January 29, 2015

Members,
Medi-Cal Children's Health Advisory Panel (MCHAP)
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RE: Opportunities for Assessing Children's Access to Care in Medi-Cal

Dear members of the Medi-Cal Children's Health Advisory Panel;

Our California Children's Health Coverage Coalition is writing in follow up to the discussion at the January 5, 2015 Medi-Cal Children's Health Access Panel (MCHAP) meeting. We believe that MCHAP is an immensely valuable asset to the Department of Health Care Services (DHCS) and shows great promise in identifying and addressing key issues affecting children's Medi-Cal coverage and access to care. We particularly appreciate that one of the first discussion items was around the need to identify what data are necessary and available to adequately assess the Medi-Cal experience for children. We wholeheartedly agree that child-specific data are pivotal to monitoring how effectively Medi-Cal is serving the particular health care needs of children as Medi-Cal covers over half of all California children. We offer the following, non-mutually exclusive options with which to assess children's access to care in Medi-Cal:

- A **comprehensive audit** could provide a more thorough picture of children's access experience in Medi-Cal. For example, a December 2014 California State Auditor's audit of Medi-Cal's dental program, known as Denti-Cal, found that critical information shortcomings and ineffective actions in Denti-Cal are "putting children enrolled in Medi-Cal…at higher risk of dental disease" (see https://www.auditor.ca.gov/pdfs/reports/2013-125.pdf). The dental audit found that data deficiencies include a lack of established criteria to assess utilization rates under the fee-for-service model and a lack of specificity in DHCS' collection efforts required to meet federal and state reporting requirements. Further, the Auditor also reported that DHCS has not reviewed dental provider reimbursement rates as required, nor have they enforced certain contract provision in order to increase dental utilization. Additionally, in August 2014 the Joint Legislative Audit Committee approved a three-county audit of Medi-Cal Managed Care provider directories, provider networks, and the current regulatory framework to ensure the accuracy of Medi-Cal provider directories. These audits provide objective, third-party assessments and public accountability for Medi-Cal enrollees' access to care. A comprehensive and child-focused audit could serve as a baseline from which to drive the MCHAP priority areas of focus going forward.

- A **direct test of provider participation** is another valuable tool to consider. Such a test or "secret shopper" style survey would directly contact (e.g., by phone) a sample of child-serving providers participating in Medi-Cal to determine the extent to which providers are accepting new pediatric Medi-Cal patients, the timeliness of appointments, and the accuracy of provider information. A September 2014 Department of Health and Human Services (HHS) Office of Inspector General report (OEI-02-11-00320) found that state Medicaid access-verification strategies may be inadequate and recommends direct tests as a promising and under-utilized approach to test compliance with state access standards (see http://oig.hhs.gov/oei/reports/oei-02-11-00320.pdf). A related follow-up HHS Office of Inspector General report (OEI-02-13-00670) that effectively used the direct test methodology found that half of the providers listed as participating in Medicaid were, in fact, unavailable to enrollees, suggesting that provider

networks are actually smaller than what is reported by managed care plans (see http://oig.hhs.gov/oei/reports/oei-02-13-00670.pdf). A 2011 Government Accountability Office report (GAO-11-624) similarly found that only 47% of participating physicians were accepting new Medicaid/CHIP patients, as well as the troubling finding that 84% of participating physicians experience difficulty referring Medicaid/CHIP patients to specialty care (see http://www.gao.gov/new.items/d11624.pdf). The benefit of a direct test survey is that it so clearly pinpoints actual strengths and gaps in access, similar to what enrollees experience. Moreover, a direct test survey could be targeted regionally, by plan, and/or by specific types of care. If MCHAP finds value in such an approach, our coalition would be pleased to work with DHCS and MCHAP to design a survey and identify possible funding to support such an effort.

- Strengthening **quality and performance measurement** efforts can also help assess and improve how well children are being served by Medi-Cal managed care plans and identifying areas for improvement. For example, the *2013 HEDIS Aggregate Report for the Medi-Cal Managed Care Program* recommends enhanced data collection for child health performance indicators: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; Weight Assessment and Counseling for Nutrition and Physical Activity; and Children's and Adolescent's Access to Primary Care Practitioners (see http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/CA2013_HEDIS_Aggregate_Report.pdf). In addition, in the 2014 DHCS Managed Care Quality Strategy report, DHCS itself identifies "timely postpartum care" and "immunizations of 2 year olds" as the specific maternal and child health focus for managed care plan performance improvement. However, even though 62% of Medi-Cal Managed Care Plan enrollees are children under 18, there is not a proportionate focus on *children* in quality measurement and improvement activities -- namely, only half (8 of 15 or 53%) of the performance measures in the "External Accountability Set" of health quality indicators have specific relevance for children. Further, it appears that children's health quality indicators have been de-prioritized over time -- prior to the Healthy Families transition, California reported on 12 of the 23 Children's Health Insurance Program Reauthorization Act (CHIPRA) child core measures, whereas DHCS will be able to report on at most just eight of the two dozen child core measures outlined by federal officials for 2014 (For comparison's sake, the median state reported on 16 child health quality measures in 2013). We are encouraged that DHCS has indicated they are *considering* adding additional children's quality measures: in August 2014 email correspondence with a member of our coalition, DHCS said "additional measures that we are considering for internal analysis include Developmental Screening in the First Three Years of Life, Human Papillomavirus (HPV) Vaccines for Female Adolescents, Cesarean Rate for Nulliparous Singleton Vertex, and Live Births Weighing Less than 2500 Grams." Also, the October 22, 2014 DHCS Managed Care Quality Strategy report indicates that "DHCS developed a proposal to calculate some of the Core Set indicators by using encounter data submitted to DHCS, including oral health and assessment of developmental delays in children;" however, no further detail has been released by DHCS. MCHAP can help ensure that DHCS follows through with their child health quality improvement efforts and proposals to collect additional child health quality data, and assist DHCS in analyzing the data to identify the areas of greatest need.

- Building on previous DHCS efforts and including the child quality measures, we believe that a **pediatric-focused Medi-Cal dashboard** is a critical tool for getting "real-time" assessments of how well Medi-Cal is addressing the needs of children, which will allow DHCS and policymakers to regularly course-correct as needed. We have shared our suggestions with DHCS on previous iterations of the Medi-Cal Managed Care dashboard, some of which we are pleased that DHCS adopted. However, we enthusiastically endorse a pediatric-focused Medi-Cal dashboard that will use existing data for children (including enrollment and utilization data as well as the child health

quality/performance data described above);is inclusive of children in managed care *and* fee-for-service; *and* includes data on dental utilization and quality, since dental is also an important covered benefit for children that should be better integrated with the Medi-Cal medical delivery system. Especially at the advent of MCHAP's work with DHCS, we believe a pediatric-focused Medi-Cal dashboard is an excellent starting point for MCHAP to begin to understand the picture of children's access to care in a way that relies on existing, easily accessible data within DHCS.

We appreciate your service on MCHAP and stand ready to assist you and DHCS as you explore data that could best illustrate children's access to health care services and overall experience with Medi-Cal.

Sincerely,

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