MANAGED CARE ACCOUNTABILITY SET (MCAS) QUALITY ENFORCEMENT REPORT: ENHANCING QUALITY FOR MEDI-CAL MEMBERS MEASUREMENT YEAR 2024 (MY24)

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DHCS
CALIFORNIA DEPARTMENT OF
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ENHANCING QUALITY FOR MEDI-CAL MEMBERS MEASUREMENT YEAR 2024 (MY24)

The Department of Health Care Services (DHCS) remains committed to expanding access to high-quality, equitable health care across all Medi-Cal delivery systems. This report outlines the quality enforcement actions taken for Measurement Year 2024 (MY24), including quality ratings and monetary sanctions issued to Medi-Cal managed care plans (MCP) that did not meet and exceed the required Minimum Performance Levels (MPL). Through targeted, data-driven goals, robust member engagement, and collaboration with community partners, DHCS is driving improvements in the quality and equity of care within the Medi-Cal program, while holding MCPs accountable for their performance.

MCAS Performance Measures

As part of its ongoing commitment to quality improvement in Medi-Cal, DHCS requires MCPs to report annually on 38 quality measures, collectively known as the Medi-Cal Managed Care Accountability Set (MCAS). Of these, 18 measures are subject to enforcement actions. These measures span four key domains and reflect a broad range of health-related outcomes critical to ensuring high-quality, equitable care for Medi-Cal members. For more information, please refer to the MCAS Quality Fact Sheet.

Behavioral Health (BH)

Includes measures such as Follow-Up After ED Visit for Mental Illness—30 days (FUM) and Follow-Up After ED Visit for Substance Use—30 days (FUA)

Children's Health (CH)

Includes measures like Child and Adolescent Well-Care Visits (WCV), and Childhood Immunization Status (CIS-10)

Reproductive Health and Cancer Prevention (RC)

Includes measures such as Breast Cancer Screening (BCS-E), and Cervical Cancer Screening (CCS)

Chronic Disease Management (CD)

Includes measures like Asthma Medication Ratio (AMR) and Controlling High Blood Pressure (CBP)

To support accountability and drive quality improvement in Medi-Cal, DHCS establishes MPLs for qualifying MCAS measures. For measures aligned with the National Committee for Quality Assurance (NCQA), the MPL is set at the national Medicaid 50th percentile, as outlined in All Plan Letter (APL) 19-017. For measures developed by the Centers for Medicare & Medicaid Services (CMS), the MPL is based on the national state median. The MPL serves as a baseline quality standard that all MCPs must meet and exceed. In contrast, the High Performance Level (HPL), set at the 90th percentile, represents a benchmark for excellence. DHCS publicly recognizes MCPs that meet and exceed the HPL, reinforcing its commitment to transparency and high-quality care.

From MY23 to MY24, the set of MCAS measures subject to MPL enforcement remained largely consistent. However, one notable update was the replacement of the Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (>9%) (HBD) measure with the Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD) measure. This change aligns with updated clinical guidelines for diabetes management. MY24 results showed overall improvement in the number of MCPs meeting and exceeding MPLs on key priority measures identified in DHCS' Comprehensive Quality Strategy. Despite this progress, further improvement is needed in the following areas:

- Topical Fluoride for Children (TFL-CH)
- Follow-up After Emergency Department Visit for Substance Use – 30 Days (FUA-30)
- Follow-up After Emergency Department Visit for Mental Illness – 30 Days (FUM-30)

Additionally, performance on the Asthma Medication Ratio (AMR) declined compared to MY23, contributing to an overall drop in the Chronic Disease Management domain. This highlights a continued opportunity to strengthen care for chronic conditions in children, particularly asthma.

In MY24, MCPs demonstrated overall improvement in quality performance at the plan level. However, several behavioral health measures continue to pose significant challenges. MCPs performed lowest on two key measures:

- Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM-30)
- Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA-30)

Fewer than 55% of MCPs met and exceeded the MPL for both Asthma Medication Ratio (AMR) and FUM-30, while fewer than 64% did so for FUA-30. These results highlight persistent gaps in behavioral health follow-up and chronic disease management, underscoring the need for targeted improvement strategies in these areas.

In contrast to the challenges seen in behavioral health, several maternal and reproductive health measures demonstrated strong performance in MY24.

Notably:

- More than 40% of MCPs exceeded the HPL for Chlamydia Screening in Women (CHL).
- 50% of MCPs surpassed the HPL for Postpartum Care (PPC-Post).
- Impressively, 100% of MCPs met and exceeded the MPL for PPC-Post, indicating consistent and widespread success in postpartum care.

Additional measures with full MCP compliance at or above the MPL include:

- Immunizations for Adolescents – Combination 10 (IMA-2)
- Timeliness of Prenatal Care (PPC-Pre)

These results reflect meaningful progress in maternal and adolescent health, reinforcing DHCS' commitment to advancing equitable, high-quality care across the Medi-Cal program.

Several additional measures in MY24 showed encouraging results. More than 90% of MCPs met and exceeded the MPL for:

- Breast Cancer Screening (BCS-E)
- Controlling High Blood Pressure (CBP)
- Glycemic Status Assessment for Patients With Diabetes (GSD)
- Chlamydia Screening in Women (CHL)

Despite these gains, pediatric care remains an area for improvement. Nearly one-third of MCPs fell below the MPL on key child wellness measures, including:

- Well-Child Visits in the First 30 Months of Life – 2 visits (W30-2)
- Well-Child Visits in the First 30 Months of Life – 6 visits (W30-6)
- Child and Adolescent Well-Care Visits (WCV)

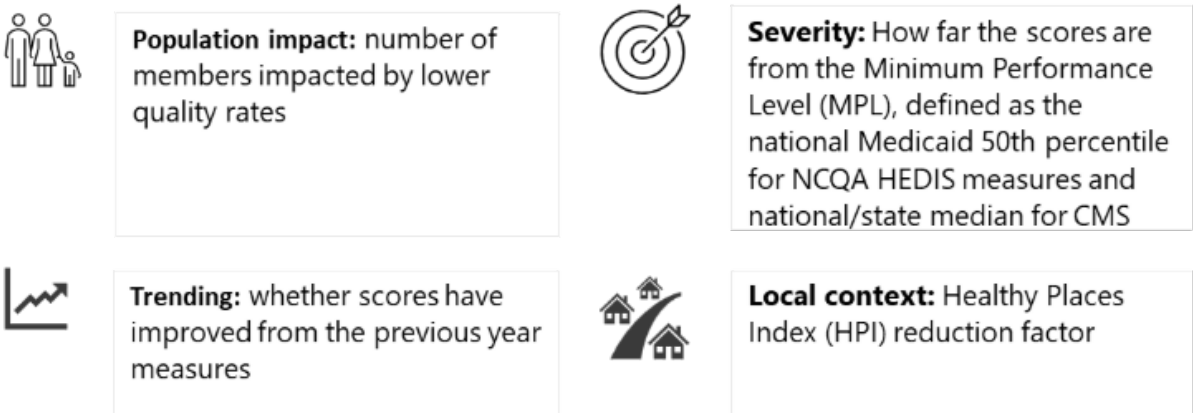
These results underscore the need for continued focus on early childhood preventive care and wellness.

MCAS Quality Sanctions Methodology

DHCS evaluates each MCP annually on all applicable MCAS quality measures, using a per plan, per county, per measure approach. Financial sanctions are imposed on MCPs that fail to meet and exceed the required performance targets. The amount of each sanction is determined by several key factors, including:

- The number of measures on which the MCP failed to meet and exceed the MPL.
- The degree of underperformance relative to the MPL.
- The size of the MCP's enrolled population in the affected county.
- The MCP's historical performance trends and whether prior corrective actions were required.

This approach ensures accountability while encouraging continuous quality improvement across all Medi-Cal delivery systems.



Based on an MCP's performance across all MY24 MCAS quality measures at the county level, DHCS assigns each MCP-county to one of three escalating enforcement tiers: Tier 1, Tier 2, or Tier 3. This tier designation directly influences the financial sanction amount imposed on the MCP. Higher tiers reflect more significant performance deficiencies and result in greater enforcement consequences. Detailed definitions and criteria for each tier are outlined in APL 25-007, Attachment C.

MCAS Quality Sanctions by MCP

Table 1 summarizes MCP county-level performance on the 18 MCAS measures subject to financial sanctions, along with the corresponding sanction amounts. Sanctions were calculated at the MCP-county level and aggregated to the plan level. In total, $1,460,000 in monetary sanctions were issued across all MCPs, a 52.43% decrease compared to MY23. This reduction is attributed to two primary factors:

- Improved performance in key areas, such as well-child visits and early childhood screenings.
- Reduced enrollment due to the resumption of Medi-Cal redeterminations, which had been paused during the COVID-19 public health emergency.

Several MCPs demonstrated exemplary performance:

- Contra Costa Health Plan and Health Plan of San Mateo were not sanctioned, having met and exceeded all MPLs in their service areas.
- Blue Shield, Community Health Group Partnership Plan, Gold Coast Health Plan, San Francisco Health Plan, and Santa Clara Family Health Plan avoided sanctions due to strong performance across nearly all measures.
- MCPs receiving the minimum sanction amount of $25,000 included CalOptima, CalViva Health, CenCal Health, and Central California Alliance for Health.

Additionally, Community Health Plan of Imperial Valley was not subject to sanctions for MY24, as it is newly entering the Medi-Cal managed care market.

For a list of MCPs by county, please see the MCP County Table.

Table 1: Sanctions by MCP

MCP	Percentage of MCP-County Measures that Met and Exceeded MPL*	New to County Count / Total Number of Counties Active In MY24	Sanction Amount^
Alameda Alliance for Health (AAH)	83.33%	1	$46,000

MCP	Percentage of MCP-County Measures that Met and Exceeded MPL*	New to County Count / Total Number of Counties Active In MY24	Sanction Amount^
Blue Cross of Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan (Anthem)**	42.91%	1 / 15	$334,000
Blue Shield of California Promise Health Plan (Blue Shield)	83.33%	1	Not Sanctioned
CalOptima	83.33%	1	$25,000
CalViva Health (CalViva)	79.63%	3	$25,000
CenCal Health (CenCal)	94.44%	2	$25,000
Central California Alliance for Health (CCAH)**	88.89%	2 / 5	$25,000
Community Health Group Partnership Plan (CHG)	94.44%	1	Not Sanctioned
Community Health Plan of Imperial Valley (CHPIV)**	N/A	1 / 1	Not Sanctioned
Contra Costa Health Plan (CCHP)	100.00%	1	Not Sanctioned
Gold Coast Health Plan (GCHP)	94.44%	1	Not Sanctioned
Health Net Community Solutions Inc. (Health Net)**	45.56%	5 / 10	$327,000

MCP	Percentage of MCP-County Measures that Met and Exceeded MPL*	New to County Count / Total Number of Counties Active In MY24	Sanction Amount^
Health Plan of San Joaquin/Mountain Valley Health Plan (HPSJ)**	38.89%	2 / 4	$121,000
Health Plan of San Mateo (HPSM)	100.00%	1	Not Sanctioned
Inland Empire Health Plan (IEHP)	80.56%	2	$89,000
Kaiser Permanente**	91.53%	27 / 32	$72,000
Kern Health Systems (KHS)	61.11%	1	$26,000
L.A. Care Health Plan (L.A. Care)	66.67%	1	$42,000
Molina Healthcare of California (Molina)	44.44%	4	$104,000
Partnership Health Plan of California (PHP)**	37.30%	10 / 24	$199,000
San Francisco Health Plan (SFHP)	94.44%	1	Not Sanctioned
Santa Clara Family Health Plan (SCFHP)	88.89%	1	Not Sanctioned

*Percentages based on county-level performance. Percentage excludes measures with low eligible populations from the numerator and denominator.

^MCP sanctions are rounded up to $25,000 when the calculated sanction is below $25,000 and rounded to the nearest thousand when the calculated sanction is more than $25,000.

** MCPs operating in counties for the first time in 2024 were not subject to sanctions for those counties in their first year of operation, and the measures are excluded from the percentage.

MCAS Quality Sanctions by Measure

Table 2 presents total MCAS sanction amounts by measure, highlighting the areas with the greatest performance challenges in MY24. The top three measures contributing to the highest sanction amounts were:

- Child and Adolescent Well-Care Visits (WCV)
- Cervical Cancer Screening (CCS)
- Topical Fluoride for Children (TFL-CH)

Sanctions for these measures were driven by two primary factors:

- Large eligible populations that did not receive the recommended services
- Widespread underperformance across MCP counties, with many failing to meet and exceed DHCS-established benchmarks

These findings underscore the need for targeted quality improvement efforts in preventive care and early intervention services.

Table 2: MCAS Sanctions by Measure

Measures	Sanction Amount*	Percentage
Child and Adolescent Well-Care Visits (WCV)	$394,450.99	28.65%
Cervical Cancer Screening (CCS)	$361,586.94	26.26%
Topical Fluoride for Children (TFL-CH)	$297,588.93	21.62%
Glycemic Status Assessment for Patients With Diabetes (GSD)	$65,274.23	4.74%
Childhood Immunization Status (CIS-10)	$49,873.36	3.62%

Measures	Sanction Amount*	Percentage
Developmental Screening in the First Three Years of Life (DEV)	$42,756.94	3.11%
Controlling High Blood Pressure (CBP)	$40,190.05	2.92%
Breast Cancer Screening (BCS-E)	$22,664.06	1.65%
Well-Child Visits in the First 30 Months of Life – 0-15 Months – Six of more Well-Child Visits (W30-6)	$19,785.68	1.44%
Well-Child Visits in the First 30 Months of Life – 15 to 30 months – Two or more Well-Child Visits (W30-2)	$17,845.14	1.30%
Asthma Medication Ratio (AMR)	$14,545.34	1.06%
Follow-Up After Emergency Department Visit for Substance Use (FUA)	$12,393.41	0.90%
Immunizations for Adolescents (IMA-2)	$9,962.21	0.72%
Lead Screening in Children (LSC)	$8,874.70	0.64%
Chlamydia Screening in Women (CHL)	$8,444.87	0.61%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	$5,741.36	0.42%
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	$2,894.53	0.21%
Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)	$1,895.24	0.14%

*MCP sanctions are rounded to the nearest thousand. Sanctions by measure reflect numbers prior to rounding.

Commitment to Quality and Health Equity

DHCS is deeply committed to improving quality and advancing health equity across the Medi-Cal program. To support this mission, DHCS works closely with MCPs to raise performance standards and drive measurable improvements in care delivery. DHCS has established incremental rate targets for its Bold Goals initiative, which focuses on:

- Children's health
- Reproductive health and cancer preventive services
- Chronic condition management
- Behavioral health services

These targets are designed to be achieved annually by all MCPs, reinforcing accountability and continuous improvement.

To support MCPs in meeting these goals, DHCS provides:

- Ongoing technical assistance
- Tutorials on quality improvement tools and equitable practices
- Regional learning collaboratives, launched in 2023, which offer MCPs a platform to:
    - Discuss regional barriers and disparities
    - Identify potential community partners
    - Share strategies to better serve all Californians

In partnership with the Institute for Health Care Improvement, DHCS introduced two new statewide collaboratives:

- Children's Preventive Services Collaborative – focused on improving and scaling early childhood care.
- Behavioral Health Care Coordination Collaborative – aimed at enhancing data sharing and collaboration between MCPs and county behavioral health plans, aligned with the Bold Goals 50x2025 priorities.

DHCS is also advancing quality through several key initiatives:

- Medi-Cal Connect: A statewide data analytics platform supporting population health management and care coordination.

- BH-CONNECT: An incentive program that rewards behavioral health plans for improved performance on key behavioral health measures.
- Transforming Maternal Health (TMaH) Model: Launched in 2025, this 10-year initiative promotes value-based care and evidence-informed interventions to improve maternal health outcomes.