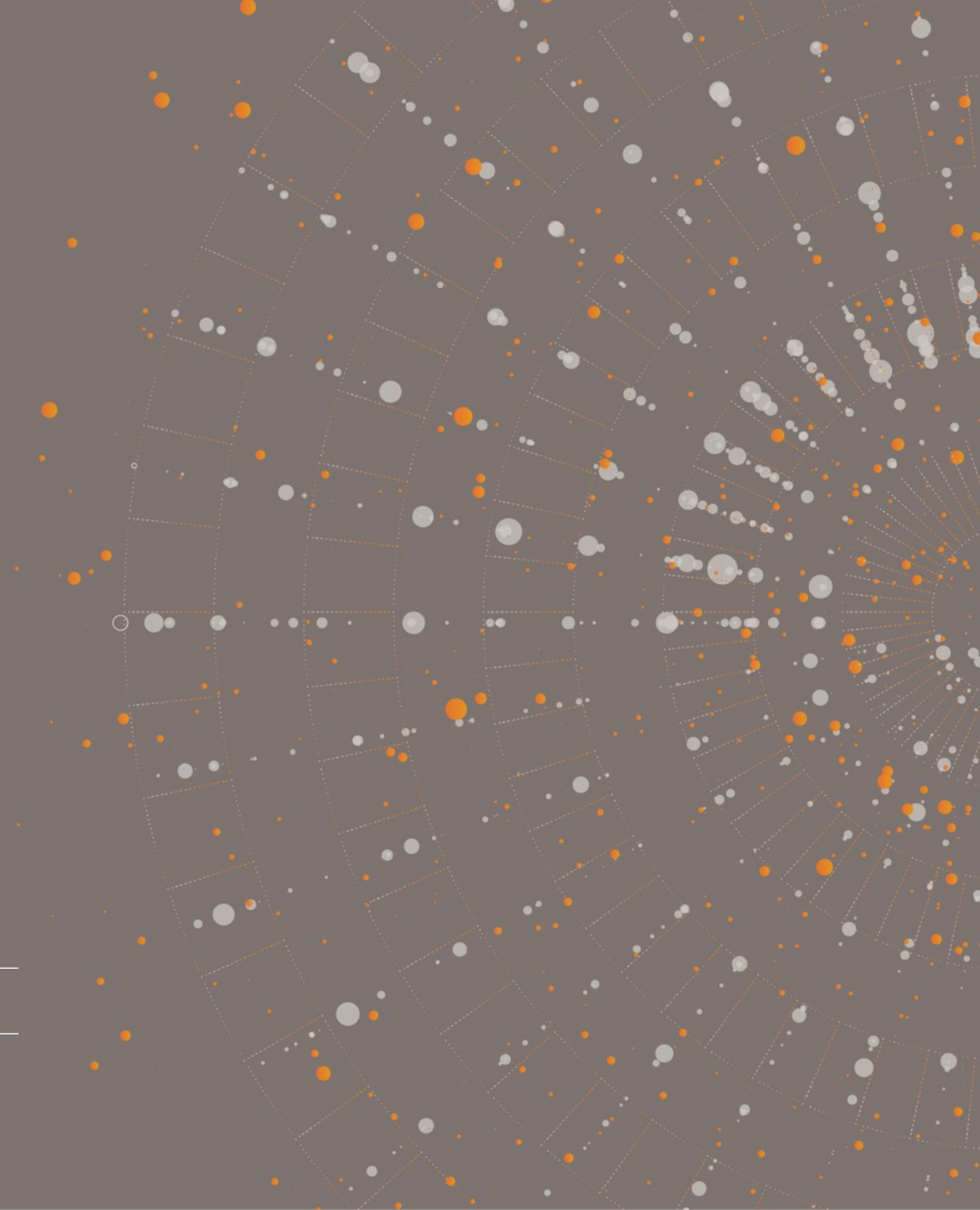


SCHA– Quality Improvement/Quality Assurance (QIQA) Committee

NORC Quantitative Data Planning

9.25.2025

Lisa Shugarman



Overview

01 Feedback Review & Voting for MCAS Measures

02 Additional Measures to Consider

03 County Comparator Review & Voting

04 Next Steps



The goal for health plan engagement will be to request and receive data on a select 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 collaboration.

Today's meeting objectives:

- To discuss QIQA Committee's feedback on last month's presentation

Feedback Review & Voting for MCAS Measures

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 propose the following approach to finalize the MCAS measure set:
 - If a measure receives a “yes” vote from 60% or more of the subcommittee (4 or more votes), it will be considered as a recommendation to the SCHA (Tier 1).
 - If a measure receives a “yes” vote from 40-59% of the subcommittee (3 votes), there will be 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 will not be proposed as a recommendation to the SCHA (Tier 3).
- Prior to today’s meeting, we received votes from four committee members, summarized on the next slide. Measures that did not meet the threshold for Tier 1 will be further reviewed today and voted upon.

Submitted QIQA Committee Feedback

The table below contains a tally of MCAS measures selected by commissioners as of Monday, 9/22. The voting members were Britta Guerrero, Dr. Richard Pan, Cortney Maslyn, Dr. Ravinder Khaira, Margarita Dodatko, and Michelle Monroe.

Measure Name	# of votes
Childhood Immunization Status (CIS-10)	3 (Tier 2)
Child and Adolescent Well-Care Visits – Total (WCV)	3 (Tier 2)
Lead Screening in Children (LSC)	2
Prenatal and Postpartum Care – Post partum Care (PPC-Post)	2
Breast Cancer Screening – Total (BCS)	3 (Tier 2)
Cervical Cancer Screening (CCS)	1
Asthma Medication Ratio – Total (AMR)	0
Controlling High Blood Pressure – Total (CBP)	5 (Tier 1)
Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HbA1c Poor Control (>9.0%) (HBD-H9)	5 (Tier 1)
Follow-Up After Emergency Department Visit for Mental Illness – 30-Day Follow-up – Total (FUM-30)	3 (Tier 2)
Follow-Up After Emergency Department Visit for Substance Abuse – 30-Day Follow-up (FUA-30)	1
Plan All-Cause Readmissions Observed Readmissions – Total (PCR)	1

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

Requests for measures outside of proposed MCAS measures

Rates of asthma-related Emergency Department (ED) Visits or hospitalizations (inverse measure)

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Chronic Disease Management	No	No	No	N/A	No	No	This is a <u>utilization measure</u> tracked by CDPH.

Percentage (%) of patients with asthma-related ED or hospital visits who were prescribed a controller medication within 30 days

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Chronic Disease Management	No	No	No	N/A	No	No	Similar measure: Follow-up after acute and urgent care visits for Asthma (AAF-E), NCQA endorsed and included in HEDIS MY 2026 (ECDS measure, https://www.ncqa.org/blog/hedis-my-2026-whats-new-whats-changed-whats-retired/); replaces Asthma Medication Ratio.

Requests for measures outside of proposed MCAS measures, cont'd

Percentage (%) of well visits where developmental screening or immunizations were updated/documented

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Children's Health	No	No	No	N/A	No	No	Established MCAS measures such as WCV, DEV, and CIS-10 that may be used to capture this information.

Lead Screening in Children: Percentage (%) of tests documented through point-of-care (POC) testing with billing captured

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Children's Health	No	No	No	N/A	No	No	POC testing with billing captured is not commonly reported as a standalone measure.

Requests for measures outside of proposed MCAS measures, cont'd

Cervical Cancer Screening: Percentage (%) of abnormal results with appropriate follow-up (colposcopy, repeat testing within recommended interval)

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Cancer Prevention (Cervical Cancer)	Yes	No	No	Proposed for MY 2025, but not included	No	No	CCF-E is the Cervical Cancer follow-up metric (ECDS measure).

Breast Cancer Screening: Percentage (%) of abnormal results with documented timely follow-up (imaging, biopsy, or specialty referral)

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Cancer Prevention (Breast Cancer)	Yes	Yes	No	MY 2025	Yes	No	HEDIS Measure – FMA-E; https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY-2025-Measure-Description.pdf

Requests for measures outside of proposed MCAS measures, cont'd

Hemoglobin A1c Poor Control (>9.0%): Percentage (%) of patients above goal who were prescribed evidence-based medications (e.g., metformin, GLP-1, SGLT2 inhibitors, basal insulin as indicated)

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Chronic Disease Management	No	No	No	N/A	No	No	

Percentage of patients with uncontrolled blood pressure who were prescribed an evidence-based antihypertensive regimen (ACE/ARB, thiazide, calcium channel blocker, etc., per guidelines)

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Chronic Disease Management (High Blood Pressure)	No	No	No	N/A	No	No	Similar measures include CBP and BPC-E.

Requests for measures outside of proposed MCAS measures, cont'd

Colorectal Cancer Screening (COL-E): The percentage (%) of person 45-75 years of age who had appropriate screening for colorectal cancer.

Measure Domain	NCQA Endorsed?	HEDIS Measure?	MCAS Measure?	Measurement Year	Benchmark Available?	Tied to a Financial Incentive?	Notes
Cancer Prevention (Colorectal Cancer)	Yes	Yes	Yes	2023	No	No	This is a report only measure in MY 2023.

Additional Measures to Consider

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).
 - 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 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>

Recommended Demographic Data

- **This 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

County Comparator Review & Voting

County Comparators Voting

- In the previous QIQA meeting, the committee discussed potential changes to the county comparators. In this meeting we will vote to approve the list of four (4) county comparators.
- The first vote will be to approve the 4 county comparators as proposed last meeting
 - San Diego County (GMC County)
 - San Joaquin County
 - Alameda County
 - Orange County
- If this vote does not pass, we will vote on each county individually for approval.
- If at the end of this process, there are less than 4 county comparators, the committee will discuss, propose, and vote on additional counties.

Next Steps

Next Steps

1. Confirm recommendation for SCHA
2. Present to the SCHA (October or November)
3. Discuss with plans

Appendix

DHCS Timely Access Data

Calendar Year 2024 Wait Time Standards Results by Plan and Reporting Unit Levels				
Reporting Unit	Percentage of <u>Specialists'</u> 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>