



Michelle Baass | Director

Date: December 1, 2025

To: Managed Care Plan (MCP) Partners

Subject: MCP-Produced Rate Request Letter for “Better of” Measures

Dear Managed Care Plan (MCP) Partners,

In preparation for the Quality Incentive Pool (QIP) Calendar Year (CY) 2025 reporting, DHCS is requesting assistance from MCP partners to produce rates for QIP entities.

As part of the long-term strategic process of transitioning QIP to MCP-produced rates, DHCS expects MCPs to produce rates for QIP entities for specific measures. QIP Entities may use the "better of" the two rates (MCP-produced or QIP entity-produced) to tie to payment in QIP.

Continuing from CY2024, Follow-Up (FUx) measures are being included again for MCP-reporting:

- FUx Measures
 - Follow-Up After Emergency Department Visit for Substance Use (FUA)
 - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
 - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

As background, QIP expanded the denominator for the Follow-Up (FUx) measures in CY 2024 to include all managed care members seen in the QIP entity’s Emergency Department (ED) and that met denominator criteria. Prior to CY 2024, the FUx measures only included members assigned for primary care to the QIP entity. To mirror this, MCPs should subset their HEDIS denominator to ED visits only at the specific QIP hospital, regardless of assignment (hospital may have multiple ED sites).

The following are the official technical specifications for reporting FUA, FUM and FUI on behalf of QIP entities. These will be incorporated into the [California Technical Specifications \(CaTS\)](#) as soon as feasible. Language is subject to change and should any necessary changes occur, information of any such happenings will be put forth through official communications:



Technical Specifications for Reporting FUA, FUM, and FUI:

- Filter native HEDIS denominator specification to limit to members with index ED visits at specific NPI(s) for each QIP entity/facility.
- Follow native HEDIS specification for numerator compliance tied to index ED visit(s) in step 1.
- Report the total rate (which is the sum of the age stratifications specified by HEDIS) for each of the 7-day and 30-day follow-up rates. Do not stratify rates by age.
- In addition to providing total rate(s), numerator and denominator must be provided (i.e. 234/736).
- Do not stratify rates by race or ethnicity.
- Unless otherwise specified above, apply native measure specifications as per HEDIS (i.e. value sets, logic, continuous enrollment criteria, exclusion criteria, removal of multiple visits in a 31-day period, etc.).

In CY2025, in addition to the previously MCP-reported FUX measures, four more measures have been added to the “better of” list and designated for MCP-reporting:

- New MCP-reported Measures for CY2025
 - Cervical Cancer Screening (CCS)
 - Childhood Immunization Status (CIS)
 - Immunizations for Adolescents (IMA)
 - Chlamydia Screening (CHL)

Please refer to [QPL 25-004](#) for further information and technical guidance for reporting on the aforementioned “better of” measures.

QIP entities will also utilize MCP-only produced rates for DHCS stewarded measures. These measures are:

- Number of Members Enrolled in ECM (ECM)
- Number and Percentage of Eligible Members Receiving Community Supports, and Number of Unique Community Supports Received by Members (COMS)
- Percentage of Acute Hospital Stay Discharges Which Had Follow-Up Ambulatory Visits Within 7 Days Post Hospital Discharge (FUAH).

Information for these measures may be found in [California Technical Specifications \(CaTS\)](#). However, technical specifications for reporting on these measures are forthcoming. If not released in time for reporting, a policy letter will be sent out. Thank you, and we greatly appreciate your partnership in these ongoing efforts on reporting quality measures.

Sincerely,

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