

MANAGED CARE ACCOUNTABILITY SET (MCAS) FREQUENTLY ASKED QUESTIONS

1. What is MCAS?

The Managed Care Accountability Set (MCAS) is a standardized set of performance measures based on the Centers for Medicare and Medicaid Services (CMS) Child and Adult Core Set Measures.

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. What is the difference between MCAS and HEDIS®?

Previously, Gold Coast Health Plan (GCHP) reported on the EAS list of performance measures. This list was exclusively comprised of Healthcare Effectiveness Data and Information Set (HEDIS®) metrics, which are a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA).

The MCAS performance measure list not only includes HEDIS® measures, but performance measures developed by other institutions as well. These institutions (measure stewards) include the U.S. Office of Population Affairs, Oregon Health and Sciences University, Health Resources and Services Administration, Pharmacy Quality Alliance, and Centers for Medicare and Medicaid Services.

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

5. How is MCAS reported?

MCAS performance measures typically evaluate the previous year's clinical data. For example, most MCAS rates reported in 2022 are based on clinical services performed in 2021. 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.

6. 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 INDICES[®] platform. INDICES[®], a group of data visualization and reporting dashboards, is 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 INDICES[®], please contact the Quality Improvement Department at QualityImprovement@goldchp.org.

7. 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.

8. 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.



9. 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.

10. 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.

11. What MCAS performance measures are reported?

There are 39 MCAS performance measures for Measurement Year (MY) 2022 / Reporting Year (RY) 2023. The following 15 MCAS performance measures are held to a minimum performance level (MPL) that is set by DHCS.

Children's Health

- CIS 10 - Childhood Immunization Status Combination 10
- IMA 2 - Immunizations for Adolescents Combination 2
- LSC - Lead Screening in 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

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Women's Health

- BCS - Breast Cancer Screening
- CCS - Cervical Cancer Screening
- CHL - Chlamydia Screening
- PPC Pre - Timeliness of Prenatal Care
- PPC Pst - Postpartum Care

Acute and Chronic Disease

- CBP - Controlling High Blood Pressure
- HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Poor Control (>9%)



The remaining 24 MCAS performance measures are not held to the MPL but are monitored for performance by DHCS, as they are focus areas when evaluating the quality of care provided to members.

Children's Health

- DEV - Developmental Screening in the First Three Years of Life
- TFL-CH - Topical Fluoride for Children

Women's Health

- CCW - Contraceptive Care: All Women Ages 15 to 44
 - » Most or moderately effective contraceptive (MMEC)
- CCP - Contraceptive Care: Postpartum Women Ages 15 to 44
 - » Most or moderately effective contraceptive - 60 days (MMEC60)
- NTSV CB - Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate
- PDS-E - Postpartum Depression Screening and Follow Up
- PND-E - Prenatal Depression Screening and Follow Up
- PRS-E - Prenatal Immunization Status

Behavioral Health

- AMM Acute - Antidepressant Medication Management Acute Phase Treatment
- AMM Cont - Antidepressant Medication Management Continuation Phase Treatment
- APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics
- DRR-E - Depression Remission or Response for Adolescents and Adults
- DSF-E - Depression Screening and Follow-Up for Adolescents and Adults

Pharmacy

- ADD Init - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Initiation Phase
- ADD C&M - Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications - Continuation and Maintenance Phase
- POD - Pharmacotherapy for Opioid Use Disorder



Acute and Chronic Disease

- AMR - Asthma Medication Ratio
- FUA - Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - seven days
- FUM - Follow-up After Emergency Department for Mental Illness - seven days

Health Care Access

- AMB ED - Ambulatory Care: Emergency Department (ED) Visits
- AAP - Adults' Access to Preventive / Ambulatory Health Services
- COL - Colorectal Cancer Screening
- PCR - Plan All-Cause Readmissions

12. How will Gold Coast Health Plan collect MCAS medical records?

- GCHP's vendor, Inovalon, will contact providers directly to request medical records for selected members.
- 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.

13. 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.

14. When does medical record review begin and end?

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

15. Should the entire medical record be sent?

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



16. 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 2022 CMS Child and Adult Core set measure technical specifications, click the links below:

- [2022 CMS Child Core Set](#)
- [2022 CMS Adult Core Set](#)

For a list of all CMS Child and Adult Core Set Measures, visit the DHCS website [here](#).

Learn about HEDIS® measures on NCQA's website [here](#).