



PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Annual Partnership County Data Report 2025: Shasta County

April 2025





# Table of Contents (1/2)

<b><u>County Data Introduction</u></b>	4	<b><u>Obstetrics/Maternity Data</u></b>	24
<b><u>Membership/County Overview</u></b>	5	<u>County Maternity Data and Resources</u>	25
<u>Partnership's Regional Structure</u>	6	<u>Maternity Data by Provider</u>	26
<u>County Member Enrollment Trend</u>	7	<u>Member Deliveries</u>	27
<u>Current County Enrollment</u>	8	<b><u>Substance Use Disorder Data</u></b>	28
<u>County Member Age Groups and Gender</u>	9	<u>County Substance Use Disorder Claims</u>	29
<u>County Member Ethnicity and Preferred Language</u>	10	<u>County Demographics of Members Diagnosed with SUD</u>	30
<u>County Homeless Demographics</u>	11	<u>County Top Reasons Members with SUD Used Health Services</u>	31
<u>County Member Assignment Status</u>	12	<u>County Homeless with SUD</u>	32
<b><u>Emergency Department, Hospital, and Provider Utilization Data</u></b>	13	<u>County Homeless and SUD Utilization</u>	33
<u>County Annual Emergency Department Use Trend</u>	14	<u>County Behavioral Health Services Used by Patients with SUD</u>	34
<u>Emergency Department Utilization</u>	15	<u>County Tobacco Screening and Referral by Demographics</u>	35
<u>County Hospital Use Rates: Acute Hospital Admissions and ALOS</u>	16	<u>Tobacco Screening and Referral by Region and County</u>	36
<u>County Primary Care Visit Rates and Telehealth Trends</u>	17	<u>County Tobacco Screening and Referral by PCP</u>	37
<u>County Specialty Visits Provided by Telehealth</u>	18	<b><u>County Disparities Data</u></b>	38
<u>Mental Health Utilization by Region</u>	19	<u>County Top Disparities Below MPL</u>	39
<u>County Mental Health Utilization</u>	20	<u>County Breast Cancer Screening Disparities</u>	40
<u>County Behavioral Health Use</u>	21	<u>County Colorectal Cancer Screening Disparities</u>	41
<u>ACEs Screening Rates</u>	22	<u>County Cervical Cancer Screening Disparities</u>	42
<u>County ACEs Screenings and Member Assignments</u>	23	<u>County Well-Care Visit Disparities</u>	43



# Table of Contents (2/2)

## **County Disparities Data (Continued)**

[County Diabetes Mellitus Poor Control Disparities](#) 44

[County Controlled Blood Pressure Disparities](#) 45

## **Child Welfare-Involved Youth Data** 46

[Child Welfare Demographics](#) 47

[County Child Welfare Utilization](#) 48

[Child Welfare ECM Services Utilization](#) 49

[Child Welfare Community Support Services](#) 50

## **Surveys and Screening Data** 51

[Workforce Point in Time Survey](#) 52

[CAHPS Survey Results: Flu and Smoking Cessation](#) 53

[CAHPS Survey Results: Advanced Directives](#) 54

[County Lead Screening Data](#) 55

## **Transportation Services Data** 56

[County NMT and NEMT Transportation Services: KPIs](#) 57

[County NMT and NEMT Transportation Services: Trip Details](#) 58

[County NMT and NEMT Transportation Services: Demographics](#) 59

[NMT and NEMT Transportation Services Utilization](#) 60

## **Supplementary Data**

[County Chronic Conditions Prevalence](#) 61

[County Fluoride Varnish Treatment Demographics](#) 62

[Fluoride Varnish Trend by County](#) 63

[County Fluoride Varnish Treatment by PCP](#) 64

[Pre-Exposure Prophylaxis for HIV](#) 65

## **Appendix: HEDIS Information** 67

[HEDIS HPA Rate Performance by County](#) 68-71

[HEDIS HPA Measure Set Descriptions](#) 72-80

[HEDIS Performance by Partnership County](#) 81-84

[MCAS Measurement Set Descriptions](#) 85-87

[Contact Us](#) 88

# County Data Introduction

- Dates reflected in the data:
  - Mostly for calendar year 2024
  - Next most common is calendar year 2023 (for example, HEDIS data)
  - Noted on each page
- Limitations to Consider in Interpretation
  - Many different data sources; data depends on the completeness and accuracy of these data sources.
  - “Claims Lag”: claims may be billed up to 1 year after the date of service. Final data a year later will generally reflect slight increases in claims completeness.
- Use in conjunction with other data sources to get full picture of health in the county
  - County Health Rankings
  - County Health Status Profile
  - Healthy Places Index





# Membership/County Overview

# Partnership's Regional Structure

## Regional Structure



### Eureka Office Region

*Del Norte, Humboldt, Lake, and Mendocino counties.*



**Vicky Klakken**, Regional Director  
[vklaeken@partnershiphp.org](mailto:vklaeken@partnershiphp.org)



### Chico Office Region

*Butte, Colusa, Glenn, Sutter, and Yuba counties.*



**Rebecca Stark**, Regional Director  
[rstark@partnershiphp.org](mailto:rstark@partnershiphp.org)

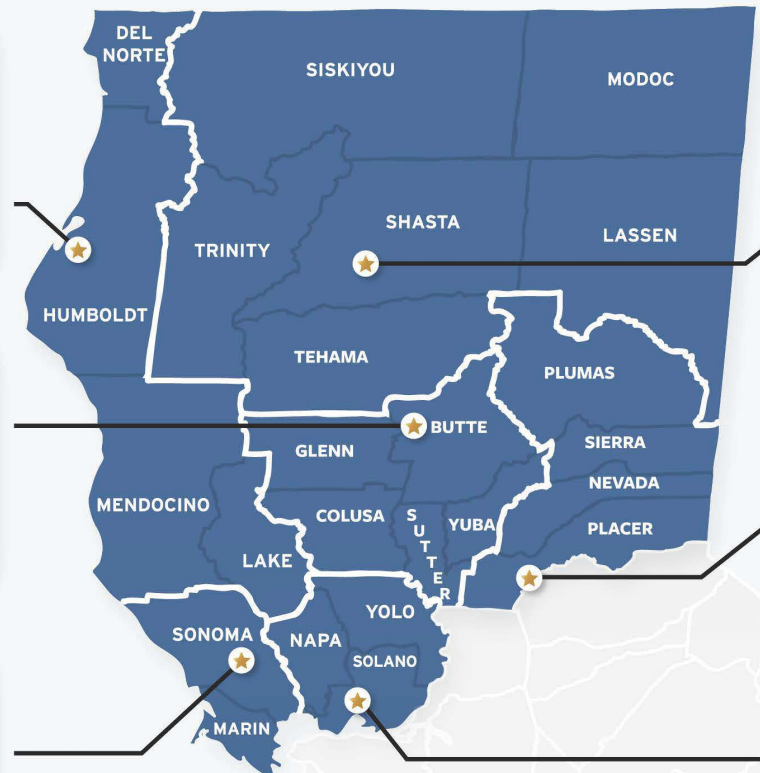


### Santa Rosa Office Region

*Marin and Sonoma counties.*



**Leigha Andrews**, Regional Director  
[landrews@partnershiphp.org](mailto:landrews@partnershiphp.org)



### Redding Office Region

*Lassen, Modoc, Shasta, Siskiyou, Tehama, and Trinity counties.*



**Tim Sharp**, Regional Director  
[tsharp@partnershiphp.org](mailto:tsharp@partnershiphp.org)



### Auburn Office Region

*Nevada, Placer, Plumas, and Sierra counties.*



**Jill Blake**, Regional Director  
[jblake@partnershiphp.org](mailto:jblake@partnershiphp.org)



### Fairfield Office Region

*Napa, Solano, and Yolo counties.*

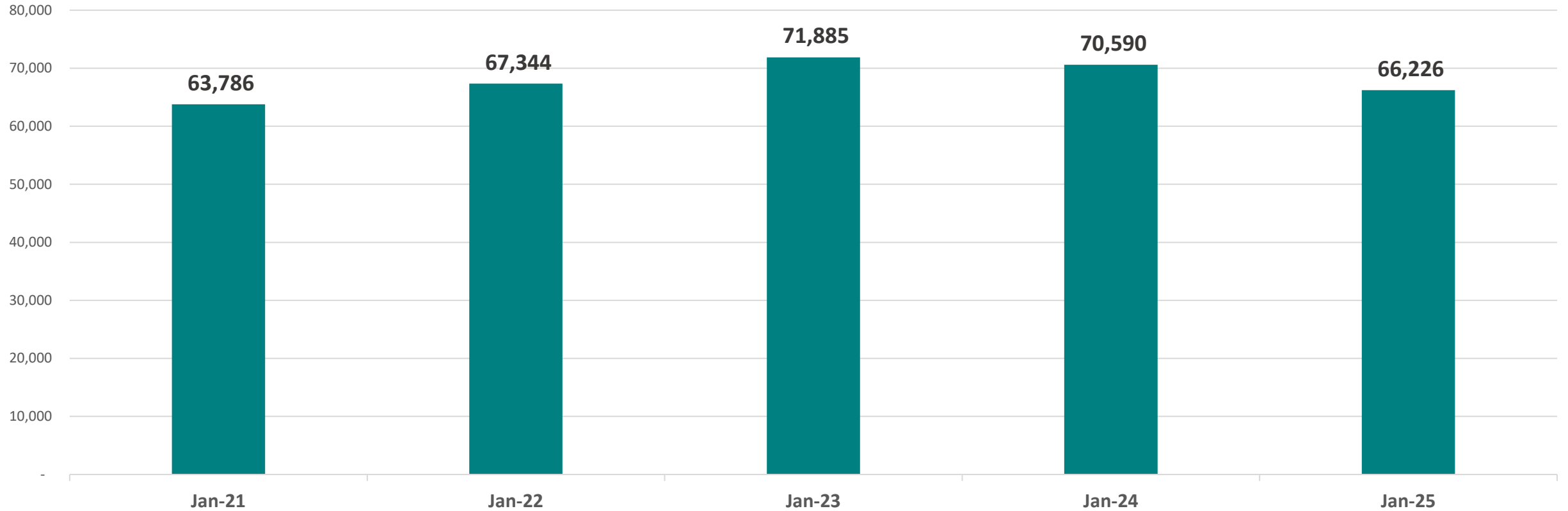


**Kathryn Power**, Regional Director  
[kpowers@partnershiphp.org](mailto:kpowers@partnershiphp.org)

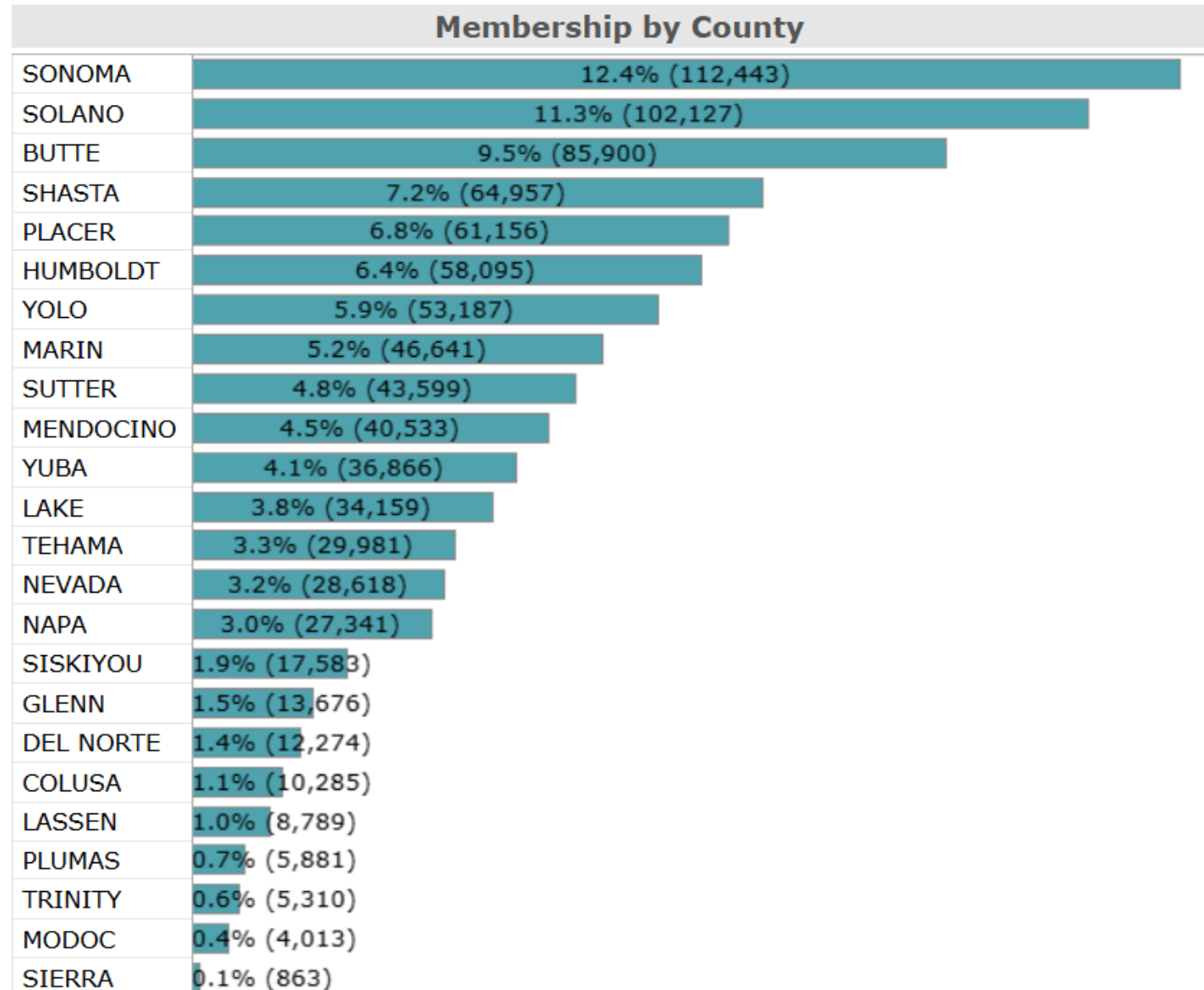


# Shasta Member Enrollment Five Year Trend

**Shasta County Enrolled Members**



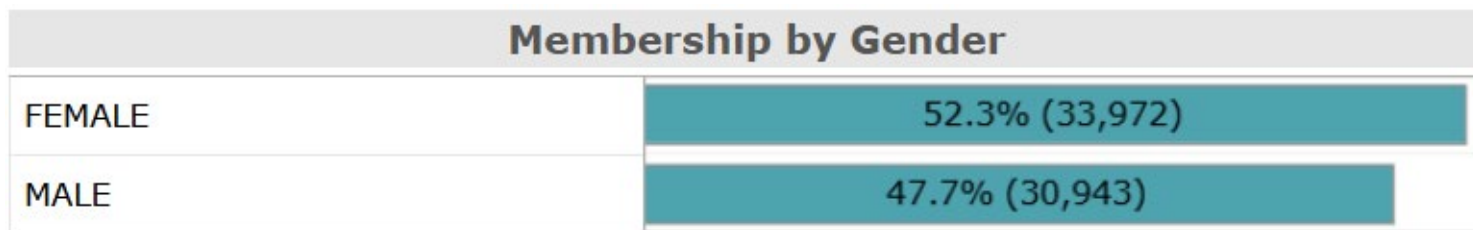
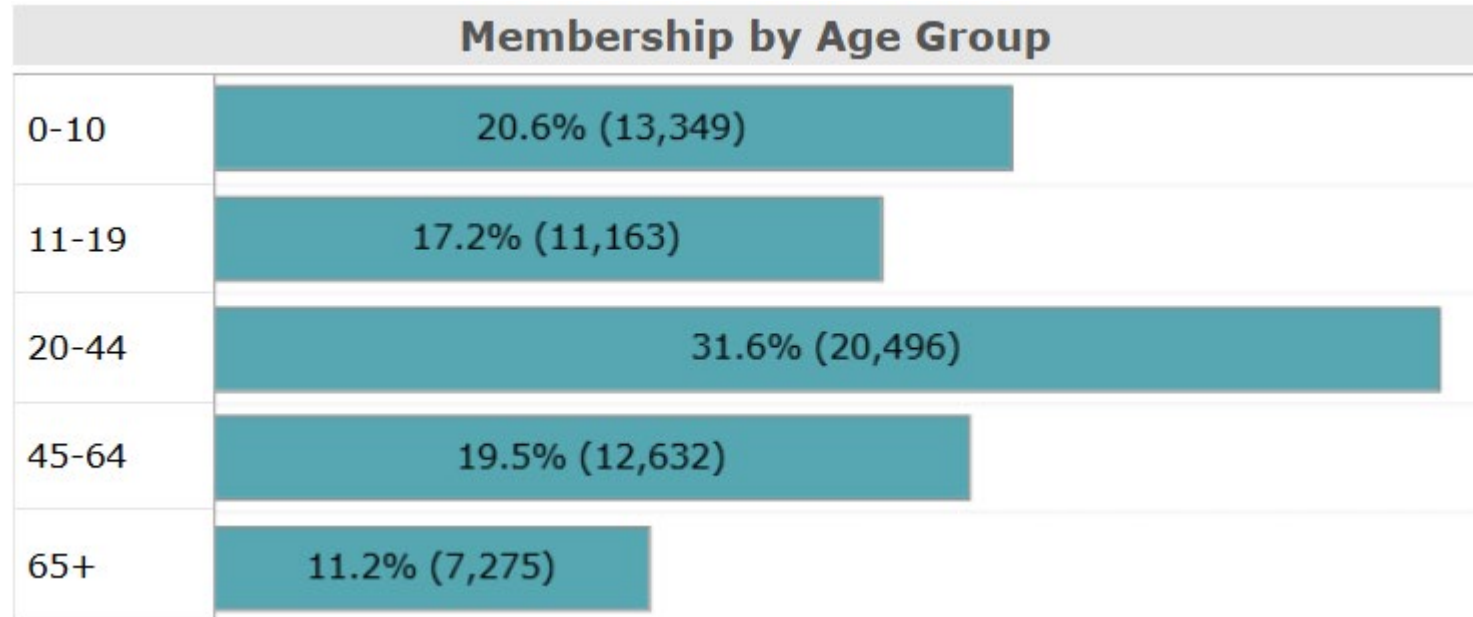
# Current County Enrollment



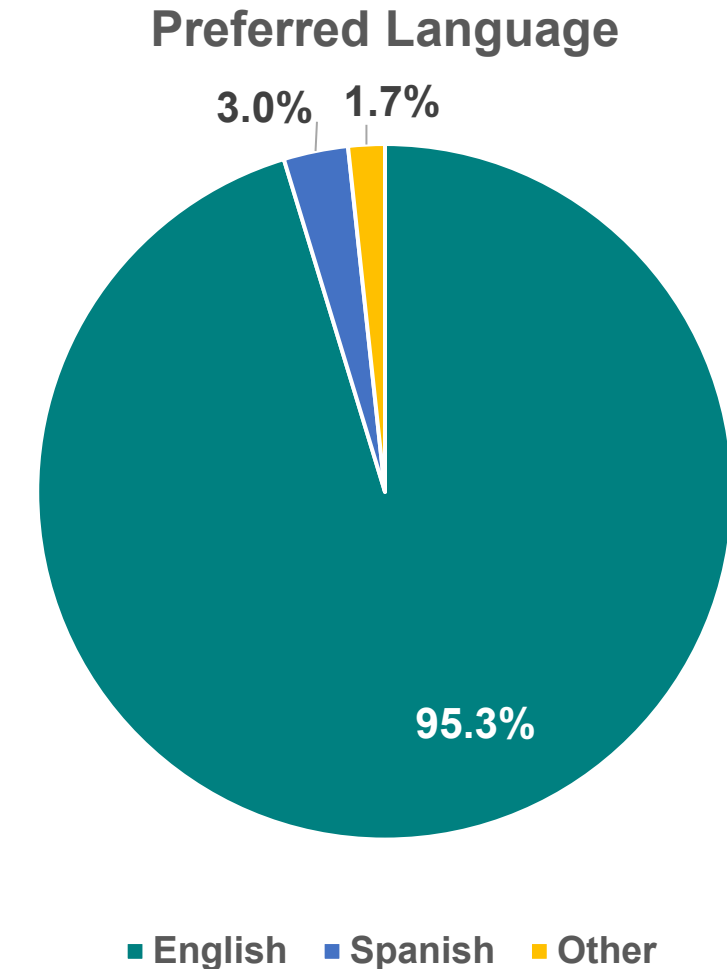
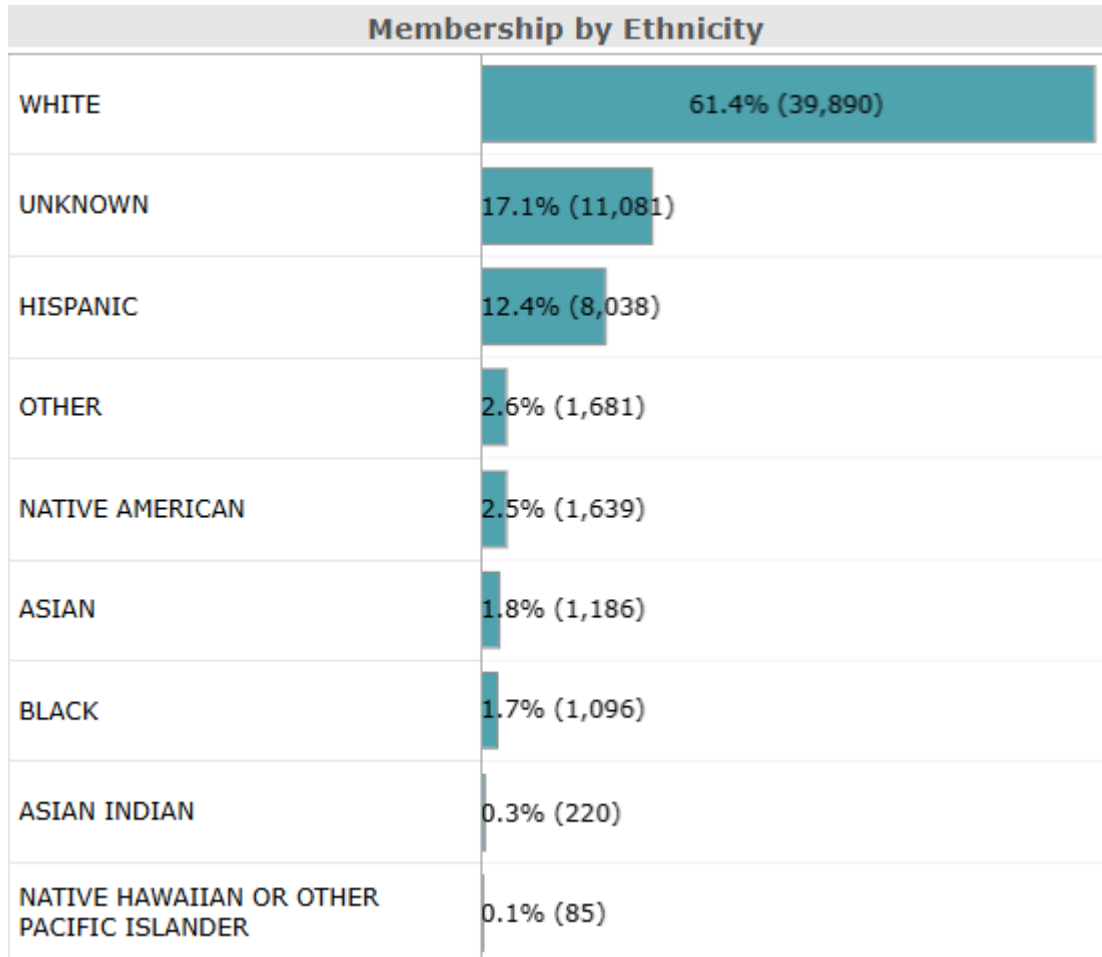
Partnership total enrollment: ~904,277



# Shasta Member Age Groups and Gender



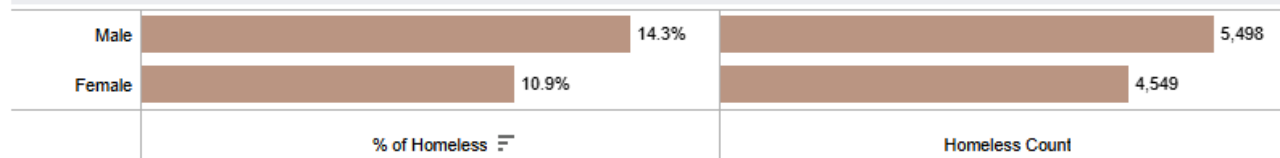
# Shasta Member Ethnicity and Preferred Language



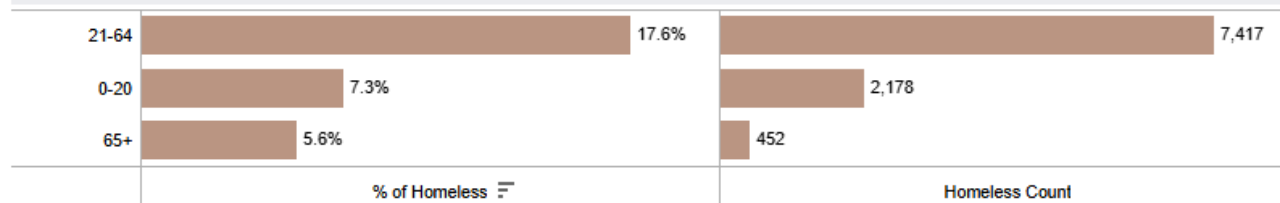


# Shasta Homeless Demographics

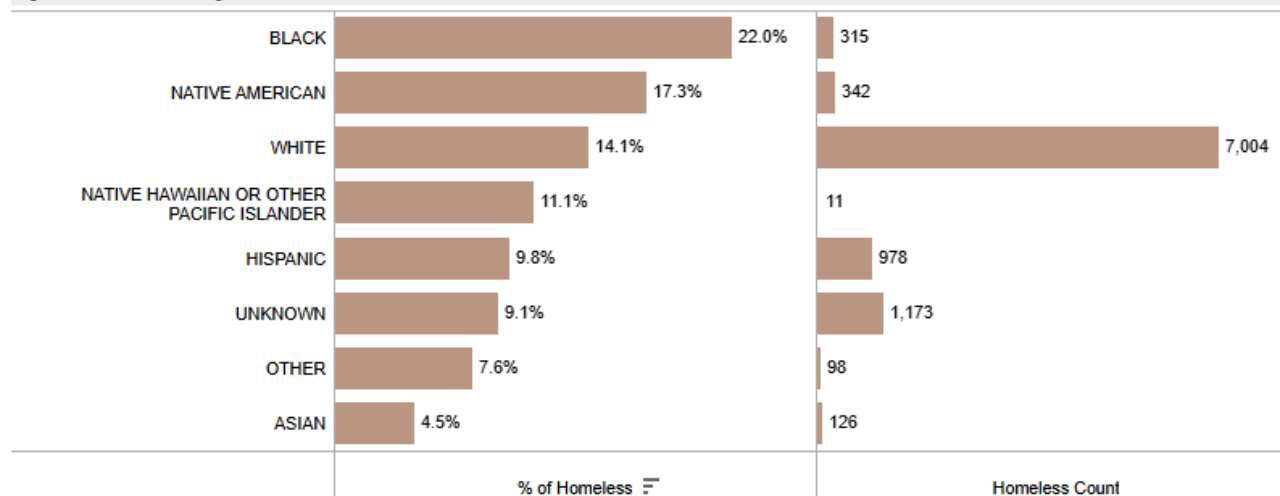
## By Gender - 2024



## By Age Group - 2024



## By Race/Ethnicity - 2024

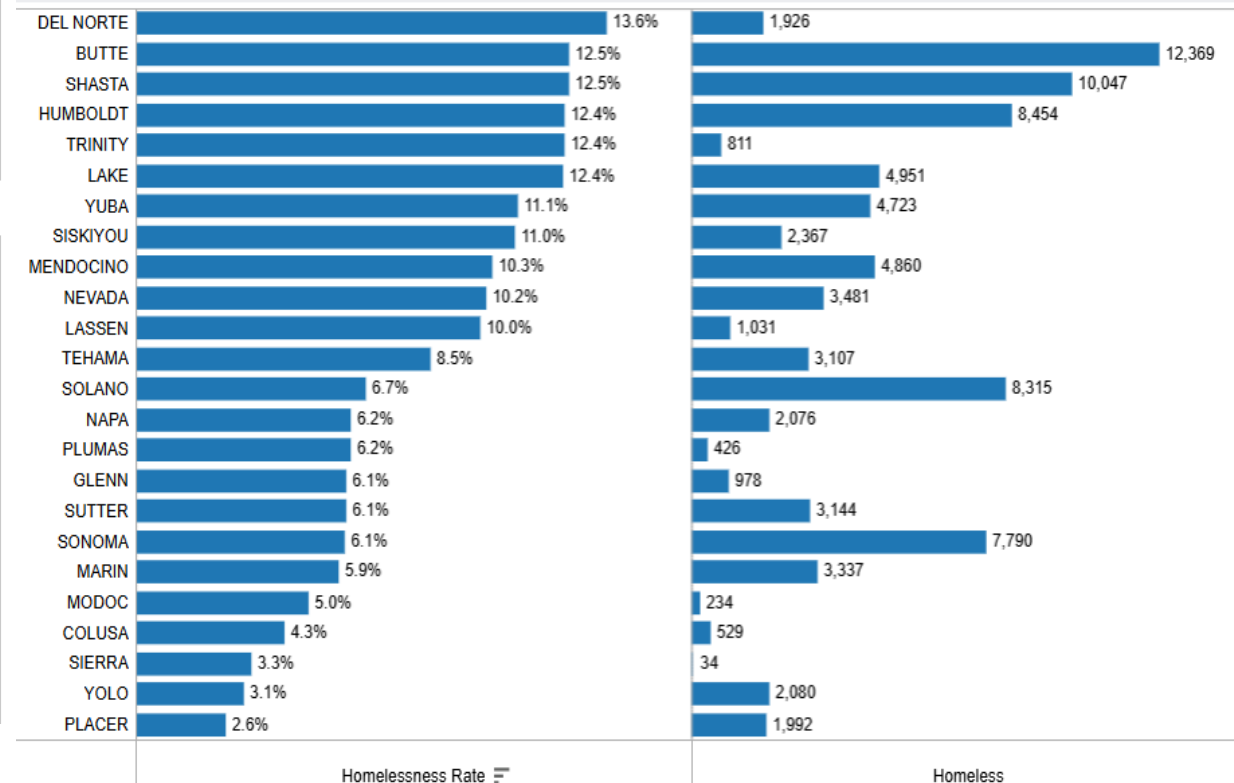


Homeless Rate in 24 Counties: 8.3%

Shasta: 10,047 Homeless Members; 2,984 Substance Use; 556 Severe Mental Health; 0 HIV/AIDS; 6,485 Chronic Homelessness

\* Homelessness is defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

## By County - 2024



# Shasta Member Assignment Status

## Provider Panel Capacity

This report shows the number of PHC members assigned to each clinic and their capacity to accept new members. Includes only clinics currently serving members.

							April 2025	
PCP Affiliation ID		PCP Full Name	PCP County	Clinic Type	Current Enrollment Status	Patient Load Cnt	Member Count	% of Members
Total Members Assigned to Primary Care Sites							46,280	100.0%
27942	0081	SHASTA COMM HEALTH CENTER	SHASTA	FQHC/ RHC	Open	Null	18,604	40.2%
35929	0013	CHURN CREEK HEALTHCARE	SHASTA	INDIAN HEALTH SERVI..	Open	8,000	6,231	13.5%
17323	0015	ANDERSON FAMILY HLTHCTR	SHASTA	FQHC/ RHC	Current Patient..	Null	2,978	6.4%
17977	0014	ANDERSON WALK IN CLINIC	SHASTA	PHYSICIAN GROUP	Open	6,500	2,636	5.7%
27935	0008	SHASTA LAKE FAM HLTH CNTR	SHASTA	FQHC/ RHC	Open	Null	2,526	5.5%
27936	0001	HILL COUNTRY COMM CLINIC	SHASTA	FQHC/ RHC	Open	4,400	1,946	4.2%
28373	0004	REDDING RANCH TRIBAL HEALTH	SHASTA	INDIAN HEALTH SERVI..	Open	3,000	1,928	4.2%
35161	0001	HILL COUNTRY CHURN CREEK	SHASTA	FQHC/ RHC	Open	3,950	1,644	3.6%
39300	0023	LASSEN MEDICAL CLINIC	SHASTA	FQHC/ RHC	Current Patient..	Null	861	1.9%
27934	0026	BURNEY HEALTH CENTER	SHASTA	FQHC/ RHC	Open	Null	618	1.3%
22704	0027	FALL RIVER VALLEY HC	SHASTA	FQHC/ RHC	Open	Null	590	1.3%
37506	0004	ANDERSON WALK IN MEDICAL	SHASTA	PHYSICIAN GROUP	Open	1,250	565	1.2%
67777	0015	ENTERPRISE FAM HEALTH CTR	SHASTA	FQHC/ RHC	Open	Null	531	1.1%
47754	0001	HILL COUNTRY COMM CLINIC	SHASTA	FQHC/ RHC	Open	1,300	450	1.0%
27946	0001	SHINGLETOWN MEDICAL CENTER	SHASTA	FQHC/ RHC	Open	3,800	448	1.0%
24146	0011	PIT RIVER HEALTH SERVICE	SHASTA	FQHC TRIBAL APM	Open	1,500	319	0.7%
				INDIAN HEALTH SERVI..	Open	1,500	99	0.2%
27956	0044	MERCY FAMILY HEALTH CTR	SHASTA	PHYSICIAN GROUP	Current Patient..	Null	392	0.8%
27942	0062	SHASTA COMM HEALTH CENTER	SHASTA	FQHC/ RHC	Open	27,000	313	0.7%
80320	0003	SHASTA REGIONAL MED	SHASTA	PHYSICIAN GROUP	Current Patient..	2,000	308	0.7%
73166	0016	MAYERS RURAL HEALTH CENTER	SHASTA	FQHC/ RHC	Open	Null	296	0.6%
53120	0004	ANDERSON WALK IN MEDICAL	SHASTA	PHYSICIAN GROUP	Open	750	269	0.6%
39299	0029	LASSEN MEDICAL CLINIC	TEHAMA	FQHC/ RHC	Current Patient..	Null	238	0.5%
28005	0019	SHASTA CASCADE HLTH DUNSMUIR	SISKIYOU	FQHC/ RHC	Open	Null	149	0.3%

**Enrollment Status**

- Total
- Open
- Current Patients Only
- Closed

\* Providers with a member count under 100 are not shown. Unassigned members not included.

PCP Affiliation ID can be correlated with the location of the site by consulting Partnership's Provider Directory online.

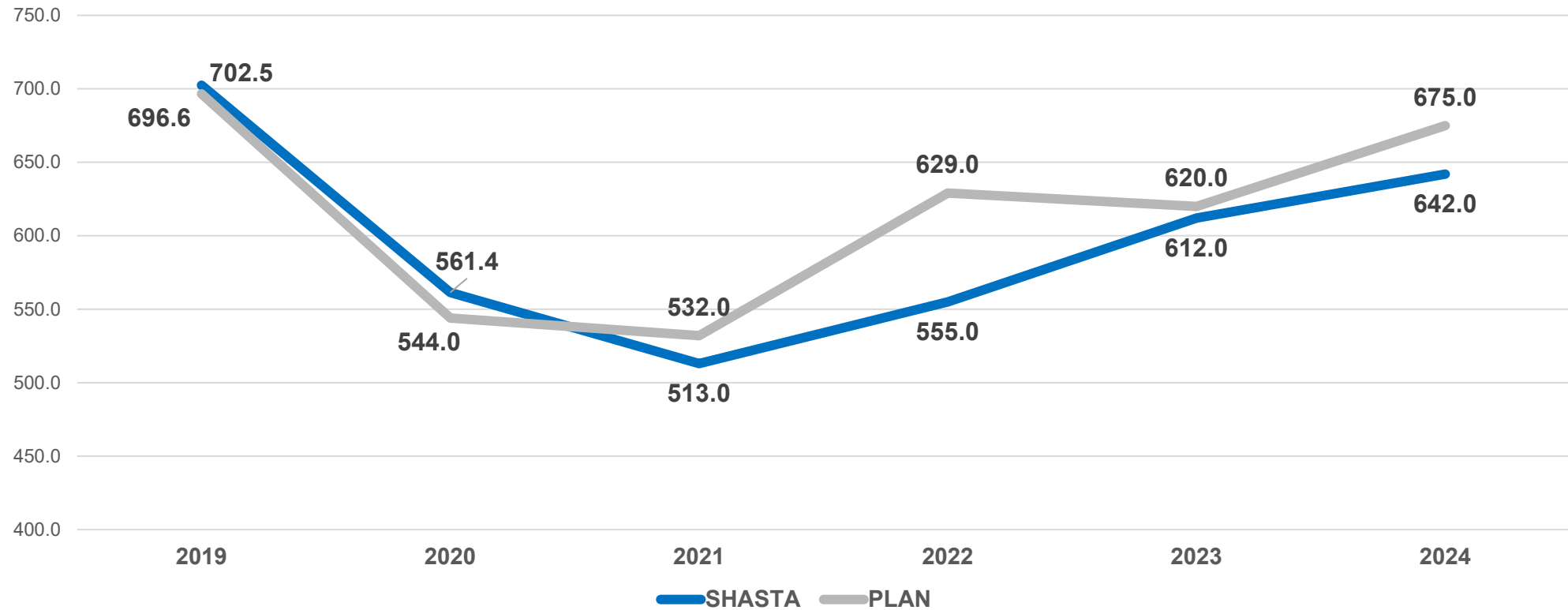




# Emergency Department, Hospital, and Provider Utilization Data

# Shasta Annual Emergency Department Use Trend

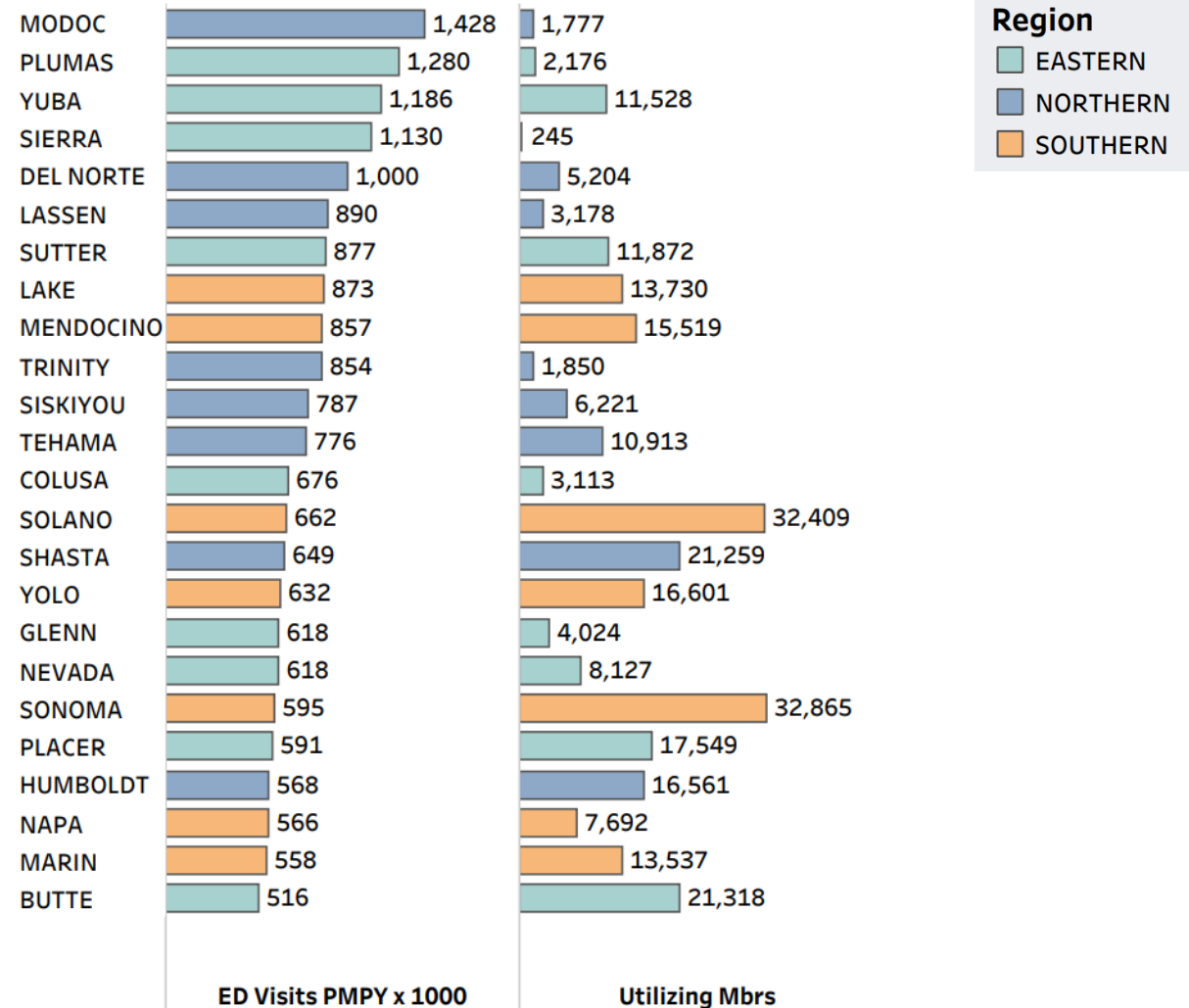
**Shasta County ED Visits Vs Partnership  
Yearly Visit Rates per 1,000 Members**



Shasta County ED visit rates are consistent with the Partnership use rate.

# Emergency Department Utilization

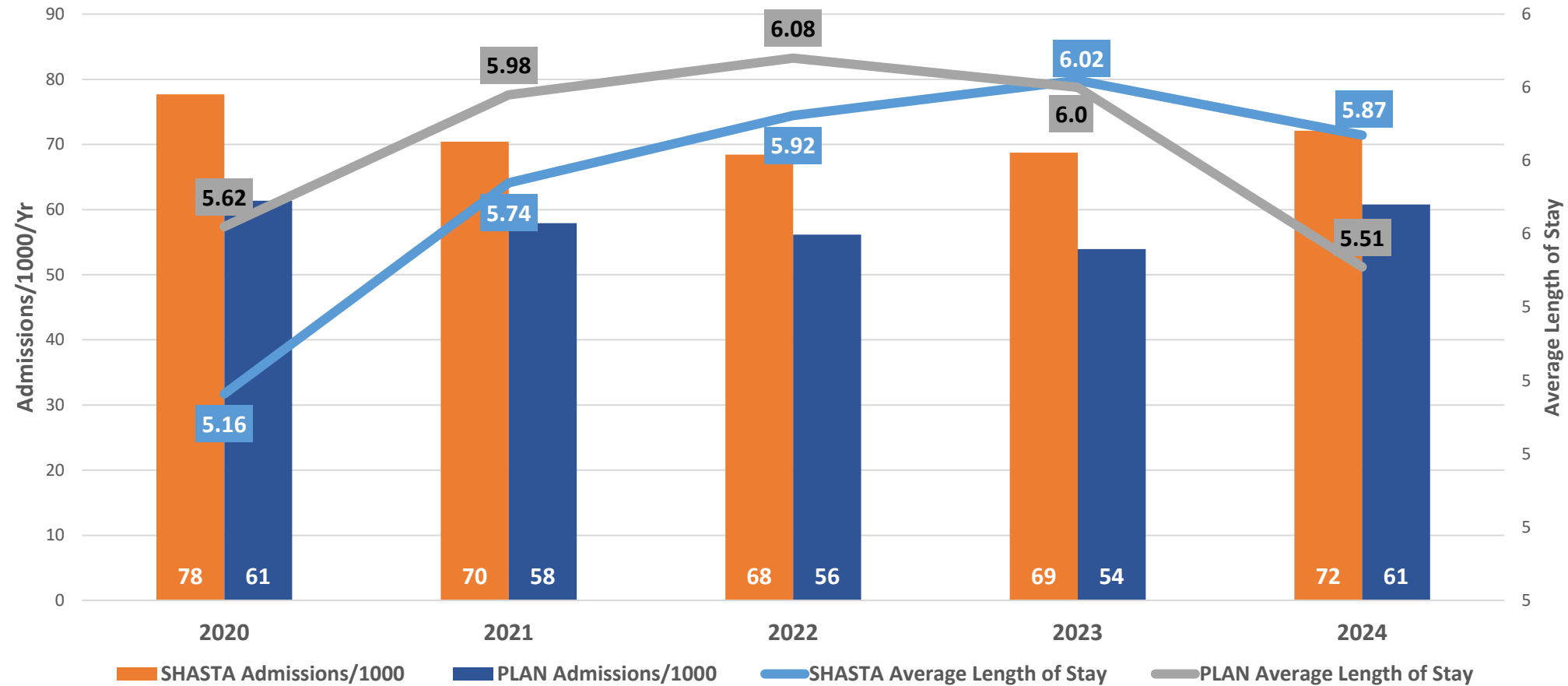
**Paid & Utilization Rates by County in 2024**



Partnership utilization rate goal: under 700 ED visits/1000 PMPY

# Shasta Hospital Use Rates

## Acute Hospital Admissions and Average Length of Stay

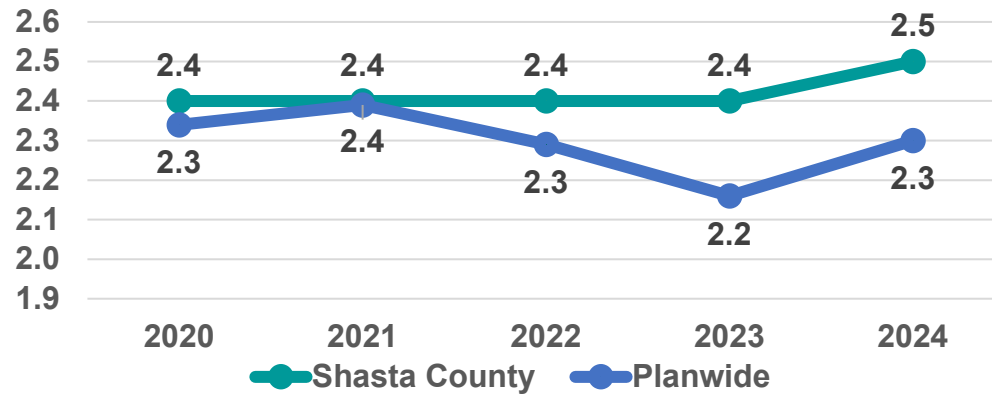


Shasta County hospital length of stay is lower than Plan average for 2020 through 2022.

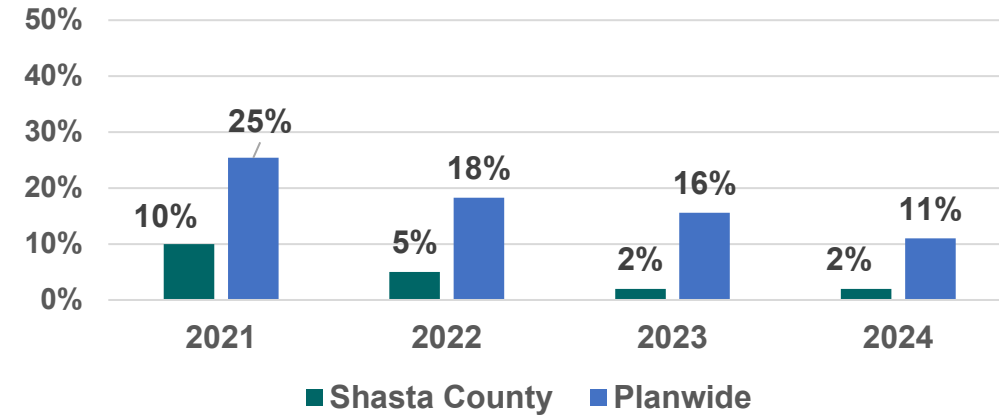


# Shasta Primary Care Visit Rates and Telehealth Trends

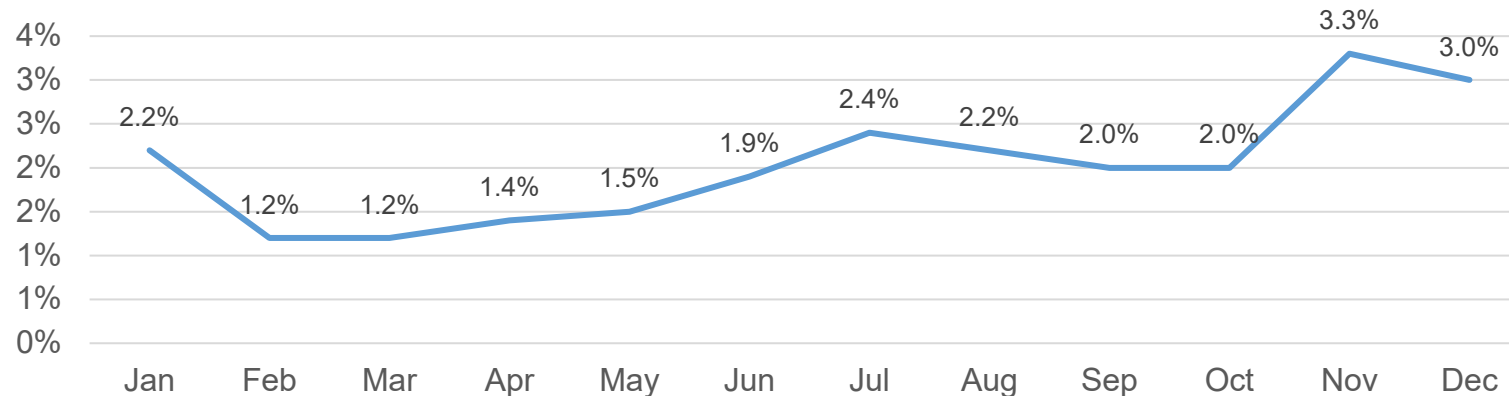
**Primary Care Visits/Member/Year**  
Five Year Trend



**Percent Primary Care Visits by Telehealth**  
Four Year Trend



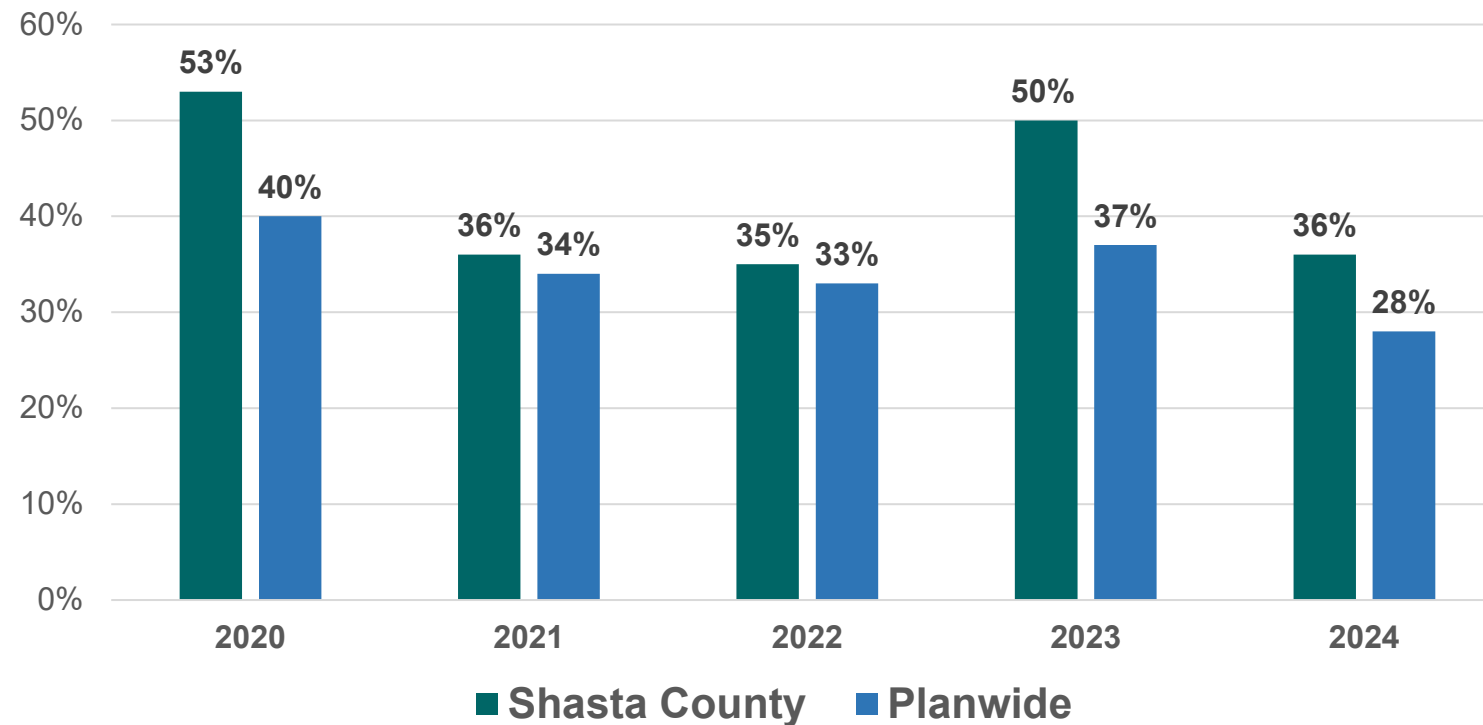
**2024 Telehealth %**



Primary care visits per member per year in Shasta County are slightly higher than the Partnership average. In 2024, 2.0% of total primary care visits were provided through telehealth (video or phone) compared to 11.4% Planwide.

# Shasta Specialty Visits Provided by Telehealth

**Percent of Top 8 Specialty Visits Provided by Telehealth  
Five Year Trend**



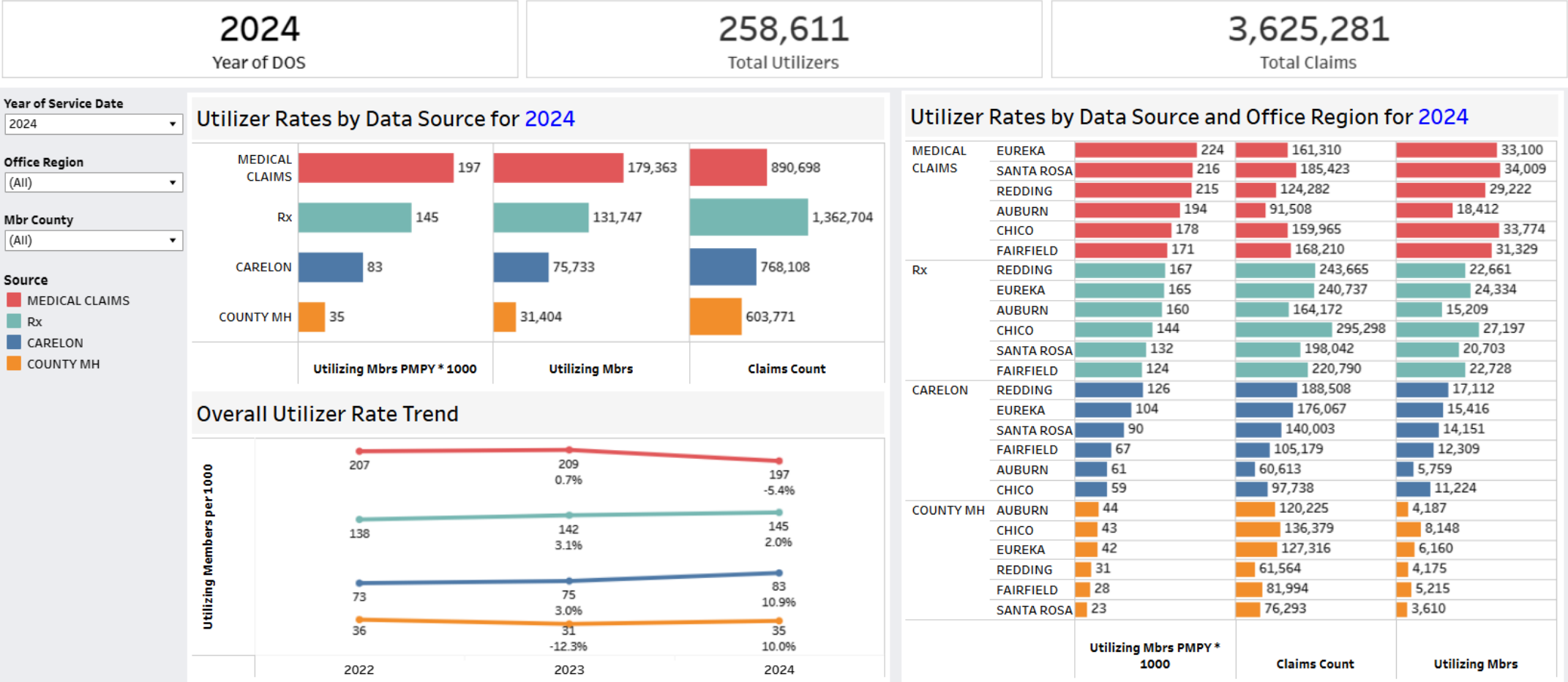
Specialty (Eight Most Commonly Used Telehealth Specialties)	Percent Visits by Telehealth
Partnership CY 2024	
Rheumatology	68%
Neurology	53%
Psychiatry	41%
Endocrinology	34%
Pulmonary Disease	23%
Urology	7%
Infectious Diseases	5%
Dermatology	1%

The provision of specialty care via telehealth remains a major tool to improve access.

# Mental Health Utilization by Region

## Mental Health Utilization Overview

This dashboard shows an overview of mental health utilization of medical & pharmacy services by PHC members.  
 The data presented here combines five data sources: PHC's medical claims, Carelon, County Mental Health, and RX Carveout.



Fairfield Region: Napa, Solano, and Yolo

Redding Region: Lassen, Modoc, Shasta, Siskiyou, Tehama, and Trinity

Santa Rosa Region: Marin and Sonoma

Auburn Region: Nevada, Placer, Plumas, and Sierra

Chico Region: Butte, Colusa, Glenn, Sutter, and Yuba

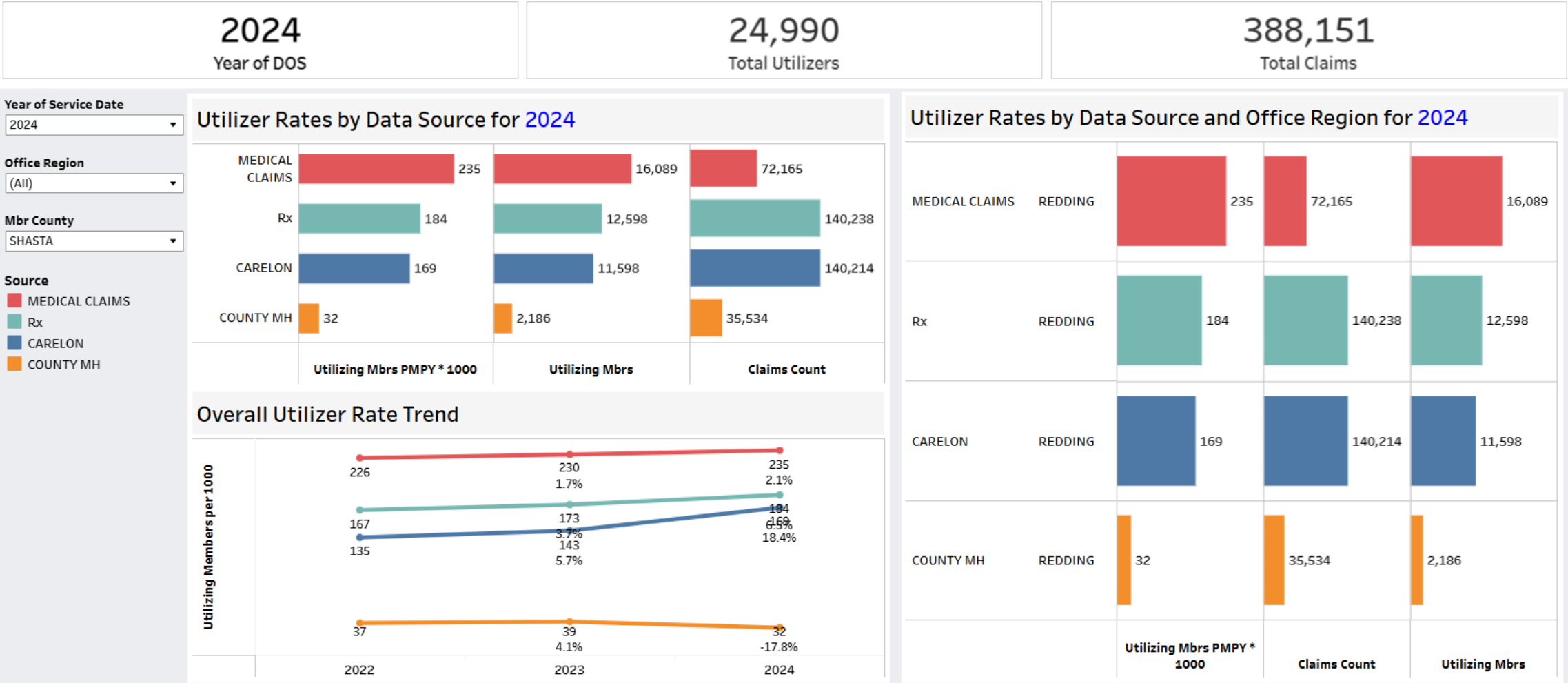
Eureka Region: Del Norte, Humboldt, Lake, and Mendocino



# Shasta Mental Health Utilization

## Mental Health Utilization Overview

This dashboard shows an overview of mental health utilization of medical & pharmacy services by PHC members.  
The data presented here combines five data sources: PHC’s medical claims, Carelon, County Mental Health, and RX Carveout.

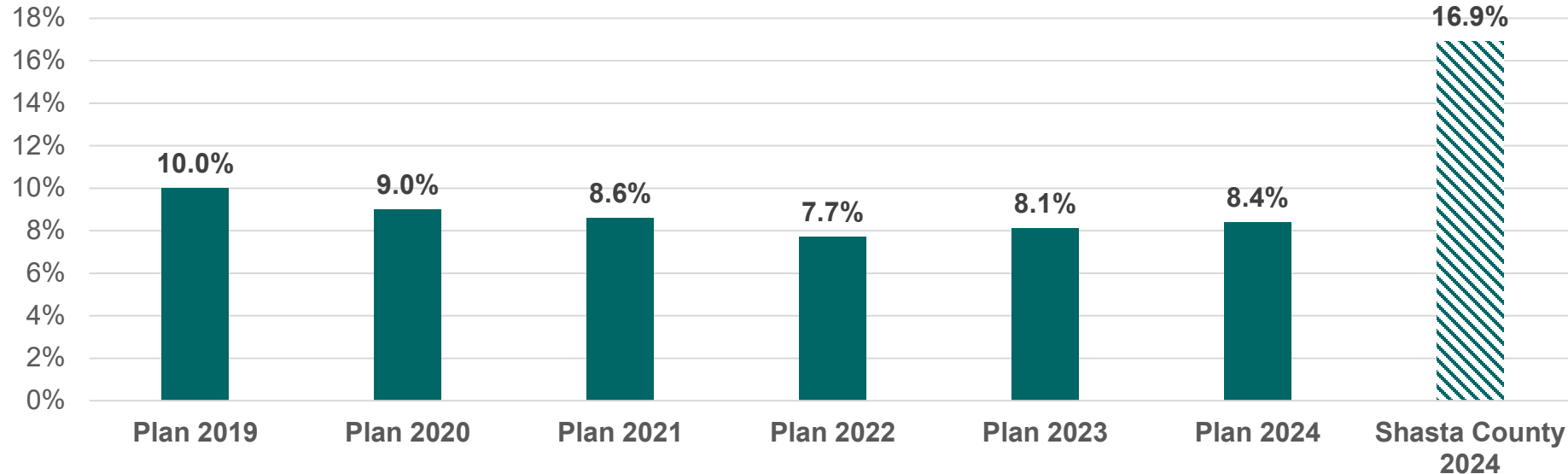


While region names are used, numbers are for the county specified.



# Shasta Behavioral Health Use (All Ages)

## Percent of Total Members Using Behavioral Health Services



## Shasta County Utilization Data for 2024

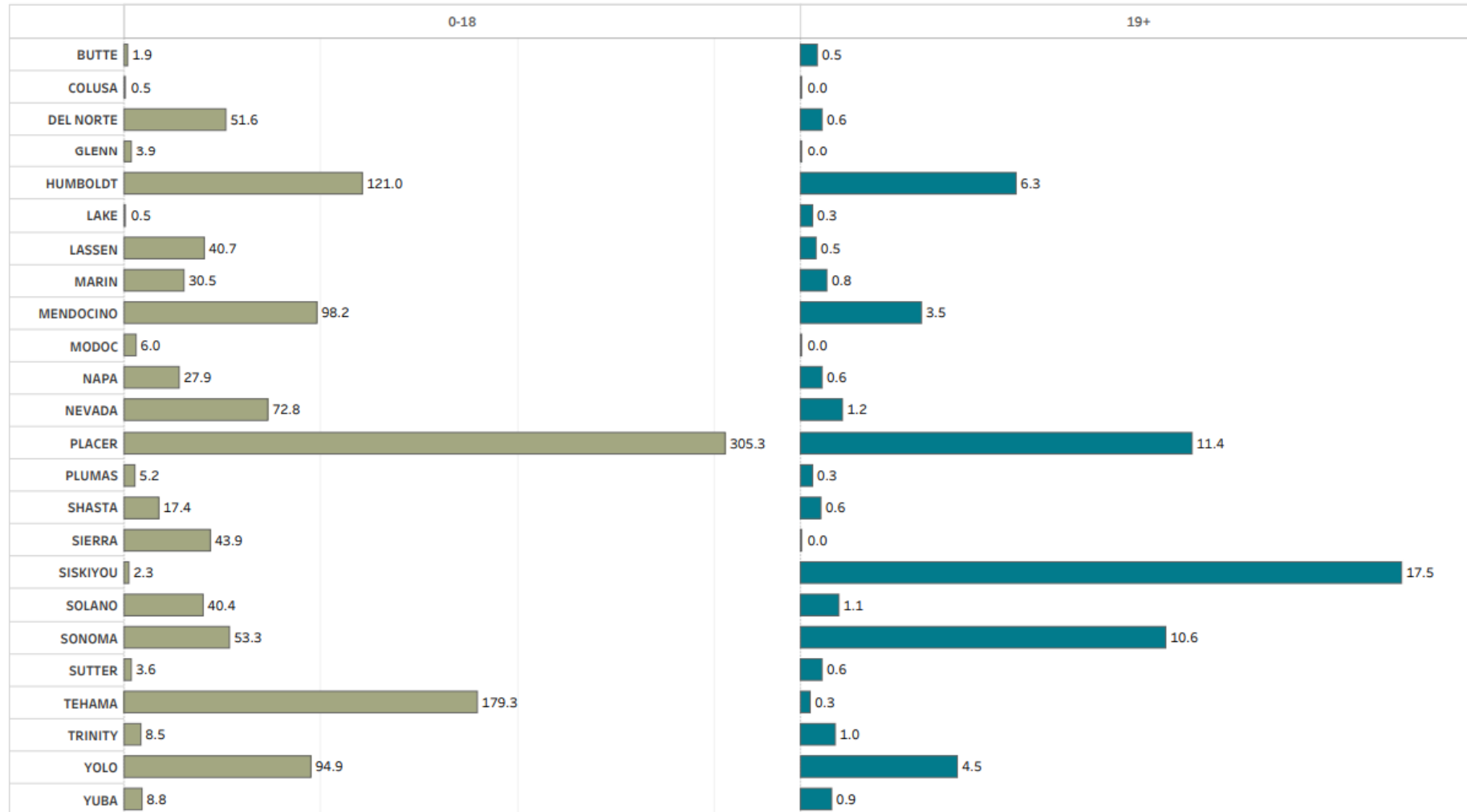
Provider Type	Visits 2024	Avg. Visits per Member
Therapy Services	109,762	12.9
Medical Management	21,342	4.5
Other	23,186	5.4

Medical Management represents office visits by non-behavioral health providers, often with the member's PCP.

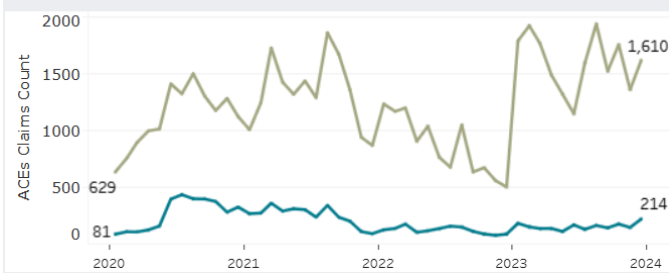
# ACEs Screening Rates

ACEs: Adverse Childhood Events,  
see [www.acesaware.org](http://www.acesaware.org) for details.

Screening Rates by County (per 1,000 mbrs)



ACEs Screenings Trend, January 2021 to December 2024



# Shasta ACEs Screenings and Member Assignments

## Members Assigned to Providers in 2024

	0-18			19+		
	Annual ACEs Claims Count	Annual PCP Member Months	Annual Screenings Per 1,000 Members	Annual ACEs Claims Count	Annual PCP Member Months	Annual Screenings Per 1,000 Members
LASSEN MEDICAL CLINIC	307	34,295	107.4			
HEALTHPLAN CCS-WHOLECHILD	18	16,927	12.8			
SHASTA COMM HEALTH CENTER	10	42,471	2.8	1	9,762	1.2
HILL COUNTRY COMM CLINIC	3	3,581	10.1			
TARICHI PRIMARY CARE	1	321	37.4			
MODOC MEDICAL CLINIC	1	521	23.0			
HAYFORK COMM HEALTH CLINIC	1	293	41.0			
EUREKA COMM HEALTH CENTER	1	3,914	3.1			
DUNSMUIR COMM HEALTH CENTER	1		0.0			
CHURN CREEK HEALTHCARE	1	2,332	5.1			
ADVENTIST HEALTH	1	3,748	3.2			
SHASTA LAKE FAM HLTH CNTR				1	1,638	7.3
SHASTA CASCADE HLTH MT SHASTA				2	578	41.5
SHASTA CASCADE HLTH MCCLOUD				2	945	25.4
SHASTA CASCADE HLTH DUNSMUIR				12	4,215	34.2
MCCLOUD HEALTHCARE CL				1		0.0



# Obstetrics/Maternity Data



# Shasta Maternity Data and Resources

- **Shasta Hospitals with maternity services (does not include Kaiser):**
  - Dignity Health Mercy Medical Center Redding: 918 Partnership members delivered, 1,688 deliveries total in 2023; 54.38% of deliveries covered by Partnership
- **Shasta County births by residence of mother: 1,824**
  - Source: CDPH
- **Shasta County Partnership member deliveries by residence of mother: 1,009**
- **Shasta CPSP/PHPS Patients *in 2024*: 667**
- **Shasta prenatal care providers:** Common Spirit Family Practice Redding, Shasta Community Health Center Redding, Obstetrics & Gynecology Medical Associates of Redding – Generations of Women, Women's Healthcare Associates of Redding: Selah Women's Health and Van Kirk
- **Sweet Success Program:** Shasta Community Health Maternity Center
- **Birth Center in Shasta:** Shasta Midwives Birth Center, Shasta Midwives Home Birth Service

If you have corrections for this info, please email:  
[rmoore@partnershiphp.org](mailto:rmoore@partnershiphp.org),  
[llago@partnershiphp.org](mailto:llago@partnershiphp.org), or  
[ctownsend@partnershiphp.org](mailto:ctownsend@partnershiphp.org).

# Maternity Data by Provider

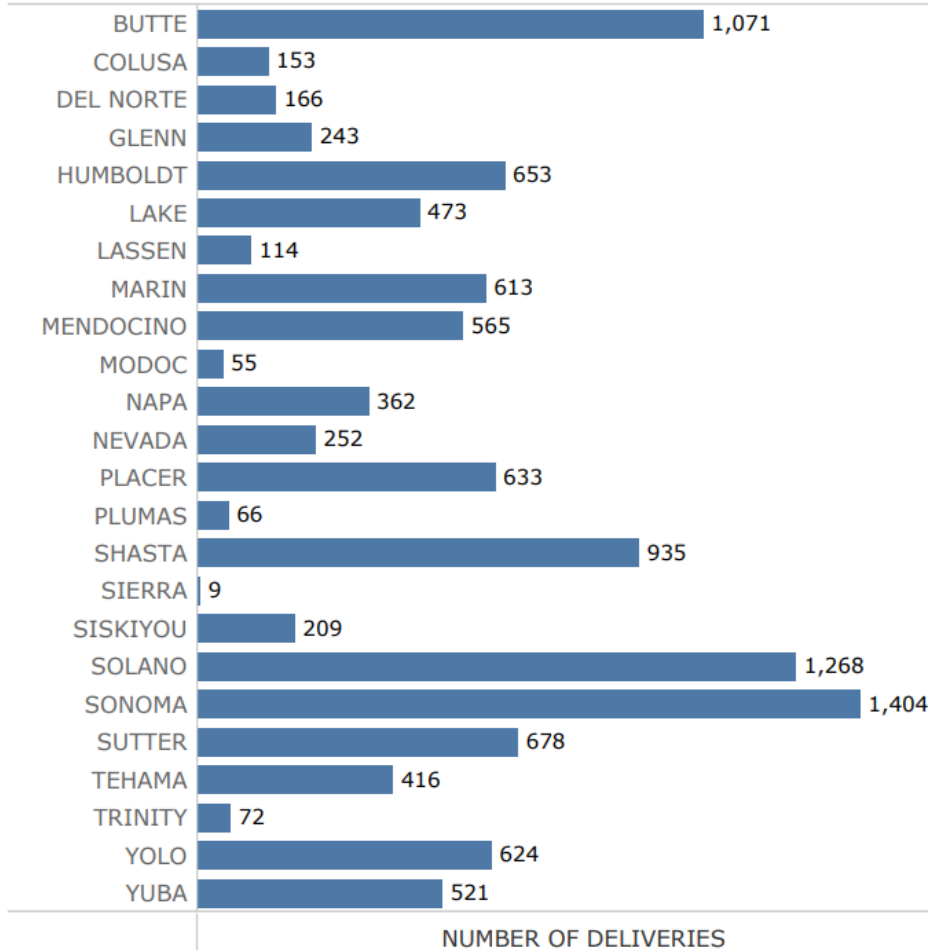
HOSPITAL NAME	County	City	NTSV C-Section Rate			Breastfeeding Rate (CDPH)			Episiotomy Rate			VBAC Rate			VBAC Routinely Available	Certified Nurse Midwife Delivery Rate		Early Elective Delivery		
			Denom- inator	Score [%]	Rating	Denom- inator	Score [%]	Rating	Denom- inator	Score [%]	Rating	Denom- inator	Score [%]	Rating	Yes/No	Denom- inator	Score [%]	Denom- inator	Score [%]	Rating
Marin Health Medical Center	Marin	Greenbrae	520	17.9	Superior	1357	84.3	Above Average	1091	0.5	Above Average	194	40.2	Superior	Yes	1453	46.2	46	2.1	Below Average
Santa Rosa Memorial Hospital	Sonoma	Santa Rosa	258	20.5	Above Average				529	0.8	Above Average	134	39.6	Superior	Yes	767	45.4	66	7.58	Below Average
Sutter Santa Rosa	Sonoma	Santa Rosa	501	23.4	Average				976	1.1	Average				No	1451	0.8			
Dignity Health Woodland Memorial Hospital	Yolo	Woodland	172	22.1	Average	449	80.4	Above Average	332	0.9	Above Average				No	489	0	34	0	Above Average
NorthBay Medical Center	Solano	Fairfield	398	25.4	Below Average				875	0.7	Above Average	219	18.3	Average	Yes	1326	0	97	0	Above Average
Providence Queen of the Valley Medical Center	Napa	Napa	234	20.5	Above Average	574	72	Average	544	1.5	Average	143	28.7	Above Average	Yes	797	0	51	1.96	Below Average
Sutter Davis	Yolo	Davis	449	14.5	Superior				989	1.4	Average	151	31.8	Above Average	Yes	1240	60.2			
Tahoe Forest Hospital	Nevada	Truckee	147	16.3	Superior				246	1.2	Average				No	359	0	5	0	Above Average
Sutter Roseville	Placer	Roseville	867	25.7	Below Average				1723	3	Average	336	15.5	Average	Yes	2477	0			
Dignity Health Sierra Nevada Memorial Hospital	Nevada	Grass Valley	110	30	Below Average	313	90.1	Superior	215	4.2	Average				No	324	4.9			
Adventist Health Clear Lake	Lake	Clearlake	38	15.8	Superior				92	2.2	Average				No	131	0	99	0	Above Average
Adventist Health Ukiah Valley	Mendocino	Ukiah	228	18.9	Above Average	714	77.2	Above Average	501	1	Average	105	14.3	Average	Yes	701	50.1	44	0	Above Average
Sutter Coast	Del Norte	Crescent City	63	17.5	Superior				146	2.1	Average				No	209	0			
Sutter Lakeside	Lake	Lakeport	54	25.9	Below Average				138	1.4	Average				No	200	0			
Providence St. Joseph Hospital Eureka	Humboldt	Eureka	217	24	Below Average	610	85.3	Above Average	457	5	Below Average	91	15.4	Average	Yes	660	15.6	53	0	Above Average
Mad River Community Hospital (closed Oct 31)	Humboldt	Arcata	141	19.9	Above Average				255	1.6	Average				No	356	19.4	14	0	Above Average
Banner Lassen Medical Center	Lassen	Susanville	68	14.7	Superior				141	6.4	Below Average				No	197	0	23	0	Above Average
Dignity Health Mercy Medical Center Mount Shasta	Siskiyou	Mount Shasta	53	18.9	Above Average	102	80.4	Above Average	116	2.6	Average				No	156	0	11	9.09	Below Average
Dignity Health Mercy Medical Center Redding	Shasta	Redding	546	22.2	Average	1519	78.5	Above Average	1126	2.3	Average				No	1688	0	89	2.25	Below Average
Dignity Health St. Elizabeth Community Hospital	Tehama	Red Bluff	189	21.7	Above Average	519	75	Average	380	2.4	Average				No	540	16.1	53	0	Above Average
Fairchild Medical Center	Siskiyou	Yreka	49	32.7	Below Average				89	4.5	Average	27	22.2	Average	Yes	156	0	8	12.5	Below Average
Adventist Health Rideout Hospital	Yuba	Marysville	504	24.4	Below Average				1127	1.6	Average	275	10.5	Average	Yes	1705	0.1			
Oroville Hospital	Butte	Oroville			Not Rated			Not Rated			Not Rated					~500				Not Rated
Enloe Medical Center - Esplanade Campus	Butte	Chico	648	18.2	Superior	1729	87.5	Above Average	1408	0.5	Above Average	285	25.3	Above Average	Yes	1913	14.3	45	0	Above Average

Key:	NTSV C-section	Breastfeeding at discharge	Episiotomy Rate	VBAC rate	CNM delivery rate	Early Elective Delivery
Above Avg	<21.9%	>75%	<1.2%	>25%	>10%	<1%
Avg	22-23.6%	70-75%	1.5 - 5.0%	10 - 25%		1-2%
Below Avg	>23.6%	<70%	>5.0%	<10%	<10%	>2%

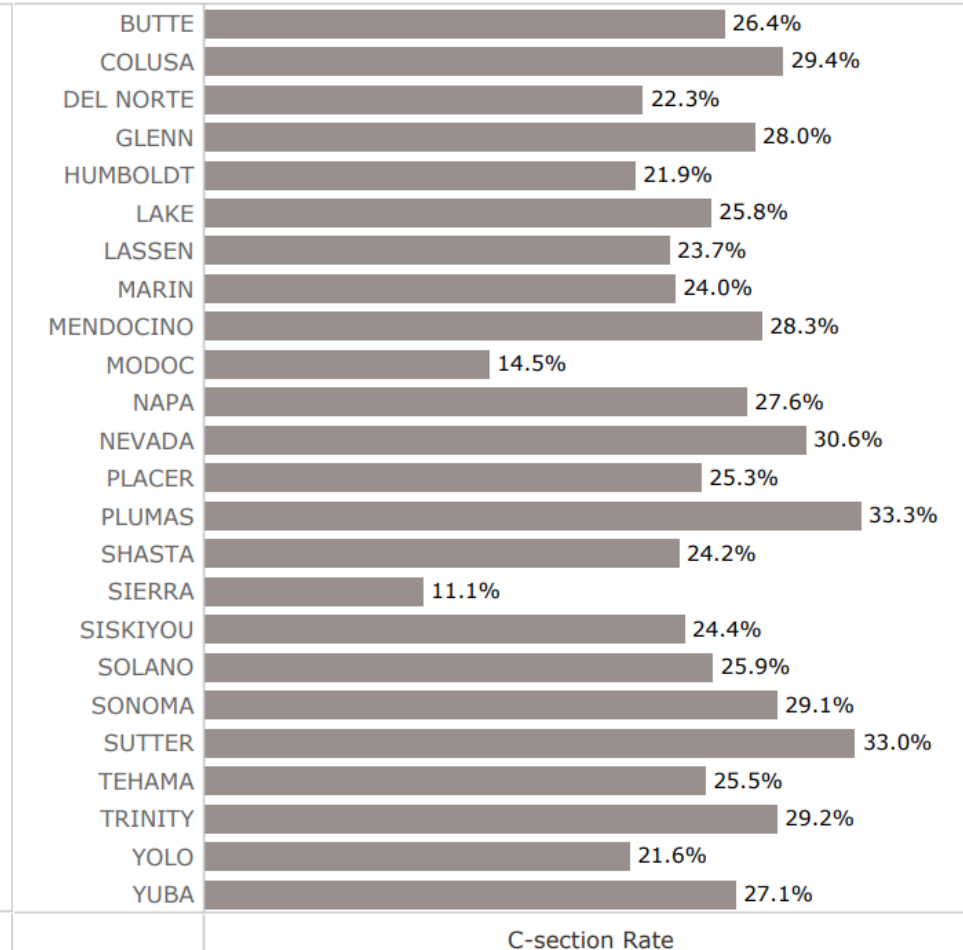
Data source: California Hospital Quality Compare (data from CMQCC), 2023. For Elective Early Delivery, only hospitals who participated in the Perinatal QIP are shown.

# Member Deliveries

**Deliveries by County**



**Deliveries by County**



In 2024, Partnership members had a total of 11,555 deliveries, an average length of stay (ALOS) of 2.76 days, and a C-section rate of 26.3%.



# Substance Use Disorder (SUD) Data

# Shasta Substance Use Disorder Claims

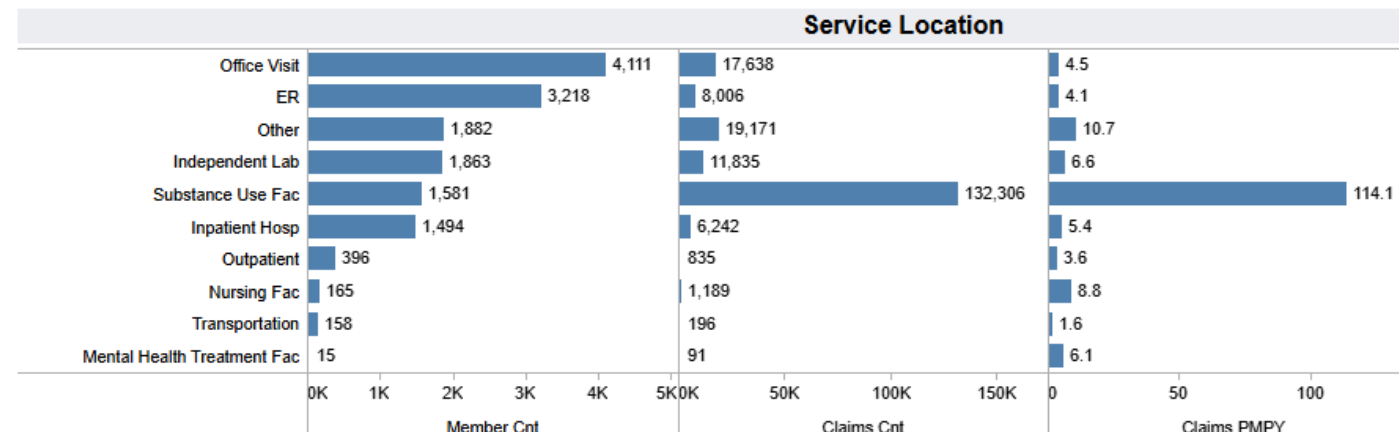
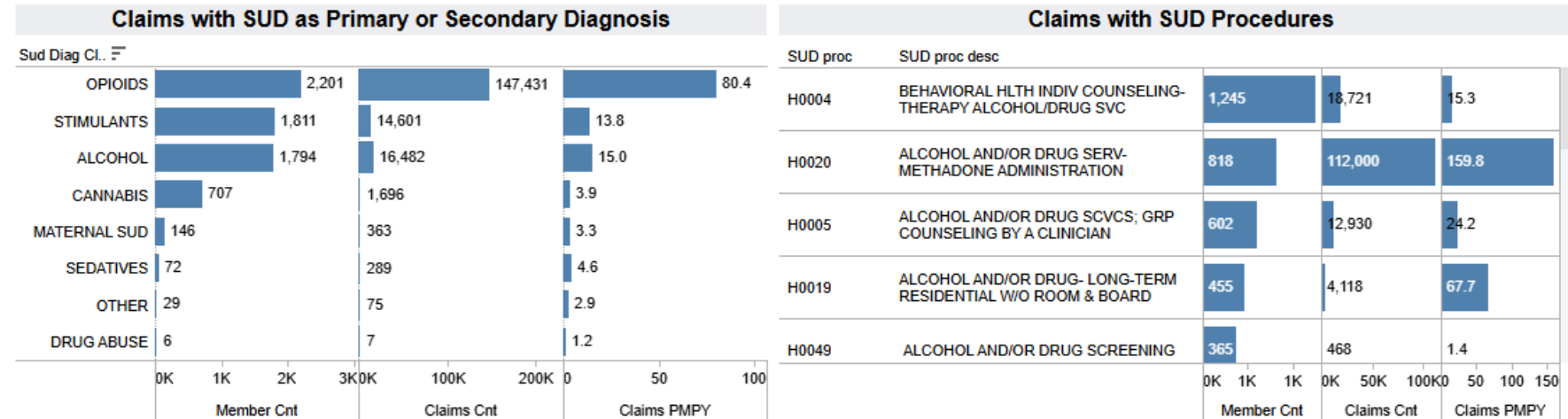
## Paid Claims with Substance Use Disorder Diagnoses or Procedures

This view shows information on all the medical claims paid by PHC that had at least one substance use disorder diagnosis or procedure code in any position in the claim summarized by year and substance type, procedure, and service location.

Member Count: **8,041** Claims Count: **197,440**

Year of Service: **2024** | 
 Choose Location Level: **Mbr County** | 
 Choose Location: **SHASTA** | 
 Homelessness: **(All)** | 
 Age Group: **(All)** | 
 Risk Class: **(All)** | 
 Kaiser Status: **NOT KAISER**

Click on any bar or header below to filter on.



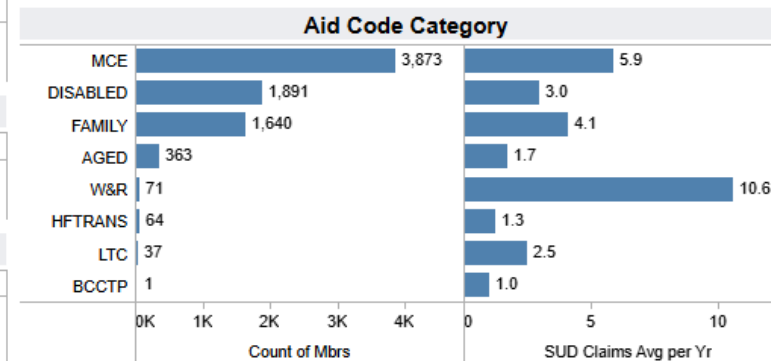
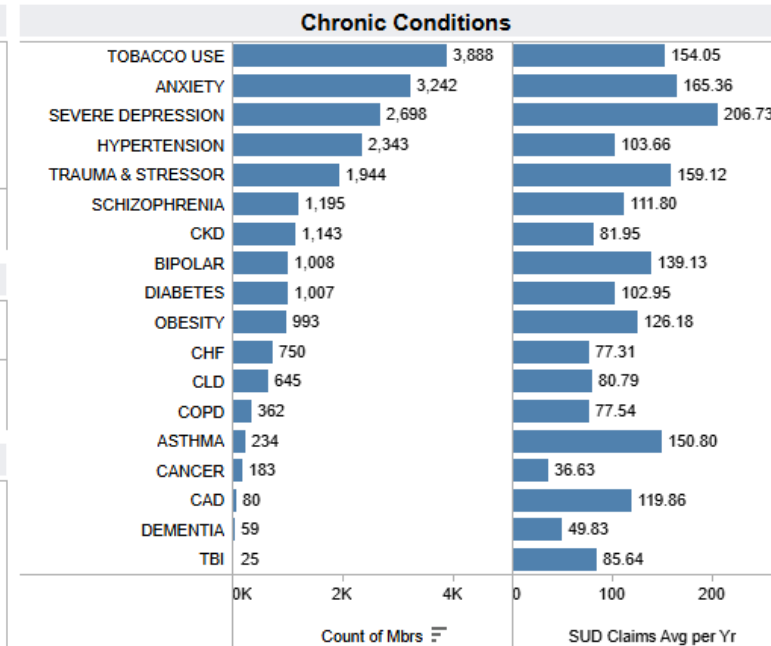
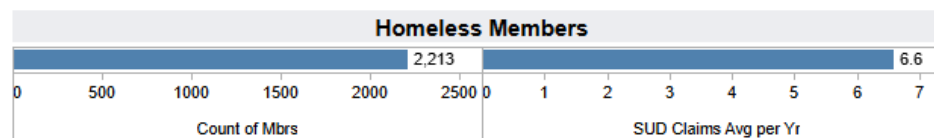
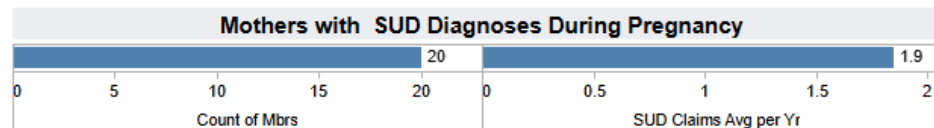
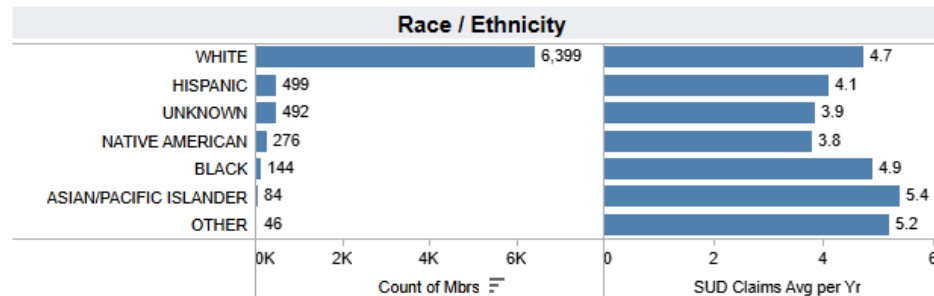
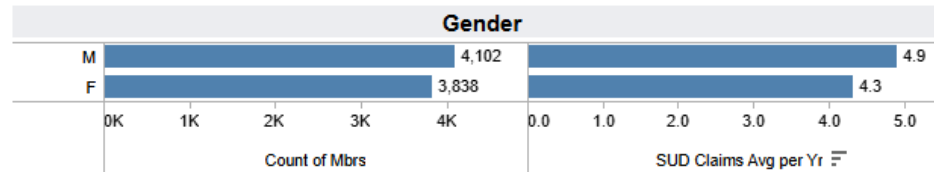
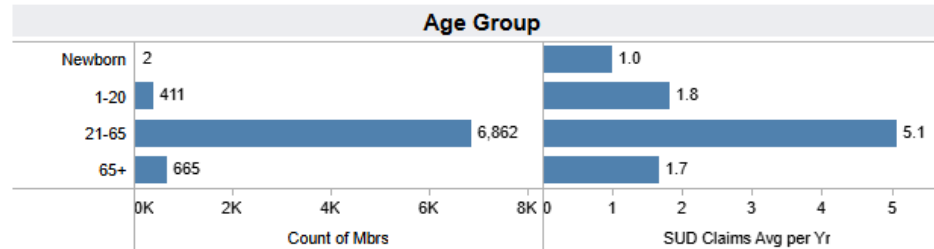


# Shasta Demographics of Members Diagnosed with SUD

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Year: 2024 | Choose Location Level: Mbr County | Choose Location: SHASTA | Homelessness: (All) | Risk Class: (All) | Kaiser Status: NOT KAISER

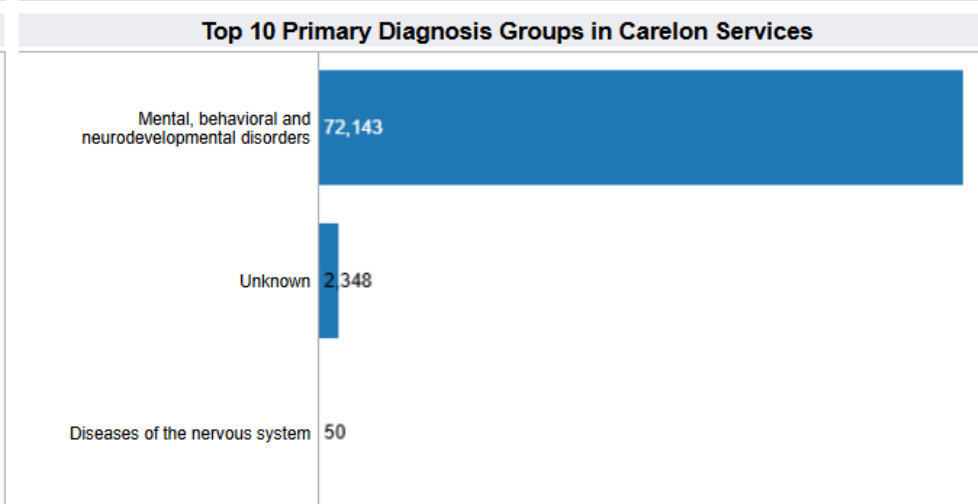
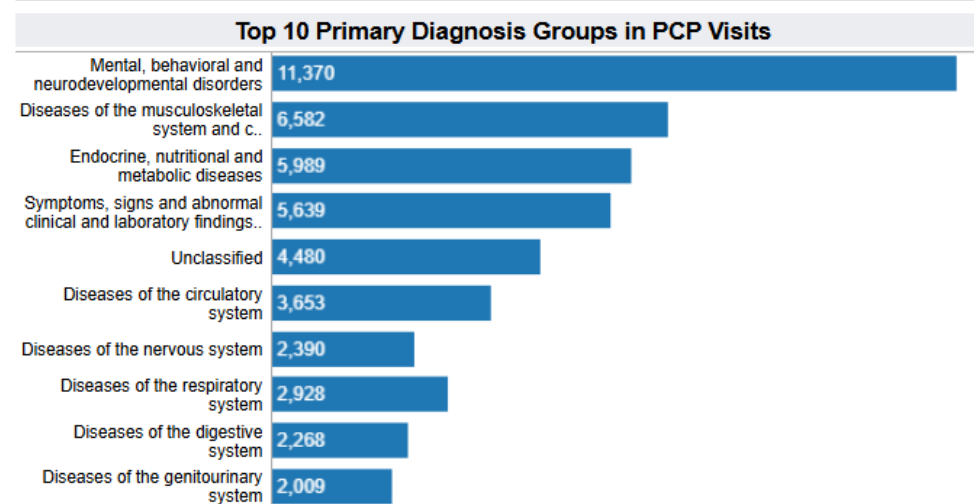
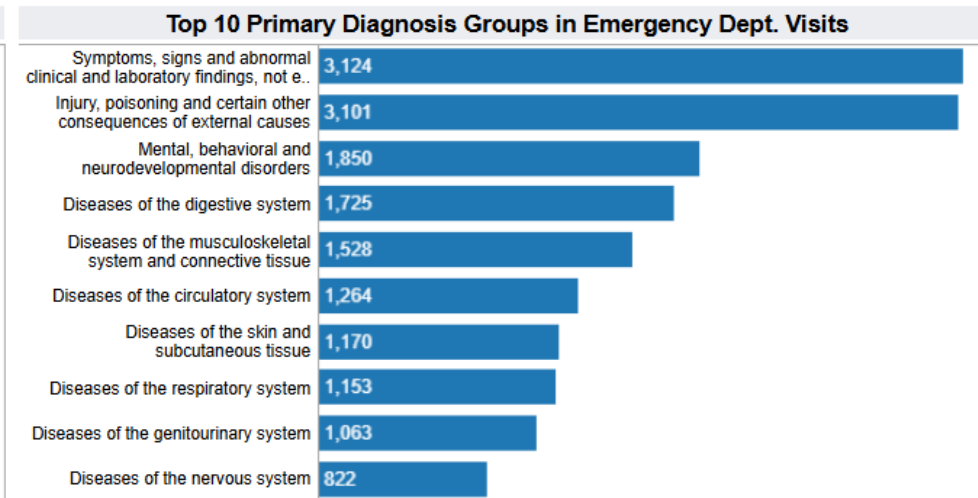
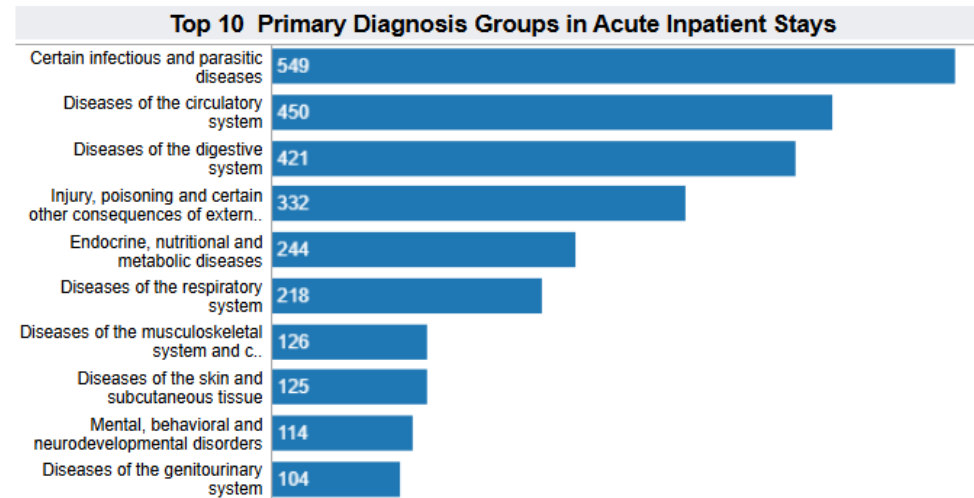


# Shasta Top Reasons Members with SUD Used Health Services

## Top Reasons Members with SUD Saw Health Services

This view compares the top chief complaints of members previously diagnosed with SUD who received care in different provider settings (acute hospitals, ED, PCPs and mild-to-moderate mental health providers) in a yearly basis.

Year: 
 Choose Location Level: 
 Choose Location: 
 Age Group:

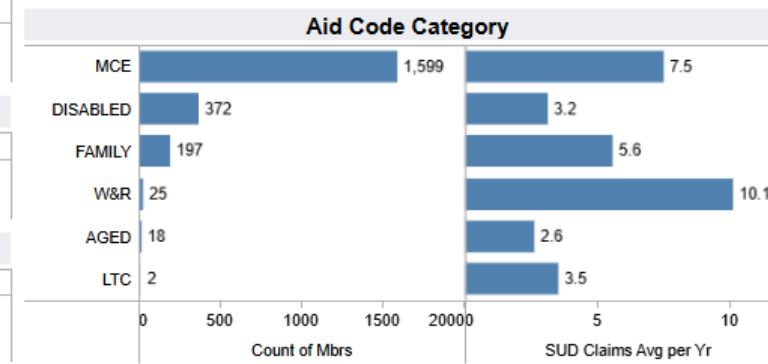
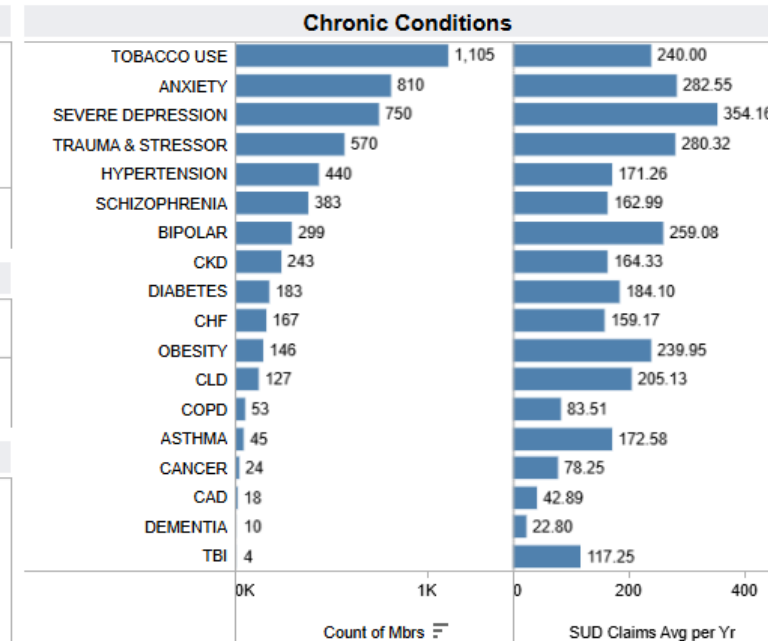
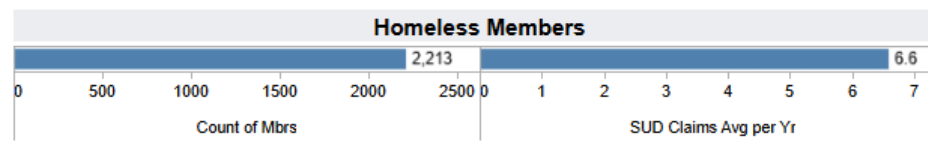
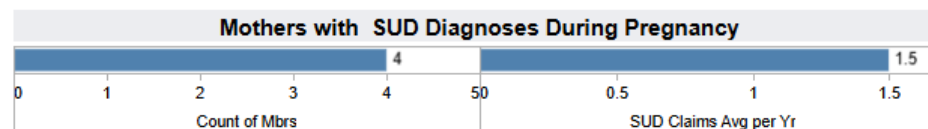
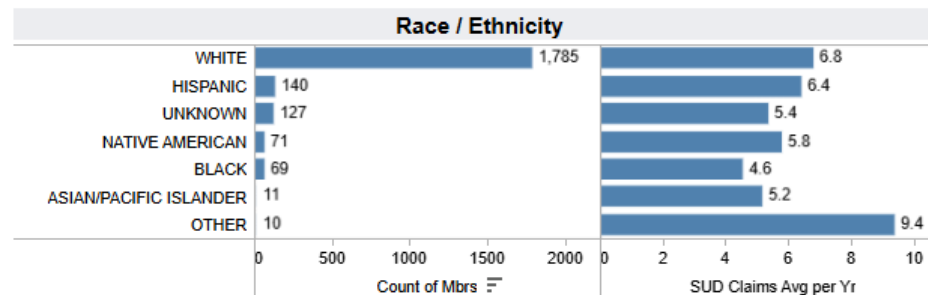
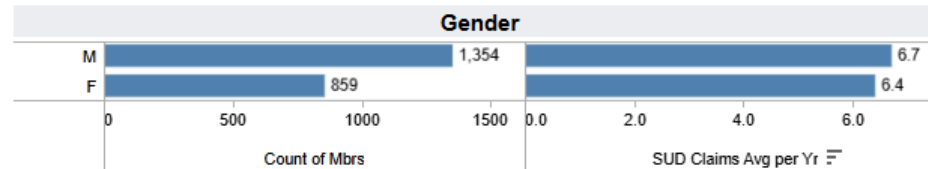
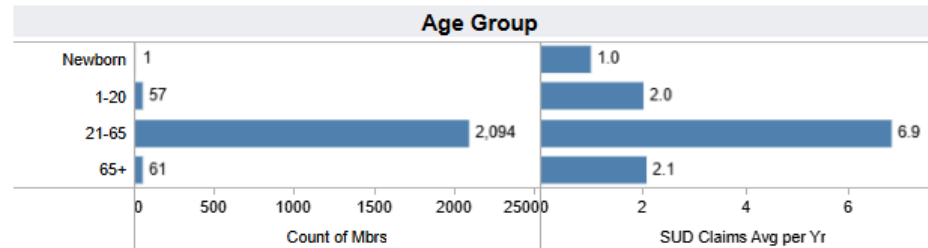


# Shasta Homeless with SUD

## Demographics & Disease Status of Members Diagnosed with Substance Use Disorder

This view describes the demographic characteristics of PHC members who had claims with any substance use disorder diagnosis or procedure, the prevalence of major chronic conditions, diagnosis occurrence during pregnancy, and homelessness status at the time of service for those members.

Year: 2024 | Choose Location Level: Mbr County | Choose Location: SHASTA | Homelessness: Y | Risk Class: (All) | Kaiser Status: NOT KAISER



\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

# Shasta Homeless and SUD Utilization

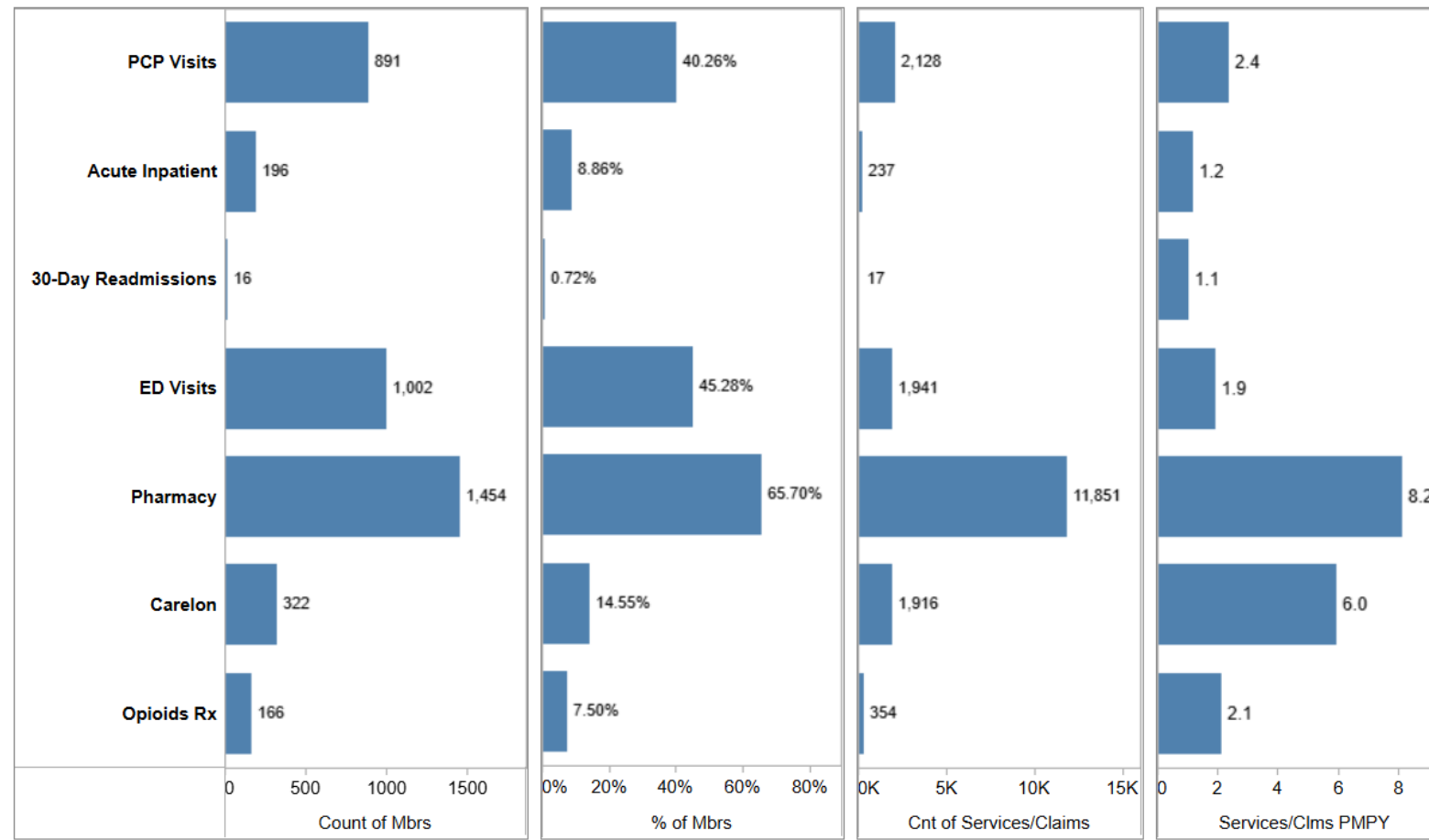
## Services Utilized by Members Diagnosed with Substance Use Disorder

Data Sources: Medical claims (Amisys), MedImpact claims, State Drug Carveout claims, Beacon claims, Membership data

This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.

Year of Service	Choose Location Level	Location	Homelessness	Age Group	Kaiser Status
2024	Mbr County	SHASTA	Y	(All)	NOT KAISER

Utilization Summary by Type of Service



\* Homelessness defined using several sources: patient address, use of homeless or unstable housing ICD10 code (not the Point In Time count done by the counties).

# Shasta Behavioral Health Services Used by Patients with SUD

## Behavioral Services Utilized by Members Diagnosed with Substance Use Disorder

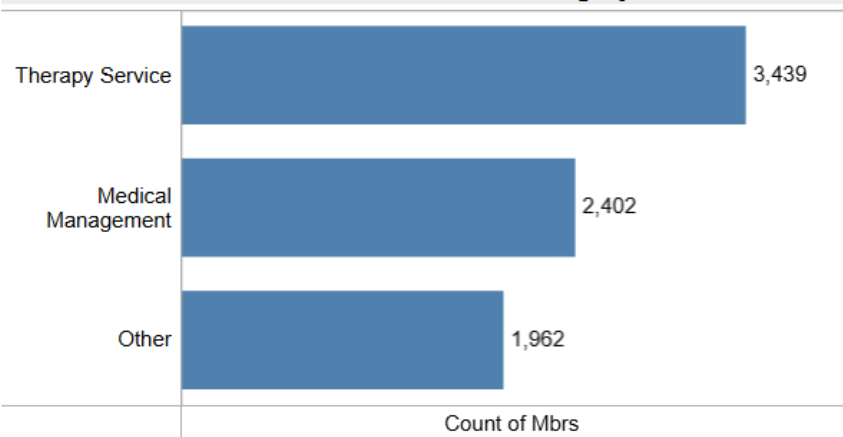
Data Sources: State Drug Carveout claims, Beacon claims, Membership data

This view shows information on all the medical and behavioral services received by PHC members who had been previously diagnosed with substance use disorder.

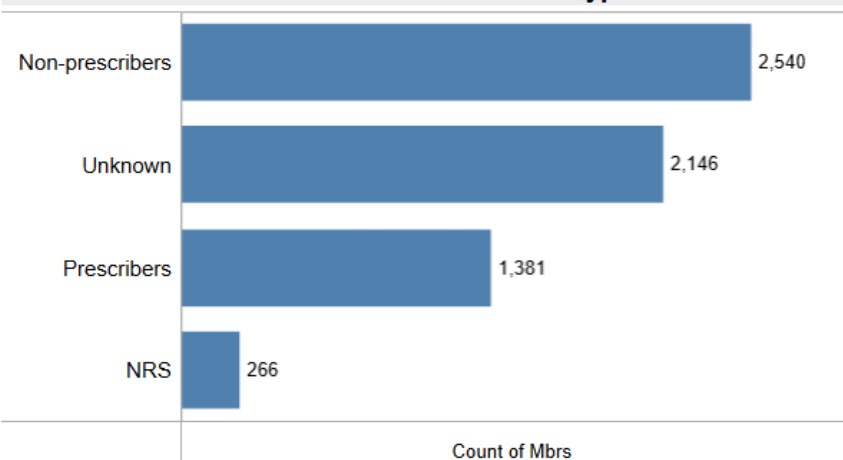
Year of Service Date
Choose Location Level
Location Selector
Homelessness
Age Group

2024
Mbr County
SHASTA
(All)
(All)

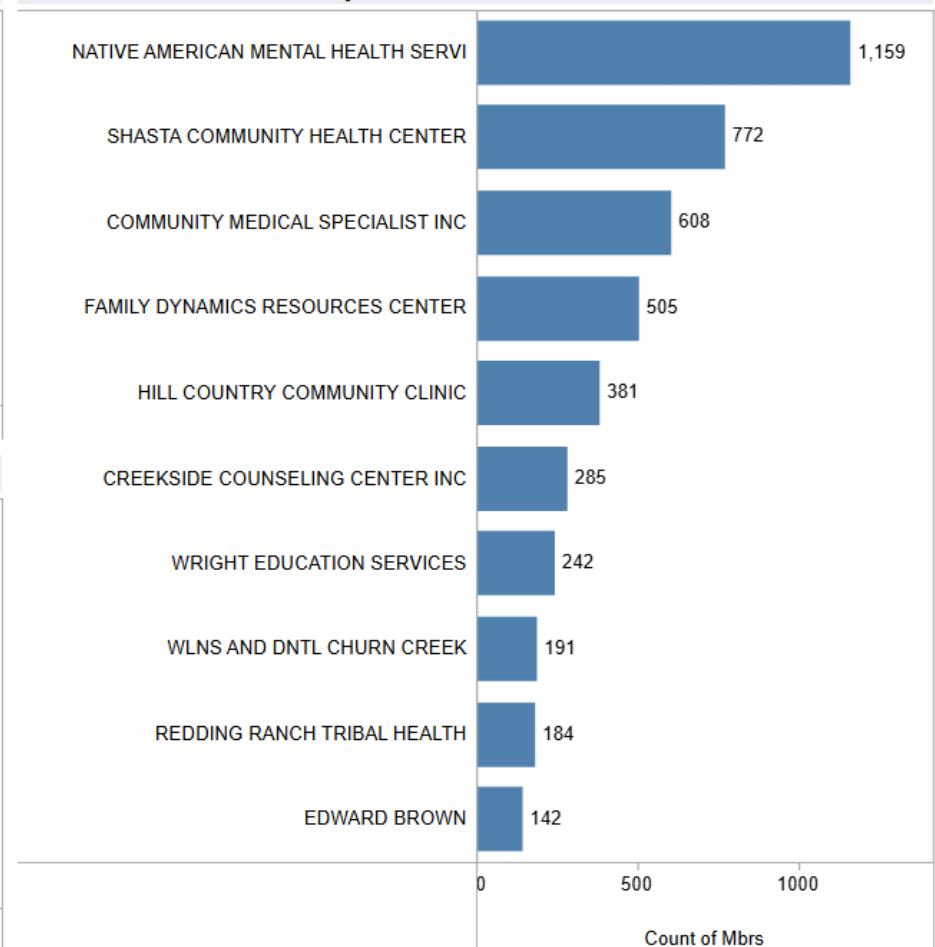
### Carelon Services - Visit Category



### Carelon Services - Provider Type



### Top 10 Carelon Providers

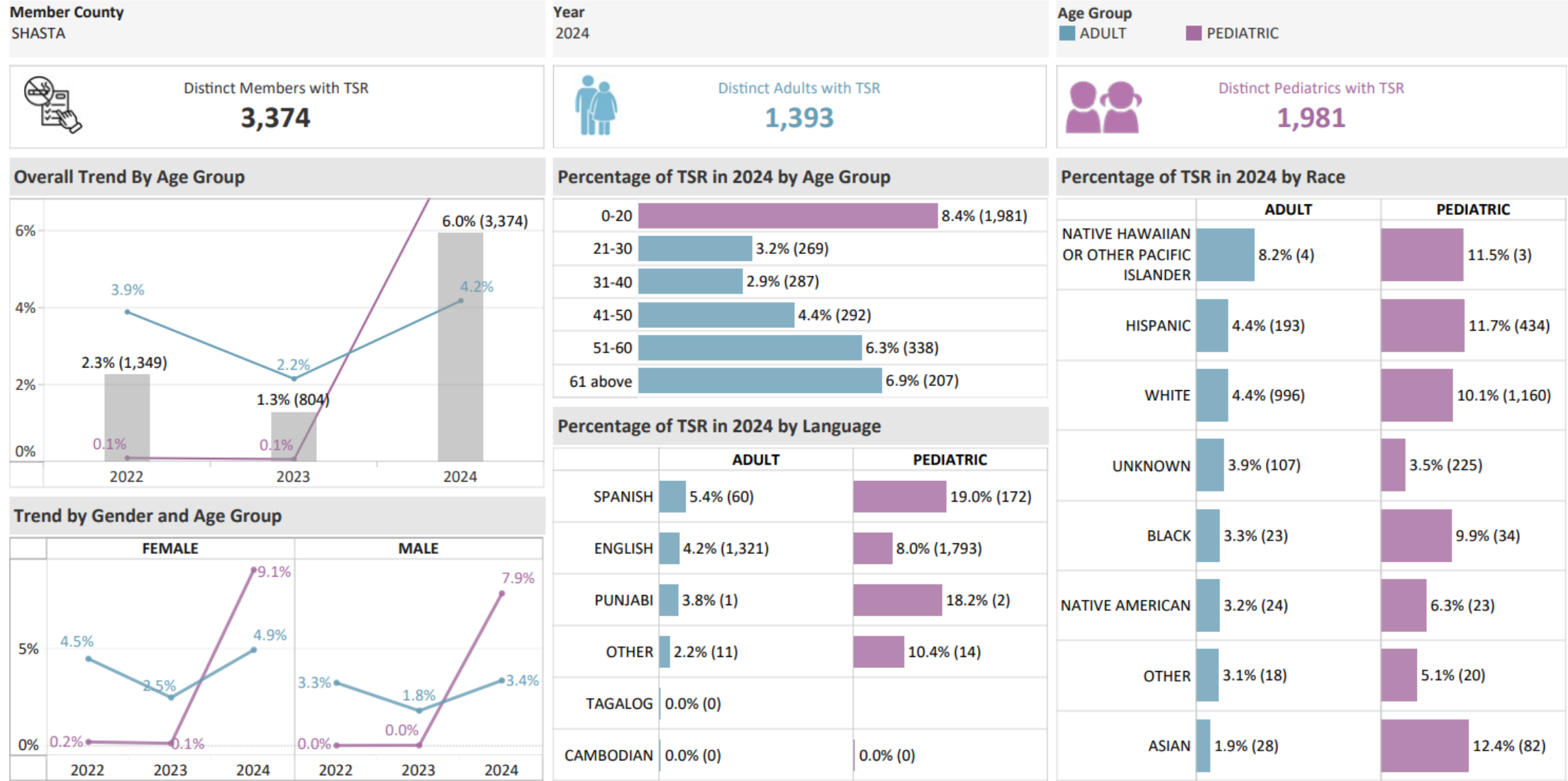


Medical Management represents office visits by non-behavioral health providers, often with the member's PCP.

# Shasta Tobacco Screening and Referral by Demographics

## Annual Percentage of Tobacco Screening and Referral to Treatment by Member Demographics

This dashboard summarizes the annual percentage of members with tobacco screening and referral to treatment by their demographics

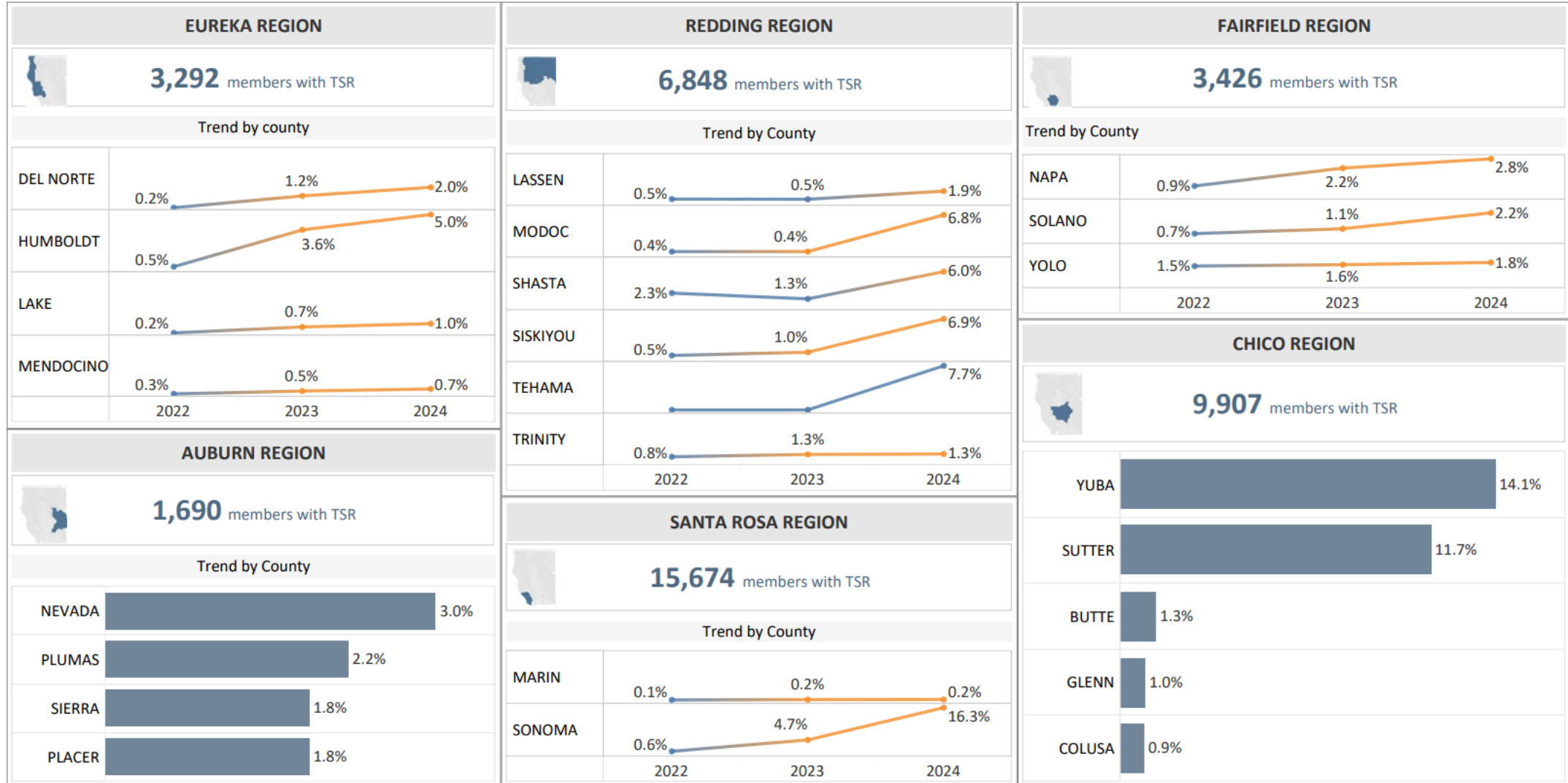




# Tobacco Screening and Referral by Region and County

## Annual Percentage of Tobacco Screening and Referral to Treatment by Region and County

This view summarizes the annual percentage of members with tobacco screening and referral to treatment by member region and county. KPI's represent the metrics for CY 2024.





# Shasta Tobacco Screening and Referral by PCP

## Annual Percentage of Tobacco Screening and Referral to Treatment by PCP

This report summarizes the annual percentage of members with tobacco screening and referral to treatment by their PCP. KPI's represent the metrics for CY 2024.

Office Regions

(All)

Member County


SHASTA

Age Group


(All)

PCP Full Name


(All)



Distinct Members with TSR  
**3,374**



PCP's with TSR Members  
**45 (85%)**



Average number of members with TSR per PCP  
**75**

### By Member assigned PCP

	2022		2023		2024	
	Members with TSR	%	Members with TSR	%	Members with TSR	%
SHASTA COMM HEALTH CENTER	238	1.0%	218	0.9%	1,387	6.0%
LASSEN MEDICAL CLINIC	29	1.4%	30	1.4%	360	32.1%
ANDERSON FAMILY HLTHCTR	56	1.3%	42	1.0%	333	8.9%
BURNEY HEALTH CENTER	8	0.9%	10	1.1%	230	29.9%
ANDERSON WALK IN CLINIC	465	17.6%	133	4.1%	224	6.0%
FALL RIVER VALLEY HC	6	0.9%	5	0.7%	198	27.0%
SHASTA LAKE FAM HLTH CNTR	62	1.4%	45	1.0%	162	4.9%
ANDERSON WALK IN MEDICAL	233	23.6%	58	5.3%	86	8.1%
CHURN CREEK HEALTHCARE	63	1.0%	74	1.0%	74	1.0%
ENTERPRISE FAM HEALTH CTR			15	2.3%	59	9.2%
HILL COUNTRY COMM CLINIC	43	1.3%	38	1.1%	52	1.7%
REDDING RANCH TRIBAL HEALTH	3	0.6%	26	1.3%	42	1.8%
HILL COUNTRY CHURN CREEK			34	1.2%	41	1.9%



# County Disparities Data

# Shasta Top Disparities Below Minimum Performance Level

## **Breast Cancer Screenings:**

Black: 13.71% Below MPL

**Native American: 19.27% Below MPL**

## **Colorectal Cancer Screenings:**

Black: 1.63% Below MPL

**Native American: 14.47% Below MPL**

## **Cervical Cancer Screening:**

Hispanic: 1.18% Below MPL

White: 6.92% Below MPL

Black: 7.11% Below MPL

**Native American: 18.8% Below MPL**

## **Well-Care Visits:**

White: 2.72% Below MPL

**Southeast Asian: 6.23% Below MPL**

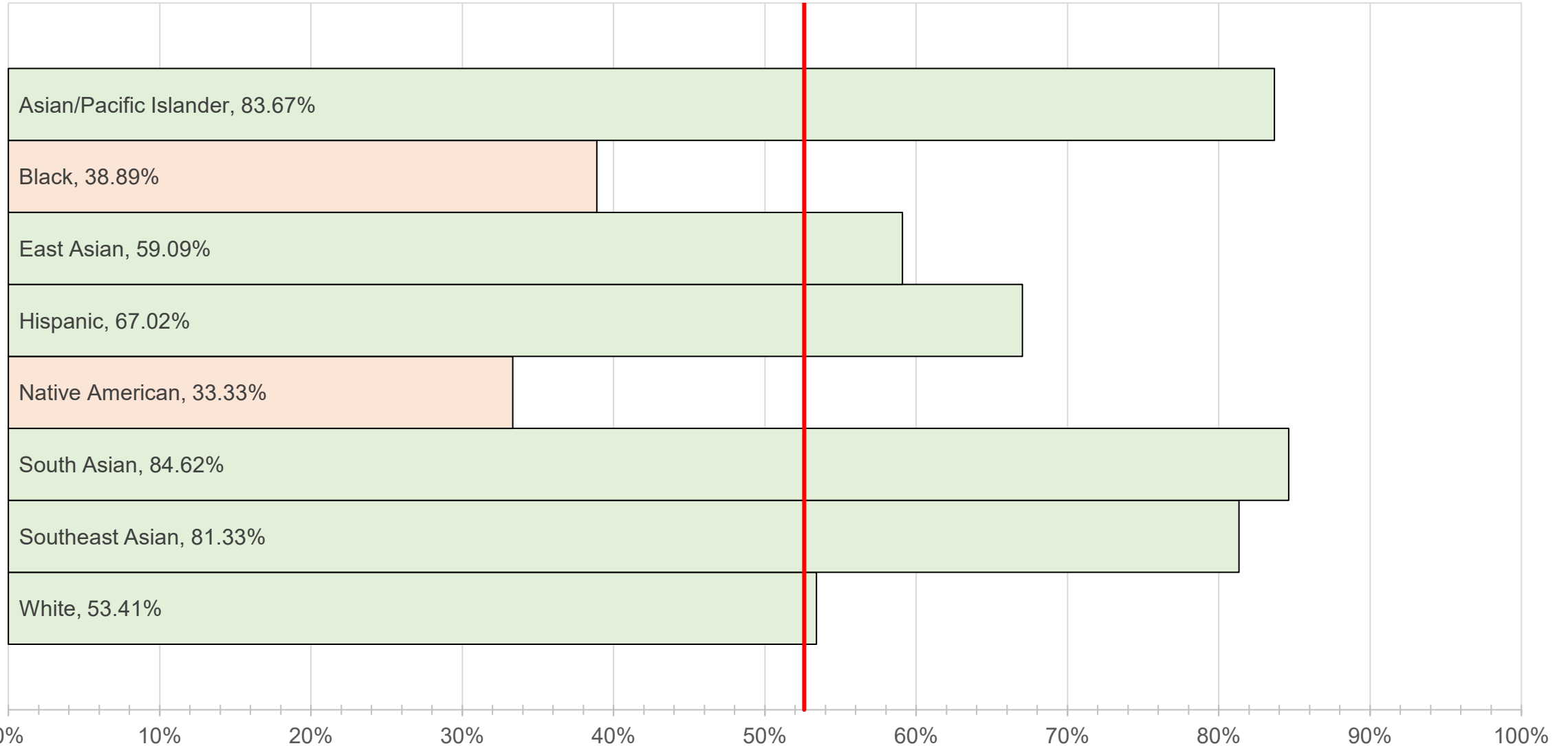
## **Diabetes Mellitus Poor Control (A1c >9%):**

No groups are below MPL.

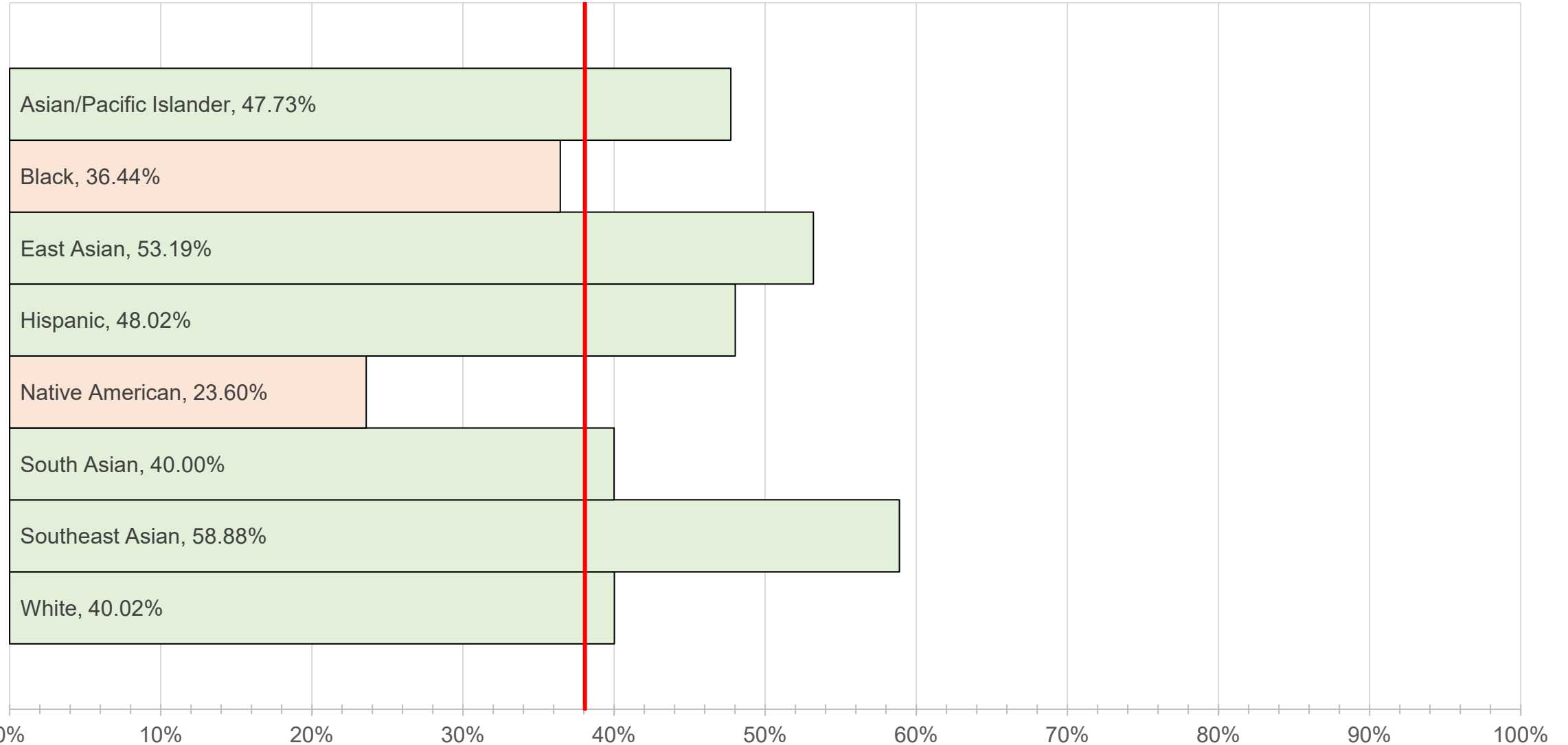
## **Controlled Blood Pressure:**

No groups are below MPL.

# Shasta Breast Cancer Screening Disparities

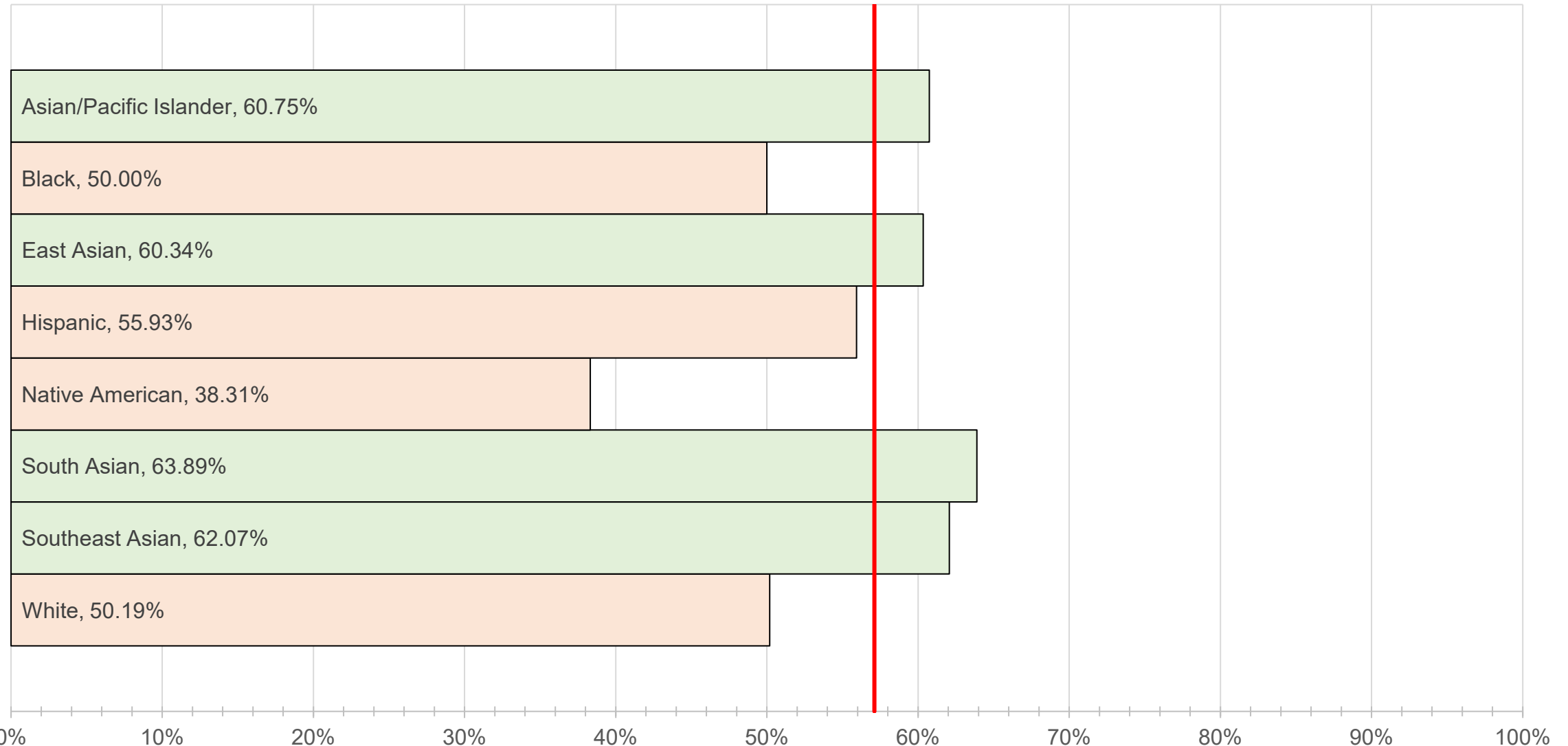


# Shasta Colorectal Cancer Screening Disparities

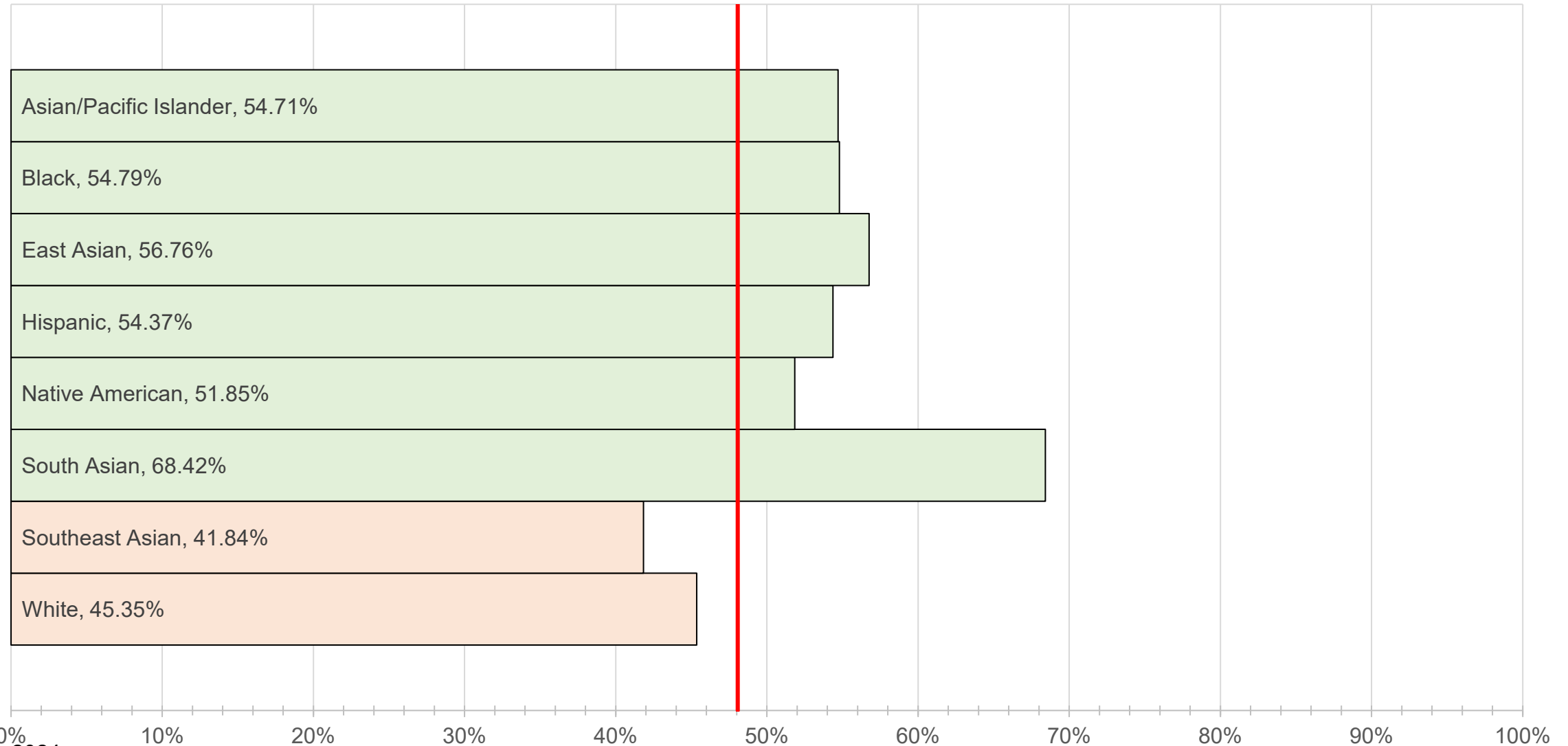




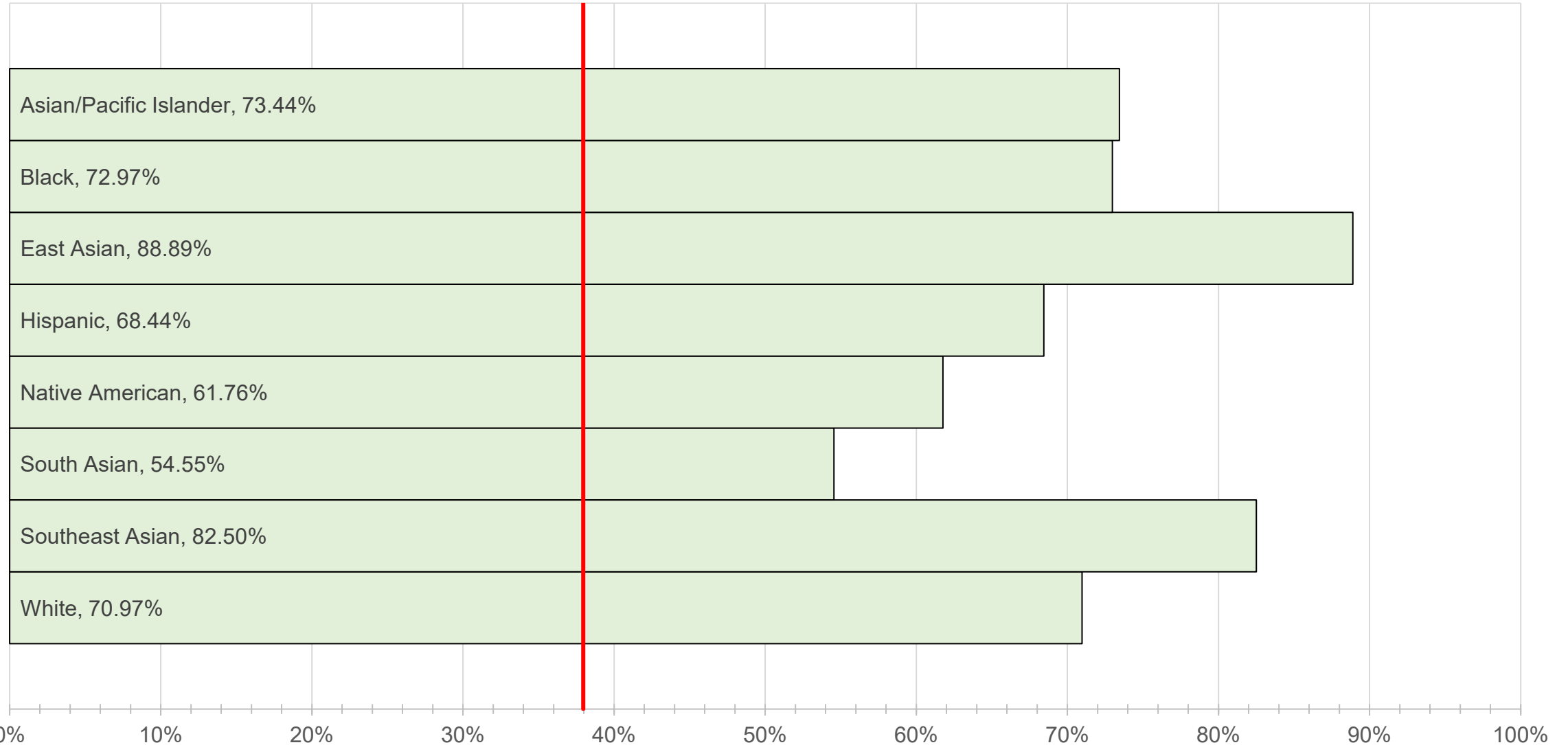
# Shasta Cervical Cancer Screening Disparities



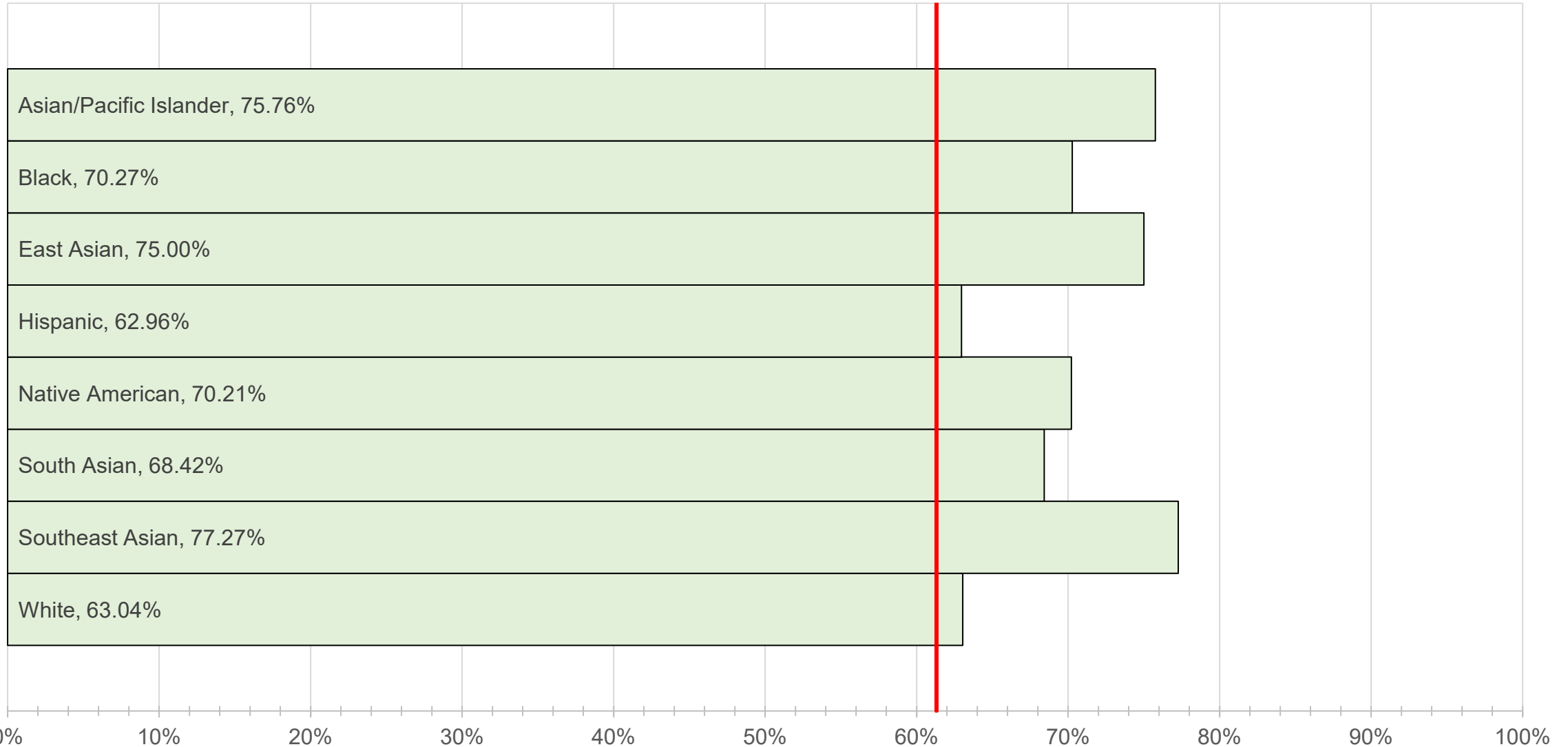
# Shasta Well-Care Visit Disparities



# Shasta Diabetes Mellitus Poor Control (A1c >9%) Disparities



# Shasta Controlled Blood Pressure Disparities





# Child Welfare-Involved Youth Data



# Child Welfare Demographics

## Child Welfare-Involved Youth and Young Adults Demographic

Demographic details for current Child Welfare-involved Youth and Young Adult members.

**14,585**

Child Welfare-Involved Youth Members

**1.6%**

% of Partnership Membership

**14.0**

Median Age

**50.9%**

% Male

### Filters

#### Population

(All)

#### Region

(All)

#### County

(All)

#### Race Ethnicity

(All)

#### Sex

(All)

#### Language

(All)

#### Age Group

(All)

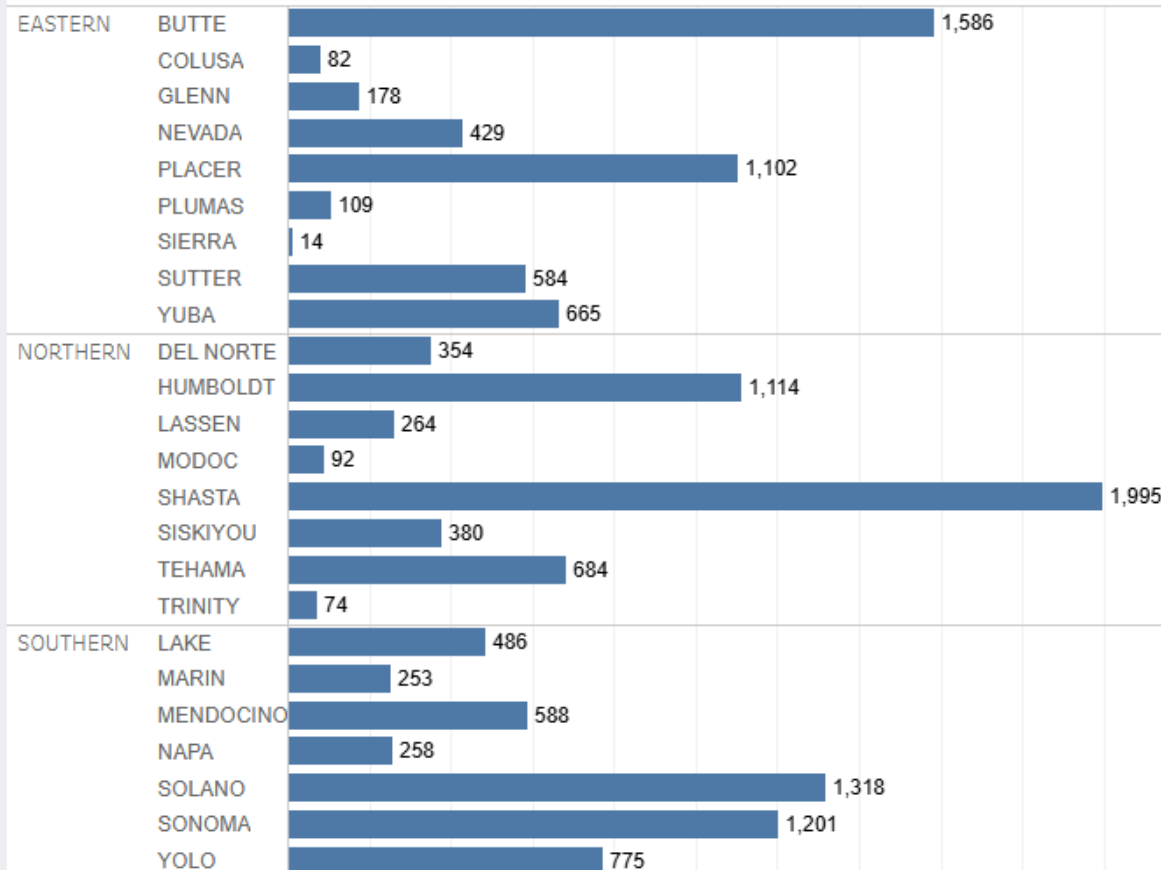
#### Medicare Dual Status

(All)

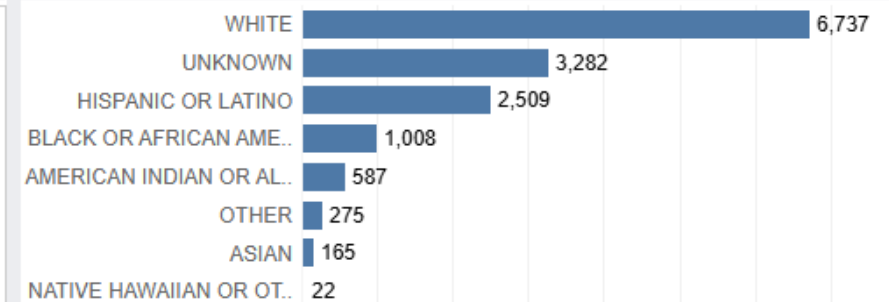
#### CCS

(All)

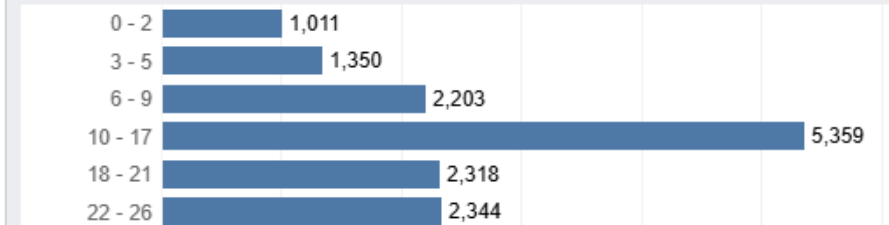
### Member Count of Child Welfare-Involved Youth by Region and County



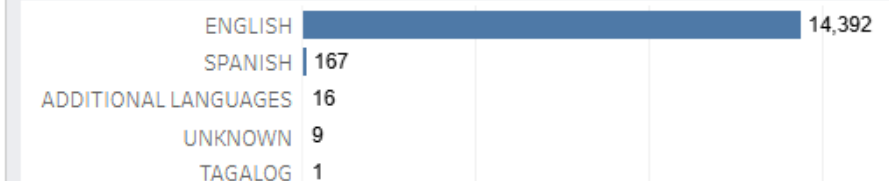
### Member Count by Race/Ethnicity



### Member Count by Age Group



### Member Count by Language

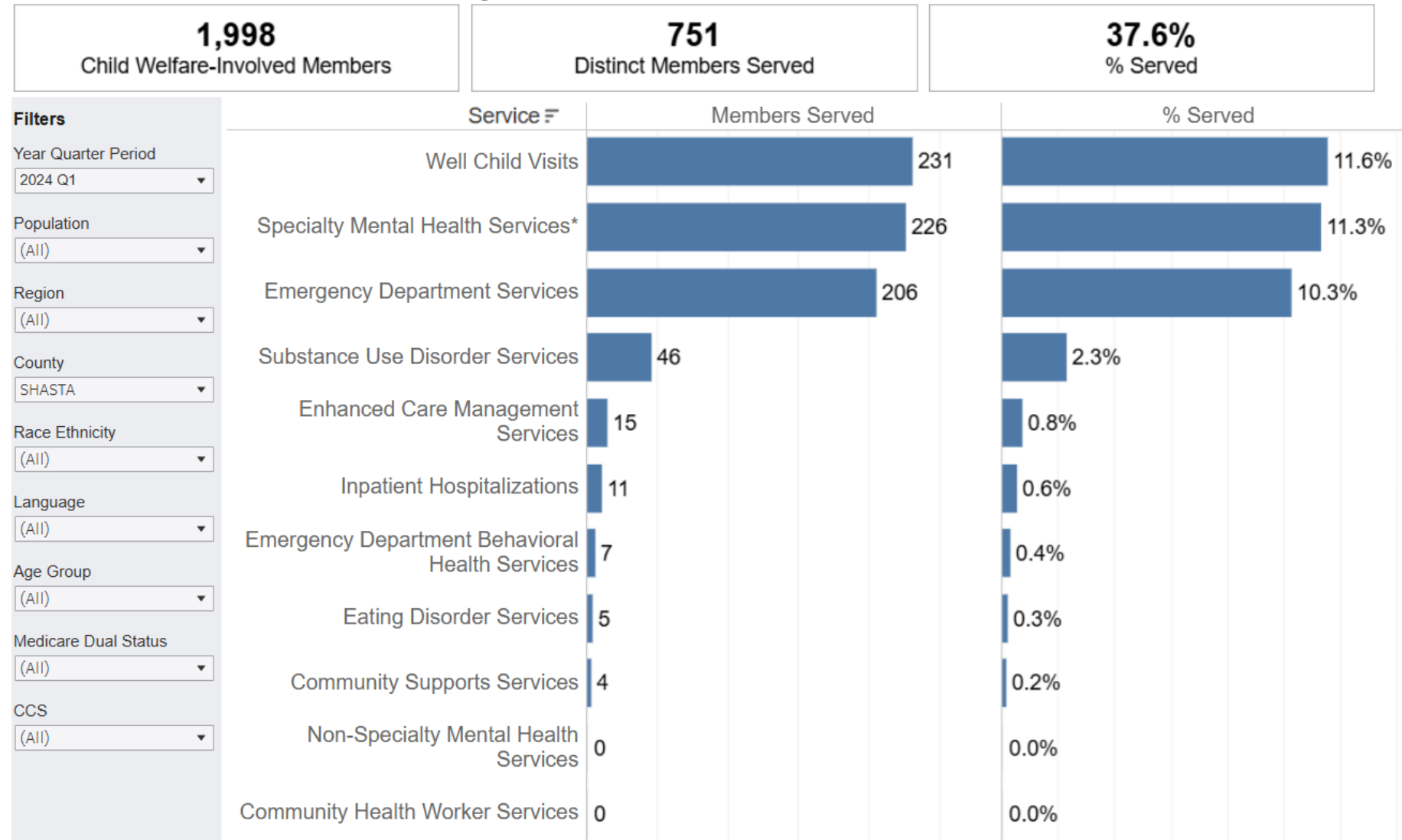




# Shasta Child Welfare Utilization

## Child Welfare-Involved Youth and Young Adults Utilization Overview

Utilization for current Welfare-involved Youth and Young Adult members.



# Child Welfare Enhanced Care Management (ECM) Services Utilization

**244**  
Members Served

**1.7%**  
Percent Served

## Filters

Year Quarter Period

2024 Q4

Population

(All)

Region

(All)

County

(All)

Race Ethnicity

(All)

Sex

(All)

Language

(All)

Age Group

(All)

Medicare Dual Status

(All)

CCS

(All)

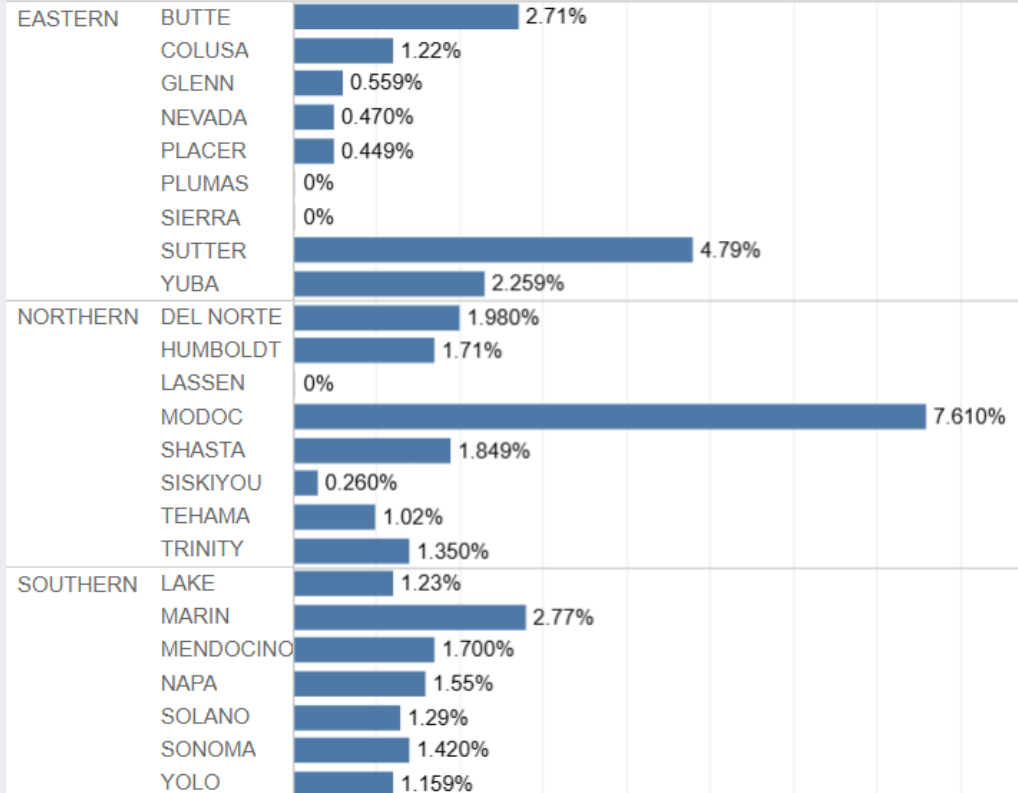
## Select Service

ECM

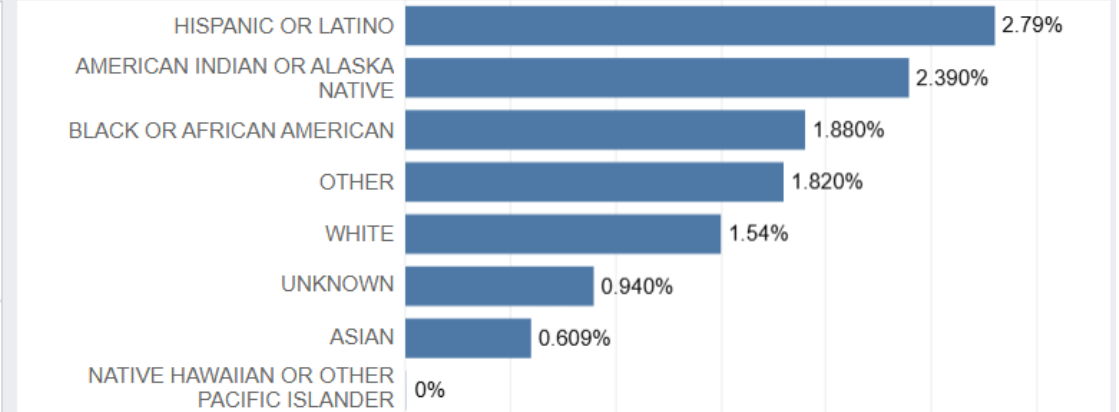
## Select Metric

% Served

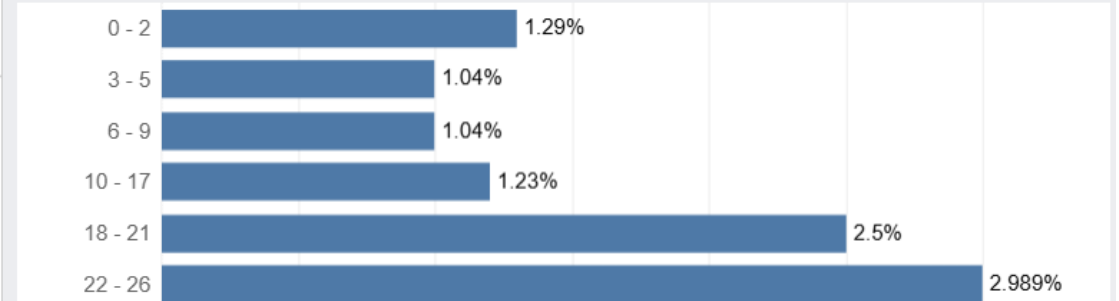
## % Served for ECM Services by Region and County



## % Served for ECM Services by Race/Ethnicity



## % Served for ECM Services by Age Group





# Child Welfare Community Support Services

<b>57</b> Distinct Members who Received CS Services	<b>195</b> CS Claims	<b>71</b> Distinct CS Services
--	-------------------------	-----------------------------------

## Filters

Year Quarter Period

2024 Q4

Population

(All)

Region

(All)

County

(All)

Race Ethnicity

(All)

Sex

(All)

Language

ENGLISH

Age Group

(All)

Medicare Dual Status

(All)

CCS

(All)

Type Of Support

(All)

## CS Distinct Services for Child Welfare-Involved Youth by Region, County, and Type of Support

1 12

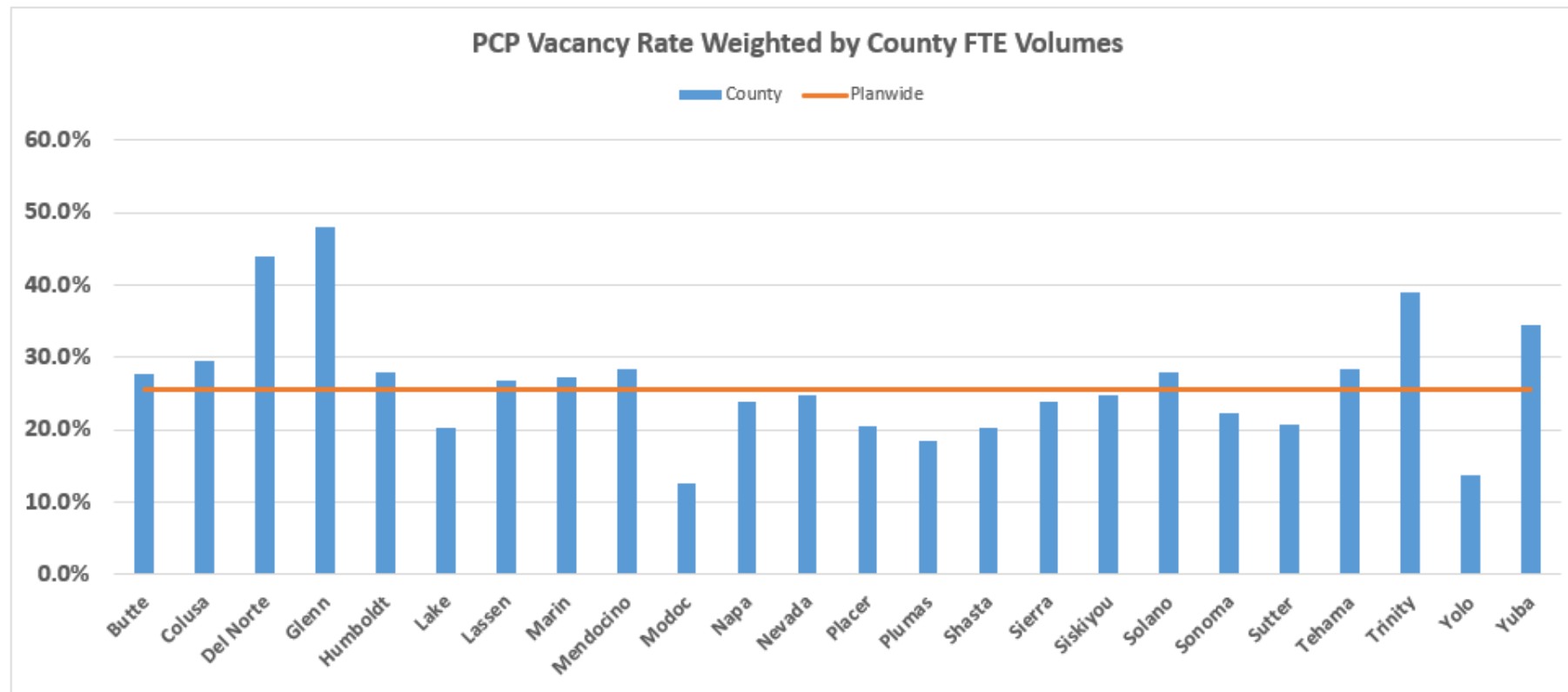
Region	County	Type Of Support						
		Housing Deposits	Housing Tenancy and Sustaining Services	Housing Transition/Navigation Services	Medically-Supportive Food/Medically Tailored Meals	Personal Care/Homemaker Services	Recuperative Care (Medical Respite)	Short-Term Post-Hospitalization Housing
EASTERN	BUTTE	1	1	4	2	1		
	GLENN			1				
	NEVADA			1				
	SUTTER			2	1			
	YUBA		1	3				
NORTHERN	MODOC				3			
	SHASTA		2	12	2		2	6
	SISKIYOU		1	1				
	TEHAMA		1	5				
SOUTHERN	LAKE			1				
	MARIN		1	1				
	MENDOCINO			2				1
	SOLANO	1	1	1				
	SONOMA		4		1			
	YOLO			2	2			



# Surveys and Screening Data

# Workforce Point in Time (PIT) Survey

Partnership staff conducted a survey of primary care organizations across the 24-county region. The results shown below indicate the current primary care provider vacancies weighted by available positions per county. The plan-wide vacancy rate is 25.5%, representing 358 clinician vacancies (~205 physicians and 155 NP/PA positions).



All primary care practices are challenged by workforce shortages impacting access to care, quality, workforce burnout, retention and more. Primary care shortages range from a low of 13% to high of 48%. The Partnership plan-wide average is 26%.

# CAHPS Survey Results: Flu and Smoking Cessation

- North East: Lassen, Modoc, Shasta, Siskiyou, Trinity
- North West: Del Norte, Humboldt
- South East: Napa, Solano, Yolo
- South West: Lake, Marin, Mendocino, Sonoma

Q28

Have you had either a flu shot or flu spray in the nose since July 1, 2023?

Region	Yes	No
North East	28.9%	71.7%
North West	42.2%	57.8%
South East	52.5%	47.5%
South West	44.6%	55.4%

Q29

Do you smoke cigarettes or use tobacco every day, some days, or not at all?

Region	Every day	Some days	Not at all
North East	17.3%	10.2%	72.5%
North West	15.8%	7.3%	76.9%
South East	8.0%	6.2%	85.8%
South West	8.3%	6.4%	85.3%

Q30

In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Region	Always	Usually	Sometimes	Never
North East	42.5%	27.5%	17.5%	12.5%
North West	37.7%	24.5%	22.6%	15.1%
South East	33.8%	26.0%	29.9%	10.4%
South West	37.4%	22.4%	22.4%	17.8%

Q31

In the last 12 months. How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Region	Always	Usually	Sometimes	Never
North East	28.8%	18.8%	21.3%	31.3%
North West	25.0%	19.2%	25.0%	30.8%
South East	23.4%	20.8%	24.7%	31.2%
South West	28.7%	15.7%	18.5%	37.0%

Q32

In the last 12 months, how often did you doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?

Region	Always	Usually	Sometimes	Never
North East	25.0%	15.0%	28.8%	31.3%
North West	17.6%	17.6%	25.5%	39.2%
South East	18.2%	26.0%	18.2%	37.7%
South West	21.7%	17.0%	19.8%	41.5%

\* The denominators for the reported proportions of Q30, Q31, and Q32 are all relevant respondents who answered, "Every day" or "Some days" to Q29.

# CAHPS Survey Results: Advanced Directives

- North East: Lassen, Modoc, Shasta, Siskiyou, Trinity
- North West: Del Norte, Humboldt
- South East: Napa, Solano, Yolo
- South West: Lake, Marin, Mendocino, Sonoma

	Q40 Did you fill out and sign an Advanced Directive?		Q41 Did you talk about your Advanced Directive with your medical decision maker or family?		Q42 Did you give a copy of your Advanced Directive to your doctor or your local hospital?	
Region	Yes	No	Yes	No	Yes	No
North East	23.9%	76.1%	76.5%	23.5%	57.8%	42.2%
North West	22.4%	77.6%	75.0%	25.0%	73.5%	26.5%
South East	23.5%	76.5%	71.4%	28.6%	48.3%	51.7%
South West	23.0%	77.0%	72.6%	27.4%	62.0%	38.0%

\* The denominators for the reported proportions of Q41 and Q42 are all relevant respondents who answered "Yes" to Q40.





# Shasta Lead Screening Data

1,487

Children Screened for Blood Lead

1,625

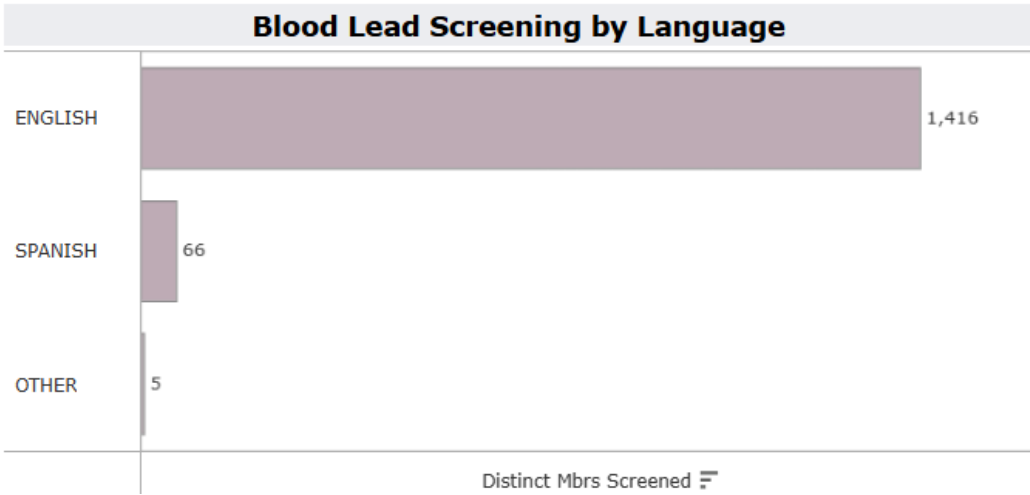
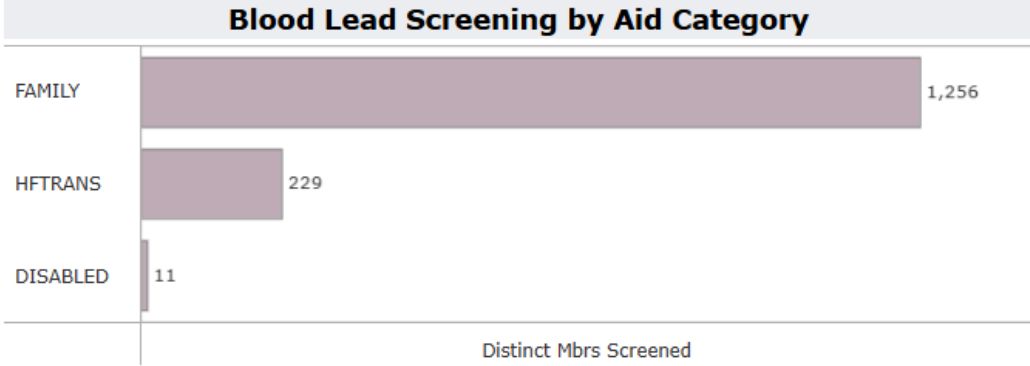
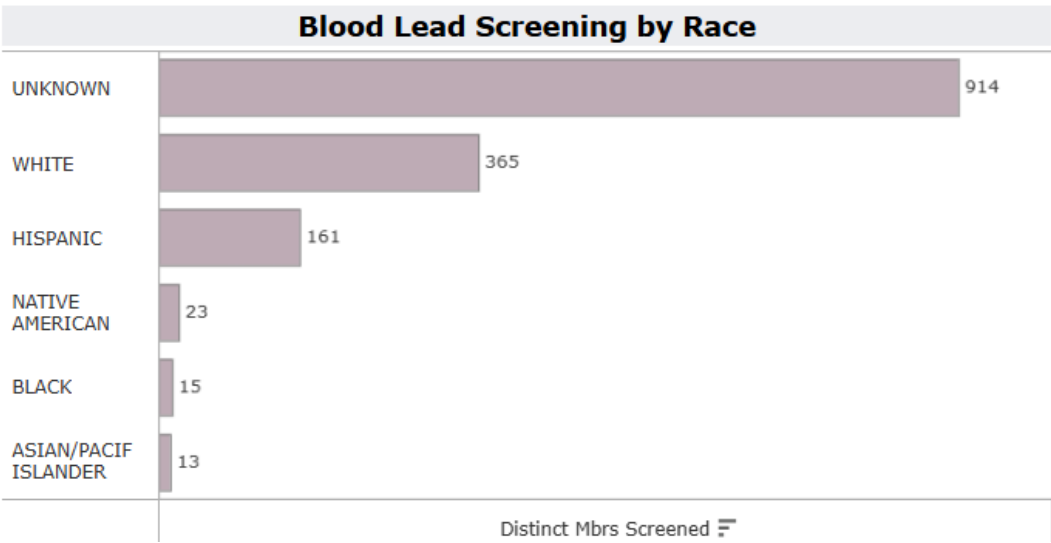
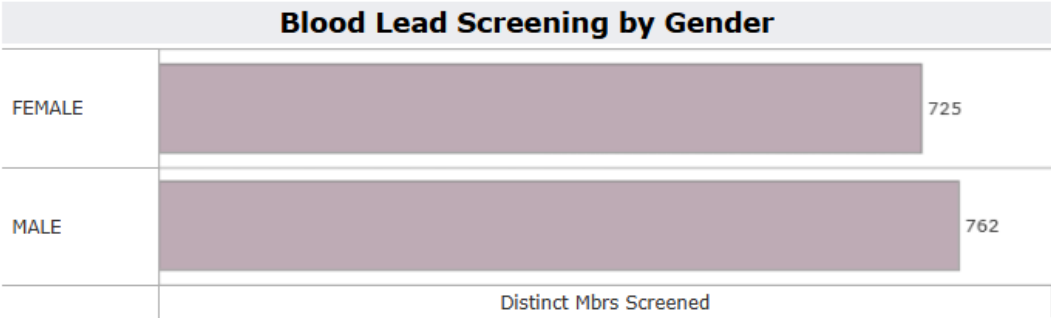
Blood Lead Tests

Select Year  
2024

Month of Service Date  
(All)

Select County  
SHASTA

Select Age Group  
(All)





# Transportation Services Data

# Shasta NMT and NEMT Transportation Services: KPIs

This page provides a high-level overview of key indicators regarding Partnership's Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) services usage by members.

**Jun 2024 - Dec 2024**  
Measurement Period

Date of Service Selection  
(Multiple values) ▼

County  
SHASTA ▼

Ethnicity  
(All) ▼

Age Group  
(All) ▼

Language  
(All) ▼

Gender  
(All) ▼

Mileage Group  
(All) ▼

Appointment Service Type  
(All) ▼

Appointment Reasons  
(All) ▼

Transportation Provider  
(All) ▼

Insurance Group  
(All) ▼



**173,392**

Total Requests



**103,674**

Completed Trips



**60.2%**

% Trips Completed



**18.1**

Avg. Distance (mi)



**28.8**

Avg. Duration (mins)



**1,147**

Unresolved Trips



**33.2%**

% Trip Cancellation



**0.4%**

% Trip Denial



**6.2%**

% Trip No Show



**9.4**

Median Distance (mi)



**567.4**

Longest Trip (mi)



**0.05**

Shortest Trip (mi)



# Shasta NMT and NEMT Transportation Services: Trip Details

This page provides more detailed trip type information regarding Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.

Jun 2024 - Dec 2024  
Measurement Period

Date of Service Selection  
(Multiple values)

County  
SHASTA

Ethnicity  
(All)

Age Group  
(All)

Language  
(All)

Gender  
(All)

Mileage  
(All)

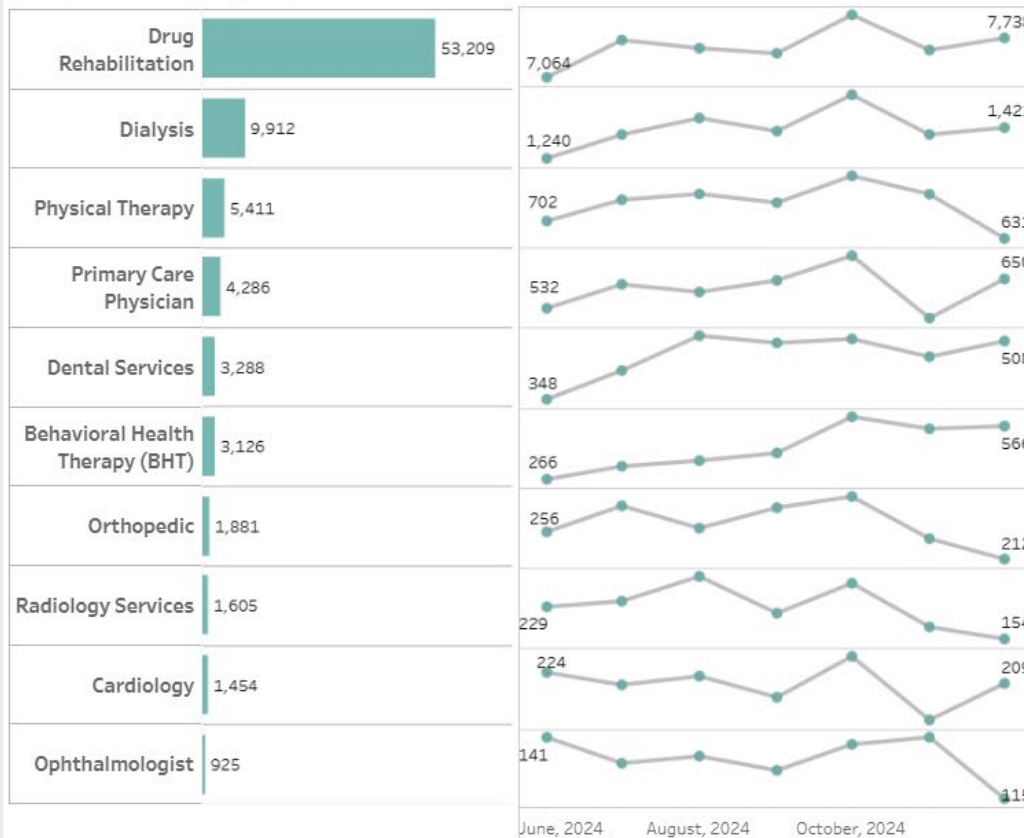
Appointment Service Type  
(All)

Appointment Reasons  
(All)

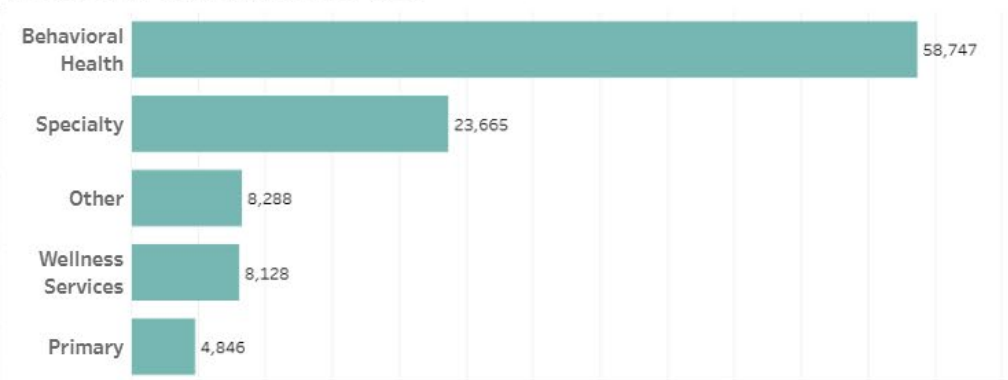
Transportation Provider  
(All)

Insurance Group  
(All)

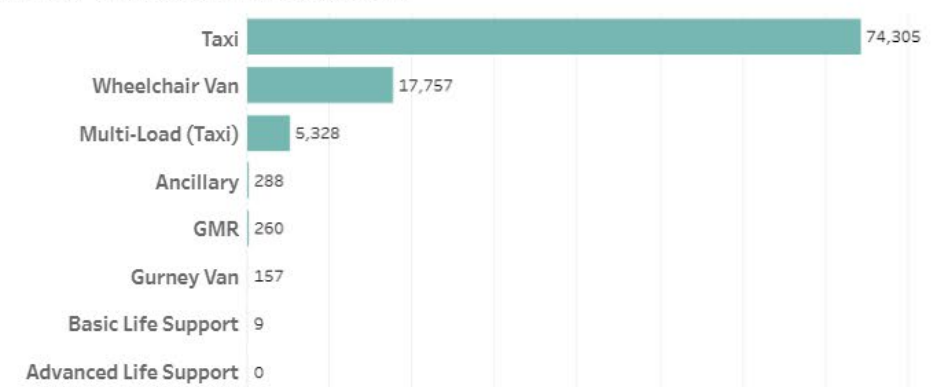
Completed Trips by Top 10 Services



Completed Trips by Service Type



Completed Trips by Vehicle Category



# Shasta NMT and NEMT Transportation Services: Demographics

This page provides demographics information for members that utilize Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.

Jun 2024 - Dec 2024

Measurement Period

Date of Service Selection  
(Multiple values)

County  
SHASTA

Ethnicity  
(All)

Age Group  
(All)

Language  
(All)

Gender  
(All)

Mileage Group  
(All)

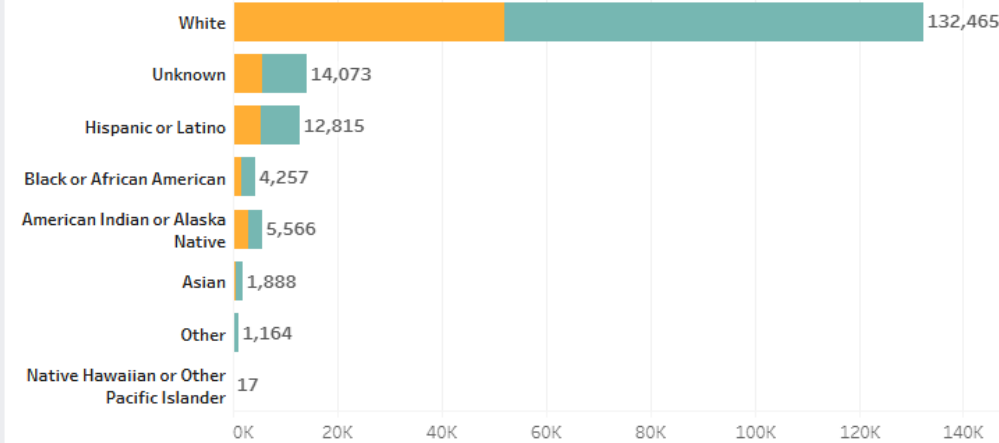
Appointment Service Type  
(All)

Appointment Reasons  
(All)

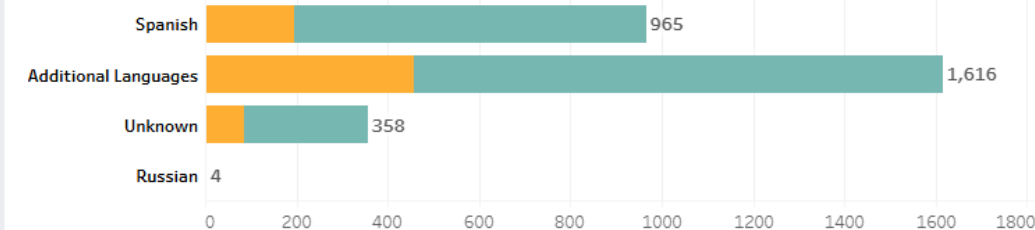
Transportation Provider  
(All)

Insurance Group  
(All)

Trips by Ethnicity



Non-English Trips by Language

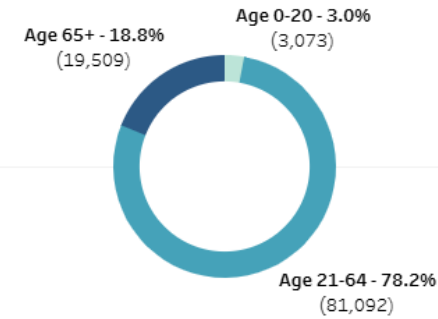


Measure Names

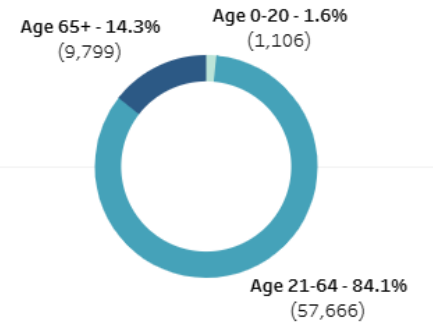
Non-Completed Trips Count

Completed Trips

Completed Trips by Age



Non-Completed Trips by Age



Completed Trips by Gender



Non-Completed Trips by Gender





# NMT and NEMT Transportation Services Utilization

This page provides county level utilization information regarding Partnership's Non-Medical Transportation and Non-Emergency Medical Transportation services.



**103,850**  
Completed Trips



**10,715**  
Members Completed Trip



**1.18%**  
Avg. % Utilizers



**9.7**  
Avg Trips per Utilizer



**115**  
Trip rate per 1,000 Members PMPM

**March 2025**

Measurement Month

Month of Service Selection

March 2025

County

(All)

Ethnicity

(All)

Age Group

(All)

Language

(All)

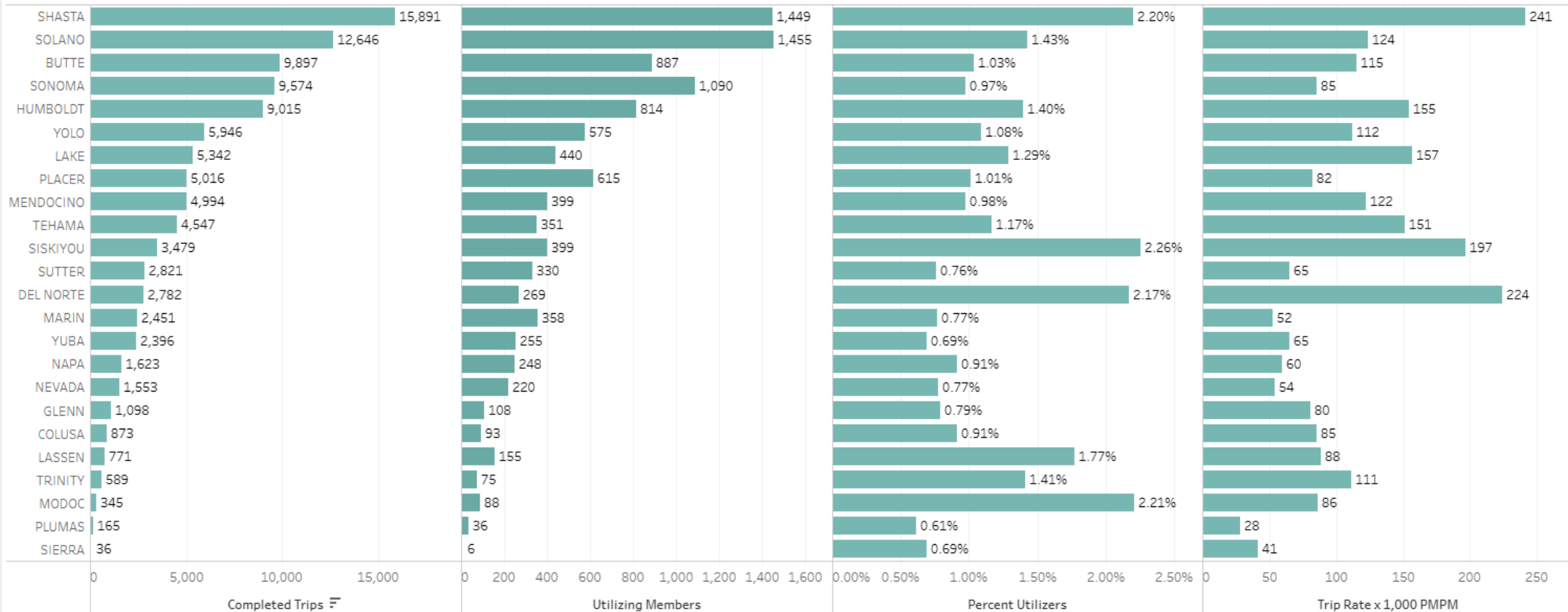
Gender

(All)

Insurance Group

(All)

## Utilization - By County



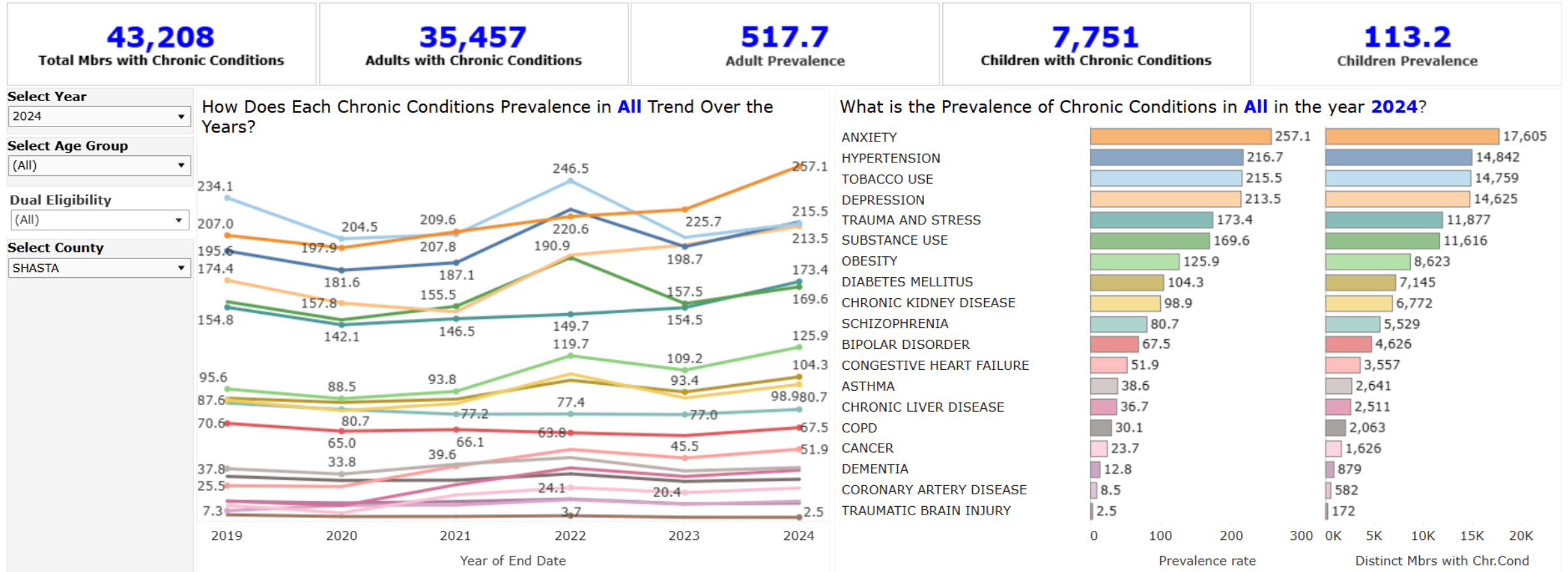


# Supplementary Data



# Shasta Chronic Conditions Prevalence

This dashboard provides an estimate of the prevalence of certain chronic conditions in adults and children PHC membership. Prevalence is the number of members with a given condition in a given year divided by the average membership during the same year, multiplied by 1,000.



# Shasta Fluoride Varnish Treatment Demographics

## Percentage of Fluoride Varnish Treatment: Member Demographics

Fluoride Varnish compliance is defined as true when the member has 2 or more FV services on separate days within the calendar year.

Year  
2024

Age Group  
(All)

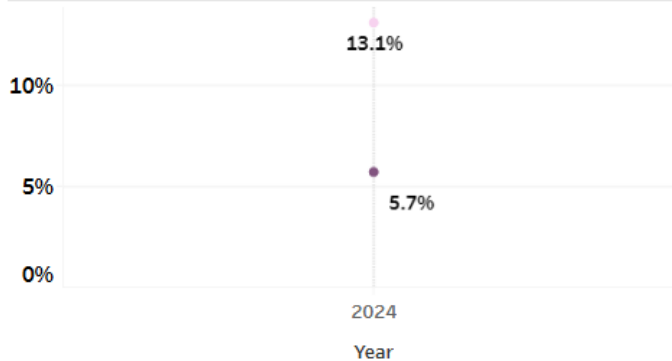
Region  
(All)

County  
SHASTA

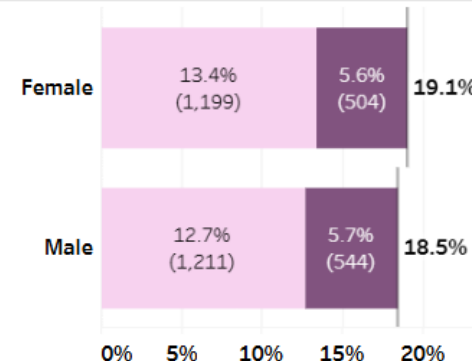
Compliance  
(All)

FV Compliance  
 2+ FV Visits (Compliant)  
 1 FV Visit (Not Compliant)

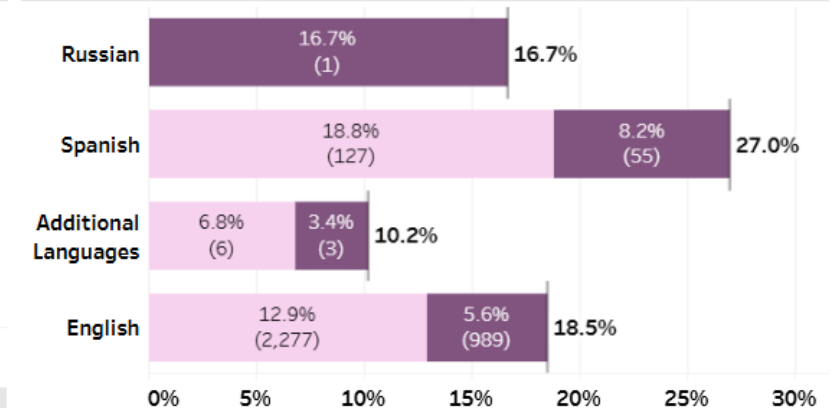
### Overall Trend of FV Treatment Percentage



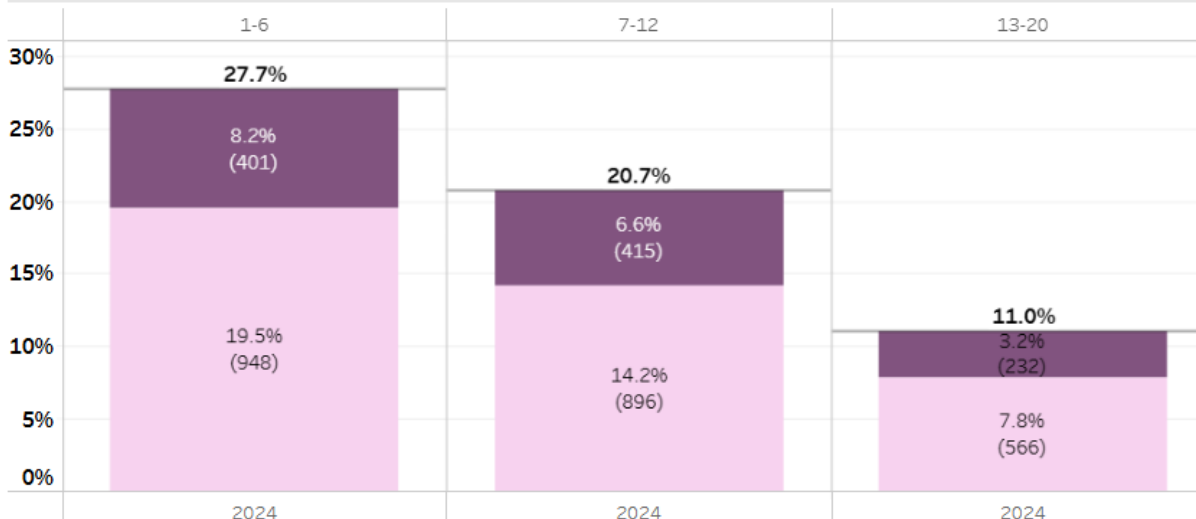
### FV Treatment By Gender



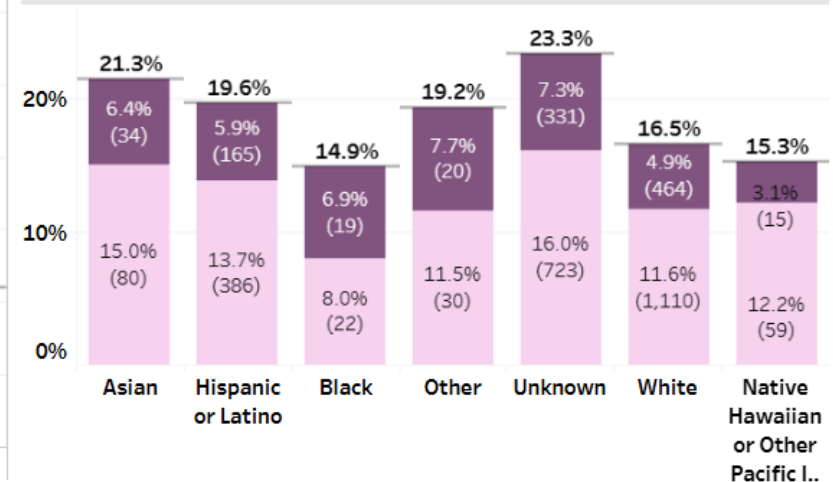
### FV Treatment By Language



### FV Treatment By Age Group



### FV Treatment By Ethnicity



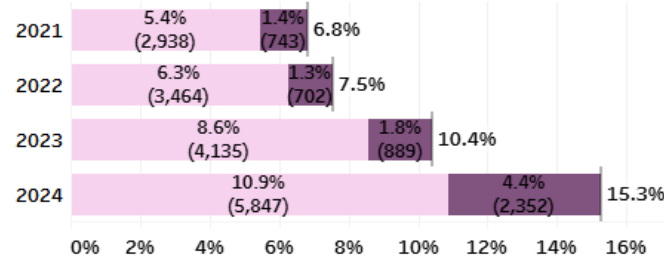
# Fluoride Varnish Trend by County

## Percentage of Fluoride Varnish Treatment: Location Comparison

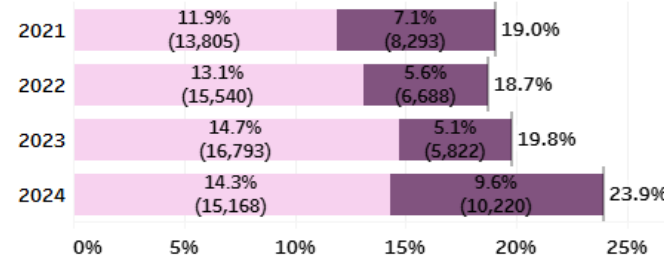
This report aids in comparing trends of members between ages of 1 and 20 years who received fluoride varnish (FV) treatment by age, region and county.

Fluoride Varnish compliance is defined as true when the member has 2 or more FV services on separate days within the calendar year.

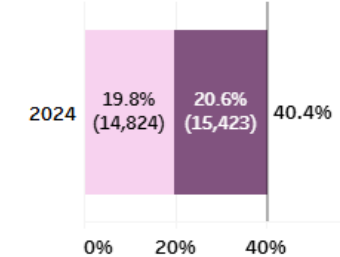
**Northern Region FV Treatment %**



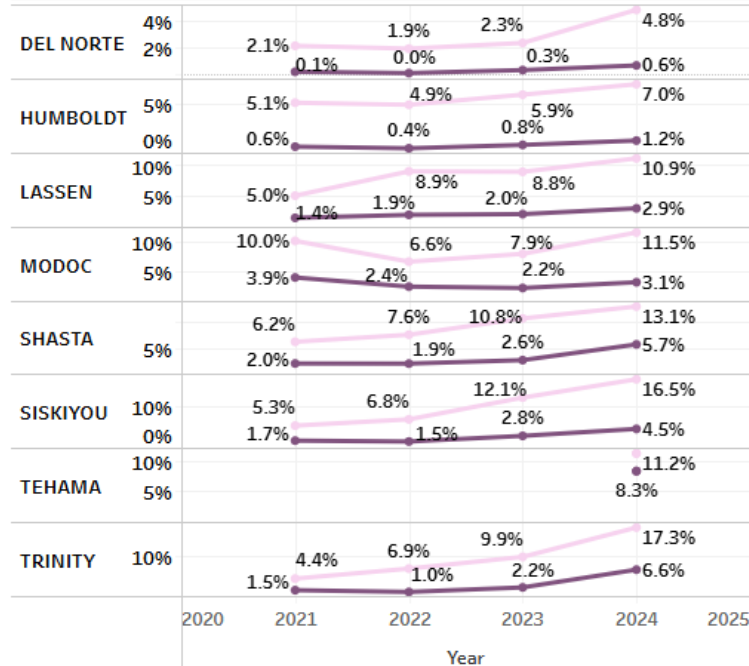
**Southern Region FV Treatment %**



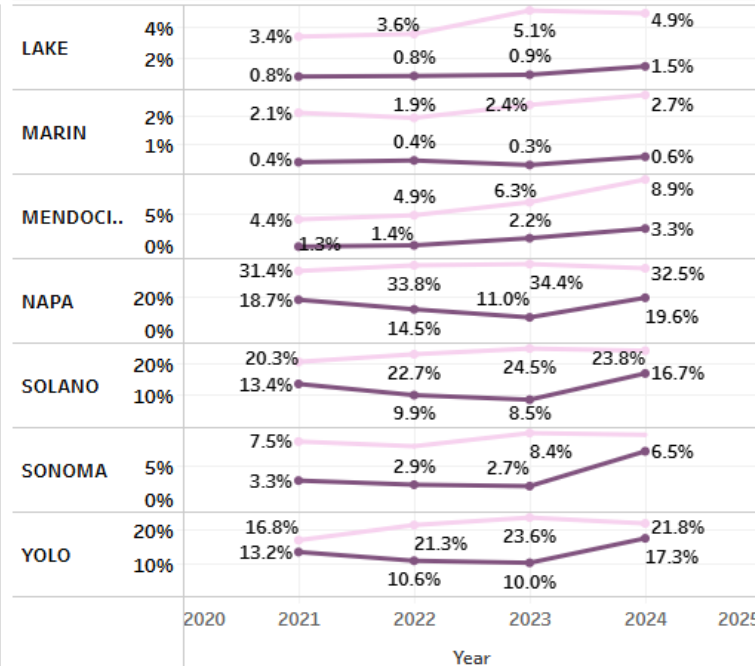
**Eastern Region FV %**



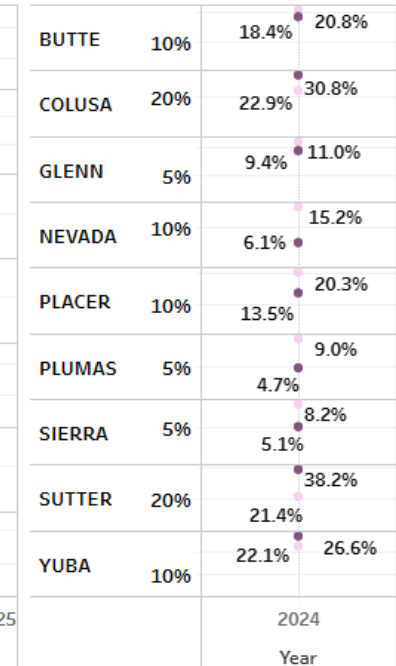
**Northern Counties FV Treatment %**



**Southern Counties FV Treatment %**



**Eastern Counties FV %**





# Shasta Fluoride Varnish Treatment by PCP

Year  

2024

Age Group  

(All)

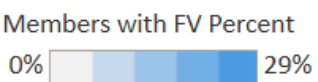
Region  

(All)

County  

SHASTA

Type in PCP Name



Rate of FV Treatment by PCP			
PCP Name	2024		
	Members with FV	% with FV	Distinct Members
SHASTA COMM HEALTH CENTER	1,655	20%	8,030
CHURN CREEK HEALTHCARE	459	23%	1,978
HEALTHPLAN PARTNERSHIP	53	0%	1,718
ANDERSON FAMILY HLTHCTR	188	13%	1,438
SHASTA LAKE FAM HLTH CNTR	142	14%	998
HILL COUNTRY COMM CLINIC	157	19%	783
REDDING RANCH TRIBAL HEALTH	229	29%	755
HILL COUNTRY CHURN CREEK	99	19%	511
LASSEN MEDICAL CLINIC	119	4%	440
BURNEY HEALTH CENTER	60	22%	275
FALL RIVER VALLEY HC	56	19%	243
MERCY FAMILY HEALTH CTR	37	18%	189
PIT RIVER HEALTH SERVICE	48	23%	172
SHINGLETOWN MEDICAL CENTER	29	17%	159
ENTERPRISE FAM HEALTH CTR	34	23%	147
HEALTHPLAN CCS-WHOLECHILD	14	1%	136
MEMBER DIRECT	12	4%	65
MAYERS RURAL HEALTH CENTER	13	25%	53
SHASTA CASCADE HLTH DUNSMUIR	7	4%	41
SHASTA REGIONAL MED	3	2%	35
ANDERSON WALK IN CLINIC	2	3%	33

# Pre-Exposure Prophylaxis (PrEP) for HIV

	Adherent to PrEP with fills continuing into Jan 2025	Adherent to PrEP (with fills ≥60 day) but fills do not continue into Jan 2025	Non-adherent to PrEP (with fills ≤30-day or gaps ≥60 days)
Butte	20	23	23
Colusa	2	0	0
Del Norte	7	2	2
Glenn	2	1	4
Humboldt	25	33	43
Lake	15	11	13
Lassen	0	0	1
Marin	21	32	25
Mendocino	11	15	12
Modoc	1	0	1
Napa	11	11	8
Nevada	9	17	11
Placer	18	20	25
Plumas	0	3	3
Shasta	14	22	10
Sierra	0	0	0
Siskiyou	2	7	2
Solano	36	62	41
Sonoma	53	105	66
Sutter	8	9	8
Tehama	3	4	2
Trinity	1	0	1
Yolo	19	31	23
Yuba	13	7	4
<b>Grand Total:</b>	<b>291</b>	<b>415</b>	<b>328</b>



# **Appendix: HEDIS Information**

## **Report Year 2024, Measurement Year 2023**

- **HEDIS HPA Rate Performance by County and Measure Set Descriptions**
- **HEDIS Performance by Partnership Counties**
- **Managed Care Accountability Site (MCAS) Measurement Set Descriptions**

**Partnership HealthPlan of California**  
**Measurement Year 2023 - Reporting Year 2024**



### 3.0 HPA HEDIS Rate Performance by County: Change from Prior Year

#### 3.1 HPA HEDIS Rate Performance by County: Prevention and Equity Measures

*Note: CAHPS is not captured by County*

● 4-5 points  
 ○ 3 points  
 ● 1-2 points  
 ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Prevention and Equity																			
Children and Adolescent Well-Care																			
MY 2023	***CIS - Childhood Immunization Status (Combination 10)	10.00%	19.44%	18.75%	10.00%	28.13%	21.88%	0.00%	45.00%	13.95%	20.00%	33.33%	44.74%	0.00%	41.38%	20.68%	26.76%	35.04%	45.26%
MY 2022		50.00%	19.05%	38.10%	28.57%	52.78%	34.29%	20.00%	25.00%	13.73%	30.77%	43.55%	36.99%	0.00%	54.05%	23.71%	31.14%	39.42%	49.76%
MY 2023	***IMA - Immunizations for Adolescents (Combination 2)	50.00%	40.48%	28.57%	0.00%	64.29%	33.33%	50.00%	70.37%	21.82%	18.18%	39.13%	65.43%	33.33%	37.93%	24.82%	30.66%	38.93%	48.80%
MY 2022		44.44%	32.00%	27.27%	0.00%	42.31%	35.14%	0.00%	82.76%	25.64%	6.67%	49.35%	59.49%	100.00%	37.78%	25.79%	31.87%	39.16%	48.42%
MY 2023	WCC - Weight Assessment and Counseling for Nutrition and	100.00%	88.89%	92.86%	66.67%	89.47%	91.67%	100.00%	100.00%	86.67%	66.67%	97.22%	77.50%	66.67%	69.23%	62.77%	74.70%	83.21%	89.72%
MY 2022		100.00%	80.00%	88.24%	100.00%	80.00%	80.95%	100.00%	100.00%	94.12%	100.00%	78.38%	90.48%	0.00%	75.00%	60.83%	74.94%	82.73%	88.31%
Women's Reproductive Health																			
MY 2023	***PPC - Prenatal and Postpartum Care—Timeliness of Prenatal Care	100.00%	80.00%	100.00%	100.00%	88.89%	92.31%	75.00%	90.91%	93.75%	66.67%	90.70%	91.67%	0.00%	89.47%	73.48%	81.75%	86.86%	91.07%
MY 2022		100.00%	86.96%	73.33%	66.67%	95.65%	89.47%	100.00%	87.50%	88.46%	60.00%	83.93%	92.45%	100.00%	82.61%	73.49%	82.73%	87.83%	91.89%
MY 2023	***PPC - Prenatal and Postpartum Care—Postpartum Care	100.00%	80.00%	85.71%	100.00%	100.00%	92.31%	25.00%	81.82%	84.38%	33.33%	93.02%	88.89%	0.00%	94.74%	67.31%	75.18%	80.78%	84.59%
MY 2022		100.00%	86.96%	73.33%	100.00%	100.00%	100.00%	0.00%	100.00%	88.46%	60.00%	91.07%	90.57%	0.00%	86.96%	64.57%	74.94%	80.00%	84.18%
MY 2023	PRS-E - Prenatal Immunization Status - Combination Rate	19.67%	19.46%	32.27%	11.70%	57.21%	38.89%	15.63%	35.87%	14.29%	20.00%	41.85%	45.31%	8.51%	38.39%	7.94%	15.17%	25.81%	37.75%
MY 2022		17.22%	21.00%	31.05%	16.13%	54.37%	36.79%	19.35%	39.93%	19.14%	11.89%	40.14%	43.64%	11.36%	42.42%	8.65%	15.16%	27.32%	39.12%
Cancer Screening																			
MY 2023	BCS-E- Breast Cancer Screening	38.88%	47.35%	47.56%	45.98%	58.02%	50.43%	45.65%	67.20%	50.90%	51.66%	58.12%	61.94%	43.46%	59.99%	42.98%	48.33%	54.94%	62.67%
MY 2022		39.68%	41.88%	48.15%	39.36%	54.86%	48.68%	45.00%	64.75%	46.91%	49.32%	56.72%	62.48%	28.87%	57.75%	40.72%	47.76%	53.96%	61.27%
MY 2023	CCS - Cervical Cancer Screening	30.00%	48.78%	65.52%	33.33%	75.00%	66.67%	0.00%	77.27%	39.47%	66.67%	66.07%	58.62%	66.67%	48.78%	43.50%	53.37%	59.85%	66.48%
MY 2022		63.64%	56.86%	43.48%	0.00%	65.52%	56.52%	0.00%	75.00%	52.17%	57.14%	69.44%	64.00%	33.33%	53.85%	42.71%	54.27%	60.83%	66.88%
Equity																			
MY 2023	RDM-Race/Ethnicity Diversity of Membership	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	63.20%	95.91%	100.00%	100.00%
MY 2022		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	66.33%	100.00%	100.00%	100.00%



# Partnership HealthPlan of California Measurement Year 2023 - Reporting Year 2024



## 3.2 HPA HEDIS Rate Performance by County: Treatment Measures

Note: CAHPS is not captured by Count

● 4-5 points ○ 3 points ● 1-2 points ○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Treatment																			
Respiratory																			
MY 2023	AMR - Asthma Medication Ratio-Total	46.79%	60.64%	51.71%	54.64%	65.65%	60.71%	46.88%	78.34%	49.94%	49.05%	68.85%	71.78%	48.00%	65.93%	55.09%	61.81%	69.41%	75.92%
MY 2022		60.67%	61.42%	62.92%	65.12%	76.32%	65.58%	54.24%	84.33%	84.33%	59.50%	77.48%	79.09%	57.14%	74.02%	54.60%	61.38%	68.21%	74.21%
MY 2023	CWP - Appropriate Testing for Pharyngitis—Total	68.86%	72.81%	60.75%	83.33%	77.41%	69.21%	74.39%	65.48%	60.26%	52.12%	62.85%	75.36%	47.44%	89.19%	57.41%	68.76%	77.56%	82.40%
MY 2022		71.31%	73.18%	46.95%	69.05%	56.19%	70.23%	44.74%	40.00%	66.47%	44.96%	51.89%	68.07%	44.64%	75.41%	48.98%	65.56%	74.02%	79.40%
MY 2023	**AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis—Total	73.28%	71.76%	58.58%	71.01%	87.50%	68.16%	46.67%	76.10%	69.48%	67.18%	81.13%	79.66%	72.41%	78.71%	50.05%	57.16%	66.19%	77.11%
MY 2022		73.33%	74.07%	64.24%	61.54%	87.30%	79.13%	70.59%	80.65%	75.06%	64.96%	78.14%	73.77%	70.00%	84.28%	43.17%	50.98%	58.74%	70.79%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	75.76%	79.26%	75.20%	90.48%	72.22%	74.47%	75.00%	69.70%	66.06%	61.11%	74.00%	75.00%	77.78%	75.00%	56.05%	68.39%	75.79%	82.43%
MY 2022		83.33%	81.01%	74.68%	81.25%	70.00%	66.67%	72.73%	60.00%	81.25%	80.00%	77.57%	71.76%	83.33%	78.43%	55.58%	67.45%	74.76%	82.81%
MY 2023	PCE - Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	87.88%	88.89%	83.20%	95.24%	86.11%	87.94%	75.00%	100.00%	87.27%	86.11%	89.50%	91.88%	88.89%	84.52%	72.88%	82.35%	86.96%	90.53%
MY 2022		88.89%	82.28%	91.14%	93.75%	70.00%	93.06%	90.91%	90.00%	91.07%	96.67%	81.31%	87.79%	100.00%	82.35%	67.19%	82.32%	87.83%	91.22%
Diabetes																			
MY 2023	BPD -Blood Pressure Control (<140/90) for Patients with Diabetes	75.00%	59.09%	68.00%	66.67%	66.67%	75.00%	80.00%	66.67%	73.81%	70.00%	71.23%	59.76%	66.67%	67.86%	52.07%	59.85%	68.61%	74.56%
MY 2022		60.00%	64.52%	58.62%	63.64%	79.17%	70.00%	0.00%	66.67%	71.43%	75.00%	67.82%	73.91%	0.00%	69.05%	48.91%	57.66%	65.21%	72.75%
MY 2023	EED - Eye Exams for Patients with Diabetes	22.22%	44.12%	56.52%	100.00%	50.00%	44.00%	100.00%	69.57%	68.42%	85.71%	58.76%	41.77%	50.00%	43.24%	36.74%	46.96%	56.20%	63.33%
MY 2022		14.29%	45.00%	62.50%	100.00%	63.16%	48.00%	0.00%	50.00%	50.00%	56.25%	54.17%	62.50%	50.00%	48.98%	38.20%	47.93%	54.74%	63.75%
MY 2023	HBD -Hemoglobin A1c Control for Patients with Diabetes-- HbA1c Control (<8%)	77.78%	55.88%	52.17%	0.00%	73.08%	44.00%	100.00%	52.17%	65.79%	42.86%	56.70%	49.37%	25.00%	48.65%	38.93%	49.39%	55.72%	60.34%
MY 2022		57.14%	57.50%	56.25%	100.00%	52.63%	56.00%	0.00%	50.00%	57.14%	68.75%	58.33%	55.00%	100.00%	55.10%	36.01%	46.96%	52.80%	58.39%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Received Statin Therapy	54.32%	54.86%	58.43%	55.29%	65.65%	53.94%	64.13%	69.71%	54.82%	56.68%	69.35%	65.80%	47.73%	68.62%	54.15%	62.58%	67.07%	72.15%
MY 2022		58.80%	54.37%	58.49%	58.90%	62.47%	54.67%	59.78%	70.64%	56.23%	58.44%	70.18%	68.42%	43.24%	68.79%	53.18%	64.17%	68.32%	72.92%
MY 2023	SPD - Statin Therapy for Patients With Diabetes—Statin Adherence 80%	95.45%	96.36%	92.39%	93.62%	95.35%	92.45%	98.31%	94.88%	93.45%	93.50%	96.63%	93.54%	97.62%	94.49%	52.67%	62.50%	70.37%	77.97%
MY 2022		78.44%	78.45%	71.88%	68.75%	77.41%	71.46%	76.36%	80.14%	76.88%	75.56%	79.20%	74.51%	75.00%	76.65%	54.57%	63.51%	70.00%	77.40%
MY 2023	KED - Kidney Health Evaluation for Patients with Diabetes	25.32%	31.69%	19.91%	18.15%	43.55%	19.26%	25.00%	59.81%	38.24%	26.56%	55.47%	44.30%	24.83%	47.04%	22.73%	29.42%	38.80%	47.55%
MY 2022		30.26%	29.61%	32.33%	17.48%	56.26%	21.83%	37.42%	63.47%	46.92%	33.99%	56.27%	51.02%	22.81%	45.09%	21.05%	28.15%	37.70%	46.76%
Heart Disease																			
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total	77.78%	83.72%	80.12%	72.73%	87.74%	83.33%	50.00%	85.26%	75.22%	87.50%	82.35%	83.18%	78.57%	84.31%	70.02%	78.80%	81.64%	85.04%
MY 2022		74.07%	75.83%	80.42%	65.22%	85.71%	86.32%	83.33%	87.06%	77.55%	72.00%	80.56%	82.21%	88.89%	85.81%	65.09%	78.97%	82.29%	85.91%
MY 2023	SPC - Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total	91.43%	95.37%	92.70%	100.00%	100.00%	96.25%	100.00%	97.53%	96.47%	91.43%	96.94%	93.38%	100.00%	93.80%	56.67%	66.48%	73.63%	80.95%
MY 2022		80.00%	79.12%	79.13%	80.00%	88.89%	80.49%	80.00%	86.49%	80.26%	88.89%	81.23%	79.59%	87.50%	76.38%	59.20%	66.84%	73.75%	81.25%
MY 2023	***CBP - Controlling High Blood Pressure	37.50%	78.13%	72.22%	100.00%	62.07%	74.07%	75.00%	86.67%	80.65%	80.00%	65.71%	71.64%	100.00%	63.64%	50.36%	57.66%	65.45%	72.22%
MY 2022		36.36%	56.52%	43.48%	62.50%	62.96%	61.54%	25.00%	60.00%	58.14%	88.89%	62.79%	64.38%	75.00%	40.74%	46.96%	56.20%	63.50%	69.19%

### 3.3 HPA HEDIS Rate Performance by County: Behavioral Health Measures

Note: CAHPS is not captured by County

● 4-5 points ○ 3 points ● 1-2 points

○ Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Behavioral Health - Care Coordination																			
MY 2023	FUH - Follow-Up After Hospitalization for Mental Illness-7 days	0.00%	0.00%	0.00%	0.00%	11.11%	0.00%	0.00%	16.67%	0.00%	0.00%	58.10%	15.79%	0.00%	0.00%	21.77%	31.23%	41.03%	52.90%
MY 2022		0.00%	0.00%	0.00%	0.00%	17.65%	0.00%	0.00%	14.29%	0.00%	0.00%	43.22%	9.30%	0.00%	5.26%	22.94%	33.54%	42.75%	54.55%
MY 2023	FUM - Follow-Up After Emergency Department Visit for Mental Illness 7 days total	10.89%	22.04%	10.78%	10.00%	28.49%	5.69%	0.00%	20.59%	17.44%	13.58%	19.43%	26.91%	21.05%	15.58%	23.74%	33.61%	46.35%	61.68%
MY 2022		7.81%	7.77%	11.11%	25.00%	22.15%	6.67%	0.00%	14.58%	19.25%	4.69%	13.32%	17.53%	9.09%	10.13%	20.54%	31.97%	45.35%	60.58%
MY 2023	FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7 days—Total	14.97%	26.22%	19.35%	6.67%	22.95%	22.27%	35.29%	17.37%	34.58%	18.37%	24.81%	17.08%	21.05%	17.45%	13.83%	20.00%	27.73%	38.15%
MY 2022		5.50%	27.05%	17.41%	13.51%	17.19%	27.46%	32.14%	23.60%	39.62%	18.07%	26.62%	18.48%	35.48%	18.56%	3.47%	8.93%	16.16%	21.97%
MY 2023	FUI - Follow-Up After High-Intensity Care for Substance Use	20.00%	35.39%	8.00%	26.09%	17.81%	53.69%	40.00%	17.39%	31.27%	40.00%	36.08%	13.57%	0.00%	11.76%	15.16%	23.12%	37.31%	49.55%
MY 2022		18.18%	43.67%	6.67%	37.50%	20.75%	54.10%	66.67%	4.00%	33.47%	43.24%	30.60%	10.34%	100.00%	11.76%	13.33%	23.24%	37.86%	49.39%
Behavioral Health - Medication Adherence																			
MY 2023	SAA - Adherence to Antipsychotic Medications for Individuals With Schizophrenia	76.92%	73.83%	67.38%	75.00%	85.71%	71.65%	73.68%	78.02%	72.43%	84.38%	73.23%	73.57%	50.00%	67.11%	41.24%	57.79%	64.90%	72.61%
MY 2022		66.67%	72.31%	76.47%	62.50%	80.00%	78.41%	87.50%	75.81%	74.51%	62.50%	73.84%	76.00%	100.00%	70.00%	42.20%	57.14%	64.52%	72.94%
MY 2023	AMM - Antidepressant Medication Management—Effective	86.96%	82.99%	73.58%	81.05%	82.33%	79.39%	72.41%	86.92%	81.78%	86.41%	84.74%	80.13%	86.36%	79.92%	31.59%	40.01%	46.74%	58.06%
MY 2022		57.50%	55.19%	43.46%	54.67%	55.15%	41.43%	45.71%	53.26%	51.18%	49.44%	54.97%	50.17%	39.53%	55.82%	32.78%	40.68%	46.09%	56.24%
MY 2023	POD - Pharmacotherapy for Opioid Use Disorder—Total	61.90%	40.96%	48.40%	52.94%	47.22%	47.30%	66.67%	38.46%	33.63%	37.63%	42.53%	46.89%	46.15%	39.68%	14.94%	23.38%	31.93%	40.34%
MY 2022		31.11%	22.99%	24.34%	12.90%	25.71%	32.01%	50.00%	29.79%	12.92%	31.13%	28.08%	31.30%	14.29%	22.64%	13.00%	23.48%	33.15%	41.67%
Behavioral Health - Access, Monitoring and Safety																			
MY 2023	APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	54.05%	21.32%	29.52%	30.43%	40.00%	37.04%	11.11%	47.73%	29.11%	34.78%	33.57%	41.84%	37.50%	21.18%	26.36%	31.97%	40.50%	53.58%
MY 2022		28.00%	26.40%	20.48%	33.33%	38.46%	32.84%	0.00%	61.76%	40.27%	33.33%	41.91%	42.92%	16.67%	31.65%	24.51%	29.67%	39.29%	51.69%
MY 2023	ADD -Follow-Up Care for Children Prescribed ADHD Medication—Continuation & Maintenance Phase	55.00%	36.00%	25.00%	15.38%	27.03%	43.33%	25.00%	37.50%	32.43%	37.50%	16.22%	33.74%	37.50%	38.78%	40.38%	50.98%	57.90%	63.92%
MY 2022		29.41%	53.13%	70.59%	0.00%	43.75%	30.00%	0.00%	50.00%	39.19%	44.44%	39.58%	44.23%	100.00%	41.46%	34.95%	46.72%	55.40%	62.96%
MY 2023	SSD - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications	88.76%	81.56%	78.73%	67.92%	79.34%	86.96%	96.15%	82.55%	78.12%	87.62%	85.45%	81.45%	76.47%	83.85%	72.83%	77.40%	80.86%	85.52%
MY 2022		83.33%	79.35%	76.14%	72.09%	78.17%	78.61%	86.67%	77.10%	82.20%	82.96%	83.92%	80.90%	83.33%	80.13%	72.71%	77.48%	81.21%	86.28%
MY 2023	APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	40.00%	30.36%	16.67%	20.83%	22.73%	11.11%	14.29%	28.00%	31.97%	18.18%	20.37%	32.47%	20.00%	17.39%	36.65%	55.19%	63.89%	73.87%
MY 2022		7.14%	23.53%	14.52%	0.00%	45.45%	9.09%	0.00%	29.41%	30.17%	14.29%	24.49%	27.66%	100.00%	29.63%	33.33%	57.05%	65.63%	75.59%
MY 2023	IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment—Engagement - Total	6.85%	10.11%	8.55%	6.51%	6.69%	10.44%	2.59%	6.32%	9.95%	11.13%	9.24%	7.17%	5.00%	4.34%	7.05%	11.11%	16.94%	24.37%
MY 2022		4.21%	11.25%	5.78%	10.50%	4.49%	11.36%	3.77%	5.72%	11.44%	9.69%	8.59%	7.85%	5.36%	5.48%	5.90%	11.25%	16.57%	22.12%

**Partnership HealthPlan of California**  
**Measurement Year 2023 - Reporting Year 2024**



### 3.4 HPA HEDIS Rate Performance by County: Risk Adjusted / Other Measures

*Note: CAHPS is not captured by County*

● 4-5 points  
 ○ 3 points  
 ● 1-2 points  
  Administrative measures: The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). Denominators less than 20 at the county level are suppressed.

Year	Measure	County Performance														National Medicaid Benchmarks			
		Del Norte	Humboldt	Lake	Lassen	Marin	Mendocino	Modoc	Napa	Shasta	Siskiyou	Solano	Sonoma	Trinity	Yolo	10th	33.33rd	66.67th	90th
Risk-Adjusted Utilization																			
MY 2023	PCR - Plan All-Cause Readmission - Observed to - Expected Ratio (18-64 years)	0.7160	0.8959	0.9614	0.7435	0.9021	0.7823	1.2776	1.0566	0.8396	0.9745	0.8160	0.9640	0.8752	0.9892	1.1874	1.0305	0.9272	0.8314
MY 2022		0.3591	0.6492	0.6400	1.2278	1.0576	0.8044	0.5046	0.8172	0.7886	0.8646	0.8922	0.8556	0.9066	0.9902	1.1995	1.0428	0.9444	0.8511
Other Treatment Measures																			
MY 2023	**LBP - Use of Imaging Studies for	66.82%	82.27%	72.25%	68.93%	75.28%	79.77%	73.91%	75.78%	76.68%	61.90%	77.01%	78.80%	75.76%	76.37%	67.72%	71.32%	75.44%	79.96%
MY 2022	Low Back Pain	78.05%	79.74%	83.77%	73.24%	78.61%	83.55%	67.86%	81.74%	79.28%	63.55%	82.15%	85.07%	77.75%	83.77%	67.97%	72.20%	76.82%	81.24%

#### 4.0 MY2023 HEDIS HealthPlan Accreditation (HPA) – Measurement Set Descriptions

HEDIS Measure	Measure Indicator	Measure Definition
<b>Antidepressant Medication Management (AMM)</b>	<ul style="list-style-type: none"> <li>Continuation Phase Treatment</li> <li>Acute Phase Treatment</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. <ul style="list-style-type: none"> <li>Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</li> </ul> </li> </ul>
<b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</li> </ul> <p><b>Note:</b> This measure is reported as an inverted rate <math>[1 - (\text{numerator} / \text{eligible population})]</math>. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).</p>
<b>Adult Immunization Status (AIS-E)</b>	<ul style="list-style-type: none"> <li>Influenza immunizations for adults</li> <li>Td/Tdap immunizations for adults</li> <li>Zoster immunizations for adults</li> <li>Pneumococcal immunizations for adults</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Follow-Up Care for Children Prescribed ADHD Medication—Continuation &amp; Maintenance Phase (ADD)</b>	<ul style="list-style-type: none"> <li>Initiation Phase</li> <li>Continuation and Maintenance (C&amp;M) Phase</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. <ul style="list-style-type: none"> <li>Initiation Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>Continuation and Maintenance (C&amp;M) Phase. The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</li> </ul> </li> </ul>
<b>Asthma Medication Ratio (AMR)</b>	<ul style="list-style-type: none"> <li>5–64 years</li> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total (APP)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</li> </ul>
<b>Breast Cancer Screening (BCS-E)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Cervical Cancer Screening (CCS)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul> </li> </ul>
<b>Childhood Immunization Status (CIS)</b>	<ul style="list-style-type: none"> <li>Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>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. The measure calculates a rate for each vaccine and nine separate combination rates. <ul style="list-style-type: none"> <li>Combination 10. Children who have had all ten indicators (DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza).</li> </ul> </li> </ul>
<b>Chlamydia Screening in Women (CHL)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</li> </ul>
<b>Controlling High Blood Pressure (CBP)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Appropriate Testing for Pharyngitis(CWP)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</li> </ul>
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	<ul style="list-style-type: none"> <li>• Diabetes Screening</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</li> </ul>
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	<ul style="list-style-type: none"> <li>• 7 Days</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.</li> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>



HEDIS Measure	Measure Indicator	Measure Definition
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse Dependence (FUA)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. <ul style="list-style-type: none"> <li>○ The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul> </li> </ul>
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<ul style="list-style-type: none"> <li>• 7 days</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. <ul style="list-style-type: none"> <li>○ The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.</li> </ul> </li> </ul>
<b>Blood Pressure Control (&lt;140/90) for Patients With Diabetes (BPD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
<b>Hemoglobin A1c Control for Patients With Diabetes — (HBD)</b>	<ul style="list-style-type: none"> <li>• HbA1c Control (&lt;8%)</li> </ul>	<ul style="list-style-type: none"> <li>• 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%)</li> <li>○ HbA1c poor control (&gt;9.0%).</li> </ul> </li> </ul> <p><b>Note:</b> Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.</p>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Eye Exam for Patients With Diabetes (EED)</b>	<ul style="list-style-type: none"> <li>Eye Exam for Patients With Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.</li> </ul>
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	<ul style="list-style-type: none"> <li>Kidney Health Evaluation for Patients With Diabetes—Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.</li> </ul>
<b>Initiation and Engagement of Substance Use Disorder Treatment—(IET)</b>	<ul style="list-style-type: none"> <li>Engagement of SUD Treatment</li> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: <ul style="list-style-type: none"> <li>Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.</li> <li>Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</li> </ul> </li> </ul>
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>	<ul style="list-style-type: none"> <li>Imaging for Low Back Pain</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. <ul style="list-style-type: none"> <li>The measure is reported as an inverted rate <math>[1 - (\text{numerator} / \text{eligible population})]</math>. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Immunizations for Adolescents (IMA)</b>	<ul style="list-style-type: none"> <li>Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>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. The measure calculates a rate for each vaccine and two combination rates. <ul style="list-style-type: none"> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul> </li> </ul>
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported, the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing, and both blood glucose and cholesterol testing. <ul style="list-style-type: none"> <li>Total. The sum of the age stratifications (1-17) as of December 31 of the measurement year.</li> </ul> </li> </ul>
<b>Prenatal and Postpartum Care (PPC)</b>	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>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. <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> </li> </ul>
<b>Prenatal Immunization Status (PRS-E)</b>	<ul style="list-style-type: none"> <li>Combination Rate</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Pharmacotherapy Management of COPD Exacerbation(PCE)</b>	<ul style="list-style-type: none"> <li>• Systemic Corticosteroid</li> <li>• Bronchodilator</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:               <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.                   <ul style="list-style-type: none"> <li>○ <b>Note:</b> <i>The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.</i></li> </ul> </li> </ol> </li> </ul>
<b>Pharmacotherapy for Opioid Use Disorder(POD)</b>	<ul style="list-style-type: none"> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.               <ul style="list-style-type: none"> <li>○ A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</li> </ul> </li> </ul>
<b>Plan All-Cause Readmissions— (PCR)</b>	<ul style="list-style-type: none"> <li>• Observed-to-Expected Ratio</li> <li>• 18-64 years</li> <li>• Total</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Note:</b> <i>For commercial and Medicaid, report only members 18–64 years of age.</i></p>
<b>Race/Ethnicity Diversity of Membership- (RDM)</b>	<ul style="list-style-type: none"> <li>• Race/Ethnicity Direct</li> </ul>	<ul style="list-style-type: none"> <li>• An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.</li> </ul>
<b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b>	<ul style="list-style-type: none"> <li>• Non-Medicare 80% Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b>	<ul style="list-style-type: none"> <li>• Total.</li> <li>• Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Statin Therapy Statin Therapy for Patients With Diabetes (SPD)</b>	<ul style="list-style-type: none"> <li>• Received Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: <ul style="list-style-type: none"> <li>○ Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>○ Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul> </li> </ul>
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	<ul style="list-style-type: none"> <li>• BMI Percentile Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. <ul style="list-style-type: none"> <li>○ BMI Percentile Documentation. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</li> </ul> </li> </ul>

Select Report Year  
Report Year 2024; Measurement Year 2023

Select Provider Type  
All Providers

## HEDIS Performance by County

### Report Year 2024; Measurement Year 2023

Northeast Region  
Modoc, Trinity, Siskiyou, Shasta and Lassen Counties



- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northeast Region					National Medicaid Benchmarks			
	MODOC	TRINITY	SISKIYOU	SHASTA	LASSEN	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.88%	48.00%	49.05%	49.94%	54.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	45.65%	43.46%	51.66%	50.90%	45.98%	47.09%	52.60%	57.48%	62.67%
**Cervical Cancer Screening (CCS)	33.33%	44.00%	53.41%	44.02%	48.00%	50.85%	57.11%	61.80%	66.48%
**Childhood Immunization Status (CIS) - Combo 10	0.00%	7.41%	17.24%	7.69%	0.00%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	30.39%	35.96%	46.15%	53.06%	37.37%	49.65%	56.04%	62.90%	67.39%
**Controlling High Blood Pressure (CBP)	46.15%	66.67%	73.33%	60.08%	58.70%	55.47%	61.31%	67.27%	72.22%
**Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	15.00%	26.32%	27.16%	33.66%	12.50%	47.01%	54.87%	64.29%	73.26%
**Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	35.29%	36.84%	28.57%	43.66%	16.00%	27.75%	36.34%	42.67%	53.44%
**Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	25.00%	33.33%	40.35%	40.31%	32.14%	44.77%	37.96%	33.45%	29.44%
**Immunizations for Adolescents (IMA) - Combo 2	20.00%	13.04%	14.04%	23.32%	9.09%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	62.96%	43.08%	51.37%	46.51%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	100.00%	78.57%	81.63%	80.93%	82.35%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	100.00%	85.71%	97.96%	81.96%	82.35%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	41.32%	47.73%	40.81%	41.93%	37.84%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	62.26%	53.75%	57.85%	57.25%	43.08%	62.07%	66.76%	71.35%	77.78%
**Well Child 30 (W30) - Well child visits in the first 15 months*	31.58%	37.74%	32.05%	41.60%	26.23%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS

- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Note: AMR is a new measure held to MPL for MY2023

Select Report Year  
Report Year 2024; Measurement Year 2023

Select Provider Type  
All Providers

## HEDIS Performance by County Report Year 2024; Measurement Year 2023 Northwest Region Del Norte and Humboldt Counties



- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Northwest Region		National Medicaid Benchmarks			
	DEL NORTE	HUMBOLDT	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	46.79%	60.64%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	38.88%	47.35%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.89%	59.94%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	3.53%	23.01%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	44.16%	53.17%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	51.65%	66.67%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	21.78%	34.87%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	21.09%	34.87%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	33.33%	33.11%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	18.42%	34.93%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	50.00%	68.58%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	66.67%	86.55%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	81.25%	78.36%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	45.91%	48.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age 15-30 months*	59.63%	66.62%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	40.31%	46.58%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS

- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Note: AMR is a new measure held to MPL for MY2023



Select Report Year  
Report Year 2024; Measurement Year 2023

Select Provider Type  
All Providers

## HEDIS Performance by County Report Year 2024; Measurement Year 2023 Southeast Region Solano, Yolo and Napa Counties



● **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)

● **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southeast Region			National Medicaid Benchmarks			
	NAPA	SOLANO	YOLO	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	78.34%	68.85%	65.93%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	67.20%	58.12%	59.99%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	77.08%	56.17%	60.22%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	58.18%	43.31%	40.20%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	55.05%	62.67%	53.32%	49.65%	56.04%	62.90%	67.39%
Controlling High Blood Pressure (CBP)	64.18%	67.56%	57.00%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	42.16%	26.27%	25.19%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	29.66%	31.58%	27.02%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	29.03%	34.78%	23.86%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	68.42%	49.34%	45.28%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	66.67%	56.57%	69.00%	49.61%	62.79%	70.07%	79.26%
Prenatal and Postpartum Care (PPC) - Postpartum care	94.59%	85.21%	88.52%	73.97%	78.10%	82.00%	84.59%
Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	91.89%	85.92%	93.44%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	56.08%	42.80%	53.44%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age15-30 months*	71.53%	59.35%	75.38%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	32.35%	35.70%	43.47%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS

- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Note: AMR is a new measure held to MPL for MY2023

Select Report Year  
Report Year 2024; Measurement Year 2023

Select Provider Type  
All Providers

## HEDIS Performance by County

### Report Year 2024; Measurement Year 2023

Southwest Region  
Lake, Marin, Mendocino and Sonoma Counties



- **Above HPL** (high performance level, based on NCQA's Quality Compass Medicaid 90th percentile)
- **Below MPL** (minimum performance level, based on NCQA's Quality Compass Medicaid 50th percentile)

\*\* - Denominator at the county level is less than 20, interpret rate with caution.

Measures	Southwest Region				National Medicaid Benchmarks			
	LAKE	MARIN	MENDOCINO	SONOMA	25TH	50TH	75TH	90TH
Asthma Medication Ratio (AMR) - Asthma Medication Ratio*	51.71%	65.65%	60.71%	71.78%	58.94%	65.61%	70.82%	75.92%
***Breast Cancer Screening (BCS-E)*	47.56%	58.02%	50.43%	61.94%	47.09%	52.60%	57.48%	62.67%
Cervical Cancer Screening (CCS)	48.08%	73.68%	47.62%	66.49%	50.85%	57.11%	61.80%	66.48%
Childhood Immunization Status (CIS) - Combo 10	25.86%	43.37%	24.18%	45.25%	24.57%	30.90%	37.64%	45.26%
Chlamydia Screening in Women (CHL) - Total*	51.56%	72.34%	52.96%	54.05%	49.65%	56.04%	62.90%	67.39%
**Controlling High Blood Pressure (CBP)	61.82%	68.00%	68.85%	62.86%	55.47%	61.31%	67.27%	72.22%
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 Days Total*	23.04%	43.55%	17.07%	42.82%	47.01%	54.87%	64.29%	73.26%
Follow-Up After Emergency Department Visit for Substance Use (FUA) - 30 Days Total*	28.39%	33.81%	30.41%	28.27%	27.75%	36.34%	42.67%	53.44%
Hemoglobin A1c Control for Patients With Diabetes (HBD) - HbA1c Poor Control (>9%)	34.62%	31.94%	37.74%	31.69%	44.77%	37.96%	33.45%	29.44%
Immunizations for Adolescents (IMA) - Combo 2	39.39%	41.94%	32.43%	57.89%	29.44%	34.31%	40.88%	48.80%
Lead Screening in Children (LSC)	44.59%	83.78%	77.14%	49.22%	49.61%	62.79%	70.07%	79.26%
**Prenatal and Postpartum Care (PPC) - Postpartum care	77.78%	100.00%	100.00%	93.33%	73.97%	78.10%	82.00%	84.59%
**Prenatal and Postpartum Care (PPC) - Timeliness of prenatal care	94.44%	86.67%	95.24%	95.56%	79.63%	84.23%	88.33%	91.07%
Well Care Visits (WCV) - Total*	43.84%	55.51%	44.68%	50.51%	42.99%	48.07%	55.08%	61.15%
Well Child 30 (W30) - Well child visits for age 15-30 months*	60.47%	76.28%	70.65%	65.11%	62.07%	66.76%	71.35%	77.78%
Well Child 30 (W30) - Well child visits in the first 15 months*	43.59%	48.69%	53.94%	42.70%	52.84%	58.38%	63.34%	68.09%

\*- Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures). NOTE: Report excludes measures reported to DHCS where DHCS does not hold Managed Care plans accountable for meeting specific performance targets.

\*\*\*BCS-E In historical measurement years was named BCS. New data collections ECDS

- HBD - HbA1c Poor Control is an inverted measure; a lower rate results in a better performance.

Note: AMR is a new measure held to MPL for MY2023

## 8.0 Measurement Year 2023 Managed Care Accountability Site (MCAS) Measurement Set Descriptions-Accountable Measures

HEDIS Measure	Measure Indicator	Measure Definition
*Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
*Breast Cancer Screening (BCS-E)	<ul style="list-style-type: none"> <li>Non-Medicare Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer as of December 31 of the measurement year.</li> </ul>
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> </ul> </li> <li>Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>
*Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</li> <li>Total. The sum of the age stratifications (ages 3–21) as of December 31 of the measurement year.</li> </ul>
Childhood Immunization Status (CIS)	<ul style="list-style-type: none"> <li>Combination 10</li> </ul>	<ul style="list-style-type: none"> <li>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. The measure calculates a rate for each vaccine and three combination rates.</li> </ul>
*Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. <ul style="list-style-type: none"> <li>Total. The sum of the age stratifications.</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul>
*Developmental Screening in the First Three Years of Life (DEV_CH)	<ul style="list-style-type: none"> <li>Total All Ages</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of children screened for risk of developmental, behavioral, and social delays screening tool in the 12 months preceding or on their first, second, or third birthday.</li> <li>This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Follow-Up After ED Visit for Mental Illness – 30 days (FUM)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
*Follow-Up After ED Visit for Substance Abuse – 30 days (FUA)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</li> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> </ul>
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> <li>Combination 2</li> </ul>	<ul style="list-style-type: none"> <li>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. The measure calculates a rate for each vaccine and two combination rates.</li> <li>Combination 2. Adolescents who have had all three indicators (meningococcal, Tdap and HPV).</li> </ul>
Hemoglobin A1c Control for Patients With Diabetes (HBD)	<ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the Measure Indicators performed. <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%). The most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</li> </ul> </li> </ul>

HEDIS Measure	Measure Indicator	Measure Definition
Lead Screening in Children (LSC)	<ul style="list-style-type: none"> <li>Total</li> </ul>	<ul style="list-style-type: none"> <li>The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</li> <li>At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday.</li> </ul>
Prenatal and Postpartum Care (PPC)	<ul style="list-style-type: none"> <li>Timeliness of Prenatal Care</li> <li>Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>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. <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> </li> </ul>
*Topical Fluoride for Children (TFL-CH)	<ul style="list-style-type: none"> <li>Total ages 1 through 20</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.</li> <li>This measure is a CMS FFY 2022 Child Core Set Measure, held to the DHCS designated MPL.</li> </ul>
*Well-Child Visits in the First 30 Months of Life (W30)	<ul style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months</li> <li>Well-Child Visits for Age 15 Months–30 Months.</li> </ul>	<ul style="list-style-type: none"> <li>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:</li> <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>

*\*-Administrative Measures. The entire eligible population is used in calculating performance (versus a systematic sample drawn from the eligible population for the hybrid measures)*



# Contact Us

## Regional Offices

### Auburn

249-299 Nevada Street  
Auburn, CA 95603

Phone: (800) 863-4155

### Chico

2760 Esplanade #130  
Chico, CA 95973

Phone: (800) 863-4155

### Eureka

1036 5th Street  
Eureka, CA 95501

Phone: (800) 863-4155

### Fairfield

4665 Business Center Drive  
Fairfield, CA 94534

Phone: (800) 863-4155

### Redding

3688 Avtech Parkway  
Redding, CA 96002

Phone: (800) 863-4155

### Santa Rosa

495 Tesconi Circle  
Santa Rosa, CA 95401

Phone: (800) 863-4155

## Department Contact Information

### Care Coordination

Phone: (800) 809-1350

### Claims

Phone: (707) 863-4130

### Health Services

Phone: (800) 863-4155

### Legal Affairs Unit

Phone: N/A

Fax: (707) 863-4304

### Member Services

Phone: (800) 863-4155

### Pharmacy

Phone: (800) 863-4155

### Population Health

Phone: (855) 798-8764

### Provider Relations

Phone: (800) 863-4155

### Quality and Performance Improvement

Phone: N/A

Fax: (707) 863-4316

### Transportation Services

Phone: (866) 828-2303