

From: DMHC Licensing eFiling
Subject: APL 22-028 – Health Equity and Quality Measure Set and Reporting Process
Date: Wednesday, December 21, 2022 8:34 AM
Attachments: APL 22-028 – Health Equity and Quality Measure Set and Reporting Process (12.21.2022).pdf

Dear Health Plan Representative,

The purpose of this All Plan Letter (APL) 22-028 is to inform all full-service and behavioral health plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) and stratification requirements that will take effect beginning Measurement Year (MY) 2023.

In 2023, the DMHC will develop health plan instructions and templates for the HEQMS policy outlined in this APL.

Thank you.
Licensing Team

ALL PLAN LETTER

DATE: December 21, 2022

TO: All Full-Service and Behavioral Health Care Service Plans

FROM: Nathan Nau
Deputy Director, Office of Plan Monitoring

SUBJECT: APL 22-028 – Health Equity and Quality Measure Set and Reporting Process

The purpose of this All Plan Letter (APL) is to inform all full-service and behavioral health plans (health plans) of the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) and stratification requirements that will take effect beginning Measurement Year (MY) 2023.

In 2023, the DMHC will develop health plan instructions and templates for the HEQMS policy outlined in this APL.

I. Background

Assembly Bill (AB) 133 (Committee on Budget, 2021) (Health and Safety Code (HSC) section 1399.870) required the DMHC to establish and convene a Health Equity and Quality Committee (Committee) on or before March 1, 2022. The purpose of the Committee was to recommend health equity and quality measures and benchmark standards for all health plans, with the goal of addressing long-standing health inequities and ensure 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.

The final Committee recommendations were submitted to the DMHC Director on October 12, 2022.¹ Based on the Committee's recommendations, the DMHC has established the HEQMS and measure stratification requirements, which are provided in this APL. The HEQMS will be effective MY 2023 through at least MY 2027. Health plans shall comply with AB 133 as implemented by this APL and future DMHC guidance, consistent with applicable law, including Health and Safety Code section 1399.872.

¹ [2022 Health Equity and Quality Committee Recommendations Report.](#)

Pursuant to AB 133, the DMHC will promulgate regulations to codify these requirements by 2026.

II. DMHC Health Equity and Quality Measure Set

The DMHC has established the following HEQMS comprised of 12 Healthcare Effectiveness Data and Information Set (HEDIS®)² measures and one Consumer Assessment of Healthcare Providers and Systems (CAHPS®)³ measure:

1. Colorectal Cancer Screening
2. Breast Cancer Screening
3. Hemoglobin A1c Control for Patients with Diabetes
4. Controlling High Blood Pressure
5. Asthma Medication Ratio
6. Depression Screening and Follow-Up for Adolescents and Adults
7. Prenatal and Postpartum Care
8. Childhood Immunization Status
9. Well-Child Visits in the First 30 Months of Life
10. Child and Adolescent Well-Care Visits
11. Plan All-Cause Readmissions
12. Immunizations for Adolescents
13. CAHPS Health Plan Survey, Version 5.0 (Medicaid and Commercial): Getting Needed Care

Full-service health plans will be required to report on all HEQMS measures. Behavioral health plans will be required to report only on HEQMS measure six, Depression Screening and Follow-Up for Adolescents and Adults.

The HEQMS will be effective MY 2023 and through at least MY 2027. After five years, the DMHC may reconvene the Committee to adjust or revise the HEQMS. Additional information on the HEQMS can be found in Attachment One of this APL.

III. Quality Measure Reporting Product Lines

The DMHC will require health plans to report their rates at the statewide aggregate level by product line. DMHC is adopting the NCQA Medicaid and commercial product line definitions.

Full-service health plans that delegate behavioral health services to a subcontractor will be required to report on HEQMS measure six, Depression Screening and Follow-Up for Adolescents and Adults.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

IV. Stratification

The DMHC has adopted the National Committee for Quality Assurance (NCQA) health equity reporting methodology for its HEQMS. Although the NCQA requires health plans to stratify by race and ethnicity for only nine of the measures on the DMHC's HEQMS, the DMHC will require stratification by race and ethnicity for all 13 of the HEQMS measures beginning in MY 2023.

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. The current OMB standards for ethnicity and race are:

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

- 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

V. Availability of Demographic Data

Several state and federal initiatives are underway to address barriers and gaps in data collection for demographic data. In order to track progress and determine when the HEQMS stratification can be expanded, the DMHC will develop a process to track what demographic data health plans have collected and for what percentage of their enrollees.

Attachment One

Measure #	Measure Name	Steward	Type	Description
1	Colorectal Cancer Screening	NCQA	Process	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
2	Breast Cancer Screening	NCQA	Process	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
3	Hemoglobin A1c Control for Patients with Diabetes	NCQA	Outcome	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"> • HbA1c control (<8.0%). • HbA1c poor control (>9.0%).
4	Controlling High Blood Pressure	NCQA	Outcome	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
5	Asthma Medication Ratio	NCQA	Process	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.

Measure #	Measure Name	Steward	Type	Description
6	Depression Screening and Follow-Up for Adolescents and Adults	NCQA	Process	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.</p> <ul style="list-style-type: none"> Depression Screening: The percentage of members who were screened for clinical depression using a standardized tool. <p>Follow-Up on Positive Screen: The percentage of members who screened positive for depression and received follow-up care within 30 days.</p>
7	Prenatal and Postpartum Care	NCQA	Process	<p>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.</p> <ul style="list-style-type: none"> 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. <p>Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p>

Measure #	Measure Name	Steward	Type	Description
8	Childhood Immunization Status (CIS 10)	NCQA	Process	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.
9	Well-Child Visits in the First 30 Months of Life	NCQA	Process	<p>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:</p> <ul style="list-style-type: none"> • Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. • 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.
10	Child and Adolescent Well-Care Visits	NCQA	Process	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a Primary Care Physician (PCP) or an Obstetrics/Gynecology (OB/GYN) practitioner during the measurement year.

Measure #	Measure Name	Steward	Type	Description
11	Plan All-Cause Readmissions	NCQA	Process	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.
12	Immunizations for Adolescents (IMA Combo 2)	NCQA	Process	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.
13	CAHPS Health Plan Survey, Version 5.0 (Medicaid and Commercial): Getting Needed Care	Agency for Healthcare Research and Quality	Outcome	This measure provides information on the experiences of Commercial and Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations. The Getting Needed Care composite asks enrollees how often it was easy for them to get appointments with specialists and get the care, tests, or treatment they needed through their health plan.