



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

January 26, 2021



# Webinar Tips

- Please use **either** computer **or** phone for audio connection
- Please mute your line when not speaking.
- For questions or comments, email: [MCHAP@dhcs.ca.gov](mailto:MCHAP@dhcs.ca.gov).



# Agenda

- Welcome and Introductions
- Opening Remarks by DHCS Director
- Update on Preventive Services and Health Disparities Report
- Structural Racism in the Health Care Delivery System and Outcomes
- MCHAP Member Updates and Follow-Up
- Public Comment
- Upcoming MCHAP Meetings and Next Steps



# Director's Updates



# Governor's Proposed Budget



# Proposed Budget

- Governor's proposed budget includes \$126 billion in total funds for DHCS.
- Equity is a key focus of the Administration, including its response to COVID-19.
  - One initiative related to health equity in the budget is:
    - Expand telehealth flexibilities, including Remote Patient Monitoring costs of \$94.8 million total funds.
    - Adding Continuous Glucose Monitoring systems as a Medi-Cal benefit for beneficiaries ages 21 and older with Type 1 diabetes, budget includes \$10.9 million total funds.



# Proposed Budget Cont.

- Major Budget Issues and Proposals include:
  - Impacts of the COVID-19 public health emergency including vaccine administration costs of \$31.7 million total funds (\$10.8 million General Fund) in FY 2020-21 and \$315.7 million total funds (\$107.4 million General Fund) in FY 2021-22.
  - CalAIM implementation beginning January 1, 2022 in the amount of \$1.1 billion total funds.
  - Behavioral Health Continuum Infrastructure Funding included in the budget in the amount of \$750 million general fund.
  - Increased Access to Student Behavioral Health Services in the amount of \$400 million total funds.
  - Delaying the suspension date by one year for a number of DHCS Proposition 56 expenditure items, including the recent expansion of post-partum care eligibility.



# Resources

DHCS Budget Highlights:

[https://www.dhcs.ca.gov/Documents/Budget\\_Highlights/DHCS-FY-2021-22-Governors-Budget-Highlights.pdf](https://www.dhcs.ca.gov/Documents/Budget_Highlights/DHCS-FY-2021-22-Governors-Budget-Highlights.pdf)

Governor's Proposed Budget:

<http://www.ebudget.ca.gov/>

November Medi-Cal Estimate:

<https://www.dhcs.ca.gov/dataandstats/reports/mceestimates/Pages/default.aspx>

Trailer Bill Language:

[https://www.dof.ca.gov/Budget/Trailer\\_Bill\\_Language/](https://www.dof.ca.gov/Budget/Trailer_Bill_Language/)





# COVID-19 Impact on Medi-Cal Utilization



# Understanding COVID-19 Impact on Children in Medi-Cal

- DHCS is performing analysis and developing dashboards that will monitor the impact of COVID-19
- Focus areas for utilization of services:
  - ✓ COVID-19 cases, hospitalizations, and testing
  - ✓ Utilization of services prior to and during the pandemic



# Data Analysis Caveats

- Data presented is for age group 0 through 17 years old unless specified otherwise
- Age is based on the Medi-Cal eligibility data at the time of the service
- Stratifications by sex, race/ethnicity, and delivery system are based on all claims to date for calendar year 2020
- Reporting is based on claims and encounter data received from providers and managed care plans
- Additional measures and reporting are in process beyond those being shared today



# Data Completeness Considerations

- Data is preliminary and will continue to change and be updated
- The time between date of service and when DHCS receives fee-for-service claims and managed care encounters varies
- Since providers payment is incumbent on claims being submitted within six months of the date of service, majority of data is received within six months
- While most data is received within 3 to 6 months of date of service, data may be received up to 6 to 12 months after services are delivered
- The most recent months of data are not presented as there is insufficient reporting (also called claim lag) to show current trends



# COVID-19 Confirmed Cases

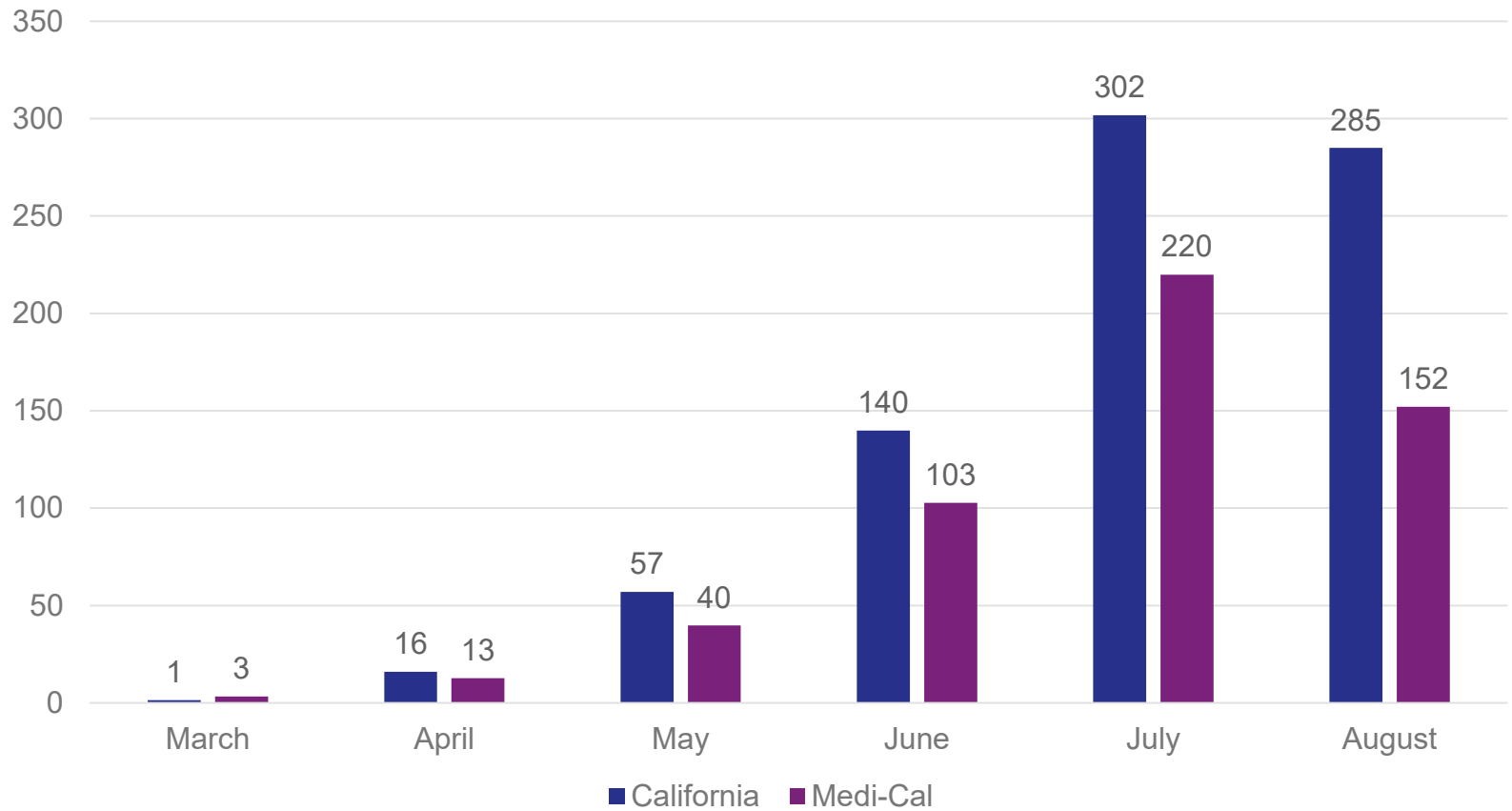
- Total number of beneficiaries aged 0-17 years with a COVID-19 diagnosis
- Beneficiaries are counted once
- ICD-10 codes are used to identify COVID-19 cases on claims or encounters:
  - B97.29 - other coronavirus as the cause of diseases classified elsewhere (Used for cases before April 1, 2020)
  - U07.1 - 2019 Novel Coronavirus, COVID-19 (Used to identify cases after April 1, 2020)
- Data sources:
  - Medi-Cal: DHCS MIS/DSS Claims and Eligibility Data
  - All Cases: CDPH CalREDIE, California Open Data Portal



# COVID-19 Confirmed Cases

## New cases monthly

Total California cases compared to cases in Medi-Cal per 100,000 for Individuals 0-17 year olds

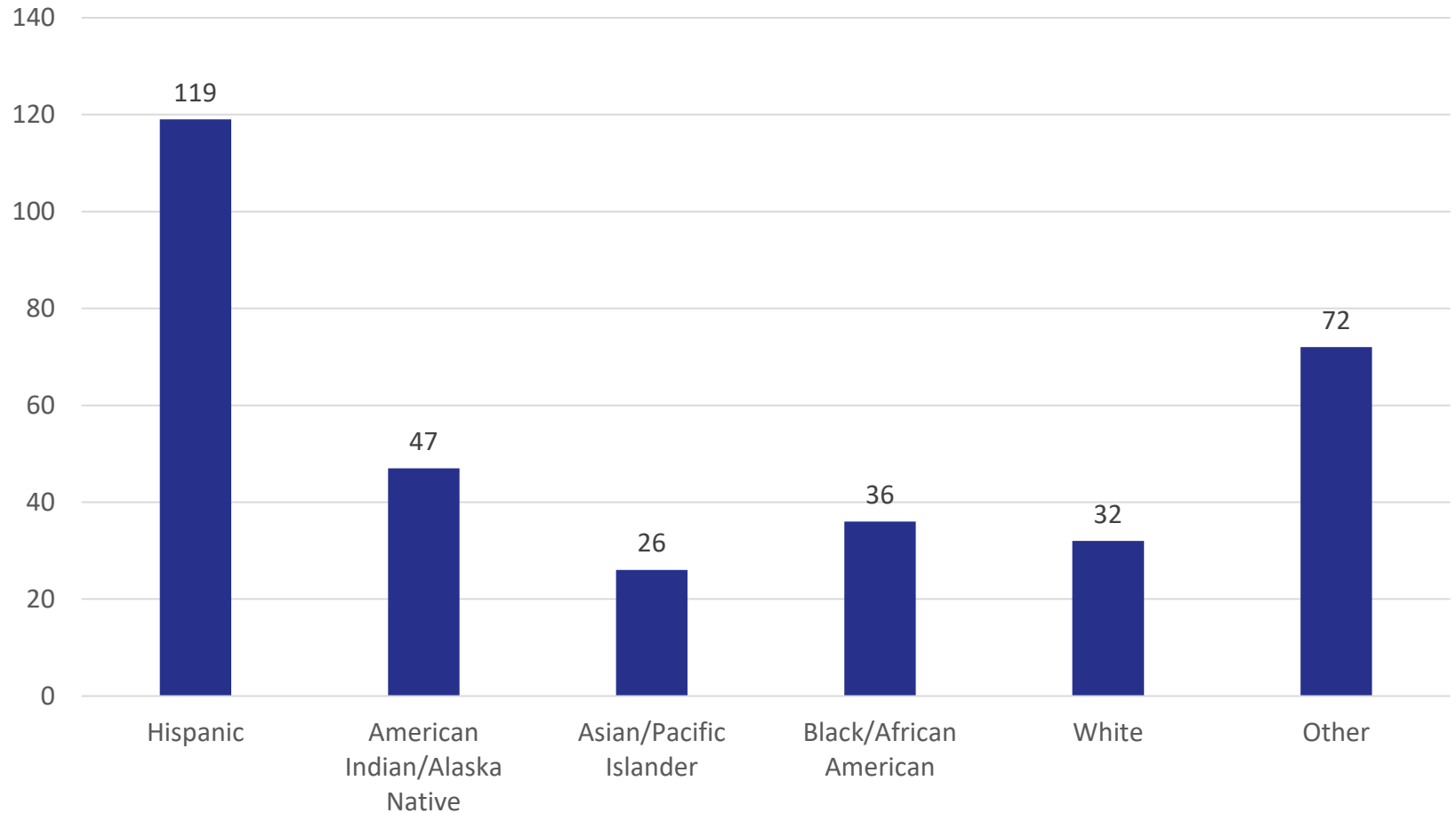


Preliminary Data as of 01/2021



# Medi-Cal COVID-19 Confirmed Cases through March-August 2020

Beneficiaries 0-17 years old per 100,000 by Race/Ethnicity



Preliminary Data as of 01/2021



# Hospitalizations

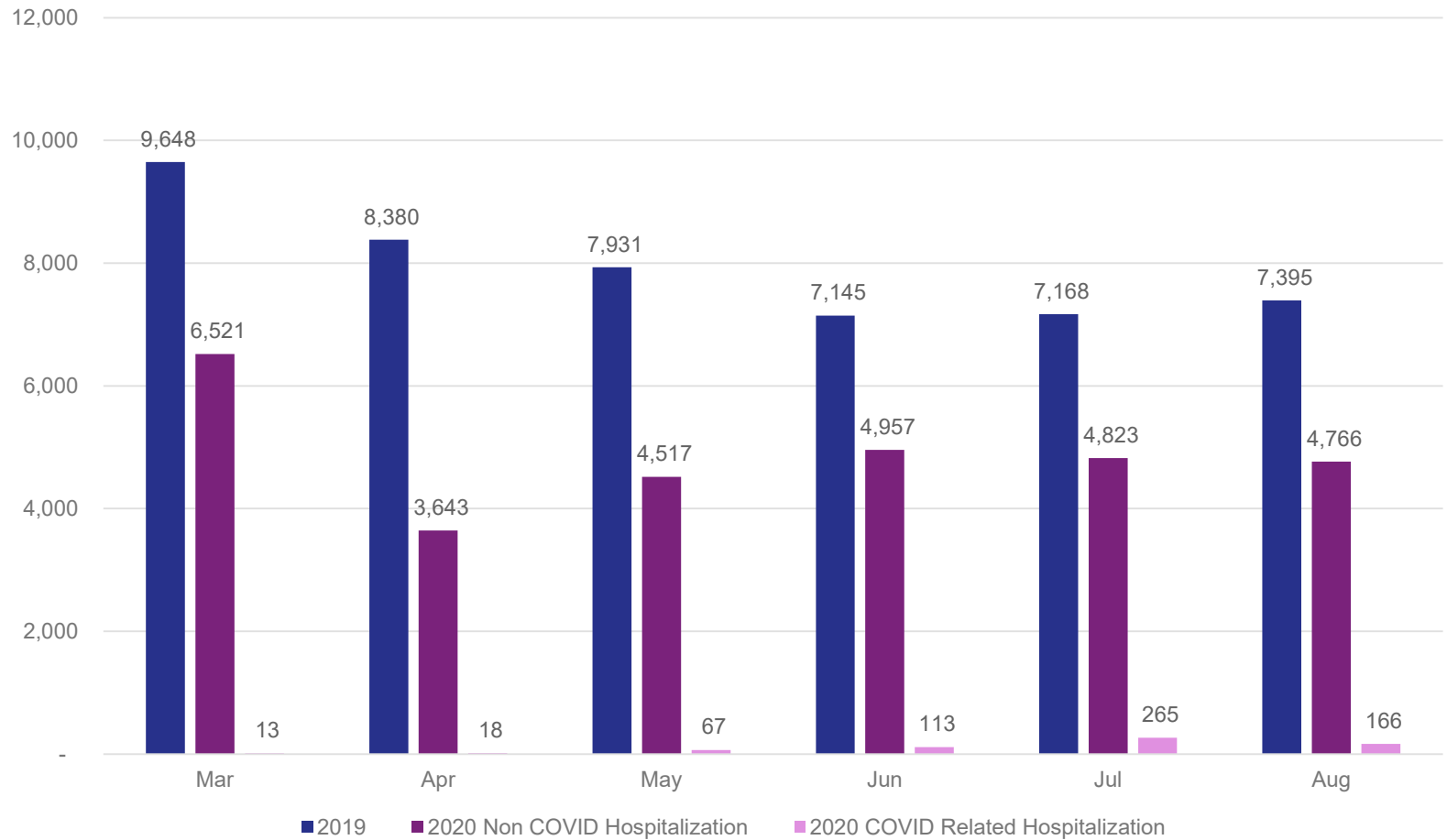
- Hospitalizations are presented in the following ways
  - COVID-19 diagnosis (present on admission)
  - All hospitalizations (COVID-19 and non-COVID-19) comparing calendar year 2019 (Pre-COVID) to calendar year 2020
- Hospitalizations are counted as the number of beneficiaries aged 0-17 years who were hospitalized where services were paid by Medi-Cal
- Data Source: DHCS MIS/DSS Claims and Eligibility Data





# Hospitalizations

## Beneficiaries 0-17 years old



Preliminary Data as of 01/2021



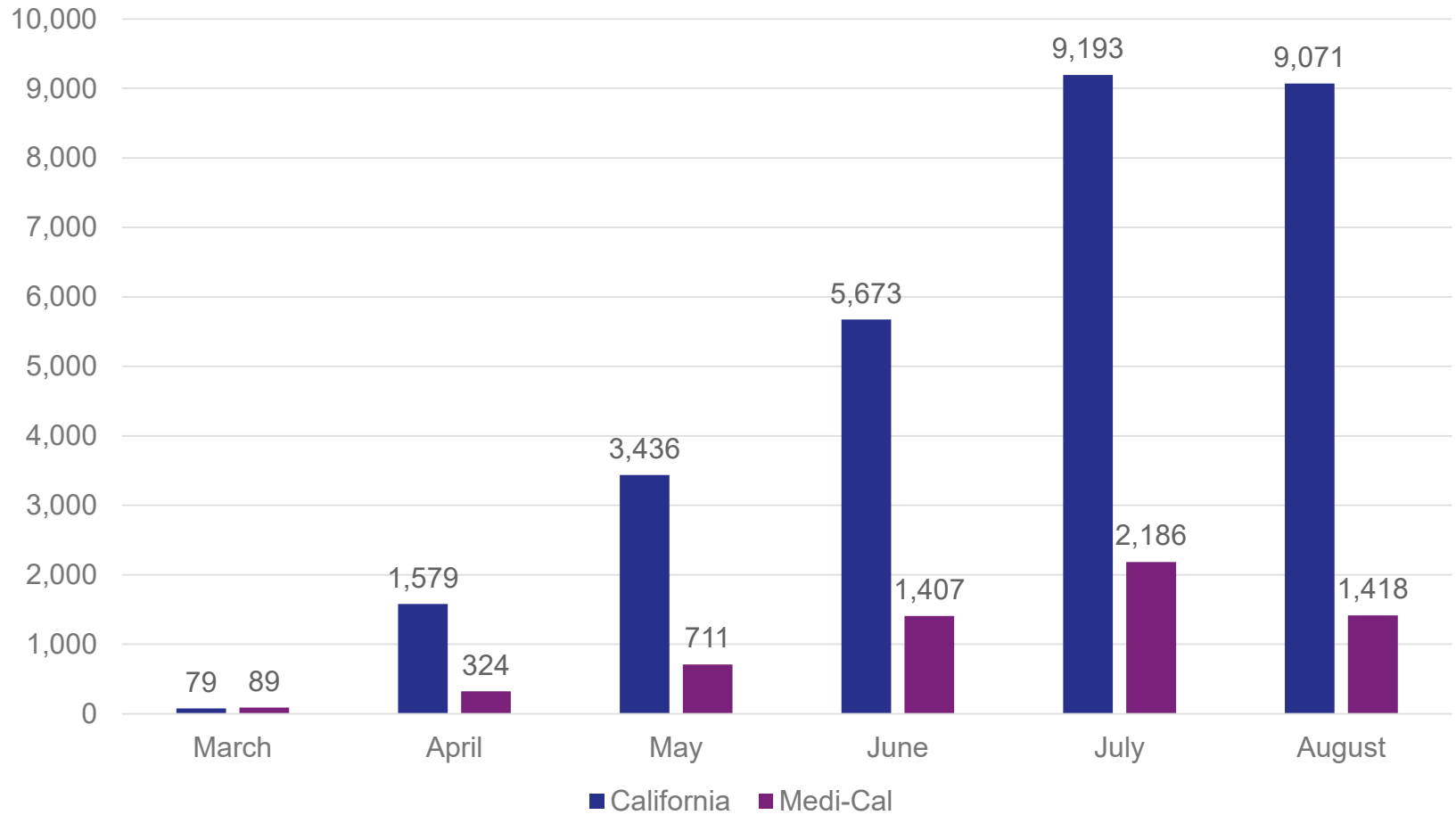
# COVID-19 Testing

- Total number of tests by month for beneficiaries aged 0-17 years who have been tested for COVID-19
- Data represent totals of tests (claims), not individual people
- Tests can be antigen or antibody based. Specific codes used for identification of Medi-Cal tests included but are not limited to U0001-4, 87635, 87426, 0202U, 0224U, 86328 and 86769
- Data does not represent test results or positivity status
- Data source:
  - Medi-Cal: DHCS MIS/DSS Claims and Eligibility Data
  - All Cases: CDPH CalREDIE, California Open Data Portal



# COVID-19 Testing

Total California Testing compared to testing for Individuals in Medi-Cal per 100,000 – All Ages



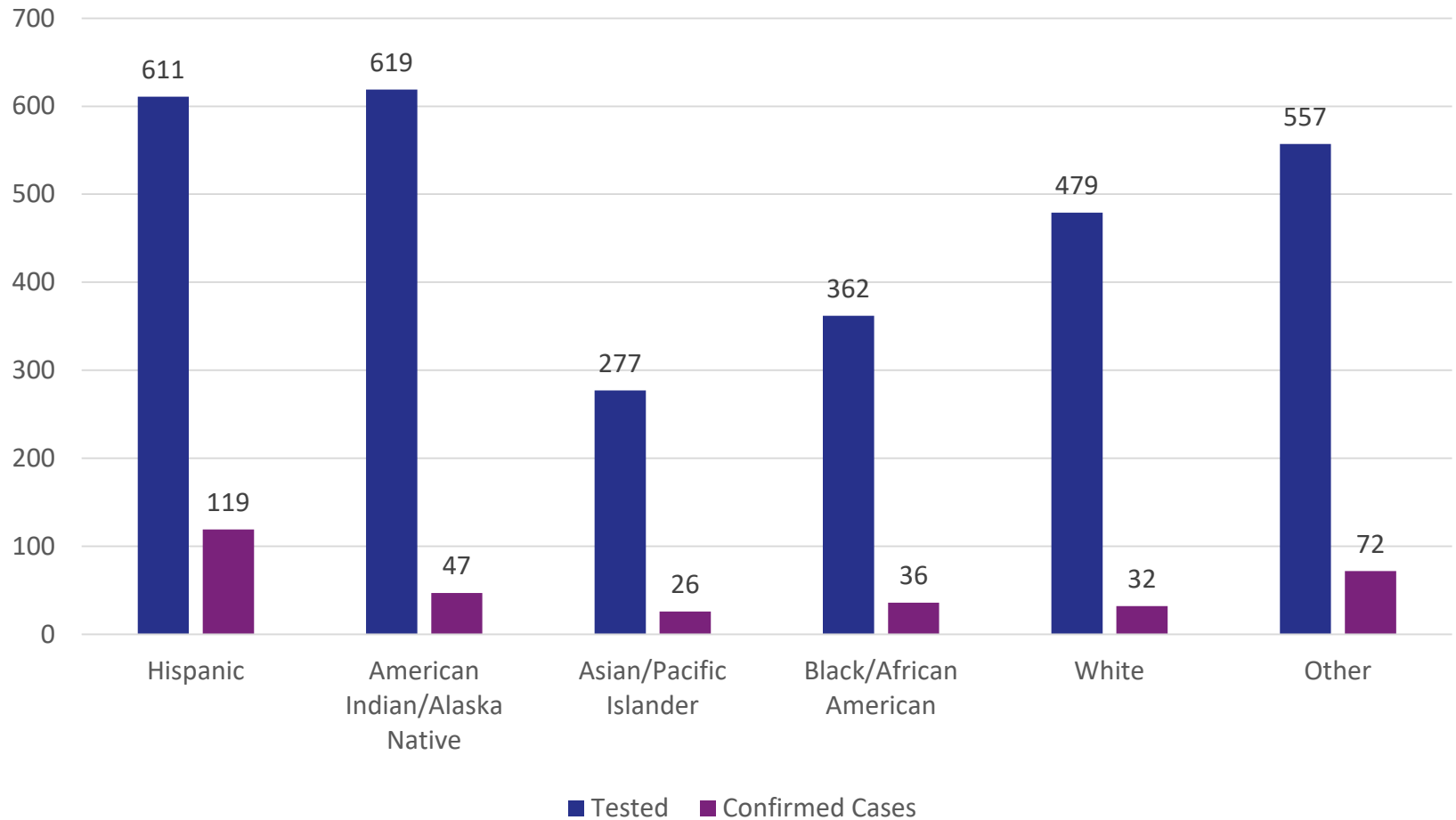
Preliminary Data as of 01/2021



# COVID-19 Testing vs Confirmed Cases

## Cases through March-August 2020

### Beneficiaries 0-17 years old per 100,000 by Race/Ethnicity



Preliminary Data as of 01/2021



# Medi-Cal Utilization of Services During the Pandemic Response

The following are initial measures that have been compiled to compare utilization during calendar year 2019 (Pre-COVID) to calendar year 2020

- Emergency Department
- Telehealth
- Outpatient Visits
- Dental Visits
- Immunizations – Based on CDPH data for Vaccine For Children Program



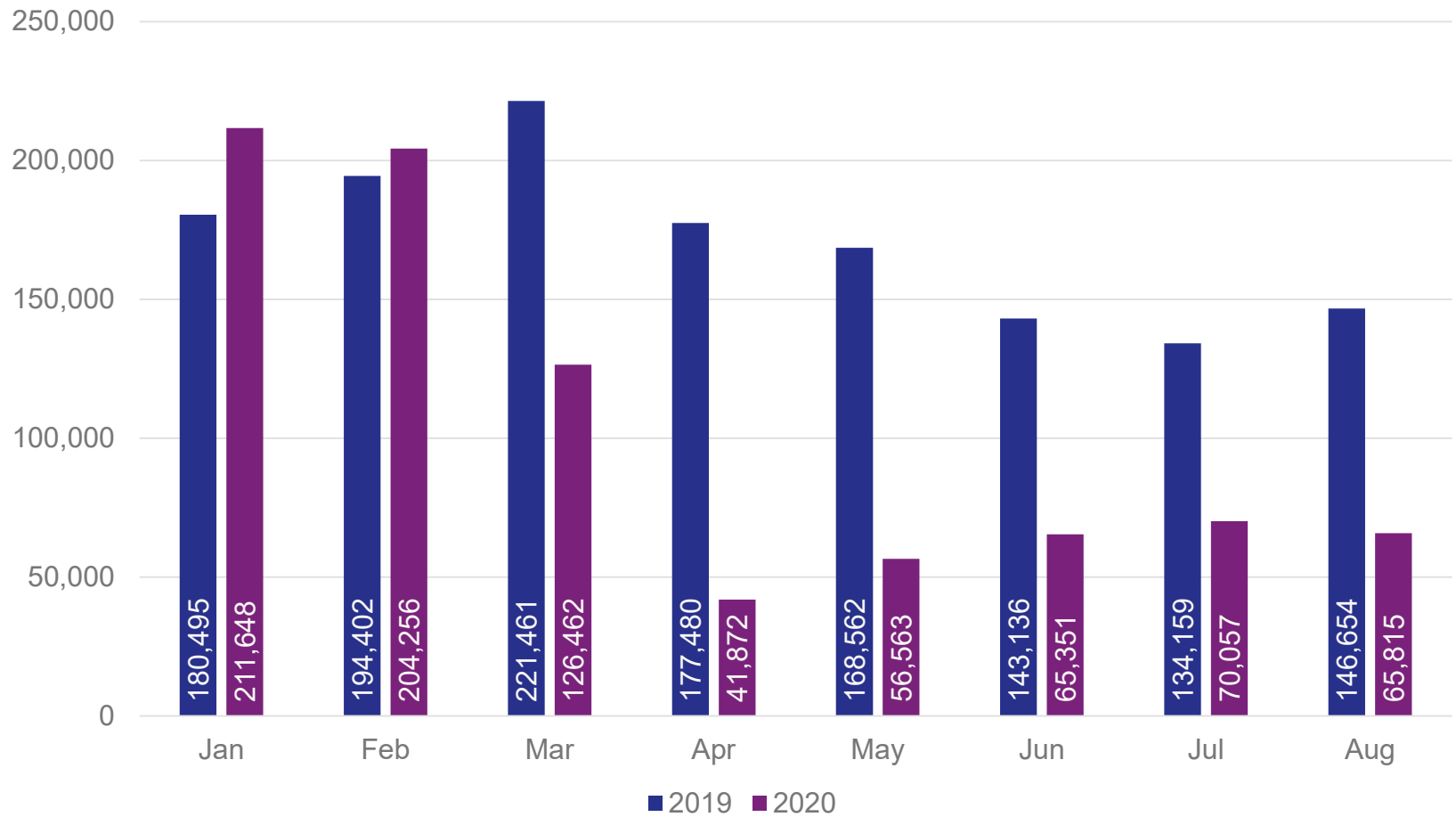
# Emergency Department Visits

- Total number Emergency Department visits including those related to COVID-19 among beneficiaries aged 0-17 years
- Procedure Codes Utilized:  
99281, 99282, 99283, 99284, 99285
- Data Source: MIS/DSS Claims and Eligibility Data



# Emergency Department Visits

Beneficiaries 0-17 years old



Preliminary Data as of 01/2021



# Telehealth Visits

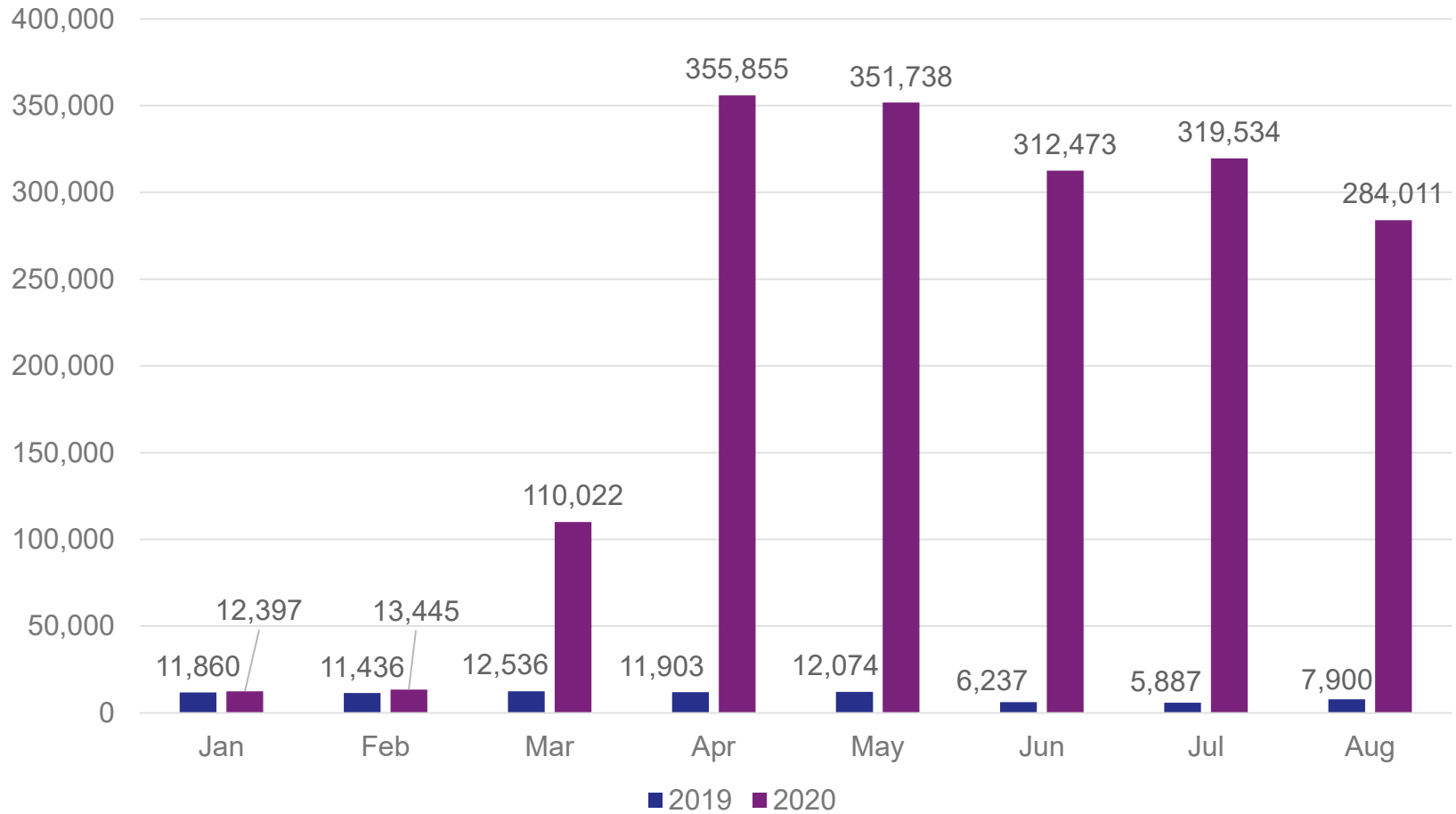
- Telehealth visits were identified based on the presence of a modifier on the claim or encounter (modifiers 95, GQ and GT)
- Telehealth visits include phone and video healthcare visits
- Telehealth Visits are outpatient visits in fee-for-service or managed care – mental health visits are not included in this chart
- Source of data: MIS/DSS Claims and Eligibility





# Telehealth Visits

Beneficiaries 0-17 years old

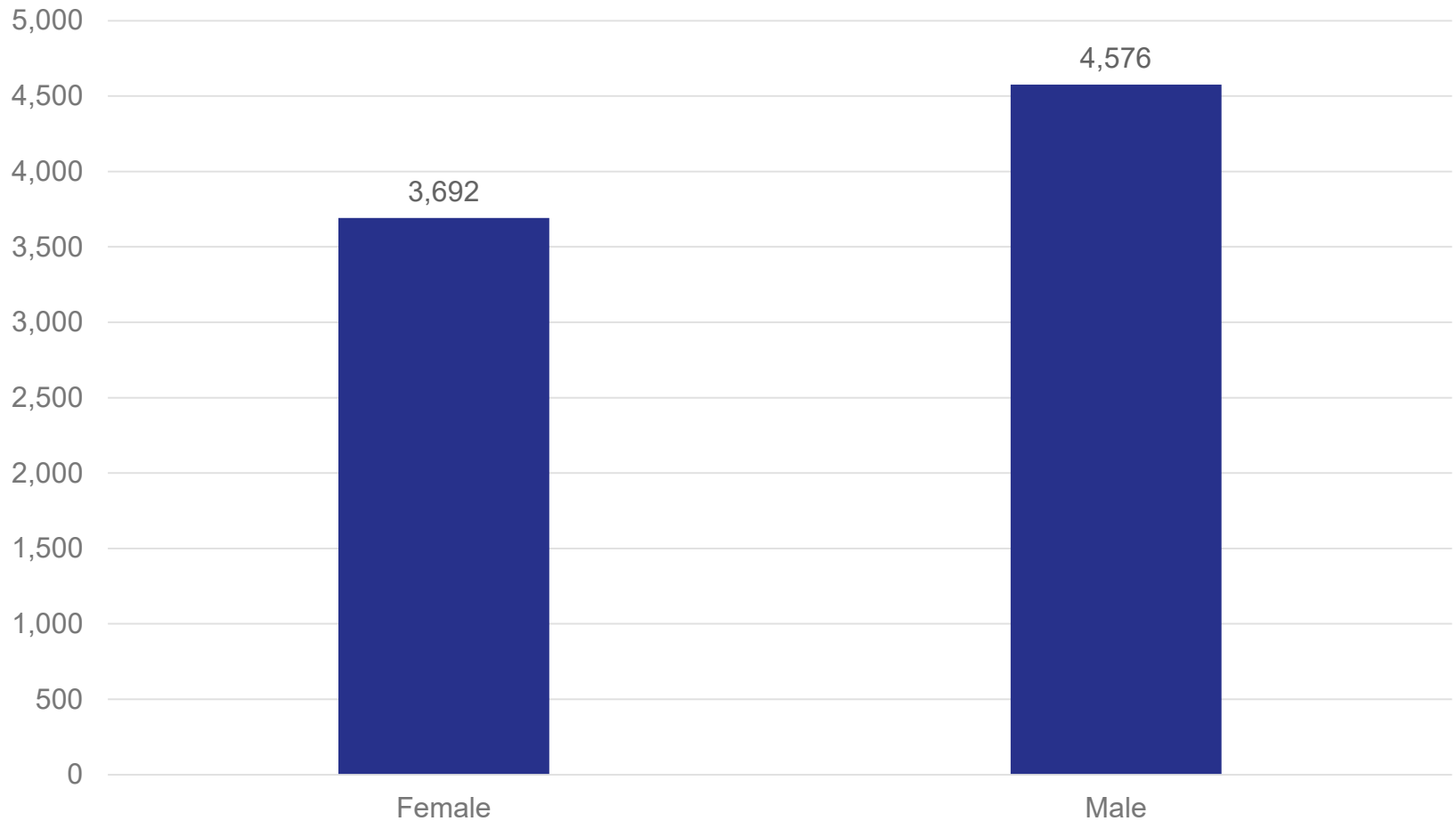


Preliminary Data as of 01/2021



# Telehealth Visits

Beneficiaries 0-17 years old per 100,000 by Sex

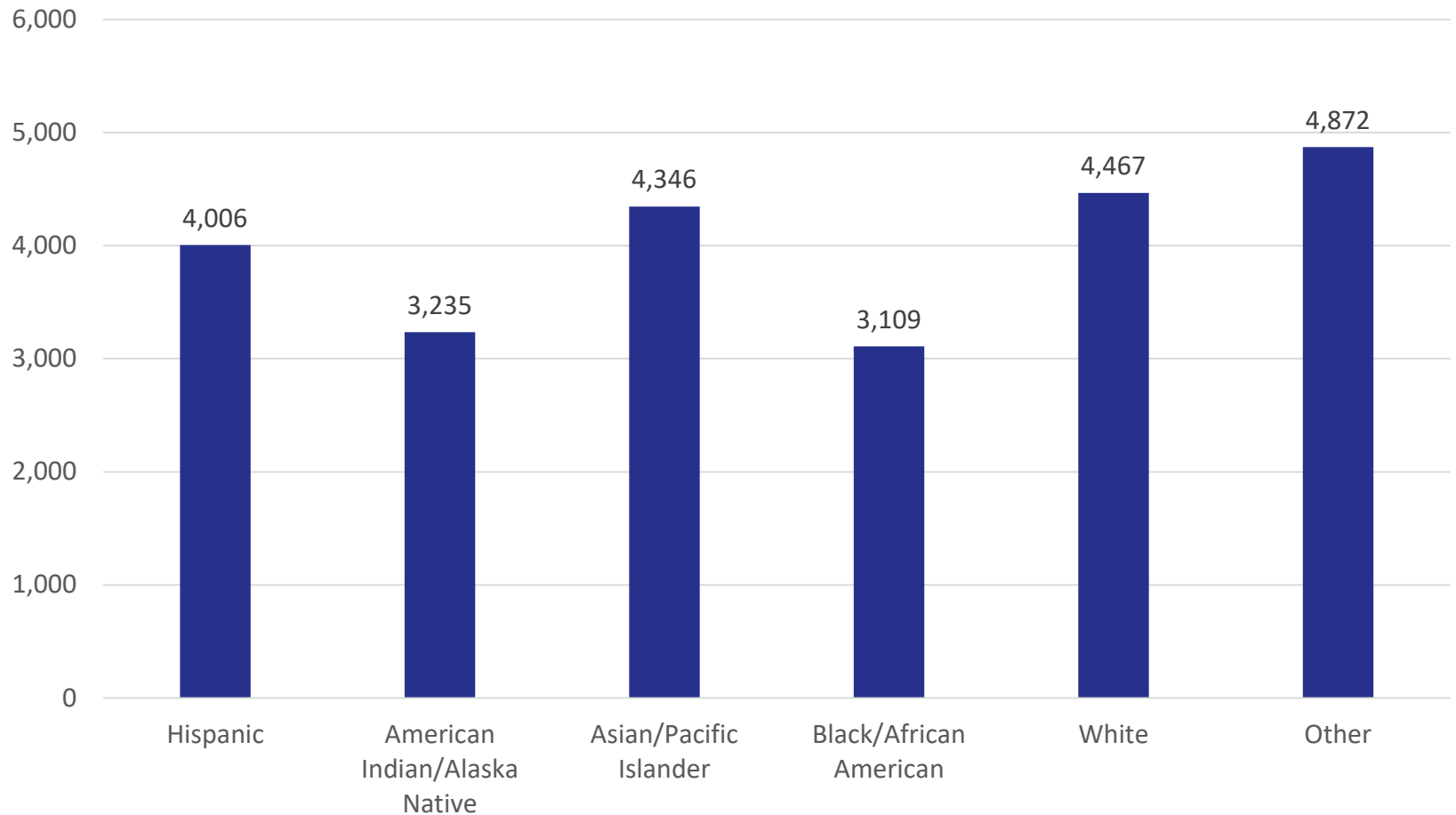


Preliminary Data as of 01/2021



# Telehealth Visits

Beneficiaries 0-17 years old per 100,000 by Race/Ethnicity  
(Based on Services in 2020)

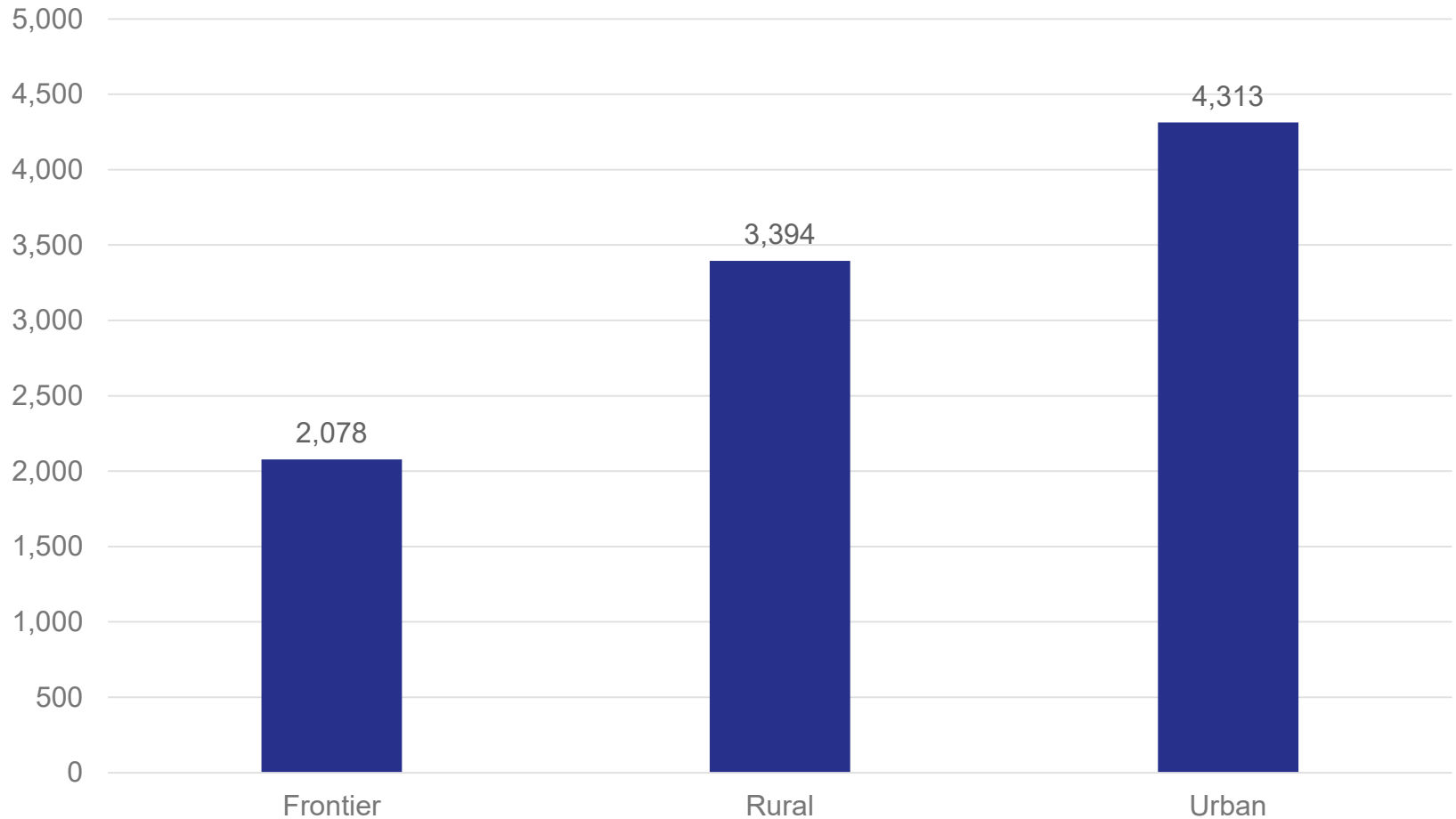


Preliminary Data as of 01/2021



# Telehealth Visits

Beneficiaries 0-17 years old per 100,000 by Location  
(Based on Services in 2020)

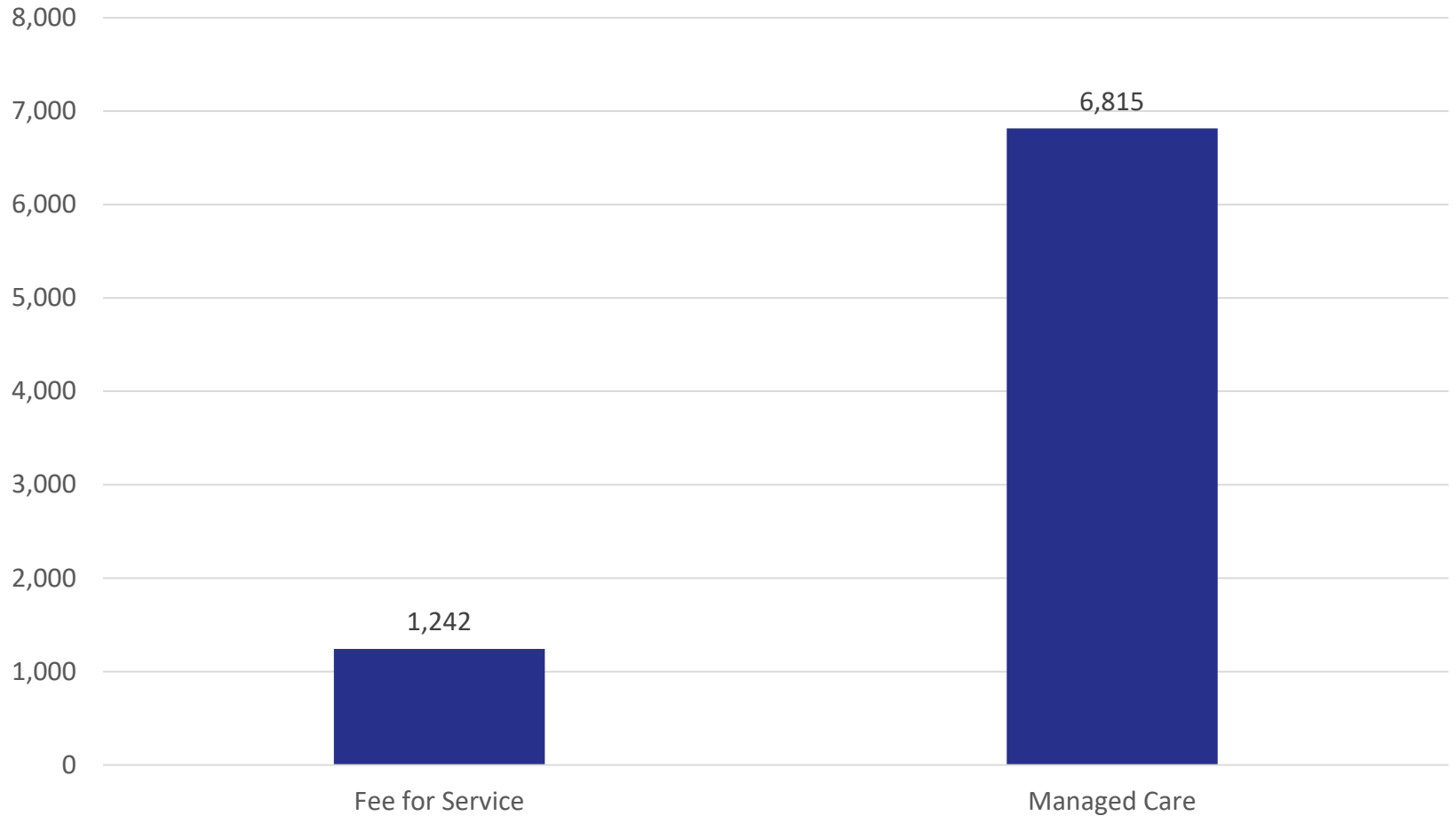


Preliminary Data as of 01/2021



# Telehealth Visits

Beneficiaries 0-17 years old per 100,000 by Delivery System  
(Based on Services in 2020)



Preliminary Data as of 01/2021



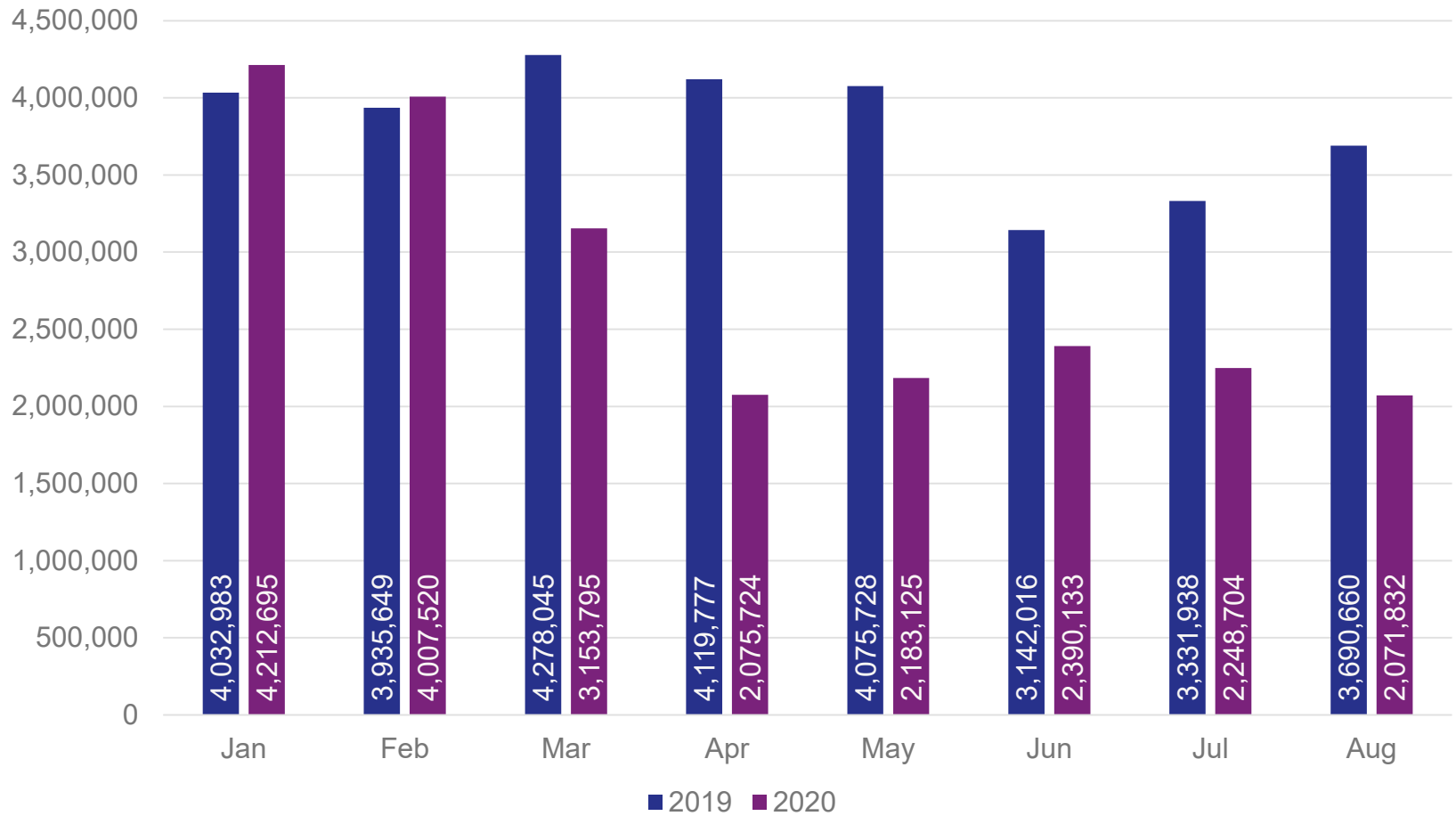
# Outpatient Visits

- Total number of outpatient visits
- Total number of outpatient visit includes telehealth visits
- Telehealth visits constitute about 20% of the overall outpatient visits
- Source of data: MIS/DSS Claims and Eligibility



# Outpatient Visits

Beneficiaries 0-17 years old

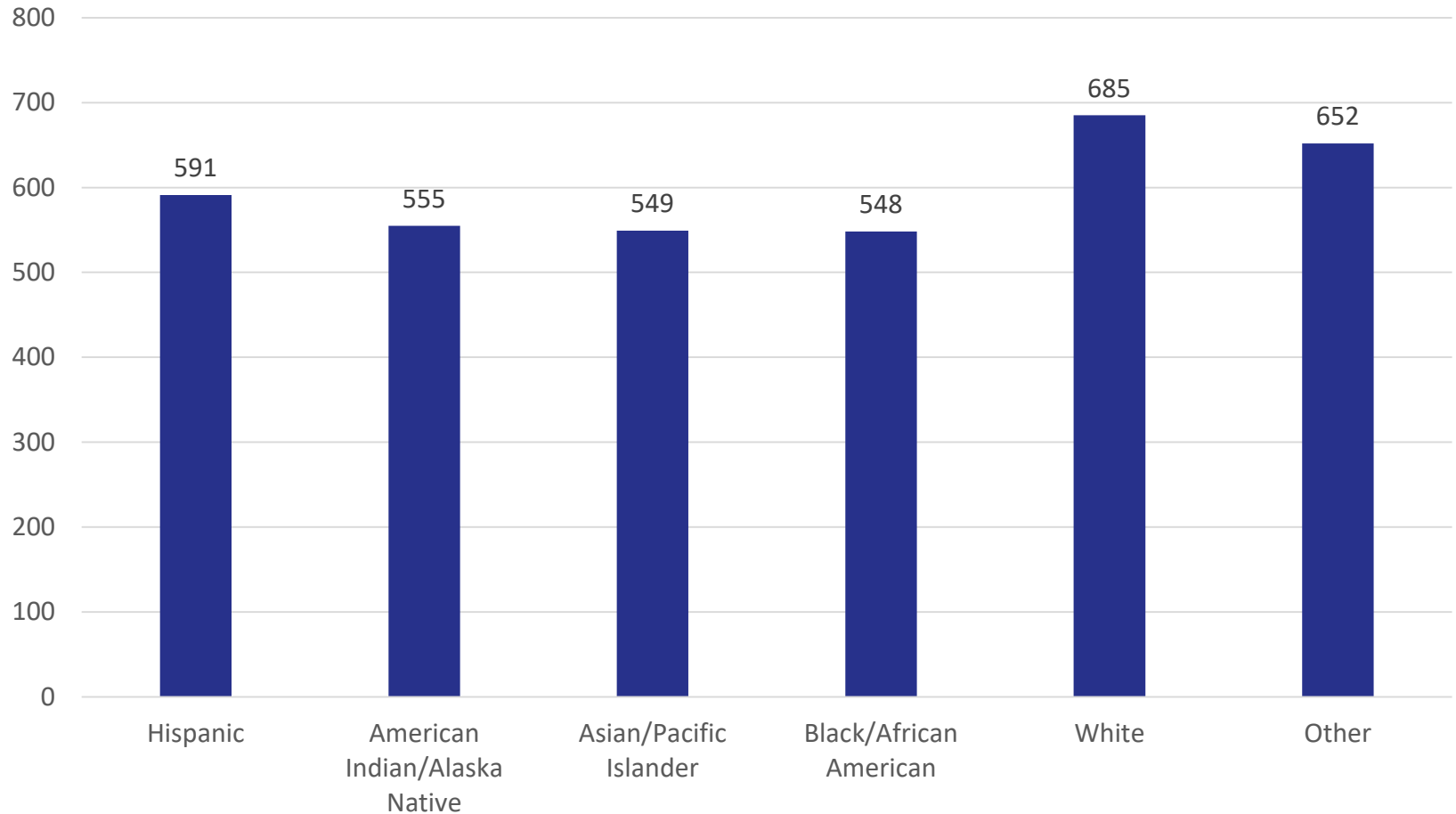


Preliminary Data as of 01/2021



# Outpatient Visits

Beneficiaries 0-17 years old per 1,000 member months  
by Race/Ethnicity  
(Based on Services in 2020)



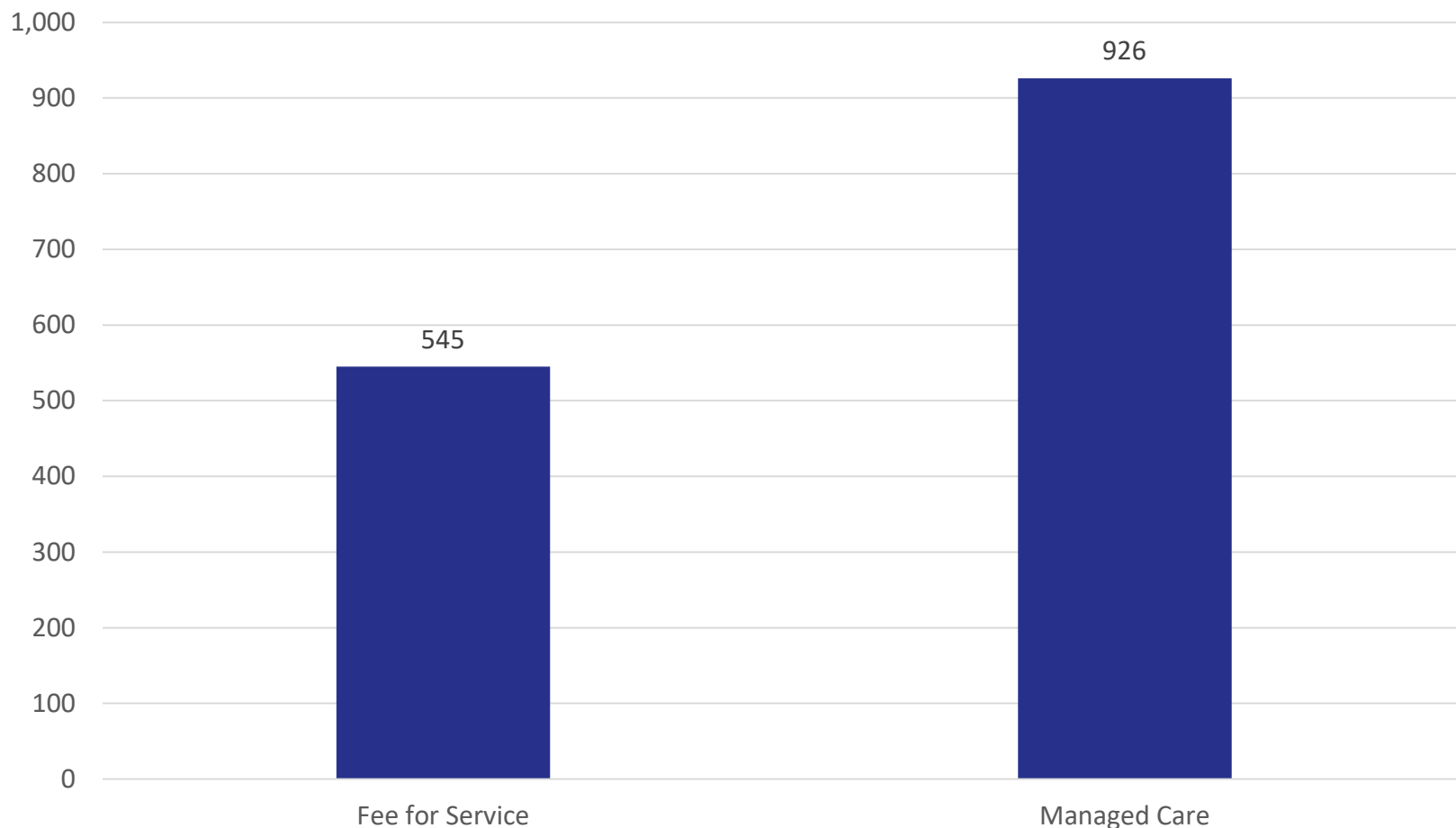
Preliminary Data as of 01/2021





# Outpatient Visits

Beneficiaries 0-17 years old per 1,000 member months  
by Delivery System  
(Based on Services in 2020)



Preliminary Data as of 01/2021



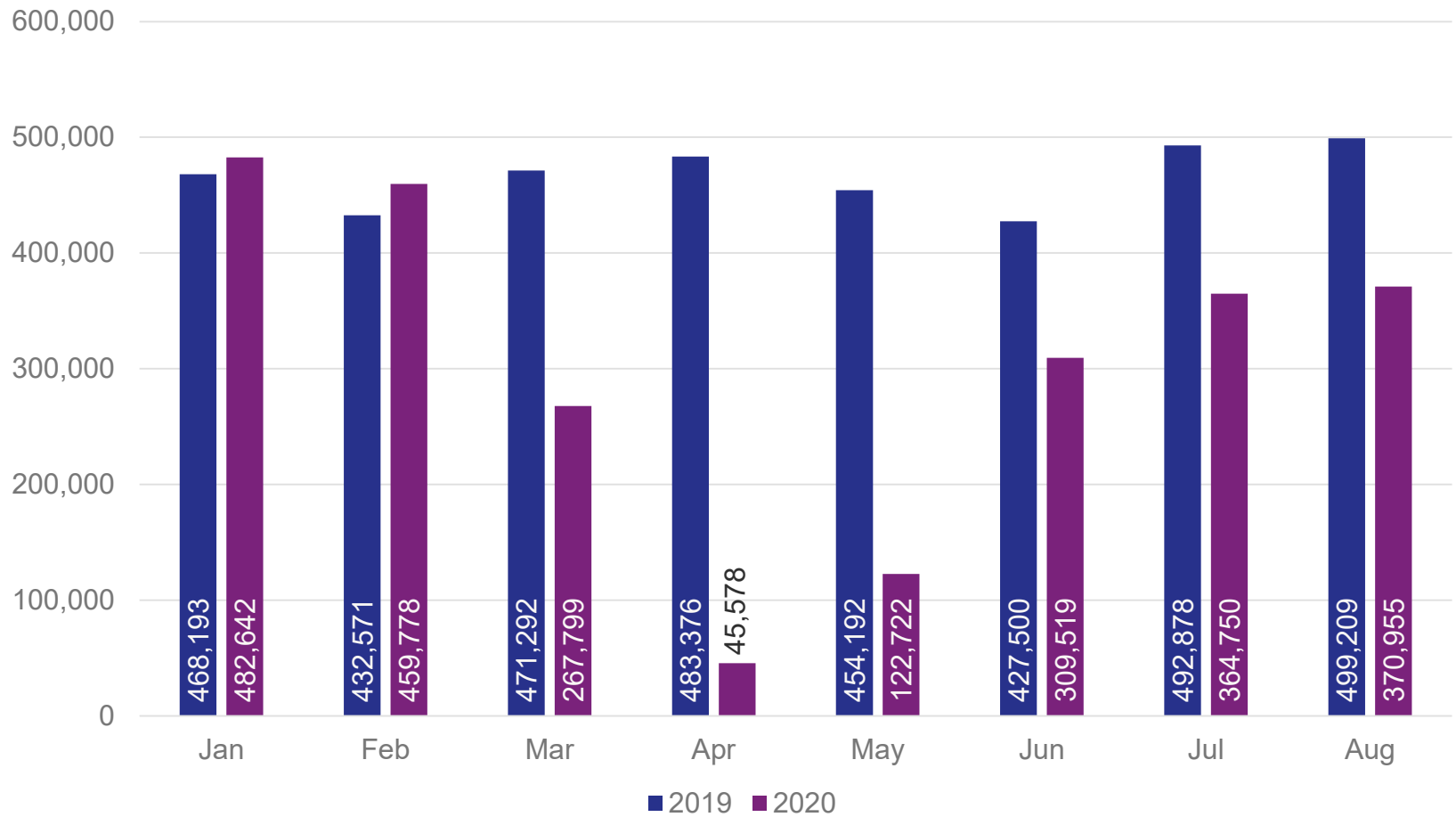
# Dental Visits

- Number of members who received any Dental Care Visit Services
- Data is presented for age group 0-20 years
- Methodology is based on the measure for Annual Dental Visits
- Source of data: MIS/DSS Claims and Eligibility



# Dental Visits

## Beneficiaries 0-20 years old

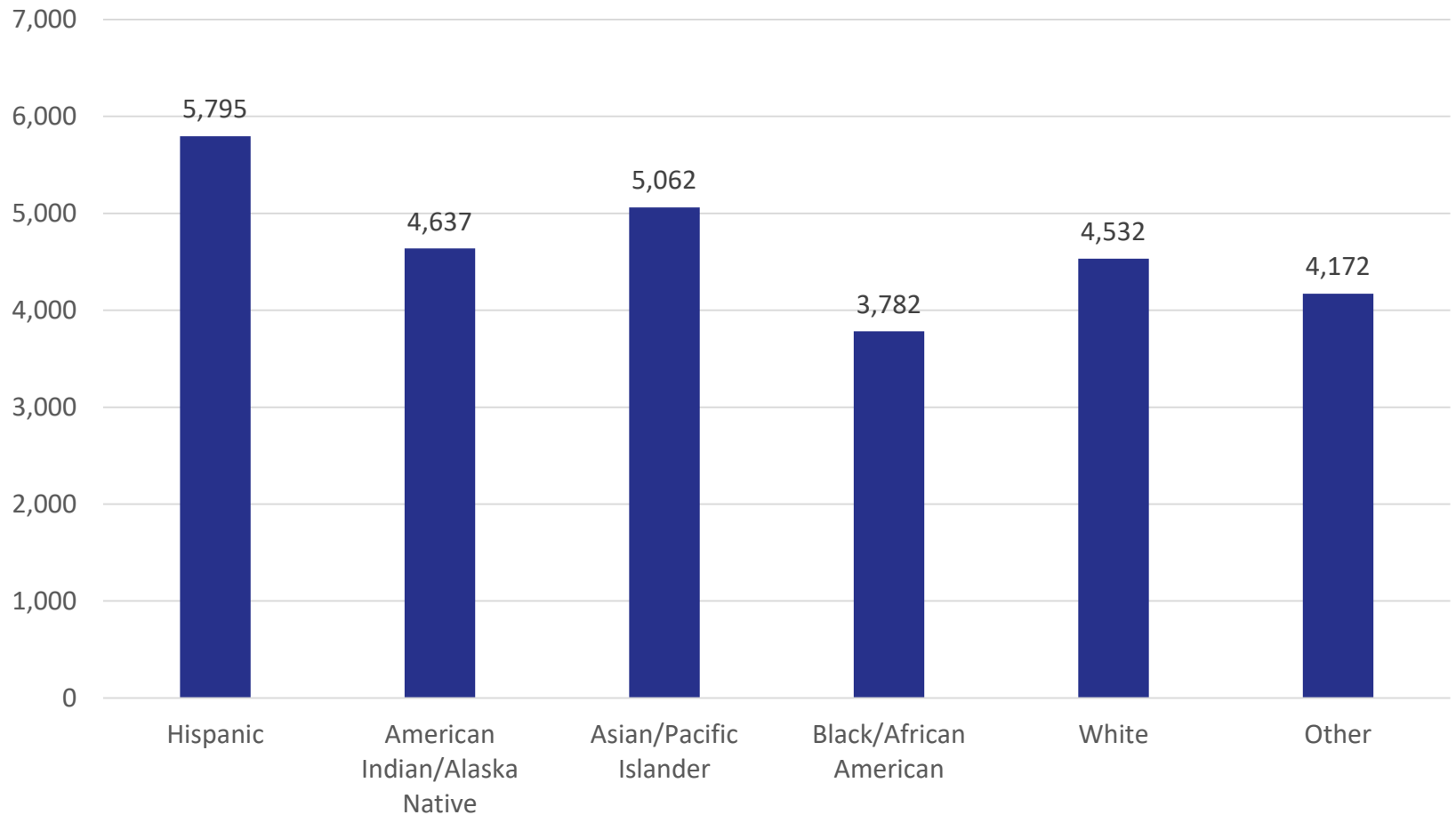


Preliminary Data as of 01/2021



# Dental Visits

Beneficiaries 0-20 years old per 100,000 by Race/Ethnicity  
(Based on Services in 2020)

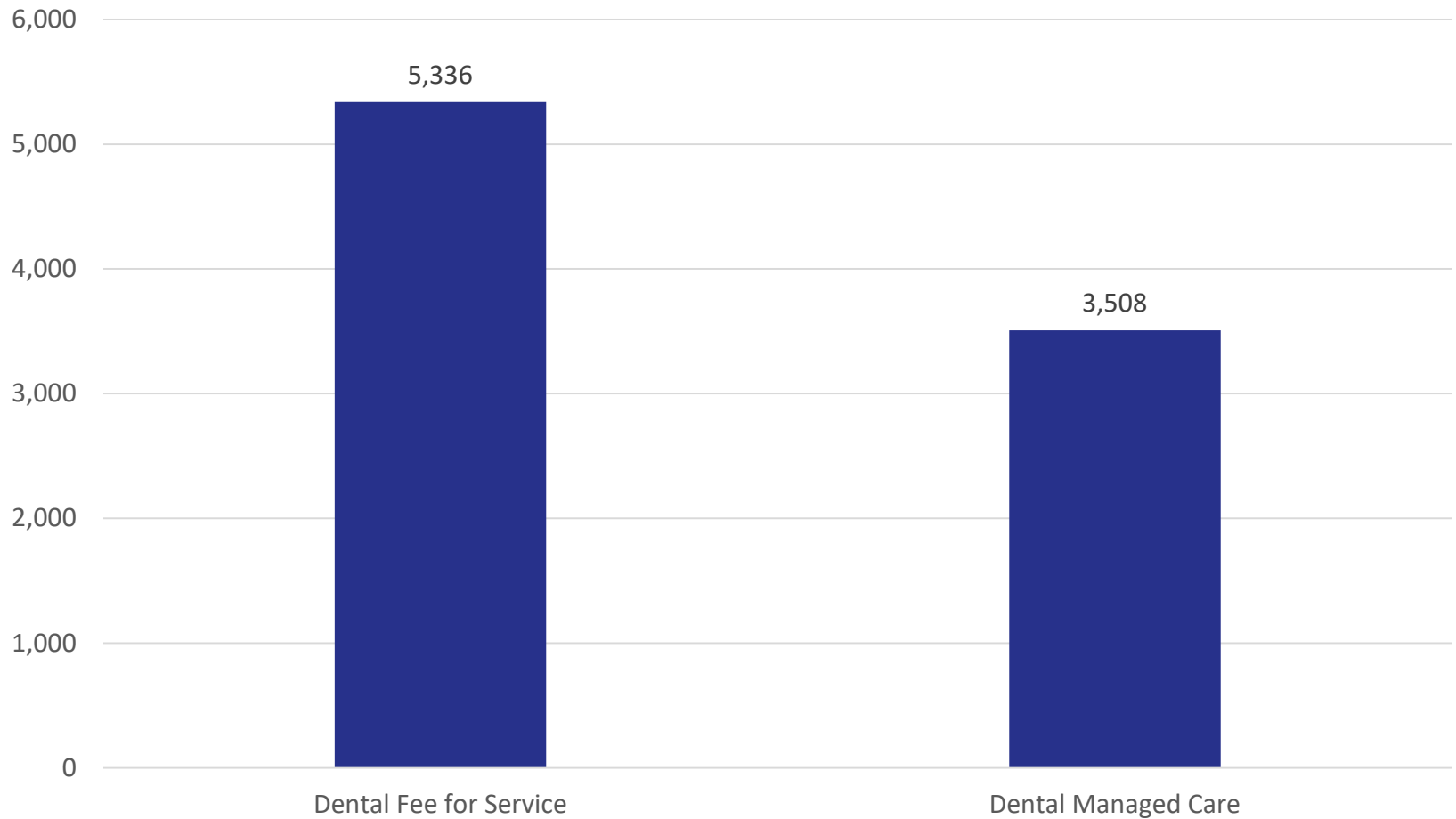


Preliminary Data as of 01/2021



# Dental Visits

Beneficiaries 0-20 years old per 100,000 by Delivery System  
(Based on Services in 2020)



Preliminary Data as of 01/2021



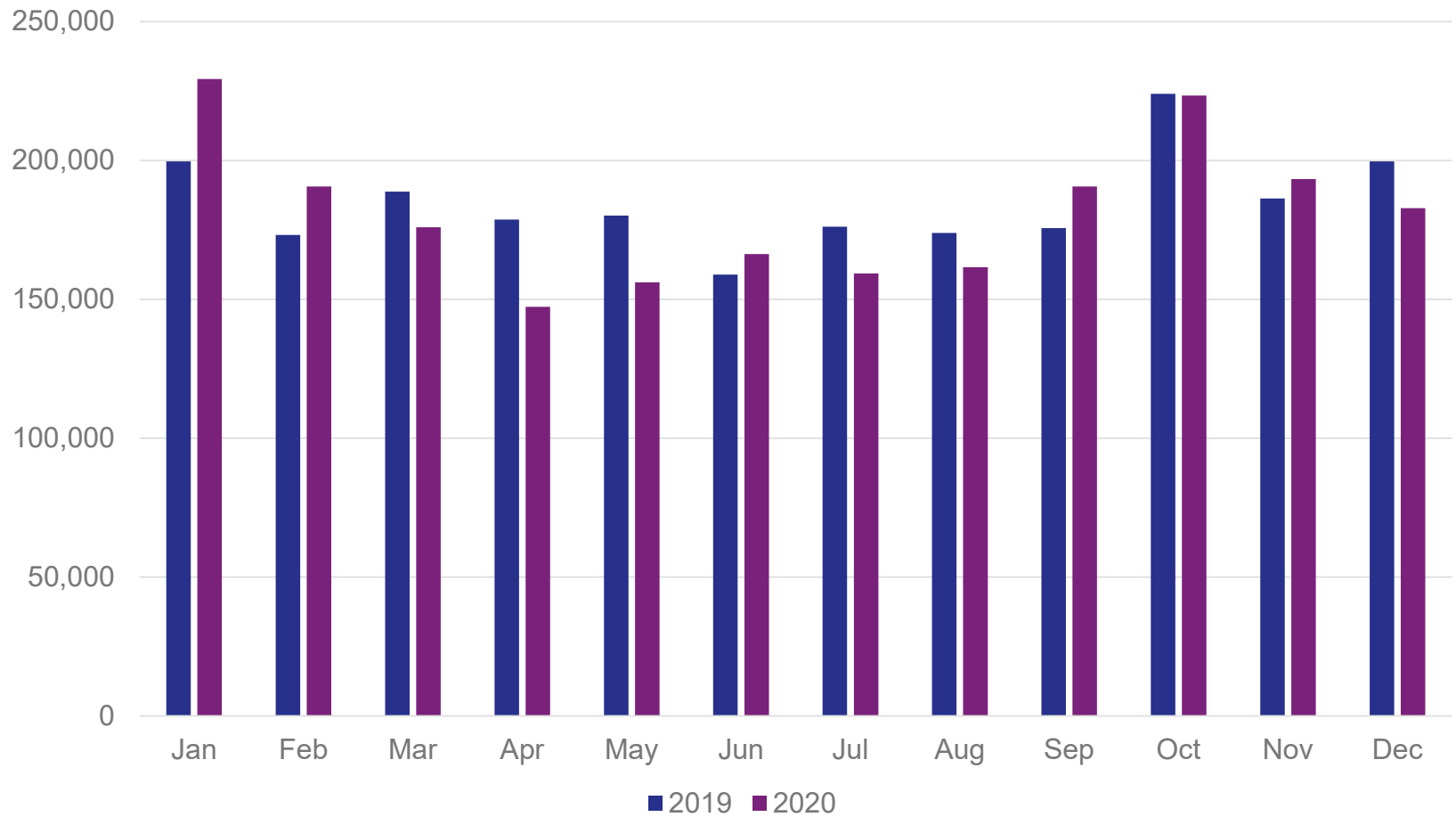
# Immunizations for the Vaccines for Children Program

- Data represents Vaccine for Children (VFC) immunizations that have been reported to the California Immunization Registry (CAIR2)
- Approximately two-thirds of VFC sites participate in CAIR2
- California pharmacies are required to report vaccinations to an immunization registry, while registry participation is voluntary for other providers
- CAIR2 currently excludes data from providers in counties using:
  - San Diego Immunization Registry (San Diego)
  - Healthy Futures Registry (Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties)
- Data Source: California Department of Public Health, California Immunization Registry (CAIR2)



# Vaccine for Children

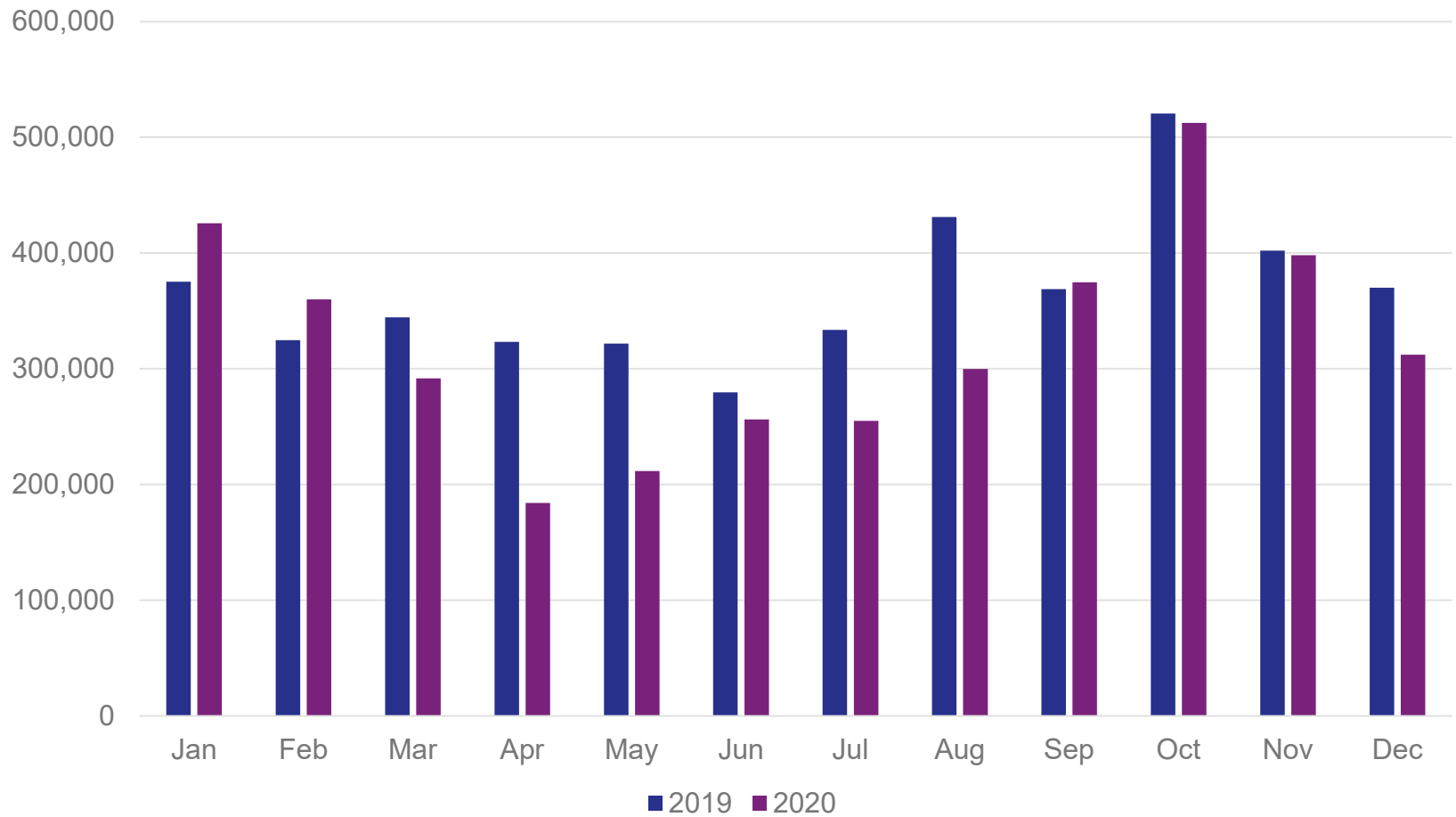
## Total Vaccine Doses for 0-2 Year Olds





# Vaccine for Children

## Total Vaccine Doses for 0-18 Year Olds







# **Preventive Services and Disparities Reports**

**Department of Health Care Services**



# Preventive Services Report



# Background

- **2019:** California State Auditor (CSA) recommended DHCS expand its monitoring and oversight of preventive services for children enrolled in Medi-Cal managed care.
- **2020:** DHCS and its External Quality Review Organization (EQRO) developed an annual Preventive Services Report (PSR) that expands metrics to capture preventive services rendered to children in Medi-Cal.



# PSR Indicators

Outcome-based metrics, spanning the full pediatric spectrum (birth to 21), were selected via DHCS and stakeholder input:

- Alcohol Use Screening
- Blood Lead Screening
- Child and Adolescent Well-Care Visits
- Chlamydia Screening in Women
- Dental Fluoride Varnish
- Developmental Screening in the First Three Years of Life
- Screening for Depression and Follow-Up Plan
- Tobacco Use Screening
- Well-Child Visits in the First 30 Months of Life
- \*Weight Assessment and Counseling for Nutrition and Physical Activity
- \*Immunizations for Adolescents-Combination 2
- \*Childhood Immunization Status-Combination 10

\* Not included in 2020 Report due to unstable admin-only rates.



# Blood Lead Screening

- In response to CSA audit findings, DHCS developed metrics to capture Blood Lead (BL) Screening analysis in two ways:
  - **HEDIS:** National technical specifications allow California BL Screening performance to be compared to other state Medicaid programs (screens up to age 2).
  - **CA Title 17:** BL Screening rates will be calculated and reported for all relevant age stratifications in accordance with California law (Screens at age 1, 2, and 6).
- HEDIS paves the way for development of the California-based performance benchmarks in alignment with Title 17.



# COVID Impact - PSR 2020

Due to disruptions caused by the COVID public health emergency, the 2020 PSR is released in two phases and establishes a point of comparison for future reports:

<b>Part 1: December 30, 2020</b>	<b>Part 2 (Addendum): February 2021</b>
<ul style="list-style-type: none"><li>▪ Statewide and regional-level rates for eight indicators</li><li>▪ Rates are stratified by: demographics (racial/ethnic, primary language, gender, and age, as applicable), county, and large grouped regions</li><li>▪ Compares rates to national benchmarks, as applicable</li></ul>	<ul style="list-style-type: none"><li>▪ MCP-level rates for all indicators</li><li>▪ Incorporates <i>Blood Lead Screening</i> rates (based on matched CDPH laboratory and Medi-Cal data)</li><li>▪ Data based on California Title 17 age stratifications</li></ul>



# COVID Impact - Reporting

Data in future reports could be adversely impacted by COVID:

Report Year (CY)	Data Year (CY)	Expected Data Impact from COVID
2020	2019	Yes - Hybrid
2021	2020	Yes – Hybrid/Admin
2022	2021	Yes – Hybrid/Admin (at least first part of year)
2023	2022	No



# Key Findings

- Performance areas to consider to improve health outcomes:
  - Performance is regional: larger counties have higher performance while rural counties have poorer outcomes.
  - Health disparities in multiple race/ethnicity and primary language groups result in poorer outcomes.
  - Majority of younger children receive well-care visits, but developmental screenings and dental fluoride varnish need improvement.
  - Adolescent rates for well-care visits are lower thus adversely affecting rates for alcohol and tobacco screenings.





# Recommendations

## **EQRO recommendations align with existing DHCS interventions:**

- Utilize Population Needs Assessment (PNA) and Performance Improvement Plan (PIP) processes to address rates, improve health outcomes, and reduce disparities.
- Leverage provider education efforts to increase member awareness and well-care visit utilization.

## **Additional EQRO recommendations to improve utilization:**

- Coordinate regional provider and member education efforts.
- Expand services (telehealth) and managed care provider networks.
- Use successful county quality improvement efforts as best practices to drive improvement for other counties.
- For well-child visits, target the six largest counties for substantial improvement in California overall.
- For alcohol and tobacco, improve billing practices (coding) and/or consider medical record review to increase accuracy of data reporting.



# Oversight and Monitoring

- MCAS measures will remain subject to established monitoring mechanisms and minimum performance levels (MPLs).
- For Non-MCAS measures, DHCS is evaluating alternative performance standard options:
  - Technical assistance approach in existing quality improvement processes (PIP, Population Health Management (PHM), and disparities work).
  - Performance-enhancing quality awards, year-over-year improvement, and a tiered approach.
  - *Blood Lead Screening* benchmarking with input from stakeholders.
  - COVID impact when setting performance standards and timing of holding MCPs accountable.



# Current DHCS Interventions

**DHCS initiatives are occurring to positively impact outcomes:**

- **Provider & Member Education:** *Preventive Services Outreach Campaign* may positively impact utilization due to increased awareness of preventive services.
- **Quality Improvement Processes:** *PNA and PIP* processes can be used to improve the rate of child and adolescent screenings.
- **Incentives:** Value Based Payment (*VBP*) program incentivizes by providing additional payment for alcohol use, tobacco use, blood lead screenings, dental fluoride varnish, and well-child visits.



# Next Steps

- Establish benchmarks for Blood Lead Screening.
- Engage stakeholders in development of performance standards for Blood Lead Screening.
- Evaluate alternative performance standards for remaining non-MCAS indicators.



# Health Disparities Report



# Background

- Purpose: assess potential differences in health outcomes between groups within a population
- 25 Medi-Cal managed care health plan (MCP) annual quality metrics
- Stratifications: race/ethnicity, primary language, age, and sex.
  - Statistical analysis was performed on race/ethnicity data
  - Aggregated for a statewide interpretation
- There are currently five reports available to view for measurement years 2015-2019



# COVID-19 Impact

- COVID-19 impacted collection of hybrid measures
- DHCS allowed for three different methods to report hybrid measures, in alignment with NCQA:
  - Hybrid technical specifications per normal
  - Prior year audited hybrid rates
  - Administrative data only
- Given the uncertainty, variation, and limited hybrid measurement data reporting, administration measures could only be assessed for the 2019 Health Disparities Report



# 2019 Metrics

- 10 administrative MCAS metrics
- Stratified into seven racial/ethnic groups for statistical analysis
  - White, American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian/other Pacific Islander, and other
- Measures were stratified by primary language
  - Current threshold languages for Medi-Cal Managed Care (MCMC) counties
  - Number of languages assessed varies from measure to measure due to potential small numbers and data suppression





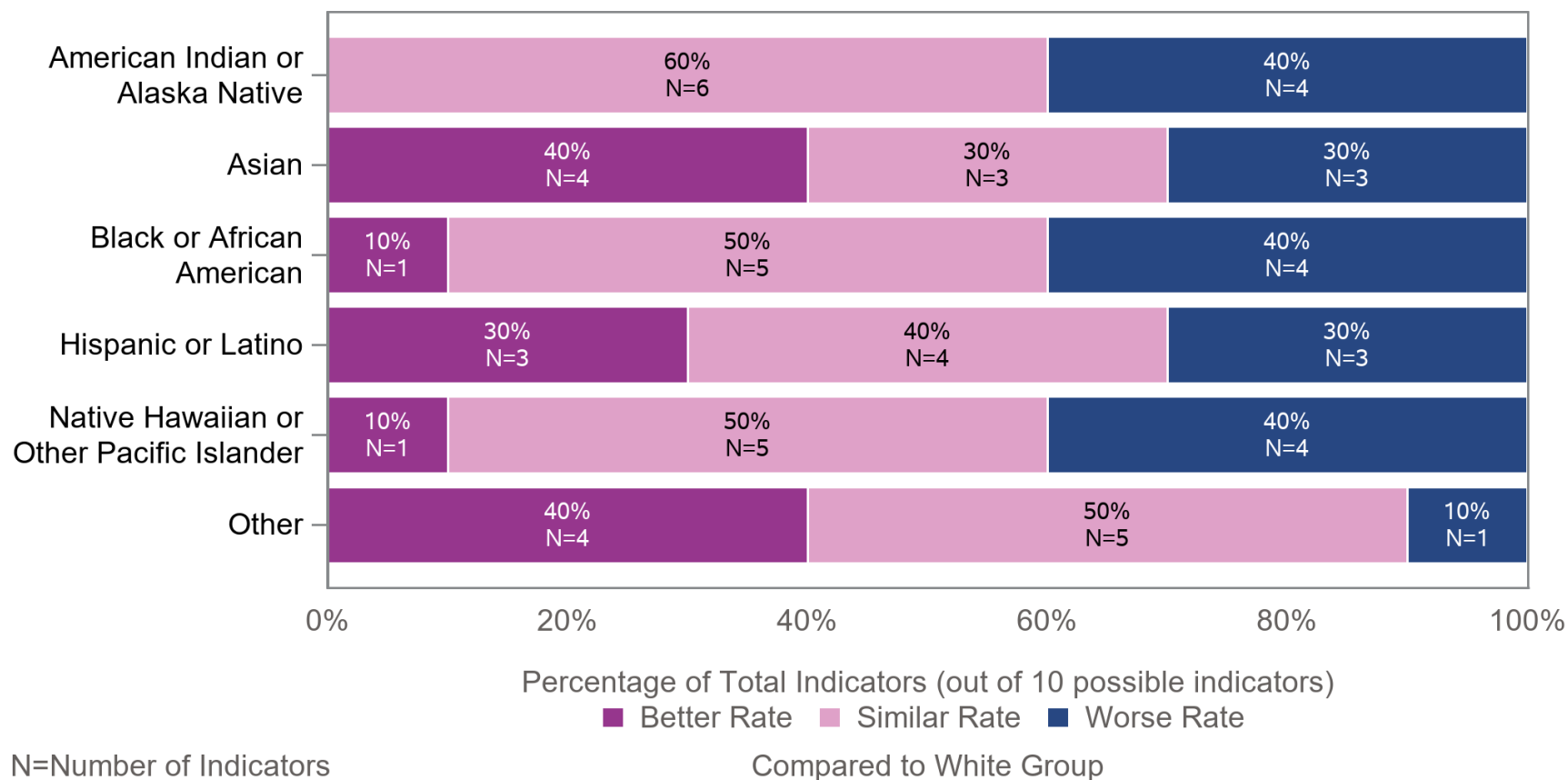
# 2019 Metrics

<b>Indicators</b>
<i>Antidepressant Medication Management—Effective Acute Phase Treatment and Effective Continuation Phase Treatment</i>
<i>Asthma Medication Ratio—Total</i>
<i>Breast Cancer Screening</i>
<i>Chlamydia Screening in Women—Total</i>
<i>Contraceptive Care—All Women—Most or Moderately Effective Contraception—Ages 15–20 Years and Ages 21–44 Years</i>
<i>Contraceptive Care—Postpartum Women—Most or Moderately Effective Contraception—60 Days—Ages 21–44 Years</i>
<i>Developmental Screening in the First Three Years of Life—Total</i>
<i>Plan All-Cause Readmissions—Observed Readmission Rate—Total</i>



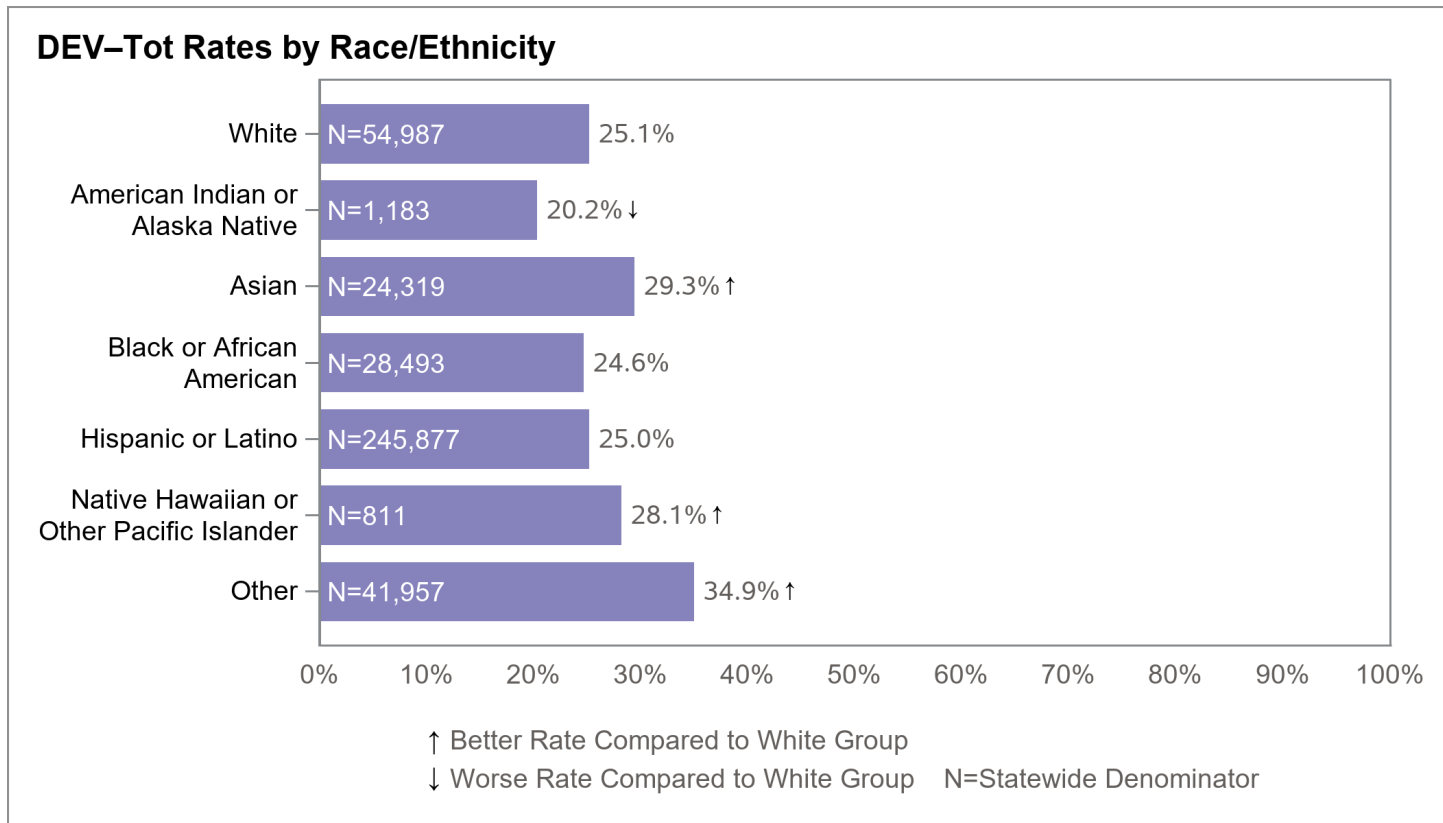
# 2019 Report Findings

## Overall Racial/Ethnic Health Disparities for All MCAS Indicators



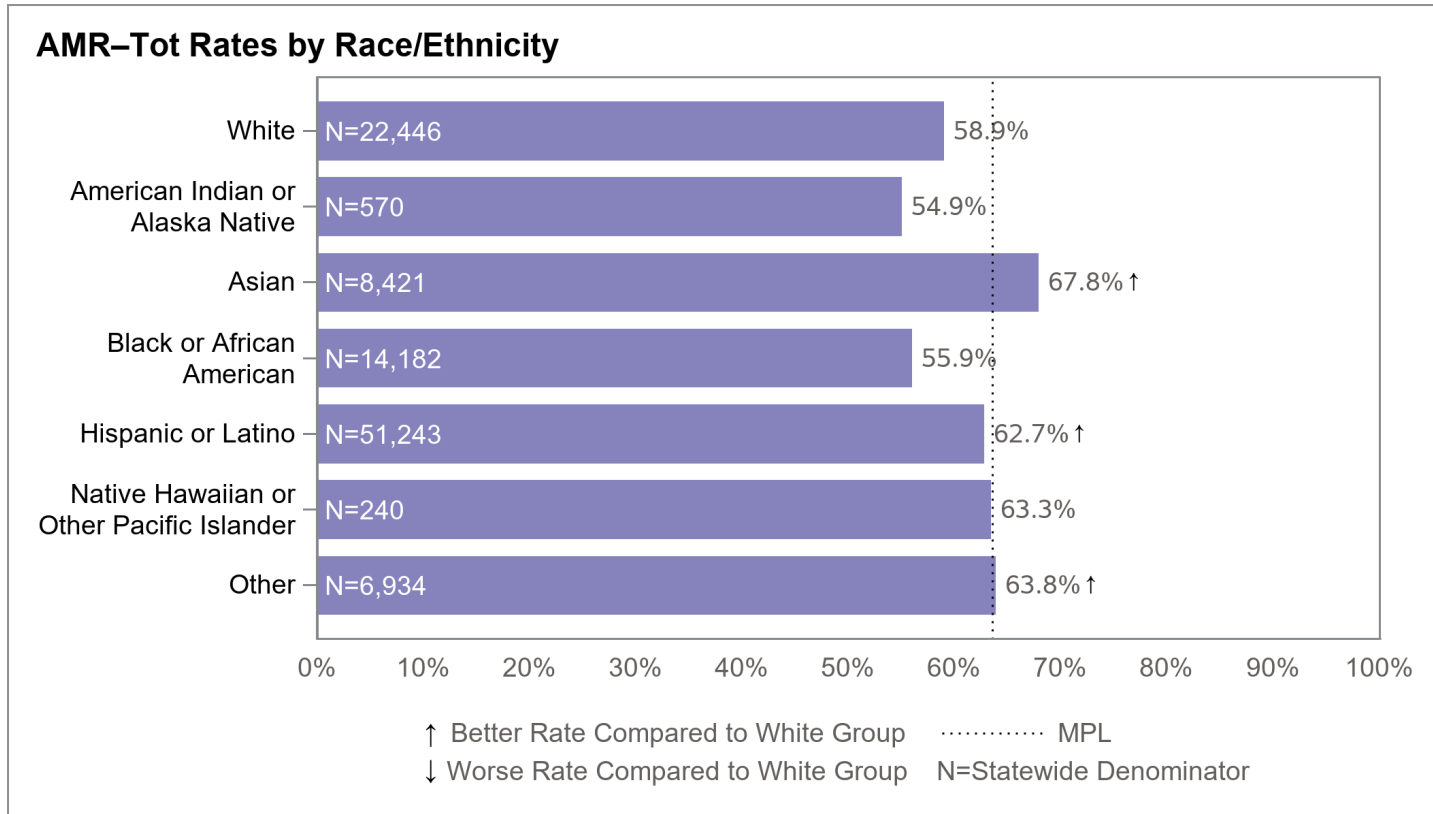


# Developmental Screening





# Asthma Medication Ratio





# Report Recommendations

- Reference group assessment and reconsideration
- MCPs should work with providers to help drive improvements in asthma medication prescribing behaviors
- DHCS and MCPs should work closely to determine root causes for disparities



# Report Next Steps

- Determining best reference group
- Exploring different methodologies and report structure
- Assessing methods in driving closure of health disparity gaps across the state
- Exploring additional data sources to enhance and inform disparity analysis



# Actions and Interventions

- Closer examination of data
  - Tobacco cessation focus study
  - Long-acting reversible contraceptive focus study
  - Asian subpopulation focus study
  - Methodology for homelessness identification focus study
- Exploring how to best use the reports to drive targeted disparity reductions across the state



# Actions and Interventions

- Data shared with MCPs to identify and address disparities among their members
  - Adjust quality improvement resources and practices to mitigate disparities
  - Develop and report the strategic action plan in the annual Population Needs Assessments
  - Conduct annual disparity focused Performance Improvement Project





# Population Needs Assessments

- Identify member health status and behaviors, health education and cultural and linguistic needs, health disparities, and gaps in services related to these issues
- Attention to needs of groups, such as members with disabilities, children with special health care needs, as well as members with diverse cultural and ethnic backgrounds.
- Findings used to drive improvements for achieving health equity through action plans

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-017.pdf>  
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-011.pdf>



# Performance Improvement Projects

- Current PIP topics
  - Child and Adolescent Health
  - Health Equity
- Quarterly PIP collaborative calls and presentations addressing three domains
  - child/adolescent health; women’s health; disease management/behavioral health
  - health equity addressed throughout



## Additional Efforts

- Quality improvement postcards: address delivery of care during the pandemic; align with health equity efforts
- 2019 Quality Conference, Health Equity: Promoting Quality and Access for All Building Skills to Bridge the Health Divide
- Technical Assistance
  - Performance measure methodology or processes
  - Quality improvement efforts
  - Sharing of promising practices



# Quality Awards

- Health Equity Award
  - Annual award started three years ago
  - Goals:
    - Incentivize the MCPs to do additional projects focused on reducing health disparities
    - Promote and share promising practices amongst the MCPs
- Innovation Award
  - Annual award started six years ago
  - Goal is to highlight the innovative interventions developed by MCPs to increase member quality of care



# 2020 Awards

- Health Equity (16 nominations): several focused on care for infants, children, and adolescents
  - United HealthCare’s *Baby Blocks Program*
  - Blue Shield Promise’s *Community Resilience project* (trauma and teens)
  - SFHP’s *Promotion of 12 month utilization of hormonal contraception*
  - 3 MCPs with *doula pilot programs* to improve care for mothers and infants
- Innovation (24 nominations): several focused on infants and children
  - Kern Health Plan’s *Baby Steps Program* (pregnancy member engagement)
  - Gold Coast Health Plan’s project to utilize all clinical encounters for *childhood immunizations*
  - Partnership Health Plan’s *perinatal provider engagement program* to drive improvement in maternity and infant care



Promise Health Plan

Reduce the mental health inequities in south Los Angeles by supporting existing trauma-informed services and creating resiliency-based training for community-based organizations that serve communities of color.

- Includes art therapy sessions for adolescents



Increase use and promote awareness of the 12-month supply of hormonal contraception, targeting women starting at 15 years of age



Maximize clinic workflow processes to utilize all clinical encounters to screen and immunize children and minimize missed opportunities



Questions?



**Break – 10 minutes**





# Structural Racism in the Health Care Delivery System



# Member Updates and Follow-Up



# Public Comment



# Upcoming Meetings and Next Steps