



## Proposed Office of Health Care Affordability Quality and Equity Measure Set

January 2025

### The Office of Health Care Affordability's Mission and Purpose

In 2022, the California Health Care Quality and Affordability Act<sup>1</sup> (SB 184, Chapter 47, Statutes of 2022) established the Office of Health Care Affordability (OHCA) within the Department of Health Care Access and Information (HCAI). Recognizing that health care affordability has reached a crisis point as health care costs continue to grow, OHCA's enabling statute emphasizes that it is in the public interest that all Californians receive health care that is accessible, affordable, equitable, high-quality, and universal.

Health care spending in California reached \$10,299 per capita and \$405 billion overall in 2020, up 30% from 2015.<sup>2</sup> Californians with job-based coverage are facing higher out-of-pocket costs, with the share of workers with a large deductible (\$1,000 or more) increasing from 6% in 2006 to 42% in 2022.<sup>3</sup> For the fourth consecutive year, the 2024 California Health Care Foundation California Health Policy Survey reports that more than half of Californians (53%) – and nearly three-fourths (74%) of those with lower incomes (under 200% of the federal poverty level) – reported skipping or delaying at least one kind of health care due to cost in the past 12 months.<sup>4</sup> Among those who reported skipping or delaying care due to cost, about half reported their conditions worsened as a result. Further, high costs for health care disproportionately affect Californians from Black and Latino/x communities who report they had problems paying or could not pay medical bills (40% and 36%, respectively, compared to White Californians at 25%).<sup>3</sup>

OHCA has three primary responsibilities to achieve its mission of improved consumer affordability:

1. Slow health care spending growth through collection and reporting on total health care expenditure data and enforcing spending targets set by the Board;
2. Promote high-value health system performance; and

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<sup>1</sup> Health and Safety Code Sections 127500-127507.6.

<sup>2</sup> State Health Expenditure Accounts by State of Residence, 1991-2020, Centers for Medicare & Medicaid Services. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/state-residence>.

<sup>3</sup> California Health Care Foundation. (2023, April). *California employer health benefits: Cost burden on workers varies – 2023 edition*. <https://www.chcf.org/wp-content/uploads/2023/04/CAEmployerHealthBenefitsAlmanac2023.pdf>.

<sup>4</sup> Joynt, J., Catterson, R., & Alvarez, E. (2024, January 31). The 2024 CHCF California Health Policy Survey. California Health Care Foundation. <https://www.chcf.org/publication/2024-chcf-california-health-policy-survey/#related-links-and-downloads>.

### 3. Assess market consolidation.

OHCA promotes high-value system performance through its work in five focus areas: (1) primary care investment, (2) behavioral health investment, (3) alternative payment model adoption goals and standards, (4) quality and equity performance and (5) workforce stability. Across all these areas, the goal is to reorient the health care system towards greater value, with the vision of creating a sustainable health care system that provides high-quality, equitable care to all Californians.

As part of its work to promote high-value health system performance, OHCA will develop, adopt, and report performance on a single set of measures for evaluating quality and equity across various health care entities. OHCA proposes the measure set outlined below for Board consideration.

### **Statutory Requirements**

As described in the OHCA enabling statute and summarized here, the statutory requirements related to quality and equity performance include:<sup>5</sup>

- Present to the Board approaches for measuring access, quality, and equity of care.
- Adopt a single set of standard measures for assessing quality and equity across payers, fully integrated delivery systems, hospitals, and physician organizations.
- Report performance on quality and equity measures in annual reporting.
- Report access, quality, and equity of care measures and data, as available, in annual reporting. Access includes timely access, language access, geographic access, and other measures of access reported through available data.
- Use recognized clinical quality, patient experience, patient safety, and utilization measures for health care service plans, health insurers, hospitals, and physician organizations.
- Reflect the diversity of California in terms of race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status. The standard quality and equity measures shall be appropriate for a population under 65 years of age, including children and adults.
- Consider available means for reliable measurement of disparities in health care, including race, ethnicity, sex, age, language, sexual orientation, gender identity, and disability status.
- Reduce administrative burden by selecting quality and equity measures that simplify reporting and align performance measurement with other payers, programs, and state agencies, including leveraging existing voluntary and required reporting to the greatest extent possible.
- Further reduce administrative burden by encouraging other payers and programs to use the same reporting mechanisms.

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<sup>5</sup> These requirements are summarized from Health and Safety Code Sections 127501-127501.12 and 127503.

- Public reporting by OHCA for quality and equity performance shall consider differences among payers, fully integrated delivery systems, hospitals, and physician organizations, including factors such as plan or network design or line of business, provider payer mix, and the risk mix associated with the covered lives or patient population for which they are primarily responsible.

The OHCA enabling statute also specifies additional statutory guidance for quality and equity performance as follows:

- Coordinate with the Department of Health Care Services (DHCS), Covered California, and the California Public Employees' Retirement System (CalPERS).
- Coordinate with the Department of Managed Health Care (DMHC) to align with requirements of the Health Equity and Quality Committee and the set of standard quality and equity measures and applicable annual benchmarks enforced by the DMHC.
- Obtain from the DMHC and the Department of Insurance (CDI) information regarding quality and equity for health care services plans and insurers offering policies of health insurance for coverage in the individual, small group, and large group markets for both grandfathered and nongrandfathered products.
- Coordinate with DHCS on data and other information necessary to report quality and equity measures to assess performance for the Medi-Cal program or other programs administered by DHCS.
- Consult with state departments, external quality improvement organizations and forums, payers, physicians, other providers, and consumer advocates or stakeholders with expertise in quality or equity measurement.
- Collect data and other information OHCA determines necessary from health care entities, except exempted providers.
- The office may request data and information from, or enter into a data sharing agreement with, DHCS, Covered California, the DMHC, the CDI, the Labor and Workforce Development Agency, the California Business, Consumer Services and Housing Agency, and other relevant state agencies that monitor compliance of plans and providers with access standards, including timely access, language access, geographic access, and other access standards as provided by law and regulation.

The statute also requires that OHCA periodically review and update the priority set of standard measures for assessing the quality and equity of care.

## **Background**

To develop the proposed measure set, OHCA analyzed over 300 quality measures used by health care organizations in California and nationally. This analysis identified measures that are consistently used across organizations, indicating their prevalence in assessing health care performance, and reviewed the selection criteria (if available) organizations used to choose the measures.

OHCA focused on measures used to assess performance of health care entities including by purchasers, regulators, health care quality advocates and information organizations, and major measurement organizations, including the DMHC, DHCS, HCAI, California Department of Public Health (CDPH), the Center for Data Insights and Innovation's Office of the Patient Advocate (OPA), Covered California, California Public Employees' Retirement System (CalPERS), Centers for Medicare and Medicaid Services (CMS), Purchaser Business Group on Health (PBGH), Cal Hospital Compare, National Committee for Quality Assurance (NCQA), National Quality Forum (NQF), and Partnership for Quality Measurement. OHCA considered the endorsement status of measures by the NQF, Partnership for Quality Measurement, and other consensus-based organizations.<sup>6</sup> OHCA analyzed whether performance data on the measures and measure sets reviewed are publicly reported to determine if OHCA could use these data in its annual reports to avoid unnecessary additional data collection and thus minimize administrative burden.

OHCA met with internal and external partners to gather feedback and align efforts. To align statewide quality and equity performance measurement efforts, OHCA met with sibling state departments, including the DMHC, DHCS, CDPH, OPA, Covered California, and CalPERS. OHCA also met with stakeholders, including the Integrated Healthcare Association (IHA), Health Access, and the California Pan-Ethnic Health Network (CPEHN). OHCA incorporated feedback from these meetings into the proposed OHCA Quality and Equity Measure Set.

OHCA also assessed how other organizations in California and nationally are measuring, analyzing, and reporting health equity.<sup>7</sup> Specifically, OHCA reviewed measures capturing social needs, strategies to reduce health disparities,<sup>8</sup> and methodologies to stratify or group quality measures by race, ethnicity, and other demographic characteristics. There are data on health equity and health disparities that are publicly available and could supplement OHCA's equity analyses.

Informed by this initial work, OHCA developed the proposed OHCA Quality and Equity Measure Set and presented this proposal to the Health Care Affordability Advisory Committee on October 30, 2024 and Health Care Affordability Board on November 20, 2024.

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<sup>6</sup> A consensus-based entity endorses quality measures through a transparent, consensus-based process based on feedback from diverse groups to foster health care quality improvement.

<https://ecqi.healthit.gov/glossary/cms-consensus-based-entity-cbe>.

<sup>7</sup> CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

<sup>8</sup> [The National Institute on Minority Health and Health Disparities](#) defines health disparities as preventable health differences that disproportionately and adversely affect communities facing systemic barriers to opportunity.

## **Context**

In California, and across the nation, there are organizations that have been measuring health care quality and equity for many years. In recent years, California state departments have been collaborating to align on key quality and equity requirements with the intention to reduce reporting burden, spotlight conditions that affect overall population health, and eliminate disparities. By aligning, the DMHC, DHCS, OPA, Covered California, and CalPERS aim to drive significant improvements in health care quality and outcomes for all Californians.

OHCA is building upon and contributing to this work by measuring performance for multiple health care entities and providing a high-level perspective of health care system performance in California. OHCA's statute emphasizes that it shall reduce administrative burden by selecting quality and equity measures that simplify reporting and aligning performance measurement with other payers, programs, and state agencies. OHCA consulted with stakeholders and coordinated with the DMHC, DHCS, Covered California, and CalPERS to align efforts as specified in OHCA's statute.

## **Approach to the Proposed OHCA Quality and Equity Measure Set**

OHCA's statute requires that the OHCA Quality and Equity Measure Set use recognized measures and leverage existing voluntary and required reporting to the greatest extent possible. As will be further described below, OHCA proposes to adopt all or a subset of three publicly available measure sets, and combined, these measure sets make up the proposed OHCA Quality and Equity Measure Set.<sup>9</sup> The proposed OHCA Quality and Equity Measure Set uplifts measure sets developed through intensive multi-stakeholder processes. It also relies on existing measure sets with the aim to reduce administrative burden and increase alignment while balancing other statutory requirements. Moreover, under this approach, OHCA has the flexibility to collect a larger set of measures but could focus on key measures in its public reporting.

Adopting the OHCA Quality and Equity Measure Set is a starting point. OHCA is required by statute to regularly review and update the Quality and Equity Measure Set. OHCA will continue to work with sibling state departments and other partners to evolve the measure sets it proposes to adopt, collaboratively address limitations, and strengthen quality and equity analyses.

## **Accountability for the Proposed OHCA Quality and Equity Measure Set**

To promote high quality and more equitable health care for all Californians, OHCA will adopt the proposed OHCA Quality and Equity Measure Set. These non-enforceable measures will be used to monitor quality and equity trends as health care entities work to meet spending targets. OHCA will measure, analyze, and report on publicly available standard quality measures stratified by demographic characteristics to track progress

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<sup>9</sup> OHCA recognizes the attributed populations used to assess quality and equity performance may differ slightly from the attributed populations used to assess performance against spending targets.

towards its goals of improving access, affordability, and equity. OHCA will report performance by line of business where data is available. OHCA will explore including analyses on population health measures from sibling state departments, surveys, reports, and social drivers of health (SDOH) indices to provide additional context for interpreting and understanding performance on the proposed OHCA Quality and Equity Measure Set. OHCA will publish the first annual report with quality and equity performance on or before June 1, 2027 and annually thereafter.

Although OHCA does not have authority to enforce the proposed OHCA Quality and Equity Measure Set, OHCA's progressive enforcement of spending targets will consider impacts on quality and equity. Specifically, OHCA's enabling statute prohibits the director from approving a performance improvement plan that proposes to meet spending targets in ways that are likely to erode access, quality, equity, or workforce stability. Accordingly, the director may consider performance on the proposed OHCA Quality and Equity Measure Set when approving or disapproving a performance improvement plan.

### **Proposed OHCA Quality and Equity Measure Set**

OHCA proposes to adopt all or a subset of three publicly available measure sets and their respective stratification requirements to measure quality and equity across health care entities including payers, physician organizations, hospitals, and fully integrated delivery systems. Combined, the following measure sets make up the proposed OHCA Quality and Equity Measure Set:

- For payers, OHCA proposes to adopt the full DMHC Health Equity and Quality Measure Set and stratification requirements.
- For physician organizations, OHCA proposes to adopt a subset of the OPA Health Care Quality Report Card measures.<sup>10</sup>
- For hospitals, OHCA proposes to adopt the full HCAI Hospital Equity Measures Reporting Program measure set and stratification requirements.
- Fully integrated delivery systems will be measured across all three measure sets.
- OHCA will apply the same benchmarks used by each measure set to evaluate the performance of health care entities.<sup>11</sup>

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<sup>10</sup> OPA does not report measures stratified by demographic characteristics.

<sup>11</sup> For example, the [DMHC Health Equity and Quality Measure Set](#) uses a benchmark for performance assessment. A benchmark is a standard used to assess a health care entity's performance, including identifying gaps in performance, monitoring progress, and identifying areas for improvement. The DMHC Health Equity and Quality Measure Set benchmark for each measure is the aggregate [NCQA Quality Compass](#)® national Medicaid HMO 50th percentile. For each payer's aggregate and stratified result for each measure, the DMHC will assess performance for a given measurement year in relation to the same measurement year national Medicaid HMO 50th percentile for each measure, respectively.

## Measures for Payers: The DMHC Health Equity and Quality Measure Set

For payers, OHCA proposes to adopt the full DMHC Health Equity and Quality Measure Set and stratification requirements listed in **Table 1** in the Appendix and outlined in DMHC's All Plan Letter (APL) 24-013.<sup>12</sup> OHCA will rely on publicly reported data from the DMHC or enter into a data sharing agreement to leverage existing reporting on the DMHC Health Equity and Quality Measure Set.

Assembly Bill 133 (Committee on Budget, 2021) (Health and Safety Code section 1399.870)<sup>13</sup> required the DMHC to establish and convene a Health Equity and Quality Committee<sup>14</sup> to recommend a health equity and quality measure set and benchmarks with the goal to address long-standing health inequities and to ensure equitable delivery of high-quality health care across all market segments. The Committee was comprised of consumer representatives, health plan representatives, providers, quality measurement and health equity experts, and representatives from state agencies. Based on the Committee's recommendations, the DMHC established the DMHC Health Equity and Quality Measure Set and stratification requirements, effective beginning measurement year 2023.<sup>15</sup> The DMHC may reconvene the Committee to reevaluate the effectiveness of the DMHC Health Equity and Quality Measure Set and stratification requirements. Payers subject to reporting on the DMHC's Health Equity and Quality Measure Set and stratification requirements are all commercial and Covered California market segments, including the individual, small, and large group markets, and the Medi-Cal Managed Care market.<sup>16</sup>

## Measures for Physician Organizations: OPA Health Care Quality Report Cards

For physician organizations, OHCA proposes to adopt a subset of the measures publicly reported in the OPA Health Care Quality Report Cards in **Table 1** in the Appendix.<sup>17</sup> OHCA will rely on publicly reported data from the OPA or enter into a data sharing agreement to leverage existing reporting on the OPA Health Care Quality Report Cards.

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<sup>12</sup> DMHC Licensing eFiling. (2024, June 28). APL 24-013 – Health Equity and Quality Program Policies and Requirements (6/28/2024). [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements\(6\\_28\\_2024\).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements(6_28_2024).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d).

<sup>13</sup> Assembly Bill 133 (Committee on Budget, 2021), Health and Safety Code § 1299.870 (2021). [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB133](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB133).

<sup>14</sup> California Department of Managed Health Care. (2024). Health Equity and Quality Committee. <https://www.dmhc.ca.gov/Resources/DMHCPublicMeetings/OtherMeetings/HealthEquityAndQualityCommittee.aspx>.

<sup>15</sup> Department of Managed Health Care. (2022, September). 2022 Health Equity and Quality Committee Recommendations Report. <https://www.dmhc.ca.gov/Portals/0/Docs/DO/HealthEquityAndQualityCommittee/DMHCHealthEquityAndQualityCommitteeReport.pdf?ver=N8fNT7rr6clgixFIIOME9w%3d%3d>.

<sup>16</sup> For payers, performance results will not be collected or publicly reported by the DMHC for Medicare Advantage plans.

<sup>17</sup> OPA. (2024). Health Care Quality Report Cards. <https://www.cdii.ca.gov/consumer-reports/health-care-quality-report-cards/>.



Assembly Bill 172 (Chapter 696, Statutes of 2021) moved the OPA to the Center for Data Insights and Innovation (CDII) in October 2021.<sup>18</sup> CDII is now responsible for publishing report cards on health care quality pursuant to Health and Safety Code Section 130200. OPA's Health Care Quality Report Cards are public reports that rate physician organizations on quality, patient experience, and total cost of care to help consumers make informed decisions about their health care. Quality ratings for the Health Care Quality Report Cards come from the Integrated Healthcare Association's Align. Measure. Perform. (AMP) program.<sup>19</sup> The Integrated Healthcare Association's Technical Measurement Committee serves as an advisory body for the Health Care Quality Report Cards. The Committee is comprised of representatives from health plans, physician organizations, and health care purchasers. The Health Care Quality Report Cards include quality performance results for physician organizations who voluntarily participate in the AMP Commercial HMO and Medicare Advantage programs.<sup>20</sup>

### **Measures for Hospitals: HCAI Hospital Equity Measures Reporting Program**

For hospitals, OHCA proposes to adopt the full HCAI Hospital Equity Measures Reporting Program measure set and stratification requirements listed in **Table 2** in the Appendix.<sup>21</sup>

Assembly Bill 1204 (Chapter 751, Statutes of 2021)<sup>22</sup> required HCAI to convene a Health Care Equity Measures Advisory Committee<sup>23</sup> to make recommendations on the development of a hospital equity reporting program to collect and post annual hospital equity reports. The Committee was comprised of representatives from academic institutions focused on health care quality and equity measurement, associations representing public hospitals and health systems, associations representing private hospitals and health systems, organized labor, organizations representing consumers, and organizations representing under-resourced communities. Based on the

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<sup>18</sup> Assembly Bill 172 (Chapter 696, Statutes of 2021), Health and Safety Sections 130200-130204 . [https://leginfo.ca.gov/faces/codes\\_displayText.xhtml?lawCode=HSC&division=109.&title=&part=&chapter=&article=](https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=109.&title=&part=&chapter=&article=)

<sup>19</sup> Integrated Healthcare Association. (n.d.). Align. Measure. Perform. <https://www.iha.org/performance-measurement/amp-program/>.

<sup>20</sup> Due to larger industry-wide challenges, physician organizations performance results are not publicly reported for commercial PPO, Medi-Cal, and Medicare fee-for-service members. Attributing commercial PPO members to a physician organization in a systematic way across payers is a challenge the health care industry is still working to address. Performance is not reported for Medi-Cal members at the physician organization level. Medicare fee-for-service members are not assigned to a physician organization because CMS contracts directly with the provider.

<sup>21</sup> California Department of Health Care Access and Information. (n.d.). Hospital Equity Measures Reporting Program. Retrieved December 27, 2024, from <https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/>.

<sup>22</sup> Assembly Bill 1204 (Chapter 751, Statutes of 2021) (2021). [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=20210220AB1204](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=20210220AB1204).

<sup>23</sup> California Department of Health Care Access and Information. (n.d.). Hospital Equity Measures Advisory Committee. Retrieved December 27, 2024, from <https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/hospital-equity-measures-advisory-committee/>.



Committee's recommendations, HCAI plans to adopt regulations implementing the Hospital Equity Measures Reporting Program in early 2025. The Committee will reconvene after the first year of reporting to make a second set of recommendations to HCAI regarding the submitted hospitals' health equity plans.

Hospitals subject to reporting on the HCAI Hospital Equity Measures Reporting Program measures include licensed general acute care hospitals (including children's hospitals), acute psychiatric hospitals, special hospitals, and hospital systems with at least two general acute care hospitals.

## Equity Analyses

OHCA will include key metrics to measure progress towards achieving health equity. Health equity is commonly measured by tracking health disparities.<sup>24</sup> Quality measures are often stratified by demographic data characteristics to identify and reduce health disparities. OHCA will align with the stratification requirements and reporting by the DMHC, OPA, and HCAI. OHCA will consider supplementing this with additional equity analyses.

### *Entity Specific Equity Analyses: Stratifying Quality Measures*

For payers, OHCA will align with the stratification requirements and reporting used in the DMHC Health Equity and Quality Measure Set outlined in **Table 1** in the Appendix.<sup>25</sup> Health plans must report to the DMHC aggregate measure results for all measures and measure results stratified by NCQA for some measures. The NCQA has a health equity methodology for stratifying its measures by race and ethnicity. The NCQA follows the Office of Management and Budget (OMB) Standards for stratification.<sup>26,27</sup>

For physician organizations, OPA's Health Care Quality Report Cards do not include quality measures stratified by demographic characteristics. OHCA will consider including additional population health analyses to supplement its equity analyses and will continue to explore and assess options to implement equity analyses for physician organizations in the future.

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<sup>24</sup> For example, a health disparity could be lower rates of colorectal cancer screening for the American Indian or Alaska Native group compared to the Asian group, which could indicate a health inequity for the American Indian or Alaska Native group.

<sup>25</sup> DMHC Licensing eFiling. (2024, June 28). APL 24-013 – Health Equity and Quality Program Policies and Requirements (6/28/2024). [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements\(6\\_28\\_2024\).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements(6_28_2024).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d).

<sup>26</sup> For more information on the standards for race and ethnicity, see [APL 24-013 Health Equity and Quality Program Policies and Requirements](#).

<sup>27</sup> As of March 28, 2024, the [OMB issued revised race and ethnicity stratification standards](#), which must be implemented as soon as possible, but no later than March 28, 2029. The DMHC will attempt to align future MY Health Equity and Quality Measure Set stratification requirements with the NCQA's implementation of these new OMB standards.

For hospitals, OHCA will align with the stratification requirements and reporting used in HCAI's Hospital Equity Measures Reporting Program outlined in **Table 2** in the Appendix. Assembly Bill 1204 requires all core quality measures to be stratified to the extent that the data is available at the hospital and hospital system level. The numerator, denominator, and rate for all core quality measures will be stratified by the following categories: race/ethnicity, age, sex assigned at birth, expected payer, preferred language, disability status, sexual orientation, and gender identity to the extent that the data is available.<sup>28</sup>

### *Additional Equity Analyses*

In addition to adopting the equity analyses used by the measure set owners, OHCA will explore including additional equity analyses. There are numerous existing reports on health equity in California and OHCA hopes to pull information from some of these reports together into one place. OHCA will also explore including analyses on population health measures from sibling state departments, surveys, reports, and social drivers of health indices to provide additional context for interpreting and understanding performance on the quality and equity measure set. OHCA may include key pieces from existing reports that are the most relevant to the OHCA Quality and Equity Measure Set and spending targets.

For payers, OHCA is considering reporting results from the DMHC Health Plan Demographic Data Metric, which tracks information on the type of demographic data payers are collecting and the percent of enrollees with complete demographic data.<sup>29</sup> At this time, the DMHC plans to collect information on the following demographic data: race, ethnicity, gender identity, sexual orientation, sex, sex listed on original birth certificate, primary written language, primary spoken language, and disability status. The information collected will support the DMHC's discussions with the Health Equity and Quality Committee about new areas where stratification can be expanded to better track payers' progress where disparate outcomes may exist.

To capture capacity, systems, and processes to advance health equity, OHCA will consider tracking which payers have achieved NCQA Health Equity Accreditation and NCQA Health Equity Plus Accreditation by line of business.<sup>30,31</sup> The NCQA Health Equity Accreditation programs focus on helping health plans reduce disparities, align

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<sup>28</sup> For more information, see the HCAI [Hospital Equity Measures Reporting Program](#).

<sup>29</sup> DMHC Licensing eFiling. (2024, June 28). APL 24-013 – Health Equity and Quality Program Policies and Requirements (6/28/2024). [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements\(6\\_28\\_2024\).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements(6_28_2024).pdf?ver=9wJvJOJ61DNjXvVpRgHgeQ%3d%3d).

<sup>30</sup> NCQA. (2024, July 15). *Health Plans*. NCQA Report Cards. <https://reportcards.ncqa.org/health-plans?dropdown-state=California&filter-state=California&filter-distinction=Health%20Equity%20Accreditation&filter-distinction=Health%20Equity%20Accreditation%20Plus&pg=1>.

<sup>31</sup> NCQA modified and built upon its Multi-Cultural Distinction to create the [Health Equity Accreditation program in 2021](#) and [Health Equity Accreditation Plus program in 2022](#).

their staff and leadership, become a contract differentiator, and be recognized for their equity work.<sup>32</sup>

For all measure sets, OHCA will consider adopting changes implemented by the DMHC, OPA, and HCAI, such as adding new measures or updating the stratification requirements. OHCA will continue to explore and assess options to expand its quality and equity analyses in the future.

## **Summary of Proposed OHCA Quality and Equity Measure Set**

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- For physician organizations, OHCA proposes to adopt a subset of the OPA Health Care Quality Report Card measures.
- For hospitals, OHCA proposes to adopt the full HCAI Hospital Equity Measures Reporting Program measure set and stratification requirements.
- Fully integrated delivery systems will be measured across all three measure sets.
- OHCA will apply the same benchmarks used by each measure set to evaluate the performance of health care entities.

Adopting the proposed OHCA Quality and Equity Measure Set is a starting point. OHCA is required by statute to regularly review and update its measure set. OHCA will continue to work with sibling state departments, stakeholders, and other partners to evolve the measure sets it proposes to adopt, collaboratively address limitations, and strengthen quality and equity analyses.

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<sup>32</sup> NCQA. (n.d.). *NCQA's Health Equity Accreditation Programs*. NCQA. Retrieved August 5, 2024, from <https://www.ncqa.org/programs/health-equity-accreditation/>.

## Appendix

**Table 1. Proposed OHCA Quality and Equity Measures for Payers and Physician Organizations<sup>33</sup>**

Measure Name	Measures for Payers: DMHC Health Equity and Quality Measure Set (Full) <sup>34</sup>	Measures for Physician Organizations: OPA Health Care Quality Report Cards (Subset) <sup>35</sup>
Childhood Immunization Status <sup>+</sup>	x*	x
Colorectal Cancer Screening <sup>+</sup>	x*	x
Controlling High Blood Pressure <sup>+</sup>	x*	x
Glycemic Status Assessment for Patients with Diabetes (<8.0% and/or >9.0%) <sup>+</sup>	x*	x
All-Cause Readmissions	x	x
Asthma Medication Ratio	x*	x
Breast Cancer Screening Rate	x*	x
Child and Adolescent Well-Care Visits	x*	x
Immunizations for Adolescents	x*	x
Depression Screening and Follow-Up for Adolescents and Adults (Depression Screening and Follow-Up on Positive Screen)	x	
CAHPS Health Plan Survey: Getting Needed Care (Adult and Child survey) or QHP Enrollee Experience Survey <sup>36</sup>	x	
Prenatal and Postpartum Care (Postpartum Care and Timeliness of Prenatal Care)	x*	
Well-Child Visits in the First 30 Months of Life (0 to 15 Months and 15 to 30 Months)	x*	

<sup>+</sup> Measures that align across the DMHC, DHCS, OPA, Covered California, and CalPERS for payers and physician organizations.

\* Measure results stratified by race and ethnicity for measurement year 2024.

<sup>33</sup> OHCA anticipates that the payer and physician organization measure sets will become more aligned as measures are added to the OPA Health Care Quality Report Cards.

<sup>34</sup> DMHC Licensing eFiling. (2024, June 28). APL 24-013 – Health Equity and Quality Program Policies and Requirements (6/28/2024). [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements\(6\\_28\\_2024\).pdf?ver=9wJvJOJ61DNjXvVpRgHqeQ%3d%3d](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL24-013-HealthEquityandQualityProgramPoliciesandRequirements(6_28_2024).pdf?ver=9wJvJOJ61DNjXvVpRgHqeQ%3d%3d).

<sup>35</sup> OPA. (2024). Health Care Quality Report Cards. <https://www.cdii.ca.gov/consumer-reports/health-care-quality-report-cards/>.

<sup>36</sup> In the DMHC Health Equity and Quality Measure Set, CAHPS Child Survey is only for applicable Medicaid plans. CAHPS health plan survey does not apply to Exchange plans. Exchange plans will report to the DMHC on the QHP Enrollee Experience Survey in measurement year 2024.

**Table 2. Proposed OHCA Quality and Equity Measures for Hospitals by Hospital Type**

HCAI Hospital Equity Measures Reporting Program Measure Name (Full) <sup>37</sup>	General Acute Hospital Measures	Acute Psychiatric Hospital Measures	Children's Hospital Measures
Designate an individual to lead hospital health equity activities <sup>+</sup>	X	X	X
Hospital Commitment to Health Equity Structural Measure <sup>+</sup>	X	X	X
Provide documentation of policy prohibiting discrimination <sup>+</sup>	X	X	X
Report percentage of patients by preferred language spoken <sup>+</sup>	X	X	X
Screen Positive Rate for Social Drivers of Health <sup>+</sup>	X	X	X
Screening for Social Drivers of Health <sup>+</sup>	X	X	X
All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavior health diagnosis*	X	X	
HCAHPS survey (Received information and education and would recommend hospital)*	X	X	
Pneumonia Mortality Rate*	X	X	
All-Cause Unplanned 30-Day Hospital Readmission Rate*	X		X
Cesarean Birth Rate (NTSV)*	X		
Death Rate among Surgical Inpatients with Serious Treatable Complications*	X		
Exclusive Breast Milk Feeding*	X		
Vaginal Birth After Cesarean Rate (VBAC)*	X		
All-Cause Unplanned 30-Day Hospital Readmission Rate in an inpatient psychiatric facility*		X	
Screening for metabolic disorders*		X	
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge*		X	
Pediatric experience survey with scores of willingness to recommend the hospital*			X

<sup>+</sup> Structural measures for all hospitals. For more information, see the HCAI [Hospital Equity Measures Reporting Program](https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/).

\* Core quality measures that will be stratified by race/ethnicity, age, sex assigned at birth, expected payer, preferred language, disability status, sexual orientation, and gender identity to the extent that the data is available.

<sup>37</sup> California Department of Health Care Access and Information. (n.d.). Hospital Equity Measures Reporting Program. Retrieved December 27, 2024, from <https://hcai.ca.gov/data/healthcare-quality/hospital-equity-measures-reporting-program/>.