

MEDI-CAL MANAGED CARE PROPOSITION 56 FAMILY PLANNING SERVICES PROGRAM EVALUATION FOR PROGRAM YEAR (PY) 4

January 1, 2023 – December 31, 2023

BACKGROUND

In accordance with Title 42 of the Code of Federal Regulations (CFR), Section 438.6(c)(2)(ii)(D), the California Department of Health Care Services (DHCS) is required to submit an evaluation that measures the degree to which the directed payment arrangement advances at least one of the goals and objectives in the DHCS Quality Strategy. This evaluation will assess the performance and results of the Proposition 56 Family Planning Services Directed Payment Program implementation during the CY 2023.

The Proposition 56 Family Planning Directed Payment Program directs Medi-Cal managed care health plans (MCPs) to make uniform dollar add-on payments for specific Family Planning services. This directed payment program supports network providers to provide critical services to Medi-Cal managed care members.

EVALUATION PURPOSE AND QUESTIONS

The Proposition 56 Family Planning Services Directed Payment Program is expected to enhance the quality of care by improving encounter data submissions by providers to better target those areas where improved performance will have the greatest effect on health outcomes. The CMS-approved evaluation design features two evaluation questions:

1. Do higher provider payments for family planning services, via the proposed PY 4 directed payments, serve to maintain or improve the performance of the Contraceptive Care—All Women Ages 15 to 44 measure (CCW-CH + CCW-AD) for the sub-rate of most effective or moderately effective method of contraception?
2. Do higher provider payments for family planning services, via the proposed PY 4 directed payments, serve to maintain or improve the performance of the Contraceptive Care—All Women Ages 15 to 44 measure (CCW-CH + CCW-AD) for the sub-rate of long-acting reversible method of contraception (LARC)?

EVALUATION DATA SOURCES AND MEASURES

To measure changes in utilization pattern, DHCS calculated performance of the Contraceptive Care – All Women Ages 15 to 44 measure (CCW-CH + CCW-AD) for both sub-rates, for managed care members. Administrative data was extracted from the Management Information System/Decision Support System (MIS/DSS), spanning service dates in CY 2021 through CY 2023. DHCS evaluated service utilization for

CCW-CH + CCW-AD in accordance with current Centers for Medicare & Medicaid Services (CMS) Core Set Technical Specifications to determine the percentage of women who used most effective or moderately effective method and long-active reversible method of contraception in ages 15-20 and 21-44, respectively.

Table: Contraceptive Care (CCW) – Change Across Time Comparing MY 2021 (Baseline Period) and MY 2023 (Current Reporting Period)

Metric	Age Group	2021 (baseline)	2022	2023	Performance Target	Percentage Point Change	Fisher's Exact Test p-value
Most effective or moderately effective method (MMEC)	15-20	8.21%	8.96%	8.75%	2%	0.54%	▲
	21-44	15.38%	15.60%	15.87%	2%	0.49%	▲
Long-acting reversible contraception method (LARC)	15-20	1.88%	1.57%	1.68%	2%	-0.20%	
	21-44	3.91%	3.27%	3.48%	2%	-0.43%	▼

▲ Indicates a statistically significant improvement in the 2023 rate compared to baseline.

▼ Indicates a statistically significant decline in the 2023 rate compared to baseline.

Contraceptive Care – All Women measure: DHCS calculated the rate of Contraceptive Care at a statewide level for managed care members.

- There is a 0.54% increase for most effective or moderately effective method of contraception for age group 15-20 in utilization of family planning service in CY 2023 compared to baseline period.
- There is a 0.49% increase for most effective or moderately effective method of contraception for age group 21-44 in utilization of family planning service in CY 2023 compared to baseline period.
- There is a 0.20% decrease for Long-acting reversible contraception method of contraception for age group 15-20 in utilization of family planning service in CY 2023 compared to baseline period.

- There is a 0.43% decrease for Long-acting reversible contraception method of contraception for age group 21-44 in utilization of family planning service in CY 2023 compared to baseline period.
- Fisher exact test p-value used to determine if the most effective or moderately effective method (MMEC) and long-acting reversible contraception method (LARC) rate changed significantly across time. The result (two-tailed $p = < .00$) indicates a significant association between reporting year and screening rate.

LIMITATIONS OF EVALUATION

The results presented here suggest that the directed payment programs may have had positive impacts on Most Effective or Moderately Effective Contraceptive method (MMEC) but may not have had positive impacts on Long-Acting Reversible Contraception method (LARC) data quality. It showed a decrease in Long-Acting Reversible Contraception method (LARC) performance for both age groups.

However, we cannot separate changes attributable to the directed payment programs from other secular changes such as technology advancements occurring across the health system, provider supply, or other factors.

CONCLUSIONS

DHCS' examination of the Baseline Period (CY 2021) and CY 2023 for Contraceptive Care – All Women (CCW-CH and CCW-AD) rates for managed care members indicates the following:

- Contraceptive care utilization showed increase during CY 2023 for Most effective or moderately effective method (MMEC) compared to the Baseline Period for both age groups.
- Contraceptive care utilization decreases during CY 2023 for Long-acting reversible contraception method (LARC) compared to the Baseline Period for both age groups.