



Gavin Newsom, Governor  
 State of California  
 Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
 980 9<sup>th</sup> Street, Suite 500  
 Sacramento, CA 95814  
 Phone: 916-324-8176 | Fax: 916-255-5241  
[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

## Department of Managed Health Care Health Equity and Quality Measure Set

The purpose of this table is to list and describe the Department of Managed Health Care (DMHC) Health Equity and Quality Measure Set (HEQMS) for Measurement Year (MY) 2023 and to note upcoming changes to certain measures in MY 2024.

The DMHC has adopted the National Committee for Quality Assurance (NCQA) health equity reporting methodology for its HEQMS. The DMHC established the following HEQMS comprised of 12 Healthcare Effectiveness Data and Information Set (HEDIS) measures and one Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. The information listed in the table below is based on information available on the NCQA and the Centers for Medicare and Medicaid Services (CMS) websites as of November 29, 2023; up-to-date information regarding these measures can be found on NCQA’s website at <https://www.ncqa.org> and CMS’ website at <https://qhpsurvey.cms.gov>.

Measure #	Measure Name and Abbreviation	Steward	Description
1	Colorectal Cancer Screening (COL, COL-E)	NCQA	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
2	Breast Cancer Screening (BCS-E)	NCQA	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. <sup>1</sup>
3	Hemoglobin A1c Control for Patients with Diabetes (HBD) <sup>2</sup>	NCQA	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"> <li>• HbA1c control (&lt;8.0%).</li> <li>• HbA1c poor control (&gt;9.0%).<sup>3</sup></li> </ul>

<sup>1</sup>Beginning in MY 2024, the Breast Cancer Screening measure description will change to: “The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.”

<sup>2</sup> Beginning in MY 2024, the measure name Hemoglobin A1c Control for Patients with Diabetes (HBD) will be changed to Glycemic Status Assessment for Patients with Diabetes (GSD).

<sup>3</sup> Beginning in MY 2024, the measure description will change to: “The percentage of members 18-75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c or glucose management indicator) was at the following levels during the measurement year: Glycemic Status <8.0% and Glycemic Status >9.0%.”

***Protecting the Health Care Rights of More Than 29.7 Million Californians***  
 Contact the DMHC Help Center at 1-888-466-2219 or [www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

Measure #	Measure Name and Abbreviation	Steward	Description
4	Controlling High Blood Pressure (CBP)	NCQA	The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
5	Asthma Medication Ratio (AMR)	NCQA	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.
6	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	NCQA	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul>
7	Prenatal and Postpartum Care (PPC)	NCQA	<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 members, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul>

Measure #	Measure Name and Abbreviation	Steward	Description
8	Childhood Immunization Status (CIS and CIS-E)	NCQA	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three haemophilus influenza type B; three hepatitis B, one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.
9	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	<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"> <li>• Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>• 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.</li> </ul>
10	Child and Adolescent Well-Care Visits (WCV)	NCQA	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an obstetrician/gynecologist practitioner during the measurement year.
11	Plan All-Cause Readmissions (PCR)	NCQA	<p>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.</p> <p>Note: For Commercial and Medicaid, report only members 18–64 years of age.</p>

Measure #	Measure Name and Abbreviation	Steward	Description
12	Immunizations for Adolescents (IMA, IMA-E)	NCQA	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine, and have completed the human papillomavirus vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.
13	CAHPS Health Plan Survey (Medicaid and Commercial): Getting Needed Care <sup>4</sup> (CPA – Adult Version; CPC – Child Version)	Agency for Healthcare Research and Quality	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.
	Qualified Health Plan (QHP) Enrollee Experience Survey <sup>5</sup>	Agency for Healthcare Research and Quality	CMS developed the QHP Enrollee Experience Survey to assess enrollees' experiences with QHPs offered through the Exchanges.

<sup>4</sup> The NCQA is currently using CAHPS Health Plan Survey, Version 5.1H ("H" demonstrates it is part of HEDIS reporting) for MY 2023.

<sup>5</sup> Exchange lines of business will report on the Qualified Health Plan Enrollee Experience Survey in lieu of the CAHPS Health Plan Survey.