

# MEDI-CAL MANAGED CARE PLANS: MEASUREMENT YEAR 2023 (MY23) QUALITY SCORES BY DOMAIN

**This report provides information on the performance of Medi-Cal managed care plans (MCP) in four key health domains and identifies specific health disparities:**



Children's Health



Reproductive Health & Cancer Prevention



Chronic Disease Management



Behavioral Health

## Overview

The Department of Health Care Services' (DHCS) **Comprehensive Quality Strategy (CQS) is driven by DHCS' Bold Goals: 50x2025 initiative that, in partnership with stakeholders across the state, will help achieve significant improvements in Medi-Cal clinical and health equity outcomes by 2025.**

The below goals were identified to ensure a comprehensive quality approach across DHCS' priority focus areas – children's preventive health, maternity outcomes and birth equity, and behavioral health integration:

- » Close racial/ethnic disparities in well-child visits and immunizations by 50%.
- » Close maternity care disparity for Black and Native American people by 50%.
- » Improve maternal and adolescent depression screening by 50%.
- » Improve follow-up for mental health and substance use disorders by 50%.
- » Ensure all MCPs exceed the 50th percentile for all children's preventive care measures.

### DHCS' Commitment to Health Equity

These fact sheets highlight how racism has negatively impacted the health of Black, Indigenous, and People of Color communities. California can do more to assess and implement strategies that address health disparities.

DHCS acknowledges that analyzing data for disparities requires categorizing populations by demographic characteristics, which may not fully reflect Medi-Cal members' experiences. When analyzing racial and ethnic group experiences at the county level, groups with fewer than 30 members are omitted because such rates may be unreliable and subject to reidentification. Statewide weighted averages are provided to give context on the scale of potential disparities. DHCS' goal is to use this population data alongside member stories to promote equitable access, experiences, and outcomes.

## Overall Trends in Quality Performance

DHCS measures MCP performance based on (depending on who maintains national benchmarks for a measure):

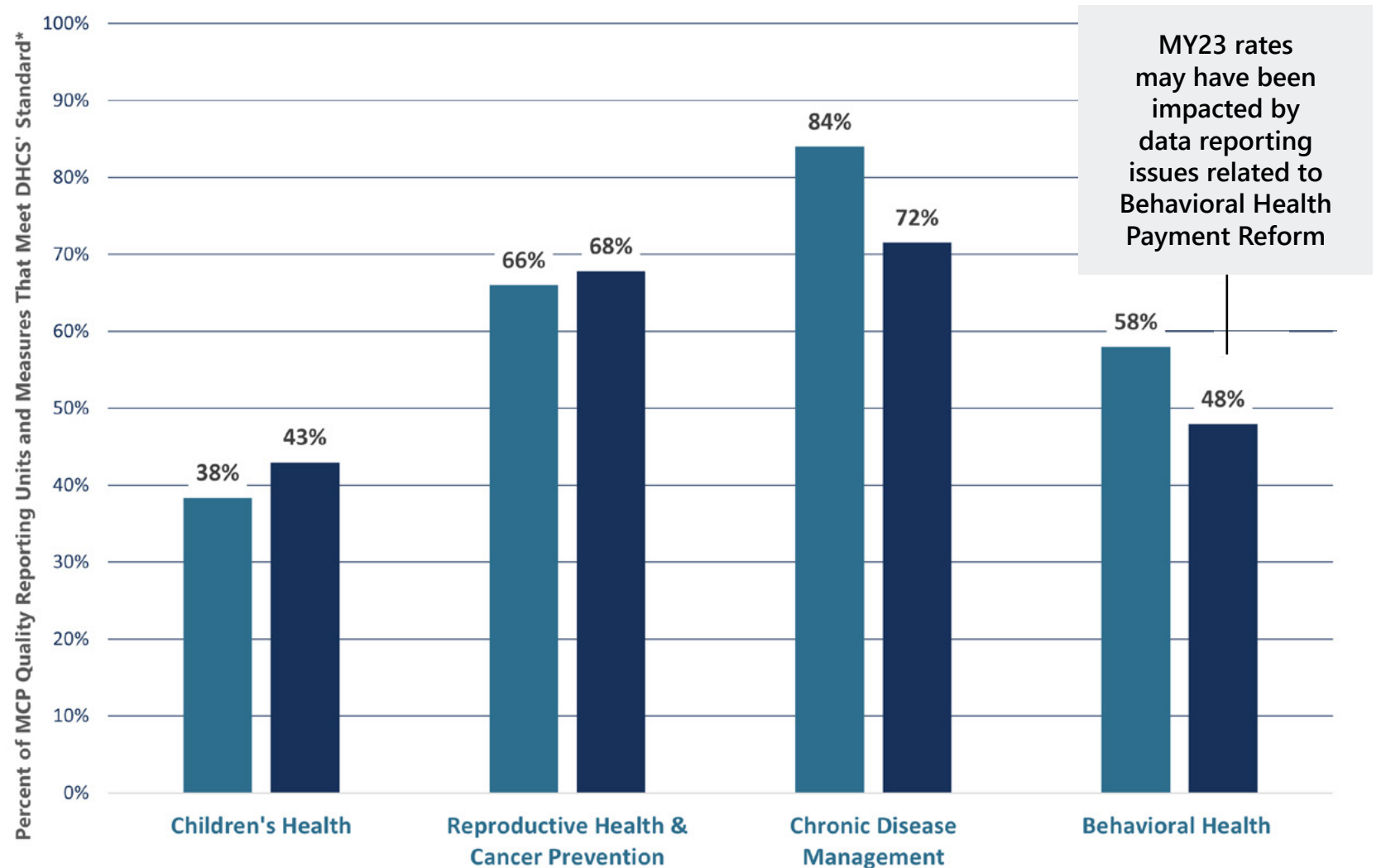
1. The National Committee for Quality Assurance (NCQA) Quality Compass Medicaid HMO 50th percentile benchmark.
2. The Centers for Medicare & Medicaid Services Federal Fiscal Year National Median.

A **MCP Quality Reporting Unit** is an individual county, or a group of counties, served by a MCP. The goal is for 100% of MCPs and their respective MCP Quality Reporting Units to meet or exceed this standard. See the Appendix for a list of MCPs and MCP Quality Reporting Units.

To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meet or exceed the standard set for each key measure. Figure 1 shows the percentage of MCP Quality Reporting Units that successfully meet these standards for each health domain for Measurement Years 2022 and 2023.

**Figure 1: Overall Quality by Domain**

Measurement Years (MY) 2022, 2023





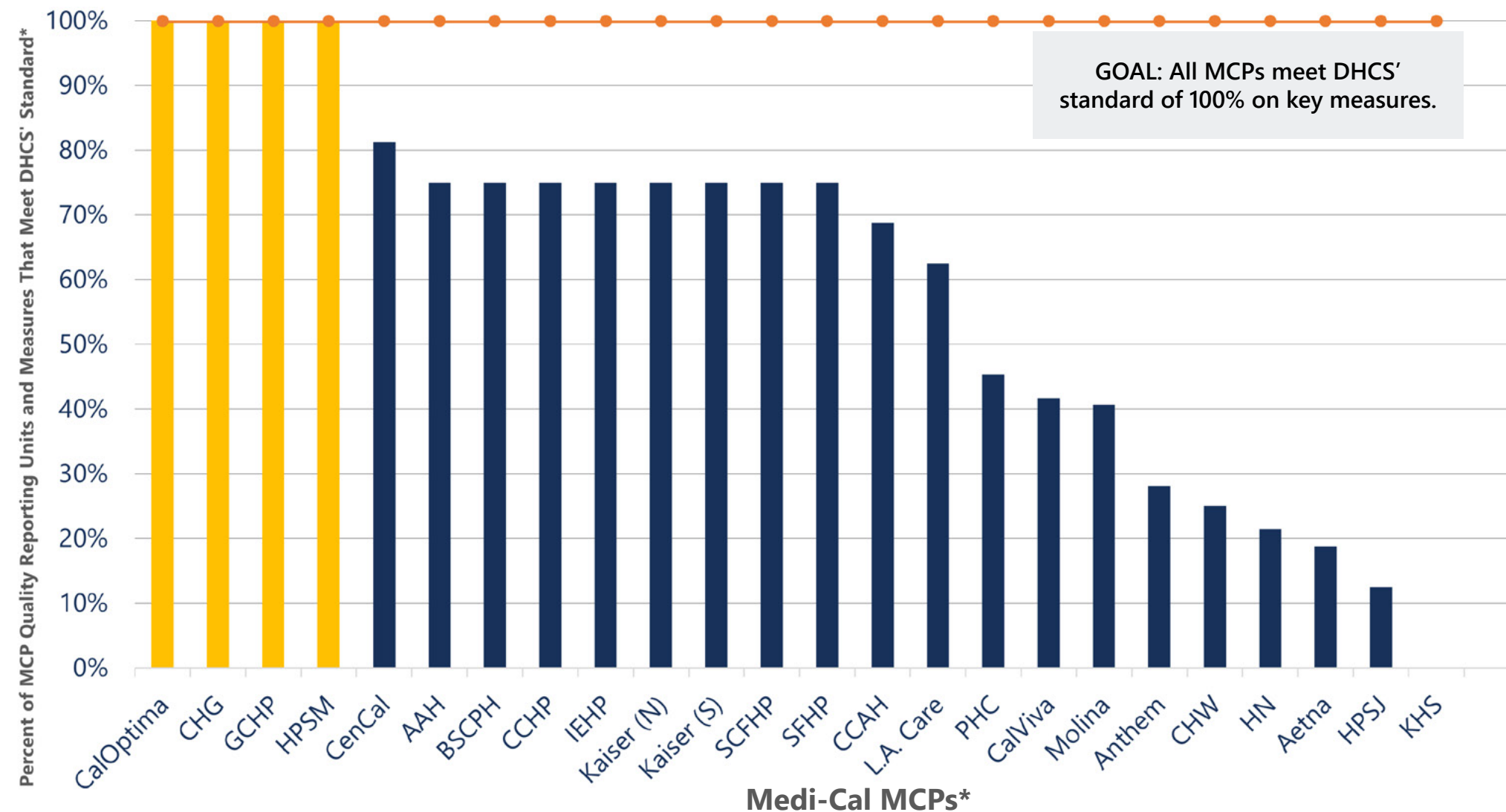
## CHILDREN'S HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY?

### There are eight key measures in the Children's Health Domain:

1. Child and Adolescent Well-Care Visits (WCV)
2. Childhood Immunization Status (CIS-10)
3. Developmental Screening in the First Three Years of Life (DEV), **new for MY 2023**
4. Immunizations for Adolescents (IMA-2)
5. Lead Screening in Children (LSC)
6. Topical Fluoride for Children (TFL-CH), **new for MY 2023**
7. Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits (W30-6+)
8. Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits (W30-2+)

To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meets or exceeds the established standard for each key measure. Figure 2 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Children's Health.

**Figure 2: Children's Health Quality**



**CalOptima,  
Community  
Health Group,  
Gold Coast Health Plan,  
Health Plan  
of San Mateo**

met or exceeded DHCS' standard for all measures

**63% of MCPs**

met or exceeded DHCS' standard for at least 50% of measures

**Overall quality in the Children's Health Domain improved compared to last year (from 38% to 43% of MCP Quality Reporting Units meeting the DHCS standard). There remain opportunities for improvement, particularly in enhancing coordination across delivery systems.**

\*DHCS' standard is based on national averages or median benchmarks for Medicaid plans. See Appendix for a list of MCPs' MCP Quality Reporting Units.

# CHILDREN’S HEALTH: A HEALTH EQUITY LENS

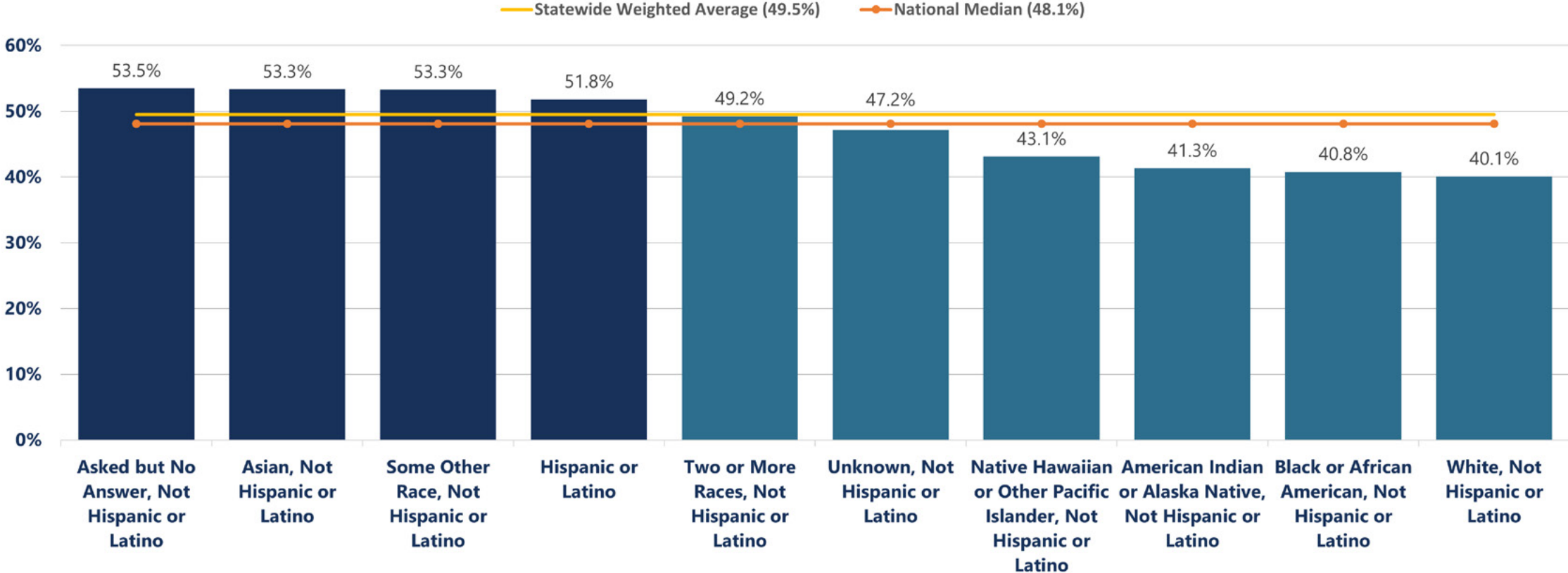
## Children and Adolescent Well-Care Visits (WCV)

The percentage of MCP members 3–21 years of age who had at least one well-care visit with a primary care practitioner during a MY.

### Receiving Well-Child Visits Across Racial & Ethnic Groups in California

Figure 3: Children and Adolescents Receiving Wellness Visits (WCV)

Percent of members by race & ethnicity



### Fresno, Lassen, Modoc, San Joaquin, Yolo

Counties where American Indian or Alaska Native children had higher rates of well-care visits than the Statewide Weighted Average.\*

### 44 out of 47 counties

in California had lower rates of well-care visits for Black children than the Statewide Average.\*

### Madera, Marin, Santa Cruz

Counties where Black children had rates of well-care visits higher than the Statewide Average.\*

\*Among counties with adequate sample size (i.e., 30)

# CHILDREN'S HEALTH: A HEALTH EQUITY LENS

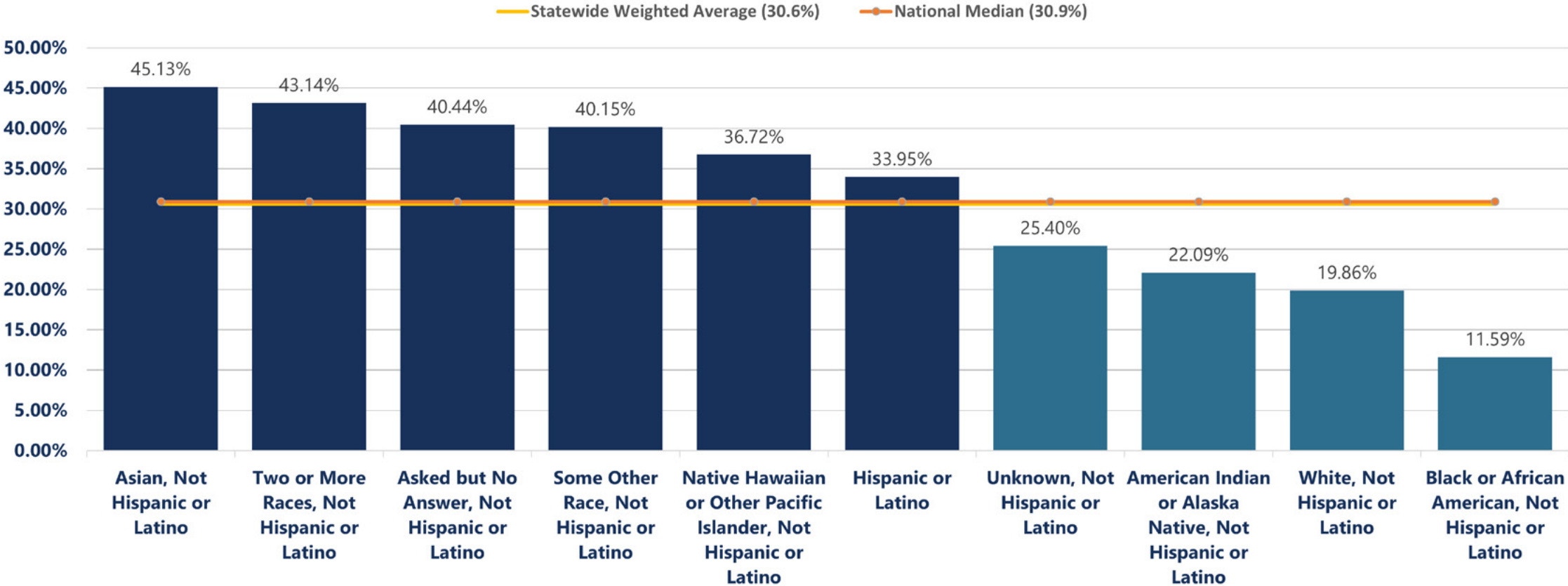
## Childhood Immunization Status (CIS-10)

The percentage of children who have received 10 recommended vaccinations by their second birthday.

### Receiving Childhood Immunizations Across Racial & Ethnic Groups in California

Figure 4: Children Receiving Recommended Vaccinations (CIS-10)

Percent of members by race & ethnicity



**San Diego, Solano**

Counties where at least 25% of Black children received routine vaccinations.\*

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**San Bernardino, Stanislaus, Los Angeles, Kern**

Counties where less than 10% of Black children received routine vaccinations.\*

\*Among counties with adequate sample size (i.e., 30)





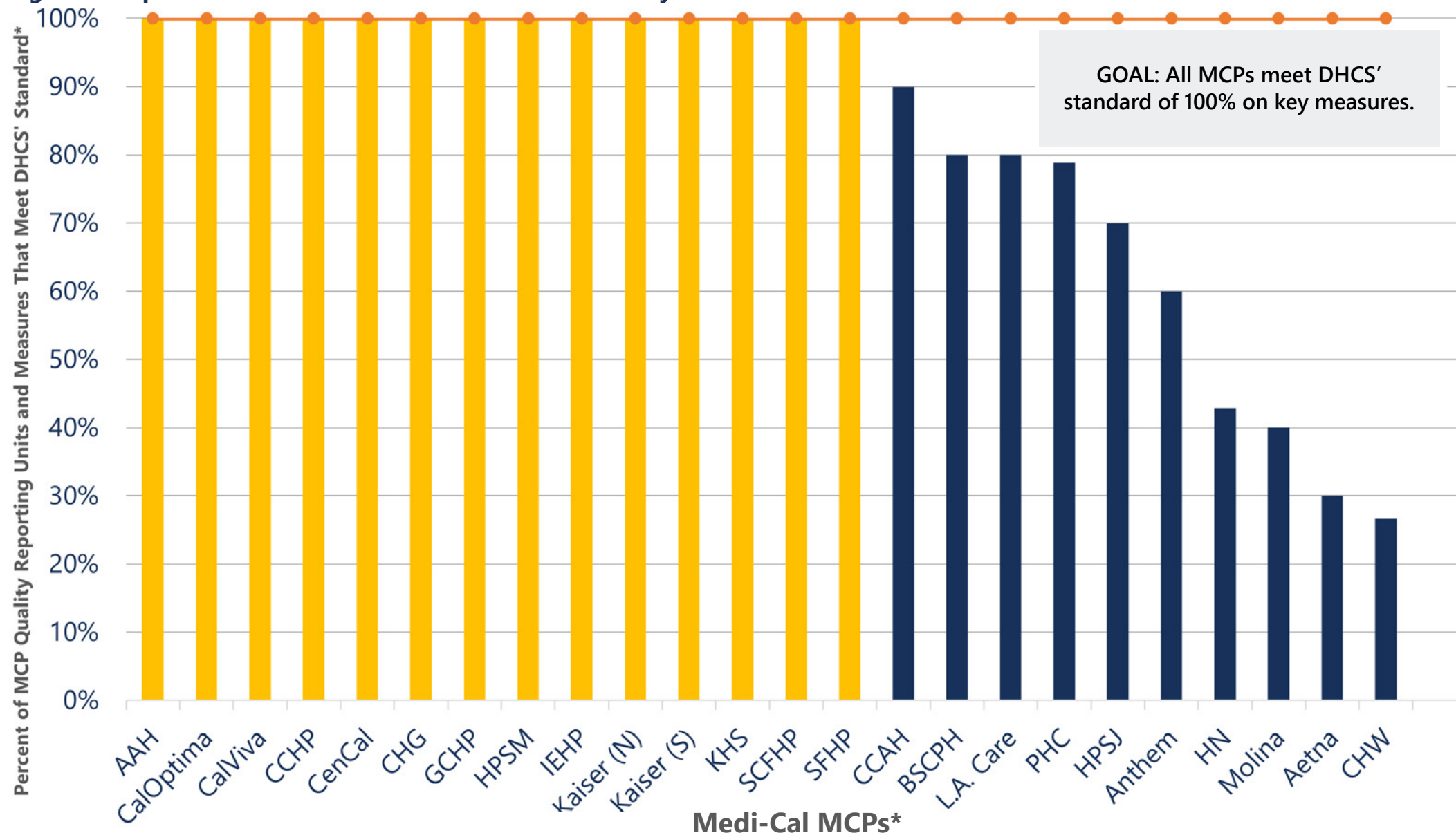
# REPRODUCTIVE HEALTH & CANCER PREVENTION: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY?

There are **five key measures** in the Reproductive Health & Cancer Prevention Domain.

1. Breast Cancer Screening (BCS-E)
2. Cervical Cancer Screening (CCS)
3. Chlamydia Screening (CHL)
4. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
5. Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)

To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meet or exceed DHCS' standard for each key measure. Figure 5 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Reproductive Health & Cancer Prevention.

**Figure 5: Reproductive Health & Cancer Prevention Quality**



\*DHCS' standard is based on national averages or median benchmarks for Medicaid plans. See Appendix for a list of MCP Quality Reporting Units.

**58% of MCPs**  
met or exceeded DHCS' standard for all measures

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**83% of MCPs**  
met or exceeded DHCS' standard for at least 50% of measures

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**Overall quality in the Reproductive Health & Cancer Prevention Domain improved compared to last year (from 66% to 68% of MCP Quality Reporting Units meeting the DHCS standard). Opportunities for improvement remain, particularly in addressing disparities in access to care, which are further highlighted in Figures 6 and 7.**

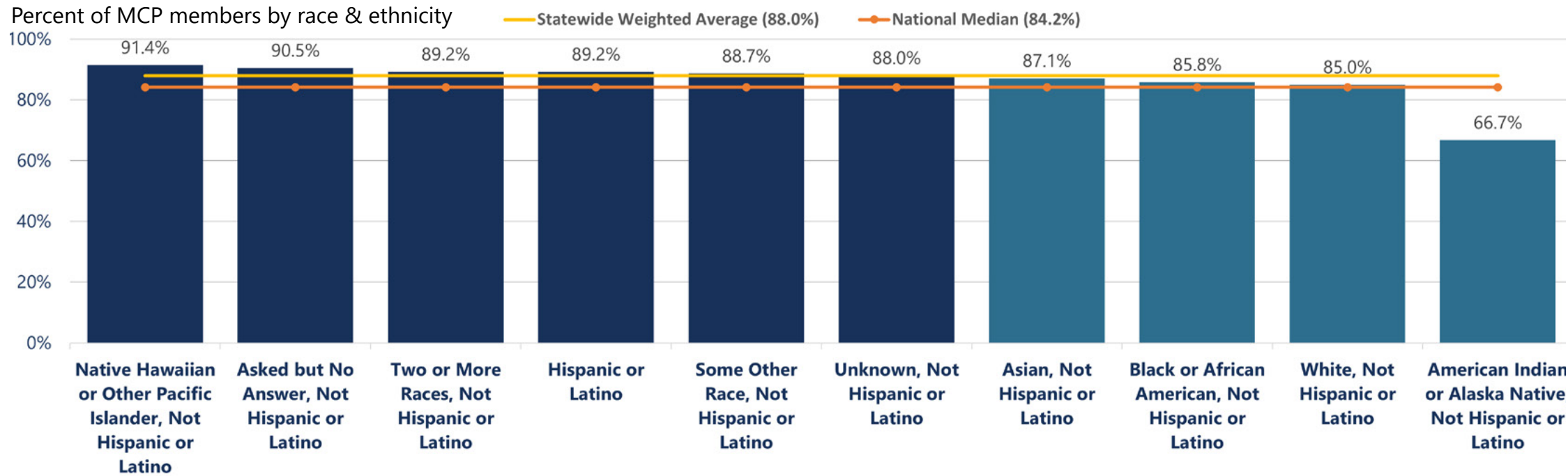
# REPRODUCTIVE HEALTH & CANCER PREVENTION: A HEALTH EQUITY LENS

## Timeliness of Prenatal Care (PPC-Pre)

The percentage of deliveries in which birthing people had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

### Receiving Timely Prenatal Care Across Racial & Ethnic Groups

Figure 6: Birthing People Receiving Timely Prenatal Visits (PPC-Pre)



**In 9 out of 13 counties in California,**

Black birthing persons had **higher rates of timely prenatal care** than the Statewide Weighted Average.\*

**In 0 out of 12 counties in California,**

Black birthing persons had higher rates of postpartum care than the Statewide Weighted Average.\*

### Timeliness of prenatal and postpartum care

for American Indian and Alaska Native birthing persons was worse than the national median.

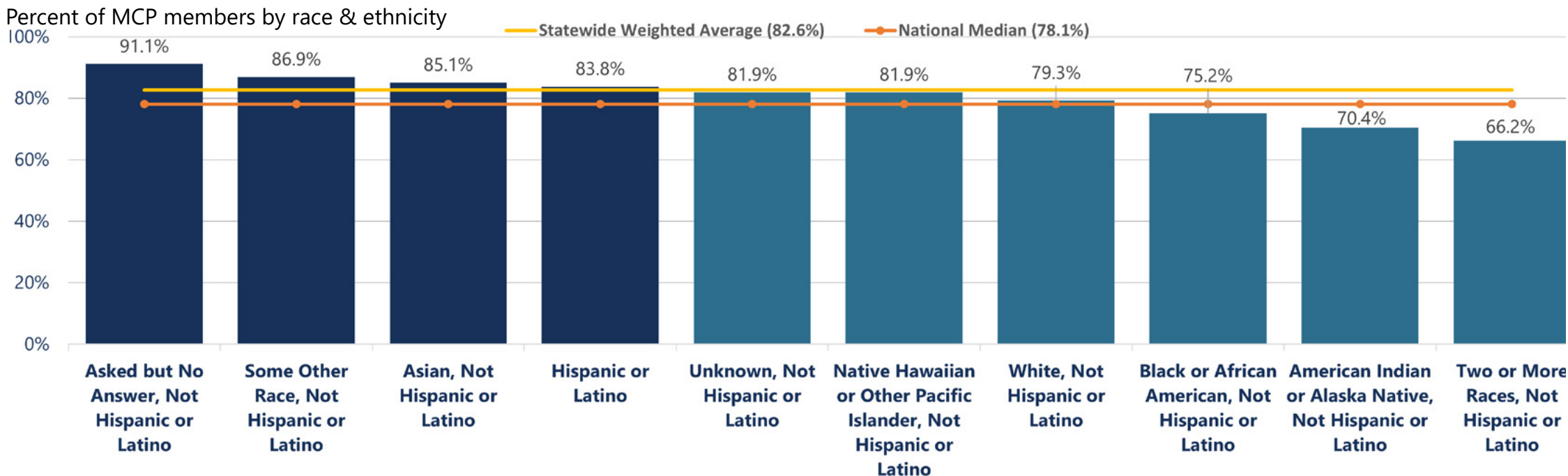
\*Among counties with adequate sample size (i.e., 30)

## Postpartum Care (PPC-Pst)

The percentage of deliveries in which birthing people had a postpartum visit on or between 7 and 84 days after delivery.

### Receiving Postpartum Care Across Racial & Ethnic Groups

Figure 7: Birthing People Receiving Post-Partum Care (PPC-Pst)







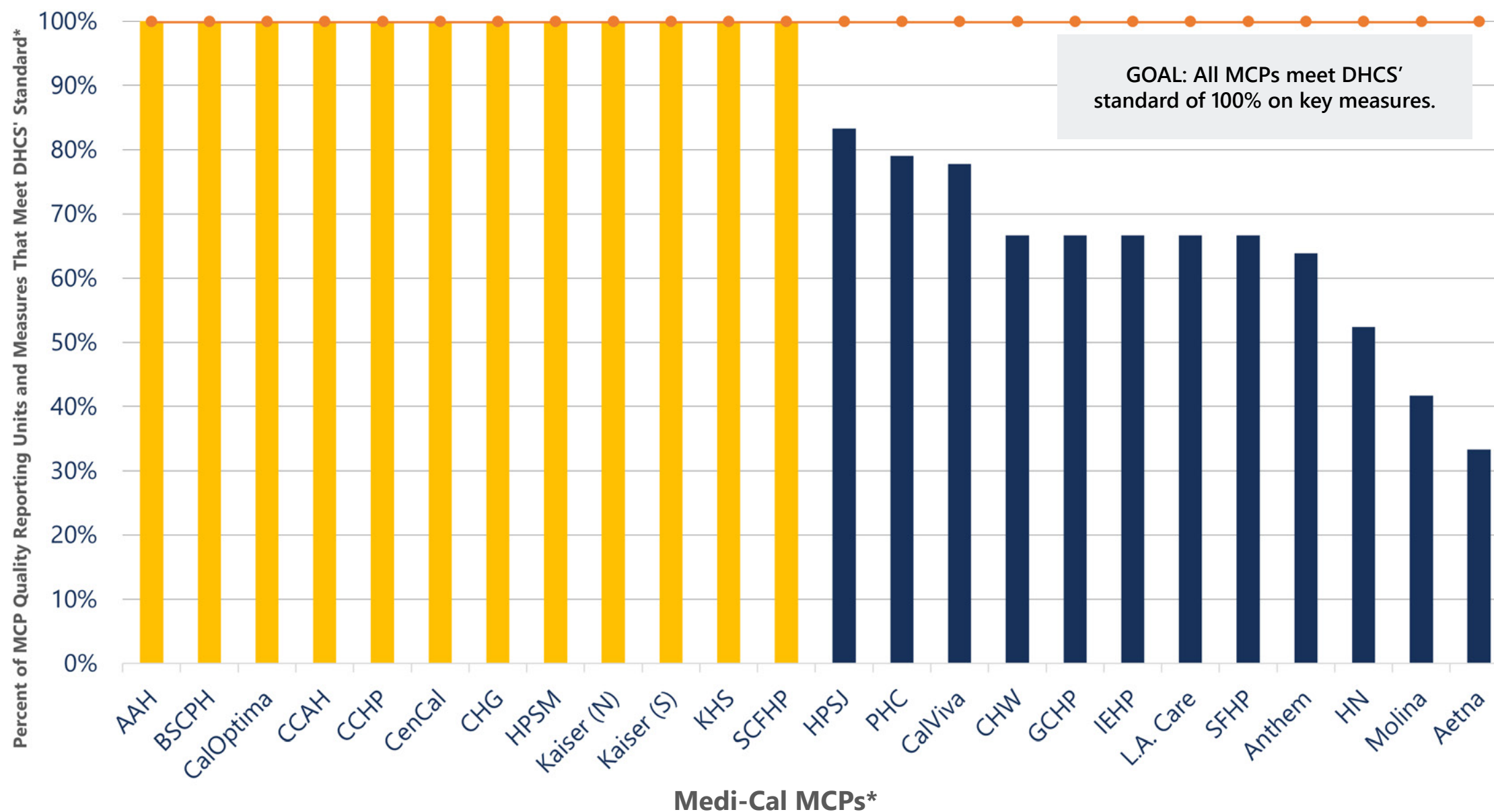
## CHRONIC DISEASE MANAGEMENT: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY?

There are **three key measures** in the Chronic Disease Management Domain:

1. Asthma Medication Ratio (AMR), **new for MY 2023**
2. Controlling High Blood Pressure (CBP)
3. Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%) (HBD)

To assess overall quality, DHCS evaluated whether MCP Quality Reporting Units for each MCP meet or exceed DHCS' standard for each key measure. Figure 8 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Chronic Disease Management.

**Figure 8: Chronic Disease Management Quality**



**50% of all MCPs**

met or exceeded DHCS' standard for all measures

**92% of all MCPs**

met or exceeded DHCS' standard for at least 50% of measures

**Overall Quality in Chronic Disease Management decreased compared to last year (from 84% to 72% of reporting units meeting the DHCS Standard). Opportunities for improvement include enhancing care for asthma, given this was a new measure added in MY23.**

\*DHCS' standard is based on national averages or median benchmarks for Medicaid plans. See Appendix for a list of MCP Quality Reporting Units.



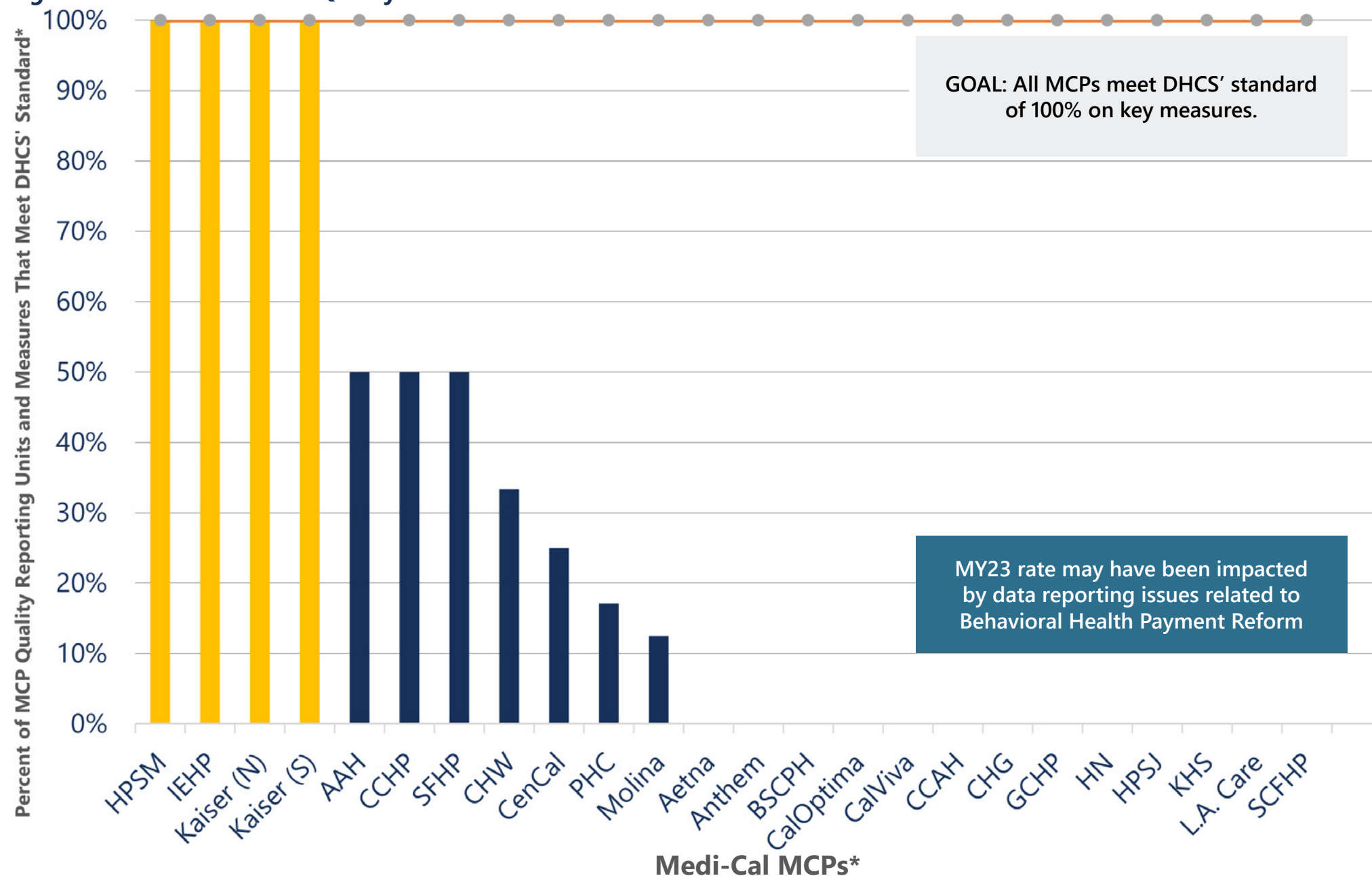
## BEHAVIORAL HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY?

There are two key measures in the Behavioral Health Domain.

1. Follow-Up After Emergency Department Visit for Mental Illness (FUM-30)
2. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-30)

To assess overall quality, DHCS evaluated whether MCP Quality Reporting Units for each MCP meet or exceed DHCS' standard for each key measure. Figure 9 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Behavioral Health.

Figure 9: Behavioral Health Quality



### HPSM, IEHP, Kaiser NorCal, and Kaiser SoCal

met or exceeded  
DHCS' standard for all  
behavioral health measures

### 17% of all MCPs

met or exceeded DHCS'  
standard for all measures

Overall quality in Behavioral  
Health decreased compared  
to last year (from 58% to 48%  
of MCP Quality Reporting Units  
meeting the DHCS standard).

Opportunities for  
improvement include  
enhancing care coordination  
and data collection across  
delivery systems.

\*DHCS' standard is based on national averages or median benchmarks for Medicaid plans. See Appendix for a list of MCP Quality Reporting Units.

## APPENDIX

**MCPs** (Medi-Cal managed care plans contracted with DHCS) and **Quality Reporting Units** (individual or group of counties managed by parent MCP)

Managed Care Plan (MCP) Legend			
Acronym	MCP Name	Number of Quality Reporting Units	Quality Reporting Unit(s)
Aetna	Aetna Better Health of California	2	Sacramento, San Diego
AAH	Alameda Alliance for Health	1	Alameda
Anthem	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	12	Alameda, Contra Costa, Fresno, Kings, Madera, Region 1 <sup>1</sup> , Region 2 <sup>2</sup> , Sacramento, San Benito, San Francisco, Santa Clara, Tulare
BSCPH	Blue Shield of CA (Promise)	1	San Diego
CalOptima	CalOptima	1	Orange
CalViva	CalViva Health	3	Fresno, Kings, Madera
CCAH	Central California Alliance for Health	2	Merced, Monterey/Santa Cruz
CCHP	Contra Costa Health Plan	1	Contra Costa
CenCal	CenCal Health	2	San Luis Obispo, Santa Barbara
CHG	Community Health Group	1	San Diego
CHW	California Health & Wellness	3	Imperial, Region 1 <sup>1</sup> , Region 2 <sup>2</sup>
GCHP	Gold Coast Health Plan	1	Ventura

Managed Care Plan (MCP) Legend (Continued)			
Acronym	MCP Name	Number of Quality Reporting Units	Quality Reporting Unit(s)
HN	Health Net Community Solutions, Inc.	7	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
HPSJ	Health Plan of San Joaquin	2	San Joaquin, Stanislaus
HPSM	Health Plan of San Mateo	1	San Mateo
IEHP	Inland Empire Health Plan	1	Riverside/San Bernardino
Kaiser (S)	Kaiser SoCal	1	San Diego
Kaiser (N)	Kaiser NorCal	1	Sacramento, Amador, El Dorado, Placer
KHS	Kern Health Systems	1	Kern
L.A. Care	L.A. Care Health Plan	1	Los Angeles
Molina	Molina Healthcare of California	4	Imperial, Riverside/San Bernardino, Sacramento, San Diego
PHC	Partnership HealthPlan of California	4	Northeast <sup>3</sup> , Northwest <sup>4</sup> , Southeast <sup>5</sup> , Southwest <sup>6</sup>
SCFHP	Santa Clara Family Health Plan	1	Santa Clara
SFHP	San Francisco Health Plan	1	San Francisco

Superscript Legend		
Superscript	Name	Counties
1	Region 1	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama
2	Region 2	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, Yuba
3	Northeast	Lassen, Modoc, Shasta, Siskiyou, Trinity
4	Northwest	Del Norte, Humboldt
5	Southeast	Napa, Solano, Yolo
6	Southwest	Lake, Marin, Mendocino, Sonoma