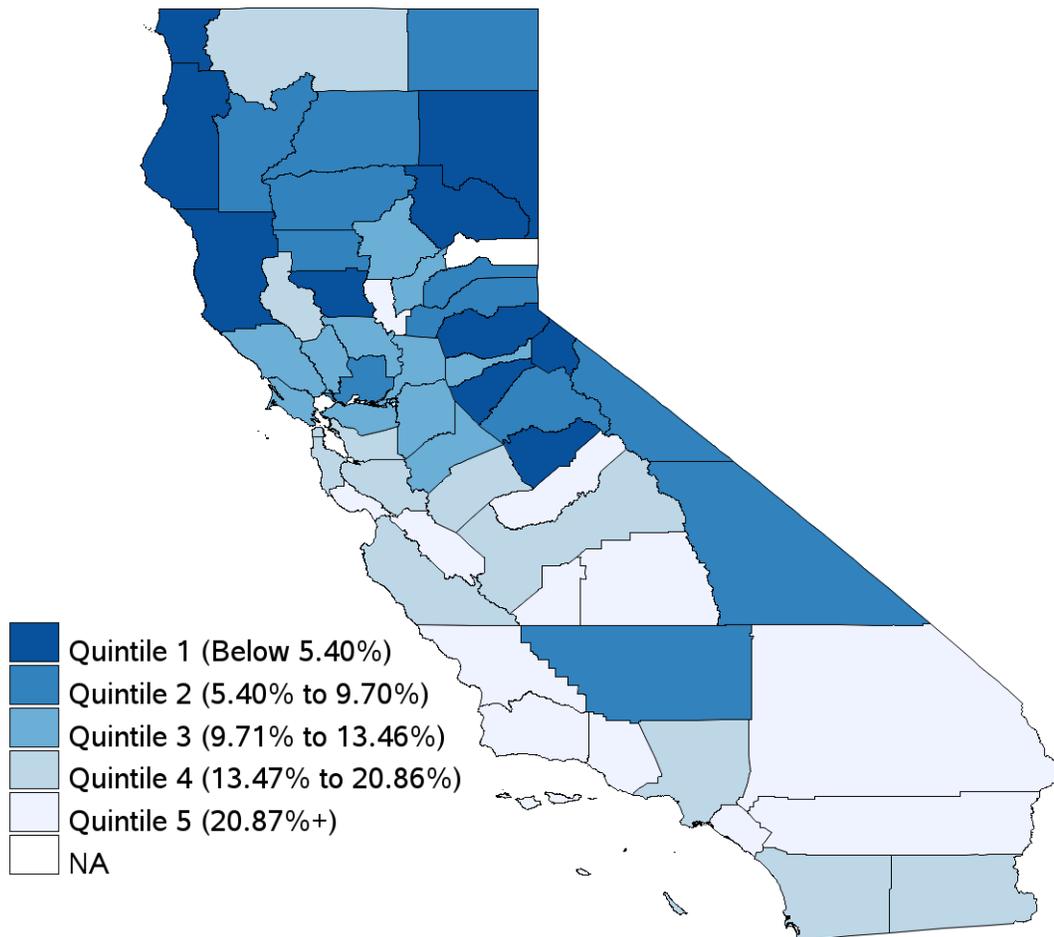


- ◆ For measurement year 2022, *Vision Services—Comprehensive Eye Exam* indicator rates for two of four (50.00 percent) delivery type model groups (Geographic Managed Care and Regional), one of two (50.00 percent) population density groups (Rural), and two of six (33.33 percent) geographic regions (North/Mountain and San Francisco Bay/Sacramento) were below the statewide aggregate by at least 10 percentage points.
- ◆ For measurement year 2022, the rates for the Regional delivery type model group and the North/Mountain geographic region were below the statewide aggregate by more than a 40 percent relative difference.

### Figure 3.88—Vision Services—Comprehensive Eye Exam (VIS-C)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.



- ◆ For measurement year 2022, 42 of 57 (73.68 percent) counties with reportable *Vision Services—Comprehensive Eye Exam* indicator rates fell below the statewide aggregate, and 37 of these 42 counties (88.10 percent) fell below the statewide aggregate by more than a 10 percent relative difference.
- ◆ Alpine, Calaveras, Colusa, Del Norte, El Dorado, Humboldt, Lassen, Mariposa, Mendocino, and Plumas counties were in Quintile 1 (i.e., had the least favorable rates). All 10 of these counties were in the North/Mountain geographic region.
  - Of note, reportable rates for 20 of 22 (90.91 percent) counties (Alpine, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, Shasta, Tehama, Trinity, and Tuolumne) in Quintiles 1 or 2 were in the North/Mountain geographic region. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan,

Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; and Partnership HealthPlan of California.

- ◆ Kings, Madera, Orange, Riverside, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Santa Cruz, Sutter, Tulare, and Ventura counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, rates for all six counties (Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region, five of eight (62.50 percent) counties (Fresno, Kings, Madera, Merced, and Tulare) in the San Joaquin Valley geographic region, all three counties (Imperial, Riverside, and San Bernardino) in the Southeastern geographic region, and all three counties (Los Angeles, Orange, and San Diego) in the Southern Coast were in Quintiles 4 or 5.
  - MCPs operating in the Central Coast, San Joaquin Valley, Southeastern, and Southern Coast geographic regions include Aetna Better Health of California; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; CalOptima; CalViva Health; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kaiser SoCal (KP Cal, LLC); Kern Health Systems, DBA Kern Family Health Care; L.A. Care Health Plan; Molina Healthcare of California; and UnitedHealthcare Community Plan.

## DHCS-Calculated Indicators

Figure 3.89 through Figure 3.95 display the measurement years 2021 and 2022 statewide and regional results for the DHCS-calculated indicator with results considered to be key findings.

The following DHCS-calculated indicators are not presented in Section 3 as HSAG and DHCS identified no key findings:

- ◆ *Blood Lead Screening—Test at 12 Months of Age (BLS-1)*
- ◆ *Blood Lead Screening—Two Tests by 24 Months of Age (BLS-1 and 2)*
- ◆ *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)*

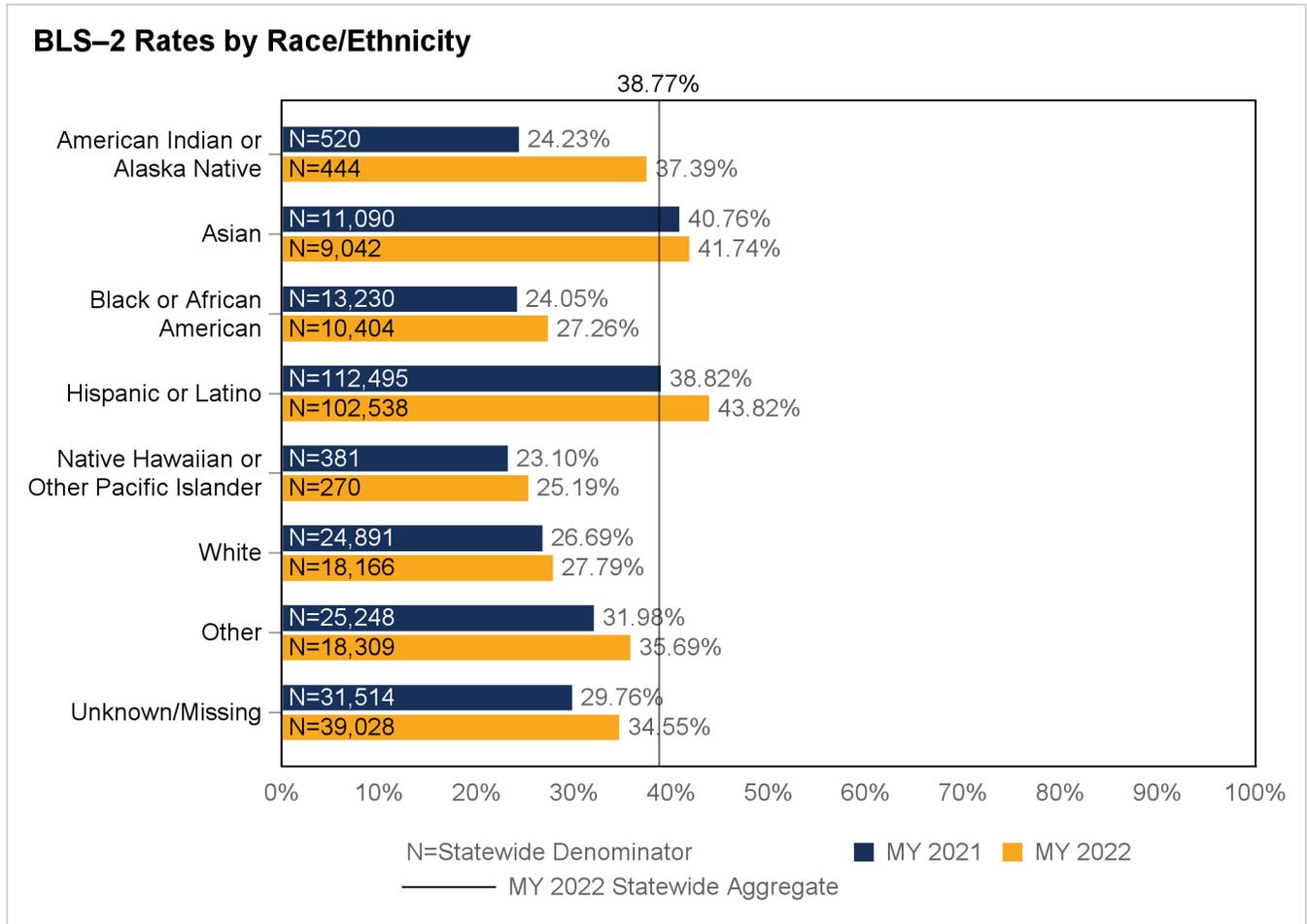
The results for these indicators are available in Appendix A.

### ***Blood Lead Screening—Test at 24 Months of Age***

The *Blood Lead Screening—Test at 24 Months of Age (BLS-2)* indicator measures the percentage of children who turned 2 years old during the measurement year and had a screening within six months (before and after) their second birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after the second birthday) with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 3.89 through Figure 3.95 display the *Blood Lead Screening—Test at 24 Months of Age (BLS-2)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, national benchmarks are not available for this indicator.

**Figure 3.89—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Racial/Ethnic Results**

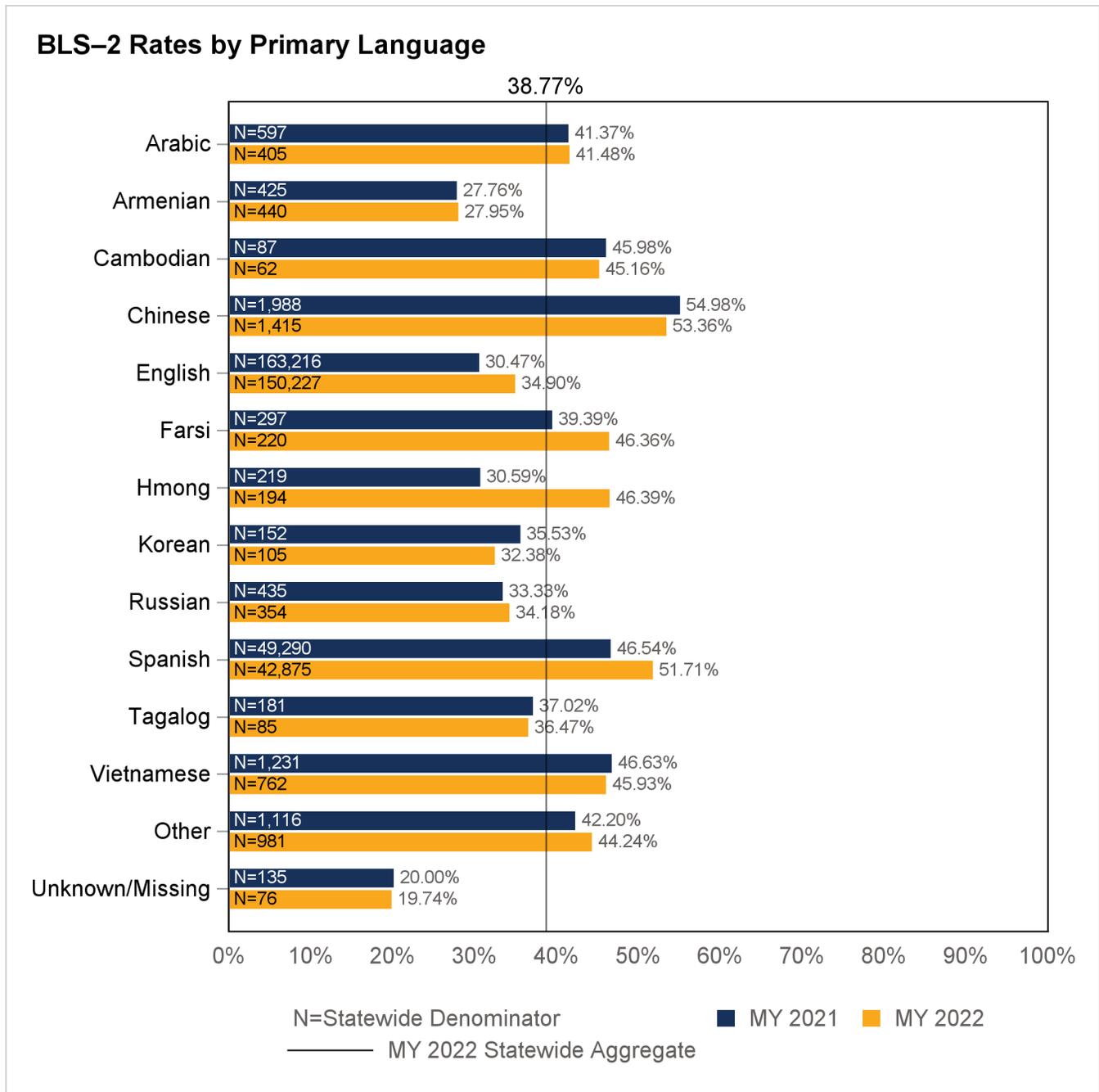
The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.



**Figure 3.90—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

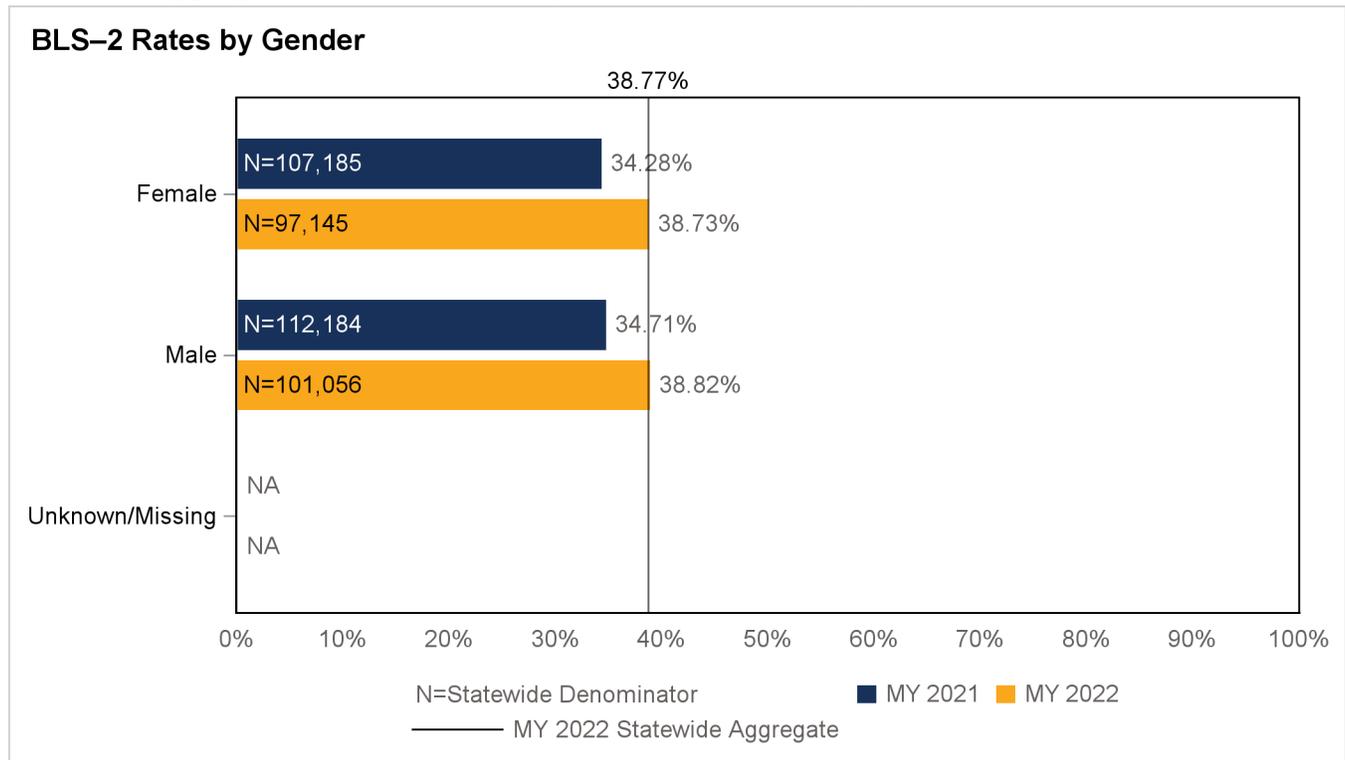
The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.



### Figure 3.91—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

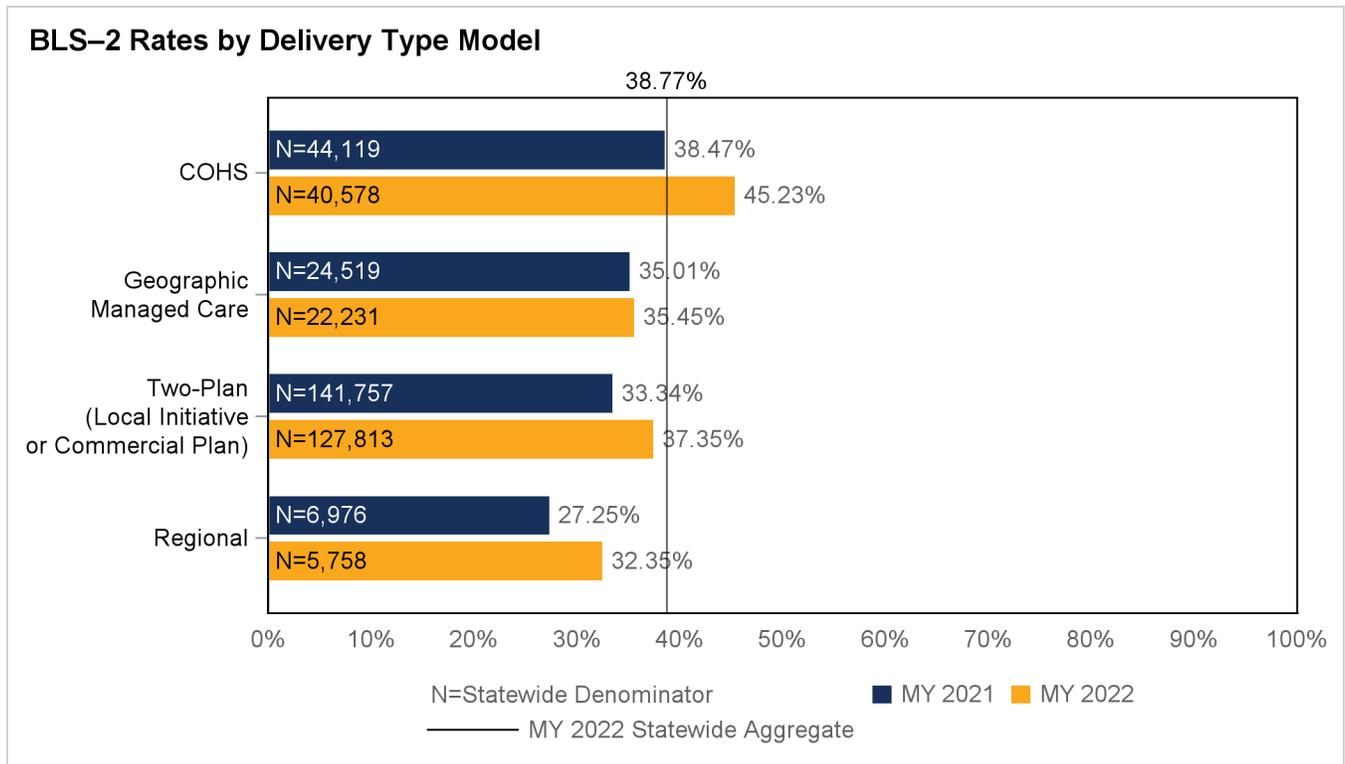
The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.



- ◆ The statewide aggregate for the *Blood Lead Screening—Test at 24 Months of Age* indicator increased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2022.
- ◆ For measurement years 2021 and 2022, reportable rates for four of eight (50.00 percent) racial/ethnic groups (Black or African American, Native Hawaiian or Other Pacific Islander, Unknown/Missing, and White) and two of 14 (14.29 percent) primary language groups (Armenian and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, reportable rates for five of eight (62.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, and Unknown/Missing), four of 14 (28.57 percent) primary language groups (English, Farsi, Hmong, and Spanish), and both gender groups increased by at least a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, the rates for the American Indian or Alaska Native racial/ethnic group and the Hmong primary language group increased by more than a 50 percent relative difference.

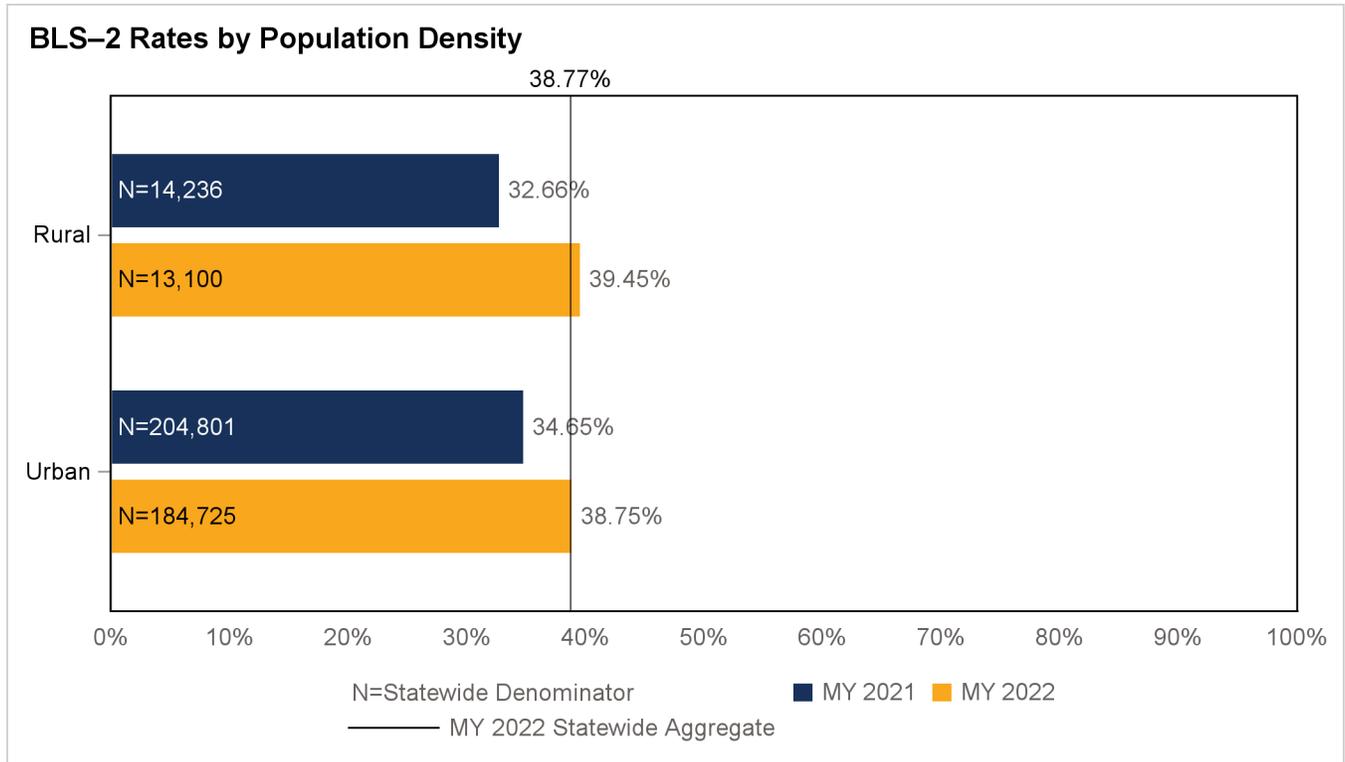
**Figure 3.92—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.



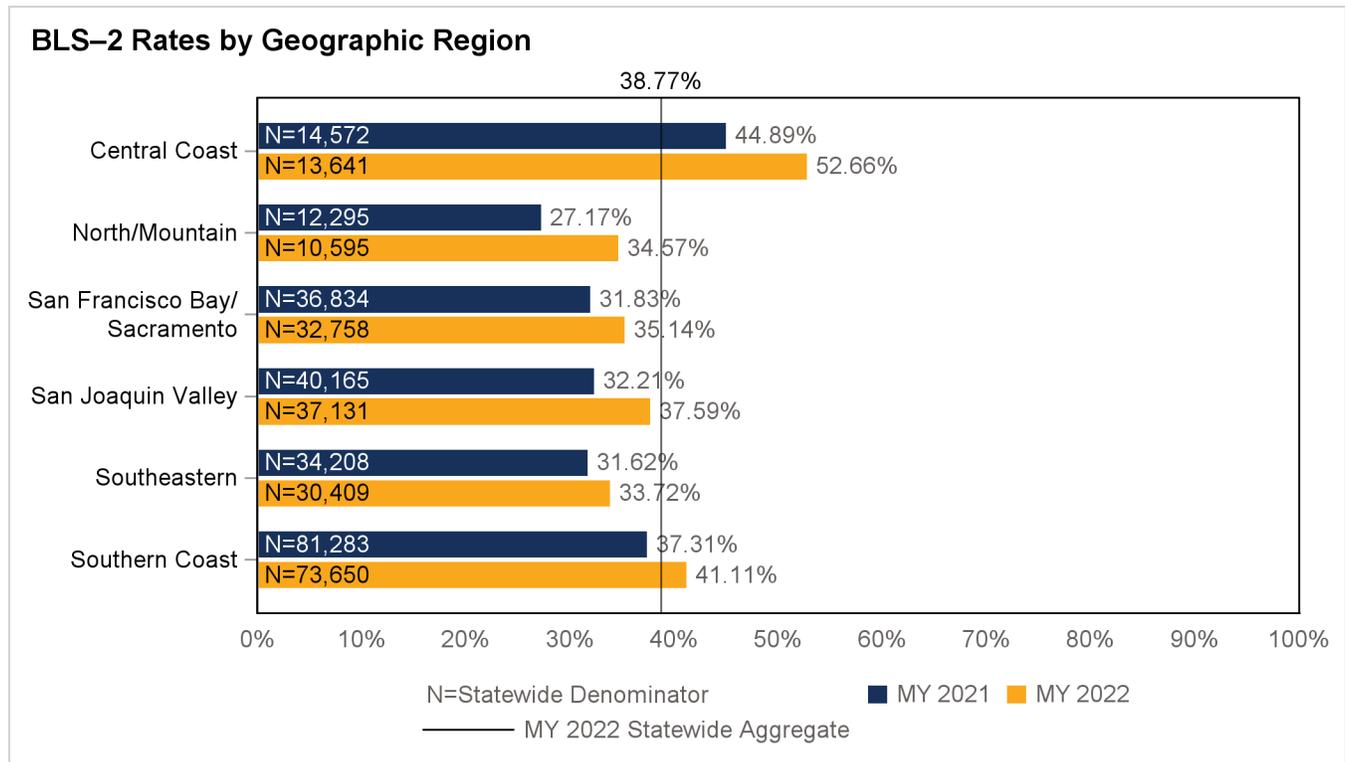
**Figure 3.93—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.



### Figure 3.94—Blood Lead Screening—Test at 24 Months of Age (BLS-2)—Regional-Level Geographic Region Results

The statewide aggregate for measurement year 2022 is shown in the figure below and the statewide aggregate for measurement year 2021 was 34.50 percent.

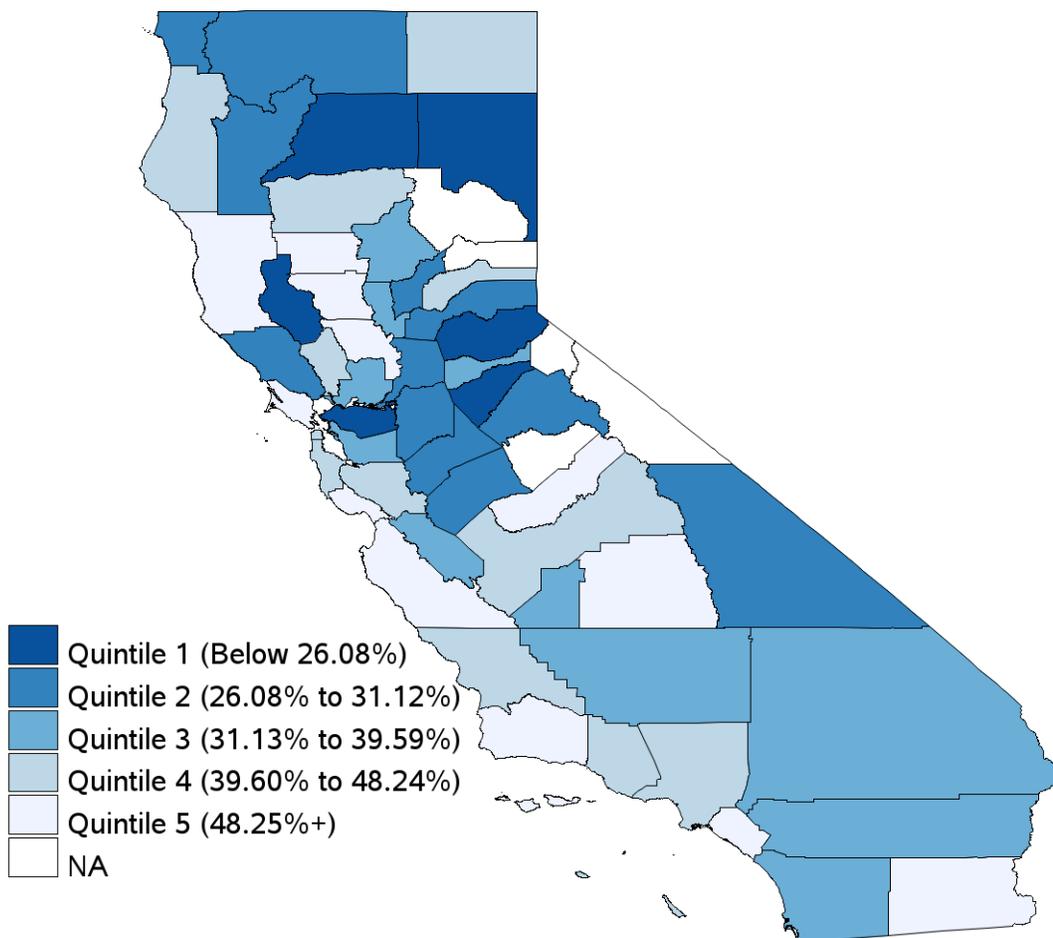


- ◆ For both measurement years 2021 and 2022, *Blood Lead Screening—Test at 24 Months of Age* indicator rates for the Regional delivery type group model and the North/Mountain geographic region were below the statewide aggregate by more than a 10 percent relative difference.
- ◆ From measurement year 2021 to measurement year 2022, rates for three of four (75.00 percent) delivery type model groups (COHS, Regional, and Two-Plan), both population density groups, and five of six (83.33 percent) geographic regions (Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast) increased by at least a 10 percent relative difference.
- ◆ For both measurement years 2021 and 2022, rates for the Central Coast geographic region were above the statewide aggregate by more than a 30 percent relative difference.

### Figure 3.95—Blood Lead Screening—Test at 24 Months of Age (BLS-2)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



- ◆ From measurement year 2021 to measurement year 2022, 49 of 53 (92.45 percent) counties with reportable *Blood Lead Screening—Test at 24 Months of Age* indicator rates increased, and rates for 35 of these 49 (71.43 percent) counties increased by at least a 10 percent relative difference.
- ◆ Calaveras, Contra Costa, El Dorado, Lake, Lassen, and Shasta counties were in Quintile 1 (i.e., had the least favorable rates). Five of these six (83.33 percent) counties (Calaveras, El Dorado, Lake, Lassen, and Shasta) were in the North/Mountain geographic region.
  - Of note, reportable rates for 12 of 18 (66.67 percent) counties (Calaveras, Del Norte, El Dorado, Inyo, Lake, Lassen, Placer, Shasta, Siskiyou, Trinity, Tuolumne, and Yuba) in Quintiles 1 or 2 were in the North/Mountain geographic region. MCPs operating in the North/Mountain geographic region include Blue Cross of California Partnership Plan,

Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; and Partnership HealthPlan of California.

- ◆ Colusa, Glenn, Imperial, Madera, Marin, Mendocino, Monterey, Orange, Santa Barbara, Santa Cruz, Tulare, and Yolo counties were in Quintile 5 (i.e., had the most favorable rates).
  - Of note, rates for five of six (83.33 percent) counties (Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura) in the Central Coast geographic region, five of 10 (50.00 percent) counties (Marin, Napa, San Francisco, San Mateo, and Santa Clara) in the San Francisco Bay/Sacramento geographic region, and two of three (66.67 percent) counties (Los Angeles and Orange) in the Southern Coast geographic region were in Quintiles 4 or 5.
  - MCPs operating in the Central Coast, San Francisco Bay/Sacramento, and Southern Coast geographic regions include Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; CalOptima; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan; and UnitedHealthcare Community Plan.

## 4. Conclusions and Considerations

HSAG identified the following overall findings for the 2023 Preventive Services Report analyses:

- ◆ **Overall Finding 1:** Performance for measurement year 2022 improved from measurement year 2021. However, the majority of indicators that could be compared to national benchmarks did not meet the national benchmarks for measurement year 2022.
- ◆ **Overall Finding 2:** Performance is regional.
- ◆ **Overall Finding 3:** Statewide performance varies based on race/ethnicity and primary language.
- ◆ **Overall Finding 4:** Overall performance across California’s six largest counties was high for a majority of indicators, but improvement is needed for well-child visits, childhood immunizations, blood lead screenings, and follow-up after hospitalizations for mental illness.
- ◆ **Overall Finding 5:** At least half of younger MCMC children received well-child visits and received immunizations at higher rates than seen nationally.
- ◆ **Overall Finding 6:** Adolescent rates for well-care visits are lower than rates for younger children.
- ◆ **Overall Finding 7:** Over half of MCMC children received a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally.

Based on the overall findings, HSAG developed the following conclusions and considerations for DHCS and the MCPs:

- ◆ **Conclusions and Considerations for Overall Finding 1:**
  - DHCS continues to make progress on outreach activities designed to encourage utilization of preventive services for children under the age of 21. To promote Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), DHCS, in collaboration with member and stakeholder feedback, developed new outreach materials that provide an overview of EPSDT covered services (for ease of member understanding, DHCS now calls EPSDT services “Medi-Cal for Kids & Teens”), how to access the services, and the

importance of preventive services.<sup>9,10</sup> As part of this outreach, DHCS also developed the “Medi-Cal for Kids & Teens: Your Medi-Cal Rights” letter that provides information to members and families on what to do if a service is delayed, denied, reduced, or stopped. In 2023, MCPs were required to publish the Medi-Cal for Kids & Teens outreach materials and letters on their websites as well as mail the materials to members under the age of 21 on annual basis. For new members, MCPs must mail the materials within seven days of enrollment and for existing members, DHCS required MCPs to mail the first set of materials on June 1, 2023. Starting January 1, 2024, and on an annual basis moving forward, DHCS made the same requirements for MCPs related to the Medi-Cal for Kids & Teens materials for both new and existing members as was done in 2023; however, MCPs have the option of mailing or sharing the materials electronically with members.

- In December 2023, DHCS published a Medi-Cal for Kids & Teens Provider Training.<sup>11</sup> Starting in January 2024, MCPs are required to submit, by February 15 of each calendar year, a comprehensive plan to ensure their network providers receive proper education and training for Medi-Cal for Kids & Teens.<sup>12</sup> The comprehensive plan must include the number of network providers serving Medi-Cal members 21 years of age and younger, whether the provider completed the required training, and the steps the MCP will take to ensure all network providers are in compliance.
  - Given DHCS’ efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement years 2023 and 2024.
- DHCS began implementing the California Advancing and Innovating Medi-Cal (CalAIM) program in early 2022. As part of CalAIM, DHCS launched the Population Health Management (PHM) Program on January 1, 2023, which requires MCPs to submit their

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<sup>9</sup> State of California Department of Health Care Services. Medi-Cal for Kids & Teens. Available at: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx>. Accessed on: Mar 19, 2024.

<sup>10</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

<sup>11</sup> State of California Department of Health Care Services. Medi-Cal for Kids & Teens Provider Training. December 2023. Available at: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training-Updated-Feb-2024.pdf>. Accessed on: Mar 19, 2024.

<sup>12</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

PHM Strategy Deliverable to DHCS by October 1, 2023, and annually thereafter. The PHM Strategy Deliverable includes questions and attestations which MCPs must respond to regarding alignment with DHCS' Bold Goals, including improving rates of children's preventive care measures and improving rates of adolescent depression screenings.<sup>13,14</sup> Further, in January 2024, DHCS released an updated PHM Policy Guide, which provides updated guidance to MCPs related to the population needs assessment (PNA) and requirement for MCPs to meaningfully participate in Local Health Jurisdiction (LHJ) Community Health Assessments/Community Health Improvement Plans rather than complete a separate PNA focused solely on their own members' data.<sup>15</sup> DHCS' goal for this revised approach to PNAs is to initiate or help strengthen engagement among MCPs, LHJs, and community stakeholders to better serve the needs of members and the communities in which they live.<sup>16</sup>

- Given the changes to the PHM Program in 2023 and 2024, it will be important for DHCS to monitor how these efforts impact performance measures related to preventive care in measurement years 2023 2024.

◆ **Conclusions and Considerations for Overall Finding 2:**

- Given the low performance of rural counties in the North/Mountain geographic region, MCPs operating in these counties should determine the factors contributing to the low performance (e.g., access to providers and distance to providers). Additionally, MCPs operating in the North/Mountain geographic region should leverage and learn from quality improvement successes of MCPs operating in higher-performing rural counties by implementing similar practices in order to drive improvement. This may also include working with LHJs in higher-performing rural counties to understand best practices that could be implemented by LHJs in lower-performing rural counties.
- MCPs operating in lower-performing rural counties should consider expanding the use of telehealth visits, where appropriate, and assess ways to expand the managed care provider networks to improve performance.

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<sup>13</sup> State of California Department of Health Care Services. 2023 DHCS PHM Strategy Deliverable Template. August 2023. Available at: <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Strategy-Submission-Template-August2023.pdf>. Accessed on: Mar 19, 2024.

<sup>14</sup> State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Mar 19, 2024.

<sup>15</sup> State of California Department of Health Care Services. 2023 DHCS PHM Strategy Deliverable Template. August 2023. Available at <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Strategy-Submission-Template-August2023.pdf>. Accessed on: Mar 19, 2024.

<sup>16</sup> State of California Department of Health Care Services. CalAIM: Population Health Management (PHM) Policy Guide. January 2024. Available at: <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>. Accessed on: Mar 19, 2024.

**◆ Conclusions and Considerations for Overall Finding 3:**

- Given that the rates for the same racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and primary language groups (Russian) continued to be low statewide, MCPs have opportunities to use this information to set or re-evaluate shared goals and specific, measurable, attainable, realistic, and time-bound (SMART) objectives in collaboration with LHJs as part of the PHM Strategy Deliverables that MCPs are required to submit to DHCS annually in October of each year.<sup>17</sup> These objectives must align with DHCS' Bold Goals, which include closing racial/ethnic disparities in well-child visits and immunizations.<sup>18</sup>
- Starting in 2023 and through 2025, DHCS required all MCPs to conduct a clinical performance improvement project (PIP) on the *Well-Child Visits in First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator, specifically related to improving well-child visit compliance for Black or African American children if the MCP had a sufficient Black or African American population. If an MCP did not have a large enough Black or African American population, the MCP must focus on another racial/ethnic group that is low performing. DHCS allowed one MCP to focus its clinical PIP on the *Well-Child Visits in First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* indicator. DHCS and the MCPs should monitor over time how this PIP impacts well-child visit compliance for the selected racial/ethnic groups.

**◆ Conclusions and Considerations for Overall Finding 4:**

- Given that the six largest counties continued to have low performance related to well-child visits, blood lead screenings, and childhood immunizations during measurement year 2022, implementing efforts to improve well-child visits within the six largest counties may contribute to substantial improvement for California overall.
  - Given DHCS' efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement years 2023 and 2024.
- None of the *Oral Evaluation, Dental Services—Total* rates for the six largest counties were above the national benchmark; therefore, opportunities exist for MCPs operating in these counties to ensure that dental screenings/oral health assessments are included

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<sup>17</sup> State of California Department of Health Care Services. 2023 DHCS PHM Strategy Deliverable Template. August 2023. Available at <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Strategy-Submission-Template-August2023.pdf>. Accessed on: Mar 19, 2024.

<sup>18</sup> Ibid.

as part of the initial health appointment that is required as part of the PHM Program.<sup>19,20</sup> Given that Dental MCs are responsible for dental care in Los Angeles and Sacramento counties, MCPs operating in Los Angeles County should ensure members are opting into the Dental MC program available to them. For the remaining four counties, MCPs should ensure members are referred to a Medi-Cal dental provider to ensure members receive an annual comprehensive or periodic oral evaluation as an EPDST service in alignment with the American Academy of Pediatrics/Bright Futures periodicity schedule.<sup>21</sup>

- Riverside, Sacramento, and San Diego counties had low performance relative to statewide performance on follow-up after hospitalizations for mental illness; therefore, MCPs operating in these counties should leverage case management and care coordination, which includes appropriate discharge planning to ensure members are connected to appropriate providers upon discharge for a mental health-related hospitalization.<sup>22</sup> Further, the CalAIM Behavioral Quality Improvement Program is an incentive payment program for County Behavioral Health Plans through fiscal year 2023–2024. Plans are able to earn incentive payments based on completing deliverables tied to program goals and milestones. One of the milestones is demonstrating improved data exchange capabilities between the County Behavioral Health Plans and the MCPs. Given this milestone was intended to be completed by July 2023, it will be important to assess whether MCP rates improve in measurement year 2023.<sup>23</sup>

◆ **Conclusions and Considerations for Overall Finding 5:**

- MCPs should continue to ensure children and adolescents receive all their necessary well-child visits, especially for children ages 15 months and younger. Well-child visits are an opportunity for parents to raise concerns about their child’s development and

<sup>19</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

<sup>20</sup> State of California Department of Health Care Services. Initial Health Appointment [letter]. December 27, 2022. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-030.pdf>. Accessed on: Mar 19, 2024.

<sup>21</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

<sup>22</sup> Ibid.

<sup>23</sup> State of California Department of Health Care Services. CalAIM Behavioral Health Quality Improvement Program. Available at: <https://www.dhcs.ca.gov/bhqip>. Accessed on: Mar 19, 2024.

behavior; receive important immunizations; and develop a relationship between the pediatrician, parents, and child.<sup>24</sup>

- It is important to note that the coronavirus disease 2019 (COVID-19) likely impacted the *Childhood Immunization Status* indicator given that many children who turned 2 years of age in measurement year 2022 would have typically started receiving immunizations from birth through 2 years of age,<sup>25</sup> which would have occurred during measurement years 2020 and 2021 when the public health emergency was still in effect. Of note, the national benchmark and statewide rate for *Childhood Immunization Status* declined by approximately 4 percentage points and 3 percentage points, respectively, from measurement year 2021 to measurement year 2022, which signifies the impacts of COVID-19 on this indicator nationally and within California. It will be important to monitor how childhood immunization rates change in measurement year 2023 both nationally and within California.
- MCPs should leverage best practices shared through the CMS Infant Well-Child Visit Learning Collaborative Affinity Group on improving infant well-child visit rates during the first 30 months of life. Of note, DHCS and two Medi-Cal MCPs, Health Plan of San Joaquin and Partnership HealthPlan of California, presented at the February 2024 CMS Infant Well-Child Visit Learning Collaborative Affinity Group. As part of this presentation, DHCS and the two MCPs highlighted their strategies for improving well-child visits in the first six months of life, which included, but was not limited to, engaging mothers during the prenatal and postpartum period about the importance of well-child visits, working with hospitals to schedule well-child visits before the mother and baby are discharged, providing resources to address barriers to attending well-child visits, and providing culturally relevant support for the Black or African American population. As part of the lessons learned, DHCS is requiring Medi-Cal providers participating in presumptive eligibility programs to report the births of Medi-Cal eligible infants to an online portal within 24 hours of birth, effective July 2024, in order to minimize any coverage gaps or delays in care.<sup>26</sup>
  - The MCPs should continue to participate in the CMS Infant Well-Child Visit Learning Collaborative Affinity Group to learn from other states and stakeholders on best practices for improving well-child visit rates.

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<sup>24</sup> American Academy of Pediatrics. AAP Schedule of Well-Child Care Visits. Available at: <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed on: Mar 19, 2024.

<sup>25</sup> Centers for Disease Control and Prevention. Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger. November 16, 2023. Available at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>. Accessed on: Mar 19, 2024.

<sup>26</sup> State of California Department of Health Care Services. Proposed Trailer Bill Language. Newborn Hospital Gateway: Fact Sheet. Available at: [https://www.dhcs.ca.gov/Documents/LGA/TBL\\_2\\_10\\_23/DHCS-TBL-Newborn-Hospital-Gateway-Fact-Sheet.pdf](https://www.dhcs.ca.gov/Documents/LGA/TBL_2_10_23/DHCS-TBL-Newborn-Hospital-Gateway-Fact-Sheet.pdf). Accessed on: Mar 19, 2024.

- DHCS should monitor how the newborn online portal is leveraged to improve well-child visit rates in the future.

◆ **Conclusions and Considerations for Overall Finding 6:**

- Adolescents ages 12 to 21 years account for approximately 48 percent of the pediatric MCMC population; therefore, there are opportunities for MCPs to work with providers to ensure that as children get older, they continue to receive comprehensive well-care visits and recommended screenings.
  - Given DHCS' efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement years 2023 and 2024.
- According to the American Academy of Pediatrics and the U.S. Preventive Services Task Force, alcohol and tobacco use and depression can lead to life-long detrimental health complications, and early screening is necessary to prevent chronic health and social issues.<sup>27,28</sup> Given that there continued to be little improvement in billing for alcohol and tobacco use screenings in measurement year 2022, MCPs should continue to work with providers to improve billing practices to capture alcohol and tobacco screenings.
- Opportunities exist to improve the provision of critical adolescent screenings (i.e., screenings for depression and alcohol and tobacco use) in adolescents ages 11 to 21 years during comprehensive well-care visits with PCPs and OB/GYNs.

◆ **Conclusions and Considerations for Overall Finding 7:**

- Given DHCS' efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement years 2023 and 2024.
- It is important to note that COVID-19 likely impacted the blood lead screenings given that many children who turned 2 years of age in measurement year 2022, would have typically received a blood lead screening after 1 year of age, which would have occurred during measurement year 2021 when the public health emergency was still in effect. Of note, the national benchmark for *Lead Screening in Children* declined by approximately 8 percentage points from measurement year 2020 to measurement year 2021, and continued to decline in measurement year 2022, which signifies the impacts of COVID-19 on this indicator nationally. While the California statewide rate improved by approximately 1 percentage point, measurement year 2022 was the first year the MCPs were required to report this measure. It will be important to monitor how blood lead screening rates change in measurement year 2023 both nationally and within California.

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<sup>27</sup> Centers for Disease Control and Prevention. Youth Tobacco Prevention. Available at: [https://www.cdc.gov/tobacco/basic\\_information/youth/index.htm](https://www.cdc.gov/tobacco/basic_information/youth/index.htm). Accessed on: Mar 19, 2024.

<sup>28</sup> Siu AL (on behalf of the US Preventive Services Task Force). Screening for Depression in Children and Adolescents: US Preventive Services Task Force Recommendation Statement, *Pediatrics*. 2016: 137(3). Available at: <https://pediatrics.aappublications.org/content/early/2016/02/04/peds.2015-4467>. Accessed on: Mar 19, 2024.

## Appendix A. Full Demographic Results

Appendix A displays all MCP-, HSAG-, and DHCS-calculated indicator results that did not meet the key finding criteria and therefore were not presented in the body of the report. Measurement years 2021 and 2022 rates stratified by race/ethnicity, primary language, gender, age, delivery type model, population density, geographic region, and county are displayed along with reference lines for the statewide aggregate and national benchmark, where applicable. Figure A.1 through Figure A.73 display all results not presented in the body of the report.

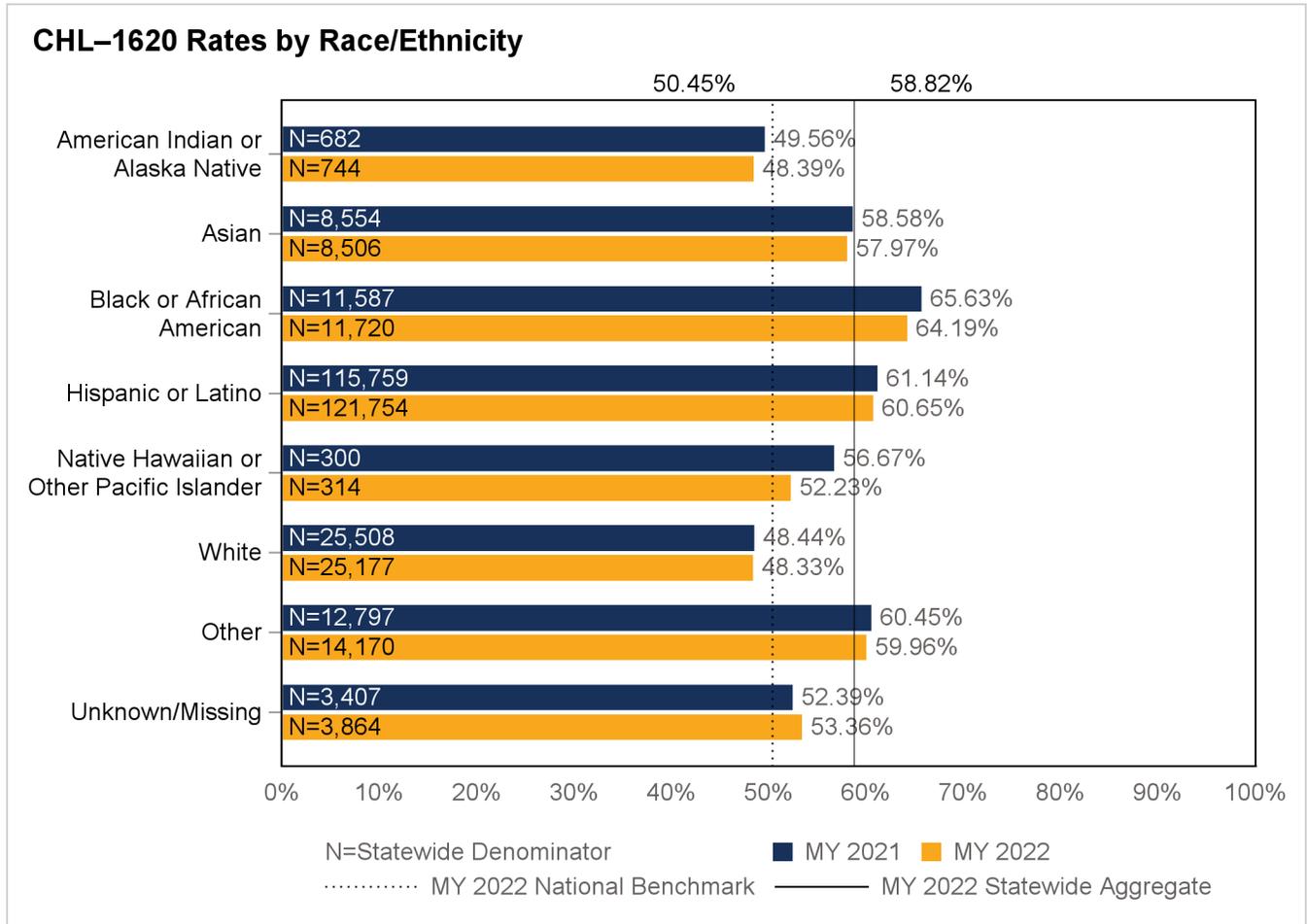
### MCP-Calculated MCAS Indicators

#### *Chlamydia Screening in Women—16 to 20 Years*

The *Chlamydia Screening in Women—16 to 20 Years (CHL-1620)* indicator measures the percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Figure A.1 through Figure A.6 display the *Chlamydia Screening in Women—16 to 20 Years (CHL-1620)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure A.1—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—Statewide Racial/Ethnic Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.

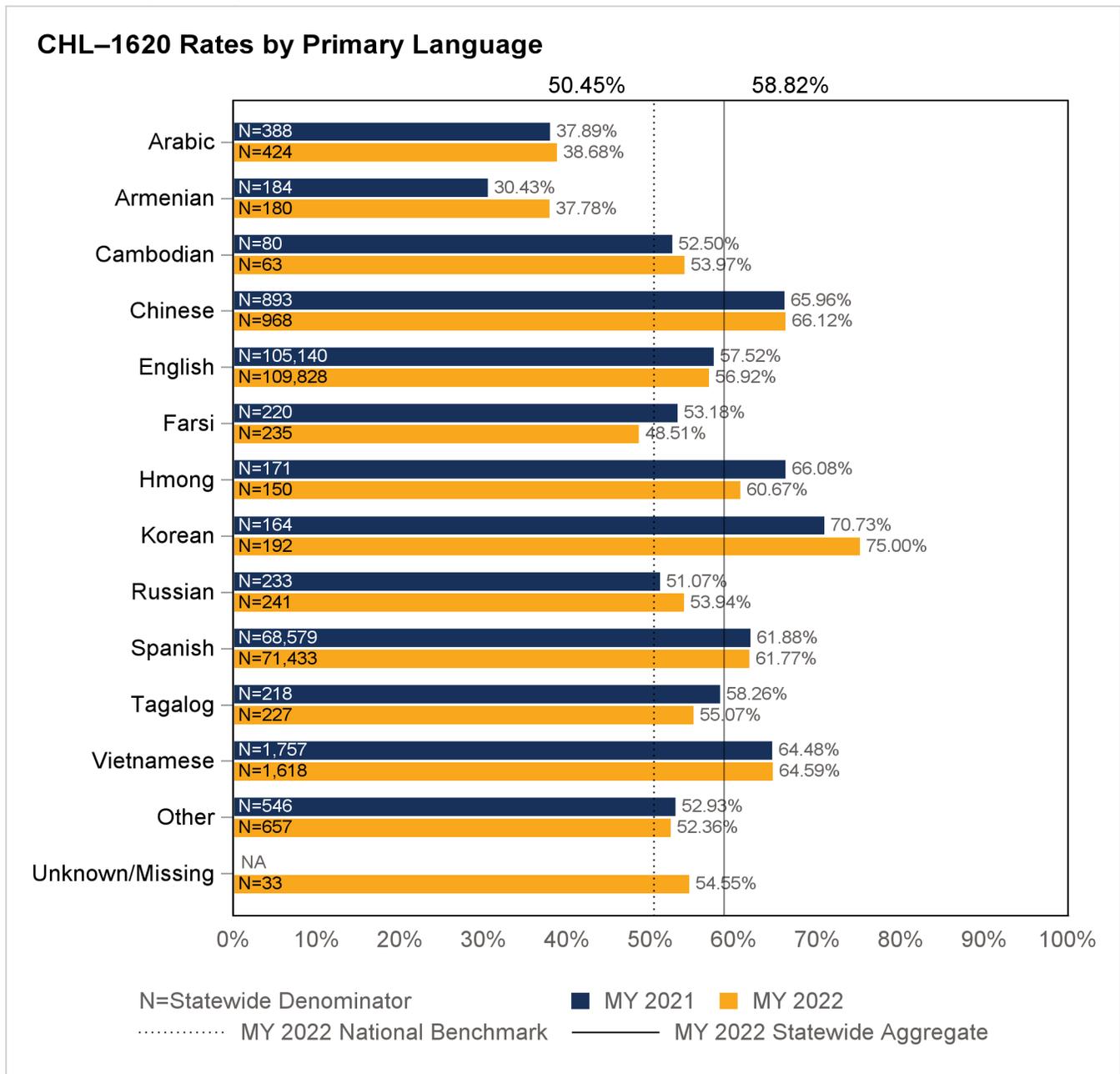


**Figure A.2—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

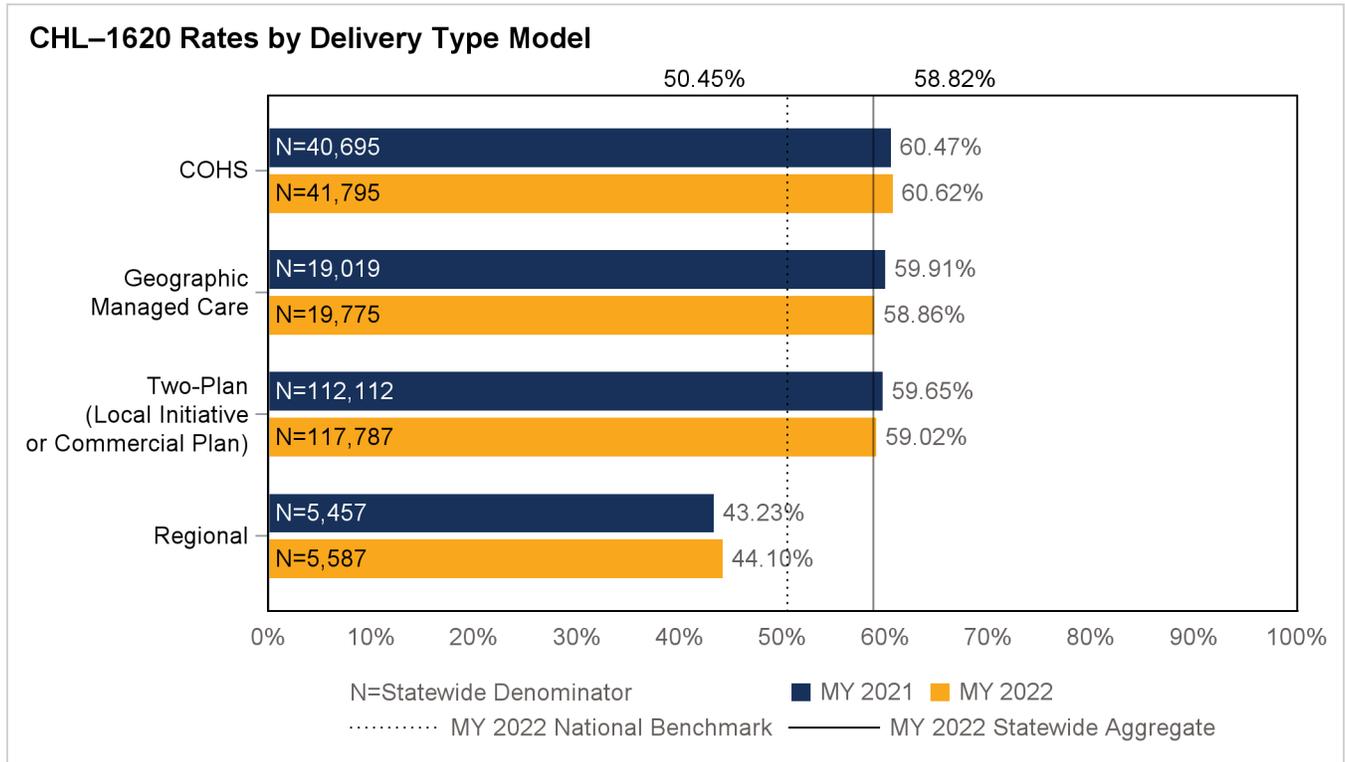
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.



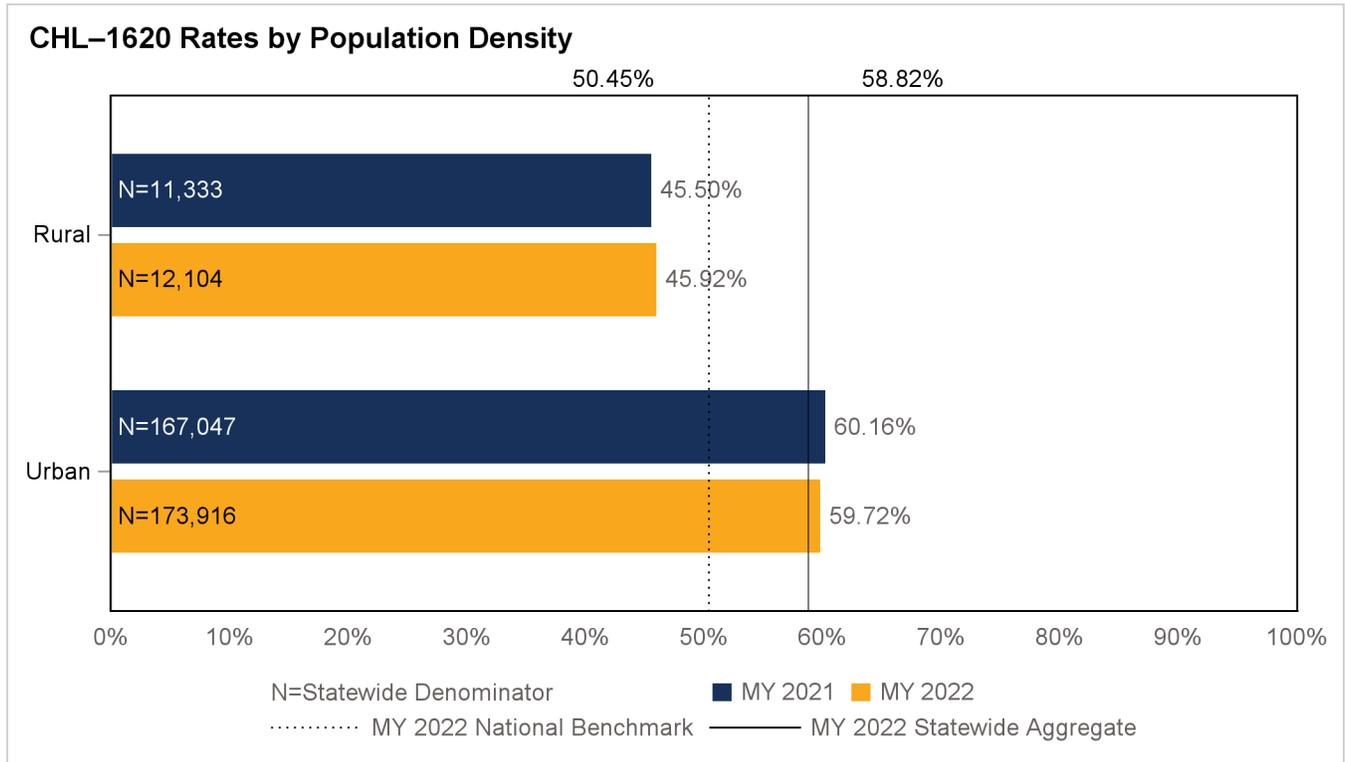
**Figure A.3—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—  
Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.



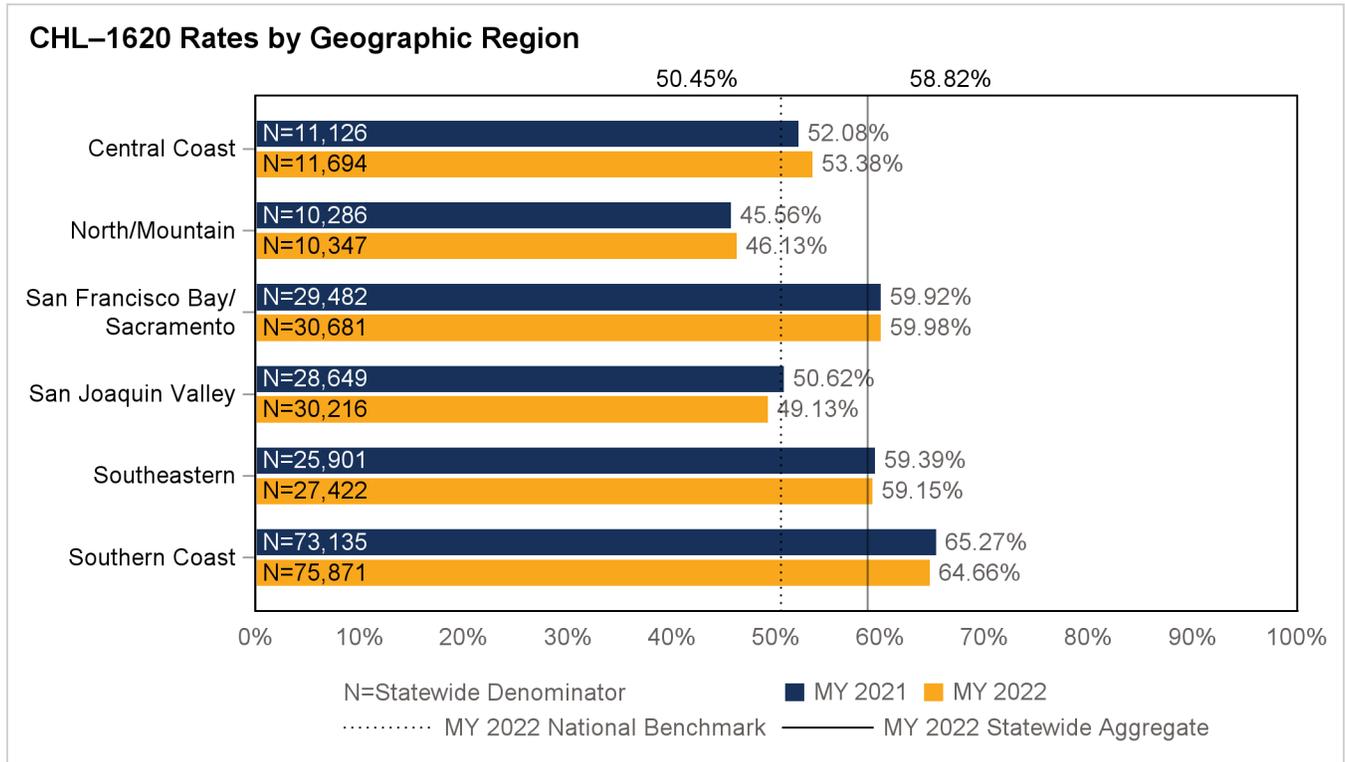
**Figure A.4—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—  
Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.



**Figure A.5—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—  
Regional-Level Geographic Region Results**

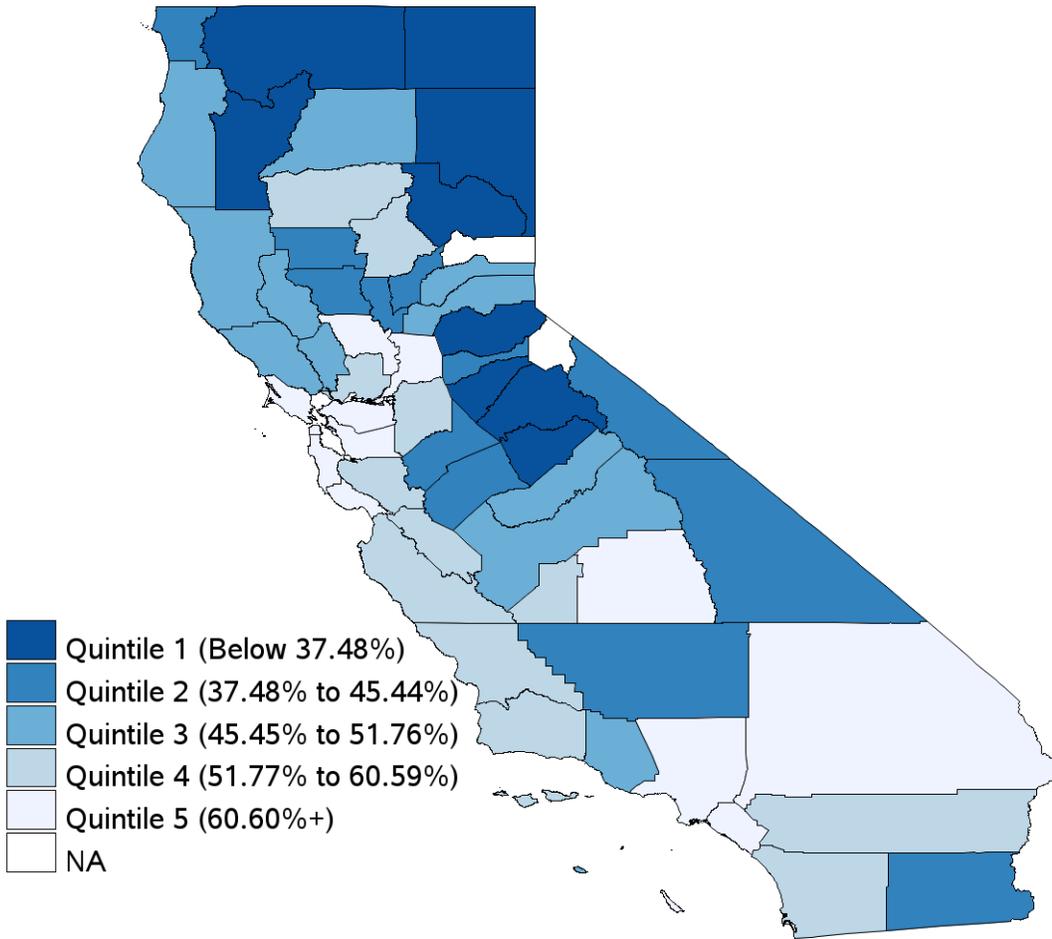
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 50.14 percent and 59.23 percent, respectively.



**Figure A.6—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.

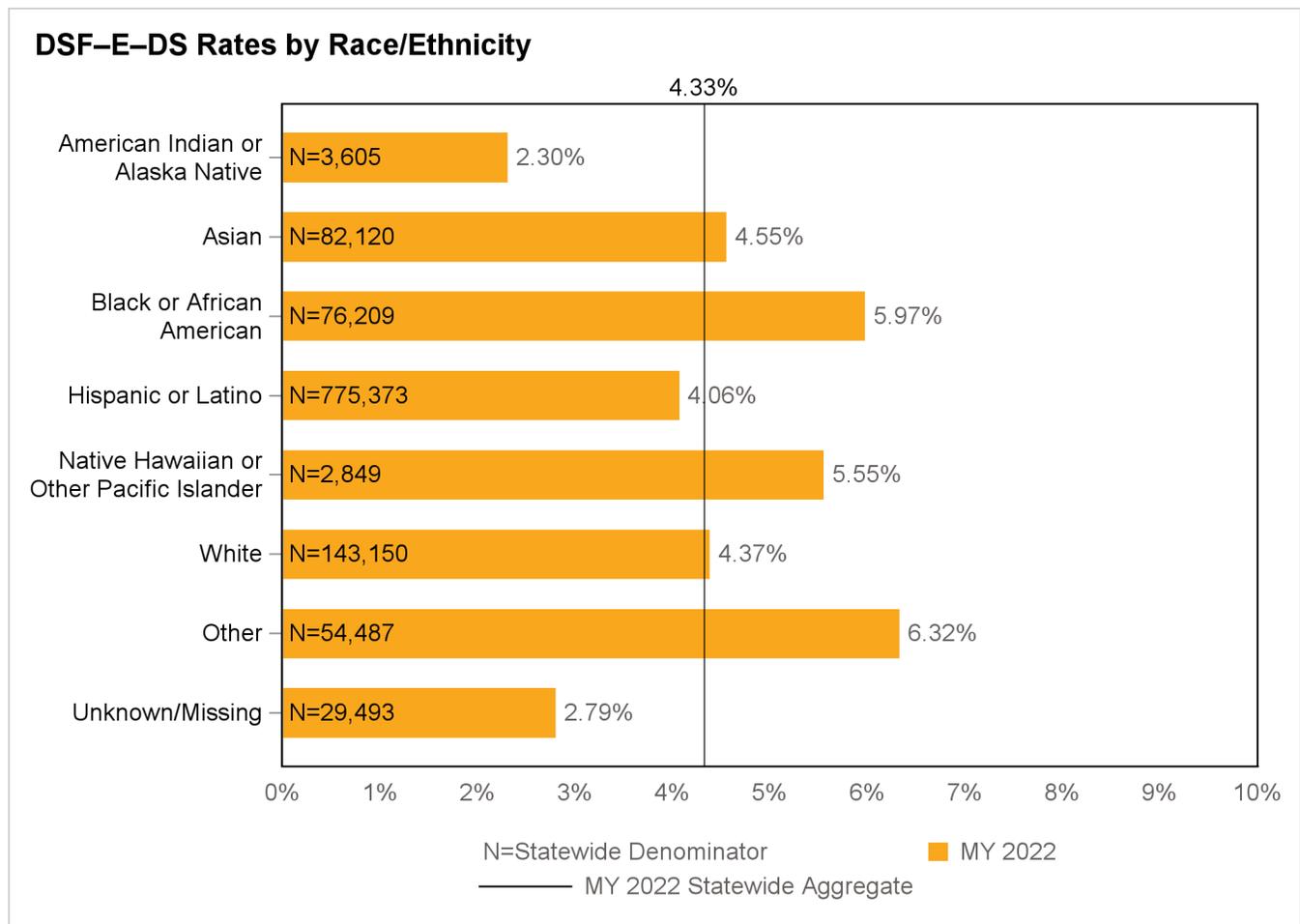


## Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years

The *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)* indicator measures the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument. Figure A.7 through Figure A.13 display the *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, national benchmarks are not available for this indicator.

**Figure A.7—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Racial/Ethnic Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.

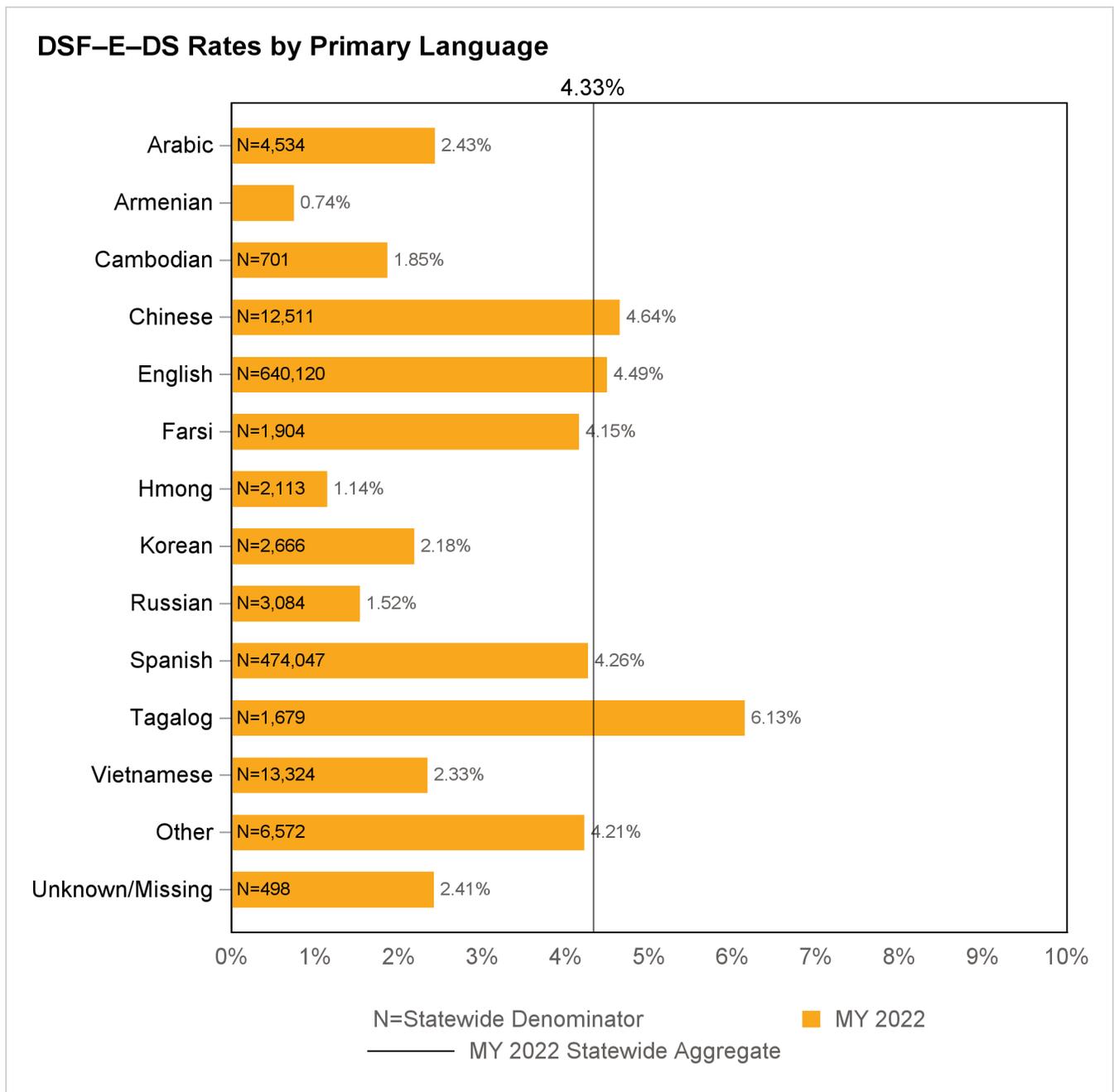


**Figure A.8—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

The measurement year 2022 statewide denominator for the Armenian primary language groups is 3,533.

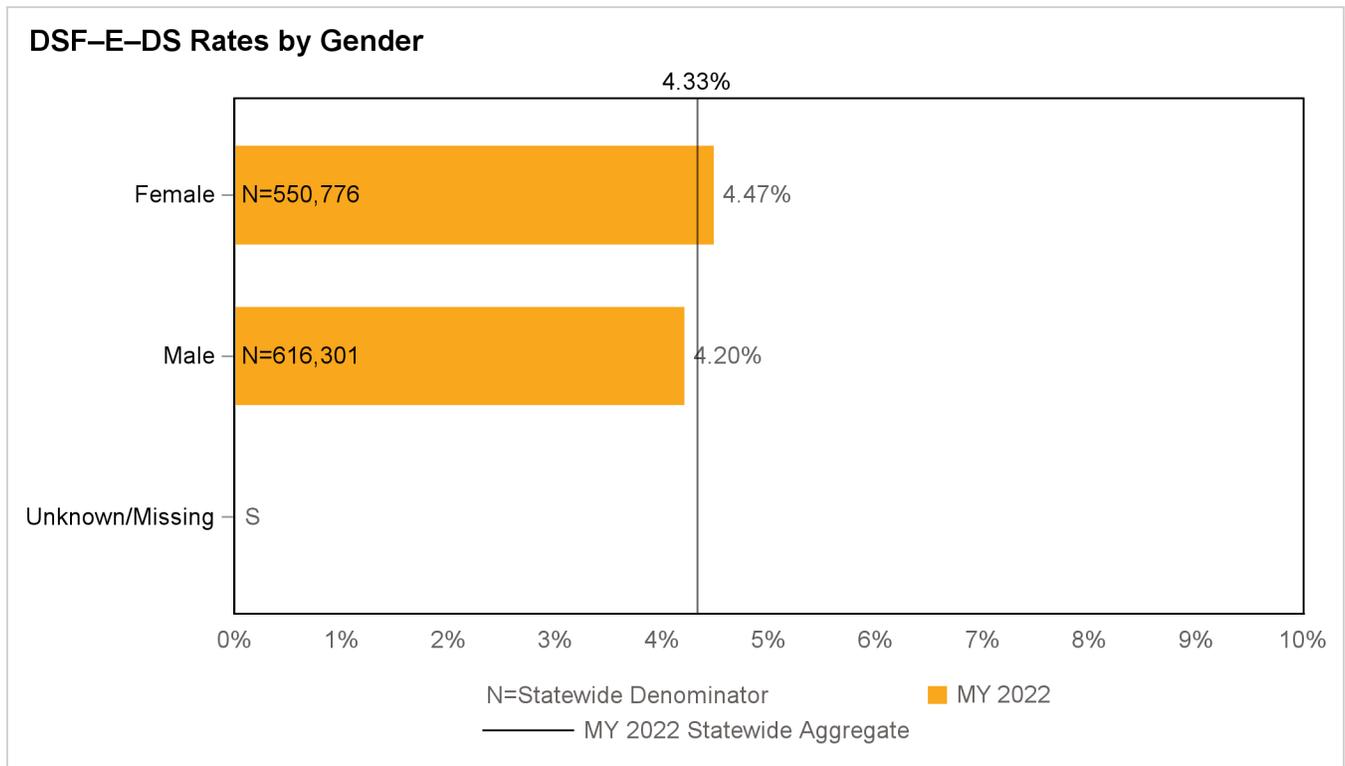
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.9—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Gender Results**

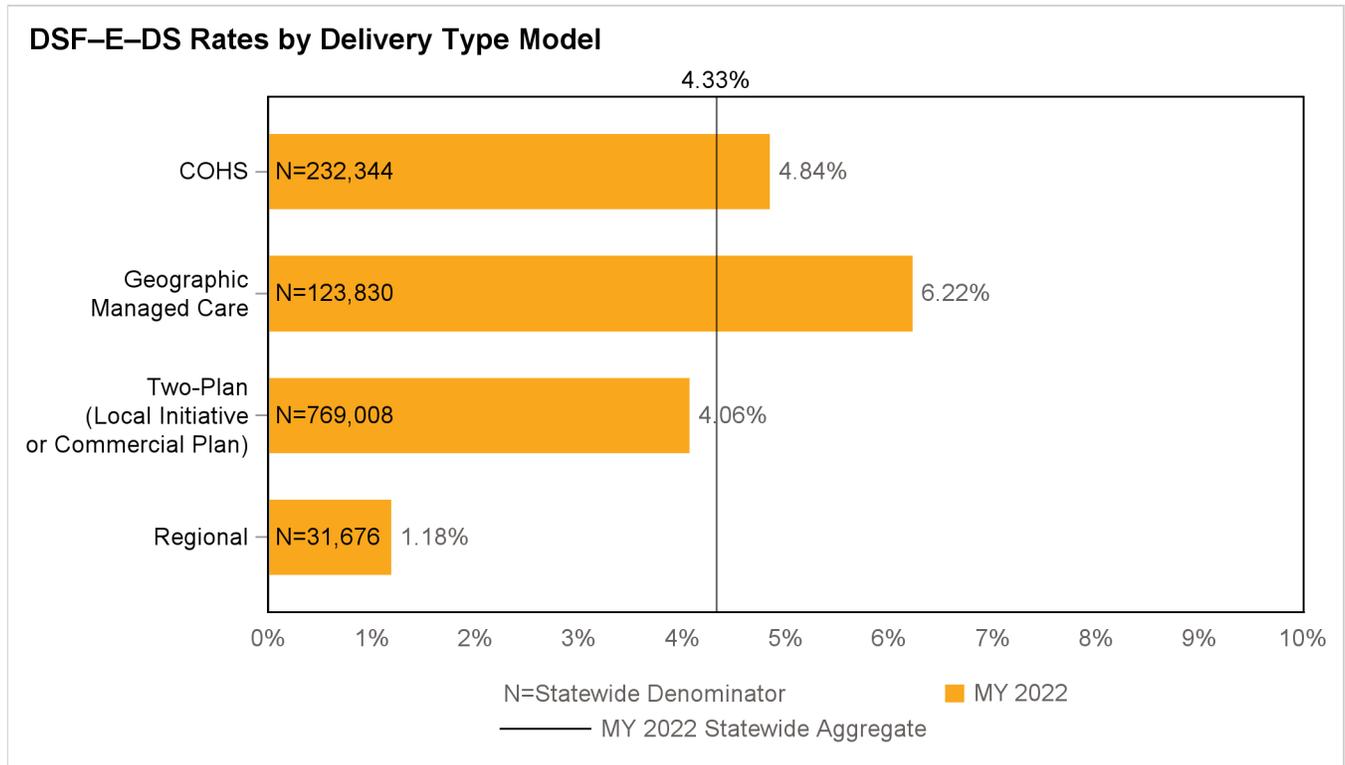
S indicates fewer than 11 cases exist in the numerator for the gender group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

The statewide aggregate for measurement year 2022 is shown in the figure below.



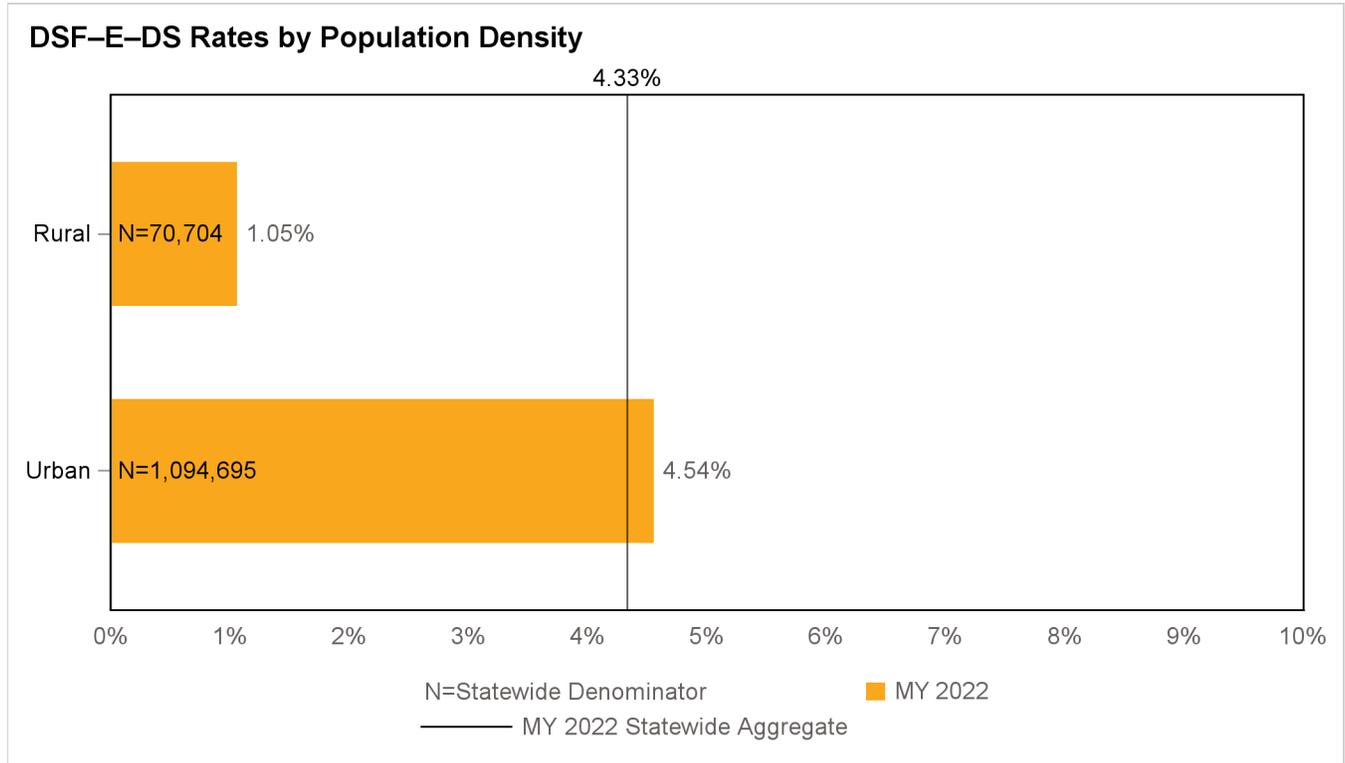
**Figure A.10—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—Regional-Level Delivery Type Model  
Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



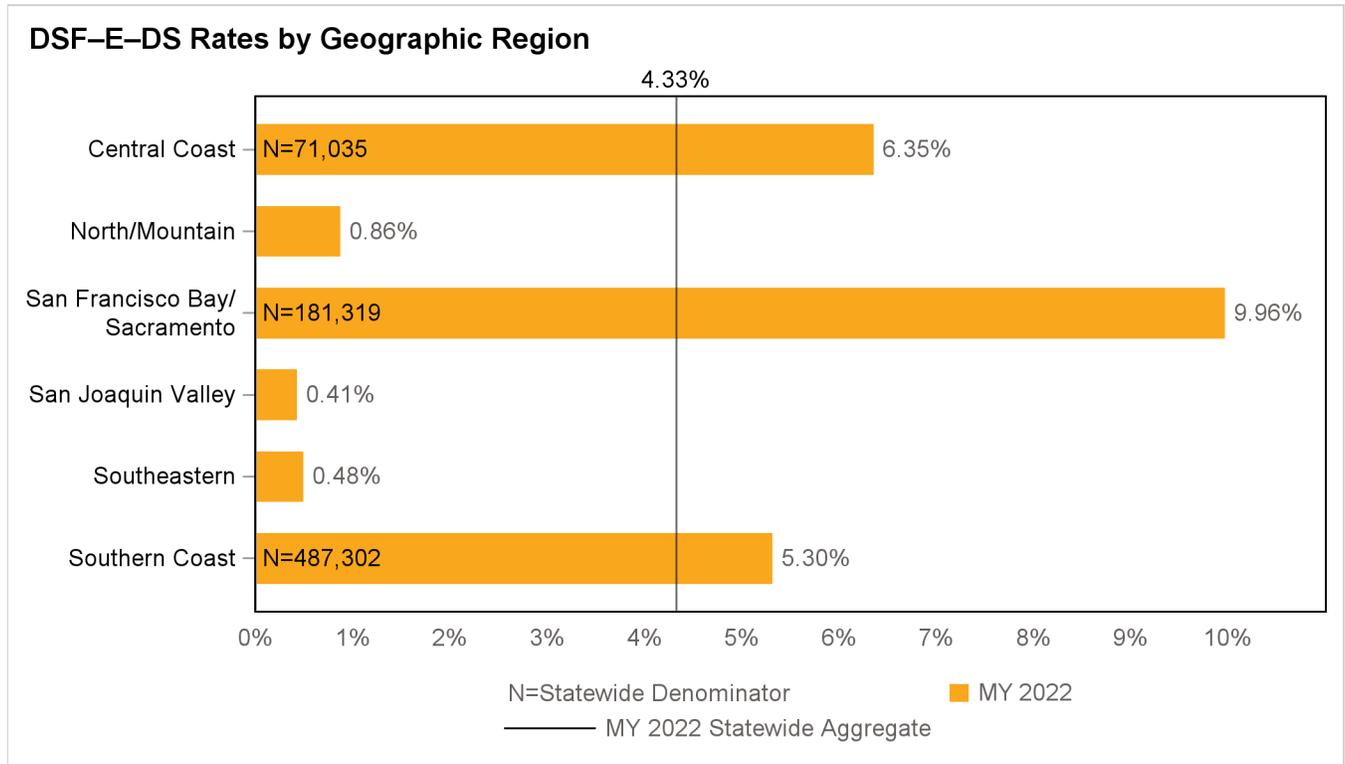
**Figure A.11—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—Regional-Level Population Density  
Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.12—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—Regional-Level Geographic Region  
Results**

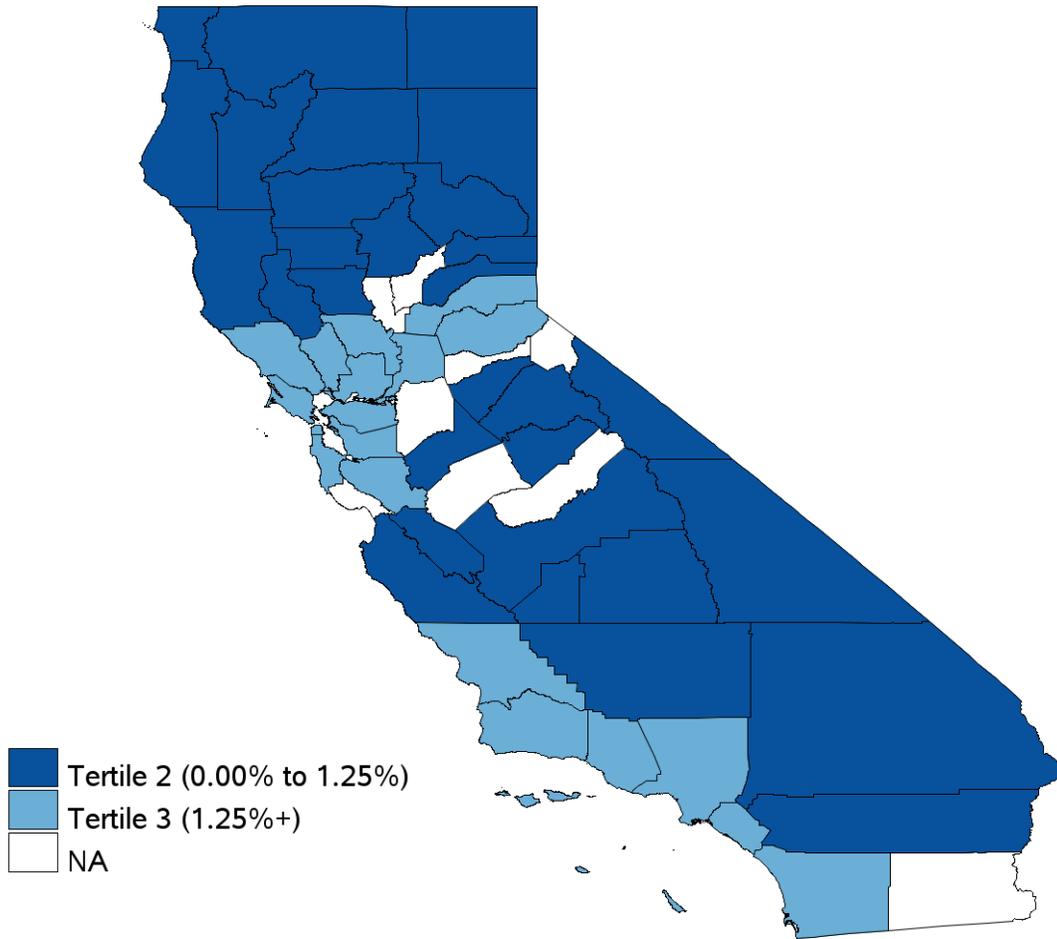
The measurement year 2022 statewide denominator for the North/Mountain, San Joaquin Valley, and Southeastern geographic regions are 54,851, 199,197, and 173,231, respectively. The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.13—Depression Screening and Follow-Up for Adolescents and Adults—  
Depression Screening—12 to 17 Years (DSF–E–DS)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



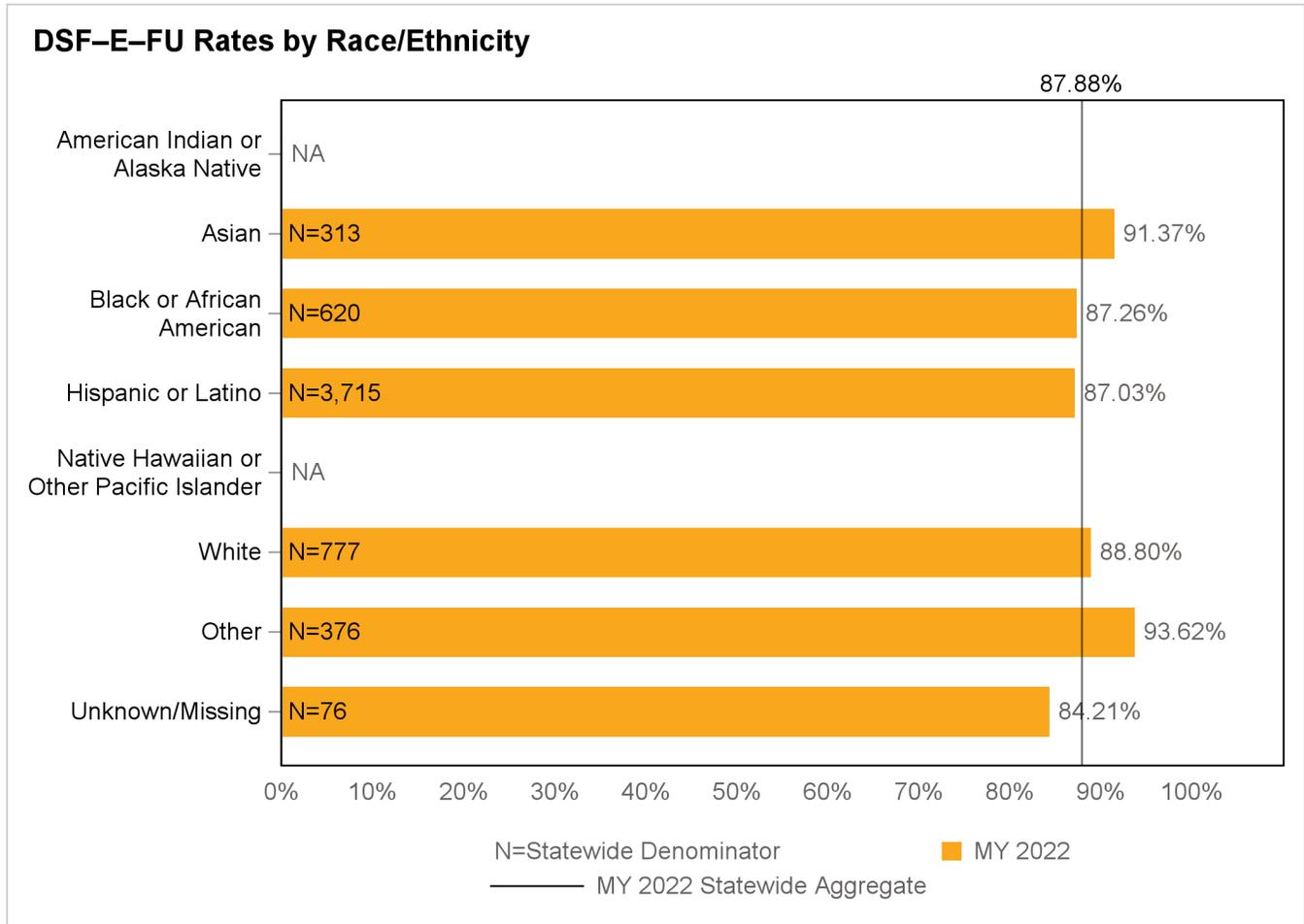
## ***Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years***

The *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)* indicator measures the percentage of members 12 years of age and older who received follow-up care within 30 days of a positive depression screen finding. Figure A.14 through Figure A.20 display the *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, national benchmarks are not available for this indicator.

**Figure A.14—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Statewide Racial/Ethnic Results**

NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below.

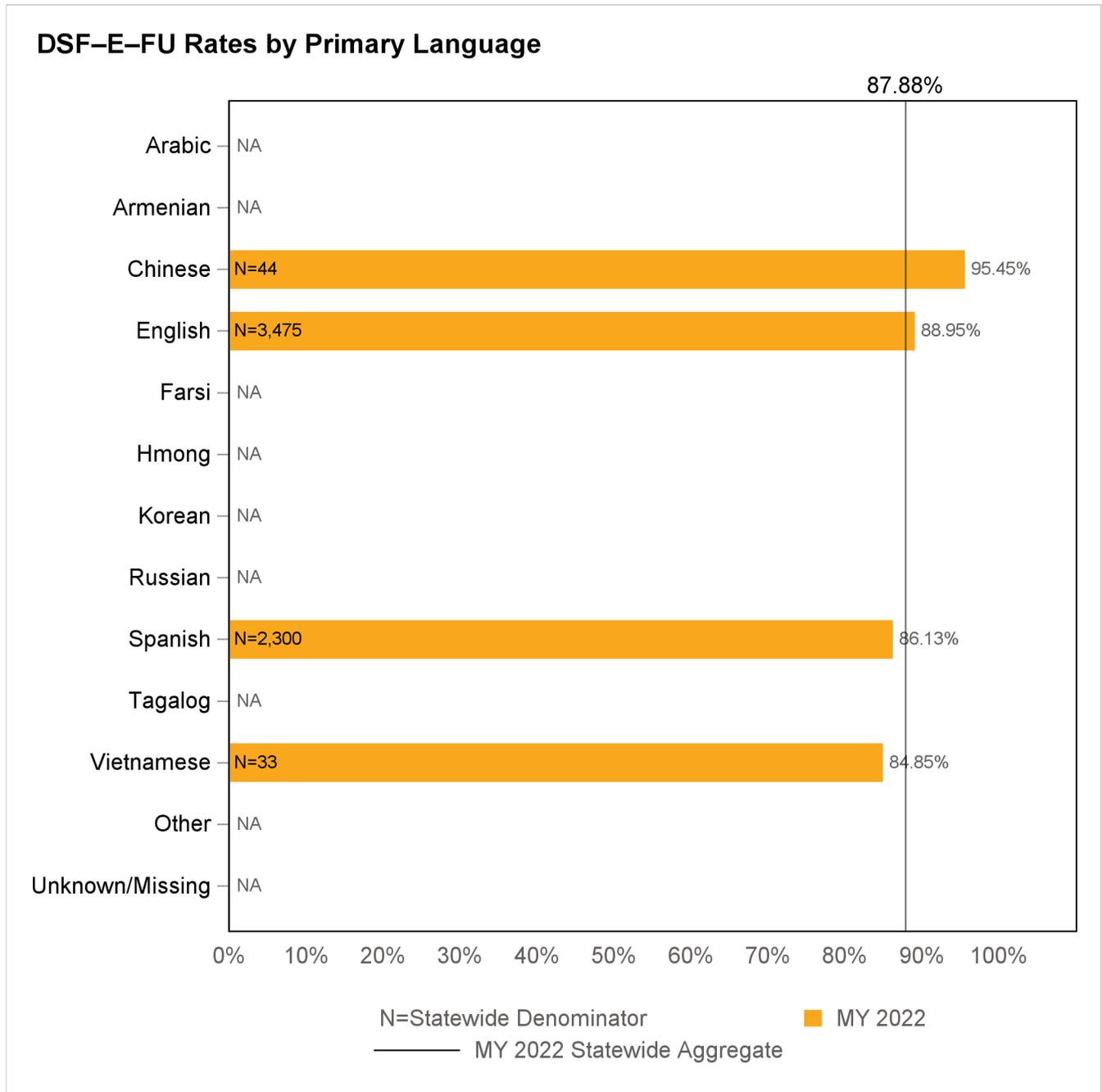


**Figure A.15—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

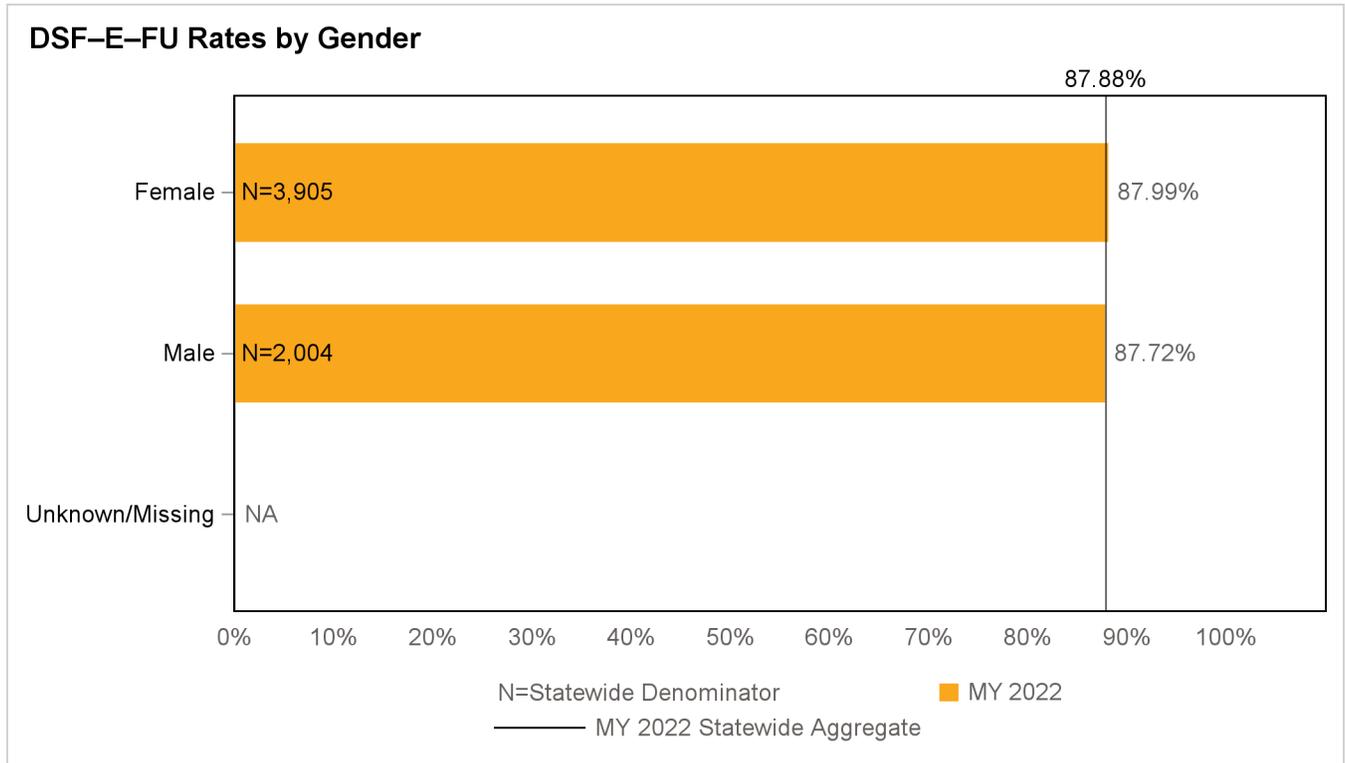
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.16—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—Statewide Gender Results**

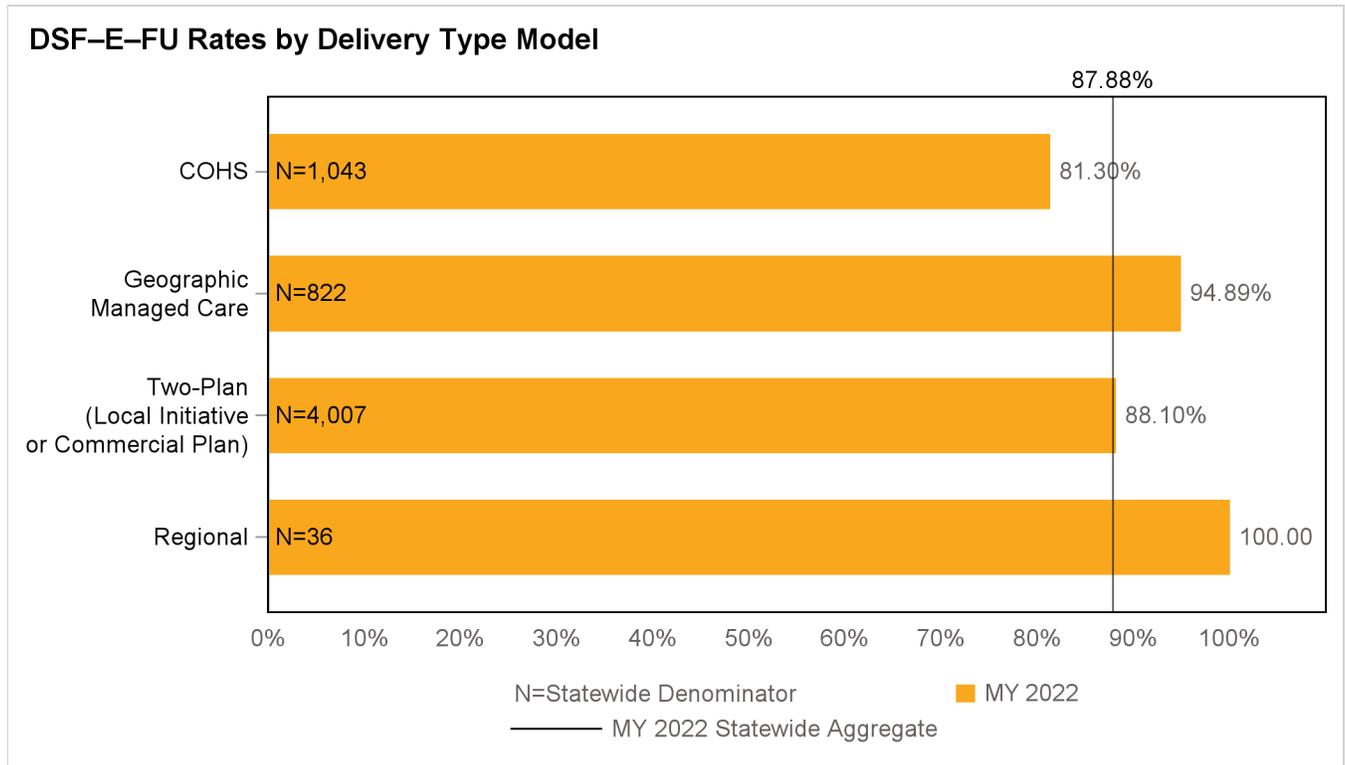
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below.



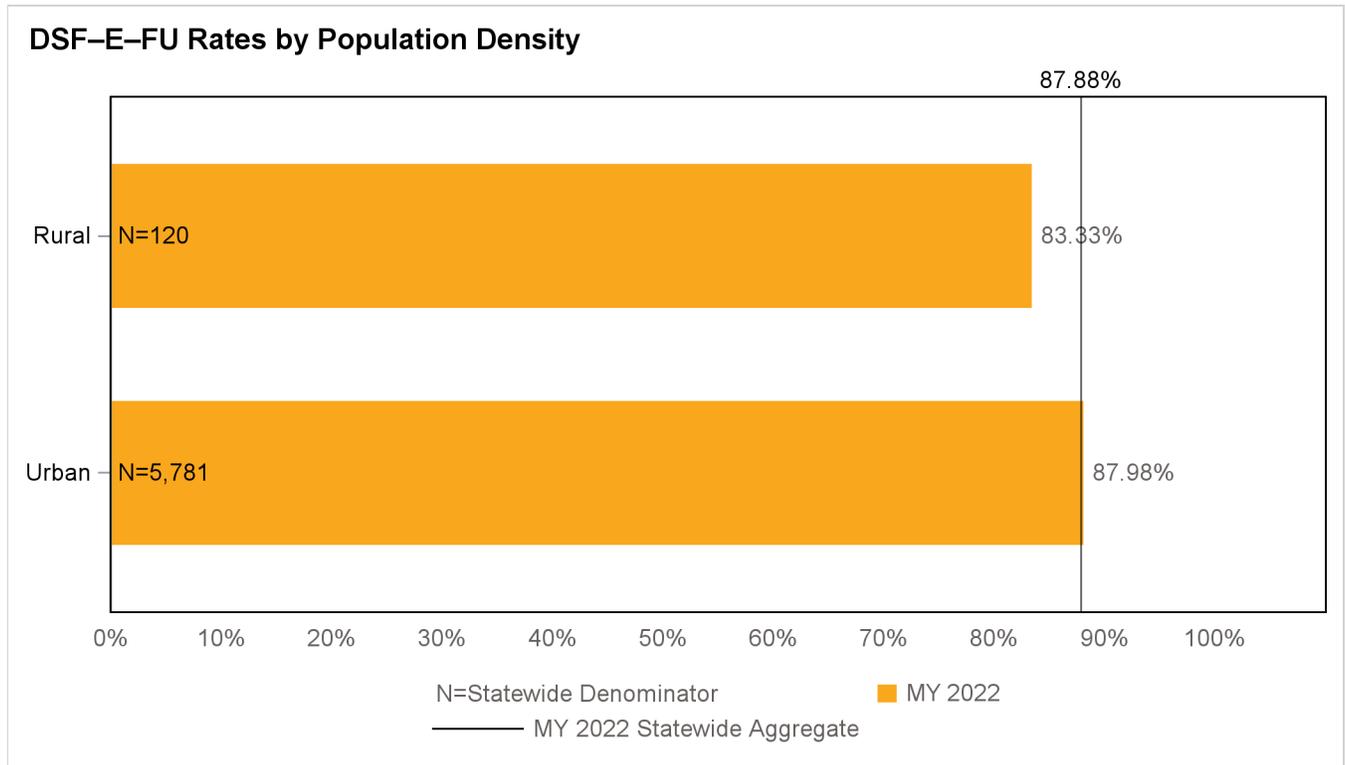
**Figure A.17—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



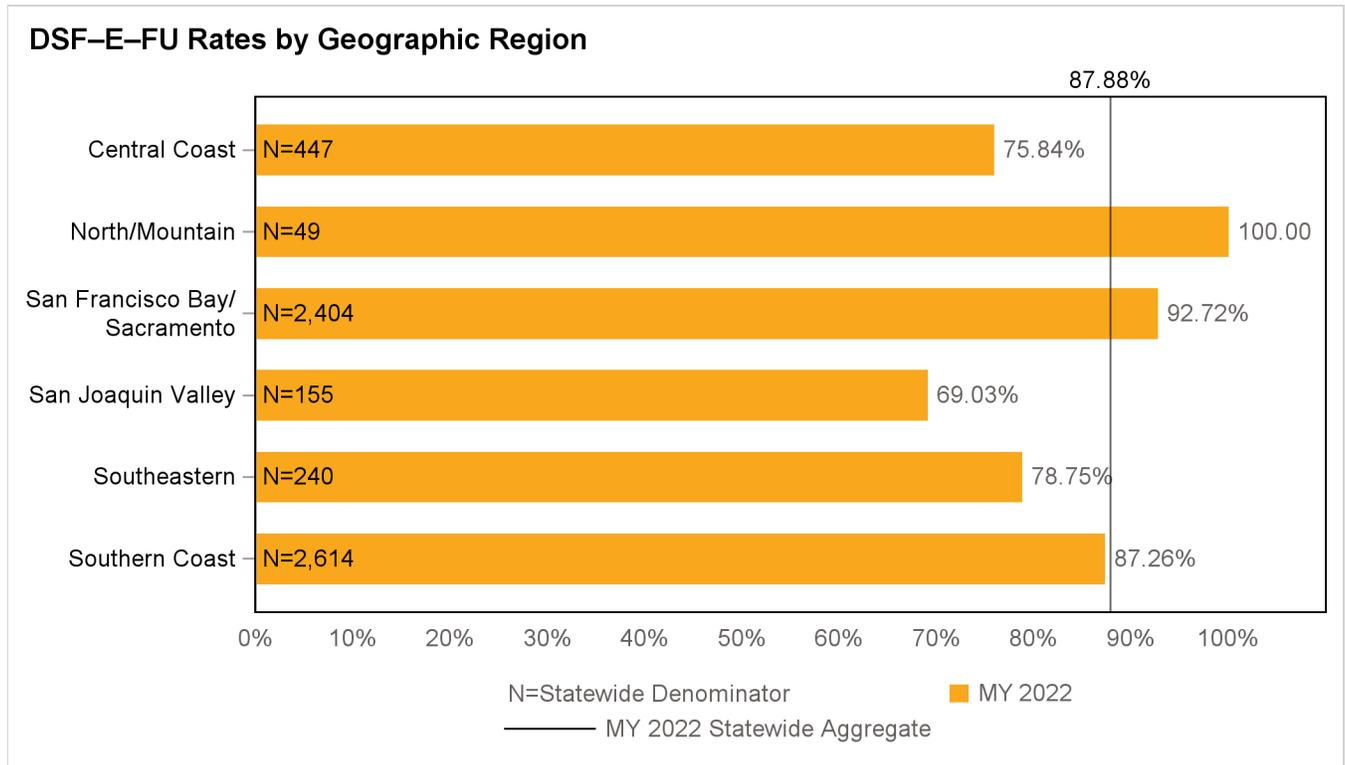
**Figure A.18—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.19—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—Regional-Level Geographic Region Results**

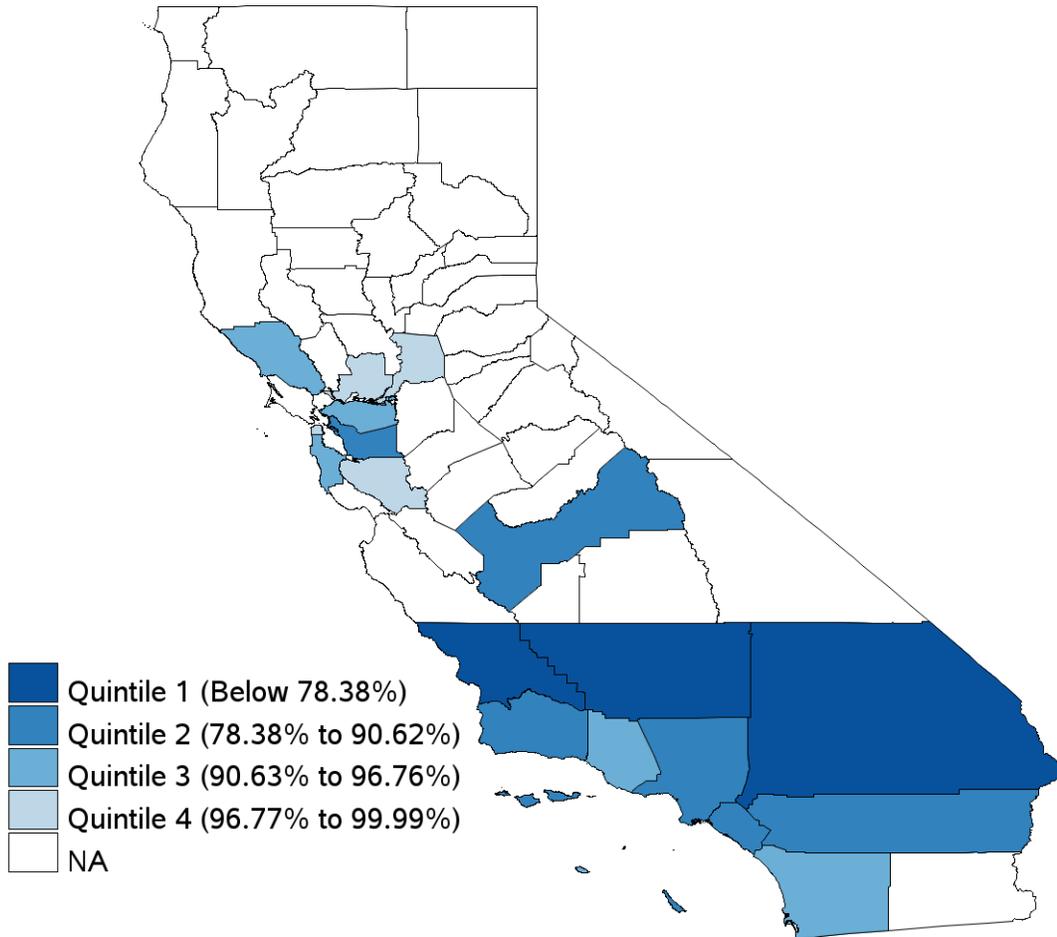
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.20—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



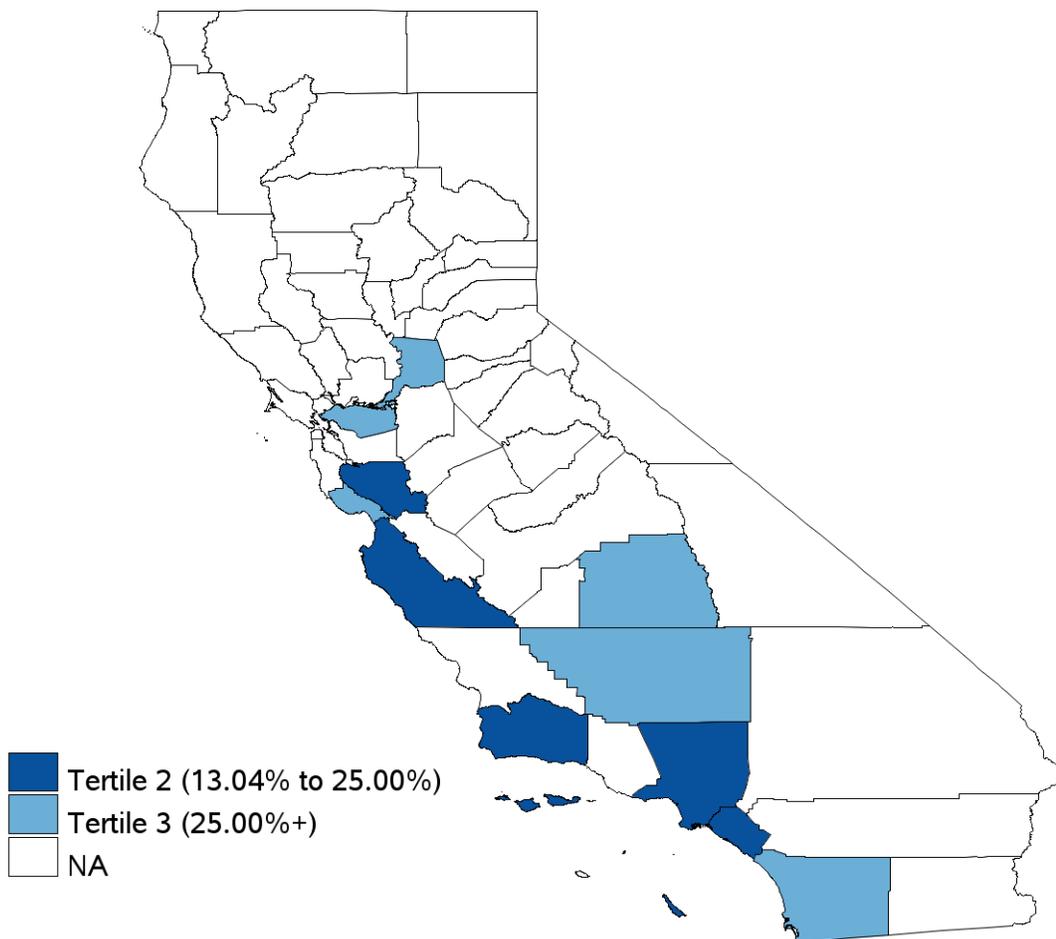
## Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years

The *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA-30)* indicator measures the percentage of emergency department visits for members 13 to 17 years of age with a principal diagnosis of substance use disorder, or any diagnosis of drug overdose, who had a follow-up visit or pharmacotherapy dispensing event within 30 days of the emergency department visit. Figure A.21 displays the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA-30)* indicator rates at the county level for measurement year 2022.

### Figure A.21—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—6 to 17 Years (FUA-30)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader's Guide for a list of MCPs operating in each county.

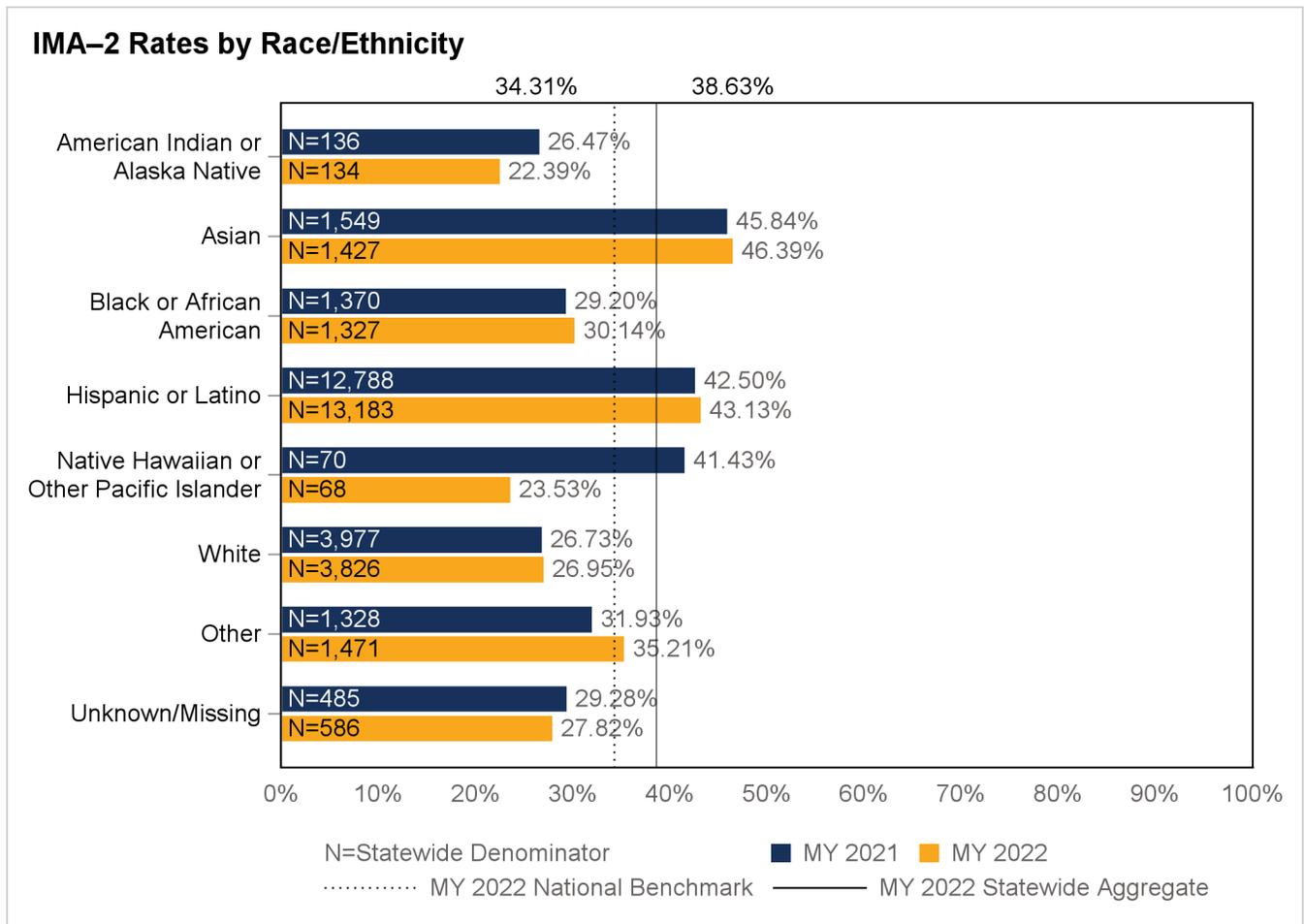


## Immunizations for Adolescents—Combination 2

The *Immunizations for Adolescents—Combination 2 (IMA-2)* indicator measures the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one tetanus, diphtheria toxoids, and acellular pertussis vaccine; and have completed the human papillomavirus vaccine series by their 13th birthday. Figure A.22 through Figure A.28 display the *Immunizations for Adolescents—Combination 2 (IMA-2)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022.

**Figure A.22—Immunizations for Adolescents—Combination 2 (IMA-2)—Statewide Racial/Ethnic Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.



### Figure A.23—Immunizations for Adolescents—Combination 2 (IMA-2)—Statewide Primary Language Results

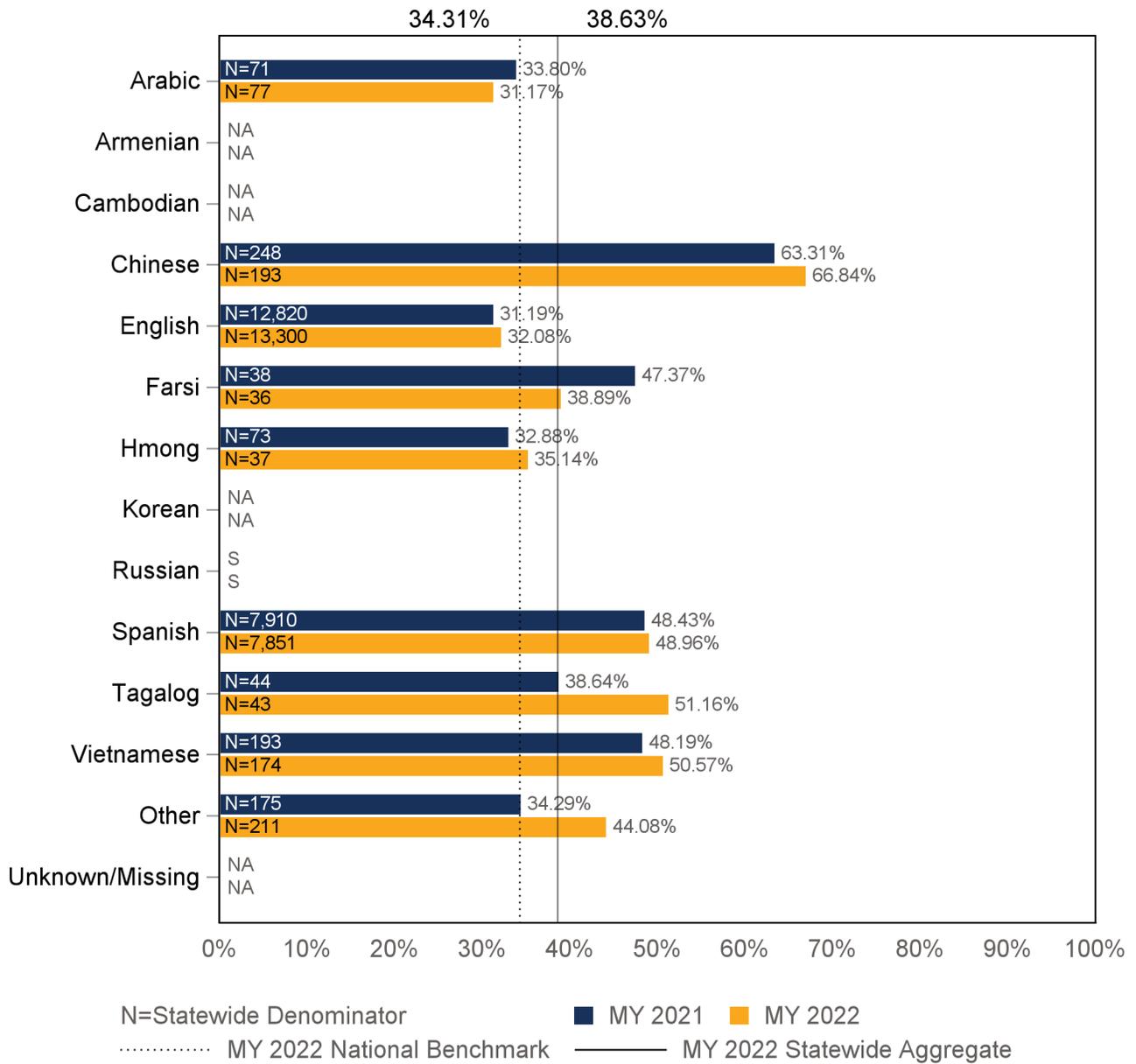
Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.

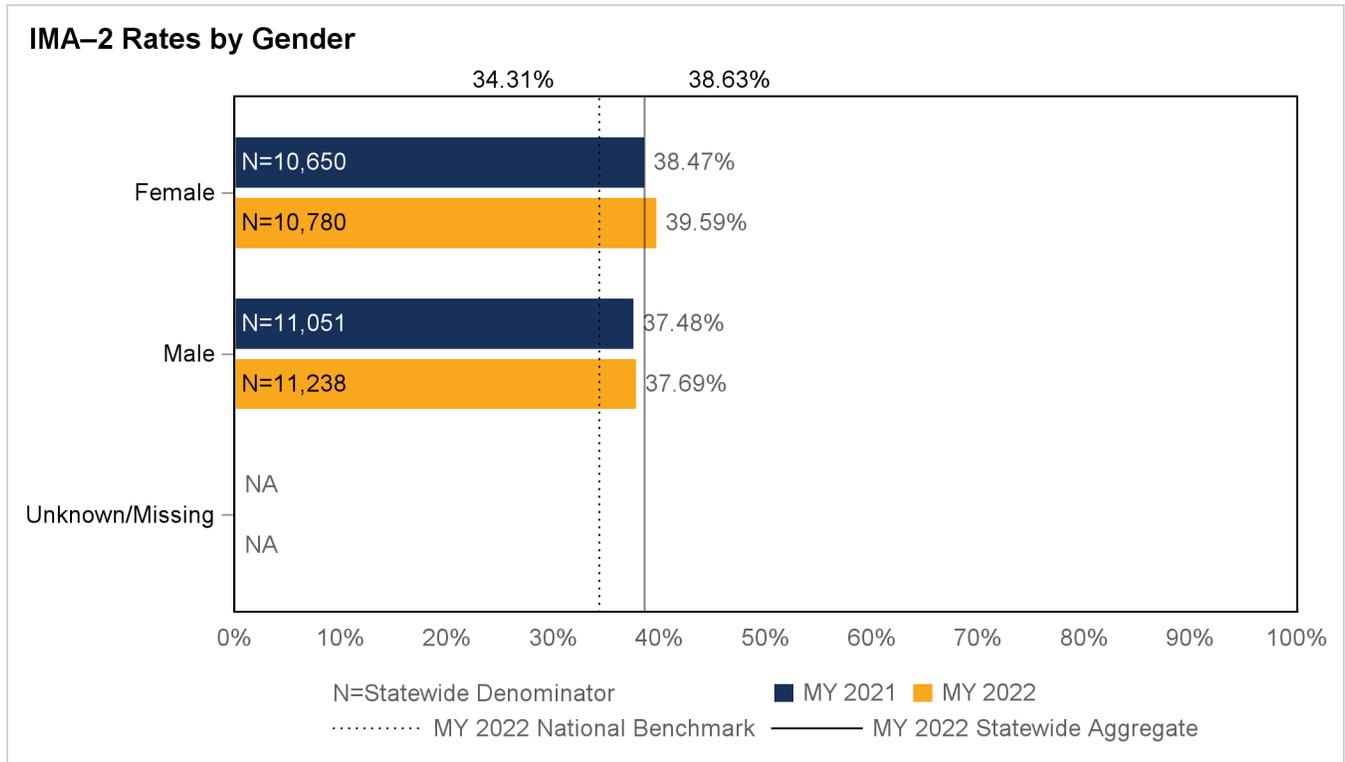
### IMA-2 Rates by Primary Language



**Figure A.24—Immunizations for Adolescents—Combination 2 (IMA-2)—Statewide Gender Results**

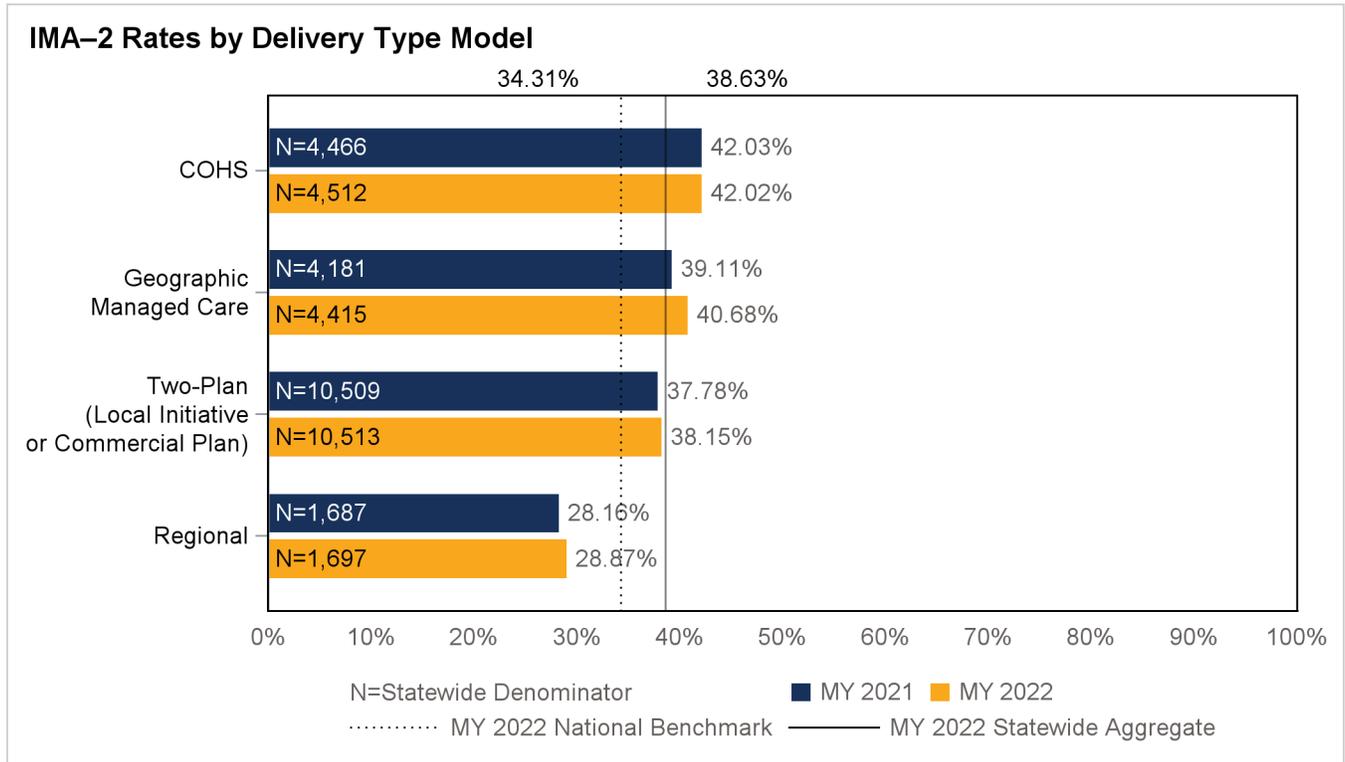
NA indicates the rate had a small denominator (i.e., less than 30).

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.



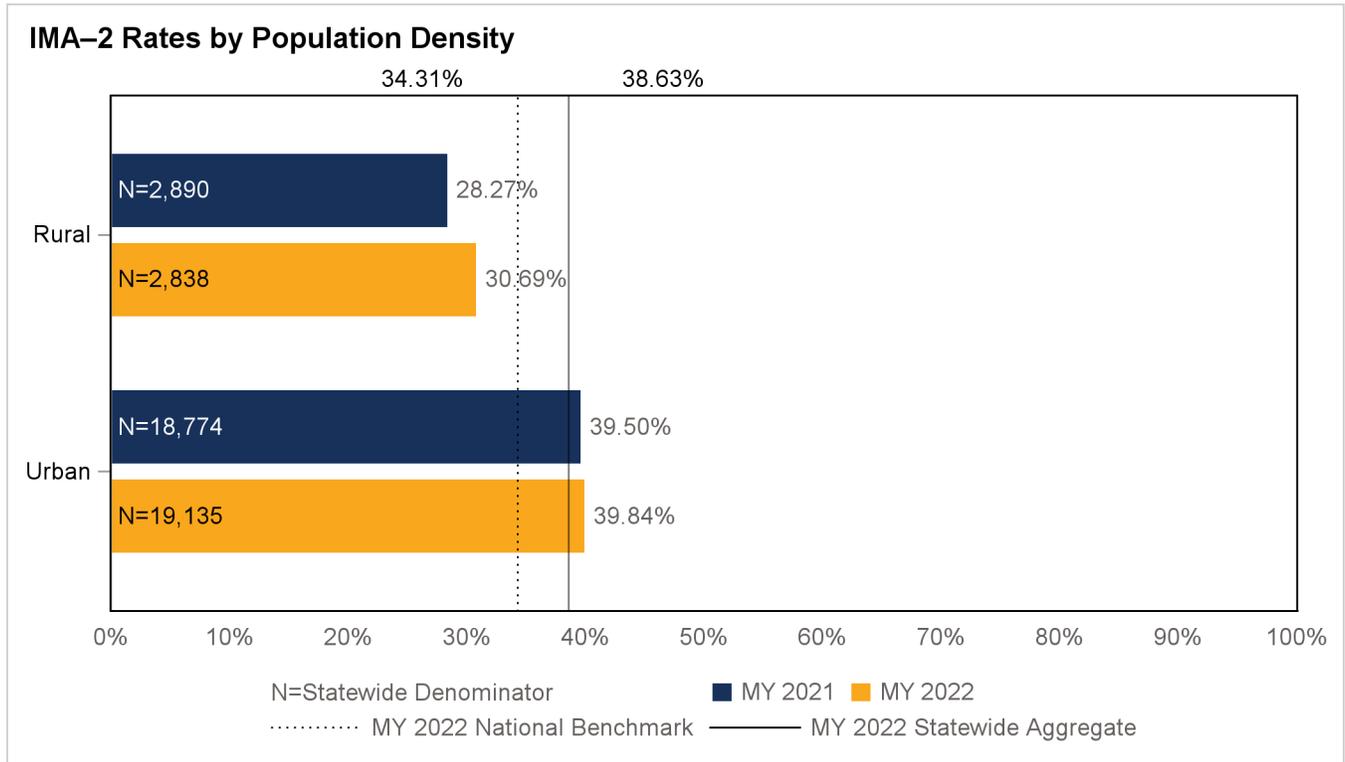
**Figure A.25—Immunizations for Adolescents—Combination 2 (IMA-2)—Regional-Level Delivery Type Model Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.



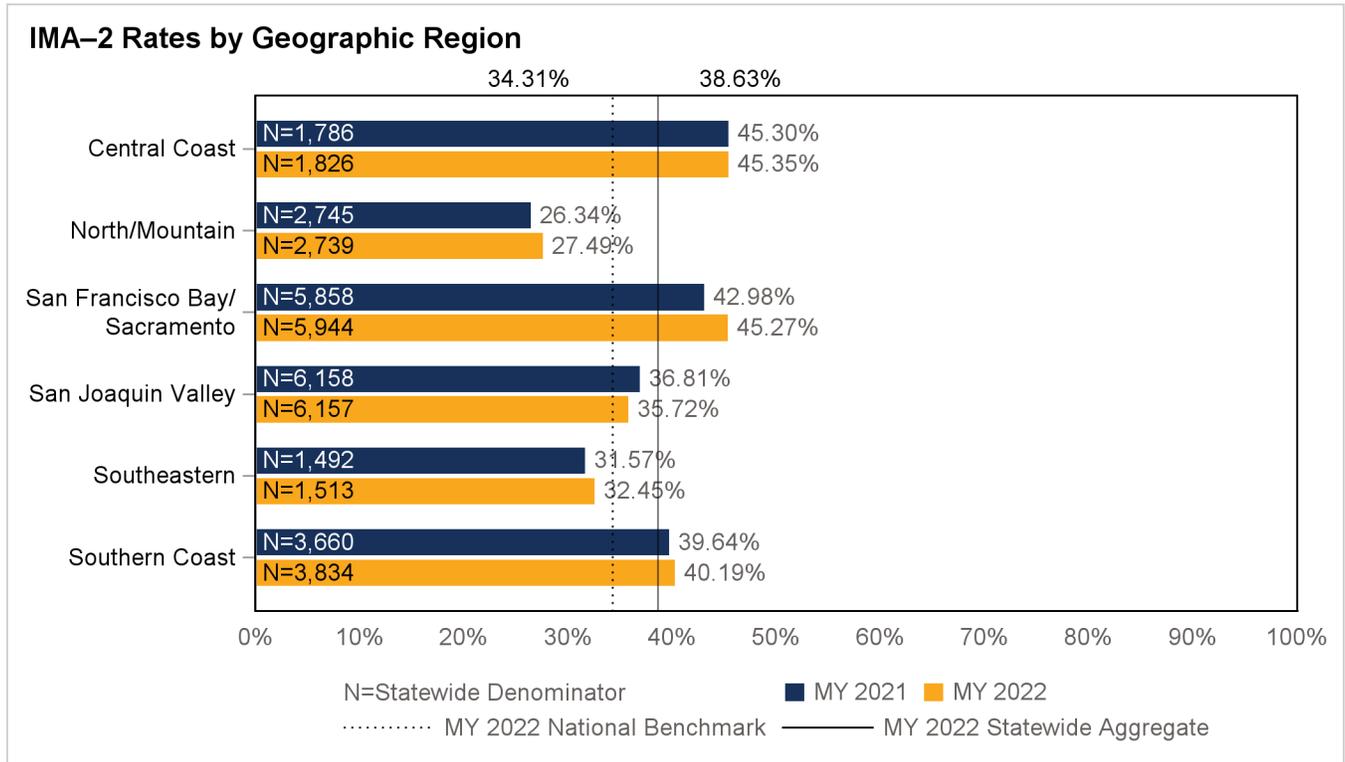
**Figure A.26—Immunizations for Adolescents—Combination 2 (IMA-2)—Regional-Level Population Density Results**

The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.



**Figure A.27—Immunizations for Adolescents—Combination 2 (IMA-2)—Regional-Level Geographic Region Results**

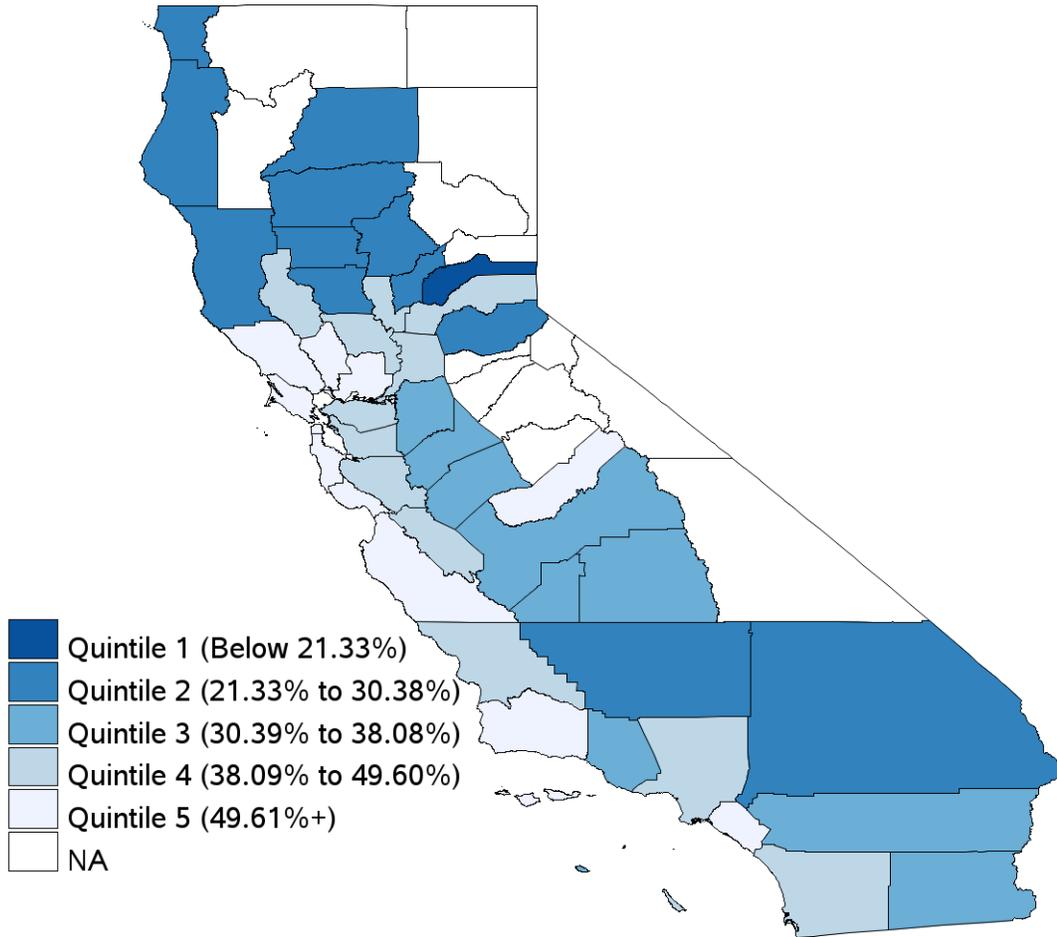
The national benchmark and statewide aggregate for measurement year 2022 are shown in the figure below, and the values for measurement year 2021 were 35.04 percent and 37.96 percent, respectively.



**Figure A.28—Immunizations for Adolescents—Combination 2 (IMA-2)—County-Level**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



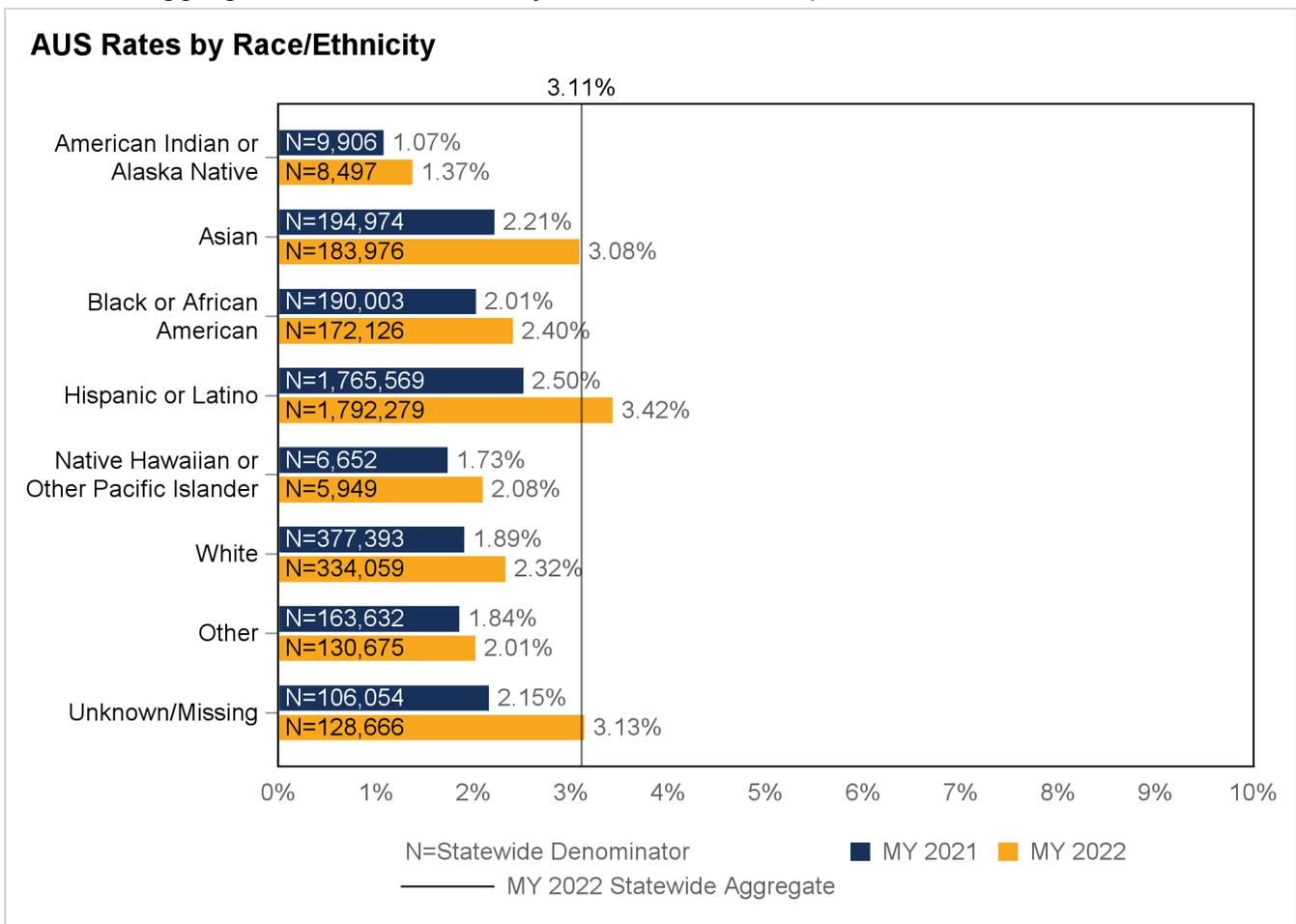
# HSAG-Calculated Indicators

## Alcohol Use Screening

The *Alcohol Use Screening (AUS)* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for alcohol use during the measurement year. Figure A.29 through Figure A.36 display the *Alcohol Use Screening (AUS)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Due to a lack of reporting within administrative data sources (i.e., medical record review [MRR] or EHR data could be necessary to capture this information), exercise caution when evaluating results as they may be more indicative of data completeness rather than performance. Please note, national benchmarks are not available for this indicator.

**Figure A.29—Alcohol Use Screening (AUS)—Statewide Racial/Ethnic Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.

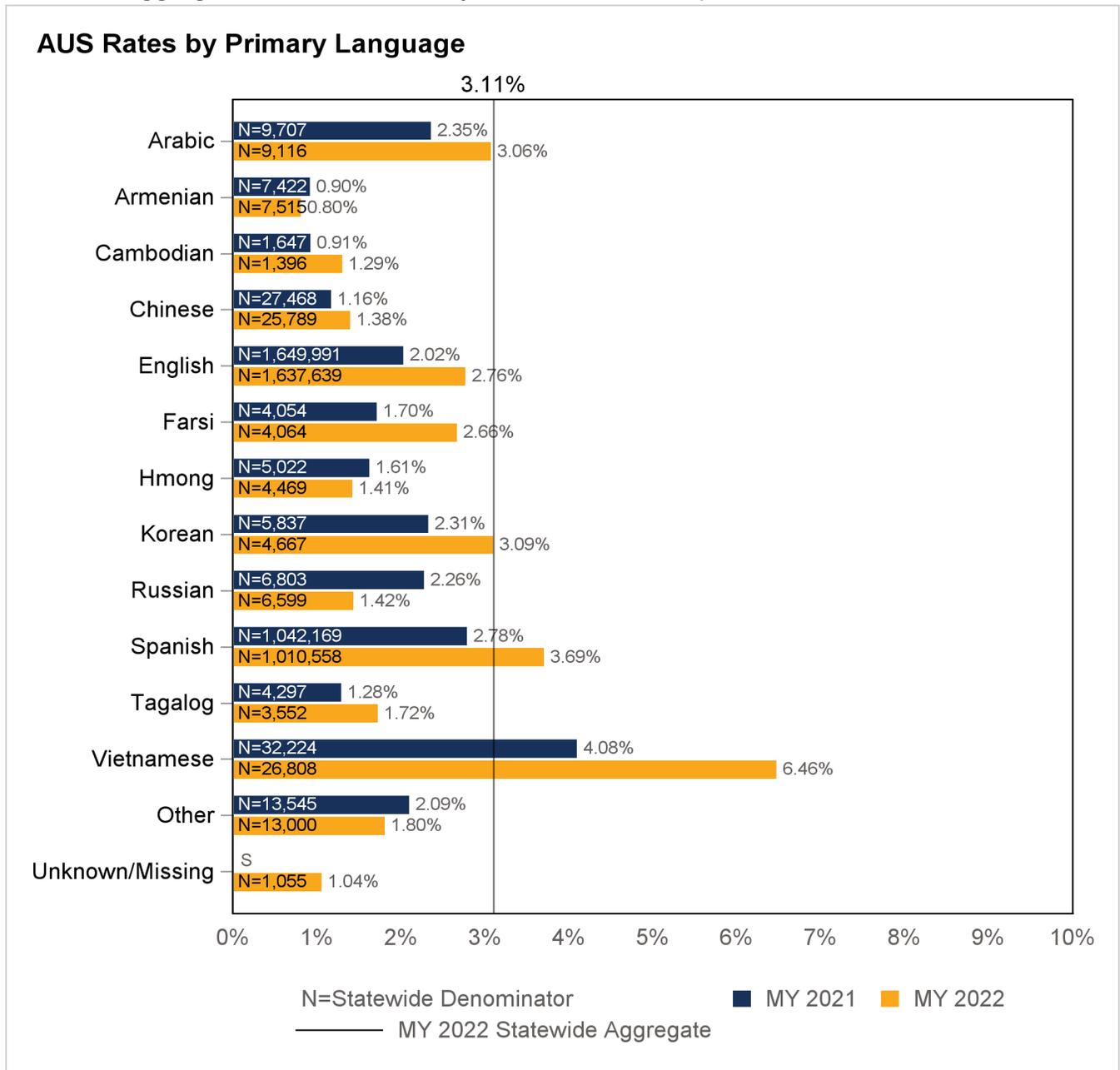


**Figure A.30—Alcohol Use Screening (AUS)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

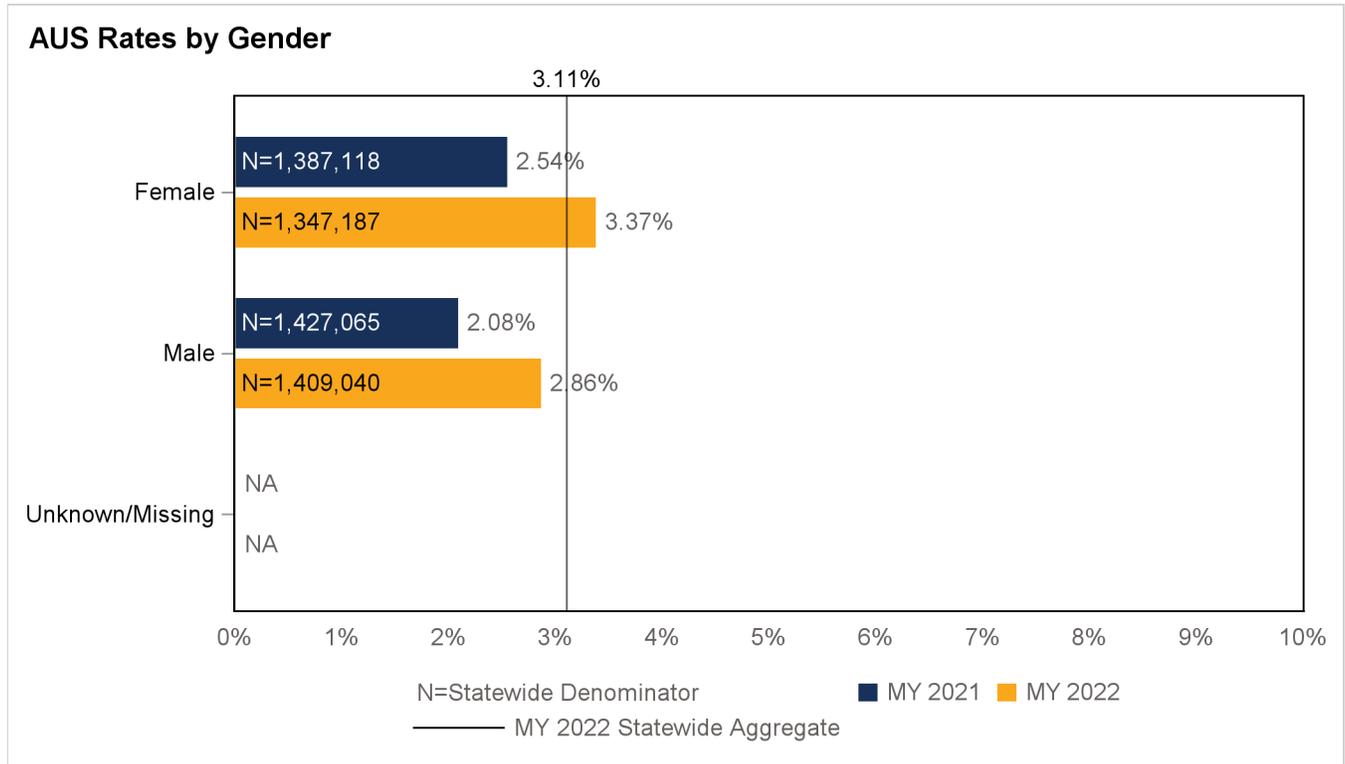
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



**Figure A.31—Alcohol Use Screening (AUS)—Statewide Gender Results**

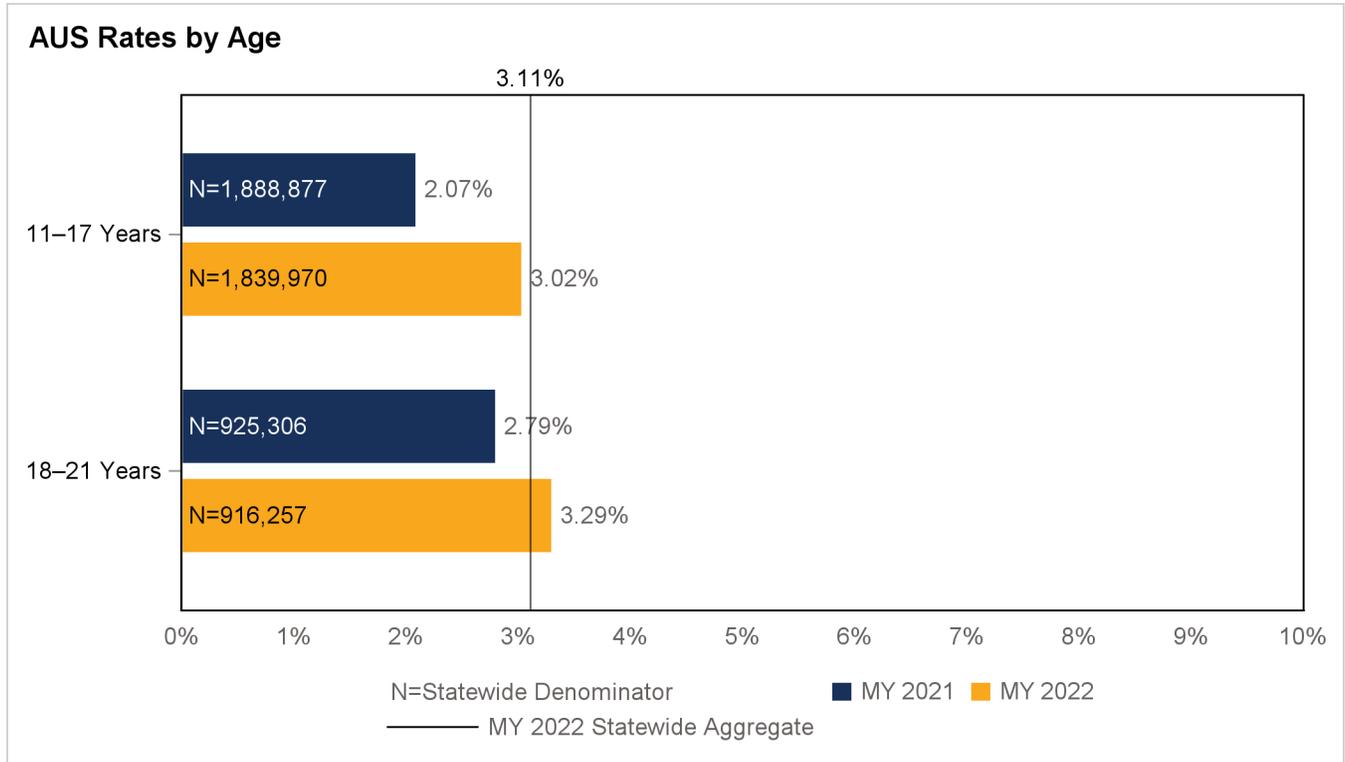
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



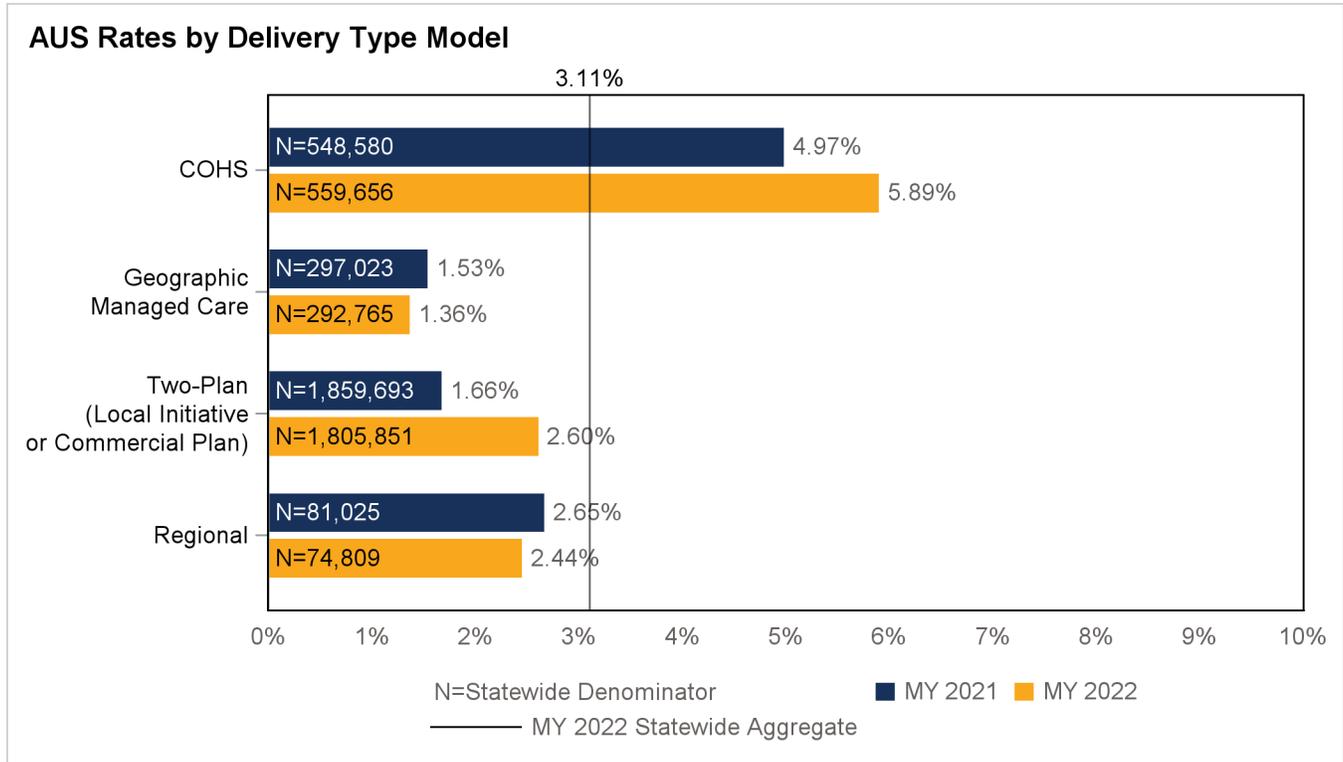
**Figure A.32—Alcohol Use Screening (AUS)—Statewide Age Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



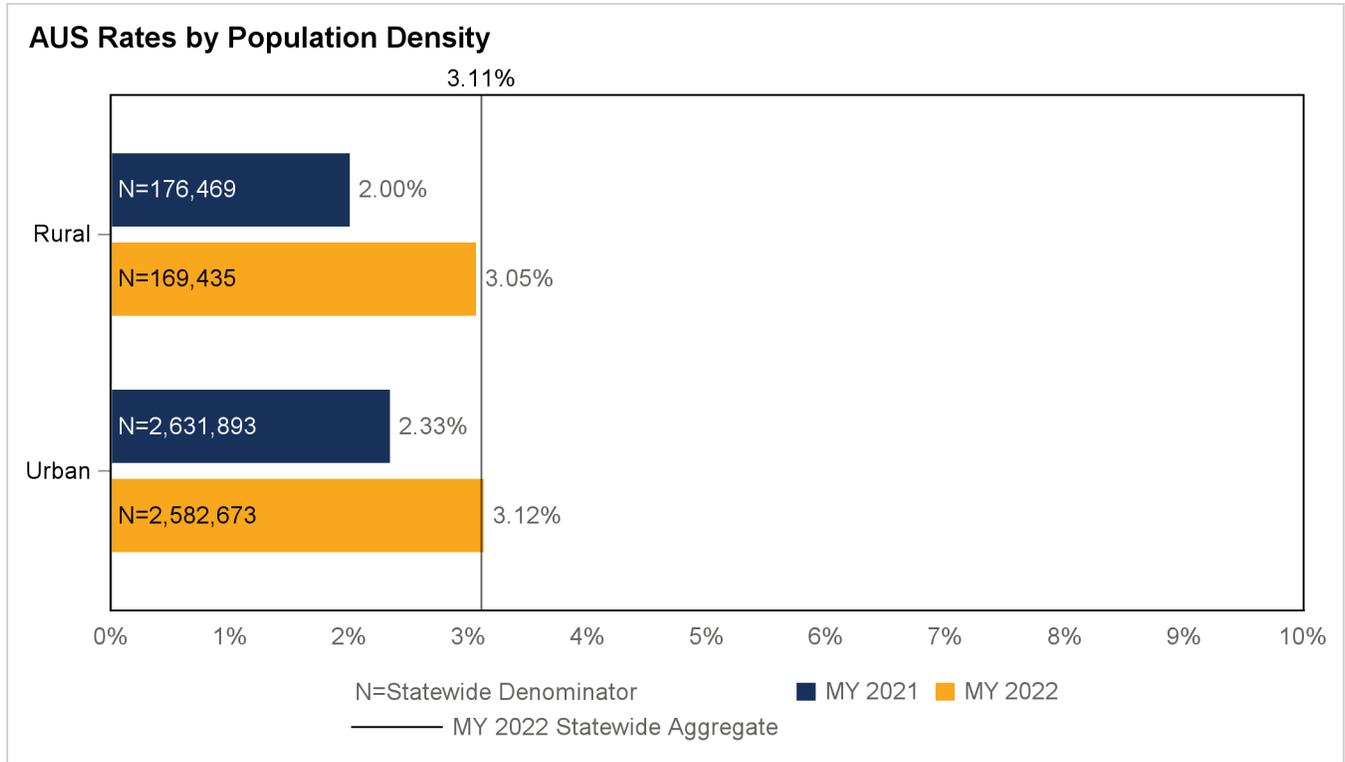
**Figure A.33—Alcohol Use Screening (AUS)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



**Figure A.34—Alcohol Use Screening (AUS)—Regional-Level Population Density Results**

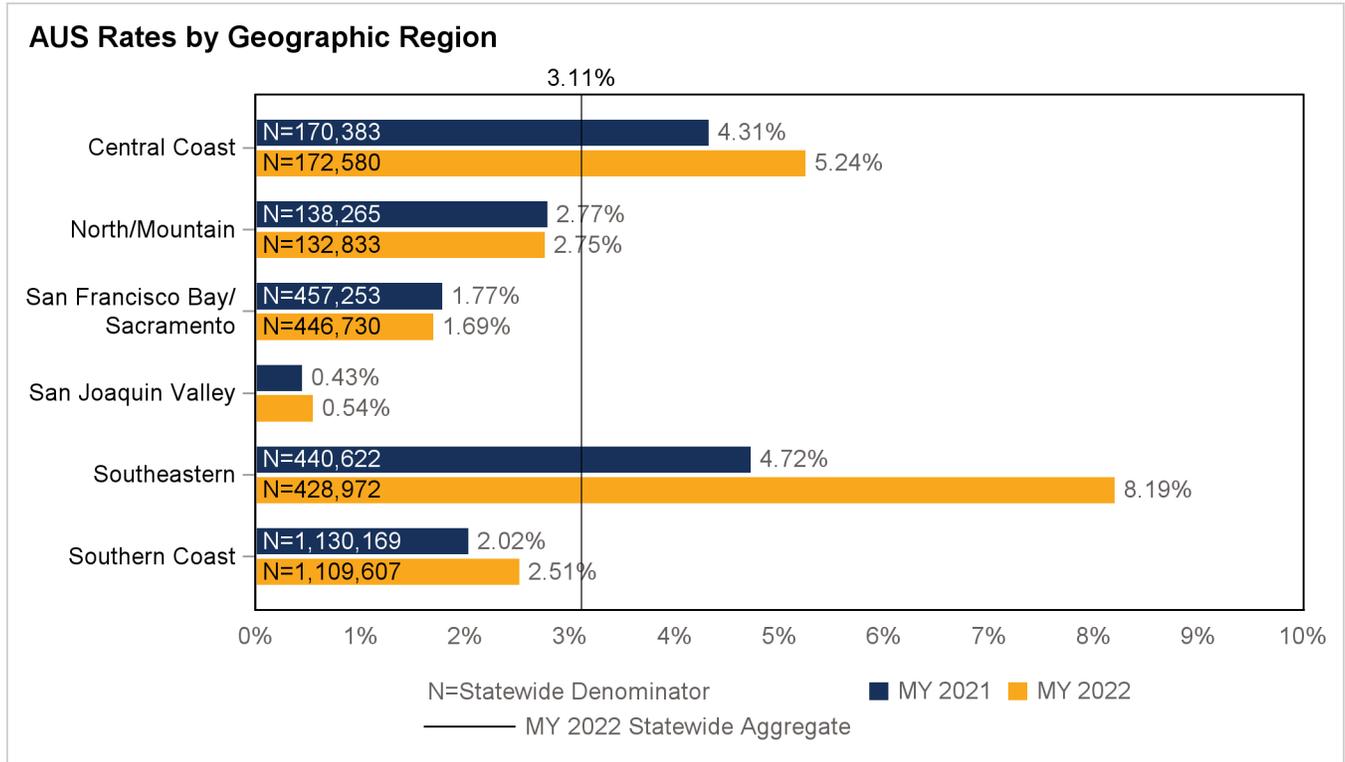
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



**Figure A.35—Alcohol Use Screening (AUS)—Regional-Level Geographic Region Results**

The measurement years 2021 and 2022 statewide denominators for the San Joaquin Valley geographic region were 474,641 and 465,189, respectively.

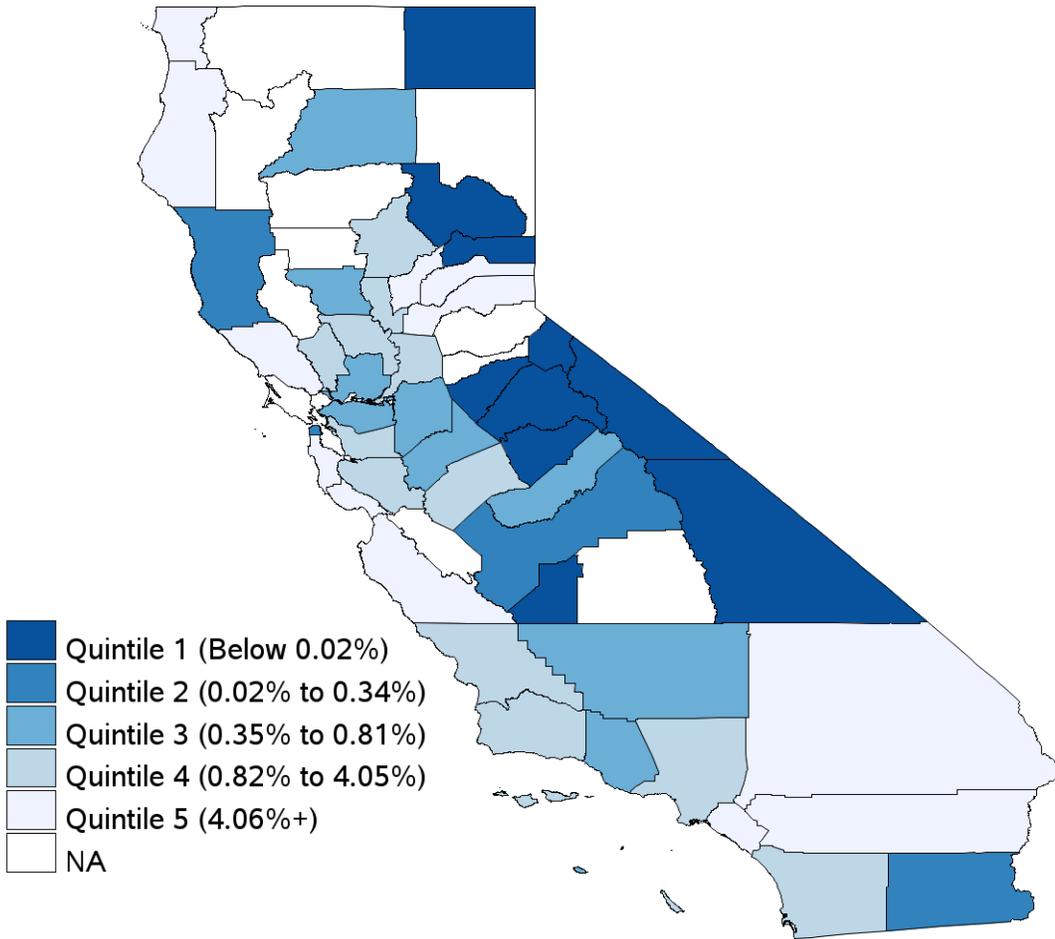
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 2.31 percent.



**Figure A.36—Alcohol Use Screening (AUS)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.

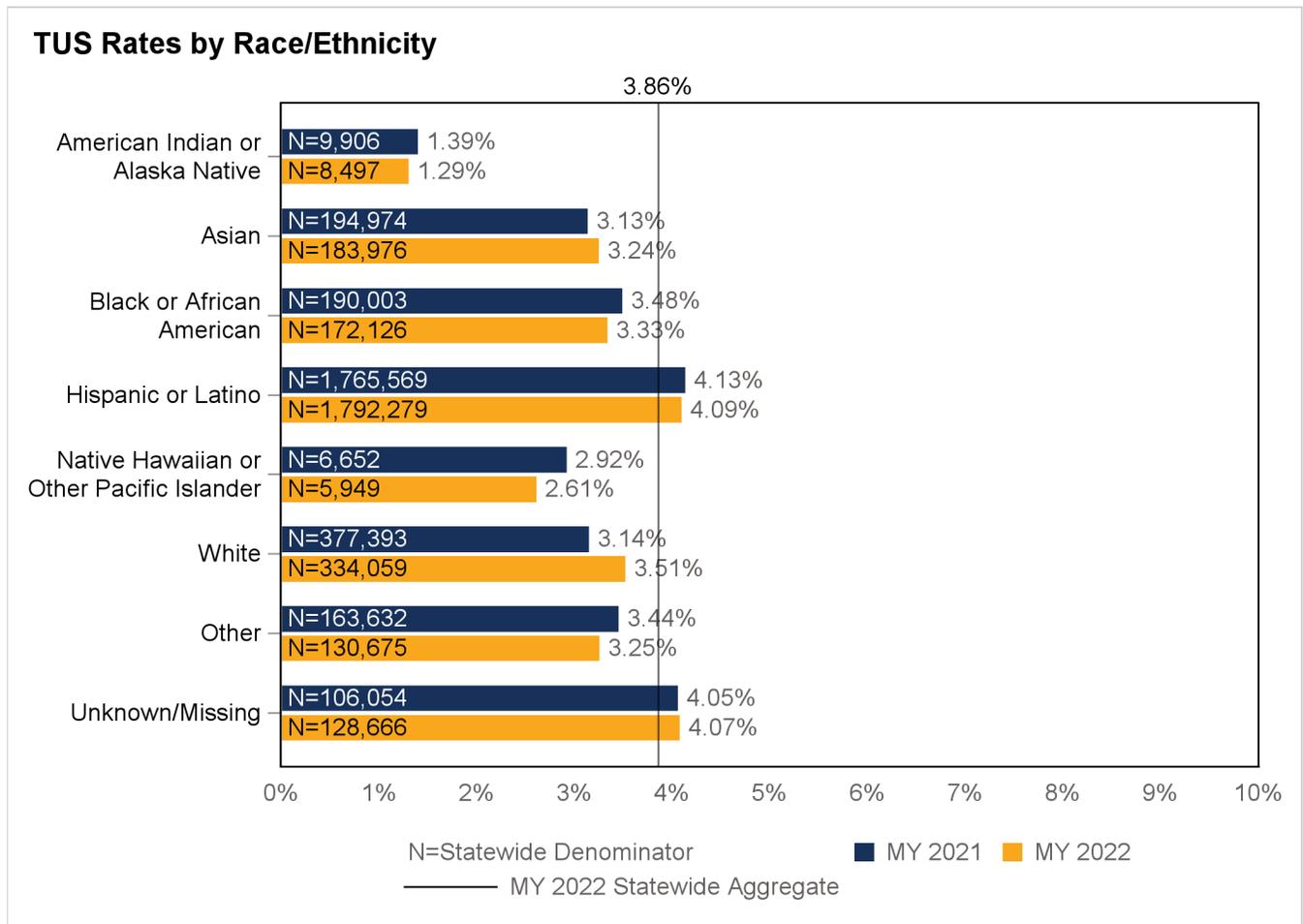


## Tobacco Use Screening

The *Tobacco Use Screening (TUS)* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for tobacco use during the measurement year. Figure A.37 through Figure A.44 display the *Tobacco Use Screening (TUS)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, due to a lack of reporting within administrative data sources (i.e., MRR or EHR data could be necessary to capture this information), exercise caution when evaluating results as they may be more indicative of data completeness rather than performance. Please note, national benchmarks are not available for this indicator.

**Figure A.37—Tobacco Use Screening (TUS)—Statewide Racial/Ethnic Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



**Figure A.38—Tobacco Use Screening (TUS)—Statewide Primary Language Results**

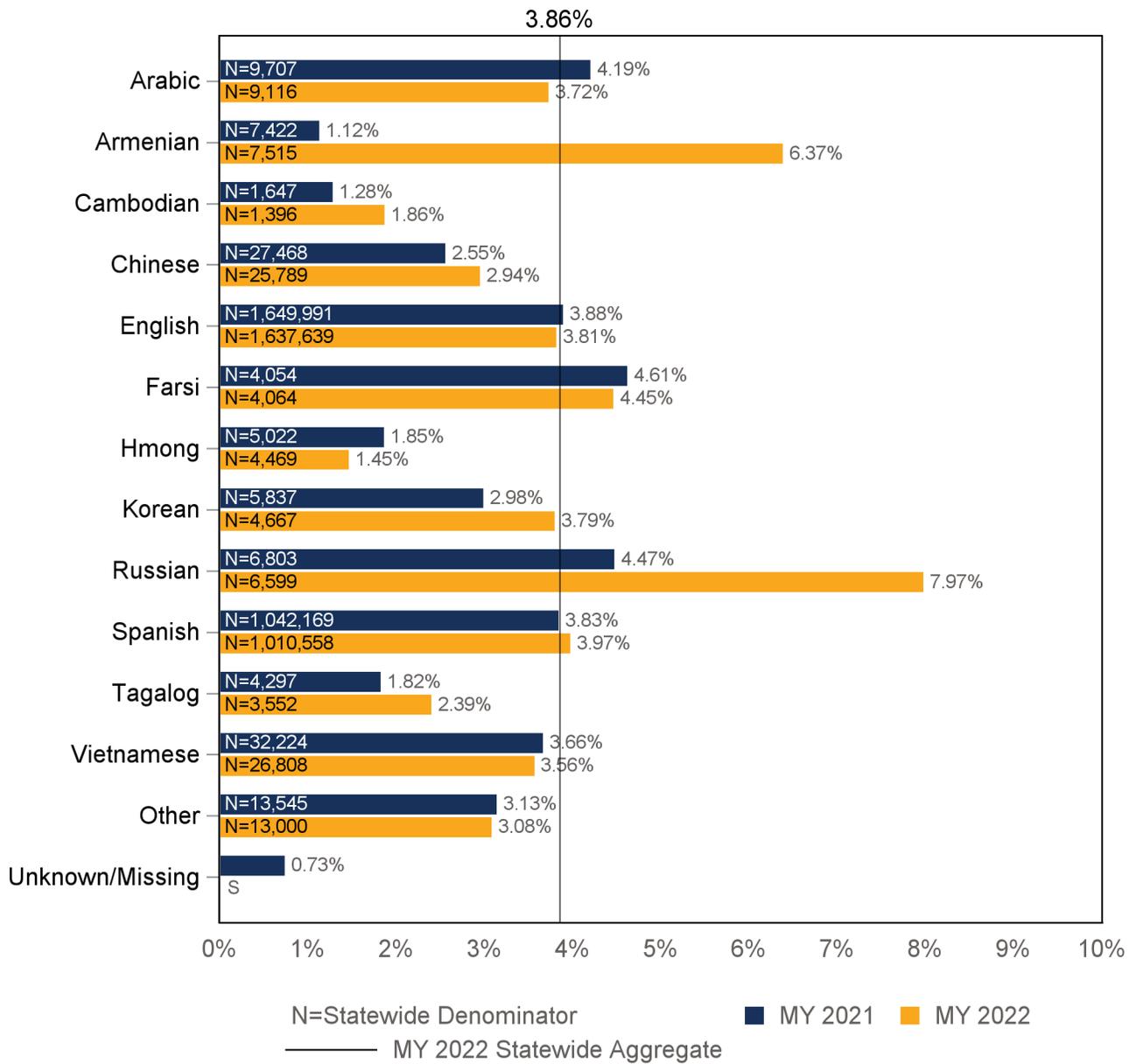
Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

The measurement year 2021 statewide denominator for the Unknown/Missing primary language group was 3,997.

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.

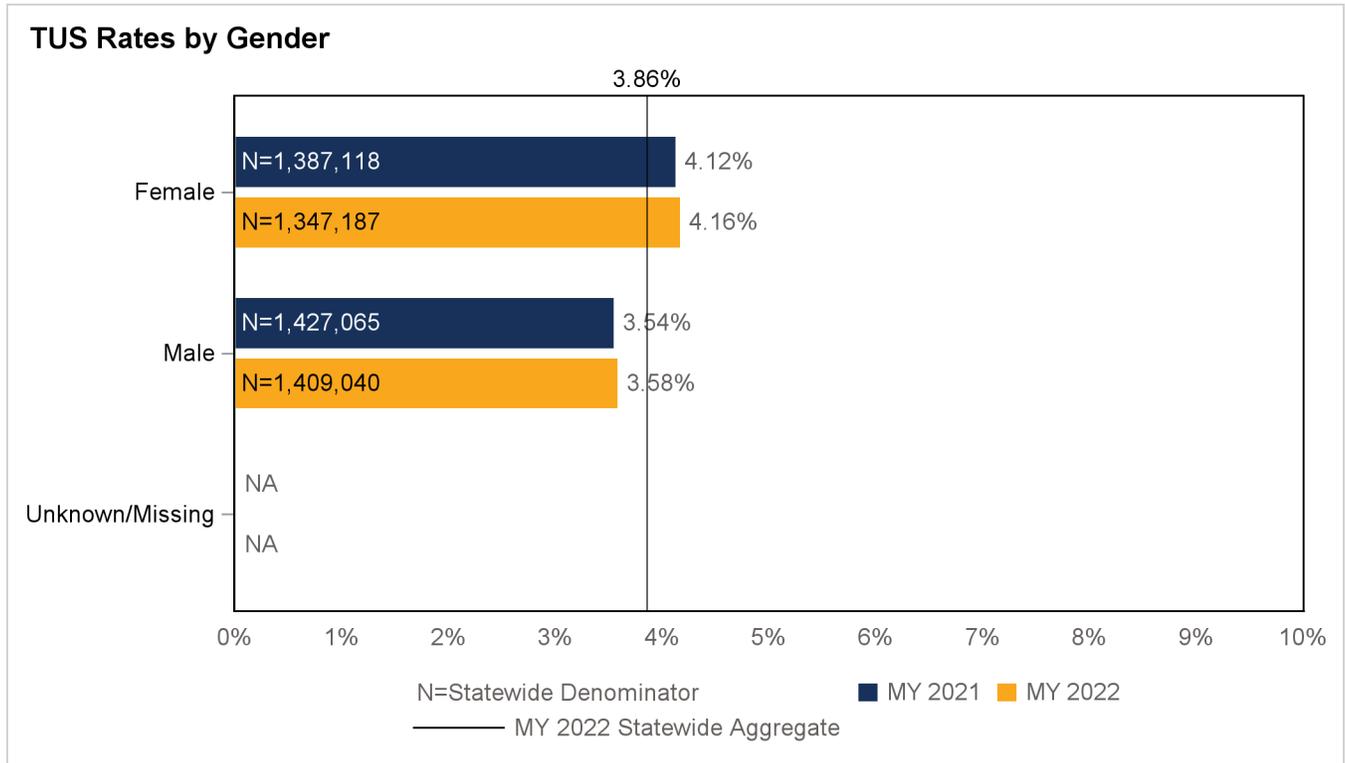
### TUS Rates by Primary Language



**Figure A.39—Tobacco Use Screening (TUS)—Statewide Gender Results**

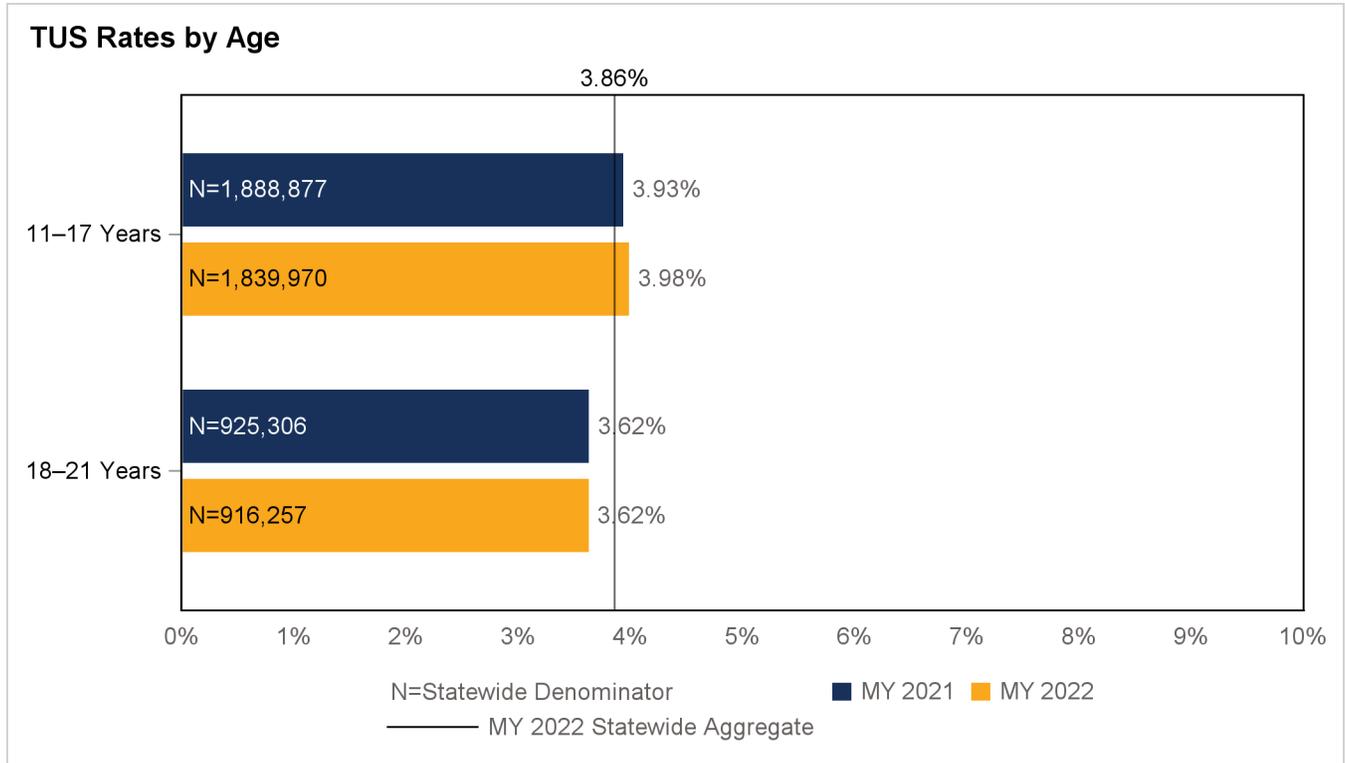
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



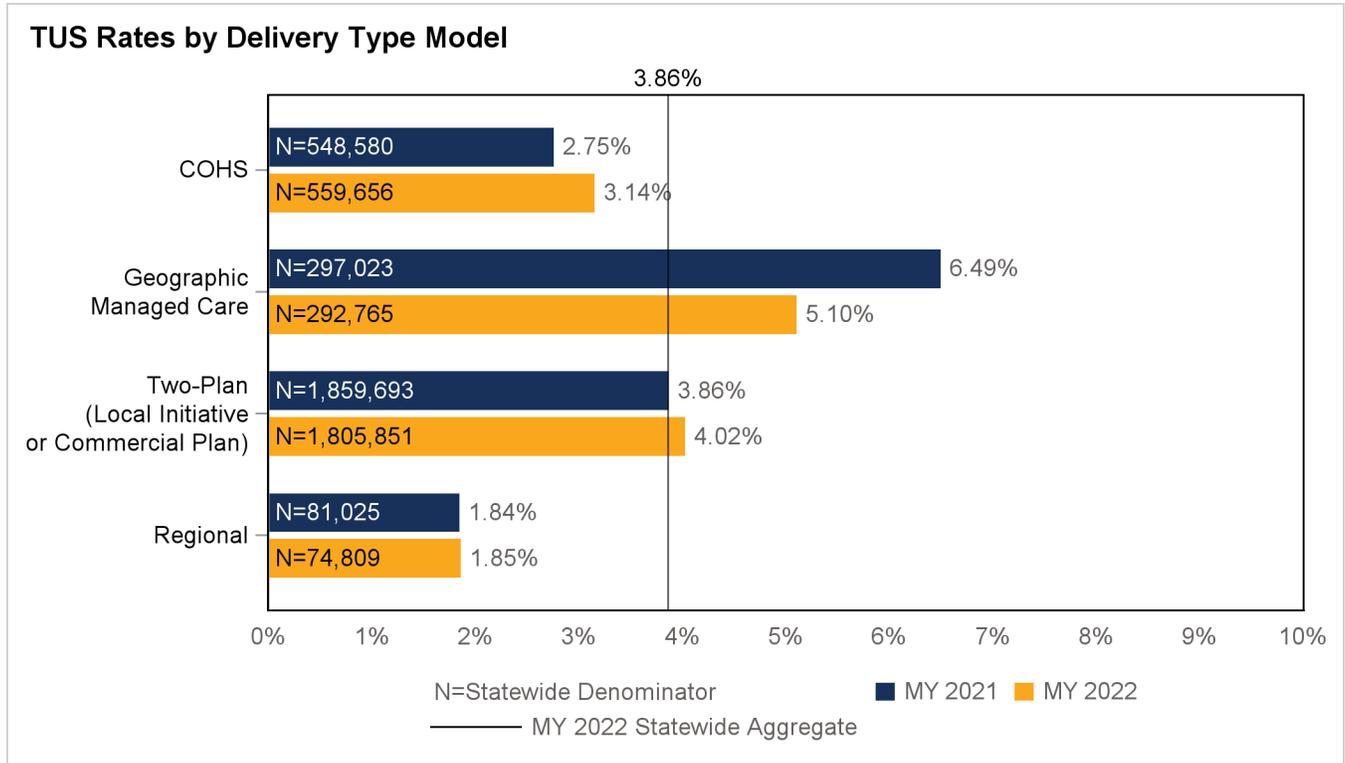
**Figure A.40—Tobacco Use Screening (TUS)—Statewide Age Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



**Figure A.41—Tobacco Use Screening (TUS)—Regional-Level Delivery Type Model Results**

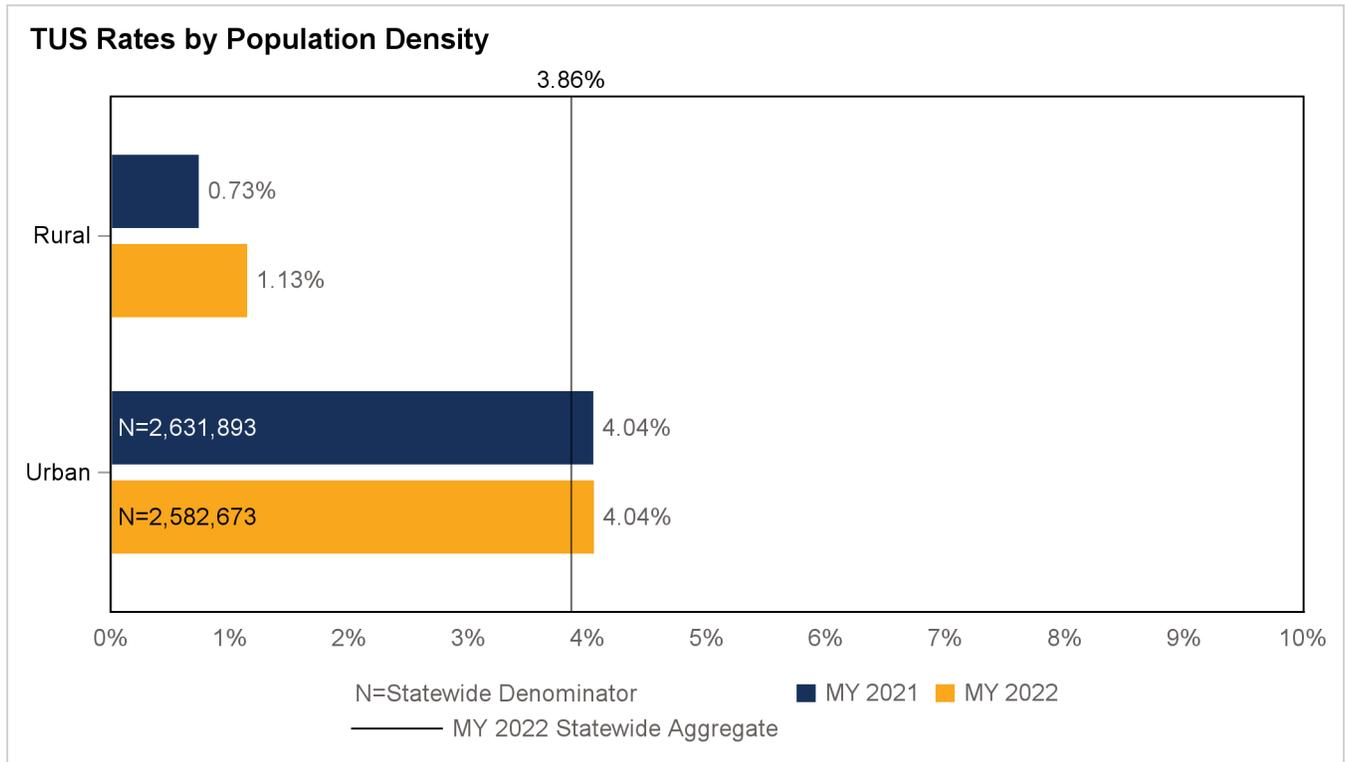
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



**Figure A.42—Tobacco Use Screening (TUS)—Regional-Level Population Density Results**

The measurement years 2021 and 2022 denominators for the rural population density group were 176,469 and 169,435, respectively.

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



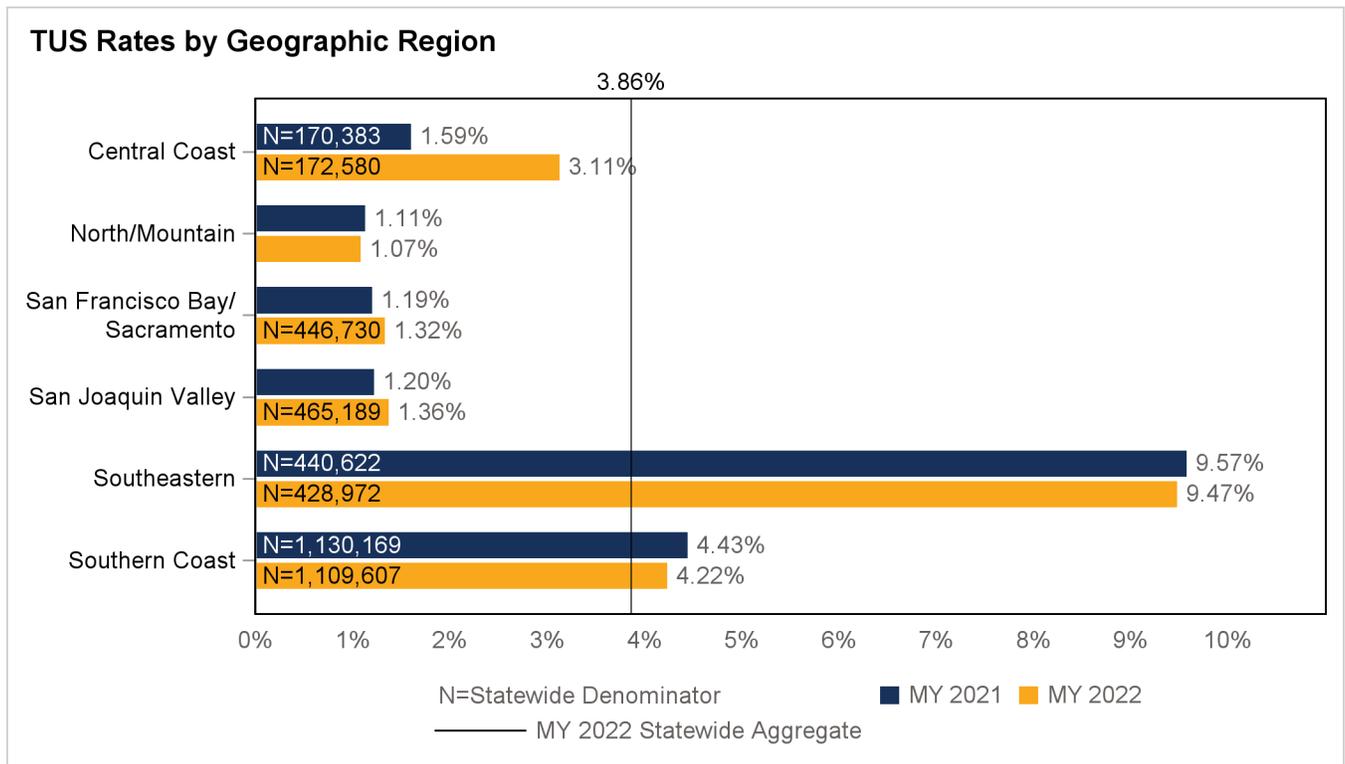
**Figure A.43—Tobacco Use Screening (TUS)—Regional-Level Geographic Region Results**

The measurement years 2021 and 2022 statewide denominators for the North/Mountain geographic region were 138,265 and 132,833, respectively.

The measurement year 2021 statewide denominator for the San Francisco Bay/Sacramento geographic region was 457,253.

The measurement year 2021 denominator for the San Joaquin Valley geographic region was 474,641.

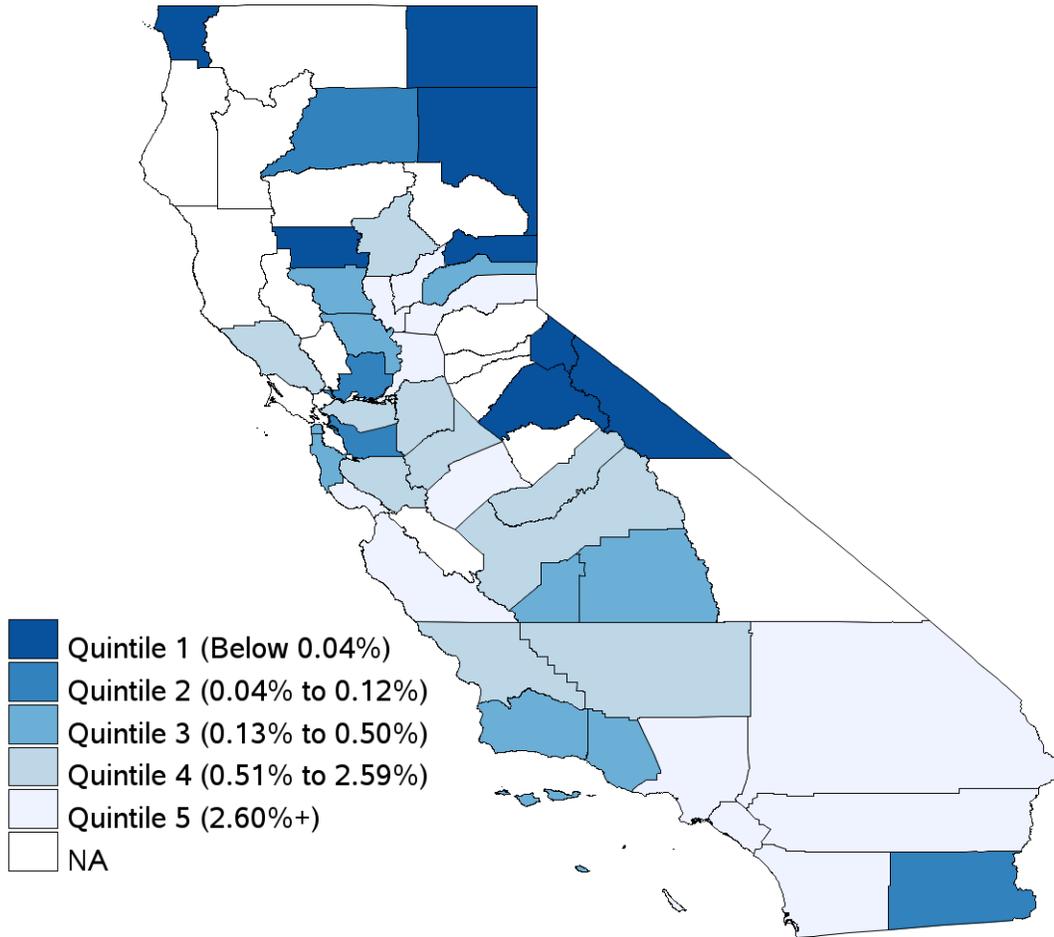
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 3.83 percent.



**Figure A.44—Tobacco Use Screening (TUS)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.

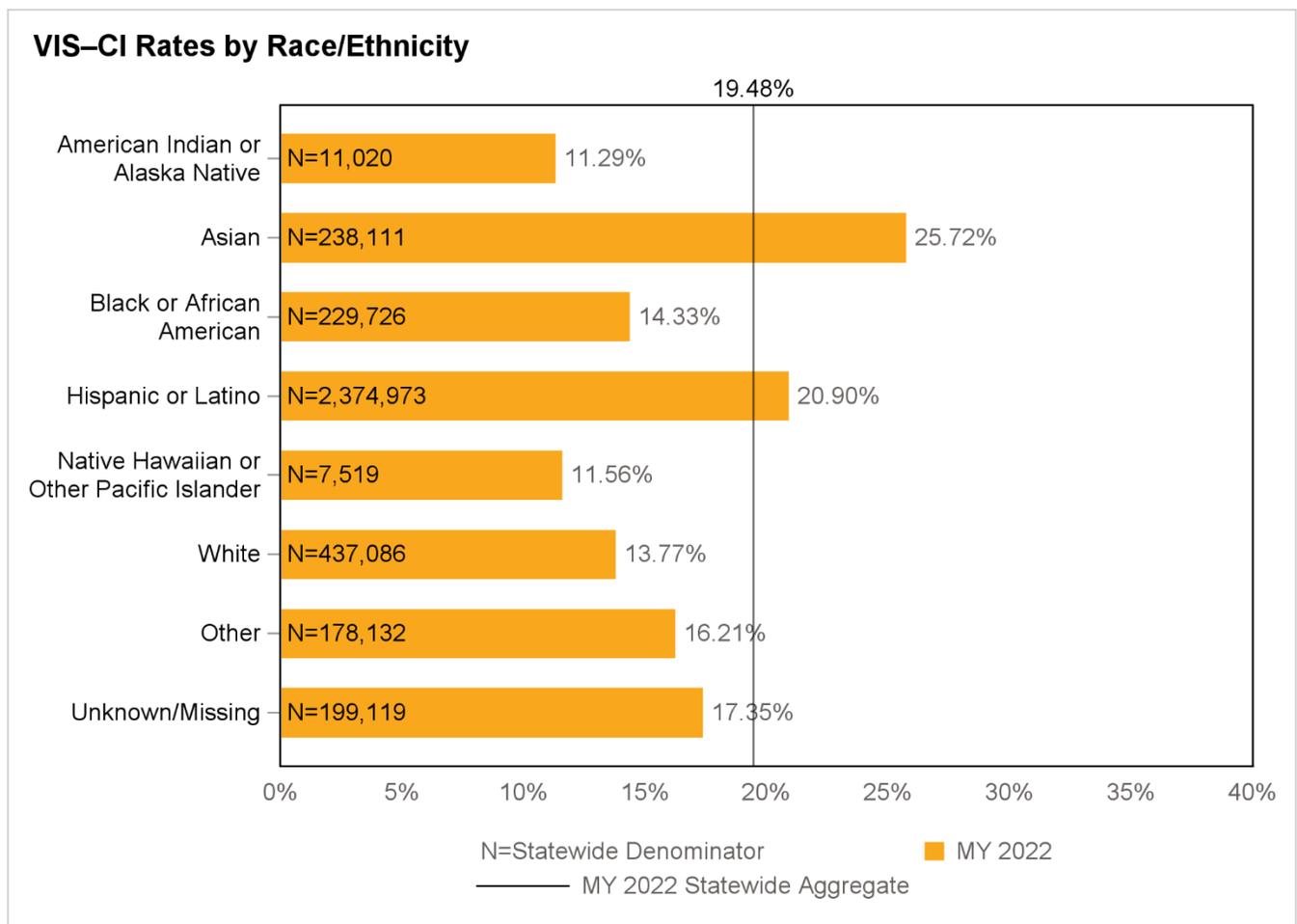


## Vision Services—Comprehensive or Intermediate Eye Exam

The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)* indicator measures the percentage of children ages 6 to 21 years who had a comprehensive or intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Figure A.45 through Figure A.52 display the *Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)* indicator rates at the statewide and regional levels for measurement year 2022. Please note, the *Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)* indicator is new for measurement year 2022; therefore, trending results are not available. Additionally, national benchmarks are not available for this indicator.

**Figure A.45—Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)—Statewide Racial/Ethnic Results**

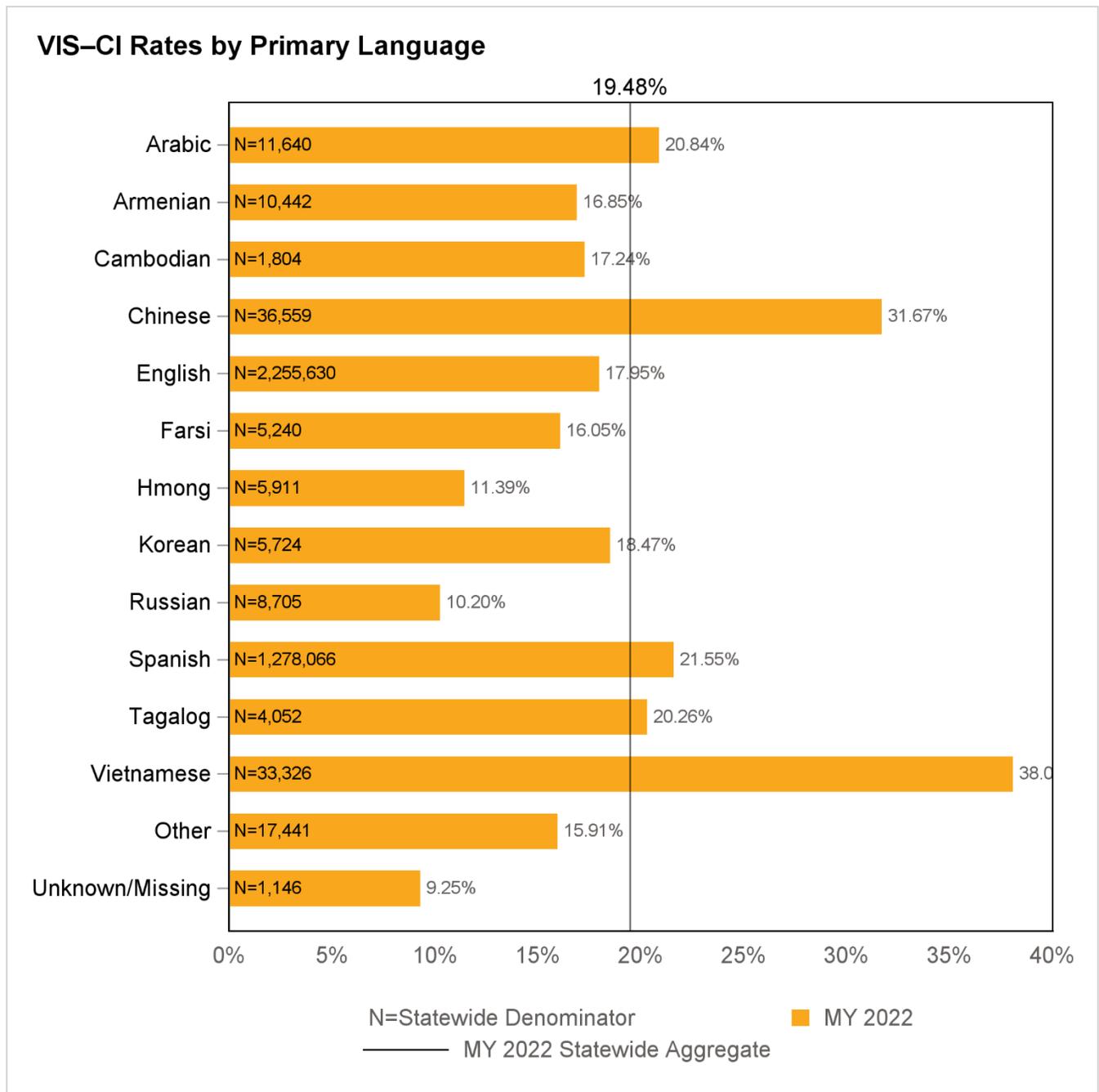
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.46—Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

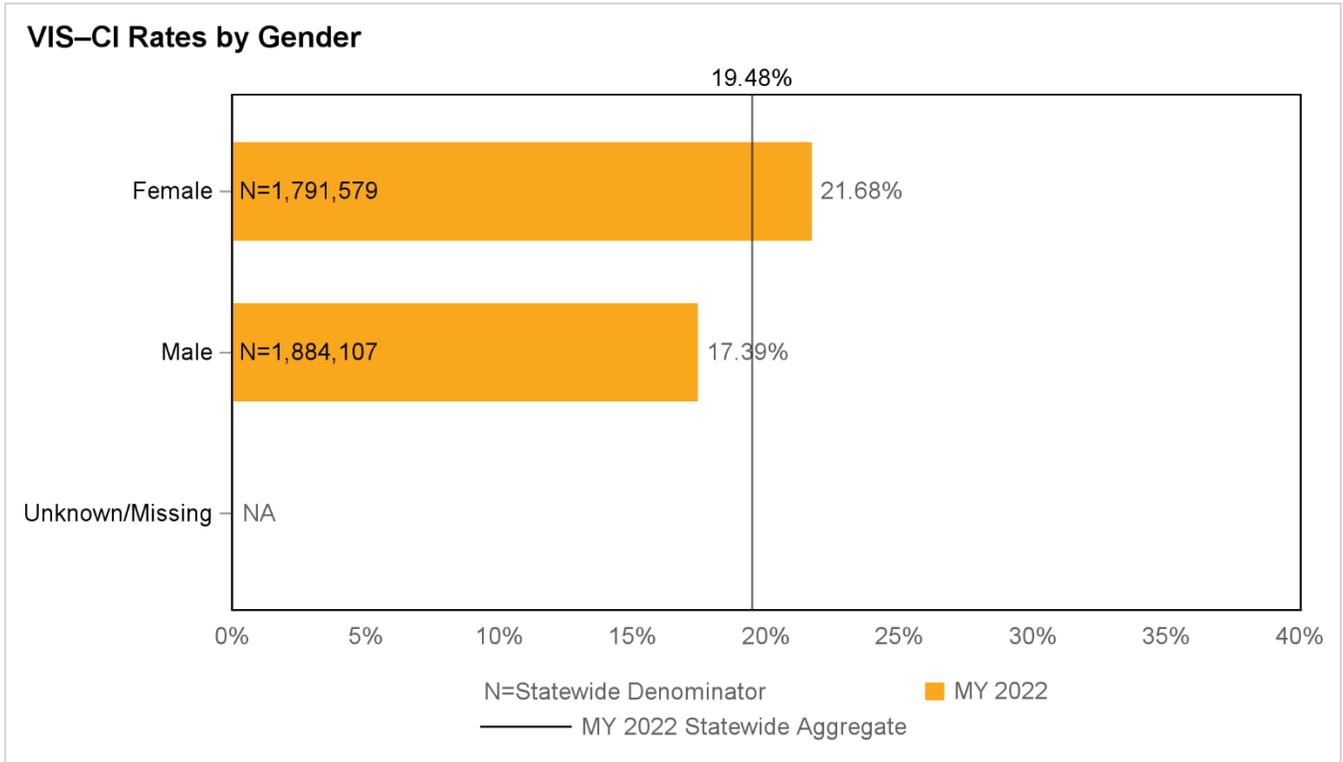
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.47—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—  
Statewide Gender Results**

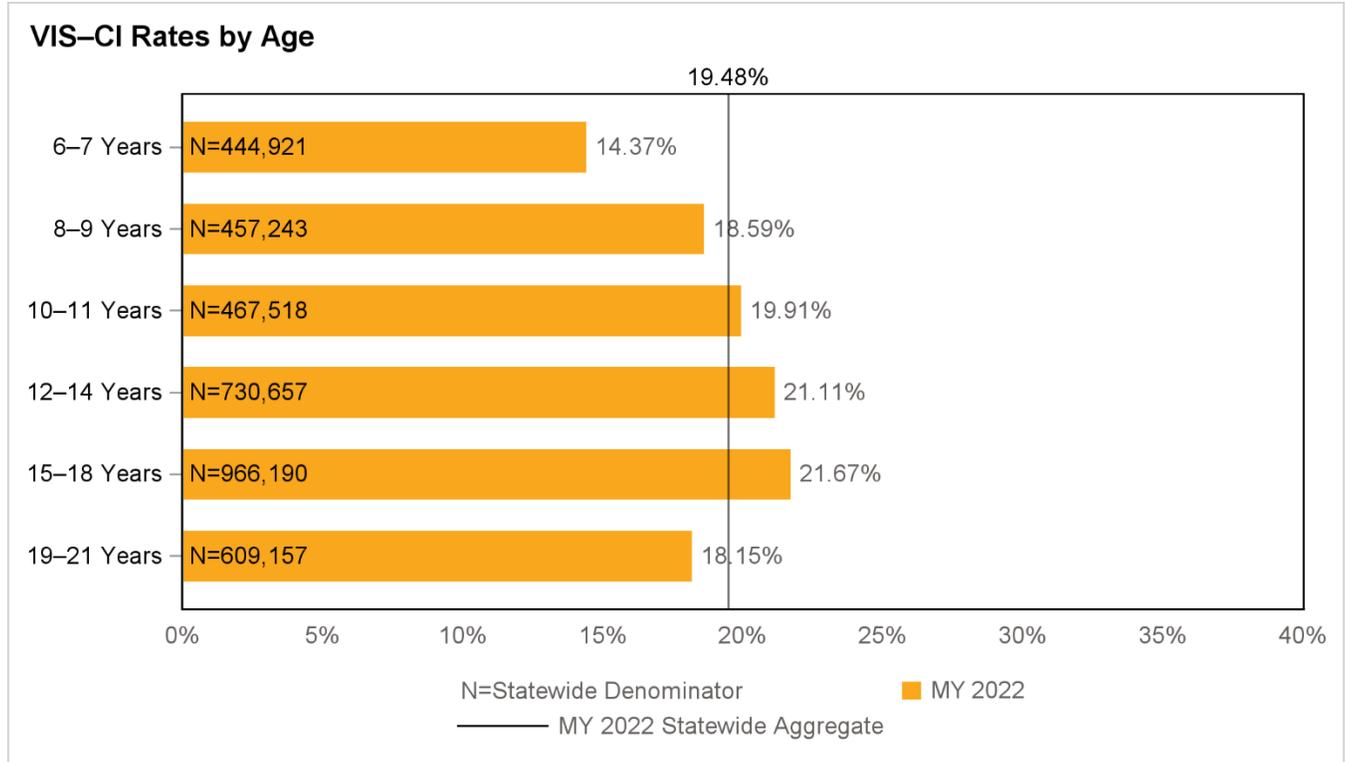
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below.



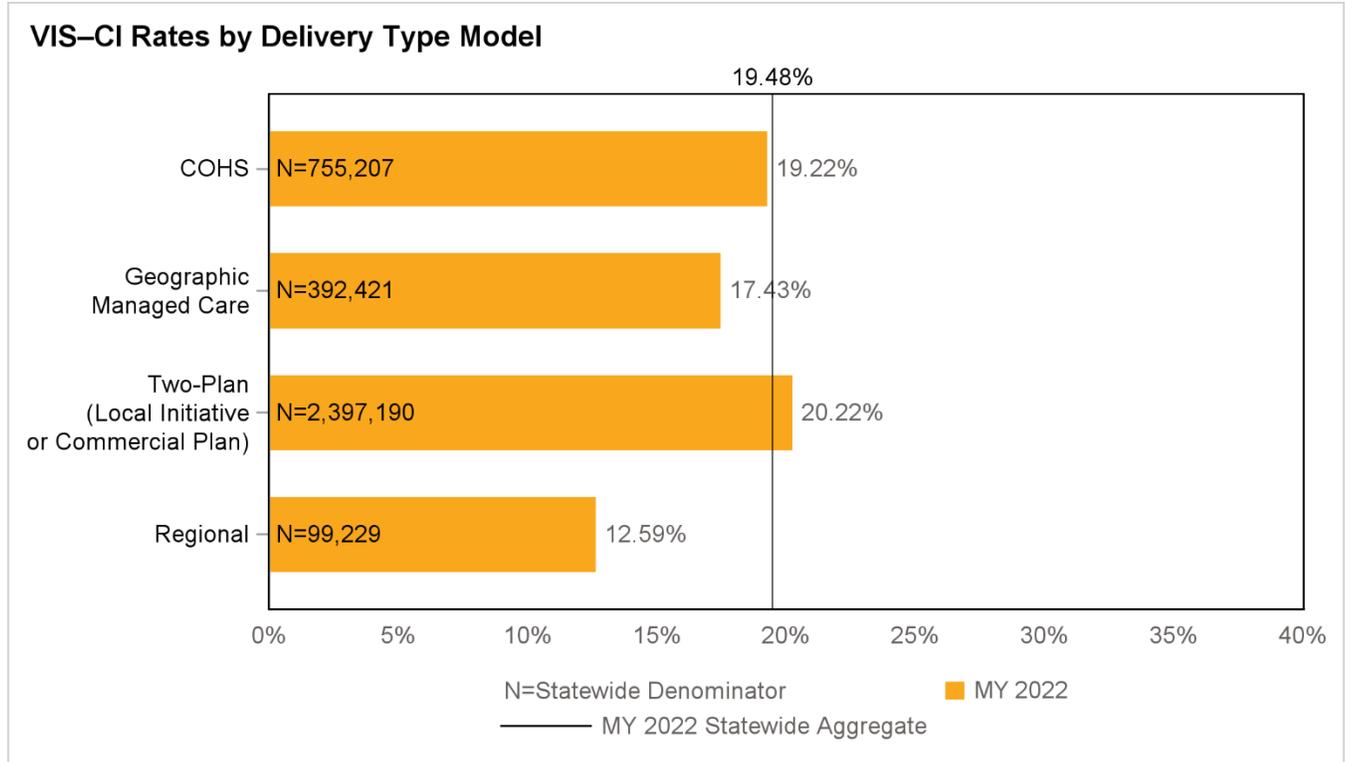
**Figure A.48—Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)—  
Statewide Age Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



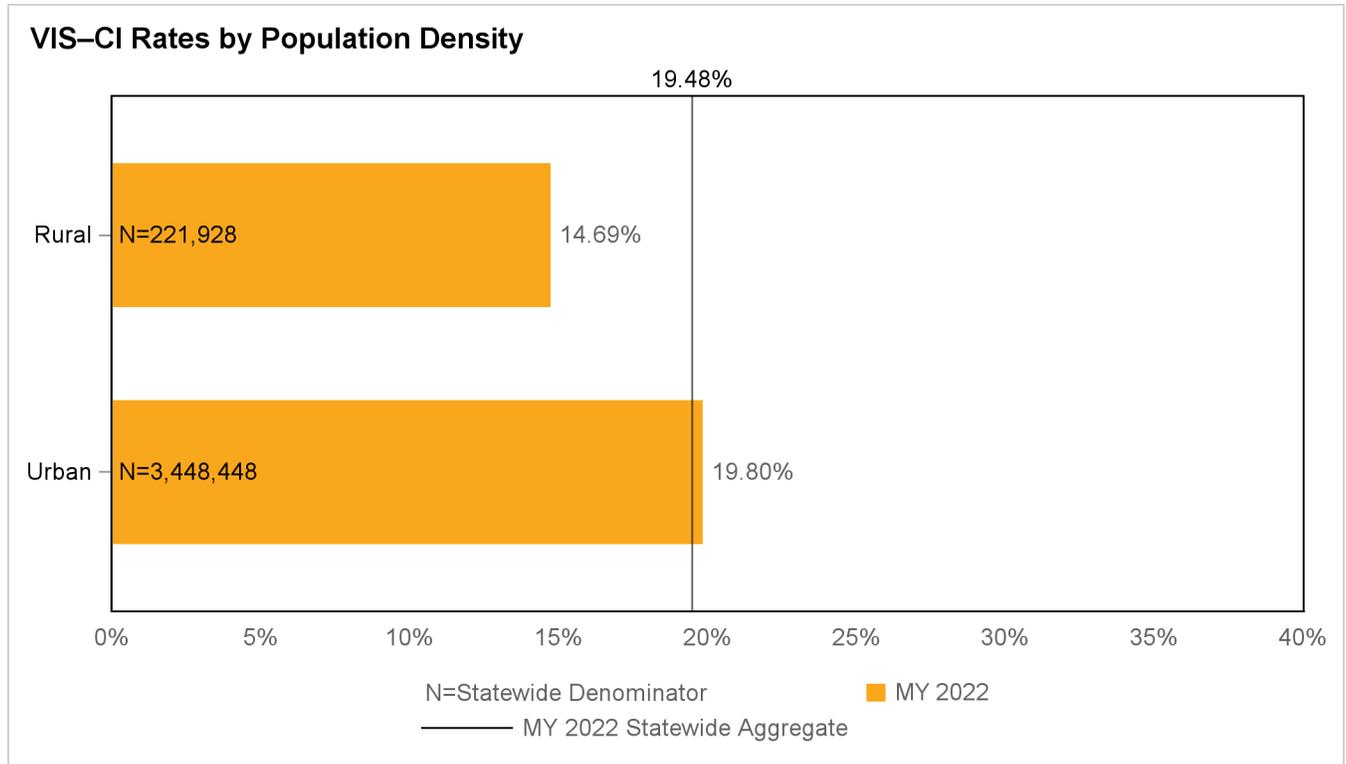
**Figure A.49—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—  
Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



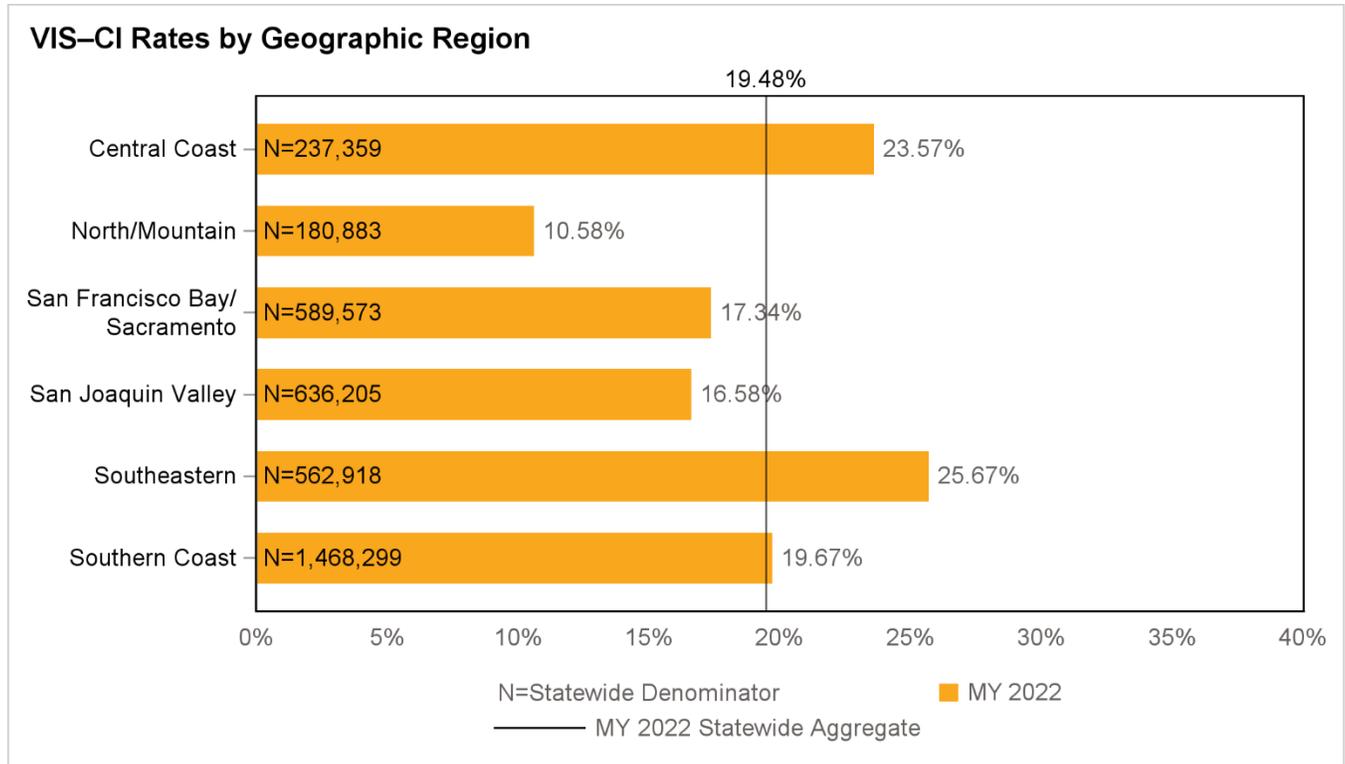
**Figure A.50—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.51—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Regional-Level Geographic Region Results**

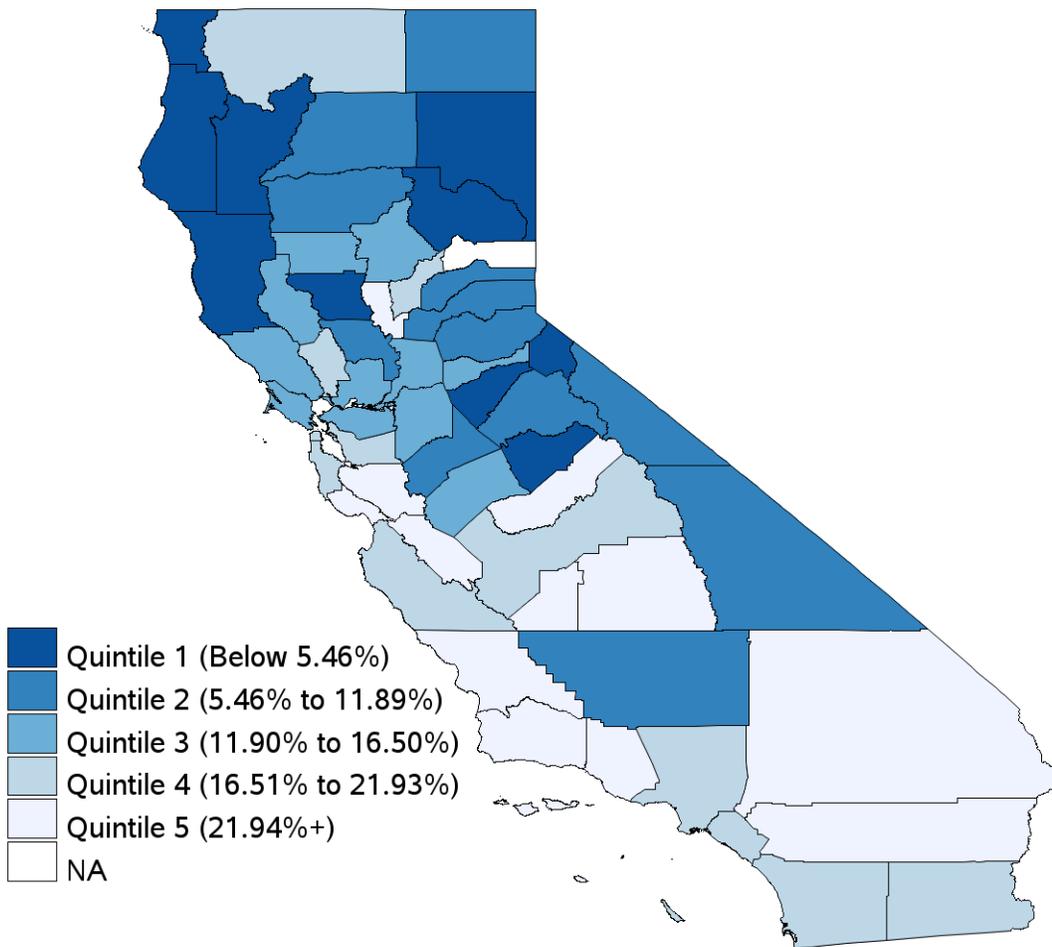
The statewide aggregate for measurement year 2022 is shown in the figure below.



**Figure A.52—Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)—  
County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



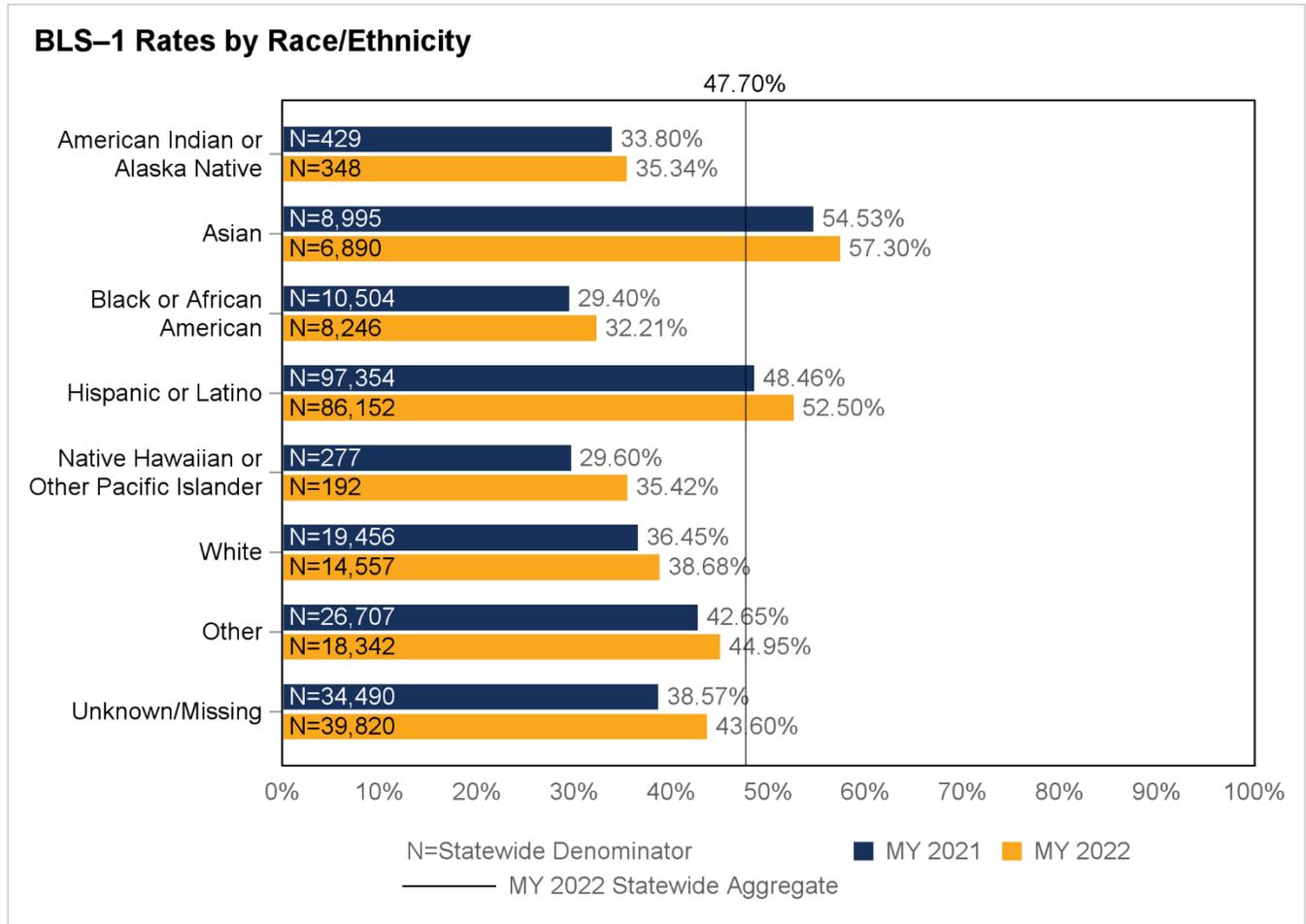
## DHCS-Calculated Indicators

### *Blood Lead Screening—Test at 12 Months of Age*

The *Blood Lead Screening—Test at 12 Months of Age (BLS–1)* indicator measures the percentage of children who turned 1 year old during the measurement year and had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after first birthday) with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure A.53 through Figure A.59 display the *Blood Lead Screening—Test at 12 Months of Age (BLS–1)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, national benchmarks are not available for this indicator.

**Figure A.53—Blood Lead Screening—Test at 12 Months of Age (BLS-1)—Statewide Racial/Ethnic Results**

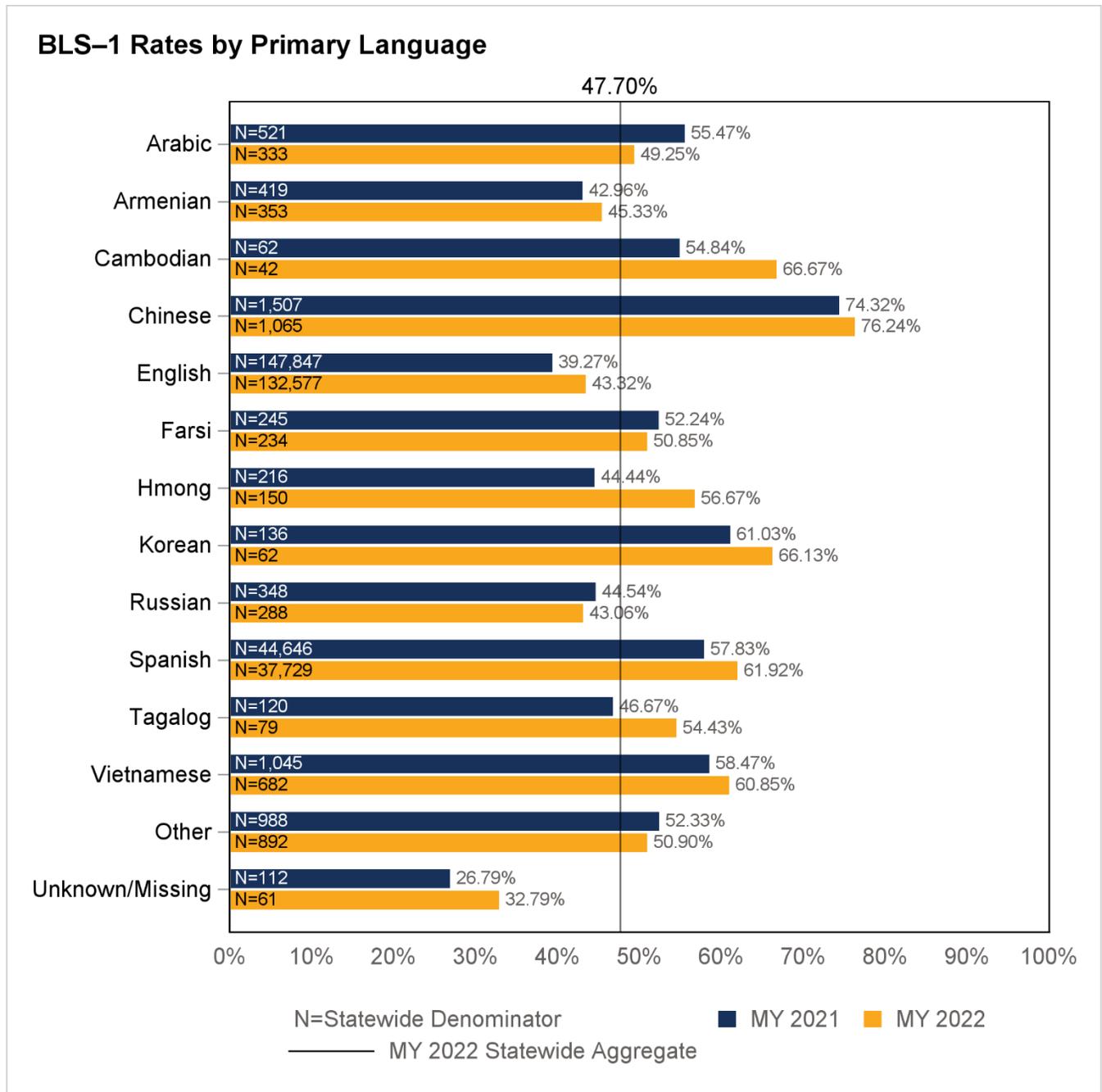
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



**Figure A.54—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

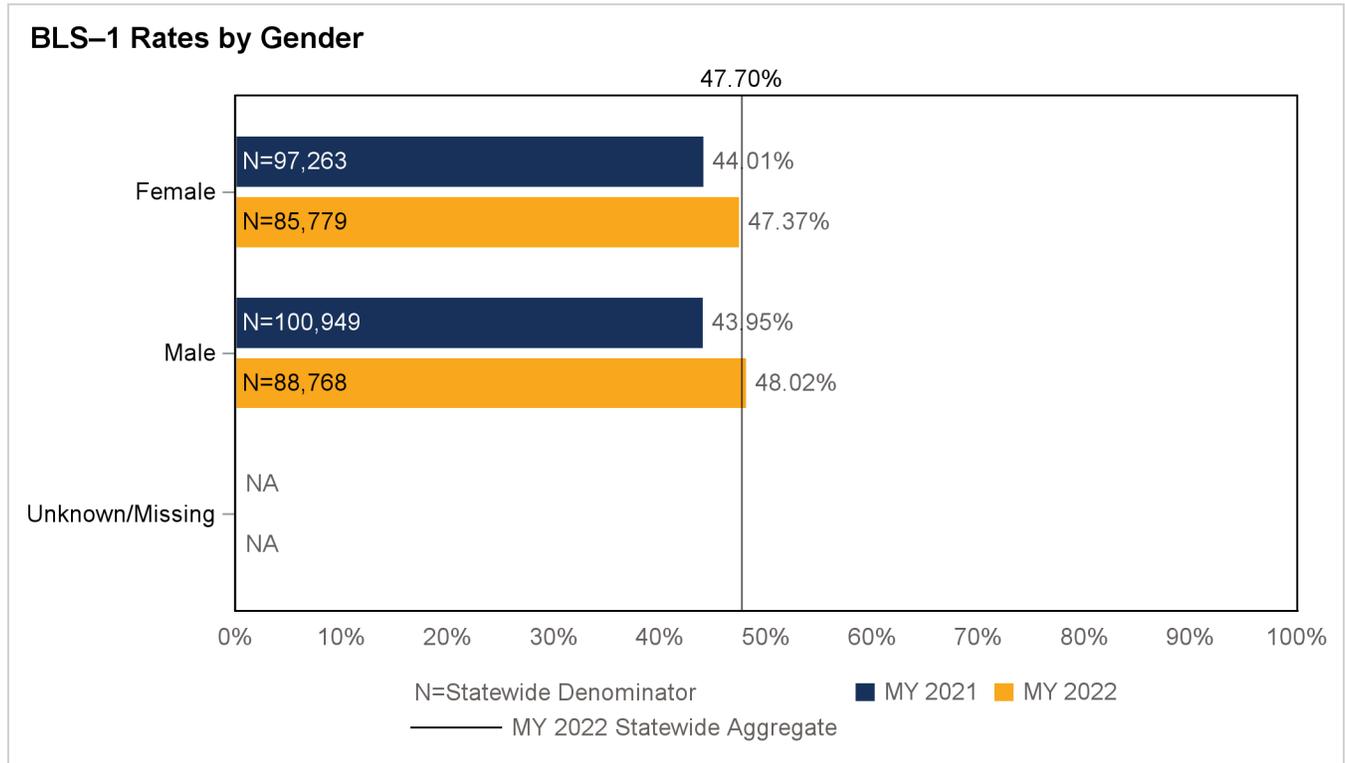
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



**Figure A.55—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Gender Results**

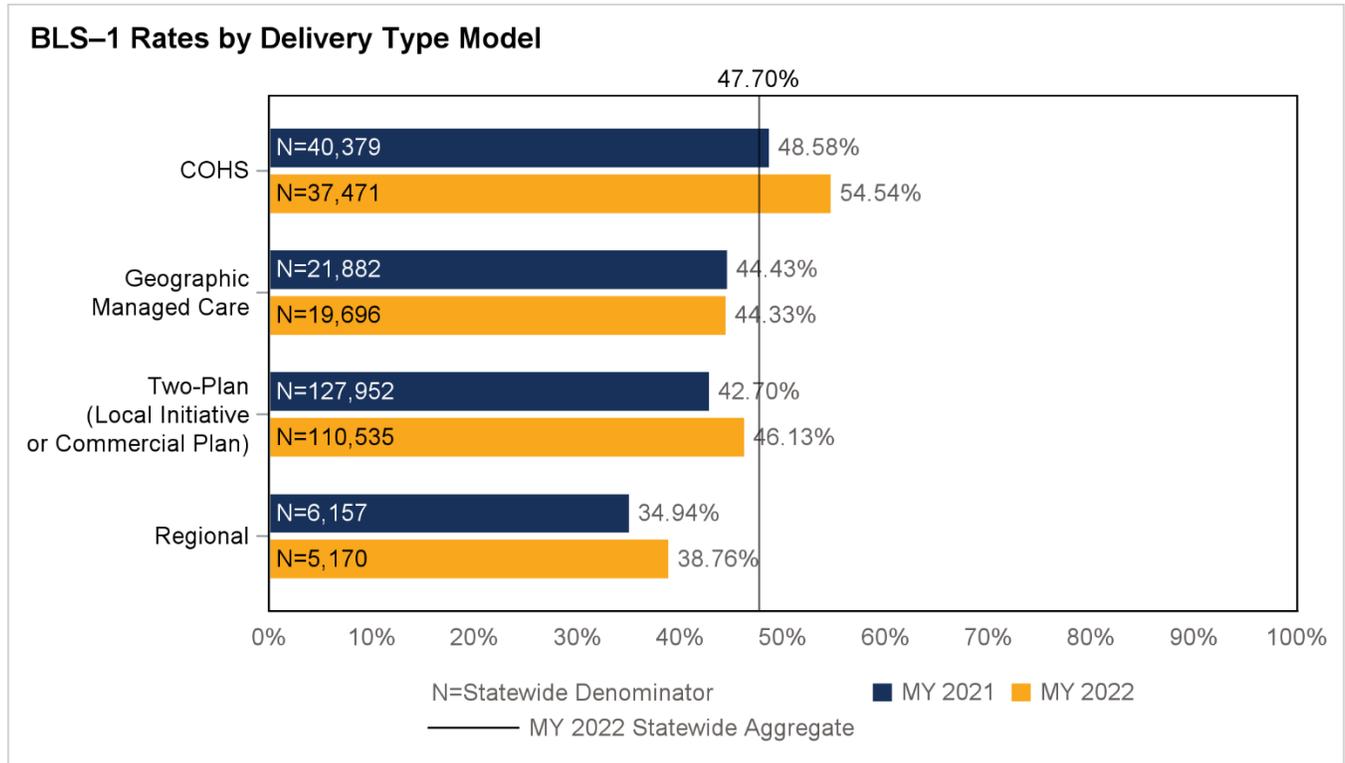
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



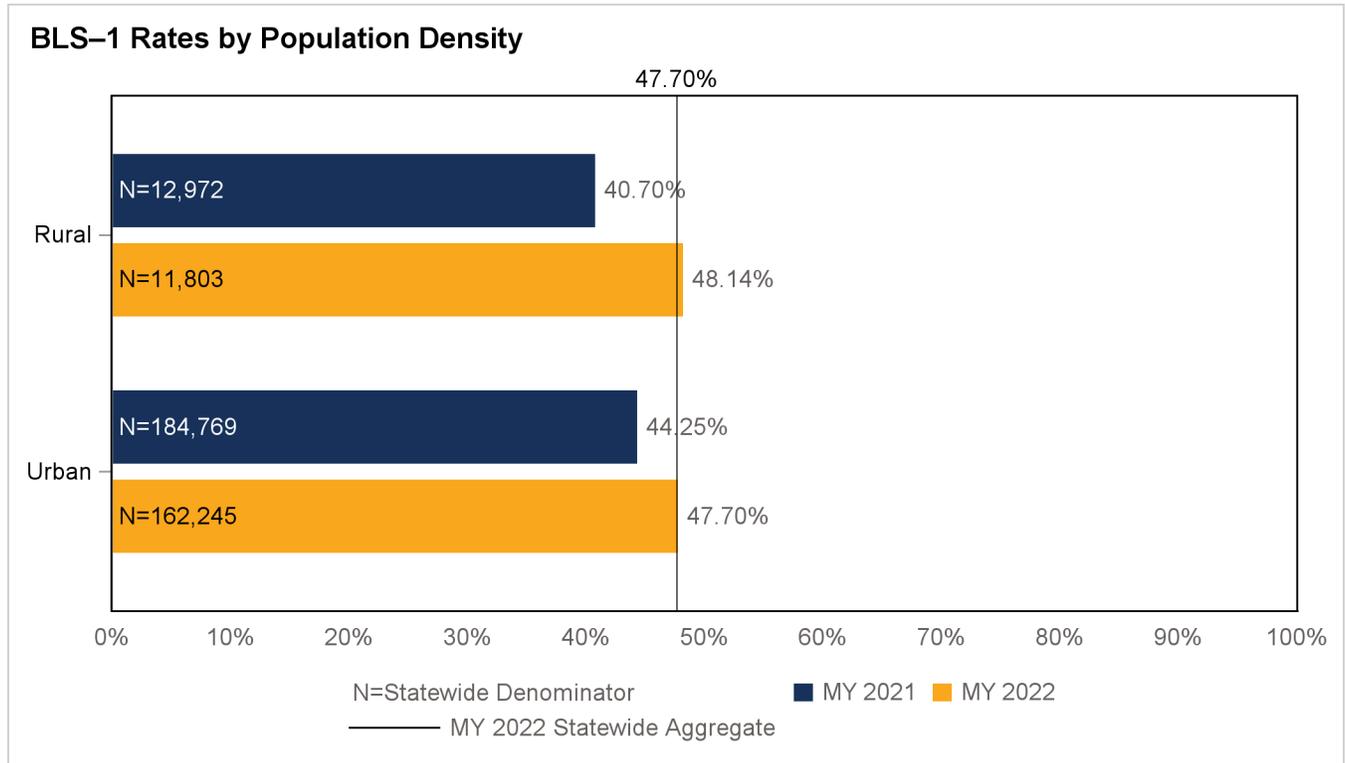
**Figure A.56—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



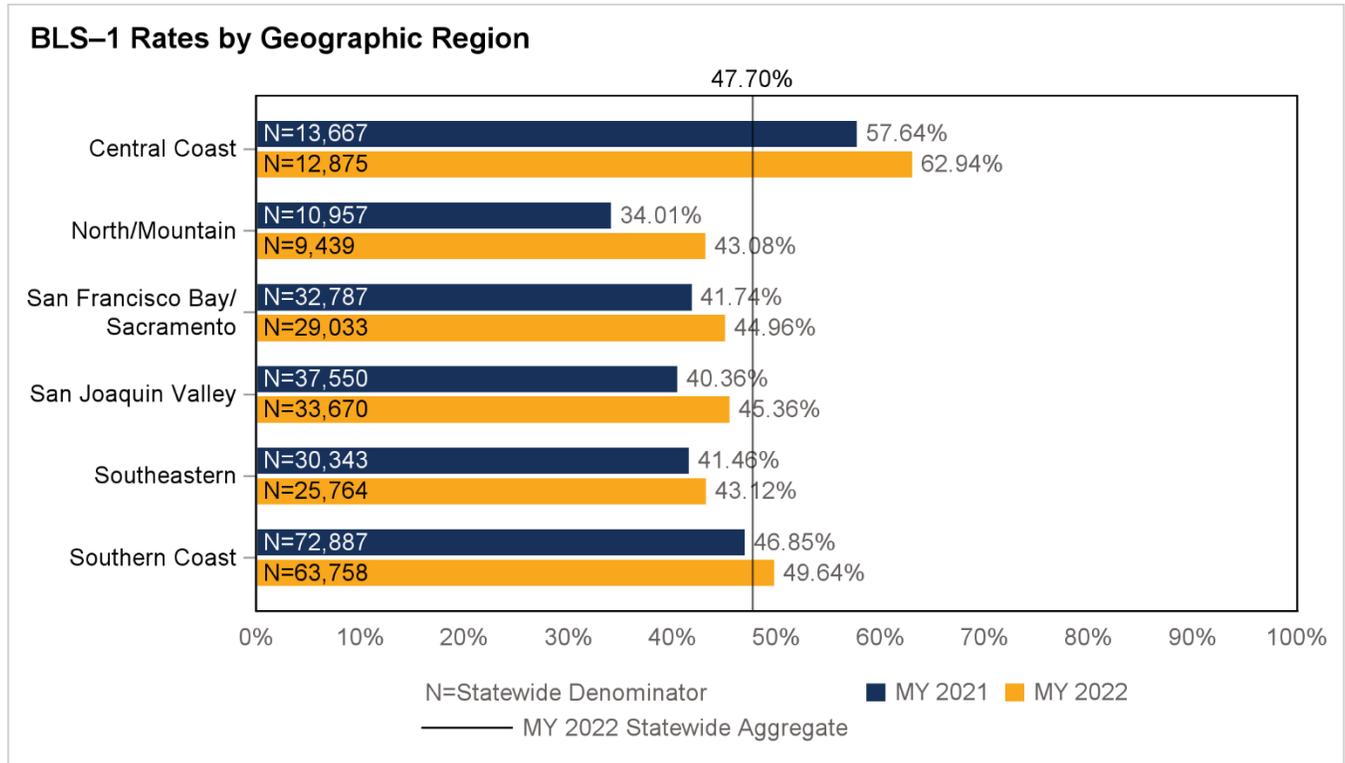
**Figure A.57—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



**Figure A.58—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Geographic Region Results**

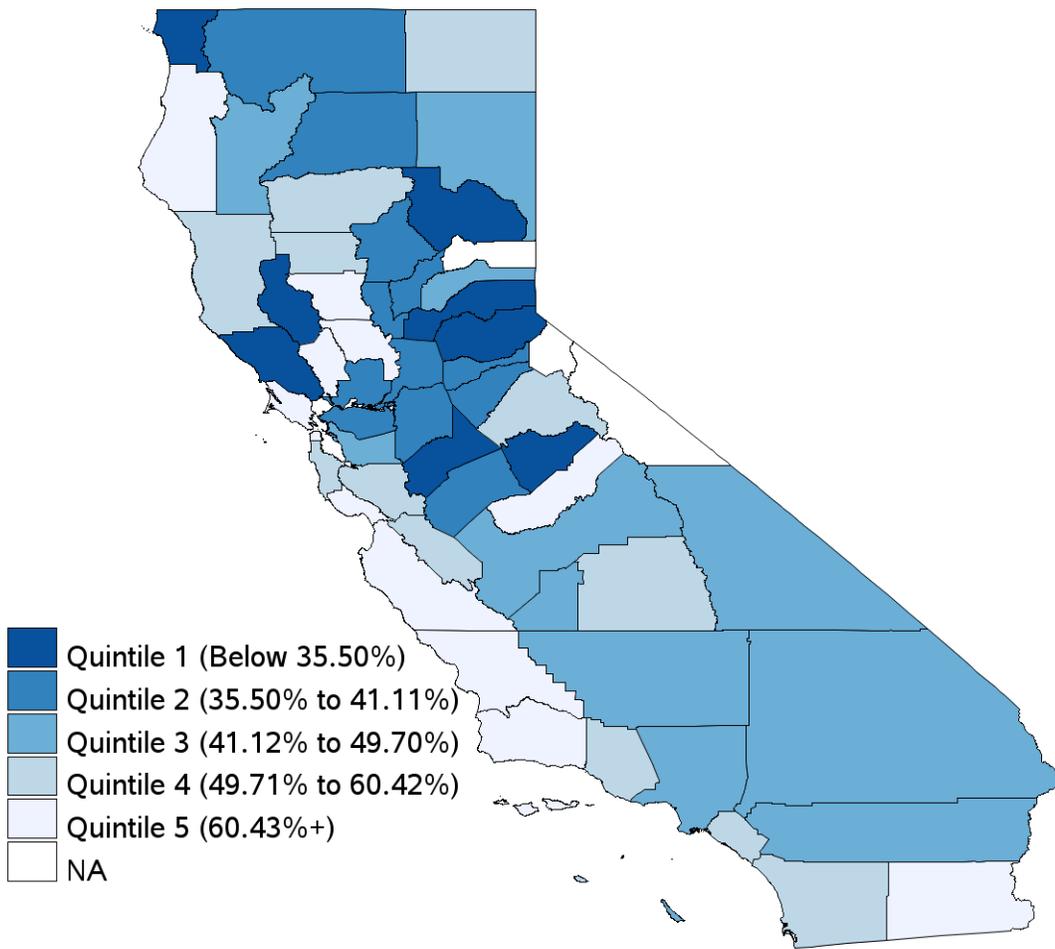
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 43.98 percent.



**Figure A.59—Blood Lead Screening—Test at 12 Months of Age (BLS-1)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



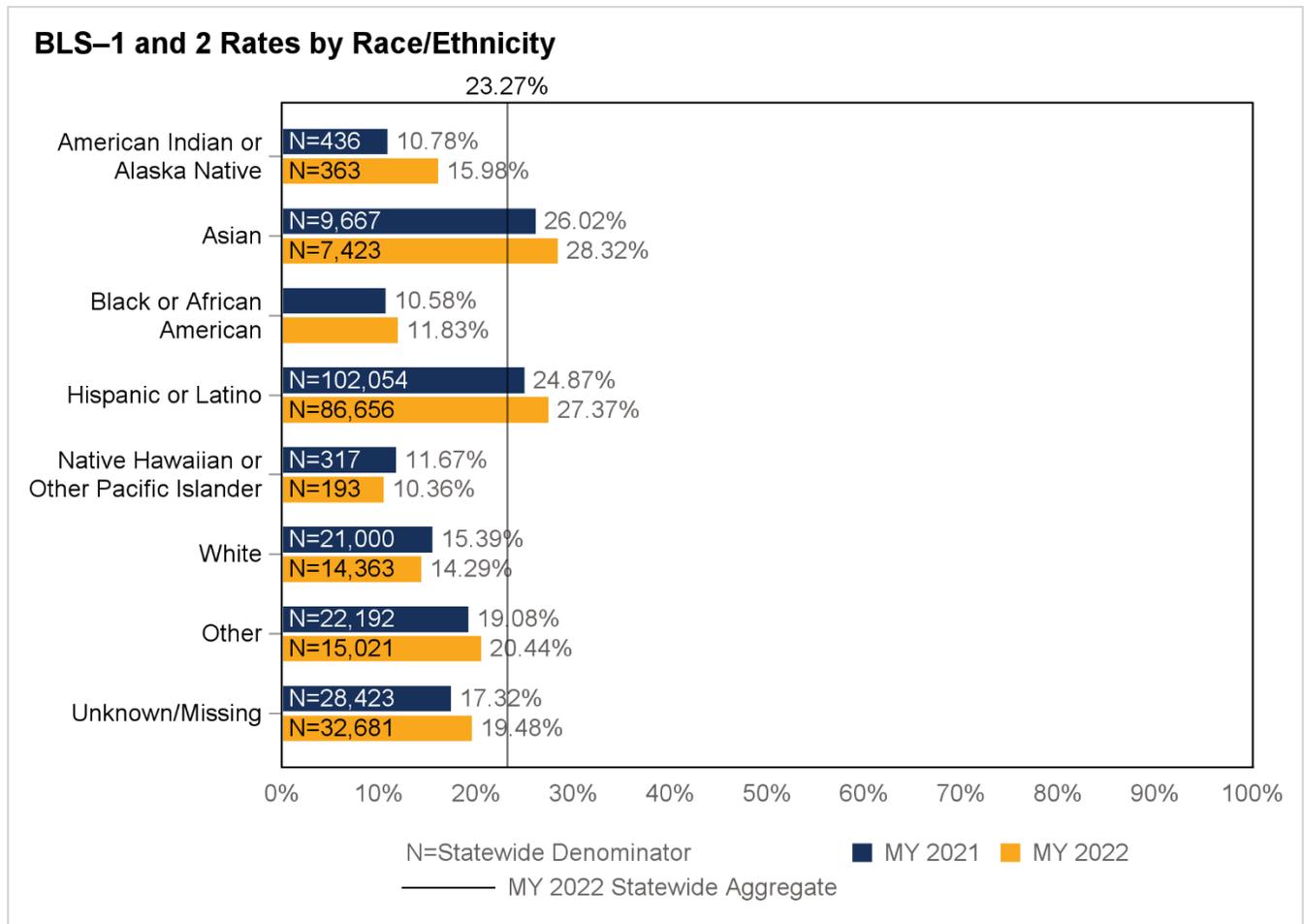
## ***Blood Lead Screening—Two Tests by 24 Months of Age***

The *Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)* indicator measures the percentage of children who turned 2 years old during the measurement year, had a screening within six months (before and after) their second birthday, and also had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 24 months (18 months before and six months after the second birthday) with no more than one gap in enrollment during the 24-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure A.60 through Figure A.66 display the *Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, national benchmarks are not available for this indicator.

**Figure A.60—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Racial/Ethnic Results**

The measurement years 2021 and 2022 denominators for the Black or African American racial/ethnic group were 11,575 and 8,066, respectively.

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.

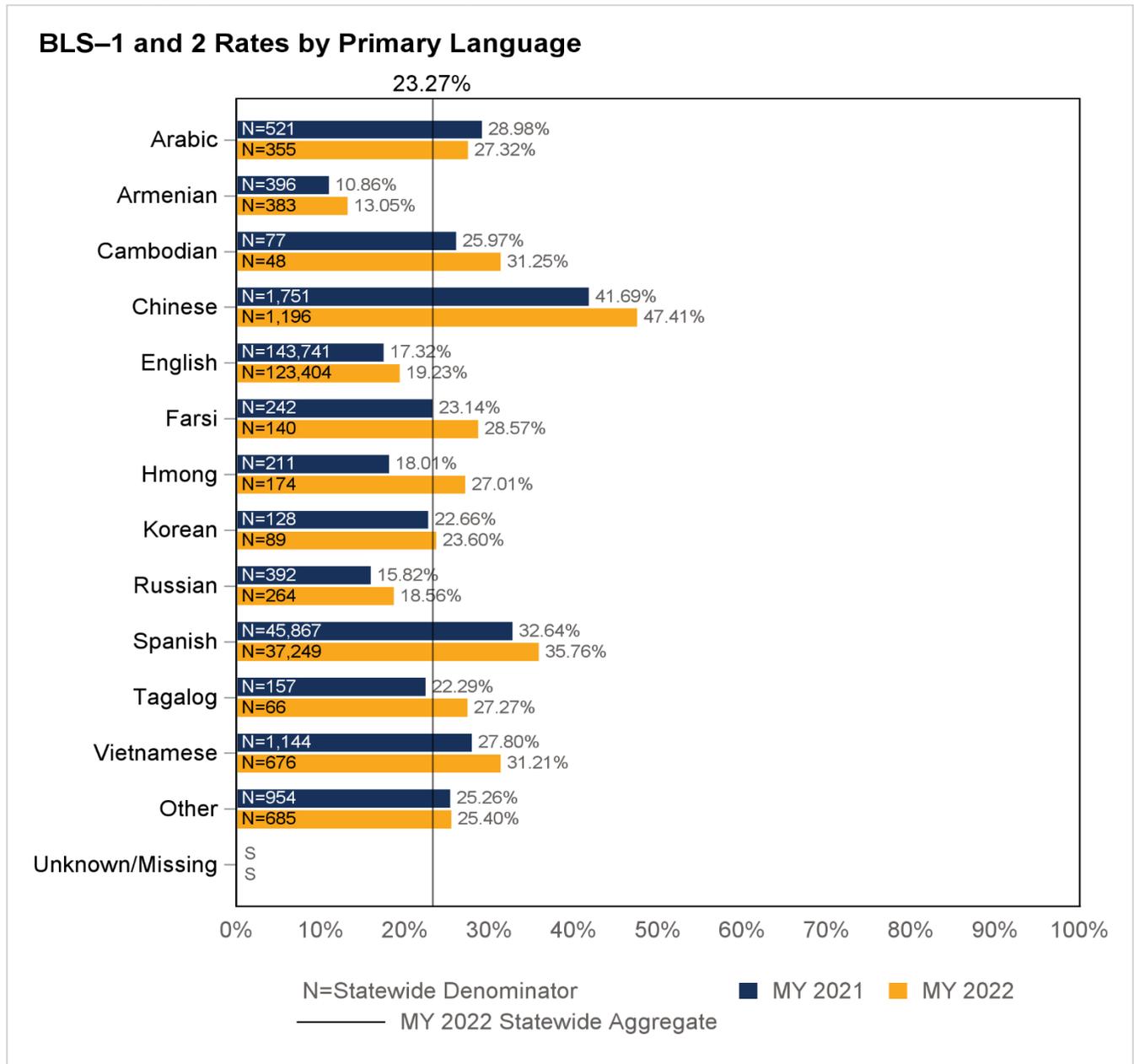


**Figure A.61—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Primary Language Results**

Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

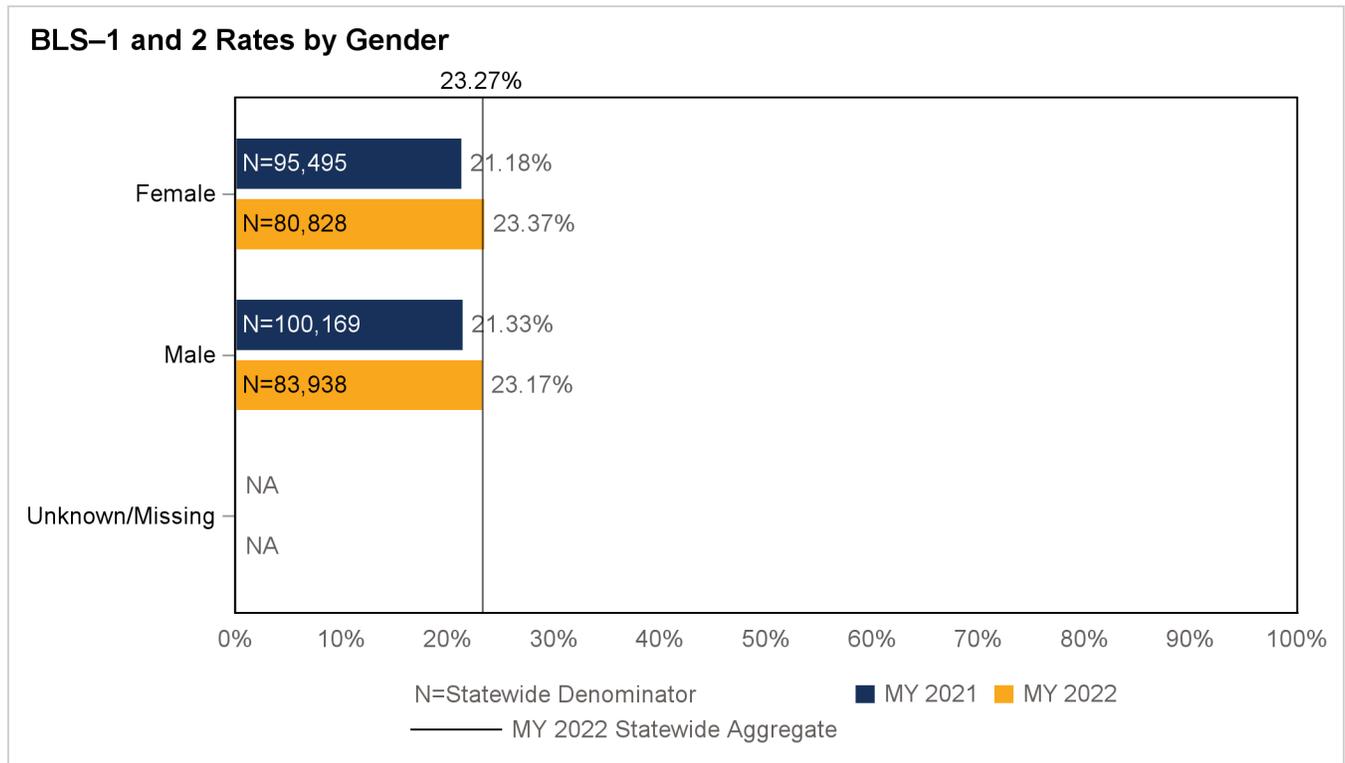
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.



**Figure A.62—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Gender Results**

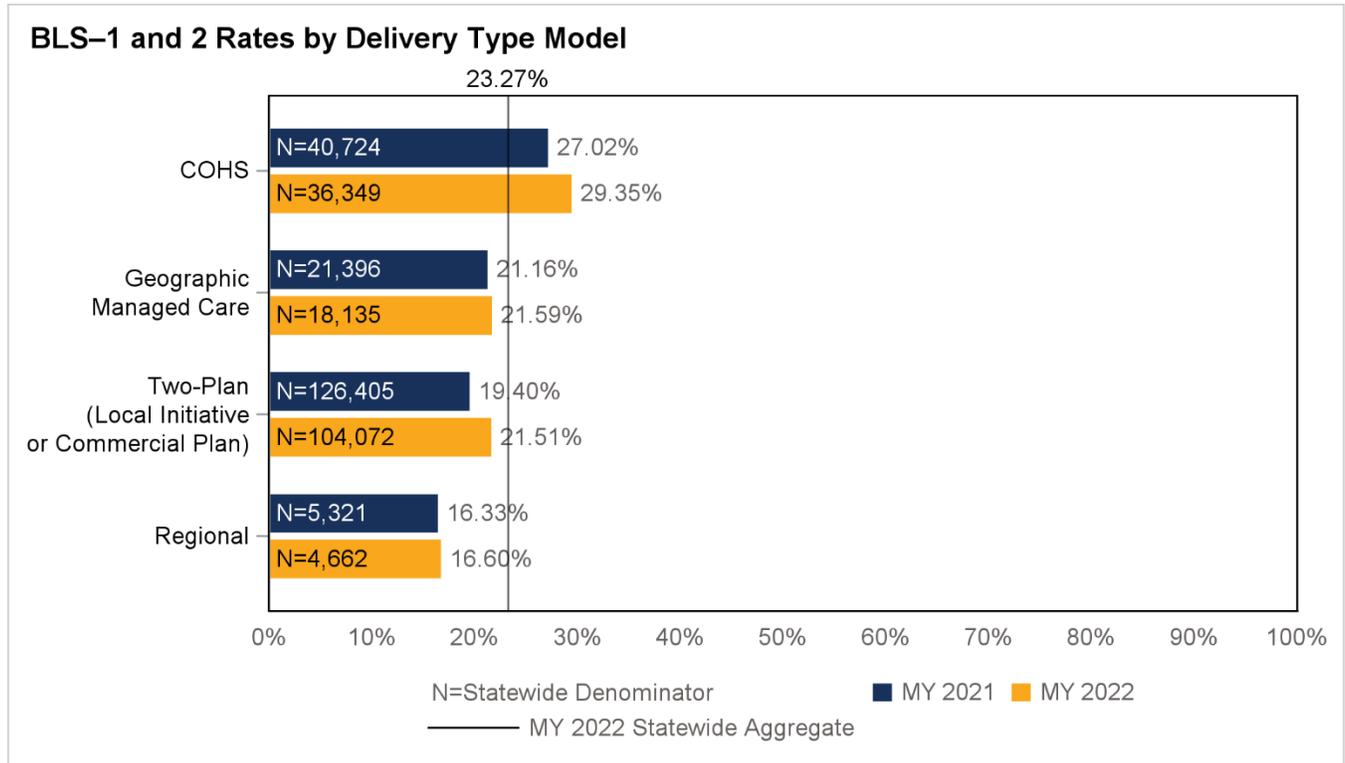
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.



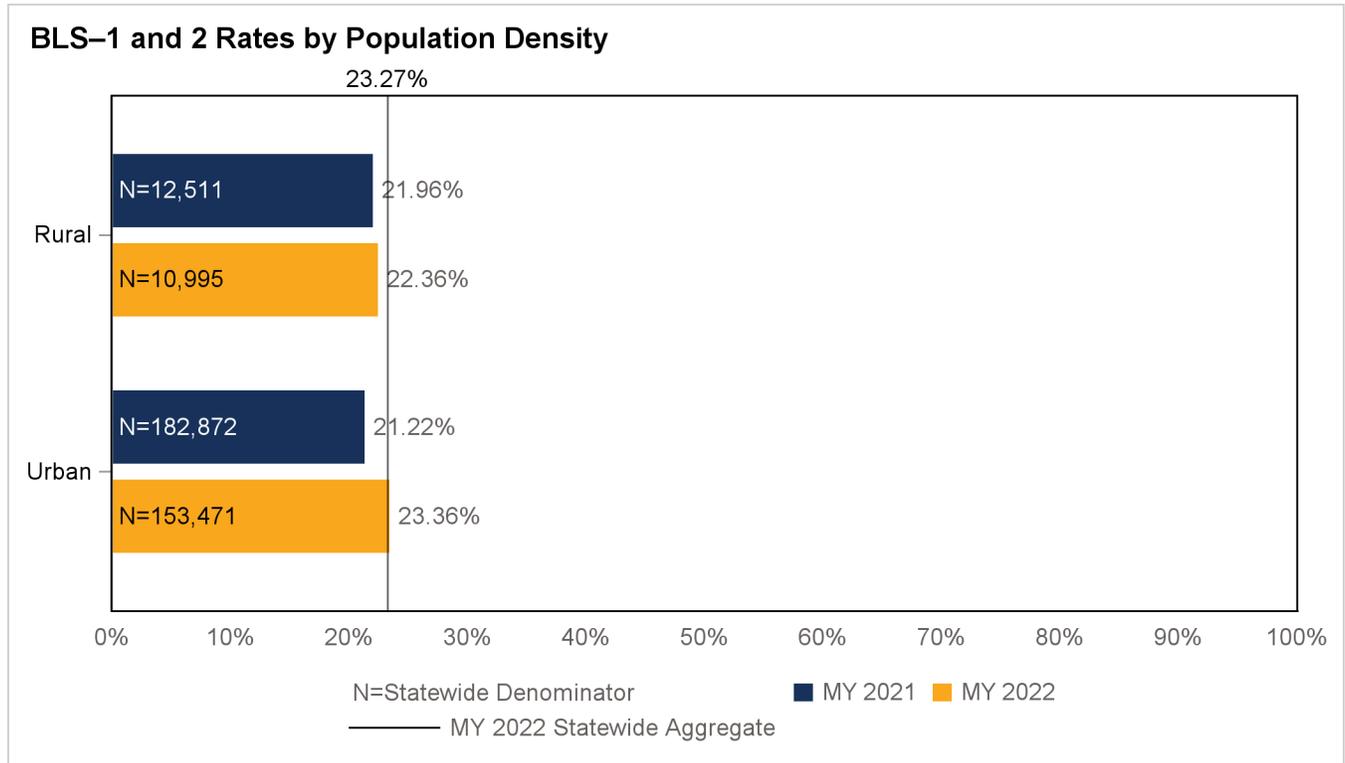
**Figure A.63—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.



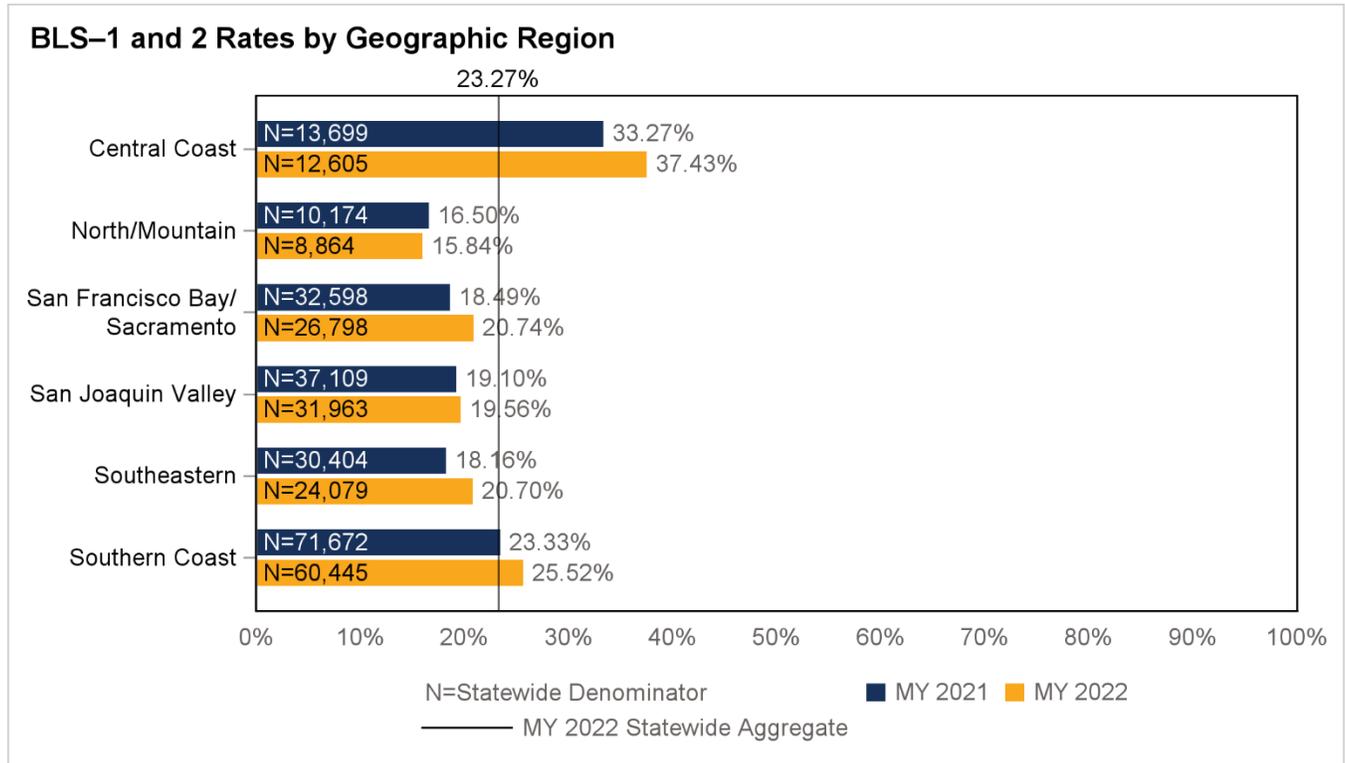
**Figure A.64—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.



**Figure A.65—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Geographic Region Results**

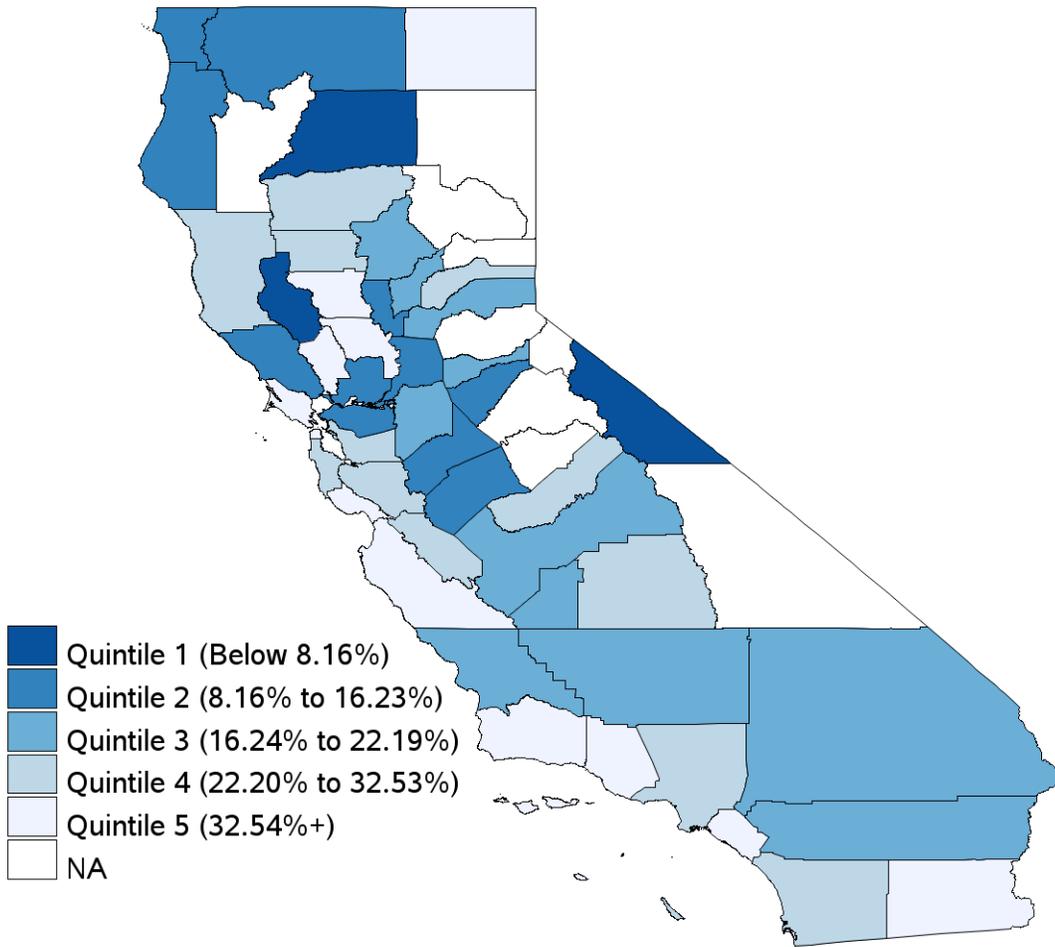
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 21.26 percent.



**Figure A.66—Blood Lead Screening—Two Tests by 24 Months of Age (BLS-1 and 2)—County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.

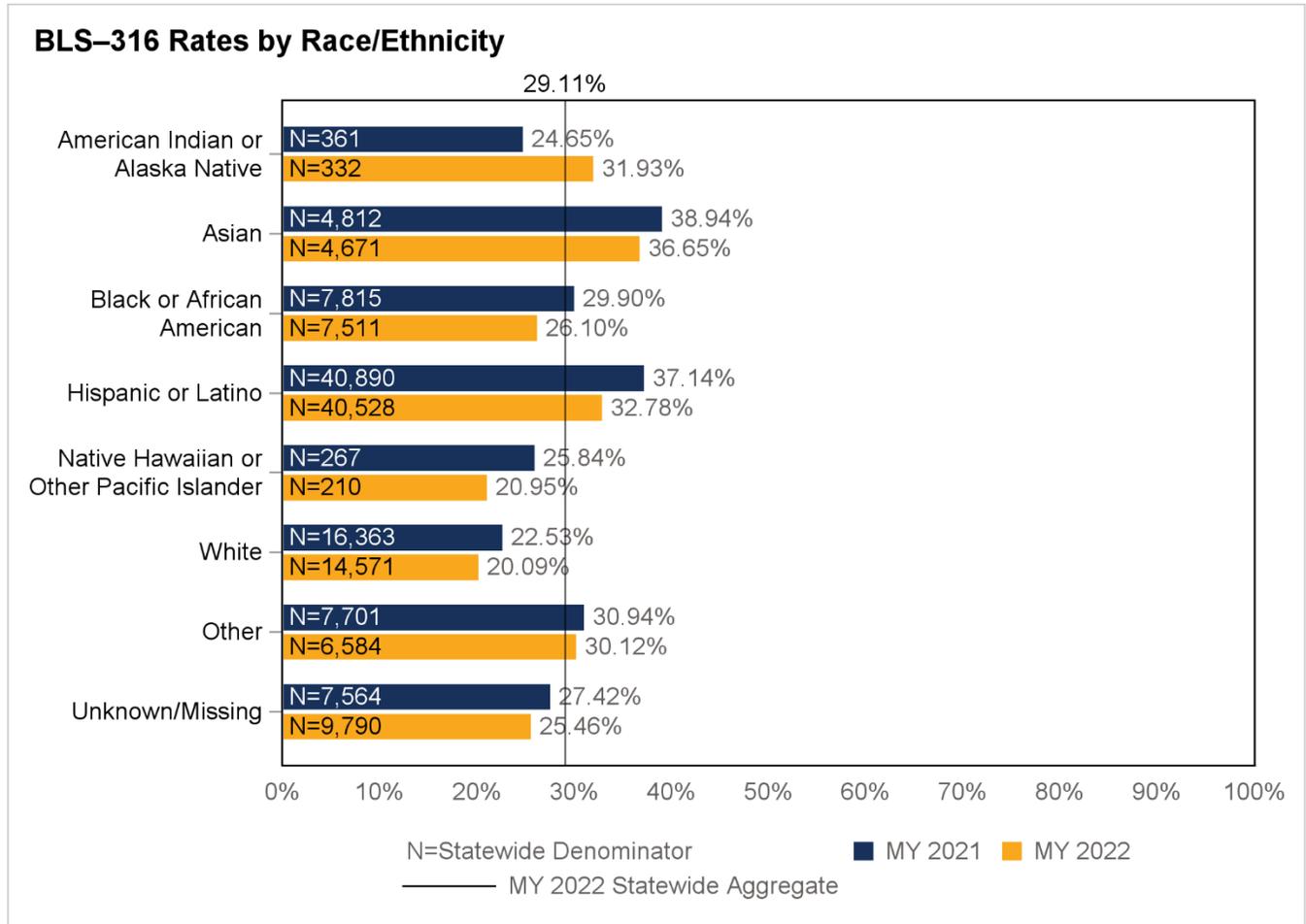


## ***Blood Lead Screening—Catch-Up Test by 6 Years of Age***

The *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)* indicator measures the percentage of children who turned 6 years old during the measurement year who were not screened at 1 or 2 years of age, to determine if they were screened between 31 months old and their sixth birthday. Individuals must be continuously enrolled for 12 months prior to their sixth birthday with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. Individuals who had at least one blood lead test prior to 31 months of age were excluded. (Note: For this measure, DHCS assessed claims for Current Procedural Terminology [CPT] codes 83655 [blood lead test] and Z0334 [counseling and blood draw]; Z0334 was retired May 1, 2018). This indicator is in alignment with Title 17 testing requirements. Figure A.67 through Figure A.73 display the *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)* indicator rates at the statewide and regional levels for both measurement years 2021 and 2022. Please note, national benchmarks are not available for this indicator.

**Figure A.67—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
Statewide Racial/Ethnic Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.



**Figure A.68—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
Statewide Primary Language Results**

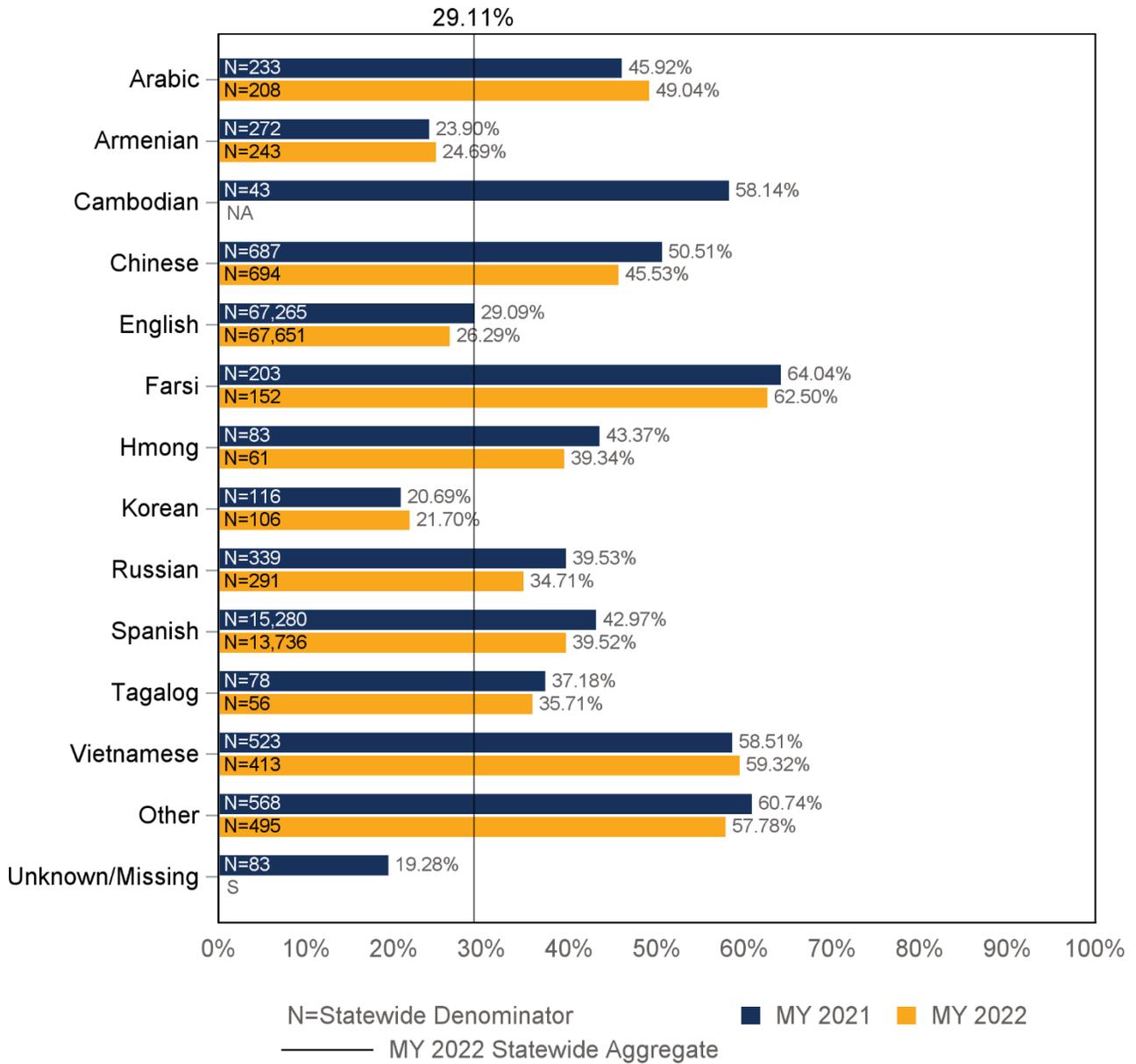
Note: Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates fewer than 11 cases exist in the numerator for the primary language group; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.

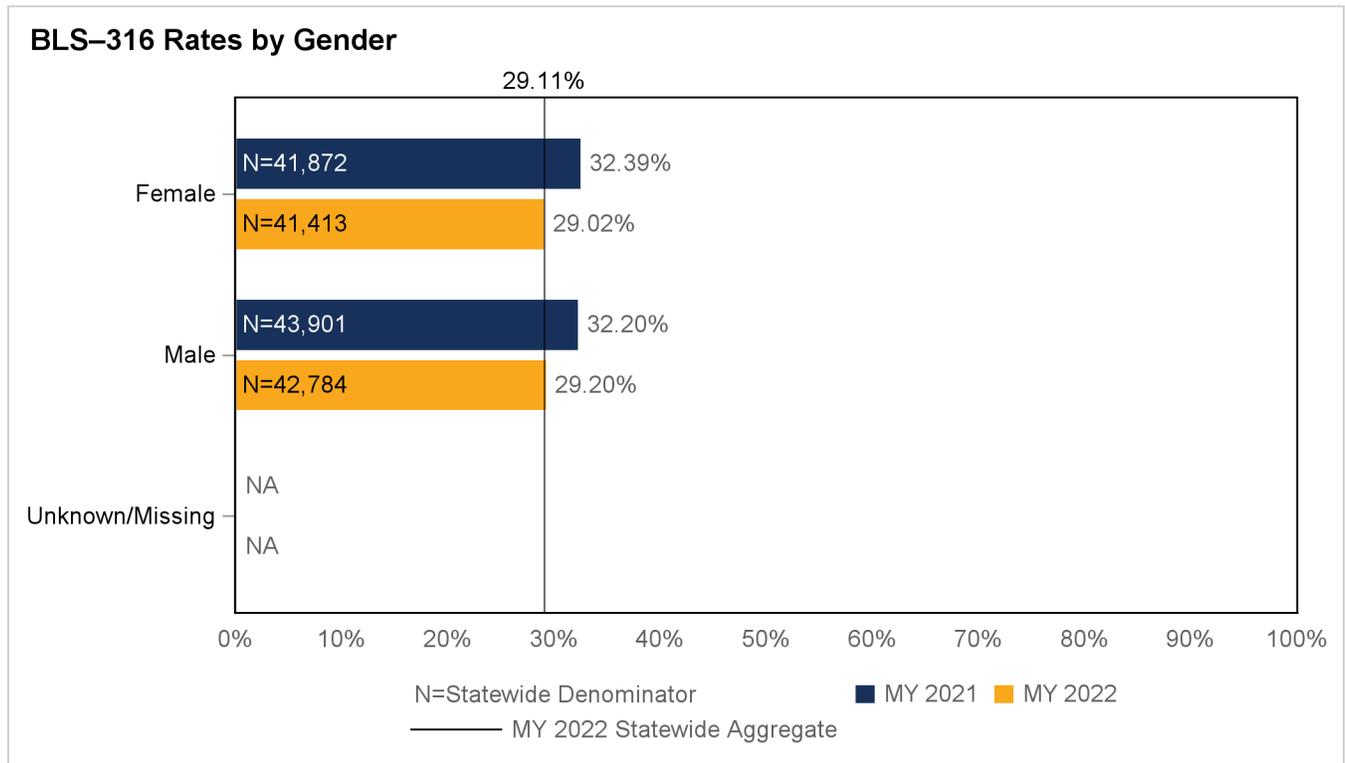
### BLS-316 Rates by Primary Language



**Figure A.69—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
Statewide Gender Results**

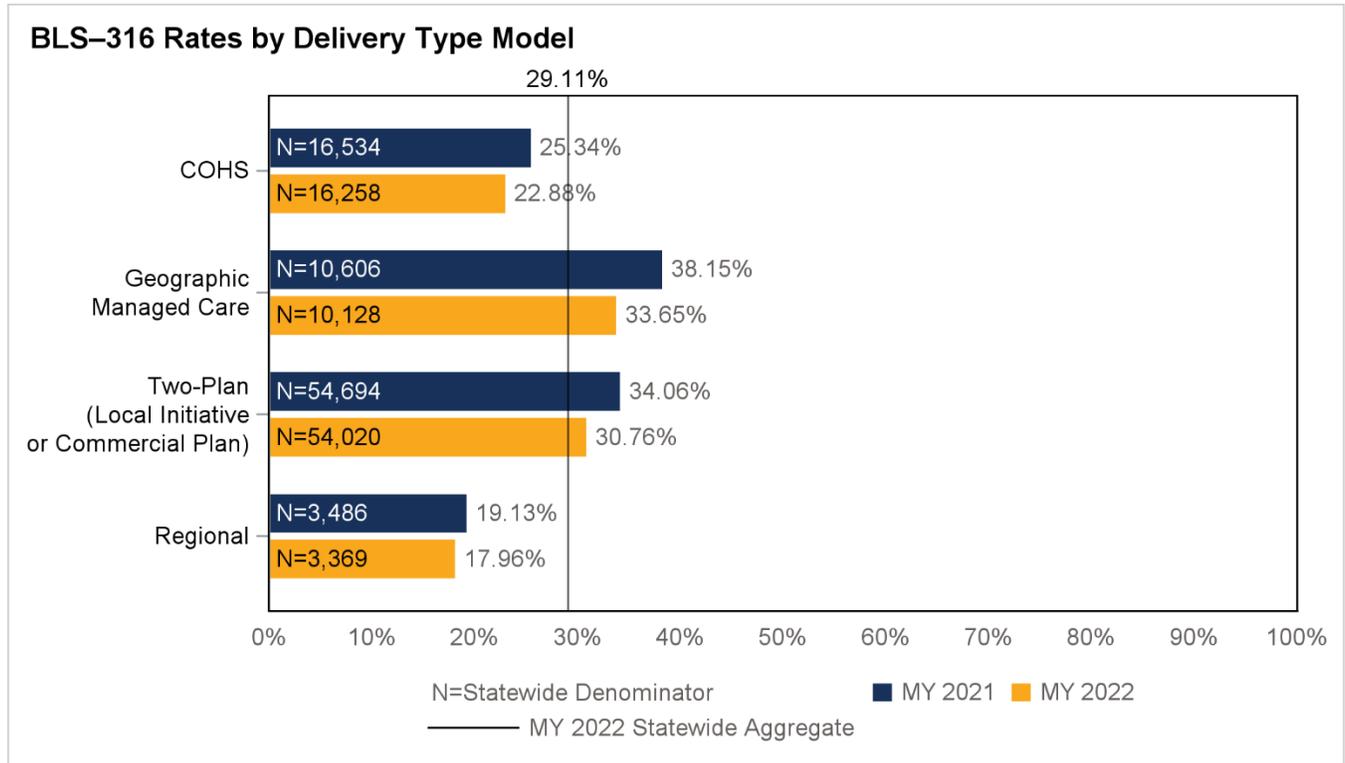
NA indicates the rate had a small denominator (i.e., less than 30).

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.



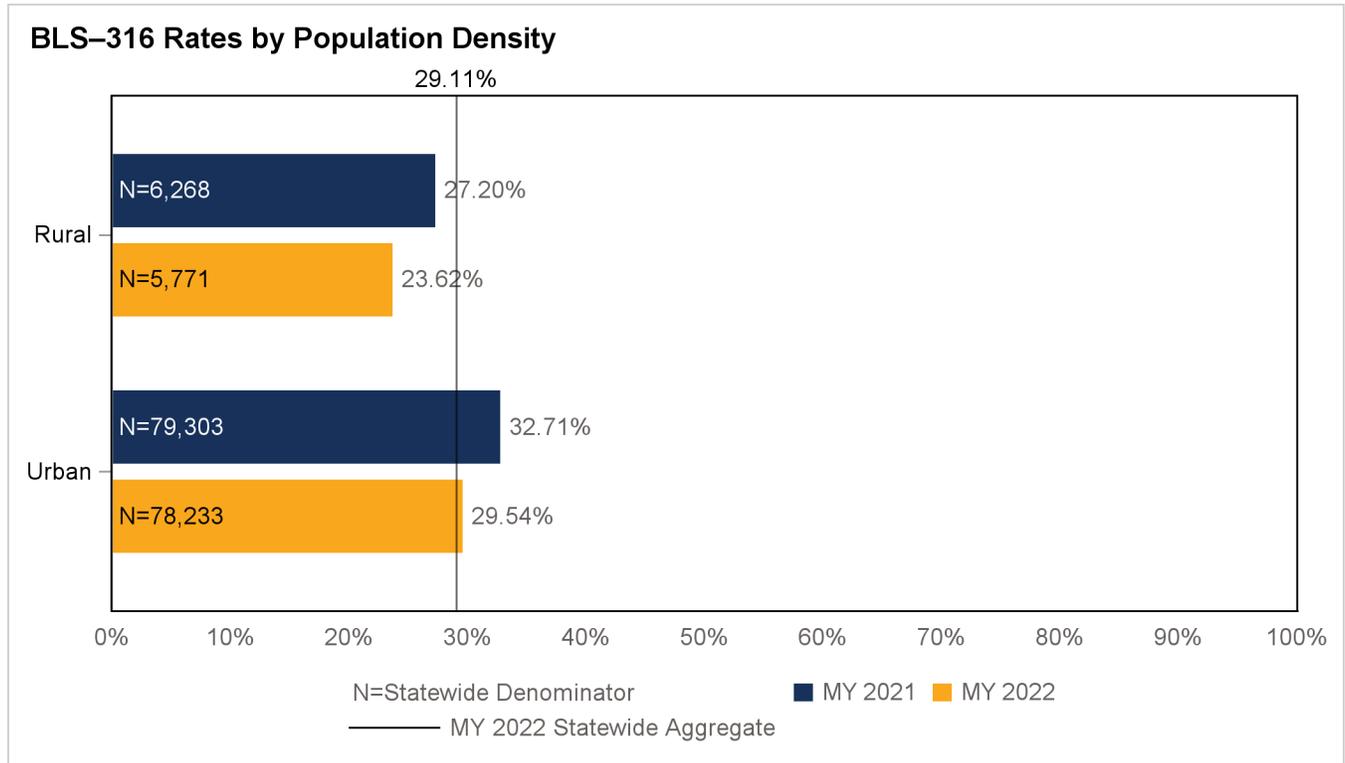
**Figure A.70—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
Regional-Level Delivery Type Model Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.



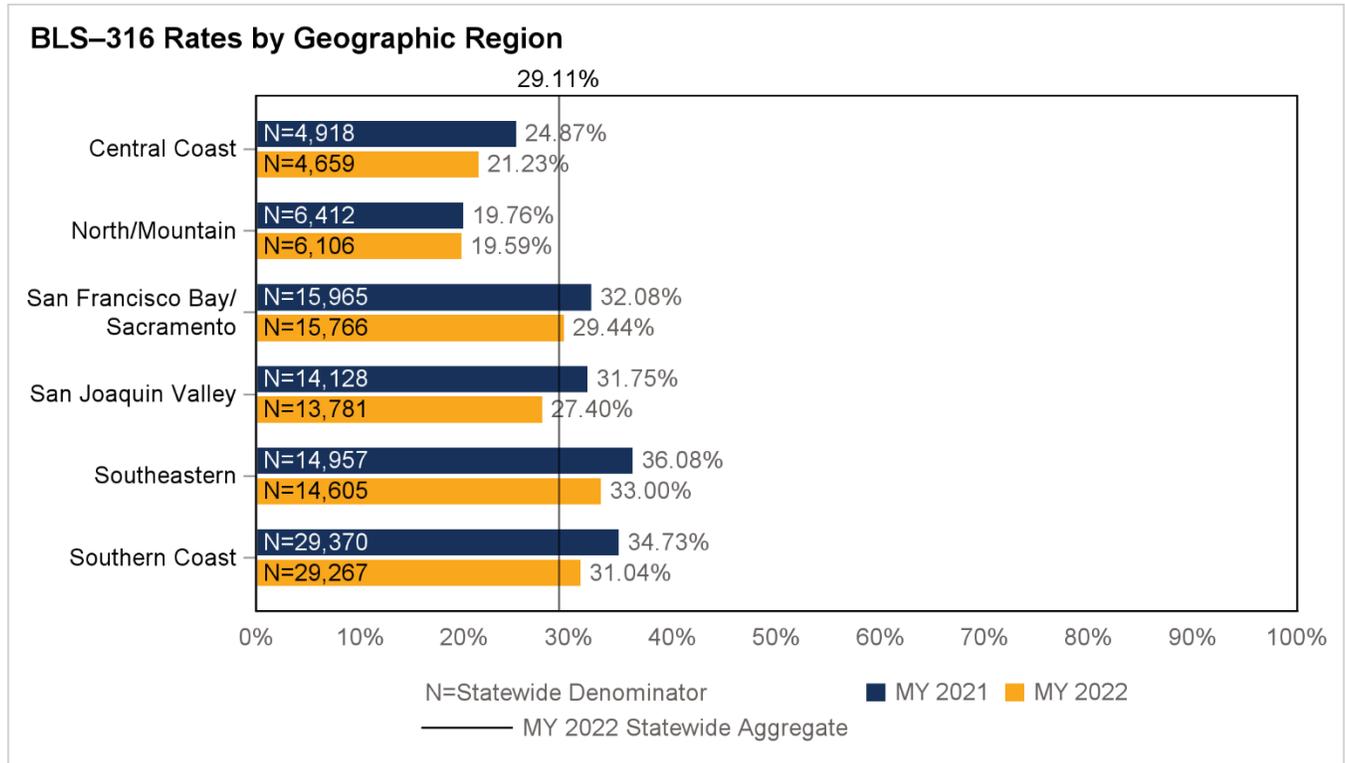
**Figure A.71—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
Regional-Level Population Density Results**

The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.



**Figure A.72—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Geographic Region Results**

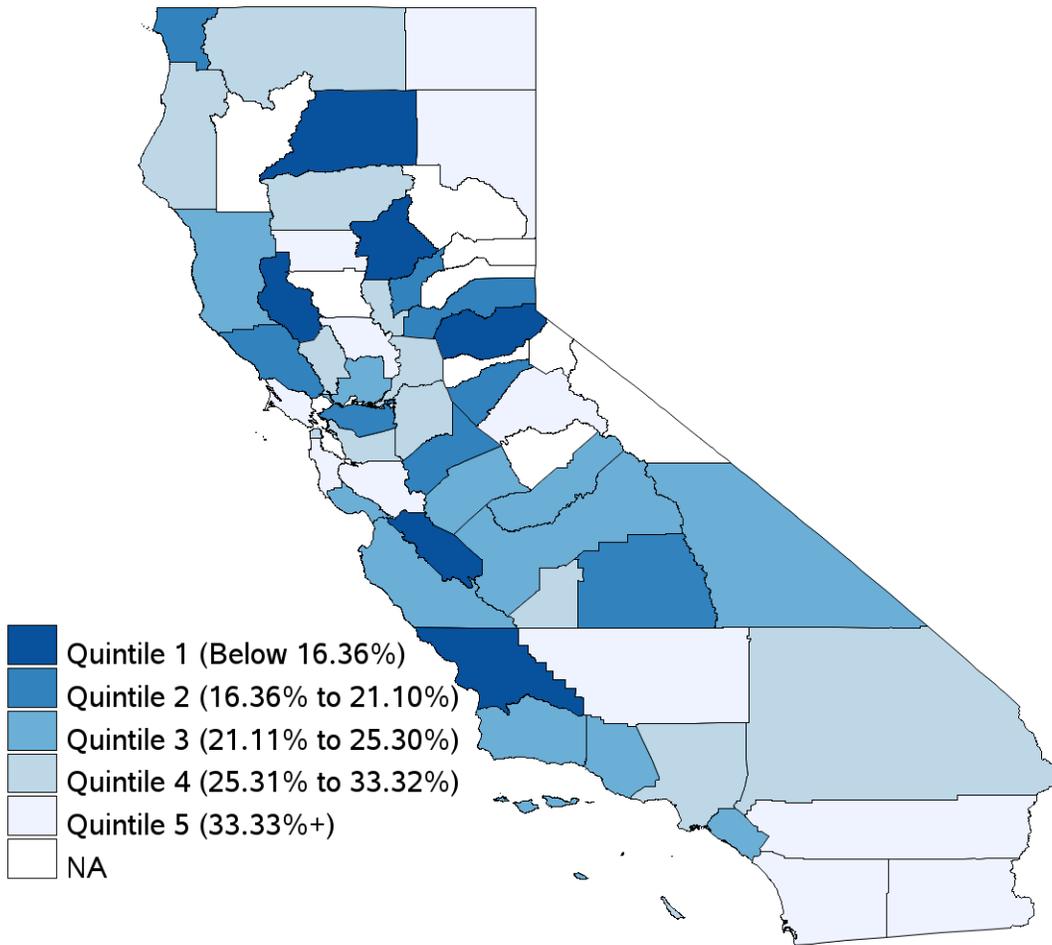
The statewide aggregate for measurement year 2022 is shown in the figure below, and the statewide aggregate for measurement year 2021 was 32.29 percent.



**Figure A.73—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—  
County-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 2.3 in the Reader’s Guide for a list of MCPs operating in each county.



## Appendix B. MCP Reporting Unit Findings

Appendix B presents the MCP reporting-unit level rates for the 12 MCP-calculated indicators, seven HSAG-calculated indicators, and four DHCS-calculated indicators.

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported. Additionally, HSAG did not weight the statewide aggregate rates for hybrid indicators presented in this report. As a result, the statewide aggregate rates for hybrid indicators presented in this report will not match the rates reported in the EQR technical report, since the EQR technical report presents weighted statewide rates derived from MCPs' reported MCAS rates.

## MCP-Calculated MCAS Indicators

Table B.1 through Table B.12 present the measurement years 2021 and 2022 MCP reporting unit-level rates for the MCP-calculated MCAS indicator results.

**Table B.1—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—MCP Reporting Unit-Level Results**

— indicates that the value is not available.

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 55.72 percent and 58.38 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	40.23%	49.62%	9.39
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	27.47%	19.27%	-8.20
Aetna Better Health of California—San Diego	44.55%	34.01%	-10.54
Alameda Alliance for Health—Alameda	44.08%	46.56%	2.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	50.87%	59.33%	8.46
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	40.00%	54.48%	14.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	35.28%	45.03%	9.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	49.20%	54.39%	5.19

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	49.55%	46.00%	-3.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	48.91%	49.10%	0.19
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	47.97%	49.68%	1.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	35.50%	50.33%	14.83
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	59.48%	56.56%	-2.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	44.05%	49.32%	5.27
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	43.42%	45.68%	2.26
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	41.79%	58.41%	16.62
Blue Shield of California Promise Health Plan—San Diego	40.57%	44.48%	3.91
CalOptima—Orange	49.31%	55.78%	6.47
CalViva Health—Fresno	48.80%	50.01%	1.21
CalViva Health—Kings	55.56%	53.48%	-2.08
CalViva Health—Madera	65.06%	56.71%	-8.35
California Health & Wellness Plan—Imperial	47.40%	53.50%	6.10
California Health & Wellness Plan—Region 1	47.96%	51.10%	3.14

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
California Health & Wellness Plan—Region 2	60.09%	54.89%	-5.20
CenCal Health—San Luis Obispo	54.84%	56.79%	1.95
CenCal Health—Santa Barbara	49.21%	55.87%	6.66
Central California Alliance for Health—Merced	31.06%	36.72%	5.66
Central California Alliance for Health—Monterey/Santa Cruz	51.09%	62.23%	11.14
Community Health Group Partnership Plan—San Diego	53.71%	57.32%	3.61
Contra Costa Health Plan—Contra Costa	54.35%	65.88%	11.53
Gold Coast Health Plan—Ventura	21.12%	47.38%	26.26
Health Net Community Solutions, Inc.—Kern	38.39%	42.89%	4.50
Health Net Community Solutions, Inc.—Los Angeles	43.89%	43.14%	-0.75
Health Net Community Solutions, Inc.—Sacramento	47.40%	48.39%	0.99
Health Net Community Solutions, Inc.—San Diego	46.48%	45.61%	-0.87
Health Net Community Solutions, Inc.—San Joaquin	39.34%	44.26%	4.92
Health Net Community Solutions, Inc.—Stanislaus	33.97%	32.26%	-1.71
Health Net Community Solutions, Inc.—Tulare	56.92%	57.81%	0.89
Health Plan of San Joaquin—San Joaquin	44.63%	50.36%	5.73
Health Plan of San Joaquin—Stanislaus	37.98%	35.32%	-2.66
Health Plan of San Mateo—San Mateo	25.73%	49.62%	23.89
Inland Empire Health Plan—Riverside/San Bernardino	29.52%	55.79%	26.27
Kaiser NorCal (KP Cal, LLC)—KP North	67.83%	75.73%	7.90

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Kaiser SoCal (KP Cal, LLC)—San Diego	68.24%	75.18%	6.94
Kern Health Systems, DBA Kern Family Health Care—Kern	28.05%	37.41%	9.36
L.A. Care Health Plan—Los Angeles	33.36%	45.63%	12.27
Molina Healthcare of California—Imperial	17.72%	51.14%	33.42
Molina Healthcare of California—Riverside/San Bernardino	12.53%	26.68%	14.15
Molina Healthcare of California—Sacramento	33.61%	42.26%	8.65
Molina Healthcare of California—San Diego	31.01%	36.36%	5.35
Partnership HealthPlan of California—Northeast	35.38%	36.18%	0.80
Partnership HealthPlan of California—Northwest	36.13%	43.52%	7.39
Partnership HealthPlan of California—Southeast	26.16%	37.65%	11.49
Partnership HealthPlan of California—Southwest	39.88%	42.96%	3.08
San Francisco Health Plan—San Francisco	41.63%	49.11%	7.48
Santa Clara Family Health Plan—Santa Clara	51.61%	54.46%	2.85
UnitedHealthcare Community Plan—San Diego	24.20%	30.51%	6.31

- ◆ Rates for nine of 56 (16.07 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for 18 of 56 (32.14 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement years 2021 and 2022, though the 18 MCP reporting units differed between years.
- ◆ Rates for 50 of 56 (89.29 percent) MCP reporting units fell below the national benchmark for measurement years 2021 and 2022.

**Table B.2—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 65.83 percent and 66.76 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	60.28%	64.36%	4.08
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	51.92%	44.22%	-7.70
Aetna Better Health of California—San Diego	53.09%	53.03%	-0.06
Alameda Alliance for Health—Alameda	63.73%	69.01%	5.28
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	58.28%	66.93%	8.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	56.29%	63.68%	7.39
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	57.02%	61.31%	4.29
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	47.50%	55.97%	8.47
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	72.06%	76.08%	4.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	71.58%	69.45%	-2.13

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	60.77%	61.92%	1.15
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	61.18%	62.79%	1.61
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	63.59%	69.39%	5.80
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	61.01%	58.90%	-2.11
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	65.51%	67.47%	1.96
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	63.35%	65.97%	2.62
Blue Shield of California Promise Health Plan—San Diego	56.68%	66.15%	9.47
CalOptima—Orange	67.29%	71.20%	3.91
CalViva Health—Fresno	61.86%	62.69%	0.83
CalViva Health—Kings	54.43%	55.59%	1.16
CalViva Health—Madera	73.23%	75.65%	2.42
California Health & Wellness Plan—Imperial	64.81%	65.94%	1.13
California Health & Wellness Plan—Region 1	65.61%	66.10%	0.49
California Health & Wellness Plan—Region 2	56.18%	57.13%	0.95
CenCal Health—San Luis Obispo	72.86%	75.03%	2.17
CenCal Health—Santa Barbara	80.05%	79.70%	-0.35
Central California Alliance for Health—Merced	55.14%	58.09%	2.95
Central California Alliance for Health—Monterey/Santa Cruz	72.90%	77.78%	4.88

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Community Health Group Partnership Plan—San Diego	63.95%	66.76%	2.81
Contra Costa Health Plan—Contra Costa	64.58%	73.05%	8.47
Gold Coast Health Plan—Ventura	60.40%	68.14%	7.74
Health Net Community Solutions, Inc.—Kern	43.81%	52.36%	8.55
Health Net Community Solutions, Inc.—Los Angeles	59.59%	61.37%	1.78
Health Net Community Solutions, Inc.—Sacramento	62.86%	62.85%	-0.01
Health Net Community Solutions, Inc.—San Diego	61.46%	58.88%	-2.58
Health Net Community Solutions, Inc.—San Joaquin	44.93%	38.46%	-6.47
Health Net Community Solutions, Inc.—Stanislaus	43.33%	42.18%	-1.15
Health Net Community Solutions, Inc.—Tulare	62.01%	65.66%	3.65
Health Plan of San Joaquin—San Joaquin	58.30%	60.67%	2.37
Health Plan of San Joaquin—Stanislaus	54.30%	56.49%	2.19
Health Plan of San Mateo—San Mateo	69.14%	72.38%	3.24
Inland Empire Health Plan—Riverside/San Bernardino	54.93%	62.93%	8.00
Kaiser NorCal (KP Cal, LLC)—KP North	54.35%	73.45%	19.10
Kaiser SoCal (KP Cal, LLC)—San Diego	59.69%	68.19%	8.50
Kern Health Systems, DBA Kern Family Health Care—Kern	51.01%	54.56%	3.55
L.A. Care Health Plan—Los Angeles	59.47%	62.64%	3.17
Molina Healthcare of California—Imperial	59.60%	62.89%	3.29
Molina Healthcare of California—Riverside/San Bernardino	43.01%	46.17%	3.16
Molina Healthcare of California—Sacramento	63.03%	59.00%	-4.03
Molina Healthcare of California—San Diego	65.40%	65.98%	0.58

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Partnership HealthPlan of California—Northeast	55.47%	53.22%	-2.25
Partnership HealthPlan of California—Northwest	56.52%	61.15%	4.63
Partnership HealthPlan of California—Southeast	52.93%	62.39%	9.46
Partnership HealthPlan of California—Southwest	64.05%	65.71%	1.66
San Francisco Health Plan—San Francisco	69.33%	75.97%	6.64
Santa Clara Family Health Plan—Santa Clara	64.94%	70.80%	5.86
UnitedHealthcare Community Plan—San Diego	50.62%	53.10%	2.48

- ◆ Rates for 8 of 56 (14.29 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for 10 of 56 (17.86 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 13 of 56 (23.21 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 47 of 56 (83.93 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 37 of 56 (66.07 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.3—Child and Adolescent Well-Care Visits (WCV)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 48.93 percent and 48.07 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	47.51%	47.02%	-0.49
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	36.76%	29.27%	-7.49
Aetna Better Health of California—San Diego	34.44%	30.16%	-4.28
Alameda Alliance for Health—Alameda	51.64%	49.69%	-1.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	45.36%	44.07%	-1.29
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	47.06%	44.65%	-2.41
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	42.93%	45.64%	2.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	38.65%	39.35%	0.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	54.73%	56.59%	1.86
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	44.63%	45.49%	0.86

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	40.10%	39.79%	-0.31
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	49.17%	50.86%	1.69
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	47.80%	48.35%	0.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	44.22%	41.67%	-2.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	45.04%	42.87%	-2.17
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	44.85%	45.23%	0.38
Blue Shield of California Promise Health Plan—San Diego	44.11%	45.42%	1.31
CalOptima—Orange	53.99%	51.49%	-2.50
CalViva Health—Fresno	46.30%	48.14%	1.84
CalViva Health—Kings	38.80%	39.56%	0.76
CalViva Health—Madera	55.52%	57.71%	2.19
California Health & Wellness Plan—Imperial	44.38%	45.11%	0.73
California Health & Wellness Plan—Region 1	44.14%	44.61%	0.47
California Health & Wellness Plan—Region 2	34.11%	35.16%	1.05
CenCal Health—San Luis Obispo	57.44%	55.85%	-1.59
CenCal Health—Santa Barbara	57.85%	56.66%	-1.19
Central California Alliance for Health—Merced	41.19%	45.64%	4.45
Central California Alliance for Health—Monterey/Santa Cruz	56.29%	60.15%	3.86

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Community Health Group Partnership Plan—San Diego	51.01%	52.18%	1.17
Contra Costa Health Plan—Contra Costa	55.05%	53.09%	-1.96
Gold Coast Health Plan—Ventura	33.94%	42.33%	8.39
Health Net Community Solutions, Inc.—Kern	37.77%	32.21%	-5.56
Health Net Community Solutions, Inc.—Los Angeles	47.94%	45.15%	-2.79
Health Net Community Solutions, Inc.—Sacramento	49.88%	54.51%	4.63
Health Net Community Solutions, Inc.—San Diego	45.85%	39.90%	-5.95
Health Net Community Solutions, Inc.—San Joaquin	30.67%	31.05%	0.38
Health Net Community Solutions, Inc.—Stanislaus	29.32%	28.70%	-0.62
Health Net Community Solutions, Inc.—Tulare	46.49%	46.26%	-0.23
Health Plan of San Joaquin—San Joaquin	46.26%	47.26%	1.00
Health Plan of San Joaquin—Stanislaus	37.71%	41.89%	4.18
Health Plan of San Mateo—San Mateo	56.92%	52.00%	-4.92
Inland Empire Health Plan—Riverside/San Bernardino	47.90%	46.78%	-1.12
Kaiser NorCal (KP Cal, LLC)—KP North	46.76%	48.03%	1.27
Kaiser SoCal (KP Cal, LLC)—San Diego	49.14%	48.33%	-0.81
Kern Health Systems, DBA Kern Family Health Care—Kern	37.96%	40.64%	2.68
L.A. Care Health Plan—Los Angeles	48.09%	46.64%	-1.45
Molina Healthcare of California—Imperial	40.03%	42.03%	2.00
Molina Healthcare of California—Riverside/San Bernardino	39.20%	35.35%	-3.85
Molina Healthcare of California—Sacramento	45.29%	49.05%	3.76
Molina Healthcare of California—San Diego	48.70%	46.96%	-1.74

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Partnership HealthPlan of California—Northeast	39.92%	40.73%	0.81
Partnership HealthPlan of California—Northwest	41.48%	43.98%	2.50
Partnership HealthPlan of California—Southeast	45.78%	45.67%	-0.11
Partnership HealthPlan of California—Southwest	46.89%	46.99%	0.10
San Francisco Health Plan—San Francisco	56.36%	56.28%	-0.08
Santa Clara Family Health Plan—Santa Clara	51.11%	50.15%	-0.96
UnitedHealthcare Community Plan—San Diego	39.42%	31.92%	-7.50

- ◆ Rates for 20 of 56 (35.71 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 18 of 56 (32.14 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 17 of 56 (30.36 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 41 of 56 (73.21 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 38 of 56 (67.86 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.4—Childhood Immunization Status—Combination 10 (CIS-10)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 34.79 percent and 30.90 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	37.81%	35.23%	-2.58
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	25.32%	21.10%	-4.22
Aetna Better Health of California—San Diego	34.63%	35.52%	0.89
Alameda Alliance for Health—Alameda	47.15%	52.80%	5.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	42.09%	41.78%	-0.31
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	37.23%	37.47%	0.24
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	34.06%	31.39%	-2.67
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	29.40%	24.33%	-5.07
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	44.77%	40.63%	-4.14
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	34.06%	29.93%	-4.13

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	29.20%	23.60%	-5.60
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	32.60%	25.79%	-6.81
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	35.15%	28.02%	-7.13
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	45.61%	47.83%	2.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	45.74%	45.26%	-0.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	34.06%	33.09%	-0.97
Blue Shield of California Promise Health Plan—San Diego	41.78%	43.05%	1.27
CalOptima—Orange	47.69%	39.42%	-8.27
CalViva Health—Fresno	35.04%	27.49%	-7.55
CalViva Health—Kings	31.87%	23.84%	-8.03
CalViva Health—Madera	49.64%	48.42%	-1.22
California Health & Wellness Plan—Imperial	36.25%	39.42%	3.17
California Health & Wellness Plan—Region 1	33.33%	31.14%	-2.19
California Health & Wellness Plan—Region 2	27.01%	22.87%	-4.14
CenCal Health—San Luis Obispo	46.43%	43.07%	-3.36
CenCal Health—Santa Barbara	52.19%	45.26%	-6.93
Central California Alliance for Health—Merced	18.25%	16.06%	-2.19

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	50.98%	51.09%	0.11
Community Health Group Partnership Plan—San Diego	45.99%	40.15%	-5.84
Contra Costa Health Plan—Contra Costa	47.93%	44.04%	-3.89
Gold Coast Health Plan—Ventura	42.82%	40.88%	-1.94
Health Net Community Solutions, Inc.—Kern	25.79%	26.03%	0.24
Health Net Community Solutions, Inc.—Los Angeles	28.95%	22.63%	-6.32
Health Net Community Solutions, Inc.—Sacramento	30.90%	28.47%	-2.43
Health Net Community Solutions, Inc.—San Diego	44.28%	42.09%	-2.19
Health Net Community Solutions, Inc.—San Joaquin	30.63%	25.00%	-5.63
Health Net Community Solutions, Inc.—Stanislaus	29.20%	23.84%	-5.36
Health Net Community Solutions, Inc.—Tulare	36.98%	33.09%	-3.89
Health Plan of San Joaquin—San Joaquin	36.98%	36.50%	-0.48
Health Plan of San Joaquin—Stanislaus	29.20%	20.92%	-8.28
Health Plan of San Mateo—San Mateo	54.85%	54.50%	-0.35
Inland Empire Health Plan—Riverside/San Bernardino	28.71%	28.95%	0.24
Kaiser NorCal (KP Cal, LLC)—KP North	54.89%	49.45%	-5.44
Kaiser SoCal (KP Cal, LLC)—San Diego	55.32%	50.97%	-4.35
Kern Health Systems, DBA Kern Family Health Care—Kern	27.49%	27.98%	0.49
L.A. Care Health Plan—Los Angeles	33.58%	35.52%	1.94
Molina Healthcare of California—Imperial	37.67%	37.07%	-0.60

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	20.92%	17.52%	-3.40
Molina Healthcare of California—Sacramento	27.01%	24.82%	-2.19
Molina Healthcare of California—San Diego	47.93%	38.76%	-9.17
Partnership HealthPlan of California—Northeast	18.25%	18.49%	0.24
Partnership HealthPlan of California—Northwest	32.60%	23.84%	-8.76
Partnership HealthPlan of California—Southeast	40.63%	46.47%	5.84
Partnership HealthPlan of California—Southwest	41.61%	41.61%	0.00
San Francisco Health Plan—San Francisco	59.95%	57.66%	-2.29
Santa Clara Family Health Plan—Santa Clara	49.88%	49.15%	-0.73
UnitedHealthcare Community Plan—San Diego	38.93%	32.11%	-6.82

- ◆ Rates for 35 of 56 (62.50 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 21 of 56 (37.50 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 24 of 56 (42.86 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 25 of 56 (44.64 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 22 of 56 (39.29 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.5—Chlamydia Screening in Women—16 to 20 Years (CHL-1620)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 50.14 percent and 50.45 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	59.23%	58.82%	-0.41
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	54.63%	57.49%	2.86
Aetna Better Health of California—San Diego	45.63%	49.19%	3.57
Alameda Alliance for Health—Alameda	59.92%	60.59%	0.67
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	64.36%	61.25%	-3.11
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	55.13%	58.73%	3.60
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	51.76%	50.41%	-1.35
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	44.35%	47.85%	3.50
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	54.17%	47.69%	-6.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	40.15%	44.38%	4.23

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	43.79%	41.42%	-2.37
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	60.51%	59.49%	-1.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	38.93%	52.87%	13.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	47.76%	66.46%	18.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	53.56%	55.11%	1.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	60.30%	63.27%	2.97
Blue Shield of California Promise Health Plan—San Diego	60.92%	58.48%	-2.44
CalOptima—Orange	73.09%	73.01%	-0.08
CalViva Health—Fresno	51.36%	48.37%	-2.99
CalViva Health—Kings	42.27%	54.88%	12.61
CalViva Health—Madera	56.29%	51.50%	-4.79
California Health & Wellness Plan—Imperial	40.06%	43.53%	3.47
California Health & Wellness Plan—Region 1	45.61%	48.97%	3.36
California Health & Wellness Plan—Region 2	38.29%	39.22%	0.93
CenCal Health—San Luis Obispo	50.15%	56.88%	6.73
CenCal Health—Santa Barbara	53.07%	56.07%	3.00
Central California Alliance for Health—Merced	39.67%	42.37%	2.70

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	56.89%	56.95%	0.06
Community Health Group Partnership Plan—San Diego	59.12%	58.75%	-0.37
Contra Costa Health Plan—Contra Costa	57.39%	60.99%	3.60
Gold Coast Health Plan—Ventura	46.71%	46.50%	-0.21
Health Net Community Solutions, Inc.—Kern	66.83%	41.79%	-25.04
Health Net Community Solutions, Inc.—Los Angeles	65.96%	65.76%	-0.20
Health Net Community Solutions, Inc.—Sacramento	63.98%	64.29%	0.31
Health Net Community Solutions, Inc.—San Diego	52.30%	55.12%	2.82
Health Net Community Solutions, Inc.—San Joaquin	51.33%	51.75%	0.42
Health Net Community Solutions, Inc.—Stanislaus	41.65%	43.25%	1.60
Health Net Community Solutions, Inc.—Tulare	60.72%	58.74%	-1.98
Health Plan of San Joaquin—San Joaquin	53.30%	52.19%	-1.11
Health Plan of San Joaquin—Stanislaus	41.60%	42.06%	0.46
Health Plan of San Mateo—San Mateo	67.62%	65.55%	-2.07
Inland Empire Health Plan—Riverside/San Bernardino	60.38%	60.13%	-0.25
Kaiser NorCal (KP Cal, LLC)—KP North	61.19%	59.77%	-1.42
Kaiser SoCal (KP Cal, LLC)—San Diego	59.07%	55.02%	-4.05
Kern Health Systems, DBA Kern Family Health Care—Kern	44.94%	44.00%	-0.94
L.A. Care Health Plan—Los Angeles	63.56%	62.96%	-0.60
Molina Healthcare of California—Imperial	48.97%	46.62%	-2.35

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	58.64%	55.51%	-3.13
Molina Healthcare of California—Sacramento	60.53%	60.13%	-0.40
Molina Healthcare of California—San Diego	60.51%	56.93%	-3.58
Partnership HealthPlan of California—Northeast	40.67%	42.02%	1.35
Partnership HealthPlan of California—Northwest	51.32%	47.91%	-3.41
Partnership HealthPlan of California—Southeast	59.27%	57.62%	-1.65
Partnership HealthPlan of California—Southwest	54.03%	54.91%	0.88
San Francisco Health Plan—San Francisco	65.09%	66.46%	1.37
Santa Clara Family Health Plan—Santa Clara	56.73%	55.83%	-0.90
UnitedHealthcare Community Plan—San Diego	68.79%	65.24%	-3.55

- ◆ Rates for 20 of 56 (35.71 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 25 of 56 (44.64 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 23 of 56 (41.07 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 17 of 56 (30.36 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 19 of 56 (33.93 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.6—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—MCP Reporting Unit-Level Results**

S indicates fewer than 11 cases exist in the numerator for the MCP reporting unit; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmark for measurement year 2022 was not available.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	4.33%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	0.00%
Aetna Better Health of California—San Diego	0.00%
Alameda Alliance for Health—Alameda	19.67%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	0.00%

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	0.69%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	0.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.00%
Blue Shield of California Promise Health Plan—San Diego	0.55%
CalOptima—Orange	5.01%
CalViva Health—Fresno	0.60%
CalViva Health—Kings	0.39%
CalViva Health—Madera	S
California Health & Wellness Plan—Imperial	0.00%
California Health & Wellness Plan—Region 1	S
California Health & Wellness Plan—Region 2	S
CenCal Health—San Luis Obispo	39.42%
CenCal Health—Santa Barbara	13.00%
Central California Alliance for Health—Merced	S

MCP Reporting Unit	Measurement Year 2022 Rate
Central California Alliance for Health—Monterey/Santa Cruz	0.08%
Community Health Group Partnership Plan—San Diego	3.50%
Contra Costa Health Plan—Contra Costa	34.68%
Gold Coast Health Plan—Ventura	1.25%
Health Net Community Solutions, Inc.—Kern	S
Health Net Community Solutions, Inc.—Los Angeles	1.06%
Health Net Community Solutions, Inc.—Sacramento	0.00%
Health Net Community Solutions, Inc.—San Diego	1.05%
Health Net Community Solutions, Inc.—San Joaquin	S
Health Net Community Solutions, Inc.—Stanislaus	0.20%
Health Net Community Solutions, Inc.—Tulare	0.26%
Health Plan of San Joaquin—San Joaquin	0.00%
Health Plan of San Joaquin—Stanislaus	0.00%
Health Plan of San Mateo—San Mateo	6.11%
Inland Empire Health Plan—Riverside/San Bernardino	0.52%
Kaiser NorCal (KP Cal, LLC)—KP North	26.49%
Kaiser SoCal (KP Cal, LLC)—San Diego	45.32%
Kern Health Systems, DBA Kern Family Health Care—Kern	1.48%
L.A. Care Health Plan—Los Angeles	7.10%
Molina Healthcare of California—Imperial	S
Molina Healthcare of California—Riverside/San Bernardino	0.23%
Molina Healthcare of California—Sacramento	S

MCP Reporting Unit	Measurement Year 2022 Rate
Molina Healthcare of California—San Diego	4.55%
Partnership HealthPlan of California—Northeast	0.00%
Partnership HealthPlan of California—Northwest	0.00%
Partnership HealthPlan of California—Southeast	5.56%
Partnership HealthPlan of California—Southwest	4.04%
San Francisco Health Plan—San Francisco	3.76%
Santa Clara Family Health Plan—Santa Clara	4.47%
UnitedHealthcare Community Plan—San Diego	0.00%

- ◆ Reportable rates for 34 of 47 (72.34 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.7—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)—MCP Reporting Unit-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30).

— indicates that the value is not available.

 indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

 indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmark for measurement year 2022 was not available.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	87.88%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	87.93%
Aetna Better Health of California—San Diego	NA
Alameda Alliance for Health—Alameda	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	78.34%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	87.10%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	NA

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	68.95%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	81.03%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	93.70%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	90.63%
Blue Shield of California Promise Health Plan—San Diego	NA
CalOptima—Orange	93.11%
CalViva Health—Fresno	NA
CalViva Health—Kings	NA
CalViva Health—Madera	NA
California Health & Wellness Plan—Imperial	NA
California Health & Wellness Plan—Region 1	94.23%
California Health & Wellness Plan—Region 2	79.46%
CenCal Health—San Luis Obispo	97.74%
CenCal Health—Santa Barbara	96.71%
Central California Alliance for Health—Merced	38.98%
Central California Alliance for Health—Monterey/Santa Cruz	85.81%

MCP Reporting Unit	Measurement Year 2022 Rate
Community Health Group Partnership Plan—San Diego	NA
Contra Costa Health Plan—Contra Costa	NA
Gold Coast Health Plan—Ventura	NA
Health Net Community Solutions, Inc.—Kern	91.29%
Health Net Community Solutions, Inc.—Los Angeles	97.06%
Health Net Community Solutions, Inc.—Sacramento	92.79%
Health Net Community Solutions, Inc.—San Diego	96.77%
Health Net Community Solutions, Inc.—San Joaquin	98.11%
Health Net Community Solutions, Inc.—Stanislaus	NA
Health Net Community Solutions, Inc.—Tulare	NA
Health Plan of San Joaquin—San Joaquin	NA
Health Plan of San Joaquin—Stanislaus	NA
Health Plan of San Mateo—San Mateo	NA
Inland Empire Health Plan—Riverside/San Bernardino	NA
Kaiser NorCal (KP Cal, LLC)—KP North	NA
Kaiser SoCal (KP Cal, LLC)—San Diego	NA
Kern Health Systems, DBA Kern Family Health Care—Kern	NA
L.A. Care Health Plan—Los Angeles	NA
Molina Healthcare of California—Imperial	NA
Molina Healthcare of California—Riverside/San Bernardino	NA
Molina Healthcare of California—Sacramento	NA
Molina Healthcare of California—San Diego	NA

MCP Reporting Unit	Measurement Year 2022 Rate
Partnership HealthPlan of California—Northeast	NA
Partnership HealthPlan of California—Northwest	NA
Partnership HealthPlan of California—Southeast	NA
Partnership HealthPlan of California—Southwest	NA
San Francisco Health Plan—San Francisco	NA
Santa Clara Family Health Plan—Santa Clara	NA
UnitedHealthcare Community Plan—San Diego	NA

- ◆ Reportable rates for three of 19 (15.79 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.8—Developmental Screening in the First Three Years of Life—Total (DEV)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 33.50 percent and 34.70 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	28.83%	32.33%	3.50
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	34.14%	34.04%	-0.10
Aetna Better Health of California—San Diego	40.95%	45.50%	4.55
Alameda Alliance for Health—Alameda	39.51%	44.24%	4.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	32.06%	39.02%	6.96
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	39.30%	45.45%	6.15
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	30.96%	31.57%	0.61
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	1.34%	3.23%	1.89
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	51.77%	51.87%	0.10
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	29.50%	35.67%	6.17

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	29.87%	33.11%	3.24
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	38.23%	39.80%	1.57
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.13%	19.48%	-4.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	23.16%	20.92%	-2.24
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	42.74%	48.98%	6.24
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	6.54%	7.03%	0.49
Blue Shield of California Promise Health Plan—San Diego	43.84%	47.43%	3.59
CalOptima—Orange	31.22%	26.11%	-5.11
CalViva Health—Fresno	22.04%	21.11%	-0.93
CalViva Health—Kings	0.99%	2.30%	1.31
CalViva Health—Madera	30.86%	33.32%	2.46
California Health & Wellness Plan—Imperial	39.37%	45.18%	5.81
California Health & Wellness Plan—Region 1	37.56%	40.02%	2.46
California Health & Wellness Plan—Region 2	21.46%	24.02%	2.56
CenCal Health—San Luis Obispo	26.65%	18.98%	-7.67
CenCal Health—Santa Barbara	45.65%	40.57%	-5.08
Central California Alliance for Health—Merced	19.89%	27.37%	7.48

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	26.29%	32.39%	6.10
Community Health Group Partnership Plan—San Diego	44.37%	47.13%	2.76
Contra Costa Health Plan—Contra Costa	37.45%	52.57%	15.12
Gold Coast Health Plan—Ventura	39.58%	38.96%	-0.62
Health Net Community Solutions, Inc.—Kern	14.12%	14.59%	0.47
Health Net Community Solutions, Inc.—Los Angeles	24.80%	29.74%	4.94
Health Net Community Solutions, Inc.—Sacramento	34.99%	26.14%	-8.85
Health Net Community Solutions, Inc.—San Diego	46.28%	45.92%	-0.36
Health Net Community Solutions, Inc.—San Joaquin	10.15%	16.04%	5.89
Health Net Community Solutions, Inc.—Stanislaus	9.22%	4.12%	-5.10
Health Net Community Solutions, Inc.—Tulare	6.50%	7.11%	0.61
Health Plan of San Joaquin—San Joaquin	20.57%	27.34%	6.77
Health Plan of San Joaquin—Stanislaus	19.81%	16.25%	-3.56
Health Plan of San Mateo—San Mateo	43.02%	53.15%	10.13
Inland Empire Health Plan—Riverside/San Bernardino	33.67%	40.69%	7.02
Kaiser NorCal (KP Cal, LLC)—KP North	48.27%	53.47%	5.20
Kaiser SoCal (KP Cal, LLC)—San Diego	1.16%	10.79%	9.63
Kern Health Systems, DBA Kern Family Health Care—Kern	4.46%	13.47%	9.01
L.A. Care Health Plan—Los Angeles	23.76%	28.28%	4.52
Molina Healthcare of California—Imperial	38.68%	47.53%	8.85

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	31.63%	38.06%	6.43
Molina Healthcare of California—Sacramento	34.63%	35.42%	0.79
Molina Healthcare of California—San Diego	52.11%	53.67%	1.56
Partnership HealthPlan of California—Northeast	9.52%	13.83%	4.31
Partnership HealthPlan of California—Northwest	17.12%	21.59%	4.47
Partnership HealthPlan of California—Southeast	24.66%	32.17%	7.51
Partnership HealthPlan of California—Southwest	32.53%	32.91%	0.38
San Francisco Health Plan—San Francisco	31.39%	35.10%	3.71
Santa Clara Family Health Plan—Santa Clara	49.85%	55.28%	5.43
UnitedHealthcare Community Plan—San Diego	37.71%	32.68%	-5.03

- ◆ Rates for nine of 56 (16.07 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 21 of 56 (37.50 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 22 of 56 (39.29 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Reportable rates for 32 of 56 (57.14 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 31 of 56 (55.36 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.9—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)—MCP Reporting Unit-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates fewer than 11 cases exist in the numerator for the MCP reporting unit; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 67.79 percent and 69.57 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	43.47%	59.05%	15.58
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	76.88%	70.85%	-6.03
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	36.36%	62.07%	25.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	S	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	22.08%	28.57%	6.49
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	42.22%	71.43%	29.21
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	32.89%	75.00%	42.11
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	32.42%	66.12%	33.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	S	58.33%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	31.58%	67.79%	36.21
Blue Shield of California Promise Health Plan—San Diego	39.47%	46.51%	7.04
CalOptima—Orange	51.96%	77.84%	25.88
CalViva Health—Fresno	15.97%	24.22%	8.25
CalViva Health—Kings	27.91%	71.74%	43.83
CalViva Health—Madera	S	41.03%	—
California Health & Wellness Plan—Imperial	0.00%	67.39%	67.39
California Health & Wellness Plan—Region 1	34.94%	58.11%	23.17
California Health & Wellness Plan—Region 2	33.03%	64.71%	31.68
CenCal Health—San Luis Obispo	S	87.27%	—

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
CenCal Health—Santa Barbara	33.64%	65.87%	32.23
Central California Alliance for Health—Merced	15.46%	75.65%	60.19
Central California Alliance for Health—Monterey/Santa Cruz	39.36%	69.49%	30.13
Community Health Group Partnership Plan—San Diego	47.75%	55.15%	7.40
Contra Costa Health Plan—Contra Costa	39.42%	69.84%	30.42
Gold Coast Health Plan—Ventura	32.14%	31.82%	-0.32
Health Net Community Solutions, Inc.—Kern	NA	45.71%	—
Health Net Community Solutions, Inc.—Los Angeles	25.68%	48.98%	23.30
Health Net Community Solutions, Inc.—Sacramento	28.72%	56.84%	28.12
Health Net Community Solutions, Inc.—San Diego	S	48.94%	—
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—
Health Net Community Solutions, Inc.—Stanislaus	21.82%	58.90%	37.08
Health Net Community Solutions, Inc.—Tulare	29.89%	66.19%	36.30
Health Plan of San Joaquin—San Joaquin	68.10%	64.44%	-3.66
Health Plan of San Joaquin—Stanislaus	51.49%	48.87%	-2.62
Health Plan of San Mateo—San Mateo	39.44%	83.56%	44.12
Inland Empire Health Plan—Riverside/San Bernardino	69.66%	72.91%	3.25
Kaiser NorCal (KP Cal, LLC)—KP North	NA	85.87%	—
Kaiser SoCal (KP Cal, LLC)—San Diego	67.44%	61.82%	-5.62
Kern Health Systems, DBA Kern Family Health Care—Kern	16.96%	16.67%	-0.29

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
L.A. Care Health Plan—Los Angeles	47.83%	46.31%	-1.52
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	20.29%	48.15%	27.86
Molina Healthcare of California—Sacramento	S	48.94%	—
Molina Healthcare of California—San Diego	33.02%	54.05%	21.03
Partnership HealthPlan of California—Northeast	40.43%	33.33%	-7.10
Partnership HealthPlan of California—Northwest	31.82%	30.77%	-1.05
Partnership HealthPlan of California—Southeast	33.33%	38.53%	5.20
Partnership HealthPlan of California—Southwest	37.31%	36.15%	-1.16
San Francisco Health Plan—San Francisco	NA	66.07%	—
Santa Clara Family Health Plan—Santa Clara	52.46%	62.86%	10.40
UnitedHealthcare Community Plan—San Diego	NA	NA	—

- ◆ Reportable rates for eight of 38 (21.05 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for 23 of 38 (60.53 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while reportable rates for 17 of 46 (36.96 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Reportable rates for 35 of 38 (92.11 percent) MCP reporting units fell below the national benchmark for both measurement years 2021 and 2022, though the 35 MCP reporting units differed between years.

**Table B.10—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA-30)—MCP Reporting Unit-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates fewer than 11 cases exist in the numerator for the MCP reporting unit; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmark for measurement year 2022 was 30.40 percent.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	19.84%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	NA
Aetna Better Health of California—San Diego	NA
Alameda Alliance for Health—Alameda	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	NA
Blue Shield of California Promise Health Plan—San Diego	NA
CalOptima—Orange	19.55%
CalViva Health—Fresno	S
CalViva Health—Kings	NA
CalViva Health—Madera	NA
California Health & Wellness Plan—Imperial	NA
California Health & Wellness Plan—Region 1	S
California Health & Wellness Plan—Region 2	NA
CenCal Health—San Luis Obispo	NA
CenCal Health—Santa Barbara	17.81%
Central California Alliance for Health—Merced	S

MCP Reporting Unit	Measurement Year 2022 Rate
Central California Alliance for Health—Monterey/Santa Cruz	33.33%
Community Health Group Partnership Plan—San Diego	38.46%
Contra Costa Health Plan—Contra Costa	S
Gold Coast Health Plan—Ventura	NA
Health Net Community Solutions, Inc.—Kern	17.68%
Health Net Community Solutions, Inc.—Los Angeles	NA
Health Net Community Solutions, Inc.—Sacramento	NA
Health Net Community Solutions, Inc.—San Diego	NA
Health Net Community Solutions, Inc.—San Joaquin	NA
Health Net Community Solutions, Inc.—Stanislaus	30.56%
Health Net Community Solutions, Inc.—Tulare	S
Health Plan of San Joaquin—San Joaquin	S
Health Plan of San Joaquin—Stanislaus	NA
Health Plan of San Mateo—San Mateo	NA
Inland Empire Health Plan—Riverside/San Bernardino	NA
Kaiser NorCal (KP Cal, LLC)—KP North	26.60%
Kaiser SoCal (KP Cal, LLC)—San Diego	16.57%
Kern Health Systems, DBA Kern Family Health Care—Kern	NA
L.A. Care Health Plan—Los Angeles	S
Molina Healthcare of California—Imperial	NA
Molina Healthcare of California—Riverside/San Bernardino	25.00%
Molina Healthcare of California—Sacramento	S

MCP Reporting Unit	Measurement Year 2022 Rate
Molina Healthcare of California—San Diego	S
Partnership HealthPlan of California—Northeast	S
Partnership HealthPlan of California—Northwest	23.81%
Partnership HealthPlan of California—Southeast	NA
Partnership HealthPlan of California—Southwest	S
San Francisco Health Plan—San Francisco	NA
Santa Clara Family Health Plan—Santa Clara	NA
UnitedHealthcare Community Plan—San Diego	NA

- ◆ Reportable rates for three of 10 (30.00 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Reportable rates for seven of 10 (70.00 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.11—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, and HPV) (IMA-2)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 35.04 percent and 34.31 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	37.96%	38.63%	0.67
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	27.27%	28.76%	1.49
Aetna Better Health of California—San Diego	20.42%	22.75%	2.33
Alameda Alliance for Health—Alameda	46.96%	50.61%	3.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	34.79%	36.74%	1.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	30.41%	34.31%	3.90
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	36.98%	35.77%	-1.21
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	30.66%	30.92%	0.26
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	55.80%	54.50%	-1.30
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	27.93%	29.68%	1.75

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.95%	28.47%	-0.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	37.23%	37.71%	0.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	23.40%	42.02%	18.62
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	42.86%	40.59%	-2.27
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	36.03%	36.74%	0.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	40.63%	37.96%	-2.67
Blue Shield of California Promise Health Plan—San Diego	33.33%	34.79%	1.46
CalOptima—Orange	50.73%	51.82%	1.09
CalViva Health—Fresno	37.23%	39.17%	1.94
CalViva Health—Kings	32.66%	29.68%	-2.98
CalViva Health—Madera	50.49%	53.86%	3.37
California Health & Wellness Plan—Imperial	37.23%	36.74%	-0.49
California Health & Wellness Plan—Region 1	26.45%	28.95%	2.50
California Health & Wellness Plan—Region 2	27.25%	25.06%	-2.19
CenCal Health—San Luis Obispo	44.88%	39.42%	-5.46
CenCal Health—Santa Barbara	51.32%	51.34%	0.02
Central California Alliance for Health—Merced	37.71%	33.09%	-4.62

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	54.52%	56.48%	1.96
Community Health Group Partnership Plan—San Diego	38.24%	42.58%	4.34
Contra Costa Health Plan—Contra Costa	44.28%	53.36%	9.08
Gold Coast Health Plan—Ventura	41.36%	35.77%	-5.59
Health Net Community Solutions, Inc.—Kern	28.90%	28.17%	-0.73
Health Net Community Solutions, Inc.—Los Angeles	36.67%	38.20%	1.53
Health Net Community Solutions, Inc.—Sacramento	40.39%	45.01%	4.62
Health Net Community Solutions, Inc.—San Diego	38.97%	38.69%	-0.28
Health Net Community Solutions, Inc.—San Joaquin	28.47%	24.57%	-3.90
Health Net Community Solutions, Inc.—Stanislaus	28.52%	31.14%	2.62
Health Net Community Solutions, Inc.—Tulare	39.17%	36.01%	-3.16
Health Plan of San Joaquin—San Joaquin	39.17%	37.55%	-1.62
Health Plan of San Joaquin—Stanislaus	33.33%	30.20%	-3.13
Health Plan of San Mateo—San Mateo	51.58%	49.39%	-2.19
Inland Empire Health Plan—Riverside/San Bernardino	30.41%	34.55%	4.14
Kaiser NorCal (KP Cal, LLC)—KP North	61.43%	63.16%	1.73
Kaiser SoCal (KP Cal, LLC)—San Diego	56.12%	56.50%	0.38
Kern Health Systems, DBA Kern Family Health Care—Kern	30.90%	29.68%	-1.22
L.A. Care Health Plan—Los Angeles	40.88%	39.17%	-1.71
Molina Healthcare of California—Imperial	33.46%	30.04%	-3.42

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	25.79%	27.49%	1.70
Molina Healthcare of California—Sacramento	33.58%	37.47%	3.89
Molina Healthcare of California—San Diego	39.17%	37.81%	-1.36
Partnership HealthPlan of California—Northeast	19.22%	18.73%	-0.49
Partnership HealthPlan of California—Northwest	21.41%	24.82%	3.41
Partnership HealthPlan of California—Southeast	47.20%	51.34%	4.14
Partnership HealthPlan of California—Southwest	44.53%	49.64%	5.11
San Francisco Health Plan—San Francisco	56.58%	54.81%	-1.77
Santa Clara Family Health Plan—Santa Clara	41.36%	39.66%	-1.70
UnitedHealthcare Community Plan—San Diego	25.57%	30.63%	5.06

- ◆ Rates for 20 of 56 (35.71 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 23 of 56 (41.07 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 21 of 56 (37.50 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 24 of 56 (42.86 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 20 of 56 (35.71 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.12—Lead Screening in Children (LSC)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 63.99 percent and 62.79 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	52.06%	53.41%	1.35
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	37.18%	37.01%	-0.17
Aetna Better Health of California—San Diego	48.77%	52.80%	4.03
Alameda Alliance for Health—Alameda	55.33%	60.58%	5.25
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	47.70%	52.80%	5.10
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	37.99%	39.17%	1.18
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	50.22%	51.82%	1.60
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	57.61%	49.64%	-7.97
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	68.75%	62.77%	-5.98
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	48.28%	53.04%	4.76

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	40.99%	45.01%	4.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	38.29%	45.87%	7.58
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	59.41%	68.97%	9.56
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	56.80%	70.29%	13.49
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	52.70%	61.80%	9.10
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	65.64%	58.15%	-7.49
Blue Shield of California Promise Health Plan—San Diego	60.48%	65.47%	4.99
CalOptima—Orange	58.80%	63.02%	4.22
CalViva Health—Fresno	54.31%	49.88%	-4.43
CalViva Health—Kings	69.71%	53.77%	-15.94
CalViva Health—Madera	75.89%	66.42%	-9.47
California Health & Wellness Plan—Imperial	72.99%	72.02%	-0.97
California Health & Wellness Plan—Region 1	54.93%	39.66%	-15.27
California Health & Wellness Plan—Region 2	39.32%	35.28%	-4.04
CenCal Health—San Luis Obispo	49.95%	50.36%	0.41
CenCal Health—Santa Barbara	60.65%	62.29%	1.64
Central California Alliance for Health—Merced	49.46%	46.47%	-2.99

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	73.13%	78.83%	5.70
Community Health Group Partnership Plan—San Diego	66.71%	67.88%	1.17
Contra Costa Health Plan—Contra Costa	37.21%	51.51%	14.30
Gold Coast Health Plan—Ventura	61.68%	65.69%	4.01
Health Net Community Solutions, Inc.—Kern	47.61%	47.93%	0.32
Health Net Community Solutions, Inc.—Los Angeles	49.74%	52.07%	2.33
Health Net Community Solutions, Inc.—Sacramento	40.34%	42.74%	2.40
Health Net Community Solutions, Inc.—San Diego	55.03%	60.83%	5.80
Health Net Community Solutions, Inc.—San Joaquin	39.05%	37.16%	-1.89
Health Net Community Solutions, Inc.—Stanislaus	35.44%	34.79%	-0.65
Health Net Community Solutions, Inc.—Tulare	68.76%	59.37%	-9.39
Health Plan of San Joaquin—San Joaquin	45.98%	46.11%	0.13
Health Plan of San Joaquin—Stanislaus	37.47%	39.37%	1.90
Health Plan of San Mateo—San Mateo	63.53%	67.88%	4.35
Inland Empire Health Plan—Riverside/San Bernardino	47.04%	52.07%	5.03
Kaiser NorCal (KP Cal, LLC)—KP North	43.01%	45.09%	2.08
Kaiser SoCal (KP Cal, LLC)—San Diego	47.26%	49.66%	2.40
Kern Health Systems, DBA Kern Family Health Care—Kern	53.14%	47.45%	-5.69
L.A. Care Health Plan—Los Angeles	52.57%	54.50%	1.93
Molina Healthcare of California—Imperial	65.49%	69.40%	3.91

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	38.34%	43.80%	5.46
Molina Healthcare of California—Sacramento	41.21%	47.20%	5.99
Molina Healthcare of California—San Diego	67.62%	65.94%	-1.68
Partnership HealthPlan of California—Northeast	27.53%	29.68%	2.15
Partnership HealthPlan of California—Northwest	64.13%	45.74%	-18.39
Partnership HealthPlan of California—Southeast	55.20%	50.61%	-4.59
Partnership HealthPlan of California—Southwest	46.09%	44.28%	-1.81
San Francisco Health Plan—San Francisco	70.22%	74.45%	4.23
Santa Clara Family Health Plan—Santa Clara	57.09%	68.37%	11.28
UnitedHealthcare Community Plan—San Diego	55.61%	54.67%	-0.94

- ◆ Rates for 16 of 56 (28.57 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 16 of 56 (28.57 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021; similarly, rates for 20 of 56 (35.71 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 44 of 56 (78.57 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for 42 of 56 (75.00 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

## HSAG-Calculated Indicators

Table B.13 through Table B.19 present the measurement years 2021 and 2022 MCP reporting unit-level rates for the HSAG-calculated indicator results.

**Table B.13—Alcohol Use Screening (AUS)—MCP Reporting Unit-Level Results**

S indicates fewer than 11 cases exist in the numerator for the MCP reporting unit; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

— indicates that the value is not available.

  indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

  indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	2.31%	3.11%	0.80
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	3.71%	1.82%	-1.89
Aetna Better Health of California—San Diego	0.60%	0.88%	0.28
Alameda Alliance for Health—Alameda	2.11%	2.15%	0.04
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	4.46%	2.61%	-1.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	2.68%	1.91%	-0.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.10%	0.06%	-0.04
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	0.00%	0.00%	0.00

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	S	0.26%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	2.51%	2.61%	0.10
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	4.15%	4.63%	0.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	3.56%	1.60%	-1.96
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	S	0.58%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	0.62%	1.06%	0.44
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.10%	S	—
Blue Shield of California Promise Health Plan—San Diego	1.23%	1.87%	0.64
CalOptima—Orange	8.28%	9.23%	0.95
CalViva Health—Fresno	0.10%	0.04%	-0.06
CalViva Health—Kings	S	0.00%	—
CalViva Health—Madera	0.00%	0.36%	0.36
California Health & Wellness Plan—Imperial	S	S	—
California Health & Wellness Plan—Region 1	2.56%	0.53%	-2.03

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
California Health & Wellness Plan—Region 2	2.36%	1.86%	-0.50
CenCal Health—San Luis Obispo	1.25%	0.88%	-0.37
CenCal Health—Santa Barbara	2.57%	2.31%	-0.26
Central California Alliance for Health—Merced	1.06%	2.26%	1.20
Central California Alliance for Health—Monterey/Santa Cruz	9.82%	12.32%	2.50
Community Health Group Partnership Plan—San Diego	1.01%	1.33%	0.32
Contra Costa Health Plan—Contra Costa	0.47%	0.12%	-0.35
Gold Coast Health Plan—Ventura	0.38%	0.56%	0.18
Health Net Community Solutions, Inc.—Kern	S	S	—
Health Net Community Solutions, Inc.—Los Angeles	0.92%	1.22%	0.30
Health Net Community Solutions, Inc.—Sacramento	3.53%	2.58%	-0.95
Health Net Community Solutions, Inc.—San Diego	0.61%	0.68%	0.07
Health Net Community Solutions, Inc.—San Joaquin	S	0.32%	—
Health Net Community Solutions, Inc.—Stanislaus	0.34%	0.56%	0.22
Health Net Community Solutions, Inc.—Tulare	0.09%	S	—
Health Plan of San Joaquin—San Joaquin	0.97%	0.72%	-0.25
Health Plan of San Joaquin—Stanislaus	1.24%	0.92%	-0.32
Health Plan of San Mateo—San Mateo	3.60%	6.88%	3.28
Inland Empire Health Plan—Riverside/San Bernardino	5.38%	8.96%	3.58

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Kaiser NorCal (KP Cal, LLC)—KP North	0.00%	0.00%	0.00
Kaiser SoCal (KP Cal, LLC)—San Diego	S	0.00%	—
Kern Health Systems, DBA Kern Family Health Care—Kern	0.42%	0.79%	0.37
L.A. Care Health Plan—Los Angeles	0.64%	0.89%	0.25
Molina Healthcare of California—Imperial	S	S	—
Molina Healthcare of California—Riverside/San Bernardino	4.67%	5.94%	1.27
Molina Healthcare of California—Sacramento	2.83%	1.79%	-1.04
Molina Healthcare of California—San Diego	1.14%	1.53%	0.39
Partnership HealthPlan of California—Northeast	0.16%	0.26%	0.10
Partnership HealthPlan of California—Northwest	9.07%	10.62%	1.55
Partnership HealthPlan of California—Southeast	1.69%	1.50%	-0.19
Partnership HealthPlan of California—Southwest	2.15%	2.22%	0.07
San Francisco Health Plan—San Francisco	0.15%	0.12%	-0.03
Santa Clara Family Health Plan—Santa Clara	0.44%	0.67%	0.23
UnitedHealthcare Community Plan—San Diego	1.07%	0.94%	-0.13

- ◆ Reportable rates for five of 45 (11.11 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for 28 of 47 (59.57 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 43 of 50 (86.00 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.14—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH-7)—MCP Reporting Unit-Level Results**

NA indicates the rate had a small denominator (i.e., less than 30).

— indicates that the value is not available.

     indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

     indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

The national benchmarks for measurement years 2021 and 2022 were 47.65 percent and 46.27 percent, respectively.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	58.80%	56.65%	-2.15
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	60.90%	59.51%	-1.39
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	69.77%	56.82%	-12.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	84.78%	72.50%	-12.28
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	59.72%	50.00%	-9.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	55.74%	72.55%	16.81
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	53.73%	56.60%	2.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	62.56%	48.62%	-13.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	71.67%	66.15%	-5.52
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	70.97%	78.08%	7.11
Blue Shield of California Promise Health Plan—San Diego	54.05%	37.21%	-16.84
CalOptima—Orange	65.23%	63.25%	-1.98
CalViva Health—Fresno	64.13%	53.55%	-10.58
CalViva Health—Kings	NA	66.67%	—
CalViva Health—Madera	NA	42.86%	—
California Health & Wellness Plan—Imperial	NA	NA	—
California Health & Wellness Plan—Region 1	63.64%	60.00%	-3.64
California Health & Wellness Plan—Region 2	61.25%	63.04%	1.79
CenCal Health—San Luis Obispo	54.76%	52.38%	-2.38

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
CenCal Health—Santa Barbara	52.17%	55.84%	3.67
Central California Alliance for Health—Merced	52.98%	47.97%	-5.01
Central California Alliance for Health—Monterey/Santa Cruz	59.68%	50.57%	-9.11
Community Health Group Partnership Plan—San Diego	50.27%	39.56%	-10.71
Contra Costa Health Plan—Contra Costa	73.65%	77.94%	4.29
Gold Coast Health Plan—Ventura	66.80%	63.99%	-2.81
Health Net Community Solutions, Inc.—Kern	59.57%	67.92%	8.35
Health Net Community Solutions, Inc.—Los Angeles	55.77%	58.60%	2.83
Health Net Community Solutions, Inc.—Sacramento	65.79%	53.70%	-12.09
Health Net Community Solutions, Inc.—San Diego	53.70%	44.44%	-9.26
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—
Health Net Community Solutions, Inc.—Stanislaus	50.72%	40.74%	-9.98
Health Net Community Solutions, Inc.—Tulare	87.50%	76.32%	-11.18
Health Plan of San Joaquin—San Joaquin	76.61%	69.42%	-7.19
Health Plan of San Joaquin—Stanislaus	62.50%	37.11%	-25.39
Health Plan of San Mateo—San Mateo	54.55%	59.57%	5.02
Inland Empire Health Plan—Riverside/San Bernardino	49.26%	53.64%	4.38
Kaiser NorCal (KP Cal, LLC)—KP North	54.35%	51.28%	-3.07
Kaiser SoCal (KP Cal, LLC)—San Diego	46.67%	37.74%	-8.93
Kern Health Systems, DBA Kern Family Health Care—Kern	66.67%	71.31%	4.64

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
L.A. Care Health Plan—Los Angeles	59.11%	55.51%	-3.60
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	41.12%	47.62%	6.50
Molina Healthcare of California—Sacramento	60.87%	52.08%	-8.79
Molina Healthcare of California—San Diego	42.76%	45.19%	2.43
Partnership HealthPlan of California—Northeast	64.71%	66.67%	1.96
Partnership HealthPlan of California—Northwest	69.64%	NA	—
Partnership HealthPlan of California—Southeast	58.38%	59.23%	0.85
Partnership HealthPlan of California—Southwest	62.37%	58.71%	-3.66
San Francisco Health Plan—San Francisco	54.69%	59.46%	4.77
Santa Clara Family Health Plan—Santa Clara	67.32%	62.27%	-5.05
UnitedHealthcare Community Plan—San Diego	NA	NA	—

- ◆ Reportable rates for 27 of 43 (62.79 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for seven of 44 (15.91 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while reportable rates for 13 of 45 (28.89 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Reportable rates for three of 44 (6.82 percent) MCP reporting units fell below the national benchmark for measurement year 2021, while rates for eight of 45 (17.78 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.15—Oral Evaluation, Dental Services—Total (OEV)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

Please note, since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

The national benchmark for measurement year 2022 was 43.20 percent.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	37.99%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	27.92%
Aetna Better Health of California—San Diego	25.01%
Alameda Alliance for Health—Alameda	25.80%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	19.48%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	25.41%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	33.50%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	12.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	30.21%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	34.51%

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.26%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	36.78%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.39%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	23.72%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	27.90%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	29.37%
Blue Shield of California Promise Health Plan—San Diego	28.07%
CalOptima—Orange	47.31%
CalViva Health—Fresno	38.10%
CalViva Health—Kings	13.66%
CalViva Health—Madera	31.59%
California Health & Wellness Plan—Imperial	21.82%
California Health & Wellness Plan—Region 1	26.50%
California Health & Wellness Plan—Region 2	23.92%
CenCal Health—San Luis Obispo	34.51%
CenCal Health—Santa Barbara	37.78%
Central California Alliance for Health—Merced	37.40%
Central California Alliance for Health—Monterey/Santa Cruz	33.74%

MCP Reporting Unit	Measurement Year 2022 Rate
Community Health Group Partnership Plan—San Diego	36.58%
Contra Costa Health Plan—Contra Costa	30.94%
Gold Coast Health Plan—Ventura	43.12%
Health Net Community Solutions, Inc.—Kern	37.02%
Health Net Community Solutions, Inc.—Los Angeles	44.14%
Health Net Community Solutions, Inc.—Sacramento	39.15%
Health Net Community Solutions, Inc.—San Diego	35.99%
Health Net Community Solutions, Inc.—San Joaquin	28.65%
Health Net Community Solutions, Inc.—Stanislaus	36.23%
Health Net Community Solutions, Inc.—Tulare	31.09%
Health Plan of San Joaquin—San Joaquin	41.18%
Health Plan of San Joaquin—Stanislaus	40.46%
Health Plan of San Mateo—San Mateo	37.62%
Inland Empire Health Plan—Riverside/San Bernardino	41.60%
Kaiser NorCal (KP Cal, LLC)—KP North	34.03%
Kaiser SoCal (KP Cal, LLC)—San Diego	40.34%
Kern Health Systems, DBA Kern Family Health Care—Kern	43.78%
L.A. Care Health Plan—Los Angeles	45.00%
Molina Healthcare of California—Imperial	17.09%
Molina Healthcare of California—Riverside/San Bernardino	33.39%
Molina Healthcare of California—Sacramento	33.56%
Molina Healthcare of California—San Diego	36.58%

MCP Reporting Unit	Measurement Year 2022 Rate
Partnership HealthPlan of California—Northeast	9.57%
Partnership HealthPlan of California—Northwest	2.27%
Partnership HealthPlan of California—Southeast	29.54%
Partnership HealthPlan of California—Southwest	7.18%
San Francisco Health Plan—San Francisco	31.51%
Santa Clara Family Health Plan—Santa Clara	32.82%
UnitedHealthcare Community Plan—San Diego	22.93%

- ◆ Rates for 34 of 56 (60.71 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 52 of 56 (92.86 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.16—Tobacco Use Screening (TUS)—MCP Reporting Unit-Level Results**

S indicates fewer than 11 cases exist in the numerator for the MCP reporting unit; therefore, HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	3.83%	3.86%	0.03
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	4.68%	4.75%	0.07
Aetna Better Health of California—San Diego	2.23%	1.70%	-0.53
Alameda Alliance for Health—Alameda	0.03%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	0.13%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.36%	0.51%	0.15
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	S	0.27%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	6.01%	5.76%	-0.25
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	2.08%	1.99%	-0.09

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	2.27%	2.34%	0.07
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	4.75%	4.97%	0.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	0.00%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	1.14%	1.53%	0.39
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.13%	0.18%	0.05
Blue Shield of California Promise Health Plan—San Diego	4.98%	5.94%	0.96
CalOptima—Orange	5.42%	5.57%	0.15
CalViva Health—Fresno	0.66%	0.69%	0.03
CalViva Health—Kings	S	0.34%	—
CalViva Health—Madera	3.02%	0.35%	-2.67
California Health & Wellness Plan—Imperial	0.09%	S	—
California Health & Wellness Plan—Region 1	2.03%	1.97%	-0.06
California Health & Wellness Plan—Region 2	1.45%	1.11%	-0.34
CenCal Health—San Luis Obispo	S	0.49%	—
CenCal Health—Santa Barbara	0.18%	0.15%	-0.03
Central California Alliance for Health—Merced	5.28%	2.85%	-2.43
Central California Alliance for Health—Monterey/Santa Cruz	3.86%	8.01%	4.15

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Community Health Group Partnership Plan—San Diego	7.66%	1.14%	-6.52
Contra Costa Health Plan—Contra Costa	1.55%	1.36%	-0.19
Gold Coast Health Plan—Ventura	0.46%	0.39%	-0.07
Health Net Community Solutions, Inc.—Kern	1.05%	2.32%	1.27
Health Net Community Solutions, Inc.—Los Angeles	3.41%	3.47%	0.06
Health Net Community Solutions, Inc.—Sacramento	3.98%	4.57%	0.59
Health Net Community Solutions, Inc.—San Diego	19.49%	17.91%	-1.58
Health Net Community Solutions, Inc.—San Joaquin	S	1.54%	—
Health Net Community Solutions, Inc.—Stanislaus	0.47%	1.08%	0.61
Health Net Community Solutions, Inc.—Tulare	0.15%	0.32%	0.17
Health Plan of San Joaquin—San Joaquin	1.13%	1.30%	0.17
Health Plan of San Joaquin—Stanislaus	1.61%	1.61%	-0.00
Health Plan of San Mateo—San Mateo	0.11%	0.28%	0.17
Inland Empire Health Plan—Riverside/San Bernardino	11.11%	9.93%	-1.18
Kaiser NorCal (KP Cal, LLC)—KP North	S	S	—
Kaiser SoCal (KP Cal, LLC)—San Diego	8.83%	6.49%	-2.34
Kern Health Systems, DBA Kern Family Health Care—Kern	1.05%	2.23%	1.18
L.A. Care Health Plan—Los Angeles	3.30%	3.40%	0.10
Molina Healthcare of California—Imperial	S	S	—
Molina Healthcare of California—Riverside/San Bernardino	8.57%	10.15%	1.58
Molina Healthcare of California—Sacramento	6.15%	5.86%	-0.29
Molina Healthcare of California—San Diego	8.72%	8.81%	0.09

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Partnership HealthPlan of California—Northeast	0.07%	S	—
Partnership HealthPlan of California—Northwest	S	S	—
Partnership HealthPlan of California—Southeast	0.05%	0.03%	-0.02
Partnership HealthPlan of California—Southwest	0.46%	0.45%	-0.01
San Francisco Health Plan—San Francisco	0.09%	0.12%	0.03
Santa Clara Family Health Plan—Santa Clara	0.43%	0.73%	0.30
UnitedHealthcare Community Plan—San Diego	1.92%	1.94%	0.02

- ◆ Reportable rates for six of 42 (14.29 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, reportable rates for 32 of 47 (68.09 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 33 of 46 (71.74 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.17—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

Please note, since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

The national benchmark for measurement year 2022 was 19.30 percent.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	16.17%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	9.85%
Aetna Better Health of California—San Diego	9.53%
Alameda Alliance for Health—Alameda	10.55%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	7.52%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	9.33%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	13.69%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	2.68%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	16.81%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	20.24%

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	13.10%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	12.12%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	7.37%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	9.67%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	10.74%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	10.15%
Blue Shield of California Promise Health Plan—San Diego	11.41%
CalOptima—Orange	21.68%
CalViva Health—Fresno	16.05%
CalViva Health—Kings	2.64%
CalViva Health—Madera	18.18%
California Health & Wellness Plan—Imperial	7.47%
California Health & Wellness Plan—Region 1	15.79%
California Health & Wellness Plan—Region 2	10.45%
CenCal Health—San Luis Obispo	16.86%
CenCal Health—Santa Barbara	21.17%
Central California Alliance for Health—Merced	14.82%
Central California Alliance for Health—Monterey/Santa Cruz	17.05%

MCP Reporting Unit	Measurement Year 2022 Rate
Community Health Group Partnership Plan—San Diego	15.69%
Contra Costa Health Plan—Contra Costa	12.96%
Gold Coast Health Plan—Ventura	22.25%
Health Net Community Solutions, Inc.—Kern	14.32%
Health Net Community Solutions, Inc.—Los Angeles	18.30%
Health Net Community Solutions, Inc.—Sacramento	14.24%
Health Net Community Solutions, Inc.—San Diego	15.79%
Health Net Community Solutions, Inc.—San Joaquin	12.38%
Health Net Community Solutions, Inc.—Stanislaus	15.47%
Health Net Community Solutions, Inc.—Tulare	11.37%
Health Plan of San Joaquin—San Joaquin	19.41%
Health Plan of San Joaquin—Stanislaus	18.85%
Health Plan of San Mateo—San Mateo	17.40%
Inland Empire Health Plan—Riverside/San Bernardino	16.18%
Kaiser NorCal (KP Cal, LLC)—KP North	11.00%
Kaiser SoCal (KP Cal, LLC)—San Diego	17.76%
Kern Health Systems, DBA Kern Family Health Care—Kern	18.32%
L.A. Care Health Plan—Los Angeles	19.48%
Molina Healthcare of California—Imperial	6.61%
Molina Healthcare of California—Riverside/San Bernardino	12.43%
Molina Healthcare of California—Sacramento	10.61%
Molina Healthcare of California—San Diego	15.48%

MCP Reporting Unit	Measurement Year 2022 Rate
Partnership HealthPlan of California—Northeast	2.45%
Partnership HealthPlan of California—Northwest	0.58%
Partnership HealthPlan of California—Southeast	13.32%
Partnership HealthPlan of California—Southwest	2.23%
San Francisco Health Plan—San Francisco	15.64%
Santa Clara Family Health Plan—Santa Clara	13.64%
UnitedHealthcare Community Plan—San Diego	9.75%

- ◆ Rates for 32 of 56 (57.14 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.
- ◆ Rates for 50 of 56 (89.29 percent) MCP reporting units fell below the national benchmark for measurement year 2022.

**Table B.18—Vision Services—Comprehensive Eye Exam (VIS-C)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	17.49%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	10.45%
Aetna Better Health of California—San Diego	11.56%
Alameda Alliance for Health—Alameda	13.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	12.58%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	11.04%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	17.82%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	26.72%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	24.98%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	14.03%

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	10.13%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	14.67%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	23.80%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	12.26%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	18.96%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	27.09%
Blue Shield of California Promise Health Plan—San Diego	15.03%
CalOptima—Orange	21.40%
CalViva Health—Fresno	21.54%
CalViva Health—Kings	29.13%
CalViva Health—Madera	27.11%
California Health & Wellness Plan—Imperial	15.53%
California Health & Wellness Plan—Region 1	9.76%
California Health & Wellness Plan—Region 2	5.99%
CenCal Health—San Luis Obispo	29.79%
CenCal Health—Santa Barbara	25.76%
Central California Alliance for Health—Merced	13.59%
Central California Alliance for Health—Monterey/Santa Cruz	17.68%

MCP Reporting Unit	Measurement Year 2022 Rate
Community Health Group Partnership Plan—San Diego	20.72%
Contra Costa Health Plan—Contra Costa	9.45%
Gold Coast Health Plan—Ventura	24.18%
Health Net Community Solutions, Inc.—Kern	12.09%
Health Net Community Solutions, Inc.—Los Angeles	19.75%
Health Net Community Solutions, Inc.—Sacramento	11.20%
Health Net Community Solutions, Inc.—San Diego	14.29%
Health Net Community Solutions, Inc.—San Joaquin	8.35%
Health Net Community Solutions, Inc.—Stanislaus	7.85%
Health Net Community Solutions, Inc.—Tulare	27.33%
Health Plan of San Joaquin—San Joaquin	12.91%
Health Plan of San Joaquin—Stanislaus	10.94%
Health Plan of San Mateo—San Mateo	15.41%
Inland Empire Health Plan—Riverside/San Bernardino	24.19%
Kaiser NorCal (KP Cal, LLC)—KP North	5.69%
Kaiser SoCal (KP Cal, LLC)—San Diego	5.25%
Kern Health Systems, DBA Kern Family Health Care—Kern	4.52%
L.A. Care Health Plan—Los Angeles	15.91%
Molina Healthcare of California—Imperial	20.72%
Molina Healthcare of California—Riverside/San Bernardino	16.47%
Molina Healthcare of California—Sacramento	12.61%
Molina Healthcare of California—San Diego	17.31%

MCP Reporting Unit	Measurement Year 2022 Rate
Partnership HealthPlan of California—Northeast	9.65%
Partnership HealthPlan of California—Northwest	0.73%
Partnership HealthPlan of California—Southeast	9.11%
Partnership HealthPlan of California—Southwest	10.08%
San Francisco Health Plan—San Francisco	18.69%
Santa Clara Family Health Plan—Santa Clara	20.10%
UnitedHealthcare Community Plan—San Diego	11.62%

- ◆ Rates for 32 of 56 (57.14 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.19—Vision Services—Comprehensive or Intermediate Eye Exam (VIS-CI)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2022 Rate
<b>Statewide Aggregate</b>	
Statewide Aggregate	19.48%
<b>MCP Reporting Unit</b>	
Aetna Better Health of California—Sacramento	10.62%
Aetna Better Health of California—San Diego	11.94%
Alameda Alliance for Health—Alameda	19.30%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	13.05%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	11.30%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	18.02%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	26.86%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	25.60%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	16.99%

MCP Reporting Unit	Measurement Year 2022 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	11.57%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	14.96%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.77%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	12.53%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	19.81%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	27.23%
Blue Shield of California Promise Health Plan—San Diego	15.56%
CalOptima—Orange	21.59%
CalViva Health—Fresno	21.78%
CalViva Health—Kings	29.39%
CalViva Health—Madera	27.91%
California Health & Wellness Plan—Imperial	15.76%
California Health & Wellness Plan—Region 1	13.57%
California Health & Wellness Plan—Region 2	7.62%
CenCal Health—San Luis Obispo	30.79%
CenCal Health—Santa Barbara	27.56%
Central California Alliance for Health—Merced	14.06%
Central California Alliance for Health—Monterey/Santa Cruz	18.55%

MCP Reporting Unit	Measurement Year 2022 Rate
Community Health Group Partnership Plan—San Diego	21.44%
Contra Costa Health Plan—Contra Costa	15.13%
Gold Coast Health Plan—Ventura	24.92%
Health Net Community Solutions, Inc.—Kern	12.62%
Health Net Community Solutions, Inc.—Los Angeles	20.19%
Health Net Community Solutions, Inc.—Sacramento	11.53%
Health Net Community Solutions, Inc.—San Diego	14.84%
Health Net Community Solutions, Inc.—San Joaquin	8.76%
Health Net Community Solutions, Inc.—Stanislaus	8.10%
Health Net Community Solutions, Inc.—Tulare	27.54%
Health Plan of San Joaquin—San Joaquin	15.66%
Health Plan of San Joaquin—Stanislaus	11.26%
Health Plan of San Mateo—San Mateo	19.07%
Inland Empire Health Plan—Riverside/San Bernardino	27.08%
Kaiser NorCal (KP Cal, LLC)—KP North	15.30%
Kaiser SoCal (KP Cal, LLC)—San Diego	24.99%
Kern Health Systems, DBA Kern Family Health Care—Kern	5.06%
L.A. Care Health Plan—Los Angeles	18.73%
Molina Healthcare of California—Imperial	20.96%
Molina Healthcare of California—Riverside/San Bernardino	16.94%
Molina Healthcare of California—Sacramento	12.91%
Molina Healthcare of California—San Diego	18.58%

MCP Reporting Unit	Measurement Year 2022 Rate
Partnership HealthPlan of California—Northeast	10.10%
Partnership HealthPlan of California—Northwest	0.91%
Partnership HealthPlan of California—Southeast	14.31%
Partnership HealthPlan of California—Southwest	12.62%
San Francisco Health Plan—San Francisco	21.55%
Santa Clara Family Health Plan—Santa Clara	24.94%
UnitedHealthcare Community Plan—San Diego	12.24%

- ◆ Rates for 30 of 56 (53.57 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

## DHCS-Calculated Indicators

Table B.20 through Table B.23 present the measurement years 2021 and 2022 MCP reporting unit-level rates for the DHCS-calculated indicator results and represent MCP performance in alignment with Title 17 age stratifications.

**Table B.20—Blood Lead Screening—Test at 12 Months of Age (BLS-1)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	43.98%	47.70%	3.72
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	28.90%	37.54%	8.64
Aetna Better Health of California—San Diego	43.44%	41.28%	-2.16
Alameda Alliance for Health—Alameda	49.13%	48.48%	-0.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	44.03%	50.39%	6.36
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	26.33%	31.89%	5.56
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	38.87%	40.62%	1.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	42.52%	46.63%	4.11

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	51.30%	65.70%	14.40
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	41.41%	40.73%	-0.68
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	35.55%	37.50%	1.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	35.54%	37.41%	1.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	57.46%	51.74%	-5.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	58.65%	45.93%	-12.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	54.90%	51.82%	-3.08
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	43.94%	59.27%	15.33
Blue Shield of California Promise Health Plan—San Diego	54.20%	49.06%	-5.14
CalOptima—Orange	52.65%	56.05%	3.40
CalViva Health—Fresno	43.18%	46.23%	3.05
CalViva Health—Kings	46.52%	51.37%	4.85
CalViva Health—Madera	56.94%	69.99%	13.05
California Health & Wellness Plan—Imperial	60.37%	69.45%	9.08
California Health & Wellness Plan—Region 1	39.61%	44.06%	4.45
California Health & Wellness Plan—Region 2	25.80%	34.09%	8.29
CenCal Health—San Luis Obispo	37.59%	62.67%	25.08

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
CenCal Health—Santa Barbara	53.17%	62.74%	9.57
Central California Alliance for Health—Merced	37.32%	39.18%	1.86
Central California Alliance for Health—Monterey/Santa Cruz	67.86%	67.80%	-0.06
Community Health Group Partnership Plan—San Diego	53.94%	51.20%	-2.74
Contra Costa Health Plan—Contra Costa	27.45%	39.96%	12.51
Gold Coast Health Plan—Ventura	56.86%	58.30%	1.44
Health Net Community Solutions, Inc.—Kern	42.99%	42.57%	-0.42
Health Net Community Solutions, Inc.—Los Angeles	43.57%	45.65%	2.08
Health Net Community Solutions, Inc.—Sacramento	37.34%	39.19%	1.85
Health Net Community Solutions, Inc.—San Diego	50.41%	46.48%	-3.93
Health Net Community Solutions, Inc.—San Joaquin	34.62%	29.58%	-5.04
Health Net Community Solutions, Inc.—Stanislaus	29.23%	30.04%	0.81
Health Net Community Solutions, Inc.—Tulare	47.00%	60.97%	13.97
Health Plan of San Joaquin—San Joaquin	38.38%	36.94%	-1.44
Health Plan of San Joaquin—Stanislaus	31.41%	34.67%	3.26
Health Plan of San Mateo—San Mateo	52.80%	49.67%	-3.13
Inland Empire Health Plan—Riverside/San Bernardino	42.30%	42.09%	-0.21
Kaiser NorCal (KP Cal, LLC)—KP North	31.63%	31.09%	-0.54
Kaiser SoCal (KP Cal, LLC)—San Diego	40.19%	46.53%	6.34
Kern Health Systems, DBA Kern Family Health Care—Kern	43.00%	47.55%	4.55
L.A. Care Health Plan—Los Angeles	46.23%	48.72%	2.49

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Imperial	54.91%	63.77%	8.86
Molina Healthcare of California—Riverside/San Bernardino	37.01%	36.21%	-0.80
Molina Healthcare of California—Sacramento	35.27%	36.97%	1.70
Molina Healthcare of California—San Diego	57.24%	52.24%	-5.00
Partnership HealthPlan of California—Northeast	21.89%	40.06%	18.17
Partnership HealthPlan of California—Northwest	32.91%	55.34%	22.43
Partnership HealthPlan of California—Southeast	43.83%	47.99%	4.16
Partnership HealthPlan of California—Southwest	37.15%	44.36%	7.21
San Francisco Health Plan—San Francisco	66.09%	66.56%	0.47
Santa Clara Family Health Plan—Santa Clara	57.08%	52.75%	-4.33
UnitedHealthcare Community Plan—San Diego	47.02%	40.71%	-6.31

- ◆ Rates for 13 of 56 (23.21 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 20 of 56 (35.71 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 22 of 56 (39.29 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.21—Blood Lead Screening—Test at 24 Months of Age (BLS-2)—MCP Reporting Unit-Level Results**

  indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

  indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	34.50%	38.77%	4.27
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	22.89%	26.53%	3.64
Aetna Better Health of California—San Diego	28.38%	29.14%	0.76
Alameda Alliance for Health—Alameda	36.49%	39.92%	3.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	33.10%	38.12%	5.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	20.00%	28.87%	8.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	35.05%	39.75%	4.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	33.10%	33.61%	0.51
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	42.76%	52.96%	10.20
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	32.89%	36.11%	3.22

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	26.02%	28.84%	2.82
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	26.77%	30.06%	3.29
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	33.87%	36.00%	2.13
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	32.10%	49.37%	17.27
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	39.85%	42.23%	2.38
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	33.13%	46.87%	13.74
Blue Shield of California Promise Health Plan—San Diego	40.65%	41.65%	1.00
CalOptima—Orange	42.17%	48.96%	6.79
CalViva Health—Fresno	36.94%	42.00%	5.06
CalViva Health—Kings	32.81%	38.34%	5.53
CalViva Health—Madera	44.31%	57.44%	13.13
California Health & Wellness Plan—Imperial	53.02%	61.07%	8.05
California Health & Wellness Plan—Region 1	31.59%	38.86%	7.27
California Health & Wellness Plan—Region 2	22.34%	26.75%	4.41
CenCal Health—San Luis Obispo	29.90%	48.34%	18.44
CenCal Health—Santa Barbara	38.58%	52.83%	14.25
Central California Alliance for Health—Merced	28.56%	28.26%	-0.30

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	54.29%	59.69%	5.40
Community Health Group Partnership Plan—San Diego	42.88%	39.78%	-3.10
Contra Costa Health Plan—Contra Costa	19.16%	23.86%	4.70
Gold Coast Health Plan—Ventura	43.79%	46.16%	2.37
Health Net Community Solutions, Inc.—Kern	27.52%	30.67%	3.15
Health Net Community Solutions, Inc.—Los Angeles	33.71%	37.15%	3.44
Health Net Community Solutions, Inc.—Sacramento	28.94%	31.79%	2.85
Health Net Community Solutions, Inc.—San Diego	35.59%	35.53%	-0.06
Health Net Community Solutions, Inc.—San Joaquin	27.38%	25.24%	-2.14
Health Net Community Solutions, Inc.—Stanislaus	20.99%	23.41%	2.42
Health Net Community Solutions, Inc.—Tulare	33.84%	49.60%	15.76
Health Plan of San Joaquin—San Joaquin	29.52%	29.79%	0.27
Health Plan of San Joaquin—Stanislaus	24.01%	28.12%	4.11
Health Plan of San Mateo—San Mateo	38.80%	42.61%	3.81
Inland Empire Health Plan—Riverside/San Bernardino	30.99%	32.96%	1.97
Kaiser NorCal (KP Cal, LLC)—KP North	25.18%	26.71%	1.53
Kaiser SoCal (KP Cal, LLC)—San Diego	32.34%	41.45%	9.11
Kern Health Systems, DBA Kern Family Health Care—Kern	33.31%	38.70%	5.39
L.A. Care Health Plan—Los Angeles	36.02%	40.38%	4.36
Molina Healthcare of California—Imperial	44.40%	48.70%	4.30
Molina Healthcare of California—Riverside/San Bernardino	25.97%	25.88%	-0.09

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Sacramento	26.24%	28.31%	2.07
Molina Healthcare of California—San Diego	45.58%	40.57%	-5.01
Partnership HealthPlan of California—Northeast	17.23%	25.54%	8.31
Partnership HealthPlan of California—Northwest	28.17%	45.24%	17.07
Partnership HealthPlan of California—Southeast	31.23%	38.01%	6.78
Partnership HealthPlan of California—Southwest	31.54%	36.02%	4.48
San Francisco Health Plan—San Francisco	49.95%	46.41%	-3.54
Santa Clara Family Health Plan—Santa Clara	40.86%	42.09%	1.23
UnitedHealthcare Community Plan—San Diego	33.62%	36.56%	2.94

- ◆ Rates for four of 56 (7.14 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 21 of 56 (37.50 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 20 of 56 (35.71 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.22—Blood Lead Screening—Two Tests by 24 Months of Age (BLS-1 and 2)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	21.26%	23.27%	2.01
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	13.88%	14.41%	0.53
Aetna Better Health of California—San Diego	16.96%	17.61%	0.65
Alameda Alliance for Health—Alameda	21.47%	23.32%	1.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	21.21%	24.96%	3.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	12.06%	12.12%	0.06
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	20.13%	19.44%	-0.69
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	20.45%	17.22%	-3.23
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	37.95%	28.97%	-8.98
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	21.38%	20.89%	-0.49

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	17.40%	16.22%	-1.18
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	13.65%	15.34%	1.69
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	25.00%	25.23%	0.23
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	23.97%	41.74%	17.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	26.03%	31.23%	5.20
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	23.16%	21.44%	-1.72
Blue Shield of California Promise Health Plan—San Diego	29.14%	27.49%	-1.65
CalOptima—Orange	31.51%	33.40%	1.89
CalViva Health—Fresno	21.22%	21.58%	0.36
CalViva Health—Kings	24.25%	21.41%	-2.84
CalViva Health—Madera	35.27%	33.81%	-1.46
California Health & Wellness Plan—Imperial	41.59%	43.25%	1.66
California Health & Wellness Plan—Region 1	20.10%	19.60%	-0.50
California Health & Wellness Plan—Region 2	13.69%	11.86%	-1.83
CenCal Health—San Luis Obispo	18.34%	18.89%	0.55
CenCal Health—Santa Barbara	29.10%	35.45%	6.35
Central California Alliance for Health—Merced	15.80%	14.73%	-1.07

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	42.46%	47.20%	4.74
Community Health Group Partnership Plan—San Diego	30.05%	27.79%	-2.26
Contra Costa Health Plan—Contra Costa	8.04%	8.11%	0.07
Gold Coast Health Plan—Ventura	31.42%	32.60%	1.18
Health Net Community Solutions, Inc.—Kern	16.06%	18.83%	2.77
Health Net Community Solutions, Inc.—Los Angeles	20.57%	21.60%	1.03
Health Net Community Solutions, Inc.—Sacramento	13.20%	18.57%	5.37
Health Net Community Solutions, Inc.—San Diego	27.00%	26.53%	-0.47
Health Net Community Solutions, Inc.—San Joaquin	13.62%	13.22%	-0.40
Health Net Community Solutions, Inc.—Stanislaus	9.82%	10.14%	0.32
Health Net Community Solutions, Inc.—Tulare	24.50%	23.10%	-1.40
Health Plan of San Joaquin—San Joaquin	15.66%	16.55%	0.89
Health Plan of San Joaquin—Stanislaus	13.03%	13.49%	0.46
Health Plan of San Mateo—San Mateo	29.53%	28.39%	-1.14
Inland Empire Health Plan—Riverside/San Bernardino	17.72%	19.70%	1.98
Kaiser NorCal (KP Cal, LLC)—KP North	7.44%	8.48%	1.04
Kaiser SoCal (KP Cal, LLC)—San Diego	14.47%	19.67%	5.20
Kern Health Systems, DBA Kern Family Health Care—Kern	20.95%	21.61%	0.66
L.A. Care Health Plan—Los Angeles	21.15%	23.70%	2.55
Molina Healthcare of California—Imperial	31.55%	30.14%	-1.41

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	16.53%	17.75%	1.22
Molina Healthcare of California—Sacramento	12.71%	14.77%	2.06
Molina Healthcare of California—San Diego	33.99%	28.34%	-5.65
Partnership HealthPlan of California—Northeast	7.10%	6.57%	-0.53
Partnership HealthPlan of California—Northwest	20.13%	13.68%	-6.45
Partnership HealthPlan of California—Southeast	19.47%	21.16%	1.69
Partnership HealthPlan of California—Southwest	19.43%	20.59%	1.16
San Francisco Health Plan—San Francisco	39.43%	36.50%	-2.93
Santa Clara Family Health Plan—Santa Clara	26.67%	30.12%	3.45
UnitedHealthcare Community Plan—San Diego	19.83%	21.56%	1.73

- ◆ Rates for 16 of 56 (28.57 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 21 of 56 (37.50 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 27 of 56 (48.21 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

**Table B.23—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS-316)—MCP Reporting Unit-Level Results**

■ indicates that the indicator rate was below the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

■ indicates that the indicator rate was above the statewide aggregate by at least a 10 percent relative difference for its respective measurement year.

National benchmarks are not available for this indicator.

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
<b>Statewide Aggregate</b>			
Statewide Aggregate	32.29%	29.11%	-3.18
<b>MCP Reporting Unit</b>			
Aetna Better Health of California—Sacramento	33.83%	29.08%	-4.75
Aetna Better Health of California—San Diego	42.86%	31.98%	-10.88
Alameda Alliance for Health—Alameda	30.97%	29.23%	-1.74
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	33.57%	27.10%	-6.47
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	16.61%	10.18%	-6.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	23.95%	19.65%	-4.30
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	24.60%	32.29%	7.69
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	33.70%	18.94%	-14.76
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	20.59%	20.83%	0.24

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	18.76%	17.70%	-1.06
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	36.38%	31.78%	-4.60
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	18.82%	15.48%	-3.34
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	33.85%	25.93%	-7.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	39.85%	42.69%	2.84
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	20.99%	20.90%	-0.09
Blue Shield of California Promise Health Plan—San Diego	39.32%	37.64%	-1.68
CalOptima—Orange	24.96%	22.18%	-2.78
CalViva Health—Fresno	30.47%	27.38%	-3.09
CalViva Health—Kings	38.01%	30.77%	-7.24
CalViva Health—Madera	33.72%	27.62%	-6.10
California Health & Wellness Plan—Imperial	45.15%	45.66%	0.51
California Health & Wellness Plan—Region 1	20.04%	19.52%	-0.52
California Health & Wellness Plan—Region 2	19.17%	15.93%	-3.24
CenCal Health—San Luis Obispo	9.43%	6.18%	-3.25
CenCal Health—Santa Barbara	31.16%	22.77%	-8.39
Central California Alliance for Health—Merced	27.97%	24.04%	-3.93

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Central California Alliance for Health—Monterey/Santa Cruz	24.68%	22.36%	-2.32
Community Health Group Partnership Plan—San Diego	43.73%	38.39%	-5.34
Contra Costa Health Plan—Contra Costa	21.17%	18.84%	-2.33
Gold Coast Health Plan—Ventura	26.76%	25.02%	-1.74
Health Net Community Solutions, Inc.—Kern	35.90%	27.23%	-8.67
Health Net Community Solutions, Inc.—Los Angeles	33.85%	29.95%	-3.90
Health Net Community Solutions, Inc.—Sacramento	38.72%	33.48%	-5.24
Health Net Community Solutions, Inc.—San Diego	34.19%	29.46%	-4.73
Health Net Community Solutions, Inc.—San Joaquin	28.87%	32.49%	3.62
Health Net Community Solutions, Inc.—Stanislaus	25.90%	19.45%	-6.45
Health Net Community Solutions, Inc.—Tulare	24.35%	20.47%	-3.88
Health Plan of San Joaquin—San Joaquin	34.44%	32.70%	-1.74
Health Plan of San Joaquin—Stanislaus	30.08%	21.61%	-8.47
Health Plan of San Mateo—San Mateo	35.29%	33.52%	-1.77
Inland Empire Health Plan—Riverside/San Bernardino	36.68%	33.14%	-3.54
Kaiser NorCal (KP Cal, LLC)—KP North	27.77%	23.94%	-3.83
Kaiser SoCal (KP Cal, LLC)—San Diego	38.24%	36.98%	-1.26
Kern Health Systems, DBA Kern Family Health Care—Kern	45.70%	37.35%	-8.35
L.A. Care Health Plan—Los Angeles	35.50%	32.17%	-3.33
Molina Healthcare of California—Imperial	40.35%	36.67%	-3.68

MCP Reporting Unit	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Percentage Point Difference
Molina Healthcare of California—Riverside/San Bernardino	32.70%	28.99%	-3.71
Molina Healthcare of California—Sacramento	35.11%	31.95%	-3.16
Molina Healthcare of California—San Diego	47.05%	38.28%	-8.77
Partnership HealthPlan of California—Northeast	14.75%	17.57%	2.82
Partnership HealthPlan of California—Northwest	25.28%	25.57%	0.29
Partnership HealthPlan of California—Southeast	29.24%	26.75%	-2.49
Partnership HealthPlan of California—Southwest	24.86%	22.55%	-2.31
San Francisco Health Plan—San Francisco	34.40%	34.00%	-0.40
Santa Clara Family Health Plan—Santa Clara	42.59%	41.21%	-1.38
UnitedHealthcare Community Plan—San Diego	44.53%	36.70%	-7.83

- ◆ Rates for 46 of 56 (82.14 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2021 to measurement year 2022. Additionally, rates for 22 of 56 (39.29 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2021, while rates for 24 of 56 (42.86 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022.

## Appendix C. Additional Population Characteristics

Appendix C presents tables containing additional characteristics of the target population. The tables display the counts and percentages of the target population stratified by county and MCP reporting unit for measurement years 2021 and 2022.

**Table C.1—County-Level Population**

\*The percentage for the statewide pediatric population (i.e., 21 years of age and younger as of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

County	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
<b>Statewide Pediatric Population</b>	<b>6,296,488</b>	<b>38.87%</b>	<b>6,417,796</b>	<b>37.78%</b>
Alameda	173,930	2.76%	176,523	2.75%
Alpine	128	0.00%	120	0.00%
Amador	4,006	0.06%	4,177	0.07%
Butte	33,223	0.53%	33,936	0.53%
Calaveras	5,725	0.09%	5,900	0.09%
Colusa	5,779	0.09%	5,861	0.09%
Contra Costa	131,428	2.09%	135,590	2.11%
Del Norte	5,367	0.09%	5,368	0.08%
El Dorado	17,843	0.28%	18,218	0.28%
Fresno	255,590	4.06%	259,281	4.04%
Glenn	6,995	0.11%	7,037	0.11%
Humboldt	22,736	0.36%	22,908	0.36%
Imperial	47,313	0.75%	48,997	0.76%
Inyo	2,809	0.04%	2,876	0.04%
Kern	240,230	3.82%	246,537	3.84%
Kings	33,966	0.54%	34,471	0.54%
Lake	14,313	0.23%	14,563	0.23%
Lassen	3,849	0.06%	4,094	0.06%

APPENDIX C. ADDITIONAL POPULATION CHARACTERISTICS

County	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
Los Angeles	1,671,696	26.55%	1,689,597	26.33%
Madera	41,837	0.66%	42,868	0.67%
Marin	21,030	0.33%	21,747	0.34%
Mariposa	2,298	0.04%	2,380	0.04%
Mendocino	17,868	0.28%	17,884	0.28%
Merced	77,421	1.23%	79,053	1.23%
Modoc	1,581	0.03%	1,645	0.03%
Mono	1,744	0.03%	1,758	0.03%
Monterey	101,627	1.61%	102,662	1.60%
Napa	16,570	0.26%	16,788	0.26%
Nevada	10,949	0.17%	11,336	0.18%
Orange	411,896	6.54%	417,174	6.50%
Placer	32,760	0.52%	34,541	0.54%
Plumas	2,729	0.04%	2,751	0.04%
Riverside	471,706	7.49%	484,070	7.54%
Sacramento	264,505	4.20%	273,912	4.27%
San Benito	10,325	0.16%	10,550	0.16%
San Bernardino	462,274	7.34%	472,069	7.36%
San Diego	423,257	6.72%	430,707	6.71%
San Francisco	63,362	1.01%	65,343	1.02%
San Joaquin	158,134	2.51%	161,730	2.52%
San Luis Obispo	30,293	0.48%	30,877	0.48%
San Mateo	62,688	1.00%	63,849	0.99%
Santa Barbara	83,631	1.33%	85,515	1.33%
Santa Clara	174,506	2.77%	181,247	2.82%
Santa Cruz	33,791	0.54%	33,949	0.53%
Shasta	30,458	0.48%	31,278	0.49%
Sierra	310	0.00%	324	0.01%

County	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
Siskiyou	7,985	0.13%	8,006	0.12%
Solano	58,935	0.94%	61,043	0.95%
Sonoma	58,528	0.93%	59,760	0.93%
Stanislaus	122,336	1.94%	124,642	1.94%
Sutter	20,777	0.33%	21,295	0.33%
Tehama	14,301	0.23%	14,725	0.23%
Trinity	1,986	0.03%	2,142	0.03%
Tulare	139,188	2.21%	141,170	2.20%
Tuolumne	5,930	0.09%	6,122	0.10%
Ventura	120,323	1.91%	121,314	1.89%
Yolo	26,942	0.43%	27,380	0.43%
Yuba	17,523	0.28%	17,969	0.28%

**Table C.2—Reporting Unit-Level Population**

The counts displayed in the table are based on the MCP with which each member was most recently enrolled while 21 years of age or younger. The statewide pediatric population count will not align with those displayed in other tables of the report due to this methodology.

\*The percentage for the statewide pediatric population (i.e., 21 years of age and younger as of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
<b>Statewide Pediatric Population</b>	<b>6,044,238</b>	<b>37.31%</b>	<b>6,218,076</b>	<b>36.61%</b>
Aetna Better Health of California—Sacramento	6,567	0.11%	8,270	0.13%
Aetna Better Health of California—San Diego	8,267	0.14%	10,227	0.16%
Alameda Alliance for Health—Alameda	117,597	1.95%	122,871	1.98%

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	27,542	0.46%	30,364	0.49%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	16,797	0.28%	18,008	0.29%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	61,931	1.02%	65,344	1.05%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	11,608	0.19%	12,151	0.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	12,972	0.21%	13,947	0.22%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	32,067	0.53%	32,944	0.53%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	47,292	0.78%	51,227	0.82%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	90,655	1.50%	95,791	1.54%

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	5,493	0.09%	5,965	0.10%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	5,448	0.09%	6,125	0.10%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	28,960	0.48%	31,809	0.51%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	59,008	0.98%	62,020	1.00%
Blue Shield of California Promise Health Plan—San Diego	33,318	0.55%	37,402	0.60%
California Health & Wellness Plan—Imperial	34,407	0.57%	35,656	0.57%
California Health & Wellness Plan—Region 1	40,727	0.67%	42,755	0.69%
California Health & Wellness Plan—Region 2	28,274	0.47%	30,028	0.48%
CalOptima—Orange	372,616	6.16%	380,315	6.12%
CalViva Health—Fresno	164,406	2.72%	169,357	2.72%
CalViva Health—Kings	17,365	0.29%	18,143	0.29%
CalViva Health—Madera	24,113	0.40%	24,939	0.40%
CenCal Health—San Luis Obispo	27,688	0.46%	28,861	0.46%

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
CenCal Health—Santa Barbara	77,601	1.28%	80,036	1.29%
Central California Alliance for Health—Merced	72,535	1.20%	75,117	1.21%
Central California Alliance for Health—Monterey/Santa Cruz	125,084	2.07%	127,671	2.05%
Community Health Group Partnership Plan—San Diego	140,784	2.33%	146,952	2.36%
Contra Costa Health Plan—Contra Costa	92,700	1.53%	99,696	1.60%
Gold Coast Health Plan—Ventura	109,753	1.82%	112,622	1.81%
Health Net Community Solutions, Inc.—Kern	35,529	0.59%	41,185	0.66%
Health Net Community Solutions, Inc.—Los Angeles	420,606	6.96%	435,504	7.00%
Health Net Community Solutions, Inc.—Sacramento	57,480	0.95%	60,632	0.98%
Health Net Community Solutions, Inc.—San Diego	35,520	0.59%	37,288	0.60%
Health Net Community Solutions, Inc.—San Joaquin	10,450	0.17%	11,888	0.19%
Health Net Community Solutions, Inc.—Stanislaus	31,707	0.52%	31,764	0.51%
Health Net Community Solutions, Inc.—Tulare	64,201	1.06%	65,807	1.06%
Health Plan of San Joaquin—San Joaquin	125,993	2.08%	131,676	2.12%

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
Health Plan of San Joaquin—Stanislaus	75,689	1.25%	80,571	1.30%
Health Plan of San Mateo—San Mateo	57,420	0.95%	59,073	0.95%
Inland Empire Health Plan—Riverside/San Bernardino	708,108	11.72%	751,022	12.08%
Kaiser NorCal (KP Cal, LLC)—KP North	62,282	1.03%	66,808	1.07%
Kaiser SoCal (KP Cal, LLC)—San Diego	26,738	0.44%	28,203	0.45%
Kern Health Systems, DBA Kern Family Health Care—Kern	166,104	2.75%	177,123	2.85%
L.A. Care Health Plan—Los Angeles	971,003	16.06%	993,561	15.98%
Molina Healthcare of California—Imperial	6,771	0.11%	7,469	0.12%
Molina Healthcare of California—Riverside/San Bernardino	80,793	1.34%	96,417	1.55%
Molina Healthcare of California—Sacramento	21,867	0.36%	22,878	0.37%
Molina Healthcare of California—San Diego	103,974	1.72%	107,211	1.72%
Partnership HealthPlan of California—Northeast	41,342	0.68%	42,961	0.69%
Partnership HealthPlan of California—Northwest	26,044	0.43%	26,481	0.43%
Partnership HealthPlan of California—Southeast	94,871	1.57%	98,930	1.59%
Partnership HealthPlan of California—Southwest	102,050	1.69%	105,512	1.70%

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APPENDIX C. ADDITIONAL POPULATION CHARACTERISTICS

MCP Reporting Unit	Measurement Year 2021 Count	Measurement Year 2021 Percentage	Measurement Year 2022 Count	Measurement Year 2022 Percentage
San Francisco Health Plan—San Francisco	49,497	0.82%	51,412	0.83%
Santa Clara Family Health Plan—Santa Clara	122,007	2.02%	126,738	2.04%
UnitedHealthcare Community Plan—San Diego	8,851	0.15%	9,470	0.15%

## Appendix D. Methodology

### Overview

At the request of the Joint Legislative Audit Committee, the California State Auditor published an audit report in March 2019 regarding the California Department of Health Care Services' (DHCS') oversight of the delivery of preventive services to children enrolled in the California Medi-Cal Managed Care program (MCMC). The audit report recommended DHCS expand the performance measures it collects and reports on to ensure all age groups receive preventive services from the managed care health plans (MCPs).<sup>29</sup> In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG), start producing an annual Preventive Services Utilization Report in 2020. For the 2023 Preventive Services Report, HSAG continued to analyze child and adolescent performance measures either calculated by HSAG or DHCS, or reported by the 25 full-scope MCPs for measurement year 2022 from the Managed Care Accountability Set (MCAS). MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. DHCS can leverage the findings in the Preventive Services Report to address the clinical focus area of children's preventive care identified in its 2022 Comprehensive Quality Strategy<sup>30</sup> and monitor appropriate utilization of preventive services for MCMC children.

For the 2022–23 contract year, HSAG evaluated measure data collected for measurement year 2022 (i.e., calendar year 2022). The indicator set for this analysis included a total of 12 MCP-calculated indicators, nine HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS), and four DHCS-calculated indicators. For each MCP-calculated indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>31</sup> specification for the Medicaid population or by the Centers for Medicare & Medicaid Services (CMS') Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP) (Child Core Set). For the HSAG-calculated indicators, HSAG developed specifications for four indicators and used the CMS Child Core Set specifications for the remaining indicators. For the DHCS-calculated indicators, DHCS developed specifications for the four indicators. To focus the 2023 Preventive Services Report on more actionable results for stakeholders, HSAG and DHCS developed criteria to

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<sup>29</sup> California State Auditor. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services, March 2019. Available at: <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>. Accessed on: Mar 19, 2024.

<sup>30</sup> State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Mar 19, 2024.

<sup>31</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

determine which results to include in the body of the report. These criteria are discussed in the Determination of Key Findings section below.

## Preventive Services Utilization Indicators and Data Sources

### MCP-Calculated Indicators and Data Sources

Table D.1 displays the MCP-calculated indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, the age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator.

#### Table D.1—MCP-Calculated Indicators, Methodology, Age Groups, and Benchmarks

A = administrative methodology (claims/encounter data and supplemental administrative data sources).

H = hybrid methodology (a combination of claims/encounter data and medical record review data). For all hybrid measures, MCPs have the option to report the measure using either the hybrid or administrative reporting methodology.

ECDS = Electronic Clinical Data Systems methodology (can include electronic health record data, health information exchange data, clinical registry data, case management registry data, and administrative claims/encounter data).

“National Committee for Quality Assurance (NCQA) Quality Compass” refers to NCQA’s Quality Compass national Medicaid Health Maintenance Organization (HMO) 50th percentiles<sup>32</sup> for each of the corresponding indicators.

“CMS Child Core Set” refers to CMS’ Child Core Set National Median. This is the calculated 50th percentile of the total statewide rates reported by a select number of states for each indicator.

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

Indicators	Methodology	Age Groups	Benchmarks
<b>MCP-Calculated Indicators</b>			
<i>Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) and Well-Child Visits for Age 15 Months to</i>	A	15 Months; 30 Months	Measurement years 2021 and 2022 NCQA Quality Compass

<sup>32</sup> Quality Compass® is a registered trademark of NCQA.

Indicators	Methodology	Age Groups	Benchmarks
<i>30 Months—Two or More Well-Child Visits (W30-2)</i>			
<i>Child and Adolescent Well-Care Visits—Total (WCV)</i>	A	3–11 Years; 12–17 Years; 18–21 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Childhood Immunization Status—Combination 10 (CIS-10)</i>	H	2 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Chlamydia Screening in Women—16 to 20 Years (CHL-1620)</i>	A	16–20 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF-E-DS) and Follow-Up on Positive Screen—12 to 17 Years (DSF-E-FU)</i>	ECDS	12–17 Years	N/A
<i>Developmental Screening in the First Three Years of Life—Total (DEV)</i>	A	1 Year; 2 Years; 3 Years	Federal fiscal year (FFY) 2021 and FFY 2022 CMS Child Core Set
<i>Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)</i>	A	6–17 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA-30)</i>	A	13–17 Years	Measurement year 2022 NCQA Quality Compass
<i>Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular</i>	H	13 Years	Measurement years 2021 and 2022 NCQA Quality Compass

Indicators	Methodology	Age Groups	Benchmarks
<i>Pertussis [Tdap]; and Human Papillomavirus [HPV] (IMA-2)</i>			
<i>Lead Screening in Children (LSC)</i>	H	2 Years	Measurement years 2021 and 2022 NCQA Quality Compass

## Data Sources

For the MCP-calculated indicators listed in Table D.1, HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2022 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number and date of birth for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files included the eligible population for hybrid measures and indicated whether a member was included in the numerator, denominator, and eligible population for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator, denominator, and eligible population counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Microsoft (MS) Excel reporting files. HSAG also validated the eligible population for hybrid measures provided by the MCPs. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2022 rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the evaluation. HSAG obtained the following data elements from the demographic file from DHCS' Management Information System/Decision Support System data system:

- ◆ California-required demographic file
  - Member's Medi-Cal client identification number
  - Date of birth
  - ZIP Code
  - Gender
  - Race/Ethnicity
  - Primary language
  - County

## Combining Data

To stratify the MCP-calculated indicator rates, HSAG first combined the patient-level detail files provided by MCPs with the demographic file provided by DHCS. The following outlines HSAG's process for matching members in the indicator files:

Step 1: Records with missing demographic information for every field were deleted from the demographic file.

Step 2: For records missing some demographic values (e.g., race/ethnicity, language, gender, or county) in the most recent record, HSAG obtained the demographic values from another record in the demographic file using the following logic:

- ◆ HSAG prioritized records from the same reporting unit as the patient-level detail file. If there were no records within the same reporting unit, then HSAG used records from other reporting units to retrieve missing information.
- ◆ HSAG prioritized the most recent non-missing observation within the measurement year using the following logic:
  - HSAG first tried to recover the missing demographic values from the most recent non-missing observation within measurement year 2022.
  - If HSAG could not recover the missing demographic values from a record within measurement year 2022, then the most recent non-missing observation from measurement year 2021 was used.
- ◆ If the race/ethnicity values were still missing from the demographic file, HSAG obtained race/ethnicity information from the patient-level detail files, where available.
- ◆ If HSAG could not obtain data for the missing demographic values, then a value of "Unknown/Missing" was assigned.

Step 3: HSAG combined the demographic file with the patient-level detail file by Medi-Cal client identification number and prioritized matches within the same reporting unit first, using records from other reporting units when necessary, using the same logic as in Step 2. If a client identification number had multiple records in the demographic file with a date of birth within 10 years of each other, then the most recent non-missing demographic information was used. Additionally, to avoid combining a parent record with a child record that contained the same client identification number, HSAG only considered a client identification number to match if the date of birth in the demographic file was within 10 years of the date of birth recorded in the patient-level detail file. If HSAG could not obtain county data from the demographic file, then HSAG did the following:

- ◆ If the county code was missing or "Unknown," then HSAG imputed the county based on the ZIP Code from the demographic file.
- ◆ If the ZIP Code and the county were missing, then HSAG assigned a county of "Unknown/Missing."

## HSAG-Calculated Indicators and Data Sources

Table D.2 displays the HSAG-calculated indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator. Please refer to Appendix A for the detailed measure specifications for the HSAG-calculated indicators.<sup>33</sup>

**Table D.2—HSAG-Calculated Indicators, Methodology, Age Groups, Benchmarking Source**

A = administrative methodology (claims/encounter data and supplemental administrative data sources).

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

\*Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2023 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

+The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)* indicator is only presented in the Appendix A for informational purposes.

Indicators	Methodology	Age Groups	Benchmarking Source
<b>HSAG-Calculated Indicators</b>			
<i>Alcohol Use Screening (AUS)</i>	A	11 to 17 Years; 18 to 21 Years	N/A
<i>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)</i>	A	6 to 17 Years	Measurement years 2021 and 2022 NCQA Quality Compass
<i>Oral Evaluation, Dental Services—Total (OEV)</i>	A	<1 Year; 1 to 2 Years; 3 to 5 Years; 6 to 7 Years; 8 to 9 Years; 10 to 11 Years; 12 to 14 Years; 15 to 18 Years; 19 to 20 Years	FFY 2022 CMS Child Core Set

<sup>33</sup> The remaining HSAG-calculated indicators were calculated in accordance with the CMS Child Core Specifications.

Indicators	Methodology	Age Groups	Benchmarking Source
<i>Tobacco Use Screening (TUS)</i>	A	11 to 17 Years; 18 to 21 Years	N/A
<i>Topical Fluoride for Children—Dental Services—Total (TFL-DS), Oral Health Services—Total (TFL-OH), and Dental or Oral Health Services—Total (TFL-DO)*</i>	A	1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 CMS Child Core Set
<i>Vision Services—Comprehensive Eye Exam (VIS-C) and Comprehensive or Intermediate Eye Exam (VIS-CI)+</i>	A	6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–21 Years	N/A

## Data Sources

For the HSAG-calculated indicators listed in Table D.2, HSAG received claims/encounter data; member enrollment, eligibility, and demographic data; and provider files from DHCS. Upon receipt of the data from DHCS, HSAG evaluated the data files and performed preliminary file validation. HSAG verified that the data were complete and accurate by ensuring correct formatting, confirming reasonable value ranges for critical data fields, assessing monthly enrollment and claim counts, and identifying fields with a high volume of missing values. HSAG maintained an issue log to document any data issues identified throughout the review process. Upon completion of this review, HSAG communicated with DHCS and discussed the extent to which the identified data issues may affect the integrity of the analyses.

Once DHCS confirmed HSAG had complete and valid data, HSAG proceeded with calculating the HSAG-calculated indicators. Using the approved applicable specifications for the HSAG-calculated indicators, HSAG developed programming code in SAS. Each HSAG-calculated indicator was assigned a lead programming analyst and a validating analyst. The lead programming analyst developed the primary code based on the approved specifications. After the lead programming analyst completed the analyses, the validating analyst independently validated the results, which ensured that the results generated were accurate and complete. Specifically, the validating analyst used the approved specifications to develop his or her own program code and compared the results with those generated by the lead programming analyst. This separate program run process allowed for a more comprehensive and thorough validation to identify any issues with the lead programming analyst's results. The validating analyst maintained a validation log and communicated to the lead programming analyst any

issues or discrepancies. Once the indicator rates were validated, the lead programming analyst also compared the indicator rates to any applicable benchmarks or similar indicator results for reasonability.

HSAG also produced patient-level detail files for the HSAG-calculated indicators as part of the calculation. The patient-level detail files included the Medi-Cal client identification number and date of birth and indicated whether a member was included in the numerator and/or denominator for each applicable HSAG-calculated indicator. Since DHCS provided demographic data for each member, HSAG also included the following data elements in the HSAG-calculated patient-level detail files:

- ◆ Date of birth
- ◆ ZIP Code
- ◆ Gender
- ◆ Race/Ethnicity
- ◆ Primary language
- ◆ County

## DHCS-Calculated Indicators and Data Sources

Table D.3 displays the DHCS-calculated *Blood Lead Screening* indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator. DHCS calculated all *Blood Lead Screening* indicators using administrative and supplemental registry data. Please refer to Appendix A for the detailed measure specifications for the DHCS-calculated indicators.

**Table D.3—DHCS-Calculated Indicators, Methodology, Age Groups, and Benchmarking Source**

A = administrative methodology (claims/encounter data and supplemental administrative data sources).

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

Indicators	Methodology	Age Groups	Benchmarking Source
<b>Title 17 Blood Lead Screening Indicators</b>			
<i>Blood Lead Screening—Test at 12 Months of Age (BLS-1)</i>	A	1 Year	N/A
<i>Blood Lead Screening—Test at 24 Months of Age (BLS-2)</i>	A	2 Years	N/A

Indicators	Methodology	Age Groups	Benchmarking Source
<i>Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)</i>	A	2 Years	N/A
<i>Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)</i>	A	6 Years	N/A

## Data Sources

For the DHCS-calculated indicators listed in Table D.3, HSAG received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags for each *Blood Lead Screening* indicator. HSAG applied continuous enrollment criteria to the member-level file, combined the file with DHCS-provided demographic data, and calculated statewide and stratified rates for each *Blood Lead Screening* indicator.

## Analyses

Using the MCP-calculated, HSAG-calculated, and DHCS-calculated indicator rates, HSAG performed statewide-level, regional-level, and MCP reporting unit-level analyses for measurement year 2022.

For all applicable indicators, HSAG presented comparisons to measurement year 2021 results for the statewide and regional analyses within horizontal bar charts. Similarly, HSAG presented measurement year 2021 and measurement year 2022 MCP reporting unit results in tabular format. HSAG produced a formal report that presented statewide, regional, and MCP reporting unit results for the MCP-calculated, HSAG-calculated, and DHCS-calculated indicators. Additionally, using the measurement year 2022 DHCS-calculated *Blood Lead Screening* and MCP-calculated *Lead Screening in Children* results, HSAG performed a benchmarking analysis to determine if there were any changes from the measurement year 2021 benchmarking analysis results. HSAG provided the Blood Lead Screening Benchmarking Analysis separately from the 2023 Preventive Services Report. Since the 2023 Preventive Services Utilization Report is public-facing, HSAG suppressed results with small denominators (fewer than 30) or small numerators (fewer than 11).

## Statewide-Level Analysis

HSAG calculated statewide rates for the 12 MCP-calculated indicators listed in Table D.1 and the nine HSAG-calculated indicators listed in Table D.2. HSAG used the member-level data for the four DHCS-calculated indicators listed in Table D.3 to derive statewide rates. HSAG also stratified the statewide indicator rates by the demographic stratifications outlined in Table D.4.

**Table D.4—Statewide Stratifications**

\*Primary language stratifications were derived from the current threshold languages for Medi-Cal Managed Care counties as of April 2021. All non-threshold languages were included in the “Other” primary language group.

Stratification	Groups
<b>Demographic</b>	
Race/ethnicity	Hispanic or Latino, White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing (see Table D.5 for more detail)
Primary language*	English, Spanish, Arabic, Armenian, Cambodian, Chinese (Mandarin or Cantonese), Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing
Age	Vary depending on indicator specifications (see Table D.1, Table D.2, and Table D.3 for more detail)
Gender	Male and Female

Table D.5 displays the individual racial/ethnic groups that comprise the Asian and Native Hawaiian or Other Pacific Islander racial/ethnic demographic stratifications. Racial/ethnic stratifications were based on data collection guidance from the federal Office of Management and Budget as well as the U.S. Department of Health and Human Services.

**Table D.5—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups**

\*Some “Other Pacific Islanders” who would not be considered part of the Asian racial/ethnic group were included in the Asian racial/ethnic group due to limitations of existing data fields (i.e., the data do not allow HSAG to parse out racial/ethnic groups that may not be considered Asian).

Stratification	Groups
Asian	Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Asian Indian, Laotian, Vietnamese, Hmong, and Other Asian or Pacific Islander*
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan

For the statewide-level analysis, HSAG presented the measurement year 2022 statewide rates with comparisons to measurement year 2021 statewide rates, where applicable, in horizontal bar charts. HSAG displayed a separate horizontal bar chart for all applicable demographic stratifications with the denominator and rate displayed for each applicable stratification, along with comparisons to the statewide aggregate and national benchmarks, where applicable.

## Regional-Level Analysis

HSAG also calculated regional-level rates for the 12 MCP-calculated indicators listed in Table D.1 and the nine HSAG-calculated indicators listed in Table D.2. HSAG used the member-level data for the four DHCS-calculated indicators listed in Table D.3 to derive regional rates. The regional stratifications are listed in Table D.6.

**Table D.6—Regional Stratification Groups**

\*The Imperial and San Benito delivery models are not included in the delivery type model analysis since the rates for those models are represented in the county stratifications.

Stratification	Groups
County	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba
Delivery Type Model*	County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional
Population Density	Urban, Rural

For the regional analysis, HSAG presented the measurement year 2022 delivery type model-level and population density-level rates with comparisons to measurement year 2021 rates, where applicable, in horizontal bar charts. HSAG displayed a separate horizontal bar chart for all applicable regional stratifications with the denominator and rate displayed for each applicable stratification, along with comparisons to the statewide aggregate and national benchmarks, where applicable.

HSAG presented the measurement year 2022 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. For each indicator, HSAG calculated performance quintiles based on county performance (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile). HSAG then determined into which quintile each county fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG shaded each county based on the corresponding quintiles as displayed in Table D.7.

**Table D.7—Quintile Thresholds and Corresponding Colors**

Quintile	Performance Thresholds and Corresponding Colors
NA	Small denominator or suppressed rate
Quintile 1 (least favorable rates)	Below the 20th percentile
Quintile 2	At or above the 20th percentile but below the 40th percentile
Quintile 3	At or above the 40th percentile but below the 60th percentile
Quintile 4	At or above the 60th percentile but below the 80th percentile
Quintile 5 (most favorable rates)	At or above the 80th percentile

## MCP Reporting Unit-Level Analysis

HSAG used the MCP reporting unit-level rates for the 12 MCP-calculated indicators listed in Table D.1; and calculated measurement years 2021 and 2022 MCP reporting unit-level rates for the nine HSAG-calculated indicators listed in Table D.2 and the four DHCS-calculated indicators listed in Table D.3. HSAG also calculated the percentage point difference between measurement years 2021 and 2022 rates, where applicable.

HSAG included a member in an MCP reporting unit's rate calculation if the member met the indicator's continuous enrollment criteria with the MCP reporting unit. For the nine HSAG-calculated indicators and four DHCS-calculated indicators, HSAG calculated rates for the 56 MCP reporting units as displayed in Table D.8.

**Table D.8—MCP Reporting Units**

MCP Name	Reporting Units
Aetna Better Health of California	Sacramento, San Diego
Alameda Alliance for Health	Alameda
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Alameda, Contra Costa, Fresno, Kings, Madera, Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties), Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties), Sacramento, San Benito, San Francisco, Santa Clara, Tulare
Blue Shield of California Promise Health Plan	San Diego
California Health & Wellness Plan	Imperial, Region 1, Region 2
CalOptima	Orange
CalViva Health	Fresno, Kings, Madera
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey/Santa Cruz
Community Health Group Partnership Plan	San Diego
Contra Costa Health Plan	Contra Costa
Gold Coast Health Plan	Ventura
Health Net Community Solutions, Inc.	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
Health Plan of San Joaquin	San Joaquin, Stanislaus
Health Plan of San Mateo	San Mateo
Inland Empire Health Plan	Riverside/San Bernardino
Kaiser NorCal (KP Cal, LLC)	KP North (Amador, El Dorado, Placer, and Sacramento counties)
Kaiser SoCal (KP Cal, LLC)	San Diego
Kern Health Systems, DBA Kern Family Health Care	Kern
L.A. Care Health Plan	Los Angeles

MCP Name	Reporting Units
Molina Healthcare of California	Imperial, Riverside/San Bernardino, Sacramento, San Diego
Partnership HealthPlan of California	Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties), Northwest (Del Norte and Humboldt counties), Southeast (Napa, Solano, and Yolo counties), Southwest (Lake, Marin, Mendocino, and Sonoma counties)
San Francisco Health Plan	San Francisco
Santa Clara Family Health Plan	Santa Clara
UnitedHealthcare Community Plan	San Diego

## Blood Lead Screening Benchmarking Analysis

HSAG performed the Blood Lead Screening Benchmarking Analysis for measurement year 2022 using the MCP reporting unit rates calculated by DHCS using three benchmarking methodologies:

- ◆ For each *Blood Lead Screening* and *Lead Screening in Children* indicator, HSAG calculated performance quintiles based on MCP reporting unit performance (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile). HSAG then determined into which quintile each MCP reporting unit's performance fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG also compared MCP reporting unit quintile performance to that of the county/regional aggregate rate, population densities (i.e., urban and rural), and known blood lead levels (i.e., higher and lower) in order to assess factors beyond the MCP's control that may impact MCP reporting unit performance on the *Blood Lead Screening* and *Lead Screening in Children* indicators. HSAG determined higher and lower known blood lead level areas based on the California Department of Public Health's (CDPH's) blood lead levels dataset,<sup>34</sup> which contains known blood lead levels for children younger than 6 years of age by county, using data from calendar year 2015. For each MCP reporting unit, HSAG determined if the percentage of members with higher known blood lead levels in the MCP reporting unit was higher or lower than the statewide median. If the MCP reporting unit was greater than or equal to the statewide median, then the MCP reporting unit was considered to have higher known blood lead levels, and if the MCP reporting unit was less than the statewide median, then the MCP reporting unit was considered to have lower known blood lead levels.

<sup>34</sup> California Department of Public Health. California blood lead data, 2015. [https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/BLL\\_Counts\\_2015\\_by\\_LHD\\_XLS.xlsx](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/BLL_Counts_2015_by_LHD_XLS.xlsx). Accessed on: Mar 19, 2024.

- ◆ For each *Blood Lead Screening* and *Lead Screening in Children* indicator, HSAG calculated a statewide benchmark, based on a modified version of the Achievable Benchmarks of Care™ benchmarking methodology<sup>35</sup>, using MCP reporting unit-level indicator rates. For each indicator, the statewide benchmark is the weighted average of the highest performing MCP reporting units that account for at least 50 percent of the overall Medi-Cal population. This type of methodology was chosen as it is useful in comparing performance between groups of varying sizes, like MCP reporting units.

To determine the association between MCP reporting unit-level *Lead Screening in Children* indicator performance and performance for each of the California Title 17 *Blood Lead Screening* indicators, HSAG used Pearson’s correlation coefficient (r). HSAG also compared the measurement year 2022 results for each benchmarking methodology to the measurement year 2021 benchmarking results. HSAG provided the results of these analyses to DHCS, along with items for DHCS’ consideration, in a separate, formal report that may be made publicly available.

## Determination of Key Findings

HSAG worked with DHCS to determine which results were considered key findings for inclusion in the body of the 2023 Preventive Services Report. At a minimum, HSAG tested the following criteria for inclusion:

- ◆ Large rate changes from year-to-year (i.e., rate increases or decreases from the prior measurement year by at least a 10 percent relative difference)
- ◆ Indicator rates with overall low performance (i.e., below the applicable national benchmark by at least a 10 percent relative difference)
- ◆ Racial/ethnic, primary language, gender, and age groups with disparate performance across indicators (i.e., a demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference)
- ◆ Indicator rates with regional variations in performance (i.e., geographic regions with consistently high or low performance across indicators relative to the statewide aggregate)
- ◆ Domains with overall poor performance (i.e., more than half of the indicators within a domain with low performance relative to national benchmarks)

Once complete data were available, HSAG tested the criteria above and shared the results with DHCS. Additionally, HSAG provided its recommendations to DHCS regarding which results should be considered key findings for the 2023 Preventive Services Report.

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<sup>35</sup> Kiefe CI, Weissman NW, Allison JJ, et al. Identifying achievable benchmarks of care: Concepts and methodology. *International Journal for Quality in Health Care*. doi:10.1093/intqhc/10.5.443.

## Caveats

### *Administrative Data Incompleteness*

For the *Alcohol Use Screening* and *Tobacco Use Screening* indicators, the administrative rates may be artificially low due to a lack of reporting within administrative data sources (i.e., medical record review or electronic health record data could be necessary to capture this information). Of note, alcohol or tobacco screenings that occur during a visit to a Federally Qualified Health Center are not captured in administrative data; therefore, rates for these indicators may be incomplete due to provider billing practices.

### *Lead Screening in Children Trending*

Given that measurement year 2021 *Lead Screening in Children* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement year 2022 *Lead Screening in Children* rates calculated by the MCPs, as MCPs may have used medical records and/or not had access to the supplemental blood lead screening data from CDPH.

### *Demographic Characteristic Assignment*

Members' demographic characteristics may change as their records are updated over time. For instance, a member may relocate and change ZIP Codes during the reporting year. HSAG assigned demographic characteristics using the most recent non-missing record for each member. Therefore, members' assigned demographic characteristics may not always reflect their demographic characteristics at the time of the indicator events.

### *Discrepancies with the External Quality Review (EQR) Technical Report*

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported.

## Hybrid Indicators

For hybrid indicators reported by the MCPs, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution.

## HSAG and DHCS Measure Specifications

### Overview

DHCS contracted with HSAG to develop administrative performance measure specifications to assess the utilization of services by pediatric MCMC members. HSAG used the measure specifications outlined in this appendix to calculate the rates for the following indicators:

- ◆ *Alcohol Use Screening*
- ◆ *Tobacco Use Screening*
- ◆ *Vision Services—Comprehensive Eye Exam*
- ◆ *Vision Services—Comprehensive or Intermediate Eye Exam*

Please note, HSAG calculated the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years*, *Oral Evaluation*, *Dental Services*, and *Topical Fluoride for Children—Dental Services—Total*, *Oral Health Services—Total*, and *Dental or Oral Health Services—Total* indicators in alignment with CMS' FFY 2023 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP Child Core Set technical specifications.

Additionally, DHCS, in conjunction with HSAG, developed measure specifications for the following *Blood Lead Screening* indicators:

- ◆ California Title 17 Indicators
  - *Blood Lead Screening—Test at 12 Months of Age*
  - *Blood Lead Screening—Test at 24 Months of Age*
  - *Blood Lead Screening—Two Tests by 24 Months of Age*
  - *Blood Lead Screening—Catch-Up Test by 6 Years of Age*

This appendix provides the detailed measure specifications for four HSAG-calculated and four DHCS-calculated indicators that were presented in the Preventive Services Utilization Report. All specifications were developed to calculate MCP reporting unit rates.

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## Alcohol Use Screening

### *Description*

The *Alcohol Use Screening* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for alcohol use during the measurement year. The specifications for this indicator align with DHCS' value-based payment program specifications.

### *Eligible Population*

#### **Age**

Members who are 11 to 21 years old as of December 31 of the measurement year.

#### **Continuous Enrollment**

Members must be continuously enrolled during the measurement year, with no more than one gap in enrollment during the measurement year where the gap is no longer than one month.

#### **Anchor Date**

December 31 of the measurement year.

### *Administrative Specifications*

#### **Denominator**

The eligible population as defined above.

#### **Numerator**

Members in the denominator who had one or more screenings for alcohol use during the measurement year. Any of the following codes are considered screenings for alcohol use:

- ◆ Current Procedural Terminology (CPT) Codes: 99408, 99409, G0396, G0397, G0442, G0443, G2196, G2197, H0049, or H0050

#### **Exclusions**

None.

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## Tobacco Use Screening

### *Description*

The *Tobacco Use Screening* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for tobacco use during the measurement year. The specifications for this indicator align with DHCS' value-based payment program specifications.

### *Eligible Population*

#### **Age**

Members who are 11 to 21 years old as of December 31 of the measurement year.

#### **Continuous Enrollment**

Members must be continuously enrolled during the measurement year, with no more than one gap in enrollment during the measurement year where the gap is no longer than one month.

#### **Anchor Date**

December 31 of the measurement year.

### *Administrative Specifications*

#### **Denominator**

The eligible population as defined above.

#### **Numerator**

Members in the denominator who had one or more screenings for tobacco use. Any of the following codes are considered tobacco screenings if the screening occurring during an outpatient visit:

- ◆ CPT Codes: 99406, 99407, G0030, G0436, G0437, G9902, G9903, G9904, G9905, G9906, G9907, G9908, G9909, 4004F, or 1036F

#### **Exclusions**

None.

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## Vision Services

### *Description*

The *Vision Services* indicators measure the percentage of children ages 6 to 21 years who had a comprehensive eye exam and the percentage of children ages 6 to 21 years who had a comprehensive or intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Two rates will be reported:

- ◆ *Comprehensive Eye Exam*
- ◆ *Comprehensive or Intermediate Eye Exam*

### *Eligible Population*

#### **Age**

Members who are 6 to 21 years of age as of December 31 of the measurement year. Six age stratifications and a total rate are reported for each rate:

- ◆ 6–7 Years
- ◆ 8–9 Years
- ◆ 10–11 Years
- ◆ 12–14 Years
- ◆ 15–18 Years
- ◆ 19–21 Years
- ◆ Total

#### **Continuous Enrollment**

Members must be continuously enrolled during the measurement year and year prior to the measurement year with no more than one gap in enrollment during each year where the gap is no longer than one month.

### *Administrative Specifications*

#### **Denominator**

The eligible population as defined above.

## Numerators

### ***Comprehensive Eye Exam***

Members in the denominator who had a comprehensive eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year using CPT codes 92004 or 92014.

### ***Comprehensive or Intermediate Eye Exam***

Members in the denominator who had a comprehensive or intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year using CPT codes 92004 or 92014 for comprehensive eye exams and 92002 or 92012 for intermediate eye exams.

*Note: The Comprehensive or Intermediate Eye Exam rates are only presented in Appendix A.*

## Exclusions

None.

## ***Blood Lead Screening***

DHCS calculated the *Blood Lead Screening* indicators in accordance with California Title 17 requirements.<sup>36</sup> The indicators measure the percentage of children who have had one or more blood tests for lead poisoning, for children who turned 12 months, 24 months, or 6 years old during the measurement year. Statewide and MCP reporting unit rates are reported. Statewide rates are reported by racial/ethnic, primary language, gender, delivery type model, population density, and county-level stratifications. Continuous enrollment criteria for statewide rates are based on MCMC enrollment. Continuous enrollment criteria for MCP reporting unit rates are based on MCP reporting unit-specific enrollment. The California Title 17 indicators calculated by DHCS are listed below:

- ◆ ***Blood Lead Screening—Test at 12 Months of Age***—Individuals who turned 1 year old during the measurement year, who had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after first birthday) with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month.
- ◆ ***Blood Lead Screening—Test at 24 Months of Age***—Individuals who turned 2 years old during the measurement year, who had a screening within six months (before and after) their second birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after the second birthday) with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month.

<sup>36</sup> Title 17, California Code of Regulations, Section 37100 (b)(2).

- ◆ *Blood Lead Screening—Two Tests by 24 Months of Age*—Individuals who turned 2 years old during the measurement year, who had a screening within six months (before and after) their second birthday and also had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 24 months (18 months before and six months after the second birthday) with no more than one gap in enrollment during the 24-month period where the gap is no longer than one month.
- ◆ *Blood Lead Screening—Catch-Up Test by 6 Years of Age*—Individuals who turned 6 years old during the measurement year who were not screened at 1 or 2 years of age, to determine if they were screened between 31 months old and their sixth birthday. Individuals must be continuously enrolled for 12 months prior to their sixth birthday with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month. Exclusion of individuals who had at least one blood lead test prior to 31 months of age. (Note: For this measure, DHCS assessed claims for CPT codes 83655 [blood lead test] and Z0334 [counseling and blood draw]; Z0334 was retired May 1, 2018).