

California Children's Services Redesign

Data and Quality Measures
Technical Workgroup Webinar

September 29, 2015

Agenda

- **Welcome, Introductions, and Purpose of Today's Meeting**
 - Anastasia Dodson, Associate Director for Policy, DHCS
 - **Review of Data and Quality Measures Workgroup Charter and Goals**
 - Anastasia Dodson, Associate Director for Policy, DHCS
 - **Review DHCS Dashboard Initiative, Demographic and Performance Measures Drafts**
 - Linette Scott, MD, Information Management Deputy Director and CMIO, DHCS
 - **Overview of Current Data Resources, Data Requests Received, and Status of Requests**
 - Lee M. Sanders, MD, MPH, Stanford Center for Policy, Outcomes and Prevention
 - Brian Kentera, Chief of CMS Network Branch, DHCS
 - **Wrap-up and Next Steps**
 - Linette Scott, MD, Information Management Deputy Director and CMIO, DHCS
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Welcome, Introductions, and Purpose of Today's Meeting

Anastasia Dodson

Associate Director for Policy, DHCS

Review of Data and Quality Measures Workgroup Charter and Goals

Anastasia Dodson

Associate Director for Policy, DHCS

Workgroup Goals

- Goal 1: Support data needs of the CCS Advisory Group and the technical workgroups.
 - Goal 2: Establish CCS performance and quality measures, for demographics, process, and outcomes.
 - Goal 3: Assess future data gaps and needs, particularly for Whole-Child Model implementation.
 - Goal 4: Inform the evaluation process for the Whole-Child Model.
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Review DHCS Dashboard Initiative, Demographic and Performance Measures Drafts

Linette Scott, MD

Information Management

Deputy Director and CMIO, DHCS

DHCS Dashboard Initiative

- Department-wide Effort:

<http://www.dhcs.ca.gov/provgovpart/Pages/DHCSDashboardInitiative.aspx>

- Examples:

- Managed Care

- Dental

- Mental Health

- Children's Health:

http://www.dhcs.ca.gov/services/Documents/Revised_Dashboard_draft_for_Sept._11_2015_meeting.pdf

CCS Measure Categories

- Demographics: Program size, Diagnosis, Age, Gender, Race/Ethnicity, Language
- Process Measures: Enrollment, Services, Utilization, Provider Types
- Outcome/Quality Measures: Health Status, Functional Status



CCS Demographics FY 2014/15 Eligibility

Gender	Total	Percent
Female	104,497	46%
Male	123,291	54%
Total	227,788	100%

Language	Total	Percent
English	143,980	63%
Spanish	64,872	28%
Other	18,943	8%
Total	227,795	100%



CCS Demographics FY 2014/15 Eligibility

Age Group	Total	Percent
<1	20,906	9%
1 to 4	52,232	23%
5 to 9	46,233	20%
10 to 14	45,090	20%
15 to 18	39,893	18%
19 to 21	23,407	10%
Total	227,761	100%

Criteria for Prioritization of CCS Data Measures

- Availability/Limitations of Data
 - What value does the measure add?
 - What policy or operational change would be made if a particular measure was available and published?
 - Which populations/conditions/services are most of interest?
 - Measures that will help us understand/evaluate the Whole-Child Model implementation.
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Example: CCS County Measure 1

Definition	Clients enrolled in CCS, including NICU infants, will have a designated physician, subspecialty physician or nurse practitioner, in a usual place of care (e.g. clinic, office, where care is provided normally), who addresses preventative, acute, and chronic care from birth through transition to adulthood.
Numerator	The total number of unduplicated active children with a Medical Home address in the addressee tab of CMS Net Registration with the Provider Type field identifying a Certified Nurse Practitioner or Physician. A blank Medical Home or another Provider Type in the field will be designated incorrect and not counted.
Denominator	The total number of unduplicated active children enrolled in the local CCS county program.

Example: CCS County Measure 1

CCS Performance Measure 1 Medical Home as of 9/22/2015

**Number of
children with a
primary care
physician or
nurse
practitioner
Medical Home**

**Number of
children in the
local CCS
program**

**Percent
achieved
(Goal: 95%)**

126,840

179,483

70.67%



Example: CCS County Measure 2

Definition	Children referred to CCS have their initial medical and program (financial and residential) eligibility determined within the prescribed guidelines per California Codes of Regulations (CCR), Title 22, and according to established CCS policy * and procedures**. Counties will measure the following:
Numerator	<ol style="list-style-type: none">Medical eligibility is determined within seven calendar days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists in the last fiscal year. (CCR, Title 22, Section 42132; CCS N.L. 20-0997) Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Medical Documentation Received”.Residential eligibility is determined within 30 calendar days of receipt of documentation needed to make the determination in the last fiscal year. (CCR, Title 22, Section 41610) Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Residential Documentation Received”.Financial eligibility is determined within 30 calendar days of receipt of documentation needed to make the determination in the last fiscal year. (CCR, Title 22, Section 41610). Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Financial Documentation Received”.
Denominator	Number of unduplicated new referrals to the CCS program in each county assigned a pending status in the last fiscal year.

Example: CCS County Measure 2

Medical Eligibility

	Number of referrals determined medically eligible within 7 calendar days	Number of new unduplicated referrals	Percent determined eligible
FY 2012/13	45,614	74,734	61.04%
FY 2013/14	44,012	69,327	63.48%
FY 2014/15	40,455	68,405	59.14%

Example: CCS County Measure 2

Financial Eligibility

	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination		Number of new unduplicated referrals		Percent determined eligible	
	MC/OTLICP	CCS	MC/OTLICP	CCS	MC/OTLICP	CCS
FY 2012/13	38,031	17,417	43,826	30,908	86.78%	56.35%
FY 2013/14	40,776	12,132	46,517	22,810	87.66%	53.19%
FY 2014/15	44,939	9,942	50,237	18,168	89.45%	54.72%

Example: CCS County Measure 2

Residential Eligibility

	Number of cases determined eligible within 30 days of receipt of documentation needed to make the determination	Number of new unduplicated referrals	Percent determined eligible
FY 2012/13	55,596	74,734	74.39%
FY 2013/14	53,051	69,327	76.52%
FY 2014/15	54,954	68,405	80.34%

Example: CCS County Measure 3

Definition	<p>Clients enrolled in CCS, in the identified ICD categories, will have a referral to a designated Special Care Center and an annual SCC Team Report.</p>
Numerator	<p>Number of clients in CCS, with a medical condition in the following ICD categories, who actually received an authorization for SCC services in the last fiscal year:</p> <ol style="list-style-type: none"> 1. Cardiac Defect: 745. or any 5-digit 745. code Cardiac Anomalies: 746. or any 5-digit 746. code 2. Cystic Fibrosis: 277. or any 5 digit 277. code Respiratory Failure: 518. or any 5-digit 518. code 3. Diabetes Type I: 250. or any 5-digit 250. code 4. Factor Disorder: 286. or any 5-digit 286. code Leukemia: 204. or any 5-digit 204. Code Sickle Cell: 282.62 or .63 or .64 or .68 or .69 5. Post-Transplant: 33.50, 33.51, 33.52, 33.6, 37.5, 37.51, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 46.97, 50.51, 50.59, 52.80, 55.61, 55.69
Denominator	<p>Number of unduplicated CCS clients in each category and subcategory who should receive an authorization for SCC services in the last fiscal year.</p>



Example: CCS County Measure 4

Definition	The percentage of youth enrolled in the CCS program 18 years and older identified by ICD Categories in Performance Measure 3 who are expected to have a chronic health condition that will extend past their 21 st birthday will have CMS Net case notes documentation of health care transition planning.
Numerator	The number of youth enrolled in the CCS program who are 18 years and older identified in the denominator below who have documentation in either the <u>Transition Planning Required</u> Case Note or the <u>Transition Planning Not Required</u> Case Note identified during the Annual Medical Review for each client.
Denominator	Number of clients in CCS, age 18 through 20, with a medical condition in the following ICD-9 categories: <ol style="list-style-type: none">1. Cardiac Defect: 745. or any 5-digit 745. code Cardiac Anomalies: 746. or any 5-digit 746. code2. Cystic Fibrosis: 277. or any 5 digit 277. code Respiratory Failure: 518. or any 5-digit 518. code3. Diabetes Type I: 250. or any 5-digit 250. code4. Factor Disorder: 286. or any 5-digit 286. code Leukemia: 204. or any 5-digit 204. Code Sickle Cell: 282.62 or .63 or .64 or .68 or .695. Post-Transplant: 33.50, 33.51, 33.52, 33.6, 37.5, 37.51, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 46.97, 50.51, 50.59, 52.80, 55.61, 55.69

Other Potential Measures

- Diagnosis Measures
- Utilization Measures
- Provider Type/Frequency Measures
- Health Status Measures
- Outcome Measures by Diagnoses

Overview of Current Data Resources, Data Requests Received, and Status of Requests

Lee M. Sanders, MD, MPH
Stanford CPOP
Brian Kentera, Chief
CMS Network Branch, DHCS

Overview

1. Data Requests from the CCS RSAB
2. Stanford CPOP Policy Briefs

Methods

- Retrospective, population-based analysis of all paid claims for the CCS Program (FY2012)

Use of care: Total capture

Spending:

Total capture of CCS-related care

Partial capture of non-CCS-related care
(FFS)

CCS Data Resources

- **State-owned CCS Data includes:**
 - **Claims:** Standard 35C paid FFS claims and managed care encounters
 - **Eligibility:** Medi-Cal Eligibility Data System (MEDS), which includes CCS indicator; Children's Medical Services Network (CMS Net) for all CCS enrollees
 - **Authorization:** CCS Authorization Service Authorization Request (SAR)
 - **Provider:** Provider Master File (PMF) for CCS paneled providers, approved facilities, and Special Care Centers (SCC)
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Data Sources for At-Risk Newborns in CA

- CCS (Medi-Cal) Paid Claims – only CCS enrolled infants, 2010 to 2014
- Office of Statewide Health Planning and Development (OSHPD) – all infants born in California, 1981 to 2012
- California Perinatal Quality Care Collaborative (CPQCC) – all infants hospitalized at CPQCC NICUs, 2005 to 2013

Definitions

- **CCS Enrollee:** Any child enrolled in California Children's Services from 7/1/2011 to 6/30/2012. Data was pulled in January 2013. <http://www.dhcs.ca.gov/services/ccs>.
- **Types of Care:** Broad categories based on claim type: Inpatient, Residential Facility, MD visit, Pharmacy, DME, Home Health, ED visit, Dental, Other Outpatient.
- **Counties, County Groups and Regions:** County defined as place of child's residence at enrollment. County groups (3) defined by DHCS CCS Redesign Plan. Regions (5) defined by California Department of Social Services.

Definition of County Groups

- **Carved-In Counties**

- Marin, Napa, San Mateo, Solano, Santa Barbara, Yolo

- **“Whole Child” Counties**

- Del Norte, Humboldt, Lake, Lassen, Mendocino, Merced, Modoc, Monterey, Orange, Santa Cruz, San Luis Obispo, Shasta, Siskiyou, Sonoma, Trinity

- **Other Counties**

Data Requests Received & Status

No.	Date Rec'd	Category	Description of Data Request	Status
1	3/18/2015	Cost/Util.	Analyze previously denied, paid CCS claims for trends in type of service, provider, appeals, time from submission to payment, class of billing problem (coding error, fiscal intermediary (FI) edit or RAD error, service not included in Service Code Grouping, timeliness, paper billing required, etc.), dollar values, diagnostic types, etc. Not limited to specific CCS populations. Stated policy goal is to change billing/claiming/payment system to improve FI performance, make local CCS programs more effective, assist providers, and improve provider satisfaction, recruitment and retention. Improve State's contract monitoring with FI.	Not planning to complete. Existing data do not lend themselves well to analysis of this question.

Data Requests Received & Status

No.	Date Rec'd	Category	Description of Data Request	Status
2	4/2/2015	Caseload	Assess distribution of enrollment length (in months) for CCS patients, both by county/region across the State and by CCS-eligible diagnostic category. No population restrictions; data for all years with complete enrollment information. Stated policy goal is to understand how quickly children move in and out of CCS care, allow for research into demonstrated variations in enrollment length, and see stability of enrollment across the CCS population.	Completed. Link to results.  Results were presented during Data Webinar #3. Slides 17-19.
3	4/2/2015	Services	Specifically for NICU care, data on number of discharges and length of stay across counties/regions, by diagnosis, procedure, and severity tiers. No population restrictions; request most recent data for relevance, along with a range of years to understand trends/changes in NICU population over time. Stated policy relevance is to inform the RSAB – who have raised the issue of NICU care – about the varying levels of NICU patients within CCS.	Pending.

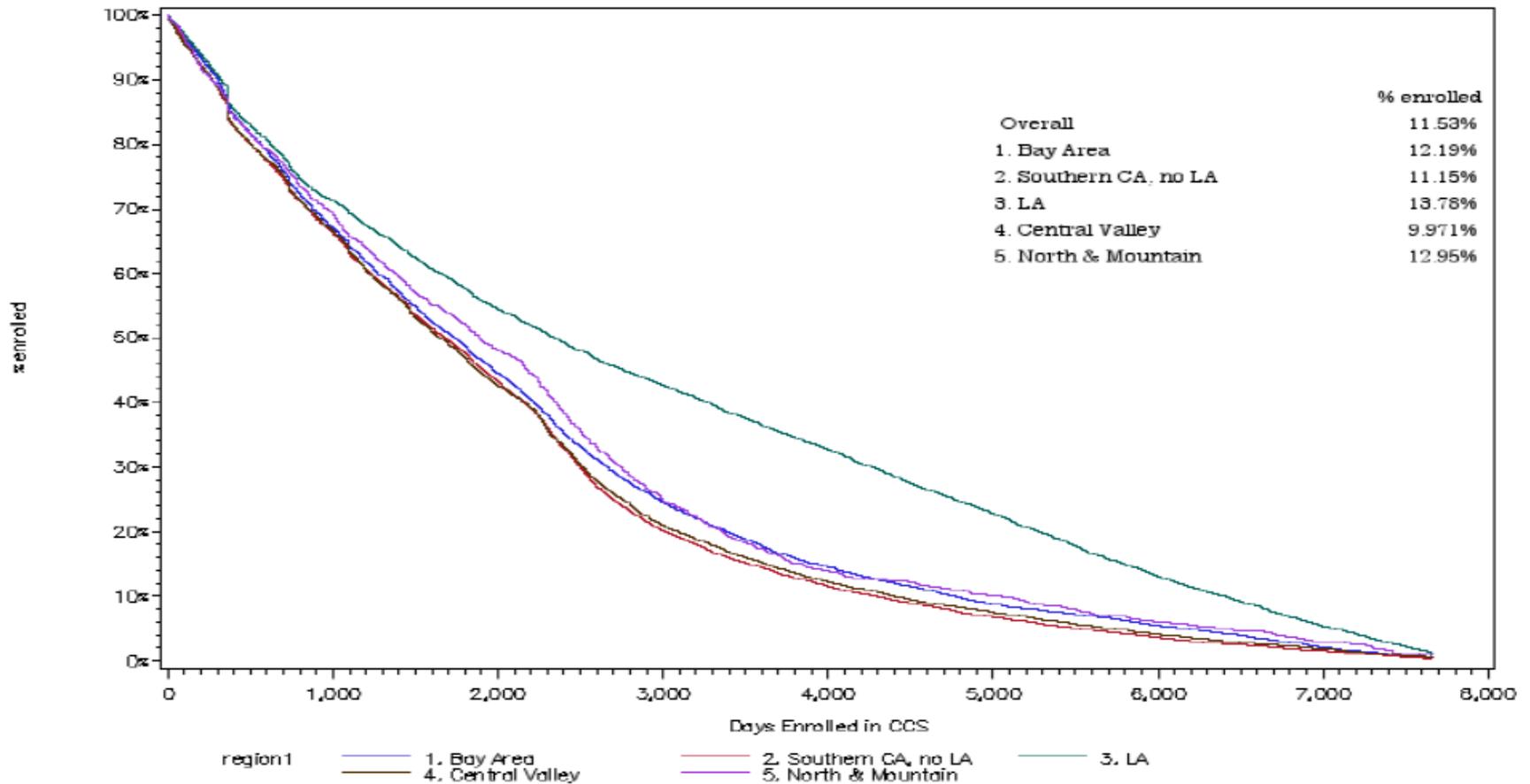
Data Request #2

Request: “What is the distribution of enrollment length (time from enrollment to disenrollment, as a histogram over “number of months enrolled”) for patients in the CCS system, both by county/region across the State and by CCS-eligible diagnostic category. Please include all available years with complete enrollment data.”

Findings: Length of enrollment in CCS from July 2009 to June 2012 varied by child’s primary diagnostic category and region of residence. Enrollees whose primary diagnosis was neurological had the longest median enrollment (about 1,800 days, or 4.9 years). By comparison, the median length of enrollment for those with a cardiac primary diagnosis was less than half the length (about 800 days, or 2.2 years).

Data Request #2

Enrollment Lengths. Children enrolled 7/1/2009–6/30/2012
by diagnostic group
diagrp1=Neurology/NeuroSurgery



Data Request #2

Significance: The findings indicate potentially important differences in length of enrollment by diagnosis and region of residence. Additional research is needed to understand possible explanations for these differences. For example, churn was not analyzed and could help explain some of the variation if enrollees with specific diagnosis or geographic locations benefit from effective coordination and administration, such as an effective redetermination process to prevent the disenrollment of eligible children. Length of enrollment may be an indication of the stability and continuity of care for CCS-eligible children and is an important marker to consider in improving quality of care for the CCS population.

Data Requests Received & Status

No.	Date Rec'd	Category	Description of Data Request	Status
4	4/2/2015	Services	<p>How many and what types of outpatient sites/types of care (i.e., physician offices, labs, radiology, infusion, ambulatory surgery, dialysis, specialty clinics, FQHC clinics, etc.) constitute CCS outpatient costs and care?</p> <p>If possible, detail on number of sites of each type that see 10 or more and 100 or more CCS patients, and number of claims, number of providers, and allowed reimbursement amount for each, across regions, to demonstrate distribution and breadth of providers. Stated policy relevance is to demonstrate how many and what type of providers currently provide care to the CCS population and identify areas that have a shortage of providers.</p>	Pending.
5	4/2/2015	Cost/Util.	<p>Number of enrollees, claims, and allowed reimbursement amount across counties, by type of care (IP, OP, home health, pharmacy, etc.) No population restrictions; request most recent data for relevance, along with a range of years to understand trends/changes in population over time. Stated policy relevance is to provide the RSAB with a sense of distribution of patients and care across State, and demonstrate if and where regional variation exists.</p>	<p>Completed.</p> <p>Link to results. </p> <p>Results presented during Data Webinar #3. Slides 21-22.</p>

Data Request #5

Request: “How many CCS enrollees are there in each county across the State, and what number and dollar amount of claims are attributable to them (across types of care e.g., inpatient, outpatient, pharmacy, home health, etc.).”

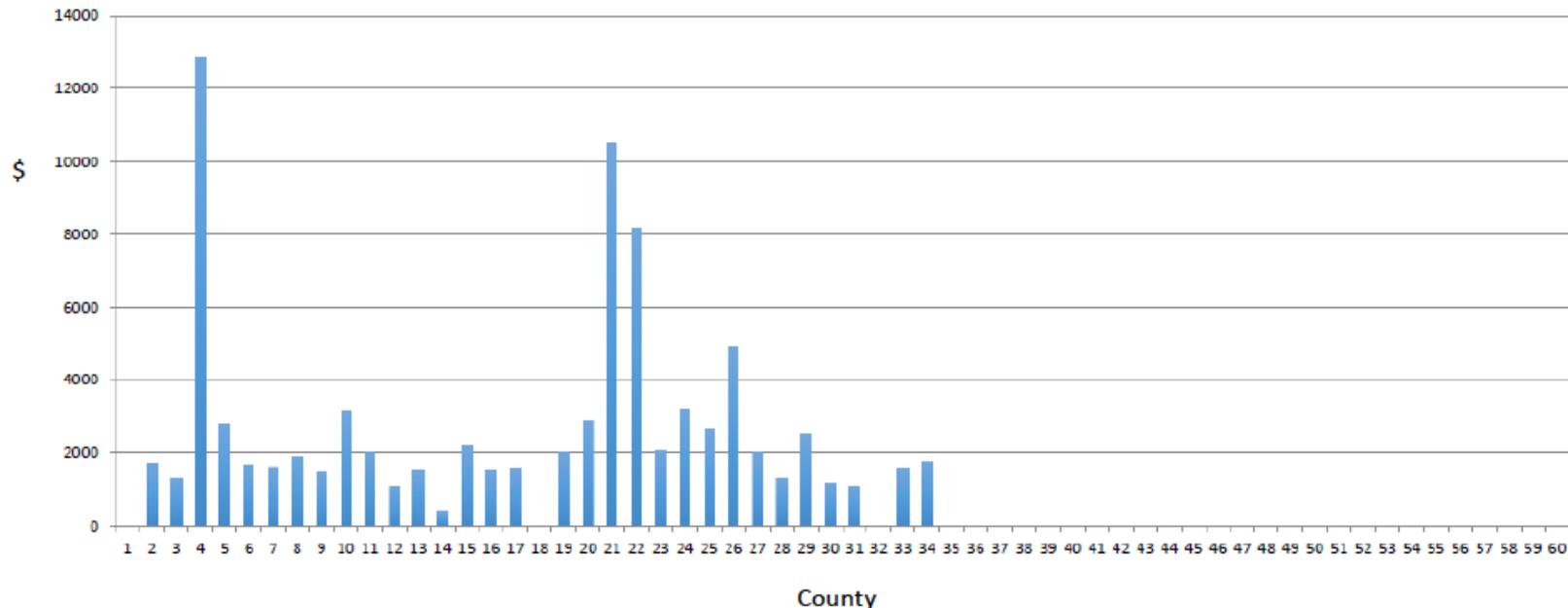
Findings: Mean amounts varied across different claim types and among counties within a given claim type. However, there were no consistent trends for individual counties across claim types. Different counties were outliers on different claim types.

On average, the largest claims were associated with long term care, including three counties with mean amounts of more than \$8,000 per claim. Mean claim amounts for inpatient care ranged from less than \$500 to more than \$3,000, and tended to fall in the \$1,000-\$1,500 range. With the exception of a small number of outliers, counties had mean amounts below \$500 for all other claim types, including \$50-\$100 for outpatient physician visits and emergency department care.

Data Request #5

The findings highlight the types of care that tend to generate the largest per-claim expenditures. The analysis also indicates potentially important differences in mean claim amounts for different service types across counties. Additional research is warranted to understand possible explanations for regional variation in mean claim amounts.

Exhibit 1: Mean Claim Amounts (\$) for Long Term Care of CCS Enrollees, by County, Fiscal Year 2012



Data Requests Received & Status

No.	Date Rec'd	Category	Description of Data Request	Status
6	4/10/2015	Access	Site(s) of care for CCS enrollees, such as children's hospitals, CCS-paneled providers/clinics, or non-paneled providers. No population restrictions or specific outcomes requested. Stated policy relevance is to understand where there may be access issues, ensure that the CCS Redesign does not impede access, and help inform network development requirements.	Completed. Stanford CPOP: Dec. 2014, Issue 11
7	5/8/2015	Provider Network	List of CCS providers and approved special care centers by provider, in a format searchable by provider, type of provider, location, or by special care center. No population restrictions or specific outcomes requested. Stated policy relevance is to help the RSAB understand the number of providers providing certain types of care and identify areas of low penetration for certain types of care.	Not planning to complete. Analyses of CCS providers cannot be released.
8	5/8/2015	Service Utilization	Number of CCS enrollee stays or encounters per CCS provider, and what percent of each provider's stays or encounters are for CCS enrollees (CCS stays/encounters vs. total stays/encounters). No population restrictions or specific outcomes requested. Stated goal is to help the RSAB understand the number of CCS providers providing care, which providers are high volume, and which providers focus on the medically complex CCS population.	Pending.

Data Requests Received & Status

No.	Date Rec d	Category	Description of Data Request	Status
9	5/8/2015	Cost Utilization	Number of claims in a specific county for hemophilia Factor or Factor products (searching by all Factor J codes (Information Notice 13-06)). Population restricted to hemophiliac or clotting disorder CCS patients in specific county. Stated policy relevance is to verify the anecdotal evidence that this pharmaceutical product accounts for a significant amount of claims, thus identifying an area for cost-containment. If data do not validate the theory, other areas for cost-containment may be pursued.	Pending.
10	5/22/2015	Cost Utilization	Total annual spend for CCS enrollees for last 3 years, including CCS FFS and Medi-Cal encounters. Population includes all CCS enrollees, with the exception of CCS-Only (i.e. not also Medi-Cal eligible). Stated policy relevance is the Redesign goal of whole child care, which would likely involve a shift in payment mechanisms. As such, the totals spend and breakdown of such, as well as trends in cost over time, would be useful to know.	Pending.

Stanford CPOP Policy Analyses

Policy Briefs

- [CCS: Enrollment by Diagnosis and Over Time](#)
- [CCS: Annual Spending, by Region](#)
- [Two More Years: What Does Continued CHIP Funding Mean for California?](#)
- [CCS: All Inpatient Paid Claims by Site of Care](#)
- [Variation in Specialty Care Hospitalizations for Children with Chronic Conditions in CA](#)
- [Regionalized Pediatric Specialty Care for California's Children](#)
- [Quality of Care: Outpatient Care Before Hospitalization](#)
- [Quality of Care: Outpatient Care After Hospitalization](#)
- [The Cost of Care for Children Enrolled in CCS](#)
- [Care Use by "High-cost" Children Enrolled in CCS](#)
- [Health Care Use Varies by Diagnosis among CCS Enrollees](#)
- [Health Care Use Varies with Age among CCS Enrollees](#)

Peer-Reviewed Manuscripts

- Outpatient Pharmacy Expenditures (JAMA 2015)
- Health Care Use and Costs for Diabetes (J. Peds 2015)
- Use of Outpatient Care among VLBW Infants (submitted)
- Outpatient Care Patterns as Predictors of Diabetic Ketoacidosis (submitted)

<https://cpopstanford.wordpress.com/reports-and-policy-briefs/>

Summary

- Data Requests
 - Responsive to CCS RSAB
 - Ongoing and still soliciting requests
- CPOP Analyses
 - Independent analyses
 - Trends and findings to inform policy

Wrap-up and Next Steps

Linette Scott, MD

Information Management

Deputy Director and CMIO, DHCS

CCS Stakeholder Meeting

- **CCS Advisory Group Stakeholder Meeting**

When: Wednesday, October 21, 2015

10:00am – 4:00pm

Where: Sacramento Convention Center

1400 J St, Sacramento

Information and Questions

- Advisory Group data requests, email:
 - CCS-AdvisoryGroupDataRequests@dhcs.ca.gov
- For Data Request Form and CCS Redesign information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSStakeholderProcess.aspx>
- Please contact the CCS Redesign Team with questions and/or suggestions:
 - CCSRedesign@dhcs.ca.gov
- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
 - CCSRedesign@dhcs.ca.gov