

**SIERRA COUNTY BOARD OF SUPERVISORS'**  
**AGENDA TRANSMITTAL & RECORD OF PROCEEDINGS**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING DATE:</b> 1/9/2026<br><br><b>DEPARTMENT:</b> Behavioral Health<br><br><b>PHONE NUMBER:</b> 530-993-6717<br><br><b>REQUESTED BY:</b> Sheryll Prinz-McMillan                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TYPE OF AGENDA ITEM:</b><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input checked="" type="checkbox"/> REGULAR</span><span><input type="checkbox"/> CONSENT</span><span><input type="checkbox"/> TIMED</span></div><br><b>SUPPORTIVE DOCUMENT ATTACHED:</b><br><div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input type="checkbox"/> RESOLUTION</span><span><input checked="" type="checkbox"/> MEMO</span></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><span><input checked="" type="checkbox"/> AGREEMENT</span><span>OTHER _____</span></div> |
| <b>AGENDA ITEM:</b><br>Agreement between the California Mental Health Services Authority (CalMHSA) and County of Sierra for participation in External Quality Review and Performance Improvement Projects, in an amount not to exceed \$17,280 for Fiscal Year 2025/2026.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>BACKGROUND INFORMATION:</b><br>See attached memo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>FUNDING SOURCE:</b> 0515670<br><b>GENERAL FUND IMPACT:</b> NO ADDITIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>OTHER FUND:</b><br><b>AMOUNT:</b> \$ N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>ARE ADDITIONAL PERSONNEL REQUIRED?</b><br><div style="display: flex; margin-top: 5px;"><span><input type="checkbox"/> YES</span><span style="margin-left: 20px;"><input checked="" type="checkbox"/> NO</span></div><br><b>TYPE OF EMPLOYEE</b> NONE                                                                                                                                                                                                                                                                                                                            | <b>IS THIS ITEM ALLOCATED IN THE BUDGET?</b><br><div style="display: flex; margin-top: 5px;"><span><input checked="" type="checkbox"/> YES</span><span style="margin-left: 20px;"><input type="checkbox"/> NO</span></div><br><b>IS A BUDGET TRANSFER REQUIRED?</b><br><div style="display: flex; margin-top: 5px;"><span><input type="checkbox"/> YES</span><span style="margin-left: 20px;"><input checked="" type="checkbox"/> NO</span></div>                                                                                                                                                                                                                            |
| <b>SPACE BELOW FOR CLERK'S USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>BOARD ACTION:</b><br><div style="display: flex; flex-wrap: wrap; margin-top: 5px;"><div style="width: 50%;"><input type="checkbox"/> APPROVED</div><div style="width: 50%;"><input type="checkbox"/> APPROVED AS AMENDED</div><div style="width: 50%;"><input type="checkbox"/> ADOPTED</div><div style="width: 50%;"><input type="checkbox"/> ADOPTED AS AMENDED</div><div style="width: 50%;"><input type="checkbox"/> DENIED</div><div style="width: 50%;"><input type="checkbox"/> OTHER</div><div style="width: 50%;"><input type="checkbox"/> NO ACTION TAKEN</div></div> | <b>SET PUBLIC HEARING FOR:</b><br>_____<br><b>DIRECTION TO:</b> _____<br><b>REFERRED TO:</b> _____<br><b>CONTINUED TO:</b> _____<br><b>AUTHORIZATION GIVEN TO:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>BOARD VOTE:</b><br>AYES:<br>ABSTAIN:<br>NOES:<br>ABSENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="display: flex; align-items: center; margin-top: 5px;"><input type="checkbox"/> BY CONSENSUS</div><br>RESOLUTION 2026-_____<br>AGREEMENT 2026-_____<br>ORDINANCE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>COMMENTS:</b><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                    |            |
|--------------------|------------|
| CLERK OF THE BOARD | 01/20/2026 |
|                    | DATE       |

# Memorandum

**To:** Sierra County Board of Supervisors

**From:** Sheryll Prinz-McMillan, Behavioral Health Director

**Reference:** Agenda Item

**Date of Memo:** 1/9/2026

**Date of Board Meeting:** 1/20/2026

**Requested Action:** Agreement between the California Mental Health Services Authority (CalMSHA), and the County of Sierra for participation in external quality review and performance improvement projects, in an amount not-to-exceed \$17,280.00 for the FY for the term of 2025/2026 reporting year.

**Mandated by:** N/A

## Funding

**Budgeted?** Yes X No

|                   |              |  |
|-------------------|--------------|--|
| <b>Revenue</b>    | \$ 17,280.00 |  |
| <b>Expenses</b>   | \$ 17,280.00 |  |
| <b>Difference</b> | 0            |  |

## Background Information:

The California Mental Health Services Authority (CalMHSA) is a collaborative agency established by California counties to partner with the state in improving behavioral health care for all residents.

CalMHSA pools resources, builds partnerships, and applies technical expertise for the benefit of counties. It develops strategies and programs to enhance community mental health, encourage innovation, and better serve vulnerable populations.

As part of the Mental Health Plan, the State of California has established additional regulations for Behavioral Health Departments. An External Quality Review Organization (EQRO) is required to conduct reviews using performance improvement project matrices. The EQRO evaluates the quality and timeliness of mental health plans, with a focus on specialty mental health services. These reviews result in performance improvement projects, which are initiatives designed to enhance specific administrative or clinical performance and improve access to and quality of services. EQRO reviews include site visits, focus groups, and data analysis. Mental Health Plans must maintain at least two active performance improvement projects at all times, addressing both clinical and non-clinical areas. The Compliance Committee and the Behavioral Health Advisory Board will play key roles in this external quality review and in guiding the PIPs.

**Alternatives or impacts of disapproval:** Non-compliance in the Mental Health Plan. Furthermore, the State of California has shifted from non-compliance to enforcement, now permitting financial sanctions on counties.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT  
HEDIS PERFORMANCE MEASUREMENT  
MEASUREMENT YEAR 2025/REPORTING YEAR 2026

COVER SHEET

Sierra County ("Participant") desires to participate in the HEDIS Performance Measurement Program ("Program") offered by the California Mental Health Services Authority ("CalMHSA") on the terms provided in this Participation Agreement ("Agreement"). Participant acknowledges that the Program also will be governed by CalMHSA's Joint Powers Agreement and its Bylaws, as well as the terms of the JPA-Business Associate Agreement executed between the parties, which is incorporated herein by reference. The Agreement is effective on January 1, 2025, through December 31, 2029 ("Term"). The following exhibits are attached and form part of this Agreement:

- |                                     |           |                                                          |
|-------------------------------------|-----------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> | Exhibit A | Detailed Program Description, Requirements, Restrictions |
| <input checked="" type="checkbox"/> | Exhibit B | General Terms and Conditions                             |

1. **Summary of Program:** CalMHSA is offering the following Program to Counties:

This is a multi-year Agreement to support counties in the calculation, reporting, and monitoring of Behavioral Health Accountability Set ("BHAS") measures under the Program. The Agreement will be amended annually to include new and/or updated reporting requirements for subsequent Measurement Years. Currently this Agreement only addresses the deliverables associated with Measurement Year 2025/Reporting Year 2026. Participants have the option of selecting a Simple or Enhanced deliverable bundle, as described below, depending on their county's needs.

2. **Funding:** The Program requires the following funding and payments:

Participant will pay a fixed fee for Services delivered in the total amount of \$17,280.00. CalMHSA will invoice Participant directly for the Services. Fifty percent (50%) of the total fee shall be due and payable upon execution of this Agreement, which amount shall be non-refundable, and the remaining fifty percent (50%) shall be due and payable upon completion of the Services delivered. Payment for all invoices shall be made within thirty (30) days of receipt.

Authorized Signatures:

**CalMHSA**

Signed: \_\_\_\_\_ Name (Printed): Dr. Amie Miller, Psy.D., MFT

Title: Executive Director Date: \_\_\_\_\_

**Participant:**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: Board of Supervisors/ CAO Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: County Counsel Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Title: Director of Behavioral Health Date: \_\_\_\_\_

## **Participation Agreement**

### **EXHIBIT A – Detailed Program Description, Obligations, Restrictions**

#### **Detailed Program Description:**

The Program will support the Participant in meeting the BHAS Healthcare Effectiveness Data and Information Set (“HEDIS”) reporting requirements for Measurement Year (“MY”) 2025/Reporting Year (“RY”) 2026.

This Agreement will be amended on an annual basis to add information regarding and/or Services related to future Measurement Years. In keeping with HIPAA and National Committee of Quality Assurance (“NCQA”) HEDIS reporting compliance regulations and data retention guidelines, all data received by CalMHSA through this Agreement will be retained by CalMHSA for a period not to exceed six years after the Measurement Year in which the data is received. All data will be destroyed after it has been retained for six years.

#### **MY25/Ry 26 Required BHAS Measures\*:**

##### **Mental Health Plan (“MHP”) Measures:**

- Follow-Up After Emergency Department for Mental Illness (“FUM”);
- Follow-Up After Hospitalization for Mental Illness (“FUH”);
- Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (“APP”);
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (“SAA”).

##### **Drug Medi-Cal Organized Delivery System (“DMC-ODS”) Measures:**

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (“FUA”);
- Pharmacotherapy of Opioid Use Disorder (“POD”);
- Use of Pharmacotherapy for Opioid Use Disorder (“OUD”);
  - SAMHSA is the measure steward.
- Initiation and engagement of Substance Use Disorder Treatment (“IET”).

**\*Please Note:** CalMHSA will only calculate the measures that are required reporting for the Participant’s Behavioral Health Plan.

#### **Obligations:**

##### **CalMHSA shall:**

- Be certified as an NCQA-Certified Vendor for all NCQA MY 25 measures/Ry 26.
- Produce HEDIS measures results based on MY 2025 specifications using data provided by the Participant.
- Accept required data files from Participant via secure file transfer.

- Complete all deliverables included with the purchase of a Simple or Enhanced Bundles for MY 2025/RV 2026 as detailed in Table 1, below.
- For Participants utilizing SmartCare:
  - Extract relevant MMEF, MHP and DMC-ODS services and/or 837 claims data from SmartCare EHR.

| TABLE 1                                                                        |                |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------|----------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Included in the following Bundles:                                             | Deliverables # | Deliverable Title                           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>○ Simple</li> <li>○ Enhanced</li> </ul> | 1              | MY25 HEDIS/RV 26 Audit Support              | <p>CalMHSA will apply certified logic to data provided by the Participant to calculate the required BHAS measures for annual EQRO audit deliverables and DHCS requirements. CalMHSA will produce and submit the following deliverables directly to the EQRO and will also share with the Participant:</p> <ul style="list-style-type: none"> <li>• Preliminary and final rates via an aggregated Rate Reporting Template (“RRT”)</li> <li>• Member-level details (“MLD”) files used for primary source verification. “MLD” files will also be shared directly with the county via secure file share.</li> <li>• Back-end table screenshots of selected EQRO cases for primary source verification (front-end EHR screenshots are not included in this offering).</li> </ul> |
| <ul style="list-style-type: none"> <li>○ Simple</li> <li>○ Enhanced</li> </ul> | 2              | MY25 HEDIS/RV26 Descriptive Analysis Report | CalMHSA will produce one annual report (“Descriptive Analysis Report”) based on aggregated data including denominator and numerator details, including demographic stratification. This report will be released after the conclusion of the audit cycle (Deliverable 1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>○ Enhanced</li> </ul>                   | 3              | Quarterly HEDIS Calculation                 | In addition to the reports generated during the annual audit cycle, CalMHSA will produce three quarterly reports that calculate rolling measurement year windows. These reports will also stratify measure performance by quarter. These reports will be provided via an excel quarterly trending report. Member-Level details will be included with the quarterly deliverables.                                                                                                                                                                                                                                                                                                                                                                                            |

**Participant shall:**

- Provide required data for HEDIS analysis as described in the table below.
  - For the highest percent data completion on Plan Data Feed, counties should submit monthly Plan Data Feed files.
- Submit files in the table below without a nested folder structure.
  - For 837 data, one folder can include many data files, but one folder should not contain multiple sub-folders.
- **Participants opting into either the Simple or Enhanced Options**, submit data to CalMHSA to meet MY25/Ry 26 deliverables as detailed in Table 2. The Department of Healthcare Services requires that Participants provide measure calculations for all Medi-Cal Eligible beneficiaries in the county that meet measure criteria, not just members served by county BHPs. Counties should continue to submit Plan Data Feed files but additionally will need to provide Managed Care Plan (“MCP”) claims data and Pharmacy claims for the full Medi-Cal population. Participant data will include Monthly Medi-Cal Eligibility Files (“MMEF”), County BHP 837 claims, MCP claims data, and pharmacy claims. Other data sources mutually agreed upon between the Parties may be utilized, as set forth below, but may also result in additional expense/delay.
- **Participants opting into the Enhanced Option**, will submit data to calculate quarterly measures. This starts with the data sources and date ranges detailed in Table 2. Additionally, Participant will continue to submit more recent data to support updated quarterly calculations. The submission schedule for quarterly data reports will be shared with each Participant after the Agreement is executed. These reports will reflect performance over each measure’s full measurement period but will lag by approximately three months to allow time for claims processing. For example, a report generated on July 15, 2026, will include data through March 31, 2026. CalMHSA will provide a due date for counties to submit data for inclusion in each quarterly report. Data submitted after the deadline will be included in the next quarter’s report. Reports are updated retrospectively and may adjust past results for up to one full measurement period as new data is received. This means performance figures for the same quarter may change slightly in future reports if additional data is submitted later.
- Agree to be bound by the terms of the NCQA End User License Agreement (“EULA”) available at <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/End-User-License-Agreement-Measure-Cert.pdf>. By signing this Agreement, Participant acknowledge that it has read, understood, and agrees to be bound by such EULA, including any updates thereto.
- Grant CalMHSA the right to use any data provided or generated in accordance with the terms of the applicable Business Associate Agreement.
- Communicate all questions and concerns to CalMHSA via ManagedCare@calmhsa.org.

| TABLE 2 * |                    |                  |                              |
|-----------|--------------------|------------------|------------------------------|
|           | Data Description   | Data Source      | File Example                 |
| 1         | SUD Service Claims | 837 claims files | DMH-##-837P-03302024-161.dat |
| 2         | MHP Service Claims |                  |                              |

|   |                                |                                        |                                                                                               |
|---|--------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------|
| 3 | MHP Plan Data Feed             | Plan Data Feed                         | APCD.CDL.M202412.CNTY##.zip                                                                   |
| 4 | SUDS Plan Data Feed            | Files (APCD-CDL)                       | (includes CDL.MC & CDL.PC files).<br>Monthly PDF files from January 2024<br>through May 2026. |
| 5 | Medi-Cal Eligibility Files     | MMEF files                             | MEDS-##.TXT                                                                                   |
| 6 | MCP 837 Claims                 | Direct from<br>Managed Care<br>Plan(s) | 837.dat files                                                                                 |
| 7 | Pharmacy Claims                | To be determined.                      | To be determined.                                                                             |
|   | ## is for the county id number |                                        |                                                                                               |

\*MY25 Data Time Period: Services & eligibility data from January 1, 2024 through December 31, 2025. Under this PA, counties may submit data outside of this date range, in order to prepare for MY26 calculations.

**Program Restrictions:**

- Timelines and technical requirements may need adjusting due to unique circumstances.

**Participation Agreement**  
**EXHIBIT B - General Terms and Conditions**

**I. Definitions**

The following words, as used throughout this Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- B. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- C. Participant – Any County participating in the Program either as Member of CalMHSA or under a Memorandum of Understanding with CalMHSA.
- D. Program – The program identified in the Cover Sheet offered by CalMHSA under the Agreement.

**II. Responsibilities**

- A. Responsibilities of CalMHSA:
  - 1. Provide the Program as described in the Agreement.
  - 2. Act as the Fiscal and Administrative agent for the Program.
  - 3. Manage funds received consistent with the requirements of applicable laws, regulations, and this Agreement.
  - 4. Provide regular fiscal reports to Participant and/or other public agencies with a right to such reports.
  - 5. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
  - 1. Pay for the Program as set out in this Agreement. Payments are due within 30 days of receipt of an invoice or, as applicable, within 30 days of Agreement execution.
  - 2. Provide CalMHSA and any other parties deemed necessary with requested information and assistance to fulfill the purpose of the Program.
  - 3. Where applicable, ensure completion of any Participant requirements set out in Exhibit A including all assessments, creation of individual case plans, and providing or arranging for services.
  - 4. Cooperate by providing CalMHSA with requested information and assistance to fulfill the purpose of the Program.
  - 5. Provide feedback on Program performance.

6. Comply with applicable laws, regulations, guidelines, contractual agreements, JPA requirements, and bylaws.

**III. Amendment.** This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by an authorized representative of both parties.

**IV. Withdrawal, Cancellation, and Termination**

- A. Participant may withdraw from the Program and terminate the Agreement upon six (6) months' written notice to CalMHSA, to the attention of the Executive Director. Notice shall be deemed served on the date of mailing.
- B. CalMHSA may terminate, cancel, change, or limit the Program due to circumstances, including but not limited to, lack of County participation, government restrictions, issues with vendors or their services/platforms/products, lack of funding, governmental funding changes, inability to provide the Program due to vendor(s), regulatory changes, force majeure, or other issues.
- C. If applicable, upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising under the Program shall be returned to Participant. However, funds used to pay for completed deliverables, services rendered, upfront fees to create the Program, or fees for any portal or platform, ongoing services etc. are not subject to such reversion (subject to applicable laws). Unused funds that were paid for by a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed to a particular Participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular County that paid them per the Program.
- V. Fiscal Provisions.** Participant will pay a fixed fee for Services delivered in the total amount of \$17,280.00. CalMHSA will invoice Participant directly for the Services. Fifty percent (50%) of the total fee shall be due and payable upon execution of this Agreement, which amount shall be non-refundable, and the remaining fifty percent (50%) shall be due and payable upon completion of the Services delivered. Payment for all invoices shall be made within thirty (30) days of receipt of the applicable CalMHSA invoice.

| Deliverable Bundle  | Cost               | Select Bundle with X |
|---------------------|--------------------|----------------------|
| MHP Simple Bundle   | \$17,280.00        | X                    |
| MHP Enhanced Bundle | \$25,920.00        |                      |
| <b>Total</b>        | <b>\$17,280.00</b> |                      |

**VI. Indemnification.**

- A. Indemnification.** To the fullest extent permitted by law, each party shall hold harmless, defend and indemnify the other party, including its governing board, employees and agents from and against any and all claims, losses, damages, liabilities, disallowances, recoupments, and expenses, including but not limited to reasonable attorney's fees, arising out of or resulting from the indemnifying party's negligence or willful conduct in the performance of its obligations under this Agreement, including the performance of the other's subcontractors, except that each party shall have no obligation to indemnify the other for damages to the extent resulting from the negligence or willful misconduct of any indemnitee. Each party may participate in the defense of any such claim without relieving the other of any obligation hereunder.
- B. No Responsibility for Mental Health Services.** CalMHSA is not undertaking responsibility for assessments, creation of case or treatment plans, providing or arranging services, and/or selecting, contracting with, or supervising providers (collectively, "mental health services"). Participant will defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from Participant's acts or omissions in connection with the provision of mental health services.

**VII. Notice**

All notices under this Participation Agreement shall be provided by personal delivery, nationally recognized courier service or mailed by U.S. registered or certified mail, return receipt requested, postage prepaid; AND by email. All notices shall be provided to the respective party at the addresses and email addresses set forth below and shall be deemed received upon the relevant party's receipt.

Either party may change its designee for notice by giving notice of the same and their relevant address information.

**If to CalMHSA:**

Name: Brandon Connors

Position: Director of Contract  
Management & Legal Counsel

Address: 1610 Arden Way, Suite 175  
Sacramento, CA 95815

Telephone: (888) 210-2515

Email: brandon.connors@calmhsa.org

CC Email to Name: Randall Keen, Manatt

Email: RKeen@manatt.com

**If to Participant:**

Name: \_\_\_\_\_

Position: Director of Mental Health

11639-SIE-QM-25\_26  
HEDIS Performance Measurement  
Sierra County  
January 9, 2026

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

CC Email to Name: \_\_\_\_\_

Email: \_\_\_\_\_