

PREVENTIVE SERVICES REPORT EXECUTIVE SUMMARY



Overview

The California Department of Health Care Services (DHCS) published the 2024 Preventive Services Report (PSR), which describes how managed care health plans (MCPs) deliver preventive health services to children. The PSR findings will assist DHCS and the MCPs in identifying the underutilization of preventive services and implementing targeted improvement strategies that can drive positive change to ensure children and adolescents regularly receive preventive services. The PSR includes results from 28 performance indicators that assess the statewide and regional utilization of preventive services by pediatric Medi-Cal managed care (MCMC) members.

Background

The PSR follows a [2019 report](#) by the California State Auditor regarding DHCS' oversight of the delivery of preventive services to children enrolled in MCMC. The audit report recommended that DHCS expand the performance measures it collects and reports on to ensure all age groups receive preventive services from the MCPs.¹ In response to this recommendation, DHCS requested that Health Services Advisory Group, Inc. (HSAG), start producing an annual PSR in 2020.

The goal of the PSR is to help MCPs identify areas of improvement for the State's most vulnerable children. The PSR assesses the provision of preventive services across MCPs, indicators, and geographic regions, which enables DHCS to identify shortcomings and work with the MCPs to mitigate them. The PSR used performance indicators that were derived from administrative; hybrid (i.e., a combination of administrative and medical record review data); and Electronic Clinical Data Systems data (i.e., can include electronic health record data, health information exchange data, clinical registry data, case management registry data, and administrative claims/encounter data). HSAG then stratified these performance indicators by member demographic characteristics, including race/ethnicity, primary language, gender (where applicable), age (where applicable), population density, delivery model type, and geographic region.

¹ California State Auditor. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services, March 2019. Available at: <https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf>. Accessed on: May 13, 2025.

Summary of This Year's PSR Key Findings and Recommendations:

Performance between measurement years 2022 and 2023 was mixed, as preventive screening rates improved while immunization and follow-up visit rates worsened.

DHCS developed the Children's Health Domain to track performance and children's health care quality.² Of the eight measures included in the Children's Health Domain, key findings were identified for five indicators:

- » *Childhood Immunization Status (CIS-10)*
- » *Developmental Screening in the First Three Years of Life (DEV) and Immunizations for Adolescents (IMA-2)*
- » *Lead Screening in Children (LSC)*
- » *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)*

Additionally, the statewide rates for both measures in the Behavioral Health Domain, *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM-30)* and *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—13 to 17 Years (FUA-30)*, were worse than the national benchmarks.³

Consistent with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, known as Medi-Cal for Kids & Teens, MCPs must ensure that members under the age of 21 years "have timely access to all Medically Necessary services and that appropriate diagnostic and treatment services are initiated as soon as possible"⁴ This care includes regular preventive visits, screenings, and necessary follow-up. As such, MCPs should ensure members and providers receive and understand information on the importance of follow-up care.

² California Department of Health Care Services. Medi-Cal Managed Care Plans: Measurement Year 2023 (MY23) Quality Scores by Domain. Available at: <https://www.dhcs.ca.gov/services/Documents/QPHM-MCAS-Factsheet-MY-2023-1024.pdf>. Accessed on: May 13, 2025.

³ Ibid.

⁴ All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: May 13, 2025.

Performance is regional.

Performance in the North/Mountain and San Joaquin regions generally improved compared to measurement year 2022 but remained below national benchmarks despite these improvements. In the North/Mountain region, 142 indicators across 28 counties fell below the national benchmarks by at least a 10 percent relative difference; only 23 indicators were above the national benchmarks by a similar margin. In the San Joaquin region, 45 indicators across eight counties fell below the national benchmarks by at least a 10 percent relative difference, while only 10 indicators were above the national benchmarks by a similar margin.

Given the low performance of MCPs operating in the North/Mountain and San Joaquin regions, these MCPs should determine factors contributing to low performance. They could examine characteristics or successful strategies of MCPs operating in higher-performing counties in these regions, including Humboldt, Calaveras, and Glenn counties in the North/Mountain region and Madera County in the San Joaquin region.

Statewide performance varies based on race/ethnicity, gender, and primary language.

Nearly all race/ethnicity categories with reportable rates fell below the national benchmarks by at least a 10 percent relative difference for seven of the 11 measures with key findings. As a part of DHCS' broader 2022 Comprehensive Quality Strategy, each MCP's rates for all children's preventive care measures should exceed the national 50th percentiles by 2025. Specifically, MCPs are working to close racial/ethnic disparities among well-child visits and immunizations by 50 percent and improve follow-up for mental health and substance use disorders by 50 percent.⁵

DHCS should continue to monitor progress in exceeding the national benchmarks among well-child visits and immunizations, with particular focus on demographic groups falling below the national benchmarks. DHCS and/or MCPs could collaborate with tribal organizations to identify whether logistical or cultural barriers to child well-care visits and/or immunizations exist.

⁵ California Department of Health Care Services. Comprehensive Quality Strategy 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: May 13, 2025.

Performance in the six largest counties was generally positive. Most indicators improved year-over-year, but comparisons to national benchmarks were mixed.

The six largest counties by Medi-Cal population are Los Angeles, San Diego, Orange, Riverside, San Bernardino, and Sacramento. Of these six, MCPs operating in counties other than Riverside and San Bernardino should examine strategies that MCPs in these two counties employed to improve rates of follow-up visits after an emergency department visit for mental illness or substance use. These other four counties could also leverage case management and care coordination, which includes effective discharge planning to ensure members are connected to appropriate providers when discharged for an emergency department visit related to mental health or substance use.⁶ Given DHCS' efforts to promote Medi-Cal for Kids & Teens services in 2023 and the additional provider training requirements in place for 2024, DHCS should monitor how these efforts impact performance measures in measurement year 2024 and beyond.

MCPs operating in Los Angeles, Orange, and San Bernardino counties should continue to ensure that dental screenings and oral health assessments are included as part of the initial health appointment that is required as part of the Population Health Management (PHM) Program.^{7,8}

Given that Dental MC plans are responsible for dental care in Los Angeles and Sacramento counties, MCPs operating in Los Angeles County should ensure members are opting into the Dental MC program available to them. For the remaining four counties (Orange, San Diego, San Bernardino, and Riverside), MCPs should ensure members are referred to a Medi-Cal dental provider so they can receive an annual comprehensive or periodic oral evaluation as an EPSDT service in alignment with the American Academy of Pediatrics Bright Futures periodicity schedule.⁹

⁶ All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: May 13, 2025.

⁷ Ibid.

⁸ All Plan Letter 22-030: Supersedes All Plan Letter 13-017 and Policy Letters 13-001 and 08-003. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-030.pdf>. Accessed on: May 13, 2025.

⁹ All Plan Letter 23-005: Supersedes All Plan Letter 19-010. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: May 13, 2025.

Performance of childhood immunizations differed substantially between rural and urban areas.

MCPs operating in rural areas should identify structural barriers related to the delivery of early childhood immunizations for members, such as clinic access or provider shortages. Due to the improvement in the *Immunizations for Adolescents—Combination 2 (IMA-2)* measure rate among both rural and urban areas, DHCS and MCPs operating in rural areas could identify facilitators of success for providing adolescent immunizations to determine if any strategies may be applicable for early childhood immunizations. For example, one potential barrier could be the California State law that allows pharmacists to only administer immunizations to children under 3 years of age if it is pursuant to a protocol with a prescriber or prescription written by a prescriber.¹⁰ Because the eligible population for *CIS-10* is children turning 2 years of age, children would need a prescription to receive immunizations at a pharmacy under this State law. DHCS and MCPs could examine strategies to facilitate prescriptions or otherwise reduce any barriers for children under 3 years of age to receive immunizations from a pharmacist.

Additional efforts noted in literature to influence immunizations among rural areas include encouraging providers and administrative staff to foster a close and positive relationship with patients, providing immunization recall and/or reminder tracking systems, and offering vaccinations in conjunction with sick visits or screening for immunizations at each visit.¹¹

¹⁰ California Department of Health Care Services. Medi-Cal Reimbursement of Vaccines For Children (VFC)-Enrolled Pharmacy Providers and for VFC and Non-VFC Vaccines – Frequently Asked Questions (FAQs), Version 3.0, June 6, 2025. Available at: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/fag/Medi-Cal_Reimbursement_VFC_FAQ.pdf. Accessed on: May 13, 2025.

¹¹ Albers AN, Thaker J, Newcomer SR. Barriers to and facilitators of early childhood immunization in rural areas of the United States: A systematic review of the literature. *Preventive Medicine Reports*. 27:101804 Available at: <https://www.sciencedirect.com/science/article/pii/S2211335522001115?via%3Dihub>. Accessed on: May 13, 2025.

Follow-up visit rates after an emergency department visit for mental illness or substance use are worsening relative to the national benchmarks.

As part of DHCS' Comprehensive Quality Strategy, *Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up (FUA-30)* and *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up (FUM-30)* have a target of increasing rates by 5 percent each year or achieving rates higher than the national benchmarks.¹² Due to worsening rates, DHCS and MCPs should identify and mitigate barriers to timely follow-up care including enhancing patient and provider education and care coordination.

¹² State of California Department of Health Care Services. Comprehensive Quality Strategy 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: May 13, 2025.