Gold Coast Health Plan℠
A Public Entity

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MANAGED CARE ACCOUNTABILITY SET (MCAS) FREQUENTLY ASKED QUESTIONS

1. What is MCAS?

The Managed Care Accountably Set (MCAS) is a standardized set of performance measures selected by the state Department of Health Care Services (DHCS). Gold Coast Health Plan (GCHP) monitors and reports MCAS measures to assess and improve quality of care and services provided to GCHP Members. MCAS is based on the Centers for Medicare & Medicaid Services (CMS) Child and Adult Core Set for Medicaid measures, which includes Health Effectiveness Data and Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance (NCQA) and other measure stewards such Dental Quality Alliance (DQA). All state Medi-Cal Managed Care Plans are required to report MCAS measures to DHCS annually.

2. Who participates in MCAS?

All Managed Care Plans (MCPs) in California.

3. What is the purpose of MCAS?

- Evaluate quality of care and services provided to health plan members.
- Evaluate accessibility of care.
- Develop performance improvement initiatives based on identified opportunities.
- Compare performance with other health plans.

4. How is MCAS reported?

MCAS performance measures typically evaluate the previous year's clinical data. For example, most MCAS rates reported in 2027 are based on clinical services performed in 2026. However, some measures, such as the Cervical Cancer Screening (CCS) measure, look for services performed up to five years prior to the reporting year.

The results of GCHP's annual MCAS reviews are reported to DHCS in June each year. In addition, HEDIS® measures will continue to be reported to NCQA.

5. How can providers track their MCAS performance?

For annual performance reviews, providers may review the annual MCAS Provider Report Cards distributed by GCHP, which detail clinic-level outcomes on each performance measure and identify areas of high and low performance to help determine future improvement opportunities.

For monthly prospective reporting, providers may use Inovalon's Provider Enablement Quality Gaps Insights platform. This platform is a group of data visualization and reporting dashboards designed to support quality improvement efforts by monitoring measure performance and producing member-level gap reports to enable outreach to identified members to close gaps in care. For additional information regarding the Provider Enablement Quality Gaps Insights platform, please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

6. What is a provider's role in MCAS reporting?

Providers play a central role in promoting the health of GCHP members. Providers and office staff can help facilitate MCAS performance and process improvement by:

- Providing appropriate care within designated timeframes, i.e., annual screenings.
- Monitoring patients with chronic conditions and/or who are on persistent medications.
- Documenting all care in a patient's medical record.
- Coding for all services completed and submitting claims timely.
- Responding timely to requests for medical records.
- Staying up-to-date with MCAS measure criteria.

7. Do I need member consent to release personal health information (PHI) for MCAS reporting?

No. Under the Health Information Portability and Accountability Act (HIPAA), data collection for MCAS is permitted. Health plan requests for medical records do not require additional patient consent or authorization.

GCHP members' PHI is maintained in accordance with all state and federal laws.

8. What data sources are used in MCAS Reporting?

- Medical records.
- Administrative data: claims, encounter, pharmacy, member and provider data.
- Supplemental data: lab, vision, immunization registry, electronic medical records.

9. How are MCAS performance measures evaluated?

MCAS measures can require either an administrative or hybrid review of data.

- Measures reported using the *administrative* data collection method report on the entire eligible population. These use only administrative data sources, such as claims, encounter, lab, and immunization registries to evaluate if services were performed.
- Measures reported using the *hybrid* data collection method report on a sample of the population (usually 411) and use administrative and medical record data sources to evaluate if services were performed.
- Measures reported using the *Electronic Clinical Data Systems (ECDS)* data collection method is a HEDIS reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information, exchanges, electronic health records, disease/cases management systems) to report rates on ECDS designated measures.

10. What MCAS performance measures are reported?

There are 20 MCAS performance measures for Measurement Year (MY) 2026 / Reporting Year (RY) 2027 held to a minimum performance level (MPL) that is set by DHCS.

MCAS RY 2027

Children's Health

- CIS 10 - Childhood Immunization Status Combination 10
- DEV - Developmental Screening in the First Three Years of Life
- IMA 2 - Immunizations for Adolescents Combination 2
- LSC - Lead Screening in Children
- TFL - Topical Fluoride for Children
- W30-Well-Child Visits in the First 15 Months of Life
- W30-Well-Child Visits in the First 30 Months of Life
- WCV - Child and Adolescent Well-Care Visits

Behavioral Health

- FUM - Follow-up After ED Visit for Mental Illness - 30 days
- FUA - Follow-Up After ED Visit for Substance Abuse - 30 days
- DSF-E - Depression Screening and Follow-Up for Adolescents and Adults-Screening

Cancer Prevention

- BCS - Breast Cancer Screening
- CCS - Cervical Cancer Screening
- COL-E - Colorectal Cancer Screening

Reproductive Health

- PPC Pre - Timeliness of Prenatal Care
- PPC Pst - Postpartum Care
- PDS-E - Postpartum Depression Screening and Follow-up Screening
- PND-E - Prenatal Depression Screening and Follow-Up Screening

Chronic Disease Management

- CBP - Controlling High Blood Pressure
- GSD - Glycemic Status Assessment for Patients with Diabetes (>9%)

11. How will GCHP collect MCAS medical records?

- GCHP has partnered with ComplexCare Solutions, a subsidiary of Inovalon, to handle the HEDIS® medical record data abstraction.
- Each request will include the members and measure(s) selected for review and the relevant portions of medical records that are requested.
- Data collection methods include fax, mail, onsite visits, and remote electronic medical record (EMR) system access.
- Providers should submit requested documentation within five days of the request.

12. Who is the contact for MCAS for medical record requests?

- When the record requests are sent, contact instructions will be listed on the request.
- Questions can also be submitted to GCHP via email at QualityImprovement@goldchp.org.

13. When does medical record review begin and end?

Medical record requests will begin in February and end in early May.

14. Should the entire medical record be sent?

No. Please provide the specific records noted in the medical record request.

15. Where can I find more on these MCAS measures?

To educate and assist providers with increasing their MCAS rates, GCHP has created MCAS tip sheets for each measure reported. These tip sheets outline the key aspects of each MCAS measure, the medical codes associated with each measure, and documentation guidance. They are located on the GCHP website.

Click here to view the MCAS tip sheets.

To view the 2026 CMS Child and Adult Core set measure technical specifications, click the links below:

- 2026 CMS Child Core Set
- 2026 CMS Adult Core Set

Learn about HEDIS® measures on NCQA's website here.