NORC at the University of Chicago

SCHA– Quality Improvement/Quality Assurance (QIQA) Committee

NORC Quantitative Data Planning

6.26.2025

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Agenda

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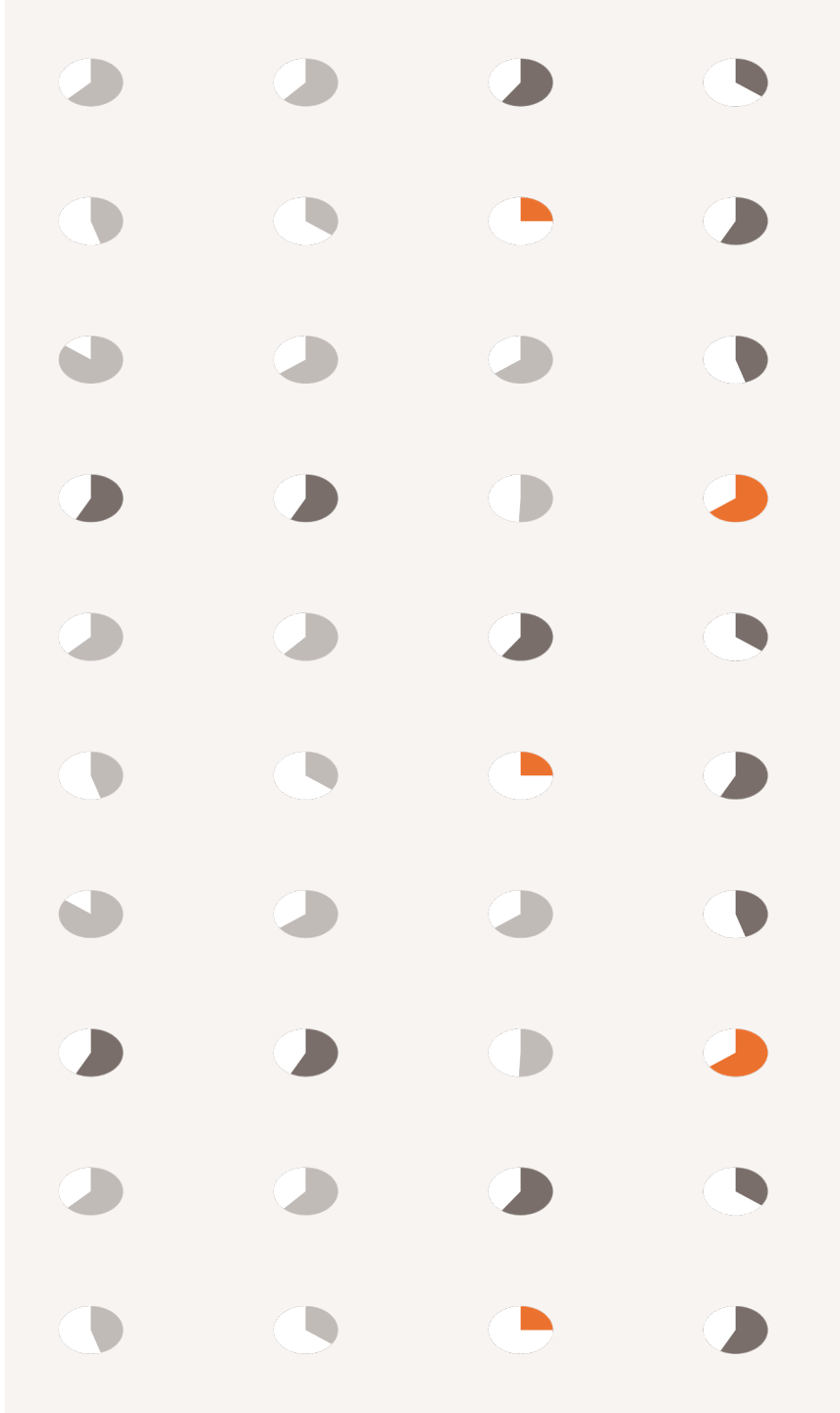

Background

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NORC is contracted to assist Sacramento County and the SCHA in evaluating Medi-Cal managed care performance in the county

NORC will support the QIQA subcommittee and the SCHA as a whole in identifying, collecting, and analyzing quantitative data from both publicly available data sources and data shared with the SCHA by Medi-Cal managed care plans (MCP)

NORC is conducting an environmental scan to build upon the previously built data inventory

The data inventory contains data sources and metrics that will be key in evaluating Medi-Cal Managed Care performance in Sacramento	Information has come from a review of the Community Health Assessment (CHA) work and other data sources/published reports	NORC will work with the QIQA committee to develop a set of measures to monitor

NORC will leverage the Guiding Principles for Performance Data

- **Principles established in May 2024 for health plan monitoring include:**
  - **Align** with goal areas of focus for SCHA
  - **Leverage** existing state Medi-Cal monitoring activities, including measurement, analysis, related MCP reporting, and published reports
  - **Be feasible** including considerations for accessibility and timeliness as data as well as limiting administrative burden for MCPs
  - **Be meaningful** with respect to equitable and quality care
  - **Target** opportunities for improvement

SCHA Medi-Cal Goals and Data

Building on prior discussions and a survey of the SCHA, primary areas of focus could be

Quality

Access to Care

Social Determinants of Health

CalAIM

Value-based Purchasing

These 5 areas of interest are based on a survey of this committee from 2024.

Goal and Timeline

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Our Goal and Timeline

Create a list of data elements to request from the MCPs at the same time they provide these data to the state

- This request should be mindful of the guiding principles and should be minimal, if possible, to limit MCP burden

Bring a proposal of to the general August SCHA meeting

- The QIQA committee will work to select these measures

June 2025
QIQA Meeting
Level-setting and Discussion

July 2025
QIQA Meeting
Draft and refine the proposal

August 2025
SCHA Meeting
Present the proposal

Data Overview

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Example of a Quality Measure

Measure Name: Childhood Immunization Status – Combination 10

Measure Abbreviation: CIS-10

Definition: This measure assesses the percentage of children who received all 10 recommended vaccines by their second birthday, according to the CDC's Advisory Committee on Immunization Practices (ACIP).

Numerator: Children in the denominator who received all 10-vaccine series in the measure on or before their second birthday.

Denominator: Children who turn two years old during the measurement year and were continuously enrolled in the health plan from birth through their second birthday (with allowable gaps).

Data Source: Managed Care Accountability Sets (MCAS)

Measurement Year: 2023

Anthem	Health Net	Molina	Kaiser	MPL	HPL
23.1%	29.2%	23.6%	48.9%	30.9%	45.3%

Note: MPL stands for Minimum Performance Level. HPL stands for High Performance Level. Both metrics are benchmarks established by DHCS.
Source: Data in the table above is sourced from Medi-Cal Managed Care Physical Health External Quality Review Technical Report (23-24)

Example of an Access to Care Measure

Measure Name: Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months- Six or More Well-Child Visits

Measure Abbreviation: W30-6

Definition: This measure assesses the percentage of children who had six or more well-child visits with a primary care provider during the first 15 months of life.

Numerator: Children in the denominator who received six or more well-child visits with a primary care provider by the time they turned 15 months old.

Denominator: Children who turn 15 months old during the measurement year and were continuously enrolled in the health plan from birth through 15 months of age (with allowable gaps in enrollment).

Data Source: Managed Care Accountability Sets (MCAS)

Measurement Year: 2023

Anthem	Health Net	Molina	Kaiser	MPL	HPL
44.8%	58.1%	18.9%	75.2%	58.4%	68.1%

Note: MPL stands for Minimum Performance Level. HPL stands for High Performance Level. Both metrics are benchmarks established by DHCS.
Source: Data in the table above is sourced from Medi-Cal Managed Care Physical Health External Quality Review Technical Report (23-24).

Example of a Social Determinants of Health (SDOH) Measure

Measure Name: Depression Screening and Follow-Up for Adolescents and Adults – Screening Total

Measure Abbreviation: DSF-E-Screen-Tot

Definition: This measure assesses the percentage of members 12 years and older who were screened for depression using a standardized depression screening tool during the measurement year.

Numerator: Members in the denominator who had a documented depression screening using a standardized tool (e.g., PHQ-9, PHQ-2) during the measurement year.

Denominator: Members aged 12 years or older as of December 31 of the measurement year and had at least one eligible encounter (e.g., outpatient visit, preventive care visit) during the measurement year and were continuously enrolled in the health plan during the measurement year (with allowable gaps).

Data Source: Managed Care Accountability Sets (MCAS)

Measurement Year: 2023

Anthem	Health Net	Molina	Kaiser	CA Average
0.1%	1.2%	2.4%	25.6%	8.8%

Note: MPL and HPL are not available for this measure as they are listed as report only. This means they are not held to MPLs. State averages are available instead.
Source: Data in the table above is sourced from Medi-Cal Managed Care Physical Health External Quality Review Technical Report (23-24)

Example of a CalAIM Measure

Measure Name: Enhanced Care Management (ECM) Penetration Rate

Definition: Percentage of MCP Members who were enrolled in ECM in the last 12 months of the Reporting Period.

Numerator: Number of Unique Members who received ECM in the last 12 months of the Reporting Period.

Denominator: Estimated Total Membership

Data Source: ECM Community Support Data Tables for Quarterly Implementation Report

Data Recency: As of September 2024

State Average: 1.6

MCP	Estimated Total Membership	Number Receiving ECM in the Last 12 Months	ECM Penetration Rate
Anthem	246,486	4,344	1.76
Health Net	145,417	1,440	0.99
Molina	69,215	1,139	1.65
Kaiser	130,957	1,558	1.19

Source: Chart 1.7.1 ECM Penetration Rates by MCP and County in the Last 12 Months of the Reporting Period | DHCS GIS Data Hub

Example of a Value Based Purchasing Measure

Measure Name: Controlling High Blood Pressure

Measure Abbreviation: CBP

Definition: The percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.

Numerator: Members in the denominator who whose most recent blood pressure reading during the measurement year was Systolic less than or equal to 140 mm Hg and Diastolic less than or equal to 90 mm Hg.

Denominator: Members aged 18-85 years old as of December 31 of the measurement year who had at least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year and were continuously enrolled in the health plan during the measurement year. Additionally, members in the denominator do not have end-stage renal disease (ESRD), pregnancy, or a diagnosis of non-acute inpatient admission during the measurement year.

Data Source: Managed Care Accountability Sets (MCAS)

Measurement Year: 2023

Anthem	Health Net	Molina	Kaiser	MPL	HPL
54.3%	57.0%	58.9%	77.0%	61.3%	72.2%

Note: MPL stands for Minimum Performance Level. HPL stands for High Performance Level. Both metrics are benchmarks established by DHCS.
Source: Data in the table above is sourced from Medi-Cal Managed Care Physical Health External Quality Review Technical Report (23-24)

Additional Data Notes

- NORC is tracking CalAIM measures for which data is not yet available in the data inventory
- NORC has collected information on the most recent data year for which MCP and county-level data are publicly available
- The publicly available data for Kaiser is regional and not county-specific
- Network adequacy data is difficult to measure given the MCPs are usually in compliance with state/federal requirements

Discussion

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Discussion

Items to consider in our discussion today

- How does this committee want to build consensus around the proposal for the data analysis and MCP data request for the SCHA meeting in August?
- Are there particular measures or domains the committee immediately would consider in inclusion?
- Are there any provider pain points that are important to consider, including any that may not be reflected in previous data (e.g., access to specialty care and CalAIM billing)?

Next Steps

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Next Steps

Based on our discussion today, prior to the next QIQA meeting in July 2025:

- A summary of the meeting and discussion today will be provided
- A list of prep work will be sent out to be completed prior to the next meeting
  - NORC will circulate a data spreadsheet with current data which can be used to identify priority metrics from the MCPs