Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

July 10, 2025

Hybrid Meeting Tips

- Please use either a computer or phone for audio connection.
- Please mute your line when not speaking.
- MCHAP members are required to turn on their cameras during the meeting.
- Registered attendees can make oral comments during the public comment period.
- For questions or comments, email MCHAP@dhcs.ca.gov.

Welcome, Roll Call, Today's Agenda

Mike Weiss, M.D., Chair

DHCS

Director’s Update

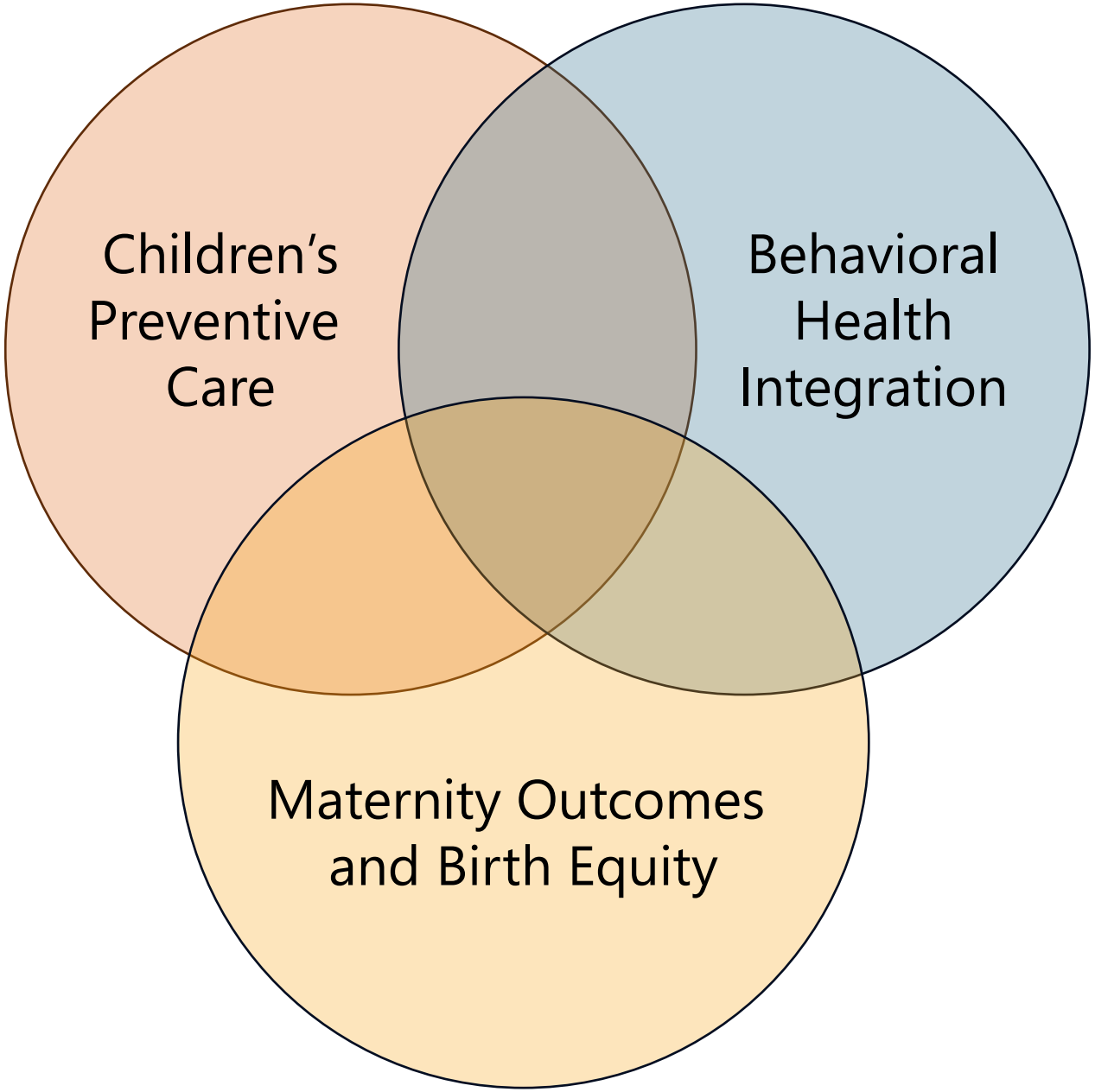
Michelle Baass, Director

Improving Children's Preventive Care Outcomes

Pamela Riley, MD, MPH, Assistant Deputy Director and Chief Health Equity Officer, Quality and Population Health Management

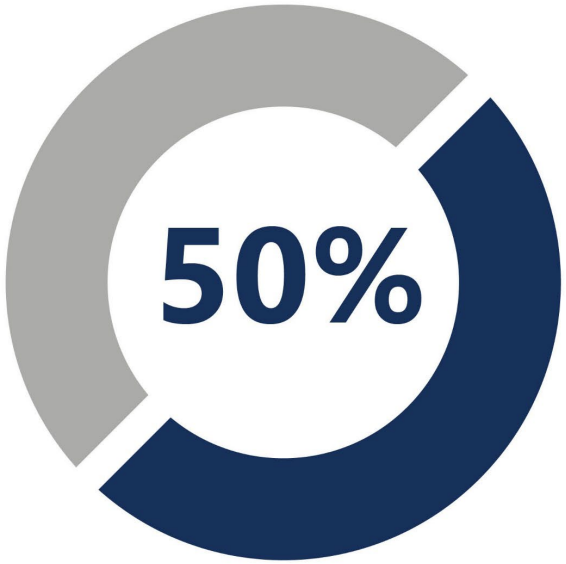
DHCS

Children's preventive care is a priority clinical focus area in DHCS' Comprehensive Quality Strategy



Bold Goals Prioritize Children's Preventive Care

BOLD GOALS:
50x2025



STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%

- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022-23 Rate Difference
Children's Health Domain				
Child and Adolescent Well-Care Visits – Total	47.51%	**47.02%** ↓	49.50%	2. 48▲
Childhood Immunization Status – Combination 10	**36.63%** ↓	**34.69%** ↓	**30.64** ↓	- 4.05 ▽
*Developmental Screening in the First Three Years of Life – Total**	—	32.33%	40.34%	8.01 ▲
Immunizations for Adolescents – Combination 2	39.23%	39.97%	41.36%	1.39 ▲
Lead Screening in Children	—	54.57%	**58.46%** ↓	3.89 ▲

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022-23 Rate Difference
Children's Health Domain				
*Topical Fluoride for Children – Dental or Oral Health Services – Total**	——	9.75%	**18.17%** ↓	8.42▲
Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months – Six or More Well-Child Visits	**40.23%** ↓	**49.56%** ↓	**53.56%** ↓	4.00 ▲
Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months – Two or More Well-Child Visits	**60.28 %** ↓	**64.33%** ↓	**66.65%** ↓	2.32 ▲

CHILDREN'S HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY? (1 of 3)

There are eight key measures in the Children's Health Domain:

1. Child and Adolescent Well-Care Visits (WCV)
2. Childhood Immunization Status (CIS-10)
3. Developmental Screening in the First Three Years of Life (DEV), **new for MY 2023**
4. Immunizations for Adolescents (IMA-2)
5. Lead Screening in Children (LSC)
6. Topical Fluoride for Children (TFL-CH), **new for MY 2023**
7. Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits (W30-6+)
8. 8. Well-Child Visits in the First 30 Months of Life –15 to 30 Months – Two or More Well-Child Visits (W30-2+)

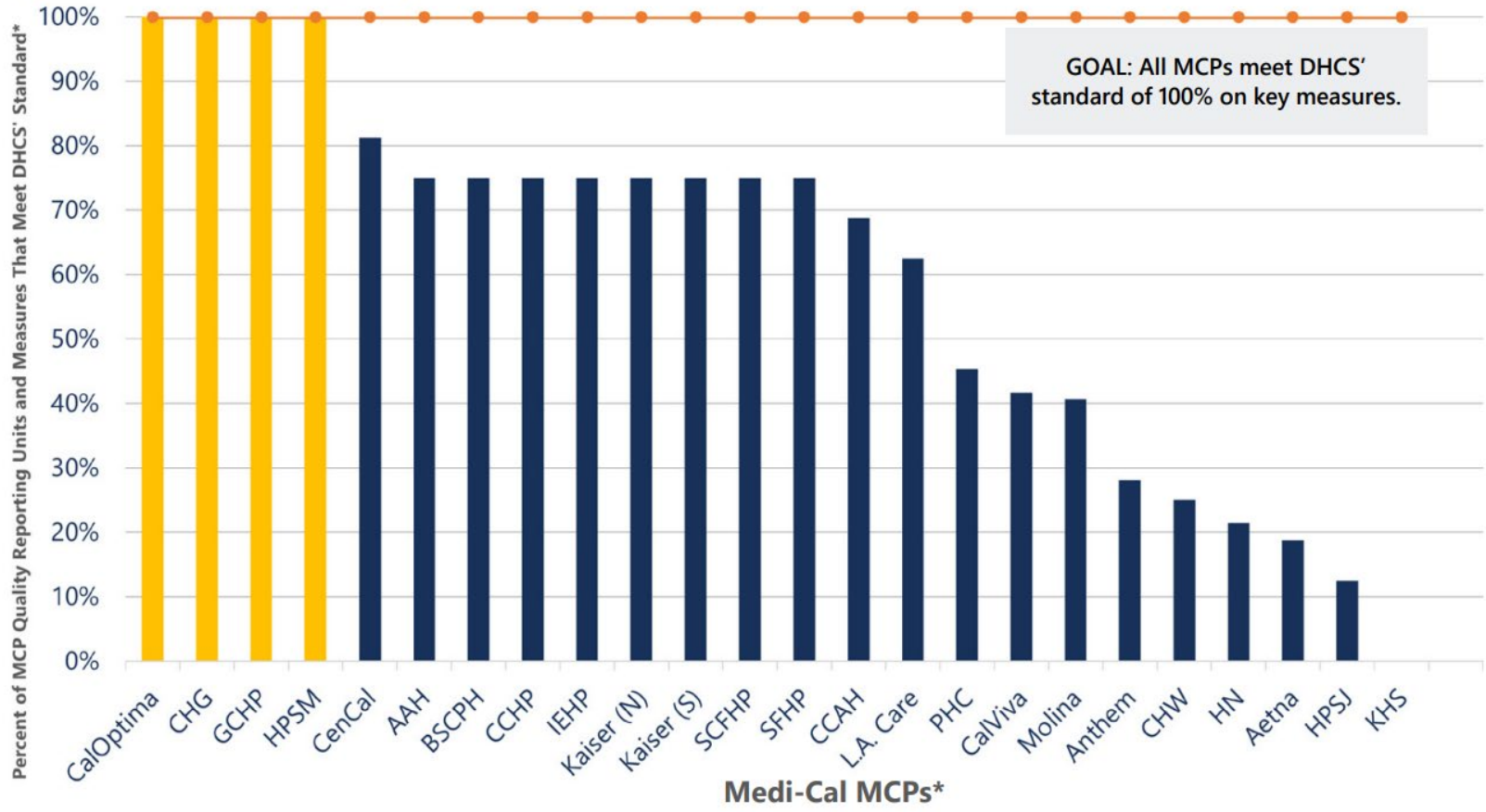
Source: 2024 MCAS findings in EQRO Tech Report

CHILDREN'S HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY? (2 of 3)

To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meets or exceeds the established standard for each key measure. Figure 2 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Children's Health.

*DHCS' standard is based on national averages or median benchmarks for Medicaid plans. See Appendix for a list of MCPs' MCP Quality Reporting Units.

Figure 2: Children's Health Quality



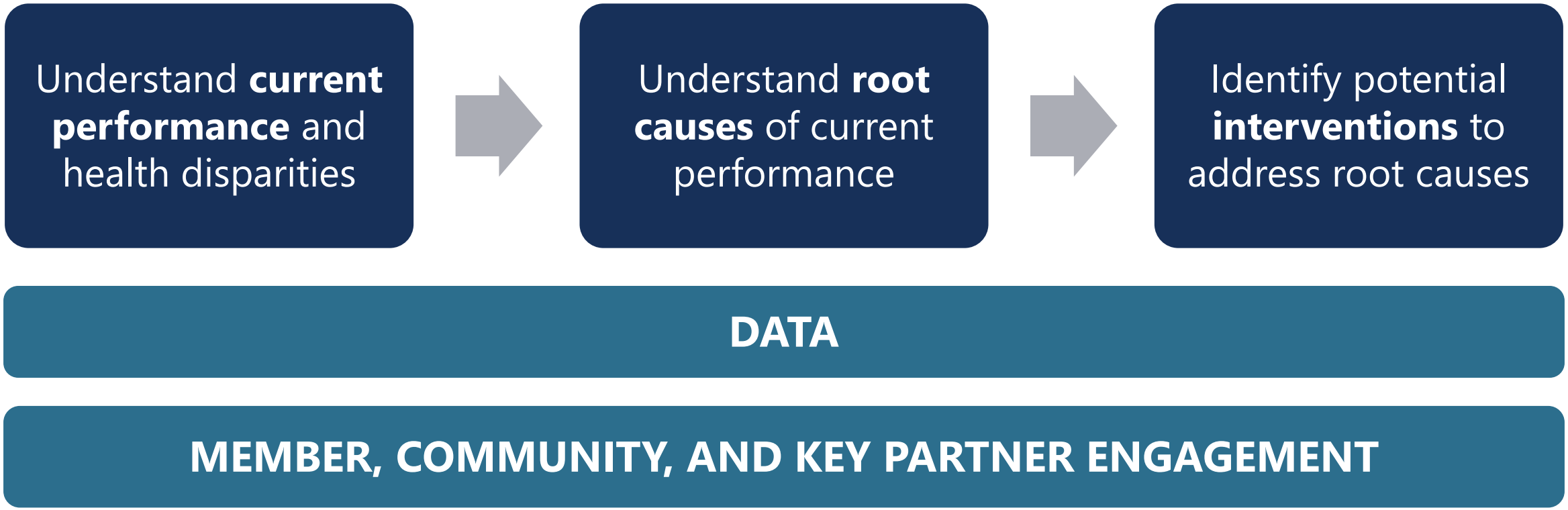
Source: MY23 MCAS Fact Sheet

CHILDREN'S HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY? (3 of 3)

- CalOptima, Community Health Group, Gold Coast Health Plan, Health Plan of San Mateo **met or exceeded DHCS' standard for all measures**
- 63% of MCPs **met or exceeded DHCS' standard for at least 50% of measures**
- Overall quality in the Children's Health Domain improved compared to last year (from 38% to 43% of MCP Quality Reporting Units meeting the DHCS standard). There remain opportunities for improvement, particularly in enhancing coordination across delivery systems.

Source: MY23 MCAS Fact Sheet

Understanding and Improving Children's Preventive Care Outcomes



Best Practices for Improving Children's Preventive Care Outcomes

Improving Access	*Primary Care Transformation*	*Improved Data Collection and Reporting*	*Collaboration with Key Partners*
» **Expanding weekend/evening access** to improve availability. » **Incentives and targeted outreach** for members not utilizing care	» Practice transformation using **dedicated staff, data analytics, and incentive structures** to improve performance. » Addressing **care gaps through education and outreach**, with a focus on **community engagement**.	» Addressing **gaps in data completeness and reporting delays** in DHCS data sources. » Expanding **electronic data-sharing agreements** for improved tracking.	» Strengthening health plan partnerships with **WIC, First5, schools, and health navigators**.

Opportunity Areas to Improve Children's Preventive Care Outcomes

Data & Reporting

- Improve **real-time provider access** to well-child visit tracking portals.
- Address **data inconsistencies** and reporting gaps.
- Strengthen health plan **collaboration with DHCS** on timely and complete data.

Provider & Member Engagement

- Increase **community-based outreach** to engage hard-to-reach populations.
- Address **outdated contact information** through state partnerships.

Policy & Collaboration

- Identify **scalable interventions** for challenging issues (e.g., lead screening; vaccine hesitancy).
- Support capacity building to implement best practice interventions
- Support partnerships and **regional and local collaboration** to improve outcomes

Discussion – Improving Children's Preventive Health Outcomes (1 of 2)

Improving Access:

- What **specific interventions** to improve children's preventive care outcomes are worth pursuing?
- What interventions have you tried to improve pediatric access that have worked? That haven't worked?
- What strategies have been successful to engage members with no/little utilization?

Primary Care Transformation:

- What primary care practice interventions have helped improve performance on children's preventive health measures?
- What solutions have helped practices improve outreach and engagement of members with care gaps?

Discussion – Improving Children's Preventive Health Outcomes (2 of 2)

Data Collection & Reporting:

- What supplemental **data sources** can be leveraged to improve performance on children's preventive measures?
- How is data exchange with local partners being used to improve performance on children's preventive health measures?

Collaboration with Community Partners:

- What **partnerships** are needed at the local level to support implementation of DHCS policies and programs to improve children's preventive care?
- How have Medi-Cal members been engaged in identifying root causes and solutions to improving utilization of children's preventive care?

Questions?

California Children's Services (CCS) Quality Metric Redesign

Dr. Sabrina Atoyebi, Branch Chief, Integrated Systems of Care Division (ISCD)
Dr. Cheryl Walker, Medical Director, ISCD

DHCS

Background and Authorizing Statute

Background

- In 2018, a CCS Performance Measures Quality Subcommittee was established and convened seven times to respond to the needs of California's CCS population.
- The goal was to create a standardized set of performance measures for a variety of children's programs
  - This subcommittee was comprised of a multidisciplinary team of clinicians and program experts tasked with drafting, reviewing, and discussing the viability and technical specifications of performance measures.
  - Recommendations made by the 2018 CCS Performance Measures Quality Subcommittee were considered as part of the 2023-24 CCS Performance Measure Quality Subcommittee efforts.
- The 2023-24 CCS Redesign Performance Measure Quality Subcommittee convened to identify and recommend measures for DHCS' consideration for implementation.

Authorizing Statute

Welfare & Institutions Code (WIC), section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:

- Annually provide an analysis on its website regarding trends on CCS enrollment for Whole Child Model (WCM) counties and non-WCM counties in a way that enables a comparison of trends between the two categories of CCS counties.
- Develop utilization and quality measures, to be reported on an annual basis in a form and manner specified by DHCS, that relate specifically to CCS specialty care and report such measures for both WCM counties and non-WCM counties. When developing measures, will consider:
  - Recommendations of the CCS Redesign Performance Measure Quality Subcommittee established by DHCS as part of the CCS Advisory Group pursuant to subdivision (c) of Section 14097.17.
  - Available data regarding the percentage of children with CCS-eligible conditions who receive an annual special care center visit.

Source: WIC Section 14094.7 (b)

Authorizing Statute (continued)

For WCM Medi-Cal MCPs, results from the measures identified in this process may inform quality improvement efforts.

- Require, as part of its monitoring and oversight responsibilities, any WCM plan, as applicable, that is subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program to implement quality improvement strategies that are specifically targeted to the CCS population, as determined by DHCS.
- Establish a stakeholder process pursuant to Section 14094.17.

Source: WIC Section 14094.7 (b)

Roadmap

CCS Redesign Quality Roadmap

Data and reporting are published to the dashboard on DHCS' website for Measurement Year (MY) 2025.

Jan 1, 2025 | **2027** | **2028+**

- In December 2024, DHCS released the CCS Classic and WCM Enrollment and Demographic Dashboard,
- This dashboard only includes existing demographic data based on MY 2024 and will be updated quarterly.

Considerations for benchmarking begins

Existing *demographic data* outlined on a subsequent slide

CCS Classic and WCM Enrollment and Demographic Dashboard

Demographic Data

» The first iteration of the interactive CCS Classic and WCM Enrollment and Demographic Dashboard includes the following demographic data:

Selected Demographic Dimensions	
Delivery System	County
Age	Healthy Places Index
Race	Population Density
Ethnicity	Plan
Sex	CCS or WCM
Primary Spoken Language	Year/Month
Foster Care/Child Welfare	Independent/Dependent County

Note: The dashboard(s) created as a result of this initiative are iterative. The name of the dashboard as well as included dimensions and subdimensions are at DHCS' discretion and are subject to change.

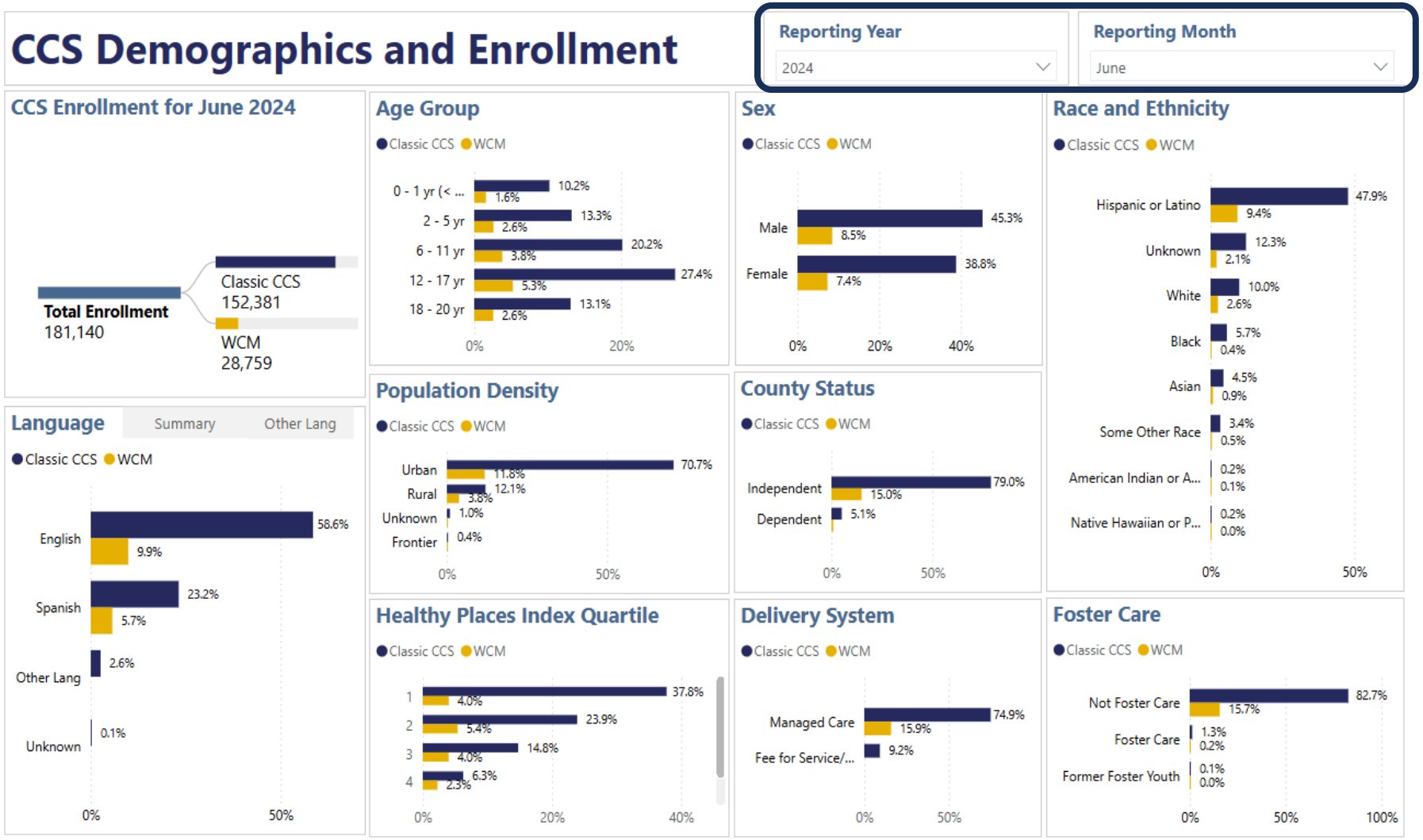
Source: WIC Section 14094.7 (b)

CCS Classic and WCM Enrollment and Demographic Dashboard

Users can filter by:

» Reporting Year

» Reporting Month



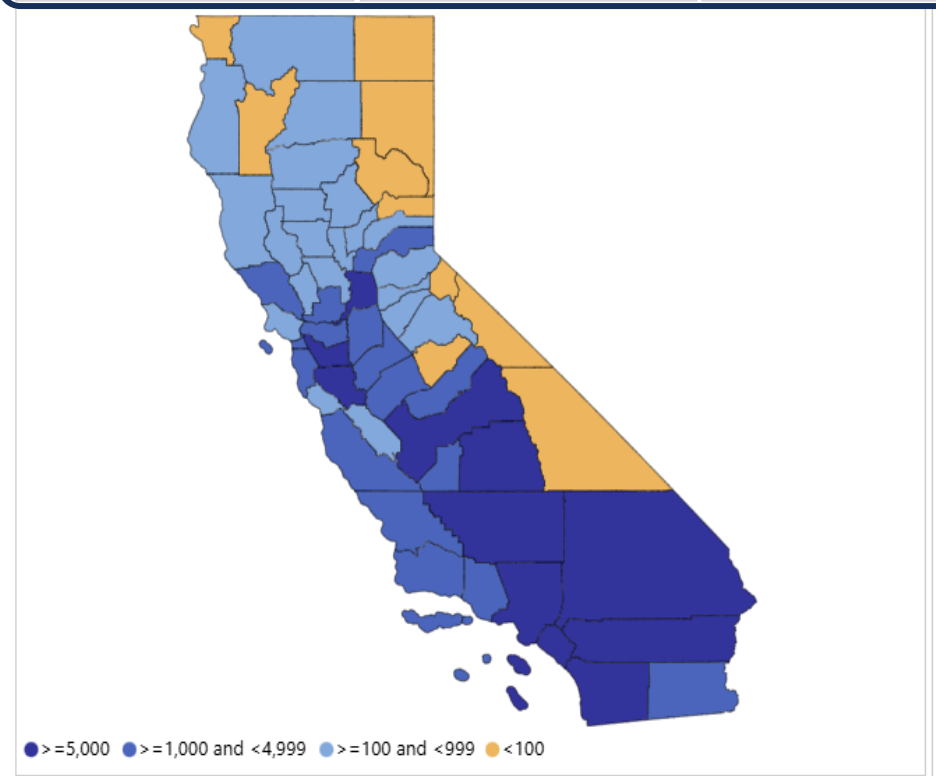
CCS Classic and WCM Enrollment and Demographic Dashboard

Users can filter by:

- Reporting Year
- Reporting Month
- CCS Type
- Health Plan (WCM Only)

Total CCS Enrollment by Classic CCS County and WCM by County Breakdown

Reporting Year	Reporting Month	CCS Type	Health Plan (WCM Only)
2024	June	ALL	ALL



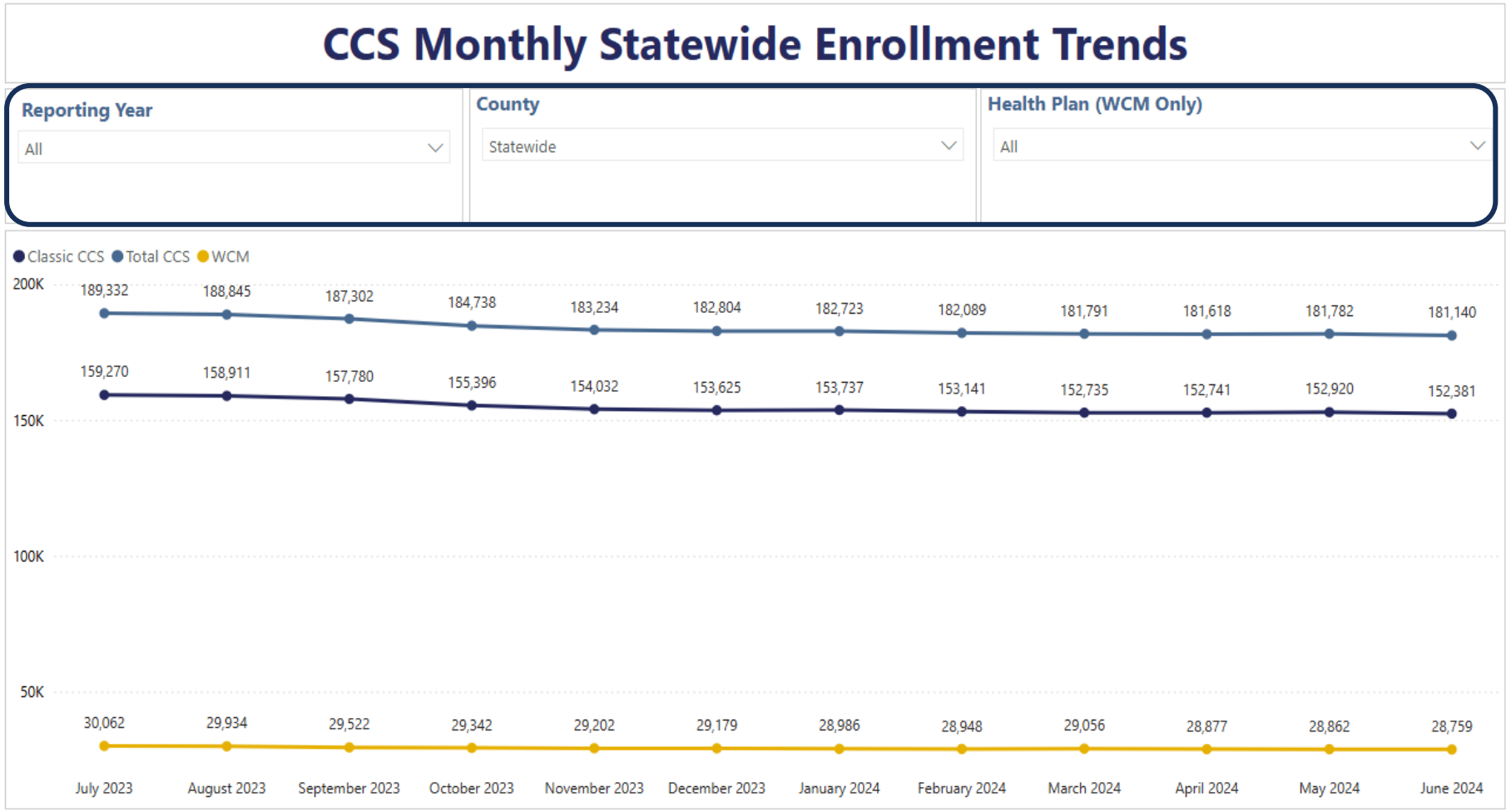
County	Member Count	Percentage of CCS Membership	County Status
Alameda	6,507	3.6%	Independent
Amador	142	0.1%	Dependent
Butte	950	0.5%	Independent
Calaveras	175	0.1%	Dependent
Colusa	115	0.1%	Dependent
Contra Costa	4,689	2.6%	Independent
Del Norte	91	0.1%	Dependent
El Dorado	608	0.3%	Dependent
Fresno	5,426	3.0%	Independent
Glenn	212	0.1%	Dependent
Humboldt	655	0.4%	Independent
Imperial	2,444	1.3%	Dependent
Inyo	62	0.0%	Dependent
Kern	7,002	3.9%	Independent
Kings	1,010	0.6%	Dependent
Lake	453	0.3%	Dependent
Lassen	87	0.0%	Dependent
Los Angeles	40,127	22.2%	Independent
Madera	1,755	1.0%	Dependent
Marin	718	0.4%	Independent
Mariposa	61	0.0%	Dependent
Mendocino	417	0.2%	Independent
Total	**181,094**	**100.0%**	

1. Classic CCS is administered in partnership with the state and county and Whole Child Model CCS is administered in partnership with with the state, counties and managed care plans (MCPs).
2. Blank Values: "Blank" values indicate counts that are not shown in accordance with DHCS Data De-identification Guidelines v2.2.

CCS Classic and WCM Enrollment and Demographic Dashboard

Users can filter by:

- Reporting Year
- County
- Health Plan (WCM Only)



1. This page shows Classic CCS and WCM enrollment trends over time.
2. Blank Values: "Blank" value indicates counts that are less than 11 and are not shown in accordance with DHCS Data De-identification Guidelines V2.2.

CCS Redesign Performance Measures

2024 Subcommittee Overview

- February 29 meeting: Members had the opportunity to vote on each of the candidate measures.
- May 30 meeting: DHCS and subcommittee members discussed the approach for implementing the recommended measures.
- November 6 meeting: DHCS reviewed the following measures and stratification specifications.
- DHCS reserves the right to move forward with measures it believes are relevant and valuable to track.

Selected Measures

- DHCS is moving forward with these six (6) measures^:
  - Acute Hospital Utilization (AHU)**
  - Emergency Department Utilization (EDU)**
  - Plan All-Cause Readmissions (PCR)**
  - Specialty Care Centers (SCC) Visits*
  - CCS Paneled Provider Utilization
  - Annual Visit for a Hearing-Related Condition

^ Measure specifications are subject to change if further analysis determines they are not feasible for implementation.

****** Indicates National Committee for Quality Assurance (NCQA) Measurement Year (MY) 2025 Healthcare Effectiveness Data and Information Set (HEDIS)

***** This measure must be included in alignment with the authorizing statute, which requires DHCS to utilize, "Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit" (WIC Section 14094.7 (b)).

NCQA HEDIS 2025 Selected Measures

- DHCS will leverage NCQA MY 2025 HEDIS measure specifications for the following measures:
  - Acute Hospital Utilization (AHU)
  - Emergency Department Utilization (EDU)
  - Plan All-Cause Readmissions (PCR)
- Over the next year, DHCS will review the NCQA measure specifications and incorporate adjustments to reflect the CCS program's pediatric population.

DHCS Developed Measure Specifications

Measure Name	Measure Description	Numerator	Denominator
Specialty Care Center (SCC) Visits	Percentage of CCS members who have a documented visit with a SCC within 90 days of the CCS first eligible start date	The number of unique CCS members with a SCC visit within 90 days of the first eligible start date	Number of CCS members with a CCS eligibility start date within the time period of interest (ages 0-20 years as of visit date)

Measure details are subject to change based on additional analysis by DHCS.

DHCS Developed Measure Specifications

Measure Name	Measure Description	Numerator	Denominator
CCS-Paneled Provider Utilization	Percentage of CCS members with a documented visit with a CCS-paneled pediatric subspecialty physician in the past 12 months.	Number of CCS members with a documented visit with a CCS-paneled pediatric subspecialty physician in the past 12 months.	Number of CCS eligible members (ages 0-20 years as of December 31 of the MY).

Measure details are subject to change based on additional analysis by DHCS.

DHCS Developed Measure Specifications

Measure Name	Measure Description	Numerator	Denominator
Annual Visit for a Hearing-Related Condition	Percent of CCS members with hard-of-hearing or deafness related conditions who received an annual visit at an audiology SCC related to their condition.	The count of existing CCS members with an annual audiology SCC visit.	Total count of CCS members with a deaf or hard-of-hearing condition (ages 0-20 years as of December 31 of the MY).

Measure details are subject to change based on additional analysis by DHCS.

Selected CCS-Eligible Conditions for Stratification

» DHCS plans to stratify the measures by the following conditions:

- Type 1 Diabetes Mellitus
- Hemophilia
- Sickle Cell Anemia
- Acute Lymphocytic Leukemia
- Cystic Fibrosis
- **Cerebral Palsy**
- **Seizure Disorders**
- **Type 2 Diabetes Mellitus**
- **Critical Congenital Heart Defect (CCHD)**

Items in **bold** indicate conditions that have been added based on Subcommittee feedback.

Selected CCS-Eligible Conditions for Stratification

- Estimated Prevalence by Selected CCS-eligible condition, ordered by least to most prevalent.
  - Cystic Fibrosis, Hemophilia, Sickle Cell Anemia, Acute Lymphocytic Leukemia, Type 2 Diabetes Mellitus, Seizure Disorders, Type 1 Diabetes Mellitus, CCHD, Cerebral Palsy
- DHCS's proposed stratification approach will allow for measure comparison across the selected CCS-eligible conditions.
  - This information will be presented in a bar graph of the estimated prevalence of each of the conditions.

Other CCS-Eligible Conditions Considered for Stratification

- DHCS reviewed but chose not to move forward with stratifying the following CCS-eligible conditions:
  - Hearing Loss
  - Heart Septal Defects
  - Hypothyroidism
  - Strabismus | Esotropia
  - Respiratory Distress of the Newborn
  - Scoliosis
  - Chronic Lung Disease

Limitations of Stratification

- DHCS understands stakeholders are interested in stratifying measures to identify whether the measure outcome is related to the CCS-eligible condition.
- Given current resource limitations, DHCS is unable to develop a stratification of that complexity.
- Additionally, due to small counts, many of the quality measure condition-stratified rates would have to be suppressed.
- However, DHCS believes it is feasible to stratify measures by the CCS member's qualifying condition.

Questions?

Break

Medi-Cal Vision Services

Donny T. Shiu, O.D., Chief, Medi-Cal Vision Program

DHCS

Population Served

- All Medi-Cal members – nearly 15 million Californians – including:
  - Low-income individuals with specific diseases
  - Low-income families
  - Seniors and persons with disabilities
  - Children in low-income families or who are in foster care

Vision Care Roles & Responsibilities

- **DHCS:** Establishes coverage and reimbursement policy and pays providers.
- **Delivery Model:** Vision care delivered either through enrolled MCPs or fee-for-service (FFS) providers
  - Eye exams performed by eye care Medi-Cal MCP providers or Medi-Cal FFS providers.
- **Providers:** Vision (eye care) providers serve Medi-Cal members
  - If eyeglasses are needed, providers send eyeglass frames for prescription lenses to be made by CalPIA at no cost to providers and members statewide.

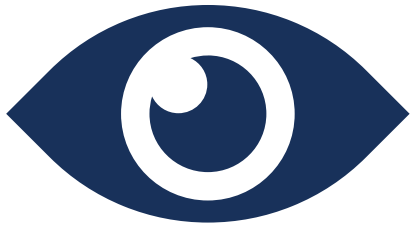
Provider Community: Three O's

- Optometrists
  - This is who you see for eye exams and care for certain eye conditions, including a glasses prescription.
- Ophthalmologists
  - This is who you see for specialized eye care for eye diseases/conditions, including eye surgeries.
- Opticians / Ocularists
  - This is who you see for fitting, filling, and dispensing glasses prescriptions.
  - Ocularists are who you see for the furnishing and fitting of prosthetic/artificial eyes.

Medi-Cal Covered Vision Services

- Comprehensive eye examination
- Diagnostic and ancillary eye procedures
- Low-vision services & devices, prosthetic eye
- Medically necessary specialty lenses (e.g., contact lenses)
- Eyeglasses (frames and lenses), regardless of age

Medi-Cal Covered Vision Services



- Comprehensive eye examination
- Diagnostic and ancillary eye procedures
- Low-vision services & devices, prosthetic eye
- Medically necessary specialty lenses (e.g., contact lenses)
- Eyeglasses (frames and lenses), regardless of age

Eyeglasses

- Frames and lenses
  - Only those that meet the American National Standard Institute (ANSI) quality requirements are covered
  - Replacements are allowed if:
    - Your prescription changes
    - Your eyeglasses are lost, damaged, or broken

Polycarbonate Lenses

- Polycarbonate lenses are covered for children under age 18.
- Polycarbonate eyeglass lenses are 10 times more impact-resistant than glass or regular plastic lenses.
- Glasses with polycarbonate lenses protect children's eyes and from harmful ultraviolet (UV) radiation.

Medi-Cal Prescription Lenses

- Fabricated by a licensed device manufacturer, California Prison Industry Authority (CalPIA)
  - CalPIA has three optical factories
  - CalPIA provides services for all 58 California counties
- In 2024, CalPIA shipped more than one million pairs of lenses to Medi-Cal members of all ages collectively

CalPIA Benefits

- Production of quality products
- Trusted partner in detection and mitigation efforts to reduce and mitigate fraud, waste, and abuse
- Enhances and promotes trade skills for justice-involved individuals

Helpful Resources

- For more information about Medi-Cal's Vision Program and available services, visit DHCS' website.
  - On this site, you can find helpful resources, including:
    - Frequently Asked Questions
    - Provider Manual coverage policy
- For questions or issues, you can also visit the Medi-Cal Member Helpline webpage.
  - For assistance over the phone, please call (800) 541-5555. If you are outside of California, please call (916) 636-1980.

If you have questions or comments, please email vision@dhcs.ca.gov.

Questions?

Public Comment

Public Comment Guidelines

- During the public comment period, we do not answer questions, but simply listen to public comments.
- All public comments are recorded in the meeting minutes.
- Public comments are from members of the public present in the room and those attending virtually.
- Please state your name and organization.
- Please keep your comments concise and limited to 1 minute.

Final Comments and Adjourn

Upcoming 2025 Meeting Dates

- September 11, 2025
- November 6, 2025

Thank You!