

**ENHANCING QUALITY FOR  
MEDI-CAL MEMBERS –  
ACCOUNTABILITY AND  
ENFORCEMENT FOR  
MEASUREMENT YEAR 2023  
(MY23)**

**December 2024**



# DOCUMENT REVISION HISTORY

Status	Version	Author	Review/ Approval Date
Initial Draft	0.01	<b>Thomas Mahoney</b>	12/17/2024

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# ENHANCING QUALITY FOR MEDI-CAL MEMBERS

## – MEASUREMENT YEAR 2023

DHCS remains focused on advancing access to high-quality and equitable health care services 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 (MCP) to scale evidence-based, data-driven strategies to improve the quality and equity of care in the Medi-Cal program. DHCS is publishing [quality ratings](#) and imposing monetary sanctions on Medi-Cal MCPs that failed to meet or exceed required Minimum Performance Levels (MPL). Additionally, for the second time, DHCS is releasing quality ratings for county behavioral health plans (BHP), based upon performance.

DHCS evaluates quality scores included in the [Managed Care Accountability Set \(MCAS\)](#) annually for all MCPs and imposes financial sanctions on MCPs that fail to meet or exceed 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 MPL (defined as the national Medicaid 50th percentile for National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures and national/state median for Centers for Medicare & Medicaid Services (CMS) measures), 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 Quality Reporting Unit**

Table 1 displays quality scores for 18 measures included in MCAS subject to sanctions for all 55 Quality 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 Quality Reporting Unit scored below the MPL, the calculated HPI reduction factor, the assigned enforcement tier, and the final monetary sanction amount. Using a calculated methodology outlined in [APL 23-012](#), sanction amounts are calculated per measure per Quality Reporting Unit and totaled per MCP. A base amount of \$25,000 is applied to all MCPs with a calculated sanction amount of less than \$25,000, and calculated sanction amounts more than \$25,000 are rounded to the nearest thousand.

Quality Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount^
Aetna Better Health of California (Aetna)				
Sacramento	13	Tier 3	0.0%	\$64,000.00
San Diego	11	Tier 3	0.0%	
Alameda Alliance for Health (AAH)				
Alameda	2	Tier 2	0.0%	\$37,000.00
Blue Cross of Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan (Anthem)				
Alameda	9	Tier 2	0.0%	\$819,000.00
Contra Costa	9	Tier 2	0.0%	
Fresno	13	Tier 3	40.0%	
Kings	8	Tier 2	40.0%	
Madera	4	Tier 2	30.0%	
Region 1 <sup>1</sup>	11	Tier 3	20.0%	
Region 2 <sup>2</sup>	13	Tier 3	0.0%	
Sacramento	12	Tier 3	0.0%	
San Benito	7	Tier 2	0.0%	
San Francisco	7	Tier 2	0.0%	
Santa Clara	9	Tier 2	0.0%	
Tulare	3	Tier 2	50.0%	
Blue Shield of California Promise Health Plan (Blue Shield)				
San Diego	3	Tier 2	0.0%	\$25,000.00
California Health & Wellness Plan (CHWP)				
Imperial	7	Tier 2	40.0%	\$226,000.00
Region 1 <sup>1</sup>	12	Tier 3	10.0%	
Region 2 <sup>2</sup>	13	Tier 3	0.0%	
CalOptima				
Orange	0	N/A**	0.0%	\$-
CalViva Health (CalViva)				

Quality Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount^
Fresno	7	Tier 2	50.0%	\$67,000.00
Kings	9	Tier 2	40.0%	
Madera	0	N/A**	40.0%	
CenCal Health (CenCal)				
San Luis Obispo	3	Tier 2	0.0%	\$25,000.00
Santa Barbara	7	N/A**	0.0%	
Central California Alliance for Health (CCAH)				
Merced	6	Tier 2	40.0%	\$25,000.00
Monterey/Santa Cruz Counties	0	N/A**	10.0%	
Community Health Group Partnership Plan (CHG)				
San Diego	0	N/A**	0.0%	\$-
Contra Costa Health Plan (CCHP)				
Contra Costa	2	Tier 2	0.0%	\$57,000.00
Gold Coast Health Plan (GCHP)				
Ventura	1	Tier 1*	0.0%	\$-
Health Net Community Solutions, Inc. (Health Net)				
Kern	15	Tier 3	50.0%	\$519,000.00
Los Angeles	6	Tier 2	20.0%	
Sacramento	10	Tier 3	0.0%	
San Diego	11	Tier 3	0.0%	
San Joaquin	13	Tier 3	30.0%	
Stanislaus	14	Tier 3	30.0%	
Tulare	5	Tier 2	50.0%	
Health Plan of San Joaquin (HPSJ)				
San Joaquin	7	Tier 2	30.0%	\$68,000.00
Stanislaus	11	Tier 2	20.0%	

Quality Reporting Unit (RU)	Number of MCAS measures below MPL	Enforcement Tier	HPI Impact	Sanction Amount^
Health Plan of San Mateo (HPSM)				
San Mateo	0	N/A**	0.0%	\$-
Inland Empire Health Plan (IEHP)				
Riverside/San Bernardino	3	Tier 2	30.0%	\$41,000.00
Kaiser NorCal (KP Cal, LLC)				
KP North <sup>7</sup>	2	Tier 2	0.0%	\$35,000.00
Kaiser SoCal (KP Cal, LLC)				
San Diego	2	Tier 2	0.0%	\$25,000.00
Kern Health Systems (KHS)				
Kern	8	Tier 2	50.0%	\$49,000.00
L.A Care Health Plan (L.A. Care)				
Los Angeles	5	Tier 2	20.0%	\$214,000.00
Molina Healthcare of California (Molina)				
Sacramento	13	Tier 3	10.0%	\$247,000.00
San Diego	4	Tier 2	0.0%	
Imperial	8	Tier 3	50.0%	
Riverside/San Bernardino	13	Tier 3	20.0%	
Partnership Health Plan of California (PHC)				
Northeast <sup>3</sup>	13	Tier 3	10.0%	\$475,000.00
Northwest <sup>4</sup>	10	Tier 3	10.0%	
Southeast <sup>5</sup>	5	Tier 2	0.0%	
Southwest <sup>6</sup>	4	Tier 2	0.0%	
San Francisco Health Plan (SFHP)				
San Francisco	2	Tier 2	0.0%	\$25,000.00
Santa Clara Family Health Plan (SCFHP)				
Santa Clara	3	Tier 2	0.0%	\$26,000.00

**Total: \$3,069,000.00**

\*Tier 1 is not subject to monetary sanctions

\*\*N/A – MCP RUs that met or exceeded all MPLs did not trigger a tier

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

^Calculation excludes N/A and Tier 1 Quality 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 used in MY23 and also previously in MY22 to account for MCPs serving members in historically underserved zip codes and to acknowledge underlying socioeconomic differences across the state, reduce the financial impact on MCPs that 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 by that MCP. HPI values for each MCP per county have been determined by accounting for the number of members in low HPI zip codes. Each MCP per county was then ranked against the other MCPs to determine the HPI percentile.

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%



### Table 3 & 4: MCAS Performance Measures

Reflecting DHCS' ongoing commitment to quality improvement in Medi-Cal, DHCS requires MCPs to report annually on a set of 39 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, chronic disease management, and behavioral health conditions.

DHCS then establishes an MPL on qualifying MCAS performance measures based on the NCQA's national Medicaid 50<sup>th</sup> percentile established in [APL 19-017](#) in 2019. For CMS measures in MCAS, the MPL is the national state median. The MPL represents a quality standard that MCPs contracting with DHCS are required to meet or exceed (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 MY23, DHCS included three new sanctionable measures (Developmental Screening in the First Three Years of Life, Topical Fluoride for Children, and Asthma Medication Ratio) that were previously report only in MY22. MY23 results showed an overall improvement in the number of MCPs meeting or exceeding MPLs on key priority measures outlined in DHCS' [Comprehensive Quality Strategy](#). However, despite this improvement, less than 50% of MCPs are meeting or exceeding MPLs on measures with high population impact, such as Child and Adolescent Well-Care Visits.

**Table 3: MCAS Performance Measures**

Domain	Measure	Acronym
<b>Children's Health</b>	Child and Adolescent Well-Care Visits	WCV
	Childhood Immunization Status: Combination 10	CIS-10
	Developmental Screening in the First Three Years of Life*	DEV*
	Immunizations for Adolescents: Combination 2	IMA-2
	Lead Screening in Children	LSC
	Topical Fluoride for Children*	TFL-CH*
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (Six or More Visits)	W30-6
	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
<b>Reproductive Health &amp; Cancer Prevention</b>	Breast Cancer Screening	BCS-E
	Cervical Cancer Screening	CCS
	Chlamydia Screening in Women	CHL
	Prenatal and Postpartum Care: Postpartum Care	PPC-Post
	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre

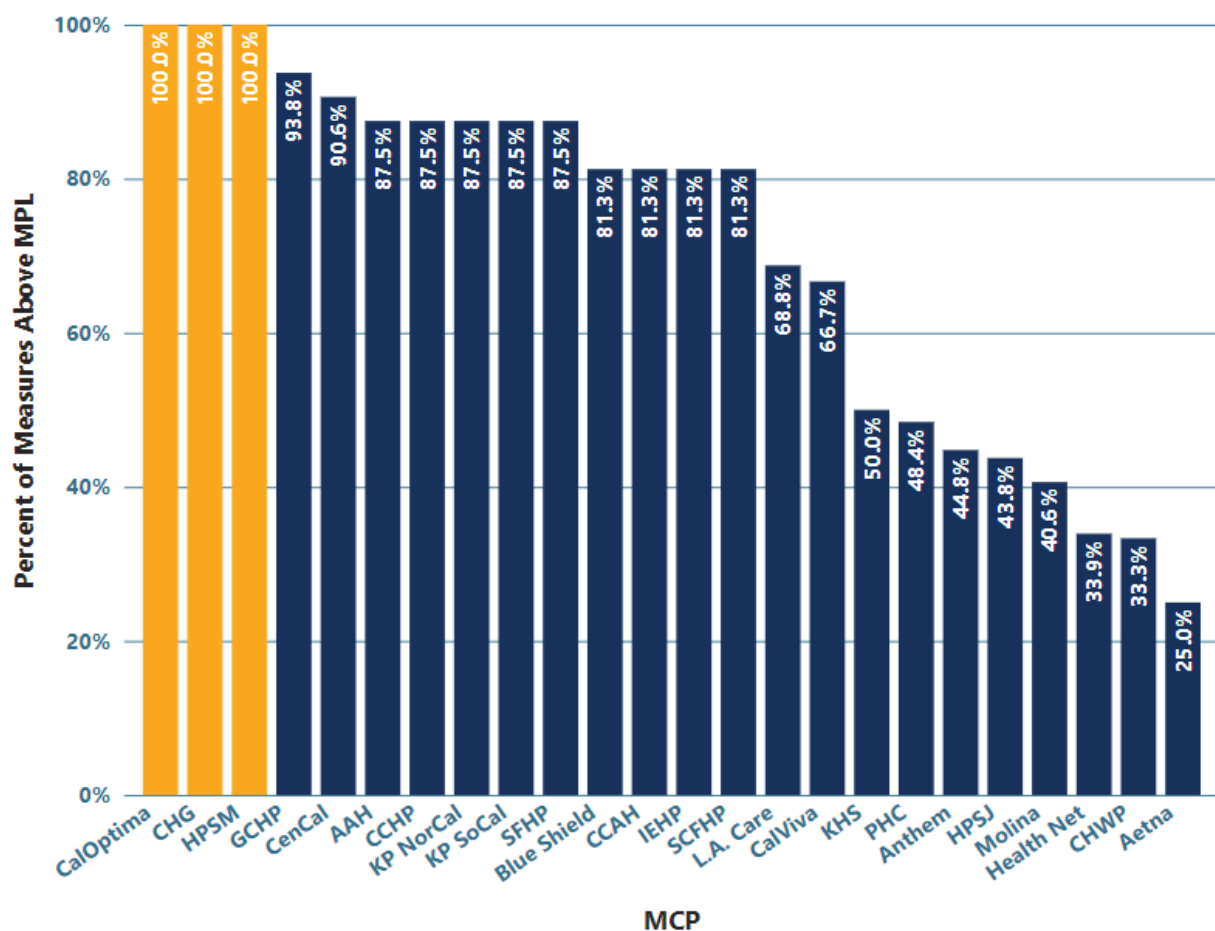
Domain	Measure	Acronym
<b>Chronic Disease Management</b>	Asthma Medication Ratio*	AMR
	Comprehensive Diabetes Care: HbA1c Poor Control^ (>9.0%)	HBD-H9
	Controlling High Blood Pressure	CBP
<b>Behavioral Health</b>	Follow-up After Emergency Department Visit for Mental Illness – 30-day Follow-Up	FUM-30Day
	Follow-up After Emergency Department Visit for Substance Use – 30-day Follow-Up	FUA-30Day

\*New sanctionable measure for MY23

^ A lower rate indicates better performance for this measure.

**Table 4: MCP Performance**

The graph below represents the percentage of measures that met or exceeded the MPL for each MCP. A higher percent indicates better quality performance of the MCP.



### Table 5: Enforcement Tier Triggers

Based upon their performance on all MY23 MCAS quality measures, MCP Quality Reporting Units may be categorized in one of three escalating enforcement tiers (Tier 1, Tier 2, Tier 3), as outlined in [APL 23-012](#) and described in the table below. This is the same as MY22 methodology and is intended to ensure that MCPs are focusing on all their Quality Reporting Units and supporting each to achieve the MPL. Enforcement actions are progressively increased by Tier (e.g., Tier 1 is better performing than Tier 2 or Tier 3 and, as a result, is not subject to monetary sanctions). Tiers 2 and 3 are equivalent in terms of impact on monetary sanction calculation.

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 & Health Equity

DHCS 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 targets for the Bold Goals were set for all MCPs on children’s and reproductive health/cancer preventive services, chronic conditions, and behavioral health services to be achieved annually. Additionally, DHCS provides ongoing technical assistance and tutorials for quality improvement tools and equitable practices through regional learning collaboratives and participation; DHCS created these 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 launched two new statewide learning collaboratives in partnering 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.