2024–25 Validation of Measurement Years 2023 and 2024 Performance Measures

for County of Alameda

September 2025

HSAG HEALTH SERVICES ADVISORY GROUP

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Purpose and Overview of Report

Title 42 of the Code of Federal Regulations (CFR) §438.350(a) requires states that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), or prepaid ambulatory health plans (PAHPs) to have a qualified external quality review organization (EQRO) perform an annual external quality review (EQR) that includes validation of contracted entity performance measures (42 CFR §438.358[b][1][ii]).

The purpose of performance measure validation (PMV) is to assess the accuracy of performance measures reported by managed care entities and to determine the extent to which performance measures reported by these organizations follow state specifications and reporting requirements. According to the Centers for Medicare & Medicaid Services (CMS) EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity,* February 2023 (CMS EQR Protocol 2),[1] the mandatory PMV activity may be performed by the state Medicaid agency, an agent that is not a managed care plan, or an EQRO.

The California Department of Health Care Services (DHCS) administers and oversees the Medicaid managed care program. Health Services Advisory Group, Inc. (HSAG), the EQRO for DHCS, is contracted to conduct PMV activities in accordance with 42 CFR §438.350(a) for 32 Drug Medi-Cal Operating Delivery System (DMC-ODS) Plans in California that are responsible for covering specialty substance use disorder (SUD) services.

Overview of DMC-ODS Plans

Managed Care in California

County of Alameda (Alameda) is a DMC-ODS Plan offering specialty SUD services to Medicaid beneficiaries in California.

HSAG worked closely with Alameda's primary contacts throughout the course of PMV activities in calendar year (CY) 2025. Table 1 provides Alameda's primary contact and virtual review information.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: June 18, 2025.

Table 1—DMC-ODS Plan Information

DMC-ODS Plan Name:	County of Alameda
DMC-ODS Plan Location:	2000 Embarcadero Cove, Suite 200 Oakland, CA 94606
Primary Audit Contact:	Michelle Manor
Primary Contact Email Address:	michelle.manor2@acgov.org
Virtual Review Date:	3/19/2025

Performance Measures Reporting

Overview

HSAG conducted a review of PMV activities focused on reviewing data integration, information systems, and measure calculation processes to assess the DMC-ODS Plans' performance measure reporting in accordance with CMS EQR Protocol 2.

HSAG validated rates for a set of measures selected by DHCS for validation. DMC-ODS Plans were required to report only using the administrative methodology for DHCS-selected measures in the scope of PMV, and they were required to apply measure specifications in accordance with the selected specification stewards.

Performance Measure Validation Methodology

The scope of PMV activities evaluated the DMC-ODS Plans' information systems, data integration, and measure calculation processes through the collection of information using the Information Systems Capabilities Assessment Tool (ISCAT). In addition, HSAG evaluated the DMC-ODS Plans' information systems and processes specific to producing performance measure rates on a set of measures selected by DHCS.

Table 2 represents the performance measures that HSAG validated, along with the measure specification steward, the data collection methodology, and the measurement period chosen by DHCS. Measurement year (MY) 2023 encompasses dates from January 1, 2023, through December 31, 2023, and MY 2024 encompasses dates from January 1, 2024, through December 31, 2024.

Table 2—List of Performance Measures for Alameda

Performance Measure	Specifications Steward	Methodology	Measurement Period
Follow-Up After Emergency Department Visit for Substance Use (FUA)	NCQA*	Administrative	MY 2023 and MY 2024
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	Administrative	MY 2023 and MY 2024
Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS	Administrative	MY 2023 and MY 2024
Initiation and Engagement of Substance Use Disorder Treatment (IET)	NCQA	Administrative	MY 2023 and MY 2024

* NCQA = National Committee for Quality Assurance

Performance Measure Validation Activity

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in CMS EQR Protocol 2. To complete the validation activities for Alameda, HSAG obtained a list of the performance measures DHCS selected for validation to support assessing and evaluating information systems, data integration, and measure calculation processes.

HSAG then prepared and submitted a document request memorandum (memo) to Alameda, outlining the scope and steps in the PMV process. The document request memo included a request for the source code for each performance measure, as applicable; a completed ISCAT; any additional supporting documentation necessary to complete the audit; a timetable for completion; and instructions for submission. HSAG responded to any audit-related questions received directly from Alameda during the pre-virtual review phase.

HSAG hosted a DMC-ODS Plan-wide webinar focused on providing technical assistance to the DMC-ODS Plans. The webinar was developed to offer an overview of all activities associated with PMV, to provide helpful tips on how to complete the ISCAT, and to provide a review of expected deliverables.

Approximately two weeks prior to the virtual review, HSAG provided Alameda with an agenda describing all virtual review activities and indicating the type of staff needed for each session. HSAG also conducted a pre-virtual review conference call with Alameda to discuss virtual review logistics and expectations, important deadlines, outstanding documentation, and any outstanding questions from Alameda.

Validation Team

The HSAG PMV team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation and requirements of California. Some team members participated in the virtual review meetings with Alameda; others conducted their work at HSAG's offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—HSAG Validation Team

Name, Title, and Role	Skills and Expertise
Amelia Porter-Castro, BS, CHCA Senior Auditor, Data Science & Advanced Analytics (DSAA); Lead Auditor	Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[2] compliance auditor (CHCA); multiple years of systems analysis, quality improvement (QI), healthcare industry experience, data review analysis, and reporting.
Adelaine Daniel, RN, BSN Auditor II, DSAA; Secondary Auditor	Multiple years of auditing experience related to Medicare/Medicaid regulatory compliance; healthcare industry experience.
Sarah Lemley, BS Source Code Reviewer	Source code/programming review, HEDIS and PMV experience, and data analysis expertise.

Technical Methods of Data Collection and Analysis

The CMS EQR Protocol 2 identifies key data types that should be reviewed as part of the validation process. The following list describes the types of data collected and how HSAG conducted an analysis of these data:

- **Information Systems Capabilities Assessment Tool (ISCAT):** The DMC-ODS Plans were required to submit to HSAG a completed ISCAT that provided information on their information systems; processes used for collecting, storing, and processing data; and processes used for performance measure reporting. Upon receipt, HSAG completed a cursory review of the ISCAT to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Source code (programming language) for performance measures:** The DMC-ODS Plans that calculated the performance measures using source code were required to submit the source code used to generate each performance measure being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance with the measure specifications required by DHCS. HSAG identified any areas of deviation from the specifications, evaluating the impact to the

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

measure and assessing the degree of bias (if any). The DMC-ODS Plans that did not use source code to generate the performance measures were required to submit documentation describing the steps taken for calculation of each of the required performance measures.

- **Supporting documentation:** HSAG requested documentation to provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.
- **Primary source verification (PSV):** HSAG requested that the DMC-ODS Plans provide output data files that included numerator positive records for performance measures from which auditors selected cases for PSV.

Virtual Review Activities

HSAG conducted a virtual review with Alameda. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, data process flow descriptions, demonstration of sample cases in source systems, and review of data reports. The virtual review activities are described as follows:

- **Opening session:** The opening session included introducing the validation team and key Alameda staff members involved in the PMV activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed. In addition, Alameda provided a high-level overview of the population served, membership volume, key programs supporting performance measure improvement, and any challenges/barriers.
- **Evaluation of enrollment and claims systems and processes:** This evaluation included a review of the information systems and focused on the processing of claims and enrollment data. Throughout the evaluation, HSAG conducted interviews with key staff members familiar with processing, monitoring, reporting, and managing data used for calculation of the performance measures. Key staff members included executive leadership, intake specialists, claims operations processors, business analysts, QI staff members, data analyst staff members, and other front-line staff members familiar with processing, monitoring, and storage of performance measure data.
- **Evaluation of provider data systems and processes:** HSAG evaluated how practitioner data are collected, maintained, updated, and audited. In addition, for measures wherein specifications require services to be rendered by a certain provider specialty type, HSAG evaluated how the DMC-ODS Plan identifies provider specialty types at the service line level and any provider specialty mapping the DMC-ODS Plan performs as part of performance measure calculations.
- **Evaluation of supplemental data sources, systems, and processes:** This evaluation included a review of the data systems and the processes for collecting, validating, storing, and maintaining supplemental data used for performance measure calculation. HSAG conducted interviews with key staff familiar with supplemental data management. HSAG used the interviews to confirm findings from the documentation review and verify that written policies and procedures were used and followed.

- **Review of data integration and control for performance measure calculation:** This session included a review of the data process flows and processes used to extract and integrate data sources and produce the analytic file necessary to calculate and report the selected performance measures. HSAG interviewed DMC-ODS Plan staff members and/or vendor staff members regarding software products they use during data integration, analytic file production, and measure computation. In addition, HSAG reviewed backup documentation on data integration and addressed data control and security procedures during this session.
- **Primary source verification:** Using this technique, HSAG assessed the processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across measures to verify that the DMC-ODS Plans have system documentation which supports appropriate inclusion of records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.
- **Closing conference:** The closing conference included a summation of preliminary findings based on the ISCAT review and virtual review and revisited the documentation requirements for any post-virtual review activities.

HSAG conducted several interviews with key Alameda staff members who were involved with performance measure reporting. Table 4 lists key Alameda interviewees:

Table 4—List of Alameda Interviewees

Name	Title
Aaron Chapman	Behavioral Health Medical Director and Chief Medical Officer
Adam Golub	Management Analyst
Adrienne Carlisle	Alameda County Behavior Health Department (ACBHD) Compliance and Privacy Officer
Amy Saucier	Clinical Review Specialist Supervisor
Angela Coombs	Associate Medical Director
Arlene Pabustan	Health Insurance Technician
Cameren Sales	Information Systems (IS) Analyst
Catherine Powell	Early Childhood Mental Health Coordinator
Cecilia Serrano	Finance Director
Charles Edwards	Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) Division Director
Charles Raynor	Pharmacy Services Director

Name	Title
Cheryl Narvaez	Early Periodic Screening Diagnosis and Treatment (EPSDT) Coordinator, Children and Young Adult System of Care
Danielle Benjamin	IS Analyst
Derek Crabbe	IS Specialist
Ed Lozano	Applications Development Manager, IS
Emily Galimba	QI Data Analytics Division Director
Eric Yuan	Manager, Integrated Care Services
Fonda Houston	Substance Use Operational Specialist
Gabriel Orozco	Business Intelligence Analyst
Greg Arenius	IS Analyst
Henning Schulz	Adult Outpatient Services Division Director
Jade Phan	IS Manager
Jaime Perez	IS Manager
James Wagner	Clinical Operations Deputy Director
Janet Biblin	IS Manager
Jenny Bruton	Program Specialist
Jenny Wong	Management Analyst
John Hanson	IS Coordinator
Joshua Kayman	Medical Director, Substance Use Continuum of Care
Juanita Grampsas	IS Analyst
Juliene Schrick	Older Adult Services Division Director
Karen Capece	Quality Management Program Director
Kate Jones	Adult & Older Adult System of Care Director
Kate Rowe	IS Manager
Kinzi Richholt	Chief Nursing Officer
Krishna Henry	Administrative Assistant
Laphonsa Gibbs	Interim Children and Young Adult System of Care Director
Lisa Moore	Billing & Benefits Support Unit Director
Lorenza Hall	Senior Management Analyst
Lori Shallcross	Clinical Review Specialist, Utilization Management

Name	Title
Doris Sunga	IS Analyst
Marnie Purciel-Hill	Performance Improvement Manager, Senior Management Analyst
Matt Madrid	IS Analyst
Melissa Yamamoto	Program Specialist
Michelle Lewis	Division Director, County Clinics
Michelle Manor	Supervising Program Specialist
Mona Shah	Health Equity Policy and Systems Manager
Necole Goodman	Associate Data Analyst
Rashad Eady	Program Specialist
Rickie Lopez	Assistant Finance Director
Scott Hammer	IS Analyst
Shannon Singleton-Banks	Interim Assistant Director, Substance Use Continuum of Care
Sheryl Diedrick	IS Analyst, SmartCare Implementation
Shukura Reynolds	Management Analyst
Stephanie Lewis	Crisis System of Care Director
Stephanie Montgomery	Health Equity Division Director/Health Equity Officer
Steve Kline	IS Analyst
Sue Louie	IS Analyst
Sun Lee, LCSW	Transition Age Youth Services Division Director
Tasha Lopez	Supervising Financial Services Specialist
Tom MacMillan	Deputy Director Information Systems – Alameda County Health
Torfeh Rejali	Division Director, Quality Assurance
Traci Cross	Assistant Director
Vanessa Baker	Deputy Director/Plan Administrator
Wendi Vargas	Contracts Director
Samantha Brown	Program Specialist
Abigail Chente	Administrative Assistant
Angelica Gums	Transition Age Youth (TAY) Program Specialist

Assessment of DMC-ODS Plan Performance

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure data. These include data integration, data control, and documentation of performance measure calculations. Each of the following subsections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential for calculating valid performance measure data. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated Alameda's data integration process, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at Alameda were:

☐ Acceptable

☒ Not acceptable

Data Control

Alameda's organizational infrastructure must support all necessary information systems and its quality assurance practices, and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG validated the data control processes Alameda used, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at Alameda were:

☒ Acceptable

☐ Not acceptable

Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by Alameda. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of performance measure calculations, and other related

documentation. Overall, HSAG determined that the documentation of performance measure generation by Alameda was:

☐ Acceptable

☒ Not acceptable

Validation Results

HSAG evaluated Alameda's data systems for processing each data type used for reporting performance measure data. General findings are indicated below.

Information Systems and Personnel

HSAG evaluated the information systems that Alameda had in place to support performance measure indicator reporting, which included the following findings:

- Alameda used SmartCare, an electronic health record (EHR) system, effective August 2023. Prior to transitioning to SmartCare, Alameda utilized InSyst. Additionally, Alameda's clinical EHR, Clinician's Gateway (CG), communicated bidirectionally with SmartCare.
  - The transition to SmartCare began with the migration of member enrollment data in August 2023 followed by claims data in March 2024. SmartCare and CG Interface went live in June 2024 and Medi-Cal claims processing went live in July 2024.
  - Alameda performed multiple rounds of testing and applicable validations in SmartCare post-upload to ensure that all data were accurate and successfully migrated from InSyst.
  - Alameda's performance measure calculation and EHR vendor, California Mental Health Services Authority (CalMHSA), performed additional validations to ensure all data were in the correct format before data were uploaded into SmartCare.
- CalMHSA used Amazon Web Services, a data warehouse, for storing and integrating data used for performance measure calculations and reporting.

HSAG evaluated the personnel that Alameda, and vendor if applicable, had in place to support performance measure indicator reporting, which included the following findings:

- Three CalMHSA programmers had an average of 10 years of experience collectively.
- CalMHSA' s programmers maintained the source code for performance measure calculations within the Azure DevOps repository.

HSAG identified no concerns with Alameda's information systems and personnel.

Membership/Eligibility Data Processing

HSAG evaluated the information system and processes used by Alameda to capture member enrollment data to confirm that the system was capable of collecting data on member characteristics as specified by the State. HSAG's evaluation of Alameda's enrollment system included the following findings:

- Enrollment and eligibility data for Medi-Cal enrollees were maintained within SmartCare and CG.
- Alameda received monthly enrollment files in Monthly Medi-Cal Eligibility Data System (MEDS) Extract File (MMEF) format from DHCS.
- Alameda performed monthly reconciliation between SmartCare and CG and DHCS data to ensure completeness and accuracy of enrollment data.
- Alameda's reconciliation and oversight of enrollment data included a review of the number of records included in each MMEF against the SmartCare data loads for completeness.
  - Alameda used a member match process to ensure MMEF enrollment data updates were automatically applied to member records if three essential demographic elements (member name, date of birth, and Social Security number) aligned between the MMEF and SmartCare.
  - Alameda's Health Information Technician staff reviewed an additional partial match report for members with two out of three demographic matches between the MMEF and SmartCare and manually researched each member for confirmed alignment before applying eligibility updates in SmartCare.
  - Alameda ran ad-hoc eligibility checks using the Medi-Cal Eligibility Data System Lite (MEDSLITE) DHCS portal and the Medi-Cal provider transaction portal to ensure the accuracy of its member eligibility data within SmartCare.
- Alameda's system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, Alameda used the system-generated ID to link enrollment history.
- Alameda identified member demographic updates based on the monthly MMEF and direct communication provided by its active member population at intake visit and at each appointment.
  - Alameda used the MEDSLITE DHCS portal as a reference to update SmartCare member demographics if discrepancies were noted during billing procedures.

HSAG identified no concerns with Alameda's enrollment data capture, data processing, data integration, data storage, or data reporting.

Claims Data Processing

HSAG evaluated the information systems and processes used by Alameda to capture claims/encounter data to determine whether they supported complete and accurate data collection and submission to the State. HSAG's evaluation of Alameda's claims/encounter data system included the following findings:

- Alameda entered service data and generated claims for Medi-Cal consumers within SmartCare.

- SmartCare contained sufficient built-in edit checks to ensure accuracy of claims and encounter data, including checks for member eligibility, valid codes, identification of duplicate claims, and other reasonability checks.
- In 2023, Alameda received 95.90 percent of claims electronically through direct SmartCare entry or in a batch service upload Microsoft Excel (Excel) document that incorporated the standard 837 file data elements, and 4.10 percent in a CMS-1500 or UB-04 paper format.
  - Batch service upload documents were validated for completeness and accuracy and uploaded to SmartCare. Paper claims were manually entered into SmartCare by applicable staff, validated, and converted to 837 file format for processing in SmartCare.
- In 2024, Alameda received 95.04 percent of claims electronically through direct SmartCare entry or in a batch service upload Excel document that incorporated the standard 837 file data elements, and 4.96 percent in a CMS-1500 or UB-04 paper format.
  - Batch service upload documents were manually validated for completeness and accuracy and uploaded to SmartCare. Paper claims were manually entered into SmartCare by applicable staff, validated, and converted to 837 file format for processing in SmartCare.
- Alameda generated interim batch claim files after pre-billing checks were performed according to coverage-specific rules set by the payer. Charge errors were displayed for any charges that did not pass the pre-billing checks and were excluded from the interim batch files due to data omissions or misalignments with billing standards. Once charge errors were resolved, Alameda placed the charges into a batch generating an 837 claim file. Alameda completed a final check and created the interim batch claim file from SmartCare for submission to DHCS for adjudication monthly.
- In 2023, Alameda had a claims acceptance rate from DHCS of 82 percent and a claims denial rate of 18 percent.
- In 2024, Alameda had a claims acceptance rate from DHCS of 79 percent and a claims denial rate of 21 percent.
- Alameda conducted routine audits of all service data for accuracy. Alameda's Quality Assurance team randomly selected 30 claims monthly and verified alignment between chart reviews, the billed procedure codes and service notes.

HSAG identified no concerns with Alameda's claims/encounter data capture, data processing, data integration, data storage, or data reporting.

Provider Data Processing

HSAG evaluated the information systems and processes used by Alameda to capture provider data and identified the following findings:

- Alameda ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- Alameda screened the data for completeness, logic, and consistency.
- Alameda collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of Alameda's provider data system(s) included the following findings:

- Alameda maintained provider credentialing data in SmartCare.
- Alameda's procedures for updating and maintaining provider data included the following:
  - New providers completed a formal application process, which included all necessary components for credentialing such as proof of education, applicable certificates, 10-year work history, National Provider Identifier (NPI), curriculum vitae, medical license, Drug Enforcement Administration (DEA) certificate, and a malpractice insurance face sheet.
  - Alameda reviewed all data for completeness and accuracy, initially and every 120 days against the Office of Inspector General (OIG) List of Excluded Individuals/Entities, System for Award Management (SAM) Exclusion Check, State Medi-Cal Exclusions, Medicare Opt-out Check, NPI number, and Social Security Death Master File.
  - For Community-based Organization (CBO) programs, the Contracts Unit (CU) requested a Program Change Request Form (PCRF) to track CBO requested changes that were vetted/approved by Alameda, such as site changes, changes in procedure codes, or the set-up of a new program. Once approved, the changes proceeded forward in the process, including site certification or directly to the CU processing of a SmartCare Provider/PCRF.
  - The CU and the assistant finance director completed various levels of review of the SmartCare Provider/PCRF prior to it being routed to the Billing and Benefits Services Unit (BBSU).
  - The BBSU performed additional review of the changes and performed additional due diligence, which included updating the Provider Information Management System (PIMS), processing the change within the applicable system, and providing associated notification to the provider and DHCS. Alameda staff and contracted providers were expected to notify Alameda when a change in licensure, location, or status was necessary, or when additional provider data became available. Additionally, providers completed re-credentialing every three years.
  - Alameda updated the provider directory for any new hires as needed. Alameda verified and updated staff credentials every 120 days to ensure accurate information was retained.

HSAG identified no concerns with Alameda's provider data capture, data processing, data integration, data storage, or data reporting.

Data Integration and Measure Production

HSAG's assessment of Alameda's performance measure reporting processes included the following findings:

- CalMHSA integrated claims data files in an 837 file format with enrollment data from the MMEF and encounter data from the physical health plans on the Plan Data Feed (PDF) files received from DHCS for performance measure reporting.
- CalMHSA maintained data control procedures to ensure accuracy and completeness of data merges between the DMC-ODS claims data, MCO encounter data, and eligibility data files by monitoring the volume of all records loaded into its database and then testing and validating the merged output.

CalMHSA notified the DMC-ODS if it identified any potential missing data based on the volume of records received in a monthly file compared to the volume of records in other monthly files.

- CalMHSA conducted data reasonability checks by creating programming code to calculate MY 2022, 2023, and 2024 rates and then checking the rate trends for all three years to ensure the rates were comparable. CalMHSA then compared the MY 2022 rates it calculated with the rates calculated by DHCS for MY 2022. Finally, CalMHSA compared all HEDIS measure rates with NCQA's Quality Compass[3] benchmarks for MYs 2023 and 2024. CalMHSA used structured query language (SQL) to produce performance measure data and rates.
- CalMHSA maintained performance measure reports by archiving copies of the member-level detail files and rate templates produced for HSAG PMV audits on a network file server with the files labeled for each measure year and version.
- CalMHSA conducted a peer review of all SQL code used to calculate the measures and ran a test of the measure output using a member-level detail file to ensure that all denominator and numerator cases met technical specifications and value set criteria.
  - HSAG reviewed CalMHSA's SQL code and identified specification misalignment related to age calculations, anchor dates, member matching logic, procedure codes, and emergency department and inpatient bundling logic. CalMHSA applied source code updates in alignment with the measure specifications, and all source code was approved by HSAG.
- To ensure continuity of performance measure production, CalMHSA saved all programming code in the Azure DevOps database platform which allows the vendor to see the code, including any changes for each measure year and compare the code changes to the specifications changes or value set changes that are published each year.
- CalMHSA documented mapping it performed during data preparation of provider specialties and state-specific service codes included in the DMC-ODS's claims data in Microsoft Excel data files that the HSAG auditors reviewed in accordance with NCQA guidelines.
  - HSAG reviewed CalMHSA's provider mapping for alignment with Appendix 3 of the HEDIS Volume 2 Technical Specifications. HSAG identified multiple taxonomies that did not align with the mental health provider description. CalMHSA updated its provider mapping, which was approved by HSAG.

HSAG identified no concerns with CalMHSA's performance measure reporting process. However, HSAG identified that Alameda's performance measure rate calculations were limited to Alameda's active member population, which indicates a potential omission of data in alignment with the measure specifications. HSAG also identified that Alameda purchased its own copy of the HEDIS Volume 2 Technical Specifications; however, Alameda did not validate the data output files against the measure specifications to conduct its own assessment of accuracy and reasonableness of all calculated performance measure rates.

[3] Quality Compass® is a registered trademark of the NCQA.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined results for each of the performance measures. The CMS EQR Protocol 2 identifies four possible validation finding designations for performance measures, which are defined in Table 5. For more detailed information, please see Appendix B.

Table 5—Designation Categories for Performance Measures

Reportable (R)	Measure was compliant with measure specifications.
Do Not Report (DNR)	The DMC-ODS Plan's rate was materially biased and should not be reported.
Not Applicable (NA)	The DMC-ODS Plan was not required to report the measure.
Not Reported (NR)	Measure was not reported because the DMC-ODS Plan did not offer the required benefit.

According to the protocol, the validation designation for the measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not compliant based on the review findings. Consequently, an error for a single audit element may result in a designation of *DNR* because the impact of the error biased the reported performance measures by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the measure could be given a designation of *R*. Table 6 displays the measure-specific review findings and designations for Alameda.

Table 6—Measure-Specific Review Findings and Designations for Alameda

Performance Measure	Performance Measure Description	Measure Designation
Follow-Up After Emergency Department Visit for Substance Use (FUA)	The percentage of emergency department (ED) visits among members ages 13 years and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 7 or 30 days of the ED visit.	DNR
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.	DNR
Use of Pharmacotherapy for Opioid Use Disorder (OUD)	Percentage of Medicaid beneficiaries ages 18 and older with an OUD who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder during the measurement year. Five rates are reported: • A total (overall) rate capturing any medications used in medication-assisted treatment of opioid dependence and addiction (Rate 1).	DNR

Performance Measure	Performance Measure Description	Measure Designation
	• Four separate rates representing the following types of FDA-approved drug products: – Buprenorphine (Rate 2) – Oral naltrexone (Rate 3) – Long-acting, injectable naltrexone (Rate 4) – Methadone (Rate 5)	
Initiation and Engagement of Substance Use Disorder Treatment (IET)	The percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported: • 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 visit, or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	DNR

Strengths, Opportunities for Improvement, and Recommendations

By assessing Alameda's performance measure reporting process, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: Alameda had multiple methods of validation and tracking to ensure the accuracy and completeness of claims data. Quarterly audits were in place to address performance gaps.

Strength #2: Alameda was prompt and thorough on all its submissions, which contributed to a well-organized and efficient virtual review process.

Opportunities for Improvement

Opportunity #1: During the data output file review and PSV, HSAG noted multiple areas of specification misalignment, including incorrect use of procedure codes, place of service codes, age requirements, and inpatient bundling. During the virtual review, Alameda acknowledged that it did not review the performance measure data output files or conduct comparisons of the data for reasonableness of each performance measure rate calculation.

Recommendation: HSAG recommends that Alameda County work with CalMHSA to obtain the data output files and to assess a sample selection against the raw data files and the measure specifications for completeness and accuracy of the reported data.

Opportunity #2: During the virtual review, Alameda indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with Alameda, to calculate its performance measure rates. Because Alameda was not using additional data streams to encompass all medical, behavioral health, and pharmacy data for eligible Alameda County Medi-Cal members, HSAG noted a potential omission of data in alignment with the measure specifications.

Recommendation: HSAG recommends that Alameda identify and integrate additional data streams that include medications, hospitalizations and emergency department visits that would inform the performance measure denominators into its performance measure rate calculations to ensure the completeness of medical, behavioral health, and pharmacy data for all Medi-Cal eligible members registered in Alameda County. This may require Alameda to solidify data sharing agreements with MCOs, health information exchanges, or similar partners and agencies to obtain the necessary data for performance measure reporting.

Appendix A. Data Integration and Control Findings

DMC-ODS Plan Name:	County of Alameda
Virtual Review Date:	3/19/2025
Reviewers:	Amelia Porter-Castro, BS, CHCA Adelaine Daniel, RN, BSN

Data Integration and Control Element	Met	Not Met	NA	Comments
Accuracy of data transfers to assigned performance measure data repository				
The DMC-ODS Plan accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	☐	☒	☐	Alameda's transaction files were incomplete, as Alameda indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with Alameda, to calculate performance measure rates.
Samples of data from the performance indicator data repository are complete and accurate.	☐	☒	☐	Data within the performance indicator data repository were incomplete, as Alameda indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with Alameda, to calculate performance measure rates.
Accuracy of file consolidations, extracts, and derivations				
The DMC-ODS Plan's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	☒	☐	☐	

Data Integration and Control Element	Met	Not Met	NA	Comments
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	☐	☒	☐	Alameda did not provide policies or processes to reflect vendor oversight and monitoring activities for performance indicator reporting.
If the DMC-ODS Plan uses a performance indicator data repository, its structure and format facilitate any required programming necessary to calculate and report required performance indicators				
The performance indicator data repository's design, program flow charts, and source code enable analyses and reports.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	
Assurance of effective management of report production and of the reporting software				
Documentation governing the production process, including DMC-ODS Plan production activity logs and the DMC-ODS Plan staff review of report runs, is adequate.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The DMC-ODS Plan retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	☒	☐	☐	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	☒	☐	☐	
The DMC-ODS Plan's processes and documentation comply with the DMC-ODS Plan standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	Alameda did not conduct validation of the data output files to ensure alignment with measure specifications.

Appendix B. Denominator and Numerator Validation Findings

DMC-ODS Plan Name:	County of Alameda
Virtual Review Date:	3/19/2025
Reviewers:	Amelia Porter-Castro, BS, CHCA Adelaine Daniel, RN, BSN

Denominator Validation Findings for Alameda				
Audit Element	Met	Not Met	NA	Comments
For each of the performance measures, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	☐	☒	☐	Alameda indicated that it was primarily using the MMEF, its own 837 files, and the PDF files, which included only members who were active with Alameda, to calculate its performance measure rates.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	☒	☐	☐	
The DMC-ODS Plan correctly calculates member months and member years if applicable to the performance measure.	☐	☐	☒	Measures in scope of the audit do not require member months and member years.
The DMC-ODS Plan properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	☒	☐	☐	
If any time parameters are required by the specifications for the performance measure, they are followed (cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☒	☐	☐	
Systems or methods used by the DMC-ODS Plan to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☐	☒	Alameda did not estimate populations.

Numerator Validation Findings for Alameda				
Audit Element	Met	Not Met	NA	Comments
The DMC-ODS Plan uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	☐	☒	☐	Alameda indicated that it was primarily using the MMEF, its own 837 files, and the PDF files, which included only members who were active with Alameda, to calculate its performance measure rates.
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The DMC-ODS Plan avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	☒	☐	☐	
If any time parameters are required by the specifications for the performance measure, they are followed (i.e., the measure event occurred during the period specified or defined in the specifications).	☒	☐	☐	

Appendix C. Performance Measure Results

Please see the attached rate templates for the final approved measure rates for MYs 2023 and 2024.