2024 PREVENTIVE SERVICES REPORT

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

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COMMONLY USED ABBREVIATIONS AND ACRONYMS

Following is a list of abbreviations and acronyms used throughout this report.

- **A**—administrative
- **AHRQ**—Agency for Healthcare Research and Quality
- **AUS**—*Alcohol Use Screening*
- **BLS**—*Blood Lead Screening*
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems[1]
- **CalAIM**—California Advancing and Innovating Medi-Cal
- **CDPH**—California Department of Public Health
- **CHIP**—Children's Health Insurance Program
- **CHL**—*Chlamydia Screening in Women*
- **CIS**—*Childhood Immunization Status*
- **CMS**—Centers for Medicare & Medicaid Services
- **COHS**—County Organized Health System
- **CPT**—Current Procedural Terminology
- **DDG**—Data De-Identification Guidelines[2]
- **DEV**—*Developmental Screening in the First Three Years of Life*
- **DHCS**—California Department of Health Care Services
- **DRR—***Depression Remission or Response for Adolescents and Adults*
- **DSF**—*Depression Screening and Follow-Up for Adolescents and Adults*
- **ECDS**—Electronic Clinical Data Systems

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[1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[2] California Department of Health Care Services. Data De-Identification Guidelines (DDG). Version 2.2. December 6, 2022. Available at: DHCS-DDG-V2.2.pdf (ca.gov). Accessed on: Mar 13, 2025.

- **EHR**—electronic health record
- **EPSDT**—Early and Periodic Screening, Diagnostic, and Treatment
- **EQR**—external quality review
- **FFS**—fee-for-service
- **FFY**—federal fiscal year
- **FQHC**—federally qualified health center
- **FUA**—*Follow-Up After Emergency Department Visit for Substance Use*
- **FUH**—*Follow-Up After Hospitalization for Mental Illness*
- **FUM**—*Follow-Up After Emergency Department Visit for Mental Illness*
- **H**—hybrid
- **HEDIS®**—Healthcare Effectiveness Data and Information Set[3]
- **HMO**—health maintenance organization
- **HPV**—human papillomavirus
- **HSAG**—Health Services Advisory Group, Inc.
- **IDSS—**Interactive Data Submission System
- **IMA**—*Immunizations for Adolescents*
- **LARC—**Long-Acting Reversible Contraception
- **LSC**—*Lead Screening in Children*
- **MC**—managed care
- **MCAS**—Managed Care Accountability Set
- **MCMC**—Medi-Cal Managed Care program
- **MCP**—managed care health plan
- **MPL**—minimum performance level
- **MRR**—medical record review
- **MS**—Microsoft
- **N**—number

[3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- **NA**—suppressed rate due to small denominator
- **N/A**—national benchmark is not available
- **NCQA**—National Committee for Quality Assurance
- **OB/GYN**—obstetrician/gynecologist
- **OEV**—*Oral Evaluation, Dental Services—Total*
- **PCP**—primary care provider
- **PHM**—Population Health Management
- **PHQ**—Patient Health Questionnaire
- **PIP**—performance improvement project
- **S**—suppressed rate due to small numerator
- **SFM**—*Sealant Receipt on Permanent First Molars*
- **SUD**—substance use disorder
- **Tdap**—tetanus, diphtheria toxoids, and acellular pertussis
- **TFL**—*Topical Fluoride for Children*
- **TUS**—*Tobacco Use Screening*
- **VIS**—*Vision Services*
- **W30**—*Well-Child Visits in the First 30 Months of Life*
- **WCV**—*Child and Adolescent Well-Care Visits*

INTRODUCTION

Background

At the request of the Joint Legislative Audit Committee, the California State Auditor published an audit report in March 2019 regarding the California Department of Health Care Services' (DHCS') oversight of the delivery of preventive services to children enrolled in the California Medi-Cal Managed Care program (MCMC). The audit report recommended DHCS expand the performance measures it collects and reports on to ensure all age groups receive preventive services from the managed care health plans (MCPs).[4] In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG), start producing an annual Preventive Services Utilization Report in 2020. Additionally, the California State Auditor published a follow-up report in September 2022 suggesting that DHCS use recommendations from reports related to children's preventive services to create an annual action plan.[5]

For the 2024 Preventive Services Report, HSAG continued to analyze child and adolescent performance measures either calculated by HSAG or DHCS, or reported by the 24 full-scope MCPs for measurement year 2023 from the Managed Care Accountability Set (MCAS). MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. The 2024 Preventive Services Report presents statewide and regional results for a total of 28 indicators that assess utilization of preventive services by MCMC children and adolescents during measurement year 2023, and includes regional and demographic trends, findings, and recommendations. Comparisons to measurement years 2021 and 2022 results are presented, when available.

Overall, the Preventive Services Report is an additional tool that DHCS can use to identify and monitor appropriate utilization of preventive services for children in MCMC

[4] California State Auditor. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services, March 2019. Available at: https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf. Accessed on: Mar 20, 2025.

[5] California State Auditor. Department of Health Care Services: Follow-Up: Children in Medi-Cal, September 2022. Available at: https://information.auditor.ca.gov/reports/2022-502/index.html. Accessed on: Mar 20, 2025.

as outlined in the 2022 Comprehensive Quality Strategy.[6] DHCS will leverage findings from the Preventive Services Report to work with MCPs and other stakeholders to implement targeted improvement strategies that can drive positive change and ensure MCMC children receive the right care at the right time.

Determination of Key Findings

To focus the 2024 Preventive Services Report on more actionable results for stakeholders, HSAG and DHCS developed criteria to determine which results to include in the body of the report. These criteria include large rate changes from year-to-year (i.e., rate increases or decreases from the prior measurement year by at least a 10 percent relative difference); indicator rates with overall low performance (i.e., below the applicable national benchmark by at least a 10 percent relative difference); racial/ethnic, primary language, gender, and age groups with disparate performance across indicators (i.e., a demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference); indicator rates with regional variations in performance (i.e., geographic regions with consistently high or low performance across indicators relative to the statewide aggregate by at least a 10 percent relative difference); and domains with overall poor performance (i.e., more than half of the indicators within a domain with low performance relative to national benchmarks). HSAG and DHCS then decided on a final list of indicators with the most actionable results for stakeholders to include in the body of the report. For more details, see the Determination of Key Findings subheading in the Reader's Guide.

Overall Findings

The 2024 Preventive Services Report includes the results from the analysis of 28 indicators that assess the utilization of preventive services by pediatric MCMC members at the statewide and regional levels (i.e., delivery type model, population density, geographic region, and county) as well as by key demographic characteristics (i.e., race/ethnicity, primary language, gender, and age). Table 1 displays the 28 indicators included in the 2024 Preventive Services Report, as well as the three age indicators for

[6] State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Mar 20, 2025.

the *Child and Adolescent Well-Care Visits* indicator. Where possible, HSAG indicated if the measurement years 2021, 2022, and 2023 statewide indicator rates met the respective National Committee for Quality Assurance's (NCQA's) Quality Compass®,[7] national Medicaid Health Maintenance Organization (HMO) 50th percentile or the Centers for Medicare & Medicaid Services' (CMS') Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (CHIP) (Child Core Set) National Median (henceforth referred to as national benchmarks).[8]

The source for certain health plan measure rates and benchmark (averages and percentiles) data ("the Data") is Quality Compass® 2022, 2023, and 2024 is used with the permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA.

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[8] Centers for Medicare & Medicaid Services. 2023 Child and Adult Health Care Quality Measures Quality. Available at: 2023 Child and Adult Health Care Quality Measures Quality. Accessed on: Mar 20, 2025.

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Table 1—Statewide Indicator Rates

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national benchmark for its respective measurement year.

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

Benchmark sources for each indicator listed in the table below are available in Table 7 in the Reader's Guide.

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2023 Statewide Rate	Measurement Year 2023 National Benchmark
MCP-Calculated Indicators				
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)	40.23%	49.62%	53.64%	60.38%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)	60.28%	64.36%	66.67%	69.43%
Child and Adolescent Well-Care Visits—3 to 11 Years (WCV)	55.24%▲	55.45%	57.46%	59.40%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2023 Statewide Rate	Measurement Year 2023 National Benchmark
Child and Adolescent Well-Care Visits—12 to 17 Years (WCV)	49.91%▲	48.93%	51.67%	52.39%
Child and Adolescent Well-Care Visits—18 to 21 Years (WCV)	23.34%	23.43%	26.48%	27.90%
Child and Adolescent Well-Care Visits—Total (WCV)	47.51%	47.02%	49.50%	51.81%
Childhood Immunization Status—Combination 10 (CIS–10)	37.81%▲	35.23%▲	31.59%▲	27.49%
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	59.23%▲	58.82%▲	61.61%▲	50.96%
Depression Remission or Response for Adolescents and Adults—Follow-Up Patient Health Questionnaire (PHQ)-9—12 to 17 Years (DRR–E–FU)	—	—	23.53%	29.73%
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)	—	4.33%	8.87%▲	0.16%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2023 Statewide Rate	Measurement Year 2023 National Benchmark
Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)	—	87.88%	84.04%▲	83.03%
Developmental Screening in the First Three Years of Life—Total (DEV)	28.83%	32.33%	40.34%▲	35.70%
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	43.47%	59.05%	48.05%	67.18%
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)	—	19.84%	20.42%	30.99%
Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)	37.96%▲	38.63%▲	39.30%▲	34.30%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2023 Statewide Rate	Measurement Year 2023 National Benchmark
Lead Screening in Children (LSC)	52.06%	53.41%	57.36%	63.84%
HSAG-Calculated Indicators				
Alcohol Use Screening (AUS)	2.31%	3.11%	4.63%	N/A
Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC)	—	—	1.70%	3.00%
Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)	—	—	10.96%	23.80%
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	58.80%▲	56.65%▲	47.71%▲	46.43%
Oral Evaluation, Dental Services—Total (OEV)	—	37.99%	38.81%	42.80%
Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)	—	—	48.12%	48.30%
Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)	—	—	33.53%	35.40%

Indicator	Measurement Year 2021 Statewide Rate	Measurement Year 2022 Statewide Rate	Measurement Year 2023 Statewide Rate	Measurement Year 2023 National Benchmark
Tobacco Use Screening (TUS)	3.83%	3.86%	6.52%	N/A
Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)	—	16.17%	18.09%	19.00%
Vision Services—Comprehensive Eye Exam (VIS–C)	—	17.49%	17.01%	N/A
Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)	—	19.48%	18.98%	N/A
DHCS-Calculated Indicators				
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	43.98%	47.70%	54.47%	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	34.50%	38.77%	44.31%	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	21.26%	23.27%	27.87%	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	32.29%	29.11%	28.22%	N/A

Based on the determination of key findings analysis, Table 2 presents the key finding indicators for measurement year 2023. The table also presents the statewide rate change from measurement year 2022 to 2023, and whether the indicator was considered a key finding for measurement year 2022.

Table 2—Key Findings from Measurement Year 2022 to 2023

— indicates that the indicator did not meet the criteria to be determined a key finding for that respective measurement year.

Note: HSAG and DHCS identified no key findings for DHCS-calculated indicators. Key Finding only include reportable rates and exclude the Unknown/Missing race/ethnicity category.

Please refer to the Appendix E. Methodology for a full description of the determination of key findings.

Indicator	Statewide Rate Change from Measurement Year 2022 to 2023	Measurement Year 2022 Key Findings	Measurement Year 2023 Key Findings
MCP-Calculated Indicators			
Childhood Immunization Status—Combination 10 (CIS–10)	Decreased	Three of six racial/ethnic groups (50.00 percent) had low performance compared to the national benchmark. Additionally, three of six regions (50.00 percent) had low performance compared to the statewide aggregate.	Three of six racial/ethnic groups (50.00 percent) had low performance compared to the national benchmark. Three of six regions (50.00 percent) had low performance compared to the statewide aggregate.
Developmental Screening in the First Three Years of Life—Total (DEV)	Increased	The statewide rate had low performance compared to the national benchmark. Four of seven racial/ethnic groups (57.14 percent) had low performance compared to the national benchmark. Additionally, two of six regions (33.33 percent) had low	One of seven racial/ethnic groups (14.28 percent) had low performance compared to the national benchmark. Two of six regions (33.33 percent) had low performance, and two of six regions (33.33 percent) had high performance compared to the statewide aggregate.

Indicator	Statewide Rate Change from Measurement Year 2022 to 2023	Measurement Year 2022 Key Findings	Measurement Year 2023 Key Findings
		performance compared to the statewide aggregate.	
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	Decreased	The statewide rate had low performance compared to the national benchmark. Five of six racial/ethnic groups (83.33 percent) had low performance compared to the national benchmark.	The statewide rate had overall low performance compared to the national benchmark. Six of six racial/ethnic groups (100.00 percent) had low performance compared to the national benchmark. Three of six regions (50.00 percent) had low performance compared to the statewide aggregate. Additionally, the statewide rate showed a substantial decrease from 2022 to 2023.
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)	Increased	The statewide rate had low performance compared to the national benchmark. Four of four racial/ethnic groups (100.00 percent) had low performance compared to the national benchmark. Additionally, two of six regions (33.33 percent) had low performance compared	The statewide rate had low performance compared to the national benchmark. Four of four racial/ethnic groups (100.00 percent) had low performance compared to the national benchmark. Additionally, three of six regions (50.00 percent) had low performance compared to the statewide aggregate.

Indicator	Statewide Rate Change from Measurement Year 2022 to 2023	Measurement Year 2022 Key Findings	Measurement Year 2023 Key Findings
		to the statewide aggregate.	
Immunizations for Adolescents—Combination 2 (IMA-2)	Increased	—	Four of seven racial/ethnic groups (57.14 percent) had low performance compared to the national benchmark. Additionally, three of six regions (50.00 percent) had low performance compared to the statewide aggregate.
Lead Screening in Children (LSC)	Increased	The statewide rate had low performance compared to the national benchmark. Five of seven racial/ethnic groups (71.43 percent) had low performance compared to the national benchmark.	The statewide rate had low performance compared to the national benchmark. Five of six racial/ethnic groups (83.33 percent) had low performance compared to the national benchmark.
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)	Increased	The statewide rate had low performance compared to the national benchmark. Six of seven racial/ethnic groups (85.71 percent) had low performance compared to the national benchmark.	The statewide rate had low performance compared to the national benchmark. Five of seven racial/ethnic groups (71.43 percent) had low performance compared to the national benchmark.

Indicator	Statewide Rate Change from Measurement Year 2022 to 2023	Measurement Year 2022 Key Findings	Measurement Year 2023 Key Findings
HSAG-Calculated Indicators			
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	Decreased	While this specific indicator did not meet any of the key findings criteria, its domain (i.e., Behavioral Health) was identified as having overall low performance; therefore, all indicators in the domain were considered key findings.	The statewide rate showed a substantial decrease from 2022 to 2023. Additionally, its domain (i.e., Behavioral Health) was identified as having overall low performance, so all indicators in the domain were considered key findings.
Oral Evaluation, Dental Services—Total (OEV)	Increased	Five of seven racial/ethnic groups (71.43 percent) had low performance compared to the national benchmark. Additionally, two of six regions (33.33 percent) had low performance compared to the statewide aggregate.	Five of seven racial/ethnic groups (71.43 percent) had low performance compared to the national benchmark. Two of the six regions (33.33 percent) had low performance compared to the statewide aggregate.
Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM-1)	—	—	Four of seven racial/ethnic groups (57.14 percent) had low performance compared to the national benchmark. Two of the six regions (33.33 percent) had low performance compared to the statewide aggregate.

Indicator	Statewide Rate Change from Measurement Year 2022 to 2023	Measurement Year 2022 Key Findings	Measurement Year 2023 Key Findings
Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)	Increased	Five of seven racial/ethnic groups (71.43 percent) had low performance compared to the national benchmark. Additionally, two of six regions (33.33 percent) had low performance compared to the statewide aggregate.	Five of seven racial/ethnic groups (71.43 percent) and three of eight age groups (37.50 percent) had low performance compared to the national benchmark. Two of six regions (33.33 percent) had low performance compared to the statewide aggregate. Additionally, this indicator showed a substantial statewide increase from 2022 to 2023.

The following are the overall findings from the 2024 Preventive Services Report analyses. Please note, Overall Finding 1 includes all indicators contained in this report, but the remaining overall findings are limited to those indicators in Table 2. Detailed statewide and regional results for the indicators considered key findings can be found in the Statewide Key Findings section, and the results for the remaining indicators can be found in Appendix B. Full Demographic Results. MCP reporting unit results can be found in Appendix C. MCP Reporting Unit Findings.

- **Overall Finding 1: Performance between measurement years 2022 and 2023 was mixed, as rates of preventive screenings and well-care visits improved, while rates of immunizations and follow-up visits worsened.**
  - Between measurement years 2022 and 2023, there was a relative decrease of at least 10 percent among nearly all racial/ethnic categories and both Female and Male gender groups in follow-up care as shown in the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)* indicators.

- Conversely, nearly all racial/ethnic categories and the Female and Male gender groups demonstrated a 10 percent relative increase in access to developmental screenings (*Developmental Screening in the First Three Years of Life—Total [DEV]* measure*)* and preventive dental treatments (*Topical Fluoride for Children—Dental or Oral Health Services—Total [TFL–DO]* measure) between measurement years 2022 and 2023.

» **Overall Finding 2: Performance is regional.**

- Rates among the North/Mountain and San Joaquin regions generally improved compared to measurement year 2022.
  - North/Mountain:
    - Across all reportable indicators with key findings, 52 indicators across 28 counties improved by at least a 10 percent relative difference, while 43 indicators worsened by at least a 10 percent relative difference.
    - Three counties (Humboldt, Calaveras, and Glenn) improved across four to five indicators by at least a 10 percent relative difference.
  - San Joaquin Valley:
    - Twenty-six indicators across eight counties improved by at least a 10 percent relative difference, while 19 indicators worsened by at least a 10 percent relative difference.
    - Four measures improved by at least a 10 percent relative difference in Stanislaus County, while only one measure worsened by at least a 10 percent relative difference.
- Despite improvements from measurement year 2022 in the North/Mountain and San Joaquin regions, performance is still below national benchmarks.
  - North/Mountain:
    - Among all reportable indicators with key findings, 142 indicators across 28 counties fell below the national benchmarks by at least a 10 percent relative difference. By contrast, only 23 indicators were above the national benchmarks by a similar margin.
    - Four indicators for one county (Sutter) were better than the national benchmarks by at least a 10 percent relative difference, while only two indicators were worse than the national benchmarks by at least a 10 percent relative difference.

  - San Joaquin Valley:
    - Among all reportable indicators with key findings, 45 indicators across eight counties fell below the national benchmarks by at least a 10 percent relative difference, while only 10 indicators were above the national benchmarks by at least a 10 percent relative difference.
- Central Coast and Southeastern regions generally were above the national benchmarks.
  - Central Coast
    - 23 indicators across six counties were above the national benchmarks by at least a 10 percent relative difference, while 19 indicators fell below the national benchmarks by a similar margin.
  - Southeastern
    - 11 indicators across three counties were above the national benchmarks by at least a 10 percent relative difference, while only seven indicators fell below the national benchmarks by a similar margin.

» **Overall Finding 3: Statewide performance varies based on race/ethnicity, gender, and primary language.**

- Nearly all race/ethnicity categories with reportable rates fell below the national benchmarks by at least a 10 percent relative difference for seven of the 11 measures with key findings.
  - Asian, Hispanic or Latino, and Other race/ethnicity categories were the only categories that experienced at least a 10 percent relative increase among the *Childhood Immunization Status—Combination 10 (CIS–10)*, *Developmental Screening in the First Three Years of Life—Total (DEV)*, and *Immunizations for Adolescents—Combination 2 (IMA–2)* measures, relative to the national benchmark.
- Nine of 14 primary language categories demonstrated at least a 10 percent relative improvement when compared to the national benchmark for the *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator.
- Each of the gender groups with reportable rates demonstrated at least a 10 percent relative improvement when compared to the national benchmarks for the *Childhood Immunization Status—Combination 10 (CIS–10)*, *Developmental*

Screening in the First Three Years of Life—Total (DEV), and *Immunizations for Adolescents—Combination 2 (IMA–2)* indicators.

» **Overall Finding 4: Performance across California's six largest counties generally improved from 2022, but rates for well-child visits, blood lead screenings, and follow-up after ED visits for mental illness and substance use fell below national benchmarks.**

- *Developmental Screening in the First Three Years of Life—Total (DEV)* and *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL-DO)* rates increased substantially from 2022.
  - Rates of *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)*, *Oral Evaluation, Dental Services—Total (OEV),* and *Lead Screening in Children (LSC)* also increased consistently across the six largest counties but fell below the national benchmarks.
- Rates of *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)* decreased substantially from 2022.
- Comparisons to the national benchmarks yielded mixed results, with 20 of 66 indicators across the six counties being above the national benchmarks by at least a 10 percent relative difference, while 20 indicators fell below the national benchmarks by a similar margin.
  - *Developmental Screening in the First Three Years of Life—Total (DEV)* and *Immunizations for Adolescents—Combination 2 (IMA–2)* were consistently above the national benchmarks by at least a 10 percent relative difference.
  - Both Riverside and San Bernardino counties were above the national benchmarks by at least a 10 percent relative difference for rates of *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* or *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)*.
  - Sacramento County fell below the national benchmarks for eight or more indicators, seven of which fell below the national benchmark by at least a 10 percent relative difference.
- Three of the six largest counties (Los Angeles, San Bernardino, and Orange) were at or above the national benchmark for *Oral Evaluation, Dental*

Services—Total (OEV) measure rates. This represents an improvement from 2022 when none of the six largest counties were above the national benchmark.

» **Overall Finding 5: Childhood immunizations rates differed substantially between rural and urban areas.**

- *Childhood Immunization Status—Combination 10 (CIS–10)* rates declined from 2022 but remained above national benchmarks for urban areas.
- Statewide *Childhood Immunization Status—Combination 10 (CIS–10)* rates declined by an 11.5 percent relative difference.
  - The decline in *CIS-10* rates was more pronounced in rural areas, falling by a 17 percent relative difference, compared to a 9 percent relative difference decline in urban areas.
  - Rural areas fell below the national benchmark by an 11 percent relative difference, while urban areas were above the national benchmark by a 19 percent relative difference.
- *Childhood Immunization Status—Combination 10 (CIS–10)* national benchmarks declined by a 12.4 percent relative difference from measurement year 2022.
  - This nationwide decline in *CIS-10* rates may be partially attributable to vaccine hesitancy.[9]
- Of note, *Immunizations for Adolescents—Combination 2 (IMA–2)* measure rates improved among both rural and urban areas compared to 2022.

» **Overall Finding 6: Follow-up visits after an ED visit for mental illness or substance use are worsening relative to the national benchmarks.**

- When comparing the statewide averages to the national benchmarks, rates for the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years*

[9] Barnes A, Roth L, Strohmeyer J, et al. Pediatric and Adolescent Immunization: Best Practices and Resource Guide for Federally Qualified Health Centers. Available at: https://wpcdn.ncqa.org/www-prod/wp-content/uploads/Pediatric-and-Adolescent-Immunizations-Best-Practices-and-Resource-Guide-for-Federally-Qualified-Health-Centers.pdf. Accessed on: Apr 15, 2025.

(FUA–30) measures are lower than the national benchmarks by a 28 and 34 percent relative difference, respectively.

- All race/ethnicity categories and gender groups with reportable rates demonstrated at least a 15 percent relative decrease compared to the national benchmarks. Some race/ethnicity categories, such as American Indian or Alaska Native and Asian, experienced much larger relative percent declines, exceeding 40 and 35 percent, respectively.
- None of the primary language categories demonstrated improvement when compared to the national benchmarks; however, only four primary language categories had reportable rates across the two measures.

READER'S GUIDE

Introduction

The "Reader's Guide" is designed to provide supplemental information to the reader that may aid in the interpretation and use of the results presented in this report.

Preventive Services Population Characteristics

Table 3 and Table 4 display the statewide counts and percentages for the demographic and regional stratifications, respectively, of the pediatric MCMC population for measurement years 2021, 2022, and 2023. Appendix D. Additional Population Characteristics provides the county and MCP reporting unit counts and percentages for the pediatric MCMC population.

Table 3—Measurement Years 2021, 2022, and 2023 Statewide Population Characteristics

* The count for the total pediatric population in each measurement year is used as the denominator for the corresponding measurement year demographic stratification rates. The percentage for the total pediatric population (i.e., 21 years of age and younger as of December 31 of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

Stratification	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Total Pediatric Population*			
Total	6,296,488 (38.87%)	6,417,796 (37.78%)	7,669,773 (34.22%)
Race/Ethnicity			
American Indian or Alaska Native	19,794 (0.31%)	19,388 (0.30%)	21,196 (0.28%)
Asian	384,051 (6.10%)	373,387 (5.82%)	450,053 (5.87%)
Black or African American	408,319 (6.48%)	402,449 (6.27%)	447,196 (5.83%)

Stratification	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Hispanic or Latino	3,526,904 (56.01%)	3,623,372 (56.46%)	4,026,616 (52.50%)
Native Hawaiian or Other Pacific Islander	13,946 (0.22%)	12,786 (0.20%)	14,577 (0.19%)
White	821,153 (13.04%)	765,881 (11.93%)	912,043 (11.89%)
Other	459,554 (7.30%)	396,049 (6.17%)	314,825 (4.10%)
Unknown/Missing	662,767 (10.53%)	824,484 (12.85%)	1,483,267 (19.34%)
Primary Language			
Arabic	20,563 (0.33%)	18,939 (0.30%)	20,502 (0.27%)
Armenian	15,634 (0.25%)	17,516 (0.27%)	21,216 (0.28%)
Cambodian	2,985 (0.05%)	2,651 (0.04%)	2,631 (0.03%)
Chinese	60,134 (0.96%)	58,248 (0.91%)	59,530 (0.78%)
English	4,068,489 (64.62%)	4,221,701 (65.78%)	5,134,591 (66.95%)
Farsi	10,488 (0.17%)	10,866 (0.17%)	13,430 (0.18%)
Hmong	8,790 (0.14%)	7,904 (0.12%)	6,717 (0.09%)
Korean	10,210 (0.16%)	8,328 (0.13%)	9,760 (0.13%)
Russian	15,234 (0.24%)	21,172 (0.33%)	28,502 (0.37%)

Stratification	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Spanish	1,954,542 (31.04%)	1,914,874 (29.84%)	2,165,488 (28.23%)
Tagalog	7,480 (0.12%)	6,022 (0.09%)	6,124 (0.08%)
Vietnamese	53,572 (0.85%)	44,517 (0.69%)	45,122 (0.59%)
Other	35,179 (0.56%)	38,061 (0.59%)	44,524 (0.58%)
Unknown/Missing	33,188 (0.53%)	46,997 (0.73%)	111,636 (1.46%)
Age			
Less Than 1 Year	230,271 (3.66%)	235,695 (3.67%)	227,436 (2.97%)
1 to 2 Years	529,382 (8.41%)	517,519 (8.06%)	545,819 (7.12%)
3 to 6 Years	1,130,836 (17.96%)	1,120,922 (17.47%)	1,329,101 (17.33%)
7 to 11 Years	1,456,500 (23.13%)	1,483,720 (23.12%)	1,825,501 (23.80%)
12 to 17 Years	1,835,261 (29.15%)	1,884,642 (29.37%)	2,260,259 (29.47%)
18 to 21 Years	1,114,238 (17.70%)	1,175,298 (18.31%)	1,481,657 (19.32%)
Gender			
Female	3,096,280 (49.17%)	3,150,396 (49.09%)	3,760,277 (49.03%)
Male	3,200,208 (50.83%)	3,267,400 (50.91%)	3,909,496 (50.97%)

Table 4—Measurement Years 2021, 2022, and 2023 Statewide Population Regional Characteristics

* The count for the total pediatric population in each measurement year is used as the denominator for the corresponding measurement year demographic stratification rates. The percentage for the total pediatric population (i.e., 21 years of age and younger as of December 31 of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

Stratification	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Total Pediatric Population*			
Total	6,296,488 (38.87%)	6,417,796 (37.78%)	7,669,773 (34.22%)
Delivery Type Model			
County Organized Health Systems	1,209,818 (19.21%)	1,228,999 (19.15%)	1,466,545 (19.12%)
Geographic Managed Care	687,762 (10.92%)	704,619 (10.98%)	858,667 (11.20%)
Regional	185,829 (2.95%)	191,326 (2.98%)	230,088 (3.00%)
San Benito	10,325 (0.16%)	10,550 (0.16%)	12,657 (0.17%)
Imperial	47,313 (0.75%)	48,997 (0.76%)	58,199 (0.76%)
Two-Plan (Local Initiative or Commercial Plan)	4,140,183 (65.75%)	4,215,138 (65.68%)	5,005,921 (65.27%)
Population Density			
Rural	399,671 (6.35%)	407,171 (6.34%)	475,325 (6.20%)

Stratification	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Urban	5,867,947 (93.19%)	5,979,424 (93.17%)	7,138,624 (93.07%)
Geographic Region			
Central Coast	379,986 (6.03%)	384,867 (6.00%)	449,576 (5.86%)
North/Mountain	318,888 (5.06%)	326,594 (5.09%)	388,556 (5.07%)
San Francisco Bay/Sacramento	1,025,482 (16.29%)	1,055,802 (16.45%)	1,282,248 (16.72%)
San Joaquin Valley	1,068,697 (16.97%)	1,089,752 (16.98%)	1,254,344 (16.35%)
Southeastern	981,293 (15.58%)	1,005,136 (15.66%)	1,196,380 (15.60%)
Southern Coast	2,506,836 (39.81%)	2,537,478 (39.54%)	3,060,973 (39.91%)

Table 5 displays the 58 California counties and the corresponding full-scope Medi-Cal MCPs operating within each county for ease of interpreting the results of this analysis. Figure 1 displays a map of California with all counties labeled.

Table 5—Counties and Applicable MCPs

County	MCP Names
Alameda	Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan
Alpine	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

County	MCP Names
Amador	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan, California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)
Butte	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Calaveras	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Colusa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Contra Costa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan
Del Norte	Partnership HealthPlan of California
El Dorado	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)
Fresno	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Glenn	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Humboldt	Partnership HealthPlan of California
Imperial	California Health & Wellness Plan, Molina Healthcare of California

County	MCP Names
Inyo	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Kern	Health Net Community Solutions, Inc.; Kern Health Systems, DBA Kern Family Health Care
Kings	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Lake	Partnership HealthPlan of California
Lassen	Partnership HealthPlan of California
Los Angeles	Health Net Community Solutions, Inc.; L.A. Care Health Plan
Madera	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health
Marin	Partnership HealthPlan of California
Mariposa	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Mendocino	Partnership HealthPlan of California
Merced	Central California Alliance for Health
Modoc	Partnership HealthPlan of California
Mono	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Monterey	Central California Alliance for Health
Napa	Partnership HealthPlan of California
Nevada	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

County	MCP Names
Orange	CalOptima
Placer	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC)
Plumas	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Riverside	Inland Empire Health Plan; Molina Healthcare of California
Sacramento	Aetna Better Health of California; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.; Kaiser NorCal (KP Call, LLC); Molina Healthcare of California
San Benito	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan
San Bernardino	Inland Empire Health Plan; Molina Healthcare of California
San Diego	Aetna Better Health of California; Blue Shield of California Promise Health Plan; Community Health Group Partnership Plan; Health Net Community Solutions, Inc.; Kaiser SoCal (KP Cal, LLC); Molina Healthcare of California
San Francisco	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; San Francisco Health Plan
San Joaquin	Health Net Community Solutions, Inc.; Health Plan of San Joaquin
San Luis Obispo	CenCal Health

County	MCP Names
San Mateo	Health Plan of San Mateo
Santa Barbara	CenCal Health
Santa Clara	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Santa Clara Family Health Plan
Santa Cruz	Central California Alliance for Health
Shasta	Partnership HealthPlan of California
Sierra	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Siskiyou	Partnership HealthPlan of California
Solano	Partnership HealthPlan of California
Sonoma	Partnership HealthPlan of California
Stanislaus	Health Net Community Solutions, Inc.; Health Plan of San Joaquin
Sutter	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Tehama	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan
Trinity	Partnership HealthPlan of California
Tulare	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Health Net Community Solutions, Inc.
Tuolumne	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

County	MCP Names
Ventura	Gold Coast Health Plan
Yolo	Partnership HealthPlan of California
Yuba	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan

Figure 1—California Map by County

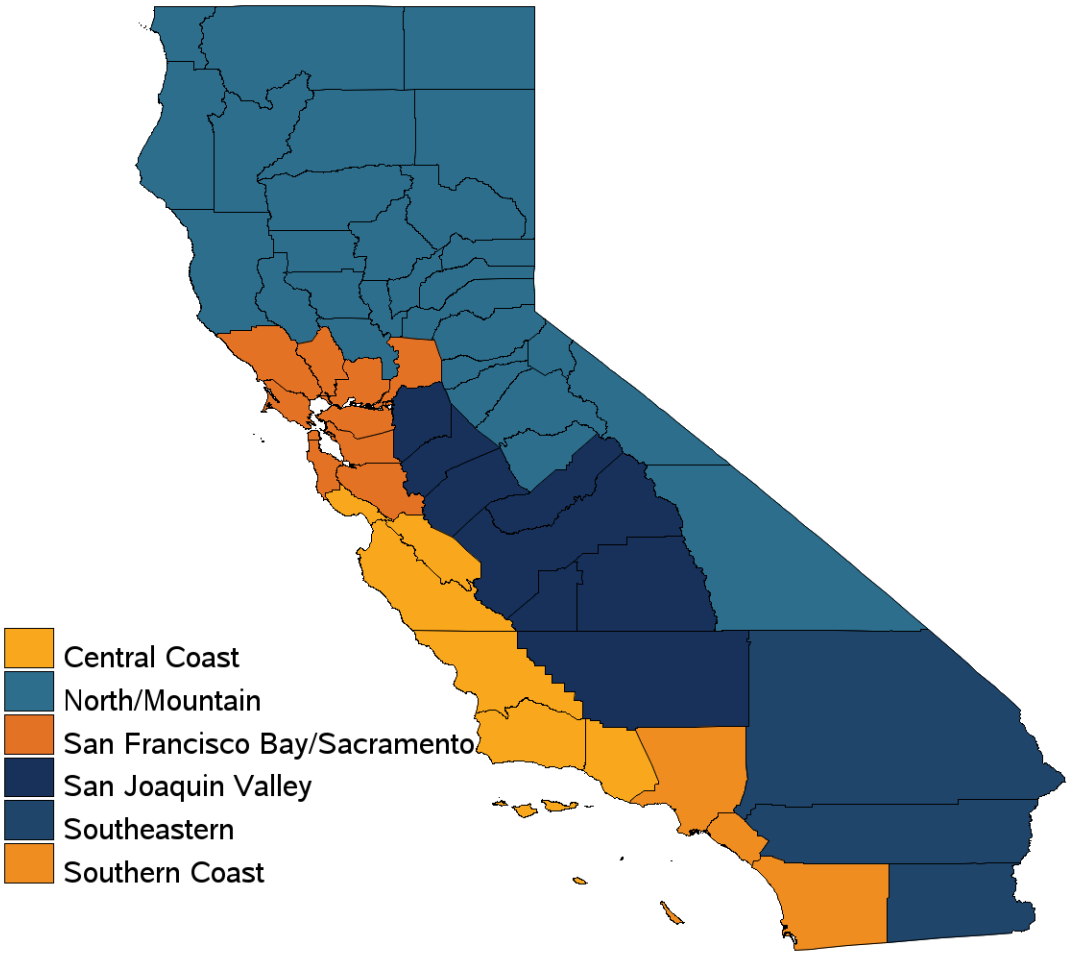
Table 6 displays the six geographic regions and the corresponding full-scope Medi-Cal MCPs operating within each geographic region for ease of interpreting the results of this analysis. Figure 2 displays a map of California with all counties shaded to their appropriate geographic region.

Table 6—Geographic Region and Applicable MCPs

Geographic Region	MCP Names
Central Coast	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan
North/Mountain	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California
San Francisco Bay/Sacramento	Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan
San Joaquin Valley	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care
Southeastern	California Health & Wellness Plan; Inland Empire Health Plan; Molina Healthcare of California

Geographic Region	MCP Names
Southern Coast	Aetna Better Health of California; Blue Shield of California Promise Health Plan; CalOptima; Community Health Group Partnership Plan; Health Net Community Solutions, Inc.; Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California

Figure 2—California Map by Geographic Region



Summary of Performance Indicators

DHCS selected 13 MCP-calculated indicators, 11 HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS), and four DHCS-calculated indicators for inclusion in the 2024 Preventive Services Report. Table 7 displays the indicators included in the analysis, reporting methodology (i.e., administrative, hybrid, or Electronic Clinical Data Systems [ECDS]), age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator.

For each MCP-calculated indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the HEDIS specification for the Medicaid population or by the CMS Child Core Set. For the HSAG-calculated indicators, HSAG developed specifications for four indicators and used the CMS Child Core Set specifications for the remaining indicators. For the DHCS-calculated indicators, DHCS developed specifications for the four indicators (i.e., the Title 17 *Blood Lead Screening* indicators).

Table 7—Indicators, Reporting Methodology, Age Groups, and Benchmarks

A = administrative methodology (claims/encounter data and supplemental administrative data sources).

H = hybrid methodology (a combination of claims/encounter data and medical record review [MRR] data). For all hybrid measures, MCPs have the option to report the measure using either the hybrid or administrative reporting methodology.

ECDS = Electronic Clinical Data Systems methodology (can include electronic health record (EHR) data, health information exchange data, clinical registry data, case management registry data, and administrative claims/encounter data).

"NCQA Quality Compass" refers to NCQA's Quality Compass national Medicaid HMO 50th percentiles for each of the corresponding indicators.

"CMS Child Core Set" refers to CMS' Child Core Set National Median. This is the calculated 50th percentile of the total statewide rates reported by a select number of states for each indicator.[10]

[10] For FFY 2023 CMS Child Core Set benchmarks, the national median was calculated using statewide rates reported by 43 states for *Developmental Screening in the First Three Years of Life—Total (DEV)*; 41 states for the *Contraceptive Care—All Women—Ages 15 to 20 (CCW)* indicators; 38 states for *Oral Evaluation, Dental Services—Total (OEV);* 37 states for *Topical Fluoride for Children—Dental or Oral*

+ The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)*, *Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC)*, and *All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)* indicators are informational only and were excluded from determination of key findings. Therefore, these indicators are only presented in the appendices.

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

Indicators	Methodology	Age Groups	Benchmarks
MCP-Calculated Indicators			
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)*	A	15 Months; 30 Months	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Child and Adolescent Well-Care Visits—Total (WCV)	A	3–11 Years; 12–17 Years; 18–21 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Childhood Immunization Status—Combination 10 (CIS–10)	H	2 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	A	16–20 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass

Health Services—Total (TFL–DO); and 40 states for the *Sealant Receipt on Permanent First Molars (SFM)* indicators.

Indicators	Methodology	Age Groups	Benchmarks
Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)	ECDS	12–17 Years	Measurement year 2023 NCQA Quality Compass
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS) and *Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)*	ECDS	12–17 Years	Measurement year 2023 NCQA Quality Compass
Developmental Screening in the First Three Years of Life—Total (DEV)	A	1 Year; 2 Years; 3 Years	Federal Fiscal Year (FFY) 2021, 2022, and 2023 CMS Child Core Set
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	A	6–17 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)	A	13–17 Years	Measurement years 2022 and 2023 NCQA Quality Compass

Indicators	Methodology	Age Groups	Benchmarks
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, and HPV) (IMA–2)	H	13 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Lead Screening in Children (LSC)	H	2 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
HSAG-Calculated Indicators			
Alcohol Use Screening (AUS)	A	11–17 Years; 18–21 Years	N/A
Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC) and *Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)+*	A	15–20 Years	FFY 2023 CMS Child Core Set
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	A	6–17 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass

Indicators	Methodology	Age Groups	Benchmarks
Oral Evaluation, Dental Services—Total (OEV)	A	<1 Year; 1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 and 2023 CMS Child Core Set
Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1) and *All Four Molars Sealed (SFM–4)*	A	10 Years	FFY 2023 CMS Child Core Set
Tobacco Use Screening (TUS)	A	11–17 Years; 18–21 Years	N/A
Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)	A	1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 and 2023 CMS Child Core Set
Vision Services—Comprehensive Eye Exam (VIS–C) and *Comprehensive or Intermediate Eye Exam (VIS–CI)*[+]	A	6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–21 Years	N/A

Indicators	Methodology	Age Groups	Benchmarks
DHCS-Calculated Indicators			
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	A	1 Year	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	A	2 Years	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	A	2 Years	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	A	6 Years	N/A

Methodology Overview

The information presented below provides a high-level overview of the preventive services analyses. For the detailed methodology, please see Appendix E. Methodology.

Data Sources

For the MCP-calculated indicators listed in Table 7, HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2023 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number and date of birth for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files included the eligible population for hybrid measures and indicated whether a member was included in the numerator, denominator, and eligible population for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator, denominator, and eligible population counts matched what was reported by MCPs in the audited HEDIS Interactive Data Submission System (IDSS) files and non-HEDIS Microsoft (MS) Excel reporting files. HSAG also validated the eligible population for hybrid measures provided by the MCPs. Please note, it is

possible that non-certified eligible members were included by some or all MCPs in the rates presented. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the evaluation. HSAG obtained the following data elements from the demographic file from DHCS' Management Information System/Decision Support System data system:

- California-required demographic file
  - Member's Medi-Cal client identification number
  - Date of birth
  - ZIP Code
  - Gender
  - Race/Ethnicity
  - Primary language
  - County

For the HSAG-calculated indicators listed in Table 7, HSAG received claims/encounter data; member enrollment, eligibility, and demographic data; and provider files from DHCS. Upon receipt of the data from DHCS, HSAG evaluated the data files and performed preliminary file validation. HSAG verified that the data were complete and accurate by ensuring correct formatting, confirming reasonable value ranges for critical data fields, assessing monthly enrollment and claim counts, and identifying fields with a high volume of missing values.

For the DHCS-calculated indicators listed in Table 7, HSAG received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags for each *Blood Lead Screening* indicator. Using the member-level file provided by DHCS, HSAG combined the file with the demographic and enrollment data provided by DHCS to limit the member-level file to those members who met the continuous enrollment requirements at the statewide and MCP reporting unit levels. HSAG then calculated statewide and MCP reporting unit-level rates for each *Blood Lead Screening* indicator.

Statistical Analysis

Using the data sources described above, HSAG performed statewide-, regional-, and MCP-level analyses for the applicable indicators.

Statewide-Level Analysis

HSAG calculated statewide rates for the MCP-calculated and HSAG-calculated indicators and derived statewide rates from the member-level data for the DHCS-calculated indicators listed in Table 7. HSAG also compared the statewide indicator rates to national benchmarks as displayed in Table 7. All statewide indicator rates were stratified by the demographic stratifications outlined in Table 8.

Table 8—Statewide Stratifications

*Primary language stratifications were derived from the current threshold languages for Medi-Cal Managed Care counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

Stratification	Groups
Demographic	
Race/Ethnicity	Hispanic or Latino, White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing (see Table 9 for more detail)
Primary Language*	English, Spanish, Arabic, Armenian, Cambodian, Chinese (Mandarin or Cantonese), Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing
Age	Vary depending on indicator specifications (see Table 7 for more detail)
Gender	Male, Female, and Unknown/Missing

Table 9 displays the individual racial/ethnic groups that comprise the Asian and Native Hawaiian or Other Pacific Islander racial/ethnic demographic stratifications. Racial/ethnic stratifications were based on data collection guidance from the federal Office of Management and Budget as well as the U.S. Department of Health and Human Services.

Table 9—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups

*Some "Other Pacific Islanders" who would not be considered part of the Asian racial/ethnic group were included in the Asian racial/ethnic group due to limitations of existing data fields (i.e., the data do not allow HSAG to parse out racial/ethnic groups that may not be considered Asian).

Stratification	Groups
Asian	Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Asian Indian, Laotian, Vietnamese, Hmong, and Other Asian or Pacific Islander*
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan

Regional-Level Analysis

HSAG calculated regional-level rates for the MCP-calculated and HSAG-calculated indicators and derived regional rates from the member-level data for the DHCS-calculated indicators listed in Table 7. The regional stratifications are listed in Table 10, and Table 11 lists counties included in each geographic region.

Table 10—Regional Stratification Groups

*The Imperial and San Benito delivery models are not included in the delivery type model analysis since the rates for those models are represented in the county stratifications.

Stratification	Groups
County	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis

Stratification	Groups
	Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba
Delivery Type Model*	County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional
Population Density	Urban, Rural

Table 11—Geographic Regions and Applicable Counties

Geographic Region	Counties
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
North/Mountain	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yolo, Yuba
San Francisco Bay/Sacramento	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Southeastern	Imperial, Riverside, San Bernardino
Southern Coast	Los Angeles, Orange, San Diego

MCP Reporting Unit-Level Analysis

HSAG used the MCP reporting unit-level rates for the MCP-calculated indicators and calculated MCP reporting unit-level rates for the DHCS-calculated indicators and HSAG-calculated indicators listed in Table 7.

For the 11 HSAG-calculated indicators, HSAG included a member in an MCP reporting unit's rate calculation if the member met the indicator's continuous enrollment criteria with the MCP reporting unit. HSAG calculated rates for the 55 MCP reporting units as displayed in Table 12.

Table 12—MCP Reporting Units

MCP Name	Reporting Units
Aetna Better Health of California	Sacramento, San Diego
Alameda Alliance for Health	Alameda
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Alameda, Contra Costa, Fresno, Kings, Madera, Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties), Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties), Sacramento, San Benito, San Francisco, Santa Clara, Tulare
Blue Shield of California Promise Health Plan	San Diego
California Health & Wellness Plan	Imperial, Region 1, Region 2
CalOptima	Orange
CalViva Health	Fresno, Kings, Madera
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey/Santa Cruz
Community Health Group Partnership Plan	San Diego
Contra Costa Health Plan	Contra Costa
Gold Coast Health Plan	Ventura

MCP Name	Reporting Units
Health Net Community Solutions, Inc.	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
Health Plan of San Joaquin	San Joaquin, Stanislaus
Health Plan of San Mateo	San Mateo
Inland Empire Health Plan	Riverside/San Bernardino
Kaiser NorCal (KP Cal, LLC)	KP North (Amador, El Dorado, Placer, and Sacramento counties)
Kaiser SoCal (KP Cal, LLC)	San Diego
Kern Health Systems, DBA Kern Family Health Care	Kern
L.A. Care Health Plan	Los Angeles
Molina Healthcare of California	Imperial, Riverside/San Bernardino, Sacramento, San Diego
Partnership HealthPlan of California	Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties), Northwest (Del Norte and Humboldt counties), Southeast (Napa, Solano, and Yolo counties), Southwest (Lake, Marin, Mendocino, and Sonoma counties)
San Francisco Health Plan	San Francisco
Santa Clara Family Health Plan	Santa Clara

Blood Lead Screening Benchmarking Analysis

HSAG performed the Blood Lead Screening Benchmarking Analysis for measurement year 2023 using the MCP reporting unit rates calculated by DHCS via three benchmarking methodologies: performance quintiles, NCQA's Quality Compass national Medicaid HMO 50th percentile, and a statewide benchmark based on a modified version of the Achievable Benchmarks of Care benchmarking methodology.

To determine the association between performance for the MCP reporting unit-level *Lead Screening in Children* indicator and performance for each of the California Title 17 *Blood Lead Screening* indicators, HSAG used Pearson's correlation coefficient (r). HSAG also compared the measurement year 2023 results for each benchmarking methodology to the measurement year 2022 benchmarking results. HSAG provided the results of these analyses to DHCS, along with items for DHCS' consideration, in a separate formal report that may be made publicly available.

Determination of Key Findings

To focus the 2024 Preventive Services Report on more actionable results for stakeholders, HSAG worked with DHCS to determine which results were considered key findings for inclusion in the body of the 2024 Preventive Services Report. At a minimum, results had to meet at least one of the following criteria to be considered a key finding:

- Indicators with large rate changes from year-to-year
  - Rate increases or decreases from the prior measurement year by at least a 10 percent relative difference
- Indicator rates with overall low performance
  - Indicators with rates below the applicable national benchmark by at least a 10 percent relative difference
- Racial/ethnic, primary language, gender, and age groups with disparate performance for indicators
  - A demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference
- Indicator rates with regional variations in performance
  - Geographic regions with consistently high or low performance across indicators relative to the statewide aggregate by at least a 10 percent relative difference.
- Domains with overall poor performance
  - More than half of the indicators within a domain with low performance relative to national benchmarks

After testing results, HSAG provided DHCS with a spreadsheet containing the results as well as its recommendations regarding which results to include in the body of the report. HSAG and DHCS then decided on a final list of indicators with the most actionable results for stakeholders to include in the body of this report.

Cautions and Limitations

Administrative Data Incompleteness

For the *Alcohol Use Screening* and *Tobacco Use Screening* indicators, the administrative rates may be artificially low due to a lack of reporting within administrative data sources (i.e., MRR or EHR data could be necessary to capture this information). Of note, alcohol or tobacco screenings that occur during a visit to a federally qualified health center (FQHC) are not captured in administrative data because these entities do not typically bill for alcohol or tobacco screening separately; therefore, rates for these indicators may be incomplete due to provider billing practices.

Lead Screening in Children Trending

Given that measurement year 2021 *Lead Screening in Children* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement years 2022 and 2023 *Lead Screening in Children* rates calculated by the MCPs, as MCPs may have used medical records and/or not had access to the supplemental blood lead screening data from the California Department of Public Health (CDPH).

Demographic Characteristic Assignment

Members' demographic characteristics may change as their records are updated over time. For instance, a member may relocate and change ZIP Codes during the reporting year. HSAG assigned demographic characteristics using the most recent non-missing record for each member. Therefore, members' assigned demographic characteristics may not always reflect their demographic characteristics at the time of the indicator events.

Discrepancies with the External Quality Review (EQR) Technical Report

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported.

Hybrid Indicators

For hybrid indicators reported by the MCPs, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution. The hybrid indicators for measurement year 2023 were *Childhood Immunization Status—Combination 10*, *Immunizations for Adolescents—Combination 2*, and *Lead Screening in Children*.

EHR Data

ECDS is a newer methodology, and some MCPs are experiencing difficulty collecting complete EHR data. Please note, select ECDS indicators (e.g., *Breast Cancer Screening*) that transitioned from the administrative method to the ECDS method have demonstrated relatively consistent MCP reporting. However, for ECDS measures that assess events which are not accurately captured through administrative data sources and have demonstrated inconsistent MCP reporting (i.e., *Depression Remission or Response for Adolescents and Adults* and *Depression Screening and Follow-Up for Adolescents and Adults*), caution should be exercised when interpreting these indicator rates.

Evaluating Results

The Statewide Key Findings section and Appendix B. Full Demographic Results of this report present the statewide demographic and regional results for each indicator, while Appendix C. MCP Reporting Unit Findings presents the MCP reporting unit results for each indicator. Where possible, measurement years 2021, 2022, and 2023 results are presented for each indicator.

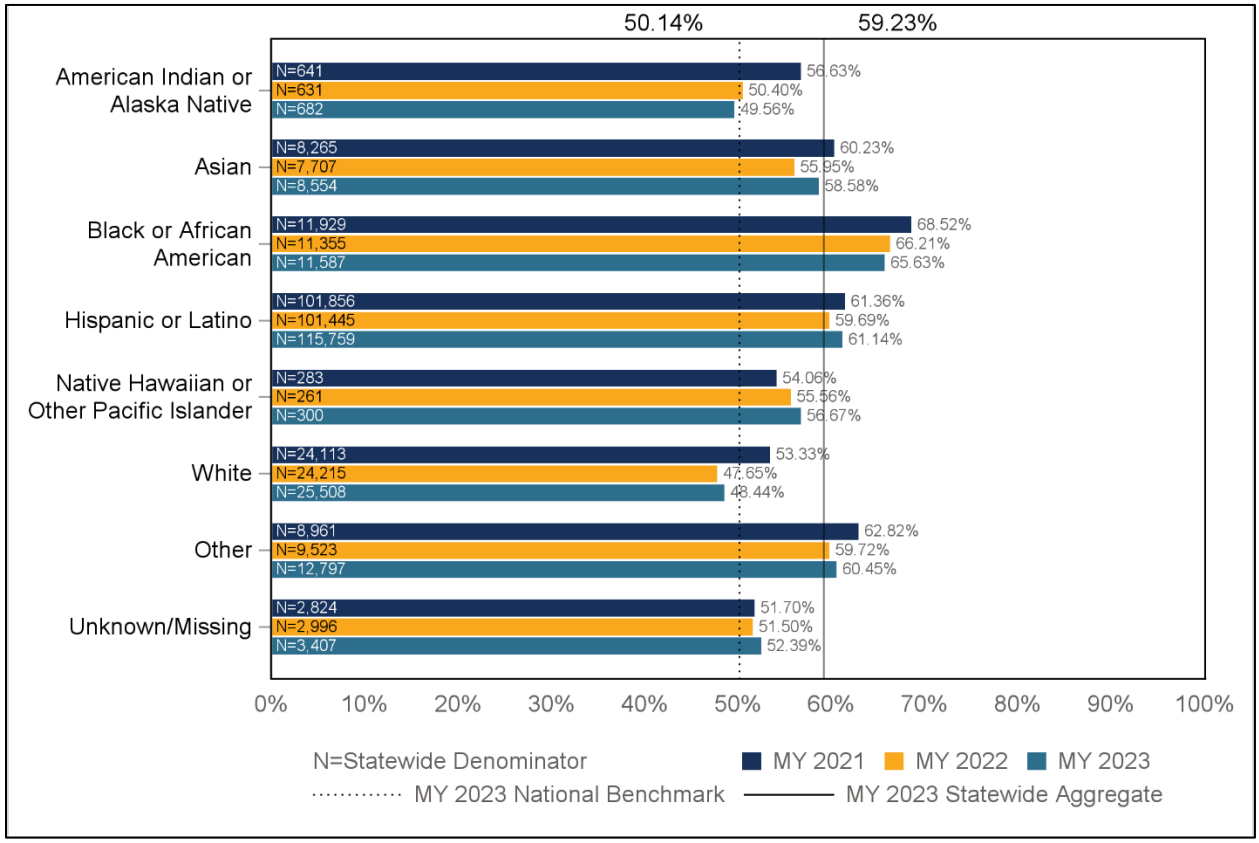
Figure Interpretation

For each indicator presented within the Statewide Key Findings section and Appendix B. Full Demographic Results of this report, horizontal bar charts display the rates for the racial/ethnic, primary language, gender, age, delivery type model, population density, and geographic region stratifications for measurement year 2023. The figures display a single dotted reference line that represents the national benchmark for measurement year 2023, where applicable, and a single solid reference line that represents the statewide aggregate rate for measurement year

2023. The national benchmark value (i.e., the 50th percentile), where applicable, and statewide aggregate are displayed above the corresponding reference lines. "N" represents the total statewide denominator for an indicator for a particular group. The value of "N" is displayed in the figure, when possible. However, when the bar is too short to display the value, it is displayed as a note above the figure. When available, the horizontal bar chart also displays comparisons to measurement years 2021 and 2022. The measurement years 2021 and 2022 national benchmark and statewide aggregate values are presented in Appendix A. Benchmark and Statewide Aggregate Comparisons. An example of the horizontal bar chart for the racial/ethnic stratification is shown in Figure 3. All data in the sample figure are mock data.

Figure 3—Sample Indicator-Level Horizontal Bar Chart Figure

FIGURE CONTAINS MOCK DATA



County-Level Map Interpretation

In the Statewide Key Findings section and Appendix B. Full Demographic Results, HSAG presents measurement year 2023 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. For each indicator HSAG calculated performance quintiles (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile) based on county performance. HSAG then determined into which quintile each county fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG shaded each county based on the corresponding quintiles as displayed in Table 13.

Table 13—Statewide Performance Quintile Thresholds and Corresponding Colors

Quintile	Performance Thresholds and Corresponding Colors
NA	Small denominator (i.e., less than 30) or small numerator (i.e., greater than zero but less than 11)
Quintile 1 (least favorable rates)	Below the 20th percentile
Quintile 2	At or above the 20th percentile but below the 40th percentile
Quintile 3	At or above the 40th percentile but below the 60th percentile
Quintile 4	At or above the 60th percentile but below the 80th percentile
Quintile 5 (most favorable rates)	At or above the 80th percentile

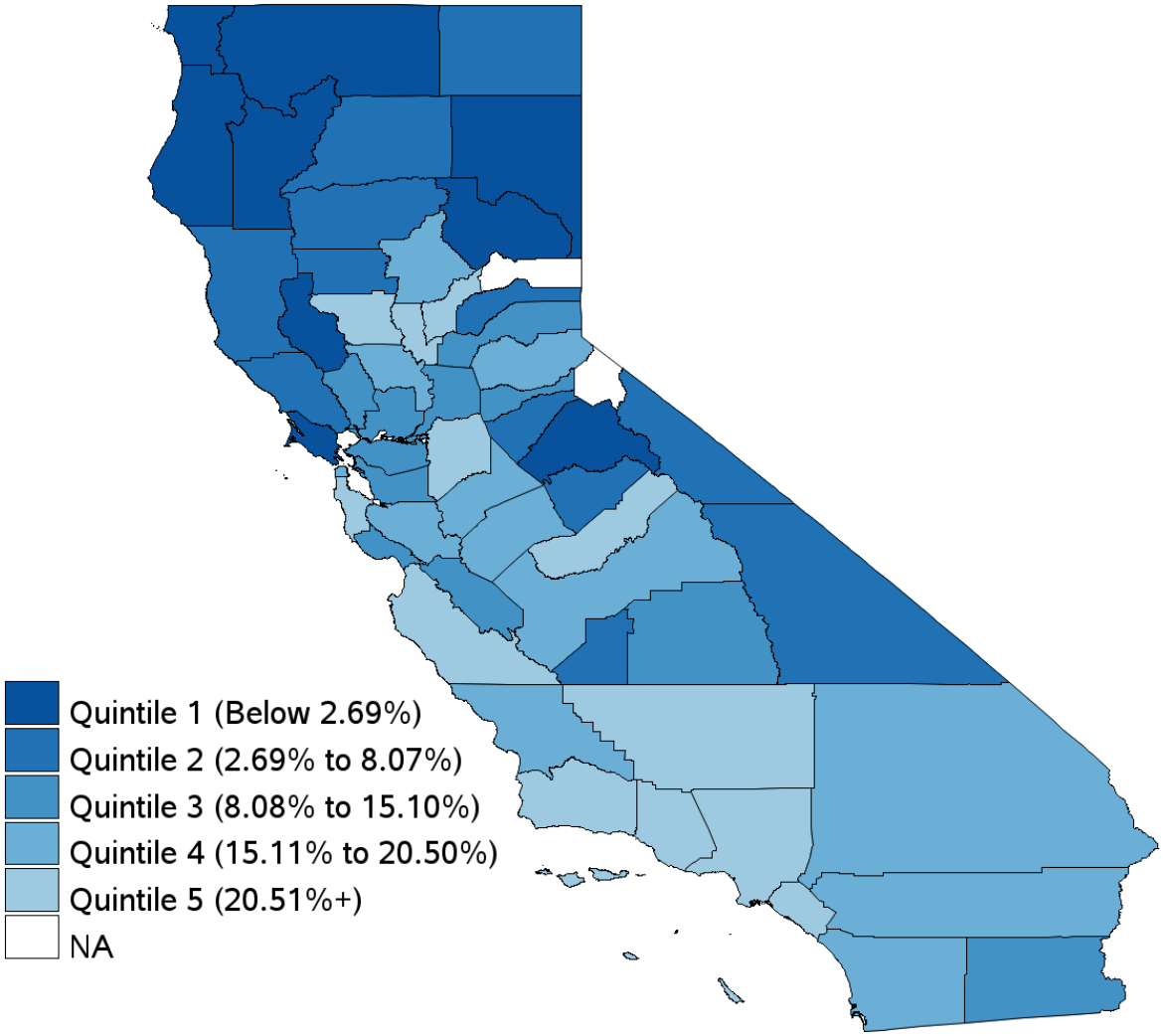
An example of a statewide map shaded to indicate county-level performance is shown in Figure 4. All data in the sample figure are mock data.

Figure 4—Statewide Map—County-Level Results

FIGURE CONTAINS MOCK DATA

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



STATEWIDE KEY FINDINGS

Statewide-Level Analysis

The Statewide Key Findings section presents the statewide and regional results for measurement year 2023, and provides comparisons to measurement years 2021 and 2022 results, where possible, for indicators meeting the key finding criteria described under the Determination of Key Findings subheading in the Reader's Guide.

For each MCP-, HSAG-, and DHCS-calculated indicator presented in the Statewide Key Findings section, horizontal bar charts display the rates for the racial/ethnic, primary language, age, gender, delivery type model, population density, and geographic region stratifications for measurement years 2021, 2022, and 2023, where possible. The figures display a single dotted vertical reference line that represents the national benchmark for measurement year 2023 (i.e., the 50th percentile), where applicable, and a single solid vertical reference line that represents the statewide aggregate rate for measurement year 2023. The national benchmark value, where applicable, and statewide aggregate are displayed above the corresponding reference lines. "N" represents the total statewide denominator for an indicator for a particular group. The national benchmarks and statewide aggregates for measurement years 2021 and 2022 for each indicator are presented in Appendix A. Benchmark and Statewide Aggregate Comparisons. The national benchmark and statewide aggregate for measurement year 2023 for each applicable indicator are displayed within the figures, except for the county-level figures.

HSAG also presents measurement year 2023 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. HSAG shaded each county based on the corresponding quintile as displayed in Table 13 in the Reader's Guide.

MCP-Calculated MCAS Indicators

Figure 5 through Figure 53 display the measurement years 2021, 2022, and 2023 statewide and regional results, where applicable, for the MCAS indicators reported by the 24 full-scope Medi-Cal MCPs with results considered to be key findings. Please note that MCPs' data and HEDIS rate production processes undergo an extensive independent audit and verification process before their performance measure rates are finalized and submitted to DHCS.

The following MCP-calculated indicators did not meet the criteria for key findings and therefore are not presented in the Statewide Key Findings section:

- *Child and Adolescent Well-Care Visits—Total (WCV)*
- *Chlamydia Screening in Women—16 to 20 Years (CHL–1620)*
- *Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)*
- *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)*
- *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)*
- *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)*
- *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)*

The results for these indicators are available in Appendix B. Full Demographic Results.

Childhood Immunization Status—Combination 10

The *Childhood Immunization Status—Combination 10 (CIS–10)* indicator measures the percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis; three polio; one measles, mumps, and rubella; three *Haemophilus influenzae* type B; three hepatitis B; one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday. Figure 5 through Figure 11 display the *Childhood Immunization Status—Combination 10 (CIS–10)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 5 through Figure 7 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

Figure 5—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

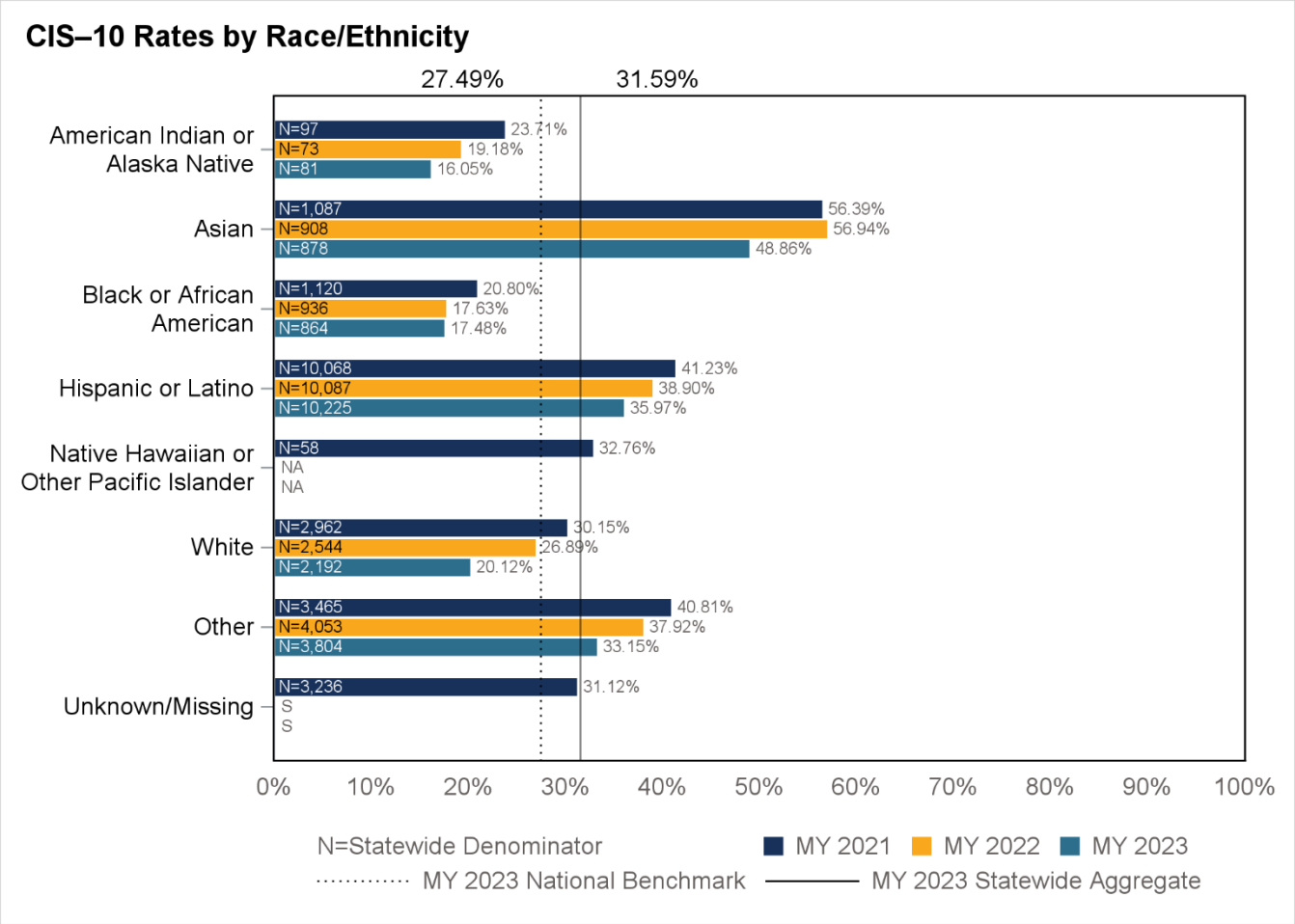


Figure 6—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

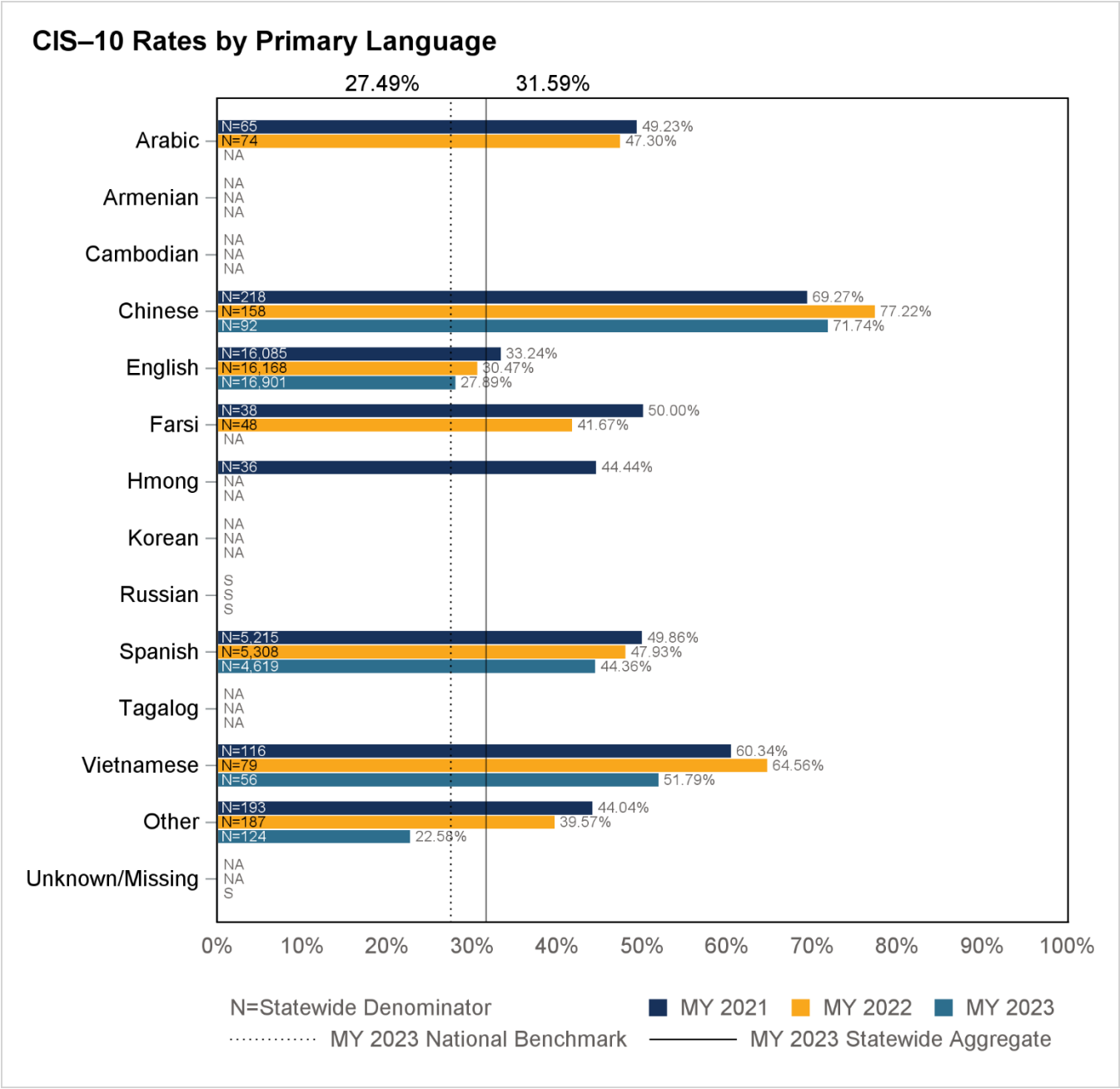
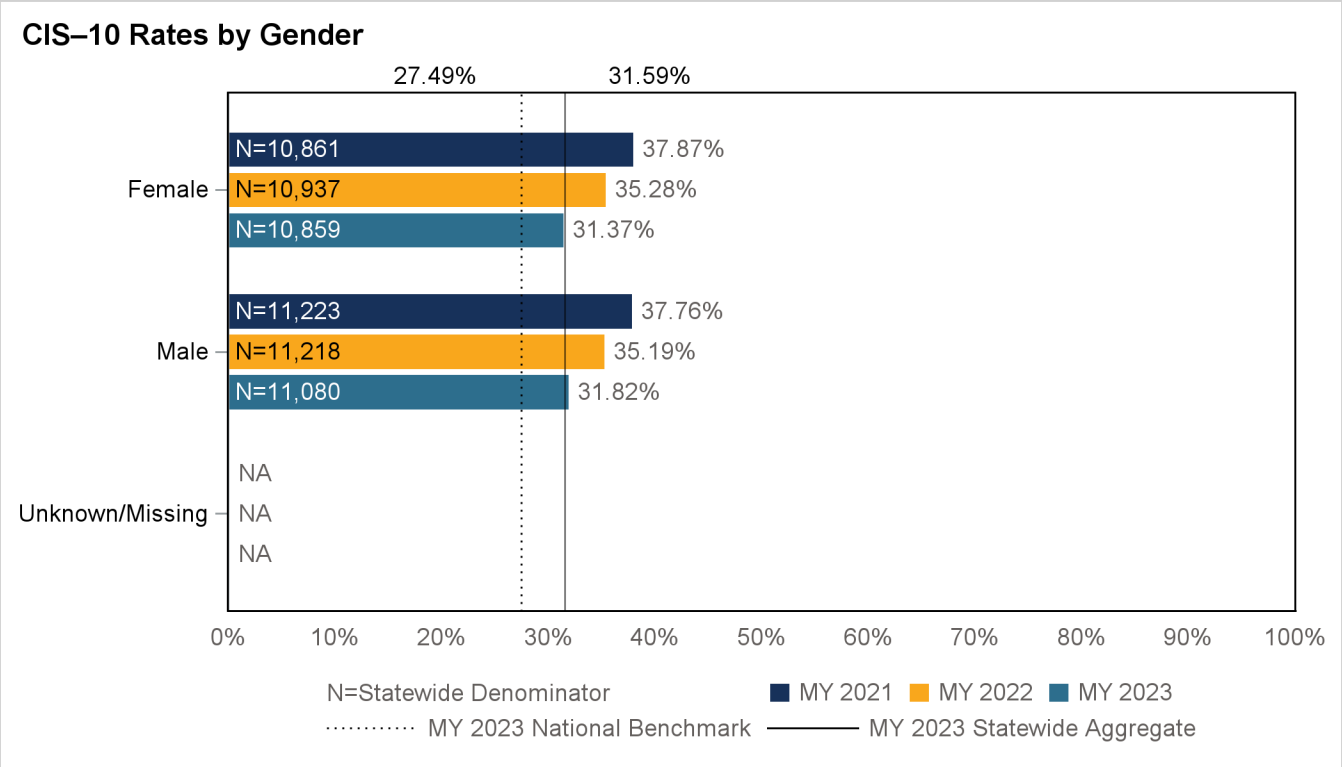


Figure 7—Childhood Immunization Status—Combination 10 (CIS–10)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The national benchmark and statewide aggregate rates decreased from measurement year 2022 to measurement year 2023. The statewide aggregate rate was above the national 50th percentile by more than a 10 percent relative difference for measurement year 2023, indicating that MCPs ensured an adequate number of pediatric members received appropriate vaccinations compared to the national benchmark rate. However, stratified results show a broad range of rates reflecting variation among demographic characteristics.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Four of seven racial/ethnic categories:

    - American Indian or Alaska Native, Black or African American, Unknown/Missing, and White
- One of five primary language groups:
    - Other

These results are consistent with findings in measurement year 2022 except for language group Other, which was above the national 50th percentile by more than a 20 percent relative difference that year.

Reportable rates for the following demographic groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of seven racial/ethnic categories:
    - Asian, Hispanic or Latino, and Other
- Three of five primary language groups:
    - Chinese, Spanish, and Vietnamese
- Male and Female genders

These results are consistent with findings in measurement year 2022.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Four of seven racial/ethnic categories:
    - American Indian or Alaska Native, Black or African American, Unknown/Missing, and White
- Two of five primary language groups:
    - English and Other

Reportable rates for the following demographic groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of seven racial/ethnic categories:
    - Asian and Hispanic or Latino

- Three of five primary language groups:
  - Chinese, Spanish, and Vietnamese

These results are consistent with findings in measurement years 2021 and 2022.

Comparison to Prior Year

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- Four of seven racial/ethnic categories:
  - American Indian or Alaska Native, Asian, Other, and White
- Two of five primary language groups:
  - Other and Vietnamese
- Female gender

These results represent a general decrease in rates as four racial/ethnic categories (American Indian or Alaska Native, Black or African American, Unknown/Missing, and White) and one language group (Other) have decreased by more than a 10 percent relative difference from measurement year 2021 to measurement year 2023. Notably, for measurement year 2023, language groups Chinese, Spanish, and Vietnamese and racial/ethnic category Asian were above the national 50th percentile by more than a 50 percent relative difference, similar to comparisons seen in 2022.

Delivery Type and Geographic Results

Figure 8 through Figure 10 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 8—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Delivery Type Model Results

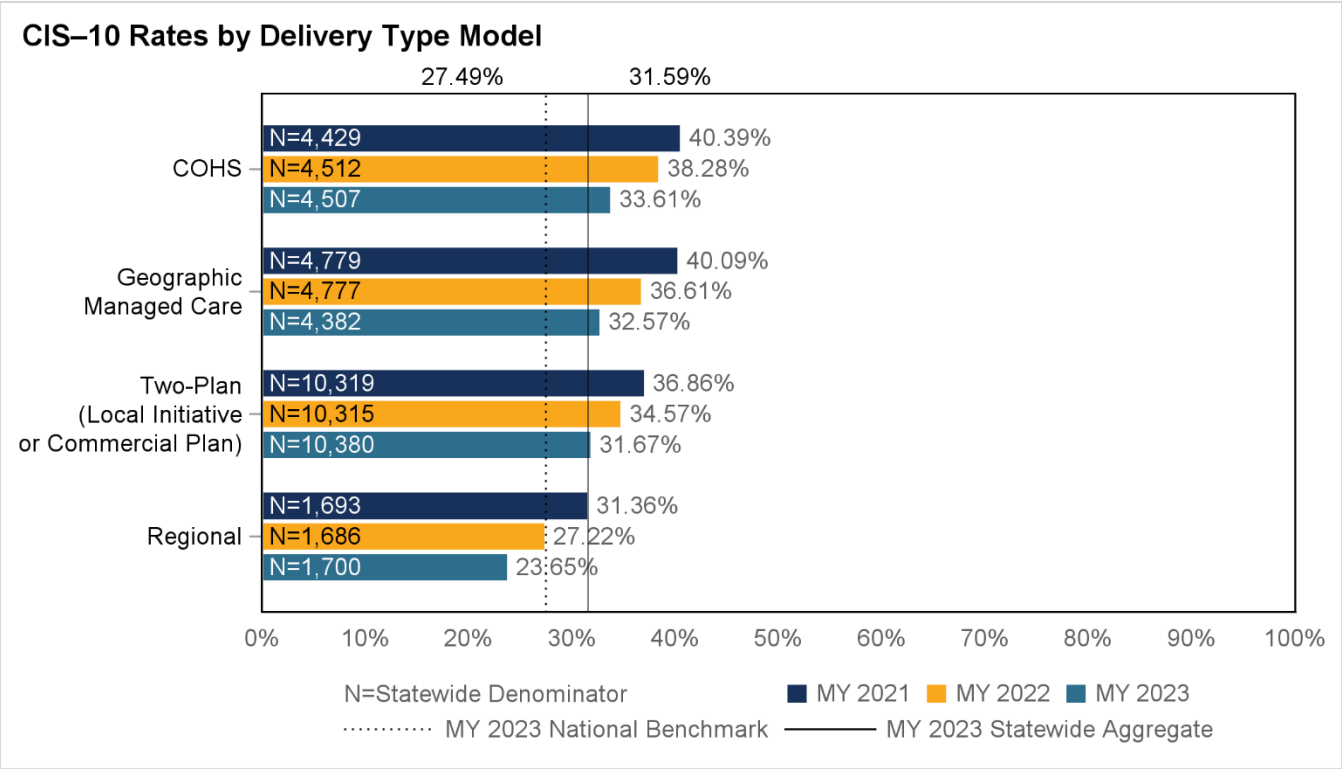


Figure 9—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Population Density Results

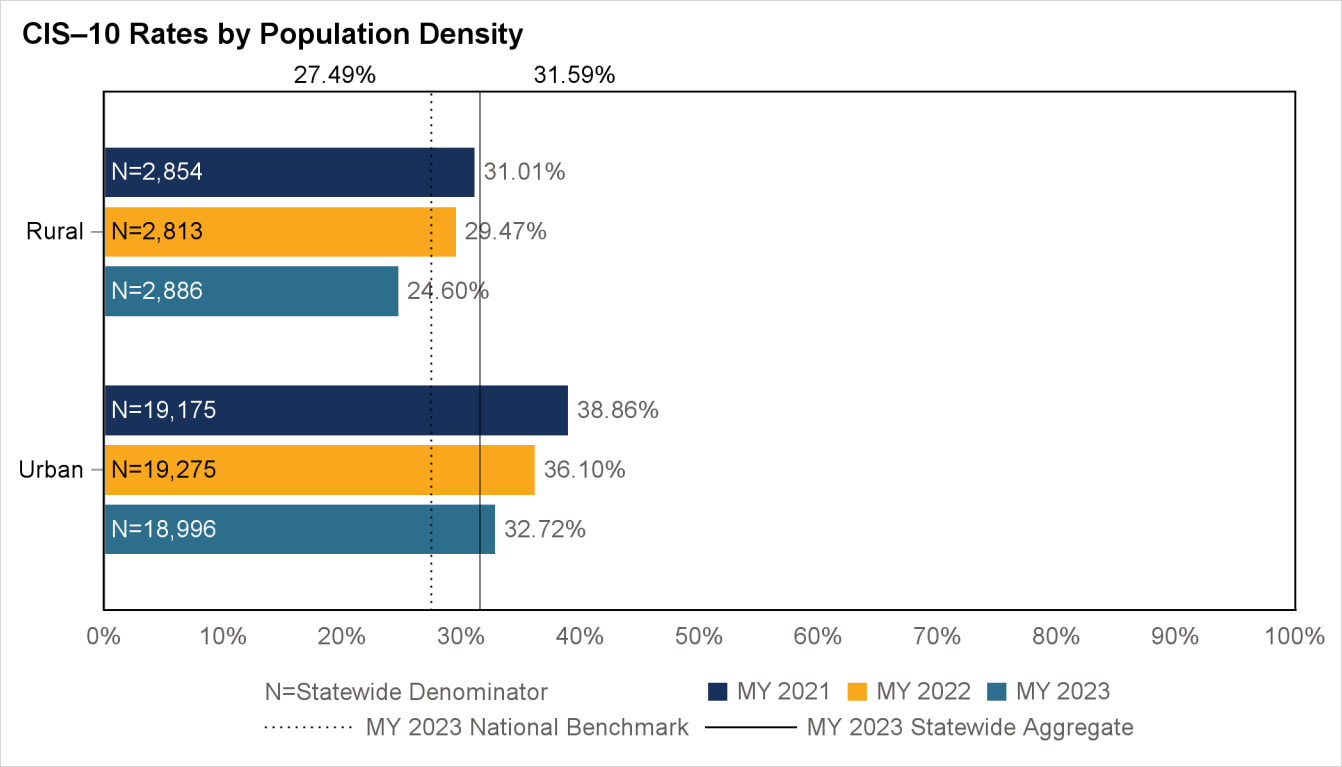
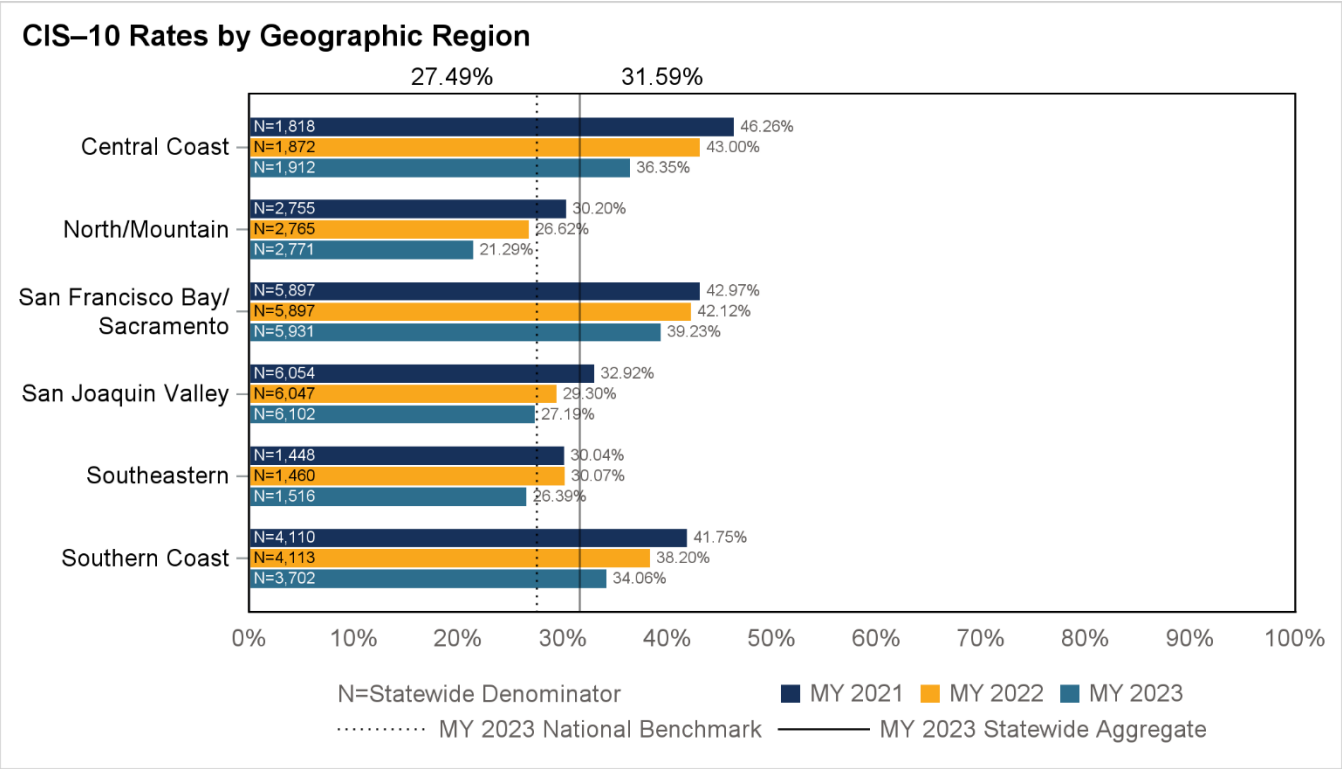


Figure 10—Childhood Immunization Status—Combination 10 (CIS–10)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional-level results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density
- One of six geographic regions:
  - North/Mountain

Reportable rates for the following regional-level results were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of four delivery types:

    - COHS, Geographic Managed Care, and Two-Plan (Local Initiative or Commercial Plan)
- Urban population density
- Three of six geographic regions:
    - Central Coast, San Francisco Bay/Sacramento, and Southern Coast

These results are consistent with findings in measurement year 2022 and show that rural population densities and rural geographic regions as performing worse than the national benchmark rate while urban population densities and regions are performing better than the national benchmark rate.

Comparison to Statewide Average

Reportable rates for the following regional-level groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
    - Regional
- Rural population density
- Three of six geographic regions:
    - North/Mountain, San Joaquin Valley, and Southeastern

These results are consistent with findings in measurement years 2021 and 2022.

Reportable rates for the following regional-level groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of six geographic regions:
    - Central Coast and San Francisco Bay/Sacramento

These results are consistent with findings in measurement years 2021 and 2022. Similar to the national benchmark comparison, rural regions are performing worse in comparison to the statewide average while urban regions are performing better.

Comparison to Prior Year

Reportable rates for the following regional-level groups declined from measurement year 2022 by more than a 10 percent relative difference:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Regional
- Rural population density
- Four of six geographic regions:
  - Central Coast, North/Mountain, Southeastern, and Southern Coast

Overall, decreases in regional-level rates reflect a decreasing trend in *CIS–10* from measurement years 2021 to 2023 that is more prominent in rural locations.

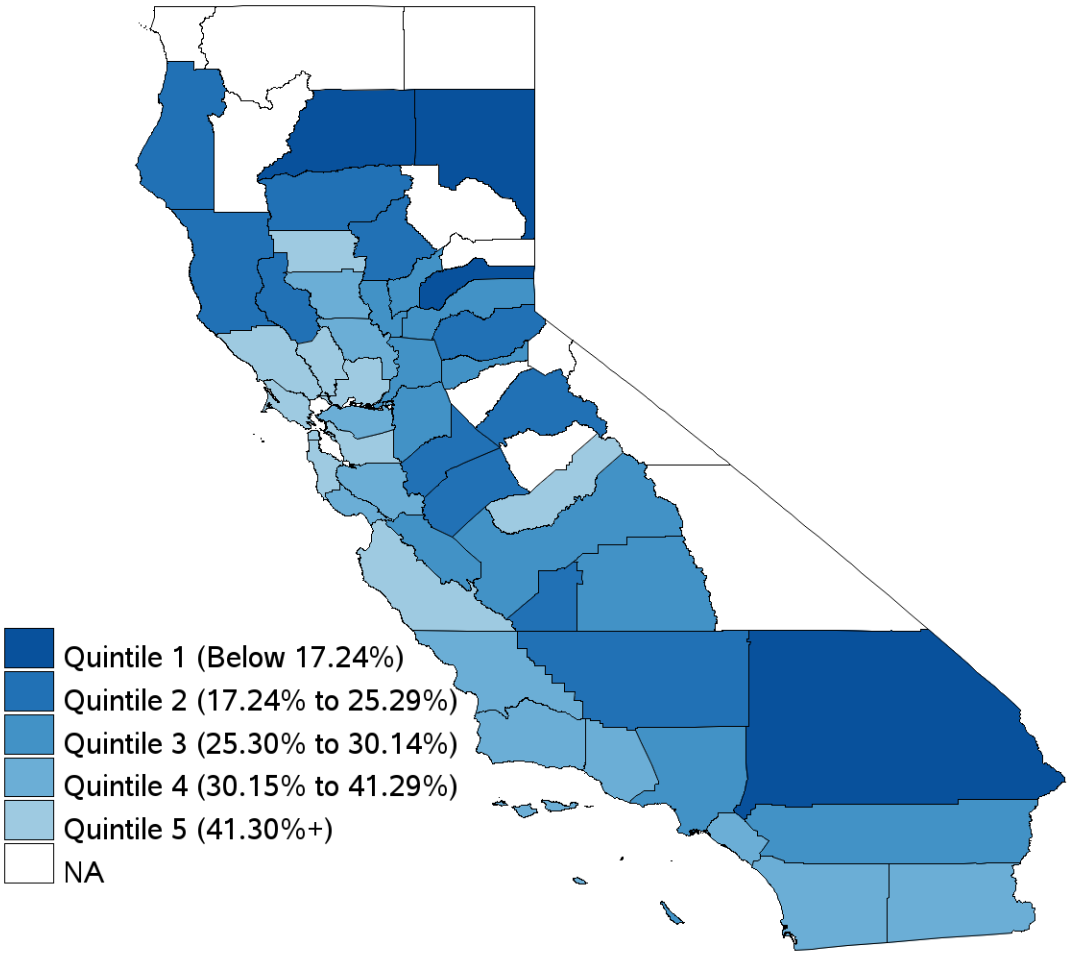
County-Level Results

Figure 11 illustrates results stratified by county and grouped by quintiles.

Figure 11—Childhood Immunization Status—Combination 10 (CIS–10)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 14 of 47 counties[11] fell below the national 50th percentile by more than a 10 percent relative difference for measurement year 2023.

- All 14 of these counties except San Bernardino are in the North/Mountain or San Joaquin Valley geographic region.

[11] Butte, El Dorado, Humboldt, Kern, Kings, Lassen, Mendocino, Merced, Nevada, San Bernardino, Shasta, Stanislaus, Tehama, and Tuolumne.

- There are eight MCPs operating in North/Mountain and San Joaquin Valley geographic regions.[12]

Reportable rates for 20 of 47 counties[13] were above the national 50th percentile by more than a 10 percent relative difference for measurement year 2023.

» These counties are primarily in the Central Coast and San Francisco Bay/Sacramento geographic regions.

- There are 15 MCPs operating in the Central Coast and San Francisco Bay/Sacramento geographic regions.[14]

High and Low Performing Counties

Reportable rates for four of 47 counties[15] were in Quintile 1 (had the least favorable rates) in measurement year 2023:

» Three of these four counties[16] are in the North/Mountain geographic region.

- There are three MCPs operating in the North/Mountain geographic region.[17]

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[12] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care.

[13] Alameda, Colusa, Contra Costa, Glenn, Imperial, Madera, Marin, Monterey, Napa, Orange, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Ventura, and Yolo.

[14] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan; Aetna Better Health of California; Alameda Alliance for Health; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[15] Nevada, Lassen, San Bernardino, and Shasta.

[16] Nevada, Lassen, and Shasta.

[17] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

Reportable rates for 10 of 47 counties[18] were in Quintile 5 (had the most favorable rates) in measurement year 2023:

- Seven of these 10 counties[19] are in the San Francisco Bay/Sacramento geographic region.
  - There are 11 MCPs operating in the San Francisco Bay/Sacramento geographic region.[20]

Comparison to Prior Year

The rate for Shasta County declined from measurement year 2022 by more than a 50 percent relative difference.

County-level quintiles mirror regional-level results for *CIS-10* in that predominantly rural counties are performing worse than predominantly urban counties in measurement year 2023.

Developmental Screening in the First Three Years of Life—Total

The *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator measures the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child's first, second, or third birthday. Figure 12 through Figure 19 display the *Developmental Screening in the First Three Years of Life—Total (DEV)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 12 through Figure 15 display the stratified demographic results by race/ethnicity, primary language, gender, and age, respectively.

[18] Alameda, Glenn, Madera, Marin, Monterey, Napa, San Francisco, San Mateo, Solano, and Sonoma.

[19] Alameda, Marin, Napa, San Francisco, San Mateo, Solano, and Sonoma.

[20] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

Figure 12—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Racial/Ethnic Results

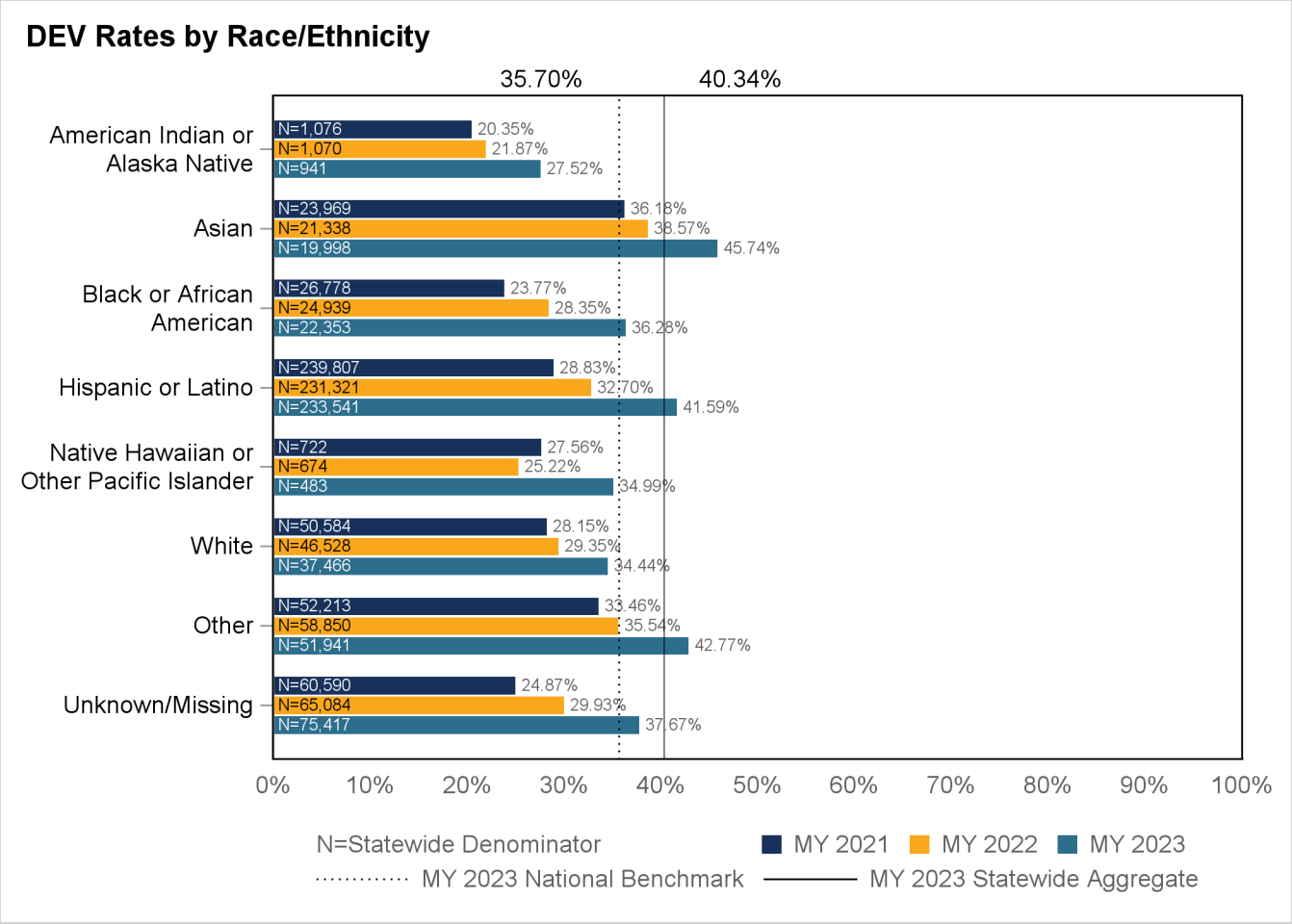


Figure 13—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

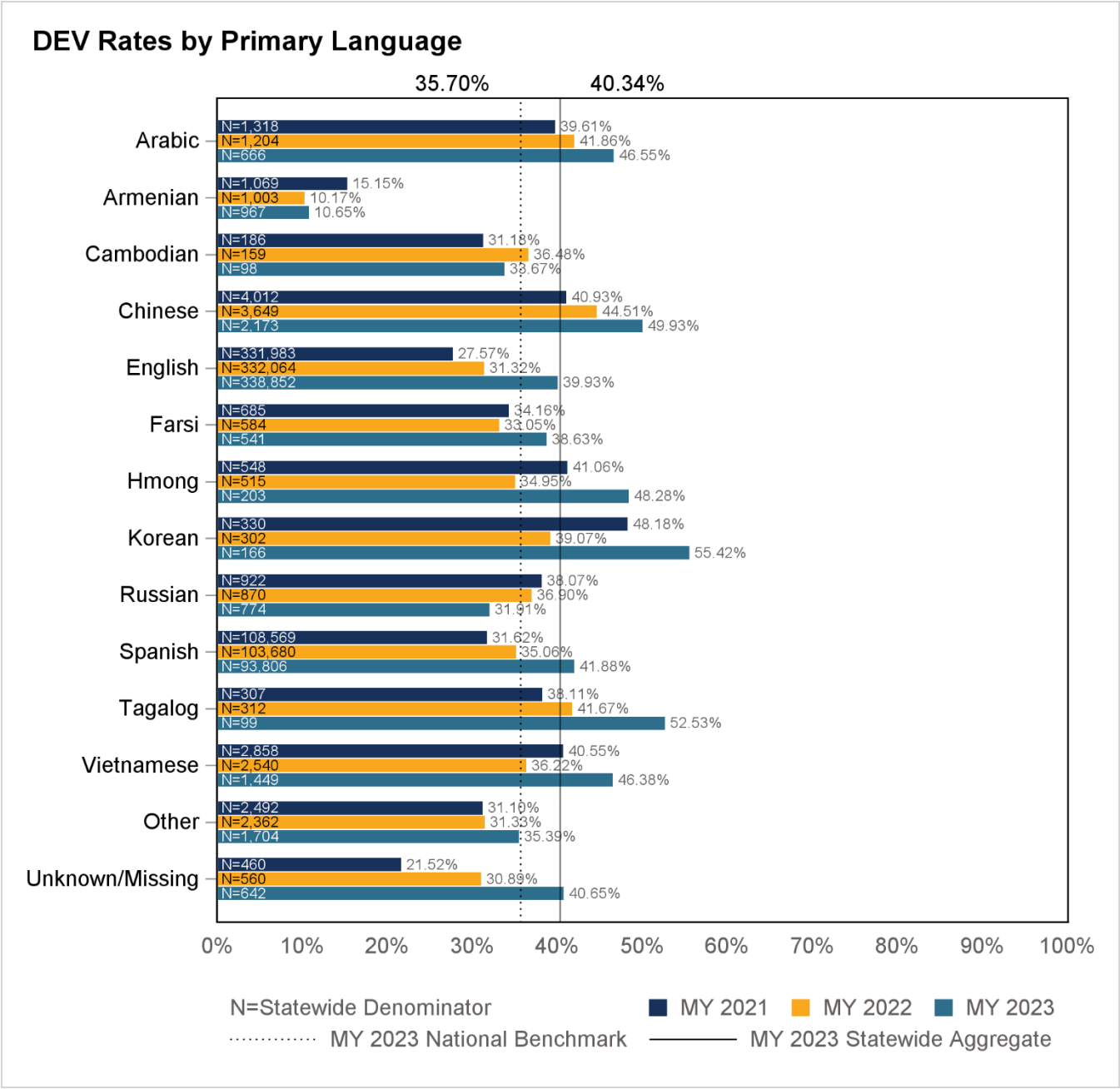


Figure 14—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

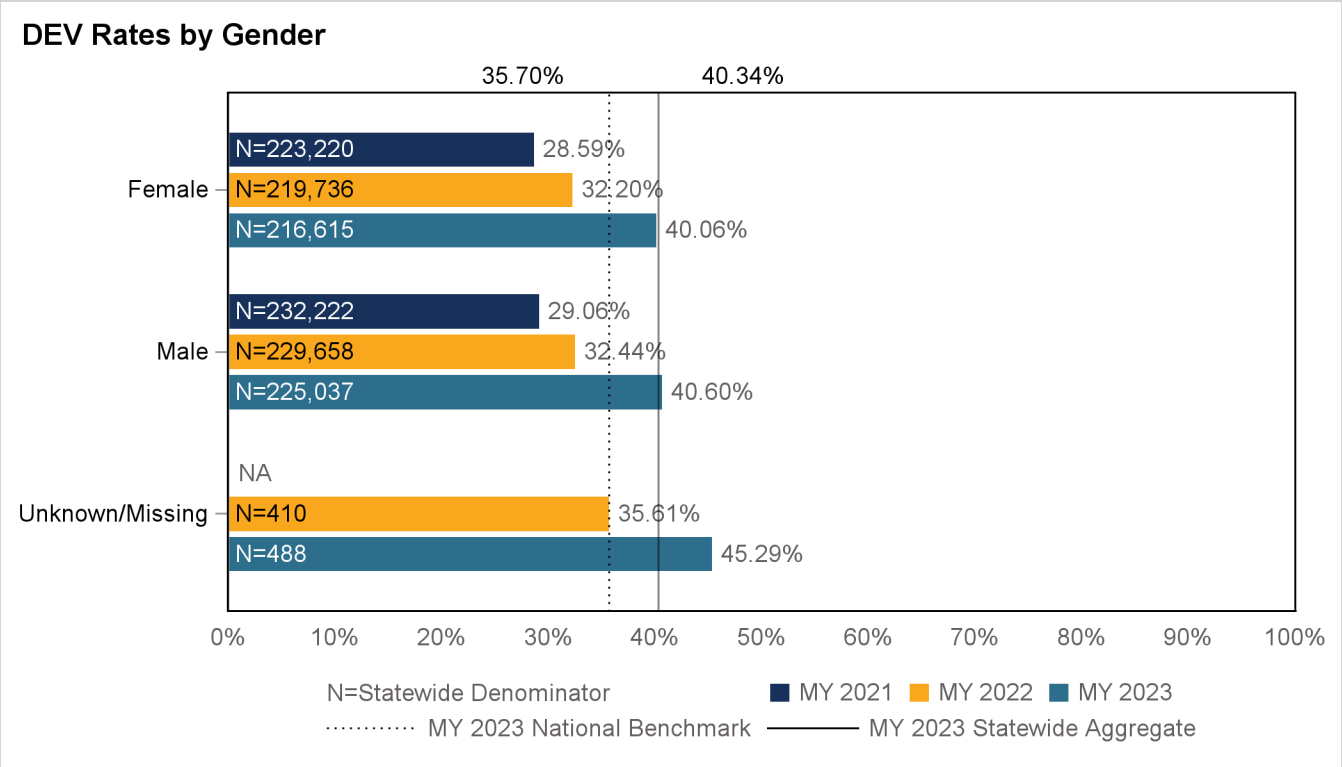
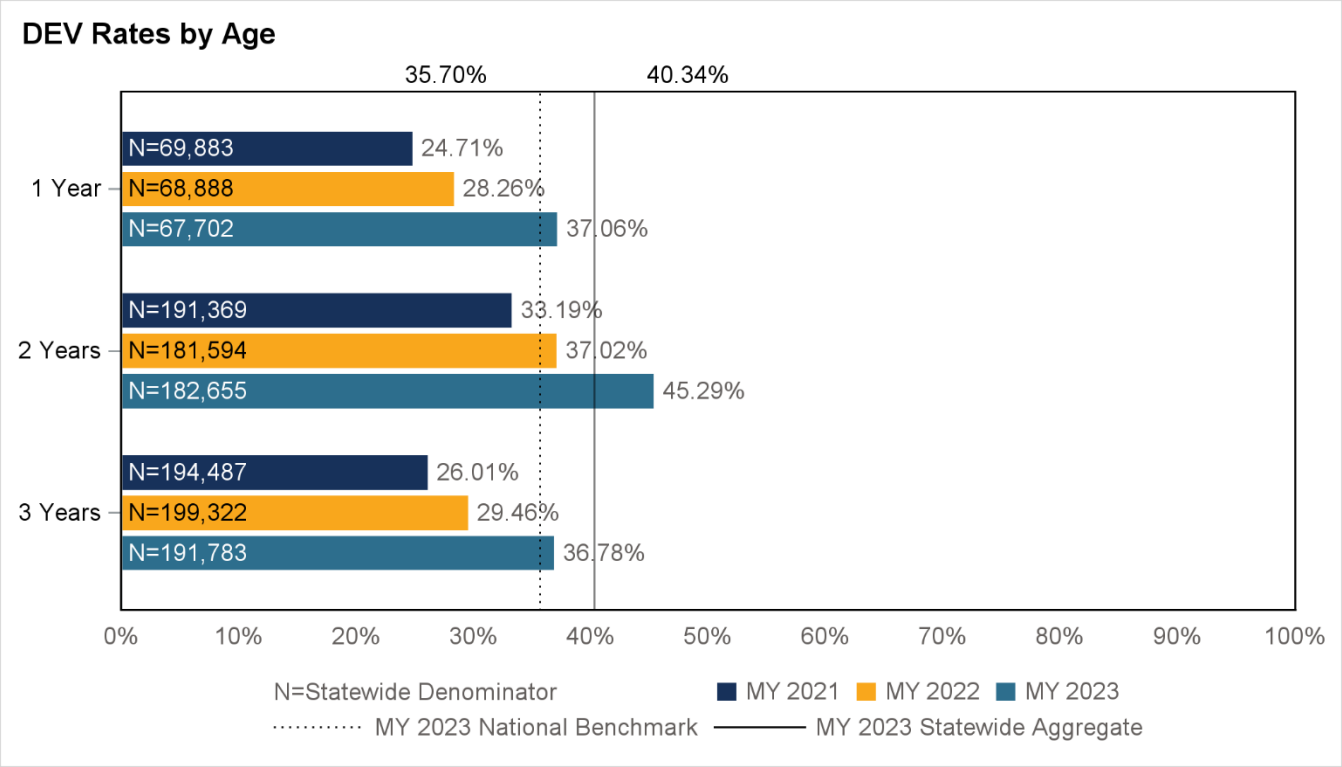


Figure 15—Developmental Screening in the First Three Years of Life—Total (DEV)—Statewide Age Results



Statewide Results

The measurement year 2023 statewide aggregate rate increased by 8.01 percentage points from measurement year 2022. The statewide aggregate rate was above the national 50th percentile for measurement year 2023, indicating that the State is making progress in screening children for risk of developmental, behavioral, and social delays using a standardized screening tool in the child's first three years of life.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of eight race/ethnicity categories:
  - American Indian or Alaska Native

- Two of 14 primary language groups:
  - Armenian and Russian

Reportable rates for the following demographic groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of eight race/ethnicity categories:
  - Asian, Hispanic or Latino, and Other
- Nine of 14 primary language groups:
  - Arabic, Chinese, English, Hmong, Korean, Spanish, Tagalog, Unknown/Missing, and Vietnamese.
- Each of the three gender groups:
  - Female, Male, and Unknown/Missing
- One of three age categories:
  - 2 Years

These results represent an improvement compared to the prior year, as five race/ethnicity categories, two language categories, and two age categories fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2022. In measurement year 2023, this figure dropped to one race/ethnicity category and two language groups. Additionally, only four primary language groups were above the national 50th percentile by at least a 10 percent relative difference in 2022; by 2023, this number increased to nine categories.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Four of eight race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Pacific Islander, and White
- Four of 14 primary language groups:
  - Armenian, Cambodian, Other, and Russian

Reportable rates for the following demographic groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of eight race/ethnicity categories:
  - Asian
- Six of 14 primary language groups:
  - Arabic, Chinese, Hmong, Korean, Tagalog, and Vietnamese
- One of three gender groups:
  - Unknown/Missing
- One of three age categories:
  - 2 Years

These results show a mixed improvement from the statewide aggregate when comparing to 2022, as the number of race/ethnicity categories and language groups falling below the statewide average by more than a 10 percent relative difference increased in 2023. At the same time, the number of age categories falling below the statewide aggregate by more than a 10 percent relative difference decreased from one in 2022 to zero in 2023.

Comparison to Prior Year

Reportable rates for the Russian primary language group declined from measurement year 2022 by more than a 10 percent relative difference.

Reportable rates for the following demographic groups increased from measurement year 2022 by more than a 10 percent relative difference:

- Each of the eight race/ethnicity categories:
  - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, Other, Unknown/Missing, and White
- Eleven of 14 primary language groups:
  - Arabic, Chinese, English, Farsi, Hmong, Korean, Other, Spanish, Tagalog, Unknown/Missing, and Vietnamese
- Each of the three gender groups:
  - Female, Male, and Unknown/Missing

- Each of the three age categories:
  - 1 Year, 2 Years, and 3 Years

Each of the stratified annual rates demonstrate a considerable improvement across all demographic categories, compared to rates reported in measurement year 2022.

Delivery Type and Geographic Results

Figure 16 through Figure 18 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 16—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Delivery Type Model Results

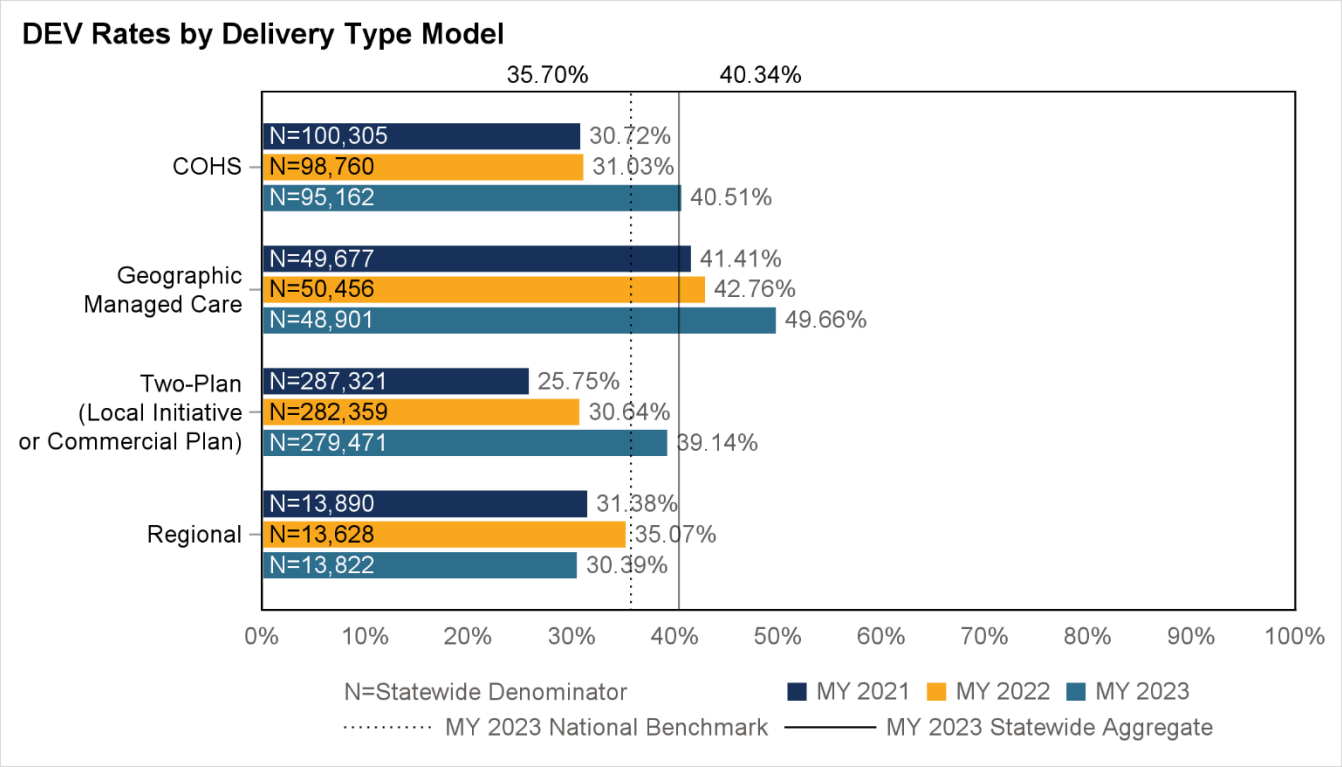


Figure 17—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Population Density Results

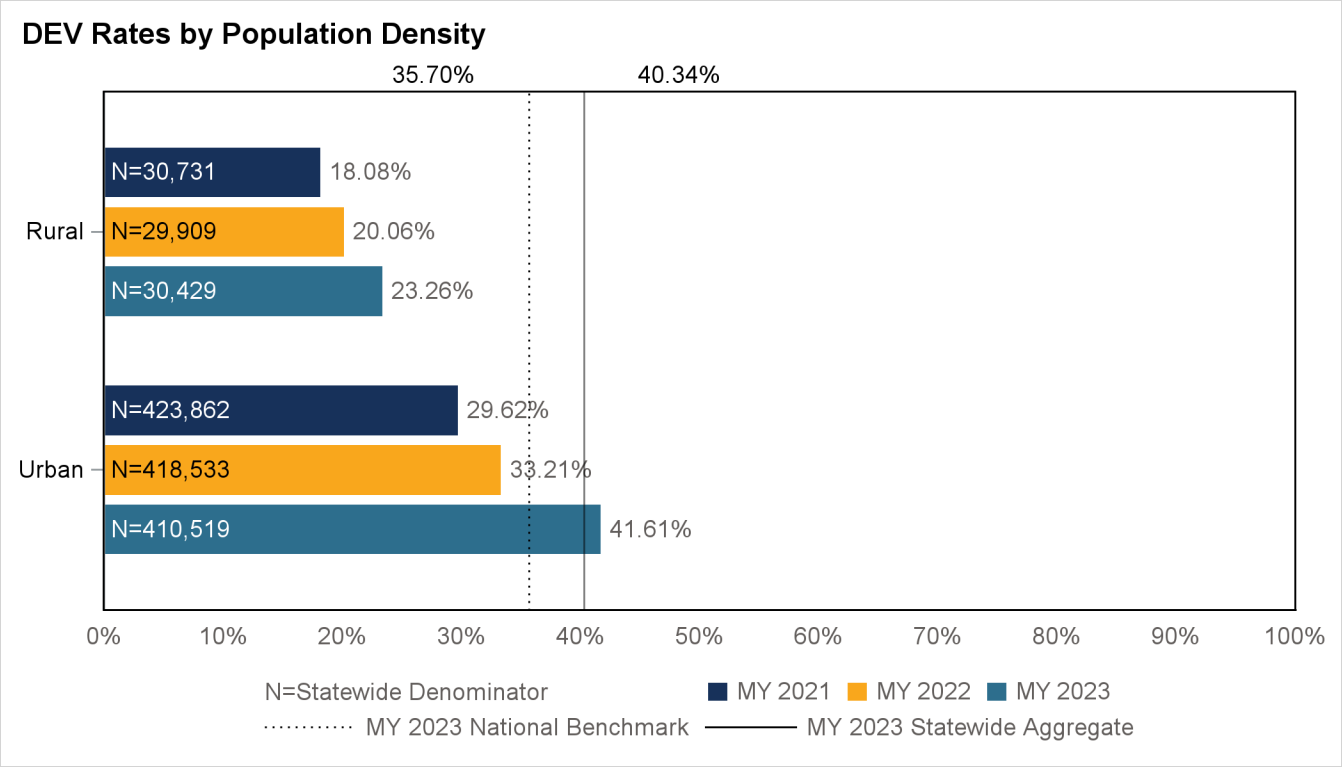
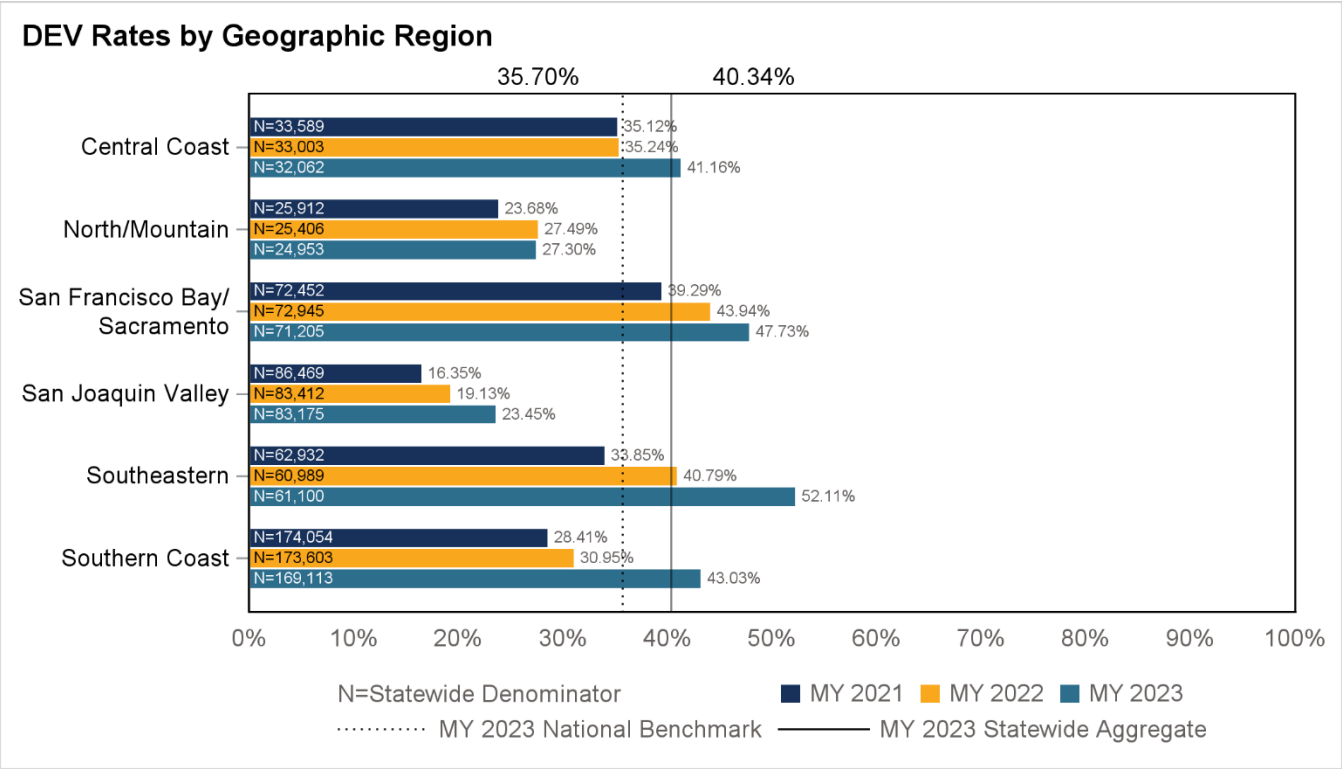


Figure 18—Developmental Screening in the First Three Years of Life—Total (DEV)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional-level results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- One of two population density types:
  - Rural
- Two of six geographic regions:
  - North/Mountain and San Joaquin Valley

Reportable rates for the following regional results were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Two of four delivery types:
  - COHS and Geographic Managed Care
- Urban population density type
- Four of six geographic regions:
  - Central Coast, San Francisco Bay/Sacramento, Southeastern, and Southern Coast.

These results represent a slight improvement compared to 2022, as two delivery types and three geographic regions were below the national 50th percentile by more than a 10 percent relative difference in the prior year.

Comparison to Statewide Average

Reportable rates for the following regional results fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density type
- Two of six geographic regions:
  - North/Mountain and San Joaquin Valley

Reportable rates for the following regional results were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Geographic Managed Care
- Two of six geographic regions:
  - San Francisco Bay/Sacramento and Southeastern

These results indicate a slight decline among the delivery type stratification between 2022 and 2023. In 2022, none of the delivery types were below the statewide average by more than a 10 percent relative difference; however, in 2023, the Regional delivery type declined by over a 20 percent relative difference.

Comparison to Prior Year

Reportable rates for the following geographic results declined from measurement year 2022 by more than a 10 percent relative difference:

- One of four delivery types:
  - Regional

Reportable rates for the following regional results increased from measurement year 2022 by more than a 10 percent relative difference:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Two-Plan (Local Initiative or Commercial Plan)
- Each of the two population density types:
  - Rural and Urban
- Four of six geographic regions:
  - Central Coast, San Joaquin Valley, Southeastern, and Southern Coast

Excluding the regional-level delivery type, these results demonstrate a considerable improvement across each regional result when compared to rates reported in measurement year 2022.

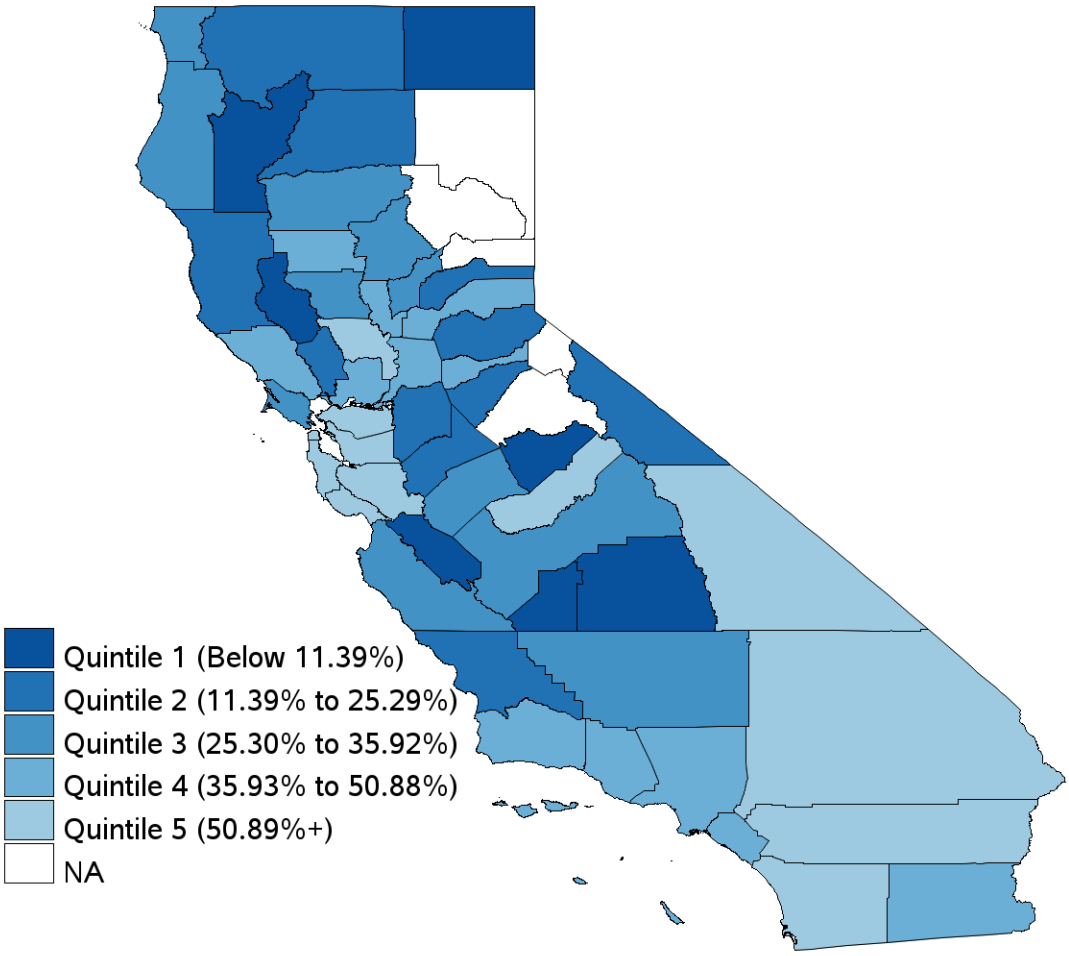
County-Level Results

Figure 19 illustrates results stratified by county and grouped by quintiles.

Figure 19—Developmental Screening in the First Three Years of Life—Total (DEV)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates among 24 of 53 counties[21] fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[22]

[21] Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Kern, Kings, Lake, Mariposa, Mendocino, Modoc, Mono, Monterey, Napa, Nevada, San Benito, San Joaquin, San Luis Obispo, Shasta, Siskiyou, Stanislaus, Trinity, and Tulare.

[22] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

Reportable rates among 21 of 53 counties[23] were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain and San Francisco Bay/Sacramento regions.
  - There are 12 MCPs operating in the North/Mountain and San Francisco Bay/Sacramento regions.[24]

Nearly half (45 percent) of counties with reportable rates fell below the national 50th percentile in measurement year 2023; however, a similar percentage of counties (39 percent) surpassed the national benchmark. The counties that surpassed the national benchmark were primarily located in the San Francisco Bay/Sacramento geographic region, which is one of the more densely populated regions in the State.

High and Low Performing Counties

Reportable rates for seven of 53 counties[25] were in Quintile 1 (had the least favorable rates) in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.
  - Seven of 11 counties in the second-lowest-performing quintile (Quintile 2) were also operating in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[26]

[23] Alameda, Amador, Contra Costa, Glenn, Imperial, Inyo, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sutter, Ventura, and Yolo.

[24] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[25] Kings, Lake, Mariposa, Modoc, San Benito, Trinity, and Tulare.

[26] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

Twelve of 53 counties[27] with reportable rates were in in Quintile 5 (had the most favorable rates) in measurement year 2023:

- Nearly half of these counties (five) were located in the San Francisco Bay/Sacramento geographic region.
  - There are 11 MCPs operating in the San Francisco Bay/Sacramento geographic region.[28]

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years

The *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* indicator measures the percentage of emergency department visits for members 6 to 17 years of age with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days of the emergency department visit. Figure 20 through Figure 26 display the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 20 through Figure 22 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

[27] Alameda, Contra Costa, Inyo, Madera, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Yolo.

[28] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

Figure 20—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

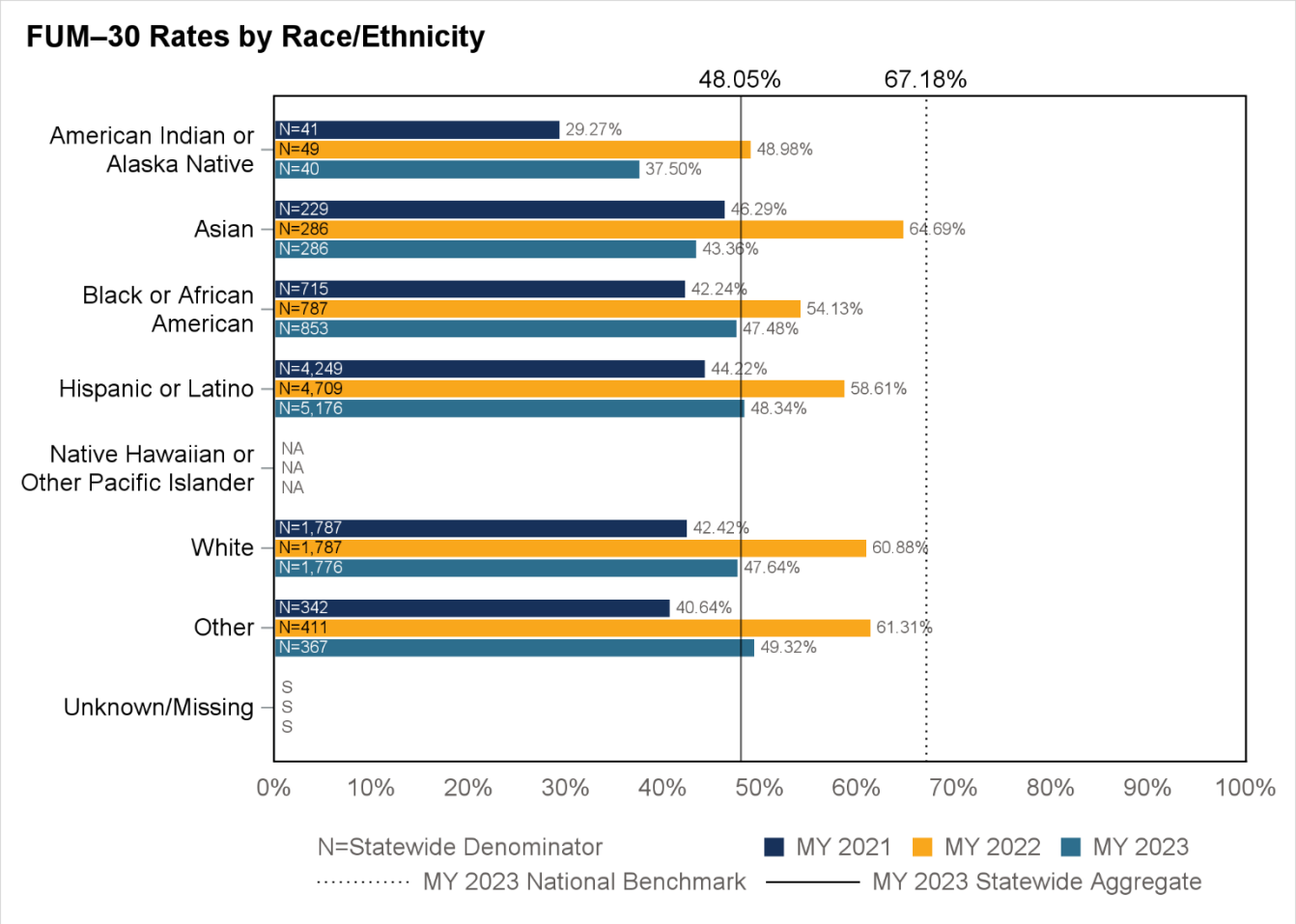


Figure 21—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

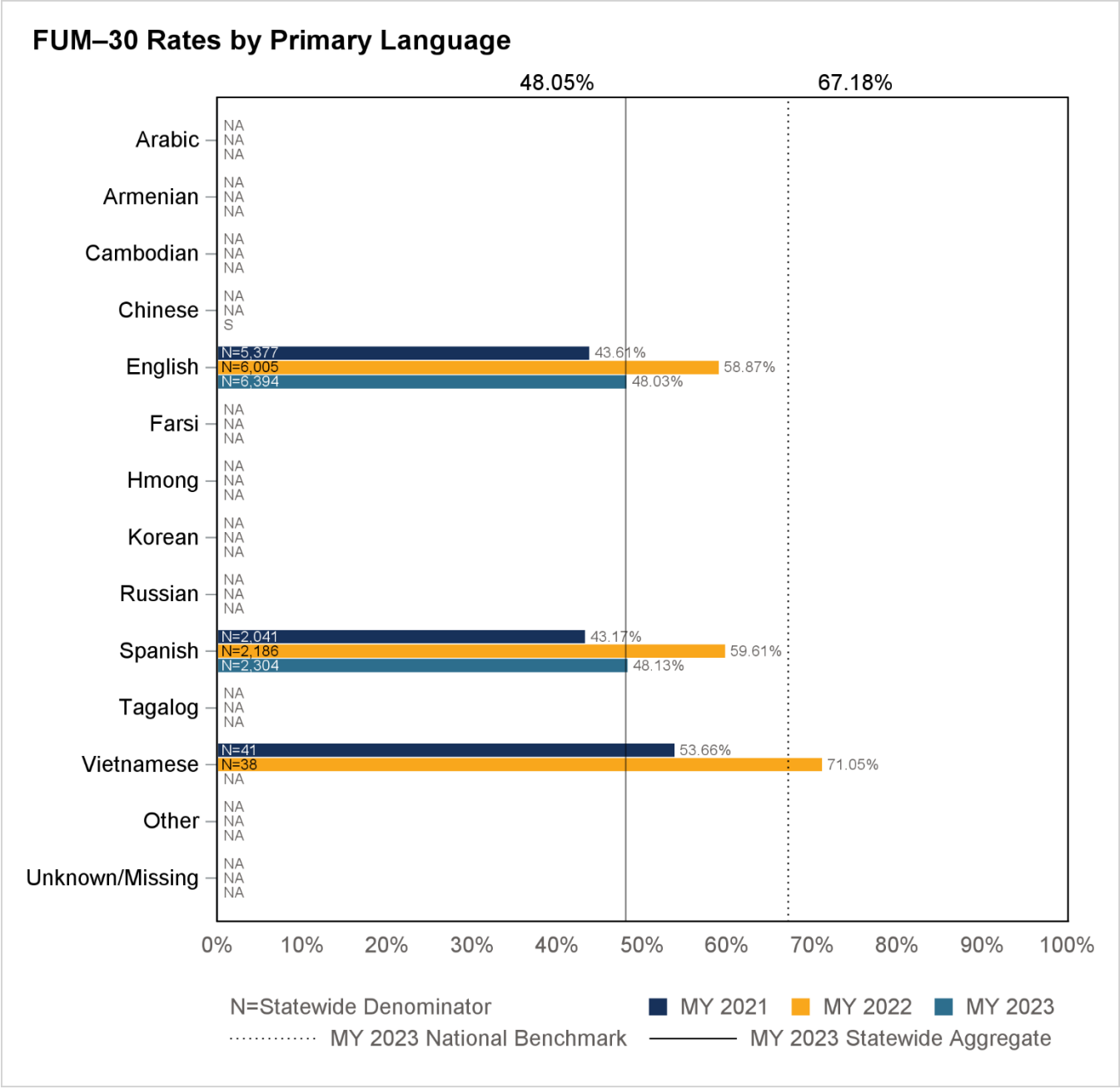
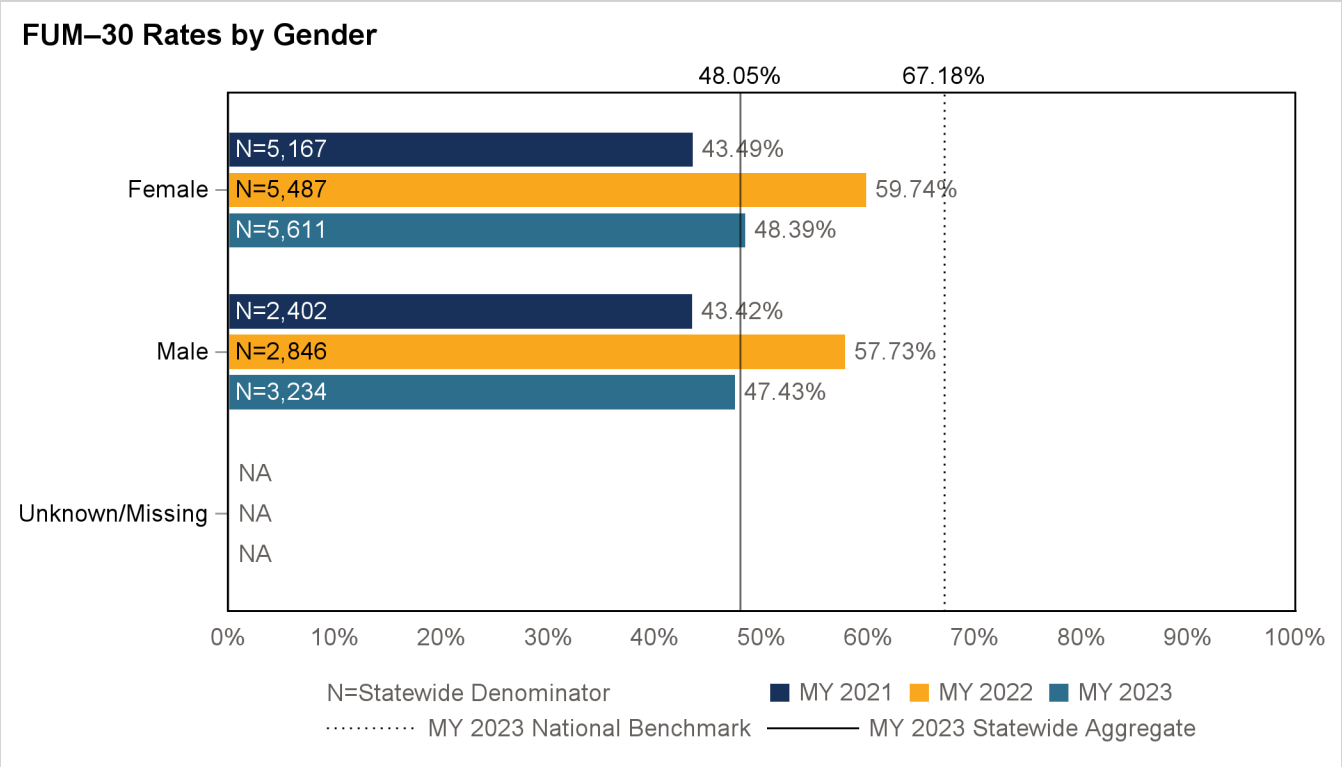

FUM–30 Rates by Primary Language
48.05%
67.18%
Arabic
NA
NA
NA
Armenian
NA
NA
NA
Cambodian
NA
NA
NA
Chinese
NA
NA
S
English
N=5,377
43.61%
N=6,005
58.87%
N=6,394
48.03%
Farsi
NA
NA
NA
Hmong
NA
NA
NA
Korean
NA
NA
NA
Russian
NA
NA
NA
Spanish
N=2,041
43.17%
N=2,186
59.61%
N=2,304
48.13%
Tagalog
NA
NA
NA
Vietnamese
N=41
53.66%
N=38
71.05%
NA
Other
NA
NA
NA
Unknown/Missing
NA
NA
NA
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
N=Statewide Denominator
MY 2021
MY 2022
MY 2023
MY 2023 National Benchmark
MY 2023 Statewide Aggregate

Figure 22—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The national benchmark and statewide aggregate rates decreased from measurement year 2022 to measurement year 2023. The statewide aggregate rate was below the national 50th percentile by more than a 10 percent relative difference for measurement years 2021, 2022, and 2023, indicating that a lower percentage of members 6 to 17 years of age with a principal diagnosis of mental illness or intentional self-harm had a follow-up visit for mental illness within 30 days of an emergency department visit in California than the national benchmark rate.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 20 percent relative difference in measurement year 2023:

- Seven of seven racial/ethnic categories:
  - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, Unknown/Missing, and White.
- Two of two language groups:
  - English and Spanish
- Female and Male genders

These results are consistent with findings in measurement year 2021. They are also consistent with measurement year 2022 barring the Asian racial/ethnic category.

No reportable rates were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of seven racial/ethnic categories:
  - American Indian or Alaska Native

These results are consistent with findings in measurement years 2021 and 2022.

No reportable rates were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023.

Comparison to Prior Year

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- Each of the racial/ethnic categories[29]

[29] American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Other, Unknown/Missing, and White.

- Both language groups:
  - English and Spanish
- Female and Male genders

Overall, these decreases in demographic group rates return *FUM-30* rates to similar levels seen in measurement year 2021.

Delivery Type and Geographic Results

Figure 23 through Figure 25 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 23—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Regional-Level Delivery Type Model Results

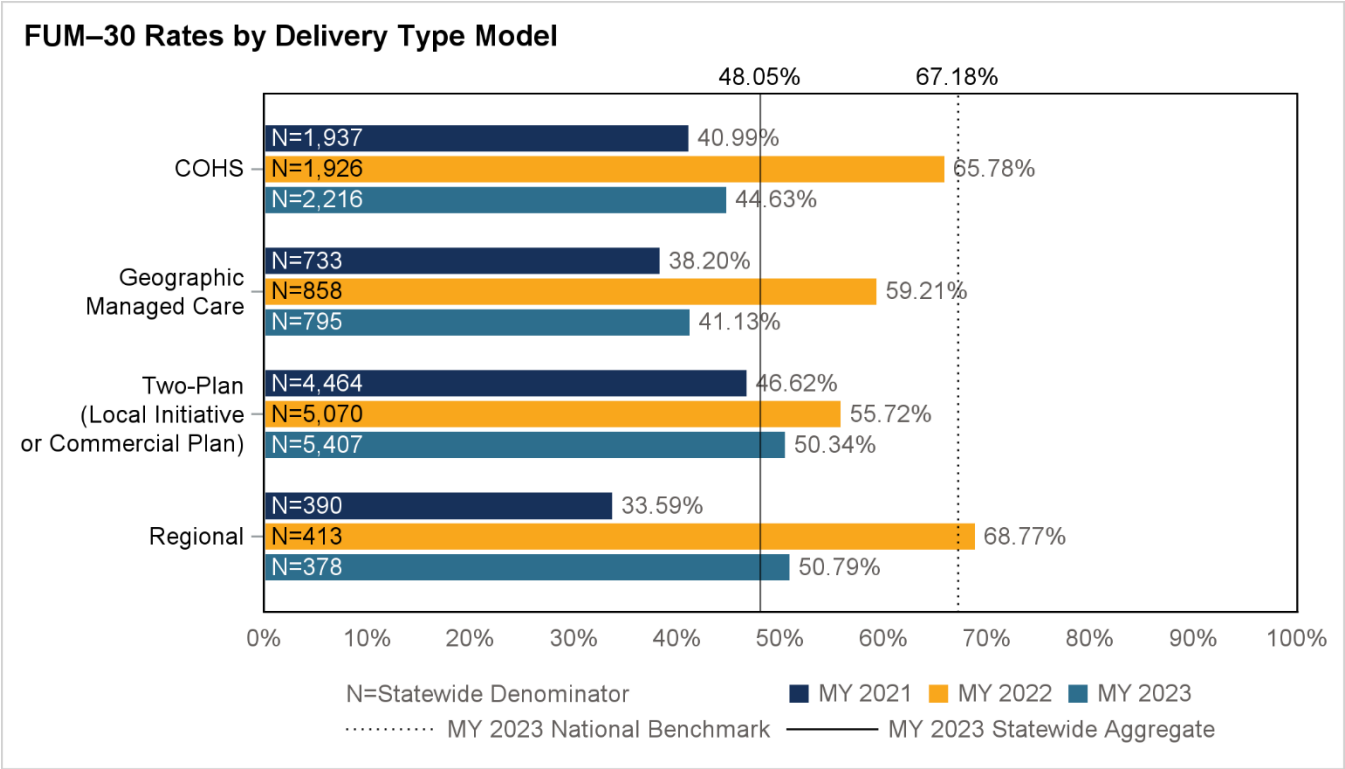


Figure 24—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Regional-Level Population Density Results

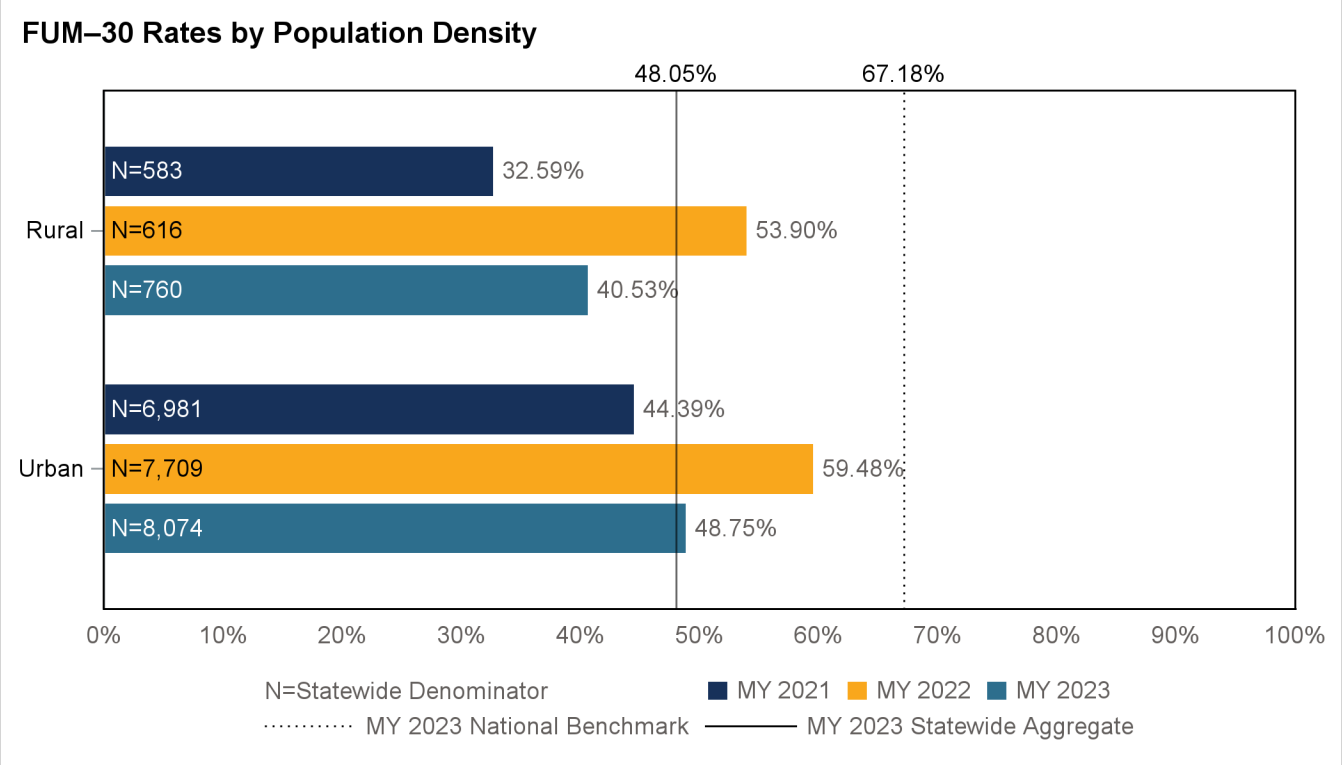
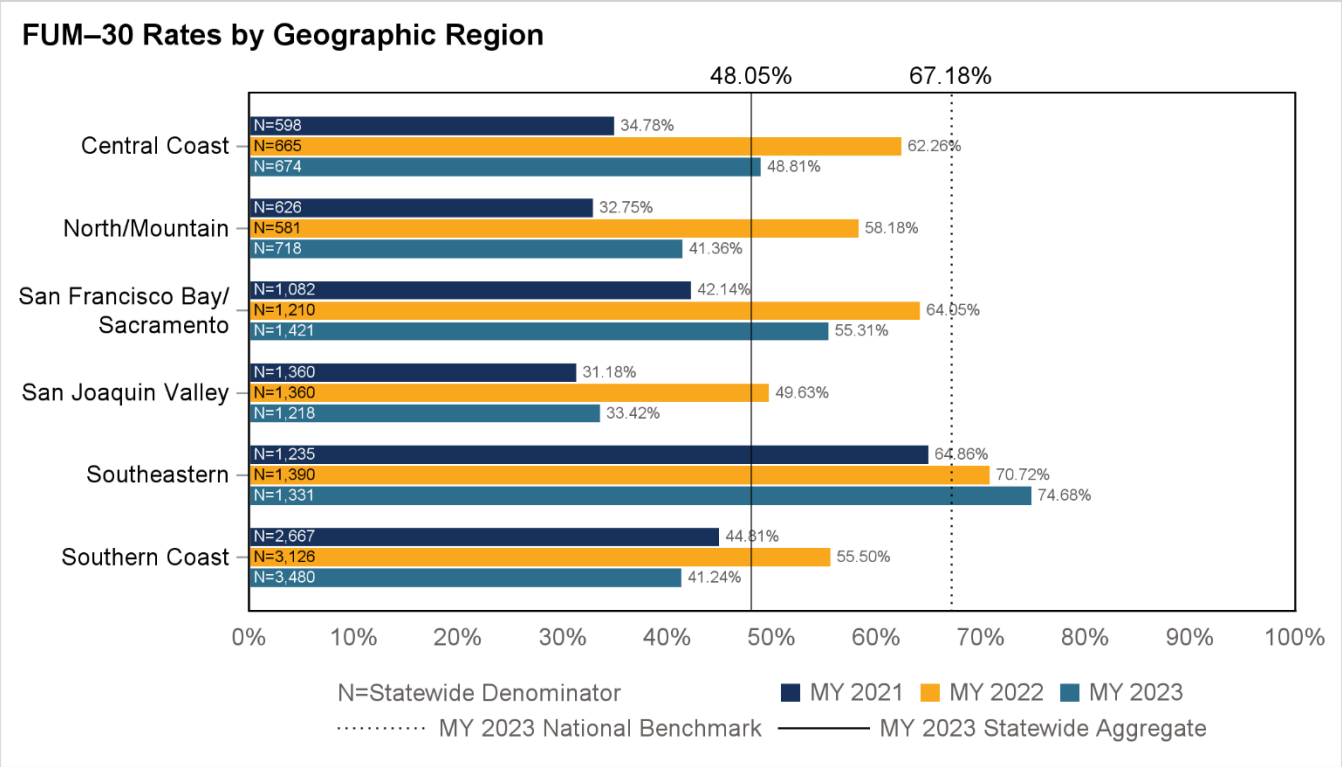


Figure 25—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional-level groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Four of four delivery types:
  - COHS, Geographic Managed Care, Regional, and Two-Plan (Local Initiative or Commercial Plan)
- Rural and Urban population densities
- Five of six geographic regions:
  - Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast

These results were consistent with findings in measurement year 2021.

Reportable rates for the following regional-level groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of six geographic regions:
  - Southeastern

Reportable rates for most regional-level groups, including urban and rural population densities, were below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

Comparison to Statewide Average

Reportable rates for the following regional-level groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Geographic Managed Care
- Rural population density
- Three of six geographic regions:
  - North/Mountain, San Joaquin Valley, and Southern Coast

Reportable rates for the following regional-level groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of six geographic regions:
  - San Francisco Bay/Sacramento and Southeastern

The San Francisco Bay/Sacramento and Southeastern regions performed better that the statewide aggregate while predominantly rural regions performed worse than the statewide aggregate.

Comparison to Prior Year

Reportable rates declined from measurement year 2022 by more than a 10 percent relative difference for the following regional-level groups:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Regional

- Rural and Urban population densities
- Five of six geographic regions:
  - Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast

Notably, the Southeastern geographic region was the only region to see consistent improvement from measurement years 2021 to 2023 and is the only region with a reportable rate above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

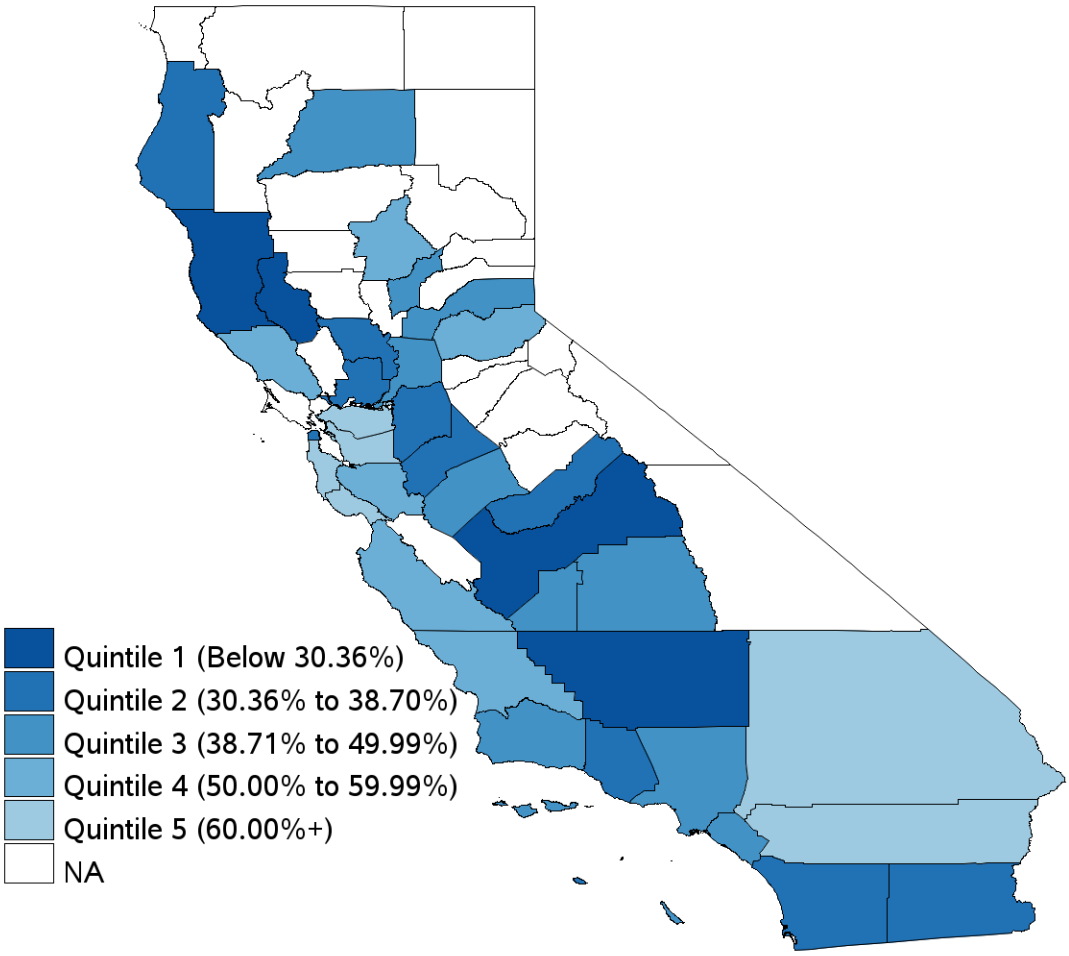
County-Level Results

Figure 26 illustrates results stratified by county and grouped by quintiles.

Figure 26—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 30 of 36 counties[30] fell below the national 50th percentile for measurement year 2023 by more than a 10 percent relative difference.

- These counties were in all six geographic regions.

[30] Butte, El Dorado, Fresno, Humboldt, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Mendocino, Merced, Monterey, Orange, Placer, Sacramento, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Shasta, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo, and Yuba.

Reportable rates for four of 36 counties[31] were above the national 50th percentile by more than a 10 percent relative difference for measurement year 2023.

- Two of these four counties were in the Southeastern geographic region.
  - There are three MCPs operating in the Southeastern geographic region.[32]

High and Low Performing Counties

Reportable rates for four of 36 counties[33] were in Quintile 1 (had the least favorable rates) in measurement year 2023:

- All four of these counties were in the North/Mountain or San Joaquin Valley geographic regions.
  - There are nine MCPs operating in the North/Mountain and San Joaquin Valley geographic regions.[34]

Reportable rates for six of 36 counties[35] were in Quintile 5 (had the most favorable rates) in measurement year 2023:

- Three of these six counties[36] are in the San Francisco Bay/Sacramento geographic region.
  - There are 11 MCPs operating in the San Francisco Bay/Sacramento geographic region.[37]

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[31] Contra Costa, Riverside, San Bernardino, and Santa Cruz.

[32] California Health & Wellness Plan; Inland Empire Health Plan; Molina Healthcare of California.

[33] Fresno, Kern, Mendocino, and Lake

[34] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems; DBA Kern Family Health Care.

[35] Alameda, Contra Costa, Riverside, San Bernardino, San Mateo, and Santa Cruz.

[36] Alameda, Contra Costa, and San Mateo.

[37] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years

The *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator measures the percentage of emergency department visits for members 13 to 17 years of age with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow-up visit or pharmacotherapy dispensing event within 30 days of the emergency department visit. Figure 27 through Figure 32 display the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023. Additionally, due to the number of suppressed county rates, HSAG did not present the map for this indicator in this section. Please refer to Figure 119 for the county map.

Demographic Results

Figure 27 through Figure 29 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

Figure 27—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

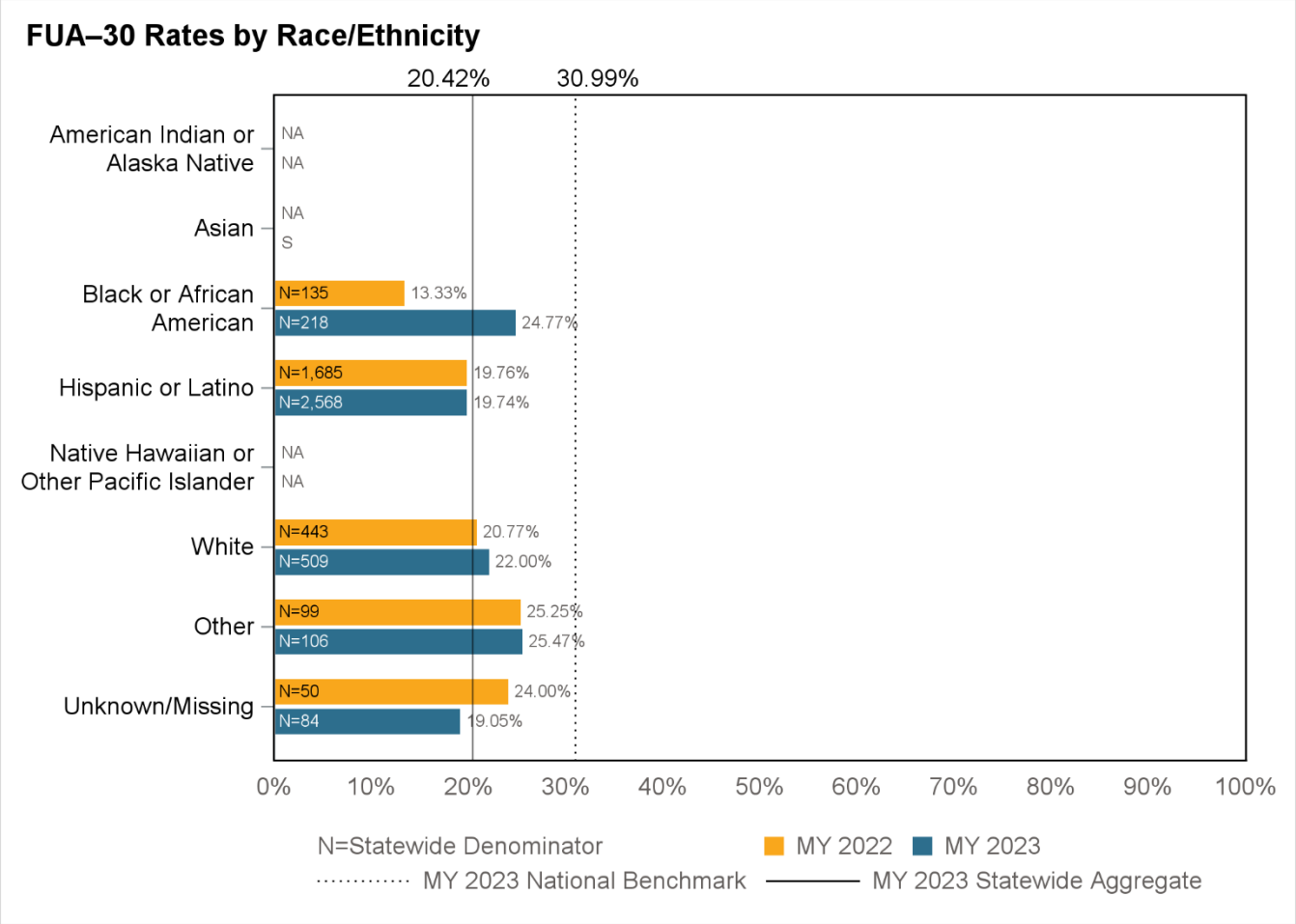

FUA–30 Rates by Race/Ethnicity
20.42%
30.99%
American Indian or Alaska Native
NA
NA
Asian
NA
S
Black or African American
N=135
13.33%
N=218
24.77%
Hispanic or Latino
N=1,685
19.76%
N=2,568
19.74%
Native Hawaiian or Other Pacific Islander
NA
NA
White
N=443
20.77%
N=509
22.00%
Other
N=99
25.25%
N=106
25.47%
Unknown/Missing
N=50
24.00%
N=84
19.05%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
N=Statewide Denominator
MY 2022
MY 2023
MY 2023 National Benchmark
MY 2023 Statewide Aggregate

Figure 28—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

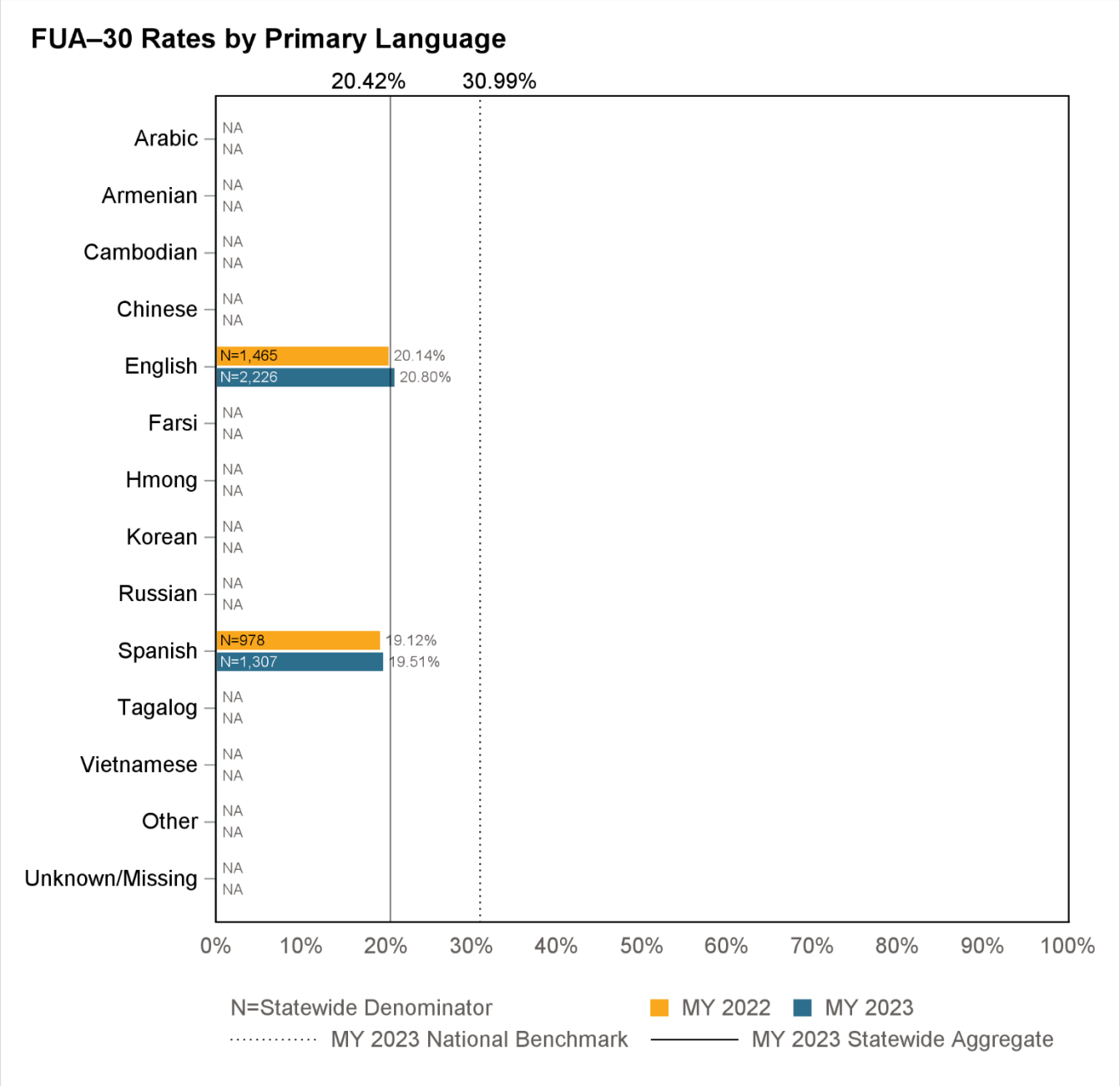
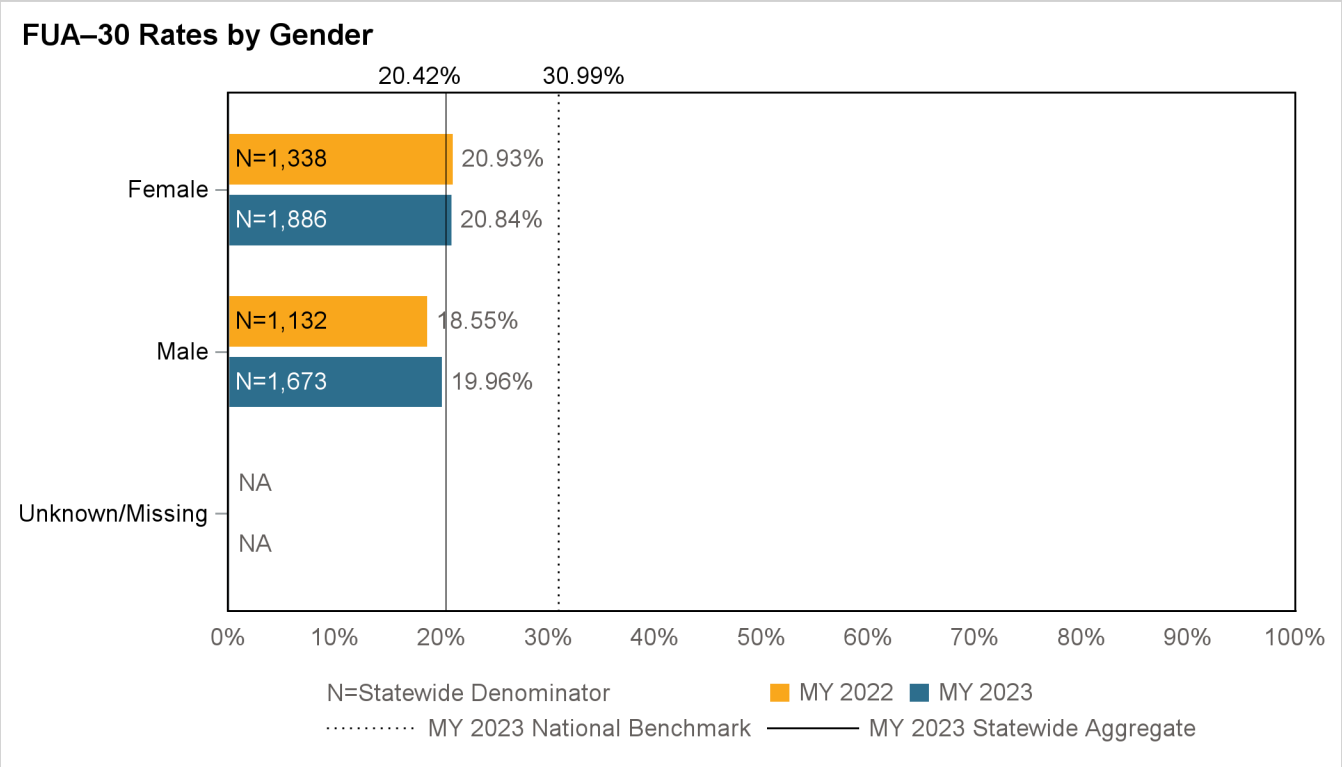


Figure 29—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The statewide aggregate rate fell below the national 50th percentile by more than a 30 percent relative difference for measurement year 2023, indicating that a lower percentage of members 13 to 17 years of age with a principal diagnosis of SUD, or any diagnosis of drug overdose, had a follow-up visit or pharmacotherapy dispensing event within 30 days of an emergency department visit in the State than the national benchmark rate.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Five of five racial/ethnic categories:
  - Black or African American, Hispanic or Latino, Other, Unknown/Missing, and White

- Both language groups:
  - Spanish and English
- Female and Male genders

These results were consistent with findings in measurement year 2022.

No reportable rates for the following demographic groups were above the national 50th percentile benchmark rate by more than a 10 percent relative difference in measurement year 2023.

Comparison to Statewide Average

No reportable demographic group rates fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023.

Reportable rates for the following demographic groups were above the statewide aggregate by more than a 10 percent relative difference in measurement year 2023:

- Two of five racial/ethnic categories:
  - Black or African American and Other

Comparison to Prior Year

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- One of five racial/ethnic categories:
  - Unknown/Missing

Reportable rates for the following demographic groups increased from measurement year 2022 by more than an 80 percent relative difference:

- One of five racial/ethnic categories:
  - Black or African American

Many rates for demographic groups in *FUA-30* were unavailable. For all the racial/ethnic categories with reportable rates, results were below the national benchmark rate.

Delivery Type and Geographic Results

Figure 30 through Figure 32 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 30—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Regional-Level Delivery Type Model Results

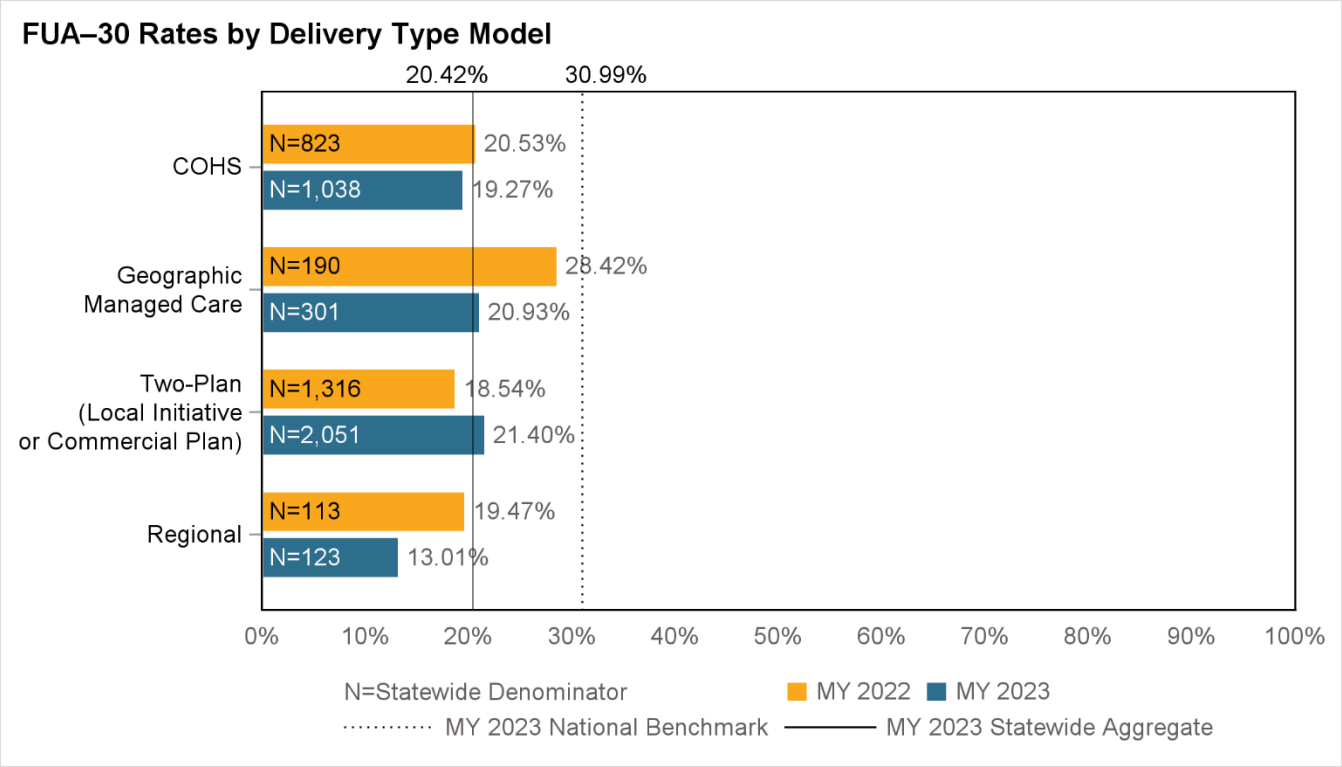


Figure 31—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Regional-Level Population Density Results

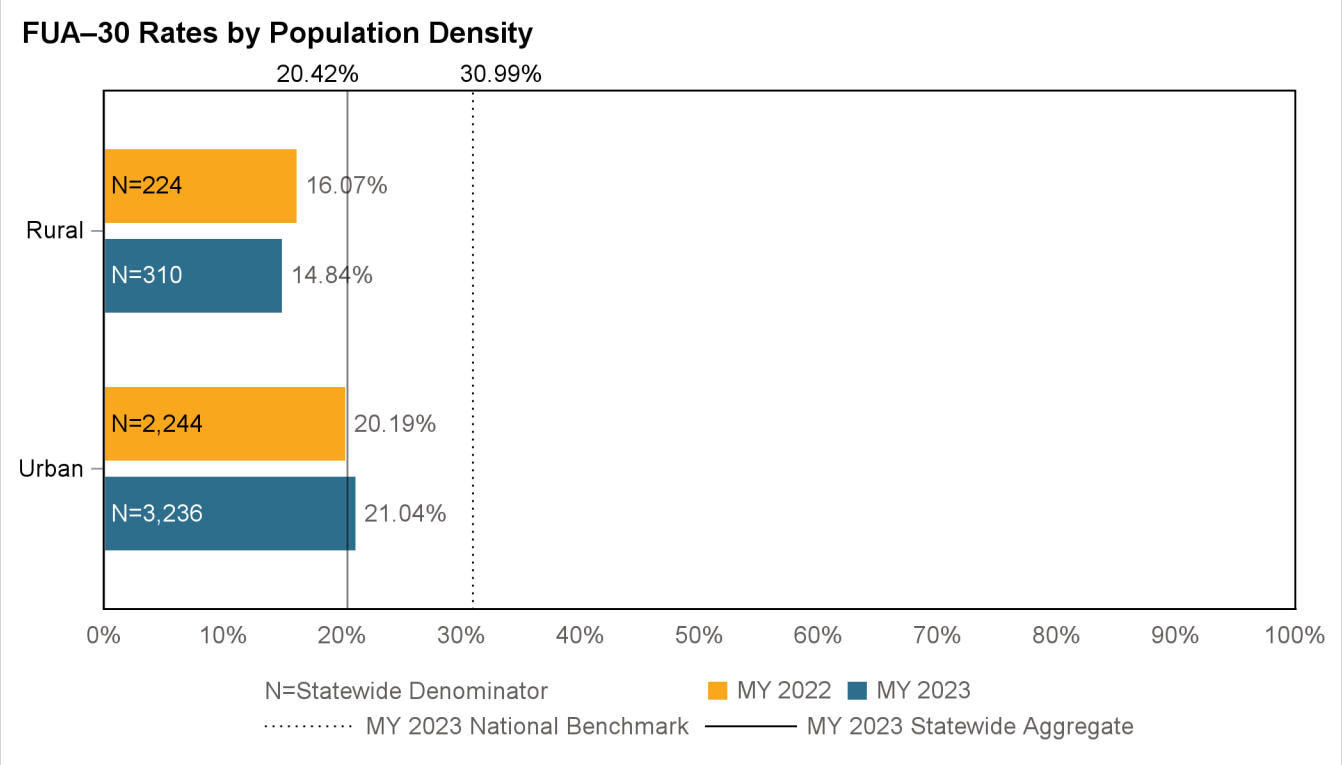
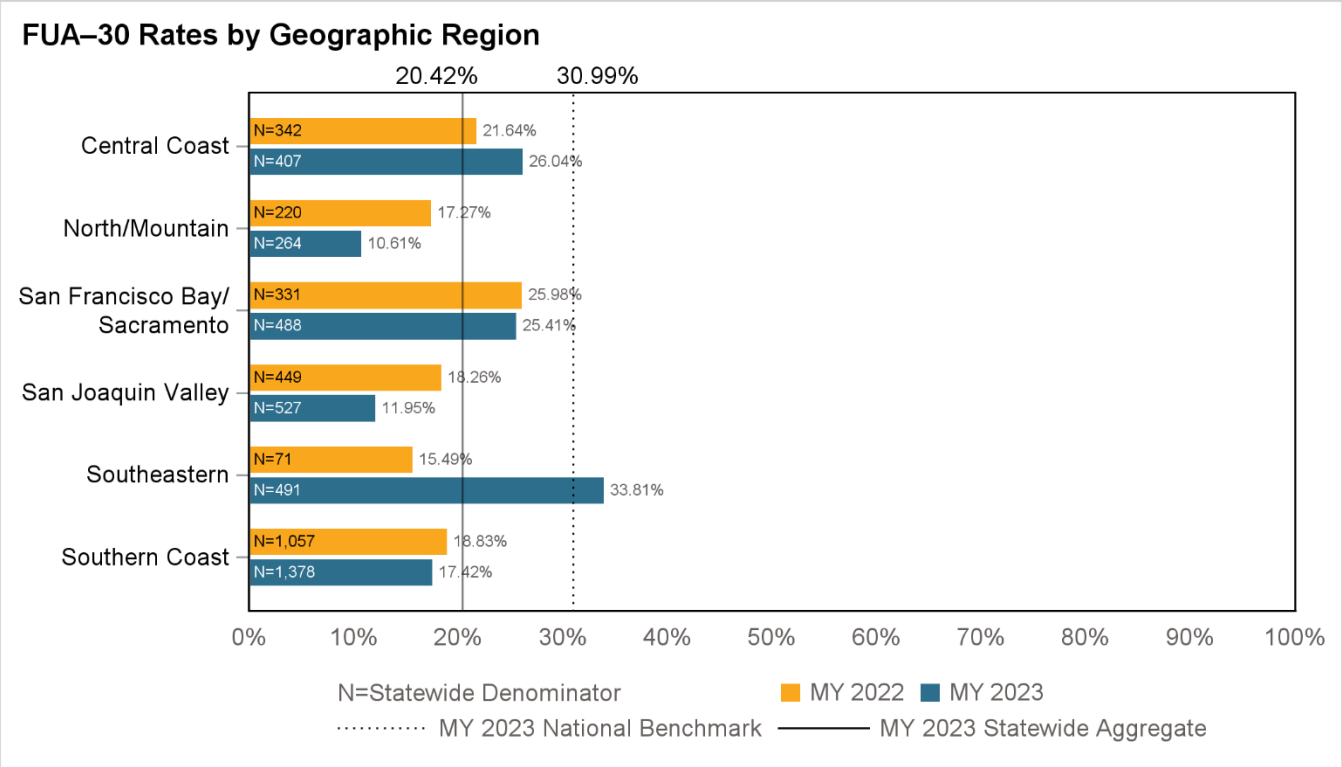


Figure 32—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional-level results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Four of four delivery types:
  - COHS, Geographic Managed Care, Regional, and Two-Plan (Local Initiative or Commercial Plan)
- Rural and Urban population densities
- Five of six geographic regions:
  - Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast

Regional-level groups that span urban and rural population densities had reportable rates below the national benchmark rate, indicating that there is a need for statewide improvement in *FUA-30*.

Comparison to Statewide Average

Reportable rates for the following regional-level results fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density
- Three of six geographic regions:
  - North/Mountain, San Joaquin Valley, and Southern Coast

Reportable rates for the following regional-level results were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Three of six geographic regions:
  - Central Coast, San Francisco Bay/Sacramento, and Southeastern

In general, rurally focused regional-level groups performed worse against the statewide average while some predominantly urban geographic regions performed better.

Comparison to Prior Year

Reportable rates for the following regional-level results declined from measurement year 2022 by more than a 10 percent relative difference:

- Two of four delivery types:
  - Geographic Managed Care and Regional
- Two of six geographic regions:
  - North/Mountain and San Joaquin Valley

Reportable rates for the following regional-level results increased from measurement year 2022 by more than a 10 percent relative difference:

- One of four delivery types:
  - Two-Plan (Local Initiative or Commercial Plan)
- Two of six geographic regions:
  - Central Coast and Southeastern

Immunizations for Adolescents—Combination 2

The *Immunizations for Adolescents—Combination 2 (IMA–2)* indicator measures the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one tetanus, diphtheria toxoids, and acellular pertussis vaccine; and have completed the HPV vaccine series by their 13th birthday. Figure 33 through Figure 39 display the *Immunizations for Adolescents—Combination 2 (IMA–2)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 33 through Figure 35 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

Figure 33—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Racial/Ethnic Results

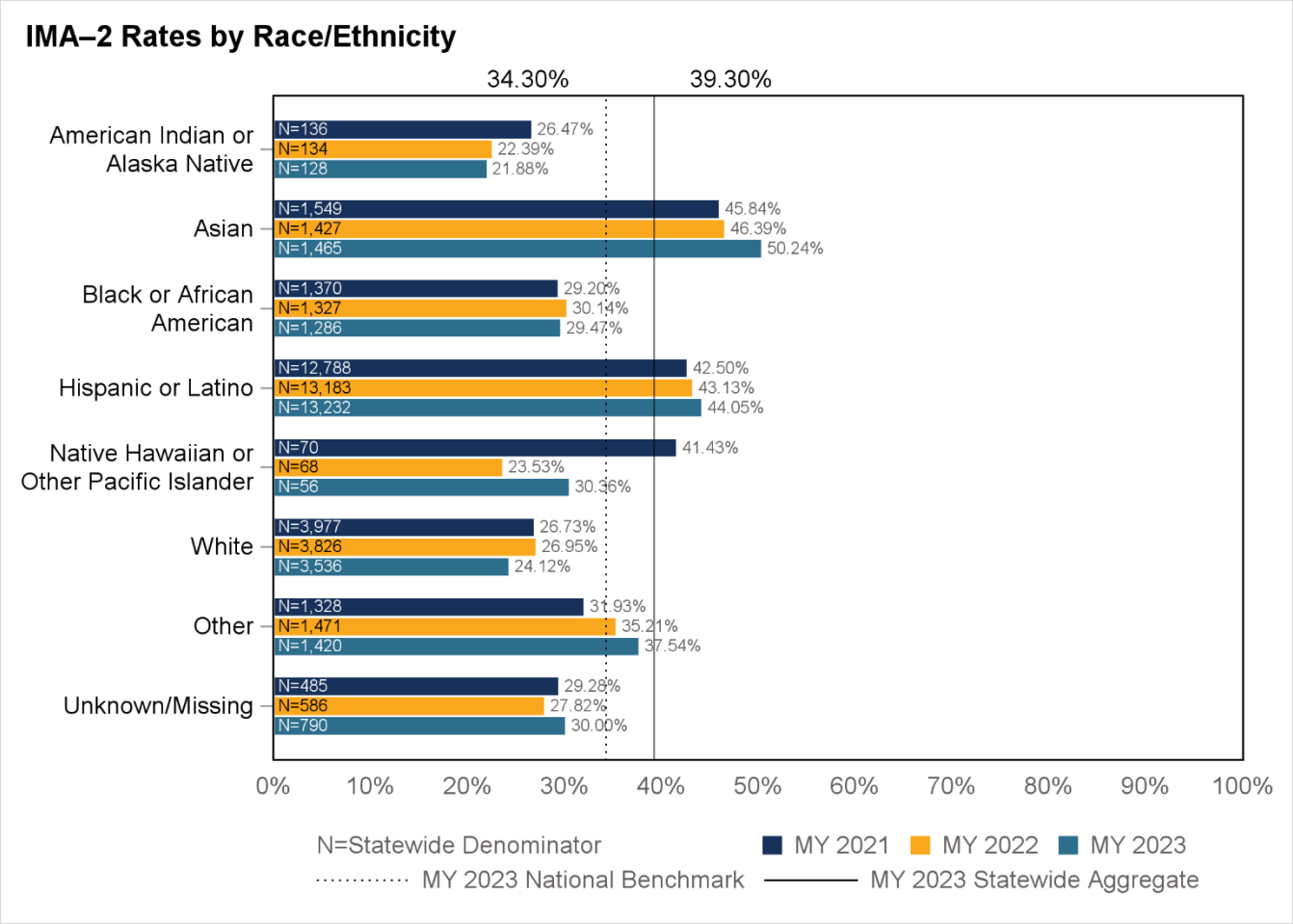


Figure 34—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

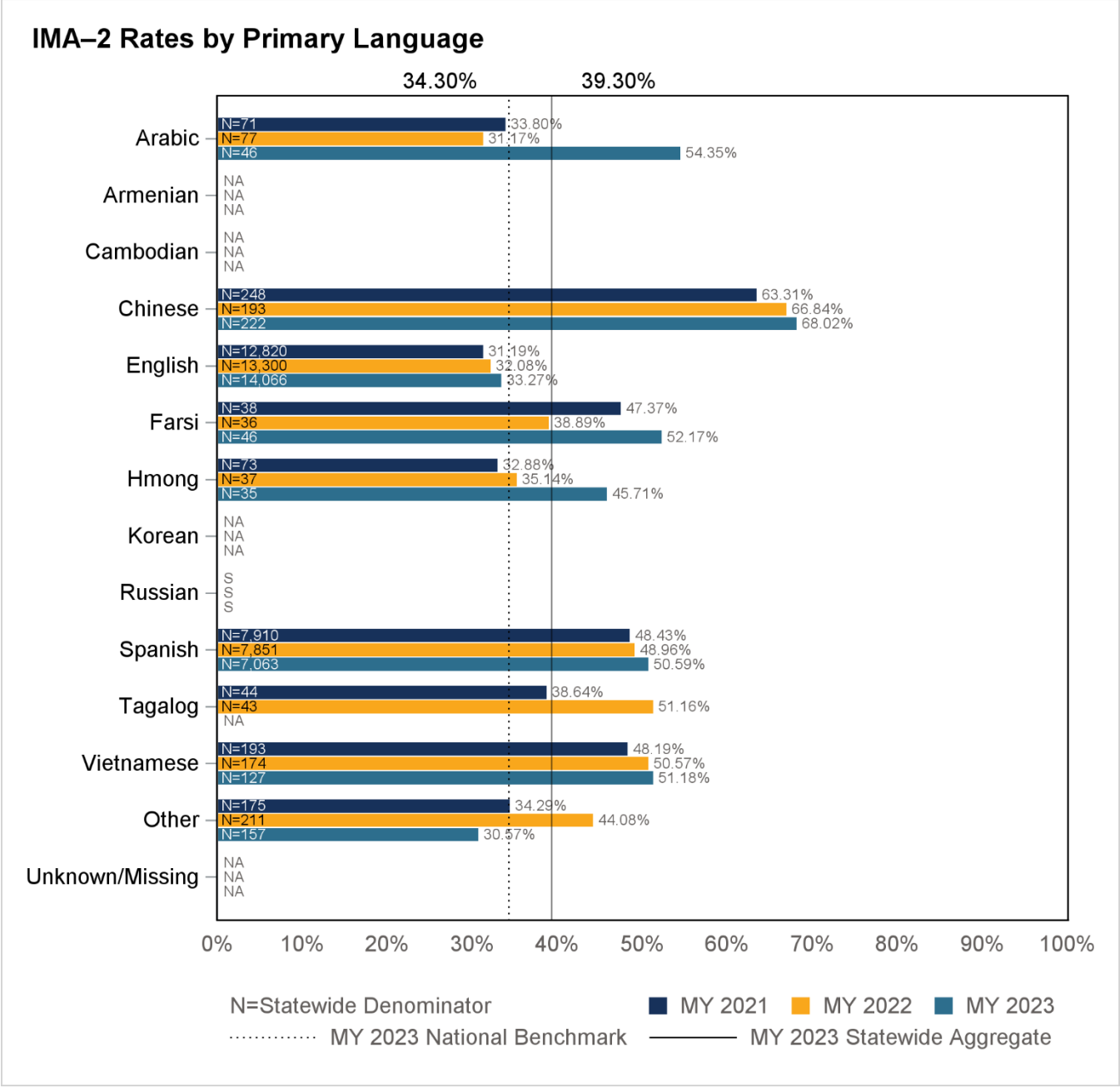
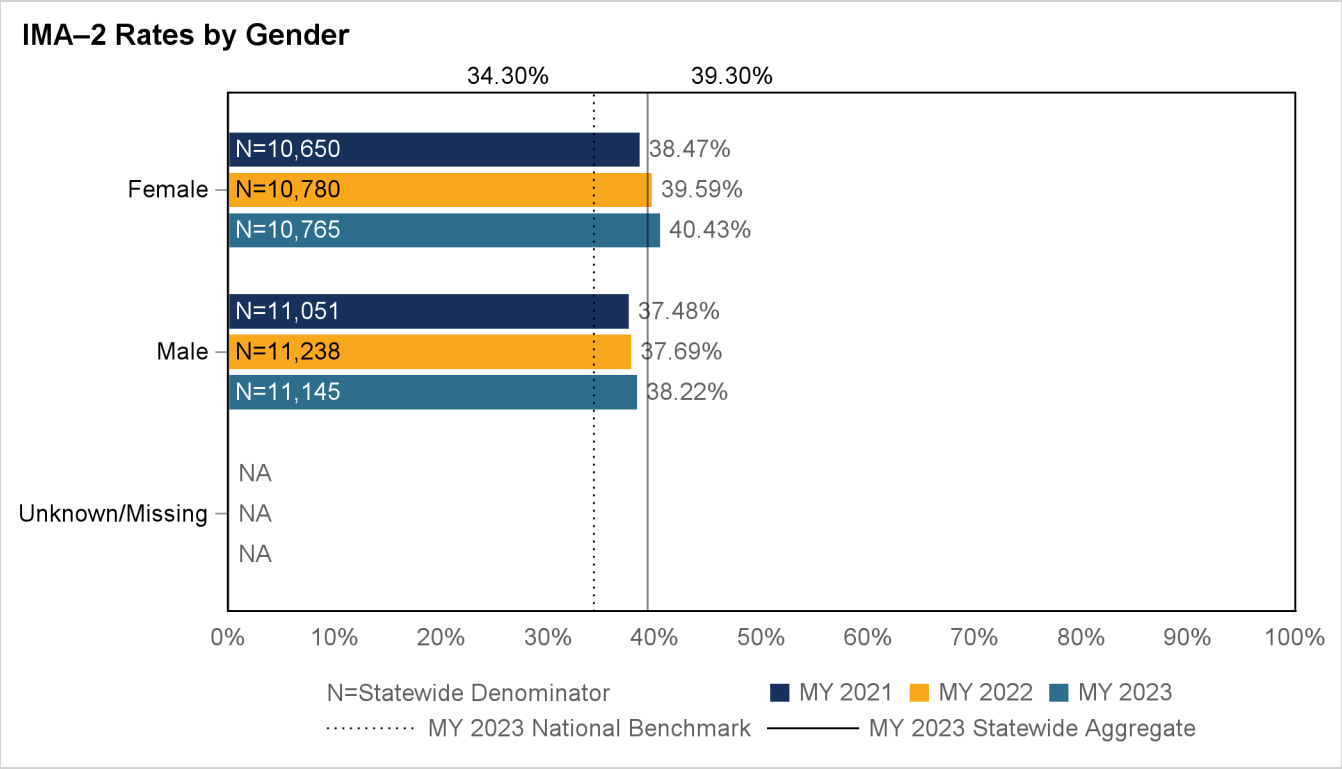

IMA–2 Rates by Primary Language
34.30%
39.30%
Arabic
N=71
N=77
N=46
33.80%
31.17%
54.35%
Armenian
NA
NA
NA
Cambodian
NA
NA
NA
Chinese
N=248
N=193
N=222
63.31%
66.84%
68.02%
English
N=12,820
N=13,300
N=14,066
31.19%
32.08%
33.27%
Farsi
N=38
N=36
N=46
47.37%
38.89%
52.17%
Hmong
N=73
N=37
N=35
32.88%
35.14%
45.71%
Korean
NA
NA
NA
Russian
S
S
S
Spanish
N=7,910
N=7,851
N=7,063
48.43%
48.96%
50.59%
Tagalog
N=44
N=43
NA
38.64%
51.16%
Vietnamese
N=193
N=174
N=127
48.19%
50.57%
51.18%
Other
N=175
N=211
N=157
34.29%
44.08%
30.57%
Unknown/Missing
NA
NA
NA
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
N=Statewide Denominator
MY 2021
MY 2022
MY 2023
MY 2023 National Benchmark
MY 2023 Statewide Aggregate

Figure 35—Immunizations for Adolescents—Combination 2 (IMA–2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The statewide aggregate rate was above the national 50th percentile for measurement year 2023 by more than a 10 percent relative difference, indicating that the MCPs ensured a higher percentage of adolescent members received appropriate immunizations than the national benchmark rate.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Five of eight racial/ethnic categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Unknown/Missing, and White

- One of eight primary language groups:
  - Other

Reportable rates for the following demographic groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Two of eight racial/ethnic categories:
  - Asian and Hispanic or Latino
- Six of eight language groups:
  - Arabic, Chinese, Farsi, Hmong, Spanish, and Vietnamese
- Female and Male genders

A larger proportion of reportable rates were above the national benchmark rate than were below the national benchmark rate by a 10 percent relative difference (55.55 percent and 33.33 percent, respectively).

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Five of eight racial/ethnic categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Unknown/Missing, and White
- Two of eight language groups:
  - Other and English

Reportable rates for the following demographic groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of eight racial/ethnic categories:
  - Asian and Hispanic or Latino
- Six of eight language groups:
  - Arabic, Chinese, Farsi, Hmong, Spanish, and Vietnamese.

Hispanic or Latino and Asian rates were better than the statewide aggregate than all other racial/ethnic categories with reportable rates.

Comparison to Prior Years

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- One of eight racial/ethnic categories:
  - White
- One of eight language groups:
  - Other

Reportable rates for the following demographic groups increased from measurement year 2022 by more than a 10 percent relative difference:

- One of eight racial/ethnic categories:
  - Native Hawaiian or Other Pacific Islander
- Three of eight language groups:
  - Arabic, Farsi, and Hmong

Delivery Type and Geographic Results

Figure 36 through Figure 38 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 36—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Delivery Type Model Results

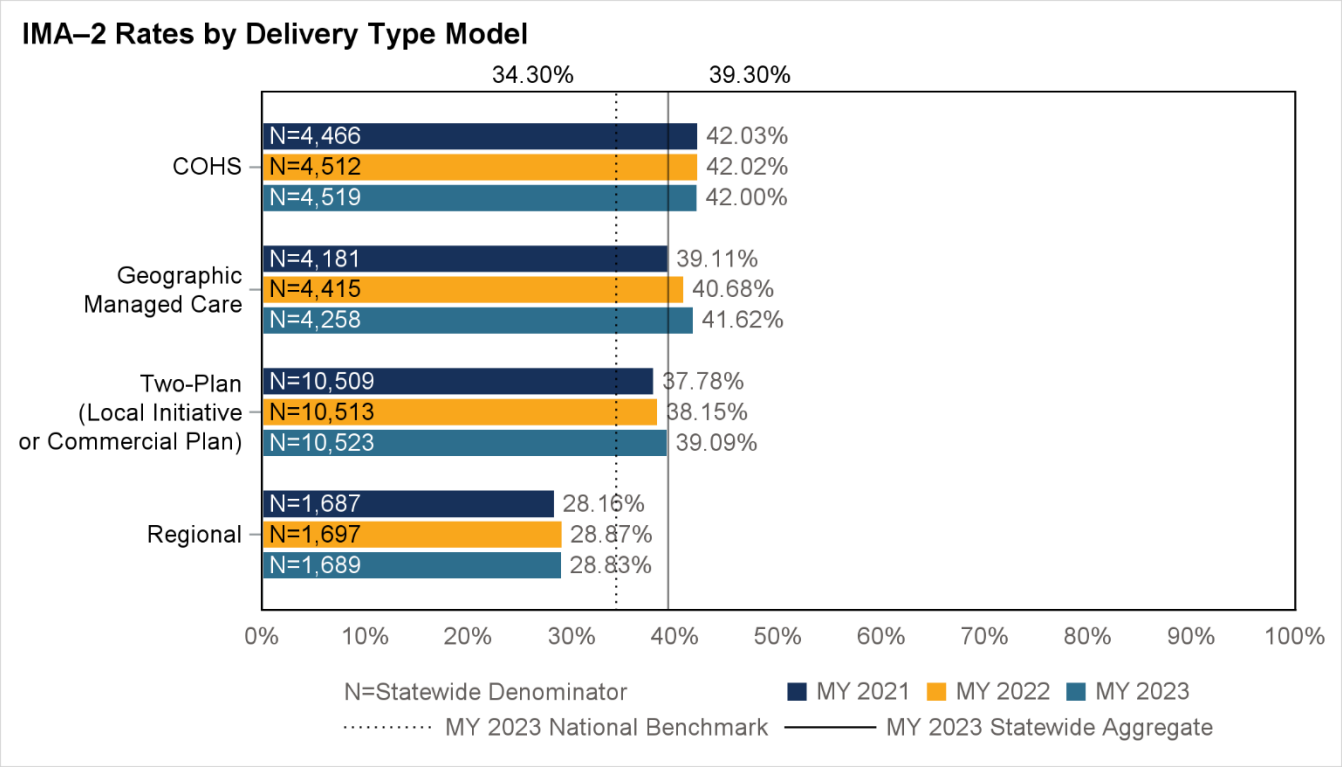


Figure 37—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Population Density Results

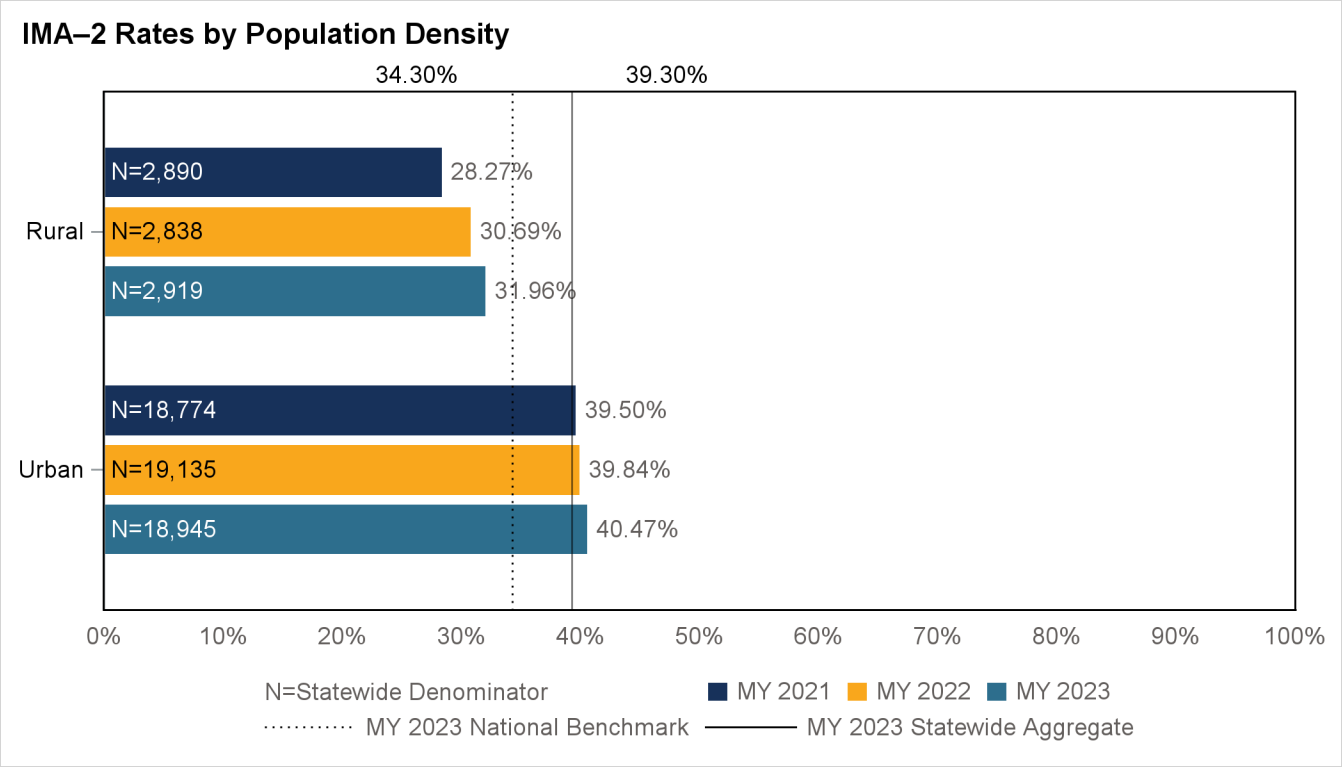
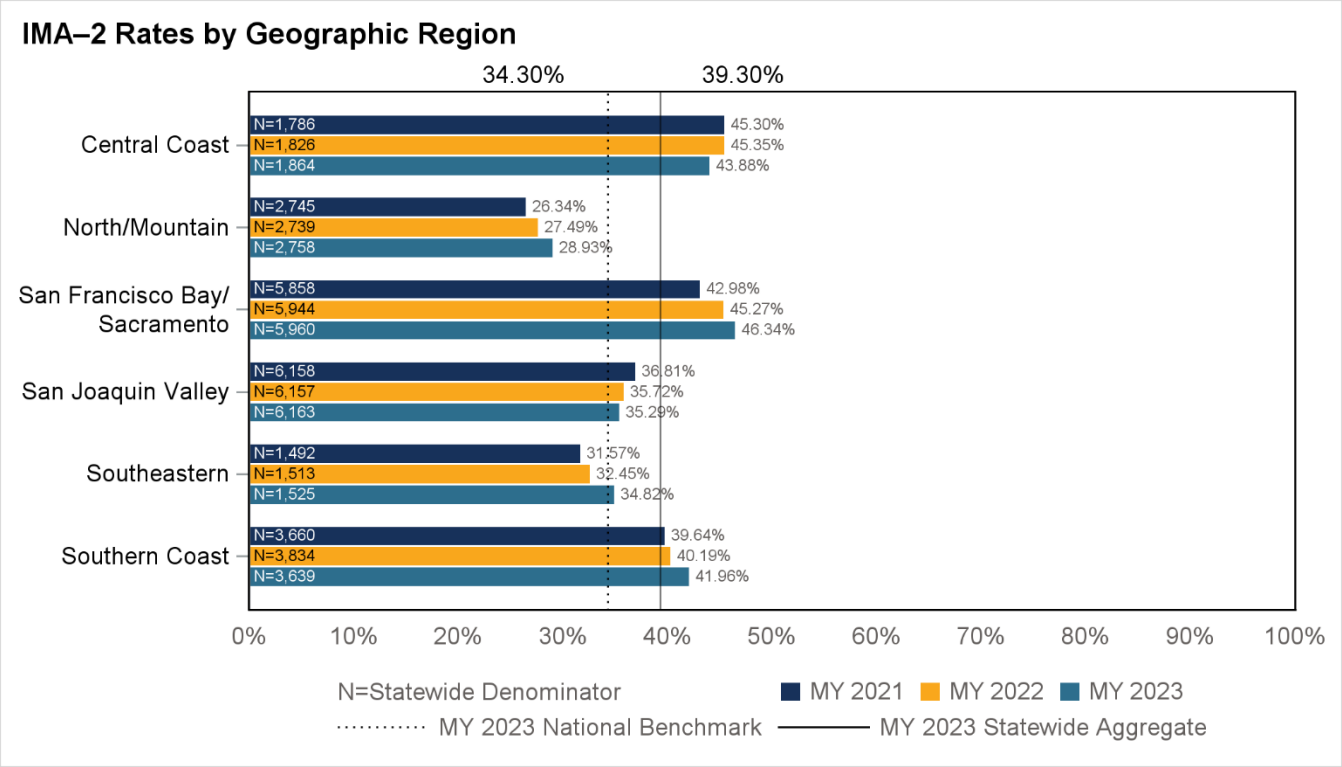


Figure 38—Immunizations for Adolescents—Combination 2 (IMA–2)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional-level groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- One of six geographic regions:
  - North/Mountain

Reportable rates for the following regional-level groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Two-Plan (Local Initiative or Commercial Plan)

- Urban population density
- Three of six geographic regions:
  - Central Coast, San Francisco Bay/Sacramento, and Southern Coast

Key findings for some rurally focused regional-level groups with reportable results were below the national benchmark rate while most predominantly urban regional-level groups were above the national benchmark rate, suggesting rural/urban disparities.

Comparison to Statewide Average

Reportable rates for the following regional-level groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density
- Three of six geographic regions:
  - North/Mountain, San Joaquin Valley, and Southeastern

Reportable rates for the following regional-level groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of six geographic regions:
  - Central Coast and San Francisco Bay/Sacramento

Reportable rates for rural regional-level results were worse than the statewide aggregate rate (i.e., regional delivery type model and North/Mountain, San Joaquin Valley, and Southeastern geographic regions).

Comparison to Prior Year

No reportable rates for regional-level groups increased or decreased by a 10 percent relative difference from measurement year 2022 to measurement year 2023.

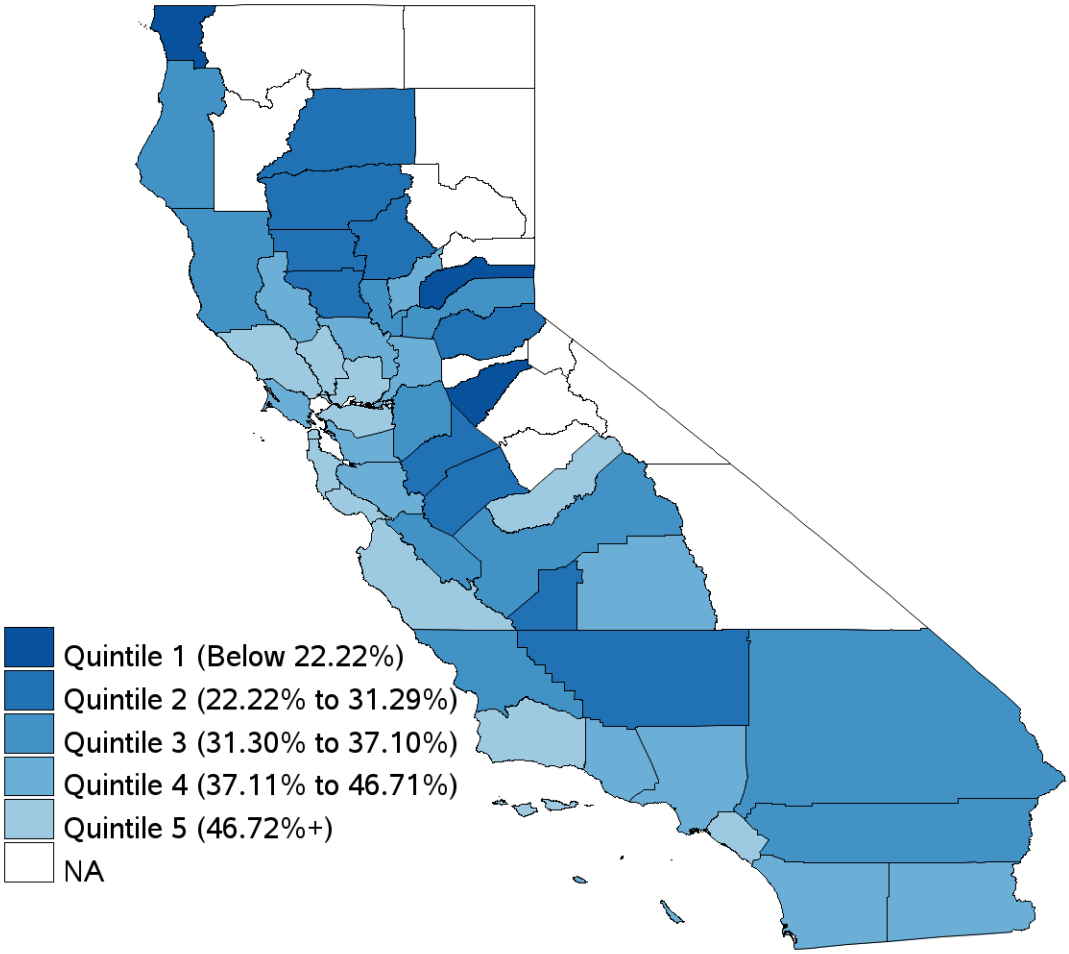
County-Level Results

Figure 39 illustrates results stratified by county and grouped by quintiles.

Figure 39—Immunizations for Adolescents—Combination 2 (IMA–2)—County-Level

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 12 of 46 counties[38] fell below the national 50th percentile for measurement year 2023 by more than a 10 percent relative difference:

- All 12 counties are in the North/Mountain or San Joaquin Valley geographic regions.

- There are nine MCPs operating in North/Mountain and San Joaquin Valley geographic regions.[39]

Reportable rates for 22 of 46 counties[40] were above the national 50th percentile for measurement year 2023 by more than a 10 percent relative difference:

» Fourteen of these 22 counties[41] are in the Central Coast and San Francisco Bay/Sacramento geographic regions.
- There are 14 MCPs operating in the Central Coast and San Francisco Bay/Sacramento geographic regions.[42]

High and Low Performing Counties

Reportable rates for three of 46 counties[43] were in Quintile 1 (had the least favorable rates) in measurement year 2023:

» All three of these counties are in the North/Mountain geographic region.
- There are three MCPs operating in the North/Mountain geographic region.[44]

---

[38] Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Kern, Kings, Nevada, Shasta, Stanislaus, and Tehama.

[39] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems; DBA Kern Family Health Care.

[40] Alameda, Contra Costa, Imperial, Lake, Los Angeles, Madera, Marin, Monterey, Napa, Orange, Sacramento, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare, Ventura, and Yolo.

[41] Alameda, Contra Costa, Marin, Monterey, Napa, Sacramento, San Francisco, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, and Ventura.

[42] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan; Aetna Better Health of California; Alameda Alliance for Health; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[43] Calaveras, Del Norte, and Nevada.

[44] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

Reportable rates for 11 of 46 counties [45] were in Quintile 5 (i.e. had the most favorable rates) in measurement year 2023:

- Nine of these 11 counties[46] are in the Central Coast or San Francisco/Bay Sacramento geographic regions.
  - There are 14 MCPs operating in the Central Coast and San Francisco Bay/Sacramento geographic regions.[47]

Lead Screening in Children

The *Lead Screening in Children (LSC)* indicator measures the percentage of children 2 years of age who had one or more capillary or venous blood lead test for lead poisoning by their second birthday. The *Lead Screening in Children (LSC)* indicator does not meet California regulatory requirements; please refer to the measure descriptions for the California Title 17 indicators in Appendix B. Full Demographic Results. Figure 40 through Figure 46 display the *Lead Screening in Children (LSC)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, given that measurement year 2021 *Lead Screening in Children (LSC)* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement years 2022 and 2023 *Lead Screening in Children (LSC)* rates calculated by the MCPs.

Demographic Results

Figure 40 through Figure 42 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

[45] Contra Costa, Madera, Monterey, Napa, Orange, San Francisco, San Mateo, Santa Barbara, Santa Cruz, Solano, and Sonoma.

[46] Contra Costa, Monterey, Napa, San Francisco, San Mateo, Santa Barbara, Santa Cruz, Solano, and Sonoma.

[47] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan; Aetna Better Health of California; Alameda Alliance for Health; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

Figure 40—Lead Screening in Children (LSC)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

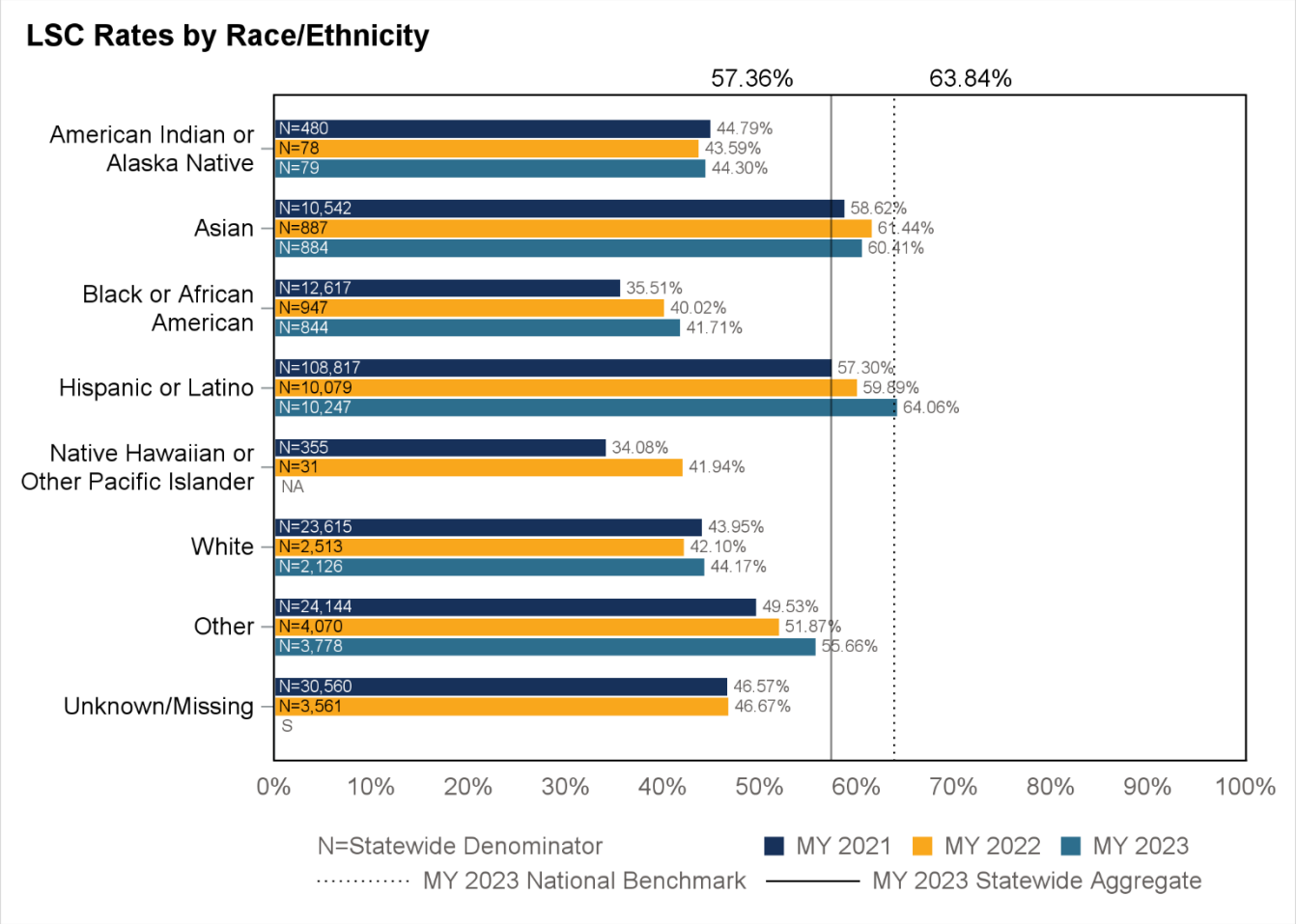


Figure 41—Lead Screening in Children (LSC)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

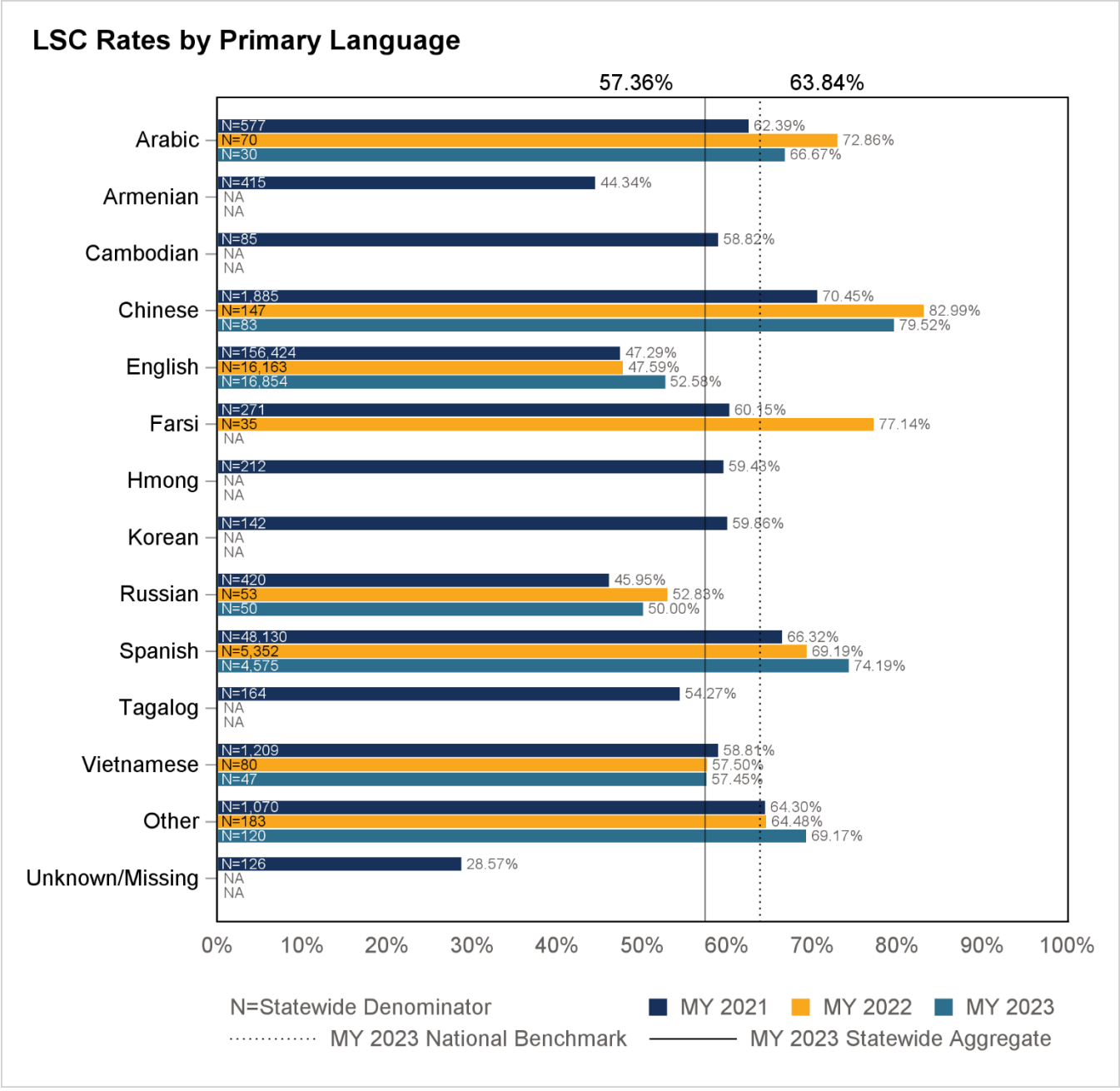
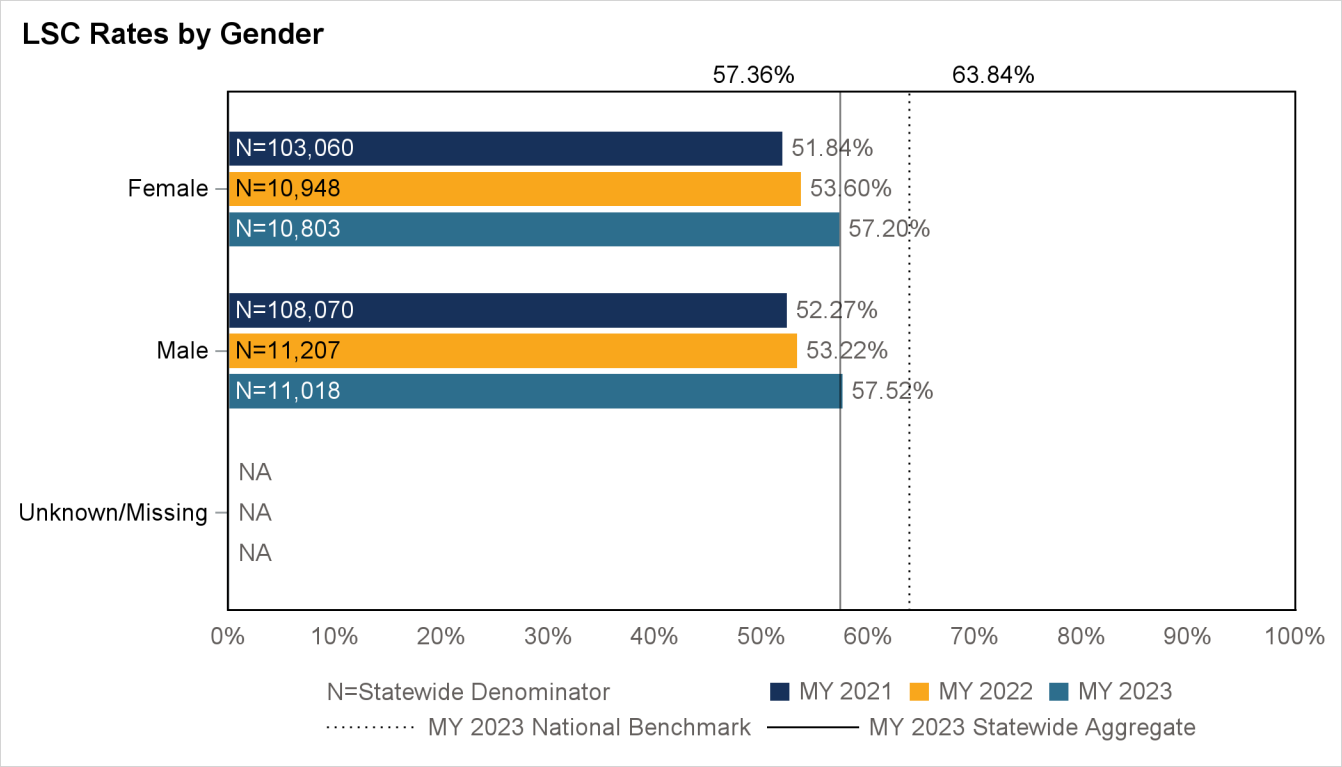


Figure 42—Lead Screening in Children (LSC)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The measurement year 2023 statewide aggregate rate decreased by 3.95 percentage points from measurement year 2022. The statewide aggregate was below the national 50th percentile for measurement years 2021, 2022, and 2023.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Five of seven race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Other, Unknown/Missing, and White
- Three of seven primary language groups:
  - English, Russian, and Vietnamese

- One of two gender groups:
  - Female

The results in measurement year 2023 show an improvement as the number of gender and race/ethnicity demographic groups that fell below the national 50th percentile by more than a 10 percent relative difference decreased compared to measurement year 2022. However, the number of primary language groups falling below the national 50th percentile by more than a 10 percent relative difference increased among language groups compared to 2022.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Three of seven race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Unknown/Missing, and White
- One of seven primary language groups:
  - Russian

These results show an improvement for the statewide rates among the race/ethnicity demographic group and were consistent with the gender and primary language results in 2022.

Comparison to Prior Year

Reportable rates did not decline among any demographic groups between measurement year 2022 by more than a 10 percent relative difference.

Reportable rates for the following demographic groups increased from measurement year 2022 by more than a 10 percent relative difference:

- One of seven race/ethnicity categories:
  - Unknown/Missing
- One of seven primary language groups:
  - English

These results demonstrate improvement among race/ethnicity categories and primary language groups, compared to rates reported in measurement year 2022.

Delivery Type and Geographic Results

Figure 43 through Figure 45 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 43—Lead Screening in Children (LSC)—Regional-Level Delivery Type Model Results

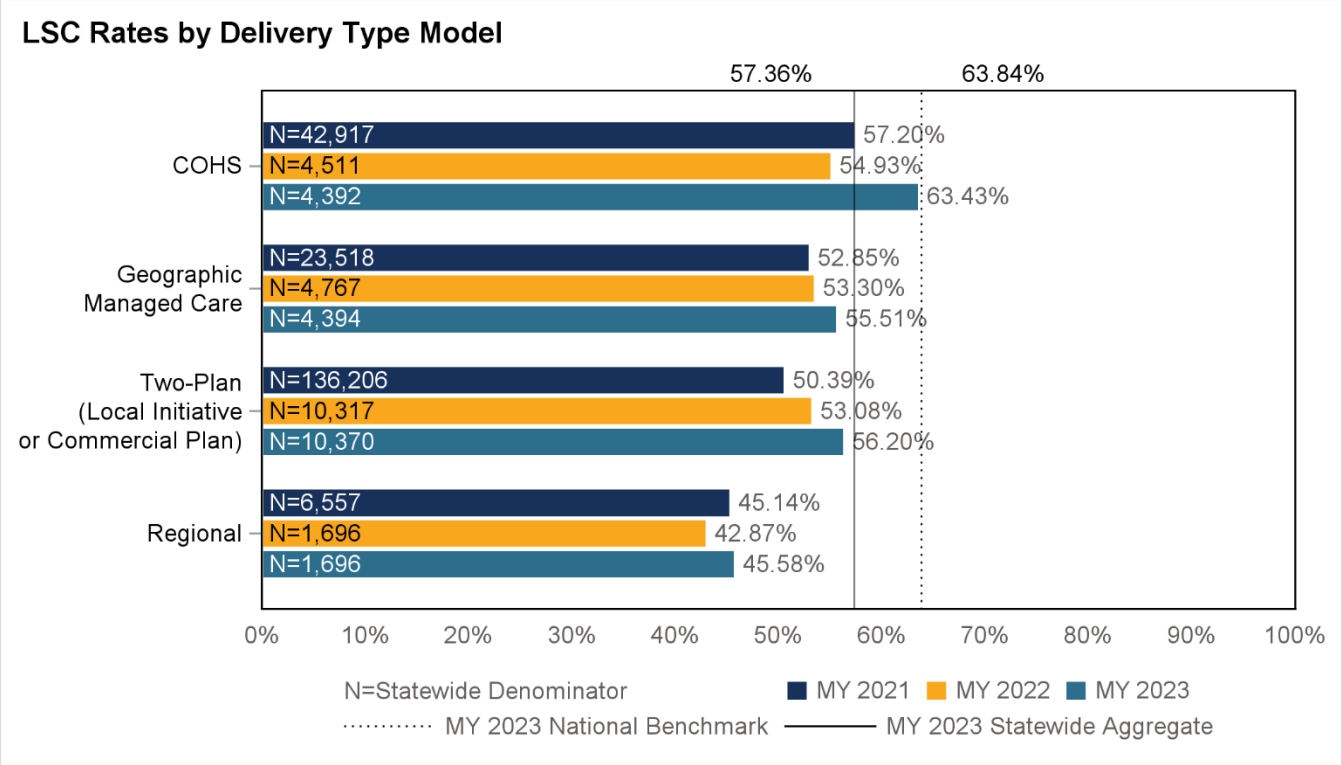


Figure 44—Lead Screening in Children (LSC)—Regional-Level Population Density Results

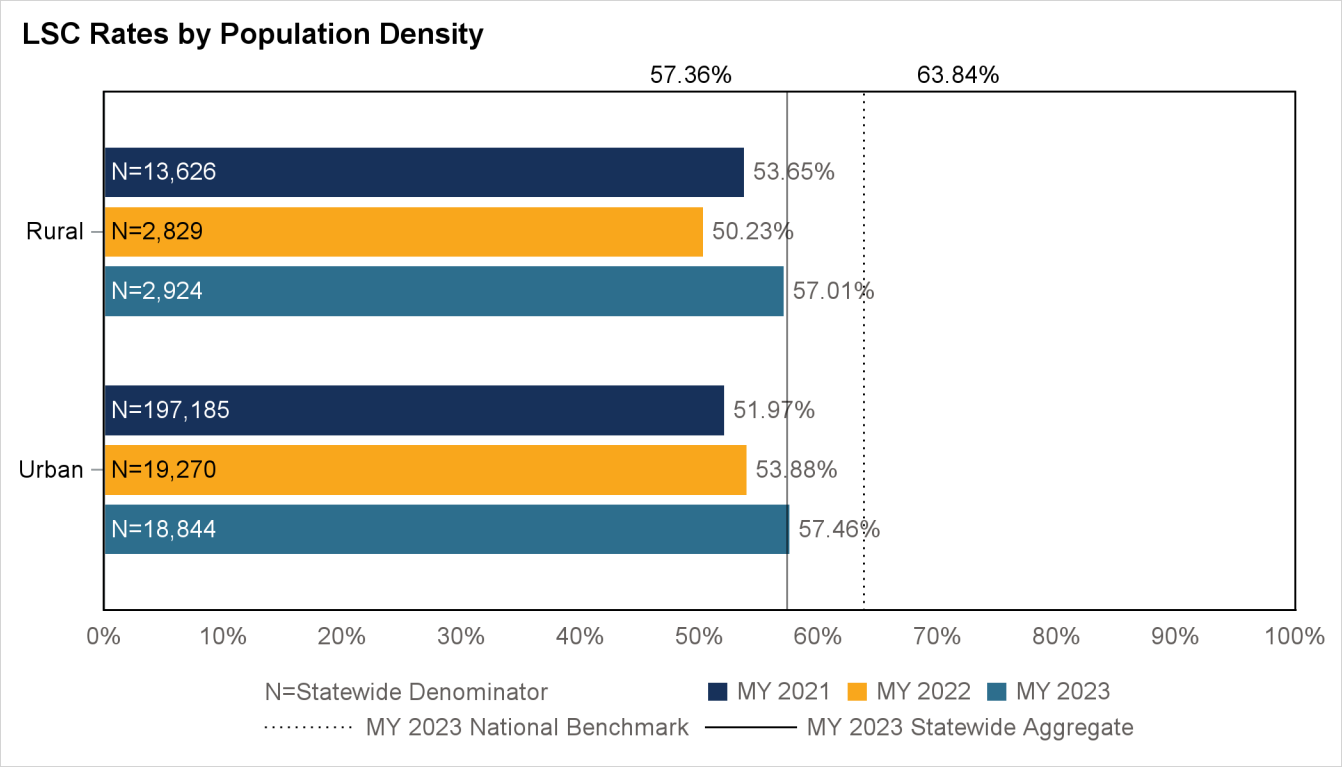
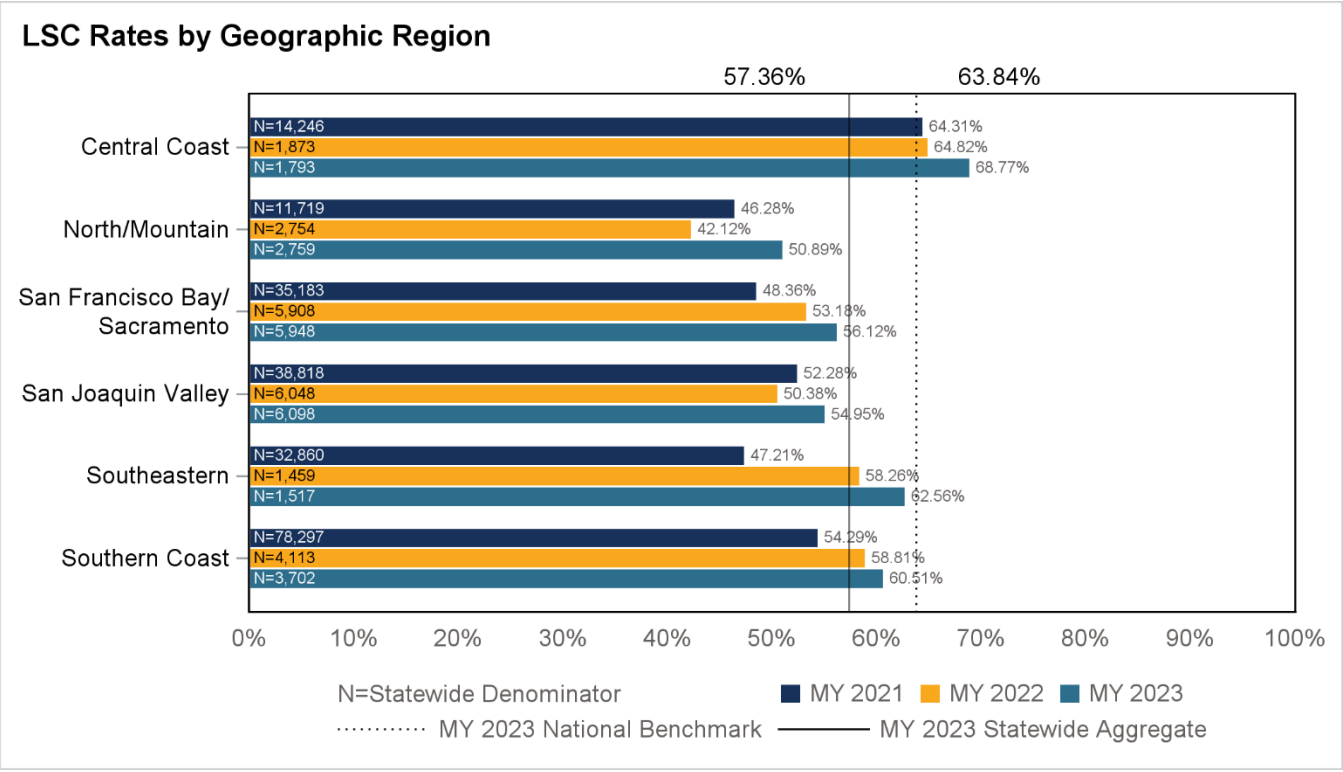


Figure 45—Lead Screening in Children (LSC)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates among the following regional results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of four delivery types:
  - Geographic Managed Care, Regional, and Two-Plan (Local Initiative or Commercial Plan)
- Rural population density types
- Three of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento, and San Joaquin Valley

None of the reportable rates for the regional results were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

These results show modest improvements from prior years. In measurement year 2022, each of the geographic subgroups for delivery type and population density were below the national 50th percentile by more than a 10 percent relative difference.

Comparison to Statewide Average

Reportable rates for the following regional results fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- One of six geographic regions:
  - North/Mountain

Reportable rates for the following regional results were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - COHS
- One of six geographic regions:
  - Central Coast

These results were consistent with measurement year 2022 results.

Comparison to Prior Year

No reportable rates among the regional results declined from measurement year 2022 by more than a 10 percent relative difference.

Reportable rates for the following regional results increased from measurement year 2022 by more than a 10 percent relative difference:

- One of four delivery types:
  - COHS
- One of two population density types:
  - Rural
- One of six geographic regions:
  - North/Mountain

These results demonstrate a slight improvement across each regional result, with one stratification per region type increasing by more than a 10 percent relative difference between measurement years 2022 and 2023.

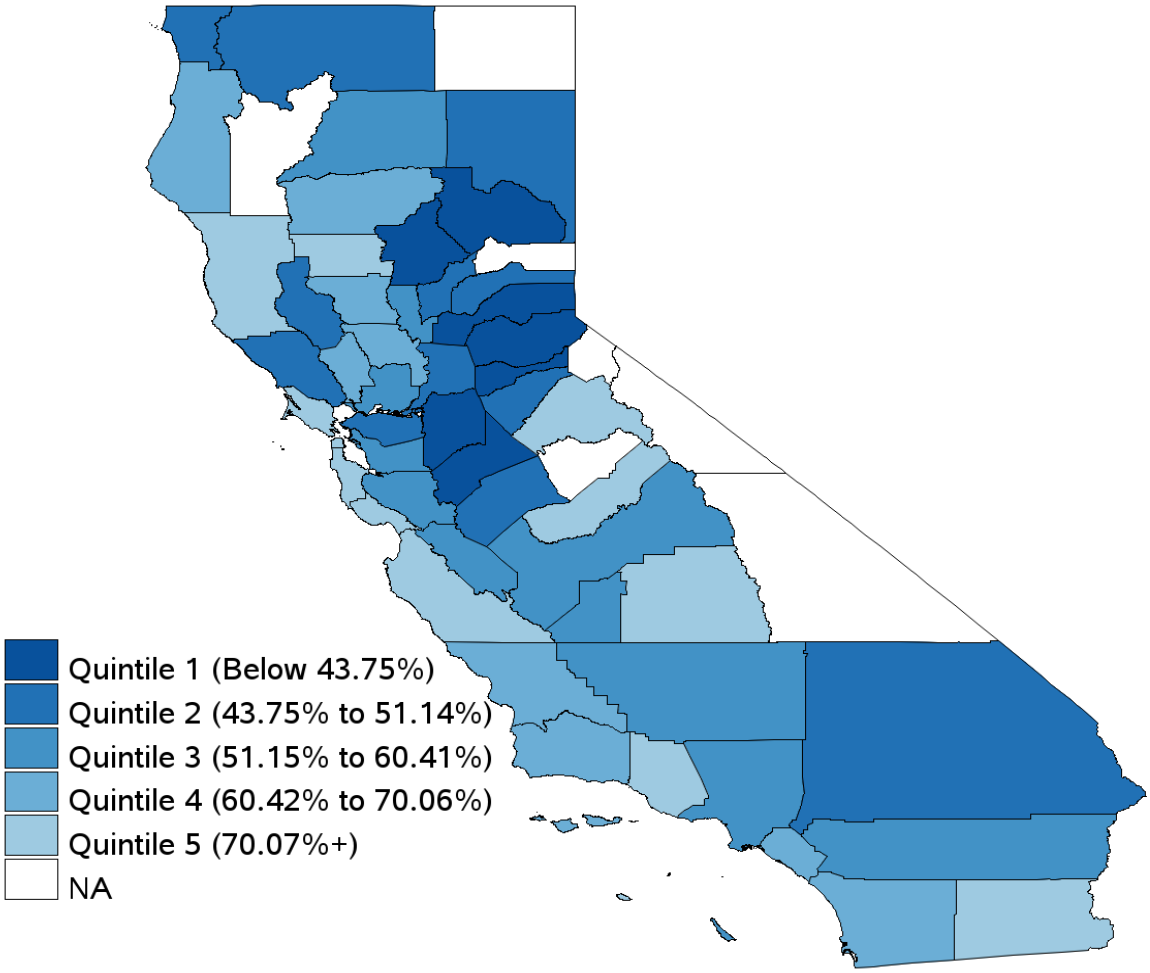
County-Level Results

Figure 46 illustrates results stratified by county and grouped by quintiles.

Figure 46—Lead Screening in Children (LSC)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates among 27 of 51 counties[48] fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain and San Joaquin Valley geographic regions.
  - There are eight MCPs operating in the North/Mountain and San Joaquin Valley geographic regions.[49]

Reportable rates among 10 of 53 counties[50] were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the San Francisco Bay/Sacramento and North/Mountain geographic regions.
  - There are 12 MCPs operating in the North/Mountain and San Francisco Bay/Sacramento geographic regions.[51]

Over half of the counties with reportable rates fell below the national 50th percentile in measurement year 2023, with only 10 counties surpassing the national 50th percentile. Notably, these 10 counties are among the most populated counties in the State.

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[48] Amador, Butte, Calaveras, Contra Costa, Del Norte, El Dorado, Fresno, Kern, Kings, Lake, Lassen, Merced, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, and Yuba.

[49] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care; Partnership HealthPlan of California.

[50] Glenn, Imperial, Madera, Marin, Mendocino, Monterey, San Francisco, San Mateo, Santa Cruz, and Tuolumne.

[51] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

High and Low Performing Counties

Seven of 53 counties[52] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.
- Seven of 12 counties in the second-lowest performing quintile (Quintile 2) were also operating in the North/Mountain geographic region.
- There are three MCPs operating in the North/Mountain geographic region.[53]

Twelve of 51 counties[54] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

- The Central Coast, North/Mountain, and San Francisco Bay/Sacramento geographic regions each had three counties in Quintile 5.
  - There are 15 MCPs operating in the Central Coast, North/Mountain, and San Francisco Bay/Sacramento geographic regions.[55]

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a primary care provider (PCP). Figure 47 through Figure 53 display the *Well-Child Visits in the*

[52] Amador, Butte, El Dorado, Placer, Plumas, San Joaquin, and Stanislaus.

[53] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

[54] Glenn, Imperial, Madera, Marin, Mendocino, Monterey, San Francisco, San Mateo, Santa Cruz, Tulare, Tuolumne, and Ventura.

[55] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CenCal Health; Central California Alliance for Health; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 47 through Figure 49 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

Figure 47—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Racial/Ethnic Results

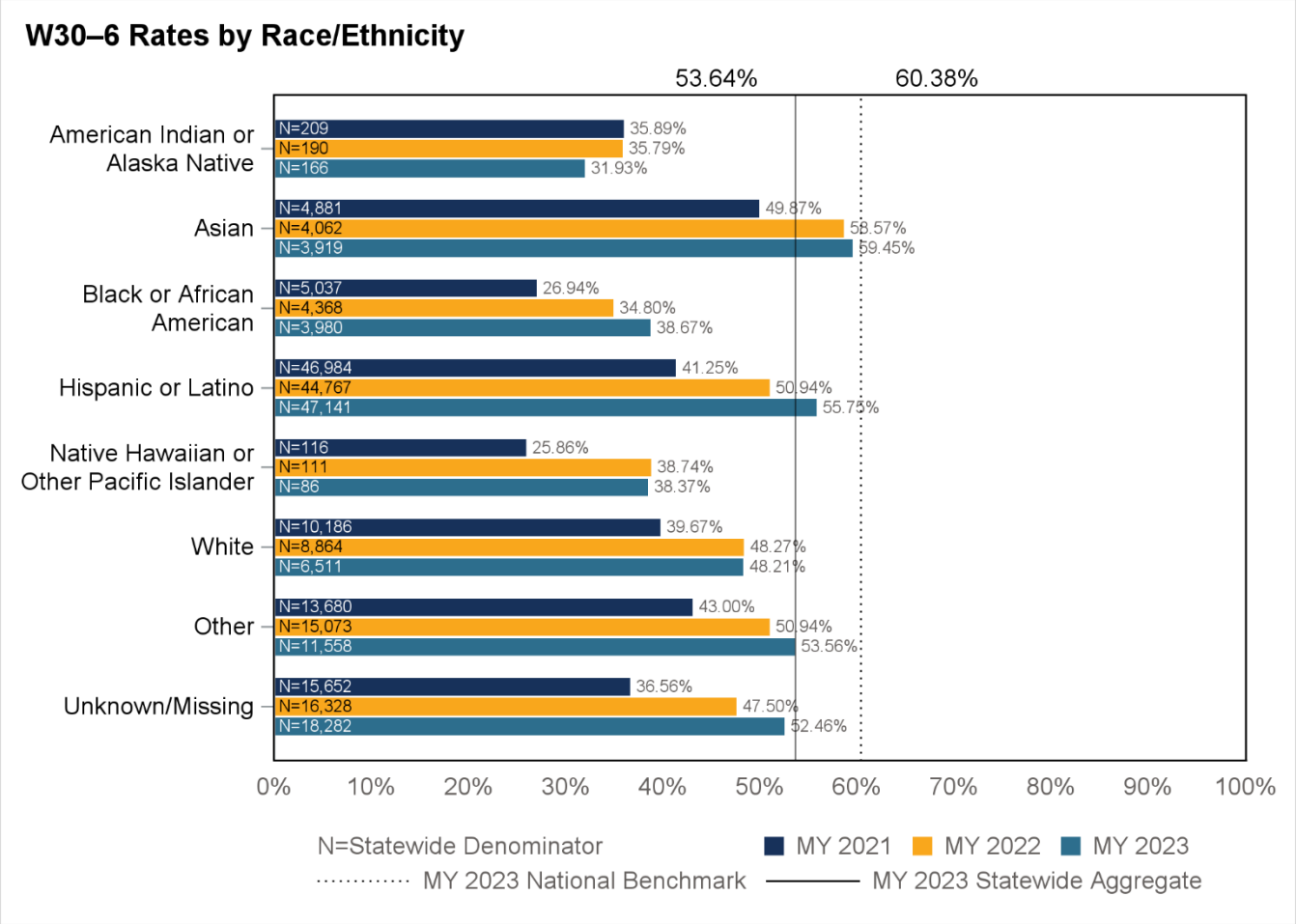


Figure 48—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

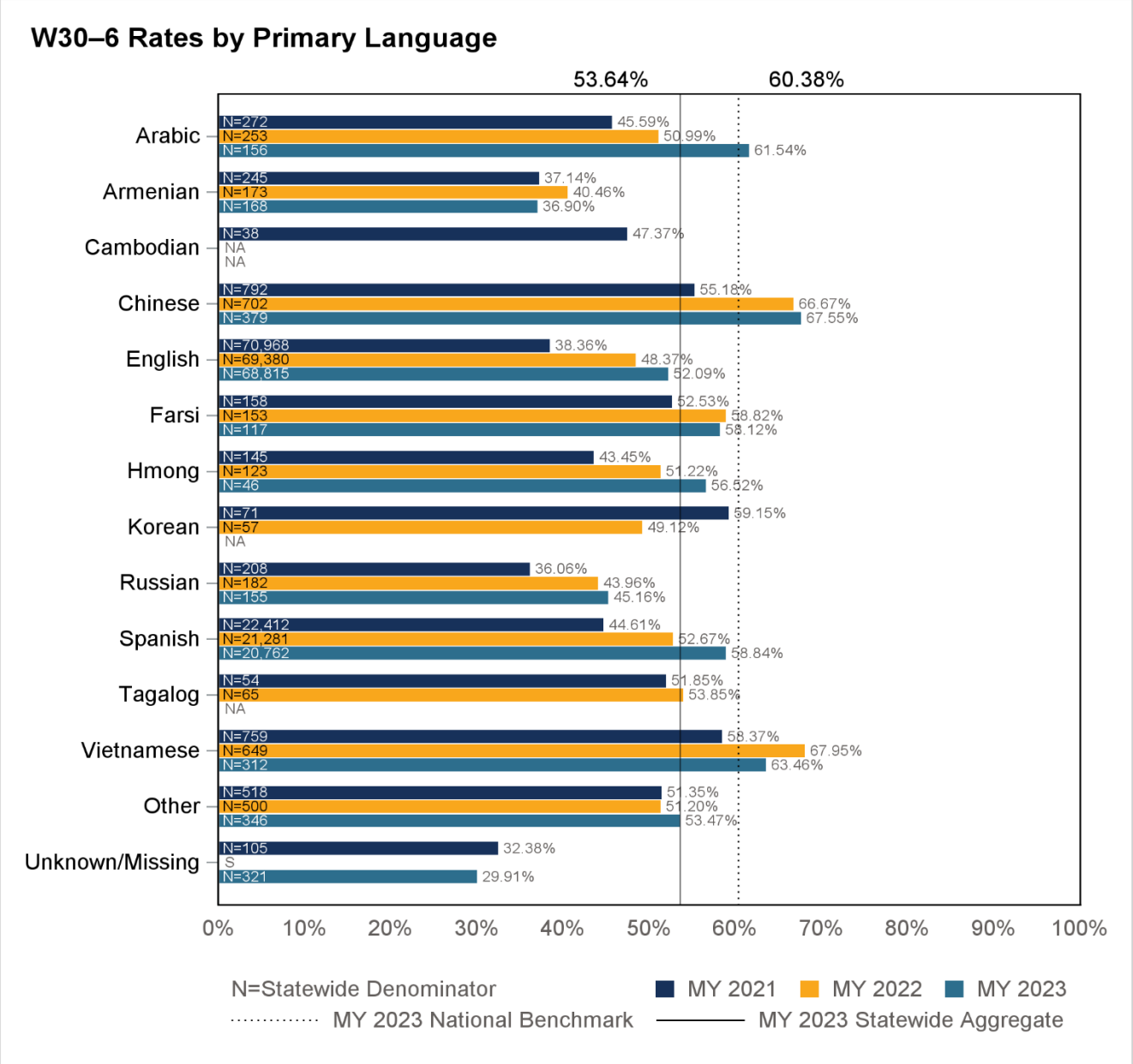
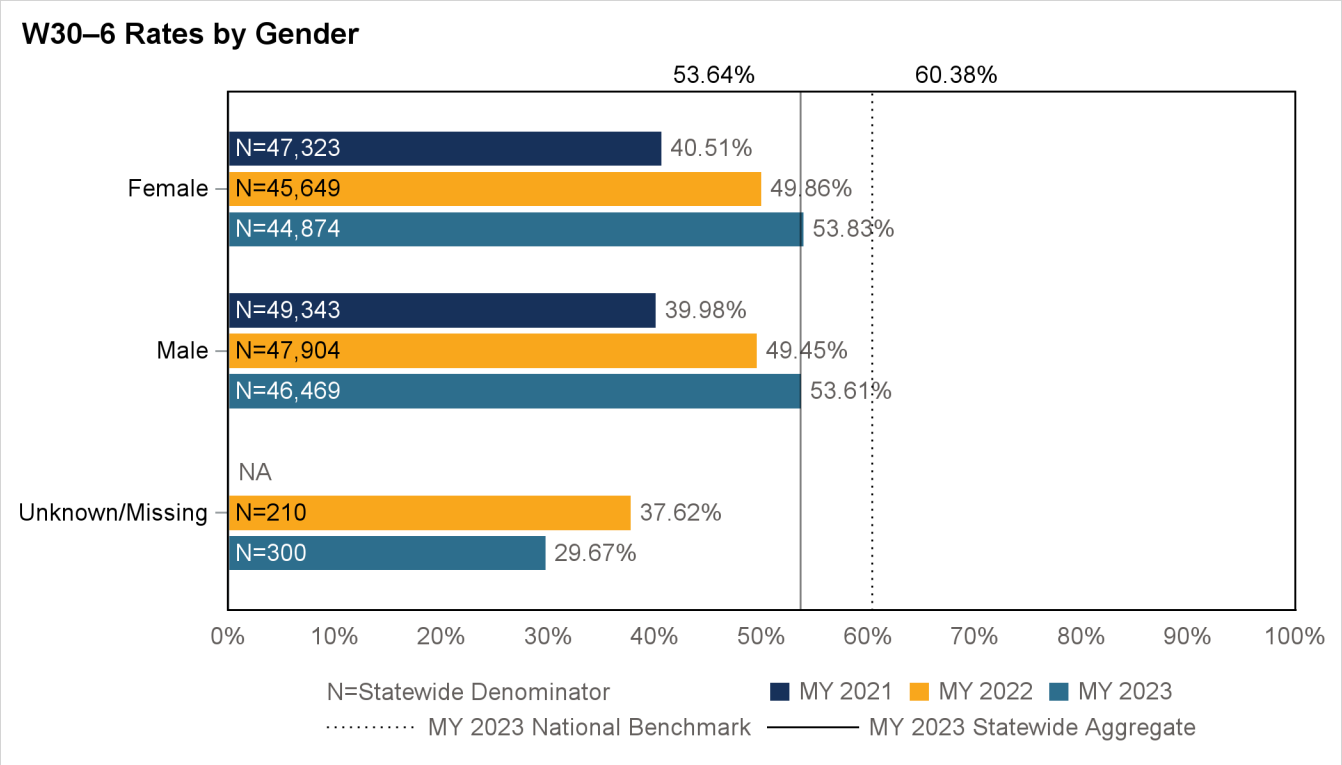


Figure 49—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The measurement year 2023 statewide aggregate rate increased by 4.02 percentage points from measurement year 2022. The statewide aggregate was not above the national 50th percentile for any of the measurement years included in this report. This may indicate that the State is deficient in ensuring eligible members are receiving well-child visits.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Six of eight race/ethnicity categories:

    - American Indian or Alaska Native, Black or African American, Native Hawaiian or Pacific Islander, Other, Unknown/Missing, and White
- Five of 11 primary language groups:
    - Armenian, English, Other, Russian, and Unknown/Missing
- Each of the three gender groups:
    - Female, Male, and Unknown/Missing

Reportable rates for the Chinese demographic group were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

These results represent a modest improvement compared to the prior year. In measurement year 2023, fewer race/ethnicity categories and primary language groups fell below the national 50th percentile by a 10 percent relative difference compared to measurement year 2022.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Four of eight race/ethnicity categories:
    - American Indian or Alaska Native, Black or African American, Native Hawaiian or Pacific Islander, and White
- Three of 11 primary language groups:
    - Armenian, Russian, and Unknown/Missing
- One of the three gender groups:
    - Unknown/Missing

Reportable rates for the following demographic groups were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of eight race/ethnicity categories:
    - Asian
- Three of 11 primary language groups:
    - Arabic, Chinese, and Vietnamese

The comparison to statewide aggregate results among measurement years 2022 and 2023 are nearly identical when comparing categories that demonstrated rates lower than a 10 percent relative difference. However, the magnitude of these gaps is widening over time. Specifically, the *Unknown/Missing* gender group rate had a greater than 24 percent relative increase in 2022, which grew to a greater than 44 percent relative increase in 2023. In addition, the number of race/ethnicity categories falling below the statewide average by more than a 10 percent relative difference increased from three in 2022 to four in 2023.

Comparison to Prior Year

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- One of eight race/ethnicity categories:
  - American Indian or Alaska Native
- One of 11 primary language groups:
  - Unknown/Missing
- One of three gender groups:
  - Unknown/Missing

Reportable rates for the following demographic groups increased from measurement year 2022 by more than a 10 percent relative difference:

- Two of eight race/ethnicity categories:
  - Black or African American and Unknown/Missing
- Three of 11 primary language groups:
  - Arabic, Hmong, and Spanish

There was a general improvement between measurement year 2022 and 2023, with two race/ethnicity categories and three primary language groups improving by at least a 10 percent relative difference. However, there was also a more than 10 percent relative decline among the American Indian or Alaska Native race/ethnicity category, Unknown/Missing primary language group, and Unknown/Missing gender group between 2022 and 2023.

Delivery Type and Geographic Results

Figure 50 through Figure 52 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 50—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Delivery Type Model Results

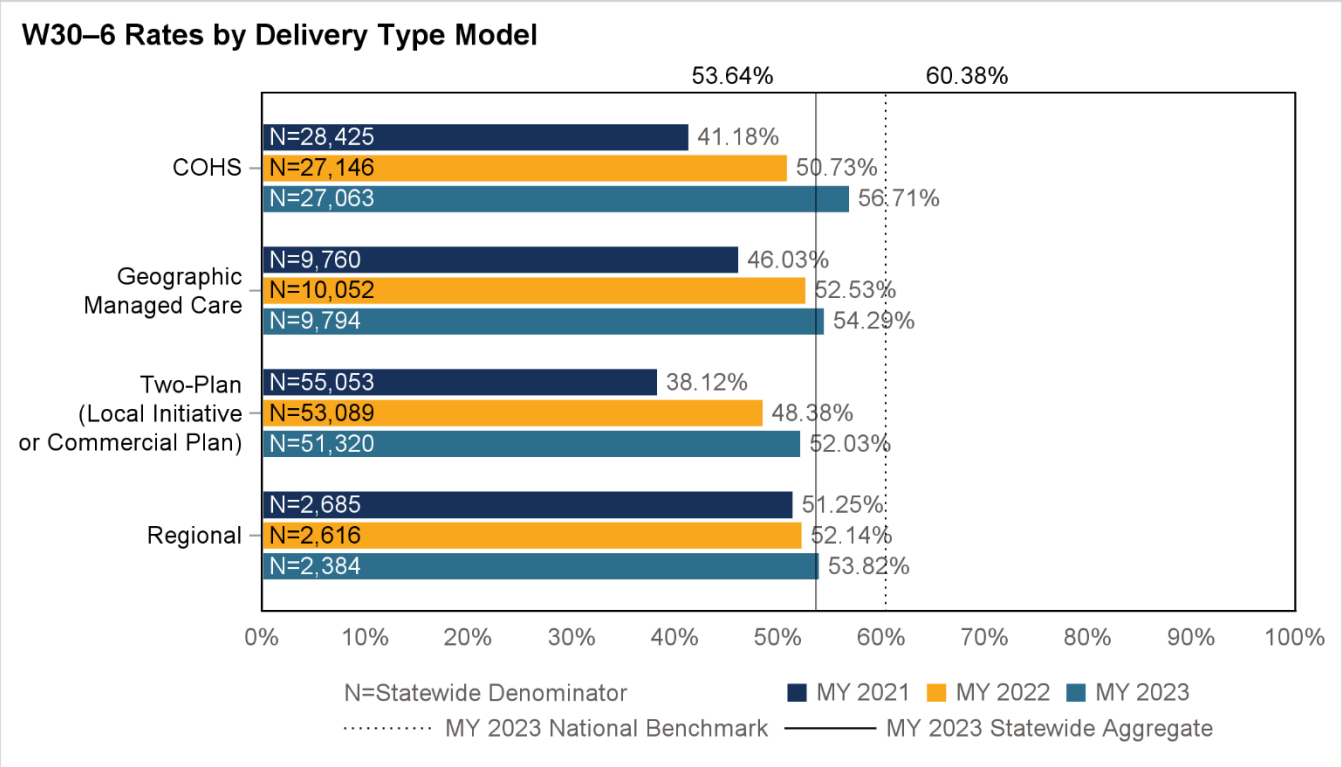


Figure 51—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Population Density Results

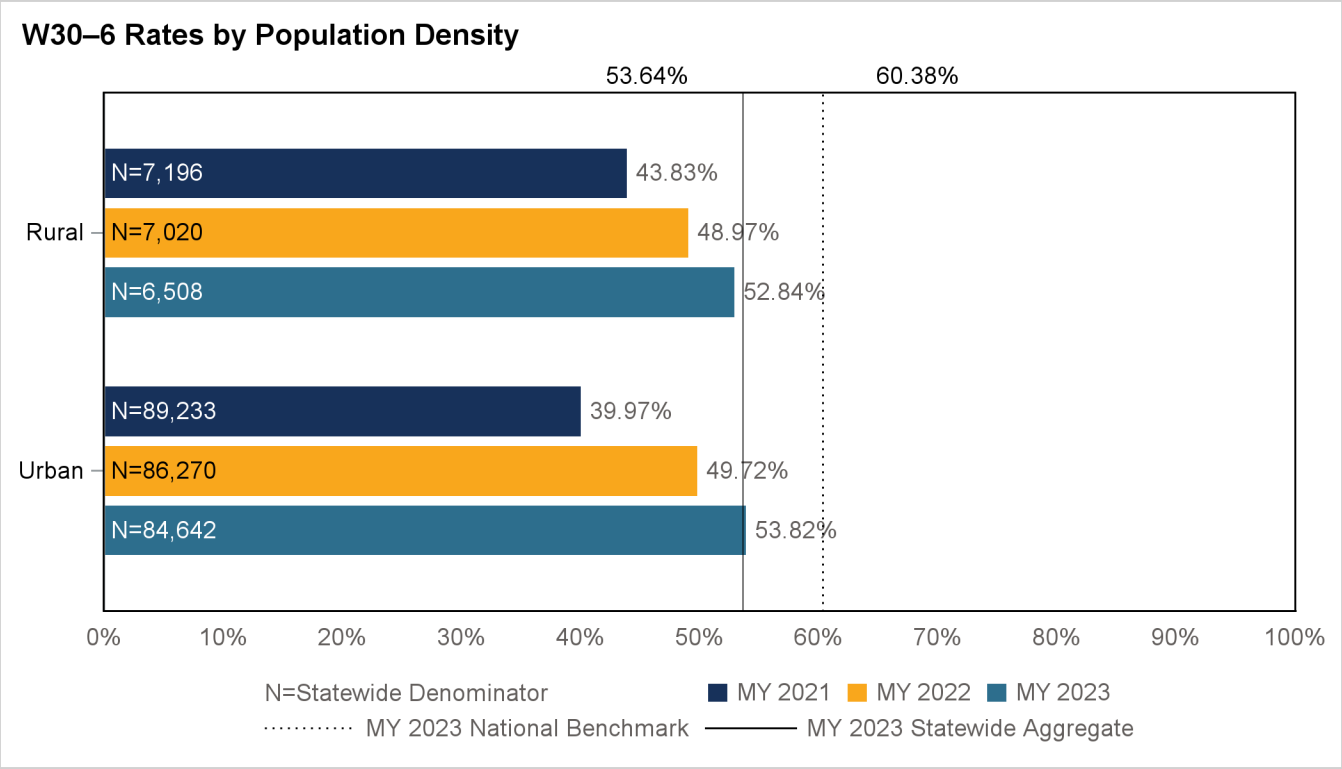
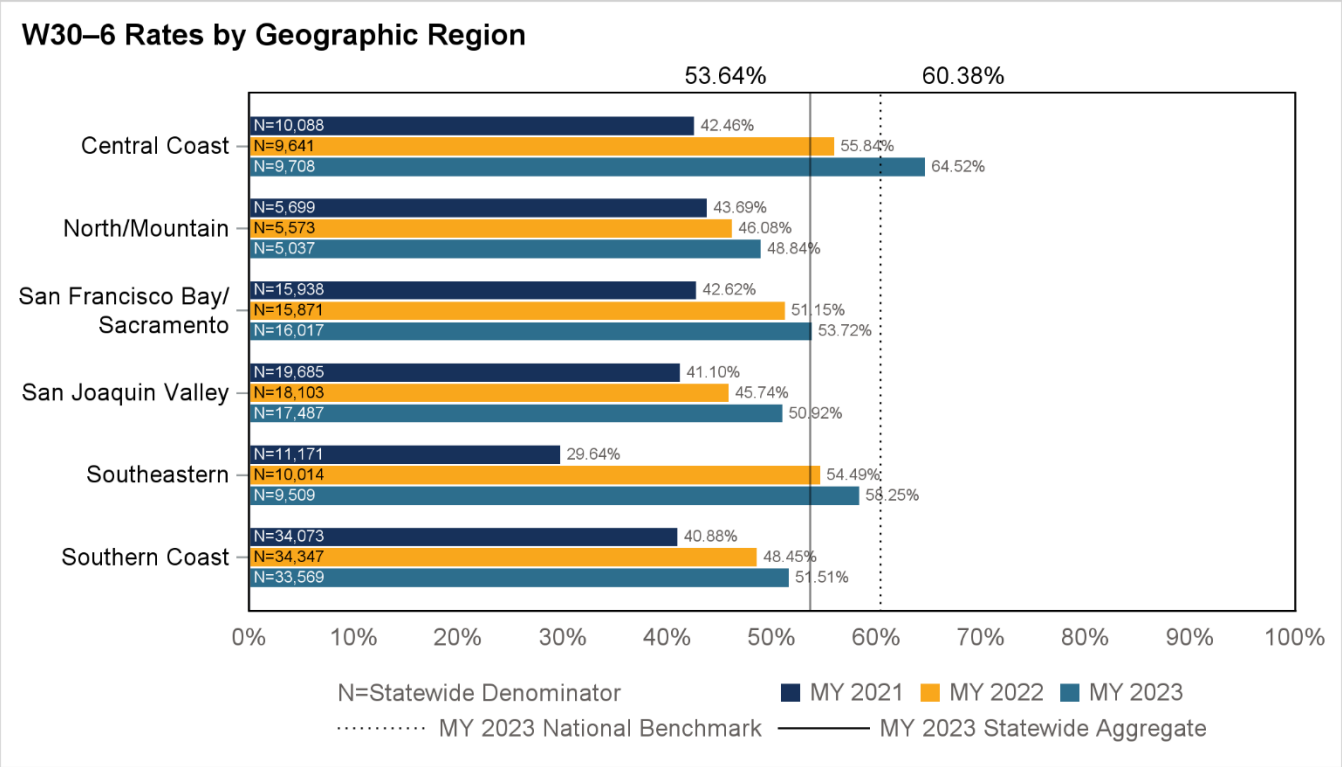


Figure 52—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates among the following regional results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- Three of four delivery types:
  - Geographic Managed Care, Regional, and Two-Plan (Local Initiative or Commercial Plan)
- Each of the two population density types:
  - Rural and Urban
- Four of six geographic regions:
  - North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, and Southern Coast

No reportable rates were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

These results are consistent with measurement year 2022, although in 2022 each of the four delivery types were below the national 50th percentile by more than a 10 percent relative difference, and that figure dropped to three of four delivery types in 2023.

Comparison to Statewide Average

No reportable rates for regional results fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023.

Reportable rates for the following regional results were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of six geographic regions:
  - Central Coast

These results are consistent with measurement year 2022 results.

Comparison to Prior Year

No reportable rates for regional results declined by more than a 10 percent relative difference from measurement year 2022.

Reportable rates for the following regional results increased by more than a 10 percent relative difference from measurement year 2022:

- One of four delivery types:
  - COHS
- Two of six geographic regions:
  - Central Coast and San Joaquin Valley

These results demonstrate an improvement across each regional result, when compared to rates reported in measurement year 2022.

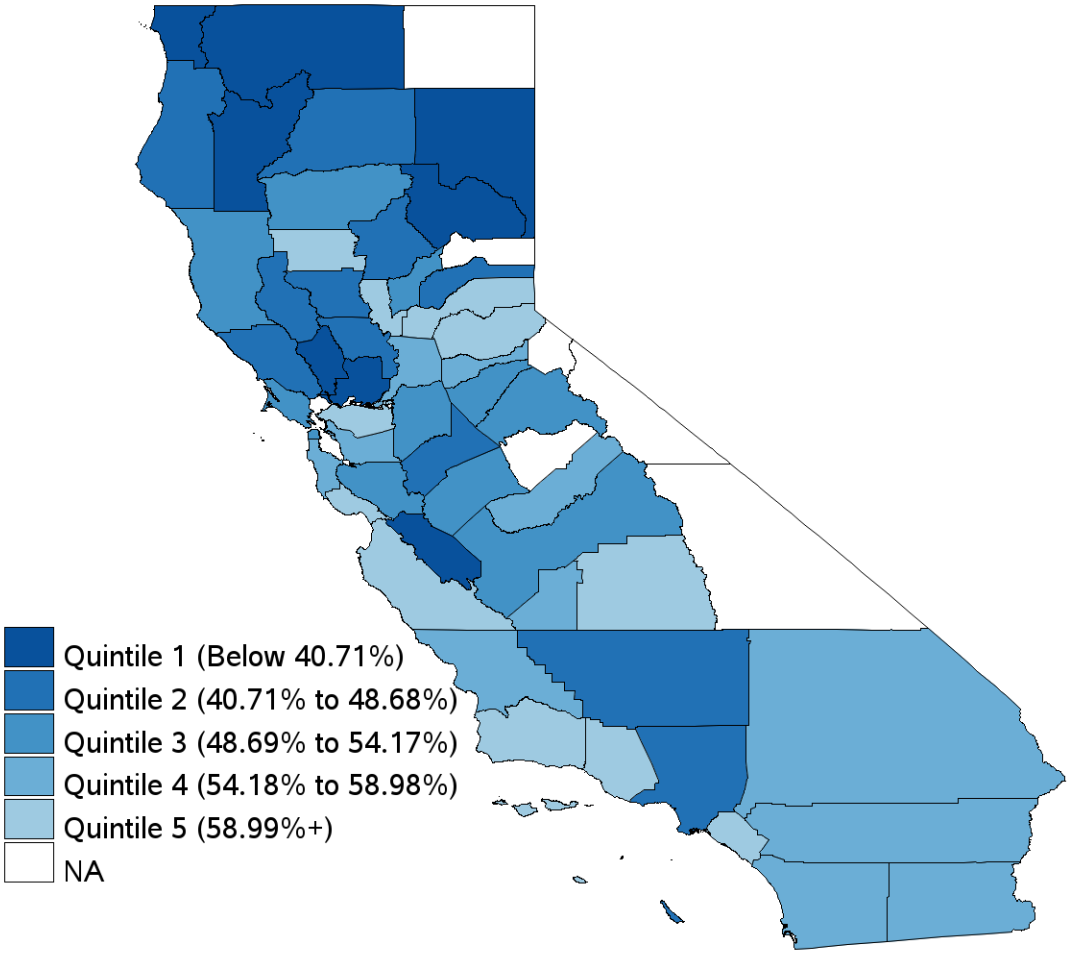
County-Level Results

Figure 53 illustrates results stratified by county and grouped by quintiles.

Figure 53—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates among 31 of the 52 counties[56] fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[57]

Reportable rates among three of 53 counties[58] were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were located in the Central Coast and San Francisco Bay/Sacramento geographic regions.
  - There are 14 MCPs operating in the Central Coast and San Francisco Bay/Sacramento geographic regions.[59]

Over half of the counties with reportable rates fell below the national 50th percentile by at least a 10 percent relative difference in measurement year 2023, with only three surpassing the national 50th percentile.

High and Low Performing Counties

Eight of the 52 counties[60] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.

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[56] Butte, Calaveras, Colusa, Del Norte, Fresno, Humboldt, Kern, Lake, Lassen, Los Angeles, Marin, Mendocino, Merced, Napa, Nevada, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Santa Clara, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Trinity, Tuolumne, Yolo, and Yuba.

[57] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

[58] Contra Costa, Monterey, and Santa Cruz.

[59] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; CenCal Health; Central California Alliance for Health; Contra Costa Health Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[60] Del Norte, Lassen, Napa, Plumas, San Benito, Siskiyou, Solano, and Trinity.

- Seven of 11 counties in the second-lowest performing quintile (Quintile 2) were also operating in the North/Mountain geographic region.

» There are three MCPs operating in the North/Mountain geographic region.[61]

Eleven of the 52 counties[62] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

» These counties were primarily located in the Central Coast and North/Mountain geographic regions.

- There are six MCPs operating in the Central Coast and North/Mountain geographic regions.[63]

[61] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

[62] Contra Costa, El Dorado, Glenn, Monterey, Orange, Placer, Santa Barbara, Santa Cruz, Sutter, Tulare, and Ventura.

[63] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CenCal Health; Central California Alliance for Health; Gold Coast Health Plan; Partnership HealthPlan of California.

HSAG-Calculated Indicators

Figure 54 through Figure 83 display the measurement years 2021, 2022, and 2023 statewide and regional results, where applicable, for the HSAG-calculated indicators with results considered to be key findings.

The following HSAG-calculated indicators did not meet the criteria for key findings and therefore are not presented in the Statewide Key Findings section:

- *Alcohol Use Screening (AUS)*
- *Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)*
- *Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)*
- *Tobacco Use Screening (TUS)*
- *Vision Services—Comprehensive Eye Exam (VIS–C)*
- *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)*

The results for these indicators are available in Appendix B. Full Demographic Results.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years

The *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)* indicator measures the percentage of discharges for members 6 to 17 years of age who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days of discharge. Figure 54 through Figure 60 display the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Demographic Results

Figure 54 through Figure 56 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

Figure 54—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

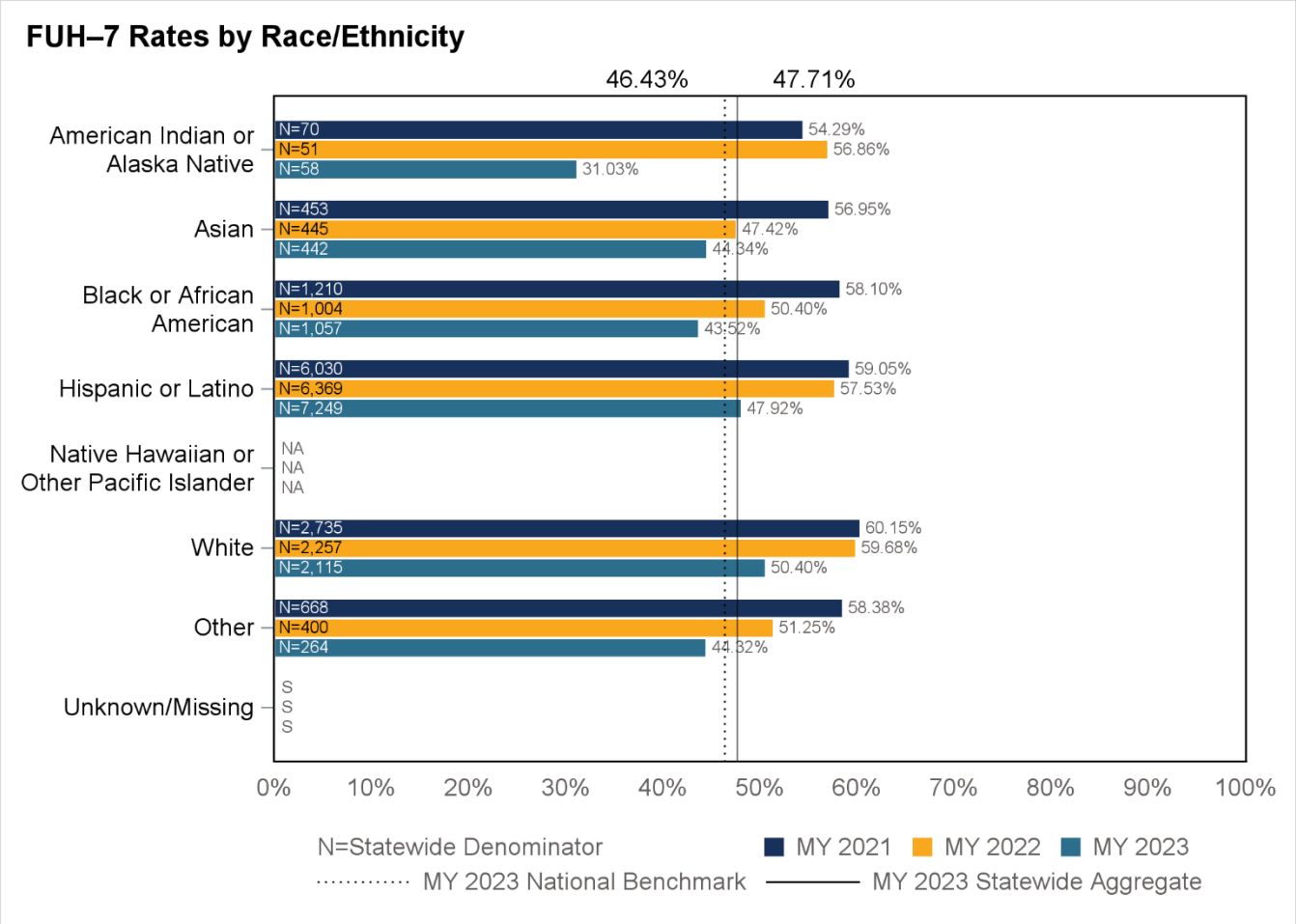


Figure 55—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

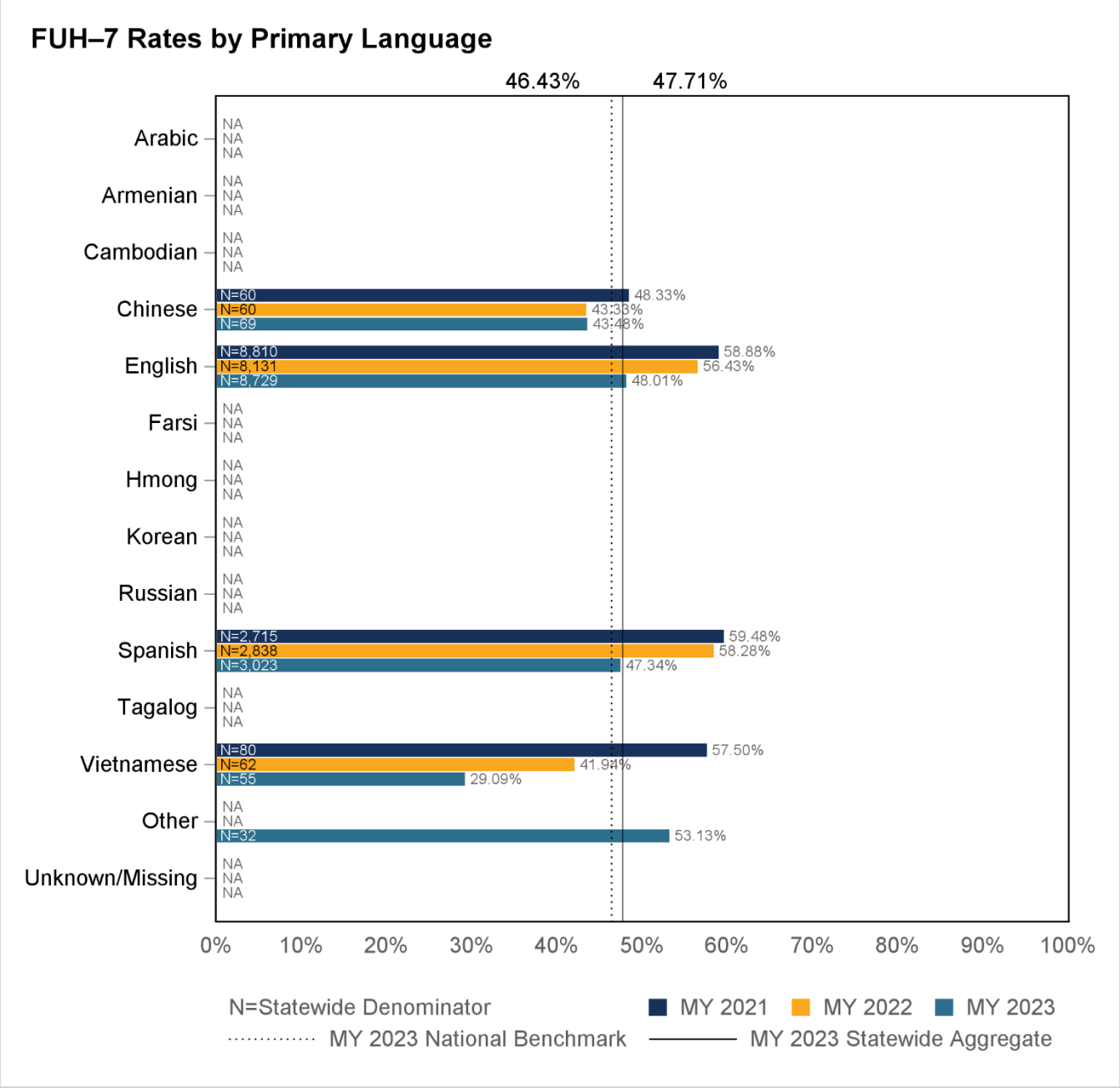
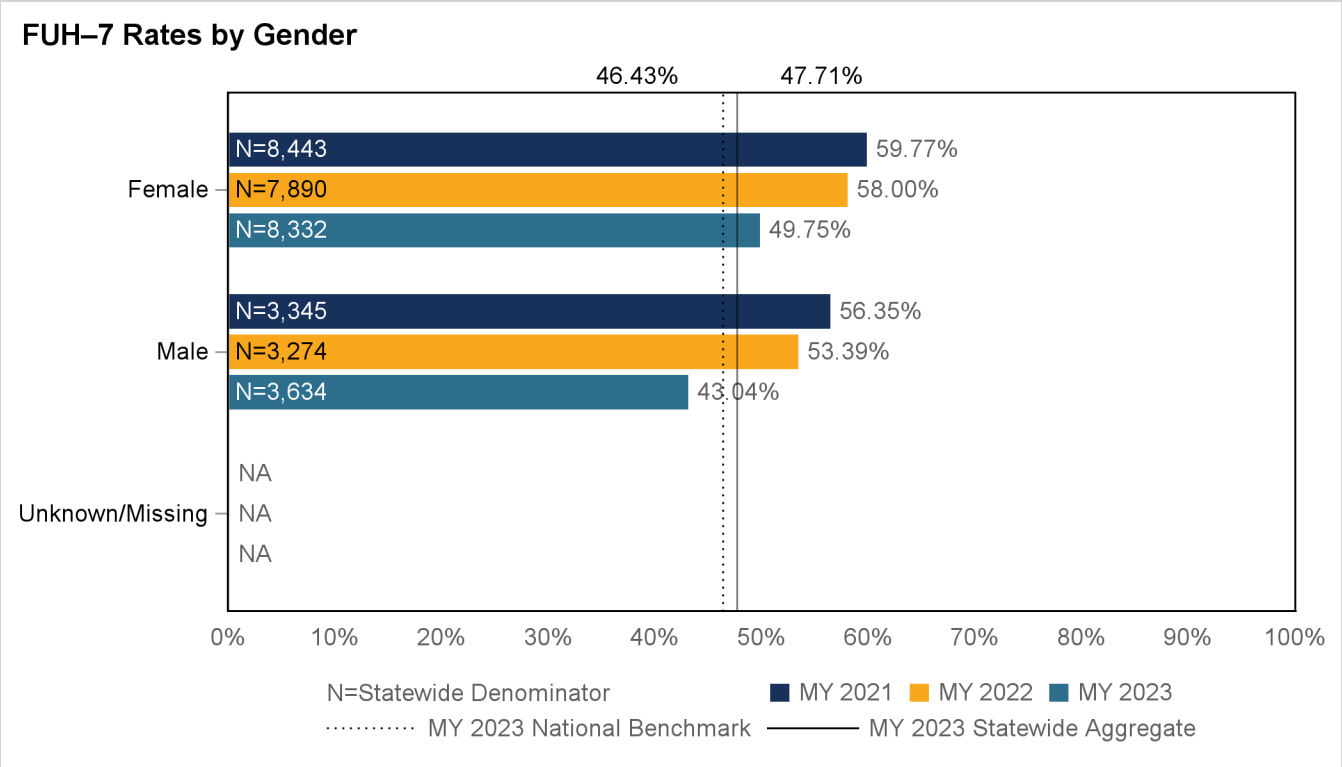


Figure 56—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The measurement year 2023 statewide aggregate rate decreased by 8.94 percentage points from measurement year 2022. The statewide aggregate was above the national 50th percentile for all three measurement years, indicating that the State is ensuring children and adolescents are receiving follow-up care after hospital stays for mental illness better than the median Medicaid health plan.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of seven race/ethnicity categories:
  - American Indian or Alaska Native

- One of five primary language groups:
  - Vietnamese

Reportable rates for the following demographic groups were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of five primary language groups:
  - Other

These results represent a significant decline among select demographic groups when comparing to measurement year 2022. In 2022, the American Indian or Alaska Native race/ethnicity category surpassed the 50th percentile by more than a 20 percent relative difference. This trend reversed in measurement year 2023, when the rate among the American Indian or Alaska Native race/ethnicity category fell below the national 50th percentile by more than a 30 percent relative difference. Although rates among the Vietnamese primary language group fell below the national 50th percentile by approximately a 9 percent relative difference in 2022, this trend was exacerbated in 2023 when the rate fell below the national 50th percentile by more than a 37 percent relative difference.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of seven race/ethnicity categories:
  - American Indian or Alaska Native
- One of five primary language groups:
  - Vietnamese

The reportable rate for the Other primary language demographic group was above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023.

These results show a modest overall improvement from measurement year 2022, as the number of race/ethnicity categories and language groups falling below the statewide average by more than a 10 percent relative difference decreased in 2023. However, the disparity relative to statewide rates among the American Indian or Alaska Native race/ethnicity category and the Vietnamese primary language group worsened between measurement year 2022 and 2023.

Comparison to Prior Year

Reportable rates for the following demographic groups declined from measurement year 2022 by more than a 10 percent relative difference:

- Six of seven race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Unknown/Missing, and White
- Three of four primary language groups:
  - English, Spanish, and Vietnamese
- Each of the two gender groups:
  - Female and Male

None of the reportable rates for demographic groups increased from measurement year 2022 by more than a 10 percent relative difference.

These results demonstrate a decline in rates across each demographic category compared to rates reported in measurement year 2022. Rates among the American Indian or Alaska Native race/ethnicity category and Vietnamese primary language group experienced a decline of at least a 30 percent relative difference between measurement years 2022 and 2023.

Delivery Type and Geographic Results

Figure 57 through Figure 59 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 57—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Regional-Level Delivery Type Model Results

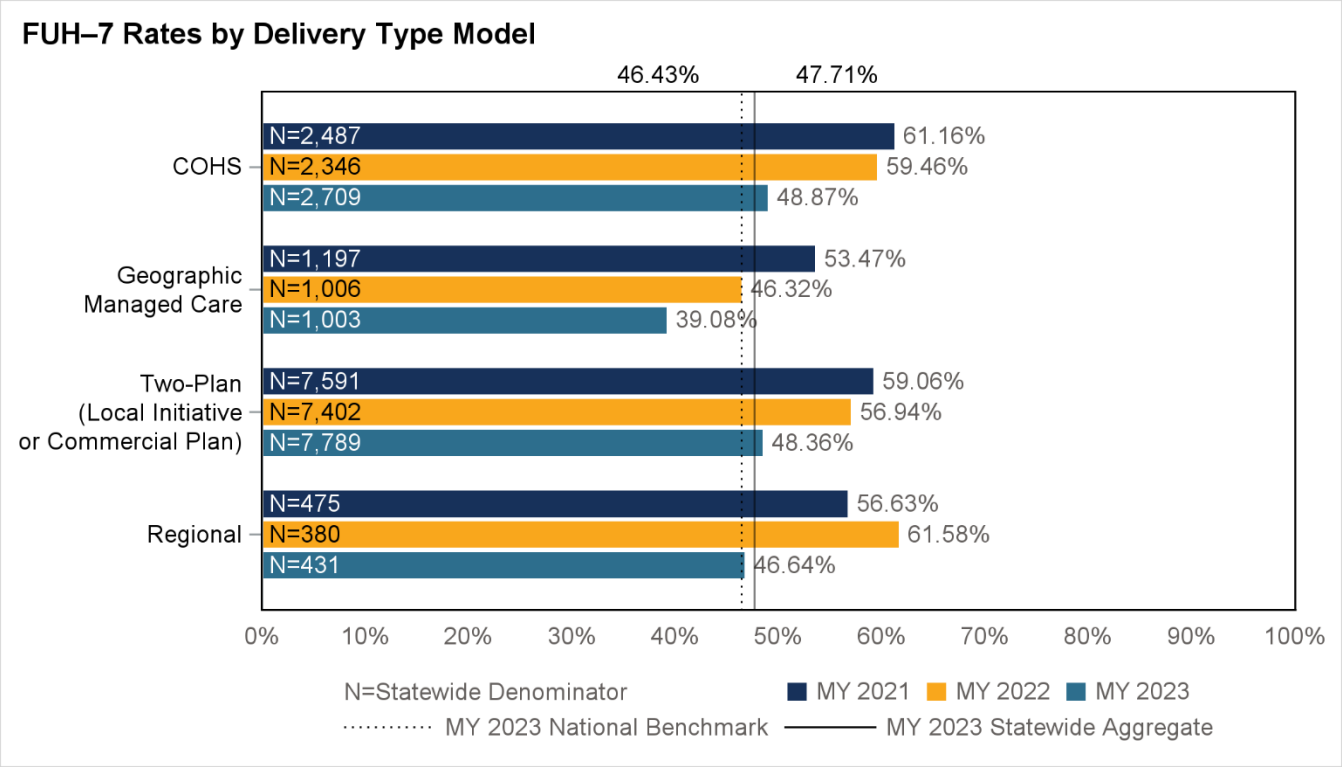


Figure 58—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Regional-Level Population Density Results

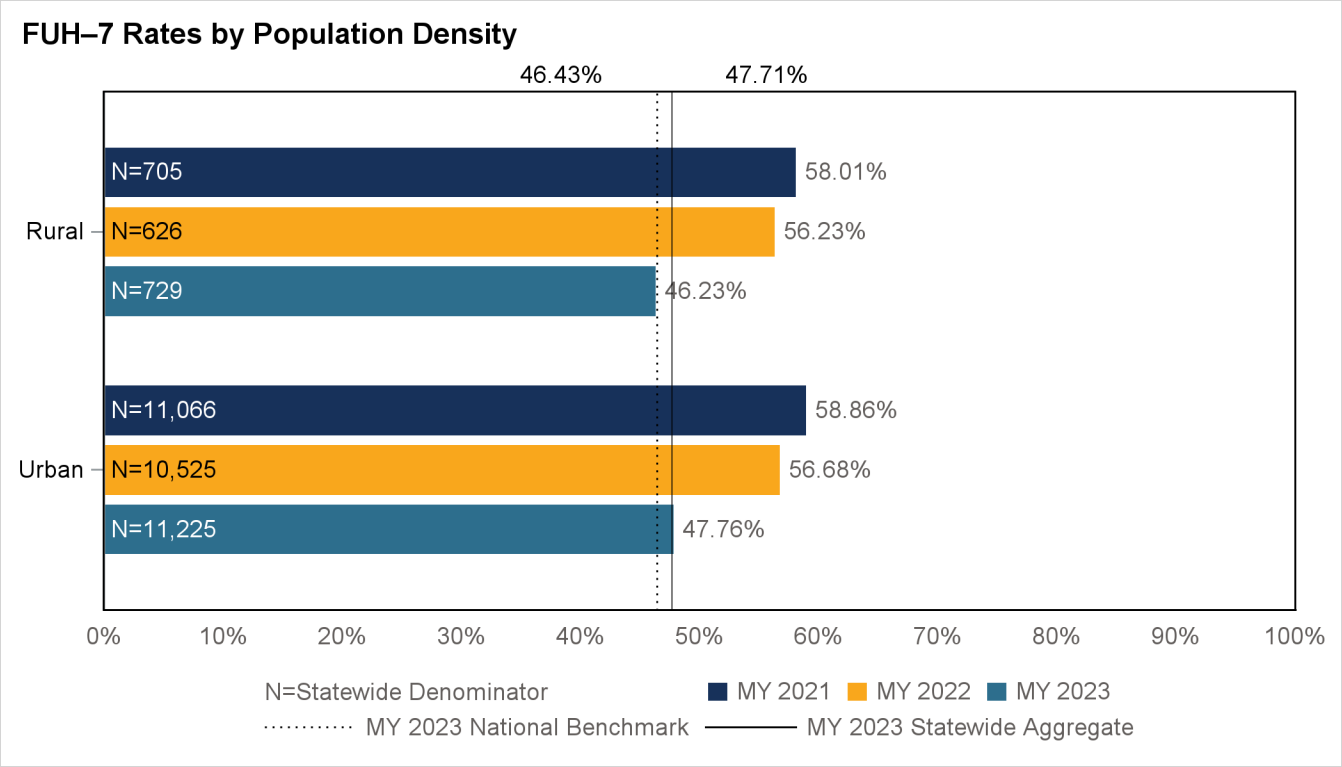
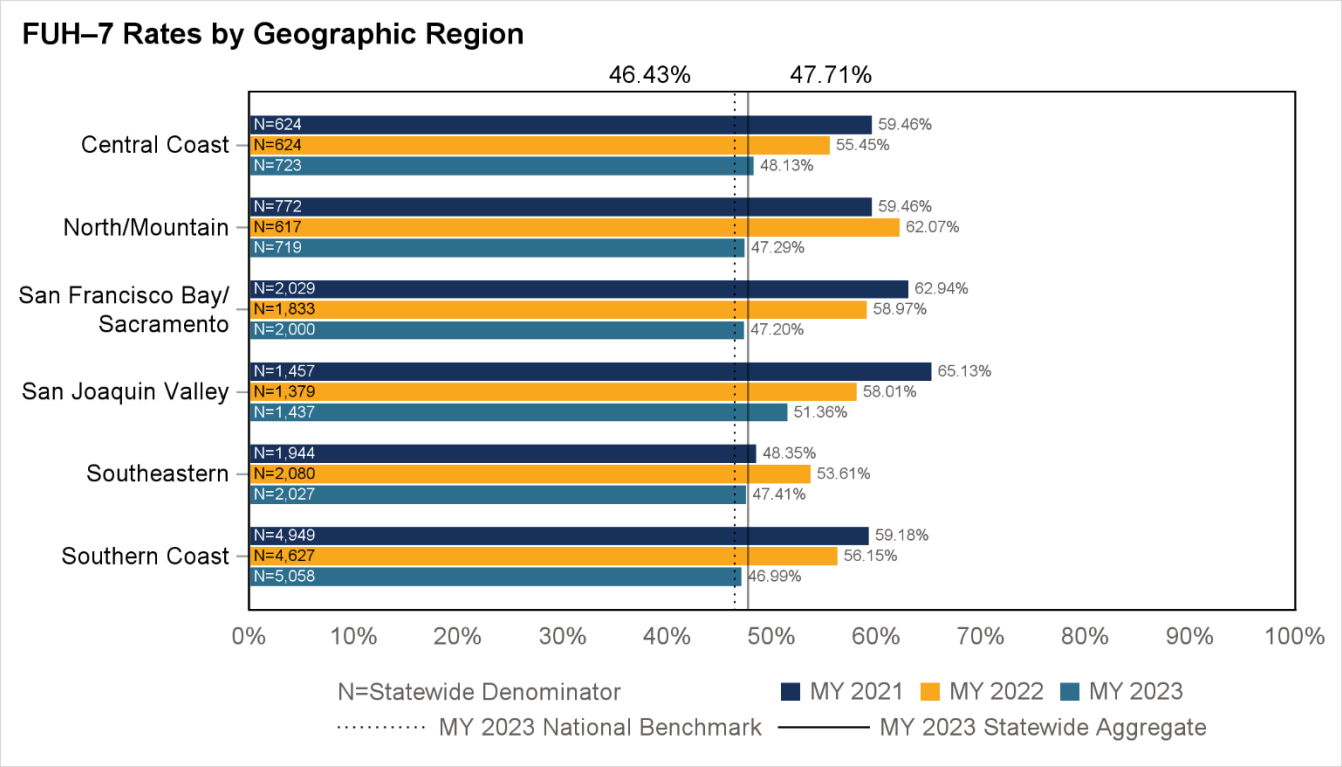


Figure 59—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates among the following regional results fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Geographic Managed Care

Reportable rates for the following regional results were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023:

- One of six geographic regions:
  - San Joaquin Valley

Nearly every regional stratification surpassed the national 50th percentile by more than a 10 percent relative difference in measurement year 2022. In measurement year 2023, only the San

Joaquin Valley Region surpassed that threshold, and the geographic managed care delivery type fell below the national 50th percentile by more than a 15 percent relative difference.

Comparison to Statewide Average

Reportable rates for the following regional results fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Geographic Managed Care

None of the reportable rates for the regional results were above the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023.

These results are consistent with measurement year 2022 results.

Comparison to Prior Year

Reportable rates for all of the regional results declined from measurement year 2022 by more than a 10 percent relative difference:

- Each of the four delivery types:
  - COHS, Geographic Managed Care, Regional, and Two-Plan (Local Initiative or Commercial Plan)
- Both population densities:
  - Rural and Urban
- Each of the six geographic regions:
  - Central Coast, North/Mountain, San Francisco Bay/Sacramento, San Joaquin Valley, Southeastern, and Southern Coast

These results demonstrate a considerable decline compared to 2022, as the rate for every geographic stratification declined between measurement years 2022 and 2023 by more than a 10 percent relative difference.

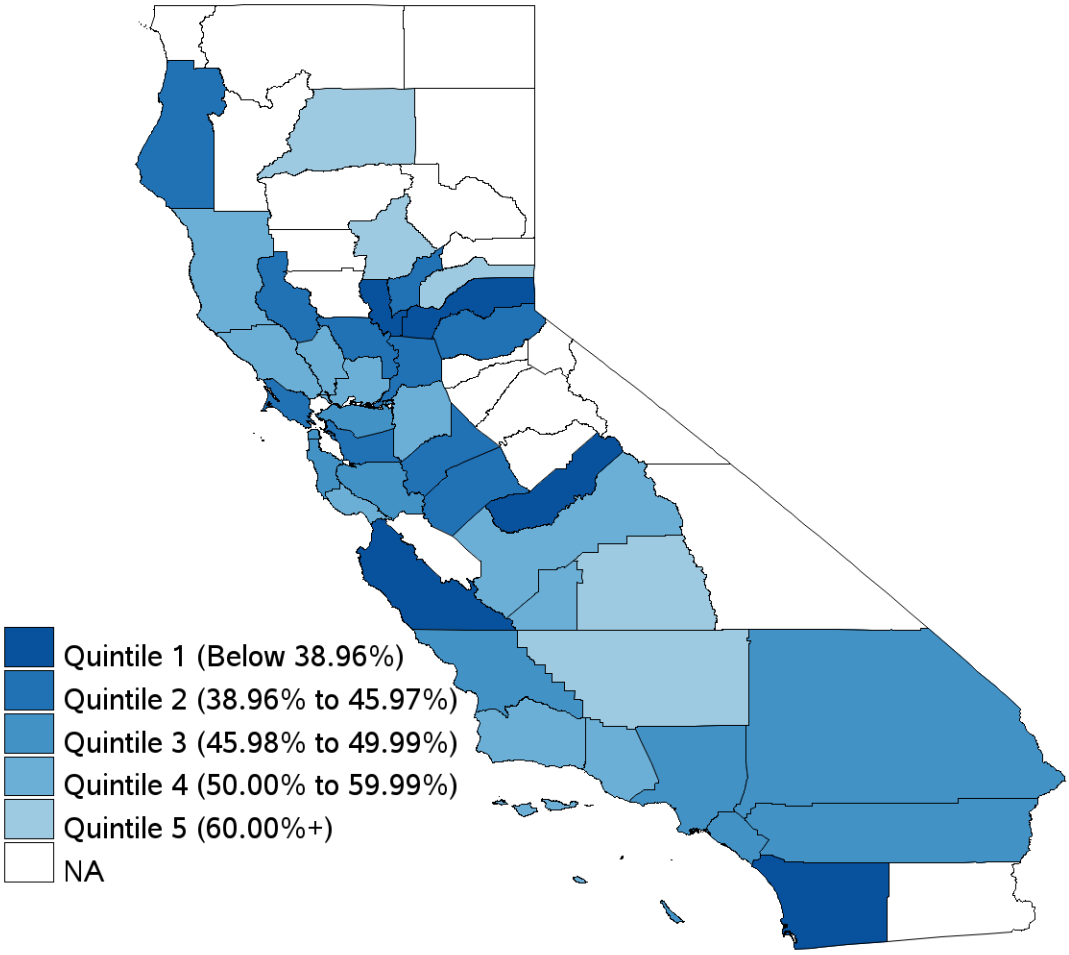
County-Level Results

Figure 60 illustrates results stratified by county and grouped by quintiles.

Figure 60—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates among 11 of 39 counties[64] fell below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[65]

Reportable rates among 12 of 39 counties[66] were above the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were located in the North/Mountain, San Francisco Bay/Sacramento, and San Joaquin Valley geographic regions.
  - There are 16 MCPs operating in the North/Mountain, San Francisco Bay/Sacramento, and San Joaquin Valley geographic regions.[67]

Although the North/Mountain geographic region included the majority of counties with reportable rates that fell below the national 50th percentile by at least a 10 percent relative difference, the North/Mountain geographic region also represented the most counties surpassing the national 50th percentile by at least a 10 percent relative difference.

High and Low Performing Counties

Five of 39 counties[68] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

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[64] Alameda, Lake, Madera, Marin, Merced, Monterey, Placer, San Diego, Sutter, Yolo, and Yuba.

[65] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

[66] Butte, Kern, Mendocino, Napa, Nevada, San Joaquin, Santa Barbara, Shasta, Solano, Sonoma, Tulare, and Ventura.

[67] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Kern Health Systems, DBA Kern Family Health Care; Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; and Santa Clara Family Health Plan.

[68] Madera, Monterey, Placer, San Diego, and Sutter.

- These counties were primarily located throughout a variety of regions.[69]
  - There are 17 MCPs operating in the regions reported in Quintile 1.[70]

Five of 39 counties[71] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

- These counties were located in the North/Mountain and San Joaquin Valley geographic regions.
  - There are eight MCPs operating in the North/Mountain and San Joaquin Valley geographic regions.[72]

Oral Evaluation, Dental Services—Total

The *Oral Evaluation, Dental Services—Total (OEV)* indicator measures the percentage of children younger than 21 years of age who received a comprehensive or periodic oral evaluation during the measurement year. Figure 61 through Figure 68 display the *Oral Evaluation, Dental Services—Total (OEV)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023.

Demographic Results

Figure 61 through Figure 64 display the stratified demographic results by race/ethnicity, primary language, gender, and age, respectively.

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[69] Central Coast, North/Mountain, San Joaquin Valley, and Southern Coast.

[70] Aetna Better Health of California; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; Blue Shield of California Promise Health Plan; California Health & Wellness Plan; CalOptima; CalViva Health; CenCal Health; Central California Alliance for Health; Community Health Group Partnership Plan; Gold Coast Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kaiser SoCal (KP Cal, LLC); Kern Health Systems, DBA Kern Family Health Care; L.A. Care Health Plan; Molina Healthcare of California; Partnership HealthPlan of California.

[71] Contra Costa, El Dorado, Glenn, Monterey, Orange, Placer, Santa Barbara, Santa Cruz, Sutter, Tulare, and Ventura.

[72] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; CalViva Health; Central California Alliance for Health; Health Net Community Solutions, Inc.; Health Plan of San Joaquin; Kern Health Systems, DBA Kern Family Health Care; Partnership HealthPlan of California.

Figure 61—Oral Evaluation, Dental Services—Total (OEV)—Statewide Racial/Ethnic Results

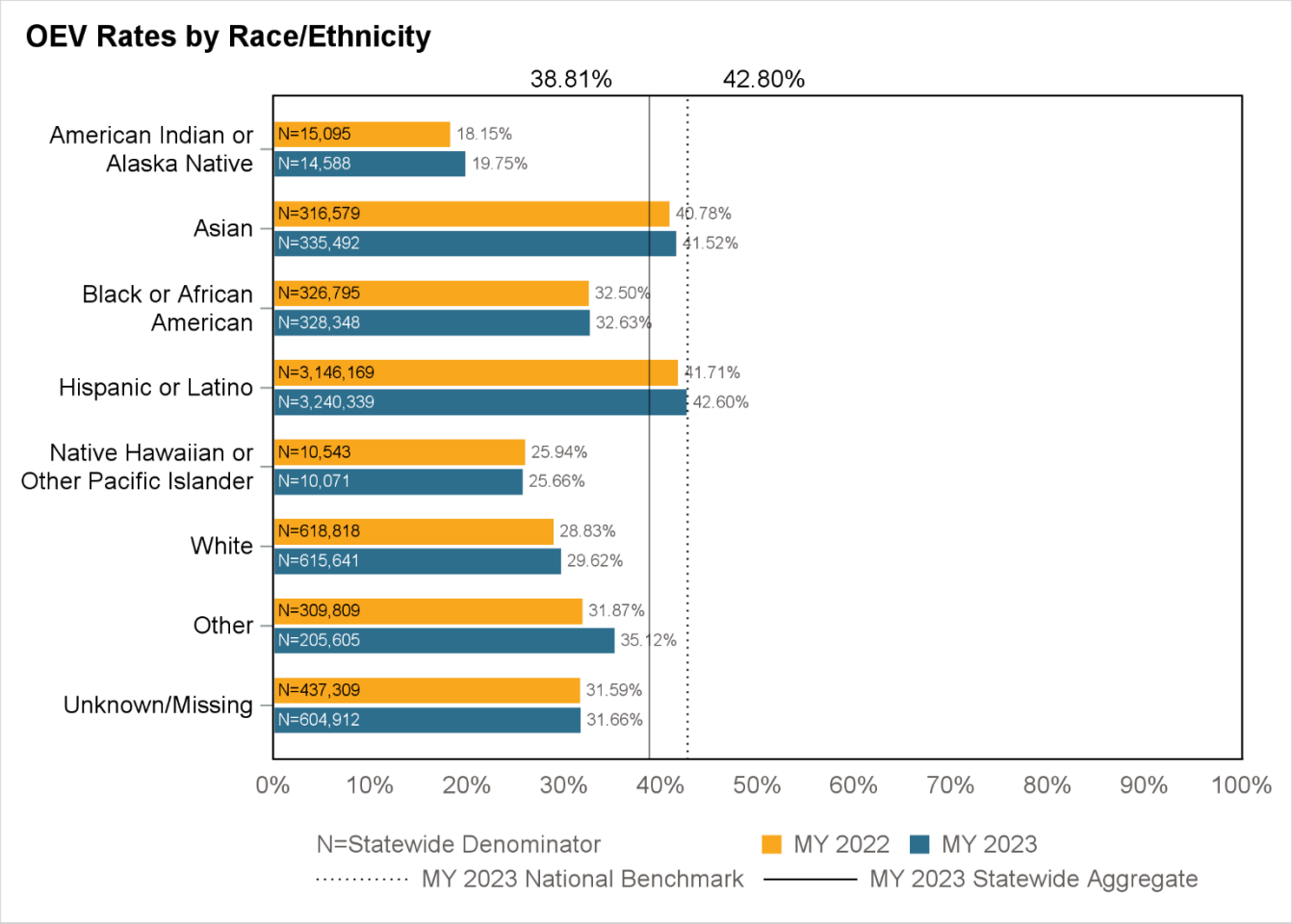


Figure 62—Oral Evaluation, Dental Services—Total (OEV)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

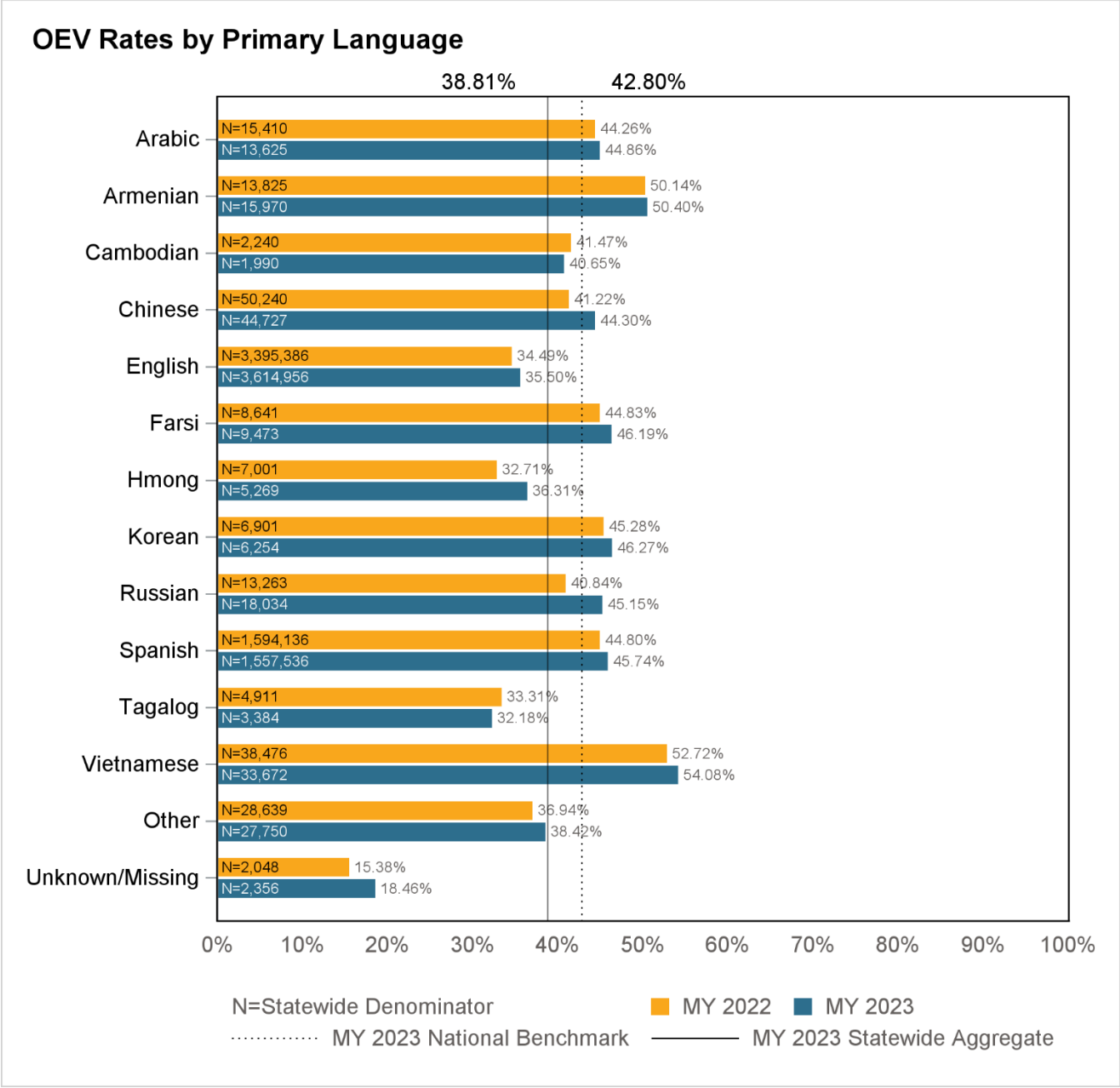


Figure 63—Oral Evaluation, Dental Services—Total (OEV)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

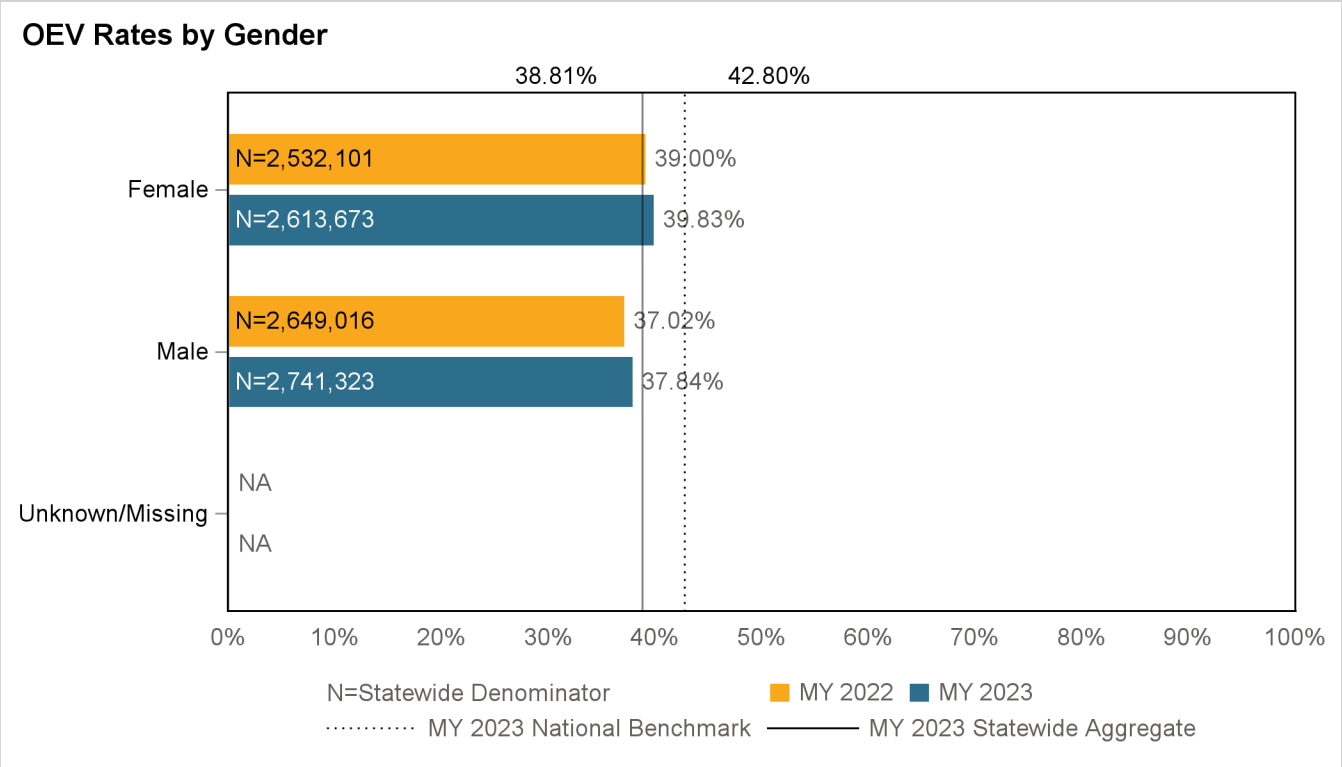
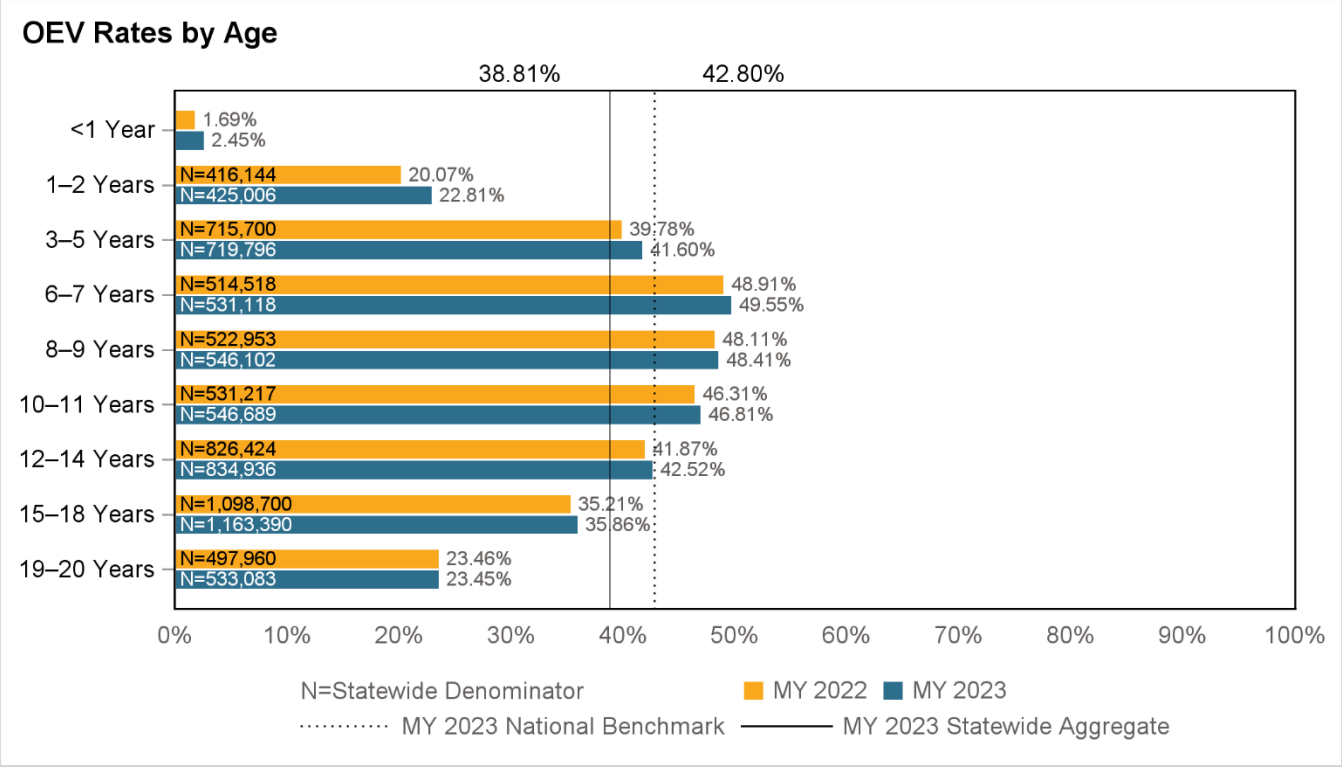


Figure 64—Oral Evaluation, Dental Services—Total (OEV)—Statewide Age Results

The statewide denominator for the <1 Year age group is 57,501 for measurement year 2022 and 54,876 for measurement year 2023.



Statewide Results

The measurement year 2023 statewide aggregate rate increased by 0.8 percentage points from measurement year 2022. The statewide aggregate was below the national benchmark for measurement years 2022 and 2023. Since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Six of eight race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, and Unknown/Missing

- Five of 14 primary language groups:
  - English, Hmong, Tagalog, Other, and Unknown/Missing
- Male gender group
- Four of nine age groups:
  - <1 Year, 1–2 Years, 15–18 Years, and 19–20 Years

These results were also consistent with findings in measurement year 2022.

Of note, for measurement years 2022 and 2023, the rates for the American Indian or Alaska Native racial/ethnic group were below the national benchmark by more than a 50 percent relative difference.

Additionally, reportable rates for the following demographic groups were above the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Two of 14 primary language groups:
  - Armenian and Vietnamese
- Two of nine age groups:
  - 6–7 Years and 8–9 Years

These results were also consistent with findings in measurement year 2022.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Five of eight race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Unknown/Missing
- Two of 14 primary language groups:
  - Tagalog and Unknown/Missing
- Three of nine age groups:
  - <1 Year, 1–2 Years, and 19–20 Years

These results were also consistent with findings in measurement year 2022.

Of note, for measurement years 2022 and 2023, the rate for the <1 Year age group was below the statewide aggregate by more than a 90 percent relative difference, and the rate for the American Indian or Alaska Native racial/ethnic group was below the statewide aggregate by approximately a 50 percent relative difference.

Comparison to Prior Year

From measurement year 2022 to measurement year 2023, reportable rates for the following demographic groups increased by more than a 10 percent relative difference:

- One of eight race/ethnicity categories:
  - Other
- Three of 14 primary language groups:
  - Hmong, Russian, and Unknown/Missing
- Two of nine age groups:
  - <1 Year and 1–2 Years

Delivery Type and Geographic Results

Figure 65 through Figure 67 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 65—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Delivery Type Model Results

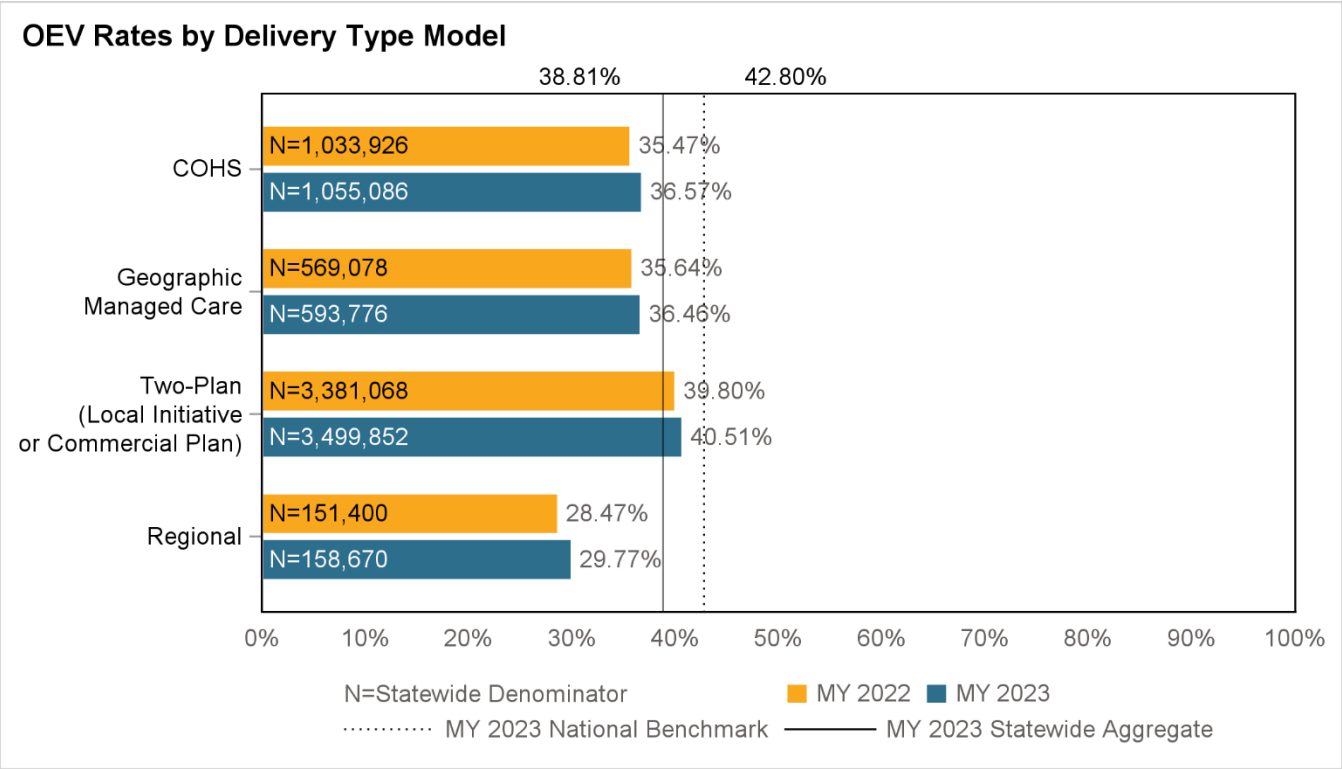


Figure 66—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Population Density Results

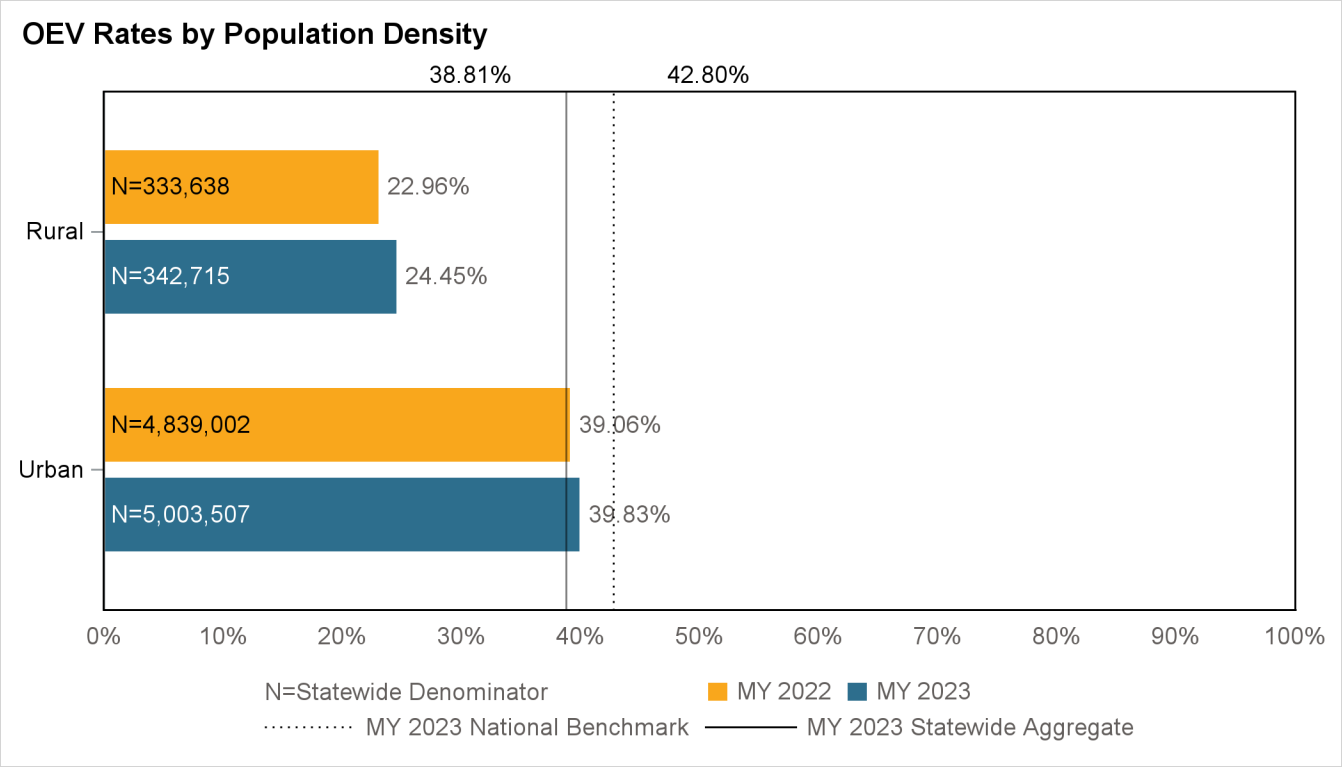
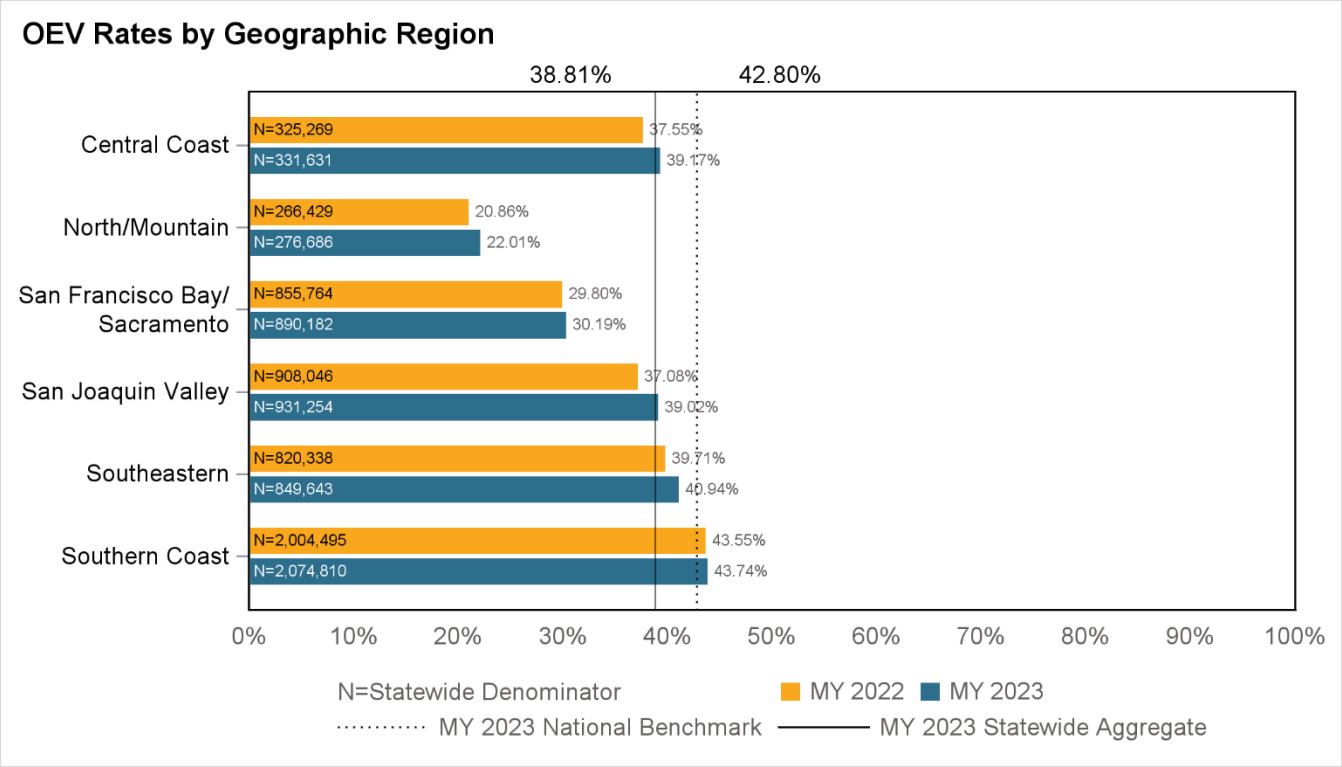


Figure 67—Oral Evaluation, Dental Services—Total (OEV)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional groups fell below the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

These results were also consistent with findings in measurement year 2022.

Comparison to Statewide Average

Reportable rates for the following regional groups fell below the statewide aggregate rate by more than a 20 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

These results were also consistent with findings in measurement year 2022.

Comparison to Prior Year

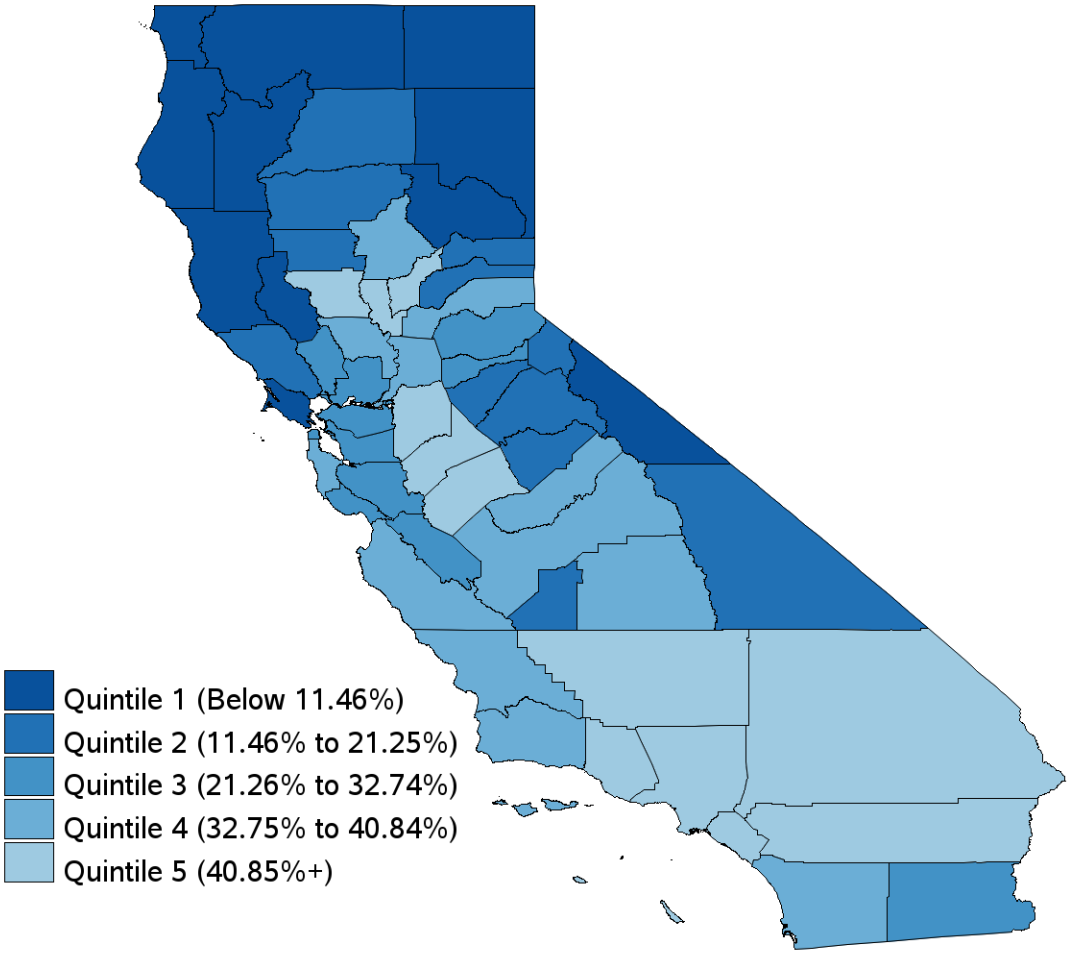
None of the regional groups had an increase or decrease in their rates of more than a 10 percent relative difference from measurement year 2022 to measurement year 2023.

County-Level Results

Figure 68 illustrates results stratified by county and grouped by quintiles.

Figure 68—Oral Evaluation, Dental Services—Total (OEV)—County-Level Results

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 43 of 58 counties were below the national 50th percentile by more than a 10 percent relative difference for measurement year 2023.

- These counties were primarily located in the North/Mountain and San Francisco Bay/Sacramento geographic regions.

- There are 12 MCPs operating in the North/Mountain and San Francisco Bay/Sacramento geographic regions.[73]

Reportable rates for three of 58 counties[74] were above the national 50th percentile by more than a 10 percent relative difference.

» These counties were located in the North/Mountain and Southern Coast geographic regions.
- There are 11 MCPs operating in the North/Mountain and Southern Coast geographic regions.[75]

Over 75 percent of counties with reportable rates fell below the national 50th percentile by at least a 10 percent relative difference in measurement year 2023.

High and Low Performing Counties

Eleven of 58 counties[76] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

» Ten of these 11 counties are located in the North/Mountain geographic region.
- There are five MCPs operating in the North/Mountain geographic region.[77]

[73] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[74] Colusa, Orange, and Sutter.

[75] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California; Aetna Better Health of California; Blue Shield of California Promise Health Plan; CalOptima; Community Health Group Partnership Plan; Health Net Community Solutions, Inc.; Kaiser SoCal (KP Cal, LLC); L.A. Care Health Plan; Molina Healthcare of California.

[76] Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Mono, Plumas, Siskiyou, and Trinity.

[77] Blue Cross of California Partnership Plan, Inc.; DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Kaiser NorCal (KP Cal, LLC); and Partnership HealthPlan of California.

Twelve of 58 counties[78] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

- These 12 counties are located in five different geographic regions.

Sealant Receipt on Permanent First Molars—At Least One Sealant

The *Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)* indicator measures the percentage of children 10 years of age who have ever received a sealant on at least one permanent first molar tooth by their 10th birthday. Figure 69 through Figure 75 display the *Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)* indicator rates at the statewide and regional levels for measurement year 2023. Please note, the *Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)* indicator is new for measurement year 2023; therefore, trending results are not available.

Demographic Results

Figure 69 through Figure 71 display the stratified demographic results by race/ethnicity, primary language, and gender, respectively.

[78] Colusa, Kern, Los Angeles, Merced, Orange, Riverside, San Bernardino, San Joaquin, Stanislaus, Sutter, Ventura, and Yuba.

Figure 69—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Statewide Racial/Ethnic Results

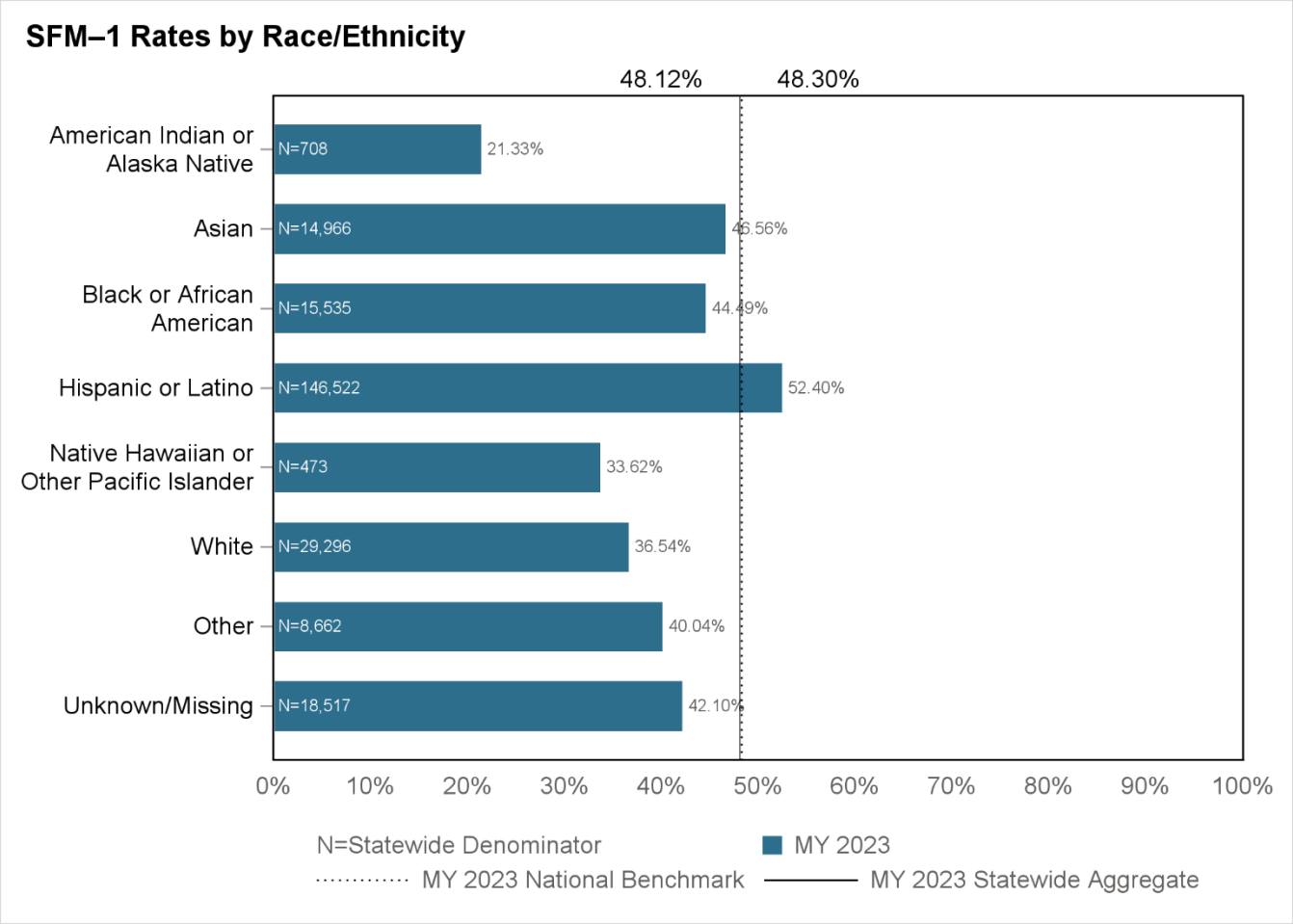


Figure 70—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

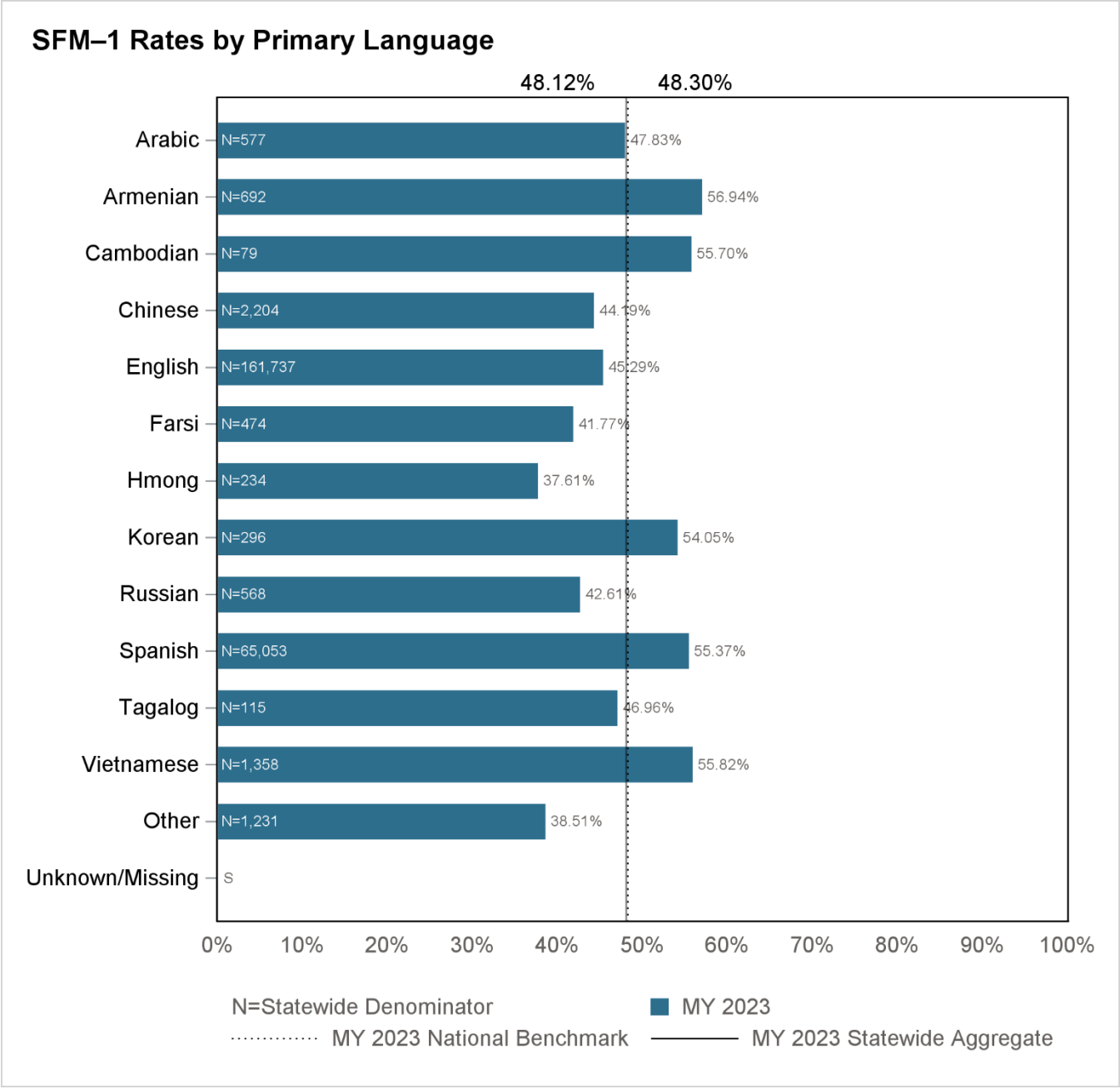
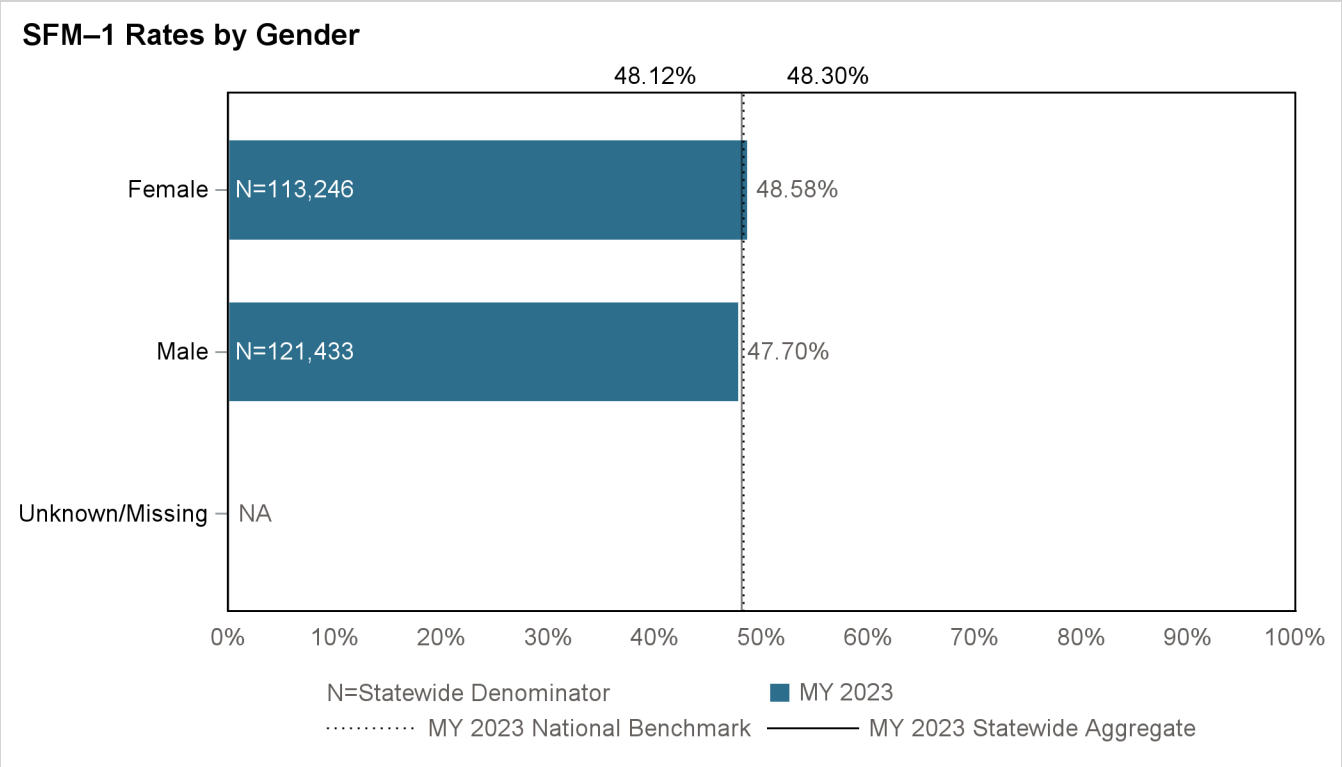

SFM–1 Rates by Primary Language
48.12%
48.30%
Arabic
N=577
47.83%
Armenian
N=692
56.94%
Cambodian
N=79
55.70%
Chinese
N=2,204
44.19%
English
N=161,737
45.29%
Farsi
N=474
41.77%
Hmong
N=234
37.61%
Korean
N=296
54.05%
Russian
N=568
42.61%
Spanish
N=65,053
55.37%
Tagalog
N=115
46.96%
Vietnamese
N=1,358
55.82%
Other
N=1,231
38.51%
Unknown/Missing
s
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
N=Statewide Denominator
MY 2023
MY 2023 National Benchmark
MY 2023 Statewide Aggregate

Figure 71—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).



Statewide Results

The statewide aggregate was below the national benchmark by less than 0.2 percentage point for measurement year 2023. Since dental services are provided through the Dental Fee-for-Service (Dental FFS) and Dental Managed Care (Dental MC) delivery systems, rates may not be reflective of MCP performance.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Five of eight race/ethnicity categories:
  - American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, White, Other, and Unknown/Missing

- Four of 13 primary language groups:
  - Farsi, Hmong, Russian, and Other

Of note, the rate for the American Indian or Alaska Native racial/ethnic group was below the national benchmark by approximately a 55 percent relative difference.

Additionally, reportable rates for the following demographic groups were above the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Five of 14 primary language groups:
  - Armenian, Cambodian, Korean, Spanish, and Vietnamese

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Five of eight race/ethnicity categories:
  - American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, White, Other, and Unknown/Missing
- Four of 13 primary language groups:
  - Farsi, Hmong, Russian, and Other

Delivery Type and Geographic Results

Figure 72 through Figure 74 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 72—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Regional Level Delivery Type Model Results

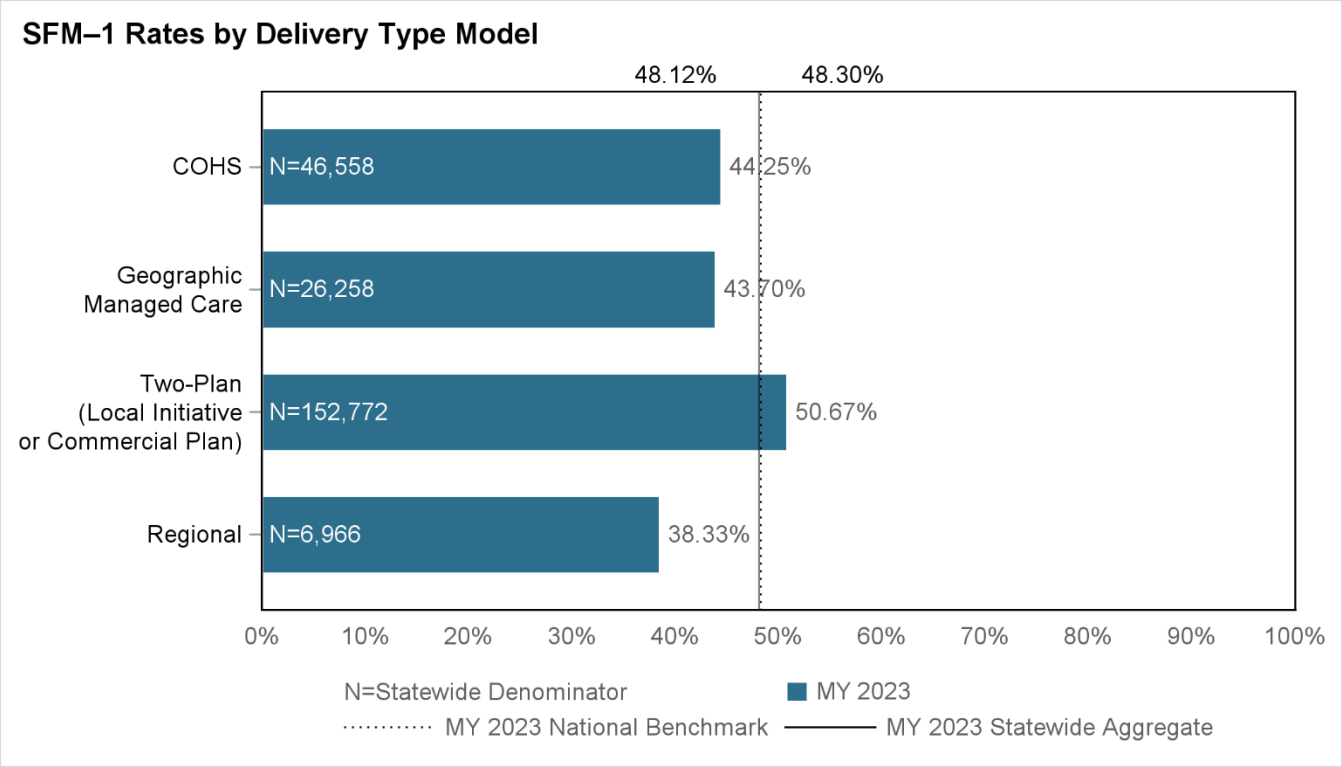


Figure 73—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Regional Level Population Density Results

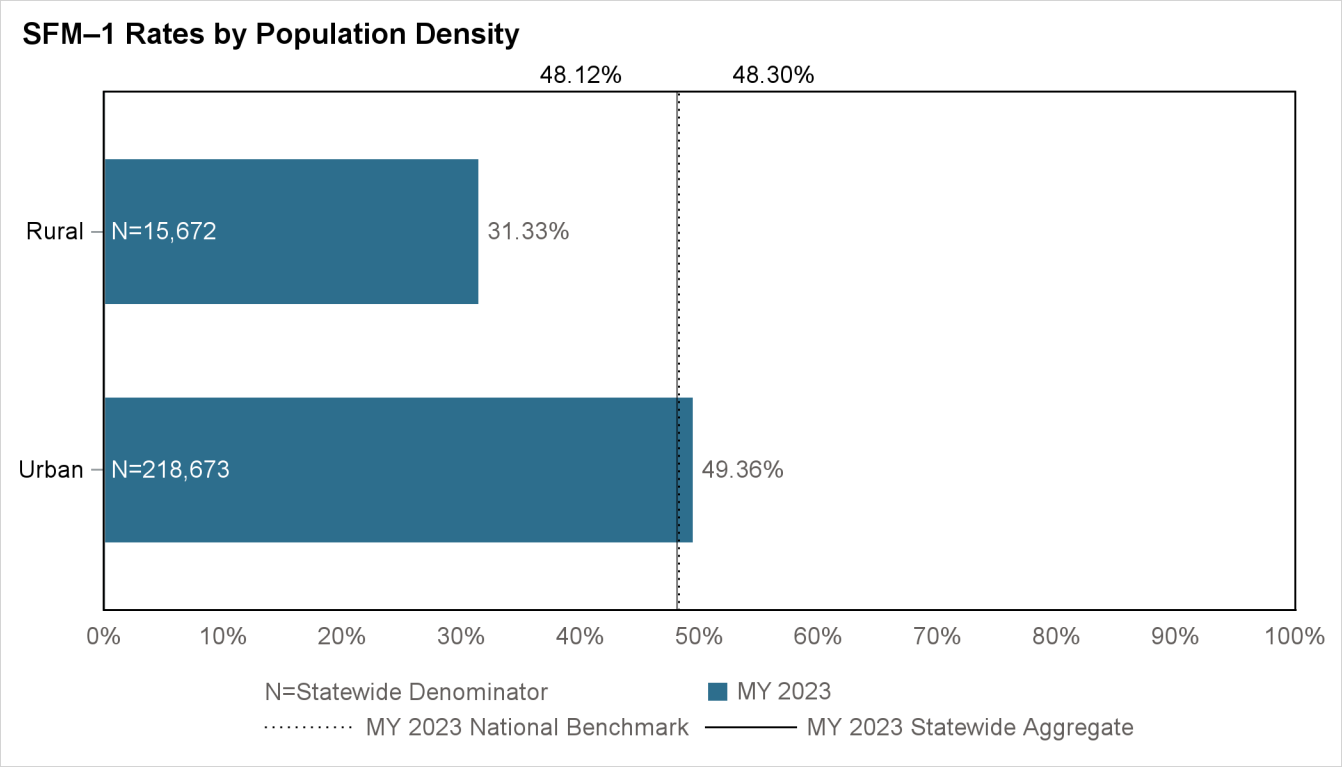
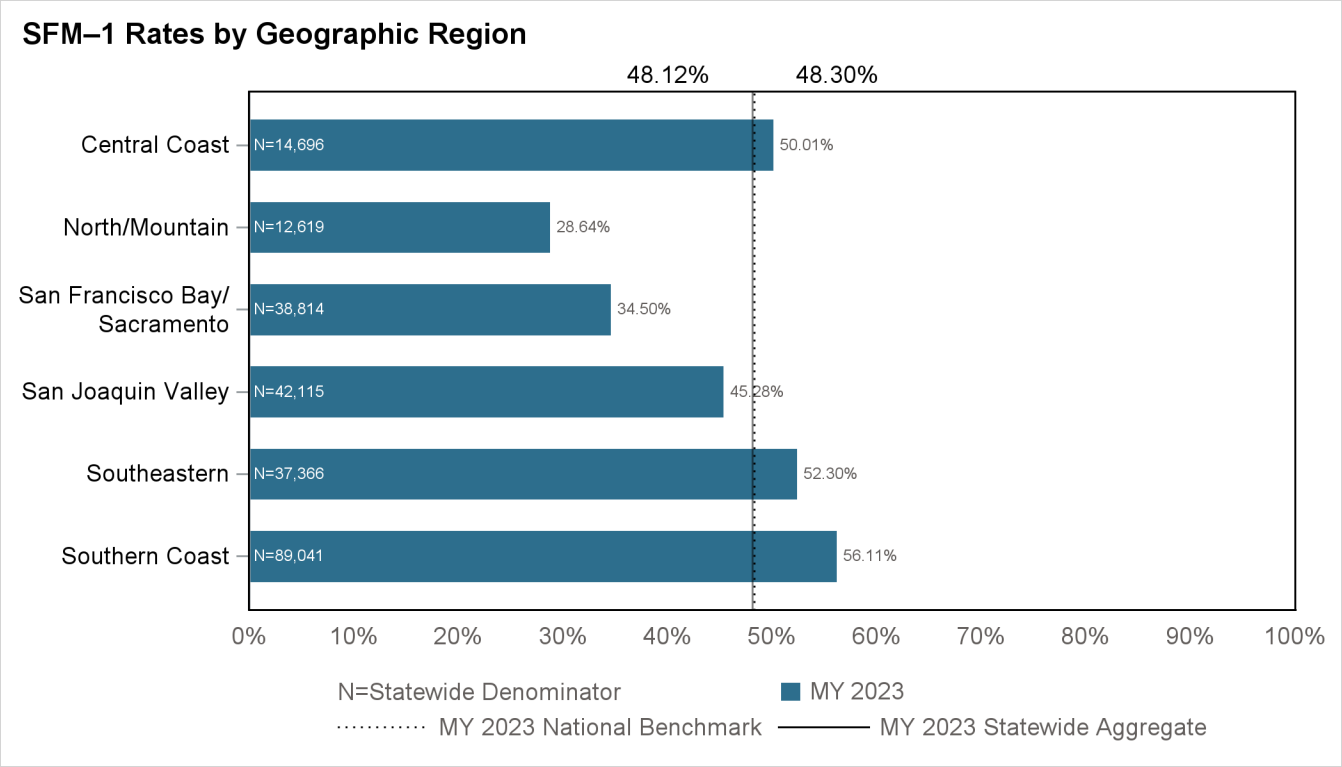


Figure 74—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—Regional Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional groups fell below the national benchmark by more than a 20 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

Additionally, the rate for the Southern Coast geographic region was above the national benchmark by more than a 10 percent relative difference in measurement year 2023.

Comparison to Statewide Average

Reportable rates for the following regional groups fell below the statewide aggregate rate by more than a 20 percent relative difference in measurement year 2023:

- One of four delivery types:
  - Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

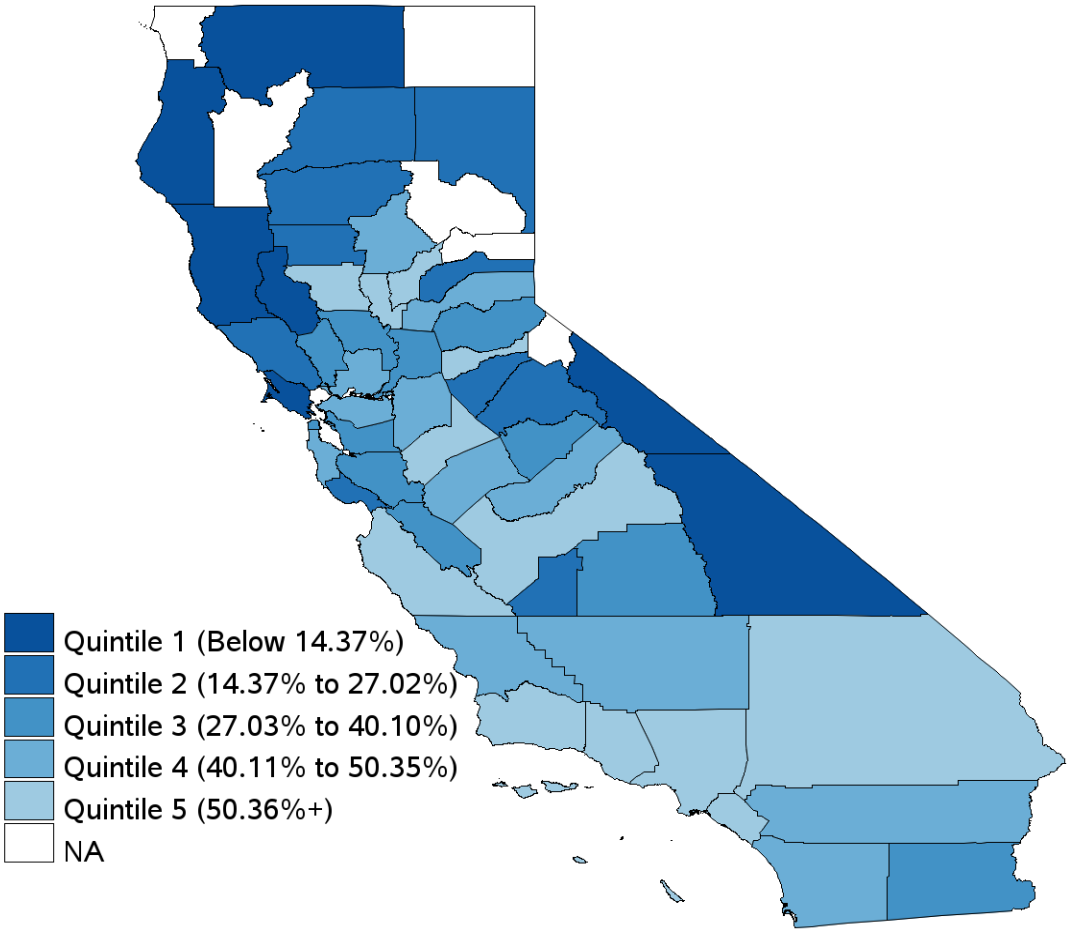
County-Level Results

Figure 75 illustrates results stratified by county and grouped by quintiles.

Figure 75—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 33 of 52 counties fell below the national 50th percentile by more than a 10 percent relative difference for measurement year 2023.

- These counties were primarily located in the North/Mountain and San Francisco Bay/Sacramento geographic regions.
  - There are 12 MCPs operating in the North/Mountain and San Francisco Bay/Sacramento geographic regions.[79]

[79] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

Reportable rates for five of 52 counties[80] were above the national benchmark by more than a 10 percent relative difference.

Over half of the counties with reportable rates fell below the national 50th percentile by at least a 10 percent relative difference in measurement year 2023.

High and Low Performing Counties

Seven of 52 counties[81] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

- Six of these seven counties are located in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[82]

Twelve of 52 counties[83] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

- These 12 counties are located in five different geographic regions.

Topical Fluoride for Children—Dental or Oral Health Services—Total

The *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)* indicator measures the percentage of children ages 1 to 20 years who received at least two topical fluoride applications during the measurement year. Figure 76 through Figure 83 display the *Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023. Additionally, since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

[80] Los Angeles, Monterey, Orange, San Bernardino, and Sutter.

[81] Humboldt, Inyo, Lake, Marin, Mendocino, Mono, and Siskiyou.

[82] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California.

[83] Amador, Colusa, Fresno, Los Angeles, Monterey, Orange, San Bernardino, Santa Barbara, Stanislaus, Sutter, Ventura, and Yuba.

Demographic Results

Figure 76 through Figure 79 display the stratified demographic results by race/ethnicity, primary language, gender, and age, respectively.

Figure 76—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Racial/Ethnic Results

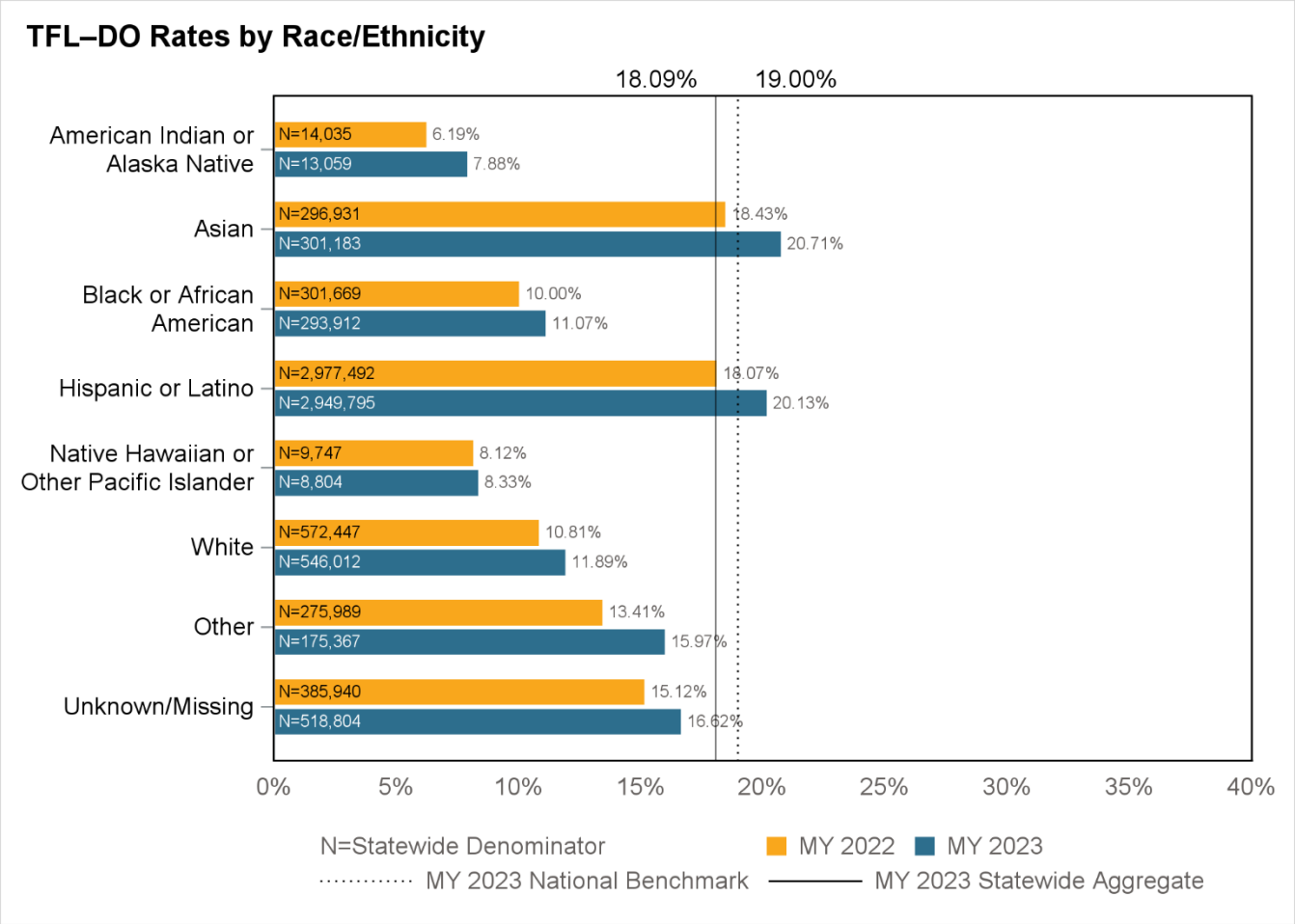


Figure 77—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

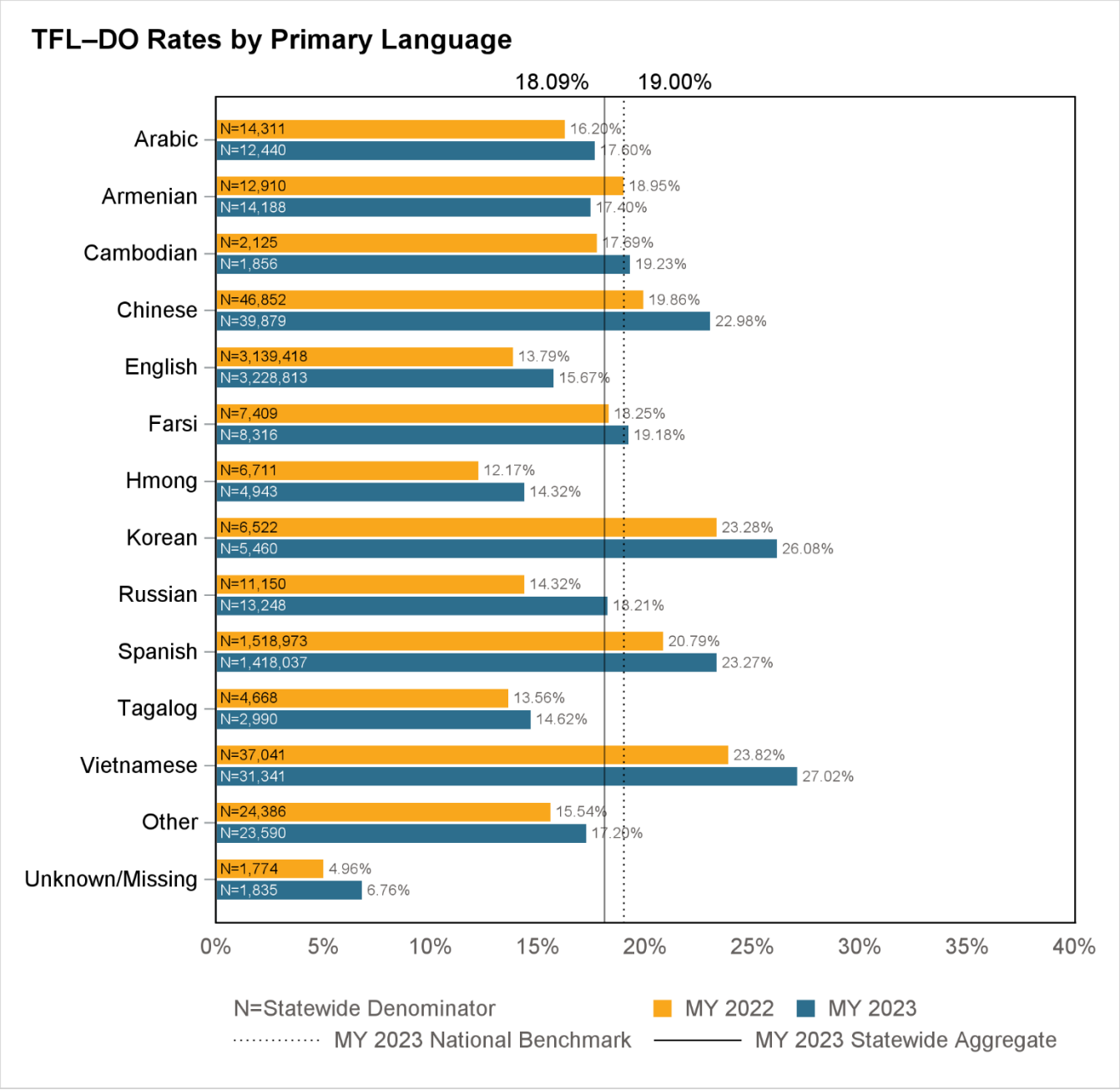


Figure 78—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

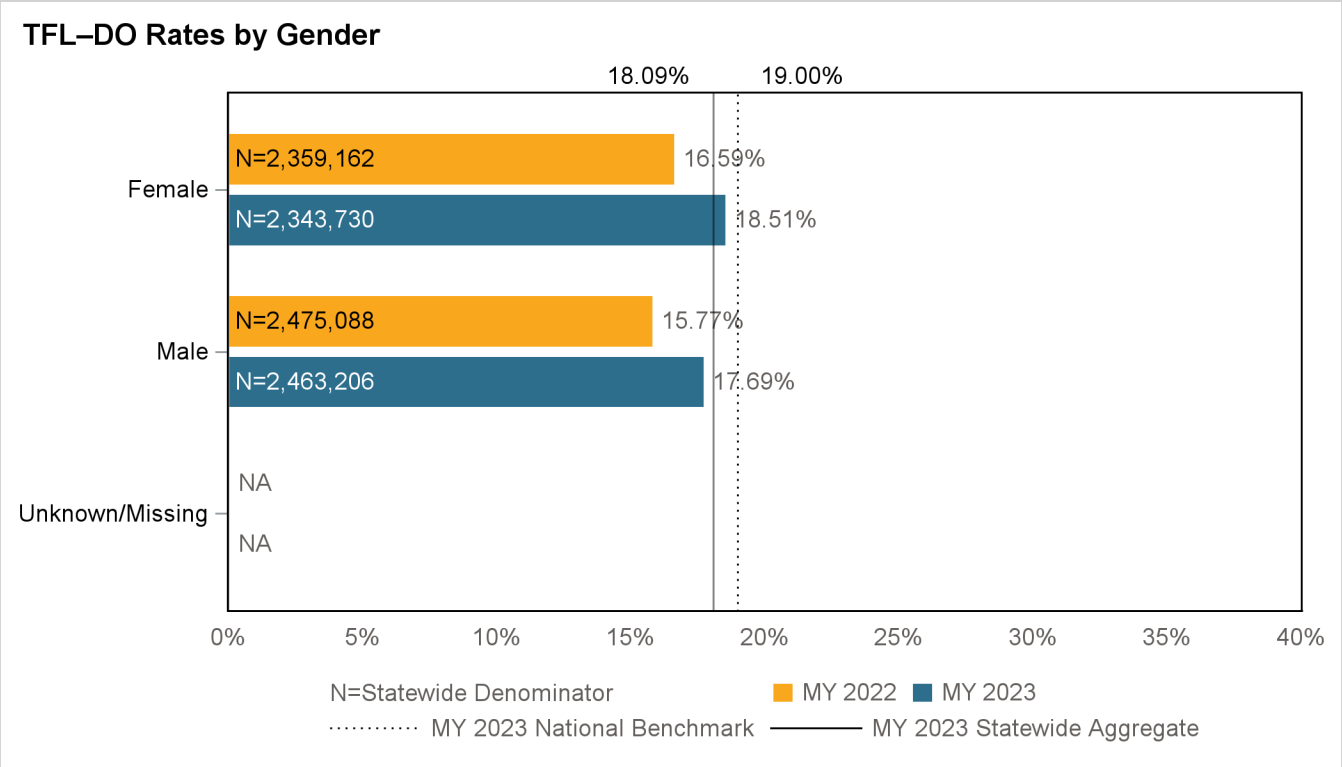
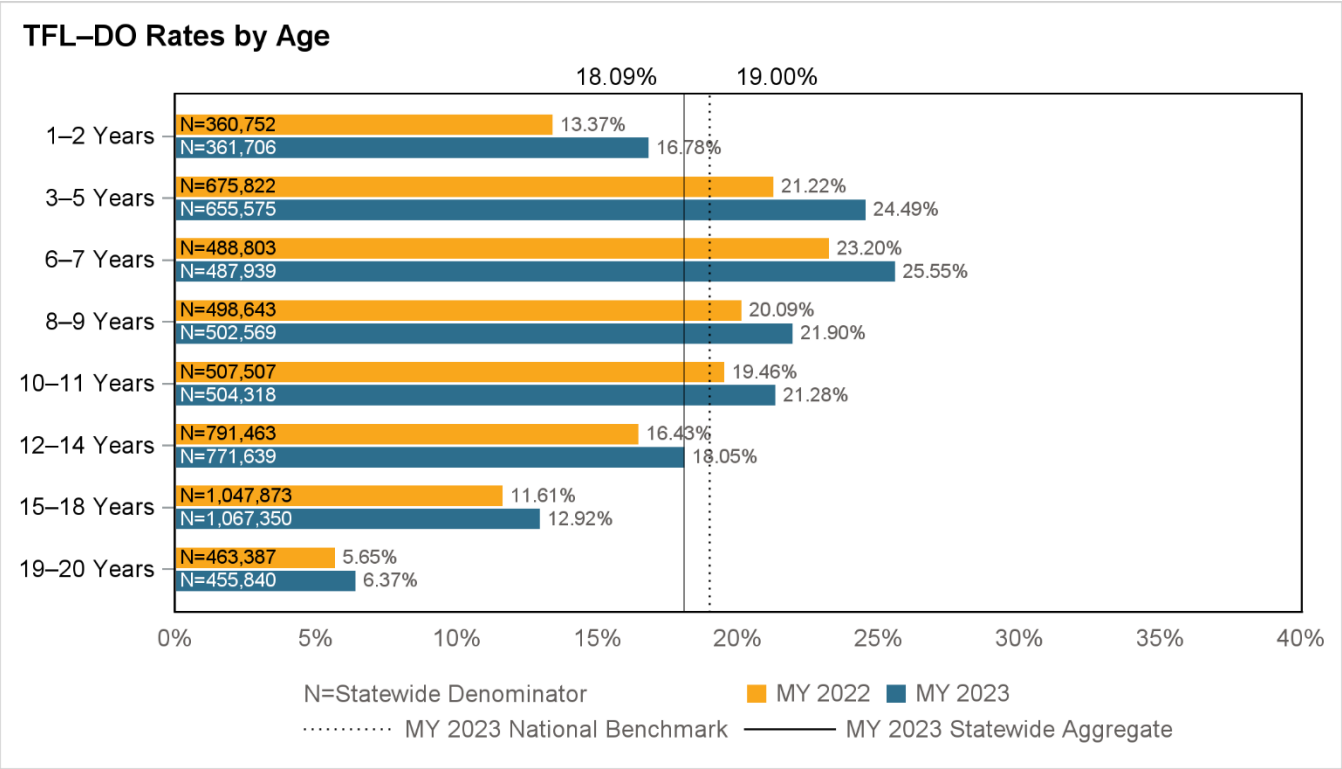


Figure 79—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Statewide Age Results



Statewide Results

The measurement year 2023 statewide aggregate rate increased by 1.9 percentage points from measurement year 2022. The statewide aggregate was below the national benchmark for measurement years 2022 and 2023. Since dental services are provided through the Dental FFS and Dental MC delivery systems, rates may not be reflective of MCP performance.

Comparison to National Benchmarks

Reportable rates for the following demographic groups fell below the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Six of eight race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, and Unknown/Missing

- Four of 14 primary language groups:
  - English, Hmong, Tagalog, and Unknown/Missing
- Three of eight age groups:
  - 1–2 Years, 15–18 Years, and 19–20 Years

These results were also consistent with findings in measurement year 2022.

Of note, for measurement years 2022 and 2023, the rates for the 19–20 Years age group and two of eight racial/ethnic groups (American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander) were below the national benchmark by more than a 50 percent relative difference.

Additionally, reportable rates for the following demographic groups were above the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Four of 14 primary language groups:
  - Chinese, Korean, Spanish, and Vietnamese
- Four of eight age groups:
  - 3–5 Years, 6–7 Years, 8–9 Years, and 10–11 Years

For measurement years 2022 and 2023, rates for the Korean and Vietnamese primary language groups and the 6–7 Years age group were above the national benchmark by more than a 10 percent relative difference.

Comparison to Prior Year

Reportable rates for the following demographic groups increased from measurement year 2022 by more than a 10 percent relative difference:

- Five of eight racial/ethnic groups:
  - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Other
- Nine of 14 primary language groups:
  - Chinese, English, Hmong, Korean, Russian, Spanish, Vietnamese, Other, and Unknown/Missing

- Five of eight age groups:
  - 1–2 Years, 3–5 Years, 6–7 Years, 15–18 Years, and 19–20 Years

The only demographic group with a rate decrease from measurement year 2022 to measurement year 2023 is the Armenian primary language group.

Comparison to Statewide Average

Reportable rates for the following demographic groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Five of eight race/ethnicity categories:
  - American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Other
- Four of 14 primary language groups:
  - English, Hmong, Tagalog, and Unknown/Missing
- Two of eight age groups:
  - 15–18 Years and 19–20 Years

These results were also consistent with findings in measurement year 2022.

Of note, for measurement years 2022 and 2023, the rates for the 19–20 Years age group and the American Indian or Alaska Native racial/ethnic group were below the national benchmark by more than a 55 percent relative difference.

Delivery Type and Geographic Results

Figure 80 through Figure 82 display the stratified geographic results by regional-level delivery type, population density, and geographic region, respectively.

Figure 80—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Regional-Level Delivery Type Model Results

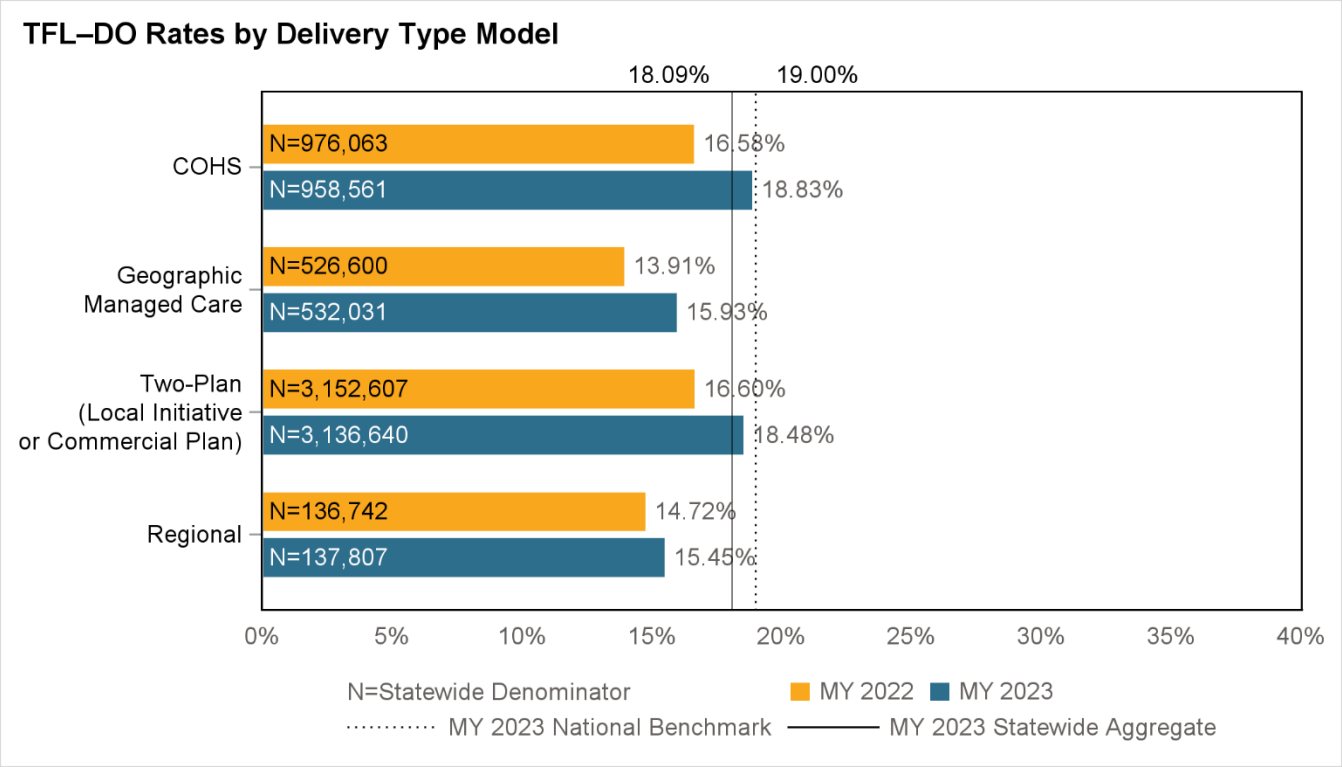


Figure 81—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Regional-Level Population Density Results

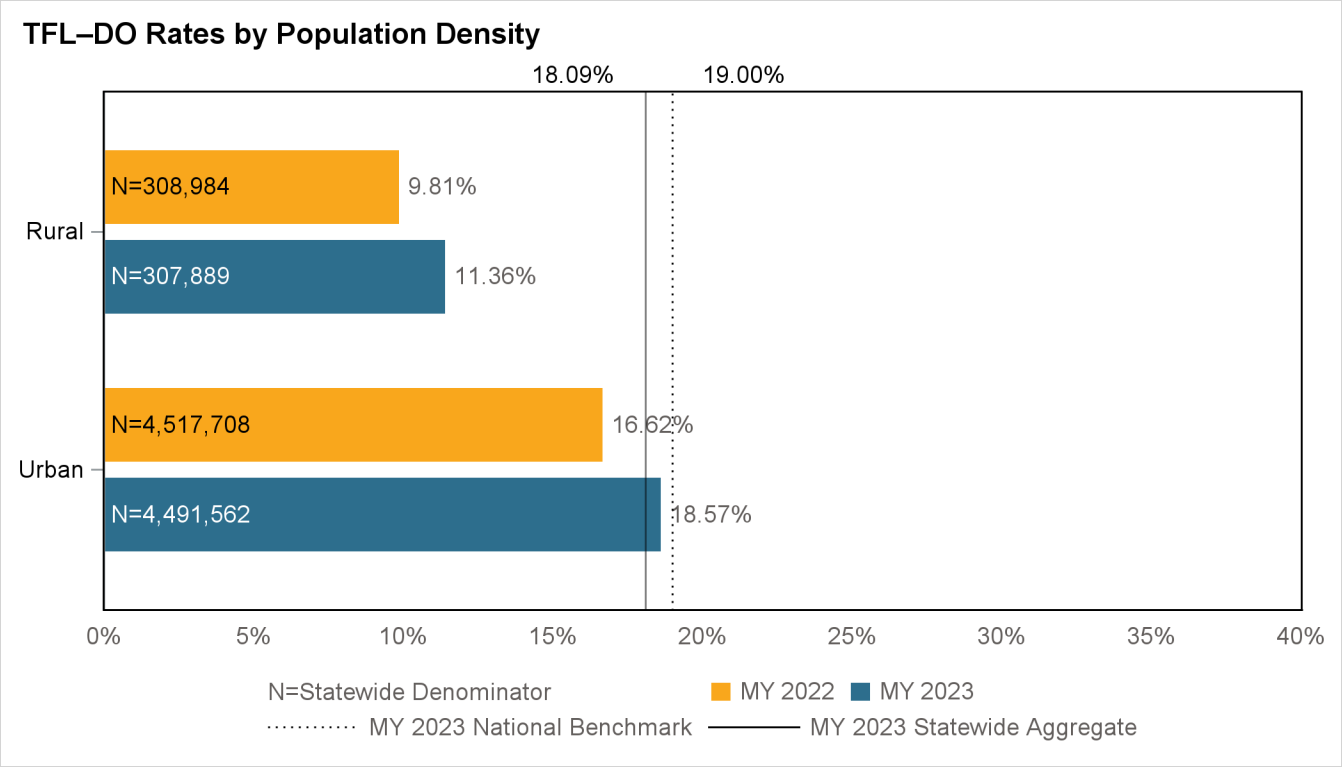
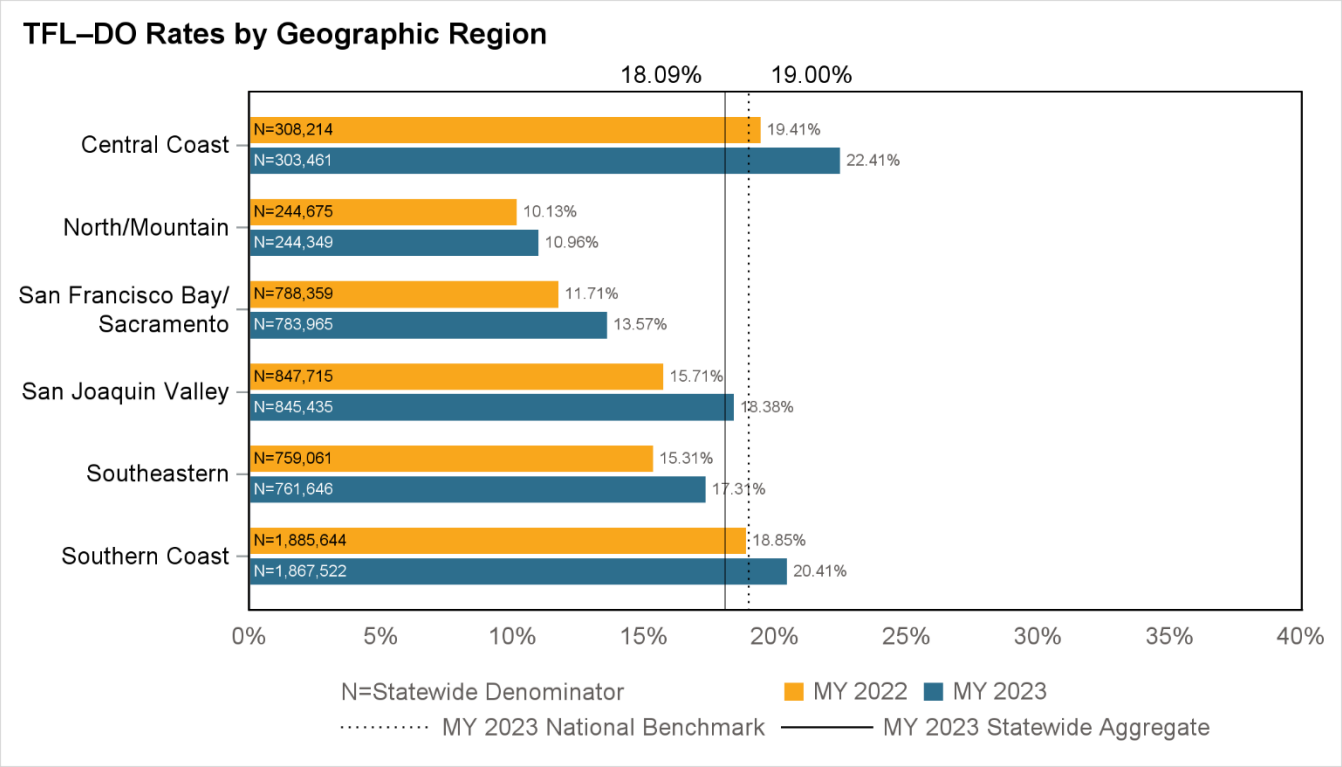


Figure 82—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—Regional-Level Geographic Region Results



Comparison to National Benchmarks

Reportable rates for the following regional groups fell below the national benchmark by more than a 10 percent relative difference in measurement year 2023:

- Two of four delivery types:
  - Geographic Managed Care and Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

These results were also consistent with findings in measurement year 2022.

Additionally, for measurement years 2022 and 2023, the rate for the Central Coast geographic region was above the national benchmark by more than a 10 percent relative difference.

Comparison to Prior Year

From measurement year 2022 to measurement year 2023, rates for the following regional groups increased by more than a 10 percent relative difference:

- Three of four delivery types:
  - COHS, Geographic Managed Care, and Two-Plan (Local Initiative or Commercial Plan)
- Both population density groups
- Four of six geographic regions:
  - Central Coast, San Francisco Bay/Sacramento, San Joaquin Valley, and Southeastern

Comparison to Statewide Average

Reportable rates for the following regional groups fell below the statewide aggregate rate by more than a 10 percent relative difference in measurement year 2023:

- Two of four delivery types:
  - Geographic Managed Care and Regional
- Rural population density group
- Two of six geographic regions:
  - North/Mountain and San Francisco Bay/Sacramento

For measurement years 2022 and 2023, rates for the Geographic Managed Care delivery type model group, Rural population density group, and the North/Mountain and San Francisco Bay/Sacramento geographic regions fell below the statewide aggregate rate by more than a 10 percent relative difference.

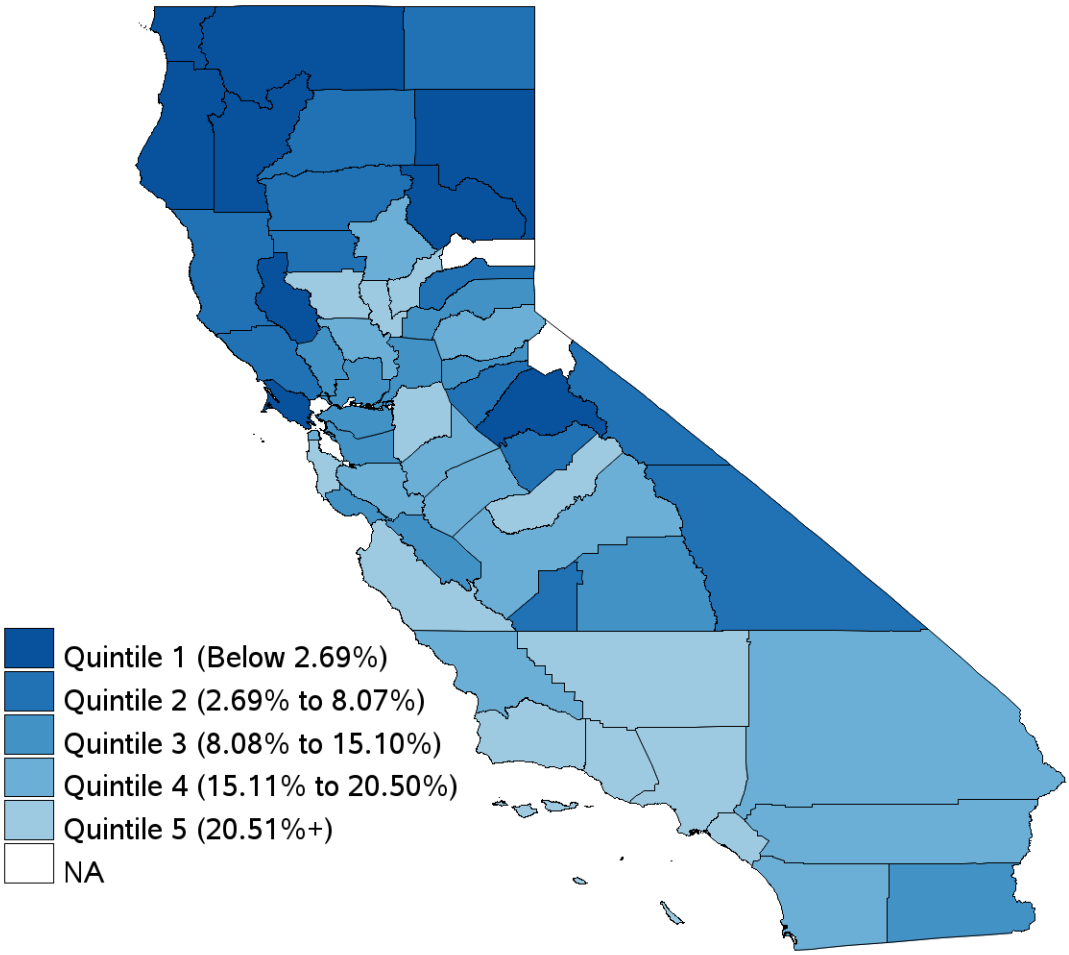
County-Level Results

Figure 83 illustrates results stratified by county and grouped by quintiles.

Figure 83—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Comparison to National Benchmarks

Reportable rates for 38 of 56 counties were below the national 50th percentile by more than a 10 percent relative difference in measurement year 2023.

- These counties were primarily located in the North/Mountain and San Francisco Bay/Sacramento geographic regions.
  - There are 12 MCPs operating in the North/Mountain and San Francisco Bay/Sacramento geographic regions.[84]

Reportable rates for nine of 56 counties were above the national 50th percentile by more than a 10 percent relative difference.[85]

Over half of the counties with reportable rates fell below the national 50th percentile by at least a 10 percent relative difference in measurement year 2023.

High and Low Performing Counties

Nine of 56 counties[86] with reportable rates were in Quintile 1 (had the least favorable rates) in measurement year 2023.

- Eight of these nine counties are located in the North/Mountain geographic region.
  - There are three MCPs operating in the North/Mountain geographic region.[87]

Twelve of 56 counties[88] with reportable rates were in Quintile 5 (had the most favorable rates) in measurement year 2023.

- These 12 counties are located in five different geographic regions.

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[84] Aetna Better Health of California; Alameda Alliance for Health; Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Contra Costa Health Plan; Health Net Community Solutions, Inc.; Health Plan of San Mateo; Kaiser NorCal (KP Cal, LLC); Molina Healthcare of California; Partnership HealthPlan of California; San Francisco Health Plan; Santa Clara Family Health Plan.

[85] Colusa, Madera, Monterey, Orange, San Joaquin, Santa Barbara, Sutter, Ventura, and Yuba

[86] Del Norte, Humboldt, Lake, Lassen, Marin, Plumas, Siskiyou, Trinity, and Tuolumne

[87] Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan; California Health & Wellness Plan; Partnership HealthPlan of California

[88] Colusa, Kern, Los Angeles, Madera, Monterey, Orange, San Joaquin, San Mateo, Santa Barbara, Sutter, Ventura, and Yuba

DHCS-Calculated Indicators

There are no DHCS-calculated indicators presented in the Statewide Key Findings section as HSAG and DHCS determined that none of these indicators met the key findings criteria:

- *Blood Lead Screening—Test at 12 Months of Age (BLS–1)*
- *Blood Lead Screening—Test at 24 Months of Age (BLS–2)*
- *Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)*
- *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)*

The results for these indicators are available in Appendix B. Full Demographic Results.

CONCLUSIONS AND CONSIDERATIONS

HSAG identified the following overall findings for the 2024 Preventive Services Report analyses:

- **Overall Finding 1:** Performance between measurement years 2022 and 2023 was mixed, as rates of preventive screenings and well-care visits improved, while rates of immunizations and follow-up visits worsened.
- **Overall Finding 2:** Performance is regional.
- **Overall Finding 3:** Statewide performance varies based on race/ethnicity, gender, and primary language.
- **Overall Finding 4:** Performance across California's six largest counties generally improved from 2022, but rates for well-child visits, blood lead screenings, and follow-up after ED visits for mental illness and substance use fell below national benchmarks.
- **Overall Finding 5:** Childhood immunization rates differed substantially between rural and urban areas.
- **Overall Finding 6:** Follow-up visits after an ED visit for mental illness or substance use are worsening relative to the national benchmark.

Based on the overall findings, HSAG developed the following conclusions and considerations for DHCS and the MCPs:

- **Conclusions and Considerations for Overall Finding 1:** Performance between measurement years 2022 and 2023 was mixed, as rates of preventive screenings improved, while rates of immunizations and follow-up visits worsened.
  - Medi-Cal Health Domains
    - DHCS developed the Children's Health Domain to track performance and children's health care quality. Of the eight measures identified in the Children's Health Domain, key findings were identified for five indicators.[89,90]

[89] *Childhood Immunization Status (CIS–10), Developmental Screening in the First Three Years of Life (DEV), Immunizations for Adolescents (IMA–2), Lead Screening in Children (LSC), and Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)*.

[90] California Department of Health Care Services. Medi-Cal Managed Care Plans: Measurement Year 2023 (MY23) Quality Scores by Domain. Available at: https://www.dhcs.ca.gov/services/Documents/QPHM-MCAS-Factsheet-MY-2023-1024.pdf. Accessed on: Apr 15, 2025.

  - Additionally, DHCS identified two measures to assess the Behavioral Health Domain.[91,92] In measurement year 2023, the statewide rates for both measures in the Behavioral Health Domain were identified as worsening by at least a 25 percent relative difference when compared to the national benchmarks.
- Comparison to Prior Year
  - Between measurement years 2022 and 2023, there was a relative decrease of at least 10 percent among nearly all racial/ethnic groups and both Female and Male gender groups in follow-up care, as shown in the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)* indicators. Only a few primary language groups with reportable rates for *FUM–30* and *FUH–7* had a relative decrease of at least 10 percent in measurement year 2023; however, this included the largest groups (English and Spanish).
  - Conversely, nearly all racial/ethnic categories and both Female and Male gender groups demonstrated a 10 percent relative increase in access to developmental screenings (*Developmental Screening in the First Three Years of Life—Total [DEV]* measure*)* and preventive dental treatments (*Topical Fluoride for Children—Dental or Oral Health Services—Total [TFL–DO]* measure) between measurement years 2022 and 2023. Performance among the primary language groups followed a similar trend, with nearly all primary language groups improving by at least a 10 percent relative difference between measurement years 2022 and 2023 among the *DEV* and *TFL–DO* measures.
- Consistent with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, known as Medi-Cal for Kids & Teens, MCPs must ensure members under the age of 21 years "have timely access to all Medically Necessary services … as soon as possible …."[93] This care includes regular preventive visits, screenings, and necessary

[91] Ibid.

[92] *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30).*

[93] All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf. Accessed on: Apr 14, 2025.

follow-up. As such, MCPs should ensure members and providers receive and understand information on the importance of follow-up care and work to shrink disparities among demographic groups.

» **Conclusions and Considerations for Overall Finding 2:** Performance is regional.

- Rates among the North/Mountain and San Joaquin regions generally improved compared to measurement year 2022.
  - North/Mountain:
    - Across all reportable indicators with key findings, 52 indicators across 28 counties improved by at least a 10 percent relative difference, while 43 indicators worsened by at least a 10 percent relative difference.
    - Three counties (Humboldt, Calaveras, and Glenn) improved across four to five indicators by at least a 10 percent relative difference.
  - San Joaquin Valley:
    - Twenty-six indicators across eight counties improved by at least a 10 percent relative difference, while 19 indicators worsened by a similar margin.
    - Four measures improved by at least a 10 percent relative difference in Stanislaus County, while only one measure worsened by a similar margin.
- Despite improvements from measurement year 2022 in the North/Mountain and San Joaquin regions, performance is still below national benchmarks.
  - North/Mountain:
    - Among all reportable indicators with key findings, 142 indicators across 28 counties fell below the national benchmarks by at least a 10 percent relative difference. By contrast, only 23 indicators were above the national benchmarks by at least a 10 percent relative difference.
    - Four indicators for one county (Sutter) were better than the national benchmarks by at least a 10 percent relative difference, while only two indicators were worse than the national benchmarks by a similar margin.
  - San Joaquin Valley:
    - Among all reportable indicators with key findings, 45 indicators across eight counties fell below the national benchmarks by at least a 10 percent relative difference, while only 10 indicators were above the national benchmarks by at least a 10 percent relative difference.

- Central Coast and Southeastern regions generally were above the national benchmarks.
  - Central Coast: 23 indicators across six counties were above the national benchmarks by at least a 10 percent relative difference, while 19 indicators fell below the national benchmarks by a similar margin.
  - Southeastern: 11 indicators across three counties were above the national benchmarks by at least a 10 percent relative difference, while only seven indicators fell below the national benchmarks by a similar margin.
- MCPs operating in the North/Mountain and San Joaquin regions should determine factors contributing to low performance. These MCPs could examine characteristics or successful strategies of MCPs operating in higher-performing counties in these regions, including Humboldt, Calaveras, and Glenn counties in the North/Mountain region and Madera County in the San Joaquin Valley region.

» **Conclusions and Considerations for Overall Finding 3:** Statewide performance varies based on race/ethnicity, gender, and primary language.

- As a part of DHCS' broader Quality Strategy, all children's preventive care measures should exceed the national 50th percentile by 2025. Specifically, MCPs are working to close racial/ethnic disparities among well-child visits and immunizations by 50 percent and improve follow-up for mental health and substance use disorders by 50 percent.[94]
  - Well-Child Visits
    - In accordance with the DHCS-required performance improvement project (PIP) on the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)* indicator, MCPs were directed to reduce disparities among the Black or African American race/ethnicity category, or any other low performing race/ethnicity category. Compared to measurement year 2022, the Black or African American and Other race/ethnicity categories improved by at least a 10 percent relative difference in measurement year 2023. Although these year-over-year

[94] California Department of Health Care Services. Comprehensive Quality Strategy. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Apr 14, 2025.

improvements are notable, six of eight race/ethnicity categories had at least a 10 percent relative decline compared to the national benchmark.

- National Benchmark Comparisons
  - Nearly all race/ethnicity categories with reportable rates fell below the national benchmarks by at least a 10 percent relative difference for seven of the 11 measures with key findings.
  - Asian, Hispanic or Latino, and Other race/ethnicity categories were the only categories that experienced at least a 10 percent relative increase among the *Childhood Immunization Status—Combination 10 (CIS–10)*, *Developmental Screening in the First Three Years of Life—Total* (DEV), measures, relative to the national benchmarks. Additionally, the Asian and Hispanic or Latino race/ethnicity categories also experienced at least a 10 percent relative increase for the *Immunizations for Adolescents—Combination 2 (IMA-2)* measure, relative to the national benchmark.
  - Nine of 14 primary language categories demonstrated at least a 10 percent relative improvement when compared to the national benchmark for the *DEV* indicator.
- Statewide Benchmark Comparisons
  - Among all measures with reportable rates for the American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander race/ethnicity categories, rates fell below the statewide averages by at least a 10 percent relative difference.
- DHCS should continue to monitor progress in exceeding the national benchmarks among well-child visits and immunizations, with particular focus on demographic groups falling below the national benchmarks. MCPs may consider prioritizing the American Indian or Alaska Native population in quality improvement efforts targeted to improve well-child visits and immunizations.

» **Conclusions and Considerations for Overall Finding 4:** Performance in the six largest counties was generally positive. Most indicators improved year-over-year, but comparisons to national benchmarks were mixed.

- Developmental screenings in the first three years of life and topical fluoride rates increased substantially from 2022.

  - Rates for well-child visits in the first 30 months of life, oral evaluation, and lead screening also increased consistently across the six largest counties but fell below the national benchmarks.
- Rates of follow-up visits after a hospitalization or ED visit for mental illness decreased substantially from 2022.
- Comparisons to the national benchmarks yielded mixed results, with 20 of 66 indicators across the six counties being above the national benchmarks by at least a 10 percent relative difference, while 20 indicators fell below the national benchmarks by at least a 10 percent relative difference.
  - Developmental screenings and immunizations for adolescents were consistently above the national benchmarks by at least a 10 percent relative difference.
  - Both Riverside and San Bernardino counties were above the national benchmarks by at least a 10 percent relative difference for rates of follow-up visits after an ED visit for mental illness or substance use.
  - Sacramento County fell below the national benchmarks for eight or more indicators, seven of which fell below the national benchmark by at least a 10 percent relative difference.
- MCPs operating in counties other than Riverside and San Bernardino should examine strategies that MCPs in these two counties employed to improve rates of follow-up visits after an ED visit for mental illness or substance use.
  - MCPs operating in counties other than Riverside and San Bernardino could also leverage case management and care coordination, which includes appropriate discharge planning to ensure members are connected to appropriate providers upon discharge for a mental health or substance use related emergency department visit.[95]
- Given DHCS' efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement year 2024 and beyond.

[95] All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf. Accessed on: Apr 16, 2025.

- Three of the six largest counties (Los Angeles, San Bernardino, and Orange) were at or above the national benchmark for *Oral Evaluation, Dental Services—Total* measure rates. This represents an improvement from 2022 when none of the six largest counties were above the national benchmark.
  - MCPs operating in these counties should continue to ensure that dental screenings and oral health assessments are included as part of the initial health appointment that is required as part of the Population Health Management (PHM) Program.[96,97]
  - Given that Dental MC plans are responsible for dental care in Los Angeles and Sacramento counties, MCPs operating in Los Angeles County should ensure members are opting into the Dental MC program available to them.
    - For the remaining four counties (Orange, San Diego, San Bernardino, and Riverside), MCPs should ensure members are referred to a Medi-Cal dental provider so they can receive an annual comprehensive or periodic oral evaluation as an EPSDT service in alignment with the American Academy of Pediatrics/Bright Futures periodicity schedule.[98]

» **Conclusions and Considerations for Overall Finding 5:** Childhood immunization rates differed substantially between rural and urban areas.

- Childhood immunization rates declined from 2022 but remained above national benchmarks for urban areas.
- Statewide childhood immunization rates declined by an 11.5 percent relative difference.
  - The decline in childhood immunization rates was more pronounced in rural areas, falling to a 17 percent relative difference compared to a 9 percent relative difference decline in urban areas.

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[96] Ibid.

[97] All Plan Letter 22-030: Supersedes All Plan Letter 13-017 and Policy Letters 13-001 and 08-003. Available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-030.pdf. Accessed on: Apr 16, 2025.

[98] All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf. Accessed on: Apr 16, 2025.

  - Rural areas fell below the national benchmark by an 11 percent relative difference, while urban areas were above the national benchmark by a 19 percent relative difference.
- Childhood immunization national benchmarks declined by a 12.4 percent relative difference from measurement year 2022.
  - This nationwide decline in childhood immunization rates may be partially attributable to vaccine hesitancy.[99]
- MCPs operating in rural areas should identify structural barriers related to members accessing clinics or to provider shortages. Additional efforts noted in literature to influence immunizations among rural areas include:[100]
  - Encourage providers and administrative staff to foster a close and positive relationship with patients.
  - Provide immunization recall and/or reminder tracking systems.
  - Offer vaccinations in conjunction with sick visits or screening for immunizations at each visit.
- Of note, rates for the *Immunizations for Adolescents—Combination 2 (IMA–2)* measure indicator improved among both rural and urban areas compared to 2022.
  - DHCS and MCPs operating in rural areas could identify facilitators of success for providing immunizations for adolescents to determine if any strategies may be applicable for early childhood immunizations. For example, one potential barrier could be a California State law that allows pharmacists to only administer immunizations to children under 3 years of age if it is pursuant to a protocol with

[99] Barnes A, Roth L, Strohmeyer J, et al. Pediatric and Adolescent Immunization: Best Practices and Resource Guide for Federally Qualified Health Centers. Available at: https://wpcdn.ncqa.org/www-prod/wp-content/uploads/Pediatric-and-Adolescent-Immunizations-Best-Practices-and-Resource-Guide-for-Federally-Qualified-Health-Centers.pdf. Accessed on: Apr 15, 2025.

[100] Albers AN, Thaker J, Newcomer SR. Barriers to and facilitators of early childhood immunization in rural areas of the United States: A systematic review of the literature. *Preventive Medicine Reports*. 27:101804 Available at: https://www.sciencedirect.com/science/article/pii/S2211335522001115?via%3Dihub. Accessed on: Apr 15, 2025.

a prescriber or prescription written by a prescriber.[101] Because the eligible population for *CIS–10* is children turning 2 years of age, children would need a prescription to receive immunizations at a pharmacy under this State law. DHCS and MCPs could examine strategies to facilitate prescriptions or otherwise reduce any barriers for children under 3 years of age to receive immunizations from a pharmacist.

» **Conclusions and Considerations for Overall Finding 6:** Follow-up visits after an ED visit for mental illness or substance use are worsening relative to national benchmarks.

- As part of DHCS' Quality Strategy, *FUA–30* and *FUM–30* indicators have a target of increasing rates by 5 percent each year or achieving rates higher than the minimum performance level (MPL).[102]
  - When comparing the statewide averages to the national benchmarks, rates for the *FUA–30* and *FUM–30* measures are lower than the national benchmarks by a 34 and 28 percent relative difference, respectively.
  - All race/ethnicity categories with reportable rates demonstrated at least a 15 percent relative decrease compared to the national benchmarks. Some race/ethnicity categories, such as American Indian or Alaska Native and Asian, experienced much larger relative percent declines, exceeding 40 and 35 percent, respectively.
  - None of the primary language categories demonstrated improvement when compared to the national benchmarks; however, only four primary language groups had reportable rates across the two measures.
  - Both gender groups with reportable rates (Female and Male) fell below the national averages by at least a 28 percent relative difference.
- DHCS and MCPs should identify and mitigate barriers to timely follow-up care, including enhancing patient and provider education and care coordination.

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[101] California Department of Health Care Services. Medi-Cal Reimbursement of Vaccines For Children (VFC)- Enrolled Pharmacy Providers and for VFC and Non-VFC Vaccines – Frequently Asked Questions (FAQs), Version 1.0, August 12, 2024. Available at: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/faq/Medi-Cal_Reimbursement_VFC_FAQ.pdf. Accessed on: Apr 18, 2025.

[102] State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Mar 20, 2025.

APPENDIX A. BENCHMARK AND STATEWIDE AGGREGATE COMPARISONS

Table 14—National Benchmarks and Statewide Aggregates by Indicator for Measurement Years 2022 and 2023

— indicates that the value is not available

N/A indicates that the national benchmark is not available

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)	58.38%	49.62%	60.38%	53.64%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)	66.76%	64.36%	69.43%	66.67%
Child and Adolescent Well-Care Visits—3 to 11 Years (WCV)	56.5%	55.45%	59.40%	57.46%
Child and Adolescent Well-Care Visits—12 to 17 Years (WCV)	49.94%	48.93%	52.39%	51.67%
Child and Adolescent Well-Care Visits—18 to 21 Years (WCV)	25.99%	23.43%	27.90%	26.48%
Child and Adolescent Well-Care Visits—Total (WCV)	48.07%	47.02%	51.81%	49.50%

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Childhood Immunization Status—Combination 10 (CIS–10)	30.90%	35.23%	27.49%	31.59%
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	50.45%	58.82%	50.96%	61.61%
Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)	N/A	—	29.73%	23.53%
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)	N/A	4.33%	0.16%	8.87%
Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)	N/A	87.88%	83.03%	84.04%
Developmental Screening in the First Three Years of Life—Total (DEV)	34.70%	32.33%	35.70%	40.34%

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	69.57%	59.05%	67.18%	48.05%
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)	30.40%	19.84%	30.99%	20.42%
Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, and HPV) (IMA–2)	34.31%	38.63%	34.30%	39.30%
Lead Screening in Children (LSC)	62.79%	53.41%	63.84%	57.36%
Alcohol Use Screening (AUS)	N/A	3.11%	N/A	4.63%
Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC)	N/A	—	3.00%	1.70%
Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)	N/A	—	23.80%	10.96%

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	46.27%	56.65%	46.43%	47.71%
Oral Evaluation, Dental Services—Total (OEV)	43.20%	37.99%	42.80%	38.81%
Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)	N/A	—	48.30%	48.12%
Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)	N/A	—	35.40%	33.53%
Tobacco Use Screening (TUS)	N/A	3.86%	N/A	6.52%
Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)	19.30%	16.17%	19.00%	18.09%
Vision Services—Comprehensive Eye Exam (VIS–C)	N/A	17.49%	N/A	17.01%
Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)	N/A	19.48%	N/A	18.98%

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	N/A	47.70%	N/A	54.47%
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	N/A	38.77%	N/A	44.31%
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	N/A	23.37%	N/A	27.87%
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	N/A	29.11%	N/A	28.22%

APPENDIX B. FULL DEMOGRAPHIC RESULTS

Appendix B. Full Demographic Results displays all MCP-, HSAG-, and DHCS-calculated indicator results that did not meet the key finding criteria and therefore were not presented in the body of the report. Measurement years 2021, 2022, and 2023 rates stratified by race/ethnicity, primary language, gender, age, delivery type model, population density, geographic region, and county are displayed along with reference lines for the statewide aggregate and national benchmark, where applicable. Figure 84 through Figure 205 display all results not presented in the body of the report.

MCP-Calculated MCAS Indicators

Child and Adolescent Well-Care Visits—Total

The *Child and Adolescent Well-Care Visits—Total (WCV)* indicator measures the percentage of children ages 3 to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Figure 84 through Figure 91 display the *Child and Adolescent Well-Care Visits—Total (WCV)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Figure 84—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results

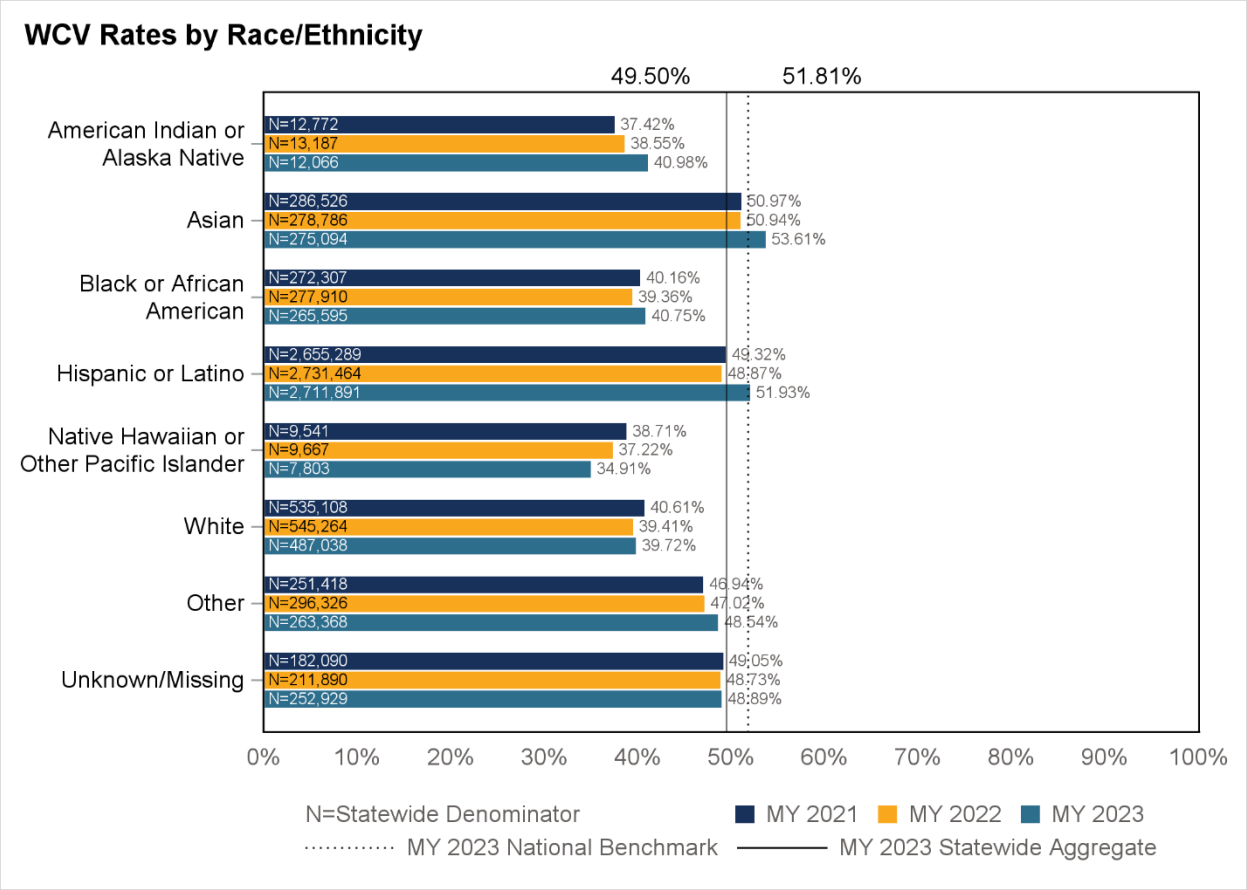


Figure 85—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

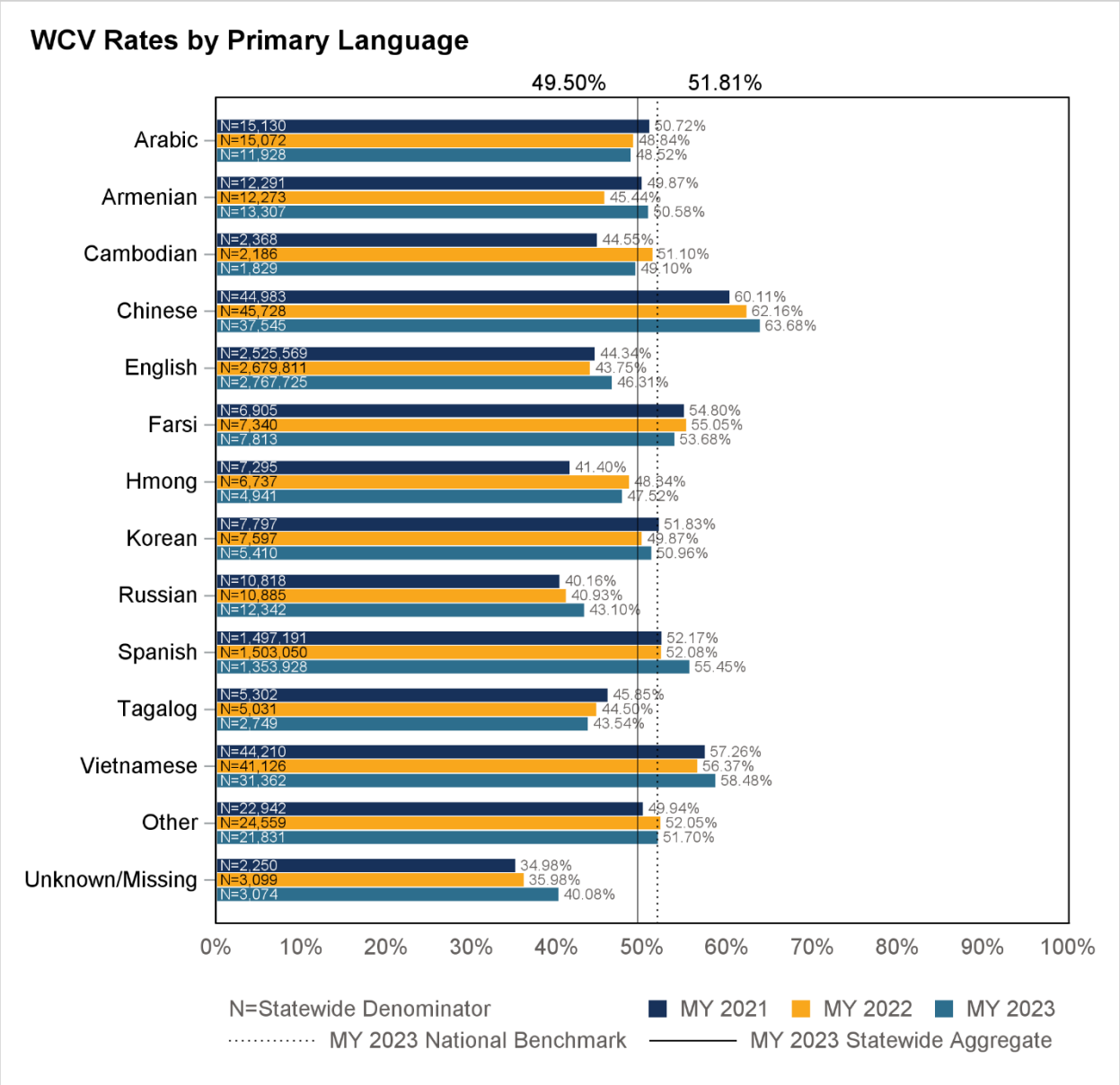


Figure 86—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

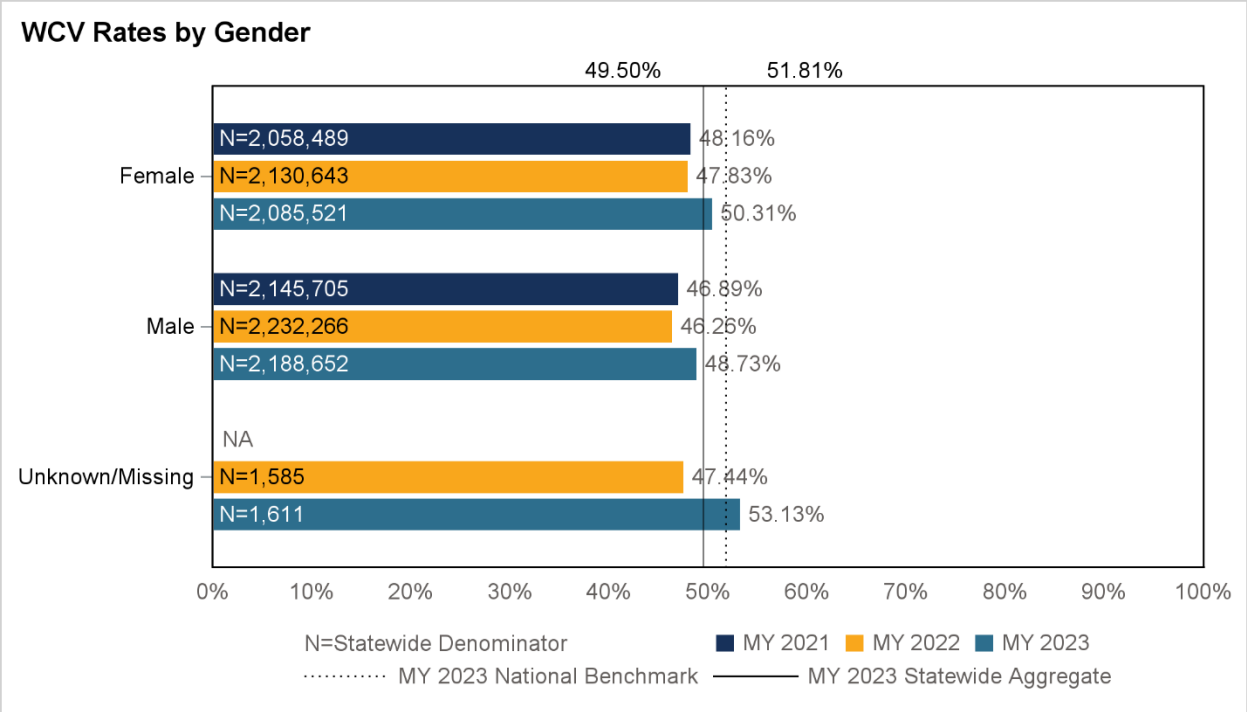


Figure 87—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Age Results

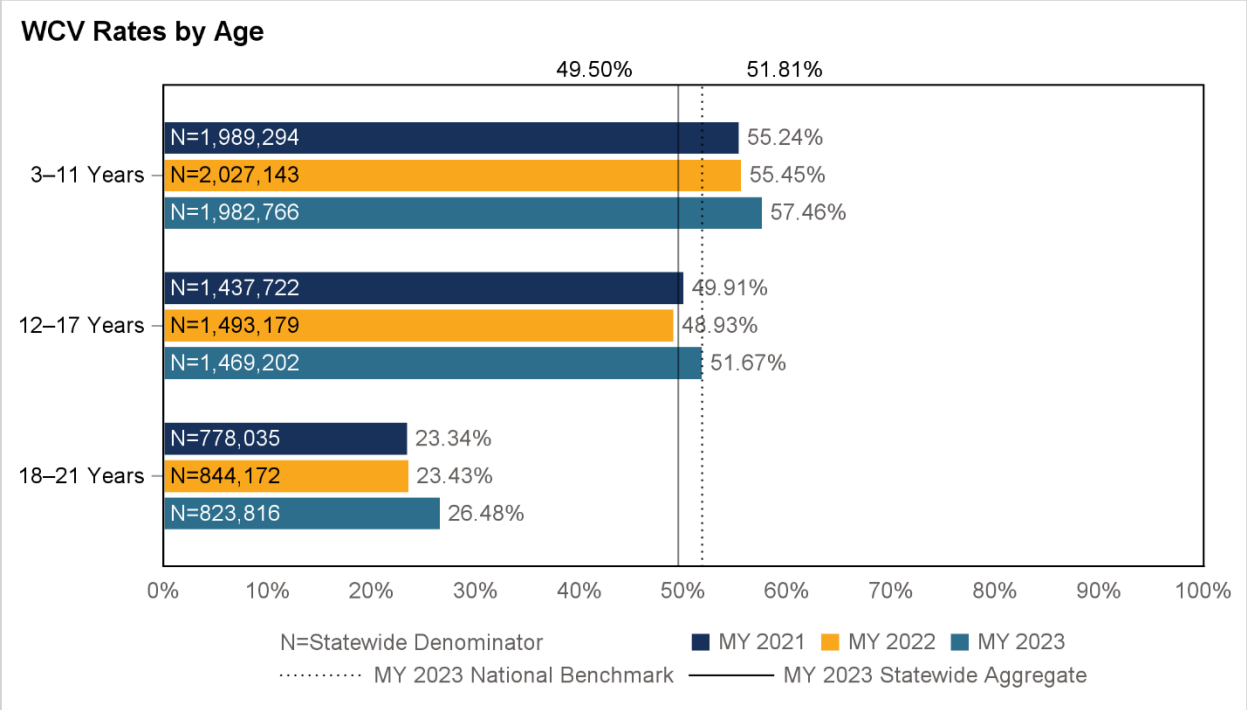


Figure 88—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Delivery Type Model Results

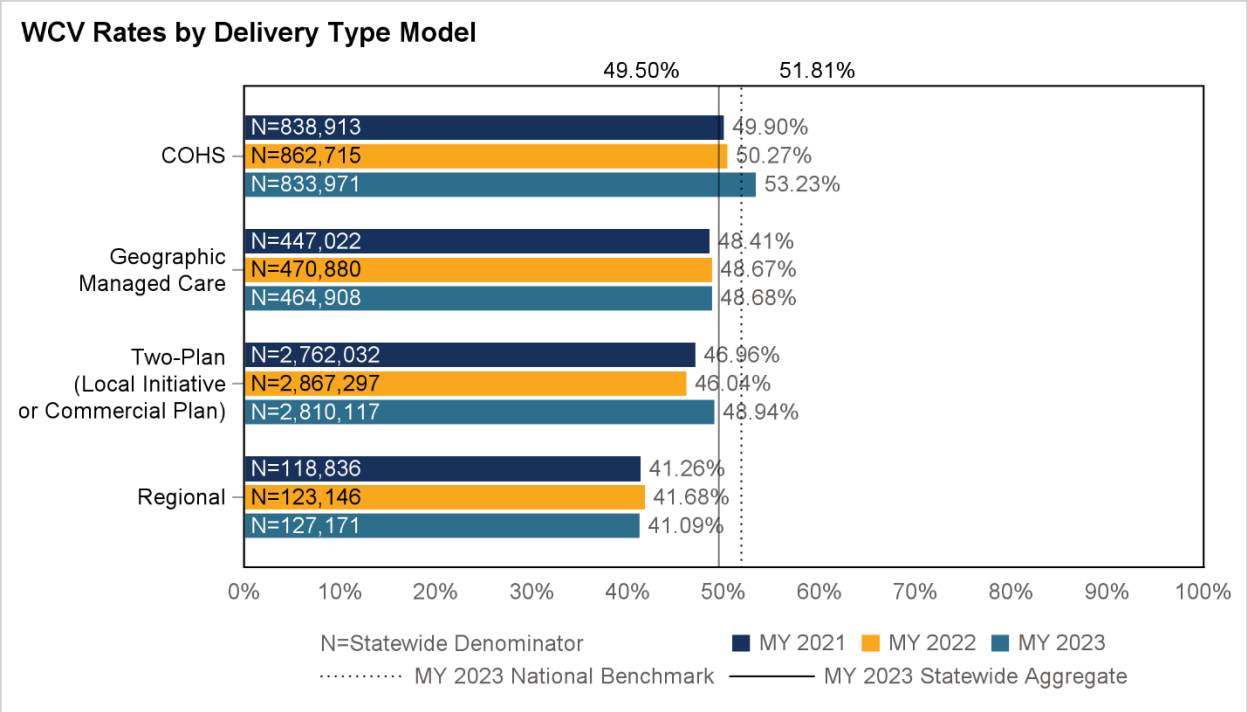


Figure 89—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Population Density Results

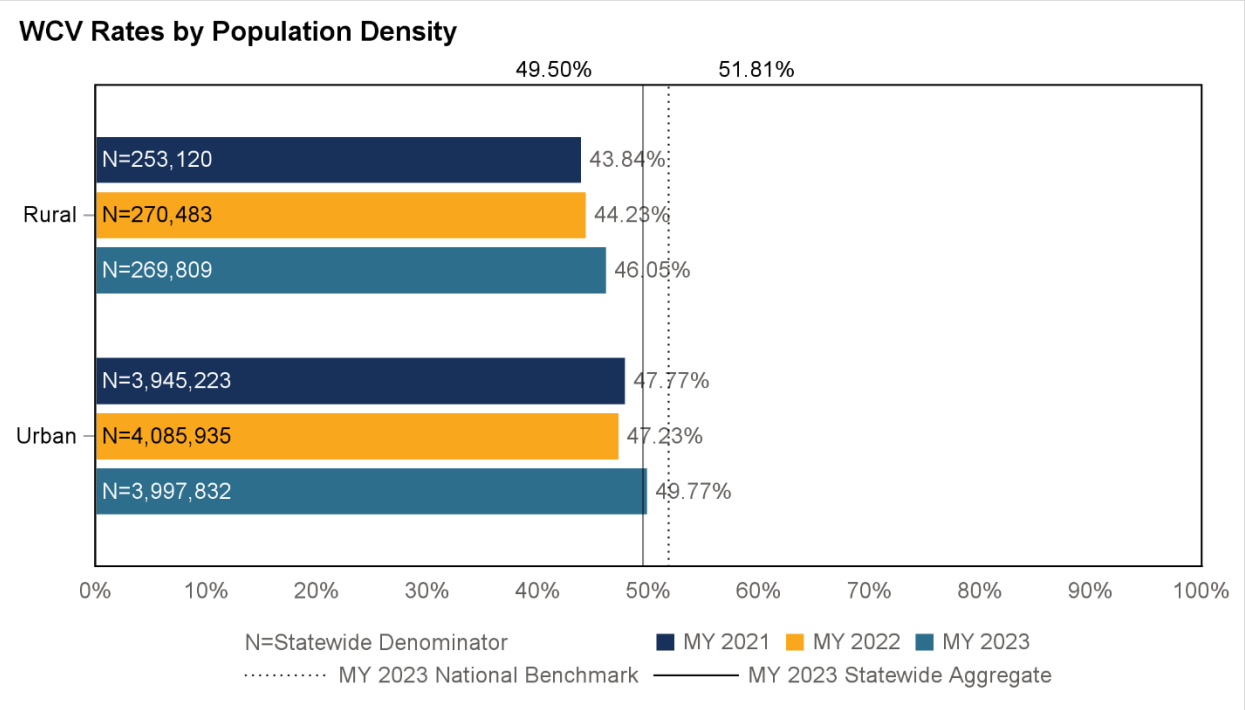


Figure 90—Child and Adolescent Well-Care Visits—Total (WCV)—Regional-Level Geographic Region Results

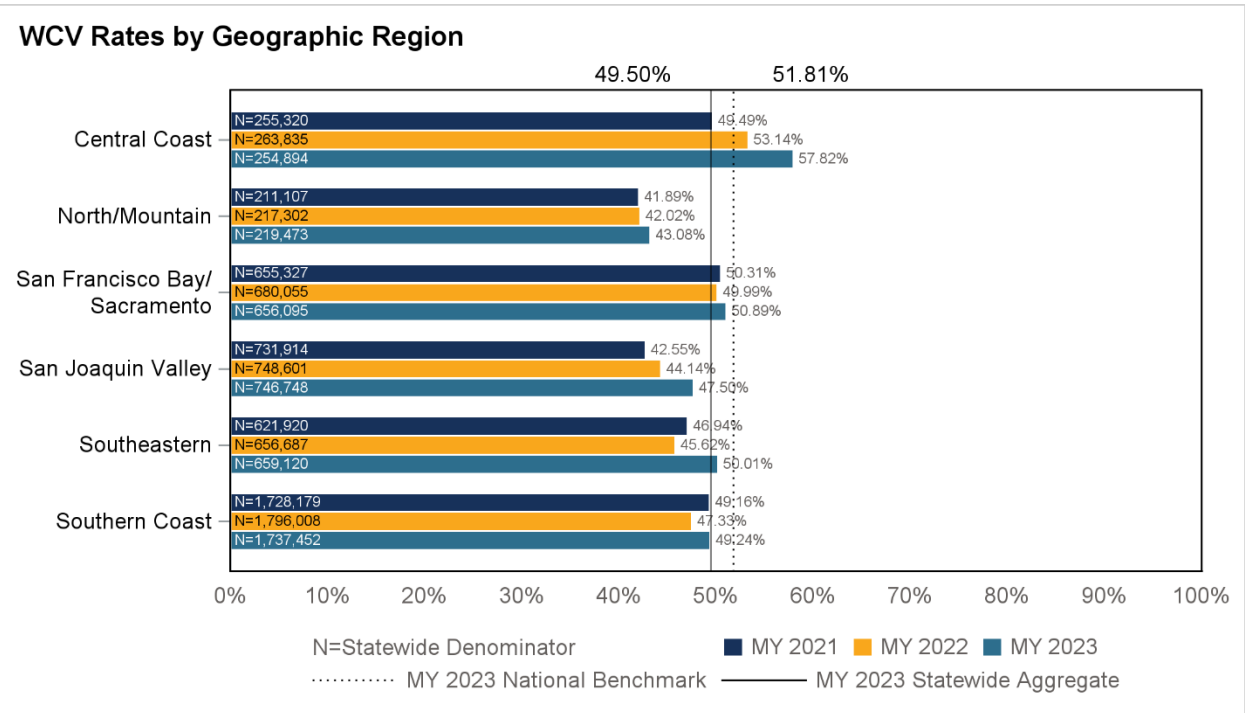
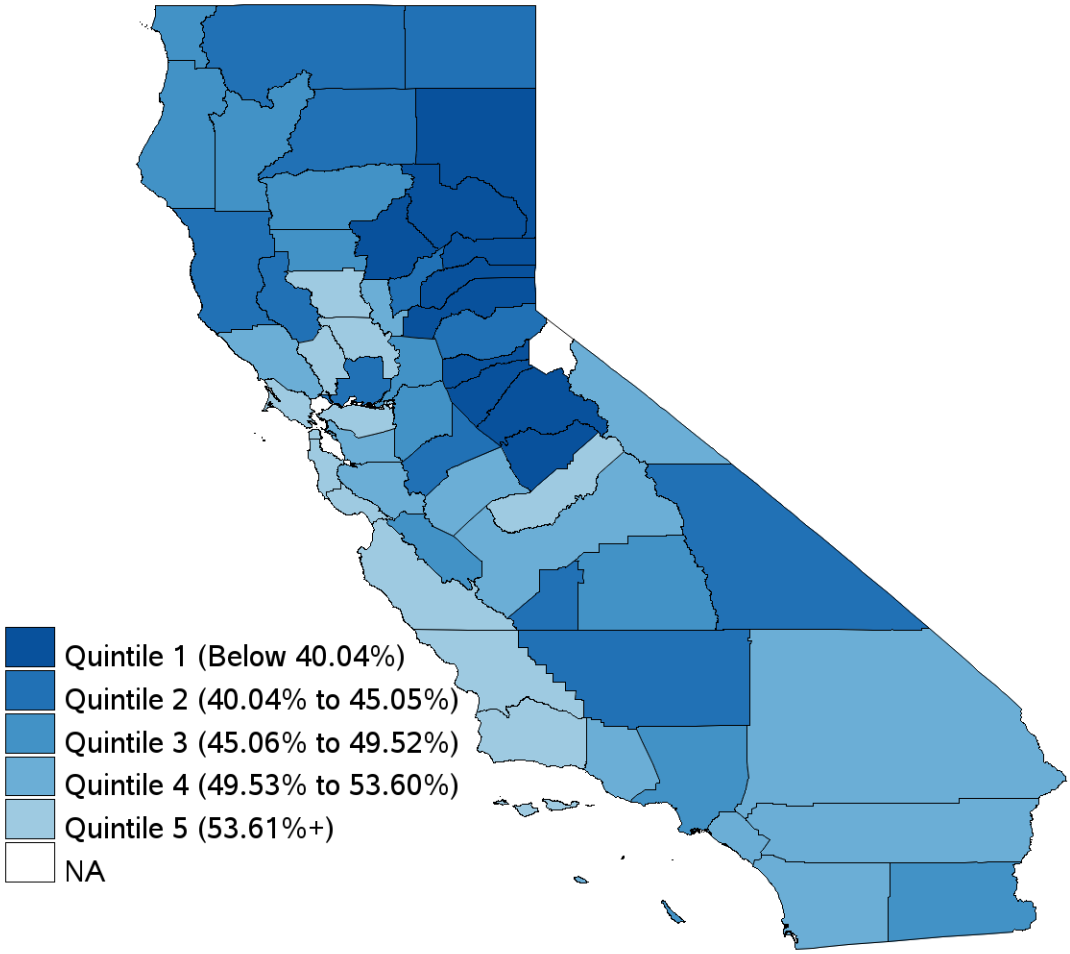


Figure 91—Child and Adolescent Well-Care Visits—Total (WCV)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Chlamydia Screening in Women—16 to 20 Years

The *Chlamydia Screening in Women—16 to 20 Years (CHL–1620)* indicator measures the percentage of women 16 to 20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Figure 92 through Figure 97 display the *Chlamydia Screening in Women—16 to 20 Years (CHL–1620)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Figure 92—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Racial/Ethnic Results

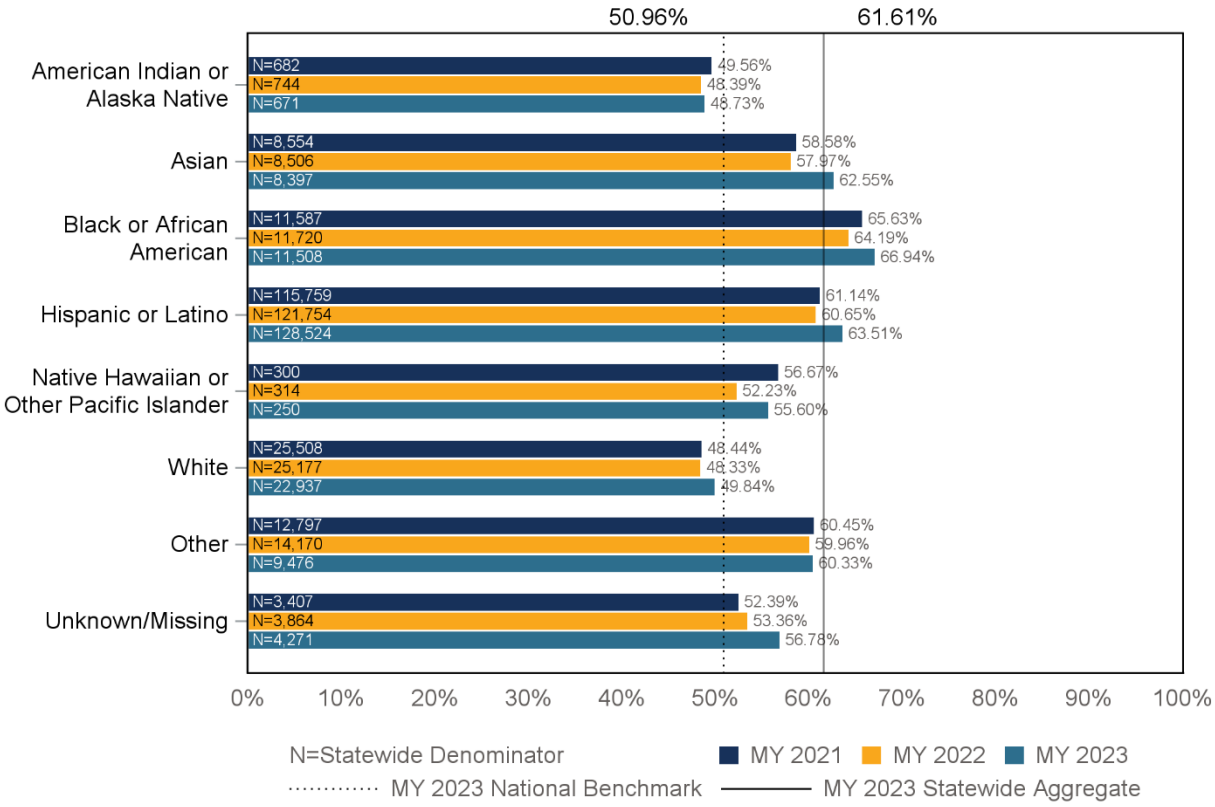


Figure 93—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

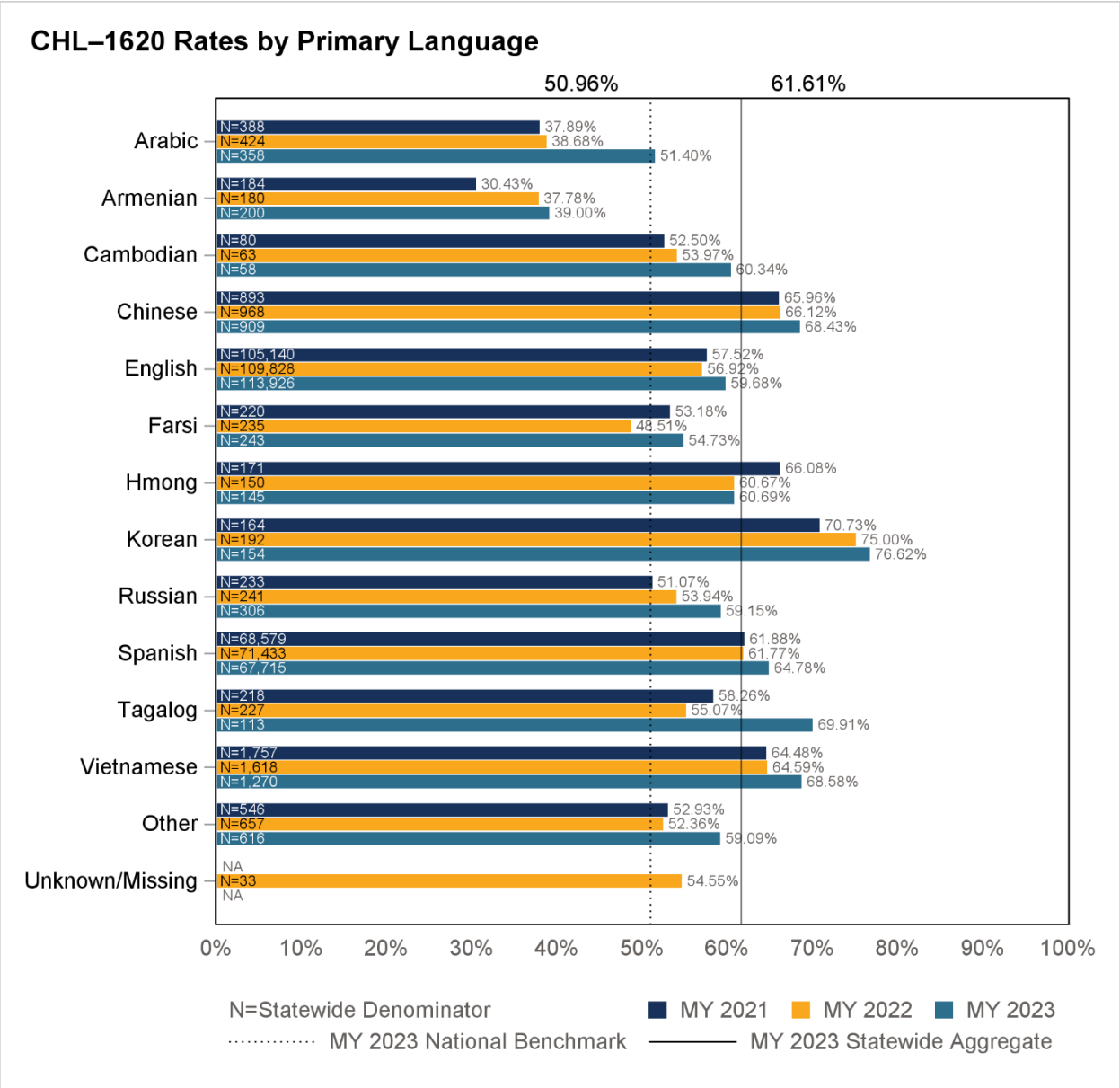


Figure 94—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional Level Delivery Type Model Results

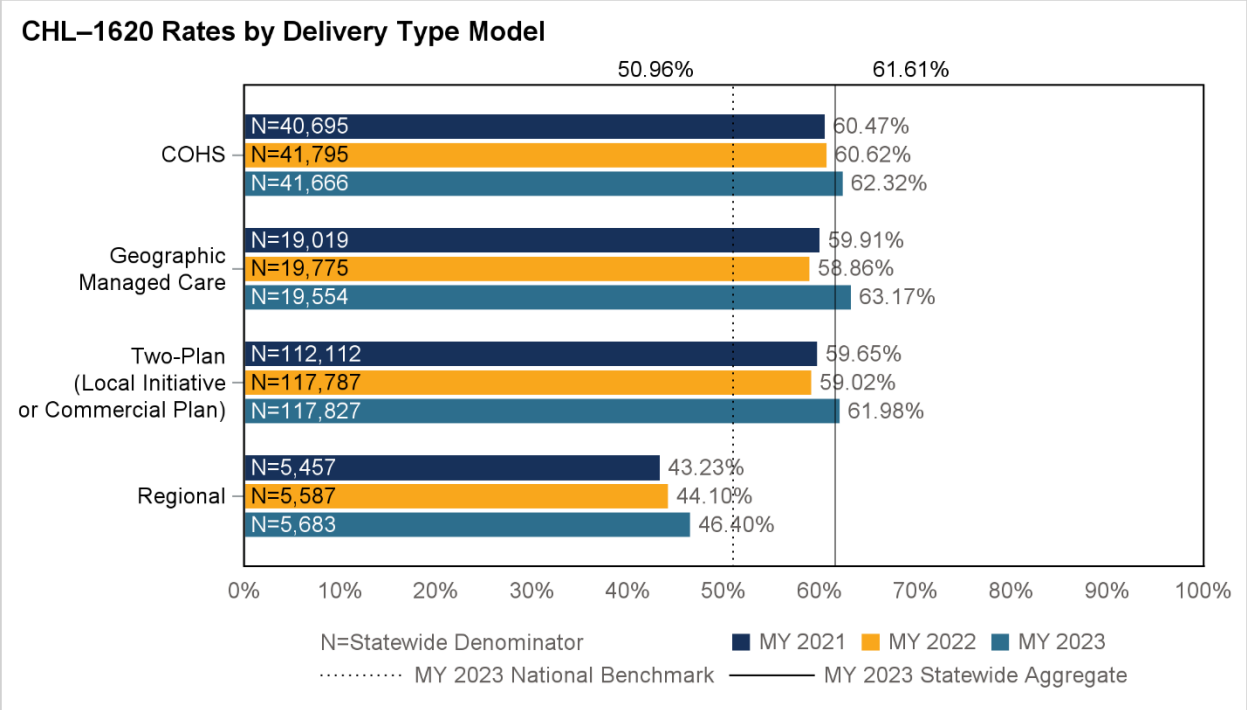


Figure 95—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional Level Population Density Results

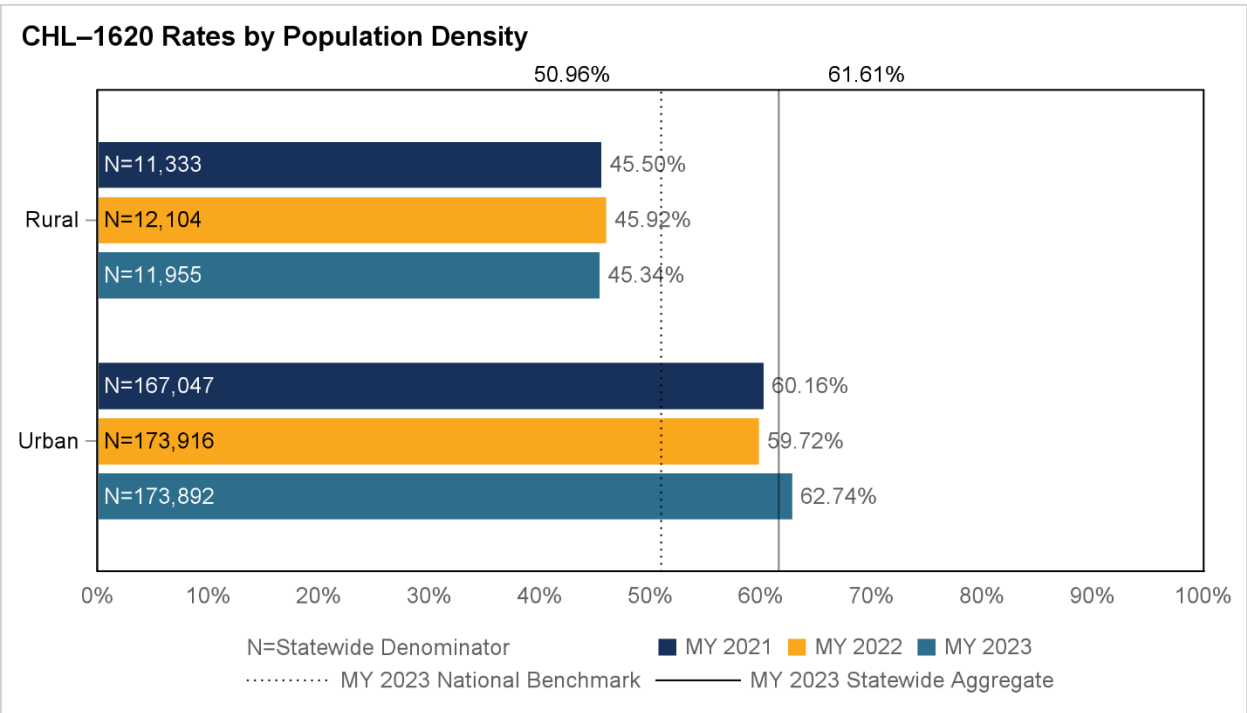


Figure 96—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—Regional Level Geographic Region Results

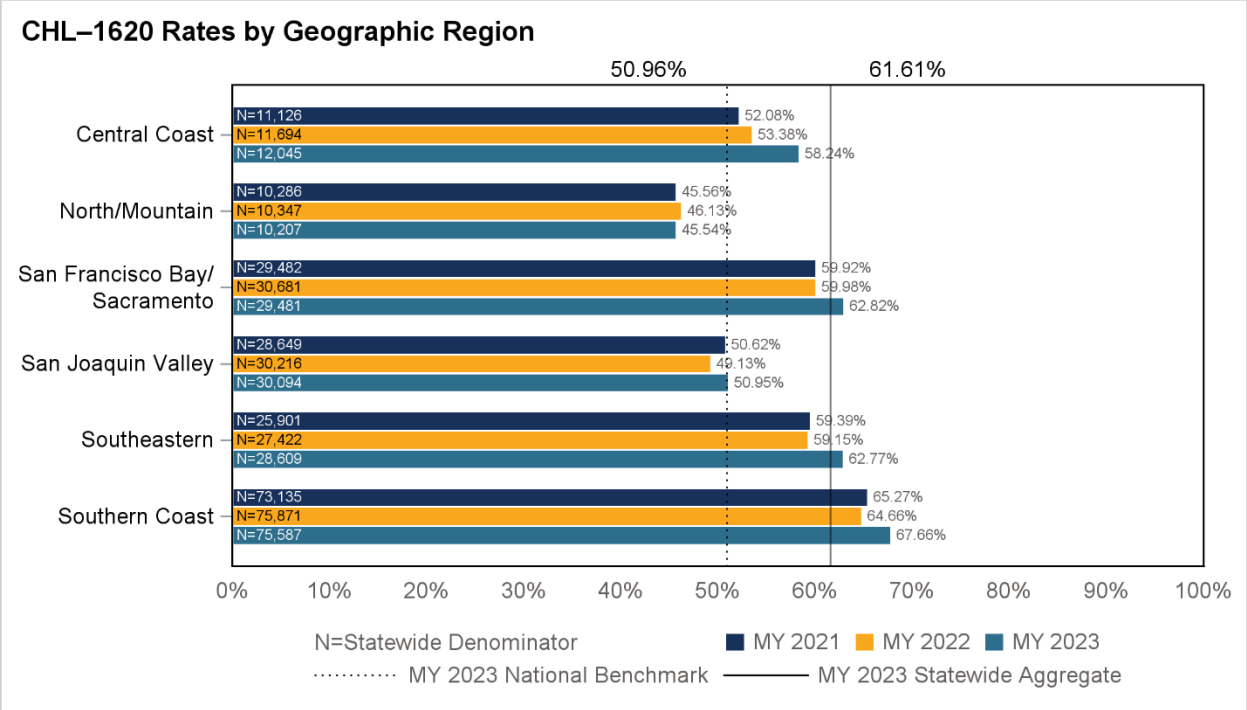
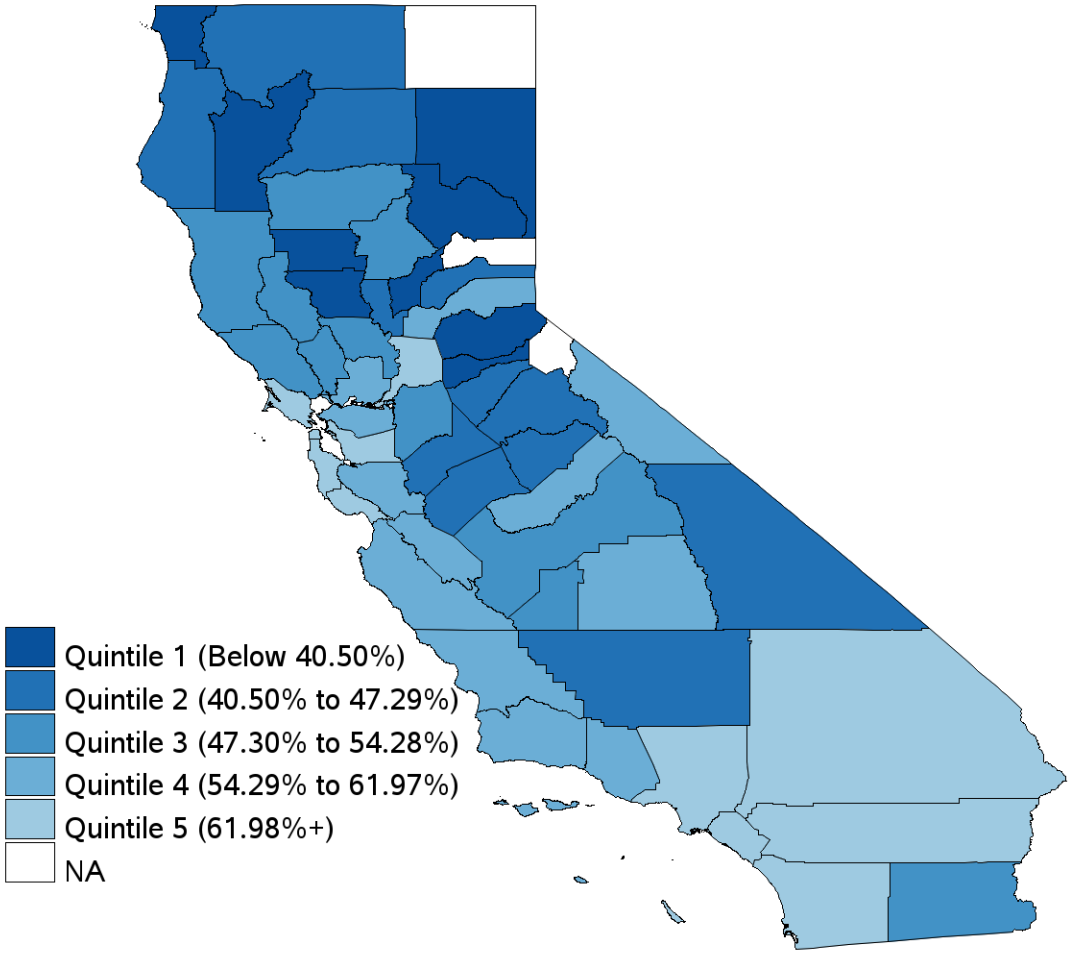


Figure 97—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—County Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years

The *Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)* indicator measures the percentage of children 12 to 17 years of age who have a follow-up PHQ-9 score documented within four to eight months after the initial elevated PHQ-9 score. Figure 98 through Figure 104 display the *Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)* indicator rates at the statewide and regional levels for both measurement years 2022 and 2023.

Figure 98—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

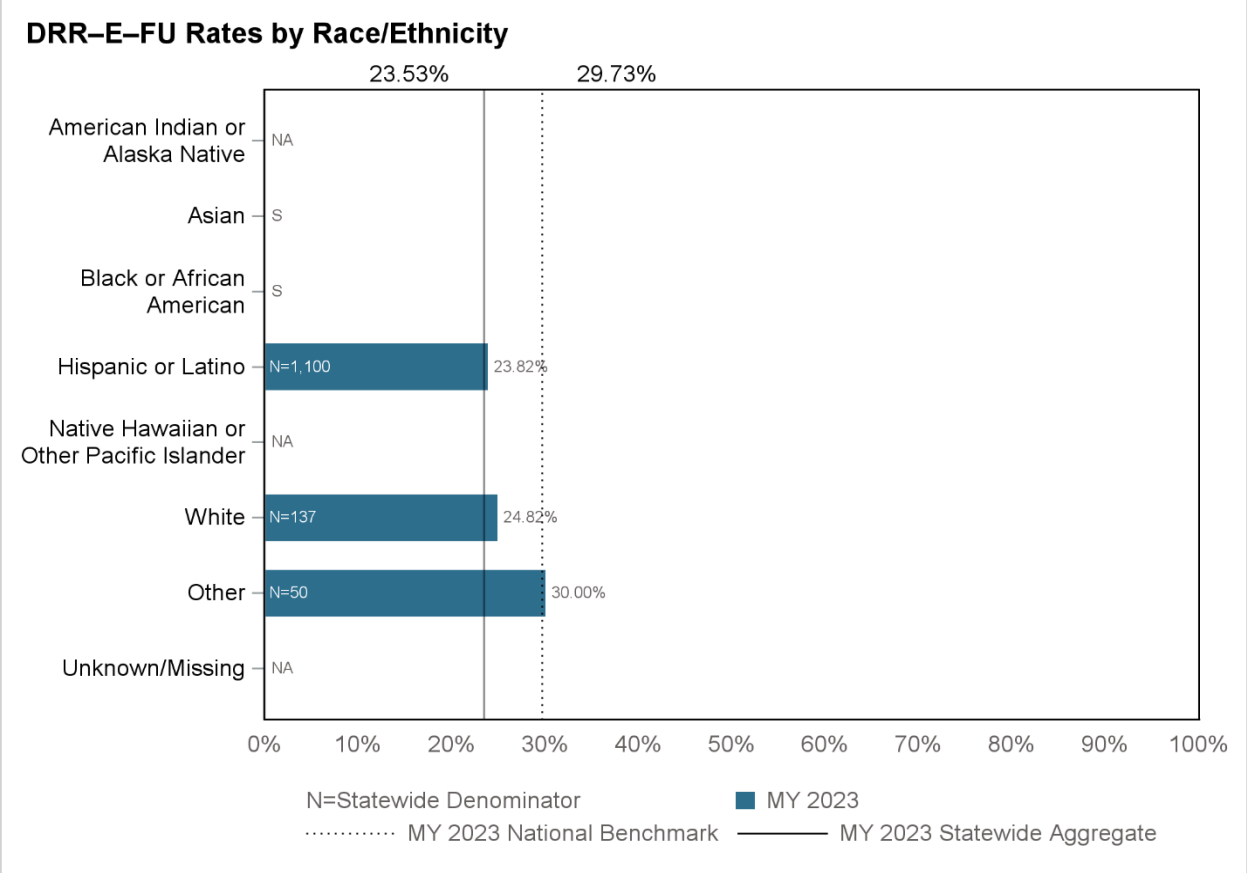


Figure 99—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

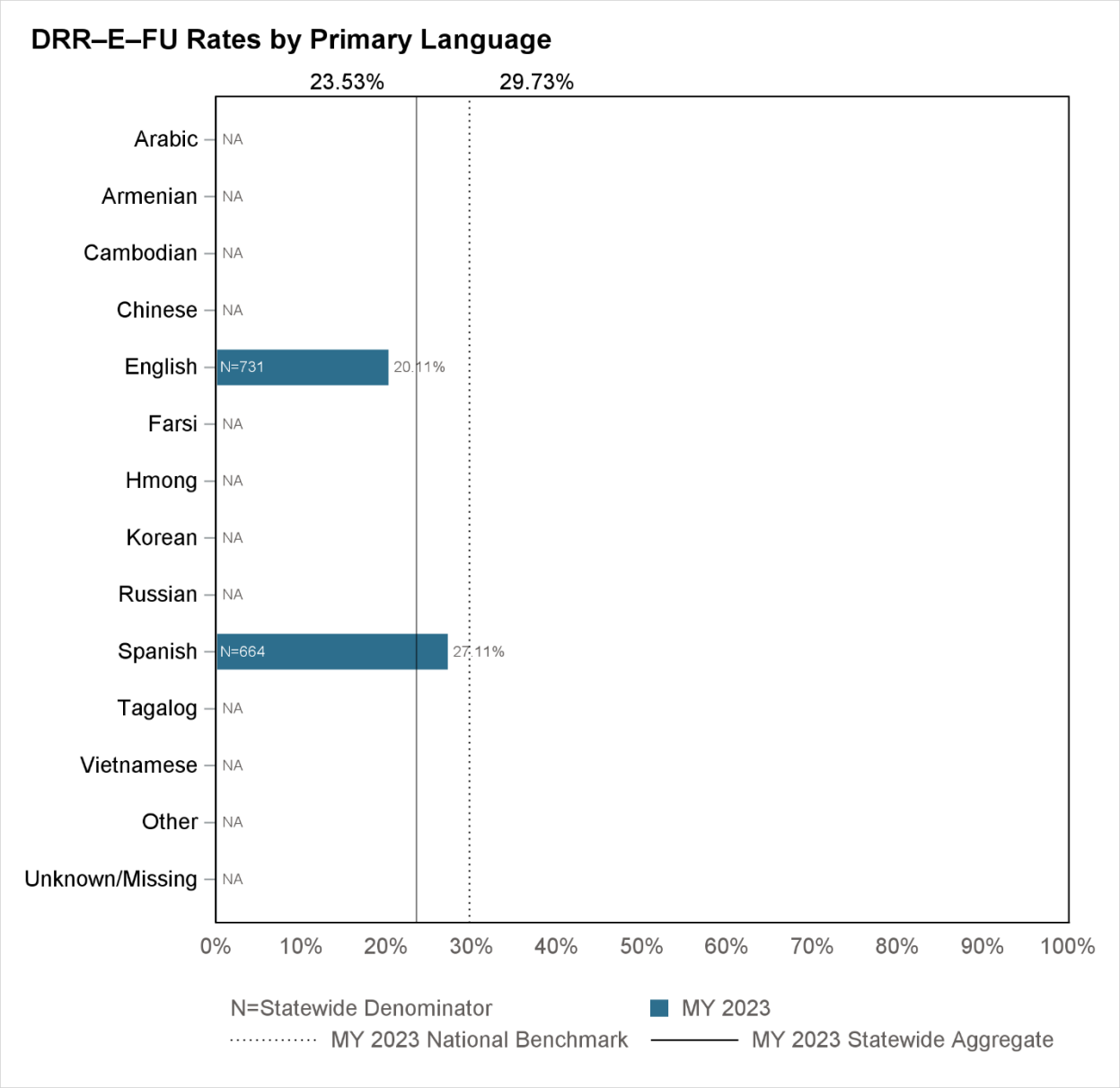


Figure 100—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

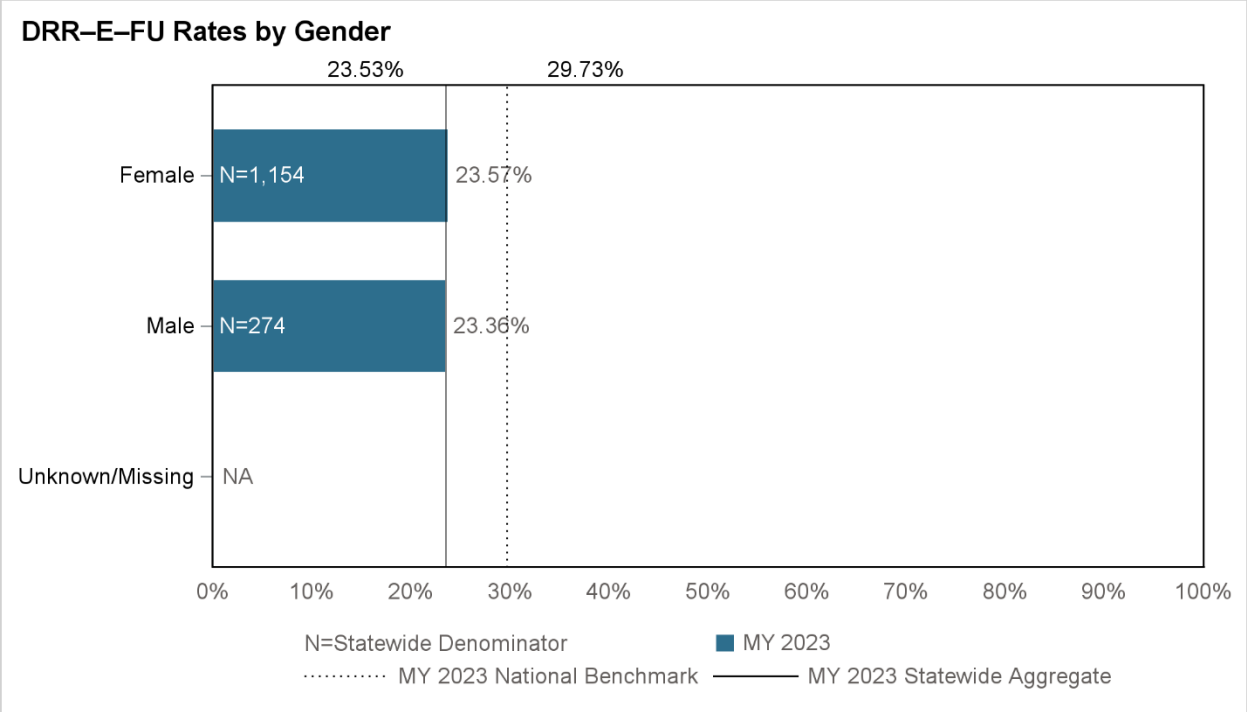


Figure 101—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Regional Level Delivery Type Model Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

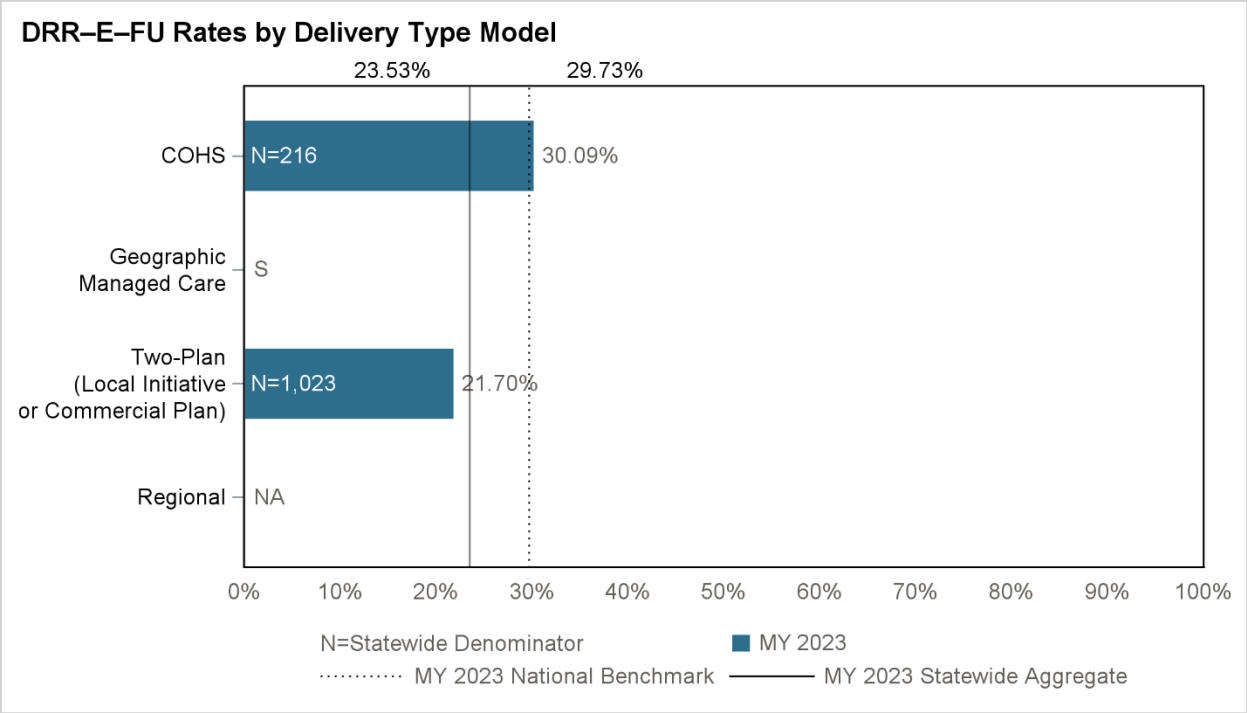


Figure 102—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Regional Level Population Density Results

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

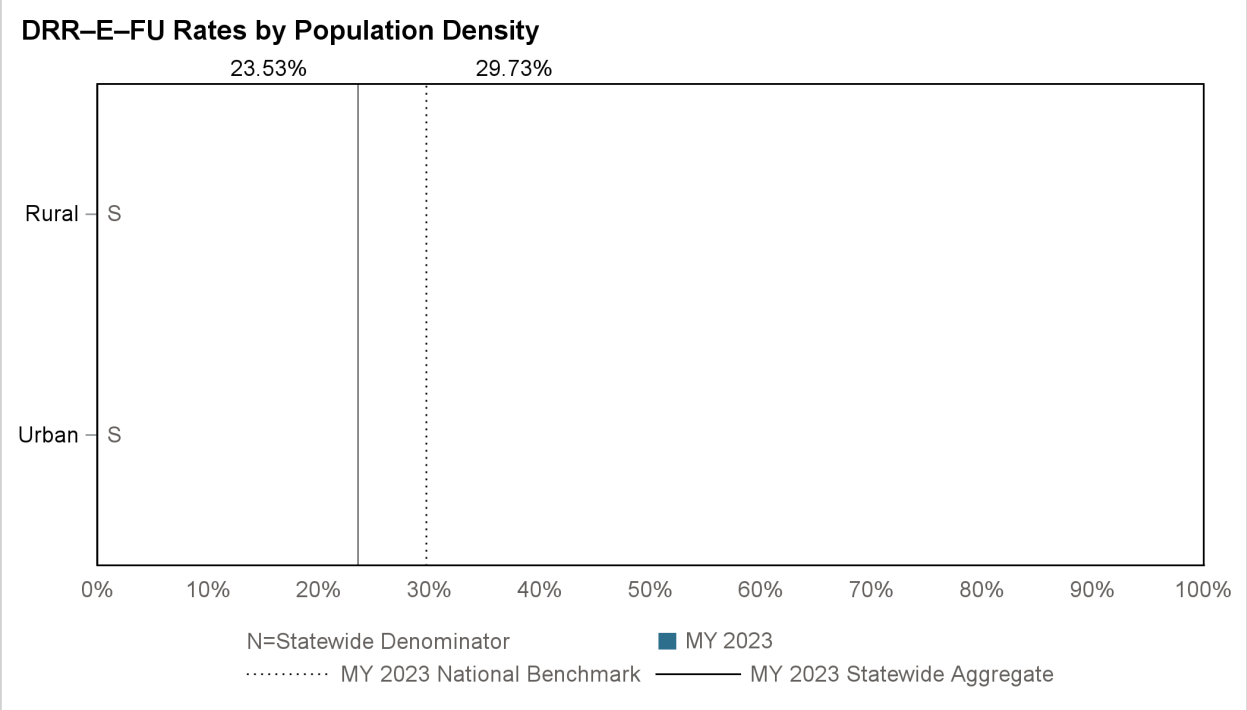


Figure 103—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—Regional Level Geographic Region Results

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

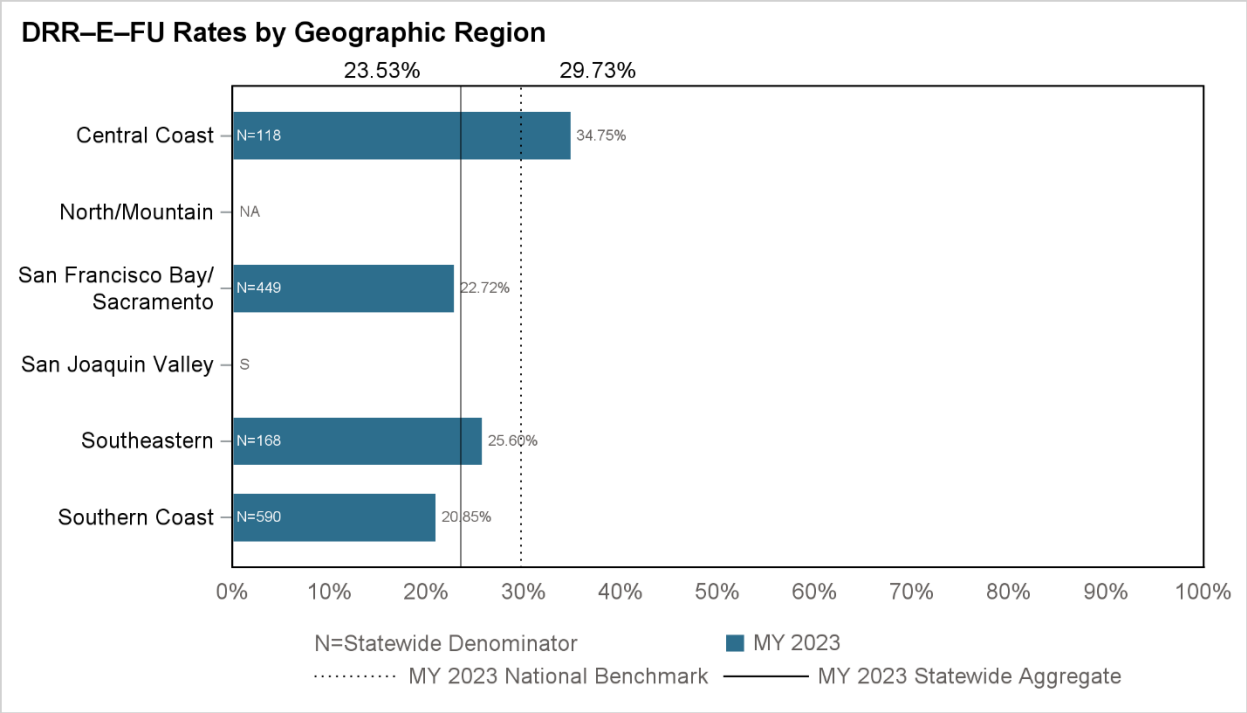
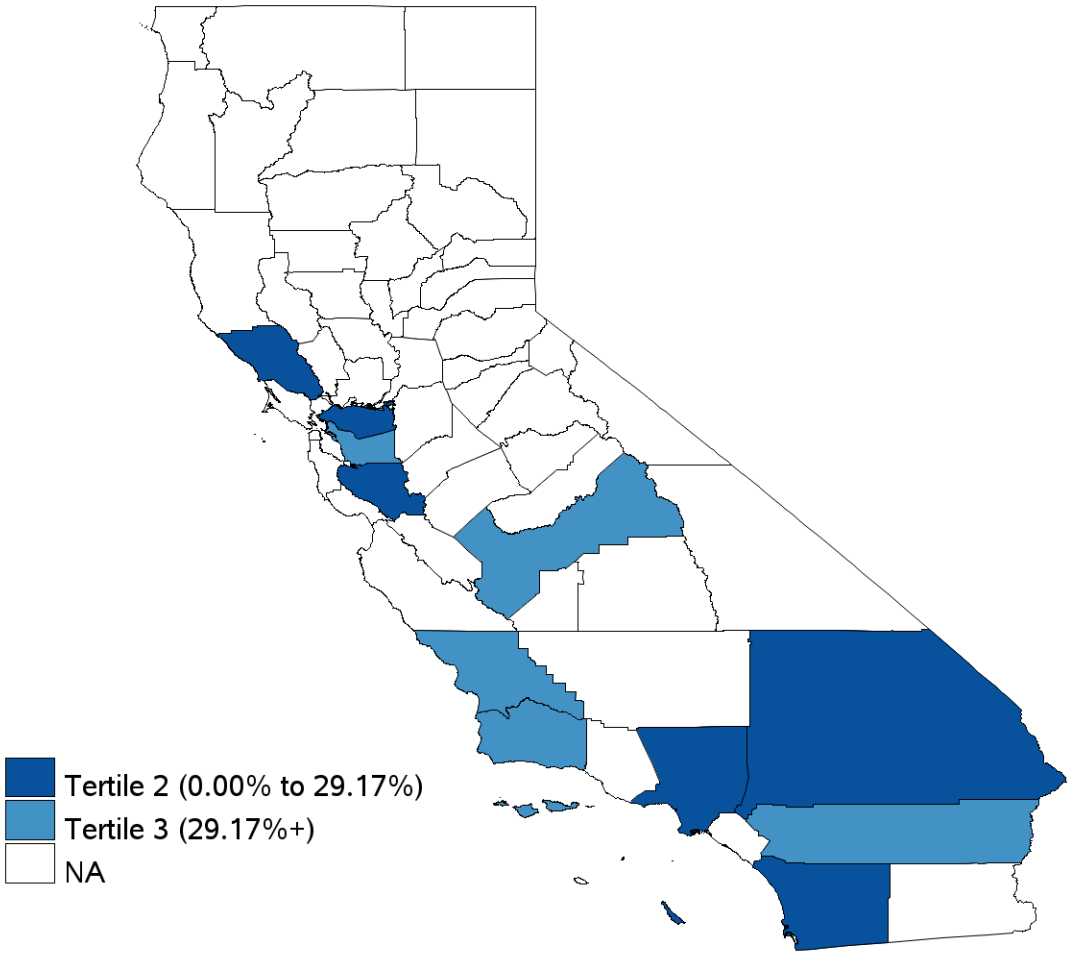


Figure 104—Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—County Level Results

NA indicates the rate had a small denominator (i.e., less than 30).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.

Tertiles are presented below as many rates are suppressed for this indicator leading to little variation in rates between counties.



Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years

The *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)* indicator measures the percentage of children 12 to 17 years of age who were screened for clinical depression using a standardized instrument. Figure 105 through Figure 111 display the *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023.

Figure 105—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Racial/Ethnic Results

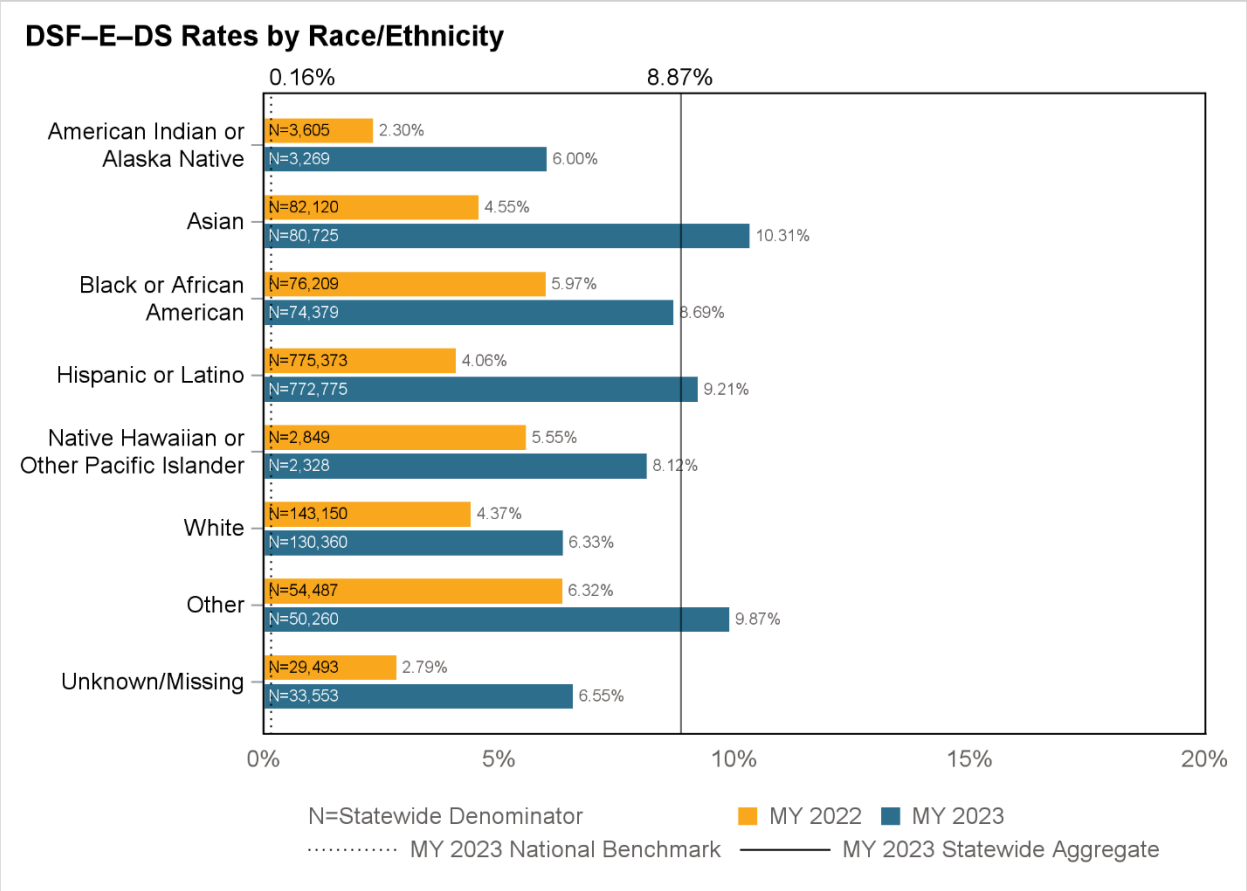


Figure 106—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

The measurement year 2022 statewide denominators for the Armenian, Hmong, and Russian primary language groups are 3,533, 2,113, and 3,084, respectively. For measurement year 2023, the Armenian primary language group statewide denominator is 3,883.

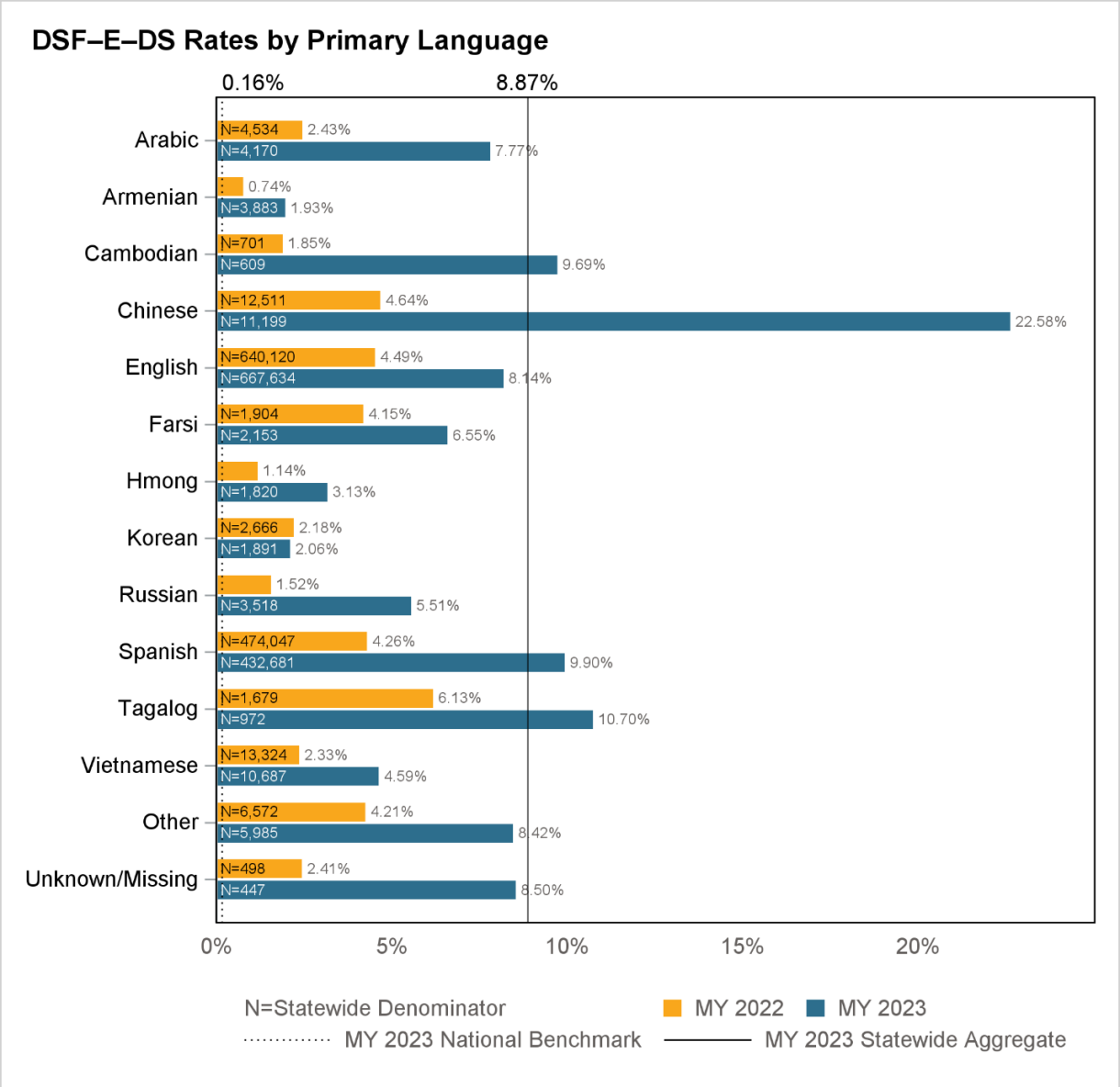


Figure 107—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Statewide Gender Results

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

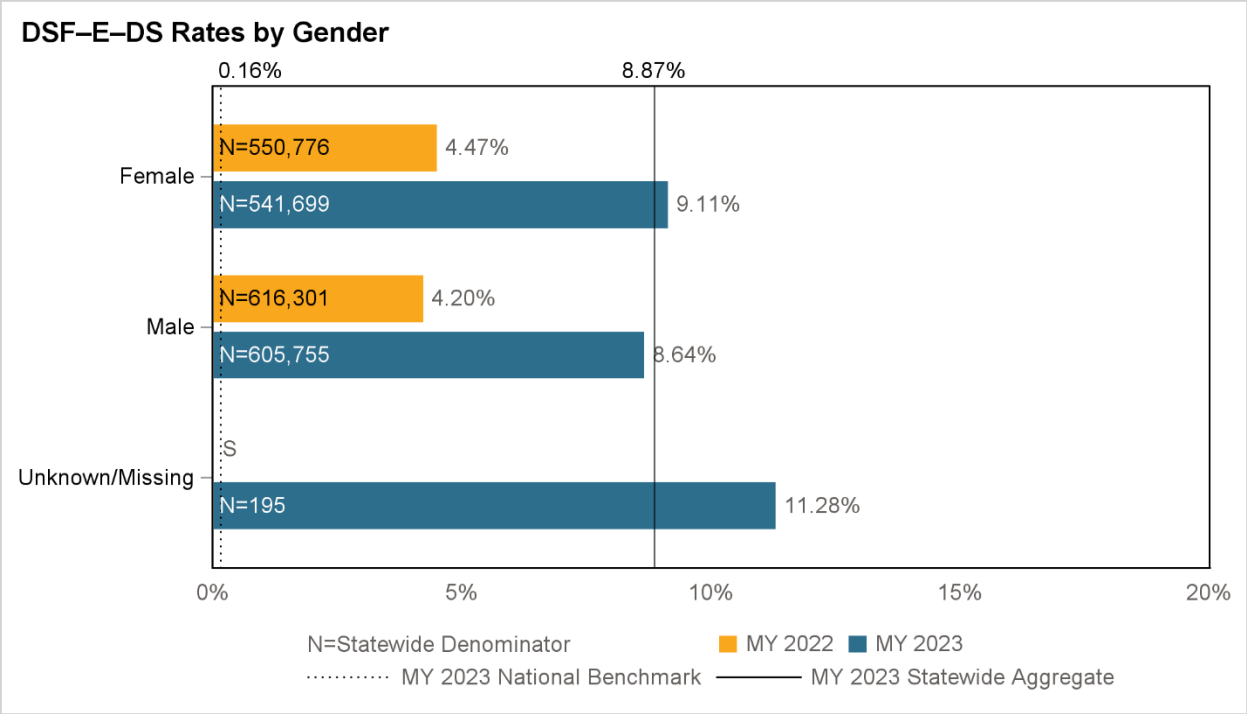


Figure 108—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Regional Level Delivery Type Model Results

The measurement year 2022 statewide denominator for the Regional delivery type model is 31,676.

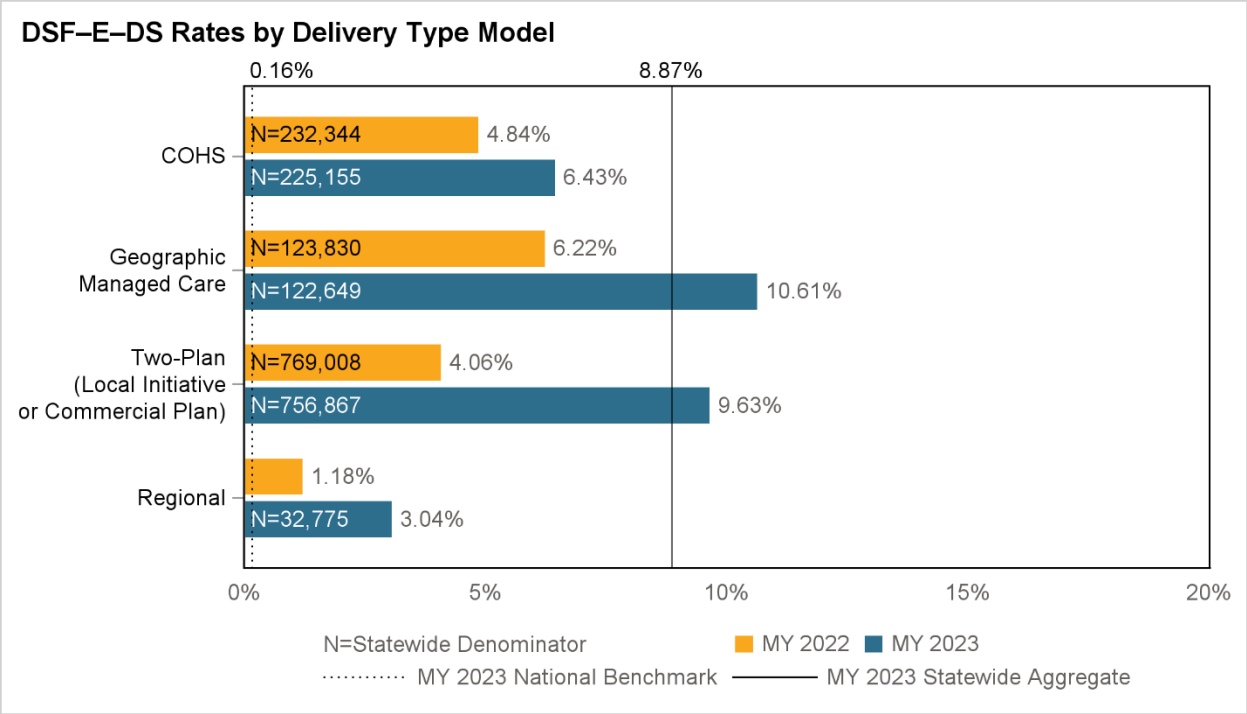


Figure 109—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Regional Level Population Density Results

The measurement year 2022 statewide denominator for the Rural population density is 70,704.

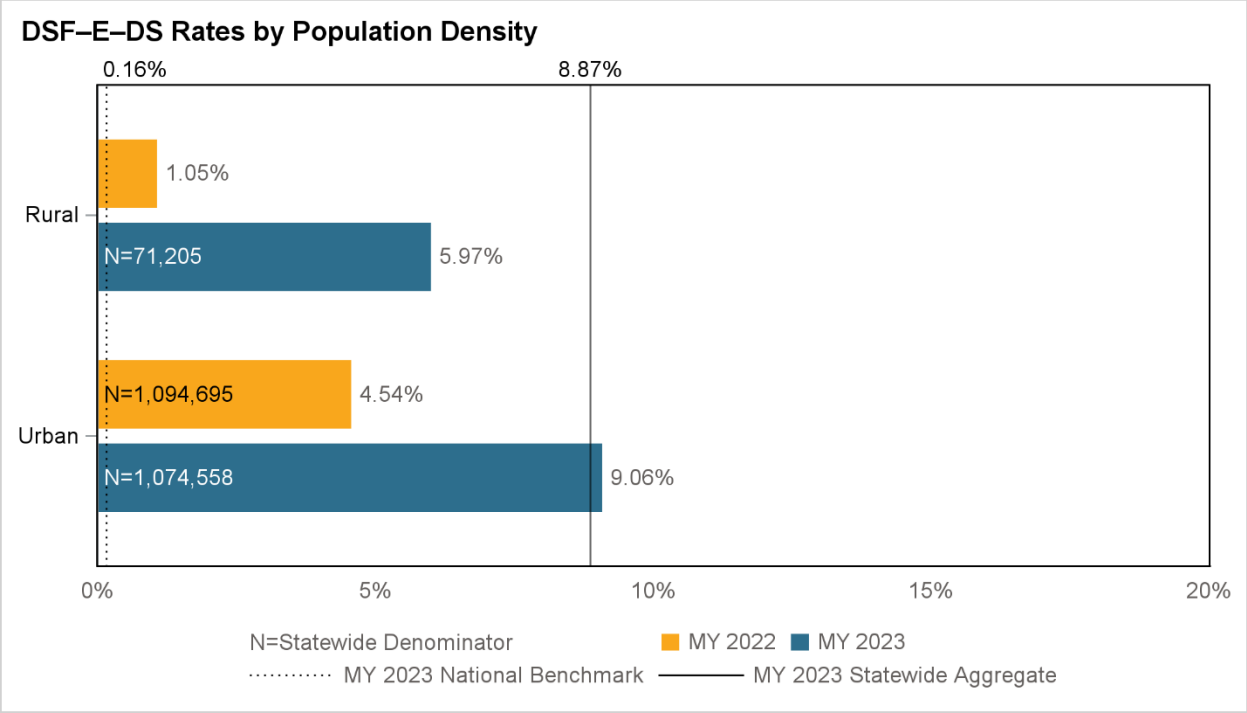


Figure 110—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—Regional Level Geographic Region Results

The measurement year 2022 statewide denominator for the North/Mountain, San Joaquin Valley, and Southeastern geographic regions are 54,851, 199,197, and 173,231, respectively. The measurement year 2023 statewide denominator for the North/Mountain, San Joaquin Valley, and Southeastern geographic regions are 56,355, 200,731, and 175,050, respectively.

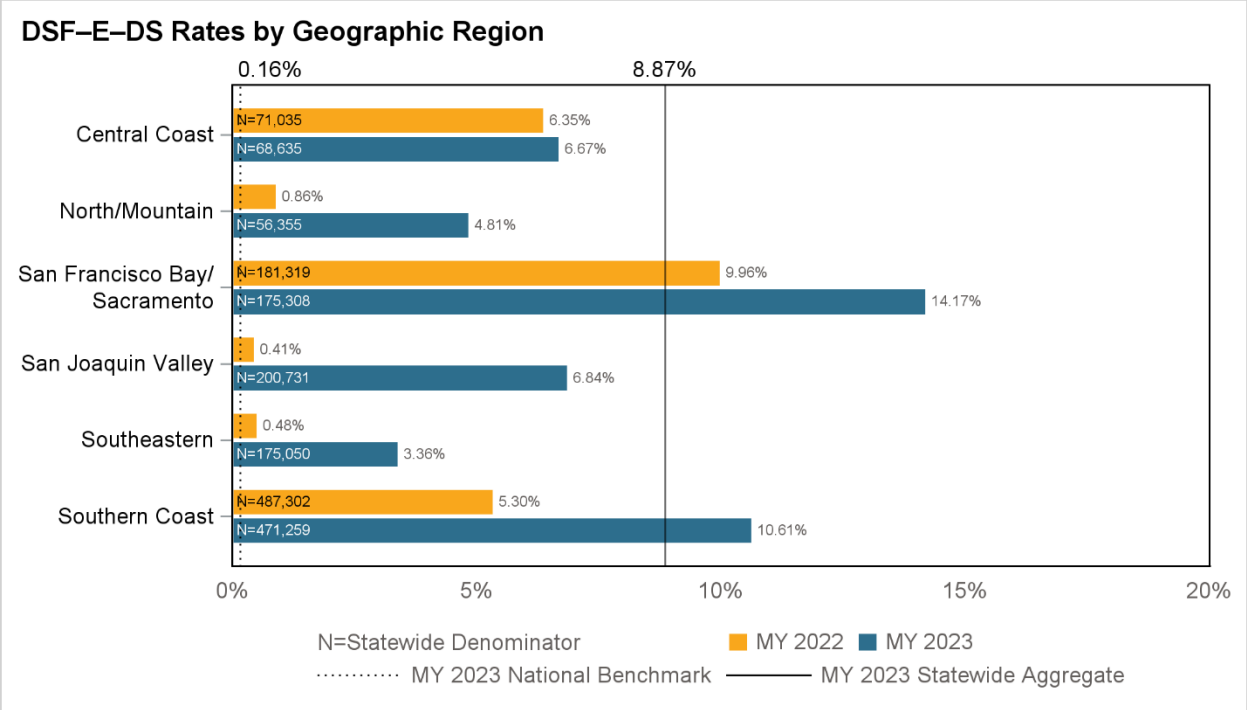
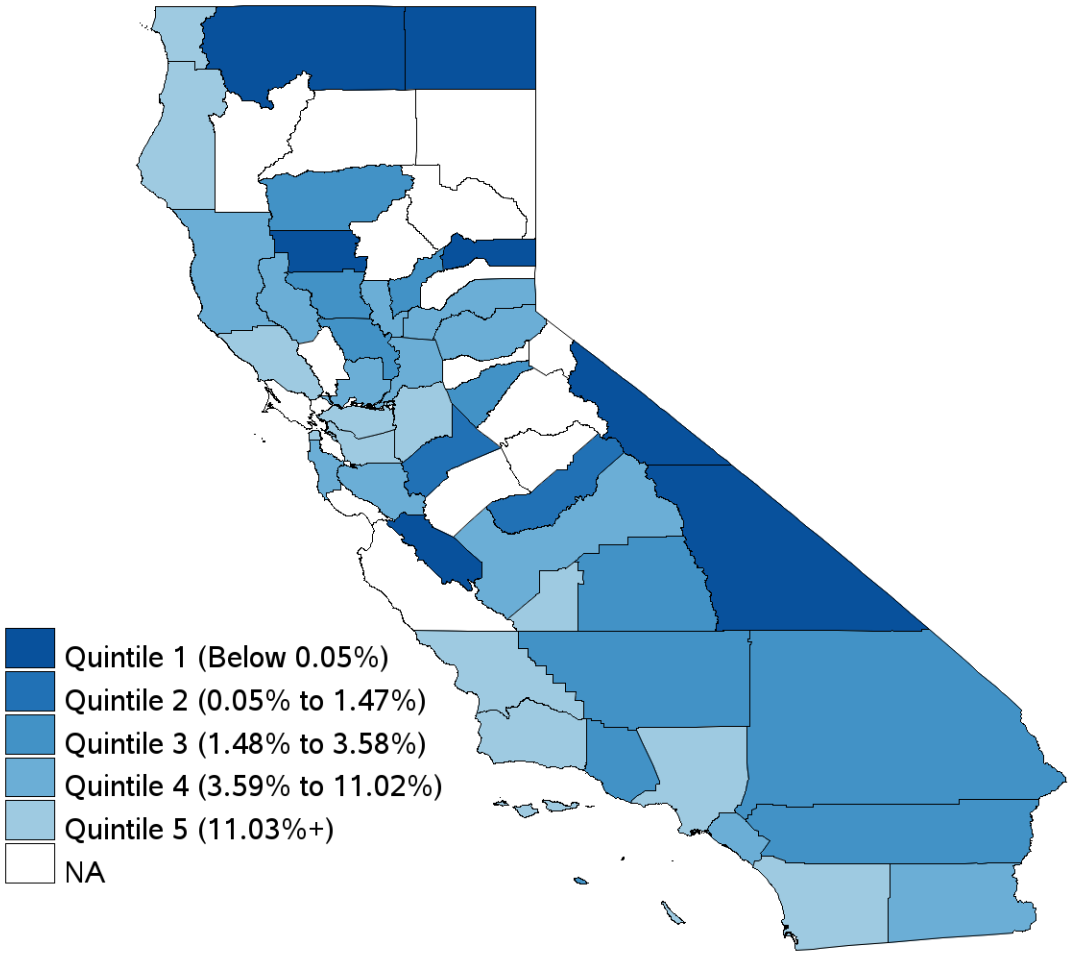


Figure 111—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years

The *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)* indicator measures the percentage of adolescents 12 to 17 years of age who received follow-up care within 30 days of a positive depression screen finding. Figure 112 through Figure 118 display the *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023.

Figure 112—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Statewide Racial/Ethnic Results

NA indicates the rate had a small denominator (i.e., less than 30).

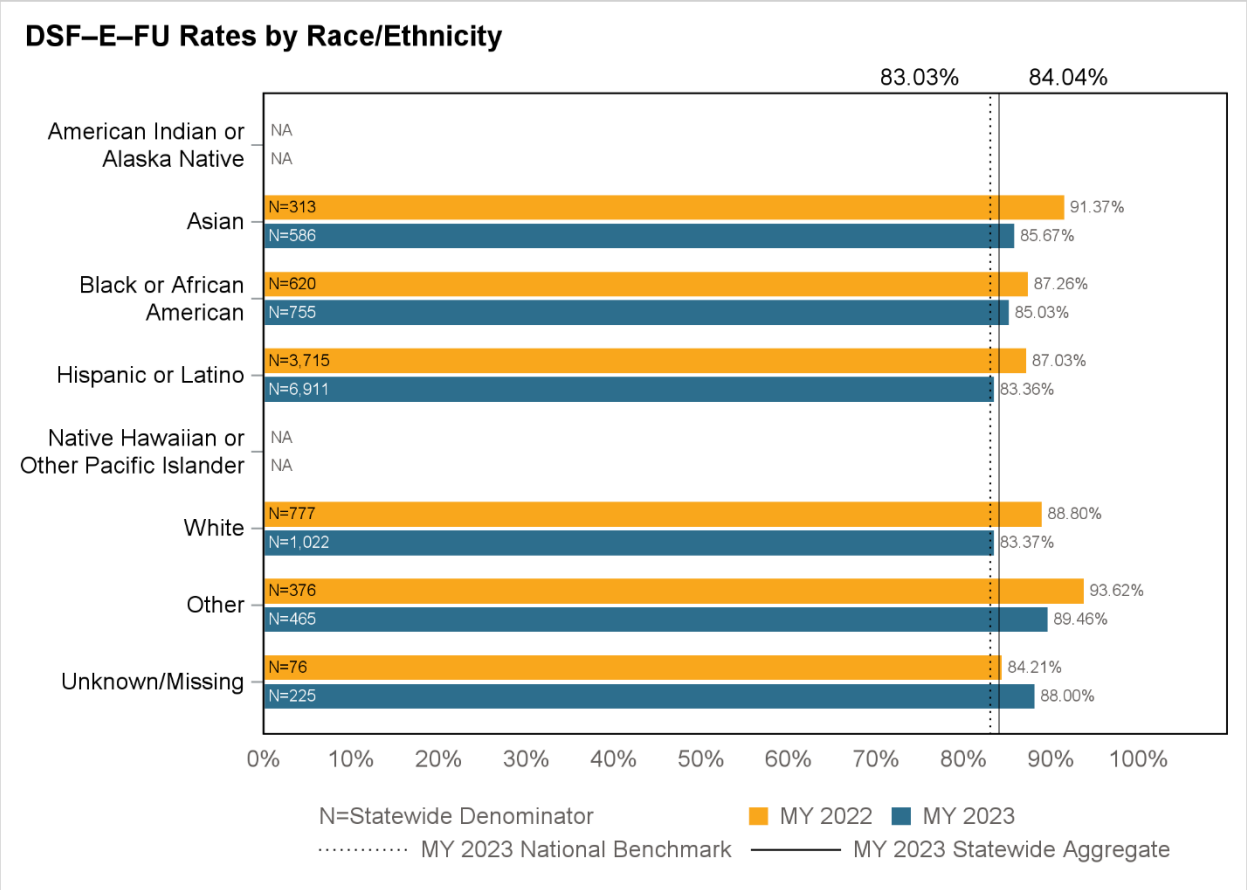


Figure 113—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

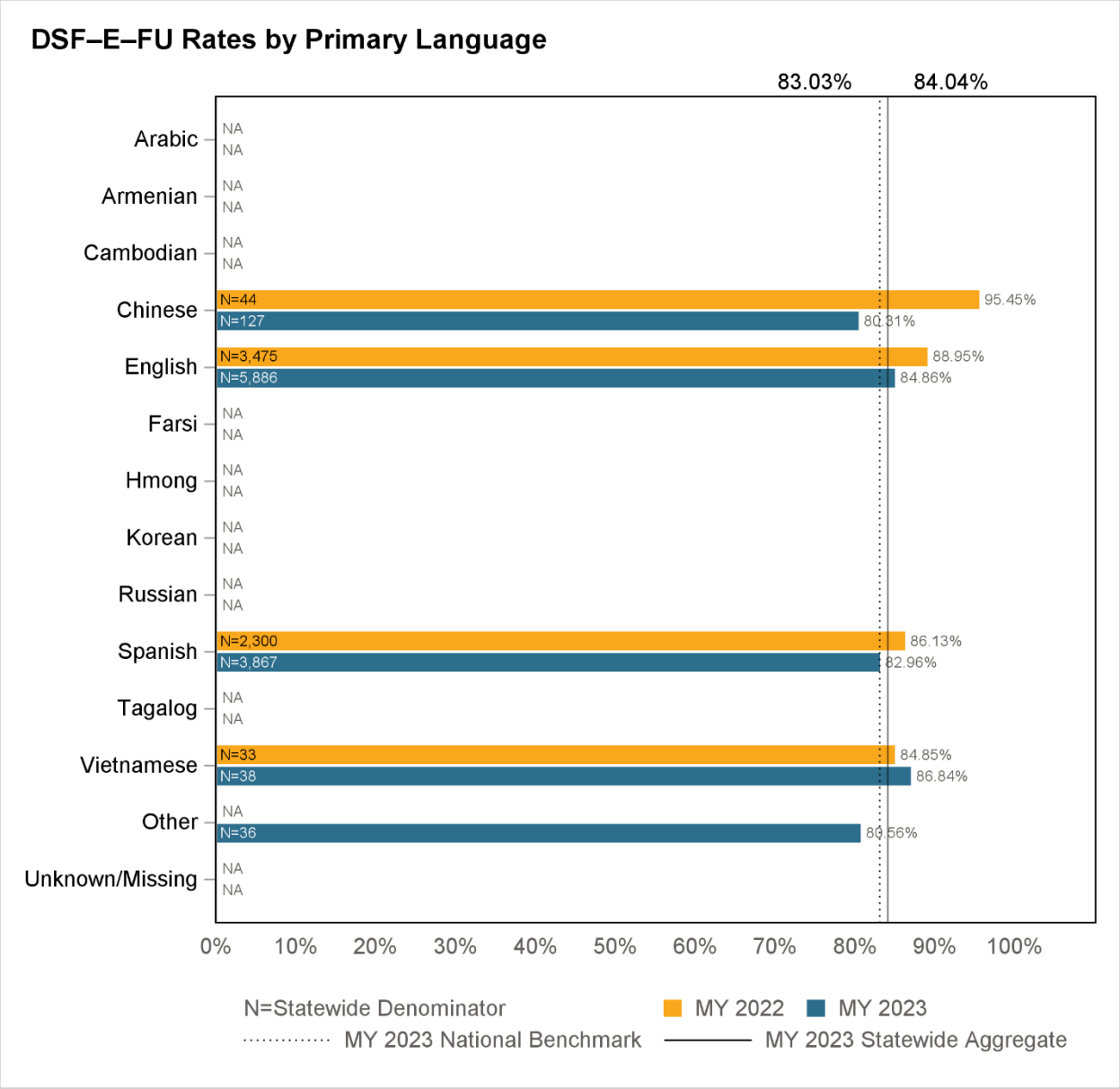


Figure 114—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

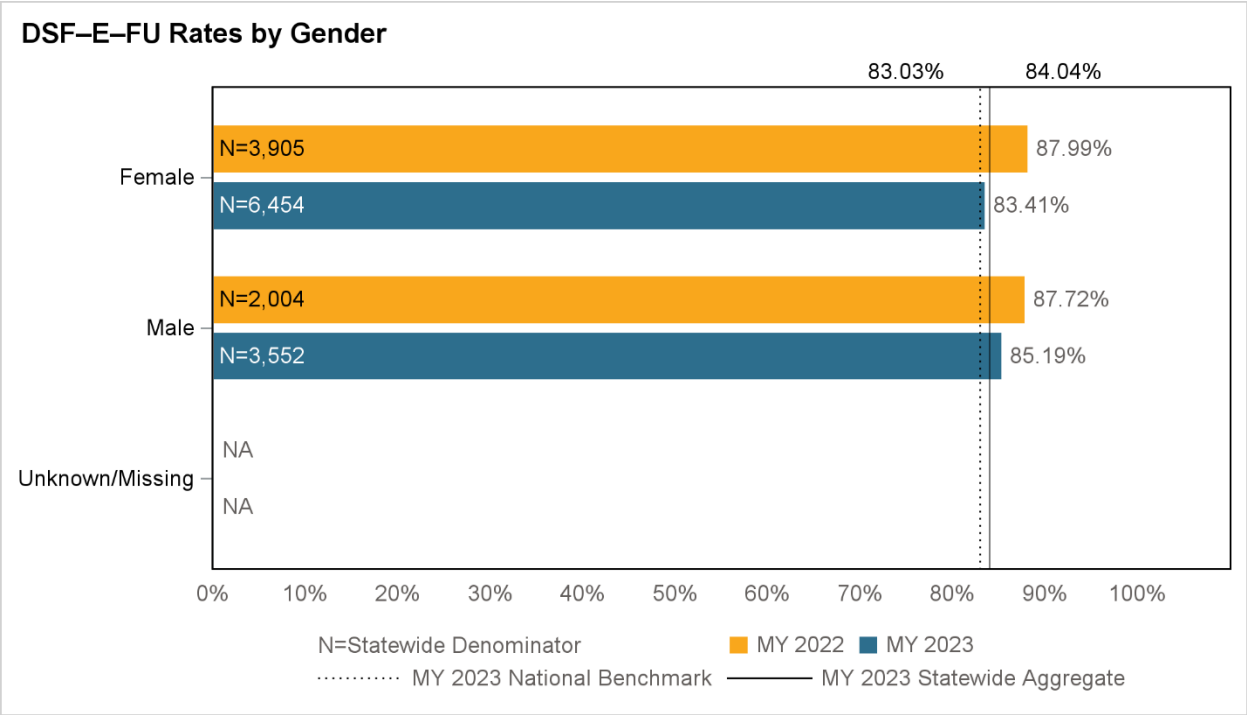


Figure 115—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Regional Level Delivery Type Model Results

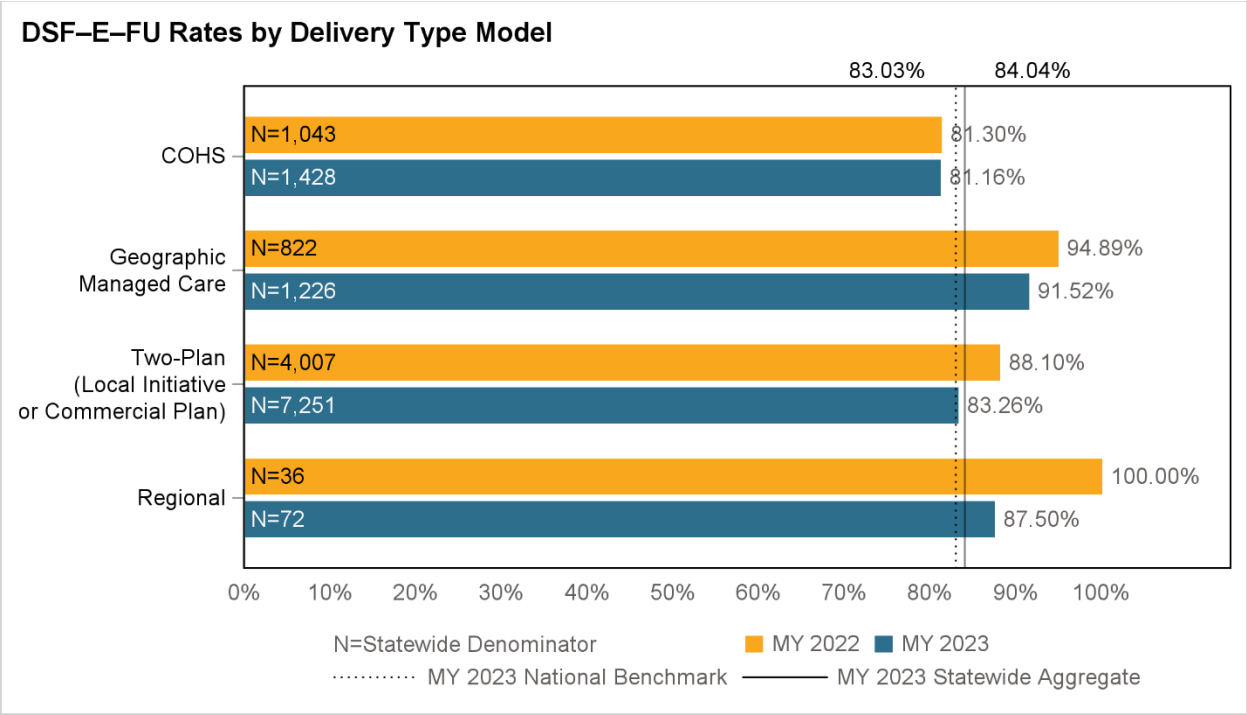


Figure 116—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Regional Level Population Density Results

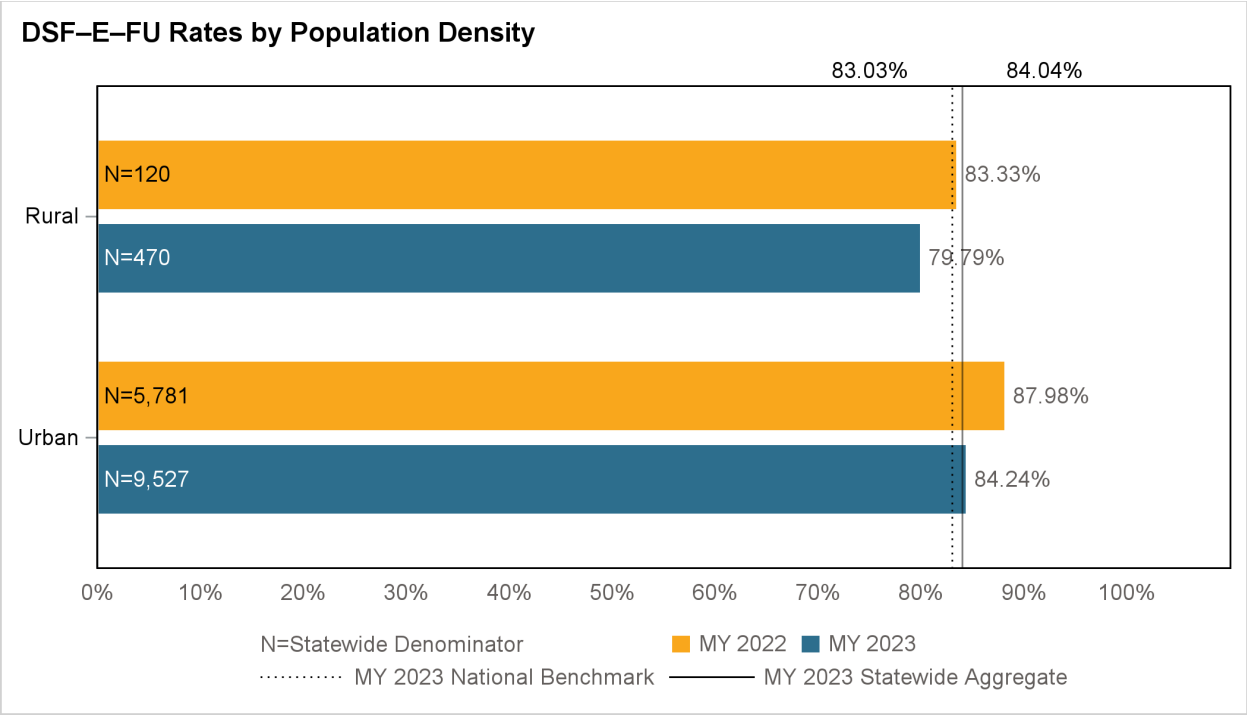


Figure 117—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—Regional Level Geographic Region Results

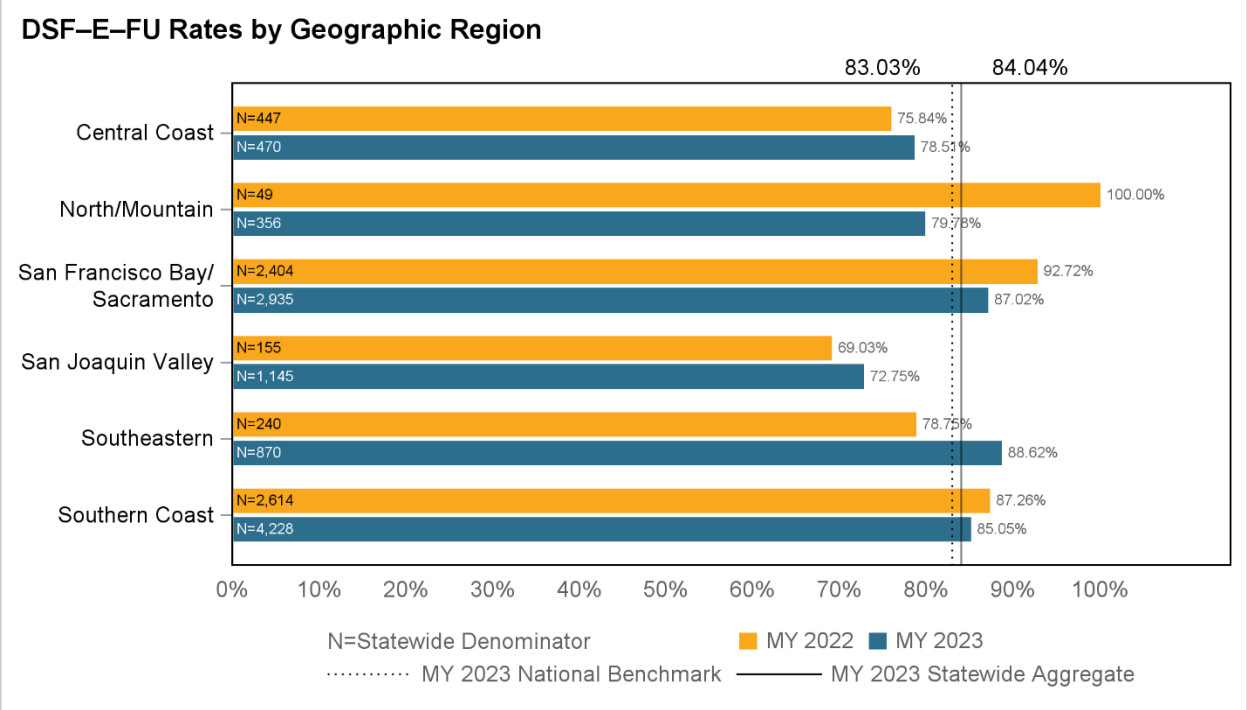
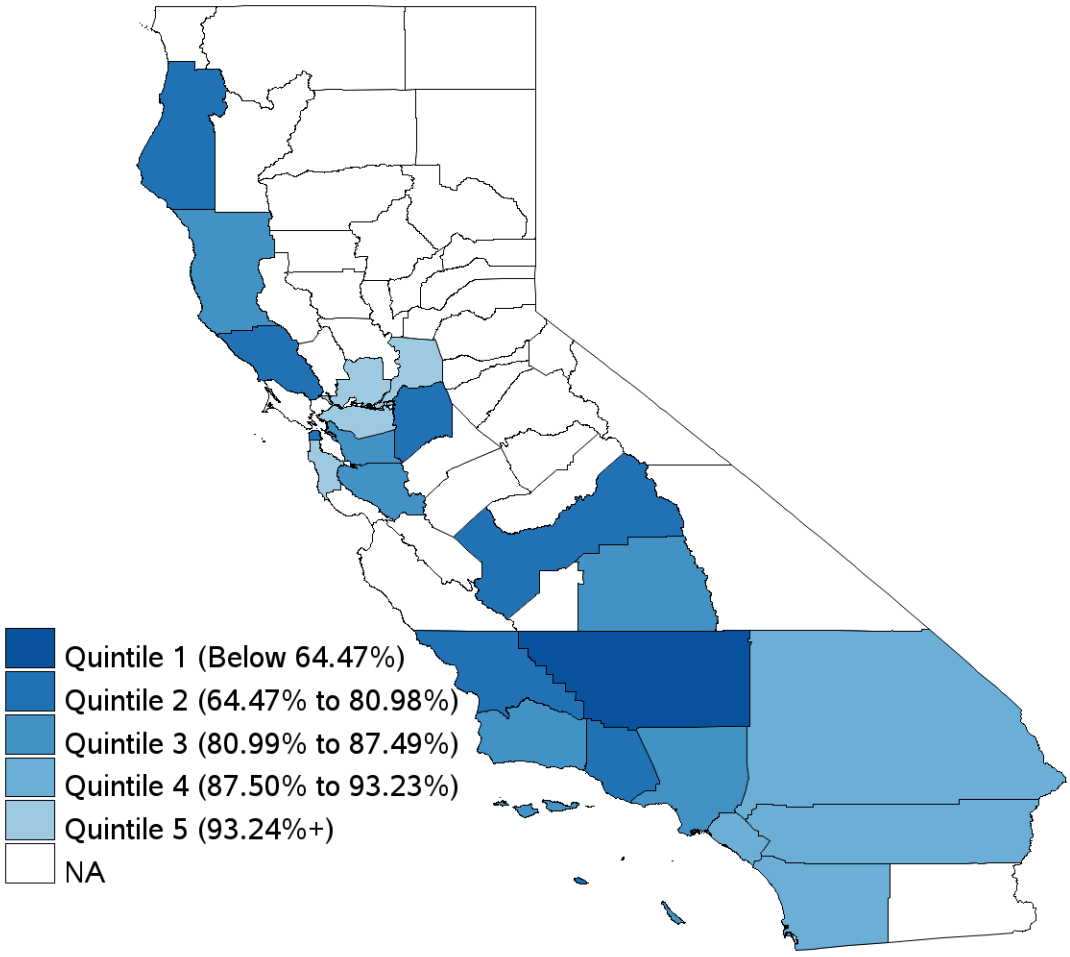


Figure 118—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years

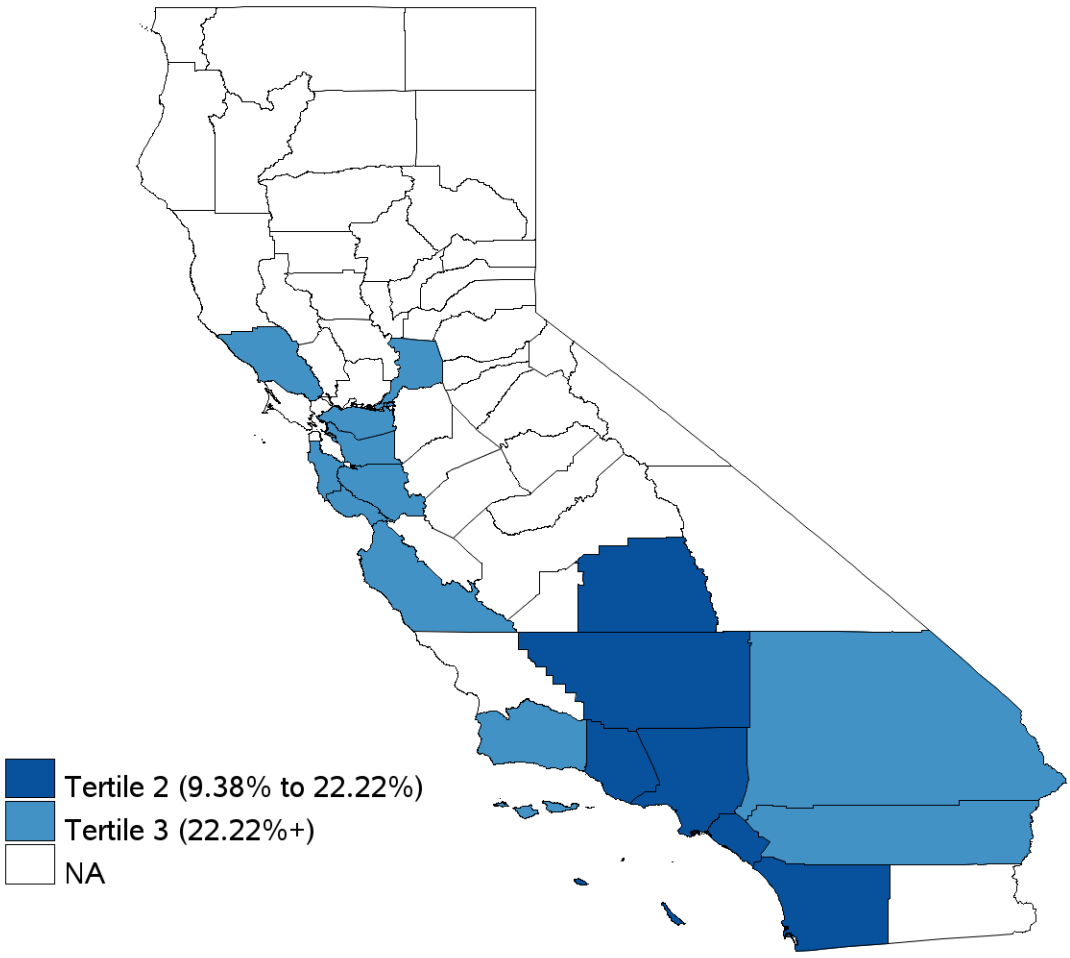
The *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)* indicator measures the percentage of emergency department visits for members 13 to 17 years of age with a principal diagnosis of substance use disorder, or any diagnosis of drug overdose, who had a follow-up visit or pharmacotherapy dispensing event within 30 days of the emergency department visit. Figure 119 displays the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years) (FUA–30)* indicator county-level map.

Figure 119—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.

Tertiles are presented below as many rates are suppressed for this indicator, leading to little variation in rates between counties.


Tertile 2 (9.38% to 22.22%)
Tertile 3 (22.22%+)
NA

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits

The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP. Figure 120 through Figure 126 display the *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023.

Figure 120—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Racial/Ethnic Results

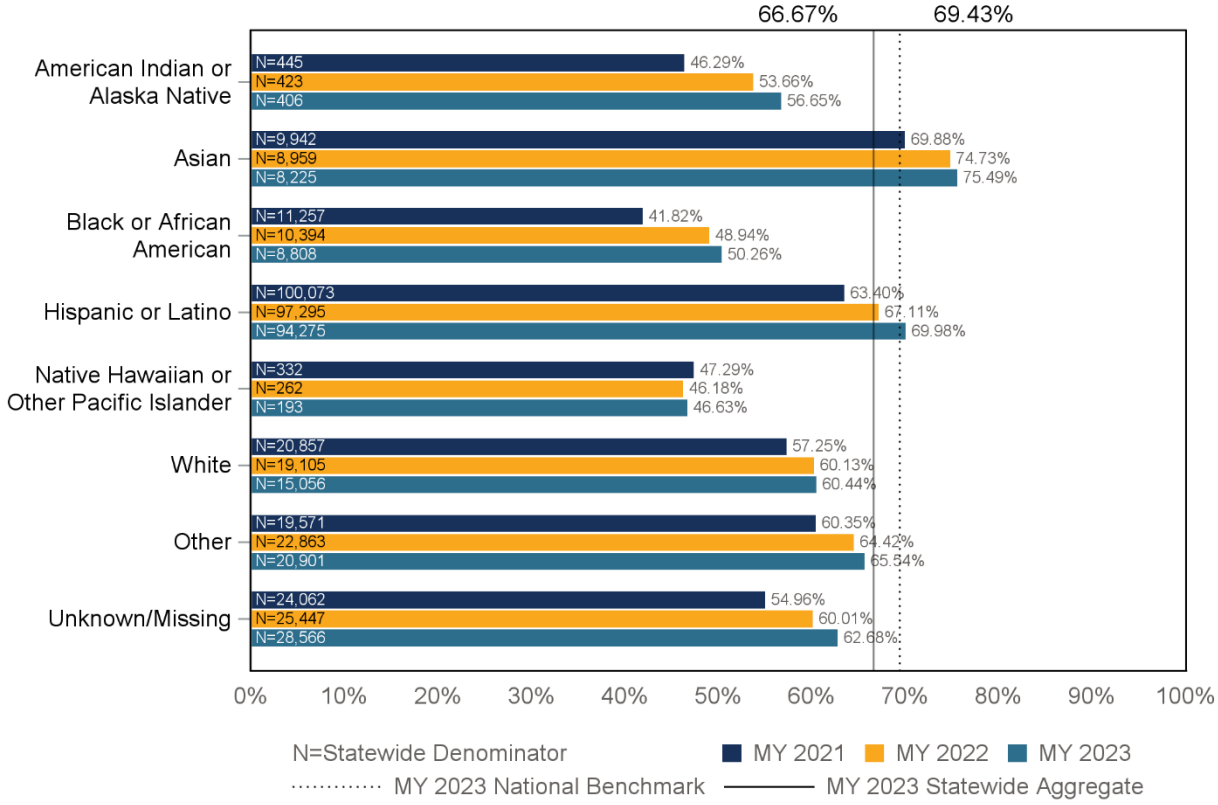


Figure 121—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

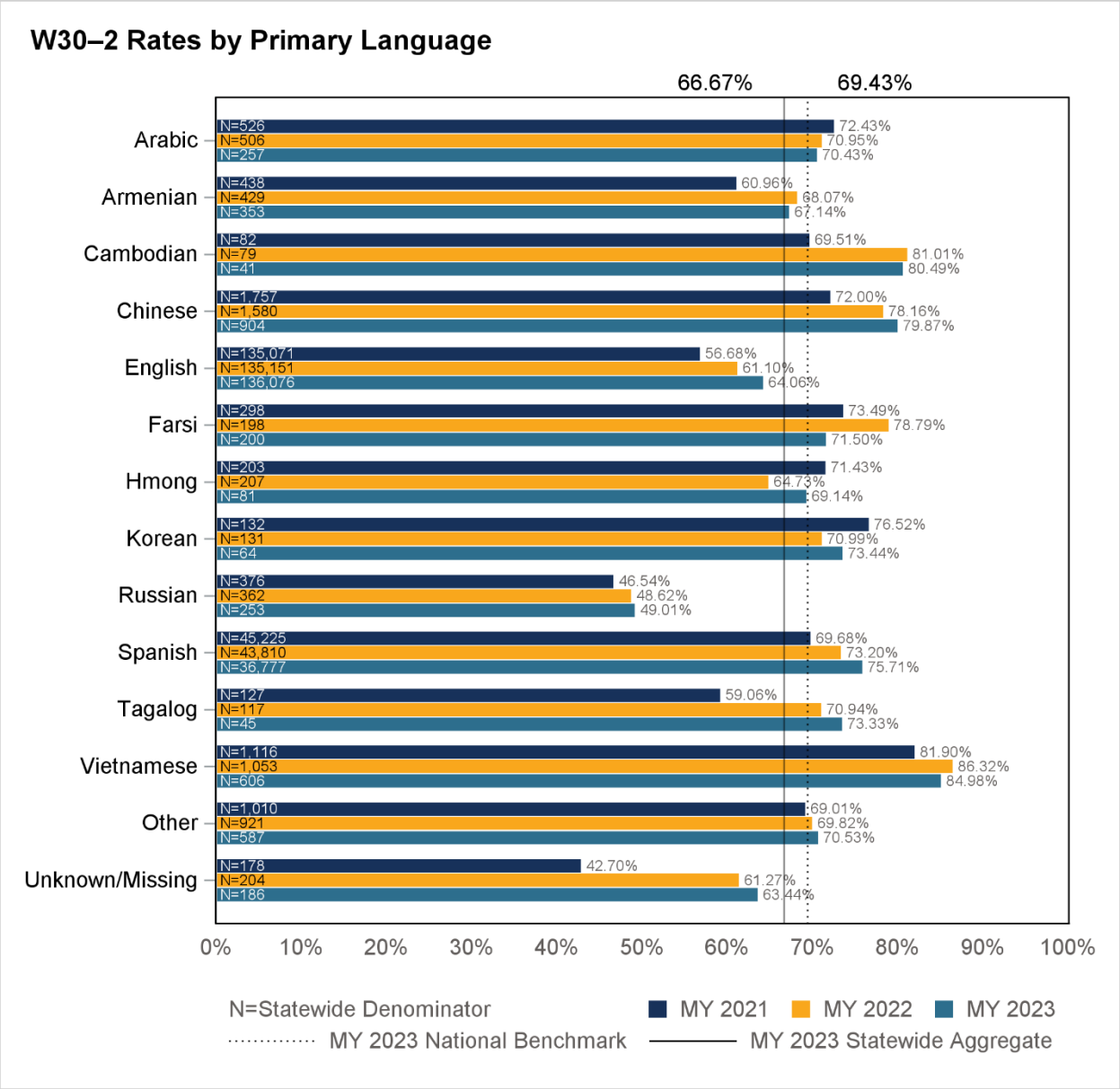


Figure 122—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

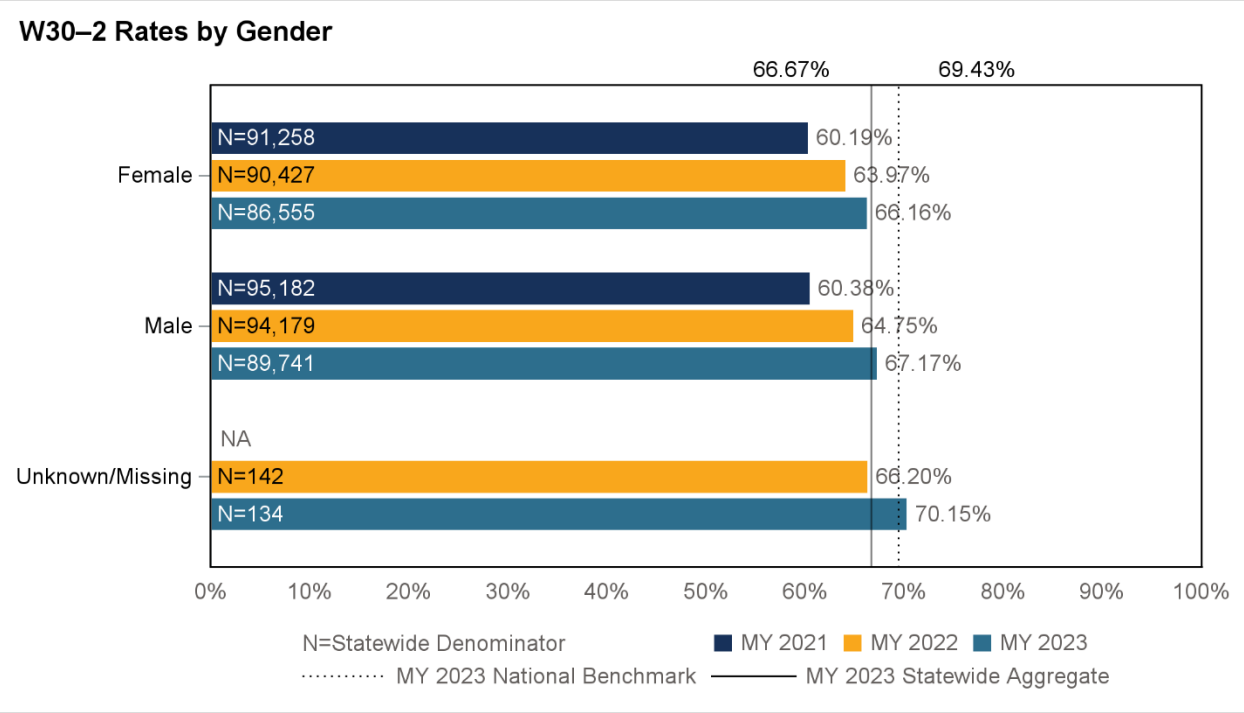


Figure 123—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Regional-Level Delivery Type Model Results

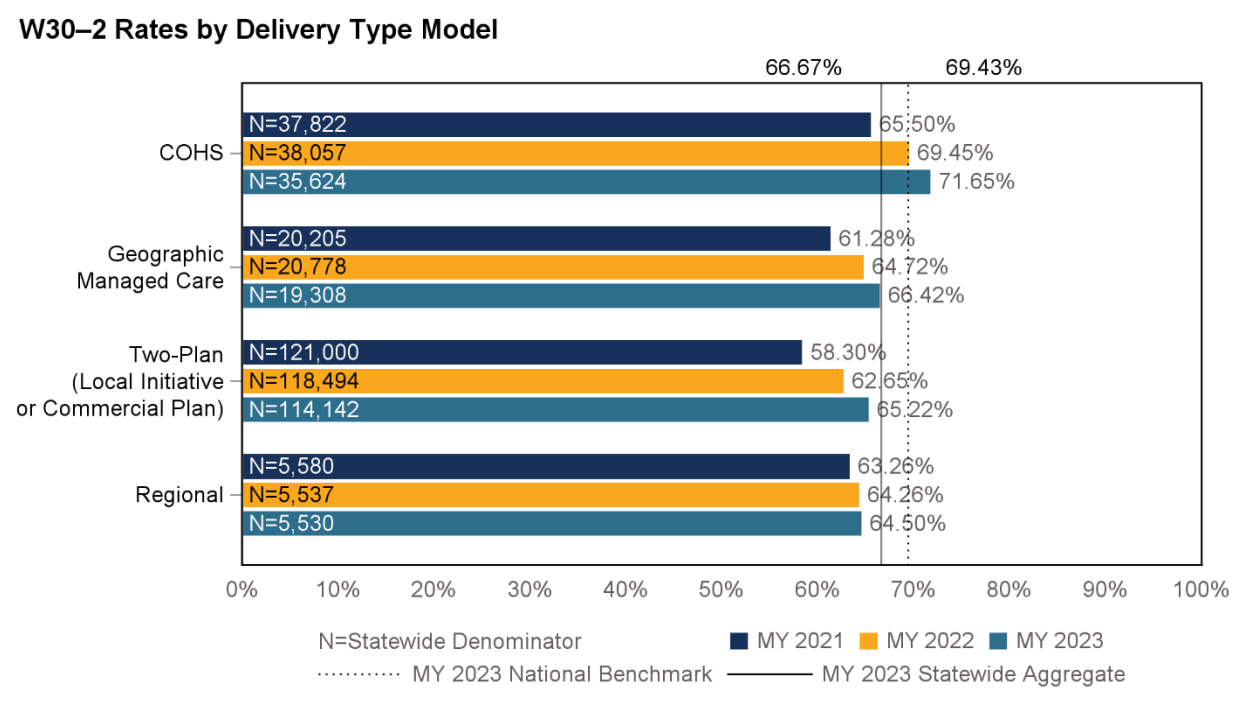


Figure 124—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Regional-Level Population Density Results

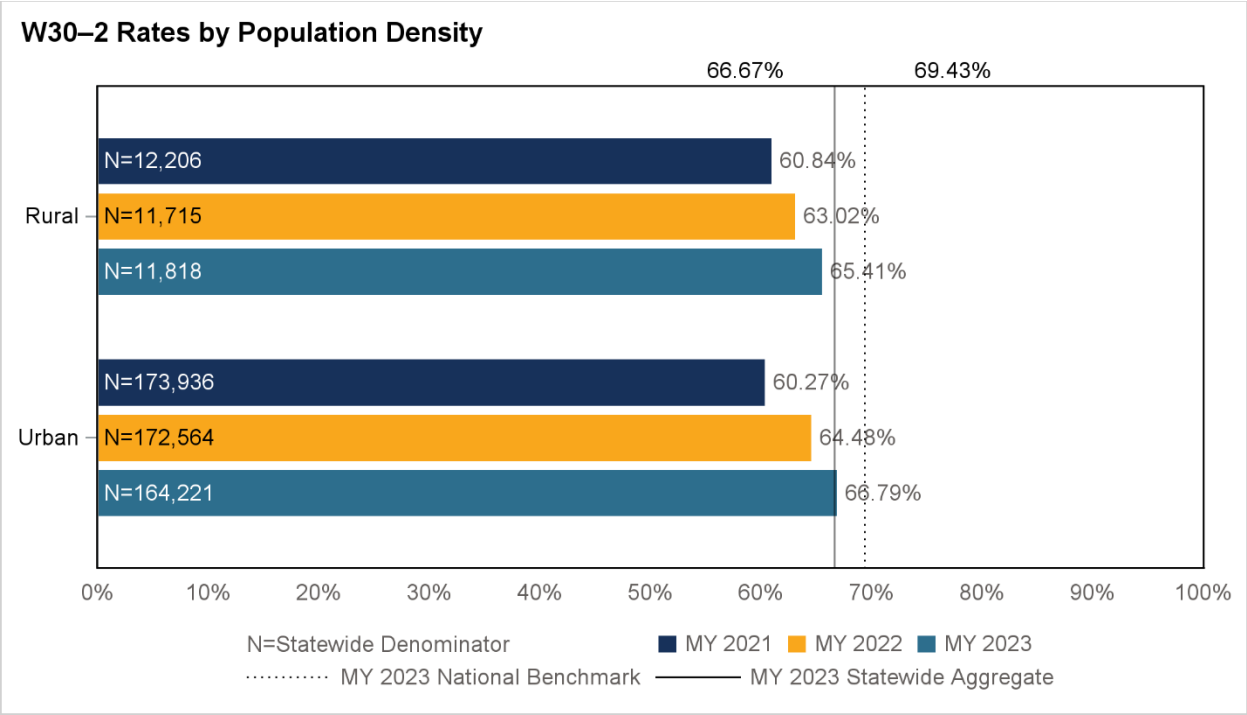


Figure 125—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—Regional-Level Geographic Region Results

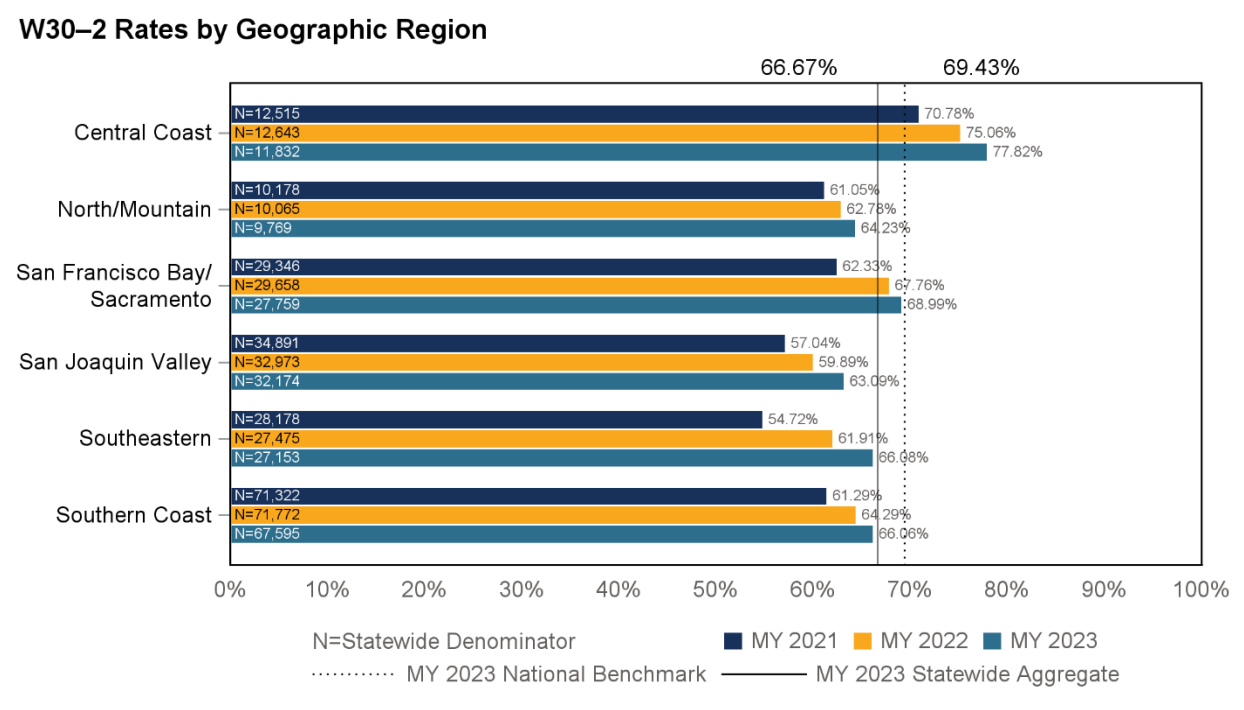
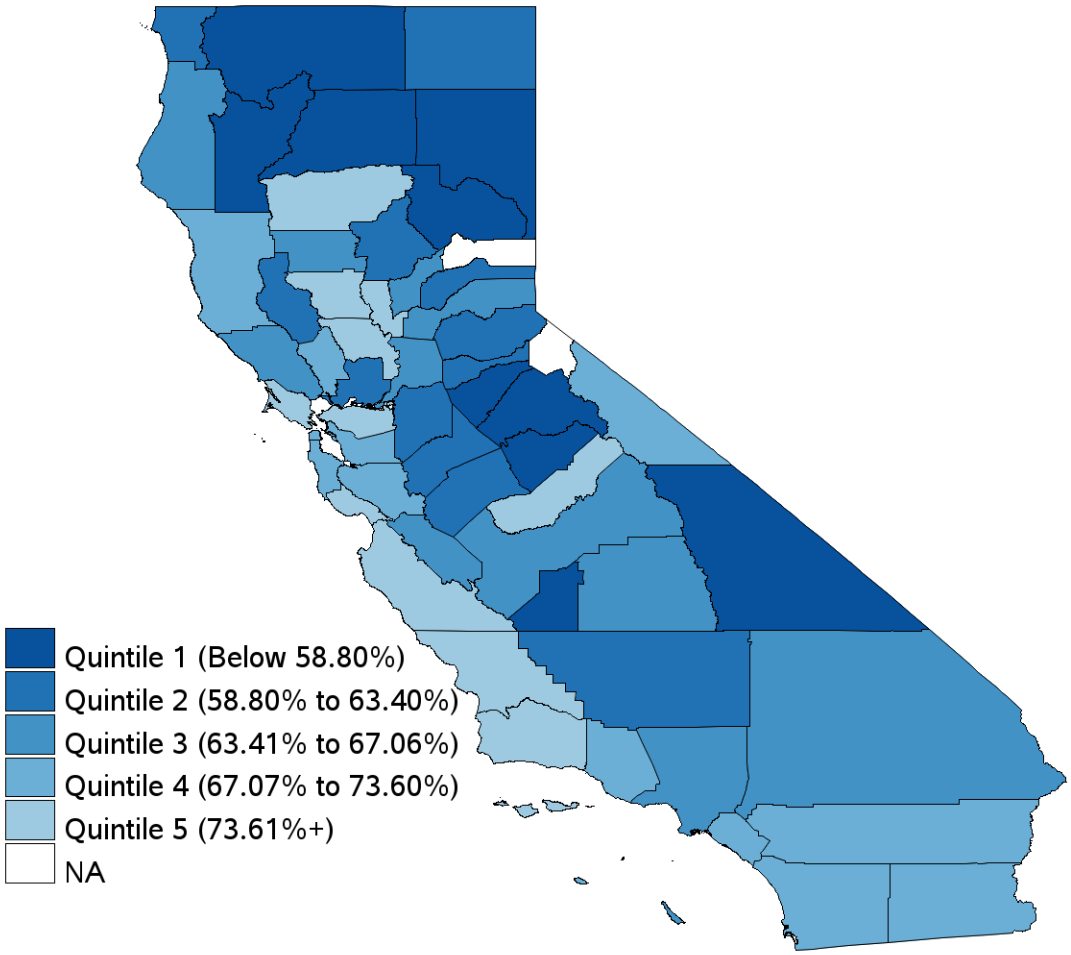


Figure 126—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



HSAG-Calculated Indicators

Alcohol Use Screening

The *Alcohol Use Screening (AUS)* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for alcohol use during the measurement year. Figure 127 through Figure 134 display the *Alcohol Use Screening (AUS)* indicator rates at the statewide and regional levels for both measurement years 2021, 2022, and 2023. Due to a lack of reporting within administrative data sources (i.e., MRR or EHR data could be necessary to capture this information), exercise caution when evaluating results as they may be more indicative of data completeness rather than performance. Please note, national benchmarks are not available for this indicator.

Figure 127—Alcohol Use Screening (AUS)—Statewide Racial/Ethnic Results

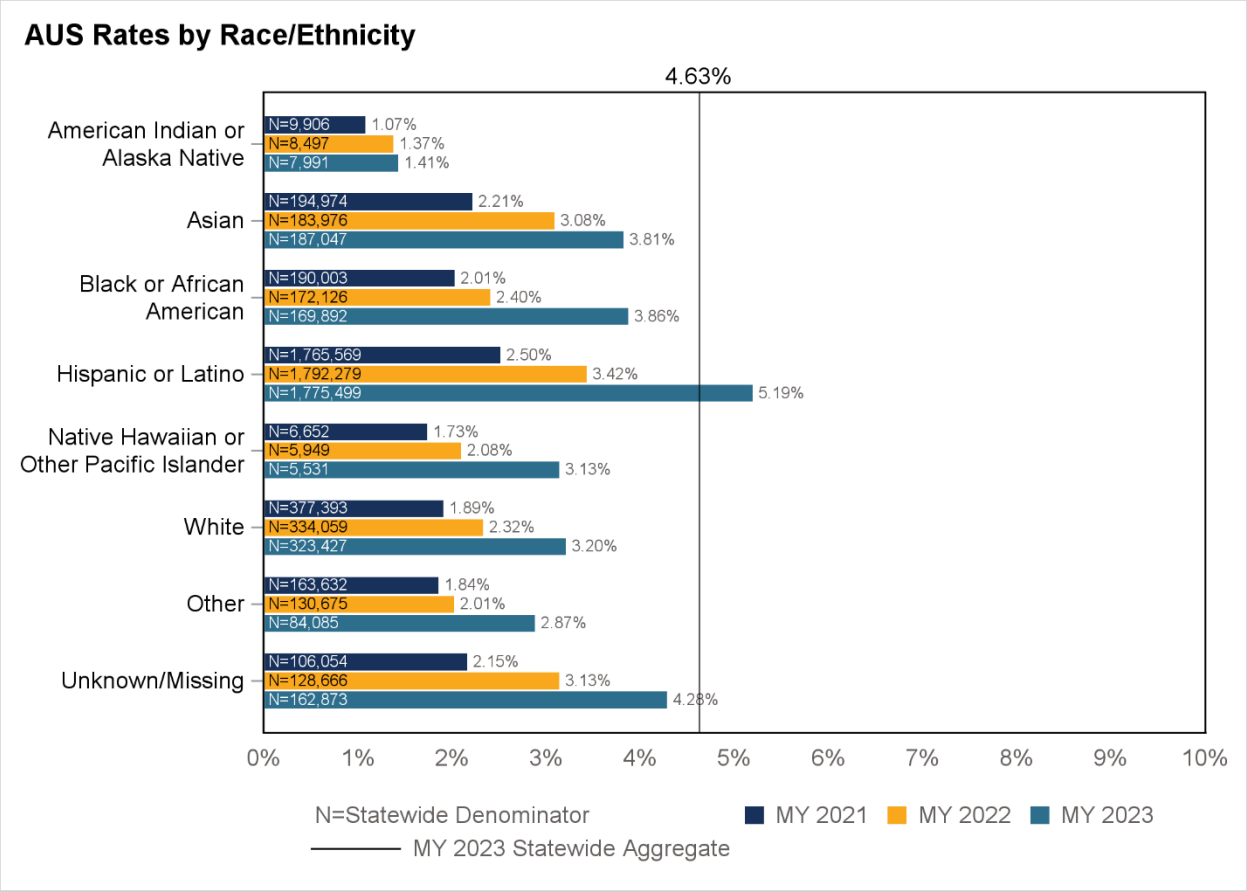


Figure 128—Alcohol Use Screening (AUS)—Statewide Primary Language Results

* Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

The measurement year 2023 statewide denominator for the Armenian primary language group is 8,245.

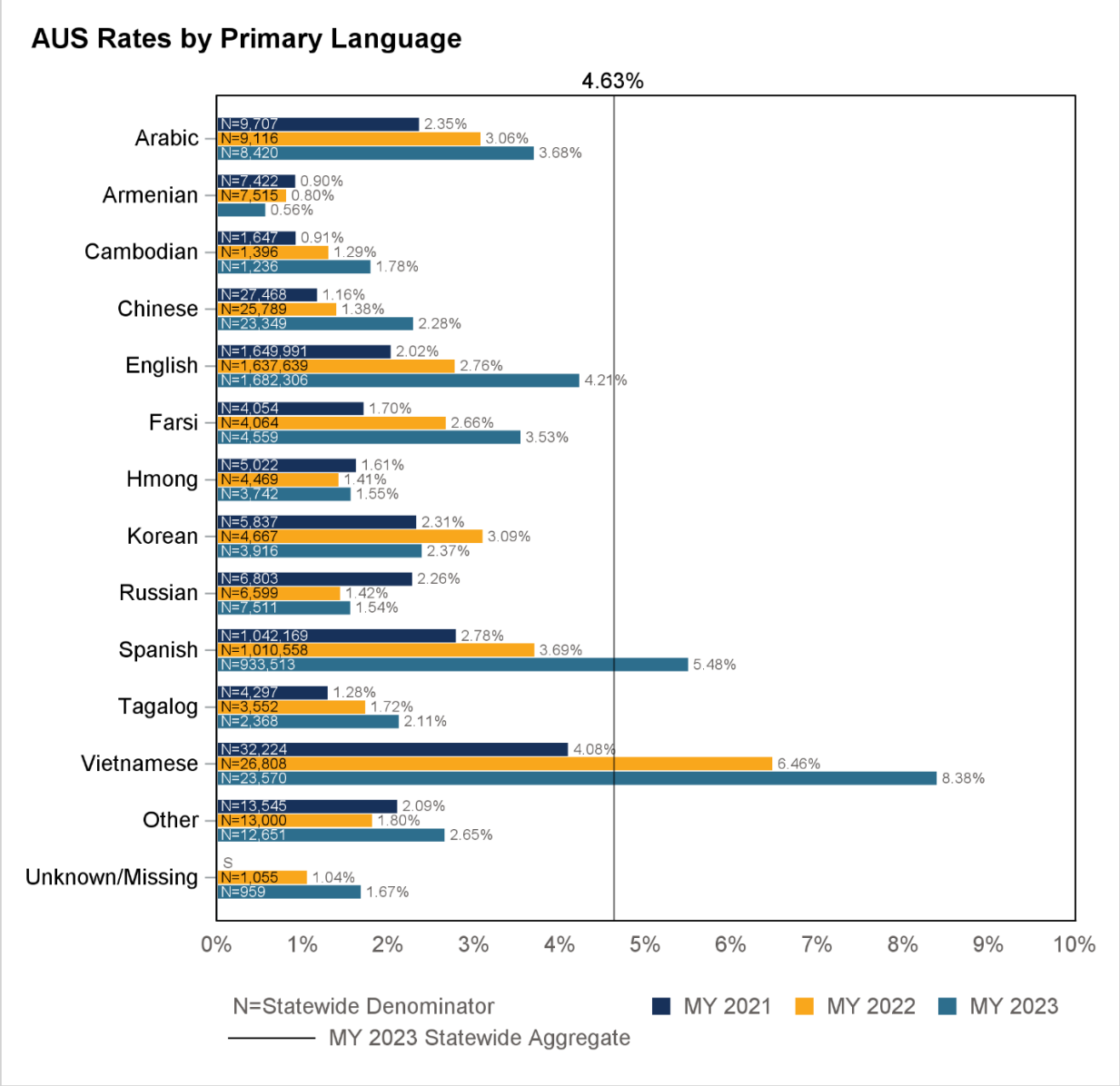


Figure 129—Alcohol Use Screening (AUS)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

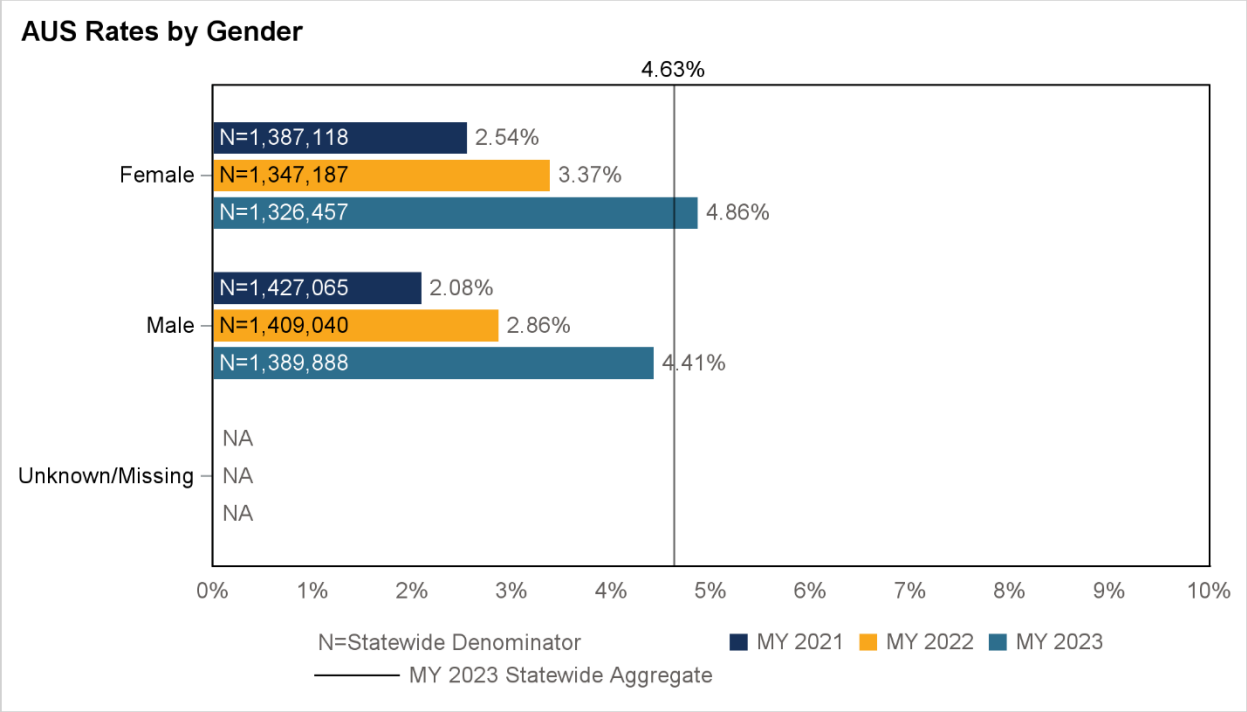


Figure 130—Alcohol Use Screening (AUS)—Statewide Age Results

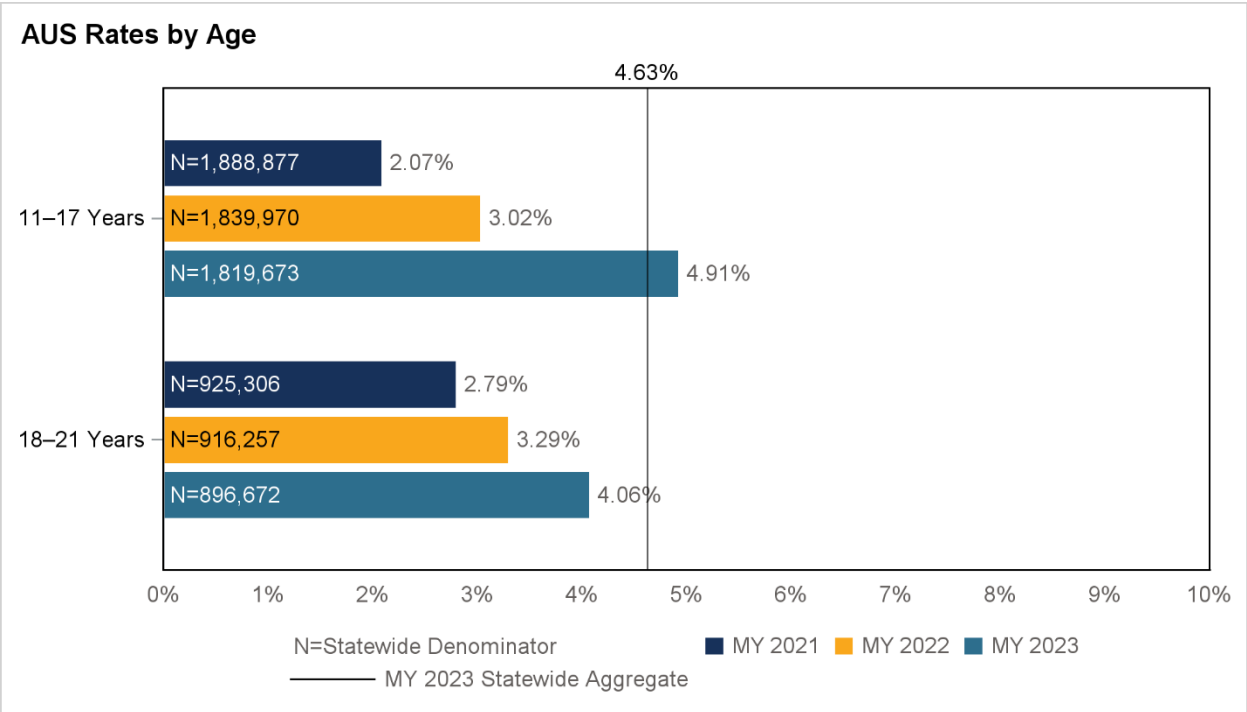


Figure 131—Alcohol Use Screening (AUS)—Regional-Level Delivery Type Model Results

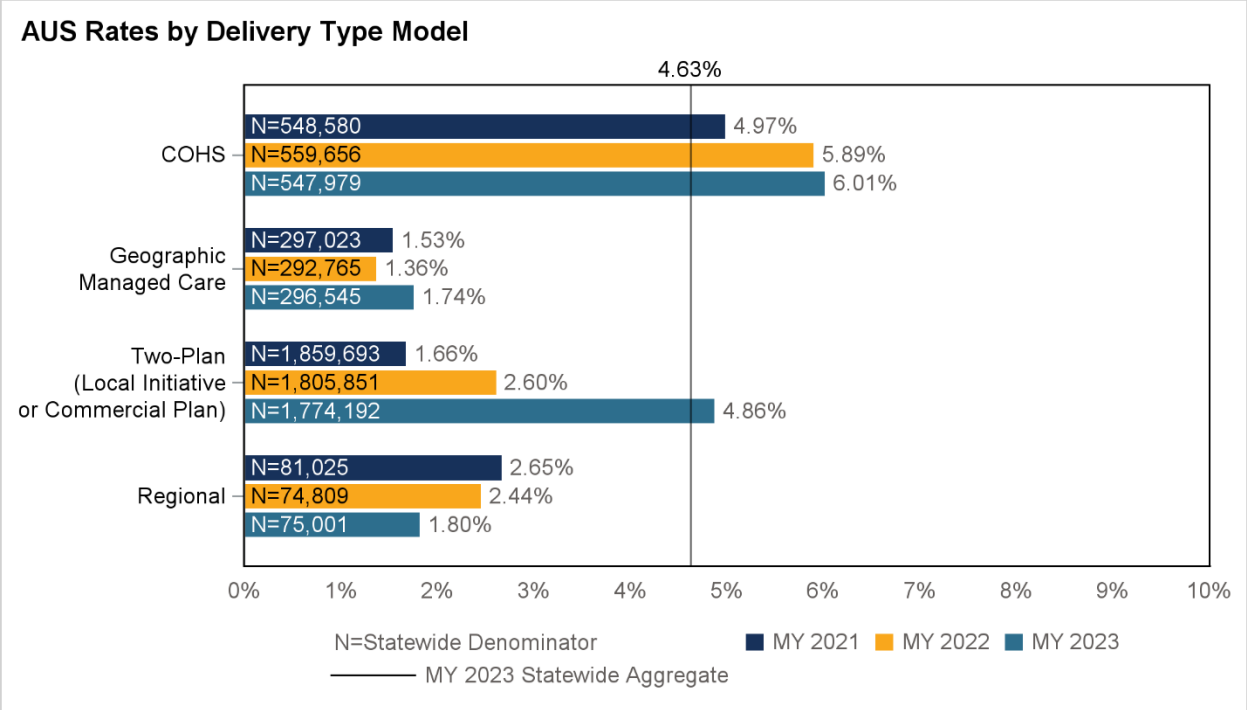


Figure 132—Alcohol Use Screening (AUS)—Regional-Level Population Density Results

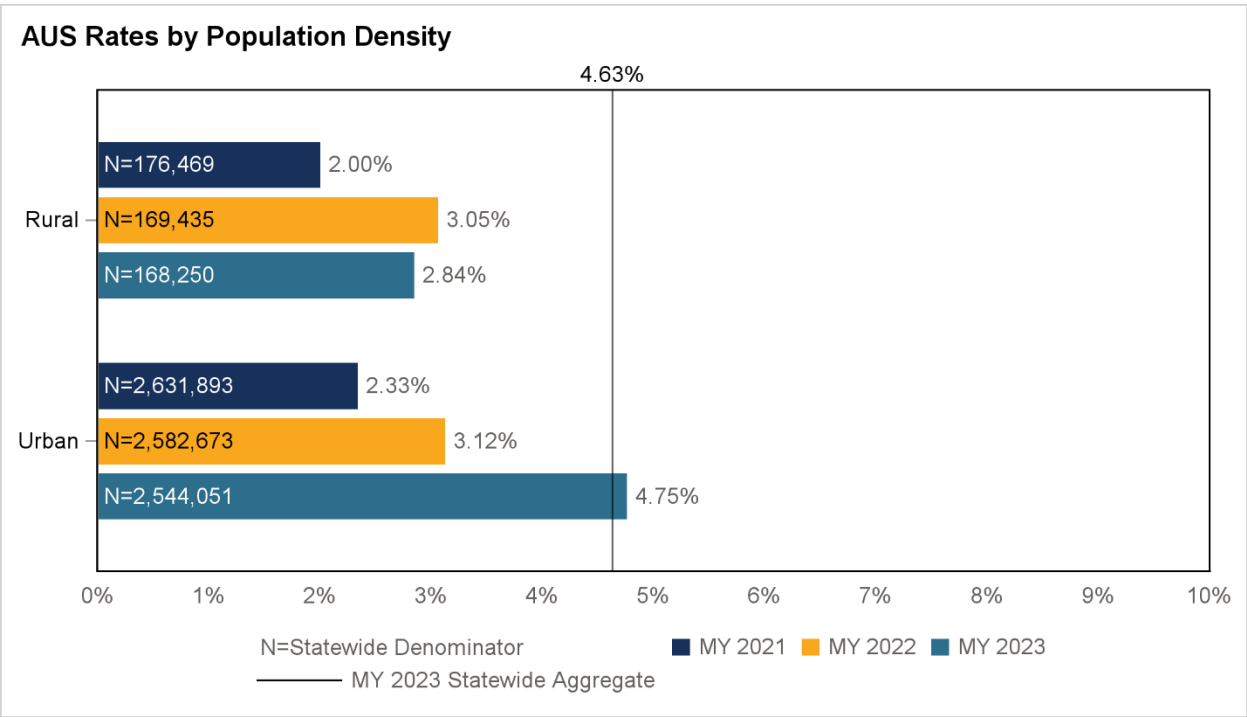


Figure 133—Alcohol Use Screening (AUS)—Regional-Level Geographic Region Results

The measurement years 2021, 2022, and 2023 statewide denominators for the San Joaquin Valley geographic region are 474,641; 465,189; and 464,573 respectively.

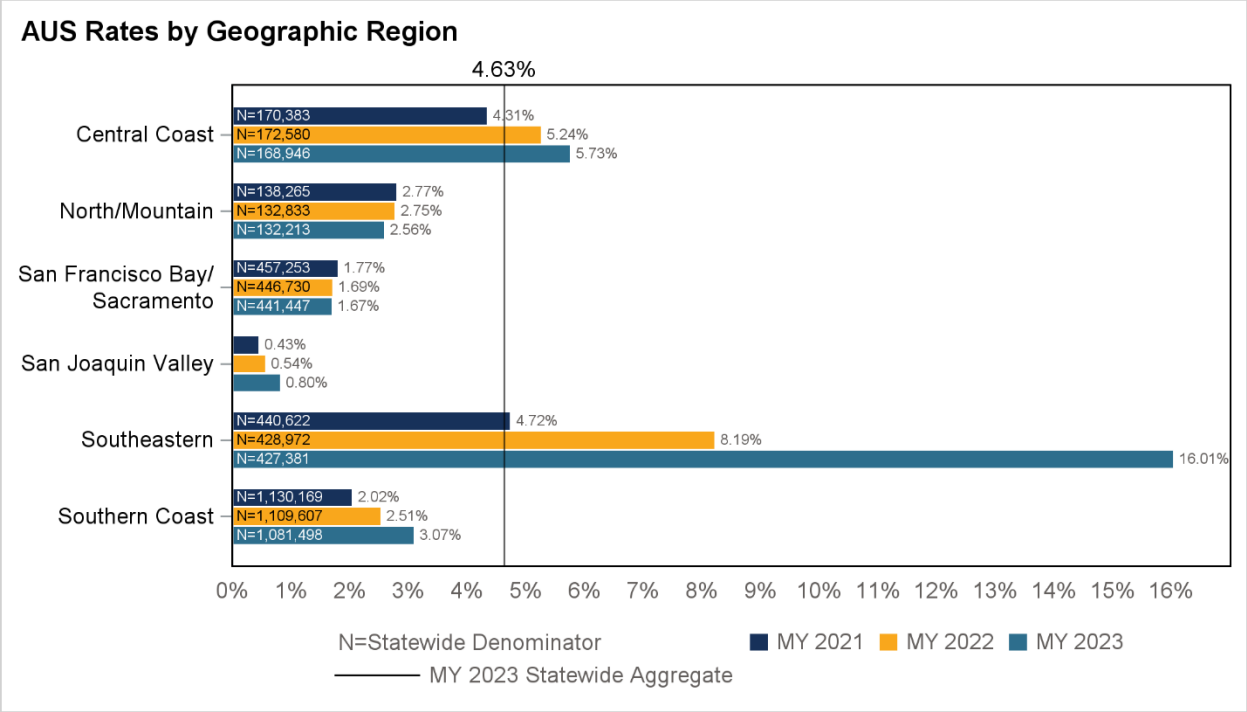
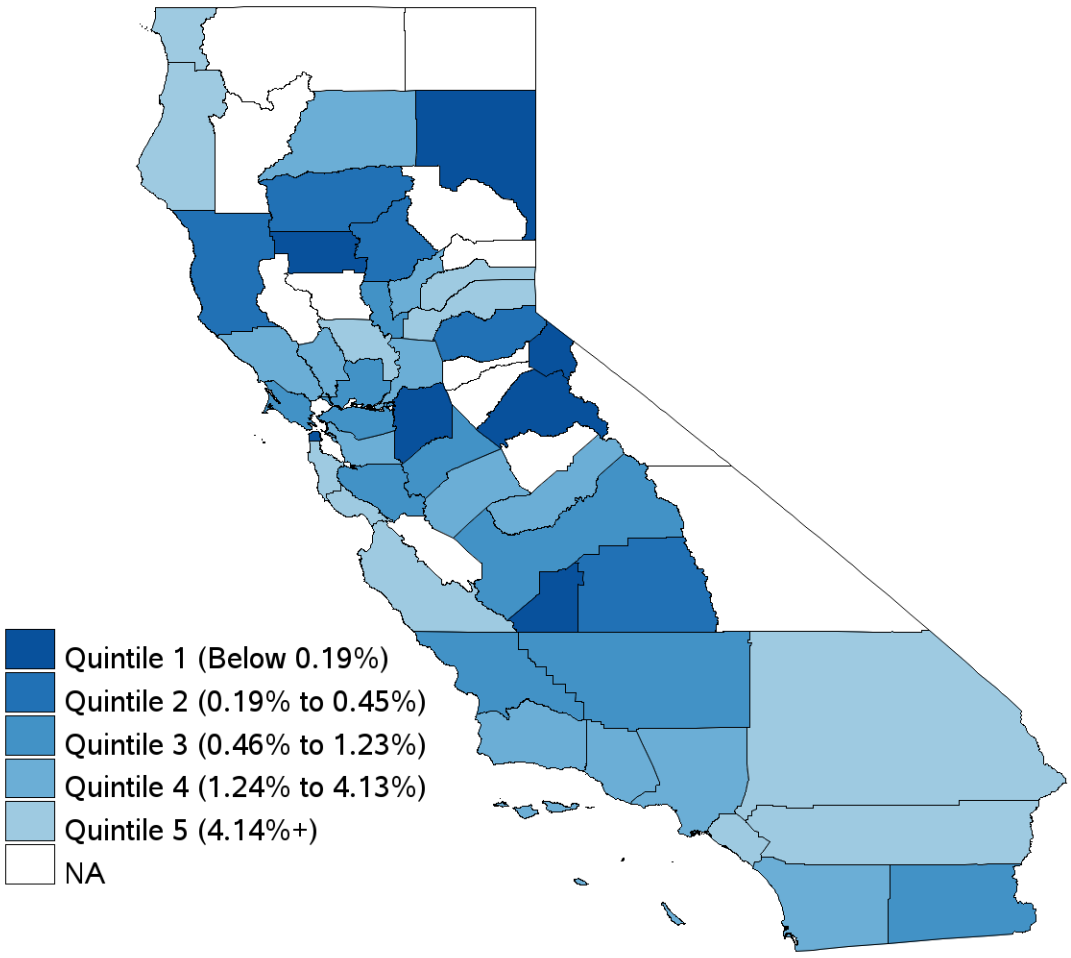


Figure 134—Alcohol Use Screening (AUS)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Contraceptive Care—All Women—LARC—Ages 15 to 20

The *Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)* indicator measures the percentage of women 15 to 20 years of age at risk of unintended pregnancy who were provided a LARC. Figure 135 through Figure 140 display the *Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)* indicator rates at the statewide and regional levels for measurement year 2023. Please note, the *Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)* indicator is new for measurement year 2023; therefore, trending results are not available.

Figure 135—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—Statewide Racial/Ethnic Results

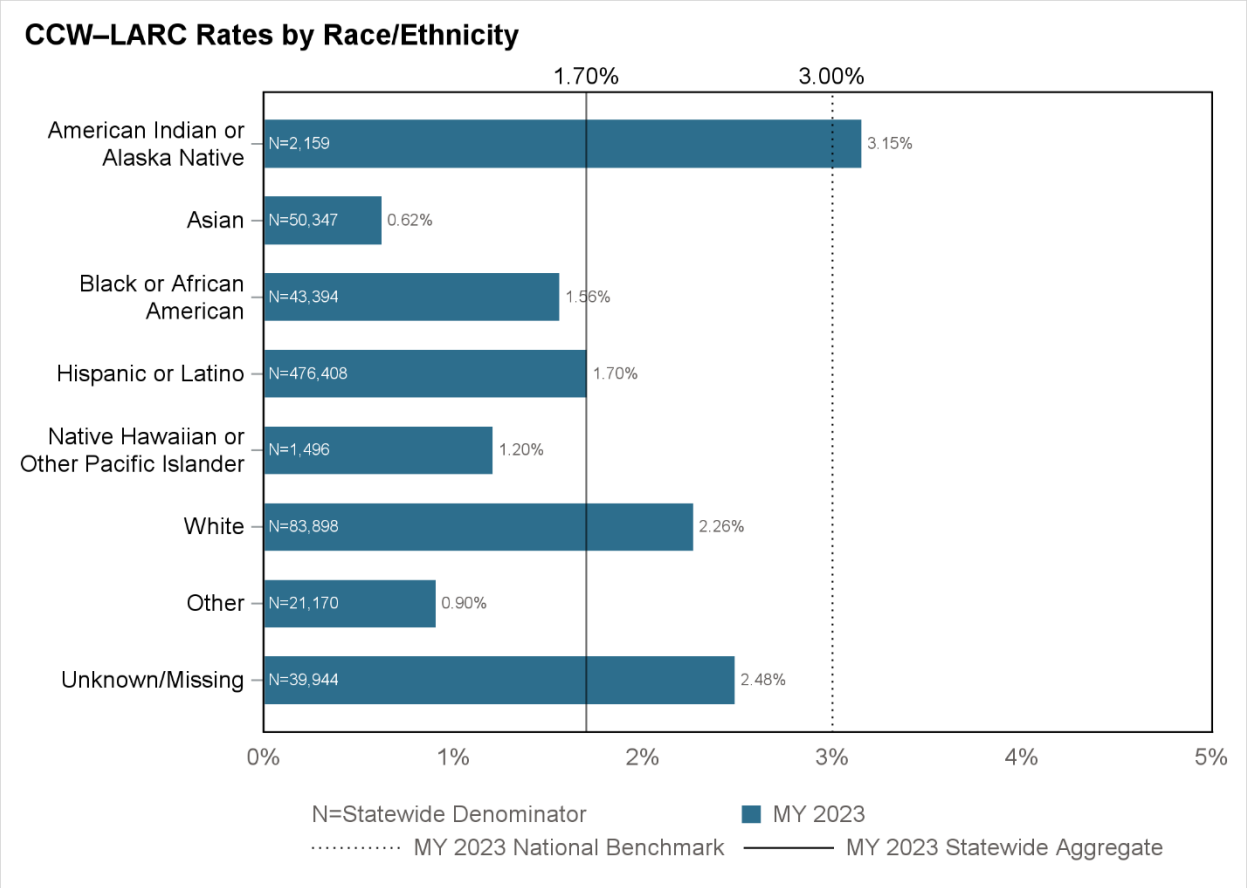


Figure 136—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

The measurement year 2023 statewide denominator for the Chinese primary language group was 5,929.

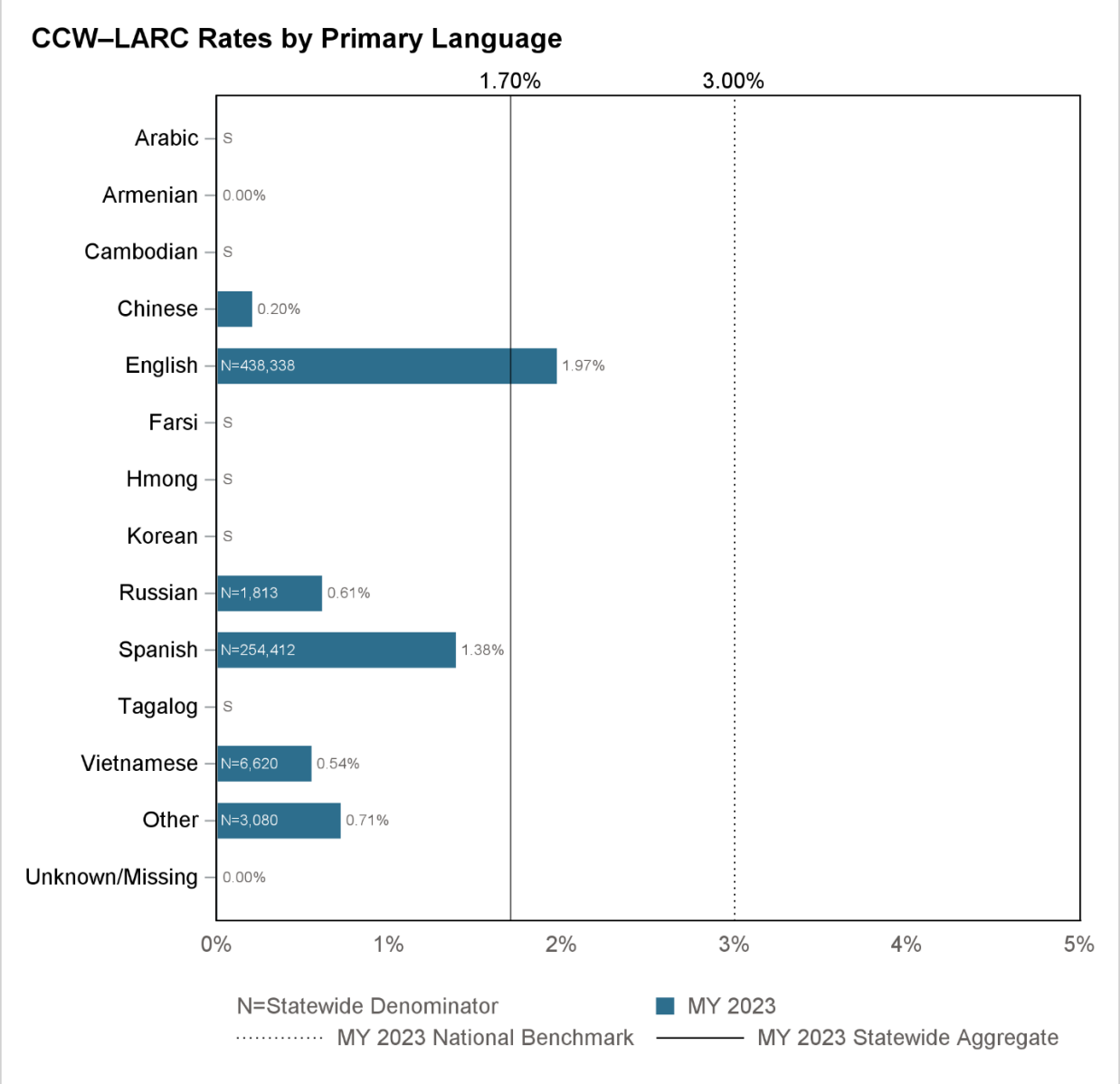


Figure 137—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—Regional Level Delivery Type Model Results

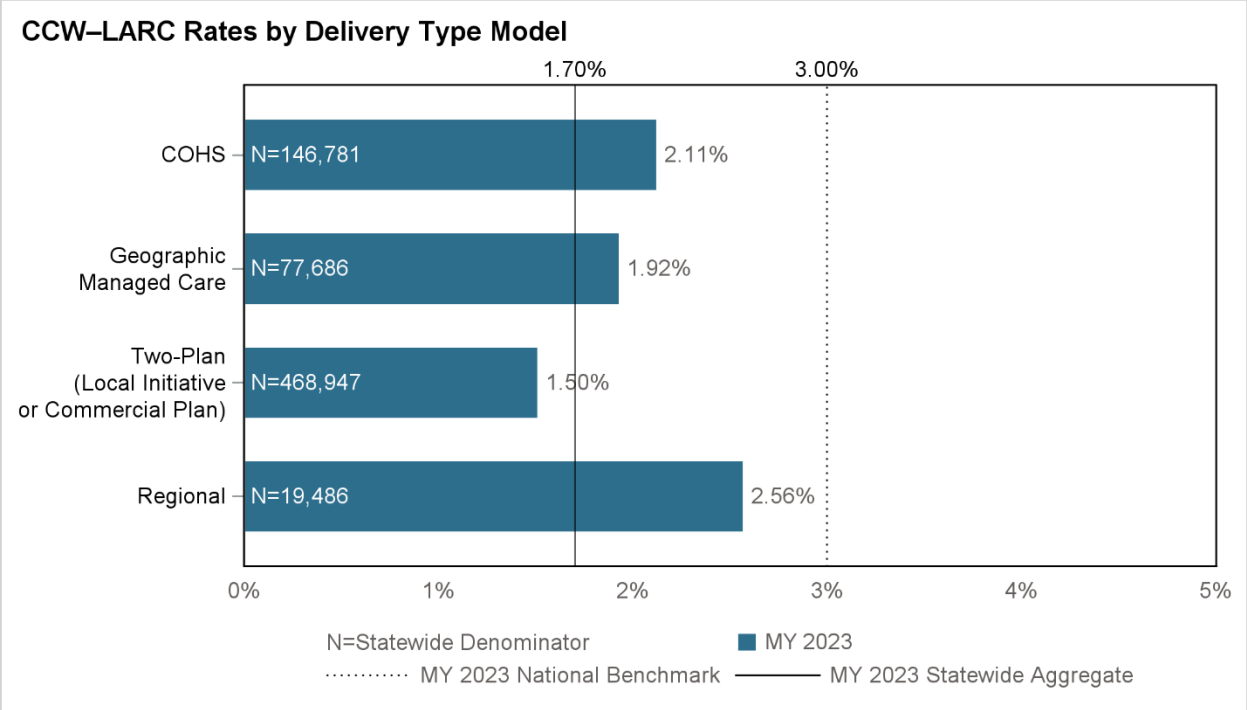


Figure 138—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—Regional Level Population Density Results

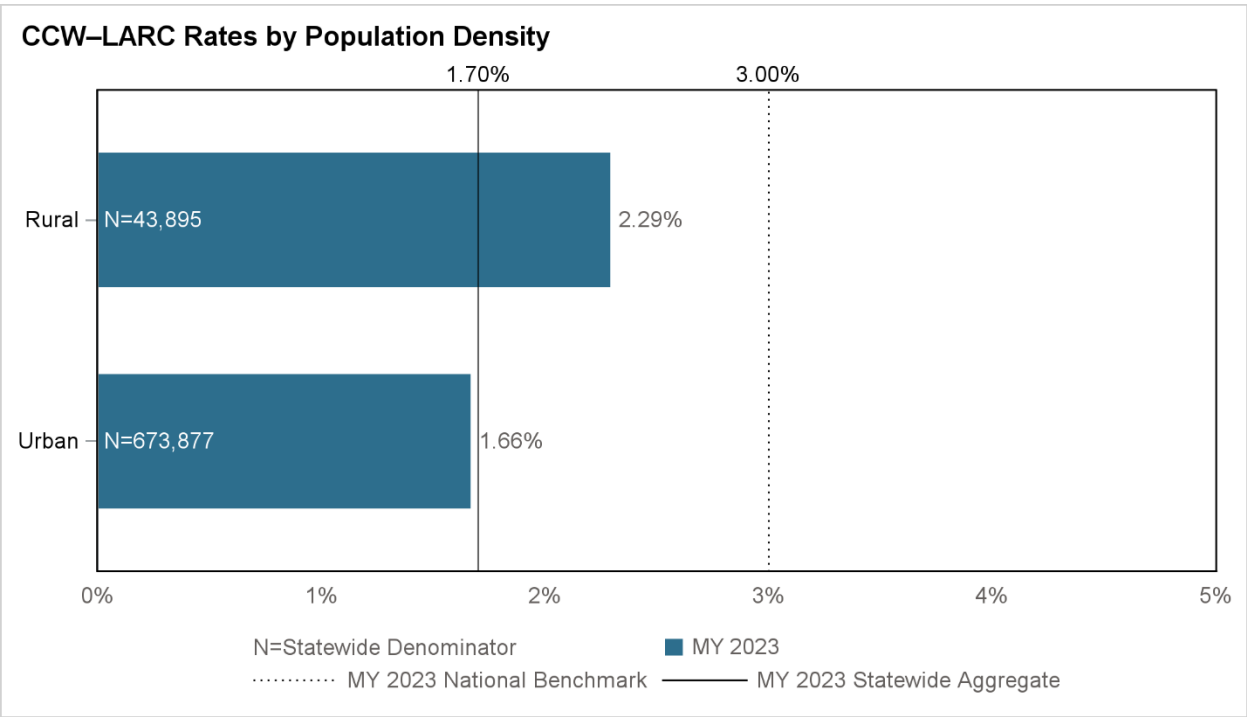


Figure 139—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—Regional Level Geographic Region Results

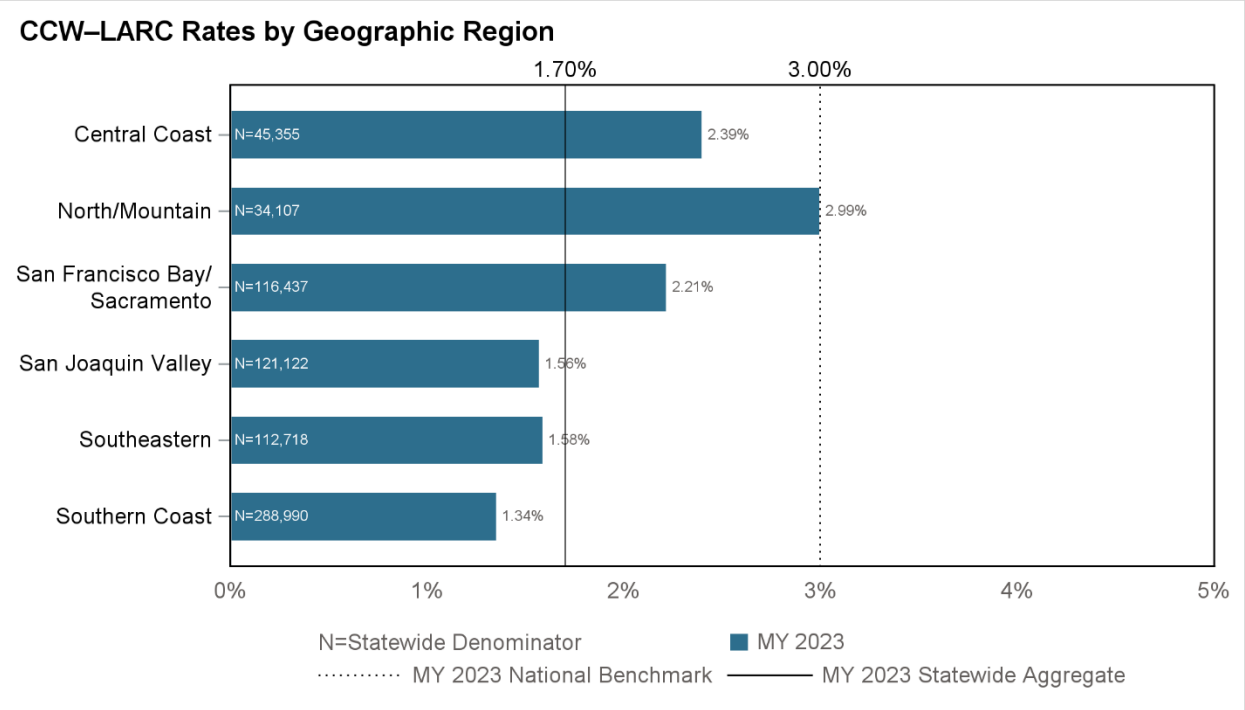
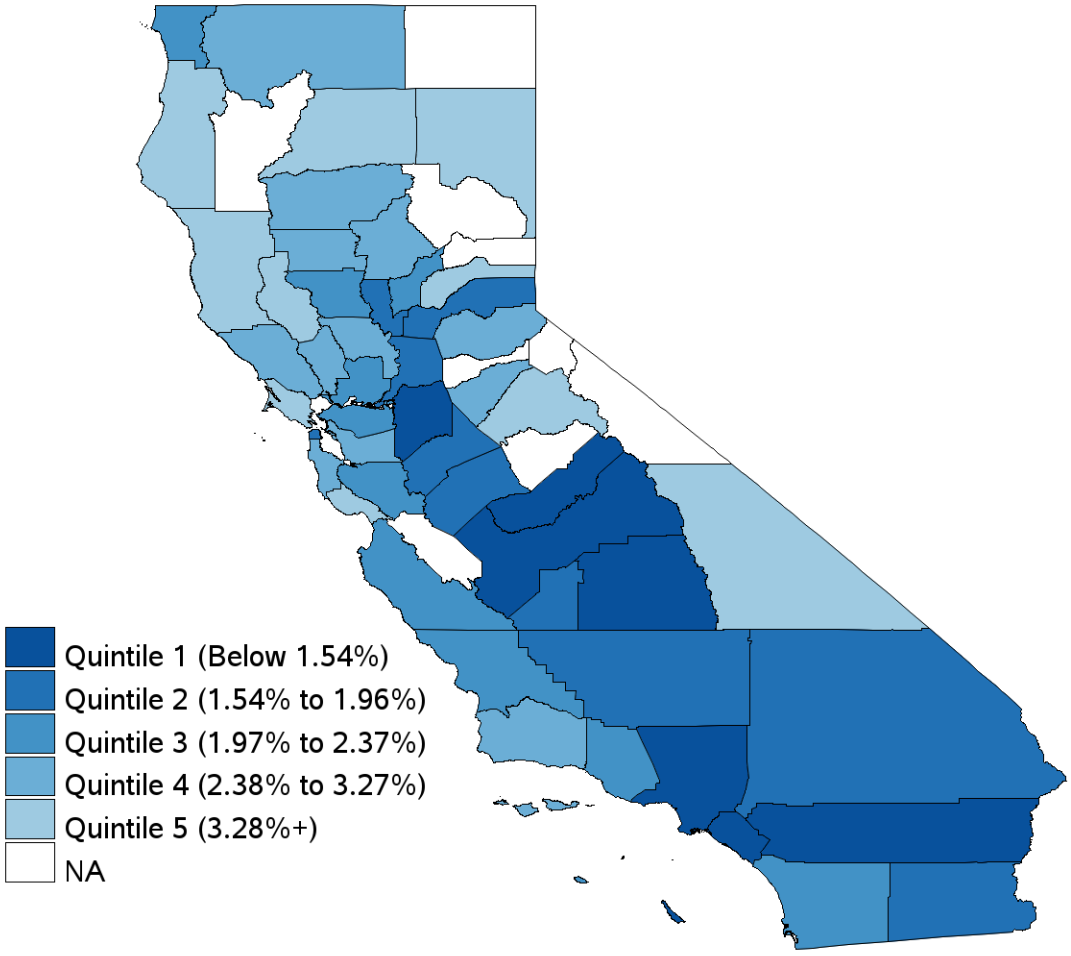


Figure 140—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—County Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20

The *Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)* indicator measures the percentage of women 15 to 20 years of age at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception. Figure 141 through Figure 146 display the *Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)* indicator rates at the statewide and regional levels for measurement year 2023. Please note, the *Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–LARC)* indicator is new for measurement year 2023; therefore, trending results are not available.

Figure 141—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—Statewide Racial/Ethnic Results

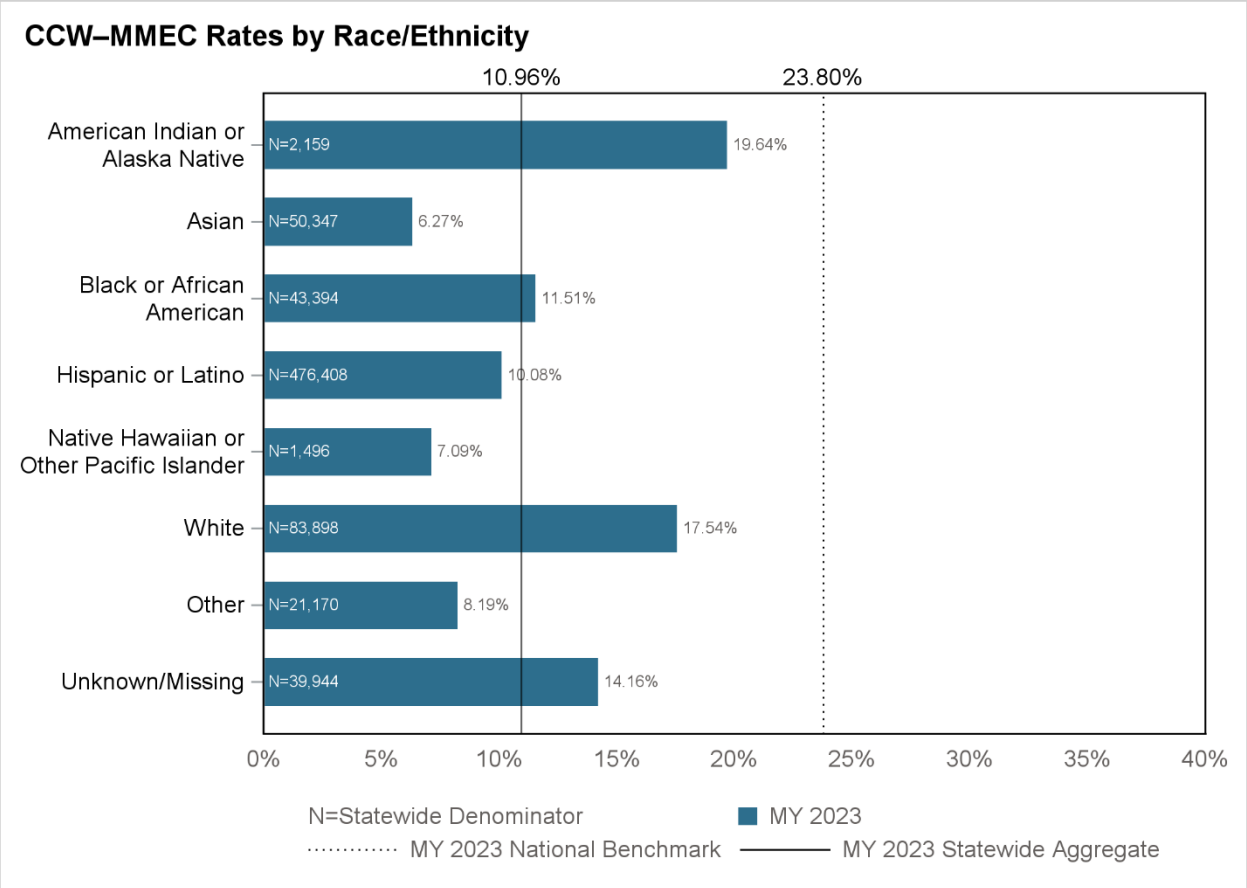


Figure 142—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

The measurement year 2023 statewide denominators for the Armenian and Korean primary language groups were 1,927 and 1,118, respectively.

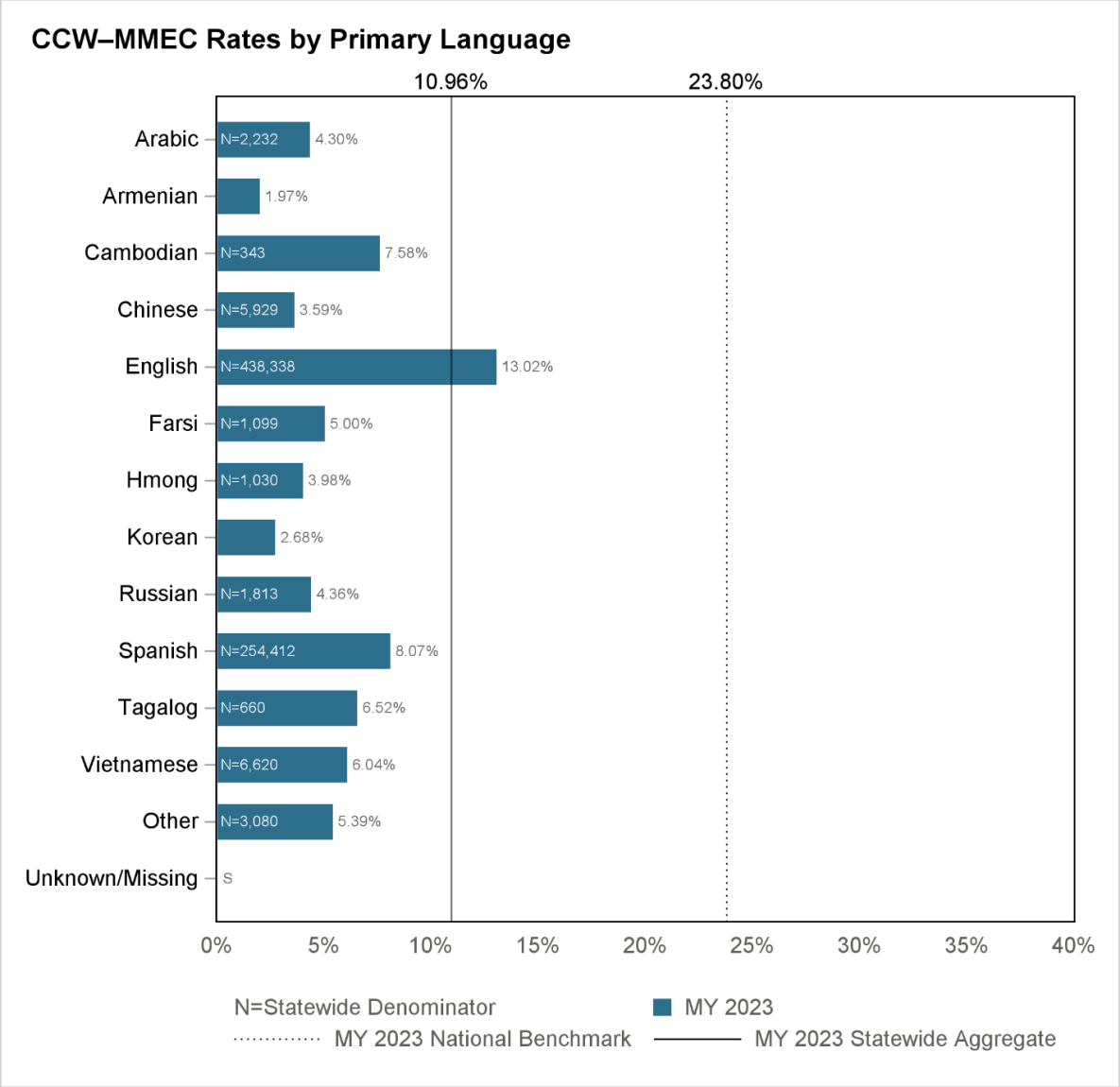


Figure 143—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—Regional Level Delivery Type Model Results

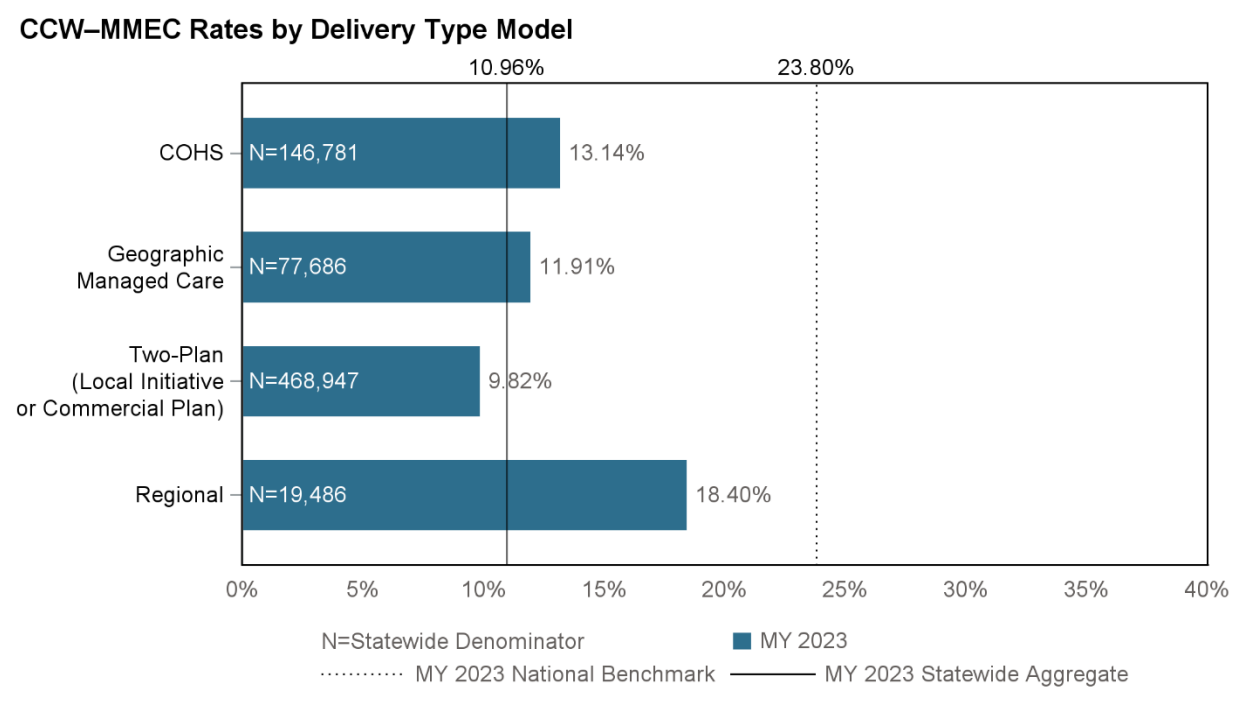


Figure 144—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—Regional Level Population Density Results

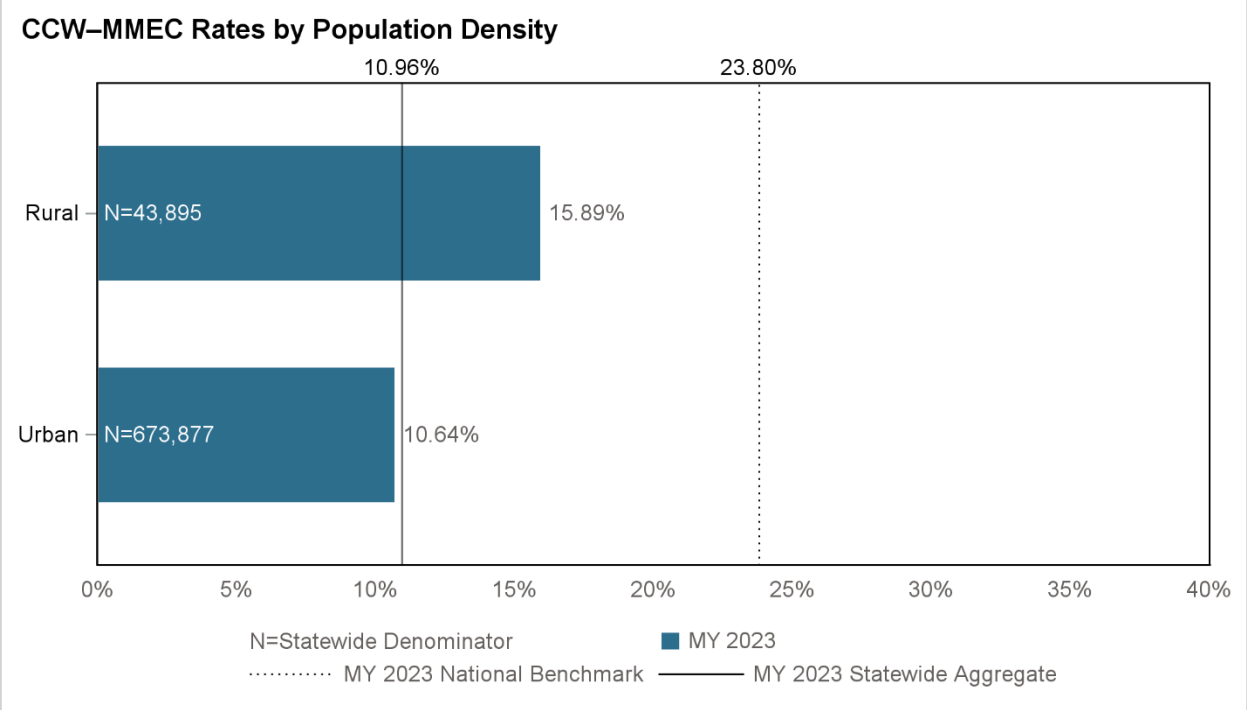


Figure 145—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—Regional Level Geographic Region Results

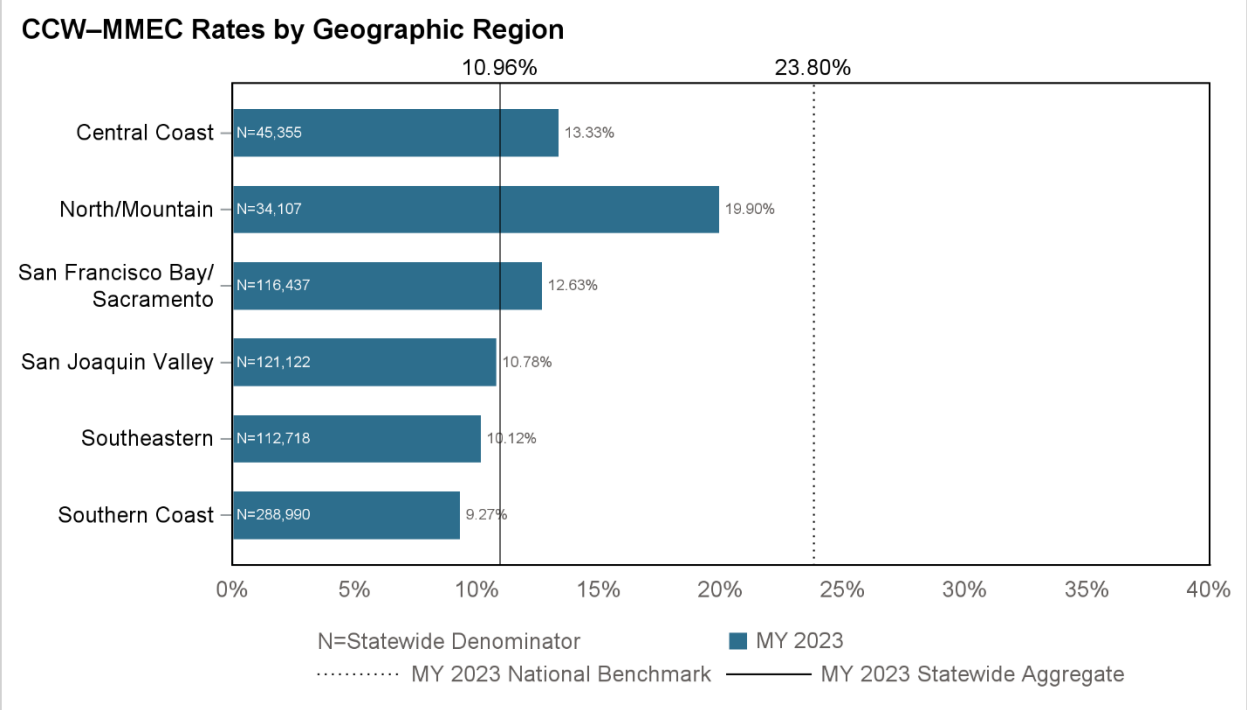
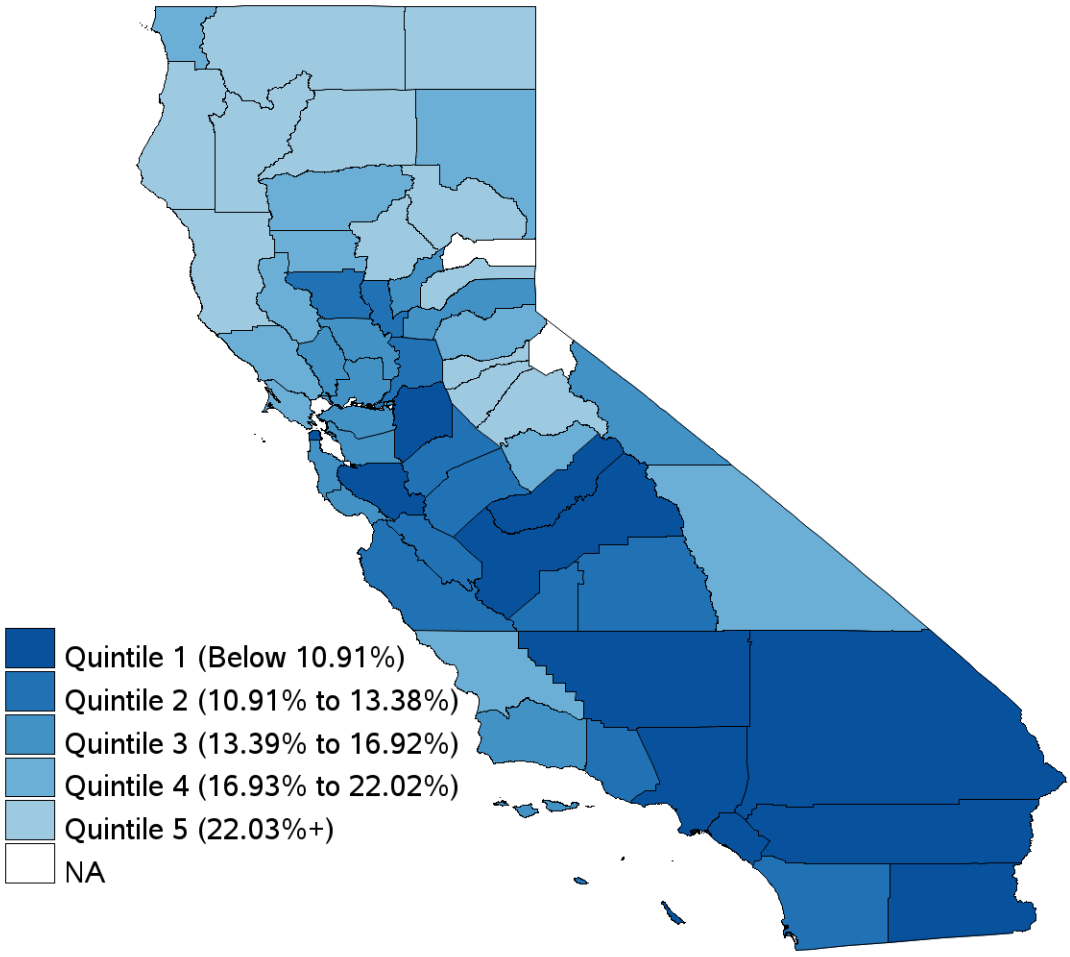


Figure 146—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—County Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Sealant Receipt on Permanent First Molars—All Four Molars Sealed

The *Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)* indicator measures the percentage of children 10 years of age who have ever received sealants on all four permanent first molars by their 10th birthday. Figure 147 through Figure 153 display the *Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)* indicator rates at the statewide and regional levels for measurement year 2023. Please note, the *Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)* indicator is new for measurement year 2023; therefore, trending results are not available.

Figure 147—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Statewide Racial/Ethnic Results

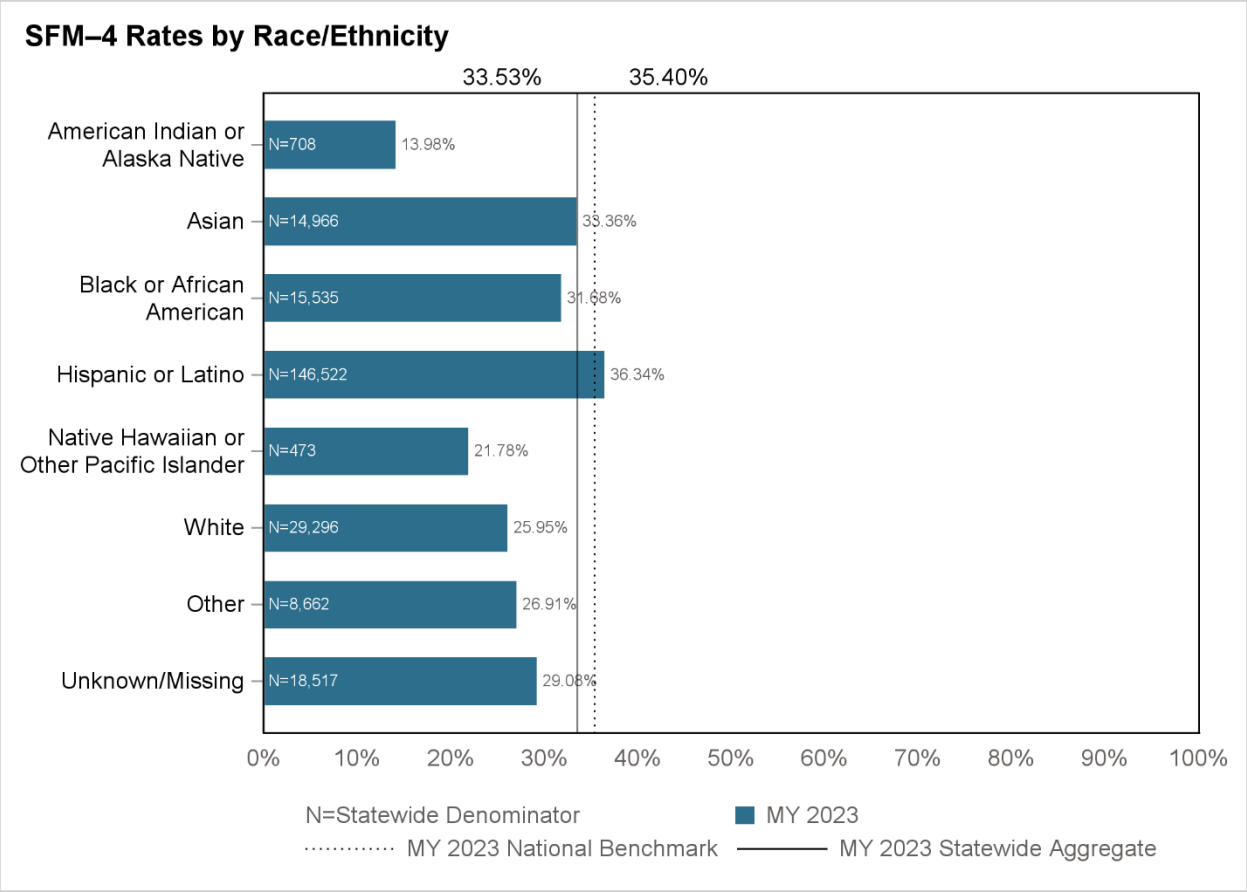


Figure 148—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

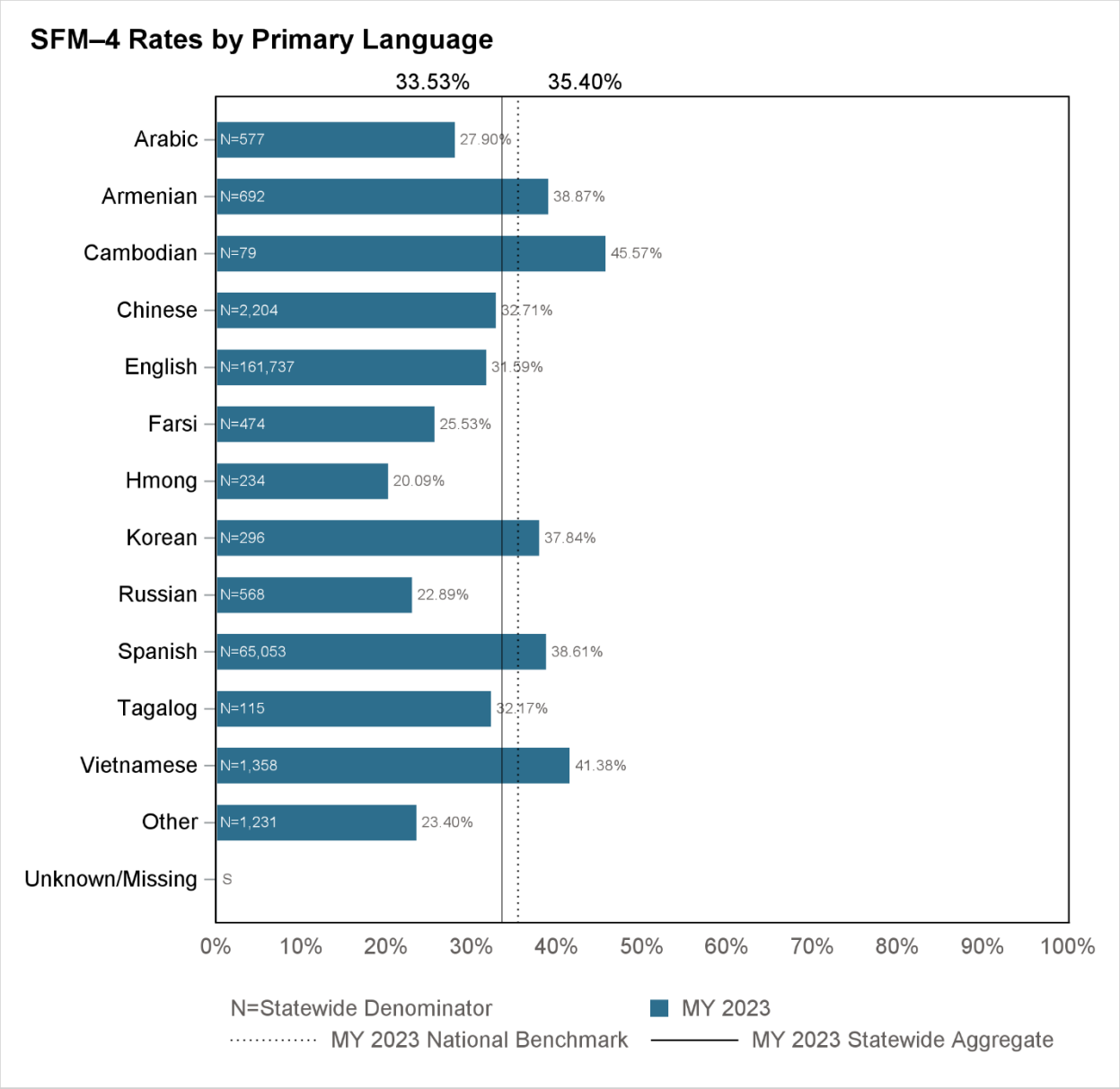


Figure 149—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

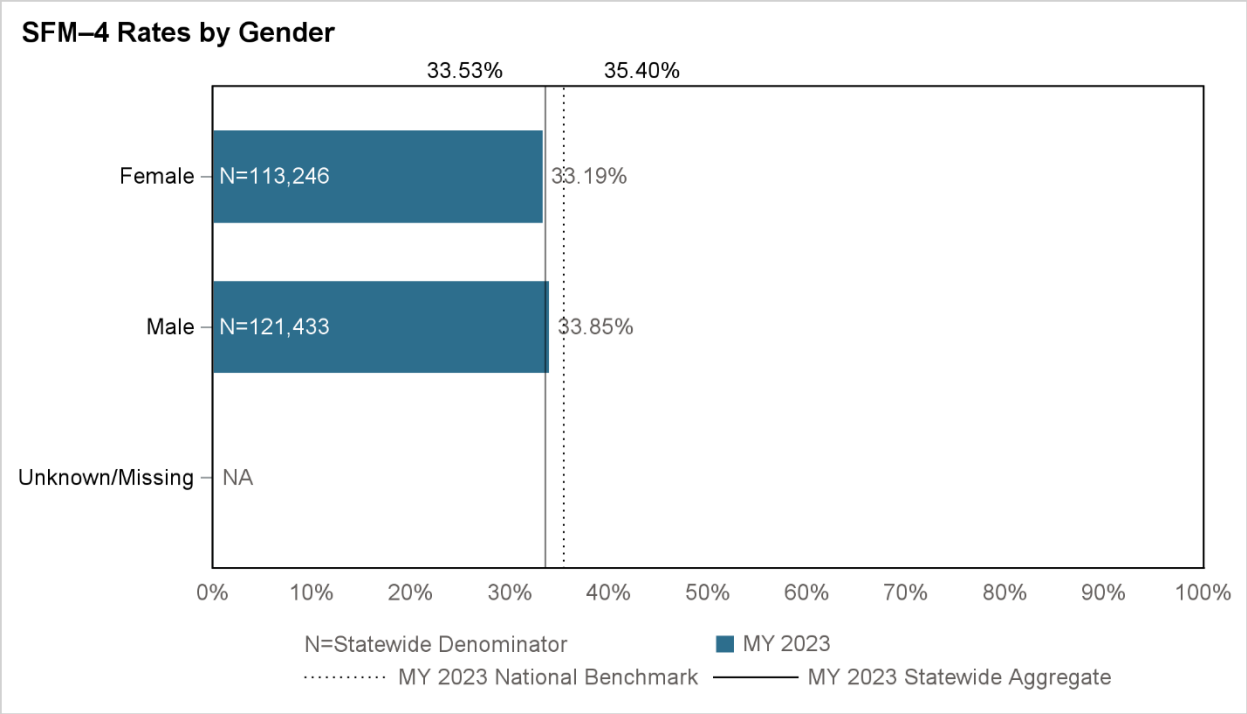


Figure 150—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Regional Level Delivery Type Model Results

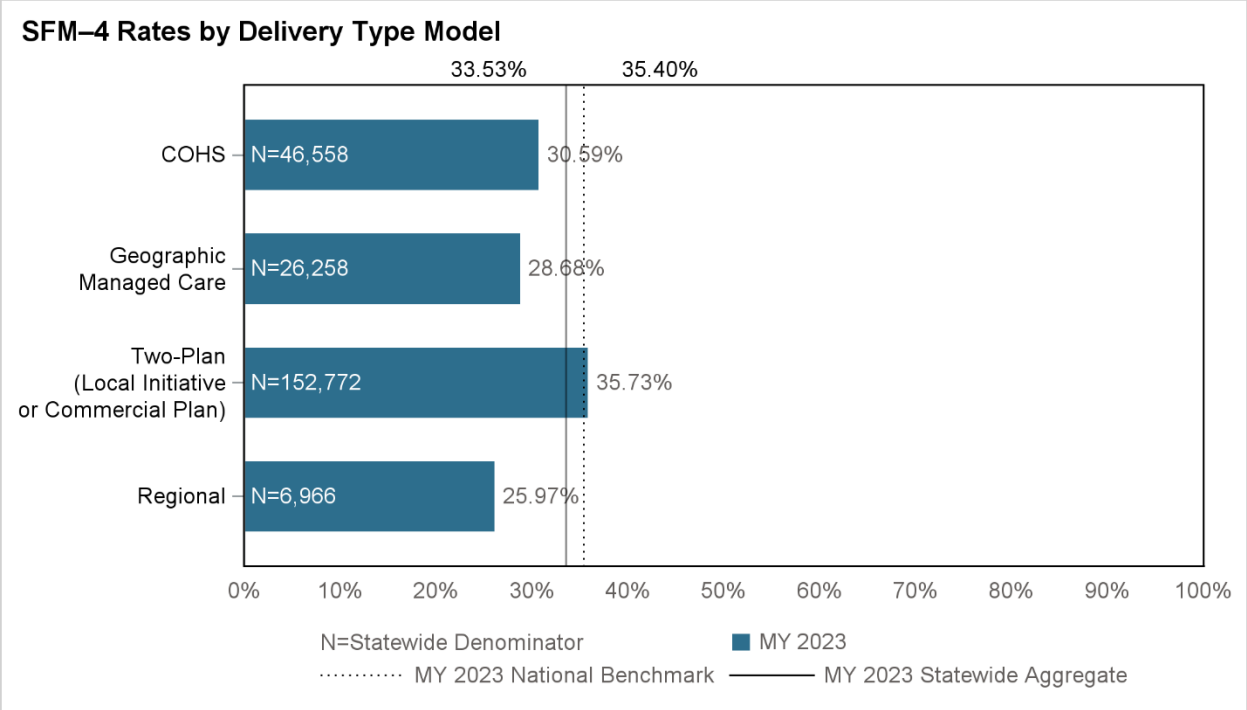


Figure 151—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Regional Level Population Density Results

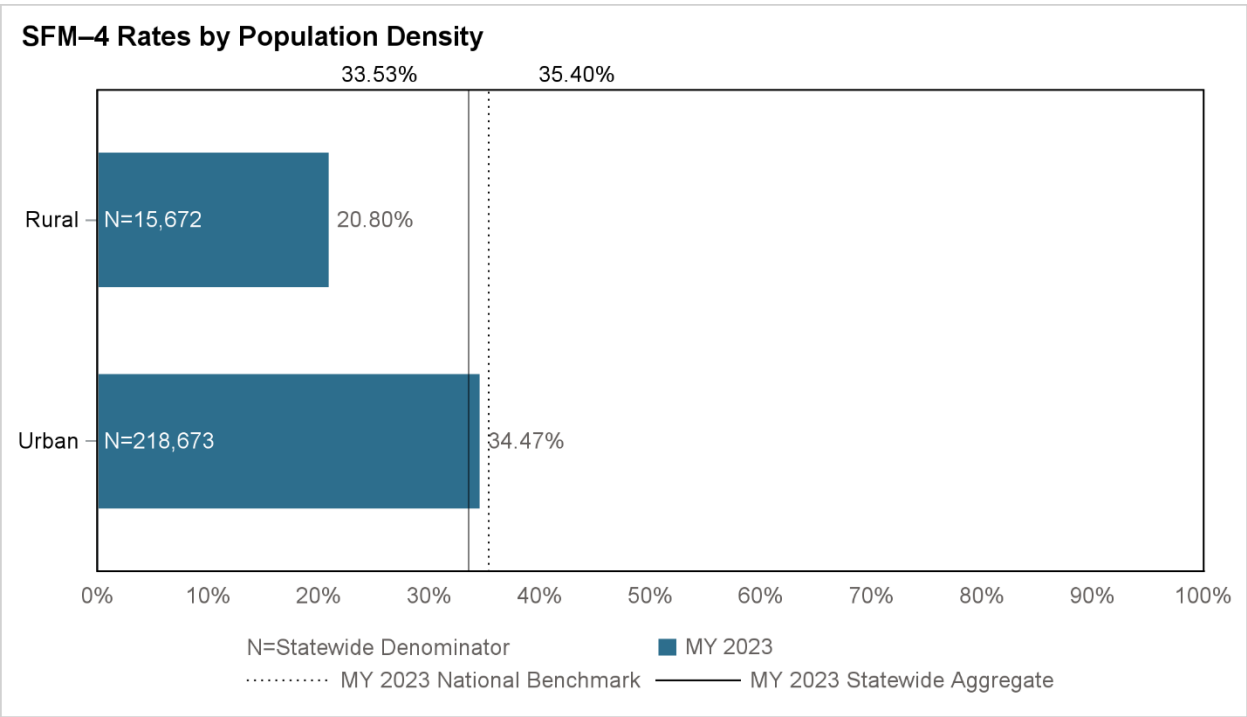


Figure 152—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—Regional Level Geographic Region Results

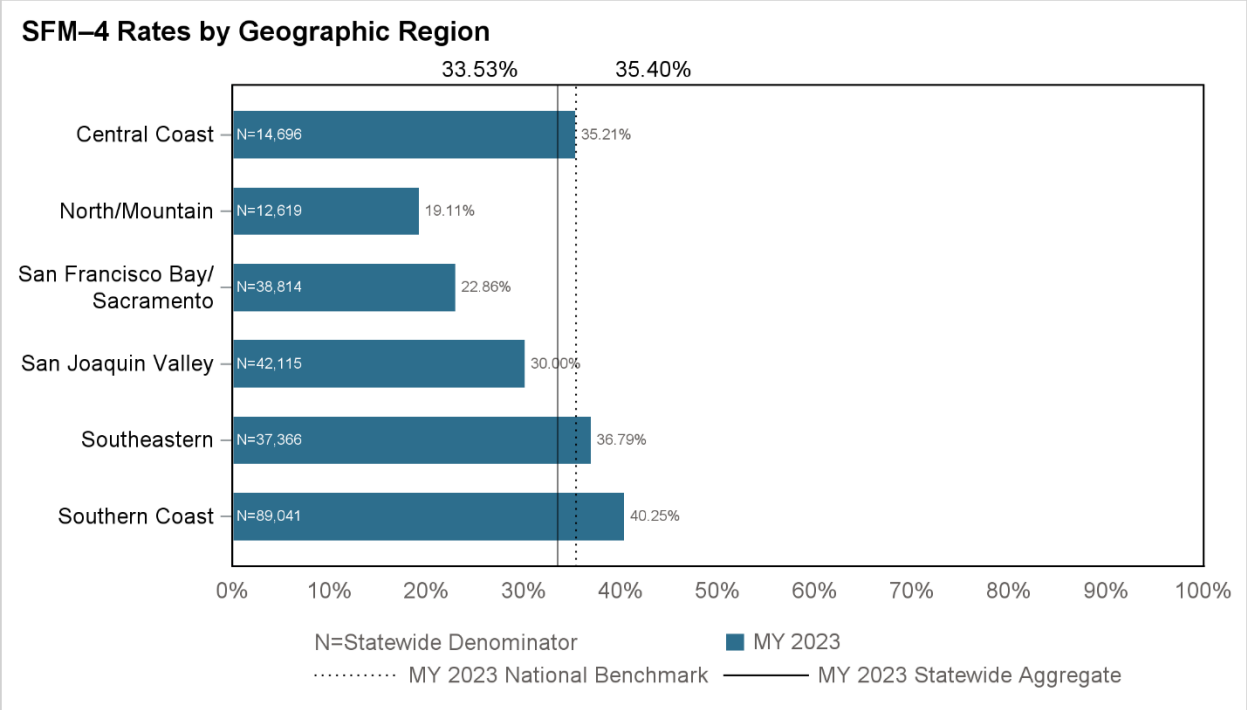
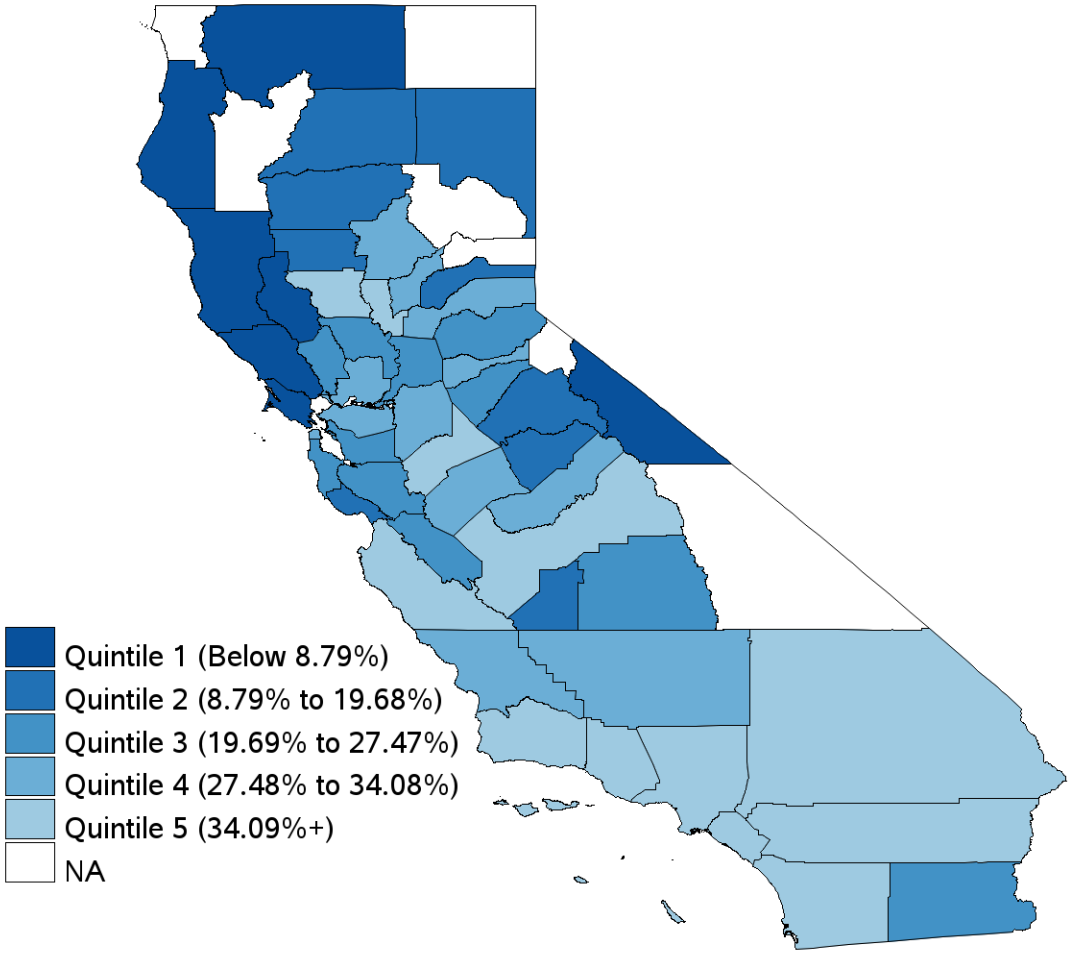


Figure 153—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—County Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Tobacco Use Screening

The *Tobacco Use Screening (TUS)* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for tobacco use during the measurement year. Figure 154 through Figure 161 display the *Tobacco Use Screening (TUS)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, due to a lack of reporting within administrative data sources (i.e., MRR or EHR data could be necessary to capture this information), exercise caution when evaluating results as they may be more indicative of data completeness rather than performance. Please note, national benchmarks are not available for this indicator.

Figure 154—Tobacco Use Screening (TUS)—Statewide Racial/Ethnic Results

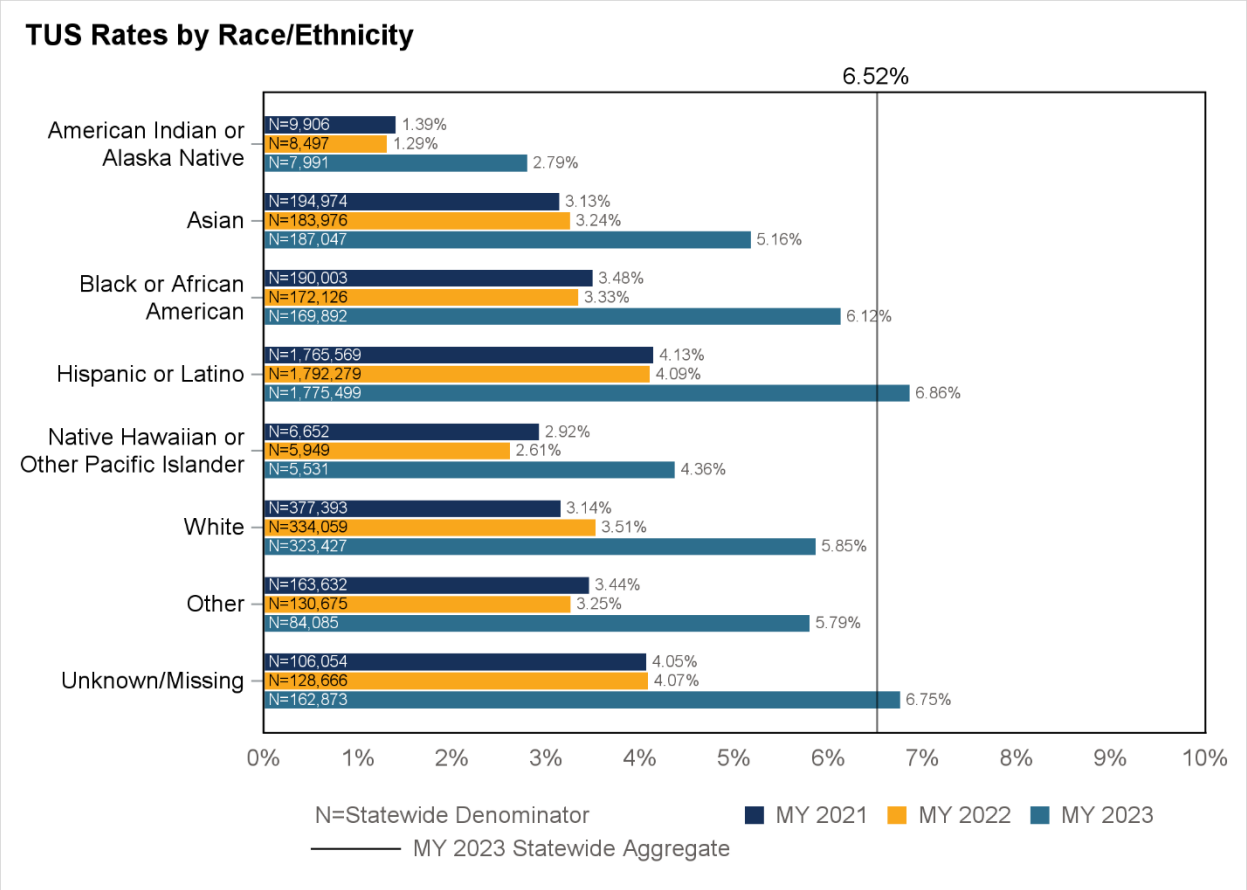


Figure 155—Tobacco Use Screening (TUS)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

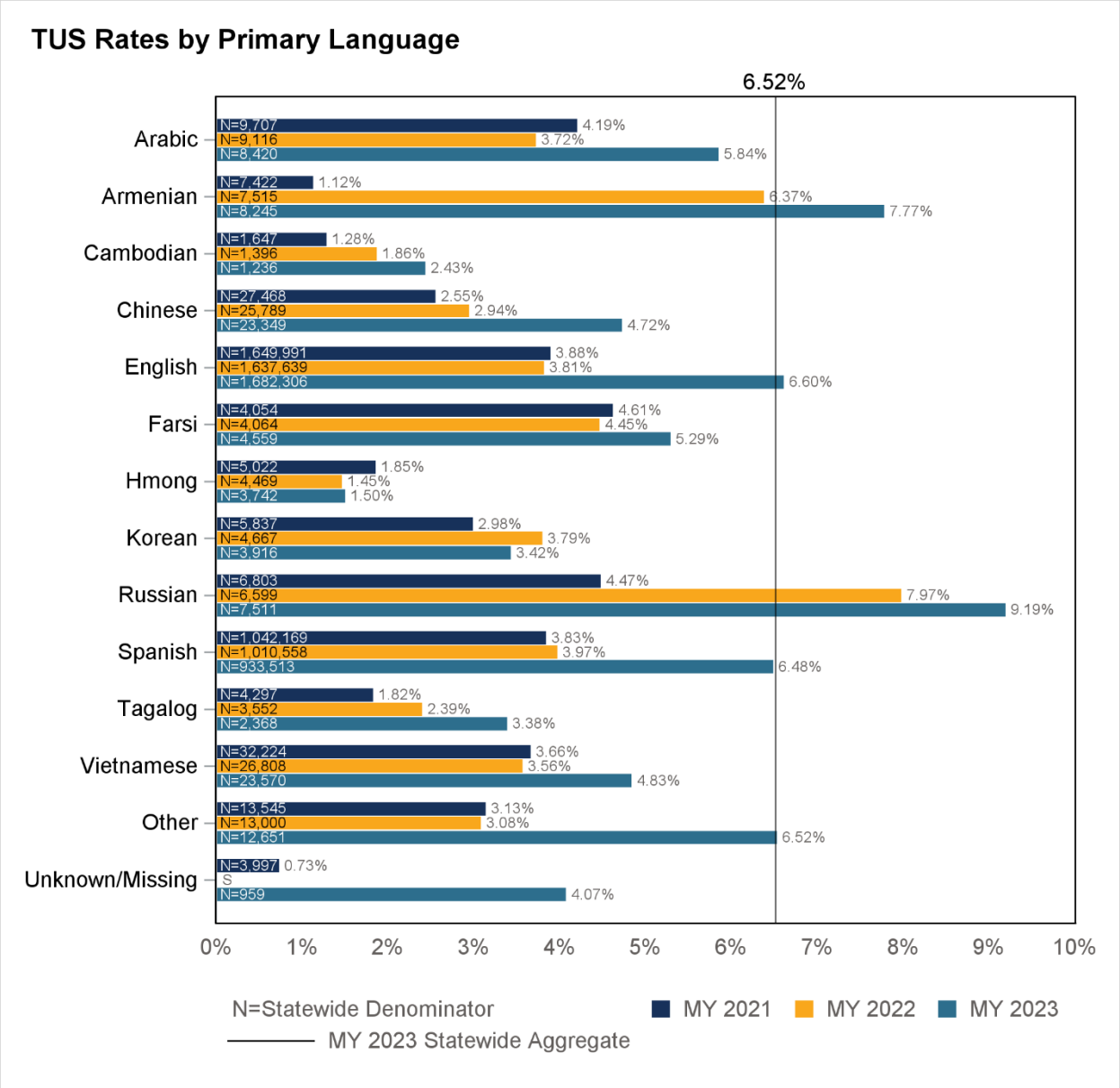


Figure 156—Tobacco Use Screening (TUS)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

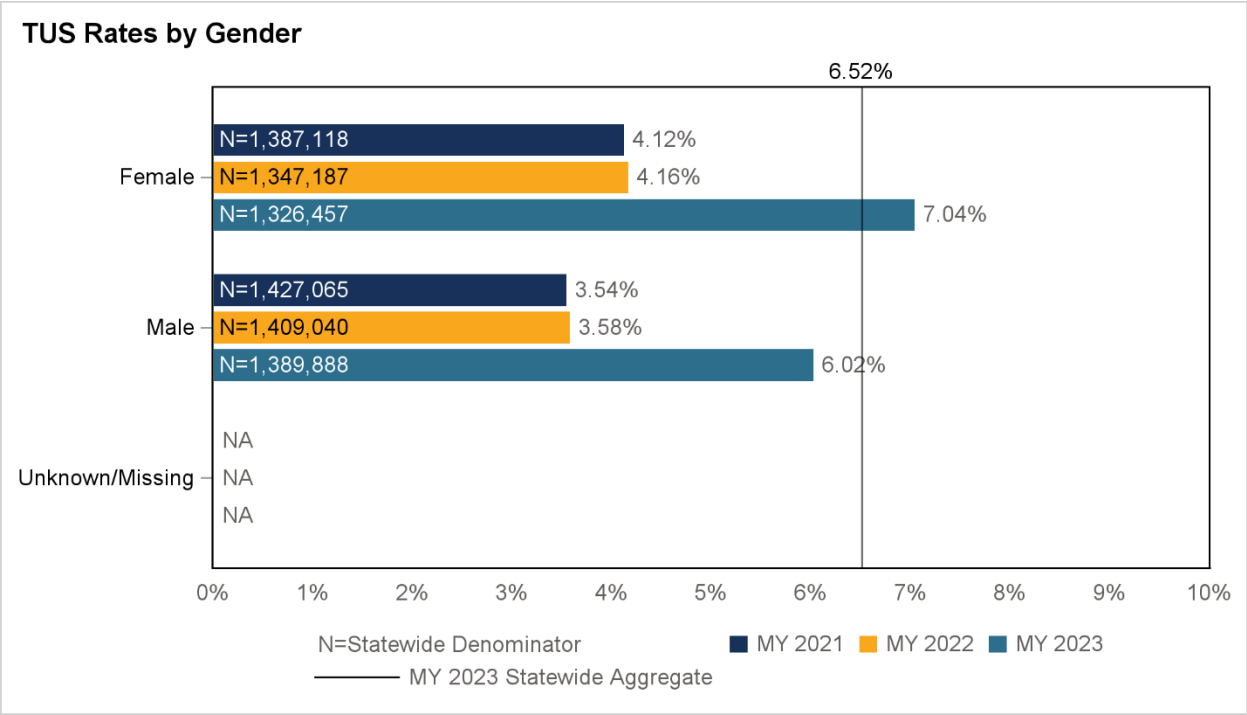


Figure 157—Tobacco Use Screening (TUS)—Statewide Age Results

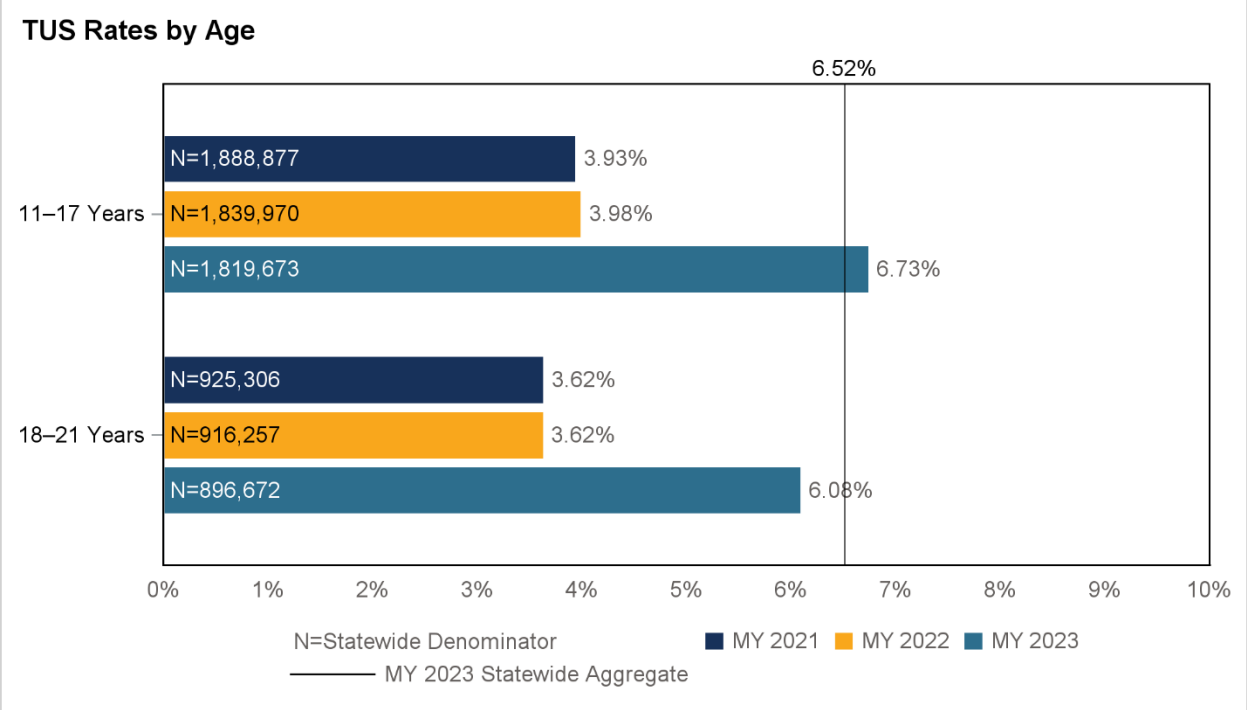


Figure 158—Tobacco Use Screening (TUS)—Regional-Level Delivery Type Model Results

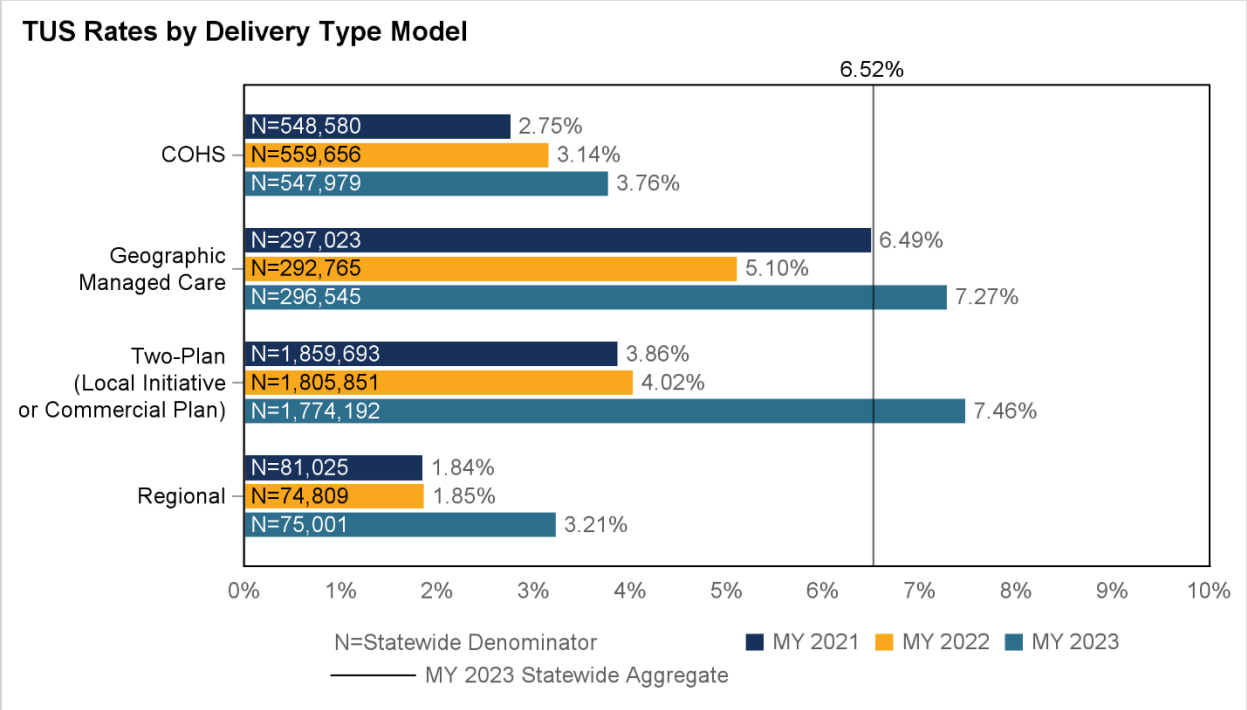


Figure 159—Tobacco Use Screening (TUS)—Regional-Level Population Density Results

The measurement year 2021 denominator for the rural population density group was 176,469.

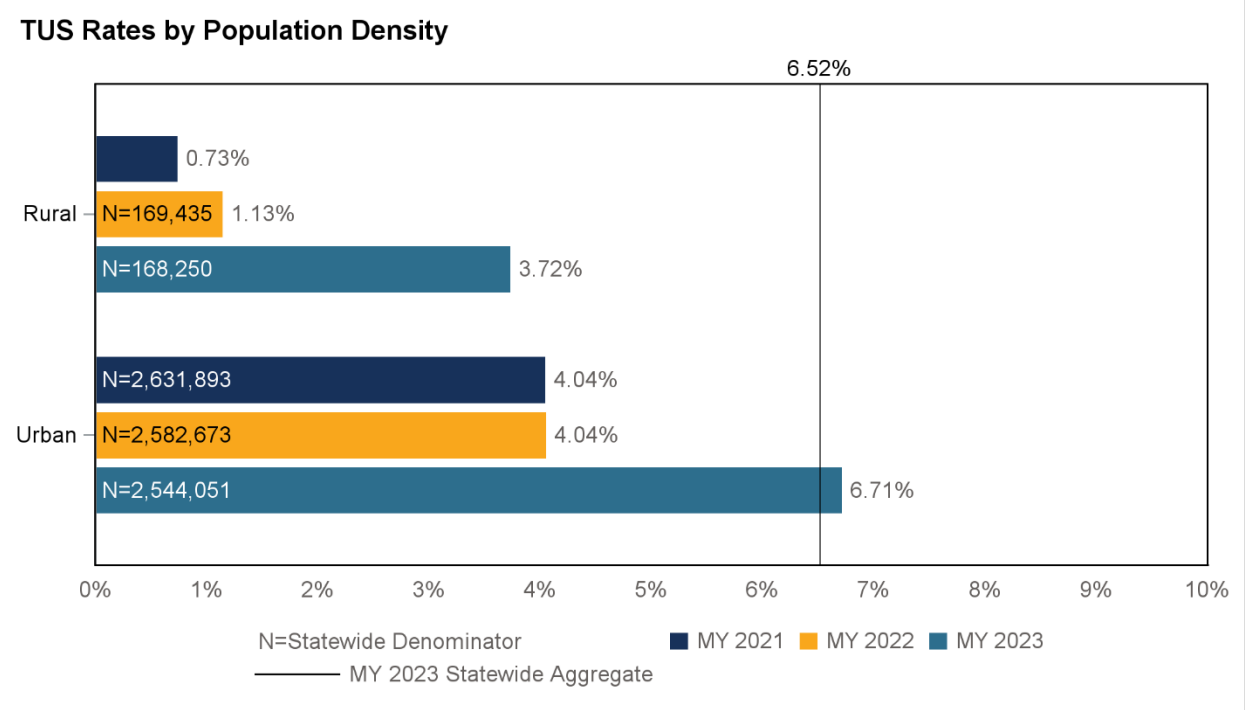


Figure 160—Tobacco Use Screening (TUS)—Regional-Level Geographic Region Results

The measurement year 2021 statewide denominators for the North/Mountain, San Francisco Bay/Sacramento, and San Joaquin Valley geographic regions are 138,265, 457,253, and 474,641, respectively. The measurement year 2022 statewide denominator for the North/Mountain geographic region is 132,833.

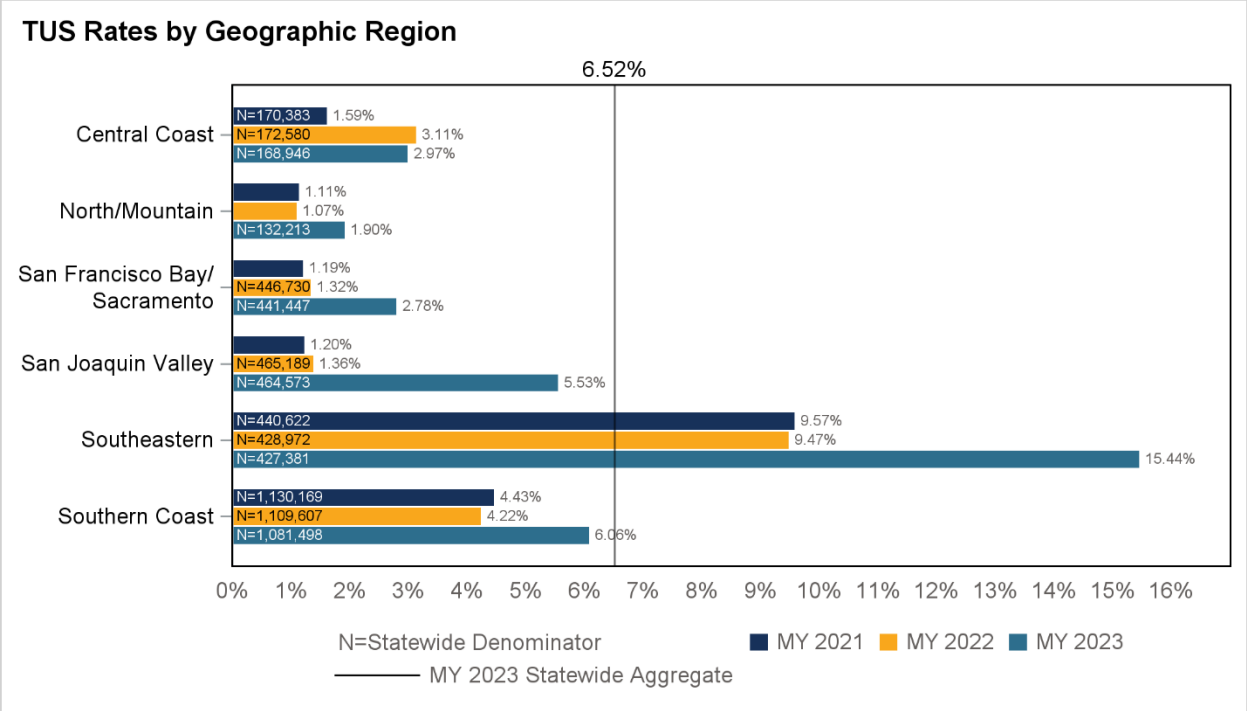
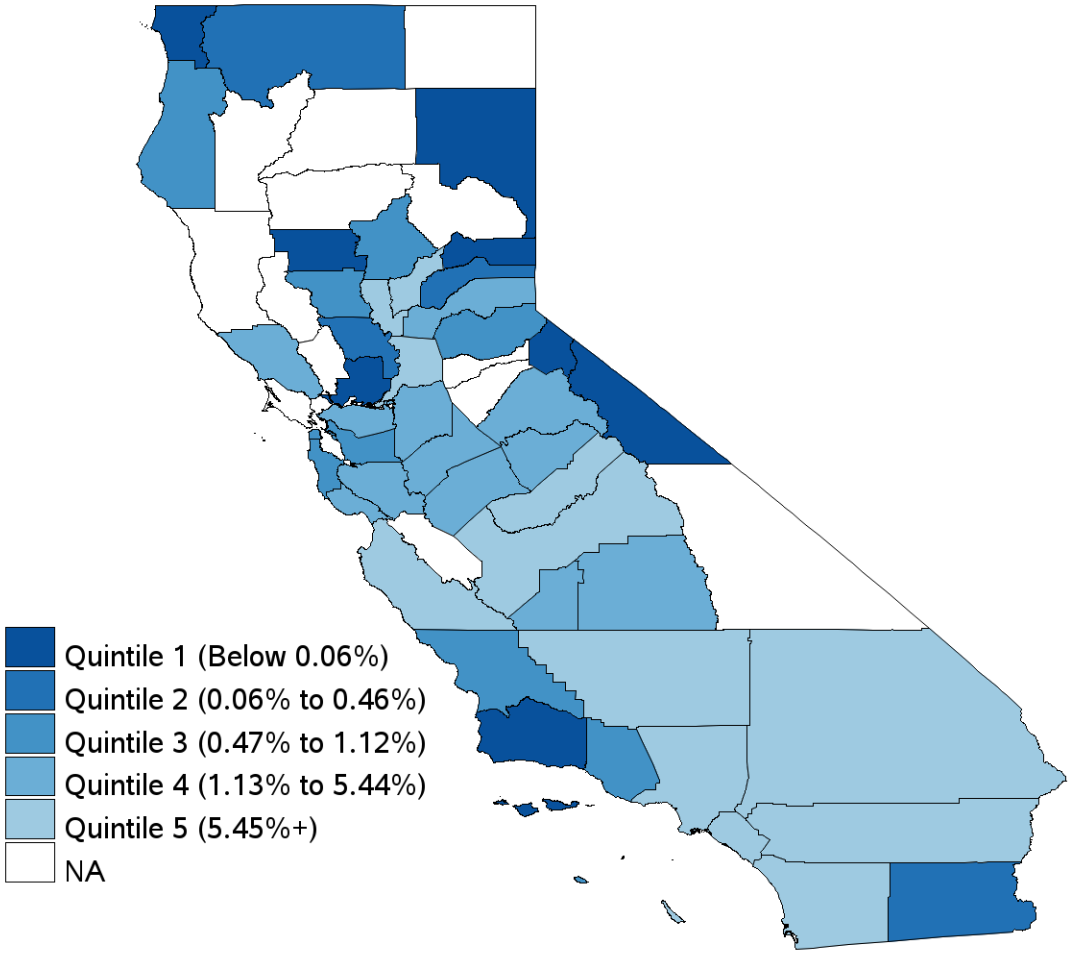


Figure 161—Tobacco Use Screening (TUS)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Vision Services—Comprehensive Eye Exam

The *Vision Services—Comprehensive Eye Exam (VIS–C)* indicator measures the percentage of children ages 6 to 21 years who had a comprehensive eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Figure 162 through Figure 169 display the *Vision Services—Comprehensive Eye Exam (VIS–C)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023. Please note, national benchmarks are not available for this indicator.

Figure 162—Vision Services—Comprehensive Eye Exam (VIS–C)—Statewide Racial/Ethnic Results

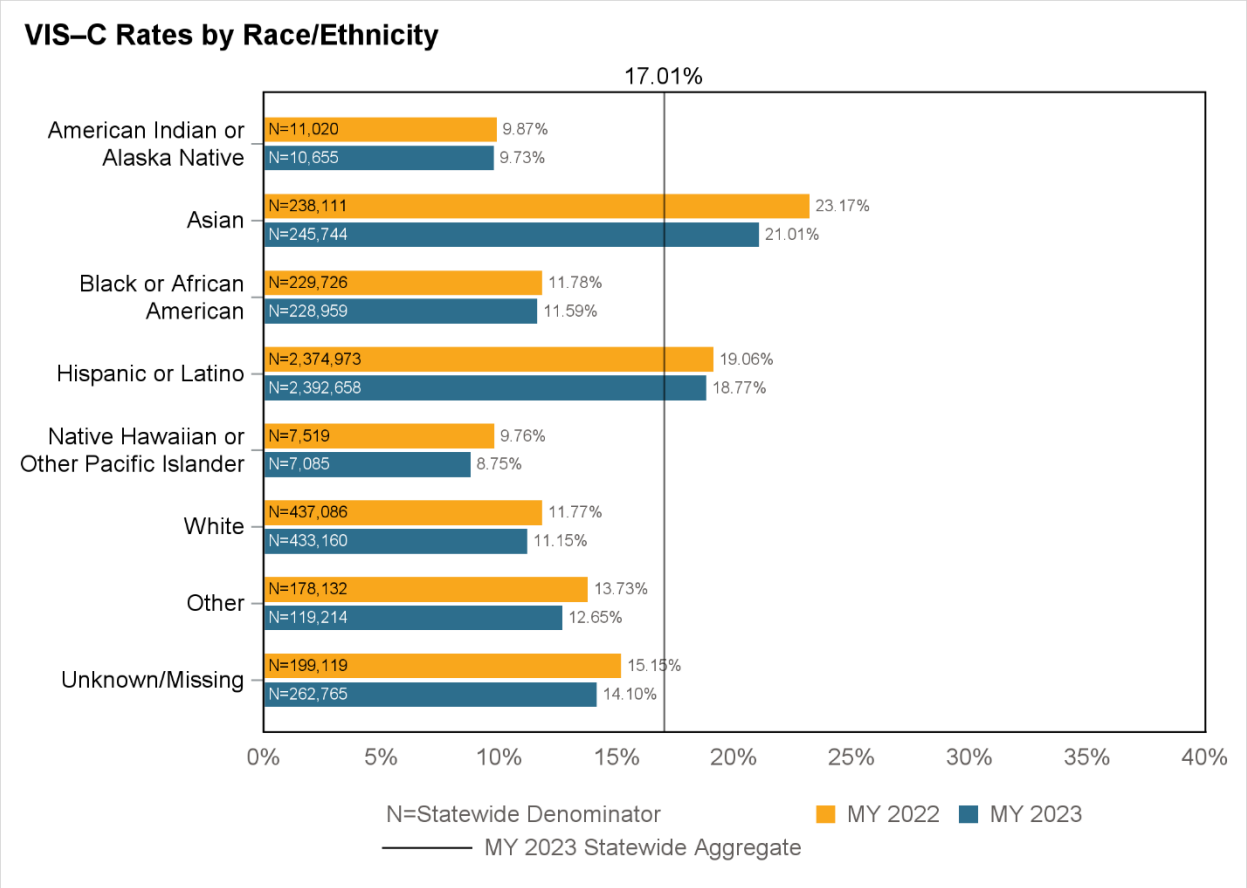


Figure 163—Vision Services—Comprehensive Eye Exam (VIS–C)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

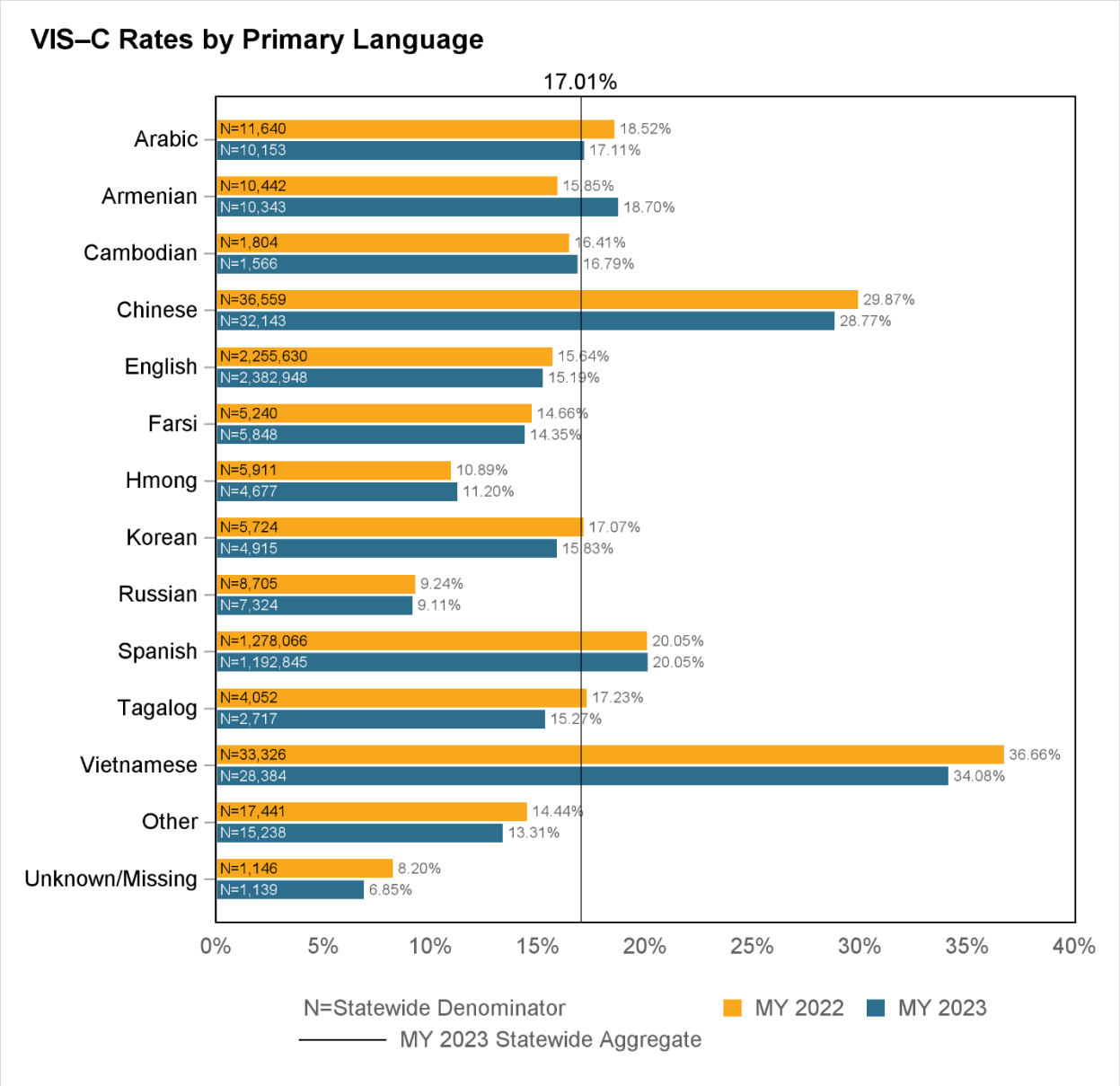


Figure 164—Vision Services—Comprehensive Eye Exam (VIS–C)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

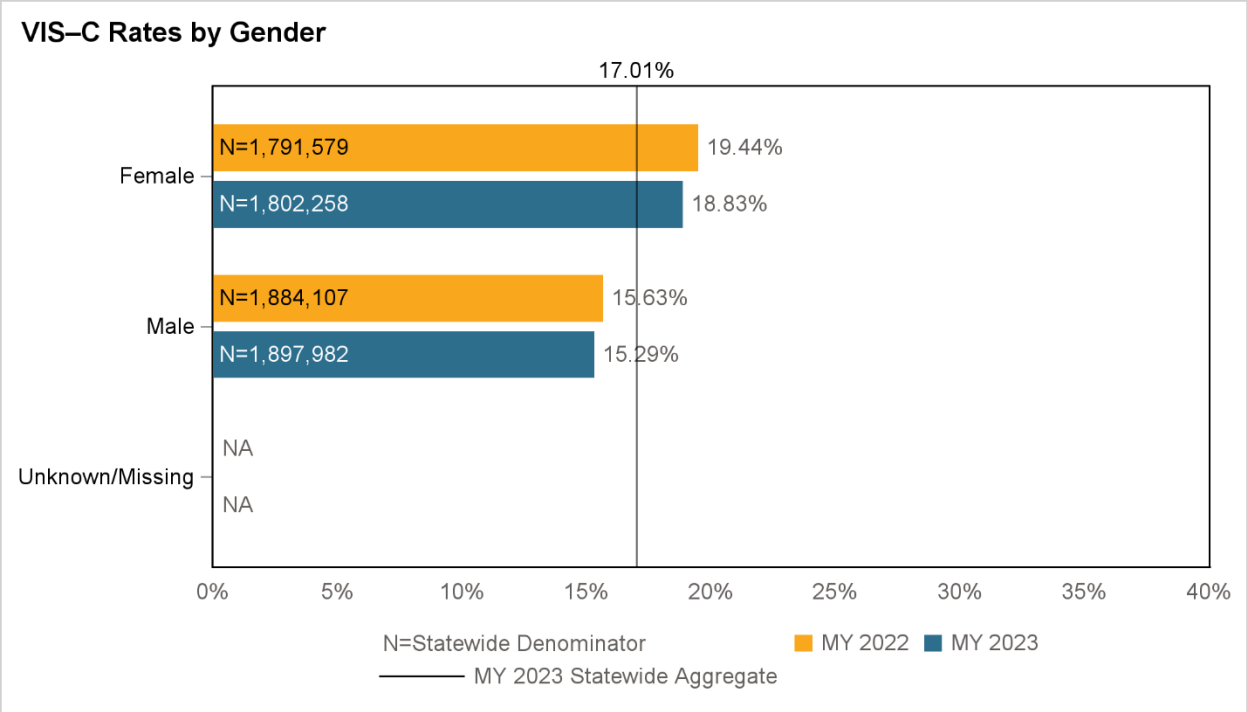


Figure 165—Vision Services—Comprehensive Eye Exam (VIS–C)—Statewide Age Results

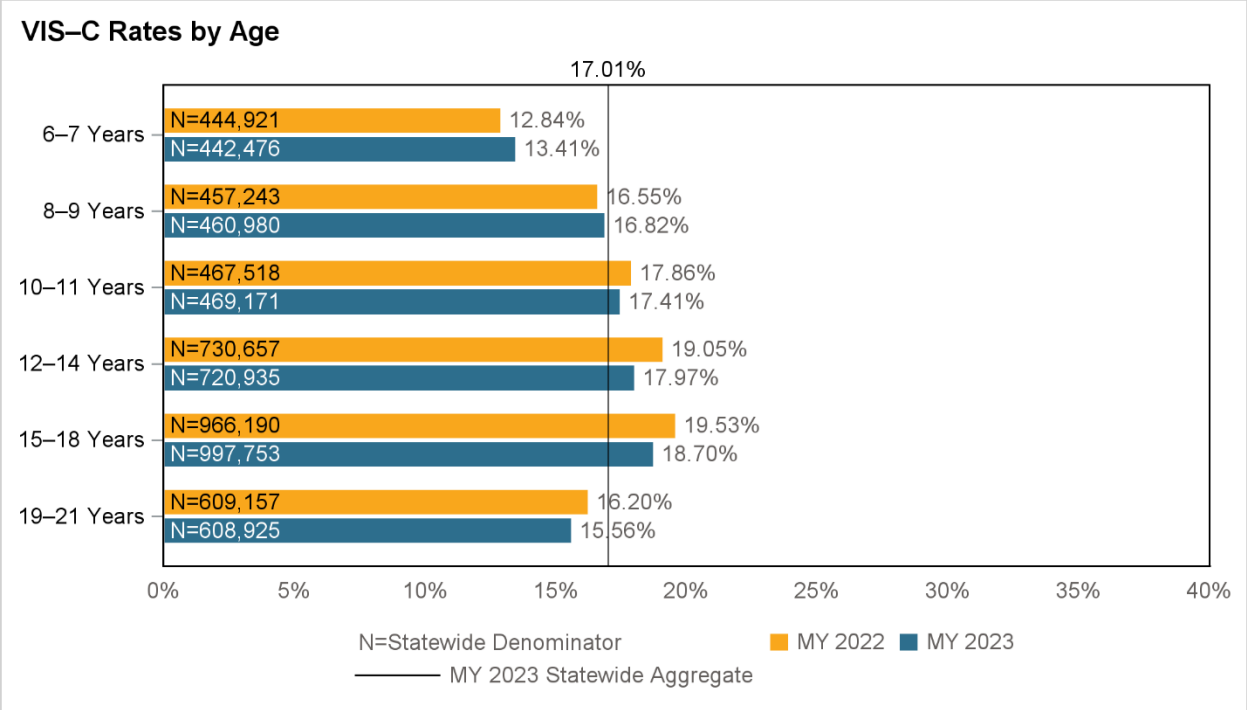


Figure 166—Vision Services—Comprehensive Eye Exam (VIS–C)—Regional-Level Delivery Type Model Results

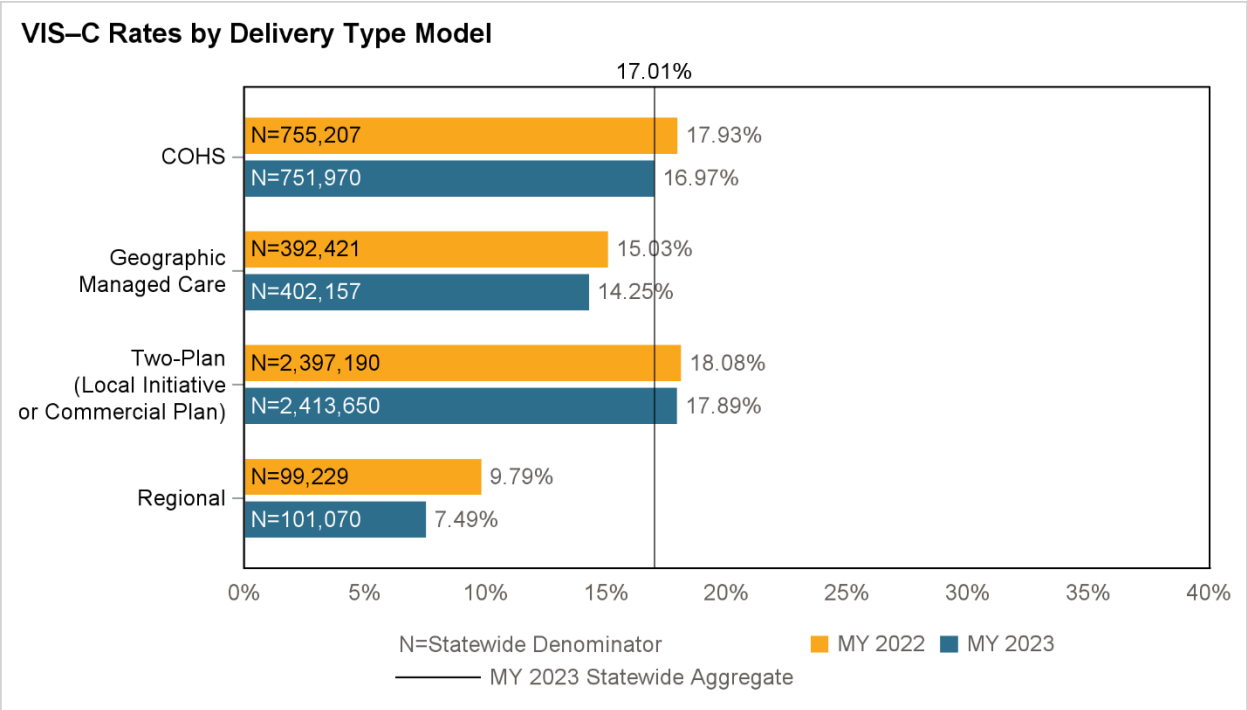


Figure 167—Vision Services—Comprehensive Eye Exam (VIS–C)—Regional-Level Population Density Results

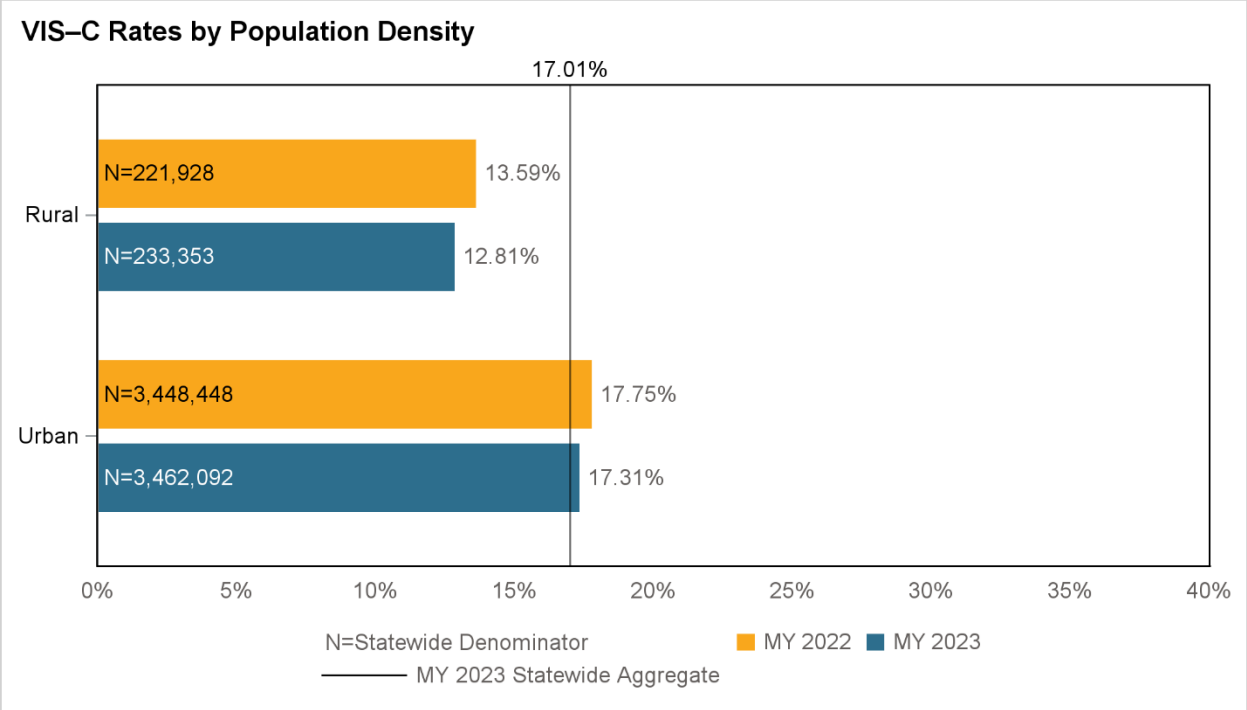


Figure 168—Vision Services—Comprehensive Eye Exam (VIS–C)—Regional-Level Geographic Region Results

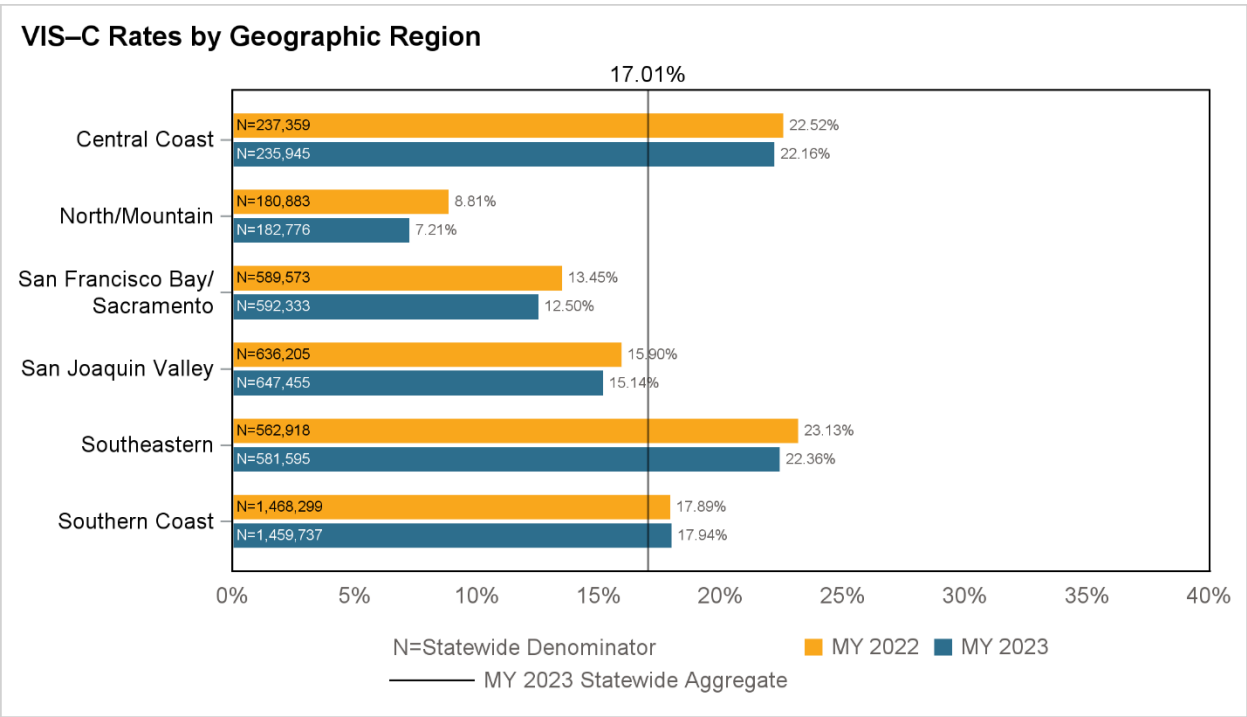
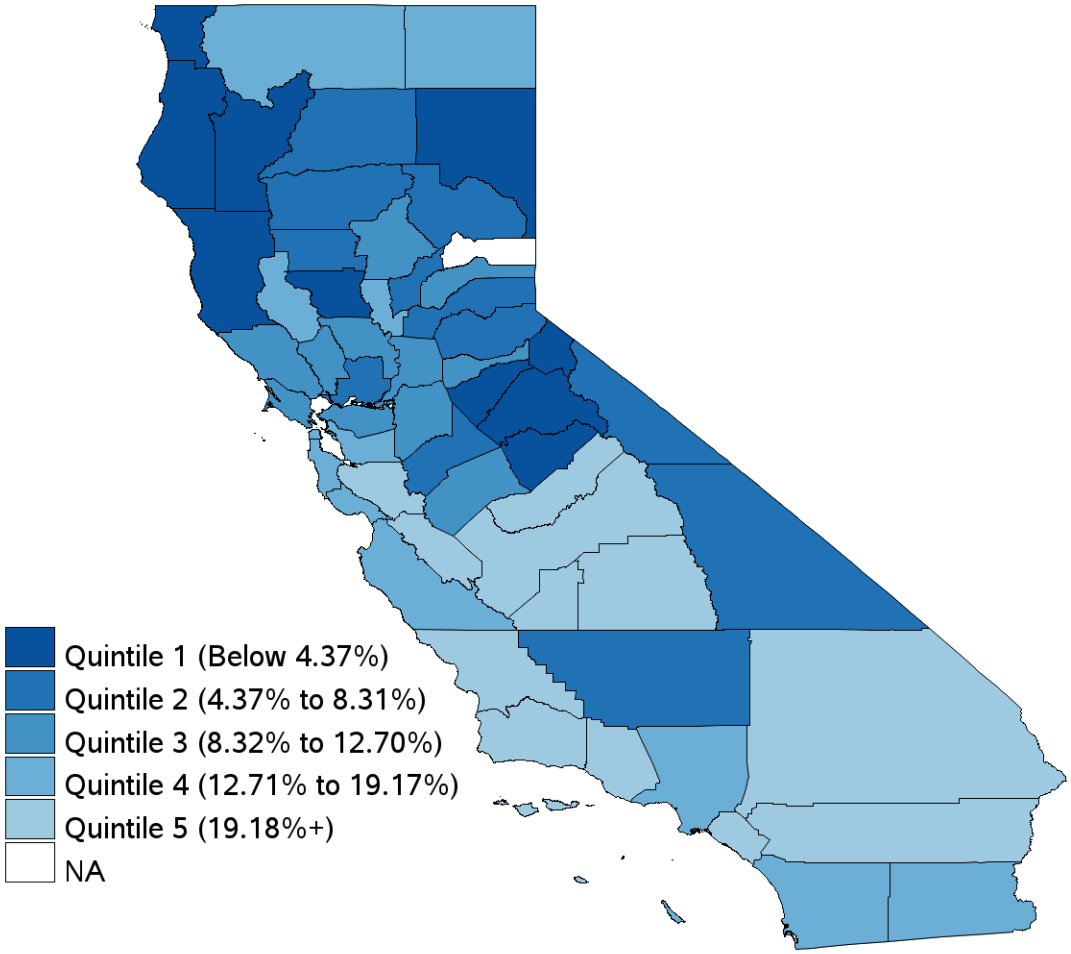


Figure 169—Vision Services—Comprehensive Eye Exam (VIS–C)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Vision Services—Comprehensive or Intermediate Eye Exam

The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)* indicator measures the percentage of children ages 6 to 21 years who had a comprehensive or intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Figure 170 through Figure 177 display the *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)* indicator rates at the statewide and regional levels for measurement years 2022 and 2023. Please note, national benchmarks are not available for this indicator.

Figure 170—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Statewide Racial/Ethnic Results

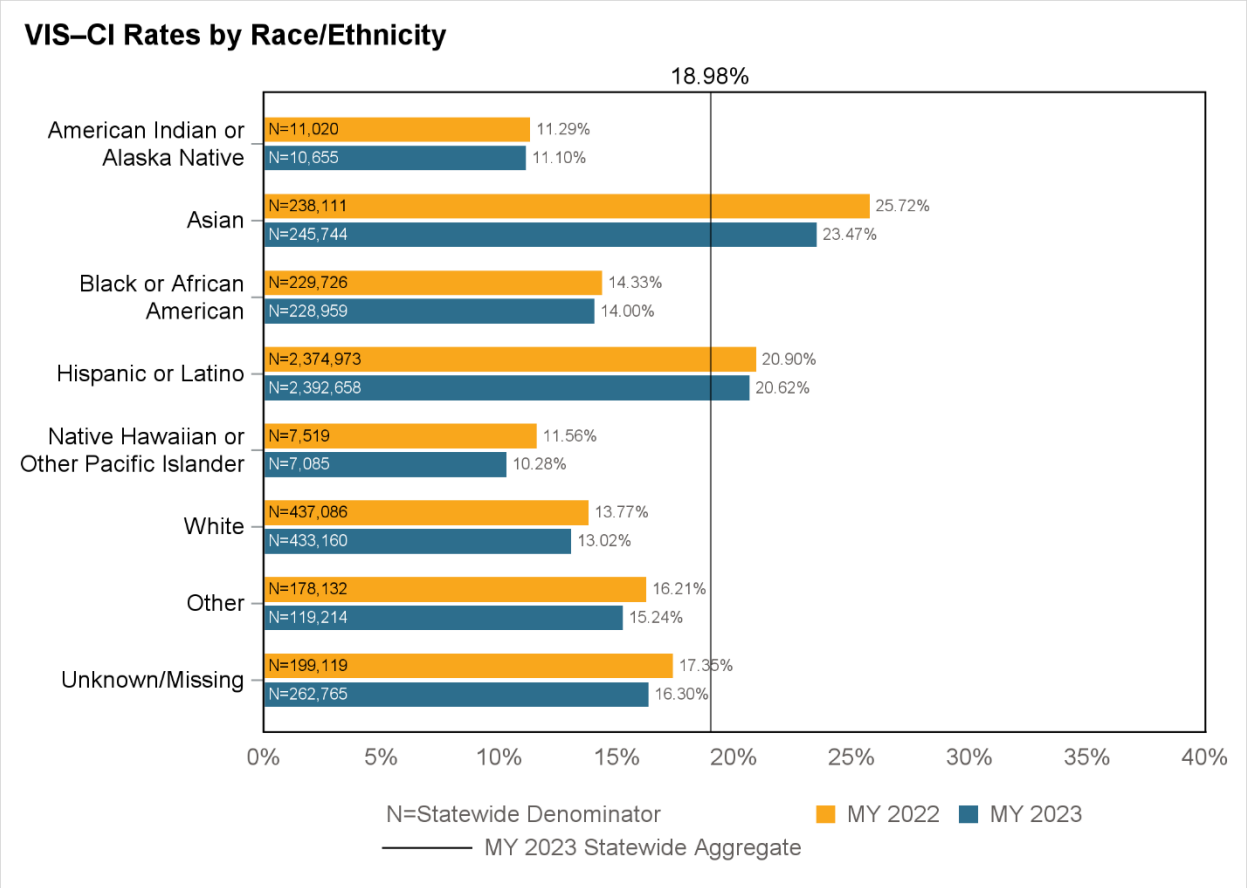


Figure 171—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

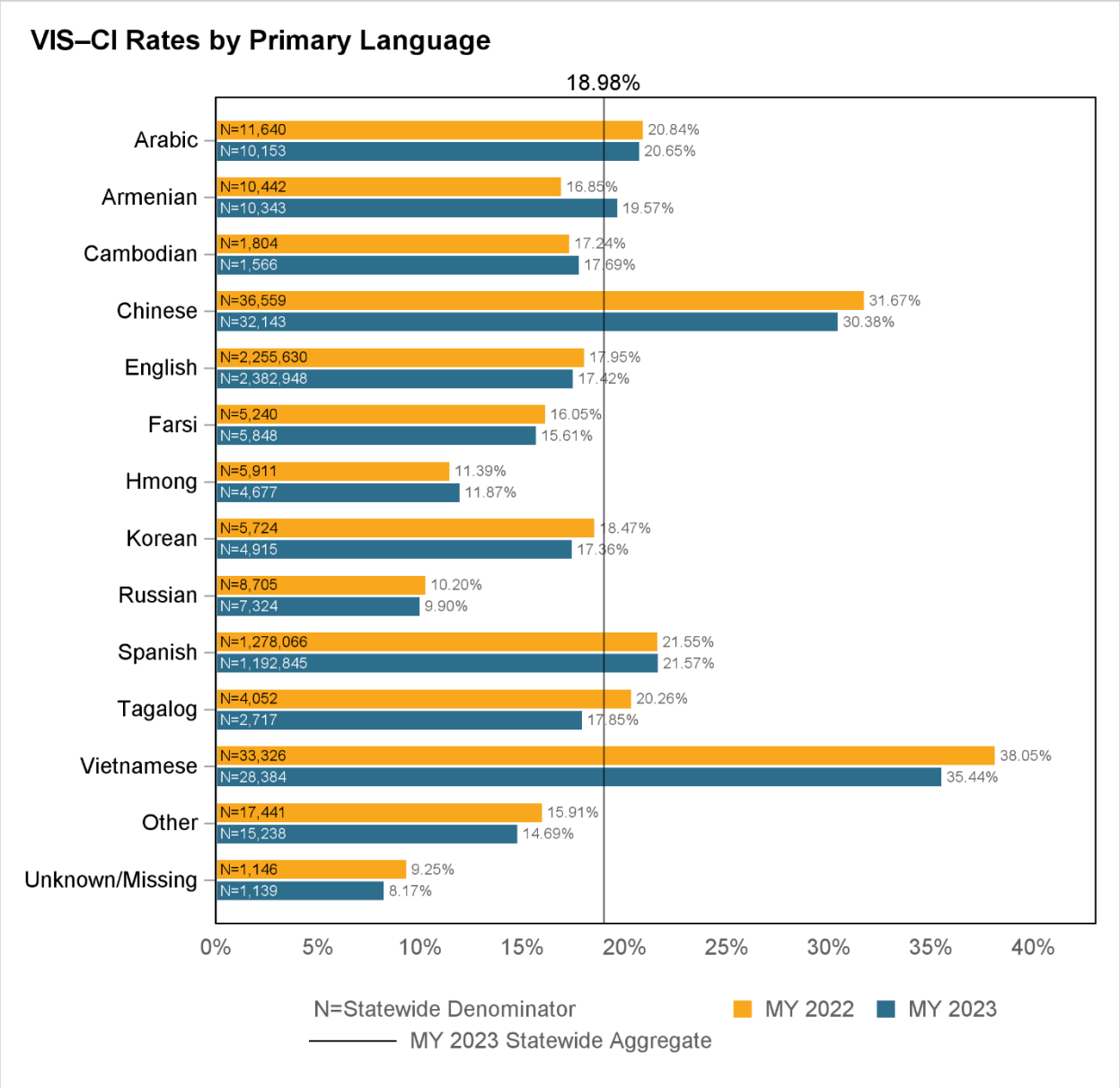


Figure 172—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

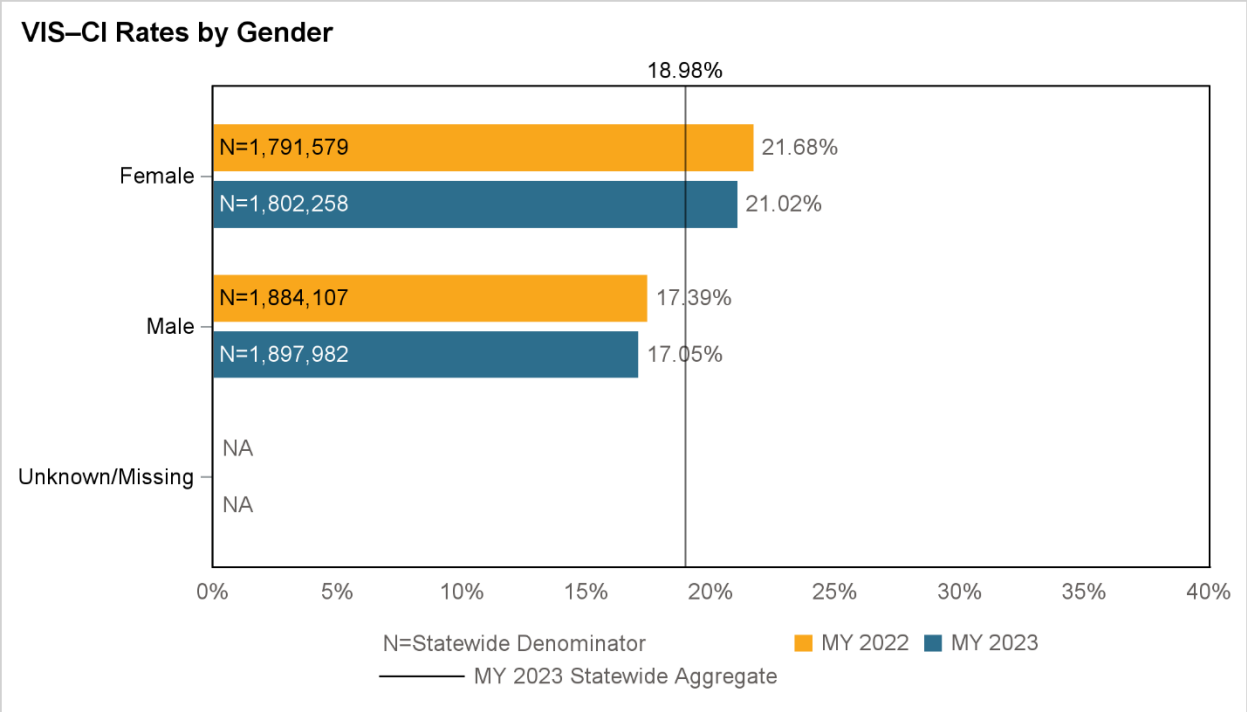


Figure 173—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Statewide Age Results

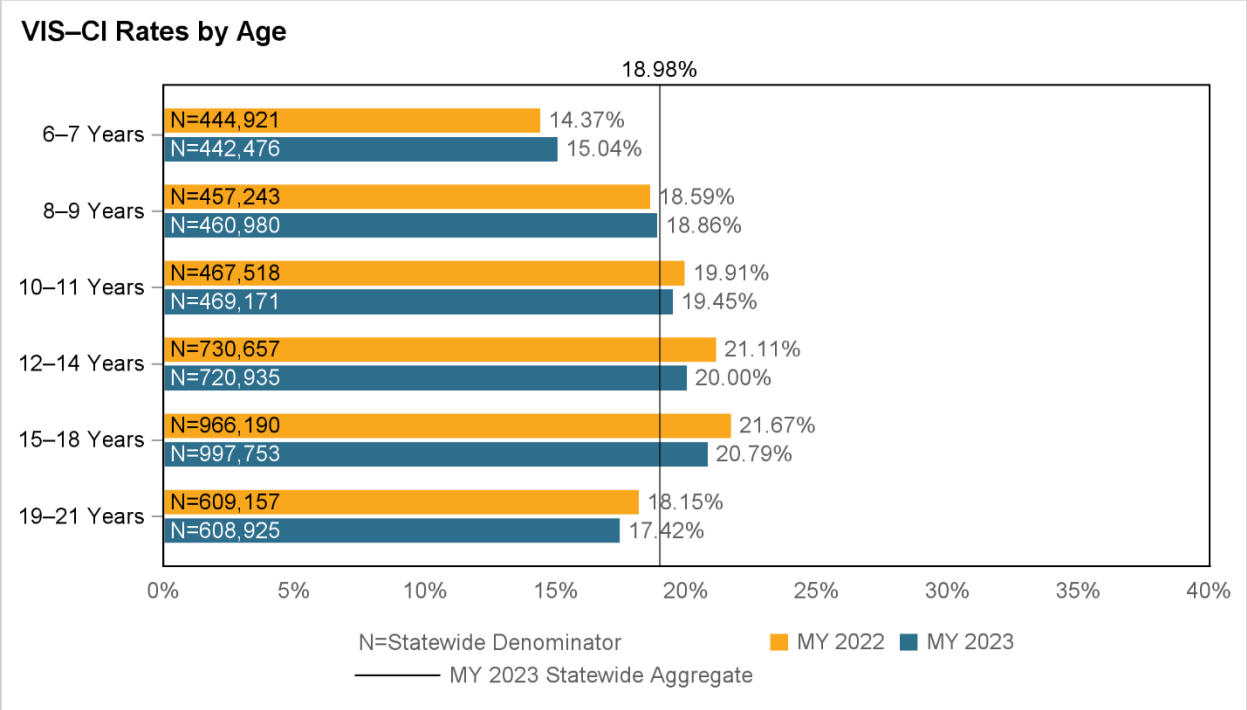


Figure 174—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Regional-Level Delivery Type Model Results

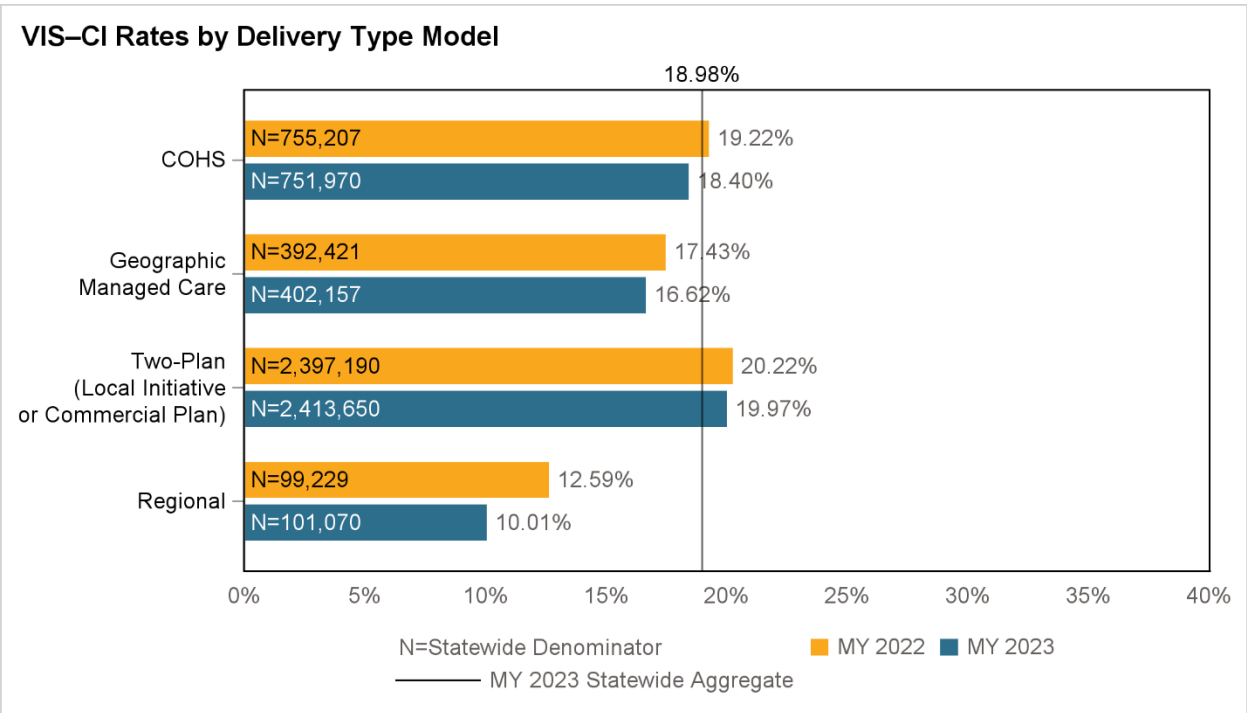


Figure 175—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Regional-Level Population Density Results

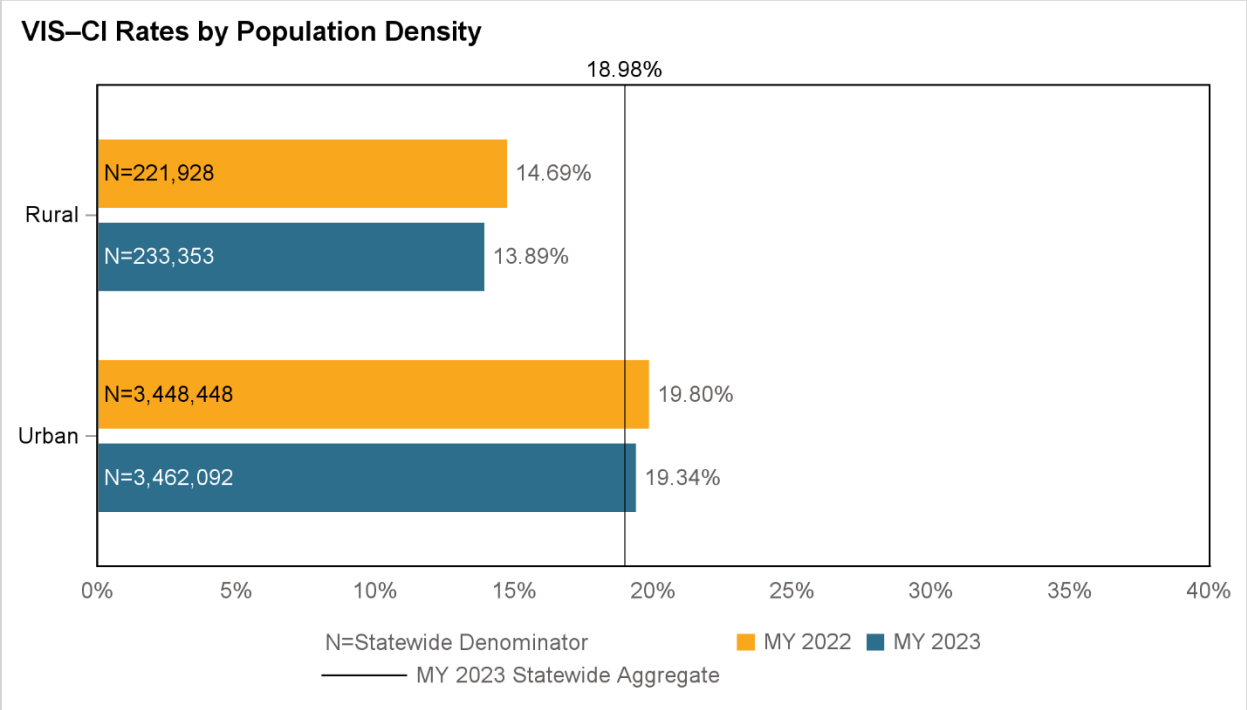


Figure 176—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—Regional-Level Geographic Region Results

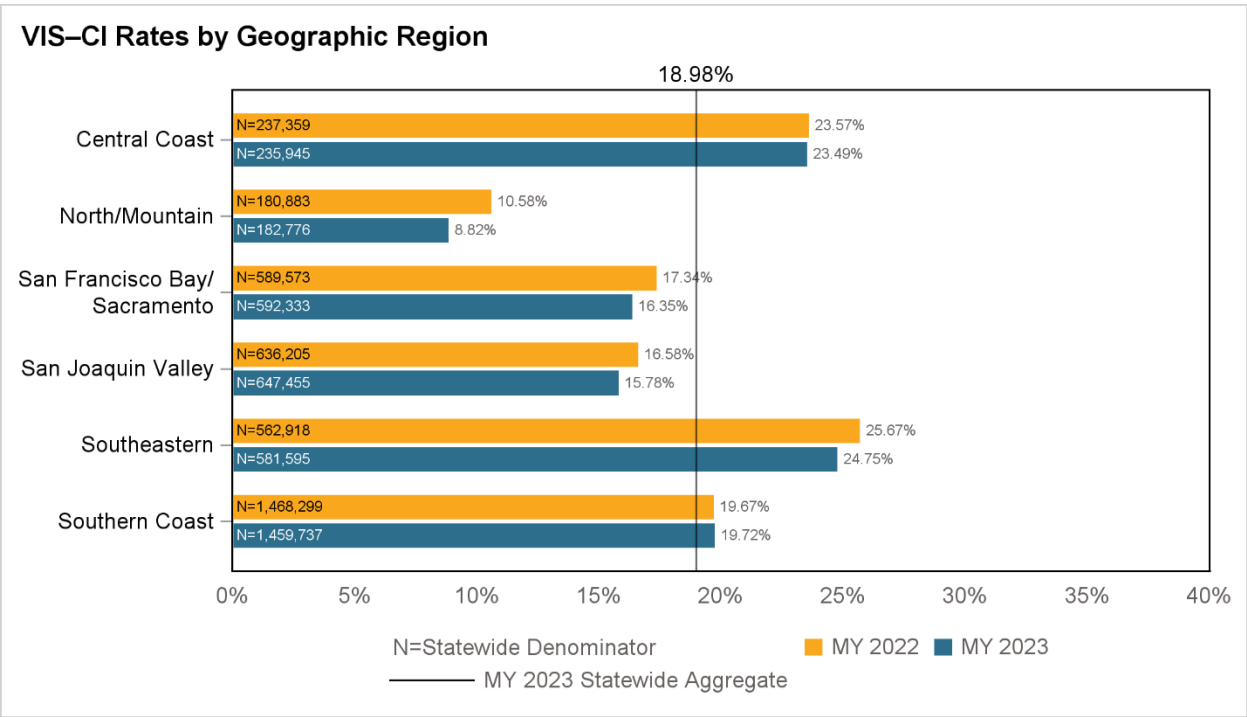
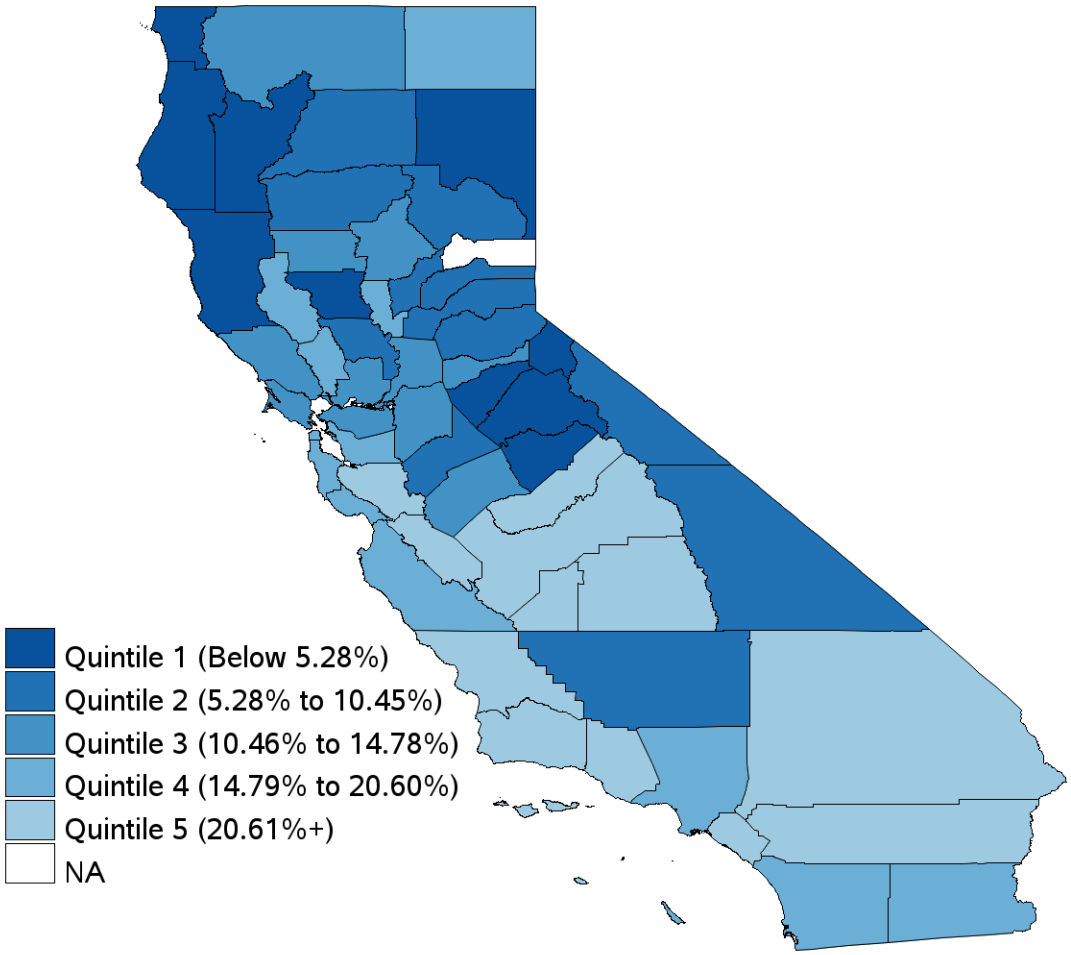


Figure 177—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



DHCS-Calculated Indicators

Blood Lead Screening—Test at 12 Months of Age

The *Blood Lead Screening—Test at 12 Months of Age (BLS–1)* indicator measures the percentage of children who turned 1 year old during the measurement year and had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after first birthday) with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 178 through Figure 184 display the *Blood Lead Screening—Test at 12 Months of Age (BLS–1)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, national benchmarks are not available for this indicator.

Figure 178—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Racial/Ethnic Results

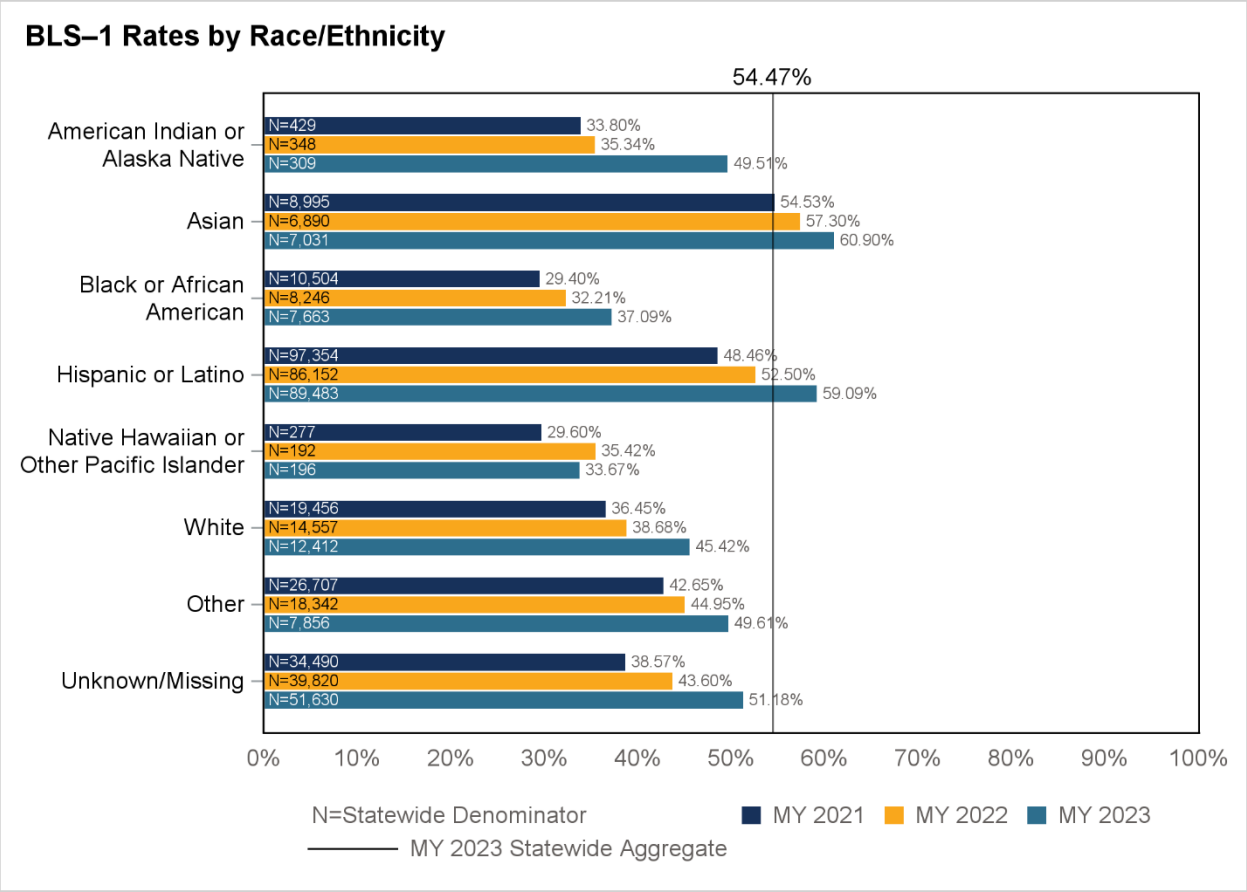


Figure 179—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

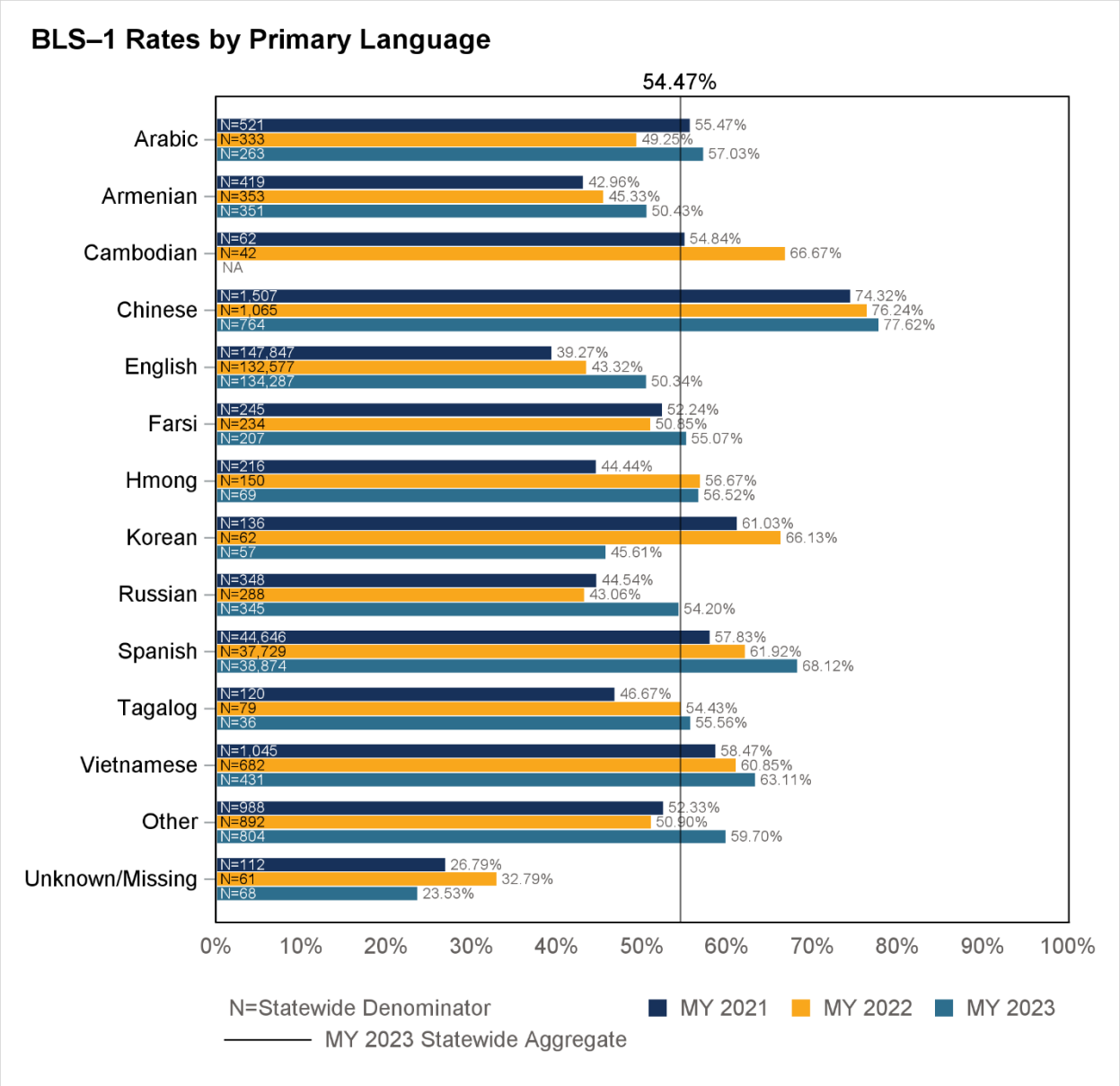


Figure 180—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

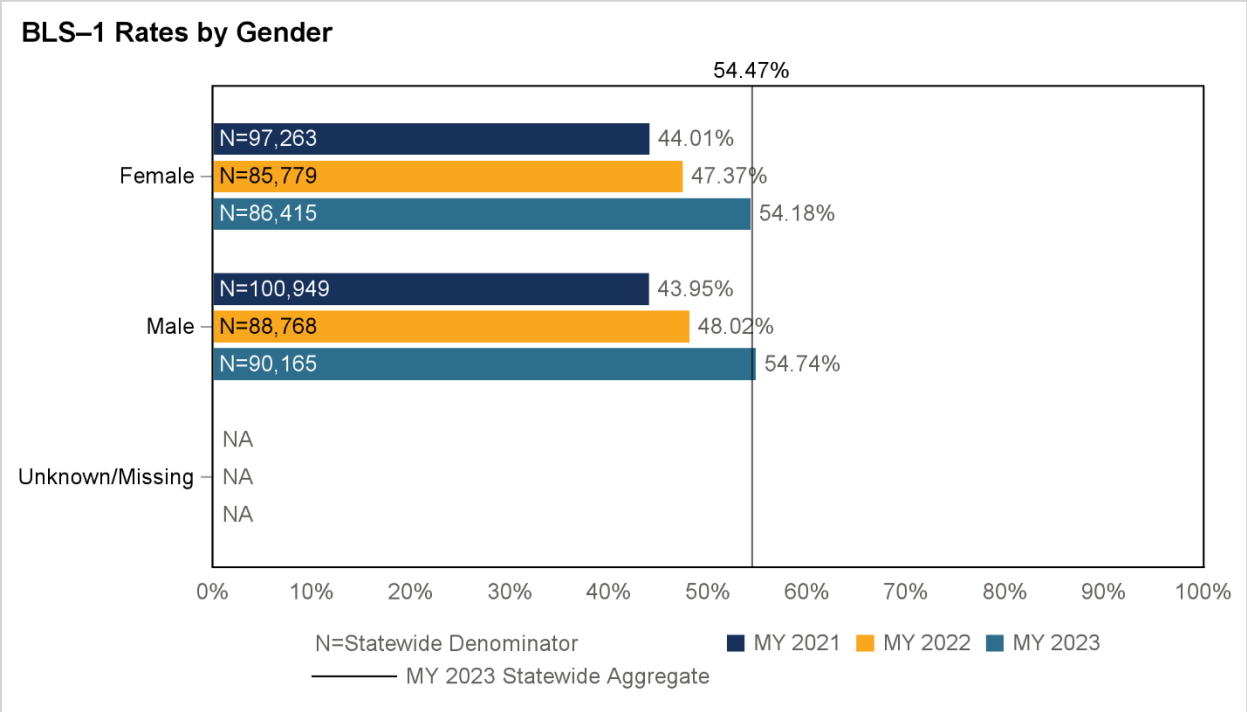


Figure 181—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Delivery Type Model Results

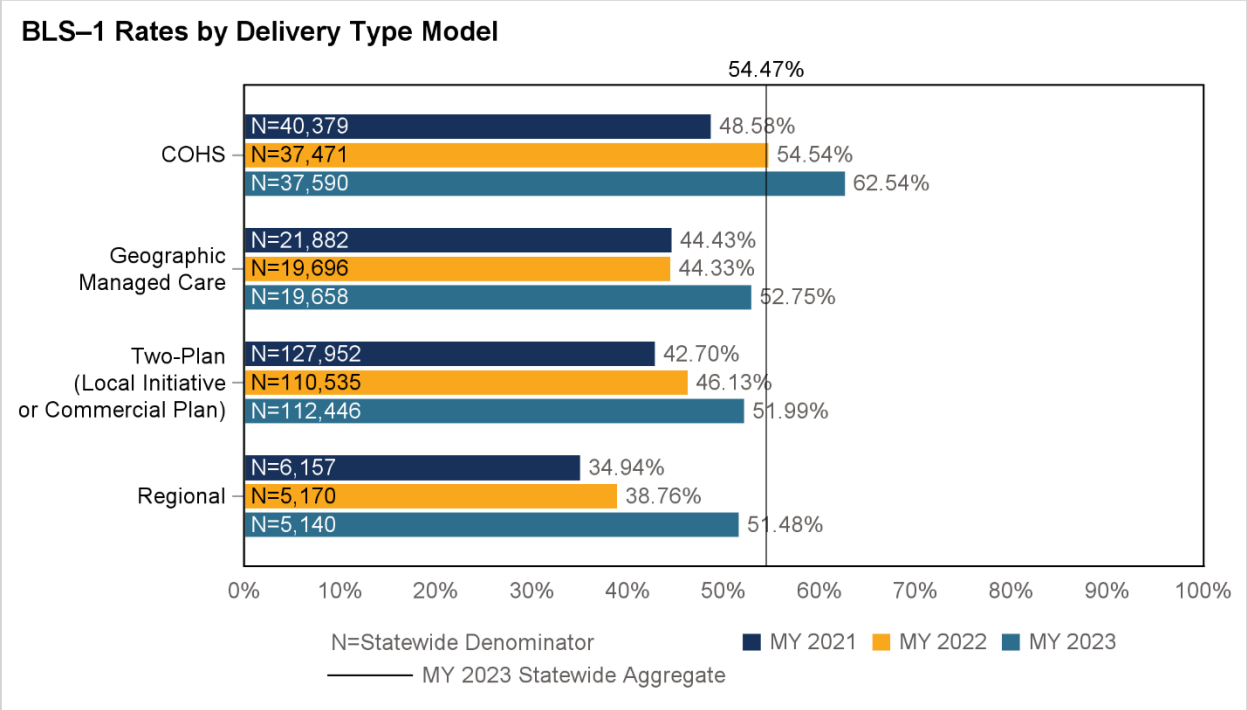


Figure 182—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Population Density Results

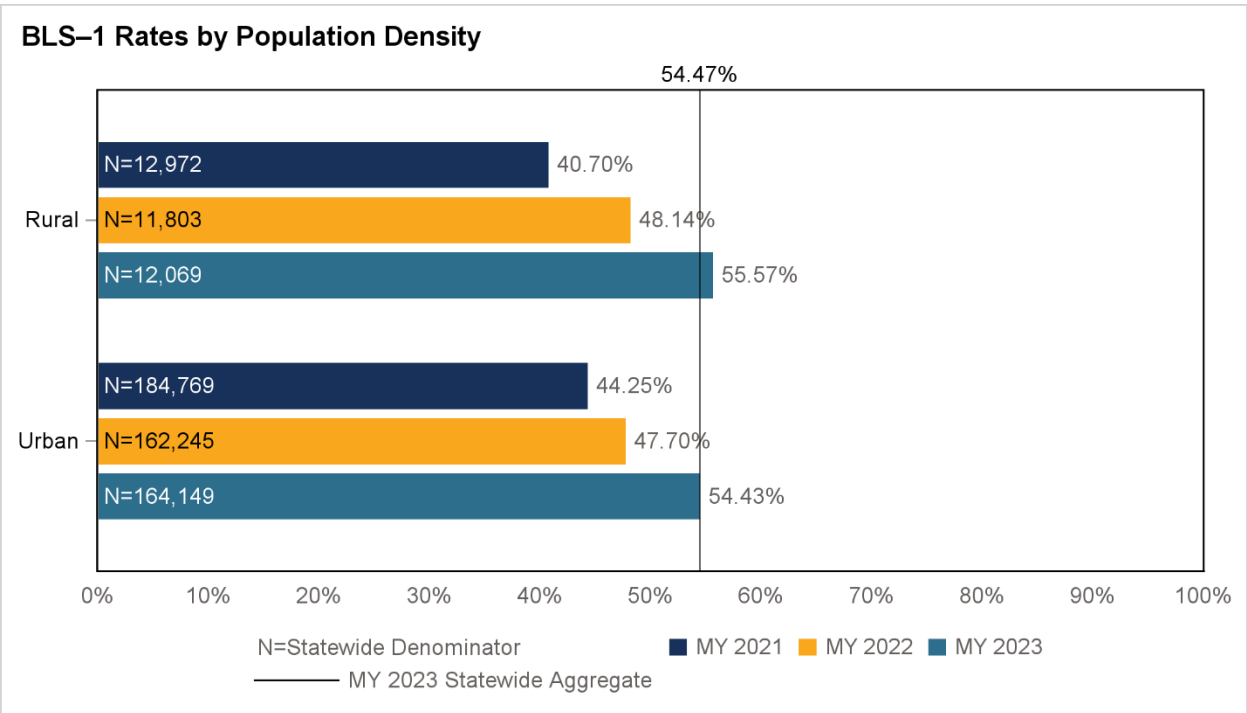


Figure 183—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—Regional-Level Geographic Region Results

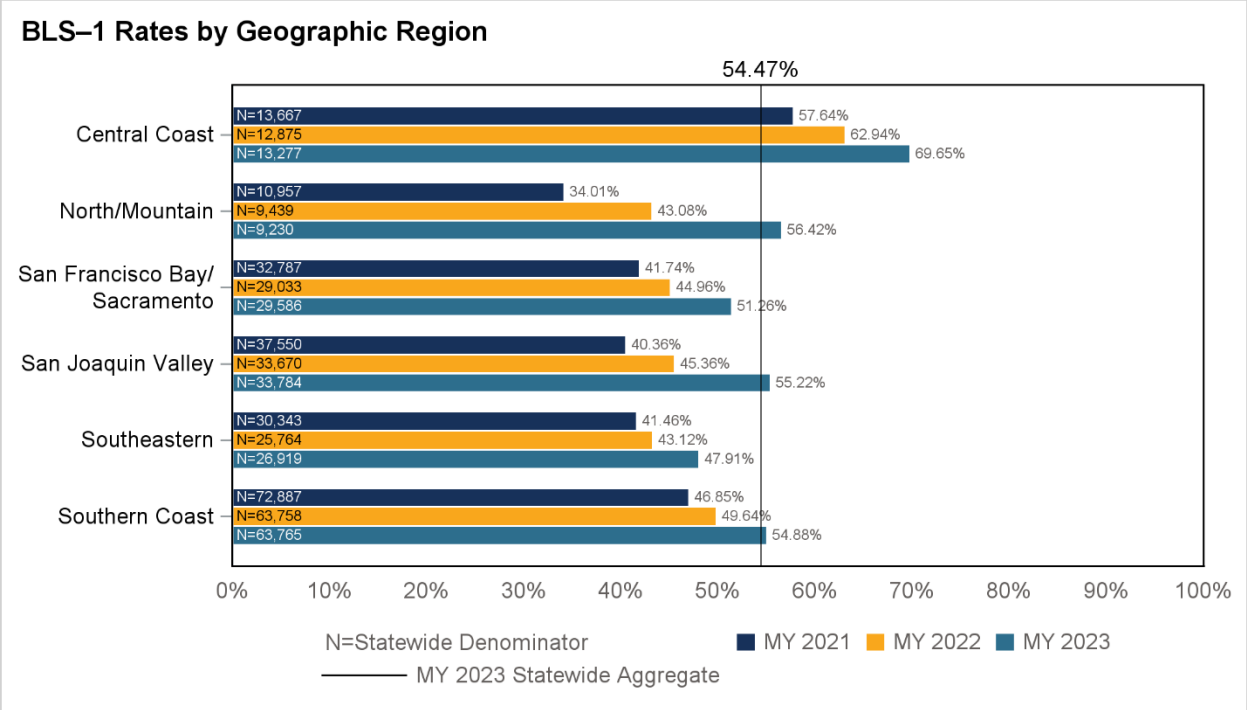
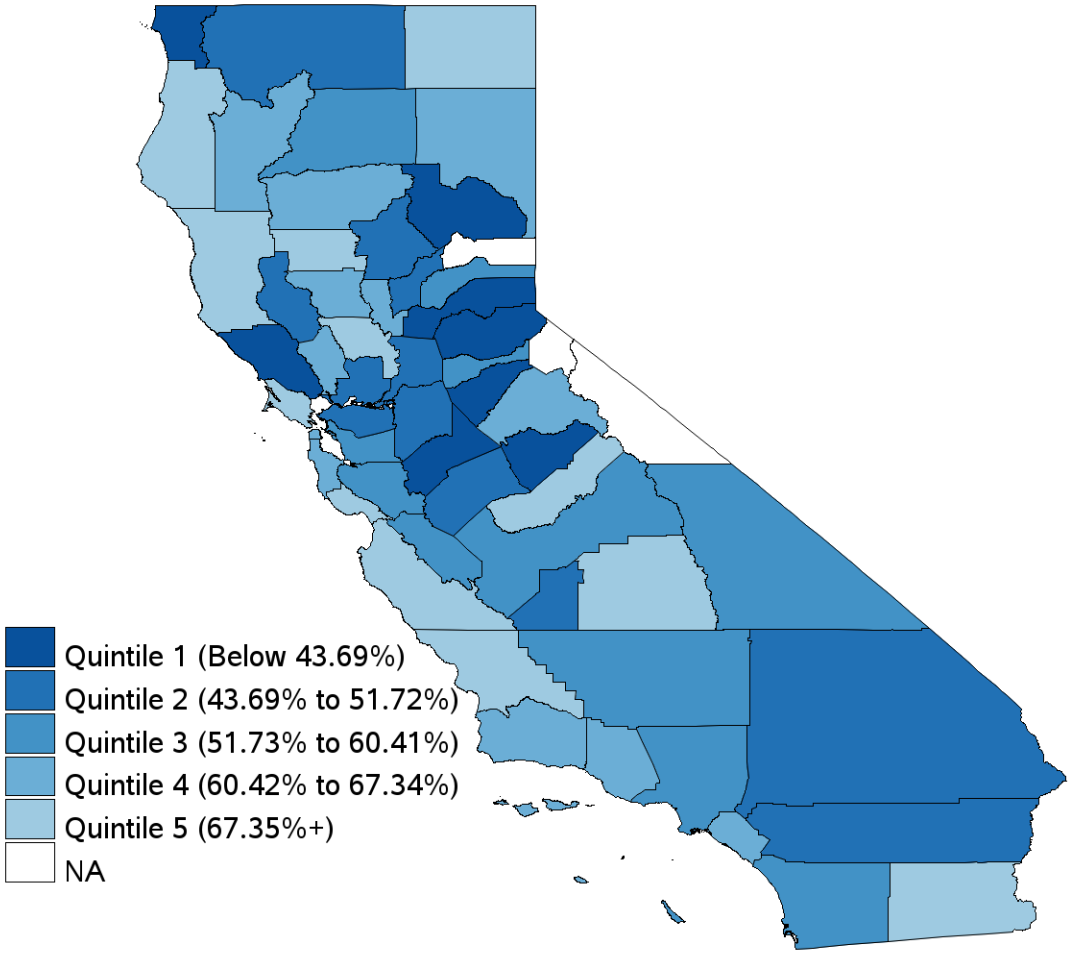


Figure 184—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Blood Lead Screening—Test at 24 Months of Age

The *Blood Lead Screening—Test at 24 Months of Age (BLS–2)* indicator measures the percentage of children who turned 2 years old during the measurement year and had a screening within six months (before and after) their second birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after the second birthday) with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 185 through Figure 191 display the *Blood Lead Screening—Test at 24 Months of Age (BLS–2)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, national benchmarks are not available for this indicator.

Figure 185—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Racial/Ethnic Results

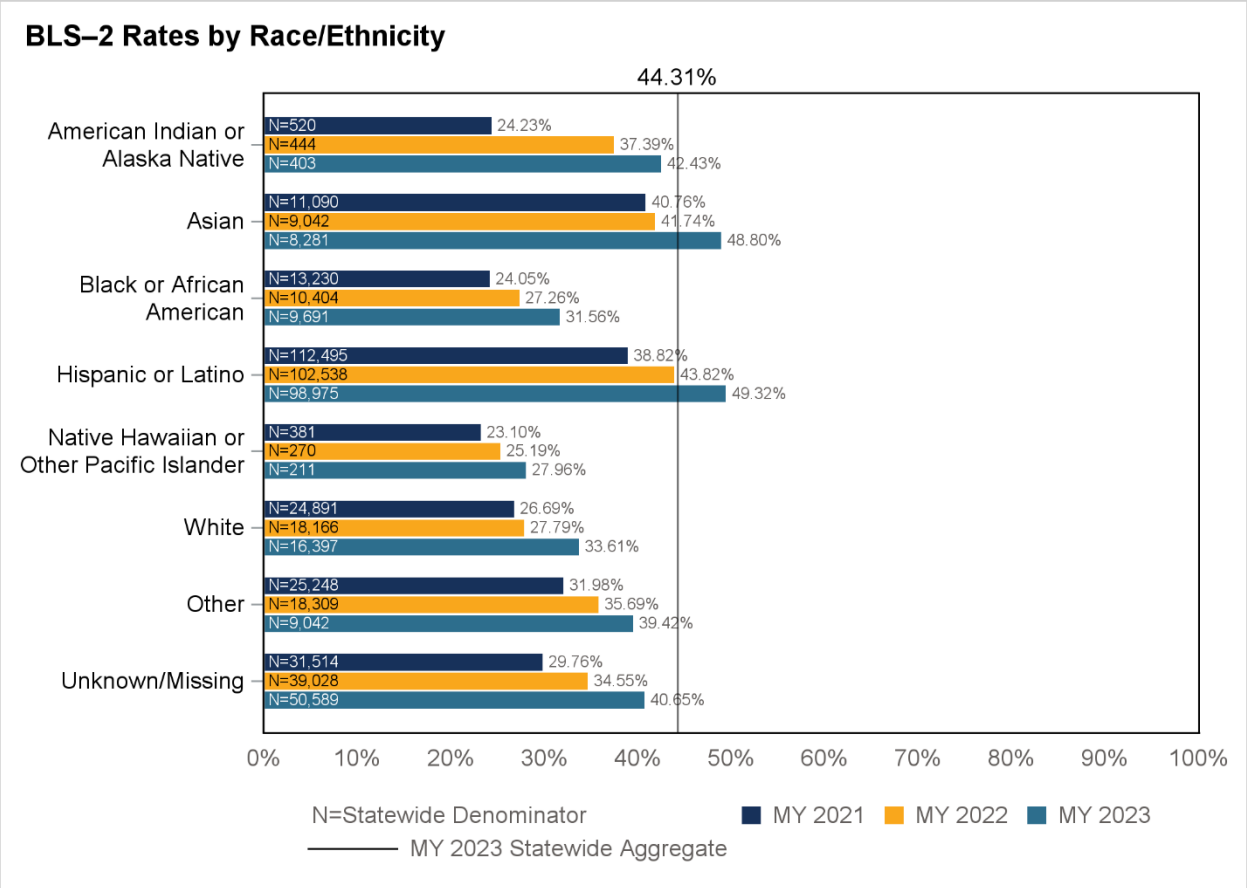


Figure 186—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

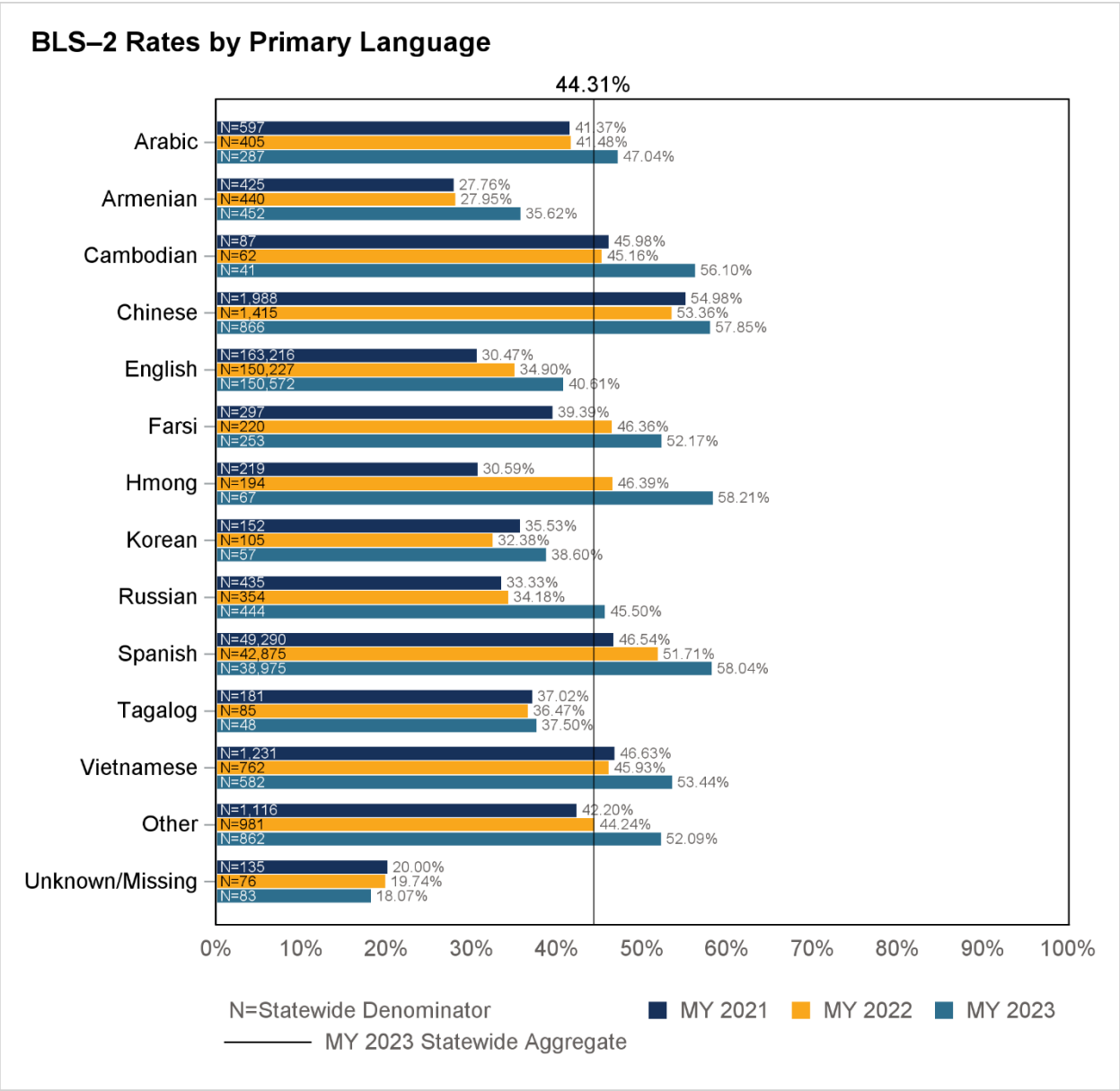


Figure 187—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

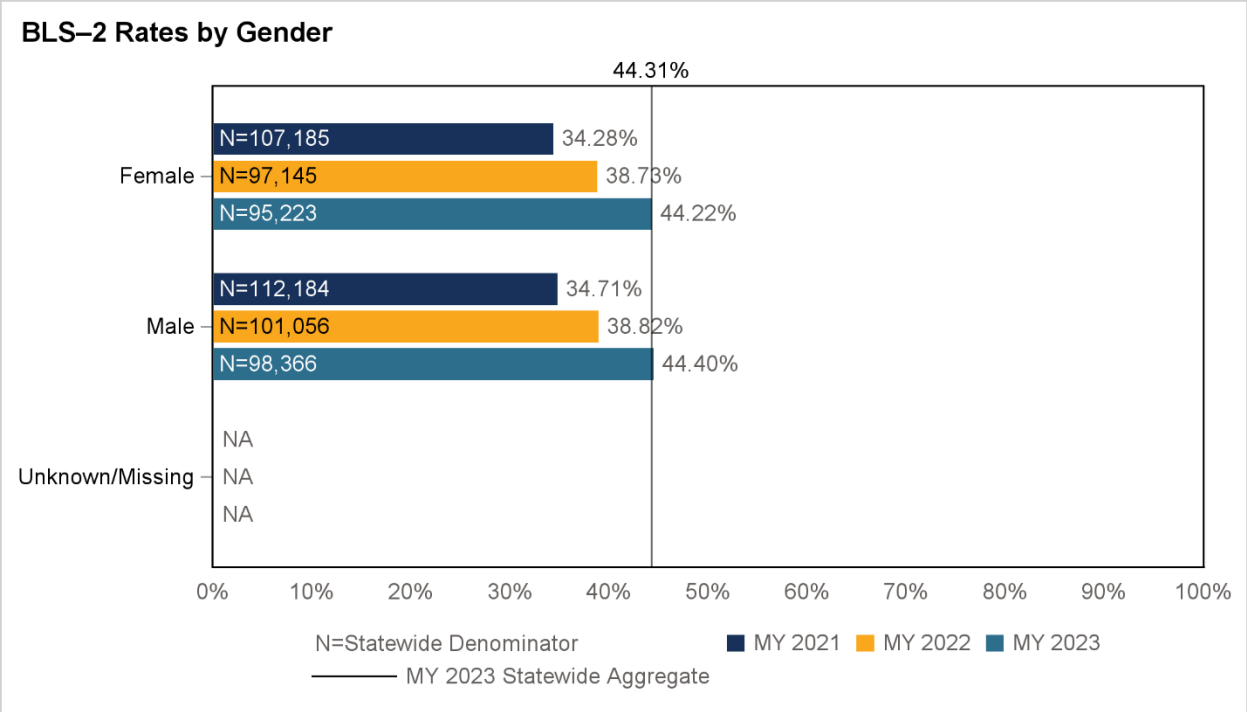


Figure 188—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional Level Delivery Type Model Results

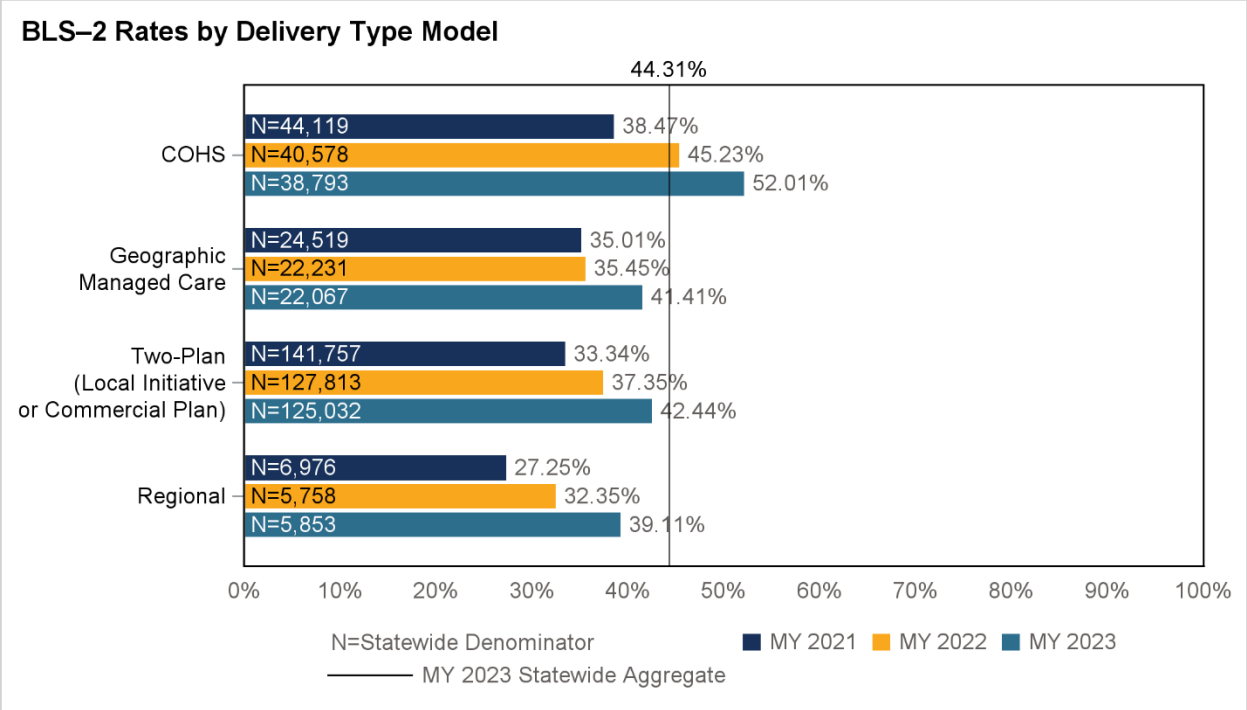


Figure 189—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional Level Population Density Results

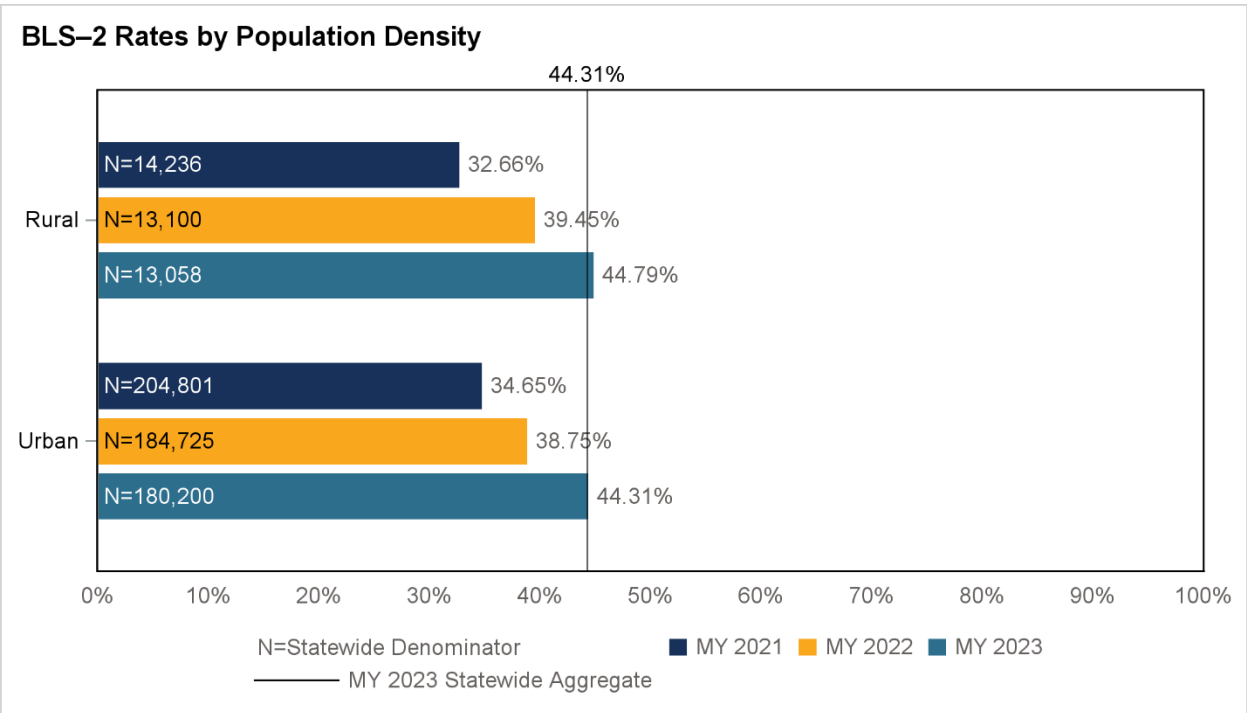


Figure 190—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—Regional Level Geographic Region Results

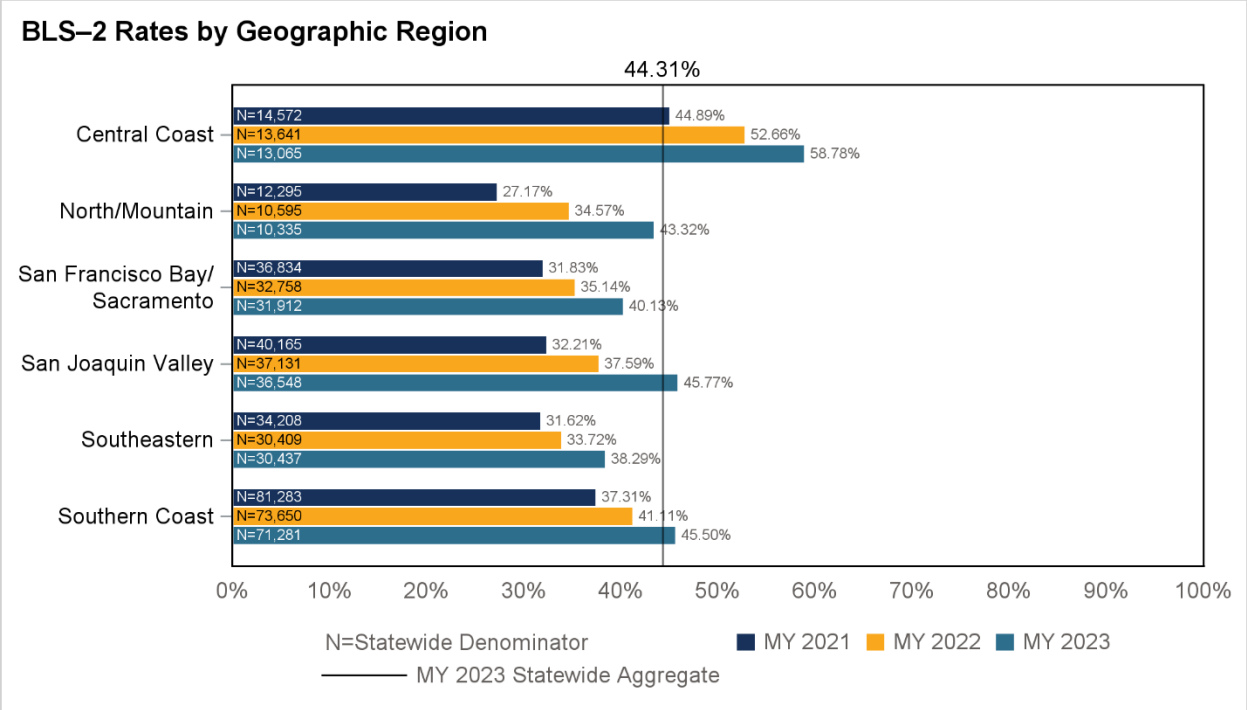
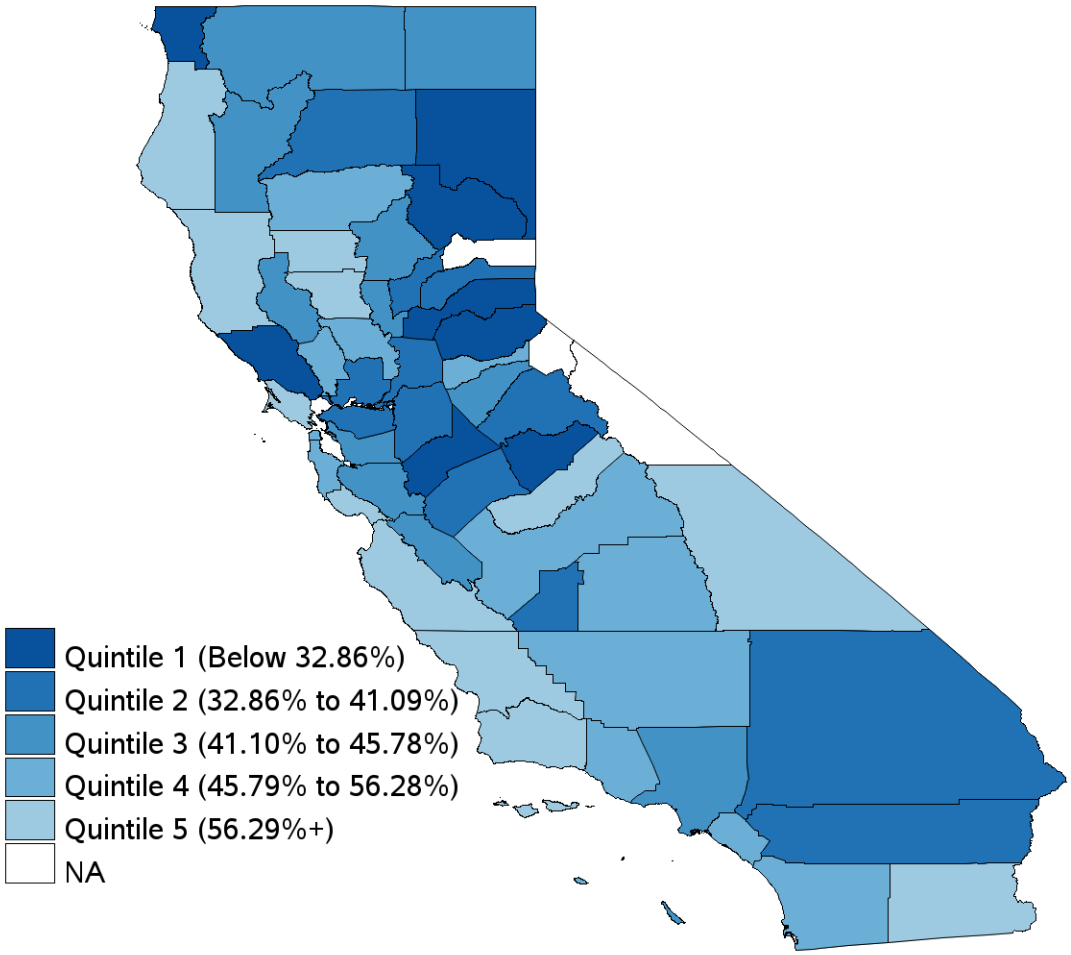


Figure 191—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Blood Lead Screening—Two Tests by 24 Months of Age

The *Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)* indicator measures the percentage of children who turned 2 years old during the measurement year, had a screening within six months (before and after) their second birthday, and also had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 24 months (18 months before and six months after the second birthday) with no more than one gap in enrollment during the 24-month period wherein the gap is no longer than one month. This indicator is in alignment with Title 17 testing requirements. Figure 192 through Figure 198 display the *Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, national benchmarks are not available for this indicator.

Figure 192—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Racial/Ethnic Results

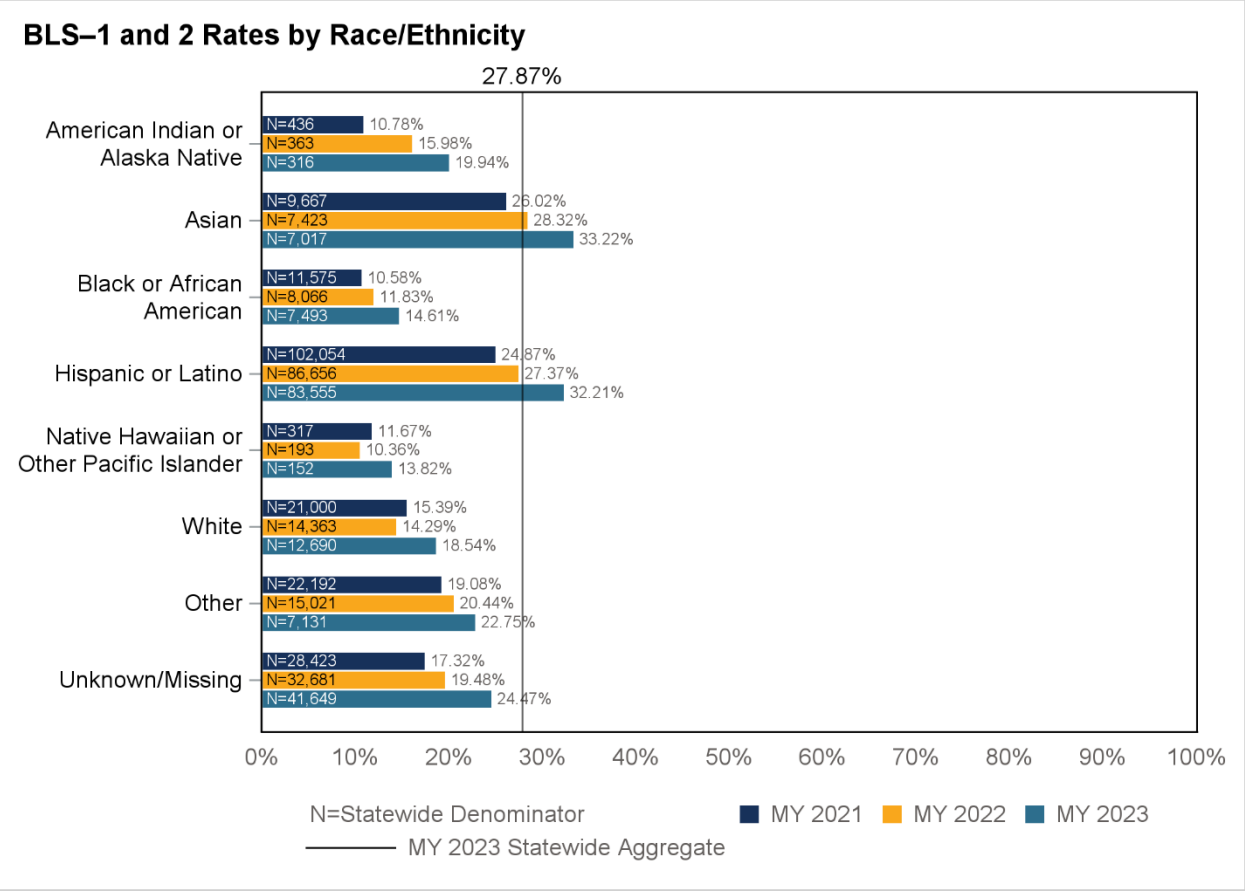


Figure 193—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

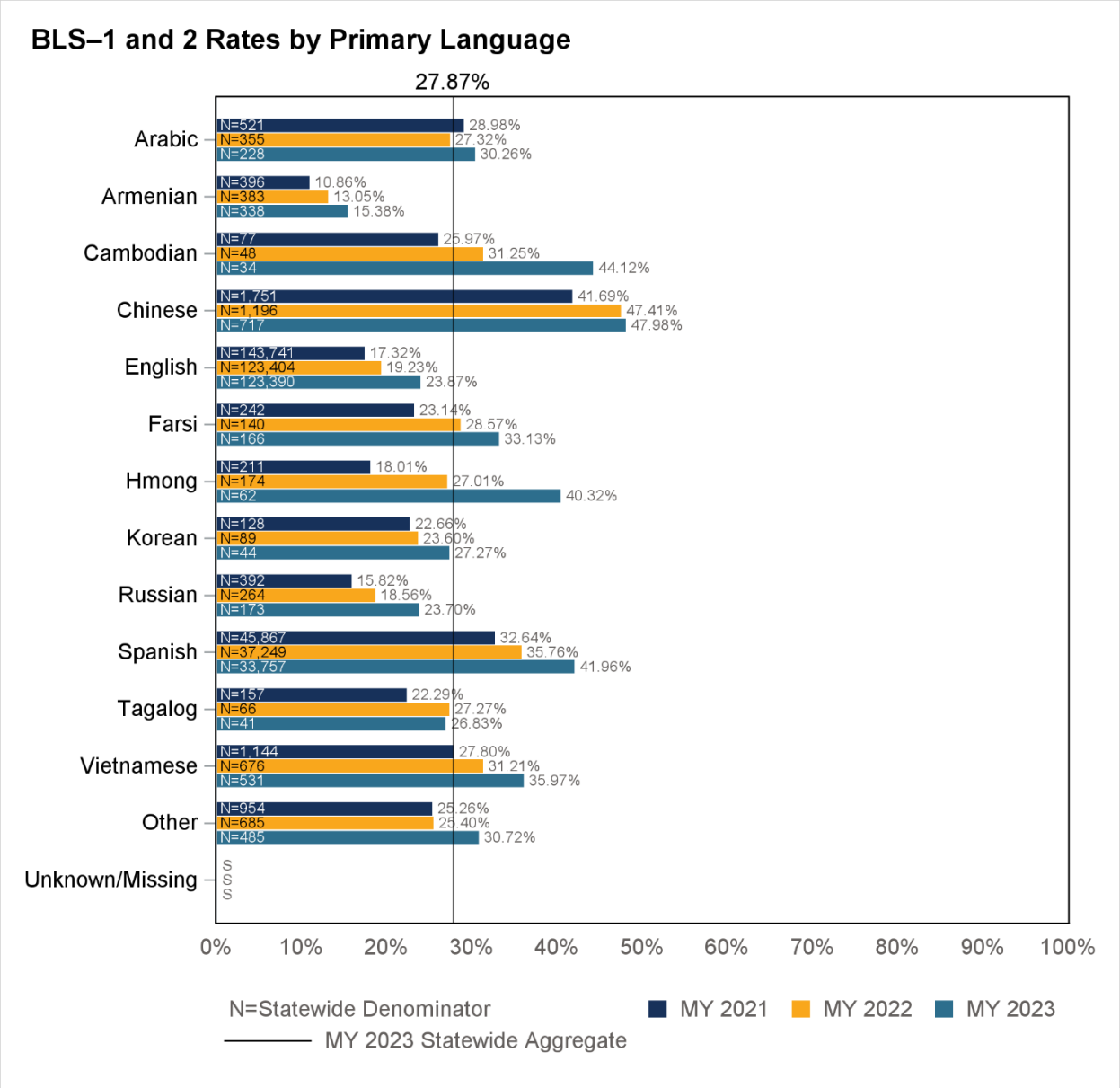


Figure 194—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

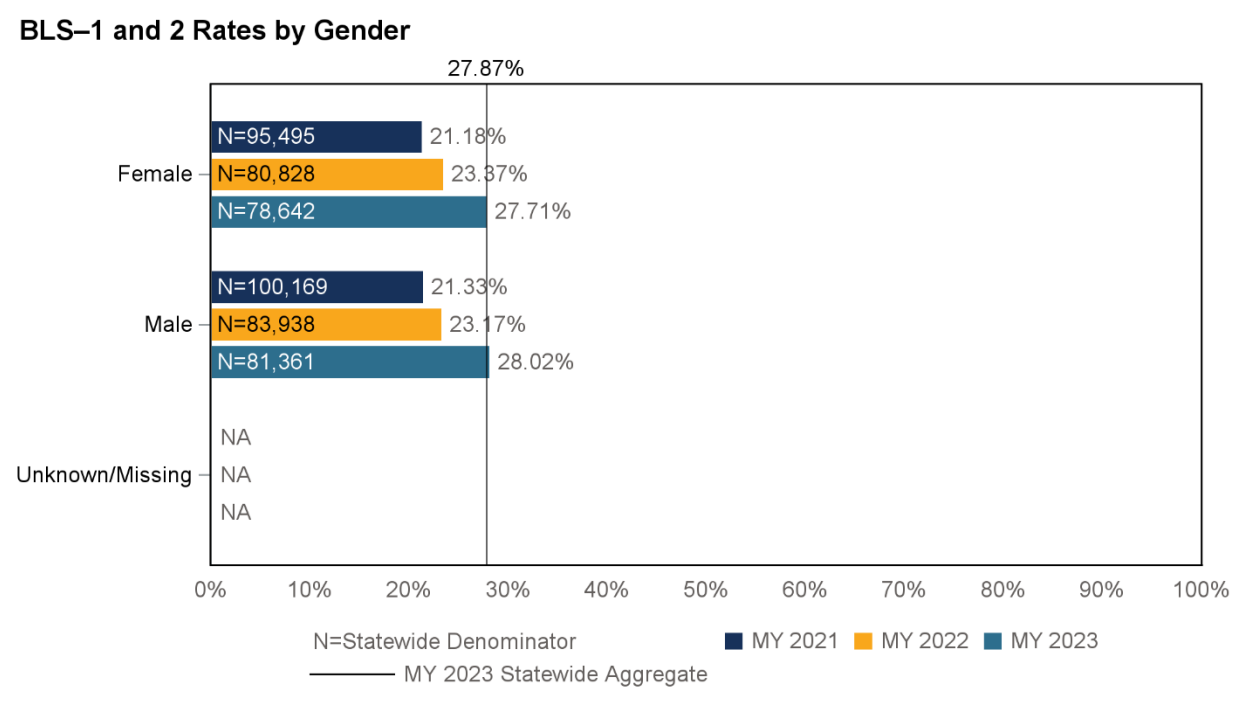


Figure 195—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Delivery Type Model Results

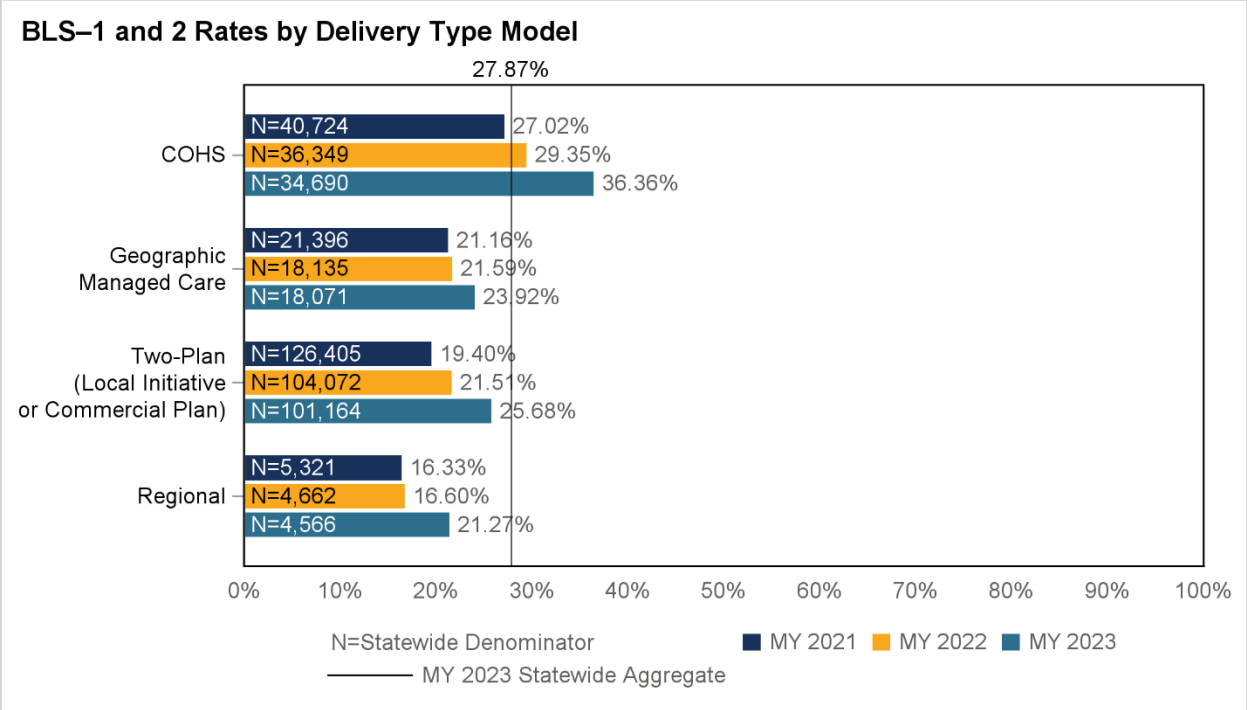


Figure 196—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Population Density Results

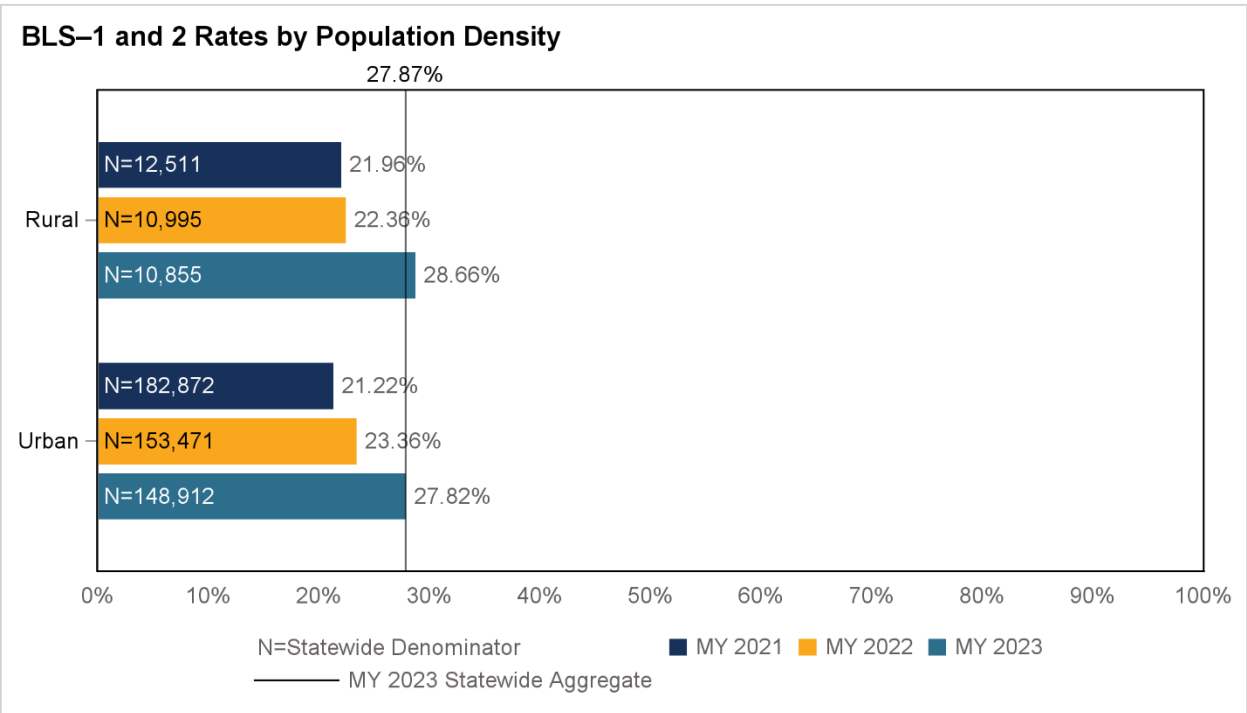


Figure 197—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—Regional-Level Geographic Region Results

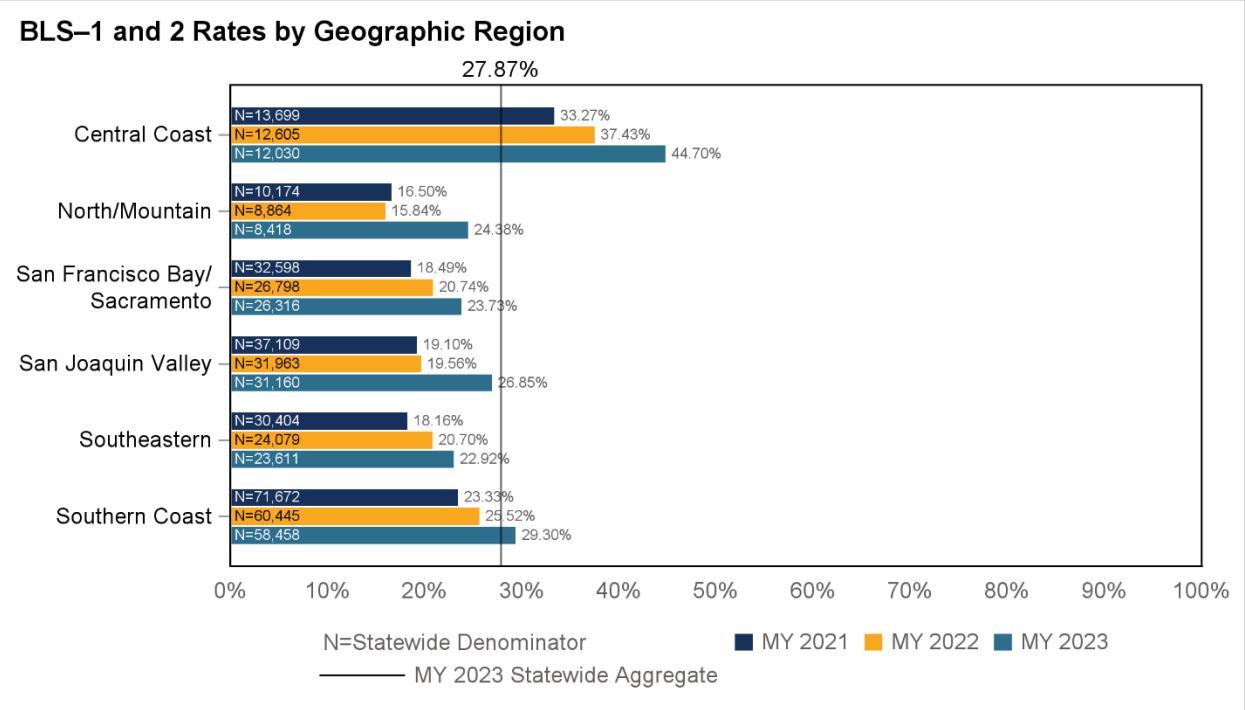
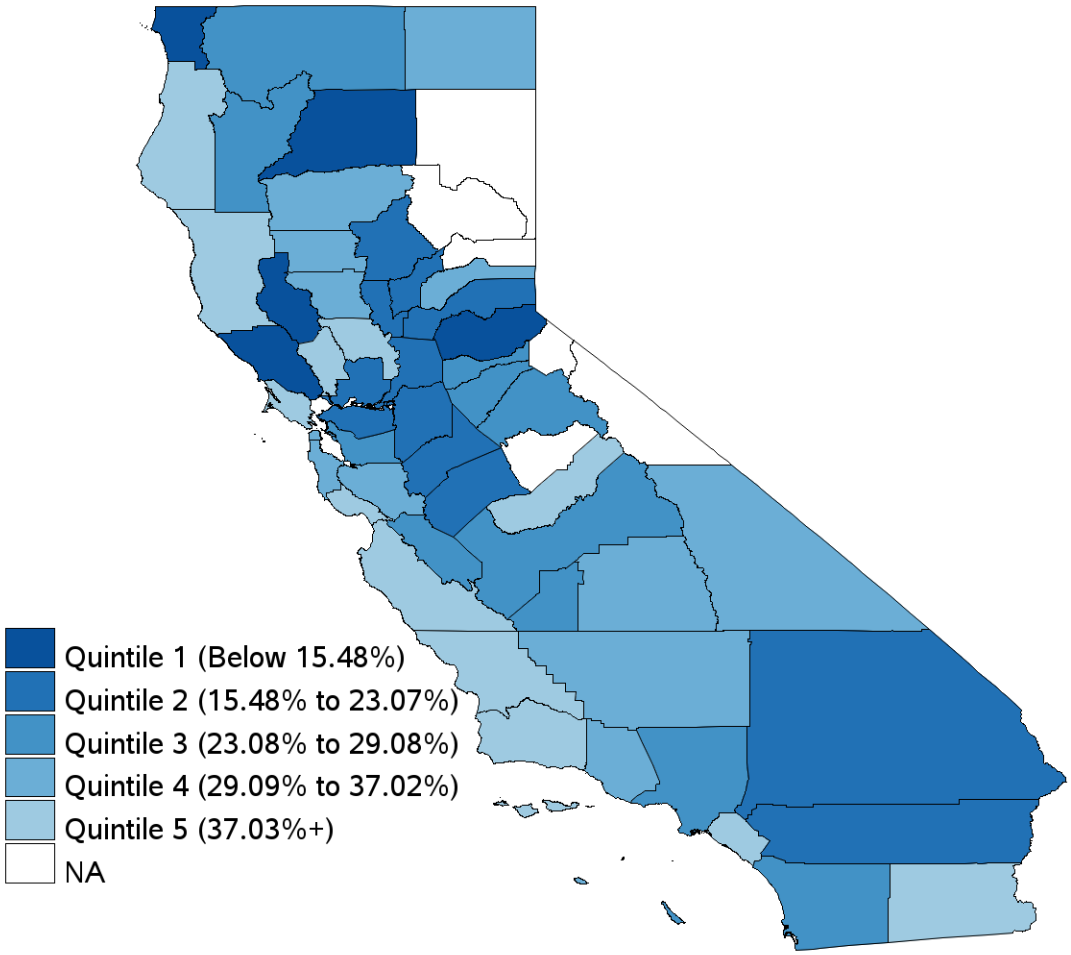


Figure 198—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



Blood Lead Screening—Catch-Up Test by 6 Years of Age

The *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)* indicator measures the percentage of children who turned 6 years old during the measurement year who were not screened at 1 or 2 years of age, to determine if they were screened between 31 months old and their sixth birthday. Individuals must be continuously enrolled for 12 months prior to their sixth birthday with no more than one gap in enrollment during the 12-month period wherein the gap is no longer than one month. Individuals who had at least one blood lead test prior to 31 months of age were excluded. (Note: For this measure, DHCS assessed claims for Current Procedural Terminology [CPT] codes 83655 [blood lead test] and Z0334 [counseling and blood draw]; Z0334 was retired May 1, 2018). This indicator is in alignment with Title 17 testing requirements. Figure 199 through Figure 205 display the *Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)* indicator rates at the statewide and regional levels for measurement years 2021, 2022, and 2023. Please note, national benchmarks are not available for this indicator.

Figure 199—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Racial/Ethnic Results

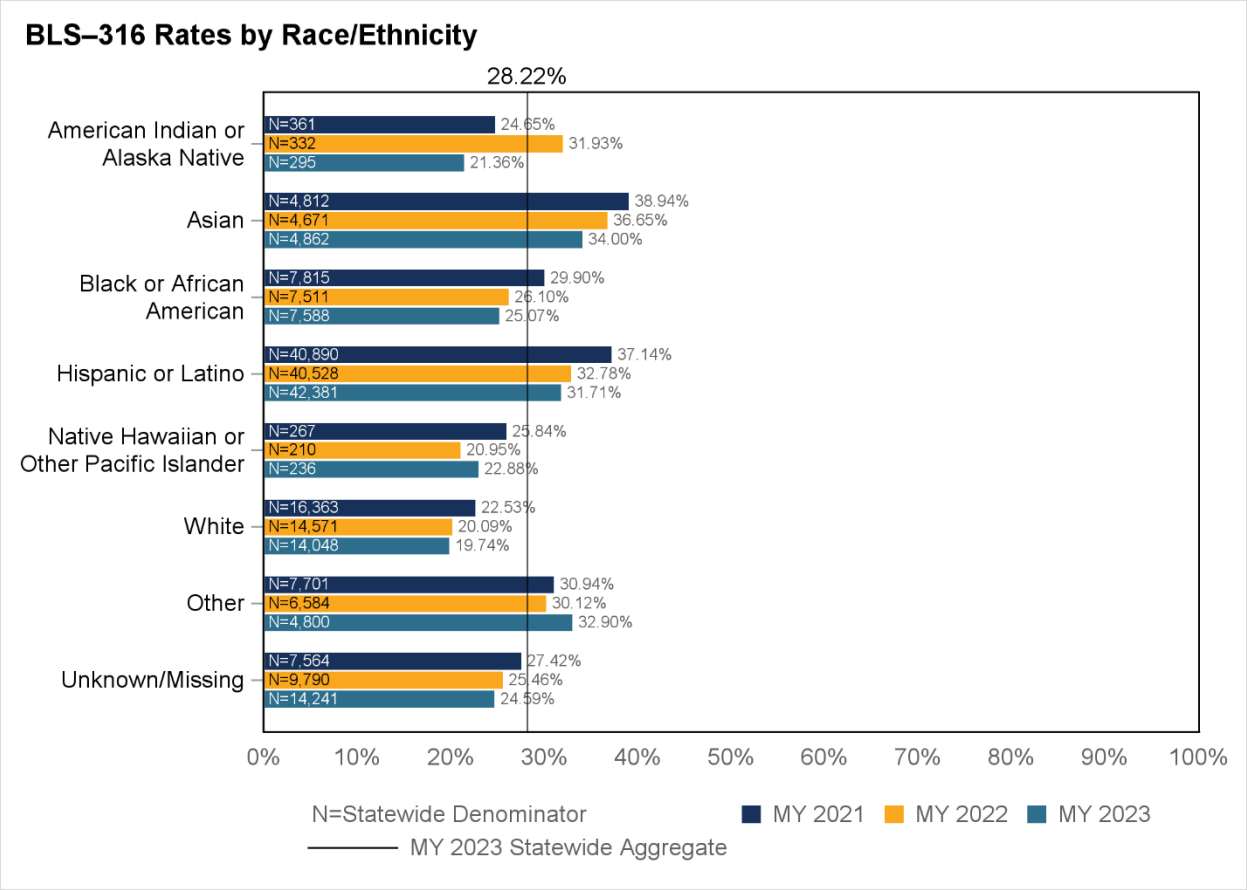


Figure 200—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Primary Language Results

*Primary language stratifications were derived from the current threshold languages for MCMC counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

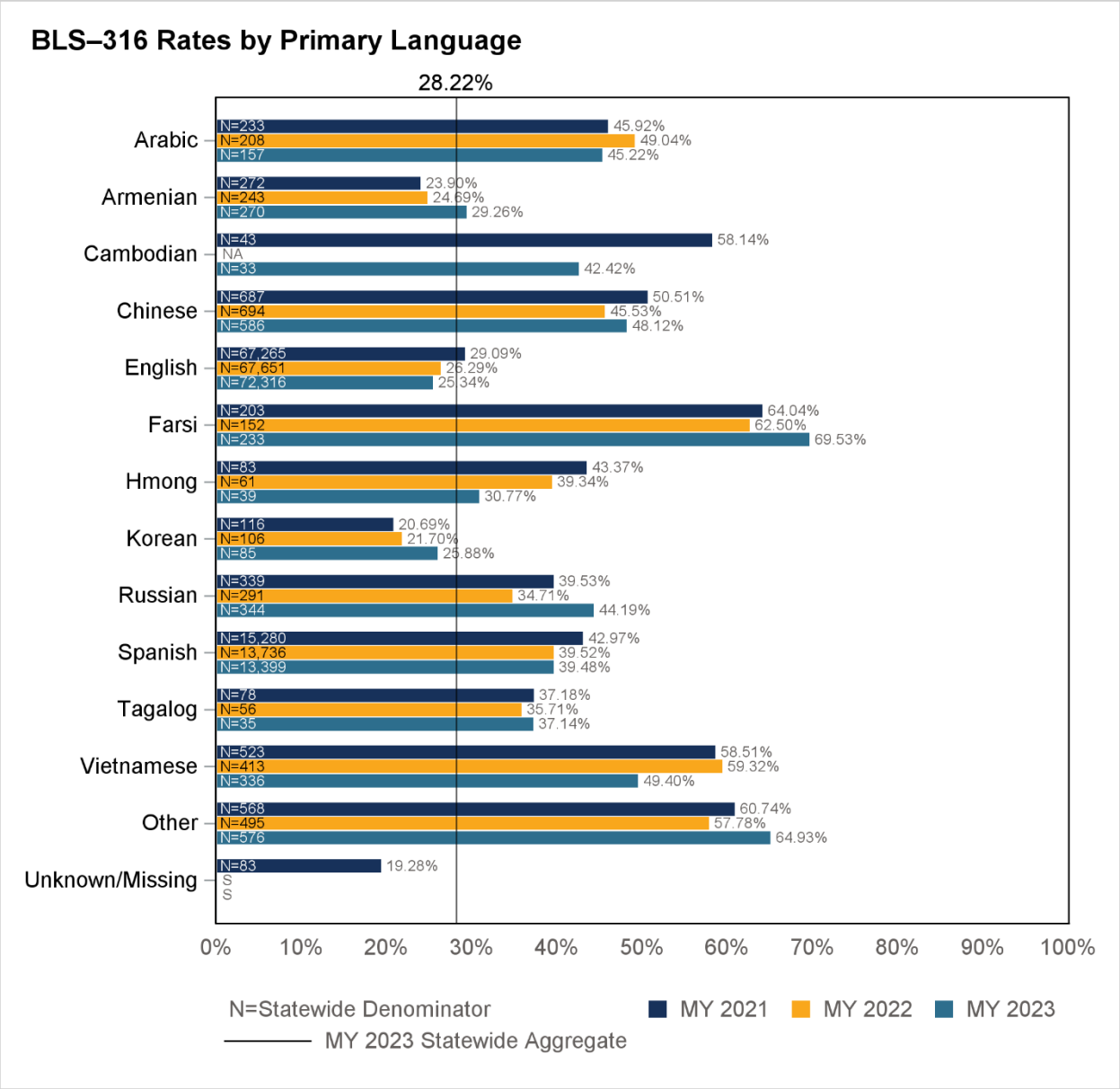

BLS–316 Rates by Primary Language
28.22%
Arabic
N=233
45.92%
N=208
49.04%
N=157
45.22%
Armenian
N=272
23.90%
N=243
24.69%
N=270
29.26%
Cambodian
N=43
58.14%
NA
N=33
42.42%
Chinese
N=687
50.51%
N=694
45.53%
N=586
48.12%
English
N=67,265
29.09%
N=67,651
26.29%
N=72,316
25.34%
Farsi
N=203
64.04%
N=152
62.50%
N=233
69.53%
Hmong
N=83
43.37%
N=61
39.34%
N=39
30.77%
Korean
N=116
20.69%
N=106
21.70%
N=85
25.88%
Russian
N=339
39.53%
N=291
34.71%
N=344
44.19%
Spanish
N=15,280
42.97%
N=13,736
39.52%
N=13,399
39.48%
Tagalog
N=78
37.18%
N=56
35.71%
N=35
37.14%
Vietnamese
N=523
58.51%
N=413
59.32%
N=336
49.40%
Other
N=568
60.74%
N=495
57.78%
N=576
64.93%
Unknown/Missing
N=83
19.28%
S
S
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
N=Statewide Denominator
MY 2021
MY 2022
MY 2023
MY 2023 Statewide Aggregate

Figure 201—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Statewide Gender Results

NA indicates the rate had a small denominator (i.e., less than 30).

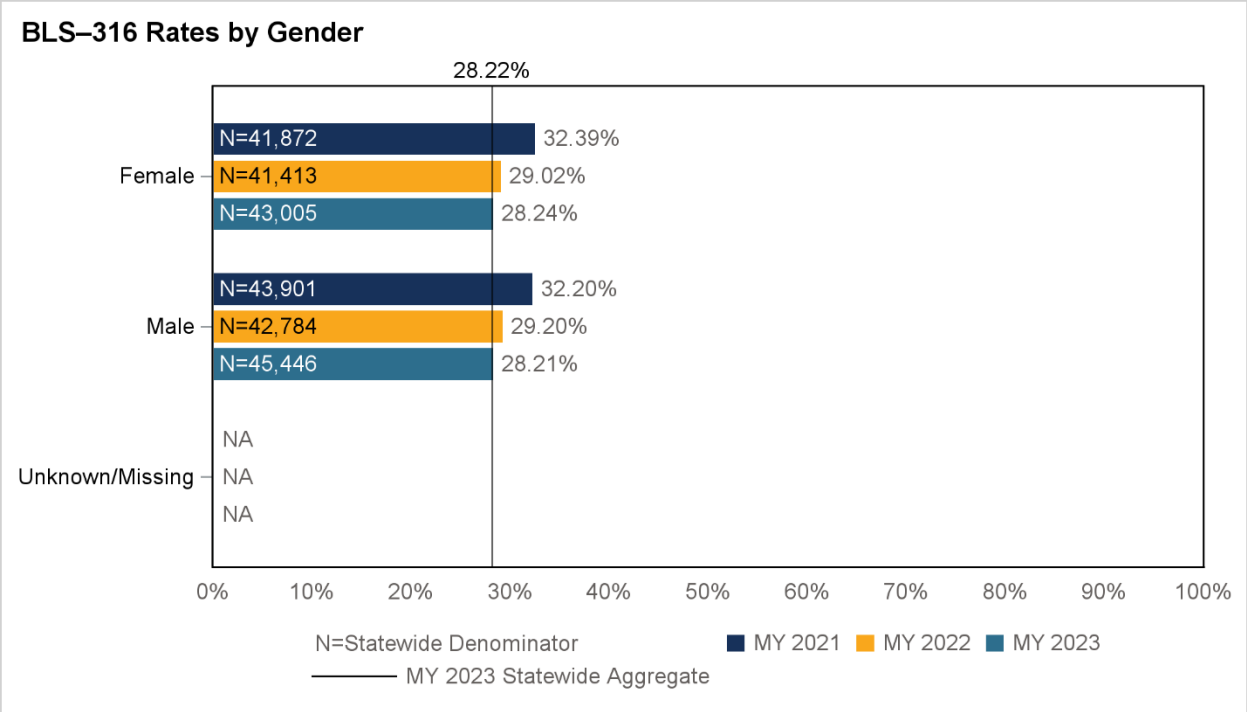


Figure 202—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Delivery Type Model Results

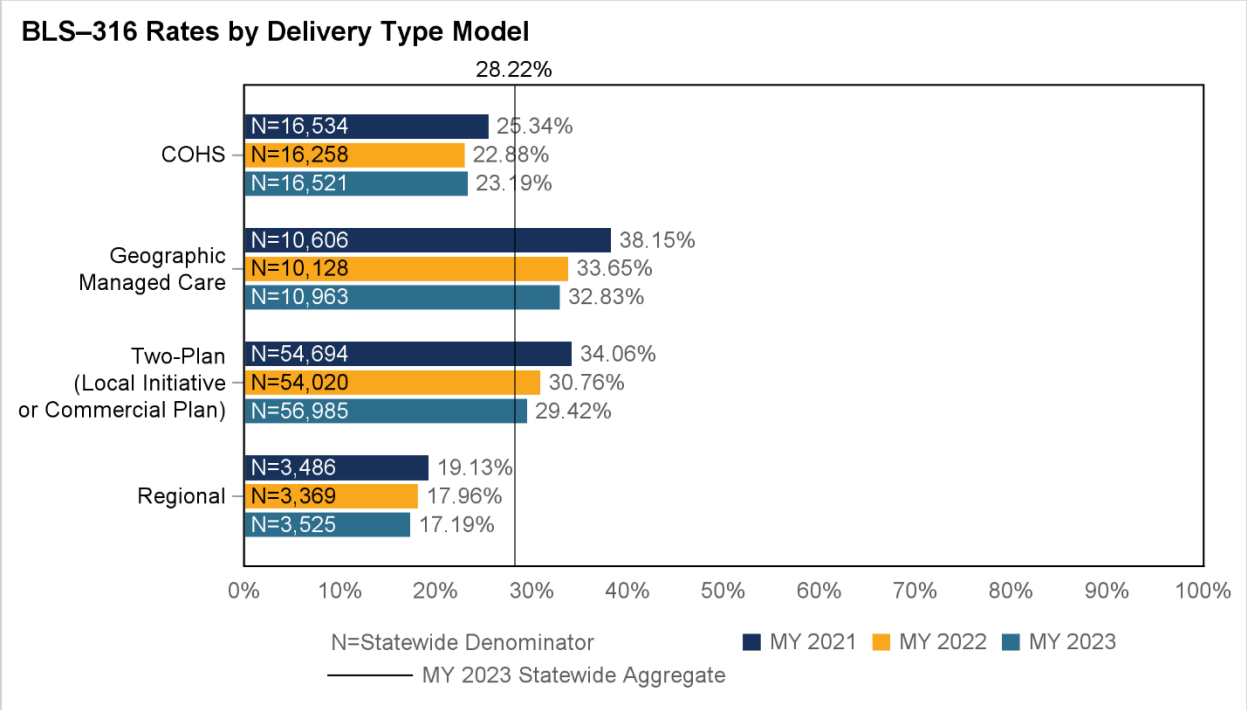


Figure 203—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Population Density Results

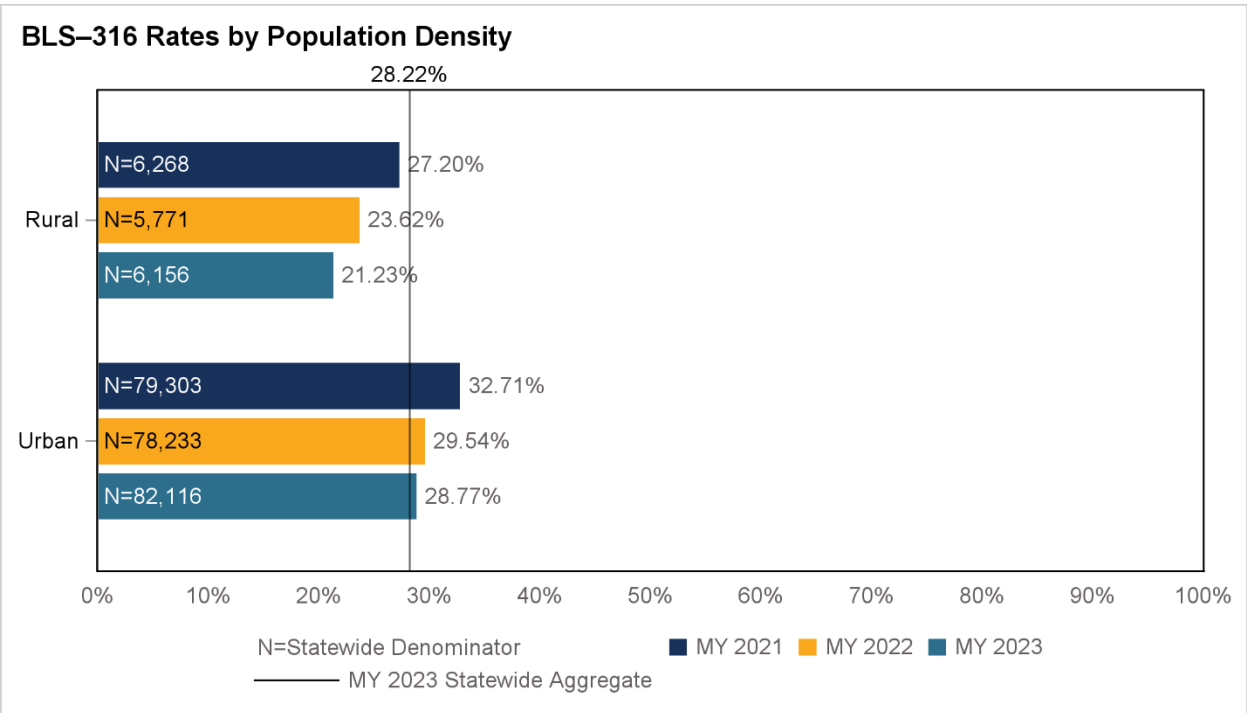


Figure 204—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—Regional-Level Geographic Region Results

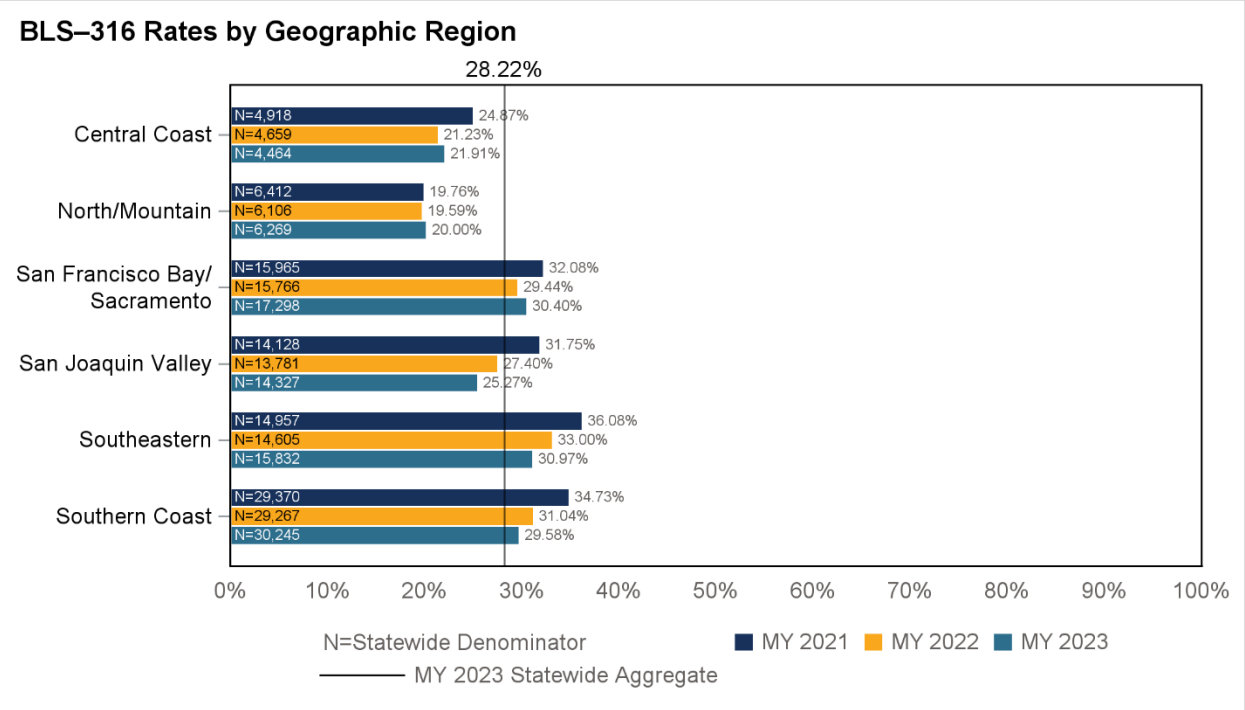
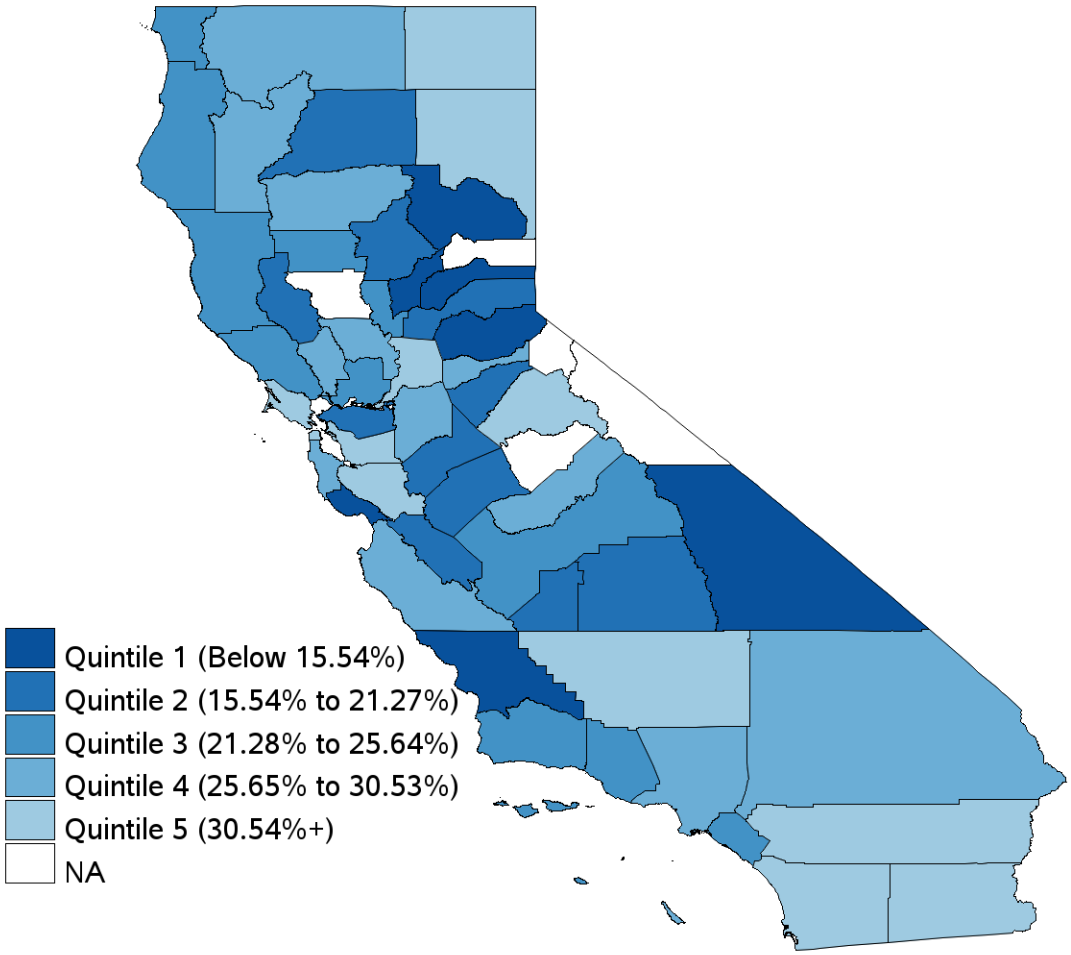


Figure 205—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—County-Level Results

NA indicates the rate had a small denominator (i.e., less than 30) or small numerator (i.e., less than 11).

Please refer to Table 5 in the Reader's Guide for a list of MCPs operating in each county, Figure 1 for a reference map with county labels, and Figure 2 for a reference map of geographic regions.



APPENDIX C. MCP REPORTING UNIT FINDINGS

Appendix C. MCP Reporting Unit Findings presents the MCP reporting-unit level rates for the 13 MCP-calculated indicators, 11 HSAG-calculated indicators, and four DHCS-calculated indicators.

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported. Additionally, HSAG did not weight the statewide aggregate rates for hybrid indicators presented in this report. As a result, the statewide aggregate rates for hybrid indicators presented in this report will not match the rates reported in the EQR technical report, since the EQR technical report presents weighted statewide rates derived from MCPs' reported MCAS rates.

MCP-Calculated MCAS Indicators

Table 15 through Table 27 present the measurement years 2022 and 2023 MCP reporting unit-level rates and the percentage point difference between the measurement year 2022 and 2023 rates, where applicable, for the MCP-calculated MCAS indicator results.

Table 15—Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	58.38%	60.38%	2.00
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	19.27%▼	20.14%▼	0.87
Aetna Better Health of California—San Diego	34.01%▼	36.88%▼	2.87
Alameda Alliance for Health—Alameda	46.56%▼	58.67%▼	12.11
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	59.33%▲	56.21%▼	-3.12
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	54.48%▼	56.06%▼	1.58

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	45.03%▼	42.59%▼	-2.44
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	54.39%▼	48.76%▼	-5.63
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	46.00%▼	42.00%▼	-4.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	49.10%▼	50.27%▼	1.17
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	49.68%▼	48.47%▼	-1.21
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	50.33%▼	44.76%▼	-5.57
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	56.56%▼	40.00%▼	-16.56
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	49.32%▼	53.41%▼	4.09
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	45.68%▼	39.40%▼	-6.28
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	58.41%▲	60.84%▲	2.43

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Shield of California Promise Health Plan—San Diego	44.48%▼	53.55%▼	9.07
CalOptima—Orange	55.78%▼	58.92%▼	3.14
CalViva Health—Fresno	50.01%▼	56.55%▼	6.54
CalViva Health—Kings	53.48%▼	57.44%▼	3.96
CalViva Health—Madera	56.71%▼	63.70%▲	6.99
California Health & Wellness Plan—Imperial	53.50%▼	58.17%▼	4.67
California Health & Wellness Plan—Region 1	51.10%▼	53.04%▼	1.94
California Health & Wellness Plan—Region 2	54.89%▼	56.70%▼	1.81
CenCal Health—San Luis Obispo	56.79%▼	58.56%▼	1.77
CenCal Health—Santa Barbara	55.87%▼	64.16%▲	8.29
Central California Alliance for Health—Merced	36.72%▼	48.69%▼	11.97
Central California Alliance for Health—Monterey/Santa Cruz	62.23%▲	69.18%▲	6.95
Community Health Group Partnership Plan—San Diego	57.32%▼	60.94%▲	3.62
Contra Costa Health Plan—Contra Costa	65.88%▲	73.17%▲	7.29
Gold Coast Health Plan—Ventura	47.38%▼	60.70%▲	13.32
Health Net Community Solutions, Inc.—Kern	42.89%▼	44.76%▼	1.87
Health Net Community Solutions, Inc.—Los Angeles	43.14%▼	49.84%▼	6.70

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Sacramento	48.39%▼	58.14%▼	9.75
Health Net Community Solutions, Inc.—San Diego	45.61%▼	48.41%▼	2.80
Health Net Community Solutions, Inc.—San Joaquin	44.26%▼	47.62%▼	3.36
Health Net Community Solutions, Inc.—Stanislaus	32.26%▼	46.24%▼	13.98
Health Net Community Solutions, Inc.—Tulare	57.81%▼	63.37%▲	5.56
Health Plan of San Joaquin—San Joaquin	50.36%▼	51.67%▼	1.31
Health Plan of San Joaquin—Stanislaus	35.32%▼	46.21%▼	10.89
Health Plan of San Mateo—San Mateo	49.62%▼	58.58%▼	8.96
Inland Empire Health Plan—Riverside/San Bernardino	55.79%▼	59.95%▼	4.16
Kaiser NorCal (KP Cal, LLC)—KP North	75.73%▲	75.21%▲	-0.52
Kaiser SoCal (KP Cal, LLC)—San Diego	75.18%▲	78.96%▲	3.78
Kern Health Systems, DBA Kern Family Health Care—Kern	37.41%▼	40.07%▼	2.66
L.A. Care Health Plan—Los Angeles	45.63%▼	46.72%▼	1.09
Molina Healthcare of California—Imperial	51.14%▼	43.48%▼	-7.66
Molina Healthcare of California—Riverside/San Bernardino	26.68%▼	22.09%▼	-4.59

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Molina Healthcare of California—Sacramento	42.26%▼	18.93%▼	-23.33
Molina Healthcare of California—San Diego	36.36%▼	36.63%▼	0.27
Partnership HealthPlan of California—Northeast	36.18%▼	39.25%▼	3.07
Partnership HealthPlan of California—Northwest	43.52%▼	45.26%▼	1.74
Partnership HealthPlan of California—Southeast	37.65%▼	36.83%▼	-0.82
Partnership HealthPlan of California—Southwest	42.96%▼	46.28%▼	3.32
San Francisco Health Plan—San Francisco	49.11%▼	53.94%▼	4.83
Santa Clara Family Health Plan—Santa Clara	54.46%▼	56.34%▼	1.88

The statewide aggregates for measurement years 2022 and 2023 were 49.62 percent and 53.64 percent, respectively.

- Rates for 11 of 55 MCP reporting units (20.0 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, reportable rates for 23 of 55 MCP reporting units (41.8 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement years 2022 and 2023, though the 23 MCP reporting units differed between years.
- Rates for 45 of 55 MCP reporting units (81.8 percent) fell below the national benchmark for measurement year 2023.

Table 16—Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	66.76%	69.43%	2.67
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	44.22%▼	55.30%▼	11.08
Aetna Better Health of California—San Diego	53.03%▼	58.28%▼	5.25
Alameda Alliance for Health—Alameda	69.01%▲	74.03%▲	5.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	66.93%▲	61.65%▼	-5.28
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	63.68%▼	60.54%▼	-3.14
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	61.31%▼	62.56%▼	1.25
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	55.97%▼	55.04%▼	-0.93

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	76.08%▲	71.88%▲	-4.20
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	69.45%▲	73.95%▲	4.50
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	61.92%▼	59.27%▼	-2.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	62.79%▼	60.30%▼	-2.49
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	69.39%▲	64.44%▼	-4.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	58.90%▼	64.63%▼	5.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	67.47%▲	63.62%▼	-3.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	65.97%▼	65.87%▼	-0.10
Blue Shield of California Promise Health Plan—San Diego	66.15%▼	67.02%▼	0.87
CalOptima—Orange	71.20%▲	72.44%▲	1.24
CalViva Health—Fresno	62.69%▼	65.01%▼	2.32
CalViva Health—Kings	55.59%▼	53.74%▼	-1.85

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	75.65%▲	79.19%▲	3.54
California Health & Wellness Plan—Imperial	65.94%▼	71.24%▲	5.30
California Health & Wellness Plan—Region 1	66.10%▼	65.70%▼	-0.40
California Health & Wellness Plan—Region 2	57.13%▼	58.87%▼	1.74
CenCal Health—San Luis Obispo	75.03%▲	75.34%▲	0.31
CenCal Health—Santa Barbara	79.70%▲	81.79%▲	2.09
Central California Alliance for Health—Merced	58.09%▼	61.10%▼	3.01
Central California Alliance for Health—Monterey/Santa Cruz	77.78%▲	80.35%▲	2.57
Community Health Group Partnership Plan—San Diego	66.76%▼	66.77%▼	0.01
Contra Costa Health Plan—Contra Costa	73.05%▲	75.59%▲	2.54
Gold Coast Health Plan—Ventura	68.14%▲	72.94%▲	4.80
Health Net Community Solutions, Inc.—Kern	52.36%▼	52.88%▼	0.52
Health Net Community Solutions, Inc.—Los Angeles	61.37%▼	63.54%▼	2.17
Health Net Community Solutions, Inc.—Sacramento	62.85%▼	64.65%▼	1.80
Health Net Community Solutions, Inc.—San Diego	58.88%▼	57.70%▼	-1.18
Health Net Community Solutions, Inc.—San Joaquin	38.46%▼	43.40%▼	4.94

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	42.18%▼	46.72%▼	4.54
Health Net Community Solutions, Inc.—Tulare	65.66%▼	66.64%▼	0.98
Health Plan of San Joaquin—San Joaquin	60.67%▼	62.46%▼	1.79
Health Plan of San Joaquin—Stanislaus	56.49%▼	62.67%▼	6.18
Health Plan of San Mateo—San Mateo	72.38%▲	72.96%▲	0.58
Inland Empire Health Plan—Riverside/San Bernardino	62.93%▼	67.15%▼	4.22
Kaiser NorCal (KP Cal, LLC)—KP North	73.45%▲	76.43%▲	2.98
Kaiser SoCal (KP Cal, LLC)—San Diego	68.19%▲	80.10%▲	11.91
Kern Health Systems, DBA Kern Family Health Care—Kern	54.56%▼	64.19%▼	9.63
L.A. Care Health Plan—Los Angeles	62.64%▼	64.28%▼	1.64
Molina Healthcare of California—Imperial	62.89%▼	67.84%▼	4.95
Molina Healthcare of California—Riverside/San Bernardino	46.17%▼	49.65%▼	3.48
Molina Healthcare of California—Sacramento	59.00%▼	58.09%▼	-0.91
Molina Healthcare of California—San Diego	65.98%▼	68.23%▼	2.25
Partnership HealthPlan of California—Northeast	53.22%▼	56.09%▼	2.87

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	61.15%▼	65.44%▼	4.29
Partnership HealthPlan of California—Southeast	62.39%▼	65.20%▼	2.81
Partnership HealthPlan of California—Southwest	65.71%▼	67.47%▼	1.76
San Francisco Health Plan—San Francisco	75.97%▲	72.73%▲	-3.24
Santa Clara Family Health Plan—Santa Clara	70.80%▲	72.85%▲	2.05

The statewide aggregates for measurement years 2022 and 2023 were 64.36 percent and 66.67 percent, respectively.

- Rates for 10 of 55 MCP reporting units (18.18 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, reportable rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for seven of 55 MCP reporting units (12.73 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 36 of 55 MCP reporting units (65.45 percent) fell below the national benchmark for measurement year 2022, while rates for 39 of 55 MCP reporting units (70.91 percent) fell below the national benchmark for measurement year 2023.

Table 17—Child and Adolescent Well-Care Visits (WCV)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	48.07%	51.81%	3.74
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	29.27%▼	31.79%▼	2.52
Aetna Better Health of California—San Diego	30.16%▼	30.16%▼	0.00
Alameda Alliance for Health—Alameda	49.69%▲	56.30%▲	6.61
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	44.07%▼	41.03%▼	-3.04
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	44.65%▼	41.48%▼	-3.17
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	45.64%▼	45.22%▼	-0.42
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	39.35%▼	40.27%▼	0.92

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	56.59%▲	54.80%▲	-1.79
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	45.49%▼	46.68%▼	1.19
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	39.79%▼	38.18%▼	-1.61
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	50.86%▲	43.90%▼	-6.96
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	48.35%▲	44.85%▼	-3.50
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	41.67%▼	43.42%▼	1.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	42.87%▼	41.93%▼	-0.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	45.23%▼	48.29%▼	3.06
Blue Shield of California Promise Health Plan—San Diego	45.42%▼	53.12%▲	7.70
CalOptima—Orange	51.49%▲	53.03%▲	1.54
CalViva Health—Fresno	48.14%▲	51.57%▼	3.43
CalViva Health—Kings	39.56%▼	41.79%▼	2.23

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	57.71%▲	65.02%▲	7.31
California Health & Wellness Plan—Imperial	45.11%▼	48.31%▼	3.20
California Health & Wellness Plan—Region 1	44.61%▼	42.38%▼	-2.23
California Health & Wellness Plan—Region 2	35.16%▼	34.56%▼	-0.60
CenCal Health—San Luis Obispo	55.85%▲	56.66%▲	0.81
CenCal Health—Santa Barbara	56.66%▲	58.45%▲	1.79
Central California Alliance for Health—Merced	45.64%▼	50.49%▼	4.85
Central California Alliance for Health—Monterey/Santa Cruz	60.15%▲	65.68%▲	5.53
Community Health Group Partnership Plan—San Diego	52.18%▲	53.24%▲	1.06
Contra Costa Health Plan—Contra Costa	53.09%▲	56.63%▲	3.54
Gold Coast Health Plan—Ventura	42.33%▼	49.80%▼	7.47
Health Net Community Solutions, Inc.—Kern	32.21%▼	32.66%▼	0.45
Health Net Community Solutions, Inc.—Los Angeles	45.15%▼	46.93%▼	1.78
Health Net Community Solutions, Inc.—Sacramento	54.51%▲	50.77%▼	-3.74
Health Net Community Solutions, Inc.—San Diego	39.90%▼	36.52%▼	-3.38
Health Net Community Solutions, Inc.—San Joaquin	31.05%▼	29.68%▼	-1.37

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	28.70%▼	35.08%▼	6.38
Health Net Community Solutions, Inc.—Tulare	46.26%▼	48.00%▼	1.74
Health Plan of San Joaquin—San Joaquin	47.26%▼	49.44%▼	2.18
Health Plan of San Joaquin—Stanislaus	41.89%▼	46.04%▼	4.15
Health Plan of San Mateo—San Mateo	52.00%▲	54.81%▲	2.81
Inland Empire Health Plan—Riverside/San Bernardino	46.78%▼	51.49%▼	4.71
Kaiser NorCal (KP Cal, LLC)—KP North	48.03%▼	53.70%▲	5.67
Kaiser SoCal (KP Cal, LLC)—San Diego	48.33%▲	47.61%▼	-0.72
Kern Health Systems, DBA Kern Family Health Care—Kern	40.64%▼	46.55%▼	5.91
L.A. Care Health Plan—Los Angeles	46.64%▼	48.67%▼	2.03
Molina Healthcare of California—Imperial	42.03%▼	42.20%▼	0.17
Molina Healthcare of California—Riverside/San Bernardino	35.35%▼	37.51%▼	2.16
Molina Healthcare of California—Sacramento	49.05%▲	42.30%▼	-6.75
Molina Healthcare of California—San Diego	46.96%▼	50.24%▼	3.28
Partnership HealthPlan of California—Northeast	40.73%▼	41.64%▼	0.91

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	43.98%▼	48.03%▼	4.05
Partnership HealthPlan of California—Southeast	45.67%▼	47.79%▼	2.12
Partnership HealthPlan of California—Southwest	46.99%▼	49.45%▼	2.46
San Francisco Health Plan—San Francisco	56.28%▲	57.12%▲	0.84
Santa Clara Family Health Plan—Santa Clara	50.15%▲	53.49%▲	3.34

The statewide aggregates for measurement years 2022 and 2023 were 47.02 percent and 49.50 percent, respectively.

- Rates for 11 of 55 MCP reporting units (20.0 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for seven of 55 MCP reporting units (12.73 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for nine of 55 MCP reporting units (16.36 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 37 of 55 MCP reporting units (67.27 percent) fell below the national benchmark for measurement year 2022, while rates for 41 of 55 MCP reporting units (74.55 percent) fell below the national benchmark for measurement year 2023.

Table 18—Childhood Immunization Status—Combination 10 (CIS–10)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	30.90%	27.49%	-3.41
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	21.10%▼	18.58%▼	-2.52
Aetna Better Health of California—San Diego	35.52%▲	31.32%▲	-4.20
Alameda Alliance for Health—Alameda	52.80%▲	45.74%▲	-7.06
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	41.78%▲	40.88%▲	-0.90
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	37.47%▲	35.04%▲	-2.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	31.39%▲	23.66%▼	-7.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	24.33%▼	21.65%▼	-2.68

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	40.63%▲	42.82%▲	2.19
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	29.93%▼	21.08%▼	-8.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	23.60%▼	21.65%▼	-1.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	25.79%▼	23.11%▼	-2.68
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	28.02%▼	28.04%▲	0.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	47.83%▲	33.96%▲	-13.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	45.26%▲	38.44%▲	-6.82
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	33.09%▲	30.90%▲	-2.19
Blue Shield of California Promise Health Plan—San Diego	43.05%▲	33.09%▲	-9.96
CalOptima—Orange	39.42%▲	36.50%▲	-2.92
CalViva Health—Fresno	27.49%▼	27.74%▲	0.25
CalViva Health—Kings	23.84%▼	19.83%▼	-4.01

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	48.42%▲	47.45%▲	-0.97
California Health & Wellness Plan—Imperial	39.42%▲	32.60%▲	-6.82
California Health & Wellness Plan—Region 1	31.14%▲	28.22%▲	-2.92
California Health & Wellness Plan—Region 2	22.87%▼	21.17%▼	-1.70
CenCal Health—San Luis Obispo	43.07%▲	30.41%▲	-12.66
CenCal Health—Santa Barbara	45.26%▲	40.63%▲	-4.63
Central California Alliance for Health—Merced	16.06%▼	19.71%▼	3.65
Central California Alliance for Health—Monterey/Santa Cruz	51.09%▲	46.72%▲	-4.37
Community Health Group Partnership Plan—San Diego	40.15%▲	32.85%▲	-7.30
Contra Costa Health Plan—Contra Costa	44.04%▲	45.61%▲	1.57
Gold Coast Health Plan—Ventura	40.88%▲	32.85%▲	-8.03
Health Net Community Solutions, Inc.—Kern	26.03%▼	22.03%▼	-4.00
Health Net Community Solutions, Inc.—Los Angeles	22.63%▼	27.01%▼	4.38
Health Net Community Solutions, Inc.—Sacramento	28.47%▼	29.20%▲	0.73
Health Net Community Solutions, Inc.—San Diego	42.09%▲	32.85%▲	-9.24
Health Net Community Solutions, Inc.—San Joaquin	25.00%▼	29.30%▲	4.30

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	23.84%▼	22.38%▼	-1.46
Health Net Community Solutions, Inc.—Tulare	33.09%▲	26.49%▼	-6.60
Health Plan of San Joaquin—San Joaquin	36.50%▲	27.98%▲	-8.52
Health Plan of San Joaquin—Stanislaus	20.92%▼	20.68%▼	-0.24
Health Plan of San Mateo—San Mateo	54.50%▲	54.03%▲	-0.47
Inland Empire Health Plan—Riverside/San Bernardino	28.95%▼	22.99%▼	-5.96
Kaiser NorCal (KP Cal, LLC)—KP North	49.45%▲	48.87%▲	-0.58
Kaiser SoCal (KP Cal, LLC)—San Diego	50.97%▲	50.30%▲	-0.67
Kern Health Systems, DBA Kern Family Health Care—Kern	27.98%▼	24.82%▼	-3.16
L.A. Care Health Plan—Los Angeles	35.52%▲	29.68%▲	-5.84
Molina Healthcare of California—Imperial	37.07%▲	32.53%▲	-4.54
Molina Healthcare of California—Riverside/San Bernardino	17.52%▼	17.03%▼	-0.49
Molina Healthcare of California—Sacramento	24.82%▼	23.60%▼	-1.22
Molina Healthcare of California—San Diego	38.76%▲	32.36%▲	-6.40
Partnership HealthPlan of California—Northeast	18.49%▼	8.03%▼	-10.46

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	23.84%▼	18.98%▼	-4.86
Partnership HealthPlan of California—Southeast	46.47%▲	44.53%▲	-1.94
Partnership HealthPlan of California—Southwest	41.61%▲	37.47%▲	-4.14
San Francisco Health Plan—San Francisco	57.66%▲	55.33%▲	-2.33
Santa Clara Family Health Plan—Santa Clara	49.15%▲	42.82%▲	-6.33

The statewide aggregates for measurement years 2022 and 2023 were 35.23 percent and 31.59 percent, respectively.

- Rates for 40 of 55 MCP reporting units (72.73 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for 14 of 55 MCP reporting units (25.45 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for nine of 55 MCP reporting units (16.36 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 22 of 55 MCP reporting units (40.0 percent) fell below the national benchmark for measurement year 2022, while rates for 20 of 55 MCP reporting units (36.36 percent) fell below the national benchmark for measurement year 2023.

Table 19—Chlamydia Screening in Women—16 to 20 Years (CHL–1620)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	50.45%	50.96%	0.51
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	57.49%▲	67.70%▲	10.21
Aetna Better Health of California—San Diego	49.19%▼	54.45%▲	5.26
Alameda Alliance for Health—Alameda	60.59%▲	64.27%▲	3.68
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	61.25%▲	64.88%▲	3.63
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	58.73%▲	55.39%▲	-3.34
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	50.41%▼	53.29%▲	2.88
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	47.85%▼	47.43%▼	-0.42

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	47.69%▼	53.40%▲	5.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	44.38%▼	44.08%▼	-0.30
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	41.42%▼	47.05%▼	5.63
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	59.49%▲	61.73%▲	2.24
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	52.87%▲	55.92%▲	3.05
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	66.46%▲	65.36%▲	-1.10
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	55.11%▲	58.17%▲	3.06
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	63.27%▲	61.44%▲	-1.83
Blue Shield of California Promise Health Plan—San Diego	58.48%▲	63.26%▲	4.78
CalOptima—Orange	73.01%▲	73.93%▲	0.92
CalViva Health—Fresno	48.37%▼	53.02%▲	4.65
CalViva Health—Kings	54.88%▲	56.19%▲	1.31

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	51.50%▲	54.76%▲	3.26
California Health & Wellness Plan—Imperial	43.53%▼	47.89%▼	4.36
California Health & Wellness Plan—Region 1	48.97%▼	49.59%▼	0.62
California Health & Wellness Plan—Region 2	39.22%▼	37.66%▼	-1.56
CenCal Health—San Luis Obispo	56.88%▲	61.56%▲	4.68
CenCal Health—Santa Barbara	56.07%▲	57.94%▲	1.87
Central California Alliance for Health—Merced	42.37%▼	42.49%▼	0.12
Central California Alliance for Health—Monterey/Santa Cruz	56.95%▲	58.48%▲	1.53
Community Health Group Partnership Plan—San Diego	58.75%▲	64.66%▲	5.91
Contra Costa Health Plan—Contra Costa	60.99%▲	63.07%▲	2.08
Gold Coast Health Plan—Ventura	46.50%▼	57.30%▲	10.80
Health Net Community Solutions, Inc.—Kern	41.79%▼	42.45%▼	0.66
Health Net Community Solutions, Inc.—Los Angeles	65.76%▲	69.50%▲	3.74
Health Net Community Solutions, Inc.—Sacramento	64.29%▲	68.40%▲	4.11
Health Net Community Solutions, Inc.—San Diego	55.12%▲	62.90%▲	7.78
Health Net Community Solutions, Inc.—San Joaquin	51.75%▲	50.85%▼	-0.90

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	43.25%▼	42.27%▼	-0.98
Health Net Community Solutions, Inc.—Tulare	58.74%▲	60.52%▲	1.78
Health Plan of San Joaquin—San Joaquin	52.19%▲	53.91%▲	1.72
Health Plan of San Joaquin—Stanislaus	42.06%▼	39.69%▼	-2.37
Health Plan of San Mateo—San Mateo	65.55%▲	68.27%▲	2.72
Inland Empire Health Plan—Riverside/San Bernardino	60.13%▲	63.63%▲	3.50
Kaiser NorCal (KP Cal, LLC)—KP North	59.77%▲	64.57%▲	4.80
Kaiser SoCal (KP Cal, LLC)—San Diego	55.02%▲	54.39%▲	-0.63
Kern Health Systems, DBA Kern Family Health Care—Kern	44.00%▼	47.49%▼	3.49
L.A. Care Health Plan—Los Angeles	62.96%▲	65.87%▲	2.91
Molina Healthcare of California—Imperial	46.62%▼	46.92%▼	0.30
Molina Healthcare of California—Riverside/San Bernardino	55.51%▲	60.28%▲	4.77
Molina Healthcare of California—Sacramento	60.13%▲	60.27%▲	0.14
Molina Healthcare of California—San Diego	56.93%▲	62.15%▲	5.22
Partnership HealthPlan of California—Northeast	42.02%▼	42.03%▼	0.01

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	47.91%▼	43.13%▼	-4.78
Partnership HealthPlan of California—Southeast	57.62%▲	55.69%▲	-1.93
Partnership HealthPlan of California—Southwest	54.91%▲	54.77%▲	-0.14
San Francisco Health Plan—San Francisco	66.46%▲	67.27%▲	0.81
Santa Clara Family Health Plan—Santa Clara	55.83%▲	61.56%▲	5.73

The statewide aggregates for measurement years 2022 and 2023 were 58.82 percent and 61.61 percent, respectively.

- Rates for seven of 55 MCP reporting units (12.73 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for 15 of 55 MCP reporting units (27.27 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022; similarly, rates for 15 of 55 MCP reporting units (27.27 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 19 of 55 MCP reporting units (34.55 percent) fell below the national benchmark for measurement year 2022, while rates for 15 of 55 MCP reporting units (27.27 percent) fell below the national benchmark for measurement year 2023.

Table 20—Depression Remission or Response for Adolescent and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2023 Rate
National Benchmark	
National Benchmark	29.73%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	NA
Aetna Better Health of California—San Diego	NA
Alameda Alliance for Health—Alameda	30.82%▲
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	NA
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	NA
Blue Shield of California Promise Health Plan—San Diego	NA
CalOptima—Orange	NA
CalViva Health—Fresno	29.17%▼
CalViva Health—Kings	NA
CalViva Health—Madera	NA

MCP Reporting Unit	Measurement Year 2023 Rate
California Health & Wellness Plan—Imperial	NA
California Health & Wellness Plan—Region 1	NA
California Health & Wellness Plan—Region 2	NA
CenCal Health—San Luis Obispo	37.29%▲
CenCal Health—Santa Barbara	38.00%▲
Central California Alliance for Health—Merced	NA
Central California Alliance for Health—Monterey/Santa Cruz	NA
Community Health Group Partnership Plan—San Diego	32.56%▲
Contra Costa Health Plan—Contra Costa	16.13%▼
Gold Coast Health Plan—Ventura	NA
Health Net Community Solutions, Inc.—Kern	NA
Health Net Community Solutions, Inc.—Los Angeles	19.69%▼
Health Net Community Solutions, Inc.—Sacramento	NA
Health Net Community Solutions, Inc.—San Diego	NA
Health Net Community Solutions, Inc.—San Joaquin	NA
Health Net Community Solutions, Inc.—Stanislaus	NA

MCP Reporting Unit	Measurement Year 2023 Rate
Health Net Community Solutions, Inc.—Tulare	NA
Health Plan of San Joaquin—San Joaquin	NA
Health Plan of San Joaquin—Stanislaus	NA
Health Plan of San Mateo—San Mateo	NA
Inland Empire Health Plan—Riverside/San Bernardino	25.75%▼
Kaiser NorCal (KP Cal, LLC)—KP North	NA
Kaiser SoCal (KP Cal, LLC)—San Diego	NA
Kern Health Systems, DBA Kern Family Health Care—Kern	NA
L.A. Care Health Plan—Los Angeles	15.27%▼
Molina Healthcare of California—Imperial	NA
Molina Healthcare of California—Riverside/San Bernardino	NA
Molina Healthcare of California—Sacramento	NA
Molina Healthcare of California—San Diego	26.19%▼
Partnership HealthPlan of California—Northeast	NA
Partnership HealthPlan of California—Northwest	NA

MCP Reporting Unit	Measurement Year 2023 Rate
Partnership HealthPlan of California—Southeast	NA
Partnership HealthPlan of California—Southwest	23.61%▼
San Francisco Health Plan—San Francisco	S
Santa Clara Family Health Plan—Santa Clara	20.59%▼

The statewide aggregate for measurement year 2023 was 23.53 percent.

- None of the rates of the 12 MCP reporting units with enough available data were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for eight of 12 MCP reporting units with enough available data (66.67 percent) fell below the national benchmark for measurement year 2023.

Table 21—Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

— Indicates that the value is not available

N/A indicates that a national benchmark is not available.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	0.16%	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	0.00%	S	—
Aetna Better Health of California—San Diego	0.00%	0.00%▼	0.00
Alameda Alliance for Health—Alameda	19.67%	30.70%▲	11.03
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	0.00%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	0.00%	0.00%▼	0.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.00%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	0.00%	0.00%▼	0.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	0.00%	0.85%▲	0.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	0.00%	S	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	0.69%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	0.00%	0.00%▼	0.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	0.00%	0.00%▼	0.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	0.00%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.00%	0.00%▼	0.00
Blue Shield of California Promise Health Plan—San Diego	0.55%	15.56%▲	15.01
CalOptima—Orange	5.01%	7.17%▲	2.16
CalViva Health—Fresno	0.60%	13.93%▲	13.33
CalViva Health—Kings	0.39%	18.81%▲	18.42
CalViva Health—Madera	S	1.48%▲	—
California Health & Wellness Plan—Imperial	0.00%	4.57%▲	4.57
California Health & Wellness Plan—Region 1	S	3.32%▲	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 2	S	4.47%▲	—
CenCal Health—San Luis Obispo	39.42%	40.03%▲	0.61
CenCal Health—Santa Barbara	13.00%	12.59%▲	-0.41
Central California Alliance for Health—Merced	S	S	—
Central California Alliance for Health—Monterey/Santa Cruz	0.08%	S	—
Community Health Group Partnership Plan—San Diego	3.50%	10.94%▲	7.44
Contra Costa Health Plan—Contra Costa	34.68%	35.03%▲	0.35
Gold Coast Health Plan—Ventura	1.25%	2.12%▲	0.87
Health Net Community Solutions, Inc.—Kern	S	0.49%▲	—
Health Net Community Solutions, Inc.—Los Angeles	1.06%	9.71%▲	8.65
Health Net Community Solutions, Inc.—Sacramento	0.00%	1.76%▲	1.76
Health Net Community Solutions, Inc.—San Diego	1.05%	2.36%▲	1.31
Health Net Community Solutions, Inc.—San Joaquin	S	1.52%▲	—
Health Net Community Solutions, Inc.—Stanislaus	0.20%	0.24%▲	0.04
Health Net Community Solutions, Inc.—Tulare	0.26%	6.83%▲	6.57

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Plan of San Joaquin—San Joaquin	0.00%	21.39%▲	21.39
Health Plan of San Joaquin—Stanislaus	0.00%	S	—
Health Plan of San Mateo—San Mateo	6.11%	5.31%▲	-0.80
Inland Empire Health Plan—Riverside/San Bernardino	0.52%	3.62%▲	3.10
Kaiser NorCal (KP Cal, LLC)—KP North	26.49%	31.25%▲	4.76
Kaiser SoCal (KP Cal, LLC)—San Diego	45.32%	43.33%▲	-1.99
Kern Health Systems, DBA Kern Family Health Care—Kern	1.48%	3.64%▲	2.16
L.A. Care Health Plan—Los Angeles	7.10%	11.66%▲	4.56
Molina Healthcare of California—Imperial	S	3.63%▲	—
Molina Healthcare of California—Riverside/San Bernardino	0.23%	0.40%▲	0.17
Molina Healthcare of California—Sacramento	S	S	—
Molina Healthcare of California—San Diego	4.55%	11.46%▲	6.91
Partnership HealthPlan of California—Northeast	0.00%	S	—
Partnership HealthPlan of California—Northwest	0.00%	22.18%▲	22.18
Partnership HealthPlan of California—Southeast	5.56%	3.34%▲	-2.22

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southwest	4.04%	8.47%▲	4.43
San Francisco Health Plan—San Francisco	3.76%	36.68%▲	32.92
Santa Clara Family Health Plan—Santa Clara	4.47%	11.39%▲	6.92

The statewide aggregates for measurement years 2022 and 2023 were 4.33 percent and 8.87 percent, respectively.

- Rates for two of 37 MCP reporting units with data from both 2022 and 2023 (5.41 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023.
- There is no national benchmark available for measurement year 2022. Rates for six of 43 MCP reporting units with enough available data (13.95 percent) fell below the national benchmark for measurement year 2023.

Table 22—Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

NA indicates the rate had a small denominator (i.e., less than 30).

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	83.03%	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	87.93%	87.18%▲	-0.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	NA	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	NA	NA	—
Blue Shield of California Promise Health Plan—San Diego	NA	88.55%▲	—
CalOptima—Orange	78.34%	90.13%▲	11.79
CalViva Health—Fresno	87.10%	79.09%▼	-8.01
CalViva Health—Kings	NA	NA	—
CalViva Health—Madera	NA	NA	—
California Health & Wellness Plan—Imperial	NA	NA	—
California Health & Wellness Plan—Region 1	NA	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 2	NA	NA	—
CenCal Health—San Luis Obispo	68.95%	72.38%▼	3.43
CenCal Health—Santa Barbara	81.03%	86.59%▲	5.56
Central California Alliance for Health—Merced	NA	NA	—
Central California Alliance for Health—Monterey/Santa Cruz	NA	NA	—
Community Health Group Partnership Plan—San Diego	NA	82.09%▼	—
Contra Costa Health Plan—Contra Costa	93.70%	94.25%▲	0.55
Gold Coast Health Plan—Ventura	90.63%	79.38%▼	-11.25
Health Net Community Solutions, Inc.—Kern	NA	NA	—
Health Net Community Solutions, Inc.—Los Angeles	93.11%	83.83%▲	-9.28
Health Net Community Solutions, Inc.—Sacramento	NA	NA	—
Health Net Community Solutions, Inc.—San Diego	NA	NA	—
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—
Health Net Community Solutions, Inc.—Stanislaus	NA	NA	—
Health Net Community Solutions, Inc.—Tulare	NA	84.00%▲	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Plan of San Joaquin—San Joaquin	NA	79.23%▼	—
Health Plan of San Joaquin—Stanislaus	NA	NA	—
Health Plan of San Mateo—San Mateo	94.23%	95.35%▲	1.12
Inland Empire Health Plan—Riverside/San Bernardino	79.46%	88.36%▲	8.90
Kaiser NorCal (KP Cal, LLC)—KP North	97.74%	97.80%▲	0.06
Kaiser SoCal (KP Cal, LLC)—San Diego	96.71%	99.19%▲	2.48
Kern Health Systems, DBA Kern Family Health Care—Kern	38.98%	45.07%▼	6.09
L.A. Care Health Plan—Los Angeles	85.81%	82.86%▼	-2.95
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	NA	NA	—
Molina Healthcare of California—Sacramento	NA	NA	—
Molina Healthcare of California—San Diego	91.29%	89.64%▲	-1.65
Partnership HealthPlan of California—Northeast	NA	NA	—
Partnership HealthPlan of California—Northwest	NA	74.36%▼	—
Partnership HealthPlan of California—Southeast	97.06%	93.10%▲	-3.96

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southwest	92.79%	74.39%▼	-18.40
San Francisco Health Plan—San Francisco	96.77%	72.92%▼	-23.85
Santa Clara Family Health Plan—Santa Clara	98.11%	81.82%▼	-16.29

The statewide aggregates for measurement years 2022 and 2023 were 87.88 percent and 84.04 percent, respectively.

- Rates for nine of 19 MCP reporting units with data from both 2022 and 2023 (47.37 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023.
- Reportable rates for two of 19 MCP reporting units (10.53 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while reportable rates for three of 24 MCP reporting units (12.50 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- There is no national benchmark available for measurement year 2022. Rates for 11 of 24 MCP reporting units with enough available data (45.83 percent) fell below the national benchmark for measurement year 2023.

Table 23—Developmental Screening in the First Three Years of Life—Total (DEV)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	34.70%	35.70%	1.00
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	34.04%▼	39.10%▲	5.06
Aetna Better Health of California—San Diego	45.50%▲	45.44%▲	-0.06
Alameda Alliance for Health—Alameda	44.24%▲	54.39%▲	10.15
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	39.02%▲	40.15%▲	1.13
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	45.45%▲	43.48%▲	-1.97
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	31.57%▼	24.14%▼	-7.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	3.23%▼	3.40%▼	0.17
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	51.87%▲	39.07%▲	-12.80
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	35.67%▲	29.88%▼	-5.79

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	33.11%▼	26.78%▼	-6.33
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	39.80%▲	33.41%▼	-6.39
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	19.48%▼	4.55%▼	-14.93
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	20.92%▼	32.25%▼	11.33
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	48.98%▲	44.71%▲	-4.27
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	7.03%▼	7.74%▼	0.71
Blue Shield of California Promise Health Plan—San Diego	47.43%▲	49.45%▲	2.02
CalOptima—Orange	26.11%▼	45.69%▲	19.58
CalViva Health—Fresno	21.11%▼	28.04%▼	6.93
CalViva Health—Kings	2.30%▼	3.36%▼	1.06
CalViva Health—Madera	33.32%▼	57.45%▲	24.13
California Health & Wellness Plan—Imperial	45.18%▲	46.89%▲	1.71
California Health & Wellness Plan—Region 1	40.02%▲	34.48%▼	-5.54

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 2	24.02%▼	21.37%▼	-2.65
CenCal Health—San Luis Obispo	18.98%▼	20.85%▼	1.87
CenCal Health—Santa Barbara	40.57%▲	46.62%▲	6.05
Central California Alliance for Health—Merced	27.37%▼	35.29%▼	7.92
Central California Alliance for Health—Monterey/Santa Cruz	32.39%▼	37.82%▲	5.43
Community Health Group Partnership Plan—San Diego	47.13%▲	53.43%▲	6.30
Contra Costa Health Plan—Contra Costa	52.57%▲	56.90%▲	4.33
Gold Coast Health Plan—Ventura	38.96%▲	47.85%▲	8.89
Health Net Community Solutions, Inc.—Kern	14.59%▼	24.31%▼	9.72
Health Net Community Solutions, Inc.—Los Angeles	29.74%▼	37.67%▲	7.93
Health Net Community Solutions, Inc.—Sacramento	26.14%▼	39.28%▲	13.14
Health Net Community Solutions, Inc.—San Diego	45.92%▲	52.16%▲	6.24
Health Net Community Solutions, Inc.—San Joaquin	16.04%▼	26.81%▼	10.77
Health Net Community Solutions, Inc.—Stanislaus	4.12%▼	7.81%▼	3.69
Health Net Community Solutions, Inc.—Tulare	7.11%▼	9.43%▼	2.32

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Plan of San Joaquin—San Joaquin	27.34%▼	25.05%▼	-2.29
Health Plan of San Joaquin—Stanislaus	16.25%▼	18.60%▼	2.35
Health Plan of San Mateo—San Mateo	53.15%▲	56.07%▲	2.92
Inland Empire Health Plan—Riverside/San Bernardino	40.69%▲	53.44%▲	12.75
Kaiser NorCal (KP Cal, LLC)—KP North	53.47%▲	60.11%▲	6.64
Kaiser SoCal (KP Cal, LLC)—San Diego	10.79%▼	79.88%▲	69.09
Kern Health Systems, DBA Kern Family Health Care—Kern	13.47%▼	25.94%▼	12.47
L.A. Care Health Plan—Los Angeles	28.28%▼	39.68%▲	11.40
Molina Healthcare of California—Imperial	47.53%▲	40.58%▲	-6.95
Molina Healthcare of California—Riverside/San Bernardino	38.06%▲	41.51%▲	3.45
Molina Healthcare of California—Sacramento	35.42%▲	36.71%▲	1.29
Molina Healthcare of California—San Diego	53.67%▲	54.57%▲	0.90
Partnership HealthPlan of California—Northeast	13.83%▼	17.23%▼	3.40
Partnership HealthPlan of California—Northwest	21.59%▼	29.40%▼	7.81
Partnership HealthPlan of California—Southeast	32.17%▼	40.53%▲	8.36

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southwest	32.91%▼	27.27%▼	-5.64
San Francisco Health Plan—San Francisco	35.10%▲	54.82%▲	19.72
Santa Clara Family Health Plan—Santa Clara	55.28%▲	59.17%▲	3.89

The statewide aggregates for measurement years 2022 and 2023 were 32.33 percent and 40.34 percent, respectively.

- Rates for 13 of 55 MCP reporting units (23.64 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for 15 of 55 MCP reporting units (27.27 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for 20 of 55 MCP reporting units (36.36 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 30 of 55 MCP reporting units (54.55 percent) fell below the national benchmark for measurement year 2022, while rates for 24 of 55 MCP reporting units (43.64 percent) fell below the national benchmark for measurement year 2023.

Table 24—Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

— indicates that the value is not available.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	69.57%	67.18%	-2.39
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	70.85%▲	72.55%▲	1.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	62.07%▼	43.75%▼	-18.32
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	28.57%▼	22.06%▼	-6.51

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	71.43%▲	51.22%▼	-20.21
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	75.00%▲	54.30%▼	-20.70
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	66.12%▼	36.94%▼	-29.18
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	58.33%▼	37.50%▼	-20.83
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	67.79%▼	46.58%▼	-21.21
Blue Shield of California Promise Health Plan—San Diego	46.51%▼	40.00%▼	-6.51
CalOptima—Orange	77.84%▲	43.12%▼	-34.72

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Fresno	24.22%▼	13.66%▼	-10.56
CalViva Health—Kings	71.74%▲	33.33%▼	-38.41
CalViva Health—Madera	41.03%▼	S	—
California Health & Wellness Plan—Imperial	67.39%▼	NA	—
California Health & Wellness Plan—Region 1	58.11%▼	50.60%▼	-7.51
California Health & Wellness Plan—Region 2	64.71%▼	43.82%▼	-20.89
CenCal Health—San Luis Obispo	87.27%▲	58.00%▼	-29.27
CenCal Health—Santa Barbara	65.87%▼	41.32%▼	-24.55
Central California Alliance for Health—Merced	75.65%▲	43.88%▼	-31.77
Central California Alliance for Health—Monterey/Santa Cruz	69.49%▼	54.02%▼	-15.47
Community Health Group Partnership Plan—San Diego	55.15%▼	32.87%▼	-22.28
Contra Costa Health Plan—Contra Costa	69.84%▲	83.08%▲	13.24
Gold Coast Health Plan—Ventura	31.82%▼	30.48%▼	-1.34
Health Net Community Solutions, Inc.—Kern	45.71%▼	34.15%▼	-11.56
Health Net Community Solutions, Inc.—Los Angeles	48.98%▼	25.00%▼	-23.98
Health Net Community Solutions, Inc.—Sacramento	56.84%▼	32.32%▼	-24.52
Health Net Community Solutions, Inc.—San Diego	48.94%▼	S	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—
Health Net Community Solutions, Inc.—Stanislaus	58.90%▼	32.14%▼	-26.76
Health Net Community Solutions, Inc.—Tulare	66.19%▼	43.18%▼	-23.01
Health Plan of San Joaquin—San Joaquin	64.44%▼	37.04%▼	-27.40
Health Plan of San Joaquin—Stanislaus	48.87%▼	32.09%▼	-16.78
Health Plan of San Mateo—San Mateo	83.56%▲	64.10%▼	-19.46
Inland Empire Health Plan—Riverside/San Bernardino	72.91%▲	77.53%▲	4.62
Kaiser NorCal (KP Cal, LLC)—KP North	85.87%▲	91.14%▲	5.27
Kaiser SoCal (KP Cal, LLC)—San Diego	61.82%▼	61.90%▼	0.08
Kern Health Systems, DBA Kern Family Health Care—Kern	16.67%▼	25.40%▼	8.73
L.A. Care Health Plan—Los Angeles	46.31%▼	45.67%▼	-0.64
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	48.15%▼	55.06%▼	6.91
Molina Healthcare of California—Sacramento	48.94%▼	29.55%▼	-19.39
Molina Healthcare of California—San Diego	54.05%▼	40.65%▼	-13.40

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northeast	33.33%▼	37.72%▼	4.39
Partnership HealthPlan of California—Northwest	30.77%▼	30.00%▼	-0.77
Partnership HealthPlan of California—Southeast	38.53%▼	35.39%▼	-3.14
Partnership HealthPlan of California—Southwest	36.15%▼	44.83%▼	8.68
San Francisco Health Plan—San Francisco	66.07%▼	33.33%▼	-32.74
Santa Clara Family Health Plan—Santa Clara	62.86%▼	59.70%▼	-3.16

The statewide aggregates for measurement years 2022 and 2023 were 59.05 percent and 48.05 percent, respectively.

- Reportable rates for 32 of 43 MCP reporting units (74.42 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, reportable rates for 17 of 46 MCP reporting units (36.96 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while reportable rates for 19 of 43 MCP reporting units (44.19 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Reportable rates for 35 of 46 MCP reporting units (76.09 percent) fell below the national benchmark for measurement years 2022, and rates for 39 of 43 MCP reporting units (90.70 percent) fell below the national benchmark for measurement year 2023.

Table 25—Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

— indicates that the value is not available.

NA indicates the rate had a small denominator (i.e., less than 30).

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	30.40%	30.99%	0.59
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	S	24.00%▼	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	NA	S	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	S	22.00%▼	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	NA	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	NA	S	—
Blue Shield of California Promise Health Plan—San Diego	NA	NA	—
CalOptima—Orange	19.55%▼	11.88%▼	-7.67

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Fresno	S	S	—
CalViva Health—Kings	NA	NA	—
CalViva Health—Madera	NA	NA	—
California Health & Wellness Plan—Imperial	NA	S	—
California Health & Wellness Plan—Region 1	S	NA	—
California Health & Wellness Plan—Region 2	NA	NA	—
CenCal Health—San Luis Obispo	NA	NA	—
CenCal Health—Santa Barbara	17.81%▼	32.59%▲	14.78
Central California Alliance for Health—Merced	S	S	—
Central California Alliance for Health—Monterey/Santa Cruz	33.33%▲	31.78%▲	-1.55
Community Health Group Partnership Plan—San Diego	NA	16.47%▼	—
Contra Costa Health Plan—Contra Costa	38.46%▲	34.21%▲	-4.25
Gold Coast Health Plan—Ventura	S	13.56%▼	—
Health Net Community Solutions, Inc.—Kern	NA	NA	—
Health Net Community Solutions, Inc.—Los Angeles	17.68%▼	16.15%▼	-1.53
Health Net Community Solutions, Inc.—Sacramento	NA	NA	—
Health Net Community Solutions, Inc.—San Diego	NA	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—
Health Net Community Solutions, Inc.—Stanislaus	NA	NA	—
Health Net Community Solutions, Inc.—Tulare	30.56%▲	S	—
Health Plan of San Joaquin—San Joaquin	S	S	—
Health Plan of San Joaquin—Stanislaus	S	0.00%▼	—
Health Plan of San Mateo—San Mateo	NA	40.00%▲	—
Inland Empire Health Plan—Riverside/San Bernardino	NA	35.61%▲	—
Kaiser NorCal (KP Cal, LLC)—KP North	NA	NA	—
Kaiser SoCal (KP Cal, LLC)—San Diego	NA	NA	—
Kern Health Systems, DBA Kern Family Health Care—Kern	26.60%▼	14.29%▼	-12.31
L.A. Care Health Plan—Los Angeles	16.57%▼	19.48%▼	2.91
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	S	26.83%▼	—
Molina Healthcare of California—Sacramento	NA	NA	—
Molina Healthcare of California—San Diego	25.00%▼	34.69%▲	9.69

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northeast	S	S	—
Partnership HealthPlan of California—Northwest	S	S	—
Partnership HealthPlan of California—Southeast	S	S	—
Partnership HealthPlan of California—Southwest	23.81%▼	12.90%▼	-10.91
San Francisco Health Plan—San Francisco	NA	NA	—
Santa Clara Family Health Plan—Santa Clara	S	32.14%▲	—

The statewide aggregates for measurement years 2022 and 2023 were 19.84 percent and 20.42 percent, respectively.

- Reportable rates for six of nine MCP reporting units (66.67 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, no reportable rates for MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, and reportable rates for one of 18 MCP reporting units (5.56 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Reportable rates for seven of 10 MCP reporting units (70.00 percent) fell below the national benchmark for measurement year 2022, and reportable rates for 11 of 18 MCP reporting units (61.11 percent) fell below the national benchmark for measurement year 2023.

Table 26—Immunizations for Adolescents—Combination 2 (Meningococcal, Tdap, and HPV) (IMA–2)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	34.31%	34.30%	-0.01
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	28.76%▼	29.59%▼	0.83
Aetna Better Health of California—San Diego	22.75%▼	27.09%▼	4.34
Alameda Alliance for Health—Alameda	50.61%▲	49.27%▲	-1.34
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	36.74%▲	40.39%▲	3.65
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	34.31%▼	36.82%▲	2.51
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	35.77%▲	35.04%▲	-0.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	30.92%▼	28.47%▼	-2.45

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	54.50%▲	49.64%▲	-4.86
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	29.68%▼	28.71%▼	-0.97
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.47%▼	29.93%▼	1.46
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	37.71%▲	34.81%▲	-2.90
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	42.02%▲	34.39%▲	-7.63
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	40.59%▲	41.25%▲	0.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	36.74%▲	37.56%▲	0.82
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	37.96%▲	40.15%▲	2.19
Blue Shield of California Promise Health Plan—San Diego	34.79%▲	42.82%▲	8.03
CalOptima—Orange	51.82%▲	47.45%▲	-4.37
CalViva Health—Fresno	39.17%▲	36.06%▲	-3.11
CalViva Health—Kings	29.68%▼	31.39%▼	1.71

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	53.86%▲	47.32%▲	-6.54
California Health & Wellness Plan—Imperial	36.74%▲	41.12%▲	4.38
California Health & Wellness Plan—Region 1	28.95%▼	28.03%▼	-0.92
California Health & Wellness Plan—Region 2	25.06%▼	25.30%▼	0.24
CenCal Health—San Luis Obispo	39.42%▲	32.12%▼	-7.30
CenCal Health—Santa Barbara	51.34%▲	46.72%▲	-4.62
Central California Alliance for Health—Merced	33.09%▼	32.02%▼	-1.07
Central California Alliance for Health—Monterey/Santa Cruz	56.48%▲	60.34%▲	3.86
Community Health Group Partnership Plan—San Diego	42.58%▲	45.01%▲	2.43
Contra Costa Health Plan—Contra Costa	53.36%▲	55.56%▲	2.20
Gold Coast Health Plan—Ventura	35.77%▲	41.61%▲	5.84
Health Net Community Solutions, Inc.—Kern	28.17%▼	27.01%▼	-1.16
Health Net Community Solutions, Inc.—Los Angeles	38.20%▲	37.71%▲	-0.49
Health Net Community Solutions, Inc.—Sacramento	45.01%▲	41.12%▲	-3.89
Health Net Community Solutions, Inc.—San Diego	38.69%▲	34.76%▲	-3.93
Health Net Community Solutions, Inc.—San Joaquin	24.57%▼	30.90%▼	6.33

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	31.14%▼	29.68%▼	-1.46
Health Net Community Solutions, Inc.—Tulare	36.01%▲	36.93%▲	0.92
Health Plan of San Joaquin—San Joaquin	37.55%▲	40.88%▲	3.33
Health Plan of San Joaquin—Stanislaus	30.20%▼	30.66%▼	0.46
Health Plan of San Mateo—San Mateo	49.39%▲	50.85%▲	1.46
Inland Empire Health Plan—Riverside/San Bernardino	34.55%▲	37.96%▲	3.41
Kaiser NorCal (KP Cal, LLC)—KP North	63.16%▲	65.63%▲	2.47
Kaiser SoCal (KP Cal, LLC)—San Diego	56.50%▲	57.36%▲	0.86
Kern Health Systems, DBA Kern Family Health Care—Kern	29.68%▼	34.06%▼	4.38
L.A. Care Health Plan—Los Angeles	39.17%▲	44.28%▲	5.11
Molina Healthcare of California—Imperial	30.04%▼	33.33%▼	3.29
Molina Healthcare of California—Riverside/San Bernardino	27.49%▼	26.03%▼	-1.46
Molina Healthcare of California—Sacramento	37.47%▲	35.04%▲	-2.43
Molina Healthcare of California—San Diego	37.81%▲	41.61%▲	3.80
Partnership HealthPlan of California—Northeast	18.73%▼	20.19%▼	1.46

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	24.82%▼	31.87%▼	7.05
Partnership HealthPlan of California—Southeast	51.34%▲	51.82%▲	0.48
Partnership HealthPlan of California—Southwest	49.64%▲	47.93%▲	-1.71
San Francisco Health Plan—San Francisco	54.81%▲	55.50%▲	0.69
Santa Clara Family Health Plan—Santa Clara	39.66%▲	50.36%▲	10.70

The statewide aggregates for measurement years 2022 and 2023 were 38.63 percent and 39.30 percent, respectively.

- Rates for 18 of 55 MCP reporting units (32.73 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022; similarly, rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 19 of 55 MCP reporting units (34.55 percent) fell below the national benchmark for measurement year 2022, while rates for 17 of 55 MCP reporting units (30.91 percent) fell below the national benchmark for measurement year 2023.

Table 27—Lead Screening in Children (LSC)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	62.79%	63.84%	1.05
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	37.01%▼	45.88%▼	8.87
Aetna Better Health of California—San Diego	52.80%▼	53.12%▼	0.32
Alameda Alliance for Health—Alameda	60.58%▼	61.31%▼	0.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	52.80%▼	55.47%▼	2.67
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	39.17%▼	38.20%▼	-0.97
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	51.82%▼	48.90%▼	-2.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	49.64%▼	52.55%▼	2.91

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	62.77%▼	75.67%▲	12.90
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	53.04%▼	50.26%▼	-2.78
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	45.01%▼	44.83%▼	-0.18
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	45.87%▼	47.29%▼	1.42
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	68.97%▲	57.20%▼	-11.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	70.29%▲	60.38%▼	-9.91
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	61.80%▼	60.58%▼	-1.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	58.15%▼	69.83%▲	11.68
Blue Shield of California Promise Health Plan—San Diego	65.47%▲	64.23%▲	-1.24
CalOptima—Orange	63.02%▲	63.89%▲	0.87
CalViva Health—Fresno	49.88%▼	56.69%▼	6.81
CalViva Health—Kings	53.77%▼	58.64%▼	4.87

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	66.42%▲	78.10%▲	11.68
California Health & Wellness Plan—Imperial	72.02%▲	77.86%▲	5.84
California Health & Wellness Plan—Region 1	39.66%▼	46.65%▼	6.99
California Health & Wellness Plan—Region 2	35.28%▼	42.09%▼	6.81
CenCal Health—San Luis Obispo	50.36%▼	69.34%▲	18.98
CenCal Health—Santa Barbara	62.29%▼	66.67%▲	4.38
Central California Alliance for Health—Merced	46.47%▼	47.01%▼	0.54
Central California Alliance for Health—Monterey/Santa Cruz	78.83%▲	79.51%▲	0.68
Community Health Group Partnership Plan—San Diego	67.88%▲	64.96%▲	-2.92
Contra Costa Health Plan—Contra Costa	51.51%▼	52.81%▼	1.30
Gold Coast Health Plan—Ventura	65.69%▲	69.87%▲	4.18
Health Net Community Solutions, Inc.—Kern	47.93%▼	48.98%▼	1.05
Health Net Community Solutions, Inc.—Los Angeles	52.07%▼	54.01%▼	1.94
Health Net Community Solutions, Inc.—Sacramento	42.74%▼	48.18%▼	5.44
Health Net Community Solutions, Inc.—San Diego	60.83%▼	55.48%▼	-5.35
Health Net Community Solutions, Inc.—San Joaquin	37.16%▼	36.34%▼	-0.82

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	34.79%▼	36.50%▼	1.71
Health Net Community Solutions, Inc.—Tulare	59.37%▼	70.32%▲	10.95
Health Plan of San Joaquin—San Joaquin	46.11%▼	46.47%▼	0.36
Health Plan of San Joaquin—Stanislaus	39.37%▼	43.55%▼	4.18
Health Plan of San Mateo—San Mateo	67.88%▲	70.66%▲	2.78
Inland Empire Health Plan—Riverside/San Bernardino	52.07%▼	52.39%▼	0.32
Kaiser NorCal (KP Cal, LLC)—KP North	45.09%▼	43.80%▼	-1.29
Kaiser SoCal (KP Cal, LLC)—San Diego	49.66%▼	59.00%▼	9.34
Kern Health Systems, DBA Kern Family Health Care—Kern	47.45%▼	58.64%▼	11.19
L.A. Care Health Plan—Los Angeles	54.50%▼	63.26%▼	8.76
Molina Healthcare of California—Imperial	69.40%▲	75.68%▲	6.28
Molina Healthcare of California—Riverside/San Bernardino	43.80%▼	46.23%▼	2.43
Molina Healthcare of California—Sacramento	47.20%▼	51.82%▼	4.62
Molina Healthcare of California—San Diego	65.94%▲	62.36%▼	-3.58
Partnership HealthPlan of California—Northeast	29.68%▼	51.09%▼	21.41

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	45.74%▼	64.96%▲	19.22
Partnership HealthPlan of California—Southeast	50.61%▼	61.07%▼	10.46
Partnership HealthPlan of California—Southwest	44.28%▼	59.37%▼	15.09
San Francisco Health Plan—San Francisco	74.45%▲	75.68%▲	1.23
Santa Clara Family Health Plan—Santa Clara	68.37%▲	63.00%▼	-5.37

The statewide aggregates for measurement years 2022 and 2023 were 53.41 percent and 57.36 percent, respectively.

- Rates for 11 of 55 MCP reporting units (20.0 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for nine of 55 (16.36 percent) MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for 13 of 55 MCP reporting units (23.64 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 41 of 55 MCP reporting units (74.55 percent) fell below the national benchmark for measurement year 2022, while rates for 39 of 55 MCP reporting units (70.91 percent) fell below the national benchmark for measurement year 2023.

HSAG-Calculated Indicators

Table 28 through Table 38 present the measurement years 2022 and 2023 MCP reporting unit-level rates and the percentage point difference between the measurement year 2022 and 2023 rates, where applicable, for the HSAG-calculated indicator results.

Table 28—Alcohol Use Screening (AUS)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	1.82%	2.85%	1.03
Aetna Better Health of California—San Diego	0.88%	0.83%	-0.05
Alameda Alliance for Health—Alameda	2.15%	2.10%	-0.05
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	2.61%	2.65%	0.04
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	1.91%	1.85%	-0.06

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.06%	0.81%	0.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	0.00%	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	0.26%	1.40%	1.14
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	2.61%	0.95%	-1.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	4.63%	3.86%	-0.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	1.60%	2.52%	0.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S	0.00%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	0.58%	0.59%	0.01
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	1.06%	0.84%	-0.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	S	0.21%	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Shield of California Promise Health Plan—San Diego	1.87%	2.69%	0.82
CalOptima—Orange	9.23%	9.34%	0.11
CalViva Health—Fresno	0.04%	0.89%	0.85
CalViva Health—Kings	0.00%	S	—
CalViva Health—Madera	0.36%	1.10%	0.74
California Health & Wellness Plan—Imperial	S	0.54%	—
California Health & Wellness Plan—Region 1	0.53%	0.07%	-0.46
California Health & Wellness Plan—Region 2	1.86%	2.24%	0.38
CenCal Health—San Luis Obispo	0.88%	0.57%	-0.31
CenCal Health—Santa Barbara	2.31%	3.73%	1.42
Central California Alliance for Health—Merced	2.26%	1.65%	-0.61
Central California Alliance for Health—Monterey/Santa Cruz	12.32%	12.10%	-0.22
Community Health Group Partnership Plan—San Diego	1.33%	1.41%	0.08
Contra Costa Health Plan—Contra Costa	0.12%	0.19%	0.07
Gold Coast Health Plan—Ventura	0.56%	1.61%	1.05
Health Net Community Solutions, Inc.—Kern	S	0.29%	—
Health Net Community Solutions, Inc.—Los Angeles	1.22%	2.17%	0.95

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Sacramento	2.58%	3.15%	0.57
Health Net Community Solutions, Inc.—San Diego	0.68%	1.34%	0.66
Health Net Community Solutions, Inc.—San Joaquin	0.32%	0.75%	0.43
Health Net Community Solutions, Inc.—Stanislaus	0.56%	1.32%	0.76
Health Net Community Solutions, Inc.—Tulare	S	0.26%	—
Health Plan of San Joaquin—San Joaquin	0.72%	0.10%	-0.62
Health Plan of San Joaquin—Stanislaus	0.92%	1.05%	0.13
Health Plan of San Mateo—San Mateo	6.88%	6.23%	-0.65
Inland Empire Health Plan—Riverside/San Bernardino	8.96%	17.65%	8.69
Kaiser NorCal (KP Cal, LLC)—KP North	0.00%	0.08%	0.08
Kaiser SoCal (KP Cal, LLC)—San Diego	0.00%	S	—
Kern Health Systems, DBA Kern Family Health Care—Kern	0.79%	1.19%	0.40
L.A. Care Health Plan—Los Angeles	0.89%	1.51%	0.62
Molina Healthcare of California—Imperial	S	0.40%	—
Molina Healthcare of California—Riverside/San Bernardino	5.94%	10.03%	4.09

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Molina Healthcare of California—Sacramento	1.79%	1.55%	-0.24
Molina Healthcare of California—San Diego	1.53%	1.89%	0.36
Partnership HealthPlan of California—Northeast	0.26%	1.24%	0.98
Partnership HealthPlan of California—Northwest	10.62%	10.47%	-0.15
Partnership HealthPlan of California—Southeast	1.50%	1.77%	0.27
Partnership HealthPlan of California—Southwest	2.22%	1.43%	-0.79
San Francisco Health Plan—San Francisco	0.12%	0.11%	-0.01
Santa Clara Family Health Plan—Santa Clara	0.67%	0.55%	-0.12

The statewide aggregates for measurement years 2022 and 2023 were 3.11 percent and 4.63 percent, respectively.

National benchmarks are not available for this indicator.

- Reportable rates for one of 46 MCP reporting units (2.17 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023.

Table 29—Contraceptive Care—All Women—LARC—Ages 15 to 20 (CCW–LARC)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2023 Rate
National Benchmark	
National Benchmark	3.00%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	S
Aetna Better Health of California—San Diego	0.95%▼
Alameda Alliance for Health—Alameda	2.48%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	2.92%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	2.23%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	1.39%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	1.98%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	1.05%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	1.76%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	2.48%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	1.80%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	S
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	2.01%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	1.37%▼
Blue Shield of California Promise Health Plan—San Diego	1.76%▼
CalOptima—Orange	1.25%▼
CalViva Health—Fresno	1.44%▼
CalViva Health—Kings	1.49%▼
CalViva Health—Madera	1.16%▼

MCP Reporting Unit	Measurement Year 2023 Rate
California Health & Wellness Plan—Imperial	1.64%▼
California Health & Wellness Plan—Region 1	3.15%▲
California Health & Wellness Plan—Region 2	2.77%▼
CenCal Health—San Luis Obispo	1.93%▼
CenCal Health—Santa Barbara	2.72%▼
Central California Alliance for Health—Merced	1.72%▼
Central California Alliance for Health—Monterey/Santa Cruz	2.55%▼
Community Health Group Partnership Plan—San Diego	2.11%▼
Contra Costa Health Plan—Contra Costa	2.16%▼
Gold Coast Health Plan—Ventura	2.07%▼
Health Net Community Solutions, Inc.—Kern	1.35%▼
Health Net Community Solutions, Inc.—Los Angeles	1.04%▼
Health Net Community Solutions, Inc.—Sacramento	1.85%▼
Health Net Community Solutions, Inc.—San Diego	1.51%▼
Health Net Community Solutions, Inc.—San Joaquin	0.91%▼
Health Net Community Solutions, Inc.—Stanislaus	1.78%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Health Net Community Solutions, Inc.—Tulare	1.42%▼
Health Plan of San Joaquin—San Joaquin	1.43%▼
Health Plan of San Joaquin—Stanislaus	1.44%▼
Health Plan of San Mateo—San Mateo	2.37%▼
Inland Empire Health Plan—Riverside/San Bernardino	1.67%▼
Kaiser NorCal (KP Cal, LLC)—KP North	1.96%▼
Kaiser SoCal (KP Cal, LLC)—San Diego	2.41%▼
Kern Health Systems, DBA Kern Family Health Care—Kern	2.06%▼
L.A. Care Health Plan—Los Angeles	1.26%▼
Molina Healthcare of California—Imperial	1.30%▼
Molina Healthcare of California—Riverside/San Bernardino	0.87%▼
Molina Healthcare of California—Sacramento	1.22%▼
Molina Healthcare of California—San Diego	1.99%▼
Partnership HealthPlan of California—Northeast	3.56%▲
Partnership HealthPlan of California—Northwest	4.13%▲

MCP Reporting Unit	Measurement Year 2023 Rate
Partnership HealthPlan of California—Southeast	2.26%▼
Partnership HealthPlan of California—Southwest	3.49%▲
San Francisco Health Plan—San Francisco	2.02%▼
Santa Clara Family Health Plan—Santa Clara	1.98%▼

The statewide aggregate for measurement year 2023 was 1.70 percent.

- Rates for 48 of 55 MCP reporting units (87.27 percent) fell below the national benchmark for measurement year 2023.

Table 30—Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2023 Rate
National Benchmark	
National Benchmark	23.80%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	9.36%▼
Aetna Better Health of California—San Diego	9.63%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Alameda Alliance for Health—Alameda	13.35%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	12.86%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	10.94%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	10.05%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	11.96%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	7.62%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	16.01%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	18.26%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	10.70%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	10.70%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	8.19%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	9.51%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	12.61%▼
Blue Shield of California Promise Health Plan—San Diego	11.44%▼
CalOptima—Orange	9.59%▼
CalViva Health—Fresno	10.52%▼
CalViva Health—Kings	11.02%▼
CalViva Health—Madera	10.01%▼
California Health & Wellness Plan—Imperial	10.61%▼
California Health & Wellness Plan—Region 1	19.25%▼
California Health & Wellness Plan—Region 2	19.50%▼
CenCal Health—San Luis Obispo	18.20%▼
CenCal Health—Santa Barbara	13.70%▼
Central California Alliance for Health—Merced	12.26%▼
Central California Alliance for Health—Monterey/Santa Cruz	12.97%▼
Community Health Group Partnership Plan—San Diego	12.36%▼
Contra Costa Health Plan—Contra Costa	13.97%▼
Gold Coast Health Plan—Ventura	12.21%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Health Net Community Solutions, Inc.—Kern	8.98%▼
Health Net Community Solutions, Inc.—Los Angeles	7.86%▼
Health Net Community Solutions, Inc.—Sacramento	10.00%▼
Health Net Community Solutions, Inc.—San Diego	11.36%▼
Health Net Community Solutions, Inc.—San Joaquin	7.81%▼
Health Net Community Solutions, Inc.—Stanislaus	10.85%▼
Health Net Community Solutions, Inc.—Tulare	11.92%▼
Health Plan of San Joaquin—San Joaquin	9.65%▼
Health Plan of San Joaquin—Stanislaus	10.97%▼
Health Plan of San Mateo—San Mateo	13.39%▼
Inland Empire Health Plan—Riverside/San Bernardino	10.48%▼
Kaiser NorCal (KP Cal, LLC)—KP North	14.77%▼
Kaiser SoCal (KP Cal, LLC)—San Diego	17.54%▼
Kern Health Systems, DBA Kern Family Health Care—Kern	10.90%▼
L.A. Care Health Plan—Los Angeles	8.59%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Molina Healthcare of California—Imperial	8.41%▼
Molina Healthcare of California—Riverside/San Bernardino	7.12%▼
Molina Healthcare of California—Sacramento	8.31%▼
Molina Healthcare of California—San Diego	11.46%▼
Partnership HealthPlan of California—Northeast	23.40%▼
Partnership HealthPlan of California—Northwest	26.11%▲
Partnership HealthPlan of California—Southeast	14.30%▼
Partnership HealthPlan of California—Southwest	18.69%▼
San Francisco Health Plan—San Francisco	10.29%▼
Santa Clara Family Health Plan—Santa Clara	11.20%▼

The statewide aggregate for measurement year 2023 was 10.96 percent.

- Rates for 54 of 55 MCP reporting units (98.18 percent) fell below the national benchmark for measurement year 2023.

Table 31—Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

NA indicates the rate had a small denominator (i.e., less than 30).

— indicates that the value is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	46.27%	46.43%	0.16
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	NA	NA	—
Aetna Better Health of California—San Diego	NA	NA	—
Alameda Alliance for Health—Alameda	59.51%▲	42.51%▼	-17.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	56.82%▲	31.25%▼	-25.57
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	72.50%▲	46.15%▼	-26.35
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	50.00%▲	50.00%▲	0.00
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	NA	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	72.55%▲	52.83%▲	-19.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	56.60%▲	46.75%▲	-9.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	48.62%▲	39.57%▼	-9.05
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	NA	NA	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	66.15%▲	52.63%▲	-13.52
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	78.08%▲	61.11%▲	-16.97
Blue Shield of California Promise Health Plan—San Diego	37.21%▼	36.54%▼	-0.67
CalOptima—Orange	63.25%▲	49.04%▲	-14.21
CalViva Health—Fresno	53.55%▲	49.02%▲	-4.53
CalViva Health—Kings	66.67%▲	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	42.86%▼	35.29%▼	-7.57
California Health & Wellness Plan—Imperial	NA	NA	—
California Health & Wellness Plan—Region 1	60.00%▲	43.06%▼	-16.94
California Health & Wellness Plan—Region 2	63.04%▲	43.48%▼	-19.56
CenCal Health—San Luis Obispo	52.38%▲	48.72%▲	-3.66
CenCal Health—Santa Barbara	55.84%▲	52.44%▲	-3.40
Central California Alliance for Health—Merced	47.97%▲	40.52%▼	-7.45
Central California Alliance for Health—Monterey/Santa Cruz	50.57%▲	41.78%▼	-8.79
Community Health Group Partnership Plan—San Diego	39.56%▼	33.88%▼	-5.68
Contra Costa Health Plan—Contra Costa	77.94%▲	49.21%▲	-28.73
Gold Coast Health Plan—Ventura	63.99%▲	52.70%▲	-11.29
Health Net Community Solutions, Inc.—Kern	67.92%▲	60.32%▲	-7.60
Health Net Community Solutions, Inc.—Los Angeles	58.60%▲	46.36%▼	-12.24
Health Net Community Solutions, Inc.—Sacramento	53.70%▲	45.38%▼	-8.32
Health Net Community Solutions, Inc.—San Diego	44.44%▼	35.00%▼	-9.44
Health Net Community Solutions, Inc.—San Joaquin	NA	NA	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	40.74%▼	31.82%▼	-8.92
Health Net Community Solutions, Inc.—Tulare	76.32%▲	77.27%▲	0.95
Health Plan of San Joaquin—San Joaquin	69.42%▲	49.12%▲	-20.30
Health Plan of San Joaquin—Stanislaus	37.11%▼	48.52%▲	11.41
Health Plan of San Mateo—San Mateo	59.57%▲	49.30%▲	-10.27
Inland Empire Health Plan—Riverside/San Bernardino	53.64%▲	47.39%▲	-6.25
Kaiser NorCal (KP Cal, LLC)—KP North	51.28%▲	50.99%▲	-0.29
Kaiser SoCal (KP Cal, LLC)—San Diego	37.74%▼	45.45%▼	7.71
Kern Health Systems, DBA Kern Family Health Care—Kern	71.31%▲	60.45%▲	-10.86
L.A. Care Health Plan—Los Angeles	55.51%▲	48.71%▲	-6.80
Molina Healthcare of California—Imperial	NA	NA	—
Molina Healthcare of California—Riverside/San Bernardino	47.62%▲	40.54%▼	-7.08
Molina Healthcare of California—Sacramento	52.08%▲	37.70%▼	-14.38
Molina Healthcare of California—San Diego	45.19%▼	32.41%▼	-12.78
Partnership HealthPlan of California—Northeast	66.67%▲	57.75%▲	-8.92

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	NA	46.51%▲	—
Partnership HealthPlan of California—Southeast	59.23%▲	48.88%▲	-10.35
Partnership HealthPlan of California—Southwest	58.71%▲	51.24%▲	-7.47
San Francisco Health Plan—San Francisco	59.46%▲	49.12%▲	-10.34
Santa Clara Family Health Plan—Santa Clara	62.27%▲	48.56%▲	-13.71

The statewide aggregates for measurement years 2022 and 2023 were 56.65 percent and 47.71 percent, respectively.

- Reportable rates for 38 of 44 MCP reporting units (86.36 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, reportable rates for seven of 45 MCP reporting units (15.56 percent) were below the statewide aggregate by more than a 10 percent relative difference for both measurement years 2022 and 2023, though reporting units differed between the years.
- Reportable rates for eight of 45 MCP reporting units (17.78 percent) fell below the national benchmark for measurement year 2022, while rates for 19 of 45 MCP reporting units (42.22 percent) fell below the national benchmark for measurement year 2023.

Table 32—Oral Evaluation, Dental Services—Total (OEV)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	43.20%	42.80%	-0.40
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	27.92%▼	28.72%▼	0.80
Aetna Better Health of California—San Diego	25.01%▼	25.86%▼	0.85
Alameda Alliance for Health—Alameda	25.80%▼	25.81%▼	0.01
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	19.48%▼	19.02%▼	-0.46
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	25.41%▼	25.50%▼	0.09
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	33.50%▼	34.11%▼	0.61
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	12.38%▼	15.60%▼	3.22

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	30.21%▼	33.71%▼	3.50
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	34.51%▼	36.38%▼	1.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.26%▼	27.62%▼	-0.64
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	36.78%▼	37.73%▼	0.95
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.39%▼	27.02%▼	2.63
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	23.72%▼	23.86%▼	0.14
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	27.90%▼	27.17%▼	-0.73
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	29.37%▼	32.07%▼	2.70
Blue Shield of California Promise Health Plan—San Diego	28.07%▼	29.75%▼	1.68
CalOptima—Orange	47.31%▲	47.80%▲	0.49
CalViva Health—Fresno	38.10%▼	39.10%▼	1.00

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Kings	13.66%▼	16.00%▼	2.34
CalViva Health—Madera	31.59%▼	35.88%▼	4.29
California Health & Wellness Plan—Imperial	21.82%▼	23.49%▼	1.67
California Health & Wellness Plan—Region 1	26.50%▼	31.08%▼	4.58
California Health & Wellness Plan—Region 2	23.92%▼	23.84%▼	-0.08
CenCal Health—San Luis Obispo	34.51%▼	36.85%▼	2.34
CenCal Health—Santa Barbara	37.78%▼	40.16%▼	2.38
Central California Alliance for Health—Merced	37.40%▼	40.99%▼	3.59
Central California Alliance for Health—Monterey/Santa Cruz	33.74%▼	35.20%▼	1.46
Community Health Group Partnership Plan—San Diego	36.58%▼	37.33%▼	0.75
Contra Costa Health Plan—Contra Costa	30.94%▼	31.87%▼	0.93
Gold Coast Health Plan—Ventura	43.12%▼	44.10%▲	0.98
Health Net Community Solutions, Inc.—Kern	37.02%▼	37.38%▼	0.36
Health Net Community Solutions, Inc.—Los Angeles	44.14%▲	44.23%▲	0.09
Health Net Community Solutions, Inc.—Sacramento	39.15%▼	39.51%▼	0.36

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—San Diego	35.99%▼	35.51%▼	-0.48
Health Net Community Solutions, Inc.—San Joaquin	28.65%▼	29.82%▼	1.17
Health Net Community Solutions, Inc.—Stanislaus	36.23%▼	37.27%▼	1.04
Health Net Community Solutions, Inc.—Tulare	31.09%▼	33.93%▼	2.84
Health Plan of San Joaquin—San Joaquin	41.18%▼	42.88%▲	1.70
Health Plan of San Joaquin—Stanislaus	40.46%▼	42.97%▲	2.51
Health Plan of San Mateo—San Mateo	37.62%▼	39.74%▼	2.12
Inland Empire Health Plan—Riverside/San Bernardino	41.60%▼	42.86%▲	1.26
Kaiser NorCal (KP Cal, LLC)—KP North	34.03%▼	34.53%▼	0.50
Kaiser SoCal (KP Cal, LLC)—San Diego	40.34%▼	41.86%▼	1.52
Kern Health Systems, DBA Kern Family Health Care—Kern	43.78%▲	45.66%▲	1.88
L.A. Care Health Plan—Los Angeles	45.00%▲	44.88%▲	-0.12
Molina Healthcare of California—Imperial	17.09%▼	18.44%▼	1.35
Molina Healthcare of California—Riverside/San Bernardino	33.39%▼	34.04%▼	0.65

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Molina Healthcare of California—Sacramento	33.56%▼	33.67%▼	0.11
Molina Healthcare of California—San Diego	36.58%▼	37.38%▼	0.80
Partnership HealthPlan of California—Northeast	9.57%▼	10.56%▼	0.99
Partnership HealthPlan of California—Northwest	2.27%▼	2.49%▼	0.22
Partnership HealthPlan of California—Southeast	29.54%▼	30.20%▼	0.66
Partnership HealthPlan of California—Southwest	7.18%▼	7.76%▼	0.58
San Francisco Health Plan—San Francisco	31.51%▼	31.61%▼	0.10
Santa Clara Family Health Plan—Santa Clara	32.82%▼	32.48%▼	-0.34

The statewide aggregates for measurement years 2022 and 2023 were 37.99 percent and 38.81 percent, respectively.

- No rates for MCP reporting units decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Rates for 17 of 55 MCP reporting units (30.91 percent) were below the statewide aggregate by more than a 10 percent relative difference for both measurement years 2022 and 2023.
- Rates for 51 of 55 MCP reporting units (92.73 percent) fell below the national benchmark for measurement year 2022, while rates for 47 of 55 MCP reporting units (85.45 percent) fell below the national benchmark for measurement year 2023.

Table 33—Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2023 Rate
National Benchmark	
National Benchmark	48.30%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	30.41%▼
Aetna Better Health of California—San Diego	38.59%▼
Alameda Alliance for Health—Alameda	32.94%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	24.22%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	35.66%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	45.45%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	20.12%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	42.41%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	42.69%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	38.78%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	36.32%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	26.17%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	30.69%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	30.42%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	33.56%▼
Blue Shield of California Promise Health Plan—San Diego	39.45%▼
CalOptima—Orange	57.05%▲
CalViva Health—Fresno	52.30%▲
CalViva Health—Kings	21.36%▼
CalViva Health—Madera	43.19%▼
California Health & Wellness Plan—Imperial	38.95%▼
California Health & Wellness Plan—Region 1	37.37%▼

MCP Reporting Unit	Measurement Year 2023 Rate
California Health & Wellness Plan—Region 2	32.33%▼
CenCal Health—San Luis Obispo	46.29%▼
CenCal Health—Santa Barbara	52.76%▲
Central California Alliance for Health—Merced	43.48%▼
Central California Alliance for Health—Monterey/Santa Cruz	48.45%▲
Community Health Group Partnership Plan—San Diego	49.57%▲
Contra Costa Health Plan—Contra Costa	41.91%▼
Gold Coast Health Plan—Ventura	51.84%▲
Health Net Community Solutions, Inc.—Kern	38.91%▼
Health Net Community Solutions, Inc.—Los Angeles	57.19%▲
Health Net Community Solutions, Inc.—Sacramento	39.66%▼
Health Net Community Solutions, Inc.—San Diego	47.79%▼
Health Net Community Solutions, Inc.—San Joaquin	39.69%▼
Health Net Community Solutions, Inc.—Stanislaus	49.20%▲
Health Net Community Solutions, Inc.—Tulare	33.19%▼
Health Plan of San Joaquin—San Joaquin	50.43%▲

MCP Reporting Unit	Measurement Year 2023 Rate
Health Plan of San Joaquin—Stanislaus	54.68%▲
Health Plan of San Mateo—San Mateo	41.57%▼
Inland Empire Health Plan—Riverside/San Bernardino	54.22%▲
Kaiser NorCal (KP Cal, LLC)—KP North	36.44%▼
Kaiser SoCal (KP Cal, LLC)—San Diego	57.20%▲
Kern Health Systems, DBA Kern Family Health Care—Kern	45.00%▼
L.A. Care Health Plan—Los Angeles	58.24%▲
Molina Healthcare of California—Imperial	33.44%▼
Molina Healthcare of California—Riverside/San Bernardino	43.17%▼
Molina Healthcare of California—Sacramento	32.17%▼
Molina Healthcare of California—San Diego	50.46%▲
Partnership HealthPlan of California—Northeast	17.78%▼
Partnership HealthPlan of California—Northwest	3.37%▼
Partnership HealthPlan of California—Southeast	38.91%▼
Partnership HealthPlan of California—Southwest	10.83%▼

MCP Reporting Unit	Measurement Year 2023 Rate
San Francisco Health Plan—San Francisco	38.53%▼
Santa Clara Family Health Plan—Santa Clara	36.13%▼

The statewide aggregate for measurement year 2023 was 48.12 percent.

- Rates for 21 of 55 MCP reporting units (38.18 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 41 of 55 MCP reporting units (74.55 percent) fell below the national benchmark for measurement year 2023.

Table 34—Sealant Receipt on Permanent First Molars—All Four Molars Sealed (SFM–4)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2023 Rate
National Benchmark	
National Benchmark	35.40%
MCP Reporting Unit	
Aetna Better Health of California—Sacramento	14.19%▼
Aetna Better Health of California—San Diego	27.04%▼
Alameda Alliance for Health—Alameda	23.28%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	16.95%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	25.06%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	31.30%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	11.27%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	27.24%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	29.88%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	25.84%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	20.44%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	21.09%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	22.28%▼

MCP Reporting Unit	Measurement Year 2023 Rate
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	21.10%▼
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	21.01%▼
Blue Shield of California Promise Health Plan—San Diego	27.00%▼
CalOptima—Orange	40.32%▲
CalViva Health—Fresno	35.84%▲
CalViva Health—Kings	11.64%▼
CalViva Health—Madera	27.89%▼
California Health & Wellness Plan—Imperial	25.64%▼
California Health & Wellness Plan—Region 1	25.20%▼
California Health & Wellness Plan—Region 2	20.50%▼
CenCal Health—San Luis Obispo	29.56%▼
CenCal Health—Santa Barbara	35.54%▲
Central California Alliance for Health—Merced	27.13%▼
Central California Alliance for Health—Monterey/Santa Cruz	35.78%▲
Community Health Group Partnership Plan—San Diego	33.85%▼
Contra Costa Health Plan—Contra Costa	30.33%▼
Gold Coast Health Plan—Ventura	36.22%▲

MCP Reporting Unit	Measurement Year 2023 Rate
Health Net Community Solutions, Inc.—Kern	25.36%▼
Health Net Community Solutions, Inc.—Los Angeles	41.17%▲
Health Net Community Solutions, Inc.—Sacramento	22.88%▼
Health Net Community Solutions, Inc.—San Diego	36.45%▲
Health Net Community Solutions, Inc.—San Joaquin	27.19%▼
Health Net Community Solutions, Inc.—Stanislaus	32.95%▼
Health Net Community Solutions, Inc.—Tulare	21.10%▼
Health Plan of San Joaquin—San Joaquin	34.18%▼
Health Plan of San Joaquin—Stanislaus	37.41%▲
Health Plan of San Mateo—San Mateo	26.66%▼
Inland Empire Health Plan—Riverside/San Bernardino	38.30%▲
Kaiser NorCal (KP Cal, LLC)—KP North	22.24%▼
Kaiser SoCal (KP Cal, LLC)—San Diego	42.45%▲
Kern Health Systems, DBA Kern Family Health Care—Kern	29.11%▼
L.A. Care Health Plan—Los Angeles	42.26%▲

MCP Reporting Unit	Measurement Year 2023 Rate
Molina Healthcare of California—Imperial	20.90%▼
Molina Healthcare of California—Riverside/San Bernardino	30.19%▼
Molina Healthcare of California—Sacramento	17.78%▼
Molina Healthcare of California—San Diego	35.05%▼
Partnership HealthPlan of California—Northeast	11.92%▼
Partnership HealthPlan of California—Northwest	1.56%▼
Partnership HealthPlan of California—Southeast	27.28%▼
Partnership HealthPlan of California—Southwest	5.93%▼
San Francisco Health Plan—San Francisco	28.34%▼
Santa Clara Family Health Plan—Santa Clara	25.65%▼

The statewide aggregate for measurement year 2023 was 33.53 percent.

- Additionally, rates for 19 of 55 MCP reporting units (34.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 44 of 55 MCP reporting units (80.0 percent) fell below the national benchmark for measurement year 2023.

Table 35—Tobacco Use Screening (TUS)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

S indicates the rate is suppressed to satisfy the DHCS DDG V2.2 de-identification standard.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	4.75%	4.41%	-0.34
Aetna Better Health of California—San Diego	1.70%	1.90%	0.20
Alameda Alliance for Health—Alameda	S	1.32%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	0.51%	6.65%	6.14
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	0.27%	3.11%	2.84

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	5.76%	20.68%	14.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	1.99%	4.35%	2.36
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	2.34%	3.57%	1.23
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	4.97%	5.90%	0.93
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	S	S	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	S	0.40%	—
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	1.53%	1.11%	-0.42
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	0.18%	0.96%	0.78
Blue Shield of California Promise Health Plan—San Diego	5.94%	7.28%	1.34
CalOptima—Orange	5.57%	6.77%	1.20
CalViva Health—Fresno	0.69%	6.92%	6.23
CalViva Health—Kings	0.34%	4.53%	4.19

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	0.35%	17.08%	16.73
California Health & Wellness Plan—Imperial	S	0.13%	—
California Health & Wellness Plan—Region 1	1.97%	1.74%	-0.23
California Health & Wellness Plan—Region 2	1.11%	2.45%	1.34
CenCal Health—San Luis Obispo	0.49%	0.96%	0.47
CenCal Health—Santa Barbara	0.15%	0.04%	-0.11
Central California Alliance for Health—Merced	2.85%	2.79%	-0.06
Central California Alliance for Health—Monterey/Santa Cruz	8.01%	7.19%	-0.82
Community Health Group Partnership Plan—San Diego	1.14%	1.34%	0.20
Contra Costa Health Plan—Contra Costa	1.36%	2.67%	1.31
Gold Coast Health Plan—Ventura	0.39%	0.95%	0.56
Health Net Community Solutions, Inc.—Kern	2.32%	3.77%	1.45
Health Net Community Solutions, Inc.—Los Angeles	3.47%	3.66%	0.19
Health Net Community Solutions, Inc.—Sacramento	4.57%	8.11%	3.54
Health Net Community Solutions, Inc.—San Diego	17.91%	15.49%	-2.42
Health Net Community Solutions, Inc.—San Joaquin	1.54%	3.15%	1.61

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	1.08%	1.55%	0.47
Health Net Community Solutions, Inc.—Tulare	0.32%	1.29%	0.97
Health Plan of San Joaquin—San Joaquin	1.30%	1.36%	0.06
Health Plan of San Joaquin—Stanislaus	1.61%	1.89%	0.28
Health Plan of San Mateo—San Mateo	0.28%	0.98%	0.70
Inland Empire Health Plan—Riverside/San Bernardino	9.93%	16.73%	6.80
Kaiser NorCal (KP Cal, LLC)—KP North	S	7.06%	—
Kaiser SoCal (KP Cal, LLC)—San Diego	6.49%	23.60%	17.11
Kern Health Systems, DBA Kern Family Health Care—Kern	2.23%	11.73%	9.50
L.A. Care Health Plan—Los Angeles	3.40%	6.23%	2.83
Molina Healthcare of California—Imperial	S	0.40%	—
Molina Healthcare of California—Riverside/San Bernardino	10.15%	12.14%	1.99
Molina Healthcare of California—Sacramento	5.86%	5.66%	-0.20
Molina Healthcare of California—San Diego	8.81%	9.91%	1.10
Partnership HealthPlan of California—Northeast	S	0.08%	—

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	S	0.35%	—
Partnership HealthPlan of California—Southeast	0.03%	0.08%	0.05
Partnership HealthPlan of California—Southwest	0.45%	2.42%	1.97
San Francisco Health Plan—San Francisco	0.12%	0.64%	0.52
Santa Clara Family Health Plan—Santa Clara	0.73%	1.49%	0.76

The statewide aggregates for measurement years 2022 and 2023 were 3.86 percent and 6.52 percent, respectively.

National benchmarks are not available for this indicator.

» Reportable rates for one of 45 MCP reporting units (2.22 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023.

Table 36—Topical Fluoride for Children—Dental or Oral Health Services—Total (TFL–DO)—MCP Reporting Unit-Level Results

Rates shaded in blue with a downward triangle (▼) indicate that the indicator rate was at or below the national 50th percentile for its respective measurement year.

Rates shaded in gold with an upward triangle (▲) indicate that the indicator rate was above the national 50th percentile for its respective measurement year.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	19.30%	19.00%	-0.30
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	9.85%▼	12.47%▼	2.62
Aetna Better Health of California—San Diego	9.53%▼	11.76%▼	2.23
Alameda Alliance for Health—Alameda	10.55%▼	11.77%▼	1.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	7.52%▼	8.19%▼	0.67
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	9.33%▼	10.25%▼	0.92
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	13.69%▼	15.68%▼	1.99
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	2.68%▼	4.32%▼	1.64

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	16.81%▼	20.14%▲	3.33
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	20.24%▲	20.82%▲	0.58
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	13.10%▼	13.51%▼	0.41
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	12.12%▼	14.89%▼	2.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	7.37%▼	9.23%▼	1.86
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	9.67%▼	12.04%▼	2.37
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	10.74%▼	12.41%▼	1.67
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	10.15%▼	13.47%▼	3.32
Blue Shield of California Promise Health Plan—San Diego	11.41%▼	13.55%▼	2.14
CalOptima—Orange	21.68%▲	23.72%▲	2.04
CalViva Health—Fresno	16.05%▼	17.94%▼	1.89
CalViva Health—Kings	2.64%▼	3.79%▼	1.15

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
CalViva Health—Madera	18.18%▼	21.64%▲	3.46
California Health & Wellness Plan—Imperial	7.47%▼	8.23%▼	0.76
California Health & Wellness Plan—Region 1	15.79%▼	16.78%▼	0.99
California Health & Wellness Plan—Region 2	10.45%▼	11.44%▼	0.99
CenCal Health—San Luis Obispo	16.86%▼	20.02%▲	3.16
CenCal Health—Santa Barbara	21.17%▲	24.48%▲	3.31
Central California Alliance for Health—Merced	14.82%▼	18.70%▼	3.88
Central California Alliance for Health—Monterey/Santa Cruz	17.05%▼	20.45%▲	3.40
Community Health Group Partnership Plan—San Diego	15.69%▼	17.10%▼	1.41
Contra Costa Health Plan—Contra Costa	12.96%▼	14.88%▼	1.92
Gold Coast Health Plan—Ventura	22.25%▲	24.59%▲	2.34
Health Net Community Solutions, Inc.—Kern	14.32%▼	16.55%▼	2.23
Health Net Community Solutions, Inc.—Los Angeles	18.30%▼	19.87%▲	1.57
Health Net Community Solutions, Inc.—Sacramento	14.24%▼	16.51%▼	2.27
Health Net Community Solutions, Inc.—San Diego	15.79%▼	16.90%▼	1.11
Health Net Community Solutions, Inc.—San Joaquin	12.38%▼	13.42%▼	1.04

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Stanislaus	15.47%▼	17.02%▼	1.55
Health Net Community Solutions, Inc.—Tulare	11.37%▼	14.73%▼	3.36
Health Plan of San Joaquin—San Joaquin	19.41%▲	21.73%▲	2.32
Health Plan of San Joaquin—Stanislaus	18.85%▼	21.81%▲	2.96
Health Plan of San Mateo—San Mateo	17.40%▼	20.69%▲	3.29
Inland Empire Health Plan—Riverside/San Bernardino	16.18%▼	18.27%▼	2.09
Kaiser NorCal (KP Cal, LLC)—KP North	11.00%▼	13.34%▼	2.34
Kaiser SoCal (KP Cal, LLC)—San Diego	17.76%▼	19.51%▲	1.75
Kern Health Systems, DBA Kern Family Health Care—Kern	18.32%▼	21.67%▲	3.35
L.A. Care Health Plan—Los Angeles	19.48%▲	20.82%▲	1.34
Molina Healthcare of California—Imperial	6.61%▼	7.14%▼	0.53
Molina Healthcare of California—Riverside/San Bernardino	12.43%▼	13.84%▼	1.41
Molina Healthcare of California—Sacramento	10.61%▼	12.57%▼	1.96
Molina Healthcare of California—San Diego	15.48%▼	17.30%▼	1.82
Partnership HealthPlan of California—Northeast	2.45%▼	3.25%▼	0.80

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Northwest	0.58%▼	0.62%▼	0.04
Partnership HealthPlan of California—Southeast	13.32%▼	14.53%▼	1.21
Partnership HealthPlan of California—Southwest	2.23%▼	3.12%▼	0.89
San Francisco Health Plan—San Francisco	15.64%▼	16.33%▼	0.69
Santa Clara Family Health Plan—Santa Clara	13.64%▼	16.01%▼	2.37

The statewide aggregates for measurement years 2022 and 2023 were 16.17 percent and 18.09 percent, respectively.

- No rates for MCP reporting units decreased from measurement year 2022 to measurement year 2023. Additionally, rates for four of 55 MCP reporting units (7.27 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for six of 55 MCP reporting units (10.91 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.
- Rates for 49 of 55 MCP reporting units (89.09 percent) fell below the national benchmark for measurement year 2022, while rates for 40 of 55 MCP reporting units (72.73 percent) fell below the national benchmark for measurement year 2023.

Table 37—Vision Services—Comprehensive Eye Exam (VIS–C)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	10.45%	10.31%	-0.14
Aetna Better Health of California—San Diego	11.56%	10.32%	-1.24
Alameda Alliance for Health—Alameda	13.91%	12.87%	-1.04
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	12.58%	11.94%	-0.64
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	11.04%	6.17%	-4.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	17.82%	17.84%	0.02
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	26.72%	21.47%	-5.25
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	24.98%	23.70%	-1.28

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	14.03%	10.07%	-3.96
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	10.13%	7.94%	-2.19
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	14.67%	13.77%	-0.90
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	23.80%	24.51%	0.71
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	12.26%	10.46%	-1.80
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	18.96%	17.93%	-1.03
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	27.09%	24.54%	-2.55
Blue Shield of California Promise Health Plan—San Diego	15.03%	14.01%	-1.02
CalOptima—Orange	21.40%	20.25%	-1.15
CalViva Health—Fresno	21.54%	21.95%	0.41
CalViva Health—Kings	29.13%	25.57%	-3.56
CalViva Health—Madera	27.11%	26.13%	-0.98
California Health & Wellness Plan—Imperial	15.53%	14.58%	-0.95

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 1	9.76%	8.00%	-1.76
California Health & Wellness Plan—Region 2	5.99%	4.35%	-1.64
CenCal Health—San Luis Obispo	29.79%	28.48%	-1.31
CenCal Health—Santa Barbara	25.76%	25.76%	-0.00
Central California Alliance for Health—Merced	13.59%	11.51%	-2.08
Central California Alliance for Health—Monterey/Santa Cruz	17.68%	17.51%	-0.17
Community Health Group Partnership Plan—San Diego	20.72%	19.90%	-0.82
Contra Costa Health Plan—Contra Costa	9.45%	8.66%	-0.79
Gold Coast Health Plan—Ventura	24.18%	23.36%	-0.82
Health Net Community Solutions, Inc.—Kern	12.09%	12.40%	0.31
Health Net Community Solutions, Inc.—Los Angeles	19.75%	19.14%	-0.61
Health Net Community Solutions, Inc.—Sacramento	11.20%	11.55%	0.35
Health Net Community Solutions, Inc.—San Diego	14.29%	13.09%	-1.20
Health Net Community Solutions, Inc.—San Joaquin	8.35%	7.44%	-0.91
Health Net Community Solutions, Inc.—Stanislaus	7.85%	6.11%	-1.74

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Tulare	27.33%	25.88%	-1.45
Health Plan of San Joaquin—San Joaquin	12.91%	11.62%	-1.29
Health Plan of San Joaquin—Stanislaus	10.94%	8.31%	-2.63
Health Plan of San Mateo—San Mateo	15.41%	14.05%	-1.36
Inland Empire Health Plan—Riverside/San Bernardino	24.19%	23.56%	-0.63
Kaiser NorCal (KP Cal, LLC)—KP North	5.69%	5.68%	-0.01
Kaiser SoCal (KP Cal, LLC)—San Diego	5.25%	5.62%	0.37
Kern Health Systems, DBA Kern Family Health Care—Kern	4.52%	5.76%	1.24
L.A. Care Health Plan—Los Angeles	15.91%	17.13%	1.22
Molina Healthcare of California—Imperial	20.72%	19.96%	-0.76
Molina Healthcare of California—Riverside/San Bernardino	16.47%	15.04%	-1.43
Molina Healthcare of California—Sacramento	12.61%	12.30%	-0.31
Molina Healthcare of California—San Diego	17.31%	15.67%	-1.64
Partnership HealthPlan of California—Northeast	9.65%	8.75%	-0.90
Partnership HealthPlan of California—Northwest	0.73%	0.62%	-0.11

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southeast	9.11%	6.83%	-2.28
Partnership HealthPlan of California—Southwest	10.08%	9.75%	-0.33
San Francisco Health Plan—San Francisco	18.69%	17.48%	-1.21
Santa Clara Family Health Plan—Santa Clara	20.10%	19.42%	-0.68

The statewide aggregates for measurement years 2022 and 2023 were 17.49 percent and 17.01 percent, respectively.

National benchmarks are not available for this indicator.

- Rates for 27 of 55 MCP reporting units (49.09 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for five of 55 MCP reporting units (9.09 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.

Table 38—Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	10.62%	10.49%	-0.13
Aetna Better Health of California—San Diego	11.94%	10.79%	-1.15
Alameda Alliance for Health—Alameda	19.30%	18.14%	-1.16
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	13.05%	12.41%	-0.64
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	11.30%	6.37%	-4.93
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	18.02%	18.07%	0.05
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	26.86%	21.64%	-5.22
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	25.60%	24.95%	-0.65

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	16.99%	12.83%	-4.16
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	11.57%	8.98%	-2.59
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	14.96%	13.98%	-0.98
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	24.77%	25.54%	0.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	12.53%	10.81%	-1.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	19.81%	19.09%	-0.72
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	27.23%	24.71%	-2.52
Blue Shield of California Promise Health Plan—San Diego	15.56%	14.63%	-0.93
CalOptima—Orange	21.59%	20.61%	-0.98
CalViva Health—Fresno	21.78%	22.23%	0.45
CalViva Health—Kings	29.39%	25.84%	-3.55
CalViva Health—Madera	27.91%	27.91%	-0.00
California Health & Wellness Plan—Imperial	15.76%	14.80%	-0.96

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 1	13.57%	11.91%	-1.66
California Health & Wellness Plan—Region 2	7.62%	5.43%	-2.19
CenCal Health—San Luis Obispo	30.79%	29.58%	-1.21
CenCal Health—Santa Barbara	27.56%	28.61%	1.05
Central California Alliance for Health—Merced	14.06%	11.81%	-2.25
Central California Alliance for Health—Monterey/Santa Cruz	18.55%	18.48%	-0.07
Community Health Group Partnership Plan—San Diego	21.44%	20.85%	-0.59
Contra Costa Health Plan—Contra Costa	15.13%	14.18%	-0.95
Gold Coast Health Plan—Ventura	24.92%	24.12%	-0.80
Health Net Community Solutions, Inc.—Kern	12.62%	12.92%	0.30
Health Net Community Solutions, Inc.—Los Angeles	20.19%	19.61%	-0.58
Health Net Community Solutions, Inc.—Sacramento	11.53%	11.72%	0.19
Health Net Community Solutions, Inc.—San Diego	14.84%	13.79%	-1.05
Health Net Community Solutions, Inc.—San Joaquin	8.76%	7.77%	-0.99
Health Net Community Solutions, Inc.—Stanislaus	8.10%	6.23%	-1.87

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Tulare	27.54%	26.10%	-1.44
Health Plan of San Joaquin—San Joaquin	15.66%	14.11%	-1.55
Health Plan of San Joaquin—Stanislaus	11.26%	8.44%	-2.82
Health Plan of San Mateo—San Mateo	19.07%	17.71%	-1.36
Inland Empire Health Plan—Riverside/San Bernardino	27.08%	26.31%	-0.77
Kaiser NorCal (KP Cal, LLC)—KP North	15.30%	14.59%	-0.71
Kaiser SoCal (KP Cal, LLC)—San Diego	24.99%	23.47%	-1.52
Kern Health Systems, DBA Kern Family Health Care—Kern	5.06%	6.25%	1.19
L.A. Care Health Plan—Los Angeles	18.73%	19.84%	1.11
Molina Healthcare of California—Imperial	20.96%	20.08%	-0.88
Molina Healthcare of California—Riverside/San Bernardino	16.94%	15.44%	-1.50
Molina Healthcare of California—Sacramento	12.91%	12.56%	-0.35
Molina Healthcare of California—San Diego	18.58%	17.30%	-1.28
Partnership HealthPlan of California—Northeast	10.10%	9.18%	-0.92
Partnership HealthPlan of California—Northwest	0.91%	0.76%	-0.15

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southeast	14.31%	11.88%	-2.43
Partnership HealthPlan of California—Southwest	12.62%	12.43%	-0.19
San Francisco Health Plan—San Francisco	21.55%	19.97%	-1.58
Santa Clara Family Health Plan—Santa Clara	24.94%	24.64%	-0.30

The statewide aggregates for measurement years 2022 and 2023 were 19.48 percent and 18.98 percent, respectively.

National benchmarks are not available for this indicator.

- Rates for 24 of 55 MCP reporting units (43.64 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for five of 55 MCP reporting units (9.09 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.

DHCS-Calculated Indicators

Table 39 through Table 42 present the measurement years 2022 and 2023 MCP reporting unit-level rates and the percentage point difference between the measurement year 2022 and 2023 rates, where applicable, for the DHCS-calculated indicator results and represent MCP performance in alignment with Title 17 age stratifications.

Table 39—Blood Lead Screening—Test at 12 Months of Age (BLS–1)—MCP Reporting Unit-Level Results

— indicates that the value is not available

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	37.54%	35.67%	-1.87
Aetna Better Health of California—San Diego	41.28%	53.40%	12.12
Alameda Alliance for Health—Alameda	48.48%	55.65%	7.17
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	50.39%	44.70%	-5.69
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	31.89%	41.57%	9.68

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	40.62%	51.89%	11.27
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	46.63%	44.76%	-1.87
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	65.70%	71.64%	5.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	40.73%	51.58%	10.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	37.50%	47.38%	9.88
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	37.41%	45.42%	8.01
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	51.74%	45.28%	-6.46
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	45.93%	61.78%	15.85
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	51.82%	57.11%	5.29
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	59.27%	67.62%	8.35

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Shield of California Promise Health Plan—San Diego	49.06%	61.49%	12.43
CalOptima—Orange	56.05%	62.98%	6.93
CalViva Health—Fresno	46.23%	57.04%	10.81
CalViva Health—Kings	51.37%	48.66%	-2.71
CalViva Health—Madera	69.99%	79.42%	9.43
California Health & Wellness Plan—Imperial	69.45%	71.79%	2.34
California Health & Wellness Plan—Region 1	44.06%	57.20%	13.14
California Health & Wellness Plan—Region 2	34.09%	44.04%	9.95
CenCal Health—San Luis Obispo	62.67%	73.32%	10.65
CenCal Health—Santa Barbara	62.74%	65.96%	3.22
Central California Alliance for Health—Merced	39.18%	46.42%	7.24
Central California Alliance for Health—Monterey/Santa Cruz	67.80%	75.07%	7.27
Community Health Group Partnership Plan—San Diego	51.20%	60.46%	9.26
Contra Costa Health Plan—Contra Costa	39.96%	46.11%	6.15
Gold Coast Health Plan—Ventura	58.30%	67.08%	8.78
Health Net Community Solutions, Inc.—Kern	42.57%	51.80%	9.23
Health Net Community Solutions, Inc.—Los Angeles	45.65%	50.69%	5.04

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Sacramento	39.19%	50.57%	11.38
Health Net Community Solutions, Inc.—San Diego	46.48%	53.46%	6.98
Health Net Community Solutions, Inc.—San Joaquin	29.58%	45.43%	15.85
Health Net Community Solutions, Inc.—Stanislaus	30.04%	37.65%	7.61
Health Net Community Solutions, Inc.—Tulare	60.97%	70.71%	9.74
Health Plan of San Joaquin—San Joaquin	36.94%	47.25%	10.31
Health Plan of San Joaquin—Stanislaus	34.67%	41.56%	6.89
Health Plan of San Mateo—San Mateo	49.67%	68.35%	18.68
Inland Empire Health Plan—Riverside/San Bernardino	42.09%	47.13%	5.04
Kaiser NorCal (KP Cal, LLC)—KP North	31.09%	33.55%	2.46
Kaiser SoCal (KP Cal, LLC)—San Diego	46.53%	55.04%	8.51
Kern Health Systems, DBA Kern Family Health Care—Kern	47.55%	60.33%	12.78
L.A. Care Health Plan—Los Angeles	48.72%	52.25%	3.53
Molina Healthcare of California—Imperial	63.77%	61.94%	-1.83
Molina Healthcare of California—Riverside/San Bernardino	36.21%	38.83%	2.62

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Molina Healthcare of California—Sacramento	36.97%	46.92%	9.95
Molina Healthcare of California—San Diego	52.24%	59.67%	7.43
Partnership HealthPlan of California—Northeast	40.06%	56.76%	16.70
Partnership HealthPlan of California—Northwest	55.34%	69.83%	14.49
Partnership HealthPlan of California—Southeast	47.99%	60.23%	12.24
Partnership HealthPlan of California—Southwest	44.36%	53.19%	8.83
San Francisco Health Plan—San Francisco	66.56%	68.56%	2.00
Santa Clara Family Health Plan—Santa Clara	52.75%	57.57%	4.82

The statewide aggregates for measurement years 2022 and 2023 were 47.70 percent and 54.47 percent, respectively.

National benchmarks are not available for this indicator.

» Rates for six of 55 MCP reporting units (10.91 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for 12 of 55 MCP reporting units (21.82 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for seven of 55 MCP reporting units (12.73 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.

Table 40—Blood Lead Screening—Test at 24 Months of Age (BLS–2)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	26.53%	36.48%	9.95
Aetna Better Health of California—San Diego	29.14%	41.91%	12.77
Alameda Alliance for Health—Alameda	39.92%	44.40%	4.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	38.12%	36.80%	-1.32
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	28.87%	25.45%	-3.42
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	39.75%	45.41%	5.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	33.61%	38.55%	4.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	52.96%	64.22%	11.26

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	36.11%	39.10%	2.99
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.84%	36.39%	7.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	30.06%	35.18%	5.12
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	36.00%	38.52%	2.52
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	49.37%	46.71%	-2.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	42.23%	42.46%	0.23
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	46.87%	54.25%	7.38
Blue Shield of California Promise Health Plan—San Diego	41.65%	45.25%	3.60
CalOptima—Orange	48.96%	54.72%	5.76
CalViva Health—Fresno	42.00%	51.21%	9.21
CalViva Health—Kings	38.34%	39.57%	1.23
CalViva Health—Madera	57.44%	69.99%	12.55
California Health & Wellness Plan—Imperial	61.07%	66.28%	5.21

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 1	38.86%	49.25%	10.39
California Health & Wellness Plan—Region 2	26.75%	30.27%	3.52
CenCal Health—San Luis Obispo	48.34%	60.16%	11.82
CenCal Health—Santa Barbara	52.83%	56.19%	3.36
Central California Alliance for Health—Merced	28.26%	36.84%	8.58
Central California Alliance for Health—Monterey/Santa Cruz	59.69%	66.34%	6.65
Community Health Group Partnership Plan—San Diego	39.78%	47.15%	7.37
Contra Costa Health Plan—Contra Costa	23.86%	34.91%	11.05
Gold Coast Health Plan—Ventura	46.16%	53.68%	7.52
Health Net Community Solutions, Inc.—Kern	30.67%	39.96%	9.29
Health Net Community Solutions, Inc.—Los Angeles	37.15%	41.46%	4.31
Health Net Community Solutions, Inc.—Sacramento	31.79%	37.65%	5.86
Health Net Community Solutions, Inc.—San Diego	35.53%	45.33%	9.80
Health Net Community Solutions, Inc.—San Joaquin	25.24%	30.28%	5.04
Health Net Community Solutions, Inc.—Stanislaus	23.41%	26.49%	3.08

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Tulare	49.60%	53.65%	4.05
Health Plan of San Joaquin—San Joaquin	29.79%	38.27%	8.48
Health Plan of San Joaquin—Stanislaus	28.12%	32.27%	4.15
Health Plan of San Mateo—San Mateo	42.61%	53.59%	10.98
Inland Empire Health Plan—Riverside/San Bernardino	32.96%	37.52%	4.56
Kaiser NorCal (KP Cal, LLC)—KP North	26.71%	27.43%	0.72
Kaiser SoCal (KP Cal, LLC)—San Diego	41.45%	44.05%	2.60
Kern Health Systems, DBA Kern Family Health Care—Kern	38.70%	51.34%	12.64
L.A. Care Health Plan—Los Angeles	40.38%	43.82%	3.44
Molina Healthcare of California—Imperial	48.70%	62.41%	13.71
Molina Healthcare of California—Riverside/San Bernardino	25.88%	27.33%	1.45
Molina Healthcare of California—Sacramento	28.31%	38.35%	10.04
Molina Healthcare of California—San Diego	40.57%	47.20%	6.63
Partnership HealthPlan of California—Northeast	25.54%	35.63%	10.09
Partnership HealthPlan of California—Northwest	45.24%	56.75%	11.51

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southeast	38.01%	47.20%	9.19
Partnership HealthPlan of California—Southwest	36.02%	45.28%	9.26
San Francisco Health Plan—San Francisco	46.41%	50.43%	4.02
Santa Clara Family Health Plan—Santa Clara	42.09%	46.01%	3.92

The statewide aggregates for measurement years 2022 and 2023 were 38.77 percent and 44.31 percent, respectively.

National benchmarks are not available for this indicator.

- Rates for three of 55 MCP reporting units (5.45 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for 11 of 55 MCP reporting units (20.0 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for seven of 55 MCP reporting units (12.73 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.

Table 41—Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	26.53%	36.48%	9.95
Aetna Better Health of California—San Diego	29.14%	41.91%	12.77
Alameda Alliance for Health—Alameda	39.92%	44.40%	4.48
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	38.12%	36.80%	-1.32
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	28.87%	25.45%	-3.42
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	39.75%	45.41%	5.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	33.61%	38.55%	4.94
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	52.96%	64.22%	11.26

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	36.11%	39.10%	2.99
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	28.84%	36.39%	7.55
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	30.06%	35.18%	5.12
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	36.00%	38.52%	2.52
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	49.37%	46.71%	-2.66
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	42.23%	42.46%	0.23
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	46.87%	54.25%	7.38
Blue Shield of California Promise Health Plan—San Diego	41.65%	45.25%	3.60
CalOptima—Orange	48.96%	54.72%	5.76
CalViva Health—Fresno	42.00%	51.21%	9.21
CalViva Health—Kings	38.34%	39.57%	1.23
CalViva Health—Madera	57.44%	69.99%	12.55
California Health & Wellness Plan—Imperial	61.07%	66.28%	5.21

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 1	38.86%	49.25%	10.39
California Health & Wellness Plan—Region 2	26.75%	30.27%	3.52
CenCal Health—San Luis Obispo	48.34%	60.16%	11.82
CenCal Health—Santa Barbara	52.83%	56.19%	3.36
Central California Alliance for Health—Merced	28.26%	36.84%	8.58
Central California Alliance for Health—Monterey/Santa Cruz	59.69%	66.34%	6.65
Community Health Group Partnership Plan—San Diego	39.78%	47.15%	7.37
Contra Costa Health Plan—Contra Costa	23.86%	34.91%	11.05
Gold Coast Health Plan—Ventura	46.16%	53.68%	7.52
Health Net Community Solutions, Inc.—Kern	30.67%	39.96%	9.29
Health Net Community Solutions, Inc.—Los Angeles	37.15%	41.46%	4.31
Health Net Community Solutions, Inc.—Sacramento	31.79%	37.65%	5.86
Health Net Community Solutions, Inc.—San Diego	35.53%	45.33%	9.80
Health Net Community Solutions, Inc.—San Joaquin	25.24%	30.28%	5.04
Health Net Community Solutions, Inc.—Stanislaus	23.41%	26.49%	3.08

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Tulare	49.60%	53.65%	4.05
Health Plan of San Joaquin—San Joaquin	29.79%	38.27%	8.48
Health Plan of San Joaquin—Stanislaus	28.12%	32.27%	4.15
Health Plan of San Mateo—San Mateo	42.61%	53.59%	10.98
Inland Empire Health Plan—Riverside/San Bernardino	32.96%	37.52%	4.56
Kaiser NorCal (KP Cal, LLC)—KP North	26.71%	27.43%	0.72
Kaiser SoCal (KP Cal, LLC)—San Diego	41.45%	44.05%	2.60
Kern Health Systems, DBA Kern Family Health Care—Kern	38.70%	51.34%	12.64
L.A. Care Health Plan—Los Angeles	40.38%	43.82%	3.44
Molina Healthcare of California—Imperial	48.70%	62.41%	13.71
Molina Healthcare of California—Riverside/San Bernardino	25.88%	27.33%	1.45
Molina Healthcare of California—Sacramento	28.31%	38.35%	10.04
Molina Healthcare of California—San Diego	40.57%	47.20%	6.63
Partnership HealthPlan of California—Northeast	25.54%	35.63%	10.09
Partnership HealthPlan of California—Northwest	45.24%	56.75%	11.51

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southeast	38.01%	47.20%	9.19
Partnership HealthPlan of California—Southwest	36.02%	45.28%	9.26
San Francisco Health Plan—San Francisco	46.41%	50.43%	4.02
Santa Clara Family Health Plan—Santa Clara	42.09%	46.01%	3.92

The statewide aggregates for measurement years 2022 and 2023 were 23.27 percent and 27.87 percent, respectively.

National benchmarks are not available for this indicator.

» Rates for three of 55 MCP reporting units (5.45 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, no MCP reporting units were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022 or measurement year 2023.

Table 42—Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)—MCP Reporting Unit-Level Results

— indicates that the value is not available.

N/A indicates that a national benchmark is not available.

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
National Benchmark			
National Benchmark	N/A	N/A	—
MCP Reporting Unit			
Aetna Better Health of California—Sacramento	29.08%	34.69%	5.61
Aetna Better Health of California—San Diego	31.98%	23.04%	-8.94
Alameda Alliance for Health—Alameda	29.23%	31.28%	2.05
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	27.10%	27.85%	0.75
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	10.18%	15.36%	5.18
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	19.65%	20.42%	0.77
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	32.29%	20.86%	-11.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	18.94%	29.33%	10.39

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	20.83%	19.01%	-1.82
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	17.70%	16.27%	-1.43
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	31.78%	32.25%	0.47
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	15.48%	14.67%	-0.81
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	25.93%	42.27%	16.34
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	42.69%	37.86%	-4.83
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	20.90%	16.52%	-4.38
Blue Shield of California Promise Health Plan—San Diego	37.64%	33.16%	-4.48
CalOptima—Orange	22.18%	23.19%	1.01
CalViva Health—Fresno	27.38%	25.15%	-2.23
CalViva Health—Kings	30.77%	18.27%	-12.50
CalViva Health—Madera	27.62%	26.59%	-1.03
California Health & Wellness Plan—Imperial	45.66%	40.73%	-4.93

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
California Health & Wellness Plan—Region 1	19.52%	19.91%	0.39
California Health & Wellness Plan—Region 2	15.93%	14.14%	-1.79
CenCal Health—San Luis Obispo	6.18%	9.33%	3.15
CenCal Health—Santa Barbara	22.77%	23.15%	0.38
Central California Alliance for Health—Merced	24.04%	17.67%	-6.37
Central California Alliance for Health—Monterey/Santa Cruz	22.36%	23.40%	1.04
Community Health Group Partnership Plan—San Diego	38.39%	35.28%	-3.11
Contra Costa Health Plan—Contra Costa	18.84%	21.25%	2.41
Gold Coast Health Plan—Ventura	25.02%	25.53%	0.51
Health Net Community Solutions, Inc.—Kern	27.23%	27.19%	-0.04
Health Net Community Solutions, Inc.—Los Angeles	29.95%	27.14%	-2.81
Health Net Community Solutions, Inc.—Sacramento	33.48%	36.31%	2.83
Health Net Community Solutions, Inc.—San Diego	29.46%	21.39%	-8.07
Health Net Community Solutions, Inc.—San Joaquin	32.49%	26.67%	-5.82
Health Net Community Solutions, Inc.—Stanislaus	19.45%	20.77%	1.32

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Health Net Community Solutions, Inc.—Tulare	20.47%	20.18%	-0.29
Health Plan of San Joaquin—San Joaquin	32.70%	30.29%	-2.41
Health Plan of San Joaquin—Stanislaus	21.61%	21.14%	-0.47
Health Plan of San Mateo—San Mateo	33.52%	28.24%	-5.28
Inland Empire Health Plan—Riverside/San Bernardino	33.14%	31.32%	-1.82
Kaiser NorCal (KP Cal, LLC)—KP North	23.94%	26.47%	2.53
Kaiser SoCal (KP Cal, LLC)—San Diego	36.98%	38.69%	1.71
Kern Health Systems, DBA Kern Family Health Care—Kern	37.35%	34.89%	-2.46
L.A. Care Health Plan—Los Angeles	32.17%	31.42%	-0.75
Molina Healthcare of California—Imperial	36.67%	45.45%	8.78
Molina Healthcare of California—Riverside/San Bernardino	28.99%	24.38%	-4.61
Molina Healthcare of California—Sacramento	31.95%	32.51%	0.56
Molina Healthcare of California—San Diego	38.28%	34.80%	-3.48
Partnership HealthPlan of California—Northeast	17.57%	22.23%	4.66
Partnership HealthPlan of California—Northwest	25.57%	24.59%	-0.98

MCP Reporting Unit	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2022 to 2023 Percentage Point Difference
Partnership HealthPlan of California—Southeast	26.75%	25.11%	-1.64
Partnership HealthPlan of California—Southwest	22.55%	25.44%	2.89
San Francisco Health Plan—San Francisco	34.00%	34.64%	0.64
Santa Clara Family Health Plan—Santa Clara	41.21%	41.29%	0.08

The statewide aggregates for measurement years 2022 and 2023 were 29.11 percent and 28.22 percent, respectively.

National benchmarks are not available for this indicator.

- Rates for 24 of 55 MCP reporting units (43.64 percent) decreased by at least 1 percentage point from measurement year 2022 to measurement year 2023. Additionally, rates for eight of 55 MCP reporting units (14.55 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2022, while rates for seven of 55 MCP reporting units (12.73 percent) were below the statewide aggregate by more than a 10 percent relative difference for measurement year 2023.

APPENDIX D. ADDITIONAL POPULATION CHARACTERISTICS

Appendix D. Additional Population Characteristics presents tables containing additional characteristics of the target population. The tables display the counts and percentages of the target population stratified by county and MCP reporting unit for measurement years 2021, 2022, and 2023.

Table 43—County-Level Population

* The count for the statewide pediatric population in each measurement year is used as the denominator for the corresponding measurement year county-level rates. The percentage for the statewide pediatric population (i.e., 21 years of age and younger as of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

County	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Statewide Pediatric Population*	**6,296,488 (38.87%)**	**6,417,796 (37.78%)**	**7,669,773 (34.22%)**
Alameda	173,930 (2.76%)	176,523 (2.75%)	220,506 (2.88%)
Alpine	128 (0.00%)	120 (0.00%)	170 (0.00%)
Amador	4,006 (0.06%)	4,177 (0.07%)	5,025 (0.07%)
Butte	33,223 (0.53%)	33,936 (0.53%)	40,356 (0.53%)
Calaveras	5,725 (0.09%)	5,900 (0.09%)	6,907 (0.09%)
Colusa	5,779 (0.09%)	5,861 (0.09%)	6,495 (0.08%)
Contra Costa	131,428 (2.09%)	135,590 (2.11%)	167,175 (2.18%)
Del Norte	5,367 (0.09%)	5,368 (0.08%)	6,230 (0.08%)
El Dorado	17,843 (0.28%)	18,218 (0.28%)	22,244 (0.29%)

County	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Fresno	255,590 (4.06%)	259,281 (4.04%)	292,836 (3.82%)
Glenn	6,995 (0.11%)	7,037 (0.11%)	7,894 (0.10%)
Humboldt	22,736 (0.36%)	22,908 (0.36%)	25,665 (0.33%)
Imperial	47,313 (0.75%)	48,997 (0.76%)	58,199 (0.76%)
Inyo	2,809 (0.04%)	2,876 (0.04%)	3,326 (0.04%)
Kern	240,230 (3.82%)	246,537 (3.84%)	288,120 (3.76%)
Kings	33,966 (0.54%)	34,471 (0.54%)	40,216 (0.52%)
Lake	14,313 (0.23%)	14,563 (0.23%)	16,692 (0.22%)
Lassen	3,849 (0.06%)	4,094 (0.06%)	5,036 (0.07%)
Los Angeles	1,671,696 (26.55%)	1,689,597 (26.33%)	2,012,131 (26.23%)
Madera	41,837 (0.66%)	42,868 (0.67%)	47,536 (0.62%)
Marin	21,030 (0.33%)	21,747 (0.34%)	26,046 (0.34%)
Mariposa	2,298 (0.04%)	2,380 (0.04%)	2,751 (0.04%)
Mendocino	17,868 (0.28%)	17,884 (0.28%)	20,612 (0.27%)
Merced	77,421 (1.23%)	79,053 (1.23%)	89,800 (1.17%)

County	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Modoc	1,581 (0.03%)	1,645 (0.03%)	1,901 (0.02%)
Mono	1,744 (0.03%)	1,758 (0.03%)	2,127 (0.03%)
Monterey	101,627 (1.61%)	102,662 (1.60%)	115,919 (1.51%)
Napa	16,570 (0.26%)	16,788 (0.26%)	19,484 (0.25%)
Nevada	10,949 (0.17%)	11,336 (0.18%)	13,699 (0.18%)
Orange	411,896 (6.54%)	417,174 (6.50%)	513,227 (6.69%)
Placer	32,760 (0.52%)	34,541 (0.54%)	44,850 (0.58%)
Plumas	2,729 (0.04%)	2,751 (0.04%)	3,192 (0.04%)
Riverside	471,706 (7.49%)	484,070 (7.54%)	575,439 (7.50%)
Sacramento	264,505 (4.20%)	273,912 (4.27%)	323,052 (4.21%)
San Benito	10,325 (0.16%)	10,550 (0.16%)	12,657 (0.17%)
San Bernardino	462,274 (7.34%)	472,069 (7.36%)	562,742 (7.34%)
San Diego	423,257 (6.72%)	430,707 (6.71%)	535,615 (6.98%)
San Francisco	63,362 (1.01%)	65,343 (1.02%)	76,047 (0.99%)
San Joaquin	158,134 (2.51%)	161,730 (2.52%)	190,921 (2.49%)

County	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
San Luis Obispo	30,293 (0.48%)	30,877 (0.48%)	37,668 (0.49%)
San Mateo	62,688 (1.00%)	63,849 (0.99%)	78,283 (1.02%)
Santa Barbara	83,631 (1.33%)	85,515 (1.33%)	100,140 (1.31%)
Santa Clara	174,506 (2.77%)	181,247 (2.82%)	227,337 (2.96%)
Santa Cruz	33,791 (0.54%)	33,949 (0.53%)	39,019 (0.51%)
Shasta	30,458 (0.48%)	31,278 (0.49%)	37,212 (0.49%)
Sierra	310 (0.00%)	324 (0.01%)	389 (0.01%)
Siskiyou	7,985 (0.13%)	8,006 (0.12%)	9,499 (0.12%)
Solano	58,935 (0.94%)	61,043 (0.95%)	73,353 (0.96%)
Sonoma	58,528 (0.93%)	59,760 (0.93%)	70,965 (0.93%)
Stanislaus	122,336 (1.94%)	124,642 (1.94%)	143,377 (1.87%)
Sutter	20,777 (0.33%)	21,295 (0.33%)	24,665 (0.32%)
Tehama	14,301 (0.23%)	14,725 (0.23%)	17,109 (0.22%)
Trinity	1,986 (0.03%)	2,142 (0.03%)	2,492 (0.03%)
Tulare	139,188 (2.21%)	141,170 (2.20%)	161,538 (2.11%)

County	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Tuolumne	5,930 (0.09%)	6,122 (0.10%)	7,400 (0.10%)
Ventura	120,323 (1.91%)	121,314 (1.89%)	144,173 (1.88%)
Yolo	26,942 (0.43%)	27,380 (0.43%)	33,129 (0.43%)
Yuba	17,523 (0.28%)	17,969 (0.28%)	21,489 (0.28%)

Table 44—MCP-Reporting Unit-Level Population

The counts displayed in the table are based on the MCP with which each member was most recently enrolled while 21 years of age or younger. The statewide pediatric population count will not align with those displayed in other tables of the report due to this methodology.

* The count for the statewide pediatric population in each measurement year is used as the denominator for the corresponding measurement year reporting unit-level rates. The percentage for the statewide pediatric population (i.e., 21 years of age and younger as of the corresponding measurement year) is based on all MCMC members enrolled during the respective measurement year.

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Statewide Pediatric Population*	**6,044,238 (37.31%)**	**6,218,076 (36.61%)**	**6,454,925 (28.80%)**
Aetna Better Health of California—Sacramento	6,567 (0.11%)	8,270 (0.13%)	8,981 (0.14%)
Aetna Better Health of California—San Diego	8,267 (0.14%)	10,227 (0.16%)	12,168 (0.19%)
Alameda Alliance for Health—Alameda	117,597 (1.95%)	122,871 (1.98%)	129,131 (2.00%)

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	27,542 (0.46%)	30,364 (0.49%)	30,406 (0.47%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	16,797 (0.28%)	18,008 (0.29%)	17,177 (0.27%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	61,931 (1.02%)	65,344 (1.05%)	65,644 (1.02%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	11,608 (0.19%)	12,151 (0.20%)	12,380 (0.19%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	12,972 (0.21%)	13,947 (0.22%)	14,134 (0.22%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1	32,067 (0.53%)	32,944 (0.53%)	31,588 (0.49%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2	47,292 (0.78%)	51,227 (0.82%)	52,249 (0.81%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	90,655 (1.50%)	95,791 (1.54%)	99,254 (1.54%)

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	5,493 (0.09%)	5,965 (0.10%)	6,129 (0.09%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	5,448 (0.09%)	6,125 (0.10%)	6,538 (0.10%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	28,960 (0.48%)	31,809 (0.51%)	34,160 (0.53%)
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	59,008 (0.98%)	62,020 (1.00%)	63,122 (0.98%)
Blue Shield of California Promise Health Plan—San Diego	33,318 (0.55%)	37,402 (0.60%)	44,845 (0.69%)
CalOptima—Orange	372,616 (6.16%)	380,315 (6.12%)	382,662 (5.93%)
CalViva Health—Fresno	164,406 (2.72%)	169,357 (2.72%)	171,247 (2.65%)
CalViva Health—Kings	17,365 (0.29%)	18,143 (0.29%)	18,859 (0.29%)
CalViva Health—Madera	24,113 (0.40%)	24,939 (0.40%)	25,647 (0.40%)
California Health & Wellness Plan—Imperial	34,407 (0.57%)	35,656 (0.57%)	37,346 (0.58%)
California Health & Wellness Plan—Region 1	40,727 (0.67%)	42,755 (0.69%)	44,241 (0.69%)

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
California Health & Wellness Plan—Region 2	28,274 (0.47%)	30,028 (0.48%)	30,953 (0.48%)
CenCal Health—San Luis Obispo	27,688 (0.46%)	28,861 (0.46%)	29,987 (0.46%)
CenCal Health—Santa Barbara	77,601 (1.28%)	80,036 (1.29%)	81,930 (1.27%)
Central California Alliance for Health—Merced	72,535 (1.20%)	75,117 (1.21%)	76,648 (1.19%)
Central California Alliance for Health—Monterey/Santa Cruz	125,084 (2.07%)	127,671 (2.05%)	128,031 (1.98%)
Community Health Group Partnership Plan—San Diego	140,784 (2.33%)	146,952 (2.36%)	155,131 (2.40%)
Contra Costa Health Plan—Contra Costa	92,700 (1.53%)	99,696 (1.60%)	107,274 (1.66%)
Gold Coast Health Plan—Ventura	109,753 (1.82%)	112,622 (1.81%)	113,682 (1.76%)
Health Net Community Solutions, Inc.—Kern	35,529 (0.59%)	41,185 (0.66%)	38,786 (0.60%)
Health Net Community Solutions, Inc.—Los Angeles	420,606 (6.96%)	435,504 (7.00%)	450,241 (6.98%)
Health Net Community Solutions, Inc.—Sacramento	57,480 (0.95%)	60,632 (0.98%)	62,619 (0.97%)
Health Net Community Solutions, Inc.—San Diego	35,520 (0.59%)	37,288 (0.60%)	35,363 (0.55%)
Health Net Community Solutions, Inc.—San Joaquin	10,450 (0.17%)	11,888 (0.19%)	13,391 (0.21%)
Health Net Community Solutions, Inc.—Stanislaus	31,707 (0.52%)	31,764 (0.51%)	31,825 (0.49%)
Health Net Community Solutions, Inc.—Tulare	64,201 (1.06%)	65,807 (1.06%)	67,010 (1.04%)

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Health Plan of San Joaquin—San Joaquin	125,993 (2.08%)	131,676 (2.12%)	133,514 (2.07%)
Health Plan of San Joaquin—Stanislaus	75,689 (1.25%)	80,571 (1.30%)	83,920 (1.30%)
Health Plan of San Mateo—San Mateo	57,420 (0.95%)	59,073 (0.95%)	60,339 (0.93%)
Inland Empire Health Plan—Riverside/San Bernardino	708,108 (11.72%)	751,022 (12.08%)	780,142 (12.09%)
Kaiser NorCal (KP Cal, LLC)—KP North	62,282 (1.03%)	66,808 (1.07%)	70,261 (1.09%)
Kaiser SoCal (KP Cal, LLC)—San Diego	26,738 (0.44%)	28,203 (0.45%)	29,611 (0.46%)
Kern Health Systems, DBA Kern Family Health Care—Kern	166,104 (2.75%)	177,123 (2.85%)	185,694 (2.88%)
L.A. Care Health Plan—Los Angeles	971,003 (16.06%)	993,561 (15.98%)	1,028,762 (15.94%)
Molina Healthcare of California—Imperial	6,771 (0.11%)	7,469 (0.12%)	7,429 (0.12%)
Molina Healthcare of California—Riverside/San Bernardino	80,793 (1.34%)	96,417 (1.55%)	94,979 (1.47%)
Molina Healthcare of California—Sacramento	21,867 (0.36%)	22,878 (0.37%)	23,660 (0.37%)
Molina Healthcare of California—San Diego	103,974 (1.72%)	107,211 (1.72%)	112,327 (1.74%)
Partnership HealthPlan of California - Northeast	41,342 (0.68%)	42,961 (0.69%)	44,492 (0.69%)
Partnership HealthPlan of California—Northwest	26,044 (0.43%)	26,481 (0.43%)	26,737 (0.41%)
Partnership HealthPlan of California—Southeast	94,871 (1.57%)	98,930 (1.59%)	100,033 (1.55%)

MCP Reporting Unit	Measurement Year 2021 Count (Percentage)	Measurement Year 2022 Count (Percentage)	Measurement Year 2023 Count (Percentage)
Partnership HealthPlan of California—Southwest	102,050 (1.69%)	105,512 (1.70%)	107,633 (1.67%)
San Francisco Health Plan—San Francisco	49,497 (0.82%)	51,412 (0.83%)	51,859 (0.80%)
Santa Clara Family Health Plan—Santa Clara	122,007 (2.02%)	126,738 (2.04%)	130,713 (2.03%)

APPENDIX E. METHODOLOGY

Overview

At the request of the Joint Legislative Audit Committee, the California State Auditor published an audit report in March 2019 regarding DHCS' oversight of the delivery of preventive services to children enrolled in the MCMC. The audit report recommended that DHCS expand the performance measures it collects and reports on to ensure all age groups receive preventive services from the MCPs.[103] In response to this recommendation, DHCS requested that HSAG start producing an annual Preventive Services Utilization Report in 2020. Additionally, the California State Auditor published a follow-up report in September 2022 recommending that DHCS use recommendations from reports related to children's preventive services to create an annual action plan.[104] For the 2024 Preventive Services Report, HSAG continued to analyze child and adolescent performance measures either calculated by HSAG or DHCS, or reported by the 24 full-scope MCPs for measurement year 2023 from the MCAS. MCAS measures reflect clinical quality, timeliness, and access to care provided by MCPs to their members, and each MCP is required to report audited MCAS results to DHCS annually. DHCS can leverage the findings in the Preventive Services Report to address the clinical focus area of children's preventive care identified in its 2022 Comprehensive Quality Strategy[105] and monitor appropriate utilization of preventive services for MCMC children.

For the 2023–24 contract year, HSAG evaluated measure data collected for measurement year 2023 (i.e., calendar year 2023). The indicator set for this analysis included 13 MCP-calculated indicators, 13 HSAG-calculated indicators (i.e., administrative indicators calculated by HSAG for DHCS),[106] and four DHCS-calculated

[103] California State Auditor. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services, March 2019. Available at: https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf. Accessed on: Mar 13, 2025.

[104] California State Auditor. Department of Health Care Services: Follow-Up: Children in Medi-Cal, September 2022. Available at: https://information.auditor.ca.gov/reports/2022-502/index.html. Accessed on: Mar 13, 2025.

[105] State of California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Mar 13, 2025.

[106] Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2024 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

indicators. For each MCP-calculated indicator, MCPs used numerator and denominator criteria and minimum enrollment requirements defined either by the HEDIS specifications for the Medicaid population or by the CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). For the HSAG-calculated indicators, HSAG developed specifications for four indicators and used the CMS Child Core Set specifications for the remaining indicators. For the DHCS-calculated indicators, DHCS developed specifications for the four indicators. To focus the 2024 Preventive Services Report on more actionable results for stakeholders, HSAG and DHCS developed criteria to determine which results to include in the body of the report. These criteria are discussed in the Determination of Key Findings Section below.

Preventive Services Utilization Indicators and Data Sources

MCP-Calculated Indicators and Data Sources

Table 45 displays the MCP-calculated indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, the age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator.

Table 45—MCP-Calculated Indicators, Methodology, Age Groups, and Benchmarks

A = administrative methodology (claims/encounter data and supplemental administrative data sources)

H = hybrid methodology (a combination of claims/encounter data and MRR data). For all hybrid measures, MCPs have the option to report the measure using either the hybrid or administrative reporting methodology.

ECDS = Electronic Clinical Data Systems methodology (can include EHR data, health information exchange data, clinical registry data, case management registry data, and administrative claims/encounter data).

"National Committee for Quality Assurance (NCQA) Quality Compass" refers to NCQA's Quality Compass national Medicaid Health Maintenance Organization (HMO) 50th percentiles[107] for each of the corresponding indicators.

"CMS Child Core Set" refers to CMS' Child Core Set National Median. This is the calculated 50th percentile of the total reportable statewide rates.

[107] Quality Compass® is a registered trademark of NCQA.

MCP-Calculated Indicators	Methodology	Age Groups	National Benchmarking Source
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) and *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2)*	A	15 Months; 30 Months	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Child and Adolescent Well-Care Visits—Total (WCV)	A	3–11 Years; 12–17 Years; 18–21 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Childhood Immunization Status—Combination 10 (CIS–10)	H	2 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	A	16–20 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—12 to 17 Years (DRR–E–FU)	ECDS	12–17 Years	Measurement year 2023 NCQA Quality Compass
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—12 to 17 Years (DSF–E–DS) and	ECDS	12–17 Years	Measurement year 2023 NCQA Quality Compass

MCP-Calculated Indicators	Methodology	Age Groups	National Benchmarking Source
Follow-Up on Positive Screen—12 to 17 Years (DSF–E–FU)			
Developmental Screening in the First Three Years of Life—Total (DEV)	A	1 Year; 2 Years; 3 Years	FFY 2021, 2022, and 2023 CMS Child Core Set
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	A	6–17 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA–30)	A	13–17 Years	Measurement years 2022 and 2023 NCQA Quality Compass
Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)	H	13 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Lead Screening in Children (LSC)	H	2 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass

Data Sources

For the MCP-calculated indicators listed in Table 45, HSAG received a California-required patient-level detail file from each MCP for each HEDIS reporting unit. The measurement year 2023 patient-level detail files followed HSAG's patient-level detail file instructions and included the Medi-Cal client identification number and date of birth for members included in the audited MCP-calculated indicator rates. Additionally, the patient-level detail files included the eligible population for hybrid measures and indicated whether a member was included in the numerator, denominator, and eligible population for each applicable MCP-calculated indicator. HSAG validated the patient-level detail files to ensure the numerator, denominator, and eligible population counts matched what was reported by MCPs in the audited HEDIS IDSS files and non-HEDIS MS Excel reporting files. HSAG also validated the eligible population for hybrid measures provided by the MCPs. Please note, it is possible that non-certified eligible members were included by some or all MCPs in the measurement year 2023 rates. HSAG used these patient-level detail files, along with supplemental files (e.g., demographic data provided by DHCS), to perform the evaluation. HSAG obtained the following data elements from the demographic file from DHCS' Management Information System/Decision Support System data system:

- CA-required demographic file
  - Member's Medi-Cal client identification number
  - Date of birth
  - ZIP Code
  - Gender
  - Race/Ethnicity
  - Primary language
  - County

Combining Data

To stratify the MCP-calculated indicator rates, HSAG first combined the patient-level detail files provided by MCPs with the demographic file provided by DHCS. The following outlines HSAG's process for matching members in the indicator files:

Step 1: Records with missing demographic information for every field were deleted from the demographic file.

Step 2: For records missing some demographic values (e.g., race/ethnicity, language, gender, or county) in the most recent record, HSAG obtained the demographic values from another record in the demographic file using the following logic:

- HSAG prioritized records from the same reporting unit as the patient-level detail file. If there were no records within the same reporting unit, then HSAG used records from other reporting units to retrieve missing information.
- HSAG prioritized the most recent non-missing observation within the measurement year using the following logic:
  - HSAG first tried to recover the missing demographic values from the most recent non-missing observation within measurement year 2023.
  - If HSAG could not recover the missing demographic values from a record within measurement year 2023, then the most recent non-missing observation from measurement year 2022 was used.
- If the race/ethnicity values were still missing from the demographic file, HSAG obtained race/ethnicity information from the patient-level detail files, where available.
- If HSAG could not obtain data for the missing demographic values, then a value of "Unknown/Missing" was assigned.

Step 3: HSAG combined the demographic file with the patient-level detail file by Medi-Cal client identification number and prioritized matches within the same reporting unit first, using records from other reporting units when necessary, using the same logic as in Step 2. If a client identification number had multiple records in the demographic file with a date of birth within 10 years of each other, then the most recent non-missing demographic information was used. Additionally, to avoid combining a parent record with a child record that contained the same client identification number, HSAG only considered a client identification number to match if the date of birth in the demographic file was within 10 years of the date of birth recorded in the patient-level detail file. If HSAG could not obtain county data from the demographic file, then HSAG did the following:

- If the county code was missing or "Unknown," then HSAG imputed the county based on the ZIP Code from the demographic file.
- If the ZIP Code and the county were missing, then HSAG assigned a county of "Unknown/Missing."

HSAG-Calculated Indicators and Data Sources

Table 46 displays the HSAG-calculated indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator. Please refer to Appendix A. Benchmark and Statewide Aggregate Comparisons for the detailed measure specifications for the HSAG-calculated indicators.[108]

Table 46—HSAG-Calculated Indicators, Methodology, Age Groups, and Benchmarking Source

A = administrative methodology (claims/encounter data and supplemental administrative data sources)

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

^The *Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC)* and *All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)* indicators are presented in this appendix as informational only.

*Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2024 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

+The *Vision Services—Comprehensive or Intermediate Eye Exam (VIS–CI)* indicator is presented in the appendices for informational only.

HSAG-Calculated Indicators	Methodology	Age Groups	National Benchmarking Source
Alcohol Use Screening (AUS)	A	11–17 Years; 18–21 Years	N/A
Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20 (CCW–LARC) and *Most or Moderately Effective Contraceptive Care—Ages 15 to 20 (CCW–MMEC)*^	A	15–20 Years	FFY 2023 CMS Child Core Set

[108] The remaining HSAG-calculated indicators were calculated in accordance with the CMS Child Core Specifications.

HSAG-Calculated Indicators	Methodology	Age Groups	National Benchmarking Source
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	A	6–17 Years	Measurement years 2021, 2022, and 2023 NCQA Quality Compass
Oral Evaluation, Dental Services—Total (OEV)	A	<1 Year; 1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 and 2023 CMS Child Core Set-
Sealant Receipt on Permanent First Molars—At Least One Sealant (SFM–1) and *All Four Molars Sealed (SFM–4)*	A	10 Years	FFY 2023 CMS Child Core Set
Tobacco Use Screening (TUS)	A	11–17 Years; 18–21 Years	N/A
Topical Fluoride for Children—Dental Services—Total (TFL–DS), Oral Health Services—Total (TFL–OH), and *Dental or Oral Health Services—Total (TFL–DO)**	A	1–2 Years; 3–5 Years; 6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–20 Years	FFY 2022 and 2023 CMS Child Core Set
Vision Services—Comprehensive Eye Exam (VIS–C) and *Comprehensive or Intermediate Eye Exam (VIS–CI)*[+]	A	6–7 Years; 8–9 Years; 10–11 Years; 12–14 Years; 15–18 Years; 19–21 Years	N/A

Data Sources

For the HSAG-calculated indicators listed in Table 46, HSAG received claims/encounter data; member enrollment, eligibility, and demographic data; and provider files from DHCS. Upon receipt of the data from DHCS, HSAG evaluated the data files and performed preliminary file validation. HSAG verified that the data were complete and accurate by ensuring correct formatting, confirming reasonable value ranges for critical data fields, assessing monthly enrollment and claim counts, and identifying fields with a high volume of missing values. HSAG maintained an issue log to document any data issues identified throughout the review process. Upon completion of this review, HSAG communicated with DHCS and discussed the extent to which the identified data issues may affect the integrity of the analyses.

Once DHCS confirmed HSAG had complete and valid data, HSAG proceeded with calculating the HSAG-calculated indicators. Using the approved applicable specifications for the HSAG-calculated indicators, HSAG developed programming code in SAS. Each HSAG-calculated indicator was assigned a lead programming analyst and a validating analyst. The lead programming analyst developed the primary code based on the approved specifications. After the lead programming analyst completed the analyses, the validating analyst independently validated the results, which ensured that the results generated were accurate and complete. Specifically, the validating analyst used the approved specifications to develop his or her own program code and compared the results with those generated by the lead programming analyst. This separate program run process allowed for a more comprehensive and thorough validation to identify any issues with the lead programming analyst's results. The validating analyst maintained a validation log and communicated to the lead programming analyst any issues or discrepancies. Once the indicator rates were validated, the lead programming analyst also compared the indicator rates to any applicable benchmarks or similar indicator results for reasonability.

HSAG also produced patient-level detail files for the HSAG-calculated indicators as part of the calculation. The patient-level detail files included the Medi-Cal client identification number and date of birth and indicated whether a member was included in the numerator and/or denominator for each applicable HSAG-calculated indicator. Since DHCS provided demographic data for each member, HSAG also included the following data elements in the HSAG-calculated patient-level detail files:

- Date of birth

- ZIP Code
- Gender
- Race/Ethnicity
- Primary language
- County

DHCS-Calculated Indicators and Data Sources

Table 47 displays the DHCS-calculated Title 17 *Blood Lead Screening* indicators included in the Preventive Services Utilization analysis, the reporting methodology for each indicator, age groups for each indicator, and the benchmark source used for comparisons for each applicable indicator. DHCS calculated all *Blood Lead Screening* indicators using administrative and supplemental registry data. Please refer to the HSAG and DHCS Measure Specifications subsection for the detailed measure specifications for the DHCS-calculated indicators.

Table 47—DHCS-Calculated Indicators, Methodology, Age Groups, and Benchmarking Source

A = administrative methodology (claims/encounter data and supplemental administrative data sources)

N/A indicates that national benchmarks are unavailable for the corresponding indicator.

DHCS-Calculated Indicators	Methodology	Age Groups	National Benchmarking Source
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	A	1 Year	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	A	2 Years	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	A	2 Years	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	A	6 Years	N/A

Data Sources

For the DHCS-calculated indicators listed in Table 47, HSAG received a member-level file that provided the Medi-Cal client identification number and numerator and denominator flags for each *Blood Lead Screening* indicator. HSAG applied continuous enrollment criteria to the member-level file, combined the file with DHCS-provided demographic data, and calculated statewide and stratified rates for each *Blood Lead Screening* indicator.

Analyses

Using the MCP-calculated, HSAG-calculated, and DHCS-calculated indicator rates, HSAG performed statewide-level, regional-level, and MCP reporting unit-level analyses for measurement year 2023.

For all applicable indicators, HSAG presented comparisons to measurement years 2021 and 2022 results for the statewide and regional analyses using horizontal bar charts. Similarly, HSAG presented measurement years 2021, 2022, and 2023 MCP reporting unit results in tabular format. HSAG produced a formal report that presented statewide, regional, and MCP reporting unit results for the MCP-calculated, HSAG-calculated, and DHCS-calculated indicators. Additionally, using the measurement year 2023 DHCS-calculated *Blood Lead Screening* and MCP-calculated *Lead Screening in Children* results, HSAG performed a benchmarking analysis to determine if there were any changes from the measurement year 2022 benchmarking analysis results. HSAG provided the Blood Lead Screening Benchmarking Analysis separately from the 2024 Preventive Services Report. Since the 2024 Preventive Services Utilization Report is public-facing, HSAG suppressed results with small denominators (fewer than 30) or small numerators (fewer than 11).

Statewide-Level Analysis

HSAG calculated statewide rates for the 13 MCP-calculated indicators listed in Table 45 and the 13 HSAG-calculated indicators[109] listed in Table 46. HSAG used the member-

[109] Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2024 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

level data for the four DHCS-calculated indicators listed in Table 47 to derive statewide rates. HSAG also stratified the statewide indicator rates by the demographic stratifications outlined in Table 48.

Table 48—Statewide Stratifications

*Primary language stratifications were derived from the current threshold languages for Medi-Cal Managed Care counties as of April 2021. All non-threshold languages were included in the "Other" primary language group.

Stratification	Groups
Demographic	
Race/ethnicity	Hispanic or Latino, White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing (see Table 49 for more detail)
Primary language*	English, Spanish, Arabic, Armenian, Cambodian, Chinese (Mandarin or Cantonese), Farsi, Hmong, Korean, Russian, Tagalog, Vietnamese, Other, and Unknown/Missing
Age	Vary depending on indicator specifications (see Table 45, Table 46, and Table 47 for more detail)
Gender	Male and Female

Table 49 displays the individual racial/ethnic groups that comprise the Asian and Native Hawaiian or Other Pacific Islander racial/ethnic demographic stratifications. Racial/ethnic stratifications were based on data collection guidance from the federal Office of Management and Budget as well as the U.S. Department of Health and Human Services.

Table 49—Asian and Native Hawaiian or Other Pacific Islander Racial/Ethnic Stratification Groups

*Some "Other Pacific Islanders" who would not be considered part of the Asian racial/ethnic group were included in the Asian racial/ethnic group due to limitations of existing data fields (i.e., the data do not allow HSAG to parse out racial/ethnic groups that may not be considered Asian).

Stratification	Groups
Asian	Filipino, Amerasian, Chinese, Cambodian, Japanese, Korean, Asian Indian, Laotian, Vietnamese, Hmong, and Other Asian or Pacific Islander*
Native Hawaiian or Other Pacific Islander	Hawaiian, Guamanian, and Samoan

For the statewide-level analysis, HSAG presented the measurement year 2023 statewide rates with comparisons to measurement year 2021 and measurement year 2022 statewide rates, where applicable, in horizontal bar charts. HSAG displayed a separate horizontal bar chart for all applicable demographic stratifications with the denominator and rate displayed for each applicable stratification, along with comparisons to the statewide aggregate and national benchmarks, where applicable.

Regional-Level Analysis

HSAG also calculated regional-level rates for the 13 MCP-calculated indicators listed in Table 45 and the 13 HSAG-calculated indicators[110] listed in Table 46. HSAG used the member-level data for the four DHCS-calculated indicators listed in Table 47 to derive regional rates. The regional stratifications are listed in Table 50.

Table 50—Regional Stratification Groups

*The Imperial and San Benito delivery models are not included in the delivery type model analysis since the rates for those models are represented in the county stratifications.

Stratification	Groups
County	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey,

[110] Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2024 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

Stratification	Groups
	Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba
Delivery Type Model*	County Organized Health Systems, Geographic Managed Care, Two-Plan (i.e., Local Initiative or Commercial Plan), Regional
Population Density	Urban, Rural

For the regional analysis, HSAG presented the measurement year 2023 delivery type model-level and population density-level rates with comparisons to measurement year 2021 and measurement year 2022 rates, where applicable, in horizontal bar charts. HSAG displayed a separate horizontal bar chart for all applicable regional stratifications with the denominator and rate displayed for each applicable stratification, along with comparisons to the statewide aggregate and national benchmarks, where applicable.

HSAG presented the measurement year 2023 county-level rates using a map of California which includes shading to indicate performance. To highlight regional performance differences, HSAG shaded each county using a color gradient based on how the rate for each county compared to the performance quintiles. For each indicator, HSAG calculated performance quintiles based on county performance (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile). HSAG then determined into which quintile each county fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG shaded each county based on the corresponding quintiles as displayed in Table 51.

Table 51—Quintile Thresholds and Corresponding Colors

Quintile	Performance Thresholds and Corresponding Colors
NA	Small denominator (i.e. less than 30) or small numerator (i.e. greater than zero but fewer than 11)

Quintile	**Performance Thresholds and Corresponding Colors**
Quintile 1 (least favorable rates)	Below the 20th percentile
Quintile 2	At or above the 20th percentile but below the 40th percentile
Quintile 3	At or above the 40th percentile but below the 60th percentile
Quintile 4	At or above the 60th percentile but below the 80th percentile
Quintile 5 (most favorable rates)	At or above the 80th percentile

MCP Reporting Unit-Level Analysis

HSAG used the MCP reporting unit-level rates for the 13 MCP-calculated indicators listed in Table 45 and calculated measurement years 2021, 2022, and 2023 MCP reporting unit-level rates for the 13 HSAG-calculated indicators[111] listed in Table 46 and the four DHCS-calculated indicators listed in Table 47. HSAG also calculated the percentage point difference between measurement years 2022 and 2023 rates, where applicable.

HSAG included a member in an MCP reporting unit's rate calculation if the member met the indicator's continuous enrollment criteria with the MCP reporting unit. For the 13 HSAG-calculated indicators[112] and four DHCS-calculated indicators, HSAG calculated rates for the 55 MCP reporting units as displayed in Table 52.

Table 52—MCP Reporting Units

MCP Name	Reporting Units
Aetna Better Health of California	Sacramento, San Diego
Alameda Alliance for Health	Alameda

[111] Please note, the *Topical Fluoride for Children—Dental Services—Total (TFL–DS)* and *Topical Fluoride for Children—Oral Health Services—Total (TFL–OH)* indicators are not included in the 2024 Preventive Services Report; however, the indicators are presented in the rate spreadsheets.

[112] Ibid.

MCP Name	Reporting Units
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Alameda, Contra Costa, Fresno, Kings, Madera, Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties), Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, and Yuba counties), Sacramento, San Benito, San Francisco, Santa Clara, Tulare
Blue Shield of California Promise Health Plan	San Diego
California Health & Wellness Plan	Imperial, Region 1, Region 2
CalOptima	Orange
CalViva Health	Fresno, Kings, Madera
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey/Santa Cruz
Community Health Group Partnership Plan	San Diego
Contra Costa Health Plan	Contra Costa
Gold Coast Health Plan	Ventura
Health Net Community Solutions, Inc.	Kern, Los Angeles, Sacramento, San Diego, San Joaquin, Stanislaus, Tulare
Health Plan of San Joaquin	San Joaquin, Stanislaus
Health Plan of San Mateo	San Mateo
Inland Empire Health Plan	Riverside/San Bernardino
Kaiser NorCal (KP Cal, LLC)	KP North (Amador, El Dorado, Placer, and Sacramento counties)
Kaiser SoCal (KP Cal, LLC)	San Diego
Kern Health Systems, DBA Kern Family Health Care	Kern
L.A. Care Health Plan	Los Angeles

MCP Name	Reporting Units
Molina Healthcare of California	Imperial, Riverside/San Bernardino, Sacramento, San Diego
Partnership HealthPlan of California	Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties), Northwest (Del Norte and Humboldt counties), Southeast (Napa, Solano, and Yolo counties), Southwest (Lake, Marin, Mendocino, and Sonoma counties)
San Francisco Health Plan	San Francisco
Santa Clara Family Health Plan	Santa Clara

Blood Lead Screening Benchmarking Analysis

HSAG performed the Blood Lead Screening Benchmarking Analysis for measurement year 2023 using the MCP reporting unit rates calculated by DHCS using three benchmarking methodologies:

- For each *Blood Lead Screening* and *Lead Screening in Children* indicator, HSAG calculated performance quintiles based on MCP reporting unit performance (i.e., 20th percentile, 40th percentile, 60th percentile, and 80th percentile). HSAG then determined into which quintile each MCP reporting unit's performance fell (e.g., below the 20th percentile, between the 20th and 40th percentiles). HSAG also compared MCP reporting unit quintile performance to that of the county/regional aggregate rate, population densities (i.e., urban and rural), and known blood lead levels (i.e., higher and lower) in order to assess factors beyond the MCP's control that may impact MCP reporting unit performance on the *Blood Lead Screening* and *Lead Screening in Children* indicators. HSAG determined higher and lower known blood lead level areas based on the CDPH's blood lead levels dataset,[113] which contains known blood lead levels for children younger than 6 years of age by county, using data from calendar year 2015.[114] For each MCP reporting unit, HSAG determined if the percentage of members with higher

[113] California Department of Public Health. California blood lead data, 2015. Available at: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/CDPH%20Document%20Library/BLL_Counts_2015_by_LHD_XLS.xlsx. Accessed on: Mar 13, 2025.

[114] HSAG will utilize more recent data if they become available from CDPH by December 2, 2024.

known blood lead levels in the MCP reporting unit was higher or lower than the statewide median. If the MCP reporting unit was greater than or equal to the statewide median, then the MCP reporting unit was considered to have higher known blood lead levels, and if the MCP reporting unit was less than the statewide median, then the MCP reporting unit was considered to have lower known blood lead levels.

- HSAG compared MCP reporting unit rates for the *Lead Screening in Children* indicator to NCQA's Quality Compass national Medicaid HMO 50th percentile. HSAG compared MCP reporting unit *Lead Screening in Children* performance to MCP reporting unit performance for the four California Title 17 *Blood Lead Screening* indicators. HSAG used this approach to determine if performance for the California Title 17 indicator rates aligns with the performance for the *Lead Screening in Children* indicator rate.
- For each *Blood Lead Screening* and *Lead Screening in Children* indicator, HSAG calculated a statewide benchmark, based on a modified version of the Achievable Benchmarks of Care benchmarking methodology,[115] using MCP reporting unit-level indicator rates. For each indicator, the statewide benchmark is the weighted average of the highest performing MCP reporting units that account for at least 50 percent of the overall Medi-Cal population. This type of methodology was chosen as it is useful in comparing performance between groups of varying sizes, like MCP reporting units.

To determine the association between MCP reporting unit-level *Lead Screening in Children* indicator performance and performance for each of the California Title 17 *Blood Lead Screening* indicators, HSAG used Pearson's correlation coefficient (r). HSAG also compared the measurement year 2023 results for each benchmarking methodology to the measurement year 2022 benchmarking results. HSAG provided the results of these analyses to DHCS, along with items for DHCS' consideration, in a separate, formal report that may be made publicly available.

[115] Kiefe CI, Weissman NW, Allison JJ, et al. Methodology matters-XII. Identifying achievable benchmarks of care: concepts and methodology. *International Journal for Quality in Health Care*. Available at: doi:10.1093/intqhc/10.5.443. Accessed on: Mar 13, 2025.

Determination of Key Findings

HSAG worked with DHCS to determine which results were considered key findings for inclusion in the body of the 2024 Preventive Services Report. At a minimum, HSAG tested the following criteria for inclusion:

- Large rate changes from year-to-year (i.e., rate increases or decreases from the prior measurement year by at least a 10 percent relative difference)
- Indicator rates with overall low performance (i.e., below the applicable national benchmark by at least a 10 percent relative difference)
- Racial/ethnic, primary language, gender, and age groups with disparate performance across indicators (i.e., a demographic group that had more than half of its indicator rates below the respective benchmark by at least a 10 percent relative difference)
- Indicator rates with regional variations in performance (i.e., geographic regions with consistently high or low performance across indicators relative to the statewide aggregate by at least a 10 percent relative difference)
- Domains with overall poor performance (i.e., more than half of the indicators within a domain with low performance relative to national benchmarks)

Once complete data were available, HSAG tested the criteria above and shared the results with DHCS. Additionally, HSAG provided its recommendations to DHCS regarding which results should be considered key findings for the 2024 Preventive Services Report.

Caveats

Administrative Data Incompleteness

For the *Alcohol Use Screening* and *Tobacco Use Screening* indicators, the administrative rates may be artificially low due to a lack of reporting within administrative data sources (i.e., MRR or EHR data could be necessary to capture this information). Of note, alcohol or tobacco screenings that occur during a visit to an FQHC are not captured in administrative data because these entities do not typically bill for alcohol or tobacco screening separately; therefore, rates for these indicators may be incomplete due to provider billing practices.

Lead Screening in Children Trending

Given that measurement year 2021 *Lead Screening in Children* rates were calculated by DHCS and HSAG using administrative data only, caution should be exercised when comparing to the measurement years 2022 and 2023 *Lead Screening in Children* rates calculated by the MCPs, as MCPs may have used medical records and/or not had access the supplemental blood lead screening data from CDPH.

Demographic Characteristic Assignment

Members' demographic characteristics may change as their records are updated over time. For instance, a member may relocate and change ZIP Codes during the reporting year. HSAG assigned demographic characteristics using the most recent non-missing record for each member. Therefore, members' assigned demographic characteristics may not always reflect their demographic characteristics at the time of the indicator events.

Discrepancies with the External Quality Review (EQR) Technical Report

HSAG used the patient-level detail files reported by the MCPs to calculate the MCP reporting unit rates for the MCAS indicators presented in this report. However, HSAG did remove members from the indicator rates if they did not meet the age or gender requirements for the indicator. As a result, the MCP reporting unit rates presented in this report may not align with those presented in the EQR technical report, since the MCPs' reported rates were used as reported.

Hybrid Indicators

For hybrid indicators reported by the MCPs, NCQA recommends the submission of a sample of 411 members per reporting unit to limit bias and to allow for results from the sample to be generalizable to the entire eligible population. As the rates for individual strata were based on fewer than 411 members, it should be noted that the stratified rates may not be generalizable to the total eligible population. Due to this caveat, the stratified rates produced for hybrid indicators should be interpreted with caution. The hybrid indicators for measurement year 2023 were *Childhood Immunization Status—Combination 10*, *Immunizations for Adolescents—Combination 2*, and *Lead Screening in Children*.

EHR Data

ECDS is a newer methodology, and some MCPs are experiencing difficulty collecting complete EHR data. Please note, select ECDS indicators (e.g., *Breast Cancer Screening*) that transitioned from the administrative method to the ECDS method have demonstrated relatively consistent MCP reporting. However, for ECDS measures that assess events which are not accurately captured through administrative data sources and have demonstrated inconsistent MCP reporting (i.e., *Depression Remission or Response for Adolescents and Adults* and *Depression Screening and Follow-Up for Adolescents and Adults)*, caution should be exercised when interpreting these indicator rates.

HSAG and DHCS Measure Specifications

Overview

DHCS contracted with HSAG to develop administrative performance measure specifications to assess the utilization of services by pediatric MCMC members. HSAG used the measure specifications outlined in this appendix to calculate the rates for the following indicators:

- *Alcohol Use Screening*
- *Tobacco Use Screening*
- *Vision Services—Comprehensive Eye Exam*
- *Vision Services—Comprehensive or Intermediate Eye Exam*

Please note, HSAG calculated the following indicators in alignment with CMS' FFY 2024 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP Child Core Set technical specifications:

- *Contraceptive Care—All Women—Long-Acting Reversible Contraception—Ages 15 to 20*
- *Contraceptive Care—All Women—Most or Moderately Effective Contraceptive Care—Ages 15 to 20*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years*
- *Oral Evaluation, Dental Services—Total*

- *Sealant Receipt on Permanent First Molars—All Four Molars Sealed*
- *Sealant Receipt on Permanent First Molars—At Least One Sealant*
- *Topical Fluoride for Children—Dental or Oral Health Services—Total*
- *Topical Fluoride for Children—Dental Services—Total*
- *Topical Fluoride for Children—Oral Health Services—Total*

Additionally, DHCS, in conjunction with HSAG, developed measure specifications for the following *Blood Lead Screening* indicators:

- California Title 17 Indicators
  - *Blood Lead Screening—Test at 12 Months of Age*
  - *Blood Lead Screening—Test at 24 Months of Age*
  - *Blood Lead Screening—Two Tests by 24 Months of Age*
  - *Blood Lead Screening—Catch-Up Test by 6 Years of Age*

This appendix provides the detailed measure specifications for four HSAG-calculated and four DHCS-calculated indicators that were presented in the Preventive Services Utilization Report. All specifications were developed to calculate MCP reporting unit rates.

Alcohol Use Screening

Description

The *Alcohol Use Screening* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for alcohol use during the measurement year. The specifications for this indicator align with DHCS' value-based payment program specifications.

Eligible Population

Age

Members who are 11 to 21 years old as of December 31 of the measurement year.

Continuous Enrollment

Members must be continuously enrolled during the measurement year, with no more than one gap in enrollment during the measurement year where the gap is no longer than one month.

Anchor Date

December 31 of the measurement year.

Administrative Specifications

Denominator

The eligible population as defined above.

Numerator

Members in the denominator who had one or more screenings for alcohol use during the measurement year. Any of the following codes are considered screenings for alcohol use:

- CPT Codes: 99408, 99409, G0396, G0397, G0442, G0443, G2196, G2197, H0049, or H0050

Exclusions

None.

Tobacco Use Screening

Description

The *Tobacco Use Screening* indicator measures the percentage of children ages 11 to 21 years who had one or more screenings for tobacco use during the measurement year. The specifications for this indicator align with DHCS' value-based payment program specifications.

Eligible Population

Age

Members who are 11 to 21 years old as of December 31 of the measurement year.

Continuous Enrollment

Members must be continuously enrolled during the measurement year, with no more than one gap in enrollment during the measurement year where the gap is no longer than one month.

Anchor Date

December 31 of the measurement year.

Administrative Specifications

Denominator

The eligible population as defined above.

Numerator

Members in the denominator who had one or more screenings for tobacco use. Any of the following codes are considered tobacco screenings if the screening occurring during an outpatient visit:

- CPT Codes: 99406, 99407, G0030, G0436, G0437, G9902, G9903, G9904, G9905, G9906, G9907, G9908, G9909, 4004F, or 1036F

Exclusions
None.

Vision Services

Description

The *Vision Services* indicators measure the percentage of children ages 6 to 21 years who had a comprehensive eye exam and the percentage of children ages 6 to 21 years who had a comprehensive or intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year. Two rates will be reported:

- Comprehensive Eye Exam
- Comprehensive or Intermediate Eye Exam

Eligible Population

Age

Members who are 6 to 21 years of age as of December 31 of the measurement year. Six age stratifications and a total rate are reported for each rate:

- 6–7 Years

- 8–9 Years
- 10–11 Years
- 12–14 Years
- 15–18 Years
- 19–21 Years
- Total

Continuous Enrollment

Members must be continuously enrolled during the measurement year and year prior to the measurement year with no more than one gap in enrollment during each year where the gap is no longer than one month.

Administrative Specifications

Denominator

The eligible population as defined above.

Numerators

Comprehensive Eye Exam

Members in the denominator who had a comprehensive eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year using CPT codes 92004 or 92014.

Comprehensive or Intermediate Eye Exam

Members in the denominator who had a comprehensive *or* intermediate eye exam performed by an optometrist/ophthalmologist during the measurement year or year prior to the measurement year using CPT codes 92004 or 92014 for comprehensive eye exams and 92002 or 92012 for intermediate eye exams.

Note: The Comprehensive or Intermediate Eye Exam rates are only presented in the appendices.

Exclusions

None.

Blood Lead Screening

DHCS calculated the *Blood Lead Screening* indicators in accordance with California Title 17 requirements.[116] The indicators measure the percentage of children who have had one or more blood tests for lead poisoning, for children who turned 12 months, 24 months, or 6 years old during the measurement year. Statewide and MCP reporting unit rates are reported. Statewide rates are reported by racial/ethnic, primary language, gender, delivery type model, population density, and county-level stratifications. Continuous enrollment criteria for statewide rates are based on MCMC enrollment. Continuous enrollment criteria for MCP reporting unit rates are based on MCP reporting unit-specific enrollment. The California Title 17 indicators calculated by DHCS are listed below:

- *Blood Lead Screening—Test at 12 Months of Age*—Individuals who turned 1 year old during the measurement year, who had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after first birthday) with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month.
- *Blood Lead Screening—Test at 24 Months of Age*—Individuals who turned 2 years old during the measurement year, who had a screening within six months (before and after) their second birthday. Individuals must be continuously enrolled for 12 months (six months before and six months after the second birthday) with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month.
- *Blood Lead Screening—Two Tests by 24 Months of Age*—Individuals who turned 2 years old during the measurement year, who had a screening within six months (before and after) their second birthday and also had a screening within six months (before and after) their first birthday. Individuals must be continuously enrolled for 24 months (18 months before and six months after the second birthday) with no more than one gap in enrollment during the 24-month period where the gap is no longer than one month.
- *Blood Lead Screening—Catch-Up Test by 6 Years of Age*—Individuals who turned 6 years old during the measurement year who were not screened at 1 or 2 years of

[116] Title 17, California Code of Regulations Section 37100 (b)(2)

age, to determine if they were screened between 31 months old and their sixth birthday. Individuals must be continuously enrolled for 12 months prior to their sixth birthday with no more than one gap in enrollment during the 12-month period where the gap is no longer than one month. Exclusion of individuals who had at least one blood lead test prior to 31 months of age. (Note: For this measure, DHCS assessed claims for CPT codes 83655 [blood lead test] and Z0334 [counseling and blood draw]; Z0334 was retired May 1, 2018).