

MEASUREMENT YEAR 2024 QUALITY SANCTIONS PROGRAM

Frequently Asked Questions (FAQs) – updated as of 03/2025

1. What is the Behavioral Health Accountability Sets (BHAS) Quality Sanctions Program?

In accordance with Welfare & Institutions section 14197.7(e), DHCS may impose monetary sanctions on Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans (collectively referred to as “Behavioral Health Plans” or “BHPs”) that fail to meet or exceed established quality metrics or benchmarks, including the Minimum Performance Levels (MPLs), for the BHAS quality measures. Monetary sanctions for BHPs were publicly communicated in August 2022 through [BHIN 22-045](#). [BHIN 24-044](#), published in December 2024, provides an overview of the BHAS Measurement Year 2024 (MY24) Quality Sanctions Program.

2. When does the BHAS Quality Sanctions Program go into effect?

Measurement Year 2024 (January 1, 2024, to December 31, 2024) will be the first year that the BHAS Quality Sanctions Program imposes enforcement actions on BHPs that fail to meet or exceed the targets for the BHAS quality measures. For BHAS MY24 Quality Sanctions Program, the Notice of Intent to Impose Monetary Sanctions letters are anticipated to be issued in the last quarter of Reporting Year 2025 (RY25).

DHCS will allow new BHPs a "report only" year in their first full calendar year. For subsequent years, the BHPs will be accountable for the BHAS measures. For example, if a new BHP became effective on July 1, 2024, it will be required to report data for measurement year 2025 (MY25) and will be subject to sanctions starting on MY26 performance and forward.

3. How were measures chosen for the BHAS Quality Sanctions Program?

DHCS is committed to promoting longer and healthier lives for Medi-Cal members by improving quality outcomes, reducing health disparities, and driving system transformation and innovation across both physical and mental health delivery systems through value-based initiatives. DHCS aims to create consistency between the physical health Medi-Cal Managed Care Accountability Set (MCAS) program and the approach to behavioral health. DHCS published [BHIN 24-004](#) in December 2023, outlining quality measures that BHPs must report annually to DHCS starting with MY23/R24. DHCS identified these quality measures, known as BHAS, as part of its

[Comprehensive Quality Strategy \(CQS\) 2022](#) and in compliance with the [CalAIM Section 1915\(b\) Waiver Special Terms and Conditions](#). As stated in [BHIN 24-004](#) and [BHIN 24-044](#), DHCS will continue to use the BHAS for future years, until such time as DHCS publishes guidance to supersede or modify this measure set.

4. Which BHAS quality measures will BHPs be held accountable for in BHAS MY24 Quality Sanctions Program?

[BHIN 24-044](#) lists all the MHP and DMC-ODS quality measures that BHPs will be held accountable for in the BHAS MY24 Quality Sanctions Program.

Please note that according to the National Committee for Quality Assurance (NCQA) Quality Compass© measure specifications, some measures have two rates reported. For example, [Initiation of Substance Use Disorder Treatment](#) has two rates; initiation and one related to engagement. Both of these reported rates will be held accountable to the MPL. DHCS will continue to use the BHAS for future years, until such time as DHCS publishes guidance to supersede or modify this measure set.

5. What are the targets for the BHAS MY24 Quality Sanctions Program?

For the BHAS MY24 Quality Sanctions Program, BHP quality measure rates must meet or exceed the national 50th percentile as established by the NCQA Quality Compass© Medicaid HMO or Centers for Medicare & Medicaid Services (CMS) calculated State Median depending on the measure's steward, which is the national median of all states' reported rates for a given measure. On November 26, 2024, DHCS sent out communications to county BHPs that included MPLs for NCQA measures.

If a BHP's rates on quality measures do not meet or exceed the national 50th percentile, the BHP must then achieve at least an absolute rate increase of 5 percentage points over baseline from the prior measurement year. For MY24, the baseline prior measurement year will be MY23 (January 1, 2023 - December 31, 2023).

For example, if a BHP's MY23 rate on a measure was 20%, the BHP must achieve at least a rate of 25% in MY24 in order to meet the target for the BHAS MY24 Quality Sanctions Program if the rate for the given measure does not meet or exceed the national 50th percentile.

6. Why are minimum sanction amounts being assessed in the BHAS Quality Sanctions Program?

In the MCAS Quality Sanctions Program, a \$25,000 minimum sanction amount is used as part of enforcement to ensure a baseline level of accountability when sanctions are assessed. In working towards being consistent with physical health and balancing the impact of regional population factors, DHCS will use different minimum sanction amounts based on County Size Categories by

Population for the BHAS MY24 Quality Sanctions Program. [BHIN 24-044](#) lists the minimum sanction amount for each County Size Category by Population ranging from rural counties (≤ 50 people per square mile) to dense counties (≥ 600 people per square mile).

7. How are County Size Categories by Population determined?

The County Size Categories by Population were determined using the groups already established in the time and distance standards pursuant to [WIC 14197 \(c\)](#). They are used in DHCS Network Adequacy Standards across both Physical ([APL 23-001 Attachment A Table 1](#)) and Behavioral Health ([BHIN 24-020 Tables 7a and 7b](#)). The table of county sizes for each category is listed in [BHIN 24-044](#).

8. How will BHPs be notified about intent to sanction?

Notice of Intent to Impose Monetary Sanctions letters will be issued by DHCS in advance to BHPs. Separate notices will be issued for sanctions for MHP and DMC-ODS measures to the entity with which DHCS is contracted for specialty mental health services or DMC-ODS.

9. Is there a process for appeals of sanctions?

Appeal rights for BHPs can be found in [BHIN 22-045](#). Furthermore, as part of the BHAS MY24 Quality Sanctions Program, BHPs will have the opportunity to interface with DHCS through the Meet and Confer process, similar to what occurs for MCAS sanctions. Specifically, within two (2) business days of receiving the Notice of Intent to Impose Monetary Sanctions letter, a BHP may request to meet with DHCS to discuss additional information they wish to share that may impact the final sanction amount.¹ The Meet and Confer conference is an opportunity for the BHP to present evidence and data that DHCS will review and consider prior to issuing a Notice of Imposition of Monetary Sanctions letter. The evidence and data provided should be relevant to the BHP's work in the county that was sanctioned.

10. How have stakeholders been engaged in the development of the BHAS Quality Sanctions Program? How will stakeholders be engaged in 2025?

DHCS has presented on and discussed BHAS measures several times with stakeholders, including county behavioral health plans.

- » December 2023: BHAS MY22 Rates Meeting
- » March 2024: Cal QIC Conference
- » June 2024: California Behavioral Health Directors Association (CBHDA) Monthly Meeting
- » September 2024: All Plan County Behavioral Health Monthly Meeting

¹ [W&I section 14197.7\(h\)](#)

For the BHAS MY24 Quality Sanctions Program, stakeholder engagement opportunities have included:

- » November 2024: All Plan County Behavioral Health Monthly Meeting
- » November 2024: California Behavioral Health Directors Association (CBHDA) Monthly Meeting
- » In addition, the draft of BHIN 24-044 was published for public comment from November 20, 2024, to December 6, 2024.

In 2025, DHCS will continue to engage with stakeholders in the ongoing development and refinement of the BHAS Quality Sanctions Program.

11. Who do I contact if I still have questions regarding the BHAS Quality Sanctions Program?

For further questions regarding the BHAS Quality Sanctions Program, please contact qualitymonitoring@dhcs.ca.gov.