

ENHANCING QUALITY FOR MEDI-CAL MEMBERS – MEASUREMENT YEAR 2022

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ENHANCING QUALITY FOR MEDI-CAL MEMBERS – MEASUREMENT YEAR 2022

The Department of Health Care Services (DHCS) remains focused on its goal of advancing access to high quality and equitable health care services covered by Medi-Cal.

DHCS is prioritizing high quality and equitable care across all Medi-Cal delivery systems through targeted data-driven goals, member engagement, and close collaboration with community partners. DHCS provides technical assistance to Medi-Cal managed care plans (MCPs) to scale evidence-based, data-driven strategies to improve the quality and equity of care in the Medi-Cal program. Additionally, DHCS for the first time is releasing [quality ratings for county behavioral health plans](#).

DHCS evaluates quality scores annually for all MCPs and imposes financial sanctions on MCPs that do not meet required performance targets. The sanction amounts are determined by various factors, including the number of members impacted by lower quality rates, how far the scores are from the Minimum Performance Level (MPL) (defined as the national 50th percentile for that measure), whether scores have improved from the previous year, and Healthy Places Index (HPI) reduction factor [as outlined in APL 23-012](#).

Medi-Cal Managed Care Plan: Quality Enforcement Action per MCP by Reporting Unit

Table 1 displays all 56 MCP reporting units (the smallest geographic boundary from which MCP quality performance measure rates and incentive programs are based), the number of measures that each MCP reporting unit scored below the MPL, the calculated HPI reduction factor, the assigned enforcement tier, and the final monetary sanction amount. Using a calculated algorithm outlined in [APL 23-012 \(ca.gov\)](#), sanction amounts are calculated per measure and totaled per MCP. A base amount of \$25,000 is applied to all MCPs with a Calculated Algorithm Impact amount of less than \$25,000, sanction amounts are calculated per measure and totaled per MCP. A base amount of \$25,000 is applied to all MCPs with a Calculated Algorithm Impact amount of less than \$25,000.

Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount [^]
Aetna Better Health of California (Aetna)				
Sacramento	12	Tier 3	0%	\$32,000.00
San Diego	11	Tier 3	0%	
Alameda Alliance for Health (AAH)				
Alameda	5	Tier 2	0%	\$80,000.00
Anthem Blue Cross Partnership Plan (Anthem)				
Alameda	6	Tier 2	0%	\$323,000.00
Contra Costa	9	Tier 2	0%	
Fresno **	11	Tier 3	50%	
Kings	6	Tier 2	40%	
Madera	5	Tier 2	30%	
Region 1 ¹	8	Tier 3	10%	
Region 2 ²	10	Tier 3	0%	
Sacramento	8	Tier 2	0%	
San Benito	3	Tier 2	0%	
San Francisco	8	Tier 2	0%	
Santa Clara	7	Tier 2	0%	
Tulare	3	Tier 2	50%	
Blue Shield of California Promise Health Plan (Blue Shield)				
San Diego	5	Tier 2	0%	\$32,000.00
California Health & Wellness Plan (CHWP)				
Imperial	5	Tier 2	40%	\$100,000.00
Region 1 ¹	9	Tier 3	10%	
Region 2 ²	9	Tier 3	0%	
CalOptima				
Orange	1	Tier 1*	0%	\$-
CalViva Health (CalViva)				
Fresno	8	Tier 2	50%	\$ 72,000.00
Kings	6	Tier 2	40%	
Madera	2	Tier 2	40%	
CenCal Health (CenCal)				
San Luis Obispo	2	Tier 1*	0%	\$-
Santa Barbara	3	Tier 1*	0%	
Central California Alliance for Health (CCAH)				
Merced	8	Tier 2	40%	\$25,000.00

Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount [^]
Monterey/Santa Cruz Counties	0	N/A	20%	
Community Health Group Partnership Plan (CHG)				
San Diego	1	Tier 1*	0%	\$-
Contra Costa Health Plan (CCHP)				
Contra Costa	2	Tier 1*	0%	\$-
Gold Coast Health Plan (GCHP)				
Ventura	4	Tier 2	0%	\$33,000.00
Health Net Community Solutions, Inc (Health Net)				
Kern **	14	Tier 3	50%	\$655,000.00
Los Angeles	7	Tier 2	20%	
Sacramento	8	Tier 3	10%	
San Diego	8	Tier 3	0%	
San Joaquin **	11	Tier 3	30%	
Stanislaus **	14	Tier 3	30%	
Tulare	4	Tier 2	50%	
Health Plan of San Joaquin (HPSJ)				
San Joaquin	9	Tier 2	30%	\$108,000.00
Stanislaus	11	Tier 2	20%	
Health Plan of San Mateo (HPSM)				
San Mateo	1	Tier 1*	0%	\$-
Inland Empire Health Plan (IEHP)				
Riverside/San Bernardino	6	Tier 2	30%	\$416,000.00
Kaiser NorCal (KP Cal, LLC)				
KP North ⁷	2	Tier 2	0%	\$25,000.00
Kaiser SoCal (KP Cal, LLC)				
San Diego	2	Tier 2	0%	\$25,000.00
Kern Health Systems (KHS)				
Kern	10	Tier 2	50%	\$69,000.00
L.A. Care Health Plan (L.A. Care)				
Los Angeles	6	Tier 2	20%	\$890,000.00
Molina Healthcare of California (Molina)				
Sacramento	8	Tier 2	10%	\$255,000.00
San Diego	3	Tier 2	0%	
Imperial **	9	Tier 3	40%	

Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount [^]
Riverside/San Bernardino**	13	Tier 3	30%	
Partnership Health Plan of California (PHC)				
Northeast ³	10	Tier 3	10%	\$184,000.00
Northwest ⁴	10	Tier 3	10%	
Southeast ⁵	6	Tier 2	0%	
Southwest ⁶	5	Tier 2	0%	
San Francisco Health Plan (SFHP)				
San Francisco	2	Tier 1*	0%	\$-
Santa Clara Family Health Plan (SCFHP)				
Santa Clara	1	Tier 1*	0%	\$-
United Healthcare Community Plan (UHC)				
San Diego	13	Tier 3	0%	\$31,000.00
				\$3,355,000.00

*Tier 1 is not subject to monetary sanctions

** Sanctions doubled for second year under corrective action plan (CAP)

[^]Calculation excludes N/A and Tier 1 reporting unit sanction amounts and includes HPI impact factor reduction

1. Region 1 consists of Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties
2. Region 2 consists of Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties
3. Northeast consists of Lassen, Modoc, Shasta, Siskiyou, and Trinity counties
4. Northwest consists of Del Norte and Humboldt counties
5. Southeast consists of Napa, Solano, and Yolo counties
6. Southwest consists of Lake, Marin, Mendocino, and Sonoma counties
7. KP North consists of Sacramento, Amador, El Dorado, and Placer counties

Table 2: HPI Reduction Factor

The HPI reduction factor was introduced for the first time in MY 2022 to account for MCPs serving members in underserved zip codes and to acknowledge underlying

socioeconomic differences across our state, reduce the financial impact on MCPs who serve members in these regions, and not further perpetuate geographic disparities. The HPI percentiles below indicate the severity of underlying socioeconomic factors of members served in that plan (based off of zip code using the Healthy Places Index) and the associated reduction in financial penalties to account for this.

Severity of HPI (per MCP per county)	HPI Percentile	HPI Impact Reduction
Very High	0-9%	50%
High	10-19%	40%
Moderate	20-29%	30%
Low Moderate	30-39%	20%
Low	40-49%	10%

Tables 3 & 4: MCAS Performance Measures

Reflecting DHCS’ ongoing commitment for quality improvement in Medi-Cal, DHCS requires MCPs to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS), comprised of various health-related outcomes related to children’s health, reproductive health and cancer prevention services, chronic disease management, and behavioral health conditions.

DHCS then establishes a Minimum Performance Level (MPL) on qualifying MCAS performance measures based on the National Committee for Quality Assurance’s (NCQA) national Medicaid 50th percentile established in APL 19-017 in 2019. The MPL represents a quality standard that MCPs contracting with DHCS are required to meet (i.e., the ‘floor’ for basic performance), while the High Performance Level (HPL), set at the 90th percentile, is the ultimate quality goal for all contracted MCPs.

For Measurement Year (MY) 2022, DHCS added three new sanctionable measures, and results showed that while plans mostly demonstrated improvement on key priority measures outlined in DHCS’ Comprehensive Quality Strategy, fewer plans met the MPL for measures with high population impact, such as child and adolescent well-care visits. Some of these changes are complicated by fluctuating national benchmarks, where California is improving but not necessarily at the same pace as the rest of the nation.

Table 3: MCAS Performance Measures

Domain	Measure	Acronym	MPL
Children's Health	Child and Adolescent Well-Care Visits	WCV	48.93%
	Childhood Immunization Status: Combination 10	CIS-10	34.79%
	Immunizations for Adolescents: Combination 2	IMA-2	35.04%
	Lead Screening in Children*	LSC*	63.99%
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (Six or More Visits)	W30-6	55.72%
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months (Two or More Visits)	W30-2	65.83%
Reproductive Health & Cancer Prevention	Breast Cancer Screening	BCS	50.95%
	Cervical Cancer Screening	CCS	57.64%
	Chlamydia Screening in Women	CHL	55.32%
	Prenatal and Postpartum Care: Postpartum Care	PPC-Post	77.37%
	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre	85.40%
Chronic Disease Management	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	HBD-H9	39.90%
	Controlling High Blood Pressure	CBP	59.85%
Behavioral Health	Follow-up After Emergency Department Visit for Mental Illness – 30-day Follow-Up*	FUM-30Day*	54.51%
	Follow-up After Emergency Department Visit for Substance Use – 30-day Follow-Up*	FUA-30Day*	21.24%

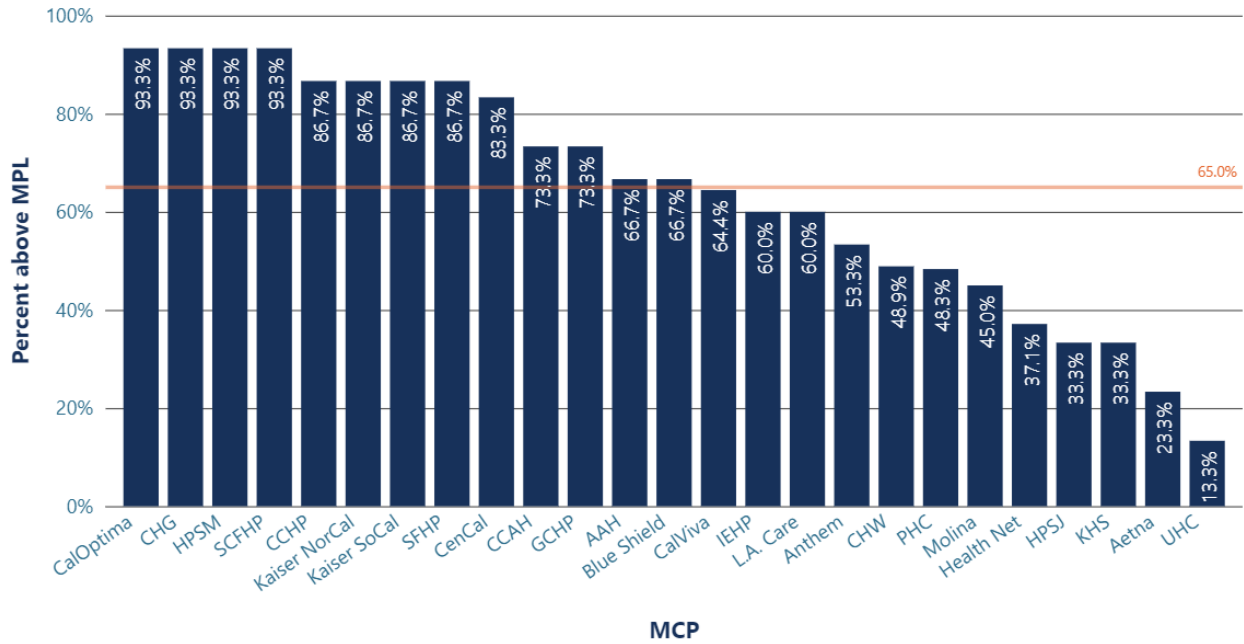
*New sanctionable measures for MY 2022

Table 4: MCP Performance

The graph below represents the percentage of measures that met the MPL for each MCP. For reference, a median line of all measures that met the MPL is represented for comparison. A higher percent indicates better quality performance of the MCP. MCPs above the 65 percent median had a higher percentage of measures above the MPL compared to their peers.

Percent of Measures Meeting MPL per MCP

Measurement Year (MY) 2022



Data Source: MCAS measurement data reported by MCPs
 Prepared by the California Department of Health Care Services

Table 5: Enforcement Tier Triggers

Enforcement Tiers	Tier 1	Tier 2	Tier 3
Triggers	One (1) measure below MPL in any one (1) domain	Two (2) or more measures below MPL in any one (1) domain	Three (3) or more measures below MPL in two (2) or more domains
Enforcement Action	Not subject to monetary sanction	Subject to monetary sanction	Subject to monetary sanction

Commitment to Quality

DHCS’ quality team is committed to working closely with MCPs to improve performance rates and is taking specific actions to support MCPs and statewide quality efforts. Incremental rate goals were set for all MCPs on children’s and reproductive health/cancer preventive services to be achieved annually and DHCS is working towards providing data to assess the effectiveness of quality improvement efforts. DHCS is working closely with community partners to improve well-infant visits by sharing best

practices to assist improvement efforts, in collaboration with plan partners and the Centers for Medicare & Medicaid Services (CMS), as a part of the broader Bold Goals 50x2025 initiative, as well as providing ongoing technical assistance and tutorials for quality improvement tools through regional learning collaboratives and participation in the CMS Infant Well Child Visit Learning Collaborative. Additionally, DHCS created new regional collaboratives in 2023 for all MCPs to discuss regional barriers, disparities, and potential community partners to create a setting where ideas can be shared to better all Californians. Starting in 2024, DHCS will be launching two new statewide learning collaboratives in collaboration with the Institute for Health Care Improvement--one focused on improving and scaling children's preventive services and the other focused on behavioral health integration and improved collaboration between MCPs and County behavioral health plans, in alignment with the Bold Goals 50x2025 priorities.