

DATE: April 3, 2026

PHM IN #: 26.001

FROM: Population Health Management (PHM) Division

TO: All Medi-Cal Managed Care Plans (MCPs)

SUBJECT: Updated Instructions for PHM Key Performance Indicators (KPIs) Technical Specifications

PURPOSE:

This PHM Information Notice (IN) provides several updates to the Population Health Management Key Performance Indicators (KPIs) [Technical Specifications](#), to ensure accurate and consistent reporting across all MCPs.

BACKGROUND:

As part of the PHM Program and outlined in the [PHM Policy Guide](#) updated July 2025, MCPs are required to submit data on PHM KPIs. The KPIs are used by the Department of Health Care Services (DHCS) to monitor the impact of PHM policies and programs on member outcomes and access to services. The updated Technical Specifications were published in October 2025, and the first data submission was by January 31, 2026. The next data submission is due by April 30, 2026. DHCS is issuing several clarifying updates to the technical specifications, and the published Technical Specifications document will be updated accordingly the next time it is published. MCPs are not required to resubmit data from January 31, 2026 based on these updates, but MCPs must incorporate these updates into the data submission due on April 30, 2026. The corrections within this Information Notice are in addition to those issued in [IN 25.003](#).

ACTION ITEM: PHM KPI Submission Dates

Corrected submission dates and reporting periods are issued below. These dates supersede those published in [IN 25.001](#).



1. **January 31, 2026:** Submission of data for the period of October 1, 2024 – September 30, 2025
2. **April 30, 2026:** Submission of data for the period of January 1, 2025 – December 31, 2025
3. **July 31, 2026:** Submission of data for the period of April 1, 2025 – March 30, 2026
4. **October 31, 2026:** Submission of data for the period of July 1, 2025 – June 30, 2026
5. **January 31, 2027:** Submission of data for the period of October 1, 2025 – September 30, 2026

1. Update: Adding Data Element by Sex for All Measures

- A. For each KPI, under Data Elements for Reporting, MCPs must add data elements for sex. Stratify data by:
- (5) Sex:
- a. Male
 - b. Female
 - c. Unknown

The data reporting template has been updated and reissued.

2. Update: Members Utilizing Emergency Department Care More than Primary Care (EDPC)

- A. On page 4, under “Summary of Changes”, the technical specification reads:

“Emergency Department visits: Denominator specifications were updated to exclude members who had only one ED visit during the measurement period.”

Instead, this will be updated to read:

“Emergency Department visits: Numerator specifications were updated to exclude members who had only one ED visit during the measurement period.”

The instructions for numerator calculation on page 10, Step 5a, instructing MCPs to exclude members with only 1 ED visit during the Measurement Period are correct and remain unchanged.

B. On page 6, under "Required Exclusion:" the technical specifications read:

"Members with other primary health insurance coverage are excluded, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded."

This will be updated to read:

"Members with other primary health insurance coverage are excluded when calculating continuous enrollment, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded when calculating continuous enrollment."

3. Update: Members Engaged in Primary Care (ENPC)

A. On page 14, under "Required Exclusion:" the technical specifications read:

"Members with other primary health insurance coverage are excluded, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded."

This will be updated to read:

"Members with other primary health insurance coverage are excluded when calculating continuous enrollment, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded when calculating continuous enrollment."

4. Update: Members Engaged in Primary Care at Assigned Primary Care Site (ENPC-A)

A. On page 23, under "Continuous Enrollment:" the following language will be added:

"When calculating CE, do not count any months during which members had any other primary insurance coverage, except for members enrolled in Medicare Medi-Cal Plans (MMPs), which were formally known as Exclusively Aligned Enrollment D-SNPs (EAE DSNPs). For example, any months in which members had Medicare coverage outside of MMPs should be excluded from CE determinations. Months during which members have Medi-Cal coverage and other insurance limited to vision or dental services should remain included."

B. On page 24, under "Required Exclusion:" the technical specifications read:

"Members with other primary health insurance coverage are excluded, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded."

This will be updated to read:

"Members with other primary health insurance coverage are excluded when calculating continuous enrollment, except for members enrolled in Medicare Medi-Cal Plans (MMPs)... Members with any form of Medicare coverage outside of MMPs should be excluded when calculating continuous enrollment."

5. Update: Complex Care Management Enrollment (CCME)

- A. On page 32, under "Eligible Population: Required Exclusion", the technical specifications read:

"Members with other primary health insurance coverage are excluded. Members with any form of Medicare coverage are excluded."

This will be updated to read:

"Members with other primary health insurance coverage at any point during the measurement period are excluded. Members with any form of Medicare coverage at any point during the measurement period are excluded."

6. Update: Care Management for High-Risk Members after Discharge (CMHRD):

- A. On page 39, under "Eligible Population: Required Exclusion", the technical specifications read:

"Members with other primary health insurance coverage are excluded. Members with any form of Medicare coverage are excluded."

This will be updated to read:

"Members with other primary health insurance coverage at any point during the measurement period are excluded. Members with any form of Medicare coverage at any point during the measurement period are excluded."

- B. On page 39, under "Denominator", the first sentence reads:

“The number of transitions (inpatient and observation stays and nonacute inpatient stays) for members with high-risk during the Measurement Period.”

This is intended to indicate that the member must be considered high risk at the time of the transition in order to be included in the denominator. For clarity, this sentence will be updated to read:

“The number of transitions (inpatient and observation stays and nonacute inpatient stays) during the Measurement Period for members with high-risk at the time of the transition.”

7. Update: Follow-Up Ambulatory Visit After Hospital Discharge (FUAH)

A. On page 48, under “Definitions”, DHCS is adding a definition for Long-Term Care:

“Long Term Care Facility: A Skilled Nursing Facility (SNF), subacute facility, intermediate care facility, or custodial care facility.”

B. On page 48, under “Required Exclusion:” the technical specification reads

“Exclude hospital stays for members who use hospice services:

- Hospice Encounter Value Set
- Hospice Intervention Value Set
- Or elect to use a hospice benefit any time during the measurement year.”

Entities that use the Monthly Membership Detail Data File to identify these individuals must use only the run date of the file to determine if the individual elected to use a hospice benefit during the measurement year.”

To align with hospice exclusions in the other KPIs, this will be updated to read:

“Members in hospice or using hospice services anytime during the Measurement Period; use the following NCQA value sets:

- » Hospice Encounter Value Set
- » Hospice Intervention Value Set”

The statement regarding the Monthly Membership Detail Data file will be removed.

- C. On page 49, under "Required Exclusion", the technical specification reads:
"Hospital stays for individuals who are discharged to a long-term care or special needs facility."

Instead, this statement will be updated to read:

"Hospital stays for individuals who are discharged to a long-term care facility, including a skilled nursing facility (SNF)".

- D. On page 49, under "Eligible Population: Required Exclusion", the technical specifications read:

"Members with other primary health insurance coverage are excluded. Members with any form of Medicare coverage are excluded."

This will be updated to read:

"Members with other primary health insurance coverage at any point during the measurement period are excluded. Members with any form of Medicare coverage at any point during the measurement period are excluded."

8. All other aspects of the published PHM KPIs Technical Specifications and updates provided in [IN 25-003](#) continue to apply and are unchanged by this Information Notice.

CONTACT INFORMATION

For any questions or additional support, please contact the PHM Policy Section at: PHMSection@dhcs.ca.gov. (Subject line: Questions re: PHM KPI Technical Specifications).

Sincerely,

Original Signed by Hope Neighbor

Hope Neighbor, Chief

Population Health Management Division