

DHCS CALIFORNIA TECHNICAL SPECIFICATIONS FOR QUALITY MEASURES

Finalized March 2025



DOCUMENT REVISION HISTORY

Status	Version	Author	Review/ Approval Date
Final	1.0	DHCS	3/12/2025

Please provide any questions regarding to the DHCS CaTS for Quality Measures to vbp@dhcs.ca.gov.

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Goal

The goal of the *California Technical Specifications* (CaTS) is to provide Medi-Cal Managed Care Plans (MCPs) with operating instruction on how to produce numerators and denominators for the State of California Department of Health Care Services (DHCS) programs that require National Provider Identifier (NPI) site-level quality metric performance.

Use Cases

Use cases for CaTS include but are not limited to the following: the [Federally Qualified Health Center \(FQHC\) Alternative Payment Methodology \(APM\)](#), [Equity and Practice Transformation \(EPT\)](#), and the [Quality Incentive Pool \(QIP\)](#).

Terminology

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

- » Continuous enrollment and assignment criteria:
 - **“Continuous enrollment” to an MCP** — specifies the minimum amount of time a member must be enrolled in an MCP before being included in a measure denominator.
 - **“Continuous assignment” to an NPI site** — refers to the minimum amount of time a member must be assigned at the NPI site level before being included in the measure denominator for that NPI site. As long as the member is continuously enrolled in one MCP for the same time period, this criterion means 11 months of continuous assignment (allowing for a one-month gap) and overlap with the anchor date at the NPI site level for the period January 1 to December 31. Managed care members that did not have 11 months continuous assignment to the NPI site level should not be included.
- » **“Anchor date”** — refers to the required date a member is enrolled and has a benefit on a specific date; the allowable gap for continuous assignment must not include that date. The anchor date is not applicable to all measures.
- » **“Allowable Gaps”** during continuous enrollment period — gap is the time when a patient is not covered by the MCP. This criterion is also applied to assignment at the NPI site level in CaTS (meaning a “allowable gap” may be applied twice for a given member, both at the MCP level and at the NPI site level).

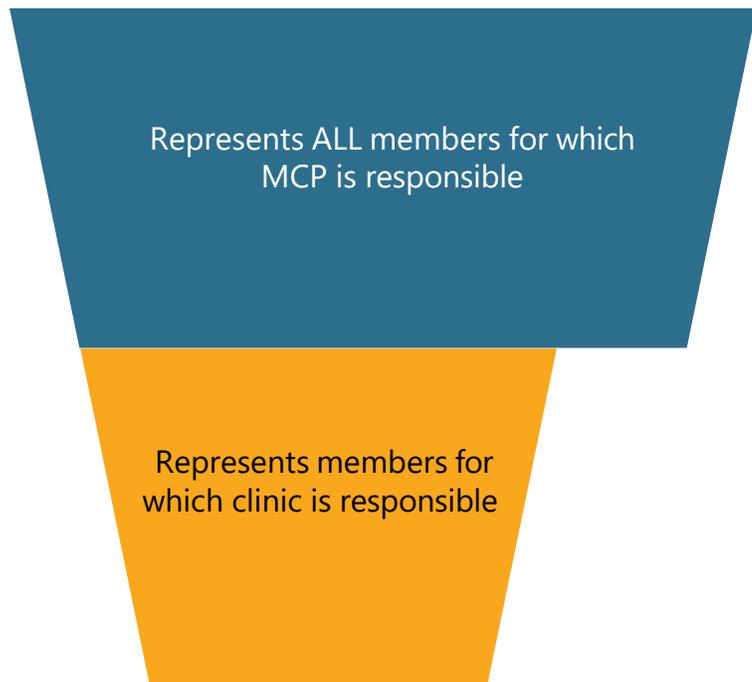
- » **“Administrative Specifications”** — claims or encounter-based data reporting for a given measure.
- » **“Hybrid Specification”** — Medical Record Audit data with sufficient sample to augment administrative data results.
- » **“Electronic Clinical Data Systems”** — data collected by either, admin method, admin and medical record data, survey, or other data source.
- » **“Measurement Year”/“Measurement Period”** — annual time period during which services/events occurred for performance evaluation.
- » **“Reporting Year”** — year during which measurement results are reported, typically the year after the end of the measurement year.

Methodology

The goal of CaTS is for the numerators and denominators at the NPI site level to be a subset of the numerators and denominators at the MCP level. Below is an infographic to describe this using MCP level specifications to first determine MCP level numerators and denominators and then secondarily determine NPI site level numerators and denominators.

MCP Level
Numerators/Denominators
(NCQA/DQA specification: for example, apply continuous enrollment, gap allowance, anchor date, etc. as applicable by measure)

NPI Site Level
Numerators/Denominators
(CaTS technical specification: for example, apply continuous assignment, gap allowance, anchor date at NPI site level as applicable by measure)



National Committee for Quality Assurance Allowable Adjustments

National Committee for Quality Assurance (NCQA) has specific “allowable adjustments” for HEDIS measures. The list below is generic for all measures, and more specific NCQA limits are listed in the table *CaTS Technical Specifications by Measure* on page 6. This list is only being provided for informational purposes.

- » Organizations are not required to use product line criteria; product lines may be combined, and all (or none) product line criteria may be used.
- » Organizations are not required to use enrollment criteria; adjustments are allowed.
- » Organizations are not required to use a benefit; adjustments are acceptable.
- » Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socio-economic or sociodemographic characteristics, geographic region, or another characteristic.
- » The hospice and deceased member exclusions are not required. Refer to Exclusions in the Guidelines for the Rules for Allowable Adjustments.

To protect the integrity of the measure and ensure alignment with clinical guidelines, **the following components may not be changed per NCQA:**

- » **Event/Diagnosis** — in determining the eligible population, the clinical criteria (value sets, medication lists [if applicable] and logic) may not be changed.
- » **Numerators** — the value sets, medication lists (if applicable) and associated logic may not be changed.
- » **Hybrid Method** — the rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.

CaTS Technical Specifications by Measure

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Access/Availability of Care	Adults Access to Preventive/Ambulatory Health Services	AAP	NCQA	<ul style="list-style-type: none"> Age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed. Numerator Value sets and logic may not be changed. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap
Access/Availability of Care	EPC: Members Engaged in Primary Care (EPC)	EPC	DHCS Developed, derived from PHM Policy	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of the DHCS PHM Policy Guide for calendar year (CY)25 (and then integrated into a future version of CaTS)
Access/Availability of Care	ECM: Number of Members enrolled in Enhanced Care Management (ECM)	ECM	DHCS Developed, derived from PHM Policy	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of the DHCS PHM Policy Guide for CY25 (and then integrated into a

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
					future version of CaTS)
Access/Availability of Care	COMS: Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members	COMS	DHCS Developed, derived from PHM Policy	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of the DHCS PHM Policy Guide for CY25 (and then integrated into a future version of CaTS)
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	POD	NCQA	<ul style="list-style-type: none"> The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed if the limits are within the specified age range. The denominator age may not be 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<p>expanded.</p> <ul style="list-style-type: none"> • Only events and diagnoses that contain (or map to) codes in the value sets and medication lists may be used to identify visits with a diagnosis. Value sets, medication lists and logic may not be changed. • Note: Organizations may assess at the member level by applying measure logic appropriately (i.e., percentage of pharmacotherapy events with OUD pharmacotherapy for 180 or more days with a diagnosis of OUD). • Medication lists, value sets and logic may not be changed. 	

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Behavioral Health	Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed (e.g., select, "age 12 during the measurement year). • The denominator age may be changed if the range is within the specified age range (12 years and older). The denominator age may not be expanded • Value sets and logic may not be changed for Denominator 2. • Denominator logic may not be changed. • Numerator Value sets, direct reference codes and logic may not be changed. 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Behavioral Health	Depression Remission or Response for Adolescents and Adults	DRR-E	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed if the limits are within the specified age range (12 years and older). The denominator age may not be expanded • Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. • Denominator logic may not be changed. • Numerator Value 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				sets, direct reference codes and logic may not be changed.	
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness	FUM	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed. • Only events that contain (or map to) codes in value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. • Hospice and deceased member exclusions are not required. • Numerator value sets and logic may not be changed. 	NOTE: technical specification will be released through QIP program-specific communications for CY24 performance (and then integrated into a future version of CaTS)
Behavioral Health	Follow-Up After Emergency Department Visit for Substance Use	FUA	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed. • Only events that contain (or map to) 	NOTE: technical specification will be released through QIP program-specific communications for CY24

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<p>codes in value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed.</p> <ul style="list-style-type: none"> • Hospice and deceased member exclusions are not required. • Numerator value sets and logic may not be changed. 	<p>performance (and then integrated into a future version of CaTS)</p>
Behavioral Health	Follow-Up After High Intensity Care for Substance Use Disorder	FUI	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed. • Only events that contain (or map to) codes in value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. • Hospice and deceased member exclusions are not required. • Medication lists, value sets and logic 	<p>NOTE: technical specification will be released through QIP program-specific communications for CY24 performance (and then integrated into a future version of CaTS)</p>

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				may not be changed.	
Behavioral Health	Percentage of Acute Hospital Stay Discharges Which Had Follow-Up Ambulatory Visits Within 7 Days Post Hospital Discharge	FUAH	DHCS Developed, derived from PHM Policy	N/A as this is a DHCS stewarded measure	NOTE: technical specifications for this measure will likely be in a future version of the DHCS PHM Policy Guide for CY25 (and then integrated into a future version of CaTS)
Cancer Prevention	Cervical Cancer Screening (also optional as ECDS Measure) Cervical Cancer Screening	CCS CCS-E	NCQA	<ul style="list-style-type: none"> Age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may not be expanded. Numerator Value sets and logic may not be changed. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap
Cancer Prevention	Colorectal Cancer Screening	COL-E	NCQA	<ul style="list-style-type: none"> The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may be expanded to 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<p>45-85 years of age.</p> <ul style="list-style-type: none"> Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required. Denominator logic may not be changed. Numerator value sets, direct reference codes and logic may not be changed. 	
Cancer Prevention	Breast Cancer Screening	BCS-E	NCQA	<ul style="list-style-type: none"> Age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age range may be expanded to 40–74 years. Hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required. Denominator logic may not be changed. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<ul style="list-style-type: none"> • Numerator value sets, direct reference codes and logic may not be changed 	
Children’s Health	Child and Adolescent Well- Care Visits	WCV	NCQA	<ul style="list-style-type: none"> • The age determination dates may be changed (e.g., select, “age as of June 30”). • The denominator age may be changed if the range is within the specified age range (3–21 years). Organizations must consult American Academy of Pediatrics guidelines when considering whether to expand the age ranges outside the current thresholds. • Numerator Value sets and logic may not be changed. 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Children’s Health	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	W30 (1st 15 months)	NCQA	<ul style="list-style-type: none"> The age determination dates may be changed (e.g., select, “age 15 months as of June 30”). The denominator age may not be expanded. Numerator Value sets and logic may not be changed. Organizations may stratify the count of visits for the numerator of both rates. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap
Children’s Health	Well-Child Visits for Age 15 Months — 30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.	W30 (15 months – 30 months)	NCQA	Same as Allowable Adjustments for WCV – First 15 months	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Children’s Health	Childhood Immunization Status (CIS -10)	CIS	NCQA	<ul style="list-style-type: none"> • Age determination dates may be changed (e.g., select, “age 2 as of June 30”). Organizations may expand the age ranges for each immunization to align with the CDC’s Catch-Up Immunization Schedule. • Value sets and logic may not be changed. Vaccine dose requirements may not be changed. • Organizations are not required to calculate combination rates; alternate combinations of specified immunizations are allowed. 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Children's Health	Immunization for Adolescents	IMA	NCQA	<ul style="list-style-type: none"> • Age determination dates may be changed (e.g., select, "age 13 as of June 30"). Organizations may expand the age ranges for each immunization to align with the CDC's Catch-Up Immunization Schedule. • Numerator value sets and logic may not be changed, Vaccine dose requirements may not be changed • Organizations are not required to calculate combination rates; alternate combinations of specified immunizations are allowed. 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap
Children's Health	Topical Fluoride for Children	TFL-CH	DQA	<ul style="list-style-type: none"> • The age determination dates may be changed (e.g., select, "age as of June 30"). The 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				denominator age range may be expanded. <ul style="list-style-type: none"> • Numerator Value sets and logic may not be changed. 	
Chronic Disease	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) Measure changed to Glycemic Status Assessment for Patients with Diabetes (GSD) Glycemic Status <8% Glycemic Status >9%	CDC-H9 GSD	NCQA	<ul style="list-style-type: none"> • Age determination dates may be changed (e.g., select, "age as of June 30"). • Changing denominator age range is allowed within a specified age range (ages 18–75 years). The denominator age may not be expanded. • Only events or diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits. Medication lists, value sets and logic 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				may not be changed. <ul style="list-style-type: none"> Numerator Value sets and logic may not be changed. 	
Chronic Disease	Controlling High Blood Pressure	CBP	NCQA	<ul style="list-style-type: none"> Age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may be changed if the range is within the specified age range (ages 18–85 years). The denominator age may not be expanded. Only events that contain (or map to) codes in the value sets may be used to identify visits. Value sets and logic may not be changed. Numerator Value sets and logic may not be changed. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Chronic Disease	Asthma Medication Ratio	AMR	NCQA	<ul style="list-style-type: none"> • Age determination dates may be changed (e.g., select "age as of June 30"). • The denominator age may be changed within the specified age range (ages 5–64 years). The denominator age may also be expanded to 65 years of age and older. • Only events or diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits. Medication lists, value sets and logic may not be changed. • Numerator - Medication lists and logic may not be changed. 	<ul style="list-style-type: none"> • Apply continuous assignment • Apply anchor date • Apply allowable gap

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
Reproductive Health	Chlamydia Screening in Women	CHL	NCQA	<ul style="list-style-type: none"> The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may not be expanded. Only events that contain (or map to) codes in medication lists and value sets may be used to identify sexual activity. Medication lists, value sets and logic may not be changed. Claims/encounter data or pharmacy data may be used to identify sexual activity. Numerator Value sets and logic may not be changed. 	<ul style="list-style-type: none"> Apply continuous assignment Apply anchor date Apply allowable gap
Reproductive Health	Prenatal and Postpartum Care (Postpartum Care)	PPC-Pst	NCQA	<ul style="list-style-type: none"> There are no ages specified in this measure. Only events that contain (or map to) 	<ul style="list-style-type: none"> Continuous assignment: 43 days prior to delivery through 60 days after

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<p>codes in the value sets may be used to identify visits. The value sets and logic may not be changed.</p> <ul style="list-style-type: none"> • Organizations may not change the logic but may change the delivery date and account for the impact on other date-dependent events. • Note: Organizations may assess at the member level (vs. discharge level) by applying measure logic appropriately (i.e., percentage of members with deliveries). • Numerator - Value sets and logic may not be changed. If the delivery-date range is changed, all numerator events must be measured in relation 	<p>delivery</p> <ul style="list-style-type: none"> • Anchor date: Date of delivery • Allowable gap: None

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				to the new range.	
Reproductive Health	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PPC-Pre	NCQA	Same as Postpartum Care Above	<ul style="list-style-type: none"> • Continuous assignment: 43 days prior to delivery through 60 days after delivery • Anchor date: Date of delivery • Allowable gap: None
Reproductive Health	Prenatal depression screening and follow-up	PND-E	NCQA	<ul style="list-style-type: none"> • There are no age criteria for this measure. • Event/diagnosis Value sets - Only events or diagnoses that contain (or map to) codes in the VSDs may be used to identify visits with a diagnosis. The VSDs and logic may not be changed. • Organizations may 	<ul style="list-style-type: none"> • Continuous assignment during the participation period with no gap. • Participation period: 28 days prior to the delivery date through the delivery date

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<p>choose to not exclude deliveries that occurred at less than 37 weeks gestation.</p> <ul style="list-style-type: none"> • Denominator logic may not be changed. • Numerator value sets and logic may not be changed. 	
Reproductive Health	Postpartum depression screening and follow-up	PDS-E	NCQA	<ul style="list-style-type: none"> • There are no age criteria for this measure. • Event/diagnosis Value sets - Only events or diagnoses that contain (or map to) codes in the VSDs may be used to identify visits with a diagnosis. The VSDs and logic may not be changed. • Organizations may choose to not exclude deliveries that occurred at less than 37 weeks gestation. • Denominator logic may not be changed. 	<ul style="list-style-type: none"> • Continuous assignment during the participation period with no gap. • Participation period: The delivery date through 60 days following date of delivery

Measure Domain	Measure Name	Measure Acronym	Steward	NOTE: NCQA limits on changing native specification (informational only)*	Technical Specifications (to be applied at NPI site level)
				<ul style="list-style-type: none"> Numerator value sets and logic may not be changed. 	
Patient Experience of Access and Care (reporting only)	CG-CAHPS: Getting Needed Care**	CG-CAHPS	NCQA	N/A	<ul style="list-style-type: none"> Apply surveys done for members continuously assigned over 11 months to NPI site level
Patient Experience of Access and Care (reporting only)	CG-CAHPS: Getting Care Quickly**	CG-CAHPS	NCQA	N/A	<ul style="list-style-type: none"> Apply surveys done for members continuously assigned over 11 months to NPI site level

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- * NCQA limits on changing native specification are meant to be informational only.
- ** Patient Experience of Access and Care measures will be outside of risk for FQHC APM Measure Type Methodology: The type of measure for CaTS (e.g., Administrative, ECDS, or Hybrid) will match the Managed Care Accountability Set (MCAS).¹ Additionally, for hybrid specification measures, the MCP should not use the sampled population under the hybrid specification to determine the NPI site level numerator and denominator. Rather, the larger administrative specification denominator should be used for that purpose (even though that larger denominator is not what is audited by the MCP).

¹ Information on the type of measure for Reporting Year can be located at <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx>