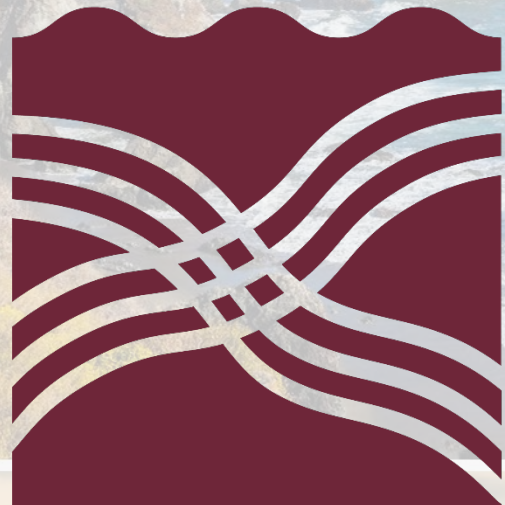


PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Annual Partnership County Data Report 2025: Trinity County

April 2025



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# County Data Introduction

- Dates reflected in the data:
  - Mostly for calendar year 2024
  - Next most common is calendar year 2023 (for example, HEDIS data)
  - Noted on each page
- Limitations to Consider in Interpretation
  - Many different data sources; data depends on the completeness and accuracy of these data sources.
  - “Claims Lag”: claims may be billed up to 1 year after the date of service. Final data a year later will generally reflect slight increases in claims completeness.
- Use in conjunction with other data sources to get full picture of health in the county
  - County Health Rankings
  - County Health Status Profile
  - Healthy Places Index



# Membership/County Overview



# Partnership's Regional Structure

## Regional Structure

 **Eureka Office Region**

*Del Norte, Humboldt, Lake, and Mendocino counties.*

 **Vicky Klakken**, Regional Director  
vklakken@partnershiphp.org

 **Chico Office Region**

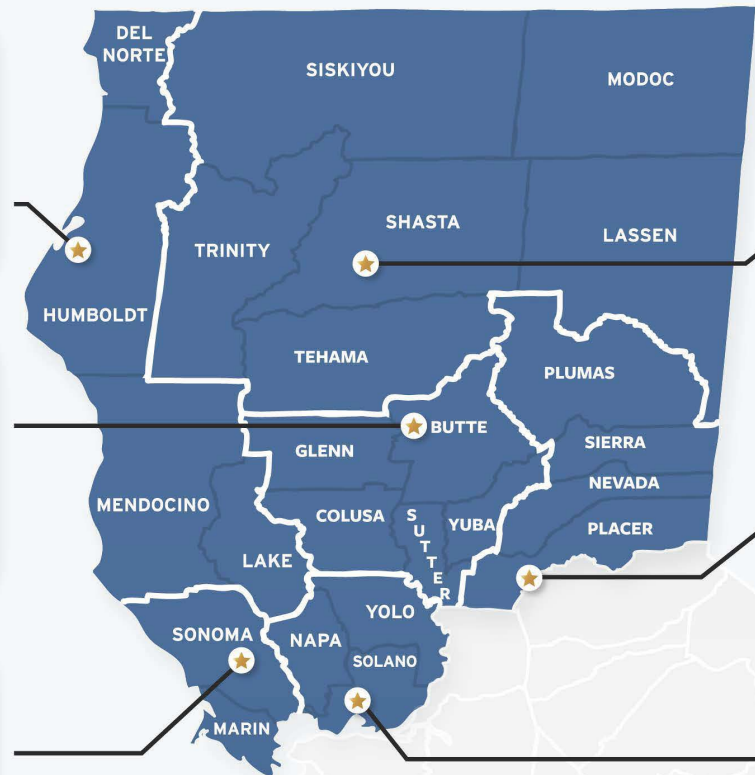
*Butte, Colusa, Glenn, Sutter, and Yuba counties.*

 **Rebecca Stark**, Regional Director  
rstark@partnershiphp.org

 **Santa Rosa Office Region**

*Marin and Sonoma counties.*

 **Leigha Andrews**, Regional Director  
landrews@partnershiphp.org



 **Redding Office Region**

*Lassen, Modoc, Shasta, Siskiyou, Tehama, and Trinity counties.*

 **Tim Sharp**, Regional Director  
tsharp@partnershiphp.org

 **Auburn Office Region**

*Nevada, Placer, Plumas, and Sierra counties.*

 **Jill Blake**, Regional Director  
jblake@partnershiphp.org

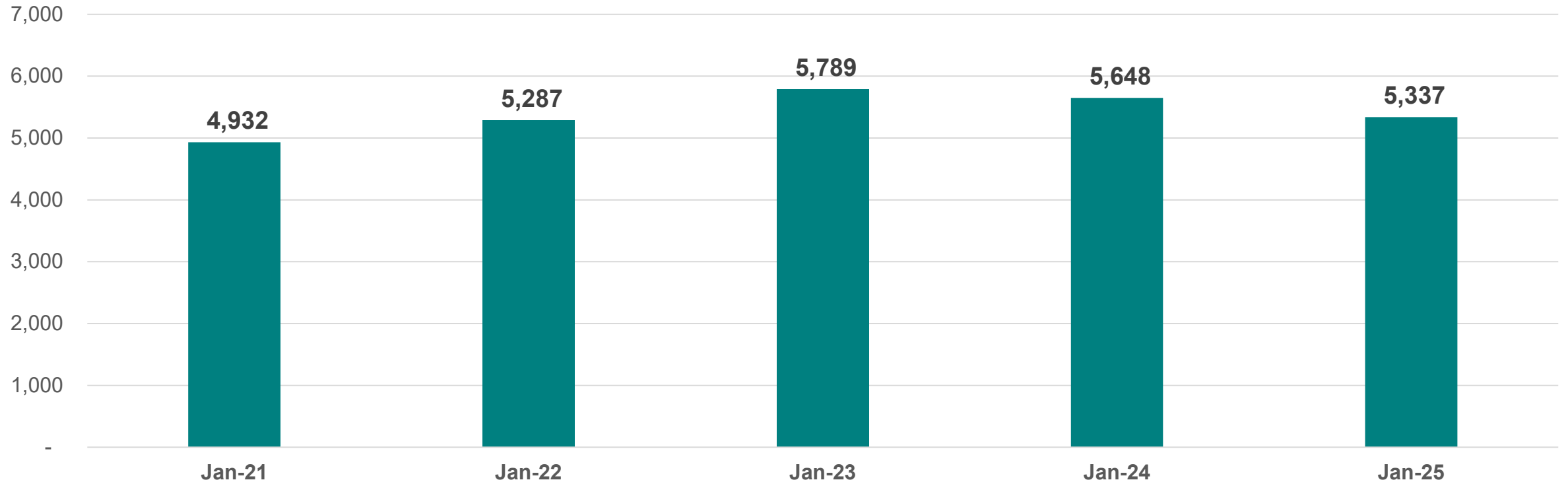
 **Fairfield Office Region**

*Napa, Solano, and Yolo counties.*

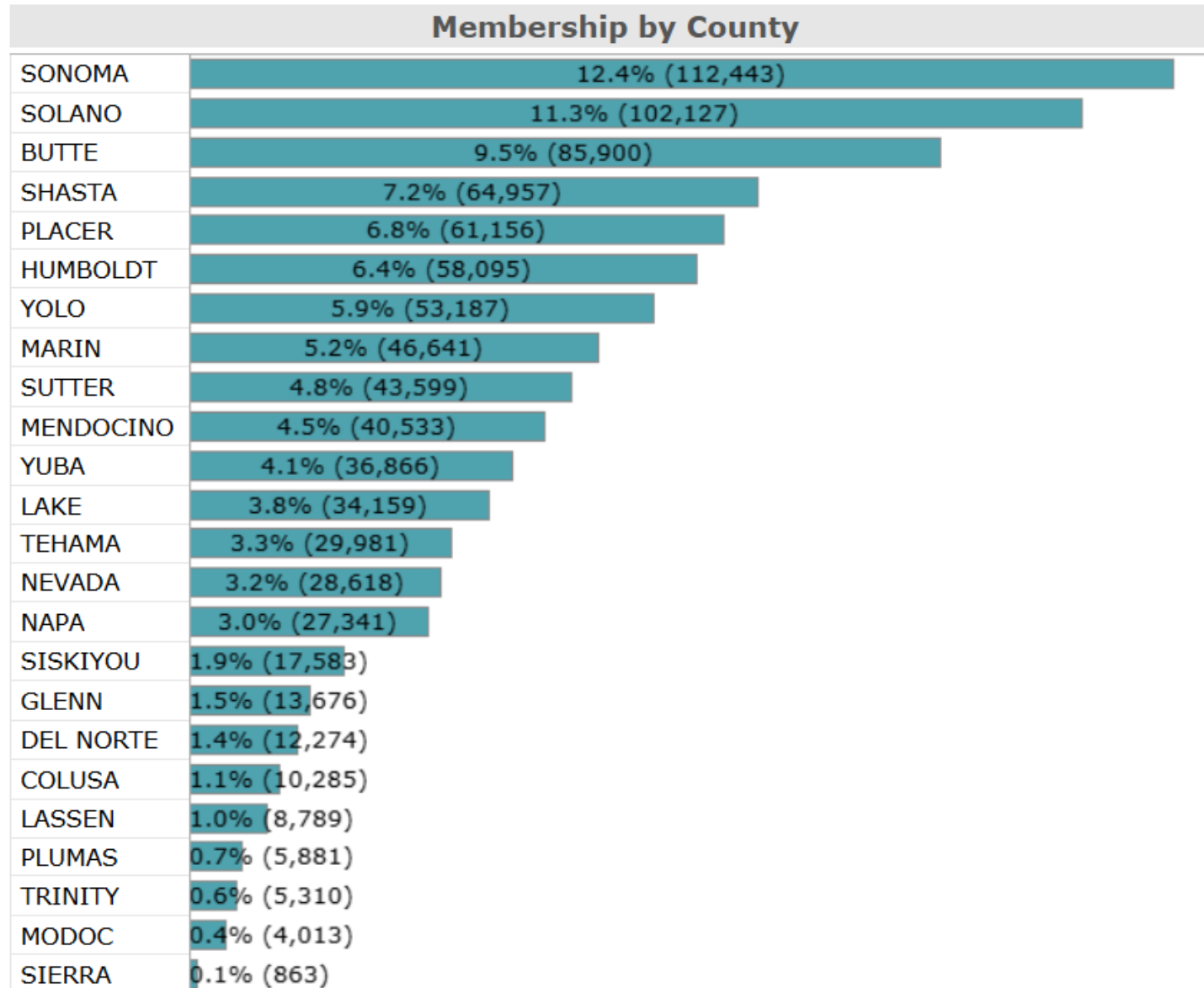
 **Kathryn Power**, Regional Director  
kpower@partnershiphp.org



# Trinity Member Enrollment Five Year Trend

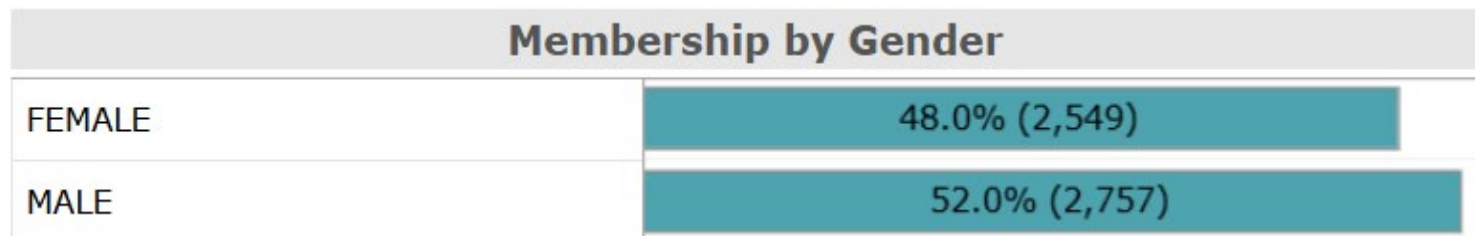
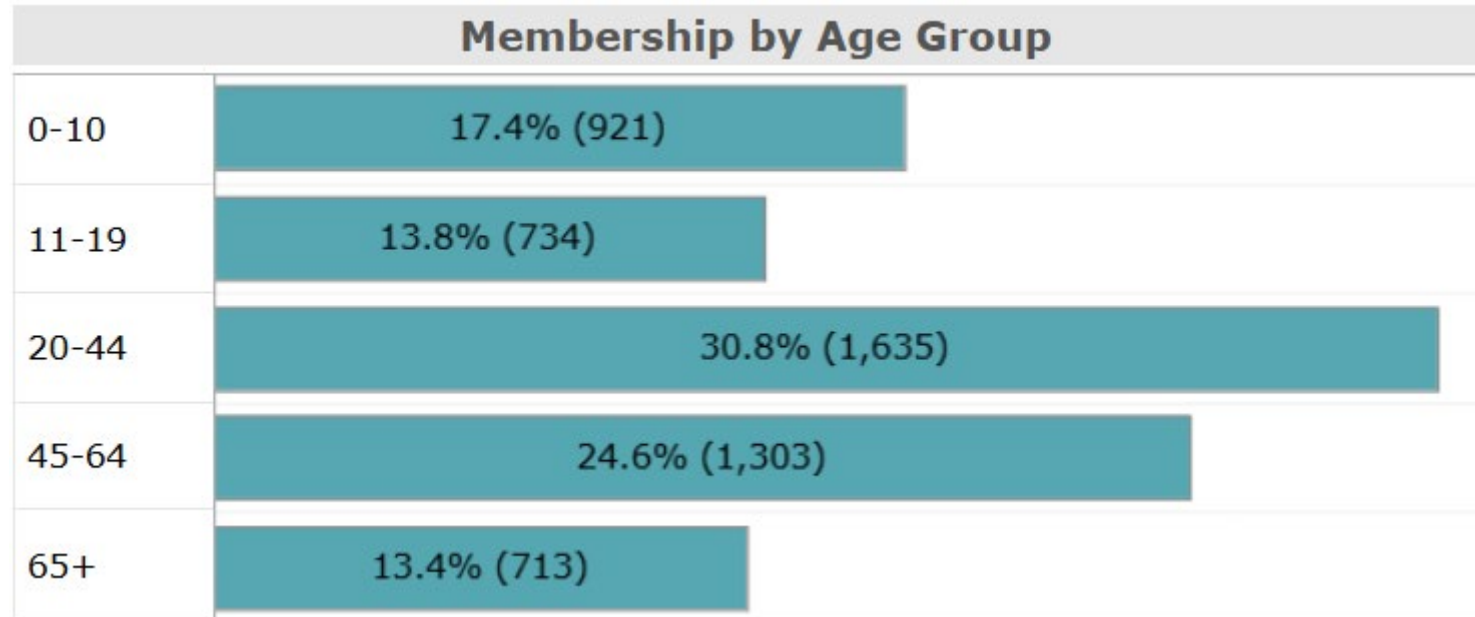


# Current County Enrollment



Partnership total enrollment: ~904,277

# Trinity Member Age Groups and Gender

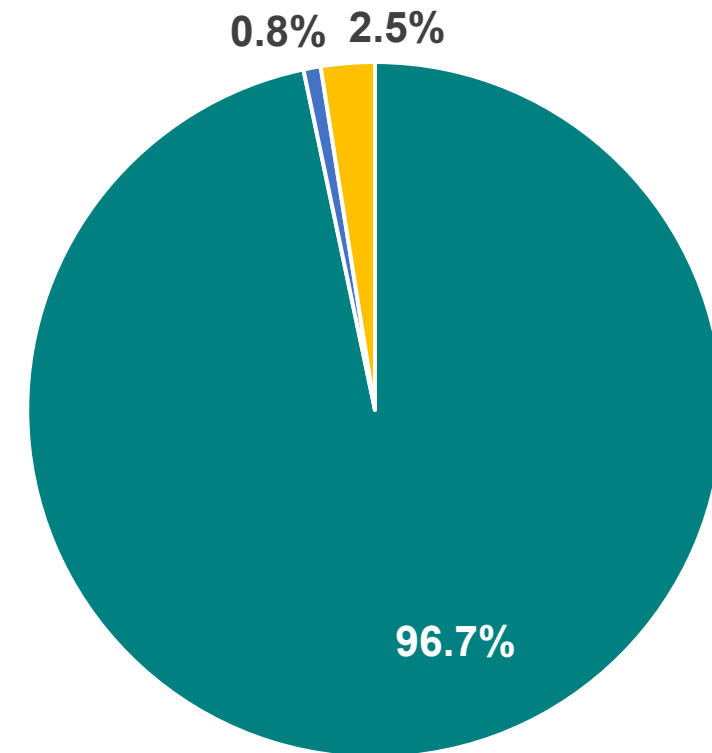


# Trinity Member Ethnicity and Preferred Language

Membership by Ethnicity

WHITE	71.8% (3,808)
UNKNOWN	15.4% (818)
HISPANIC	6.0% (318)
OTHER	2.9% (153)
NATIVE AMERICAN	2.6% (136)
ASIAN	0.9% (47)
BLACK	0.4% (20)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	0.1% (4)
ASIAN INDIAN	0.0% (2)

Preferred Language

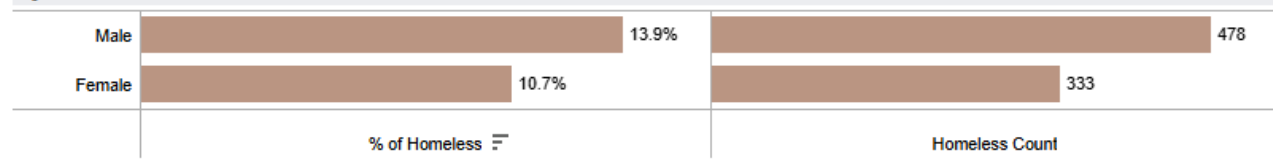


■ English
 ■ Spanish
 ■ Other

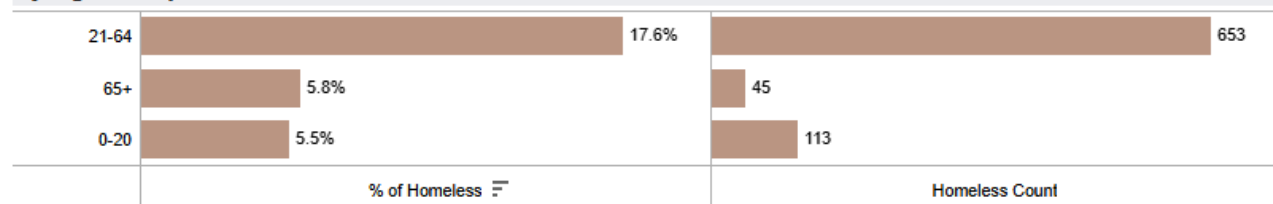
# Trinity Homeless Demographics

Homeless Rate in 24 Counties: 8.3%  
 Trinity: 811 Homeless Members; 154 Substance Use; 72 Severe Mental Health; 1 HIV/AIDS; 551 Chronic Homelessness  
 \* Homelessness is defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

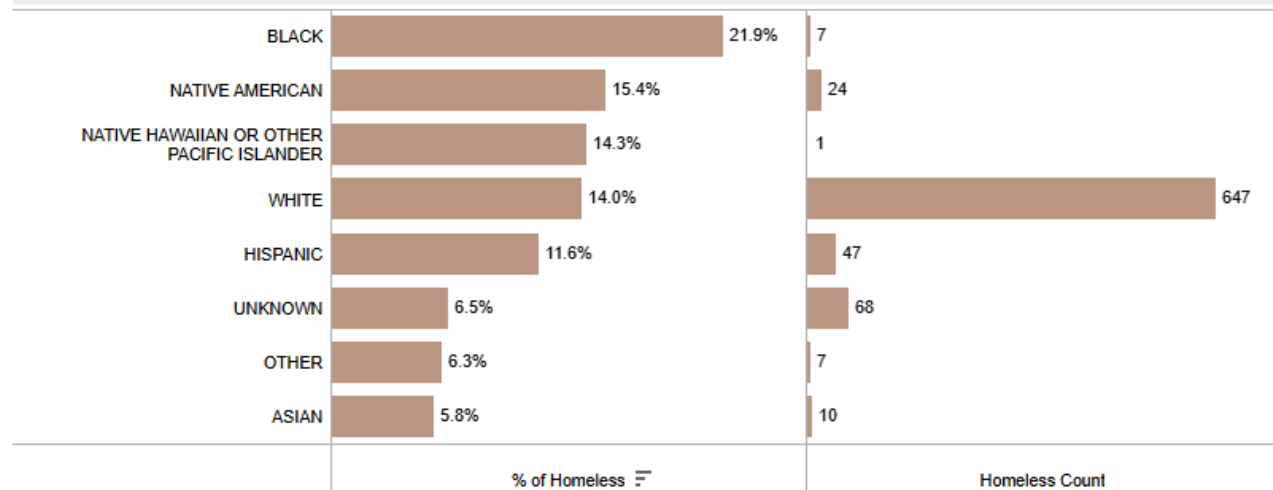
## By Gender - 2024



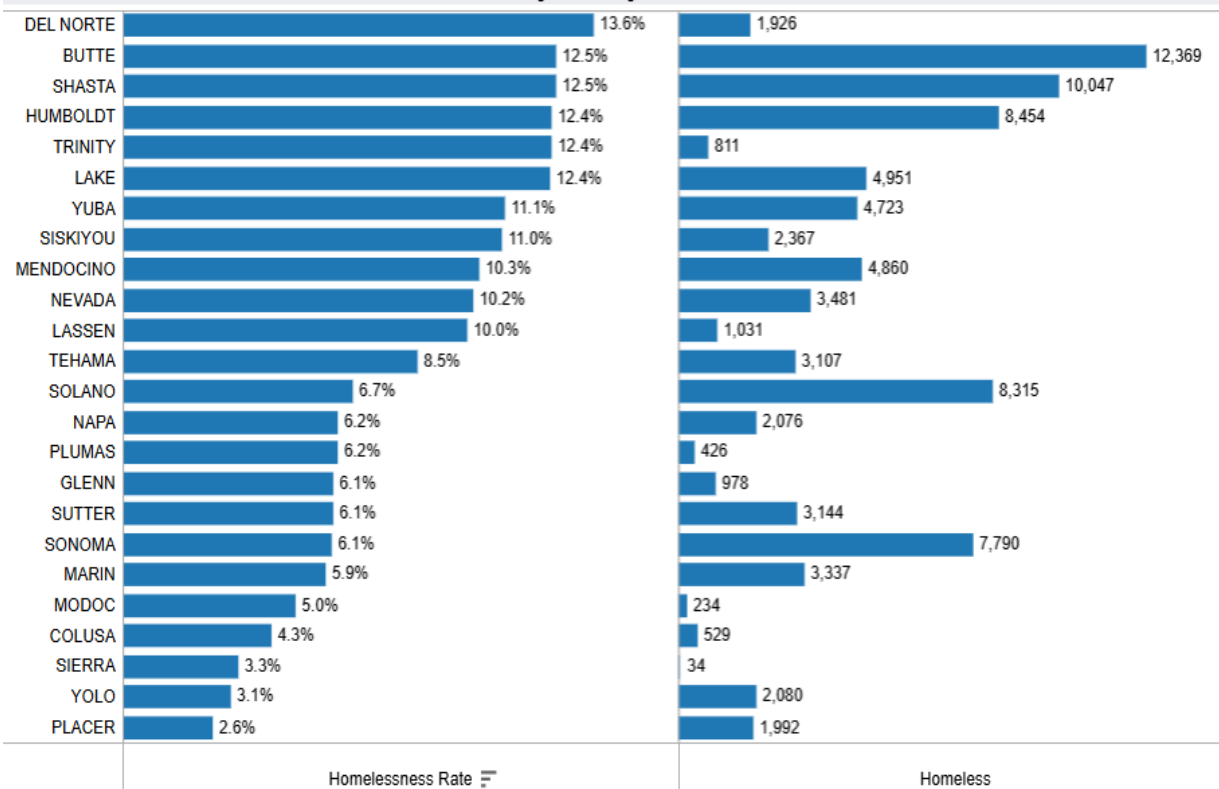
## By Age Group - 2024



## By Race/Ethnicity - 2024



## By County - 2024





# Trinity Member Assignment Status

## Provider Panel Capacity

This report shows the number of PHC members assigned to each clinic and their capacity to accept new members. Includes only clinics currently serving members.

PCP Affiliation ID	PCP Full Name	PCP County	Clinic Type	Current Enrollment Status	Patient Load Cnt	April 2025	
						Member Count	% of Members
<b>Total Members Assigned to Primary Care Sites</b>						<b>4,024</b>	<b>100.0%</b>
42097 0006	REDDING RANCH TRINITY HEALTH	TRINITY	INDIAN HEALTH SERVI..	Open	2,000	1,263	31.4%
27964 0001	TRINITY COMM HEALTH CLINIC	TRINITY	FQHC/ RHC	Open	4,000	1,161	28.9%
26625 0004	HAYFORK COMM HEALTH CLINIC	TRINITY	FQHC/ RHC	Open	1,600	905	22.5%
28027 0010	WILLOW CREEK COMM HLTH CTR	HUMBOLDT	FQHC/ RHC	Open	Null	210	5.2%
9455 0007	SOUTHERN TRINITY HEALTH	TRINITY	FQHC/ RHC	Open	2,600	146	3.6%
27942 0081	SHASTA COMM HEALTH CENTER	SHASTA	FQHC/ RHC	Open	Null	71	1.8%
27937 0005	REDWOOD PEDS MEDICAL GROUP	HUMBOLDT	FQHC/ RHC	Current Patient..	Null	33	0.8%
28020 0023	KIMAW MEDICAL CENTER	HUMBOLDT	INDIAN HEALTH SERVI..	Current Patient..	9,000	27	0.7%
35929 0013	CHURN CREEK HEALTHCARE	SHASTA	INDIAN HEALTH SERVI..	Open	8,000	24	0.6%
27948 0001	REDWOOD RURAL HEALTH CENTER	HUMBOLDT	FQHC/ RHC	Open	4,000	14	0.3%
3946 0025	EUREKA COMM HEALTH CENTER	HUMBOLDT	FQHC/ RHC	Current Patient..	Null	13	0.3%
13183 0018	MCKINLEYVILLE COMM HLTH CTR	HUMBOLDT	FQHC/ RHC	Current Patient..	Null	9	0.2%
27935 0008	SHASTA LAKE FAM HLTH CNTR	SHASTA	FQHC/ RHC	Open	Null	9	0.2%
27956 0044	MERCY FAMILY HEALTH CTR	SHASTA	PHYSICIAN GROUP	Current Patient..	Null	9	0.2%
32561 0014	FORTUNA COMM HEALTH CENTER	HUMBOLDT	FQHC/ RHC	Current Patient..	Null	9	0.2%
35161 0001	HILL COUNTRY CHURN CREEK	SHASTA	FQHC/ RHC	Open	3,950	9	0.2%
42097 0008	REDDING RANCH TRINITY HEALTH	TRINITY	INDIAN HEALTH SERVI..	Open	2,000	9	0.2%
17323 0015	ANDERSON FAMILY HLTHCTR	SHASTA	FQHC/ RHC	Current Patient..	Null	8	0.2%
2520 0015	ARCATA COMM HEALTH CENTER	HUMBOLDT	FQHC/ RHC	Current Patient..	Null	8	0.2%
27964 0008	TRINITY COMM HEALTH CLINIC	TRINITY	FQHC/ RHC	Open	4,000	8	0.2%
28032 0001	WECARE AT SCOTIA BLUFFS	HUMBOLDT	FQHC/ RHC	Open	3,250	8	0.2%
26625 0005	HAYFORK COMM HEALTH CLINIC	TRINITY	FQHC/ RHC	Open	1,600	7	0.2%
39299 0029	LASSEN MEDICAL CLINIC	TEHAMA	FQHC/ RHC	Current Patient..	Null	7	0.2%

**Enrollment Status**  
 ■ Total  
 ■ Open  
 ■ Current Patients Only  
 ■ Closed

\* Providers with a member count under 5 are not shown. Unassigned members not included.

PCP Affiliation ID can be correlated with the location of the site by consulting Partnership's Provider Directory online.



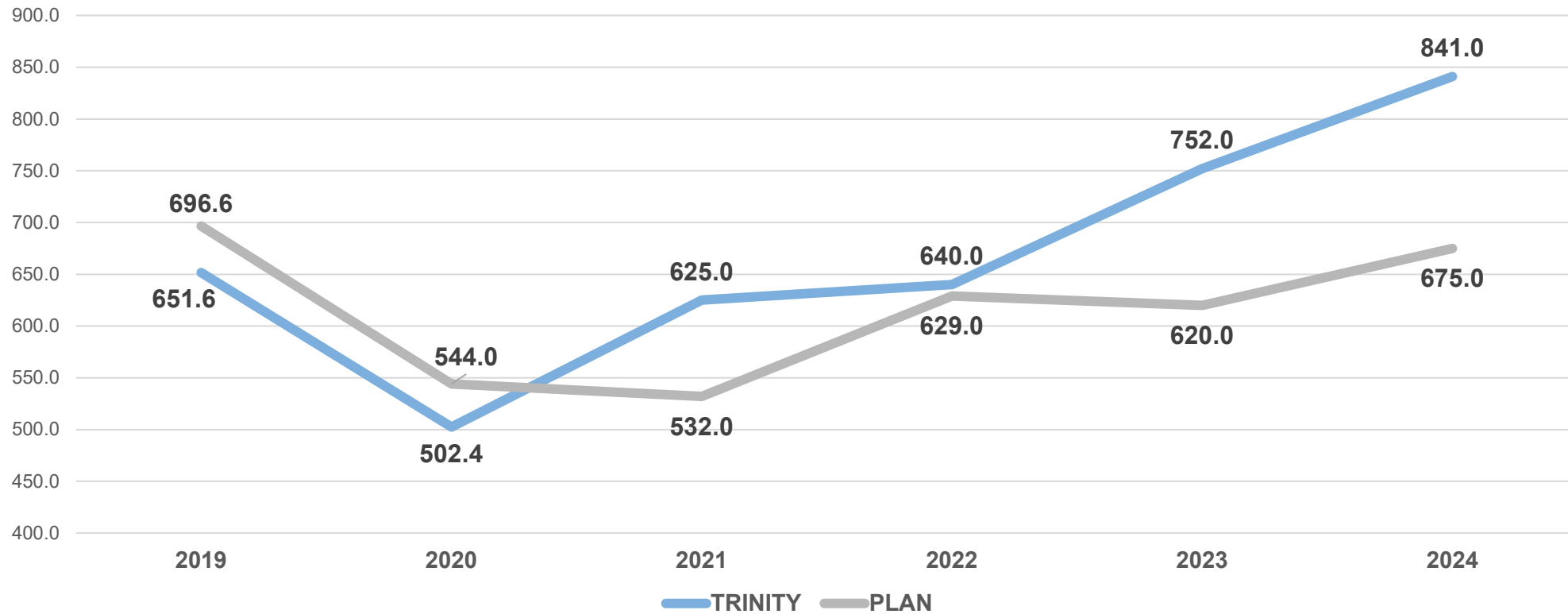


# Emergency Department, Hospital, and Provider Utilization Data



# Trinity Annual Emergency Department Use Trend

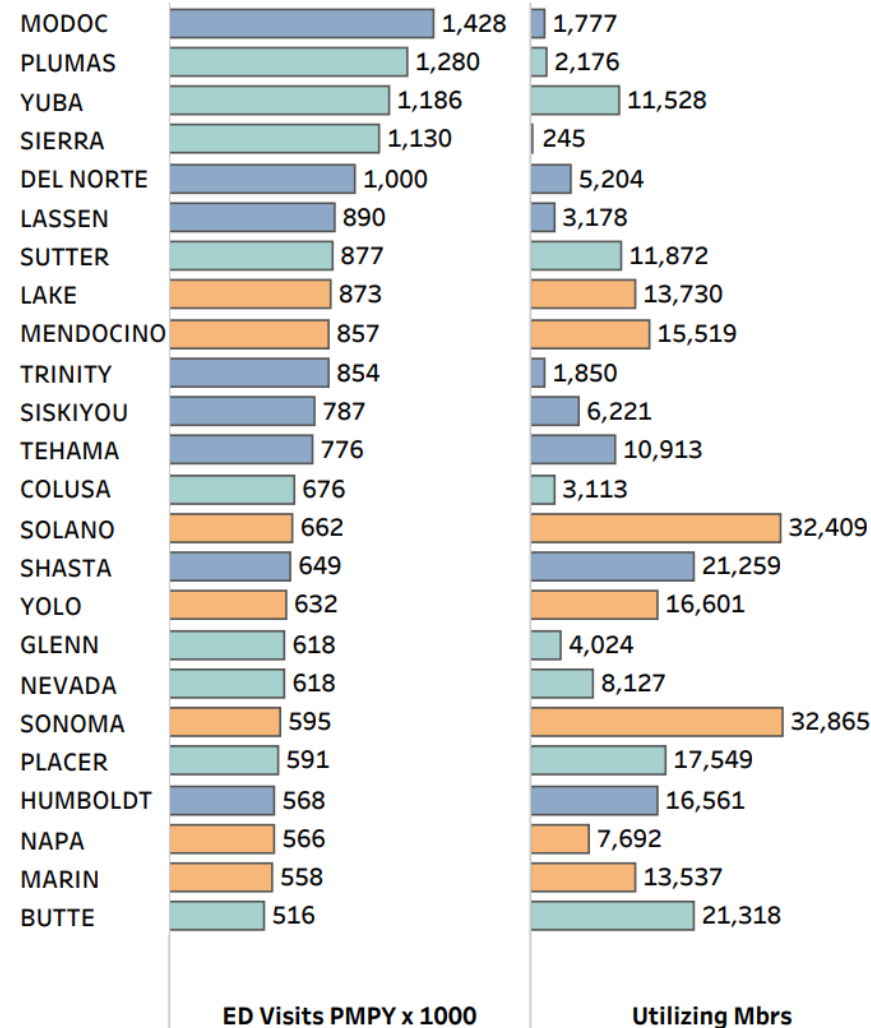
**Trinity County ED Visits Vs Partnership  
Yearly Visit Rates per 1,000 Members**



Trinity County ED visit rates are consistently higher than the Partnership use rate since 2021.

# Emergency Department Utilization

**Paid & Utilization Rates by County in 2024**



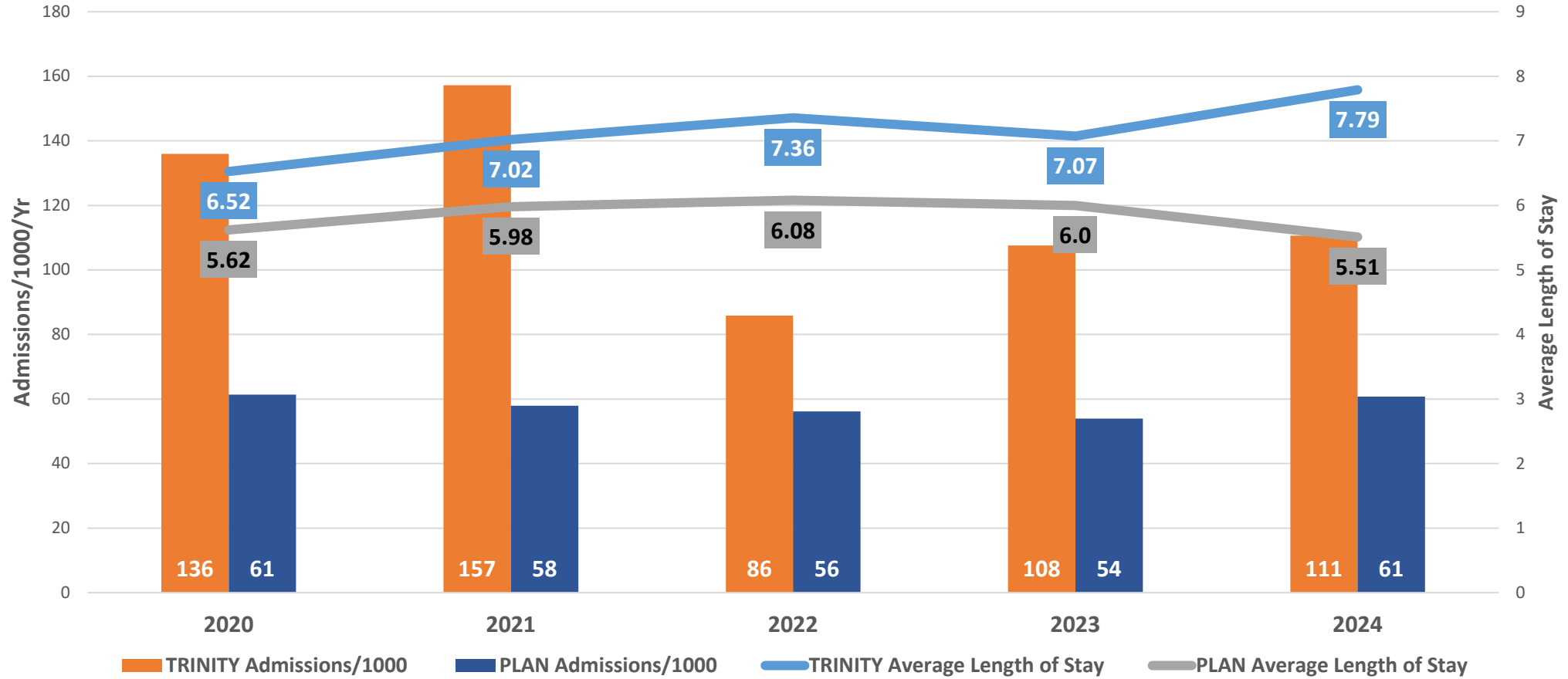
**Region**

- EASTERN
- NORTHERN
- SOUTHERN

Partnership utilization rate goal: under 700 ED visits/1000 PMPY

# Trinity Hospital Use Rates

## Acute Hospital Admissions and Average Length of Stay

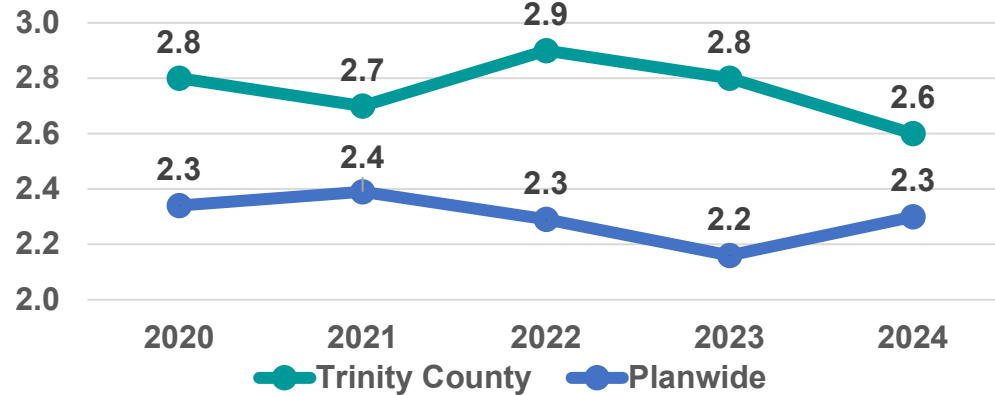


Trinity County hospital length of stay is higher than Plan average for 2020 through 2024.

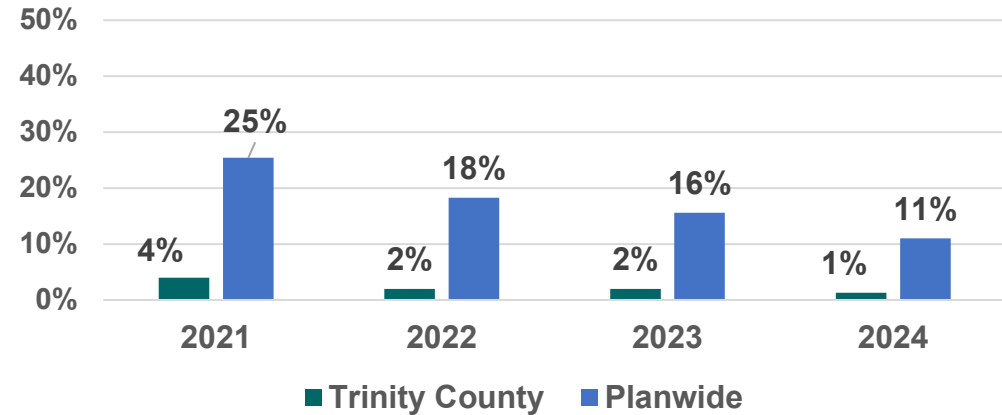
# Trinity Primary Care Visit Rates and Telehealth Trends

**Primary Care Visits/Member/Year**

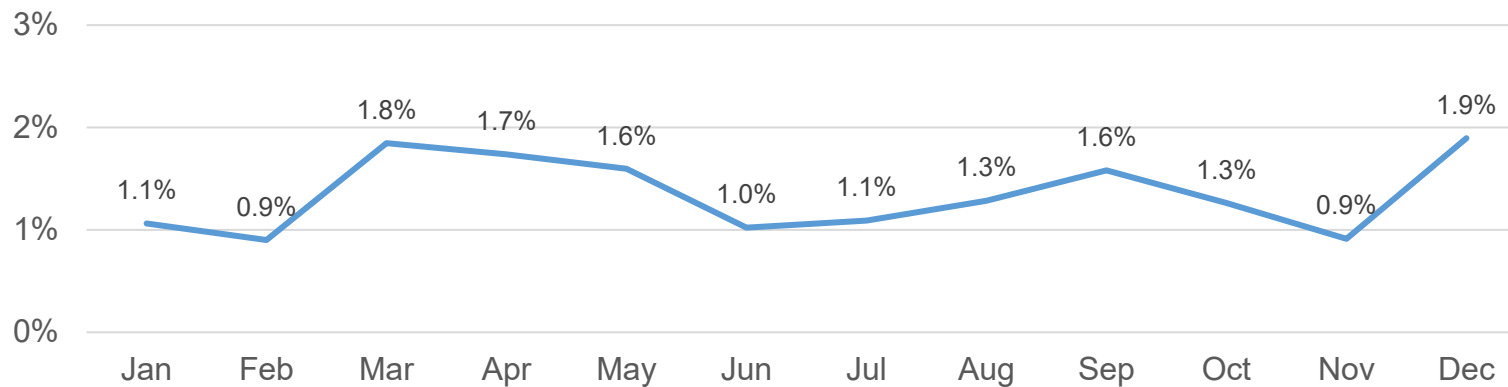
Five Year Trend



**Percent Primary Care Visits by Telehealth**  
Four Year Trend



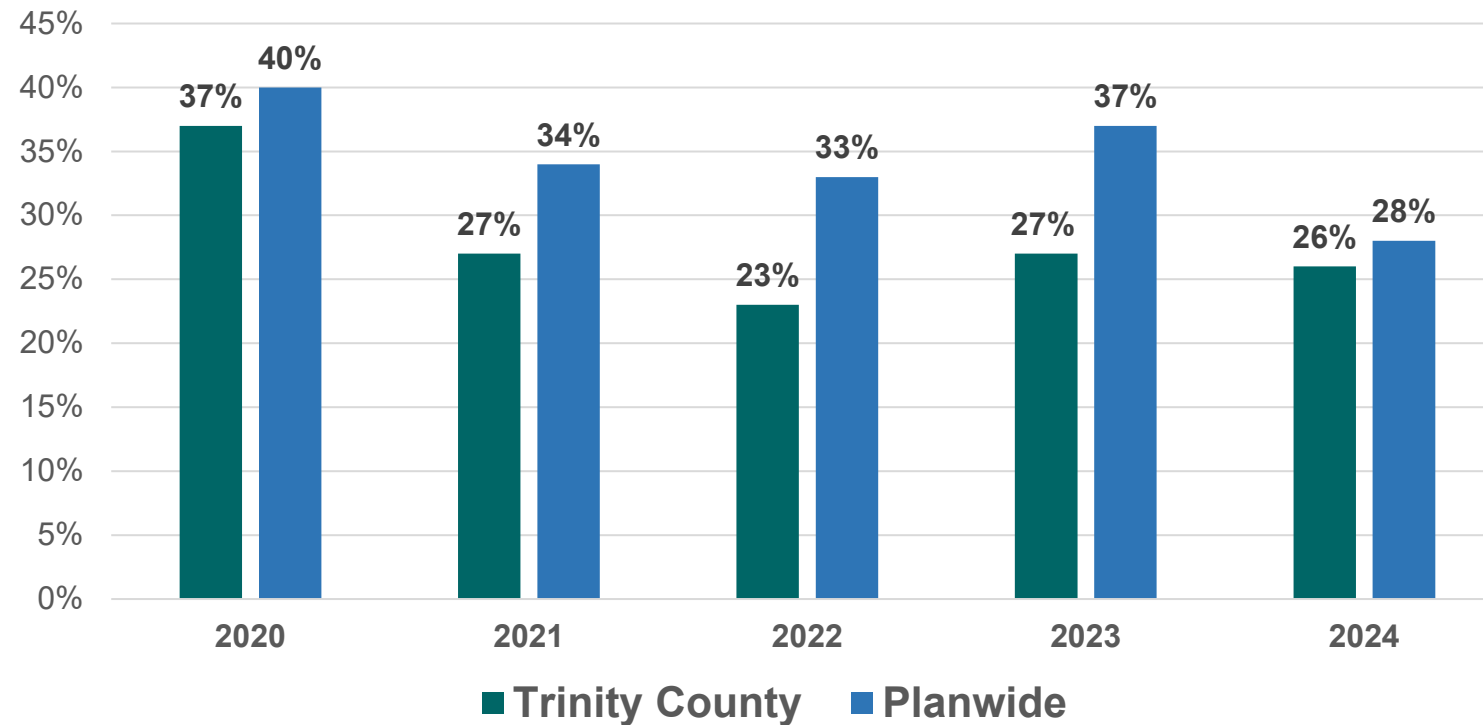
**2024 Telehealth %**



Primary care visits per member per year in Trinity County are greater than the Partnership average. In 2024, 1.3% of total primary care visits were provided through telehealth (video or phone) compared to 11.4% Planwide.

# Trinity Specialty Visits Provided by Telehealth

Percent of Top 8 Specialty Visits Provided by Telehealth  
Five Year Trend



Specialty (Eight Most Commonly Used Telehealth Specialties)	Percent Visits by Telehealth
<b>Partnership CY 2024</b>	
Rheumatology	60%
Psychiatry	57%
Endocrinology	31%
Neurology	22%
Infectious Diseases	20%
Pulmonary Disease	18%
Urology	4%
Dermatology	2%

The provision of specialty care via telehealth remains a major tool to improve access.

# Mental Health Utilization by Region

## Mental Health Utilization Overview

This dashboard shows an overview of mental health utilization of medical & pharmacy services by PHC members. The data presented here combines five data sources: PHC's medical claims, Carelon, County Mental Health, and RX Carveout.

<b>2024</b> Year of DOS	<b>258,611</b> Total Utilizers	<b>3,625,281</b> Total Claims
----------------------------	-----------------------------------	----------------------------------

**Year of Service Date**  
2024

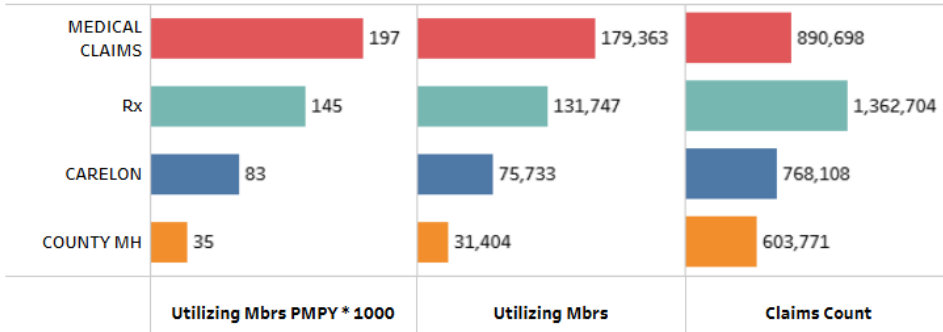
**Office Region**  
(All)

**Mbr County**  
(All)

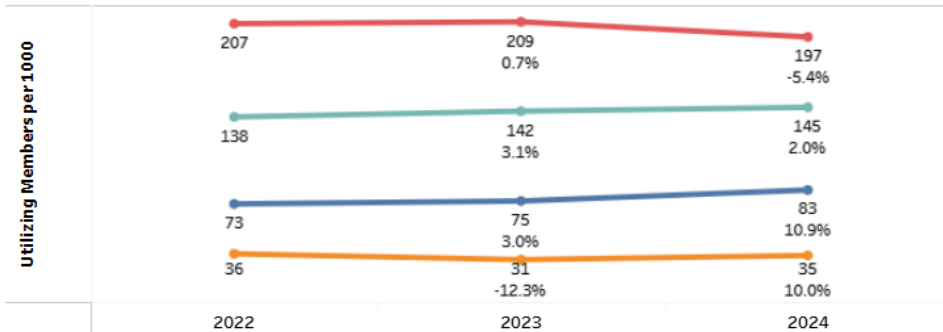
**Source**

- MEDICAL CLAIMS
- Rx
- CARELON
- COUNTY MH

### Utilizer Rates by Data Source for 2024



### Overall Utilizer Rate Trend



### Utilizer Rates by Data Source and Office Region for 2024

Data Source	Office Region	Utilizing Mbrs PMPY * 1000	Utilizing Mbrs	Claims Count
MEDICAL CLAIMS	EUREKA	224	161,310	33,100
	SANTA ROSA	216	185,423	34,009
	REDDING	215	124,282	29,222
	AUBURN	194	91,508	18,412
	CHICO	178	159,965	33,774
	FAIRFIELD	171	168,210	31,329
Rx	REDDING	167	243,665	22,661
	EUREKA	165	240,737	24,334
	AUBURN	160	164,172	15,209
	CHICO	144	295,298	27,197
	SANTA ROSA	132	198,042	20,703
	FAIRFIELD	124	220,790	22,728
CARELON	REDDING	126	188,508	17,112
	EUREKA	104	176,067	15,416
	SANTA ROSA	90	140,003	14,151
	FAIRFIELD	67	105,179	12,309
	AUBURN	61	60,613	5,759
	CHICO	59	97,738	11,224
COUNTY MH	AUBURN	44	120,225	4,187
	CHICO	43	136,379	8,148
	EUREKA	42	127,316	6,160
	REDDING	31	61,564	4,175
	FAIRFIELD	28	81,994	5,215
	SANTA ROSA	23	76,293	3,610

Fairfield Region: Napa, Solano, and Yolo

Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama, and Trinity

Santa Rosa Region: Marin and Sonoma

Auburn Region: Nevada, Placer, Plumas, and Sierra

Chico Region: Butte, Colusa, Glenn, Sutter, and Yuba

Eureka Region: Del Norte, Humboldt, Lake, and Mendocino



# Trinity Mental Health Utilization

## Mental Health Utilization Overview

This dashboard shows an overview of mental health utilization of medical & pharmacy services by PHC members. The data presented here combines five data sources: PHC's medical claims, Carelon, County Mental Health, and RX Carveout.

<b>2024</b> Year of DOS	<b>1,717</b> Total Utilizers	<b>18,729</b> Total Claims
----------------------------	---------------------------------	-------------------------------

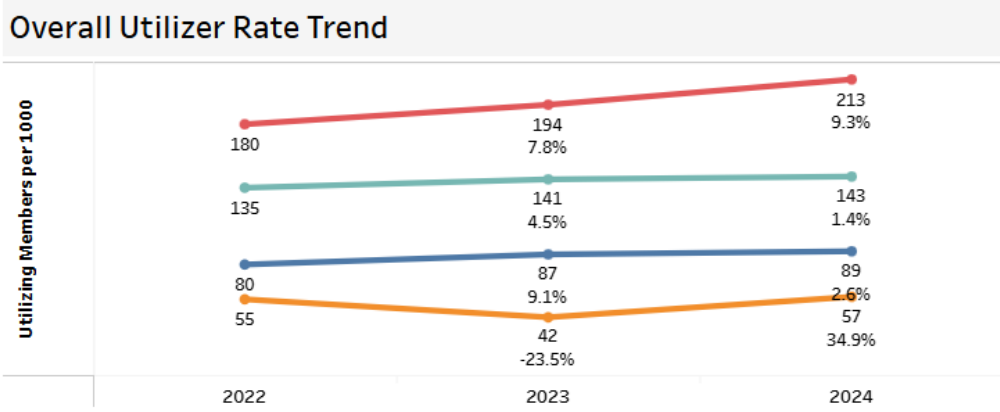
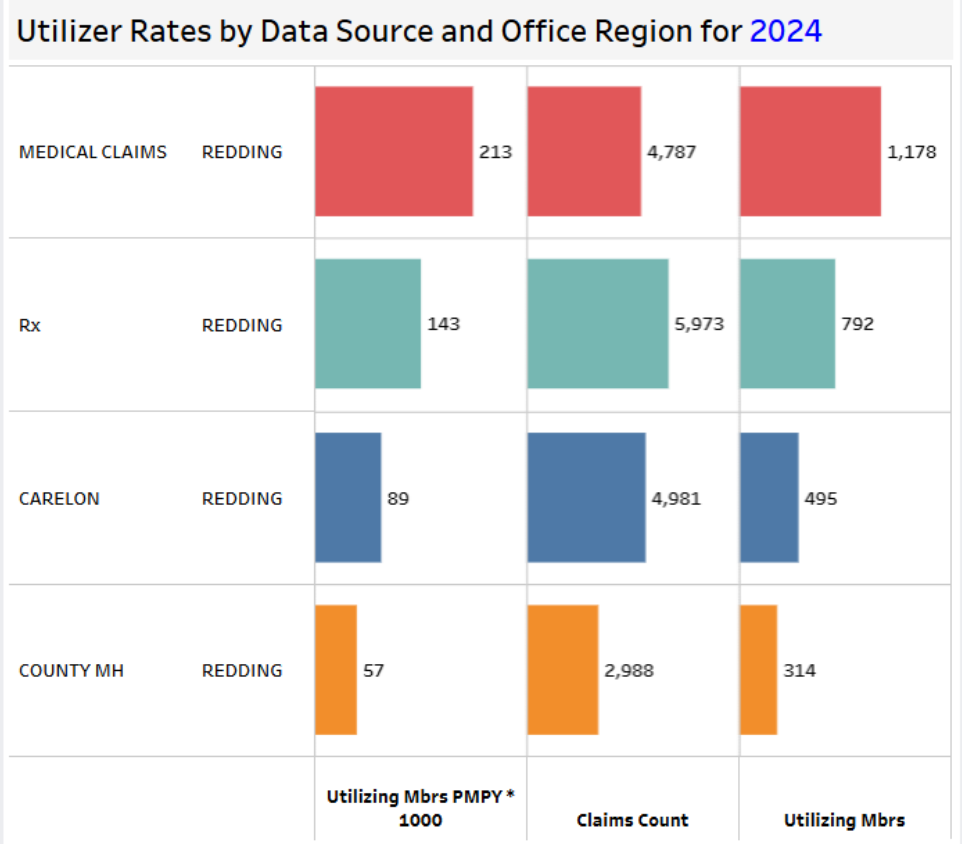
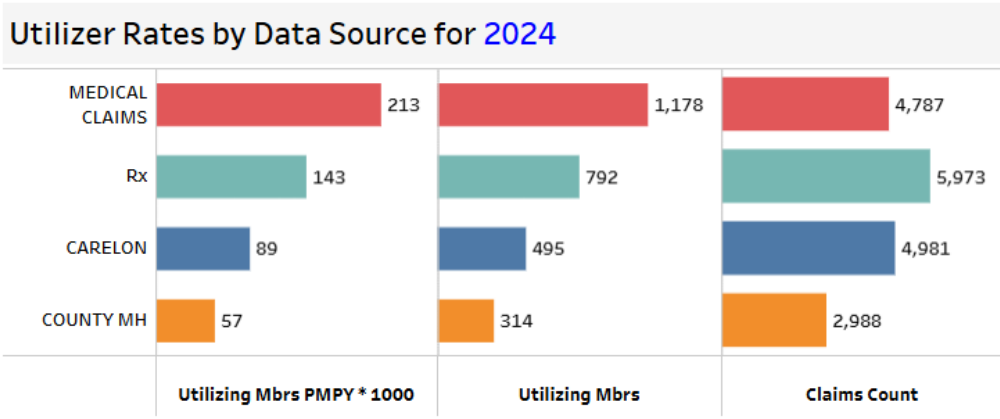
**Year of Service Date**  
2024

**Office Region**  
(All)

**Mbr County**  
TRINITY

**Source**

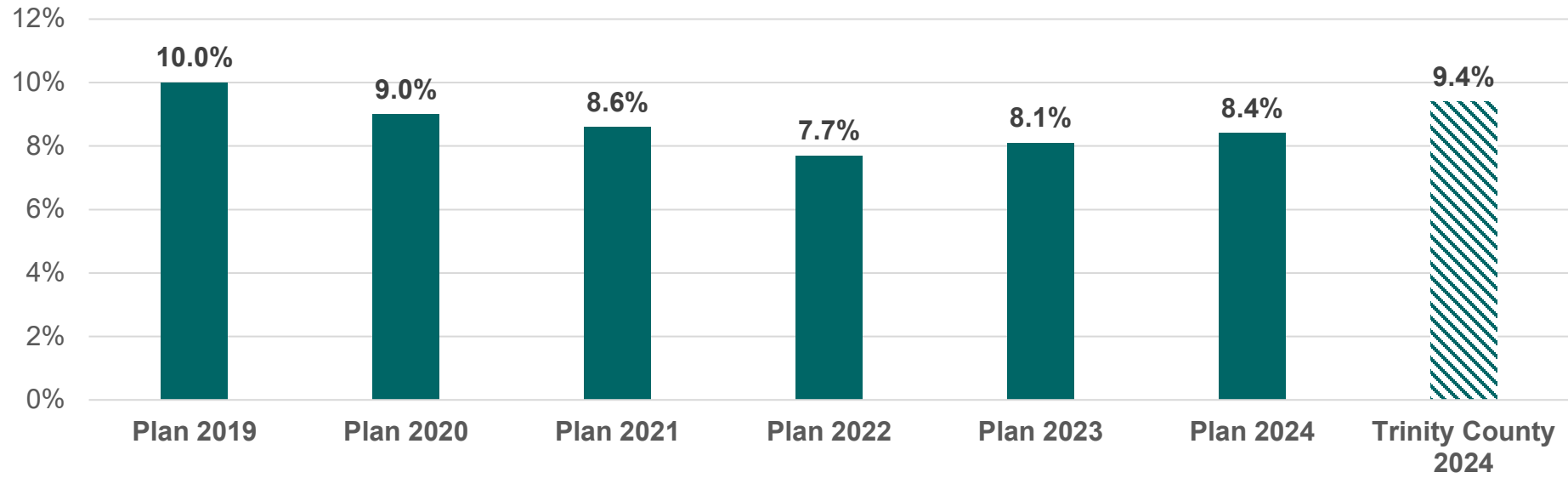
- MEDICAL CLAIMS
- Rx
- CARELON
- COUNTY MH



While region names are used, numbers are for the county specified.

# Trinity Behavioral Health Use (All Ages)

**Percent of Total Members Using Behavioral Health Services**



## Trinity County Utilization Data for 2024

Provider Type	Visits 2024	Avg. Visits per Member
Therapy Services	3,274	10.9
Medical Management	223	3.1
Other	2,092	7.4

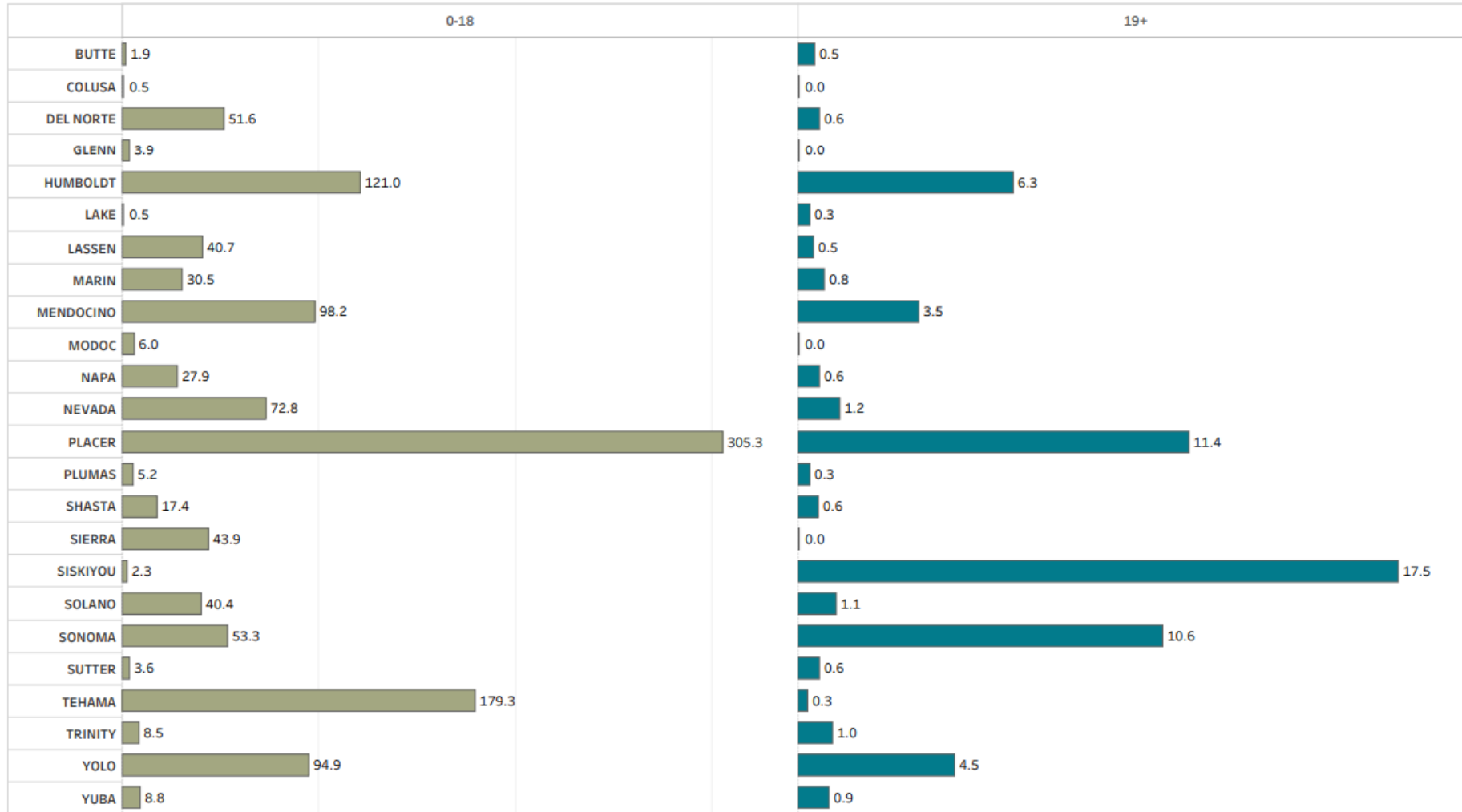
Medical Management represents office visits by non-behavioral health providers, often with the member's PCP.



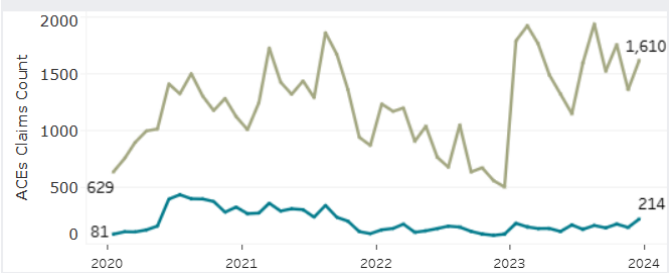
# ACEs Screening Rates

ACEs: Adverse Childhood Events, see [www.acesaware.org](http://www.acesaware.org) for details.

Screening Rates by County (per 1,000 mbrs)



ACEs Screenings Trend, January 2021 to December 2024



# Trinity ACEs Screenings and Member Assignments

Members Assigned to Providers in 2024						
	0-18			19+		
	Annual ACEs Claims Count	Annual PCP Member Months	Annual Screenings Per 1,000 Members	Annual ACEs Claims Count	Annual PCP Member Months	Annual Screenings Per 1,000 Members
EUREKA COMM HEALTH CENTER	8	24,382	3.9			
LASSEN MEDICAL CLINIC	2	11,934	2.0			
HAYFORK COMM HEALTH CLINIC	1	320	37.5	1	754	15.9
REDWOOD COMM HEALTH CENTER				1	3,843	3.1
FORTUNA COMM HEALTH CENTER				1	2,229	5.4



# Obstetrics/Maternity Data

# Trinity Maternity Data and Resources

- **Trinity Hospitals with maternity services (does not include Kaiser):**
  - N/A. Primary Delivery Hospital: Mercy Medical Center Redding
- **Trinity County births by residence of mother: 94**
  - Source: CDPH
- **Trinity County Partnership member deliveries by residence of mother: 59**
- **Trinity CPSP/PHPS Patients *in 2024*: 21**
- **Trinity prenatal care providers:** Redding Rancheria – Trinity Health Center
- **Trinity prenatal care providers:** No known prenatal care in county

If you have corrections for this info, please email:  
[rmoore@partnershiphp.org](mailto:rmoore@partnershiphp.org),  
[llago@partnershiphp.org](mailto:llago@partnershiphp.org), or  
[ctownsend@partnershiphp.org](mailto:ctownsend@partnershiphp.org).



# Maternity Data by Provider

HOSPITAL NAME	County	City	NTSV C-Section Rate			Breastfeeding Rate (CDPH)			Episiotomy Rate			VBAC Rate			VBAC Routinely Available	Certified Nurse Midwife Delivery Rate		Early Elective Delivery		
			Denominator	Score [%]	Rating	Denominator	Score [%]	Rating	Denominator	Score [%]	Rating	Denominator	Score [%]	Rating	Yes/No	Denominator	Score [%]	Denominator	Score [%]	Rating
Marin Health Medical Center	Marin	Greenbrae	520	17.9	Superior	1357	84.3	Above Average	1091	0.5	Above Average	194	40.2	Superior	Yes	1453	46.2	46	2.1	Below Average
Santa Rosa Memorial Hospital	Sonoma	Santa Rosa	258	20.5	Above Average				529	0.8	Above Average	134	39.6	Superior	Yes	767	45.4	66	7.58	Below Average
Sutter Santa Rosa	Sonoma	Santa Rosa	501	23.4	Average				976	1.1	Average				No	1451	0.8			
Dignity Health Woodland Memorial Hospital	Yolo	Woodland	172	22.1	Average	449	80.4	Above Average	332	0.9	Above Average				No	489	0	34	0	Above Average
NorthBay Medical Center	Solano	Fairfield	398	25.4	Below Average				875	0.7	Above Average	219	18.3	Average	Yes	1326	0	97	0	Above Average
Providence Queen of the Valley Medical Center	Napa	Napa	234	20.5	Above Average	574	72	Average	544	1.5	Average	143	28.7	Above Average	Yes	797	0	51	1.96	Below Average
Sutter Davis	Yolo	Davis	449	14.5	Superior				989	1.4	Average	151	31.8	Above Average	Yes	1240	60.2			
Tahoe Forest Hospital	Nevada	Truckee	147	16.3	Superior				246	1.2	Average				No	359	0	5	0	Above Average
Sutter Roseville	Placer	Roseville	867	25.7	Below Average				1723	3	Average	336	15.5	Average	Yes	2477	0			
Dignity Health Sierra Nevada Memorial Hospital	Nevada	Grass Valley	110	30	Below Average	313	90.1	Superior	215	4.2	Average				No	324	4.9			
Adventist Health Clear Lake	Lake	Clearlake	38	15.8	Superior				92	2.2	Average				No	131	0	99	0	Above Average
Adventist Health Ukiah Valley	Mendocino	Ukiah	228	18.9	Above Average	714	77.2	Above Average	501	1	Average	105	14.3	Average	Yes	701	50.1	44	0	Above Average
Sutter Coast	Del Norte	Crescent City	63	17.5	Superior				146	2.1	Average				No	209	0			
Sutter Lakeside	Lake	Lakeport	54	25.9	Below Average				138	1.4	Average				No	200	0			
Providence St. Joseph Hospital Eureka	Humboldt	Eureka	217	24	Below Average	610	85.3	Above Average	457	5	Below Average	91	15.4	Average	Yes	660	15.6	53	0	Above Average
Mad River Community Hospital (closed Oct 31)	Humboldt	Arcata	141	19.9	Above Average				255	1.6	Average				No	356	19.4	14	0	Above Average
Banner Lassen Medical Center	Lassen	Susanville	68	14.7	Superior				141	6.4	Below Average				No	197	0	23	0	Above Average
Dignity Health Mercy Medical Center Mount Shasta	Siskiyou	Mount Shasta	53	18.9	Above Average	102	80.4	Above Average	116	2.6	Average				No	156	0	11	9.09	Below Average
Dignity Health Mercy Medical Center Redding	Shasta	Redding	546	22.2	Average	1519	78.5	Above Average	1126	2.3	Average				No	1688	0	89	2.25	Below Average
Dignity Health St. Elizabeth Community Hospital	Tehama	Red Bluff	189	21.7	Above Average	519	75	Average	380	2.4	Average				No	540	16.1	53	0	Above Average
Fairchild Medical Center	Siskiyou	Yreka	49	32.7	Below Average				89	4.5	Average	27	22.2	Average	Yes	156	0	8	12.5	Below Average
Adventist Health Rideout Hospital	Yuba	Marysville	504	24.4	Below Average				1127	1.6	Average	275	10.5	Average	Yes	1705	0.1			
Oroville Hospital	Butte	Oroville			Not Rated			Not Rated			Not Rated					~500				Not Rated
Enloe Medical Center - Esplanade Campus	Butte	Chico	648	18.2	Superior	1729	87.5	Above Average	1408	0.5	Above Average	285	25.3	Above Average	Yes	1913	14.3	45	0	Above Average

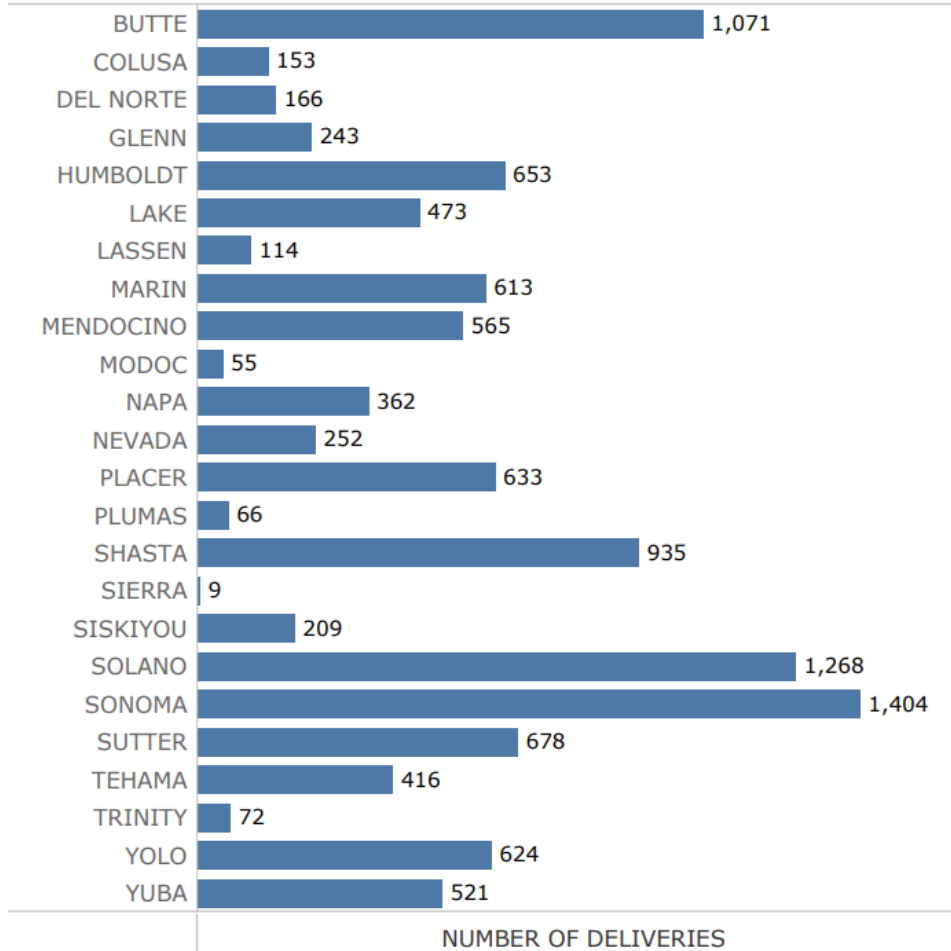
Key:	NTSV C-section	Breastfeeding at discharge	Episiotomy Rate	VBAC rate	CNM delivery rate	Early Elective Delivery
Above Avg	<21.9%	>75%	<1.2%	>25%	>10%	<1%
Avg	22-23.6%	70-75%	1.5 - 5.0%	10 - 25%		1-2%
Below Avg	>23.6%	<70%	>5.0%	<10%	<10%	>2%

Data source: California Hospital Quality Compare (data from CMQCC), 2023. For Elective Early Delivery, only hospitals who participated in the Perinatal QIP are shown.

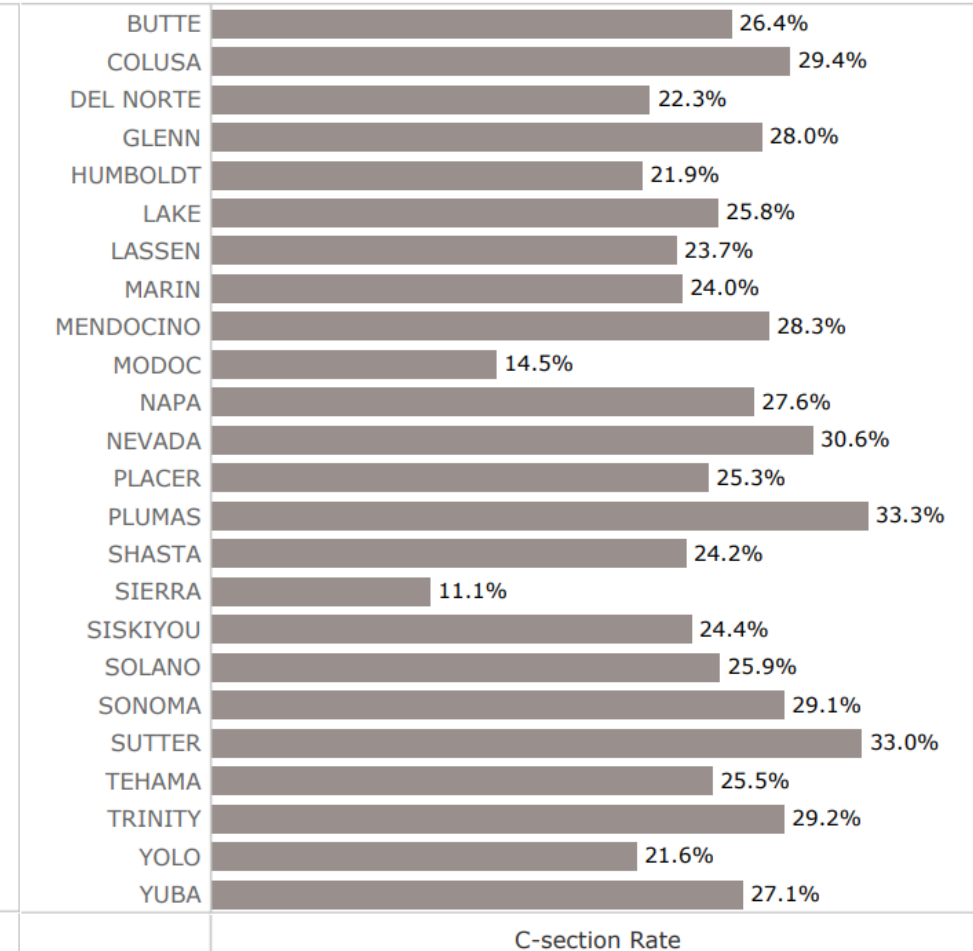


# Member Deliveries

**Deliveries by County**



**Deliveries by County**



In 2024, Partnership members had a total of 11,555 deliveries, an average length of stay (ALOS) of 2.76 days, and a C-section rate of 26.3%.



# Substance Use Disorder (SUD) Data



# Trinity Substance Use Disorder Claims

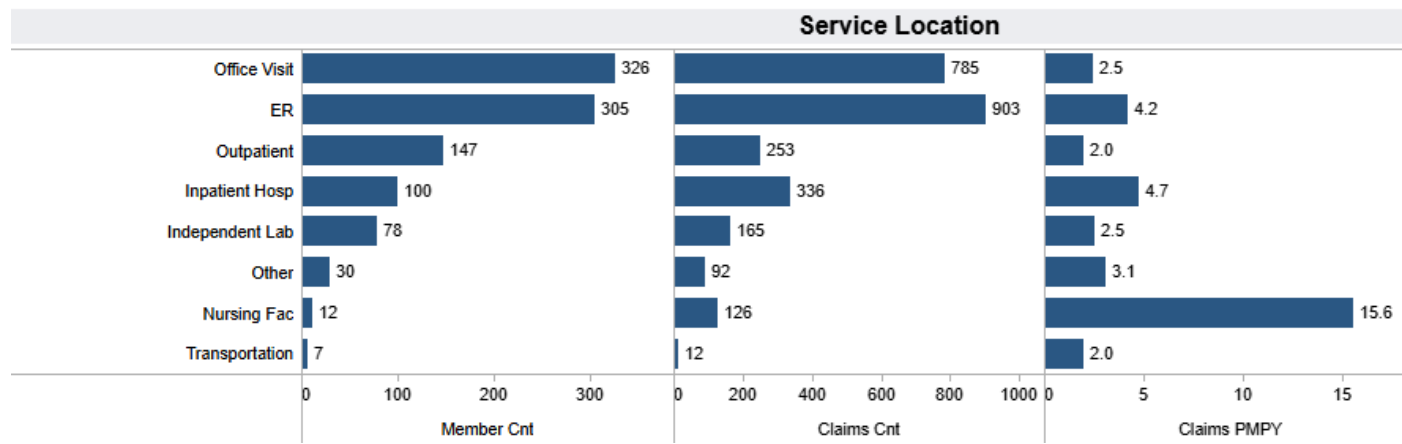
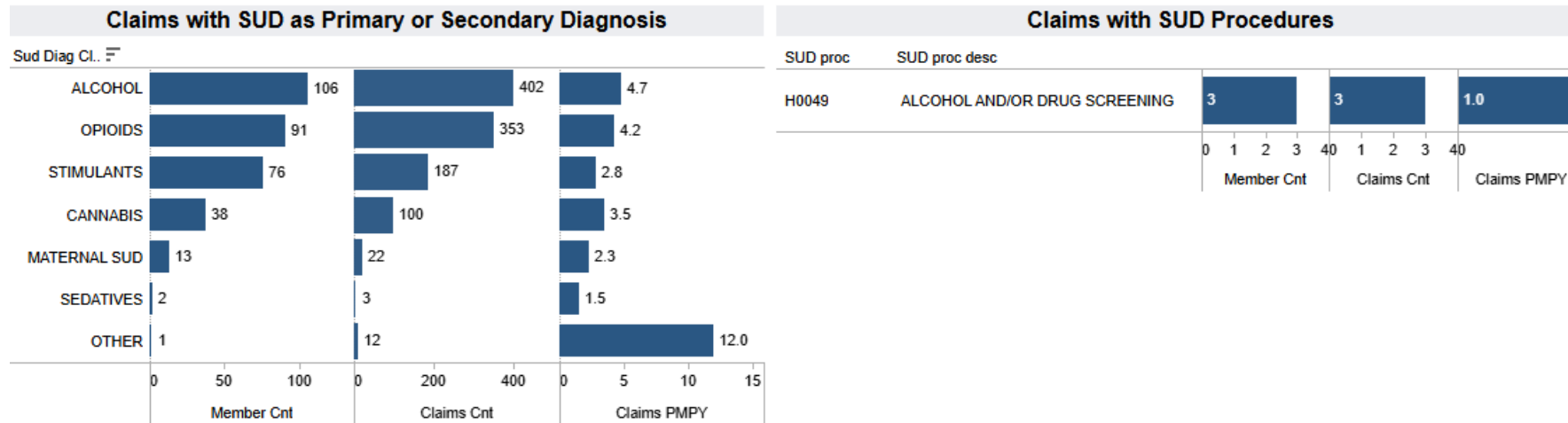
## Paid Claims with Substance Use Disorder Diagnoses or Procedures

This view shows information on all the medical claims paid by PHC that had at least one substance use disorder diagnosis or procedure code in any position in the claim summarized by year and substance type, procedure, and service location.

Member Count: **613** Claims Count: **2,669**

Year of Service: 2024 |
 Choose Location Level: Mbr County |
 Choose Location: TRINITY |
 Homelessness: (All) |
 Age Group: (All) |
 Risk Class: (All) |
 Kaiser Status: NOT KAISER

Click on any bar or header below to filter on.

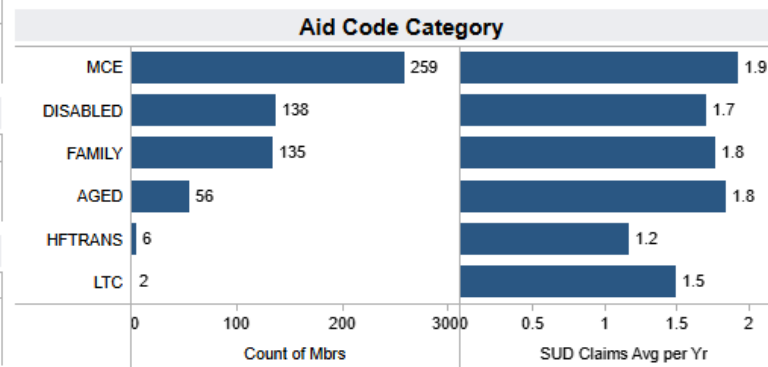
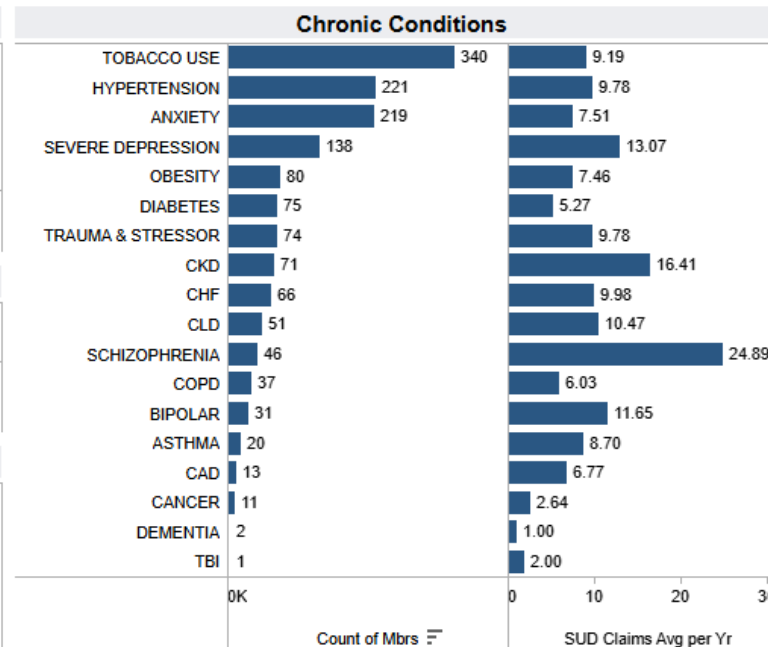
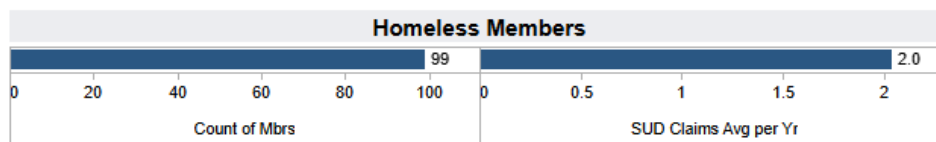
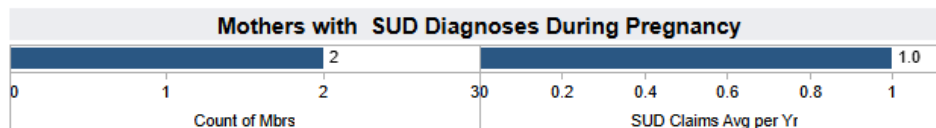
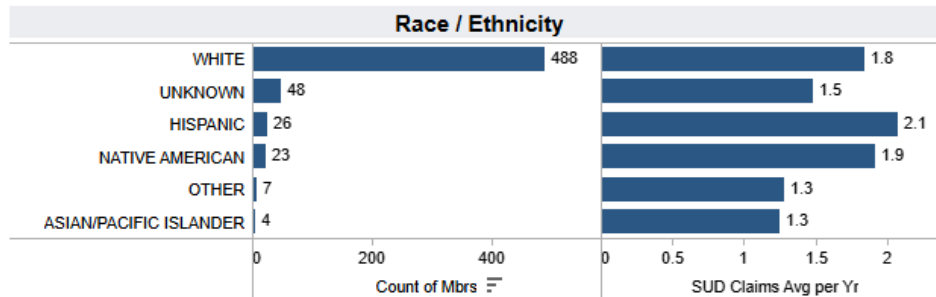
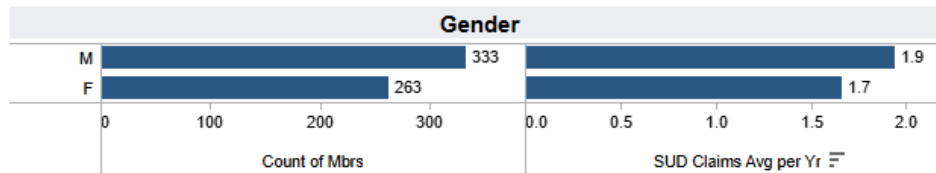
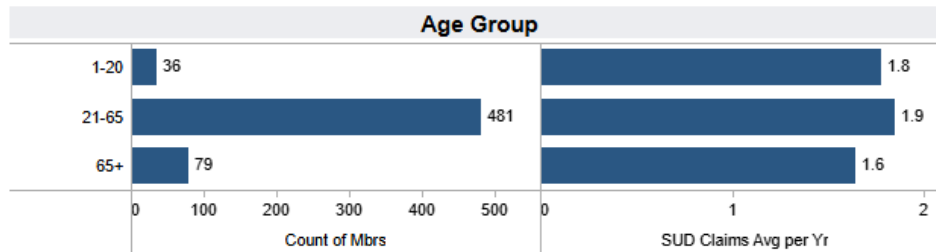


# Trinity Demographics of Members Diagnosed with SUD

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Year: 2024 | Choose Location Level: Mbr County | Choose Location: TRINITY | Homelessness: (All) | Risk Class: (All) | Kaiser Status: NOT KAISER

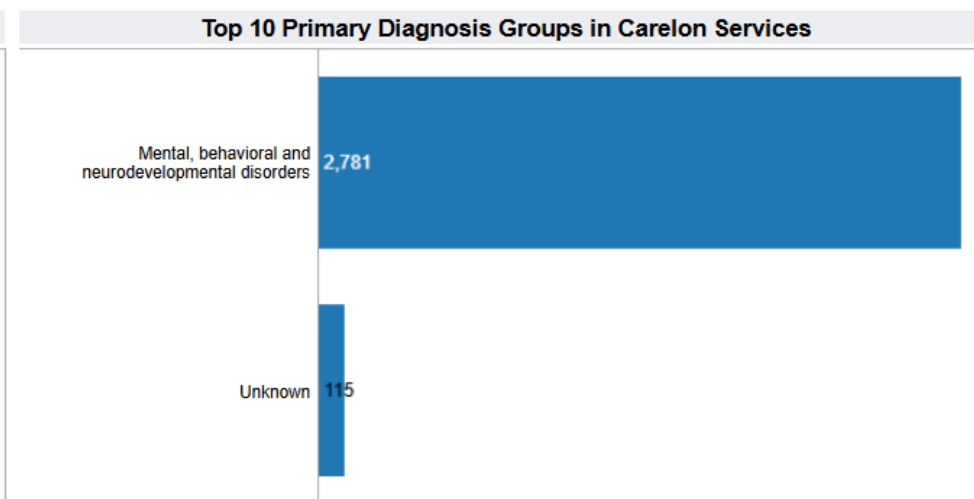
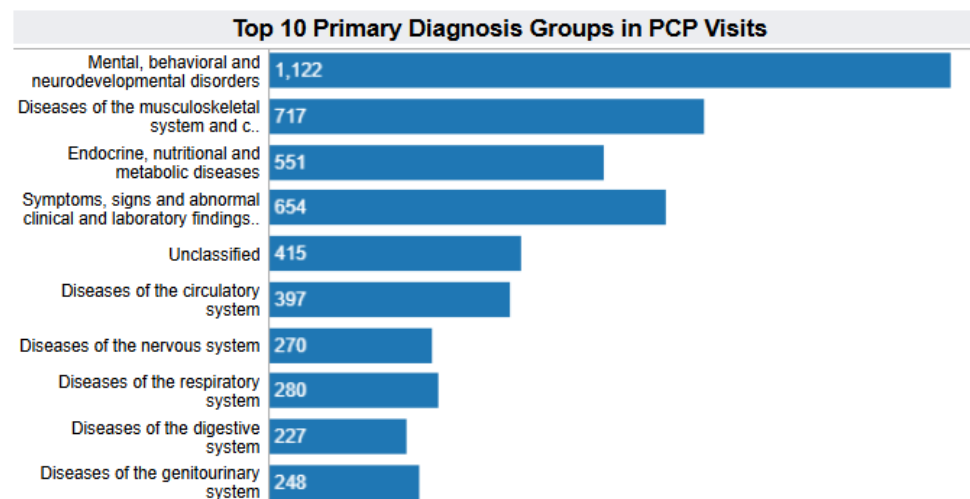
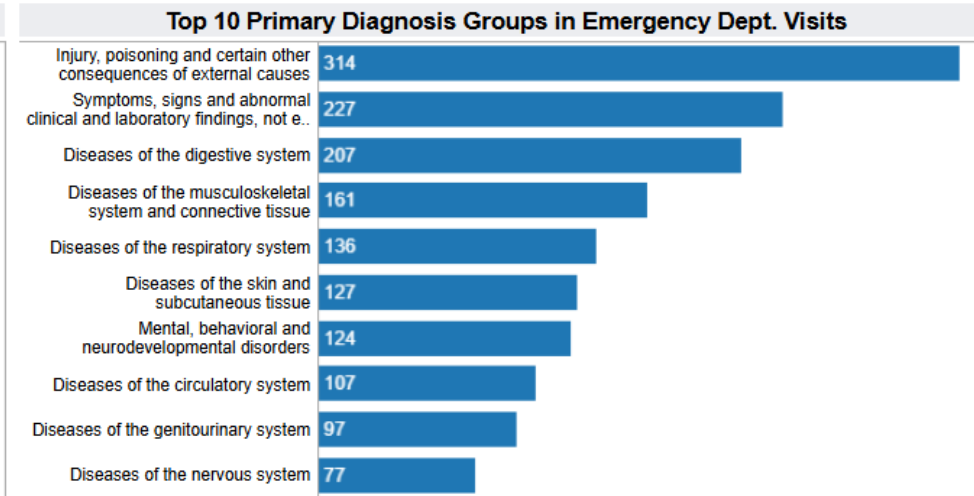
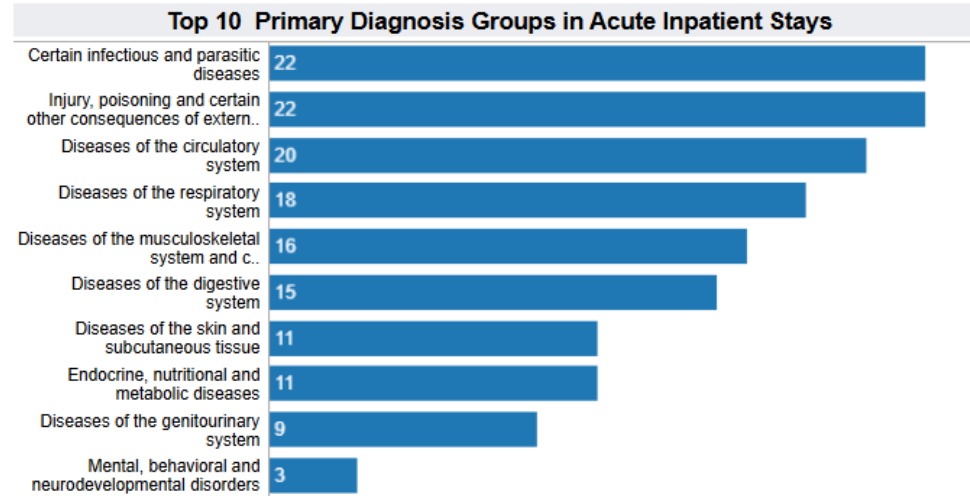


# Trinity Top Reasons Members with SUD Used Health Services

## Top Reasons Members with SUD Saw Health Services

This view compares the top chief complaints of members previously diagnosed with SUD who received care in different provider settings (acute hospitals, ED, PCPs and mild-to-moderate mental health providers) in a yearly basis.

Year: 
 Choose Location Level: 
 Choose Location: 
 Age Group:

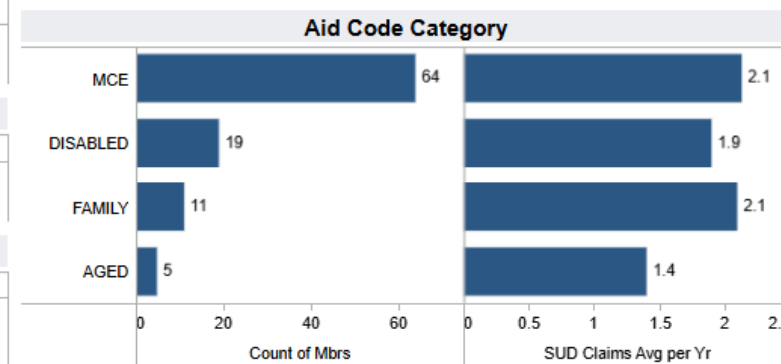
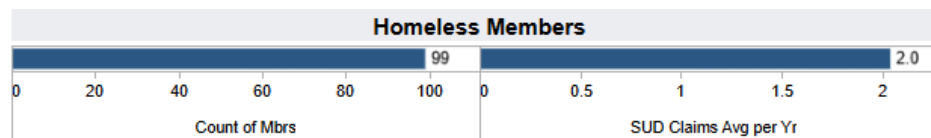
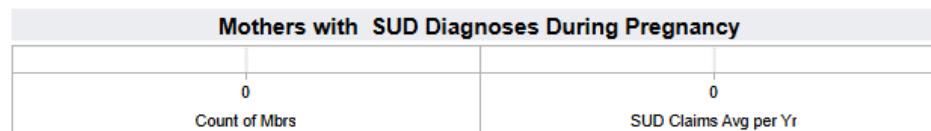
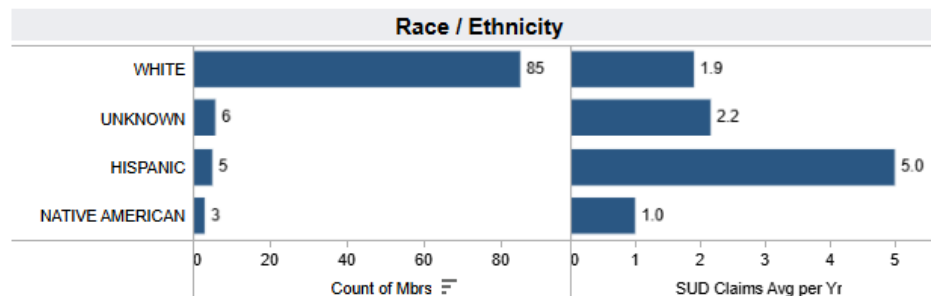
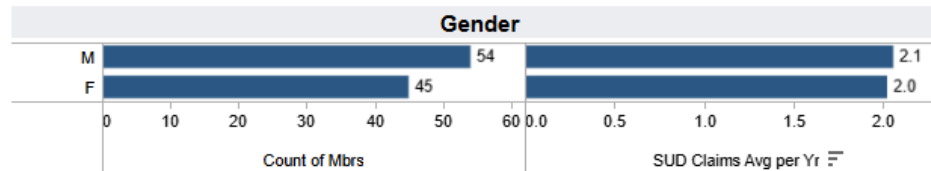
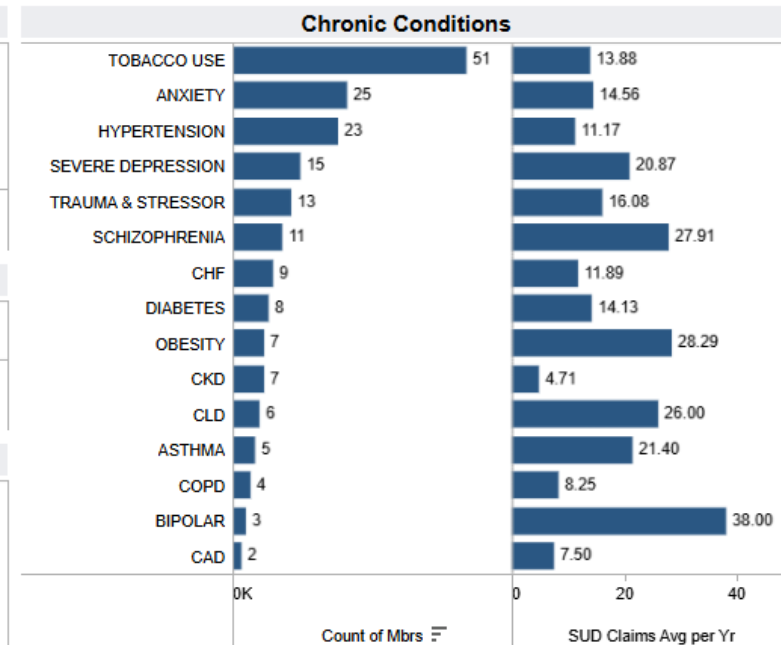
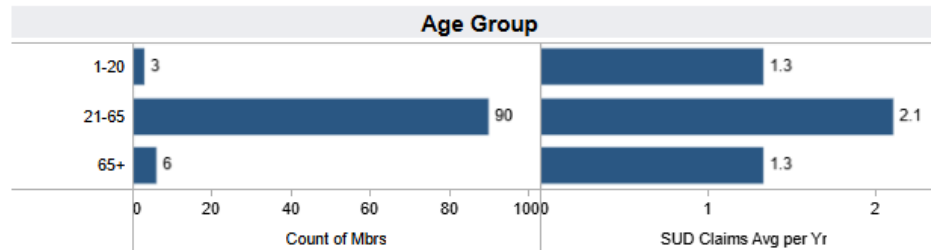


# Trinity Homeless with SUD

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Year: 2024 | Choose Location Level: Mbr County | Choose Location: TRINITY | Homelessness: Y | Risk Class: (All) | Kaiser Status: NOT KAISER



\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

# Trinity Homeless and SUD Utilization

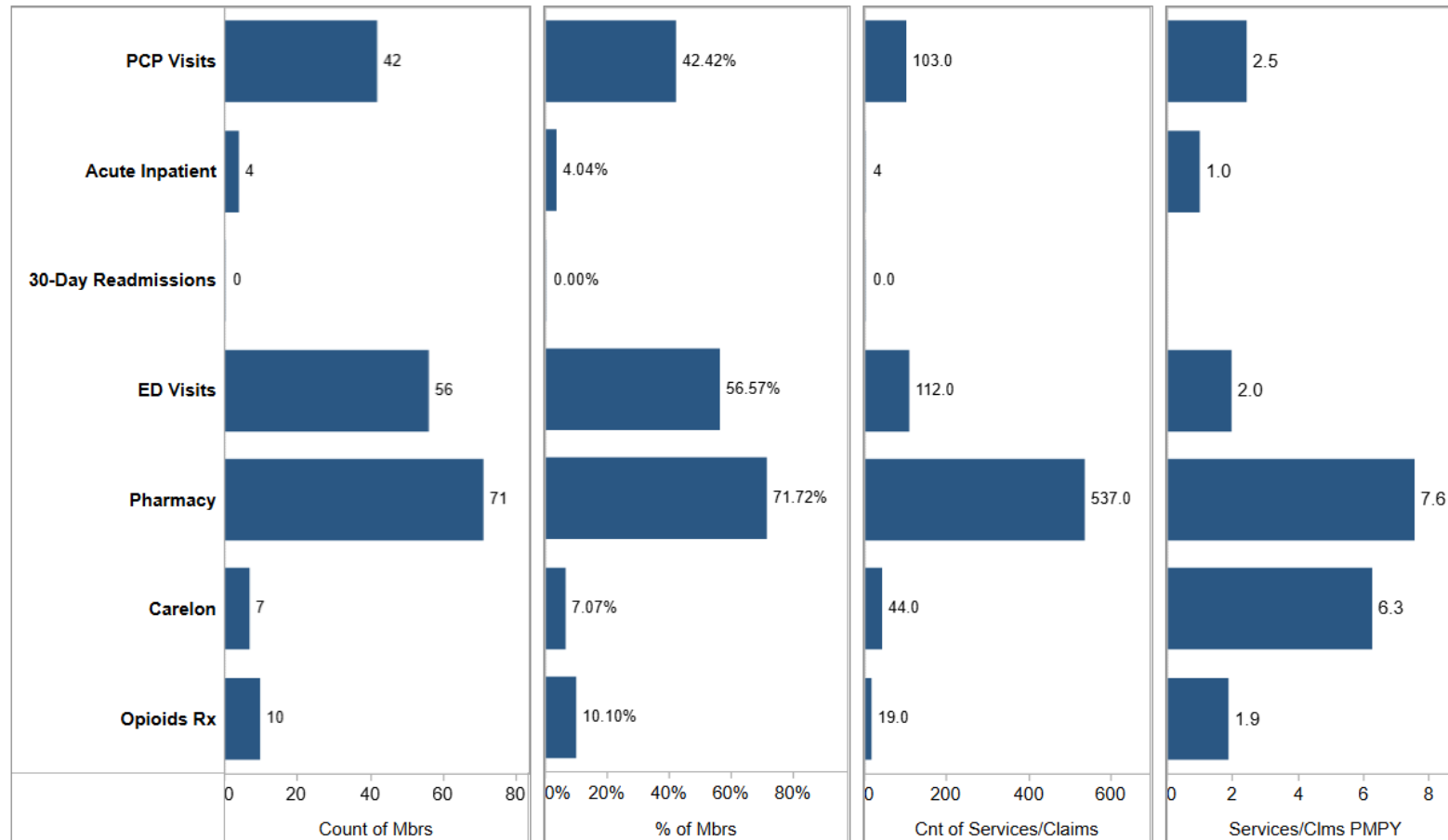
## Services Utilized by Members Diagnosed with Substance Use Disorder

Data Sources: Medical claims (Amisys), MedImpact claims, State Drug Carveout claims, Beacon claims, Membership data

This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.

Year of Service: 2024 | 
 Choose Location Level: Mbr County | 
 Location: TRINITY | 
 Homelessness: Y | 
 Age Group: (All) | 
 Kaiser Status: NOT KAISER

Utilization Summary by Type of Service



\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

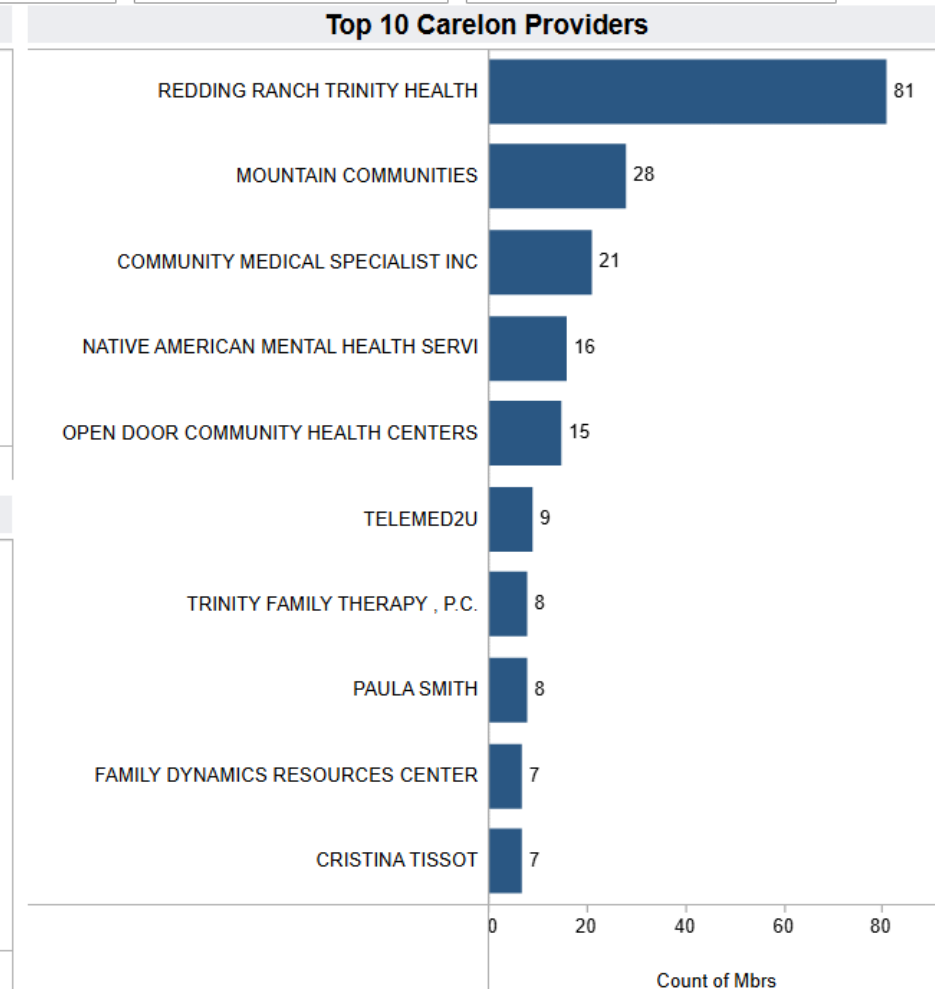
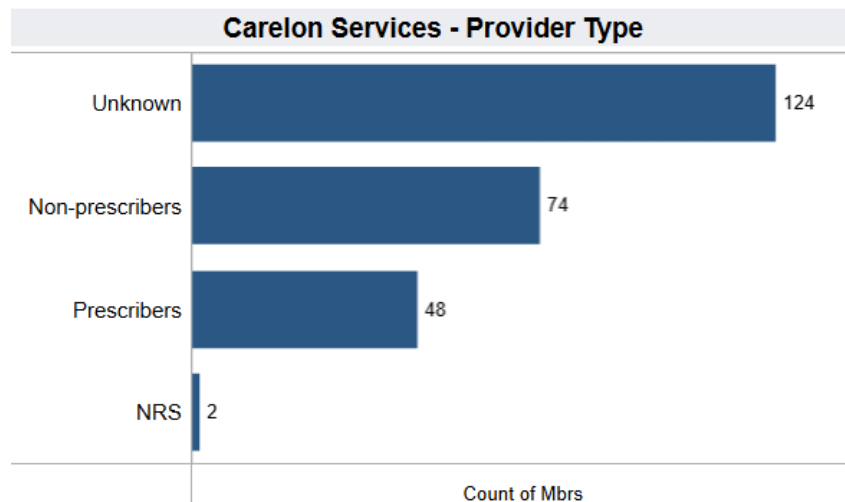
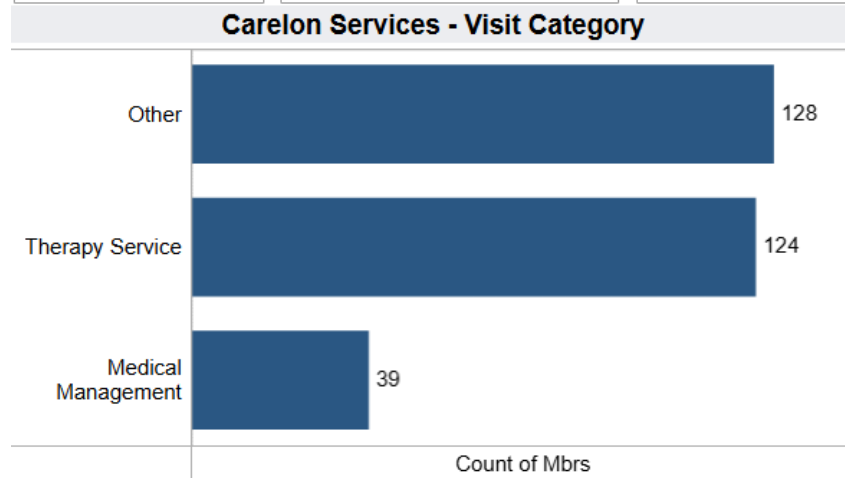
# Trinity Behavioral Health Services Used by Patients with SUD

## Behavioral Services Utilized by Members Diagnosed with Substance Use Disorder

Data Sources: State Drug Carveout claims, Beacon claims, Membership data

This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.

Year of Service Date: 2024  
 Choose Location Level: Mbr County  
 Location Selector: TRINITY  
 Homelessness: (All)  
 Age Group: (All)



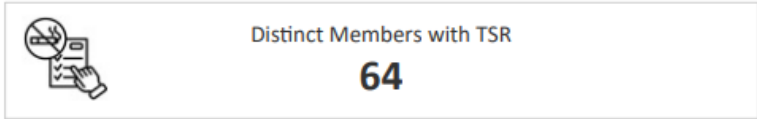
Medical Management represents office visits by non-behavioral health providers, often with the member's PCP.

# Trinity Tobacco Screening and Referral by Demographics

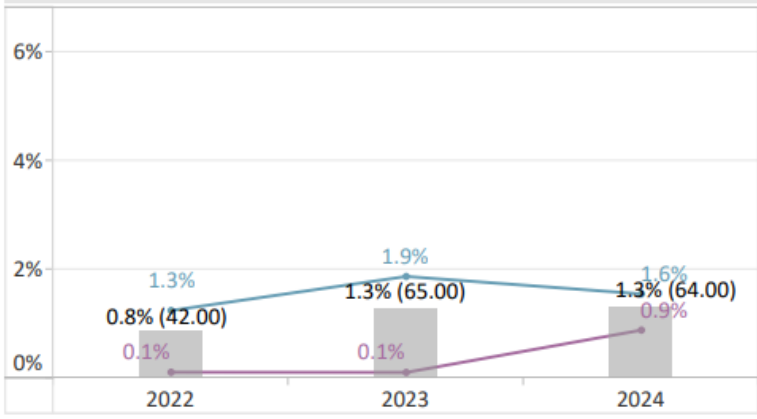
## Annual Percentage of Tobacco Screening and Referral to Treatment by Member Demographics

This dashboard summarizes the annual percentage of members with tobacco screening and referral to treatment by their demographics

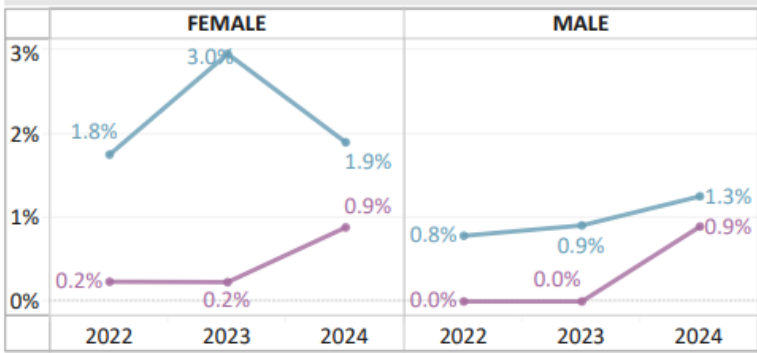
<b>Member County</b> TRINITY	<b>Year</b> 2024	<b>Age Group</b> ADULT PEDIATRIC
---------------------------------	---------------------	-------------------------------------



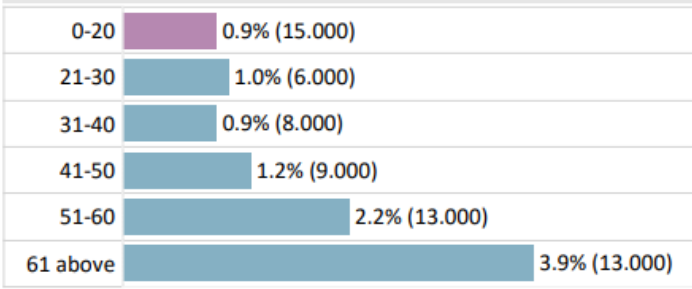
### Overall Trend By Age Group



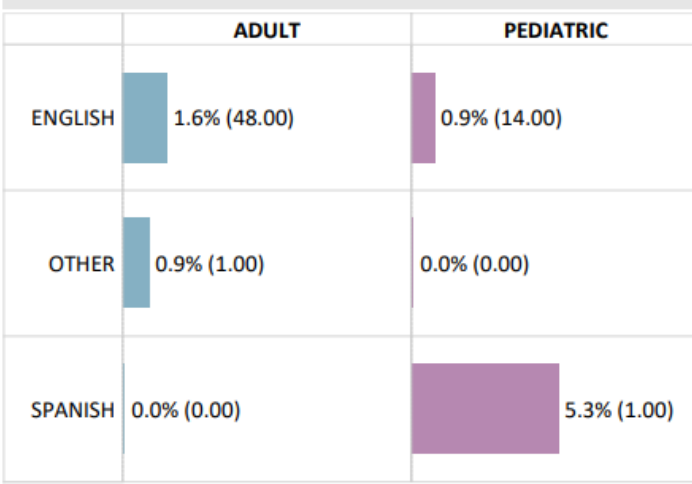
### Trend by Gender and Age Group



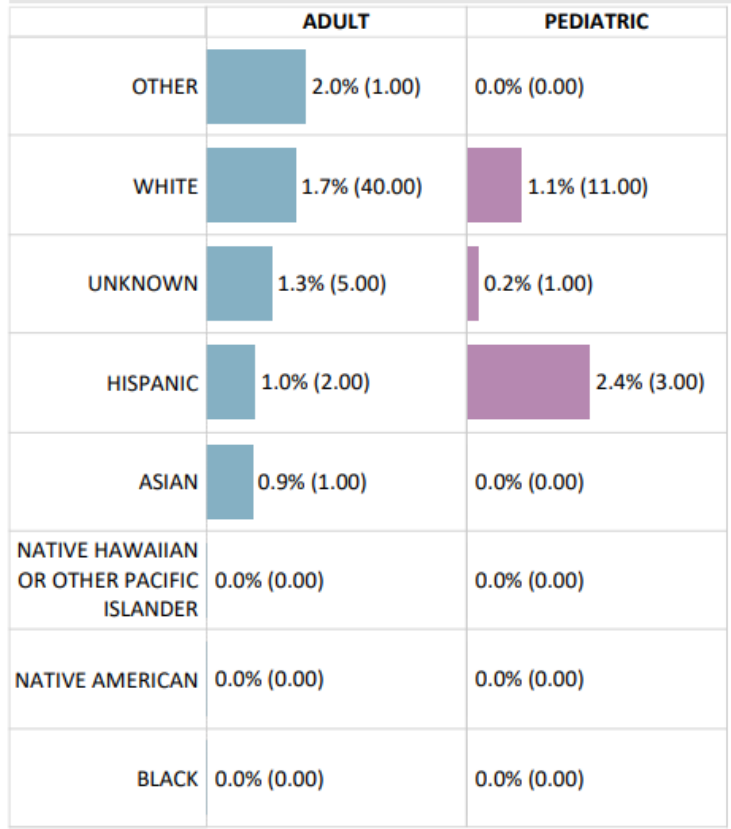
### Percentage of TSR in 2024 by Age Group



### Percentage of TSR in 2024 by Language



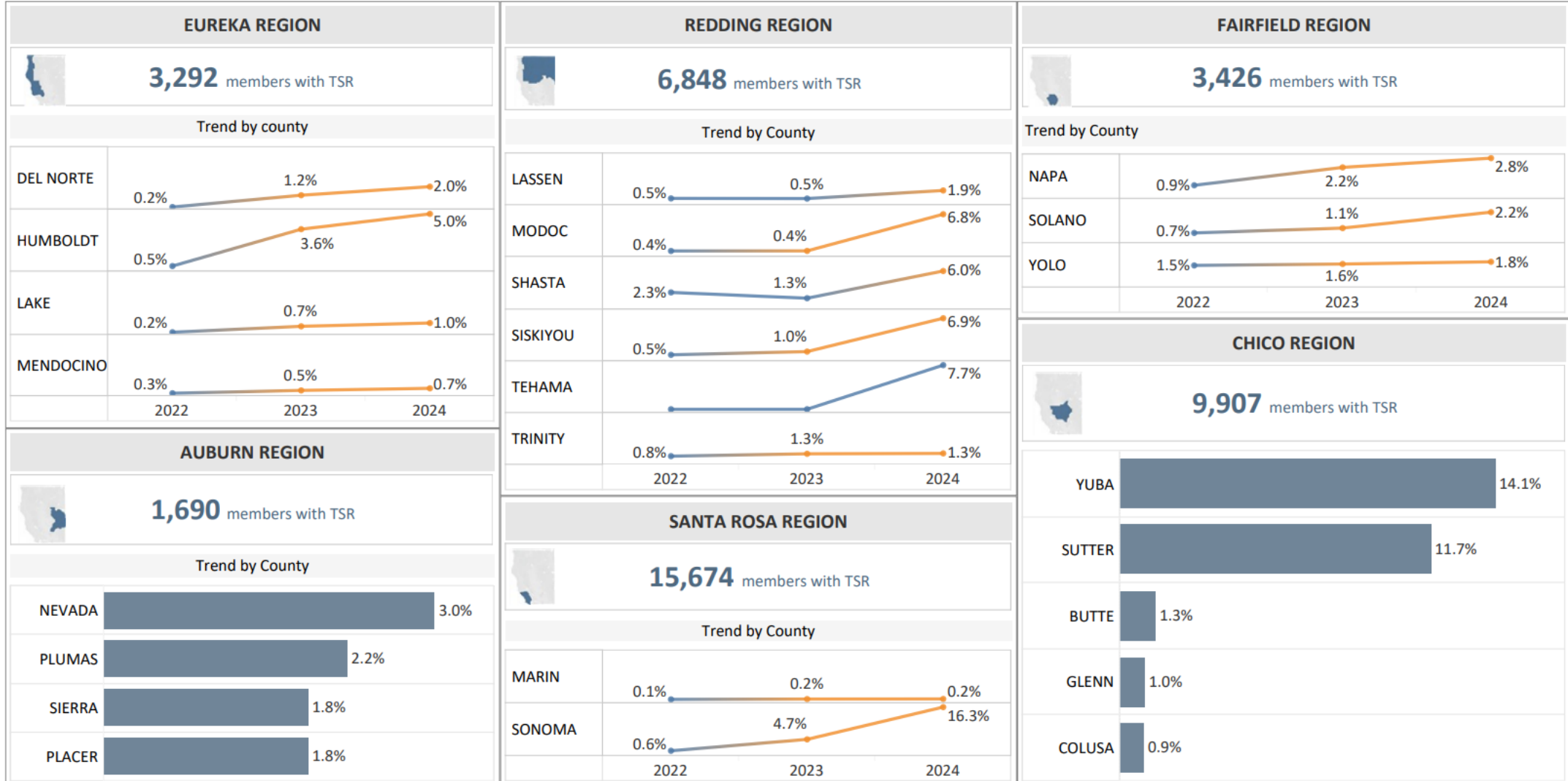
### Percentage of TSR in 2024 by Race



# Tobacco Screening and Referral by Region and County

## Annual Percentage of Tobacco Screening and Referral to Treatment by Region and County

This view summarizes the annual percentage of members with tobacco screening and referral to treatment by member region and county. KPI's represent the metrics for CY 2024.






# Trinity Tobacco Screening and Referral by PCP

## Annual Percentage of Tobacco Screening and Referral to Treatment by PCP

This report summarizes the annual percentage of members with tobacco screening and referral to treatment by their PCP. KPI's represent the metrics for CY 2024.

Office Regions: (All) | Member County: TRINITY | Age Group: (All) | PCP Full Name: (All)

 <p>Distinct Members with TSR</p> <p><b>64</b></p>	 <p>PCP's with TSR Members</p> <p><b>13 (85%)</b></p>	 <p>Average number of members with TSR per PCP</p> <p><b>5</b></p>
---	--	---

### By Member assigned PCP

	2022		2023		2024	
	Members with TSR	%	Members with TSR	%	Members with TSR	%
TRINITY COMM HEALTH CLINIC	16	0.9%	15	0.9%	21	1.4%
REDDING RANCH TRINITY HEALTH	14	1.2%	13	1.0%	10	0.7%
HAYFORK COMM HEALTH CLINIC	7	0.6%	10	0.8%	9	0.8%
WILLOW CREEK COMM HLTH CTR	0	0.0%	8	3.2%	8	3.1%
SOUTHERN TRINITY HEALTH	0	0.0%	9	4.3%	5	2.8%
SHASTA COMM HEALTH CENTER	1	0.8%	1	0.9%	4	3.5%
WECARE AT SCOTIA BLUFFS	0	0.0%	0	0.0%	1	11.1%
KIMAW MEDICAL CENTER	1	3.3%	0	0.0%	1	3.4%
FORTUNA FAMILY MEDICINE INC					1	50.0%
FORTUNA COMM HEALTH CENTER	0	0.0%	2	16.7%	1	9.1%
ARCATA COMM HEALTH CENTER			0	0.0%	1	7.1%
ANDERSON WALK IN CLINIC	0	0.0%			1	14.3%
ANDERSON FAMILY HLTHCTR	0	0.0%	0	0.0%	1	8.3%



# County Disparities Data



# Trinity Top Disparities Below Minimum Performance Level

## Breast Cancer Screenings:

- Native American: 2.6% Below MPL
- Hispanic: 2.6% Below MPL
- White: 3.82% Below MPL
- \*Black: 52.6% Below MPL**
- \*East Asian: 52.6% Below MPL**
- \*South Asian: 52.6% Below MPL**

## Colorectal Cancer Screenings:

- Hispanic: 7.51% Below MPL
- Southeast Asian: 10.8% Below MPL
- Native American: 17.56% Below MPL
- \*South Asian: 38.07% Below MPL**

## Cervical Cancer Screening:

- White: 4.26% Below MPL
- Asian/Pacific Islander: 7.11% Below MPL
- Native American: 10.96% Below MPL
- Black: 17.11% Below MPL
- \*South Asian: 57.11% Below MPL**
- \*East Asian: 54.77% Below MPL**

## Well-Care Visits:

- Asian/Pacific Islander: 5.96% Below MPL
- Southeast Asian: 8.07% Below MPL
- \*South Asian: 48.07% Below MPL**
- \*East Asian: 48.07% Below MPL**
- \*Black: 48.07% Below MPL**

## Diabetes Mellitus Poor Control (A1c >9%):

- \*East Asian: 37.96% Below MPL**
- \*South Asian: 37.96% Below MPL**

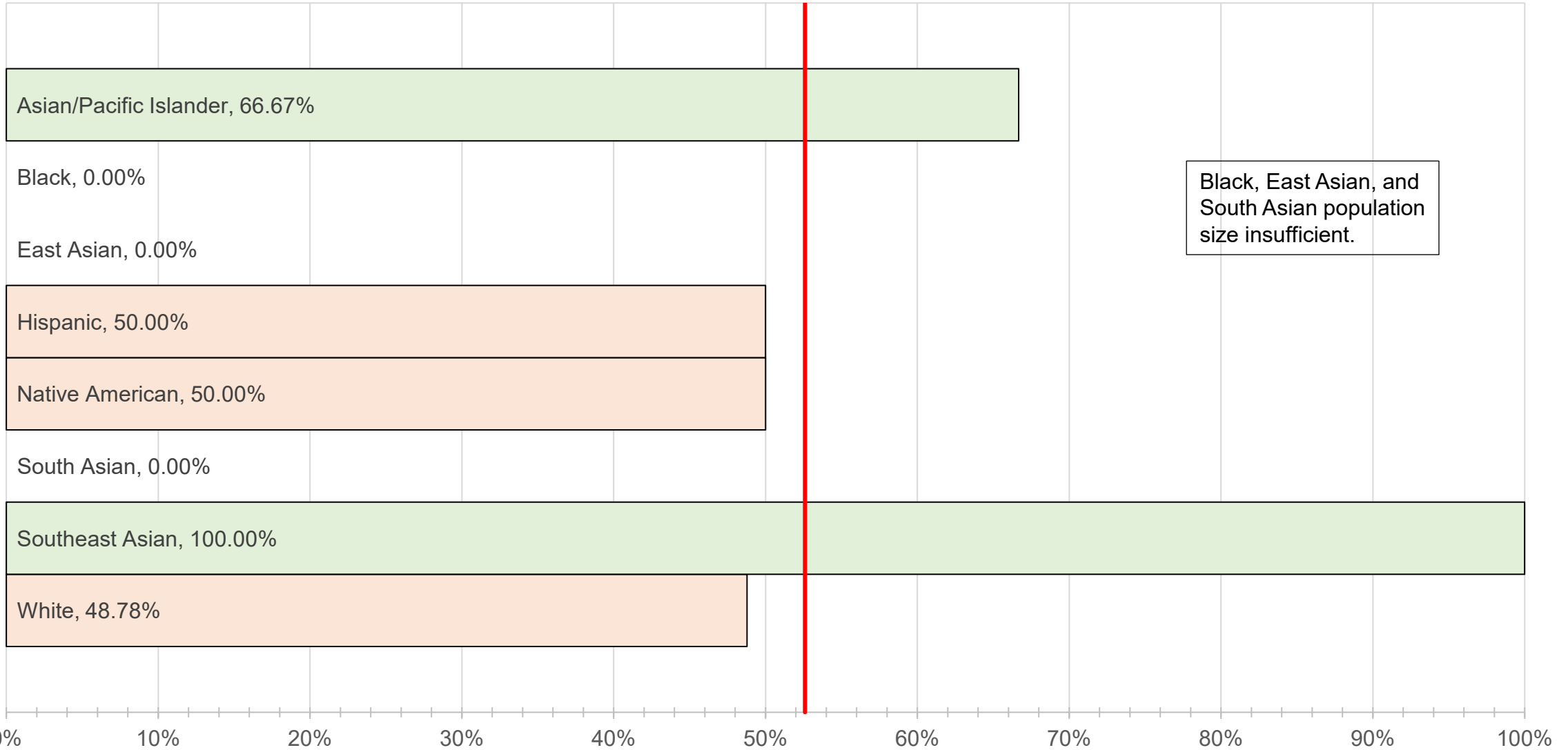
## Controlled Blood Pressure:

- Asian/Pacific Islander: 1.31% Below MPL
- Hispanic: 19.64% Below MPL
- \*Southeast Asian: 61.31% Below MPL**
- \*East Asian: 61.31% Below MPL**

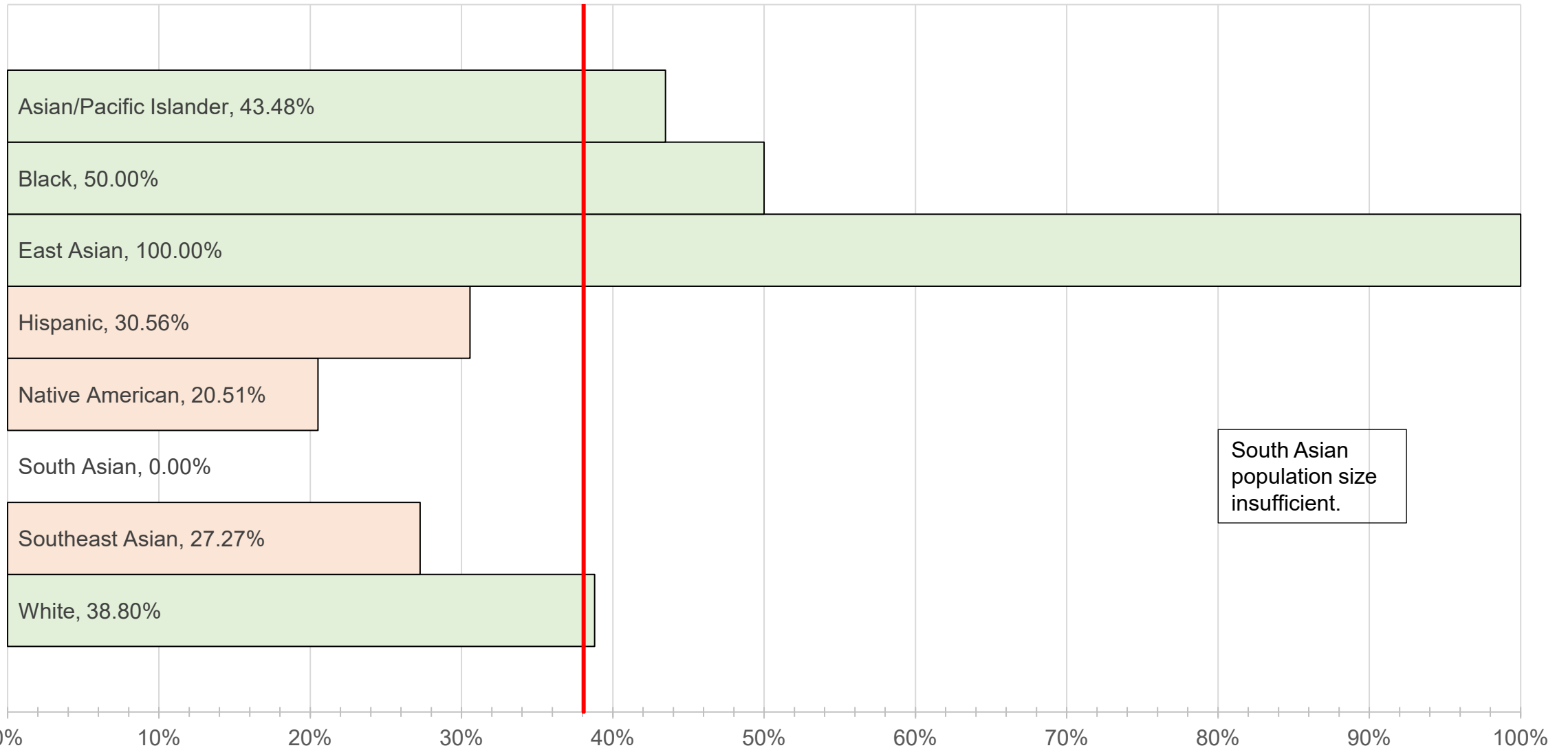
\* Population sample size insufficient.



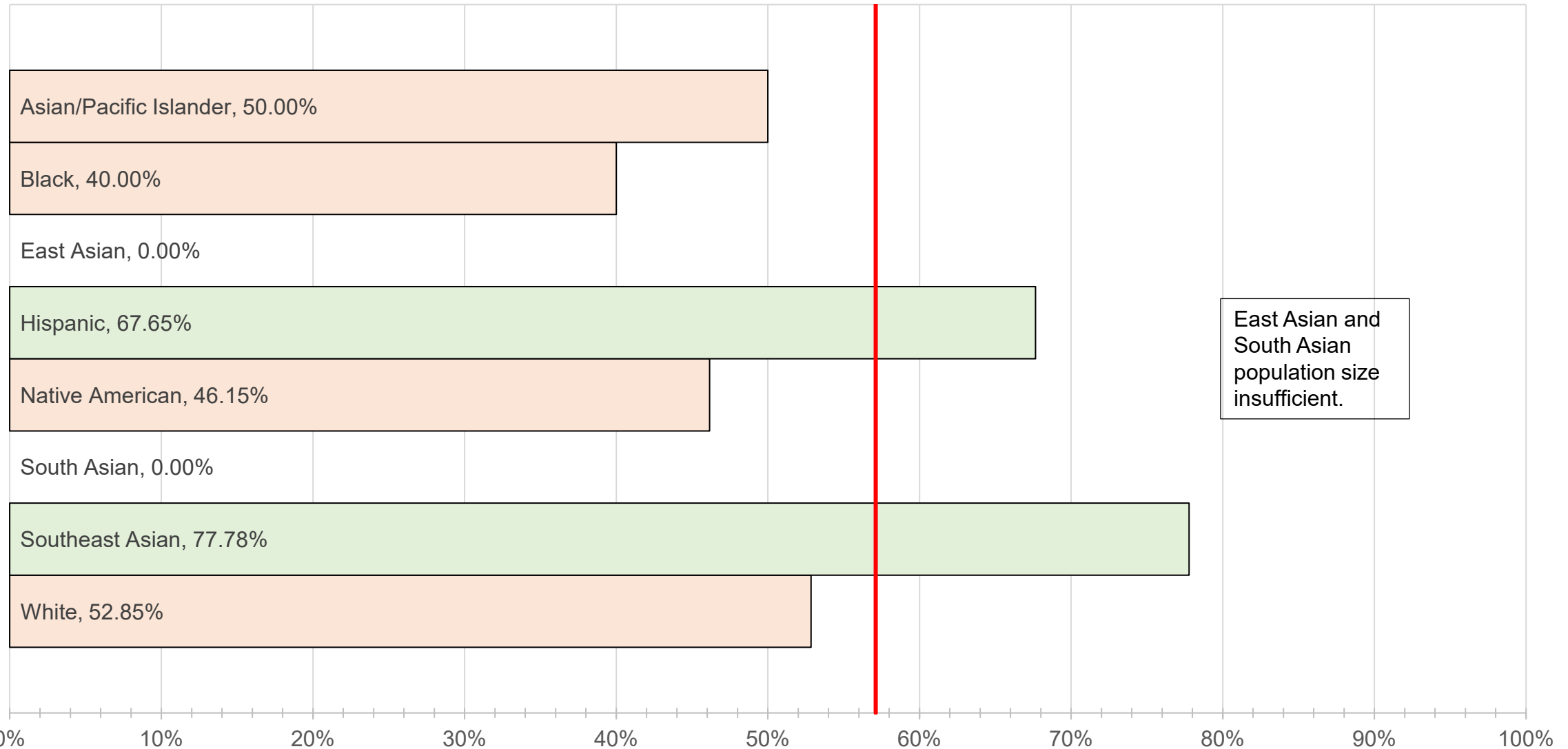
# Trinity Breast Cancer Screening Disparities



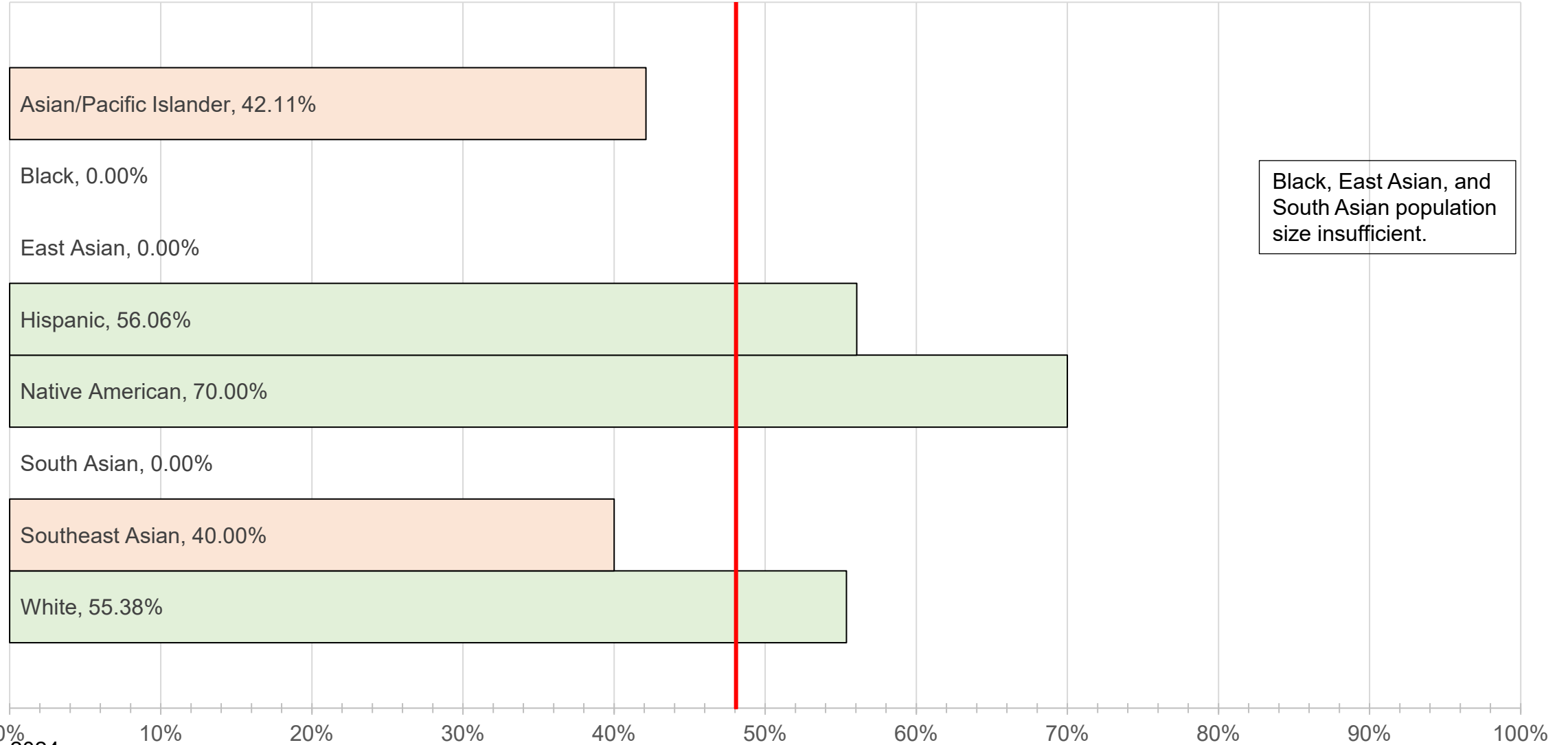
# Trinity Colorectal Cancer Screening Disparities



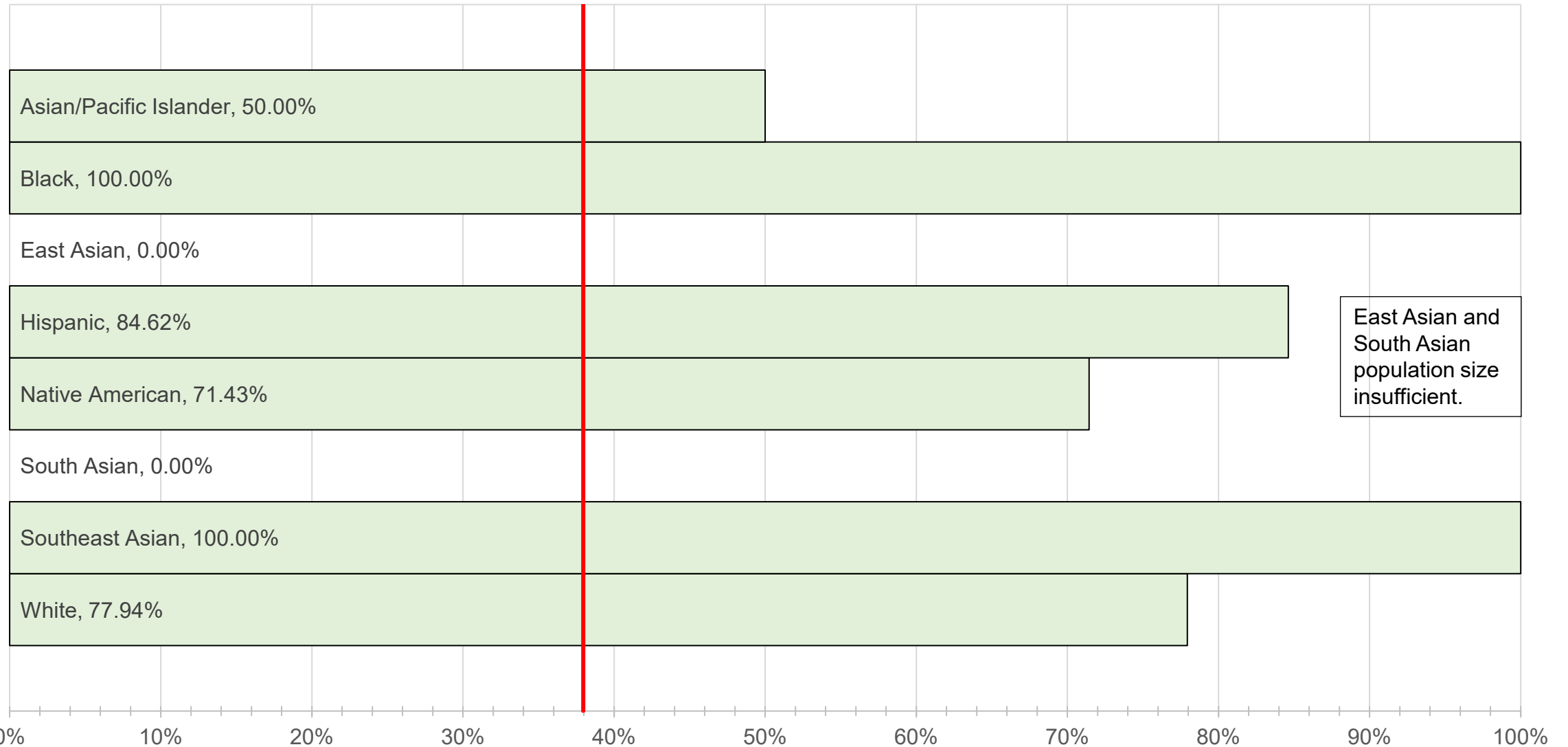
# Trinity Cervical Cancer Screening Disparities



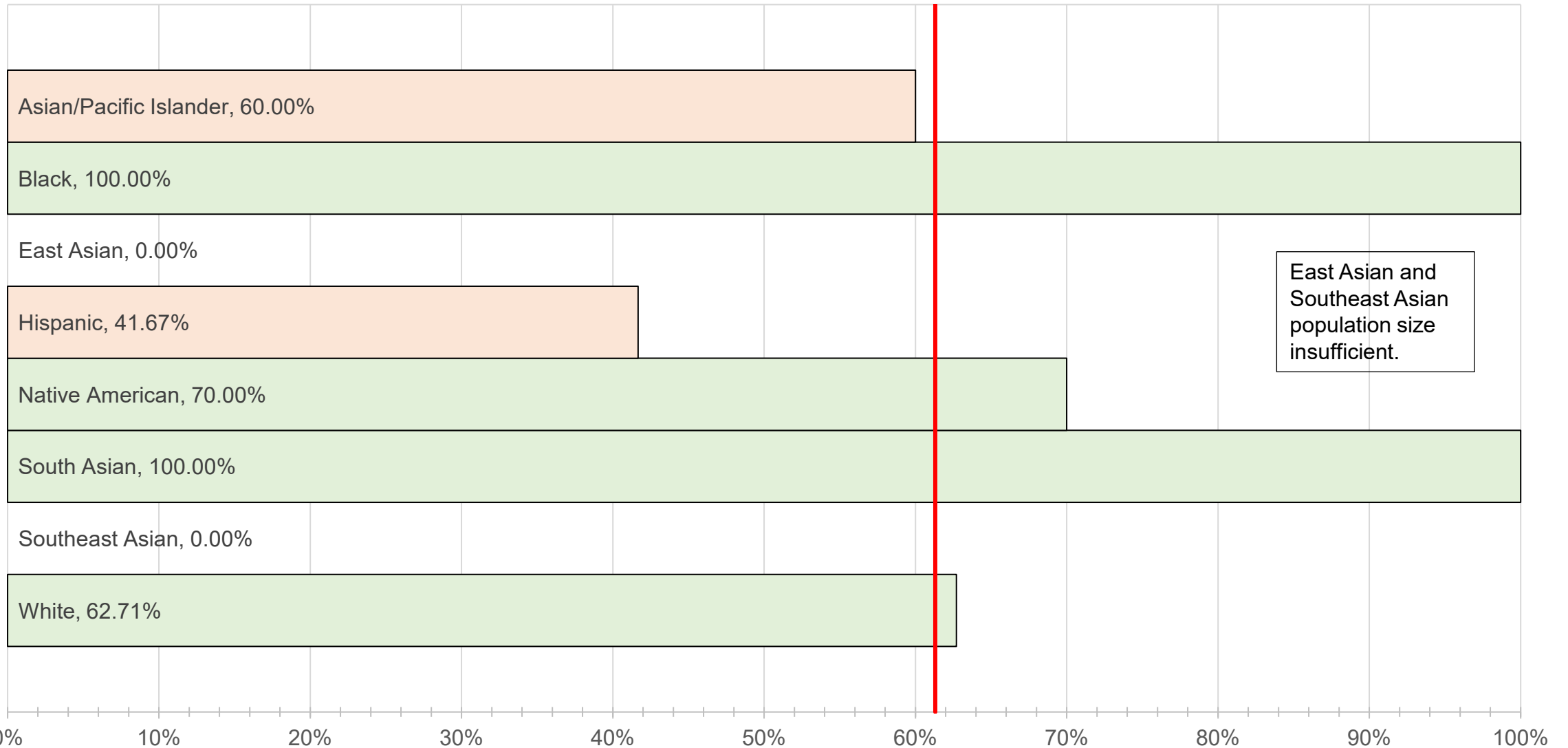
# Trinity Well-Care Visit Disparities



# Trinity Diabetes Mellitus Poor Control (A1c >9%) Disparities



# Trinity Controlled Blood Pressure Disparities





# Child Welfare-Involved Youth Data





# Child Welfare Demographics

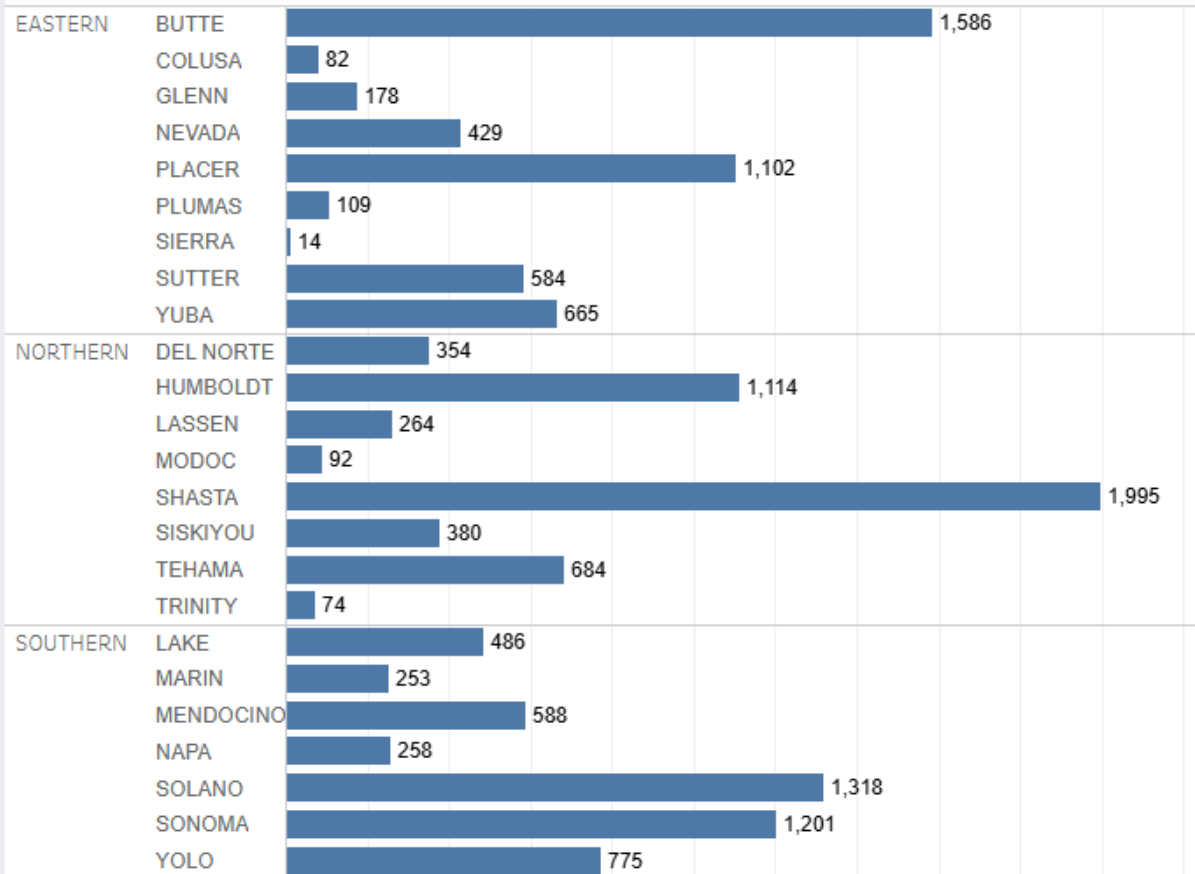
## Child Welfare-Involved Youth and Young Adults Demographic

Demographic details for current Child Welfare-involved Youth and Young Adult members.

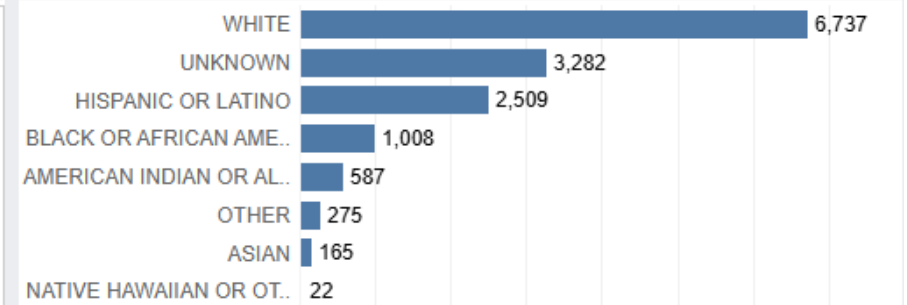
<b>14,585</b> Child Welfare-Involved Youth Members	<b>1.6%</b> % of Partnership Membership	<b>14.0</b> Median Age	<b>50.9%</b> % Male
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- Filters**
- Population: (All)
  - Region: (All)
  - County: (All)
  - Race Ethnicity: (All)
  - Sex: (All)
  - Language: (All)
  - Age Group: (All)
  - Medicare Dual Status: (All)
  - CCS: (All)

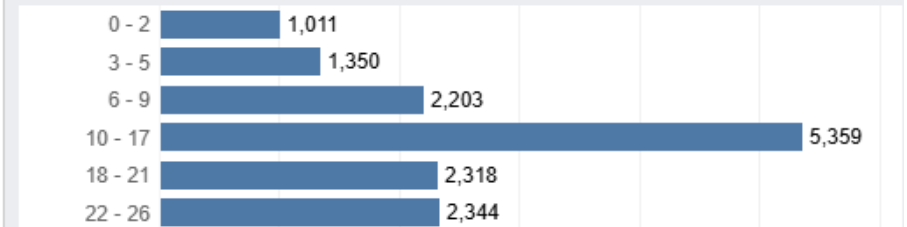
### Member Count of Child Welfare-Involved Youth by Region and County



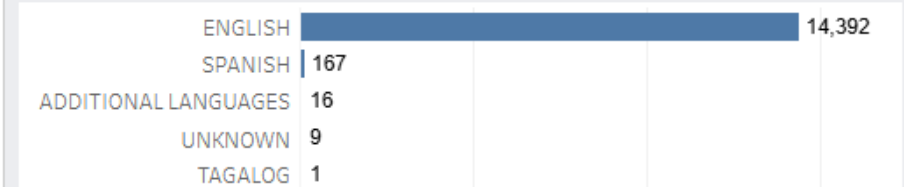
### Member Count by Race/Ethnicity



### Member Count by Age Group



### Member Count by Language



# Trinity Child Welfare Utilization

## Child Welfare-Involved Youth and Young Adults Utilization Overview

Utilization for current Welfare-involved Youth and Young Adult members.

<b>76</b> Child Welfare-Involved Members	<b>17</b> Distinct Members Served	<b>22.4%</b> % Served
---	--------------------------------------	--------------------------

**Filters**

Year Quarter Period  
2024 Q4

Population  
(All)

Region  
(All)

County  
TRINITY

Race Ethnicity  
(All)

Language  
(All)

Age Group  
(All)

Medicare Dual Status  
(All)

CCS  
(All)

Service	Members Served	% Served
Well Child Visits	7	9.2%
Emergency Department Services	7	9.2%
Substance Use Disorder Services	1	1.3%
Inpatient Hospitalizations	1	1.3%
Enhanced Care Management Services	1	1.3%
Specialty Mental Health Services*	0	0.0%
Non-Specialty Mental Health Services	0	0.0%
Emergency Department Behavioral Health Services	0	0.0%
Eating Disorder Services	0	0.0%
Community Supports Services	0	0.0%
Community Health Worker Services	0	0.0%



# Child Welfare Enhanced Care Management (ECM) Services Utilization

**244**  
Members Served

**1.7%**  
Percent Served

**Filters**

Year Quarter Period

2024 Q4

Population

(All)

Region

(All)

County

(All)

Race Ethnicity

(All)

Sex

(All)

Language

(All)

Age Group

(All)

Medicare Dual Status

(All)

CCS

(All)

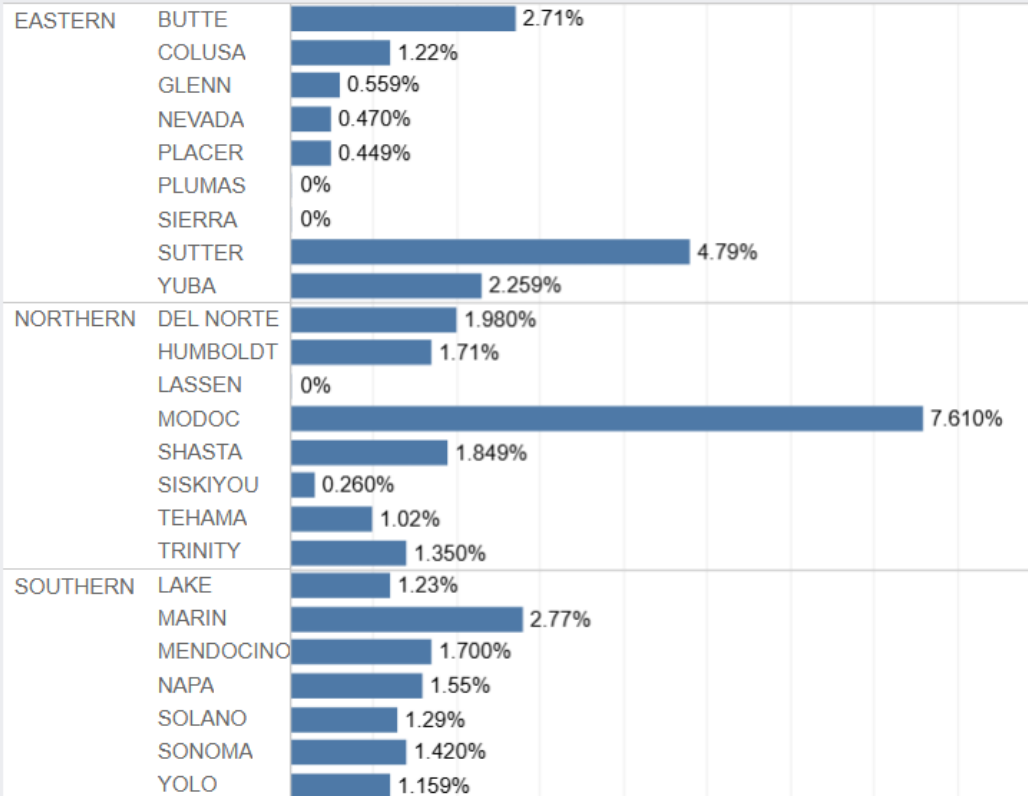
**Select Service**

ECM

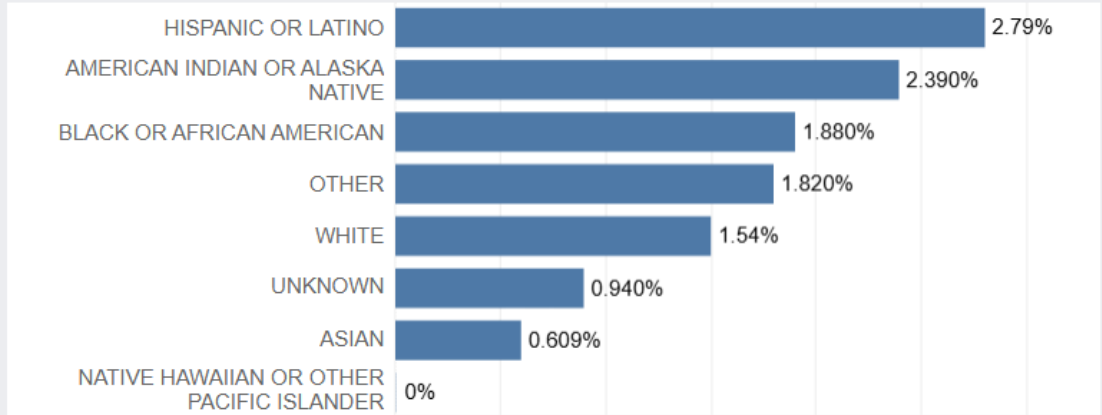
**Select Metric**

% Served

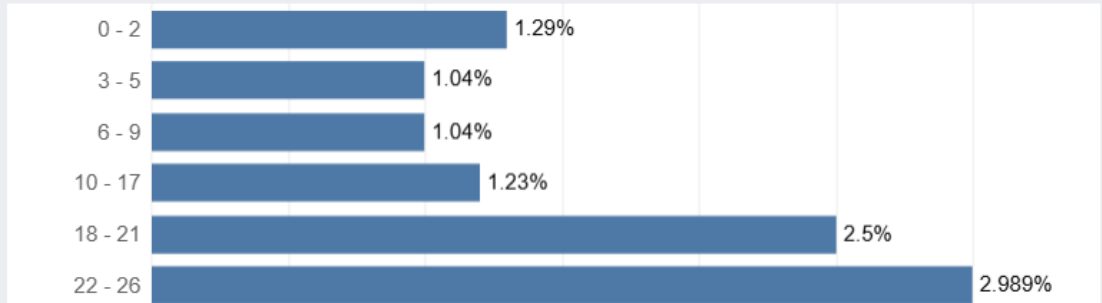
**% Served for ECM Services by Region and County**



**% Served for ECM Services by Race/Ethnicity**



**% Served for ECM Services by Age Group**





# Child Welfare Community Support Services

**57**  
Distinct Members who Received CS Services

**195**  
CS Claims

**71**  
Distinct CS Services

**Filters**

- Year Quarter Period  
2024 Q4
- Population  
(All)
- Region  
(All)
- County  
(All)
- Race Ethnicity  
(All)
- Sex  
(All)
- Language  
ENGLISH
- Age Group  
(All)
- Medicare Dual Status  
(All)
- CCS  
(All)
- Type Of Support  
(All)

CS Distinct Services for Child Welfare-Involved Youth by Region, County, and Type of Support



Region	County	Type Of Support						
		Housing Deposits	Housing Tenancy and Sustaining Services	Housing Transition/Navigation Services	Medically-Supportive Food/Medically Tailored Meals	Personal Care/Homemaker Services	Recuperative Care (Medical Respite)	Short-Term Post-Hospitalization Housing
EASTERN	BUTTE	1	1	4	2	1		
	GLENN			1				
	NEVADA			1				
	SUTTER			2	1			
	YUBA		1	3				
NORTHERN	MODOC				3			
	SHASTA		2	12	2		2	6
	SISKIYOU		1	1				
	TEHAMA		1	5				
SOUTHERN	LAKE			1				
	MARIN		1	1				
	MENDOCINO			2				1
	SOLANO	1	1	1				
	SONOMA		4		1			
	YOLO			2	2			

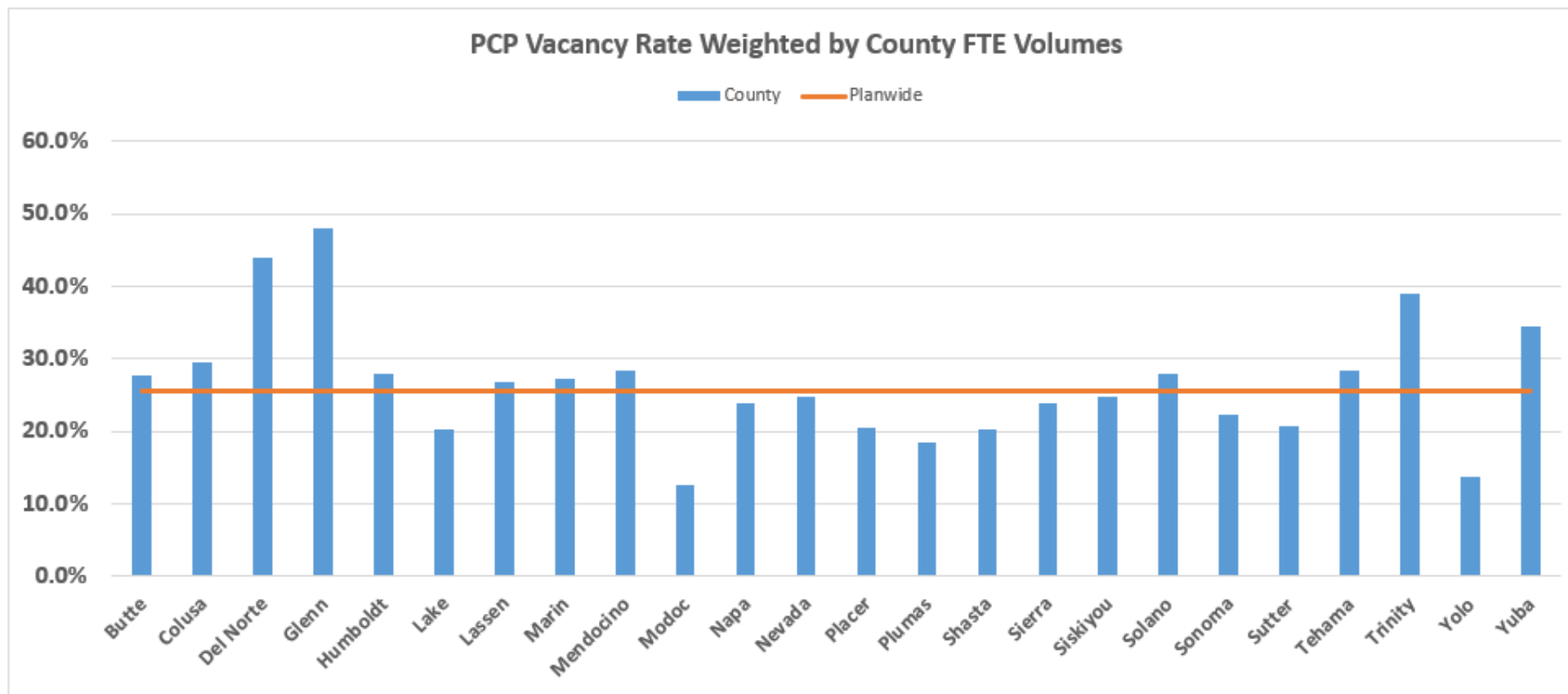


# Surveys and Screening Data



# Workforce Point in Time (PIT) Survey

Partnership staff conducted a survey of primary care organizations across the 24-county region. The results shown below indicate the current primary care provider vacancies weighted by available positions per county. The plan-wide vacancy rate is 25.5%, representing 358 clinician vacancies (~205 physicians and 155 NP/PA positions).



All primary care practices are challenged by workforce shortages impacting access to care, quality, workforce burnout, retention and more. Primary care shortages range from a low of 13% to high of 48%. The Partnership plan-wide average is 26%.

# CAHPS Survey Results: Flu and Smoking Cessation

- North East: Lassen, Modoc, Shasta, Siskiyou, Trinity
- North West: Del Norte, Humboldt
- South East: Napa, Solano, Yolo
- South West: Lake, Marin, Mendocino, Sonoma

**Q28**  
Have you had either a flu shot or flu spray in the nose since July 1, 2023?

Region	Yes	No
North East	28.9%	71.7%
North West	42.2%	57.8%
South East	52.5%	47.5%
South West	44.6%	55.4%

**Q29**  
Do you smoke cigarettes or use tobacco every day, some days, or not at all?

Region	Every day	Some days	Not at all
North East	17.3%	10.2%	72.5%
North West	15.8%	7.3%	76.9%
South East	8.0%	6.2%	85.8%
South West	8.3%	6.4%	85.3%

**Q30**  
In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Region	Always	Usually	Sometimes	Never
North East	42.5%	27.5%	17.5%	12.5%
North West	37.7%	24.5%	22.6%	15.1%
South East	33.8%	26.0%	29.9%	10.4%
South West	37.4%	22.4%	22.4%	17.8%

**Q31**  
In the last 12 months. How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Region	Always	Usually	Sometimes	Never
North East	28.8%	18.8%	21.3%	31.3%
North West	25.0%	19.2%	25.0%	30.8%
South East	23.4%	20.8%	24.7%	31.2%
South West	28.7%	15.7%	18.5%	37.0%

**Q32**  
In the last 12 months, how often did you doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

Region	Always	Usually	Sometimes	Never
North East	25.0%	15.0%	28.8%	31.3%
North West	17.6%	17.6%	25.5%	39.2%
South East	18.2%	26.0%	18.2%	37.7%
South West	21.7%	17.0%	19.8%	41.5%

\* The denominators for the reported proportions of Q30, Q31, and Q32 are all relevant respondents who answered, "Every day" or "Some days" to Q29.

# CAHPS Survey Results: Advanced Directives

- North East: Lassen, Modoc, Shasta, Siskiyou, Trinity
- North West: Del Norte, Humboldt
- South East: Napa, Solano, Yolo
- South West: Lake, Marin, Mendocino, Sonoma

Region	Q40 Did you fill out and sign an Advanced Directive?		Q41 Did you talk about your Advanced Directive with your medical decision maker or family?		Q42 Did you give a copy of your Advanced Directive to your doctor or your local hospital?	
	Yes	No	Yes	No	Yes	No
North East	23.9%	76.1%	76.5%	23.5%	57.8%	42.2%
North West	22.4%	77.6%	75.0%	25.0%	73.5%	26.5%
South East	23.5%	76.5%	71.4%	28.6%	48.3%	51.7%
South West	23.0%	77.0%	72.6%	27.4%	62.0%	38.0%

\* The denominators for the reported proportions of Q41 and Q42 are all relevant respondents who answered "Yes" to Q40.



# Trinity Lead Screening Data

**106**

Children Screened for Blood Lead

**119**

Blood Lead Tests

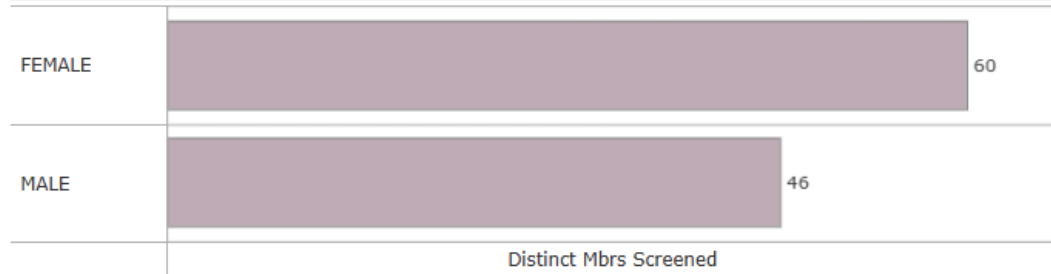
Select Year  
2024

Month of Service Date  
(All)

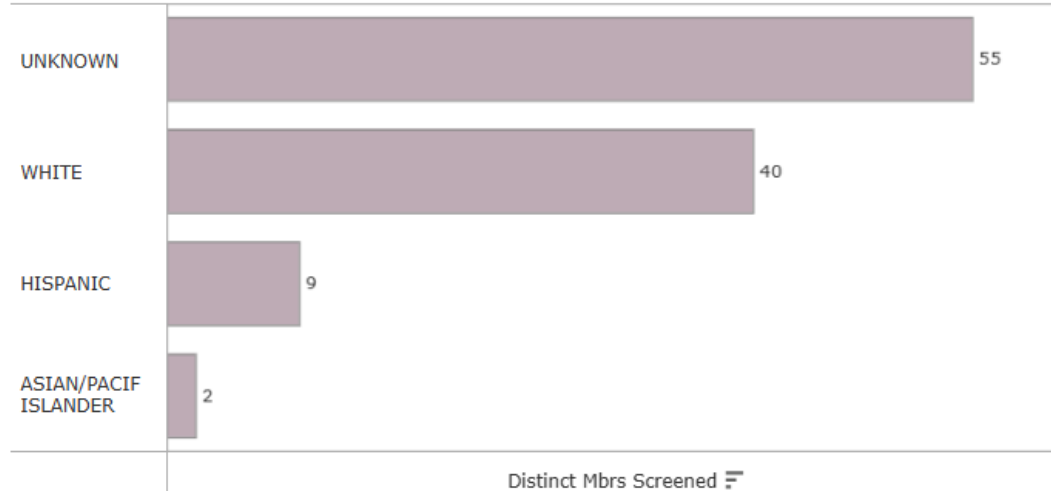
Select County  
TRINITY

Select Age Group  
(All)

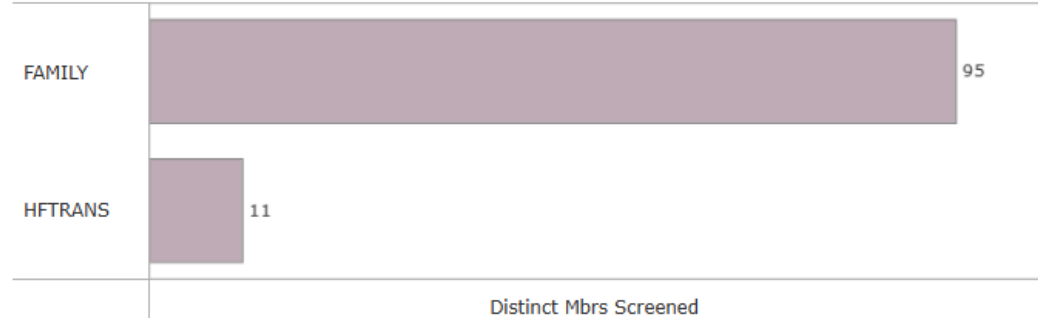
## Blood Lead Screening by Gender



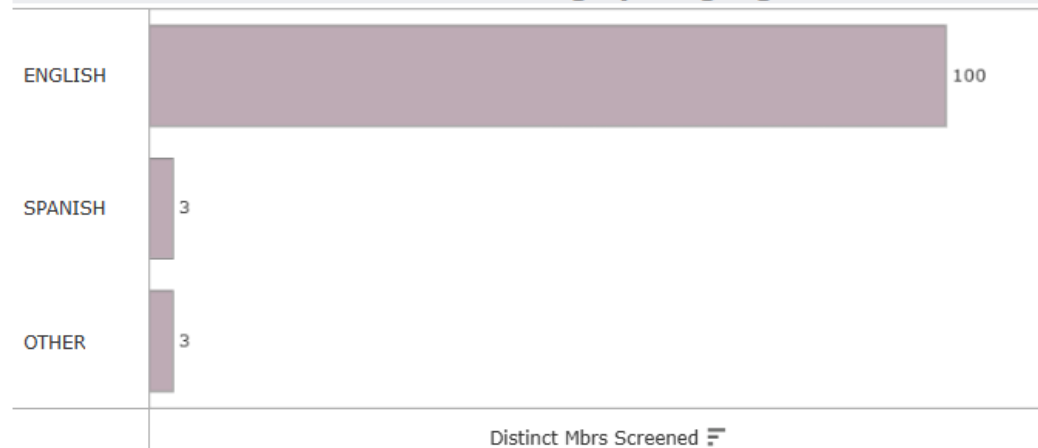
## Blood Lead Screening by Race



## Blood Lead Screening by Aid Category



## Blood Lead Screening by Language





# Transportation Services Data

# Trinity NMT and NEMT Transportation Services: KPIs

This page provides a high-level overview of key indicators regarding Partnership's Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) services usage by members.

**Jun 2024 - Dec 2024**  
Measurement Period

Date of Service Selection  
(Multiple values) ▾

County  
TRINITY ▾

Ethnicity  
(All) ▾

Age Group  
(All) ▾

Language  
(All) ▾

Gender  
(All) ▾

Mileage Group  
(All) ▾

Appointment Service Type  
(All) ▾

Appointment Reasons  
(All) ▾

Transportation Provider  
(All) ▾

Insurance Group  
(All) ▾



**8,139**

Total Requests



**4,968**

Completed Trips



**61.7%**

% Trips Completed



**59.9**

Avg. Distance (mi)



**91.6**

Avg. Duration (mins)



**86**

Unresolved Trips



**33.1%**

% Trip Cancellation



**2.4%**

% Trip Denial



**2.8%**

% Trip No Show



**45.3**

Median Distance (mi)



**356.2**

Longest Trip (mi)



**0.02**

Shortest Trip (mi)

# Trinity NMT and NEMT Transportation Services: Trip Details

This page provides more detailed trip type information regarding Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.

**Jun 2024 - Dec 2024**

Measurement Period

**Date of Service Selection**  
(Multiple values) ▼

**County**  
TRINITY ▼

**Ethnicity**  
(All) ▼

**Age Group** ▼  
(All) ▼

**Language**  
(All) ▼

**Gender**  
(All) ▼

**Mileage**  
(All) ▼

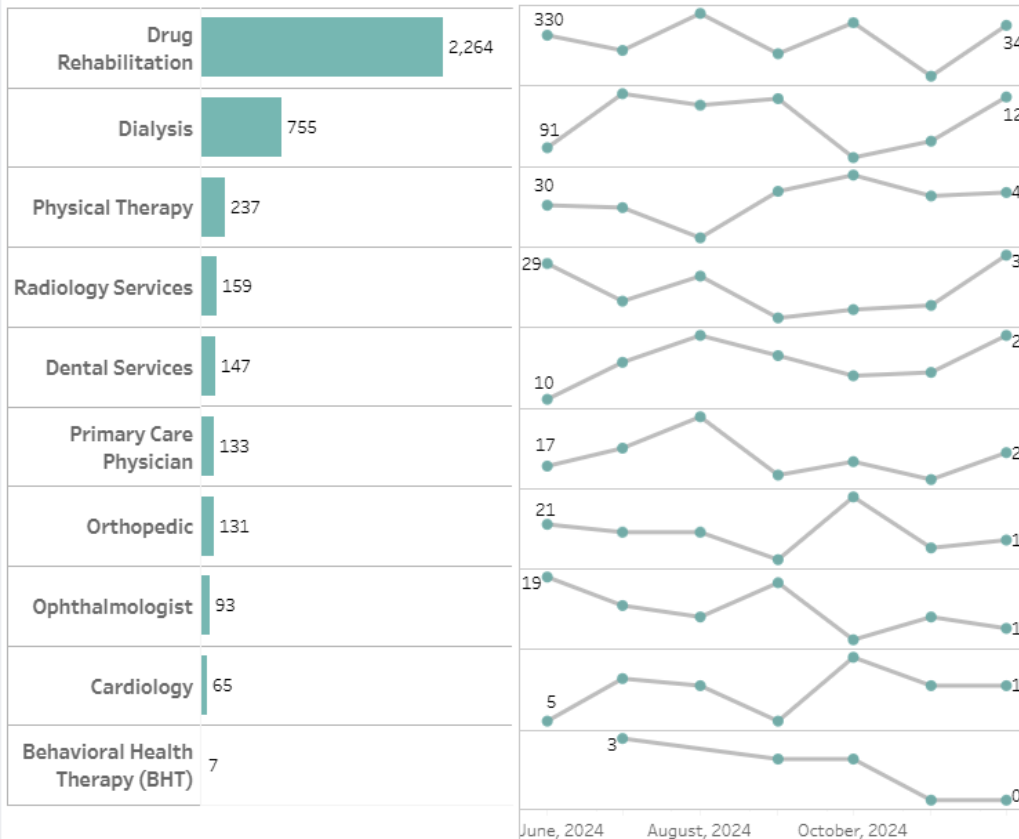
**Appointment Service Type**  
(All) ▼

**Appointment Reasons**  
(All) ▼

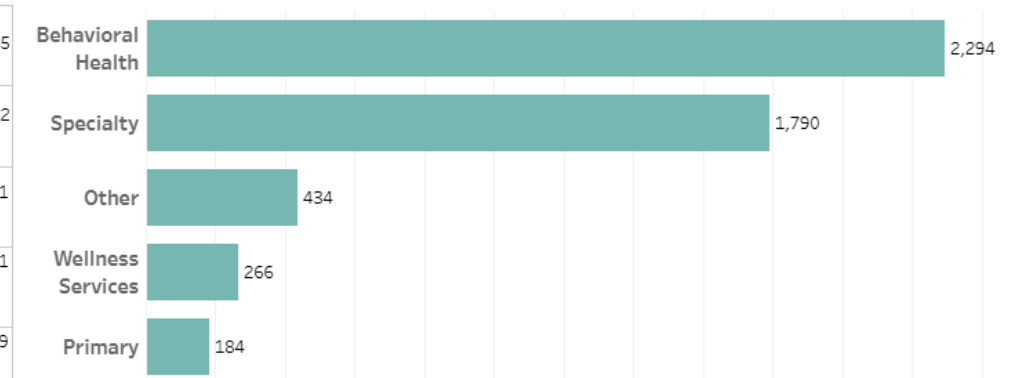
**Transportation Provider**  
(All) ▼

**Insurance Group**  
(All) ▼

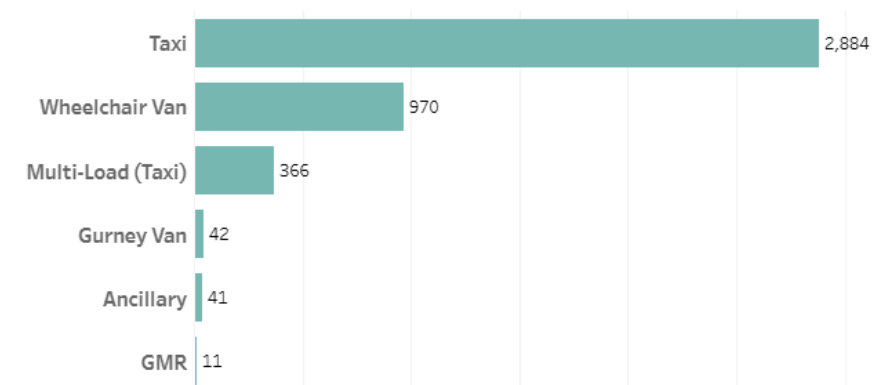
**Completed Trips by Top 10 Services**



**Completed Trips by Service Type**



**Completed Trips by Vehicle Category**





# Trinity NMT and NEMT Transportation Services: Demographics

This page provides demographics information for members that utilize Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.

**Jun 2024 - Dec 2024**  
Measurement Period

Date of Service Selection  
(Multiple values)

County  
TRINITY

Ethnicity  
(All)

Age Group  
(All)

Language  
(All)

Gender  
(All)

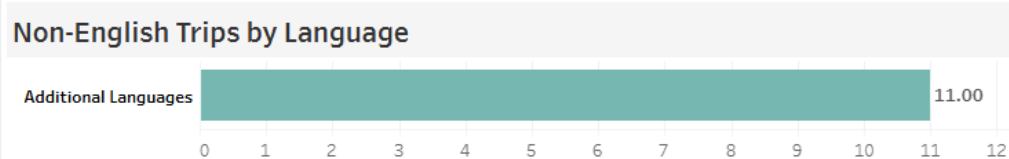
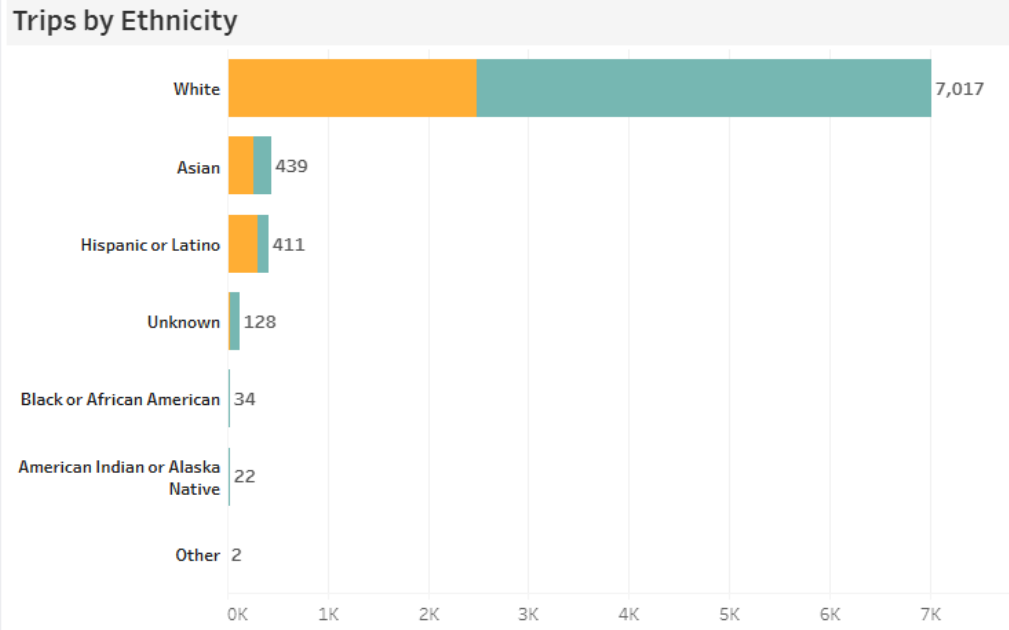
Mileage Group  
(All)

Appointment Service Type  
(All)

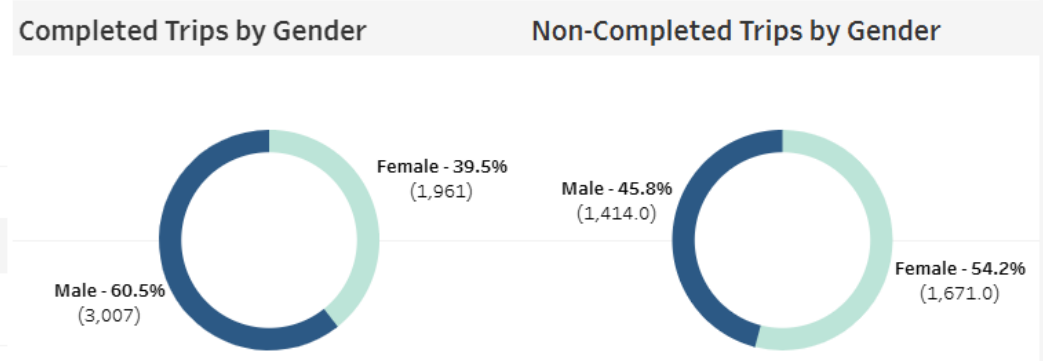
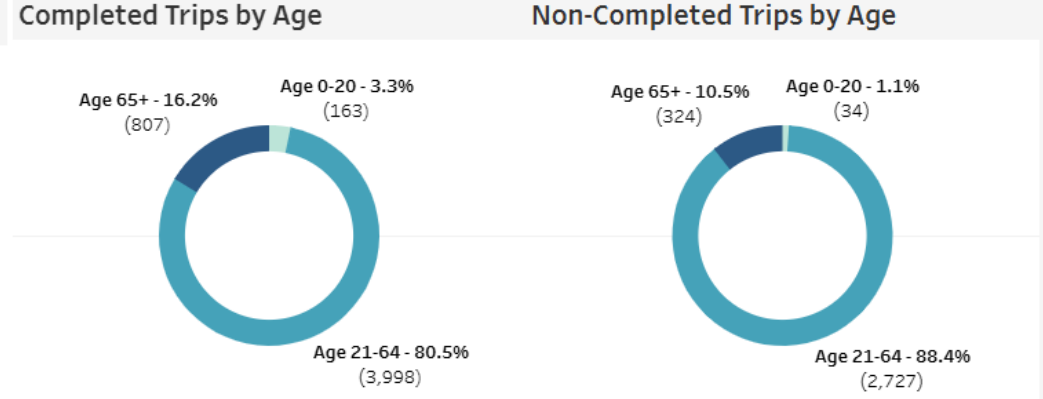
Appointment Reasons  
(All)

Transportation Provider  
(All)

Insurance Group  
(All)



Measure Names  
■ Non-Completed Trips Count  
■ Completed Trips



# NMT and NEMT Transportation Services Utilization

This page provides county level utilization information regarding Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.



**103,850**  
Completed Trips



**10,715**  
Members Completed Trip



**1.18%**  
Avg. % Utilizers



**9.7**  
Avg Trips per Utilizer



**115**  
Trip rate per 1,000 Members PMPM

**March 2025**

Measurement Month

Month of Service Selection  
March 2025

County  
(All)

Ethnicity  
(All)

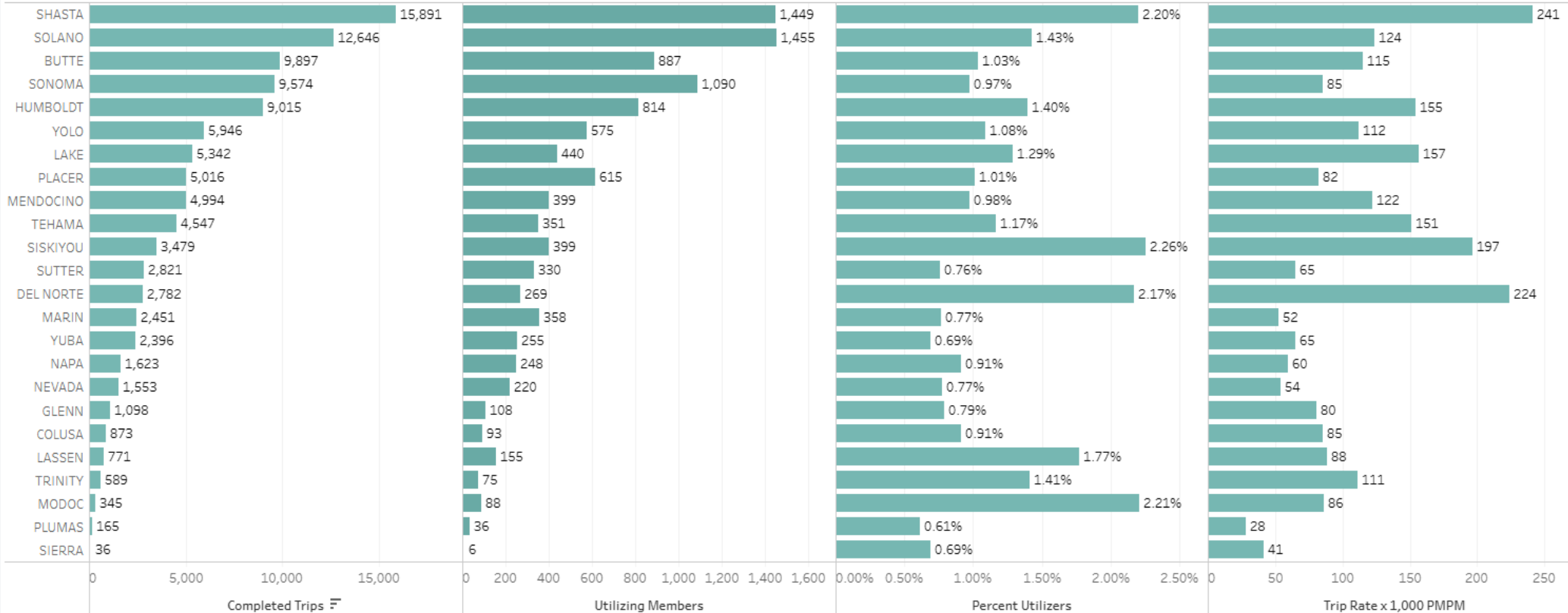
Age Group  
(All)

Language  
(All)

Gender  
(All)

Insurance Group  
(All)

## Utilization - By County





# Supplementary Data



# Trinity Chronic Conditions Prevalence

This dashboard provides an estimate of the prevalence of certain chronic conditions in adults and children PHC membership. Prevalence is the number of members with a given condition in a given year divided by the average membership during the same year, multiplied by 1,000.

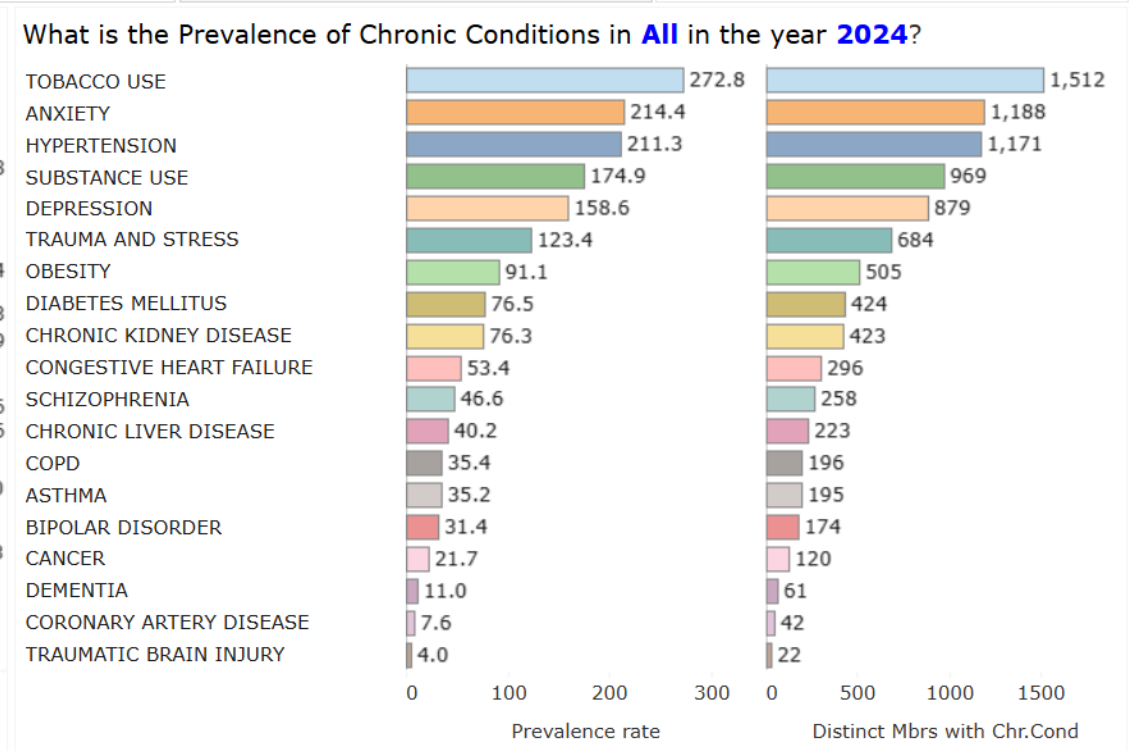
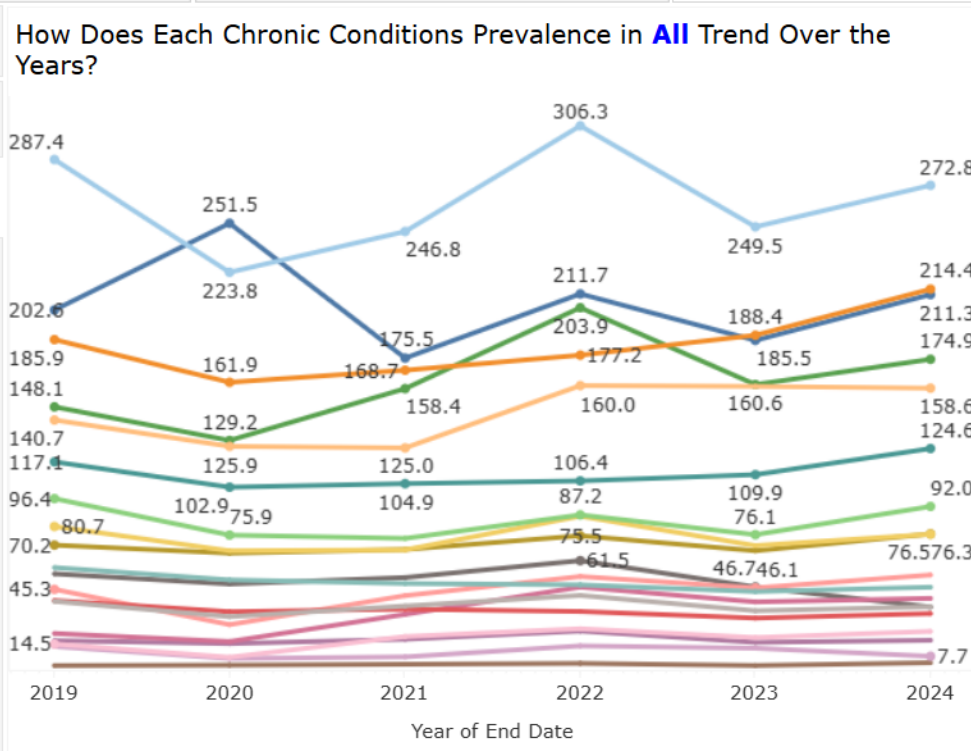
<b>3,244</b> Total Mbrs with Chronic Conditions	<b>2,817</b> Adults with Chronic Conditions	<b>508.3</b> Adult Prevalence	<b>427</b> Children with Chronic Conditions	<b>77.1</b> Children Prevalence
--	--	----------------------------------	--	------------------------------------

**Select Year**  
2024

**Select Age Group**  
(All)

**Dual Eligibility**  
(All)

**Select County**  
TRINITY



# Trinity Fluoride Varnish Treatment Demographics

## Percentage of Fluoride Varnish Treatment: Member Demographics

Fluoride Varnish compliance is defined as true when the member has 2 or more FV services on separate days within the calendar year.

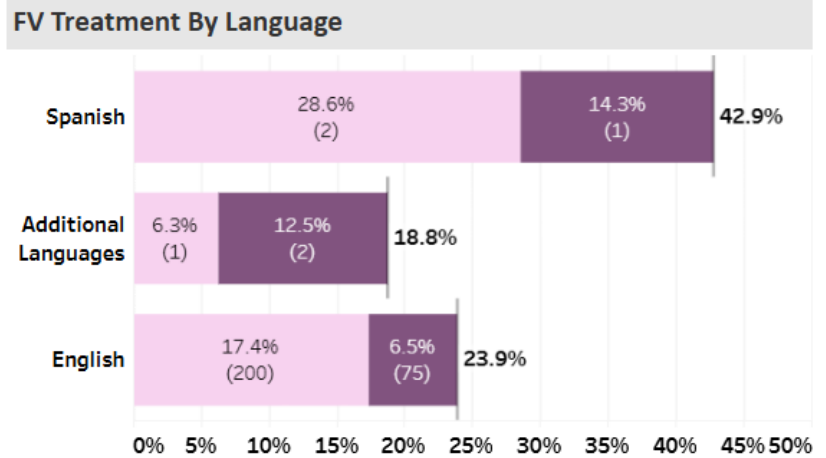
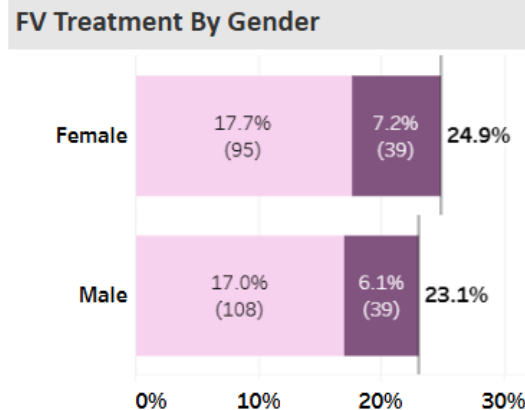
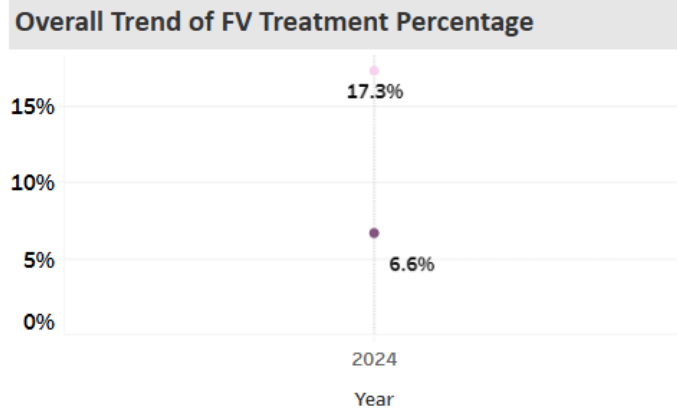
Year: 2024

Age Group: (All)

Region: (All)

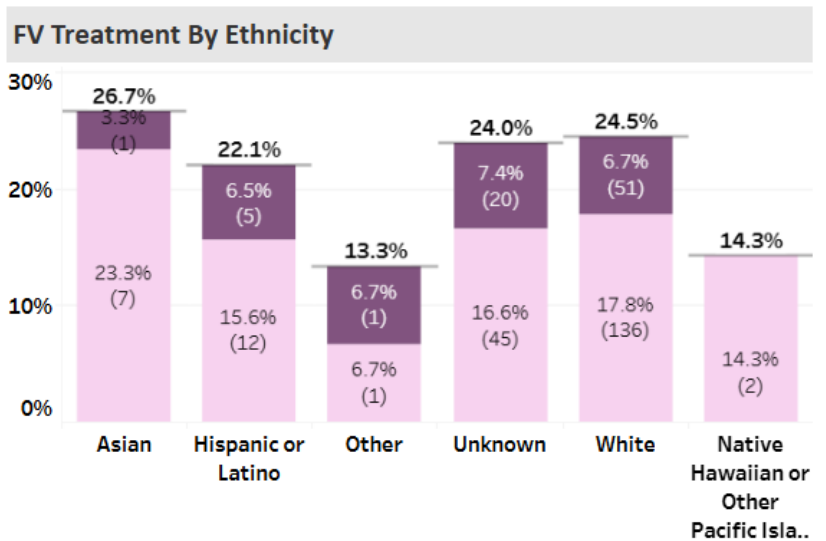
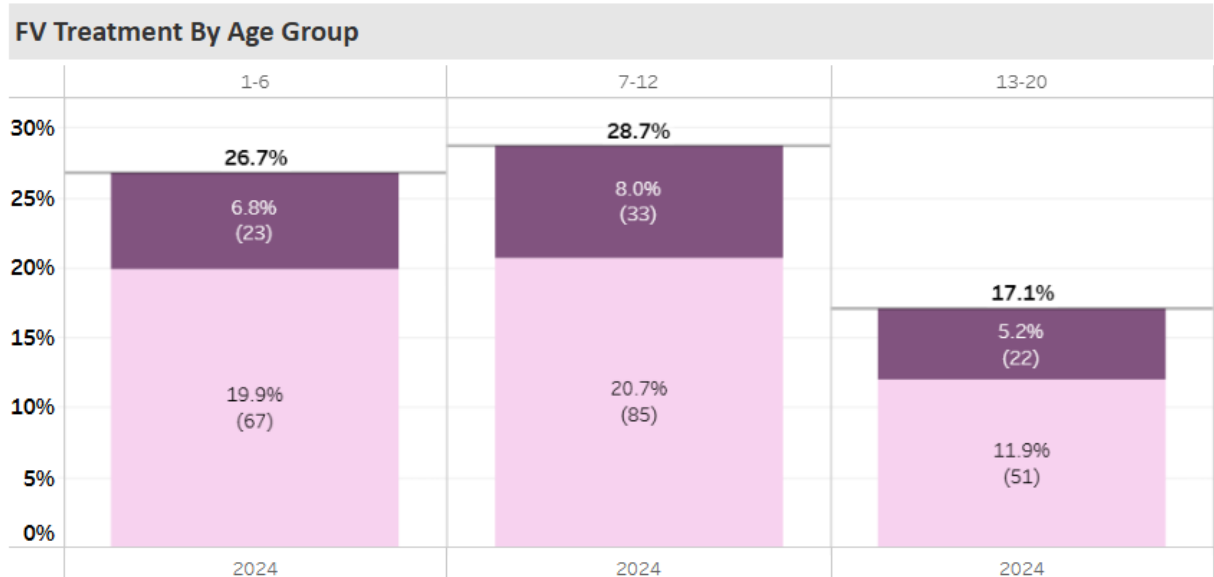
County: TRINITY

Compliance: (All)



FV Compliance

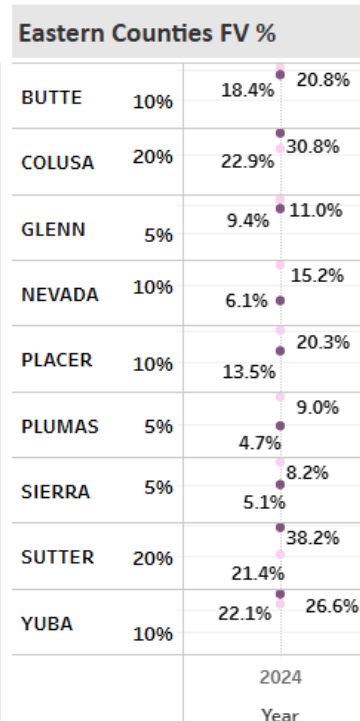
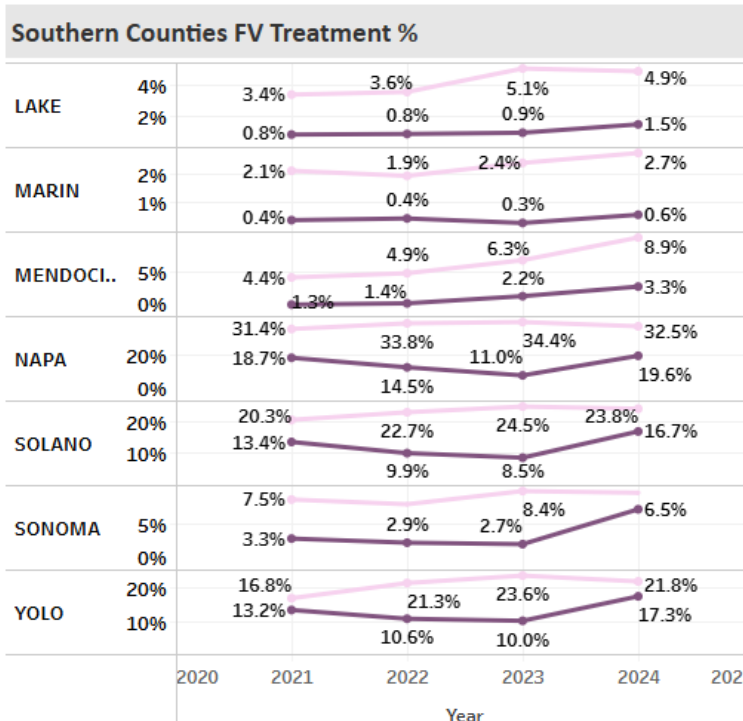
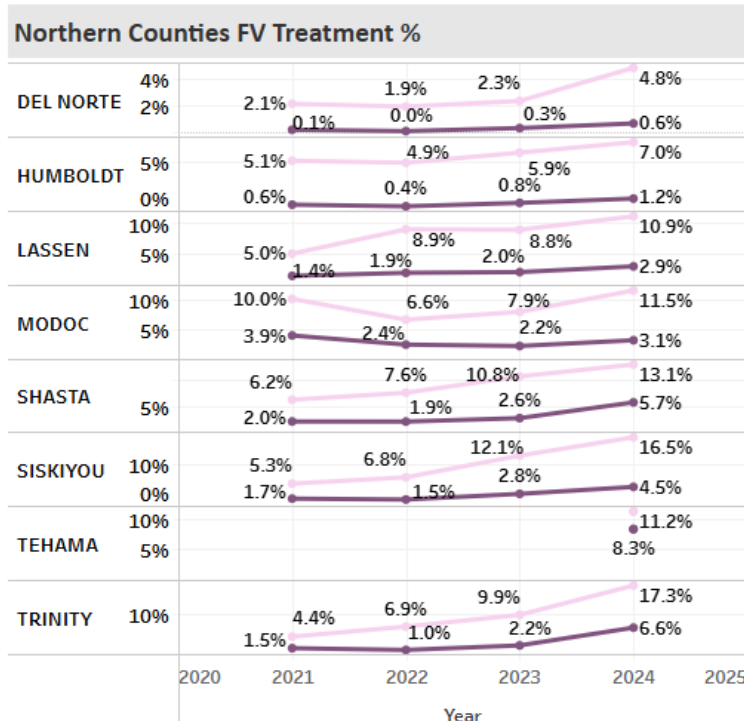
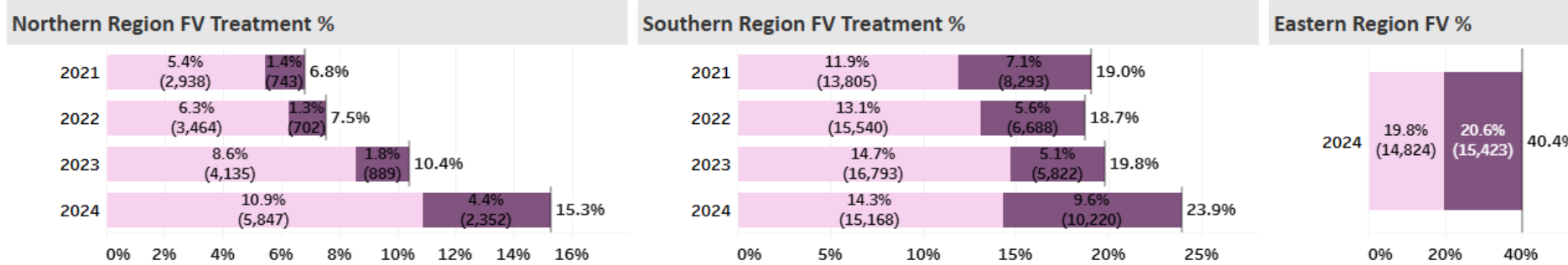
- 2+ FV Visits (Compliant)
- 1 FV Visit (Not Compliant)



# Fluoride Varnish Trend by County

## Percentage of Fluoride Varnish Treatment: Location Comparison

This report aids in comparing trends of members between ages of 1 and 20 years who received fluoride varnish (FV) treatment by age, region and county.  
**Fluoride Varnish compliance is defined as true when the member has 2 or more FV services on separate days within the calendar year.**





# Trinity Fluoride Varnish Treatment by PCP

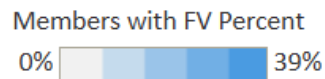
Year  
2024

Age Group  
(All)

Region  
(All)

County  
TRINITY

Type in PCP Name



## Rate of FV Treatment by PCP

PCP Name	2024		
	Members with FV	% with FV	Distinct Members
REDDING RANCH TRINITY HEALTH	154	39%	375.0
TRINITY COMM HEALTH CLINIC	57	18%	297.0
HAYFORK COMM HEALTH CLINIC	44	18%	227.0
HEALTHPLAN PARTNERSHIP	5	0%	59.0
WILLOW CREEK COMM HLTH CTR	1	0%	46.0
SHASTA COMM HEALTH CENTER	13	0%	37.0
REDWOOD PEDS MEDICAL GROUP	0	0%	26.0
SOUTHERN TRINITY HEALTH	2	4%	25.0
KIMAW MEDICAL CENTER	0	0%	12.0
EUREKA COMM HEALTH CENTER	1	0%	12.0
CHURN CREEK HEALTHCARE	1	0%	8.0
MERCY FAMILY HEALTH CTR	1	0%	6.0
HEALTHPLAN CCS-WHOLECHILD	1	0%	6.0
ANDERSON FAMILY HLTHCTR	0	0%	6.0
SHASTA LAKE FAM HLTH CNTR	0	0%	5.0

Providers with under 5 members not shown.

# Pre-Exposure Prophylaxis (PrEP) for HIV

	Adherent to PrEP with fills continuing into Jan 2025	Adherent to PrEP (with fills ≥60 day but fills do not continue into Jan 2025)	Non-adherent to PrEP (with fills ≤30-day or gaps ≥60 days)
Butte	20	23	23
Colusa	2	0	0
Del Norte	7	2	2
Glenn	2	1	4
Humboldt	25	33	43
Lake	15	11	13
Lassen	0	0	1
Marin	21	32	25
Mendocino	11	15	12
Modoc	1	0	1
Napa	11	11	8
Nevada	9	17	11
Placer	18	20	25
Plumas	0	3	3
Shasta	14	22	10
Sierra	0	0	0
Siskiyou	2	7	2
Solano	36	62	41
Sonoma	53	105	66
Sutter	8	9	8
Tehama	3	4	2
Trinity	1	0	1
Yolo	19	31	23
Yuba	13	7	4
<b>Grand Total:</b>	<b>291</b>	<b>415</b>	<b>328</b>



# Appendix: HEDIS Information

## Report Year 2024, Measurement Year 2023

- HEDIS HPA Rate Performance by County and Measure Set Descriptions
- HEDIS Performance by Partnership Counties
- Managed Care Accountability Site (MCAS) Measurement Set Descriptions

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



### 3.0 HPA HEDIS Rate Performance by County: Change from Prior Year

#### 3.1 HPA HEDIS Rate Performance by County: Prevention and Equity Measures

Note: CAHPS is not captured by County

● 4-5 points   
 ○ 3 points   
 ● 1-2 points   
  Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
<b>Prevention and Equity</b>																			
<b>Children and Adolescent Well-Care</b>																			
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	10.00%	19.44%	18.75%	10.00%	28.13%	21.88%	0.00%	45.00%	13.95%	20.00%	33.33%	44.74%	0.00%	41.38%	20.68%	26.76%	35.04%	45.26%
MY 2022		50.00%	19.05%	38.10%	28.57%	52.78%	34.29%	20.00%	25.00%	13.73%	30.77%	43.55%	36.99%	0.00%	54.05%	23.71%	31.14%	39.42%	49.76%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	50.00%	40.48%	28.57%	0.00%	64.29%	33.33%	50.00%	70.37%	21.82%	18.18%	39.13%	65.43%	33.33%	37.93%	24.82%	30.66%	38.93%	48.80%
MY 2022		44.44%	32.00%	27.27%	0.00%	42.31%	35.14%	0.00%	82.76%	25.64%	6.67%	49.35%	59.49%	100.00%	37.78%	25.79%	31.87%	39.16%	48.42%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and	100.00%	88.89%	92.86%	66.67%	89.47%	91.67%	100.00%	100.00%	86.67%	66.67%	97.22%	77.50%	66.67%	69.23%	62.77%	74.70%	83.21%	89.72%
MY 2022		100.00%	80.00%	88.24%	100.00%	80.00%	80.95%	100.00%	100.00%	94.12%	100.00%	78.38%	90.48%	0.00%	75.00%	60.83%	74.94%	82.73%	88.31%
<b>Women's Reproductive Health</b>																			
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	80.00%	100.00%	100.00%	88.89%	92.31%	75.00%	90.91%	93.75%	66.67%	90.70%	91.67%	0.00%	89.47%	73.48%	81.75%	86.86%	91.07%
MY 2022		100.00%	86.96%	73.33%	66.67%	95.65%	89.47%	100.00%	87.50%	88.46%	60.00%	83.93%	92.45%	100.00%	82.61%	73.49%	82.73%	87.83%	91.89%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	80.00%	85.71%	100.00%	100.00%	92.31%	25.00%	81.82%	84.38%	33.33%	93.02%	88.89%	0.00%	94.74%	67.31%	75.18%	80.78%	84.59%
MY 2022		100.00%	86.96%	73.33%	100.00%	100.00%	100.00%	0.00%	100.00%	88.46%	60.00%	91.07%	90.57%	0.00%	86.96%	64.57%	74.94%	80.00%	84.18%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	19.67%	19.46%	32.27%	11.70%	57.21%	38.89%	15.63%	35.87%	14.29%	20.00%	41.85%	45.31%	8.51%	38.39%	7.94%	15.17%	25.81%	37.75%
MY 2022		17.22%	21.00%	31.05%	16.13%	54.37%	36.79%	19.35%	39.93%	19.14%	11.89%	40.14%	43.64%	11.36%	42.42%	8.65%	15.16%	27.32%	39.12%
<b>Cancer Screening</b>																			
MY 2023	BCS-E - Breast Cancer Screening	38.88%	47.35%	47.56%	45.98%	58.02%	50.43%	45.65%	67.20%	50.90%	51.66%	58.12%	61.94%	43.46%	59.99%	42.98%	48.33%	54.94%	62.67%
MY 2022		39.68%	41.88%	48.15%	39.36%	54.86%	48.68%	45.00%	64.75%	46.91%	49.32%	56.72%	62.48%	28.87%	57.75%	40.72%	47.76%	53.96%	61.27%
MY 2023	CCS - Cervical Cancer Screening	30.00%	48.78%	65.52%	33.33%	75.00%	66.67%	0.00%	77.27%	39.47%	66.67%	66.07%	58.62%	66.67%	48.78%	43.50%	53.37%	59.85%	66.48%
MY 2022		63.64%	56.86%	43.48%	0.00%	65.52%	56.52%	0.00%	75.00%	52.17%	57.14%	69.44%	64.00%	33.33%	53.85%	42.71%	54.27%	60.83%	66.88%
<b>Equity</b>																			
MY 2023	RDM-Race/Ethnicity Diversity of Membership	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63.20%	95.91%	100.00%	100.00%
MY 2022		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.33%	100.00%	100.00%	100.00%

## Partnership HealthPlan of California Measurement Year 2023 - Reporting Year 2024



### 3.2 HPA HEDIS Rate Performance by County: Treatment Measures

Note: CAHPS is not captured by Count

● 4-5 points  
 ○ 3 points  
 ● 1-2 points  
  Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance													National Medicaid Benchmarks				
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
<b>Treatment</b>																			
<b>Respiratory</b>																			
MY 2023	AMR - Asthma Medication Ratio- Total	46.79%	60.64%	51.71%	54.64%	65.65%	60.71%	46.88%	78.34%	49.94%	49.05%	68.85%	71.78%	48.00%	65.93%	55.09%	61.81%	69.41%	75.92%
MY 2022		60.67%	61.42%	62.92%	65.12%	76.32%	65.58%	54.24%	84.33%	84.33%	59.50%	77.48%	79.09%	57.14%	74.02%	54.60%	61.38%	68.21%	74.21%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	68.86%	72.81%	60.75%	83.33%	77.41%	69.21%	74.39%	65.48%	60.26%	52.12%	62.85%	75.36%	47.44%	89.19%	57.41%	68.76%	77.56%	82.40%
MY 2022		71.31%	73.18%	46.95%	69.05%	56.19%	70.23%	44.74%	40.00%	66.47%	44.96%	51.89%	68.07%	44.64%	75.41%	48.98%	65.56%	74.02%	79.40%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	73.28%	71.76%	58.58%	71.01%	87.50%	68.16%	46.67%	76.10%	69.48%	67.18%	81.13%	79.66%	72.41%	78.71%	50.05%	57.16%	66.19%	77.11%
MY 2022		73.33%	74.07%	64.24%	61.54%	87.30%	79.13%	70.59%	80.65%	75.06%	64.96%	78.14%	73.77%	70.00%	84.28%	43.17%	50.98%	58.74%	70.79%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	75.76%	79.26%	75.20%	90.48%	72.22%	74.47%	75.00%	69.70%	66.06%	61.11%	74.00%	75.00%	77.78%	75.00%	56.05%	68.39%	75.79%	82.43%
MY 2022		83.33%	81.01%	74.68%	81.25%	70.00%	66.67%	72.73%	60.00%	81.25%	80.00%	77.57%	71.76%	83.33%	78.43%	55.58%	67.45%	74.76%	82.81%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.88%	88.89%	83.20%	95.24%	86.11%	87.94%	75.00%	100.00%	87.27%	86.11%	89.50%	91.88%	88.89%	84.52%	72.88%	82.35%	86.96%	90.53%
MY 2022		88.89%	82.28%	91.14%	93.75%	70.00%	93.06%	90.91%	90.00%	91.07%	96.67%	81.31%	87.79%	100.00%	82.35%	67.19%	82.32%	87.83%	91.22%
<b>Diabetes</b>																			
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	75.00%	59.09%	68.00%	66.67%	66.67%	75.00%	80.00%	66.67%	73.81%	70.00%	71.23%	59.76%	66.67%	67.86%	52.07%	59.85%	68.61%	74.56%
MY 2022		60.00%	64.52%	58.62%	63.64%	79.17%	70.00%	0.00%	66.67%	71.43%	75.00%	67.82%	73.91%	0.00%	69.05%	48.91%	57.66%	65.21%	72.75%
MY 2023	EED - Eye Exams for Patients with Diabetes	22.22%	44.12%	56.52%	100.00%	50.00%	44.00%	100.00%	69.57%	68.42%	85.71%	58.76%	41.77%	50.00%	43.24%	36.74%	46.96%	56.20%	63.33%
MY 2022		14.29%	45.00%	62.50%	100.00%	63.16%	48.00%	0.00%	50.00%	50.00%	56.25%	54.17%	62.50%	50.00%	48.98%	38.20%	47.93%	54.74%	63.75%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	77.78%	55.88%	52.17%	0.00%	73.08%	44.00%	100.00%	52.17%	65.79%	42.86%	56.70%	49.37%	25.00%	48.65%	38.93%	49.39%	55.72%	60.34%
MY 2022		57.14%	57.50%	56.25%	100.00%	52.63%	56.00%	0.00%	50.00%	57.14%	68.75%	58.33%	55.00%	100.00%	55.10%	36.01%	46.96%	52.80%	58.39%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	54.32%	54.86%	58.43%	55.29%	65.65%	53.94%	64.13%	69.71%	54.82%	56.68%	69.35%	65.80%	47.73%	68.62%	54.15%	62.58%	67.07%	72.15%
MY 2022		58.80%	54.37%	58.49%	58.90%	62.47%	54.67%	59.78%	70.64%	56.23%	58.44%	70.18%	68.42%	43.24%	68.79%	53.18%	64.17%	68.32%	72.92%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	95.45%	96.36%	92.39%	93.62%	95.35%	92.45%	98.31%	94.88%	93.45%	93.50%	96.63%	93.54%	97.62%	94.49%	52.67%	62.50%	70.37%	77.97%
MY 2022		78.44%	78.45%	71.88%	68.75%	77.41%	71.46%	76.36%	80.14%	76.88%	75.56%	79.20%	74.51%	75.00%	76.65%	54.57%	63.51%	70.00%	77.40%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	25.32%	31.69%	19.91%	18.15%	43.55%	19.26%	25.00%	59.81%	38.24%	26.56%	55.47%	44.30%	24.83%	47.04%	22.73%	29.42%	38.80%	47.55%
MY 2022		30.26%	29.61%	32.33%	17.48%	56.26%	21.83%	37.42%	63.47%	46.92%	33.99%	56.27%	51.02%	22.81%	45.09%	21.05%	28.15%	37.70%	46.76%
<b>Heart Disease</b>																			
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	77.78%	83.72%	80.12%	72.73%	87.74%	83.33%	50.00%	85.26%	75.22%	87.50%	82.35%	83.18%	78.57%	84.31%	70.02%	78.80%	81.64%	85.04%
MY 2022		74.07%	75.83%	80.42%	65.22%	85.71%	86.32%	83.33%	87.06%	77.55%	72.00%	80.56%	82.21%	88.89%	85.81%	65.09%	78.97%	82.29%	85.91%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	91.43%	95.37%	92.70%	100.00%	100.00%	96.25%	100.00%	97.53%	96.47%	91.43%	96.94%	93.38%	100.00%	93.80%	56.67%	66.48%	73.63%	80.95%
MY 2022		80.00%	79.12%	79.13%	80.00%	88.89%	80.49%	80.00%	86.49%	80.26%	88.89%	81.23%	79.59%	87.50%	76.38%	59.20%	66.84%	73.75%	81.25%
MY 2023	***CBP - Controlling High Blood Pressure	37.50%	78.13%	72.22%	100.00%	62.07%	74.07%	75.00%	86.67%	80.65%	80.00%	65.71%	71.64%	100.00%	63.64%	50.36%	57.66%	65.45%	72.22%
MY 2022		36.36%	56.52%	43.48%	62.50%	62.96%	61.54%	25.00%	60.00%	58.14%	88.89%	62.79%	64.38%	75.00%	40.74%	46.96%	56.20%	63.50%	69.19%

### 3.3 HPA HEDIS Rate Performance by County: Behavioral Health Measures

Note: CAHPS is not captured by County

● 4-5 points ○ 3 points ● 1-2 points

○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Behavioral Health - Care Coordination																			
MY 2023	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	0.00%	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	16.67%	0.00%	0.00%	58.10%	15.79%	0.00%	0.00%	21.77%	31.23%	41.03%	52.90%
MY 2022		0.00%	0.00%	0.00%	0.00%	17.65%	0.00%	0.00%	14.29%	0.00%	0.00%	43.22%	9.30%	0.00%	5.26%	22.94%	33.54%	42.75%	54.55%
MY 2023	FUM - Follow-Up After Emergency Department Visit for Mental Illness 7 days total	10.89%	22.04%	10.78%	10.00%	28.49%	5.69%	0.00%	20.59%	17.44%	13.58%	19.43%	26.91%	21.05%	15.58%	23.74%	33.61%	46.35%	61.68%
MY 2022		7.81%	7.77%	11.11%	25.00%	22.15%	6.67%	0.00%	14.58%	19.25%	4.69%	13.32%	17.53%	9.09%	10.13%	20.54%	31.97%	45.35%	60.58%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	14.97%	26.22%	19.35%	6.67%	22.95%	22.27%	35.29%	17.37%	34.58%	18.37%	24.81%	17.08%	21.05%	17.45%	13.83%	20.00%	27.73%	38.15%
MY 2022		5.50%	27.05%	17.41%	13.51%	17.19%	27.46%	32.14%	23.60%	39.62%	18.07%	26.62%	18.48%	35.48%	18.56%	3.47%	8.93%	16.16%	21.97%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use	20.00%	35.39%	8.00%	26.09%	17.81%	53.69%	40.00%	17.39%	31.27%	40.00%	36.08%	13.57%	0.00%	11.76%	15.16%	23.12%	37.31%	49.55%
MY 2022		18.18%	43.67%	6.67%	37.50%	20.75%	54.10%	66.67%	4.00%	33.47%	43.24%	30.60%	10.34%	100.00%	11.76%	13.33%	23.24%	37.86%	49.39%
Behavioral Health - Medication Adherence																			
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	76.92%	73.83%	67.38%	75.00%	85.71%	71.65%	73.68%	78.02%	72.43%	84.38%	73.23%	73.57%	50.00%	67.11%	41.24%	57.79%	64.90%	72.61%
MY 2022		66.67%	72.31%	76.47%	62.50%	80.00%	78.41%	87.50%	75.81%	74.51%	62.50%	73.84%	76.00%	100.00%	70.00%	42.20%	57.14%	64.52%	72.94%
MY 2023	AMM - Antidepressant Medication Management—Effective	86.96%	82.99%	73.58%	81.05%	82.33%	79.39%	72.41%	86.92%	81.78%	86.41%	84.74%	80.13%	86.36%	79.92%	31.59%	40.01%	46.74%	58.06%
MY 2022		57.50%	55.19%	43.46%	54.67%	55.15%	41.43%	45.71%	53.26%	51.18%	49.44%	54.97%	50.17%	39.53%	55.82%	32.78%	40.68%	46.09%	56.24%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	61.90%	40.96%	48.40%	52.94%	47.22%	47.30%	66.67%	38.46%	33.63%	37.63%	42.53%	46.89%	46.15%	39.68%	14.94%	23.38%	31.93%	40.34%
MY 2022		31.11%	22.99%	24.34%	12.90%	25.71%	32.01%	50.00%	29.79%	12.92%	31.13%	28.08%	31.30%	14.29%	22.64%	13.00%	23.48%	33.15%	41.67%
Behavioral Health - Access, Monitoring and Safety																			
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	54.05%	21.32%	29.52%	30.43%	40.00%	37.04%	11.11%	47.73%	29.11%	34.78%	33.57%	41.84%	37.50%	21.18%	26.36%	31.97%	40.50%	53.58%
MY 2022		28.00%	26.40%	20.48%	33.33%	38.46%	32.84%	0.00%	61.76%	40.27%	33.33%	41.91%	42.92%	16.67%	31.65%	24.51%	29.67%	39.29%	51.69%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	55.00%	36.00%	25.00%	15.38%	27.03%	43.33%	25.00%	37.50%	32.43%	37.50%	16.22%	33.74%	37.50%	38.78%	40.38%	50.98%	57.90%	63.92%
MY 2022		29.41%	53.13%	70.59%	0.00%	43.75%	30.00%	0.00%	50.00%	39.19%	44.44%	39.58%	44.23%	100.00%	41.46%	34.95%	46.72%	55.40%	62.96%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	88.76%	81.56%	78.73%	67.92%	79.34%	86.96%	96.15%	82.55%	78.12%	87.62%	85.45%	81.45%	76.47%	83.85%	72.83%	77.40%	80.86%	85.52%
MY 2022		83.33%	79.35%	76.14%	72.09%	78.17%	78.61%	86.67%	77.10%	82.20%	82.96%	83.92%	80.90%	83.33%	80.13%	72.71%	77.48%	81.21%	86.28%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	40.00%	30.36%	16.67%	20.83%	22.73%	11.11%	14.29%	28.00%	31.97%	18.18%	20.37%	32.47%	20.00%	17.39%	36.65%	55.19%	63.89%	73.87%
MY 2022		7.14%	23.53%	14.52%	0.00%	45.45%	9.09%	0.00%	29.41%	30.17%	14.29%	24.49%	27.66%	100.00%	29.63%	33.33%	57.05%	65.63%	75.59%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.85%	10.11%	8.55%	6.51%	6.69%	10.44%	2.59%	6.32%	9.95%	11.13%	9.24%	7.17%	5.00%	4.34%	7.05%	11.11%	16.94%	24.37%
MY 2022		4.21%	11.25%	5.78%	10.50%	4.49%	11.36%	3.77%	5.72%	11.44%	9.69%	8.59%	7.85%	5.36%	5.48%	5.90%	11.25%	16.57%	22.12%

**Partnership HealthPlan of California  
Measurement Year 2023 - Reporting Year 2024**



**3.4 HPA HEDIS Rate Performance by County: Risk Adjusted / Other Measures**

Note: CAHPS is not captured by County

● 4-5 points ○ 3 points ● 1-2 points ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Risk-Adjusted Utilization																			
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.7160	0.8959	0.9614	0.7435	0.9021	0.7823	1.2776	1.0566	0.8396	0.9745	0.8160	0.9640	0.8752	0.9892	1.1874	1.0305	0.9272	0.8314
MY 2022		0.3591	0.6492	0.6400	1.2278	1.0576	0.8044	0.5046	0.8172	0.7886	0.8646	0.8922	0.8556	0.9066	0.9902	1.1995	1.0428	0.9444	0.8511
Other Treatment Measures																			
MY 2023	**LBP - Use of Imaging Studies for	66.82%	82.27%	72.25%	68.93%	75.28%	79.77%	73.91%	75.78%	76.68%	61.90%	77.01%	78.80%	75.76%	76.37%	67.72%	71.32%	75.44%	79.96%
MY 2022	Low Back Pain	78.05%	79.74%	83.77%	73.24%	78.61%	83.55%	67.86%	81.74%	79.28%	63.55%	82.15%	85.07%	77.75%	83.77%	67.97%	72.20%	76.82%	81.24%

#### 4.0 MY2023 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
<b>Antidepressant Medication Management (AMM)</b>	<ul style="list-style-type: none"> <li>• Continuation Phase Treatment</li> <li>• Acute Phase Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.               <ul style="list-style-type: none"> <li>○ Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>○ Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul> </li> </ul>
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</li> </ul> <p><b>Note:</b> This measure is reported as an inverted rate <math>[1-(\text{numerator}/\text{eligible population})]</math>. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).</p>
<b>Adult Immunization Status (AIS-E)</b>	<ul style="list-style-type: none"> <li>• Influenza immunizations for adults</li> <li>• Td/Tdap immunizations for adults</li> <li>• Zoster immunizations for adults</li> <li>• Pneumococcal immunizations for adults</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Follow-Up Care for Children Prescribed ADHD Medication—Continuation &amp; Maintenance Phase (ADD)</b>	<ul style="list-style-type: none"> <li>• Initiation Phase</li> <li>• Continuation and Maintenance (C&amp;M) Phase</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.               <ul style="list-style-type: none"> <li>○ Initiation Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>○ Continuation and Maintenance (C&amp;M) Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul> </li> </ul>
<b>Asthma Medication Ratio (AMR)</b>	<ul style="list-style-type: none"> <li>• 5–64 years</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</li> </ul>
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</li> </ul>
<b>Breast Cancer Screening (BCS-E)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Cervical Cancer Screening (CCS)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:               <ul style="list-style-type: none"> <li>○ Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>○ Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>○ Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul> </li> </ul>
<b>Childhood Immunization Status (CIS)</b>	<ul style="list-style-type: none"> <li>• Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.               <ul style="list-style-type: none"> <li>○ Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul> </li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</li> </ul>
<b>Controlling High Blood Pressure (CBP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Appropriate Testing for Pharyngitis(CWP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</li> </ul>
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	<ul style="list-style-type: none"> <li>• Diabetes Screening</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</li> </ul>
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<ul style="list-style-type: none"> <li>• 7 Days</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:               <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</li> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.               <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.               <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.               <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Blood Pressure Control (&lt;140/90) for Patients With Diabetes (BPD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
<b>Hemoglobin A1c Control for Patients With Diabetes — (HBD)</b>	<ul style="list-style-type: none"> <li>• HbA1c Control (&lt;8%)</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:               <ul style="list-style-type: none"> <li>○ HbA1c Control (&lt;8%)</li> <li>○ HbA1c poor control (&gt;9.0%).</li> </ul> </li> </ul> <p><b>Note:</b> Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</p>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Eye Exam for Patients With Diabetes (EED)</b>	<ul style="list-style-type: none"> <li>• Eye Exam for Patients With Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</li> </ul>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	<ul style="list-style-type: none"> <li>• Kidney Health Evaluation for Patients With Diabetes—Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</li> </ul>
<b>Initiation and Engagement of Substance Use Disorder Treatment—(IET)</b>	<ul style="list-style-type: none"> <li>• Engagement of SUD Treatment</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:             <ul style="list-style-type: none"> <li>○ Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.</li> <li>○ Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</li> </ul> </li> </ul>
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	<ul style="list-style-type: none"> <li>• Imaging for Low Back Pain</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.             <ul style="list-style-type: none"> <li>○ The measure is reported as an inverted rate [1–(numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Immunizations for Adolescents (IMA)</b>	<ul style="list-style-type: none"> <li>• Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.               <ul style="list-style-type: none"> <li>○ Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul> </li> </ul>
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both blood glucose and cholesterol testing.               <ul style="list-style-type: none"> <li>○ Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year.</li> </ul> </li> </ul>
<b>Prenatal and Postpartum Care (PPC)</b>	<ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.               <ul style="list-style-type: none"> <li>○ Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>○ Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> </li> </ul>
<b>Prenatal Immunization Status (PRS-E)</b>	<ul style="list-style-type: none"> <li>• Combination Rate</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Pharmacotherapy Management of COPD Exacerbation(PCE)</b>	<ul style="list-style-type: none"> <li>• Systemic Corticosteroid</li> <li>• Bronchodilator</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:               <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.                   <ul style="list-style-type: none"> <li>○ <b>Note:</b> <i>The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.</i></li> </ul> </li> </ol> </li> </ul>
<b>Pharmacotherapy for Opioid Use Disorder(POD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.               <ul style="list-style-type: none"> <li>○ A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</li> </ul> </li> </ul>
<b>Plan All-Cause Readmissions— (PCR)</b>	<ul style="list-style-type: none"> <li>• Observed-to-Expected Ratio</li> <li>• 18-64 years</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</li> </ul> <p><b>Note:</b> <i>For commercial and Medicaid, report only members 18–64 years of age.</i></p>
<b>Race/Ethnicity Diversity of Membership- (RDM)</b>	<ul style="list-style-type: none"> <li>• Race/Ethnicity Direct</li> </ul>	<ul style="list-style-type: none"> <li>• An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.</li> </ul>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	<ul style="list-style-type: none"> <li>• Non-Medicare 80% Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b>	<ul style="list-style-type: none"> <li>• Total.</li> <li>• Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Statin Therapy Statin Therapy for Patients With Diabetes (SPD)</b>	<ul style="list-style-type: none"> <li>• Received Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:               <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	<ul style="list-style-type: none"> <li>• BMI Percentile Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.               <ul style="list-style-type: none"> <li>○ BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</li> </ul> </li> </ul>

Select Report Year  
Report Year 2024; Measurement Year 2023

## HEDIS Performance by County Report Year 2024; Measurement Year 2023

Northeast Region  
Modoc, Trinity, Siskiyou, Shasta and Lassen Counties



Select Provider Type  
All Providers

- **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)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northeast Region					National Medicaid Benchmarks			
	MODOC	TRINITY	SISKIYOU	SHASTA	LASSEN	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.88%	48.00%	49.05%	49.94%	54.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	45.65%	43.46%	51.66%	50.90%	45.98%	47.09%	52.60%	57.48%	62.67%
**Cervical Cancer Screening (CCS)	33.33%	44.00%	53.41%	44.02%	48.00%	50.85%	57.11%	61.80%	66.48%
**Childhood Immunization Status (CIS) - Combo 10	0.00%	7.41%	17.24%	7.69%	0.00%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	30.39%	35.96%	46.15%	53.06%	37.37%	49.65%	56.04%	62.90%	67.39%
**Controlling High Blood Pressure (CBP)	46.15%	66.67%	73.33%	60.08%	58.70%	55.47%	61.31%	67.27%	72.22%
**Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	15.00%	26.32%	27.16%	33.66%	12.50%	47.01%	54.87%	64.29%	73.26%
**Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	35.29%	36.84%	28.57%	43.66%	16.00%	27.75%	36.34%	42.67%	53.44%
**Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	25.00%	33.33%	40.35%	40.31%	32.14%	44.77%	37.96%	33.45%	29.44%
**Immunizations for Adolescents (IMA) - Combo 2	20.00%	13.04%	14.04%	23.32%	9.09%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	62.96%	43.08%	51.37%	46.51%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	100.00%	78.57%	81.63%	80.93%	82.35%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	100.00%	85.71%	97.96%	81.96%	82.35%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	41.32%	47.73%	40.81%	41.93%	37.84%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	62.26%	53.75%	57.85%	57.25%	43.08%	62.07%	66.76%	71.35%	77.78%
**Well Child 30 (W30) - Well child visits in the first 15 months*	31.58%	37.74%	32.05%	41.60%	26.23%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS  
 - HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.  
 Note: AMR is a new measure held to MPL for MY2023

Select Report Year  
Report Year 2024; Measurement Year 2023

## HEDIS Performance by County Report Year 2024; Measurement Year 2023 Northwest Region Del Norte and Humboldt Counties



Select Provider Type  
All Providers

- **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)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northwest Region		National Medicaid Benchmarks			
	DEL NORTE	HUMBOLDT	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.79%	60.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	38.88%	47.35%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.89%	59.94%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	3.53%	23.01%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	44.16%	53.17%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	51.65%	66.67%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	21.78%	34.87%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	21.09%	34.87%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	33.33%	33.11%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	18.42%	34.93%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	50.00%	68.58%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	66.67%	86.55%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	81.25%	78.36%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	45.91%	48.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	59.63%	66.62%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	40.31%	46.58%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS  
 - HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.  
 Note: AMR is a new measure held to MPL for MY2023

Select Report Year  
Report Year 2024; Measurement Year 2023

## HEDIS Performance by County Report Year 2024; Measurement Year 2023 Southeast Region Solano, Yolo and Napa Counties



Select Provider Type  
All Providers

- **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)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southeast Region			National Medicaid Benchmarks			
	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	78.34%	68.85%	65.93%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	67.20%	58.12%	59.99%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	77.08%	56.17%	60.22%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	58.18%	43.31%	40.20%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	55.05%	62.67%	53.32%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	64.18%	67.56%	57.00%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	42.16%	26.27%	25.19%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	29.66%	31.58%	27.02%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	29.03%	34.78%	23.86%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	68.42%	49.34%	45.28%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	56.57%	69.00%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	94.59%	85.21%	88.52%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	91.89%	85.92%	93.44%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	56.08%	42.80%	53.44%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	71.53%	59.35%	75.38%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	32.35%	35.70%	43.47%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS  
 - HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.  
 Note: AMR is a new measure held to MPL for MY2023

Select Report Year  
Report Year 2024; Measurement Year 2023

## HEDIS Performance by County Report Year 2024; Measurement Year 2023



Select Provider Type  
All Providers

Southwest Region  
Lake, Marin, Mendocino and 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)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southwest Region				National Medicaid Benchmarks			
	LAKE	MARIN	MENDOCINO	SONOMA	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	51.71%	65.65%	60.71%	71.78%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	47.56%	58.02%	50.43%	61.94%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.08%	73.68%	47.62%	66.49%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	25.86%	43.37%	24.18%	45.25%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	51.56%	72.34%	52.96%	54.05%	49.65%	56.04%	62.90%	67.39%
**Controlling High Blood Pressure (CBP)	61.82%	68.00%	68.85%	62.86%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	23.04%	43.55%	17.07%	42.82%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	28.39%	33.81%	30.41%	28.27%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	34.62%	31.94%	37.74%	31.69%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	39.39%	41.94%	32.43%	57.89%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	44.59%	83.78%	77.14%	49.22%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	77.78%	100.00%	100.00%	93.33%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	94.44%	86.67%	95.24%	95.56%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	43.84%	55.51%	44.68%	50.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age 15-30 months*	60.47%	76.28%	70.65%	65.11%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	43.59%	48.69%	53.94%	42.70%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.  
 \*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS  
 - HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.  
 Note: AMR is a new measure held to MPL for MY2023

## 8.0 Measurement Year 2023 Managed Care Accountability Site (MCAS) Measurement Set Descriptions-Accountable Measures

HEDIS Measure	Measure Indicator	Measure Definition
*Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</li> </ul>
*Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> <li>Non-Medicare Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.</li> </ul>
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> </ul> </li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>
*Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</li> <li>Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.</li> </ul>
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> <li>Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.</li> </ul>
*Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. <ul style="list-style-type: none"> <li>Total. The sum of the age stratifications.</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
*Developmental Screening in the First Three Years of Life (DEV_CH)	<ul style="list-style-type: none"> <li>Total All Ages</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of children screened for risk of developmental, behavioral, and social delays screening tool in the 12 months preceding or on their first, second, or third birthday.</li> <li>This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> <li>Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</li> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul>
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%). The most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</li> <li>At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.</li> </ul>
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <ul style="list-style-type: none"> <li>Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</li> <li>Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> </li> </ul>
*Topical Fluoride for Children (TFL-CH)	<ul style="list-style-type: none"> <li>Total ages 1 through 20</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.</li> <li>This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months</li> <li>Well-Child Visits for Age 15 Months–30 Months.</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</li> <li>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ul>

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



# Contact Us

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