Follow-up Items from July 11, 2019, MCHAP Meeting

Opening Remarks from Director Kent

Terrie Stanley: With value based payments (VBPs), has there been any thought to aligning it with the waiver?

> **DHCS Response:** *Jennifer Kent, DHCS:* There's $250 million for VBPs. We released guidance on four key domains for comment; pre- and post-natal care, early childhood pediatric preventive services, chronic disease management, and behavioral health integration, which is all done through managed care. We can share the guidance. The clinical measures that we're proposing is through the plans using their contracted network providers to incentivize outcomes and quality measures as opposed to strict utilization. On the behavioral health integration, we released that document. We're still calculating the values for these payments.
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> **DHCS Follow-Up:** On September 6, 2019, the VBP program valuation summary was posted to the DHCS website. The VBP performance measures and specifications for the performance measures are posted on the DHCS website.

Child Vaccination Letter

Marc Lerner, M.D.: We've had an increase in the number of medical exemptions. I continue to be more concerned within our Dashboard for data related to childhood immunizations status -- combination 3, where there was a drop from 75% to 70%. Is this a trend that DHCS observes, and is it happening in other states/environments? We should consider inviting the California Department of Public Health.

> **DHCS Follow-Up:** The statewide weighted average for Medi-Cal managed care childhood immunizations in 2 year olds did decline from measurement year (MY) 2013/reporting year (RY) 2014 until MY 2015/RY 2016; from 75 to 71%. Since MY 2015/RY 2016, the statewide weighted average for childhood immunizations has remained static at 71% (current as of MY 2018/RY 2019 data). As a result, DHCS has taken numerous steps to improve that rate, including:
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> - All managed care health plans (MCPs) report annually on a series of quality performance metrics, including childhood immunizations. All MCPs not meeting the required minimum performance benchmark for the required quality metrics, including childhood immunizations, are required to do a rapid cycle quality improvement project.
> - In 2017, DHCS further required all MCPs not meeting the minimum benchmark, or demonstrating a year-over-year decline in performance below the statewide average for childhood immunizations, to conduct a performance improvement project (PIP) on childhood immunizations. PIPs are 18-month long quality improvement projects that are monitored by DHCS'

external quality review organization (EQRO) and require a stepwise progression through the quality improvement process. These PIPs concluded this past summer, and results will be available soon. The next round of PIPs (extending from 2019 through 2021) includes at least one PIP focused on childhood or adolescent health, and six of DHCS' MCPs are focusing on childhood immunizations specifically.

- DHCS, the California Department of Public Health (CDPH), and several MCPs participated in a National Governor's Association (NGA) grant in 2016-2017 to try and improve childhood immunization rates in Sacramento County. The grant provided technical assistance and the framework for collaborative calls and meetings between the MCPs and external partners. DHCS is in discussions with CDPH about similar future potential collaborations.
- DHCS also conducts quarterly quality improvement technical assistance calls with its EQRO for all MCPs. For the last several years, and continuing onward, one of the quarterly calls has focused on childhood immunizations. The calls feature MCPs and external presenters who discuss promising practices, challenges, and successes regarding childhood immunization strategies. Strategies shared have included data mining conducted by MCPs that is shared with provider offices, notifying them of which immunizations their members are missing, as well as practice modifications to encourage scheduling the next immunization visit while the member is receiving their current immunizations.
- Last winter, DHCS increased its minimum performance benchmark from the 25th percentile of all Medicaid health plans nationwide to the 50th percentile in an attempt to drive increased performance. Again, MCPs not meeting the required benchmark will be required to engage in rapid cycle QI projects for those measures below the benchmark, including childhood immunizations. Further, financial sanctions will be imposed on MCPs for each required quality measure that is below the required benchmark.
- Last July, DHCS launched its first value based payment (VBP) program in the managed care delivery system. The VBP provides incentive payments to managed care providers for meeting specific measures aimed at improving care for high-cost or high-need populations, and includes childhood immunizations for 2 year olds. The VBP also includes payments for well-child visits in the first 15 months of life, visits during which immunizations are routine.
- Finally, DHCS continues to partner with CDPH to promote and increase the usage of the California Immunization Registry by providers and MCPs.

Overview of Rural Access to Primary Care

Marc Lerner, M.D.: What is the penetration of school-based health centers (SBHCs)? What has been the effort of DHCS to co-locate health care services at schools and to utilize or track the growth of telehealth for beneficiaries living in rural areas?

DHCS Response: *Sam Willburn, DHCS:* I will look into the number of licensed SBHCs. A number of federally qualified health centers (FQHCs) and tribal health clinics have satellites that are on school grounds, and I can gather that information.

DHCS Follow-Up: The Federal Health Resources Services Administration's Health Center website lists approximately 190 health centers with school-based sites in California. (These health centers are enrolled in the Medi-Cal program as FQHC service sites.) This represents about 70% of the 268 total SBHCs referenced by the California School-Based Health Alliance organization.

Marc Lerner, M.D.: Can you share some of the geomapping that defines rural versus non-rural?

DHCS Response: *Sam Willburn, DHCS:* Annually, the California State Office of Rural Health compiles those inventories and combines the databases. We will begin to make those available by the end of this year.

DHCS Follow-Up: This geomapping comparison can be found on the California State Office of Statewide Health Planning and Development website. Additionally, census geomapping can be found on the United States Census Bureau website.