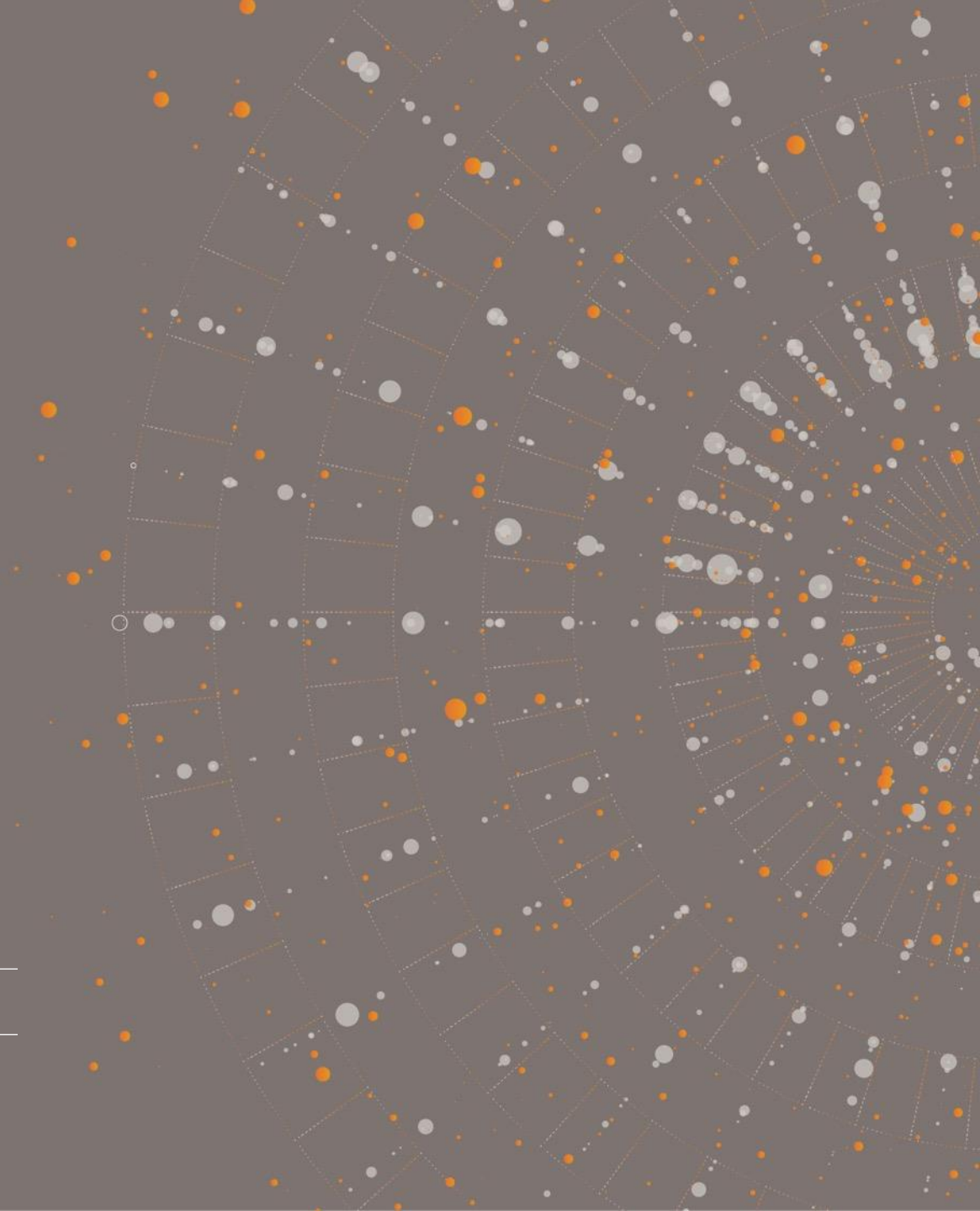
NORC at the University of Chicago

SCHA– Quality Improvement/Quality Assurance (QIQA) Committee

NORC Quantitative Data Planning

10.23.2025

Lisa Shugarman



Overview

01 Review: MCAS Measures Voting

02 Review: Additional Measures to Consider

03 VOTE: Demographic & Utilization Measures to Consider

04 Analysis of Data Compendium

05 Next Steps

The goal for health plan engagement will be to request and receive data on the selected set of measures that reflect SCHA priorities with sufficient detail to study variation in performance by select characteristics of the enrolled populations and their geographic location.

The intention would be to use this information to assess disparities in care delivery and identify areas for targeted improvement for plan/county/health system/provider collaboration.

Today's meeting objectives:

- Discuss and vote on demographic and utilization data request

Review: MCAS Measures Voting Results

NORC at the University of Chicago

List of Select Measures for QIQA Committee Consideration

- Childhood Immunization Status (CIS-10)
- Child and Adolescent Well-Care Visits – Total (WCV)
- Lead Screening in Children (LSC)
- Prenatal and Postpartum Care – Postpartum Care (PPC-Post)
- Breast Cancer Screening – Total (BCS)
- Cervical Cancer Screening (CCS)
- Asthma Medication Ratio – Total (AMR)
- Controlling High Blood Pressure – Total (CBP)
- Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HbA1c Poor Control (>9.0%) (HBD-H9)
- Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-up – Total (FUM-30)
- Follow-Up After Emergency Department Visit for Substance Abuse-30-Day Follow-up – Total (FUA-30)
- Plan All-Cause Readmissions Observed Readmissions – Total (PCR)

Domain	Color
Children's Health	Blue
Reproductive Health	Orange
Cancer Prevention	Red
Chronic Disease Management	Yellow
Behavioral Health	Purple
Report Only	Green

Voting Process

- QIQA committee members were asked to vote on their top five priority measures from the set of 12 presented during the meeting on August 28, 2025. We proposed the following approach to finalize the MCAS measure set:
  - If a measure received a “yes” vote from 60% or more of the subcommittee (4 or more votes), it was included as a recommendation to the SCHA (Tier 1).
  - If a measure received a “yes” vote from 40-59% of the subcommittee (3 votes), there was additional subcommittee discussion and a second round of voting (Tier 2).
  - If a measure receives a “yes” vote from less than 39% (0-2 votes), it was not proposed as a recommendation to the SCHA (Tier 3).

All selected measures met the Tier 1 criteria.

Selected Measures as voted on at the September 2025 QIQA Meeting

Measure Name	# of votes
Controlling High Blood Pressure – Total (CBP)	5
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HbA1c Poor Control (>9.0%) (HBD-H9)	5
Breast Cancer Screening – Total (BCS)	4
Child and Adolescent Well-Care Visits – Total (WCV)	4
Childhood Immunization Status (CIS-10)	4
Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-up – Total (FUM-30)	4

Domain	Color
Children's Health	Blue
Cancer Prevention	Red
Chronic Disease Management	Yellow
Behavioral Health	Purple

Review: Additional Measures to Consider

NORC at the University of Chicago

Requests for measures outside of recommended MCAS measures.

Measure Request: Specialty Care/Timely Access Data Request

- DHCS and DMHC each collect data on timely access and capturing these data may not necessitate outreach to plans if we can obtain the data from the state.

	DHCS Report	DMHC Report
Data Collected	Metrics of compliance with wait time standards	Metrics of compliance with wait time standards
Most Recent Available Data	Calendar Year 2024	Calendar Year 2023
Data Collection Entity	Third-Party Vendor	Self-Reported by Plan
Additional Information	Plan/county-level data available, including for Kaiser	Plan/county-level data available, including for Kaiser

Additional Measures Proposed outside of the MCAS Measures

- The list of measures below are measures proposed by committee members outside of the MCAS recommended MCAS measures. Most of the measures below are not currently established measures or currently collected measures, thus they will be tabled for future consideration.
- Rates of asthma-related Emergency Department (ED) Visits or hospitalizations (inverse measure)
- Percentage (%) of patients with asthma-related ED or hospital visits who were prescribed a controller medication within 30 days
- Percentage (%) of well visits where developmental screening or immunizations were updated/documented
- Lead Screening in Children: Percentage (%) of tests documented through point-of-care (POC) testing with billing captured
- Cervical Cancer Screening: Percentage (%) of abnormal results with appropriate follow-up (colposcopy, repeat testing within recommended interval)
- Breast Cancer Screening: Percentage (%) of abnormal results with documented timely follow-up (imaging, biopsy, or specialty referral)
- Percentage (%) of above goal who were prescribed evidence-based medications (e.g., metformin, GLP-1, SGLT2 inhibitors, basal insulin as indicated)
- Percentage of patients with uncontrolled blood pressure who were prescribed an evidence-based antihypertensive regimen (ACE/ARB, thiazide, calcium channel blocker, etc., per guidelines)
- Colorectal Cancer Screening (COL-E): The percentage (%) of person 45-75 years of age who had appropriate screening for colorectal cancer

Demographic and Utilization Measures to Consider

NORC at the University of Chicago

Additional Measure Requests

- **In addition to the request of quality measures, the NORC team recommends the committee agree on a set of utilization measures to be included, along with demographic characteristics to disaggregate and compare measure performance within plan by desired population characteristics.**
  - Demographic measures will allow the NORC team to analyze the data by subset of population (e.g., race/ethnicity).
    - This can help address QIQA committee interest in understanding the population each plan serves. The ability to measure the uninsured and churn populations remains a gap due to data availability.
  - Utilization measures are key in assessing how effectively and efficiently health care services are being used.
    - These can be used to measure access, appropriateness, and quality of care.
    - By using established utilization measures, the inclusion of utilization data in the request to the MCPs should not add significant burden on the plans.

Recommended Demographic Data

- **Below is the list of measures NORC recommends including in the data request for plans.**

Measure Name	Categories	Justification
Age	<1-18; 19-20, 21-45; 46-64; 65 and older	Identify children and adolescents, Adult TANF and Expansion; Dual eligible
Sex	Male, Female	Sex-specific incidence rates and conditions
Race/Ethnicity	Asian, Black-Not Hispanic, White-Not Hispanic, American Indian/Alaska Native, Pacific Islander/Native Hawaiian, Middle Eastern/North African, Hispanic or Latino, Other	Measuring disparities
Preferred spoken language	English, Spanish, Arabic, Chinese (combined), Farsi, Hmong, Russian, Vietnamese (Sacramento County threshold languages)	Measuring disparities
ZIP Code	N/A	Connecting to Geographic Hotspots
Aid Category	ACA Expansion Adult – Ages 19 to 64, Adoption/Foster Care, CHIP, LTC, Other, Parent/Caretaker Relative & Child, SPD/ABD	Age groups and reason for coverage
Dual Eligibility Status	Dual vs Non-Dual	Differences in benefits/needs
Housing Status	Unhoused vs. Housed	Difficult to reach population

Additional Levels of Disaggregation to request from plans

- **Based on previous QIQA committee discussions, the committee could consider requesting data disaggregated at the levels below.**
  - **Plan commercial data:** This would allow for comparison of commercial to Medi-Cal data.
  - **Independent Physician Association (IPA) data:** This would allow for comparison across different IPAs and allow for comparison of the same IPA across different plans.

Public Comment Period and Committee Vote

Demographic Measures

NORC at the University of Chicago

Recommended Utilization Data

- **This list of standard DHCS measures NORC recommends including in the data request to plans to cross-tabulate with demographic factors.**

Measure Name	Justification
ER Visits/1000	Access for urgent needs
ER visits leading to admission	Access for urgent needs
Total IP admission/1000	Acuity/Access to care
OP Visits/1000	Access to care
Dual Eligible membership	Differences in needs
Mental health visits/1000	Concerns for behavioral health treatment

Source: Managed Care Performance Monitoring Dashboard Report, https://www.dhcs.ca.gov/services/Documents/MCQMD/MCPM-Dashboard-January-2024.pdf

Public Comment Period and Committee Vote

Utilization Measures

NORC at the University of Chicago

Analysis of Data Compendium

NORC at the University of Chicago

Analysis of existing publicly available data

- **In addition to the request of quality measures and utilization measures subset by demographic characteristics, the NORC team asks the committee to consider the value of analysis of the data present in the data compendium.**
  - NORC could perform a time-series analysis of data present in the data compendium such as network adequacy data, access to care data, and quality measures data.
    - Year-to-year changes in MCAS content may make some trending analyses not possible.
    - Analyses at the sub-category level will be limited based on publicly available data.

Next Steps

NORC at the University of Chicago

Next Steps

1. Designate QIQA subcommittee member(s) to respond to questions at the general SCHA meeting in November
2. Designate QIQA subcommittee member(s) to participate in meetings with the MCPs to discuss the data request after it has been approved by SCHA
3. NORC to present to the SCHA (November)
4. Discuss with plans

Appendix

NORC at the University of Chicago

DHCS Timely Access Data

Calendar Year 2024 Wait Time Standards Results by Plan and Reporting Unit Levels				
Reporting Unit	Percentage of Specialists' in-person appointment times meeting wait time standards			
	Non-Urgent (15 business days)		Urgent (4 days)	
	Adult	Pediatric	Adult	Pediatric
Statewide %	70.5%	74.0%	54.4%	60.4%
Sacramento County Results:				
Anthem Blue Cross Partnership Plan	59.7%	45.6%	16.4%	6.5%
Health Net Community Solutions, Inc.	44.0%	52.4%	18.8%	30.2%
Kaiser Permanente	90.7%	93.0%	77.8%	79.1%
Molina Healthcare of California	54.6%	53.6%	19.7%	19.6%

Source: DHCS Timely Access Report (MY2024): https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2023-24-Medi-Cal-Managed-Care-Physical-Health-External-Quality-Review-Technical-Report-Vol9-F1.xlsx

DMHC Timely Access Data, Medi-Cal Plans in Sacramento County

Health Plan Name	Number of Providers within County/Network	Number of Providers Attempted to be Surveyed	Target Sample Size Achieved	Rate of Compliance for Urgent Care Appointments Available within 96 Hours (Unweighted)	Rate of Compliance for Non-Urgent Appointments Available within 15 Business Days (Unweighted)
Kaiser Foundation Health Plan, Inc.	195	195	Y	83%	99%
Molina Healthcare of California	451	451	Y	50%	53%
Blue Cross of California Partnership Plan, Inc.	792	176	Y	54%	60%
Health Net Community Solutions, Inc.	474	194	Y	67%	64%
Aetna Better Health of California Inc.	130	130	N	58%	63%

Source: DMHC Timely Access Report (MY2023): https://www.dmhc.ca.gov/Portals/0/Docs/OPM/DMHCMY2023TimelyAccessData.xlsx

Medi-Cal Managed Care Enrollment in Sacramento County – by Plan

Year	Anthem	Health Net	Molina	Kaiser	Aetna	Total
August 2025	253,124	146,783	72,584	136,679	-	*609,170*
	41.6%	24.1%	11.9%	22.4%	N/A	
Dec 2023	233,752	142,386	59,935	127,952	25,031	*589,056*
	39.7%	24.2%	10.2%	21.7%	4.3%	

Source: Medi-Cal Managed Care Enrollment Report, August 2025
https://data.chhs.ca.gov/dataset/medi-cal-managed-care-enrollment-report
Note: For August 2025, PACE plans InnovAge PACE (528), Habitat Health Sacramento (104), and Sutter Senior Care (546) made up less than 1% of enrollment.
Note: The amount of Fee-for-Service (FFS) eligibles in Sacramento County in August 2025 was 30,643. Source: https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-with-demographics-by-month/resource/2c28bf78-a385-4d0c-88d5-7d1eef09a5ab