



Health Equity and Quality Program Submission Instructions

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Introduction

California Health and Safety Code (HSC) section 1399.872 requires health care service plans (health plans) to annually submit Health Equity and Quality (HEQ) data and information to the Department of Managed Health Care (DMHC). The purpose of these instructions is to inform health plans of the DMHC's procedures for submitting HEQ data and information, including the Health Equity and Quality Measure Set (HEQMS) established by the DMHC in consultation with the HEQ Committee (HSC section 1399.870, et seq.) through the DMHC e-Filing Web Portal. The instructions provided herein are intended to be read in concert with any previous guidance published by the DMHC.

e-Filing Web Portal Overview and Submission Process

To begin the reporting process, go to the [e-Filing Web Portal](#) and select the name of your health plan from the drop-down menu, then enter your Login and Password. Click the Login Button and a window will appear for a two-step authentication. Click the "Send me the code" or "Send code" button to have a verification code sent to your preferred method of authentication. Type the verification code into the text box, then click "Verify."

After logging into the [e-Filing Web Portal](#), select application: "**e-Filing**" and then click the "**Downloads**" link on the top menu to download the Health Equity and Quality Program – e-Filing User Guide which can be found under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. The Health Equity and Quality Program – e-Filing User Guide provides detailed e-Filing instructions for submitting HEQ data and information to the DMHC.

I. Exhibit E-1

Each e-Filing must include an Exhibit E-1, Summary of eFiling Information, providing a summary description of the filing. PDF and Word are the preferred formats for an Exhibit E-1. Within the Exhibit E-1, include the following:

1. The purpose of the filing.

Examples:

- The purpose of this filing is to submit the HEQ Pre-Filing Form for measurement year (MY) 2023 data submitted in reporting year (RY) 2024.
- The purpose of this filing is to report HEQMS data and the Health Plan Demographic Data Metric (HPDDM) Template(s) for MY 2023 data submitted in RY 2024.

2. A list of all documents submitted as part of the filing, identified by name and exhibit type.¹
3. Any other information the health plan believes would help the DMHC review this filing.

II. Pre-Filing Form Submission

The Pre-Filing Form will be available on the “**Downloads**” page of the e-Filing Web Portal under the “Compliance” section and “Assembly Bill 133 – Health Equity and Quality” subsection. Health plans must download, complete, and save the Pre-Filing Form as instructed. Health plans must then submit the Pre-Filing Form to the DMHC via the e-Filing Web Portal as an Exhibit E-10 Health Equity and Quality – Miscellaneous, by the first Friday of May of the RY. The Pre-Filing Form is separate from the other submissions detailed herein.

III. HEQMS Reporting

To report HEQMS data to the DMHC, access applicable files available for download from the NCQA Interactive Data Submission System (IDSS). General steps for accessing files from IDSS are provided below, but plans should go to the [NCQA's Data Submission website](#) or contact the [NCQA](#) directly for detailed instructions or to ask specific questions regarding IDSS file downloads. Health plans must submit their NCQA summary level aggregate and stratified measure results file(s) received from the NCQA to the DMHC via the DMHC e-Filing Web Portal by the first Friday of August of each RY.

A. HEDIS Measure Indicators Collection and Submission Process

Applicable HEDIS measures and applicable measure indicators must be collected from the NCQA results files. From “**Bulk Downloads**” on the left side of the IDSS interface, choose HEDIS. Select the health plan’s organization ID, click NEXT, select all applicable Commercial, Medicaid, and Exchange submissions, then click NEXT. Select both the Result File (XML) and Data-filled Excel Workbook (EXCEL), and then click DOWNLOAD SUBMISSIONS. The files will be saved to the computer’s Downloads folders. Health plans will need to save all the files in a format that will then allow the files to be submitted via the DMHC’s e-Filing Web Portal.

The HEDIS files downloaded from IDSS must then be uploaded to the DMHC via the e-Filing Web Portal in the following formats:

¹ Any additional exhibits that do not fall within the exhibit types identified elsewhere in these instructions must be filed as “Exhibit E-10 Health Equity and Quality – Miscellaneous.” An Exhibit E-10 may be filed in any format accepted by the e-Filing Web Portal.

HEQ Document Type	Source	Accepted Format
Exhibit HEQ-A-1 NCQA HEDIS Results File - Commercial	IDSS download	XML
Exhibit HEQ-A-2 NCQA HEDIS Results File - Medicaid	IDSS download	XML
Exhibit HEQ-A-3 NCQA HEDIS Results File - Exchange	IDSS download	XML
Exhibit HEQ-F-1 NCQA HEDIS Data Workbook – Commercial	IDSS download	XLS (Excel)
Exhibit HEQ-F-2 NCQA HEDIS Data Workbook – Medicaid	IDSS download	XLS (Excel)
Exhibit HEQ-F-3 NCQA HEDIS Data Workbook – Exchange	IDSS download	XLS (Excel)

B. CAHPS Measure Indicators Collection and Submission Process

Applicable CAHPS measure indicators must be collected from the NCQA results files. From “**Bulk Downloads**” on the left side of the IDSS interface, choose CAHPS. Select the health plan’s organization ID, click NEXT, then select all applicable Commercial and Medicaid submissions, then click NEXT. Select EXCEL, then click DOWNLOAD SUBMISSIONS. The files will be saved to the computer’s Downloads folders. Health plans will need to save all the files in a format that will then allow the files to be submitted via the DMHC’s e-Filing Web Portal.

The CAHPS files downloaded from IDSS must then be uploaded to the DMHC via the e-Filing Web Portal in the following format(s):

HEQ Document Type	Source	Accepted Format(s)
Exhibit HEQ-B-1 CAHPS Health Plan Survey Results - Commercial	IDSS download	XLS (Excel) ²
Exhibit HEQ-B-2 CAHPS Health Plan Survey Results - Medicaid	IDSS download	XLS (Excel) ³

IV. Health Plan Demographic Data Metric Submission

The HPDDM template is available on the “**Downloads**” page of the e-Filing Web Portal under the “Compliance” section and “Assembly Bill 133 – Health Equity and Quality”

² Although the e-Filing Web Portal accepts other file formats for this document type, the DMHC requires the submission of CAHPS Health Plan Survey Results in Excel format only, for consistency and to expedite the processing of health plan submissions.

³ Although the e-Filing Web Portal accepts other file formats for this document type, the DMHC requires the submission of CAHPS Health Plan Survey Results in Excel format only, for consistency and to expedite the processing of health plan submissions.

subsection. Health plans will download the HPDDM template and complete it, according to the Template Instructions tab, for each applicable line of business (i.e., Commercial, Medicaid, and/or Exchange).⁴ Health plans must submit completed HPDDM template(s), in the same filing as the HEQMS data, to the DMHC via the DMHC e-Filing Web Portal using the document types and format referenced in the table below by the first Friday of August each RY.

In order to assist the DMHC with identifying areas for improvement in future demographic data collection efforts, health plans can supplement their HPDDM reporting by submitting a demographic data narrative document. Health plans may use the narrative to address barriers or challenges encountered in the collection or reporting of enrollee demographic data and provide information regarding additional or alternative categories used when collecting enrollee demographic data. The health plan demographic data narrative document can be submitted to the DMHC via the DMHC e-Filing Web Portal as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

HEQ Document Type	Accepted Format
Exhibit HEQ-C-1 Health Plan Demographic Data Metric – Commercial	XLS (Excel)
Exhibit HEQ-C-2 Health Plan Demographic Data Metric – Medicaid	XLS (Excel)
Exhibit HEQ-C-3 Health Plan Demographic Data Metric – Exchange	XLS (Excel)
Exhibit E-10 Health Equity and Quality – Miscellaneous	No Restrictions

V. Performance Findings Report Response Submission

Within ten (10) business days of issuance of the Performance Findings Report (Report), health plans are required to notify the DMHC in writing of any factual error(s) in the Report (Response). A health plan's Response shall include all of the following:

- A detailed explanation of the health plan's perceived factual error(s) (factual errors include, for example, a misspelled policy name, incorrectly cited document date, etc.).
- Documentation necessary to demonstrate the factual error(s) and the health plan's asserted corrected fact(s) (for example, the title page with correct policy name, document page with correct date, etc.). Highlight relevant corrected information in the documentation submitted to ensure the DMHC is able to identify and confirm the corrected facts.

Information in the health plan's Response that goes beyond the identification of factual errors will not be considered for the purposes of the Report.

The health plan must submit its Response to the Performance Findings Report as an amendment to its original data submission filing, using the Exhibit E-10 Health Equity

⁴ The NCQA refers to Commercial, Medicaid, and Exchange as "product lines."

and Quality – Miscellaneous document type. Supporting documents demonstrating the errors identified in the Response must also be submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous. Although the e-Filing Web Portal accepts other file formats for an Exhibit E-10, the DMHC prefers PDF and Word for the Response and supporting documentation. Include in the Plan’s Exhibit E-1 reference to the amendment as a “Response to Performance Findings Report,” and ensure accurate entry of the Primary Filing Number.

VI. Corrective Action Plan Submission

If the Performance Findings Report requires the health plan to submit a corrective action plan (CAP), the health plan must submit its CAP within ninety (90) calendar days of receipt of the Report. Plans must use the Corrective Action Plan Form when developing a CAP in response to the DMHC’s HEQ Performance Findings Report. The HEQ CAP Form will be made available in the “**Downloads**” page of the e-Filing Web Portal under the “Compliance” section and “Assembly Bill 133 – Health Equity and Quality” subsection. The Plan must download and complete the form according to the instructions.

The Plan must submit one CAP form for each applicable line of business (i.e., Commercial, Medicaid, and/or Exchange). Do not submit separate documents for each population or each deficiency. All deficiencies within the same product line must be addressed in a single form.

The completed CAP form(s) must be submitted to the DMHC as an amendment to the plan’s original data submission filing, using the document types and formats referenced in the table below.

All supporting documents demonstrating the corrective actions proposed and/or undertaken must be submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous. The name of each file submitted in support of the health plan’s CAP should match the name(s) of the document(s) listed in the “Supporting Documentation” section of the CAP Form.

Include in the Plan’s Exhibit E-1 reference to the amendment as a “Corrective Action Plan,” and ensure accurate entry of the Primary Filing Number.

HEQ Document Type	Accepted Format(s)
Exhibit HEQ-D-1 Corrective Action Plan – Commercial	Word or PDF
Exhibit HEQ-D-2 Corrective Action Plan – Medicaid	Word or PDF
Exhibit HEQ-D-3 Corrective Action Plan – Exchange	Word or PDF
Exhibit E-10 Health Equity and Quality – Miscellaneous	No Restrictions ⁵

⁵ PDF and Word are the preferred formats for the CAP supporting documentation.

VII. Amendments and Late Filings

Health plans may amend a filing at any time before the deadline. To amend a filing, select “Amendment to Prior Filing” as the Filing Type on the “File Documents” page, and then select the original filing number from the drop-down menu under “Original Filing.” Note that closed prior filings cannot be amended. If the health plan is attempting to file an amendment to a prior filing but the file number does not appear in the drop-down menu, send an email to wpso@dmhc.ca.gov.

Health plans must submit all required filings, even if they fail to meet the deadline. Health plans must also amend a filing if they discover that they previously filed information that was incomplete or materially inaccurate. Health plans must file an amendment within thirty (30) calendar days of discovering the material inaccuracy or omission, even if the filing deadline has passed. Health plans must include their reasons for submitting a late filing or amended filing in an Exhibit E-1.

Data from late filings or from amendments to a filing based on discovery of incomplete or materially inaccurate information may not be included in public reporting if operationally infeasible.

If you have any questions or concerns regarding your Health Equity and Quality e-Filing submission, contact HEQ@dmhc.ca.gov.