

# Preventive Services Report Executive Summary

## Overview

The California Department of Health Care Services (DHCS) published the 2023 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 23 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.<sup>1</sup> 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), and geographic region.

---

<sup>1</sup> 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: Mar 21, 2024.

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

- 1. Performance for measurement year 2022 improved from measurement year 2021. However, the majority of indicators that could be compared to national benchmarks did not meet the national benchmarks for measurement year 2022.**

DHCS, in collaboration with member and stakeholder feedback, developed new outreach materials that provide an overview of Medi-Cal for Kids & Teens, how to access the services, and the importance of preventive services.<sup>2,3</sup> In 2023, MCPs were required to publish the Medi-Cal for Kids & Teens outreach materials and letters on their websites as well as mail the materials annually to members under the age of 21. For new members, MCPs must mail the materials within seven days of enrollment and for existing members, DHCS required MCPs to mail the first set of materials on June 1, 2023. Starting January 1, 2024, and annually moving forward, DHCS made the same requirements for MCPs related to the Medi-Cal for Kids & Teens materials for both new and existing members as was done in 2023; however, MCPs have the option of mailing or sharing the materials electronically with members.

In December 2023, DHCS published a [Medi-Cal for Kids & Teens Provider Training](#). Starting in January 2024, MCPs are required to submit, by February 15 of each calendar year, a comprehensive plan to ensure their network providers receive proper education and training for Medi-Cal for Kids & Teens.<sup>4</sup> The comprehensive plan must include the number of network providers serving Medi-Cal members 21 years of age and younger, whether the provider completed the required training, and the steps the MCP will take to ensure all network providers are in compliance.

As part of California Advancing and Innovating Medi-Cal (CalAIM), DHCS launched the [Population Health Management \(PHM\) Program](#) on January 1, 2023, which requires MCPs to submit their PHM Strategy Deliverable to DHCS by October 1, 2023, and annually thereafter. The PHM Strategy Deliverable includes questions and attestations which MCPs must respond

<sup>2</sup> State of California Department of Health Care Services. Medi-Cal for Kids & Teens. Available at: <https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx>. Accessed on: Mar 19, 2024.

<sup>3</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

<sup>4</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

to regarding alignment with DHCS' Bold Goals.<sup>5</sup> In January 2024, DHCS released an updated PHM Policy Guide to MCPs related to the population needs assessment (PNA) and requirement for MCPs to meaningfully participate in Local Health Jurisdiction (LHJ) Community Health Assessments/Community Health Improvement Plans rather than complete a separate PNA focused solely on their own members' data.<sup>6</sup> DHCS' goal for the PNA is to initiate or help strengthen engagement among MCPs, LHJs and community stakeholders to better serve the needs of members and the communities in which they live.<sup>7</sup> Given the changes to the PHM Program in 2023 and 2024, it will be important for DHCS to monitor how these efforts impact performance measures related to preventive care in the future.

## **2. Performance is regional.**

Given the low performance of rural counties in the North/Mountain geographic region, MCPs operating in these counties should determine the factors contributing to the low performance (e.g., access to providers and distance to providers). Additionally, MCPs operating in the North/Mountain geographic region should leverage and learn from quality improvement successes of MCPs operating in higher-performing rural counties by implementing similar practices in order to drive improvement. This may also include working with LHJs in higher-performing rural counties to understand best practices that could be implemented by LHJs in lower-performing rural counties.

MCPs operating in lower-performing rural counties should consider expanding the use of telehealth visits, where appropriate, and assess ways to expand the managed care provider networks to improve performance.

## **3. Statewide performance varies based on race/ethnicity and primary language.**

Given that the rates for the same racial/ethnic groups (American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and primary language groups (Russian) continued to be low statewide, MCPs have opportunities to use this information to set or re-evaluate shared goals and specific, measurable, attainable, realistic, and time-bound (SMART) objectives in collaboration with LHJs as part of the PHM Strategy

---

<sup>5</sup> DHCS' Bold Goals aim to improve the rates of children's preventive care measures, including improving rates of adolescent depression screenings and closing racial/ethnic disparities in well-child visits and immunizations.

<sup>6</sup> State of California Department of Health Care Services. 2023 DHCS PHM Strategy Deliverable Template. August 2023. Available at <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Strategy-Submission-Template-August2023.pdf>. Accessed on: Mar 19, 2024.

<sup>7</sup> State of California Department of Health Care Services. CalAIM: Population Health Management (PHM) Policy Guide. January 2024. Available at: <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>. Accessed on: Mar 19, 2024.

Deliverables that MCPs are required to submit to DHCS annually in October of each year.<sup>8</sup> These objectives must align with DHCS' Bold Goals, which include closing racial/ethnic disparities in well-child visits and immunizations.<sup>9</sup>

Starting in 2023 and through 2025, DHCS required all MCPs to conduct a clinical performance improvement project (PIP) on well-child visits, specifically related to improving well-child visit compliance for Black or African American children if the MCP had a sufficient Black or African American population. DHCS and the MCPs should monitor over time how this PIP impacts well-child visit compliance for the selected racial/ethnic groups.

**4. Overall performance across California's six largest counties was high for a majority of indicators, but improvement is needed for well-child visits, childhood immunizations, blood lead screenings, and follow-up after hospitalizations for mental illness.**

Given that the six largest counties in California continued to have low performance related to well-child visits, blood lead screenings, and childhood immunizations during measurement year 2022, implementing efforts to improve well-child visits within the six largest counties may contribute to substantial improvement for California overall. Additionally, 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 well-child visits, blood lead screenings, and childhood immunizations in measurement years 2023 and 2024.

Riverside, Sacramento, and San Diego counties had low performance relative to statewide performance on follow-up after hospitalizations for mental illness; therefore, MCPs operating in these counties should leverage case management and care coordination to ensure members are connected to appropriate providers upon discharge for a mental health-related hospitalization.<sup>10</sup> Further, the CalAIM Behavioral Quality Improvement Program is an incentive payment program for County Behavioral Health Plans through fiscal year 2023–2024. Plans are able to earn incentive payments based on completing deliverables tied to program goals and milestones. One of the milestones is demonstrating improved data exchange capabilities between the County Behavioral Health Plans and the MCPs. Given this milestone was

<sup>8</sup> State of California Department of Health Care Services. 2023 DHCS PHM Strategy Deliverable Template. August 2023. Available at <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Strategy-Submission-Template-August2023.pdf>. Accessed on: Mar 19, 2024.

<sup>9</sup> Ibid.

<sup>10</sup> State of California Department of Health Care Services. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 [letter]. March 16, 2023. Available at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>. Accessed on: Mar 19, 2024.

intended to be completed by July 2023, it will be important to assess whether MCP rates improve in measurement year 2023.<sup>11</sup>

**5. At least half of younger MCMC children received well-child visits and received immunizations at higher rates than seen nationally.**

MCPs should continue to ensure children and adolescents receive all their necessary well-child visits, especially for children ages 15 months and younger. Well-child visits are an opportunity for parents to raise concerns about their child's development and behavior; receive important immunizations; and develop a relationship between the pediatrician, parents, and child.<sup>12</sup>

MCPs should leverage best practices shared through the CMS Infant Well-Child Visit Learning Collaborative Affinity Group on improving infant well-child visit rates, including engaging with mothers during the prenatal and postpartum period about the importance of well-child visits, working with hospitals to schedule well-child visits before the mother and baby are discharged, providing resources to address barriers to attending well-child visits, and providing culturally relevant support for the Black or African American population. Additionally, DHCS is requiring Medi-Cal providers participating in presumptive eligibility programs to report the births of Medi-Cal eligible infants to an online portal within 24 hours of birth, effective July 2024, in order to minimize any coverage gaps or delays in care. DHCS should monitor how the newborn online portal is leveraged to improve well-child visit rates in the future.

**6. Adolescent rates for well-care visits were lower than rates for younger children.**

Adolescents ages 12 to 21 years account for approximately 48 percent of the pediatric MCMC population; therefore, there are opportunities for MCPs to work with providers to ensure that as children get older, they continue to receive comprehensive well-care visits and recommended screenings. These well-care visits are an opportunity to provide additional recommended services for adolescents ages 12 to 21 years, including depression, alcohol use, and tobacco use screenings. Given that there continued to be little improvement in billing for alcohol and tobacco use screenings in measurement year 2022, MCPs should continue to work with providers to improve billing practices to capture alcohol and tobacco screenings.

---

<sup>11</sup> State of California Department of Health Care Services. CalAIM Behavioral Health Quality Improvement Program. Available at: <https://www.dhcs.ca.gov/bhqip>. Accessed on: Mar 19, 2024.

<sup>12</sup> American Academy of Pediatrics. AAP Schedule of Well-Child Care Visits. Available at: <https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx>. Accessed on: Mar 19, 2024.

**7. Over half of MCMC children received a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally.**

Measurement year 2022 is the first year MCPs reported the *Lead Screening in Children* indicator; however, it is important to note that coronavirus disease 2019 (COVID-19) likely impacted the blood lead screenings given that many children who turned 2 years of age in measurement year 2022, would have typically received a blood lead screening after 1 year of age, which would have occurred during measurement year 2021 when the public health emergency was still in effect.

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 lead screening rates in measurement years 2023 and 2024.