Advocates Urge the State to Gather More Data on Children in Medi-Cal

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By Hannah Guzik

Although more than half of California's children are enrolled in the state's low-income health program, the state does not report how many of them are born at a low birth weight, receive a developmental screening in their first three years of life or have a suicide-risk assessment if they have a major depressive disorder.

These are just a few of the indicators that the federal government uses to assess the quality of the Medi-Cal program, which will cost the state about $18 billion this year.

Children's advocates are asking the state Department of Health Care Services to report on more of the quality measures in the hopes that better data can spotlight areas where children aren't getting adequate health care.

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"There's a public accountability argument to be made — we spend a lot of money as a state on Medi-Cal," said Mike Odeh, associate director of health policy at Children Now. "Are we getting good value and getting what were supposed to? That's what these quality measures are trying to get at."

Statewide, 5.3 million children are enrolled in Medi-Cal, about 58 percent of the population under 18.

Reporting on children's health

The federal Centers for Medicare & Medicaid Services, which regulates the Medi-Cal program, has a list of 24 child health indicators this year. States are required to report on the quality of their low-income health programs, but filing data on the 24 indicators is optional. Medi-Cal is California's version of the federal Medicaid program.

California reported on 13 of the indicators in April and expects to report on the same ones when it files next year's report, which will use 2015 data, said DHCS spokeswoman Carol Sloan.

Some states report on more or fewer of the measures. In 2013, the most recent year Children Now has been able to analyze, California reported on fewer indicators than most other states, Odeh wrote in a June report.

That year, CMS listed 25 indicators and California reported on 15. The median number reported by all states was 16. Many states with large populations, however, reported on a greater number: Texas on 21, for instance, and New York on 18.

Although simply reporting on the measures does not equate to performing well on them, CMS evaluated the data in May and used it to rank states' Medicaid programs. California's was ranked 14th in the nation, and was not in a group of "higher-performing states." The analysis, which used frequently reported data submitted by states in 2013, shows that 33 percent of the California data scored in the top quarter. Comparably, 87 percent of Rhode Island's data scored in the top quarter, and for New York the number was 69 percent.

Because California enrolls more children in Medicaid than any other state, some advocates say it has a greater responsibility to ensure it is operating a quality program.

"It's really about the health care delivery system — over half of California's kids are in Medi-Cal and the fact that we're not collecting as much data as we should shows that we're still in the dark about some things," Odeh said.

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This spring, DCHS will hold a meeting for stakeholders to determine what it will report on in 2017.

In particular, Children Now is asking DHCS to identify how many children receive a developmental screening within their first three years. Identifying and treating developmental delays or behavior problems early, before children are enrolled in school, can drastically improve educational and health outcomes.

"If we're not doing a good job at identifying developmental delays or behavior problems from 0 to 3, it's a missed opportunity from a child development standpoint," Odeh said.

Sloan said the agency is looking into the possibility of tracking developmental screenings, but does not plan to report on the measure next year.

"Developmental Screening is an example of a performance metric that DHCS is exploring as a way to calculate measures," she said.

Data may highlight disparities

Collecting more data will allow the state to work on reducing disparities among certain populations, said Cary Sanders, director of policy analysis at the California Pan-Ethnic Health Network.

"We think it's really important to include data that looks at target areas with known racial and ethnic disparities," she said.

Certain racial and ethnic populations in California experiences higher rates of diabetes, hospital readmissions, emergency visits, asthma, hypertension and behavioral health problems, according to the nonprofit.

Emergency room visits, for example, are three times higher for African American children than other children, researchers have found.

More than half of Medi-Cal enrollees are people of color, and in California they tend to experience higher rates of chronic diseases and have poorer health outcomes than the general population, Sanders said.

In addition to reporting on additional indicators that are more likely to affect people of color, the Health Network is asking the state to break down the responses by race and ethnicity.

"If we're going to improve health outcomes, the issue of health

disparities has to be front and center," Sanders said. "You can incorporate certain measures that will improve quality of care, but then it becomes a question of the quality of care for whom?"

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