BEHAVIORAL HEALTH ACCOUNTABILITY SET (BHAS) QUALITY ENFORCEMENT REPORT: ENHANCING QUALITY FOR MEDI-CAL MEMBERS MEASUREMENT YEAR 2024 (MY24)

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DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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ENHANCING QUALITY FOR MEDI-CAL MEMBERS MEASUREMENT YEAR 2024 (MY24)

The Department of Health Care Services (DHCS) remains focused on advancing access to high-quality and equitable health care services across all Mental Health Plans (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans (collectively referred to as "Behavioral Health Plans" or "BHPs"). This report details BHP quality ratings for measurement year 2024 (MY24) as well as quality enforcement actions taken. Quality enforcement actions can include sanctions and corrective action plans (CAP) issued to BHPs that failed to meet required Minimum Performance Levels (MPL). Through targeted data-driven goals, member engagement, and collaboration with community partners, DHCS aims to improve the quality and equity of care in the Medi-Cal program while holding BHPs accountable for their performance.

BHAS Performance Measures

DHCS identifies quality measures, known as the Behavioral Health Accountability Set (BHAS), as part of its Comprehensive Quality Strategy and in compliance with the CalAIM Section 1915(b) Waiver Special Terms and Conditions. MHPs are held accountable to five measures, and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) plans are held accountable to four measures.

To ensure accountability and drive quality improvement in behavioral health services, DHCS establishes MPLs for qualifying BHAS measures. For measures aligned with NCQA, the MPL is set at the national Medicaid 50th percentile. For CMS measures, the MPL is based on the national state median. The MPL serves as the baseline performance standard—the "floor"—that all behavioral health plans (BHP) contracting with DHCS are required to meet. In contrast, the HPL, set at the 90th percentile, represents the aspirational benchmark for excellence.

For MY24, BHPs that achieve at least a 5 percentage point improvement from their prior year baseline are also considered to have met the MPL, providing a pathway for recognition of meaningful progress. For more information, please refer to the BHAS Quality Fact Sheet.

BHAS Quality Enforcement Methodology

DHCS evaluates BHAS quality measures annually for all BHPs on a per plan, per measure basis. Enforcement actions are applied to BHPs that fail to meet the MPL. For MY24, no monetary sanctions were imposed, as all BHPs received a "Do Not Report" (DNR) designation due to data errors identified during the Performance Measure Validation process. However, Behavioral Health Information Notice (BHIN) 24-044 outlines several factors that DHCS may consider in future sanction determinations, including:

- » The number of measures on which a BHP failed to meet the MPL

- » The degree of underperformance relative to the MPL

- » The size of the population affected

- » Historical performance trends and prior corrective actions

- » The presence of systemic issues or data quality concerns

Population impact: number of members impacted by lower quality rates

Severity: How far the scores are from the Minimum Performance Level (MPL), defined as the national Medicaid 50th percentile for NCQA HEDIS measures and national/state median for CMS

Trending: whether scores have improved from the previous year measures

Local context: Healthy Places Index (HPI) reduction factor

As part of its quality enforcement strategy for MY24, DHCS will issue Corrective Action Plans (CAP) to BHPs that fail to meet the MPL on key BHAS measures. Since all BHP-submitted rates received a DNR designation, CAPs are based on performance calculated using October 2025 data from Medi-Cal Connect, a statewide data analytics platform for population health management that is updated as new claims data are available. A CAP will be issued to any BHP with performance rates below the MPL on three or more measures. These CAPs serve as an alternative enforcement mechanism to promote accountability and drive improvement. BHPs receiving a CAP are required to:

- » Undertake additional quality improvement projects

- » Submit a Quality and Health Equity (QHE) Workplan to DHCS

These requirements and details on BHAS CAPs are outlined in the Behavioral Health Quality Improvement and Health Equity Policy Guide, which provides guidance on addressing disparities and improving outcomes.

BHAS CAPs Report

Table 1 displays the number of BHPs required to complete CAPs. A total of 10 out of 56 Mental Health Plans (MHP) and 29 out of 38 DMC-ODS plans are subject to CAPs. Antidepressant Medication Management (AMM) is excluded from CAP consideration due to NCQA retiring the measure in MY24.

Table 1: CAPs by BHP

Plan Type	MHP	DMC-ODS
# of Counties that received a CAP	10 of 56	29 of 38
Counties	Alameda, Fresno, Merced, Monterey, San Diego, Shasta, Sonoma, Stanislaus, Sutter-Yuba, Tulare	Alameda, El Dorado, Fresno, Humboldt, Kern, Lassen, Los Angeles, Marin, Mariposa, Mendocino, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Yolo

BHP Performance by Measure

Table 2 presents statewide aggregate performance rates for each BHAS measure, along with the number of MHPs and DMC-ODS plans that met the MPL. Among MHP measures, the highest performing was Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), which achieved a statewide aggregate rate of 66.80%, with 47 MHPs meeting the MPL. In contrast, the lowest performing MHP measure was Antidepressant Medication Management – Continuous Phase (AMM-

Continuous), which had a statewide aggregate rate of 43.18%, with only 22 MHPs meeting the MPL.

For DMC-ODS measures, the strongest performance was observed in Use of Pharmacotherapy for Opioid Use Disorder (OUD), which reached a statewide aggregate rate of 61.83%, with 31 DMC-ODS Plans meeting the MPL. The lowest performing DMC-ODS measure was Initiation and Engagement of Substance Use Disorder Treatment – Engagement (IET-Engagement), which had a statewide aggregate rate of just 9.22%, with only three DMC-ODS Plans meeting the MPL. These results highlight both areas of strength and opportunities for targeted improvement in behavioral health service delivery.

Table 2: BHAS Performance by Measure

MHP Measures	Statewide Aggregate Rate	Number of MHPs that Met MPL^
AMM- Acute	57.56%	14
AMM- Continuous	43.18%	22
APP	54.66%	19
FUH- 30 day	47.03%	12
FUM- 30 day	45.10%	16
SAA	66.80%	47
DMC-ODS Measures	Statewide Aggregate Rate	Number of DMC-ODS Plans that Met MPL^
FUA-30 day	33.71%	18
IET - Engagement	9.21%	3
IET - Initiation	35.31%	5
OUD	61.69%	31
POD	16.31%	9

^ These counts of plans do not include plans when the measure has a denominator of less than 30 members. They are omitted because such small rates are unreliable and may be subject to reidentification at that level, thus no determination is made on those rates regarding meeting MPL.

Commitment to Quality and Health Equity

DHCS is committed to working collaboratively with BHPs to improve performance and advance statewide quality and equity goals. To support this effort, DHCS provides ongoing technical assistance and tutorials on quality improvement tools and equitable practices through regional learning collaboratives. These collaboratives offer BHPs a platform to share strategies, address regional barriers, and engage with community partners to better serve Medi-Cal members.

Beginning in 2024, DHCS partnered with IHI to launch a statewide quality improvement collaborative. This initiative helps BHPs deliver more comprehensive care by fostering partnerships with MCPs to address members' mental, physical, and social needs. The collaborative has been implemented in two phases, with eight MCP/BHP dyad teams currently participating in Phase 2. DHCS aims to expand this model in the future to strengthen cross-system collaboration. In addition, DHCS is advancing quality through several key initiatives:

» Medi-Cal Connect, a statewide data analytics platform that supports population health management and care coordination.

» BH-CONNECT, an incentive program that rewards BHPs for improved performance on key behavioral health measures.

» TMaH Model, launched in 2025, a 10-year initiative designed to improve maternal health outcomes through value-based care and evidence-informed interventions.