

MEDI-CAL MANAGED CARE PROPOSITION 56 PHYSICIANS SERVICES PROGRAM EVALUATION FOR PROGRAM YEAR (PY) 6

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 (Prop 56) Physician Services Directed Payment Program implementation for CY 2023.

The Proposition 56 Physician Services Directed Payment Program directs Medi-Cal managed care health plans (MCPs) to make uniform dollar add-on payments for Prenatal and Postpartum Care: Timeliness of Prenatal Care, Controlling High Blood Pressure, and Child and Adolescent Well Care Visits 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 Physician Services Directed Payment Program is expected to preserve or improve access to outpatient physician services for all MCP members. The CMS-approved evaluation design features three evaluation questions:

1. Do higher physician payments, via the proposed Program Year (PY) 6 directed payments, serve to maintain or improve the performance of the Child and Adolescent Well Care Visit measure?
2. Do higher physician payments, via the proposed PY 6 directed payments, serve to maintain or improve performance of the Prenatal and Postpartum Care: Timeliness of Prenatal Care measure?
3. Do higher physician payments, via the proposed PY 6 directed payments, serve to maintain or improve performance of the Controlling High Blood Pressure measure?

EVALUATION DATA SOURCES AND MEASURES

To measure changes in utilization pattern, DHCS calculated performance of measures: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-PRE, PPC-PST), Controlling High Blood Pressure (CBP), and Child and Adolescent Well Care Visits

services (WCV). 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 CBP and WCV in accordance with MY 2023 Centers for Medicare & Medicaid Services (CMS) Core Set Technical Specifications. DHCS evaluated service utilization for PPC-PRE and PPC-PST in accordance with MY 2023 HEDIS Technical Specifications.

Table 1: Prenatal and Postpartum Care (PPC) - Change Across Time Comparing MY 2021 (Baseline Period) and MY 2023 (Current Reporting period)

Metric	2021 (baseline)	2022	2023	Performance Target	Percentage Point Change	Fisher's Exact Test p-value
PPC-PRE	71.9%	72.9%	72.6%	2%	0.7%	▲
PPC-PST	71.5%	72.0%	73.7%	2%	2.3%	▲

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

Prenatal and Postpartum Care for women measure: DHCS calculated the rate of prenatal care utilization visits at a statewide level for managed care members.

- There is a 0.7% increase for the rate of MCP physician visits for prenatal care (PPC_PRE) in MY 2023 compared to baseline period.
- There is a 2.3% increase for the rate of MCP physician visits for Postpartum care (PPC_PST) in MY 2023 compared to baseline period.
- Fisher exact test p-value used to determine if there were significant association between time and Prenatal and Postpartum Care (comparing CY 2023 to the baseline period). There were significant association over time (two-tailed $p = < 0.0001$).

Table 2. Child and Adolescent Well-Child Visits (WCV) - Change Across Time Comparing MY 2021 (Baseline Period) and MY 2023 (Current Reporting period)

Metric	2021 (baseline)	2022	2023	Performance Target	Percentage Point Change	Fisher's Exact Test p-value
3-11 Years	58.9%	59.0%	60.8%	2%	1.9%	▲

Metric	2021 (baseline)	2022	2023	Performance Target	Percentage Point Change	Fisher's Exact Test p-value
12-17 Years	55.0%	53.9%	55.7%	2%	0.8%	▲
18-21 Years	36.5%	35.0%	36.8%	2%	0.3%	▲
Total	53.3%	52.6%	54.3%	2%	1.0%	▲

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

Child and Adolescent Well Care Visits measure: DHCS calculated the rate of Child and Adolescent Well Care Visits at a statewide level for managed care members.

- There is a 1.9% increase for the rate of Child and Adolescent Well Care Visits for age group 3-11 members in bridge period compared to baseline period.
- There is a 0.8% increase for the rate of Child and Adolescent Well Care Visits for age group 12-17 members in bridge period compared to baseline period.
- There is a 0.3% increase for the rate of Child and Adolescent Well Care Visits for age group 18-21 members in bridge period compared to baseline period.
- There is a 1.0% increase for the rate of Child and Adolescent Well Care Visits for age group all age group members in bridge period compared to baseline period.
- Fisher exact test p-value used to determine if there were significant association between time and Child and Adolescent Well-Care Visits (comparing CY 2023 to the baseline period). There were significant association over time (two-tailed $p = <0.0001$).

Table 3. Controlling Blood Pressure (CBP) - Change Across Time Comparing MY 2021 (Baseline Period) and MY 2023 (Current Reporting period)

Metric	2021 (baseline)	2022	2023	Performance Target	Percentage Point Change	Fisher's Exact Test p- value
18-64 years	21.0%	25.4%	32.0%	2%	11.0%	▲
65-85 years	19.0%	23.0%	31.0%	2%	12.0%	▲
total	21.0%	25.3%	32.0%	2%	11.0%	▲

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

Controlling High Blood Pressure measure: DHCS calculated the rate of Controlling Blood Pressure measure using utilization data at a statewide level for managed care members.

- There is a 11.0% percentage increase for the rate of Controlling High Blood Pressure for age group 18-64 members in bridge period compared to baseline period.
- There is a 12.0% increase for the rate of Controlling High Blood Pressure for age group 65-85 members in bridge period compared to baseline period.
- There is a 11.0% increase for the rate of Controlling High Blood Pressure for all age groups members in bridge period compared to baseline period.
- Fisher exact test p-value used to determine if there were significant association between time and Controlling High Blood Pressure (comparing CY 2023 to the baseline period). There were significant association over time (two-tailed $p = < 0.0001$).

LIMITATIONS OF EVALUATION:

The results presented here suggest that the directed payment programs may have had positive impacts on utilization data quality. Controlling High Blood Pressure, Prenatal and Postpartum Care for women, and Child and Adolescent Well Care Visits increased during CY 2023.

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 and CY 2023 encounter data quality and outpatient service utilization for the Prop 56 Physician Services Directed Payment Program indicates the following:

- Prenatal and Postpartum Care for women for all age groups increased during CY 2023 when compared to the Baseline Period.
- Child and Adolescent Well Care Visits for all age group increased during CY 2023 when compared to the Baseline Period.
- Controlling High Blood Pressure for all age groups increased during CY 2023 when compared to the Baseline Period.