

***Executive Summary***  
**Medi-Cal Managed Care**  
**Behavioral Health**  
**External Quality Review**  
**Technical Reports**  
*Contract Year 2024–25*

Quality and Population Health Management  
California Department of Health Care Services

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## Commonly Used Abbreviations and Acronyms

- ◆ §—section
- ◆ **AAS**—alternative access standards
- ◆ **ADHD**—attention-deficit hyperactivity disorder
- ◆ **BHAS**—Behavioral Health Accountability Set
- ◆ **CA WIC**—California Welfare and Institutions Code
- ◆ **CFR**—Code of Federal Regulations
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **CQS**—Comprehensive Quality Strategy
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **DMC-ODS**—Drug Medi-Cal Organized Delivery System
- ◆ **DNR**—Do Not Report
- ◆ **EQR**—external quality review
- ◆ **EQRO**—external quality review organization
- ◆ **FC**—foster care
- ◆ **FY**—Fiscal Year
- ◆ **HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set<sup>1</sup>
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **Integrated BHP**—Integrated Behavioral Health Plan
- ◆ **MCP**—managed care health plan
- ◆ **MHP**—mental health plan
- ◆ **NAV**—network adequacy validation
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **PIP**—performance improvement project
- ◆ **PMV**—performance measure validation
- ◆ **SFY**—State Fiscal Year
- ◆ **SMHS**—specialty mental health services
- ◆ **SUD**—substance use disorder

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<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Executive Summary

### Background

As required by Title 42 Code of Federal Regulations (CFR) Section (§)438.364, the California Department of Health Care Services (DHCS) contracts with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare an annual, independent, technical report that summarizes findings on the quality, timeliness, and accessibility of specialty mental health services (SMHS) and substance use disorder (SUD) services provided by DHCS' contracted mental health plans (MHPs), Integrated Behavioral Health Plans (Integrated BHPs), and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans, including opportunities for quality improvement.

The *2024–25 Medi-Cal Specialty Mental Health Services External Quality Review Technical Report* provides a summary of the external quality review (EQR) activities of the MHPs and Integrated BHPs. Additionally, the *2024–25 Drug Medi-Cal Organized Delivery System External Quality Review Technical Report* includes a summary of the EQR activities of the DMC-ODS plans. DHCS does not exempt any behavioral health plans from EQR.

In addition to summaries of EQR activity results, both of the 2024–25 EQR technical reports include HSAG's assessment of the quality, timeliness, and accessibility of care delivered to Medi-Cal members by MHPs, Integrated BHPs, and DMC-ODS plans and, as applicable, recommendations as to how DHCS can use the EQR results in its assessment of and revisions to the DHCS Comprehensive Quality Strategy (CQS).<sup>2</sup> Annually, DHCS thoroughly reviews the EQR technical reports to determine how the results contribute to progress toward achieving the DHCS CQS goals as well as whether DHCS needs to revise the CQS based on the results presented in the EQR technical reports.

This *Medi-Cal Managed Care Behavioral Health External Quality Review Technical Report Executive Summary* provides a high-level summary of the notable findings included in the *2024–25 Medi-Cal Specialty Mental Health External Quality Review Technical Report* and the *2024–25 Drug Medi-Cal Organized Delivery System External Quality Review Technical Report*. This executive summary will sometimes collectively refer to the MHPs, Integrated BHPs, and DMC-ODS plans as “behavioral health plans” or “plans.”

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<sup>2</sup> *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Feb 18, 2026.

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## DHCS Medi-Cal Behavioral Health Programs

DHCS administers the Medi-Cal SMHS Program through its county MHPs. Additionally, DMC-ODS plans administer SUD treatment services to eligible Medi-Cal members with SUDs by providing a continuum of care modeled after the American Society of Addiction Medicine Criteria for SUD treatment services.

### *Behavioral Health Plans by the Numbers*

At the start of contract year 2024–25, DHCS contracted with 56 MHPs to provide SMHS in 57 counties<sup>3</sup> and 39 DMC-ODS plans to provide SUD services in 39 counties throughout California. Beginning January 1, 2025, some MHPs and DMC-ODS plans completed early behavioral health administrative integration, voluntarily integrating county functions for SMHS and SUD services, and began operating under a restructured contract as an Integrated BHP. For plans that completed integration, performance improvement project (PIP) validation was conducted at the Integrated BHP entity level. All other EQR activities were conducted at the MHP and DMC-ODS plan entity levels.

HSAG summarizes MHP and Integrated BHP EQR activities in the *2024–25 Specialty Mental Health Services External Quality Review Technical Report* and DMC-ODS plan EQR activities in the *2024–25 Drug Medi-Cal Organized Delivery System External Quality Review Technical Report*.

### *DHCS Comprehensive Quality Strategy*

In accordance with 42 CFR §438.340, DHCS drafts and implements a written quality strategy for assessing and improving the quality of health care and services furnished by the plans. Additionally, as indicated in §438.340(c)(2), DHCS reviews and updates its quality strategy as needed, but no less than once every three years.

On December 30, 2025, DHCS submitted the final draft of the DHCS 2025 CQS to the Centers for Medicare & Medicaid Services (CMS) and posted the document on the DHCS CQS webpage. DHCS' 2025 CQS vision, goals, and guiding principles support improvement across all DHCS programs and delivery systems. The CQS provides detailed descriptions of the strategies and processes DHCS will use to collaborate with and include all relevant entities

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<sup>3</sup> For contract year 2024–25, SMHS was covered in all 58 counties; however, HSAG only conducted EQRs for the 56 MHPs that maintained contracts with DHCS. During contract year 2024–25, Sutter and Yuba counties held one MHP contract under a joint powers authority, and SMHS in Sierra County was delivered under a memorandum of understanding with Placer County.

and people to implement the continuous quality improvement processes DHCS outlines throughout the document.

In the 2025 CQS, DHCS assesses the 2022 CQS and describes changes and enhancements it made to the updated CQS to address federal and State policy changes and the changing health care environment. DHCS notes gains toward achieving the CQS as well as opportunities for improvement. DHCS describes progress made on the Bold Goals, indicating that it is on track to achieve Bold Goals 1, 2, and 3 by measurement year 2025. DHCS indicates that data issues resulted in challenges for achieving progress on Bold Goal 4 and that Bold Goal 5 demonstrates the most opportunity for improvement.

Additionally, as a way to assess progress toward achieving the four CQS goals, DHCS designated associated required performance measures for each of the four CQS goals. Associating the CQS goals with the performance measures will help DHCS to determine which performance measures are contributing to achievement of the CQS goals and the measures on which strategies need to be focused to improve performance and better support goal achievement.

The most up-to-date information on the DHCS CQS is located at <https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx>.

## Quality, Timeliness, and Access

CMS requires that the EQR evaluate the performance of the managed care entities related to the quality, timeliness, and accessibility of care they deliver.

As part of producing the annual EQR technical report, HSAG draws conclusions related to plans' strengths and weaknesses with respect to the quality, timeliness, and accessibility of SMHS and SUD services furnished to eligible Medi-Cal members. While quality, timeliness, and access are distinct aspects of care, most plan activities and services cut across more than one area. Collectively, all behavioral health plan activities and services affect the quality, timeliness, and accessibility of care delivered to plan members.

## Summary of External Quality Review Findings

Following is a high-level overview of the notable EQR findings from the *2024–25 Specialty Mental Health Services External Quality Review Technical Report* and the *2024–25 Drug Medi-Cal Organized Delivery System External Quality Review Technical Report*.

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## Mandatory External Quality Review Activities

### Validation of Performance Improvement Projects

In accordance with 42 CFR §438.330(d), DHCS requires plans to conduct two PIPs—one with a clinical focus and one with a nonclinical focus. To comply with CMS requirements, DHCS contracted with HSAG to conduct an independent validation of PIPs submitted by the behavioral health plans.

All DMC-ODS plans successfully submitted their 2025 annual submissions for their clinical and nonclinical PIPs, and HSAG assessed the validity and reliability of each PIP submission. Of the 54 PIPs validated in 2025, HSAG assigned 33 PIPs (61 percent) *High Confidence* levels for adherence to an acceptable PIP methodology. These PIP validation findings indicate that most plans built a robust foundation in the Design stage of their PIPs.

MHPs and Integrated BHPs successfully submitted their 2025 annual submissions for their clinical and nonclinical PIPs, and HSAG assessed the validity and reliability of each PIP submission. Of the 110 PIPs validated in 2025, HSAG assigned 95 PIPs (86 percent) *High Confidence* levels for adherence to an acceptable PIP methodology. HSAG found no significant difference between the validation results of MHPs and Integrated BHPs. These PIP validation findings indicate that most plans built a robust foundation in the Design stage of their PIPs.

HSAG's 2025 PIP validations determined that for PIPs which received *Low Confidence* and *No Confidence* level ratings for adherence to an acceptable methodology, DMC-ODS plans, MHPs, and Integrated BHPs did not include all required details about their PIP processes in the PIP submissions. While HSAG conducts PIP trainings and provides plan-specific technical assistance to ensure behavioral health plans have a thorough understanding of the PIP submission requirements and validation criteria, plans should review the PIP Submission Form Completion Instructions and the PIP Intervention Worksheet Completion Instructions to ensure the plans include all required information in the 2026 annual PIP submissions. HSAG will provide ongoing technical assistance to plans, as requested, throughout the life of the PIPs.

### Validation of Performance Measures

To comply with 42 CFR §438.358, DHCS contracted with HSAG to conduct an independent audit of each plan in alignment with the CMS EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 2).<sup>4</sup> During each audit, HSAG assesses the validity of each plan's performance measure data in

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<sup>4</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory External Quality Review (EQR)-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 18, 2026.

accordance with this protocol. Following the audits, HSAG organizes, aggregates, and analyzes validated performance measure data to draw conclusions about these plans' performance in providing quality, timely, and accessible care and services to their members.

For contract year 2024–25, HSAG conducted performance measure validation (PMV) audits for 38 DMC-ODS plans and 56 MHPs. Based on the DMC-ODS plans and MHPs not having access to all data needed to fully follow the performance measure specifications, HSAG assigned a *Do Not Report (DNR)* designation for all 38 DMC-ODS plans and 56 MHPs for all performance measure results, meaning that the rates were materially biased to an unknown degree and should therefore not be reported.

The following contributed to all DMC-ODS plans and MHPs not being able to produce valid plan-level performance measure rates for all required Behavioral Health Accountability Set (BHAS) measures and HSAG auditors assigning a *DNR* designation for all measures:

- ◆ HSAG determined an unknown volume of missing data related to the overall population inclusive of all Medi-Cal members assigned to each plan. HSAG's assessment of the measurement year 2023 and measurement year 2024 rates submitted during the PMV audit process concluded that the submitted rates captured the active population (i.e., members who received or are receiving services from the specific plan) rather than a true representation of the overall population of all Medi-Cal members for whom the plan is responsible. HSAG was unable to quantify the volume of missing data, resulting in an unknown degree of bias and the *DNR* designation.
- ◆ HSAG observed that DMC-ODS plans' and MHPs' interpretation of DHCS' various communications regarding the PMV reporting requirements was inconsistent. HSAG's assessment during the PMV audit process concluded that plans thought that using the DHCS plan data feed as an integrated data source for performance measure rate calculations was optional, and there was a lack of clear communication about the data sources required by DHCS for performance measure rate calculation. HSAG determined some plans were unable to report accurate rates for performance measures in scope of review without integrating the optional plan data feed files.

It is important that DHCS provide clear and direct communication to the DMC-ODS plans and MHPs on the performance measure reporting requirements inclusive of the identified required data sources. Additionally, it is important that DMC-ODS plans and MHPs have data sharing agreements with managed care health plans (MCPs) in the county to integrate these data sources for performance measure rate calculations. HSAG also observed that DMC-ODS plans and MHPs have opportunities to investigate methods to incorporate additional supplemental data sources for applicable BHAS performance measures.

During the audit process, HSAG stressed the importance of DMC-ODS plans and MHPs using all plan data feed files that DHCS made available to them for performance measure reporting. HSAG also emphasized to DMC-ODS plans and MHPs that it is essential they identify the various data sources needed for reporting and monitor the rates frequently to ensure that the plans resolve any potential issues prior to reporting final rates.

HSAG auditors identified DMC-ODS plan-specific and MHP-specific challenges and opportunities for improvement; provided feedback to each DMC-ODS plan and MHP, as applicable, during the audit process; and included detailed feedback in each plan's 2024–25 *Validation of Measurement Years 2023 and 2024 Performance Measures* report.

## Review of Compliance with Managed Care Regulations

In accordance with 42 CFR §438.358, DHCS conducts compliance reviews to determine behavioral health plans' compliance with the standards established by the state for access to care, structure and operations, and quality measurement and improvement. DHCS directly conducts compliance reviews of the plans, rather than contracting with the EQRO to conduct reviews on its behalf. Transparency and accountability are important aspects of the DHCS CQS, and conducting compliance reviews is one of the ways DHCS holds plans accountable to meet federal and State requirements that support the delivery of quality, timely, and accessible health care services to Medi-Cal members.<sup>5</sup>

To assess DHCS' compliance with 42 CFR §438.358, HSAG reviewed the dates when DHCS conducted compliance reviews of DMC-ODS plans and MHPs and determined that DHCS conducted the reviews for all applicable DMC-ODS plans and MHPs within the previous three-year period.

The CMS *Protocol 3. Review of Compliance With Medicaid and Children's Health Insurance Program Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023, indicates that plans must understand the definition of "full compliance" before the review.<sup>6</sup> DHCS conducting the compliance review scoring prior to notifying the DMC-ODS plans and MHPs of the scoring methodology is not consistent with Protocol 3. Based on DHCS notifying the plans of DHCS' scoring methodology prior to publicly posting this 2024–25 EQR technical report, DHCS will meet this requirement moving forward.

DHCS' compliance review scores reflect that:

- ◆ All assessed DMC-ODS plans were fully compliant with three CFR standards, and most DMC-ODS plans were fully compliant with seven CFR standards.
- ◆ All assessed MHPs were fully compliant with one CFR standard, and most MHPs were fully compliant with eight CFR standards.

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<sup>5</sup> *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Feb 18, 2026.

<sup>6</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and Children's Health Insurance Program Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 18, 2026.

DHCS' identified findings are plan specific, and HSAG was unable to draw any conclusions related to common areas for improvement across all plans.

## Validation of Network Adequacy

In accordance with 438.350(a), DHCS contracted with HSAG to conduct network adequacy validation (NAV) to ensure plans' behavioral health provider networks are sufficient to provide timely and accessible care to Medi-Cal members across the continuum of services. HSAG conducted NAV, validating the systems and processes, data sources, methods, and results, according to the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.<sup>7</sup>

### DMC-ODS Plan Network Adequacy

Based on the results of the NAV audit combined with the detailed validation of each indicator, HSAG determined that 30 DMC-ODS plans achieved a *High Confidence* validation rating, which refers to HSAG's overall confidence that the DMC-ODS plans used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.

HSAG assessed DHCS' submitted results and found that at the county level:

- ◆ 24 DMC-ODS plans met the 80 percent benchmark for all timeliness standards.
- ◆ Seven DMC-ODS plans did not meet the 80 percent benchmark due to errors within data submissions, lack of data submissions, or not meeting the 80 percent benchmark for one or more indicators and receiving a conditional pass rating.

One DMC-ODS plan was not required to submit timely access data for the period in scope of review and therefore did not receive a pass or conditional pass rating.

HSAG observed gaps in completeness of timely access data that two DMC-ODS plans captured and reported to DHCS; therefore, some elements were determined to have significant bias, which resulted in a validation rating of *No Confidence*.

### MHP Network Adequacy

Based on the results of the NAV audit combined with the detailed validation of each indicator, HSAG determined that 54 MHPs achieved a *High Confidence* validation rating, which refers to

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<sup>7</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 18, 2026.

HSAG's overall confidence that the MHPs used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.

HSAG assessed DHCS' submitted results and found that at the county level:

- ◆ 25 MHPs met the 80 percent benchmark for all timeliness standards.
- ◆ 31 MHPs did not meet the 80 percent benchmark due to errors within data submissions, lack of data submissions, or not meeting the 80 percent benchmark for one or more indicators and receiving a conditional pass rating.

HSAG observed gaps in completeness of timely access data captured and reported by two MHPs to DHCS. As a result, HSAG determined some elements to have significant bias, resulting in a *No Confidence* validation rating.

## Optional External Quality Review Activities

### Alternative Access Standards Reporting

To assist DHCS with assessing and monitoring network adequacy across contracted plans as described in the DHCS CQS,<sup>8</sup> DHCS contracted with HSAG to conduct alternative access standards (AAS) reporting analyses. The objective for the AAS reporting analyses is to meet the requirements set forth in California Welfare and Institutions Code (CA WIC) §14197.05,<sup>9</sup> which requires DHCS' annual EQR technical report to present information related to the behavioral health plans' AAS requests.

#### DMC-ODS Plan Time or Distance Alternative Access Standards Reporting

Only a minority of plans were required to submit AAS requests for State Fiscal Year (SFY) 2024–25 due to provider network deficiencies identified by DHCS' time and distance analyses. This includes the seven plans that collaborate as a regional model (Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano) and four plans not affiliated with the regional model (Mariposa, Merced, Sacramento, and Tulare). Findings from the plan requests and DHCS determinations for the submitted requests include the following:

- ◆ A total of 429 AAS requests were submitted by DMC-ODS plans for SFY 2024–25, with 83 requests from plans not affiliated with the regional model and 346 requests from regional model plans.

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<sup>8</sup> *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Feb 18, 2026.

<sup>9</sup> CA WIC §14197.05. Available at: [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14197.05](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14197.05). Accessed on: Feb 18, 2026.

- ◆ Notably, most of the requests submitted (80.9 percent) were related to services for children/youth. The majority of requests concerned opioid treatment services (73.4 percent), while the remainder concerned outpatient services (26.6 percent).
- ◆ Of the 429 requests, 383 were denied, and 329 of the denied requests were for regional model plans.
- ◆ The reasons provided by DHCS for denials frequently pointed to the failure of plans to provide required information in their requests (Attachment C) or the failure of plans to provide complete information about their contracted providers in their contracted providers list (the Network Adequacy Certification Tool).
- ◆ Missing information on driving distance, driving time, and the number of impacted members was prevalent. Information on driving time was missing from 44.8 percent of requests, 44.8 percent of requests did not have information on driving distance, and 76.7 percent of requests did not have information on the number of impacted members.
- ◆ Details were scarce regarding the efforts of plans with network deficiencies to address the deficiencies through contracting with out-of-network providers. Partnership, representing the regional model plans, reported difficulties contracting with providers willing to deliver opioid treatment services to children/youth due to complex regulations, indicating that, more generally, providers were scarce within the areas the regional models serve. Partnership also suggested that affiliated plans did not need additional contracted providers.
- ◆ The median number of days across DMC-ODS plans (i.e., the median of the DMC-ODS plan medians) between the submission of an AAS request and DHCS' delivery of an approval or denial was 68 days. Note that in accordance with CA WIC §14197(f)(4), DHCS must approve or deny an AAS request within 90 days of submission.
- ◆ All DMC-ODS plans were required to report a count of member grievances concerning access-related issues. DMC-ODS plans received 67 complaints in total.

### ***MHP Time or Distance Alternative Access Standards Reporting***

Only a single plan—Alpine—submitted AAS requests for SFY 2024–25 to address provider network deficiencies identified by DHCS' time and distance analyses. Findings from the MHP requests and DHCS determinations include the following:

- ◆ Alpine submitted four requests, and all were denied. All requests were for psychiatry services; two were for adults and two were for children/youth.
- ◆ DHCS indicated that Alpine's AAS requests were denied because the MHP did not provide sufficient details on its network deficiencies and its plans to address the deficiencies.
- ◆ Alpine indicated that it was in the process of addressing the deficiencies by negotiating memoranda of understanding with one or more providers.
- ◆ The median number of days between the submission of an AAS request and the delivery of an approval or denial by DHCS was 69 days. Note that in accordance with CA WIC §14197(f)(4), DHCS must approve or deny an AAS request within 90 days of submission.

- ◆ All MHPs were required to report a count of member grievances concerning access-related issues. MHPs received 426 complaints in total.

## Secret Shopper Survey

DHCS requested that HSAG conduct a pilot secret shopper survey among outpatient behavioral health providers contracted with one or more DMC-ODS plans or MHPs to ensure members have appropriate access to provider information and to assess appointment availability. DHCS requested that HSAG include a limited number of DMC-ODS plans and MHPs in the pilot survey. The goal of the survey was to evaluate the MHPs' network of behavioral health locations.

HSAG provided DHCS with a written report and data analytics file with the survey results for DHCS' internal use only. DHCS will use the results to determine the scope of future secret shopper surveys.

## Foster Care Analysis

DHCS contracted with HSAG to conduct an analysis of SMHS provided to Medi-Cal foster care (FC) members in accordance with CA WIC §14717.5.<sup>10</sup>

The following conclusions were developed based on the FC Analysis results:

- ◆ The number of current FC members decreased by 6.6 percent from Fiscal Year (FY) 2022 to FY 2023, while the number of former FC members increased by 3.7 percent.
- ◆ Statewide SMHS penetration rates remained consistent from FY 2022 to FY 2023, with over 47 percent of FC members receiving at least one SMHS annually. Penetration rates varied based on age and race but did not vary based on sex.
  - FC members ages 6 to 11 years and ages 12 to 17 years had the highest penetration rates, each over 58 percent.
  - Black and, to a lesser extent, Hispanic FC members had higher penetration rates than White FC members.
  - The majority of MHPs did not meet all network adequacy standards. The standards with the highest compliance were Time or Distance and Language Assistance Capabilities. The standard with the lowest compliance was Timely Access.<sup>11</sup>
  - High compliance with the Language Assistance Capabilities standards aligned with MHPs' description of interpretation and translation services available to FC members. All MHPs indicated that, if requested, they were prepared to offer these services.

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<sup>10</sup> California Legislative Information. CA WIC §14717.5. Available at: [https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=14717.5.&noDeTreePath=16.6.24&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14717.5.&noDeTreePath=16.6.24&lawCode=WIC). Accessed on: Feb 18, 2026.

<sup>11</sup> These conclusions may not fully represent the experiences of FC members.

- ◆ FC members performed better than all Medi-Cal members and the CMS national Medicaid 50th percentile benchmarks for all Healthcare Effectiveness Data and Information Set (HEDIS®) measures evaluated from FY 2019 to FY 2023.<sup>12</sup>
  - The largest performance gaps between FC and Medi-Cal members were observed for *Follow-Up Care for Children Prescribed ADHD [Attention-Deficit Hyperactivity Disorder] Medication—Initiation Phase, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, and Metabolic Monitoring for Children and Adolescents on Antipsychotics*.
- ◆ The SMHS with the highest average utilization per FC member included Therapeutic FC, full-day treatment intensive services, and therapeutic behavioral services.

## Technical Assistance

At DHCS' direction, HSAG provides technical assistance to plans as described at 42 CFR §438.358(d). The technical assistance HSAG provides supports DHCS and the plans in making progress toward accomplishing the DHCS CQS goals and vision, improving the health care services provided to Medi-Cal members, and achieving health equity.<sup>13</sup>

### Plan Quality Improvement

The objective of the Technical Assistance—Plan Quality Improvement activity is for HSAG to support DHCS' quality improvement strategies and assist plans in improving the quality of care they provide to members, which will help to improve performance measure rates and, ultimately, improve overall statewide performance.

HSAG's technical assistance resulted in DHCS gaining information to assist in making informed decisions regarding various EQR activities and DMC-ODS and MHP requirements and helped DHCS to better understand how to ensure it meets CMS' managed care and EQR requirements. Additionally, HSAG's technical assistance to DMC-ODS plans and MHPs resulted in the plans receiving information needed to understand the EQR and DHCS' requirements and for their internal quality improvement efforts.

### Quality Conference

The objective of the Technical Assistance—Quality Conference activity is to provide physical and behavioral health plans the opportunity to learn up-to-date information regarding health care equity and quality improvement and to network with other plans to identify opportunities for collaboration and partnership.

<sup>12</sup> Caution should be exercised when interpreting the HEDIS results and conclusions due to the differences in reporting periods and lack of sample size information.

<sup>13</sup> *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: [2025 Comprehensive Quality Strategy.pdf](#). Accessed on: Feb 18, 2026.

DHCS contracted with HSAG to jointly host and facilitate the 2025 Medi-Cal Managed Care Quality Conference. This in-person conference was held in Sacramento, California, on November 13, 2025.

Overall, the feedback from respondents about the 2025 Quality Conference was positive. Most evaluation respondents indicated that they found the conference to be helpful or very helpful. Respondents also indicated that the opening presentation regarding DHCS' CQS and the two fireside chats—one related to DHCS' three clinical focus areas and one related to MCP and behavioral health plan partnerships to drive care coordination and continuity of care for members—were helpful or very helpful.

Feedback regarding the four breakout sessions was mixed, with most respondents indicating that options 1 and 3 (Advancing Collaboration—Data Exchange Between Medi-Cal Managed Care Health Plans and Behavioral Health Plans and Advancing Value-Based Payment—Leveraging Lean Times to Innovate on Improving Quality and Equity, respectively) were helpful or very helpful, and an equal number of respondents indicating that options 2 and 4 (Advancing Collaboration—Caring for Pregnant and Postpartum Members with Behavioral Health Needs and Advancing Health Equity—Leveraging Member Empowerment and Engagement to Advance Health Equity Initiatives, respectively) were very unhelpful or neither helpful nor unhelpful versus helpful or very helpful.

Open-ended responses were generally positive, and respondents provided constructive feedback about the conference as well as recommendations to DHCS for future conferences.

Based on the conference evaluation results and HSAG's observations, HSAG provided DHCS with a list of items for DHCS' consideration when planning future conferences.

## Overall Recommendations

The *CMS EQR Protocols, February 2023* indicate that, in the EQR technical report, the EQRO should include recommendations about how the state can target its quality strategy goals and objectives to support improvements in quality of care.<sup>14</sup> HSAG made no recommendations to DHCS regarding the 2025 CQS.

HSAG recommends the following to DHCS related to the PMV and NAV mandatory EQR activities:

- ◆ Provide timely, detailed communication to the DMC-ODS plans and MHPs regarding all BHAS requirements, including required data sources, specifically about the eligible

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<sup>14</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 10, 2026.

population each DMC-ODS plan and MHP should use for performance measure reporting, and expectations for measure vendor oversight and monitoring.

- ◆ Develop and communicate a standardized definition of “new member” to the DMC-ODS plans and MHPs indicating which members should be included in timely access reporting to ensure consistency.

Note that HSAG presents considerations and makes recommendations to DHCS as part of the analytic activities it conducts for DHCS. In conversations with HSAG about completed and new analytic activities, DHCS has indicated to HSAG that it reviews and takes HSAG’s recommendations into account when planning future analytic activities, making policy changes, and determining guidance to provide to plans for their quality improvement efforts.