



The Comprehensive Perinatal Services Program

The Lack of Usage Data Prevents the State From Knowing How Often Medi-Cal Members Receive Perinatal Care

Background

The Legislature established in 1984 the Comprehensive Perinatal Services Program (perinatal program), which provides enhanced medical services to pregnant and postpartum Medi-Cal members. These services include health education, nutrition education, and mental health assessments and interventions, all of which are intended to reduce the number of infants born at a low birthweight—weights under 5 pounds, 8 ounces. Infants born at a low birthweight are 20 times more likely to die than infants born at a healthy weight. In California, the percentage of infants born at low birthweights is rising, from 6.7 percent in 2014 to 7.3 percent—about 30,000 infants—in 2021. The Department of Health Care Services (Health Care Services) and the Department of Public Health (Public Health) oversee the delivery of perinatal care to Medi-Cal members.

Key Findings

- The State lacks data to track the provision of perinatal program services.
 - » The lack of data prevented our office from determining usage rates for the program delivered through managed care—which will cover 99 percent of Medi-Cal members—overseen by Health Care Services.
- Health Care Services and Public Health provide limited oversight of the perinatal program.
 - » Although Health Care Services requires managed care plans to conduct reviews of each managed care provider at least once every three years, the department's existing policies and agreements limit the reviews of perinatal services.
 - Only 45 of about 2,600 provider reviews conducted in 2022 examined the provision of perinatal program services.
 - » Although state law tasked Public Health with the overall oversight and monitoring of the perinatal program, the department relied on voluntary local oversight (chart reviews) for the program delivered through fee-for-services, which it oversees.
 - 22 of the 61 local health care jurisdictions reported that they did not conduct chart reviews from 2018 through 2022. Jurisdictions that did conduct chart reviews reported a decreasing number of reviews, from 730 in 2018 to 290 in 2022.
- The State does not sufficiently communicate the availability of the perinatal program to health care providers or Medi-Cal members.
 - » For example, mandatory Medi-Cal member handbooks do not inform members of all perinatal program benefits as required.

Key Recommendations

To ensure the efficient and effective provision of perinatal services through Medi-Cal, the Legislature should modify state law to assign the primary perinatal program administration and oversight responsibilities to Health Care Services and should direct Health Care Services to develop a system of oversight to ensure that providers are aware of and offer program services to all pregnant and postpartum Medi-Cal members. As part of this update, the Legislature should consider whether to assign additional data collection duties to Health Care Services, for example by requiring the department to create and use a version of the perinatal services data form mandated by state law. Such a form could track data on perinatal services that would also make possible the department's analysis of utilization rates. To the extent necessary, Health Care Services should then contract with Public Health to maintain any services or program oversight functions best conducted by Public Health.