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## Second Annual Preventive Services Report Executive Summary

The Department of Health Care Services (DHCS) will publicly release the 2021 Preventive Services Report (PSR), which describes how Medi-Cal managed care plans (MCP) deliver preventive health services to children. The second annual PSR, based on data from 2020, shows that the COVID-19 public health emergency (PHE) had a significant negative impact on whether individuals, including children, visited health providers to receive care, treatment, or screenings. This impact was not unique to California nor to the Medi-Cal program. Other states' Medicaid program also experienced similar impacts as did the health care system as a whole, given shelter-in-place requirements, the need to preserve access to care for those directly experiencing COVID-19 symptoms, and the need to preserve personal protective equipment for health care workers early on in the pandemic. It is also notable that communities of color experienced greater declines in health outcomes than other groups, highlighting the disproportionate impact of the PHE on these populations.

The PSR findings will assist DHCS and Medi-Cal MCPs in identifying underutilization and implementing targeted improvement strategies that can drive positive change going forward in order for children to regularly receive preventive services. The PSR includes results from 19 indicators that assess the statewide and regional utilization of preventive services by pediatric MCP members.

A unique feature of this year's PSR is an assessment of how the PHE impacted the use of pediatric preventive services, with a focus on well-child visits and blood lead screenings. In the measurement year (MY 2020), approximately 3.6 million well-child visits and 117,000 blood lead screenings were captured in administrative claim/encounter data. By comparison, MY 2019 saw approximately 4.5 million well-child visits and 142,000 blood lead screenings. This is a decline of approximately 20 percent for well-child visits and 17 percent for blood lead screenings during MY 2020.

### Summary of this year's PSR key findings and recommendations:

***1. Performance for MY 2020 declined from MY 2019; however, the majority of indicators that can be compared to national benchmarks exceeded the national benchmarks for MY 2020.***

MCPs should continue to provide educational materials and make calls to parents and guardians to help them understand the importance of preventive services. Also, DHCS

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began implementing the California Advancing and Innovating Medi-Cal (CalAIM) initiative on January 1, 2022. Effectively January 1, 2023, as a part of the CalAIM Population Health Management (PHM) program, each MCP will be required to conduct a population needs assessment and submit a PHM strategy to DHCS. This will include how the MCP will keep members healthy by focusing on preventive and wellness services.

### ***2. Regional performance varies across California counties.***

MCPs operating in rural counties, where outcomes are worse, should consider expanding the use of telehealth visits, and assess how to expand and support transformation for their managed care provider networks to improve performance. Overall, DHCS is supportive of continuing to provide access to care via telehealth, especially given the shift toward greater patient and provider adoption of telehealth services during the pandemic. In October 2021, DHCS convened an advisory group consisting of consultants, subject matter experts, and other affected stakeholders to provide recommendations to inform DHCS in adopting post-PHE telehealth policies. DHCS's telehealth policy proposal released as part of the 2022-23 Governor's budget maintains flexibility for providers to deliver care via telehealth across Medi-Cal delivery systems. It also establishes payment parity for eligible services delivered in person or by telehealth that otherwise meet the requirements of the billing code.

### ***3. Statewide performance disproportionately impacts racial/ethnic groups and primary language.***

This is especially true given the disproportionate impact of the PHE on communities of color, with worsening health outcomes. MCPs should include this information in their population needs assessment process, and use information from the PSR to assist their processes for addressing health disparities. As described in DHCS' Comprehensive Quality Strategy and Health Equity Roadmap, engaging communities experiencing health disparities to co-design interventions is critical. MCPs should also consider leveraging new Medi-Cal benefits, such as community health workers (an added Medi-Cal benefit, effective July 1, 2022) and doulas (a new benefit, effective January 1, 2023) to design culturally and linguistically appropriate programs to better engage these populations. Especially given that under-utilization is a key driver of some of these disparities, focusing on outreach and engagement that is informed by member and community perspectives, will also be essential.

### ***4. Overall, prevention efforts in California's six largest counties indicated findings consistent with high performance for a majority of indicators, but improvement is needed to ensure well-child visits and blood lead screenings rates address the needs of Californians***

Given early childhood prevention and screenings are critical for long-term health and well-being, MCPs should develop strategies to increase utilization of pediatric preventive services. This focus area is also highlighted in DHCS' 2022 Comprehensive Quality Strategy and it's 50x2025 Bold Goals initiative. While overall performance is high for many indicators, significant racial, ethnic, and geographic disparities still exist and should be addressed. DHCS' Preventive Services Outreach campaign is expected

to have a positive impact across all counties. DHCS will continue to monitor the impacts of COVID-19 on well-child visits and blood lead screenings for MY 2021.

***5. While findings indicate that younger children should receive additional well-child visits, children are receiving high rates of immunizations and counseling for nutrition/physical activity. Developmental screenings and the provision of dental fluoride varnish for younger children should be improved.***

MCPs should continue to educate providers about the importance of administering comprehensive preventive care and developmental screenings during well-child visits and support provider-level transformation efforts to integrate dental fluoride varnish into non-dental care settings (e.g., primary care). In addition, they should leverage lessons learned from DHCS' participation in the CMS Infant Well-Child Visit learning collaborative, which has highlighted numerous best practices to improve rates of infant well-child visits (details available at: <https://www.childrennow.org/blog/meecoclc/>).

***6. While adolescent rates for well-care visits can be improved, findings indicate adolescents received immunizations at higher rates than seen nationally.***

MY 2020 data reflects adolescents in Medi-Cal managed care receive recommended vaccines at higher rates when compared to performance in other states, although there is still room for improvement. However, given that adolescents ages 12 to 21 account for 46 percent of the pediatric Medi-Cal population, MCPs should work with providers to ensure that as children get older, they continue to receive comprehensive well-care visits and recommended screenings. MCPs should also work with providers to implement evidence-based best practices for engaging adolescents in care, with targeted approaches often needed.

***7. More than half of children in Medi-Cal managed care received a blood lead screening by their second birthday; however, further improvement of blood lead screenings is recommended.***

MCPs will be required to formally report the *Lead Screening in Children* indicator for MY 2022, and will be held to a minimum performance level. This will encourage MCPs and their providers to provide necessary blood lead screenings. MCPs may face corrective action proceedings or sanctions if performance does not improve over time. DHCS encourages MCPs to work with their provider networks to adopt the use of point-of-care testing for blood lead screening, which often increases screening rates as it is significantly more convenient for members.

***8. During MY 2019 to MY 2020, an overall decline in performance impacted certain racial/ethnic groups disproportionately.***

DHCS will continue to monitor preventive services utilization stratified by race/ethnicity, and utilize this information to enhance the Department's existing efforts to target quality improvement and outreach efforts to the most impacted communities. In addition, plans should leverage lessons learned from COVID-19 vaccination efforts to engage and address disparities in vaccination rates and apply these strategies to preventive services.

**Background:**

The PSR follows a 2019 [report](#) by the California State Auditor. The goal of the PSR is to help MCPs improve how they care for the state's most vulnerable children. The PSR assesses the provision of preventive services across MCPs, measures, and regions, which enables DHCS to identify and deal with shortfalls. Plan performance ratings were developed with administrative and hybrid data, and were stratified by demographic characteristics, including racial/ethnic groups, primary language groups, gender and age (as applicable), and region.