



**Healthcare Effectiveness Data and Information Set  
(HEDIS®)**

**Measurement Year 2024 / Reporting Year 2025**

**Managed Care Accountability Set (MCAS)  
Summary of Performance  
August 2025**



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## 1.0 Introduction

As a Medi-Cal Managed Care Plan, Partnership provides health care coverage for 24 counties in Northern California – the largest geographic footprint of any Medi-Cal Managed Care Plan in California. The health plan covers over 900,000 members who qualify for coverage based on low household income, and who make up a substantial portion of Northern California’s total population. The annual clinical measure performance analysis contained in this Annual Summary of Performance, centered on 18 HEDIS measures selected by DHCS, is intended to give the best possible understanding of the status of quality outcomes for the low-income population served in these counties.

Partnership generates a detailed Annual Summary of Performance and distributes it widely so that stakeholders in Northern California – local governments, county public health, medical and behavioral health providers, hospitals, and community foundations – can use current, local, accurate, and audited data to prioritize activities to meet the health care needs of their communities. The Summary of Performance contains regional and county-level data that show local strengths and opportunities for preventative health care based on national benchmarks. Behind each measure are many community members who were able to access the preventative services they needed to stay healthy, or who faced challenges and struggles to receive care.

In the end, it takes the entire health care delivery system working together to improve the health outcomes contained in this report. Partnership encourages everyone reading this report to review their local data closely, and look for a handful of ways their organization, alone or with others, can drive improvement on one or more measure that is important to them.

Partnership is always happy to connect organizations and community members within our network to resources and activities to help our members, and the communities we serve, be healthy. Please reach out to our Performance Improvement team at [ImprovementAcademy@partnershiphp.org](mailto:ImprovementAcademy@partnershiphp.org) if you would like to learn more about activities in your area.

Thank you for your dedication to improving the health of our communities.



## 2.0 Notable Changes to the Measurement Year (MY) 2024 Annual Summary of Performance Report

MY2024 continued to host two required separate audits:

- DHCS / MCAS required reporting: Health Service Advisory Group (HSAG) Auditor (this report’s focus)
- NCQA HEDIS Health Plan Accreditation / HPA: Advent Advisory Auditor

### Partnership HEDIS Reporting Populations – MY2024

In MY2024, Partnership observed an increase in overall membership by approximately 36.7%, to 906,964 assigned members in December 2024. The changes in membership reflect the addition of 10 new counties to the Partnership network, as well as the departure of members assigned to Kaiser sites, who moved to Kaiser as their Medi-Cal Managed Care Plan.

- Incoming counties added approximately 316,000 members to Partnership.
- Approximately 82,000 members assigned to Kaiser departed from Partnership. The decrease in membership primarily impacted Solano, Sonoma, Napa and Yolo Counties.

	Dec 2023	Dec 2024
<b>Total Membership</b>	<b>663,919</b>	<b>906,964</b>
<b>10 Incoming Counties</b>	<b>0</b>	<b>316,096</b>
New membership	0	316,096
<b>14 Legacy Counties</b>	<b>663,919</b>	<b>590,868</b>
Kaiser assigned Partnership members	82,033	0
Non-Kaiser membership	581,886	590,868

The addition of 10 incoming counties to Partnership’s network coincides with changes to Partnership’s HEDIS Reporting Populations for both DHCS’s MCAS measure set and NCQA’s Health Plan Accreditation (HPA). Starting in MY2024, Partnership reported one Plan-Wide rate for all 24 counties in its network for the MCAS measure set to its DHCS auditor, HSAG. The Reporting Unit configuration of Partnership regions used until MY2023 (i.e., Southeast, Southwest, Northeast, and Northwest) has been retired.

The impact of population shifts in Partnership’s network impacts HEDIS measure eligible populations differently, depending on each measure’s continuous enrollment requirements as defined in the NCQA HEDIS MY2024 Technical Specifications. A subset of measures require continuous enrollment greater than one year for a member to be included in the measure’s eligible population, which meant that very few members from incoming counties met the criteria to be included in the measures’ plan-wide rates in MY2024. For the MCAS measure set, these measures with very small eligible populations for incoming counties in MY2024 are:

- Asthma Medication Ratio (AMR)
- Breast Cancer Screening, ECDS (BCS-E)
- Well-Child Visits in the First 30 Months of Life (W30)

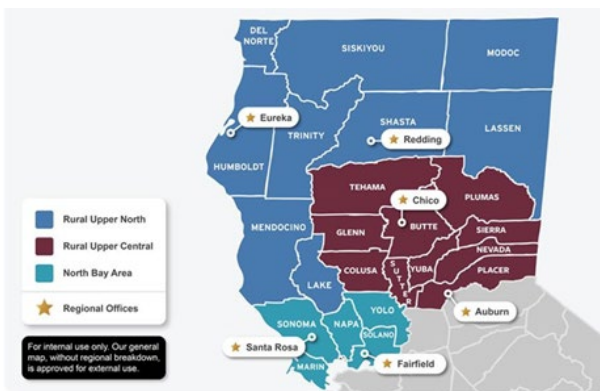
### Changes to DHCS Sanctioning Methodology – MY2024

Starting in MY2024, Partnership also reported county-wide rates for all MCAS measures and their respective sub-measures to DHCS directly. DHCS intends to hold all California Managed Care Plans accountable for sanctions for all MCAS Accountable measures that did not reach the 50th percentile benchmark at either the county level or at the level of groups of counties. Details have not been finalized at the time of this report.

Of note, sanctions do not apply to counties newly covered by a Managed Care Plan. For Partnership, this includes the Plan’s 14 legacy counties; the 10 incoming counties are not held to performance sanctions in MY2024.

Population	Description	Purpose
<b>NCQA HEDIS Reporting - DHCS Populations</b>		
Plan Wide	All 24 counties - Plan wide reported rates	DHCS-published HEDIS rates for MCP
County	County level measure rates for each of Partnership's 24 counties	Geographic sanctions and withholds will be applied at DHCS's discretion (applied only to 14 legacy counties in MY2024)
<b>NCQA HEDIS Reporting - HPA Population</b>		
Plan Wide	All 24 counties - Plan wide reported rates	NCQA Star Rating

Starting in MY2024, DHCS also intends to use its Withhold/Incentives accountability program for Partnership to earn back a percentage of its withheld income from DHCS based on performance of a subset of MCAS measures and two CAHPS measures. The Withhold accountability program measures MCAS measure rates aggregated by DHCS Quality Rating Regions. The Rural Upper Central Rating Region, which is made up of the 10 incoming counties to Partnership in 2024, is excluded from the Withhold/Incentives accountability program for MY2024. An illustration of Partnership’s network organized by DHCS Quality Rating Regions is shown below.



DHCS Quality Rating Region	Counties
North Bay	Marin, Napa, Sonoma, Solano, Yolo
Rural Upper North	Del Norte, Humboldt, Lassen, Lake, Mendocino, Modoc, Shasta, Siskiyou, Trinity
Rural Upper Central	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba

### Changes to NCQA HEDIS Measures – MY2024

NCQA released changes to two existing clinical measures used in DHCS MCAS for MY2024:

- The former Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) measure was revised to Glycemic Status Assessment for Patients with Diabetes (GSD).
- Colorectal Cancer Screening (COL-E) using ECDS methodology replaced Colorectal Cancer Screening (COL), which was an administrative measure.

### **Partnership's Efforts to Improve Data Quality – MY2024**

Partnership was able to use a number of new supplemental data sources in the MY2024 HEDIS Annual project.

***Electronic Clinical Data Systems (ECDS) Vendor Pilot:*** Partnership piloted the use of Datalink, an NCQA Certified Data Aggregator software, in MY2024, and received auditor approval to include records from two EMR vendors (eClinical Works and Nextgen) in the MY2024 HEDIS Project. Records from six practices within Partnership's provider network were included in the MY2024 HEDIS Annual Project. The analysis shows promising results from the Datalink pilot:

- The MCAS (Report Only) measure set includes seven Depression Screening measures. Datalink was the sole source of data for six of the seven Depression Screening measures.
- Five of the seven Depression Screening measures exceeded the 50th percentile as a result of the inclusion of Datalink data.
- Datalink also made a positive impact on administrative rates for MCAS Accountable measures, including Controlling Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (GSD).

### ***Medical Record Review for Well-Child Visits in the First 30 Months of Life (W30) Pilot:***

Partnership has historically scored below the 50th percentile on both W30 measures, though the rates for the W15 measure (Well Child Visits Birth – 15 Months) within the Primary Care Provided Quality Incentive Program (PCP QIP) have been above the 50th percentile since MY2022. The QI department devoted time and resources to researching root causes for the discrepancy between HEDIS and QIP rates in 2024 and identified numerous points of failure for newborn visits to be counted towards the HEDIS rate using administrative data. The major issue identified was a temporary member ID number that could not automatically be matched to the child's final permanent membership ID.

As a result of this analysis, the HEDIS team piloted a supplemental Medical Record Review of the entire W30 measure eligible population in early 2025, which was accepted as a supplemental data source by HSAG's auditor. The supplemental Medical Record Review made a dramatic impact on the rates for both W30 submeasures, and both W30 submeasure rates scored above the 50th percentile for MY2024.

**Sacramento Valley MedShare (SVMS):** SVMS is a Health Information Exchange used by practices and health systems throughout Northern California. In MY2024, Partnership received auditor approval to use Immunization, Lab, and Measurement (i.e., blood pressure readings) records towards the HEDIS Annual Project, which had a significant impact on several MCAS measures in MY2024. In previous years not all three record categories were approved for use in the HEDIS Annual Project.

**Root cause analysis of fluoride varnish coding:** Partnership worked with DHCS in 2024 - 2025 to better understand how it receives fluoride varnish claims and encounters that can be counted towards the Topical Fluoride for Children (TFL-CH) MCAS measure, most of which are billed to Denti-Cal from Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Tribal Health Dental Centers and then sent to Partnership. As a result, Partnership was able to identify dental visits completed by FQHC, RHC, and Tribal Health Dental Centers and receive approval from HSAG's auditor to include in the MY2024 HEDIS Annual Project. Unfortunately, the dental visit data for the FQHC, RHC, and Tribal Health Dental Centers that Partnership receives from DHCS does not include procedure codes for dental fluoride varnish applications; only diagnosis codes for fluoride varnish are included. In 2025 Partnership is actively working with Dental Centers throughout its network to expand the use of dental fluoride varnish diagnosis coding to help with next year's MY2025 HEDIS audit.

### **HEDIS Annual Project Outcomes**

Partnership successfully launched our HEDIS® MY2024 / RY2025 data collection and reporting audits incorporating all changes as noted above.

## DHCS MCAS Accountable Measures

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In MY2024 / RY2025 HEDIS® Annual Final Reporting, DHCS announced that it is planning to hold managed care plans (MCPs) accountable and imposing financial sanctions on 18 selected Hybrid and Administrative measures performing below the minimum performance level (MPL - 50th national Medicaid percentile). In prior years, the final list of sanctionable measures was changed just before sanctions were announced, so the final number of sanctionable measures may change late in 2025.

Results of an additional 20 MCAS measures were reported but were not part of the accountability measure set in MY2024 (“reporting only measures”). The full list of MY2024 MCAS measures can be found on the DHCS website: <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Managed-Care-Accountability-Set-Reporting-Year-2025.pdf>

The same 18 MCAS accountable measures from MY2023 continued into MY2024, although two of the MY2023 measures (FUA and FUM) were removed from being accountable for MY2023 sanctions after the annual analysis was complete, due to data incompleteness transmitted from DHCS to Managed Care Plans.

Much of the measure performance analysis that follows is based on the performance of the 18 accountable MCAS measures per NCQA Quality Compass 2024 Benchmarks, developed on MY2023 performance.

### 3.0 Plan-Wide MCAS Performance Relative to Quality Compass® Medicaid Benchmarks

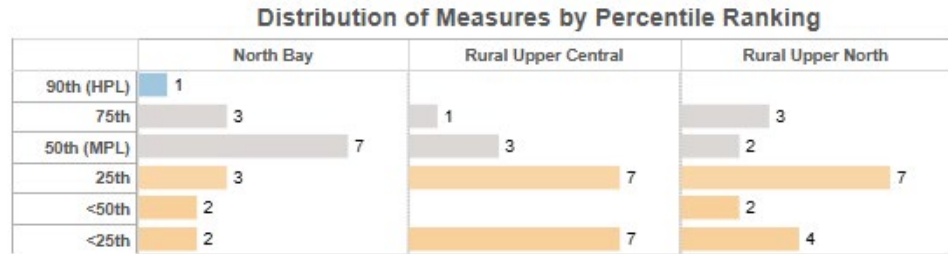
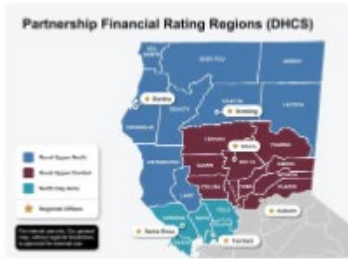
- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Plan Wide Performance		National Medicaid Benchmarks			
	≡	Plan Wide	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50		64.71%	59.47%	66.24%	72.22%	76.65%
Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total		56.29%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS) - *		59.12%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*		28.22%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total		55.58%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*		69.59%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages		29.65%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total		29.01%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total		33.27%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*		32.60%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*		40.39%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC) - *		71.78%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*		89.54%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*		85.40%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total		12.40%		19.30%		
Well Care Visits (WCV) - Total		48.83%	46.57%	51.81%	58.07%	64.74%
^Well Child 30 (W30) - Well child visits for age 15-30 months		72.22%	65.53%	69.43%	73.09%	79.94%
^Well Child 30 (W30) - Well child visits in the first 15 months		67.05%	54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

## 4.0 MCAS Summary of Performance by Region

### Regional Distribution of Measures by Percentile Ranking



- Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

### 4.1 MCAS Measures at or Above the High Performance Level (HPL) – 90<sup>th</sup> Percentile

Measures	North Bay
Prenatal and Postpartum Care (PPC) - Postpartum care*	●

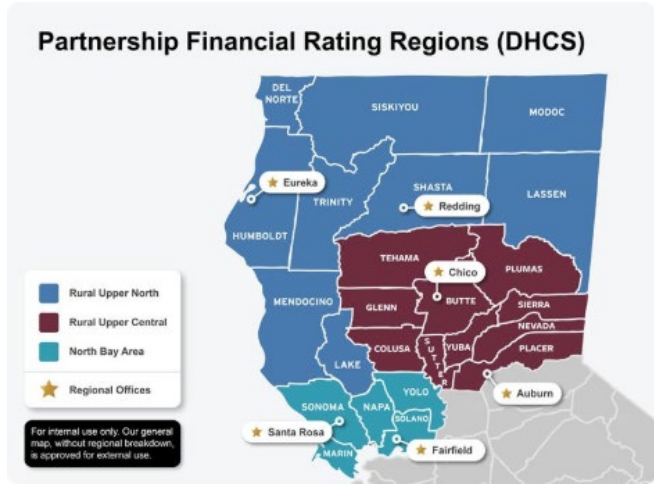
### 4.2 MCAS Measures below the Minimum Performance Level (MPL) - 50<sup>th</sup> Percentile

Measures	North Bay	Rural Upper Central	Rural Upper North
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50		●	●
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total		●	●
Cervical Cancer Screening (CCS)*		●	●
Childhood Immunization Status (CIS) - Combination 10*		●	●
Chlamydia Screening in Women (CHL) - Total		●	●
Controlling High Blood Pressure (CBP) - Non-Medicare Total*		●	●
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	●		●
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	●	●	●
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	●	●	●
**Hemoglobin A1c Poor Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)*	●	●	●
Immunizations for Adolescents (IMA) - Combination 2*		●	●
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	●	●	●
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	●		●
Well Care Visits (WCV) - Total	●	●	●
^Well Child 30 (W30) - Well child visits for age 15-30 months		●	
^Well Child 30 (W30) - Well child visits in the first 15 months		●	

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

## 5.0 MCAS Summary of Performance by County

### 5.1 MCAS Distribution of Percentile Rankings by County



DHCS_Financial_Rating_Region	County	<25th	<50th(DEV and TFL-CH only)	25th	50th (MPL)	75th	90th (HPL)
North Bay	MARIN	1	1	3	5	2	6
	NAPA	4	2	2	2	1	7
	SOLANO	4	2	4	3	3	2
	SONOMA	1	2	4	5	3	3
	YOLO	4		4	7	3	
Rural Upper Central	BUTTE	10	2	3	2		1
	COLUSA	5		3	5		4
	GLENN	2	1	4	5	3	1
	NEVADA	7	1	2	2	2	2
	PLACER	6		3	5	1	
	PLUMAS	9	2	2		2	1
	SIERRA	8	2				1
	SUTTER	2		3	7	1	2
	TEHAMA	9	2	4		2	1
YUBA	3		5	6		1	
Rural Upper North	DEL NORTE	8	2	5	2	1	
	HUMBOLDT	3	1	4	2	5	3
	LAKE	6	2	4	2	2	2
	LASSEN	8	2	2	5	1	
	MENDOCINO	2	2	6	3	3	2
	MODOC	8	2	5		2	1
	SHASTA	9	2	2	3	2	
	SISKIYOU	6	2	7	1	1	1
	TRINITY	9	2	5		2	

- Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

NOTE: The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. Performance below the 50th percentile is indicated by the <50th column in the graph.

## 5.2 MCAS Percentile Ranking Change from Prior Year

Where measures remained in the MCAS in MY2024, the next set of tables show that Partnership observed a number of measures within the 14 legacy counties that declined or improved in percentile ranking relative to prior year. The NCQA Quality Compass 2024 Benchmarks, which were developed based on MY2023 performance, result in the percentile rankings below.

At the County level, a comparison of county-level performance between MY2023 and MY2024 in Partnership's 14 legacy counties shows:

- 67 county-level measures, or 26.59% of 252 county-level measures, improved in performance and moved to a higher benchmark in MY2024.
- 126 county-level measures, or 50.39% of 252 county-level measures, stayed at their same benchmark as MY2023 in MY2024.
- 58 county-level measures, or 23.02% of 252 county-level measures, declined in performance and moved to a lower benchmark in MY2024.

## 5.2.1 MCAS Percentile Ranking Change MY2023-2024 – Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	DEL NORTE		HUMBOLDT		LAKE		MENDOCINO	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	<25th	25th	25th	25th	<25th	<25th	25th	25th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	<25th	<25th	25th	25th	25th	25th	25th	50th
Cervical Cancer Screening (CCS)*	<25th	<25th	50th	75th	<25th	25th	<25th	75th
Childhood Immunization Status (CIS) - Combination 10*	<25th	<25th	<25th	<25th	25th	<25th	<25th	25th
Chlamydia Screening in Women (CHL) - Total	<25th	<25th	25th	25th	25th	25th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	<25th	<25th	50th	75th	50th	<25th	75th	25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	<50th	50th	<50th	<50th	<50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	<25th	25th	25th	75th	25th	<25th	25th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	25th	75th	90th	50th	<25th	50th	50th
Immunizations for Adolescents (IMA) - Combination 2*	<25th	50th	50th	50th	50th	75th	25th	<25th
Lead Screening in Children (LSC)*	25th	<25th	50th	90th	<25th	50th	75th	75th
Prenatal and Postpartum Care (PPC) - Postpartum care*	<25th	25th	90th	90th	25th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	25th	<25th	<25th	<25th	90th	50th	90th	50th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Child and Adolescent Well Care Visits (WCV) - Total	25th	25th	50th	25th	25th	25th	25th	25th
^Well Child 30 (W30) - Well child visits for age 15-30 months	<25th	50th	25th	75th	<25th	75th	50th	75th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	75th	<25th	75th	<25th	90th	25th	90th

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

## 5.2.2 MCAS Percentile Ranking Change MY2023-2024 – Fairfield Region: Napa, Solano, Yolo Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	NAPA		SOLANO		YOLO	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	90th	90th	50th	25th	50th	50th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	90th	90th	75th	50th	75th	75th
Cervical Cancer Screening (CCS)*	90th	90th	25th	75th	50th	25th
Childhood Immunization Status (CIS) - Combination 10*	90th	90th	75th	75th	75th	50th
Chlamydia Screening in Women (CHL) - Total	25th	<25th	50th	50th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	50th	25th	75th	50th	25th	25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	50th	<50th	50th	50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25th	<25th	25th	25th	<25th	<25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	90th	50th	50th	<25th	90th	25th
Immunizations for Adolescents (IMA) - Combination 2*	90th	90th	90th	90th	75th	75th
Lead Screening in Children (LSC)*	50th	90th	25th	75th	50th	50th
Prenatal and Postpartum Care (PPC) - Postpartum care*	90th	90th	90th	90th	90th	50th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	90th	<25th	50th	25th	90th	<25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	50th
Well Care Visits (WCV) - Total	75th	50th	<25th	<25th	50th	50th
^Well Child 30 (W30) - Well child visits for age 15-30 months	75th	75th	<25th	<25th	75th	75th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	25th	<25th	25th	<25th	<25th

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

### 5.2.3 MCAS Percentile Ranking Change MY2023-2024 – Redding Region: Lassen, Modoc, Shasta, Siskiyou, Trinity Counties

Tehama County is excluded from the Redding Region table, since the County joined Partnership in 2024.

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	LASSEN		MODOC		SHASTA		SISKIYOU		TRINITY	
	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	<25th	<25th	<25th	25th	<25th	<25th	<25th	25th	<25th	<25th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	<25th	<25th	<25th	25th	25th	50th	25th	25th	<25th	25th
Cervical Cancer Screening (CCS)*	<25th	25th	<25th	<25th	<25th	25th	25th	<25th	<25th	25th
Childhood Immunization Status (CIS) - Combination 10*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	25th	<25th	<25th
Chlamydia Screening in Women (CHL) - Total	<25th	<25th	<25th	<25th	25th	25th	<25th	<25th	<25th	<25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	25th	50th	<25th	<25th	25th	<25th	90th	50th	50th	<25th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	<25th	<25th	25th	75th	75th	75th	25th	25th	50th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	50th	90th	75th	25th	50th	25th	90th	75th	75th
Immunizations for Adolescents (IMA) - Combination 2*	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
Lead Screening in Children (LSC)*	<25th	75th	50th	90th	25th	50th	<25th	25th	50th	75th
Prenatal and Postpartum Care (PPC) - Postpartum care*	75th	25th	90th	25th	50th	<25th	50th	75th	50th	<25th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	25th	50th	90th	25th	25th	<25th	90th	<25th	50th	<25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
Well Care Visits (WCV) - Total	<25th	<25th	<25th	25th	<25th	<25th	<25th	25th	25th	25th
^Well Child 30 (W30) - Well child visits for age 15-30 months	<25th	50th	25th	<25th	<25th	<25th	<25th	25th	<25th	<25th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	50th	<25th	<25th	<25th	75th	<25th	<25th	<25th	25th

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

## 5.2.4 MCAS Percentile Ranking Change MY2023-2024 – Santa Rosa Region: Marin, Sonoma Counties

- Measure percentile ranking improved from Prior Year
- Measure percentile ranking decreased from Prior Year

Measure	MARIN		SONOMA	
	MY2023	MY2024	MY2023	MY2024
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	50th	25th	75th	50th
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	75th	75th	75th	50th
Cervical Cancer Screening (CCS)*	90th	75th	90th	75th
Childhood Immunization Status (CIS) - Combination 10*	75th	50th	75th	50th
Chlamydia Screening in Women (CHL) - Total	90th	90th	25th	25th
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	75th	50th	50th	75th
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	50th	50th	50th	<50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	<25th	<25th	<25th	<25th
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25th	25th	25th	25th
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	75th	25th	75th	90th
Immunizations for Adolescents (IMA) - Combination 2*	75th	90th	90th	75th
Lead Screening in Children (LSC)*	90th	90th	<25th	25th
Prenatal and Postpartum Care (PPC) - Postpartum care*	90th	90th	90th	90th
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	50th	50th	90th	25th
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	<50th	<50th	<50th	<50th
Well Care Visits (WCV) - Total	75th	50th	50th	50th
^Well Child 30 (W30) - Well child visits for age 15-30 months	75th	90th	25th	50th
^Well Child 30 (W30) - Well child visits in the first 15 months	<25th	90th	<25th	90th

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

### 5.3 MY2024 MCAS Annual Performance by County

#### 5.3.1 MCAS Auburn Region: Nevada, Placer, Plumas, Sierra Counties

- Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Auburn				National Medicaid Benchmarks			
	NEVADA	PLACER	PLUMAS	SIERRA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50			100.00%		59.47%	66.24%		
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	66.67%	0.00%		0.00%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	40.21%	39.39%	32.63%	43.43%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	15.22%	21.67%	12.50%		22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	48.06%	60.67%	23.26%	27.27%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	56.00%	53.00%	34.00%		59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	39.51%	44.12%	0.00%	0.00%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	36.81%	23.45%	25.00%	0.00%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	38.31%	34.08%	32.69%	100.00%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	34.00%	36.00%	73.00%		40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	17.54%	36.00%	0.00%	0.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	76.09%	65.00%	75.00%		53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	83.84%	84.00%	77.78%	25.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	82.83%	68.00%	88.89%	75.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	7.38%	20.20%	5.44%	5.45%		19.30%		
Well Care Visits (WCV) - Total	42.02%	47.93%	28.19%	30.90%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	100.00%		33.33%		65.53%	69.43%	73.09%	79.94%
*Well Child 15 (W15) - Well child visits in the first 15 months					54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets. Blank cells indicate an Eligible Population of 0 members within a County for the measure.

### 5.3.2 MCAS Chico Region: Butte, Colusa, Glenn, Sutter, Yuba Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Chico					National Medicaid Benchmarks			
	BUTTE	COLUSA	GLENN	SUTTER	YUBA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	66.67%		100.00%			59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	26.32%	20.00%	0.00%	0.00%	100.00%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	46.94%	60.61%	50.51%	54.08%	42.00%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	15.00%	21.88%	27.78%	37.84%	23.19%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	55.64%	53.02%	51.47%	57.24%	57.89%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	66.00%	64.00%	71.00%	67.68%	61.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	10.10%	40.68%	36.17%	57.22%	56.33%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	20.40%	33.33%	28.57%	26.09%	24.72%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	34.49%	26.92%	34.78%	29.85%	30.13%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	43.00%	32.00%	33.00%	36.00%	43.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	22.00%	60.00%	37.93%	39.51%	37.14%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	53.00%	87.50%	77.78%	83.78%	63.77%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	90.00%	92.94%	85.00%	90.00%	81.82%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	82.00%	74.12%	83.00%	87.00%	87.88%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	18.62%	28.95%	9.77%	39.49%	28.17%		19.30%		
Well Care Visits (WCV) - Total	41.84%	55.53%	53.91%	55.93%	47.65%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	50.00%	100.00%				65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	0.00%	0.00%				54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets. Blank cells indicate an Eligible Population of 0 members within a County for the measure.

### 5.3.3 MCAS Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Eureka				National Medicaid Benchmarks			
	DEL NORTE	HUMBOLDT	LAKE	MENDOCINO	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	60.83%	63.41%	57.84%	62.50%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	46.83%	51.35%	48.55%	56.75%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	49.00%	63.00%	56.25%	62.63%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	6.00%	19.00%	21.00%	25.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	47.33%	54.61%	53.93%	52.00%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	58.59%	70.00%	52.00%	63.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	27.71%	38.89%	6.03%	8.12%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	27.68%	35.36%	35.75%	30.66%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	27.06%	42.26%	23.51%	30.15%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	35.00%	23.00%	49.00%	31.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	36.00%	38.00%	42.00%	28.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	53.00%	89.00%	71.00%	79.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	79.00%	93.00%	91.00%	92.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	78.00%	79.00%	86.00%	86.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	0.68%	1.11%	1.69%	3.86%		19.30%		
Well Care Visits (WCV) - Total	49.25%	50.11%	48.82%	47.59%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	71.79%	74.89%	78.92%	75.15%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	68.47%	68.89%	79.34%	74.19%	54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

### 5.3.4 MCAS Fairfield Region: Solano, Yolo, and Napa Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Fairfield			National Medicaid Benchmarks			
	NAPA	SOLANO	YOLO	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	79.82%	65.79%	67.84%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	66.84%	54.14%	60.29%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	70.00%	64.95%	52.53%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	47.00%	38.00%	33.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	49.58%	62.14%	51.37%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	63.00%	67.00%	63.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	3.77%	33.92%	61.20%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	26.09%	24.53%	26.73%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	26.11%	29.24%	26.46%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	32.00%	41.00%	35.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	53.00%	49.00%	46.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	84.00%	72.00%	71.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	93.00%	89.00%	82.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	74.00%	82.00%	65.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	13.87%	16.40%	19.73%		19.30%		
Well Care Visits (WCV) - Total	55.43%	43.99%	52.25%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age 15-30 months	75.50%	63.84%	73.35%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	54.79%	55.26%	49.82%	54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

### 5.3.5 MCAS Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama,

**Trinity** ● Above HPL (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)  
● Below MPL (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Redding						National Medicaid Benchmarks			
	LASSEN	MODOC	SHASTA	SISKIYOU	TEHAMA	TRINITY	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	58.70%	63.16%	57.28%	59.62%	0.00%	50.00%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	43.08%	48.52%	54.90%	52.64%	38.46%	49.39%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	50.52%	46.46%	52.53%	49.49%	44.00%	55.79%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	13.00%	9.76%	14.00%	26.00%	16.00%	7.25%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	41.55%	32.89%	52.12%	45.38%	54.34%	34.72%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	66.00%	56.00%	58.00%	67.00%	64.00%	47.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	11.91%	27.27%	26.09%	28.95%	32.26%	8.67%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	18.75%	11.76%	35.70%	37.50%	14.81%	12.50%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	25.81%	45.45%	43.80%	32.53%	31.60%	32.56%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	32.00%	29.00%	30.00%	27.00%	41.00%	28.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	9.00%	24.00%	23.00%	17.00%	17.54%	20.37%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	76.00%	80.49%	71.00%	55.00%	76.00%	72.46%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	79.76%	77.42%	69.00%	84.00%	80.00%	75.47%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	86.90%	83.87%	71.00%	78.00%	72.00%	67.92%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL-CH) - Numerator 1 Total	3.23%	3.06%	5.05%	1.25%	9.96%	2.39%		19.30%		
Well Care Visits (WCV) - Total	36.95%	48.59%	44.19%	47.51%	46.42%	48.35%	46.57%	51.81%	58.07%	64.74%
*Well Child 30 (W30) - Well child visits for age15-30 months	70.16%	56.10%	65.41%	69.10%	75.00%	61.40%	65.53%	69.43%	73.09%	79.94%
*Well Child 30 (W30) - Well child visits in the first 15 months	63.64%	45.83%	65.20%	37.63%	75.00%	59.38%	54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

### 5.3.6 MCAS Santa Rosa Region: Marin, Sonoma Counties

- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

Measures	Partnership Region - Santa Rosa		National Medicaid Benchmarks			
	MARIN	SONOMA	25TH	50TH	75th	90th
Asthma Medication Ratio (AMR) - Total, 5 to 64 Ratios > 0.50	61.27%	70.42%	59.47%	66.24%	72.22%	76.65%
***Breast Cancer Screening ECDS (BCS-E) - Non-Medicare Total	63.44%	59.17%	47.93%	52.68%	59.51%	63.48%
Cervical Cancer Screening (CCS)*	64.00%	66.67%	49.64%	57.18%	61.56%	67.46%
Childhood Immunization Status (CIS) - Combination 10*	34.00%	30.00%	22.87%	27.49%	34.79%	42.34%
Chlamydia Screening in Women (CHL) - Total	77.63%	51.89%	49.65%	55.95%	64.37%	69.07%
Controlling High Blood Pressure (CBP) - Non-Medicare Total*	69.00%	70.00%	59.73%	64.48%	69.37%	72.75%
#Developmental Screening in the First Three Years of Life (DEV-CH) - Total All Ages	48.23%	26.47%		35.70%		
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total	37.27%	33.66%	46.05%	53.82%	63.06%	73.12%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total	34.63%	31.17%	26.79%	36.18%	41.86%	49.40%
**Hemoglobin A1c Poor Control for Patients With Diabetes (GSD) - HbA1c Poor Control (>9%)*	37.00%	27.00%	40.15%	33.33%	29.93%	27.01%
Immunizations for Adolescents (IMA) - Combination 2*	49.00%	48.00%	29.72%	34.30%	41.61%	48.66%
Lead Screening in Children (LSC)*	89.00%	54.00%	53.12%	63.84%	71.11%	79.51%
Prenatal and Postpartum Care (PPC) - Postpartum care*	98.00%	98.00%	75.67%	80.23%	83.33%	86.62%
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care*	88.00%	81.00%	79.81%	84.55%	88.58%	91.85%
#Topical Fluoride for Children (TFL - CH) - Numerator 1 Total	0.55%	6.17%		19.30%		
Well Care Visits (WCV) - Total	56.18%	55.42%	46.57%	51.81%	58.07%	64.74%
^Well Child 30 (W30) - Well child visits for age 15-30 months	90.11%	71.03%	65.53%	69.43%	73.09%	79.94%
^Well Child 30 (W30) - Well child visits in the first 15 months	86.53%	70.70%	54.46%	60.38%	64.99%	69.67%

\* Hybrid Measures: Measure rates are calculated using a systematic sample drawn from the eligible population. \*\* GSD is an inverted measure: a lower rate results in better performance. Before MY2024, the GSD measure was referred to as Hemoglobin A1c Poor Control for Patients with Diabetes (HBD) \*\*\* BCS-E in historical measurement years was named BCS. MY2023 onwards uses ECDS data collection method. ^ W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2024. # The Developmental Screening for Children (DEV) and Topical Fluoride for Children (TFL-CH) measures are CMS Child Core Set measures, and only have one (1) benchmark, the 50th percentile, which is the FFY 2023 State Median. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

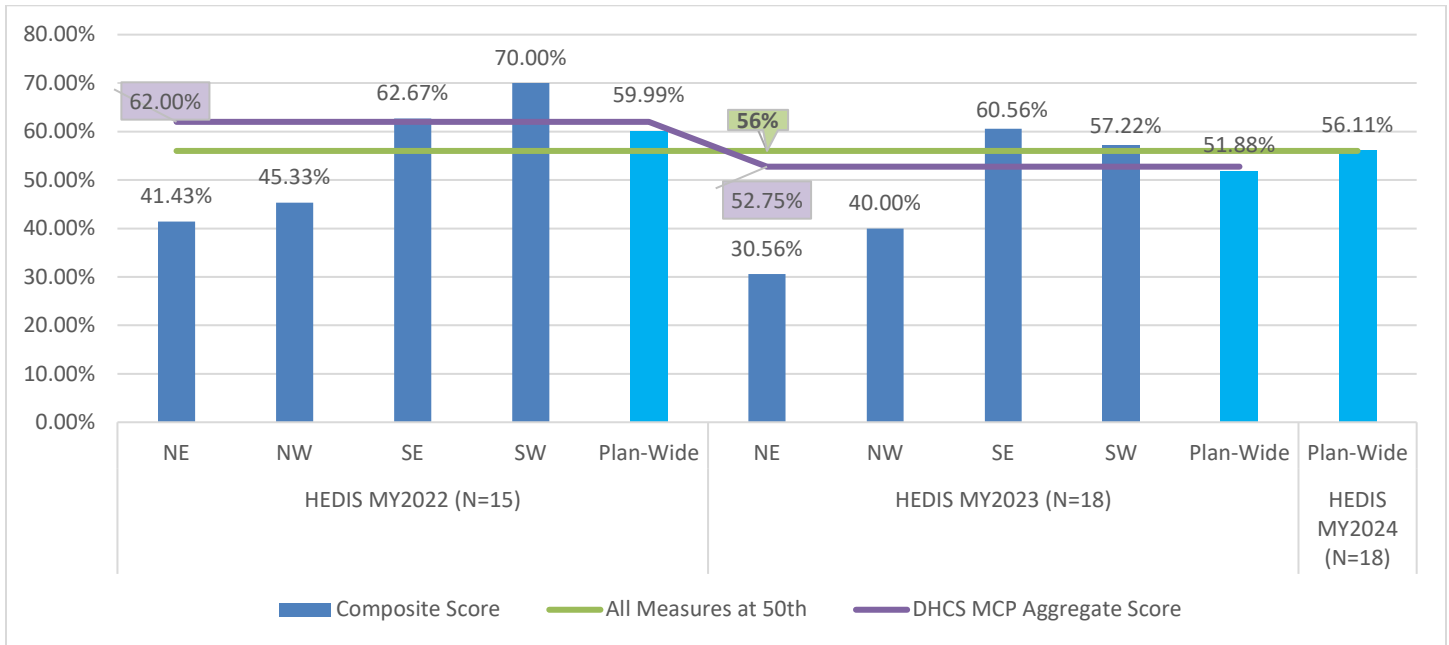
## 6.0 Overall Health Plan Ranking: DHCS Managed Care Accountability Set (MCAS)

DHCS uses a scoring methodology to determine an aggregated Quality Factor Score (QFS), which ranks health plan performance relative to California Medicaid reporting health plans. Partnership adopts DHCS' scoring methodology to determine Partnership's composite scores year over year. In prior years, Partnership's composite score was calculated for each of the four legacy Reporting Units (Southeast, Southwest, Northeast, and Northwest). In MY2024, since Partnership transitioned to one Plan-Wide Reporting Unit, a single Plan-Wide composite score is calculated.

To calculate the composite score, each measure is given a score from one to ten based on performance relative to national benchmarks. A composite score is then calculated by dividing total earned points by total possible points.

The Quality Compass 2024 Benchmarks, which were developed based on national MY2023 performance, are the most currently available benchmarks. These benchmarks were used by Partnership to determine percentile rankings and the following composite scoring year over year analysis. Annually each fall, DHCS releases a dashboard displaying the plan's Quality Factor Scores and associated rankings to other health plans. The results of this ranking will be published upon the release of this information and will be utilized by DHCS to assess mandated improvement activities and any sanctions.

### MY2024 HEDIS® Composite Performance Year over Year Comparison: DHCS Managed Care Accountability Set (MCAS)



Note: MY2024/RY2025: Total Points Earned: 101 Points out of 180 Total Points (18 measures included)

- In MY2024, 18 measures were held accountable to the MPL.
- Three measures were added to the MCAS Accountable Measure Set in MY2023: Asthma Medication Ratio (AMR), Developmental Screening for Children (DEV), and Topical Fluoride for Children (TFL-CH).
- MY2022 - MY2023 represents DHCS's Quality Factor Scores, which are publicly available and issued in year following the Reporting Year.
- For MY2022 - MY2023, Partnership received four Quality Factor Scores from DHCS for each of its legacy Reporting Units. Partnership calculates its Plan-Wide score across all four DHCS MCAS reporting regions by factoring in eligible populations by region, given membership is significantly greater in the Southern region reporting populations than Northern.

## 7.0 Year-over-year Performance Trends and Initial Assessment of Results

### 7.1 Year-over-year Performance Trends

The MY2024 HEDIS® Composite Performance Year-Over-Year Comparison is based on NCQA Quality Compass 2024 (MY2023) Benchmarks. To date, DHCS has only established state-wide MPLs for the two newly accountable CMS Core set measures, Developmental Screening in the First Three Years of Life (DEV) and Topical Fluoride for Children (TFL-CH). Therefore, the maximum points for these two measures is 6 points. All other measures in the MCAS Accountable Measure Set can earn up to 10 points.

Overall, the MY2024 HEDIS® Composite Performance Year over Year Comparison indicates a 4.22% increase in aggregate plan-wide performance from MY2023 to MY2024.

Plan-Wide, Partnership saw the following Year over Year changes in Plan-Wide rates between MY2023 and MY2024:

- 9 of 18 measures improved in performance and moved to a higher benchmark in MY2024.
- 6 of 18 measures stayed at their same benchmark as MY2023 in MY2024.
- 3 of 18 measures declined in performance and moved to a lower benchmark in MY2024.

### 7.2 Plan-Wide Strengths: Measure Performing Above MPL

11 of the 18 measures in the MCAS Accountable set exceeded the Minimum Performance Level in MY2024.

Six measures are newly above the Minimum Performance Level in MY2024, as seen in the Table below.

**Table: MCAS Measures Newly Above MPL in MY2024**

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Breast Cancer Screening (BCS-E)	37.5 <sup>th</sup>	50 <sup>th</sup> +0.77%
Cervical Cancer Screening (CCS)	37.5 <sup>th</sup>	50 <sup>th</sup> +2.77%
Childhood Immunization Status—Combination 10 only (CIS-10)	25 <sup>th</sup>	50 <sup>th</sup> +0.97%
Lead Screening in Children (LSC)	25 <sup>th</sup>	75 <sup>th</sup> +12.66%
Well-Child Visits in the First 30 Months of Life - 2+ visits 15-30 months (W30-2)	37.5 <sup>th</sup>	62.5 <sup>th</sup> +7.67%
Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months (W30-6)	<10 <sup>th</sup>	75 <sup>th</sup> +24.96%

- **Breast Cancer Screening (BCS)**: Partnership achieved a Plan-Wide score above the MPL for the first time in MY2024. These gains are largely attributed to initiatives cited in Section 9, focused on creating greater access through mobile mammography events. This measure continues in the PCP QIP to bring continued PCP focus on utilizing available access to mammography services on an ongoing basis.

Of note, performance in this measure is expected to drop in MY2025 and in the following few years, as the BCS-E measure lowered the age range for beginning breast cancer screening from age 50 years to 40 years. As this is a national change to the HEDIS measure, an adjustment in the benchmarks for this measure may follow, but some negative impact on performance is anticipated. Because the measure has long continuous enrollment requirements for members to be included in the measure, MY2024's measure included very few members from the incoming 10 counties. Since the incoming counties showed significant data completeness issues in their measure performance, Partnership also anticipates a drop in performance in MY2025 when the full cohort of members are included in the BCS-E measure.

- **Cervical Cancer Screening (CCS)**: In MY2024 Partnership received approval on all of its supplemental data sources, including Health Information Exchange lab data that captures screenings outside the primary care setting. Strong performance in legacy counties counterbalanced data completeness challenges in incoming counties for this measure with a five-year lookback period. As noted in Section 9, Partnership is promoting self-swab testing to members through PCPs, now that this method has received FDA approval and can be counted towards this HEDIS measure in MY2025 and onward.
- **Childhood Immunizations (CIS)**: Partnership met the MPL benchmark Plan-Wide on this measure for the first time in MY2024. The improvement in performance is partially due to a 3% decline in the national percentiles between MY2023 and MY2024. Fairfield and Santa Rosa Region counties had significantly stronger measure performance than Auburn, Chico, Eureka, and Redding Region counties. In review of HEDIS sampled medical records, the second required influenza immunization was observed as the most common missing immunization. In cases where the immunizations were administered, the dates of service were often outside the measurement compliance timeframe. Additionally, high rates of parental refusal continue to be a major factor in measure performance, which even when documented in the record is not a permitted exclusion under the HEDIS measure.
- **Lead Screening for Children (LSC)**: Partnership showed dramatic improvement on the LSC measure, gaining over 12% on its Plan-Wide rate between MY2023-2024. Improvement is related to the inclusion of the measure in the PCP QIP, which allows practices to measure their improvement throughout the measurement year. Partnership spearheaded extensive provider education efforts throughout the provider network as a component of Facility Site Reviews and with dedicated Lead Screening training webinars. The Lead Screening Point of Care (POC) Distribution Program, in which PCP sites could receive a POC device from Partnership for real-time lead screening, made a significant contribution to improved rates for this measure.



- Well Child Visits in the First 30 Months of Life (W30): As described in Section 1, Partnership addressed the known data completeness issues around the W30 measure by completing a Medical Record Review (MRR) of the entire eligible population for the W30 measure in MY2024. By requesting charts from PCP’s and completing a Medical Record Review, Partnership treated the measure as a hybrid measure and received auditor approval to include the W30 MRR as a supplemental data source. As a result, both W30 submeasures improved dramatically in performance, and are now both above the 50<sup>th</sup> percentile for the first time in MY2024. Partnership intends to continue completing a MRR on the W30 measure in future HEDIS Projects.

Five additional measures have sustained Plan-Wide performance above the MPL since MY2023.

**Table: MCAS Measures With Sustained Performance above the MPL MY2023-2024**

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gained
Controlling High Blood Pressure (CBP)	50 <sup>th</sup>	75 <sup>th</sup> +6.23%
Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD)	62.5 <sup>th</sup>	50 <sup>th</sup> +1.48%
Immunizations for Adolescents—Combination 2 (IMA-2)	50 <sup>th</sup>	62.5 <sup>th</sup> +2.43%
Prenatal and Postpartum Care: Postpartum Care (PPC-Post)	90 <sup>th</sup>	90 <sup>th</sup> +4.14%
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	50 <sup>th</sup>	50 <sup>th</sup> -0.78%

- Controlling High Blood Pressure (CBP) and Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD): Both measures benefitted greatly from the approval of all supplemental data sources by Partnership’s HEDIS auditor in MY2024. Partnership’s Health Information Exchange, Sacramento Valley MedShare (SVMS) is a clearinghouse for lab and measurement data, which helps support the Medical Record Review for this measure. Additionally, Partnership piloted use of an NCQA Data Aggregator, Datalink, in MY2024 – as described in Section 1, Datalink is a promising new source of blood pressure readings and Hemoglobin A1c results. Finally, the increased use of OCHIN Epic within the PCP network means that more practices have the ability to automate the CPTII coding that is required to support these measures.

Though GSD’s Plan-Wide rate improved by 1.48% in MY2024 (as an inverse measure, improvement is reflected as a lower rate), Partnership’s drop in percentile for GSD reflects an over 4.5% benchmark movement between MY2023 and MY2024, making a high benchmark harder to obtain.

- Immunizations for Adolescents (IMA-2): Because some of the vaccinations included in this measure are required for public school enrollment, this is historically a higher performing childhood vaccination measure than Childhood Immunization Series (CIS-10). Encouragingly, MY2024 shows several counties in Rural Upper North and Rural Upper Central regions exceeding the MPL for this measure along with all North Bay Area counties. The predominant causes of low rates are missing or late secondary doses of the HPV immunization series and high rates of parental refusal.
- Timeliness of Prenatal Care (PPC-Pre): Partnership just met the MPL for the Plan-Wide rate for this measure in MY2024. Because of variations in Eligible Populations within regional rates (calculated from county rates, which use a larger random sample of charts from each county than plan-wide rates), none of Partnership's Financial Rating Regions met the 50<sup>th</sup> percentile for this measure. The HEDIS team observed several performance issues around prenatal visits, including that many members receive their first prenatal visit outside of the measure timeline, and that visits do not include all of the required components of a prenatal visit. Prenatal visits will be a measure of increased focus in MY2025 onwards to reverse declining rates on this measure throughout Partnership's network.
- Postpartum Care (PPC-Post): Postpartum Care visits continue to be a source of strength for Partnership, with sustained performance over the 90<sup>th</sup> percentile. Interventions to maintain high postpartum care rates are described in Section 9 and include refinements to the Growing Together Program and equity focused programs centered on communities with lower prenatal and postpartum visit rates.

### 7.3 Plan-Wide Opportunities for Improvement

After analyzing the MY2024 annual results and year over year performance comparisons, measures below the MPL can be categorized across three primary drivers.

- 1.) **Performance** – Members qualifying under a measure did not receive the required care per measure specifications and designated timeframes
- 2.) **Data Completeness** – Data used to generate reported rates has gaps, decreasing confidence that reported rates accurately reflect performance.
- 3.) **Measure Limitations** – Measure specifications determine how data is collected through the reporting of rate performance. Measure specifications can detract from a measure's intended purpose. In these cases, specifications can limit accurate representation of performance as well as detection of recent improvements that are in alignment with the measure's purpose and clinical practice.

### 7.3.1 MCAS Measures with Performance Opportunities

Three measures are performance improvement opportunities for Partnership’s provider network. These measures have sustained performance below the MPL, and data completeness issues are not the primary driver of low measure rates.

**Table: MCAS Measures with Performance Opportunities**

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gain
Asthma Medication Ratio (AMR)	37.5 <sup>th</sup>	37.5 <sup>th</sup> +0.70%
Chlamydia Screening in Women (CHL)	50 <sup>th</sup>	37.5 <sup>th</sup> -0.42%
Child and Adolescent Well-Care Visits (WCV)	37.5 <sup>th</sup>	37.5 <sup>th</sup> +1.42%

- Asthma Medication Ratio (AMR):** Partnership removed AMR from its PCP QIP at the conclusion of MY2023, given continued year-over-year performance gains in recent years. The HEDIS team reviewed updates to its AMR custom code mapping frequently during the MY2024 Annual Project and requested several custom code mappings from their auditor. In MY2025, Partnership added a Unit of Service (UOS) measure to its PCP QIP, to incentivize practices to host Academic Detailing sessions with Partnership’s Pharmacy team. The Pharmacy team reviews pharmacy claims data to improve medication management for asthma and other chronic conditions. The AMR measure is being retired at the end of MY2025, with a new measure of follow up after ED visits for Asthma replacing it.
- Chlamydia Screening in Women (CHL):** Chlamydia Screening rates declined Plan-Wide in MY2024, despite the use of all supplemental data sources for the MY2024 HEDIS Annual Project, including Health Information Exchange lab data that captures screenings outside the primary care setting. In MY2025, Partnership added the CHL measure to its PCP QIP, which will allow practices to monitor their performance on this measure.
- Child and Adolescent Well Care Visits (WCV):** This measure requires an annual well care visit for children and adolescents between the ages of 3-21. While Plan-Wide performance improved in MY2024, it was not sufficient to meet the MPL benchmark, which increased in MY2024. Given this measure’s demand, performance is largely impacted by access constraints. Rates drop significantly for children in older age bands for the WCV measure. When providers face capacity

challenges, they prioritize babies and toddlers for visits versus older adolescents. Young adults in the 18-21 years age band are more likely to be reliant on episodic care, live away from family (out of Partnership’s coverage area or out of state), and access care in settings such as student health centers, episodic telehealth services, and urgent care centers that are not part of Partnership's PCP network. For these reasons, Partnership has opted to exclude young adults ages 18-21 years from its PCP QIP WCV measure.

### 7.3.2 MCAS Measures with Data Completeness and Measure Limitation Issues

Finally, four measures have sustained performance below the MPL primarily because of data completeness and measure limitation issues. Partnership has documented and escalated data completeness issues around all four measures directly to DHCS and is engaged in interventions and activities meant to improve the quality and completeness of data.

**Table: MCAS Measures with Data Completeness and Measure Limitation Issues**

Measure	MY2023 Plan-Wide Benchmark	MY2024 Plan-Wide Benchmark YOY points gain
Developmental Screening in the First Three Years of Life (DEV)	>50 <sup>th</sup>	<50 <sup>th</sup> -0.38%
Follow-Up After Emergency Department Visit for Substance Use— 30-Day Follow-Up (FUA-30)	25 <sup>th</sup>	37.5 <sup>th</sup> +1.25%
Follow-Up After Emergency Department Visit for Mental Illness— 30-Day Follow-Up (FUM-30)	>10 <sup>th</sup>	<10 <sup>th</sup> -2.47%
Topical Fluoride for Children (TFL-CH)	<50 <sup>th</sup>	<50 <sup>th</sup> +12.15%

- Developmental Screening (DEV): Starting in 2019, Partnership’s Site Review team incorporated chart audits for this measure into their workflow. The results from these and other chart audits suggest that more screenings are occurring than what this measure’s performance reflects. Along with the chart audits, the Site Review team includes counseling of providers performing these screenings to update their coding practices. This resulted in very limited success, due to struggles to gain provider adoption of coding these screenings properly to capture compliance.

Accurate measurement of this developmental screening is significantly limited by prescriptive coding requirements, and the measure uses a CPT code that does not have standardized coding rules. Partnership was sanctioned for performance below the MPL in MY2023 and is in the process of appealing the sanctions.

In MY2025, DHCS transitioned the DEV measure from administrative to hybrid, which is recommended by CMS, the measure steward. As a hybrid measure, Partnership will have the opportunity to complete a Medical Record Review on this measure in MY2025, which will help overcome the measure limitations described above.

- Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM-30) or Substance Use (FUA-30): Unlike other state Medicaid systems (which drive national benchmarks), Medi-Cal divides mental health benefits from medical benefits, and then further divides these benefits between managed care plans and “County Mental Health Plans (MHPs)”. Benefits for those requiring “Specialty Mental Health Services (SMHS): aka Serious and Persistent Mental Health Services” are the responsibility of the County MHPs, while the benefits for those requiring Non-Specialty Mental Health Services (NSMHS) are the responsibility of Partnership. This complicated dual delivery system limits Partnership’s ability to capture, through internal means, all follow-up visits, as it relies on reporting from the state, which currently provides this data on behalf of counties in SMHS cases (where the county is responsible for follow-up visits). MCP’s are dependent on DHCS to provide the MHP data, and Partnership has documented significant drops in monthly data provided by DHCS. In MY2023, DHCS declined to sanction any California Managed Care Plan for performance below the MPL on both measures because of data completeness issues.

To address data completeness issues, Partnership actively pursued data agreements with all of its counties to improve capturing follow-up visits from county mental health providers through SVMS; to date, 22 of 24 counties are contracted with SVMS. Interventions with large PCP organizations are also underway, focused on timely referral processing and/or timely follow-up to ED discharge reporting. Incomplete data is the largest driver, but Measure Limitations and Performance drivers are also contributing to the low reported rates. Partnership also acknowledges there is significant performance improvement potential under both measures, which can be more fully addressed once data is more complete.

- Topical Fluoride for Children (TFL-CH): The largest driver of low rates on this measure is incomplete dental claims data provided by DHCS. This measure can be fulfilled through services provided in either the primary care or dental setting – over 90 percent of dental services for Partnership members are completed in a FQHC, Rural Health Center, or Tribal Health Dental Center. These services, including fluoride varnish applications, are billed to Denti-Cal; Denti-Cal then sends data to DHCS, and DHCS sends data to MCP’s in a monthly data feed. DHCS has admitted that their system does not have the capacity to store or exchange the dental codes that indicate fluoride varnish was applied; they are only capable of sending codes indicating a dental service was completed. Partnership was sanctioned for performance below the MPL in MY2023 and is in the process of appealing the sanctions.

Partnership is closely engaged with DHCS’s Data Team around improving the completeness of data around this measure. DHCS’s Data Team provided a work-around for their inability to send dental codes, which is to use an ICD-10 code indicating fluoride varnish application with Dental Center claims. Partnership received auditor approval to map the ICD code towards the TFL-CH

measure in MY2024, which resulted in a significant year-over-year improvement in rates in MY2024.

#### 7.4 Comparing MY2024 MCAS Results to MY2024 PCP QIP Results

The clinical measures included in the Primary Care Provider Quality Incentive Program (PCP QIP) are designed to reflect HEDIS measure priorities. Most PCP QIP clinical measures have very similar definitions to their HEDIS measure counterparts, and strong performance on PCP QIP measures should be reflected in strong HEDIS measure performance. Differences between PCP QIP and HEDIS measures are designed to improve providers' ability to impact the population in the measure. Some examples include:

- Partnership relaxes the strict continuous enrollment requirements in PCP QIP measures that are present in many HEDIS measures. Several measures (AMR, BCS-E, and W30) require members be continuously enrolled with a MCP for 11 months to be included in the HEDIS measure; Partnership relaxed this requirement so that incoming members could be included in their PCP QIP cohorts.
- Partnership allows PCPs to upload supplemental data for all PCP QIP measures. HEDIS administrative and ECDS measures only allow claims and encounter data, as well as auditor approved supplemental data, to be applied to a HEDIS measure.

Overall, plan-wide performance declined on seven of ten continuous measures on the PCP QIP between MY2023 and MY2024. The primary factor in the decline in PCP QIP performance was the addition of over 100 PCP sites to Partnership in the 10 incoming counties in 2024. Incoming PCPs were challenged by data completeness issues described in Section 1, which gave them limited historical data for multi-year measures. Incoming PCPs also experienced significant member assignment mismatches at the beginning of 2024, which limited their ability to impact the members on their panels – this impacted both their PCP QIP scores and their local HEDIS measure rates.

The MY2024 MCAS measure performance trends for North Bay and Rural Upper North Rating Regions (DHCS's Rating Regions for the 14 legacy counties) were consistent with corresponding MY2024 PCP QIP results for the 14 legacy counties.

In MY2024, Partnership's HEDIS rates for Well Child Visits Birth – 15 Months (W30-6) was closely aligned with PCP QIP performance on the Well Child First 15 Months (W15) measure, which permits submission of supplemental data – this is thanks to the W30 Medical Record Review described in Section 1.

For reasons noted in Section 6.3.1, the PCP QIP Child and Adolescent Well Care Visits (WCV) measure only includes members 3-17 years of age. This, combined with permitting supplemental medical records not allowed under HEDIS measure Child and Adolescent Well Care Visits (WCV), influenced the higher achievement of 55.48% in PCP QIP plan-wide performance.

With the exception of WCV, all other HEDIS measures that are aligned with PCP QIP measures showed slightly higher plan wide performance in the HEDIS measure than in the plan wide PCP QIP.

## 7.5 Next Steps in Finalizing Assessment of Results

- DHCS will finalize Quality Factor Scoring of all managed care plans, based on composite scoring per reporting region, in fall or winter 2025.
- DHCS has not yet announced its final methodology for sanctioning managed care plans for performance below the MPL. Once methodologies are finalized, DHCS will share mandated performance improvement activities and sanctions with plans including Partnership.
- Final assessment of results will be used to adapt quality measure score improvement strategies and tactics in 2025-2026.

## 8.0 Summary of Measures in the Primary Care Provider Quality Improvement Program (PCP QIP)

The table below provides a summary of Primary Care Provider Quality Improvement Program measures included in the Measures Managed Care Accountability Sets (MCAS) for Medi-Cal Managed Care Plans Measurement Year 2024 | Reporting Year 2025.

HEDIS® Measures	MCAS Accountable/Reporting	MY2023 PCP QIP Measures	MY2024 PCP QIP Measures	QIP Program
Asthma Medication Ration (AMR)*	Accountable	X		PCP QIP – removed from QIP in MY2024
Breast Cancer Screening (BCS-E)*	Accountable	X	X	PCP QIP
Controlling High Blood Pressure (CBP)	Accountable	X	X	PCP QIP
Cervical Cancer Screening (CCS)	Accountable	X	X	PCP QIP
Childhood Immunization Status (CIS) – Combo 10	Accountable	X	X	PCP QIP
Colorectal Cancer Screening (COL-E)	Reporting	X	X	PCP QIP
Eye Exam for Patients with Diabetes (EED)	Reporting	X	X	PCP QIP
Glycemic Status Assessment for Patients with Diabetes—Glycemic Status (>9%), Poor Control (GSD)	Accountable	X	X	PCP QIP QIP uses the inverse of this measure: Good Control, HbA1c Good Control <9%
Immunizations for Adolescents (IMA) – Combo 2	Accountable	X	X	PCP QIP
Lead Screening in Children (LSC)	Accountable	X	X	PCP QIP MY2023: UOS measure MY2024: Clinical
Postpartum Depression Screening (PDS-E)	Reporting	X	X	Perinatal QIP
Prenatal Depression Screening (PND-E)	Reporting	X	X	Perinatal QIP
Prenatal and Postpartum Care (PPC) – Postpartum Care	Reporting	X	X	Perinatal QIP

**Partnership HealthPlan of California  
Measurement Year 2024 / Reporting Year 2025**



<b>HEDIS® Measures</b>	<b>MCAS Accountable/Reporting</b>	<b>MY2023 PCP QIP Measures</b>	<b>MY2024 PCP QIP Measures</b>	<b>QIP Program</b>
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	Reporting	X	X	Perinatal QIP
Prenatal Immunization Status – combo (PRS-E)	Reporting	X	X	Perinatal QIP
Well-Child Visits in the First 30 Months of Life—0 to 15 Months—Six or More Well- Child Visits (W30-6)	Accountable	X	X	PCP QIP
Child and Adolescent Well-Care Visits (WCV)	Accountable	X	X	PCP QIP

*PCP QIP Measurement Set: <http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>*



## 9.0 Measurement Year 2024 Managed Care Accountability Site (MCAS) Measurement Set Descriptions-Accountable Measures

HEDIS Measure	Measure Indicator	Measure Definition
*Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 5–64 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.</li> </ul>
*Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> <li>Non-Medicare Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.</li> </ul>
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:                             <ul style="list-style-type: none"> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> </ul> </li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>
*Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</li> <li>Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.</li> </ul>



HEDIS Measure	Measure Indicator	Measure Definition
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> <li>Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.</li> </ul>
*Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.                             <ul style="list-style-type: none"> <li>Total: the sum of the age stratifications.</li> </ul> </li> </ul>
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
*Developmental Screening in the First Three Years of Life (DEV_CH)	<ul style="list-style-type: none"> <li>Total All Ages</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) 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.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>



HEDIS Measure	Measure Indicator	Measure Definition
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> <li>Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>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 (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</li> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul>
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed.                             <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%). The most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child’s second birthday.</li> </ul>



HEDIS Measure	Measure Indicator	Measure Definition
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>• 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. For these women, the measure assesses the following facets of prenatal and postpartum care.                             <ul style="list-style-type: none"> <li>○ Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>○ Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> </li> </ul>
*Topical Fluoride for Children (TFL-CH)	<ul style="list-style-type: none"> <li>• Total ages 1 through 20</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.</li> <li>• This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months</li> <li>• Well-Child Visits for Age 15 Months–30 Months.</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</li> <li>• Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>• Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ul>

*\*-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures)*

## 10.0 Quality Improvement Initiatives - HEDIS Score Improvement

Partnership's Quality Improvement organization-wide goals for 2024-2025 focused on four measure domains similar to those defined under the DHCS Managed Care Accountability Set (MCAS) measures:

1. **Chronic Diseases**
2. **Behavioral Health**
3. **Pediatrics**
4. **Women's Health and Perinatal**

The Quality Measure Score Improvement (QMSI) effort continues to better coordinate service and performance across the organization and to raise Partnership's overall performance in quality measures, as defined under DHCS MCAS and NCQA Health Plan Accreditation (HPA). This effort involved team formation under QMSI to encompass all current and potentially future accountable measures by measure family within each workgroup team: Pediatric, Chronic Diseases, Behavioral Health, Women's Health and Perinatal Care. A fifth QMSI Workgroup, Medication Management, was disbanded in July 2024 and its measures were absorbed into the Chronic Disease and Behavioral Health Workgroups. Each workgroup monitored and reviewed all measure performance where data was available, assessed current improvement efforts, identified gaps and initiated new performance improvement activities.

QMSI workgroups consisted of cross-functional teams led by Quality and included representation from across the organization, such as: Care Coordination, Claims, Health Education, Office of the CMO, Pharmacy, Population Health, Provider Relations, Quality and/or regional leadership. The following summaries include what each measure-family QMSI Workgroup Team achieved in 2024-2025.

### 10.2 Chronic Disease Measure Activities

Colorectal Cancer Screening: Cologuard: In 2023 Partnership conducted a pilot project with Exact Sciences who produces the Cologuard Fit DNA colorectal cancer screening product. During the pilot Partnership observed notable improvements in colorectal cancer screening rates with participating providers. Partnership has turned this effort into an ongoing program and has worked closely with Exact Sciences to spread awareness and access to the bulk ordering program. Partnership has created a resources page on its public website to aggregate lessons learned and details on the bulk ordering process. Exact Sciences has a minimum number of patients required for bulk orders since it is resource intensive for them to do outreach and messaging for patients with an order. Partnership has offered to help facilitate bulk orders for smaller practices who do not have large enough denominators to do bulk orders on their own, with orders going out every few months.

Academic Detailing Sessions Through Partnership Pharmacy Team: For MY2025 Partnership added a Unit of Service (UOS) measure to the PCP QIP program. The purpose of this new unit of service measure is to incentivize provider organizations to host a two-part academic detailing meeting with Partnership's Pharmacy Team/Medical Director. Pharmacy academic detailing helps clinicians improve medication management, improve quality measure performance, and achieve better clinical outcomes for their patients. The UOS measure applies to practices with at least 1,000 assigned members and requires an initial training as well as a follow-up session to review any changes in prescribing practices following the initial training. Provider practices are offered up to \$2,500 to help cover costs to get prescribers out of clinic for education.

Pharmacy academic detailing meetings focused on improving medication management through pharmacy claims analysis within the following disease states:

- CBP: Controlling High Blood Pressure
- HbA1c Good Control
- AMR: Asthma Medication Ratio
- Statin therapy in:
  - Cardiovascular disease
  - Diabetes
- Opioid Disorder Measure (only if providers are interested in opioids and MAT)

### 10.3 Behavioral Health Measure Activities

Sac Valley MedShare Data Exchange: Partnership HealthPlan of California and SacValley MedShare (SVMS): To improve data sharing capabilities between Behavioral Health Plans (BHPs) and Partnership, the partnership with SacValley MedShare (SVMS) was expanded to include county participation. Over the course of a 12-month collaboration, 22 out of 24 counties signed participation agreements with SVMS, which allowed various levels of data use and sharing to be integrated into county operations.

Key Outcomes and Learnings:

- The collaboration facilitated the provision of medical data, including real-time admissions, discharges, and transfers, from participating hospitals.
- Some counties implemented opt-in procedures for data sharing, which have limited the number of beneficiaries included in the data.
- Substance use disorder data has not yet been included in the exchange due to varying levels of regulatory uncertainty across counties.

DHCS Mandated Non-Clinical PIP: Improving Provider Notifications and Follow-Up for Members with Serious Mental Health Diagnoses: The Department of Health Care Services (DHCS) has mandated a non-clinical Performance Improvement Project (PIP) focused on enhancing the timeliness and consistency of provider notifications for members with Serious Mental Health (SMH) diagnoses following emergency department (ED) visits. The primary goal of this initiative is to improve the percentage of notifications sent to providers within seven days of an ED visit, thereby increasing the likelihood of timely follow-up care for affected members.

In 2024, the QI team at Partnership identified a tool with the potential to significantly improve provider notification processes: PointClickCare. Partnership subscribes to this platform, which serves as a centralized hub for real-time Admission, Discharge, and Transfer (ADT) messages from EDs and hospitals across California. To operationalize this data, Partnership launched a targeted intervention in the Northwest region, routing daily PointClickCare reports to a large provider organization. These reports flag assigned members with recent ED visits for SMH diagnoses. In response, the provider organization is developing integrated clinical and operational workflows across its sites to proactively conduct outreach, schedule appointments, and ensure follow-up care is completed within 30 days of the ED event.

Key Outcomes and Learnings:

- Regular data exchange to promote shared learning, pattern recognition, and continuous quality improvement.
- Real-time data analysis to support agile adjustments and maintain program responsiveness.
- Focused efforts on increasing the rate of timely notifications and achieving compliance with follow-up targets.

DHCS/IHI Behavioral Health Collaborative: Partnership HealthPlan of California and Nevada County: Beginning June 3, 2024, the Behavioral Health and Quality Improvement departments at Partnership embarked on a 15-month collaborative initiative facilitated by the Department of Health Care Services (DHCS) and the Institute for Healthcare Improvement (IHI). This partnership, in coordination with the Nevada County Department of Behavioral Health, aims to improve Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measures.

Key Outcomes and Learnings:

- The collaboration has significantly strengthened the working relationship between Partnership and Nevada County, laying the foundation for ongoing partnership and communication.
- Despite ongoing data misalignment between the County and Partnership, the collaborative has initiated efforts to identify data gaps, establish a shared baseline, and apply data-driven strategies to guide targeted quality improvement interventions.
- Piloted standardized screening procedures for Emergency Department bedside.

Community Health Worker (CHW) & Emergency Department: Partnership HealthPlan of California:

To bridge the gap between existing Substance Use Navigation (SUN) grants and the implementation of community health workers (CHWs), Partnership offered a grant of up to \$100,000 to promote the use of CHWs in emergency departments. A total of 24 hospitals expressed interest, and 17 followed through during the grant year.

Key Outcomes and Learnings:

- Most emergency department EHRs (Electronic Health Records) were not capturing non-clinical interactions, which made it difficult to promote CHW work as a billable service.
- Staffing challenges arose at some hospitals, including engaging HR to create new job descriptions, adding positions late in budget cycles, and dealing with workforce shortages in certain areas.
- Many hospitals felt that longer grant periods would be necessary to fully capture the impact of the new CHW role

#### 10.4 Pediatric Medicine Measure Activities

State-Mandated Performance Improvement Project (PIP) Focused on Early Well-Care in Black/African American Members in Solano County: This PIP's initial intervention addressed delays in Medi-Cal enrollment, which have a significant impact on all families, including African American families. The team launched a six-week phone outreach pilot project in collaboration with NorthBay Health. Upon discharge, NorthBay staff informed Partnership members that they would receive a call from Partnership. NorthBay then emailed Partnership a daily list of members that had been discharged from their Labor and Delivery unit. Partnership staff would then reach out to these members within 72 hours of discharge, educating new parents on Medi-Cal enrollment, newborn PCP selection, well baby visit scheduling, and connection to resources. The pilot had an 81% reach rate and a 51.6% engagement rate, which is significantly higher than similar outreach programs within Partnership.

Increase HPV Vaccine Completion Rates Through 2nd Dose Reminder Mailers: The HPV 2nd Dose Pilot Project identified children under age 13 who are due for their second dose of the HPV vaccine and mailed a reminder notice to their homes to encourage timely completion. This three-month initiative aims to assess whether mailed reminders can improve HPV vaccine series completion rates.

Develop a Plan-Wide Strategy for Well-Child Visits in the First 30 Months of Life – Birth to 15 Months (W30-6): While there have been many unique approaches for improving W30-6, Partnership recognized that the significant efforts were lacking a strategic vision for addressing the complexities that exist in W30-6 and decided to form a W30-6 Plan-Wide Strategy Committee. The purpose of this committee was to develop a concerted approach to understanding the current state and strategically planning for future improvement efforts.

The committee launched in October 2024 with a cross-functional stakeholder group. The purpose of the committee was to develop and implement a guiding strategy for improving performance of well-baby visits across Partnership's service area:

- Link all improvement efforts and provide a more strategic and streamlined approach
- Ensure thoughtful investment of time and resources
- Raise awareness and increase engagement across all stakeholders, both internal and external

Expand Promotion of Healthy Babies Growing Together Program to Provider Network to Increase W30-6 and CIS-10 Rates: Member incentives are widely known as a best practice for improving member appointment completion rates. Population Health's rebranding of the Growing Together Program (GTP) led to member incentives directly aligning with the CIS-10 and W30+6 MCAS Accountable measures. Improvement advisors, through their engagement with sites, recommended promotion of this program beyond the member population to the provider network.

Improve Data Capture of Topical Fluoride Application: Partnership launched a multi-pronged messaging campaign to providers to evangelize the use of the Z29.3 ICD code to indicate fluoride varnish application in FQHC, RHC, and Tribal Health Dental Centers. Following the messaging campaign, QI coaches and Partnership's new Dental Liaison followed up with practices during coaching calls to see if the codes had been implemented. As of May 2025, Partnership has started receiving claims with the Z29.3 code from providers who were quick to implement the code into their processes. Partnership will continue to monitor claims and work with practices who have not implemented the code.

## **10.5 Women's Health and Perinatal Care Measure Activities**

Improve Breast Cancer Screening by Engaging Mobile Mammography: Partnership's Mobile Mammography program continued as a strategy to increase Breast Cancer Screening performance. Partnership collaborates with Alinea Medical Imaging and providers to host Mobile Mammography events, helping members complete preventive screenings at their primary care provider sites. In FY2024/2025 the program completed 77 mobile mammography event days resulting in 2,162 completed screenings. Mobile Mammography events were held at seven Tribal Health Centers, and Partnership led talking circles on screening importance at three Tribal Health Center's Mobile Mammography events.

Cervical Cancer Screening Self-Swab Pilot: A Cervical Cancer self-swab pilot launched in January 2024 with five strategically selected primary care clinics. The cervical cancer self-swabs were piloted in provider clinics and mobile settings to increase screening access for patients who previously declined clinician-administered exams. Early learning suggests broad provider and patient interest.

In May 2024, the U.S. Food and Drug Administration approved two HPV self-collect vaginal tests for cervical cancer screening. In March 2025 Quest and LabCorp launched the Roche Molecular Systems, Inc Cobas HPV test for self-collection with a new CPTII code 87626. Instructions on how to complete the self-swab were developed. In the March 2025 release of HEDIS MY 2025 Value Set Directory CPT code 87626 was included in the High-Risk HPV Lab Test Value Set. In May 2025, the CPT code was added to the CCS code set in eReports. Partnership worked closely with Quest and LabCorp to facilitate integration of the self-swab in its network. An HPV Self-Swab Webinar was held April 1, 2025, with 100+ attendees and the webinar is available on Partnership's website.

Perinatal Growing Together Program (Perinatal GTP): This program aims to improve early access to prenatal care and improve timely well-baby care. In FY24/25 the Perinatal GTP made 23,234 contacts across both the Prenatal and Postpartum Growing Together Program campaigns, outreaching to 12,117 unique members. Of the 4,144 unique members outreached for the Prenatal program, 60.4% agreed to participate. Of the 7,973 outreached for the Postpartum program, 58.5% agreed to participate. These members were transitioned into the GTP Postpartum program for targeted conversations post-birth.

Maternal Events: Population Health organized maternal photo shoots and baby showers to build trust and engagement with Black and Hispanic members. These events promoted health education and connected families to local and Partnership resources.

Tribal Perinatal Program (TPP) aims to improve perinatal health outcomes among California Indian communities through a comprehensive approach encompassing training, curriculum development, evaluation, and continuous improvement initiatives. TPP started in April 2024 and has 6 Tribal Health Centers enrolled across 3 cohorts. This program addresses disparities identified in prenatal care and postpartum care for American Indian/Alaskan Native members.

The Solano Perinatal Clinical Collaborative continues for FY24/25. The collaborative focuses on addressing health disparities in prenatal care for African Americans in Solano County. They have identified operational and communication barriers that were impeding access. They developed better systems of care across organizations and improved the standards and methods of patient related and professional communication.