



California Children's Services Program Redesign

Redesign Stakeholder Advisory Board Meeting #5

July 17, 2015



Agenda

- 9:30-9:55** ■ **Registration, Gather and Networking**
 - 10:00-10:15** ■ **Welcome, Introductions, and Purpose of Today's Meeting**
 - 10:15-11:45** ■ **Implementation Timeline, CCS Whole-Child Model Feedback, and Next Steps**
 - 11:45-12:15** ■ **CCS Advisory Group and Technical Workgroups**
 - 12:15-12:45** ■ **Lunch**
 - 12:45-2:30** ■ **Discussions with COHS Health Plans, Counties, and Family Members**
 - 2:30-3:30** ■ **Presentation and Discussion on CCS Data**
 - 3:30-3:50** ■ **Public Comment Period for Audience Members**
 - 3:50-4:00** ■ **Wrap-up and Next Steps**
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California Children's Services Program Redesign

Introductions

Purpose for Today

Jennifer Kent, Director, DHCS

Bobbie Wunsch, Pacific Health Consulting Group



California Children's Services Program Redesign

Implementation Timeline and
Whole Child Model Feedback

Jennifer Kent, Anastasia Dodson, and Sarah Brooks
DHCS



Whole-Child Model Feedback

Main topics from SurveyMonkey and e-Mail submitted comments:

- Provider Network Access / Adequacy / Continuity of Care
 - Case Management / Care Coordination
 - Monitoring / Oversight / Evaluation
 - Implementation / Timeline / Readiness
 - Rates / Provider Payment
 - County Administration
 - Dental and/or Vision
 - Medical Therapy Program
 - Eligibility
 - Data
-



California Children's Services Program Redesign

CCS Advisory Group
Technical Workgroups

Louis Rico, DHCS



CCS Advisory Group / Technical Workgroup

- CCS Advisory Group member selection
- CCS Technical Workgroup member selection



CCS Advisory Group

- AG meeting scheduled: October 7, 2015
 - Ongoing discussions include:
 - Readiness standards
 - Consumer protections
 - Quality monitoring and reporting
 - DME
 - Transitions of youth aging out of CCS
 - Implementation
 - CCS program improvement in other counties
-



Technical Workgroups

Health Homes / Care Coordination
/ Transitions + Provider Access &
Network

Care Coordination, Medical
Homes, and Provider Access

Data + Outcome Measures /
Quality

Data and Performance
Measures

Eligibility / Health Conditions

Eligible Conditions



Technical Workgroups

Care Coordination, Medical Homes, and Provider Access

Meets every other month beginning August 12, 2015,
Wednesday, 9:00 am-12:00 pm

Data and Performance Measures

Meets every other month beginning September 9, 2015,
Wednesday, 9:00 am-12:00 pm

Eligible Conditions

Meets quarterly beginning September 23, 2015,
Wednesday, 9:00 am-12:00 pm



Advisory Group Data Requests

Advisory Group data requests, email:

CCS-AdvisoryGroupDataRequests@dhcs.ca.gov



California Children's Services Program Redesign

Lunch



California Children's Services Program Redesign

Discussions with COHS
Health Plans, Counties, and
Family Members

Bobbie Wunsch, PHCG

COHS Discussion

1. Tell us a little about your health plan first and then how you have worked with CCS in the past, either with carved in services or through an MOU with CCS?
2. What process and major challenges should be considered in developing a provider network for children with complex chronic populations? What are the challenges to securing the right types of providers for this population? In the case of the CCS population what are the criteria for identifying and including appropriate specialty and sub-specialty providers?
3. How is “care coordination” defined in the context of a health plan and what does this mean for a child with a CCS health condition? How would you ensure Care Coordination of the “whole child”?
4. The transition of any population from one health care delivery system to another may impact pharmacy benefits. How has your health plan dealt with this in the past? Or if you have not, how will the plan address this issue?
5. How have or will health plans ensure access (for continuity of care) to out-of-network CCS providers and sustain that access?
6. What measures or methods do health plans use to ensure member needs are being addressed.
7. What mechanisms are in place or can be in place to ensure that the needs and concerns of children and families are known by health plans? What do health plans do or can they do to reach out to children and families to help them understand how to access health care in a managed care system?



Findings from CCS Administrative Data

July 17, 2015

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

CCS Redesign Stakeholder Advisory Board

Overview

- 1. Update on Data Requests from the CCS RSAB**
- 2. New Comparisons across County Groups**



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)



Data Source

All paid claims for all CCS enrollees, 7/1/2011 to 6/30/2012, abstracted from the state's Management Information System / Decision Support System.

“Total spending per child” includes all paid claims for children enrolled in fee-for-service MediCal and all condition-specific claims for children enrolled in managed-care MediCal.

Definitions

CCS enrollee: Any child enrolled in California Children's Services from 7/1/2011 to 6/30/2012. Data pulled 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: All California counties labeled by number. Data for county excluded if cell size < 25 children. Grouped as defined by DHCS.

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

HIPAA Expert Review

Standard protocols to protect the privacy and security of PHI, following the standards and requirements of HIPAA, the HITECH Act, established agreements with California DHCS, and the DHCS Guidelines (Public Aggregate Reporting – Guidelines Development Project (PAR-GDP), August 25, 2014).

- All aggregated tables and figures were reviewed independently by two senior project leaders (Drs. Sanders and Chamberlain) by the data analyst (Olga Saynina), and by the research assistant (Gabriel Washington)
- Any cell size (numerator) reporting ≤ 25 individuals or ≤ 25 events was suppressed.
- Total N for each subgroup in the ensuing figures is noted.

Data Requests from CCS RSAB

Previously Presented Analyses and Tracking Document*

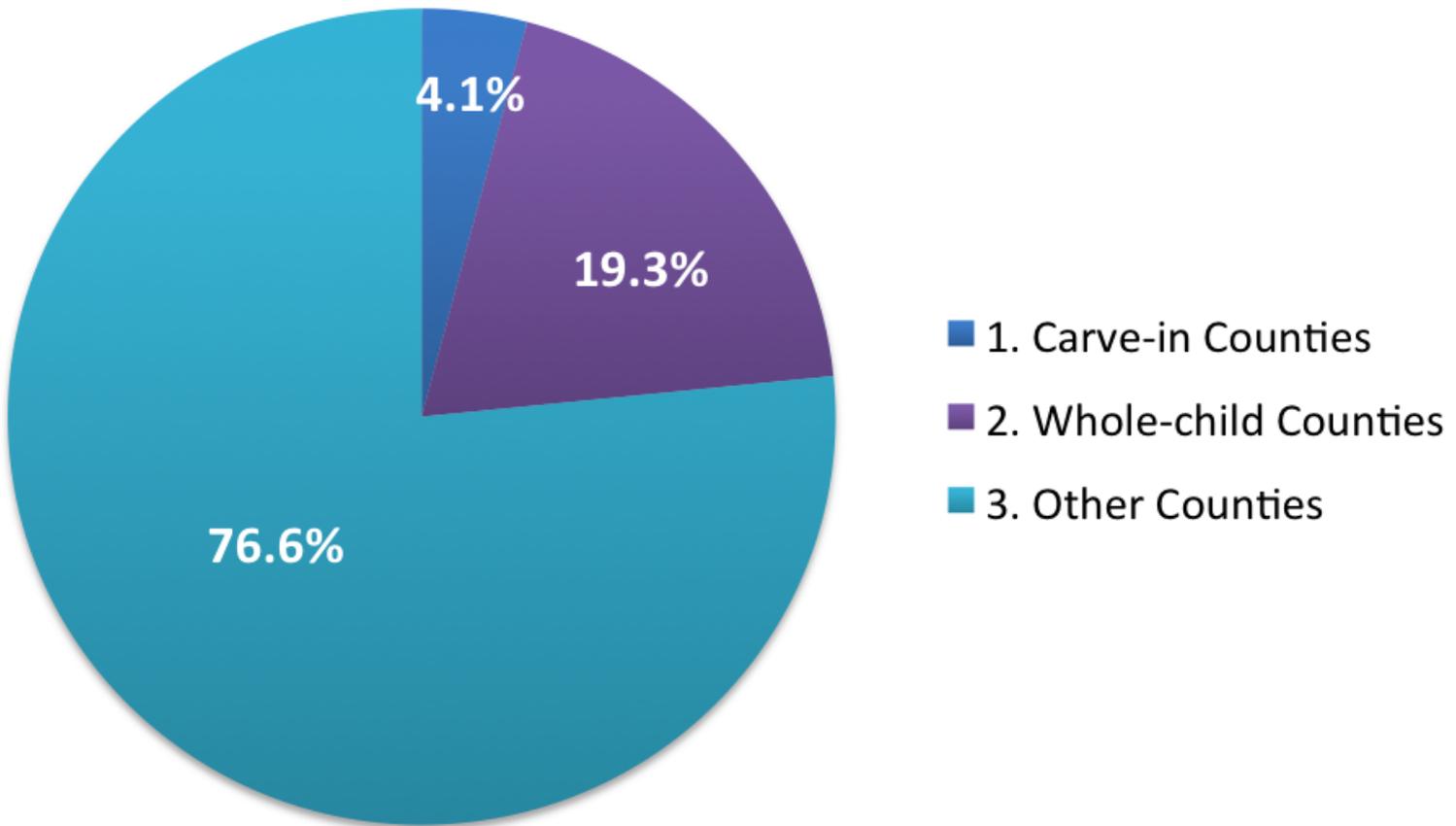
1. Denied claims (not feasible)
2. Enrollment periods, by diagnostic category and county
3. Description of CCS NICU population, by region (pending this month)
4. Types of outpatient Care (pending this month)
5. Enrollees and spending by type of care.
6. Sites of hospital and outpatient care (pending this month)
7. List of CCS providers (deferred to DHCS)
8. Number of CCS enrollee hospital stays, by hospital
9. Hemophilia claims by county (not PHI feasible)
10. Spending trends over last 3 years (pending data retrieval and cleaning)
- 11. Use and Spending across 3 County groups**

*Available at DHCS, UCLA and Stanford CPOP Websites

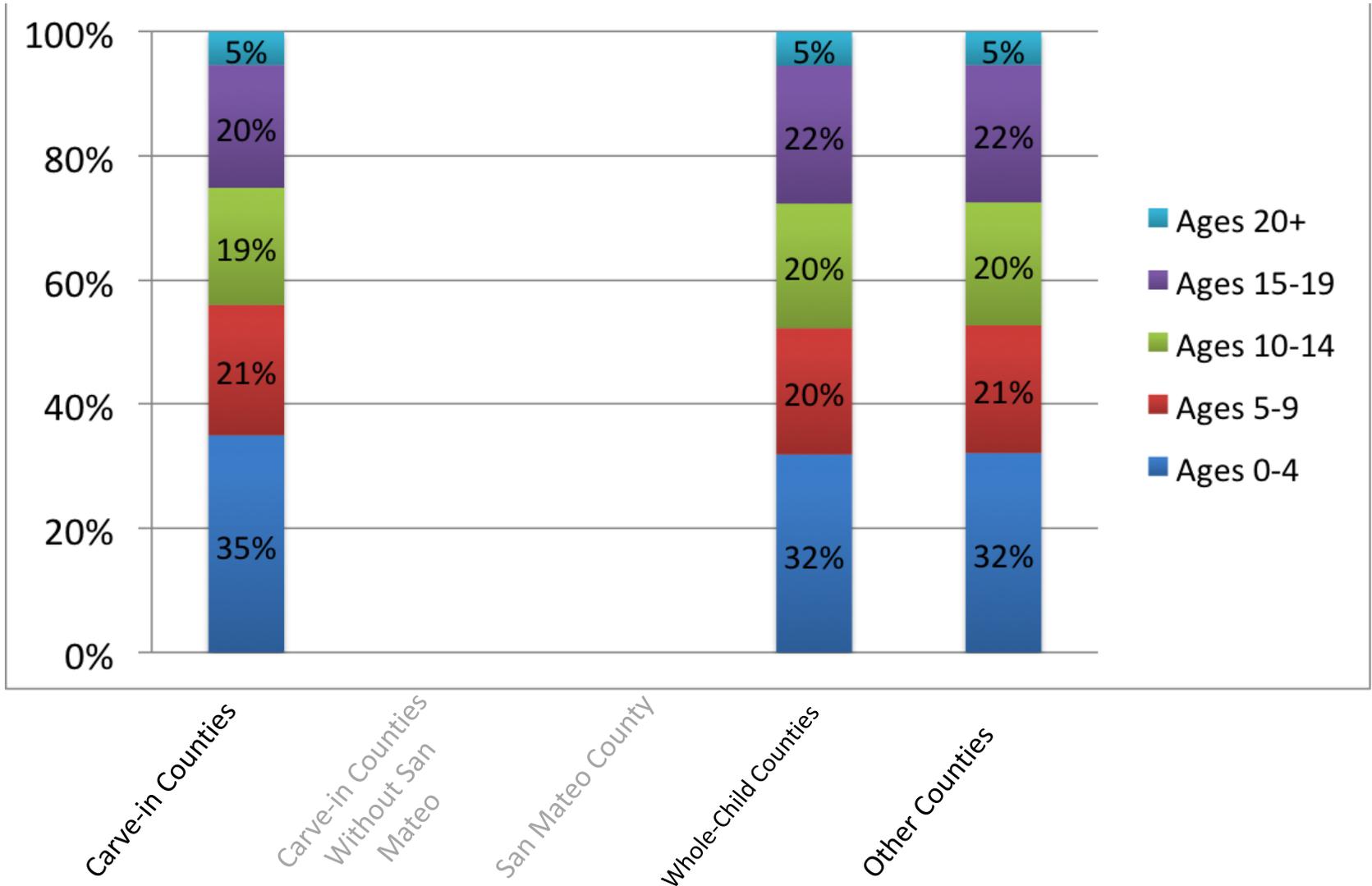
Comparison Across 3 County Groups

What are the differences in Care Use and Spending across the 3 County Groups, as defined by DHCS for CCS Redesign?

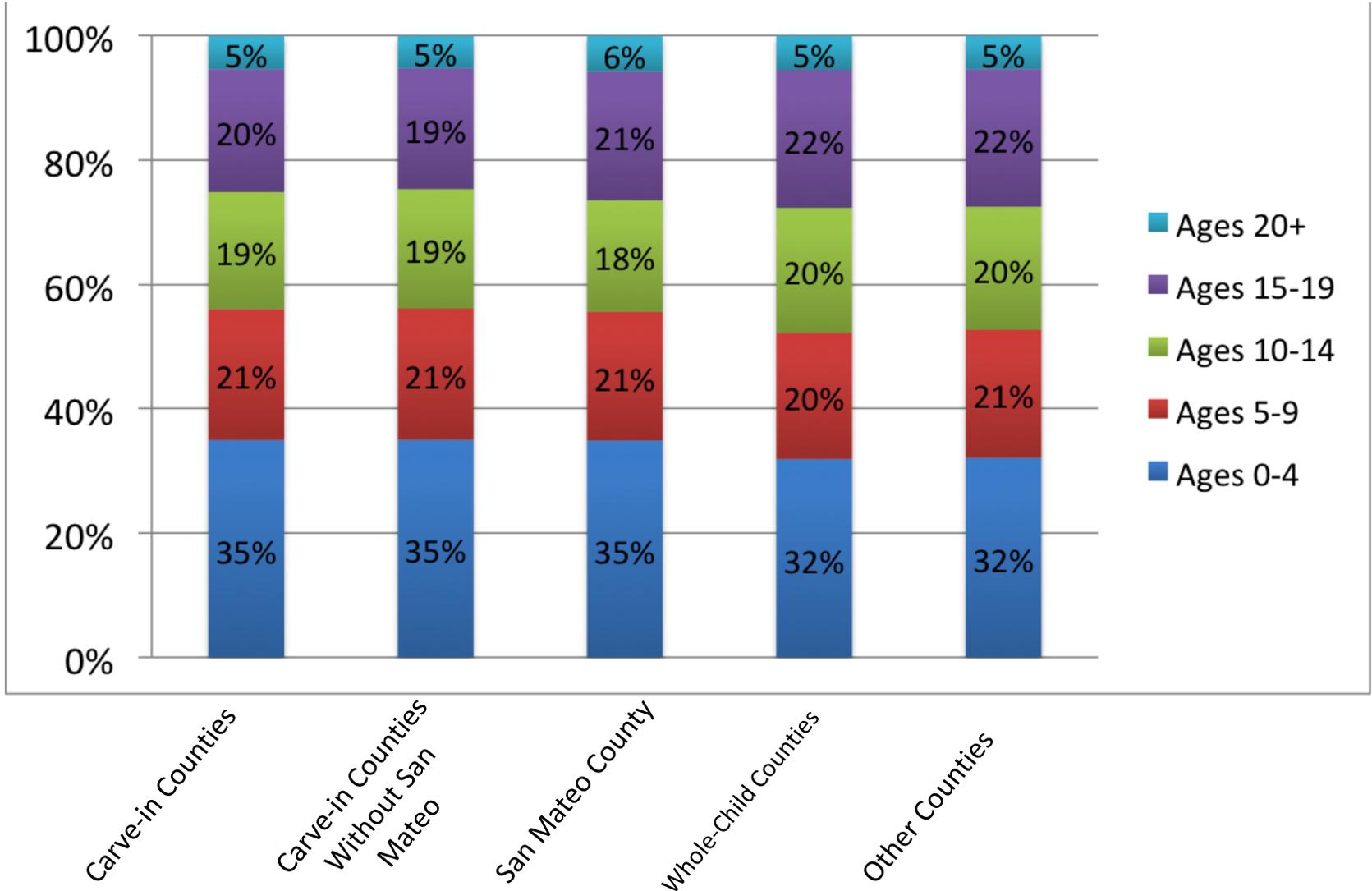
Proportion of Children



Child Age



Child Age



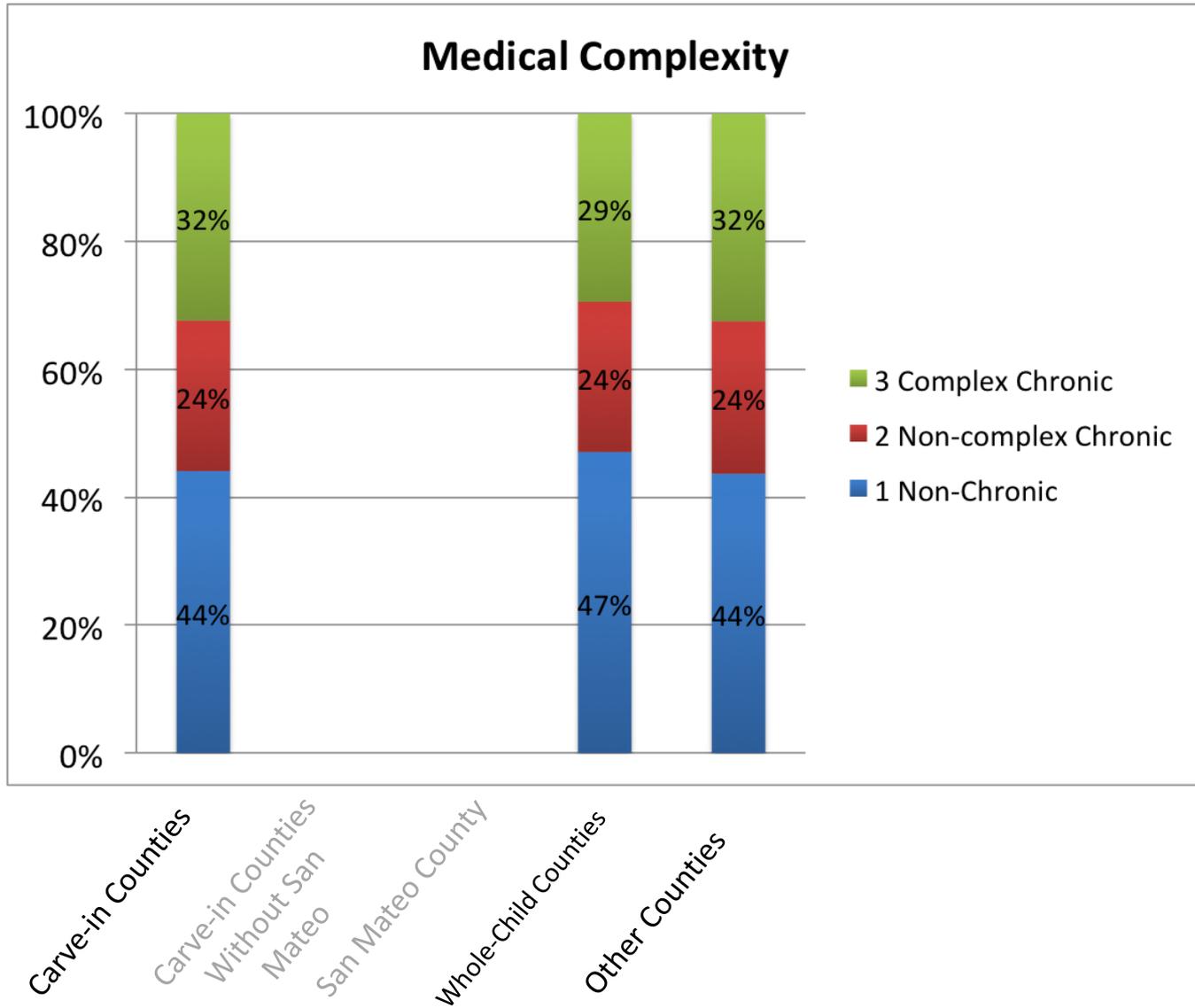
Primary Diagnostic Category

	Carve-in Counties	Whole-child Counties	Other Counties
Cardiology/Cardiothoracic Surg	10.5%	13.3%	12.3%
ENT	13.9%	12.7%	12.1%
Endocrinology	8.7%	8.5%	8.9%
External/Injury	6.0%	7.7%	8.4%
Gastroenterology	2.5%	2.4%	2.4%
Hem/Oncology	5.5%	5.6%	6.4%
Neonatology	5.2%	3.1%	5.0%
Neurology/NeuroSurgery	17.0%	14.2%	14.7%
Ophthalmology	4.6%	5.0%	5.1%
Ortho	6.6%	6.2%	6.3%
Urology	3.3%	4.2%	3.4%

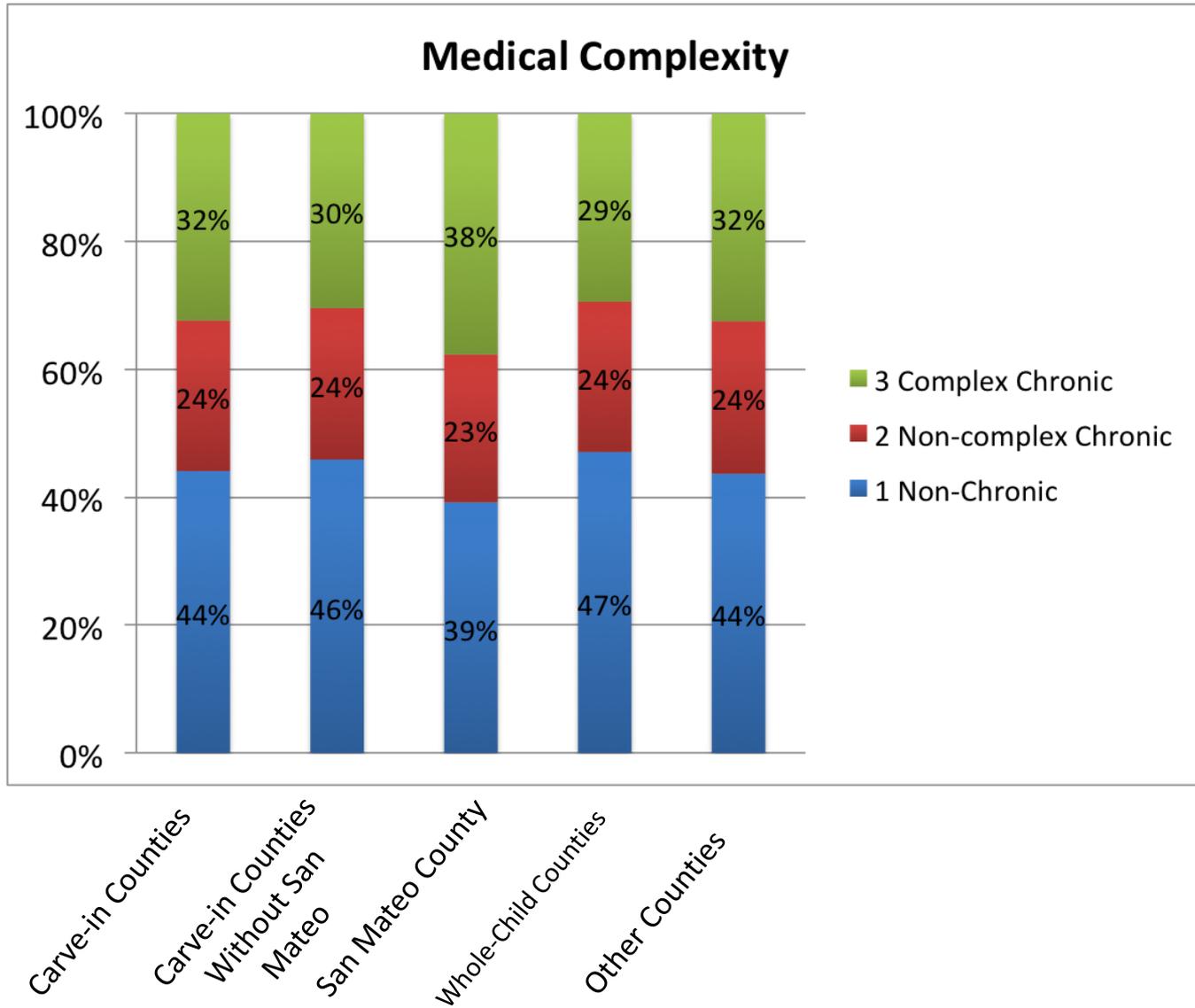
Primary Diagnostic Category

	Carve-in	Excluding SM	San Mateo	Whole-child	Other
Cardiology	10.5%	10.9%	9.3%	13.3%	12.3%
ENT	13.9%	13.9%	13.9%	12.7%	12.1%
Endocrinology	8.7%	9.4%	6.7%	8.5%	8.9%
External/Injury	6.0%	6.4%	5.1%	7.7%	8.4%
Gastroenterology	2.5%	2.6%	2.4%	2.4%	2.4%
Hem/Oncology	5.5%	5.4%	5.6%	5.6%	6.4%
Neonatology	5.2%	3.6%	9.3%	3.1%	5.0%
Neurology/NeuroSurgery	17.0%	16.9%	17.2%	14.2%	14.7%
Ophthalmology	4.6%	4.8%	4.3%	5.0%	5.1%
Ortho	6.6%	7.0%	5.2%	6.2%	6.3%
Urology	3.3%	3.2%	3.3%	4.2%	3.4%

Medical Complexity

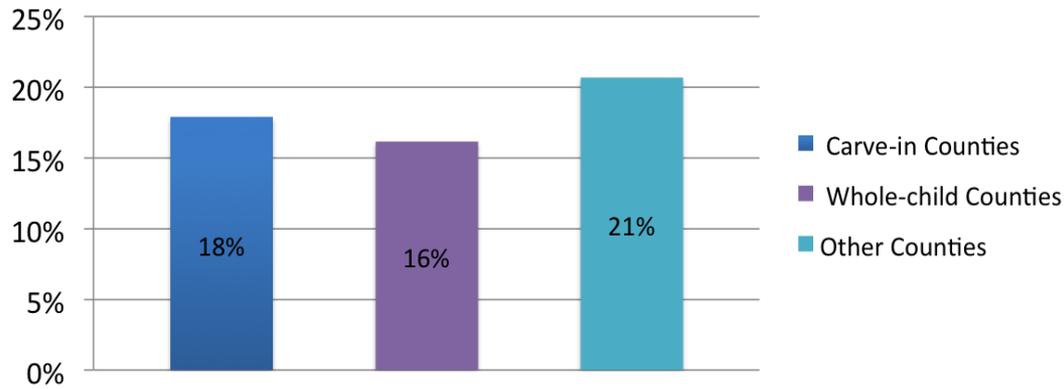


Medical Complexity

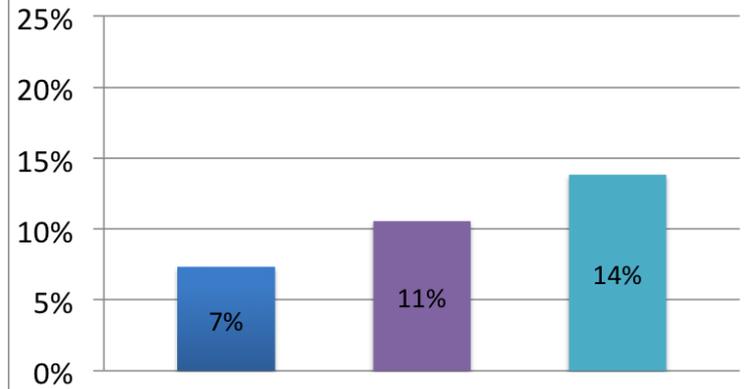


Use of Health Care Services

Percent Hospitalized

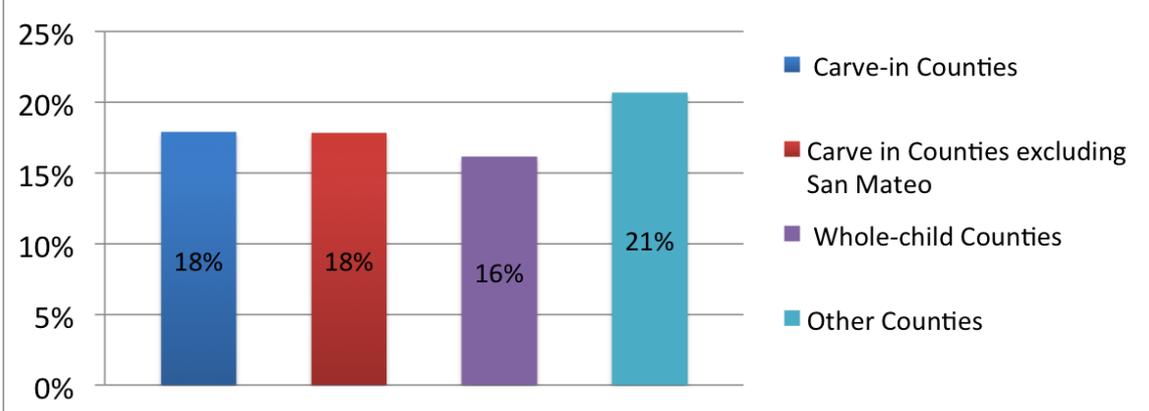


Percent with Home Health Services

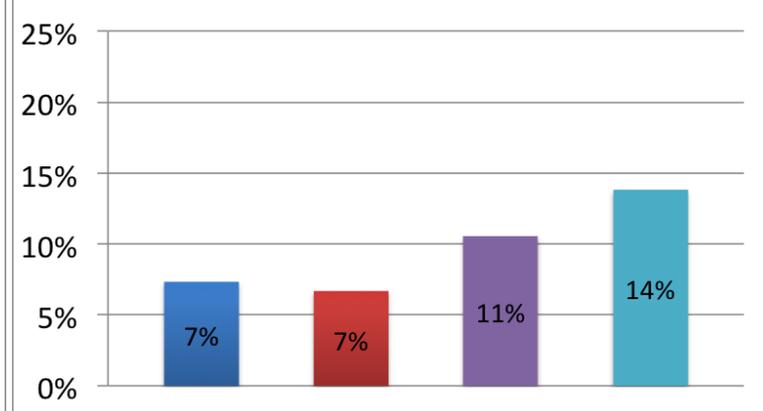


Use of Health Care Services

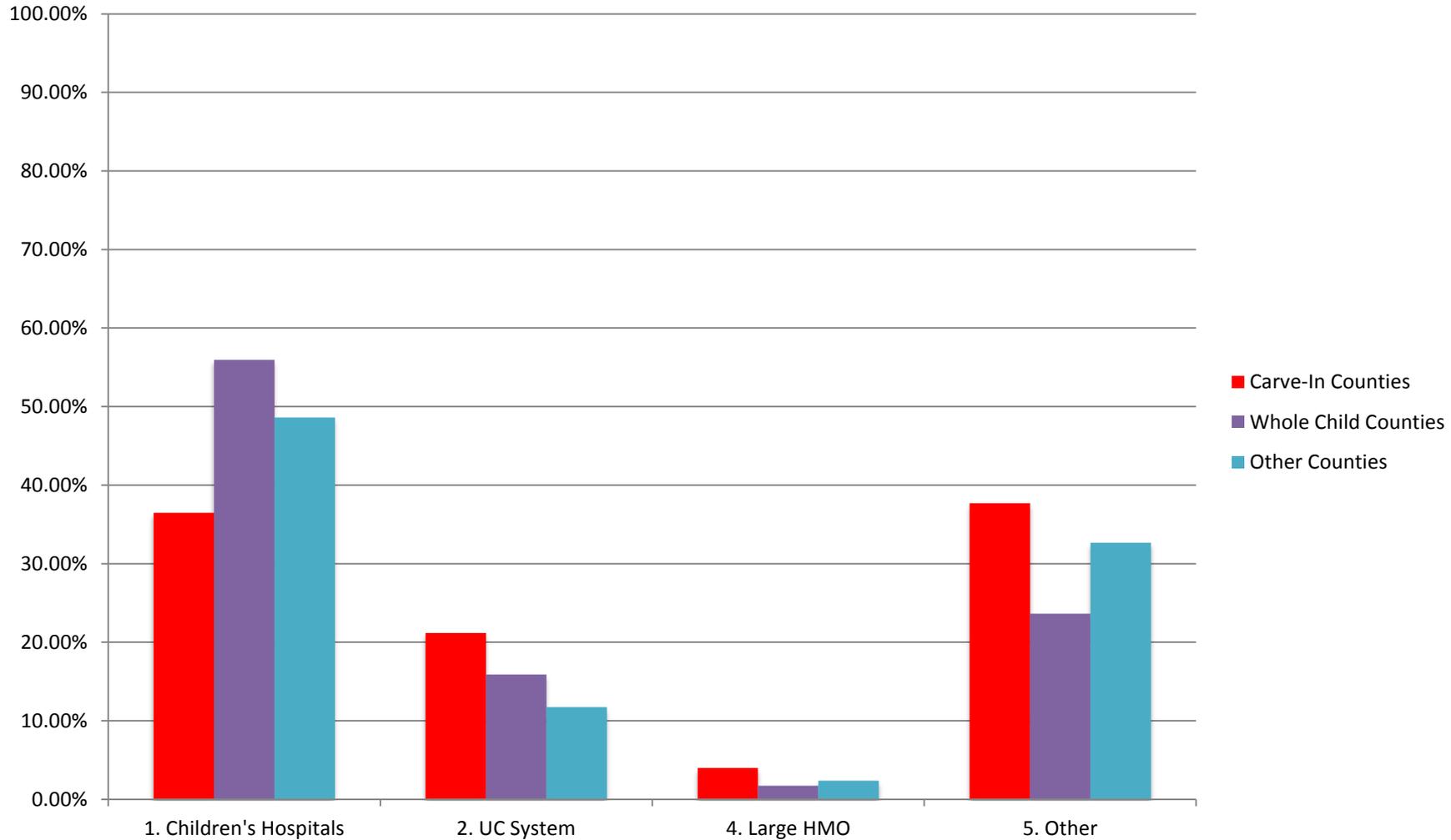
Percent Hospitalized



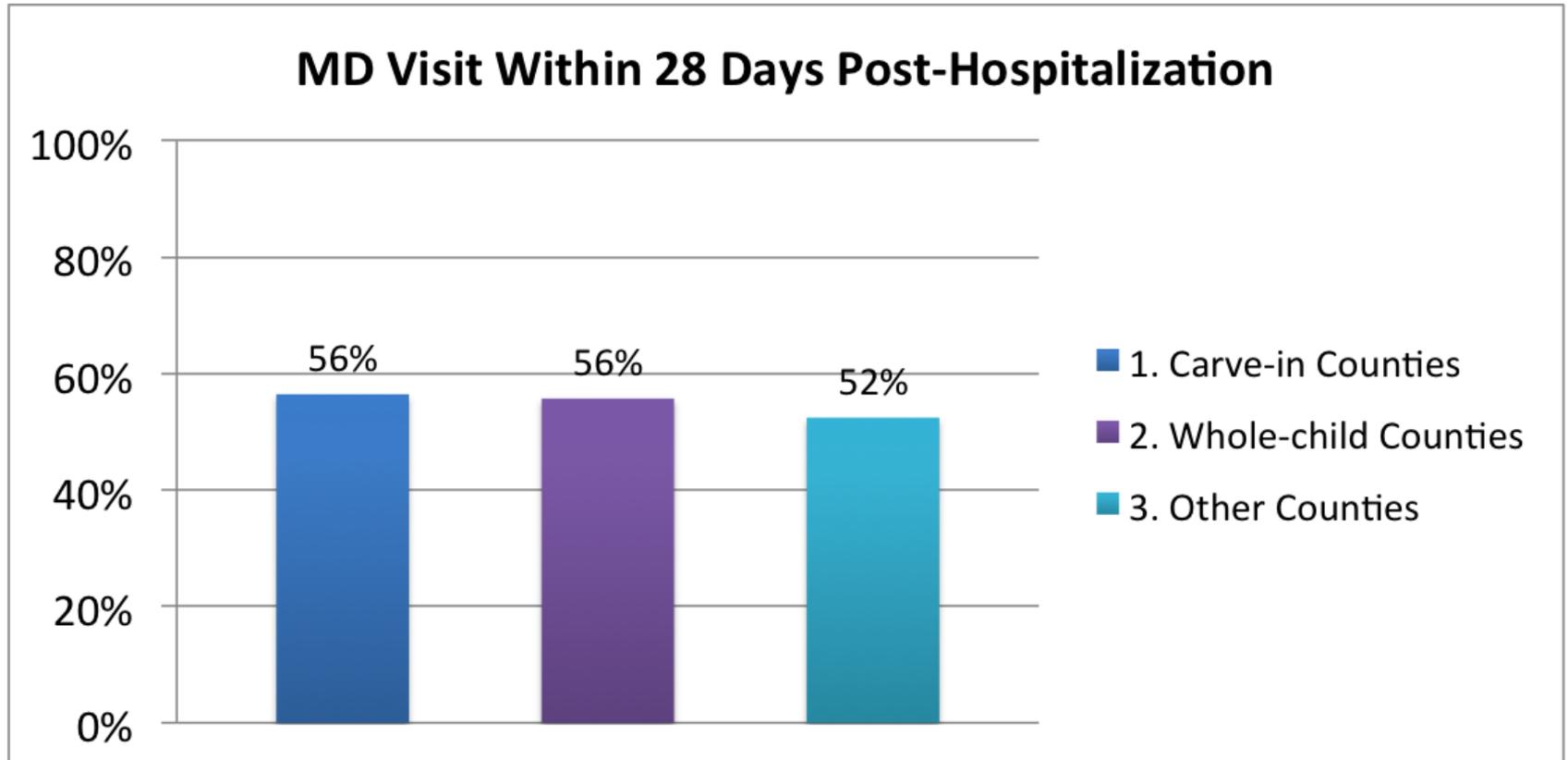
Percent with Home Health Services



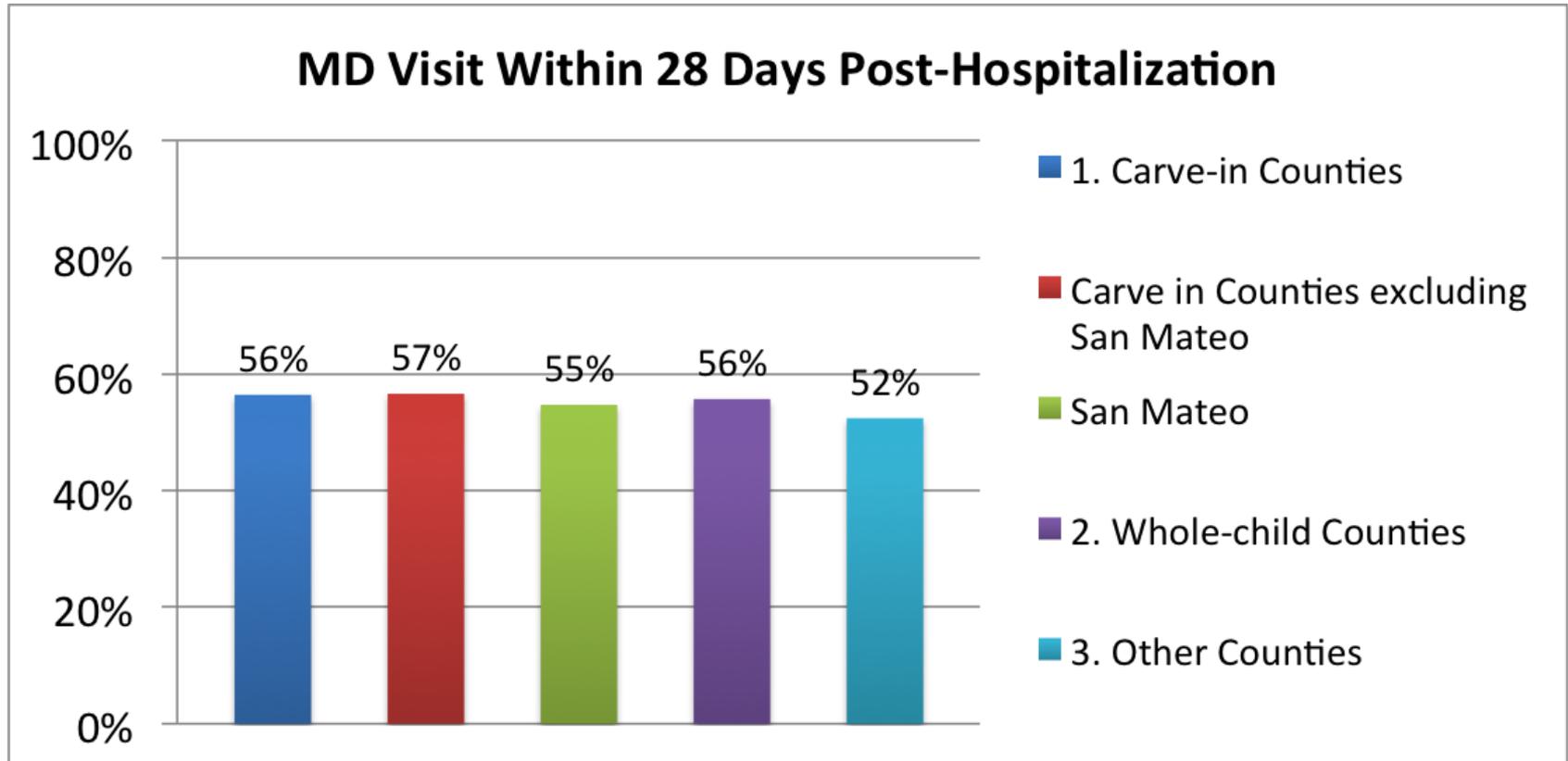
Location of Hospital Care



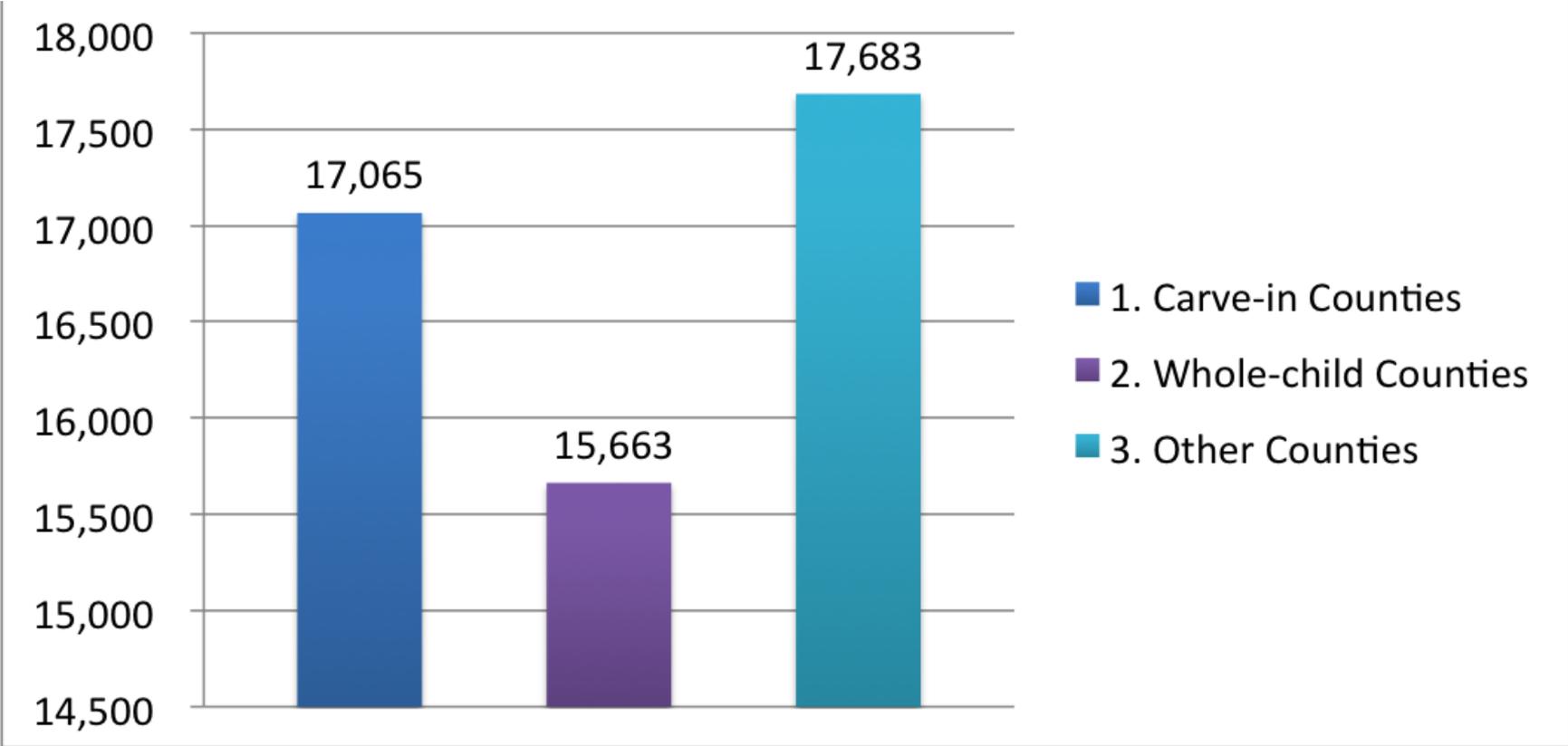
Outpatient Care After Hospitalization



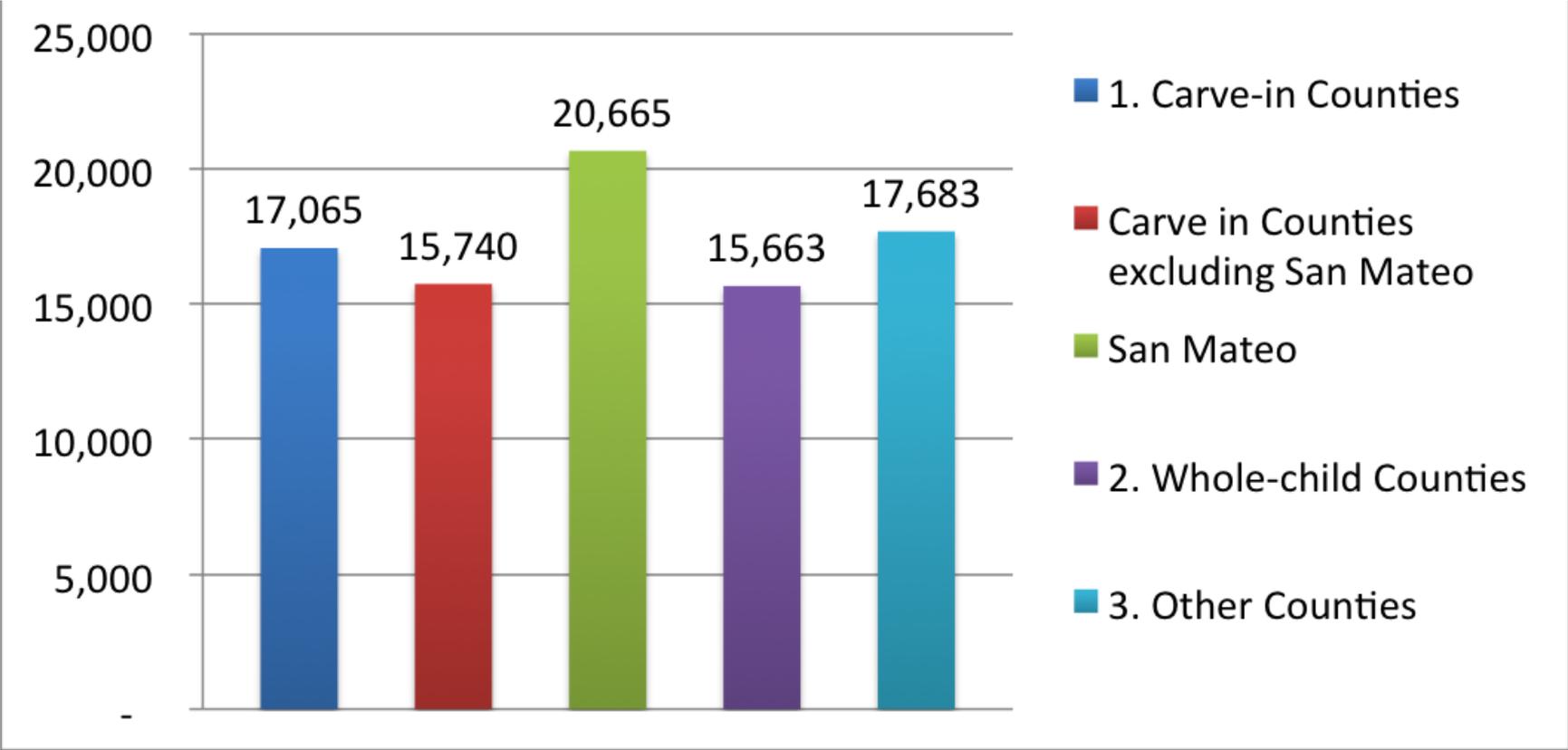
Outpatient Care After Hospitalization



Average Spending (per child per year)

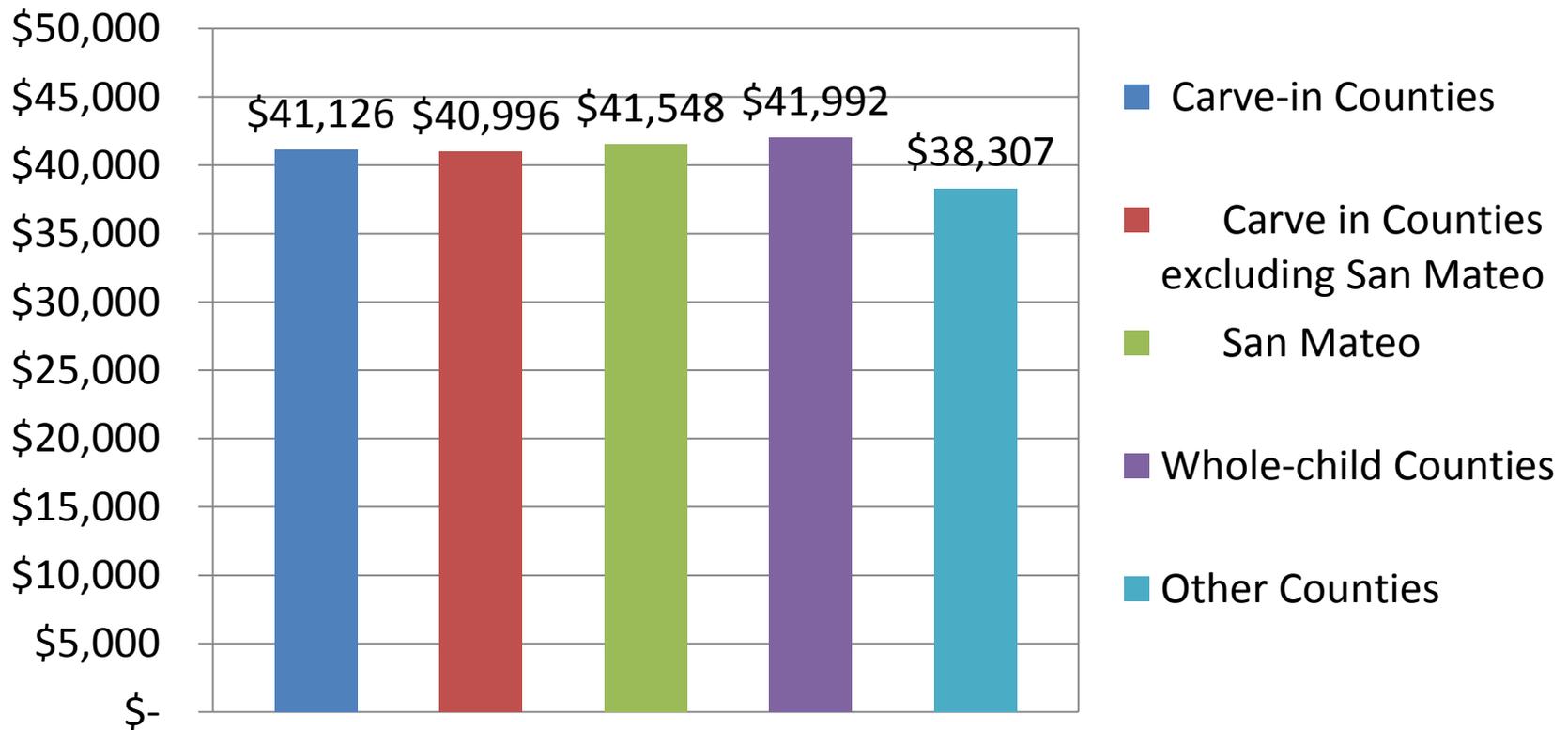


Average Spending (per child per year)

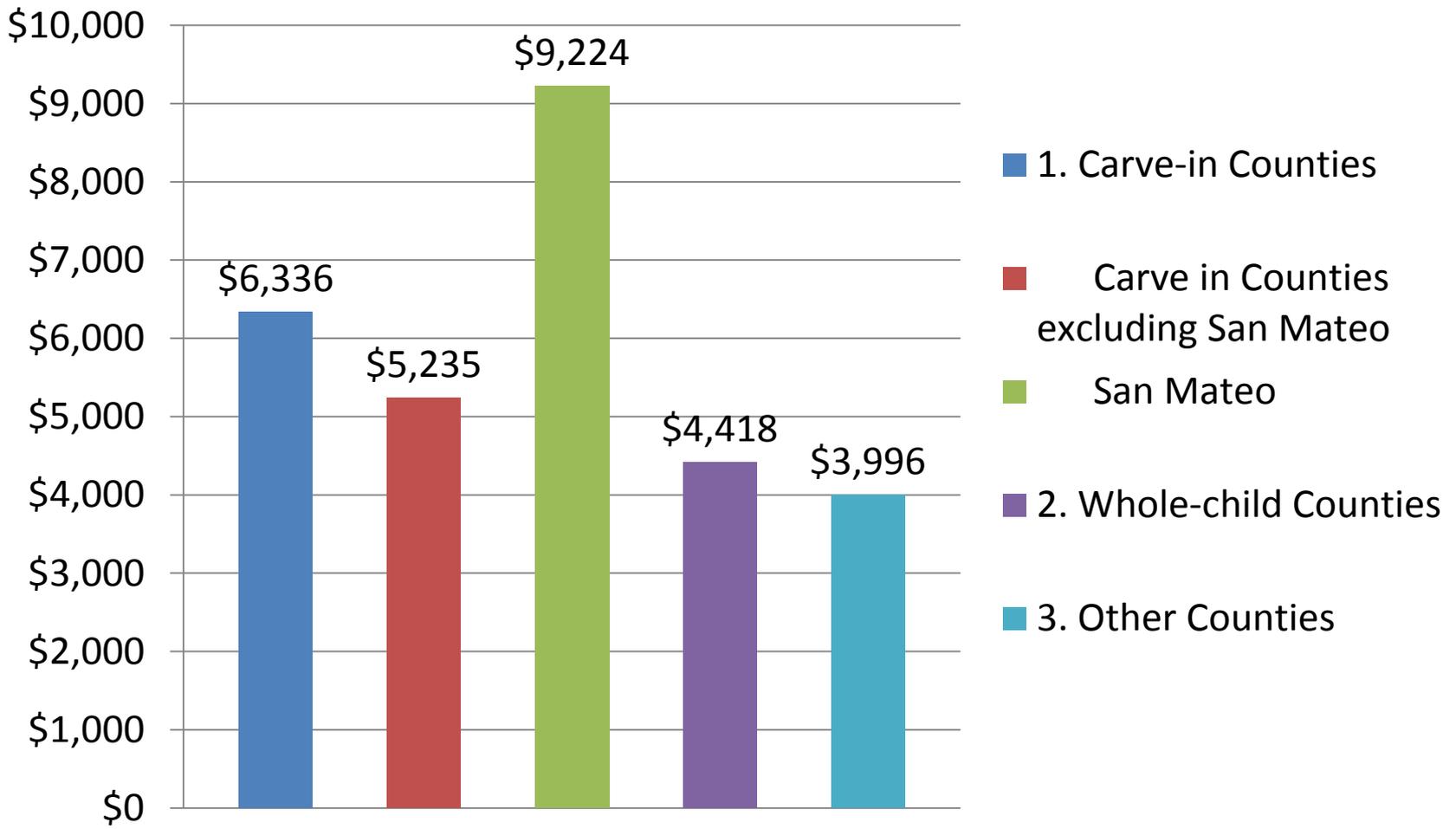


Average Inpatient Spending (per child) among Hospitalized Children

Hospital Services



Average Outpatient Spending (Per Child)



Summary - 1

Characteristics of CCS enrollees are similar across all 3 regions, except ...

- Children in Carve-In and in Other Counties are **more likely to be medically complex** (32% vs. 29%) than those in Whole-Child Counties.
 - **San Mateo County**, with higher rates of medical complexity, **explains this difference.**
- Children in Carve-In Counties are **more likely to have a primary diagnosis in the neurology and neonatology categories** than those in Other Counties.
 - **San Mateo County**, with higher rates in neonatology, **explains most of this difference.**

Summary - 2

Use of Care by CCS enrollees is similar across county groups, except ...

- Children in Carve-In and Whole-Child Counties are **less likely to be hospitalized** than those in Other Counties.
- Children in Carve-In and Whole-Child Counties are **less likely to use Home-Health Services** than those in Other Counties.
- Children in Carve-In Counties are **less likely to be hospitalized in free-standing children's hospitals**.
- Children in Carve-In and Whole-Child Counties have **higher rates of MD visits after hospitalization** than those in Other Counties.
 - **San Mateo County**, with higher rates for older children, **explains some of this difference**.

Spend per CCS enrollee is higher for Carve-In Counties than for Whole-Child Counties.

- **San Mateo County**, with higher spend for non-MD outpatient care, **explains most of this difference**.

Thank You

Questions?

Advisory Group data requests, email:

CCS-AdvisoryGroupDataRequests@dhcs.ca.gov



Information and Questions

- For 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