

DMHC Health Equity and Quality Initiative

California Association of Health Plans
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DMHC Mission Statement

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

Health Equity and Quality Initiative

- In FY 2021-22, the DMHC received funding and authority to convene a Health Equity and Quality Committee to provide recommendations on health equity and quality measures and benchmark standards.
- Health plans must obtain and maintain National Committee for Quality Assurance (NCQA) accreditation by January 1, 2026.
- Applies to commercial, Medi-Cal, and behavioral health specialized plans.

Health Equity and Quality Committee

- The Committee members represented health plans, stakeholders, organizations specializing in health equity and quality, and other State Departments.
- The DMHC convened the Health Equity and Quality Committee on February 24, 2022.
- The Committee met nine times from February – September 2022.

Health Equity and Quality Committee

- The Committee recommended 13 measures to be stratified by race and ethnicity.
- The Committee recommended using the NCQA Quality Compass National Medicaid data for benchmarking but did not reach consensus on a percentile.

Health Equity and Quality Committee

- The Committee recommended using the NCQA Quality Compass National Medicaid data for benchmarking but did not reach consensus on a percentile.
- The Committee recommended the DMHC require all health plans to obtain NCQA Health Equity Accreditation.
- The committee recommended future discussions on a behavioral health equity and quality measure set.

Health Equity and Quality Measures

1. Colorectal Cancer Screening
2. Breast Cancer Screening
3. Hemoglobin A1c Control for Patients with Diabetes
4. Controlling High Blood Pressure
5. Asthma Medication Ratio
6. Depression Screening and Follow-Up for Adolescents and Adults
7. Prenatal and Postpartum Care

Health Equity and Quality Measures

8. Childhood Immunization Status
9. Well-Child Visits in the First 30 Months of Life
10. Child and Adolescent Well-Care Visits
11. Plan All-Cause Readmissions
12. Immunizations for Adolescents
13. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Version 5.0 (Medicaid and Commercial): Getting Needed Care

Measure Stratification

- Of the 13 measures recommended by the Committee, NCQA currently requires nine to be stratified by race and ethnicity for MY 2023.
- The Committee recommends the DMHC require health plans to report their performance on the four additional measures by race and ethnicity, using the NCQA methodology.
- The Committee recommends that the DMHC require health plans to report what demographic data they have collected and for what percent of their membership.

Technical Assistance Workgroup

- DMHC, health plan representatives, and health plan associations began meeting monthly in March 2023.
- The Workgroup will provide feedback on:
 - Operational questions
 - Data submission template and process
 - Health plan manual
- Benchmark recommendations

Future Guidance

- All Plan Letter and Frequently Asked Questions document
- Data reporting template and instructions
- Health plan health equity and quality manual
- Regulations required by Assembly Bill 133

Key Dates

- December 2, 2022: The DMHC released the [Health Equity and Quality Committee Report](#) with the Committee's recommendations
- December 21, 2022: The DMHC released an [All Plan Letter](#) with guidance for health plans
- Measurement Year (MY) 2023: Health plans begin collecting data on health equity and quality measures
- 2024: Health plans submit MY 2023 data to the DMHC
- 2025: First annual report published

Enforcement Approach

Measurement Year 2023 and 2024:

- The DMHC may assess administrative penalties for violations relating to health plan data collection, reporting, and corrective action plan implementation or monitoring requirements.

Enforcement Approach

Measurement Year 2025 and beyond:

- The DMHC may begin assessing administrative penalties for failure to meet the health equity and quality benchmarks once the benchmarks are codified in regulations.
- It is anticipated that the measures and benchmarks will be codified in regulation by 2026.

Questions