2024–25 Validation of Measurement Years 2023 and 2024 Performance Measures

for San Luis Obispo County Behavioral Health Department

September 2025

HSAG HEALTH SERVICES ADVISORY GROUP

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Purpose and Overview of Report

Title 42 of the Code of Federal Regulations (CFR) §438.350(a) requires states that contract with managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), or prepaid ambulatory health plans (PAHPs) to have a qualified external quality review organization (EQRO) perform an annual external quality review (EQR) that includes validation of contracted entity performance measures (42 CFR §438.358[b][1][ii]).

The purpose of performance measure validation (PMV) is to assess the accuracy of performance measures reported by managed care entities and to determine the extent to which performance measures reported by these organizations follow state specifications and reporting requirements. According to the Centers for Medicare & Medicaid Services (CMS) EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity,* February 2023 (CMS EQR Protocol 2),[1] the mandatory PMV activity may be performed by the state Medicaid agency, an agent that is not a managed care plan, or an EQRO.

The California Department of Health Care Services (DHCS) administers and oversees the Medicaid managed care program. Health Services Advisory Group, Inc. (HSAG), the EQRO for DHCS, is contracted to conduct PMV activities in accordance with 42 CFR §438.350(a) for 56 Mental Health Plans (MHPs) in California that are responsible for covering specialty mental health services.

Overview of Mental Health Plans

Managed Care in California

San Luis Obispo County Behavioral Health Department (San Luis Obispo) covers specialty mental health services to Medicaid beneficiaries in California.

HSAG worked closely with San Luis Obispo's primary contacts throughout the course of PMV activities in calendar year (CY) 2025. Table 1 provides San Luis Obispo's primary contact and virtual review information.

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[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: June 13, 2025.

Table 1—MHP Information

MHP Name:	San Luis Obispo County Behavioral Health Department
MHP Location:	2180 Johnson Avenue San Luis Obispo, CA 93401
Primary Audit Contact:	Amanda Getten
Primary Contact Email Address:	agetten@co.slo.ca.us
Virtual Review Date:	3/19/2025

Performance Measures Reporting

Overview

HSAG conducted a review of PMV activities focused on reviewing data integration, information systems, and measure calculation processes to assess the MHPs' performance measure reporting in accordance with CMS EQR Protocol 2.

HSAG validated rates for a set of measures selected by DHCS for validation. MHPs were required to report only using the administrative methodology for DHCS-selected measures in the scope of PMV, and they were required to apply measure specifications in accordance with the selected specification stewards.

Performance Measure Validation Methodology

The scope of PMV activities evaluated the MHPs' information systems, data integration, and measure calculation processes through the collection of information using the Information Systems Capabilities Assessment Tool (ISCAT). In addition, HSAG evaluated the MHPs' information systems and processes specific to producing performance measure rates on a set of measures selected by DHCS.

Table 2 represents the performance measures that HSAG validated, along with the measure specification steward, the data collection methodology, and the measurement period chosen by DHCS. Measurement year (MY) 2023 encompasses dates from January 1, 2023, through December 31, 2023, and MY 2024 encompasses dates from January 1, 2024, through December 31, 2024.

Table 2—List of Performance Measures for San Luis Obispo

Performance Measure	Specifications Steward	Methodology	Measurement Period
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	NCQA*	Administrative	MY 2023 and MY 2024
Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA	Administrative	MY 2023 and MY 2024
Antidepressant Medication Management (AMM)	NCQA	Administrative	MY 2023 and MY 2024
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA	Administrative	MY 2023 and MY 2024
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	NCQA	Administrative	MY 2023 and MY 2024

* NCQA = National Committee for Quality Assurance

Performance Measure Validation Activity

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in CMS EQR Protocol 2. To complete the validation activities for San Luis Obispo, HSAG obtained a list of the performance measures DHCS selected for validation to support assessing and evaluating information systems, data integration, and measure calculation processes.

HSAG then prepared and submitted a document request memorandum (memo) to San Luis Obispo, outlining the scope and steps in the PMV process. The document request memo included a request for the source code for each performance measure, as applicable; a completed ISCAT; any additional supporting documentation necessary to complete the audit; a timetable for completion; and instructions for submission. HSAG responded to any audit-related questions received directly from San Luis Obispo during the pre-virtual review phase.

HSAG hosted an MHP-wide webinar focused on providing technical assistance to the MHPs. The webinar was developed to offer an overview of all activities associated with PMV, to provide helpful tips on how to complete the ISCAT, and to provide a review of expected deliverables.

Approximately two weeks prior to the virtual review, HSAG provided San Luis Obispo with an agenda describing all virtual review activities and indicating the type of staff needed for each session. HSAG also conducted a pre-virtual review conference call with San Luis Obispo to discuss virtual review logistics and expectations, important deadlines, outstanding documentation, and any outstanding questions from San Luis Obispo.

Validation Team

The HSAG PMV team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation and requirements of California. Some team members participated in the virtual review meetings with San Luis Obispo; others conducted their work at HSAG's offices. Table 3 lists the validation team members, their roles, and their skills and expertise.

Table 3—HSAG Validation Team

Name, Title, and Role	Skills and Expertise
Amelia Porter-Castro, BS, CHCA Senior Auditor, Data Science & Advanced Analytics (DSAA); Lead Auditor	Certified Healthcare Effectiveness Data and Information Set (HEDIS®)[2] compliance auditor (CHCA); multiple years of systems analysis, quality improvement (QI), healthcare industry experience, data review, analysis, and reporting.
Christine McClurg, BS Auditor I, DSAA; Secondary Auditor	Multiple years of auditing experience related to Medicare/Medicaid regulatory compliance; healthcare industry experience.
Sarah Lemley, BS Source Code Reviewer	Source code/programming review, HEDIS and PMV experience, and data analysis expertise.

Technical Methods of Data Collection and Analysis

The CMS EQR Protocol 2 identifies key data types that should be reviewed as part of the validation process. The following list describes the types of data collected and how HSAG conducted an analysis of these data:

- **Information Systems Capabilities Assessment Tool (ISCAT):** The MHPs were required to submit to HSAG a completed ISCAT that provided information on their information systems; processes used for collecting, storing, and processing data; and processes used for performance measure reporting. Upon receipt, HSAG completed a cursory review of the ISCAT to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.

- **Source code (programming language) for performance measures:** The MHPs that calculated the performance measures using source code were required to submit the source code used to generate each performance measure being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance with the measure specifications required by DHCS. HSAG identified any areas of deviation from the specifications, evaluating the impact to the measure and

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

assessing the degree of bias (if any). MHPs that did not use source code to generate the performance measures were required to submit documentation describing the steps taken for calculation of each of the required performance measures.

- **Supporting documentation:** HSAG requested documentation to provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, identifying issues or areas needing clarification for further follow-up.
- **Primary source verification (PSV):** HSAG requested that MHPs provide output data files that included numerator positive records for performance measures from which auditors selected cases for PSV.

Virtual Review Activities

HSAG conducted a virtual review with San Luis Obispo. HSAG collected information using several methods, including interviews, system demonstrations, review of data output files, data process flow descriptions, demonstration of sample cases in source systems, and review of data reports. The virtual review activities are described as follows:

- **Opening session:** The opening session included introducing the validation team and key San Luis Obispo staff members involved in the PMV activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed. In addition, San Luis Obispo provided a high-level overview of the population served, membership volume, key programs supporting performance measure improvement, and any challenges/barriers.
- **Evaluation of enrollment and claims systems and processes:** This evaluation included a review of the information systems and focused on the processing of claims and enrollment data. Throughout the evaluation, HSAG conducted interviews with key staff members familiar with processing, monitoring, reporting, and managing data used for calculation of the performance measures. Key staff members included executive leadership, intake specialists, claims operations processors, business analysts, QI staff members, data analyst staff members, and other front-line staff members familiar with processing, monitoring, and storage of performance measure data.
- **Evaluation of provider data systems and processes:** HSAG evaluated how practitioner data are collected, maintained, updated, and audited. In addition, for measures wherein specifications require services to be rendered by a certain provider specialty type, HSAG evaluated how the MHP identifies provider specialty types at the service line level and any provider specialty mapping the MHP performs as part of performance measure calculations.
- **Evaluation of supplemental data sources, systems, and processes:** This evaluation included a review of the data systems and the processes for collecting, validating, storing, and maintaining supplemental data used for performance measure calculation. HSAG conducted interviews with key staff familiar with supplemental data management. HSAG used the interviews to confirm findings from the documentation review and verify that written policies and procedures were used and followed.
- **Review of data integration and control for performance measure calculation:** This session included a review of the data process flows and processes used to extract and integrate data sources

and produce the analytic file necessary to calculate and report the selected performance measures. HSAG interviewed MHP staff members and/or vendor staff members regarding software products they use during data integration, analytic file production, and measure computation. In addition, HSAG reviewed backup documentation on data integration and addressed data control and security procedures during this session.

- **Primary source verification:** Using this technique, HSAG assessed the processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across measures to verify that MHPs have system documentation which supports appropriate inclusion of records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.

- **Closing conference:** The closing conference included a summation of preliminary findings based on the ISCAT review and virtual review and revisited the documentation requirements for any post-virtual review activities.

HSAG conducted several interviews with key San Luis Obispo staff members who were involved with performance measure reporting. Table 4 lists key San Luis Obispo interviewees:

Table 4—List of San Luis Obispo Interviewees

Name	Title
Star Graber	Behavioral Health Administrator
Frank Warren	Behavioral Health Deputy Director
Amanda Getten	Behavioral Health Division Manager, Quality Support Services
Michelle Archer	Medical Records Supervisor
Kathy McGuire	Program Manager, Medical Records
Jean Scott	Administrative Services Officer II, Quality Support Team
Enrique Limon	Program Manager, Health Agency Billing Department
Angela Atwell	MH Nurse III, Quality Support Team
Katelyn Yarnold	Clinician III, Quality Support Team
Barbara Leveson	Chair of Behavioral Health Board
Mike Bossenberry	Behavioral Health Board Member
Sara Epps	Administrative Services Officer II, Quality Support Team
Amanda Martinez	Accountant III

Name	Title
Marisa Cervantes	Senior Account Clerk
Rachel Koenig	Administrative Services Manager
Melissa Soares	Program Manager, Health Applications Team
Molly Morgan	Business Systems Analyst III
Julianne Schmidt	Behavioral Health Program Supervisor, Quality Support Team

Assessment of MHP Performance

Data Integration, Data Control, and Performance Measure Documentation

There are several aspects crucial to the calculation of performance measure data. These include data integration, data control, and documentation of performance measure calculations. Each of the following subsections describes the validation processes used and the validation findings. For more detailed information, see Appendix A of this report.

Data Integration

Accurate data integration is essential for calculating valid performance measure data. The steps used to combine various data sources (including claims/encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. HSAG validated San Luis Obispo's data integration process, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at San Luis Obispo were:

☐ Acceptable

☒ Not acceptable

Data Control

San Luis Obispo's organizational infrastructure must support all necessary information systems and its quality assurance practices, and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG validated the data control processes San Luis Obispo used, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at San Luis Obispo were:

☒ Acceptable

☐ Not acceptable

Performance Measure Documentation

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided supplementary information, the majority of the validation review findings were based on documentation provided by San Luis Obispo. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of performance measure calculations, and other related documentation. Overall, HSAG determined that the documentation of performance measure generation by San Luis Obispo was:

☐ Acceptable

☒ Not acceptable

Validation Results

HSAG evaluated San Luis Obispo's data systems for processing each data type used for reporting performance measure data. General findings are indicated below.

Information Systems and Personnel

HSAG evaluated the information systems that San Luis Obispo had in place to support performance measure indicator reporting, which included the following findings:

- San Luis Obispo used SmartCare, an electronic health record (EHR) system effective July 1, 2023. Prior to transitioning to SmartCare, San Luis Obispo utilized Anasazi.
  - San Luis Obispo performed three rounds of testing and applicable validations in SmartCare post-upload to ensure that all data were accurate and successfully migrated from Anasazi.
  - San Luis Obispo's performance measure calculation and EHR vendor, California Mental Health Services Authority (CalMHSA), performed additional validations to ensure all data were in the correct format before upload.
- CalMHSA used Amazon Web Services, a data warehouse, for storing and integrating data used for performance measure calculations and reporting.

HSAG evaluated the personnel that San Luis Obispo, and vendor if applicable, had in place to support performance measure indicator reporting, which included the following findings:

- Three CalMHSA programmers had an average of 10 years of experience collectively.
- CalMHSA's programmers maintained the source code for performance measure calculations within the Azure DevOps repository.

HSAG identified no concerns with San Luis Obispo's information systems and personnel.

Membership/Eligibility Data Processing

HSAG evaluated the information system and processes used by San Luis Obispo to capture member enrollment data to confirm that the system was capable of collecting data on member characteristics as specified by the State. HSAG's evaluation of San Luis Obispo's enrollment system included the following findings:

- Enrollment and eligibility data for Medi-Cal enrollees were maintained within SmartCare.
- San Luis Obispo received monthly enrollment files in Monthly Medi-Cal Eligibility Data System (MEDS) Extract File (MMEF) format from DHCS.
- San Luis Obispo performed monthly reconciliation between SmartCare and DHCS data to ensure completeness and accuracy of enrollment data.
- San Luis Obispo's reconciliation and oversight of enrollment data included verifying completeness of data.
  - San Luis Obispo's authorized user downloaded the MMEF from the DHCS portal monthly via a secure file transfer protocol (SFTP) folder and imported the MMEF into SmartCare.
  - San Luis Obispo used a member match process to ensure MMEF enrollment data updates were automatically applied to member records if three essential demographic elements (member name, date of birth, and Social Security number) aligned between the MMEF and SmartCare.
  - San Luis Obispo staff reviewed an additional partial match report for members with two out of three demographic matches between the MMEF and SmartCare and manually researched each member for confirmed alignment before applying eligibility updates in SmartCare.
  - San Luis Obispo utilized an eligibility table to view historical data based on DHCS/Medi-Cal verification sources. The client coverage screen was used to track program enrollment separately.
- San Luis Obispo's system captured and maintained both the state-issued Medicaid ID and a system-generated ID. If the Medicaid ID changed for any reason, San Luis Obispo used the system-generated ID to link enrollment history.
- San Luis Obispo identified member demographic updates based on the monthly MMEF and direct communication provided by its active member population during applicable visits. Self-reported member addresses and phone number changes were updated in SmartCare and verified against the Medi-Cal Eligibility Data System Lite (MEDSLITE) DHCS portal. Members were also referred to a medical case worker to assist with updating the demographic information in all applicable DHCS systems.
- HSAG identified no concerns with San Luis Obispo's enrollment data capture, data processing, data integration, data storage, or data reporting.

Claims Data Processing

HSAG evaluated the information systems and processes used by San Luis Obispo to capture claims/encounter data to determine whether they supported complete and accurate data collection and submission to the State. HSAG's evaluation of San Luis Obispo's claims/encounter data system included the following findings:

- San Luis Obispo entered service data and generated claims for Medi-Cal consumers within SmartCare.

- SmartCare contained sufficient built-in edit checks to ensure accuracy of claims and encounter data, including checks for member eligibility, valid codes, identification of duplicate claims, and other reasonability checks.

- In 2023 and 2024, San Luis Obispo received 100 percent of claims electronically through direct SmartCare entry or in a service activity log Microsoft Excel (Excel) document that incorporated the standard 837 file data elements, and 0 percent in a paper format.
    – Service activity logs were imported into SmartCare.

- All services that met criteria for Medicaid coverage were submitted to DHCS for adjudication and payment. San Luis Obispo generated interim batch claim files after pre-billing checks were performed according to coverage-specific rules set by the payer. Charge errors were displayed for any charges that did not pass the pre-billing checks and were excluded from the interim batch files due to data omissions or misalignments with billing standards. San Luis Obispo completed a final check and created the interim batch claim file from SmartCare for submission to DHCS for adjudication monthly.

- In MY 2023, San Luis Obispo had a claims acceptance rate from DHCS of 84 percent and claims denial rate of 16 percent.

- In MY 2024, San Luis Obispo had a claims acceptance rate from DHCS of 86 percent and claims denial rate of 14 percent.

- San Luis Obispo conducted routine audits of all service data for accuracy. San Luis Obispo randomly selected two to three charts for each provider and each level of care annually. San Luis Obispo reviewed all documentation requirements for access criteria including diagnosis, progress notes, assessments, and the California Outcome Measurement System data to ensure alignment between the scope of professional practice, the billed procedure codes, and all documentation. Additionally, San Luis Obispo conducted annual audits on the inpatient consisting of 20 to 30 charts and mobile crisis team providers consisting of over 570 charts to ensure alignment between the scope of professional practice, the billed procedure codes, and all documentation.

HSAG identified no concerns with San Luis Obispo's claims/encounter data capture, data processing, data integration, data storage, or data reporting.

Provider Data Processing

HSAG evaluated the information systems and processes used by San Luis Obispo to capture provider data and identified the following findings:

- San Luis Obispo ensured that data received from providers were accurate and complete by verifying the accuracy and timeliness of reported data.
- San Luis Obispo screened the data for completeness, logic, and consistency.
- San Luis Obispo collected data from providers in standardized formats to the extent feasible and appropriate.

HSAG's evaluation of San Luis Obispo's provider data system(s) included the following findings:

- San Luis Obispo maintained provider credentialing data in SmartCare.
- San Luis Obispo's procedures for updating and maintaining provider data included the following:
  - New providers completed a background check, Social Security number verification, employment history verification, and licensing or associate status checks.
  - San Luis Obispo's Health Applications team and the internal Systems Administration support team for SmartCare validated the data against the National Plan and Provider Enumeration System, the National Provider Identifier Registry, and the Department of Consumer Affairs BreEZe. Drug Enforcement Administration numbers were validated by San Luis Obispo's medical director and updated and maintained in SmartCare by the Health Applications team.
  - These validations were completed by utilizing checks and balances built within SmartCare that had automatic hard stops/error alerts that notified the Health Applications team when any provider data were missing or expired.
  - The San Luis Obispo Compliance team completed a check of State and federal sanctions, including the federal Office of Inspector General and List of Excluded Individuals/Entities, State Medi-Cal List of Suspended and Ineligible Providers, and the federal System Award Management upon hire and monthly thereafter to identify providers or organizations excluded from Medicaid. During the monthly validations, if any results could affect employment, these issues were brought to the San Luis Obispo Behavioral Health Department management team to review and decide course of action.
  - San Luis Obispo staff and contracted providers were expected to notify San Luis Obispo when a change in licensure, location, or status was necessary, or when additional provider data became available.
  - The Health Agency Compliance team generated reports to track licensure expiration dates in SmartCare and would send notification emails to clinics of providers with upcoming expiring licenses 30 days prior to the expiration.

HSAG identified no concerns with San Luis Obispo's provider data capture, data processing, data integration, data storage, or data reporting.

Data Integration and Measure Production

HSAG's assessment of San Luis Obispo's performance measure reporting processes included the following findings:

- CalMHSA integrated claims data files in an 837 file format (or direct EHR extract) with enrollment data from MMEF and encounter data from the physical health plans on the Plan Data Feed (PDF) files received from DHCS for performance measure reporting.

- CalMHSA maintained data control procedures to ensure accuracy and completeness of data merges between San Luis Obispo claims data, MCO encounter data, and eligibility data files by monitoring the volume of all records loaded into its database and then testing and validating the merged output. CalMHSA notified San Luis Obispo if it identified any potential missing data based on the volume of records received in a monthly file compared to the volume of records in other monthly files.

- CalMHSA conducted data reasonability checks by creating programming code to calculate MY 2022, 2023, and 2024 rates and then checking the rate trends for all three years to ensure the rates were comparable. CalMHSA then compared the MY 2022 rates it calculated with the rates DHCS calculated for MY 2022. Finally, CalMHSA compared all HEDIS measure rates with NCQA's Quality Compass[3] benchmarks for MYs 2023 and 2024.

- CalMHSA used SQL to produce performance measure data and rates.

- CalMHSA maintained performance measure reports by archiving copies of the member-level detail files and rate templates produced for HSAG PMV audits on a network file server with the files labeled for each measure year and version.

- CalMHSA conducted a peer review of all SQL code used to calculate the measures and ran a test of the measure output using a member-level detail file to ensure that all denominator and numerator cases met technical specifications and value set criteria.
  - HSAG reviewed CalMHSA's SQL code and identified specification misalignment related to age calculations, anchor dates, member matching logic, procedure codes, and emergency department and inpatient bundling logic. CalMHSA applied source code updates in alignment with the measure specifications, and all source code was approved by HSAG.

- To ensure continuity of performance measure production, CalMHSA saved all programming code in the Azure DevOps database platform, which allows the vendor to see the code including any changes for each measure year and compare the code changes to the specification or value set changes that are published each year.

- CalMHSA documented mapping it performed during data preparation of provider specialties and state-specific service codes included in San Luis Obispo's claims data in Excel data files that the HSAG auditors reviewed in accordance with NCQA guidelines.
  - HSAG reviewed CalMHSA's provider mapping for alignment with Appendix 3 of the HEDIS Volume 2 Technical Specifications. HSAG identified multiple taxonomies that did not align with

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[3] Quality Compass® is a registered trademark of the NCQA.

the mental health provider description. CalMHSA updated its provider mapping, which was approved by HSAG.

HSAG identified no concerns with CalMHSA's performance measure reporting processes. However, HSAG identified that San Luis Obispo's performance measure rate calculations were limited to San Luis Obispo's active member populations, which indicates a potential omission of data in alignment with the measure specifications. HSAG also identified that San Luis Obispo did not purchase its own copy of the HEDIS Volume 2 Technical Specifications or validate the data output files against the measure specifications to conduct its own assessment of accuracy and reasonableness of all calculated performance measure rates.

Performance Measure Specific Findings

Based on all validation activities, HSAG determined results for each of the performance measures. The CMS EQR Protocol 2 identifies four possible validation finding designations for performance measures, which are defined in Table 5. For more detailed information, please see Appendix B.

Table 5—Designation Categories for Performance Measures

Reportable (R)	Measure was compliant with measure specifications.
Do Not Report (DNR)	The MHP's rate was materially biased and should not be reported.
Not Applicable (NA)	The MHP was not required to report the measure.
Not Reported (NR)	Measure was not reported because the MHP did not offer the required benefit.

According to the protocol, the validation designation for the measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not compliant based on the review findings. Consequently, an error for a single audit element may result in a designation of *DNR* because the impact of the error biased the reported performance measures by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the measure could be given a designation of *R*. Table 6 displays the measure-specific review findings and designations for San Luis Obispo.

Table 6—Measure-Specific Review Findings and Designations for San Luis Obispo

Performance Measure	Performance Measure Description	Measure Designation
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Assesses emergency department visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days.	DNR

Performance Measure	Performance Measure Description	Measure Designation
Follow-Up After Hospitalization for Mental Illness (FUH)	Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients ages 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days.	DNR
Antidepressant Medication Management (AMM)	Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.	DNR
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Assesses the percentage of children and adolescents newly started on antipsychotic medications without a clinical indication who had documentation of psychosocial care as first-line treatment.	DNR
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Assesses adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	DNR

Strengths, Opportunities for Improvement, and Recommendations

By assessing San Luis Obispo's performance measure reporting process, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: San Luis Obispo provided timely responses and follow-up documentation to all audit deliverables, demonstrating engagement, partnership, and commitment to the process and expected outcomes.

Strength #2: San Luis Obispo demonstrated its commitment to addressing members' behavioral health care needs through organizational stability and efforts to improve and expand delivery of services. This included a focus on enhancing community-based programs, efforts to open a youth crisis center with housing, and an additional two behavioral health walk-in clinics.

Opportunities for Improvement

Opportunity #1: During the data output file review and PSV, HSAG noted multiple areas of specification misalignment, including incorrect use of procedure codes, place of service codes, age requirements, and emergency department and inpatient bundling. During the audit, San Luis Obispo acknowledged that it did not purchase its own copy of the HEDIS Volume 2 Technical Specification or review the performance measure data output files to conduct comparisons of the data for reasonableness of each performance measure rate calculation.

Recommendation: HSAG recommends that San Luis Obispo work with CalMHSA to obtain the data output files and to assess a sample selection against the raw data files and the measure specifications for completeness and accuracy of the reported data.

Opportunity #2: During the virtual review, San Luis Obispo indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with San Luis Obispo, to calculate performance measure rates. Because San Luis Obispo was not using additional data streams to encompass all medical, behavioral health, and pharmacy data for eligible San Luis Obispo County Medi-Cal members, HSAG noted a potential omission of data in alignment with the measure specifications.

Recommendation: HSAG recommends that San Luis Obispo identify and integrate additional data streams that include medications, hospitalizations and emergency deparment visits that would inform the performance measure denominators into its performance measure rate calculations to ensure the completeness of medical, behavioral health, and pharmacy data for all Medi-Cal eligible members registered in San Luis Obispo County. This may require San Luis Obispo to solidify data sharing agreements with MCOs, health information exchanges, or similar partners and agencies to obtain the necessary data for performance measure reporting.

Appendix A. Data Integration and Control Findings

MHP Name:	San Luis Obispo County Behavioral Health Department
Virtual Review Date:	3/19/2025
Reviewers:	Amelia Porter-Castro, BS, CHCA Christine McClurg, BS

Data Integration and Control Element	Met	Not Met	NA	Comments
Accuracy of data transfers to assigned performance measure data repository				
The MHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	☐	☒	☐	San Luis Obispo's transaction files were incomplete, as San Luis Obispo indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with San Luis Obispo, to calculate performance measure rates.
Samples of data from the performance indicator data repository are complete and accurate.	☐	☒	☐	Data within the performance indicator data repository were incomplete, as San Luis Obispo indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with San Luis Obispo, to calculate performance measure rates.
Accuracy of file consolidations, extracts, and derivations				
The MHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	☒	☐	☐	

Data Integration and Control Element	Met	Not Met	NA	Comments
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	☐	☒	☐	San Luis Obispo did not provide policies or processes to reflect vendor oversight and monitoring activities for performance indicator reporting.
If the MHP uses a performance indicator data repository, its structure and format facilitate any required programming necessary to calculate and report required performance indicators				
The performance indicator data repository's design, program flow charts, and source code enable analyses and reports.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	
Assurance of effective management of report production and of the reporting software				
Documentation governing the production process, including MHP production activity logs and the MHP staff review of report runs, is adequate.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The MHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	☒	☐	☐	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	☒	☐	☐	
The MHP's processes and documentation comply with the MHP standards associated with reporting program specifications, code review, and testing.	☐	☒	☐	San Luis Obispo reported that it did not purchase its own copy of the HEDIS Volume 2 Technical Specifications or conduct validation of the data output files to ensure alignment with measure specifications.

Appendix B. Denominator and Numerator Validation Findings

MHP Name:	San Luis Obispo County Behavioral Health Department
Virtual Review Date:	3/19/2025
Reviewers:	Amelia Porter-Castro, BS, CHCA Christine McClurg, BS

Denominator Validation Findings for San Luis Obispo				
Audit Element	**Met**	**Not Met**	**NA**	**Comments**
For each of the performance measures, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	☐	☒	☐	San Luis Obispo indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with San Luis Obispo, to calculate performance measure rates.
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	☒	☐	☐	
The MHP correctly calculates member months and member years if applicable to the performance measure.	☐	☐	☒	Measures in scope of the audit do not require member months and member years.
The MHP properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance measure.	☒	☐	☐	
If any time parameters are required by the specifications for the performance measure, they are followed (cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	☒	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	☒	☐	☐	
Systems or methods used by the MHP to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☐	☒	San Louis Obispo did not estimate populations.

Numerator Validation Findings for San Luis Obispo				
Audit Element	**Met**	**Not Met**	**NA**	**Comments**
The MHP uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	☐	☒	☐	San Luis Obispo indicated that it was only using the MMEF, its own 837 files, and the PDF files, which included only members who were active with San Luis Obispo, to calculate performance measure rates.
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The MHP avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	☒	☐	☐	
If any time parameters are required by the specifications for the performance measure, they are followed (i.e., the measure event occurred during the period specified or defined in the specifications).	☒	☐	☐	

Please see the attached rate templates for the final approved measure rates for MYs 2023 and 2024.