From: DMHC Licensing eFiling

Subject: APL 23-029 – Health Equity and Quality Measure Set Benchmark

Date: Wednesday, December 27, 2023 9:47 AM

Attachments: APL 23-029 – Health Equity and Quality Measure Set Benchmark (12.27.23).pdf

Dear Health Plan Representative,

The purpose of this All Plan Letter (APL) 23-029 is to inform all full-service and behavioral health care service plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) benchmark, accreditation, and stratification process for measurement year (MY) 2023 and MY 2024.

Thank you.

DEPARTMENT OF Managed Health Care

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ALL PLAN LETTER

DATE: December 27, 2023

TO: All Full-Service and Behavioral Health Care Service Plans[1]

FROM: Nathan Nau

Deputy Director, Office of Plan Monitoring

SUBJECT: APL 23-029 – Health Equity and Quality Measure Set Benchmark, Accreditation, and Stratification Process

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The purpose of this All Plan Letter (APL) is to inform all full-service and behavioral health care service plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) benchmark, accreditation, and stratification process. For accreditation, this APL applies to any full-service or behavioral health plan, and the plan's subcontracted health plans, including restricted and limited licensed health plans, that delivers hospital, medical, or surgical services and/or behavioral health services. The instructions provided herein are intended to be read in concert with any previous guidance published by the DMHC except where deviations exist, in which case the instruction in this APL supersedes.

I. Background

Assembly Bill (AB) 133 (Committee on Budget, 2021) (Health and Safety Code (HSC) section 1399.870 et seq) required the DMHC to establish and convene a Health Equity and Quality Committee (Committee). The purpose of the Committee was to recommend a HEQMS and benchmark standards for health plans, with the goal of addressing long-standing health inequities and ensuring the equitable delivery of high-quality health care services across all market segments, including the individual, small and large group markets, and the Medi-Cal Managed Care program.

Based on the Committee's recommendations submitted on October 12, 2022,[2] the DMHC established the HEQMS and measure stratification requirements, which were

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[1] This APL does not apply to health plans that only offer Medicare Advantage products. It also does not apply to specialized health plans other than behavioral health plans.
[2] 2022 Health Equity and Quality Committee Recommendations Report

shared with health plans in APL 22-028 – Health Equity and Quality Measure Set and Reporting Process. The HEQMS will be effective in measurement year (MY) 2023 through at least MY 2027. The DMHC may reconvene the Committee to reevaluate the effectiveness of the HEQMS prior to the MY 2027 measure sunset date. The Committee reconvened on October 16, 2023, to discuss setting a benchmark for the HEQMS. Based on the Committee's recommendations, the DMHC established a benchmark, which is provided in this APL.

II. DMHC HEQMS

The DMHC established the HEQMS comprised of 12 Healthcare Effectiveness Data and Information Set (HEDIS®)[3] measures and one Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[4] measure (see Table 1):

Table 1. HEQMS, Abbreviation, and Measure Steward

DMHC HEQ Measure Name	Abbreviation	Measure Steward
1. Colorectal Cancer Screening	COL / COL-E	NCQA
2. Breast Cancer Screening	BCS-E	NCQA
3. Hemoglobin A1c Control for Patients with Diabetes – HbA1c Control (<8.0%) Poor HbA1c Control (>9.0%)	HBD	NCQA
4. Controlling High Blood Pressure	CBP	NCQA
5. Asthma Medication Ratio (Total age range)	AMR	NCQA
6. Depression Screening and Follow-Up for Adolescents and Adults – Depression Screening Follow-Up on Positive Screen	DSF-E	NCQA
7. Prenatal and Postpartum Care – Timeliness of Prenatal Care Postpartum Care	PPC	NCQA
8. Childhood Immunization Status (CIS Combo 10)	CIS / CIS-E	NCQA
9. Well-Child Visits in the First 30 Months of Life – First 15 Months 15 Months - 30 Months	W30	NCQA
10. Child and Adolescent Well-Care Visits (Total age range)	WCV	NCQA
11. Plan All-Cause Readmissions (18-64 years of age)	PCR	NCQA
12. Immunizations for Adolescents (IMA Combo 2)	IMA / IMA-E	NCQA

[3] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[4] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

DMHC HEQ Measure Name	Abbreviation	Measure Steward
13. CAHPS Health Plan Survey[5] (Medicaid and Commercial): Getting Needed Care – Adult Survey Child Survey	CPA / CPC	AHRQ

III. Plans Subject to HEQMS Reporting and Accreditation

A. Plans Subject to Reporting

All full-service and behavioral health plans and subcontracted health plans, including restricted and limited licensed health plans, that deliver hospital, medical, or surgical services and/or behavioral health services are required to report on all 13 HEQMS measures, starting in MY 2023. Behavioral health plans with direct enrollment will be required to report only on HEQMS measure six, Depression Screening and Follow-Up for Adolescents and Adults. Health plans may report to the NCQA using either Administrative or Hybrid Data Collection Methods (Traditional Methods), unless reporting via the Electronic Clinical Data System (ECDS) is required by the NCQA or the DMHC for a specific measure. However, when a measure may be reported using both methods, Traditional and ECDS, plans must report using both available methods. The HEQMS reporting by a full-service or behavioral health plan must be inclusive of the plan's direct enrollment and all enrollees delegated to any subcontracted health plan.

These requirements do not apply to Medicare Advantage or other specialized health care service plan products.[6]

B. Plans Subject to Accreditation

All full-service, behavioral, and subcontracted health plans are required to obtain and maintain NCQA accreditation on or before January 1, 2026.[7] Full-service health plans are required to obtain NCQA Health Plan Accreditation. Behavioral health plans are required to obtain NCQA Managed Behavioral Healthcare Organization Accreditation. Subcontracted health plans are responsible for seeking accreditation in any functional areas they have been delegated to perform on behalf of a health plan.[8] The DMHC

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[5] The NCQA is using CAHPS Health Plan Survey, Version 5.1H ("H" demonstrates it is part of HEDIS reporting) for MY 2023. AHRQ periodically updates the CAHPS Health Plan Survey instruments, and health plans will need to confirm which CAHPS survey version the NCQA has adopted for given measurement year. The Health Equity and Quality Committee report and APL 22-028 identified CAHPS Health Plan Survey, Version 5.0 as the survey instrument to be utilized, which has since changed.

[6] Including specialized dental, vision, chiropractic, or acupuncture plans.

[7] Health and Safety Code section 1399.871(d)(1).

[8] The NCQA provides accreditation in functional areas including, but not limited to, case management, credentialing, population health, and utilization management.

recommends that health plans contact the NCQA directly for questions related to accreditation processes and applicable accreditation products.

IV. HEQMS Stratification

A. Background

The DMHC has adopted the NCQA health equity methodology for stratifying its HEQMS. The NCQA follows the Office of Management and Budget (OMB) Standards for stratification, which define minimum standards for collecting and presenting data on race and ethnicity for all Federal data reporting. As of the publication date of this APL, the OMB standards for race and ethnicity are:[9]

- Race
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - Some other race
  - Two or more races
  - Asked but no answer
  - Unknown

- Ethnicity
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Asked but No Answer
  - Unknown

For MY 2023, health plans must report to the DMHC stratified rates[10] for nine measures and aggregate rates[11] for all 13 measures (see Table 2 for details). For MY 2024, health plans must report to the DMHC stratified rates for ten measures and aggregate rates for all 13 measures (see Table 3 for details). The DMHC will provide additional guidance in the future on the measures not stratified by the NCQA.

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[9] Up to date OMB standards may be found at https://orwh.od.nih.gov/toolkit/other-relevant-federal-policies/OMB-standards.

[10] For the purposes of this APL, "Stratification" refers to the subcategorization of HEQMS measure result(s) by race and ethnicity, as described in Section IV.A. "Stratified Rates" are defined as HEQMS measure result(s) that are subcategorized by those same race and ethnicity categories.

[11] For the purposes of this APL, "Aggregate Rates" refer to summary level (non-stratified) measure result(s) of the individual (not composite) HEDIS measures that are in the HEQMS.

Table 2. MY 2023 health plan reporting to the DMHC via the NCQA summary level measure results file

HEQMS Measure	Report to the DMHC[12]			Stratified, Aggregate, or Both
	Commercial	Medicaid	Exchange	
1. Colorectal Cancer Screening	♦	♦	♦	Both
2. Breast Cancer Screening	♦	♦	♦	Both
3. Hemoglobin A1c Control for Patients with Diabetes	♦	♦	Report HbA1c poor control (>9%) only	Both
4. Controlling High Blood Pressure	♦	♦	♦	Both
5. Asthma Medication Ratio	♦	♦	♦	Both
6. Depression Screening and Follow-Up for Adolescents and Adults	♦	♦	Not Reported	Aggregate only
7. Prenatal and Postpartum Care	♦	♦	♦	Both
8. Childhood Immunization Status	♦	♦	♦	Aggregate only
9. Well-Child Visits in the First 30 Months of Life	♦	♦	♦	Both
10. Child and Adolescent Well-Care Visits	♦	♦	♦	Both
11. Plan All-Cause Readmissions	♦	♦	♦	Aggregate only
12. Immunizations for Adolescents	♦	♦	♦	Both

[12] Health plans must submit the NCQA summary level measure results file to the DMHC for all measures, except for the Quality Health Plan (QHP) measure, regardless of whether the results file includes both aggregate and stratified results or aggregate only.

HEQMS Measure	Report to the DMHC[12]			Stratified, Aggregate, or Both
	Commercial	Medicaid	Exchange	
13. CAHPS Health Plan Survey: Getting Needed Care	♦ (Report Adult Only)	♦[13] (Report Adult & Child)	(QHP)[14] Not Reported	Aggregate only

Table 3. MY 2024 health plan reporting to the DMHC via the NCQA summary level measure results file and via the DMHC stratification process

HEQMS Measure	Report to the DMHC[15]			Stratified, Aggregate, or Both
	Commercial	Medicaid	Exchange	
1. Colorectal Cancer Screening	♦	♦	♦	Both
2. Breast Cancer Screening	♦	♦	♦	Both
3. Glycemic Status Assessment for Patients with Diabetes[16]	♦	♦	Report Glycemic Status >9.0% only	Both
4. Controlling High Blood Pressure	♦	♦	♦	Both
5. Asthma Medication Ratio	♦	♦	♦	Both

[13] In MY 2023, Medicaid reports on the child general population set only (without the children with chronic conditions set).
[14] Exchange lines of business do not report the CAHPS Health Plan Survey. The DMHC will not require reporting of the QHP Enrollee Experience Survey for MY 2023.
[15] Health plans must submit the NCQA summary level measure results file to the DMHC for all measures, except for the QHP measure, regardless of whether the results file includes both aggregate and stratified results or aggregate only. Measures with an asterisk (*) will not be stratified by the NCQA for MY 2024. If the DMHC determines stratification of these measures will be required for MY 2024, then the DMHC will provide additional guidance in the future. Because these measures are not stratified by the NCQA, the DMHC would need to develop and implement processes and tools to ensure an accurate and appropriate reporting methodology. Establishing such a process is complex and the feasibility of completion prior to MY 2024 reporting is uncertain.
[16] Previously the NCQA called this measure Hemoglobin A1c Control for Patients with Diabetes.

HEQMS Measure	Report to the DMHC[15]			Stratified, Aggregate, or Both
	Commercial	Medicaid	Exchange	
6. Depression Screening and Follow-Up for Adolescents and Adults	♦	♦	TBD[17]	Aggregate only*
7. Prenatal and Postpartum Care	♦	♦	♦	Both
8. Childhood Immunization Status[18]	♦	♦	♦	Both
9. Well-Child Visits in the First 30 Months of Life	♦	♦	♦	Both
10. Child and Adolescent Well-Care Visits	♦	♦	♦	Both
11. Plan All-Cause Readmissions	♦	♦	♦	Aggregate only*
12. Immunizations for Adolescents	♦	♦	♦	Both
13. CAHPS Health Plan Survey: Getting Needed Care	♦ (Report Adult Only)	♦ (Report Adult & Child)	♦ (QHP)[19]	Aggregate only*

B. Calculating and Reporting Rates

The DMHC has aligned its HEQMS reporting timeline for MY 2023 with the NCQA's MY 2023 data submission timeline to ease the burden on health plans. Health plans will be required to report their final MY 2023 data to the NCQA in Q2 2024 and their NCQA results file to the DMHC in Q3 of 2024. The process for calculating and reporting rates for the HEQMS for MY 2023 is as follows:

1. Each health plan must follow the NCQA data submission process.
2. The health plans will submit the NCQA summary level aggregate and stratified measure result(s) received from NCQA to the DMHC via the Health Equity and Quality Web Portal.[20]

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[17] Exchange lines of business will not be required to report on this measure if it is not part of the CMS MY 2024 requirements.
[18] The NCQA anticipates incorporating stratifications for this measure but only via ECDS. The DMHC will require health plans to report via the ECDS for this measure.
[19] Exchange lines of business do not report the CAHPS Health Plan Survey. The DMHC will require reporting of the QHP Enrollee Experience Survey for MY 2024.
[20] Instructions for submitting data via the DMHC's Health Equity and Quality Web Portal will be forthcoming.

The DMHC follows, and health plans must adhere to, the NCQA's HEDIS, CAHPS, or other applicable technical specifications for each MY. Health plans must follow the DMHC's and the NCQA's timeline for collecting, calculating, auditing, and reporting rates.

More information on the NCQA's timeline can be found here: https://www.ncqa.org/hedis/data-submission/hedis-2023-data-submission-timeline/.

V. Benchmarks Established by the DMHC

The DMHC has established the HEQMS benchmark at the aggregate NCQA Quality Compass®[21] national Medicaid 50th percentile. This benchmark will be applied to the HEQMS for the aggregate and subpopulation results reported in the NCQA Quality Compass. Each HEQMS measure will be assessed against the current MY national Medicaid 50th percentile.

A. Enforcement

The DMHC will promulgate regulations codifying the measures and benchmarks by January 1, 2027. Once the regulations are promulgated, the DMHC may begin assessing administrative penalties for failure to meet the health equity and quality benchmarks. When assessing administrative penalties for failing to meet the health equity and quality benchmarks, incremental improvement in performance may be taken into consideration.

VI. Next Steps on HEQMS and the Health Plan Demographic Data Metric[22]

As stated in APL 22-028, to track progress and determine when the HEQMS stratification can be expanded, the DMHC will develop a metric[23] to monitor what demographic data[24] health plans have collected and for what percentage of their enrollees. The DMHC intends to begin collecting the health plan Demographic Data Metric for MY 2024 in 2025. The DMHC is currently developing its reporting process and will provide future guidance on the health plan Demographic Data Metric once the reporting process is fully developed.

The DMHC will utilize the health plan Demographic Data Metric to inform the addition of

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[21] Quality Compass® is a registered trademark of the NCQA.

[22] For purposes of this APL, a "Demographic Data Metric" is defined as a metric that will track the extent to which managed care entities collect demographic data elements for their enrollee populations.

[23] The DMHC Demographic Data Metric will be developed independent of NCQA's HEDIS Race/Diversity of Membership measure.

[24] For purposes of this APL, "Demographic Data" is defined as information that describes the characteristics of enrollee populations within a managed care entity. These characteristics may include but are not limited to gender identity, sexual orientation, race, ethnicity, and disability status.

new areas of stratification where disparate outcomes exist, such as in gender identity, disability status, sexual orientation, language, age, and income.

The DMHC intends to add new health equity and quality measures in the coming years, including measures pertaining to behavioral health, consistent with HSC section 1399.870 et seq.

If you have any questions about this APL or technical questions related to the HEQMS reporting, please contact the DMHC Health Equity and Quality Team at HEQ@dmhc.ca.gov.