DHCS CALIFORNIA TECHNICAL SPECIFICATIONS FOR QUALITY MEASURES FOR MEASUREMENT YEAR 2027

September 2026 Updates

DOCUMENT REVISION HISTORY

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Please provide any questions regarding 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 instructions 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 measurement.

USE CASES

Use cases for CaTS include but are not limited to the following: Equity and Practice Transformation (EPT) and the Quality Incentive Pool (QIP). CaTS applies only prospectively to Measurement Year 2027 performance on quality measures (not retrospectively to any prior Measurement Year).

TERMINOLOGY

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

- **"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. These criteria may vary by measure.
- **"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 a measure denominator for that NPI site. These criteria vary by measure. Continuous assignment typically, but does not always, mirror the continuous enrollment criteria for a given measure. As an example, for measures requiring 11 months of enrollment with an MCP out of 12 months in the measurement period (allowing for an allowable one-month gap), the continuous assignment criteria would be the same: 11 out of 12 months assignment to the NPI site, allowing for a one-month gap not overlapping with the anchor date (where an anchor date exists). At the NPI site level, managed care members who do not meet these criteria should not be included in measure-specific denominators for each NPI site.
- **"Anchor date"** — refers to a specific, fixed date used to determine a member's eligibility criteria for a given measure. These criteria vary by measure. For MCP-level measure reporting, the member must be enrolled with the MCP and have the applicable benefit on a specific date. For NPI site-level reporting, anchor date refers to the required date a member is assigned to the NPI site. Any allowable gaps for continuous enrollment and assignment must not include that date. There is not an anchor date for all measures. As an example, when an anchor date is applicable, if

the anchor date for a measure is December 31st, the member must be enrolled with the MCP and assigned to the NPI site on December 31st.

- **"Allowable Gap"** — refers to an allowable period when a member does not need to be enrolled with the MCP (for MCP level reporting) or assigned to the NPI site (for NPI site level reporting). These criteria may vary by measure. As an example for NPI site level reporting, for a measure requiring 12 months of assignment with a one-month allowable gap, the member may be assigned elsewhere for one month in the 12-month period (not overlapping with the anchor date if a measure includes an anchor date). An allowable gap may apply twice, once at the MCP level to establish an MCP denominator and once for assignment at the NPI site level.
- **"Measurement Year" (MY)/"Measurement Period"** — time period during which services/events occurred for performance evaluation.
- **"Reporting Year" (RY)**— year during which measurement results are reported, typically the year after the end of the MY.

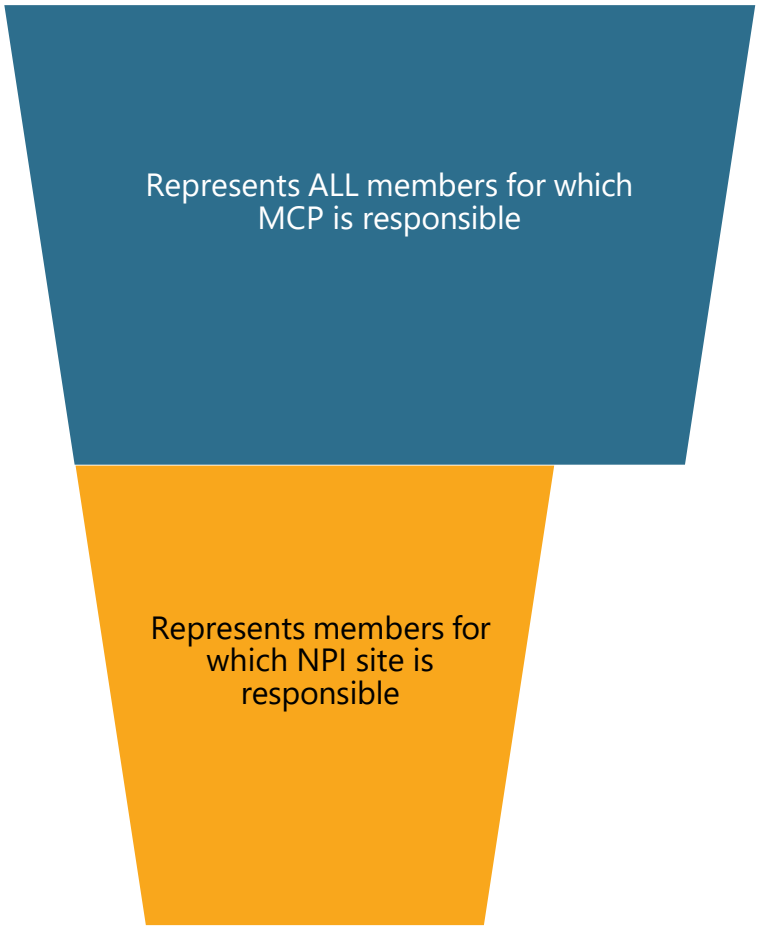
METHODOLOGY

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. The infographic below illustrates this process. MCP-level specifications are applied first to determine MCP-level numerators and denominators. CaTS specifications are then applied to determine NPI site-level numerators and denominators.

The National Committee for Quality Assurance (NCQA), which is the measure steward for Healthcare Effectiveness Data and Information Set (HEDIS) measures, has rules for allowable adjustments to HEDIS measures. Most measures in CaTS are related to HEDIS measures, and for those measures, CaTS is designed to observe allowable adjustments. MCPs should follow the CaTS technical specifications in this document and are not expected to select or apply additional allowable HEDIS adjustments unless directed by DHCS. To view measure-specific allowable adjustments defined by NCQA, individuals must access the NCQA HEDIS technical specifications (which are not publicly accessible). As of the publication of this document, there is a public notice about "Rules for Allowable Adjustments of HEDIS" on the HEDIS landing page.

MCP Level Numerators/Denominators
(National Committee for Quality Assurance (NCQA) or Dental Quality Alliance (DQA) specification: for example, apply continuous enrollment, gap allowance, anchor date, etc., as applicable by measure)

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)



MEASUREMENT PERIODS

- While HEDIS measurement periods conform to a MY, DHCS intends CaTS to be used for both MY performance calculations and off-cycle performance calculations because APL 25-015 requires both for directed payment programs.
- 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 are the same). The same approach should be used for measure stewarded by other organizations (e.g., DQA).
- For off-cycle performance (i.e., performance calculations not conforming to the MY):
  - 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 the end of 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.

RACE AND ETHNICITY STRATIFICATION

Race and ethnicity stratification requirements are program-specific and not required by default in CaTS. When applicable in a DHCS program (currently only in the Quality Incentive Pool [QIP]), MCPs must produce rates stratified by race and ethnicity separately using OMB aligned categories. "Other/Declined/Unknown" must be combined for reporting. If data are collected in a single race/ethnicity question, they must be disaggregated before submission. When hybrid sampling applies, race and ethnicity stratification must be performed after sampling, using only the sampled denominator. MCPs must follow program-specific policy letters to determine which measures require stratification and the exact format for submission.

CATS TECHNICAL SPECIFICATIONS BY MEASURE

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Access/Availability of Care	Adults Access to Preventive/Ambulatory Health Services	AAP	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Access/Availability of Care	ENPC-A: Members Engaged in Primary Care at Assigned Primary Care Site	ENPC-A	DHCS	Refer to the DHCS CalAIM: Population Health Management (PHM) Key Performance Indicators for this measure.
Access/Availability of Care	ECM: Number of Members enrolled in Enhanced Care Management (ECM)	ECM	DHCS	NOTE: technical specifications for this measure will be published by DHCS in the future.
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	NOTE: technical specifications for these measures will be published by DHCS in the future.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	POD	NCQA	• **Apply continuous assignment**, defined as the member being assigned to the assigned practices 31 days prior to the treatment period start date through 179 days after the 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.
Behavioral Health	Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Behavioral Health	Depression Remission or Response for Adolescents and Adults	DRR-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness	FUM	NCQA	• **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). • 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	• **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). • 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.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Behavioral Health	Follow-Up After High Intensity Care for Substance Use Disorder	FUI	NCQA	• 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 (even if that event occurs at an entity other than the entity for which the hospital rate is being produced). • 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	NOTE: the current technical speficiations for FUAH only address MCP-level performance and do not address hospital-level performance. DHCS will release a hospital-level specification in the future.
Cancer Prevention	Cervical Cancer Screening	CCS-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Cancer Prevention	Colorectal Cancer Screening	COL-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Cancer Prevention	Breast Cancer Screening	BCS-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Children's Health	Child and Adolescent Well- Care Visits	WCV	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Children's Health	Lead Screening in Children	LSC-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: member's 2nd birthday.
Children's Health	Well-Child Visits in the First 15 Months	W30 (1st 15 months)	NCQA	• **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**: occurs when the child turns 15 months old. • Allowable gap: none

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Children's Health	Well-Child Visits for Age 15 Months — 30 Months	W30 (15 months – 30 months	NCQA	• **Apply continuous assignment**: the member should be continuously assigned to the practice from 15 months from date of birth plus 1 day to 30 months of age. • **Apply anchor date**: occurs when the child turns 30 months old. • Allowable gap: None
Children's Health	Childhood Immunization Status (CIS -10)	CIS-10-E	NCQA	• **Apply continuous assignment**: the member should be continuously assigned to the practice for 20 months. • **Apply anchor date**: occurs at the child's 2nd birthday. • Allowable gap: None
Children's Health	Immunization for Adolescents	IMA-2-E	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: occurs when child turns 13 years old.
Children's Health	Topical Fluoride for Children	TFL-CH	DQA	• **Apply continuous assignment** of 12 months with allowable gap of one month.
Chronic Disease	Glycemic Status Assessment for Patients with Diabetes	GSD	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Chronic Disease	Controlling High Blood Pressure	CBP	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date**: last day of measurement period.
Chronic Disease	Follow up after Acute and Urgent Care Visits for Asthma	AAF-E	NCQA	• **Apply native HEDIS denominator logic**, which includes a 31-day exclusion period after any urgent care, acute inpatient discharge, observation stay discharge, or prior Emergency Department (ED) that has a corresponding outpatient follow up visit with a diagnosis of asthma within 30 days. • 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. • **Apply anchor date**: episode date. • Allowable gap: none.
Reproductive Health	Chlamydia Screening in Women	CHL	NCQA	• **Apply continuous assignment** of 12 months with allowable gap of one month. • **Apply anchor date:** last day of measurement period.

Measure Domain	Measure Name	Measure Acronym	Steward	Technical Specifications (to be applied at NPI site level)
Reproductive Health	Prenatal and Postpartum Care (Postpartum Care)	PPC-Pst	NCQA	• **Apply continuous assignment**: 43 days prior to delivery through 60 days after delivery. • **Apply 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.
Reproductive Health	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PPC-Pre	NCQA	• **Apply continuous assignment**: 43 days prior to delivery through 60 days after delivery. • **Apply 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	Technical Specifications (to be applied at NPI site level)
Reproductive Health	Prenatal depression screening and follow-up	PND-E	NCQA	• **Apply 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 an alternative measurement period as defined in the HEDIS measure specifications.
Reproductive Health	Postpartum depression screening and follow-up	PDS-E	NCQA	• **Apply 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 1–December 31). It follows an alternative measurement period as defined in the HEDIS measure specifications.