

**Department of Health Care Services**  
**California Children’s Services (CCS) Data and Performance Measures Technical Workgroup (TWG)**  
**Data / Information Requests**  
**Updated: June 12, 2015**

Below are the Data/Information requests submitted to the Data TWG. After July 2015, the Data TWG will transition to an ongoing Data and Performance Measures TWG. This TWG will continue to receive and review data requests and assess the feasibility of accessing the relevant data/information, the TWG’s capacity to fulfill the request and the time/administrative requirements associated with doing so, and the policy relevance and importance of the requested information toward fulfilling the goals of the CCS Redesign.

Req. No.	Date Rec’d	Domain Category (Spending/ Use/Quality /Other)	Description of Data Request	Final Determination
1	3/18/2015	Spending	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.	Data TWG will draft a recommendation for improved claims processing as part of the CCS Redesign, including improved data collection. Existing data do not lend themselves well to analysis of this question.
2	4/2/2015	Use	Assess distribution of enrollment length (in months) for CCS patients, both by county/region across the State and by CCS-eligible diagnostic category. No	Analysis of enrollment distribution by diagnosis and on a regional level complete, presented during <a href="#">Data</a>

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			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.	<a href="#">Webinar #3</a> . The Data TWG is pursuing how best to look at “churn” and breaks in enrollment. Release of county-level data pending DHCS approval.
3	4/2/2015	Use	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.	Stanford CPOP will release data on NICU length of stay in aggregate form, pending DHCS approval. Data on diagnostic, procedure, and severity tiers are pending a data request from CPQCC for their severity classification codebook.
4	4/2/2015	Other	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?  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	Analysis of OP types of care is in progress. Aim to have that available in a few weeks, then will discuss how to approach analysis of sites of care.

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			and what type of providers currently provide care to the CCS population and identify areas that have a shortage of providers.	
5	4/2/2015	Use	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.	Analysis is complete, results were presented during <a href="#">Data Webinar #3</a> .
6	4/10/2015	Use	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.	An analysis of IP care has already been done by Stanford CPOP, available <a href="#">here</a> . An analysis of OP care is being done in response to Data Request #4. Analysis of care provided by non-CCS providers is pending clarification.
7	5/8/2015	Use/other	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	Release of provider-level data pending clarification of HIPAA requirements and DHCS approval.

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			certain types of care and identify areas of low penetration for certain types of care.	
8	5/8/2015	Use	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.	Could combine number of CCS stays per CCS provider (either facility or individual) with Requests #4 & #6, "sites of care." Clarified the second part of the request with the requester, and confirmed that the denominator for "percent of total" for each provider is: populations of straight Medi-Cal (i.e. not CCS eligible) plus all the CCS (CCS Medi-Cal and CCS-Only). Note: The analysis will have to be conducted by DHCS, as Stanford's dataset includes only CCS client claims.
9	5/8/2015	Use	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.	Could do this for all counties that have large enough cell size, and explore distribution of other very high cost phenotypes (the top 1% or top 0.1%; e.g., transplant kids, kids requiring biologic therapy). Need to acquire latest J Codes and other Factor identifying codes such as Smart Key HICL prior to running. Release of county-level data is pending DHCS approval.

Req. No.	Date Rec'd	Domain Category (Spending/ Use/Quality /Other)	Description of Data Request	Final Determination
10	5/22/2015	Spending	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.	Working to acquire FY13 and FY14 data. Can describe FFS vs MMC kids. CCS-related vs. CCS-non-related spend within the FFS population is distinguishable via the TAR control number. Working to fulfill this request.