Volume 1 of 8
Medi-Cal Managed Care Physical Health External Quality Review Technical Report

Contract Year 2024–25

Main Report

Quality and Population Health Management
California Department of Health Care Services

April 2026

HSAG HEALTH SERVICES ADVISORY GROUP

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Commonly Used Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

- **§**—Section
- **AAS**—alternative access standards
- **ADHD**—Attention-Deficit/Hyperactivity Disorder
- **AHRQ**—Agency for Healthcare Research and Quality
- **AIDS**—acquired immunodeficiency syndrome
- **APL**—All Plan Letter
- **BH-CONNECT**—Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems[1]
- **CalAIM**—California Advancing and Innovating Medi-Cal
- **CalPERS**—California Public Employees Retirement System
- **CAP**—corrective action plan
- **CA WIC**—California Welfare and Institutions Code
- **CCC**—Children with Chronic Conditions
- **CCR**—California Code of Regulations
- **CDPH**—California Department of Public Health
- **CFR**—Code of Federal Regulations
- **CHIP**—Children's Health Insurance Program
- **CMS**—Centers for Medicare & Medicaid Services
- **COVID-19**—coronavirus disease 2019
- **CQS**—Comprehensive Quality Strategy
- **DBA**—doing business as
- **DHCS**—California Department of Health Care Services
- **ECDS**—Electronic Clinical Data Systems
- **ECHO®**—Experience of Care and Health Outcomes[2]
- **EDV**—encounter data validation
- **EHR**—electronic health record
- **EQR**—external quality review

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

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

- **EQRO**—external quality review organization
- **FCC**—Family-Centered Care
- **FFS**—fee-for-service
- **FFY**—Federal Fiscal Year
- **GMI**—glucose management indicator
- **HbA1c**—hemoglobin A1c
- **HEDIS®**—Healthcare Effectiveness Data and Information Set[3]
- **HHS**—U.S. Department of Health & Human Services
- **HIE**—health information exchange
- **HIV**—human immunodeficiency virus
- **HMO**—health maintenance organization
- **HPL**—high performance level
- **hrHPV**—high-risk human papillomavirus
- **HSAG**—Health Services Advisory Group, Inc.
- **LTC**—long-term care
- **MCAS**—Managed Care Accountability Set
- **MCE**—managed care entity
- **MCMC**—Medi-Cal Managed Care program
- **MCO**—managed care organization
- **MCP**—managed care health plan
- **MPL**—minimum performance level
- **MRRV**—medical record review validation
- **NAV**—network adequacy validation
- **NCQA**—National Committee for Quality Assurance
- **Non-SPD**—Non-Seniors and Persons with Disabilities
- **O/E**—observed/expected
- **OMB**—Office of Management and Budget
- **PAHP**—prepaid ambulatory health plan
- **PCP**—primary care provider
- **PHM**—population health management
- **PHQ**—Patient Health Questionnaire
- **PIHP**—prepaid inpatient health plan
- **PIP**—performance improvement project
- **PMV**—performance measure validation
- **PSP**—population-specific health plan

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

- **QAPI**—quality assessment and performance improvement
- **QPHM**—Quality and Population Health Management
- **QR**—quick response
- **Roadmap**—HEDIS Record of Administration, Data Management, and Processes
- **S-CHIP**—separate Children's Health Insurance Program
- **SB**—Senate Bill
- **SCLC**—statewide collaborative learning call
- **SFTP**—secure file transfer protocol
- **SNF/ICF**—Skilled Nursing Facility/Intermediate Care Facility
- **SPD**—Seniors and Persons with Disabilities
- **SUD/SMH**—substance use disorder/specialty mental health
- **Tdap**—tetanus, diphtheria toxoids and acellular pertussis

1. Introduction

External Quality Review

Title 42 Code of Federal Regulations (CFR) Section (§)438.320 defines "external quality review (EQR)" as an external quality review organization's (EQRO's) analysis and evaluation of aggregated information on the quality, timeliness, and accessibility of health care services that a managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) (described in §438.310[c][2]) or their contractors furnish to Medicaid beneficiaries. Each state must comply with §457.1250,[4] and as required by §438.350, each state that contracts with MCOs, PIHPs, or PAHPs must ensure that:

- Except as provided in §438.362, a qualified EQRO performs an annual EQR for each such contracting MCO, PIHP, or PAHP.
- The EQRO has sufficient information to perform the review.
- The information used to carry out the review must be obtained from the EQR-related activities described in §438.358 or, if applicable, from a Medicare or private accreditation review as described in §438.360.
- For each EQR-related activity, the information gathered for use in the EQR must include the elements described in §438.364(a)(2)(i) through (iv).
- The information provided to the EQRO in accordance with §438.350(b) is obtained through methods consistent with the protocols established by the U.S. Department of Health & Human Services (HHS) Secretary in accordance with §438.352.
- The results of the reviews are made available as specified in §438.364.

The California Department of Health Care Services (DHCS) refers to its Medicaid program as Medi-Cal and contracts with Health Services Advisory Group, Inc. (HSAG), as the EQRO for DHCS' Medi-Cal Managed Care program (MCMC). HSAG meets the qualifications of an EQRO as outlined in §438.354 and performs annual EQRs of DHCS' contracted physical health MCOs to evaluate their quality, timeliness, and accessibility of health care services to MCMC members. The Centers for Medicare & Medicaid Services (CMS) designates DHCS-contracted Medi-Cal managed care health plans (MCPs) and population-specific health plans (PSPs) as MCOs. In addition to providing its assessment of the quality, timeliness, and accessibility of care that MCPs and PSPs delivered to MCMC members, HSAG makes recommendations, as applicable, as to how DHCS can use the EQR results in its assessment

[4] Title 42 CFR §457.1250 may be found at: https://ecfr.federalregister.gov/current/title-42/chapter-IV/subchapter-D/part-457/subpart-L/subject-group-ECFR9effb7c504b1d10/section-457.1250. Accessed on: Nov 7, 2025.

of and revisions to the DHCS Comprehensive Quality Strategy (CQS).[5] Annually, DHCS thoroughly reviews the EQR technical report 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 report.

The following activities related to EQR are described in §438.358:

- Mandatory activities:
  - Validation of performance improvement projects (PIPs) required in accordance with §438.330(b)(1) that were underway during the preceding 12 months.
  - Validation of MCO, PIHP, or PAHP performance measures required in accordance with §438.330(b)(2) or MCO, PIHP, or PAHP performance measures calculated by the state during the preceding 12 months.
  - A review, conducted within the previous three-year period, to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the quality assessment and performance improvement (QAPI) requirements described in §438.330.
  - Validation of MCO, PIHP, or PAHP network adequacy during the preceding 12 months to comply with requirements set forth in §438.68 and, if the state enrolls Indians in the MCO, PIHP, or PAHP, §438.14(b)(1).
- Optional activities performed by using information derived during the preceding 12 months:
  - Validation of encounter data reported by an MCO, PIHP, or PAHP.
  - Administration or validation of consumer or provider surveys of quality of care.
  - Calculation of performance measures in addition to those reported by an MCO, PIHP, or PAHP and validated by an EQRO in accordance with §438.358(b)(1)(ii).
  - Conducting PIPs in addition to those conducted by an MCO, PIHP, or PAHP and validated by an EQRO in accordance with §438.358(b)(1)(i).
  - Conducting studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time.
  - Assisting with the quality rating of MCOs, PIHPs, and PAHPs consistent with §438.334.
- Technical assistance to groups of MCOs, PIHPs, or PAHPs to assist them in conducting activities related to the mandatory and optional activities described in §438.358 that provide information for the EQR and the resulting EQR technical report.

Unless noted otherwise in this report, DHCS provided HSAG with sufficient information to perform the EQR. Additionally:

[5] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

- The information HSAG used to carry out the EQR was obtained from all mandatory EQR-related activities conducted.
- As applicable, DHCS followed methods consistent with the protocols established by the HHS Secretary in accordance with §438.352 to provide information relevant to the EQR.
- For each EQR-related activity, information DHCS gathered for use in the EQR included the elements described in §438.364(a)(2)(i) through (iv).
- Consistent with §438.350(f), DHCS made the EQR results available as specified in §438.364.

Purpose of Report

As required by §438.364, DHCS contracts with HSAG to prepare an annual, independent, technical report that summarizes findings on the quality, timeliness, and accessibility of health care services provided by MCPs and PSPs, including opportunities for quality improvement.

As described in the CFR, the independent report must summarize findings on access and quality of care for the Medicaid and Children's Health Insurance Program (CHIP) populations, including:

- A description of the manner in which the data from all activities conducted in accordance with §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by the MCO, PIHP, or PAHP.
- For each EQR-related activity conducted in accordance with §438.358:
  - Objectives
  - Technical methods of data collection and analysis
  - Description of data obtained, including validated performance measurement data for each activity conducted in accordance with §438.358(b)(1)(i) and (ii)
  - Conclusions drawn from the data
- An assessment of each MCO's, PIHP's, or PAHP's strengths and weaknesses for the quality, timeliness, and accessibility of health care services furnished to Medicaid beneficiaries.
- Recommendations for improving the quality of health care services furnished by each MCO, PIHP, or PAHP, including how the state can target goals and objectives in the quality strategy, under §438.340, to better support improvement in the quality, timeliness, and accessibility of health care services furnished to Medicaid beneficiaries.
- Methodologically appropriate, comparative information about all MCOs, PIHPs, or PAHPs, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).
- An assessment of the degree to which each MCO, PIHP, or PAHP has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.

- The names of the MCOs exempt from EQR by the state, including the beginning date of the current exemption period, or that no MCOs are exempt, as appropriate.

CMS designates DHCS-contracted MCPs and PSPs as MCOs. Section 438.2 defines an MCO, in part, as "an entity that has, or is seeking to qualify for, a comprehensive risk contract."

This report provides a summary of MCP and PSP activities and will sometimes collectively refer to these MCPs and PSPs as "plans." Note that DHCS does not exempt any plans from EQR.

Quality, Timeliness, and Access

CMS requires that the EQR evaluate the performance of MCOs, PIHPs, or PAHPs related to the quality, timeliness, and accessibility of care they deliver. Section 438.320 indicates that quality, as it pertains to EQR, means the degree to which an MCO, PIHP, or PAHP increases the likelihood of desired outcomes of its enrollees through:

- Its structural and operational characteristics.
- The provision of services consistent with current professional, evidence-based knowledge.
- Interventions for performance improvement.

Additionally, §438.320 indicates that accessibility, as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcomes information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services).

This report includes conclusions drawn by HSAG related to MCPs' and PSPs' strengths and weaknesses with respect to the quality, timeliness, and accessibility of health care services furnished to members. In this report, the term "member" refers to a person entitled to receive benefits under MCMC as well as a person enrolled in an MCP or PSP. While quality, timeliness, and access are distinct aspects of care, most plan activities and services cut across more than one area. Collectively, all plan activities and services affect the quality, timeliness, and accessibility of care delivered to members. In this report, when applicable, HSAG indicates instances in which plan performance affects one specific aspect of care more than another.

Description of Manner in Which MCP and PSP Data Were Aggregated and Analyzed and Conclusions Drawn Related to Quality, Timeliness, and Access

HSAG uses the following process to aggregate and analyze data from all applicable EQR activities it conducts to draw conclusions about the quality, timeliness, and accessibility of care furnished by each plan. For each plan:

- HSAG analyzes the quantitative results obtained from each EQR activity to identify strengths and weaknesses related to the quality, timeliness, and accessibility of care furnished by the plan and to identify any themes across all activities.
- From the aggregated information collected from all EQR activities, HSAG identifies strengths and weaknesses related to the quality, timeliness, and accessibility of services furnished by the plan.
- HSAG draws conclusions based on the identified strengths and weaknesses, specifying whether the strengths and weaknesses affect one aspect of care more than another (i.e., quality, timeliness, and accessibility of care).

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment across all applicable EQR activities of each plan's strengths and weaknesses with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

Summary of Report Content

This report is divided into eight volumes that include the following content:

Volume 1—Main Report

- An overview of the MCMC physical health plan structure.
- A description of the DHCS CQS report.
- An aggregate assessment of MCPs and PSPs for the federally mandated and optional EQR activities conducted, identifying the following for each EQR activity, as applicable:
  - Objectives
  - Technical methodology used for data collection and analysis
  - Description of the data obtained
  - Conclusions based on the data analysis

Volume 2—Plan-Specific Information

- Appendix A—PSP-Specific Measurement Year 2024 Performance Measure Results
- Appendix B—Comparative Plan-Specific PIP Information
- Appendix C—Plan-Specific EQR Assessments and Recommendations
  - MCPs' and PSPs' self-reported follow-up on EQR recommendations from the *2023–24 Medi-Cal Managed Care Physical Health External Quality Review Technical Report*
  - HSAG's assessment of MCPs' and PSPs' EQR strengths, weaknesses, and recommendations based on the activity results included in this EQR technical report

Volume 3—Comparative MCP-Specific Measurement Year 2024 Performance Measure Results

- Comparative MCP-specific results for all DHCS-required performance measures.

Volume 4—Statewide and MCP-Specific Measurement Year 2024 Performance Measure Results Stratified by Race and Ethnicity

- Statewide and MCP-specific performance measure results stratified by race and ethnicity.

Volume 5—Validation of Network Adequacy

- Detailed methodology, results, conclusions, and recommendations related to the network adequacy validation (NAV) audits HSAG conducted of the MCPs, PSPs, and DHCS.
- Comparative MCP- and PSP-specific results for all audited network adequacy indicators.

Volume 6—Alternative Access Standards Reporting

- Detailed methodology, results, conclusions, and recommendations related to the alternative access standards (AAS) reporting analyses.

Volume 7—Skilled Nursing Facility/Intermediate Care Facility Experience and Distance Reporting

- Detailed methodology, results, conclusions, and recommendations related to the skilled nursing facility (SNF)/intermediate care facility (ICF) experience and distance reporting analyses.

Volume 8—Timely Access Study Results

- Timely Access Study survey results, comparative analyses, conclusions, and considerations.

Medi-Cal Managed Care Physical Health Plan Overview

In the State of California, DHCS administers Medi-Cal through its fee-for-service (FFS) and managed care delivery systems. In California, the CHIP population is included in Medi-Cal. DHCS is responsible for assessing the quality of care delivered to members through its MCMC plans, making improvements to care and services, and ensuring that MCMC plans comply with federal and State standards.

During contract year 2024–25, DHCS contracted with 22 MCPs and two PSPs to provide physical health care services in all 58 counties throughout California. MCMC members receive physical health care services through five main models of managed care as well as a model for PSPs. DHCS monitors plan performance across model types. As of June 2025 (i.e., the end of the contract year), MCPs and PSPs provided physical health care services to more than 14 million members.[6]

A description of each MCP managed care model type may be found at MMCDModelFactSheet (ca.gov). The MCMC county map, which depicts the location of each MCP model type, may be found at https://www.dhcs.ca.gov/services/Documents/MMCD-Cnty-Map.pdf.

Following is a description of the PSP model type.

Population-Specific Health Plan model. DHCS designates the following two MCOs as a "Population-Specific Health Plan" model because of their specialized populations:

[6] California Health & Human Services Agency. *Medi-Cal Managed Care Enrollment Report*. Available at: https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report. Enrollment information is based on the report downloaded on Jul 29, 2025.

- AIDS Healthcare Foundation—provides services in Los Angeles County, primarily to members living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).
- SCAN Health Plan provides services for the dual-eligible Medicare/Medi-Cal population subset residing in Los Angeles, Riverside, San Bernardino, and San Diego counties.

Table 1.1 shows plan names, model types, counties, and enrollment information as of June 2025 (i.e., the end of the contract year).[7]

Table 1.1—Medi-Cal Managed Care Health Plan Names, Model Types, Counties, and County Enrollment as of June 2025

Plan Name	Model Type	Counties	County Enrollment as of June 2025
Managed Care Health Plans			
Alameda Alliance for Health	Single Plan	Alameda	406,939
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Geographic Managed Care	Sacramento	255,607
	Regional	Amador	6,404
		Calaveras	6,896
		Inyo	2,743
		Mono	1,887
		Tuolumne	7,875
	Two-Plan—Commercial	Alpine	229
		El Dorado	25,811
		Fresno	151,925
		Kern	44,990
		Kings	25,020
		Madera	27,607
		San Francisco	37,105
		Santa Clara	96,808

[7] Ibid.

Plan Name	Model Type	Counties	County Enrollment as of June 2025
	Two-Plan—Local Initiative	Tulare	143,499
Blue Shield of California Promise Health Plan	Geographic Managed Care	San Diego	191,766
CalOptima	County Organized Health System	Orange	885,861
CalViva Health	Two-Plan—Local Initiative	Fresno	345,260
		Kings	38,654
		Madera	50,725
CenCal Health	County Organized Health System	San Luis Obispo	67,967
		Santa Barbara	175,040
Central California Alliance for Health	County Organized Health System	Mariposa	5,700
		Merced	148,769
		Monterey	190,280
		San Benito	20,720
		Santa Cruz	78,220
Community Health Group Partnership Plan	Geographic Managed Care	San Diego	381,687
Community Health Plan of Imperial Valley	Single Plan	Imperial	98,251
Contra Costa Health Plan	Single Plan	Contra Costa	267,449
Gold Coast Health Plan	County Organized Health System	Ventura	242,691

Plan Name	Model Type	Counties	County Enrollment as of June 2025
Health Net Community Solutions, Inc.	Geographic Managed Care	Sacramento	147,907
	Regional	Amador	1,915
		Calaveras	5,937
		Inyo	1,984
		Mono	1,110
		Tuolumne	6,397
	Two-Plan—Commercial	Los Angeles	1,194,189
		San Joaquin	34,437
		Stanislaus	64,360
		Tulare	138,195
Health Plan of San Joaquin	Two-Plan—Commercial	Alpine	30
		El Dorado	8,207
	Two-Plan—Local Initiative	San Joaquin	234,672
		Stanislaus	166,608
Health Plan of San Mateo	County Organized Health System	San Mateo	150,236
Inland Empire Health Plan	Two-Plan—Local Initiative	Riverside	758,051
		San Bernardino	728,753

Plan Name	Model Type	Counties	County Enrollment as of June 2025
Kaiser Permanente	County Organized Health System	Marin	7,162
		Mariposa	14
		Napa	7,918
		Orange	71,582
		Placer	18,409
		San Mateo	17,676
		Santa Cruz	1,276
		Solano	38,253
		Sonoma	25,448
		Sutter	49
		Ventura	9,282
		Yolo	6,200
		Yuba	960
	Geographic Managed Care	Sacramento	136,629
		San Diego	74,048
	Regional	Amador	346
	Single Plan	Alameda	74,613
		Contra Costa	59,534
		Imperial	27
	Two-Plan—Commercial	El Dorado	3,936
		Fresno	9,681
		Kern	22,640
		Kings	209
		Los Angeles	324,227
		Madera	1,656
		Riverside	89,643
		San Bernardino	96,212
		San Francisco	22,447

Plan Name	Model Type	Counties	County Enrollment as of June 2025
		San Joaquin	29,347
		Santa Clara	49,521
		Stanislaus	10,294
		Tulare	115
Kern Health Systems, DBA Kern Family Health Care	Two-Plan—Local Initiative	Kern	406,416
L.A. Care Health Plan	Two-Plan—Local Initiative	Los Angeles	2,371,307
Molina Healthcare of California	Geographic Managed Care	Sacramento	73,666
		San Diego	282,468
	Two-Plan—Commercial	Riverside	101,270
		San Bernardino	94,127
Partnership HealthPlan of California	County Organized Health System	Butte	85,355
		Colusa	10,291
		Del Norte	12,337
		Glenn	13,672
		Humboldt	57,603
		Lake	34,037
		Lassen	8,689
		Marin	47,054
		Mendocino	40,831
		Modoc	3,909
		Napa	27,785
		Nevada	28,698
		Placer	62,119
		Plumas	5,759

Plan Name	Model Type	Counties	County Enrollment as of June 2025
		Shasta	65,139
		Sierra	855
		Siskiyou	17,936
		Solano	103,635
		Sonoma	112,188
		Sutter	44,521
		Tehama	30,035
		Trinity	5,267
		Yolo	54,903
		Yuba	37,624
San Francisco Health Plan	Two-Plan—Local Initiative	San Francisco	179,906
Santa Clara Family Health Plan	Two-Plan—Local Initiative	Santa Clara	296,607
Population-Specific Health Plans			
AIDS Healthcare Foundation	Population-Specific Health Plan	Los Angeles	929
SCAN Health Plan	Population-Specific Health Plan	Los Angeles	11,873
		Riverside	4,034
		San Bernardino	2,869
		San Diego	1,655

Table 1.2 indicates the number of members served by each model type as of June 2025.

Table 1.2—Number of Members Served by Model Type

Plan Model Type	Number of Members Served as of June 2025
County Organized Health System	3,079,955
Geographic Managed Care	1,543,778
Population-Specific Health Plan	21,360
Regional	43,494
Single Plan	906,813
Two-Plan—Commercial	2,704,238
Two-Plan—Local Initiative	5,720,458

For enrollment information about each county, go to https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report.

2. DHCS Comprehensive Quality Strategy

In accordance with 42 CFR §438.340, each state contracting with an MCO, PIHP, or PAHP as defined in §438.2 must draft and implement a written quality strategy for assessing and improving the quality of health care and services furnished by the MCO, PIHP, or PAHP. Additionally, as indicated in §438.340(c)(2), states must review and update their quality strategy as needed, but no less than once every three years.

In July 2025, DHCS released the updated draft of the 2025 DHCS CQS for public comment. The public comment period was open through August 13, 2025. On December 30, 2025, DHCS submitted the final draft of the DHCS 2025 CQS to CMS and posted the document on the DHCS CQS webpage. The 2025 CQS reflects lessons learned, stakeholder feedback, and DHCS policy changes to advance quality and health equity for all Medi-Cal beneficiaries. DHCS' CQS webpage summarizes that the 2025 CQS:[8]

- Outlines DHCS' comprehensive approach to developing, implementing, and maintaining a quality strategy that encompasses all Medi-Cal delivery systems—managed care, fee-for-service, behavioral health, dental, and other DHCS programs.
- Defines measurable goals, emphasizes the use of CMS Core Set measures, and tracks improvement while adhering to federal and State requirements.
- Reinforces DHCS' commitment to reducing health disparities and advancing health equity in every aspect of program design and delivery.
- Describes DHCS' quality improvement infrastructure; the development and review process for the CQS; managed care standards and evaluation requirements; continuous program quality improvement; and the State's plan to identify, evaluate, and reduce health disparities.
- Defines "significant change" and highlights additional quality improvement efforts in programs outside of managed care.
- Highlights DHCS' ongoing delivery system reform efforts, including California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health Transformation, and new initiatives such as the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration. These efforts focus on reducing variation and complexity, managing member risk through population health strategies, and improving quality outcomes through value-based initiatives and payment reform.

Through the 2025 CQS, DHCS emphasizes its commitment to advancing its vision for a more coordinated, person-centered, and equitable health system in the face of many federal and State policy changes.

[8] California Department of Health Care Services. DHCS Comprehensive Quality Strategy Website. Available at: DHCS Comprehensive Quality Strategy. Accessed on: Jan 12, 2026.

Comprehensive Quality Strategy Development

DHCS' process for reviewing and updating its CQS included:

- Addressing feedback received from CMS on the updated draft of the CQS.
- Convening an interdisciplinary team to review all relevant materials and update the CQS.
- Posting the draft DHCS CQS for public review, presenting the draft document at stakeholder meetings, consulting with tribal organizations about the quality strategy, and incorporating stakeholder feedback into the final draft version.
- Reviewing the effectiveness of the *2022 Comprehensive Quality Strategy*.
- Reviewing all recent EQRO reports, addressing EQRO recommendations, and incorporating overarching themes into the 2025 CQS.

After completing all updates, DHCS posted the final draft of the DHCS 2025 CQS on DHCS' CQS website.

Vision, Goals, and Guiding Principles

DHCS' CQS indicates that DHCS' vision for the Medi-Cal program is for those served by the program to have longer, healthier, and happier lives. The CQS describes a whole-system, person-centered, and population health approach to health and social care in which health care services are only one of many elements needed to support improved health for Medi-Cal members.

The population health management (PHM) framework serves as the cornerstone of CalAIM and the foundation for the CQS goals and guiding principles, which reflect DHCS' commitment to improving health outcomes and addressing health disparities, member involvement, and DHCS' accountability in all of its programs and initiatives, and for all populations. The 2025 CQS goals are a continuation of the 2022 CQS goals as part of DHCS' currently approved 1915b and 1115 waivers.

Comprehensive Quality Strategy Goals

- Engaging members as owners of their own care
- Keeping families and communities healthy via prevention
- Providing early interventions for rising risk and patient-centered chronic disease management
- Providing whole person care for high-risk populations, addressing drivers of health

Comprehensive Quality Strategy Guiding Principles

- Eliminating health disparities through anti-racism and community-based partnerships
- Data-driven improvements that address the whole person
- Transparency, accountability, and member involvement

Clinical Focus Areas and Bold Goals

In the CQS, DHCS identified the following three key clinical focus areas:

- Children's preventive care
- Maternity outcomes and birth equity
- Behavioral health integration

The three key clinical focus areas serve as the foundation of DHCS' Bold Goals 50x2025 initiative, which includes achieving the following by December 31, 2025:

- Close racial/ethnic disparities in well-child visits and immunizations by 50 percent.
- Close maternity care disparities for Black and Native American persons by 50 percent.
- Improve maternal and adolescent depression screening by 50 percent.
- Improve follow-up for mental health and substance use disorder by 50 percent.
- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures.

DHCS notes in the 2025 CQS that while it has made progress toward achieving its Bold Goals and 2022 CQS priorities, the 2025 CQS aims to build on previously initiated efforts to ensure successful achievement of the Bold Goals.

Managed Care Performance Monitoring and Accountability

DHCS selects performance measures to drive continuous quality improvement. DHCS leads a cross-divisional Quality Metric Workgroup that evaluates metrics for all program areas and makes recommendations about which metrics to include for monitoring and accountability. DHCS also coordinates with its public purchaser partners, Covered California and the California Public Employees Retirement System (CalPERS), to help increase alignment, especially for health plans and provider networks that serve multiple populations.

DHCS evaluates performance metrics based on the CQS guiding principles. Additionally, the metrics must be:

- Clinically meaningful.
- Have high population impact.
- Align with other national and State priority areas and initiatives as well as other public purchasers.
- Have an availability of standardized measures and data.
- Be evidence based.
- Promote health equity.

DHCS holds plans accountable to meet and exceed minimum performance levels (MPLs) for key high-priority performance measures that have existing national benchmarks. Plans that do not meet the MPLs are subject to corrective action plans (CAPs) and/or enforcement actions. DHCS indicated in the CQS that based on the 2025 CQS covering measurement years 2026, 2027, and 2028, DHCS will maintain consistency in its required performance measures through measurement year 2028.

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. Information regarding CalAIM is located at https://www.dhcs.ca.gov/calaim.

Conclusions

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 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, for each required performance measure with a performance target, DHCS designated the associated 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.

Recommendations

DHCS' 2025 CQS provides a comprehensive roadmap for bringing all relevant entities and people into the continuous quality improvement processes that are outlined throughout the CQS. Based on the extensive details and planned activities described, HSAG has no recommendations for how DHCS can target the CQS vision, goals, and guiding principles to better support improvement to the quality, timeliness, and accessibility of care for all Medi-Cal members.

3. Validation of Performance Improvement Projects

Validating PIPs is one of the mandatory EQR activities described at 42 CFR §438.358(b)(1). In accordance with §438.330(d), MCOs, PIHPs, and PAHPs are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and enrollee satisfaction, and (2) focuses on clinical and/or nonclinical areas that involve the following:

- Measuring performance using objective quality indicators
- Implementing system interventions to achieve quality improvement
- Evaluating intervention effectiveness
- Planning and initiating activities for increasing and sustaining improvement

The EQR technical report must include information on the validation of PIPs required by the state and underway during the preceding 12 months.

To comply with the CMS requirements, DHCS contracts with HSAG to conduct an independent validation of PIPs submitted by MCPs and PSPs. HSAG uses a two-pronged approach. First, HSAG provides training and technical assistance to plans on how to design, conduct, and report PIPs in a methodologically sound manner, meeting all State and federal requirements. Then, HSAG assesses the validity and reliability of PIP submissions to draw conclusions about the quality, timeliness, and accessibility of care furnished by these plans.

Objectives

The purpose of HSAG's PIP validation is to ensure that MCPs, PSPs, DHCS, and stakeholders can have confidence that the plans executed a methodologically sound improvement project, and that any reported improvement is related to and can be reasonably linked to the quality improvement strategies and activities conducted during the PIP.

As part of the annual validation, HSAG evaluates two key components of the quality improvement process:

- The technical structure of the PIP, to ensure that the plan designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements.
  - HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling methods, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes.

Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

- The implementation of the PIP. Once designed, a plan's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, the identification of barriers, and subsequent development of relevant interventions.

Technical Methods of Data Collection and Analysis

Following is a description of HSAG's PIP process, including how HSAG receives the PIP data from plans and how HSAG analyzes the data.

Performance Improvement Project Overview

HSAG's PIP process is based on the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.[9]

HSAG works with states for which it is the EQRO to ensure managed care plans meet the requirement to conduct clinical and nonclinical PIPs. HSAG's determination of whether a PIP topic is clinical or nonclinical is based on the performance indicator(s) defined for the PIP. HSAG determines a performance indicator to be clinical when it measures the occurrence of a clinical service in a clinical setting. A nonclinical PIP's performance indicator must be focused on a nonclinical aspect of care and not related to a clinical service or visit.

Performance Improvement Project Stages

The following are the three PIP stages:

- **Design**, which includes:
  - Selecting the topic based on data that identify an opportunity for improvement.
  - Defining the PIP Aim statement(s) to help maintain the PIP focus and set the framework for data collection, analysis, and interpretation.
  - Clearly defining the PIP population to represent the population to which the PIP Aim statement(s) and performance indicator(s) apply.
  - If sampling is used, using sound sampling methods to select members of the population.

[9] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 7, 2025.

- Selecting the performance indicator(s) to track performance or improvement over time.
  - A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured.
  - The performance indicator(s) should be objective, clear and unambiguously defined, and based on current clinical knowledge or health services research.
- Defining a valid and reliable data collection process which ensures that the data collected for each indicator are valid and reliable.
  - Validity is an indication of the accuracy of the information obtained.
  - Reliability is an indication of the repeatability or reproducibility of a measurement.

- **Implementation**, which includes:
  - Completing data analysis and interpretation of performance indicator results.
  - Conducting causal/barrier analyses and processes to identify and prioritize barriers to desired outcomes.
  - Developing and testing/initiating interventions that are linked to the identified and prioritized barriers.
  - Ongoing data collection to evaluate the effectiveness of each intervention, and using data to determine whether to adopt, adapt, abandon, or continue testing each intervention.
- **Outcomes**, which includes evaluating performance indicator performance based on the following:
  - Non-statistically significant improvement over the baseline performance across all performance indicators.
  - Statistically significant improvement over the baseline performance across all performance indicators.
  - Sustained improvement is assessed after improvement over the baseline performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over the baseline performance indicator performance.

Throughout the duration of the PIP process, HSAG conducts trainings as needed and provides technical assistance to plans when requested.

Annual Submission and Validation

The duration of a PIP is a minimum of three years and includes the reporting of annual measurement periods for baseline, Remeasurement 1, and Remeasurement 2. Plans annually submit to HSAG a PIP Submission Form that documents the PIP activities to the point of progression. HSAG provides to plans the *PIP Submission Form Completion Instructions* that include the details regarding documentation requirements for each step in the PIP process.

As part of the annual validation, HSAG assigns *Met/Partially Met/Not Met* scores to evaluation elements within each of the following review steps, as applicable:

- Review the selected PIP topic.
- Review the PIP Aim statement(s).
- Review the identified PIP population.
- Review the sampling method.
- Review the selected performance indicator(s).
- Review the data collection procedures.
- Review the data analysis and interpretation of results.
- Assess the improvement strategies.
- Assess the likelihood that significant and sustained improvement occurred.

Based on the evaluation element scores, HSAG assesses the validity and reliability of PIP results by determining the confidence levels for the following:

- Overall confidence of adherence to acceptable PIP methodology.
- Overall confidence that the PIP achieved significant improvement.

HSAG shares the initial PIP validation findings with the MCPs and PSPs and provides an opportunity for these plans to address the identified findings and resubmit. The plans have an opportunity to seek technical assistance prior to resubmitting the PIPs for the final validation. HSAG provides final PIP validation findings to the plans and DHCS.

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the PIP submission forms that plans submitted in August 2025. The plans submitted one form for each required PIP. The submissions included Remeasurement 1 data (calendar year 2024) and documented improvement strategies conducted up to the date of submission.

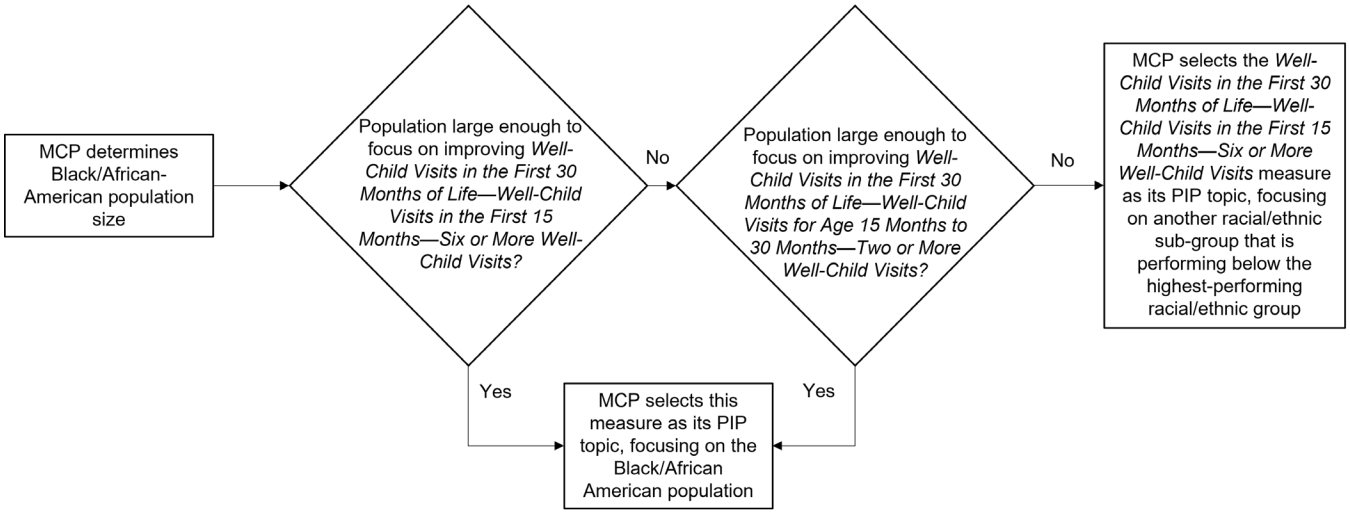
Requirements

DHCS requires that each plan conduct a minimum of two DHCS-approved PIPs.

For 2023–26 PIPs, DHCS worked individually with the two PSPs, based on their specialized populations, to identify PIP topics based on opportunities for improvement.

In alignment with DHCS' CQS Bold Goals,[10] DHCS required the following for the MCP PIP topics:

- Clinical PIP—To determine a clinical PIP topic, each MCP first had to confirm the size of its Black/African-American population. The following diagram depicts how the MCP chose an appropriate topic.



- Nonclinical PIP—DHCS designed the nonclinical PIP topic choices to support efforts to improve statewide performance on the *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total* measures. MCPs were given three topic choices:
  - Improve the percentage of provider notifications for members with substance use disorder/specialty mental health (SUD/SMH) diagnoses following or within seven days of emergency department visit.
  - Improve the percentage of referrals to Community Support programs (Sobering Centers, Day Habilitation programs) within seven days of visiting an emergency department for members with a SUD/SMH diagnosis and seen in the emergency department for the same diagnoses.
  - Improve the percentage of members enrolled into care management, complex care management, or enhanced care management within 14 days of a provider visit where the member was diagnosed with SUD/SMH.
    - MCPs were required to identify the provider type for the qualifying visit that started the 14-day time period and to select a provider type for which they have access to real-time data to avoid a claims lag that might impede the identification of these eligible members and their enrollment into one of the qualifying care management programs within the 14-day requirement.

[10] Ibid.

On April 22, 2025, HSAG conducted a PIP training to provide information to the MCPs and PSPs regarding the August 2025 PIP submission requirements as well as intervention tips.

Results

HSAG validated the 2025 annual PIP submissions received from the MCPs and PSPs. In its PIP validation, HSAG assigned evaluation element scores and determined confidence levels for the overall confidence of MCPs' and PSPs' adherence to an acceptable PIP methodology, as well as the overall confidence of the PIPs' Remeasurement Year 1 data achieving significant improvement over baseline. Figure 3.1 and Figure 3.2 depict the distribution of the confidence level ratings for the 48 PIPs that HSAG validated in 2025.

Figure 3.1—August 2025 Performance Improvement Project Submission Confidence Levels for Adherence to an Acceptable Methodology

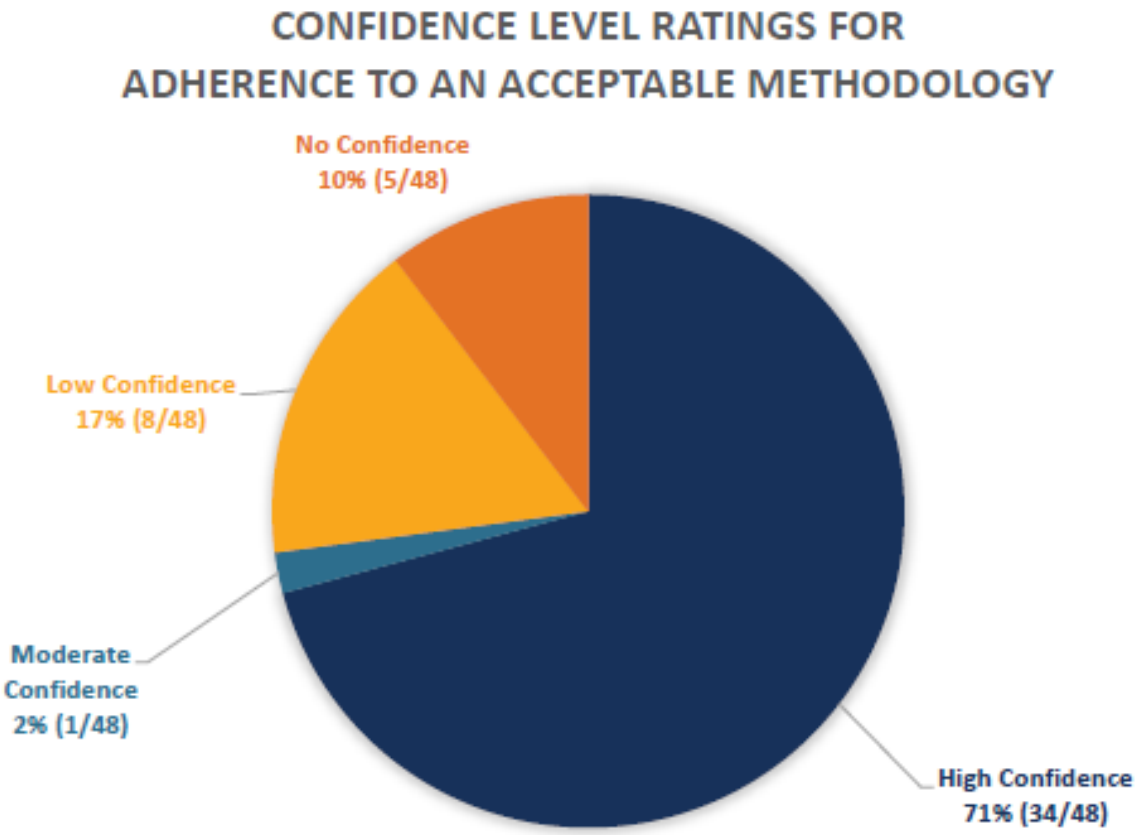


Figure 3.2—August 2025 Performance Improvement Project Submission Confidence Levels for Adherence to an Achievement of Significant Improvement

DHCS' contract with Community Health Plan of Imperial Valley became effective January 1, 2024; therefore, the MCP only reported baseline data for the August 2025 submission. The MCP will report Remeasurement 1 data in its 2026 submission. Since only baseline data were submitted, HSAG could not assess whether Community Health Plan of Imperial Valley's PIPs achieved significant improvement; as a result, the figure below does not reflect this plan's performance.

MCPs and PSPs continued to test types of interventions similar to those tested in 2023 and 2024. For clinical PIPs, most MCPs and PSPs tested interventions directly targeting members, which included member outreach to provide health education and appointment scheduling assistance. Additionally, MCPs and PSPs implemented provider-focused interventions to improve their clinical PIP topics, such as providing education and offering incentive programs. For nonclinical PIPs, MCPs and PSPs mainly focused on implementing systemic changes to develop new or improve existing provider notification processes.

In *Volume 2 of 8 (Appendix B)* of this EQR technical report, HSAG includes plan-specific PIP validation findings and intervention information.

Conclusions

To draw conclusions related to MCPs' and PSPs' PIPs, HSAG assessed the PIP validation results, including the confidence levels HSAG assigned to each PIP.

All MCPs and PSPs 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 48 PIPs validated in 2025, HSAG assigned 34 PIPs (71 percent) *High Confidence* levels for adherence to an acceptable methodology for all phases of design and data collection and accurate data analysis and interpretation of PIP results. Additionally, of the 46 PIPs validated for achieving significant improvement, HSAG assigned 25 PIPs (54 percent) *High Confidence* levels for the Remeasurement 1 performance indicator data demonstrating statistically significant improvement over baseline. These PIP validation findings indicate that most plans built a robust foundation in the Design and Implementation stages of their PIPs, and over half of the PIPs achieved significant improvement in the first remeasurement year.

HSAG's 2025 PIP validations determined that for PIPs which received *Low Confidence* and *No Confidence* level ratings for adherence to an acceptable methodology, MCPs and PSPs did not include all required details about their PIP processes in the PIP submissions. While HSAG conducts PIP trainings to ensure MCPs and PSPs 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.

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each plan's strengths and weaknesses related to PIPs with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

4. Validation of Performance Measures

In accordance with 42 CFR §438.330(c), states must require that MCOs, PIHPs, and PAHPs submit performance measurement data as part of those entities' QAPI programs. Validating performance measures is one of the mandatory EQR activities described in §438.358(b)(1)(ii) and (b)(2). The EQR technical report must include information on the validation of MCO, PIHP, and PAHP performance measures (as required by the state) or MCO, PIHP, and PAHP performance measures calculated by the state during the preceding 12 months.

To comply with §438.358, DHCS contracted with HSAG to conduct an independent audit in alignment with the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit™[,11] standards, policies, and procedures to assess the validity of the DHCS-selected performance measures calculated and submitted by MCPs and PSPs. During each audit, HSAG assesses the validity of each plan's data using the CMS EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023.[12] 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.

Objectives

The purpose of HSAG's performance measure validation (PMV) is to ensure that each plan calculates and reports performance measures consistent with the established specifications and that the results can be compared to one another.

HSAG conducts HEDIS Compliance Audits, and analyzes performance measure results to:

- Evaluate the accuracy of the performance measure data collected and reported by each plan.
- Determine the extent to which each plan followed the established specifications for calculation of the performance measure rates.
- Identify overall strengths and areas for improvement in the performance measure rate calculation process.

[11] HEDIS Compliance Audit™ is a trademark of NCQA.
[12] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 7, 2025.

Note: MCPs and PSPs must calculate and report DHCS' required performance measure rates annually for a measurement year (January through December). Beginning with measurement year 2024, DHCS required MCPs and PSPs to calculate and report performance measure rates at the plan and county levels. HSAG collected the county-level rates from plans during the audit process; however, HSAG audited the plan-level rates only.

Technical Methods of Data Collection and Analysis

HSAG adheres to NCQA's *HEDIS Compliance Audit Standards, Policies, and Procedures, Volume 5*, which outlines the accepted approach for auditors to use when conducting an Information Systems Capabilities Assessment and an evaluation of compliance with performance measure specifications for a plan. All HSAG lead auditors are certified HEDIS compliance auditors.

Following is a description of how HSAG obtained the data for the PMV analyses, which it conducts via HEDIS Compliance Audits.

Performance Measure Validation Activities

The HEDIS Compliance Audit process involved three phases: audit validation, audit review, and follow-up and reporting. The following provides a summary of HSAG's activities with MCPs and PSPs, as applicable, within each of the audit phases. Throughout all audit phases, HSAG actively engages with plans to ensure all audit requirements are met, providing technical assistance and guidance as needed. The audit process is iterative to support these entities in understanding all audit requirements and in being able to report valid rates for all required performance measures. HSAG obtained information through interactions, discussions, and formal interviews with key plan staff members as well as through observations of system demonstrations and data processing.

Audit Validation Activities Phase (September 2024 through May 2025)

- Forwarded HEDIS measurement year 2024 Record of Administration, Data Management, and Processes (Roadmap) upon release from NCQA.
- Forwarded an introductory packet that included the list of performance measures selected by DHCS for each population, the HEDIS measurement year 2024 Roadmap, a timeline for each of the required audit tasks, and guidance on the process requirements.
- Communicated frequently with the MCPs and PSPs throughout the audit season about important audit items, including reminders of upcoming deadlines, required processes, DHCS reporting requirements, performance measure clarifications, and NCQA updates.

- Conducted kick-off calls to introduce the audit team, discuss the audit review agenda, provide guidance on HEDIS Compliance Audit processes, and ensure that MCPs and PSPs were aware of important deadlines.
- Scheduled virtual audit reviews with MCPs and PSPs.
- Conducted survey sample frame validation for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys required by DHCS before the Certified Survey Vendor drew the final samples and administered the surveys.
- Reviewed completed HEDIS Roadmaps to assess compliance with the audit standards, and provided the Information Systems standard tracking report which listed outstanding items and areas that required additional clarification.
- Reviewed source code used for calculating the plan-level non-HEDIS performance measure rates to ensure compliance with the specifications required by the State.
- Verified that MCPs and PSPs used NCQA-Certified measures for calculating the plan-level HEDIS performance measure rates either by using an NCQA-Certified vendor or contracting directly with NCQA to complete automated source code review.
- Conducted validation for all supplemental data sources intended for plan-level reporting and provided a final supplemental data validation report that listed the types of supplemental data reviewed and the validation results.
- Conducted preliminary plan-level rate review to assess data completeness and accuracy early in the audit process to allow time for making corrections, if needed, prior to final plan-level rate submission.
- Conducted medical record review validation (MRRV) to ensure the integrity of medical record review processes for performance measures that required medical record data for HEDIS reporting.

Audit Review Meetings Phase (January 2025 through April 2025)

- Conducted virtual audit review meetings to assess capabilities to collect and integrate data from internal and external sources and produce reliable performance measure results.
- Provided preliminary audit findings.

Follow-Up and Reporting Phase (May 2025 through July 2025)

- Worked collaboratively to resolve any outstanding items and corrective actions, if applicable, and provided a final Information Systems standard tracking report that documented the resolution of each item.
- Conducted final plan-level rate review and provided a rate analysis report that included a comparison to the preliminary rate submission and prior two years' rates (if available) and showed how the rates compared to the NCQA HEDIS measurement year 2023 Audit Means and Percentiles. The report also included a comparison of the eligible populations for each measure to the prior year's eligible populations; and requests for clarification on any notable changes in rates, eligible populations, and measures with rates that remained

the same from year to year. Additionally, auditors verified that MCPs and PSPs used HEDIS Certified Measures[13] to generate the final plan-level rates.

- Compared the final plan-level rates to the patient-level detail files required by DHCS, ensuring that member-level data matched the final rate submission and met DHCS requirements.
- Approved the final plan-level rates and assigned a final, audited result to each selected measure.
- Produced and provided final audit reports containing a summary of all audit activities.

Description of Data Obtained

Through the methodology, HSAG obtained a number of different information sources to conduct the measurement year 2024 HEDIS Compliance Audits. These included:

- HEDIS Roadmap.
- Source code, computer programming, and query language (if applicable) used to calculate the selected non-HEDIS performance measure rates.
- Supporting documentation such as file layouts, system flow diagrams, system log files, and policies and procedures.
- Re-abstraction of a sample of medical records selected by HSAG auditors.

Performance Measure Results Analyses

Using the validated plan-level performance measure rates, HSAG organized, aggregated, and analyzed the data to draw conclusions about plan performance in providing quality, timely, and accessible health care services to members. To aid DHCS in its assessment of plan performance, HSAG produced spreadsheets and compiled data files using the plan- and county-level performance measure results.

DHCS holds plans accountable for county-level rates; however, HSAG compared the audited plan-level rates to the DHCS-established high performance levels (HPLs) and minimum MPLs for informational purposes only. HSAG used the plan-level assessment of performance to identify plan-level strengths, opportunities for improvement, and recommendations.

Aggregate MCP and PSP performance measure results and conclusions are included in Section 5 and Section 6 of this report ("**Managed Care Health Plan Performance Measures**" and "**Population-Specific Health Plan Performance Measures**," respectively).

[13] HEDIS Certified Measures[SM] is a service mark of NCQA.

Results

For measurement year 2024, HSAG conducted 24 HEDIS Compliance Audits for 22 MCPs and two PSPs. The 24 audits resulted in 24 separate data submissions for performance measure rates at the plan level. HSAG also conducted PMV with the 22 MCPs for a select set of measures that DHCS required MCPs to stratify by the Seniors and Persons with Disabilities (SPD), non-SPD, and long-term care (LTC) populations.

Each HEDIS Compliance Audit included preparation for the virtual audit review, survey sample frame validation, Roadmap review, data systems review, supplemental data validation if applicable, source code review, a virtual audit review meeting, MRRV when appropriate, primary source verification, query review, preliminary and final plan-level rate review, and initial and final audit reports production.

Conclusions

To draw conclusions related to PMV, HSAG assessed the information gathered during the virtual audit review meetings, Roadmap documentation, email communications, and phone conversations with MCPs and PSPs.

The following contributed to all MCPs and PSPs being able to fully engage in the audit process and produce valid plan-level performance measure rates for all required measures:

- DHCS continued to allow MCPs and PSPs to choose the data collection methodology for measures with both hybrid and administrative options, which may have saved some MCPs and PSPs the costs associated with using the hybrid methodology in instances wherein hybrid reporting did not improve their rates. Additionally, in instances wherein the MCPs and PSPs were unable to report a measure rate using the hybrid methodology, DHCS' decision provided them the opportunity to report the rate administratively, which resulted in a Reportable (R) rate instead of a Biased Rate (BR).
- HSAG auditors determined that both PSPs and all 22 MCPs were fully compliant with all information systems standards.
- With few exceptions, MCPs and PSPs had integrated teams which included key staff members from both quality and information technology departments. HSAG observed that both areas worked closely together and had a sound understanding of the NCQA HEDIS Compliance Audit process. This multidisciplinary approach is crucial for reporting accurate and timely performance measure rates.
- MCPs and PSPs used enrollment data as the primary data source for determining the eligible population for most measures. The routine data transfer and longstanding relationship between PSPs/MCPs and DHCS continued to support implementation of best practices and stable processes for acquiring membership data.
- One of the two PSPs and the majority of MCPs continued to increase their use of supplemental data sources. These additional data sources offered MCPs and PSPs the

opportunity to more accurately capture the services provided to their members. Moreover, reporting hybrid measures along with supplemental data reduced the amount of resources that MCPs and PSPs had to expend to abstract the clinical information, thus lessening their burden.

- MCPs and PSPs had rigorous editing processes in place to ensure accurate and complete pharmacy, laboratory, and provider claims data.
- With few exceptions, MCPs and PSPs received most claims data electronically and had a very small percentage of claims that required manual data entry, minimizing the potential for errors.
- Twenty-one MCPs and two PSPs underwent MRRV on measures they elected to report using the hybrid data collection methodology, and all MCPs and PSPs successfully passed the MRRV process.
- HSAG auditors determined all measurement year 2024 performance measure rates reported by the two PSPs and 22 MCPs to be reportable.

It is important that MCPs and PSPs have comprehensive, ongoing oversight processes in place due to the continued increase in the number of supplemental data sources used for performance measure rate calculations. HSAG observed that MCPs and PSPs have been incorporating supplemental data sources earlier in the audit process, reducing the review of data sources that are not applicable to the MCAS measures; however, MCPs and PSPs continue to have opportunities to investigate methods of incorporating supplemental data sources earlier in the audit process.

During the audit process, HSAG stressed the importance of MCPs and PSPs using all data that DHCS made available to them for performance measure reporting, including data for carved-out services. HSAG also emphasized to MCPs and PSPs that it is essential they identify the various data sources needed for reporting early in the audit season and monitor the rates frequently to ensure that any potential issues are resolved prior to reporting final rates.

HSAG auditors identified MCP- and PSP-specific challenges and opportunities for improvement and provided feedback to each MCP and PSP, as applicable, during the audit process.

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each plan's strengths and weaknesses related to PMV with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

5. Managed Care Health Plan Performance Measures

Objective

The primary objective related to MCP performance measures is for HSAG to assess MCPs' performance in providing quality, timely, and accessible care and services to their members by organizing, aggregating, and analyzing the validated performance measure results.

Technical Methods of Data Collection and Analysis

HSAG obtained the data for the analyses in this section from the MCPs during the PMV activities described in Section 4 of this report ("**Validation of Performance Measures**") and from NCQA via NCQA's Quality Compass®.[14]

Description of Data Obtained

The data HSAG obtained for the analyses in this section were:

- Performance measure data submitted by the MCPs, which included numerators, denominators, and calculated rates.
- NCQA's HEDIS 2024 Medicaid health maintenance organization (HMO) benchmarks (50th percentiles, 90th percentiles, and national Medicaid averages).
- CMS Federal Fiscal Year (FFY) 2023 Core Set of Children's Health Care Quality Measures for Medicaid and the CHIP (Child Core Set) state medians.

Requirements

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of care MCPs deliver to their members. DHCS refers to this DHCS-required performance measure set as the Managed Care Accountability Set (MCAS). As outlined in the DHCS CQS, DHCS' Quality and Population Health Management (QPHM) program's Quality Metric Workgroup evaluates metrics for all program areas and makes recommendations about which measures should be required for monitoring and accountability. The workgroup also

[14] Quality Compass® is a registered trademark of NCQA.

ensures that all required measures are aligned with the CQS and its key objectives.[15] The performance measure requirements support the advancement of DHCS' CQS goals as well as DHCS' *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families*, which is a forward-looking policy agenda for children and families enrolled in Medi-Cal.[16]

DHCS consults with HSAG and reviews feedback from MCPs and stakeholders to determine which CMS Core Set measures DHCS will require MCPs to report. DHCS requires MCPs to calculate and report performance measure rates at the plan and county levels. HSAG collected the county-level rates from plans during the audit process; however, HSAG audited the plan-level rates only.

Medi-Cal Managed Care Accountability Set

DHCS' measurement year 2024[17] MCAS included select CMS Adult and Child Health Care Quality Measures for Medicaid (Adult and Child Core Sets), some of which are also HEDIS measures. Several required measures include more than one indicator. In this report, HSAG uses "performance measure" or "measure" (rather than indicator) to reference required MCAS measures. Collectively, performance measure results reflect the quality, timeliness, and accessibility of care MCPs provide to their members.

NCQA required race and ethnicity stratifications for select HEDIS measures. DHCS also required MCPs to report the NCQA race and ethnicity stratifications for additional measures. The race stratifications are listed below:

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Some Other Race
- Two or More Races
- Asked but No Answer
- Unknown

[15] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

[16] *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families*. March 2022. Available at: https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf. Accessed on: Nov 7, 2025.

[17] The measurement year is the calendar year for which MCPs report the rates. Measurement year 2024 represents data from January 1, 2024, through December 31, 2024.

The ethnicity stratifications are listed below:

- Hispanic/Latino
- Not Hispanic/Latino
- Asked but No Answer
- Unknown

Table 5.1 lists the measurement year 2024 MCAS measures by measure domain. DHCS organized the measures for which it holds MCPs accountable to exceed MPLs into measure domains based on the health care areas they affect. Organizing these measures by domain allows HSAG to provide meaningful assessment of MCP performance and actionable recommendations to MCPs and DHCS. Additionally, Table 5.1 includes descriptions and indicates the data capture method(s) for each measurement year 2024 MCAS measure. For some MCAS performance measures, the specifications allow for both administrative and hybrid reporting methods; for these measures, DHCS allows MCPs to choose either methodology. Note that when reporting performance measure rates using the hybrid methodology, MCPs are required to procure medical record data.

Note the following:

- For measurement year 2024, DHCS required MCPs to report rates at the SNF level for the following three LTC measures:
  - *Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days*
  - *Potentially Preventable 30-Day Post-Discharge Readmissions*
  - *Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization*

  Note that HSAG updated and tested the measure specifications for each of the three measures from the original measure stewards. The MCPs used the revised measure specifications to calculate and report their measurement year 2024 rates.

  Because the LTC measure rates are reported at the facility level, MCPs and their measure vendors encountered challenges calculating the LTC measure rates. DHCS therefore elected to exclude the LTC measure rates from this EQR technical report. DHCS will review each MCP's facility-level rates and will address any identified concerns with MCPs.

- DHCS included the *Low-Risk Cesarean Delivery* measure in the measurement year 2024 MCAS; however, DHCS determined that MCPs were not required to calculate rates for this measure because CMS calculates the rates on behalf of states.

Table 5.1—Measurement Year 2024 Managed Care Accountability Set Measures

Admin = administrative method, which requires that MCPs identify the eligible population (i.e., the denominator) using administrative data such as enrollment, claims, and encounters. Additionally, MCPs derive the numerator (services provided to members in the eligible population) from administrative data sources and auditor-approved supplemental data sources. MCPs may not use medical records to retrieve information. When using the administrative method, MCPs use the entire eligible population as the denominator.

Hybrid = hybrid method, which requires that MCPs identify the eligible population using administrative data, then extract a systematic sample of members from the eligible population, which becomes the denominator. MCPs use administrative data to identify services provided to these members. When administrative data do not show evidence that MCPs provided the service, MCPs review medical records for those members to derive the numerator.

ECDS = Electronic Clinical Data Systems method, which expands the use of electronic data for quality measurement. Data sources that MCPs may use to identify the denominator and derive the numerator include, but are not limited to, member eligibility files, electronic health records (EHRs), clinical registries, health information exchanges (HIEs), administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

* DHCS allows MCPs to choose the methodology for reporting the rate for this measure and expects that MCPs will report using the methodology that results in the better rate.

^ NCQA requires race and ethnicity stratifications for this measure.

^^ DHCS requires race and ethnicity stratifications for this measure.

Measure	Method of Data Capture
Children's Health Domain (Measures held to MPLs.)	
*Child and Adolescent Well-Care Visits—Total^* The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year.	Admin
*Childhood Immunization Status—Combination 10^^* 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.	Admin or Hybrid*
Developmental Screening in the First Three Years of Life—Total The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Admin

Measure	Method of Data Capture
*Immunizations for Adolescents—Combination 2^* The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus vaccine series by their 13th birthday.	Admin or Hybrid*
Lead Screening in Children The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	Admin or Hybrid*
Topical Fluoride for Children—Dental or Oral Health Services—Total The percentage of enrolled children ages 1 through 20 years who received at least two topical fluoride applications as dental or oral health services within the measurement year.	Admin
*Well-Child Visits in the First 30 Months of Life^* Two rates are reported: ♦ *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*—The percentage of members who turned 15 months old during the measurement year who had six or more well-child visits with a PCP during the last 15 months. ♦ *Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits*—The percentage of members who turned 30 months old during the measurement year who had two or more well-child visits with a PCP during the last 15 months.	Admin
Reproductive Health Domain (Measures held to MPLs.)	
Chlamydia Screening in Women—Total The percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Admin
*Prenatal and Postpartum Care^* Two rates are reported: ♦ *Postpartum Care*—The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery. ♦ *Timeliness of Prenatal Care*—The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in	Admin or Hybrid*

Measure	Method of Data Capture
the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.	
Cancer Prevention Domain (Measures held to MPLs.)	
Breast Cancer Screening—Total^ The percentage of members 50 to 74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	ECDS
Cervical Cancer Screening The percentage of members 21 to 64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: ♦ Members 21 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. ♦ Members 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. ♦ Members 30 to 64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/hrHPV cotesting within the last 5 years.	Admin or Hybrid*
Chronic Disease Management Domain (Measures held to MPLs.)	
Asthma Medication Ratio—Total^ The percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Admin
Controlling High Blood Pressure—Total^ The percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.	Admin or Hybrid*
Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^ The percentage of members 18 to 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at >9.0 percent during the measurement year.	Admin or Hybrid*

Measure	Method of Data Capture
Behavioral Health Domain (Measures held to MPLs.)	
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total^ The percentage of emergency department visits for members 6 years of age and older 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 (31 total days).	Admin
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total^ The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit within 30 days of the emergency department visit (31 total days).	Admin
Report Only Measures (Measures not held to MPLs.)	
Adults' Access to Preventive/Ambulatory Health Services—Total The percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.	Admin
Antidepressant Medication Management The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported: ♦ *Effective Acute Phase Treatment—Total*—The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). ♦ *Effective Continuation Phase Treatment—Total*—The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	Admin
Colorectal Cancer Screening^ The percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer.	ECDS

Measure	Method of Data Capture
Contraceptive Care—All Women—Most or Moderately Effective Contraception Among women at risk of unintended pregnancy, the percentage who were provided a most effective or moderately effective method of contraception. Two rates are reported: ♦ *Ages 15–20 Years* ♦ *Ages 21–44 Years*	Admin
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days Among women who had a live birth, the percentage who were provided a most effective or moderately effective method of contraception within 90 days of delivery. Two rates are reported: ♦ *Ages 15–20 Years* ♦ *Ages 21–44 Years*	Admin
Depression Remission or Response for Adolescents and Adults The percentage of members 12 years of age and older with a diagnosis of depression and an elevated Patient Health Questionnaire (PHQ-9) score, who had evidence of response or remission within 120–240 days (4–8 months) of the elevated score. Three rates are reported: ♦ *Follow-Up PHQ-9*—The percentage of members who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score. ♦ *Depression Remission*—The percentage of members who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score. ♦ *Depression Response*—The percentage of members who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.	ECDS
Depression Screening and Follow-Up for Adolescents and Adults^^ The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported: ♦ *Depression Screening*—The percentage of members who were screened for clinical depression using a standardized instrument. ♦ *Follow-Up on Positive Screen*—The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	ECDS

Measure	Method of Data Capture
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications The percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Admin
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total^ The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the emergency department visit (8 total days).	Admin
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—Total^ The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit within 7 days of the emergency department visit (8 total days).	Admin
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication The percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days from the first ADHD medication being dispensed. Two rates are reported: ♦ *Initiation Phase*—The percentage of members 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. ♦ *Continuation and Maintenance Phase*—The percentage of members 6 to 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	ECDS

Measure	Method of Data Capture
Metabolic Monitoring for Children and Adolescents on Antipsychotics The percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: ♦ *Blood Glucose Testing—Total*—The percentage of children and adolescents on antipsychotics who received blood glucose testing. ♦ *Cholesterol Testing—Total*—The percentage of children and adolescents on antipsychotics who received cholesterol testing. ♦ *Blood Glucose and Cholesterol Testing—Total*—The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	ECDS
Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days The number of outpatient emergency department visits that occurred among permanent (i.e., long-stay) residents of a nursing home during a one-year period, expressed as the number of outpatient emergency department visits for every 1,000 days that the long-stay residents were admitted to the facility (i.e., long-stay resident days).	Admin
*Pharmacotherapy for Opioid Use Disorder^* The percentage of new opioid use disorder pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of opioid use disorder and a new opioid use disorder pharmacotherapy event.	Admin
*Plan All-Cause Readmissions^^* For members ages 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. This measure reports the count of observed 30-day readmissions. Three rates are reported: ♦ *Observed Readmissions—Total* ♦ *Expected Readmissions—Total* ♦ *Observed/Expected (O/E) Ratio—Total*	Admin

Measure	Method of Data Capture
Postpartum Depression Screening and Follow-Up The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported: ♦ *Depression Screening*—The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. ♦ *Follow-Up on Positive Screen*—The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.	ECDS
Potentially Preventable 30-Day Post-Discharge Readmissions The percentage of unplanned, potentially preventable readmissions for residents who are Medi-Cal members and dual-eligible members. This outcome measure reflects readmission rates for residents who are readmitted to a short-stay acute-care hospital within a 30-day window following discharge from a SNF with a principal diagnosis considered to be unplanned and potentially preventable.	Admin
Prenatal Depression Screening and Follow-Up The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported: ♦ *Depression Screening*—The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument. ♦ *Follow-Up on Positive Screen*—The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.	ECDS
*Prenatal Immunization Status^* The percentage of deliveries in the measurement period in which members received influenza and Tdap vaccinations. Three rates are reported: ♦ *Influenza* ♦ *Tdap* ♦ *Combination*	ECDS
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization The percentage of healthcare-associated infections that are acquired during SNF care and result in hospitalization.	Admin

Measure	Method of Data Capture
Topical Fluoride for Children The percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications. Two rates are reported for the Report Only category: ♦ *Dental Services—Total* ♦ *Oral Health Services—Total*	Admin

Seniors and Persons with Disabilities Performance Measure Stratification

In addition to requiring MCPs to report rates for MCAS measures in measurement year 2024, DHCS required MCPs to report separate rates for their SPD and non-SPD populations for the *Plan All-Cause Readmissions—Observed Readmissions—Total* measure.

DHCS-Established Performance Levels

Each year, to create a uniform standard for assessing MCPs on performance measures, DHCS establishes HPLs and MPLs for a select number of MCAS measures. DHCS uses the established HPLs as performance goals and recognizes MCPs for outstanding performance. MCPs are contractually required to exceed DHCS-established MPLs at the county level.

To establish the HPLs and MPLs for the measurement year 2024 MCAS HEDIS measures, DHCS used NCQA's Quality Compass HEDIS 2024 Medicaid HMO benchmarks, which reflect the previous year's benchmark percentiles (measurement year 2023). For measurement year 2024, DHCS based the HPLs on NCQA's Quality Compass HEDIS 2024 Medicaid HMO 90th percentiles and the MPLs on the Medicaid HMO 50th percentiles.

To establish the MPLs for the measurement year 2024 MCAS CMS Child Core Set measures, DHCS used the CMS FFY 2023 state medians.[18] CMS calculates the state median for a specified measure by using data from states that report the specified measure. DHCS established no HPLs for the Child Core Set measures.

HSAG includes in Table 5.2 the benchmarks that DHCS used to establish the HPLs and MPLs for the measurement year 2024 MCAS measures for which DHCS determined to hold MCPs

[18] Centers for Medicare & Medicaid Services: *Quality of Care for Children in Medicaid and CHIP: Findings from the 2023 Child Core Set—Chart Pack*, December 2024. Available at: Quality of Care for Children in Medicaid and CHIP: Findings from the 2023 Child Core Set Chart Pack. Accessed on: Nov 7, 2025.

accountable to exceed the MPLs for their unaudited county-level rates.[19] Note that according to DHCS' license agreement with NCQA, HSAG includes the NCQA Quality Compass benchmarks.

Table 5.2—High Performance Level and Minimum Performance Level Benchmark Values for Measurement Year 2024

Measurement year 2024 HPL and MPL HEDIS benchmark values represent NCQA's Quality Compass HEDIS 2024 Medicaid HMO 90th and 50th percentiles, respectively, reflecting the measurement year from January 1, 2023, through December 31, 2023.

Measurement year 2024 MPL Child Core Set benchmark values represent services furnished to children covered by Medicaid and CHIP during FFY 2023, which generally covers care delivered in calendar year 2022. The Core Set benchmarks are denoted with an asterisk (*).

** Note that the *Hemoglobin A1c (HbA1c) Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)* measure was revised to the *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%* measure for measurement year 2024. This benchmark is based on measurement year 2023 *Hemoglobin A1c (HbA1c) Control for Patients With Diabetes—HbA1c Poor Control (>9.0%)* measure rates. Note that the differences in the *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%* measure specifications could result in improved performance among plans for measurement year 2024.

^ A lower rate indicates better performance for this measure.

N/A indicates that DHCS did not establish an HPL for this measure.

[19] The source for certain health plan measure rates and benchmark (averages and percentiles) data ("the data") is Quality Compass® 2024 and is used with the permission of 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.

The data comprise audited performance rates and associated benchmarks for HEDIS® and HEDIS CAHPS® survey measure results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures, or any data or rates calculated using HEDIS measures and specifications, and NCQA has no liability to anyone who relies on such measures or specifications.

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Measure	Measurement Year 2024 High Performance Level	Measurement Year 2024 Minimum Performance Level
Children's Health Domain		
Child and Adolescent Well-Care Visits—Total	64.74%	51.81%
Childhood Immunization Status—Combination 10	42.34%	27.49%
Developmental Screening in the First Three Years of Life—Total	N/A	35.70%*
Immunizations for Adolescents—Combination 2	48.66%	34.30%
Lead Screening in Children	79.51%	63.84%
Topical Fluoride for Children—Dental or Oral Health Services—Total	N/A	19.00%*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	69.67%	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	79.94%	69.43%
Reproductive Health Domain		
Chlamydia Screening in Women—Total	69.07%	55.95%
Prenatal and Postpartum Care—Postpartum Care	86.62%	80.23%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	91.85%	84.55%
Cancer Prevention Domain		
Breast Cancer Screening—Total	63.48%	52.68%
Cervical Cancer Screening	67.46%	57.18%
Chronic Disease Management Domain		
Asthma Medication Ratio—Total	76.65%	66.24%
Controlling High Blood Pressure—Total	72.75%	64.48%
*Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^*	27.01%**	33.33%**

Measure	Measurement Year 2024 High Performance Level	Measurement Year 2024 Minimum Performance Level
Behavioral Health Domain		
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total	73.12%	53.82%
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total	49.40%	36.18%

Quality Enforcement Actions

California Welfare and Institutions Code (CA WIC) §14197.7(e)[20] and the MCP contracts authorize DHCS to impose enforcement actions on MCPs that fail to exceed the required MPLs established by DHCS. DHCS required MCPs to submit plan-level rates for HSAG to audit and for MCPs to submit unaudited county-level rates for DHCS to use for quality and enforcement program use only. Enforcement actions may include CAPs and monetary and non-monetary sanctions. The level and type of enforcement action depend on the number of deficiencies and the severity of the quality issues identified.

Enforcement Tiers

DHCS establishes accountability requirements based on enforcement tiers. MCPs not exceeding the MPL for one or more measures within a performance measure domain will be placed in an enforcement tier. Note that for enforcement tier placement, DHCS uses the following four measure domains:

- Children's Health
- Reproductive Health and Cancer Prevention
- Chronic Disease Management
- Behavioral Health

Following are the criteria for each tier:

- Tier 1—One performance measure rate not exceeding the MPL in any one domain.
- Tier 2—Two or more performance measure rates not exceeding the MPLs in any one domain.

[20] Cal. WIC §14197.7. Available at: California Code, WIC 14197. Accessed on: Nov 7, 2025.

- Tier 3—Three or more performance measure rates not exceeding the MPLs in two or more domains.

DHCS determines the appropriate quality enforcement actions based on each MCP's enforcement tier assignment, including both monetary and non-monetary penalties or sanctions. MCPs will not be subject to monetary sanctions for reporting units that do not trigger a tier rating or for reporting units assigned to Tier 1.

Monetary Sanctions

DHCS will determine monetary sanctions by taking into account the following factors:

- Severity—The percentage point difference between the MCP's performance measure rate and the MPL.
- Trending—The difference between the MCP's most recent measurement year performance measure rate and the previous measurement year performance measure rate.
- Population Not Served—The number of affected members who did not receive the service based on the numerator and denominator data the MCP submitted during the MCAS PMV process.
- Healthy Places Index[21] Impact—DHCS will reduce the sanction amount for MCPs operating in underserved ZIP Codes.

Details regarding DHCS' quality enforcement actions, including the detailed methodology DHCS will use to determine monetary sanction amounts, may be found in All Plan Letter (APL) 25-007, Attachment C.[22]

MCP Statewide Weighted Average Calculation Methodologies

HSAG calculated the measurement years 2022, 2023, and 2024 MCP statewide weighted averages according to CMS' methodology.[23]

[21] Public Health Alliance of Southern California. The California Healthy Places Index. Available at: https://www.healthyplacesindex.org/. Accessed on: Nov 7, 2025.

[22] All Plan Letter 25-007: Supersedes All Plan Letter 23-012. Attachment C. Available at: Attachment C - Managed Care Accountability Set Monetary Sanction Methodology. Accessed on: Nov 7, 2025.

[23] Centers for Medicare & Medicaid Services. Technical Assistance Resource: Calculating State-Level Rates Using Data from Multiple Reporting Units. January 2025. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf. Accessed on: Nov 7, 2025.

Results

Please refer to Table 5.1 for descriptions of all MCAS measures displayed under this "Results" heading. Additionally, refer to *Volume 3 of 8* of this EQR technical report for comparative measurement year 2024 results across all MCPs for all DHCS-required performance measures. The *Comparative Managed Care Health Plan-Specific Measurement Year 2024 Performance Measure Results* provides the following:

- Comparisons of audited plan-level rates to the HPLs and MPLs for applicable performance measures (presented for informational purposes only).
- Comparative results for Report Only measures that were not compared to HPLs and MPLs.
- Comparative SPD and non-SPD stratification results for applicable measures.

Lastly, *Volume 4 of 8* of this EQR technical report includes statewide and MCP-specific measurement year 2024 performance measure results stratified by race and ethnicity.

Performance Measure Weighted Averages Compared to Benchmarks

Table 5.3 presents the statewide weighted averages for measures for which DHCS required MCPs to exceed MPLs. DHCS organized the measures by domains based on the health care areas they affect. Organizing these measures by domain allows HSAG to provide meaningful assessment of MCP performance and actionable recommendations to MCPs and DHCS. As applicable, the table displays three-year trending for the statewide weighted averages and a comparison of measurement year 2024 MCP statewide weighted averages to the measurement year 2023 MCP statewide weighted averages and to the DHCS-established HPLs and MPLs.

Please refer to Table 5.2 for the benchmarks HSAG used for HPL and MPL comparisons included in Table 5.3.

Table 5.3—Measurement Years 2022, 2023, and 2024 Managed Care Health Plan Statewide Weighted Average Performance Measure Results for Rates Compared to Benchmarks

Rates shaded in gray and denoted with an upward arrow (↑) indicate performance equal to or better than the HPL.

Rates **bolded** and denoted with a downward arrow (↓) indicate performance equal to or worse than the MPL.

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022.

Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024.

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

* For this measure, only the measurement years 2023 and 2024 rates are compared to benchmarks. In addition, DHCS did not establish an HPL for this measure; therefore, the rates are only compared to MPLs.

** For this measure, only the measurement years 2023 and 2024 rates are compared to the HPLs and MPLs based on DHCS' performance measure requirements.

^ A lower rate indicates better performance for this measure.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Children's Health Domain				
Child and Adolescent Well-Care Visits—Total	**47.02%↓**	49.50%	53.40%	3.90▲
Childhood Immunization Status—Combination 10	**34.69%↓**	**30.64%↓**	30.77%	0.13
*Developmental Screening in the First Three Years of Life—Total**	32.33%	40.34%	49.49%	9.15▲
Immunizations for Adolescents—Combination 2	39.97%	41.36%	41.77%	0.41▲
Lead Screening in Children	**54.57%↓**	**58.46%↓**	66.79%	8.33▲
*Topical Fluoride for Children—Dental or Oral Health Services—Total**	9.75%	**18.17%↓**	23.22%	5.05▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	**49.56%↓**	**53.56%↓**	**59.22%↓**	5.66▲
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	**64.33%↓**	**66.65%↓**	70.35%	3.70▲
Reproductive Health Domain				
Chlamydia Screening in Women—Total	63.56%	65.79%	68.03%	2.24▲
Prenatal and Postpartum Care—Postpartum Care	81.90%	82.62%	85.21%	2.59▲
Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.55%	87.99%	89.44%	1.45▲
Cancer Prevention Domain				
Breast Cancer Screening—Total	55.72%	58.00%	61.22%	3.22▲
Cervical Cancer Screening	**56.80%↓**	58.27%	59.25%	0.98▲
Chronic Disease Management Domain				
*Asthma Medication Ratio—Total***	67.43%	**64.28%↓**	**66.23%↓**	1.95▲
Controlling High Blood Pressure—Total	62.93%	66.72%	70.31%	3.59▲
*Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^*	35.60%	32.94%	28.79%	-4.15▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Behavioral Health Domain				
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total	**46.81%↓**	**38.15%↓**	**51.88%↓**	13.73▲
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total	28.61%	**29.17%↓**	37.37%	8.20▲

Report Only Performance Measures

Table 5.4 presents the MCP statewide weighted averages for Report Only measures (i.e., measures that HSAG did not compare to HPLs and MPLs). As applicable, the table displays three-year trending for the statewide weighted averages and a comparison of measurement year 2024 MCP statewide weighted averages to the measurement year 2023 MCP statewide weighted averages. While DHCS does not require MCPs to exceed MPLs for Report Only measures, DHCS uses trending information as a way to assess MCP and statewide performance.

Table 5.4—Measurement Years 2022, 2023, and 2024 Managed Care Health Plan Statewide Weighted Average Report Only Performance Measure Results

Rates shaded in gold with an upward triangle (▲) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly better than the measurement year 2023 rate.

Rates shaded in blue with a downward triangle (▼) reflect that the statistical testing result indicates that the measurement year 2024 rate is significantly worse than the measurement year 2023 rate.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022.

Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024.

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

^ A lower rate indicates better performance for this measure.

* This is a risk-adjusted measure which measures the population's risk of readmission following an inpatient stay; therefore, a high or low rate does not necessarily indicate better or worse performance.

Not Tested = A measurement year 2023–24 rate difference was not calculated because higher or lower rates do not necessarily indicate better or worse performance or because the data for this measure do not meet the assumptions for a Chi-square test of statistical significance.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Adults' Access to Preventive/Ambulatory Health Services—Total	64.43%	65.31%	67.73%	2.42▲
Antidepressant Medication Management—Effective Acute Phase Treatment—Total	66.10%	73.48%	69.21%	-4.27▼
Antidepressant Medication Management—Effective Continuation Phase Treatment—Total	49.52%	57.72%	51.62%	-6.10▼
Colorectal Cancer Screening	NA	40.46%	44.22%	3.76▲
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20	12.69%	11.67%	11.37%	-0.30▼
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44	21.22%	20.49%	20.70%	0.21▲
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—Ages 15–20	33.31%	45.25%	45.44%	0.19

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—90 Days—Ages 21–44	33.51%	41.19%	42.33%	1.14▲
Depression Remission or Response for Adolescents and Adults—Depression Remission—Total	7.50%	8.94%	10.26%	1.32▲
Depression Remission or Response for Adolescents and Adults—Depression Response—Total	13.40%	15.72%	17.02%	1.30▲
Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—Total	40.44%	44.99%	45.95%	0.96▲
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—Total	3.74%	8.78%	14.51%	5.73▲
Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—Total	72.40%	71.70%	75.80%	4.10▲
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	78.62%	81.63%	82.08%	0.45▲

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total	33.57%	25.33%	36.04%	10.71▲
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—Total	18.36%	18.96%	25.07%	6.11▲
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase	47.13%	46.80%	52.53%	5.73▲
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	52.39%	48.99%	59.85%	10.86▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total	59.76%	60.04%	61.13%	1.09▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total	40.56%	40.89%	42.66%	1.77▲
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	39.39%	39.78%	41.55%	1.77▲
Pharmacotherapy for Opioid Use Disorder	21.60%	21.34%	13.49%	-7.85▼

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
*Plan All-Cause Readmissions—Observed Readmissions—Total^*	9.05%	9.23%	9.70%	0.47▼
*Plan All-Cause Readmissions—Expected Readmissions—Total**	9.47%	9.54%	8.70%	Not Tested
*Plan All-Cause Readmissions—O/E Ratio—Total^*	0.9557	0.9676	1.1147	Not Tested
Postpartum Depression Screening and Follow-Up—Depression Screening	7.44%	13.11%	16.81%	3.70▲
Postpartum Depression Screening and Follow-Up—Follow-Up on Positive Screen	71.48%	71.13%	80.41%	9.28▲
Prenatal Depression Screening and Follow-Up—Depression Screening	10.39%	17.16%	24.35%	7.19▲
Prenatal Depression Screening and Follow-Up—Follow-Up on Positive Screen	51.12%	53.75%	64.21%	10.46▲
Prenatal Immunization Status—Influenza	30.91%	31.02%	30.16%	-0.86▼
Prenatal Immunization Status—Tdap	57.71%	58.32%	59.96%	1.64▲
Prenatal Immunization Status—Combination	26.73%	27.05%	26.64%	-0.41▼

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate	Measurement Years 2023–24 Rate Difference
Topical Fluoride for Children—Dental Services—Total	7.42%	12.56%	19.56%	7.00▲
Topical Fluoride for Children—Oral Health Services—Total	0.57%	0.70%	2.03%	1.33▲

Performance Measure Weighted Averages Compared to National Medicaid Averages

Table 5.5 presents the MCP statewide weighted averages for each MCAS measure that HSAG compared to the corresponding national Medicaid average and displays whether the statewide weighted averages were better or worse than the national Medicaid averages.

Table 5.5—Measurement Years 2022, 2023, and 2024 Managed Care Health Plan Statewide Weighted Average Performance Measure Results Compared to National Medicaid Averages

Rates shaded in gray and denoted with an upward arrow (↑) indicate performance better than the national Medicaid average.

Rates **bolded** and denoted with a downward arrow (↓) indicate performance worse than the national Medicaid average.

Measurement year 2022 rates reflect data from January 1, 2022, through December 31, 2022.

Measurement year 2023 rates reflect data from January 1, 2023, through December 31, 2023.

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024.

^ A lower rate indicates better performance for this measure.

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate
Adults' Access to Preventive/Ambulatory Health Services—Total	**64.43%↓**	**65.31%↓**	**67.73%↓**
Antidepressant Medication Management—Effective Acute Phase Treatment—Total	66.10%↑	73.48%↑	69.21%↑

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate
Antidepressant Medication Management—Effective Continuation Phase Treatment—Total	49.52%↑	57.72%↑	51.62%↑
Asthma Medication Ratio—Total	67.43%↑	**64.28%↓**	66.23%↑
Breast Cancer Screening—Total	55.72%↑	58.00%↑	61.22%↑
Cervical Cancer Screening	56.80%↑	58.27%↑	59.25%↑
Child and Adolescent Well-Care Visits—Total	**47.02%↓**	49.50%↑	53.40%↑
Childhood Immunization Status—Combination 10	**34.69%↓**	**30.64%↓**	30.77%↑
Chlamydia Screening in Women—Total	63.56%↑	65.79%↑	68.03%↑
Controlling High Blood Pressure—Total	62.93%↑	66.72%↑	70.31%↑
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	**78.62%↓**	81.63%↑	82.08%↑
Depression Remission or Response for Adolescents and Adults—Depression Remission—Total	7.50%*	8.94%*	10.26%↑
Depression Remission or Response for Adolescents and Adults—Depression Response—Total	13.40%*	15.72%*	17.02%↑
Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—Total	40.44%*	44.99%*	45.95%↑
Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—Total	3.74%*	8.78%*	14.51%↑
Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—Total	72.40%*	71.70%*	75.80%↑
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—Total	**33.57%↓**	**25.33%↓**	**36.04%↓**

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total	**46.81%↓**	**38.15%↓**	**51.88%↓**
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—Total	18.36%↑	**18.96%↓**	25.07%↑
Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total	28.61%↑	**29.17%↓**	37.37%↑
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase	47.13%↑	46.80%↑	52.53%↑
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	52.39%↑	**48.99%↓**	59.85%↑
*Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^*	35.60%↑	32.94%↑	28.79%↑
Immunizations for Adolescents—Combination 2	39.97%↑	41.36%↑	41.77%↑
Lead Screening in Children	**54.57%↓**	**58.46%↓**	66.79%↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing—Total	59.76%↑	60.04%↑	61.13%↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	39.39%↑	39.78%↑	41.55%↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Cholesterol Testing—Total	40.56%↑	40.89%↑	42.66%↑
Pharmacotherapy for Opioid Use Disorder	**21.60%↓**	**21.34%↓**	**13.49%↓**
Postpartum Depression Screening and Follow-Up—Depression Screening	7.44%*	13.11%↑	16.81%↑

Measure	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Year 2024 Rate
Postpartum Depression Screening and Follow-Up—Follow-Up on Positive Screen	71.48%*	71.13%↑	80.41%↑
Prenatal Depression Screening and Follow-Up—Depression Screening	10.39%*	17.16%↑	24.35%↑
Prenatal Depression Screening and Follow-Up—Follow-Up on Positive Screen	51.12%*	53.75%↑	64.21%↑
Prenatal Immunization Status—Influenza	30.91%↑	31.02%↑	30.16%↑
Prenatal Immunization Status—Tdap	57.71%↑	58.32%↑	59.96%↑
Prenatal Immunization Status—Combination	26.73%↑	27.05%↑	26.64%↑
Prenatal and Postpartum Care—Postpartum Care	81.90%↑	82.62%↑	85.21%↑
Prenatal and Postpartum Care—Timeliness of Prenatal Care	88.55%↑	87.99%↑	89.44%↑
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	**49.56%↓**	**53.56%↓**	59.22%↑
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	**64.33%↓**	**66.65%↓**	70.35%↑

Seniors and Persons with Disabilities

Table 5.6 presents the SPD and non-SPD statewide weighted averages, a comparison of these averages, and the total statewide weighted average for the measure MCPs stratified by SPD and non-SPD populations for measurement year 2024.

Table 5.6—Measurement Year 2024 Managed Care Health Plan Statewide Weighted Average Comparison and Results for the Measure Stratified by the SPD Population

Rates shaded in gold with an upward triangle (▲) reflect that the measurement year 2024 SPD rate is significantly better than the measurement year 2024 non-SPD rate.

Rates shaded in blue with a downward triangle (▼) reflect that the measurement year 2024 SPD rate is significantly worse than the measurement year 2024 non-SPD rate.

Measurement year 2024 rates reflect data from January 1, 2024, through December 31, 2024.

Performance comparisons are based on the Chi-square test of statistical significance, with a *p* value of <0.05.

^ A lower rate indicates better performance for this measure.

Measure	Measurement Year 2024 SPD Rate	Measurement Year 2024 Non-SPD Rate	SPD/Non-SPD Rate Difference	Measurement Year 2024 Total Rate
*Plan All-Cause Readmissions—Observed Readmissions—Total^*	12.80%	9.11%	3.69 ▼	9.70%

Comparison Across All Managed Care Health Plans

For the 16 measures for which HSAG compared rates to HPLs, HSAG calculated the percentage of reported rates that were equal to or better than the HPLs for measurement year 2024 across all performance measure domains at the MCP level. Table 5.7 lists each MCP, the number of rates equal to or better than the HPLs, and the percentage of reported rates that were equal to or better than the HPLs in measurement year 2024, from highest to lowest percentage.

Table 5.7—Percentage of Measurement Year 2024 Rates Equal To or Better Than the High Performance Levels, by MCP

Medi-Cal Managed Care Health Plan	Number of Rates Equal To or Better Than the High Performance Levels	Percentage of Rates Equal To or Better Than the High Performance Levels
Kaiser Permanente	11	68.75%
Contra Costa Health Plan	9	56.25%
Central California Alliance for Health	7	43.75%
Health Plan of San Mateo	6	37.50%
Community Health Plan of Imperial Valley	5	31.25%
San Francisco Health Plan	5	31.25%
Alameda Alliance for Health	3	18.75%

Medi-Cal Managed Care Health Plan	Number of Rates Equal To or Better Than the High Performance Levels	Percentage of Rates Equal To or Better Than the High Performance Levels
CenCal Health	3	18.75%
Community Health Group Partnership Plan	3	18.75%
Gold Coast Health Plan	3	18.75%
CalOptima	2	12.50%
Health Net Community Solutions, Inc.	2	12.50%
Inland Empire Health Plan	2	12.50%
L.A. Care Health Plan	2	12.50%
Santa Clara Family Health Plan	2	12.50%
CalViva Health	1	6.25%
Health Plan of San Joaquin	1	6.25%
Partnership HealthPlan of California	1	6.25%
Anthem Blue Cross Partnership Plan	0	0.00%
Blue Shield of California Promise Health Plan	0	0.00%
Kern Family Health Care	0	0.00%
Molina Healthcare of California	0	0.00%

For the 18 measures for which HSAG compared rates to MPLs, HSAG calculated the percentage of reported rates that were equal to or worse than the MPLs for measurement year 2024 across all performance measure domains at the MCP level. Table 5.8 lists each MCP, the number of rates equal to or worse than the MPLs, and the percentage of reported rates that were equal to or worse than the MPLs in measurement year 2024, from highest to lowest percentage.

Table 5.8—Percentage of Measurement Year 2024 Rates Equal To or Worse Than the Minimum Performance Levels, by MCP

Medi-Cal Managed Care Health Plan	Number of Rates Equal To or Worse Than the Minimum Performance Levels	Percentage of Rates Equal To or Worse Than the Minimum Performance Levels
Health Plan of San Joaquin	11	61.11%
Anthem Blue Cross Partnership Plan	9	50.00%
Health Net Community Solutions, Inc.	7	38.89%
Molina Healthcare of California	7	38.89%
Partnership HealthPlan of California	7	38.89%
Kern Family Health Care	6	33.33%
L.A. Care Health Plan	6	33.33%
Community Health Plan of Imperial Valley	4	22.22%
Alameda Alliance for Health	3	16.67%
Blue Shield of California Promise Health Plan	3	16.67%
CalOptima	3	16.67%
CalViva Health	3	16.67%
Inland Empire Health Plan	2	11.11%
Kaiser Permanente	2	11.11%
Santa Clara Family Health Plan	2	11.11%
Community Health Group Partnership Plan	1	5.56%
Gold Coast Health Plan	1	5.56%
San Francisco Health Plan	1	5.56%
CenCal Health	0	0.00%
Central California Alliance for Health	0	0.00%
Contra Costa Health Plan	0	0.00%
Health Plan of San Mateo	0	0.00%

HSAG includes MCP-specific performance measure results for all required MCAS measures in *Volume 3 of 8* of this EQR technical report.

Measurement Year 2023 Quality Monitoring

Based on measurement year 2023 performance measure results, DHCS placed MCPs not meeting the MPL for one or more measures within a performance measure domain into a quality monitoring tier as indicated under the "Enforcement Tiers" heading in this section of the report.

DHCS worked with each MCP to determine specific quality improvement requirements. Additionally, DHCS provides ongoing technical assistance to plans and monitors their progress toward meeting the agreed-upon quality improvement goals.

DHCS' Support Provided to MCPs

DHCS provides extensive support to MCPs related to ongoing quality improvement activities as well as new contractual requirements. The technical assistance and resources that DHCS provides support MCPs' efforts to provide quality, timely, and accessible health care to their members, including:

- Assisting MCPs with prioritizing areas in need of improvement and identifying performance measures for MCPs to use as focus areas for quality improvement activities.
- Conducting technical assistance calls for MCPs as needed to discuss ongoing quality improvement efforts and support these MCPs in continuing to improve performance.
- Providing opportunities through biannual regional collaborative calls, statewide collaborative learning calls, and calls with MCP county behavioral health plans. During these calls, DHCS presents regional data and provides opportunities for MCPs to discuss region-specific challenges and strategies for improvement. These calls also provide opportunities for MCPs to discuss quality improvement approaches that have and have not worked, explore partnerships, and share resources.
- Continuing to update and promote the Quality Improvement Toolkit, which provides information about resources, promising practices to improve quality of care, ways to improve performance on measures, and ways to promote health equity.

Conclusions

To draw conclusions related to MCPs' performance measure results, HSAG assessed the MCP statewide weighted averages to determine statewide performance and MCP performance related to DHCS' required MPLs.

DHCS' MCAS is comprehensive and includes measures that collectively assess the quality, timeliness, and accessibility of care MCPs provide to their adult and child members. Required performance measures assess screening, prevention, health care, and utilization services. DHCS requires all MCPs to conduct two PIPs; participate in various collaborative discussions with DHCS, other MCPs, and behavioral health plans; and actively collaborate across delivery

systems to support improvement across all required performance measures. Additionally, DHCS provides ongoing technical assistance to support MCPs in their quality improvement efforts and ensure MCPs understand all DHCS requirements.

HSAG drew the following overall conclusions based on its review of the MCPs' performance measure results:

- MCPs showed varying levels of opportunities for improvement based on plan-level performance measure results, with the percentages of rates equal to or worse than the MPLs ranging from 61.11 percent to 0.00 percent. The following MCPs had no plan-level rates below the MPLs for measurement year 2024:
  - CenCal Health
  - Central California Alliance for Health
  - Contra Costa Health Plan
  - Health Plan of San Mateo
- While the statewide weighted averages for the following three performance measure weighted averages that HSAG compared to benchmarks were below the MPLs for measurement year 2024, aggregate performance measure results show that for all three measures, MCPs collectively made performance improvements that contributed to statewide weighted averages improving significantly from measurement year 2023 to measurement year 2024:
  - *Asthma Medication Ratio—Total*
  - *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total*
  - *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 statewide weighted averages for the following measures improved from below the MPLs in measurement year 2023 to above the MPLs in measurement year 2024:
  - *Childhood Immunization Status—Combination 10*
  - *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total*
  - *Lead Screening in Children*
  - *Topical Fluoride for Children—Dental or Oral Health Services—Total*
  - *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*
- In addition to the measures listed above, the statewide weighted averages for 41 of the 50 measures for which HSAG compared measurement year 2024 statewide weighted averages to measurement year 2023 statewide weighted averages (82 percent) improved significantly from measurement year 2023 to measurement year 2024.

  This statistically significant improvement shows that MCPs' quality improvement efforts are contributing to improved quality, timely, and accessible care for Medi-Cal members across the State.

- DHCS has the opportunity to support MCPs in determining priority quality improvement focus areas related to the following measures that had statewide weighted averages below the MPLs for measurement year 2024 and/or with statewide weighted averages that declined significantly from measurement year 2023 to measurement year 2024:
  - Both *Antidepressant Medication Management* measures
  - *Asthma Medication Ratio—Total*
  - *Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20*
  - *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total*
  - *Pharmacotherapy for Opioid Use Disorder*
  - *Plan All-Cause Readmissions—Observed Readmissions—Total*
  - *Prenatal Immunization Status—Influenza*
  - *Prenatal Immunization Status—Combination*
  - *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits*

HSAG drew the following conclusions related to DHCS' CQS Bold Goals:[24]

- The statewide weighted averages for the following measures improved significantly from measurement year 2023 to measurement year 2024, which supports DHCS' CQS Bold Goal to improve maternal and adolescent depression screening by 50 percent at the State level by 2025:
  - *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening—Total*
  - *Postpartum Depression Screening and Follow-Up—Depression Screening*
  - *Prenatal Depression Screening and Follow-Up—Depression Screening*
- The statewide weighted averages for the following measures improved significantly from measurement year 2023 to measurement year 2024, which supports DHCS' CQS Bold Goal to improve follow-up for members with mental health and SUDs by 50 percent at the State level by 2025:
  - *Depression Remission or Response for Adolescents and Adults—Follow-Up PHQ-9—Total*
  - *Depression Screening and Follow-Up for Adolescents and Adults—Follow-Up on Positive Screen—Total*
  - Both *Follow-Up After Emergency Department Visit for Mental Illness* measures
  - Both *Follow-Up After Emergency Department Visit for Substance Use* measures
  - Both *Follow-Up Care for Children Prescribed ADHD Medication* measures

[24] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

- *Postpartum Depression Screening and Follow-Up—Follow-Up on Positive Screen*
- *Prenatal Depression Screening and Follow-Up—Follow-Up on Positive Screen*

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each MCP's strengths and weaknesses related to performance measure results with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations. Additionally, in *Volume 3 of 8* of this EQR technical report, HSAG includes MCP-specific performance measure results for all required MCAS measures; and in *Volume 4 of 8* of this EQR technical report, HSAG includes statewide and MCP-specific performance measure results stratified by race and ethnicity.

6. Population-Specific Health Plan Performance Measures

Objective

The primary objective related to PSP performance measures is for HSAG to assess PSPs' performance in providing quality, timely, and accessible care and services to members by organizing and analyzing the performance measure results.

Technical Methods of Data Collection and Analysis

HSAG obtained the data for the analyses in this section from the PSPs during the PMV activities described in Section 4 of this report ("**Validation of Performance Measures**") and from NCQA via NCQA's Quality Compass.

Description of Data Obtained

The data HSAG obtained for the analyses in this section were:

- Performance measure data submitted by the PSPs, which included numerators, denominators, and calculated rates.
- NCQA's Quality Compass HEDIS 2024 Medicaid HMO benchmarks (50th and 90th percentiles).

Requirements

To comply with 42 CFR §438.330, DHCS selects a set of performance measures to evaluate the quality of care PSPs delivered to their members. As stated previously, DHCS refers to the DHCS-required performance measure set as the MCAS. The measurement year 2024[25] MCAS included select CMS Adult and Child Core Sets measures, some of which are also HEDIS measures. AIDS Healthcare Foundation and SCAN Health Plan provide services to specialized populations; therefore, DHCS' performance measure requirements for these PSPs are different than its requirements for MCPs. Section 5 of this report ("**Managed Care Health**

[25] The measurement year is the calendar year for which PSPs report the rates. Measurement year 2024 represents data from January 1, 2024, through December 31, 2024.

Plan Performance Measures") describes the role of DHCS' QPHM program in making recommendations for performance measure reporting. QPHM's role is further described in the DHCS CQS.[26] As with MCP performance measures, DHCS consults with HSAG and reviews feedback from PSPs and stakeholders to determine which CMS Core Set measures DHCS will require PSPs to report. DHCS requires PSPs to report performance measure rates at the plan and county levels. HSAG collected the county-level rates from the PSPs during the audit process; however, HSAG audited the plan-level rates only.

Table 6.1 and Table 6.2 list DHCS' performance measure requirements for AIDS Healthcare Foundation and SCAN Health Plan, respectively. Please refer to Table 5.1 for descriptions of all MCAS measures included in Table 6.1 and Table 6.2. For some MCAS performance measures, the specifications allow for both administrative and hybrid reporting methods; for these measures, DHCS allows PSPs to choose either methodology.

As with the MCPs' performance measures, DHCS required PSPs to report NCQA race and ethnicity stratifications for select measures. See Section 5 of this report ("**Managed Care Health Plan Performance Measures**") for a list of the required race and ethnicity stratifications.

AIDS Healthcare Foundation

Table 6.1 lists AIDS Healthcare Foundation's measurement year 2024 MCAS measures by measure domain and indicates the data capture method(s) for each measure.

Table 6.1—AIDS Healthcare Foundation Measurement Year 2024 Managed Care Accountability Set Measures

Admin = administrative method, which requires that the PSP identify the eligible population (i.e., the denominator) using administrative data such as enrollment, claims, and encounters. Additionally, the PSP derives the numerator (services provided to members in the eligible population) from administrative data sources and auditor-approved supplemental data sources. The PSP may not use medical records to retrieve information. When using the administrative method, the PSP uses the entire eligible population as the denominator.

Hybrid = hybrid method, which requires that the PSP identify the eligible population using administrative data, then extract a systematic sample of members from the eligible population, which becomes the denominator. The PSP uses administrative data to identify services provided to these members. When administrative data do not show evidence that the PSP provided the service, the PSP reviews medical records for those members to derive the numerator.

ECDS = Electronic Clinical Data Systems method, which expands the use of electronic data for quality measurement. Data sources that PSPs may use to identify the denominator and derive

[26] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

the numerator include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

* DHCS allows the PSP to choose the methodology for reporting the rate for this measure and expects that the PSP will report using the methodology that results in the better rate.

^ NCQA requires race and ethnicity stratifications for this measure.

^^ DHCS requires race and ethnicity stratifications for this measure.

Measure	Method of Data Capture
Chronic Disease Management Domain (Measures held to MPLs.)	
*Controlling High Blood Pressure—Total^*	Admin or Hybrid*
*Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^*	Admin or Hybrid*
Behavioral Health Domain (Measures held to MPLs.)	
*Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—18 Years and Older^*	Admin
*Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—18 Years and Older^*	Admin
Report Only Measures (Measures not held to MPLs.)	
Adults' Access to Preventive/Ambulatory Health Services—Total	Admin
Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 21–44 Years	Admin
Depression Remission or Response for Adolescents and Adults Three rates are reported: ♦ *Follow-Up PHQ-9—Total* ♦ *Depression Remission—Total* ♦ *Depression Response—Total* Note that based on AIDS Healthcare Foundation's population, each rate represents members 18 years of age and older.	ECDS

Measure	Method of Data Capture
Depression Screening and Follow-Up for Adolescents and Adults^^— Two rates are reported: ♦ *Depression Screening—Total* ♦ *Follow-Up on Positive Screen—Total* Note that based on AIDS Healthcare Foundation's population, each rate represents members 18 years of age and older.	ECDS
*Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—18 Years and Older^*	Admin
*Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—18 Years and Older^*	Admin
*Pharmacotherapy for Opioid Use Disorder^*	Admin

SCAN Health Plan

Table 6.2 lists SCAN Health Plan's measurement year 2024 MCAS measures by measure domain and indicates the data capture method(s) for each measure.

Note that for measurement year 2024, DHCS required SCAN Health Plan to report rates at the SNF level for the following three LTC measures:

- *Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days*
- *Potentially Preventable 30-Day Post-Discharge Readmissions*
- *Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization*

Note that HSAG updated and tested the measure specifications for each of the three measures from the original measure stewards. SCAN Health Plan used the revised measure specifications to calculate and report its measurement year 2024 rates.

As indicated in Section 5 of this report ("**Managed Care Health Plan Performance Measures**") under the "Medi-Cal Managed Care Accountability Set" heading), DHCS elected to exclude the LTC measure rates from this EQR technical report. DHCS will review SCAN Health Plan's facility-level rates and will address any identified concerns with the PSP.

Table 6.2—SCAN Health Plan Measurement Year 2024 Managed Care Accountability Set Measures

Admin = administrative method, which requires that the PSP identify the eligible population (i.e., the denominator) using administrative data such as enrollment, claims, and encounters. Additionally, the PSP derives the numerator (services provided to members in the eligible population) from administrative data sources and auditor-approved supplemental data sources. The PSP may not use medical records to retrieve information. When using the administrative method, the PSP uses the entire eligible population as the denominator.

Hybrid = hybrid method, which requires that the PSP identify the eligible population using administrative data, then extract a systematic sample of members from the eligible population, which becomes the denominator. The PSP uses administrative data to identify services provided to these members. When administrative data do not show evidence that the PSP provided the service, the PSP reviews medical records for those members to derive the numerator.

ECDS = Electronic Clinical Data Systems method, which expands the use of electronic data for quality measurement. Data sources that PSPs may use to identify the denominator and derive the numerator include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

* DHCS allows the PSP to choose the methodology for reporting the rate for this measure and expects that the PSP will report using the methodology that results in the better rate.

^ NCQA requires race and ethnicity stratifications for this measure.

^^ DHCS requires race and ethnicity stratifications for this measure.

Measure	Method of Data Capture
Cancer Prevention Domain (Measures held to MPLs.)	
*Breast Cancer Screening—Total^*	ECDS
Chronic Disease Management Domain (Measures held to MPLs.)	
*Controlling High Blood Pressure—Total^*	Admin or Hybrid*
*Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%^*	Admin or Hybrid*
Behavioral Health Domain (Measures held to MPLs.)	
*Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—65 Years and Older^*	Admin
*Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—65 Years and Older^*	Admin
Report Only Measures (Measures not held to MPLs.)	
Adults' Access to Preventive/Ambulatory Health Services—Total	Admin

Measure	Method of Data Capture
Colorectal Cancer Screening^	ECDS
Depression Remission or Response for Adolescents and Adults—Three rates are reported: ♦ *Follow-Up PHQ-9—65 Years and Older* ♦ *Depression Remission—65 Years and Older* ♦ *Depression Response—65 Years and Older*	ECDS
Depression Screening and Follow-Up for Adolescents and Adults^^—Two rates are reported: ♦ *Depression Screening—65 Years and Older* ♦ *Follow-Up on Positive Screen—65 Years and Older*	ECDS
Follow-Up After Emergency Department Visit for Mental Illness—7-Day Follow-Up—65 Years and Older^	Admin
Follow-Up After Emergency Department Visit for Substance Use—7-Day Follow-Up—65 Years and Older^	Admin
Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days	Admin
Pharmacotherapy for Opioid Use Disorder^	Admin
Potentially Preventable 30-Day Post-Discharge Readmissions	Admin
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization	Admin

DHCS-Established Performance Levels

Like MCPs, PSPs are contractually required to exceed DHCS-established MPLs at the county level; and DHCS uses the established HPLs as performance goals, recognizing PSPs for outstanding performance. PSPs are subject to the same quality enforcement action processes as MCPs. See the description of these processes in Section 5 of this report (“**Managed Care Health Plan Performance Measures**”).

Results

Due to each PSP serving a specialized population, HSAG produces no aggregate information related to the PSP performance measures. Also, due to the PSPs serving separate, specialized populations, performance measure comparison across PSPs is not appropriate.

See *Volume 2 of 8 (Appendix A)* of this EQR technical report for measurement year 2024 performance measure results for AIDS Healthcare Foundation and SCAN Health Plan.

Measurement Year 2023 Quality Monitoring

Based on measurement year 2023 performance measure results, DHCS did not place AIDS Healthcare Foundation or SCAN Health Plan into a quality monitoring enforcement tier.

Conclusions

To draw conclusions related to PSPs' performance measure results, HSAG assessed the PSPs' plan-level performance related to DHCS' HPL and MPL benchmarks.

SCAN Health Plan performed above the HPLs for the following three measures:

- *Breast Cancer Screening*
- *Controlling High Blood Pressure*
- *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%*

AIDS Healthcare Foundation performed below the MPL for measurement year 2024 for the *Glycemic Status Assessment for Patients With Diabetes—Glycemic Status >9.0%* measure, and SCAN Health Plan performed below the MPL for the *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—65 Years and Older* measure.

The PSPs' performance measure results reflect overall continued provision of quality, timely, and accessible health care services to their members. AIDS Healthcare Foundation has an opportunity to improve members' glycemic status assessment and management, and SCAN Health Plan has an opportunity to improve follow-up for members with a diagnosis of SUD or drug overdose who had an emergency department visit.

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each PSP's strengths and weaknesses related to performance measure results with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

7. Review of Compliance with Managed Care Regulations

In accordance with 42 CFR §438.358, the state or its designee must conduct a review within the previous three-year period to determine the MCO's, PIHP's, or PAHP's compliance with the standards established by the state for access to care, structure and operations, and quality measurement and improvement. The EQR technical report must include information on the reviews conducted within the previous three-year period to determine the health plans' compliance with the standards established by the state.

DHCS directly conducts compliance reviews of MCPs and PSPs, 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.[27]

Objectives

DHCS' objective related to compliance reviews is to assess each plan's compliance with:

- The standards set forth in 42 CFR Part 438 Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114, and the QAPI requirements described in §438.330.

HSAG's objectives related to compliance reviews are to assess:

- DHCS' compliance with conducting reviews of all plans within the previous three-year period.
- Plans' compliance with the areas that DHCS reviewed as part of the compliance review process.

[27] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

Technical Methods of Data Collection and Analysis

In years in which DHCS conducts compliance reviews, DHCS collects the data for the MCP and PSP reviews through the DHCS Audits & Investigations Division Medical Audits and also from the results of other activities, including encounter data validation (EDV), annual network certification, and quality improvement oversight.

Scoring Methodology

To meet CMS' compliance review requirements, DHCS developed a compliance review scoring methodology that includes all federal standards required by CMS.

DHCS applies the following *Met*/*Not Met* scoring methodology based on identified findings from data collected through the data sources indicated above:

- *Met* = 2 points
- *Not Met* = 0 points

The presence of a finding or identified noncompliance with a corresponding CFR element results in DHCS scoring the CFR element as *Not Met* (score of 0 points). If DHCS identifies no findings or no evidence of noncompliance with a corresponding CFR element, DHCS scores the element as *Met* (score of 2 points).

When conducting compliance reviews, DHCS provides the plans with a compliance review scoring methodology and the definition DHCS will use to determine full compliance for each standard in the scope of the compliance review. Scores are individually shared with MCPs and PSPs prior to DHCS submitting the results to HSAG.

Timeliness of Compliance Reviews

HSAG determined, by assessing the dates DHCS conducted its compliance reviews, whether DHCS conducted the reviews for all MCPs and PSPs within the previous three-year period.

Results

DHCS conducted compliance reviews for all applicable MCPs and PSPs within the previous three years. HSAG documented the most recent results, including comparative plan-specific results, in the *2023–24 Medi-Cal Managed Care Physical Health EQR Technical Report*. Note that DHCS' contract with Community Health Plan of Imperial Valley became effective January 1, 2024, and DHCS will conduct the first compliance review with this MCP in calendar year 2026.

Conclusions

Based on DHCS conducting compliance reviews of all applicable MCPs and PSPs within the previous three years, HSAG concludes that DHCS remains in compliance with 42 CFR §438.358.

In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each plan's strengths and weaknesses, as applicable, related to previous DHCS compliance reviews with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations.

8. Validation of Network Adequacy

States that contract with MCOs, PIHPs, or PAHPs to deliver Medicaid services must develop and enforce network adequacy standards in accordance with 42 CFR §438.68—and if the state enrolls Indians in the MCOs, PIHPs, or PAHPs, in accordance with §438.14(b)(1). Validation of network adequacy is one of the mandatory EQR activities described in §438.358(b)(1)(iv). The EQRO must summarize the validation of network adequacy conducted during the preceding 12 months in the EQR technical report.

Objectives

The objectives of the validation of network adequacy are to:

- Assess the accuracy of the DHCS-defined network adequacy indicators reported by the MCPs and PSPs.
- Evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used.
- Determine the indicator-level validation rating, which refers to the overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as set forth by DHCS.

Technical Methods of Data Collection and Analysis

HSAG collected network adequacy data from MCPs, PSPs, and DHCS via a secure file transfer protocol (SFTP) site and virtual NAV audits. HSAG used the collected data to conduct the validation of network adequacy in accordance with the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.[28]

[28] 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: Nov 7, 2025.

Description of Data Obtained

HSAG obtained the following data from MCPs, PSPs, and DHCS to conduct the NAV audits for the calendar year 2024 reporting period:

- Information systems data from the Information Systems Capabilities Assessment Tool
- Network adequacy logic for calculation of network adequacy indicators
- Network adequacy data files
- Network adequacy monitoring data
- Supporting documentation, including policies and procedures, data dictionaries, system flow diagrams, system log files, and data collection process descriptions

Validation of Network Adequacy Summary

HSAG includes the validation of network adequacy detailed methodology, results, conclusions, and recommendations in *Volume 5 of 8* of this EQR technical report. HSAG also includes in this volume the comparative plan-specific NAV audit results.

Additionally, in *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes an assessment of each plan's strengths and weaknesses related to NAV audits with respect to the quality, timeliness, and accessibility of care furnished to its members as well as HSAG's recommendations, as applicable.

9. Additional Network Adequacy Activities

To assist DHCS with assessing and monitoring network adequacy across contracted plans as described in the DHCS CQS,[29] DHCS contracted with HSAG to conduct the following additional network adequacy activities:

- AAS Reporting
- SNF/ICF Experience and Distance Reporting
- Timely Access Study

Objective

The objective for all additional network adequacy analyses listed previously is to provide results and conclusions for DHCS to use in monitoring plan adherence to the required federal and State network adequacy standards.

Technical Methods of Data Collection and Analysis

DHCS provided data to HSAG via a SFTP site for all analyses described in this section. The California Department of Public Health (CDPH) provided data for the SNF/ICF study. For the Timely Access Study, HSAG collected and used data from survey calls HSAG made to providers, call centers, and nurse triage/advice lines. HSAG submitted to DHCS the required DHCS Data Release Forms and detailed data request instructions to ensure all needed data were submitted for the analyses.

Description of Data Obtained

The data types HSAG obtained for the analyses in this section included the following:

- Administrative
- AAS request
- AAS administrative
- Annual network certification documentation
- Appointment availability data

[29] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

- Claims
- Encounter
- Grievances and appeals
- Member demographic
- Member eligibility
- Member enrollment
- Minimum Data Set 3.0 resident assessment and facility data
- Provider
- Survey call, including appointment availability, knowledge of select provider accessibility requirements, and call center and nurse triage/advice line wait times

Alternative Access Standards Reporting

DHCS is responsible for the ongoing monitoring and oversight of its contracted MCPs and PSPs, including the assurance that MCPs' and PSPs' provider networks are adequate to deliver services to Medi-Cal members. If health care providers are unavailable or unwilling to serve Medi-Cal members such that the MCP or PSP is unable to meet provider network standards, MCPs and PSPs may request that DHCS allow an alternative provider network access standard for specified provider scenarios (e.g., provider type, geographic area). The DHCS APL 23-001[30] provides DHCS' clarifying guidance regarding certification requirements, including requests for AAS. Additionally, CA WIC §14197.05[31] requires DHCS' annual EQR technical report to present information related to MCPs' AAS requests. As such, DHCS contracted with HSAG to process and report on data related to AAS for provider networks.

The measurement period for the 2024–25 AAS reporting analyses is from March 20, 2025, through January 2, 2026.

HSAG includes the AAS reporting methodology, results, conclusions, and considerations in *Volume 6 of 8* of this EQR technical report.

[30] All Plan Letter 23-001. Available at: APL 23-001 (ca.gov). Accessed on: Nov 7, 2025.

[31] Cal. WIC §14197.05. Available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14197.05. Accessed on: Nov 7, 2025.

Skilled Nursing Facility/Intermediate Care Facility Experience and Distance Reporting

CA WIC §14197.05 requires DHCS' annual EQR technical report to present information related to the experience of individuals placed in SNFs/ICFs and the distance that these individuals are placed from their residences. As such, DHCS contracted with HSAG beginning in contract year 2018–19 to develop a methodology to assess this SNF/ICF information, and HSAG subsequently worked with DHCS to obtain the necessary data and to conduct the analyses annually.

HSAG includes the SNF/ICF experience and distance reporting analyses methodology, results, key findings, conclusions, and considerations in *Volume 7 of 8* of this EQR technical report.

Timely Access Study

DHCS requires its MCPs and PSPs to ensure their participating providers offer appointments that meet the timely access standards. Prior to the CMS release of the EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023, California had already begun implementing statutes to effectuate network adequacy standards and to implement a system of oversight. California's law for appointment wait time standards is in California Health and Safety Code §1367.03[32] for commercial plans and incorporated by reference in CA WIC §14197(d)(1)(A)[33] for MCPs and PSPs. The rules are further defined in CA 28 California Code of Regulations (CCR) §1300.67.2.2(c).[34] In APL 23-001, DHCS clarifies the network adequacy wait time standards policy.[35] This policy includes a description of the use of a retrospective timely access survey that measures network providers' and plans' overall compliance with appointment wait time standards.

Beginning in contract year 2016–17, DHCS contracted with HSAG to conduct an annual study to evaluate the extent to which plans are meeting the DHCS wait time standards. To ensure that plans and their providers could prioritize coronavirus disease 2019 (COVID-19) response efforts, DHCS canceled this study for calendar years 2020 and 2021. In July 2021, DHCS determined to resume the Timely Access Study activities beginning January 2022.

The purpose of the Timely Access Study is to determine and publicly report on the extent to which plans are meeting or not meeting those standards. Following is a summary of the Timely

[32] California Health and Safety Code §1367.03. Available at: Law section (ca.gov). Accessed on: Nov 7, 2025.

[33] Cal. WIC §14197(d)(1)(A). Available at: Law section (ca.gov). Accessed on: Nov 7, 2025.

[34] CA 28 CCR §1300.67.2.2(c). Available at: ta2nehcs.pdf. Accessed on: Nov 7, 2025.

[35] All Plan Letter 23-001. Supersedes All Plan Letter 21-006. Available at: APL 23-001 (ca.gov). Accessed on: Nov 7, 2025.

Access Study activities and analyses from calls placed in calendar year 2025, which corresponds with contract year 2024–25.

Methodology—Timely Access Study

HSAG conducts the Timely Access Study to evaluate the following three questions:

- To what extent are the plans meeting the wait time standards listed in Table 9.1?
- To what extent are the plans meeting the 10-minute wait time standard for their call centers?
- To what extent are the plans meeting the 30-minute wait time standard for their nurse triage/advice lines?

Table 9.1—Timely Access Standards

The em dash "—" in the table denotes that the wait time standard is not applicable to an appointment type.

Appointment Type	Wait Time Standard			
	Non-Urgent Appointments	Urgent Appointments	Preventive Care Appointments	Non-Urgent Follow-Up Appointments
Primary care appointment	10 business days	48 hours	—	—
Specialist appointment	15 business days	96 hours	—	—
Appointment with a mental health care provider (who is not a physician)	10 business days	48 hours	—	10 business days
Appointment with ancillary providers	15 business days	—	—	—
Dental appointment for Health Plan of San Mateo's dental providers only	36 business days	72 hours	40 business days	—

HSAG collaborates with DHCS staff members to perform the following key quarterly activities primarily based on the most recent provider data submitted to DHCS by the plans:

- Submit data requirements document to DHCS for provider data extraction.

- Submit provider classification document to DHCS to define the study population (i.e., eligible providers for each appointment type).
- Review provider data extracted by DHCS and select sample providers.
- Conduct telephone surveys to sample providers, call centers, and nurse triage/advice lines.
- Calculate results for the study indicators.
- Submit deliverables to DHCS.

HSAG conducts the Timely Access Study calls and compiles the results for a calendar year (i.e., January 1 through December 31). Following are descriptions of the methodologies HSAG used for calendar year 2025 calls.

Calls to Providers

HSAG determined the sample sizes for each reporting unit and provider category at the location level using a 95 percent confidence level and a margin of error of +/-5 percent. For the specialist category, sampling was performed at the provider type/specialty level (e.g., cardiologist). HSAG generated the sample frame for all plans, including Kaiser Permanente, based on the following criteria:

- The total sample size was distributed across quarters with at least one provider location selected from each provider category for each reporting unit, if available. There may have been instances where the number of locations for a given provider category in a reporting unit was too low to allow for quarterly surveying.
- A location may have been selected for more than one plan or provider category.
- If a phone number was tied to multiple locations (e.g., a call center for a large medical center), the phone number may have been selected more than once.
- Telehealth-only provider locations were removed prior to sampling.

Quarterly, during standard operating hours (i.e., 9 a.m. to 5 p.m. Pacific Time), HSAG's trained callers made phone calls to all selected provider offices. During the calls, the callers followed tightly regulated scripts with designated response options to various questions that provider office personnel may ask. This allowed data collection to be controlled and accurate. If a provider was selected for more than one reporting unit, HSAG's methodology included processes to minimize interruptions to provider offices. The calls were monitored consistently and on a regular schedule via audio and visual monitoring systems. A full-time monitoring staff member reviewed at least 10 percent of all calls made, and information collected during the phone calls was saved in an electronic tool for further analysis.

HSAG had a separate process for collecting appointment availability information from Kaiser Permanente providers due to their automated appointment scheduling systems.

Calls to Plan Call Centers

For calls to the call centers, the sample size was 100 calls for each plan. HSAG spread the calls evenly across all four quarters (i.e., 25 calls were made each quarter).

For each quarter, HSAG's trained callers made a call to each call center no more than once per day during normal business hours (i.e., 9 a.m. to 5 p.m. Pacific Time), with the call time varying from day to day. The callers ended the call if the hold time reached 10 minutes. The hold time began from the time the phone connected (or after pressing the correct option on the phone tree) to the time when a call center staff member could assist the caller.

Calls to Plan Nurse Triage/Advice Lines

For calls to the nurse triage/advice line, the sample size was 100 for each plan. HSAG spread the calls evenly across all four quarters (i.e., 25 calls were made each quarter).

For each quarter, HSAG's trained callers made a call to each nurse triage/advice line no more than once per day during normal business hours (i.e., 9 a.m. to 5 p.m. Pacific Time), with the call time varying from day to day. The callers ended the call if the hold time reached 30 minutes. The hold time began from the time the phone connected (or after pressing the correct option on the call tree) to the time when the callers reached a qualified health professional such as a medical doctor, physician's assistant, registered nurse, licensed clinical social worker, or licensed marriage and family therapist. Note that for Kaiser Permanente, the total number of calls to the nurse triage/advice lines for calendar year 2023 was split between Kaiser NorCal and Kaiser SoCal.

Submit Quarterly Deliverables to DHCS

To assess and report the calls to the providers, call centers, and nurse triage/advice lines, HSAG used multiple study indicators. HSAG submitted the following quarterly deliverables to DHCS to report the study indicator results and summarize the findings:

- Executive summary
- Statewide report and raw data files
- Plan-specific reports and raw data files

Based on the findings, HSAG provided in the quarterly reports specific and actionable considerations for DHCS and plans, as applicable.

HSAG includes the timely access study results, comparative analyses, conclusions, and considerations in *Volume 8 of 8* of this EQR technical report.

10. Blood Lead Screening Benchmarking Analysis

Conducting studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time is one of the optional EQR activities described at 42 CFR §438.358(c)(5).

DHCS contracts with HSAG to conduct focus studies to gain better understanding of and identify opportunities for improving care provided to members, which supports the DHCS CQS goals and vision.[36]

HSAG conducts each focus study in accordance with the CMS EQR *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023.[37]

During contract year 2024–25, DHCS contracted with HSAG to conduct the Blood Lead Screening Benchmarking Analysis. Following is a summary of the analysis.

Objectives

The objectives of the 2024–25 Blood Lead Screening Benchmarking Analysis were to present HSAG's determination of appropriate *Blood Lead Screening* benchmarks and summarize HSAG's assessment of the correlation between performance indicators.

Technical Methods of Data Collection and Analysis

HSAG obtained the data for the Blood Lead Screening Benchmarking Analysis from DHCS, the MCPs, and NCQA. For the DHCS data, HSAG submitted to DHCS the required DHCS Data Release Form and detailed data request instructions to ensure all needed data were submitted for the analyses. DHCS submitted the data to HSAG via a SFTP site. The MCP data were submitted to HSAG during the PMV activities described in Section 4 of this report

[36] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

[37] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 7, 2025.

("**Validation of Performance Measures**"). NCQA data were obtained via NCQA's Quality Compass, and CMS data were obtained via CMS' website.[38]

Description of Data Obtained

The data types HSAG obtained for the 2024–25 Blood Lead Screening Benchmarking Analysis are listed below:

- Member enrollment and eligibility
- Member demographic
- Patient-level detail
- Member-level blood lead screening
- CDPH blood lead level

Summary of Analysis and Report

HSAG used measurement year 2024 DHCS-calculated *Blood Lead Screening* and MCP-calculated *Lead Screening in Children* rates, as well as the CDPH county-level known blood lead level data to conduct the following comparisons:

- Statewide aggregate compared to statewide and national benchmarks
- MCP-level quintiles
- MCP-level rates compared to the national 50th percentile (for the *Lead Screening in Children* measure) or statewide performance quintiles (for the *Blood Lead Screening* indicators)
- MCP-level correlations of the *Lead Screening in Children* measure to the *Blood Lead Screening* indicators
- Known blood lead levels (higher vs. lower)
- Population density (rural county vs. urban county)

HSAG also compared the measurement year 2024 results to the measurement year 2023 benchmarking results to determine if there were any changes from the measurement year 2023 results.

At the time this EQR technical report was produced, HSAG was in the process of producing the *2024–25 Blood Lead Screening Benchmarking Report* to provide the analysis results to

[38] Centers for Medicare & Medicaid Services: *Quality of Care for Children in Medicaid and CHIP: Findings from the 2023 Child Core Set—Chart Pack*, December 2024. Available at: Quality of Care for Children in Medicaid and CHIP: Findings from the 2023 Child Core Set Chart Pack. Accessed on: Nov 7, 2025.

DHCS, along with suggestions for DHCS' consideration. HSAG produces the report for DHCS' internal use only, and it is therefore not publicly posted on DHCS' website.

11. Consumer Surveys

Administration of consumer surveys of quality of care is one of the optional EQR activities described at 42 CFR §438.358(c)(2).

The DHCS CQS includes the goal to engage members to be actively involved in their own health care and to provide input to DHCS about Medi-Cal policy.[39] DHCS also seeks to prioritize member experience in all quality improvement efforts. To help DHCS assess perceptions and experiences of members as part of its evaluation of the quality of health care services provided to Medi-Cal members, DHCS contracts with HSAG to administer and report the results of the CAHPS Health Plan Surveys for the California separate CHIP (S-CHIP) and Medi-Cal populations.

During contract year 2024–25, DHCS contracted with HSAG to administer and report the results of the following CAHPS surveys:

- CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS and Children with Chronic Conditions (CCC) measurement sets to meet CMS' CHIP Reauthorization Act requirements.
- CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set for the 22 MCPs[40] at the plan level and the FFS program and PSP population at the statewide levels.
- CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set without the CCC measurement set for the 22 MCPs at the MCP level and FFS program at the statewide level.
- CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS and CCC supplemental item sets for the statewide child population.
- Adult CAHPS Experience of Care and Health Outcomes (ECHO) Survey 3.0 for MCOs.
- Child CAHPS ECHO Survey 3.0 for MCOs.

HSAG includes a summary of the 2025 S-CHIP CAHPS and CAHPS ECHO survey results in this EQR technical report. HSAG also includes in this report a high-level summary of the 2025 Medi-Cal survey. For the Child Medicaid Health Plan Survey for the statewide child population, HSAG submitted the results to AHRQ and provided a spreadsheet of results to DHCS.

[39] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

[40] Note that Community Health Plan of Imperial Valley members were not included in the surveys because DHCS' contract with the MCP went into effect after the survey sampling time frame.

Objective

The primary objective of the CAHPS surveys is to obtain information about how S-CHIP and Medi-Cal members experienced or perceived key aspects of their health care services.

Technical Methods of Data Collection and Analysis

HSAG obtained data from DHCS via a SFTP site to conduct the CAHPS surveys and collected the member experience data from the Medi-Cal members who completed the surveys. HSAG also obtained data from NCQA.

Description of Data Obtained

The data types HSAG obtained for the CAHPS survey analyses included:

- NCQA's 2024 Medicaid national 50th and 90th percentiles
- Sample frame
- Survey response

2025 Separate Children's Health Insurance Program Survey

The *2025 S-CHIP CAHPS Survey Summary Report* includes the survey's detailed methodology, results, conclusions, and recommendations. Following is a high-level summary of the survey.

Methodology—Separate Children's Health Insurance Program Survey

For contract year 2024–25, HSAG administered the standardized survey instrument CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. HSAG administered the CAHPS survey instrument to a statewide sample of S-CHIP members enrolled in MCPs and FFS.

Table 11.1 lists the measures included in the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set.

Table 11.1—CAHPS Measures

Global Ratings	Composite Measures	CCC Composite Measures and Items
Rating of Health Plan	*Getting Needed Care*	*Access to Specialized Services*
Rating of All Health Care	*Getting Care Quickly*	*Family-Centered Care (FCC): Personal Doctor Who Knows Child*
Rating of Personal Doctor	*How Well Doctors Communicate*	*Coordination of Care for Children with Chronic Conditions*
Rating of Specialist Seen Most Often	*Customer Service*	*FCC: Getting Needed Information*
		Access to Prescription Medicines

Survey Sampling Procedures

DHCS provided HSAG with a list of all eligible S-CHIP members for the sample frame. HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2024.
- Were currently enrolled in S-CHIP.
- Were continuously enrolled in an MCP or FFS for at least five of the six months of the measurement period (i.e., July through December 2024) with no more than a 45-day gap in enrollment.

All members included in the total eligible population within the sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen status code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen status code of 2 (also known as a positive prescreen status code) indicated that the child member did have claims or encounters that suggested the child had a greater probability of having a chronic condition. HSAG selected a sample of 1,650 child members and an oversample of 1,415 child members for a total sample of 3,065 child members with a prescreen status code of 1 or 2. This general child sample represents the general population of children. After selecting the general child sample, HSAG selected a supplemental sample of up to 726 child members with a prescreen status code of 2, which represents the population of children who are more likely to have a chronic

condition (i.e., CCC supplemental sample).[41] This sample was drawn to increase the number of responses for children with chronic conditions.

Survey Protocol

The survey administration process allowed two methods by which a survey could be completed in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey via a URL or quick response (QR) code and designated username. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, and survey. The English and Spanish versions of the survey included a toll-free number that parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

The MCP or FFS name was included in the questionnaires and letters; the letters bore the signature of a high-ranking State official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. The survey administration started in February 2025, and the survey field remained open until closing in May 2025.

Survey Analysis

HSAG used the CAHPS scoring approach recommended by NCQA in *HEDIS Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed the following analyses to comprehensively assess member experience:

- Response Rates
- Respondent Analysis
- Top-Box Scores[42]
- Comparative Analysis

[41] There were not enough child members with a prescreen status code of 2 to meet the minimum sample size of 1,840 child members. All eligible members with a prescreen status code of 2 were selected for a total supplemental sample of 726 child members.

[42] The percentage of survey respondents who chose the most positive score for a given item's response scale.

Results—Separate Children's Health Insurance Program Survey

Response Rates

The CAHPS survey response rate is the total number of completed surveys divided by all eligible members in the sample. If the parent/caretaker of the eligible member appropriately answered at least three of five NCQA-specified questions in the survey instrument, HSAG counted the survey as complete.

Table 11.2 presents the total number of members sampled, the number of ineligible and eligible members, the number of surveys completed, and the response rate for the population selected for surveying. The survey dispositions and response rates are based on the responses of parents/caretakers of children in the general child and CCC supplemental samples. The response rate of 13.66 percent was greater than the CCC Medicaid national response rate reported by NCQA for 2024, which was 11.7 percent.[43,44]

Table 11.2—Total Number of Respondents and Response Rate

Response rate is calculated as Number of Completed Surveys/Eligible Sample.

Population	Total Sample Size	Ineligible Sample	Eligible Sample	Completed Surveys	Response Rate
General Child Sample	3,065	41	3,024	400	13.23%
CCC Supplemental Sample	726	9	717	111	15.48%
S-CHIP	**3,791**	**50**	**3,741**	**511**	**13.66%**

General Child Performance Highlights

Differences in scores should be evaluated from a clinical perspective. While the general child population results may be above or below the 2024 NCQA national 50th percentiles,

[43] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Survey Vendor Update Training*. October 12, 2024.

[44] Please note, 2025 national response rate information was not available at the time this report was produced.

differences in scores may not be important from a clinical point of view.[45,46] HSAG observed the following from the general child population results:

- The differences between the 2024 NCQA general child Medicaid national 50th and 90th percentiles ranged from 2.27 to 5.46 percentage points, with an average of 4.04 percentage points, indicating that the distributions of national performance were close together.
- The differences between the general child population reportable scores and the 2024 NCQA general child Medicaid national 50th percentiles ranged from 13.05 to 0.13 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles, with an average of 5.02 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles.

Top-Box Scores

The findings indicate opportunities for improvement in member experience for several areas of care, as every reportable measure scored below the 2024 NCQA general child Medicaid national 50th percentiles.

Children with Chronic Conditions Performance Highlights

As with the general child population results, differences in the CCC population scores should be evaluated from a clinical perspective. While the CCC population results may be above or below the national 50th percentiles, differences in scores may not be important from a clinical point of view.[47] HSAG observed the following from the CCC population results:

- The differences between the NCQA CCC Medicaid national 50th and 90th percentiles ranged from 1.88 to 11.52 percentage points, with an average of 4.06 percentage points.
- The only reportable measure was the *Rating of Health Plan* global rating, which scored above the NCQA CCC Medicaid national 50th percentile.[48]

[45] NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparison since NCQA does not publish separate benchmarking data for S-CHIP; therefore, caution should be exercised when interpreting these results.

[46] NCQA national data for 2025 were not available at the time the *2025 S-CHIP CAHPS Survey Summary Report* was prepared; therefore, 2024 NCQA national data were used.

[47] NCQA's Quality Compass benchmarks for the CCC Medicaid population were used for comparison since NCQA does not publish separate benchmarking data for S-CHIP; therefore, caution should be exercised when interpreting these results.

[48] There were not enough eligible child members to perform an oversample of CCC child members. As a result, there were not enough respondents to report on all CAHPS CCC measures.

Conclusions—Separate Children's Health Insurance Program Survey

To draw conclusions related to the experiences of the S-CHIP population related to the care and services they received, HSAG assessed the S-CHIP CAHPS survey results.

The following findings indicate notable results in member experience:

- The CCC population scored above the 2024 NCQA CCC Medicaid national 50th percentile for the *Rating of Health Plan* global measure.

The following findings indicate opportunities for improvement in member experience for several areas of care. The general child population scored below the 2024 NCQA general child Medicaid national 50th percentiles for the following reportable measures:

- Global Ratings:
  - *Rating of Health Plan*
  - *Rating of All Health Care*
  - *Rating of Personal Doctor*
- Composite Measures:
  - *Getting Needed Care*
  - *Getting Care Quickly*
  - *How Well Doctors Communicate*
  - *Customer Service*

2025 CAHPS ECHO Survey

California Senate Bill (SB) 1019 requires DHCS to administer a survey every three years that assesses Medi-Cal MCP members' experience with mental health benefits.[49] SB 1019 requires that the survey assess experience across the following domains:

- Receipt of treatment quickly
- How well clinicians communicate
- Cultural competency of providers
- Communication with the plan and provider

[49] SB-1019 Medi-Cal Managed Care Plans: Mental Health Benefits. Available at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1019. Accessed on: Nov 7, 2025.

- Receipt of treatment and information from the plan, including information related to patients' rights
- Treatment plan and options
- Side effects of medication
- Perceived improvement
- Overall rating of counseling and other treatment
- Overall rating of the plan

To fulfill SB 1019 requirements, DHCS contracted with HSAG to administer the ECHO survey for both adult Medi-Cal members and parents/caretakers of child Medi-Cal members who received non-specialty mental health services during the measurement year. The survey results represent adult members and parents/caretakers of child members enrolled in an MCP who completed surveys from June to September 2025, and represent members' experiences with care and services from February 1, 2024, to January 31, 2025. Twenty-two MCPs participated in the survey. HSAG included the following SB 1019 required components in the summary report:

- Plan-level data
- Data that assess health equity including language, race, ethnicity, disability status, sexual orientation, and gender identity
- Recommendations for improving access to mental health benefits

The *2025 CAHPS ECHO Survey Summary Report* includes the survey's detailed methodology, results, conclusions, and recommendations. The report may be found at Mgd Care Qual Perf CAHPS.

2025 Medi-Cal Survey Summary

DHCS contracted with HSAG to administer and report the results of the CAHPS Health Plan Survey for both adult Medi-Cal members and parents/caretakers of child Medi-Cal members. The survey results represent adult members and parents/caretakers of child members enrolled in an MCP, FFS, or PSP, as applicable, who completed surveys from February to May 2025, and represent members' experiences with care and services over the prior six months. Twenty-two MCPs participated in the survey. The two PSPs, AIDS Healthcare Foundation and SCAN Health Plan, were sampled at the statewide level to provide a sufficient number of eligible members for the survey due to small enrollment numbers.

HSAG used the CAHPS scoring approach recommended by NCQA in *HEDIS Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed the following analyses to comprehensively assess member experience:

- Response Rates
- Respondent Analysis
- Top-Box Scores[50]
- State-Level Scores and Comparisons
- Comparative Analysis

The *2025 Medi-Cal CAHPS Survey Summary Report* includes the adult and child surveys' detailed methodologies, results, conclusions, and considerations. The report may be found at Mgd Care Qual Perf CAHPS.

[50] The percentage of survey respondents who chose the most positive score for a given item's response scale.

12. Encounter Data Validation Study

Validation of encounter data reported by an MCO, PIHP, or PAHP entity is one of the optional EQR activities described at 42 CFR §438.358(c)(1).

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. Therefore, DHCS requires its contracted MCPs and PSPs to submit high-quality encounter data. The completeness and accuracy of these data are essential to the success of DHCS' overall management and oversight of MCMC.

DHCS contracts with HSAG to conduct EDV studies as an optional EQR activity. In addition to the procedures and quality assurance protocols DHCS maintains internally, according to 42 CFR §438.242, to ensure that enrollee encounter data submitted by MCPs and PSPs are a complete and accurate representation of the services provided to Medi-Cal members under the plans' contracts with the State, the EDV studies HSAG conducts are designed to meet the periodicity schedule required in 42 CFR §438.602(e) for an independent audit of the accuracy, truthfulness, and completeness of encounter data submitted by, or on behalf of, each plan. Note that §438.602(e) originated in the 2016 CHIP and Medicaid Final Rule and is effective for Medicaid managed care contracts started on or after July 1, 2017.[51] Additionally, DHCS agreed to conduct the EDV study annually in response to findings and recommendations from the California State Auditor in an audit report published in March 2019.[52] Finally, the EDV study results support DHCS' efforts to improve data quality and reporting, which will help DHCS meet its CQS goal to improve the quality of care for Medi-Cal members.[53]

[51] Medicaid and CHIP Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability (CHIP and Medicaid Final Rule), (May 6, 2016) Federal Register Document Citation No. 81 FR 27497. Available at: https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf. Accessed on: Nov 7, 2025.

[52] 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: Nov 7, 2025.

[53] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

Objective

The objective of the 2024–25 EDV Study was to continue to examine, through a review of medical records, the completeness and accuracy of the professional encounter data that the MCPs and PSPs submitted to DHCS. HSAG assessed the encounter data submitted by the 21 MCPs and two PSPs included in the study.

Technical Methods of Data Collection and Analysis

HSAG obtained the data for the EDV study from MCPs, PSPs, and DHCS via a SFTP site.

Description of Data Obtained

The data types HSAG obtained for the EDV study analyses included the following:

- Member demographic
- Member enrollment
- Encounter
- Provider
- Medical records

Encounter Data Validation Medical Record Review Study Summary

Medical and clinical records are considered the "gold standard" for documenting access to and the quality of health care services. During contract year 2024–25, HSAG evaluated MCMC encounter data completeness and accuracy via a review of medical records for physician services rendered between January 1, 2023, and December 31, 2023. The study answered the following question:

- Are the data elements *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name* found on the professional encounters complete and accurate when compared to information contained within the medical records?

HSAG conducted the following actions to answer the study question:

- Identified the eligible population and generated samples from data extracted from the DHCS data warehouse.
- Assisted the plans with the procurement of medical records from providers, as appropriate.

- Reviewed medical records against DHCS encounter data.
- Calculated study indicators.

The *2024–25 Encounter Data Validation Study Report* includes the detailed methodology, results, conclusions, and recommendations. The report may be found at Medi-Cal Managed Care Quality Improvement Reports.

13. Medi-Cal Managed Care Accountability Set Race and Ethnicity Analyses

Conducting studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time is one of the optional EQR activities described at 42 CFR §438.358(c)(5).

DHCS contracts with HSAG to conduct focus studies to gain better understanding of and identify opportunities for improving care provided to members, which supports the DHCS CQS goals and vision.[54]

HSAG conducts each focus study in accordance with the CMS EQR *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023.[55]

During contract year 2024–25, DHCS contracted with HSAG to conduct race and ethnicity analyses related to measurement year 2024 MCAS data. Following is a summary of the analyses.

Objective

The objective of the Measurement Year 2024 MCAS Race and Ethnicity Analyses was for HSAG to provide analyses results to DHCS related to select demographics to inform DHCS' quality improvement and early intervention work as well as other initiatives.

Technical Methods of Data Collection and Analysis

HSAG obtained the data for the Measurement Year 2024 MCAS Race and Ethnicity Analyses from DHCS and MCPs. For the DHCS data, HSAG submitted to DHCS the required DHCS Data Release Form and detailed data request instructions to ensure all needed data were submitted for the analyses. DHCS submitted the data to HSAG via a SFTP site. MCPs submitted the data to HSAG during the PMV activities described in Section 4 of this report ("**Validation of Performance Measures**").

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[54] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

[55] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Nov 7, 2025.

Description of Data Obtained

The data types HSAG obtained for the measurement year 2024 MCAS race and ethnicity analyses are listed below:

- Member demographic
- Patient-level detail

Summary of Analyses and Deliverables

HSAG used the measurement year 2024 MCAS patient-level detail files submitted by the MCPs to calculate statewide MCAS indicator rates stratified by the following demographics:

- Combined race and ethnicity using the Office of Management and Budget (OMB) 1 approach
- Combined race and ethnicity using the OMB 3 approach
- County of residence
- MCP

HSAG calculated indicator rates stratified by various combinations of the demographic elements listed above. These combinations included:

- An MCP rate for each combined racial and ethnic group
- A county rate for each combined racial and ethnic group
- A county-specific MCP rate for each combined racial and ethnic group

After performing the analyses, HSAG compiled and produced a Microsoft Excel MCAS Race and Ethnicity Rate Spreadsheet for DHCS' internal use. The spreadsheet included applicable numerator, denominator, eligible population, demographic, and rate data for each combination and individual stratification. HSAG presented all results in pivot tables to allow DHCS to easily filter for each demographic stratification and combination of the demographic stratifications. DHCS will use the results in the spreadsheet to assess for differences across the multiple demographic variables to inform various Medi-Cal initiatives.

HSAG also produced a flat file for DHCS to share externally as well as *Volume 4 of 8* of this EQR technical report. The flat file and *Volume 4 of 8* include the measurement year 2024 MCAS performance measure rates at the statewide and MCP levels, stratified by race and ethnicity categories using OMB 1 and OMB 3 approaches.

14. Technical Assistance

At the State's direction, the EQRO may provide technical assistance to groups of MCOs, PIHPs, or PAHPs 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.[56]

DHCS contracts with HSAG to provide technical assistance to DHCS and its Medi-Cal managed care entities (MCEs) to help them fully understand the EQR activity requirements and provide support for their implementation of quality improvement activities. MCEs include all Medi-Cal managed care behavioral, dental, and physical health plans.

Through this technical assistance, HSAG supports DHCS and the MCEs in various areas related to quality improvement that are outside the scope of the EQR-specific activities. As a result of the technical assistance HSAG provides, DHCS and MCEs may identify opportunities for improving the quality, timeliness, and accessibility of care for Medi-Cal members, which may help to improve MCE-specific and statewide performance measure rates.

MCEs' Quality Improvement

Following are examples of technical assistance activities HSAG may conduct with DHCS and the MCEs, at their request, to support quality improvement efforts:

- Provide performance measure expertise to DHCS in identifying and researching performance measures regarding updates to measure specifications and to the CMS Core Sets, trends, and best practices.
- Collaborate with DHCS to provide technical assistance to MCEs related to DHCS' quality monitoring and enforcement actions and CAP processes.
- Provide technical assistance to MCEs requiring additional guidance with quality improvement activities being conducted as part of DHCS' quality monitoring and enforcement actions and CAP processes.
- Review and provide feedback to DHCS on an array of documents related to quality improvement activities, including providing subject matter expertise on quality performance measures to be included in or excluded from the DHCS MCAS and Behavioral Health Accountability Set.

[56] *Department of Health Care Services Comprehensive Quality Strategy 2025*. Available at: 2025 Comprehensive Quality Strategy.pdf. Accessed on: Jan 8, 2026.

- Respond to requests from DHCS for input on a variety of quality improvement-related issues and topics.
- Respond to requests from MCEs for additional guidance regarding expectations and requirements across the EQR activities.

Objective—MCEs' Quality Improvement

The objective of Technical Assistance for MCEs' Quality Improvement 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.

Methodology—MCEs' Quality Improvement

HSAG used a team approach to provide technical assistance, identifying the most pertinent subject matter experts for each request to ensure the most efficient provision of technical assistance with the greatest likelihood of resulting in enhanced skills and, ultimately, improved performance. To promote timely and flexible delivery, HSAG provided technical assistance to DHCS and plans via email, telephone, and Web conferences.

Results—MCEs' Quality Improvement—MCP and PSP Technical Assistance

Following is a high-level summary of the notable technical assistance HSAG provided to DHCS, MCPs, and PSPs to support quality improvement efforts.

Performance Measures and Audits

- Forwarded to DHCS, NCQA and CMS updates to ensure DHCS is aware of NCQA and CMS requirements, knows of NCQA and CMS resources, and has the pertinent information needed to make performance measure requirement decisions.
- Responded to DHCS' questions about NCQA race and ethnicity stratification requirements and how plans submit race and ethnicity stratification information for non-HEDIS measures.
- Responded to DHCS' questions and provided feedback to DHCS related to:
  - NCQA benchmarks.
  - The HEDIS Compliance Audit process.
  - HEDIS data.
  - NCQA and CMS performance measure specifications.
  - Performance measure reporting methodologies.
  - Historical and future performance measure requirements.

  - Historical and current performance measure deliverables.
- Provided information to DHCS about NCQA guidance regarding inclusion and exclusion of Medicare-Medicaid dual eligible members in MCP performance measure reporting, and provided historical information regarding MCPs' inclusion or exclusion of dual eligible members in their performance measure reporting. HSAG also clarified that DHCS would not be able to identify dual eligible members from the performance measure data.
- Provided guidance to MCPs about performance measure requirements and responded to plans' questions related to the MPL benchmarks.

Consumer Assessment of Healthcare Providers and Systems

- Provided information to DHCS regarding CMS' Final Rule requirements for experience of care surveys.
- Provided clarification to DHCS regarding the CAHPS survey sample frame file submission and sample frame validation processes.
- Responded to DHCS' questions regarding historical CAHPS survey methodologies, data, and deliverables.
- Responded to MCPs' requests for information and data related to the CAHPS survey HSAG administers on behalf of DHCS.

Other Technical Assistance

- Provided clarification and information to individual DHCS staff members about CMS' EQR requirements, specific EQR activities and deliverables, HSAG's role as the EQRO, and processes and tools that are in place to ensure efficient and thorough project management of all activities.
- Forwarded to DHCS announcements and updates from various organizations, such as CMS, to ensure DHCS is up to date on relevant information and requirements that may affect MCMC.
- Sent newly created and existing resources to DHCS staff members to support them in gaining a better understanding of the EQR activities and CMS' EQR requirements.
- Responded to DHCS' request for a proposed response to a CMS finding in the 2022–23 physical health EQR technical report.
- Provided a summary to DHCS of the documents HSAG creates for the mandatory and optional/state-mandated EQR activities.
- Upon request, provided information to MCPs and PSPs to help with their quality improvement processes and their understanding of the various EQR activities.
- Presented to DHCS staff members at the Quality and Health Equity Leadership Meeting about the EQR technical report process and content of the reports HSAG produces. HSAG also provided a high-level summary of information that HSAG includes in the MCMC physical health EQR technical report.

Conclusions—MCEs' Quality Improvement—MCP and PSP Technical Assistance

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

Quality Conference

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.

The conference focused on the advancement of the three DHCS clinical focus areas: Children's Preventive Care, Behavioral Health Integration, and Maternity Outcomes & Birth Equity. These topics are part of DHCS' CQS and aim to support quality improvement across the Medi-Cal system. Health equity was a central theme of the conference, woven throughout all sessions to highlight the shared commitment to delivering fair and inclusive care for all Medi-Cal members.

The primary audience for the conference included MCP and behavioral health plan staff members who lead or contribute to quality improvement, strategy, and implementation efforts aligned with DHCS' CQS. This included (1) chief medical officers, chief health equity officers, and chief quality directors for physical health, and (2) behavioral health directors, ethnic services managers, and quality improvement coordinators for behavioral health.

Note that planning for this conference began during contract year 2024–25; however, the conference took place and HSAG submitted the conference evaluation report to DHCS in contract year 2025–26. While the conference occurred and HSAG submitted the report in contract year 2025–26, HSAG includes a summary of the 2025 Quality Conference because the information was available at the time this EQR technical report was produced.

Objective—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 health plans to identify opportunities for collaboration and partnership.

Methodology—Quality Conference

DHCS and HSAG began logistical planning for the conference in February 2025, which continued up to the event in November 2025. DHCS identified the conference content to provide DHCS' new CQS information to MCPs and behavioral health plans to support quality improvement across the Medi-Cal system.

DHCS identified panelists and presenters for the conference sessions and provided guidance to these individuals regarding the content DHCS envisioned them to share. The structure of the conference was discussion-focused rather than the panelists and presenters conducting formal presentations. DHCS staff members moderated the discussions to foster collaboration among the panelists and conference participants. HSAG facilitated all logistics for the conference.

Quality Conference Content

Following is a high-level summary of the conference agenda, including organizations represented for each session:

- DHCS Welcome and Presentation on the DHCS Comprehensive Quality Strategy
- Fireside Chat—DHCS' Three Clinical Focus Areas (Children's Preventive Care, Behavioral Health Integration, and Maternity Outcomes & Birth Equity) and How Health Equity Intersects Across All Areas
  - CenCal Health
  - Fresno County
  - Kern Health Systems
  - San Mateo County Behavioral Health
- Fireside Chat—Medi-Cal Managed Care Health Plan and Behavioral Health Plan Partnership to Drive Care Coordination and Continuity of Care for Members
  - Gold Coast Health Plan
  - Health Plan of San Mateo
  - Inland Empire Health Plan
  - Riverside County Health
  - San Mateo County Behavioral Health
  - Ventura County
- Breakout Sessions
  - Advancing Collaboration—Data Exchange Between Medi-Cal Managed Care Health Plans and Behavioral Health Plans
    - Gold Coast Health Plan

  - Advancing Collaboration—Caring for Pregnant and Postpartum Members with Behavioral Health Needs
    - County of Fresno Department of Behavioral Health
    - Solano County Department of Health
    - Los Angeles County Department of Public Health
  - Advancing Value-Based Payment—Leveraging Lean Times to Innovate on Improving Quality and Equity
    - L.A. Care Health Plan
    - Los Angeles County Department of Public Health
  - Advancing Health Equity—Leveraging Member Empowerment and Engagement to Advance Health Equity Initiatives
    - Fresno County Department of Behavioral Health
    - Health Plan of San Joaquin
- Award Presentations
- DHCS Closing Remarks

Awards Presentations

DHCS announced the following awards during the conference:

- MCP Outstanding Performance for Measurement Year 2024
  - CenCal Health
  - Central California Alliance for Health
  - Contra Costa Health Plan
  - Health Plan of San Mateo
- MCP Outstanding Performance in Children's Health Domain for Measurement Year 2024
  - CalOptima
  - CenCal Health
  - Central California Alliance for Health
  - Community Health Group Partnership Plan
  - Contra Costa Health Plan
  - Gold Coast Health Plan
  - Health Plan of San Mateo
  - San Francisco Health Plan
  - Santa Clara Family Health Plan
- Specialty Mental Health Plan Outstanding Performance for Measurement Year 2024
  - Nevada County Behavioral Health
  - San Luis Obispo County Behavioral Health Department

  - Tuolumne County Behavioral Health Department
- Drug Medi-Cal Organized Delivery System Outstanding Performance for Measurement Year 2024
  - Contra Costa County
  - San Luis Obispo County
  - Siskiyou County

Evaluation Methodology

Conference participants were asked to complete an evaluation at the end of the day and were provided a QR code to access the electronic survey. HSAG also sent the evaluation survey link via email a few days following the conference.

Participants were asked to evaluate the overall conference, opening presentation, fireside chats, and breakout sessions. The evaluation form provided respondents with a Likert scale to rank each statement. The scale included the following choices:

- Very Unhelpful
- Unhelpful
- Neither Helpful nor Unhelpful
- Helpful
- Very Helpful

Participants were also given the opportunity to provide open-ended comments related to the conference content, topics for future quality conferences, and general comments about their quality conference experience.

Results—Quality Conference

The conference drew 194 attendees, of which 68 represented MCPs, 71 represented behavioral health plans, 46 represented DHCS, and nine represented other partner organizations.

Of the 194 conference participants, 29 completed a conference evaluation. Note that of the 29 participants who completed the conference evaluation, eight were MCP plan staff members, 17 were behavioral health plan staff members, and four were DHCS staff members.

Conclusions—Quality Conference

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.

Technical Assistance for Priority Performance Improvement Collaboration

Under this technical assistance category, HSAG supports DHCS by facilitating and providing logistical support for the statewide collaborative learning calls (SCLCs) with the plans. These collaborative calls provide DHCS the opportunity to share statewide and plan-specific performance measure data, highlight instances of high performance, and communicate opportunities for improvement. Depending on the discussion topic, DHCS invites internal and external partners to present information aimed at fostering collaboration among the plans and with the identified partners. During each call, DHCS requests that plans share about quality improvement successes as well as identified challenges and barriers.

Objective—Technical Assistance for Priority Performance Improvement Collaboration

Under the Technical Assistance for Priority Performance Improvement Collaboration, HSAG implements, facilitates, supports, and manages collaborative calls. The objectives of the calls are:

- To foster collaboration among plans that share regional similarities.
- To encourage the plans to identify quality improvement methods that account for regional variation.

- To improve rates for measures with the lowest rates and highest disparities in the regions through meaningful collaboration and teamwork among plans and the community.

Methodology—Technical Assistance for Priority Performance Improvement Collaboration

Through joint planning meetings, HSAG and DHCS discussed potential topics for the collaborative calls and the appropriate structure for the calls based on the topics. DHCS and HSAG collaboratively determined the topic for each collaborative call based on:

- Feedback received from plans about what they would like discussed.
- Issues that DHCS and HSAG identified through their EQR work with the plans, including but not limited to PIPs, MCAS performance measures and associated quality improvement activities, and plan-specific technical assistance sessions.

Additionally, HSAG:

- In partnership with DHCS, facilitated each collaborative call.
- Collaborated with DHCS regarding the agenda and prepared agendas.
- Prepared and coordinated webinar presentations with DHCS.
- Tracked participant attendance.
- Compiled and disseminated notes to DHCS and the plans within five State working days following each collaborative call.

HSAG conducted the collaborative calls through webinars.

DHCS requires all MCPs to attend and participate in two SCLCs each calendar year, and for PSPs to attend when the topic applies to their specialty populations.

Results—Technical Assistance for Priority Performance Improvement Collaboration

October 2024 Statewide Collaborative Learning Call

The purpose of the October 2024 SCLC was to provide a platform for MCPs and PSPs to learn models of innovative and integrated health prevention practices to improve member experience and trust via multifaceted systems of engagement. Plans had the opportunity to learn about practices that support access to diverse community partners; ways to build and expand local community partnerships; and strategies for improving member engagement and access to care, including access to preventive health services. During the call, a PCP, local

community organization, and MCP conducted presentations about how they build partnerships within their communities to improve member access to preventive health care services.

Immediately following the October 2024 SCLC, HSAG invited participants to complete a survey to provide feedback about the call and share information about preventive health care services they provide. The survey link appeared immediately after participants exited the webinar, and HSAG also emailed the survey link to participants following the call. HSAG provided DHCS with a summary of the survey results once they became available.

April 2025 Statewide Collaborative Learning Call

The purpose of the April 2025 SCLC was to provide a platform for MCPs to learn from and engage with a panel of providers and experts from a school-based health center; a federally qualified health center; an MCP; and a mobile clinic from Boston, Massachusetts. MCPs had the opportunity to learn about innovative and integrated models of health prevention practices focused on improving member access and trust in receiving preventive health care services. Additionally, the panelists discussed approaches to partnerships and nonconventional ways of delivering member services within a mobile clinic infrastructure. DHCS' goal for this call was to support the MCPs in building stronger community partnerships to engage members in receiving preventive health care services outside of conventional health care delivery settings.

Immediately following the April 2025 SCLC, HSAG invited participants to complete a survey to provide anonymous feedback about the call and ideas for future SCLC topics, as well as advise DHCS of any interest in presenting at a future SCLC. The survey link appeared immediately after participants exited the webinar, and HSAG also emailed the survey link to participants following the call. HSAG provided DHCS with a summary of the survey results once they became available.

Conclusions—Technical Assistance for Priority Performance Improvement Collaboration

The SCLCs resulted in MCPs, PSPs, and DHCS sharing valuable information regarding strategies for building partnerships to improve member access to preventive health care services. Plan participants actively engaged in discussions with presenters, asking questions and sharing about their own experiences building partnerships within their communities. MCPs and PSPs may apply the information gained during the calls to their quality improvement efforts to build and expand partnerships and support members in accessing needed preventive health care services.

15. Follow-Up on Prior Year's EQR Recommendations

External Quality Review Recommendations for DHCS

In the *2023–24 Medi-Cal Managed Care Physical Health EQR Technical Report*, HSAG made no recommendations to DHCS as part of the EQR. Note that HSAG made recommendations to DHCS as part of various 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 MCPs and PSPs for the plans' quality improvement efforts.

External Quality Review Recommendations for MCPs and PSPs

HSAG provided each plan an opportunity to summarize actions taken to address recommendations HSAG made in the *2023–24 Medi-Cal Managed Care Physical Health EQR Technical Report*. In *Volume 2 of 8 (Appendix C)* of this EQR technical report, HSAG includes each plan's self-reported follow-up on the 2023–24 EQR recommendations as well as HSAG's assessment of the self-reported actions. HSAG also includes in *Appendix C* its recommendations for each plan based on the 2024–25 EQR.