



Strengthening Oversight for Children's Preventive Services

May 23, 2019

Department of Health Care Services
Stakeholder Advisory Committee



Governor's Focus on Children

- Affordable access to quality health care
- Commitment to early childhood development
- Emphasis on populations that are at-risk or low-income (Medi-Cal)



Governor's Requests

- Partnership and collaboration as California increases our state's commitment to early childhood development
- Asked all California health plans to review their current networks, processes, outreach and metrics for pediatric screenings and services
- Directed DHCS to review its data in regard to pediatric measures and identify areas that require improvement



Quality Measures



Measure Set

Current

External Accountability Set

- Managed Care Plans (MCPs) report yearly on a set of quality measures
- Most measures are from HEDIS®

Future

Managed Care Accountability Set

- MCPs and DHCS will report yearly on a set of quality measures
- Measures will be from CMS Child and Adult Core Sets as feasible



Core Set Resources

- 2019 CMS Adult Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>
- 2019 CMS Child Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf>



Benchmarks

Current

Minimum Performance Level

- DHCS contracts require the MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US

Future

Minimum Performance Level

- DHCS will require MCPs to perform at least as well as 50% of Medicaid plans in the US where that information is available and services measured are delivered by MCPs
- DHCS may establish alternative benchmarks for measures where that information is not available and for which the services measured are delivered by MCPs



Possible Measures for Reporting Year (RY) 2020 with Benchmarks

- **Children's Health**
 - WCC BMI
 - CIS 10
 - W15
 - W34
 - IMA 2
 - AWC
- **Behavioral Health**
 - FU ADHD Meds Int.
 - FU ADHD Meds Cont.
 - Antidepressant Med Mgmt Acute
 - Antidepressant Med Mgmt Cont.
- **Women's Health**
 - CCS
 - Chlamydia
 - BCS
 - PPC-Pre
 - PPC-Pst
- **Acute and Chronic Disease Mgmt**
 - Adult BMI
 - CBP
 - CDC HT
 - CDC H9
 - AMR
 - PCR



Additional Measures

- Children's Health
 - Developmental Screening
 - *CAP*
 - Audiological Diagnosis
 - *AMB-ED*
- Behavioral Health
 - Depression Screening
 - DM Screening SMI
 - DM Care SMI H9
 - Opioids high dose
 - Opioids and benzos
- Women's Health
 - Elective Delivery
 - Cesarean Section
 - Contraceptive Care All Women
 - Contraceptive Care Postpartum
- Acute Chronic Disease Mgmt
 - PQI Diabetes
 - PQI COPD
 - PQI CHF
 - PQI Asthma
 - HIV Viral Load Suppression
 - *MPM*

Measures MCPs or DHCS may report on;
no benchmarks currently



Accountability

Current

When MCPs do not meet the MPLs

- Quality improvement work is required

Future

When MCPs do not meet the MPLs

- Corrective Action Plans will be imposed
- Sanctions will be imposed
- Quality improvement work will be required



Timeline

- DHCS is planning to implement these changes for RY 2020 for care that is delivered during Measurement Year (MY) 2019
- DHCS is developing an implementation plan for these changes



Group Needs Assessment (GNA)



Purpose of the GNA

- Conducted to identify:
 - Member health status, behaviors and needs
 - Available health education and cultural and linguistic programs and resources
 - Health disparities
 - Gaps in services
- Used to plan and implement culturally competent and linguistically appropriate services, health education, and continuous quality improvement programs
- Goal: To improve health outcomes



How the GNA is done

- Uses multiple data sources, techniques and tools
- Includes member input from survey and other methods
- Requires provider engagement
- Report conveys findings and how the MCP proposes to address the identified needs
 - Addresses special needs of groups such as:
 - Seniors and persons with disabilities
 - Children with special health care needs
 - Members with Limited English Proficiency
 - Diverse cultural and ethnic backgrounds
- Prioritizes health education and cultural & linguistic services



Updates to the GNA

- DHCS is evaluating the current GNA process and policy and identifying opportunities to improve
- Identified issues in current GNA process:
 - Frequency – more frequent than every five years
 - GNA Report and Annual Reports not well linked by data or objectives
 - Unclear what should be in Report; DHCS receives summary
 - There is no template/format required for the every-5-year GNA Report
 - Non-validated GNA Surveys; data have never been successfully aggregated
 - How to gather and use information in a meaningful way to impact identified member needs
- DHCS is not looking to change the purpose and goals of the GNA, but rather provide more guidance as to what should be considered in the assessment, what is needed with regards to the plan, and how that is communicated to and reviewed by DHCS.



EQRO Technical Report

- Annual, independent assessment that summarizes findings on access and quality of care
- The assessments in the Plan Specific Evaluation Reports (PSERs) will include information gathered from the GNA
- MCPs will be held accountable to action plans identified in the GNA
- Should an MCP not come into compliance, sanctions will be imposed



Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey



CAHPS Survey

- The CAHPS Survey will now be done every 2 years for Children and Adults
 - Previously done every 3 years
 - Will continue to be done annually for CHIP
- The Survey is being conducted for 2019. It will be conducted again in 2021 and every two years thereafter.
- DHCS is evaluating the information gathered in the CAHPS Survey and how that information is used to identify opportunities to increase the value and use of that data



Questions

advisorygroup@dhcs.ca.gov