

**California Children's Services  
Redesign Stakeholders Advisory Board Dataset  
January 27, 2015**

**Introduction**

This dataset has been developed to share preliminary data with the California Children's Services (CCS) Redesign Stakeholders Advisory Board (RSAB). The intent of this dataset is to initiate discussions of available fee-for-service (FFS) paid claims expenditures associated with the CCS eligible condition.

The following are caveats to take under consideration when reviewing the data book:

- Primary diagnosis data is based on CCS eligibility and enrollment.
- Client utilization - CCS members can have multiple conditions, however for purposes of inclusion, the members of this dataset are assigned into one diagnosis category.
- Expenditures are associated to a member under their CCS eligible condition and not to the diagnosis listed on the paid claim.
- The dataset contains only Calendar Year (CY) 2012 FFS expenditures for the CCS\Medi-Cal population and does not include the CCS State Only population. Additionally, the dataset does not contain Managed Care encounter or expenditure data.
- The expenditures represent both CCS Authorized and Non-CCS Authorized services.

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# CCS Data Pull Methodology

## Creating Dataset Source Files

1. The data was pulled for dates of service CY 2012 using the following method:
  - a. **Eligibility** - CCS clients who were eligible anytime in CY 2012 were identified with their primary CCS eligible condition, using the International Classification of Diseases, 9<sup>th</sup> Revision (ICD-9) Clinical Modification (CM) code, and saved to a table. **Source:** Children's Medical Services Network (CMS Net).
  - b. **Diagnosis** – DHCS created a table containing ICD-9 codes, short descriptions, long descriptions, diagnosis groupings and diagnosis sub-groupings using the descriptive version of the ICD-9-CM reference book published by Ingenix, 2010. ICD-9 codes were grouped, adhering to the published major and sub groupings within the reference book. Groupings were assigned based upon CCS eligible conditions. Non-CCS relevant sub-groupings were given a designation of 'Other'. **Source:** Ingenix Expert Edition ICD-9-CM 2010 Reference.
  - c. **Claims** – All claims, both CCS authorized and non-CCS authorized expenditures, for CCS clients eligible during CY 2012 were collected based on service dates within CY 2012 and saved to a table. **Source:** Management Information Systems/Decision Support Section (MIS/DSS) Data Warehouse, data retrieved in January 2014.
  - d. The Eligibility, Diagnosis, and Claim Type tables were linked based on a unique client identification number (CIN) and ICD-9 code, to link the CCS eligible condition to the FFS paid claims.
  - e. The combined file was simplified and aggregated at the statewide level. Identifiers were removed to meet the HIPAA de-identification standard using the Safe Harbor method. The aggregate tables and pivot tables focus on Diagnosis, Claim Type, and Revenue Code expenditures. An ICD-9 diagnosis code and grouping tab is included within the dataset for reference.