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California Department of Health Care Services
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Dear Dr. Royce:

The Lucile Packard Foundation for Children’s Health is making a variety of investments to improve the system of care for children in California, especially those with special health care needs. We are very pleased that DHCS is seeking comments on the proposed 2015 Performance Measures for Medi-Cal Managed Care. Having served as a technical advisor to NCQA in the development of the child health HEDIS measures, as well as on the development of the pediatric CAHPS instrument, I appreciate the difficulty involved in obtaining reliable and actionable data on system performance.

With that in mind, I would like to suggest three additional performance measures and a fourth recommendation that tap essential services that statewide data suggest are problematic in California. Improvement on these three measures would not only document the state’s efforts to comply with the provision of the EPSDT benefits for children under 21, but also would substantially improve the health status of children covered by Medi-Cal.

**Performance Measure 1:** Measure the rate at which children have a medical home whose definition, at a minimum, must include:

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<tr>
<th>Data Source: Family Survey</th>
<th>Data Source: Provider</th>
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<td>Having a usual source of well and sick care</td>
<td>Same day appointments for acute illness</td>
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<td>Having a personal doctor or nurse</td>
<td>Can generate patient registries for care management</td>
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<td>Receiving assistance with referrals</td>
<td>Referral tracking, follow-up and care coordination</td>
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<tr>
<td>Receiving care coordination</td>
<td>24/7 access to clinical advice</td>
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This is a minimal list of indicators. An important additional measure would be that the practice is certified as a Level 1 medical home. Evidence supports the value of these core components of a medical home in improving health status and patient satisfaction and reducing costs.

**Performance Measure 2:** Measure the rate of standardized developmental screening and referral to intervention services.

Federal EPSDT regulations require periodic developmental and behavioral health screening for all children enrolled in Medicaid. The American Academy of Pediatrics has recommended that developmental screening occur at 9, 18 and 24-30 months of age, and evidence shows that performing this screening using standardized instruments substantially increases accuracy and the rate of identification. Early identification of children with development problems, i.e., autism spectrum disorders, pervasive developmental delays, and delays in acquisition of speech and language abilities and social skills, when appropriately addressed can improve eventual school and lifetime achievement. A number of standardized developmental screening instruments are available, some in the public domain, that have been shown to reliably identify children at increased risk for developmental problems.

**Performance Measure 3:** Measure the rate of annual preventive dental check-up for all children covered by Medi-Cal.

Dental care is the single greatest unmet need for health services among children in California, and the disparity in oral health between poor and affluent children is among the worst in the US. Inadequate access and use of preventive dental services results in substantial excess costs to the State for dental treatment for caries and other oral health problems. In addition, poor oral health accounts for missed school and poor school performance by affected children.

**Recommendation:** The overall performance of Medi-Cal Managed Care plans’ provision of child health services should be separately measured using both administrative and survey data.

There is substantial variability in performance among the Medi-Cal Managed Care plans that requires continued monitoring and corrective action. Use of the federal threshold for corrective action at 25% Minimum Performance Level (MPL) is low and unlikely to motivate plans to implement quality improvement activities of substance. Requiring corrective action at 50% MPL or lower seems more justifiable if quality is desired.

In addition, the Association of Maternal and Child Health Programs, in partnership with a variety of federal and state agencies and private health policy and health care organizations, has released *Standards for the Systems of Care for Children with Special Health Care Needs*. These standards represent the consensus of this consortium as to desired components of a high quality system of care for children with special health care needs. The State, in partnership with its contracted health plans, might want to review this document as a possible guide to future contract language and expectations.
Thank you for considering this request to strengthen quality measurements to improve the system of care for children with special health care needs.

Edward Schor, MD
Senior Vice President