

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Adults' Access to Preventive / Ambulatory health Services (AAP) Administrative Measure ⁴	The percentage of members 20 years of age and older who had an ambulatory or preventive care visit in 2023.	Claims / encounter data indicating member completed an ambulatory or preventive care visit.	CPT: 99201, 98966, 98970 HCPCS: G0402, G0071 ICD-10-CM: Z00.0x, Z00.8
Antidepressant Medication Management (AMM) Administrative Measure ⁴	Adults, 18 years of age and older, who had a diagnosis of major depression and were treated with antidepressants. Two rates are reported: <ul style="list-style-type: none"> Effective Acute Phase Treatment: Percentage of members that remained on antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: Percentage of members that remained on antidepressant medication for at least 180 days (six months). 	Claims or encounter data indicating the member had a diagnosis of depression and pharmacy data indicating antidepressant medication was dispensed.	CPT: 99221-99223, 99304-99310, 99241-99245, 98966-98968 ICD-10-CM: F32.0-F32.4, F33.0-F33.3
Asthma Medication Ratio (AMR) Administrative Measure ⁴	Members, 5 to 64 years of age, who had persistent asthma and had a ≥ 0.50 ratio of controller medications to total asthma medications in 2023.	Claims / encounter data indicating member had a diagnosis of asthma in 2021 and 2022 and pharmacy data indicating asthma medication was dispensed.	CPT: 99201-99205, 99241-99245 ICD-10-CM: J45.21-J45.22, J45.30-J45.32
Breast Cancer Screening (BCS-E) ECDS Measure ⁵	Women, 50 to 74 years of age, who had a mammogram to screen for breast cancer between Oct. 1, 2021 and Dec. 31, 2023.	Claims / encounter data indicating one of the following types of mammograms was performed: screening, diagnostic, film, digital or digital breast tomosynthesis. Note: MRIs, ultrasounds and biopsies do not count as screening mammograms.	CPT: 77061-77063, 77065-77067

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Cervical Cancer Screening (CCS) Hybrid ³ / Administrative ⁴ Measure	Women, 21 to 64 years of age, who were screened for cervical cancer using one of the following methods: <ul style="list-style-type: none"> Women 21 to 64 years of age who had a Pap exam between Jan. 1, 2021 to Dec. 31, 2023. Women 30 to 64 years of age who had a cervical high-risk human papillomavirus (hrHPV) test between Jan. 1, 2019 to Dec. 31, 2023. Women 30 to 64 years of age, who had a Pap/hrHPV co-test between Jan. 1, 2019 to Dec. 31, 2023. 	Claims / encounter or lab data indicating a cervical cancer screening was completed or clinical documentation or lab reports that includes the following: <ul style="list-style-type: none"> The date of the cervical cancer screening. The result or finding. 	CPT: Pap Test: 88141-88143, 88147-88148, 88150, 88164-88167, 88174-88175 HPV Test: 87624, 87625
Child and Adolescent Well-Care Visits (WCV) Administrative Measure ⁴	Children and adolescents, 3 to 21 years of age, who had at least one comprehensive well-care exam with a PCP or OB/GYN in 2023.	Claims / encounter data indicating the member had a well-care exam in 2021.	CPT: 99381-99385, 99391-99395, 99461 ICD-10-CM: Z00.00, Z00.110, Z00.111, Z00.121
Childhood Immunization Status (CIS) Combo 10 Hybrid ³ / Administrative ⁴ Measure	Children who received the following immunizations on or before their second birthday in 2023: <ul style="list-style-type: none"> 4 DTaP 4 PCV 3 Hib 3 IPV 3 Hep B 1 Hep A 2 Influenza (Flu) 1 MMR 1 VZV RV (two 2-dose or three 3-dose) 	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. Note: All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. https://cairweb.org/	CPT: DTaP: 90698, 90700 Hep B: 90723, 90740 Hep A: 90633 IPV: 90698, 90713 Flu: 90655, 90657 MMR: 90707, 90710 PCV: 90670, 90671 RV: 90680, 90681 VZV: 90710, 90716 HiB: 90644, 90648
Chlamydia Screening in Women (CHL) Administrative Measure ⁴	Women, 16 to 24 years of age, who were identified as sexually active and had at least one test for chlamydia in 2023.	Claims / encounter data, pharmacy data and labs to identify members who are sexually active and/or dispensed contraceptives and had at least one chlamydia test.	CPT: 87110, 87270, 87320, 87490-87492, 87810

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Colorectal Cancer Screening (COL-E) ECDS Measure ⁵	The percentage of members 50 to 75 years of age who had appropriate screening for colorectal cancer.	Claims / encounter data indicating one of the following exams were completed: <ul style="list-style-type: none"> • FOBT in 2023 • Flexible sigmoidoscopy 2019-2023 • Colonoscopy 2014-2023 • CT colonography 2019-2023 • FIT-DNA 2021-2023 	CPT: 82270, 45330, 44388, 74261, 81528 HCPCS: G0328 ICD-10-PCS: 45.24, 45.22 LOINC: 12503-9
Contraceptive Care for All Women Ages 15-44 (CCW) Administrative Measure ⁴	Women, 15 to 44 years of age, at risk of unintended pregnancy, who were provided the following contraceptive care in 2023: <ul style="list-style-type: none"> • A most or moderately effective contraception. 	Claims / encounter and pharmacy data with codes to identify women who were dispensed contraceptive medication.	CPT: 58300, 58565, 58600, 58605 HCPCS: J7306, J7307 ICD-10-CM: Z30.2, Z30.014, Z30.433 NDC: 66116043628, 00023585801
Contraceptive Care for Postpartum Women Ages 15-44 (CCP) Administrative Measure ⁴	Women, 15 to 44 years of age, who had a live birth between Jan. 1, 2023 to Oct. 31, 2023 and were provided the following contraception in 2023: <ul style="list-style-type: none"> • A most or moderately effective contraceptive within three to 60 days of delivery. 	Claims / encounter and pharmacy data to identify women with a live birth delivery who were dispensed contraceptive medication.	CPT: 58300, 58565, 58600, 58605 HCPCS: J7306, J7307 ICD-10-CM: Z30.2, Z30.014, Z30.433 NDC: 66116043628, 00023585801
Controlling Blood Pressure (CBP) Hybrid ³ / Administrative ⁴ Measure	Adults, 18 to 85 years of age, with a diagnosis of hypertension that had adequately controlled blood pressure (<140/90 mm Hg) in 2023.	Claims / encounter data with codes indicating a hypertension diagnosis on two separate dates between Jan. 1, 2022 to June 30, 2023 and claims / encounter or clinic documentation of the most recent blood pressure (BP) reading in 2023. Note: The BP reading must occur on or after the date of the second diagnosis of hypertension.	CPT: 98969-98972, 99201-99205, 99211-99215, 99304-99310, CPT II: 3074F, 3075F, 3077F – 3080F ICD-10-CM: I10 LOINC: 75995-1, 75997-7

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Depression Remission or Response for Adolescents and Adults (DRR-E) ECDS Measure ⁵	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within four – eight months of the elevated score.	ECDS data (e.g., claims, encounter, EHR, HIE, registry), indicating outcome of an elevated PHQ-9 follow-up.	ICD-10-CM: F32.0, F34.1 LOINC: 44261-6, 89204-2
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) ECDS Measure ⁵	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	CPT: 98960, 99366, 90791 HCPCS: G0071, G0512, G0155 LOINC: 44261-6, 55758-7, 89204-2
Developmental Screening (DEV) Administrative Measure ⁴	Children, 1 to 3 years of age, who were screened for risk of developmental, behavioral, and social delays, using a standardized screening tool, on or before their first, second, or third birthday in 2023.	Claims / encounter data with a code indicating a developmental screening was completed using a standardized screening tool.	CPT: 96110
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD) Administrative Measure ⁴	Adults, 18 to 64 years of age, diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a glucose or HbA1c test in 2023 to screen for diabetes.	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had a diabetes screening test (glucose or HbA1c test).	ICD-10-CM: F20.0, F30.10 CPT: Glucose Test: 80047, 80048 HbA1c Test: 83036, 83037
Follow-Up After Emergency Department Visit for Alcohol and Other drug Abuse or Dependence (FUA) Administrative Measure ⁴	Members, 13 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2023 and Dec. 1, 2023 with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had two follow-up visits with a principal diagnosis of AOD within seven and 30 days after the ED visit.	Claims / encounter data indicating the member had a principal diagnosis of AOD in the ED and in the two follow-up visits within seven and 30 days of the ED visit.	ICD-10-CM: F10.10, F15.20, F19.29 CPT: 90791, 98971, 99217, 99281, 99510

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
<p>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</p> <p>Administrative Measure⁴</p>	<p>Members, 16 years of age and older, who had an emergency department (ED) visit between Jan. 1, 2023 and Dec. 1, 2023 with a principal diagnosis of mental illness or intentional self-harm and had two follow-up visits with a principal diagnosis of mental illness or intentional self-harm within seven and 30 days after the ED visit.</p>	<p>Claims / encounter data indicating the member had a principal diagnosis of mental illness or intentional self-harm in the ED and in the two follow-up visits within seven and 30 days of the ED visit.</p>	<p>ICD-10-CM: F20.0, F32.1, F93.0, T14.91XA, T53.5X2A, T71.112A CPT: 90791, 98960, 98966, 99245, 99281</p>
<p>Follow-Up Care for Children Prescribed ADHD Medications (ADD)</p> <p>Administrative Measure⁴</p>	<p>Children, 6 to 12 years of age, who were newly prescribed ADHD medication between Mar. 1, 2022 to Feb. 28, 2023 and had at least three follow-up care visits during the following 10-month time period:</p> <ul style="list-style-type: none"> Initial phase: One follow-up visit with a prescribing practitioner 30 days after first ADHD medication is dispensed. Continuation and Maintenance Phase: The rate of children who completed an Initiation Phase visit, remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner within nine months after the Initiation Phase ended. 	<p>Claims / encounter and pharmacy data to identify the following:</p> <ul style="list-style-type: none"> Initial Phase: Members dispensed ADHD medication and had a follow-up visit with a prescribing provider within 30 days of dispensing date. Continuation and Maintenance Phase: Members who remained on ADHD medication for 210 days and had at least two follow-up visits on different dates of service with any practitioner, within nine months (31 – 300 days) after the dispensed date. 	<p>CPT: 90832-90834, 98960-98962, 99217-99220, 99251-99255</p>
<p>Hemoglobin A1c Control for Patients with Diabetes (HBD)</p> <p>Hybrid Measure³</p>	<p>Adults, 18 to 75 years of age, with a diagnosis of diabetes (type 1 and type 2) who had the following screening in 2023:</p> <ul style="list-style-type: none"> HbA1c results for Poor Control (>9.0%) 	<p>Claims / encounter and lab data with codes reporting HbA1c results or clinical documentation of HbA1c test date with results.</p>	<p>CPT II: 3044F, 3046F, 3051F, 3052F</p>

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Immunizations for Adolescents (IMA) Hybrid ³ / Administrative ⁴ Measure	Adolescents who received the following immunizations on or before their 13 th birthday in 2023: <ul style="list-style-type: none"> • 1 MCV (between the 11th and 13th birthday) • 1 Tdap (between the 10th and 13th birthday) • HPV series (between the 9th and 13th birthday) 	Claims / encounter data with codes indicating the vaccine and dose administered or clinical documentation and/or immunization records documenting the vaccine, dose and date administered. Note: All PCPs are required to enter vaccines into the California Immunization Registry (CAIR). DHCS recommends entering information within 14 days of administering an immunization to ensure all historical vaccines and doses are entered into the registry for children that have moved out of the area. https://cairweb.org/	CPT: Meningococcal: 90734 Tdap: 90715 HPV: 90649
Lead Screening in Children (LSC) Hybrid ² / Administrative ⁴ Measure	The percentage of children 2 years of age who had one of more capillary or venous lead blood test for lead poisoning by their second birthday.	Claims / encounter data, lab date, medical record documentation with date of lab and results.	CPT: 83655 LOINC: 10368-9, 10912-4
Metabolic Monitoring for Children and Adolescents (APM) Administrative Measure ⁴	Children and adolescents, 1 to 17 years of age, who had two or more antipsychotic prescriptions and had metabolic testing in 2023. Three rates are reported: <ul style="list-style-type: none"> • Rate of blood glucose testing • Rate of cholesterol testing • Rate of blood and cholesterol testing 	Claims / encounter, pharmacy and lab data indicating the member was dispensed antipsychotic medication and had the following tests: <ul style="list-style-type: none"> • Blood glucose • Cholesterol 	CPT: Cholesterol Test: 82465 LDL-C Test: 80061 Glucose Test: 80047
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (NTSV CB) Administrative Measure ⁴	The percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth.	Claims / encounter data indicating member had an NTSV cesarean delivery.	ICD-10-CM: Z37.0 ICD-10-PCS: 10D00Z0, 10EOXZZ

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Pharmacotherapy for Opioid Use Disorder (POD) Administrative Measure ⁴	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.	Claims / encounter and pharmacy data indicating members diagnosed with OUD received pharmacotherapy.	ICD-10-CM: F11.10, F11.29 Medications: Buprenorphine, Naltrexone
Postpartum Depression Screening and Follow-Up (PDS-E) ECDS Measure ⁵	The percentage of deliveries, between Sept. 8, 2022, to Sept. 7, 2023, in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	CPT: 98960, 99366, 90791 HCPCS: G0071, G0512, G0155 LOINC: 44261-6, 55758-7, 89204-2

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Prenatal and Postpartum Care (PPC) HHybrid ³ / Administrative ⁴ Measure	Women, with a live birth delivery between Oct. 8, 2022 to Oct. 7, 2023, who had prenatal and postpartum care within the following time periods: <ul style="list-style-type: none"> • A prenatal exam within the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan. • A postpartum exam within seven to 84 days after delivery. 	<p>Prenatal Exam: Claims / encounter data indicating a prenatal exam was completed or clinical documentation with the date of a prenatal care visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> • Physical obstetrical exam that includes auscultation for fetal heart tone or fundus height or pelvic exam with obstetric observations. • Evidence that a prenatal care procedure was performed, i.e., ultrasound, obstetric panel, or TORCH antibody panel. • Documentation of pregnancy or reference to pregnancy, i.e., LMP or EDD, prenatal risk assessment or complete obstetrical history. <p>Postpartum Exam: Claims / encounter data indicating a postpartum exam was completed or clinical documentation with the date of a postpartum visit AND evidence of ONE of the following:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breasts, and abdomen • Notation of postpartum care (PP care, six-week check, or pre-printed postpartum care form) • Perineal or cesarean wound check • Screening for depression, tobacco use, substance use disorder • Glucose screening for GDM women • Family planning, resumption of intercourse • Infant care or breastfeeding 	<p>Prenatal: CPT: 99201-99205, 99241-99245, 59400, 59425, 59510, 99500 ICD-10-CM: 009.0x</p> <p>Postpartum: CPT: 57170, 59400, 88141 ICD-10-CM: Z01.411, Z01.419, Z01.42</p>

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

Measure	Description	Required Documentation	Sample Codes ²
Prenatal Depression Screening and Follow-Up (PND-E) ECDS Measure ⁵	The percentage of deliveries in which members were screened for clinical depression while pregnant, and if screened positive, received follow-up care.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating a depression screening was completed on a standardized tool and positive screenings had a follow-up visit.	CPT: 98960, 99366, 90791 HCPCS: G0071, G0512, G0155 LOINC: 44261-6, 55758-7, 89204-2
Prenatal Immunization Status (PRS-E) ECDS Measure ⁵	The percentage of deliveries in the measurement period in which women received flu and Tdap vaccinations.	ECDS data (e.g., claims, encounter, EHR, HIE, registry) indicating the vaccine and dose administered.	CPT: 90630, 90715 CVX: 88, 115
Topical Fluoride for Children (TFL) ECDS Measure ⁵	The percentage of children 1 through 20 years of age who received at least two topical fluoride applications in 2023.	Claims / encounter data indicating a dental varnish service was completed.	CPT: 99188 CDT: D1206, D1208
Well-Child Visits in the First 30 Months of Life (W30) Administrative Measure ⁴	Children who had the following number of well-child visits with a PCP during the last 15 months: <ul style="list-style-type: none"> Children who turned 15 months old in 2023 and had six or more well-child visits. Children who turned 30 months old in 2023 and had two or more well-child visits. 	Claims / encounter data indicating a well-care exam were completed in 2023.	CPT: 99381-99385, 99391-99395 ICD-10-CM: Z00.110, Z00.111, Z00.121, Z00.129

¹ The 2023 measurement year / 2024 reporting year Managed Care Accountability Set (MCAS) is a set of performance measures selected by the state Department of Health Care Services (DHCS) to monitor the performance of Medi-Cal managed care health plans in California. The MCAS measures are based on the Centers for Medicare and Medicaid (CMS) Adult and Child Core Sets for Medicaid.

² This is a sample list of codes from each measure's technical specification guidelines and does not represent the complete list of codes used to evaluate compliance with the measure indicators.

2024 MANAGED CARE ACCOUNTABILITY SET (MCAS)¹ QUICK REFERENCE GUIDE

The data collection methods defines the types of data sources used to evaluate if services were performed and report rates.

Data Collection Method	Denominator Used to Calculate Rate	Data Sources Used to Evaluate if Services Were Performed
Hybrid ³	A sample (usually 411) of the eligible population for the measure.	<ul style="list-style-type: none"> • Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries) • Medical Record Reviews (e.g., progress notes, immunization records)
Administrative ⁴	The entire eligible population for the measure.	Administrative data sources (e.g., claims, encounter, lab, radiology, pharmacy, immunization registries)
Electronic Clinical Data Systems (ECDS) ⁵	The entire eligible population for the measure.	ECDS 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.

⁶ For those measures in which there is an option to choose between the hybrid and administrative reporting methodology, Gold Coast Health Plan (GCHP) has chosen to report using the hybrid methodology. Measures reported using the hybrid data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.