DHCS CALIFORNIA TECHNICAL SPECIFICATIONS FOR QUALITY MEASURES

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Please provide any questions regarding to the DHCS CaTS for Quality Measures to vbp@dhcs.ca.gov.

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Goal

The goal of the *California Technical Specifications* (CaTS) is to provide Medi-Cal Managed Care Plans (MCPs) with operating instruction on how to produce numerators and denominators for the State of California Department of Health Care Services (DHCS) programs that require National Provider Identifier (NPI) site-level quality metric performance.

Use Cases

Use cases for CaTS include but are not limited to the following: the [Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM)](#), [Equity and Practice Transformation (EPT)](#), and the [Quality Incentive Pool (QIP)](#).
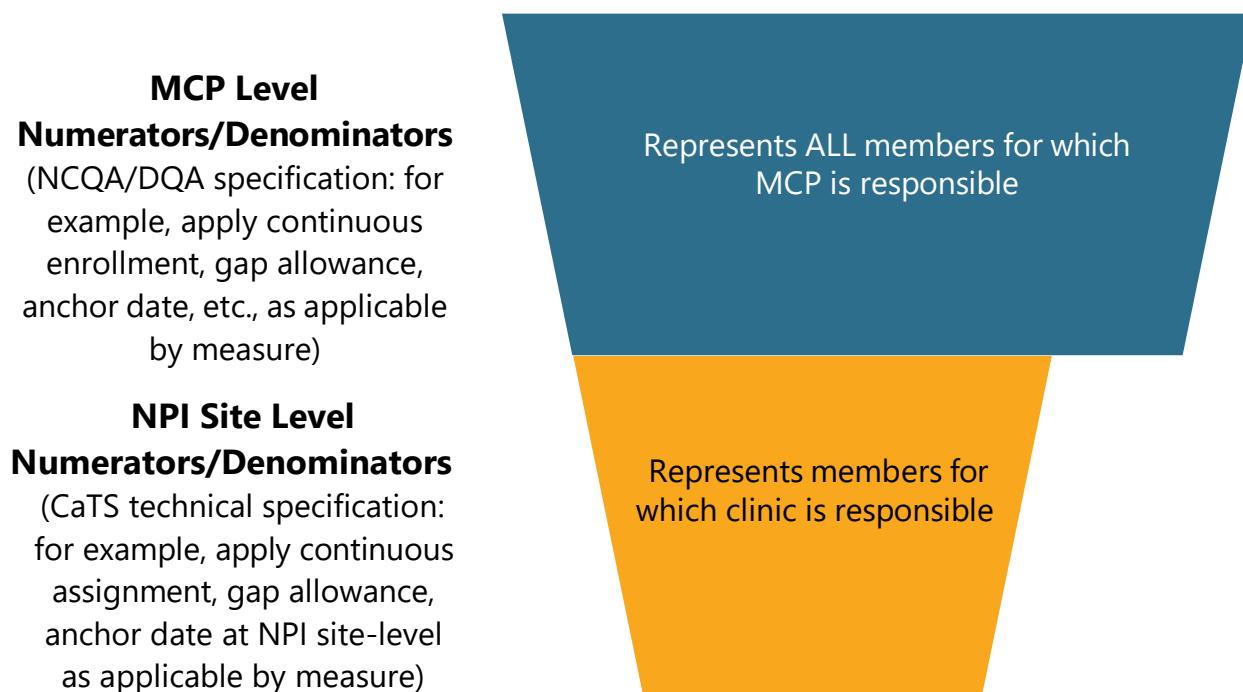
Terminology

The definitions below apply to each quality measure, as applicable, based on the native specification.

- » Continuous enrollment and assignment criteria:

    - o **"Continuous enrollment" to an MCP** — specifies the minimum amount of time a member must be enrolled in an MCP before being included in a measure denominator.

- » **"Continuous assignment" to an NPI site** — refers to the minimum amount of time a member must be assigned at the NPI site level before being included in the measure denominator for that NPI site. As an example for measure with 11 months of continuous enrollment, if the member is continuously enrolled in one MCP for the same time period, this criterion means 11 months of continuous assignment (allowing for a one-month gap) and overlap with the anchor date at the NPI site level. Managed care members who do not have 11 months of continuous assignment to the NPI site level during the measurement period should not be included. Please note that continuous enrollment and assignment criteria vary by measure.

- » **"Anchor date"** — refers to the required date a member is enrolled and has a benefit on a specific date; the allowable gap for continuous assignment must not include that date. The anchor date is not applicable to all measures.

- » **"Allowable Gaps"** during continuous enrollment period — gap is the time when a patient is not covered by the MCP. This criterion is also applied to assignment at the NPI site level in CaTS (meaning a "allowable gap" may be applied twice for a given member, both at the MCP level and at the NPI site level).

» **"Administrative Specifications"** — claims or encounter-based data reporting for a given measure.

» **"Hybrid Specification"** — Medical Record Audit data with sufficient sample to augment administrative data results.

» **"Electronic Clinical Data Systems"** — data collected by either, admin method, admin and medical record data, survey, or other data source.

» **"Measurement Year"/"Measurement Period"** — annual time period during which services/events occurred for performance evaluation.

» **"Reporting Year"** — year during which measurement results are reported, typically the year after the end of the measurement year.

Methodology

Wherever possible, the goal of CaTS is for the numerators and denominators at the NPI site-level to be a subset of the numerators and denominators at the MCP level. Below is an infographic that describes this using MCP level specifications to first determine MCP level numerators and denominators, and then, secondarily, determine NPI site-level numerators and denominators.

MCP Level Numerators/Denominators
(NCQA/DQA specification: for example, apply continuous enrollment, gap allowance, anchor date, etc., as applicable by measure)

Represents ALL members for which MCP is responsible

NPI Site Level Numerators/Denominators
(CaTS technical specification: for example, apply continuous assignment, gap allowance, anchor date at NPI site-level as applicable by measure)

Represents members for which clinic is responsible

National Committee for Quality Assurance Allowable Adjustments

National Committee for Quality Assurance (NCQA) has specific "allowable adjustments" for HEDIS measures. The list below is generic for all measures, and more specific NCQA limits are listed in the table CaTS Technical Specifications by Measure on page 8. This list is only being provided for informational purposes.

» Organizations are not required to use product line criteria; product lines may be combined, and all (or none) product line criteria may be used.

» Organizations are not required to use enrollment criteria; adjustments are allowed.

» Organizations are not required to use a benefit; adjustments are acceptable.

» Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socio-economic or sociodemographic characteristics, geographic region, or another characteristic.

» The hospice and deceased member exclusions are not required. Refer to Exclusions in the Guidelines for the Rules for Allowable Adjustments.

To protect the integrity of the measure and ensure alignment with clinical guidelines, **the following components may not be changed per NCQA**:

» **Event/Diagnosis** — in determining the eligible population, the clinical criteria (value sets, medication lists [if applicable] and logic) may not be changed.

» **Numerators** — the value sets, medication lists (if applicable) and associated logic may not be changed.

» **Hybrid Method** — the rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.

Measurement Periods

» While NCQA measurement periods conform to a measurement year (MY), DHCS intends CaTS to be used for both MY performance calculations and off-cycle performance calculations (since both are required in APL 25-015 for directed payment programs and the Federally Qualified Health Center Alternative Payment Methodology)

» For MY calculations, the measurement period should conform to the NCQA standard for each measure's measurement period in the HEDIS specification (e.g., if the HEDIS measurement period is January 1 to December 31 with an anchor date of December 31, then the CaTS measurement period and anchor date is the same)

» For off-cycle performance:

» The length of the measurement period is the same as a MY under HEDIS; however, the start and end dates of the period change

» For example, quarterly reporting for Q2 of one year through Q1 of the next would be a measurement period of April 1 through March 31 of the following year; if the anchor date in HEDIS is December 31, then the anchor date must be changed for this measurement period to be March 31 (the last day of the measurement period). The change to the anchor date is essential to ensure rational lookback periods and appropriate inclusion of members in the denominator.

CaTS Technical Specifications by Measure

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Access/Availability of Care	Adults Access to Preventive/Ambulatory Health Services	AAP	NCQA	• Age determination dates may be changed (e.g., select, "age as of June 30"). • Changing the denominator age range is allowed. • **Numerator Value sets and logic may not be changed.**	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap
Access/Availability of Care	EPC: Members Engaged in Primary Care (EPC)	EPC	DHCS	N/A as this is a DHCS stewarded measure	The PHM team has published the [technical specifications](#) for this measure.

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Access/Availability of Care	ECM: Number of Members enrolled in Enhanced Care Management (ECM)	ECM	DHCS	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of ECM policies.
Access/Availability of Care	COMS: Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members	COMS	DHCS Developed, derived from PHM Policy	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of Community Supports policies.
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	POD	NCQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). • Changing the denominator age range is allowed if the limits are within the specified age range. The	• Apply continuous assignment. The member should be assigned to the assigned practices 31 days prior to the treatment period start date through 179 days after the

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				denominator age may not be expanded. • Only events and diagnoses that contain (or map to) codes in the value sets and medication lists may be used to identify visits with a diagnosis. Value sets, medication lists and logic may not be changed. • Note: Organizations may assess at the member level by applying measure logic appropriately (i.e., percentage of pharmacotherapy events with OUD pharmacotherapy for 180 or more days with a diagnosis of OUD).	treatment period start date (211 total days). • Apply anchor date (occurs on the treatment start date) • Allowable gap: None NOTE: This measure is not aligned to the calendar year (January 1–December 31). It follows an alternative measurement period as defined in the HEDIS measure specifications.

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				• Medication lists, value sets and logic may not be changed.	
Behavioral Health	Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	NCQA	• The age determination dates may be changed (e.g., select, "age 12 during the measurement year). • The denominator age may be changed if the range is within the specified age range (12 years and older). The denominator age may not be expanded • Value sets and logic may not be changed for Denominator 2.	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				• Denominator logic may not be changed. • Numerator Value sets, direct reference codes and logic may not be changed.	
Behavioral Health	Depression Remission or Response for Adolescents and Adults	DRR-E	NCQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed if the limits are within the specified age range (12 years and older). The denominator age may not be expanded • Only events or diagnoses that	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. • Denominator logic may not be changed. • Numerator Value sets, direct reference codes and logic may not be changed.	
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness	FUM	NCQA	• The age determination dates may be changed. • Only events that contain (or map to) codes in value sets may be used	• Apply native HEDIS denominator logic, which includes a 31-day exclusion period after any prior Emergency Department (ED) visit that meets denominator criteria

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				to identify visits with a diagnosis. Value sets and logic may not be changed. • Hospice and deceased member exclusions are not required. • Numerator value sets and logic may not be changed.	(even if that visit was at a different ED). • Numerators, denominators, and rates must only include denominator counts triggered by an index ED visit at specific NPI(s) that are associated with the specific ED for which a rate is being produced
Behavioral Health	Follow-Up After Emergency Department Visit for Substance Use	FUA	NCQA	• The age determination dates may be changed. • Only events that contain (or map to) codes in value sets may be used to identify visits with a diagnosis.	• Apply native HEDIS denominator logic, which includes a 31-day exclusion period after any prior Emergency Department (ED) visit that meets denominator criteria (even if that visit was at a different ED).

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				Value sets and logic may not be changed. • Hospice and deceased member exclusions are not required. • Numerator value sets and logic may not be changed.	• Numerators, denominators, and rates must only include denominator counts triggered by an index ED visit at specific NPI(s) that are associated with the specific ED for which a rate is being produced
Behavioral Health	Follow-Up After High Intensity Care for Substance Use Disorder	FUI	NCQA	• The age determination dates may be changed. • Only events that contain (or map to) codes in value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. • Hospice and deceased	• MCPs to continue to apply native HEDIS denominator logic, which includes a 31-day exclusion period after any acute inpatient discharge, residential treatment or withdrawal management visit that meets denominator criteria

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				member exclusions are not required. • Medication lists, value sets and logic may not be changed.	(even if that event occurs at a different entity than the hospital a rate is being produced for). • Numerators, denominators, and rates must only include denominator counts triggered by an index discharge at the specific NPI(s) that are associated with the specific entity for which a rate is being produced.
Behavioral Health	Percentage of Acute Hospital Stay Discharges Which Had Follow-Up Ambulatory Visits Within 7 Days Post Hospital Discharge	FUAH	DHCS	N/A as this is a DHCS stewarded measure	NOTE: the current technical specifications for this only include MCP-level performance rather than performance at a hospital-level. DHCS will release a hospital-level specification in the future.

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Cancer Prevention	Cervical Cancer Screening (also optional as ECDS Measure) Cervical Cancer Screening	CCS CCS-E	NCQA	• Age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may not be expanded. • **Numerator Value sets and logic may not be changed**.	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap overlap with the anchor date at the NPI site level.
Cancer Prevention	Colorectal Cancer Screening	COL-E	NCQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may be expanded to 45-85 years of age. • Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required.	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				• **Denominator logic may not be changed.** • **Numerator value sets, direct reference codes and logic may not be changed.**	
Cancer Prevention	Breast Cancer Screening	BCS-E	NCQA	• Age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age range may be expanded to 40–74 years. • Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required. • **Denominator logic may not be changed.** • **Numerator value sets, direct reference codes and logic may not**	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				be changed	
Children's Health	Child and Adolescent Well- Care Visits	WCV	NCQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). • The denominator age may be changed if the range is within the specified age range (3–21 years). Organizations must consult American Academy of Pediatrics guidelines when considering whether to expand the age ranges outside the current thresholds. • **Numerator Value sets and logic may not be changed.**	• Apply continuous assignment • Apply anchor date (last day of measurement period) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Children's Health	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	W30 (1st 15 months)	NCQA	• The age determination dates may be changed (e.g., select, "age 15 months as of June 30"). The denominator age may not be expanded. • **Numerator Value sets and logic may not be changed.** • Organizations may stratify the count of visits for the numerator of both rates.	• Apply continuous assignment. The member should be continuously assigned to the practice from 90 days from the date of birth to 15 months of age. • Apply anchor date (which occurs when the child turns 15 months old) • Apply allowable gap
Children's Health	Well-Child Visits for Age 15 Months — 30 Months. Children who turned 30 months old during the measurement year: Two or more	W30 (15 months – 30 months	NCQA	Same as Allowable Adjustments for WCV – First 15 months	• Apply continuous assignment. The member should be continuously assigned to the practice from 15 months from

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
	well-child visits.				date of birth plus 1 day to 30 months of age. • Apply anchor date (which occurs when the child turns 30 months old). • Apply allowable gap
Children's Health	Childhood Immunization Status (CIS -10)	CIS	NCQA	• Age determination dates may be changed (e.g., select, "age 2 as of June 30"). Organizations may expand the age ranges for each immunization to align with the CDC's Catch-Up Immunization Schedule. • **Value sets and logic may not be changed. Vaccine**	• Apply continuous assignment. The member should be continuously assigned to the practice for 20 months. • Apply anchor date (which occurs at the child's 2nd birthday) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				dose requirements may not be changed. • Organizations are not required to calculate combination rates; alternate combinations of specified immunizations are allowed.	
Children's Health	Immunization for Adolescents	IMA	NCQA	• Age determination dates may be changed (e.g., select, "age 13 as of June 30"). Organizations may expand the age ranges for each immunization to align with the CDC's Catch-Up Immunization Schedule. • **Numerator value sets and logic may not be changed, Vaccine dose**	• Apply continuous assignment • Apply anchor date (which occurs at the child's 13th birthday) • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				requirements may not be changed • Organizations are not required to calculate combination rates; alternate combinations of specified immunizations are allowed.	
Children's Health	Topical Fluoride for Children	TFL-CH	DQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age range may be expanded. • **Numerator Value sets and logic may not be changed.**	• Apply continuous assignment • Apply allowable gap (last day of measurement period)
Chronic Disease	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) **Measure changed to**	~~CDC-H9~~ **GSD**	NCQA	• Age determination dates may be changed (e.g., select, "age as of June 30"). • Changing	• Apply continuous assignment • Apply anchor date (last day of measurement

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
	Glycemic Status Assessment for Patients with Diabetes (GSD) Glycemic Status <8% Glycemic Status >9%			denominator age range is allowed within a specified age range (ages 18–75 years). The denominator age may not be expanded. • Only events or diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits. Medication lists, value sets and logic may not be changed. • Numerator Value sets and logic may not be changed.	period) • Apply allowable gap
Chronic Disease	Controlling High Blood Pressure	CBP	NCQA	• Age determination dates may be changed (e.g., select, "age as of June 30").	• Apply continuous assignment • Apply anchor date (last day of

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				• The denominator age may be changed if the range is within the specified age range (ages 18–85 years). The denominator age may not be expanded. • Only events that contain (or map to) codes in the value sets may be used to identify visits. Value sets and logic may not be changed. • Numerator Value sets and logic may not be changed.	measurement period) • Apply allowable gap
Chronic Disease	Asthma Medication Ratio	AMR	NCQA	• Age determination dates may be changed (e.g., select "age as of June 30"). • The denominator age may be changed within the specified age range	• Apply continuous assignment • Apply anchor date (last day of measurement period)

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				(ages 5–64 years). The denominator age may also be expanded to 65 years of age and older. • Only events or diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits. Medication lists, value sets and logic may not be changed. • Numerator - Medication lists and logic may not be changed.	• Apply allowable gap
Reproductive Health	Chlamydia Screening in Women	CHL	NCQA	• The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age	• Apply continuous assignment • Apply anchor date (last day of

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				may not be expanded. • Only events that contain (or map to) codes in medication lists and value sets may be used to identify sexual activity. Medication lists, value sets and logic may not be changed. Claims/encounter data or pharmacy data may be used to identify sexual activity. • Numerator Value sets and logic may not be changed.	measurement period) • Apply allowable gap
Reproductive Health	Prenatal and Postpartum Care (Postpartum Care)	PPC-Pst	NCQA	• There are no ages specified in this measure. Only events that contain (or map to) codes in the value sets may be used to	• Continuous Assignment: 43 days prior to delivery through 60 days after delivery

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				identify visits. The value sets and logic may not be changed. • Organizations may not change the logic but may change the delivery date and account for the impact on other date-dependent events. • Note: Organizations may assess at the member level (vs. discharge level) by applying measure logic appropriately (i.e., percentage of members with deliveries). • Numerator - Value sets and logic may not be changed. If the delivery-date range is changed, all numerator events must be measured in relation to the new	• Anchor date: Date of delivery • Allowable gap: None NOTE: This measure is not aligned to the calendar year (January 1–December 31). It follows an alternative measurement period as defined in the HEDIS measure specifications

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				range.	
Reproductive Health	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PPC-Pre	NCQA	Same as Postpartum Care Above	• Continuous assignment: 43 days prior to delivery through 60 days after delivery • Anchor date: Date of delivery • Allowable gap: None NOTE: This measure is not aligned to the calendar year (January 1–December 31). It follows an alternative measurement

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
					period as defined in the HEDIS measure specifications
Reproductive Health	Prenatal depression screening and follow-up	PND-E	NCQA	• There are no age criteria for this measure. • Event/diagnosis Value sets - Only events or diagnoses that contain (or map to) codes in the VSDs may be used to identify visits with a diagnosis. The VSDs and logic may not be changed. • Organizations may choose to not exclude deliveries that occurred at less than 37 weeks gestation. • Denominator logic may not be changed. • Numerator value sets	• Continuous assignment during the participation period with no gap. • Participation period: 28 days prior to the delivery date through the delivery date NOTE: This measure is not aligned to the calendar year (January 1–December 31). It follows

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				and logic may not be changed.	an alternative measurement period as defined in the HEDIS measure specifications
Reproductive Health	Postpartum depression screening and follow-up	PDS-E	NCQA	• There are no age criteria for this measure. • Event/diagnosis Value sets - Only events or diagnoses that contain (or map to) codes in the VSDs may be used to identify visits with a diagnosis. The VSDs and logic may not be changed. • Organizations may choose to not exclude deliveries that occurred at less than 37 weeks gestation. • Denominator logic	• Continuous assignment during the participation period with no gap. • Participation period: The delivery date through 60 days following date of delivery NOTE: This measure is not aligned to the calendar year (January

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				may not be changed. • Numerator value sets and logic may not be changed.	1–December 31). It follows an alternative measurement period as defined in the HEDIS measure specifications

*NCQA limits on changing native specifications are meant to be informational only.