2021 Preventive Services Report

Managed Care Quality and Monitoring Division
California Department of Health Care Services

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Table of Contents

Commonly Used Abbreviations and Acronyms xi

1. Executive Summary 1
Background 1
Coronavirus Disease 2019 (COVID-19) Impact 1
Key Findings and Items for Consideration 3

2. Reader's Guide 16
Introduction 16
Preventive Services Population Characteristics 16
Medi-Cal Managed Care Health Plans 19
Summary of Performance Indicators 23
Methodology Overview 26
Data Sources 26
Statistical Analysis 27
Caveats and Limitations 30
Evaluating Results 32
Figure Interpretation 32
County-Level Map Interpretation 34

3. Statewide Findings 36
MCP-Calculated MCAS Indicator Results 36
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits 37
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 44
Child and Adolescent Well-Care Visits—Total 51
Childhood Immunization Status—Combination 10 59
Chlamydia Screening in Women—16 to 20 Years 65
Developmental Screening in the First Three Years of Life—Total 72
Immunizations for Adolescents—Combination 2 79
Screening for Depression and Follow-Up Plan 86
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total 93
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total 100
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total 107
HSAG-Calculated Indicator Results 114
Alcohol Use Screening 114
Dental Fluoride Varnish 122
Tobacco Use Screening 130
DHCS-Calculated Indicator Results 137
California Title 17 Indicators 137

Blood Lead Screening—Test at 12 Months of Age 137
Blood Lead Screening—Test at 24 Months of Age 144
Blood Lead Screening—Two Tests by 24 Months of Age 150
Blood Lead Screening—Catch-Up Test by 6 Years of Age 156
Lead Screening in Children 162

4. Coronavirus Disease 2019 (COVID-19) Analysis 169
COVID-19 Cases 169
COVID-19 Analyses 174
COVID-19 Risk Level Tiers Analysis 175
Well-Child and Blood Lead Screening Utilization 181

Appendix A. Additional Population Characteristics A-1

Appendix B. MCP Reporting Unit Findings B-1
MCP-Calculated MCAS Indicator Results B-2
HSAG-Calculated Indicator Results B-35
DHCS-Calculated Indicator Results B-44

Appendix C. Methodology C-1
Overview C-1
Preventive Services Indicators and Data Sources C-2
MCP-Calculated Indicators and Data Sources C-2
HSAG-Calculated Indicators and Data Sources C-5
DHCS-Calculated Indicators and Data Sources C-6
Analyses C-7
Statewide-Level Analysis C-8
Regional-Level Analysis C-9
MCP Reporting Unit-Level Analysis C-11
Blood Lead Screening Analysis C-13
Coronavirus Disease 2019 (COVID-19) Analysis C-14
Caveats C-14
Administrative Data Incompleteness C-14
Benchmark Comparisons C-15
COVID-19 Rate Impacts C-15
Demographic Characteristic Assignment C-15
HSAG and DHCS Measure Specifications C-15
Alcohol Use Screening C-16
Dental Fluoride Varnish C-17
Tobacco Use Screening C-19
Blood Lead Screening C-20

Table of Figures

Figure 2.1—California Map by County 23
Figure 2.2—Sample Indicator-Level Horizontal Bar Chart Figure 33
Figure 2.3—Statewide Map—County-Level Results 35
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 38
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 Result 39
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 40
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 41
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 42
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)—County-Level Results 43
Figure 3.7—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)—Statewide Racial/Ethnic Results 44
Figure 3.8—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)—Statewide Primary Language Results 45
Figure 3.9—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)—Statewide Gender Results 46
Figure 3.10—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)—Regional-Level Delivery Type Model Results 47
Figure 3.11—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)—Regional-Level Population Density Results 48
Figure 3.12—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)—County-Level Results 49

Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results 51
Figure 3.14—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Primary Language Results 52
Figure 3.15—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Gender Results 53
Figure 3.16—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Age Results 54
Figure 3.17—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Delivery Type Model Results 55
Figure 3.18—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Population Density Results 56
Figure 3.19—Child and Adolescent Well-Care Visits—Total (WCV)—County-Level Results 57
Figure 3.20—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Racial/Ethnic Results 59
Figure 3.21—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Primary Language Results 60
Figure 3.22—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Gender Results 61
Figure 3.23—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Delivery Type Model Results 62
Figure 3.24—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Population Density Results 63
Figure 3.25—Childhood Immunization Status—Combination 10 (CIS–10)—County-Level Results 64
Figure 3.26—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Racial/Ethnic Results 65
Figure 3.27—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Primary Language Results 66
Figure 3.28—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional-Level Delivery Type Model Results 68
Figure 3.29—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional-Level Population Density Results 69
Figure 3.30—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—County-Level Results 70
Figure 3.31—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Racial/Ethnic Results 72
Figure 3.32—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Primary Language Results 73

Figure 3.33—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Gender Results 74
Figure 3.34—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Age Results 75
Figure 3.35—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Delivery Type Model Results 76
Figure 3.36—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Population Density Results 77
Figure 3.37—Developmental Screening in the First Three Years of Life—Total (DEV)—County-Level Results 78
Figure 3.38—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Racial/Ethnic Results 79
Figure 3.39—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Primary Language Results 80
Figure 3.40—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Gender Results 81
Figure 3.41—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Delivery Type Model Results 82
Figure 3.42—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Population Density Results 83
Figure 3.43—Immunizations for Adolescents—Combination 2 (IMA–2)—County-Level Results 84
Figure 3.44—Screening for Depression and Follow-Up Plan (CDF)—Statewide Racial/Ethnic Results 86
Figure 3.45—Screening for Depression and Follow-Up Plan (CDF)—Statewide Primary Language Results 87
Figure 3.46—Screening for Depression and Follow-Up Plan (CDF)—Statewide Gender Results 88
Figure 3.47—Screening for Depression and Follow-Up Plan (CDF)—Statewide Age Results 89
Figure 3.48—Screening for Depression and Follow-Up Plan (CDF)—Regional-Level Delivery Type Model Results 90
Figure 3.49—Screening for Depression and Follow-Up Plan (CDF)—Regional-Level Population Density Results 91
Figure 3.50—Screening for Depression and Follow-Up Plan (CDF)—County-Level Results 92
Figure 3.51—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Racial/Ethnic Results 93

Figure 3.52—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Primary Language Results 94
Figure 3.53—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Gender Results 95
Figure 3.54—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Age Results 96
Figure 3.55—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Regional-Level Delivery Type Model Results 97
Figure 3.56—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Regional-Level Population Density Results 98
Figure 3.57—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—County-Level Results 99
Figure 3.58—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Racial/Ethnic Results 100
Figure 3.59—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Primary Language Results 101
Figure 3.60—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Gender Results 102
Figure 3.61—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Age Results 103
Figure 3.62—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Regional-Level Delivery Type Model Results 104
Figure 3.63—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Regional-Level Population Density Results 105
Figure 3.64—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—County-Level Results 106
Figure 3.65—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Racial/Ethnic Results 107

Figure 3.66—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Primary Language Results....108
Figure 3.67—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Gender Results....109
Figure 3.68—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Age Results....110
Figure 3.69—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Regional-Level Delivery Type Model Results....111
Figure 3.70—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Regional-Level Population Density Results....112
Figure 3.71—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—County-Level Results....113
Figure 3.72—Alcohol Use Screening (AUS)—Statewide Racial/Ethnic Results....115
Figure 3.73—Alcohol Use Screening (AUS)—Statewide Primary Language Results....116
Figure 3.74—Alcohol Use Screening (AUS)—Statewide Gender Results....117
Figure 3.75—Alcohol Use Screening (AUS)—Statewide Age Results....118
Figure 3.76—Alcohol Use Screening (AUS)—Regional-Level Delivery Type Model Results....119
Figure 3.77—Alcohol Use Screening (AUS)—Regional-Level Population Density Results....120
Figure 3.78—Alcohol Use Screening (AUS)—County-Level Results....121
Figure 3.79—Dental Fluoride Varnish (DFV)—Statewide Results Using Different Methodologies....122
Figure 3.80—Dental Fluoride Varnish (DFV)—Statewide Racial/Ethnic Results....123
Figure 3.81—Dental Fluoride Varnish (DFV)—Statewide Primary Language Results....124
Figure 3.82—Dental Fluoride Varnish (DFV)—Statewide Gender Results....125
Figure 3.83—Dental Fluoride Varnish (DFV)—Regional-Level Delivery Type Model Results....126
Figure 3.84—Dental Fluoride Varnish (DFV)—Regional-Level Population Density Results....127
Figure 3.85—Dental Fluoride Varnish (DFV)—County-Level Results....128
Figure 3.86—Tobacco Use Screening (TUS)—Statewide Racial/Ethnic Results....130
Figure 3.87—Tobacco Use Screening (TUS)—Statewide Primary Language Results....131
Figure 3.88—Tobacco Use Screening (TUS)—Statewide Gender Results....132

Figure 3.89—Tobacco Use Screening (TUS)—Statewide Age Results 133
Figure 3.90—Tobacco Use Screening (TUS)—Regional-Level Delivery Type Model Results 134
Figure 3.91—Tobacco Use Screening (TUS)—Regional-Level Population Density Results 135
Figure 3.92—Tobacco Use Screening (TUS)—County-Level Results 136
Figure 3.93—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Racial/Ethnic Results 138
Figure 3.94—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Primary Language Results 139
Figure 3.95—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Gender Results 140
Figure 3.96—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Delivery Type Model Results 141
Figure 3.97—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Population Density Results 142
Figure 3.98—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—County-Level Results 143
Figure 3.99—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Racial/Ethnic Results 144
Figure 3.100—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Primary Language Results 145
Figure 3.101—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Gender Results 146
Figure 3.102—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Delivery Type Model Results 147
Figure 3.103—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Population Density Results 148
Figure 3.104—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—County-Level Results 149
Figure 3.105—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Racial/Ethnic Results 150
Figure 3.106—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Primary Language Results 151
Figure 3.107—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Gender Results 152
Figure 3.108—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Delivery Type Model Results 153
Figure 3.109—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Population Density Results 154

Figure 3.110—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—County-Level Results 155
Figure 3.111—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Racial/Ethnic Results 156
Figure 3.112—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Primary Language Results 157
Figure 3.113—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Gender Results 158
Figure 3.114—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Delivery Type Model Results 159
Figure 3.115—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Population Density Results 160
Figure 3.116—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—County-Level Results 161
Figure 3.117—Lead Screening in Children (LSC)—Statewide Racial/Ethnic Results 162
Figure 3.118—Lead Screening in Children (LSC)—Statewide Primary Language Results 163
Figure 3.119—Lead Screening in Children (LSC)—Statewide Gender Results 164
Figure 3.120—Lead Screening in Children (LSC)—Regional-Level Delivery Type Model Results 165
Figure 3.121—Lead Screening in Children (LSC)—Regional-Level Population Density Results 166
Figure 3.122—Lead Screening in Children (LSC)—County-Level Results 167
Figure 4.1—Confirmed COVID-19 Cases by Gender 169
Figure 4.2—Confirmed COVID-19 Cases by Age 170
Figure 4.3—Confirmed COVID-19 Cases by Race/Ethnicity 170
Figure 4.4—Confirmed COVID-19 Cases by Primary Language 171
Figure 4.5—Measurement Years 2019 and 2020 Well-Child Visits Per Month Compared to COVID-19 Case Counts 181
Figure 4.6—Measurement Years 2019 and 2020 Blood Lead Screenings Per Month Compared to COVID-19 Case Counts 182

Table of Tables

Table 1.1—Measurement Years 2019 and 2020 Statewide Indicator Rates 4
Table 2.1—Measurement Years 2019 and 2020 Statewide Population Characteristics ...16
Table 2.2—Measurement Years 2019 and 2020 Statewide Population Regional Characteristics 18
Table 2.3—Counties and Applicable MCPs 19
Table 2.4—Indicators, Age Groups, and Benchmarks 24
Table 2.5—Statewide Stratifications 27
Table 2.6—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups 28
Table 2.7—Regional Stratification Groups 28
Table 2.8—MCP Reporting Units 29
Table 2.9—Statewide Performance Quintile Thresholds and Corresponding Colors 34
Table 4.1—Confirmed COVID-19 Cases by County 171
Table 4.2—Confirmed COVID-19 Cases by Region 174
Table 4.3—Average County Risk Tiers 175
Table 4.4—Measurement Years 2019 and 2020 Indicator Rates for Tier 1 178
Table 4.5—Measurement Years 2019 and 2020 Indicator Rates for Tier 2 179
Table 4.6—Measurement Years 2019 and 2020 Indicator Rates for Tier 3 180
Table A.1—County-Level Population A-1
Table A.2—MCP Reporting Unit-Level Population A-3
Table C.1—MCP-Calculated Indicators, Methodology, Age Groups, and Benchmarks ..C-2
Table C.2—HSAG-Calculated Indicators, Methodology, Age Groups, Benchmarking Source C-5
Table C.3—DHCS-Calculated Indicators, Methodology, Age Groups, and Benchmarking Source C-6
Table C.4—Statewide Stratifications C-8
Table C.5—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups C-9
Table C.6—Regional Stratification Groups C-10
Table C.7—Quintile Thresholds and Corresponding Colors C-11
Table C.8—MCP Reporting Units C-11

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*
- **BMI**—body mass index
- **CA**—California
- **CDF**—*Screening for Depression and Follow-Up Plan*
- **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
- **CDT**—Code on Dental Procedures and Nomenclature
- **CPT**—Current Procedural Terminology
- **COHS**—County Organized Health System
- **COVID-19**—coronavirus disease 2019
- **DEV**—*Developmental Screening in the First Three Years of Life*
- **DFV**—*Dental Fluoride Varnish*
- **DHCS**—California Department of Health Care Services
- **EHR**—electronic health record
- **EPSDT**—Early Periodic Screening, Diagnostic and Treatment
- **EQR**—external quality review
- **H**—hybrid
- **HEDIS®**—Healthcare Effectiveness Data and Information Set[1]
- **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*

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **LSC**—*Lead Screening in Children*
- **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
- **PCP**—primary care provider
- **PIP**—performance improvement project
- **PNA**—population needs assessment
- **S**—suppressed rate due to small numerator
- **Tdap**—tetanus, diphtheria toxoids, and acellular pertussis
- **TUS**—*Tobacco Use Screening*
- **VBP**—Value-Based Payment
- **WCC**—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- **WCV**—*Child and Adolescent Well-Care Visits*
- **W30**—*Well-Child Visits in the First 30 Months of Life*

1. Executive Summary

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 that 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).[2] In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG) produce an annual Preventive Services Report beginning in 2020.

For the 2021 Preventive Services Report, HSAG continued to analyze child and adolescent performance measures that were calculated by HSAG or DHCS, or reported by the 25 full-scope MCPs from the Managed Care Accountability Set (MCAS) for measurement year 2020. 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 2021 Preventive Services Report presents statewide and regional results for a total of 19 indicators that assess utilization of preventive services by MCMC children and adolescents during measurement year 2020, and includes regional and demographic trends, findings, and recommendations. This year's report also incorporates statewide and MCP-specific *Blood Lead Screening* rates in alignment with California's Title 17 requirements. Comparisons to measurement year 2019 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. 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.

Coronavirus Disease 2019 (COVID-19) Impact

It is important to note that the 2021 Preventive Services Report reflects service utilization during the onset and first year of the global COVID-19 pandemic. Given the known impact of the COVID-19 pandemic on the entire health care system, HSAG assessed if changes to pediatric preventive service utilization in measurement year 2020 were related to the COVID-19 public health emergency. To do this, HSAG used the Blueprint for a Safer Economy, which assigned risk tiers to every county in California weekly based on its percentage of positive

[2] 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: Feb 24, 2022.

tests and the average daily number of new cases per 100,000 residents over a seven day period. [3] HSAG downloaded the weekly risk tier assignments from August 31, 2020 through December 29, 2020 from the California Health & Human Services Open Data Portal, which provided the weekly tiers assigned to each county.[4] Using the weekly risk tier files, HSAG calculated an average risk tier, rounded to the nearest integer, for each county. HSAG then calculated measurement years 2019 and 2020 indicator rates by averaging the rates for all counties within each average risk tier. Based on the results of the analysis, HSAG found that the counties that were placed in a high-risk tier (i.e., Tier 1) during COVID-19 had more rate declines than counties in a lower risk tier (i.e., Tier 3). For example, counties placed in Tier 1 (i.e., the highest risk tier) had rate declines for nine of 12 (75.00 percent) indicators with comparable measurement years 2019 and 2020 rates, while counties placed in Tier 3 (i.e., the lowest risk tier) had rate increases for nine of the same 12 (75.00 percent) indicators.

Using claims/encounter data provided by DHCS, HSAG also assessed the utilization of well-child visits and blood lead screenings during measurement years 2019 and 2020. HSAG found there were approximately 4.5 million well-child visits and approximately 142,000 blood lead screenings in measurement year 2019 (i.e., pre-COVID-19) captured in administrative claim/encounter data. However, in measurement year 2020, there were approximately 3.6 million well-child visits and approximately 117,000 blood lead screenings captured in administrative claim/encounter data. This is a decline of approximately 20 percent and 17 percent for well-child visits and blood lead screenings, respectively, during measurement year 2020. These findings demonstrate that there was an overall decline in these visits during measurement year 2020, suggesting that COVID-19 likely negatively impacted statewide aggregate rates for indicators related to well-child visits and blood lead screenings. HSAG's finding is consistent with the California Department of Public Health's (CDPH's) finding in its *California's Progress in Preventing and Managing Childhood Lead Exposure Report*, which reports on blood lead testing rates for pediatric Medi-Cal beneficiaries and noted that 29 percent fewer children received blood lead screenings in 2020 compared to 2019 due to the COVID-19 pandemic.[5]

Given the results of HSAG's analyses related to COVID-19, exercise caution when interpreting changes in pediatric utilization of services during measurement year 2020. Please refer to Section 4 for more information regarding the methodology and results of the COVID-19

[3] California Department of Public Health. Blueprint for a Safer Economy: California's Color-Coded County Tier System. Available at: https://emd.saccounty.gov/EMD-COVID-19-Information/Documents/California-Color-Coded-Tier-System--en.pdf. Accessed on: Feb 24, 2022.

[4] California Health & Human Services Open Data Portal. COVID-19 Blueprint for a Safer Economy Data Chart (archived). Available at: https://data.chhs.ca.gov/dataset/covid-19-blueprint-for-a-safer-economy. Accessed on: Feb 24, 2022.

[5] California Department of Public Health. California's Progress in Preventing and Managing Childhood Lead Exposure. Available at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/CLPPBReport2022.pdf. Accessed on Mar 23, 2022.

analyses as well as DHCS-provided confirmed COVID-19 cases for the pediatric MCMC population.

Key Findings and Items for Consideration

The 2021 Preventive Services Report includes the results from the analysis of 19 indicators that assess the utilization of preventive services by pediatric MCMC members at the statewide and regional levels as well as by key demographic characteristics (i.e., race/ethnicity, primary language, gender, and age). Table 1.1 displays the 19 indicators included in the 2021 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 2019 and 2020 statewide indicator rates met the respective National Committee for Quality Assurance's (NCQA's) Quality Compass®,[6] 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).

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Table 1.1—Measurement Years 2019 and 2020 Statewide Indicator Rates

^ indicates the measurement year 2019 statewide rate was calculated by HSAG using administrative encounter data; therefore, exercise caution when comparing measurement year 2019 statewide rates to measurement year 2020 statewide rates derived from MCP reporting unit rates calculated by each MCP using administrative data and supplemental data.

An em dash (—) indicates the measurement year 2019 statewide rate is not available due to the impacts of COVID-19 on measurement year 2019 reporting or the indicator is new for measurement year 2020.

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

indicates that the indicator rate was above the national benchmark.

Indicator	Measurement Year 2019 Statewide Rate	Measurement Year 2020 Statewide Rate	Measurement Year 2020 National Benchmark
MCP-Calculated Indicators			
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)	25.86%^	37.70%	54.92%
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)	63.13%^	66.40%	N/A
Child and Adolescent Well-Care Visits—3 to 11 Years (WCV)	57.58%^	47.84%	N/A
Child and Adolescent Well-Care Visits—12 to 17 Years (WCV)	51.27%^	41.57%	N/A
Child and Adolescent Well-Care Visits—18 to 21 Years (WCV)	25.69%^	20.89%	N/A
Child and Adolescent Well-Care Visits—Total (WCV)	50.61%^	41.13%	N/A
Childhood Immunization Status—Combination 10 (CIS–10)	—	39.84%	38.20%
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	60.50%	57.94%	50.46%

Indicator	Measurement Year 2019 Statewide Rate	Measurement Year 2020 Statewide Rate	Measurement Year 2020 National Benchmark
Developmental Screening in the First Three Years of Life—Total (DEV)	25.42%	23.11%	35.60%
Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)	—	41.05%	36.74%
Screening for Depression and Follow-Up Plan (CDF)	13.85%	16.52%	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total (WCC–BMI)	—	79.12%	76.64%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)	—	71.29%	70.11%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)	—	68.71%	66.18%
HSAG-Calculated Indicators			
Alcohol Use Screening (AUS)	—	1.83%	N/A
Dental Fluoride Varnish (DFV)	23.00%	19.35%	N/A
Tobacco Use Screening (TUS)	1.41%	2.54%	N/A
DHCS-Calculated Indicators			
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	53.25%	46.21%	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	43.40%	34.50%	N/A

Indicator	Measurement Year 2019 Statewide Rate	Measurement Year 2020 Statewide Rate	Measurement Year 2020 National Benchmark
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	30.51%	24.15%	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	36.99%	34.99%	N/A
Lead Screening in Children (LSC)	60.81%	58.21%	71.53%

Based on an evaluation of the 19 indicators, the following are the key findings and considerations from the 2021 Preventive Services Report analyses. Detailed statewide and regional results for the indicators can be found in Section 3, and MCP reporting unit results can be found in Appendix B. MCP Reporting Unit Findings.

- **Key Finding 1: Performance for measurement year 2020 declined from measurement year 2019; however, the majority of indicators that can be compared to national benchmarks exceeded the national benchmarks for measurement year 2020.**
  - From measurement year 2019 to measurement year 2020, 12 of 17 (70.59 percent) indicator rates that had reportable rates in both years decreased. The majority of indicators that declined in measurement year 2020 were well-child visits and blood lead screenings. It is important to note that COVID-19 likely impacted these visits as evidenced by the declines of monthly well-child and lead screening counts from measurement year 2019 to measurement year 2020. Additionally, for the nine indicators that had benchmarks in both measurement years, seven of nine (77.78 percent) indicators (i.e., *Chlamydia Screening in Women—16 to 20 Years, Lead Screening in Children, Immunizations for Adolescents—Combination 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,* and all three *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* indicators) also decreased nationally in measurement year 2020. This finding also suggests that COVID-19 likely negatively impacted performance measure rates nationally.
  - For measurement year 2020, six of nine (66.67 percent) indicator rates with comparable national benchmarks were higher than the national benchmark. Of note, the *Chlamydia Screening in Women—16 to 20 Years* indicator exceeded the national benchmark in both measurement years 2019 and 2020.
- **Conclusions and Considerations for Key Finding 1:**
  - DHCS continues to make progress on outreach activities designed to encourage utilization of preventive services for children under age 21. An initial mailing by DHCS and the outbound call campaign by MCPs was part of the Phase 1 efforts to promote Early Periodic Screening, Diagnostic and Treatment (EPSDT). Through Phase 2 of the outreach project, DHCS developed new key messaging and outreach materials that

were a product of beneficiary and stakeholder research and interviews conducted by the Center for Health Literacy. DHCS is working on next steps of the distribution of the outreach materials. MCPs should continue their efforts to provide educational materials and make calls to parents/guardians of MCMC children to help them understand the services, including preventive care (e.g., well-child visits and blood lead screenings) available to them.

- While COVID-19 likely impacted performance measure rates in measurement year 2020, it is expected that performance on preventive service measures, like well-child visits and blood lead screening, improves or at least returns to pre-COVID-19 levels during measurement year 2021. DHCS should continue to monitor the impacts of COVID-19 on performance measure rates as data become available.

- DHCS began implementing the California Advancing and Innovating Medi-Cal (CalAIM) program in early 2022. As part of CalAIM, each MCP is required to create or maintain a population health management program and submit a description of the MCP's population health management plan to DHCS annually, which includes how the MCP will keep members healthy by focusing on preventive and wellness services.[7] While CalAIM will not impact most performance measures until measurement year 2023, it will be important for DHCS to assess how CalAIM impacts the utilization of preventive pediatric services.

- **Key Finding 2: Performance is regional.**
  - The highest performance was seen in more urban counties in the Bay Area and Central Coast regions (i.e., Marin, San Francisco, San Mateo, Santa Clara, Napa, Contra Costa, Monterey, Santa Cruz, Ventura, and Santa Barbara). Highest performance was also noted in the Central and Sacramento Valley regions (i.e., San Luis Obispo, Madera, Kings, Tulare, Glenn, Colusa, Sutter, Sacramento, and Tehama) and the Southern California region (i.e., Imperial, Orange, and San Diego).
    - From measurement year 2019 to measurement year 2020, performance in the Bay Area and Central Coast region continues to be high; however, two counties (i.e., Alameda and Sonoma) had less favorable performance in measurement year 2020 than in measurement year 2019, with less than 35 percent of indicators in the top two quintiles. A limited measure set was used for the measurement year 2019 analysis due to the impacts of COVID-19 on measure reporting. Counties in the Central and Sacramento Valley and Southern California regions demonstrated more favorable performance on the additional measures included for measurement year 2020.
    - Twenty-three counties with the highest performance had at least half of their reportable indicator rates fall into the top two quintiles (i.e., above the 60th percentile of statewide performance). Twenty-two of these 23 (95.65 percent) counties were in the Bay Area and Central Coast, Central and Sacramento Valley, and Southern

[7] California Department of Health Care Services. Medi-Cal Healthier California for All Proposal. Available at: https://www.dhcs.ca.gov/provgovpart/Documents/6422/PHM-Revised-Proposal-02112020.pdf. Accessed on: Feb 25, 2022.

California regions. Additionally, 19 of 22 (86.36 percent) counties were predominantly urban.
    - Fifteen of 22 (68.18 percent) counties had a larger proportion of members of the Hispanic or Latino racial/ethnic group compared to the statewide aggregate.
    - Sixteen of 22 (72.73 percent) counties had a smaller portion of English primary language speakers when compared to the statewide English primary language speakers.
- The lowest performance was seen in more rural counties in the North and Far North regions (i.e., Humboldt, Del Norte, Lake, Modoc, Trinity, Shasta, and Siskiyou) and the Sierra Range/Foothills region (i.e., Tuolumne, Calaveras, Lassen, Nevada, Plumas, El Dorado, Mariposa, Mono, Alpine, and Sierra).
    - From measurement year 2019 to measurement year 2020, performance in the North and Far North regions continues to be low. Of note, Tehama and Inyo counties were considered low performing in measurement year 2019; however, with the addition of more measures in measurement year 2020, both of these counties are considered high performing (i.e., more than half of their reportable indicator rates were in the top two quintiles) in measurement year 2020.
    - Nineteen counties with the lowest performance had at least half of their reportable indicator rates fall into the bottom two quintiles (i.e., below the 40th percentile of statewide performance). Seventeen of these 19 (89.47 percent) counties were in the North and Far North regions and the Sierra Range/Foothills region, and 15 of 17 (88.24 percent) counties were predominantly rural.
    - Sixteen of 17 (94.12 percent) counties had substantially more English speakers and members of the White racial/ethnic group when compared to the statewide English speakers and White racial/ethnic group.
    - Fourteen of 17 (82.35 percent) counties had a larger portion of members of the American Indian or Alaska Native racial/ethnic group compared to the statewide aggregate.

- **Conclusions and Considerations for Key Finding 2:**
    - Given the low performance of rural counties in the North and Far North regions and the Sierra Range/Foothills region, MCPs operating in these counties 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.
    - 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.
- **Key Finding 3: Statewide performance varies based on race/ethnicity and primary language.**
    - Nine of 19 (47.37 percent) indicator rates for the Asian racial/ethnic group and eight of 19 (42.11 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 Hispanic or Latino racial/ethnic group were above the statewide aggregate by more than a 10 percent relative difference for the four *Blood Lead Screening* indicators and the *Lead Screening in Children* indicator.
  - 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, *Developmental Screening in the First Three Years of Life—Total, Childhood Immunization Status—Combination 10*, and *Immunizations for Adolescents—Combination 2*.
- For measurement year 2020, all 19 indicator rates for the American Indian or Alaska Native racial/ethnic group were below the statewide aggregate by more than a 10 percent relative difference. For Black or African American, White, and Native Hawaiian or Other Pacific Islander racial/ethnic groups, 17, 13, and 12 indicator rates, respectively, were below the statewide aggregate by more than a 10 percent relative difference.
  - The majority of indicator rates for the American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White racial/ethnic groups were also below the statewide aggregate by more than a 10 percent relative difference during measurement year 2019.
  - The Native Hawaiian or Other Pacific Islander racial/ethnic group was below the statewide aggregate for both *Well-Child Visits in the First 30 Months of Life* indicators and the *Child and Adolescent Well-Care Visits—Total* indicator. Additionally, both the Native Hawaiian or Other Pacific Islander and the White racial/ethnic groups were below the statewide aggregate for the four *Blood Lead Screening* indicators and the L*ead Screening in Children* indicator.
- The majority of rates for the Chinese, Farsi, Hmong, Spanish, and Vietnamese primary language groups were higher than the statewide aggregate by more than a 10 percent relative difference, while the majority of rates for the Armenian, Russian, and Unknown/Missing primary language groups were lower than the statewide aggregate by more than a 10 percent relative difference.
  - With the exception of the Farsi primary language findings, the measurement year 2020 findings are consistent with the measurement year 2019 findings. The inclusion of additional measures in measurement year 2020 resulted in rates for the Farsi primary language being above the statewide aggregate for a majority of indicators in measurement year 2020 due to high performance on the additional indicators, and the majority of indicator rates for the Arabic primary language group are no longer above the statewide aggregate in measurement year 2020 due to low performance on the additional indicators.
  - For measurement year 2020, the Chinese, Farsi, Hmong, Spanish, and Vietnamese primary language groups were above the statewide aggregate by more than a 10 percent relative difference for all of the four *Blood Lead Screening* indicators and the *Lead Screening in Children* indicator.

- **Conclusions and Considerations for Key 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 racial/ethnic groups) and primary language groups (Armenian and Russian) continue to be low statewide, MCPs have opportunities to use this information to address lower rates in their population needs assessment (PNA) process.
    - DHCS requires MCPs to conduct a PNA to improve health outcomes for members and ensure that MCPs are meeting the needs of their members. The PNA must address the special needs of the Seniors and Persons with Disabilities population, children with special health care needs, members with limited English proficiency, and other member subgroups from diverse cultural and racial/ethnic backgrounds.
  - DHCS requires MCPs to conduct a performance improvement project (PIP) for an area in need of improvement related to child and adolescent health. MCPs should leverage information from the Preventive Services Report to assist in their PIP processes.
  - DHCS also requires MCPs to conduct a PIP focusing on an identified health disparity. MCPs should leverage information from the Preventive Services Report to assist in their PIP processes for addressing health disparities.
- **Key Finding 4: Overall performance across California's six largest counties is high for a majority of indicators, but improvement is needed for well-child visits and blood lead screenings.**
  - Six counties in California (i.e., Los Angeles, San Bernardino, Riverside, San Diego, Orange, and Sacramento counties) account for approximately 59 percent of the pediatric MCMC population.
  - Overall, these six counties, with the exceptions of San Bernardino and Riverside counties, demonstrated high performance across the indicators analyzed in this report (i.e., at least half of their reportable indicator rates are in the top two quintiles).
  - Opportunities exist to improve performance on both *Well-Child Visits in the First 30 Months of Life* indicators, *Blood Lead Screening—Test at 12 Months of Age*, *Blood Lead Screening—Test at 24 Months of Age*, and *Lead Screening in Children* indicators given that none of the six counties had rates in the top quintile (i.e., above the 80th percentile of statewide performance). Further, only two counties (i.e., Orange and Riverside) had rates in the top quintile for the *Child and Adolescent Well-Care Visits—Total* indicator.
    - Riverside and San Bernardino counties had indicator rates that fell into the bottom two quintiles (i.e., below the 40th percentile of statewide performance) for both *Well-Child Visits in the First 30 Months of Life* indicators, while San Diego County's rates 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* indicators fell into Quintile 2 (i.e., at or above the 20th percentile but below the 40th percentile of statewide performance).
    - Both Sacramento and San Bernardino counties had rates for the *Blood Lead Screening—Test at 12 Months of Age* and *Blood Lead Screening—Test at 24 Months of Age* indicators fall into Quintile 2, with Sacramento County also having its rate for the *Lead Screening in Children* indicator fall into Quintile 2.

- **Conclusions and Considerations for Key Finding 4:**
  - Given that the six largest counties continue to have low performance related to well-child visits and blood lead screenings, implementing efforts to improve well-child visits within the six largest counties may contribute to substantial improvement for California overall.
  - DHCS continues to make progress on outreach activities designed to encourage utilization of preventive services for children under age 21 (e.g., initial mailing by DHCS, outbound call campaign by MCPs) and should continue to monitor the impacts of COVID-19 on well-child visits and blood lead screenings for measurement year 2021.
- **Key Finding 5: Less than half of younger children receive well-child visits, but receive immunizations and counseling for nutrition/physical activity at higher rates than seen nationally. Improvement is needed for developmental screenings and the provision of dental fluoride varnish for younger children.**
  - Approximately 38 percent of MCMC children 15 months old and younger had six recommended comprehensive well-care visits during measurement year 2020.
  - Approximately 66 percent of MCMC children ages 15 to 30 months had two or more comprehensive well-care visits during measurement year 2020.
  - Approximately 48 percent of MCMC children 3 to 11 years of age had at least one comprehensive well-care visit during measurement year 2020.
  - Approximately 40 percent of MCMC children received necessary vaccinations by their second birthday. This is approximately 2 percentage points higher than the national benchmark.
  - Approximately 71 percent and 69 percent of MCMC children and adolescents received counseling for nutrition and physical activity, respectively. This is approximately 1 and 2 percentage points, respectively, higher than the national benchmarks for these indicators.
  - Approximately 23 percent of children received a developmental screening in the first three years of life, which is below the national benchmark by more than a 35 percent relative difference.
  - The provision of dental fluoride varnish by non-dental providers is fairly low statewide, with only 8 percent of children 6 months to 5 years of age receiving dental fluoride varnish from a non-dental provider.[8] Of note, an additional 11 percent of children 6 months to 5 years of age are receiving dental fluoride varnish from a dental provider (i.e., a total of approximately 19 percent of children are receiving dental fluoride varnish from a non-dental or dental provider).
- **Conclusions and Considerations for Key Finding 5:**
  - Measurement year 2020 well-child visits declined by over 20 percent from measurement year 2019, likely as a result of the COVID-19 pandemic. MCPs should continue to

[8] Please note, the administration of dental fluoride varnish that may occur during a visit to a Federally Qualified Health Center is not captured in administrative data; therefore, this rate may be incomplete.

ensure children and adolescents receive all their necessary well-child visits, especially for children 15 months and younger. Well-child visits are an opportunity for parents to raise concerns about their child's development and behavior, receive important immunizations, and develop a relationship between the pediatrician, parents, and child.[9]

- Please note that in the 2020 Preventive Services Report, DHCS relied on administrative data to calculate both *Well-Child Visits in the First 30 Months of Life* indicators. For measurement year 2019, DHCS identified that while statewide performance was low for the provision of all six comprehensive well-care visits, 70.87 percent of children 15 months old and younger had at least four out of the six (66.67 percent) recommended visits, and 85.01 percent of children ages 15 to 30 months had at least one comprehensive well-care visit.
  - This delineated age breakout was not possible for measurement year 2020 because the MCPs reported the measure in alignment with NCQA's technical specifications, which do not require MCPs to report the number of visits separately. As a result, DHCS was unable to assess the number of visits each member had for measurement year 2020.
- MCPs should leverage best practices shared through the CMS Infant Well-Child Visit Learning Collaborative Affinity Group on improving rates of infant well-child visits during the first 30 months of life.
- Given the anticipated increase in utilization of preventive services, MCPs should continue to educate providers on the importance of administering comprehensive preventive care during these visits, including the administration of vaccines, provision of developmental screenings, and application of dental fluoride in a clinical setting by a primary care provider (PCP).
- DHCS initiated a Value-Based Payment (VBP) program to incentivize the provision of certain preventive services, including well-child visits, immunizations, blood lead screenings, and dental fluoride varnish, to increase provider participation and delivery of these key pediatric services. DHCS should monitor how these incentive payments improve the provision of services during measurement year 2021.

- **Key Finding 6: Adolescent rates for well-care visits are lower than rates for younger children, but adolescents do receive immunizations at higher rates than seen nationally.**
  - Approximately 42 percent of adolescents ages 12 to 17 years had at least one comprehensive well-care visit during measurement year 2020.
  - Approximately 21 percent of adolescents ages 18 to 21 years had at least one comprehensive well-care visit during measurement year 2020.
  - Approximately 41 percent of adolescents 13 years of age had one dose of meningococcal vaccine; one Tdap vaccine; and completed the HPV vaccine series by

[9] 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: Feb 25, 2022.

their 13th birthday, which is higher than the national benchmark of approximately 37 percent.

- **Conclusions and Considerations for Key Finding 6:**
  - Given that adolescents ages 12 to 21 years account for 46 percent of the pediatric MCMC population, there are opportunities for MCPs to work with providers to ensure that as children get older, they still continue to receive comprehensive well-care visits and recommended screenings.
  - 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.[10,11]
  - 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 obstetricians/gynecologists (OB/GYNs).
  - DHCS' VBP program includes measures related to tobacco use, alcohol use, and depression screenings. While little improvement in billing for tobacco screenings was seen during measurement year 2020, this was likely due to the COVID-19 pandemic. MCPs should continue to work with providers to improve billing practices to capture alcohol and tobacco screenings.
  - DHCS requires MCPs to conduct a PIP for an area in need of improvement related to child and adolescent health. MCPs should leverage information from the Preventive Services Report to assist in their PIP processes.
- **Key Finding 7: Over half of MCMC children receive a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally.**
  - Approximately 58 percent of MCMC children received a blood lead screening by their second birthday. However, the national benchmark for this measure is 71.53 percent, demonstrating an opportunity to improve blood lead screenings statewide.
    - Nine counties (i.e., Monterey, Imperial, Santa Cruz, Humboldt, Marin, Madera, San Francisco, San Mateo, and Glenn) had *Lead Screening in Children* indicator rates above the national benchmark. San Mateo and Glenn counties were the only counties with rates not also above the national benchmark in measurement year 2019.

[10] American Academy of Pediatrics. Teens and Tobacco Use. Available at: https://www.healthychildren.org/English/ages-stages/teen/substance-abuse/Pages/Teens-and-Tobacco-Use.aspx. Accessed on: Feb 25, 2022.

[11] Siu A (on behalf of the US Preventive Services Task Force). Screening for Depression in Children and Adolescents: US Preventive Services Task Force Recommendation Statement, *Pediatrics*. Available at: https://pediatrics.aappublications.org/content/early/2016/02/04/peds.2015-4467. Accessed on: Feb 25, 2022.

- Statewide performance of MCMC children for the Title 17[12] indicators varies for measurement year 2020, with all indicators declining from measurement year 2019:
  - 46.21 percent of children who turned 1 year of age during measurement year 2020 were screened within six months of their first birthday.
  - 34.50 percent of children who turned 2 years of age during measurement year 2020 were screened within six months of their second birthday.
  - 24.15 percent of children who turned 2 years of age during measurement year 2020 had been screened within six months of their first and second birthdays (received two screenings).
  - 34.99 percent of children who turned 6 years of age during measurement year 2020, and had not been screened before 31 months of age, had been screened between 31 months of age and their sixth birthday (catch-up screening).

- **Conclusions and Considerations for Key Finding 7:**
  - DHCS continues to make progress on outreach activities designed to encourage utilization of preventive services for children under age 21 (e.g., initial mailing by DHCS, outbound call campaign by MCPs), and MCPs should continue their efforts to provide educational materials and make calls to parents/guardians of MCMC children to help them understand the services, including preventive care (e.g., well-child visits and blood lead screenings) available to them.
    - While COVID-19 likely impacted performance measure rates in measurement year 2020, it is expected that performance on preventive service measures, like well-child visits and blood lead screenings, improves or at least returns to pre-COVID-19 levels during measurement year 2021. DHCS should continue to monitor the impacts of COVID-19 on performance measure rates as data become available.
  - MCPs will be required to report the *Lead Screening in Children* indicator for measurement year 2022 and will be held to a minimum performance level. This will help encourage MCPs and their providers to provide necessary blood lead screenings.
- **Key Finding 8: Decline in performance from measurement year 2019 to measurement year 2020 impacts all racial/ethnic groups.**
  - From measurement year 2019 to measurement year 2020, at least five of 13 (38.46 percent) indicator rates with comparable rates in both measurement years declined by more than a 10 percent relative difference for all racial/ethnic groups.
    - Of note, the Asian, Black or African American, Other, and Unknown/Missing racial/ethnic groups had six of 13 (46.15 percent) indicator rates decline from measurement year 2019 to measurement year 2020 by more than a 10 percent relative difference.
  - From measurement year 2019 to measurement year 2020, rates for the following indicators declined by more than a 10 percent relative difference for at least six of eight (75.00 percent) racial/ethnic groups:
    - *Blood Lead Screening—Test at 12 Months of Age*

[12] Title 17, California Code of Regulations Section 37100 (b)(2).

- *Blood Lead Screening—Test at 24 Months of Age*
- *Blood Lead Screening—Two Tests by 24 Months of Age*
- *Dental Fluoride Varnish*
- *Child and Adolescent Well-Care Visits—Total*

- **Conclusions and Considerations for Key Finding 8:**
  - While all racial/ethnic groups had rate declines across the majority of indicators, likely due to COVID-19, well-child visits, dental services, and blood lead screenings were most impacted.
  - DHCS should continue to evaluate the impacts of COVID-19 on preventive services utilization among racial/ethnic groups and use this information to target quality improvement and outreach efforts to communities most impacted.

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 measurement years 2019 and 2020. Appendix A provides the county and MCP reporting unit counts and percentages for the pediatric MCMC population.

Table 2.1—Measurement Years 2019 and 2020 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 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Total Pediatric Population*				
Total	6,733,328	40.21%	6,491,660	39.44%
Race/Ethnicity				
American Indian or Alaska Native	21,751	0.32%	20,377	0.32%
Asian	418,056	6.21%	399,135	6.18%
Black or African American	449,274	6.67%	423,670	6.56%
Hispanic or Latino	3,793,454	56.34%	3,648,314	56.53%
Native Hawaiian or Other Pacific Islander	16,294	0.24%	15,087	0.23%
White	919,116	13.65%	865,693	13.41%
Other	408,327	6.06%	429,697	6.66%
Unknown/Missing	707,056	10.50%	651,504	10.10%

Stratification	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Primary Language				
Arabic	22,019	0.33%	21,268	0.33%
Armenian	16,342	0.24%	15,678	0.24%
Cambodian	3,662	0.05%	3,304	0.05%
Chinese	64,499	0.96%	62,250	0.96%
English	4,266,469	63.36%	4,141,997	64.18%
Farsi	9,787	0.15%	9,593	0.15%
Hmong	10,614	0.16%	9,669	0.15%
Korean	12,724	0.19%	11,412	0.18%
Russian	15,699	0.23%	15,237	0.24%
Spanish	2,174,729	32.30%	2,047,428	31.73%
Tagalog	9,469	0.14%	8,432	0.13%
Vietnamese	60,465	0.90%	58,050	0.90%
Other	34,424	0.51%	33,651	0.52%
Unknown/Missing	32,426	0.48%	15,508	0.24%
Age				
Less Than 1 Year	250,643	3.72%	231,782	3.59%
1 to 2 Years	596,849	8.86%	556,587	8.62%
3 to 6 Years	1,253,683	18.62%	1,191,085	18.46%
7 to 11 Years	1,579,735	23.46%	1,503,293	23.29%
12 to 17 Years	1,888,632	28.05%	1,845,133	28.59%
18 to 21 Years	1,163,786	17.28%	1,125,597	17.44%
Gender				
Female	3,313,359	49.21%	3,173,588	49.18%
Male	3,419,969	50.79%	3,279,889	50.82%

Table 2.2—Measurement Years 2019 and 2020 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 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Total Pediatric Population*				
Total	6,733,328	40.21%	6,491,660	39.44%
Delivery Type Model				
County Organized Health Systems	1,293,076	19.20%	1,246,667	19.32%
Geographic Managed Care	738,439	10.97%	705,027	10.92%
Two-Plan (Local Initiative or Commercial Plan)	4,429,890	65.79%	4,253,707	65.91%
Regional	194,679	2.89%	189,165	2.93%
San Benito	10,836	0.16%	10,511	0.16%
Imperial	50,585	0.75%	48,400	0.75%
Population Density				
Rural	417,243	6.20%	406,643	6.30%
Urban	6,278,828	93.25%	6,046,834	93.70%

Medi-Cal Managed Care Health Plans

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, California Health & Wellness Plan

County	MCP Names
Glenn	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan, California Health & Wellness Plan
Humboldt	Partnership HealthPlan of California
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

County	MCP Names
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)
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

County	MCP Names
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
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



Summary of Performance Indicators

DHCS selected a total of 11 MCP-calculated indicators, three HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS), and five DHCS-calculated indicators for inclusion in the 2021 Preventive Services Report. Table 2.4 displays the indicators included in the analysis, reporting methodology ("A" indicates administrative and "H" indicates hybrid), 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 the indicators, and for the DHCS-calculated indicators, DHCS developed specifications for four of the indicators (i.e., the Title 17 *Blood Lead Screening* indicators) and used the HEDIS specifications for the remaining indicator (i.e., *Lead Screening in Children*).

Table 2.4—Indicators, Age Groups, and Benchmarks

"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 28 states.

*NCQA Quality Compass benchmarks are only available for the *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* stratification of the *Well-Child Visits in the First 30 Months of Life* indicator.

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

Indicators	Methodology	Age Groups	Benchmarks
MCP-Calculated Indicators			
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)*	A	15 Months; 30 Months	NCQA Quality Compass*
Child and Adolescent Well-Care Visits—Total (WCV)	A	3 to 11 Years; 12 to 17 Years; 18 to 21 Years	N/A
Childhood Immunization Status—Combination 10 (CIS–10)	H	2 Years	NCQA Quality Compass
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	A	16 to 20 Years	NCQA Quality Compass
Developmental Screening in the First Three Years of Life—Total (DEV)	A	1 Year; 2 Years; 3 Years	CMS Child Core Set
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, HPV) (IMA–2)	H	13 Years	NCQA Quality Compass

Indicators	Methodology	Age Groups	Benchmarks
Screening for Depression and Follow-Up Plan (CDF)	A	12 to 17 Years; 18 to 21 Years	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total (WCC–BMI), Counseling for Nutrition—Total (WCC–N), and *Counseling for Physical Activity—Total (WCC–PA)*	H	3 to 11 Years; 12 to 17 Years; Total	NCQA Quality Compass
HSAG-Calculated Indicators			
Alcohol Use Screening (AUS)	A	11 to 17 Years; 18 to 21 Years	N/A
Dental Fluoride Varnish (DFV)	A	6 Months to 5 Years	N/A
Tobacco Use Screening (TUS)	A	11 to 17 Years; 18 to 21 Years	N/A
DHCS-Calculated Indicators			
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	A	1 Year	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	A	2 Years	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	A	2 Years	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	A	6 Years	N/A
Lead Screening in Children (LSC)	A	2 Years	NCQA Quality Compass

Methodology Overview

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

Data Sources

For the MCP-calculated indicators listed in Table 2.4, HSAG received the CA-required patient-level detail file from each Medi-Cal MCP for each HEDIS reporting unit. The measurement year 2020 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number, date of birth, and member months for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files indicated whether a member was included in the numerator and/or denominator for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator and denominator counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Microsoft (MS) Excel reporting files. Please note, it is possible that some or all MCPs included non-certified eligible members in their rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the measure analysis.

For the HSAG-calculated indicators listed in Table 2.4, HSAG received claims/encounter data; member enrollment, eligibility, and demographic data; and provider files from DHCS. Upon receipt of these 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 2.4, HSAG received an MS Excel rate spreadsheet with numerator, denominator, and rate information at the statewide, regional, and MCP reporting unit levels. DHCS stratified the statewide rates by demographics (i.e., race/ethnicity, primary language, age, and gender) and regional rates by county, delivery type model, and population density. HSAG also received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags 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 used the DHCS-calculated statewide rates for the DHCS-calculated indicators listed in Table 2.4. When available, HSAG also compared the statewide indicator rates to national benchmarks as displayed in Table 2.4. All statewide indicator rates were stratified by the demographic stratifications outlined in Table 2.5.

Table 2.5—Statewide Stratifications

*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.

Stratification	Groups
Demographic	
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 2.1 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 2.4 for more detail)
Gender	Male and Female

Table 2.6 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 2.6—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, Laotian, Vietnamese, 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 used the DHCS-calculated regional rates for the DHCS-calculated indicators listed in Table 2.4. The regional stratifications are listed in Table 2.7.

Table 2.7—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

Stratification	Groups
Delivery Type Model*	County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional
Population Density	Urban, Rural

MCP Reporting Unit-Level Analysis

HSAG used the MCP reporting unit-level rates for the MCP- and DHCS-calculated indicators and calculated MCP reporting unit-level rates for the HSAG-calculated indicators listed in Table 2.4.

For the three 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 2.8.

Table 2.8—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

MCP Name	Reporting Units
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

Caveats 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 (EHR) data could be necessary to capture this information). Of note, alcohol or tobacco screenings and the administration of dental fluoride varnish 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.

Benchmark Comparisons

National benchmarks for the *Lead Screening in Children* indicator are derived from data collected using the hybrid methodology (i.e., administrative and medical record review data); however, the *Lead Screening in Children* rates calculated by DHCS relied on administrative and supplemental registry data. Therefore, exercise caution when comparing *Lead Screening in Children* rates presented in the Preventive Services Report to national benchmarks.

COVID-19 Rate Impacts

The COVID-19 pandemic and subsequent public health emergency likely impacted measurement year 2020 rates given stay-at-home orders and other statewide and national efforts taken to mitigate the spread of COVID-19. Given this, please exercise caution when comparing measurement years 2019 and 2020 rates. For more information regarding the impact of COVID-19 on the pediatric MCMC population and measurement year 2020 performance rates, please refer to Section 4.

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 measurement year. HSAG assigned demographic characteristics using the most recent record where data are available 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. 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.

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. Additionally, HSAG did not weight the statewide rates for hybrid indicators by the total eligible population, so all MCPs, regardless of size, count

equally toward the statewide rates. As such, performance may not be representative of actual statewide performance.

Evaluating Results

Section 3 of this report presents 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 2019 and 2020 results are presented for each indicator.

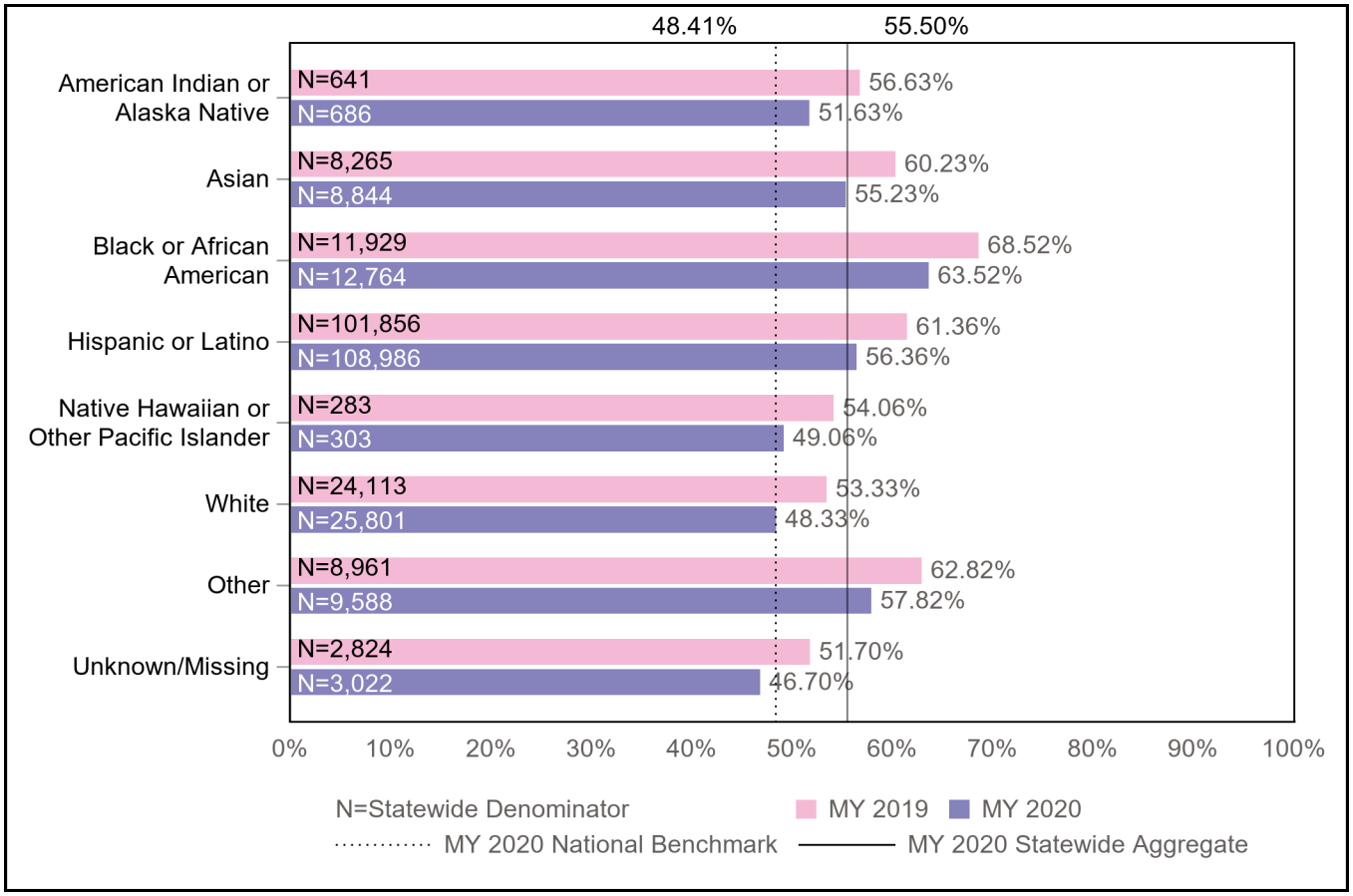
Figure Interpretation

For each indicator presented within Section 3 of this report, horizontal bar charts display the rates for the racial/ethnic, primary language, gender, age, delivery type model, and population density stratifications for measurement year 2020. The figures display a single dotted reference line that represents the national benchmark for measurement year 2020, where applicable, and a single solid reference line that represents the statewide aggregate rate for measurement year 2020. 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. When available, the horizontal bar chart also displays comparisons to measurement year 2019. The measurement year 2019 national benchmark and statewide aggregate values are presented above the figure as a footnote. An example of the horizontal bar chart for the racial/ethnic stratification is shown in Figure 2.2. All data in the sample figure are mock data.

Figure 2.2—Sample Indicator-Level Horizontal Bar Chart Figure

FIGURE CONTAINS MOCK DATA

The national benchmark and statewide aggregate for measurement year 2019 were 53.70 percent and 60.50 percent, respectively.



County-Level Map Interpretation

In Section 3, HSAG presents measurement year 2020 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 2.9.

Table 2.9—Statewide Performance Quintile Thresholds and Corresponding Colors

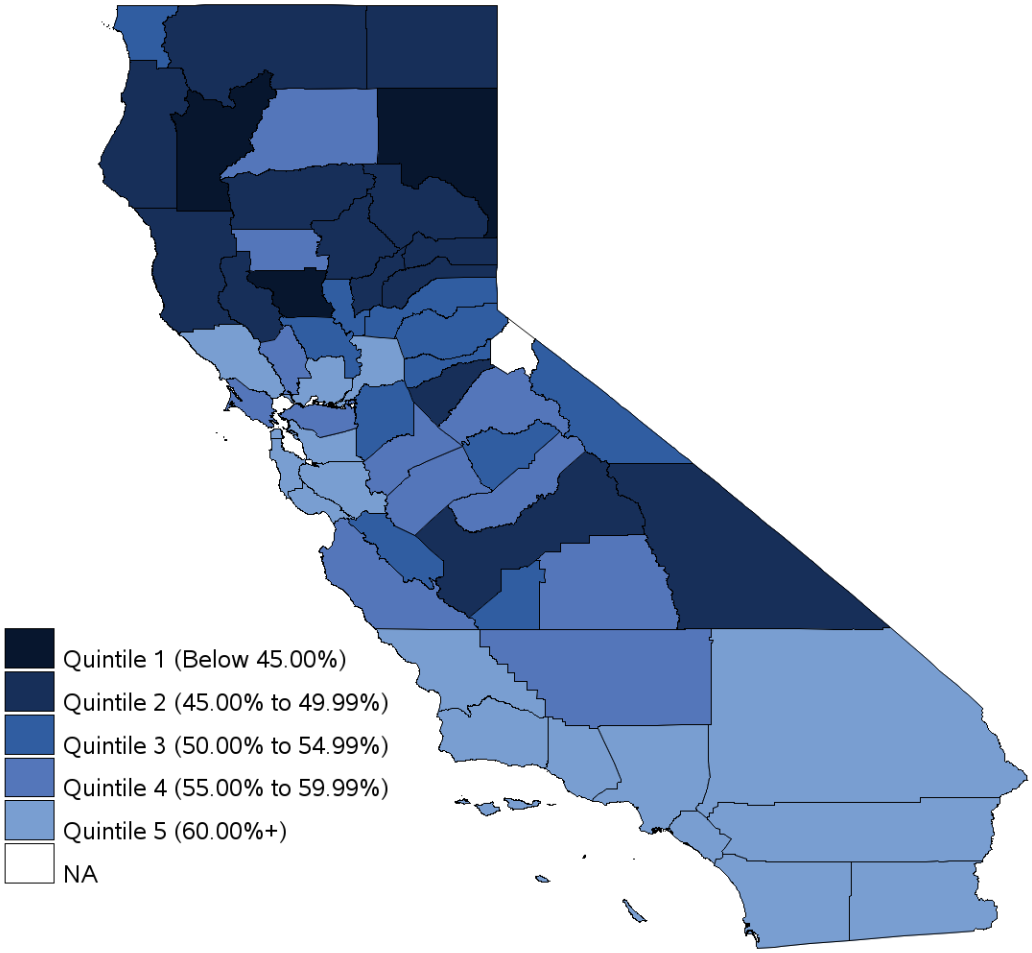
For county rates with a small denominator (i.e., less than 30) or small numerator (i.e., less than 11), HSAG shaded the county white.

Statewide Performance 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 2.3. All data in the sample figure are mock data.

Figure 2.3—Statewide Map—County-Level Results

FIGURE CONTAINS MOCK DATA



3. Statewide Findings

The Statewide Findings section presents the statewide demographic and regional results by indicator for measurement year 2020, and provides comparisons to measurement year 2019 results, where possible. For each MCP-, HSAG-, and DHCS-calculated indicator presented within the Statewide Findings section, horizontal bar charts display the rates for the racial/ethnic, primary language, age, gender, delivery type model, and population density stratifications for measurement years 2020 and 2019, where possible. The figures display a single dotted reference line that represents the national benchmark for measurement year 2020 (i.e., the 50th percentile), where applicable, and a single solid reference line that represents the statewide aggregate rate for measurement year 2020. 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 2019 statewide aggregate rate and national benchmark are displayed as a note above the figure, if available.

HSAG also presents measurement year 2020 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 2.9 in the Reader's Guide.

MCP-Calculated MCAS Indicator Results

Figure 3.1 through Figure 3.71 display the measurement years 2019 and 2020 statewide and regional results for the 11 MCAS indicators reported by the 25 full-scope Medi-Cal MCPs. 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.

For six of the 11 MCP-calculated indicators, measurement year 2020 results are compared to measurement year 2019 results. However, due to the impacts of COVID-19 on measurement year 2019 reporting,[13] HSAG did not present comparisons to measurement year 2019 results for the following indicators:

- *Childhood Immunization Status—Combination 10 (CIS–10)*
- *Immunizations for Adolescents—Combination 2 (IMA–2)*

[13] California Department of Health Care Services. All Plan Letter 20-011. Available at: https://www.dhcs.ca.gov/Documents/COVID-19/APL-20-011-EO-Revision.pdf. Accessed on: Mar 23, 2022.

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total (WCC–BMI), Counseling for Nutrition—Total (WCC–N),* and *Counseling for Physical Activity—Total (WCC–PA)*

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 PCP. Figure 3.1 through Figure 3.5 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 measurement years 2019 and 2020. Please exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates given that measurement year 2019 rates were calculated by HSAG using only administrative data while measurement year 2020 rates were reported by the MCPs based on administrative data and supplemental data. Additionally, the measurement year 2019 benchmarks were based on performance derived from medical records and encounter data; therefore, exercise caution when interpreting results.

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 2019 were 67.88 percent and 25.86 percent, respectively.

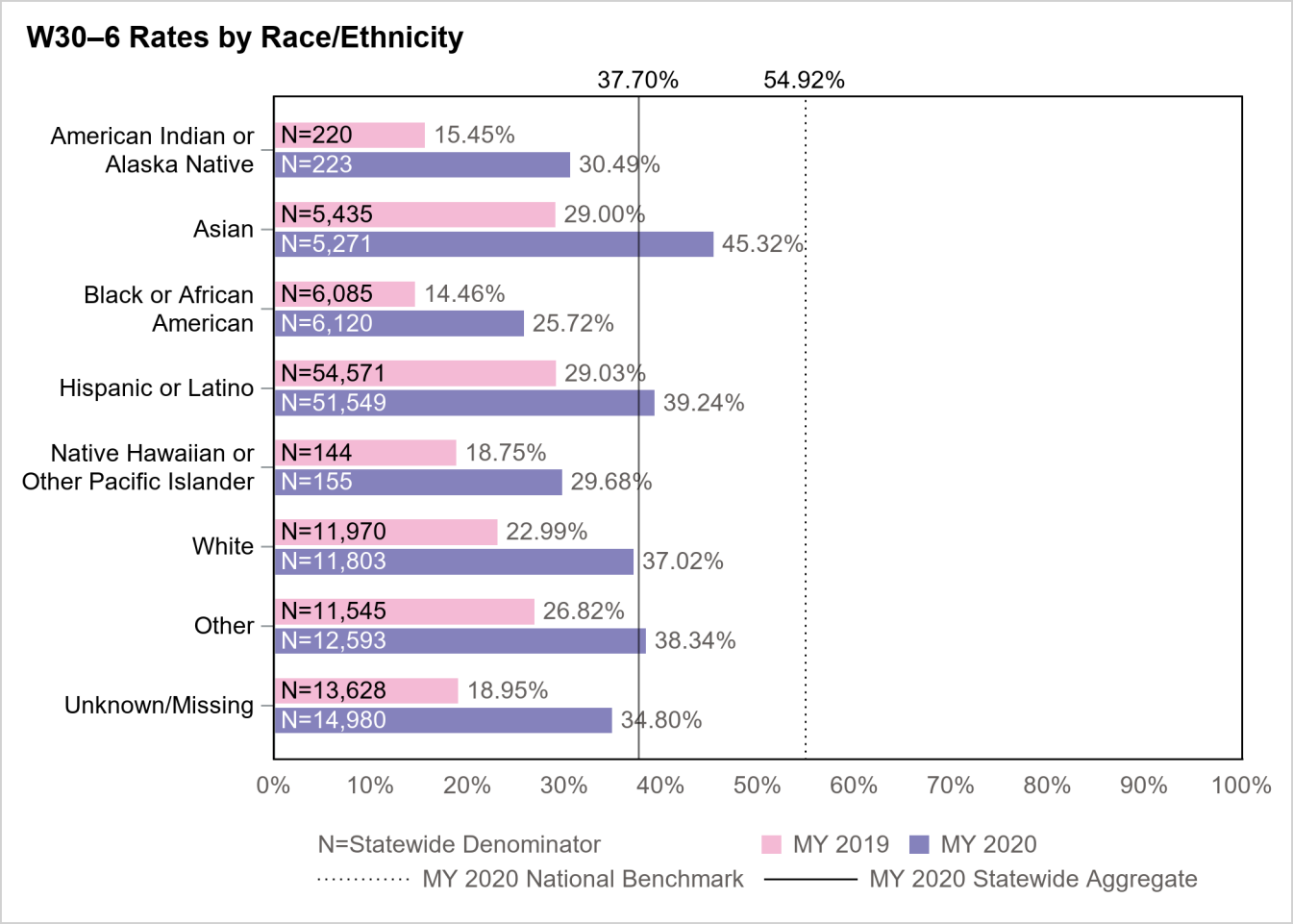


Figure 3.2—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Primary Language Result

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

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

The national benchmark and statewide aggregate for measurement year 2019 were 67.88 percent and 25.86 percent, respectively.

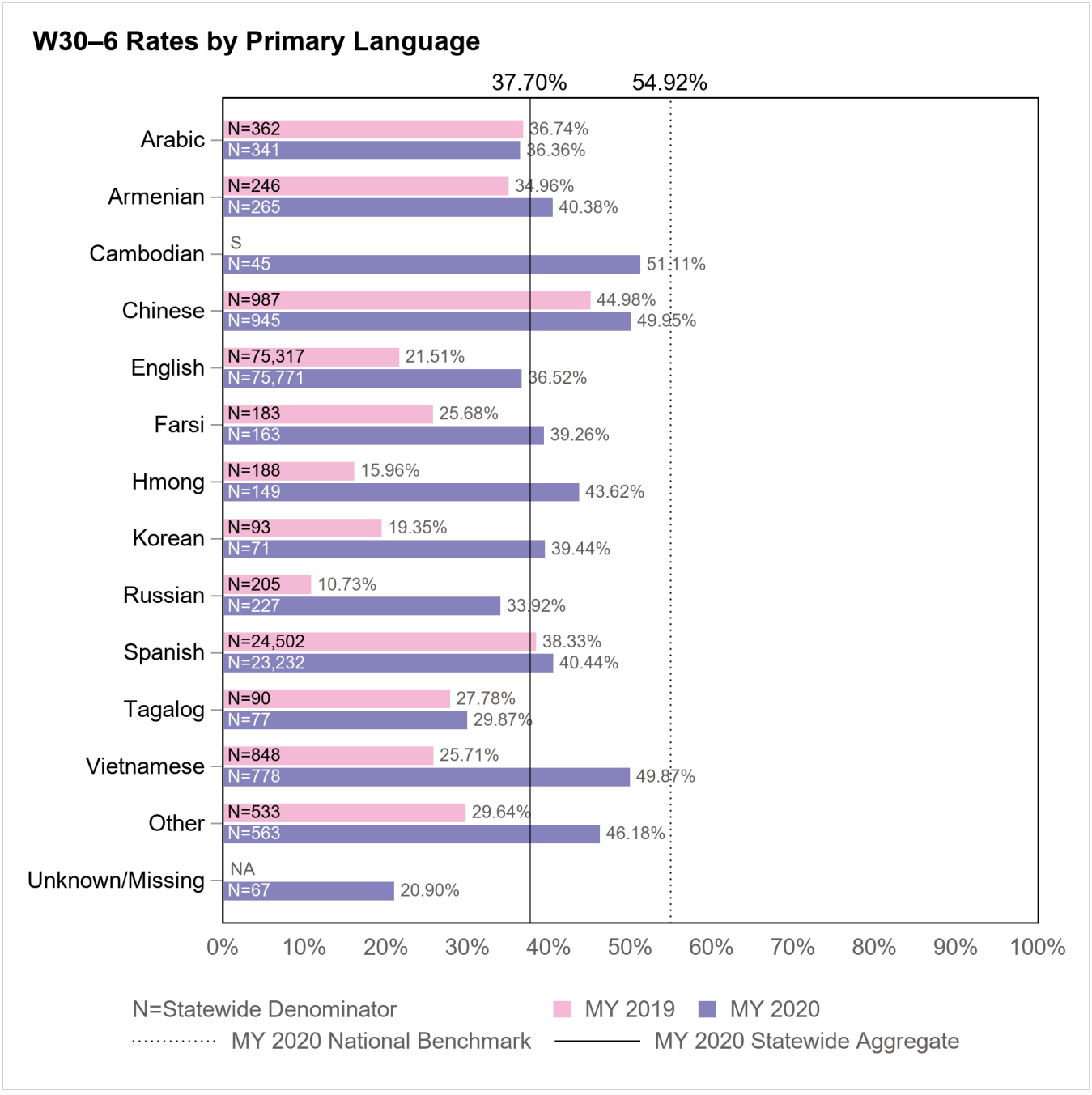
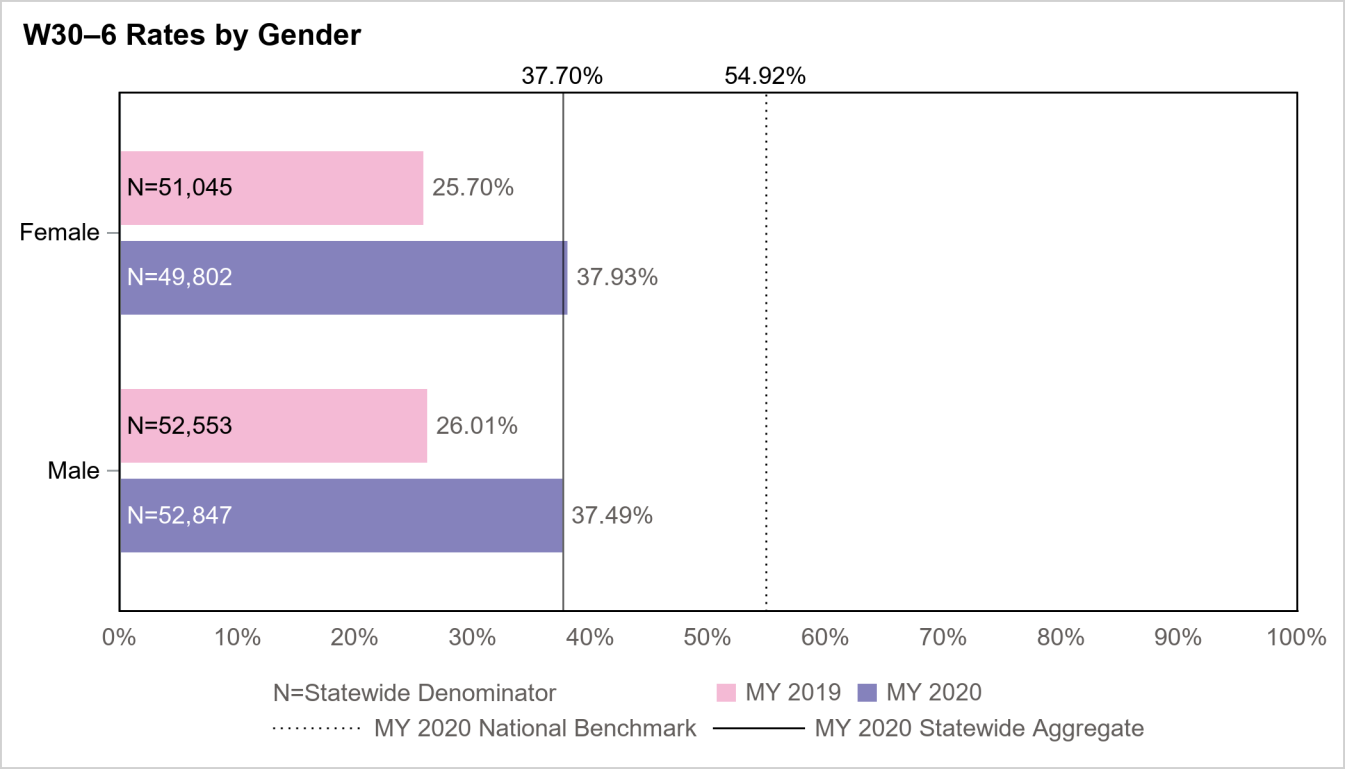


Figure 3.3—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Gender Results

The national benchmark and statewide aggregate for measurement year 2019 were 67.88 percent and 25.86 percent, respectively.



- 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 fell below the national benchmark by more than 17 percentage points for measurement year 2020, indicating a potential area for improvement.
- For measurement year 2020, reportable rates for all racial/ethnic, primary language, and gender groups fell below the national benchmark.
- For measurement year 2020, 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 three of 14 (21.43 percent) primary language groups (Russian, Tagalog, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate rate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
- For both measurement years 2019 and 2020, rates for the Russian primary language group were below the statewide aggregate rate by more than a 10 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 2019 were 67.88 percent and 25.86 percent, respectively.

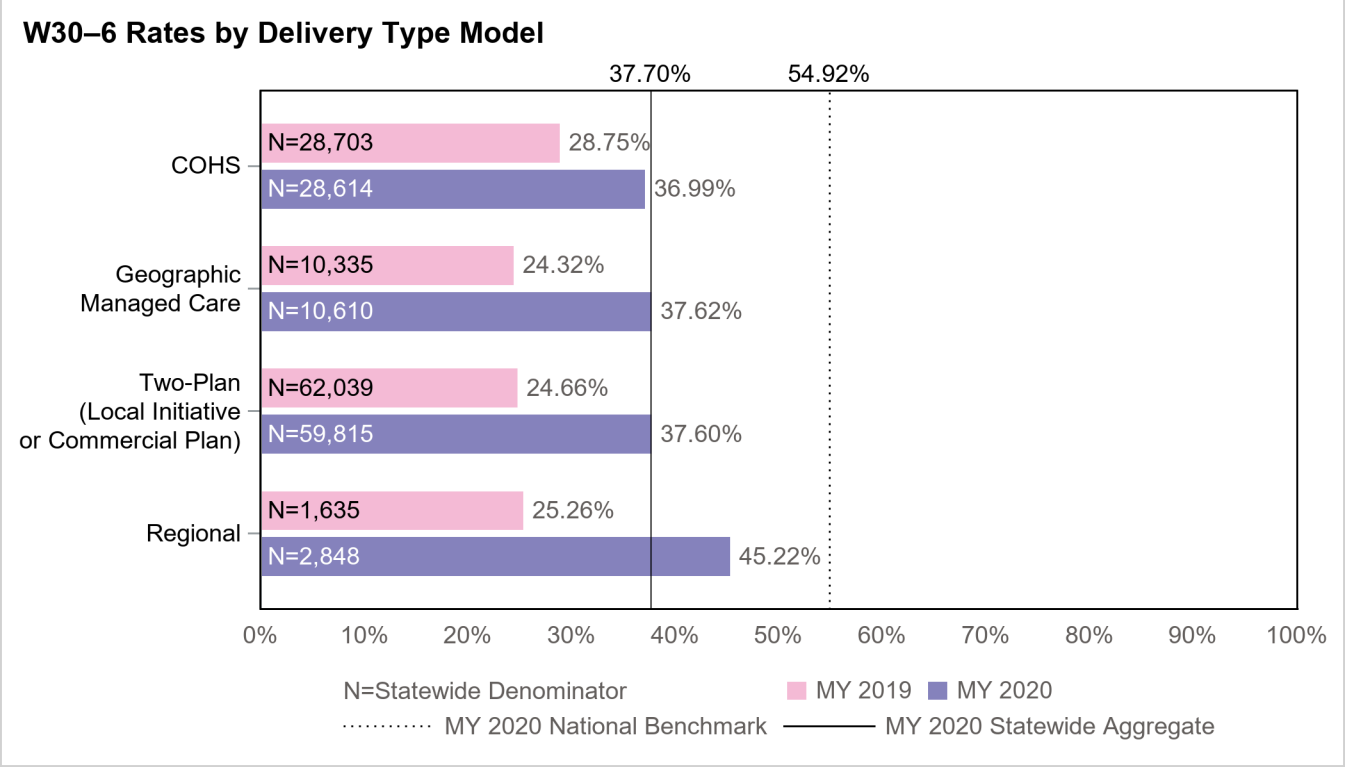
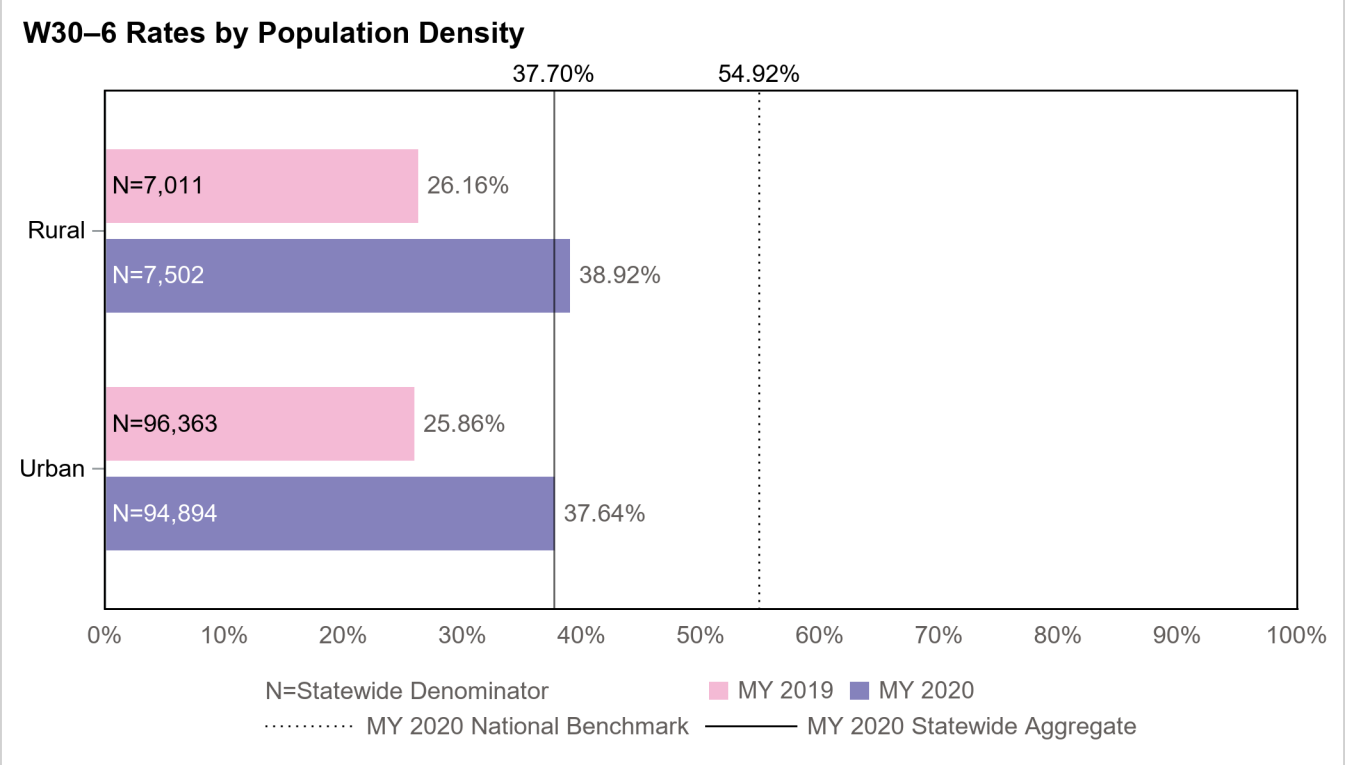


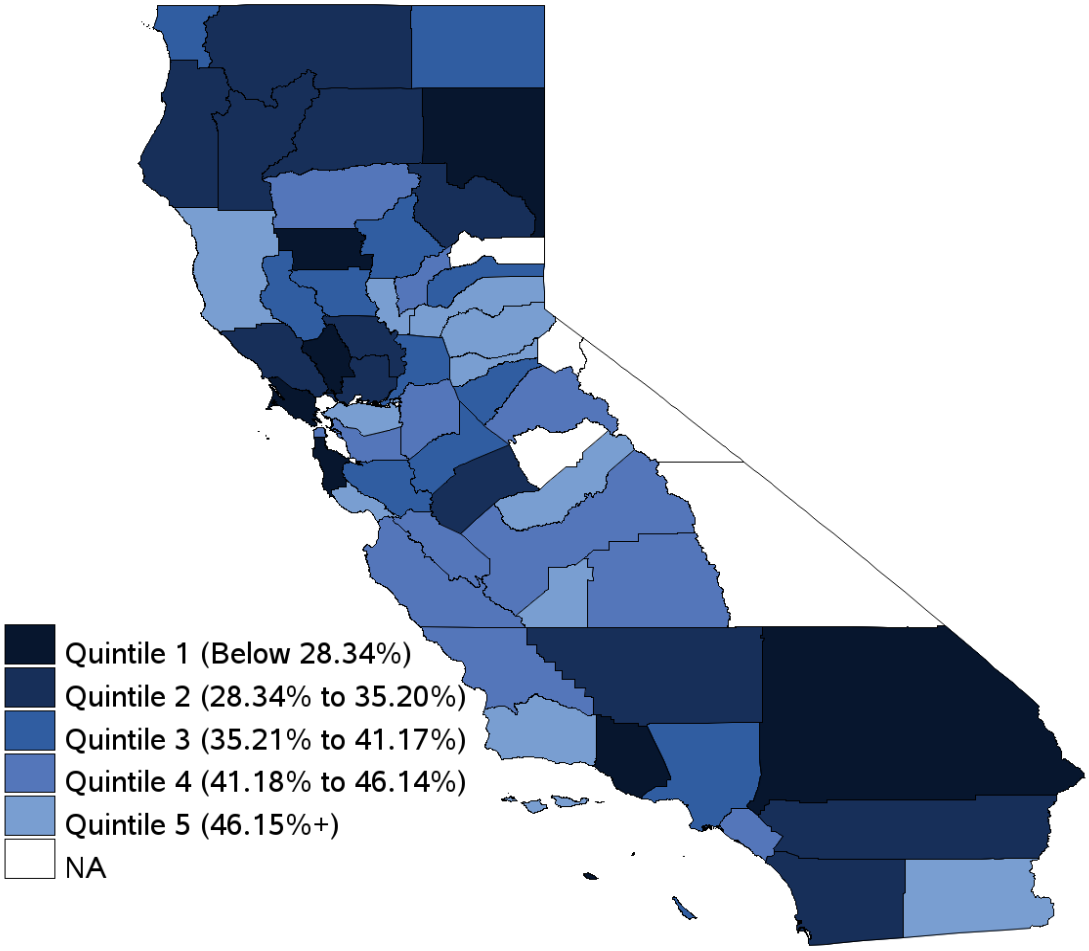
Figure 3.5—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Population Density Results

The national benchmark and statewide aggregate for measurement year 2019 were 67.88 percent and 25.86 percent, respectively.



- For measurement year 2020, 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 four delivery type models fell below the national benchmark. However, the rate for the Regional delivery type model was above the statewide average by more than a 10 percent relative difference.
- For measurement year 2020, rates for rural and urban regions fell below the national benchmark, and the rate for the urban region was below the rate for the rural region by less than a 5 percent relative difference.

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)—County-Level Results



- For measurement year 2020, three of 53 (5.66 percent) counties (Sutter, El Dorado, and Amador) 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 were above the national benchmark in measurement year 2020.
- For measurement year 2020, San Mateo, Napa, Ventura, Lassen, Glenn, San Bernardino, and Marin counties had the least favorable rates.
- For measurement year 2020, four of five (80.00 percent) counties that had the most favorable indicator rates (Amador, El Dorado, Placer, and Sutter) utilized the Regional delivery type model. This finding aligns with the results displayed in Figure 3.4, which shows the rate for the Regional delivery type model was approximately 7 percentage points higher than the rates for each of the other delivery type models.

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

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 3.7 through Figure 3.12 display 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 rates at the statewide and regional levels for measurement years 2019 and 2020. Please exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates given that measurement year 2019 rates were calculated by HSAG using only administrative data while measurement year 2020 rates were reported by the MCPs based on administrative data and supplemental data. Additionally, measurement years 2019 and 2020 benchmarks were not available for this indicator.

Figure 3.7—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)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 63.13 percent.

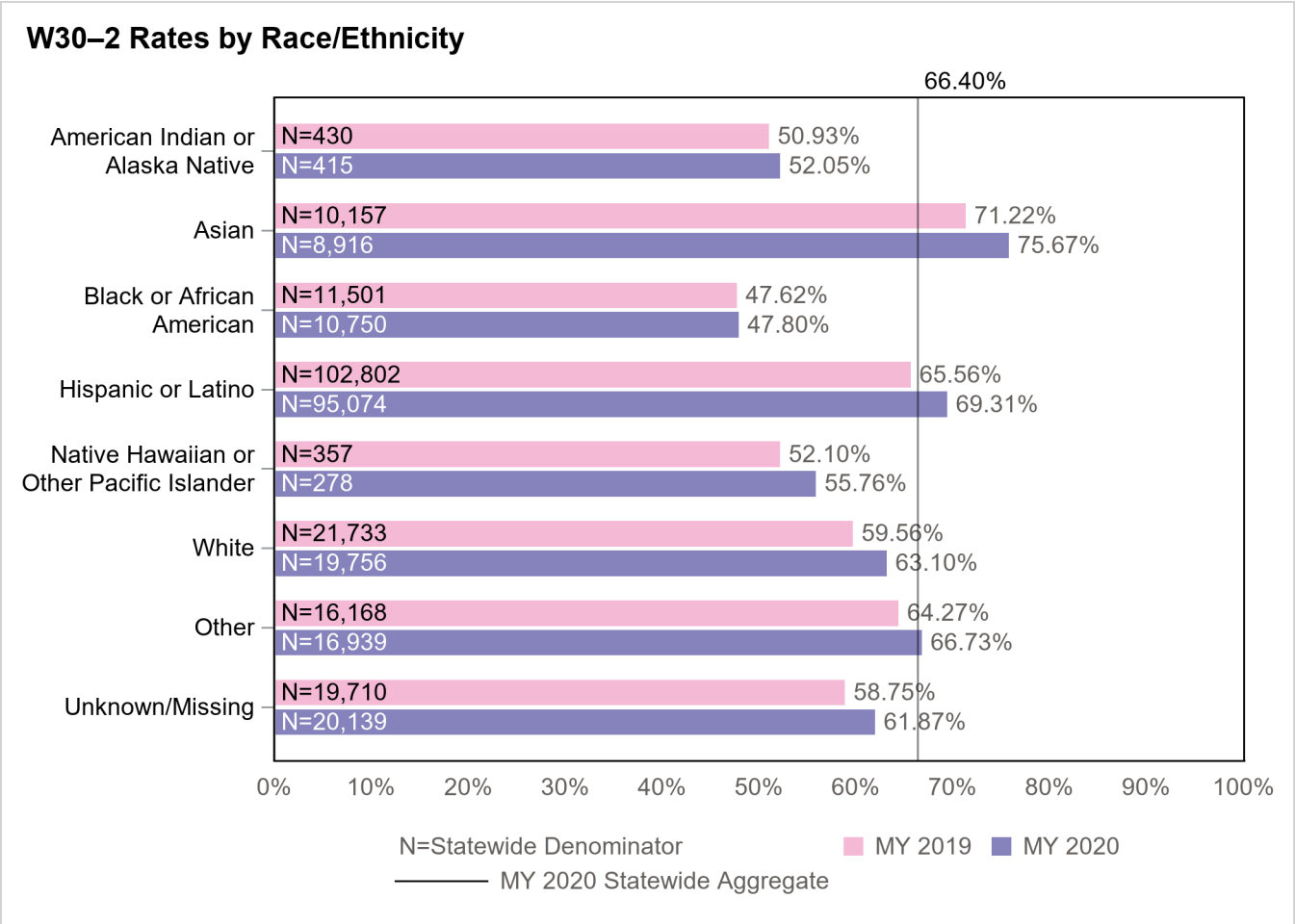


Figure 3.8—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 63.13 percent.

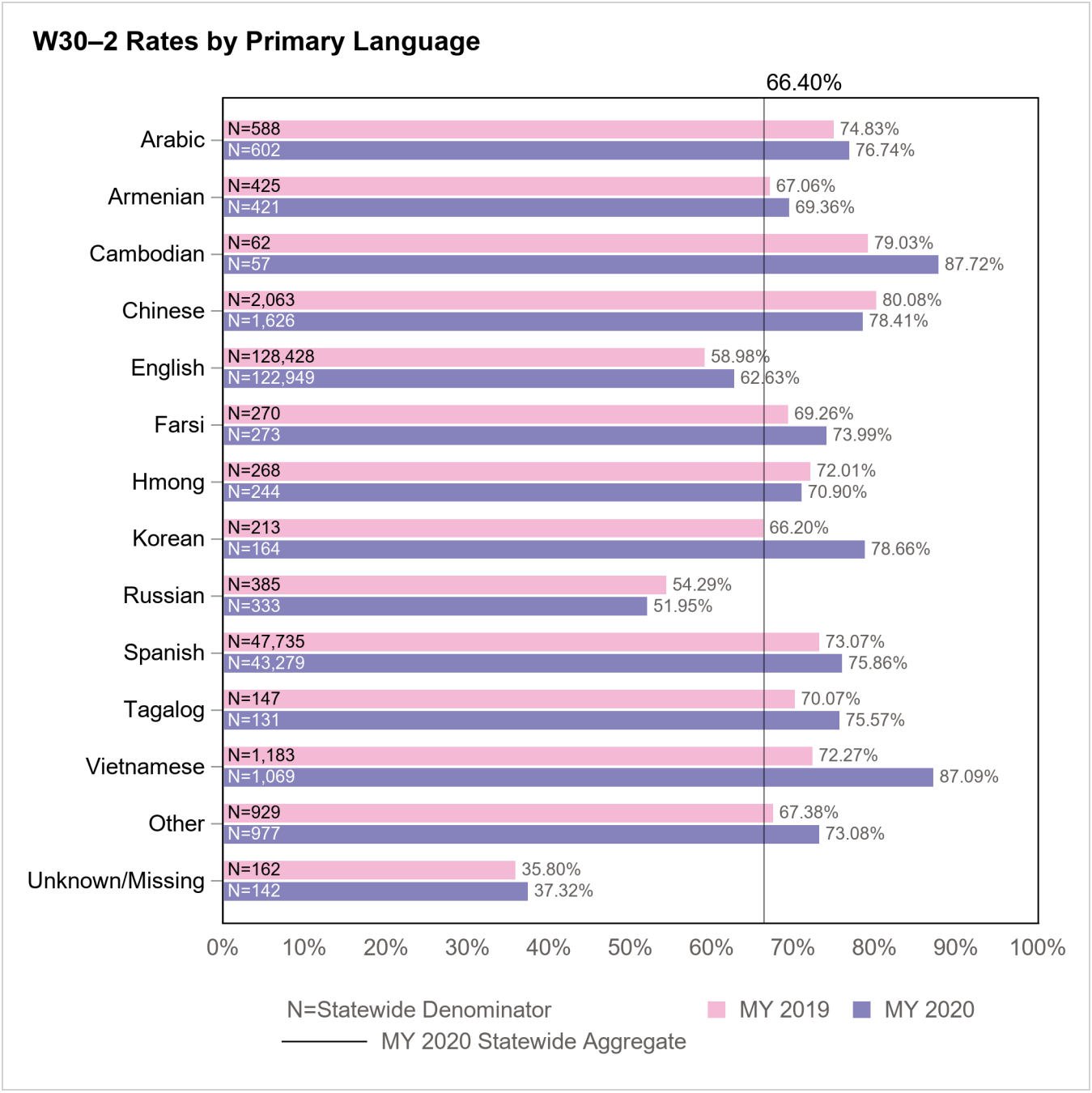
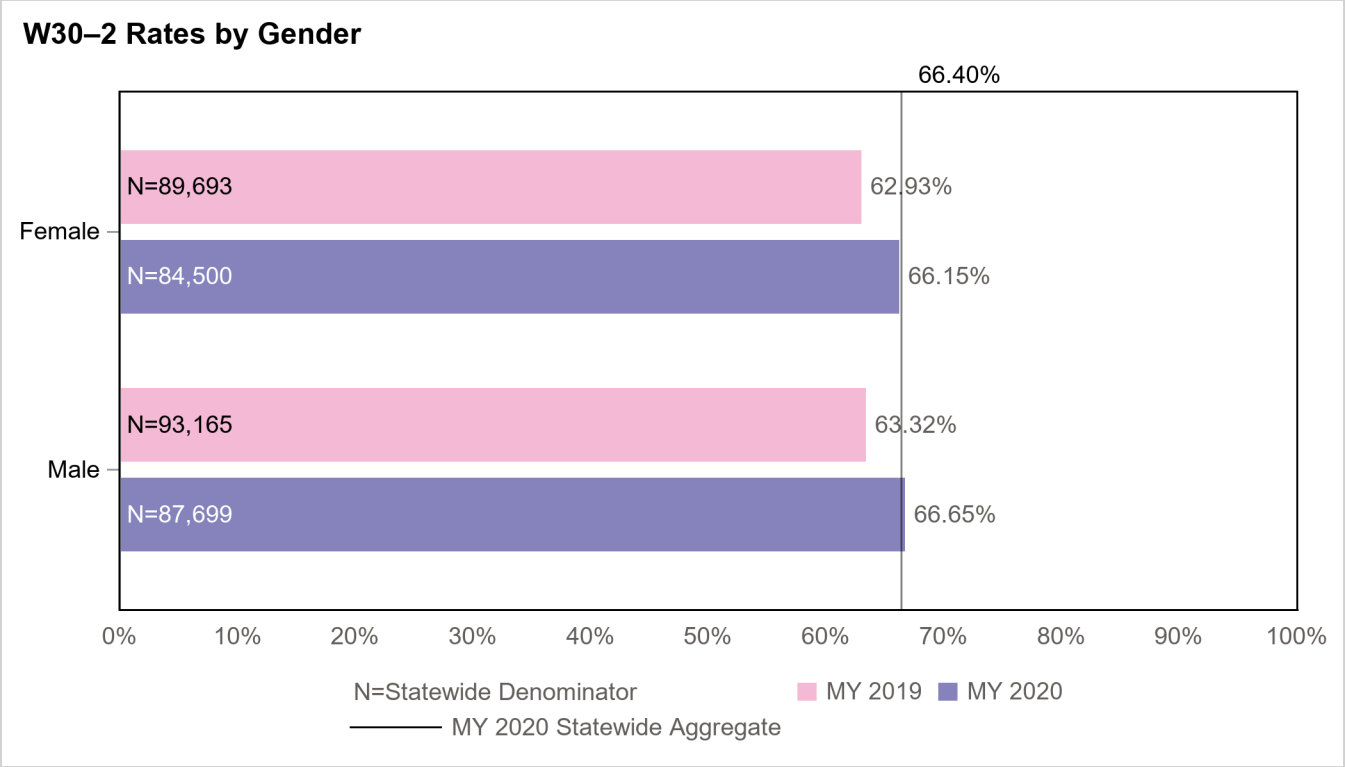


Figure 3.9—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 63.13 percent.



- For measurement year 2020, 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 two of 14 (14.29 percent) primary language groups (Russian and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate rate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate rate by more than a 10 percent relative difference:
  - Russian
  - Unknown/Missing

Figure 3.10—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)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 63.13 percent.

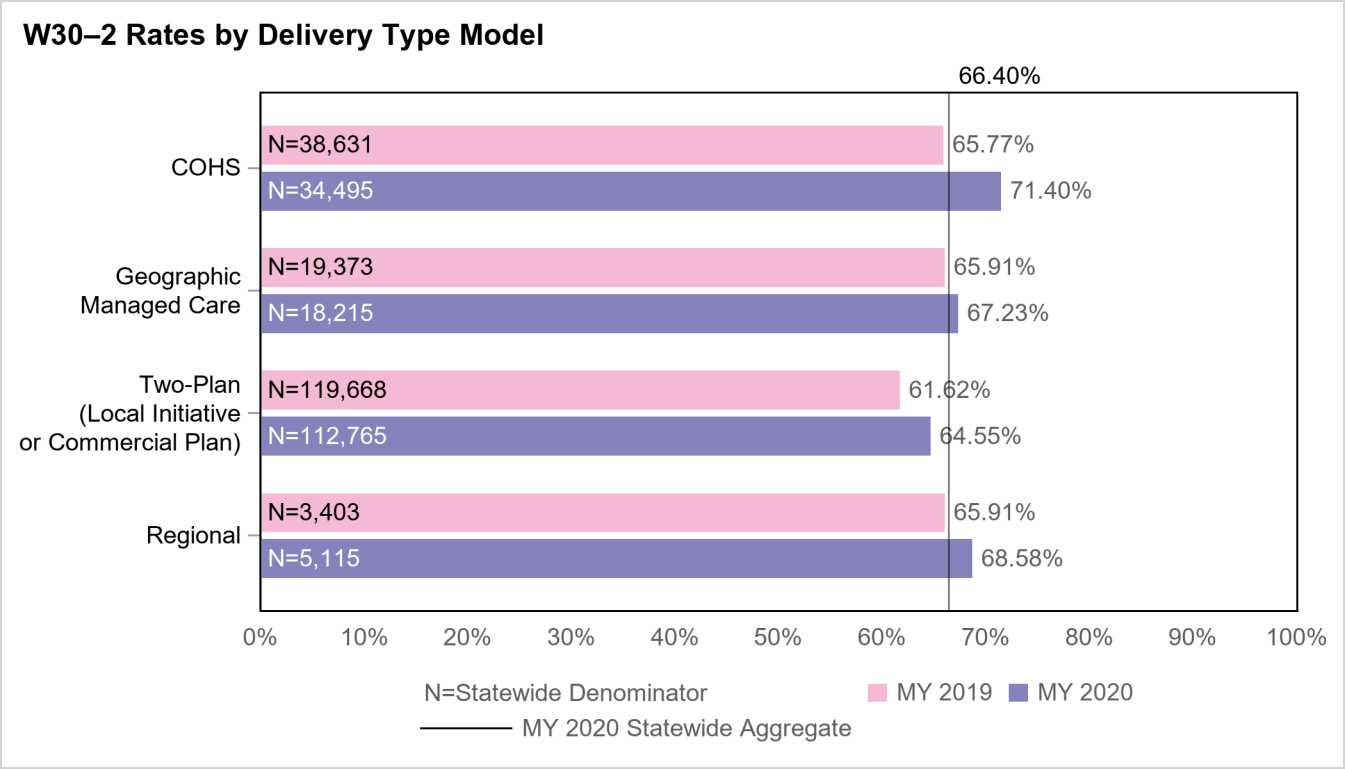
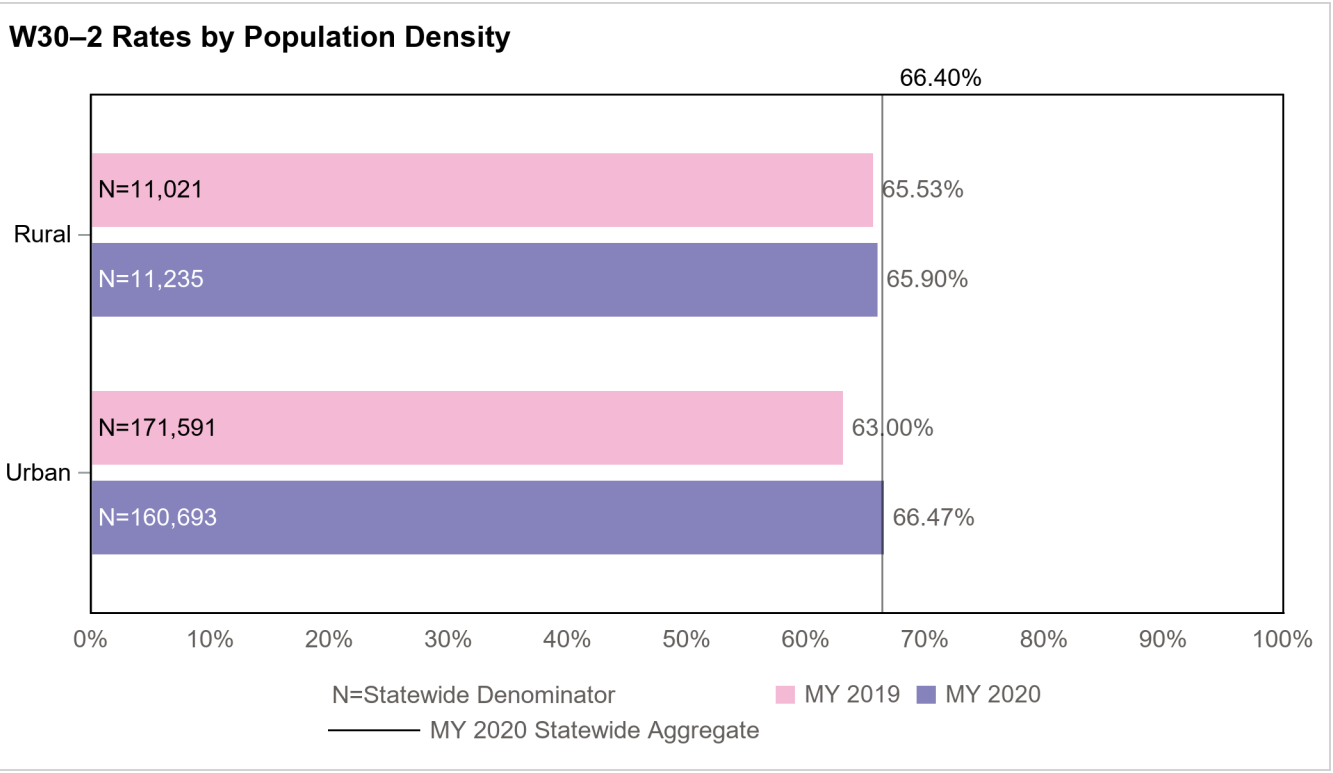


Figure 3.11—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 63.13 percent.

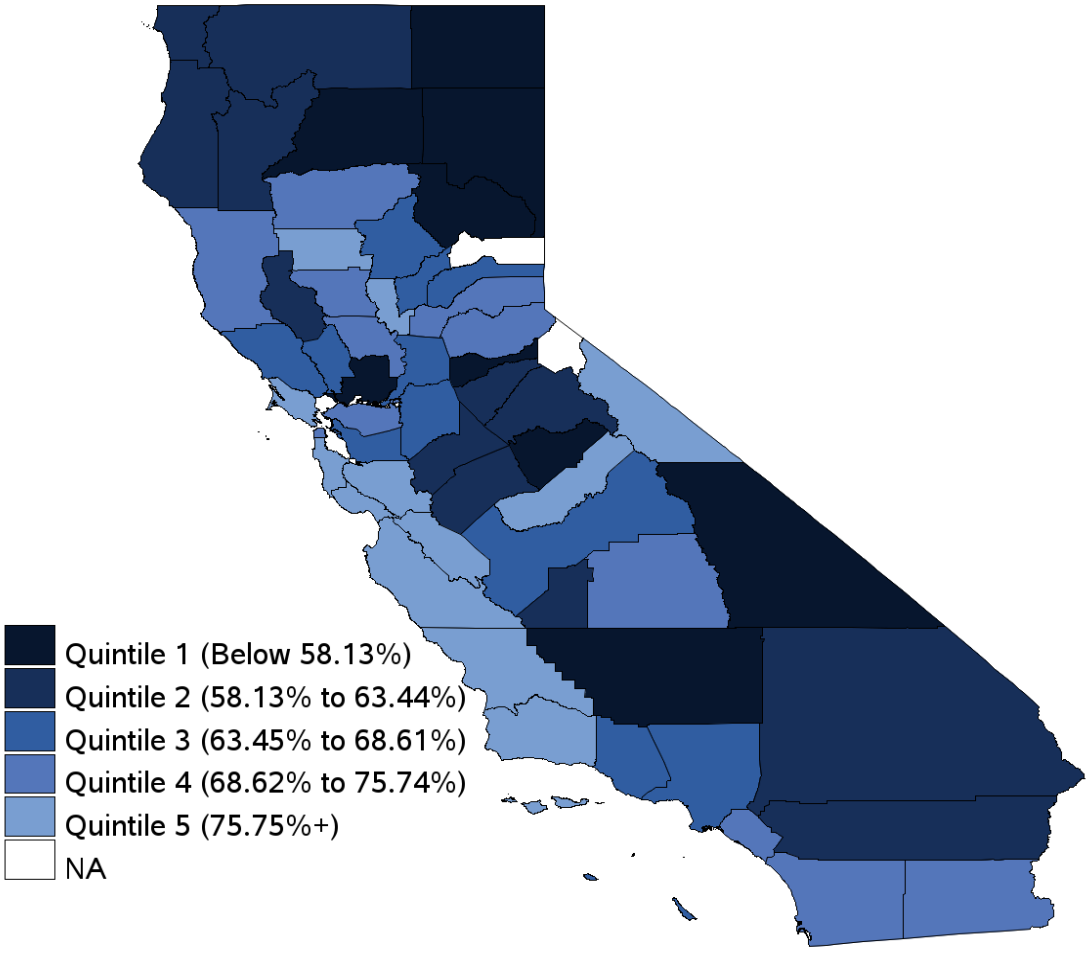


- For measurement year 2020, the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits* indicator rate for the Two-Plan delivery type model group fell below the statewide aggregate.
- For measurement year 2020, the rate for the rural regions fell below the statewide aggregate and was below the rate for the urban regions by less than a 1 percent relative difference.
- From measurement year 2019 to measurement year 2020, rates for all delivery type models and the rural and urban regions increased.

Figure 3.12—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)—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 2019 to measurement year 2020, 27 of 56 (48.21 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 decreased.
- For seven of nine (77.78 percent) counties that had the least favorable rates (Amador, Inyo, Lassen, Mariposa, Modoc, Plumas, and Shasta) in measurement year 2020, at least 80 percent of members spoke English as their primary language, which is approximately 9 percentage points higher than the percentage of English speakers for the statewide aggregate (71.37 percent). This finding aligns with the results displayed in Figure 3.8, which shows the rate for the English primary language group was 4 percentage points lower than the statewide aggregate.
- For nine of 12 (75.00 percent) counties that had the most favorable indicator rates (Madera, Marin, Mono, Monterey, San Benito, San Mateo, Santa Barbara, Santa Clara, and Santa

Cruz) in measurement year 2020, at least 31 percent of members spoke Spanish as their primary language, which is approximately 6 percentage points higher than the percentage of English speakers for the statewide aggregate (25.12 percent). This finding aligns with the results displayed in Figure 3.8, which shows the rate for the Spanish primary language group was 9 percentage points higher than the statewide aggregate.

Child and Adolescent Well-Care Visits—Total

The *Child and Adolescent Well-Care Visits—Total* (*WCV*) indicator measures the percentage of members 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 3.13 through Figure 3.19 display the *Child and Adolescent Well-Care Visits—Total* (*WCV*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Please exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates given that measurement year 2019 rates were calculated by HSAG using only administrative data while measurement year 2020 rates were reported by the MCPs based on administrative data and supplemental data. Additionally, measurement years 2019 and 2020 benchmarks were not available for this indicator.

Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 50.61 percent.

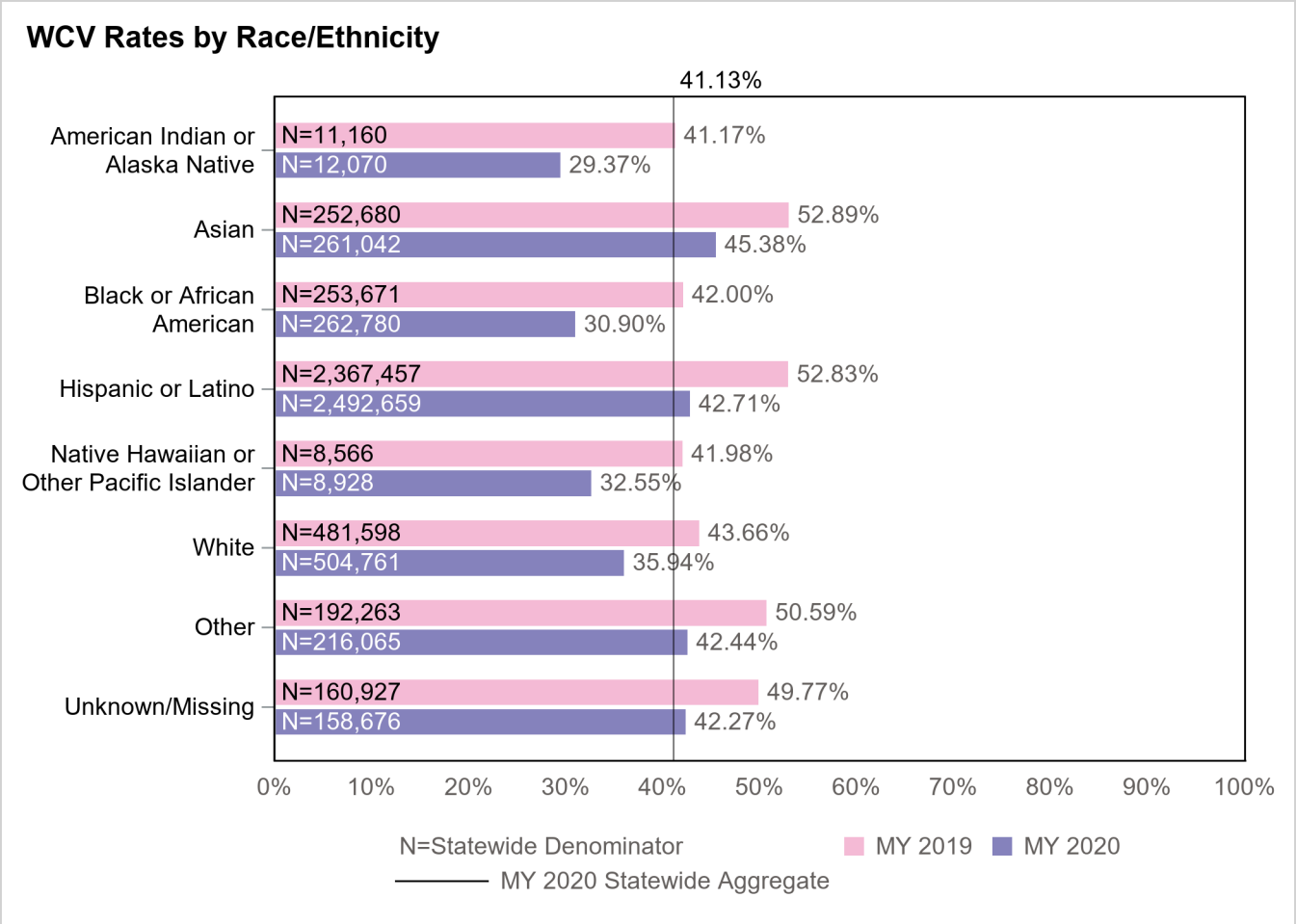


Figure 3.14—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 50.61 percent.

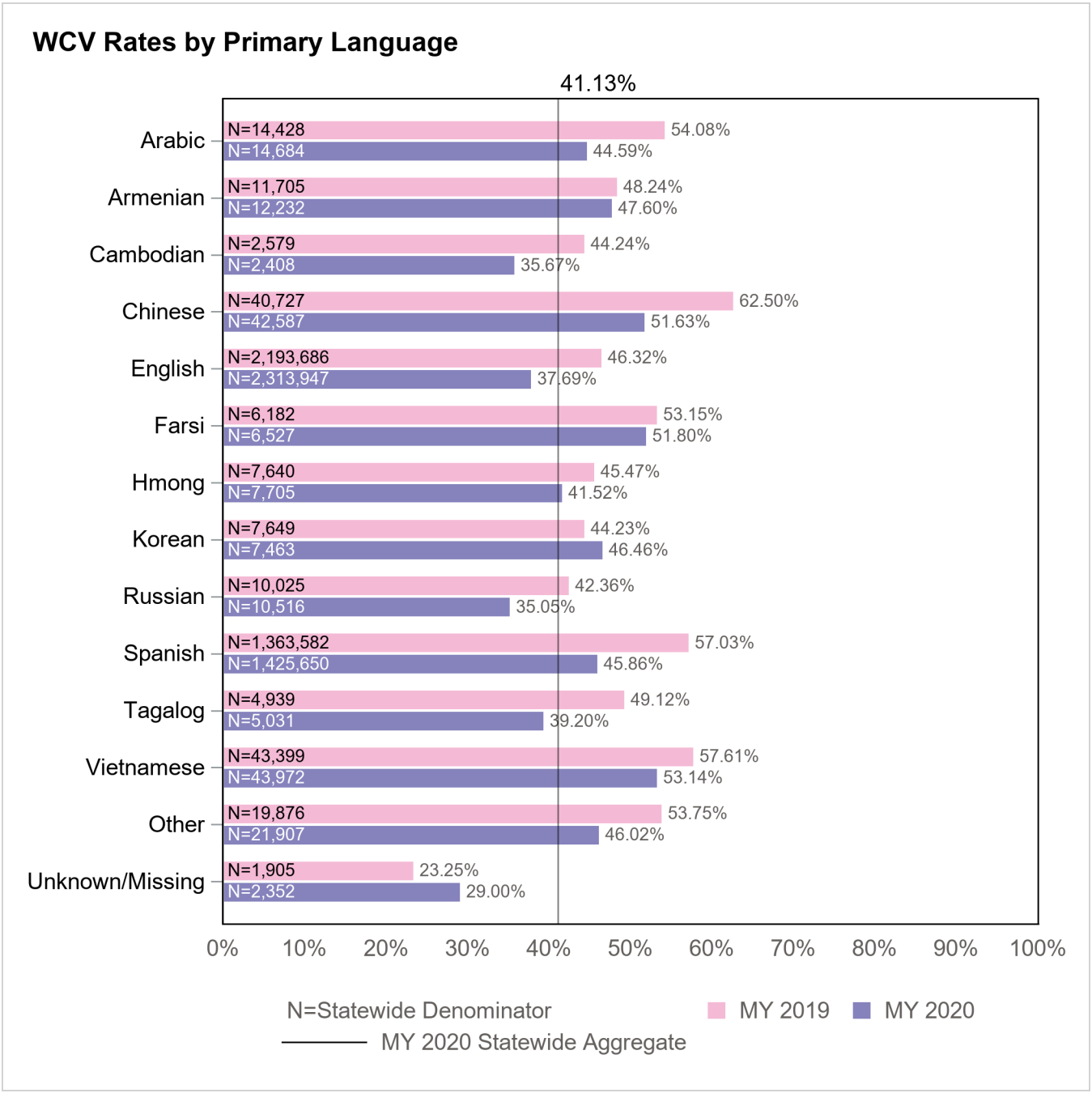


Figure 3.15—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 50.61 percent.

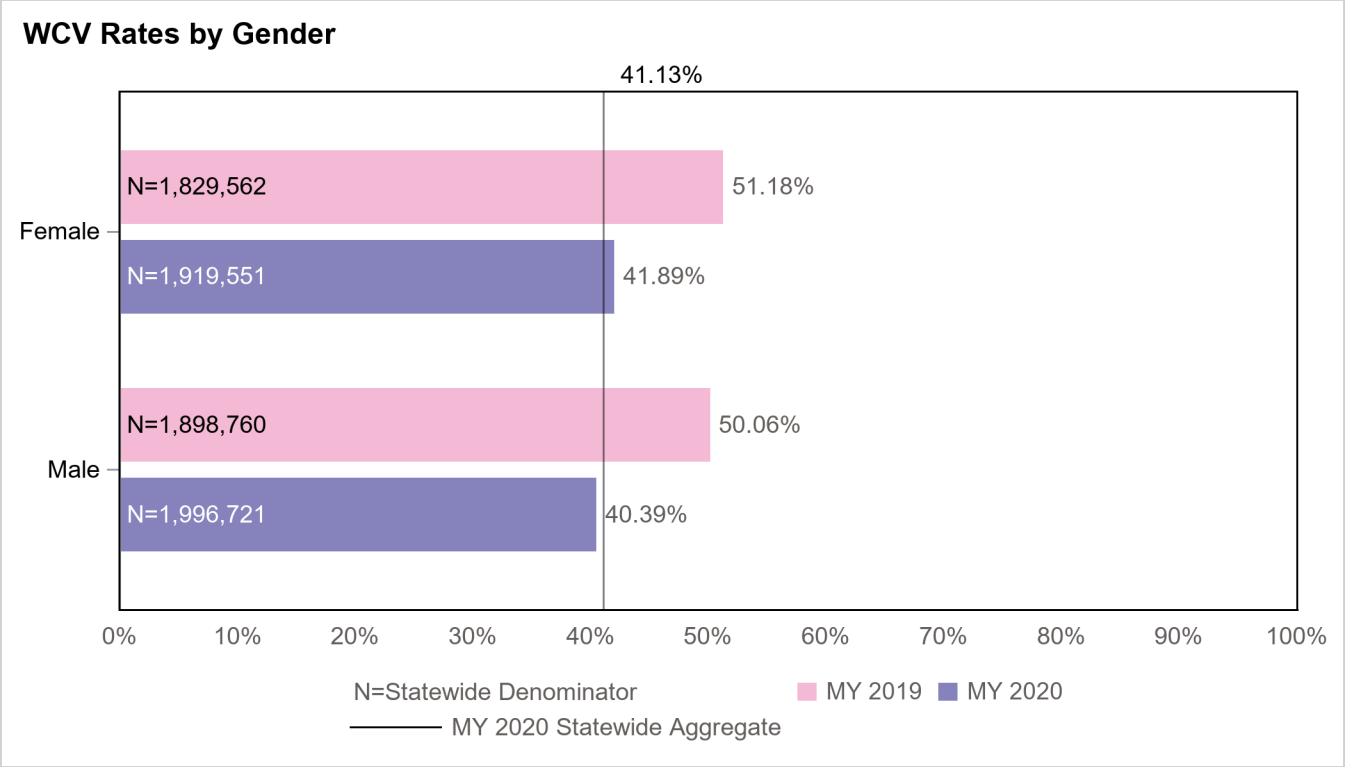
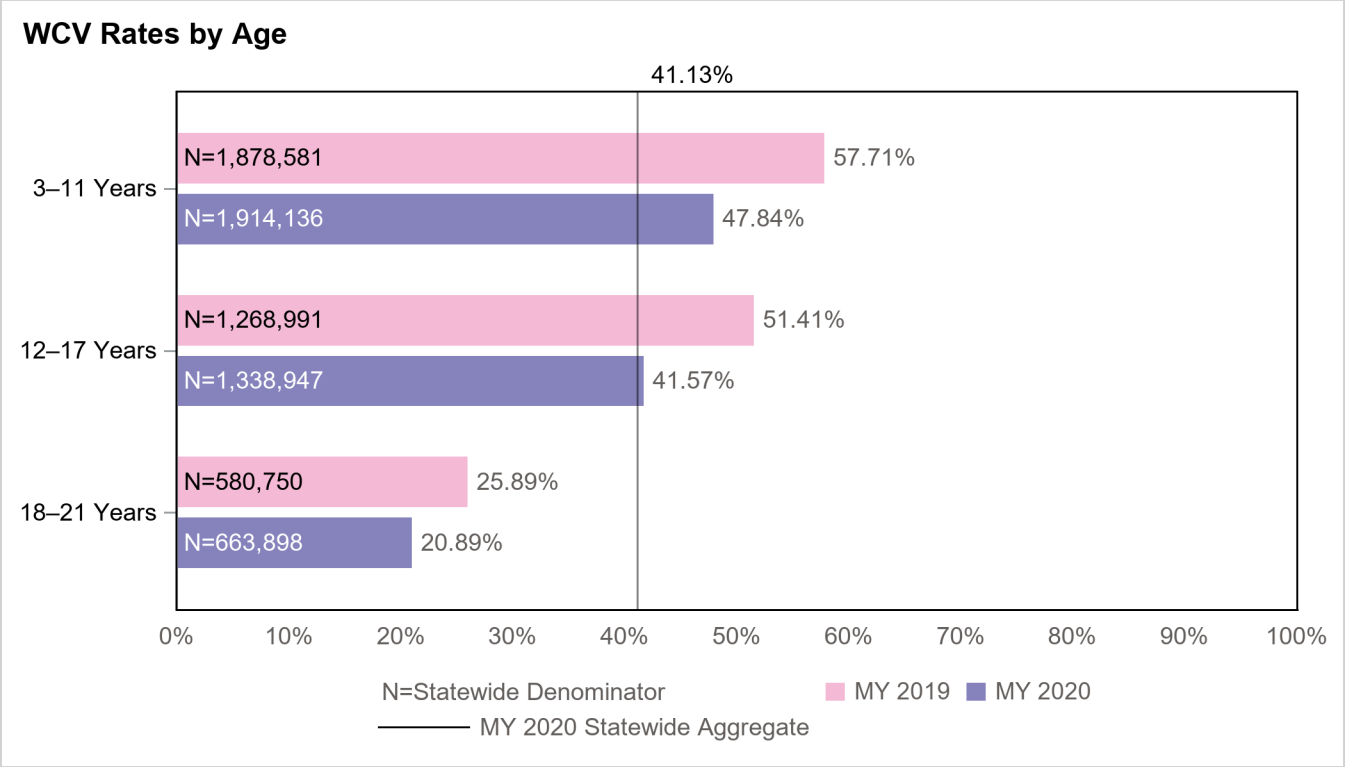


Figure 3.16—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Age Results

The statewide aggregate for measurement year 2019 was 50.61 percent.



- For measurement year 2020, rates for four of eight (50.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and three of 14 (21.43 percent) primary language groups (Cambodian, Russian, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Cambodian
  - Russian
  - Unknown/Missing
- For both measurement years 2019 and 2020, the rate for the 18–21 Years age group fell below the statewide aggregate by more than a 45 percent relative difference.

Figure 3.17—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 50.61 percent.

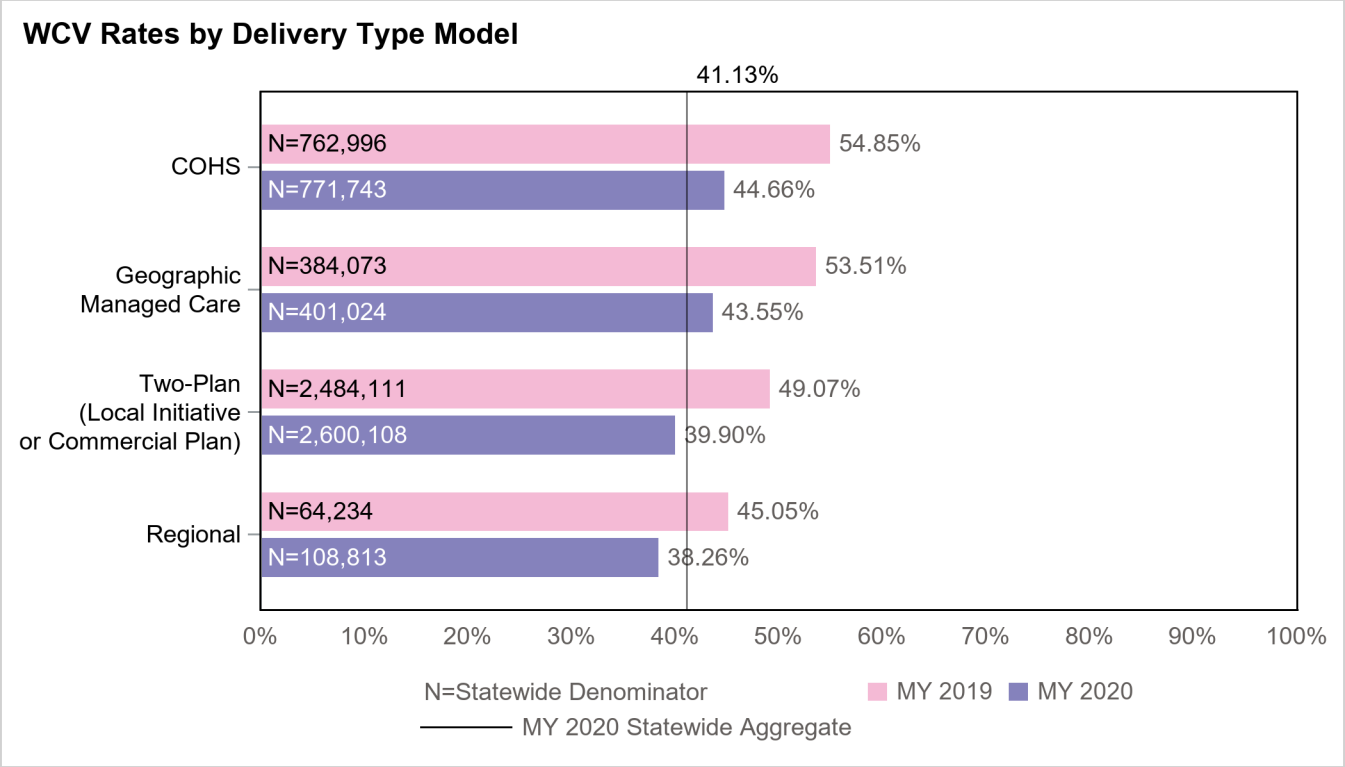
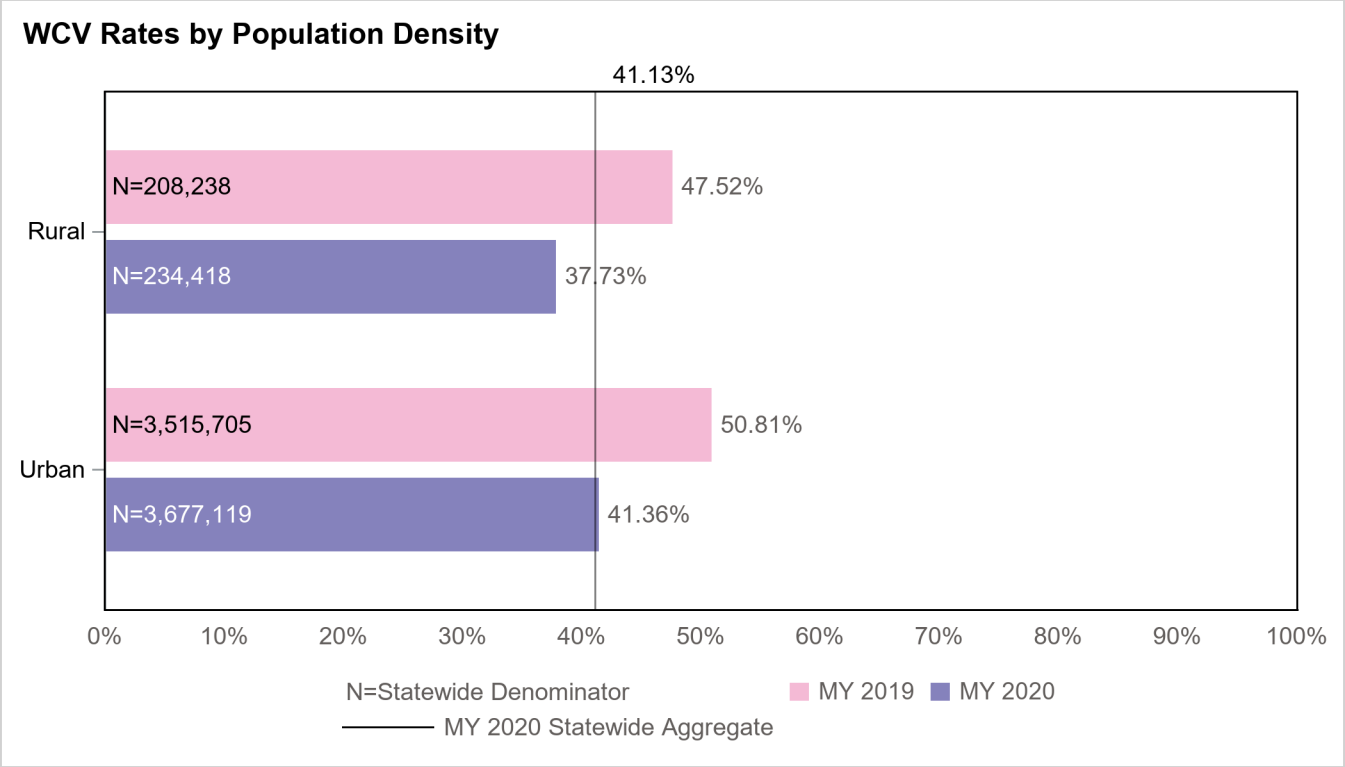


Figure 3.18—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 50.61 percent.

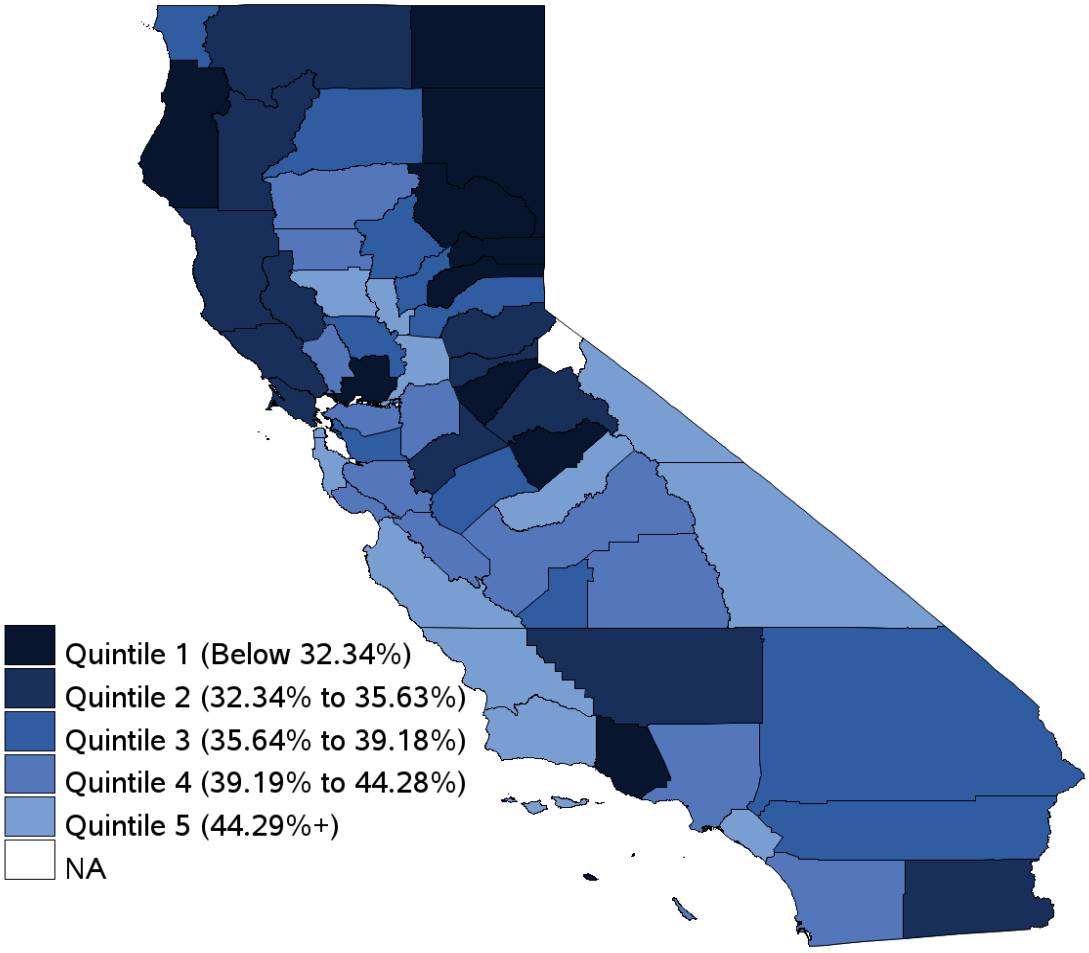


- For measurement year 2020, the *Child and Adolescent Well-Care Visits—Total* indicator rates for all four delivery type model groups decreased by at least 6 percentage points from measurement year 2019 to measurement year 2020.
- For measurement year 2020, the rate for the rural regions was below the rate for the urban regions by nearly a 10 percent relative difference. Further, rates for both population density groups decreased by at least 9 percentage points from measurement year 2019 to measurement year 2020.

Figure 3.19—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 2019 to measurement year 2020, 54 of 57 (94.74 percent) counties with reportable *Child and Adolescent Well-Care Visits—Total* indicator rates decreased.
- For measurement year 2020, for eight of 10 (80.00 percent) counties with the least favorable rates (Plumas, Mariposa, Sierra, Lassen, Calaveras, Modoc, Nevada, and Humboldt) at least 49 percent of members were in the White racial/ethnic group, which is more than 36 percentage points higher than the percentage of members in the White racial/ethnic group for the statewide aggregate (12.89 percent). This finding aligns with Figure 3.13, which shows that the rate for the White racial/ethnic group fell below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, San Luis Obispo, Santa Barbara, Colusa, Mono, Madera, Monterey, Orange, San Mateo, Inyo, San Francisco, Sutter, and Sacramento counties had

the most favorable indicator rates. Of note, only eight of 57 (14.04 percent) counties (Alameda, Orange, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sutter) in measurement year 2020 had at least 10 percent of members who were in the Asian racial/ethnic group, with rates for five of these eight (62.50 percent) counties (Orange, Sacramento, San Francisco, San Mateo, and Sutter) in Quintile 5 and rates for two of these eight (25.00 percent) counties (San Joaquin and Santa Clara) in Quintile 4. These findings align with Figure 3.13, which shows that the rate for the Asian racial/ethnic group was approximately 4 percentage points higher than the statewide aggregate.

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 (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. Figure 3.20 through Figure 3.25 display the *Childhood Immunization Status—Combination 10 (CIS–10)* indicator rates at the statewide and regional levels for measurement year 2020.

Figure 3.20—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Racial/Ethnic Results

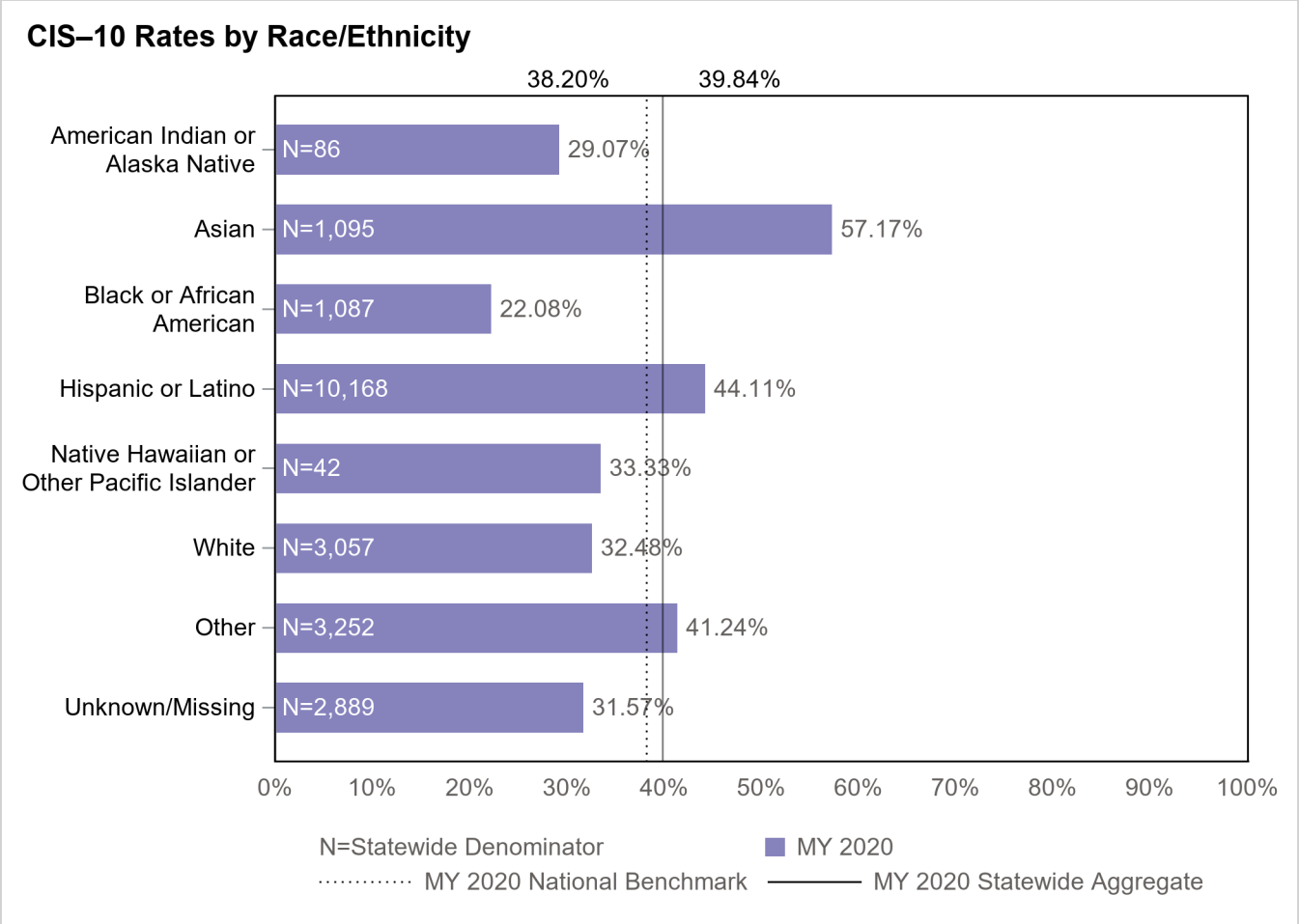


Figure 3.21—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Primary Language Results

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

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

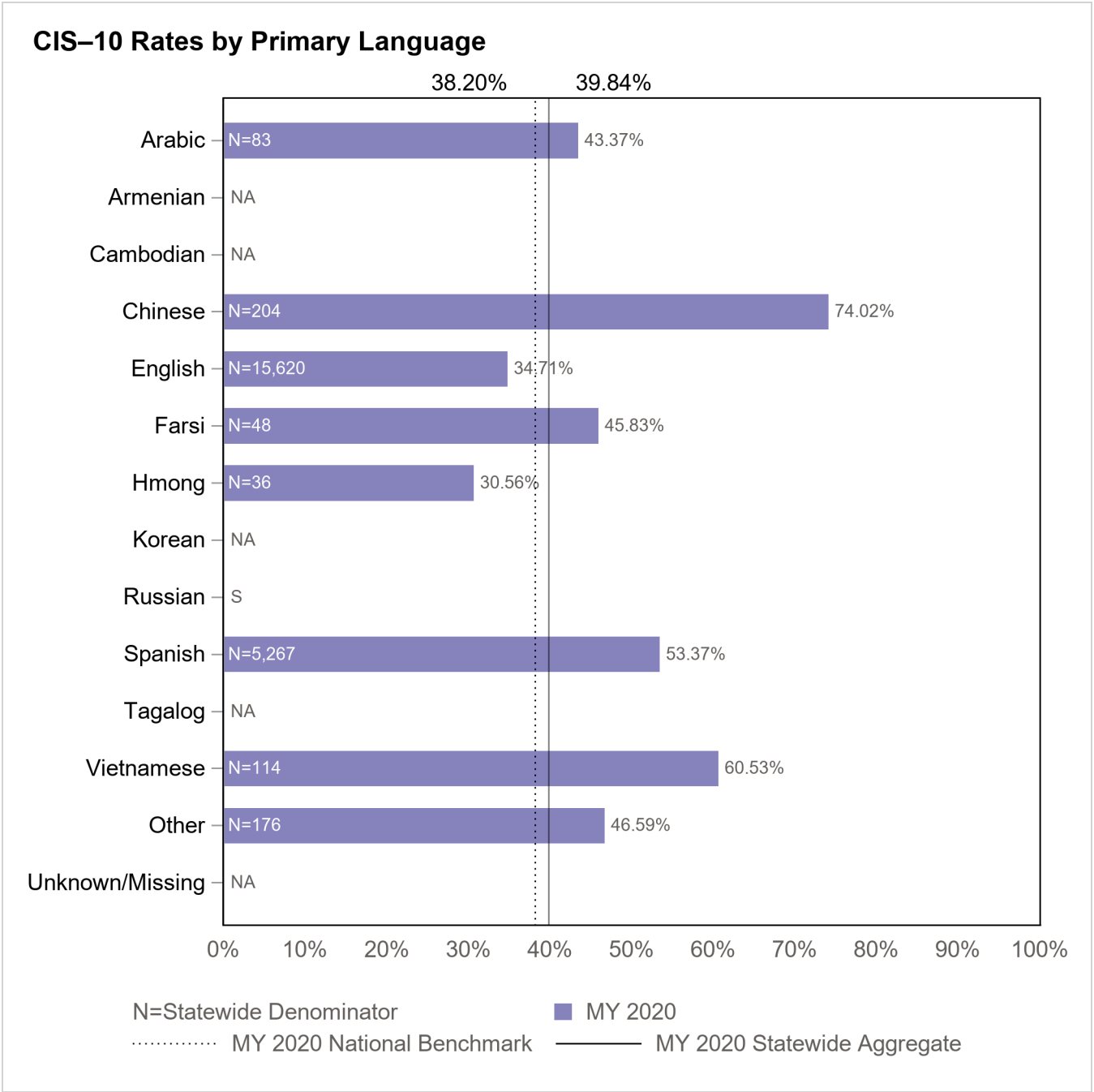
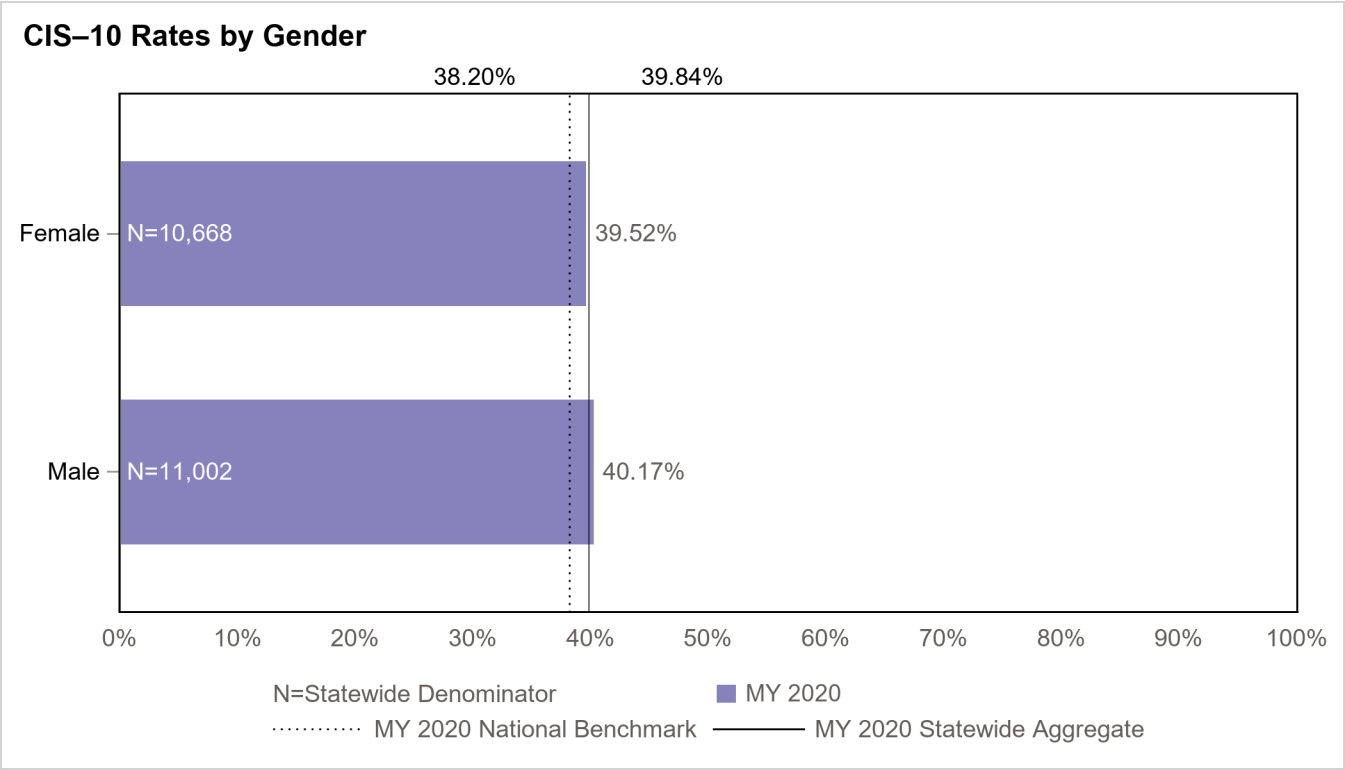


Figure 3.22—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Gender Results



- For measurement year 2020, the statewide aggregate for the *Childhood Immunization Status—Combination 10* indicator was above the national benchmark, indicating that MCPs ensured an adequate number of pediatric members received appropriate vaccinations.
- For measurement year 2020, 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, White, and Unknown/Missing) and two of eight (25.00 percent) primary language groups (English and Hmong) were below the statewide aggregate by more than a 10 percent relative difference and fell below the national benchmark.

Figure 3.23—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Delivery Type Model Results

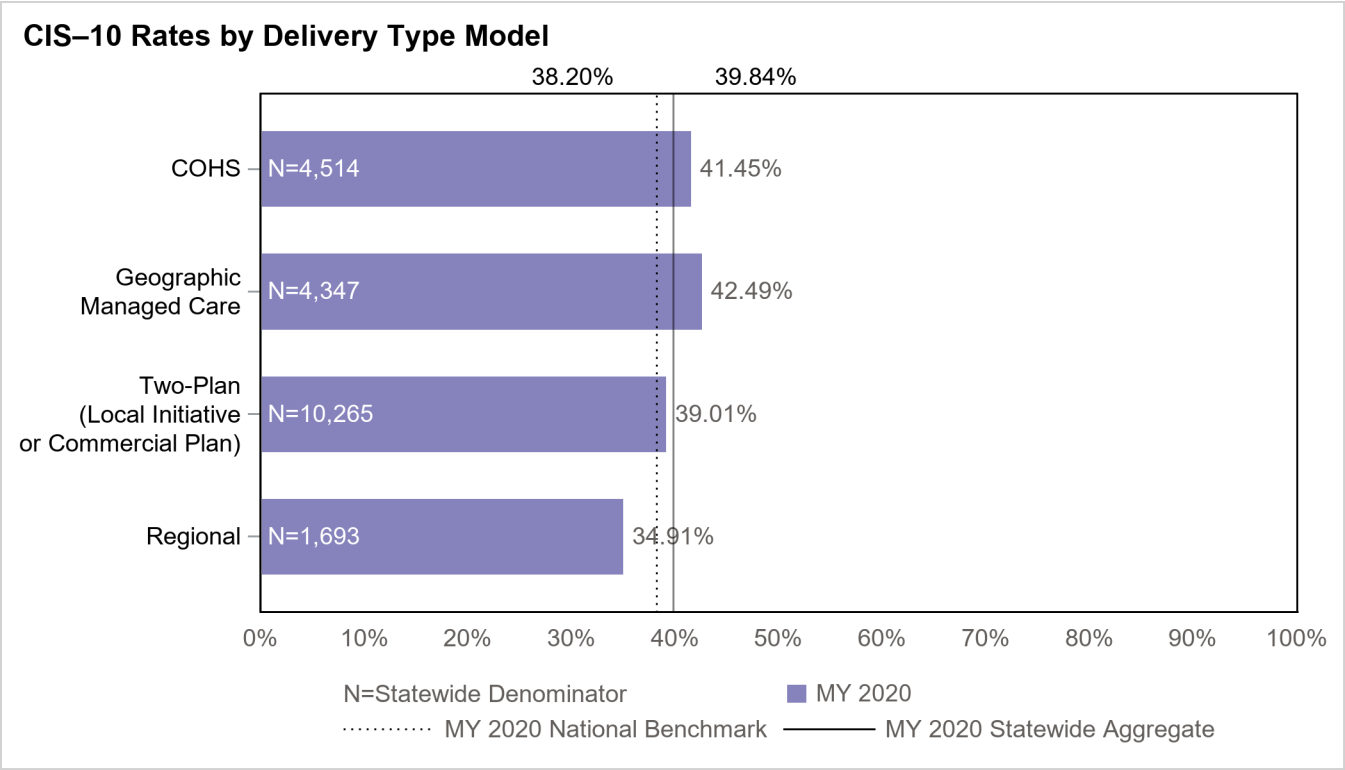
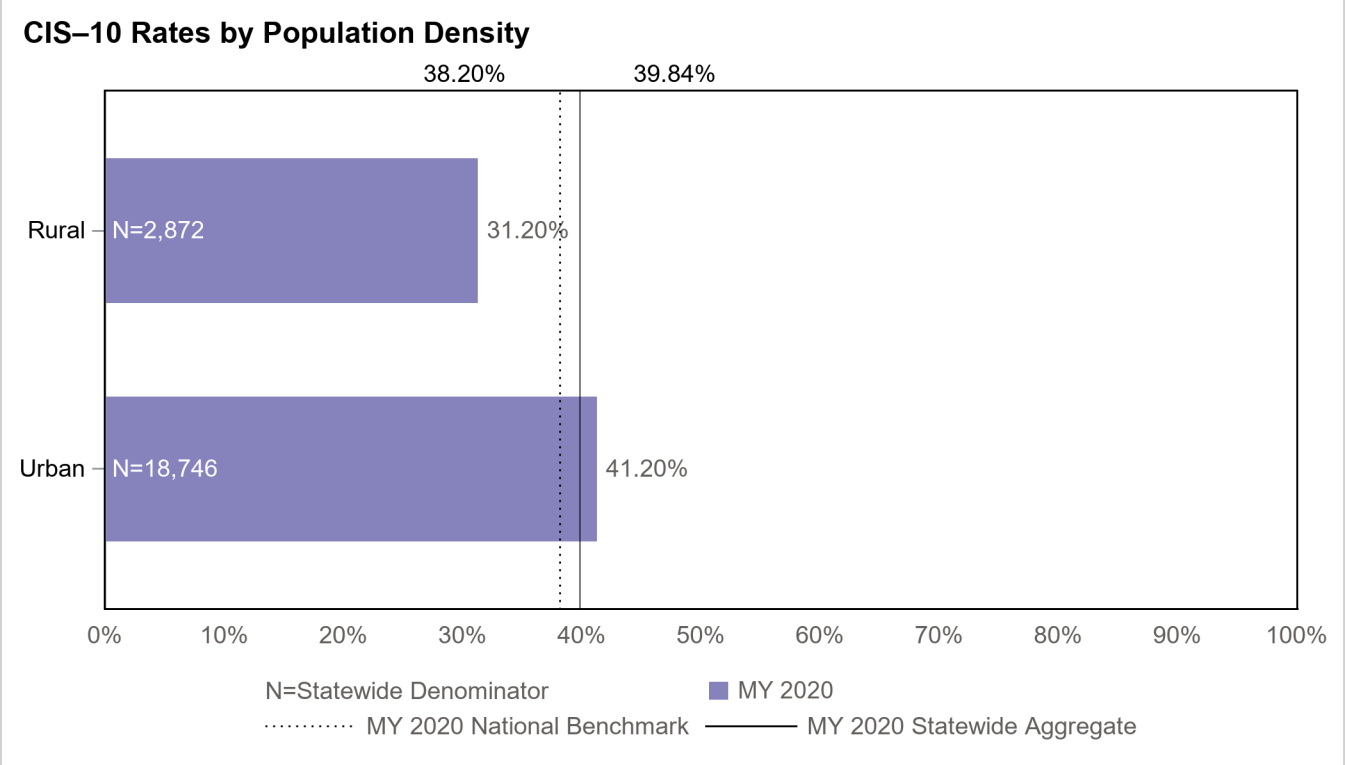


Figure 3.24—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Population Density Results

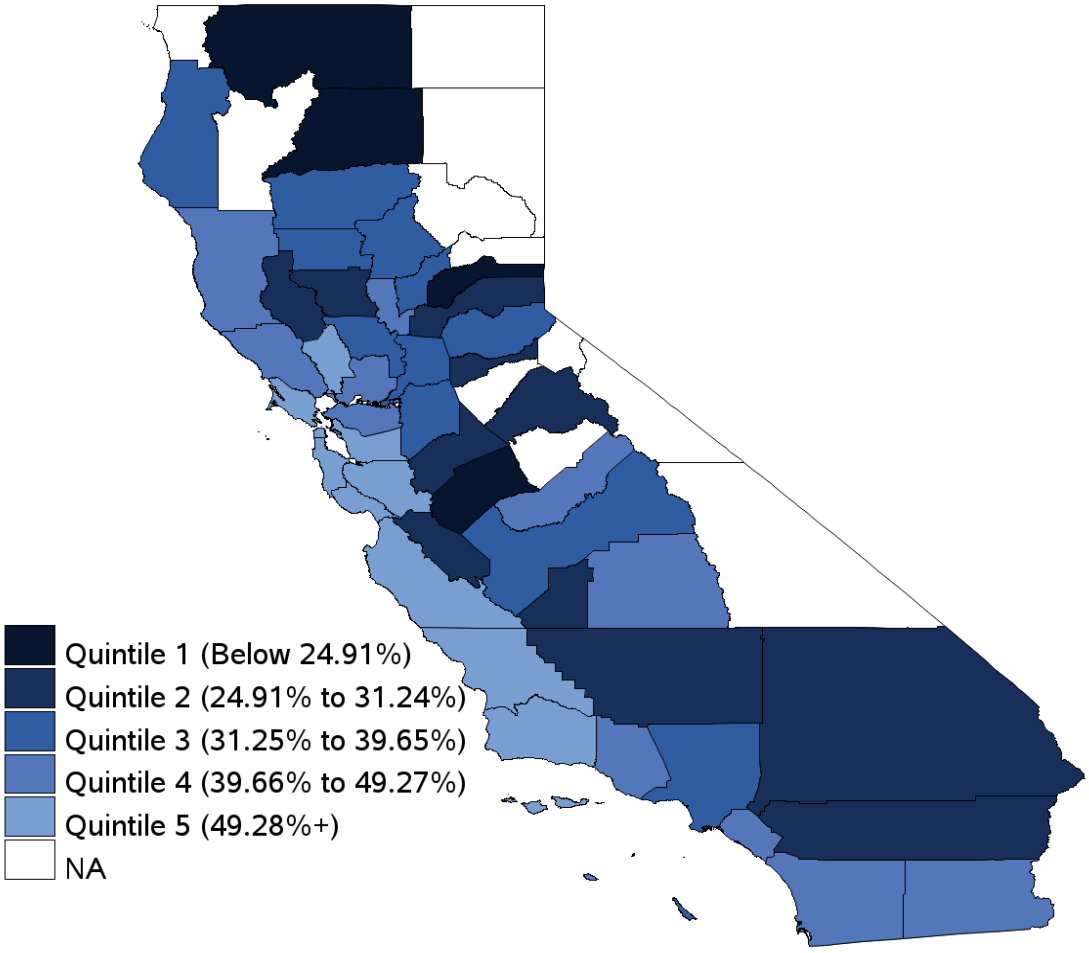


- For measurement year 2020, the *Childhood Immunization Status—Combination 10* indicator rate for the Regional delivery type model group and the rural regions fell below the national benchmark.
- For measurement year 2020, the rate for the Regional delivery type model group fell below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, the rate for the rural regions was below the rate for the urban regions by nearly a 25 percent relative difference.

Figure 3.25—Childhood Immunization Status—Combination 10 (CIS–10)—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 2020, 25 of 47 (53.19 percent) counties with reportable *Childhood Immunization Status—Combination 10* indicator rates fell below the national benchmark.
- For measurement year 2020, Siskiyou, Nevada, Merced, and Shasta counties had the least favorable rates.
- For measurement year 2020, nine of 10 (90.00 percent) counties that had the most favorable rates (San Mateo, San Francisco, Marin, Santa Cruz, Monterey, Santa Clara, Santa Barbara, Alameda, and Napa) had less than 64 percent of members who spoke English as their primary language, which is approximately 8 percentage points lower than the percentage of English-speaking members for the statewide aggregate (72.06 percent). These findings align with Figure 3.21, which shows that the rate for the English primary language group fell below the statewide aggregate by more than 5 percentage points.

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 3.26 through Figure 3.30 display the *Chlamydia Screening in Women—16 to 20 Years* (*CHL–1620*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020.

Figure 3.26—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Racial/Ethnic Results

The national benchmark and statewide aggregate for measurement year 2019 were 53.71 percent and 60.50 percent, respectively.

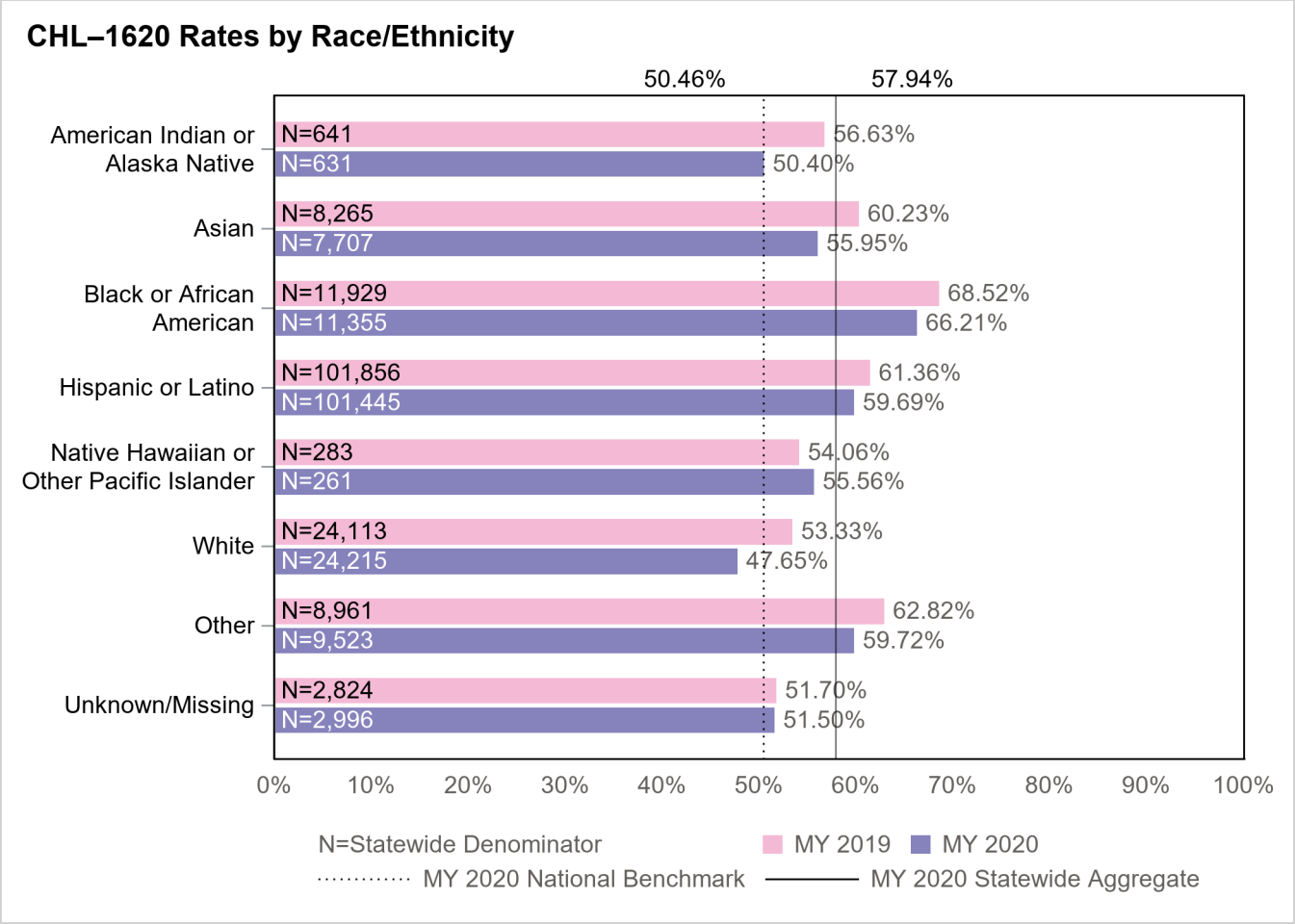
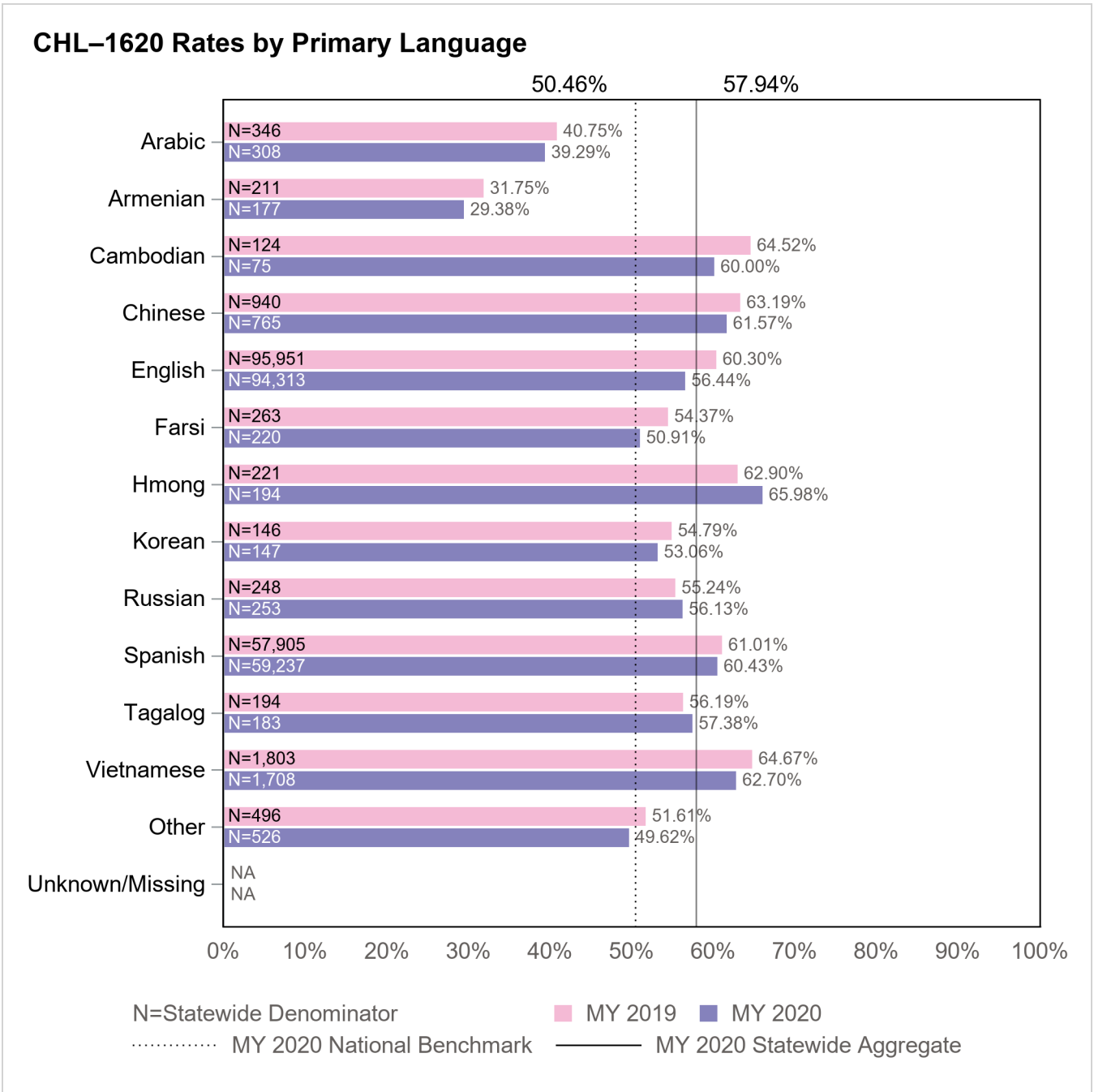


Figure 3.27—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Primary Language Results

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

The national benchmark and statewide aggregate for measurement year 2019 were 53.71 percent and 60.50 percent, respectively.



- With both the statewide aggregate and national benchmark decreasing by over 2 percentage points from measurement year 2019 to measurement year 2020, the statewide aggregate for the *Chlamydia Screening in Women—16 to 20 Years* indicator was above the national benchmark for both measurement years, indicating that MCPs ensured that an adequate number of female members received appropriate chlamydia screenings.
- For measurement year 2020, reportable rates for two of eight (25.00 percent) racial/ethnic groups (American Indian or Alaska Native and White) and three of 13 (23.08 percent) primary language groups (Arabic, Armenian, and Other) fell below the national benchmark.
- For measurement year 2020, reportable rates for three of eight (37.50 percent) racial/ethnic groups (American Indian or Alaska Native, White, and Unknown/Missing) and four of 13 (30.77 percent) primary language groups (Arabic, Armenian, Farsi, and Other) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - White
  - Unknown/Missing
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Arabic
  - Armenian
  - Farsi
  - Other

Figure 3.28—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 2019 were 53.71 percent and 60.50 percent, respectively.

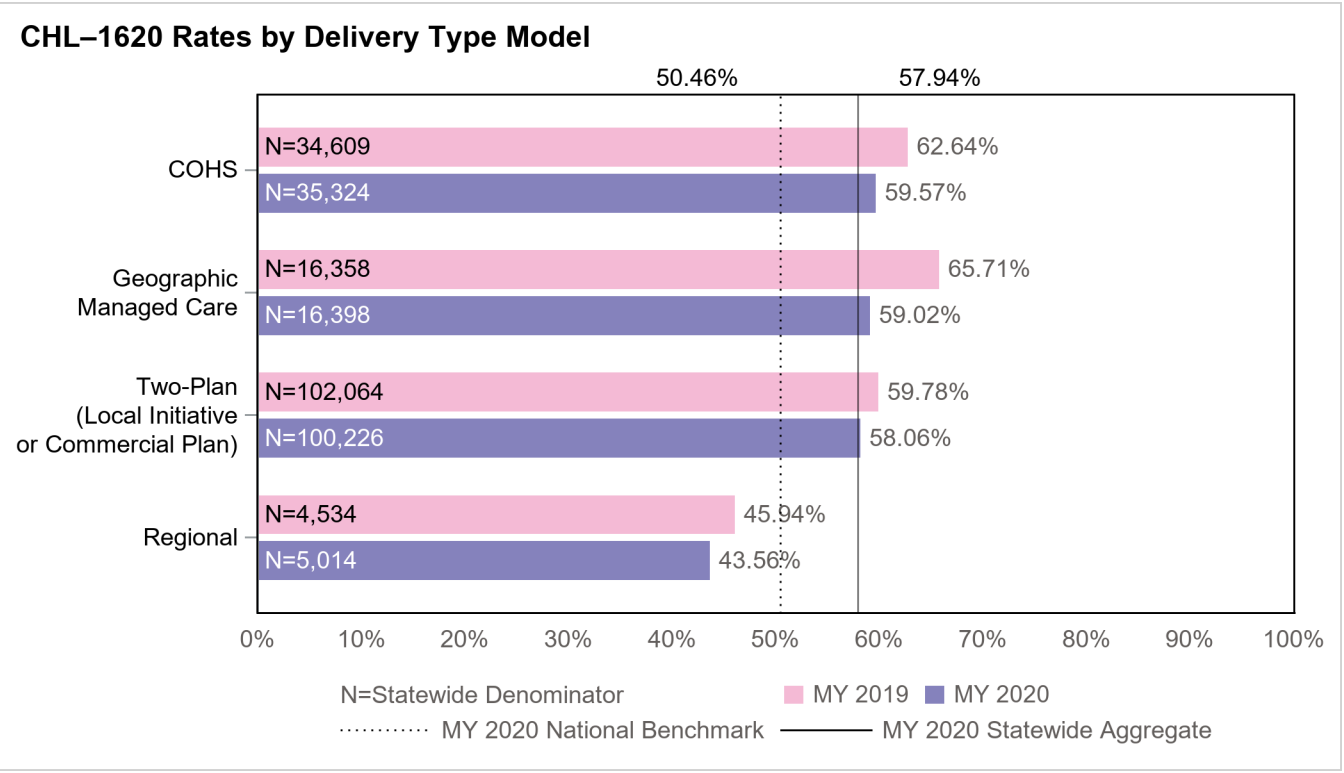
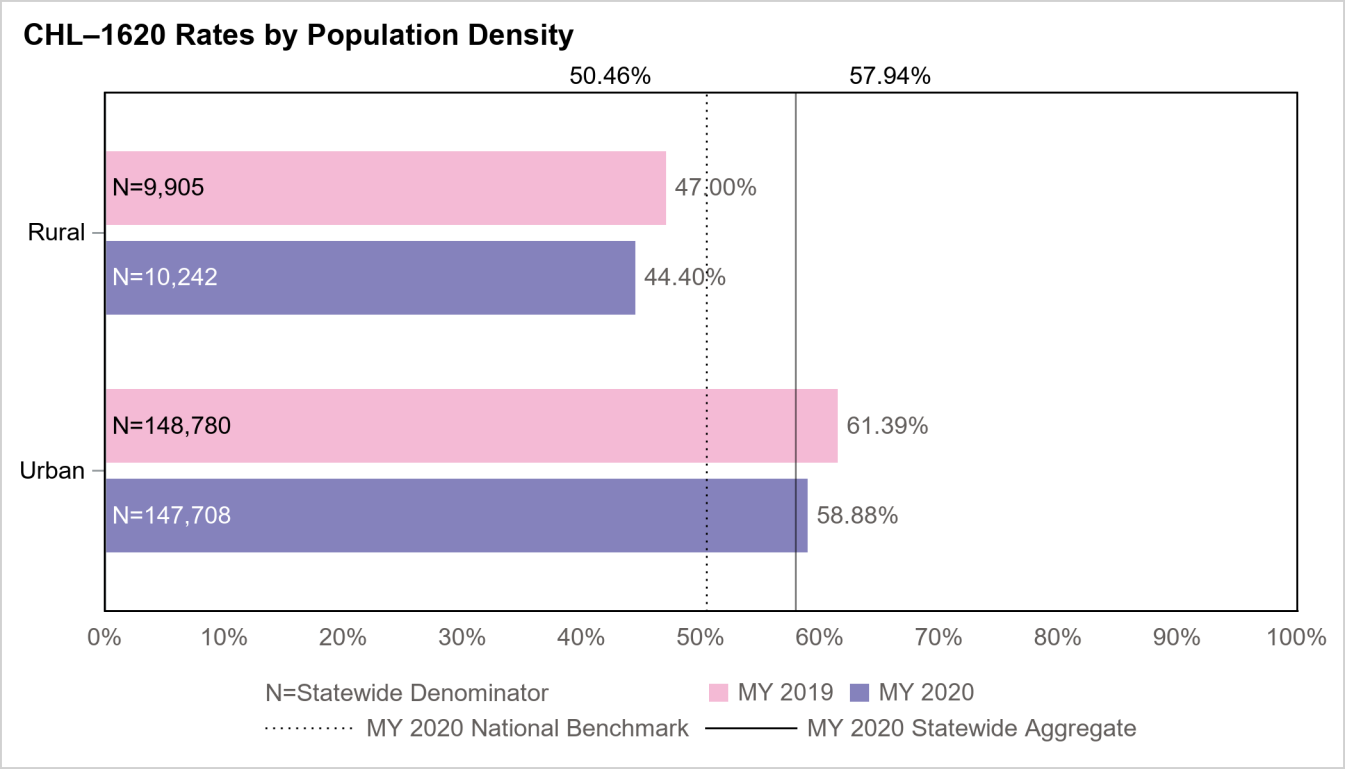


Figure 3.29—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional-Level Population Density Results

The national benchmark and statewide aggregate for measurement year 2019 were 53.71 percent and 60.50 percent, respectively.

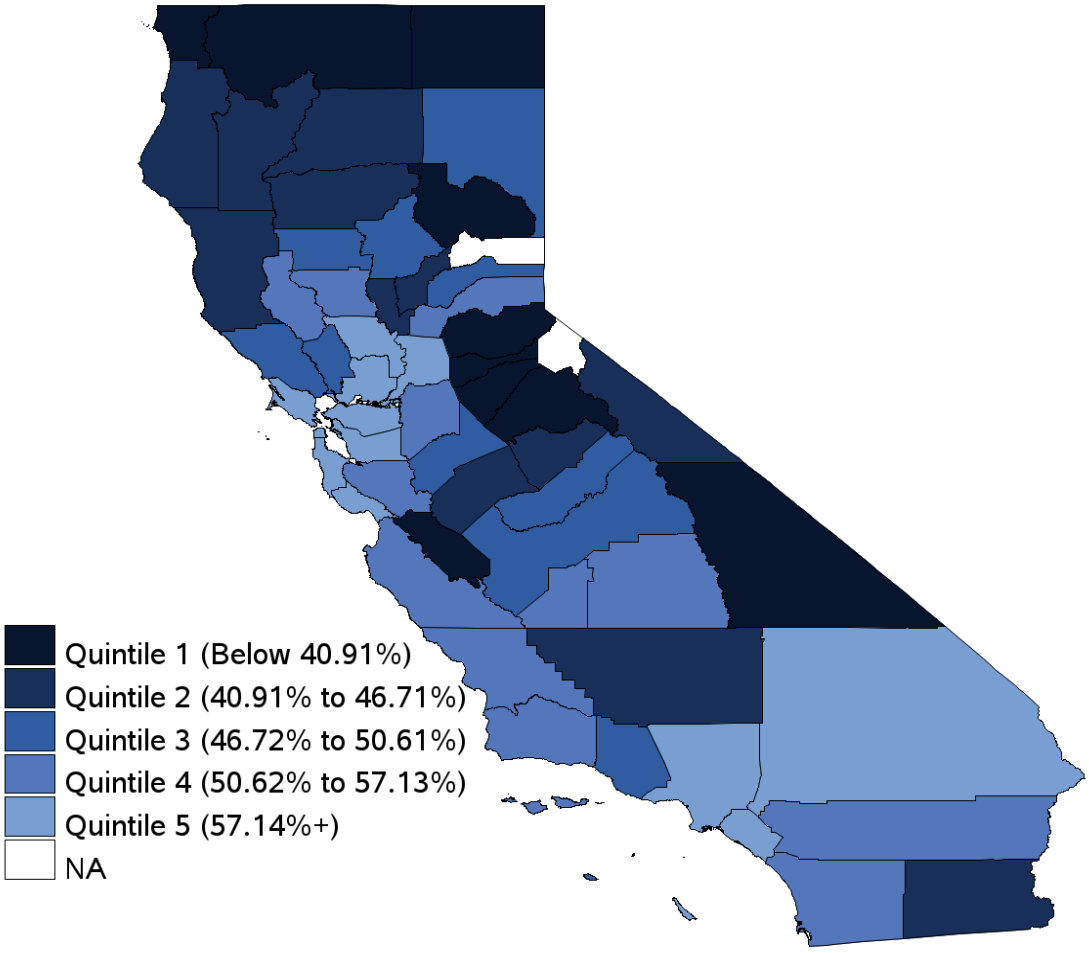


- For measurement year 2020, the *Chlamydia Screening in Women—16 to 20 Years* indicator rate for the Regional delivery type model group fell below the national benchmark.
- For measurement year 2020, the rate for the rural regions fell below the national benchmark and was below the rate for the urban regions by just under a 25 percent relative difference.
- From measurement year 2019 to measurement year 2020, rates for all delivery type model groups and the urban and rural regions decreased.
- For both measurement years 2019 and 2020, rates for the Regional delivery type model group and the rural region fell below the national benchmark.

Figure 3.30—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.



- From measurement year 2019 to measurement year 2020, 42 of 56 (75.00 percent) counties with reportable *Chlamydia Screening in Women—16 to 20 Years* indicator rates decreased. Additionally, rates for 31 of these 56 (55.36 percent) counties fell below the national benchmark in both measurement years.
- Plumas, Calaveras, Tuolumne, Inyo, Amador, and El Dorado counties had some of the least favorable rates. All of these counties also utilize the Regional delivery type model and four of six (66.67 percent) of these counties were considered predominately rural (i.e., at least 61 percent of members resided in rural areas). These findings align with Figure 3.28 and Figure 3.29, which show that rates for the Regional delivery type model group and rural regions each fell below the statewide aggregate by approximately 14 percentage points. Of note, in five of these six (83.33 percent) counties at least 60 percent of members were in the White racial/ethnic group (approximately 45 percentage points higher than the percentage of members in the White group for the statewide aggregate), which aligns with

the findings displayed in Figure 3.26 that shows the rate for the White racial/ethnic group was below the national benchmark and statewide average.

- For measurement year 2020, 10 of 12 (83.33 percent) counties with the most favorable indicator rates (Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Bernardino, San Francisco, San Mateo, and Santa Cruz) were predominately urban (i.e., at least 94 percent of members resided in urban areas). Of note, only eight of 56 (14.29 percent) counties (Alameda, Contra Costa, Los Angeles, Sacramento, San Bernardino, San Francisco, San Joaquin, and Solano) had at least 9 percent of members who were in the Black or African American racial/ethnic group, with rates for seven of these eight (87.50 percent) counties in Quintile 5. These findings align with the results displayed in Figure 3.29 and Figure 3.26, which show rates for the urban group and Black or African American racial/ethnic group, respectively, were higher than the statewide aggregate by approximately 8 percentage points.

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. Figure 3.31 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 measurement years 2019 and 2020. Due to inconsistent reporting of EHR data by MCPs, differences in rates may be indicative of data completeness rather than performance.

Figure 3.31—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Racial/Ethnic Results

The national benchmark and statewide aggregate for measurement year 2019 were 32.70 percent and 25.42 percent, respectively.

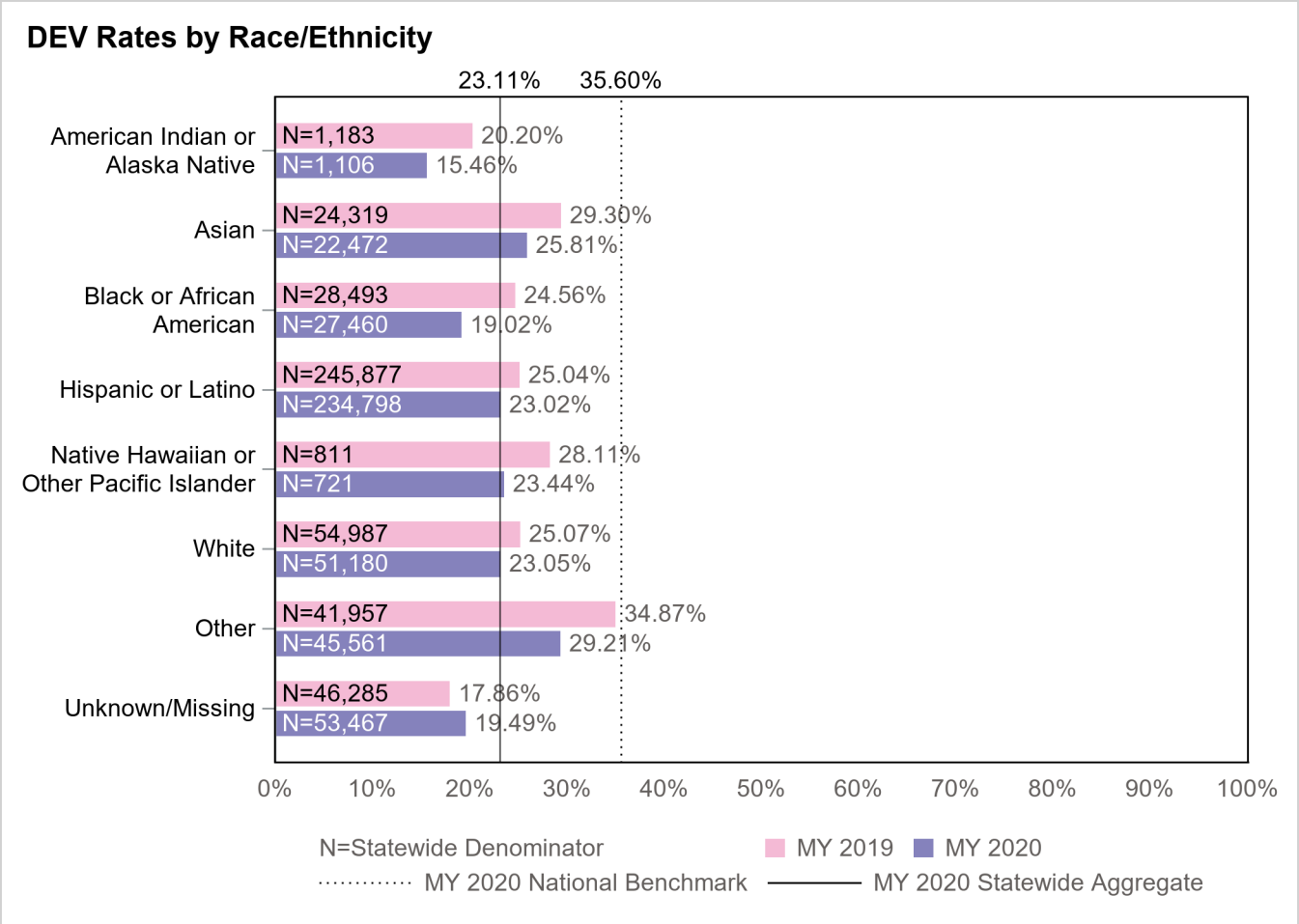


Figure 3.32—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Primary Language Results

The national benchmark and statewide aggregate for measurement year 2019 were 32.70 percent and 25.42 percent, respectively.

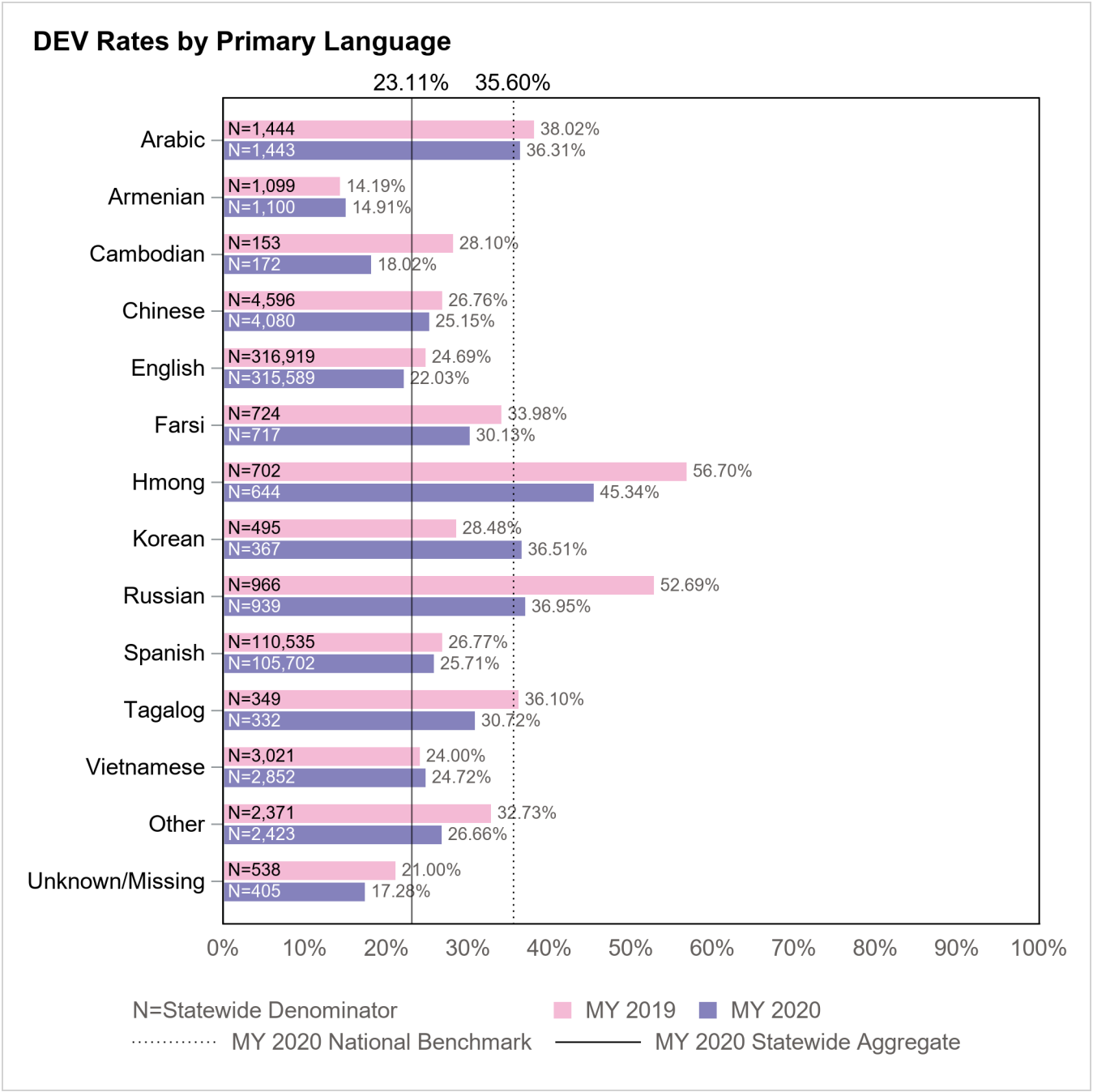


Figure 3.33—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Gender Results

The national benchmark and statewide aggregate for measurement year 2019 were 32.70 percent and 25.42 percent, respectively.

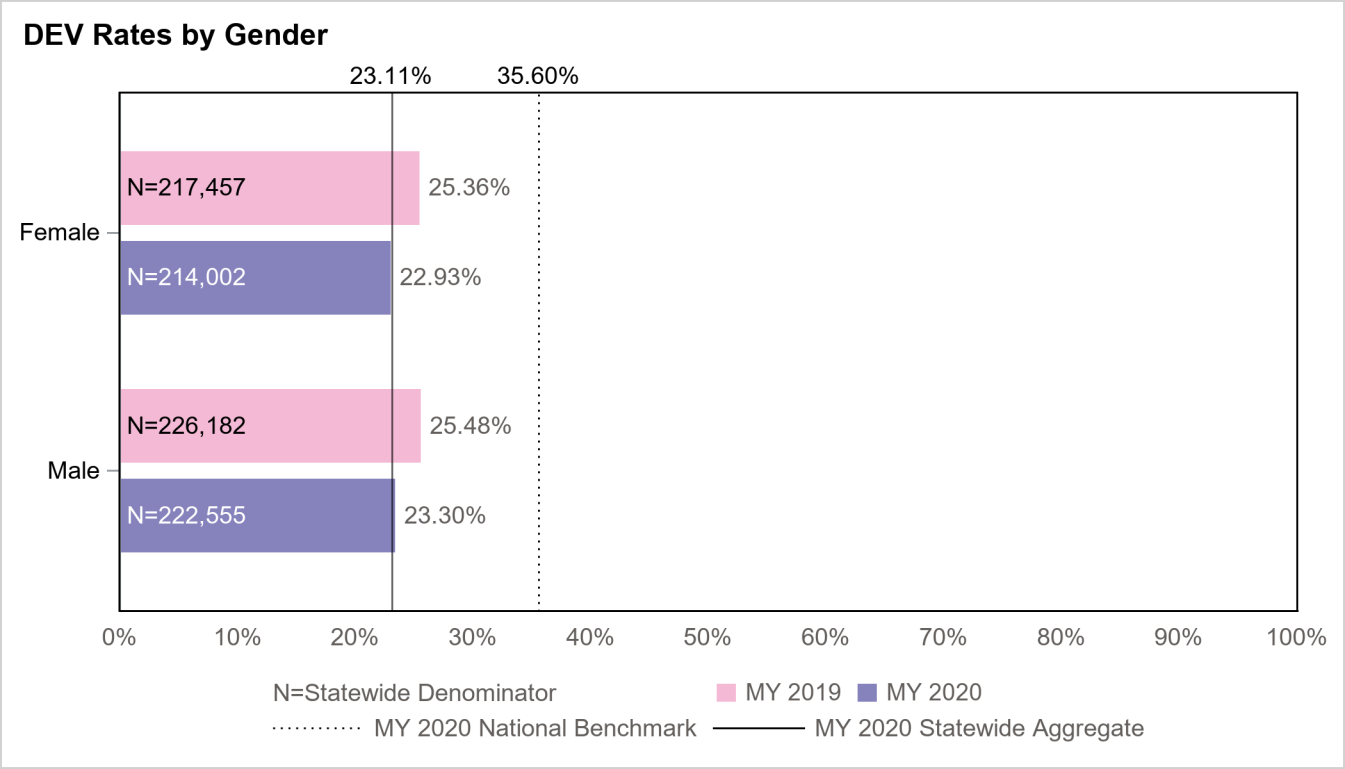
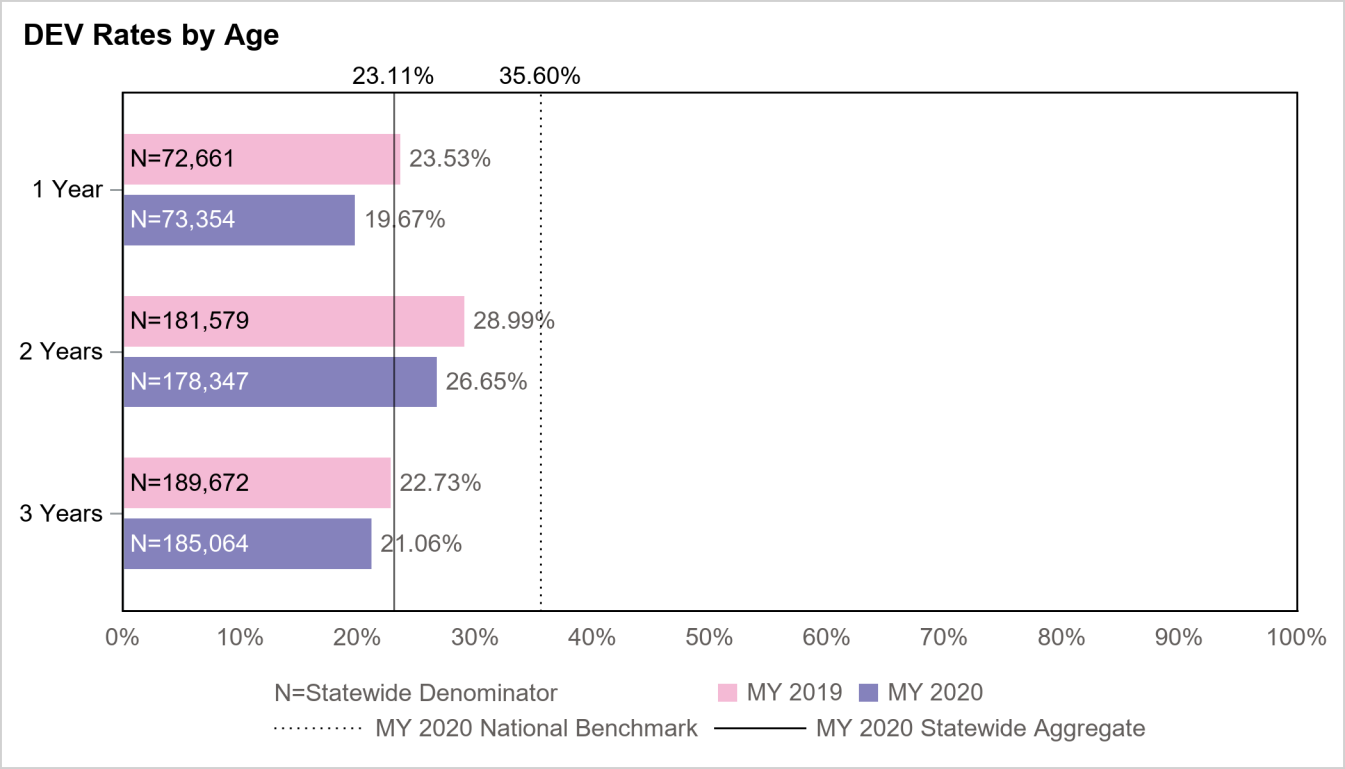


Figure 3.34—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Age Results

The national benchmark and statewide aggregate for measurement year 2019 were 32.70 percent and 25.42 percent, respectively.



- Despite the national benchmark increasing by almost 3 percentage points from measurement year 2019 to measurement year 2020, the statewide aggregate for the *Developmental Screening in the First Three Years of Life—Total* indicator decreased by more than 2 percentage points between measurement year 2019 and measurement year 2020. Further, the statewide aggregate fell below the national benchmark by more than a 35 percent relative difference, indicating a potential area for improvement.
- For measurement year 2020, rates for all eight racial/ethnic groups and 10 of 14 (71.43 percent) primary language groups (Armenian, Cambodian, Chinese, English, Farsi, Spanish, Tagalog, Vietnamese, Other, and Unknown/Missing) fell below the national benchmark.
- For measurement year 2020, rates for three of eight (37.50 percent) racial/ethnic groups (American Indian/Alaska Native, Black or African American, and Unknown/Missing) and three of 14 (21.43 percent) primary language groups (Armenian, Cambodian, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Unknown/Missing

- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Armenian
  - Unknown/Missing
- For both measurement years 2019 and 2020, rates for the 3 Years age group were below the statewide aggregate by more than a 5 percent relative difference.

Figure 3.35—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 2019 were 32.70 percent and 25.42 percent, respectively.

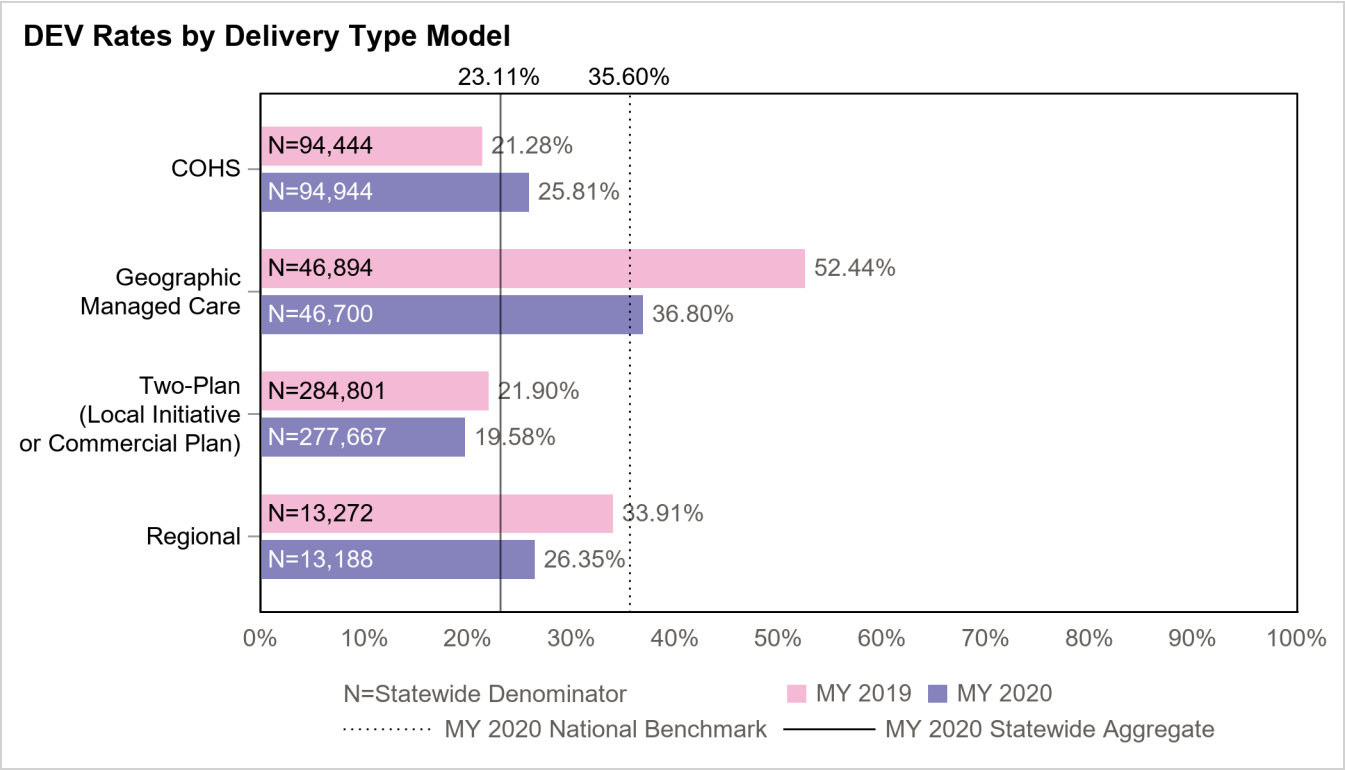
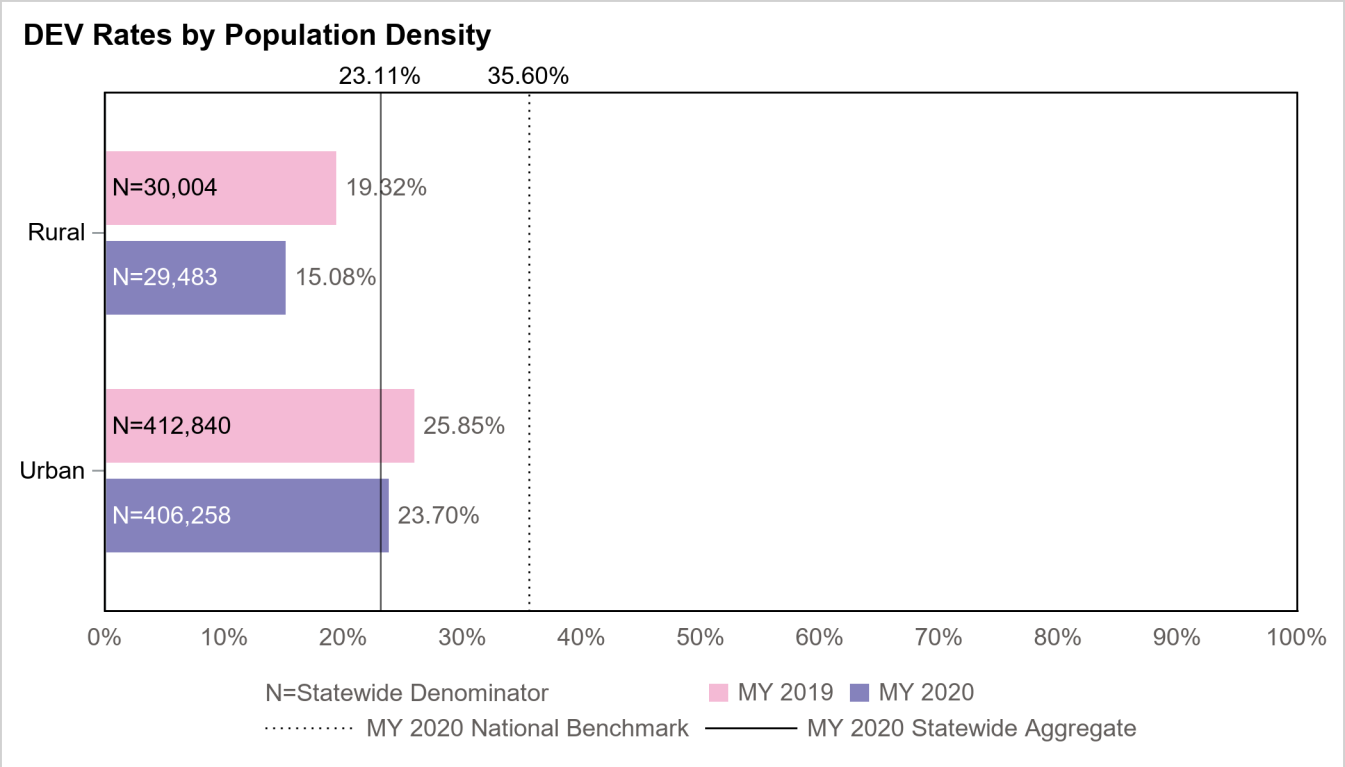


Figure 3.36—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Population Density Results

The national benchmark and statewide aggregate for measurement year 2019 were 32.70 percent and 25.42 percent, respectively.

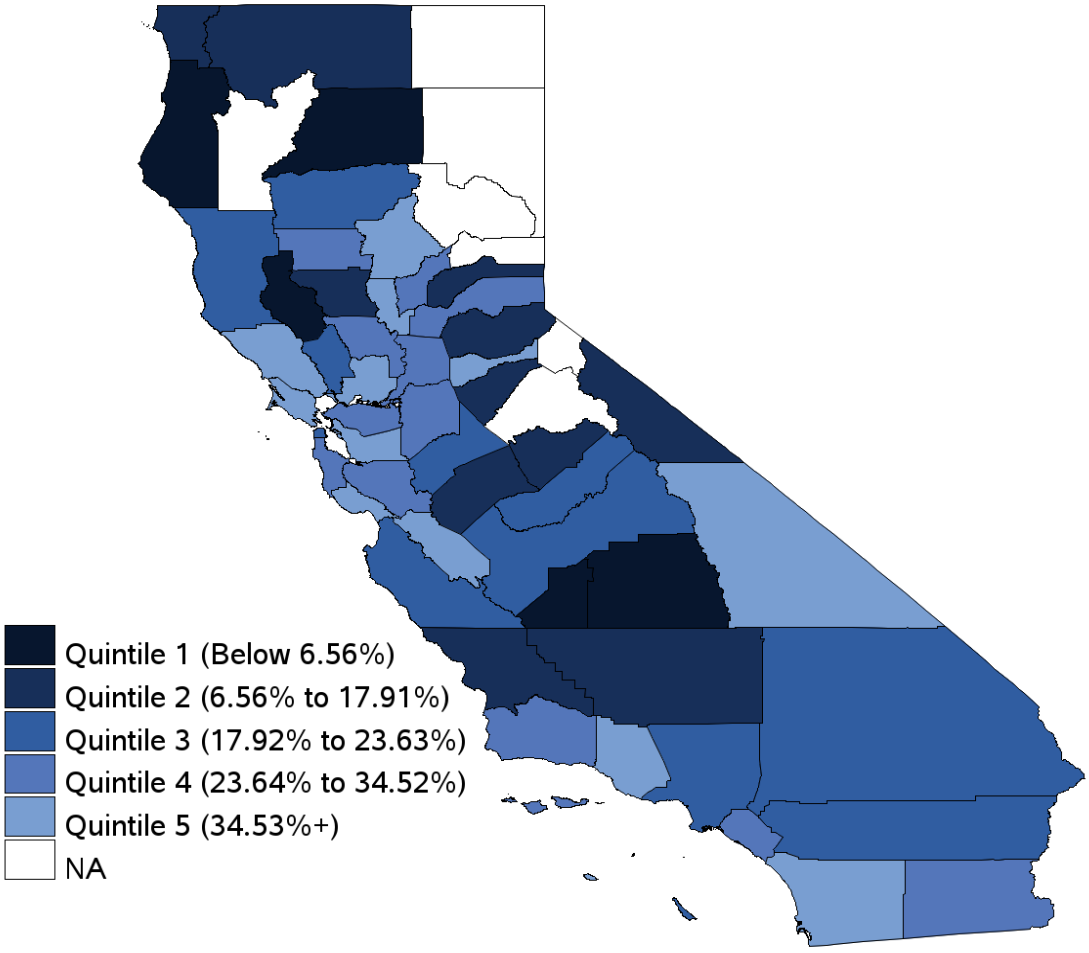


- For measurement year 2020, the *Developmental Screening in the First Three Years of Life—Total* indicator rates for the three of four (75.00 percent) delivery type model groups (COHS, Two-Plan, and Regional) fell below the national benchmark.
- For measurement year 2020, rates for both population density groups fell below the national benchmark, and the rate for the rural regions was below the rate for the urban regions by more than a 35 percent relative difference.
- For both measurement years 2019 and 2020, rates for two of four (50.00 percent) delivery type models (COHS and Two-Plan) and both population density groups fell below the national benchmark.
- Despite the Geographic Managed Care delivery model rate decreasing by over 15 percentage points from measurement year 2019 to measurement year 2020, the measurement year 2020 rate was above the statewide aggregate by nearly a 60 percent relative difference.
- From measurement year 2019 to measurement year 2020, rates for three of four (75.00 percent) delivery type model groups (Geographic Managed Care, Two-Plan, and Regional) and both population density groups decreased by at least 2 percentage points.

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 2019 to measurement year 2020, 28 of 51 (54.90 percent) counties with reportable *Developmental Screening in the First Three Years of Life—Total* indicator rates decreased. Additionally, rates for 32 of these 51 (80.39 percent) counties fell below the national benchmark in both measurement years.
- For measurement year 2020, Kings, Lake, Humboldt, Tulare, and Shasta counties had the least favorable rates.
- For measurement year 2020, Marin, Inyo, San Benito, Amador, Sonoma, San Diego, Santa Cruz, Sutter, Ventura, Alameda, Butte, and Solano counties had the most favorable indicator rates.

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 Tdap vaccine; and have completed the HPV vaccine series by their 13th birthday. Figure 3.38 through Figure 3.43 display the *Immunizations for Adolescents—Combination 2 (IMA–2)* indicator rates at the statewide and regional levels for measurement year 2020.

Figure 3.38—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Racial/Ethnic Results

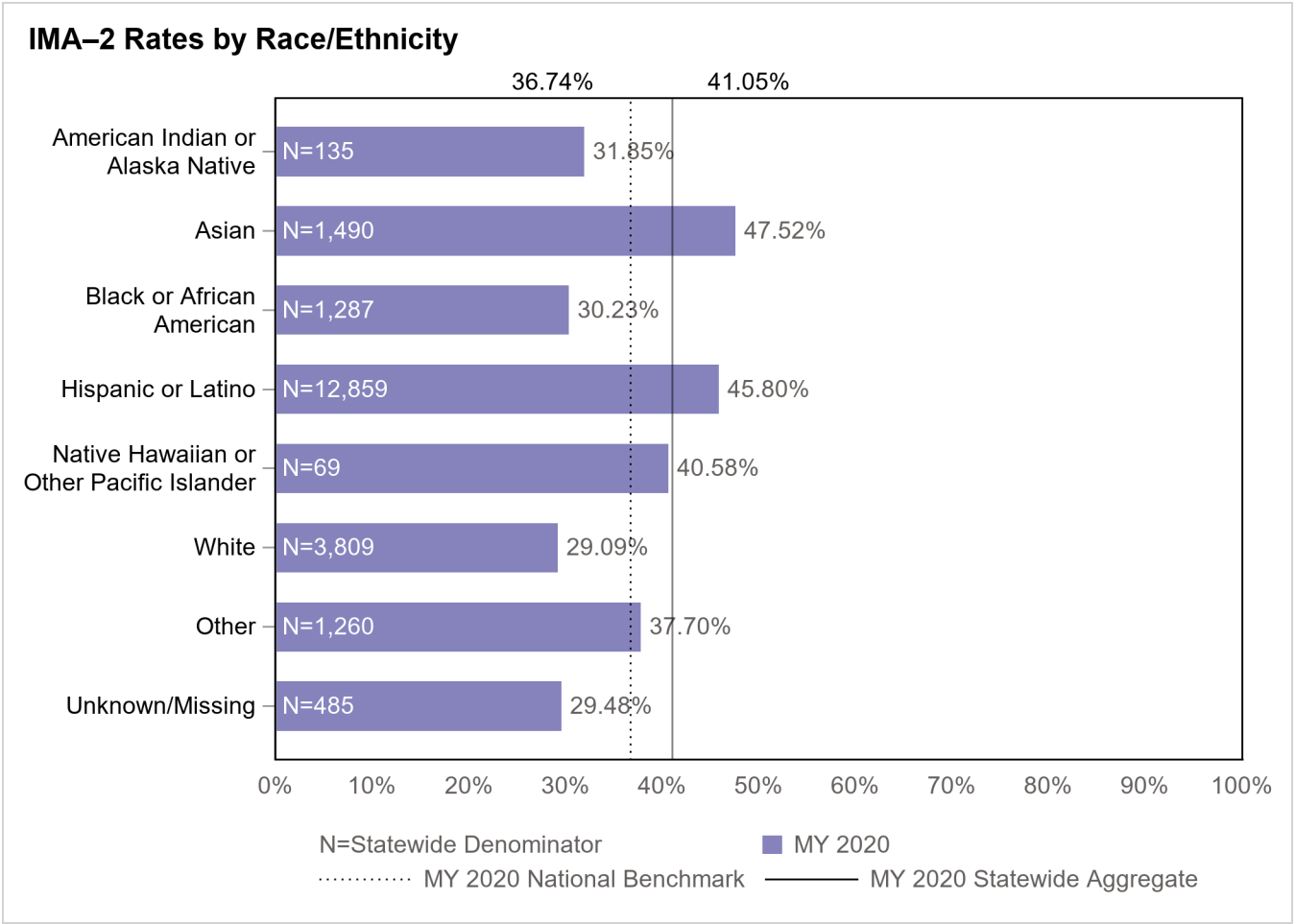


Figure 3.39—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Primary Language Results

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

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

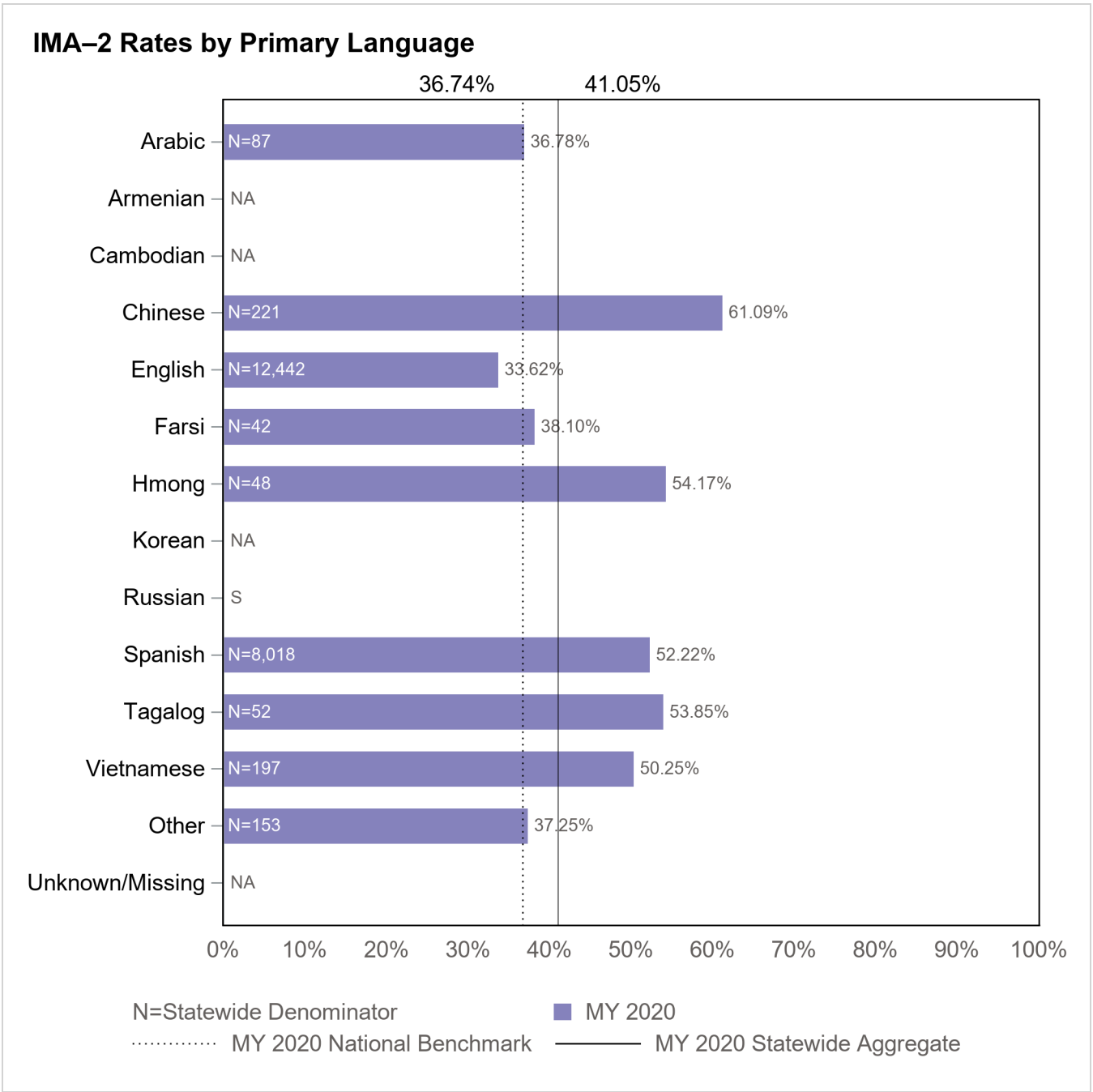
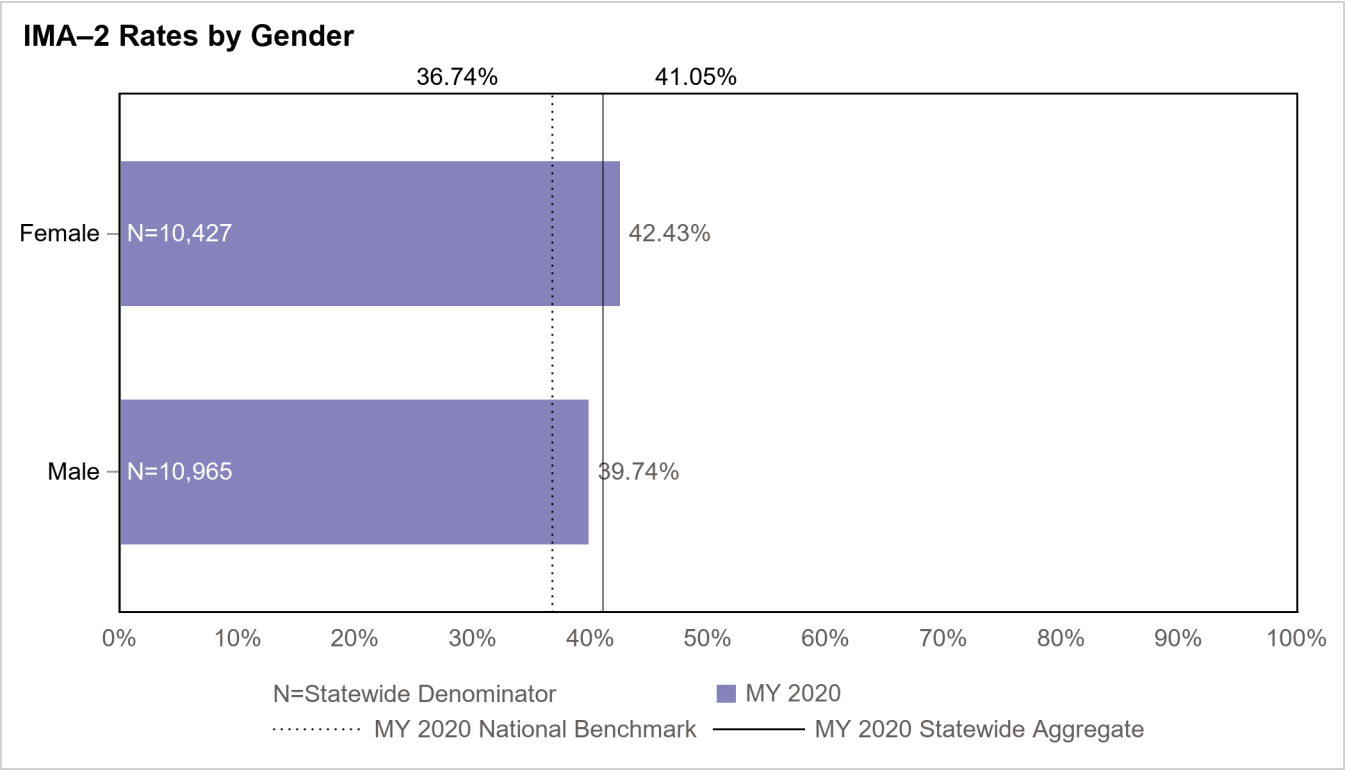


Figure 3.40—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Gender Results



- For measurement year 2020, the statewide aggregate for the *Immunizations for Adolescents—Combination 2* indicator was above the national benchmark by approximately 5 percentage points, indicating that MCPs ensured that an adequate number of adolescent members received appropriate immunizations.
- For measurement year 2020, rates for four of eight (50.00 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, White, and Unknown/Missing) were below the statewide aggregate by more than a 20 percent relative difference and fell below the national benchmark.
- For measurement year 2020, reportable rates for two of nine (22.22 percent) primary language groups (Arabic and English) were below the statewide aggregate by more than a 10 percent relative difference, and the rate for the English primary language group fell below the national benchmark.

Figure 3.41—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Delivery Type Model Results

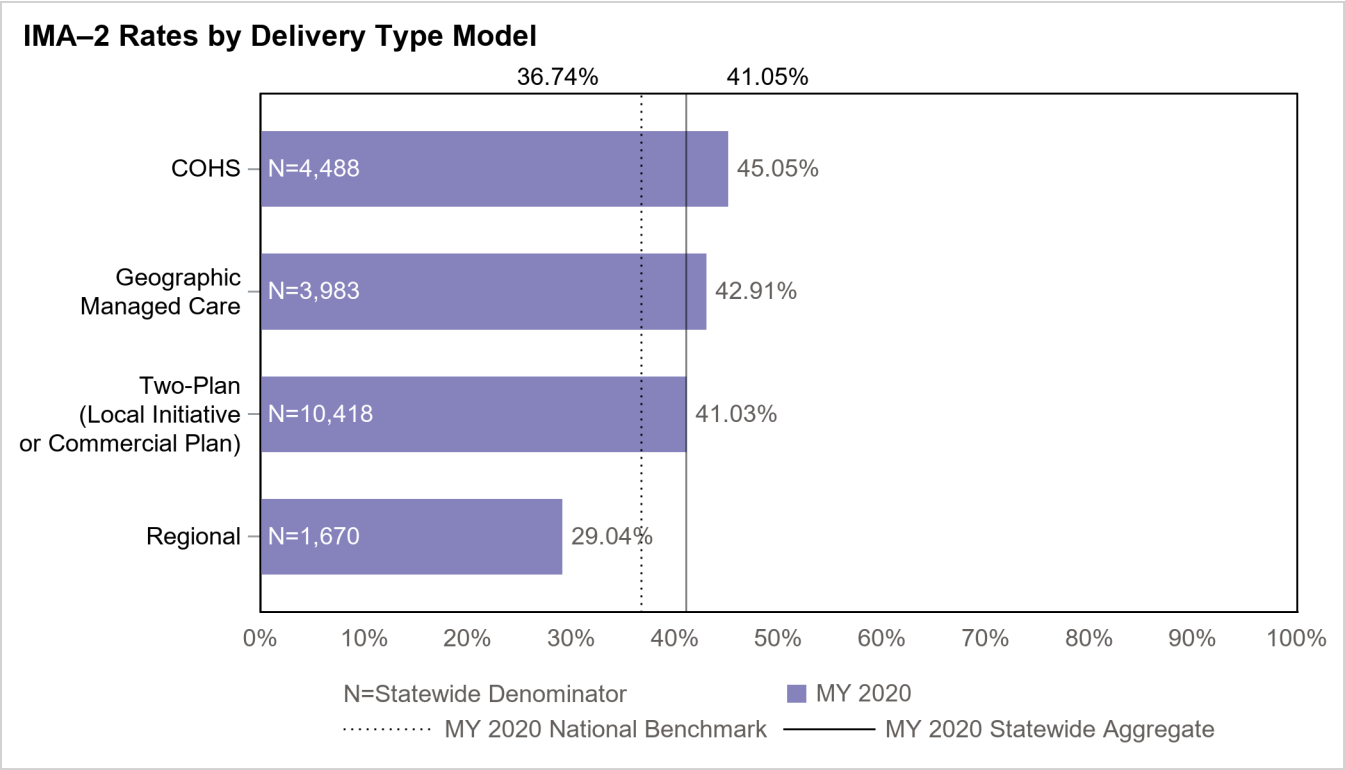
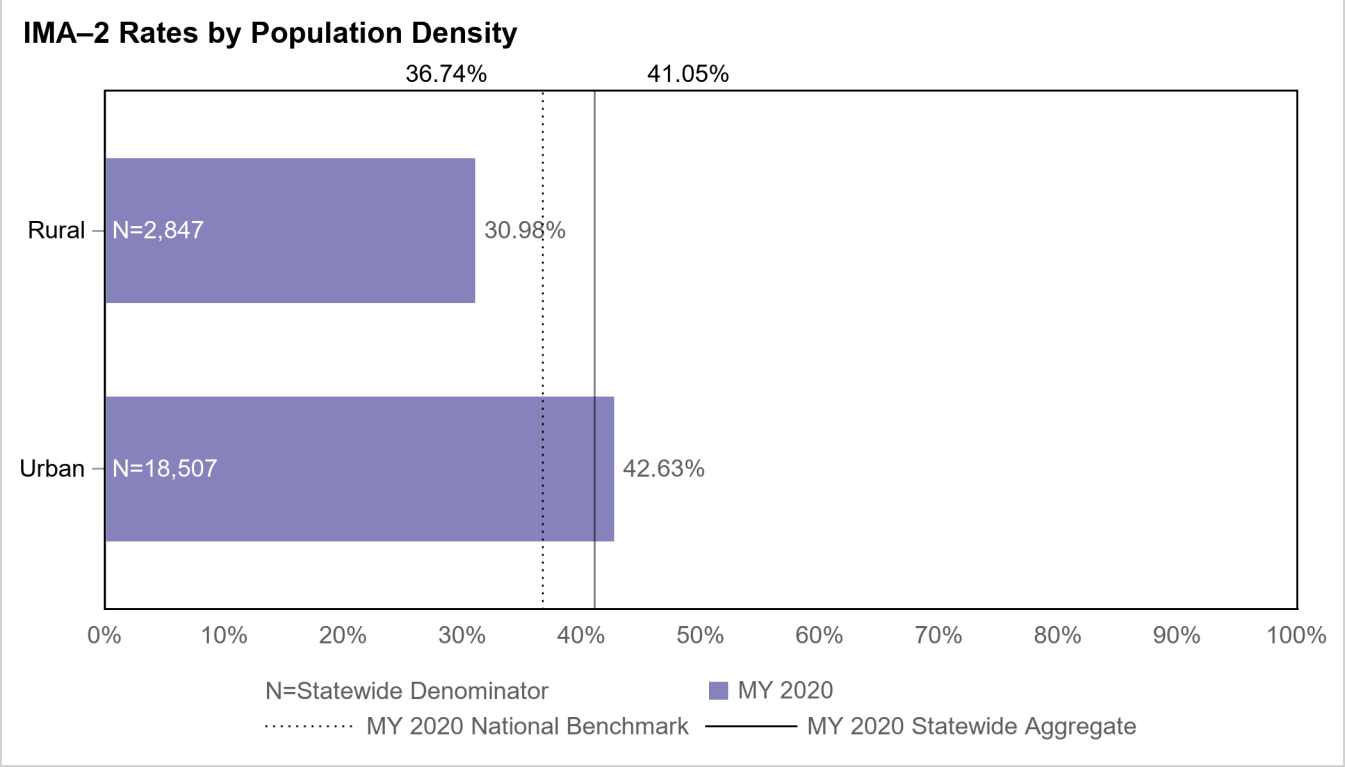


Figure 3.42—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Population Density Results

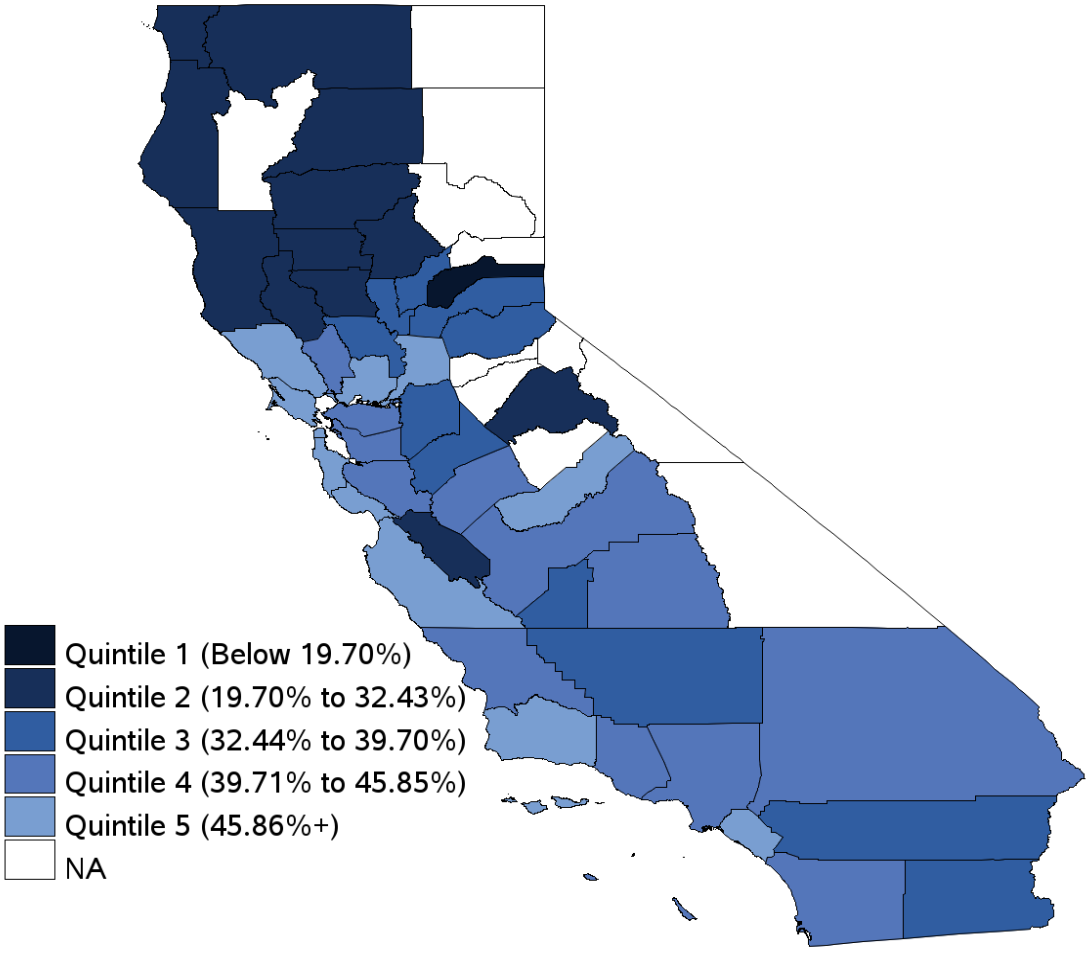


- For measurement year 2020, the *Immunizations for Adolescents—Combination 2* indicator rate for the Regional delivery type model fell below the national benchmark by almost 8 percentage points.
- For measurement year 2020, the rate for the rural regions fell below the national benchmark and was below the rate for the urban regions by over a 25 percent relative difference.

Figure 3.43—Immunizations for Adolescents—Combination 2 (IMA–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.



- For measurement year 2020, 21 of 47 (44.68 percent) counties with reportable *Immunizations for Adolescents—Combination 2* indicator rates fell below the national benchmark.
- For measurement year 2020, for 12 of 13 (92.31 percent) counties with the least favorable rates (Nevada, San Benito, Siskiyou, Tehama, Lake, Tuolumne, Del Norte, Colusa, Glenn, Humboldt, Butte, and Mendocino), at least 56 percent of members lived in rural regions, which is nearly 43 percentage points higher than the percentage of members living in rural regions for the statewide aggregate (13.31 percent). This finding aligns with Figure 3.42, which shows that the rate for the rural population density group was below the rate for the urban group by more than a 25 percent relative difference. Of note, 11 of these 13 (84.62 percent) counties with the least favorable indicator rates (Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Mendocino, Nevada, Shasta, Siskiyou, and Tehama) were located in Northern California.

- For measurement year 2020, Monterey, Marin, Santa Barbara, Madera, San Francisco, Orange, Sonoma, Santa Cruz, San Mateo, Solano, and Sacramento counties had the most favorable indicator rates. Of note, only 12 of 47 (25.53 percent) counties with reportable rates (Colusa, Imperial, Madera, Marin, Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Sonoma, and Ventura) had at least 49 percent of members who spoke Spanish as their primary language for measurement year 2020, which is approximately 11 percentage points higher than the percentage of members who spoke Spanish as their primary language for the statewide aggregate (37.48 percent). Rates for eight of these 12 (66.67 percent) counties (Santa Barbara, Monterey, Marin, Madera, Orange, Sonoma, Santa Cruz, and San Mateo) were in Quintile 5. This finding aligns with Figure 3.38, which shows that the rate for the Spanish primary language group was approximately 11 percentage points higher than the statewide aggregate.

Screening for Depression and Follow-Up Plan

The *Screening for Depression and Follow-Up Plan* (*CDF*) indicator measures the percentage of children ages 12 to 21 years who were screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan was documented on the date of the positive screen. Figure 3.44 through Figure 3.50 display the *Screening for Depression and Follow-Up Plan* (*CDF*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Due to inconsistent reporting of medical record data by MCPs, differences in rates may be indicative of data completeness rather than performance. Please note, national benchmarks are not available for this indicator.

Figure 3.44—Screening for Depression and Follow-Up Plan (CDF)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 13.85 percent.

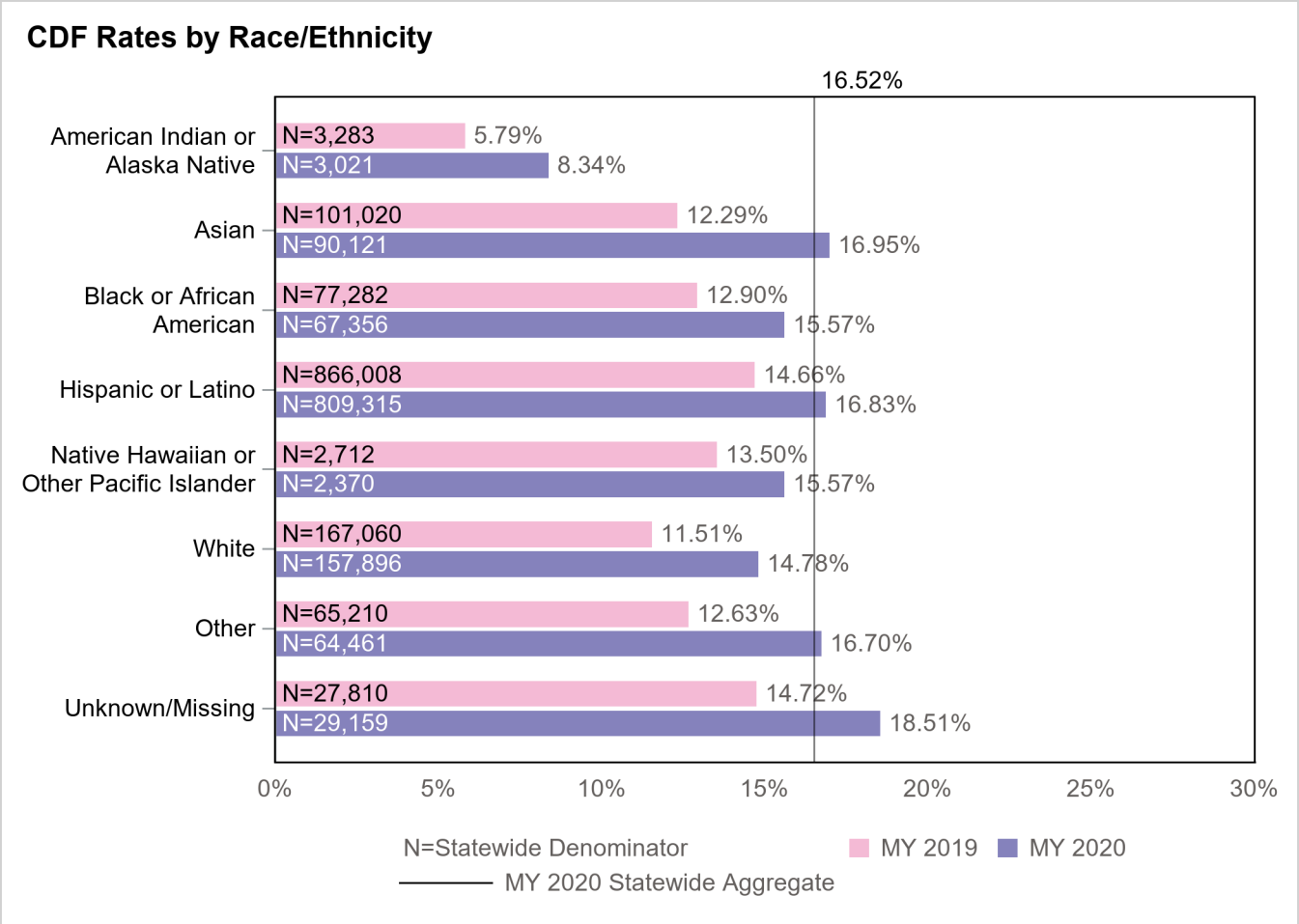


Figure 3.45—Screening for Depression and Follow-Up Plan (CDF)—Statewide Primary Language Results

The measurement years 2019 and 2020 statewide denominators for the Armenian primary language group were 4,217 and 4,153, respectively.

The statewide aggregate for measurement year 2019 was 13.85 percent.

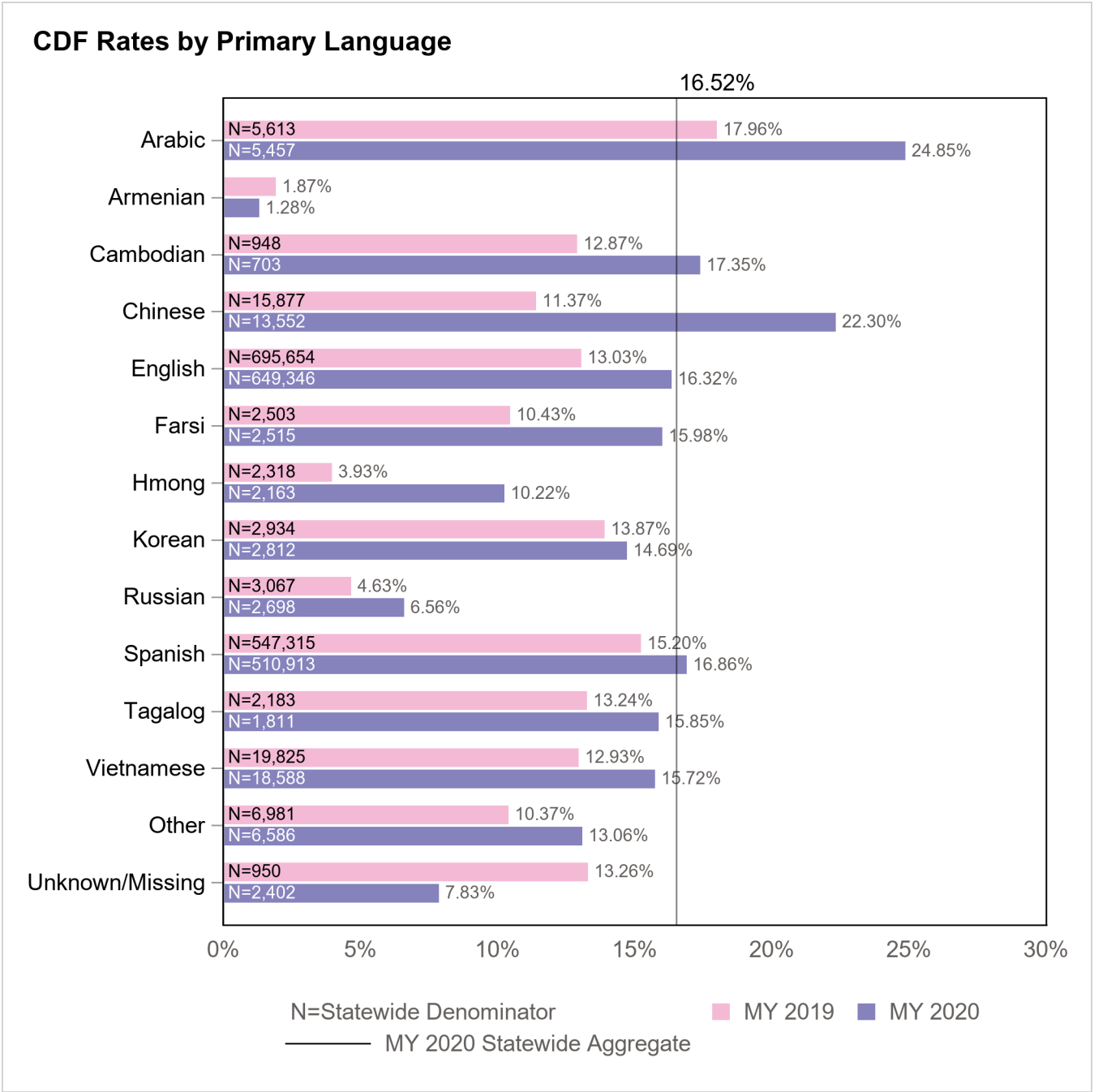


Figure 3.46—Screening for Depression and Follow-Up Plan (CDF)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 13.85 percent.

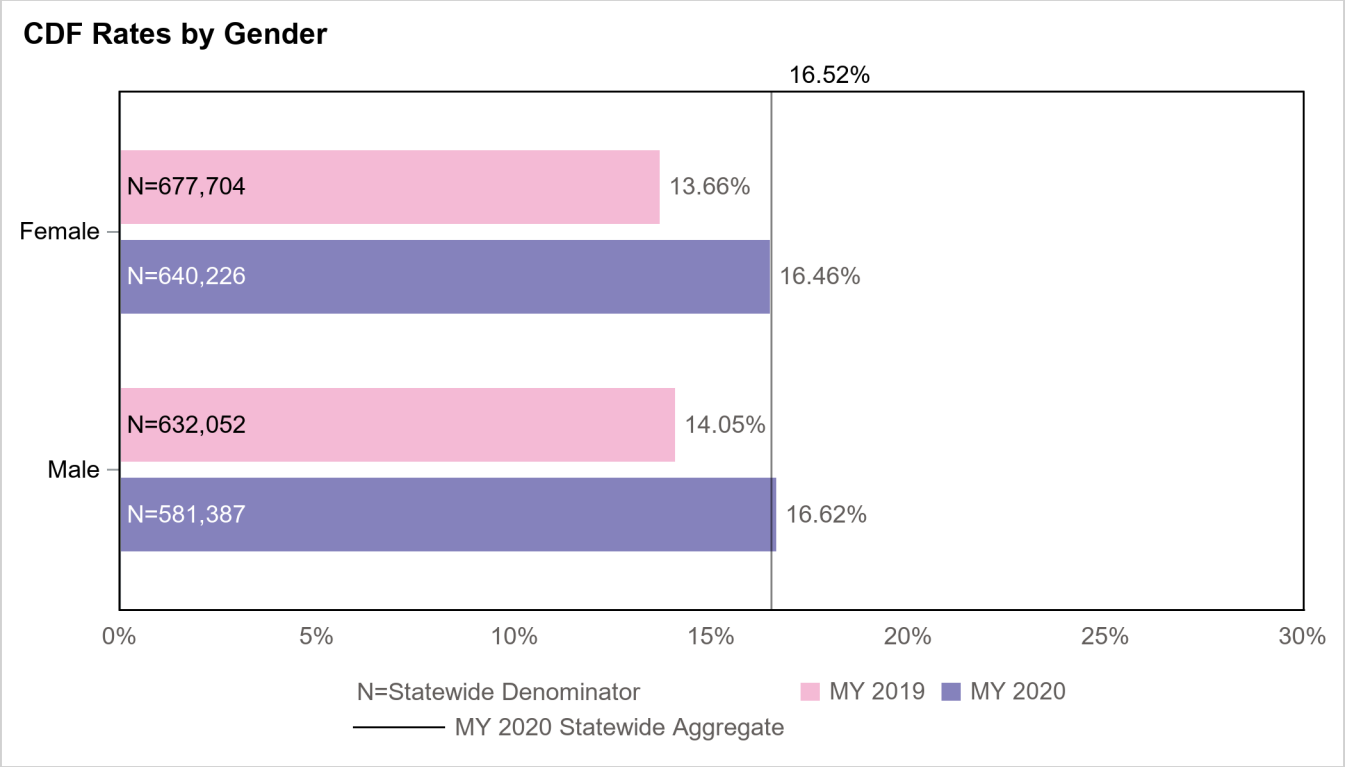
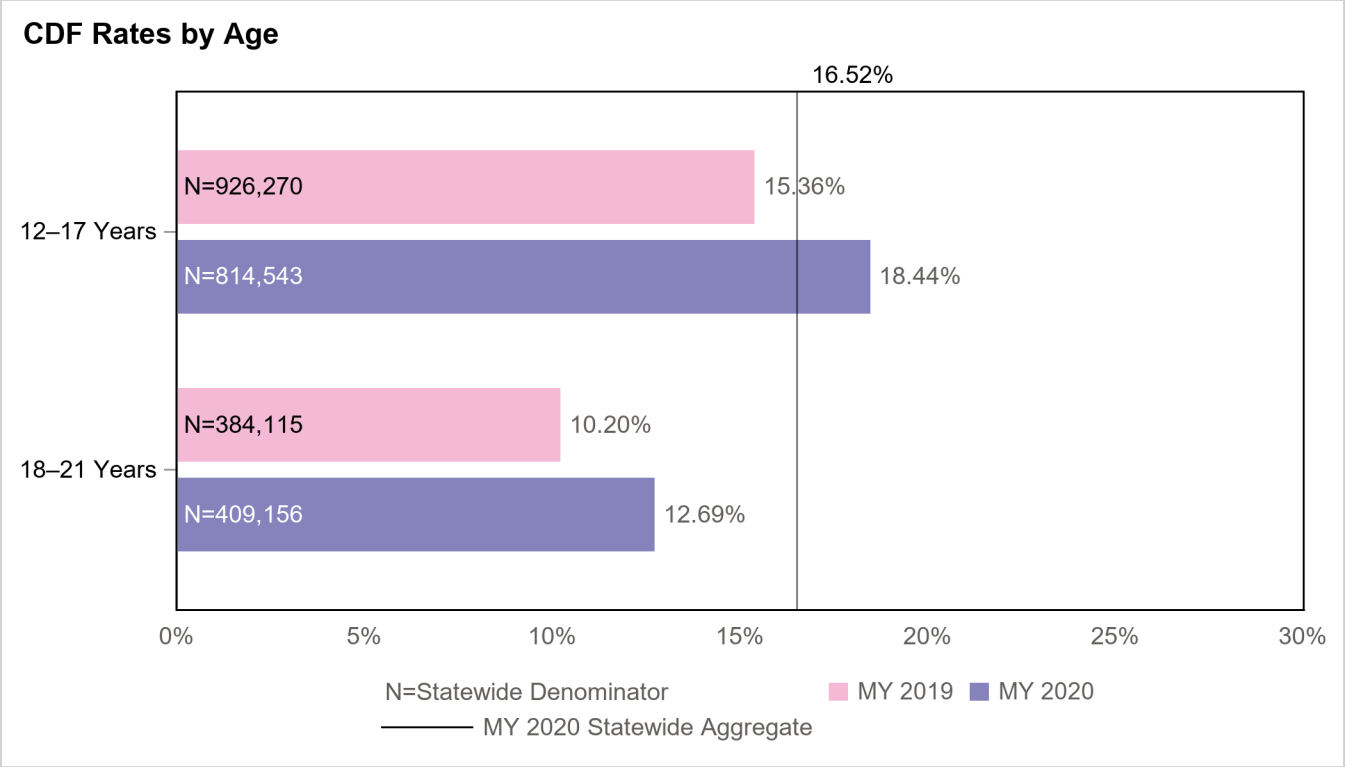


Figure 3.47—Screening for Depression and Follow-Up Plan (CDF)—Statewide Age Results

The statewide aggregate for measurement year 2019 was 13.85 percent.



- From measurement year 2019 to measurement year 2020, the statewide aggregate rate for the *Screening for Depression and Follow-Up Plan* indicator increased by approximately 3 percentage points.
- For measurement year 2020, rates for two of eight (25.00 percent) racial/ethnic groups (American Indian or Alaska Native and White) and six of 14 (42.86 percent) primary language groups (Armenian, Hmong, Korean, Russian, Other, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - White
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Armenian
  - Hmong
  - Russian
  - Other

Figure 3.48—Screening for Depression and Follow-Up Plan (CDF)—Regional-Level Delivery Type Model Results

The measurement years 2019 and 2020 statewide denominators for the Regional delivery type model group were 36,814 and 35,985, respectively.

The statewide aggregate for measurement year 2019 was 13.85 percent.

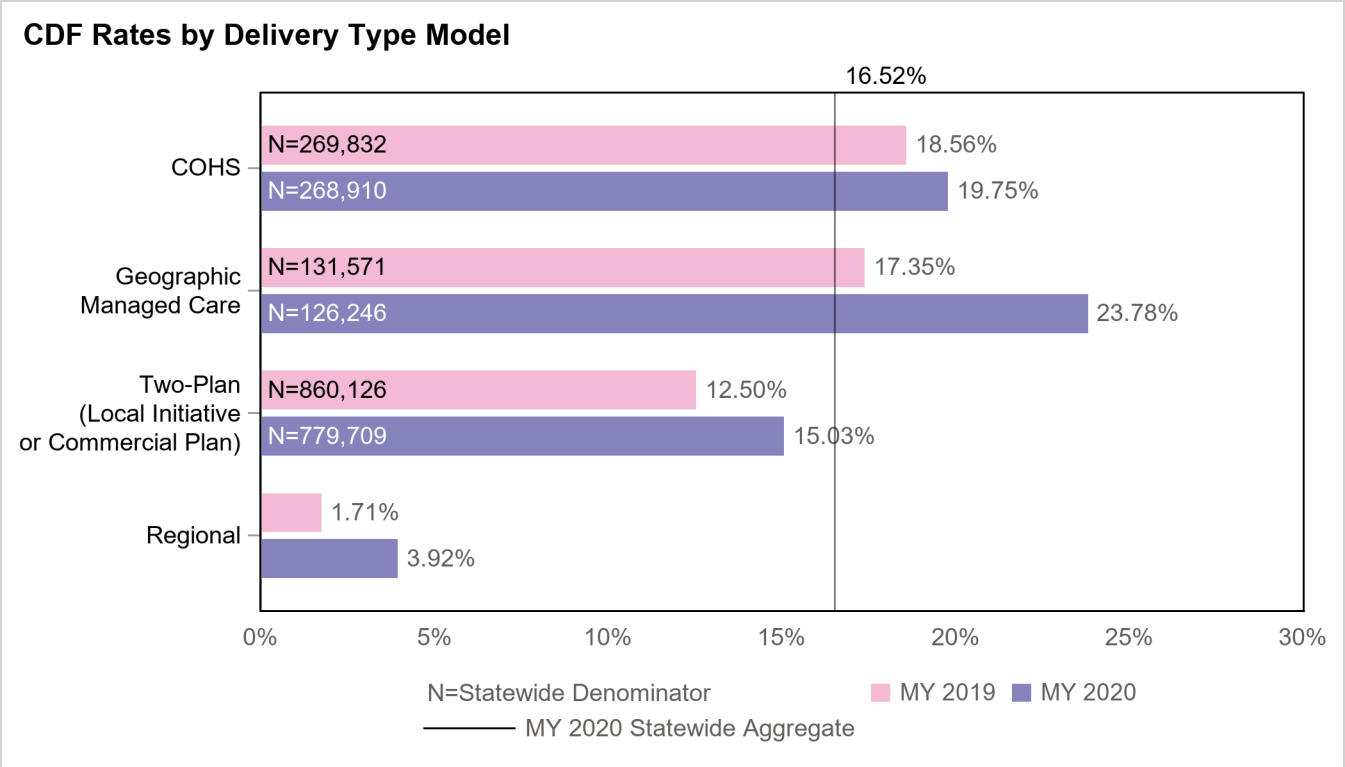
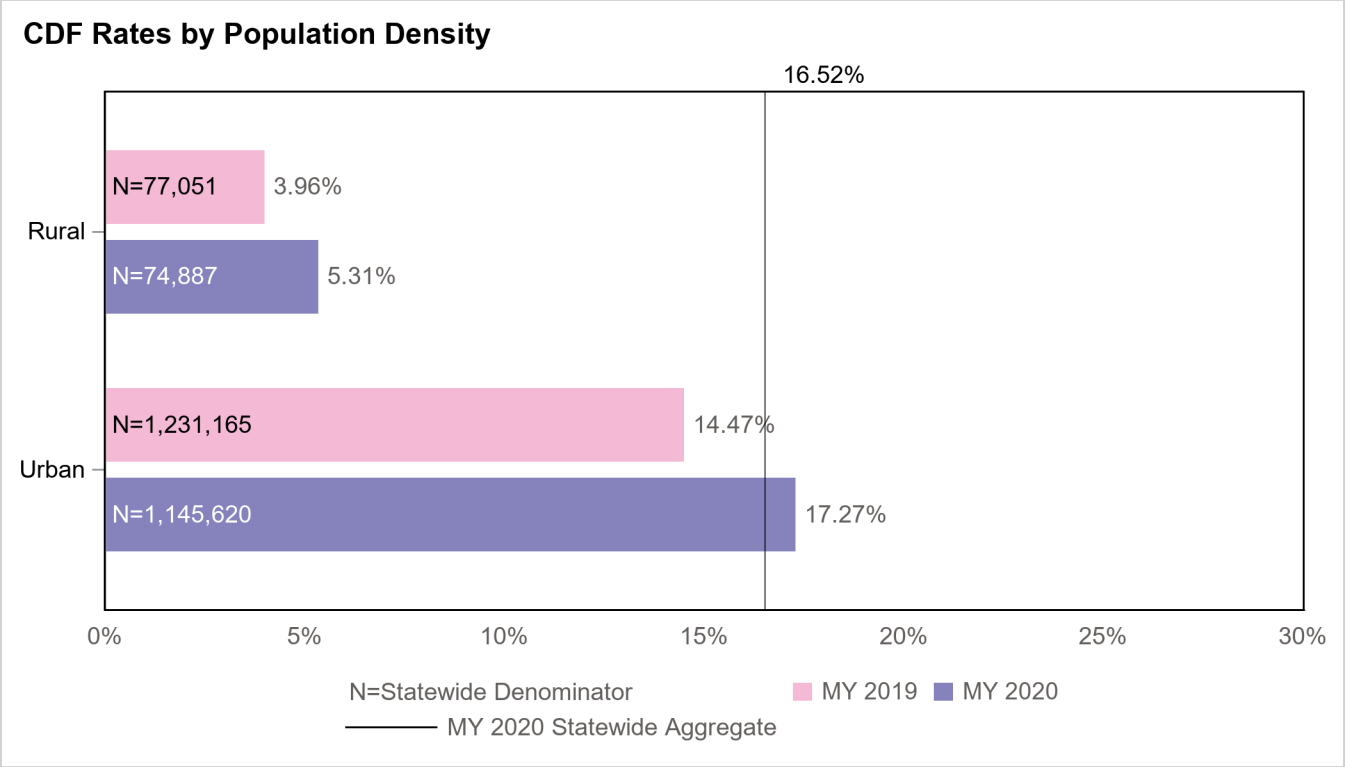


Figure 3.49—Screening for Depression and Follow-Up Plan (CDF)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 13.85 percent.

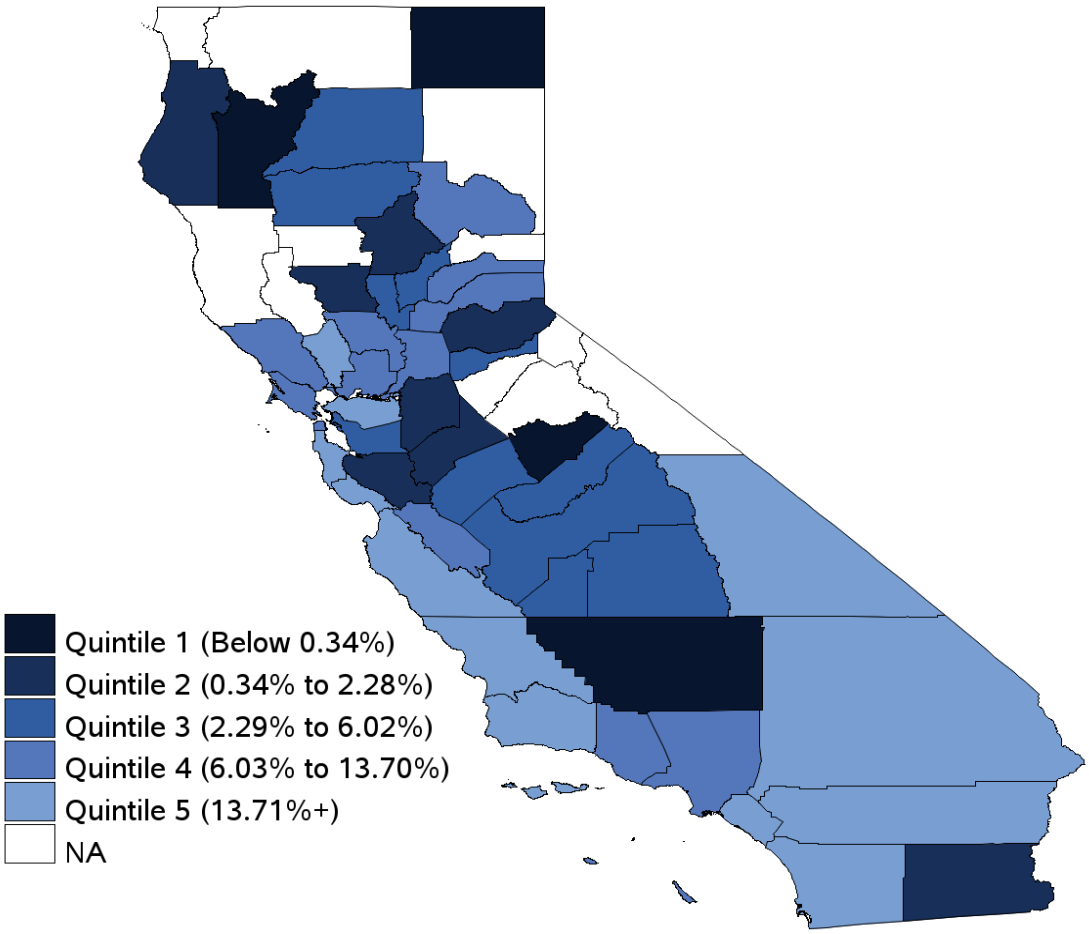


- For measurement year 2020, the *Screening for Depression and Follow-Up Plan* indicator rates for the Regional delivery type model group and the rural regions fell below the statewide aggregate by more than a 65 percent relative difference.
- For both measurement years 2019 and 2020, rates for the rural regions fell below rates for the urban regions by an approximate 70 percent relative difference.
- From measurement year 2019 to measurement year 2020, rates for all delivery type model groups and the urban and rural regions increased.

Figure 3.50—Screening for Depression and Follow-Up Plan (CDF)—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.



- Reportable rates for the *Screening for Depression and Follow-Up Plan* indicator increased from measurement year 2019 to measurement year 2020 for 37 of 47 (78.72 percent) counties.
- For measurement year 2020, Mariposa, Modoc, Trinity, and Kern counties had the least favorable rates.
- For measurement year 2020, seven of 12 (58.33 percent) counties with rates in Quintile 5 (Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, and Santa Cruz) and five of 11 (45.45 percent) counties with rates in Quintile 4 (Marin, Solano, Sonoma, Ventura, and Yolo) utilized the COHS delivery type model, which is 22.16 percentage points and 9.28 percentage points higher, respectively, than the percentage of statewide counties with reportable rates that utilize the COHS delivery type model (36.17 percent). These findings align with Figure 3.48, which shows that the rate for the COHS delivery type model group was above the statewide aggregate by nearly a 20 percent relative difference.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total (WCC–BMI)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of their BMI percentile. Figure 3.51 through Figure 3.57 display the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—BMI Percentile Documentation—Total (WCC–BMI)* indicator rates at statewide and regional levels for measurement year 2020.

Figure 3.51—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Racial/Ethnic Results

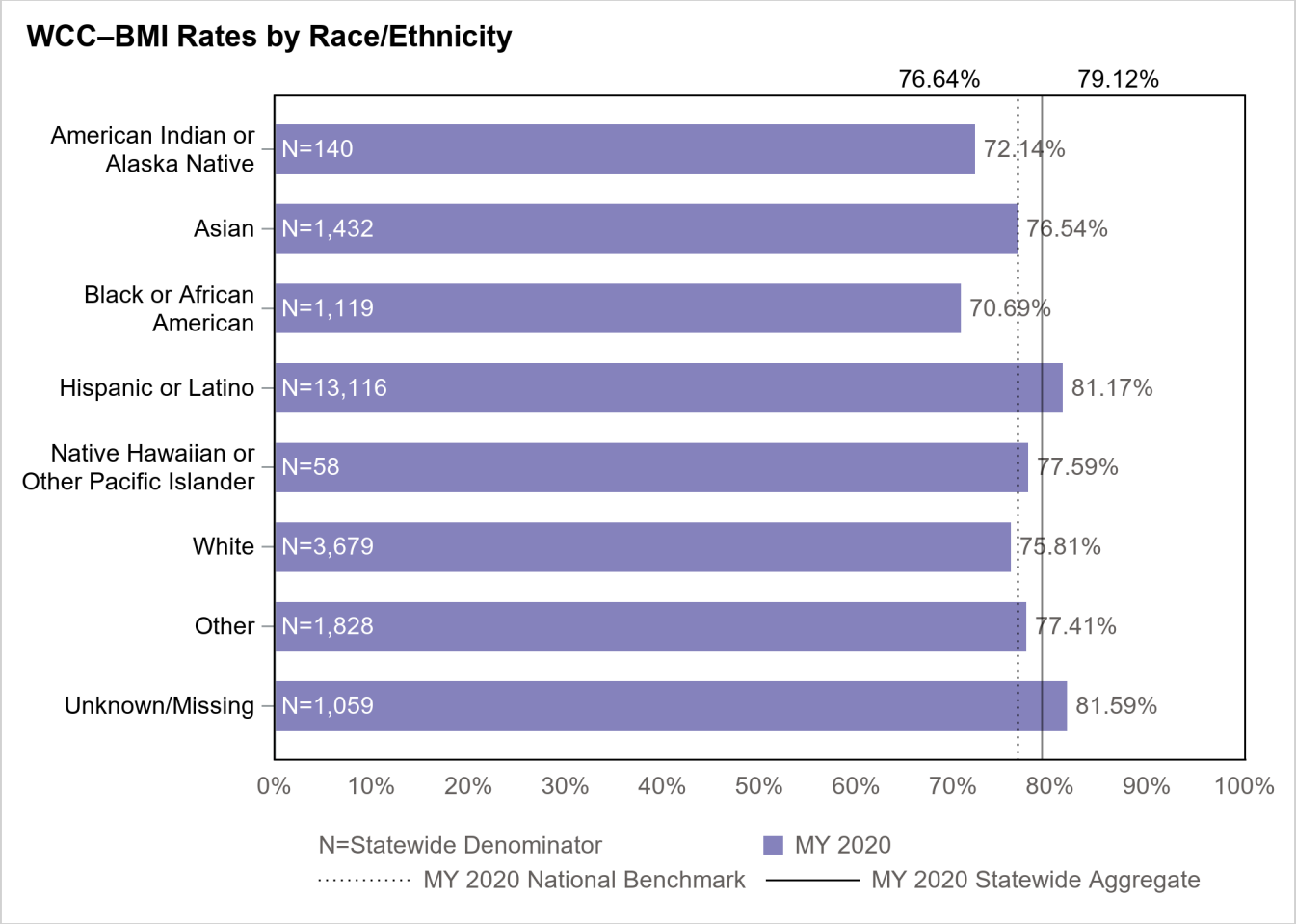


Figure 3.52—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Primary Language Results

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

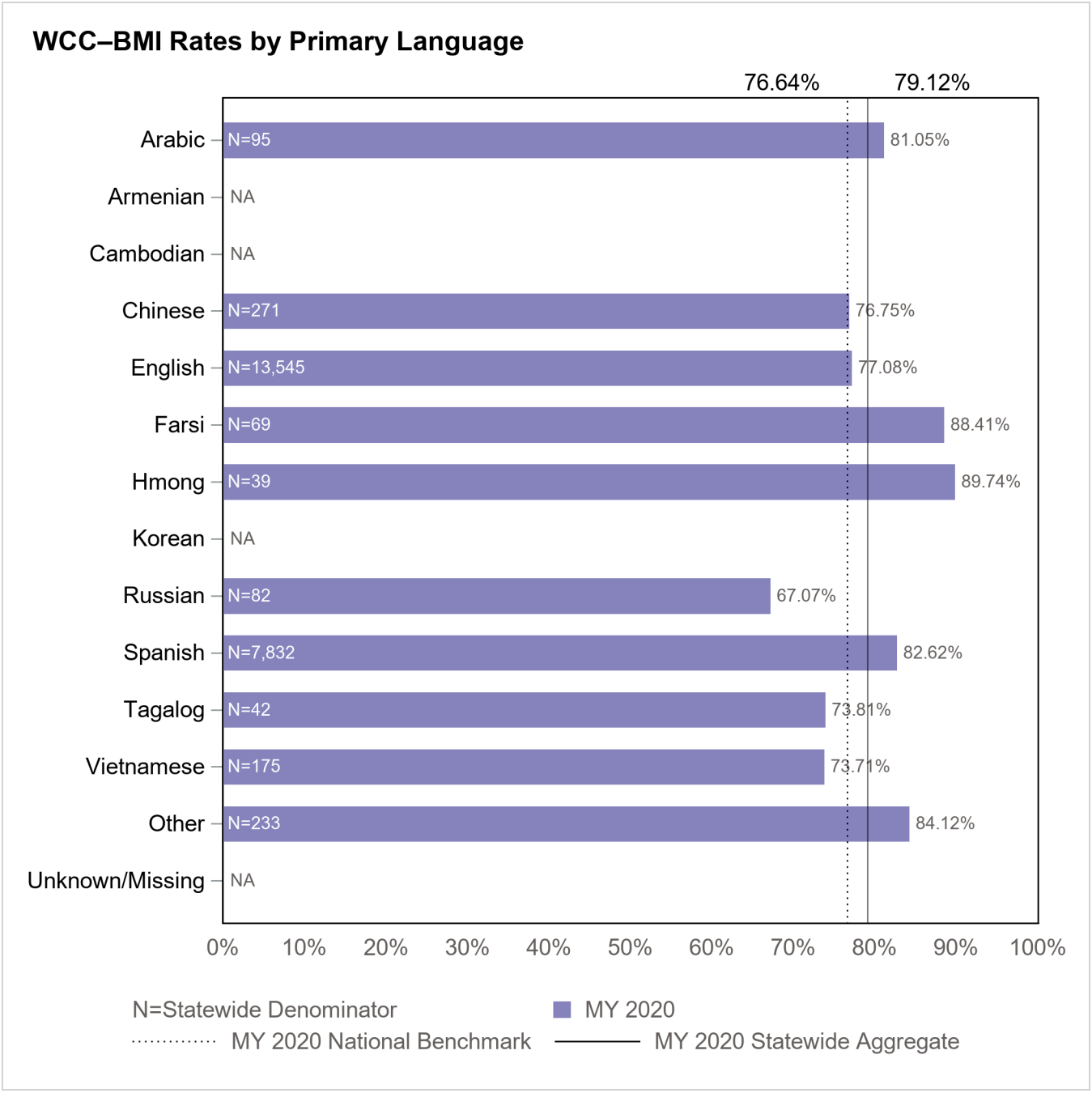


Figure 3.53—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Gender Results

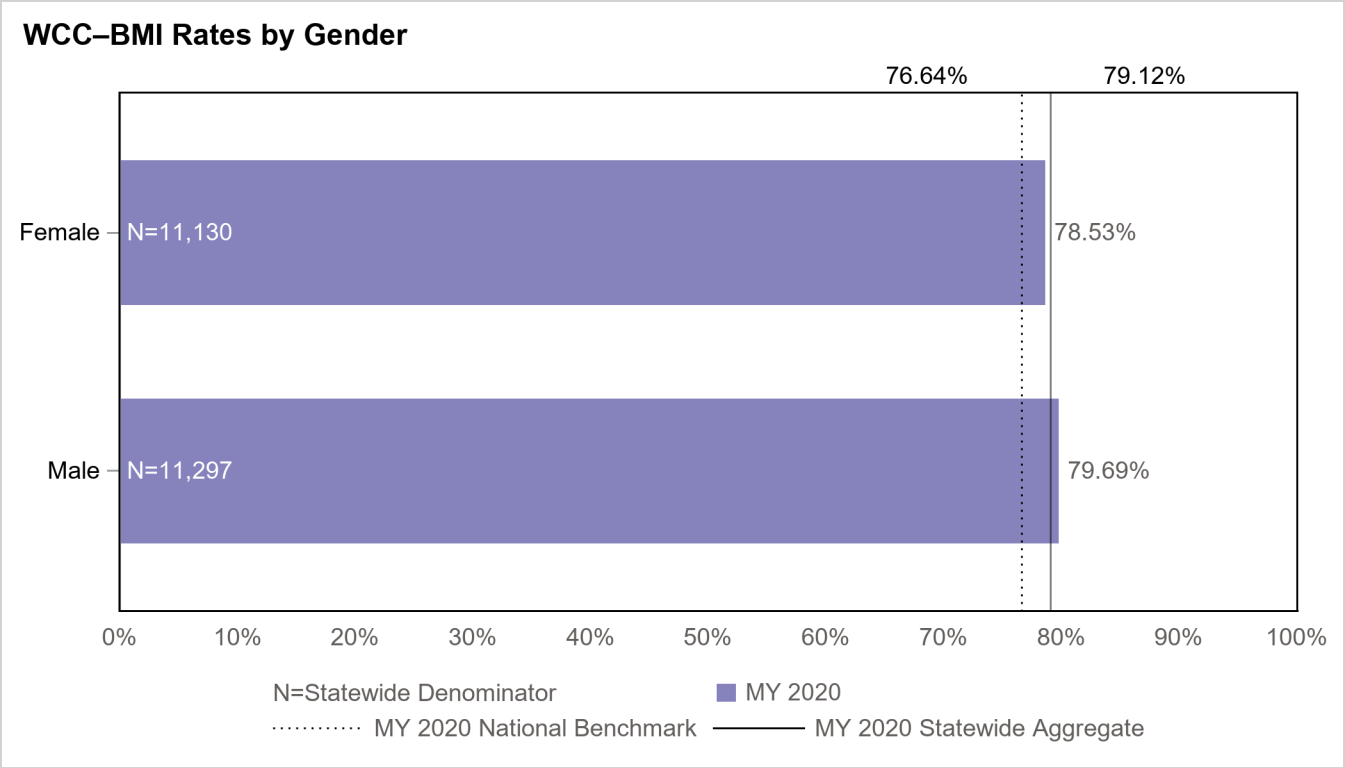
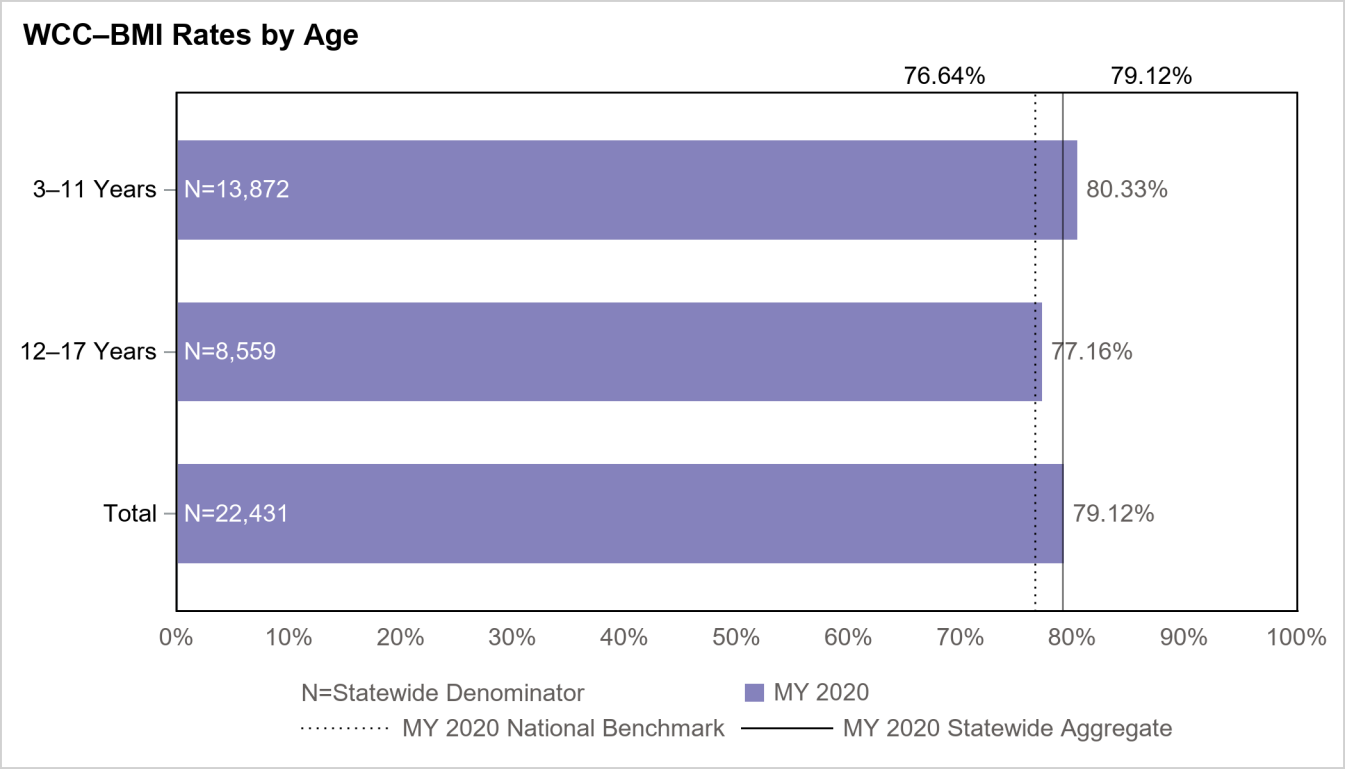


Figure 3.54—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Statewide Age Results



- For measurement year 2020, the statewide aggregate for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator was above the national benchmark by over 2 percentage points, indicating that MCPs ensured an adequate number of child/adolescent members had appropriate BMI percentile documentation.
- For measurement year 2020, reportable rates for four of eight (50.00 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, and White) and three of 10 (30.00 percent) primary language groups (Russian, Tagalog, and Vietnamese) fell below the national benchmark.
- For measurement year 2020, rates for the Black or African American racial/ethnic group and the Russian primary language group were below the statewide aggregate by more than a 10 percent relative difference.

Figure 3.55—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Regional-Level Delivery Type Model Results

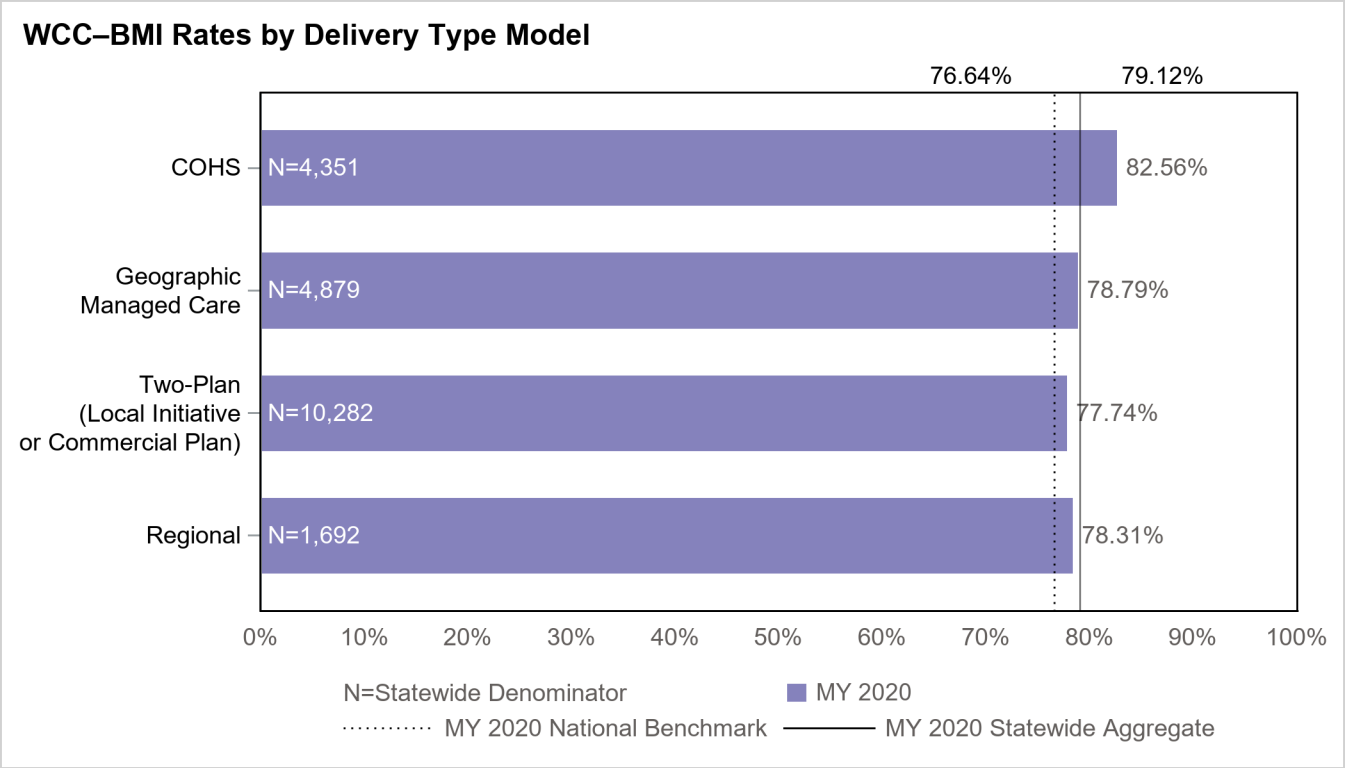
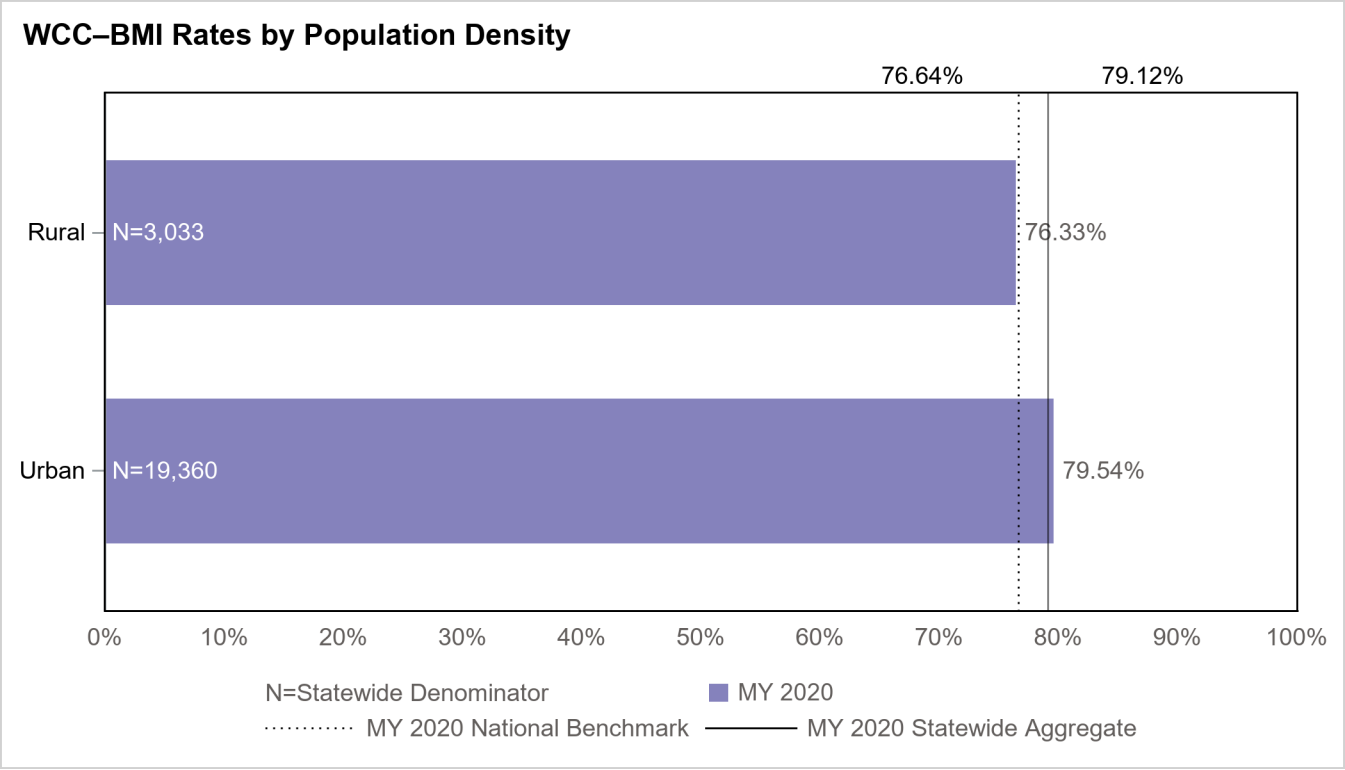


Figure 3.56—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—Regional-Level Population Density Results

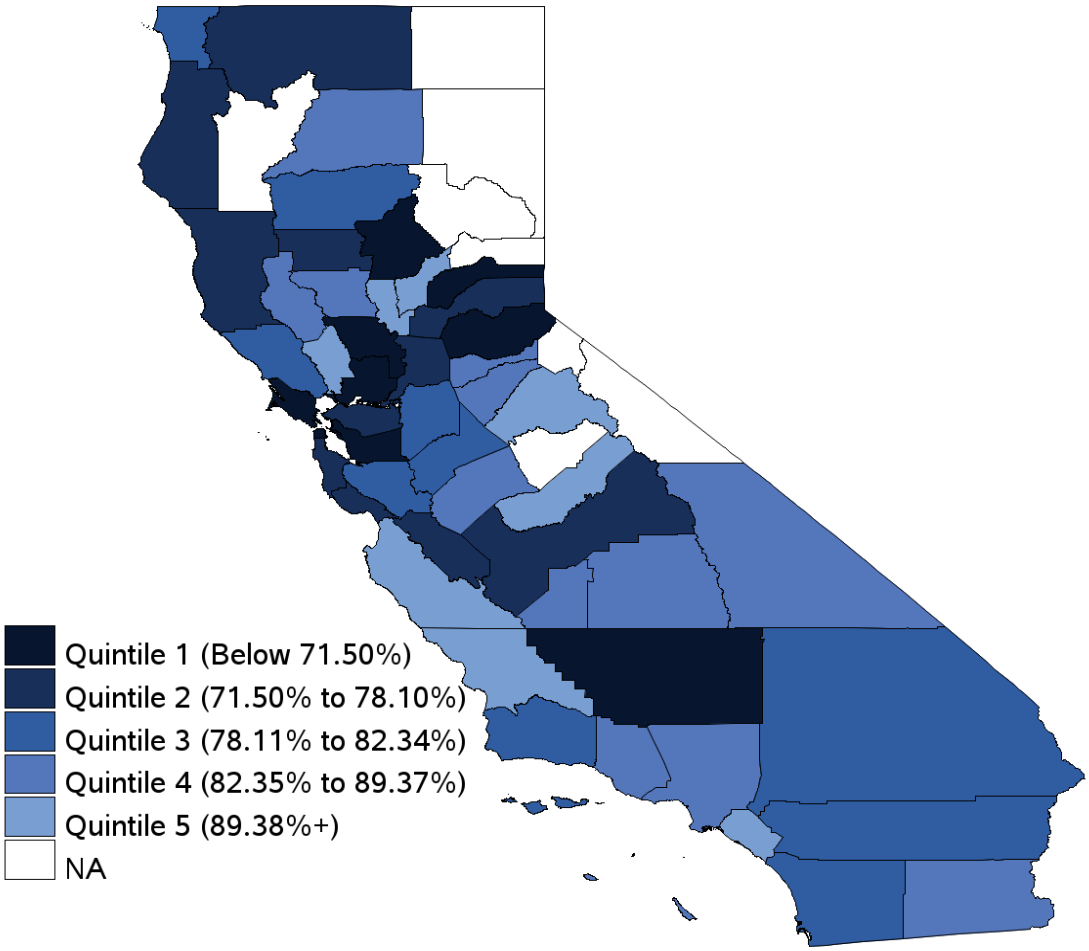


- For measurement year 2020, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator rates for all delivery type model groups were above the national benchmark.
- For measurement year 2020, the rate for the rural regions fell below the national benchmark and was below the rate for the urban regions by approximately 3 percentage points.

Figure 3.57—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—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.



- Reportable rates for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* indicator fell below the national benchmark for 17 of 50 (34.00 percent) counties.
- For measurement year 2020, San Francisco, Solano, Marin, El Dorado, Nevada, Kern, Butte, Alameda, and Yolo counties had the least favorable rates.
- For measurement year 2020, Yuba, Orange, San Luis Obispo, Sutter, Monterey, Tuolumne, Napa, and Madera counties had the most favorable indicator rates.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total (WCC–N)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition. Figure 3.58 through Figure 3.64 display the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Nutrition—Total (WCC–N)* indicator rates at statewide and regional levels for measurement year 2020.

Figure 3.58—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Racial/Ethnic Results

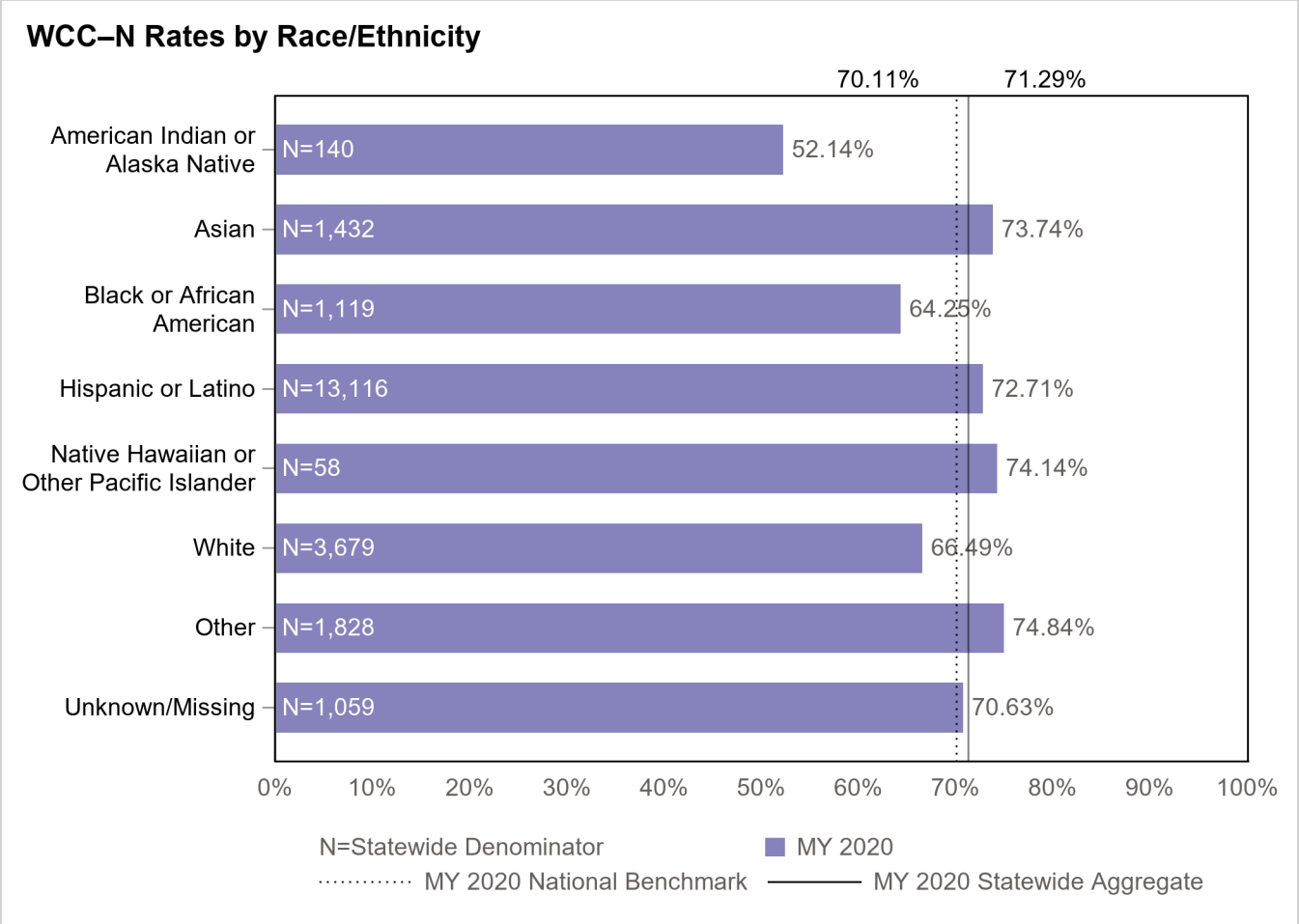


Figure 3.59—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Primary Language Results

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

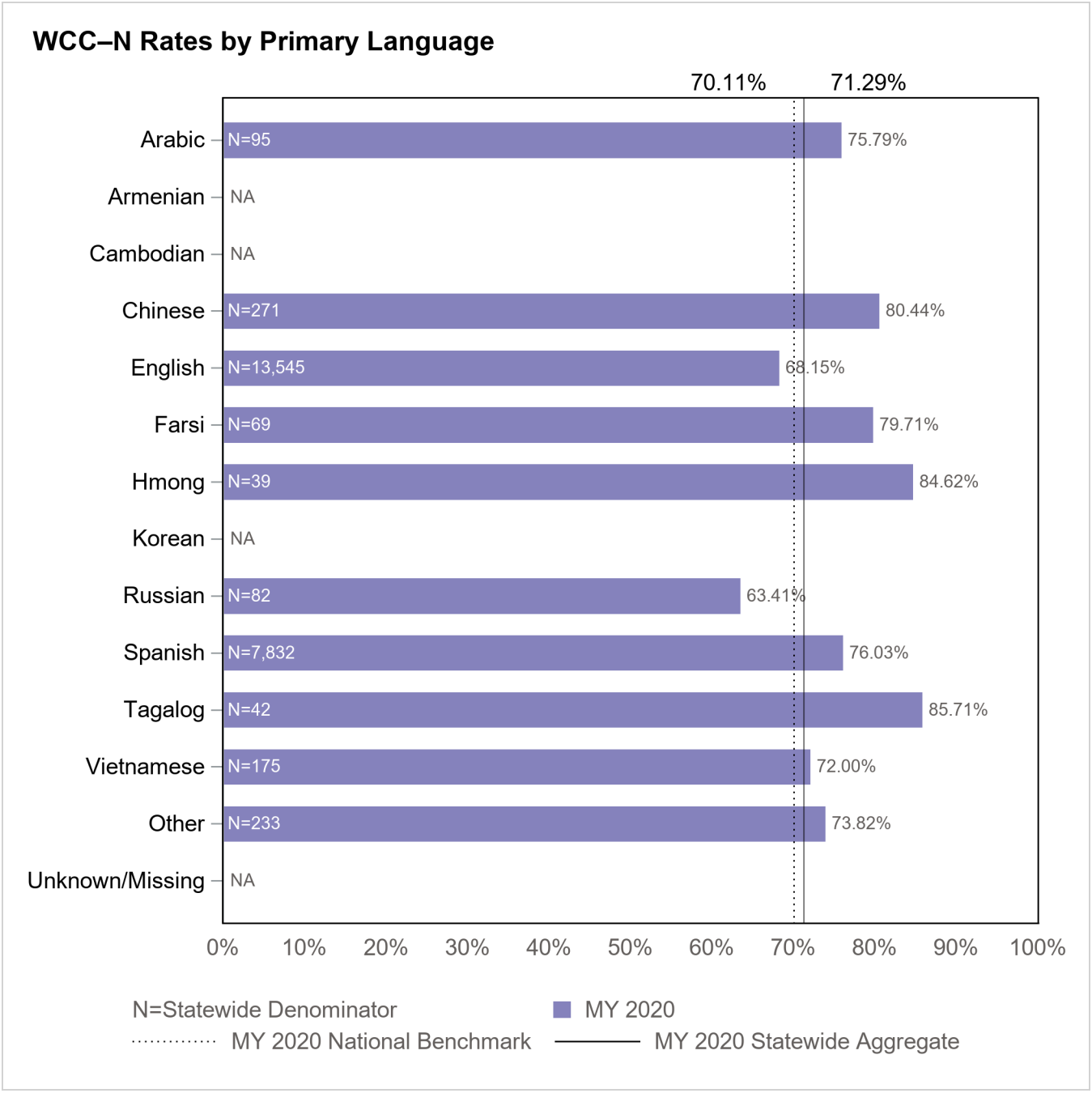


Figure 3.60—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Gender Results

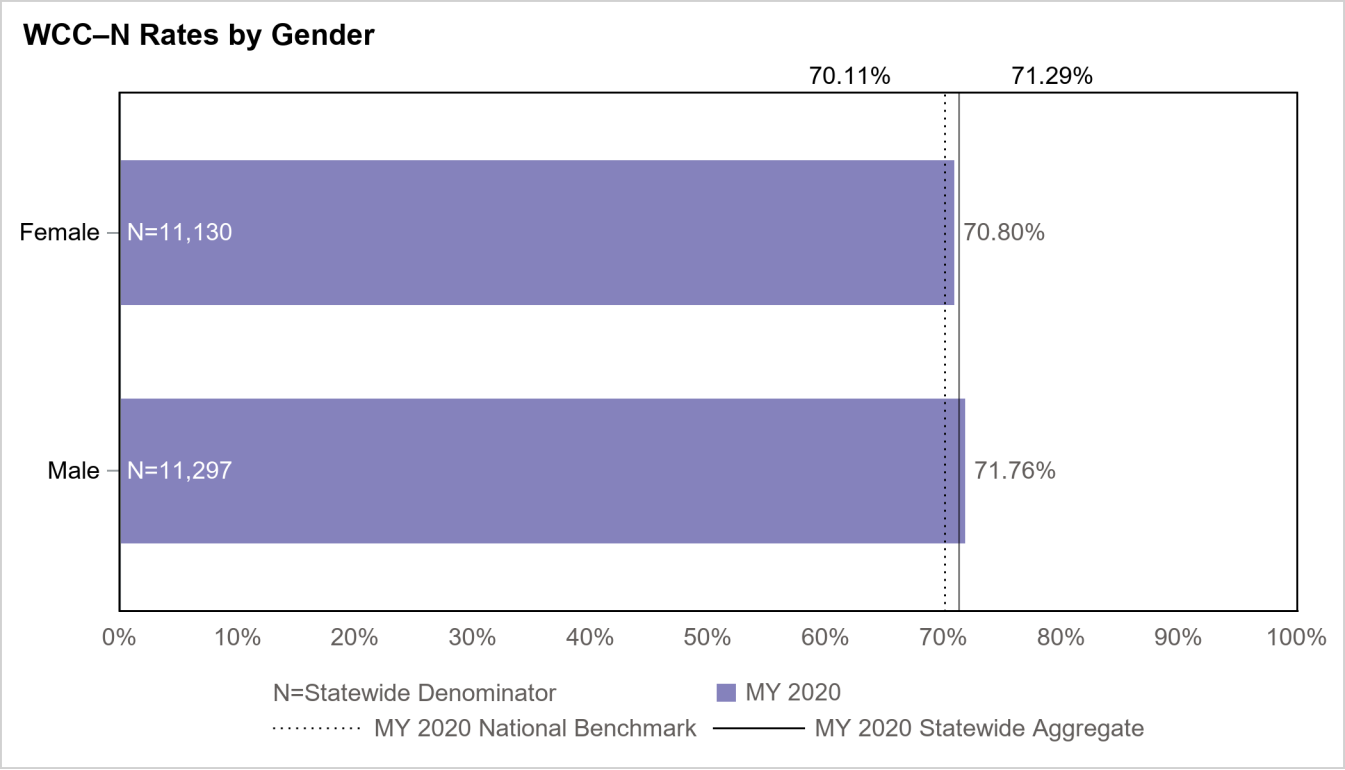
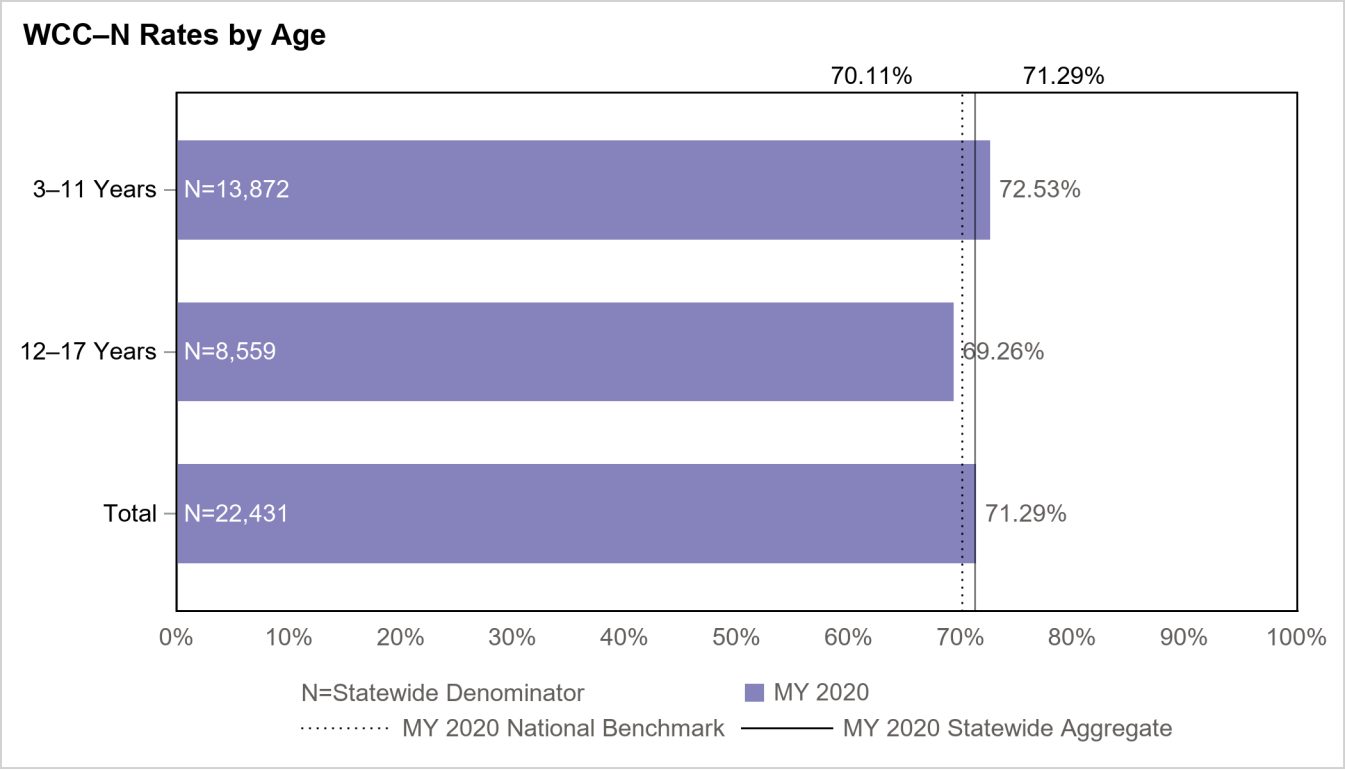


Figure 3.61—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Statewide Age Results



- For measurement year 2020, the statewide aggregate for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator was above the national benchmark by approximately 1 percentage point, indicating that MCPs ensured an adequate number of child/adolescent members received appropriate counseling for nutrition.
- For measurement year 2020, reportable rates for three of eight (37.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, and White) and two of 10 (20.00 percent) primary language groups (English and Russian) fell below the national benchmark.
- For measurement year 2020, rates for the American Indian or Alaska Native racial/ethnic group and the Russian primary language group were below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, the rate for the 12–17 Years age group fell below the national benchmark, and rates for all age groups differed by less than 4 percentage points.

Figure 3.62—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Regional-Level Delivery Type Model Results

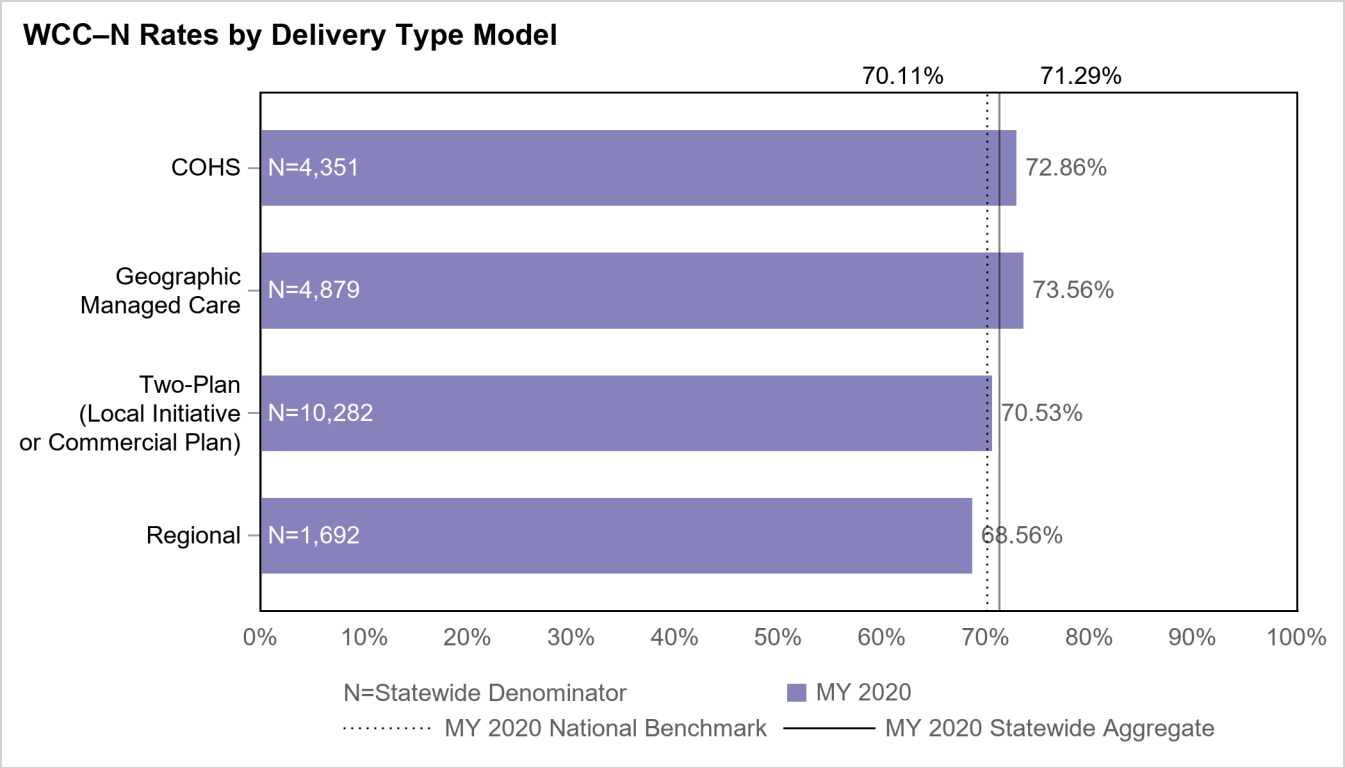
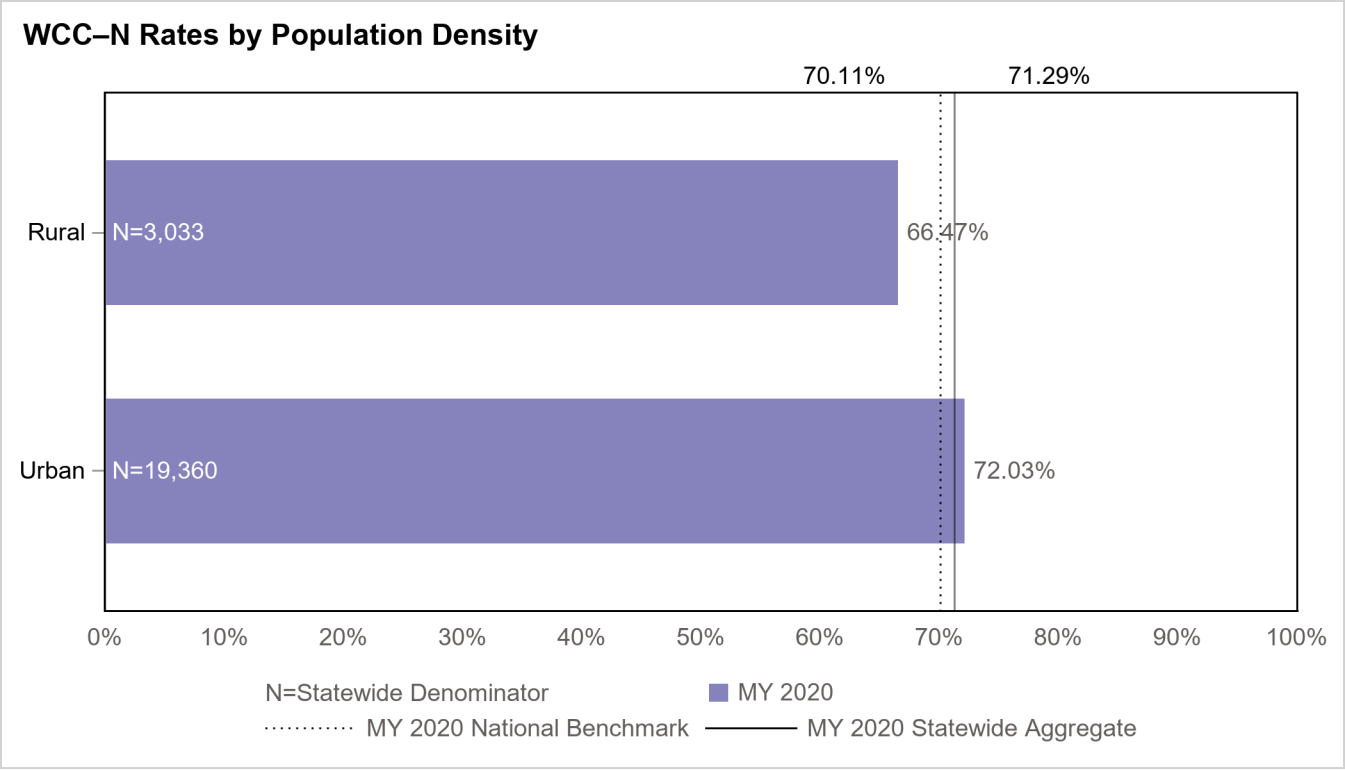


Figure 3.63—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—Regional-Level Population Density Results

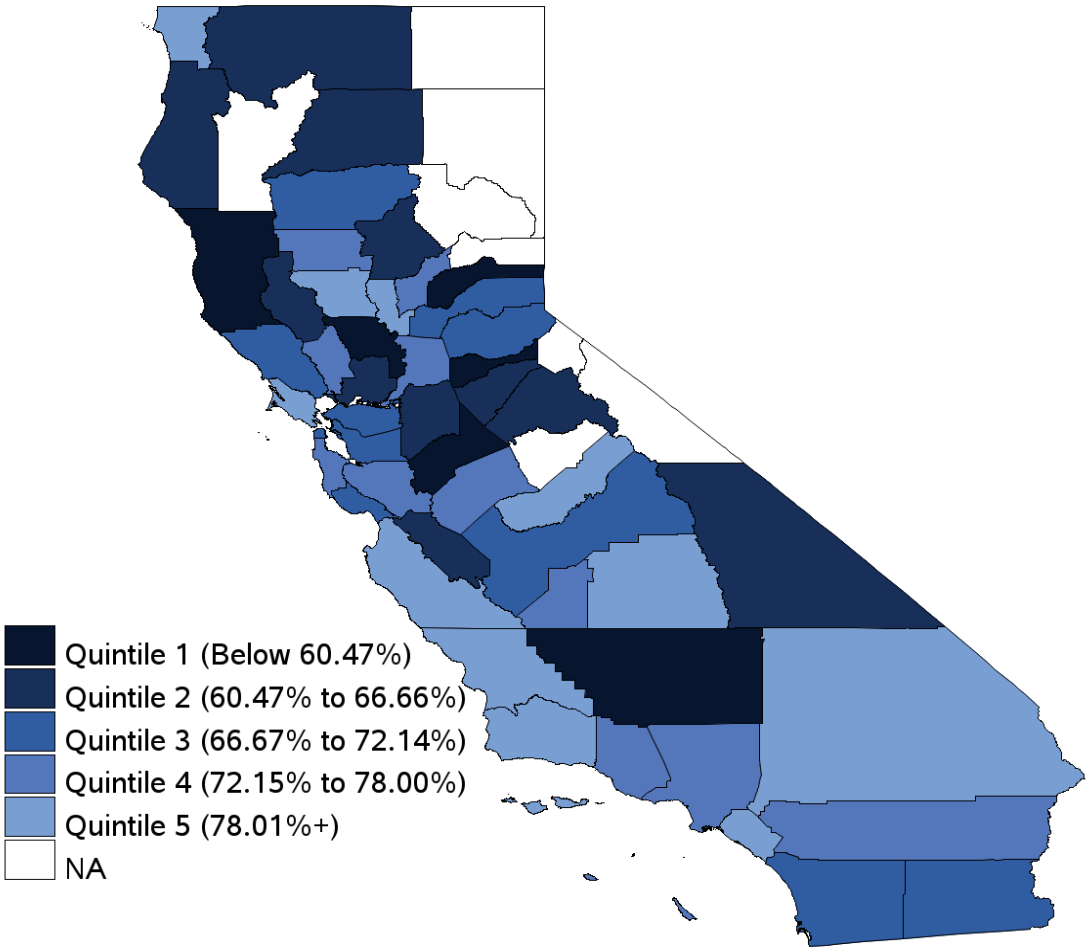


- For measurement year 2020, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator rates for three of four (75.00 percent) delivery type model groups (COHS, Geographic Managed Care, and Two-Plan) were above the national benchmark.
- For measurement year 2020, the rate for the rural regions fell below the national benchmark and was below the rate for the urban regions by over a 5 percent relative difference.

Figure 3.64—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—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.



- Reportable rates for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator fell below the national benchmark for 26 of 50 (52.00 percent) counties.
- For measurement year 2020, Nevada, Kern, Yolo, Amador, Mendocino, and Stanislaus counties had the least favorable rates.
- For measurement year 2020, Monterey, San Luis Obispo, Sutter, Orange, Del Norte, Tulare, Madera, Santa Barbara, Colusa, Marin, and San Bernardino counties had the most favorable indicator rates.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total (WCC–PA)* indicator measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity. Figure 3.65 through Figure 3.71 display the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—Counseling for Physical Activity—Total (WCC–PA)* indicator rates at statewide and regional levels for measurement year 2020.

Figure 3.65—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Racial/Ethnic Results

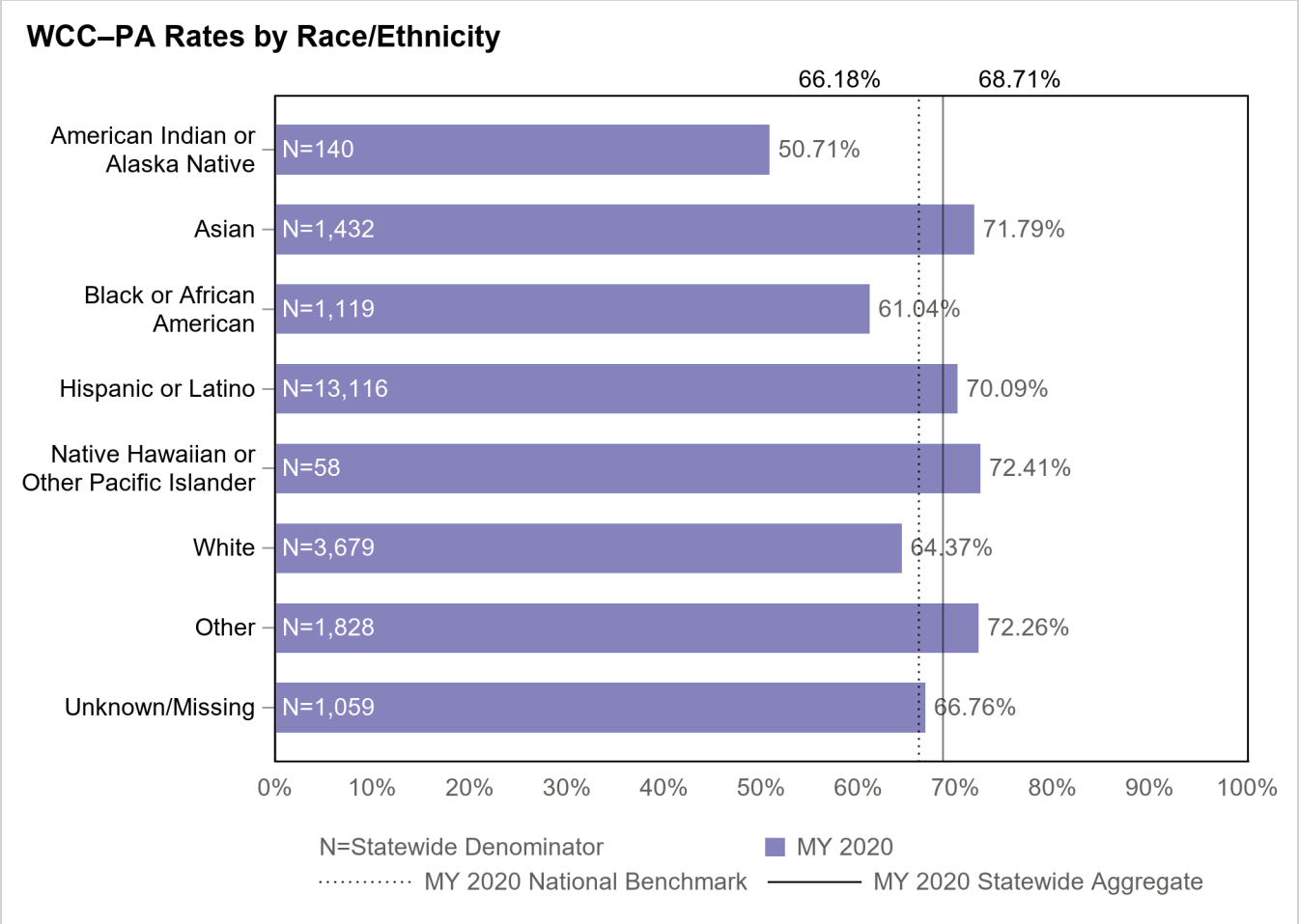


Figure 3.66—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Primary Language Results

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

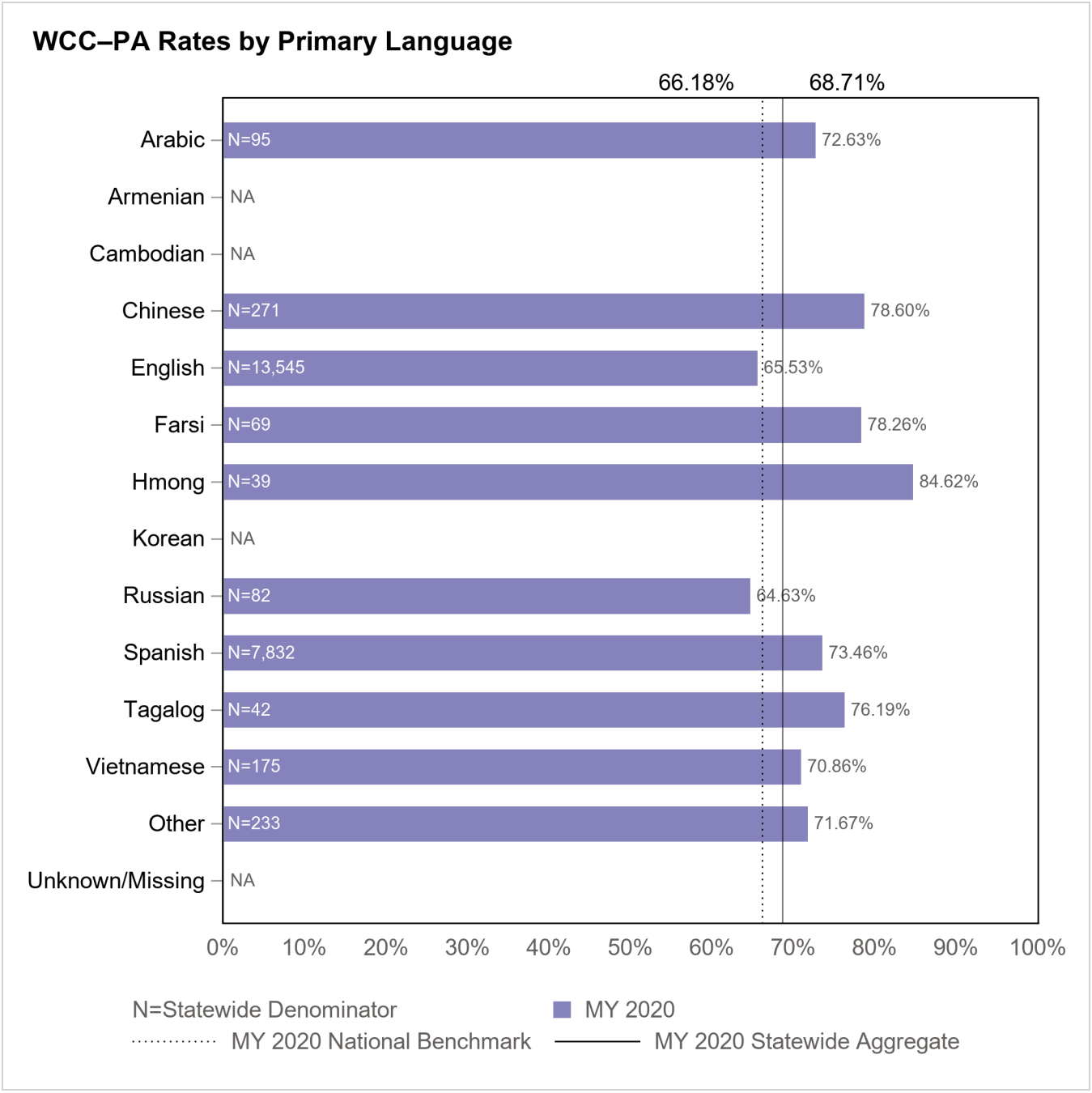


Figure 3.67—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Gender Results

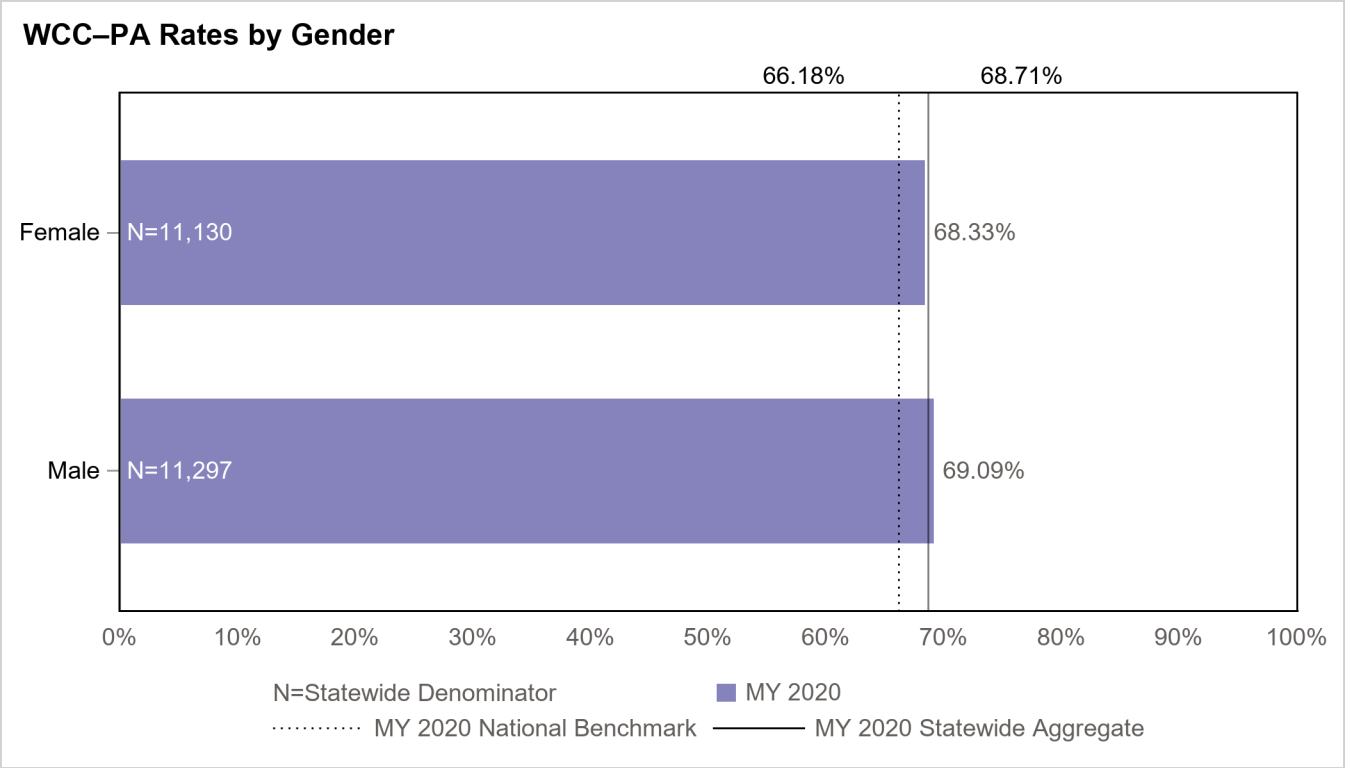
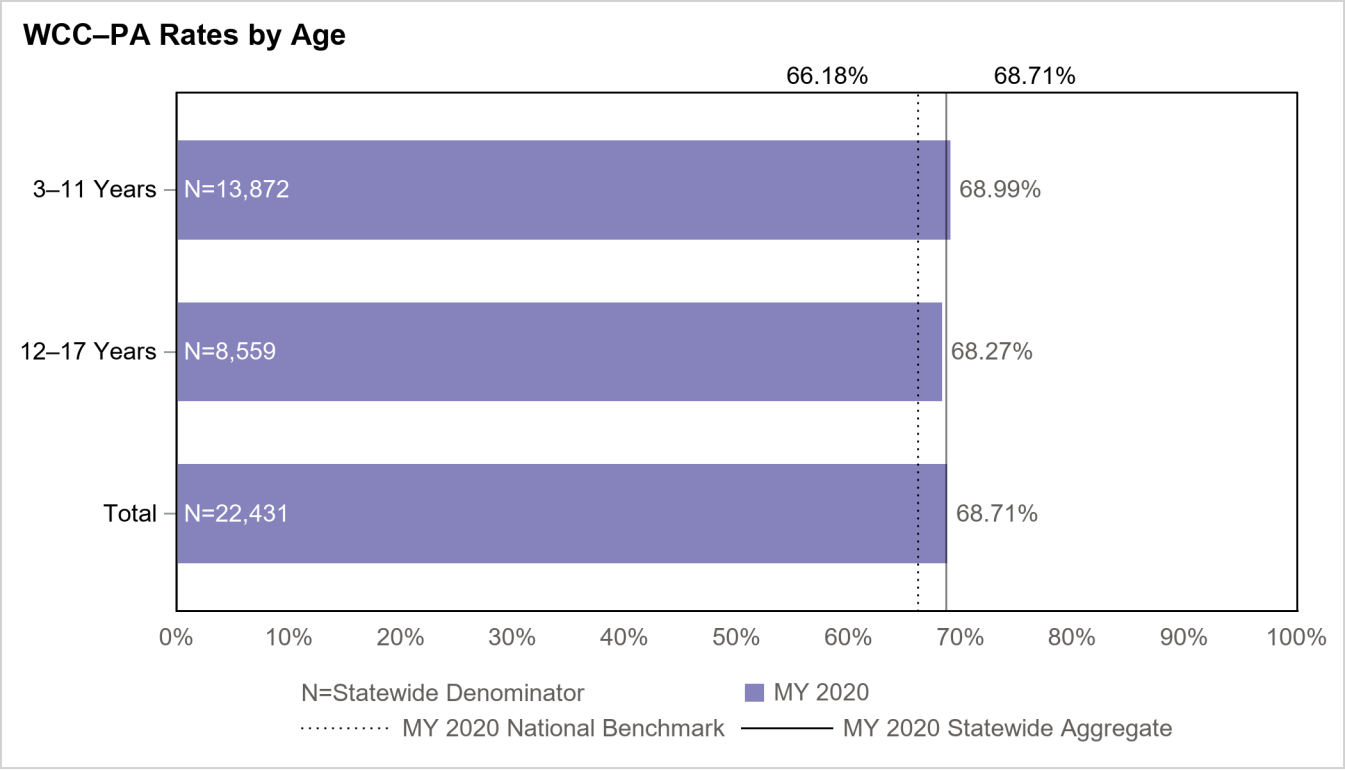


Figure 3.68—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Statewide Age Results



- For measurement year 2020, the statewide aggregate for the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* indicator was above the national benchmark by approximately 2 percentage points, indicating the MCPs ensured an adequate number of child/adolescent members received appropriate counseling for physical activity.
- For measurement year 2020, reportable rates for three of eight (37.50 percent) racial/ethnic groups (American Indian or Alaska Native, Black or African American, and White) and two of 10 (20.00 percent) primary language groups (English and Russian) fell below the national benchmark.
- For measurement year 2020, rates for two of eight (25.00 percent) racial/ethnic groups (American Indian or Alaska Native and Black or African American) were below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, rates for all age groups were above the national benchmark and differed by less than 1 percentage point.

Figure 3.69—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Regional-Level Delivery Type Model Results

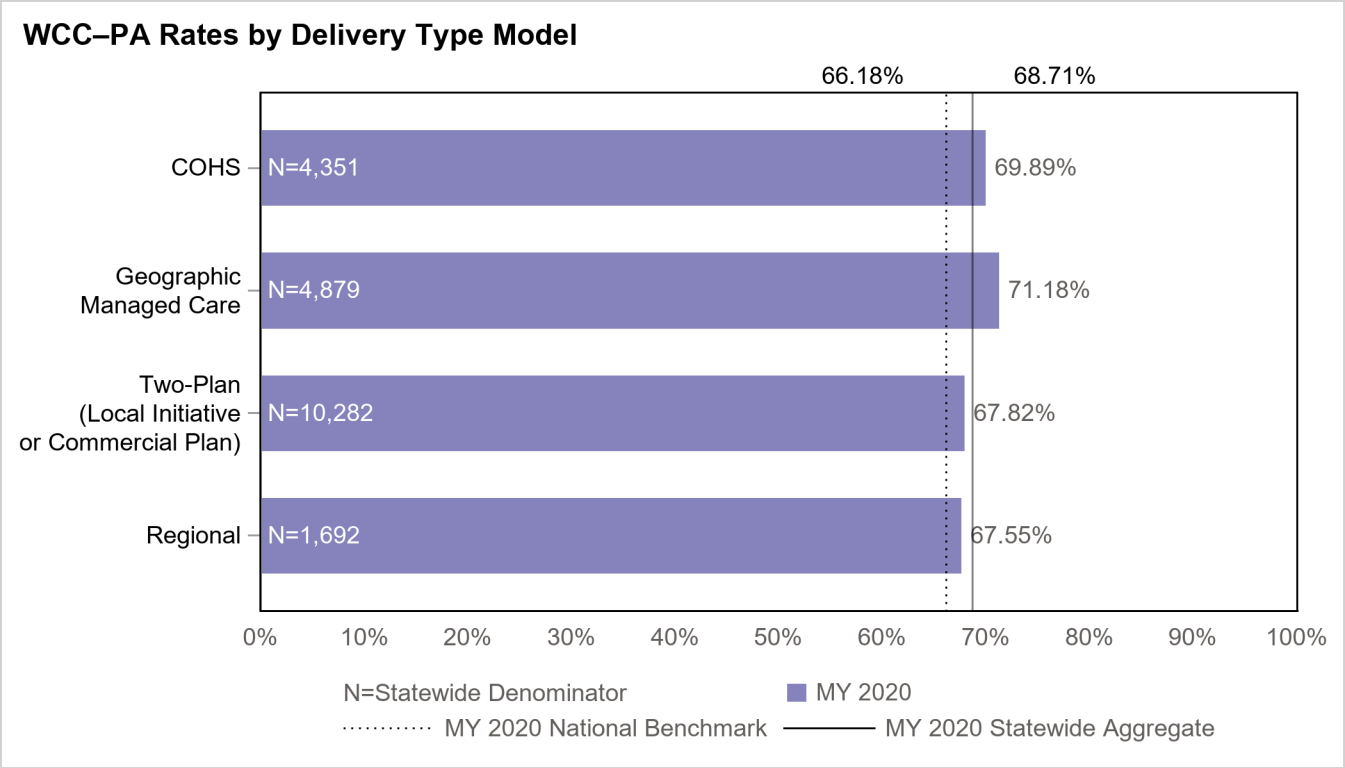
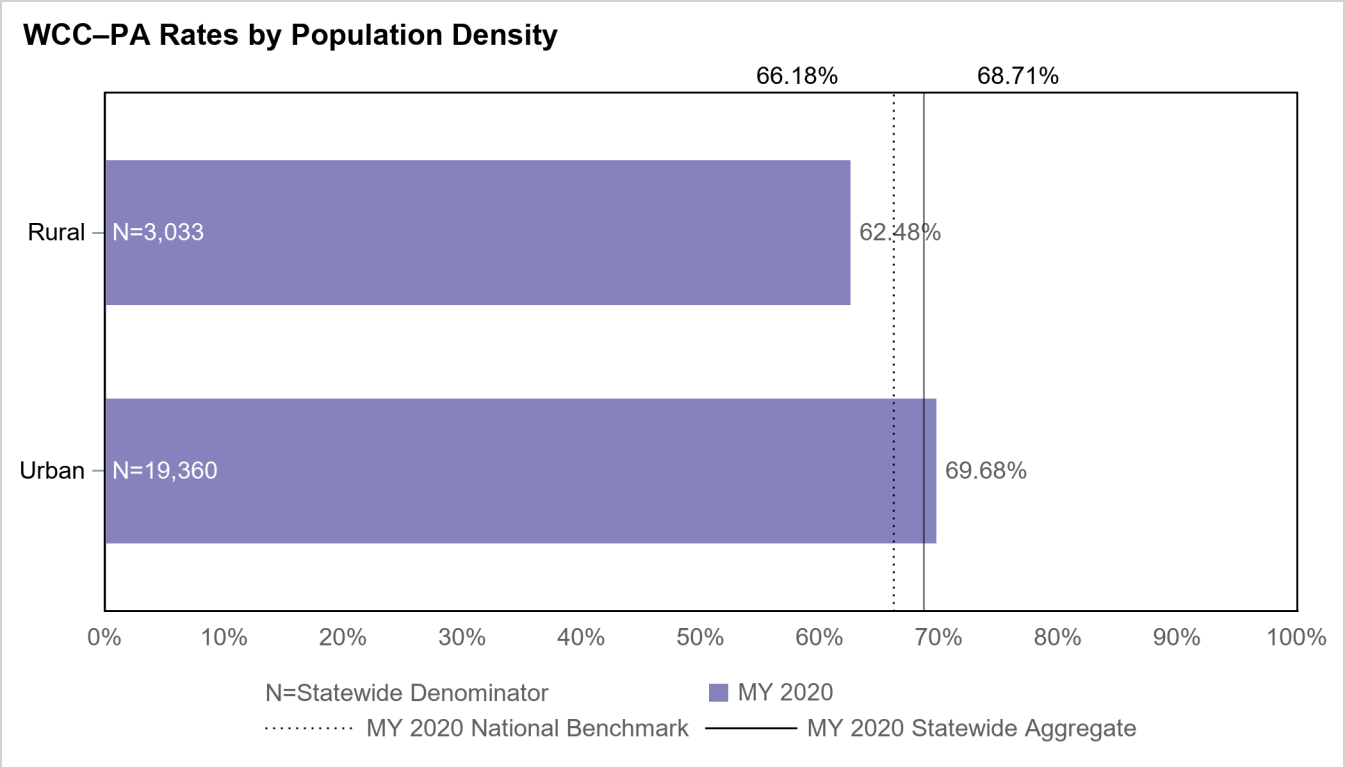


Figure 3.70—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—Regional-Level Population Density Results

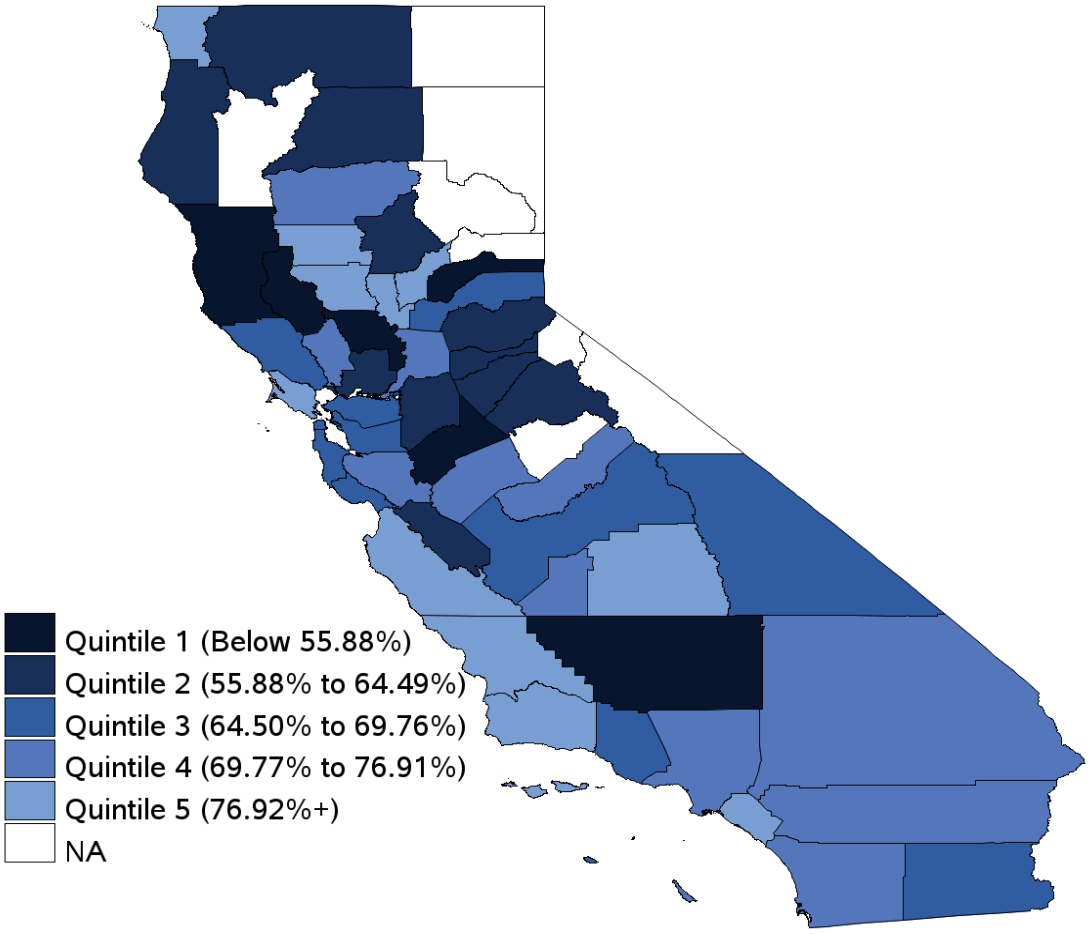


- For measurement year 2020, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* indicator rates for all delivery type model groups were above the national benchmark.
- For measurement year 2020, the rate for the rural regions fell below the national benchmark and was below the rate for the urban regions by over a 10 percent relative difference.

Figure 3.71—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—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 2020, 26 of 50 (52.00 percent) counties with reportable *Weight Assessment and Counselling for Nutrition and Physical Activity for Children/Adolescents—Counselling for Physical Activity—Total* indicator rates fell below the national benchmark.
- For measurement year 2020, Nevada, Lake, Kern, Mendocino, Yolo, and Stanislaus counties had the least favorable rates.
- For measurement year 2020, six of 11 (54.55 percent) counties that had the most favorable indicator rates (San Luis Obispo, Orange, Sutter, Tulare, Marin, and Yuba) had at least 95 percent of members who lived in urban regions, which was higher than the percentage of members who lived in urban regions for the statewide aggregate (86.46 percent). This finding aligns with the results displayed in Figure 3.70, which shows that the rate for the urban group was higher than the rate for the rural group by more than a 10 percent relative difference.

HSAG-Calculated Indicator Results

Figure 3.72 through Figure 3.92 display the measurement years 2019 and 2020 statewide and regional results for the three HSAG-calculated indicators. Due to the inclusion of additional age indicators for the *Alcohol Use Screening* (*AUS*) indicator for measurement year 2020, HSAG did not present comparisons to measurement year 2019 results for this indicator.

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 3.72 through Figure 3.78 display the *Alcohol Use Screening* (*AUS*) indicator rates at the statewide and regional levels for measurement year 2020. 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 3.72—Alcohol Use Screening (AUS)—Statewide Racial/Ethnic Results

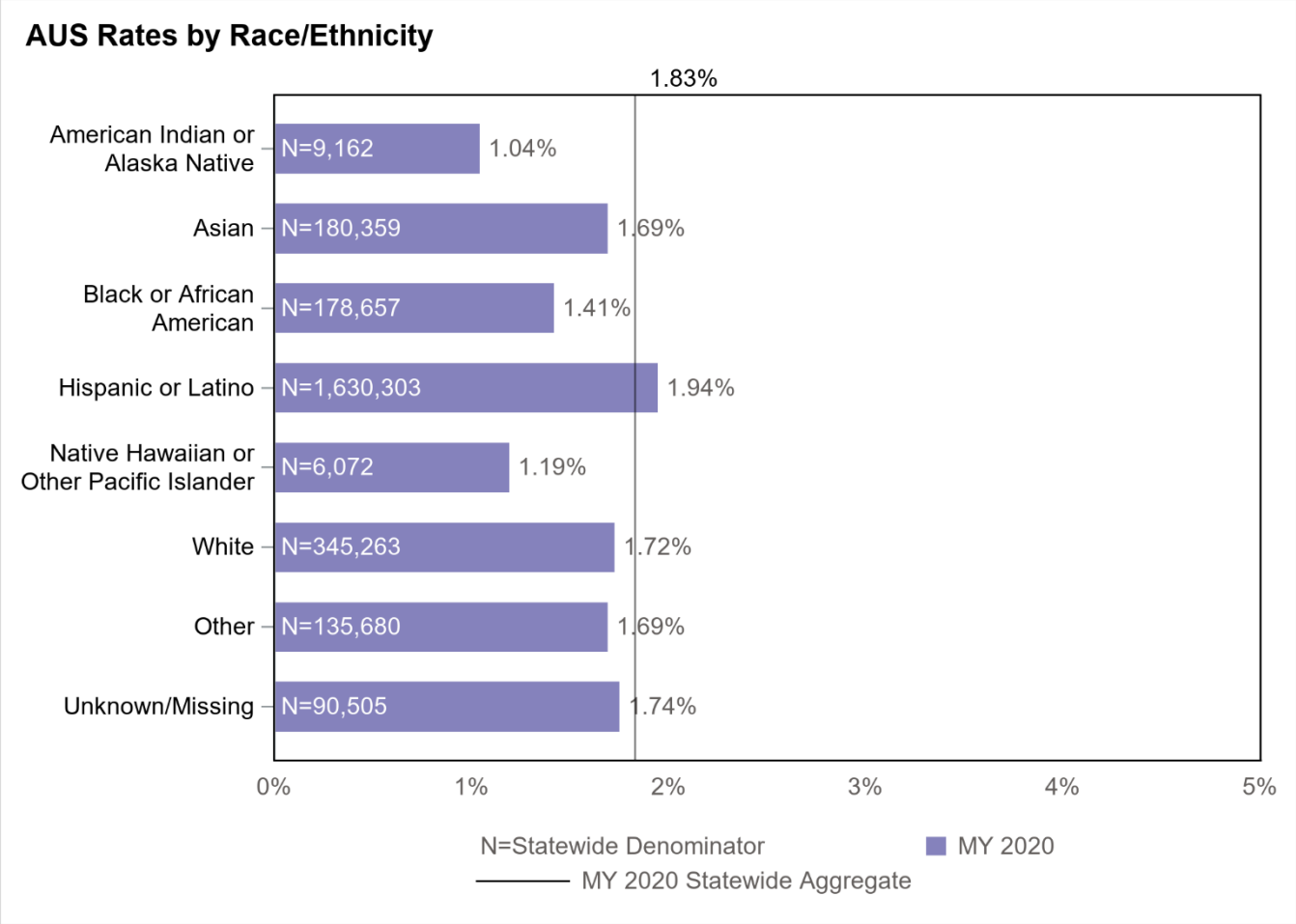


Figure 3.73—Alcohol Use Screening (AUS)—Statewide Primary Language Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The measurement year 2020 statewide denominator for the Unknown/Missing primary language group was 2,650.

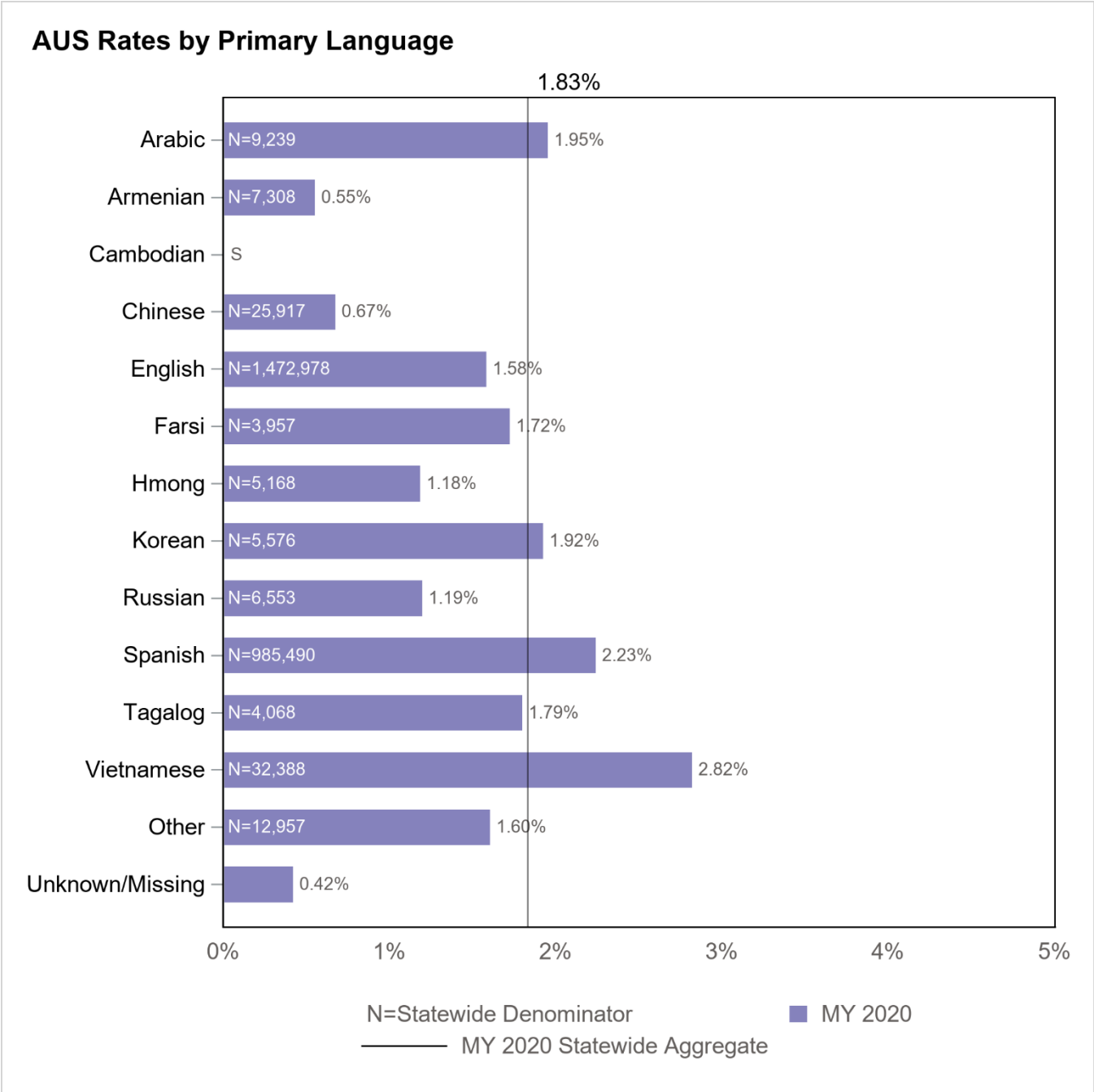


Figure 3.74—Alcohol Use Screening (AUS)—Statewide Gender Results

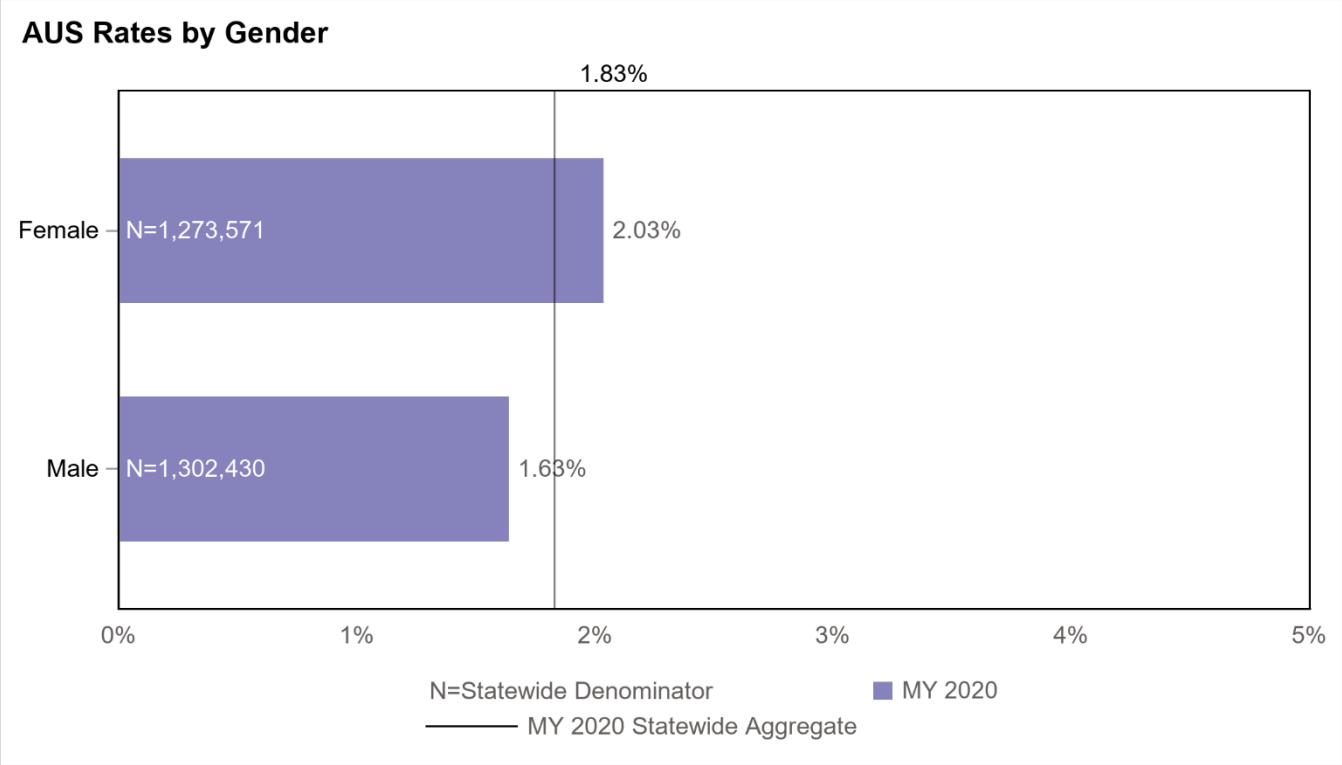
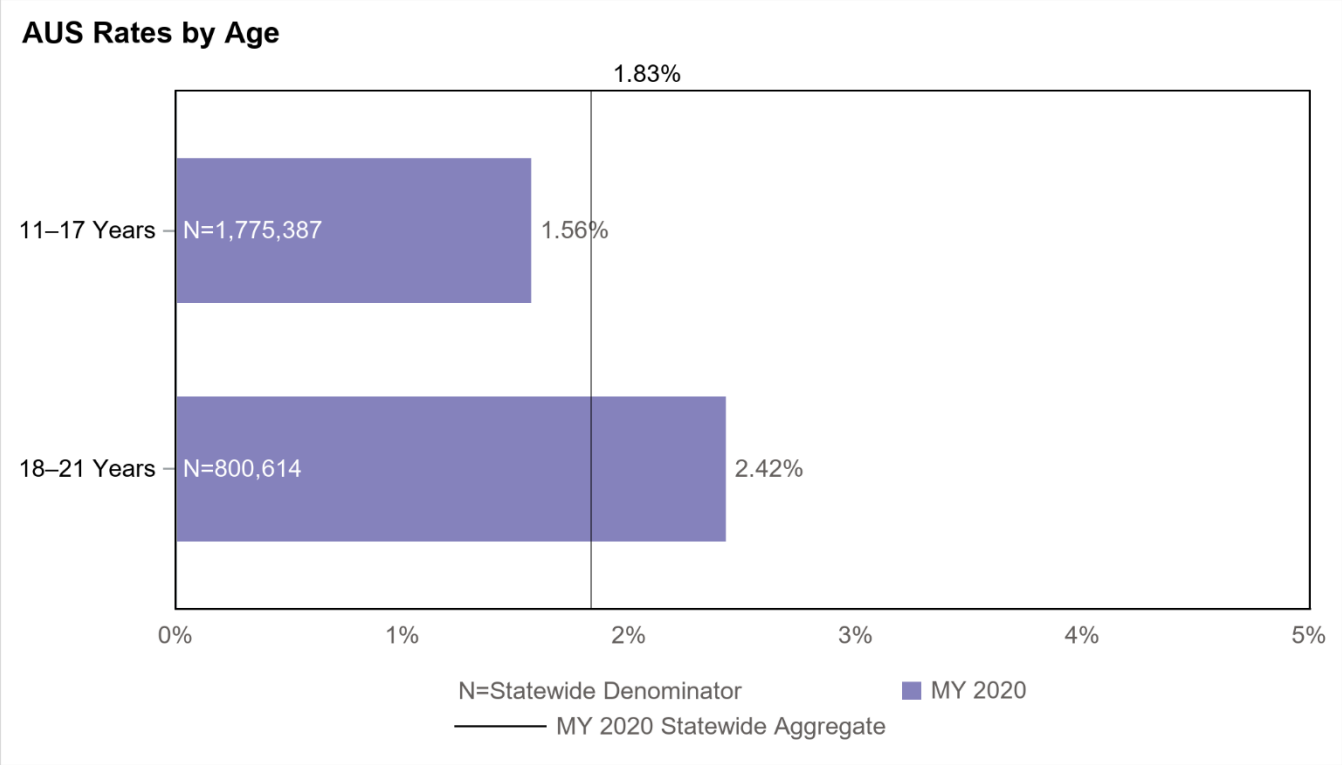


Figure 3.75—Alcohol Use Screening (AUS)—Statewide Age Results



- For measurement year 2020, the statewide aggregate for the *Alcohol Use Screening* indicator was less than 2 percentage points, indicating a potential area for improvement.
- For measurement year 2020, 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 seven of 12 (58.33 percent) primary language groups (Armenian, Chinese, English, Hmong, Russian, Other, and Unknown/Missing) fell below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, rates for the Male group fell below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, the rate for the 11–17 Years age group was below the rate for the 18–21 Years age group by more than a 35 percent relative difference.

Figure 3.76—Alcohol Use Screening (AUS)—Regional-Level Delivery Type Model Results

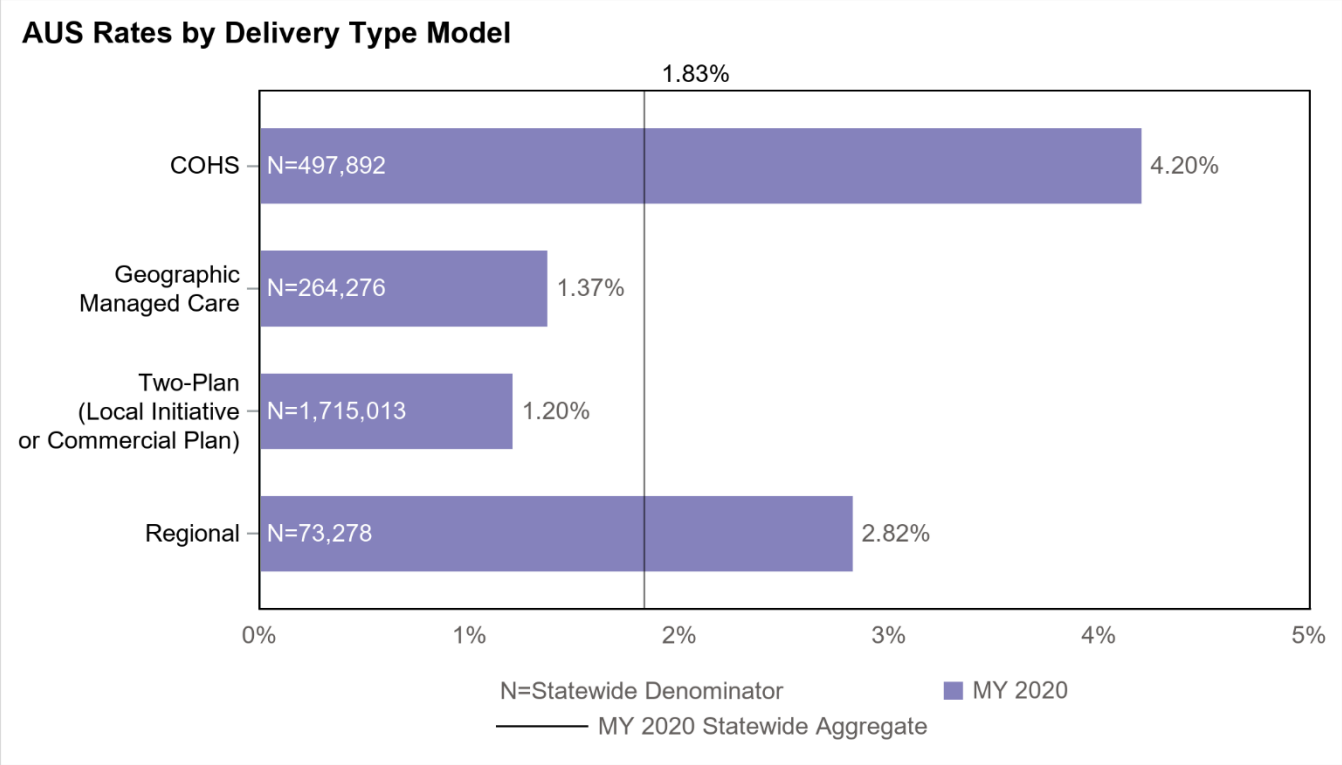
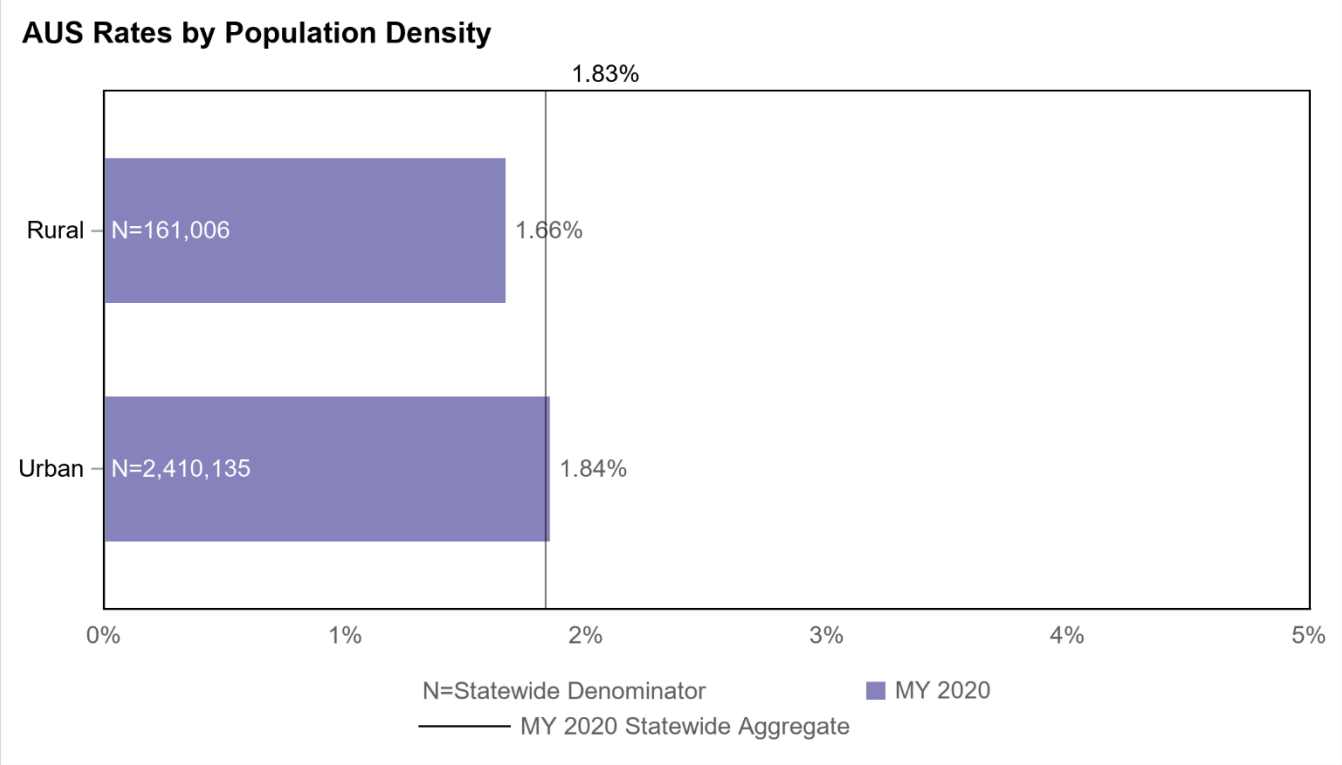


Figure 3.77—Alcohol Use Screening (AUS)—Regional-Level Population Density Results

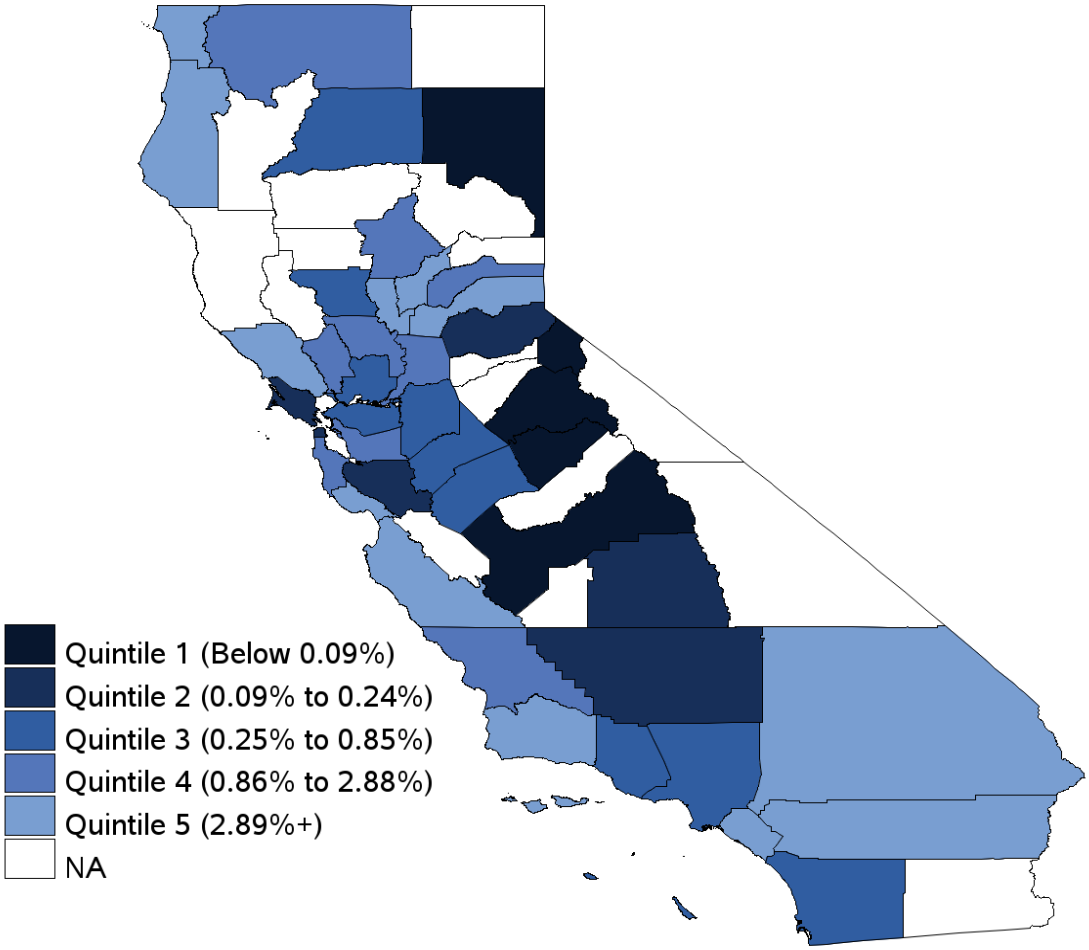


- For measurement year 2020, rates for two of four (50.00 percent) delivery type model groups (Geographic Managed Care and Two-Plan) were below the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2020, the rate for the rural regions was below the rate for the urban regions by nearly a 10 percent relative difference.

Figure 3.78—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.



- Alpine, Lassen, Mariposa, and Tuolumne counties had *Alcohol Use Screening* indicator rates of 0.00 percent and had the least favorable rates.
- Del Norte, Santa Cruz, Humboldt, Orange, Yuba, Placer, Sutter, Monterey, Santa Barbara, San Bernardino, Sonoma, and Riverside counties had the most favorable rates.

Dental Fluoride Varnish

The *Dental Fluoride Varnish (DFV)* indicator measures the percentage of children 6 months of age as of January 1 of the measurement year to 5 years of age as of December 31 of the measurement year who had one or more applications of dental fluoride varnish administered by a medical provider during the measurement year. Figure 3.79 presents the *Dental Fluoride Varnish (DFV)* indicator rates using three different methodologies: (1) using only the Current Procedural Terminology (CPT) code and excluding dental data, (2) using both CPT and Code on Dental Procedures and Nomenclature (CDT) codes and excluding dental data, and (3) using both CPT and CDT codes and including dental data. Figure 3.80 through Figure 3.85 display the *Dental Fluoride Varnish (DFV)* indicator rates at the statewide and regional levels for measurement years 2019 and 2020, using methodology (3) above. Therefore, exercise caution when interpreting results given that only a small percentage of dental fluoride varnish applications occur in non-dental settings. Please note, national benchmarks are not available for this indicator.

Figure 3.79—Dental Fluoride Varnish (DFV)—Statewide Results Using Different Methodologies

The statewide denominators for measurement years 2019 and 2020 were 869,435 and 1,043,987, respectively, for all three methodologies.

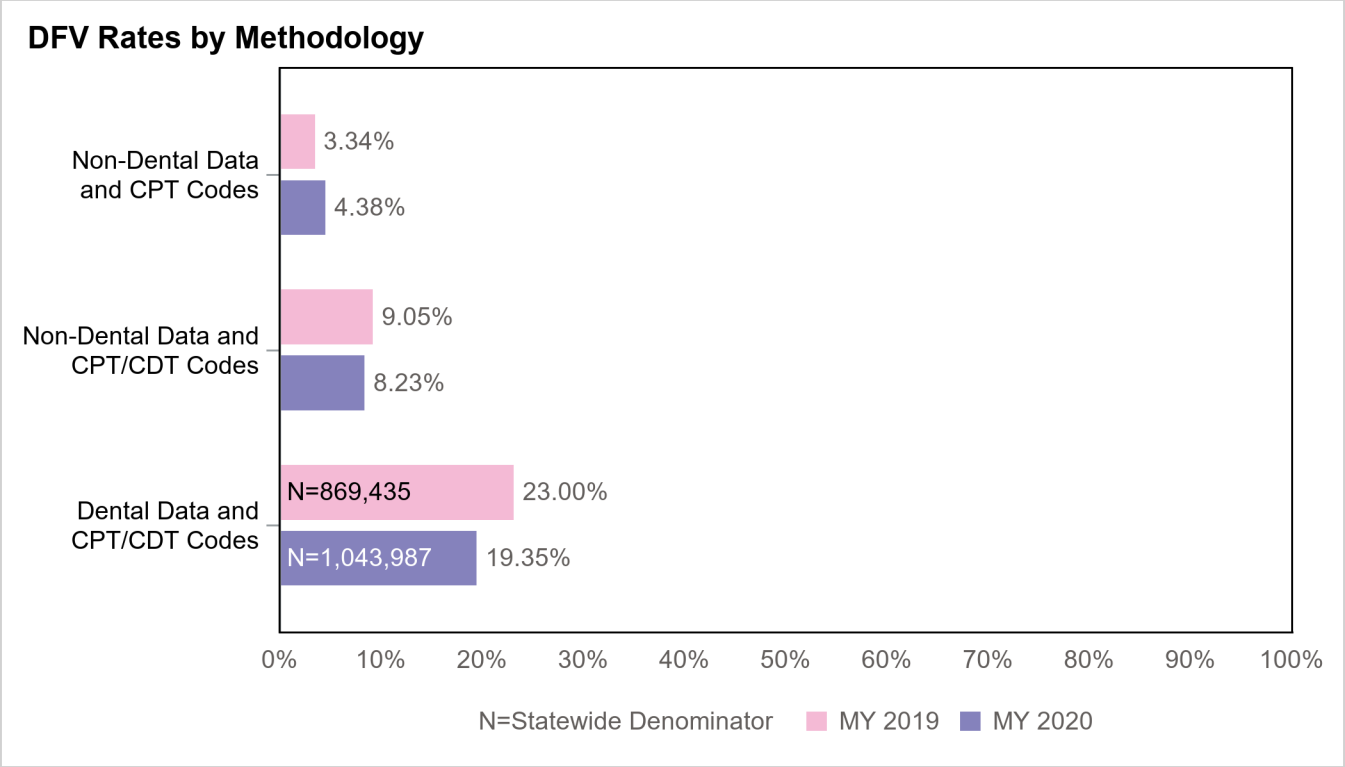


Figure 3.80—Dental Fluoride Varnish (DFV)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 23.00 percent.

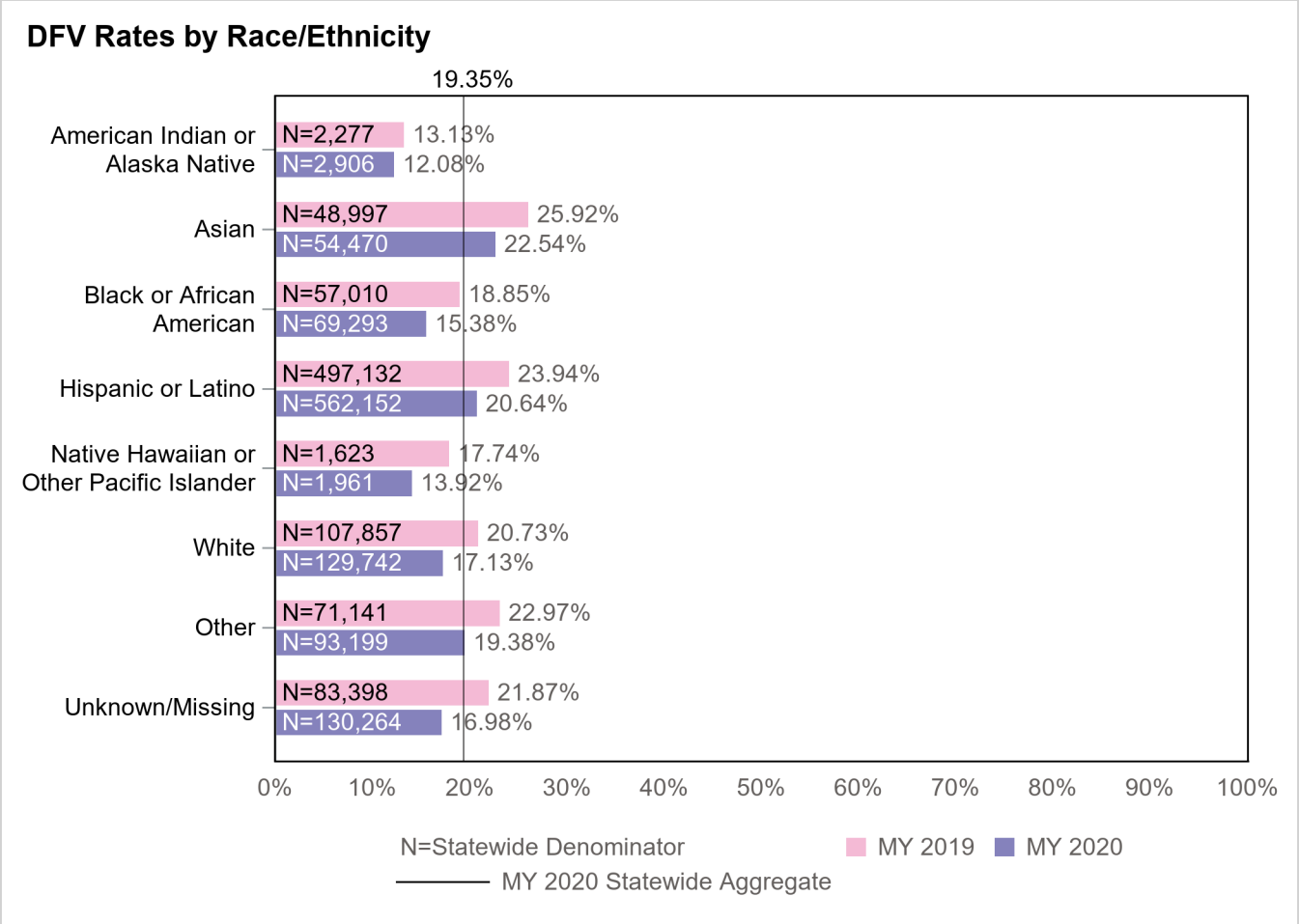


Figure 3.81—Dental Fluoride Varnish (DFV)—Statewide Primary Language Results

The measurement years 2019 and 2020 statewide denominators for the Unknown/Missing primary language group were 641 and 945, respectively.

The statewide aggregate for measurement year 2019 was 23.00 percent.

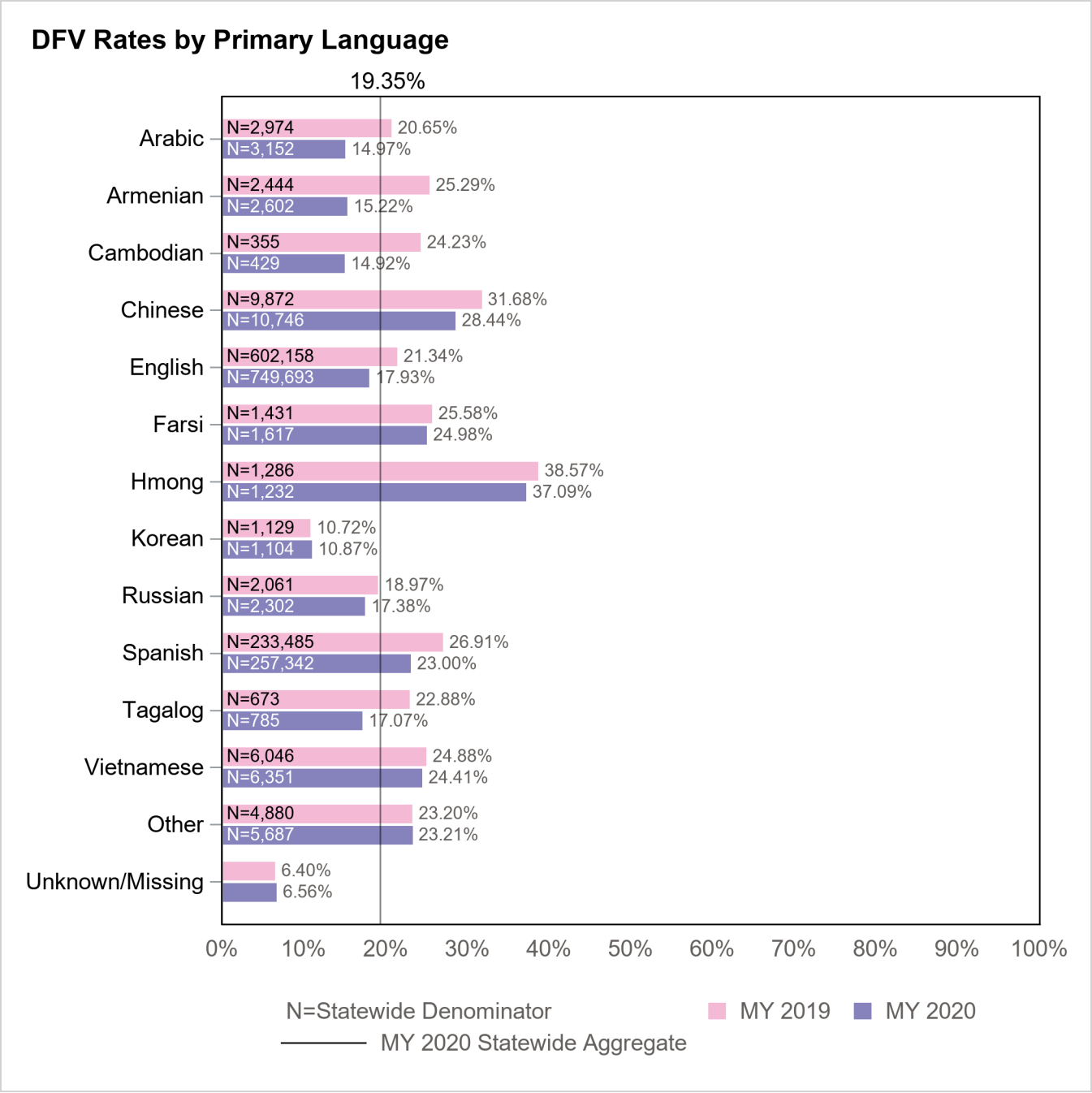
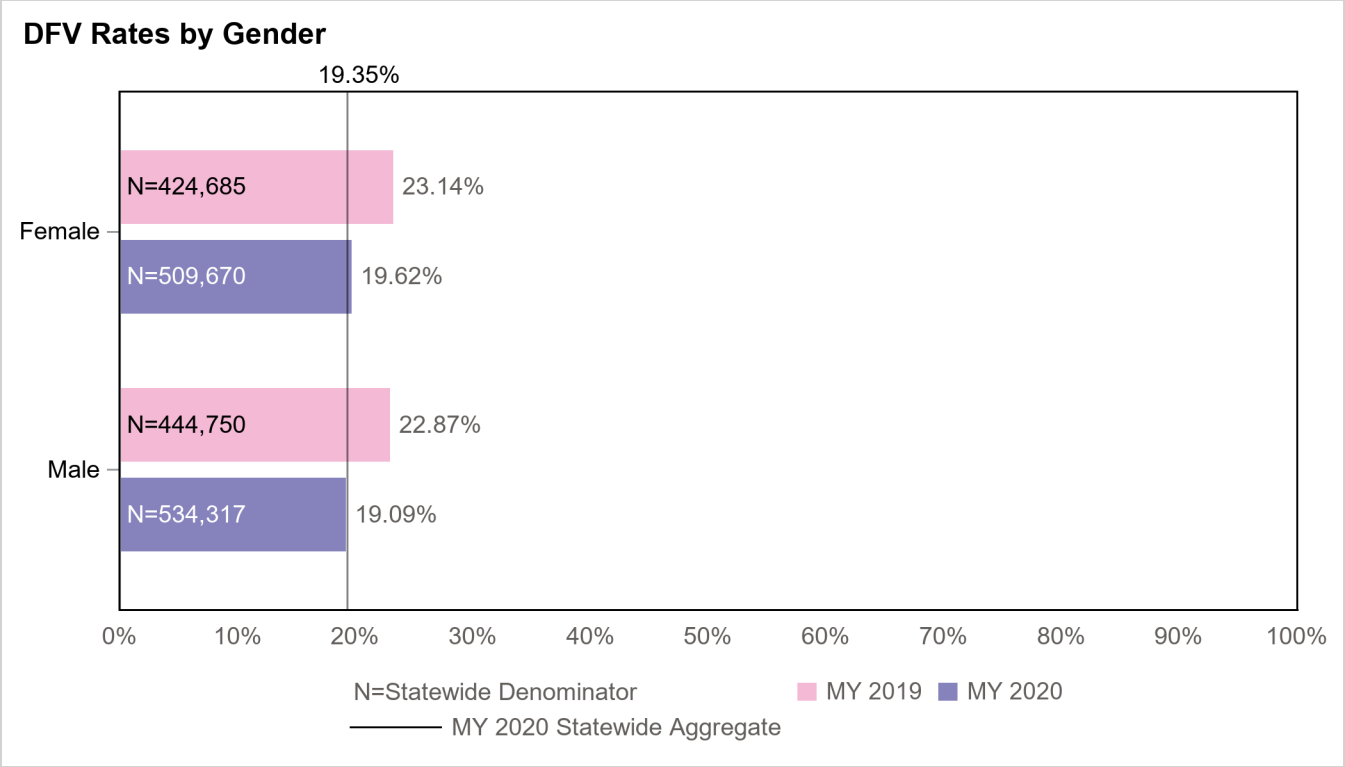


Figure 3.82—Dental Fluoride Varnish (DFV)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 23.00 percent.



- From measurement year 2019 to measurement year 2020, the statewide aggregate for the *Dental Fluoride Varnish* indicator decreased by approximately 4 percentage points, indicating a potential area for improvement.
- For measurement year 2020, 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, White, and Unknown/Missing) and seven of 14 (50.00 percent) primary language groups (Arabic, Armenian, Cambodian, Korean, Russian, Tagalog, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Arabic
  - Korean
  - Russian
  - Unknown/Missing

Figure 3.83—Dental Fluoride Varnish (DFV)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 23.00 percent.

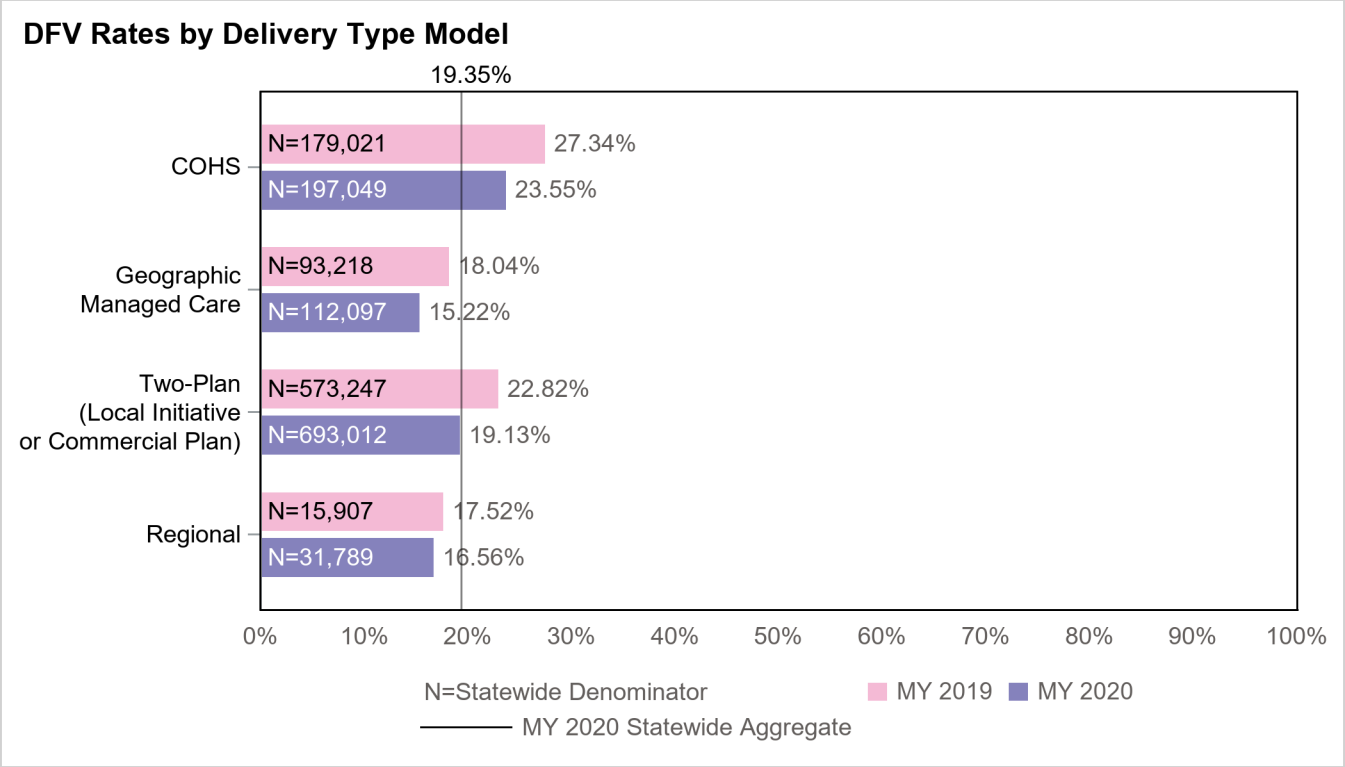
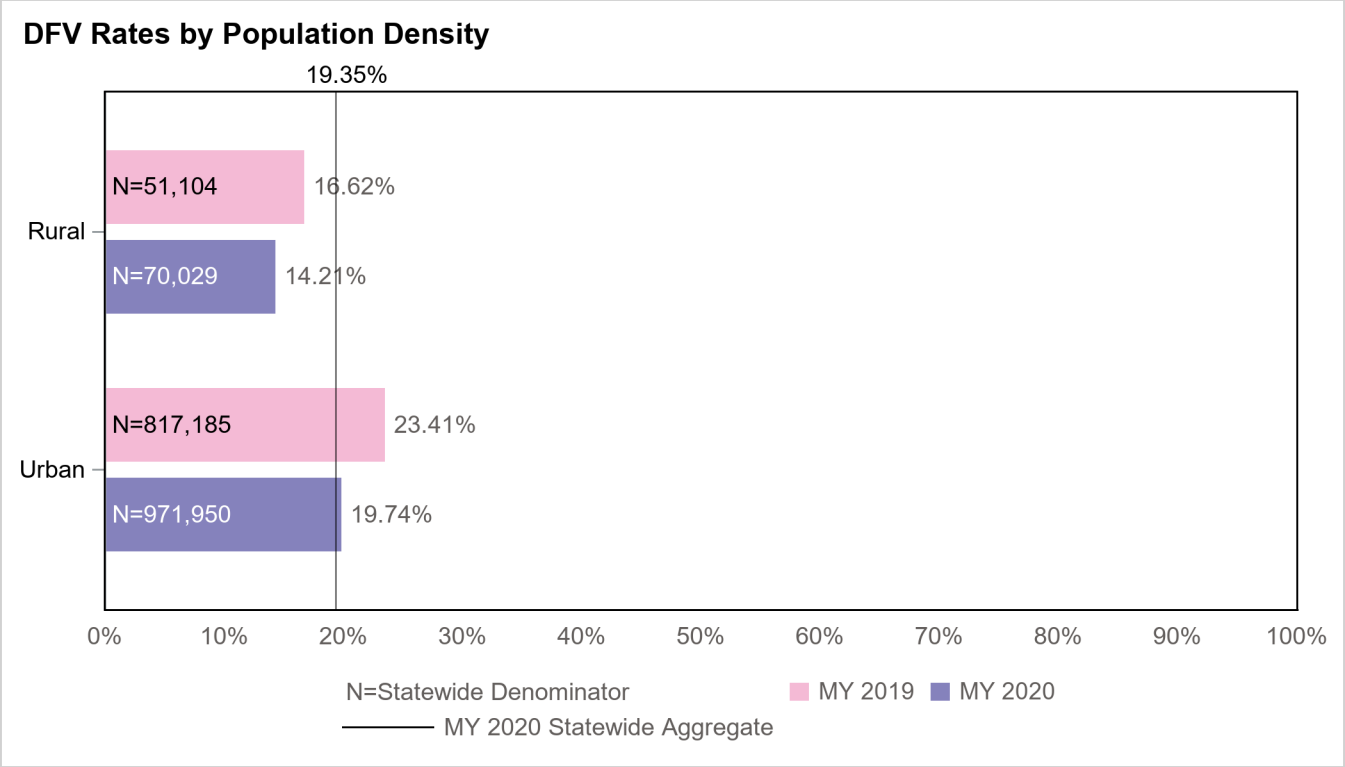


Figure 3.84—Dental Fluoride Varnish (DFV)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 23.00 percent.

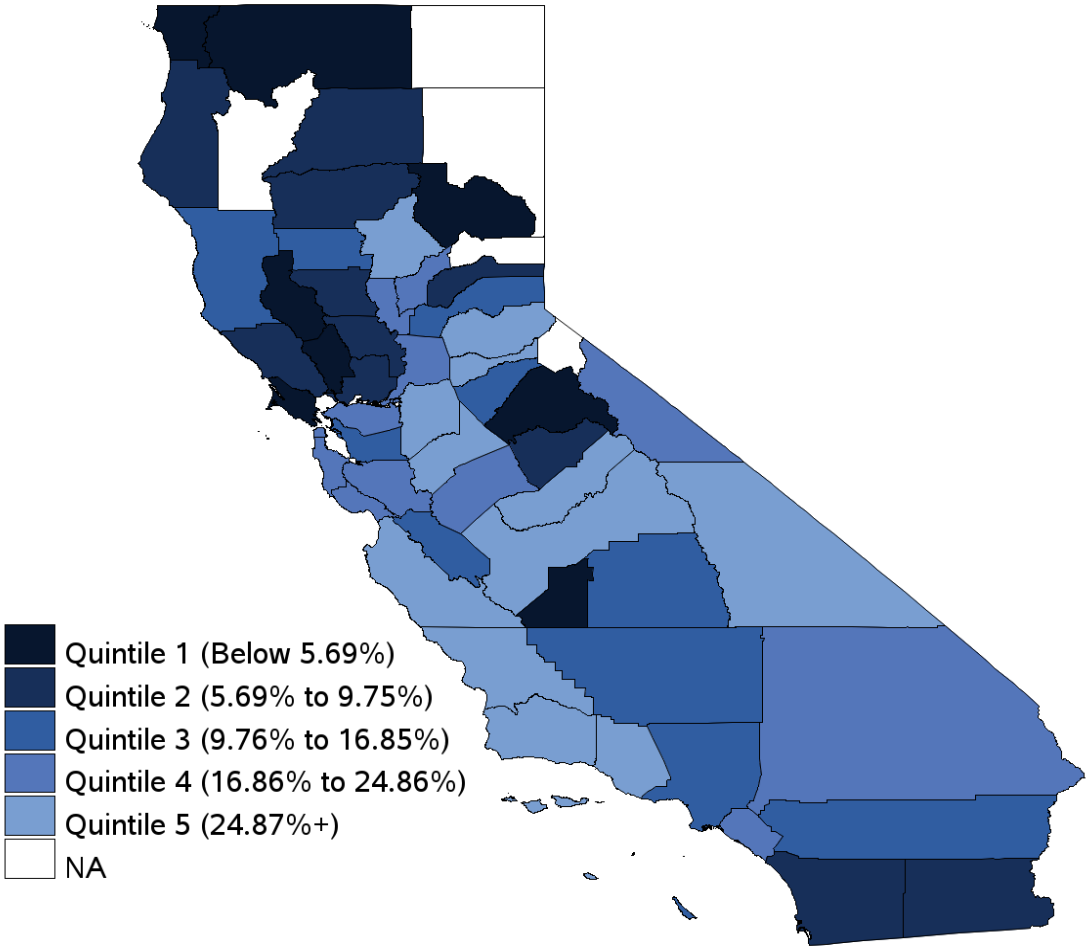


- For measurement year 2020, rates for two of four (50.00 percent) delivery type model groups (Geographic Managed Care and Regional) fell below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, the rate for the rural regions fell below the rate for the urban regions by more than a 25 percent relative difference.

Figure 3.85—Dental Fluoride Varnish (DFV)—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 2020, Del Norte, Kings, Lake, Marin, Napa, Plumas, Siskiyou, and Tuolumne counties had the least favorable *Dental Fluoride Varnish* indicator rates. Seven of these eight (87.50 percent) counties are located in Northern California and each have relatively small populations, with each county accounting for less than 0.5 percent of the total statewide population. Additionally, six of eight (75.00 percent) counties with the least favorable rates (Del Norte, Kings, Lake, Plumas, Siskiyou, and Tuolumne) had at least 31 percent of members who resided in rural regions, which is nearly 25 percentage points higher than the percentage of members living in rural regions for the statewide aggregate (6.71 percent). This finding aligns with the results displayed in Figure 3.84, which shows that the rate for the rural regions was below the rate for urban regions by more than a 25 percent relative difference.
- For measurement year 2020, approximately 74 percent of members living in a county utilizing the COHS delivery type model lived in a county that had an indicator rate that was at or above the statewide aggregate (Merced, Monterey, Orange, San Luis Obispo, Santa

Barbara, Santa Cruz, and Ventura). This finding aligns with the results displayed in Figure 3.83, which shows that the rate for the COHS delivery type model group was above the statewide aggregate by more than a 20 percent relative difference.

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 3.86 through Figure 3.92 display the *Tobacco Use Screening (TUS)* indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Please note, measurement year 2019 rates included children ages 12 to 21 years, while measurement year 2020 rates included children ages 11 to 21 years; therefore, exercise caution when comparing measurement year 2019 and measurement year 2020 rates. 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 3.86—Tobacco Use Screening (TUS)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 1.41 percent.

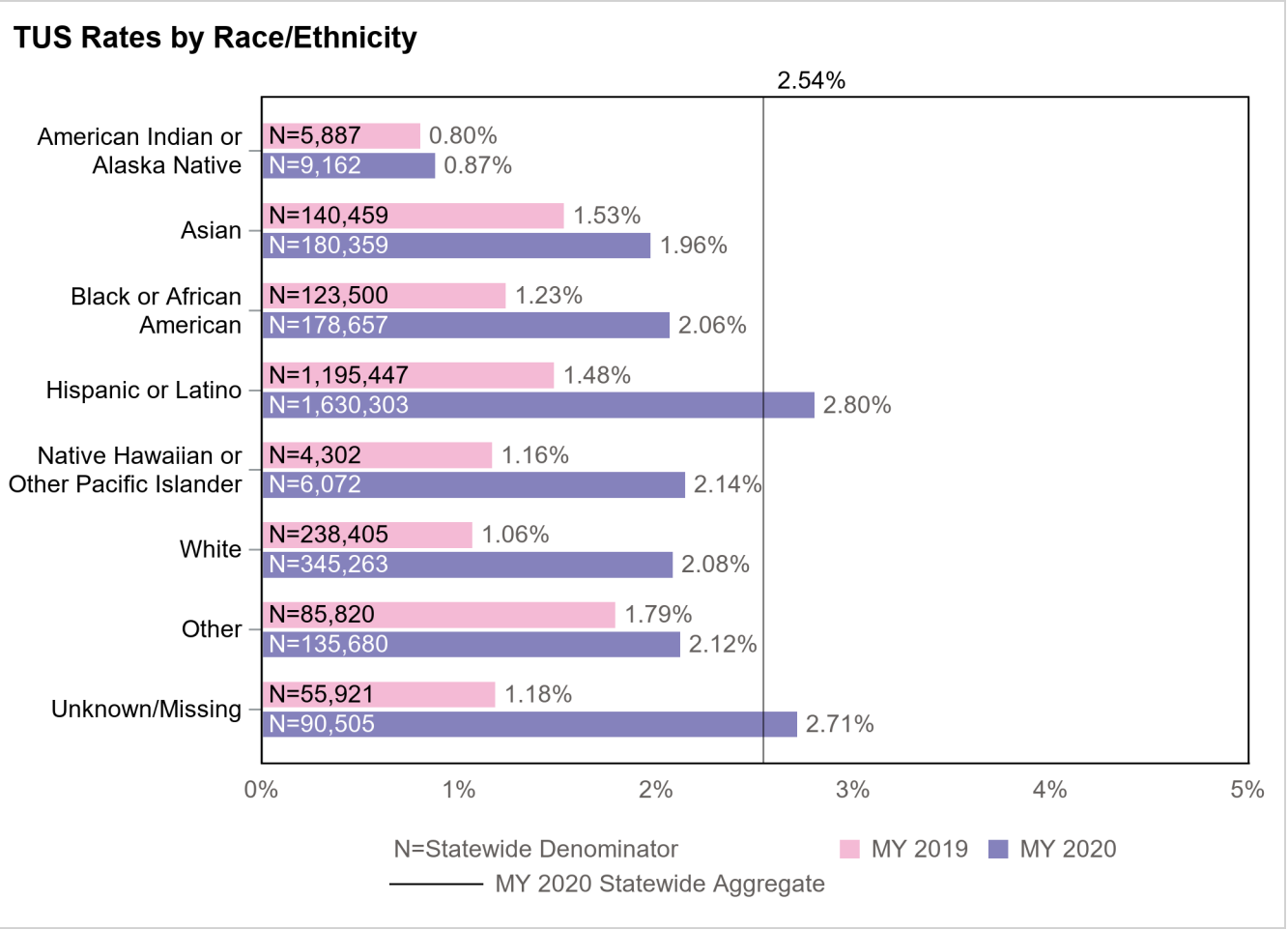


Figure 3.87—Tobacco Use Screening (TUS)—Statewide Primary Language Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The measurement year 2020 statewide denominator for the Armenian primary language group was 7,308.

The measurement year 2019 statewide denominator for the Chinese primary language group was 20,631.

The statewide aggregate for measurement year 2019 was 1.41 percent.

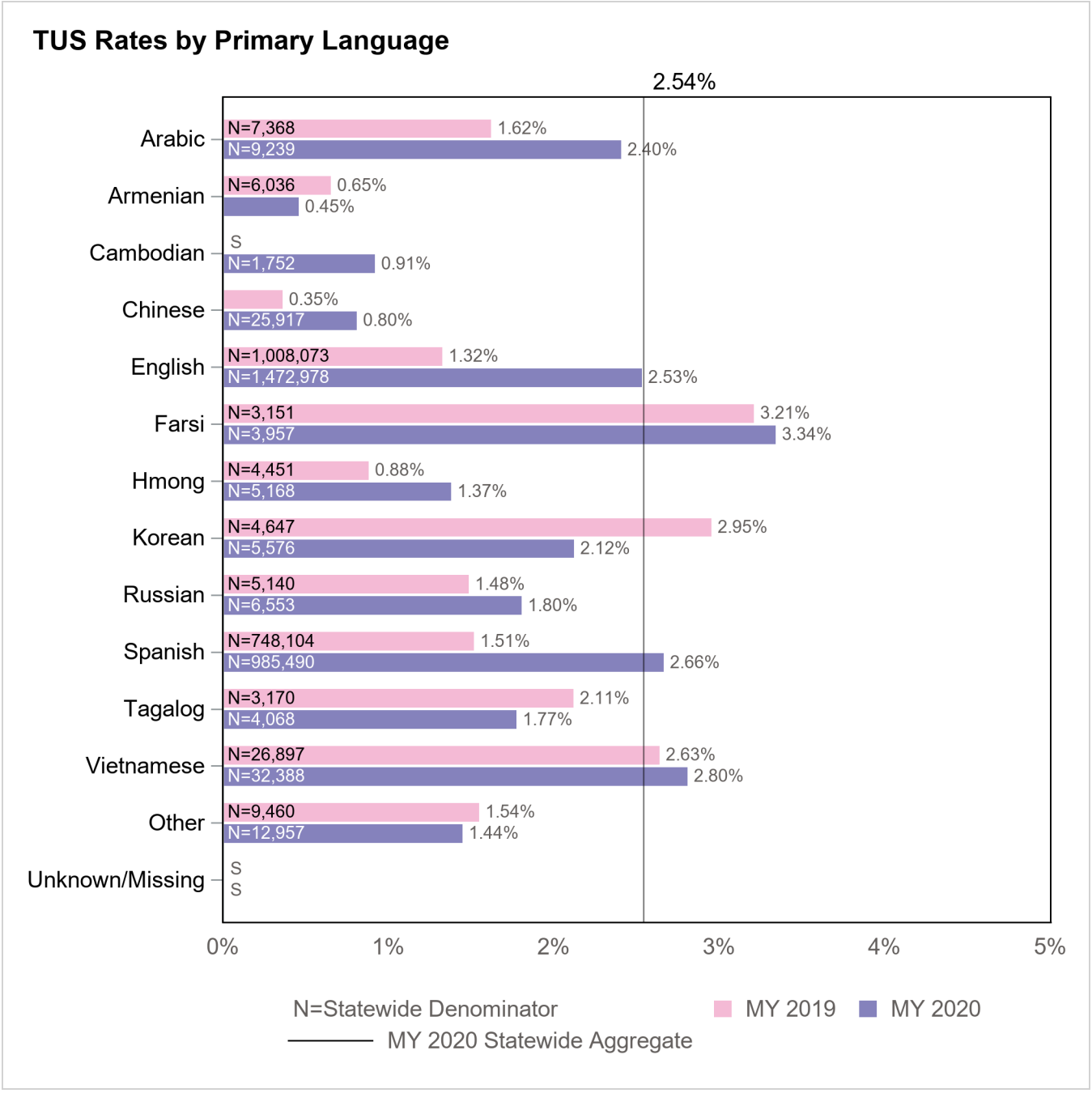


Figure 3.88—Tobacco Use Screening (TUS)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 1.41 percent.

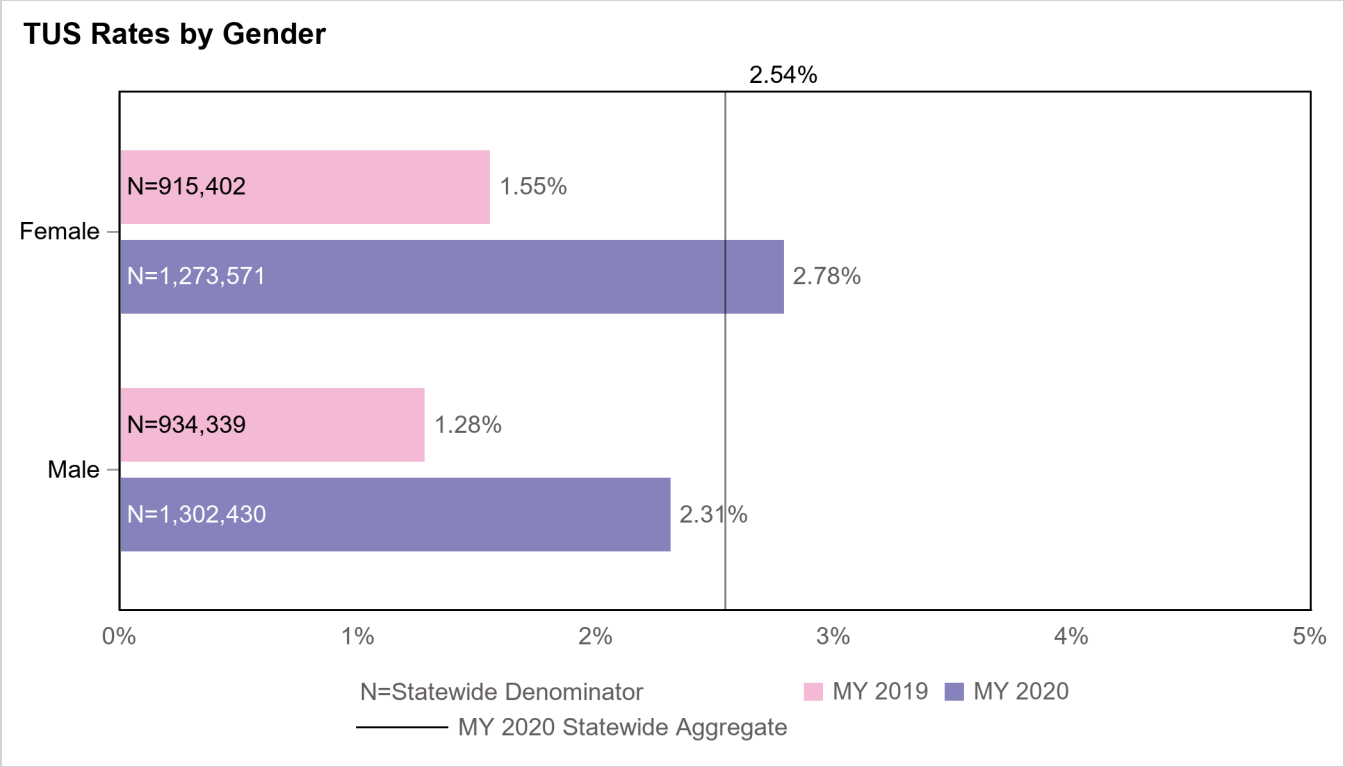
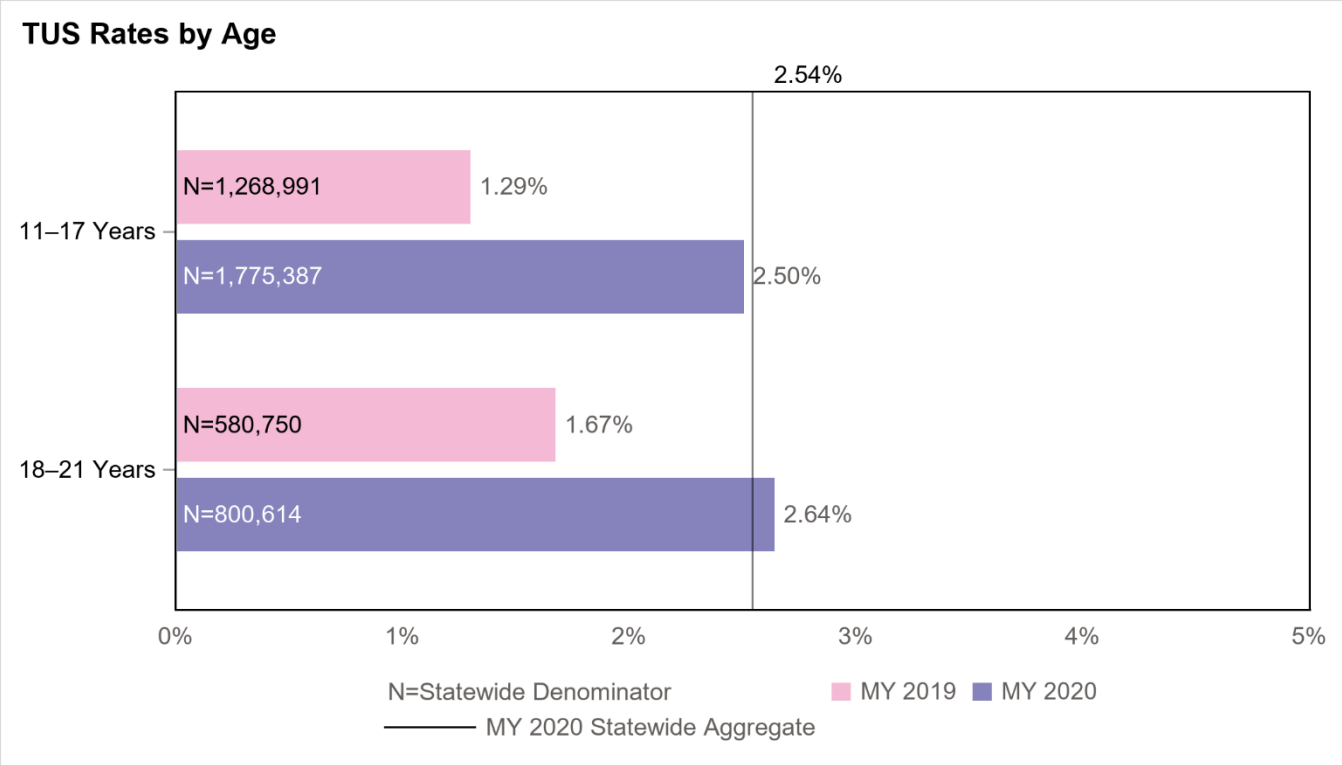


Figure 3.89—Tobacco Use Screening (TUS)—Statewide Age Results

The statewide aggregate for measurement year 2019 was 1.41 percent.

Please exercise caution when comparing the rates for the 11–17 Years age group for measurement years 2019 and 2020, given 11-year-olds were not included in the measurement year 2019 rate.



- From measurement year 2019 to measurement year 2020, the statewide aggregate for *Tobacco Use Screening* stayed fairly similar, indicating a potential area for improvement.
- For measurement year 2020, reportable rates for six of eight (75.00 percent) racial/ethnic groups (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Other) and eight of 13 (61.54 percent) primary language groups (Armenian, Cambodian, Chinese, Hmong, Korean, Russian, Tagalog, and Other) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:

- Armenian
- Chinese
- Hmong

♦ From measurement year 2019 to measurement year 2020, the rates for both age groups increased by at least a 55 percent relative difference.

Figure 3.90—Tobacco Use Screening (TUS)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 1.41 percent.

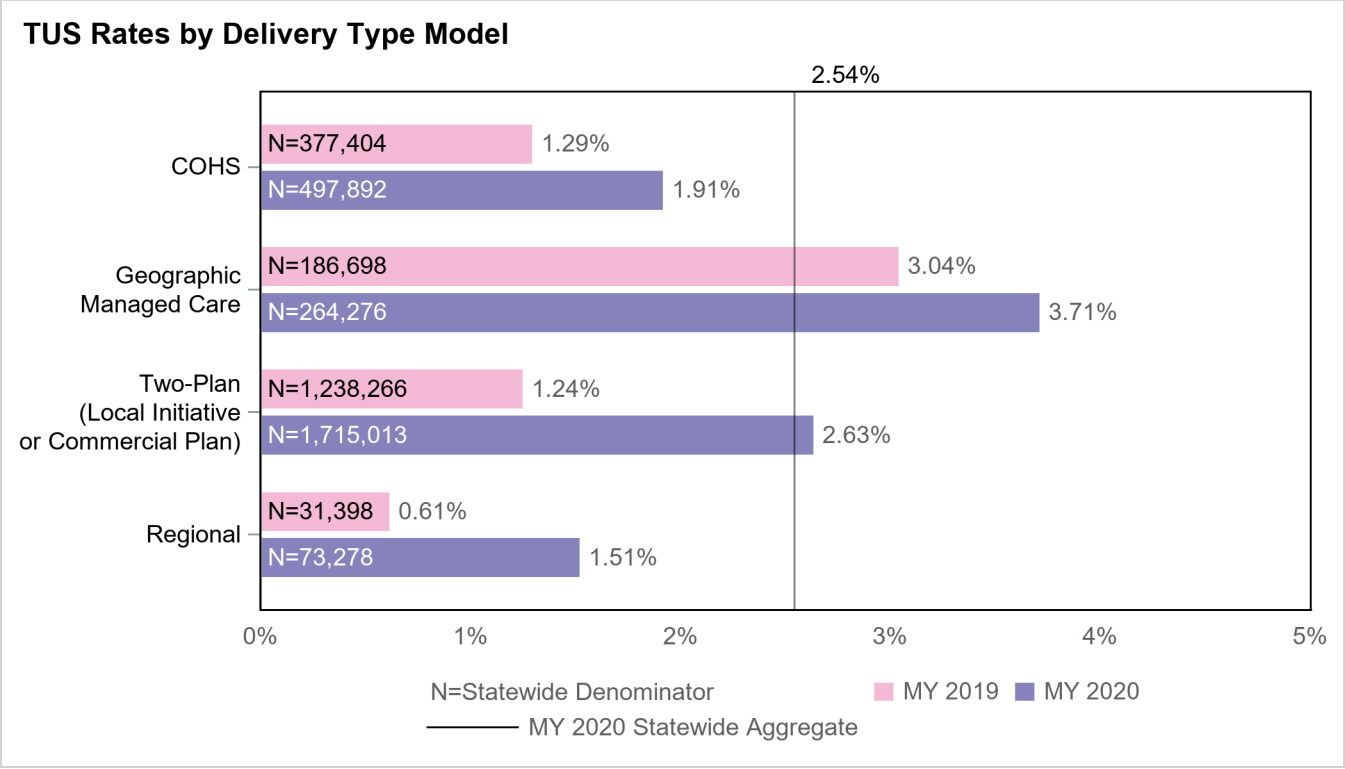
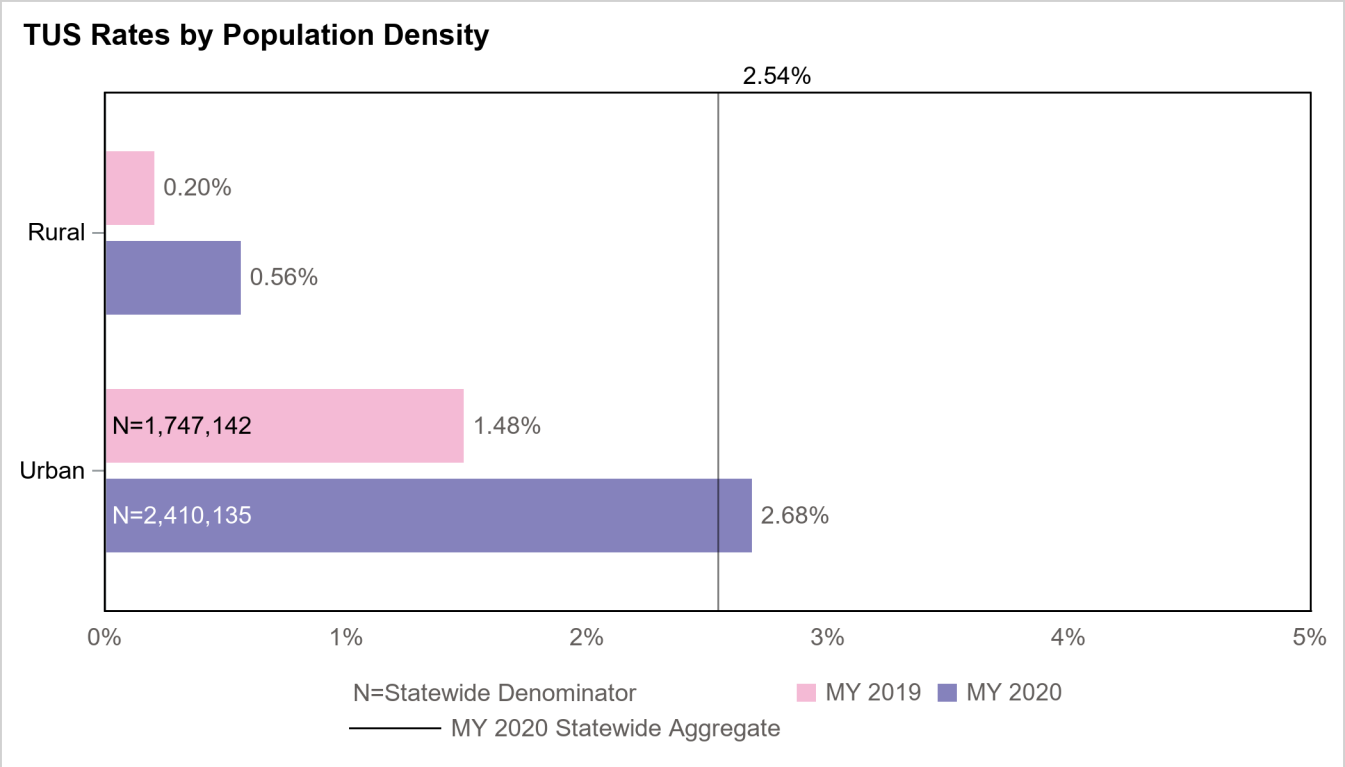


Figure 3.91—Tobacco Use Screening (TUS)—Regional-Level Population Density Results

The measurement years 2019 and 2020 statewide denominators for the rural group were 100,314 and 161,006, respectively.

The statewide aggregate for measurement year 2019 was 1.41 percent.

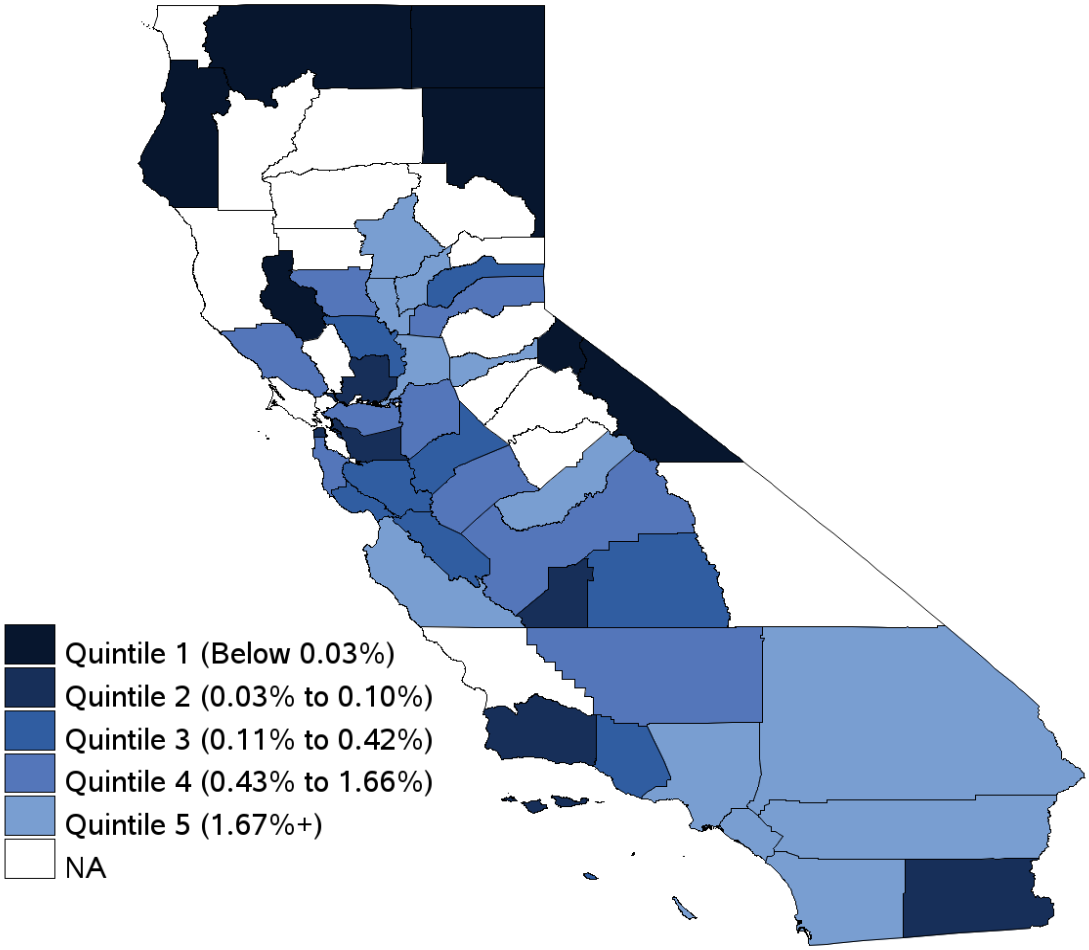


- For measurement year 2020, rates for two of four (50.00 percent) delivery type model groups (COHS and Regional) fell below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, the rate for the rural regions fell below the statewide aggregate and the rate for the urban regions by more than a 75 percent relative difference.

Figure 3.92—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.



- Alpine, Humboldt, Lake, Lassen, Modoc, Mono, and Siskiyou counties had *Tobacco Use Screening* indicator rates of 0.00 percent and were predominately rural (more than 85 percent of members lived in rural regions) for measurement year 2020. This finding aligns with the results displayed in Figure 3.91, which shows that the rate for rural regions fell below the rate for urban regions by nearly an 80 percent relative difference.
- Riverside, San Bernardino, Yuba, Madera, San Diego, Orange, Sutter, Monterey, Sacramento, Amador, Los Angeles, Butte counties had the most favorable rates for measurement year 2020.

DHCS-Calculated Indicator Results

California Title 17 Indicators[14]

Beginning with measurement year 2022, DHCS will require the HEDIS *Lead Screening in Children* measure as part of the MCAS; however, DHCS will continue to analyze and monitor lead screening performance in alignment with Title 17 age stratifications which include:

- *Blood Lead Screening—Test at 12 Months of Age (BLS–1)*
- *Blood Lead Screening—Test at 24 Months of Age (BLS–2)*
- *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)*

Given HSAG's findings from its 2020 Blood Lead Screening Benchmarking Analysis, performance on the *Lead Screening in Children* indicator and the Title 17 *Blood Lead Screening* indicators is highly correlated. As a result, DHCS will utilize MCP performance on the *Lead Screening in Children* indicator as a way of monitoring MCP performance on Title 17 indicators.

Figure 3.93 through Figure 3.122 display the measurement years 2019 and 2020 statewide and regional results for the five DHCS-calculated indicators (i.e., Title 17 *Blood Lead Screening* indicators and *Lead Screening in Children)*. Please note that DHCS calculated and provided all rates for these indicators in measurement year 2019. However, for measurement year 2020, DHCS provided a member-level file and HSAG applied continuous enrollment requirements, likely resulting in slight differences in rate calculation across measurement years. As a result, caution should be exercised when comparing rates across measurement years 2019 and 2020.

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 who had a screening within six months of (before and after) their first birthday. Members must be continuously enrolled for 12 months (six months before and six months after their first birthday), with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 3.93 through Figure 3.98 display the *Blood Lead Screening—Test at 12 Months of Age* (*BLS–1*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Please note, national benchmarks are not available for this indicator.

[14] Title 17, California Code of Regulations Section 37100 (b)(2)

Figure 3.93—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 53.25 percent.

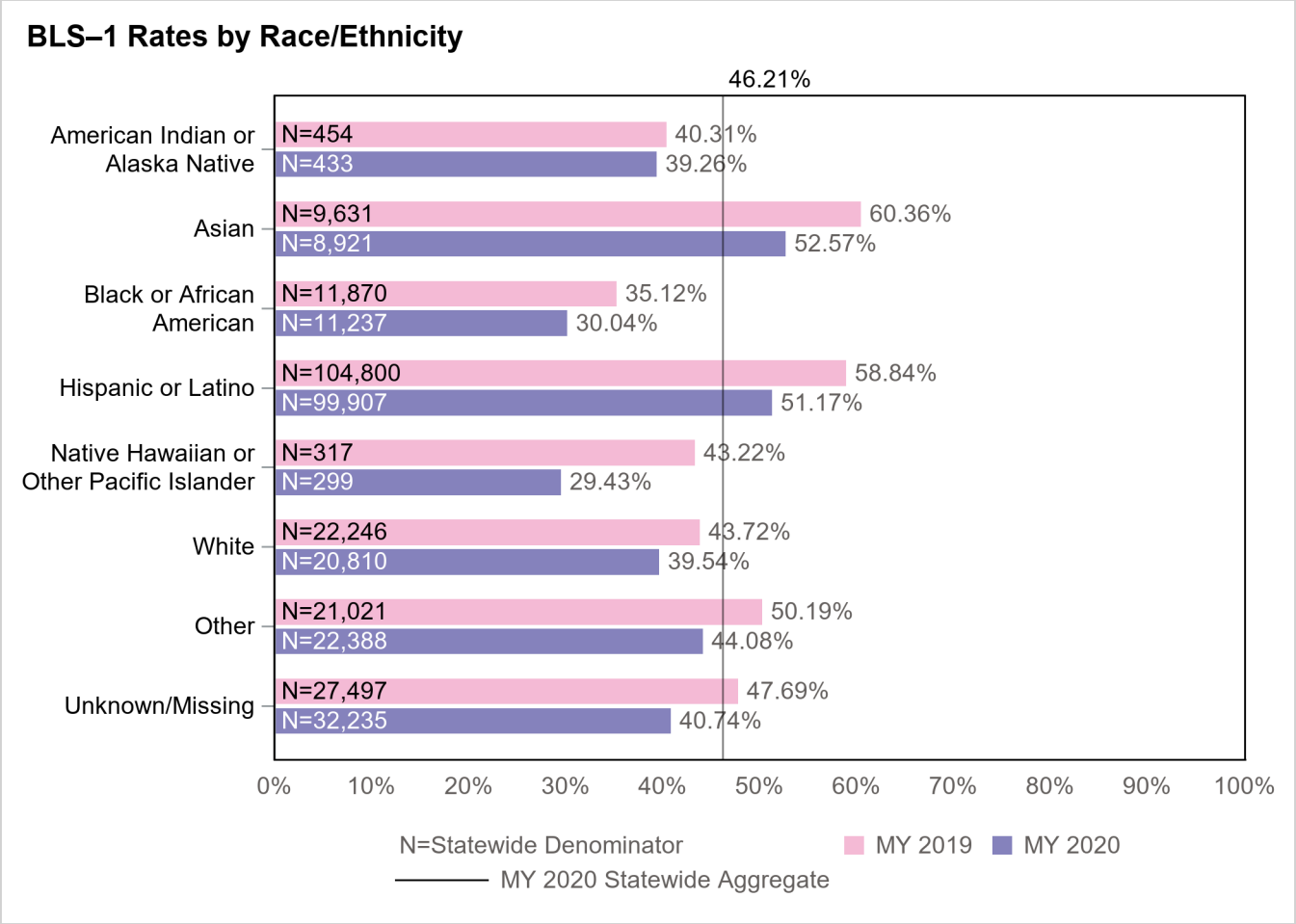


Figure 3.94—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 53.25 percent.

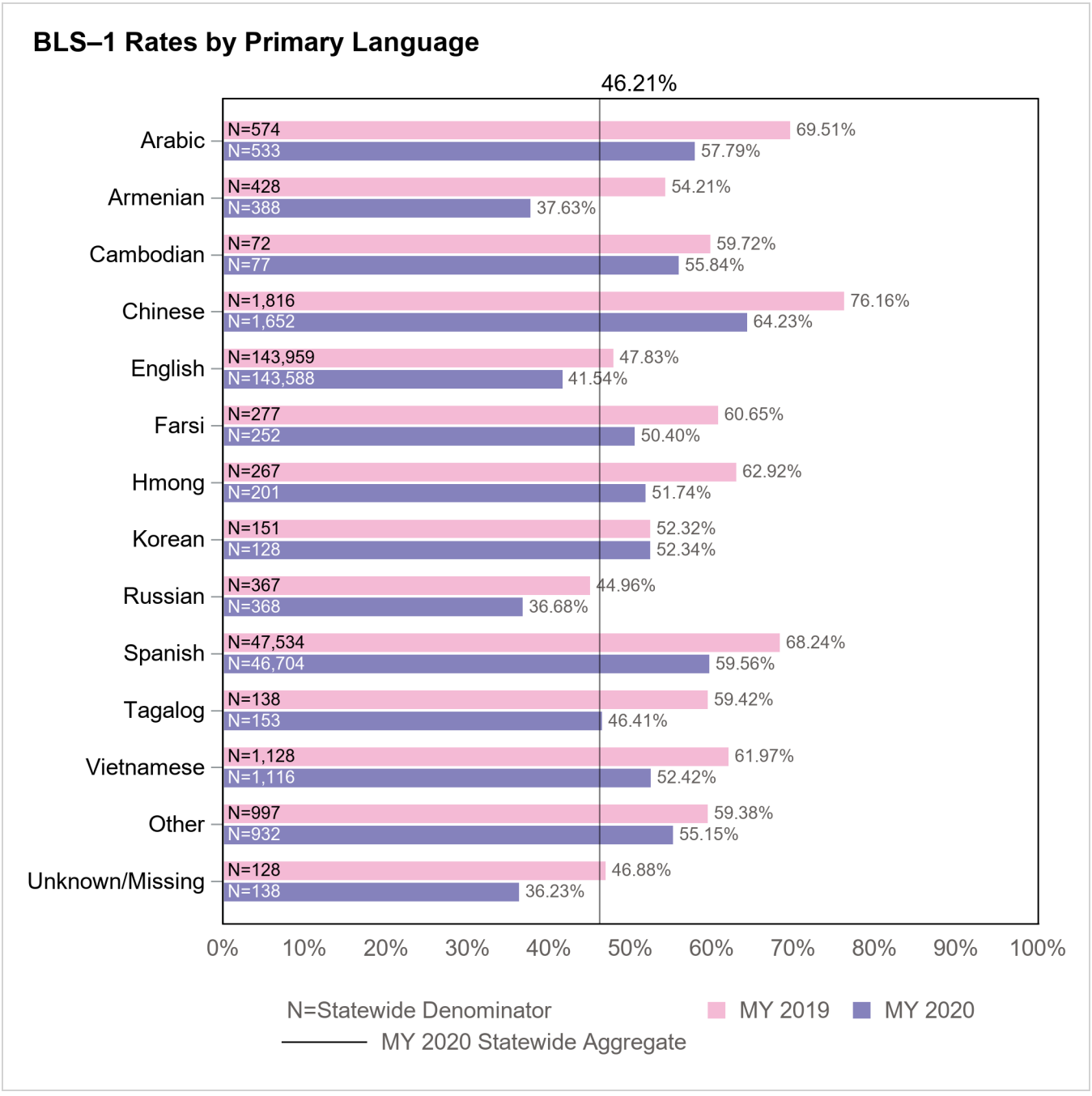
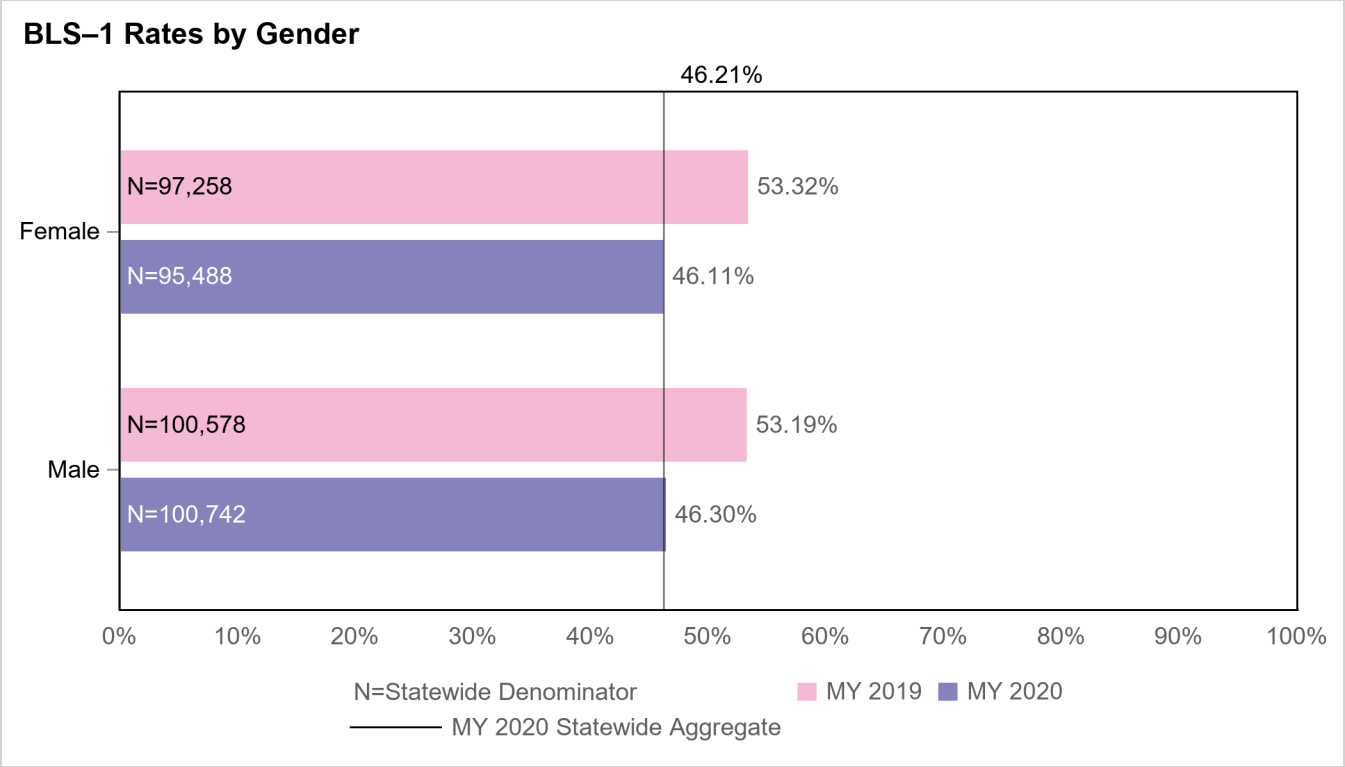


Figure 3.95—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 53.25 percent.



- From measurement year 2019 to measurement year 2020, the *Blood Lead Screening—Test at 12 Months of Age* statewide aggregate rate decreased by just over 7 percentage points.
- For measurement year 2020, 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, White, Unknown Missing) and four of 14 (28.57 percent) primary language groups (Armenian, English, Russian, Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown/Missing
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - English

- Russian
- Unknown/Missing

♦ From measurement year 2019 to measurement year 2020, rates for the Female and Male groups declined by more than a 10 percent relative difference.

Figure 3.96—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 53.25 percent.

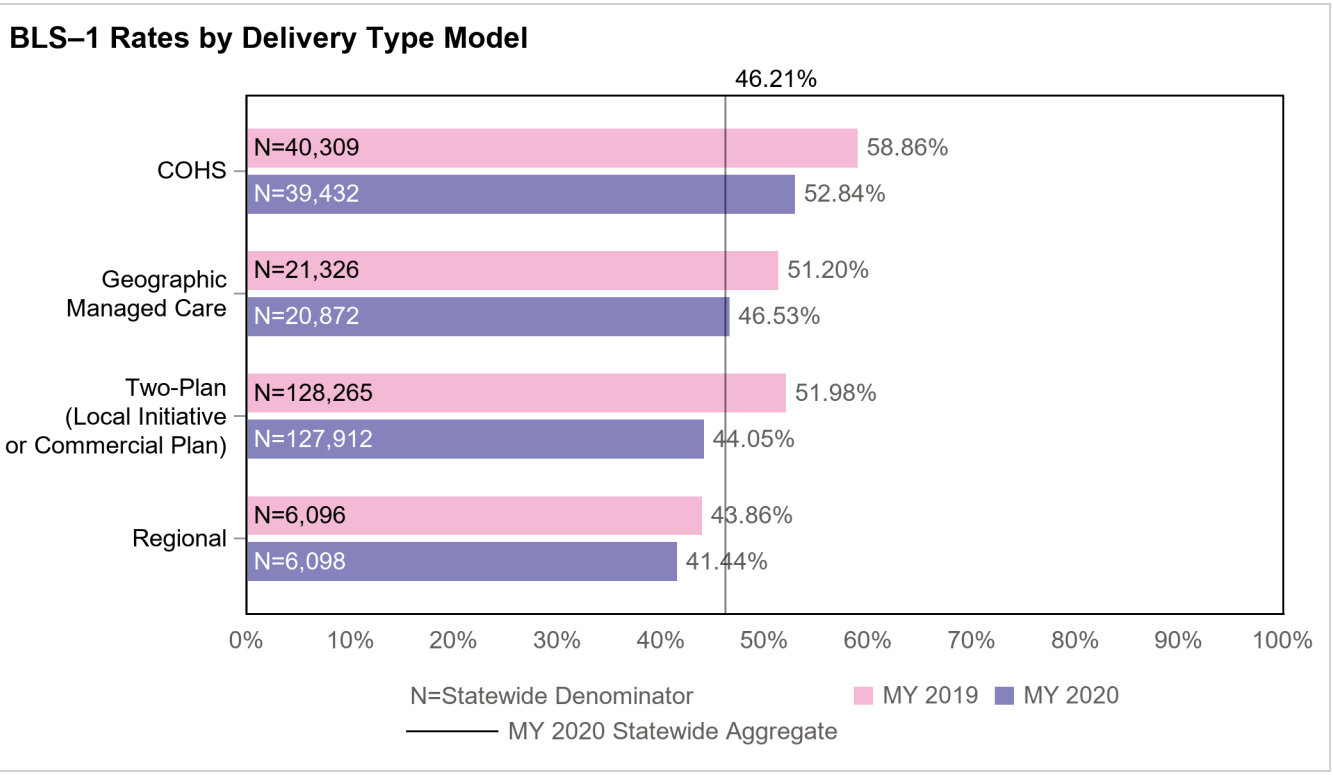
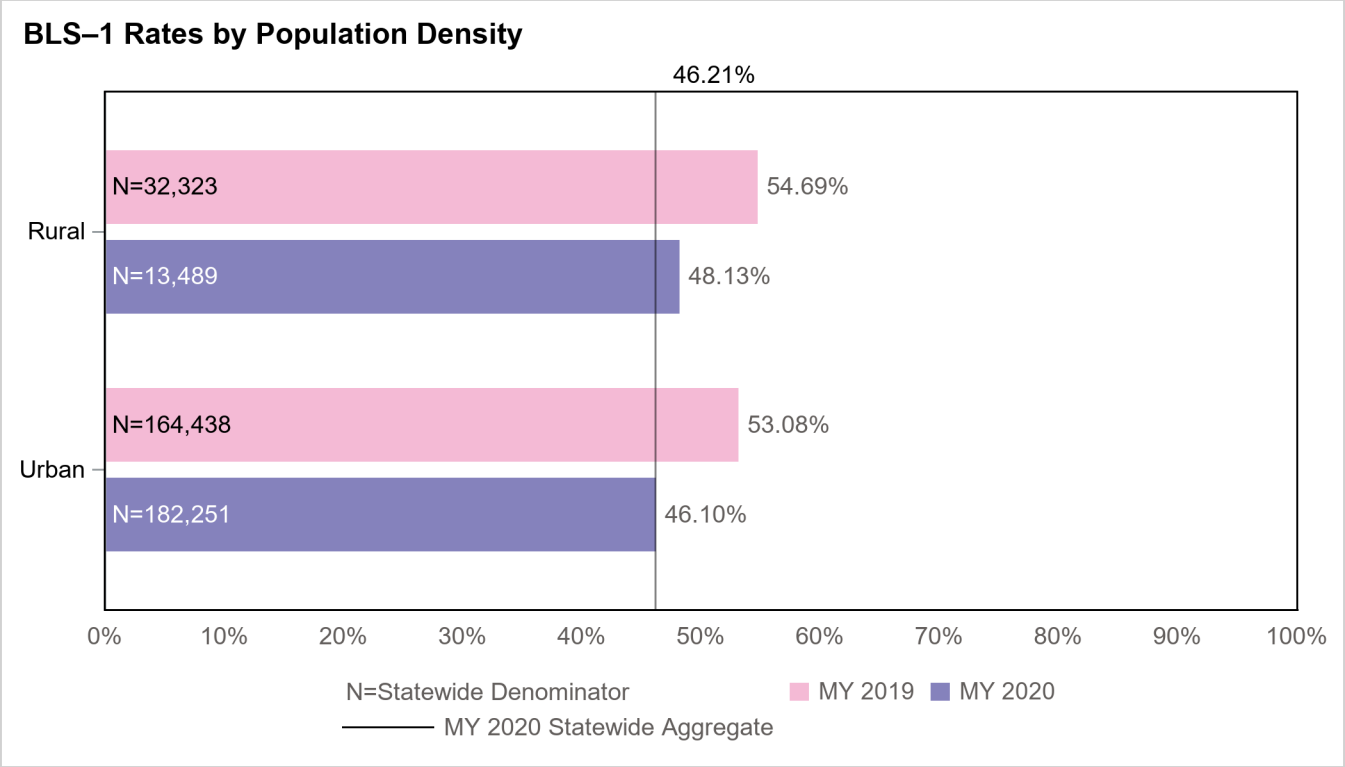


Figure 3.97—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 53.25 percent.

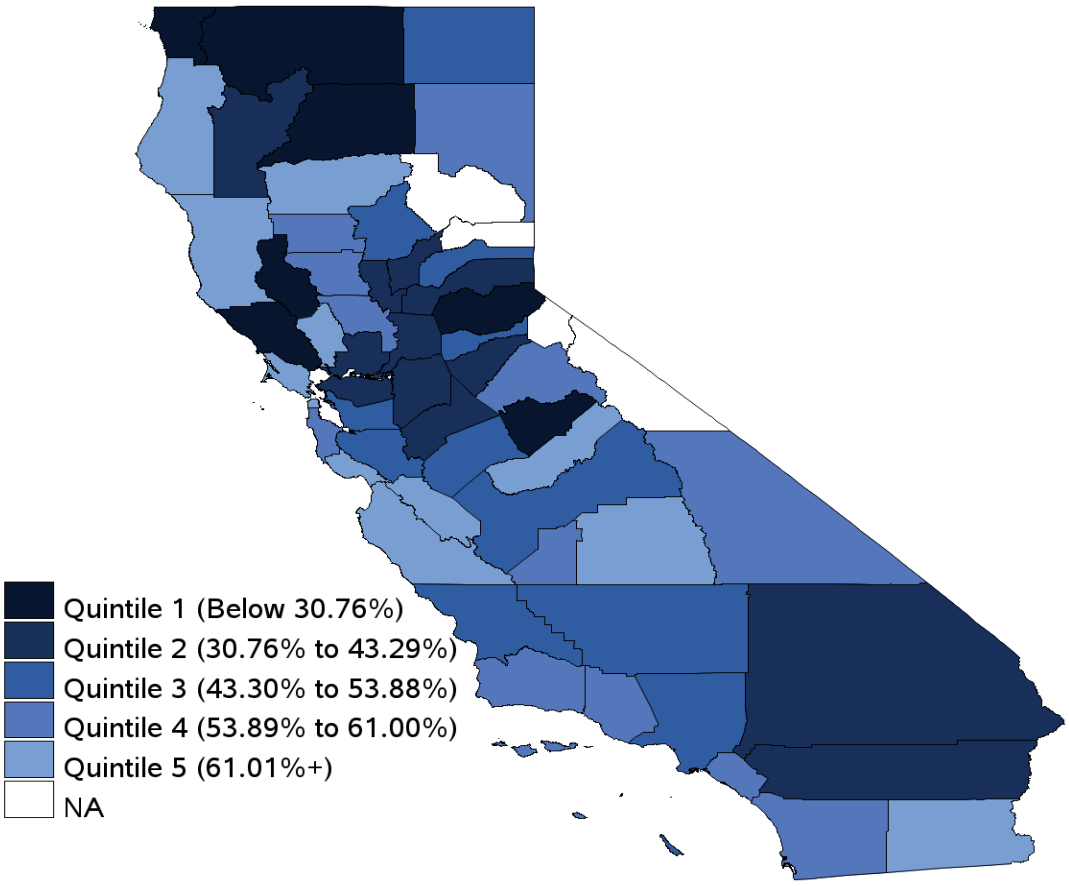


- For both measurement years 2019 and 2020, the *Blood Lead Screening—Test at 12 Months of Age* indicator rates for the Regional delivery type model group were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the urban regions were below rates for the rural regions by approximately 2 percentage points.
- From measurement year 2019 to measurement year 2020, rates for all delivery type models, except the Geographic Managed Care delivery type model group, and population density groups decreased by more than a 10 percent relative difference.

Figure 3.98—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.



- For measurement year 2020, Shasta, El Dorado, Lake, Sonoma, Mariposa, Siskiyou, and Del Norte counties had the least favorable *Blood Lead Screening—Test at 12 Months of Age* indicator rates.
- For measurement year 2020, Marin, Madera, Monterey, Mendocino, Imperial, Santa Cruz, Humboldt, Tulare, San Francisco, San Benito, Tehama, and Napa counties had the most favorable indicator rates. Of note, nine of these 12 (75.00 percent) counties had a higher percentage of members in the Spanish primary language group than the percentage of members in the Spanish primary language group for the statewide aggregate (i.e., 23.80 percent). Additionally, there were 21 counties with more than 23.80 percent of members in the Spanish primary language group, with 15 of these 21 (71.43 percent) counties having the most favorable rates (i.e., Quintile 4 or Quintile 5), while only 10 of 33 (30.30 percent) counties with less than 23.80 percent of members in the Spanish primary language group had rates in Quintile 4 or Quintile 5. These findings align with the results displayed in Figure 3.94, which shows that the rate for the Spanish primary language group was higher than the statewide aggregate by approximately 13 percentage points.

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 who had a screening within six months of (before and after) their second birthday. Members must be continuously enrolled for 12 months (six months before and six months after their second birthday), with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 3.99 through Figure 3.104 display the *Blood Lead Screening—Test at 24 Months of Age* (*BLS–2*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Please note, national benchmarks are not available for this indicator.

Figure 3.99—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 43.40 percent.

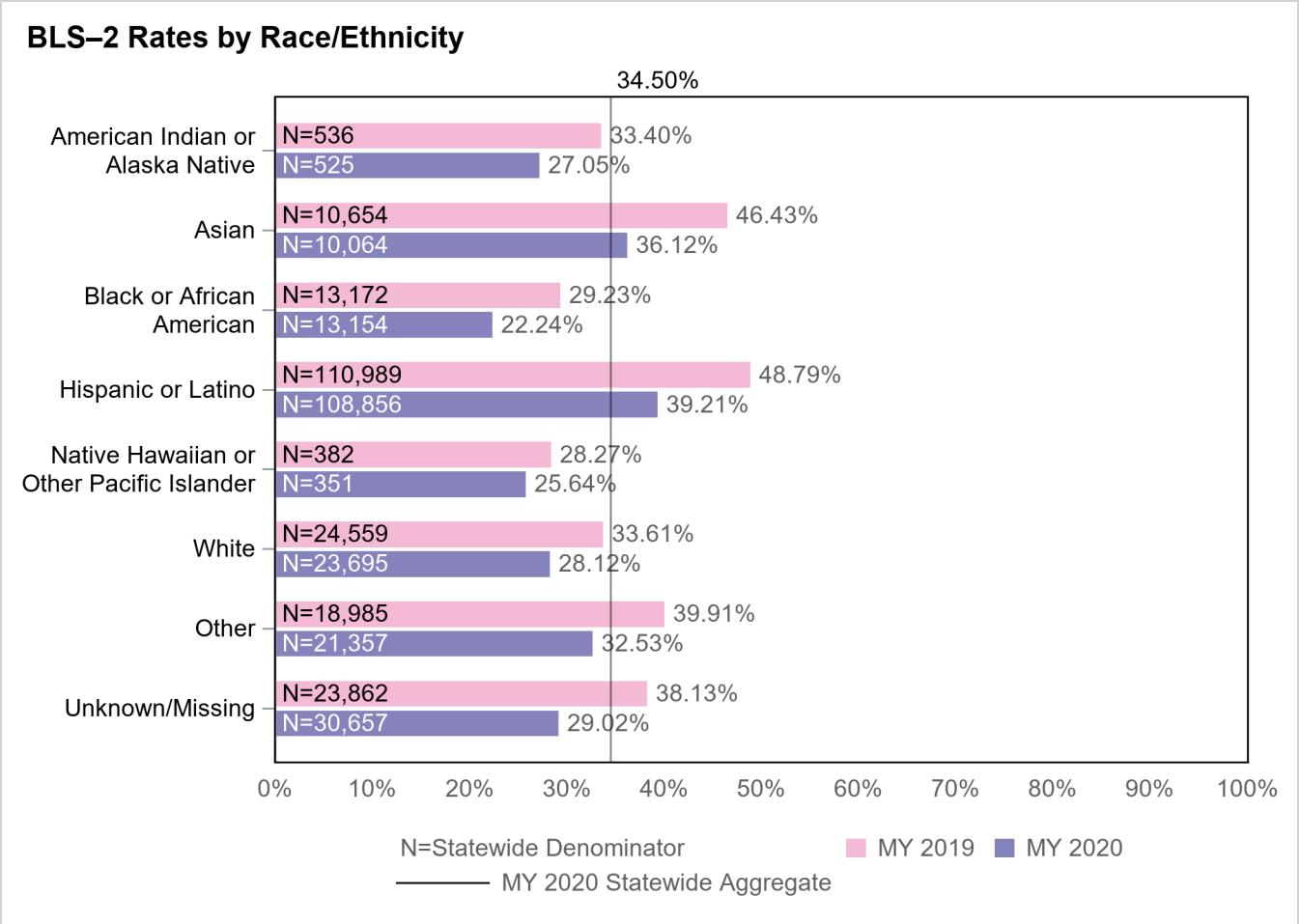


Figure 3.100—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 43.40 percent.

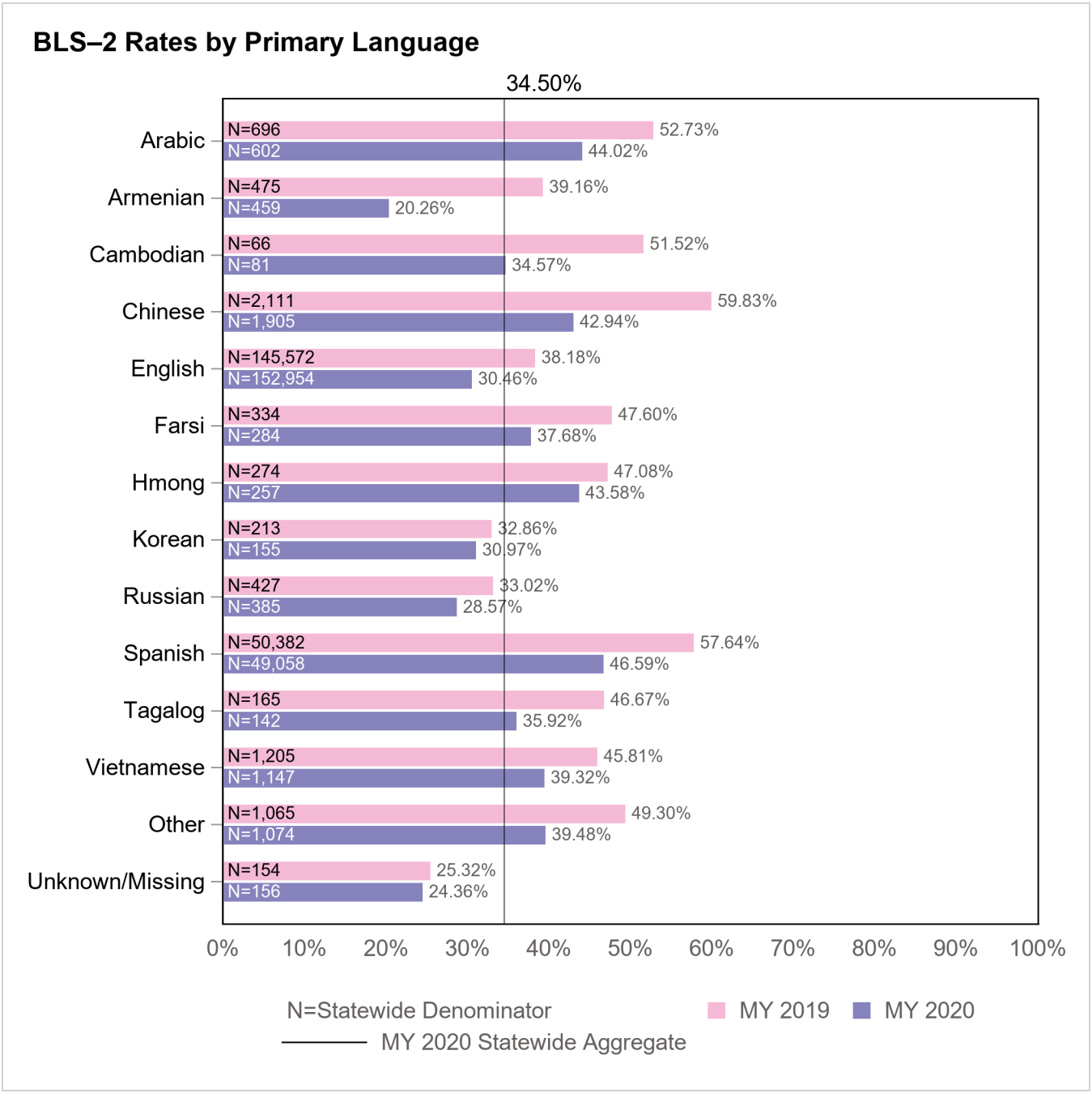
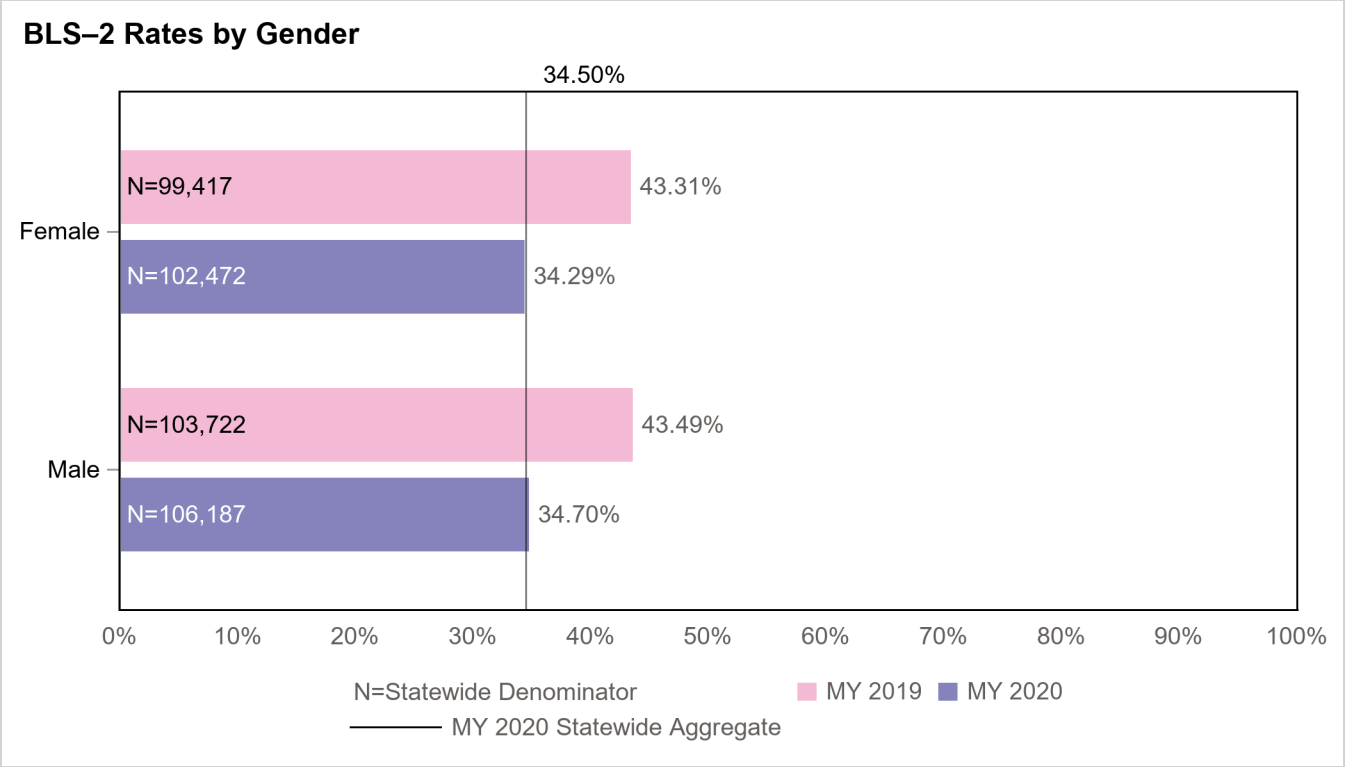


Figure 3.101—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 43.40 percent.



- From measurement year 2019 to measurement year 2020, the *Blood Lead Screening—Test at 24 Months of Age* statewide aggregate rate decreased by approximately 9 percentage points.
- For measurement year 2020, 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, White, Unknown Missing) and five of 14 (35.71 percent) primary language groups (Armenian, English, Korean, Russian, Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown/Missing
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - English

- Korean
- Russian
- Unknown/Missing

♦ From measurement year 2019 to measurement year 2020, rates for the Female and Male groups declined by more than a 25 percent relative difference.

Figure 3.102—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Delivery Type Model Results

The statewide aggregate for measurement year 2019 was 43.40 percent.

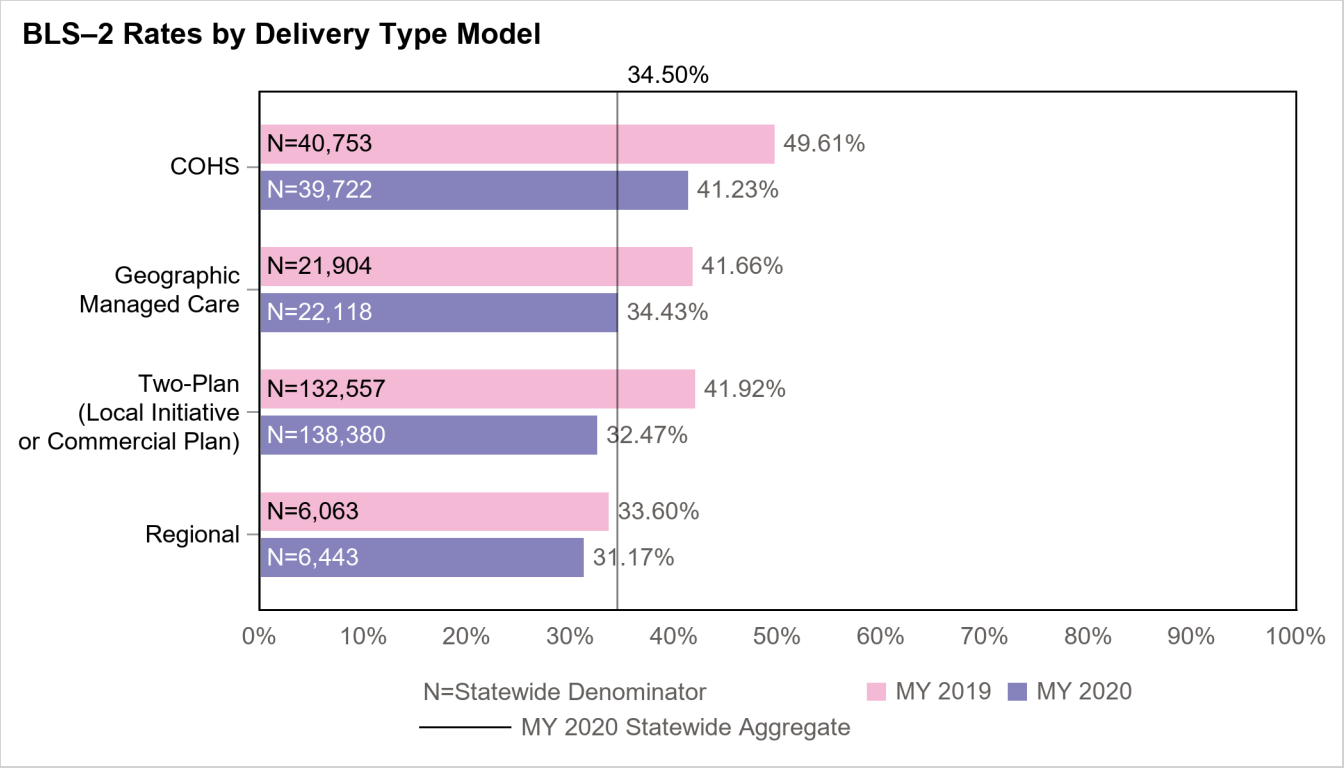
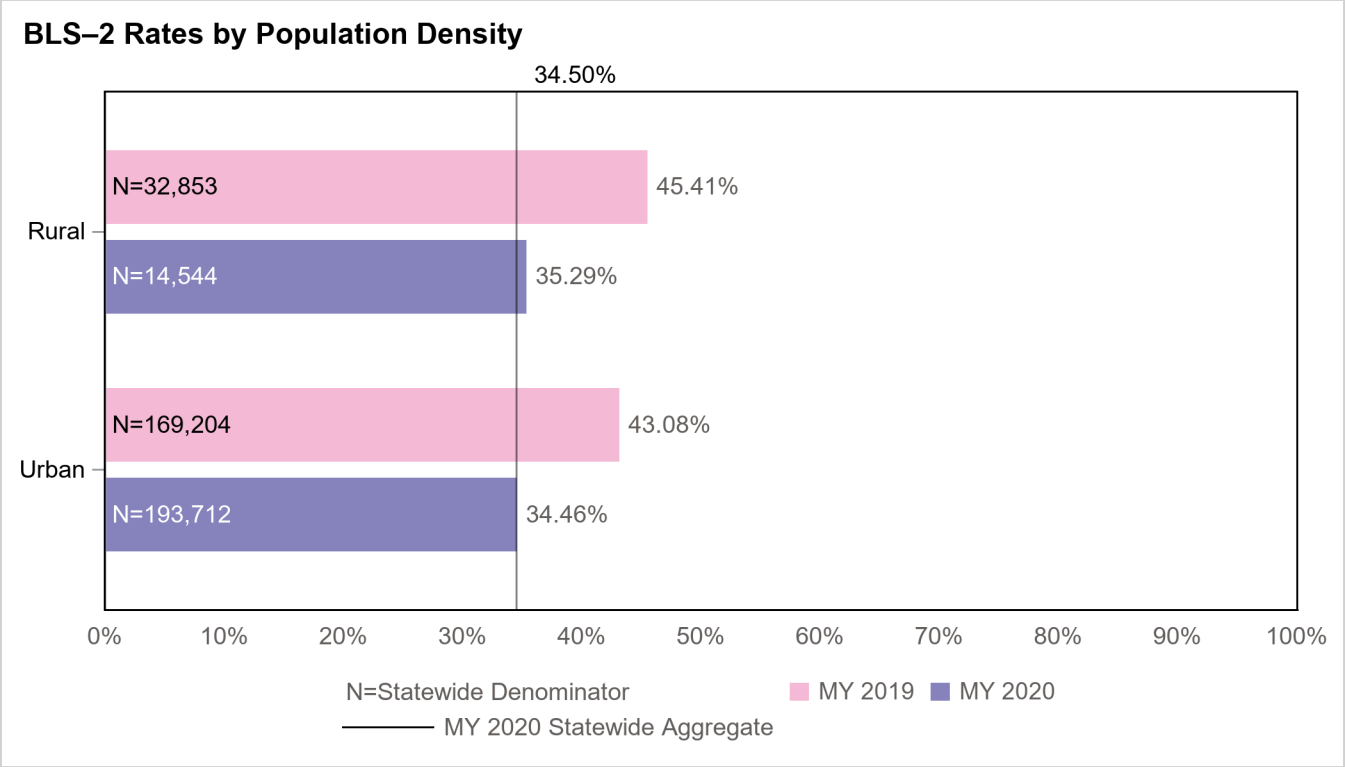


Figure 3.103—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 43.40 percent.

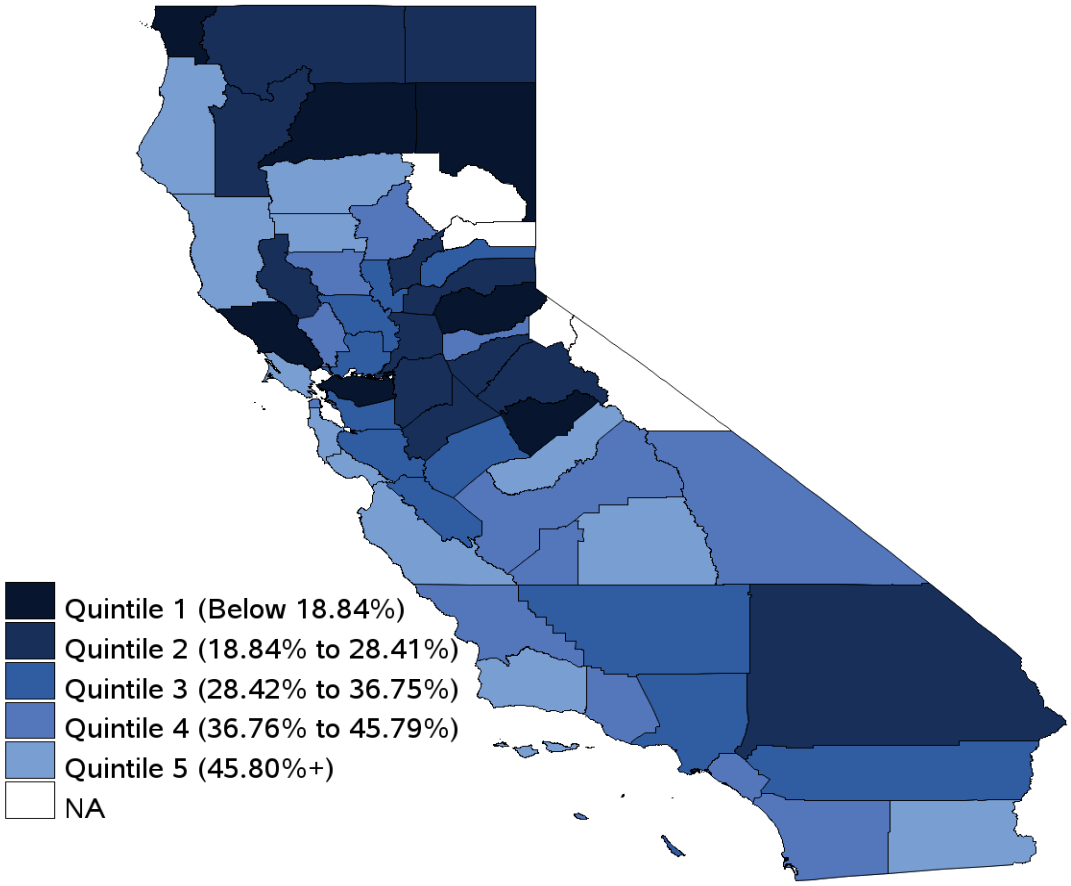


- For both measurement years 2019 and 2020, the *Blood Lead Screening—Test at 24 Months of Age* indicator rates for the COHS delivery type model group were above the statewide aggregate by more than a 10 percent relative difference, while rates for the Regional delivery type model group were below the statewide aggregate by nearly a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the urban regions were below rates for the rural regions by less than 3 percentage points.
- From measurement year 2019 to measurement year 2020, rates for all delivery type model groups, except the Regional delivery type model group, and population density groups decreased by more than 7 percentage points.

Figure 3.104—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.



- For measurement year 2020, El Dorado, Shasta, Del Norte, Mariposa, Lassen, Sonoma, and Contra Costa counties had the least favorable *Blood Lead Screening—Test at 24 Months of Age* indicator rates.
- For measurement year 2020, Glenn, Imperial, Santa Cruz, Madera, Mendocino, Monterey, Santa Barbara, Humboldt, Marin, Tulare, Tehama, and San Mateo counties had the most favorable indicator rates. Of note, eight of these 12 (66.67 percent) counties had a higher percentage of members in the Spanish primary language group than the percentage of members in the Spanish primary language group for the statewide aggregate (i.e., 23.51 percent). Additionally, there were 22 counties with more than 23.51 percent of members in the Spanish primary language group, with 15 of these 22 (68.18 percent) counties having the most favorable rates (i.e., Quintile 4 or Quintile 5), while only nine of 32 (28.13 percent) counties with less than 23.51 percent of members who spoke Spanish as their primary language had rates in Quintile 4 or Quintile 5. These findings align with Figure 3.100, which shows the rate for the Spanish primary language group was higher than the statewide aggregate by more than a 35 percent relative difference.

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 and who had a screening within six months of (before and after) their second birthday and also had a screening within six months of (before and after) their first birthday. Members must be continuously enrolled for 24 months (18 months before and six months after their second birthday), with no more than one gap in enrollment during the 24-month period where the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 3.105 through Figure 3.110 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 measurement years 2019 and 2020. Please note, national benchmarks are not available for this indicator.

Figure 3.105—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Racial/Ethnic Results

The measurement year 2020 statewide denominator for the Black or African American racial/ethnic group was 11,387.

The statewide aggregate for measurement year 2019 was 30.51 percent.

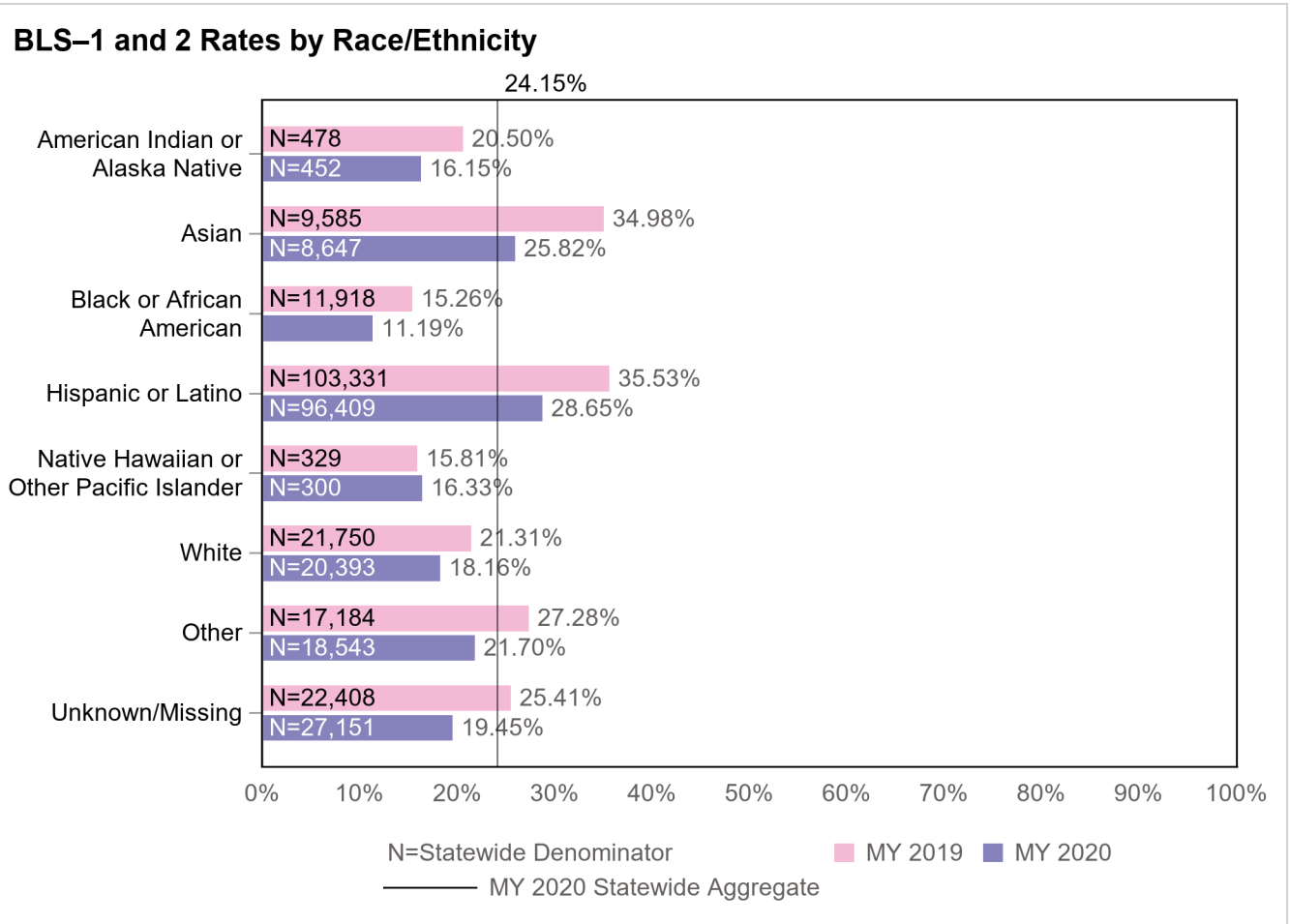


Figure 3.106—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 30.51 percent.

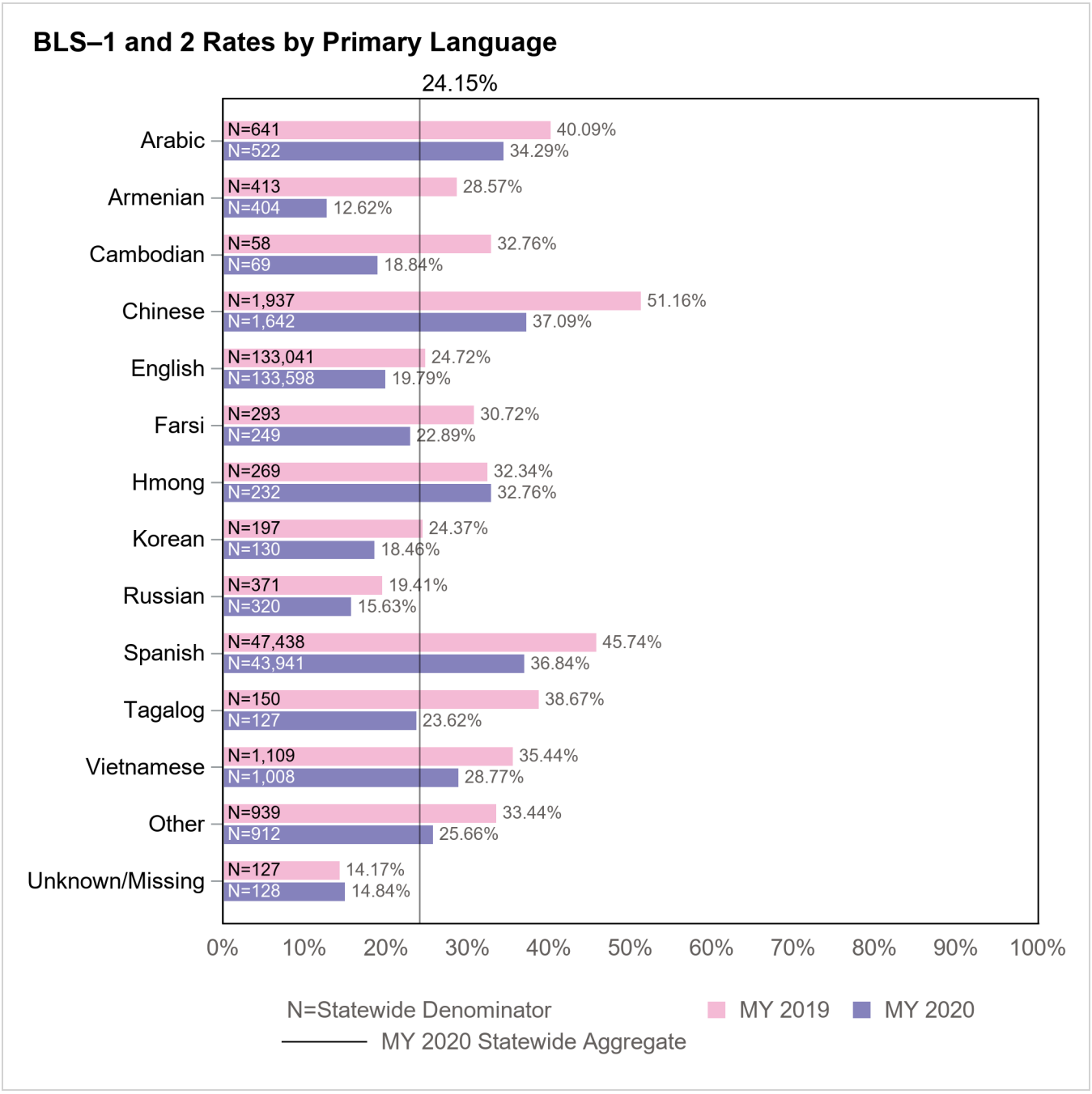
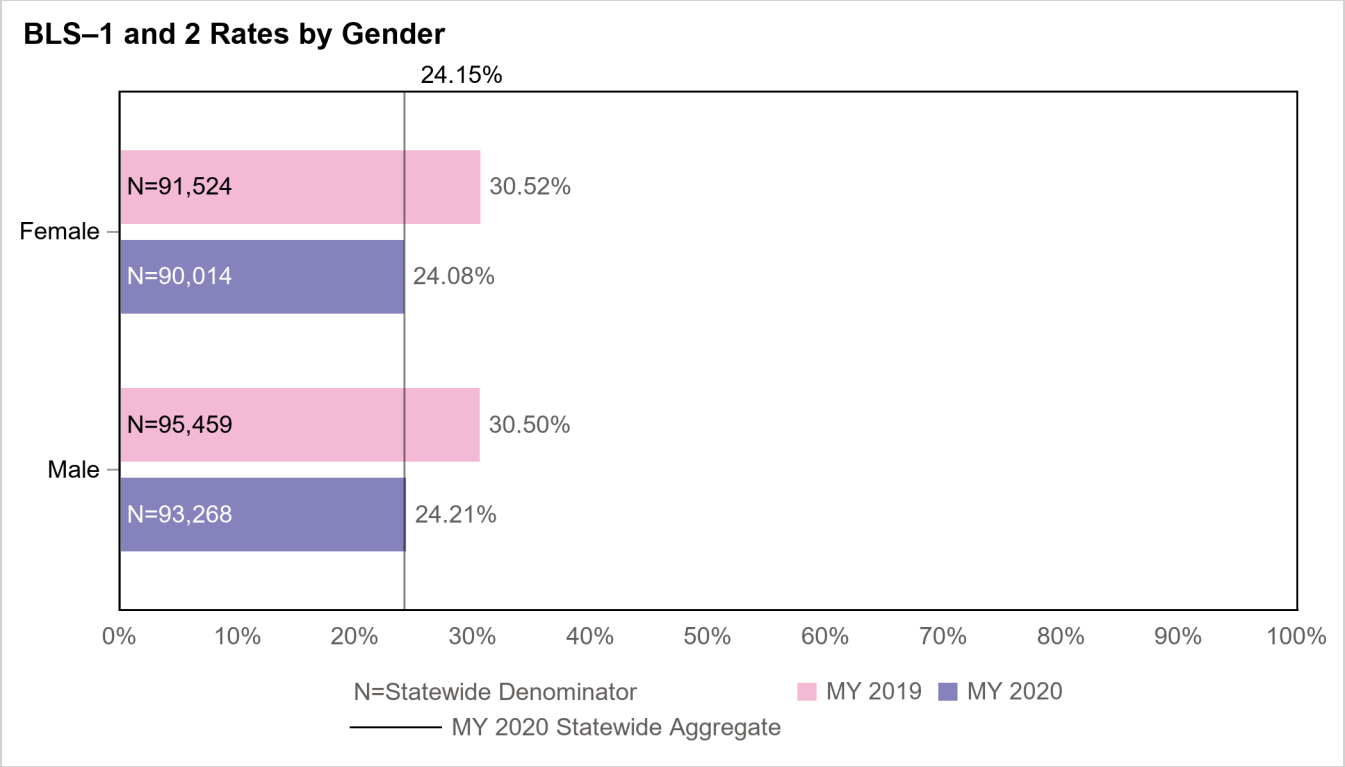


Figure 3.107—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 30.51 percent.



- From measurement year 2019 to measurement year 2020, the *Blood Lead Screening—Two Tests by 24 Months of Age* statewide aggregate rate decreased by over 6 percentage points.
- For measurement year 2020, 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, White, Other, and Unknown/Missing) and six of 14 (42.86 percent) primary language groups (Armenian, Cambodian, English, Korean, Russian, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 20 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 15 percent relative difference:
  - English
  - Korean

- Russian
- Unknown/Missing

♦ From measurement year 2019 to measurement year 2020, rates for the Female and Male groups declined by more than a 20 percent relative difference.

Figure 3.108—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 2019 was 30.51 percent.

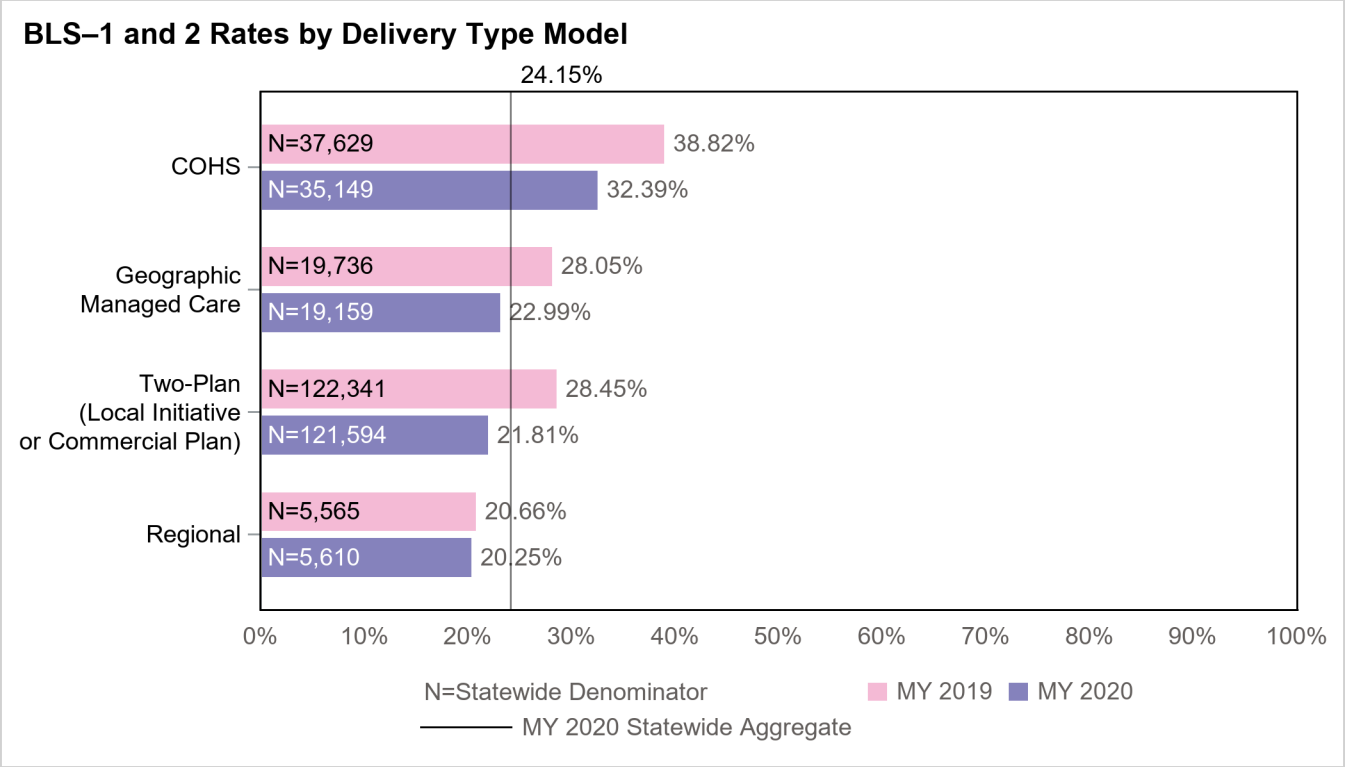
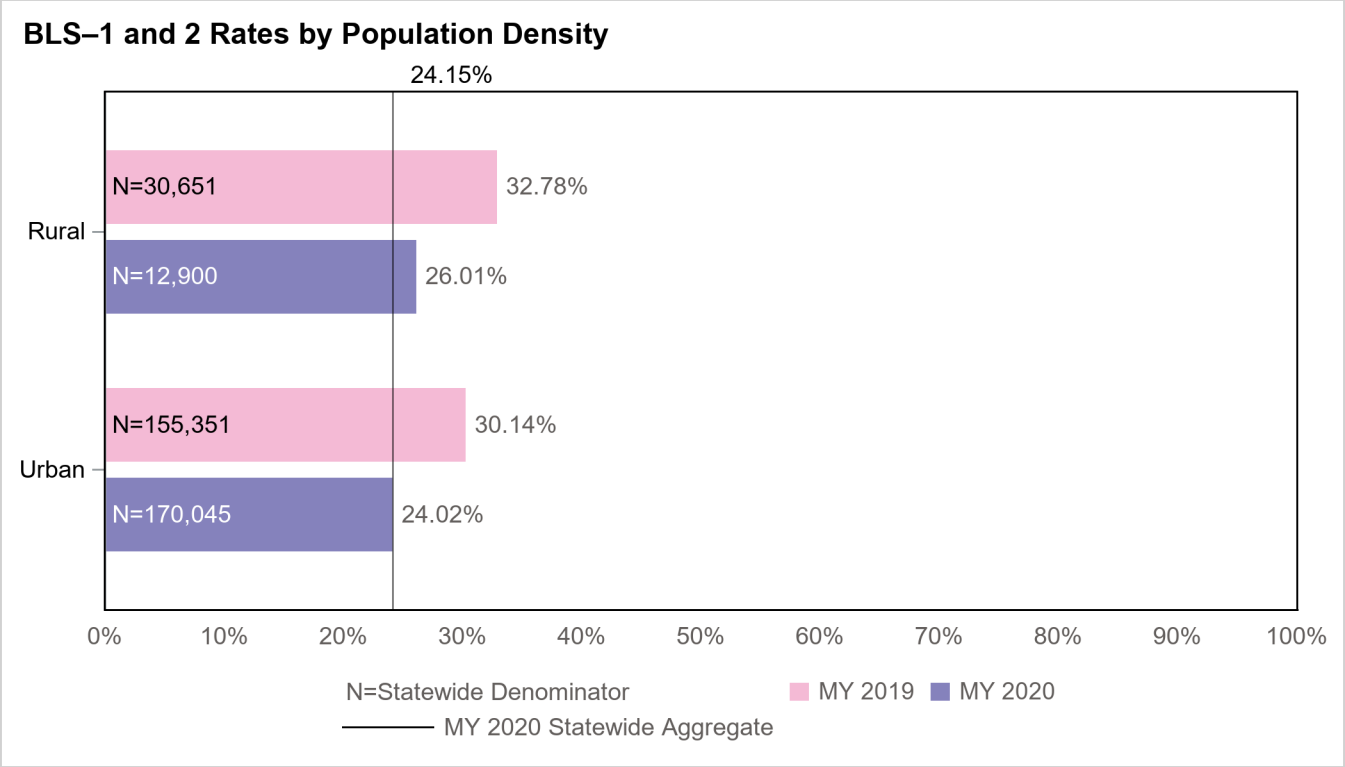


Figure 3.109—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 30.51 percent.

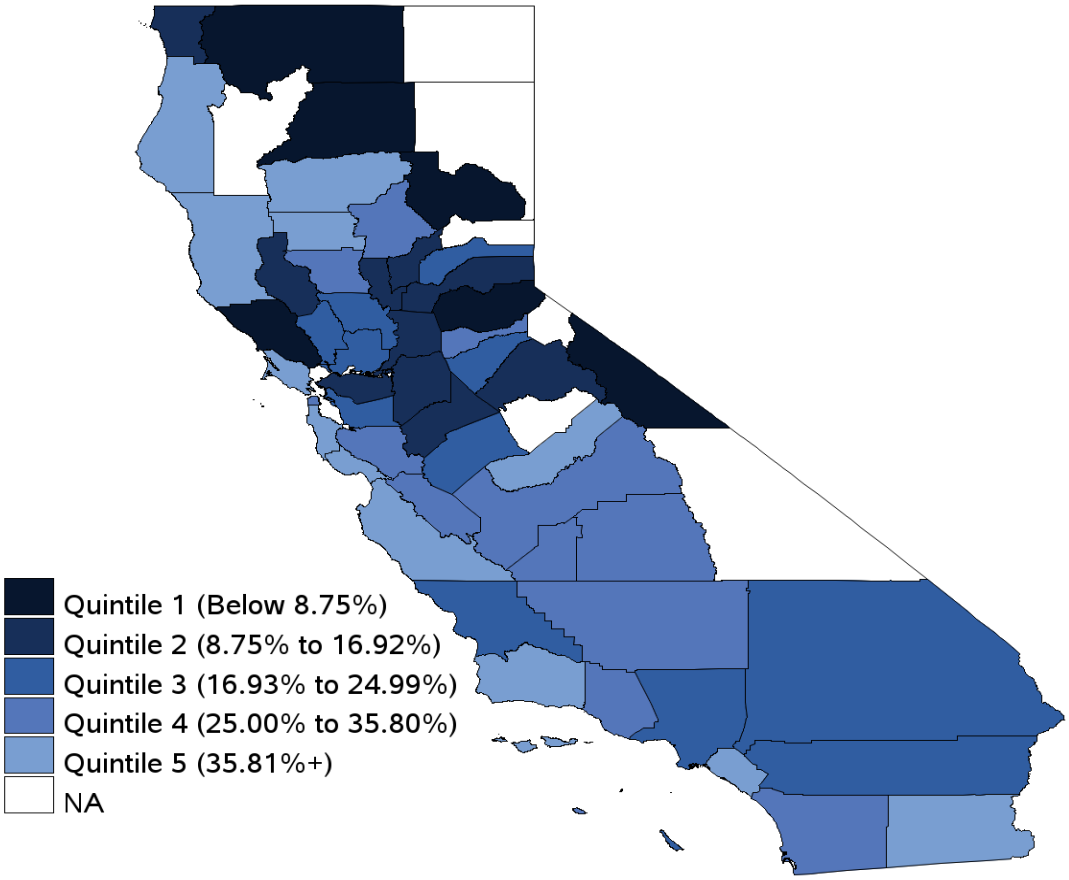


- For both measurement years 2019 and 2020, the *Blood Lead Screening—Two Tests by 24 Months of Age* indicator rates for the Regional delivery type model group were below the statewide aggregate by more than a 15 percent relative difference, while rates for the COHS delivery type model group were above the statewide aggregate by more than a 25 percent relative difference.
- For both measurement years 2019 and 2020, rates for the urban regions were below rates for the rural regions by less than 3 percentage points.
- From measurement year 2019 to measurement year 2020, rates for all delivery type models, except the Regional model, and population density groups decreased by at least 5 percentage points.

Figure 3.110—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.



- For measurement year 2020, Mono, Plumas, Siskiyou, Shasta, El Dorado, and Sonoma counties had the least favorable *Blood Lead Screening—Two Tests by 24 Months of Age* indicator rates.
- For measurement year 2020, Santa Cruz, Imperial, Glenn, Madera, Monterey, Mendocino, Marin, Humboldt, Santa Barbara, Tehama, San Mateo, and Orange counties had the most favorable indicator rates. Of note, eight of these 12 (66.67 percent) counties had a higher percentage of members in the Spanish primary language group than the percentage of members in the Spanish primary language group for the statewide aggregate (i.e., 23.97 percent). Additionally, there were 23 counties with more than 23.97 percent of members in the Spanish primary language group, with 15 of these 23 (65.22 percent) counties having the most favorable rates (i.e., Quintile 4 or Quintile 5), while only nine of 29 (31.03 percent) counties with less than 23.97 percent of members in the Spanish primary language group had rates in Quintile 4 or Quintile 5. These findings align with the results displayed in Figure 3.106, which shows that the rate for the Spanish primary language group was higher than the statewide aggregate by more than a 50 percent relative difference.

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. Members 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. 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 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 3.111 through Figure 3.116 display the *Blood Lead Screening—Catch-Up Test by 6 Years of Age* (*BLS–316*) indicator rates at the statewide and regional levels for measurement years 2019 and 2020. Please note, national benchmarks are not available for this indicator.

Figure 3.111—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Racial/Ethnic Results

The statewide aggregate for measurement year 2019 was 36.99 percent.

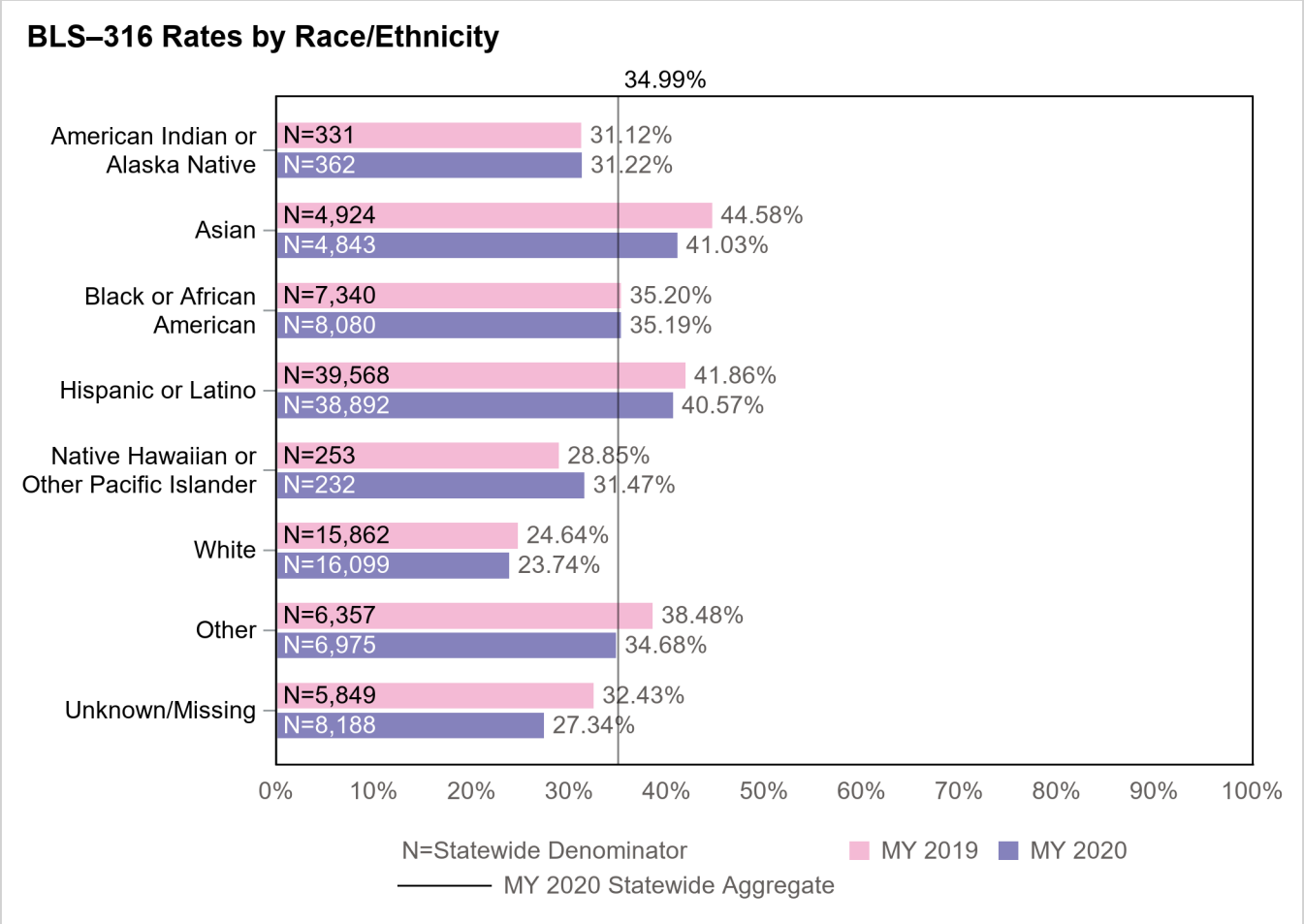


Figure 3.112—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Primary Language Results

The statewide aggregate for measurement year 2019 was 36.99 percent.

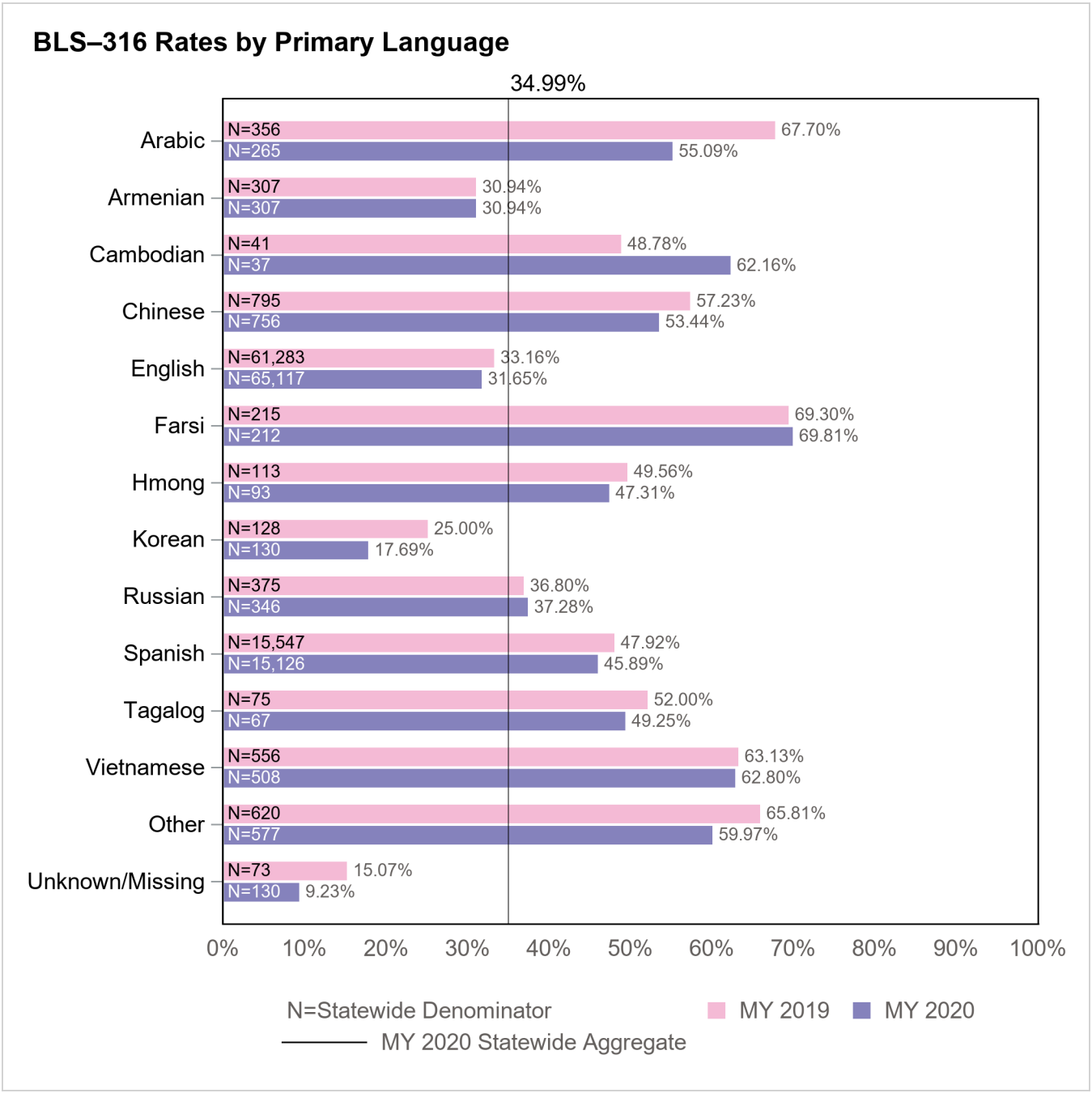
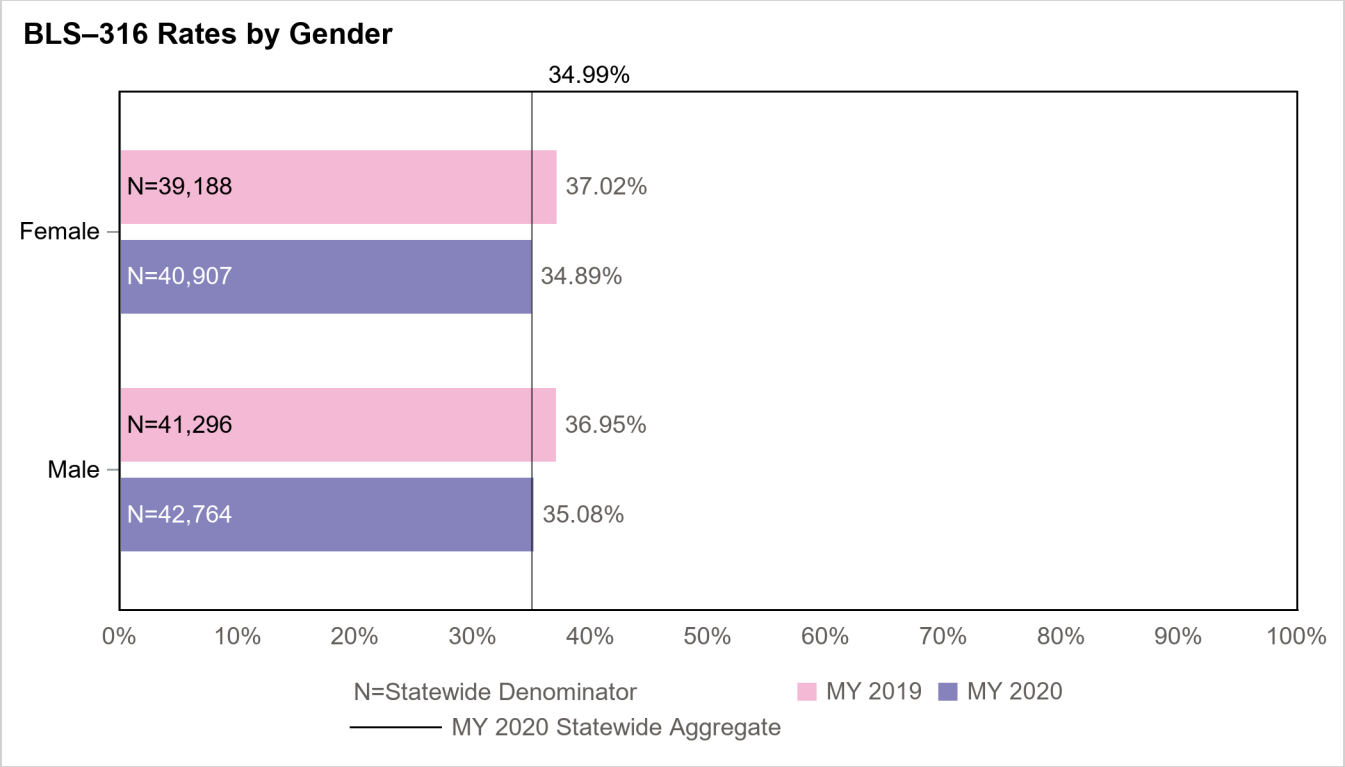


Figure 3.113—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Gender Results

The statewide aggregate for measurement year 2019 was 36.99 percent.



- From measurement year 2019 to measurement year 2020, the *Blood Lead Screening—Catch-Up Test by 6 Years of Age* statewide aggregate rate decreased by 2 percentage points.
- For measurement year 2020, rates for four of eight (50.00 percent) racial/ethnic groups (American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, White, and Unknown/Missing) and three of 14 (21.43 percent) primary language groups (Armenian, Korean, and Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown/Missing
- For both measurement years 2019 and 2020, rates for the following primary language groups were below the statewide aggregate by more than a 10 percent relative difference:
  - Armenian
  - Korean
  - Unknown/Missing

Figure 3.114—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 2019 was 36.99 percent.

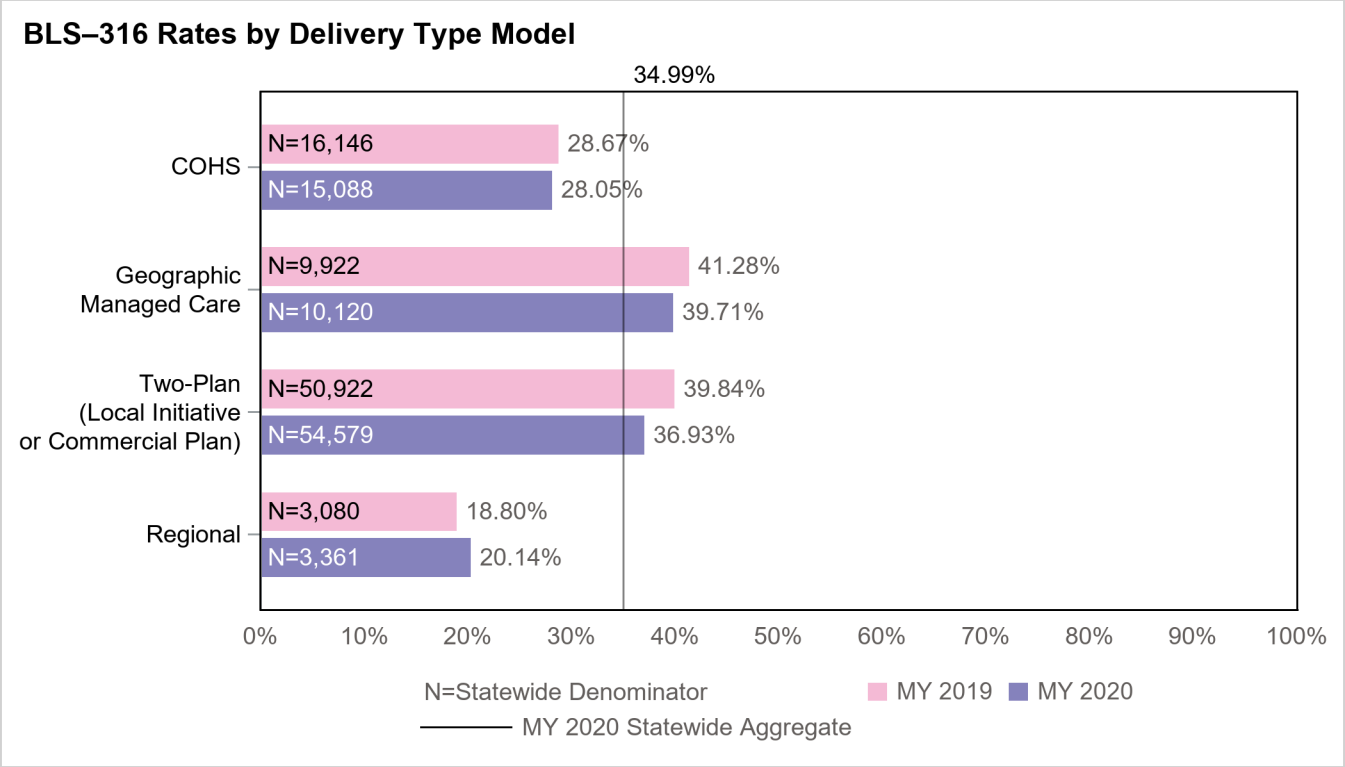
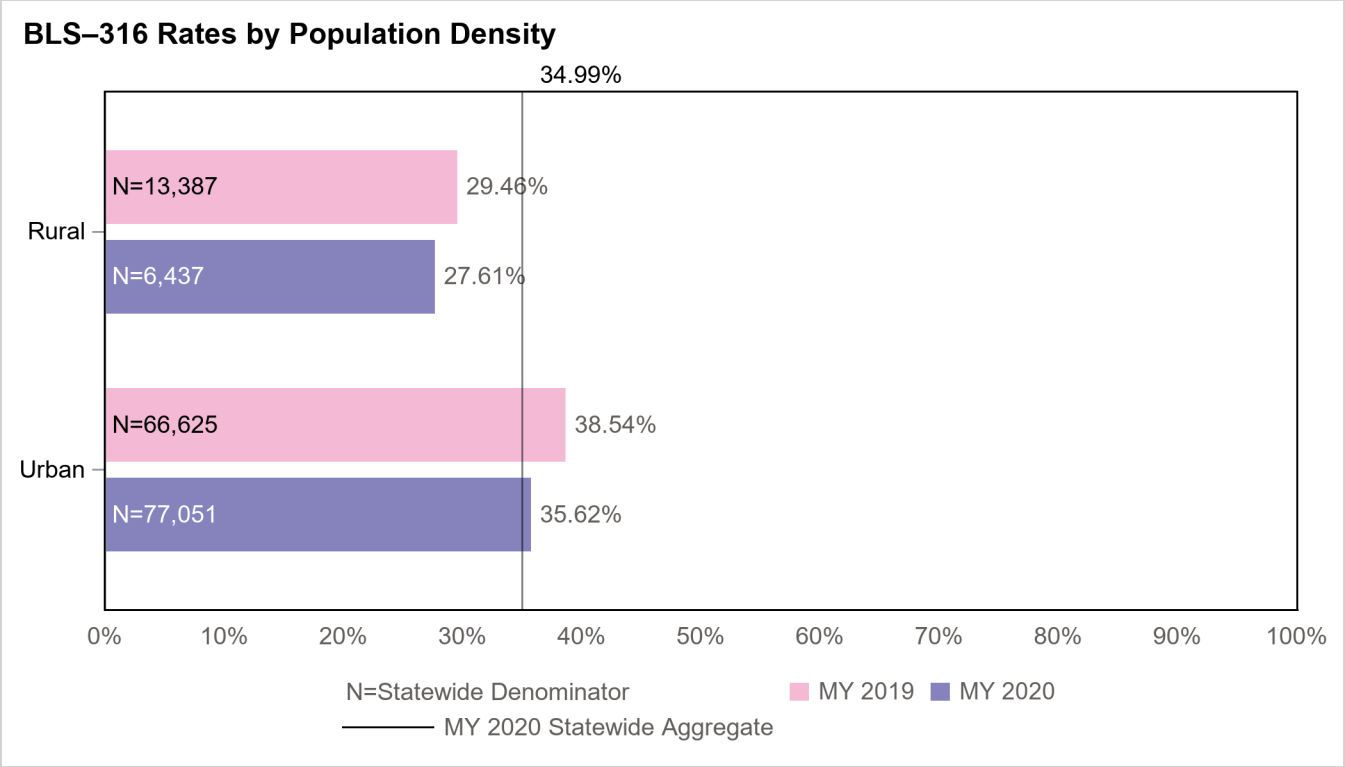


Figure 3.115—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Population Density Results

The statewide aggregate for measurement year 2019 was 36.99 percent.

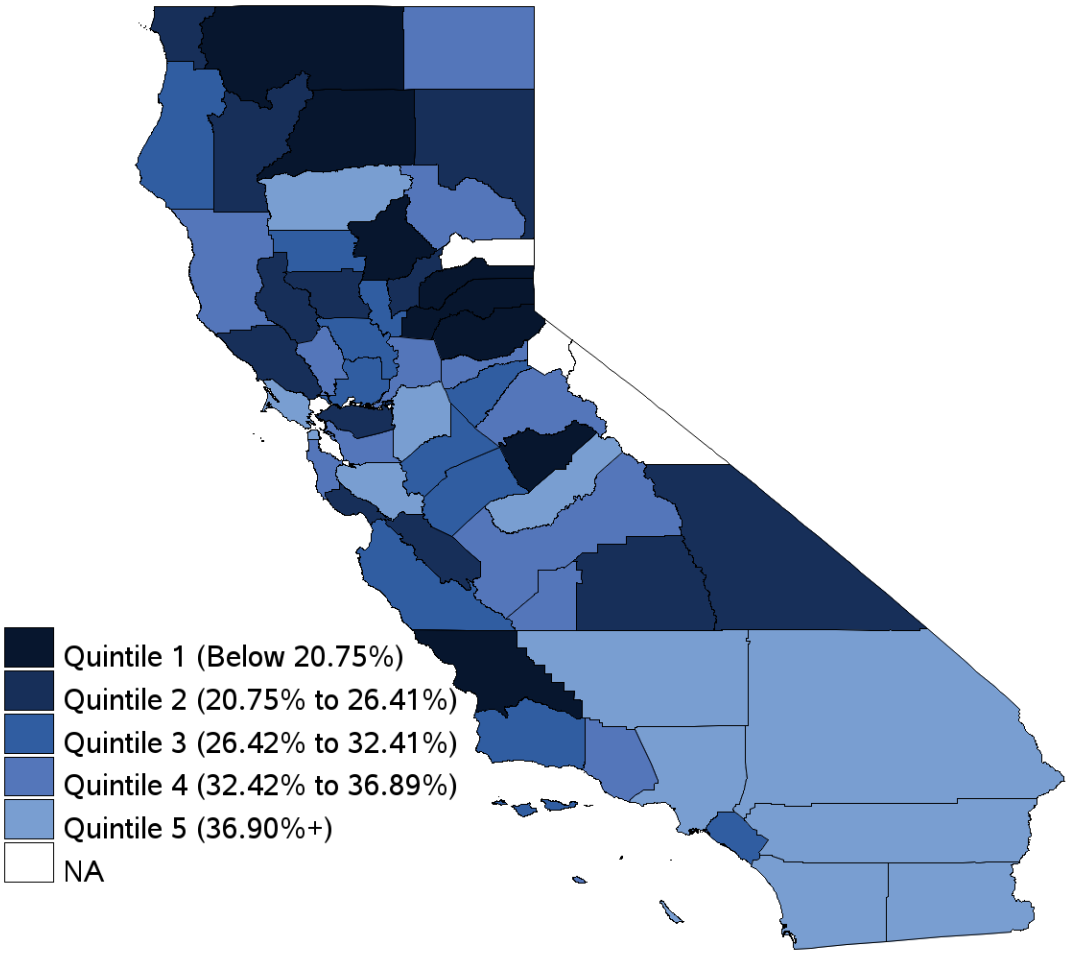


- For both measurement years 2019 and 2020, the *Blood Lead Screening—Catch-Up Test by 6 Years of Age* indicator rates for two of four (50.00 percent) delivery type model groups (COHS and Regional) were below the statewide aggregate by more than a 15 percent relative difference, with rates for the Regional delivery type model group falling below the statewide aggregate by more than a 40 percent relative difference.
- For both measurement years 2019 and 2020, rates for the rural regions were below the statewide aggregate and rates for the urban regions by more than a 20 percent relative difference.

Figure 3.116—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.



- For measurement year 2020, Siskiyou, Nevada, Butte, San Luis Obispo, El Dorado, Shasta, Placer, and Mariposa counties had the least favorable *Blood Lead Screening—Catch-Up Test by 6 Years of Age* indicator rates.
- For measurement year 2020, Marin, Kern, Imperial, San Diego, Santa Clara, Riverside, San Francisco, Tehama, Los Angeles, San Bernardino, Madera, and San Joaquin counties had the most favorable *Blood Lead Screening—Catch-Up Test by 6 Years of Age* indicator rates.

Lead Screening in Children

The *Lead Screening in Children (LSC)* indicator measures the percentage of children who turned 2 years old during the measurement year who had a screening by their second birthday. Members must be enrolled on their second birthday and continuously enrolled for 12 months prior to their second birthday, with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month. The *Lead Screening in Children (LSC)* indicator aligns with DHCS' value-based payment program specifications, which are based on the specifications for NCQA's HEDIS *Lead Screening in Children (LSC)* measure. 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 above. Figure 3.117 through Figure 3.122 display the *Lead Screening in Children (LSC)* indicator rates at the statewide and regional levels for measurement years 2019 and 2020.

Figure 3.117—Lead Screening in Children (LSC)—Statewide Racial/Ethnic Results

The national benchmark and statewide aggregate for measurement year 2019 were 73.11 percent and 60.81 percent, respectively.

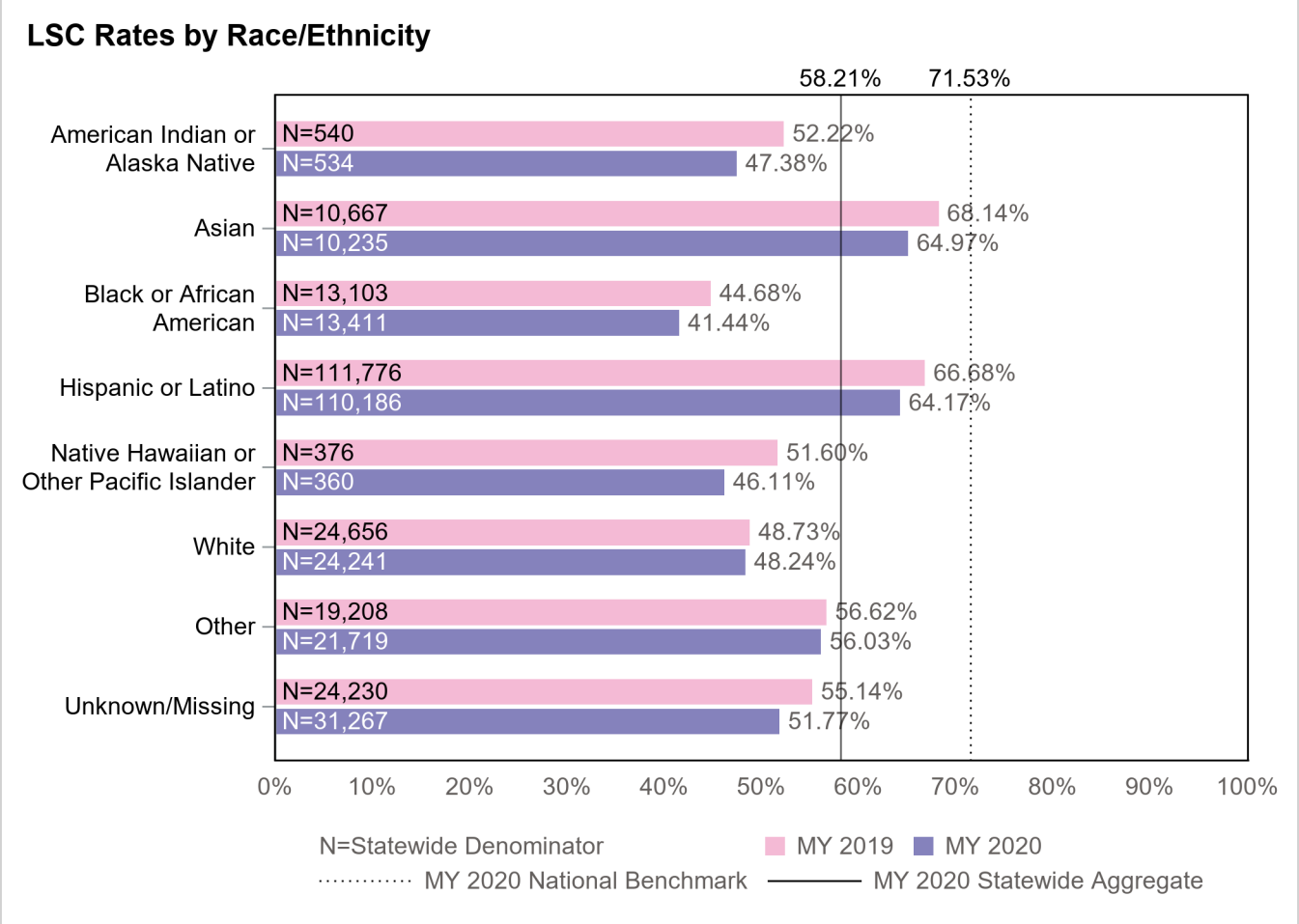


Figure 3.118—Lead Screening in Children (LSC)—Statewide Primary Language Results

The national benchmark and statewide aggregate for measurement year 2019 were 73.11 percent and 60.81 percent, respectively.

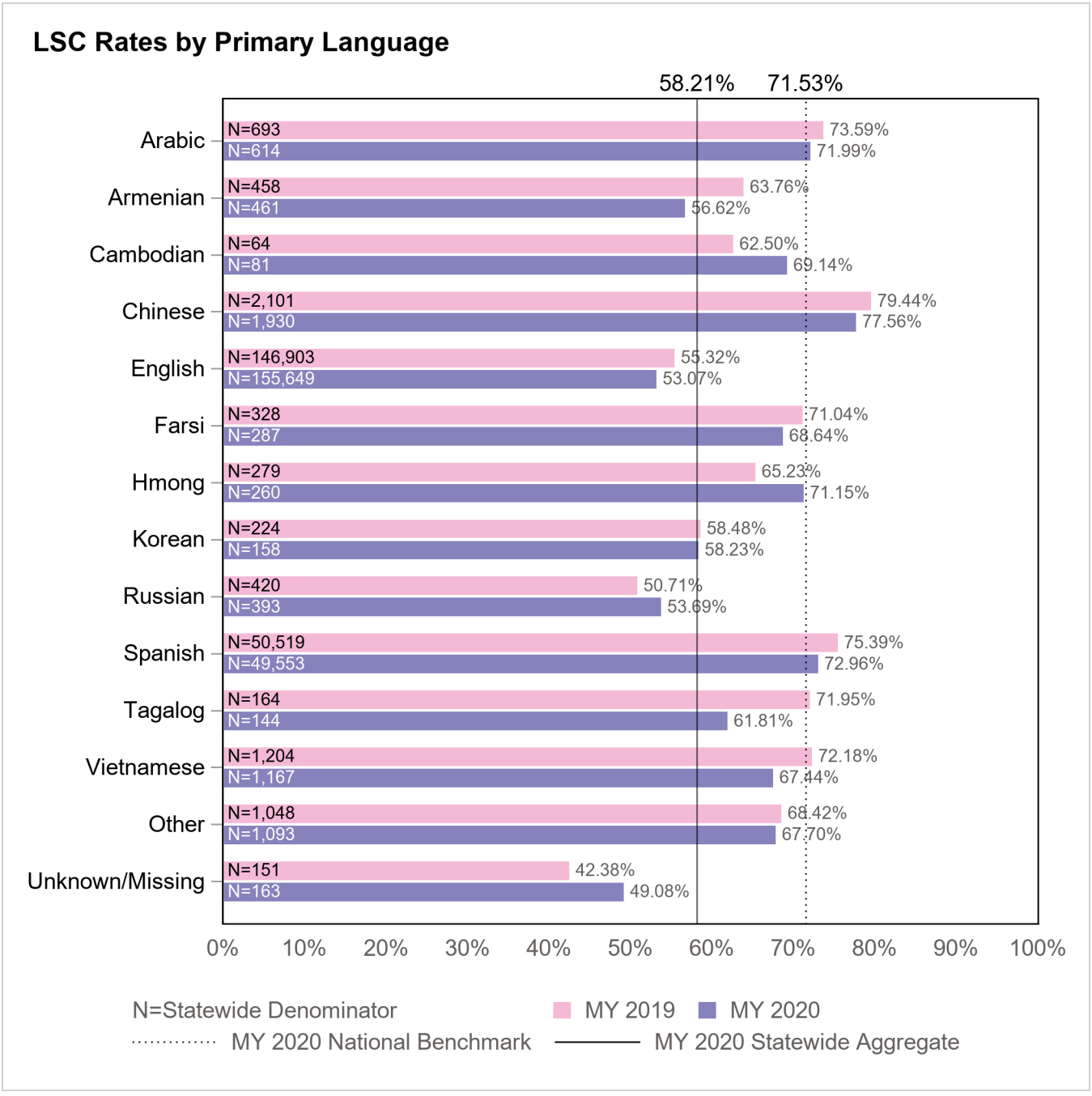
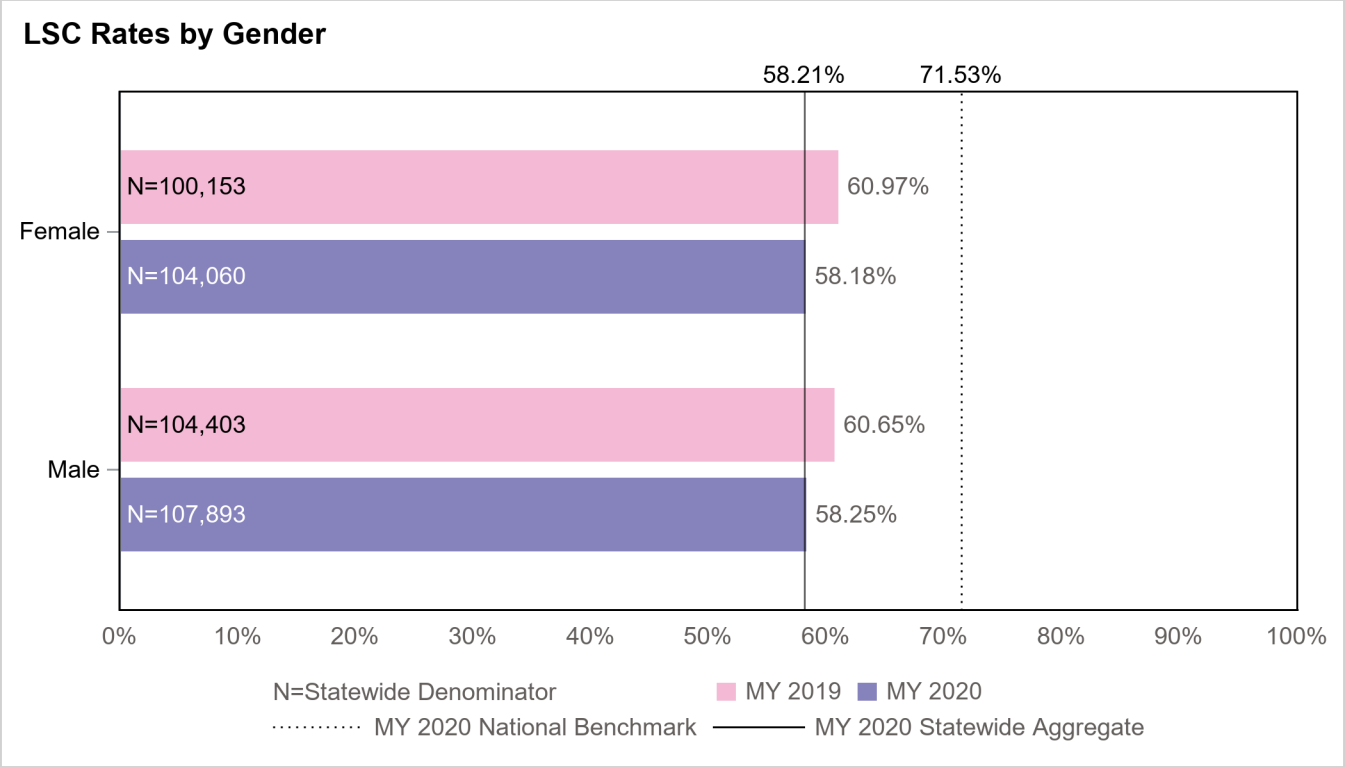


Figure 3.119—Lead Screening in Children (LSC)—Statewide Gender Results

The national benchmark and statewide aggregate for measurement year 2019 were 73.11 percent and 60.81 percent, respectively.



- The statewide aggregate for the *Lead Screening in Children* indicator decreased by approximately 2 percentage points from measurement year 2019 to measurement year 2020 and fell below the national benchmark by approximately 13 percentage points for measurement year 2020, indicating a potential area for improvement.
- For measurement year 2020, rates for all eight racial/ethnic groups and 11 of 14 (78.57 percent) primary language groups (Armenian, Cambodian, English, Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing) fell below the national benchmark.
- For measurement year 2020, 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, White, and Unknown/Missing) and one of 14 (7.14 percent) primary language groups (Unknown/Missing) were below the statewide aggregate by more than a 10 percent relative difference.
- For both measurement years 2019 and 2020, rates for the following racial/ethnic groups were below the statewide aggregate by more than a 10 percent relative difference:
  - American Indian or Alaska Native
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

- For both measurement years 2019 and 2020, rates for the Unknown/Missing primary language groups were below the statewide aggregate by more than a 10 percent relative difference.

Figure 3.120—Lead Screening in Children (LSC)—Regional-Level Delivery Type Model Results

The national benchmark and statewide aggregate for measurement year 2019 were 73.11 percent and 60.81 percent, respectively.

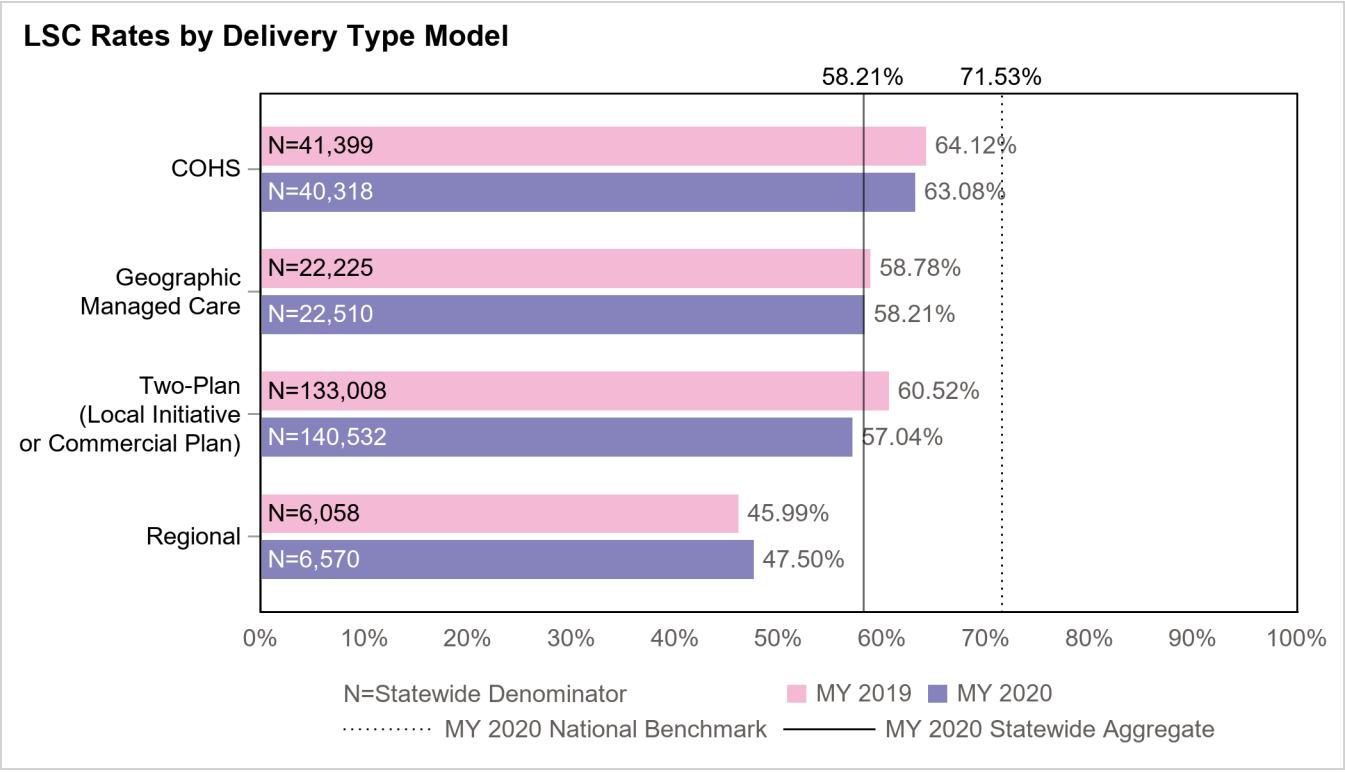
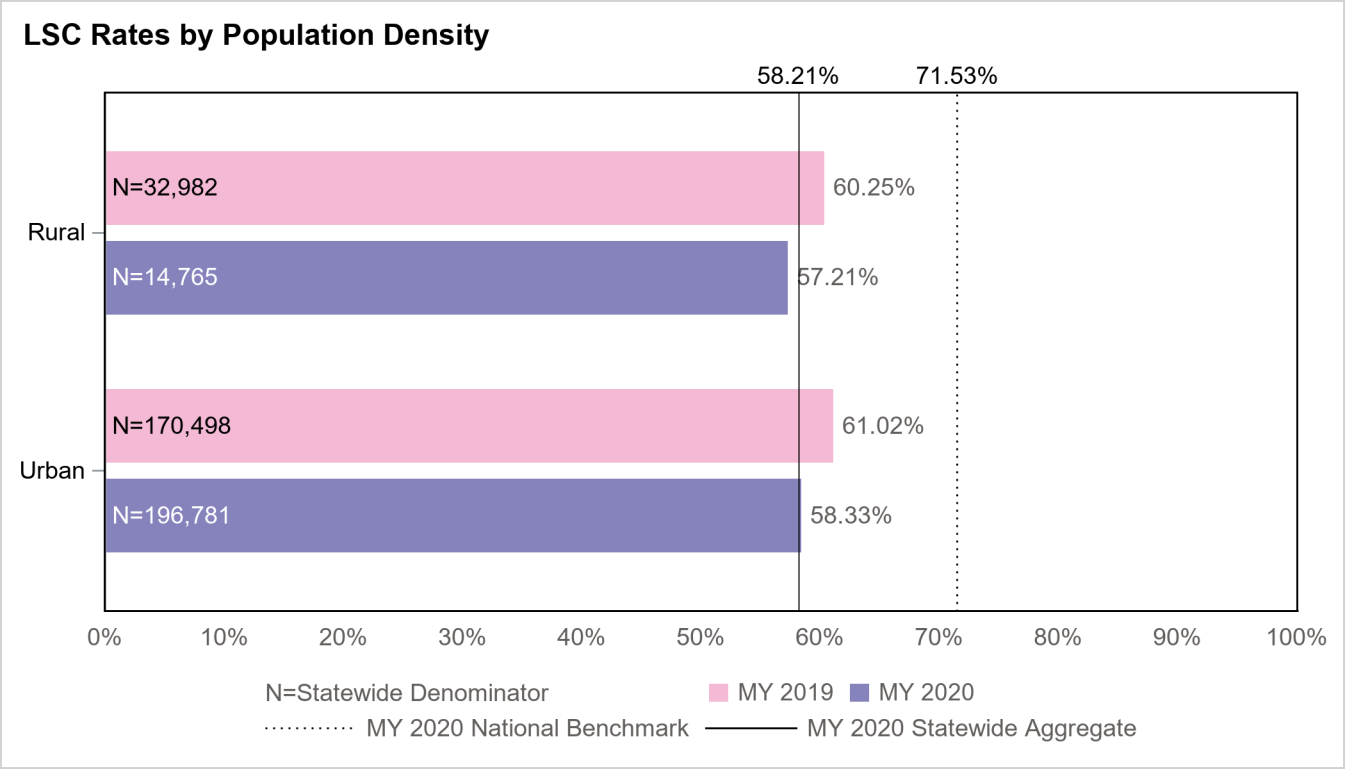


Figure 3.121—Lead Screening in Children (LSC)—Regional-Level Population Density Results

The national benchmark and statewide aggregate for measurement year 2019 were 73.11 percent and 60.81 percent, respectively.

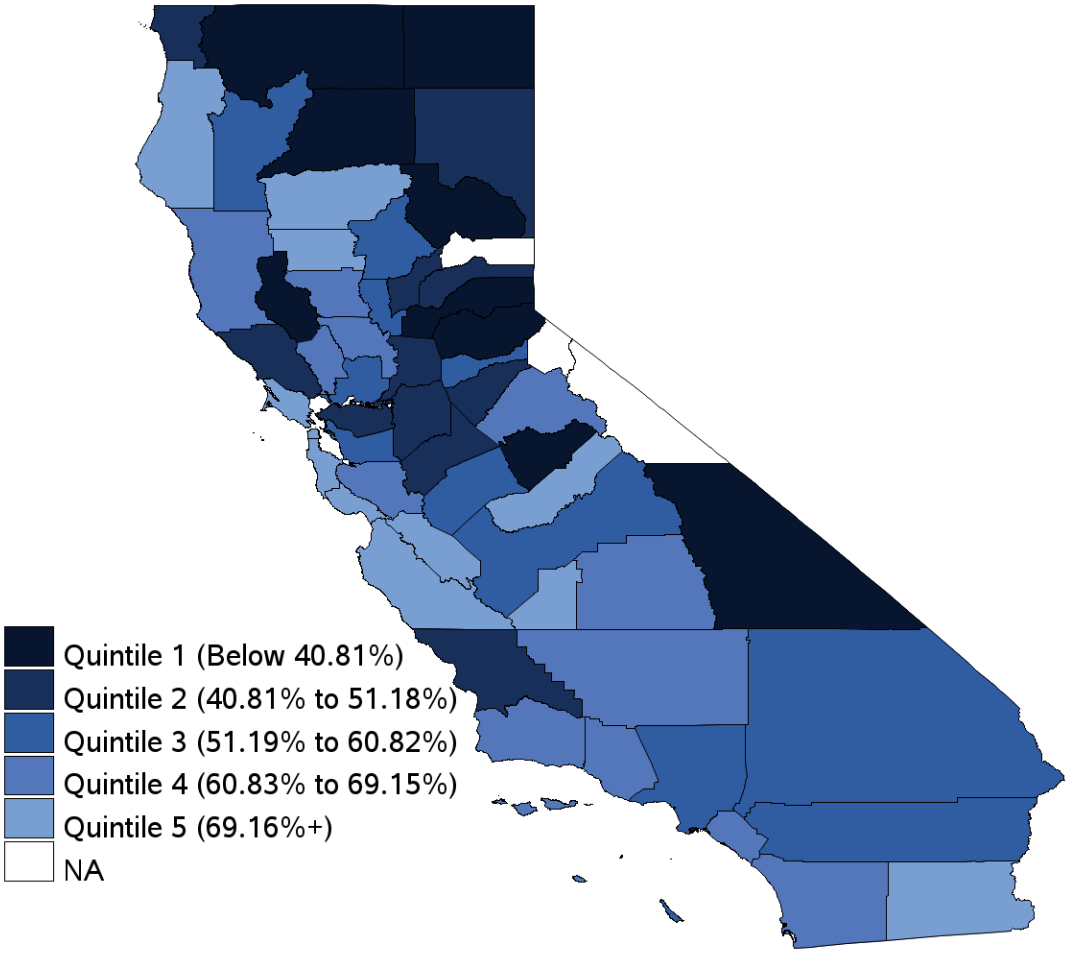


- For measurement year 2020, the *Lead Screening in Children* indicator rate for all four delivery type model groups fell below the national benchmark by more than 8 percentage points, with the rate for the Regional delivery type model group falling below the national benchmark by approximately 24 percentage points.
- For measurement year 2020, indicator rates for the rural and urban regions fell below the national benchmark by approximately 14 percentage points and 13 percentage points, respectively.
- From measurement year 2019 to measurement year 2020, rates for three of four (75.00 percent) delivery type model groups (COHS, Geographic Managed Care, and Two-Plan) and both population density groups decreased.

Figure 3.122—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 2019 to measurement year 2020, 41 of 55 (74.55 percent) counties with reportable *Lead Screening in Children* indicator rates increased. However, rates for 46 of these 55 (83.64 percent) counties fell below the national benchmark in both measurement years.
- For measurement year 2020, Plumas, Shasta, Inyo, Siskiyou, Mariposa, El Dorado, Lake, Placer, and Modoc counties had the least favorable *Lead Screening in Children* indicator rates.
- For measurement year 2020, Monterey, Imperial, Santa Cruz, Humboldt, Marin, Madera, San Francisco, San Mateo, Glenn, San Benito, Tehama, and Kings had the most favorable *Lead Screening in Children* rates. Of note, eight of these 12 (66.67 percent) counties had a higher percentage of members in the Hispanic or Latino racial/ethnic group than the percentage of members in the Hispanic or Latino racial/ethnic group for the statewide aggregate (i.e., 51.99 percent). Additionally, there were 17 counties with more than 51.99

percent of members in the Hispanic or Latino racial/ethnic group, with 8 of these 17 (47.06 percent) counties having rates in Quintile 5, while only four of 39 (10.26 percent) counties with less than 51.99 percent of members in the Hispanic or Latino racial/ethnic group had rates in Quintile 5. These findings align with Figure 3.117, which shows that the rate for the Hispanic or Latino racial/ethnic group was higher than the statewide aggregate by approximately 6 percentage points.

4. Coronavirus Disease 2019 (COVID-19) Analysis

This section provides information on the confirmed COVID-19 cases for the pediatric MCMC population and how performance on indicators was impacted by COVID-19 during measurement year 2020.

COVID-19 Cases

DHCS provided the counts of confirmed COVID-19 cases for the pediatric MCMC population stratified by select demographics (i.e., gender, age, race/ethnicity, primary language), which were used to derive the percentages of total confirmed COVID-19 cases as presented in Figure 4.1 through Figure 4.4.

Figure 4.1—Confirmed COVID-19 Cases by Gender

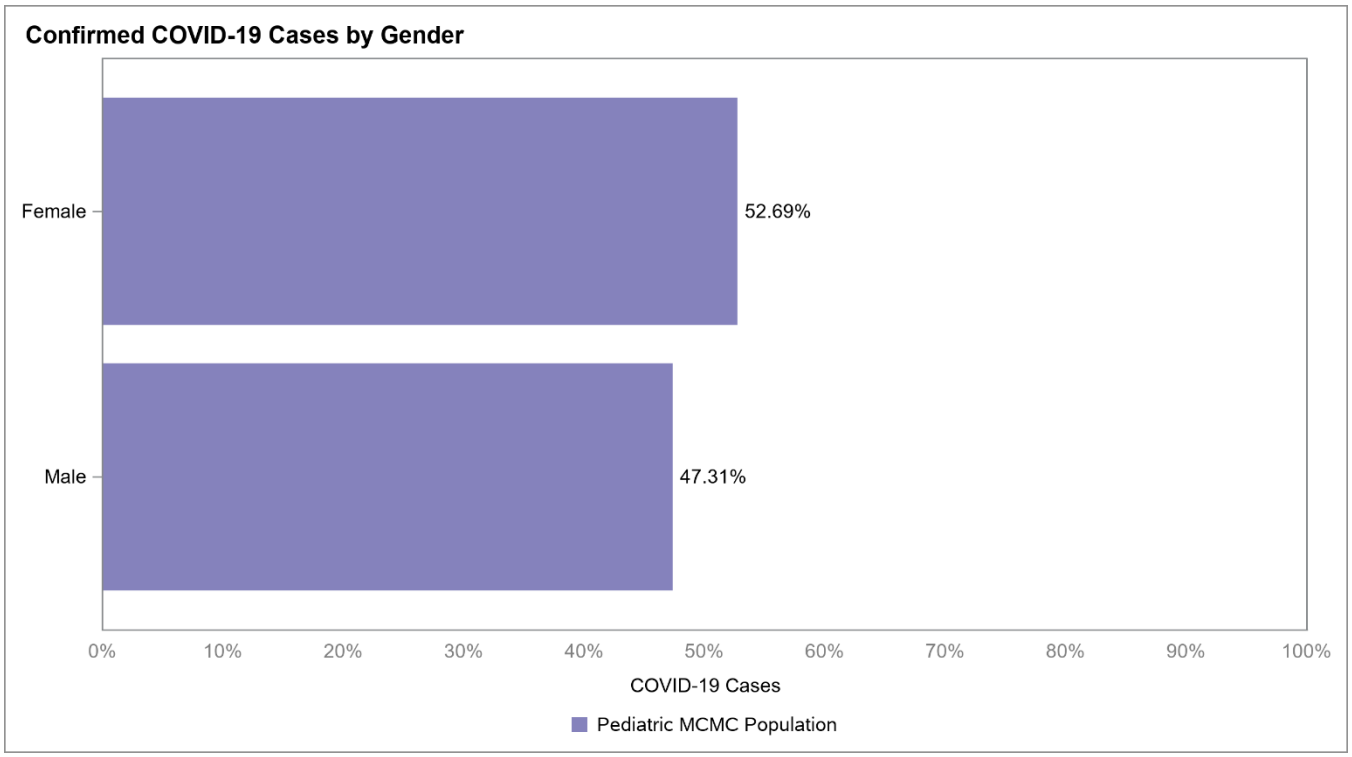


Figure 4.2—Confirmed COVID-19 Cases by Age

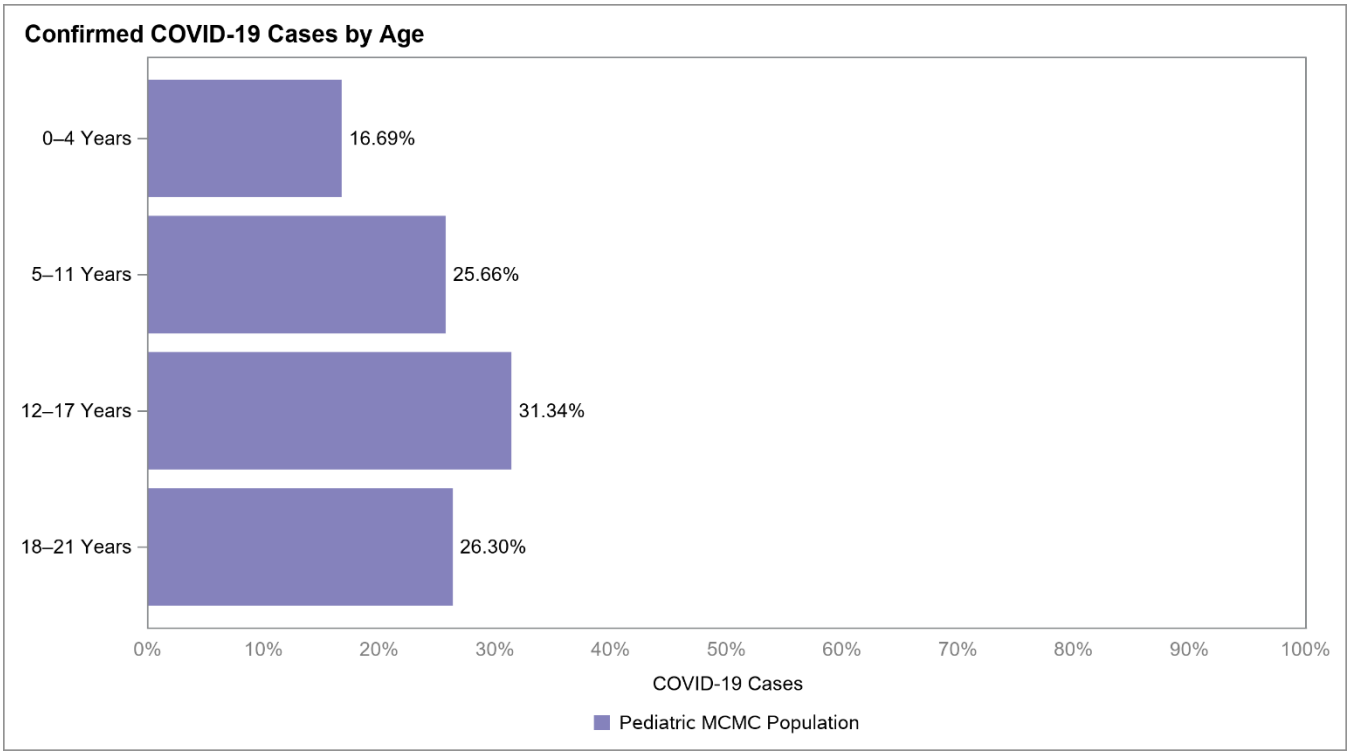


Figure 4.3—Confirmed COVID-19 Cases by Race/Ethnicity

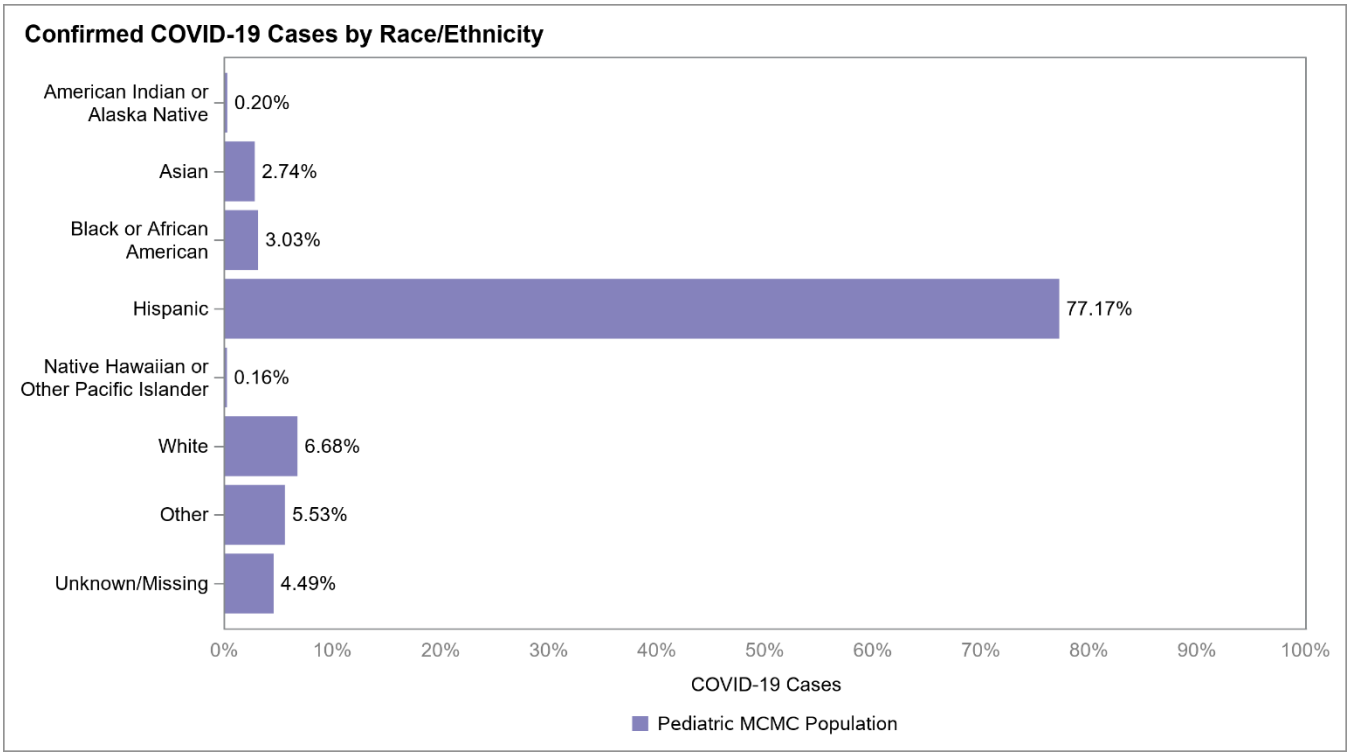


Figure 4.4—Confirmed COVID-19 Cases by Primary Language

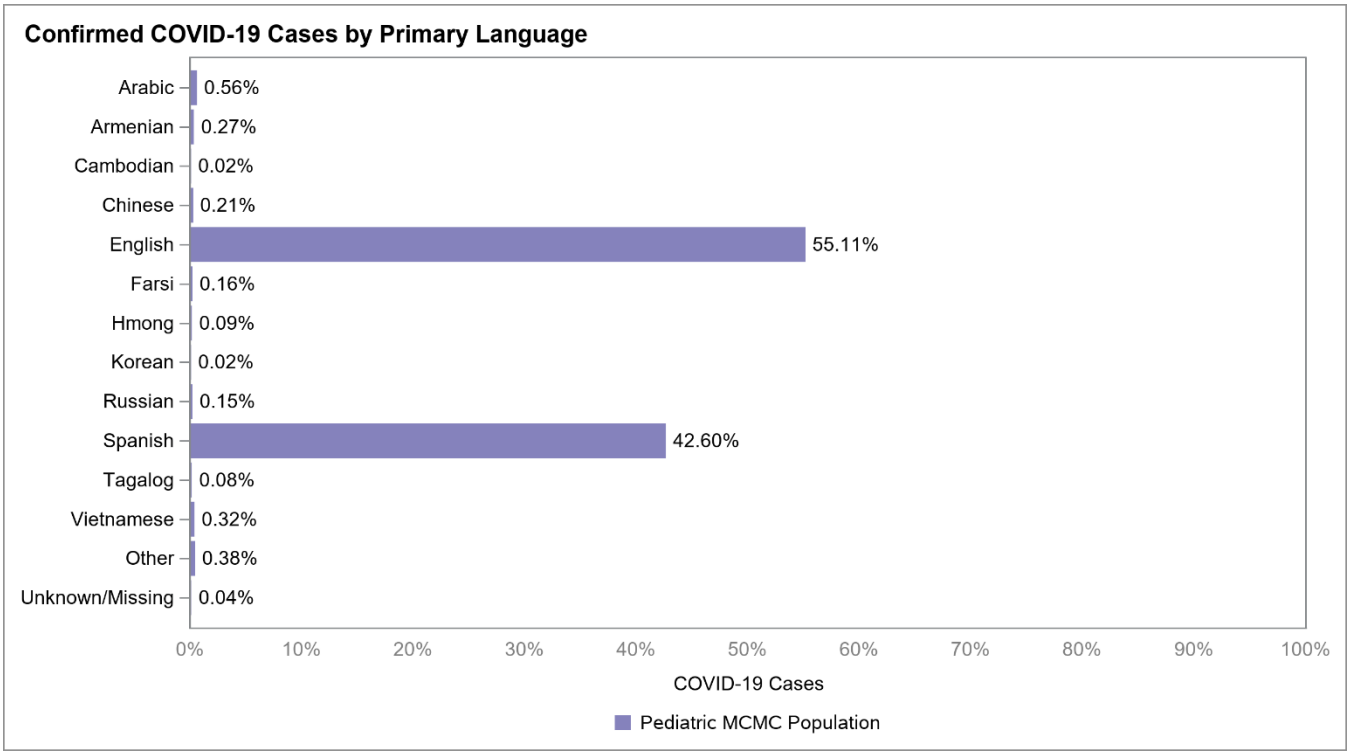


Table 4.1 and Table 4.2 present the count of confirmed pediatric MCMC COVID-19 cases stratified by county and region, respectively.

Table 4.1—Confirmed COVID-19 Cases by County

S indicates fewer than 11 cases exist; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

County	Confirmed COVID-19 Case Count
Total Pediatric MCMC COVID-19 Case Count	**102,122**
Alameda	2,691
Alpine	0
Amador	26
Butte	226
Calaveras	18
Colusa	71
Contra Costa	1,578

County	Confirmed COVID-19 Case Count
Total Pediatric MCMC COVID-19 Case Count	**102,122**
Del Norte	35
El Dorado	130
Fresno	6,515
Glenn	76
Humboldt	64
Imperial	2,424
Inyo	S
Kern	3,891
Kings	749
Lake	108
Lassen	13
Los Angeles	31,569
Madera	575
Marin	380
Mariposa	S
Mendocino	84
Merced	1,303
Modoc	25
Mono	13
Monterey	2,183
Napa	151
Nevada	42
Orange	5,498
Placer	219
Plumas	17
Riverside	7,547
Sacramento	2,300

County	Confirmed COVID-19 Case Count
Total Pediatric MCMC COVID-19 Case Count	**102,122**
San Benito	89
San Bernardino	7,041
San Diego	5,733
San Francisco	1,109
San Joaquin	1,851
San Luis Obispo	396
San Mateo	1,415
Santa Barbara	1,122
Santa Clara	2,423
Santa Cruz	786
Shasta	240
Sierra	0
Siskiyou	69
Solano	345
Sonoma	1,015
Stanislaus	2,213
Sutter	205
Tehama	91
Trinity	13
Tulare	4,056
Tuolumne	45
Ventura	1,018
Yolo	212
Yuba	114

Table 4.2—Confirmed COVID-19 Cases by Region

Region	Confirmed COVID-19 Case Count
Total Pediatric MCMC COVID-19 Case Count	**102,129**
Bay Area	11,107
Central Coast	5,594
Central Valley	21,153
Far North	347
Los Angeles	31,569
North Coast	291
Sacramento Valley	3,295
Sierra Range/Foothills	530
Southern California	28,243

COVID-19 Analyses

Given the known impact of COVID-19 on the entire health care system, DHCS requested that HSAG perform the following analyses to assess if changes to pediatric preventive service utilization in measurement year 2020 were related to the COVID-19 public health emergency:

- Compare the MCAS and non-MCAS (i.e., HSAG and DHCS-calculated indicators) county-level indicator rates to the county's COVID-19 prevention measures (e.g., California County Risk Level Tiers) using publicly available data, where available.
- Analyze the utilization of well-child visit and blood lead screening codes statewide by month using DHCS' administrative data for measurement years 2019 and 2020 to assess the relationship between the COVID-19 public health emergency protocols and children utilizing these services.

COVID-19 Risk Level Tiers Analysis

California implemented the Blueprint for a Safer Economy on August 30, 2020, to reduce COVID-19 cases, which assigned risk tiers to every county in California based on its percentage of positive tests and the daily average new cases per 100,000 residents over a seven day period.[15] Risk tiers were updated weekly and assigned as follows:[16]

- Risk Tier 1 = widespread COVID-19 cases (i.e., more than 7 new cases per 100,000 residents and more than 8 percent testing positive per day)
- Risk Tier 2 = substantial COVID-19 cases (i.e., 4 to 7 new cases per 100,000 residents and between 5 and 8 percent testing positive per day)
- Risk Tier 3 = moderate COVID-19 cases (i.e., 1 to 3 new cases per 100,000 residents and between 2 and 4.9 percent testing positive per day)
- Risk Tier 4 = minimal COVID-19 cases (i.e., less than 1 new case per 100,000 residents and less than 2 percent testing positive per day)

HSAG downloaded the weekly risk tier assignments from August 31, 2020 through December 29, 2020 from the California Health & Human Services Open Data Portal, which provided the weekly tiers assigned to each county.[17] HSAG then calculated an average tier assignment for each county, rounded to the nearest integer, and assigned the county to that tier. Of note, none of the counties had an average risk tier of four. The average risk tiers for each county are displayed in Table 4.3.

Table 4.3—Average County Risk Tiers

County	Average Risk Tier
Alameda	2
Alpine	3
Amador	2
Butte	2
Calaveras	2

[15] California Department of Public Health. Blueprint for a Safer Economy. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx. Accessed on: Feb 24, 2022.

[16] California Department of Public Health. Blueprint for a Safer Economy: California's Color-Coded County Tier System. Available at: https://emd.saccounty.gov/EMD-COVID-19-Information/Documents/California-Color-Coded-Tier-System--en.pdf. Accessed on: Feb 24, 2022.

[17] California Health & Human Services Open Data Portal. COVID-19 Blueprint for a Safer Economy Data Chart (archived). Available at: https://data.chhs.ca.gov/dataset/covid-19-blueprint-for-a-safer-economy. Accessed on: Feb 24, 2022.

County	Average Risk Tier
Colusa	1
Contra Costa	1
Del Norte	2
El Dorado	2
Fresno	1
Glenn	1
Humboldt	3
Imperial	1
Inyo	2
Kern	1
Kings	1
Lake	2
Lassen	2
Los Angeles	1
Madera	1
Marin	2
Mariposa	3
Mendocino	1
Merced	1
Modoc	3
Mono	2
Monterey	1
Napa	2
Nevada	2
Orange	2
Placer	2
Plumas	2
Riverside	1
Sacramento	1

County	Average Risk Tier
San Benito	1
San Bernardino	1
San Diego	2
San Francisco	2
San Joaquin	1
San Luis Obispo	1
San Mateo	2
Santa Barbara	1
Santa Clara	2
Santa Cruz	2
Shasta	2
Sierra	3
Siskiyou	2
Solano	1
Sonoma	1
Stanislaus	1
Sutter	1
Tehama	1
Trinity	2
Tulare	1
Tuolumne	2
Ventura	1
Yolo	1
Yuba	1

To understand how the MCAS and non-MCAS indicator rates may have been impacted by efforts put in place to mitigate the spread of COVID-19 (i.e., California County Risk Level Tiers), HSAG calculated risk tier-level indicator rates (i.e., the average rate for all counties included in each tier) for each MCAS and non-MCAS indicator for measurement year 2020. To understand changes in performance during measurement year 2020, HSAG also calculated the risk tier-level indicator rates for measurement year 2019. Table 4.4 through Table 4.6 present the risk tier-level MCAS and non-MCAS indicator rates for measurement years 2019

and 2020. Please note, HSAG excluded both *Well-Child Visits in the First 30 Months of Life* indicators from the analysis given that MCPs had supplemental data during measurement year 2020 that were not available during measurement year 2019 when HSAG calculated the indicators.

Table 4.4—Measurement Years 2019 and 2020 Indicator Rates for Tier 1

indicates the most negative rate changes out of the three available tier averages.
indicates the most positive rate changes out of the three available tier averages.
N/A indicates that indicator rates were not available in measurement year 2019.

Indicator Acronym	Measurement Year 2019 Tier 1 Average	Measurement Year 2020 Tier 1 Average	Tier 1 Average Rate Changes
AUS	1.40%	1.54%	0.13%
BLS–1	55.48%	49.25%	-6.24%
BLS–2	45.11%	37.56%	-7.55%
BLS–1 and 2	32.25%	27.27%	-4.97%
BLS–316	33.24%	31.51%	-1.73%
CDF	8.02%	10.27%	2.26%
CHL–1620	52.56%	51.00%	-1.56%
CIS–10	N/A	37.21%	N/A
DEV	26.54%	24.34%	-2.20%
DFV	23.76%	20.64%	-3.12%
IMA–2	N/A	39.78%	N/A
LSC	61.94%	59.94%	-2.00%
TUS	0.60%	1.55%	0.95%
WCC–BMI	N/A	81.50%	N/A
WCC–N	N/A	71.87%	N/A
WCC–PA	N/A	69.72%	N/A
WCV	50.26%	41.46%	-8.80%

Table 4.5—Measurement Years 2019 and 2020 Indicator Rates for Tier 2

indicates the most negative rate changes out of the three available tier averages.
indicates the most positive rate changes out of the three available tier averages.
N/A indicates that indicator rates were not available in measurement year 2019.

Indicator Acronym	Measurement Year 2019 Tier 2 Average	Measurement Year 2020 Tier 2 Average	Tier 2 Average Rate Changes
AUS	1.75%	2.09%	0.34%
BLS–1	43.33%	43.02%	-0.31%
BLS–2	34.27%	30.02%	-4.25%
BLS–1 and 2	23.30%	19.55%	-3.75%
BLS–316	23.82%	26.33%	2.51%
CDF	5.73%	8.25%	2.51%
CHL–1620	50.87%	47.04%	-3.83%
CIS–10	N/A	36.74%	N/A
DEV	25.48%	21.02%	-4.45%
DFV	15.32%	12.91%	-2.41%
IMA–2	N/A	35.04%	N/A
LSC	45.81%	47.42%	1.61%
TUS	0.54%	0.66%	0.12%
WCC–BMI	N/A	77.73%	N/A
WCC–N	N/A	67.89%	N/A
WCC–PA	N/A	65.49%	N/A
WCV	47.30%	37.95%	-9.35%

Table 4.6—Measurement Years 2019 and 2020 Indicator Rates for Tier 3

indicates the most negative rate changes out of the three available tier averages.
indicates the most positive rate changes out of the three available tier averages.
N/A indicates that indicator rates were not available in measurement year 2019.

Indicator Acronym	Measurement Year 2019 Tier 3 Average	Measurement Year 2020 Tier 3 Average	Tier 3 Average Rate Changes
AUS	1.58%	2.02%	0.44%
BLS–1	33.78%	46.52%	12.75%
BLS–2	29.33%	30.12%	0.78%
BLS–1 and 2	12.12%	18.96%	6.84%
BLS–316	16.04%	26.84%	10.80%
CDF	1.07%	0.49%	-0.58%
CHL–1620	35.18%	41.66%	6.49%
CIS–10	N/A	31.25%	N/A
DEV	6.65%	5.39%	-1.27%
DFV	3.52%	5.21%	1.68%
IMA–2	N/A	27.76%	N/A
LSC	32.79%	47.75%	14.96%
TUS	0.08%	0.27%	0.19%
WCC–BMI	N/A	74.85%	N/A
WCC–N	N/A	60.78%	N/A
WCC–PA	N/A	59.88%	N/A
WCV	30.80%	23.20%	-7.60%

- From measurement year 2019 to measurement year 2020, counties that were placed in a high-risk tier (i.e., Tier 1) during COVID-19 had more rate declines than counties in a lower risk tier. For example, counties placed in Tier 1 (i.e., the highest risk tier) had rate declines for nine of 12 (75.00 percent) indicators with comparable 2019 and 2020 rates, while counties placed in Tier 3 (i.e., the lowest risk tier) had rate increase for nine of the same 12 (75.00 percent) indicators.
- Tier 1 counties were primarily in the Sacramento Valley, Central Coast, Central Valley, Los Angeles, and Southern California regions. Tier 2 counties were primarily in the Bay Area and Sierra Range/Foothills regions. While no region was primarily Tier 3, the Far North, North Coast, and Sierra Range/Foothills were the only regions with one or more Tier 3 counties.

- The majority of predominately urban counties were in Tier 1, while the majority of predominately rural counties were in Tier 2.

Well-Child and Blood Lead Screening Utilization

To assess the utilization of well-child visits and blood lead screenings during COVID-19, HSAG utilized DHCS' encounter data to determine monthly utilization of these services during measurement years 2019 and 2020. Figure 4.5 and Figure 4.6 present the monthly utilization of these services compared to the monthly COVID-19 counts. Additionally, key COVID-19 public health emergency events are included in call-out boxes.

Figure 4.5—Measurement Years 2019 and 2020 Well-Child Visits Per Month Compared to COVID-19 Case Counts

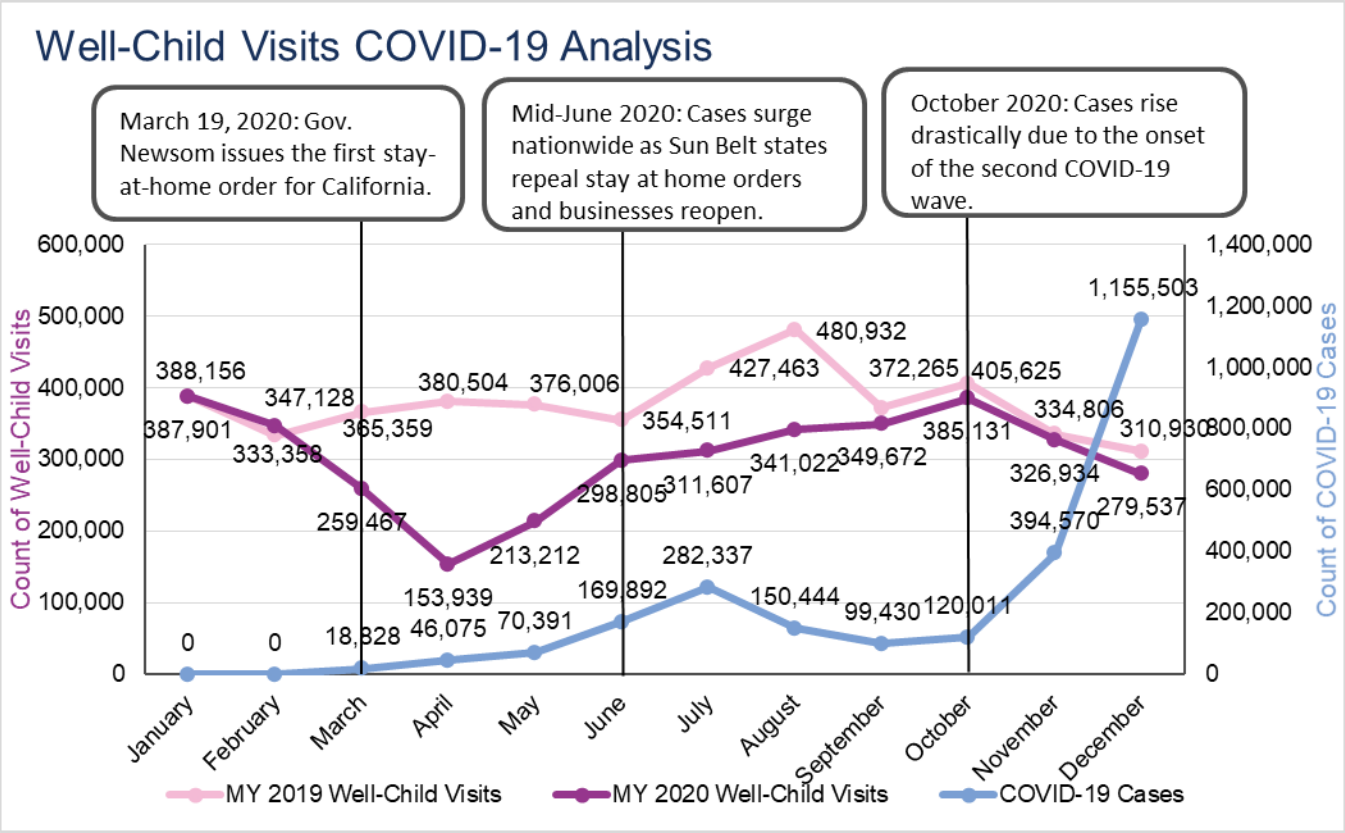
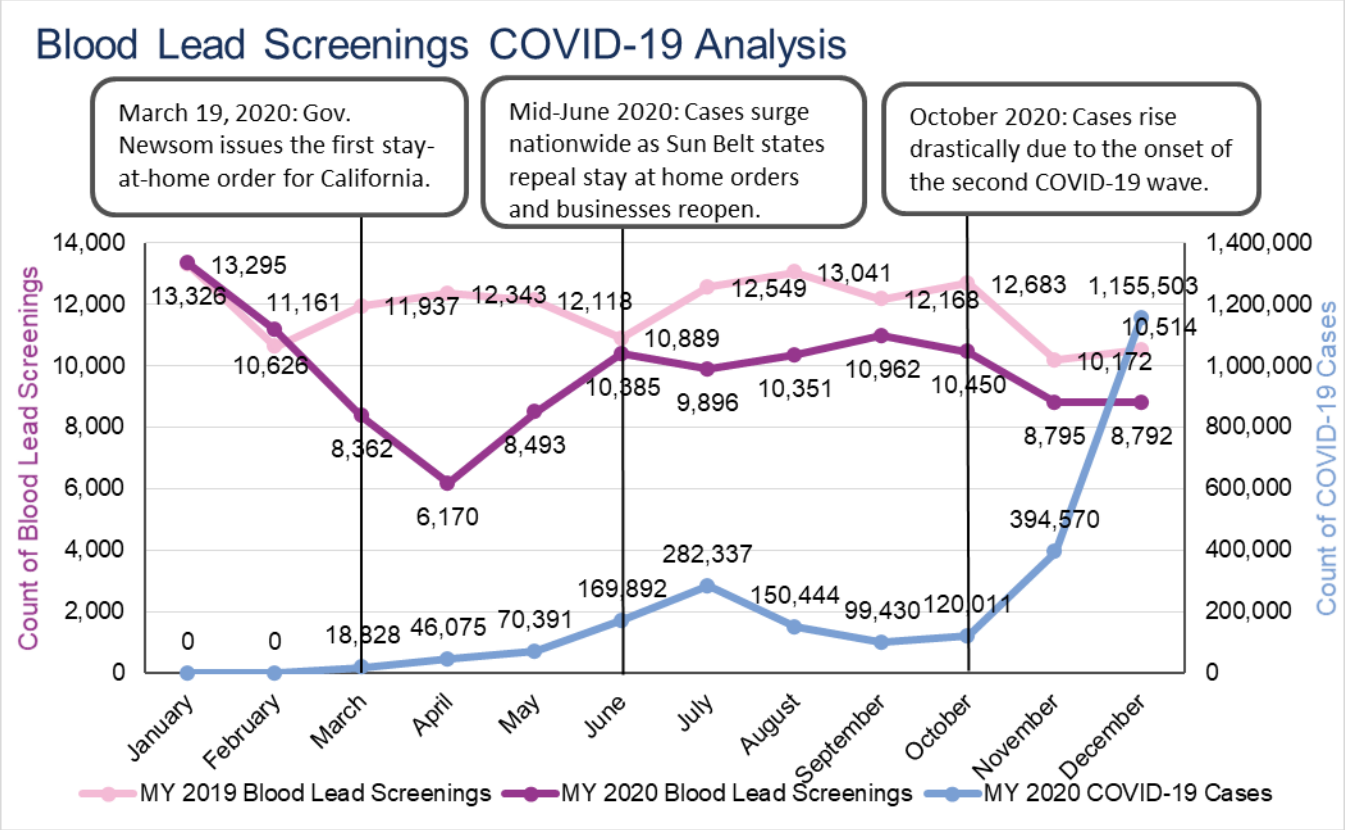


Figure 4.6—Measurement Years 2019 and 2020 Blood Lead Screenings Per Month Compared to COVID-19 Case Counts



- Well-child visits and blood lead screenings started declining in March 2020, when President Trump declared a national emergency and Governor Newsom implemented stay-at-home orders. The largest decline in well-child visits and blood lead screenings was seen in April 2020. Once the Centers for Disease Control and Prevention and DHCS provided guidance to ensure that residents continued to receive necessary care, well-child visit and blood lead screening counts started to return to pre-pandemic levels by July 2020. While well-child visits and blood lead screenings started declining in October for both 2019 and 2020, COVID-19 case counts also began increasing nationwide in October 2020.

In measurement year 2019, there were approximately 4.5 million well-child visits and approximately 142,000 blood lead screenings captured in the administrative claim/encounter data. However, in measurement year 2020, there were approximately 3.6 million well-child visits and approximately 117,000 blood lead screenings captured in the administrative claim/encounter data. This is a decline of approximately 20 percent and 17 percent for well-child visits and blood lead screenings, respectively, during measurement year 2020. These findings demonstrate that there was an overall decline in these visits during measurement year 2020, suggesting that COVID-19 likely negatively impacted statewide performance on indicators related to well-child visits and blood lead screenings.

Appendix A. Additional Population Characteristics

Appendix A 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 2019 and 2020.

Table A.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 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Statewide Pediatric Population*	**6,733,328**	**40.21%**	**6,491,660**	**39.44%**
Alameda	195,084	2.90%	182,951	2.83%
Alpine	151	0.00%	134	0.00%
Amador	4,074	0.06%	3,994	0.06%
Butte	35,788	0.53%	34,394	0.53%
Calaveras	5,772	0.09%	5,728	0.09%
Colusa	5,919	0.09%	5,896	0.09%
Contra Costa	141,562	2.10%	132,184	2.05%
Del Norte	5,704	0.08%	5,453	0.08%
El Dorado	19,014	0.28%	18,298	0.28%
Fresno	265,466	3.94%	259,315	4.02%
Glenn	7,059	0.10%	6,974	0.11%
Humboldt	23,669	0.35%	23,184	0.36%
Imperial	50,585	0.75%	48,400	0.75%
Inyo	3,010	0.04%	2,810	0.04%
Kern	244,117	3.63%	241,516	3.74%
Kings	34,944	0.52%	34,432	0.53%
Lake	14,564	0.22%	14,465	0.22%
Lassen	4,141	0.06%	4,038	0.06%
Los Angeles	1,829,377	27.17%	1,733,409	26.86%

County	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Madera	41,600	0.62%	41,610	0.64%
Marin	21,836	0.32%	21,140	0.33%
Mariposa	2,154	0.03%	2,176	0.03%
Mendocino	19,192	0.29%	18,680	0.29%
Merced	79,224	1.18%	77,801	1.21%
Modoc	1,566	0.02%	1,511	0.02%
Mono	1,911	0.03%	1,813	0.03%
Monterey	106,482	1.58%	103,999	1.61%
Napa	17,469	0.26%	16,800	0.26%
Nevada	11,788	0.18%	11,376	0.18%
Orange	449,239	6.67%	430,153	6.67%
Placer	33,931	0.50%	33,086	0.51%
Plumas	2,932	0.04%	2,783	0.04%
Riverside	484,856	7.20%	477,408	7.40%
Sacramento	277,746	4.12%	266,845	4.13%
San Benito	10,836	0.16%	10,511	0.16%
San Bernardino	493,541	7.33%	475,385	7.37%
San Diego	460,693	6.84%	438,182	6.79%
San Francisco	67,269	1.00%	64,732	1.00%
San Joaquin	165,985	2.47%	162,252	2.51%
San Luis Obispo	31,699	0.47%	30,503	0.47%
San Mateo	69,715	1.04%	65,075	1.01%
Santa Barbara	86,775	1.29%	84,892	1.32%
Santa Clara	191,441	2.84%	182,282	2.82%
Santa Cruz	36,997	0.55%	35,282	0.55%
Shasta	31,282	0.46%	31,000	0.48%
Sierra	335	0.00%	319	0.00%
Siskiyou	8,443	0.13%	8,209	0.13%

County	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Solano	62,017	0.92%	59,969	0.93%
Sonoma	62,899	0.93%	60,165	0.93%
Stanislaus	128,962	1.92%	125,052	1.94%
Sutter	21,769	0.32%	21,381	0.33%
Tehama	14,903	0.22%	14,455	0.22%
Trinity	1,975	0.03%	1,947	0.03%
Tulare	145,686	2.16%	141,179	2.19%
Tuolumne	6,402	0.10%	6,173	0.10%
Ventura	128,645	1.91%	124,275	1.93%
Yolo	29,543	0.44%	28,126	0.44%
Yuba	17,767	0.26%	17,375	0.27%

Table A.2—MCP 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 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Statewide Pediatric Population*	**6,308,075**	**37.67%**	**5,903,567**	**35.87%**
Aetna Better Health of California—Sacramento	4,814	0.08%	5,149	0.09%
Aetna Better Health of California—San Diego	5,947	0.09%	6,672	0.11%
Alameda Alliance for Health—Alameda	143,799	2.28%	113,987	1.93%

MCP Reporting Unit	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	34,953	0.55%	26,444	0.45%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	19,314	0.31%	15,998	0.27%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	69,566	1.10%	59,389	1.01%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	13,650	0.22%	11,401	0.19%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	13,892	0.22%	12,311	0.21%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	42,670	0.68%	32,152	0.54%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	55,702	0.88%	44,919	0.76%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	109,566	1.74%	89,875	1.52%

MCP Reporting Unit	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	6,639	0.11%	5,177	0.09%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	6,910	0.11%	5,596	0.09%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	34,898	0.55%	27,614	0.47%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	65,305	1.04%	56,555	0.96%
Blue Shield of California Promise Health Plan—San Diego	35,281	0.56%	29,536	0.50%
California Health & Wellness Plan—Imperial	189,491	3.00%	33,843	0.57%
California Health & Wellness Plan—Region 1	19,709	0.31%	38,794	0.66%
California Health & Wellness Plan—Region 2	26,903	0.43%	27,573	0.47%
CalOptima—Orange	40,370	0.64%	363,503	6.16%
CalViva Health—Fresno	9,198	0.15%	162,298	2.75%
CalViva Health—Kings	12,366	0.20%	17,126	0.29%
CalViva Health—Madera	452,136	7.17%	23,756	0.40%
CenCal Health—San Luis Obispo	31,958	0.51%	26,369	0.45%
CenCal Health—Santa Barbara	86,835	1.38%	74,747	1.27%

MCP Reporting Unit	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Central California Alliance for Health—Merced	84,074	1.33%	70,310	1.19%
Central California Alliance for Health—Monterey/Santa Cruz	144,659	2.29%	123,692	2.10%
Community Health Group Partnership Plan—San Diego	165,257	2.62%	134,994	2.29%
Contra Costa Health Plan—Contra Costa	107,188	1.70%	88,016	1.49%
Gold Coast Health Plan—Ventura	127,825	2.03%	107,041	1.81%
Health Net Community Solutions, Inc.—Kern	43,390	0.69%	34,832	0.59%
Health Net Community Solutions, Inc.—Los Angeles	530,723	8.41%	424,556	7.19%
Health Net Community Solutions, Inc.—Sacramento	64,246	1.02%	54,202	0.92%
Health Net Community Solutions, Inc.—San Diego	44,376	0.70%	34,322	0.58%
Health Net Community Solutions, Inc.—San Joaquin	13,055	0.21%	10,100	0.17%
Health Net Community Solutions, Inc.—Stanislaus	41,209	0.65%	32,335	0.55%
Health Net Community Solutions, Inc.—Tulare	74,903	1.19%	63,334	1.07%
Health Plan of San Joaquin—San Joaquin	146,450	2.32%	122,263	2.07%
Health Plan of San Joaquin—Stanislaus	85,081	1.35%	73,078	1.24%
Health Plan of San Mateo—San Mateo	69,442	1.10%	55,830	0.95%
Inland Empire Health Plan—Riverside/San Bernardino	819,065	12.98%	688,673	11.67%
Kaiser NorCal (KP Cal, LLC)—KP North	69,530	1.10%	58,646	0.99%

MCP Reporting Unit	Measurement Year 2019 Count	Measurement Year 2019 Percentage	Measurement Year 2020 Count	Measurement Year 2020 Percentage
Kaiser SoCal (KP Cal, LLC)—San Diego	30,981	0.49%	25,137	0.43%
Kern Health Systems, DBA Kern Family Health Care—Kern	182,217	2.89%	160,204	2.71%
L.A. Care Health Plan—Los Angeles	1,142,960	18.12%	957,740	16.22%
Molina Healthcare of California—Imperial	8,132	0.13%	6,507	0.11%
Molina Healthcare of California—Riverside/San Bernardino	97,810	1.55%	78,332	1.33%
Molina Healthcare of California—Sacramento	28,127	0.45%	21,736	0.37%
Molina Healthcare of California—San Diego	132,600	2.10%	102,484	1.74%
Partnership HealthPlan of California—Northeast	48,846	0.77%	39,932	0.68%
Partnership HealthPlan of California—Northwest	30,992	0.49%	25,771	0.44%
Partnership HealthPlan of California—Southeast	113,963	1.81%	91,148	1.54%
Partnership HealthPlan of California—Southwest	119,528	1.89%	98,896	1.68%
San Francisco Health Plan—San Francisco	57,601	0.91%	47,256	0.80%
Santa Clara Family Health Plan—Santa Clara	145,240	2.30%	118,819	2.01%
UnitedHealthcare Community Plan—San Diego	6,381	0.10%	6,925	0.12%

Appendix B. MCP Reporting Unit Findings

Appendix B presents the MCP reporting-unit level rates for the 11 MCP-calculated indicators, three HSAG-calculated indicators, and five DHCS-calculated indicators. For six of the 11 MCP-calculated indicators, measurement year 2020 results are compared to measurement year 2019 results. However, due to the impacts of COVID-19 on measurement year 2019 reporting or the addition of an indicator for measurement year 2020, HSAG did not present comparisons to measurement year 2019 results for the following MCP-calculated indicators:

- *Childhood Immunization Status—Combination 10 (CIS–10)*
- *Immunizations for Adolescents—Combination 2 (IMA–2)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)*, *Counseling for Nutrition—Total (WCC–N)*, and *Counseling for Physical Activity—Total (WCC–PA)*

Due to the inclusion of additional age indicators for the HSAG-calculated *Alcohol Use Screening* (*AUS*) indicator for measurement year 2020, HSAG did not present comparisons to measurement year 2019 results for this indicator.

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 Indicator Results

Table B.1 through Table B.11 present the measurement years 2019 and 2020 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

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

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

Note: The measurement year 2019 rates were calculated by HSAG using administrative encounter data; therefore, exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates calculated by each MCP using administrative data and supplemental data.

The national benchmark for measurement year 2020 was 54.92 percent.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	25.86%	37.70%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	NA	S
Aetna Better Health of California—San Diego	S	25.64%
Alameda Alliance for Health—Alameda	31.93%	45.64%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	37.44%	32.45%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	42.41%	35.29%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	20.42%	33.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	34.20%	38.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	34.27%	30.98%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	23.72%	41.55%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	29.80%	37.76%

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	17.52%	26.86%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.62%	44.83%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	36.59%	34.04%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	29.22%	44.95%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	36.52%	35.88%
Blue Shield of California Promise Health Plan—San Diego	41.98%	25.30%
California Health & Wellness Plan—Imperial	38.09%	49.20%
California Health & Wellness Plan—Region 1	24.92%	42.80%
California Health & Wellness Plan—Region 2	42.17%	56.50%
CalOptima—Orange	21.39%	43.18%
CalViva Health—Fresno	29.31%	47.74%
CalViva Health—Kings	46.78%	50.11%
CalViva Health—Madera	44.76%	56.48%
CenCal Health—San Luis Obispo	41.76%	41.42%
CenCal Health—Santa Barbara	45.13%	48.22%
Central California Alliance for Health—Merced	21.53%	34.76%
Central California Alliance for Health—Monterey/Santa Cruz	26.90%	44.21%
Community Health Group Partnership Plan—San Diego	38.43%	39.50%
Contra Costa Health Plan—Contra Costa	45.95%	56.69%
Gold Coast Health Plan—Ventura	48.98%	21.28%
Health Net Community Solutions, Inc.—Kern	17.63%	28.66%
Health Net Community Solutions, Inc.—Los Angeles	24.78%	40.41%
Health Net Community Solutions, Inc.—Sacramento	19.98%	41.92%
Health Net Community Solutions, Inc.—San Diego	24.18%	41.33%
Health Net Community Solutions, Inc.—San Joaquin	27.34%	29.77%

Stratification	2019 Rate	2020 Rate
Health Net Community Solutions, Inc.—Stanislaus	34.19%	39.45%
Health Net Community Solutions, Inc.—Tulare	43.49%	52.64%
Health Plan of San Joaquin—San Joaquin	25.15%	45.82%
Health Plan of San Joaquin—Stanislaus	31.83%	39.93%
Health Plan of San Mateo—San Mateo	42.79%	20.03%
Inland Empire Health Plan—Riverside/San Bernardino	10.74%	28.87%
Kaiser NorCal (KP Cal, LLC)—KP North	3.51%	68.17%
Kaiser SoCal (KP Cal, LLC)—San Diego	27.99%	74.12%
Kern Health Systems, DBA Kern Family Health Care—Kern	17.62%	30.55%
L.A. Care Health Plan—Los Angeles	26.43%	36.62%
Molina Healthcare of California—Imperial	36.08%	31.43%
Molina Healthcare of California—Riverside/San Bernardino	10.54%	14.45%
Molina Healthcare of California—Sacramento	12.10%	27.45%
Molina Healthcare of California—San Diego	30.61%	21.33%
Partnership HealthPlan of California—Northeast	9.09%	29.48%
Partnership HealthPlan of California—Northwest	9.64%	29.60%
Partnership HealthPlan of California—Southeast	20.22%	28.30%
Partnership HealthPlan of California—Southwest	33.39%	35.89%
San Francisco Health Plan—San Francisco	51.79%	46.87%
Santa Clara Family Health Plan—Santa Clara	26.25%	33.89%
UnitedHealthcare Community Plan—San Diego	42.00%	17.39%

- Reportable rates for 11 of 54 (20.37 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, reportable rates for 14 of 54 (25.93 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while reportable rates for 21 of 55 (38.18 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.
- Reportable rates for all 54 MCP reporting units fell below the national benchmark for measurement year 2019, while reportable rates for 50 of 55 (90.91 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (54.92 percent).

Table B.2—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)—MCP Reporting Unit-Level Results

Note: The measurement year 2019 rates were calculated by HSAG using administrative encounter data; therefore, exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates calculated by each MCP using administrative data and supplemental data.

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

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	63.13%	66.40%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	NA	41.67%
Aetna Better Health of California—San Diego	43.59%	49.70%
Alameda Alliance for Health—Alameda	70.29%	69.34%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	64.63%	62.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	74.19%	69.55%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	61.91%	62.85%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	64.58%	57.37%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	77.68%	74.95%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	66.32%	75.17%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	65.56%	67.95%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	65.95%	66.03%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	60.39%	78.05%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	73.76%	66.42%

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	70.79%	71.82%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	69.12%	67.84%
Blue Shield of California Promise Health Plan—San Diego	58.56%	53.88%
California Health & Wellness Plan—Imperial	74.17%	73.57%
California Health & Wellness Plan—Region 1	69.24%	68.49%
California Health & Wellness Plan—Region 2	63.32%	61.89%
CalOptima—Orange	54.20%	71.76%
CalViva Health—Fresno	62.23%	66.97%
CalViva Health—Kings	60.65%	59.97%
CalViva Health—Madera	78.79%	82.10%
CenCal Health—San Luis Obispo	75.33%	78.02%
CenCal Health—Santa Barbara	82.24%	84.59%
Central California Alliance for Health—Merced	60.55%	62.39%
Central California Alliance for Health—Monterey/Santa Cruz	81.82%	83.18%
Community Health Group Partnership Plan—San Diego	69.76%	71.47%
Contra Costa Health Plan—Contra Costa	68.98%	69.85%
Gold Coast Health Plan—Ventura	70.84%	67.83%
Health Net Community Solutions, Inc.—Kern	52.12%	51.01%
Health Net Community Solutions, Inc.—Los Angeles	59.93%	64.77%
Health Net Community Solutions, Inc.—Sacramento	63.92%	71.19%
Health Net Community Solutions, Inc.—San Diego	63.52%	69.16%
Health Net Community Solutions, Inc.—San Joaquin	59.92%	56.97%
Health Net Community Solutions, Inc.—Stanislaus	55.55%	53.77%
Health Net Community Solutions, Inc.—Tulare	70.61%	70.53%
Health Plan of San Joaquin—San Joaquin	66.14%	65.96%
Health Plan of San Joaquin—Stanislaus	63.49%	63.35%
Health Plan of San Mateo—San Mateo	75.28%	76.94%

Stratification	2019 Rate	2020 Rate
Inland Empire Health Plan—Riverside/San Bernardino	52.87%	61.05%
Kaiser NorCal (KP Cal, LLC)—KP North	67.22%	61.70%
Kaiser SoCal (KP Cal, LLC)—San Diego	66.23%	70.74%
Kern Health Systems, DBA Kern Family Health Care—Kern	60.22%	55.70%
L.A. Care Health Plan—Los Angeles	62.82%	65.49%
Molina Healthcare of California—Imperial	64.22%	63.18%
Molina Healthcare of California—Riverside/San Bernardino	48.31%	54.34%
Molina Healthcare of California—Sacramento	53.94%	66.55%
Molina Healthcare of California—San Diego	67.76%	70.72%
Partnership HealthPlan of California—Northeast	60.22%	56.88%
Partnership HealthPlan of California—Northwest	51.72%	61.08%
Partnership HealthPlan of California—Southeast	62.23%	61.89%
Partnership HealthPlan of California—Southwest	70.18%	66.77%
San Francisco Health Plan—San Francisco	84.54%	76.09%
Santa Clara Family Health Plan—Santa Clara	75.96%	76.73%
UnitedHealthcare Community Plan—San Diego	48.65%	36.98%

- Reportable rates for 19 of 55 (34.55 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, reportable rates for 9 of 55 (16.36 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while rates for 11 of 56 (19.64 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

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

Note: The measurement year 2019 rates were calculated by HSAG using administrative encounter data; therefore, exercise caution when comparing measurement year 2019 rates to measurement year 2020 rates calculated by each MCP using administrative data and supplemental data.

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	50.61%	41.13%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	35.64%	26.84%
Aetna Better Health of California—San Diego	36.12%	24.22%
Alameda Alliance for Health—Alameda	58.28%	39.47%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	48.85%	33.74%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	50.39%	37.78%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	42.62%	38.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	39.40%	34.63%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	59.56%	54.01%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	43.71%	40.29%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	44.13%	38.46%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	51.34%	47.48%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	42.16%	42.09%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	51.45%	39.28%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	49.22%	38.17%

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	46.27%	40.71%
Blue Shield of California Promise Health Plan—San Diego	44.63%	35.37%
California Health & Wellness Plan—Imperial	45.21%	35.07%
California Health & Wellness Plan—Region 1	43.15%	40.28%
California Health & Wellness Plan—Region 2	41.02%	33.15%
CalOptima—Orange	55.08%	50.58%
CalViva Health—Fresno	48.68%	42.67%
CalViva Health—Kings	41.78%	37.55%
CalViva Health—Madera	62.34%	52.75%
CenCal Health—San Luis Obispo	60.22%	60.95%
CenCal Health—Santa Barbara	62.96%	58.07%
Central California Alliance for Health—Merced	50.40%	37.76%
Central California Alliance for Health—Monterey/Santa Cruz	62.44%	50.14%
Community Health Group Partnership Plan—San Diego	59.02%	43.61%
Contra Costa Health Plan—Contra Costa	51.96%	42.09%
Gold Coast Health Plan—Ventura	49.95%	30.89%
Health Net Community Solutions, Inc.—Kern	39.74%	32.93%
Health Net Community Solutions, Inc.—Los Angeles	47.89%	40.60%
Health Net Community Solutions, Inc.—Sacramento	53.01%	49.70%
Health Net Community Solutions, Inc.—San Diego	50.31%	43.98%
Health Net Community Solutions, Inc.—San Joaquin	39.68%	28.51%
Health Net Community Solutions, Inc.—Stanislaus	41.53%	28.44%
Health Net Community Solutions, Inc.—Tulare	49.60%	43.89%
Health Plan of San Joaquin—San Joaquin	50.00%	40.68%
Health Plan of San Joaquin—Stanislaus	46.36%	34.87%
Health Plan of San Mateo—San Mateo	57.00%	48.80%
Inland Empire Health Plan—Riverside/San Bernardino	47.87%	38.93%
Kaiser NorCal (KP Cal, LLC)—KP North	59.16%	33.82%

Stratification	2019 Rate	2020 Rate
Kaiser SoCal (KP Cal, LLC)—San Diego	49.33%	38.00%
Kern Health Systems, DBA Kern Family Health Care—Kern	45.32%	36.16%
L.A. Care Health Plan—Los Angeles	49.42%	40.61%
Molina Healthcare of California—Imperial	45.75%	32.64%
Molina Healthcare of California—Riverside/San Bernardino	42.24%	31.70%
Molina Healthcare of California—Sacramento	41.84%	44.33%
Molina Healthcare of California—San Diego	52.32%	46.72%
Partnership HealthPlan of California—Northeast	40.31%	34.58%
Partnership HealthPlan of California—Northwest	41.47%	32.49%
Partnership HealthPlan of California—Southeast	53.17%	34.33%
Partnership HealthPlan of California—Southwest	54.91%	34.08%
San Francisco Health Plan—San Francisco	63.16%	47.83%
Santa Clara Family Health Plan—Santa Clara	58.36%	43.92%
UnitedHealthcare Community Plan—San Diego	38.05%	22.94%

- Rates for 53 of 56 (94.64 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. 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 2019 and measurement year 2020.

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

The national benchmark for measurement year 2020 was 38.20 percent.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	39.84%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	17.16%
Aetna Better Health of California—San Diego	37.45%
Alameda Alliance for Health—Alameda	57.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	44.77%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	39.66%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	32.60%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	31.14%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	45.26%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	38.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	36.01%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	30.90%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	28.82%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	46.36%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	47.45%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	39.42%

Stratification	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	43.58%
California Health & Wellness Plan—Imperial	41.36%
California Health & Wellness Plan—Region 1	36.50%
California Health & Wellness Plan—Region 2	26.52%
CalOptima—Orange	45.50%
CalViva Health—Fresno	32.36%
CalViva Health—Kings	29.93%
CalViva Health—Madera	51.58%
CenCal Health—San Luis Obispo	50.36%
CenCal Health—Santa Barbara	51.58%
Central California Alliance for Health—Merced	21.65%
Central California Alliance for Health—Monterey/Santa Cruz	53.66%
Community Health Group Partnership Plan—San Diego	48.42%
Contra Costa Health Plan—Contra Costa	51.34%
Gold Coast Health Plan—Ventura	39.66%
Health Net Community Solutions, Inc.—Kern	27.01%
Health Net Community Solutions, Inc.—Los Angeles	34.31%
Health Net Community Solutions, Inc.—Sacramento	34.31%
Health Net Community Solutions, Inc.—San Diego	42.34%
Health Net Community Solutions, Inc.—San Joaquin	35.21%
Health Net Community Solutions, Inc.—Stanislaus	27.25%
Health Net Community Solutions, Inc.—Tulare	45.50%
Health Plan of San Joaquin—San Joaquin	36.01%
Health Plan of San Joaquin—Stanislaus	32.60%
Health Plan of San Mateo—San Mateo	61.56%
Inland Empire Health Plan—Riverside/San Bernardino	29.20%
Kaiser NorCal (KP Cal, LLC)—KP North	58.94%
Kaiser SoCal (KP Cal, LLC)—San Diego	58.60%

Stratification	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	22.87%
L.A. Care Health Plan—Los Angeles	35.77%
Molina Healthcare of California—Imperial	40.85%
Molina Healthcare of California—Riverside/San Bernardino	24.33%
Molina Healthcare of California—Sacramento	35.52%
Molina Healthcare of California—San Diego	46.47%
Partnership HealthPlan of California—Northeast	19.22%
Partnership HealthPlan of California—Northwest	27.98%
Partnership HealthPlan of California—Southeast	40.63%
Partnership HealthPlan of California—Southwest	43.55%
San Francisco Health Plan—San Francisco	61.22%
Santa Clara Family Health Plan—Santa Clara	57.91%
UnitedHealthcare Community Plan—San Diego	40.27%

- 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 2020.
- Rates for 26 of 56 (46.43 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (38.20 percent).

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

The national benchmark for measurement year 2020 was 50.46 percent.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	60.50%	57.94%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	62.50%	60.71%
Aetna Better Health of California—San Diego	45.90%	43.33%
Alameda Alliance for Health—Alameda	59.13%	57.54%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	64.05%	58.17%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	64.05%	61.61%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	55.22%	52.89%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	52.78%	52.57%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	46.60%	53.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	44.55%	43.83%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	47.45%	43.50%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	67.72%	62.78%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	36.63%	38.05%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	53.68%	47.22%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	56.93%	53.43%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	53.97%	57.22%

Stratification	2019 Rate	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	65.36%	57.52%
California Health & Wellness Plan—Imperial	44.13%	44.84%
California Health & Wellness Plan—Region 1	49.59%	44.99%
California Health & Wellness Plan—Region 2	38.40%	39.42%
CalOptima—Orange	73.11%	73.07%
CalViva Health—Fresno	54.00%	49.38%
CalViva Health—Kings	55.38%	49.46%
CalViva Health—Madera	47.81%	49.37%
CenCal Health—San Luis Obispo	55.22%	53.25%
CenCal Health—Santa Barbara	51.08%	52.89%
Central California Alliance for Health—Merced	44.96%	44.26%
Central California Alliance for Health—Monterey/Santa Cruz	59.13%	53.44%
Community Health Group Partnership Plan—San Diego	66.05%	57.81%
Contra Costa Health Plan—Contra Costa	61.73%	57.55%
Gold Coast Health Plan—Ventura	48.83%	46.90%
Health Net Community Solutions, Inc.—Kern	42.15%	41.77%
Health Net Community Solutions, Inc.—Los Angeles	66.10%	65.52%
Health Net Community Solutions, Inc.—Sacramento	69.97%	67.11%
Health Net Community Solutions, Inc.—San Diego	58.29%	49.07%
Health Net Community Solutions, Inc.—San Joaquin	60.19%	54.25%
Health Net Community Solutions, Inc.—Stanislaus	47.92%	44.67%
Health Net Community Solutions, Inc.—Tulare	52.06%	55.25%
Health Plan of San Joaquin—San Joaquin	60.64%	55.39%
Health Plan of San Joaquin—Stanislaus	51.23%	47.90%
Health Plan of San Mateo—San Mateo	64.45%	60.43%
Inland Empire Health Plan—Riverside/San Bernardino	60.21%	58.74%
Kaiser NorCal (KP Cal, LLC)—KP North	67.43%	56.30%
Kaiser SoCal (KP Cal, LLC)—San Diego	63.34%	53.15%

Stratification	2019 Rate	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	45.21%	45.90%
L.A. Care Health Plan—Los Angeles	63.53%	61.56%
Molina Healthcare of California—Imperial	54.25%	47.46%
Molina Healthcare of California—Riverside/San Bernardino	58.37%	55.41%
Molina Healthcare of California—Sacramento	66.73%	65.67%
Molina Healthcare of California—San Diego	62.88%	58.17%
Partnership HealthPlan of California—Northeast	50.89%	43.19%
Partnership HealthPlan of California—Northwest	53.48%	44.83%
Partnership HealthPlan of California—Southeast	66.46%	59.53%
Partnership HealthPlan of California—Southwest	62.02%	52.41%
San Francisco Health Plan—San Francisco	55.60%	60.93%
Santa Clara Family Health Plan—Santa Clara	53.39%	52.84%
UnitedHealthcare Community Plan—San Diego	66.67%	59.68%

- Rates for 39 of 56 (69.64 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. 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 2019, 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 2020.
- Rates for 22 of 56 (39.29 percent) MCP reporting units fell below the national benchmark for measurement year 2019, while rates for 21 of 56 (37.50 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (50.46 percent).

Table B.6—Developmental Screening in the First Three Years of Life—Total (DEV)—MCP Reporting Unit-Level Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The national benchmark for measurement year 2020 was 35.60 percent.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	25.42%	23.11%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	28.57%	34.78%
Aetna Better Health of California—San Diego	34.94%	33.33%
Alameda Alliance for Health—Alameda	32.67%	37.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	22.24%	28.02%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	33.79%	36.65%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	32.42%	27.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	4.97%	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	49.30%	36.85%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	42.28%	29.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	35.17%	29.07%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	55.13%	39.88%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	47.08%	45.84%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	33.25%	26.25%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	35.74%	26.88%

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	17.81%	3.51%
Blue Shield of California Promise Health Plan—San Diego	37.42%	37.10%
California Health & Wellness Plan—Imperial	25.02%	30.47%
California Health & Wellness Plan—Region 1	30.14%	31.75%
California Health & Wellness Plan—Region 2	17.96%	13.59%
CalOptima—Orange	16.35%	24.84%
CalViva Health—Fresno	34.22%	20.00%
CalViva Health—Kings	25.12%	S
CalViva Health—Madera	52.51%	13.96%
CenCal Health—San Luis Obispo	19.00%	14.60%
CenCal Health—Santa Barbara	20.24%	33.36%
Central California Alliance for Health—Merced	10.38%	15.66%
Central California Alliance for Health—Monterey/Santa Cruz	17.00%	24.39%
Community Health Group Partnership Plan—San Diego	41.56%	43.47%
Contra Costa Health Plan—Contra Costa	24.38%	21.68%
Gold Coast Health Plan—Ventura	32.43%	36.03%
Health Net Community Solutions, Inc.—Kern	55.09%	12.34%
Health Net Community Solutions, Inc.—Los Angeles	45.01%	18.71%
Health Net Community Solutions, Inc.—Sacramento	54.50%	36.61%
Health Net Community Solutions, Inc.—San Diego	58.60%	48.72%
Health Net Community Solutions, Inc.—San Joaquin	12.76%	23.16%
Health Net Community Solutions, Inc.—Stanislaus	35.09%	17.48%
Health Net Community Solutions, Inc.—Tulare	27.43%	4.46%
Health Plan of San Joaquin—San Joaquin	17.43%	25.66%
Health Plan of San Joaquin—Stanislaus	12.49%	25.25%
Health Plan of San Mateo—San Mateo	45.64%	24.24%
Inland Empire Health Plan—Riverside/San Bernardino	12.92%	21.72%
Kaiser NorCal (KP Cal, LLC)—KP North	79.17%	11.97%

Stratification	2019 Rate	2020 Rate
Kaiser SoCal (KP Cal, LLC)—San Diego	78.79%	S
Kern Health Systems, DBA Kern Family Health Care—Kern	5.86%	10.23%
L.A. Care Health Plan—Los Angeles	15.14%	17.65%
Molina Healthcare of California—Imperial	35.82%	41.89%
Molina Healthcare of California—Riverside/San Bernardino	18.83%	27.37%
Molina Healthcare of California—Sacramento	32.01%	36.27%
Molina Healthcare of California—San Diego	44.86%	49.28%
Partnership HealthPlan of California—Northeast	1.99%	5.43%
Partnership HealthPlan of California—Northwest	2.77%	5.76%
Partnership HealthPlan of California—Southeast	32.79%	31.39%
Partnership HealthPlan of California—Southwest	34.80%	34.28%
San Francisco Health Plan—San Francisco	22.00%	18.97%
Santa Clara Family Health Plan—Santa Clara	20.51%	22.85%
UnitedHealthcare Community Plan—San Diego	23.50%	25.60%

- Reportable rates for 25 of 53 (47.17 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. 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 2019, while reportable rates for 16 of 53 (30.19 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.
- Rates for 31 of 56 (55.36 percent) MCP reporting units fell below the national benchmark for measurement year 2019, while reportable rates for 40 of 53 (75.47 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (35.60 percent).

Table B.7—Immunizations for Adolescents—Combination 2 (IMA–2)—MCP Reporting Unit-Level Results

The national benchmark for measurement year 2020 was 36.74 percent.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	41.05%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	29.55%
Aetna Better Health of California—San Diego	20.47%
Alameda Alliance for Health—Alameda	50.61%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	38.87%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	35.52%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	35.66%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	36.74%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	56.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	29.93%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	31.63%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	39.66%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	20.49%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	45.98%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	44.53%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	44.77%

Stratification	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	36.09%
California Health & Wellness Plan—Imperial	40.39%
California Health & Wellness Plan—Region 1	28.95%
California Health & Wellness Plan—Region 2	24.82%
CalOptima—Orange	53.32%
CalViva Health—Fresno	43.55%
CalViva Health—Kings	30.05%
CalViva Health—Madera	53.06%
CenCal Health—San Luis Obispo	45.26%
CenCal Health—Santa Barbara	60.93%
Central California Alliance for Health—Merced	38.33%
Central California Alliance for Health—Monterey/Santa Cruz	59.49%
Community Health Group Partnership Plan—San Diego	45.50%
Contra Costa Health Plan—Contra Costa	43.80%
Gold Coast Health Plan—Ventura	41.85%
Health Net Community Solutions, Inc.—Kern	33.11%
Health Net Community Solutions, Inc.—Los Angeles	38.93%
Health Net Community Solutions, Inc.—Sacramento	42.86%
Health Net Community Solutions, Inc.—San Diego	33.82%
Health Net Community Solutions, Inc.—San Joaquin	23.88%
Health Net Community Solutions, Inc.—Stanislaus	34.31%
Health Net Community Solutions, Inc.—Tulare	44.28%
Health Plan of San Joaquin—San Joaquin	44.04%
Health Plan of San Joaquin—Stanislaus	35.52%
Health Plan of San Mateo—San Mateo	50.61%
Inland Empire Health Plan—Riverside/San Bernardino	41.12%
Kaiser NorCal (KP Cal, LLC)—KP North	65.11%
Kaiser SoCal (KP Cal, LLC)—San Diego	56.97%

Stratification	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	33.09%
L.A. Care Health Plan—Los Angeles	43.55%
Molina Healthcare of California—Imperial	37.73%
Molina Healthcare of California—Riverside/San Bernardino	33.33%
Molina Healthcare of California—Sacramento	41.85%
Molina Healthcare of California—San Diego	39.65%
Partnership HealthPlan of California—Northeast	21.17%
Partnership HealthPlan of California—Northwest	27.74%
Partnership HealthPlan of California—Southeast	46.83%
Partnership HealthPlan of California—Southwest	46.23%
San Francisco Health Plan—San Francisco	57.91%
Santa Clara Family Health Plan—Santa Clara	43.31%
UnitedHealthcare Community Plan—San Diego	28.85%

- 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 2020.
- Rates for 21 of 56 (37.50 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (36.74 percent).

Table B.8—Screening for Depression and Follow-Up Plan (CDF)—MCP Reporting Unit-Level Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	13.85%	16.52%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	3.45%	5.15%
Aetna Better Health of California—San Diego	13.47%	23.60%
Alameda Alliance for Health—Alameda	0.78%	0.68%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	5.36%	9.18%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	8.76%	11.87%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	6.72%	7.76%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	S	0.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	1.40%	6.56%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	2.41%	4.64%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	2.83%	7.77%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	6.39%	9.75%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	5.73%	8.23%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	8.35%	12.43%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	1.63%	4.02%

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	1.07%	2.46%
Blue Shield of California Promise Health Plan—San Diego	15.77%	31.60%
California Health & Wellness Plan—Imperial	1.94%	1.16%
California Health & Wellness Plan—Region 1	S	0.31%
California Health & Wellness Plan—Region 2	S	0.65%
CalOptima—Orange	29.70%	28.54%
CalViva Health—Fresno	0.19%	1.73%
CalViva Health—Kings	0.00%	3.65%
CalViva Health—Madera	S	S
CenCal Health—San Luis Obispo	32.87%	41.44%
CenCal Health—Santa Barbara	34.44%	34.89%
Central California Alliance for Health—Merced	2.82%	3.81%
Central California Alliance for Health—Monterey/Santa Cruz	15.06%	14.39%
Community Health Group Partnership Plan—San Diego	29.80%	35.94%
Contra Costa Health Plan—Contra Costa	22.22%	16.75%
Gold Coast Health Plan—Ventura	1.45%	8.53%
Health Net Community Solutions, Inc.—Kern	0.23%	0.31%
Health Net Community Solutions, Inc.—Los Angeles	9.98%	9.79%
Health Net Community Solutions, Inc.—Sacramento	0.33%	1.85%
Health Net Community Solutions, Inc.—San Diego	10.42%	32.07%
Health Net Community Solutions, Inc.—San Joaquin	S	0.63%
Health Net Community Solutions, Inc.—Stanislaus	S	0.84%
Health Net Community Solutions, Inc.—Tulare	0.70%	9.09%
Health Plan of San Joaquin—San Joaquin	S	1.00%
Health Plan of San Joaquin—Stanislaus	S	1.38%
Health Plan of San Mateo—San Mateo	25.13%	28.25%
Inland Empire Health Plan—Riverside/San Bernardino	33.09%	41.95%
Kaiser NorCal (KP Cal, LLC)—KP North	7.23%	5.65%

Stratification	2019 Rate	2020 Rate
Kaiser SoCal (KP Cal, LLC)—San Diego	46.02%	40.49%
Kern Health Systems, DBA Kern Family Health Care—Kern	S	S
L.A. Care Health Plan—Los Angeles	12.35%	11.50%
Molina Healthcare of California—Imperial	3.94%	3.64%
Molina Healthcare of California—Riverside/San Bernardino	33.08%	38.67%
Molina Healthcare of California—Sacramento	8.06%	2.50%
Molina Healthcare of California—San Diego	19.69%	32.38%
Partnership HealthPlan of California—Northeast	1.25%	1.56%
Partnership HealthPlan of California—Northwest	S	0.30%
Partnership HealthPlan of California—Southeast	7.02%	12.18%
Partnership HealthPlan of California—Southwest	4.32%	5.72%
San Francisco Health Plan—San Francisco	0.57%	7.00%
Santa Clara Family Health Plan—Santa Clara	0.62%	1.30%
UnitedHealthcare Community Plan—San Diego	7.96%	12.21%

- Reportable rates for 5 of 46 (10.87 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, reportable 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 2019, while reportable rates for 41 of 54 (75.93 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

Table B.9—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total (WCC–BMI)—MCP Reporting Unit-Level Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

The national benchmark for measurement year 2020 was 76.64 percent.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	79.12%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	53.57%
Aetna Better Health of California—San Diego	40.63%
Alameda Alliance for Health—Alameda	70.83%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	69.34%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	59.12%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	65.94%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	83.94%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	82.73%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	77.62%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	81.75%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	88.32%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	74.94%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	48.42%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	75.67%

Stratification	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	84.18%
Blue Shield of California Promise Health Plan—San Diego	88.32%
California Health & Wellness Plan—Imperial	86.37%
California Health & Wellness Plan—Region 1	79.56%
California Health & Wellness Plan—Region 2	76.89%
CalOptima—Orange	92.08%
CalViva Health—Fresno	79.32%
CalViva Health—Kings	94.16%
CalViva Health—Madera	96.11%
CenCal Health—San Luis Obispo	91.97%
CenCal Health—Santa Barbara	80.54%
Central California Alliance for Health—Merced	88.56%
Central California Alliance for Health—Monterey/Santa Cruz	87.10%
Community Health Group Partnership Plan—San Diego	85.40%
Contra Costa Health Plan—Contra Costa	84.18%
Gold Coast Health Plan—Ventura	88.32%
Health Net Community Solutions, Inc.—Kern	72.26%
Health Net Community Solutions, Inc.—Los Angeles	82.73%
Health Net Community Solutions, Inc.—Sacramento	85.64%
Health Net Community Solutions, Inc.—San Diego	85.40%
Health Net Community Solutions, Inc.—San Joaquin	81.27%
Health Net Community Solutions, Inc.—Stanislaus	82.48%
Health Net Community Solutions, Inc.—Tulare	89.54%
Health Plan of San Joaquin—San Joaquin	76.89%
Health Plan of San Joaquin—Stanislaus	78.10%
Health Plan of San Mateo—San Mateo	75.18%
Inland Empire Health Plan—Riverside/San Bernardino	81.02%
Kaiser NorCal (KP Cal, LLC)—KP North	66.56%

Stratification	2020 Rate
Kaiser SoCal (KP Cal, LLC)—San Diego	94.90%
Kern Health Systems, DBA Kern Family Health Care—Kern	63.50%
L.A. Care Health Plan—Los Angeles	82.64%
Molina Healthcare of California—Imperial	81.02%
Molina Healthcare of California—Riverside/San Bernardino	81.27%
Molina Healthcare of California—Sacramento	81.75%
Molina Healthcare of California—San Diego	86.37%
Partnership HealthPlan of California—Northeast	84.91%
Partnership HealthPlan of California—Northwest	76.16%
Partnership HealthPlan of California—Southeast	70.32%
Partnership HealthPlan of California—Southwest	77.37%
San Francisco Health Plan—San Francisco	72.02%
Santa Clara Family Health Plan—Santa Clara	80.54%
UnitedHealthcare Community Plan—San Diego	83.21%

- 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 2020.
- Rates for 16 of 56 (28.57 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (76.64 percent).

Table B.10—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)—MCP Reporting Unit-Level Results

The national benchmark for measurement year 2020 was 70.11 percent.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	71.29%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	52.82%
Aetna Better Health of California—San Diego	38.63%
Alameda Alliance for Health—Alameda	70.83%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	71.78%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	62.04%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	67.64%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	76.16%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	78.59%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	69.59%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	71.29%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	85.89%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	65.69%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	59.37%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	70.80%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	82.00%

Stratification	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	74.45%
California Health & Wellness Plan—Imperial	63.02%
California Health & Wellness Plan—Region 1	71.29%
California Health & Wellness Plan—Region 2	63.26%
CalOptima—Orange	82.08%
CalViva Health—Fresno	71.29%
CalViva Health—Kings	76.16%
CalViva Health—Madera	83.21%
CenCal Health—San Luis Obispo	86.62%
CenCal Health—Santa Barbara	79.81%
Central California Alliance for Health—Merced	72.02%
Central California Alliance for Health—Monterey/Santa Cruz	82.48%
Community Health Group Partnership Plan—San Diego	72.26%
Contra Costa Health Plan—Contra Costa	75.91%
Gold Coast Health Plan—Ventura	72.26%
Health Net Community Solutions, Inc.—Kern	53.28%
Health Net Community Solutions, Inc.—Los Angeles	74.70%
Health Net Community Solutions, Inc.—Sacramento	85.64%
Health Net Community Solutions, Inc.—San Diego	74.45%
Health Net Community Solutions, Inc.—San Joaquin	62.04%
Health Net Community Solutions, Inc.—Stanislaus	64.48%
Health Net Community Solutions, Inc.—Tulare	81.27%
Health Plan of San Joaquin—San Joaquin	65.21%
Health Plan of San Joaquin—Stanislaus	56.20%
Health Plan of San Mateo—San Mateo	74.70%
Inland Empire Health Plan—Riverside/San Bernardino	77.37%
Kaiser NorCal (KP Cal, LLC)—KP North	71.94%
Kaiser SoCal (KP Cal, LLC)—San Diego	87.70%

Stratification	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	52.80%
L.A. Care Health Plan—Los Angeles	77.78%
Molina Healthcare of California—Imperial	71.78%
Molina Healthcare of California—Riverside/San Bernardino	73.72%
Molina Healthcare of California—Sacramento	77.86%
Molina Healthcare of California—San Diego	80.54%
Partnership HealthPlan of California—Northeast	60.58%
Partnership HealthPlan of California—Northwest	64.72%
Partnership HealthPlan of California—Southeast	63.02%
Partnership HealthPlan of California—Southwest	67.40%
San Francisco Health Plan—San Francisco	77.62%
Santa Clara Family Health Plan—Santa Clara	74.21%
UnitedHealthcare Community Plan—San Diego	72.51%

- Rates for 12 of 56 (21.43 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.
- Rates for 19 of 56 (33.93 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (70.11 percent).

Table B.11—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)—MCP Reporting Unit-Level Results

The national benchmark for measurement year 2020 was 66.18 percent.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	68.71%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	47.60%
Aetna Better Health of California—San Diego	31.59%
Alameda Alliance for Health—Alameda	67.50%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	70.32%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	59.12%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	65.69%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	68.86%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	73.48%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	69.83%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	69.59%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	82.24%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	57.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	56.93%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	67.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	79.56%

Stratification	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	72.51%
California Health & Wellness Plan—Imperial	61.31%
California Health & Wellness Plan—Region 1	69.34%
California Health & Wellness Plan—Region 2	62.53%
CalOptima—Orange	81.67%
CalViva Health—Fresno	68.13%
CalViva Health—Kings	73.48%
CalViva Health—Madera	78.83%
CenCal Health—San Luis Obispo	86.37%
CenCal Health—Santa Barbara	77.13%
Central California Alliance for Health—Merced	70.56%
Central California Alliance for Health—Monterey/Santa Cruz	79.81%
Community Health Group Partnership Plan—San Diego	70.80%
Contra Costa Health Plan—Contra Costa	76.64%
Gold Coast Health Plan—Ventura	69.10%
Health Net Community Solutions, Inc.—Kern	50.36%
Health Net Community Solutions, Inc.—Los Angeles	72.51%
Health Net Community Solutions, Inc.—Sacramento	82.00%
Health Net Community Solutions, Inc.—San Diego	73.97%
Health Net Community Solutions, Inc.—San Joaquin	62.29%
Health Net Community Solutions, Inc.—Stanislaus	59.12%
Health Net Community Solutions, Inc.—Tulare	81.02%
Health Plan of San Joaquin—San Joaquin	62.77%
Health Plan of San Joaquin—Stanislaus	47.20%
Health Plan of San Mateo—San Mateo	65.94%
Inland Empire Health Plan—Riverside/San Bernardino	76.40%
Kaiser NorCal (KP Cal, LLC)—KP North	71.95%
Kaiser SoCal (KP Cal, LLC)—San Diego	88.34%

Stratification	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	51.09%
L.A. Care Health Plan—Los Angeles	76.39%
Molina Healthcare of California—Imperial	72.26%
Molina Healthcare of California—Riverside/San Bernardino	72.99%
Molina Healthcare of California—Sacramento	75.43%
Molina Healthcare of California—San Diego	79.56%
Partnership HealthPlan of California—Northeast	56.45%
Partnership HealthPlan of California—Northwest	63.99%
Partnership HealthPlan of California—Southeast	60.10%
Partnership HealthPlan of California—Southwest	63.26%
San Francisco Health Plan—San Francisco	75.43%
Santa Clara Family Health Plan—Santa Clara	72.26%
UnitedHealthcare Community Plan—San Diego	71.78%

- Rates for 12 of 56 (21.43 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.
- Rates for 19 of 56 (33.93 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (66.18 percent).

HSAG-Calculated Indicator Results

Table B.12 through Table B.14 present the measurement years 2019 and 2020 MCP reporting unit-level rates for the HSAG-calculated indicator results.

Table B.12—Alcohol Use Screening (AUS)—MCP Reporting Unit-Level Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

A national benchmark was not available for measurement year 2020.

Stratification	2020 Rate
Statewide Aggregate	
Statewide Aggregate	1.83%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	2.89%
Aetna Better Health of California—San Diego	S
Alameda Alliance for Health—Alameda	1.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	2.50%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	1.54%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.06%
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%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	2.44%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	5.62%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	3.14%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	S

Stratification	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.12%
Blue Shield of California Promise Health Plan—San Diego	1.44%
California Health & Wellness Plan—Imperial	S
California Health & Wellness Plan—Region 1	2.22%
California Health & Wellness Plan—Region 2	2.07%
CalOptima—Orange	7.34%
CalViva Health—Fresno	0.07%
CalViva Health—Kings	S
CalViva Health—Madera	0.00%
CenCal Health—San Luis Obispo	1.73%
CenCal Health—Santa Barbara	4.48%
Central California Alliance for Health—Merced	0.45%
Central California Alliance for Health—Monterey/Santa Cruz	5.75%
Community Health Group Partnership Plan—San Diego	0.91%
Contra Costa Health Plan—Contra Costa	0.36%
Gold Coast Health Plan—Ventura	0.81%
Health Net Community Solutions, Inc.—Kern	S
Health Net Community Solutions, Inc.—Los Angeles	0.59%
Health Net Community Solutions, Inc.—Sacramento	3.45%
Health Net Community Solutions, Inc.—San Diego	0.50%
Health Net Community Solutions, Inc.—San Joaquin	0.62%
Health Net Community Solutions, Inc.—Stanislaus	0.48%
Health Net Community Solutions, Inc.—Tulare	0.08%
Health Plan of San Joaquin—San Joaquin	0.82%
Health Plan of San Joaquin—Stanislaus	0.84%
Health Plan of San Mateo—San Mateo	2.14%

Stratification	2020 Rate
Inland Empire Health Plan—Riverside/San Bernardino	3.86%
Kaiser NorCal (KP Cal, LLC)—KP North	0.00%
Kaiser SoCal (KP Cal, LLC)—San Diego	0.00%
Kern Health Systems, DBA Kern Family Health Care—Kern	0.21%
L.A. Care Health Plan—Los Angeles	0.58%
Molina Healthcare of California—Imperial	S
Molina Healthcare of California—Riverside/San Bernardino	2.75%
Molina Healthcare of California—Sacramento	2.00%
Molina Healthcare of California—San Diego	0.90%
Partnership HealthPlan of California—Northeast	0.57%
Partnership HealthPlan of California—Northwest	9.32%
Partnership HealthPlan of California—Southeast	0.80%
Partnership HealthPlan of California—Southwest	2.10%
San Francisco Health Plan—San Francisco	0.14%
Santa Clara Family Health Plan—Santa Clara	0.12%
UnitedHealthcare Community Plan—San Diego	0.87%

- Reportable rates for 29 of 48 (60.42 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

Table B.13—Dental Fluoride Varnish (DFV)—MCP Reporting Unit-Level Results

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	23.00%	19.35%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	23.66%	28.25%
Aetna Better Health of California—San Diego	5.51%	5.47%
Alameda Alliance for Health—Alameda	14.56%	13.30%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	12.95%	11.06%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	17.91%	20.98%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	31.59%	31.47%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	9.43%	5.15%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	39.36%	35.39%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	15.49%	14.84%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	19.57%	17.51%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	26.93%	25.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	10.75%	8.79%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	20.49%	11.60%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	18.49%	21.92%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	27.91%	15.05%
Blue Shield of California Promise Health Plan—San Diego	7.61%	7.14%

Stratification	2019 Rate	2020 Rate
California Health & Wellness Plan—Imperial	6.44%	5.92%
California Health & Wellness Plan—Region 1	18.50%	19.14%
California Health & Wellness Plan—Region 2	17.93%	16.06%
CalOptima—Orange	25.03%	22.62%
CalViva Health—Fresno	30.51%	31.54%
CalViva Health—Kings	8.63%	5.58%
CalViva Health—Madera	41.56%	36.21%
CenCal Health—San Luis Obispo	46.77%	49.14%
CenCal Health—Santa Barbara	53.53%	50.12%
Central California Alliance for Health—Merced	19.75%	23.11%
Central California Alliance for Health—Monterey/Santa Cruz	44.30%	39.90%
Community Health Group Partnership Plan—San Diego	9.70%	9.16%
Contra Costa Health Plan—Contra Costa	24.42%	22.22%
Gold Coast Health Plan—Ventura	37.24%	27.38%
Health Net Community Solutions, Inc.—Kern	18.04%	13.50%
Health Net Community Solutions, Inc.—Los Angeles	20.55%	16.53%
Health Net Community Solutions, Inc.—Sacramento	31.04%	30.02%
Health Net Community Solutions, Inc.—San Diego	12.35%	10.69%
Health Net Community Solutions, Inc.—San Joaquin	43.57%	38.18%
Health Net Community Solutions, Inc.—Stanislaus	35.97%	27.68%
Health Net Community Solutions, Inc.—Tulare	27.89%	16.06%
Health Plan of San Joaquin—San Joaquin	47.71%	45.53%
Health Plan of San Joaquin—Stanislaus	42.30%	34.20%
Health Plan of San Mateo—San Mateo	24.39%	19.15%
Inland Empire Health Plan—Riverside/San Bernardino	18.91%	18.31%
Kaiser NorCal (KP Cal, LLC)—KP North	28.60%	17.91%
Kaiser SoCal (KP Cal, LLC)—San Diego	18.03%	12.40%
Kern Health Systems, DBA Kern Family Health Care—Kern	16.93%	13.65%

Stratification	2019 Rate	2020 Rate
L.A. Care Health Plan—Los Angeles	20.84%	17.40%
Molina Healthcare of California—Imperial	7.25%	5.37%
Molina Healthcare of California—Riverside/San Bernardino	12.44%	12.43%
Molina Healthcare of California—Sacramento	27.35%	29.51%
Molina Healthcare of California—San Diego	9.65%	8.37%
Partnership HealthPlan of California—Northeast	9.11%	5.32%
Partnership HealthPlan of California—Northwest	3.90%	5.31%
Partnership HealthPlan of California—Southeast	8.39%	6.83%
Partnership HealthPlan of California—Southwest	13.97%	7.05%
San Francisco Health Plan—San Francisco	29.84%	21.70%
Santa Clara Family Health Plan—Santa Clara	21.08%	23.20%
UnitedHealthcare Community Plan—San Diego	7.33%	6.86%

- Rates for 37 of 56 (66.07 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, rates for 31 of 56 (55.36 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while rates for 28 of 56 (50.00 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

Table B.14—Tobacco Use Screening (TUS)—MCP Reporting Unit-Level Results

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard. A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	1.41%	2.54%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	3.58%	3.04%
Aetna Better Health of California—San Diego	S	3.52%
Alameda Alliance for Health—Alameda	0.03%	0.03%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	S	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	0.30%	0.33%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	S	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	2.46%	4.92%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	0.32%	1.88%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	0.96%	1.51%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	2.91%	2.62%
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	0.00%	0.30%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.09%	0.14%

Stratification	2019 Rate	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	1.96%	3.11%
California Health & Wellness Plan—Imperial	S	S
California Health & Wellness Plan—Region 1	0.44%	1.83%
California Health & Wellness Plan—Region 2	0.72%	1.62%
CalOptima—Orange	3.49%	4.22%
CalViva Health—Fresno	0.41%	0.49%
CalViva Health—Kings	S	S
CalViva Health—Madera	2.45%	5.30%
CenCal Health—San Luis Obispo	S	S
CenCal Health—Santa Barbara	0.00%	0.08%
Central California Alliance for Health—Merced	0.07%	1.47%
Central California Alliance for Health—Monterey/Santa Cruz	S	2.15%
Community Health Group Partnership Plan—San Diego	0.99%	0.97%
Contra Costa Health Plan—Contra Costa	1.50%	1.68%
Gold Coast Health Plan—Ventura	0.22%	0.32%
Health Net Community Solutions, Inc.—Kern	0.19%	0.15%
Health Net Community Solutions, Inc.—Los Angeles	1.39%	2.08%
Health Net Community Solutions, Inc.—Sacramento	2.34%	2.44%
Health Net Community Solutions, Inc.—San Diego	10.41%	17.16%
Health Net Community Solutions, Inc.—San Joaquin	0.00%	S
Health Net Community Solutions, Inc.—Stanislaus	0.08%	0.08%
Health Net Community Solutions, Inc.—Tulare	0.15%	0.14%
Health Plan of San Joaquin—San Joaquin	S	1.00%
Health Plan of San Joaquin—Stanislaus	0.11%	0.16%
Health Plan of San Mateo—San Mateo	0.07%	0.74%
Inland Empire Health Plan—Riverside/San Bernardino	2.53%	8.61%
Kaiser NorCal (KP Cal, LLC)—KP North	S	S
Kaiser SoCal (KP Cal, LLC)—San Diego	S	0.17%

Stratification	2019 Rate	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	1.05%	0.81%
L.A. Care Health Plan—Los Angeles	1.18%	1.57%
Molina Healthcare of California—Imperial	S	S
Molina Healthcare of California—Riverside/San Bernardino	3.05%	6.25%
Molina Healthcare of California—Sacramento	4.53%	3.54%
Molina Healthcare of California—San Diego	6.22%	8.91%
Partnership HealthPlan of California—Northeast	S	S
Partnership HealthPlan of California—Northwest	S	S
Partnership HealthPlan of California—Southeast	0.08%	0.05%
Partnership HealthPlan of California—Southwest	0.07%	0.41%
San Francisco Health Plan—San Francisco	0.09%	0.07%
Santa Clara Family Health Plan—Santa Clara	S	0.34%
UnitedHealthcare Community Plan—San Diego	S	2.36%

- Rates for 9 of 37 (24.32 percent) MCP reporting units that had reportable rates in both measurement years decreased by less than 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, reportable rates for 25 of 39 (64.10 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while reportable rates for 29 of 43 (67.44 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

DHCS-Calculated Indicator Results

Table B.15 through Table B.19 present the measurement years 2019 and 2020 MCP reporting unit-level rates for the DHCS-calculated indicator results. Additionally, Table B.15 through Table B.19 represent MCP performance in alignment with Title 17 age stratifications.

Table B.15—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—MCP Reporting Unit-Level Results

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

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	53.25%	46.21%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	34.08%	NA
Aetna Better Health of California—San Diego	47.39%	NA
Alameda Alliance for Health—Alameda	51.28%	48.08%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	48.90%	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	48.31%	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	47.36%	44.44%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	62.17%	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	66.99%	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	49.25%	41.27%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	37.58%	34.94%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	35.92%	33.24%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	62.74%	NA

Stratification	2019 Rate	2020 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	59.15%	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	52.74%	52.31%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	63.99%	55.56%
Blue Shield of California Promise Health Plan—San Diego	62.96%	59.32%
California Health & Wellness Plan—Imperial	76.97%	74.55%
California Health & Wellness Plan—Region 1	57.30%	56.03%
California Health & Wellness Plan—Region 2	31.19%	44.59%
CalOptima—Orange	61.53%	58.37%
CalViva Health—Fresno	54.13%	47.99%
CalViva Health—Kings	66.22%	72.34%
CalViva Health—Madera	73.76%	76.00%
CenCal Health—San Luis Obispo	46.45%	50.77%
CenCal Health—Santa Barbara	61.65%	66.01%
Central California Alliance for Health—Merced	49.18%	44.38%
Central California Alliance for Health—Monterey/Santa Cruz	77.48%	70.05%
Community Health Group Partnership Plan—San Diego	65.85%	60.48%
Contra Costa Health Plan—Contra Costa	43.80%	36.88%
Gold Coast Health Plan—Ventura	62.63%	64.41%
Health Net Community Solutions, Inc.—Kern	55.61%	43.86%
Health Net Community Solutions, Inc.—Los Angeles	52.86%	45.54%
Health Net Community Solutions, Inc.—Sacramento	39.65%	35.57%
Health Net Community Solutions, Inc.—San Diego	53.79%	NA
Health Net Community Solutions, Inc.—San Joaquin	34.46%	NA
Health Net Community Solutions, Inc.—Stanislaus	34.50%	25.00%
Health Net Community Solutions, Inc.—Tulare	65.44%	62.50%
Health Plan of San Joaquin—San Joaquin	44.00%	40.75%

Stratification	2019 Rate	2020 Rate
Health Plan of San Joaquin—Stanislaus	37.42%	30.88%
Health Plan of San Mateo—San Mateo	66.99%	64.78%
Inland Empire Health Plan—Riverside/San Bernardino	46.54%	40.94%
Kaiser NorCal (KP Cal, LLC)—KP North	34.70%	26.09%
Kaiser SoCal (KP Cal, LLC)—San Diego	53.81%	34.29%
Kern Health Systems, DBA Kern Family Health Care—Kern	59.84%	45.16%
L.A. Care Health Plan—Los Angeles	54.56%	44.21%
Molina Healthcare of California—Imperial	71.78%	NA
Molina Healthcare of California—Riverside/San Bernardino	40.43%	22.00%
Molina Healthcare of California—Sacramento	33.97%	36.00%
Molina Healthcare of California—San Diego	63.70%	63.68%
Partnership HealthPlan of California—Northeast	21.48%	19.86%
Partnership HealthPlan of California—Northwest	67.57%	65.99%
Partnership HealthPlan of California—Southeast	51.03%	55.16%
Partnership HealthPlan of California—Southwest	45.83%	49.11%
San Francisco Health Plan—San Francisco	70.41%	65.28%
Santa Clara Family Health Plan—Santa Clara	55.29%	49.17%
UnitedHealthcare Community Plan—San Diego	49.85%	NA

- Reportable rates for 33 of 44 (75.00 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, rates for 19 of 56 (33.93 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while reportable rates for 14 of 44 (31.82 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

Table B.16—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—MCP Reporting Unit-Level Results

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	43.40%	34.50%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	35.76%	17.37%
Aetna Better Health of California—San Diego	30.81%	30.30%
Alameda Alliance for Health—Alameda	39.95%	31.08%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	39.27%	27.85%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	32.73%	26.02%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	46.06%	37.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	47.97%	35.42%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	60.54%	58.77%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	38.24%	34.11%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	27.62%	26.38%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	28.51%	25.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	45.83%	31.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	44.71%	31.29%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	43.87%	30.89%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	53.83%	48.91%

Stratification	2019 Rate	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	52.91%	41.96%
California Health & Wellness Plan—Imperial	69.04%	59.76%
California Health & Wellness Plan—Region 1	46.41%	44.35%
California Health & Wellness Plan—Region 2	23.62%	22.16%
CalOptima—Orange	54.36%	44.51%
CalViva Health—Fresno	48.33%	40.42%
CalViva Health—Kings	48.76%	43.11%
CalViva Health—Madera	68.71%	59.08%
CenCal Health—San Luis Obispo	38.62%	36.70%
CenCal Health—Santa Barbara	51.37%	50.49%
Central California Alliance for Health—Merced	41.17%	30.26%
Central California Alliance for Health—Monterey/Santa Cruz	66.67%	53.32%
Community Health Group Partnership Plan—San Diego	54.39%	45.02%
Contra Costa Health Plan—Contra Costa	26.90%	17.53%
Gold Coast Health Plan—Ventura	51.55%	44.44%
Health Net Community Solutions, Inc.—Kern	44.07%	32.68%
Health Net Community Solutions, Inc.—Los Angeles	41.92%	32.71%
Health Net Community Solutions, Inc.—Sacramento	31.89%	24.29%
Health Net Community Solutions, Inc.—San Diego	42.16%	37.77%
Health Net Community Solutions, Inc.—San Joaquin	29.24%	22.96%
Health Net Community Solutions, Inc.—Stanislaus	28.56%	20.13%
Health Net Community Solutions, Inc.—Tulare	53.98%	47.54%
Health Plan of San Joaquin—San Joaquin	35.28%	29.19%
Health Plan of San Joaquin—Stanislaus	30.74%	20.98%
Health Plan of San Mateo—San Mateo	56.07%	45.78%
Inland Empire Health Plan—Riverside/San Bernardino	37.11%	28.69%
Kaiser NorCal (KP Cal, LLC)—KP North	24.65%	22.23%
Kaiser SoCal (KP Cal, LLC)—San Diego	40.91%	26.82%

Stratification	2019 Rate	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	46.81%	38.04%
L.A. Care Health Plan—Los Angeles	44.09%	34.38%
Molina Healthcare of California—Imperial	61.89%	57.01%
Molina Healthcare of California—Riverside/San Bernardino	33.10%	25.00%
Molina Healthcare of California—Sacramento	29.70%	22.07%
Molina Healthcare of California—San Diego	52.37%	45.92%
Partnership HealthPlan of California—Northeast	15.07%	14.91%
Partnership HealthPlan of California—Northwest	52.52%	44.48%
Partnership HealthPlan of California—Southeast	38.18%	33.72%
Partnership HealthPlan of California—Southwest	39.25%	29.93%
San Francisco Health Plan—San Francisco	56.99%	46.12%
Santa Clara Family Health Plan—Santa Clara	43.03%	37.46%
UnitedHealthcare Community Plan—San Diego	47.15%	36.84%

- Rates for 53 of 56 (94.64 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, rates for 21 of 56 (37.50 percent) MCP reporting units fell below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while rates for 23 of 56 (41.07 percent) MCP reporting units fell below the statewide aggregate by more than a 10 percent relative difference for measurement year 2020.

Table B.17—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—MCP Reporting Unit-Level Results

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	30.51%	24.15%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	20.18%	11.35%
Aetna Better Health of California—San Diego	21.21%	21.94%
Alameda Alliance for Health—Alameda	28.07%	19.99%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	28.51%	19.07%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	21.90%	18.37%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	30.10%	22.20%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	35.46%	25.81%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	50.66%	47.41%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	24.79%	21.72%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	14.36%	15.16%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	13.67%	12.92%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	34.34%	26.19%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	36.24%	18.90%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	30.09%	20.79%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	39.37%	36.64%

Stratification	2019 Rate	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	42.47%	32.14%
California Health & Wellness Plan—Imperial	59.03%	52.04%
California Health & Wellness Plan—Region 1	33.57%	34.30%
California Health & Wellness Plan—Region 2	10.52%	12.04%
CalOptima—Orange	44.42%	36.37%
CalViva Health—Fresno	31.17%	26.97%
CalViva Health—Kings	35.91%	33.22%
CalViva Health—Madera	58.82%	51.63%
CenCal Health—San Luis Obispo	27.98%	24.22%
CenCal Health—Santa Barbara	38.85%	40.91%
Central California Alliance for Health—Merced	25.88%	20.89%
Central California Alliance for Health—Monterey/Santa Cruz	58.48%	47.77%
Community Health Group Partnership Plan—San Diego	41.49%	35.30%
Contra Costa Health Plan—Contra Costa	17.23%	10.28%
Gold Coast Health Plan—Ventura	41.55%	34.48%
Health Net Community Solutions, Inc.—Kern	34.79%	22.46%
Health Net Community Solutions, Inc.—Los Angeles	28.68%	22.48%
Health Net Community Solutions, Inc.—Sacramento	16.95%	12.42%
Health Net Community Solutions, Inc.—San Diego	28.87%	26.73%
Health Net Community Solutions, Inc.—San Joaquin	12.03%	10.09%
Health Net Community Solutions, Inc.—Stanislaus	18.10%	10.33%
Health Net Community Solutions, Inc.—Tulare	40.93%	35.77%
Health Plan of San Joaquin—San Joaquin	21.68%	17.37%
Health Plan of San Joaquin—Stanislaus	17.30%	11.91%
Health Plan of San Mateo—San Mateo	48.17%	38.02%
Inland Empire Health Plan—Riverside/San Bernardino	22.61%	17.84%
Kaiser NorCal (KP Cal, LLC)—KP North	11.06%	8.30%
Kaiser SoCal (KP Cal, LLC)—San Diego	24.48%	16.75%

Stratification	2019 Rate	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	35.73%	29.48%
L.A. Care Health Plan—Los Angeles	30.21%	23.88%
Molina Healthcare of California—Imperial	54.47%	51.53%
Molina Healthcare of California—Riverside/San Bernardino	21.26%	16.12%
Molina Healthcare of California—Sacramento	18.72%	8.93%
Molina Healthcare of California—San Diego	39.19%	35.94%
Partnership HealthPlan of California—Northeast	5.05%	6.11%
Partnership HealthPlan of California—Northwest	40.64%	36.54%
Partnership HealthPlan of California—Southeast	22.11%	20.78%
Partnership HealthPlan of California—Southwest	28.87%	21.48%
San Francisco Health Plan—San Francisco	48.53%	38.45%
Santa Clara Family Health Plan—Santa Clara	29.50%	27.61%
UnitedHealthcare Community Plan—San Diego	34.45%	23.55%

- Rates for 49 of 56 (87.50 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. 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 2019, while 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 2020.

Table B.18—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—MCP Reporting Unit-Level Results

A national benchmark was not available for measurement year 2020.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	36.99%	34.99%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	41.18%	25.93%
Aetna Better Health of California—San Diego	33.75%	38.82%
Alameda Alliance for Health—Alameda	33.78%	32.71%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	31.80%	30.81%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	21.38%	21.25%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	35.14%	31.35%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	41.59%	27.91%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	31.40%	39.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	25.49%	23.89%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	16.70%	21.70%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	36.88%	36.94%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	27.27%	16.90%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	23.81%	28.30%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	44.81%	44.18%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	25.86%	26.14%

Stratification	2019 Rate	2020 Rate
Blue Shield of California Promise Health Plan—San Diego	46.26%	50.50%
California Health & Wellness Plan—Imperial	46.12%	53.61%
California Health & Wellness Plan—Region 1	23.41%	20.57%
California Health & Wellness Plan—Region 2	16.55%	17.49%
CalOptima—Orange	30.68%	29.11%
CalViva Health—Fresno	38.30%	36.18%
CalViva Health—Kings	47.41%	37.40%
CalViva Health—Madera	31.61%	40.35%
CenCal Health—San Luis Obispo	12.24%	12.58%
CenCal Health—Santa Barbara	26.26%	29.91%
Central California Alliance for Health—Merced	30.61%	29.84%
Central California Alliance for Health—Monterey/Santa Cruz	23.98%	25.69%
Community Health Group Partnership Plan—San Diego	48.09%	47.64%
Contra Costa Health Plan—Contra Costa	26.27%	25.26%
Gold Coast Health Plan—Ventura	34.53%	33.20%
Health Net Community Solutions, Inc.—Kern	47.83%	41.02%
Health Net Community Solutions, Inc.—Los Angeles	40.51%	39.48%
Health Net Community Solutions, Inc.—Sacramento	39.91%	41.78%
Health Net Community Solutions, Inc.—San Diego	34.99%	36.18%
Health Net Community Solutions, Inc.—San Joaquin	32.54%	33.18%
Health Net Community Solutions, Inc.—Stanislaus	30.27%	29.04%
Health Net Community Solutions, Inc.—Tulare	29.31%	25.40%
Health Plan of San Joaquin—San Joaquin	37.44%	38.65%
Health Plan of San Joaquin—Stanislaus	36.17%	32.75%
Health Plan of San Mateo—San Mateo	27.91%	34.41%
Inland Empire Health Plan—Riverside/San Bernardino	42.98%	39.95%
Kaiser NorCal (KP Cal, LLC)—KP North	24.23%	23.85%
Kaiser SoCal (KP Cal, LLC)—San Diego	36.28%	36.04%

Stratification	2019 Rate	2020 Rate
Kern Health Systems, DBA Kern Family Health Care—Kern	51.01%	51.59%
L.A. Care Health Plan—Los Angeles	41.29%	39.33%
Molina Healthcare of California—Imperial	51.16%	36.67%
Molina Healthcare of California—Riverside/San Bernardino	40.60%	39.41%
Molina Healthcare of California—Sacramento	50.58%	45.56%
Molina Healthcare of California—San Diego	49.42%	51.14%
Partnership HealthPlan of California—Northeast	16.00%	15.14%
Partnership HealthPlan of California—Northwest	33.04%	26.32%
Partnership HealthPlan of California—Southeast	31.24%	30.12%
Partnership HealthPlan of California—Southwest	32.77%	29.93%
San Francisco Health Plan—San Francisco	40.77%	38.17%
Santa Clara Family Health Plan—Santa Clara	38.79%	43.41%
UnitedHealthcare Community Plan—San Diego	44.12%	47.76%

- Rates for 26 of 56 (46.43 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, rates for 26 of 56 (46.43 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2019, while 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 2020.

Table B.19—Lead Screening in Children (LSC)—MCP Reporting Unit-Level Results

The national benchmark for measurement year 2020 was 71.53 percent.

Stratification	2019 Rate	2020 Rate
Statewide Aggregate		
Statewide Aggregate	60.81%	58.21%
MCP Reporting Unit		
Aetna Better Health of California—Sacramento	50.00%	39.88%
Aetna Better Health of California—San Diego	52.98%	55.88%
Alameda Alliance for Health—Alameda	59.48%	58.40%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	59.03%	53.13%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	53.99%	53.96%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	57.95%	53.44%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	67.69%	67.23%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	71.07%	73.54%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	55.28%	52.56%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	38.90%	43.58%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	40.70%	44.31%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	70.72%	71.00%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	65.32%	68.21%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	58.08%	59.72%
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	69.62%	68.84%
Blue Shield of California Promise Health Plan—San Diego	72.26%	71.14%

Stratification	2019 Rate	2020 Rate
California Health & Wellness Plan—Imperial	82.19%	81.33%
California Health & Wellness Plan—Region 1	58.10%	61.69%
California Health & Wellness Plan—Region 2	33.06%	35.30%
CalOptima—Orange	70.30%	66.10%
CalViva Health—Fresno	61.79%	59.37%
CalViva Health—Kings	73.66%	72.12%
CalViva Health—Madera	79.96%	79.10%
CenCal Health—San Luis Obispo	49.26%	49.60%
CenCal Health—Santa Barbara	61.43%	67.41%
Central California Alliance for Health—Merced	54.02%	53.61%
Central California Alliance for Health—Monterey/Santa Cruz	78.71%	80.55%
Community Health Group Partnership Plan—San Diego	72.66%	73.62%
Contra Costa Health Plan—Contra Costa	53.76%	50.12%
Gold Coast Health Plan—Ventura	69.38%	68.57%
Health Net Community Solutions, Inc.—Kern	66.36%	62.31%
Health Net Community Solutions, Inc.—Los Angeles	60.94%	59.18%
Health Net Community Solutions, Inc.—Sacramento	45.69%	47.13%
Health Net Community Solutions, Inc.—San Diego	55.16%	58.55%
Health Net Community Solutions, Inc.—San Joaquin	46.29%	40.82%
Health Net Community Solutions, Inc.—Stanislaus	48.74%	40.90%
Health Net Community Solutions, Inc.—Tulare	72.47%	70.42%
Health Plan of San Joaquin—San Joaquin	55.50%	51.58%
Health Plan of San Joaquin—Stanislaus	48.62%	43.33%
Health Plan of San Mateo—San Mateo	72.79%	73.38%
Inland Empire Health Plan—Riverside/San Bernardino	54.22%	53.26%
Kaiser NorCal (KP Cal, LLC)—KP North	43.67%	46.00%
Kaiser SoCal (KP Cal, LLC)—San Diego	64.82%	60.89%
Kern Health Systems, DBA Kern Family Health Care—Kern	70.21%	65.51%

Stratification	2019 Rate	2020 Rate
L.A. Care Health Plan—Los Angeles	63.33%	61.76%
Molina Healthcare of California—Imperial	78.36%	79.56%
Molina Healthcare of California—Riverside/San Bernardino	50.23%	47.02%
Molina Healthcare of California—Sacramento	51.47%	43.82%
Molina Healthcare of California—San Diego	70.87%	70.47%
Partnership HealthPlan of California—Northeast	21.41%	24.26%
Partnership HealthPlan of California—Northwest	72.39%	72.44%
Partnership HealthPlan of California—Southeast	54.02%	58.04%
Partnership HealthPlan of California—Southwest	54.24%	50.57%
San Francisco Health Plan—San Francisco	75.66%	76.26%
Santa Clara Family Health Plan—Santa Clara	62.36%	62.94%
UnitedHealthcare Community Plan—San Diego	57.30%	59.06%

- Reportable rates for 23 of 56 (41.07 percent) MCP reporting units decreased by at least 1 percentage point from measurement year 2019 to measurement year 2020. Additionally, reportable 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 2019, while reportable 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 2020.
- Reportable rates for 50 of 56 (89.29 percent) MCP reporting units fell below the national benchmark for measurement year 2019, while reportable rates for 46 of 56 (82.14 percent) MCP reporting units fell below the national benchmark for measurement year 2020 (71.53 percent).

Appendix C. 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).[18] In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG) start producing an annual Preventive Services Report in 2020. For the 2021 Preventive Services Report, HSAG will continue to analyze child and adolescent performance measures either calculated by HSAG or DHCS, or reported by the 25 full-scope MCPs for measurement year 2020 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 identify and monitor appropriate utilization of preventive services for MCMC children.

For the 2020–21 contract year, HSAG evaluated measure data collected for Healthcare Effectiveness Data and Information Set (HEDIS®) measurement year 2020, which consists of data collected during calendar year 2020.[19] The indicator set for this analysis included a total of 11 MCP-calculated indicators, three HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS), and five DHCS-calculated indicators. 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 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). For the HSAG-calculated indicators, HSAG developed specifications for the indicators and for the DHCS-calculated indicators, DHCS developed specifications for four of the indicators and used the HEDIS specifications for the remaining indicator.

[18] 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: May 25, 2021.

[19] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Preventive Services Indicators and Data Sources

MCP-Calculated Indicators and Data Sources

Table C.1 displays the MCP-calculated indicators included in the Preventive Services analysis, the reporting methodology for each indicator ("H" indicates hybrid and "A" indicates administrative), the age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator.

Table C.1—MCP-Calculated Indicators, Methodology, Age Groups, and Benchmarks

"NCQA Quality Compass" refers to NCQA's Quality Compass national Medicaid Health Maintenance Organization (HMO) 50th percentiles[20] 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 28 states.

*NCQA Quality Compass benchmarks are only available for the *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* stratification of the *Well-Child Visits in the First 30 Months of Life* indicator.

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

Indicators	Methodology	Age Groups	Benchmarks
MCP-Calculated Indicators			
Child and Adolescent Well-Care Visits—Total (WCV)	A	3 to 11 Years; 12 to 17 Years; 18 to 21 Years	N/A
Childhood Immunization Status—Combination 10 (CIS–10)	H	2 Years	NCQA Quality Compass
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	A	16 to 20 Years	NCQA Quality Compass
Developmental Screening in the First Three Years of Life—Total (DEV)	A	1 Year; 2 Years; 3 Years	CMS Child Core Set
Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)	H	13 Years	NCQA Quality Compass
Screening for Depression and Follow-Up Plan (CDF)	A	12 to 17 Years; 18 to 21 Years	N/A

[20] Quality Compass® is a registered trademark of NCQA.

Indicators	Methodology	Age Groups	Benchmarks
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total (WCC–BMI), Counseling for Nutrition—Total (WCC–N), and *Counseling for Physical Activity (WCC–PA)*	H	3 to 11 Years; 12 to 17 Years; Total	NCQA Quality Compass
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)*	A	15 Months; 30 Months	NCQA Quality Compass*

For the MCP-calculated indicators listed in Table C.1, HSAG received the CA-required patient-level detail file from each Medi-Cal MCP for each HEDIS reporting unit. The measurement year 2020 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number, date of birth, and member months for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files indicated whether a member was included in the numerator and/or denominator for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator and denominator counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System files and non-HEDIS Excel reporting files. Please note, it is possible that some or all MCPs included non-certified eligible members in the measurement year 2020 rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the measure analysis. HSAG obtained the following demographic information from DHCS' Management Information System/Decision Support System data system:

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

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 calendar year 2020.
  - If HSAG could not recover the missing demographic values from a record within calendar year 2020, then the most recent non-missing observation from calendar year 2019 was used.
- 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 C.2 displays the HSAG-calculated indicators included in the Preventive Services analysis, the reporting methodology for each indicator ("A" indicates administrative), age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator. Please refer to Table C.2 for the detailed measure specifications for the HSAG-calculated indicators.

Table C.2—HSAG-Calculated Indicators, Methodology, Age Groups, Benchmarking Source

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

Indicators	Methodology	Age Groups	Benchmarking Source
HSAG-Calculated Indicators			
Alcohol Use Screening (AUS)	A	11 to 17 Years 18 to 21 Years	N/A
Dental Fluoride Varnish (DFV)	A	6 Months to 5 Years	N/A
Tobacco Use Screening (TUS)	A	11 to 17 Years; 18 to 21 Years	N/A

For the HSAG-calculated indicators listed in Table C.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 C.3 displays the DHCS-calculated *Blood Lead Screening* indicators included in the Preventive Services analysis, the reporting methodology for each indicator ("A" indicates administrative), 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. Of note, the *Lead Screening in Children* indicator was calculated following the Medicaid HEDIS technical specifications using administrative and supplemental registry data. Please refer to the "HSAG and DHCS Measure Specifications" section for the detailed measure specifications for the DHCS-calculated indicators.

Table C.3—DHCS-Calculated Indicators, Methodology, Age Groups, and Benchmarking Source

"NCQA Quality Compass" refers to NCQA's Quality Compass national HMO 50th percentile for the corresponding indicator.

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

Indicators	Methodology	Age Groups	Benchmarking Source
Title 17 Blood Lead Screening Indicators			
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	A	1 Year	N/A

Indicators	Methodology	Age Groups	Benchmarking Source
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	A	2 Years	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	A	2 Years	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	A	6 Years	N/A
HEDIS Blood Lead Screening Indicator			
Lead Screening in Children (LSC)	A	2 Years	NCQA Quality Compass

For the DHCS-calculated indicators listed in Table C.3, HSAG received an Excel rate spreadsheet with numerator, denominator, and rate information at the statewide, regional, and MCP reporting unit levels. DHCS stratified the statewide rates by demographics (i.e., race/ethnicity, primary language, age, and gender) and regional rates by county, delivery type model, and population density. HSAG also received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags 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 2020. For all applicable indicators, HSAG presented comparisons to measurement year 2019 results for the statewide and regional analyses within horizontal bar charts. Similarly, HSAG presented measurement year 2019 and measurement year 2020 MCP reporting unit results in horizontal bar charts or tabular format. HSAG produced a formal report that presents statewide, regional, and MCP reporting unit results for the MCP-calculated, HSAG-calculated, and DHCS-calculated indicators. Additionally, using the DHCS-calculated *Blood Lead Screening* measurement year 2020 results, HSAG performed a benchmarking analysis to determine if there were any changes from the measurement year 2019 benchmarking analysis results. HSAG will provide the *Blood Lead Screening* benchmarking analysis separately from the 2021 Preventive Services Report. Since the 2021 Preventive Services 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 MCP- and HSAG- calculated indicators listed in Table C.1 and the three HSAG-calculated indicators listed in Table C.2. HSAG used the DHCS-calculated statewide rates for the five indicators listed in Table C.3. HSAG also stratified the statewide indicator rates by the demographic stratifications outlined in Table C.4.

Table C.4—Statewide Stratifications

Stratification	Groups
Demographic	
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 C.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 C.1, Table C.2, and Table C.3 for more detail)
Gender	Male and Female

Table C.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 C.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, Laotian, Vietnamese, and Other Asian or Pacific Islander*
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan

For the statewide-level analysis, HSAG presents the measurement year 2020 statewide rates with comparisons to measurement year 2019 statewide rates, where applicable, in horizontal bar charts. HSAG displays 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 11 MCP-calculated indicators listed in Table C.1 and the three HSAG-calculated indicators listed in Table C.2. HSAG used the DHCS-calculated regional rates for the five indicators listed in Table C.3. The regional stratifications are listed in Table C.6.

Table C.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 2020 delivery type model-level and population density-level rates with comparisons to measurement year 2019 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 2020 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 C.7.

Table C.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 11 MCP-calculated indicators listed in Table C.1 and calculated MCP reporting unit-level rates for the three HSAG-calculated indicators listed in Table C.2. HSAG used the DHCS-calculated MCP reporting unit-level rates for the five indicators listed in Table C.3.

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 three HSAG-calculated indicators, HSAG calculated rates for the 56 MCP reporting units as displayed in Table C.8.

Table C.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

MCP Name	Reporting Units
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
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 Analysis

HSAG performed the Blood Lead Screening Benchmarking Analysis for measurement year 2020 using the MCP reporting unit rates calculated by DHCS using three benchmarking methodologies:

- For each *Blood Lead Screening* 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* indicators. HSAG determined higher and lower known blood lead level areas based on the California Department of Public Health's blood lead levels dataset,[21] 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.
- HSAG compared MCP reporting unit rates for the *Lead Screening in Children* indicator to NCQA's Quality Compass national Medicaid HMO 50th percentile. HSAG compared MCP reporting unit *Lead Screening in Children* performance to MCP reporting unit performance for the four California Title 17 *Blood Lead Screening* indicators. HSAG used this approach to determine if performance for the California Title 17 indicators aligns with *Lead Screening in Children* performance.
- For each indicator, HSAG calculated a statewide benchmark, based on a modified version of the Achievable Benchmarks of Care™ benchmarking methodology[22], 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.

[21] California Department of Public Health. Childhood Lead Poisoning Prevention Branch. Available at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/data.aspx. Accessed on: May 25, 2021.

[22] 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. Accessed on: March 11, 2021.

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 2020 results for each benchmarking methodology to the measurement year 2019 benchmarking results. HSAG provided the results of these analyses to DHCS, along with items for DHCS' consideration, in a separate, formal report that can be made publicly available.

Coronavirus Disease 2019 (COVID-19) Analysis

Using DHCS' administrative data and publicly available Coronavirus Disease 2019 (COVID-19) data[23], HSAG will assess if changes to pediatric preventive service utilization in measurement year 2020 are related to the COVID-19 public health emergency. HSAG will perform the following analyses:

- HSAG will compare the MCAS and non-MCAS (i.e., HSAG and DHCS-calculated indicators) county-level indicator rates to the county's COVID-19 prevention measures (e.g., California County Risk Level Tiers) using publicly available data, where available.
- HSAG will analyze the utilization of well-child visit codes statewide by month using DHCS' administrative data for measurement years 2019 and 2020 to assess the relationship between the COVID-19 public health emergency protocols and children utilizing these services.

HSAG will provide DHCS with the results of these COVID-19 analyses prior to inclusion in the Preventive Services Report. Additionally, DHCS will provide HSAG with summary data from its COVID-19 module, which will include COVID-19 diagnosis rates for the MCMC population, stratified by demographics (i.e., race/ethnicity, primary language, age, and gender), when possible, and county to better understand the prevalence of COVID-19 within the pediatric MCMC population. DHCS and HSAG will determine how best to incorporate the findings from HSAG's COVID-19 analyses and DHCS' COVID-19 summary data into the Preventive Services Report.

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 and the administration of dental fluoride varnish that

[23] California Health & Human Services Agency. COVID-19 Blueprint for a Safer Economy Data Chart. Available at: https://data.chhs.ca.gov/dataset/covid-19-blueprint-for-a-safer-economy. Accessed on: May 26, 2021.

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.

Benchmark Comparisons

National benchmarks for the *Lead Screening in Children* indicator are derived from data collected using the hybrid methodology (i.e., administrative and medical record review data); however, the *Lead Screening in Children* rates calculated by DHCS relied on administrative and supplemental registry data. Therefore, exercise caution when comparing *Lead Screening in Children* rates presented in the Preventive Services Report to national benchmarks.

COVID-19 Rate Impacts

Based on HSAG's COVID-19 analysis described above, HSAG will work with DHCS to add appropriate caveats to the measurement year 2020 indicator rates, including cautioning any comparisons to measurement year 2019 indicator rates, where appropriate.

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 measurement 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.

HSAG and DHCS Measure Specifications

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG) to develop administrative performance measure specifications to assess the utilization of services by pediatric MCMC members. HSAG will use the measure specifications outlined in this document to calculate the rates for the following indicators:

- *Alcohol Use Screening*
- *Dental Fluoride Varnish*
- *Tobacco Use Screening*

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 (BLS–316)*

- Healthcare Effectiveness Data and Information Set (HEDIS®)[24]
  - *Lead Screening in Children*

This document provides the detailed measure specifications for three HSAG-calculated and five DHCS-calculated indicators that will be presented in the Preventive Services Report. All specifications were developed to calculate managed care health plan (MCP) reporting unit rates.

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:

- CPT Codes: 99408, 99409, G0396, G0397, G0442, G0443, H0049, or H0050

[24] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Exclusions

None.

Dental Fluoride Varnish

Description

The *Dental Fluoride Varnish* indicator measures the percentage of children 6 months of age as of January 1 of the measurement year to 5 years of age as of December 31 of the measurement year who had one or more applications of dental fluoride varnish administered by a medical provider during the measurement year. HSAG calculated the *Dental Fluoride Varnish* indicator rates using three different methodologies: (1) using only the CPT code and excluding dental data, (2) using both CPT and Code on Dental Procedures and Nomenclature (CDT®)[25] codes and excluding dental data, and (3) using both CPT and CDT codes and including dental data. HSAG will present the statewide rates for all methodologies for informational purposes; however, for the purposes of the statewide, regional, and MCP reporting unit stratifications, HSAG will use methodology (3) above.

Eligible Population

Age

Children who turn 6 months of age as of January 1 of the measurement year to 5 years of age 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.

Event/Diagnosis

None.

Administrative Specifications

Denominator

The eligible population as defined above.

[25] CDT® is a registered trademark of the American Dental Association (ADA).

Numerator 1: CPT Code Only and Excluding Dental Data

Members in the denominator who have evidence that dental fluoride varnish was applied. The following code indicates a dental fluoride varnish was applied:

- CPT Code: 99188

Note: Only managed care encounters are used to identify dental fluoride varnish for numerator compliance. Dental data are not used to identify numerator compliance.

Numerator 2: CPT and CDT Codes and Excluding Dental Data

Members in the denominator who have evidence that dental fluoride varnish was applied. The following codes indicate a dental fluoride varnish was applied:

CPT Code: 99188
CDT Code: D1206

Note: Only managed care encounters are used to identify dental fluoride varnish for numerator compliance. Dental data are not used to identify numerator compliance.

Numerator 3: CPT and CDT Codes and Including Dental Data

Members in the denominator who have evidence that dental fluoride varnish was applied. The following codes indicate a dental fluoride varnish was applied:

CPT Code: 99188
CDT Code: D1206

Note: Both managed care encounters and dental data are used to identify dental fluoride varnish for numerator compliance

Exclusions

None.

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, G0436, G0437, G9902, G9903, G9904, G9905, G9906, G9907, G9908, G9909, 4004F, or 1036F

Exclusions

None.

Blood Lead Screening

DHCS calculated the *Blood Lead Screening* in accordance with California Title 17 requirements[26] as well as following the national Medicaid HEDIS technical specifications. 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.

- California Title 17 Indicators
  - *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.
  - *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 Current Procedural Terminology [CPT] codes 83655 [blood lead test] and Z0334 [counseling and blood draw]; Z0334 was retired May 1, 2018).
- HEDIS
  - *Lead Screening in Children*—Individuals who turned 2 years old during the measurement year who had a screening by their second birthday. Individuals must be enrolled on their second birthday and continuously enrolled for 12 months prior to their

[26] Title 17, California Code of Regulations Section 37100 (b)(2).

second birthday (with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month). The LSC indicator aligns with DHCS' value-based payment program specifications, which are based on the specifications for the HEDIS *Lead Screening in Children* measure. The LSC indicator does not meet California regulatory requirements; for those specifications, see the California Title 17 indicators listed above.