Healthcare Effectiveness Data and Information Set (HEDIS)

Measurement Year 2025 / Reporting Year 2026

Managed Care Accountability Set (MCAS)

Summary of Performance

June 2026

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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. Partnership covers nearly 845,000 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 measure performance analysis contained in this Annual Summary of Performance, centered on HEDIS and CAHPS measures selected by the NCQA, supports Partnership's Health Plan Accreditation and 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 healthcare needs of their communities. The Summary of Performance contains regional and county-level data that show local strengths and opportunities for preventive health care, based on national benchmarks. Behind each measure are many community members who were able to access the preventive services they needed to stay healthy, or who faced challenges or struggles to receive care.

In the end, it takes the entire healthcare 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 ways their organization, alone or with others, can drive improvement on one or more measure that is important to them.

Partnership connects with 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 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) 2025 Annual Summary of Performance Report

MY2025 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 – MY2025

In MY2025, Partnership observed slight decrease in overall membership by approximately 1.3%, to 895,339 assigned members in December 2025.

Partnership reports one Plan-Wide rate for all 24 counties in its network for the MCAS measure set to its DHCS auditor, HSAG.

Starting in MY2024, Partnership also reports county-wide rates for all MCAS measures and their respective sub-measures to DHCS directly. DHCS uses county-wide rates to calculate outcomes for multiple accountability programs that are described below. County level rates for hybrid measures are calculated using a county-level oversample populations (minimum size of 100 members).

The impact of population shifts in Partnership's network from the 10 new counties joining the Partnership network in January 2024 continues to impact HEDIS measure reporting populations differently, depending on each measure's continuous enrollment requirements as defined in the NCQA HEDIS MY2025 Technical Specifications. One measure, Breast Cancer Screening, ECDS (BCS-E), requires 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 MY2025. All other MCAS measures in the 10 incoming counties have eligible populations that reflect the current membership.

DHCS Managed Care Accountability Set (MCAS) Measure Set – MY2025

Table 1 shows the MY2025 DHCS MCAS Measure Set, which are the eighteen (18) NCQA HEDIS and CMS clinical measures that all California Medi-Cal Managed Care Plans are held to the Minimum Performance Level (MPL) of the Quality Compass 50th percentile. The table includes information such as measure domain, quality withhold, and incentive program flags, which are relevant to DHCS Accountability programs described below. All eighteen (18) measures in the MCAS measure set are continuous from MY2023-MY2025.

Table 1: MY2025 DHCS Managed Care Accountability Set – Measures Held to MPL (50th Percentile)

Measure Domain	Measure Abbr	Measure Name	DHCS Quality Withhold Program Measure?
Behavioral Health	FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	
Behavioral Health	FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	
Children's Health	WCV	Child and Adolescent Well-Care Visits	Y
Children's Health	CIS-E	Childhood Immunization Status - Combination 10	Y
Children's Health	IMA-E	Immunizations for Adolescents - Combination 2	Y
Children's Health	W30-2	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months	Y
Children's Health	W30-6	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months	Y
Children's Health	DEV	Developmental Screening in the First Three Years of Life	
Children's Health	LSC	Lead Screening in Children	
Children's Health	TFL	Topical Fluoride for Children	
Chronic Disease	CBP	Controlling High Blood Pressure	Y
Chronic Disease	GSD	Glycemic Status Assessment for Patients With Diabetes (>9%)	Y
Chronic Disease	AMR	Asthma Medication Ratio	
Reproductive Health and Cancer Prevention	PPC-Post	Prenatal and Postpartum Care: Postpartum Care	Y
Reproductive Health and Cancer Prevention	PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Y
Reproductive Health and Cancer Prevention	BCS-E	Breast Cancer Screening	
Reproductive Health and Cancer Prevention	CCS-E	Cervical Cancer Screening	
Reproductive Health and Cancer Prevention	CHL	Chlamydia Screening in Women	

NCQA released changes to several existing clinical measures used in DHCS MCAS for MY2025:

- ECDS measure Childhood Immunization Status Combination 10 (CIS-10-E) replaced the hybrid measure Childhood Immunization Status Combination 10 (CIS-10).
- ECDS measure Immunizations for Adolescents Combination 2 (IMA-2-E) replaced the hybrid measure Immunizations for Adolescents Combination 2 (IMA-2).
- ECDS measure Cervical Cancer Screening (CCS-E) replaced hybrid measure Cervical Cancer Screening (CCS).
- Breast Cancer Screening (BCS-E)'s age band expanded from 52-75 years to include members 42-75 years.

DHCS Accountability Programs

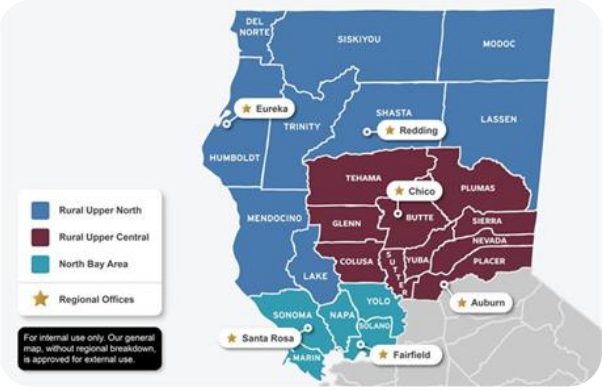
Since 2019, DHCS has introduced multiple MCP accountability programs that align plan MCAS measure performance with DHCS's Comprehensive Quality Strategy and Bold Goals Initiative. **Table 2** outlines DHCS accountability programs that are driven by MY2025 measure performance, and each program is described below. Results for each program are announced late in the Reporting Year, after the publication of the Annual Summary of Performance.

Table 2: DHCS Accountability Programs Driven by MCAS Measure Performance, MY2025

Program	Description	Geographic Impact	Financial Impact	Financial Impact Trigger
Quality Withholds and Incentive Program	MCP's earn back withheld revenue with high regional performance or improvement on subset of MCAS measures Incentive earnback with closing regional disparities on WCV measure	Quality Rating Regions	1% of MCP's annual revenue earned back	<67th percentile performance AND <25% YoY improvement
Clinical Efficiencies	Performance on clinical efficiency measures (mostly inpatient) impact MCP rate setting	Plan Wide	Plan rates	Main driver: low performance Ambulatory Sensitive Admissions
Community Reinvestments Quality	5% annual net income automatically invested in county community projects, Quality Factor is an additional investment amount based on quality measure performance	County	Additional 7.5% of annual net income - prorated by county membership	2+ measures <50th percentile in a measure domain
Quality Sanctions	Fines for performance below 50th percentile on all MCAS measures	County	Measure population not served is main factor	<50th percentile
Quality Factor Score	Composite MCAS measure score used to compare MCP performance state-wide	Plan Wide	None	None

Quality Withholds and Incentives Program

DHCS's Quality Withholds and Incentives accountability program allows Partnership to earn back a percentage of its withheld income from DHCS based on high performance or significantly improved year-over-year performance on a subset of MCAS measures, as well as two CAHPS measures. The Withholds and Incentives accountability program will be applied to Partnership's three (3) Quality Rating Regions based on MY2025 measure performance. DHCS will use county-level measure rates to calculate weighted regional rates for Partnership's three (3) Quality Rating Regions. Table 1 (above) flags MY2025 MCAS measures that are included in the Quality Withholds program.



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

Clinical Efficiency Program

This program focuses on reducing inefficient utilization of healthcare services by eliminating a portion of inefficient spend during MCP rate development. DHCS's program focuses on several aspects of inefficient spend: Potentially Preventable Admissions (PPA) is the largest current factor impacting Partnership. Though PPA is not an NCQA HEDIS measure, a number of drivers of PPA are indicated in MCAS measures, such as Controlling Blood Pressure (CBP) and Asthma Medication Ratio (AMR).

Quality Accountability Community Reinvestment Program

The Community Reinvestment Program is DHCS's newest accountability program for Managed Care Plans. This program requires Partnership to pay counties with multiple measures below the 50th percentile in any of four (4) measure domains 7.5 percent of annual net income, pro-rated by county membership. Table 1 (above) shows the MY2025 MCAS measures within the four measure domains.

Quality Sanctions Program

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. MY2025 sanctions will be applied to all 24 counties in Partnership's network.

Quality Factor Score

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. This score is reputational in nature and carries no financial risk for Partnership.

Partnership's Efforts to Improve Data Quality – MY2025

Partnership used a number of new supplemental data sources in the MY2025 HEDIS Annual project.

Electronic Clinical Data Systems (ECDS) Vendor: Partnership expanded its use of Datalink, an NCQA Certified Data Aggregator software, in MY2025, and received auditor approval to include records in the MY2025 HEDIS Project. The use of clinical data towards HEDIS measure rate calculation is an important step towards readiness for NCQA's planned transition of hybrid measures to ECDS measures by 2029, which require structured clinical data for measure rate generation; and towards readiness for CMS's Interoperability Framework.

Records from over 30 practices within Partnership's provider network were included in the MY2025 HEDIS Annual Project. Partnership continues to make progress with leveraging Datalink as a supplemental data source:

- Even without full implementation across the Partnership network, Datalink made a significant positive impact on administrative rates for MCAS Accountable measures. To summarize, the impact of Datalink on measure rates includes:
    - 23% of total care gaps closed for the CBP administrative measure, plan-wide
    - 17% of total care gaps closed for the GSD administrative measure, plan-wide
    - 18% of total care gaps closed for the BCS-E ECDS measure, plan-wide
- 12% of total care gaps closed for the CCS-E ECDS measure, plan-wide
- Partnership is preparing for the addition of three (3) Depression Screening measures to the MCAS accountable measure set in MY2026: Depression Screening for Adolescents and Adults (DSF-E-SC); Prenatal Depression Screening (PND-E-SC); and Postpartum Depression Screening (PDS-E-SC). Datalink will be the sole source of data for these three measures.

Year-Round Medical Record Review for Well-Child Visits in the First 30 Months of Life (W30) and Prenatal and Postpartum Care (PPC) measures: In MY2024, the QI department identified a systems issue with newborns' temporary member ID's that caused underreporting of newborn visit rates for the W30 measure. To address, the HEDIS team completed 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 67th percentile for MY2024.

In MY2025, the HEDIS team repeated the Medical Record Review as a year-round effort, which allowed the team more time to collect and review charts for the W30 eligible population. The team

also expanded the scope of the year-round Medical Record Review to allow the PPC submeasures to benefit from the extended review period.

Electronic Record on Demand (ERD) Clinical Data retrieval pilot: Partnership piloted an additional clinical data retrieval methodology supported by the plan's HEDIS certified software vendor, Inovalon. The pilot was focused on retrieving clinical records for measures that were not included in the ECDS Datalink scope which resulted in a slight increase in rates across 22 measures in the MCAS and NCQA Health Plan Accreditation measure sets. Further assessment is underway to determine the potential to expand this effort.

Sacramento Valley MedShare (SVMS): SVMS is a Health Information Exchange used by practices and health systems throughout Northern California. In MY2025, Partnership received auditor approval to use Encounter, Lab, and Measurement (i.e., blood pressure readings) records towards the HEDIS Annual Project, which had a significant impact on several MCAS measures in MY2025. SVMS's Immunization records did not receive auditor approval to be included in the MY2025 HEDIS rate generation.

Root cause analysis of fluoride varnish services: 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) 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. In 2025 Partnership actively worked with DHCS and Dental Centers throughout its network to standardize and spread dental fluoride varnish coding that would accurately capture completed services towards the MY2025 measure. The plan also created a Dental Liaison role on the Quality Improvement team to promote pediatric dental care and ensure that the Partnership network has high quality dental directory resources and referral pathways for pediatric members. This has resulted in significant improvements to Partnership's ability to accurately report pediatric fluoride varnish application rates.

HEDIS Annual Project Outcomes

Partnership successfully launched our HEDIS MY2025/RY2026 data collection and reporting audits incorporating all changes as noted above.

DHCS MCAS Accountable Measures

In MY2025/RY2026 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). The same 18 MCAS accountable measures from MY2024 continued into MY2025. See Section 2 above for a full description of DHCS accountability programs.

Results of an additional 10 MCAS measures were reported but were not part of the accountability measure set in MY2025 ("reporting only measures"). The full list of MY2025 MCAS measures can be found on the DHCS website: https://www.dhcs.ca.gov/dataandstats/reports/Documents/Medi-Cal-Accountability-Set-Reporting-Year-2026.pdf.

Much of the measure performance analysis that follows is based on the performance of the 18 accountable MCAS measures per NCQA Quality Compass 2025 Benchmarks, developed on MY2024 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)

Plan Wide Performance			Medicaid National Benchmarks			
Abbr	Measure	Plan Wide	25TH	50TH	75TH	90TH
Behavioral Health Domain						
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	41.35%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	50.26%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain						
CIS-E	Childhood Immunization Status - Combination 10	26.74%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1,3]	39.42%		37.40%		
IMA-E	Immunizations for Adolescents - Combination 2	39.39%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	74.94%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children [3]	21.07%		21.50%		
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	76.64%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	64.64%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	52.57%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain						
AMR	Asthma Medication Ratio	73.33%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	67.40%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1,4]	27.74%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain						
BCS-E	Breast Cancer Screening [2]	53.43%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	48.08%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	58.98%	48.48%	56.30%	65.47%	70.67%
PPC-Post	Prenatal and Postpartum Care: Postpartum Care [1]	90.02%	78.10%	82.48%	85.15%	88.32%
PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	87.10%	82.97%	86.37%	89.78%	91.97%

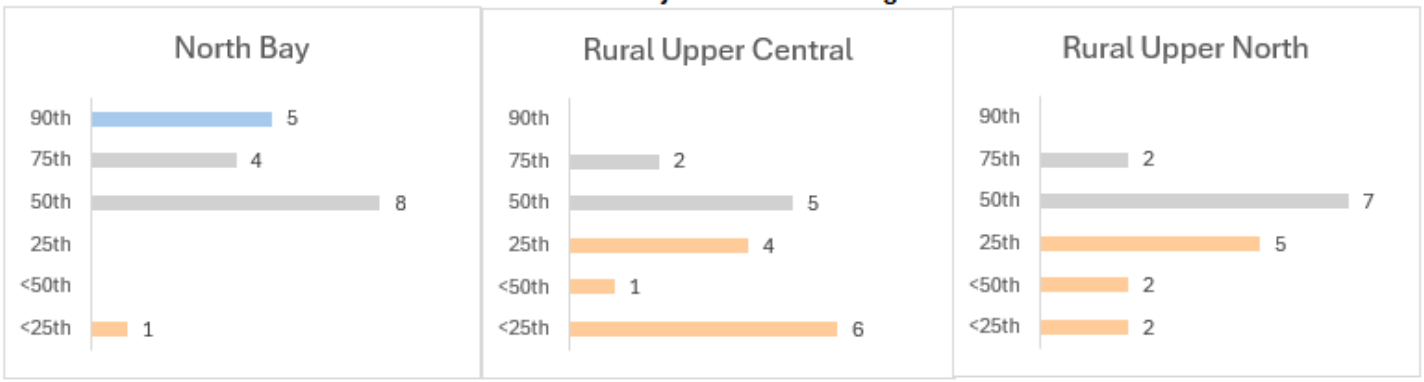
(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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)

Distribution of Measure by Percentile Ranking



4.1 MCAS Measures at or Above the High Performance Level (HPL) – 90th Percentile

Measures at or Above the High Performance Level (HPL) – 90th Percentile

Abbr	Measures	North Bay
Children's Health Domain		
CIS-E	Childhood Immunization Status - Combination 10	
IMA-E	Immunizations for Adolescents - Combination 2	
Chronic Disease Domain		
AMR	Asthma Medication Ratio	
Reproductive Health and Cancer Prevention Domain		
PPC-Post	Prenatal and Postpartum Care: Postpartum Care [1]	
PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	

4.2 MCAS Measures below the Minimum Performance Level (MPL) – 50th Percentile

Measures below the Minimum Performance Level (MPL) - 50th Percentile

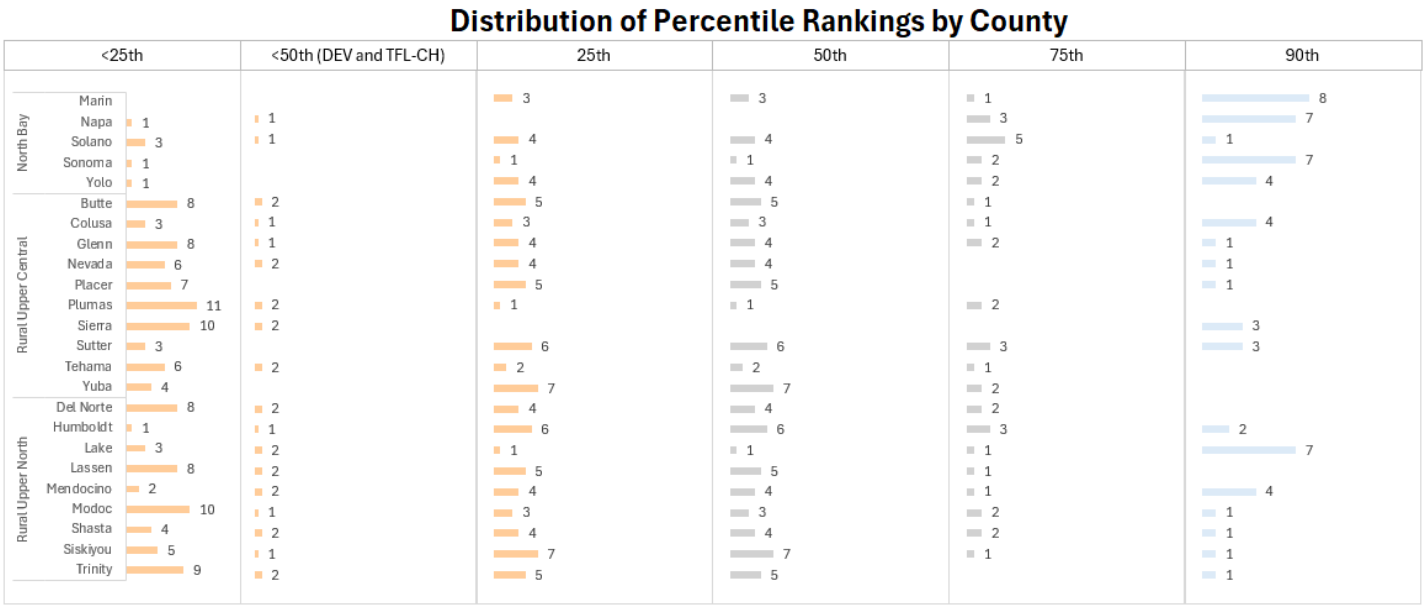
Abbr	Measures	North Bay	Rural Upper Central	Rural Upper North
Behavioral Health Domain				
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness (FUM)-30-Day Follow-Up	●	●	●
Children's Health Domain				
CIS-E	Childhood Immunization Status ECDS (CIS-E)-Combination 10			●
DEV	Developmental Screening in the First Three Years of Life (DEV-CH)-Total, All Ages		●	●
IMA-E	Immunizations for Adolescents ECDS (IMA-E)-Combination 2		●	●
LSC	Lead Screening in Children (LSC)		●	
TFL	Topical Fluoride for Children (TFL-CH)-Numerator 1 Total			●
W30-6	Well Child 30 (W30)-Well Child Visits in the First 15 Months		●	
WCV	Child and Adolescent Well-Care Visits (WCV)-Total		●	●
Chronic Disease Domain				
CBP	Controlling High Blood Pressure (CBP)-Non-Medicare Total		●	
Reproductive Health and Cancer Prevention Domain				
BCS	Breast Cancer Screening ECDS (BCS-E)-Non-Medicare Total		●	●
CCS	Cervical Cancer Screening ECDS (CCS-E)		●	
CHL	Chlamydia Screening in Women (CHL)-Total		●	●
PPC-Pre	Prenatal and Postpartum Care (PPC)-Timeliness of Prenatal Care		●	●

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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

- 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 2024 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 MY2025, the next set of tables show Partnership observed a number of measures that declined or improved in percentile ranking relative to prior year. The NCQA Quality Compass 2025 Benchmarks, which were developed based on MY2024 performance, result in the percentile rankings below.

At the County level, a comparison of county-level performance between MY2024 and MY2025 in Partnership's 24 counties shows:

- 147 county-level measures, or 34% of 432 county-level measures, improved in performance and moved to a higher benchmark in MY2025.
- 204 county-level measures, or 47% of 432 county-level measures, stayed at their same benchmark as MY2024 in MY2025.
- 81 county-level measures, or 19% of 432 county-level measures, declined in performance and moved to a lower benchmark in MY2025.

5.2.1 MCAS Percentile Ranking Change MY2024-2025 – Auburn Region: Nevada, Placer, Plumas, Sierra Counties

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

		NEVADA		PLACER		PLUMAS		SIERRA	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain									
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	50th	25th	25th	50th	25th	50th	90th	90th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	25th	<25th	<25th	<25th	50th	<25th	<25th
Children's Health Domain									
CIS-E	Childhood Immunization Status - Combination 10	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
DEV	Developmental Screening in the First Three Years of Life[1,3]	50th	<50th	50th	50th	<50th	<50th	<50th	<50th
IMA-E	Immunizations for Adolescents - Combination 2	<25th	<25th	50th	<25th	<25th	<25th	<25th	25th
LSC	Lead Screening in Children	75th	25th	50th	50th	75th	<25th	<25th	<25th
TFL	Topical Fluoride for Children[3]	<50th	<50th	50th	50th	<50th	<50th	<50th	<50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	90th	<25th	<25th	25th	<25th	<25th	<25th	<25th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	<25th	<25th	<25th	25th	<25th	<25th	<25th	<25th
WCV	Child and Adolescent Well-Care Visits	<25th	<25th	25th	25th	<25th	<25th	<25th	<25th
Chronic Disease Domain									
AMR	Asthma Medication Ratio	<25th	50th	<25th	90th	90th	25th	<25th	90th
CBP	Controlling High Blood Pressure[1]	<25th	50th	<25th	<25th	<25th	<25th	<25th	<25th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1,4]	25th	25th	25th	25th	<25th	<25th	<25th	25th
Reproductive Health and Cancer Prevention Domain									
BCS-E	Breast Cancer Screening[2]	90th	25th	<25th	<25th	<25th	<25th	<25th	<25th
CCS-E	Cervical Cancer Screening	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
CHL	Chlamydia Screening in Women	<25th	25th	50th	50th	<25th	<25th	<25th	<25th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	75th	90th	75th	25th	25th	75th	<25th	90th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	25th	50th	<25th	<25th	75th	25th	<25th	25th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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 MY2024-2025 – Chico Region: Butte, Colusa, Glenn, Sutter, Yuba Counties

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

		BUTTE		COLUSA		GLENN		SUTTER		YUBA	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain											
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	25th	50th	25th	50th	25th	25th	25th	50th	25th	50th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	<25th	<25th	25th	<25th	<25th	<25th	50th	<25th	50th
Children's Health Domain											
CIS-E	Childhood Immunization Status - Combination 10	<25th	50th	<25th	50th	50th	75th	75th	75th	75th	75th
DEV	Developmental Screening in the First Three Years of Life[1,3]	<50th	<50th	50th	<50th	50th	50th	50th	50th	50th	50th
IMA-E	Immunizations for Adolescents - Combination 2	<25th	<25th	90th	<25th	50th	<25th	50th	90th	50th	90th
LSC	Lead Screening in Children	<25th	<25th	90th	50th	75th	50th	90th	75th	90th	75th
TFL	Topical Fluoride for Children[3]	<50th	<50th	50th	50th	<50th	<50th	50th	50th	50th	50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	<25th	50th	90th	75th	<25th	50th	<25th	90th	<25th	90th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	<25th	25th	<25th	<25th	<25th	<25th	<25th	25th	<25th	25th
WCV	Child and Adolescent Well-Care Visits	<25th	<25th	50th	90th	50th	50th	50th	50th	50th	50th
Chronic Disease Domain											
AMR	Asthma Medication Ratio	50th	50th	<25th	90th	90th	90th	<25th	50th	<25th	50th
CBP	Controlling High Blood Pressure[1]	50th	<25th	25th	25th	75th	<25th	50th	25th	50th	25th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1,4]	25th	50th	50th	25th	50th	<25th	<25th	75th	<25th	75th
Reproductive Health and Cancer Prevention Domain											
BCS-E	Breast Cancer Screening[2]	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
CCS-E	Cervical Cancer Screening	<25th	<25th	50th	25th	25th	<25th	25th	<25th	25th	<25th
CHL	Chlamydia Screening in Women	25th	25th	25th	25th	25th	25th	50th	25th	50th	25th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	90th	75th	90th	90th	75th	75th	90th	75th	90th	75th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	25th	<25th	<25th	90th	25th	<25th	50th	25th	50th	25th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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 MY2024-2025 – Eureka Region: Del Norte, Humboldt, Lake, Mendocino Counties

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

		DEL NORTE		HUMBOLDT		LAKE		MENDOCINO	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain									
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	25th	50th	75th	75th	<25th	50th	25th	25th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	<25th	<25th	25th	<25th	<25th	<25th	<25th
Children's Health Domain									
CIS-E	Childhood Immunization Status - Combination 10	<25th	<25th	<25th	25th	<25th	50th	25th	50th
DEV	Developmental Screening in the First Three Years of Life[1, 3]	<50th	<50th	50th	50th	<50th	<50th	<50th	<50th
IMA-E	Immunizations for Adolescents - Combination 2	50th	25th	50th	75th	75th	90th	<25th	50th
LSC	Lead Screening in Children	<25th	25th	90th	50th	50th	90th	75th	90th
TFL	Topical Fluoride for Children[3]	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	50th	<25th	75th	50th	75th	90th	75th	75th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	75th	<25th	75th	25th	90th	90th	90th	90th
WCV	Child and Adolescent Well-Care Visits	25th	50th	25th	25th	25th	25th	25th	25th
Chronic Disease Domain									
AMR	Asthma Medication Ratio	25th	75th	25th	50th	<25th	90th	25th	90th
CBP	Controlling High Blood Pressure[1]	<25th	25th	75th	90th	<25th	75th	25th	<25th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1, 4]	25th	75th	90th	75th	<25th	<25th	50th	50th
Reproductive Health and Cancer Prevention Domain									
BCS-E	Breast Cancer Screening[2]	<25th	<25th	25th	25th	25th	<25th	50th	25th
CCS-E	Cervical Cancer Screening	<25th	<25th	75th	50th	25th	50th	75th	50th
CHL	Chlamydia Screening in Women	<25th	25th	25th	25th	25th	50th	25th	25th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	25th	<25th	90th	90th	90th	90th	90th	90th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	<25th	<25th	<25th	<25th	50th	90th	50th	50th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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 MY2024-2025 – Fairfield Region: Napa, Solano, Yolo Counties

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

		NAPA		SOLANO		YOLO	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain							
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	<25th	50th	25th	50th	<25th	25th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	<25th	<25th	<25th	<25th	<25th
Children's Health Domain							
CIS-E	Childhood Immunization Status - Combination 10	90th	90th	75th	75th	50th	50th
DEV	Developmental Screening in the First Three Years of Life[1, 3]	<50th	<50th	<50th	<50th	50th	50th
IMA-E	Immunizations for Adolescents - Combination 2	90th	90th	90th	75th	75th	90th
LSC	Lead Screening in Children	90th	90th	75th	50th	50th	50th
TFL	Topical Fluoride for Children [3]	<50th	50th	<50th	50th	50th	50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	75th	75th	<25th	50th	75th	75th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	25th	90th	25th	25th	<25th	50th
WCV	Child and Adolescent Well-Care Visits	50th	75th	<25th	<25th	50th	25th
Chronic Disease Domain							
AMR	Asthma Medication Ratio	90th	90th	25th	75th	50th	90th
CBP	Controlling High Blood Pressure[1]	25th	75th	50th	75th	25th	75th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1, 4]	50th	50th	<25th	25th	25th	50th
Reproductive Health and Cancer Prevention Domain							
BCS-E	Breast Cancer Screening [2]	90th	90th	50th	25th	75th	50th
CCS-E	Cervical Cancer Screening	90th	50th	75th	<25th	25th	25th
CHL	Chlamydia Screening in Women	<25th	50th	50th	75th	25th	25th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care [1]	90th	50th	90th	90th	50th	90th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	<25th	90th	25th	25th	<25th	90th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.2.5 MCAS Percentile Ranking Change MY2024-2025 – Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama, Trinity Counties

Note: 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

		LASSEN		MODOC		SHASTA		SISKIYOU		TEHAMA		TRINITY	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain													
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	<25th	<25th	75th	75th	75th	75th	25th	25th	25th	<25th	25th	25th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	<25th	<25th	<25th	<25th	50th	<25th	50th	<25th	<25th	<25th	25th
Children's Health Domain													
CIS-E	Childhood Immunization Status - Combination 10	<25th	<25th	<25th	<25th	<25th	<25th	25th	<25th	<25th	25th	<25th	<25th
DEV	Developmental Screening in the First Three Years of Life[1, 3]	<50th	<50th	<50th	50th	<50th	<50th	<50th	50th	<50th	<50th	<50th	<50th
IMA-E	Immunizations for Adolescents - Combination 2	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th
LSC	Lead Screening in Children	75th	25th	90th	25th	50th	50th	25th	25th	75th	25th	75th	25th
TFL	Topical Fluoride for Children [3]	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th	<50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	50th	<25th	<25th	<25th	<25th	25th	25th	<25th	75th	50th	<25th	<25th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	50th	25th	<25th	<25th	75th	50th	<25th	25th	90th	<25th	25th	<25th
WCV	Child and Adolescent Well-Care Visits	<25th	<25th	25th	<25th	<25th	25th	25th	25th	<25th	25th	25th	<25th
Chronic Disease Domain													
AMR	Asthma Medication Ratio	<25th	75th	25th	90th	<25th	50th	25th	90th	<25th	50th	<25th	<25th
CBP	Controlling High Blood Pressure[1]	50th	25th	<25th	<25th	<25th	50th	50th	75th	25th	25th	<25th	<25th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1, 4]	50th	<25th	75th	75th	50th	90th	90th	50th	<25th	25th	75th	50th
Reproductive Health and Cancer Prevention Domain													
BCS-E	Breast Cancer Screening [2]	<25th	<25th	25th	25th	50th	<25th	25th	25th	<25th	<25th	25th	<25th
CCS-E	Cervical Cancer Screening	25th	<25th	<25th	25th	25th	25th	<25th	25th	<25th	<25th	25th	25th
CHL	Chlamydia Screening in Women	<25th	25th	<25th	<25th	25th	25th	<25th	25th	25th	25th	<25th	<25th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care [1]	25th	50th	25th	<25th	<25th	75th	75th	<25th	25th	75th	<25th	90th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	50th	50th	25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	<25th	25th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.2.6 MCAS Percentile Ranking Change MY2024-2025 – Santa Rosa Region: Marin, Sonoma Counties

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

		MARIN		SONOMA	
ABBR	MEASURES	MY2024	MY2025	MY2024	MY2025
Behavioral Health Domain					
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	25th	50th	25th	50th
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	<25th	25th	<25th	25th
Children's Health Domain					
CIS-E	Childhood Immunization Status - Combination 10	50th	90th	50th	90th
DEV	Developmental Screening in the First Three Years of Life[1, 3]	50th	50th	<50th	50th
IMA-E	Immunizations for Adolescents - Combination 2	90th	90th	75th	90th
LSC	Lead Screening in Children	90th	90th	25th	<25th
TFL	Topical Fluoride for Children[3]	<50th	50th	<50th	50th
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	90th	90th	50th	75th
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	90th	90th	90th	90th
WCV	Child and Adolescent Well-Care Visits	50th	50th	50th	50th
Chronic Disease Domain					
AMR	Asthma Medication Ratio	25th	75th	50th	90th
CBP	Controlling High Blood Pressure[1]	50th	25th	75th	75th
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1, 4]	25th	25th	90th	90th
Reproductive Health and Cancer Prevention Domain					
BCS-E	Breast Cancer Screening[2]	75th	50th	50th	50th
CCS-E	Cervical Cancer Screening	75th	50th	75th	50th
CHL	Chlamydia Screening in Women	90th	90th	25th	50th
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	90th	90th	90th	90th
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	50th	90th	25th	90th

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

5.3 MY2025 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)

		Partnership Region - Auburn				National Medicaid Benchmarks			
Abbr	Measure	NEVADA	PLACER	PLUMAS	SIERRA	25TH	50TH	75TH	90TH
Behavioral Health Domain									
FUA-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	38.97%	44.96%	45.71%	100.00%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	52.27%	41.97%	57.50%	12.50%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain									
CIS-E	Childhood Immunization Status - Combination 10	13.61%	16.47%	0.00%	10.00%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	23.53%	43.14%	4.90%	17.39%	-	37.40%	-	-
IMA-E	Immunizations for Adolescents - Combination 2	13.01%	29.10%	10.13%	33.33%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	67.00%	75.00%	45.28%	20.00%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children [3]	13.02%	22.72%	7.38%	9.05%	-	21.50%	-	-
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	64.09%	70.53%	57.14%	66.67%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	41.76%	60.71%	30.56%	12.50%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	44.69%	50.27%	39.48%	32.61%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain									
AMR	Asthma Medication Ratio	67.27%	80.43%	63.16%	100.00%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	71.00%	53.00%	62.00%	52.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1, 4]	32.00%	31.00%	73.00%	31.58%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain									
BCS-E	Breast Cancer Screening [2]	52.94%	50.00%	0.00%	0.00%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	38.96%	38.27%	16.37%	30.77%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	48.90%	58.83%	27.07%	7.69%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care [1]	95.00%	82.00%	86.44%	100.00%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	87.00%	77.00%	84.75%	83.33%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

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)

		Partnership Region - Chico					National Medicaid Benchmarks			
Abbr	Measure	BUTTE	COLUSA	GLENN	SUTTER	YUBA	25TH	50TH	75TH	90TH
Behavioral Health Domain										
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	43.34%	39.13%	35.59%	39.47%	37.50%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	45.25%	54.02%	48.21%	59.72%	60.21%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain										
CIS-E	Childhood Immunization Status - Combination 10	27.77%	28.78%	30.41%	33.50%	23.46%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	20.59%	23.53%	48.04%	55.88%	49.02%	-	37.40%	-	-
IMA-E	Immunizations for Adolescents - Combination 2	25.62%	29.13%	24.44%	51.93%	43.35%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	55.00%	75.00%	75.00%	80.00%	65.00%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children[3]	20.23%	31.82%	14.70%	35.18%	26.02%	-	21.50%	-	-
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	74.16%	81.75%	75.17%	88.04%	76.98%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	59.95%	55.75%	35.88%	58.51%	54.14%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	44.32%	68.06%	57.58%	59.83%	50.26%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain										
AMR	Asthma Medication Ratio	68.79%	80.00%	78.35%	69.62%	64.93%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	61.00%	64.00%	62.00%	64.00%	55.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1, 4]	30.00%	31.00%	36.00%	26.00%	26.00%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain										
BCS-E	Breast Cancer Screening[2]	36.96%	11.11%	42.86%	40.00%	44.44%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	36.16%	49.25%	44.72%	46.08%	40.79%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	54.53%	50.94%	50.75%	55.91%	58.97%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	87.00%	97.00%	87.00%	88.00%	82.00%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	81.00%	93.00%	69.00%	86.00%	87.00%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

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)

		Partnership Region - Eureka				National Medicaid Benchmarks			
Abbr	Measures	DEL NORTE	HUMBOLDT	LAKE	MENDOCINO	25TH	50TH	75TH	90TH
Behavioral Health Domain									
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	41.73%	46.22%	39.31%	35.44%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	47.18%	53.14%	47.34%	49.04%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain									
CIS-E	Childhood Immunization Status - Combination 10	5.07%	21.66%	26.90%	25.16%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	32.35%	53.92%	26.47%	17.65%	-	37.40%	-	-
IMA-E	Immunizations for Adolescents - Combination 2	33.94%	41.59%	50.19%	36.23%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	65.00%	74.00%	84.00%	84.00%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children [3]	9.86%	9.53%	7.08%	10.69%	-	21.50%	-	-
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	62.07%	75.81%	86.24%	79.66%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	56.92%	61.39%	80.12%	77.86%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	55.90%	51.56%	50.46%	55.28%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain									
AMR	Asthma Medication Ratio	74.07%	65.52%	81.37%	80.37%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	66.00%	79.00%	75.00%	58.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1, 4]	24.00%	25.00%	39.00%	29.00%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain									
BCS-E	Breast Cancer Screening [2]	46.57%	52.24%	47.58%	53.30%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	46.91%	53.01%	54.00%	55.98%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	52.49%	53.82%	63.70%	56.29%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care [1]	76.00%	93.00%	89.00%	94.00%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	80.00%	79.00%	94.00%	88.00%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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)

		Partnership Region - Fairfield			National Medicaid Benchmarks			
Abbr	Measures	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Behavioral Health Domain								
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	40.11%	40.75%	33.33%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	40.49%	47.36%	39.97%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain								
CIS-E	Childhood Immunization Status - Combination 10	38.56%	32.03%	26.68%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	11.76%	34.31%	44.12%	-	37.40%	-	-
IMA-E	Immunizations for Adolescents - Combination 2	57.56%	46.98%	48.03%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	86.00%	74.00%	72.00%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children [3]	27.05%	22.99%	25.19%	-	21.50%	-	-
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months [5]	80.13%	72.82%	78.63%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months [5]	75.36%	62.18%	66.98%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	64.08%	48.38%	54.46%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain								
AMR	Asthma Medication Ratio	84.88%	74.58%	77.20%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	73.00%	73.00%	74.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%) [1, 4]	30.00%	34.00%	28.00%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain								
BCS-E	Breast Cancer Screening [2]	68.63%	52.50%	56.03%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	53.29%	45.82%	51.78%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	60.46%	69.97%	55.05%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care [1]	84.00%	92.00%	95.00%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care [1]	93.00%	86.00%	94.00%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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 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)

		Partnership Region - Redding						National Medicaid Benchmarks			
Abbr	Measures	LASSEN	MODOC	SHASTA	SISKIYOU	TEHAMA	TRINITY	25TH	50TH	75TH	90TH
Behavioral Health Domain											
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	29.63%	48.00%	51.58%	34.92%	28.31%	30.77%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	47.27%	41.67%	59.20%	62.81%	38.10%	52.94%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain											
CIS-E	Childhood Immunization Status - Combination 10	3.23%	11.11%	10.02%	16.49%	20.05%	3.45%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	22.55%	45.00%	35.29%	43.14%	36.27%	11.76%	-	37.40%	-	-
IMA-E	Immunizations for Adolescents - Combination 2	11.54%	16.92%	18.75%	19.22%	26.33%	15.49%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	62.77%	66.67%	74.00%	63.00%	68.00%	67.80%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children[3]	8.54%	5.13%	13.67%	10.63%	14.06%	10.26%	-	21.50%	-	-
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	54.08%	59.52%	71.36%	67.91%	77.10%	62.71%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	58.70%	45.71%	64.69%	59.05%	57.81%	46.51%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	33.68%	47.08%	49.71%	50.13%	51.95%	49.07%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain											
AMR	Asthma Medication Ratio	71.43%	100.00%	65.33%	78.26%	69.06%	45.71%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	67.00%	57.00%	71.00%	73.00%	65.00%	54.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1, 4]	39.00%	26.00%	23.00%	28.00%	31.00%	28.00%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain											
BCS-E	Breast Cancer Screening[2]	39.31%	51.72%	45.02%	50.99%	50.00%	34.53%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	44.09%	49.74%	51.11%	51.49%	40.93%	49.61%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	53.59%	46.05%	54.35%	51.43%	53.02%	40.00%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	82.76%	64.86%	86.00%	76.00%	86.00%	90.91%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	88.51%	70.27%	79.00%	81.00%	78.00%	86.36%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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)

		Partnership Region - Santa Rosa		National Medicaid Benchmarks			
Abbr	Measures	MARIN	SONOMA	25TH	50TH	75TH	90TH
Behavioral Health Domain							
FUA-30	Follow-Up After Emergency Department Visit for Substance Use - 30-Days	43.18%	39.74%	30.17%	39.10%	45.80%	53.27%
FUM-30	Follow-Up After Emergency Department Visit for Mental Illness - 30-Days	55.08%	54.83%	50.47%	57.13%	64.91%	74.67%
Children's Health Domain							
CIS-E	Childhood Immunization Status - Combination 10	45.92%	40.14%	19.77%	23.89%	28.86%	34.79%
DEV	Developmental Screening in the First Three Years of Life[1, 3]	81.37%	41.18%		37.40%		
IMA-E	Immunizations for Adolescents - Combination 2	67.47%	55.78%	29.42%	34.14%	40.19%	47.16%
LSC	Lead Screening in Children	86.00%	61.00%	61.31%	69.96%	76.34%	82.86%
TFL	Topical Fluoride for Children[3]	41.72%	27.35%		21.50%		
W30-2+	Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months[5]	91.59%	78.86%	68.38%	72.32%	77.50%	82.12%
W30-6+	Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months[5]	78.83%	74.53%	58.04%	63.38%	67.49%	71.71%
WCV	Child and Adolescent Well-Care Visits	60.35%	58.16%	49.68%	55.41%	61.47%	67.63%
Chronic Disease Domain							
AMR	Asthma Medication Ratio	73.23%	79.28%	57.63%	63.66%	70.39%	76.25%
CBP	Controlling High Blood Pressure[1]	64.00%	74.00%	63.75%	67.88%	71.34%	75.43%
GSD>9	Glycemic Status Assessment for Patients With Diabetes (>9%)[1, 4]	34.00%	23.00%	35.77%	30.41%	26.52%	23.60%
Reproductive Health and Cancer Prevention Domain							
BCS-E	Breast Cancer Screening[2]	60.55%	57.12%	50.53%	55.87%	61.43%	66.31%
CCS-E	Cervical Cancer Screening	55.26%	57.41%	47.10%	52.32%	57.83%	64.21%
CHL	Chlamydia Screening in Women	77.57%	60.86%	48.48%	56.30%	65.47%	70.67%
PPC-POST	Prenatal and Postpartum Care: Postpartum Care[1]	98.00%	98.00%	78.10%	82.48%	85.15%	88.32%
PPC-PRE	Prenatal and Postpartum Care: Timeliness of Prenatal Care[1]	93.00%	97.00%	82.97%	86.37%	89.78%	91.97%

(1) Hybrid Measures: Measure rates are calculated using a systematic minimum required sample drawn from the eligible population. (2) BCS-E expanded its age range to 42-75 years in MY2025. The measure disruption is not reflected in the MY2024 BCS-E benchmark that is applied to the MY2025 measure rate. (3) 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 2024 State Median. (4) GSD is an inverted measure: a lower rate results in better performance. (5) W30-6+ and W30-2+ measure rates were calculated using Supplemental Medical Records Review combined with administrative data in MY2025. 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)

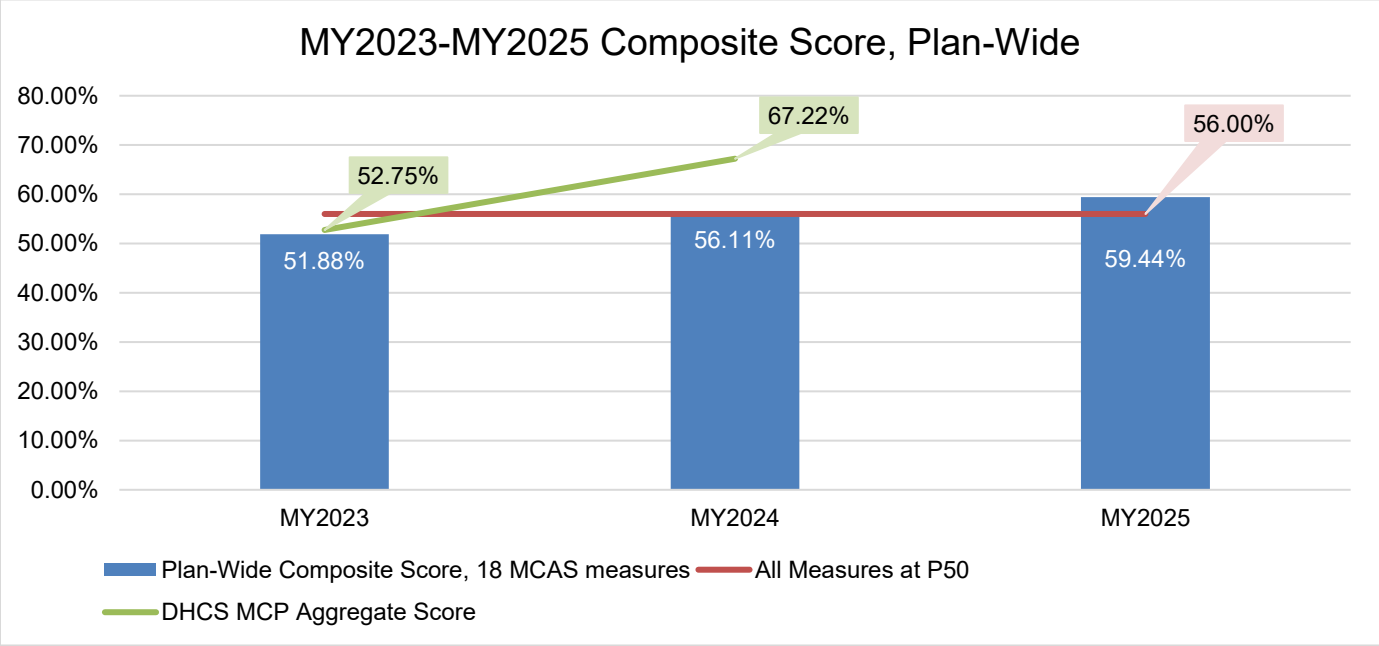
DHCS uses a scoring methodology to determine an aggregated Quality Factor Score (QFS), which ranks health plan performance relative to California Medicaid reporting health plans. Partnership adopts DHCS' scoring methodology to determine Partnership's composite scores year over year. The composite score is based on the plan-wide measure rates for all measures in the MCAS measure set.

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 2025 Benchmarks, which were developed based on national MY2024 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, along with the Reporting Year's MCP Aggregate Score. The results of this ranking will be published upon the release of this information later in 2026.

Overall, the MY2025 HEDIS Composite Performance Year over Year Comparison indicates a 5.93% increase in aggregate plan-wide performance from MY2024 to MY2025.

MY2025 HEDIS Composite Performance Year over Year Comparison: DHCS Managed Care Accountability Set (MCAS)



Note: MY2025/RY2026: Total Points Earned: 107 Points out of 180 Total Points (18 measures included)

- In MY2025, 18 measures were held accountable to the MPL. The MCAS measure set has included the same 18 measures between MY2023 – MY2025.
- The MY2025 Quality Factor Score will be released by DHCS in Fall 2026, and the MY2025 MCP Aggregate Score will be updated at that time.

7.0 Year-Over-Year Performance Trends and Initial Assessment of Results

7.1 Year-Over-Year Performance Trends

Plan-Wide, Partnership saw the following Year-Over-Year changes in Plan-Wide rates between MY2024 and MY2025:

- 6 of 18 measures moved to a higher benchmark in MY2025.
- 7 of 18 measures stayed at their same benchmark as MY2024 in MY2025.
- 5 of 18 measures moved to a lower benchmark in MY2025.

7.2 Plan-Wide Strengths: Measure Performing Above MPL

12 of the 18 measures in the MCAS Accountable set had plan-wide rates that exceeded the Minimum Performance Level in MY2025.

Three measures are newly above the Minimum Performance Level in MY2025, as seen in the table below.

Table: MCAS Measures Newly Above MPL in MY2025

	Plan-Wide		North Bay Area		Rural Upper Central		Rural Upper North	
Measure Description	MY2024	MY2025 YoY points change	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Follow-Up After Emergency Department Visit for Substance Use - 30-Days (FUA-30)	33rd	50th +8.08%	25th	50th	25th	50th	25th	67th
Asthma Medication Ratio (AMR)	33rd	75th +8.62%	50th	90th	<25th	75th	25th	75th
Chlamydia Screening in Women (CHL)	33rd	50th +3.40%	50th	75th	25th	33rd	25th	33rd

Benchmark
90th
67th or 75th
50th – MPL or >50th (CMS)
25th or 33rd
<25th or <50th (CMS)

Follow-up After Emergency Department (ED) Visit for Substance Use (FUA-30): Partnership's plan-wide rate for FUA-30 is newly over the 50th percentile plan-wide and in all three Rating Regions in MY2025, with a plan-wide increase over 8% in performance. Partnership worked collaboratively with county partners to close care gaps and enhance data collection and reporting of qualifying follow-up services. Additionally, MY2025 was a year of sustained focus on maximizing data capture opportunities from DHCS's data feed. Finally, DHCS released All Plan Letter 26-003 in early 2026 that mandates data sharing for behavioral health visits, including visits for substance use treatment; Partnership believes that this prescribed approach to data sharing will increase access to sensitive data required for accurate rate reporting.

Asthma Medication Ration (AMR): Partnership rates were at the 75th percentile, plan-wide and at or above the 75th percentile in all three Rating Regions, in MY2025. The HEDIS team reviewed updates to its AMR custom code mapping frequently during the MY2025 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 was retired at the end of MY2025, and is replaced by a Reporting Only measure, Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E), in MY2026.

Chlamydia Screening in Women (CHL): Partnership added the CHL measure to its PCP QIP in MY2025, which allowed practices to monitor their performance on this measure. As a result, Chlamydia Screening rates increased in North Bay Area in MY2025 and the plan-wide rate is over the 50th percentile. DHCS retired CHL from the MCAS measure set at the end of MY2025.

Four additional measures have sustained Plan-Wide performance above the MPL since MY2024.

Table: MCAS Measures with Sustained Performance above the MPL MY2024-2025

	Plan-Wide		North Bay Area		Rural Upper Central		Rural Upper North	
Measure Description	**MY2024**	**MY2025 YoY points change**	**MY2024**	**MY2025**	**MY2024**	**MY2025**	**MY2024**	**MY2025**
Childhood Immunization Status - Combination 10 (CIS-E)	50th	50th +2.16%	67th	90th	<25th	50th	<25th	<25th
Well-Child Visits in the First 30 Months of Life - 2+ visits in 15-30 months (W30-2)	67th	67th +4.42%	67th	75th	<25th	50th	50th	50th
Glycemic Status Assessment for Patients With Diabetes (>9%) (GSD) *	50th	67th -4.87% *	33rd	50th	25th	50th	50th	50th
Prenatal and Postpartum Care: Postpartum Care (PPC-Post)	90th	90th +0.49%	90th	90th	75th	75th	75th	75th

Benchmark
90th
67th or 75th
50th – MPL or >50th (CMS)
25th or 33rd
<25th or <50th (CMS)

*Glycemic Status Assessment is an inverse measure, and a decline in YoY performance indicates improvement.

Childhood Immunizations ECDS (CIS-E): Partnership sustained its Plan-Wide rate above the 50th percentile on this measure in MY2025, despite the measure transitioning from a hybrid measure to an ECDS measure. The sustained performance is partially due to a small plan-wide rate increase, and to the continuing decline in the national percentiles between MY2024 and MY2025. North Bay Area and Rural Upper Central counties had significantly stronger measure performance than Rural Upper North counties. Interestingly, Partnership's rate for influenza vaccines, which is the most widely refused vaccine in the measure series, is above the 50th percentile, which is likely the cause of our plan-wide benchmark remaining above the 50th percentile. High rates of parental refusal, especially in Rural Upper North counties, continue to be a major factor in measure performance, which is not a permitted exclusion under the HEDIS measure. Partnership recommends a focus on completing Well Child Visits for children under two years as a driver for higher completion rates for this measure.

Well Child Visits in the First 30 Months of Life: 2+ Visits 15-30 Months (W30-2): The W30-2 measure continues its second year at the 67th percentile and is above the 50th percentile in all three Rating Regions. Partnership continues to address 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. By requesting charts from PCP's and completing a Medical Record Review, Partnership treats the measure as a hybrid measure and receives auditor approval annually to include the W30 MRR as a supplemental data source.

In addition, the HEDIS team conducted a W30 Kaizen across the organization which primarily identified gaps in incomplete claims submission. Finally, Partnership is working closely with DHCS as an active participant in the DHCS Early Childhood Affinity State Work group to improve newborn visit capture statewide.

Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD): GSD's Plan-Wide rate improved by 4.87% in MY2025 (as an inverse measure, improvement is reflected as a lower rate).

GSD is a hybrid measure, and Medical Record Review also shows sustained performance within all three Rating Regions. Partnership's Health Information Exchange, Sacramento Valley MedShare (SVMS) is a clearinghouse for lab data, which helps support the Medical Record Review for this measure. Additionally, Partnership expanded use of an NCQA Data Aggregator, Datalink, in MY2025 – as described in Section 1, Datalink is a promising new source of clinical data, including Hemoglobin A1c results. Finally, the increased use of OCHIN Epic within the PCP network means that more practices could automate the CPTII coding that is required to support this measure.

Postpartum Care (PPC-Post): Postpartum Care visits continue to be a source of strength for Partnership, with sustained performance over the 90th 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 Opportunities for Improvement

After analyzing the MY2025 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 Regional Performance Opportunities

Seven measures are performance improvement opportunities for specific areas of Partnership's network. These measures have sustained performance below the MPL in specific Rating Regions and counties, and data completeness issues are not the primary driver of low measure rates.

Partnership has prioritized **five measures** as its **highest priority for improvement in 2026 onward** at the regional level:

Table: Prioritized MCAS Measures with Performance Opportunities

	Plan-Wide		North Bay Area		Rural Upper Central		Rural Upper North	
Measure Description	MY2024	MY2025 YoY points change	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Child and Adolescent Well-Care Visits (WCV)	33rd	33rd +3.74%	33rd	50th	25th	25th	25th	25th
Immunizations for Adolescents - Combination 2 (IMA-E)	50th	67th +1.46%	75th	90th	25th	33rd	<25th	33rd
Well-Child Visits in the First 30 Months of Life - 6+ visits in 0-15 months (W30-6)	75th	50th -2.41%	75th	75th	<25th	<25th	75th	67th
Controlling High Blood Pressure (CBP)	75th	33rd -2.19%	50th	75th	25th	<25th	25th	50th
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)	50th	50th +1.70%	<25th	90th	25th	<25th	<25th	25th

Benchmark
90th
67th or 75th
50th – MPL or >50th (CMS)
25th or 33rd
<25th or <50th (CMS)

Child and Adolescent Well Care Visits (WCV): This measure requires an annual well-care visit for children and adolescents between the ages of three to 21. While plan-wide performance improved slightly in MY2025, it was not sufficient to meet the MPL benchmark, which increased in MY2025. Given this measure's demand, performance is largely impacted by access constraints. Young adults ages 18-21 years have by far the lowest rate of well care visit completion within the measure; for several reasons, one of which is to preserve access for younger age bands, the young adult age band is not included in Partnership's PCP QIP WCV measure. Therefore, Partnership requires very

high completion rates for children ages three to 17 years (partial payment at 75th percentile and full payment at 90th percentile) in its PCP QIP.

Immunizations for Adolescents (IMA-E): Though Partnership's Plan-Wide rate was at the 67th percentile, regional rates that are approaching the 50th percentile are prioritized as an improvement opportunity for Rural Upper North and Rural Upper Central regions. 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-E). Encouragingly, MY2025 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, and Partnership sees high performance on IMA-E across its network as an achievable goal. The predominant causes of low rates are missing or late secondary doses of the HPV immunization series and high rates of parental refusal.

Well Child Visits in the First 30 Months of Life: 6+ Visits Birth-15 Months (W30-6): The W30-6 measure continues its strong performance in North Bay Area and Rural Upper North Rating Regions. The decline in performance was driven by low performance in the Rural Upper Central Region. MY2025 is the first year that significant numbers of children were in the eligible population for W30-6 in Rural Upper Central counties, and MY2025 should be considered a baseline year for the region. As with W30-2, Partnership completes a Medical Record Review (MRR) of the entire eligible population for the W30 measure, so low performance indicates a low service completion rate, not a data completeness issue.

Controlling Blood Pressure (CBP): This measure was one of the few measures that declined in performance in MY2025, falling from the 75th percentile to the 25th percentile. The decline in performance was driven by low performance in the Rural Upper Central Region and will be a high priority area of focus in MY2026 onward.

Timeliness of Prenatal Care (PPC-Pre): Once again, Partnership just met the MPL for the Plan-Wide rate for this measure in MY2025. While North Bay Area's regional performance improved dramatically in MY2025, PPC-Pre remains an important improvement opportunity for Rural Upper North and Rural Upper Central counties. The HEDIS team observed several performance issues around prenatal visits, noting that many members receive their first prenatal visit outside of the measure timeline, and that visits do not include all the required components of a prenatal visit. Prenatal visits will continue to be a measure of regional focus in MY2026 onwards to overcome the challenges for birthing populations in the rural North (i.e., prenatal care deserts, loss of L&D units, and critical access hospitals).

An additional **four measures** are improvement opportunities in 2026 onward at the regional level:

Table: Additional MCAS Measures with Performance Opportunities

	Plan-Wide		North Bay Area		Rural Upper Central		Rural Upper North	
Measure Description	**MY2024**	**MY2025 YoY points change**	**MY2024**	**MY2025**	**MY2024**	**MY2025**	**MY2024**	**MY2025**
Developmental Screening in the First Three Years of Life (DEV)	<50th	50th +9.77%	<50th	50th	50th	<50th	<50th	<50th
Lead Screening in Children (LSC)	75th	67th +3.16%	50th	50th	50th	33rd	75th	67th
Topical Fluoride for Children (TFL)	<50th	<50th +8.67%	<50th	50th	50th	50th	<50th	<50th
Cervical Cancer Screening (CCS-E)	50th (Hybrid)	25th -11.04%	75th (Hybrid)	50th	<25th (Hybrid)	<25th	25th (Hybrid)	50th

Benchmark
90th
67th or 75th
50th – MPL or >50th (CMS)
25th or 33rd
<25th or <50th (CMS)

Developmental Screening (DEV): In MY2025, DHCS transitioned the Developmental Screening measure from administrative to hybrid, which is recommended by CMS, the measure steward. As a hybrid measure, Partnership had the opportunity to complete a Medical Record Review on this measure in MY2025, which helped to overcome measure coding limitations seen in past years' HEDIS rates.

While only one Rating Region (North Bay Area) achieved the MPL for this measure, the other two regions were very close to the 50th percentile in MY2025. Partnership recommends a focus on completing Well Child Visits for children ages one to three years as a driver for higher completion rates for this measure.

Lead Screening for Children (LSC): Partnership sustained performance over the 50th percentile on the LSC measure in MY2025 in North Bay Area and Rural Upper North. Sustained high performance is related to the inclusion of the measure in the PCP QIP, which allows practices to measure their improvement throughout the measurement year, as well as interventions to maintain high lead screening rates described in Section 9. This measure is at the 33rd percentile in Rural Upper Central region and represents a regional improvement opportunity. Partnership recommends a focus on completing Well Child Visits for children ages one to three years as a driver for higher completion rates for this measure.

Topical Fluoride for Children (TFL-CH): The largest driver of performance on this measure is Denti-Cal claims data provided by DHCS. Partnership engaged very closely with DHCS's Data Team around improving the completeness of data around this measure, with significant success in MY2025. The use of an ICD-10 code (Z29.3) indicating fluoride varnish application is now mandated on Denti-Cal claims, to allow complete data capture. For the second year in a row, Partnership showed significant year-over-year improvement in TFL-CH rates and is less than one percentage point from meeting the MPL for the measure in MY2025. (There are no additional benchmarks for this measure).

The Rural Upper North has an improvement opportunity for TFL-CH. Partnership recommends a focus on completing Well Child Visits for children ages one to 20 years as a driver for higher completion rates for this measure.

Cervical Cancer Screening (CCS-E): Cervical Cancer Screening transitioned from a hybrid to an ECDS measure in MY2025. Plan-wide performance at the 25th percentile was driven by low performance in the Rural Upper Central region. While CCS-E represents an improvement opportunity for Rural Upper Central counties, expansion of Datalink will also address data capture of historical screens that occurred prior to the network joining Partnership.

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 MY2026 and onward.

7.3.2 MCAS Measures with Data Completeness and Measure Limitation Issues

Finally, two measures performed below the MPL in MY2025 primarily because of data completeness and measure limitation issues. Partnership has documented and escalated data completeness issues around both measures directly to DHCS and is engaged in interventions and activities meant to improve the quality and completeness of data, where relevant.

Table: MCAS Measures with Data Completeness and Measure Limitation Issues

	Plan-Wide		North Bay Area		Rural Upper Central		Rural Upper North	
Measure Description	MY2024	MY2025 YoY points change	MY2024	MY2025	MY2024	MY2025	MY2024	MY2025
Follow-Up After Emergency Department Visit for Mental Illness - 30-Days (FUM-30)	<25th	<25th +21.25%	<25th	<25th	<25th	<25th	<25th	33rd
Breast Cancer Screening (BCS-E)	50th	33rd -2.86%	50th	50th	<25th	<25th	25th	<25th

Benchmark
90th
67th or 75th
50th – MPL or >50th (CMS)
25th or 33rd
<25th or <50th (CMS)

Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM-30): Partnership's plan-wide rate for FUM-30 increased over 20 percentage points in MY2025. Partnership benefited from a revised NCQA measure definition that expanded the scope of services counting as a follow-up visit, as well as sustained focus on maximizing data capture opportunities from DHCS's data feed. While the plan made significant gains in data capture from DHCS data feeds, Partnership is still not receiving a full year's worth of data from County DBH's to apply to this measure during the HEDIS project timeline. Partnership is actively working with DHCS to improve the quality of our data feed and exploring other opportunities to receive clinical data from County DBH EMR's to improve the completeness of our data.

Breast Cancer Screening (BCS-E): The Breast Cancer Screening measure transitioned its age range from 52-74 years to 42-74 years. This has resulted in a misalignment of the MY2025 measure (42-74 years), with the NCQA benchmark applied, that was based on MY2024 national outcomes (52-74 years). Once NCQA creates a national benchmark based on the new age range (later in 2026), this measure limitation issue will no longer exist.

Partnership has recommended to DHCS that Medi-Cal MCP's be held accountable for the 52-74 years sub-measure, which does align with the MY2024 NCQA benchmark. In the majority of counties, Partnership's performance would be above the 50th percentile in MY2025 for DHCS accountability programs if this recommendation is acted upon by DHCS.

Because the measure has long continuous enrollment requirements for members to be included in the measure, MY2025's measure still included very few members from the Rural Upper Central Rating Region.

7.4 Comparing MY2025 MCAS Results to MY2025 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 to 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.

- Two PCP QIP measures have smaller age bands than their aligned HEDIS measures to prioritize focus on the highest priority age bands in the eligible populations: Child and Adolescent Well-Care Visits and Topical Fluoride for Children. An additional PCP QIP measure had a larger eligible population than the HEDIS measure: Chlamydia Screening in Women.

Overall, plan-wide performance improved significantly (>=5 percent) on the following continuous measures on the PCP QIP that are aligned with MCAS measures between MY2024 and MY2025:

- Cervical Cancer Screening

- Diabetes – HbA1c Good Control

Several measures were added to the PCP QIP measure set in MY2025 to align with the MCAS measure set:

- Breast Cancer Screening, 40-51 years (monitoring measure)
- Chlamydia Screening
- Topical Fluoride for Children – 1-5 years (monitoring measure)
- Well Child Visits 15-30 Months (monitoring measures)

The MY2025 MCAS measure plan-wide performance trends were consistent with corresponding MY2025 PCP QIP results in most cases.

Unsurprisingly, the two PCP QIP measures with smaller age bands (Child and Adolescent Well-Care Visits and Topical Fluoride for Children) had higher performance than their HEDIS measure counterpart, and the one PCP QIP measure with a larger eligible population (Chlamydia Screening in Women) had lower performance than its HEDIS measure counterpart.

The PCP QIP Cervical Cancer Screening measure performed significantly higher than its HEDIS counterpart. This is due to the HEDIS measure transitioning to an ECDS measure in MY2025, which exposed significant data completeness issues with the measure. Partnership will be addressing these issues in 2026 onward by focusing on best practices in coding and clinical data exchange via Health Information Exchanges and Datalink.

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, in fall 2026.
- DHCS has not yet announced the outcomes of MY2025 accountability programs described in Section 1. DHCS will share sanctions and the results of other accountability programs with plans including Partnership.
- Final assessment of results will be used to adapt quality measure score improvement strategies and tactics in 2026-2027.

8.0 Summary of MCAS Measures in Partnership's Quality Improvement Programs

The table below provides a summary of included in the Measures Managed Care Accountability Sets (MCAS) Measures included in Partnership's Quality Improvement Programs, Measurement Year 2025.

HEDIS Measures	MCAS Accountable/ Reporting	MY2024 QIP Measure	MY2025 QIP Measure	QIP Program
Asthma Medication Ration (AMR)*	Accountable			None
Breast Cancer Screening (BCS-E)*	Accountable	X	X	PCP QIP Ages 52-74 years – Clinical Ages 40-51 years – Monitoring
Cervical Cancer Screening (CCS-E)	Accountable	X	X	PCP QIP
Childhood Immunization Status (CIS-E) – Combo 10	Accountable	X	X	PCP QIP
Chlamydia Screening (CHL)	Accountable		X	PCP QIPMonitoring
Colorectal Cancer Screening (COL-E)	Reporting	X	X	PCP QIP
Controlling High Blood Pressure (CBP)	Accountable	X	X	PCP QIP
Developmental Screening in the First Three Years of Life (DEV)	Accountable			None
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-E) – Combo 2	Accountable	X	X	PCP QIP
Lead Screening in Children (LSC)	Accountable	X	X	PCP QIP
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	Accountable	X	X	Perinatal QIP

HEDIS Measures	MCAS Accountable/ Reporting	MY2024 QIP Measure	MY2025 QIP Measure	QIP Program
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	Accountable	X	X	Perinatal QIP
Prenatal Immunization Status – Combo (PRS-E)	Reporting	X	X	Perinatal QIP
Topical Fluoride for Children (TFL)	Accountable		X	PCP QIP Ages 1-5 years – Monitoring
Well-Child Visits in the First 30 Months of Life—15 to 30 Months—Two or More Well-Child Visits (W30-2)	Accountable		X	PCP 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)	• Total	• The percentage of members five to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Breast Cancer Screening (BCS-E)	• Non-Medicare Total	• The percentage of women 42–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.
Cervical Cancer Screening (CCS-E)	• Total	• The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: o Women 21–64 years of age who had cervical cytology performed within the last three years. o Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. o Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years.
Child and Adolescent Well-Care Visits (WCV)	• Total	• The percentage of members three to 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. • Total. The sum of the age stratifications (ages three to 21) as of December 31 of the measurement year.

HEDIS Measure	Measure Indicator	Measure Definition
Childhood Immunization Status (CIS-E)	• Combination 10	• The percentage of children two 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.
Chlamydia Screening in Women (CHL)	• Total	• 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. • Total: the sum of the age stratifications.
Controlling High Blood Pressure (CBP) *	• Total	• The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.
Developmental Screening in the First Three Years of Life (DEV_CH) *	• Total All Ages	• 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. ○ This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.
Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	• Total	• The percentage of emergency department (ED) visits for members six 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. • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

HEDIS Measure	Measure Indicator	Measure Definition
Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	• Total	• 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. • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
Immunizations for Adolescents (IMA-E)	• Combination 2	• The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. • Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).
Hemoglobin A1c Control for Patients with Diabetes (GSD)*	• HbA1c poor control (>9.0%)	• The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. ○ HbA1c poor control (>9.0%). The most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
Lead Screening in Children (LSC) *	• Total	• The percentage of children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. • At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.

HEDIS Measure	Measure Indicator	Measure Definition
Prenatal and Postpartum Care (PPC) *	• Timeliness of Prenatal Care • Postpartum Care	• The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. o 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. o Postpartum Care. The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.
Topical Fluoride for Children (TFL-CH)	• Total ages 1 through 20	• Percentage of enrolled children ages one 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. • This measure is a CMS FFY 2023 Child Core Set Measure, held to the DHCS designated MPL.
Well-Child Visits in the First 30 Months of Life (W30)	• Well-Child Visits in the First 15 Months • Well-Child Visits for Age 15 Months–30 Months.	• 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: • Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. • 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.

** Hybrid Measures. A random sample of the eligible population is used in calculating performance, as opposed to the entire eligible population.*

10.0 Quality Improvement Initiatives – HEDIS Score Improvement

Partnership's Quality Improvement organization-wide goals for 2025-2026 focused on four measure domains similar to those defined under the DHCS Managed Care Accountability Set (MCAS) measures:

1. **Behavioral Health**
2. **Pediatrics**
3. **Chronic Diseases**
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. 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 2025-2026.

10.1 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. By the end of 2025, Partnership and SVMS successfully onboarded all participating counties into a unified data exchange, significantly strengthening regional data-sharing infrastructure. Partnership's auditor, HSAG, approved use of the SVMS Encounters file, which contained County DBH follow-up service data, as a supplemental data source for MY2025 HEDIS rate generation.

Key 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 Eureka 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. This approach supports engagement for members less likely to seek care due to stigma or other barriers. The pilot will continue through 2026, with expansion planned based on promising results.

Key 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 2025–27 DMC ODS Clinical and Non-Clinical Performance Improvement Projects (PIPs): The California Department of Health Care Services (DHCS) requires all Drug Medi-Cal Organized Delivery System (DMC-ODS) plans to conduct two Performance Improvement Projects (PIPs) per contract period—one clinical and one non-clinical. The current PIP cycle began in 2025, with annual submissions due each July, and will conclude in 2027 (final submission due July 2028). Participating counties include Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano.

Within this framework, Partnership is implementing PIPs focused on improving follow-up after Emergency Department (ED) visits for substance use and increasing the number of members receiving Peer Support Services. Together, these efforts aim to strengthen engagement and continuity of care for members with behavioral health and substance use needs.

The Clinical PIP focuses on improving follow-up rates after ED visits for substance use. Root cause analysis is underway to identify barriers to timely follow-up, and targeted interventions are being

implemented and monitored for effectiveness. Findings from this work will inform process improvements for upcoming reporting periods.

The Non-Clinical PIP focuses on expanding access to Peer Support Services. To support this, counties have been offered up to $10,000 per individual through HCAI funding to train and develop Peer Support Specialists, increasing workforce capacity.

Key Learning:

- Accurate and up-to-date member contact information is critical to enhance outreach effectiveness and increase successful linkage to care.

Community Health Worker (CHW) and 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 Learnings:

- The project achieved its primary objective of expanding CHW presence in acute care settings and concluded at the end of calendar year 2025. It also advanced the foundation for longer-term sustainability by aligning services with CHW billing pathways.
- Strengthening documentation will support accurate billing, enable reimbursement for CHW services, and ensure the long-term sustainability of this model of care.

10.2 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. In 2024, the team launched a six-week phone outreach pilot project in collaboration with NorthBay Health, with outstanding reach rates and outcomes. In 2025, the pilot expanded to Fairchild Medical Center, the primary labor and delivery hospital in Siskiyou County. The initial reach rate was lower than expected.

Key Learning:

- Overall, findings suggest that while the intervention model has potential, its effectiveness is highly dependent on consistent operational execution, data-sharing infrastructure, and strong partner accountability.

Educating Practices about Developmental Screening in the First Three Years of Life: This initiative focused on improving completion of three developmental screenings in the first three years of life by conducting one-on-one training for PCP practices with scores significantly below the MPL. The

Pediatric QSMI workgroup reviewed MY2025 HEDIS rates and worked with an Associate Medical Director to set up one-on-one interventions for select practices with especially low scores and larger denominators. Practices that receive coaching will be monitored and offered additional training if their scores do not improve after three months.

Key Learnings:

- The current data set relies on claims submitted with code 96110. Six of the lowest performing practices were compared against a list of site audits by the Medical Record Review team and two of those sites had fully compliant charts during their last site visit so it appears at least some practices are conducting screenings but not billing correctly for them.
- Some practices discuss elements of the screenings during the actual visit and document those discussions in the EHR but may not complete the actual screening tool or correctly bill for the screening.
- Even among pediatric-only practices, some are performing well and others are far below the MPL. Proper billing and documentation appear to be an issue regardless of practice type.

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. In November 2025, DHCS released guidance to the Denti-Cal network that use of the Z29.3 ICD is now mandated for payment on claims that include fluoride varnish services.

Key Learning:

- Sustained focus on data exchange pathways, data validation exercises with provider partners, and partnership with external stakeholders including DHCS is crucial for success on measures with less straightforward coding and claims pathways.

10.3 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 Cologuard Care-gap Orders page with information and resources. 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 twice annually.

Key Learning:

- Tracking screening rates by screening type helped the team find opportunities where Cologuard bulk order might be appropriate based on availability of other screening methods.

Diabetes Management Offerings from Telemed2U: In 2025-26, Partnership monitored, evaluated, and enhanced utilization of the TeleMed2U diabetes management program through analysis of utilization and engagement data, with the goals of assessing program effectiveness, identifying participation gaps, and informing decisions regarding the continued prioritization of this intervention relative to other strategies. The workgroup partnered with Provider Relations and supported outreach and member education efforts by promoting available nutrition services as an integral component of diabetes management, developing and disseminating fax communications to the provider network to increase program awareness and encourage referrals The collaboration also extended to engagement with Care Coordination to further expand awareness of the program among members and providers who may benefit from additional diabetes support services.

Key Learning:

- Collaboration between Quality Improvement, Care Coordination, and Provider Relations was crucial for building awareness of available diabetes support services.

10.4 Women's Health and Perinatal Care Measure Activities

PPC Pre Timeliness of Prenatal Care Alignment: A multidisciplinary team review identified opportunities to improve consistency of PPC-Pre measurement support across the organization. The initiative focused on reducing variation in coding and documentation practices, standardizing best practices for qualifying perinatal encounters, and identifying allowable care models (telehealth pathways) that support timely access to prenatal care. This was a multifaceted quality improvement effort that included targeted research, root-cause analysis, claims review, cross-departmental meetings, workflow and policy document review, and implementation of standardized guidance to improve organizational alignment and measure performance.

Key Learnings:

- Adding validated HEDIS codes to the P-QIP Value Set Directory improves clarity, reduces variation in prenatal care coding and documentation, and supports more reliable HEDIS performance monitoring.
- The PPC-Pre measure best practice resource provides a standardized, evidence-based framework for improving perinatal care delivery and operational performance. Translating measure requirements into actionable workflows can improve quality of care and patient outcomes without organizations reinventing the wheel.

- PPC-Pre Telehealth visits in both administrative and hybrid data collection methods are eligible for use in HEDIS reporting. The visit must be with an appropriate provider, within the applicable timeframe, and include a confirmation/diagnosis of pregnancy, and a visit component such as discussion of screening or lab results or last menstrual period with Obstetric (OB) history.
- Primary care, FQHC, rural, and Tribal health providers play a critical role in early pregnancy and should be included in performance visibility and improvement strategies.
- Integrating provider education efforts into existing structures strengthens the program allowing wider visibility, the prioritizing of providers based on performance data, and inclusion of improvement advisors.

Increase PPC-Pre Timeliness of Prenatal Care Awareness: This initiative focused on improving performance for the Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) measure by partnering with improvement advisors who had established relationships with providers in effort to strengthen awareness of measure timing requirements and identify barriers to timely first prenatal visits.

Key Learnings:

- Clear, repeated messaging on PPC-Pre requirements is needed to build and sustain staff awareness.
- Site-specific performance and access data supports more focused coaching and helps prioritize outreach to practices with the greatest opportunity for improvement.
- Medi-Cal Managed Care plans require first prenatal visits within 10 business days.
- Documentation of initial prenatal visit completed within four weeks of entry to prenatal care. Optimally within the first trimester.
- First prenatal visit access is a site review standard for PCPs who provide obstetric care and missed appointments and referrals require documented outreach and follow-up. Failure to follow up on missed specialty referrals results in a zero score under coordination criteria.
- If prenatal visit periodicity does not meet current ACOG standards, OB providers must document missed visits and outreach efforts.
- Established relationships through Improvement Advisors offers a valuable entry point and provides knowledge of clinics, counties, and regions, as well as insight into local barriers. This can improve provider's engagement and aid in identifying and addressing both site specific and local performance barriers.

Tribal Perinatal Program: This initiative focused on supporting Tribal entities in developing and expanding Tribal Perinatal Programs to improve access to timely prenatal and postpartum care. The Tribal Perinatal Program Tribal Birth Equity Initiative was designed to build culturally informed

perinatal care capacity through training, case management, peer support, doula development, and implementation of reimbursement pathways that support sustainable services in Tribal communities. The program goal is to support Tribal communities achieve the best possible outcomes for pregnant American Indians in Northern California.

Key Learnings:

- Culturally grounded training and program design are central to building Tribal perinatal care capacity.
- Trusted entry points and sustained subject matter support, including outreach from the Tribal Liaison and education from a Medical Director champion, can strengthen engagement, improve understanding of program requirements, and support movement from interest to implementation.
- Aligning training, ECM, and PHPS within a shared implementation approach can strengthen care coordination and support long-term sustainability of Tribal perinatal services.
- Baseline performance suggests Tribal providers may be better positioned to support postpartum follow-up than timely first prenatal care, highlighting a need for continued focus on earlier pregnancy identification, access to initial prenatal visits, and stronger prenatal workflow support to improve PPC-Pre performance.

High-Risk Human Papillomavirus Self-Collect Support and Education: This initiative focused on improving performance in the Cervical Cancer Screening measure by expanding and standardizing use of the high-risk HPV (hrHPV) self-collect option in healthcare settings. Work centered on strengthening network-wide awareness, updating best-practice guidance, and ensuring clinics had consistent instructions and education materials to support appropriate implementation.

Key Learnings:

- Provider and patient education materials are foundational for scaling hrHPV self-collect consistently across the network.
- Equity-centered material review is important to ensure patient instructions are accessible across threshold languages and usable by patients with different literacy levels and care access needs.
- Targeted provider education informed by site level performance data and improvement advisor insights was an efficient way to prioritize education.
- hrHPV self-collect can be integrated successfully when clinics have clear instructions, laboratory access, and practical examples of staffing, outreach, and visit workflows.