Accountability for Medi-Cal Children's Preventive Services: Medi-Cal Health Plans are Key to the Preventive Care Guarantee for Kids

May 2021

Children Now®

California's Medi-Cal program provides comprehensive health coverage to more than five million children and youth – approximately half of all children and youth in the state. Children are legally guaranteed to a variety of preventive and medically necessary services through Medi-Cal. The Early & Periodic Screening, Diagnosis & Treatment (EPSDT) benefit applies to all children under the age of 21 and covers a regular schedule of preventive care such as well-child visits, dental, vision, hearing and trauma screenings and vaccinations; timely access to and coordination with language-appropriate care; and any treatments a child may need for a physical or mental condition.[1] Three out of four children and youth enrolled in Medi-Cal are children of color, and a disproportionate number are Latino or Black relative to the state's child population.[2] Medi-Cal health plans contract with the state to deliver EPSDT preventive care to kids, so accountability for those services and the outcomes children experience is of the utmost importance to keep children healthy and eliminate racial disparities in children's health outcomes. Unacceptably low health plan performance rates demand that state officials use their oversight authority of managed care plans to implement meaningful action, like financial withholds, for health plans that demonstrate substandard performance and are failing to meet the health needs of children of color and children living in poverty.

The Important Role of Medi-Cal Managed Care for Children

The vast majority of kids with Medi-Cal – 92% – access health care services through a managed care plan.[3] According to the Department of Health Care Services (DHCS), which contracts with Medi-Cal health plans, "managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care." However, recently released state data show that Medi-Cal health plans are failing to ensure California's children and youth access to the basic preventive health services that are critical to promoting their overall health and well-being and to which they are entitled under federal law. The report findings document troubling trends in children's utilization of preventive care and highlight the urgent and bold action DHCS must take to hold contracted Medi-Cal health plans accountable for providing preventive health services to kids.

Accountability in Medi-Cal means that all kids get critical preventive health services and screenings. These are not just "nice to have" but are "must have" services to ensure that kids are developmentally on track, can succeed in school, and grow up to be healthy adults. Without preventive health services, health plans and the state are exacerbating the health disparities that impact low-income children of color and are setting up children for unnecessary long-term suffering due to preventable chronic conditions and trauma.

Data show that approximately one in four children experience chronic health conditions — these are conditions that last more than 12 months, are severe enough to create limits in everyday life, and reduce productivity in adulthood —which means we cannot dismiss low rates of routine preventive care utilization as negligible in the short- or long-term. The incredible disease burden facing many children, and especially children of color, children living in poverty, and their families, is cause for alarm and reinforces the importance of ensuring early and consistent access to care to identify, manage, and treat health conditions. If providers identify children's health care needs early on, they are better positioned to promote appropriate care, address disparities, and prevent unnecessary future costs for families and the health care system overall.

Children's Utilization of Care Worsened During the Pandemic

There is no question that the public health emergency has had wide-ranging impacts on the health of Californians and on the health sector. As community concerns grew about the spread of COVID-19 and the safety of taking part in everyday activities, routine visits to the doctor declined drastically. By August 2020, the number of children visiting doctors through the Medi-Cal program dropped by 40% as compared to the prior year.[4] The state saw declines in children's utilization of preventive and routine care across various services, including dental care, mental health visits, vaccinations, and outpatient care.[5] Recently, DHCS said that "Early in the pandemic, we identified growing gaps in well-child visits and immunizations. We are committed to closing those gaps and others, in part through our ongoing requirement that Medi-Cal managed care plans conduct performance-improvement efforts on youth preventive health care."[6]

Although the number of children accessing care drastically worsened during the pandemic, and pediatric visits still have not recovered to "levels seen in a typical year,"[7] the reality is that the Medi-Cal managed care system was already significantly underperforming for kids long before COVID-19.[8] The most recent state data show troubling racial/ethnic and geographic disparities in children's utilization of critical and routine preventive care.[9] This issue brief takes a closer look at the pre-pandemic data based on health plan performance, and the action that should be taken by the DHCS to address the unacceptably low utilization rates.

An Analytic Approach for Ranking Health Plan Performance on Children's Preventive Care

Data from the DHCS' 2020 Preventive Services Report and Addendum[10] show that overall health plan performance on children's preventive care services was abysmal. Statewide averages on key preventive care measures maxed out at 61% – well below the goal of 100% utilization for all children. Health plans' poor performance is not meeting the needs of children and youth. For example, less than one percent of youth in Medi-Cal were screened for tobacco use even though more than one in three high school youth report using tobacco products.[11] Utilization rates for preventive services were also much lower for children of color and children living in households speaking a language other than English, signaling the need for health plans to target outreach and resources to these communities in order to eliminate disparities.

To better understand plan-level performance in relation to the statewide averages, Children Now created a ranking system of health plan performance on children's access to legally protected and recommended preventive services (see Appendix C). We calculated a composite rank for each of the 56 Medi-Cal health plan reporting units based on their 2019 performance on five required Medi-Cal preventive services for children summarized in Table 1 below. We sought to comprehensively capture health plan-level data for the range of guaranteed preventive care benefits. However, our analysis of health plan performance was limited to lead screenings, well-child visits, child and adolescent well care visits, dental fluoride varnish application, and tobacco use screening for children and youth because these were the measures that were publicly available and stratified at the health plan reporting unit level. Unfortunately, comparable health plan level data were not available for rates of developmental screenings, trauma screenings, and screening for depression, and several other measures of interest. Further, the composite ranking is purely in relation to where other health plans stand and is not a measure of excellence because the ranking does not look at plan performance relative to any outcome, standard, benchmark, or minimum performance requirement.

Table 1: Summary of Medi-Cal Children's Preventive Services and Disparities

Children's Preventive Health Service	Medi-Cal Managed Care Statewide Average	Notable Racial and Linguistic Statewide Disparities
Lead screening in children who turned 2 years of age	61%	Just 45% of Black children and 50% of children in Russian-speaking households were screened for lead.
Well-child visits in the first 15 months of life	26%	Only 14-15% of Black children and American Indian or Alaskan Native children and 11% of children in Russian-speaking households received well-child visits.
Child and adolescent well-care visits	51%	41-42% of Black, American Indian or Alaskan Native, and Native Hawaiian or other Pacific Islander children and youth and 42-44% of children and youth in Russian-, Cambodian-, or Korean-speaking households received well-care visits.
Dental fluoride varnish application for children 6 months to 5 years of age	23%	13% of American Indian or Alaskan Native children and 11% of children in Korean-speaking households received dental fluoride varnish.
Tobacco use screening for children and youth ages 12 to 21 years	1%	Only 0.8% of American Indian or Alaskan Native children and 0.35% of children in Chinese-speaking households received tobacco use screening.

Findings Confirm Performance for All Health Plans Needs Improvement

In closely reviewing the data at the health plan reporting unit level, it was clear that some health plans are performing better than others, and there are sizable differences based on geography and health plan model type. Table 2 lists the children's preventive health composite rankings by health plan reporting unit and managed care model type.

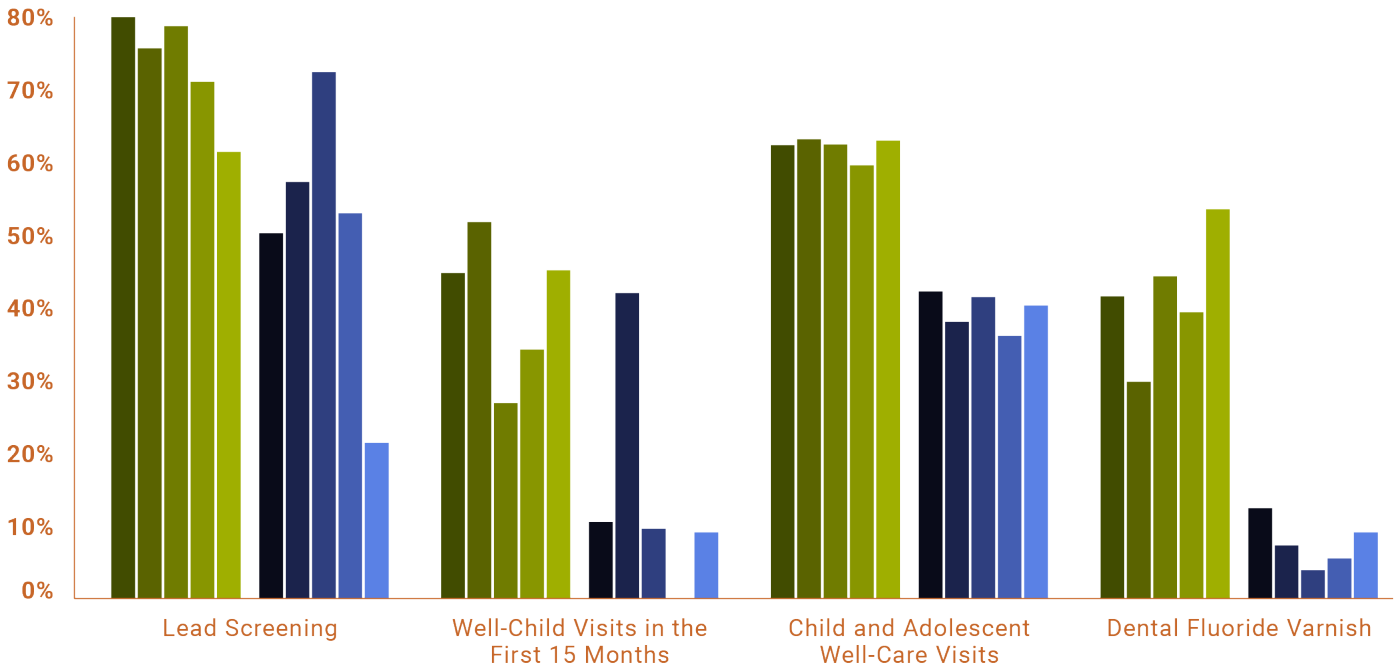
Table 2: Composite Rankings on Children's Preventive Services by Medi-Cal Managed Care Health Plan Reporting Unit, 2019

Rank of children's preventive care	Medi-Cal Health Plan Reporting Unit	Medi-Cal Managed Care Model Type
1	CalViva Health—Madera	Two Plan
2	San Francisco Health Plan—San Francisco	Two Plan
3	Central California Alliance for Health— Monterey/Santa Cruz	COHS
4	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera	Two Plan
5	CenCal Health—Santa Barbara	COHS
6	Gold Coast Health Plan—Ventura	COHS
7	Health Plan of San Mateo—San Mateo	COHS
8	Health Net Community Solutions, Inc.—Tulare	Two Plan
9	CenCal Health—San Luis Obispo	COHS
10	Community Health Group Partnership Plan—San Diego	GMC
11	CalOptima—Orange	COHS
12	Contra Costa Health Plan—Contra Costa	Two Plan
13	Molina Healthcare of California—San Diego	GMC
14	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Tulare	Two Plan
15	Santa Clara Family Health Plan—Santa Clara	Two Plan
16	CalViva Health—Fresno	Two Plan
17	Health Plan of San Joaquin—San Joaquin	Two Plan
18	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Francisco	Two Plan
19	L.A. Care Health Plan—Los Angeles	Two Plan
20	Blue Shield of California Promise Health Plan— San Diego	GMC
21	CalViva Health—Kings	Two Plan
22	Health Net Community Solutions, Inc.—Sacramento	GMC
23	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Contra Costa	Two Plan
23	California Health & Wellness Plan—Imperial	Imperial
25	Alameda Alliance for Health—Alameda	Two Plan
26	Molina Healthcare of California—Imperial	Imperial
27	Health Net Community Solutions, Inc.—San Diego	GMC
27	Health Plan of San Joaquin—Stanislaus	COHS
29	Kaiser SoCal (KP Cal, LLC)—San Diego	GMC
30	Health Net Community Solutions, Inc.—Los Angeles	Two Plan
31	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Alameda	Two Plan
32	Partnership HealthPlan of California—Southwest (Marin, Mendocino, Sonoma, and Lake Counties)	COHS

33	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Sacramento	GMC
34	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Fresno	Two Plan
35	Kern Health Systems, DBA Kern Family Health Care— Kern	Two Plan
36	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Santa Clara	Two Plan
37	Health Net Community Solutions, Inc.—Stanislaus	COHS
38	California Health & Wellness Plan—Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama)	Regional
38	Inland Empire Health Plan—Riverside/San Bernardino	Two Plan
40	Central California Alliance for Health—Merced	COHS
40	Molina Healthcare of California—Sacramento	GMC
42	Kaiser NorCal (KP Cal, LLC)—KP North	GMC
43	Aetna Better Health of California—Sacramento	GMC
44	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolemne, and Yuba Counties)	Regional
45	California Health & Wellness Plan—Region 2 (Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, Yuba)	Regional
46	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—San Benito	San Benito
47	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Region 1 (Butte, Colusa, Glenn, Plumas, Sierra, Sutter, and Tehama counties)	Regional
47	Health Net Community Solutions, Inc.—Kern	Two Plan
47	Health Net Community Solutions, Inc.—San Joaquin	Two Plan
50	Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Kings	Two Plan
51	Partnership HealthPlan of California—Southeast (Napa, Solano, and Yolo counties)	COHS
52	Molina Healthcare of California— Riverside/San Bernardino	Two Plan
53	UnitedHealthcare Community Plan—San Diego	GMC
54	Partnership HealthPlan of California—Northwest (Del Norte and Humboldt counties)	COHS
55	Aetna Better Health of California—San Diego	GMC
56	Partnership HealthPlan of California—Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity Counties)	COHS

None of California's 56 health plan reporting units qualify as "high performing" when it comes to children's preventive care because no health plan was near 100% on any measure. Figure 1 below shows the variation across indicators (except for tobacco screenings) for the health plan reporting units with the top and bottom composite ranks. Health plan reporting units with the highest overall ranking did not necessarily score highest for all services, and similarly, the reporting units with the lowest overall ranking did not necessarily score lowest for all services. The closest to a "high-performing" plan may be the highest ranked reporting unit overall, CalVIVA health plan in Madera County, which ranked in the top 10 on every indicator. Despite rankings that were relatively higher than other reporting units, however, CalVIVA's performance in Madera County must still be significantly improved – for example, rates for infant well-child visits and dental fluoride varnish application are still below 50%.

Figure 1: Wide Variation in Children's Utilization of Preventive Services Among Medi-Cal Health Plans
As demonstrated by the overall top- and bottom-ranked plans:



Top-Ranked Plans

- **CalViva Health—Madera**
- **San Francisco Health Plan—San Francisco**
- **Central California Alliance for Health— Monterey/Santa Cruz**
- **Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan—Madera**
- **CenCal Health—Santa Barbara**

Bottom Ranked Plans

- **Molina Healthcare of California— Riverside/San Bernardino**
- **UnitedHealthcare Community Plan—San Diego**
- **Partnership HealthPlan of California—Northwest (Del Norte and Humboldt counties)**
- **Aetna Better Health of California—San Diego**
- **Partnership HealthPlan of California—Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity Counties)**

There are currently six different models of Medi-Cal managed care in California, which vary based on competitiveness and other factors.[12] We found that the majority of the top-ranked plans were part of a County Organized Health Systems (COHS) or Two-Plan model county, and most of the lowest-ranked plans were part of a multi-county COHS or Geographic Managed Care (GMC) model county. This highlights the significant geographic variation that exists and is driven by choices about the business competitiveness of the localized Medi-Cal managed care landscape in each county. DHCS recently shared that 18 counties intend to shift to a COHS or Two-Plan model in the upcoming year. This trend could be supported by research showing that over the past decade, counties with a COHS model of Medi-Cal managed care generally had better quality scores than counties with more competitive Medi-Cal managed care models and that the COHS model was effective in addressing and eliminating disparities.[13]

Nevertheless, there is significant variation across health plan reporting units and across individual indicators of service utilization. The Appendices have the full set of rates and rankings for the Children's Preventive Health Services Indicators used in this analysis, by Health Plan Reporting Unit (Appendix A) or by County (Appendix B).

DHCS Must Drive Plan Quality Improvement & Accountability in Children's Preventive Care

DHCS already has significant oversight and monitoring authority over its contracted health plans, but poor execution of this authority has contributed to the persistently low utilization. The data are clear. DHCS has the responsibility to use these data to drive bold and targeted action for quality improvement among its contracted Medi-Cal health plans.

Within existing authorities and structures, DHCS has already identified some recommendations aimed at improving children's preventive care, as summarized in Table 3. These short-term recommendations and activities should be strengthened through better enforcement, timely follow-through, and a focus on areas of promising practices.

In the longer term, the state's upcoming Medi-Cal managed care procurement process is a ripe opportunity to act on these troubling findings. By way of re-writing the managed care contracts, the State must significantly increase standards and oversight of Medi-Cal managed care plans by holding them accountable for providing quality care for kids and incentivizing continuous improvement that eliminates disparities.[14] Currently, the state pays Medi-Cal health plans roughly $5 billion annually to provide and coordinate care for children, regardless of their ability to meet quality benchmarks or their efforts to address racial disparities or improve health outcomes. State officials must commit to value-based financing in Medi-Cal and institute financial withholds and minimum primary care spending requirements to ensure state investments yield the best outcomes for kids and the best return on public dollars. In other words, if plans do not ensure kids are adequately accessing quality preventive care, the state should not pay them billions of dollars. DHCS can strategically drive quality improvement in Medi-Cal care for children by holding contracted health plans more fiscally accountable for the children's outcomes they deliver, particularly those that exacerbate health disparities.

Table 3: DHCS' Short-Term Activities to Improve Children's Preventive Care and Recommendations to Strengthen Their Impact

DHCS Activity	Description	Children Now's Recommendations to Strengthen the Activity's Impact
Utilizing existing quality improvement requirements	DHCS has identified Quality Improvement opportunities though the Population Needs Assessment (PNA) and Performance Improvement Plan (PIP) processes required of health plans, although, both of these oversight areas were put on hold during the Public Health Emergency and they continue to be on pause.	DHCS should immediately resume monitoring the PNA and PIP quality improvement processes and take enforcement action against health plans that fail to deliver the most basic children's services and show no improvement.
Promoting member education activities	DHCS is undertaking a Preventive Services Outreach Campaign where health plans follow-up with any children and their families who have not utilized services.[15]	To support consistent information available to families, the state should expedite development of an adequate public-facing state website and materials on the Medi-Cal EPSDT benefit for children. DHCS and health plans can also do a better job listening to affected families by leveraging community advisory committees (CAC) to get input on the health plan's educational and operational issues related to cultural and linguistic services, as well as care coordination and efforts aimed at advancing health equity and eliminating disparities.
Targeting counties with best practices and large populations	DHCS identified Quality Improvement opportunities by using successful best practices in one county to inspire improvement in another county, and targeting the six largest counties for improvement in well-child visits.	DHCS should look at the counties with higher ranking health plans to identify "promising practices" across children's preventive services which can be shared with providers throughout the Medi-Cal program. DHCS should also set measurable well-visit improvement targets for the six largest counties.
Advancing plan-level monitoring efforts	Building on the inaugural Preventive Services Report, DHCS will issue the instructions for health plans to use their utilization management programs to identify and address utilization barriers to children's preventive care.[16]	DHCS' should establish health plan benchmarks and minimum quality standards for all measures of preventive services.

Conclusion

The data on health plan performance show that the State must take action to drastically improve Medi-Cal to meet the varied health needs of Californian children. It is clear that the current Medi-Cal program needs significant improvement to deliver quality care, including far better oversight of managed care plans by holding them financially accountable for the preventive care kids receive.

Appendix A: Children's Preventive Health Services Rates and Rankings, by Health Plan Reporting Unit

Appendix B: Children's Preventive Health Services Rates and Rankings, by County and Health Plan

Appendix C: Sources and Methodological Notes

Using 2019 data from the Department of Health Care Services' 2020 Preventive Services Report and Addendum, Children Now developed a composite ranking of health plans' performance on ensuring children's access to legally protected and recommended preventive services.

For the ranking methodology: Health plan reporting units were ranked on their individual performance on five indicators of required Medi-Cal children's preventive services: lead screenings, well-child visits in the first 15 months of life, child and adolescent well-care visits, dental fluoride varnish application, and tobacco use screenings. The rankings on all indicators for each health plan reporting units were then totaled and averaged to create the final composite ranking, per the example below.

Example:

	Rank on Lead Screenings	Rank on Well-Child Visits in first 15 months	Rank on Child and Adolescent Well-Care	Rank on Dental Fluoride Varnish	Rank on Tobacco Use Screening
Health Plan Reporting Unit A	1	21	15	38	50

Final Composite Ranking: (1+21+15+38+50)/5=25

Credits and Acknowledgments

Writing, research, and policy analysis for this brief was provided by: Mike Odeh, Fatima Clark, Sara Ortega, and Kelly Hardy, with additional support from Nima Rahni, Maya Kamath, and Adrienne Bell.

This brief was funded by the generous support of the David and Lucile Packard Foundation, the Stupski Foundation, and The California Endowment.

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Children Now is on a mission to build power for kids. The organization conducts non-partisan research, policy development, and advocacy reflecting a whole-child approach to improving the lives of kids, especially kids of color and kids living in poverty, from prenatal through age 26. Learn more at www.childrennow.org

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Endnotes

1 https://go.childrennow.org/final-outreach-notice

2 https://www.childrennow.org/blog/medi-cal-disparities-factsheet/

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