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## **HEDIS Quality & CAHPS Survey Measures**

The Healthcare Effectiveness Data and Information Set (HEDIS) measures and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program are standardized tools used to measure quality of care and consumer/member experience.

The HEDIS measures were developed by the National Committee for Quality Assurance (NCQA) as a standardized tool to measure performance and quality on important dimensions of care and service. There are 90+ HEDIS measures that span several domains, including the effectiveness of care, access/availability of care, the experience of care, and utilization. HEDIS is measured on a calendar year basis, from January 1<sup>st</sup> to December 31<sup>st</sup>. HEDIS reporting is a requirement for NCQA Health Plan Accreditation. To improve data capture and outcomes, the Alliance began medical record retrievals year-round with a more focused effort from February – May during the HEDIS “season.”

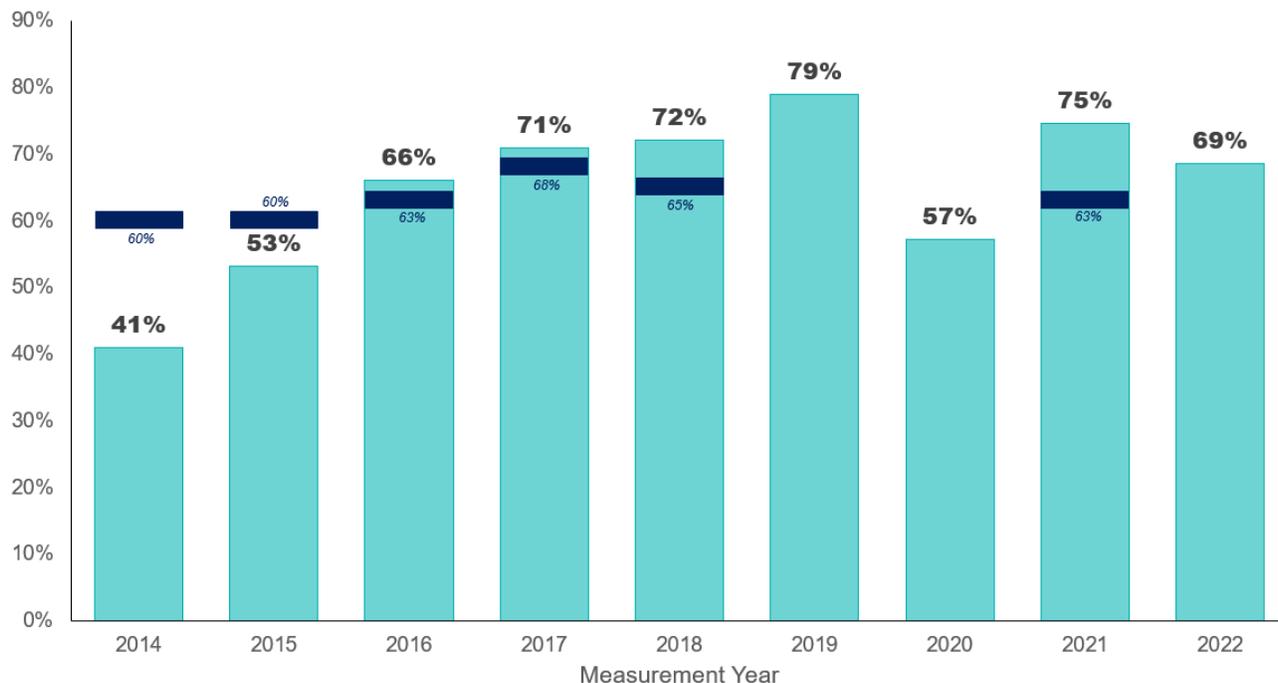
CAHPS is a program of the Agency for Healthcare Research and Quality (AHRQ), U. S. Department of Health and Human Services. The CAHPS Health Plan Survey is a standardized survey tool for collecting consumers' experiences with health plans to evaluate performance in 5 areas: 1) Getting Needed Care, 2) Getting Care Quickly, 3) How Well Doctors Communicate, 4) Health Plan Customer Service, and 5) Enrollees' Ratings. The CAHPS Health Plan Survey is performed annually and is a requirement for NCQA Health Plan Accreditation.

DHCS has also defined an annual set of quality measures used to monitor and compare performance across Medi-Cal Managed Care Plans (MCPs). This measure set is known as the Managed Care Accountability Set (MCAS) and represents children's preventative services, women's health preventative services, chronic medical conditions, and behavioral health conditions. MCAS measures are sourced from various data stewards such as NCQA HEDIS, CMS (ex. Adult and Child Core Measures Sets), The Joint Commission (TJC), and the Dental Quality Alliance (DQA). DHCS established a Minimum Performance Level (MPL) as a quality standard that MCP's are required to meet or exceed in addition to a High Performance Level (HPL) representing the top goal. The MPL is at the 50<sup>th</sup> percentile of NCQA's national Medicaid experience, with the HPL at the 90<sup>th</sup> percentile.

To account for overall performance on the MCAS measures, DHCS developed a single score methodology called the Aggregate Quality Factor Score (AQFS) to compare plans. The Alliance has notably strengthened and excelled in quality for the past several years. AQFS scores have increased from 28-38%, moving the organization from the 3<sup>rd</sup> lowest performer to consistently performing above the average across all plans in California.

The following graph illustrates the Alliance's actual AQFS scores for measurement years 2014 – 2022 (Note: DHCS has not finalized the measurement year 2022 at this time.)

### Alameda Alliance for Health HEDIS Quality Ratings - Aggregated Quality Factor Score (AQFS)



*Statewide Weighted Average* ■  
AQFS was not reported in 2019 and 2020 due to the public health emergency; rates are based on AAH estimates.