Appendix A: Acronyms

Acronym	Term
ACO	Accountable Care Organization
AHRQ	Agency for Healthcare Research and Quality
AMG	Advocacy & Management Group
AMR	Annual Medical Review
ANCOVA	Analysis of Covariance
ANOVA	Analysis of Variance
AOR	Adjusted Odds Ratio
ASR	Age, Sex, Race
BCCTP	Breast and Cervical Cancer Treatment Program
CA MMIS	California Medicaid Management Information System
CAIR/CAIR2	California Immunization Registry/California Immunization Registry v2
CCS	California Children's Services
CCS DP	California Children's Services Demonstration Pilot
CDC	Centers for Disease Control
CDPH	California Department of Public Health
CDPS	Chronic Illness and Disability Payment System
CEA	Cost Effectiveness Analysis
CHDP	Child Health and Disability Program
CHHS	California Health and Human Services
CIN	Client Index Number
CMSNet	Children's Medical Services Net
COHS	County Organized Health System
COVID-19	Corona Virus Disease
CPQCC	California Perinatal Quality Care Collaborative
CPT Codes	Current Procedural Terminology
CQI	Continuous Quality Improvement`
CRCS	Cost and Reimbursement Comparison Sheets (also called "blue and white sheets")
CSCC	Children's Specialty Care Coalition
CWDA	County Welfare Directors Association
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
DP	Demonstration Pilot
DSS	Department of Social Services
DTaP	Diphtheria, Tetanus, and Pertussis (vaccine)
E-PCCM	Enhanced Primary Care Case Management Program
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ER	Emergency Room
FFS	Fee-for-Service

Acronym	Term
HbA1c	Glycated Hemoglobin (diabetes test that measures the amount of blood sugar attached to hemoglobin)
HCAI	(California Department of) Health Care Access and Information
HEDIS	Healthcare Effectiveness Data and Information Set
HIB	Haemophilus influenzae type B (vaccine)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPSM	Health Plan of San Mateo
HRIF	High-Risk Infant Follow-Up
ICD-9 and ICD-10	International Classification of Diseases (9^{th} and 10^{th} editions)
ICER	Incremental Cost-Effectiveness Ratio
IHS	Index Hospital Stays
IP	Inpatient
IRB	Institutional Review Board
IRR	Incidence Rate Ratios
KI	Key Informant
KP	Kaiser Permanente
LE	Life Expectancy
LOS	Length of Stay
LTC	Long-Term Care
MCP	(Medi-Cal) Managed Care Plan
MEDS	Medi-Cal Eligibility Data System
MIS/DSS	Management Information System/Decision Support System
MM	Member Months
MTP	Medical Therapy Program
MTU	Medical Therapy Unit
NDC	National Drug Code
OAHA	Office of Administrative Hearing and Appeals
OSHPD	Office of Statewide Health Planning and Development (transitioned to HCAI)
PDD	Patient Discharge Data
PMPM	Per Member Per Month
PMPY	Per Member Per Year
PS	Propensity Score
PCP	Primary Care Provider
PSP	Population-Specific Plan
R&E	Revenue and Expense
RDT	Rate Development Template
RFP	Request for Proposals
SAR	Service Authorization Request
SCC	Special Care Center
SFH	State Fair Hearings
SFTP	Secure File Transfer Protocol
SHCP	Specialty Health Care Plan

Acronym	Term
SOC	Share of Cost
TAR	Treatment Authorization Request
UCSF	University of California, San Francisco
WCM	Whole Child Model
WIC	(California) Welfare and Institutions Code

Appendix B: Recruitment Flyer (English)

Does your child get care through the CCS Whole Child Model program?

We want to hear about your experience!

Researchers at the University of California, San Francisco are interviewing parents and guardians of children who get their care through the CCS Whole Child Model program.

About the interview: Interviews will be by phone and will last up to one hour. We will ask you about your child's experience getting healthcare. Your interview will be confidential. This means that no one will know that you participated, including your child's doctors, hospitals, and other providers. Participating will not impact your child's care.

Who can participate? You must be the parent or guardian of a child who gets their care through CCS. You must also live in one of these counties: Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Siskiyou, Shasta, Solano, Sonoma, Trinity, or Yolo.

You will receive a $50 gift card for participating.

Contact us to find out if you are eligible.

Voice Messages: (415) 476-0483
Email: WholeChildEvaluation@ucsf.edu

UCSF
University of California
San Francisco

CPHS #2019-124

Appendix C: Qualitative WCM Parent/Guardian Interview Guide

Note: Each interview will be modified based on the services the child has received, their qualifying diagnosis, their county, etc. Interviews will be conducted by phone in English and in Spanish. Begin each interview with consent form, then the introduction of the study, and then the demographic questions.

1. Study ID#
2. Which county do you live in?
3. How old are you?
4. What is the name of the health plan that your child is enrolled in?
5. How many years has your child received care from California Children's Services?
6. What language do you primarily speak at home?
7. How old is your child?
8. What is the gender identity of your child?
9. What is your child's race? Is your child Hispanic?
10. What is your relationship to the child?
11. What is your gender identity?
12. What is your race? Are you Hispanic?
13. What is your child's CCS-qualifying diagnosis?
14. Please indicate which services your child has received in the past year. [Mark all that apply]

___ Durable Medical Equipment
- Any kind of equipment that is used for a medical reason (eg wheelchair, canes, crutches, insulin pump)

___ Medical Therapy Unit at schools
- Some counties have programs and then multiple locations = multiple units
- Medical Therapy program is the bigger umbrella for larger counties
- Program provides: Occupational therapy, Physical therapy, Durable medical equipment consultation, Home and school consultation

___ Pharmacy
- Prescriptions can be for medication, drugs, insulin

___ Case Coordination/Care Management
- Social worker, public health nurse, professional whose job is to follow medical history and ensure things are running smoothly

___ Primary Care
- Typical doctor you see when you visit the hospital

___Home Health
- Medical professional that will visit for health-related reasons (usually a nurse or could also be a therapist)
    - "medically necessary services provided in a patient's home –

___ Specialty Care Centers

- Center that provides all around services based on a certain condition, like cancer, with multiple services provided at once around one area
- Might be within a hospital or within a school like UCSF
    - “Special Care Centers (SCC) provide comprehensive, coordinated health care to clients with specific medical conditions.
    - SCCs are organized around a specific condition or system.
    - SCCs are comprised of multi-disciplinary, multi-specialty providers who evaluate the client's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.”

___ Regional Health Centers
- California Regional Centers provide services to children with developmental disabilities and their families.

___ Dental Services

___Behavioral/Mental Health Services
- Can include anything from support groups to mental health therapy to in-patient mental health hospitals

___Physical Therapy outside of Medical Therapy Units
- Physical wellbeing: improving a client's ability to perform movement of the human body

___Occupational Therapy outside of Medical Therapy Units
- focuses on improving a client's ability to perform activities of daily living

___ Emergency Room Services

___ Inpatient Hospital Services
- Usually stays the night in the hospital

___Other Health Services. Please specify:
_____

Parent Interview Questions

1. We would like to hear about your experience in getting care for your child. Have you noticed any changes recently? What were your experiences with your child's health care before you switched to [name of current health plan]? At that point your child was covered by CCS.

    a. What was your relationship like with the staff at CCS?

    b. Tell me about your experiences with the case manager at CCS.

    c. Who are the types of people you have interacted with at CCS for your child's care, and can you tell me what role they have played for you?

2. Have you heard of the Whole Child Model? What do you know about it? Your child is enrolled in that model and was recently transitioned to [name of current health plan]. Can you tell me about the transition to [name of current health plan]?

    a. Did you feel you were well notified about your child's transition to WCM? Did you know what to do if you had any questions?

    b. Were some things better once your child's care with [name of current health plan] started? What were they?

    c. Were some things worse once your child's care with [name of current health plan] started? What were they?

    d. Have you had any interactions with a case manager/care coordinator from [name of current health plan]? What are those interactions like? How do they compare to your interactions with your previous case manager/care coordinator?

    e. Did the transition impact your access to your child's doctors or healthcare providers? How?

    f. Did you experience any other issues with the transition? What would have made the transition easier? What do you wish you knew then that you know now?

3. Tell me about the health care services that your child currently receives through [name of current health plan]. Are they meeting your needs?
    a. Do you think that [name of current health plan] has helped your child? Why?

b. Do you or your child have any needs that are not being met? What are they?

c. How involved in your child's care are you currently? Do you feel like your current doctors listen to you and take your wishes into account? Does the current health plan take your wishes into account?

d. What could be improved about the services that you receive?

4. You mentioned that your child receives services from [name as specialty care center(s)]. Have those services changed since the transition to [name of current health plan]?

    a. Has the frequency with which you receive services changed? Has the duration of the services you receive changed? Are any of the services no longer available?

    b. Have there been any changes in how you travel to the center to receive services? Is it easier or more difficult to access the new center?

    c. Are there any centers that you used to go to that you do not go to now?

    d. Have there been any changes in how you schedule services at these centers?

    e. Is there anything else that you would like to tell us about the specialty care centers?

5. Tell me about the primary care services that your child receives through [name of current health plan]. Has your child's primary care changed since transitioning to [name of current health plan]?

    a. Describe your/your child's relationship with the primary care doctor.

    b. Do you feel that it is important that your child's primary care and specialty care are provided by [name of current health plan]? Why or why not?

    c. Are your services more streamlined than when the services were provided by CCS?

    d. Do your child's doctors talk with one another to develop a plan of care?

6. You mentioned that your child receives [DME, MTU, refer to the demographic survey at the beginning of the interview]. Can you tell me about those services?

    a. Have those services changed under [name of current health plan]? How?

    b. Has your access to those services changed? Do you know how to schedule those services? Is it easier or more difficult than before the transition?

7. Tell me about your experiences with your new health plan.

    a. How have things changed for you and your child?

    b. What have been positive experiences with this change?

    c. What have been challenges for you?

    d. Tell me about your experiences with your current case management.

    e. Were you able to keep your previous providers?

    f. Is there anything else you can tell me about your new health plan?

8. Do you use other resources/help for your child outside of your health plan and/or CCS? If so, what are they?

    a. Do you receive resources from your local regional center?

    b. Do you receive resources from your school?

    c. Do you qualify for your regional center?

    d. Do you receive assistance from groups such as Family Voices or peer support groups? Please describe.

9. Do you have suggestions on how the transition to new plans such as [name of current health plan] could be improved to help your child and/or other children?

    a. Tell me about ways that [name of current health plan] could better provide resources to help you care for your child.

    b. Are there other unmet needs you've had in the Whole Child Model that you previously had in CCS?

10. Is there anything that we haven't asked you yet that you'd like to tell us about the Whole Child Model and/or your child's transition into it?

    a. What would you tell parents of other children who are about to transition to the WCM?

Closing:

- Thank you. If we do additional surveys would you be willing to let us call you again? If we did call you and interview you again by phone, we'd offer you an additional gift card for $50.

- For this interview, would you like a $50 gift card for Safeway or for Target?

- What is your address for us to mail you your gift card?

- It will take up to two weeks for you to get your gift card. When we send it, we'll also send you a letter with information about this study. It will also have a phone number on it in case you want to call with any questions.

Appendix D: WCM Key Informant Interview Guide

Note: Each interview will be modified based on interviewee's background, area of expertise, county, and more.

a. Go through consent script.
b. Collect demographics of KI:
   a. Name:
   b. Name of organization:
   c. Job title:
   d. Years with organization:
   e. Brief description of their role and who you serve:
   f. Types of people they supervise/manage:
   g. County:
   h. Gender identity:
   i. Racial identity:

1. Tell me about your experiences working with/for CCS before the change to managed care/Whole Child Model (or with the county/health plan if CCS/health plan employee).

   a. What were the positives about the way that care was provided through CCS?

   b. What was challenging about the CCS program?

   c. What were some of the issues that the WCM was trying to address or improve from the original CCS program?

2. Tell me about the transition from CCS to the Whole Child Model.

   a. What was your role related to the transition?

   b. How were you and your colleagues informed about the transition?

   c. What was your training and/or notification like in regard to the transition? What worked well/less well about that notification?

   d. How were parents and families were notified about the transition? What worked well and what didn't work well regarding that notification?

   e. Did families/your clients receive any disruption to their services during the transition?

   f. What do you think were the barriers and facilitators to successful transitions for families?

3. Describe your experiences with working with/for CCS after the changes to managed care/Whole Child Model.

a. What were some of the major challenges during the transition to the WCM?

b. Now that the transition has happened, do you continue to see those challenges?

c. Have you experienced any issues with data inoperability?

d. What additional challenges have you seen?

e. What were some improvements that you saw?

f. In general, what are the strengths and weaknesses you see with CCS and the Whole Child Model?

4. What were the major changes that you think families experienced with the change from CCS to the Whole Child Model?

a. What are your concerns for the families?

b. What do you think are the most beneficial aspects of this change to families?

c. For the above, would you say that your answers are based on observations, anecdotes from families, discussions with colleagues, other?

5. What were the major changes that you think your organization experienced with the change from CCS to the Whole Child Model?

a. How does it affect your ability to deliver high-quality care for your clients?

b. Do you think access to care has changed following the transition to the Whole Child Model? How?

c. Do you think the quality of care has changed following the transition to the Whole Child Model? How?

d. How do you think costs of care, payments, and/or reimbursements have changed, for providers and for families, since the transition?
e. What suggestions do you have for improvements to the Whole Child Model program?

f. What are the unfinished and/or unanswered questions that you feel the state needs to answer regarding the transition and/or the Whole Child Model?

6. Tell me about your county specifically. Have you noticed any changes since the transition to WCM? (if applicable; alternative question for KI at a higher level: What differences have you noticed between counties?)

a. What do you think are the reasons for those differences?

b. What are the benefits and challenges of being an independent/dependent county?

c. Is there anything in particular about the transition in your county that you'd like to tell us about?

d. What are the best/promising practices that have been implemented in your County? Do you think they are feasible other locations?

7. Is there anything that we haven't asked you yet that you'd like to tell us about the transition to the Whole Child Model?

a. What advice would you give to other states that are considering similar transitions to managed care programs for children?

8. Who else should we interview? Who are the most important key stakeholders to talk with?

Appendix E: Telephone Survey Questions, by Domain

Domain	Sub-Domain	Telephone Questions
Access to Care	Medical Home/Primary Care	1. Is there a place that [CHILD'S NAME] USUALLY goes when he or she is sick or when you or another caregiver needs advice about his or her health?[2,3] 2. Where does [CHILD'S NAME] USUALLY go first?[2,3] 3. Do you have one or more people you think of as [CHILD'S NAME] personal doctor or nurse? A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. [3] a. If yes, is your personal doctor (check all that apply): 4. [WCM only] Since you switched to [NAME OF HEALTH PLAN], does [CHILD'S NAME] have the same primary care provider or did you have to switch to a new primary care provider? [4] 5. (if B) Did you know that you/[CHILD'S NAME] could file a continuity of care request?[4] 6. [Ask all whose personal doctor is a primary care doctor.] In the past 6 months, how many times did your child visit their primary care provider or nurse?[2] 7. [WCM only] Since the transition to [NAME OF HEALTH PLAN,] have the primary care services that [CHILD'S NAME] receives been better, the same, or worse?[4]

	Specialists	1. Please tell us all the different types of specialist [CHILD'S NAME] needs.[4] 2. (WCM only) Was [CHILD'S NAME] able to see the same specialists after enrolling in [NAME OF HEALTH PLAN]?[4] 3. (If B) Which types of new specialists did [CHILD'S NAME] have to change?[4] 4. (if B to Q21) Did you know that you/[CHILD'S NAME] could file a continuity of care request?[4] 5. In the last 6 months, how many appointments with specialists did [CHILD'S NAME] have? [1,2] 6. In the last 6 months, how often was it easy to get appointments for [CHILD'S NAME] with specialists? [1,3] 7. Does [CHILD'S NAME] need any specialist services that he or she currently cannot get through [NAME OF HEALTH PLAN/COUNTY CCS]? [4] a. (If yes) What does [CHILD'S NAME] need that he or she can't get?

	Therapy Services	1. Does [CHILD'S NAME] need any physical, occupational, speech or other types of therapy services? [2] 2. (If Yes) What types of therapy does [CHILD'S NAME] need?[4] 3. (If Yes) Please tell me all the types of places where [CHILD'S NAME] gets therapy services: (check all that apply) [4] 4. [WCM only] Since the transition to [NAME OF HEALTH PLAN] did the site of [CHILD'S NAME] therapy change?[4] 5. In the last 6 months, how often was it easy to get therapy services for [CHILD'S NAME]? [1,3] 6. Does [CHILD'S NAME] need any therapy services that he or she currently cannot get? [4] a. (If yes) What does [CHILD'S NAME] need that he or she can't get?

	Prescription Services	1. Does [CHILD'S NAME] currently need medicine prescribed by a doctor (other than vitamins)? [2] 2. In the last 6 months, how often was it easy to get these prescription medications for [CHILD'S NAME]? [1] 3. In the past 6 months, did you delay or not get a prescription that a doctor prescribed? [2] 4. [WCM only] Since switching to [NAME OF HEALTH PLAN], can you go to the same pharmacy or did you have to switch to a different pharmacy? [4] 5. Does [CHILD'S NAME] need any medications prescribed by a doctor that he or she currently cannot get? [4] a. (If yes) What prescription medicine does [CHILD'S NAME] need that he or she can't get?
	Behavioral Health	1. In the last 6 months, did [CHILD'S NAME] need treatment or counseling for an emotional, developmental, or behavioral problem? [2,3] 2. In the last 6 months, how often was it easy to get this treatment or counseling for [CHILD'S NAME]? [2,3] 3. Does [CHILD'S NAME] need any behavioral or mental health services that he or she currently cannot get through [NAME OF HEALTH PLAN/COUNTY CCS]? [4] a. (If yes) What does [CHILD'S NAME] need that he or she can't get?

	Medical Equipment and Supplies	1. In the last 6 months, did you need any medical equipment or supplies for [CHILD'S NAME]? [2] 2. In the last 6 months, how often was it easy to get special medical equipment or supplies (including repairs) for [CHILD'S NAME]? [1] 3. Does [CHILD'S NAME] need any medical equipment or supplies that he or she currently cannot get through [NAME OF HEALTH PLAN/COUNTY CCS]? (Probe: Include repairs for equipment).[4] a. (If yes) What does [CHILD'S NAME] need that he or she can't get? 4. [WCM only] Since the transition to [NAME OF HEALTH PLAN], have the medical equipment and supplies that [CHILD'S NAME] receives been better, the same, or worse? [4]

	Global Access to Care	1. In the last 6 months, did [CHILD'S NAME] go to the emergency room, even if it was not an emergency, because it was too difficult to see another doctor? [2] 2. DURING THE PAST 6 MONTHS, did [CHILD'S NAME] need a referral to see any doctors or receive any services? [3] 3. (if yes) How big of a problem was it to get referrals? [3] 4. (WCM only) Since the transition to [NAME OF HEALTH PLAN], has [CHILD'S NAME]'s ability to get authorizations for services been better, the same, or worse? [4] 5. [Only if interview is conducted in a language other than English] An interpreter is someone who repeats what one person says in a language used by another person. In the last 6 months, if you or [CHILD'S NAME] needed a professional interpreter to help [CHILD'S NAME] speak with his/her doctor, how often did you get one? [4] 6. The next questions are about how [CHILD'S NAME] travels to and from medical appointments. This includes rides to the doctor's office, lab tests, therapy, or prescription pick up. [4] 7. In the past 6 months, have you needed any transportation assistance in order to get to [CHILD'S NAME]'s medical appointments? (Probe: anything other than your personal/family vehicle, ordinary mass transit or walking/wheelchair. This could also include transportation assistance when there was not a family vehicle available.) [3] 8. What kind of transportation assistance do you need to get to medical appointments? (Check all that apply) [4]

		9. How often is it easy to get transportation to [CHILD'S NAME]'s doctors or other health care providers? [1,3] 10. In the last six months, did [CHILD'S NAME] miss any scheduled health or therapy appointments because of transportation problems?[4]

Client Satisfaction	Medical Home/Primary Care	
	Specialists	1. How satisfied are you with the overall specialist services that [CHILD'S NAME] receives? [1]
	Therapy Services	1. How satisfied are you with the therapy services that [CHILD'S NAME] receives? [1]
	Prescription Services	
	Behavioral Health	
	Medical Equipment and Supplies	1. Overall, how satisfied are you with the medical equipment or supplies (including repairs) that [CHILD'S NAME] receives? [1]

	Global Satisfaction	1. How did you learn about the Whole Child Model? Did you….[4] 2. Did you get all the information you needed about the Whole Child Model/[NAME OF HEALTH PLAN], or could you have used more information? [4] 3. Overall, how satisfied are you with [NAME OF HEALTH PLAN/COUNTY CCS]? [1] 4. In the last six months, did you file an appeal, grievance, or complaint about [CHILD'S NAME]'s health care? [4] 5. Is there anything else that we should know about your experiences with [NAME OF HEALTH PLAN/CCS] that was not covered in the questions in this survey? [4]
Quality of Care	Medical Home/Primary Care	
	Specialists	1. [WCM only] Since the transition to [NAME OF HEALTH PLAN] have the specialist services that [CHILD'S NAME] receives been better, the same, or worse? [4]
	Therapy Services	1. [WCM only] Since the transition to [NAME OF HEALTH PLAN], have the therapy services that

		[CHILD'S NAME] receives been better, the same, or worse? [4]
	Prescription Services	1. [WCM only] Since the transition to [NAME OF HEALTH PLAN] have the prescription/pharmacy services that [CHILD'S NAME] receives been better, the same, or worse? [4]
	Behavioral Health	1. [WCM only] Since the transition to [NAME OF HEALTH PLAN] have the behavioral or mental health services that [CHILD'S NAME] receives been better, the same, or worse? [4]
	Medical Equipment and Supplies	
	Global Quality of Care	1. Since the transition to [NAME OF HEALTH PLAN] has the quality of the health services that [CHILD'S NAME] receives been better, the same, or worse? [4] 2. [WCM only] Since the transition to [NAME OF HEALTH PLAN], has the transportation assistance that [CHILD'S NAME] receives (including the process of arranging transportation) been better, the same, or worse? [4]

Care Coordination		1. Overall, how satisfied are you with the communication among [CHILD'S NAME]'s doctors and other health care providers? [1] 2. In the past 6 months, was there ever a time when doctors ordered a medical test or procedure that you felt was unnecessary because the test had already been done? [4] 3. During the past 6 months, have you/[CHILD'S NAME]'s needed help from a care coordinator or case manager? [2] 4. Please tell us all the different types of people who helped provide care coordination or case management in the last 6 months: [4] 5. [WCM only] Do you know if the person who helped you was called a case manager? [4] 6. DURING THE PAST 6 MONTHS, how often did you get as much help as you wanted with arranging or coordinating [CHILD'S NAME] health care? [3] 7. [WCM only] Since the transition to [NAME OF HEALTH PLAN] have the care coordination/case management services that [CHILD'S NAME] receives been better, the same, or worse? [4] 8. In the last 6 months, has your care coordinator/case manager helped you with any of the following things? [4] 9. Do you know how to contact your care coordinator/case manager? [4] 10. In the last 6 months, how often have you talked to or met with [CHILD'S NAME]'s care coordinator/case manager to discuss [CHILD'S NAME]'s health care or service needs? [4] 11. (Only if a-d) In the past 6 months, how often did the care coordinator/case manager demonstrate

		knowledge of important information related to [CHILD'S NAME]'s medical history? [1] 12. How satisfied are you with the care coordination/case management [CHILD'S NAME] received through [NAME OF HEALTH PLAN/COUNTY CCS]? [1] 13. [Only Children 12+] Did providers talk with you and/or [CHILD'S NAME] about the shift to adult health care providers? [3] 14. [Only Children 19+] Did anyone from [NAME OF HEALTH PLAN/CCS] discuss with you and/or [CHILD'S NAME] in planning how to coordinate care between new service vendors or providers after aging out of CCS? [3]

Total Cost of Care		1. Over the past 6 months, about how much did you pay out-of-pocket/per month for prescription medication ordered by your doctor? (Probe: including pills, creams, eyedrops, etc.) Please do not include costs for medical equipment or supplies, you will be asked about this later. [3] 2. Over the past 6 months, about how much did you pay out of pocket/per month for medical equipment or supplies ordered by your doctor? [3] 3. (Only if R is an income earner) In a typical month over the last six months, how many days of work for pay per month did you miss due to your child's health condition? [4] 4. (Only if there are other income earners) How many hours of work for pay per month did all other income earners in your family lose due to your child's health condition? (Probe: Combine all hours missed by all income earners besides yourself.) [4] 5. Over the past 6 months, about how many hours per month do you spend on activities to arrange your child's health care, such as making appointments, paying bills, making calls, filling out forms, getting information, etc? Don't include driving to appointments. [4]

Health and Disability Status		1. Would you say that, in general, [CHILD'S NAME]'s health is…. [3] 2. During the past 6 months, how often has [CHILD'S NAME]'s condition(s) affected his/her ability to do things other children the same age do? [2,3] 3. What types of things does [CHILD'S NAME] have limitations doing because of his/her condition(s)? [Check all that apply] [3] 4. [IF AGE 5+] During the past 6 months, how many days of school did [CHILD'S NAME] miss because of illness? [3]

Child's Demographic and Other "Control" Variables		1. Does [CHILD'S NAME] live with you? [4] 2. If no, with whom does [CHILD'S NAME] live? [4] 3. Including you, how many adults (age 18 and over) live with [CHILD'S NAME]? (Probe: Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment) [3] 4. How many other children (Probe: under the age of 18) live with [CHILD'S NAME]? [3] 5. What is [CHILD'S NAME] race? (please select all that apply) [2] 6. Is [CHILD'S NAME] of Hispanic origin, such as Latin American, Mexican, Puerto Rican, Spanish, or Cuban? [2]

Parent/guardian/respondent demographic		1. How are you related to [CHILD'S NAME]? [3] 2. What is your age? [3] 3. What is your race? (please select all that apply) [2] 4. Are you of Hispanic origin, such as Latin American, Mexican, Puerto Rican, Spanish, or Cuban? [2] 5. What is your gender? [3] 6. What is your marital status? [3] 7. What is the highest grade or year of school you have completed? [2] 8. Which of the following best describes your current work status? (check all that apply) [2,3] 9. How many other income earners currently contribute to your household income? [4] 10. Which of the following income categories best describes your total 2019 household income before taxes? (Probe: Include income from all household earners) [3]

The survey questions have been adapted from:
[1] CAHPS - Consumer Assessment of Healthcare Providers and Systems
[2] CHIS - California Health Interview Survey
[3] NSCSHCN - National Survey for Children with Special Health Care Needs
[4] Original

Appendix F: Development of Sampling Strategy and Weights for the Analysis of the Telephone Survey for Whole Child Model (SB586) and Demonstration Pilots (CMS 11115 Waiver Report)

NOTICE: In this appendix, the UCSF evaluation team shows the full methodology for the telephone survey, which also included a separate evaluation of two demonstration pilots (as part of the 1115 waiver). The UCSF evaluation team focused only on the evaluation of the Whole Child Model in the main report, but this appendix – for purposes of full statistical consideration transparency for the weight development – also includes information about the 1115 waiver which is not discussed in the WCM report. The findings from survey participants from Rady Children's Hospital - San Diego (RCHSD), one of the demonstration pilots, is not included in the main report. For that reason, readers will note that the total N for WCM participants is less than the total sampling frame discussed in the main report.

Goal: Survey 2,008 parent/guardians from WCM/DP Counties (1,883 for WCM only, plus an additional 125 for RCHSD) and 1,000 parents/guardians from Classic CCS Counties to allow statistically significant comparisons between those CCS models.

Secondary Goal: Survey a sufficient number of parents/guardians from each of the CCS groups (defined below) to allow statistically significant comparisons between the groups.

Definition of CCS Groups: The groups defined for the sampling plan correspond to the CCS model and the WCM phase that a CCS eligible child and their family are enrolled in. One of the phases (Phase 1) involved multiple managed care plans, so that phase was divided into two groups according to the managed care plan. The Classic CCS group was split into groups of dependent and independent counties. The UCSF evaluation team specifically made the dependent counties their own group because if they were combined with the independent counties, random sampling would not have included sufficient potential participants from dependent counties. Thus, there are eight CCS groups:

1. Pilot 1/Phase 1 - Health Plan of San Mateo
2. Pilot 2 - Rady Children's Hospital of San Diego/California Kids Care (not included in the WCM analysis and part of the 1115 wavier CMS report)
3. WCM Phase 1A - Central California Alliance for Health
4. WCM Phase 1B – CenCal Health
5. WCM Phase 2 - Partnership HealthPlan of California
6. WCM Phase 3 – CalOptima
7. Classic CCS FFS - dependent counties
8. Classic CCS FFS - independent counties

Survey Eligibility: CCS enrollees and their families were eligible for the survey if they met the following criteria:

1. Enrolled in CCS for at least 12 months.
2. Six of these months of eligibility had to be before the enrollee transitioned from Classic CCS to the WCM. (Note that this criterion does not apply to the Classic CCS FFS groups. For Group 1, the "transition date" was July 1, 2018 rather than the date of the transition to the pilot, because that date was in 2013 and the criteria would have severely restricted those eligible.)
3. Not enrolled in CCS as "medical therapy unit-only".
4. Had a valid telephone number recorded in the CCS eligibility file.

Power Analysis: The UCSF evaluation team determined that 376 completed surveys were needed from each CCS group in order to ensure statistically significant comparisons. Specifically, the power analysis was set to identify a 10% proportional difference with a beta of .8 and alpha of .05.

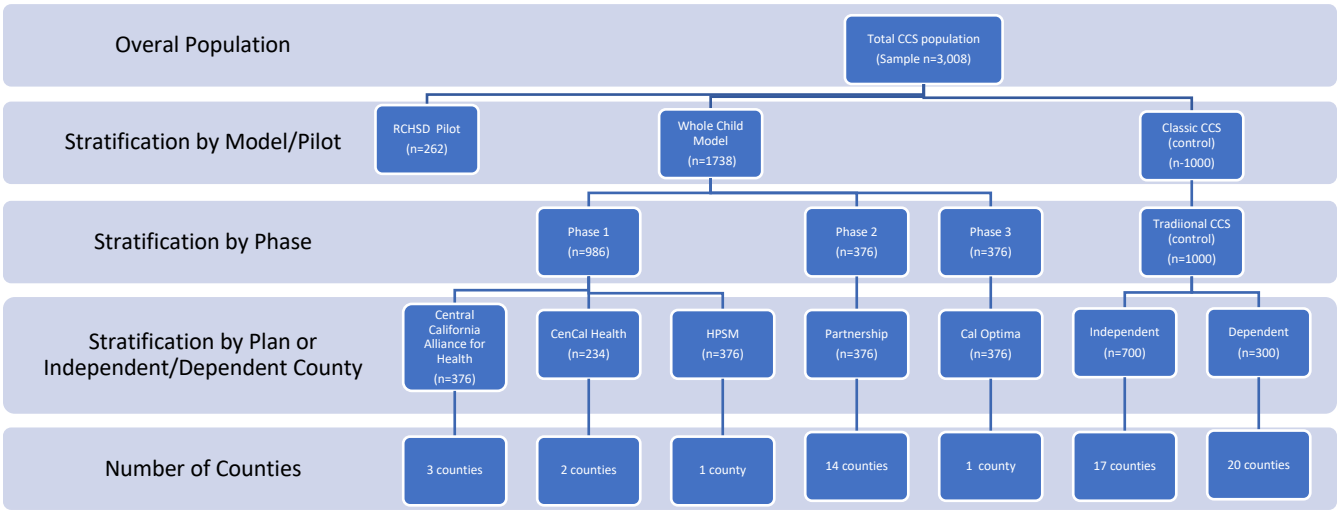
Group Sample Sizes: The UCSF evaluation team assigned a target quota of 376 to each CCS group, with some exceptions. One of these is for Group 2, where only 262 people were eligible, so the target was set as 262. The target for group 4 was 234 (the difference between the overall WCM target of 1,883 and the targets for the other Pilot/WCM groups). The overall goal for the Classic CCS group was 1,000 completed surveys. The UCSF evaluation team decided to target 300 completed surveys from dependent counties, a significant oversample of the proportion of the population in dependent counties. Thus, the sample size for independent counties was set at 700.

Original Sampling Methodology: The UCSF evaluation team determined that it was important to ensure that all counties were represented in the sampling plan. For this reason, an original sample of 3,054 potential participants was determined. The original survey was a stratified sample by county in order to ensure that each county was adequately represented.

For counties with small CCS populations, the floor was set at nine people in the sample per county; for counties with the fewer than nine enrollees, they were all selected for the sample.

This contributes to the face validity of the overall sampling plan to demonstrate that extra efforts were made to include people from small counties. The survey vendor had not agreed to quotas by county, so when they chose replacements for the original sample, this was done by group. The diagram of the sampling design is described below, in Figure 1.

Figure 1. Diagram of Sampling Frame Design (WCM and Demonstration Pilot)



Replacement Sampling Methodology: A stratified random sample was used to select replacements for people in the original sample who had incorrect contact information or otherwise could not be reached. Replacement sampling was done at a group level.

The UCSF evaluation team stratified by phase or independent/dependent county with each phase total set to 376, 300, or 700 (based on the power calculation of being able to detect a 10% difference in any proportion) and randomly sampled within the phase. While an original sample of clients were pulled on a county level, in an attempt to ensure patients in all counties were represented, replacement sampling was limited to strata. Therefore, some counties were not represented due to extremely small population size.

Actual Sample: The survey vendor used a final sample size of 7,621. A total of 3,299 people in the sample were determined to be ineligible or had incorrect contact information. Therefore, the overall response rate was 69.6%.

Actual Completed Surveys: A total of 3,008 people completed the survey; this includes parents/guardians from all groups.

Table 1 describes the survey sampling plan and the sample that was achieved.

Table 1. Survey Sampling Plan

Group (A)	Popula-tion (B)	Target Sample Size (C)	Target Sample Propor-tion (D)	Original Sample Size (E)	Replace-ment Sample Size (F)	Total Sample Size (G)	Com-pleted Surveys (H)	Percent Com-plete of Target (I)	Actual Sample Propor-tion (J)
Group 1	1130	376	0.333	376	325	701	316	84.0%	0.279646
Group 2	262	262	1	262	0	262	125	47.7%	0.477099
Group 3	3824	376	0.098	377	746	1123	444	118.1%	0.116109
Group 4	1715	234	0.136	234	751	985	347	148.3%	0.202332
Group 5	5296	376	0.0710	392	676	1068	446	118.6%	0.08421
Group 6	9176	376	0.0410	376	608	984	321	85.4%	0.034983
WCM/Pilot Total	21403	2000	0.0934	2017	3106	5123	1999	100.0%	0.093398
Group 7	5471	300	0.0548	328	401	729	291	97.0%	0.053190
Group 8	102161	700	0.00685	709	1060	1769	718	102.6%	0.007028
Trad. FFS Total	107632	1000	0.00929	1037	1461	2498	1009	100.9%	0.009375
TOTAL	129035	3000	0.02325	3054	4567	7621	3008	100.3%	0.02331

- Column A – CCS Group (defined above)
- Column B – Eligible CCS enrollees, as of January 2020 eligibility file
- Column C – Target Sample Size
- Column D – Sampling Proportion if target sample size achieved (C/B)
- Column E – Original Sample Size (randomly selected within counties by UCSF evaluation team to include all counties)
- Column F – Replacement Sample Size (additional randomly selected within groups as replacements for people in the original sample who could not be contacted)
- Column G – Total Sample Size (E+F)
- Column H – Number of Completed Surveys
- Column I – Percentage of Target Sample Size Achieved (H/C)
- Column J – Final Sampling Proportion (H/B)

Development of Survey Weights and Analysis Methodology

Due to the stratification, in order compare a combined WCM vs “Classic model” or between the three WCM phases, sampling weights were created to account for population differences and due to oversampling for primary comparisons. The UCSF evaluation team’s weighting schema was based on the actual proportion represented per CCS group (Table 1, Column J). The UCSF evaluation team used the CCS group population (Table 1, Column B) for the finite population correction.Strata is defined as the individual health plans or classic independent county or classic dependent county.

Coding used in STATA 15.1 and SAS 9.4 to account for the survey weights developed

in STATA, we used the survey set code:
svyset _n, strata(ccsgroupid) fpc(grouppop) weight(groupweight) vce(linearized) singleunit(missing)

in SAS, an example of the weight coding scheme is shown below.

```
proc surveyfreq data=sv.input_data total=sv.totals;
weight groupweight ;
strata ccsgroupid ;
table wcm_ind*Q59_SatCommunicationDr / chisq row;
run;

proc surveymeans data=sv.input_data total=sv.totals ;
domain wcm_ind ;
weight groupweight ;
strata ccsgroupid ;
var Q59_SatCommunicationDr ;
run;

proc surveyreg data= sv.input_data total=sv.totals;
weight groupweight;
strata CCSGroupID;
class wcm_ind;
model Q59_SatCommunicationDr = wcm_ind / SOLUTION CLPARM;
CONTRAST 'HPSM VS PHASE I (1v2)'         wcm_ind 1 -1  0   0;
CONTRAST 'HPSM VS PHASE II (1v3)'        wcm_ind 1  0 -1   0;
CONTRAST 'PHASE I VS PHASE II   (2v3)'   wcm_ind  0  1 -1   0;
CONTRAST 'HPSM VS Classic CCS (1v4)'     wcm_ind 1  0  0  -1;
CONTRAST 'PHASE I VS Classic CCS (2v4)'  wcm_ind 0  1  0  -1;
CONTRAST 'PHASE II VS Classic CCS (3v4)' wcm_ind 0  0  1  -1;
        RUN;
        quit;
```

Appendix G: Online Provider Survey Instrument

Default Question Block

Starting in 2018, the California Department of Health Care Services (DHCS) instituted the Whole Child Model (WCM) program in select counties throughout the state. In the WCM, covered services for California Children's Services (CCS) were incorporated into a Medi-Cal Managed Care Plan.

As part of a multi-year program evaluation of the WCM, our team at the University of California, San Francisco (UCSF) is evaluating anonymous input regarding your experience, as a provider or provider organization, about this transition.

This survey will only take three-five minutes to complete; your input will inform DHCS about provider experiences with and insights into the WCM.

Participation in this survey is anonymous and optional. Please do not include your name or other identifying information in your survey responses. You can skip any questions that you do not want to answer and exit the survey at any time.

Have questions about the survey or evaluation? Please contact Dr. Megumi Okumura, at megumi.okumura@ucsf.edu.

Do you and/or your practice provide care and/or services for CCS patients who are in the Whole Child Model (WCM) or Demonstration Pilot (e.g. California Kids Care)?

Yes

No

I don't know

Please indicate how you think the services listed below have changed for children in Whole Child Model or Pilot Program since it began.

	Much Improved	Improved	No Change	Worse	Much Worse	Not Applicable
Case Management/Care Coordination	○	○	○	○	○	○
Mental Health Services	○	○	○	○	○	○
Pediatric Specialty Care Services	○	○	○	○	○	○
Primary Care Services	○	○	○	○	○	○
Durable Medical Equipment Services	○	○	○	○	○	○
Pharmacy Formulary	○	○	○	○	○	○
Transportation Services	○	○	○	○	○	○
Occupational Therapy	○	○	○	○	○	○
Physical Therapy	○	○	○	○	○	○
Transition from Pediatric to Adult Services	○	○	○	○	○	○
Overall Timeliness of Services	○	○	○	○	○	○
Overall Quality of Services	○	○	○	○	○	○
Overall Access to Services	○	○	○	○	○	○

How does the overall reimbursement you/your organization receive from Whole Child Model or Pilot Program compare to reimbursement from the Fee-for-Service CCS?

Better

Not Different

Worse

Unsure

Not Applicable

How do the overall services you/your organization provide to clients from the Whole Child Model or Pilot Program compare to those in Fee-for-Service CCS?

Better

Not Different

Worse

Unsure

Don't know

What is your primary role at your organization?

Healthcare Provider

Service Provider (e.g. Home Health/Durable Medical Equipment)

Pharmacy/Pharmacist

Administrator

Finance

Educator

Other (please specify)

What is the employment setting where you spend the majority of your time?

Solo or two-physician practice

Pediatric group practice

Multispecialty group practice (other than staff or group model HMO)

Staff or group model HMO (e.g. Kaiser or similar)

Academic medical center or hospital-based clinic

Community clinic or community health center (e.g. Federally Qualified Health Center)

Health Plan

Pharmacy

Durable Medical Equipment Services

Other (please specify)

If you provide direct patient care services, what is your area and specialty? (Check all that apply.)

Physician/Nurse Practitioner/Doctor of Osteopathy/Physician Assistant

Pharmacist

Nurse

DME Supply provider (e.g. respiratory supplies, G-tube)

DME Medical Rehabilitation Provider (e.g. orthotics. prosthetics. mobility devices)

Social Work/Case Manager

Physical Therapist/Occupational Therapist

Other: Please specify

Not Applicable: I do not provide direct patient care services.

What is your primary field of practice?

Adolescent Medicine

Allergy & Immunology

Cardiologist

Dermatologist

Developmental or Behavioral Pediatrician

Emergency Medicine

Endocrinology

Gastroenterology

Genetics

General Pediatrics/Family Medicine /Med/Peds

Hematology/Oncology

Hospital Medicine

Infectious Disease

Neonatology

Nephrology

Neurology

Obstetrics and Gynecology

Palliative Care

Pulmonology

Psychiatry/ Psychology

Rheumatology

Surgery including surgical specialties

Other (please specify)

Which Whole Child Model or county health plans do you work with? (check all that apply)

California Kids Care (San Diego County)

CalOptima (Orange County)

CenCal Health (San Luis Obispo and Santa Barbara counties)

Central California Alliance for Health (Merced, Monterey, and Santa Cruz counties)

Health Plan of San Mateo (San Mateo County)

Partnership Health Plan (Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo counties)

Prefer not to answer

Please share any additional comments about your experience with the Whole Child Model program.

Appendix H: Tables of Claims outcomes for each phase: Stratified by Language and Race/Ethnicity

Table of contents

Overview

In this appendix, UCSF also performed subgroup analyses by race and language for primary health outcomes and utilization below for the following variables:

1. Case Management
2. CCS Paneled Provider Visits
3. Durable Medical Equipment
4. Emergency Department (ED) Visits
5. Emergency Department Follow-Up (28-day)
6. Hospital Follow-Up (28-Day)
7. Hospital Readmission (All Cause 30-Day)
8. Hospitalizations
9. In-Home Supportive Services
10. Length of Hospital Stay
11. Mental Health Visits
12. Pharmacy
13. Primary Care Physician Visit
14. Specialty Care Center Visit within 90-Days of Referral
15. Specialist Visit
16. Specialty Care Center Visits
17. Vaccination (Childhood, Age Two)
18. Vaccination (Adolescents)
19. Well-Child Visits 15 months
20. Well-Child Visits 30 months
21. Well-Child Visits Age 3-6 years
22. Well-Child Visits Age 12-20 years
23. Transition outcomes
    a. Primary Care
    b. Specialty care
    c. ED visits

d. Hospitalizations

Introduction: Discussion of race/ethnicity and language

All study groups, for both WCM and Classic CCS start with differences in outcomes and utilization by race/ethnicity and language. This document describes **general trends and identification of changes of outcomes by race and language that would warrant potential further study**. It is beyond the scope of this evaluation to fully evaluate health disparities within the CCS population, which requires a different study design than what is presented here. In addition, **the statistical testing of impact of race and language is also studied in the regression models for the outcomes listed below and is discussed in the main report.** Please also note that with HPSM WCM, due very small sample sizes and issues described in the main report (please refer to the HPSM discussion in methods) for the pre-WCM group, limited description about race/ethnicity and language can be made for the pre-period. Therefore, graphs for HPSM WCM are shown, but the narratives often only describe phases I, II and III.

This section presents two types of information:

1) Two graphs of utilization rates during the pre-implementation and post-implementation for each of the outcomes listed directly above for
    a. race/ethnic rates (Black, Latinx, White, and Other/Unknown race
    b. language rates (English, Spanish, and Other/Unknown).
2) Written text describing
    a. a summary of the changes from pre-implementation to post-implementation for the individual race/ethnic and language groups
    b. the pattern of the change in rates for the race/ethnic and language groups as a whole - the text refers to “pattern”: How did the group pattern of rates (ranked from highest to lowest) change from the pre-to post-implementation period? If the ordering was the same pre-to post-, it is referred to as ‘consistent’; if most of the ordering was the same, it is referred to as ‘similar’ and if the ordering was largely inconsistent, it is referred to as “mixed”.
3) Please note that the main report and in Appendix I contains the Statistical Models for Claims Analyses, DiD Trend Testing, and Regression Models. All regression models included race and language and age if bivariate associations were significant. This allowed identification of potential health disparities found in outcomes. If any findings regarding race, sex, language, or age were found in the regression model, this was commented on in the Difference in Difference reporting in the main analysis.
4) Below are tables for each outcome stratified by race/ethnicity and language. In the figures below we show utilization by 1000MM per racial/ethnic group and language group unless otherwise specified.

Overall summary and discussion of outcomes by race and language

In general, there were differences in utilization by race and language across most measures both before and after the WCM was initiated. Similarly, there were differences in utilization by race and language across most measures when comparing the change in utilization between the pre-WCM and post-WCM period. However, there was no consistent pattern in the level of differences in utilization between the various racial and language groups during the pre and post period. Likewise, there was no consistent pattern in the level of differences in utilization between the various racial and language groups when comparing the change in health care utilization and outcomes between the pre and post period. Thus, overall, the change in outcomes by race and language were quite mixed and the outcomes by racial or language groups varied differentially across each health care use and outcome measure. Nevertheless, the findings here suggest that racial and language differences do exist but it's unclear if this difference is leading to a health disparity. Understanding the reasons for any disparities encountered by CCS clients requires further evaluation and a different study design to fully evaluate the impact of race and language on health utilization and health outcomes in the CCS population. This type of investigation would likely elucidate mechanisms to decrease any health disparities encountered in the CCS population.

Below each individual outcome as listed above is discussed in detail, stratified by Race/Ethnicity and Language.

Tables of Health Outcomes stratified by Race/Ethnicity and language

Case Management by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM case management claims increased in all groups except for a marked decrease in the Black group and the pattern was similar. The Phase I Classic CCS comparison group had increases in claims in all groups, with marked increases in the Black and White groups and the pattern was similar. Phase II WCM case management claims decreased in the Black and Latinx groups, had little or no change in the White and Other/Unknown race groups, and the pattern was similar. The Phase II Classic CCS comparison groups all had decreases in claims with the exception of no change in the White group, and the pattern was similar. The Phase III WCM groups had increases in claims with a marked increase in the Black group and the pattern was consistent. The Phase III Classic CCS comparison groups all had increases in claims except for a decrease in the Other/Unknown race group, and the pattern was mixed.

Figure 1. Case Management Claims per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

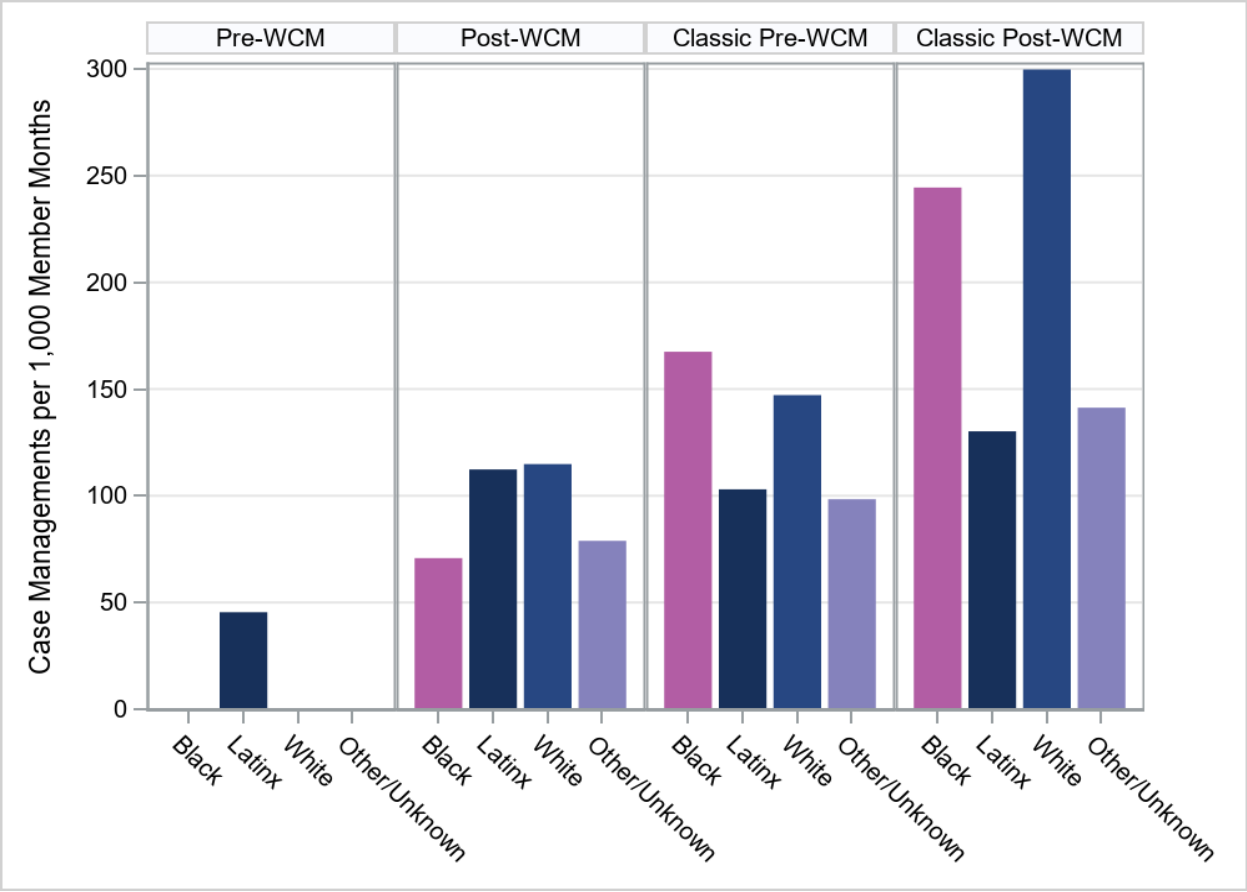


Figure 2. Case Management Claims per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

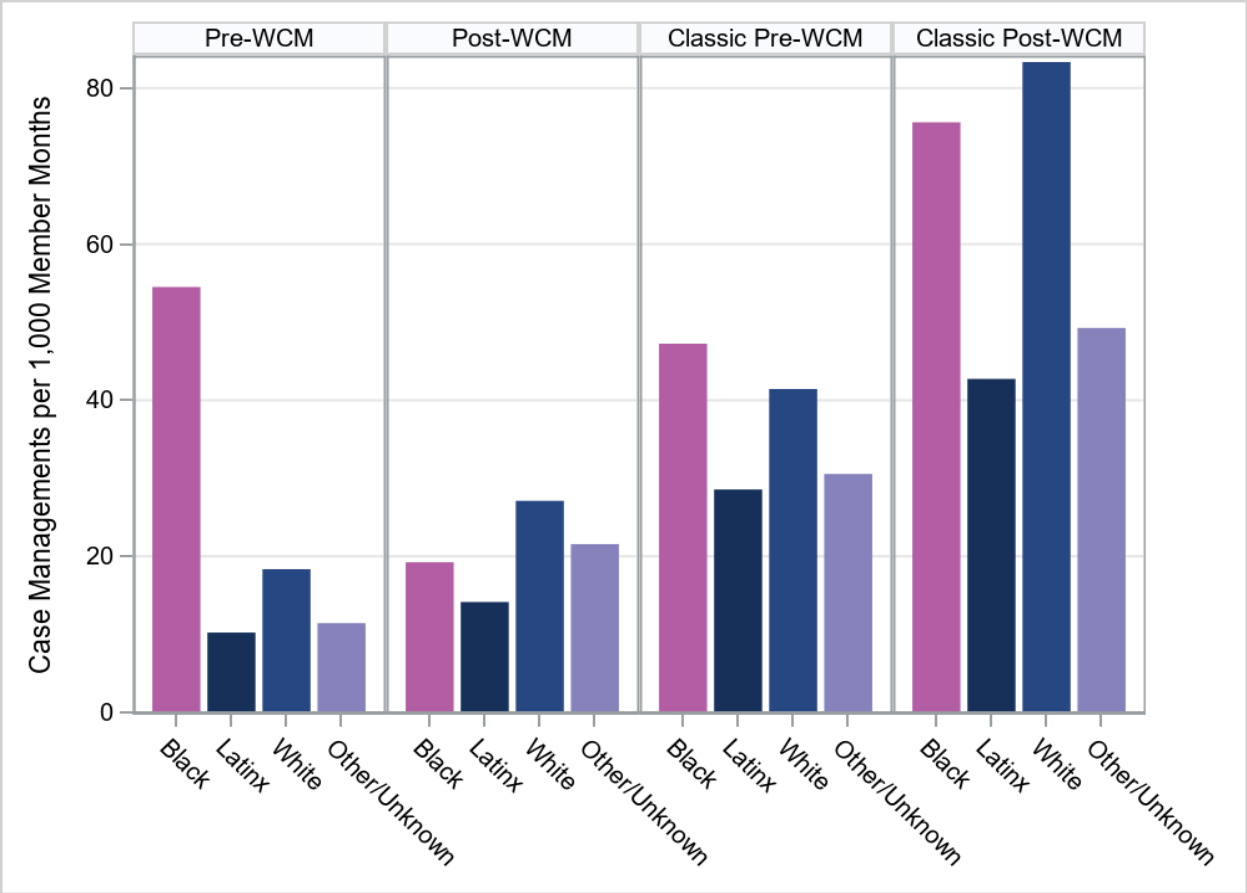


Figure 3. Case Management Claims per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

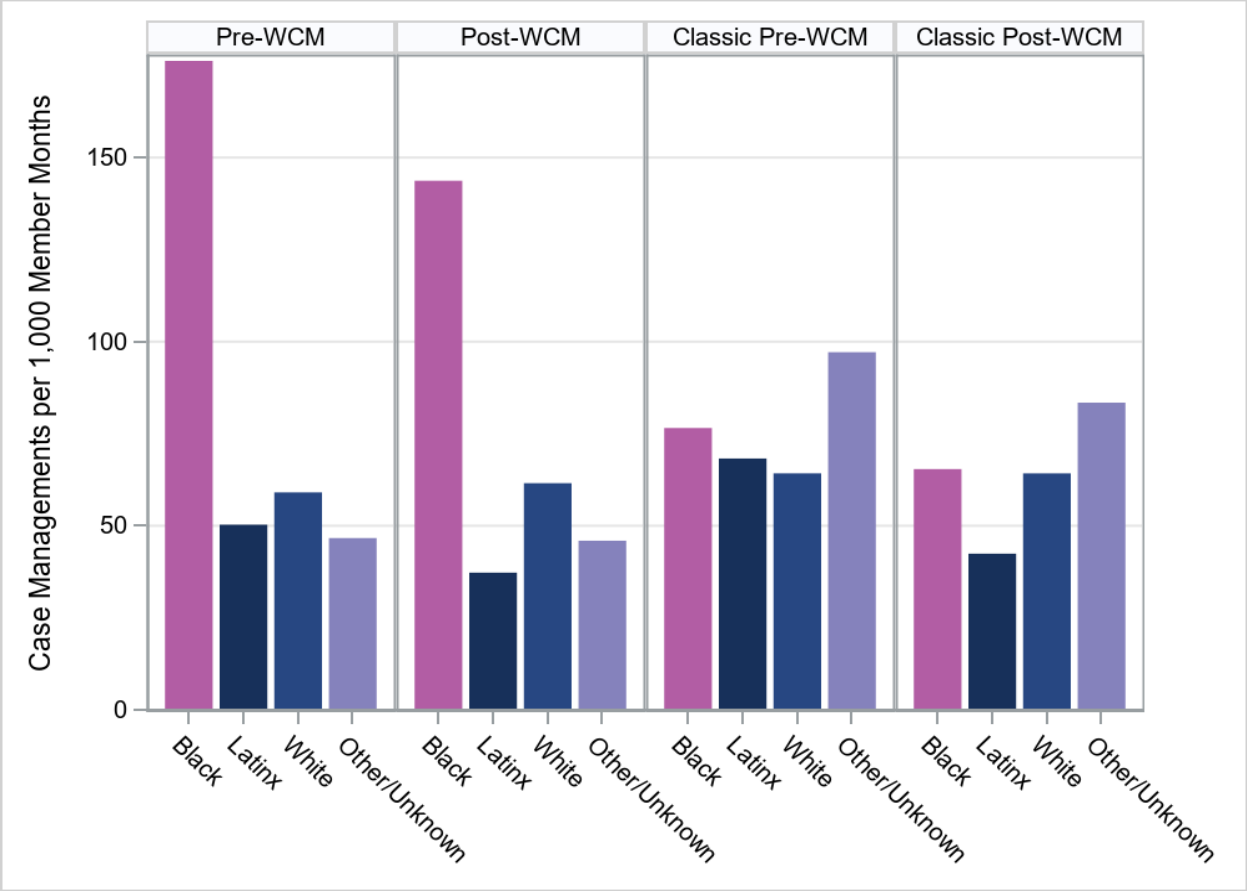
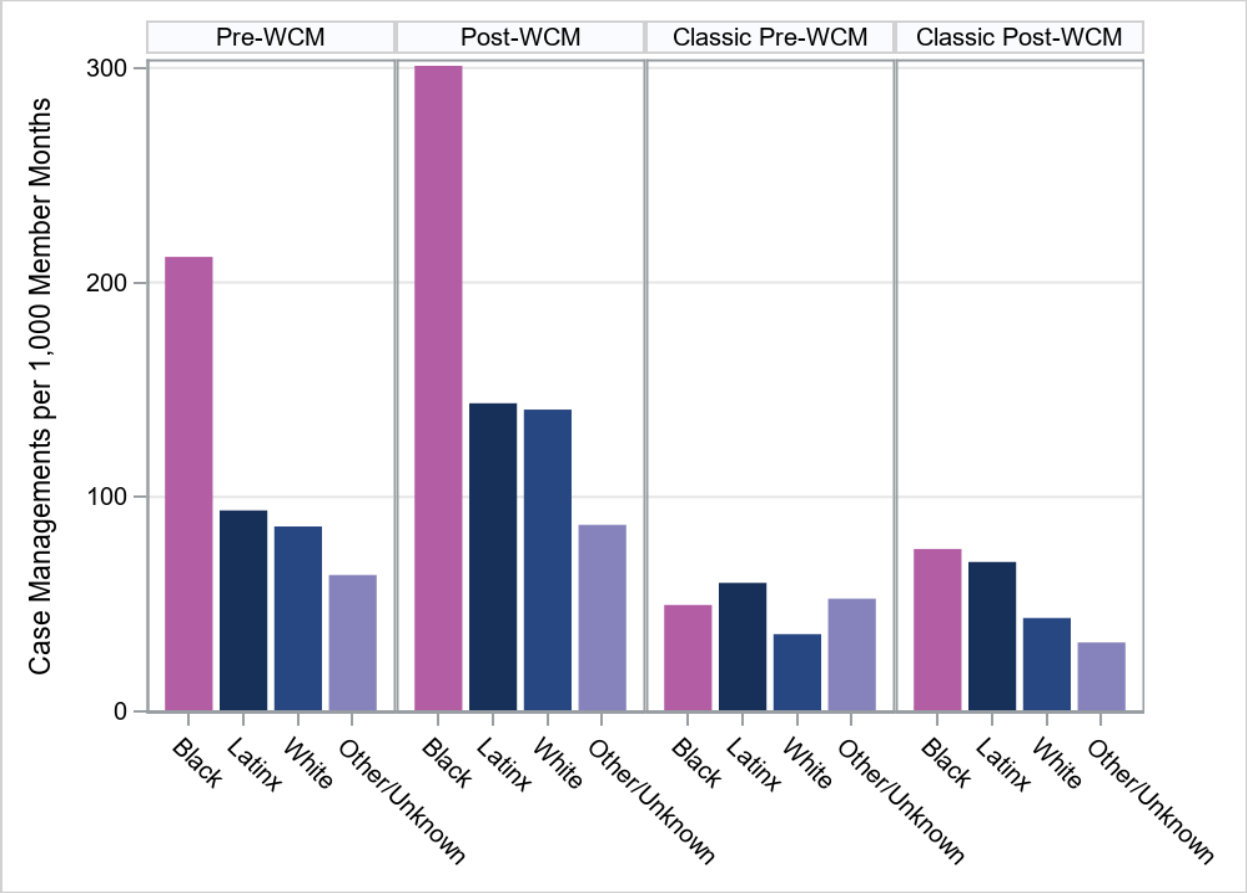


Figure 4. Case Management Claims per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Case Management by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM case management claims increased for English and Spanish language groups, decreased markedly in the Other/Unknown language group, and the pattern was mixed. Phase I Classic CCS comparison groups all increased, and the pattern was mixed.
Phase II WCM groups had slight decreases in claims in the English and Spanish groups, little or no change in the Other/Unknown group, and the pattern was consistent. Phase II Classic CCS comparison groups all had decreases and the pattern was consistent. Phase III WCM groups increased with marked increases in the English and Spanish language groups and the pattern was consistent. The Phase III Classic CCS comparison groups had increases in claims in the English and Other/Unknown groups, little or no change in the Spanish group, and the pattern was consistent.

Figure 5. Case Management Claims per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

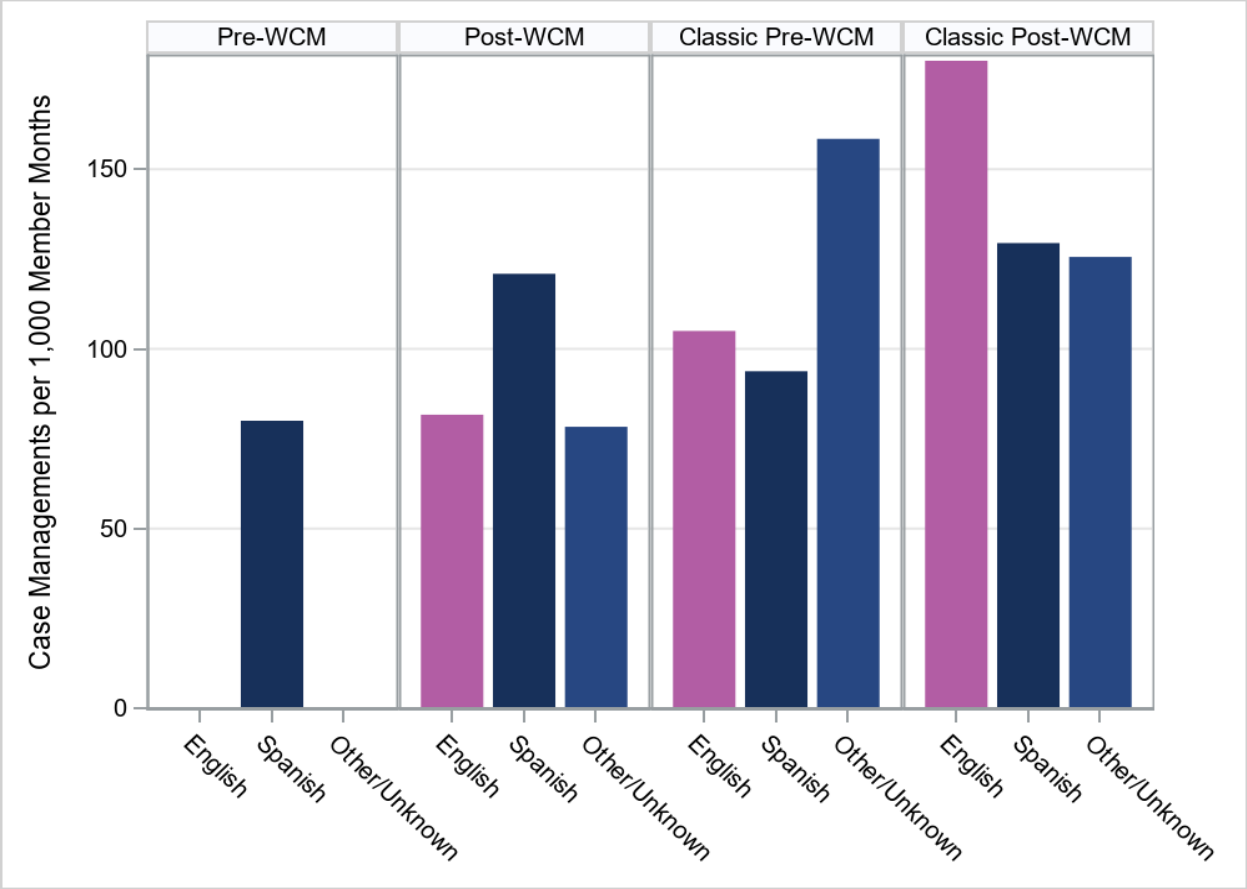


Figure 6. Case Management Claims per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

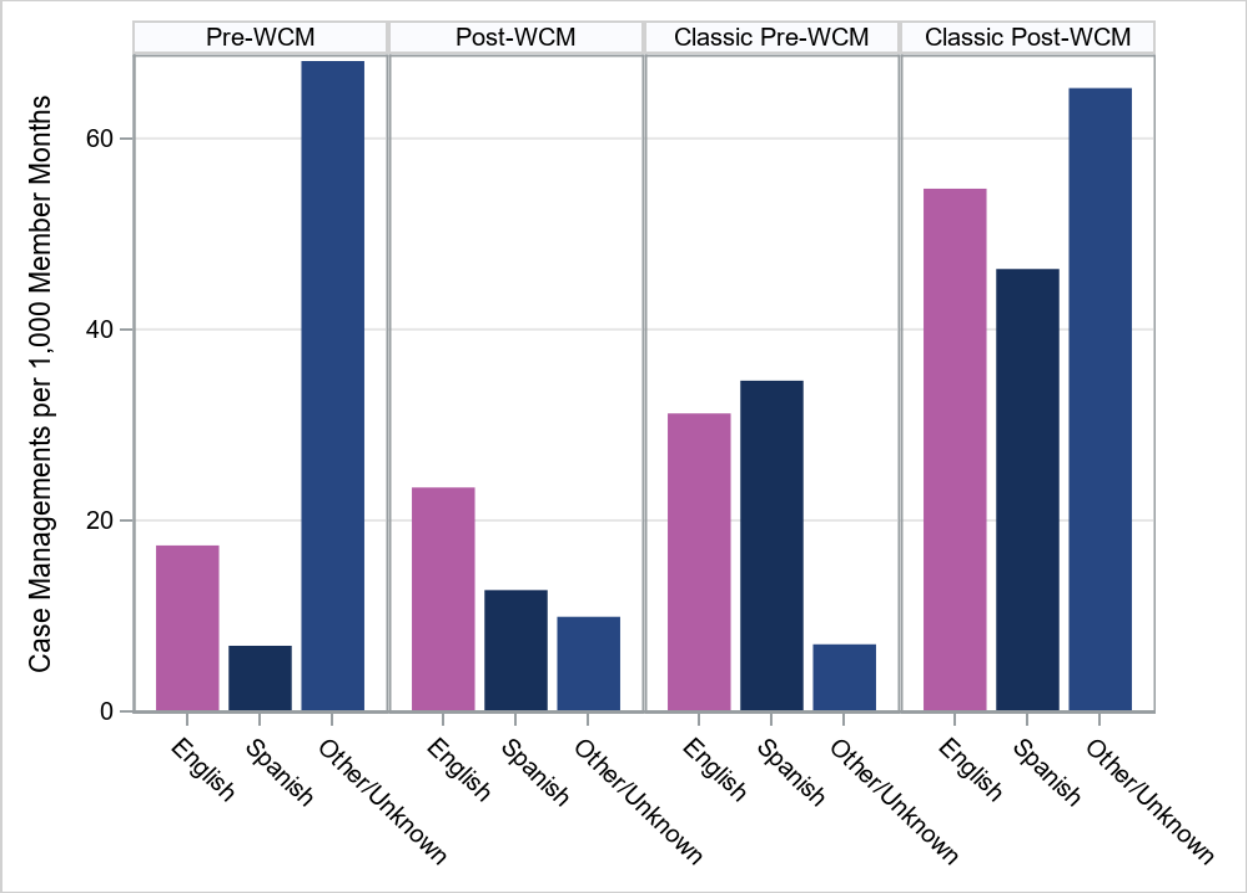


Figure 7. Case Management Claims per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

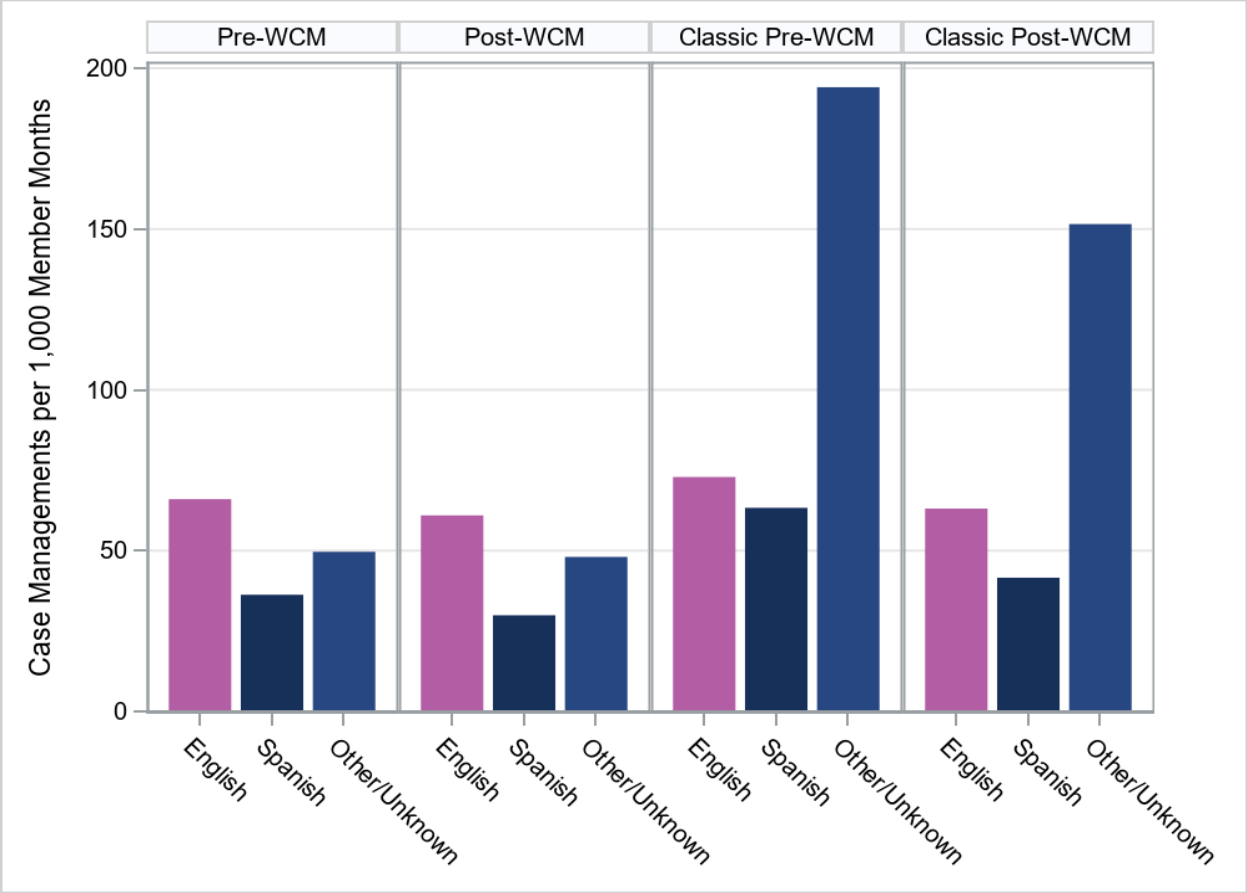
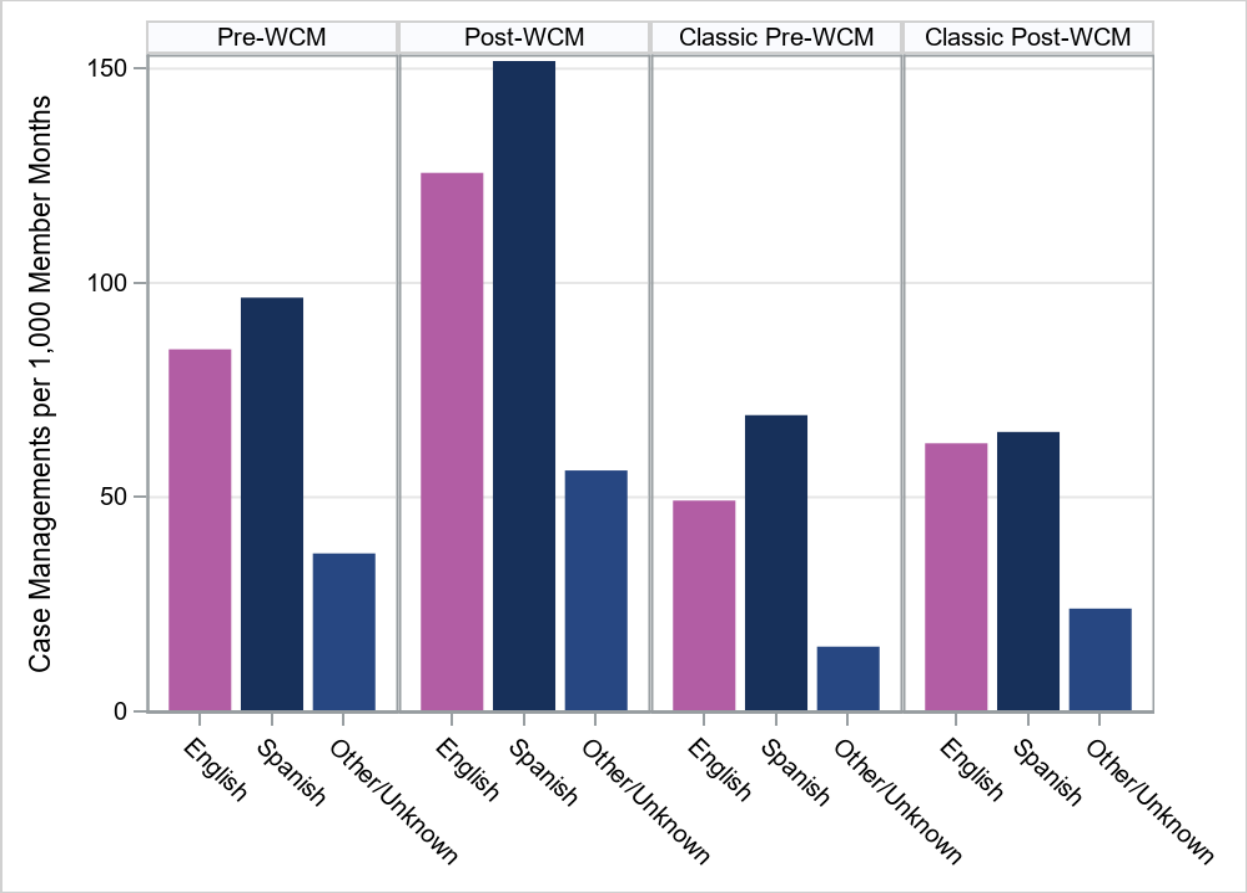


Figure 8. Case Management Claims per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



CCS Provider Visits by Race/Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. CCS paneled provider visits in Phase I WCM groups all increased post- implementation except for a decrease in the Other/Unknown race group and the pattern was mixed. Phase I Classic CCS comparison groups all had increased visits and the pattern was similar. Visits in the Phase II WCM and Classic CCS comparison groups all increased, the pattern for the WCM group was mixed and the pattern for the Classic CCS group was similar. The Phase III WCM groups all had a marked decrease, and the pattern was mixed. The Phase III Classic CCS comparison groups had decreases in all groups except that there was little or no change in the White race group and the pattern was similar.

Figure 9. CCS Provider Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

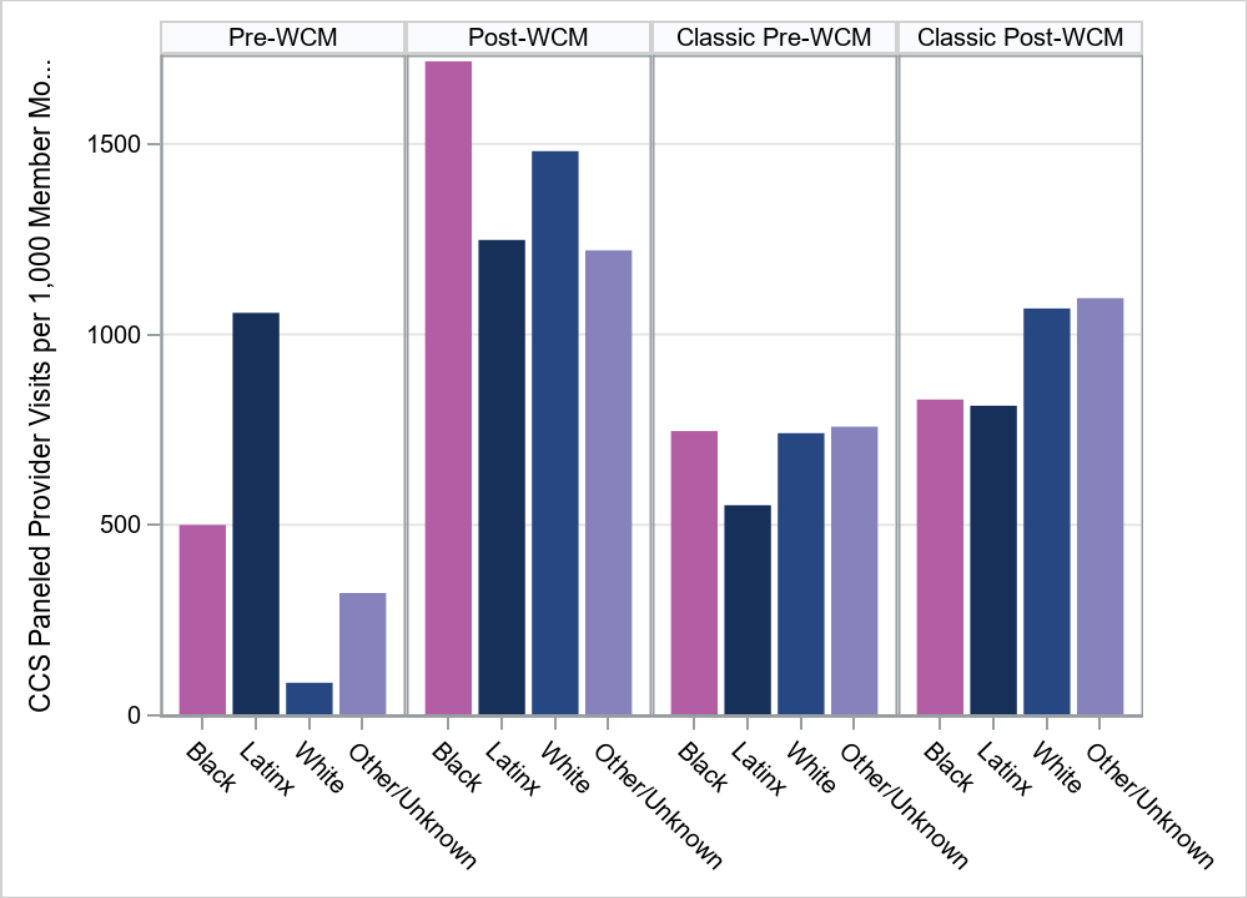


Figure 10. CCS Provider Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

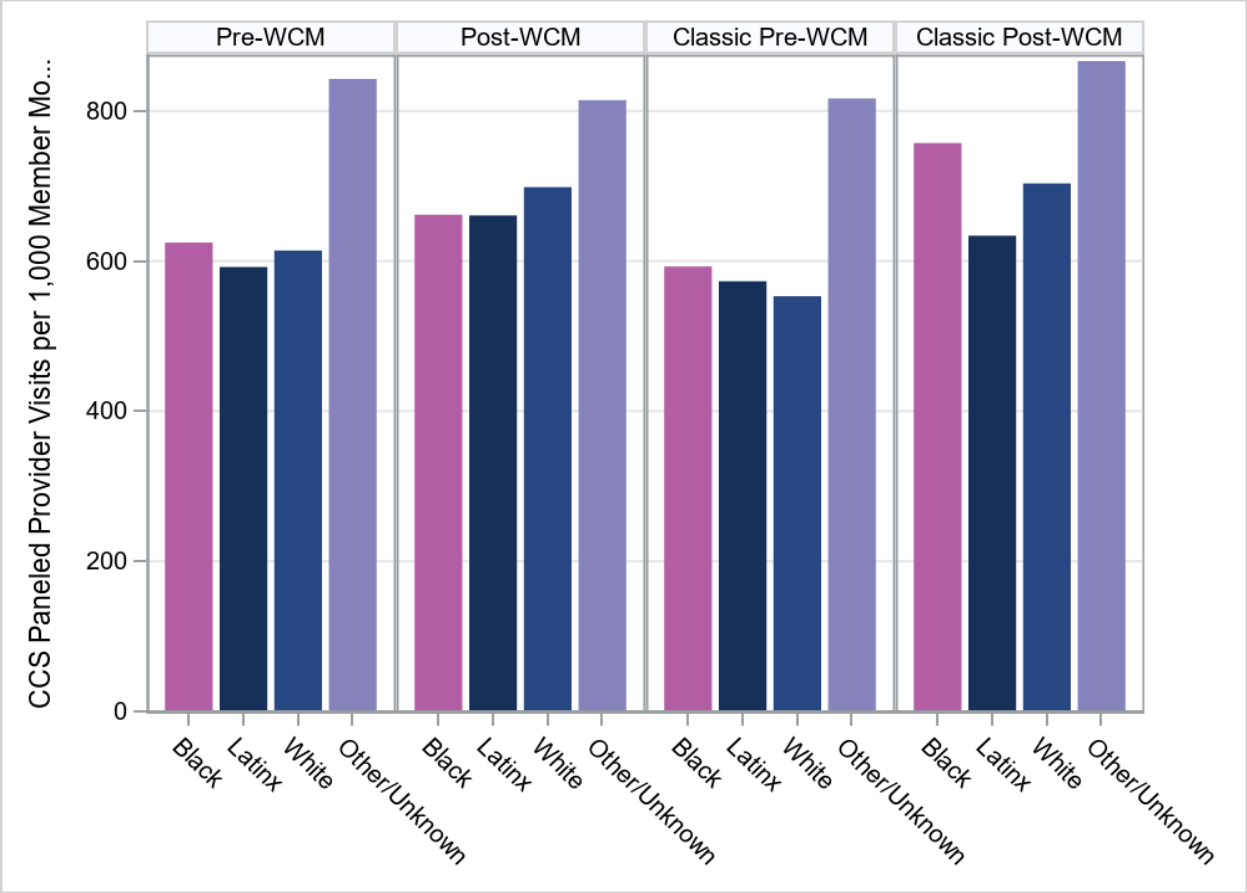


Figure 11. CCS Provider Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

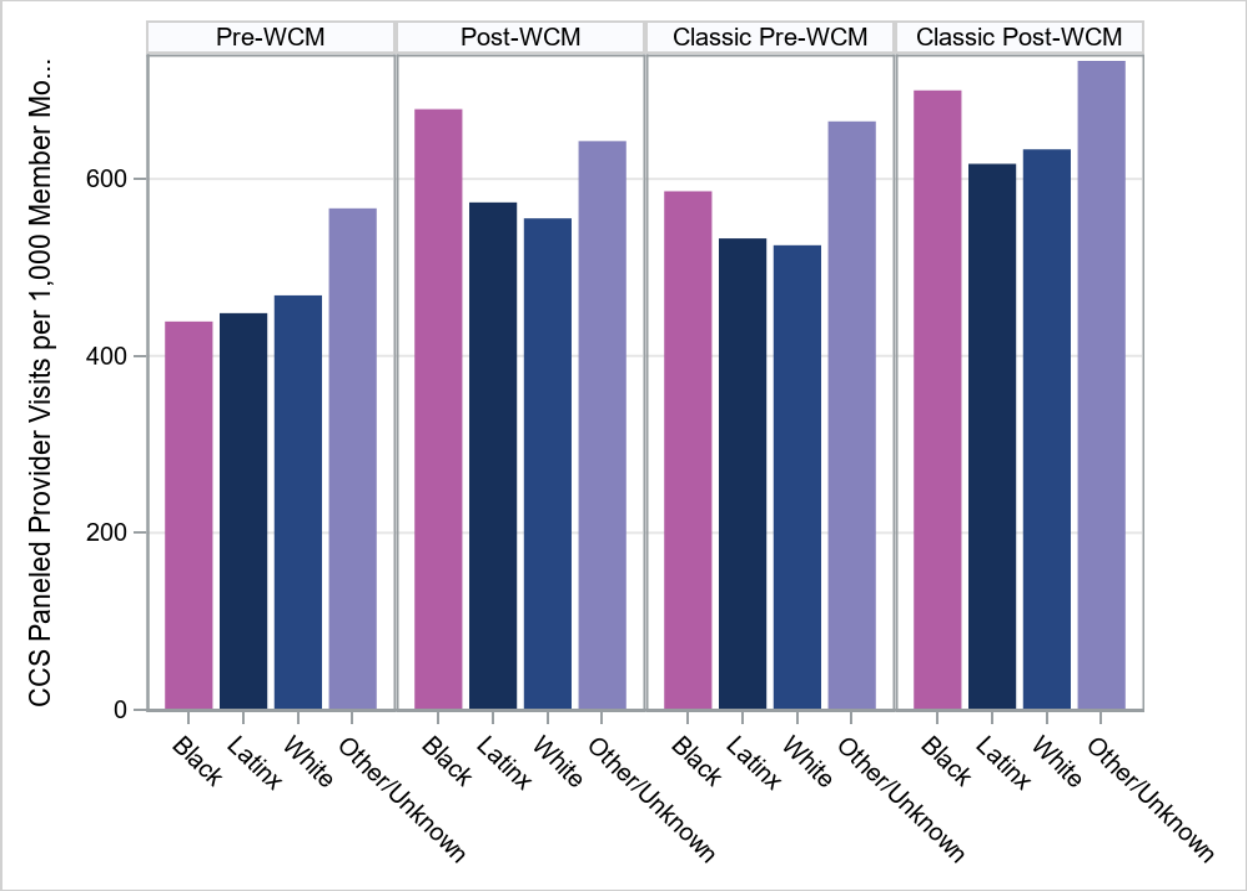
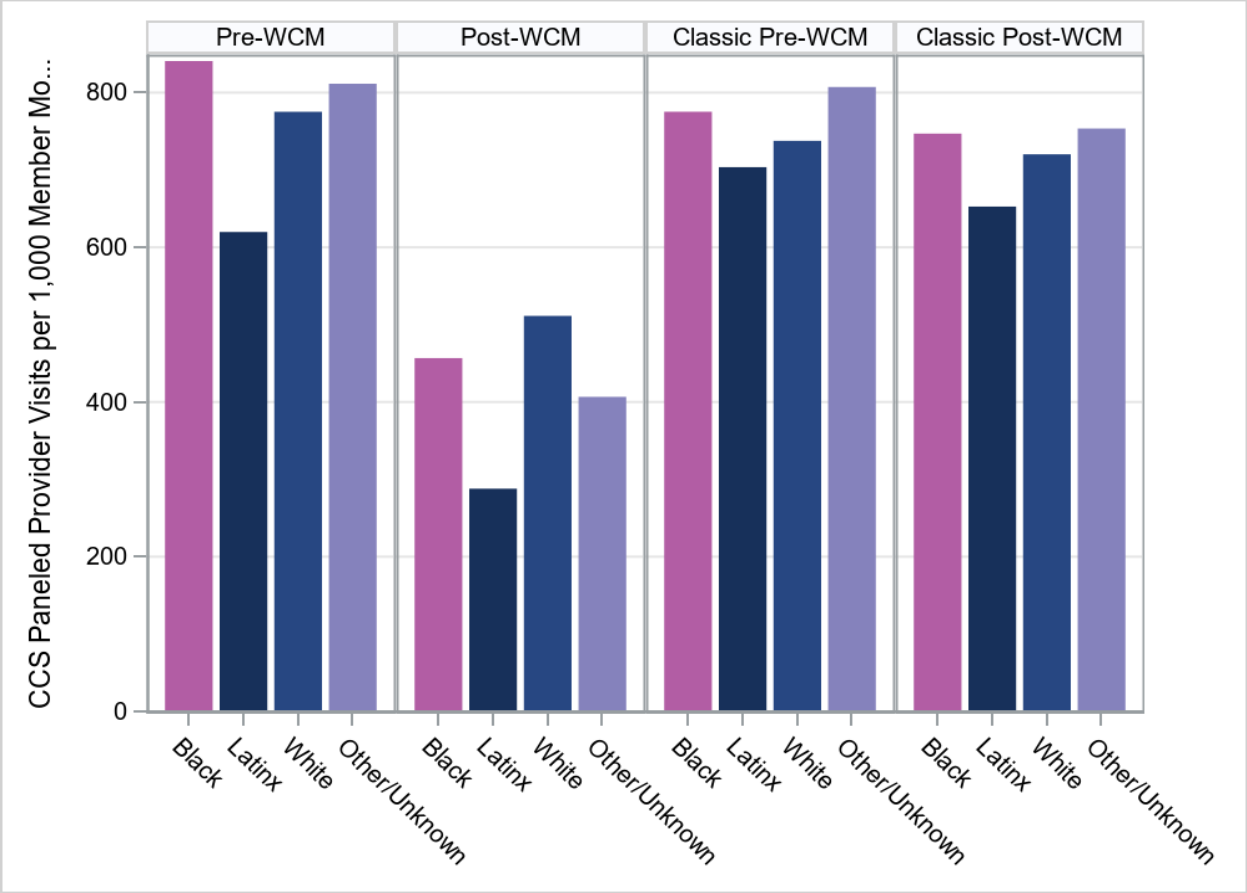


Figure 12. CCS Provider Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



CCS Provider Visits by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. CCS Paneled Provider visits increased in Phase I and Phase II WCM and Classic CCS comparison language groups and the patterns for the WCM groups were mixed and patterns for the Classic CCS groups were consistent. Phase III WCM language groups had marked decreases and the pattern was mixed. The Phase III Classic CCS comparison language groups had decreases and the pattern was consistent.

Figure 13. CCS Provider Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

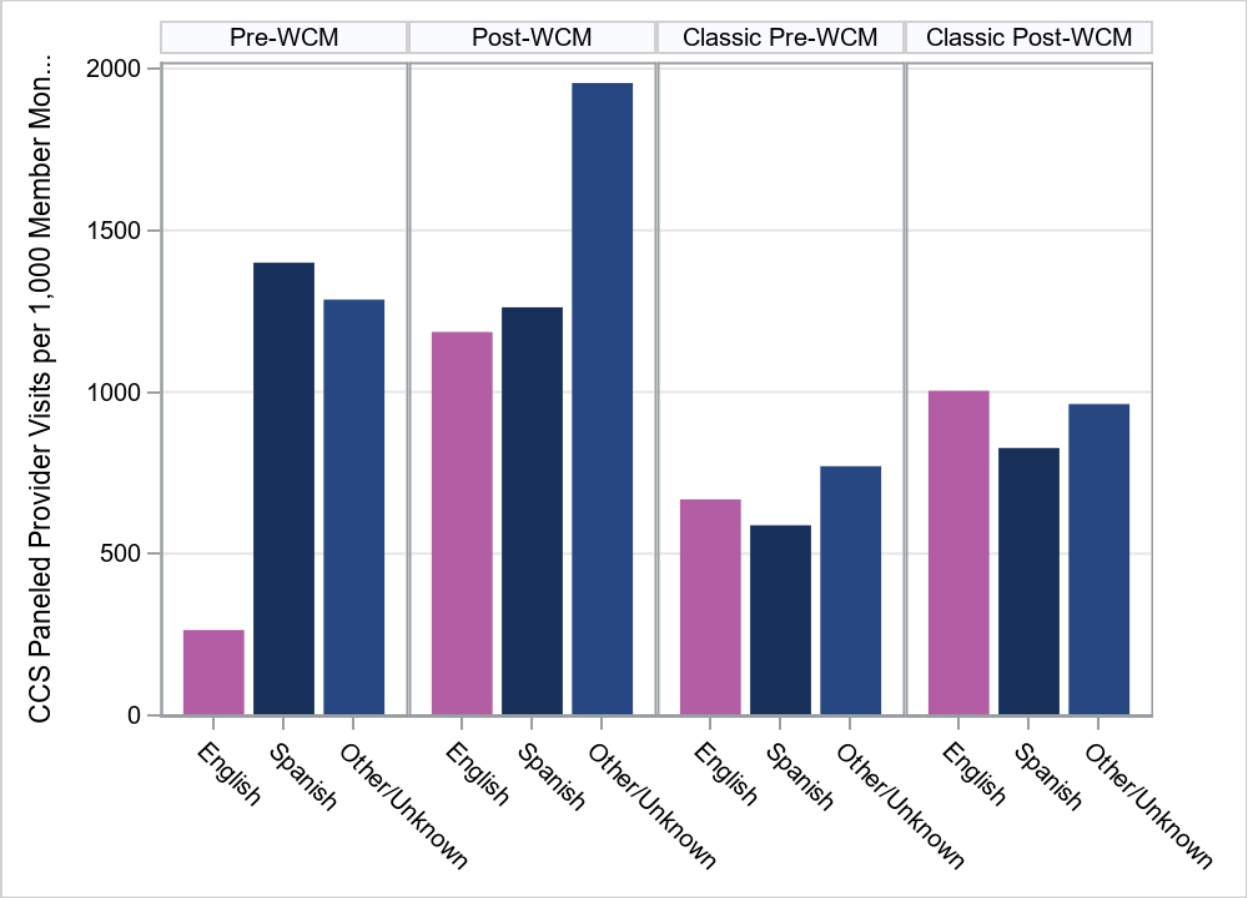


Figure 14. CCS Provider Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

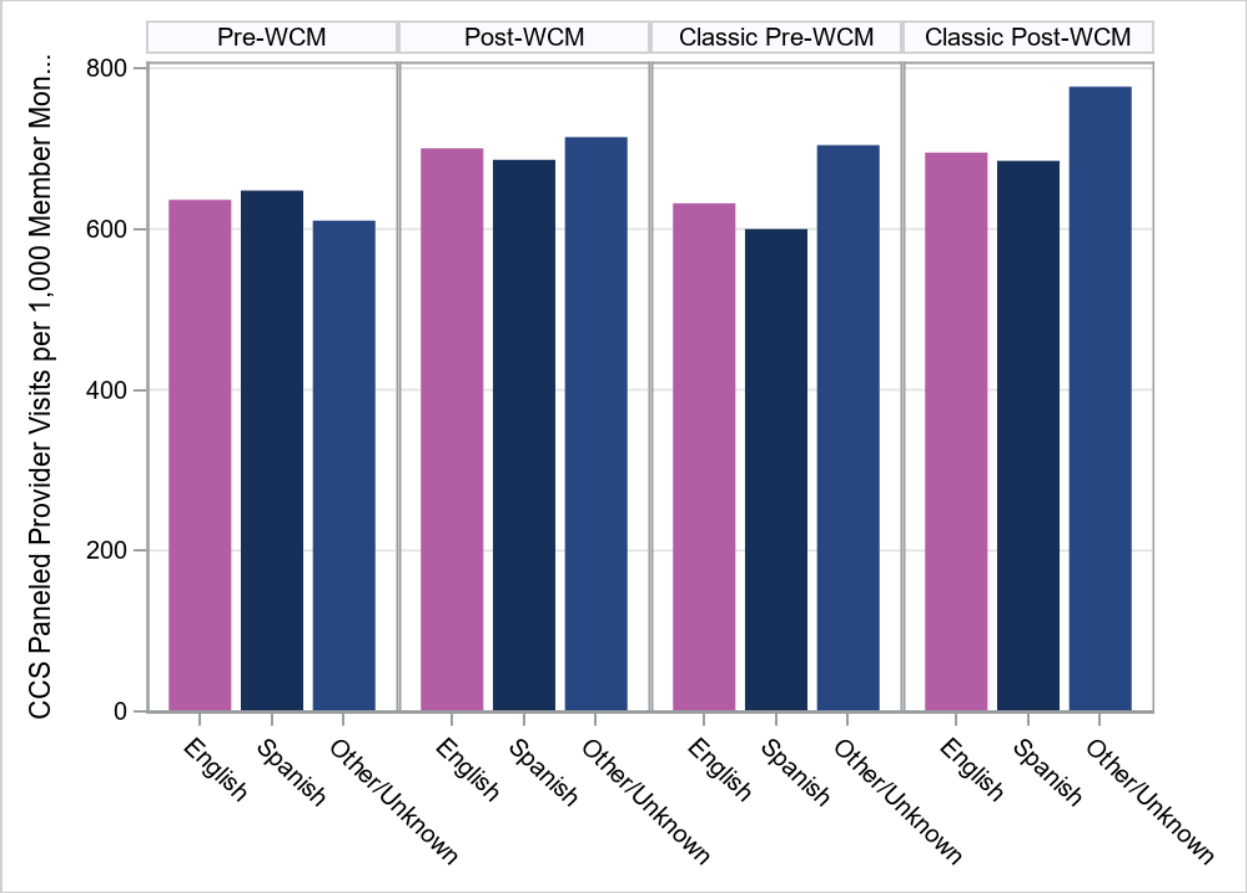


Figure 15. CCS Provider Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

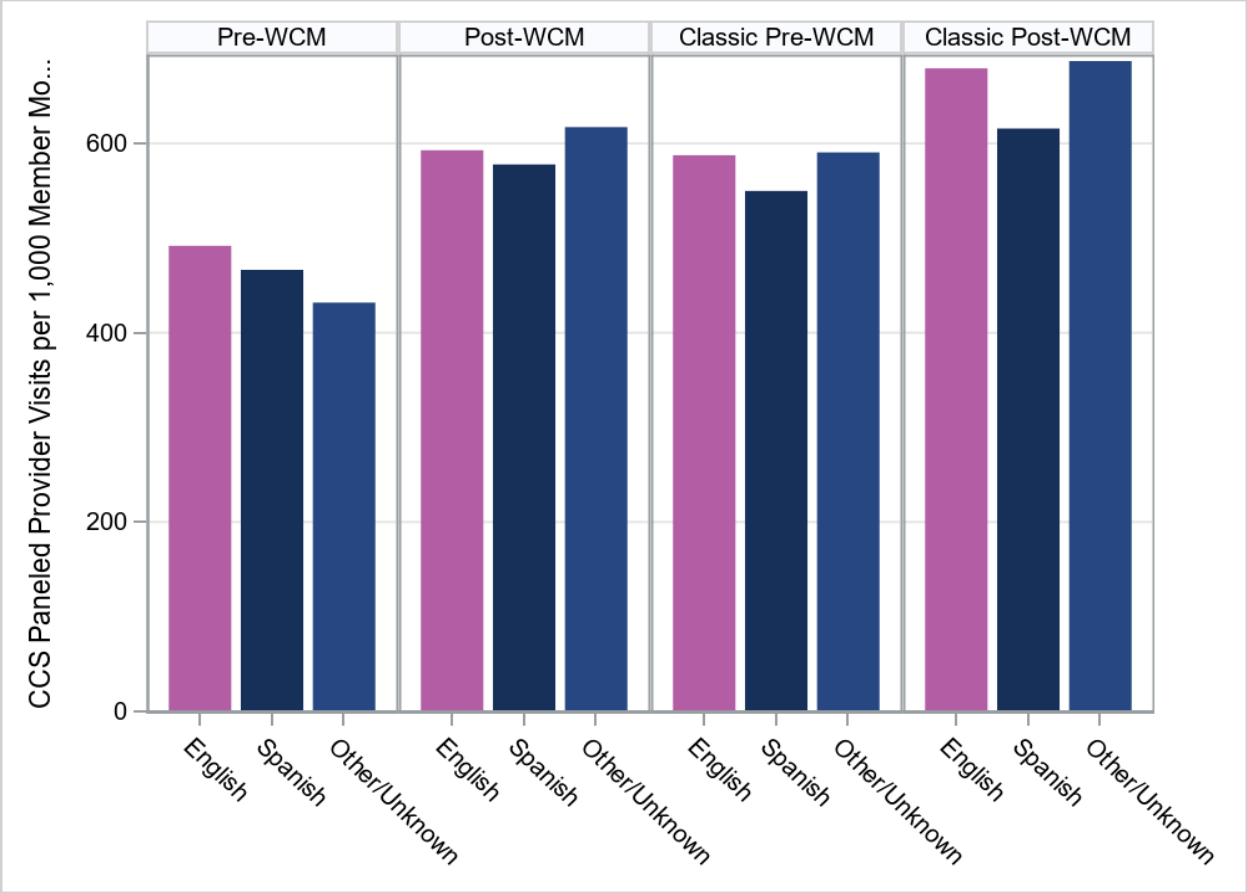
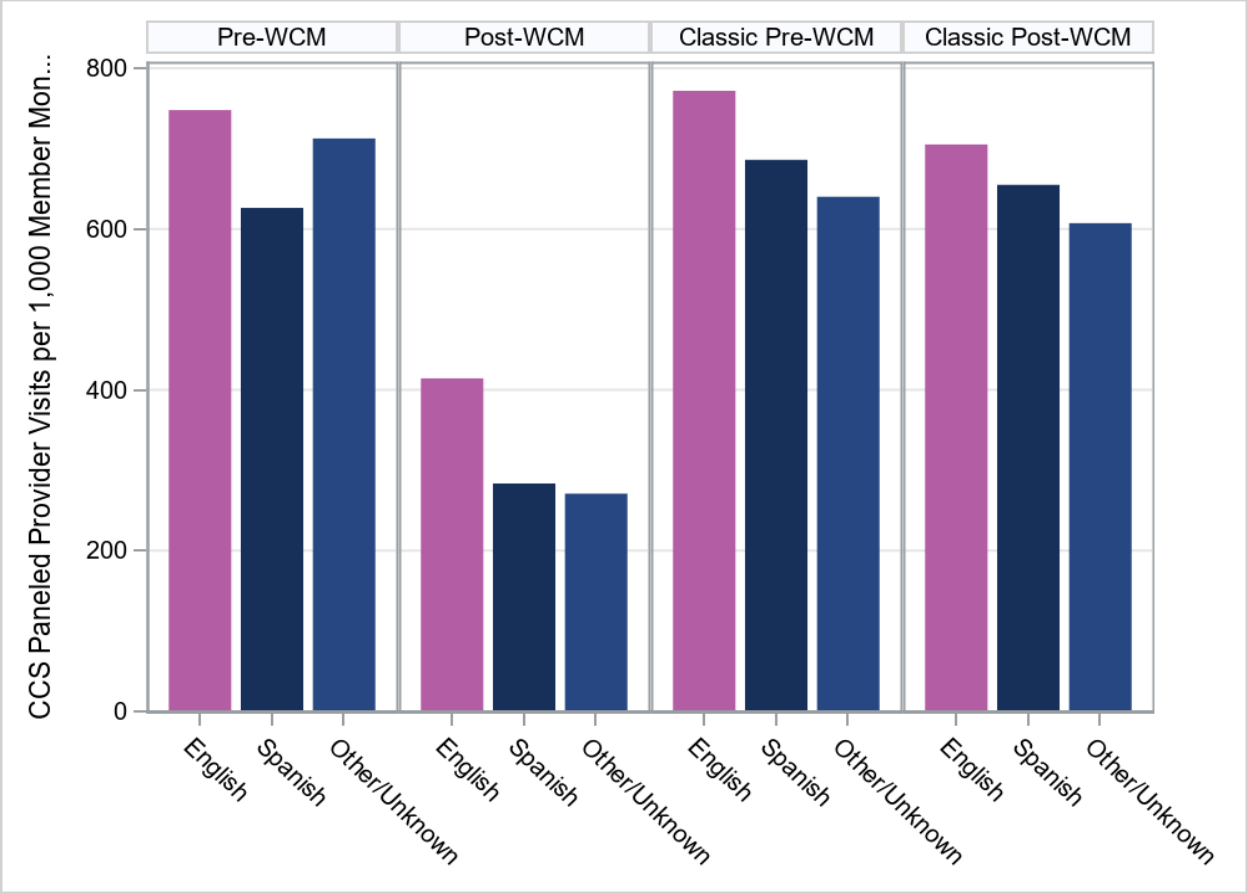


Figure 16. CCS Provider Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Durable Medical Equipment (DME) by Race/Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. DME claims in the Phase I WCM increased except for little or no change in the Other/Unknown racial/ethnic group and the pattern was mixed. Phase I Classic CCS comparison groups all increased, and the pattern was mixed. Phase II WCM and Classic CCS comparison groups all increased. The pattern was consistent in the WCM and the pattern was mixed in the Classic CCS group. Phase III WCM had claims increases in all groups except for a marked decrease in the Black group and the pattern was mixed. The Phase III Classic CCS comparison groups all increased, and the pattern was consistent.

Figure 17. Durable Medical Equipment Claims per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

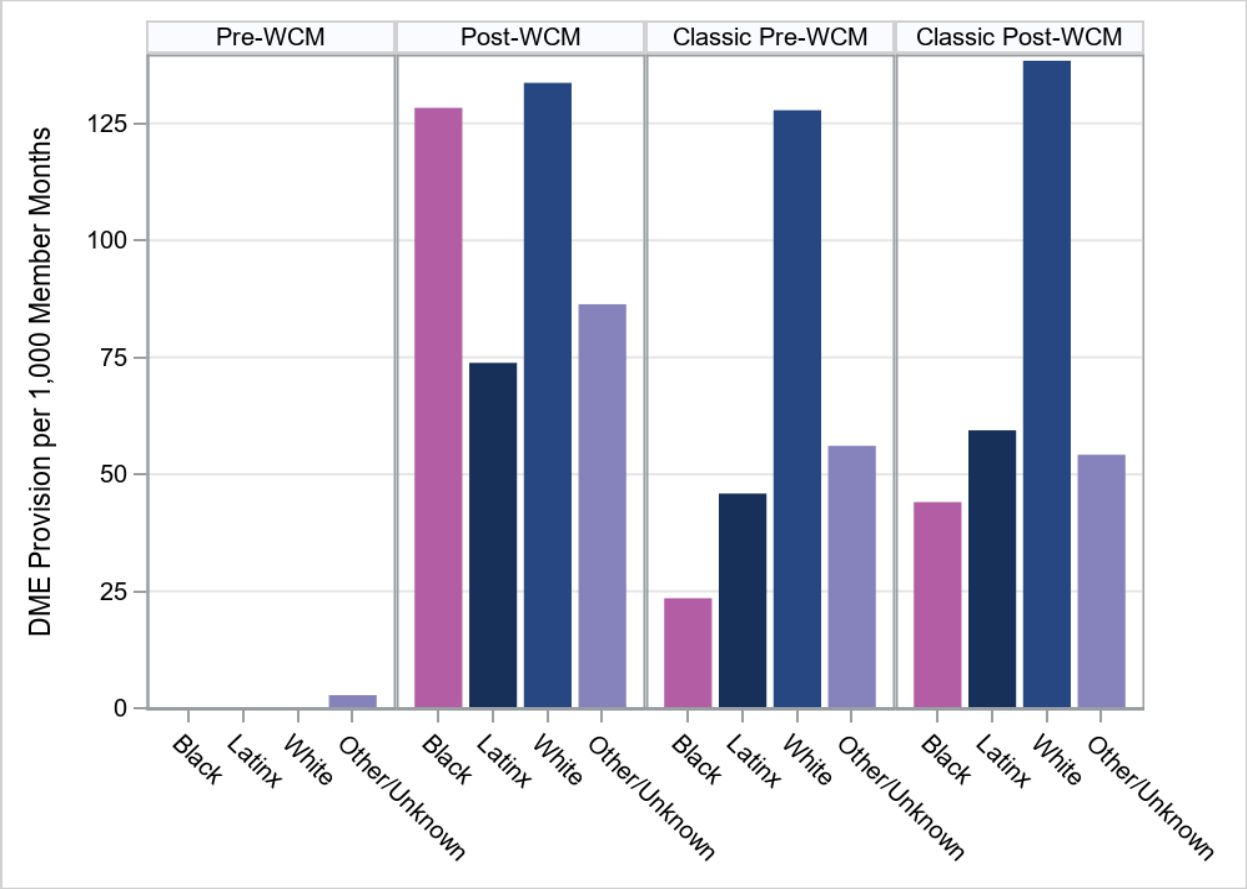


Figure 18. Durable Medical Equipment Claims per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

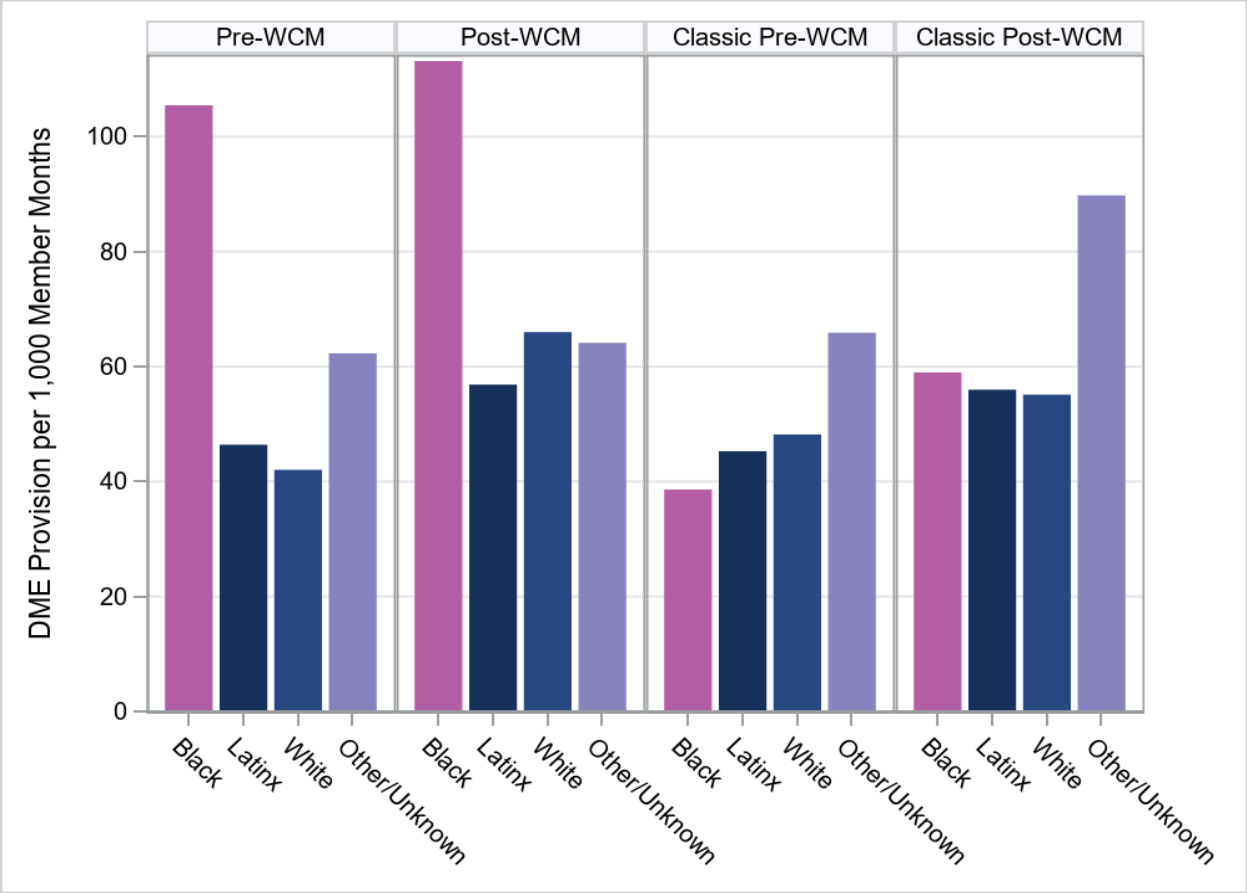


Figure 19. Durable Medical Equipment Claims per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

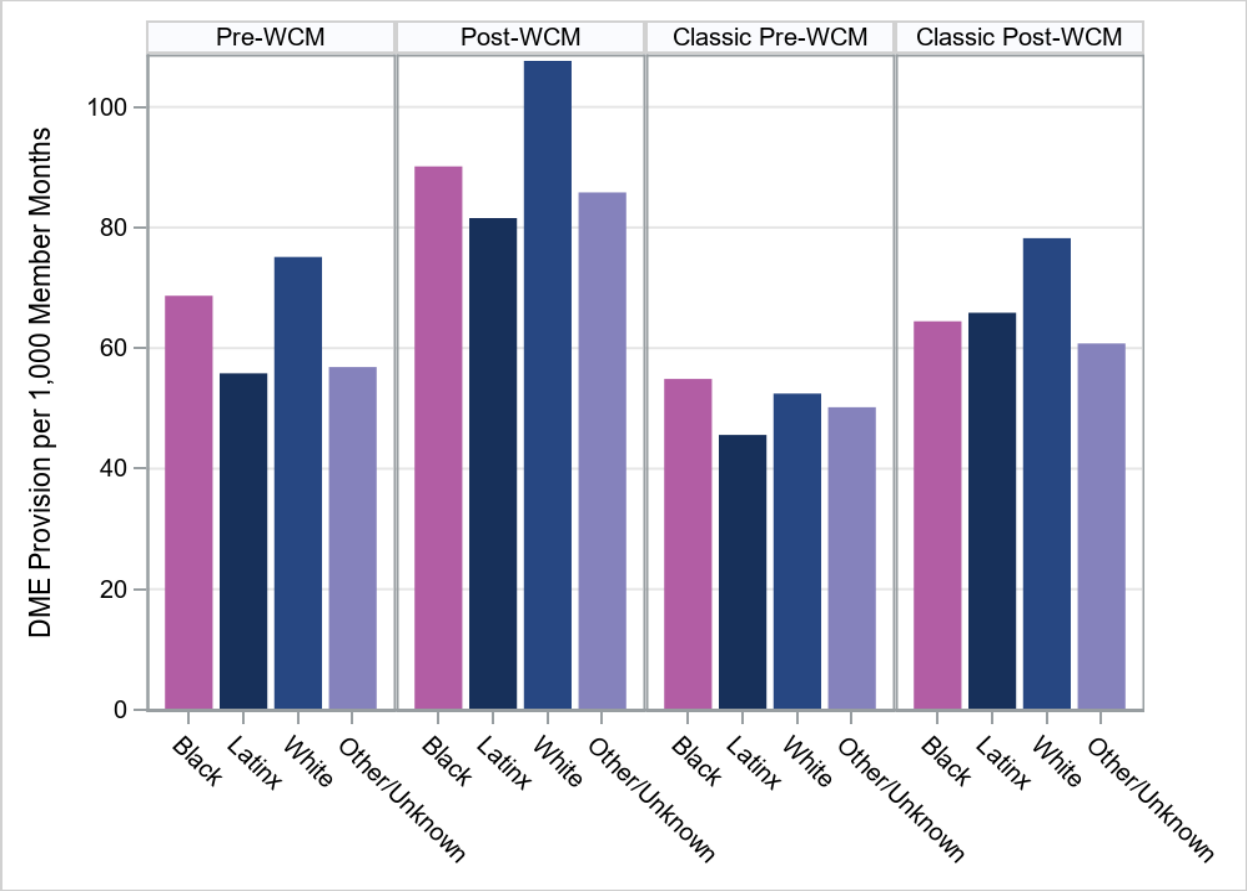
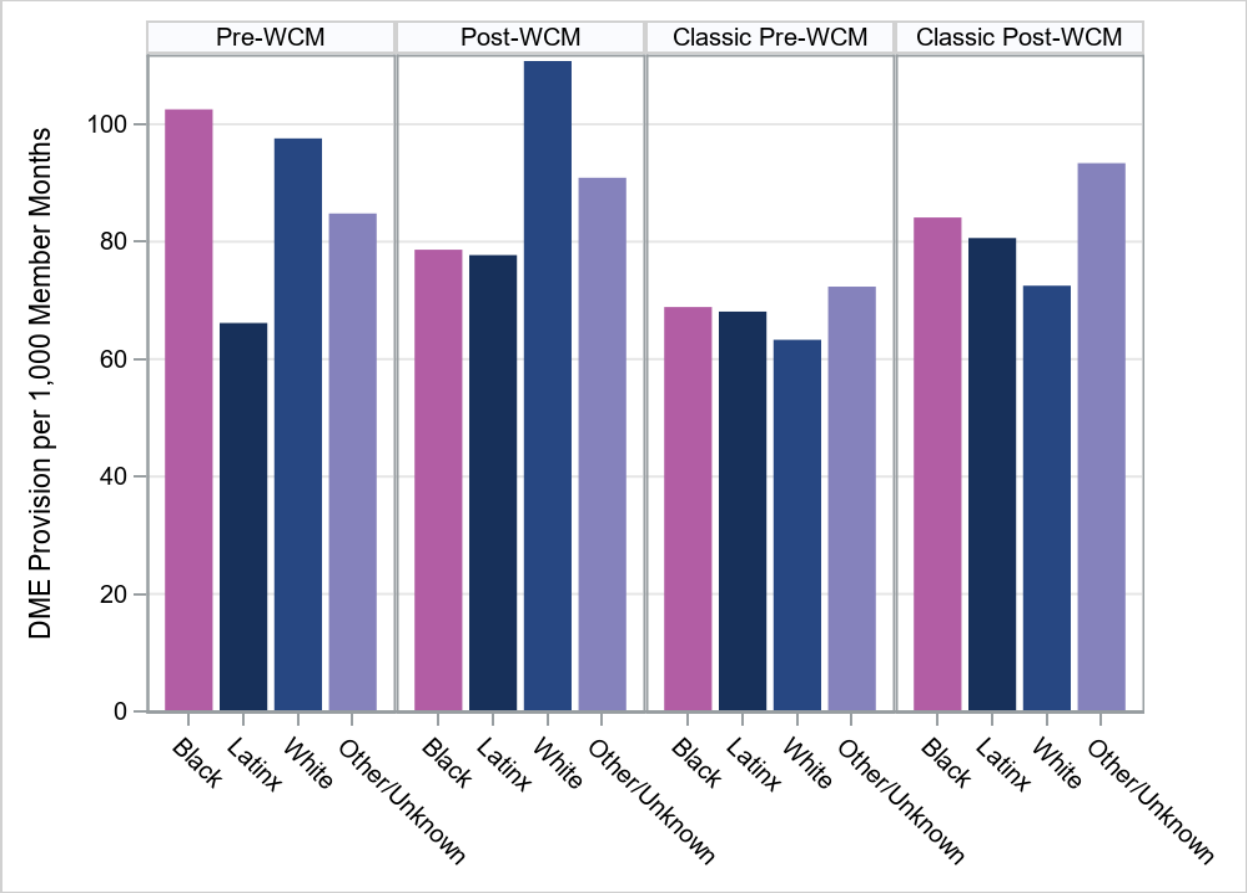


Figure 20. Durable Medical Equipment Claims per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Durable Medical Equipment (DME) by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. DME claims for Phase I WCM and Classic CCS comparison groups all increased, and their patterns were similar. Phase II WCM had increased claims in the English and Spanish groups, little or no change in the Other/Unknown language group, and the pattern was mixed. The Phase II Classic CCS comparison groups all increased, and the pattern was consistent. Phase III WCM had an increase in the English group, little or no change in the Spanish and Other/Unknown groups, and the pattern was consistent. The Phase III Classic CCS comparison groups all had increases in DME claims and the pattern was consistent

Figure 21. Durable Medical Equipment Claims per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

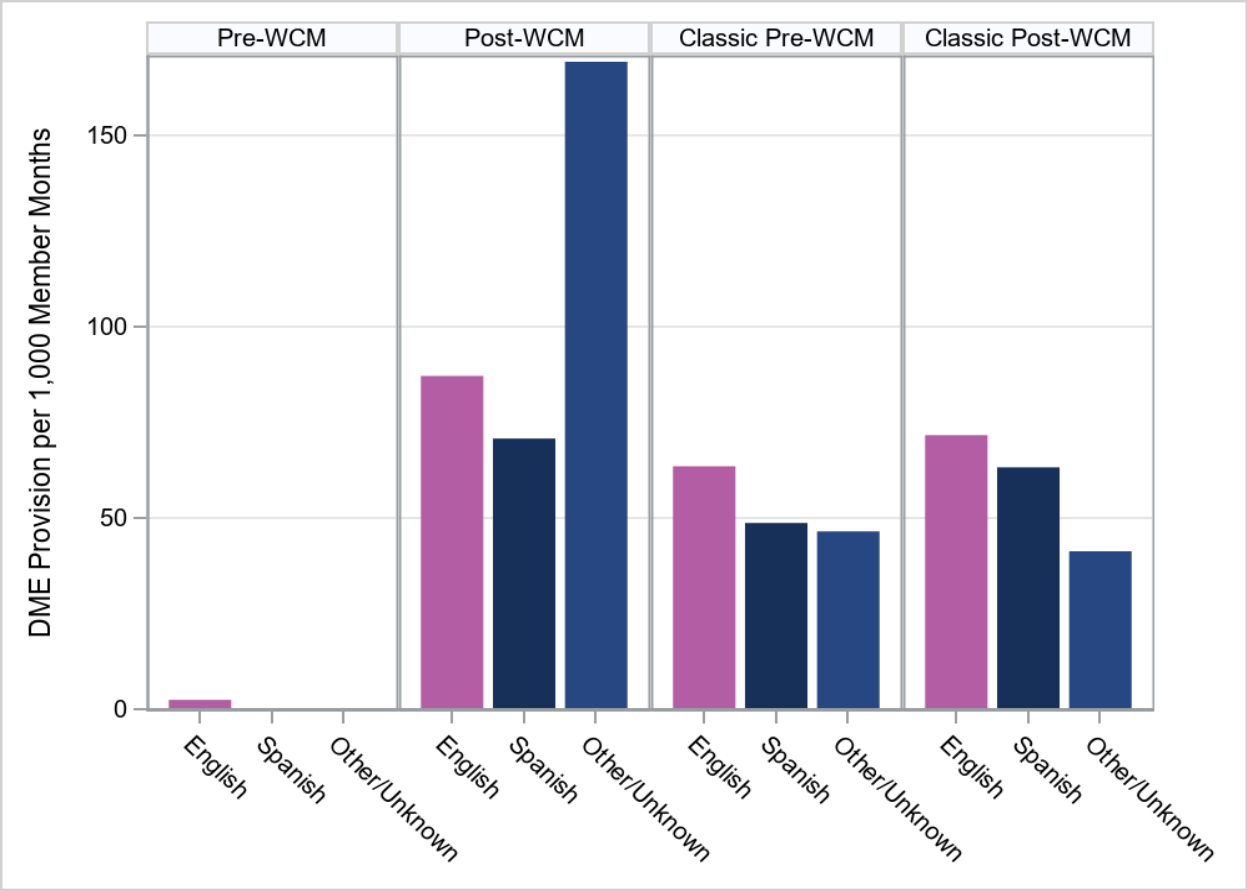


Figure 22. Durable Medical Equipment Claims per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods

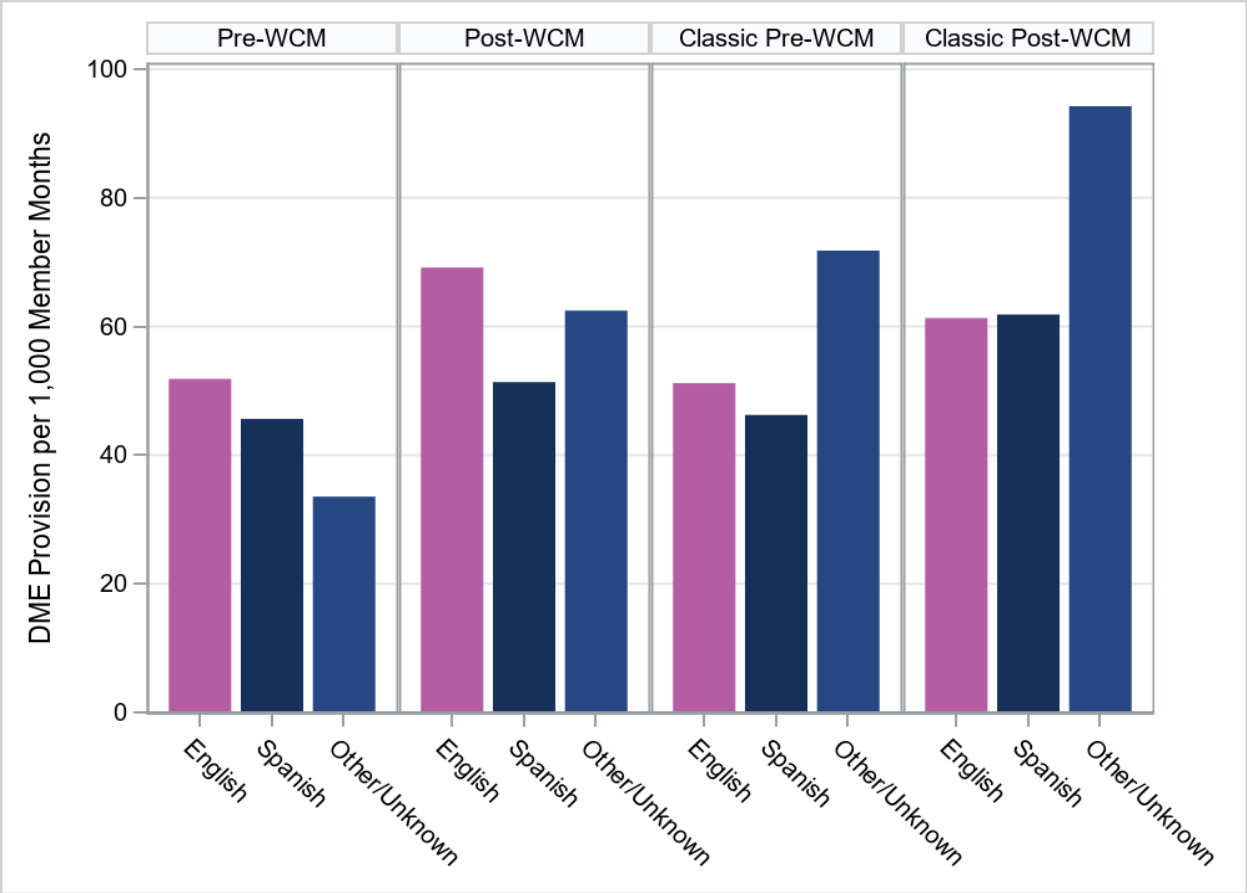


Figure 23. Durable Medical Equipment Claims per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods

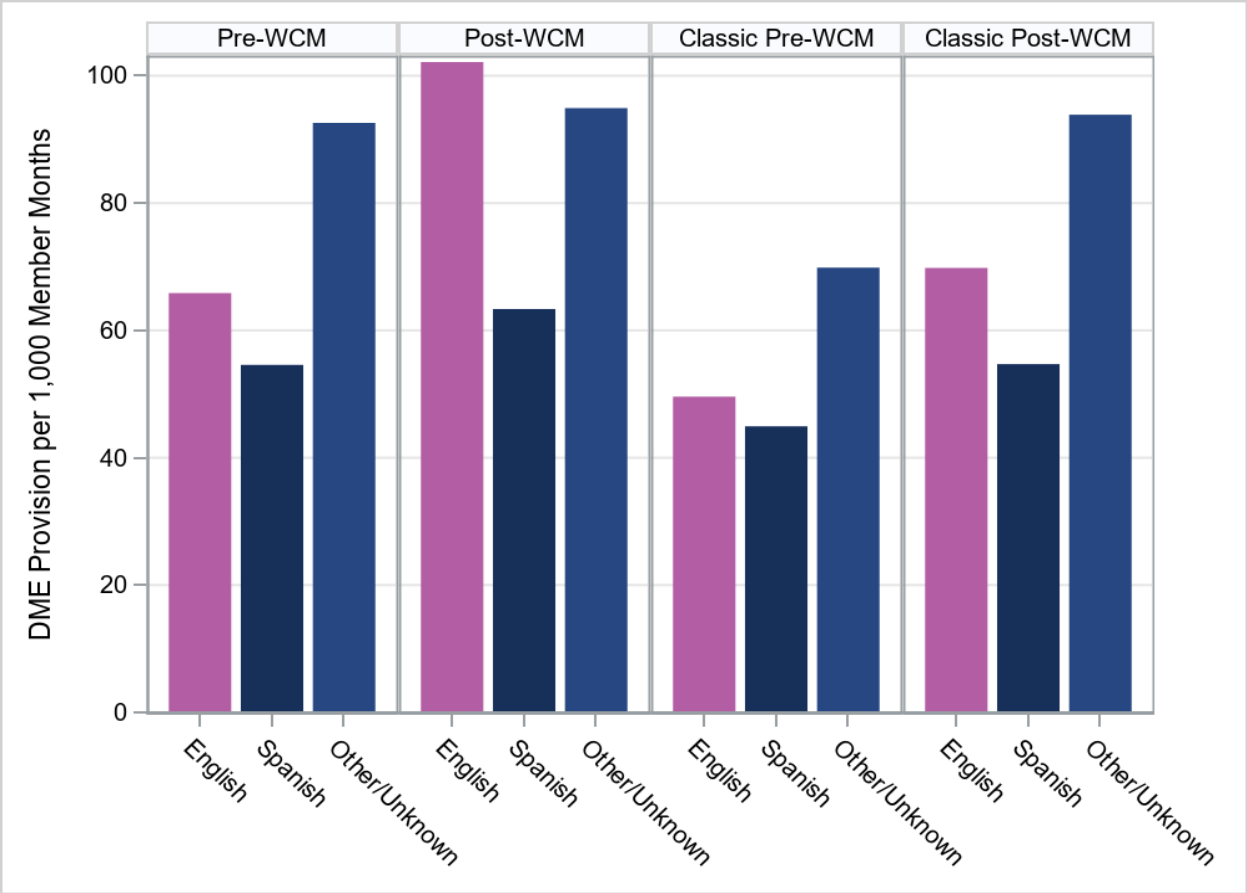
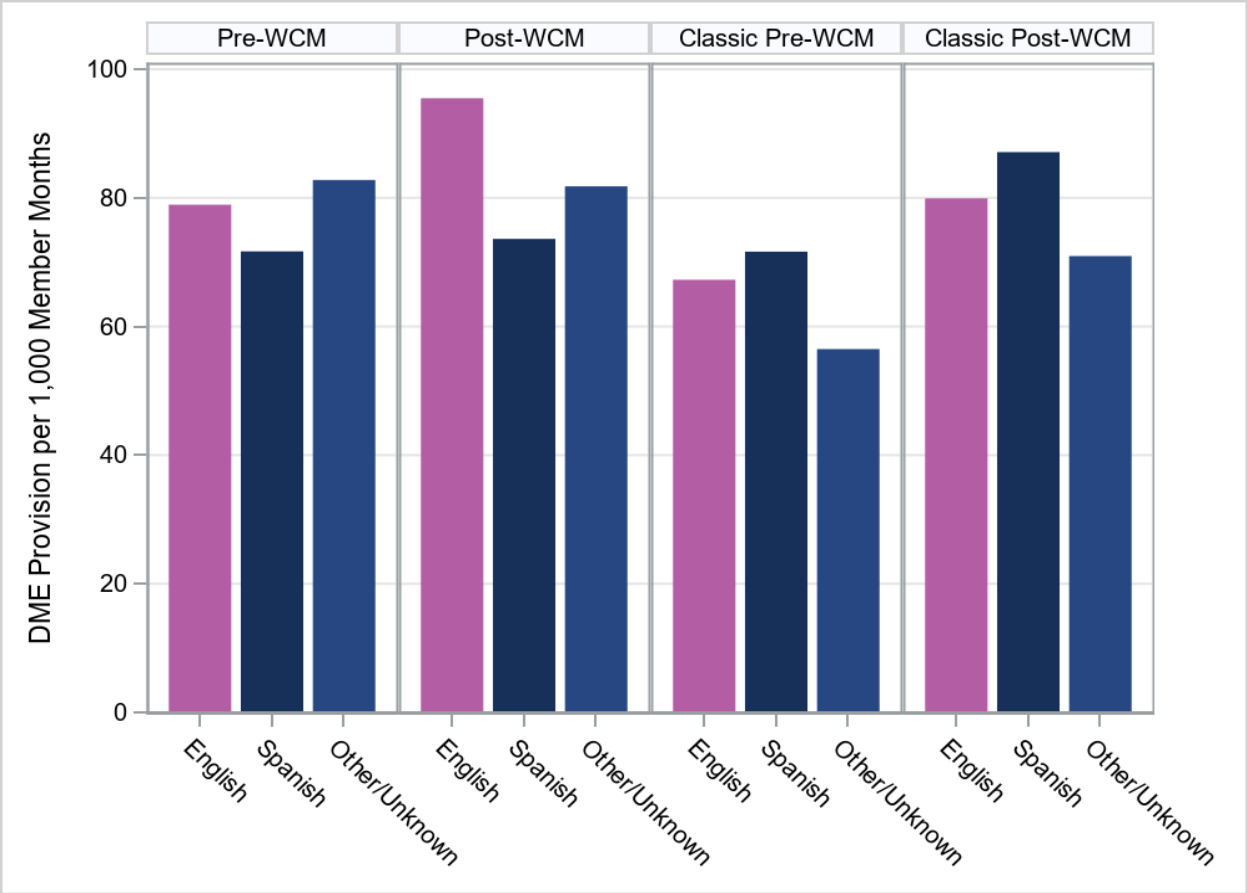


Figure 24. Durable Medical Equipment Claims per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods



Emergency Department (ED) Visits by Race/Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. ED visits in Phases I, II, and III WCM and Classic CCS comparison groups decreased for all of the racial/ethnic groups and pattern were consistent. Patterns were consistent for Phase I groups, similar for Phase II groups, and similar for the Phase III WCM group and consistent for Phase III Classic CCS comparison groups.

Figure 25. Emergency Department (ED) Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

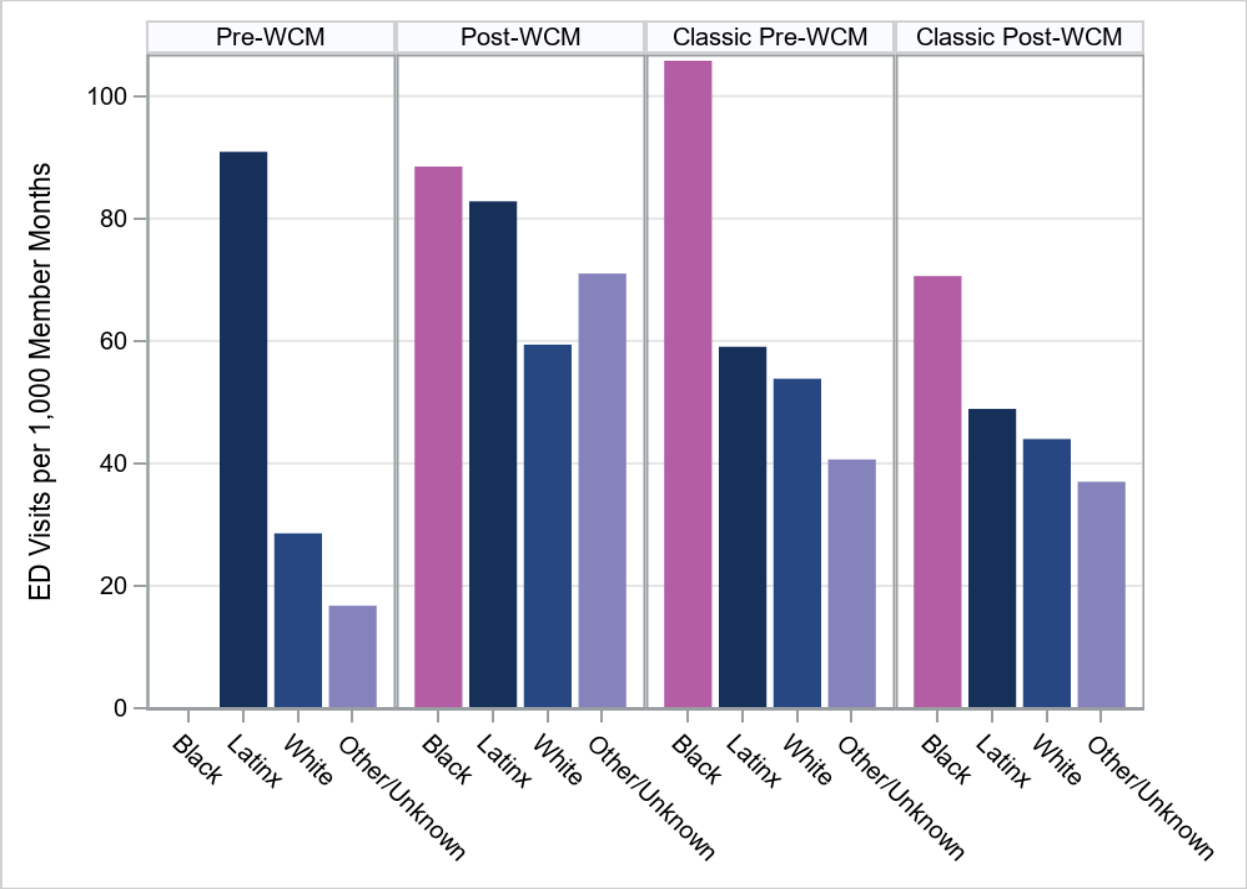


Figure 26. Emergency Department (ED) Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

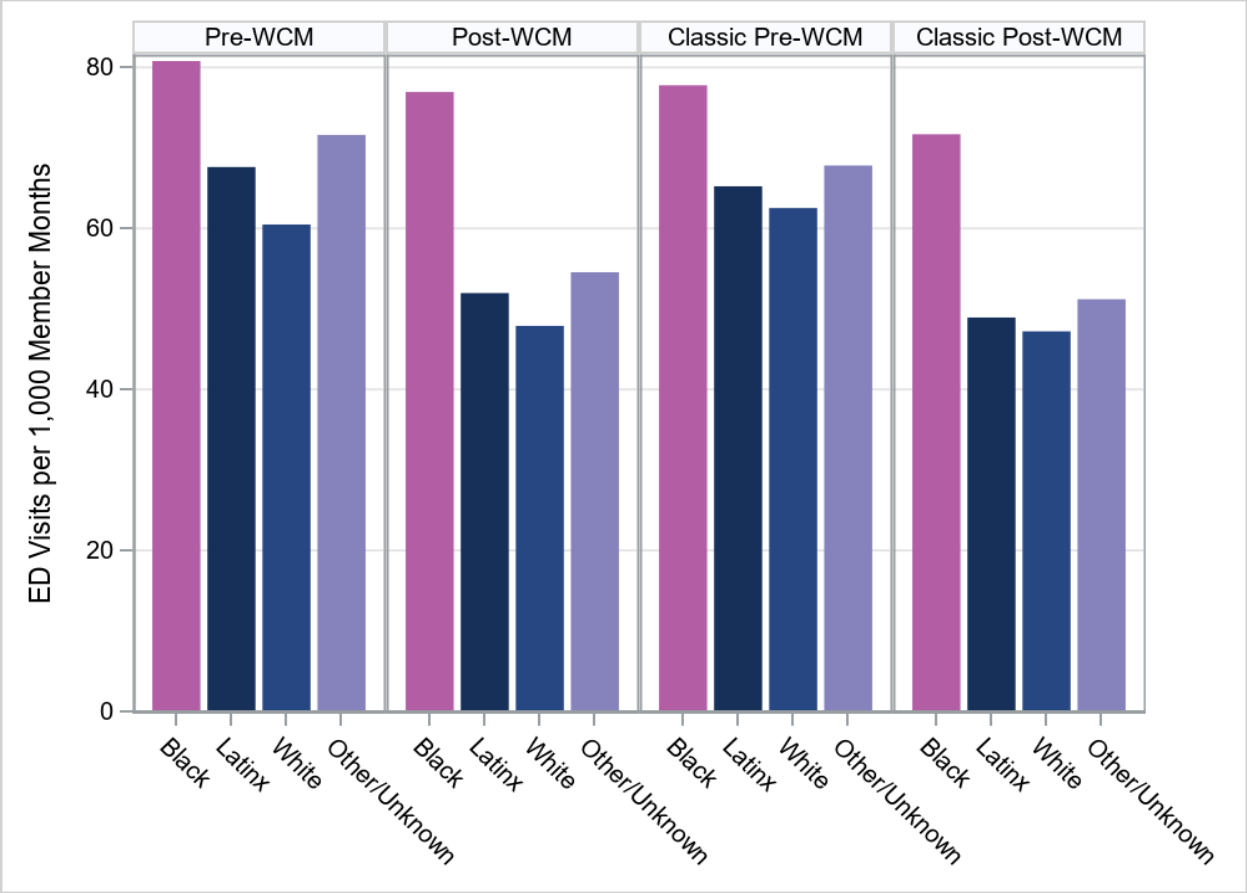


Figure 27. Emergency Department (ED) Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

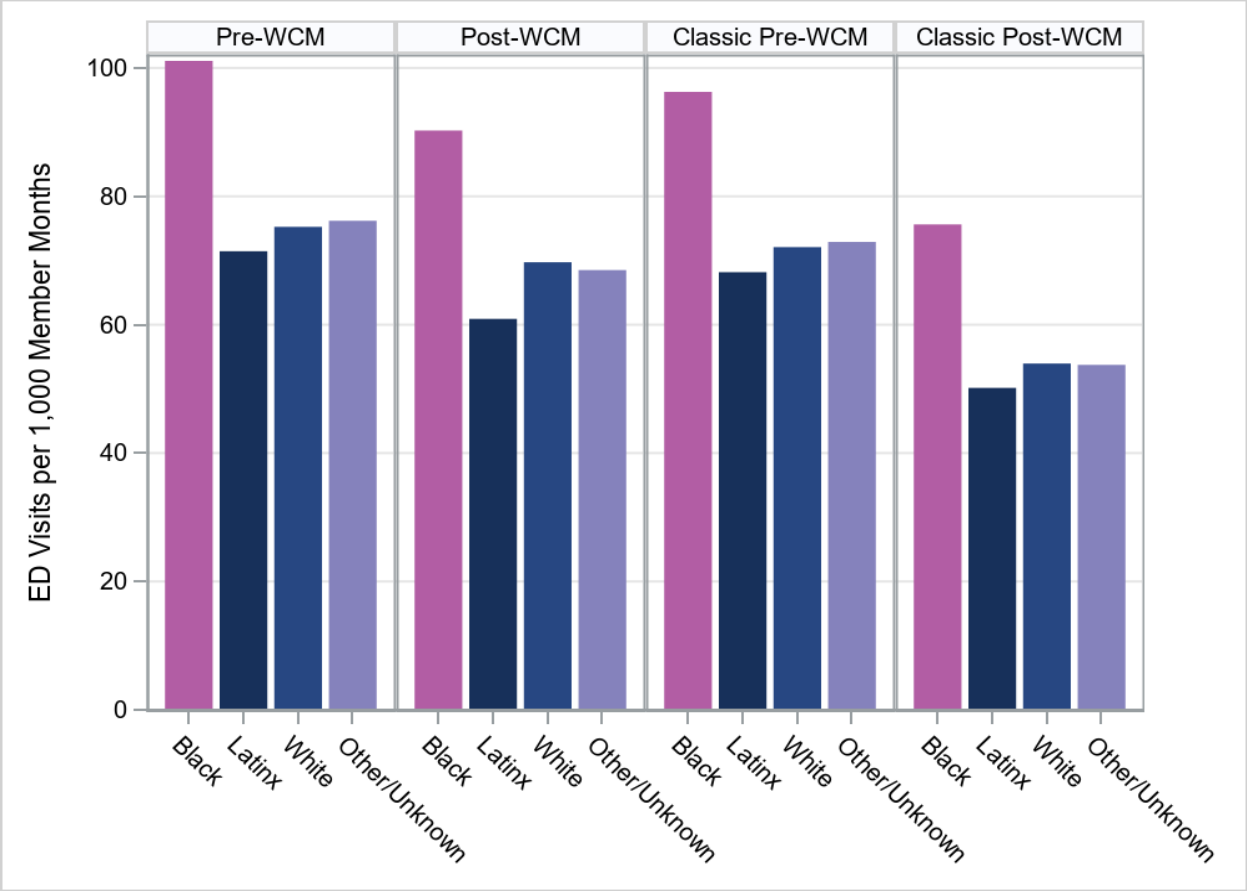
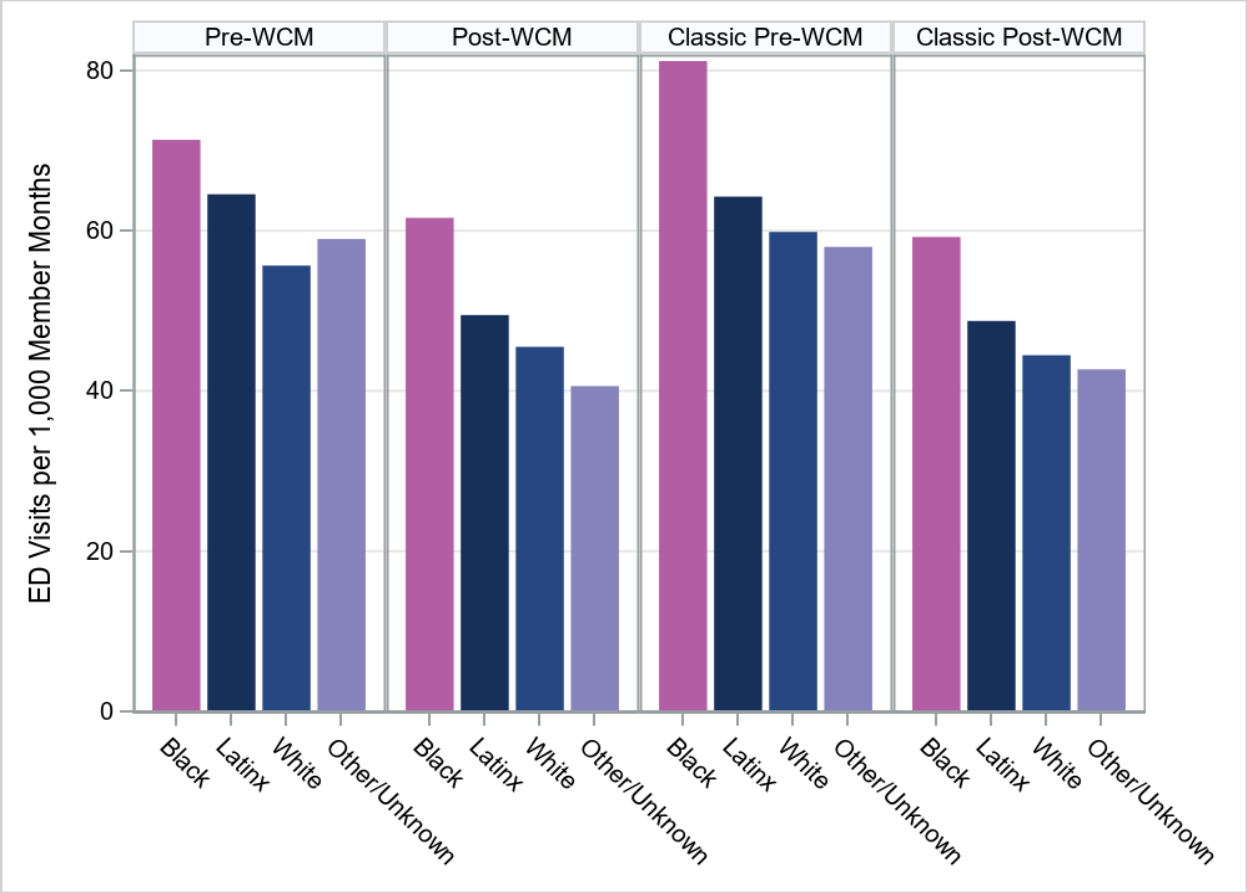


Figure 28. Emergency Department (ED) Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Emergency Department (ED) Visits by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Overall, ED visits for those speaking any language decreased in all WCM and their respective Classic CCS comparison study groups, with the exception of an increase in the Phase I WCM Other/Unknown language group. All patterns were consistent. All the

Figure 29. Emergency Department (ED) Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

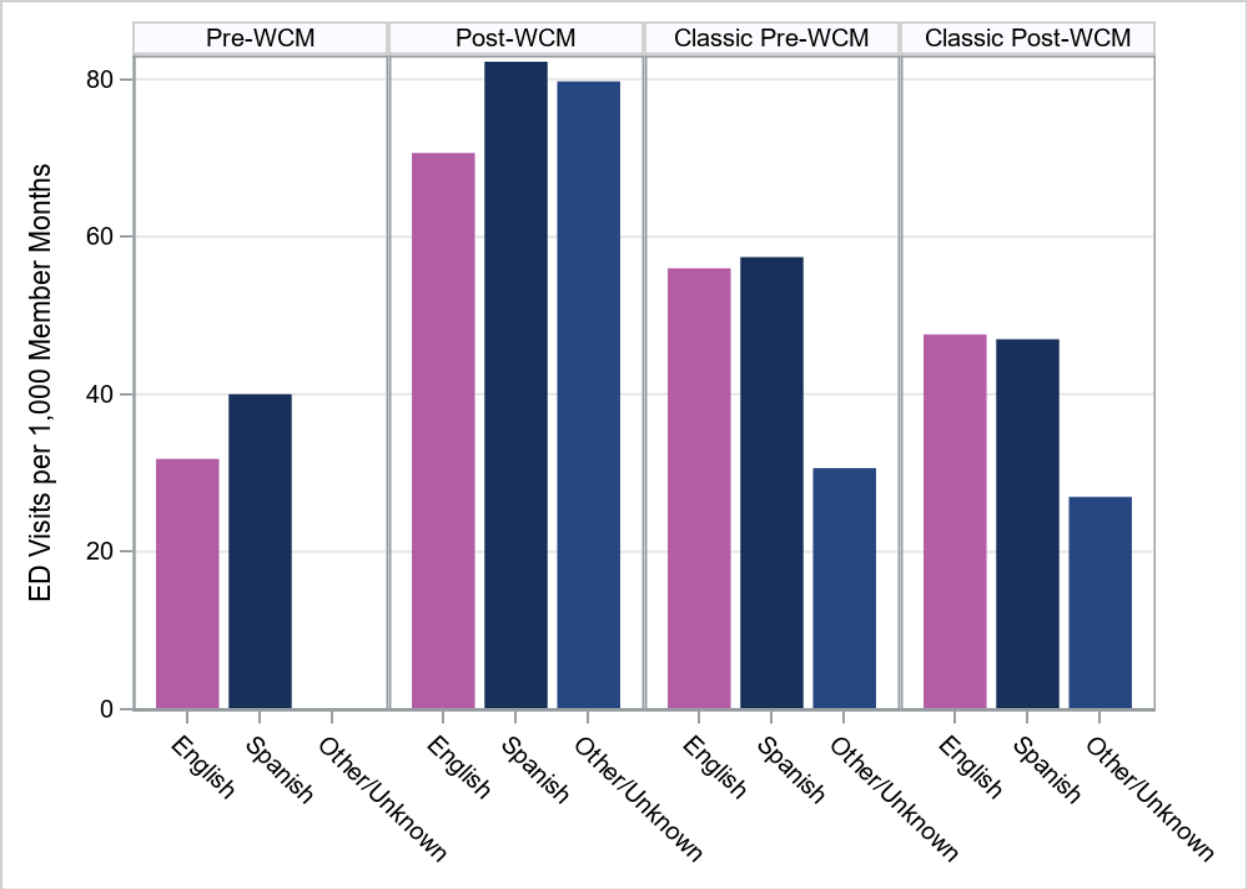


Figure 30. Emergency Department (ED) Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods

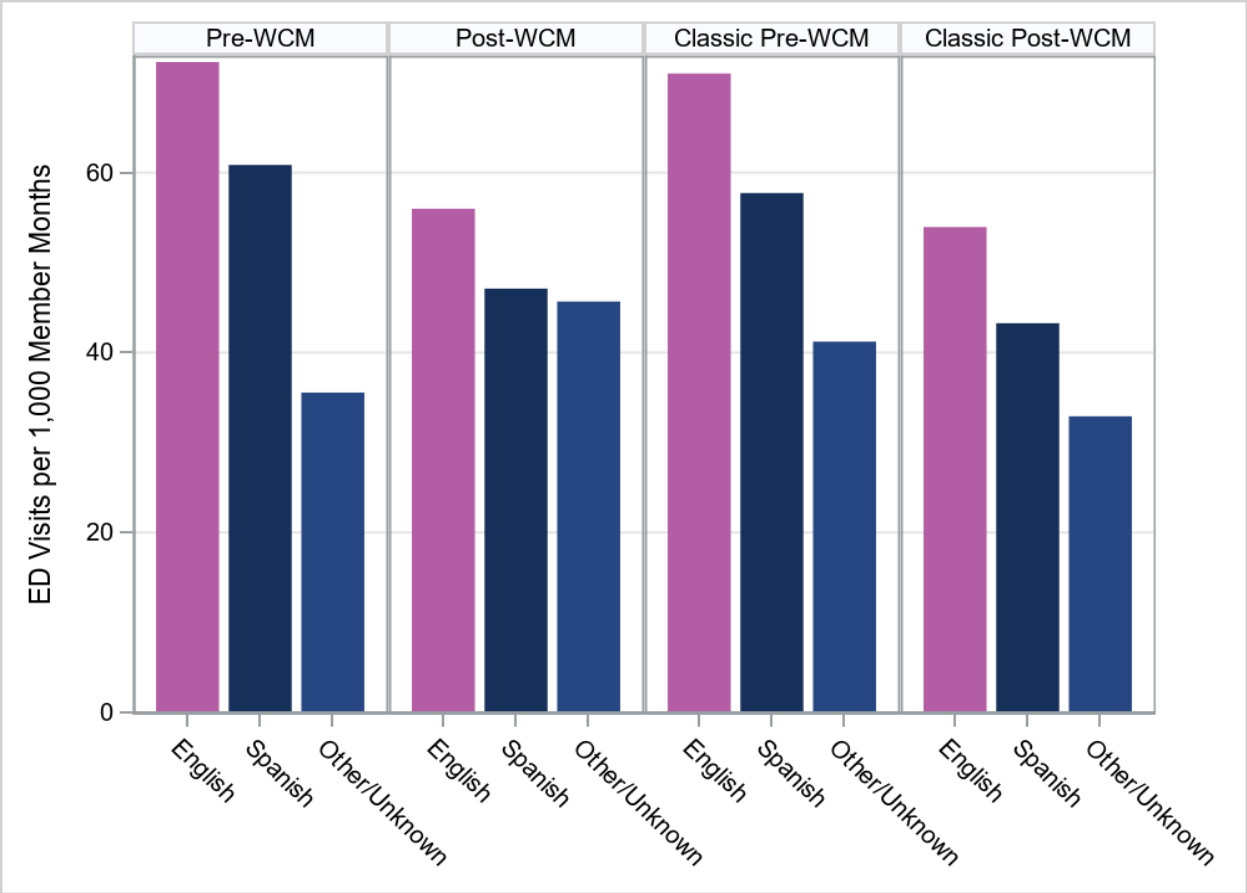


Figure 31. Emergency Department (ED) Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods

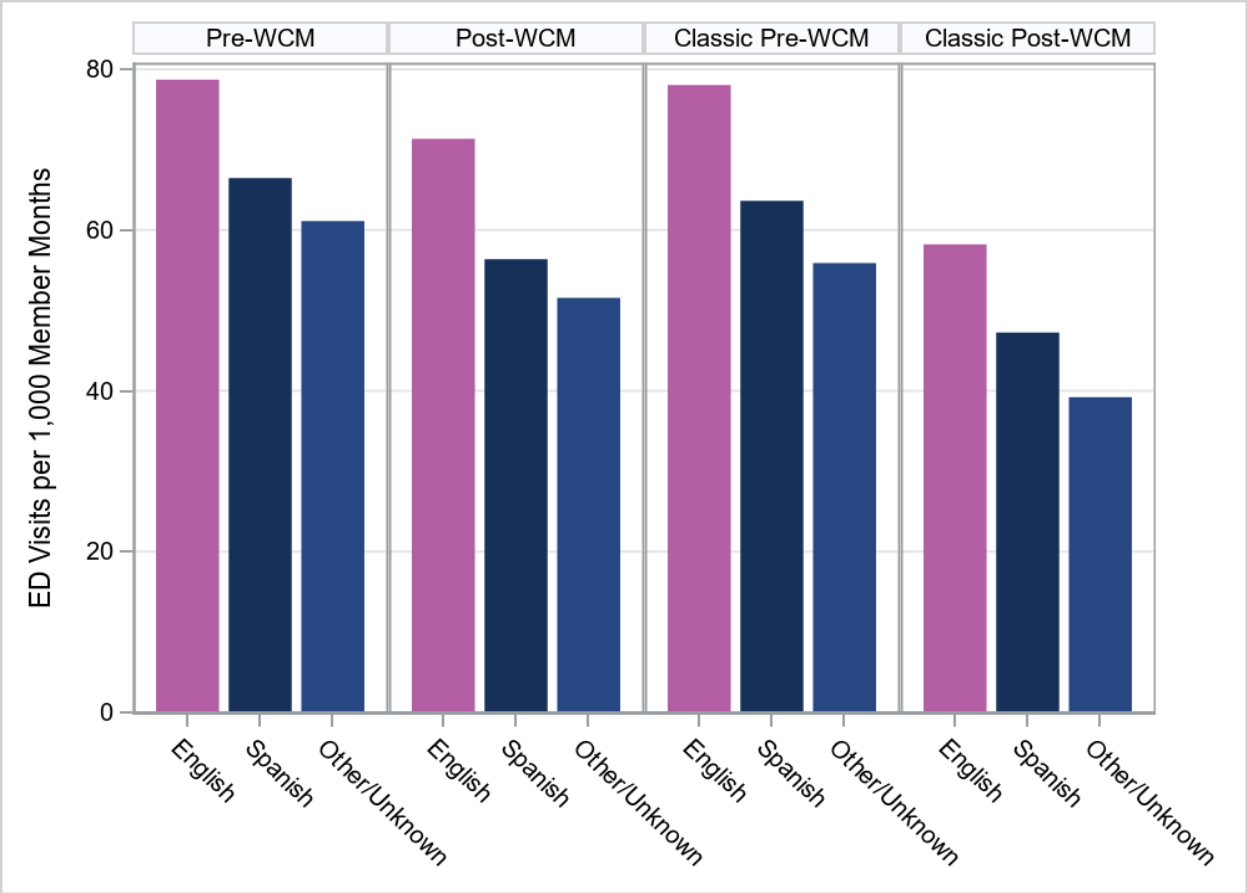


Figure 32. Emergency Department (ED) Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods

Emergency Department (ED) Follow Up Visits (28 day) by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I and Phase III WCM Hospitalization follow-up visits both increased in the Black group, had little or no change in the other racial/ethnic groups, and patterns were mixed. The Phase I and Phase III Classic CCS comparison groups had little or no change in visits, and their patterns were similar. Phase II WCM and Classic CCS comparison groups both had little or no change in their visits and their patterns were similar.

Figure 33. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

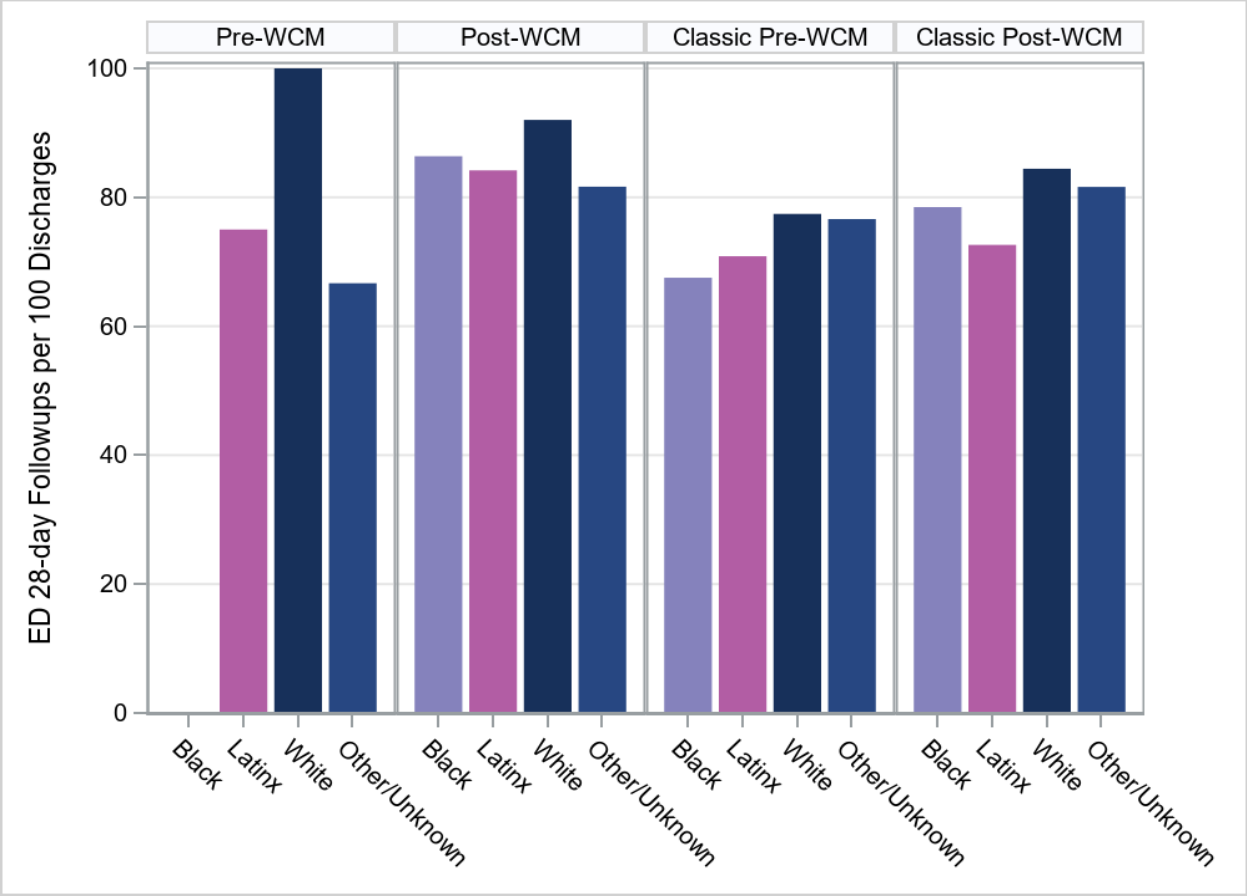


Figure 34. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

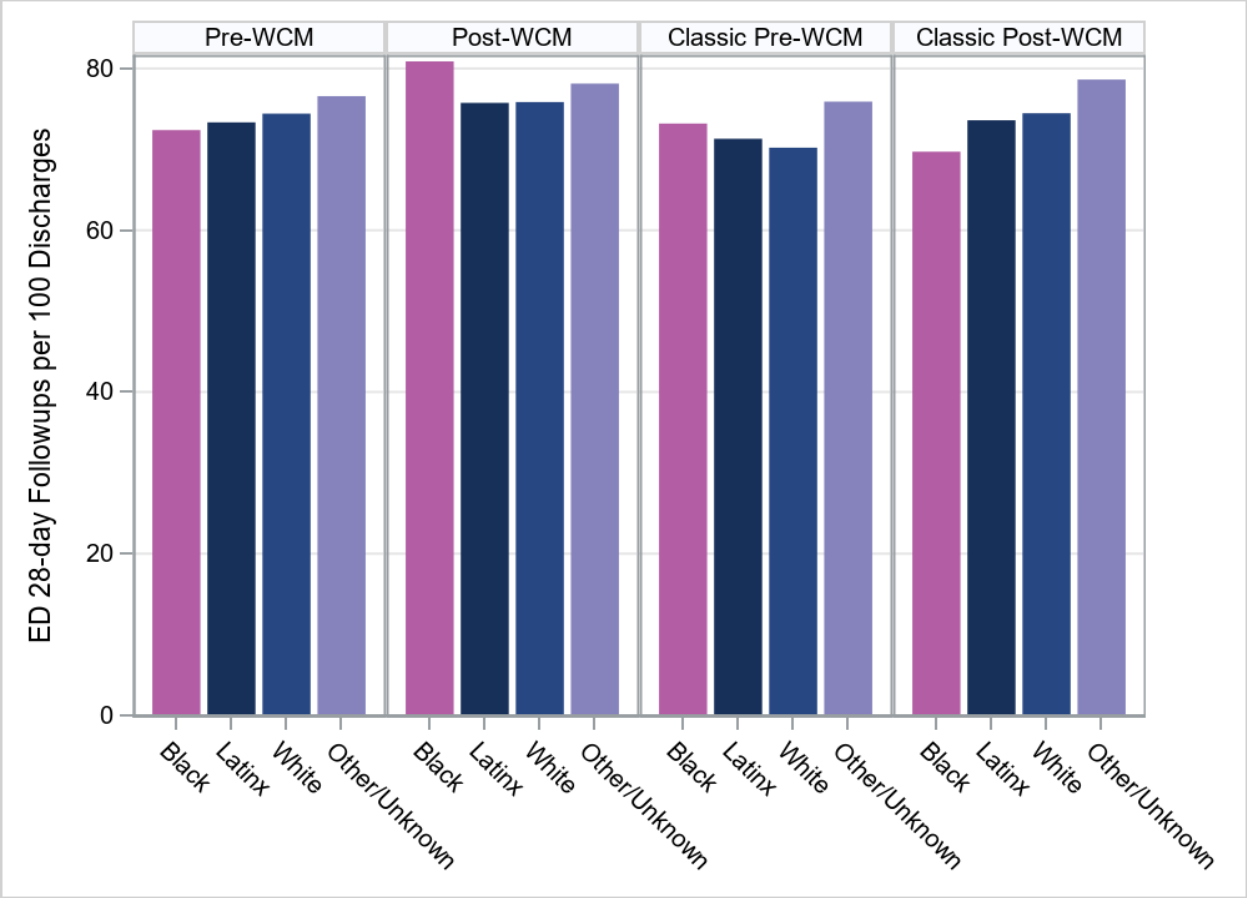


Figure 35. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

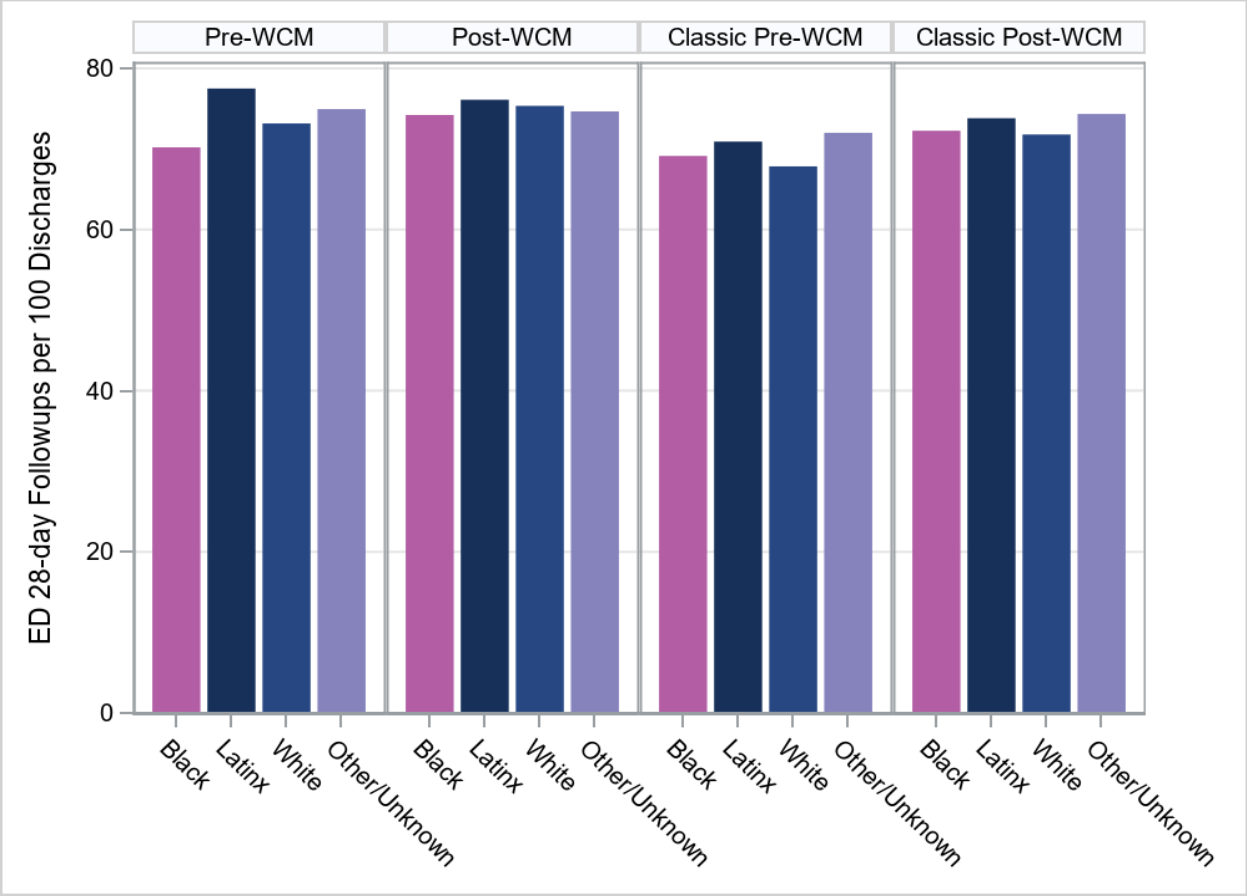
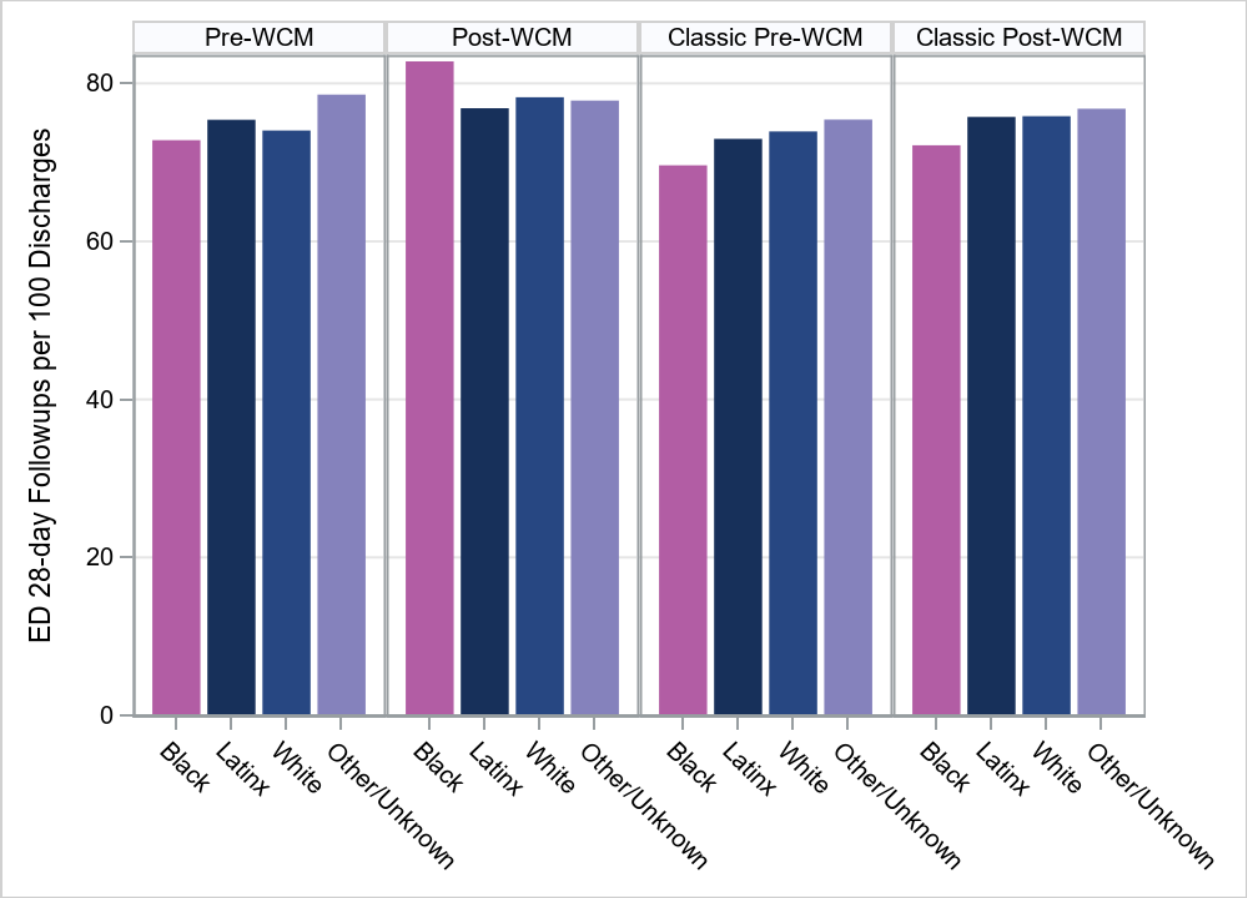


Figure 36. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Emergency Department (ED) Follow Up Visits (28 day) by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. ED follow-up visits in Phase I WCM remained largely unchanged except for an increase in the Other/Unknown language group and the pattern was mixed. In the Phase I Classic CCS comparison group, visits increased slightly, and the pattern was mixed. Phase II WCM groups had little or no change except for a decrease in the Other/Unknown group and the pattern was mixed. The Phase II Classic CCS comparison had a slight increase in follow-up visits in the English language group, little or no change in the Spanish and Other/Unknown groups, and the pattern was consistent. Phase III WCM groups had no changes, and the pattern was consistent. The Phase III Classic CCS comparison group had slight increases in visits in the English and Spanish groups, no change in the Other/Unknown group, and the pattern was consistent.

Figure 37. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

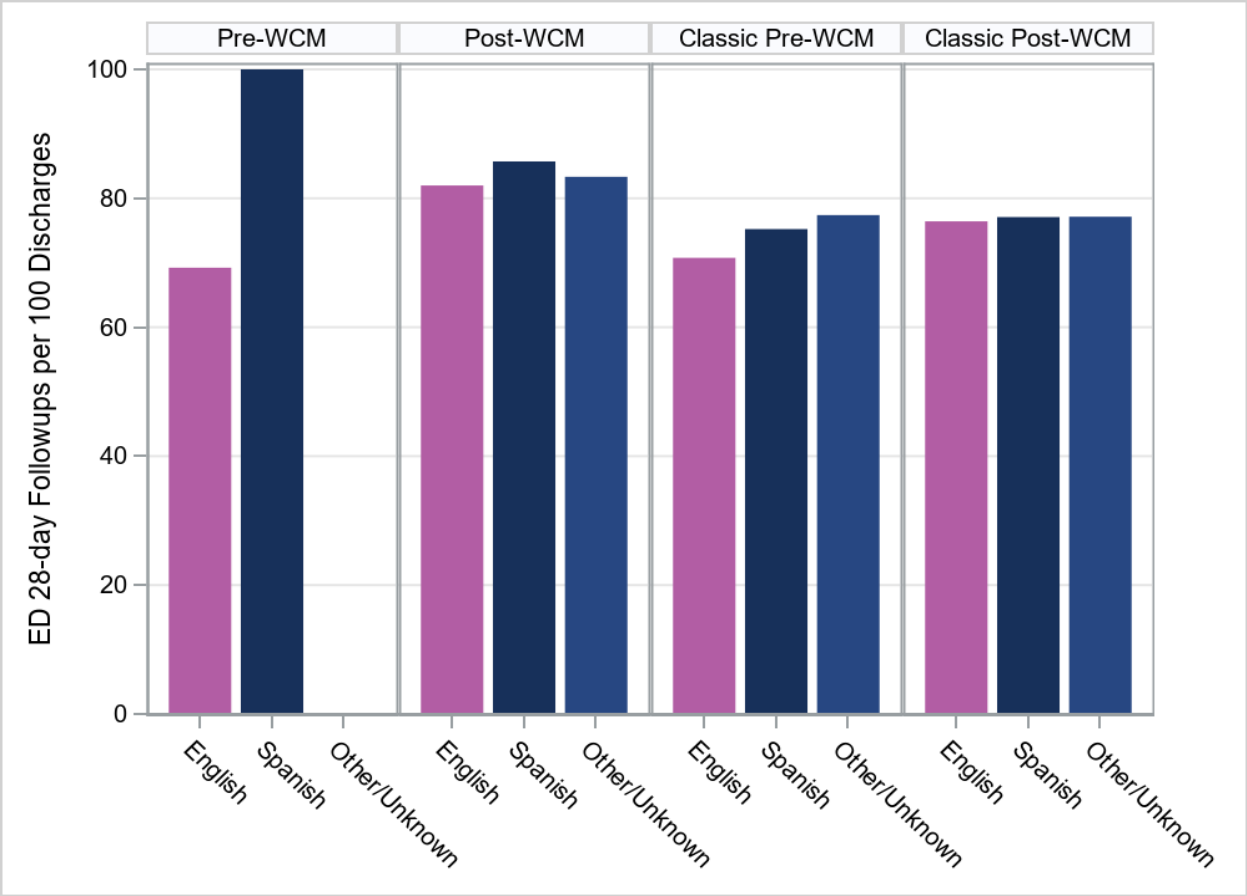


Figure 38. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods

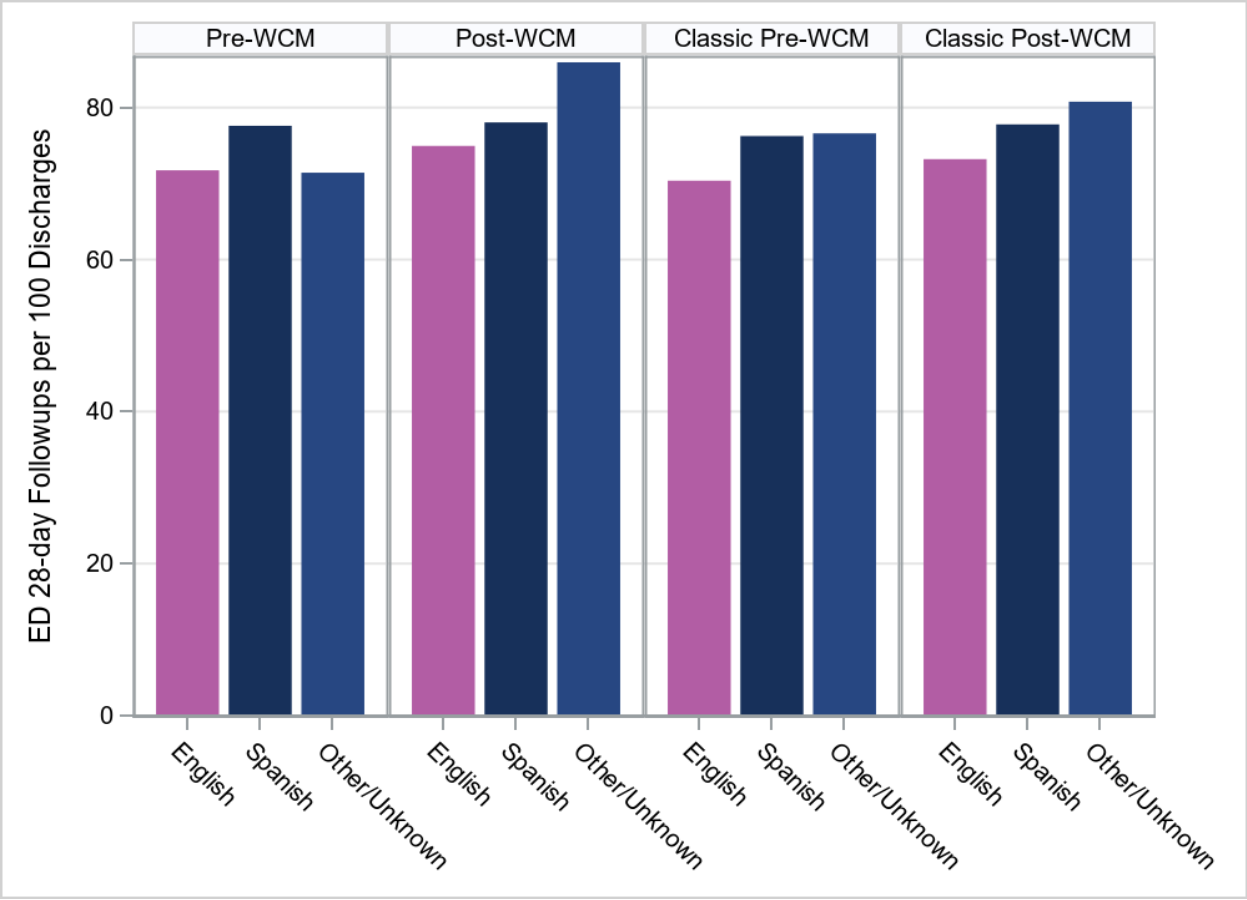


Figure 39. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods

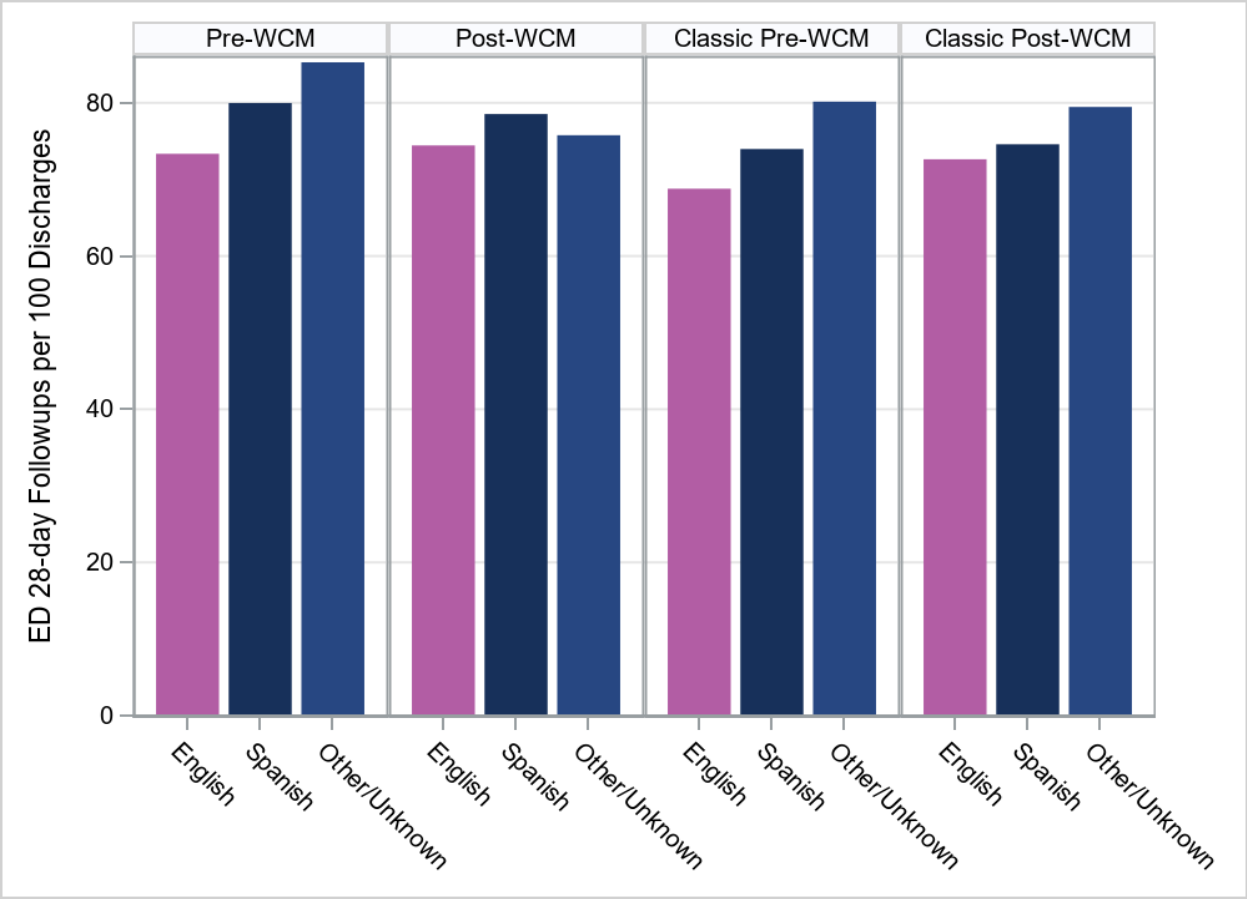
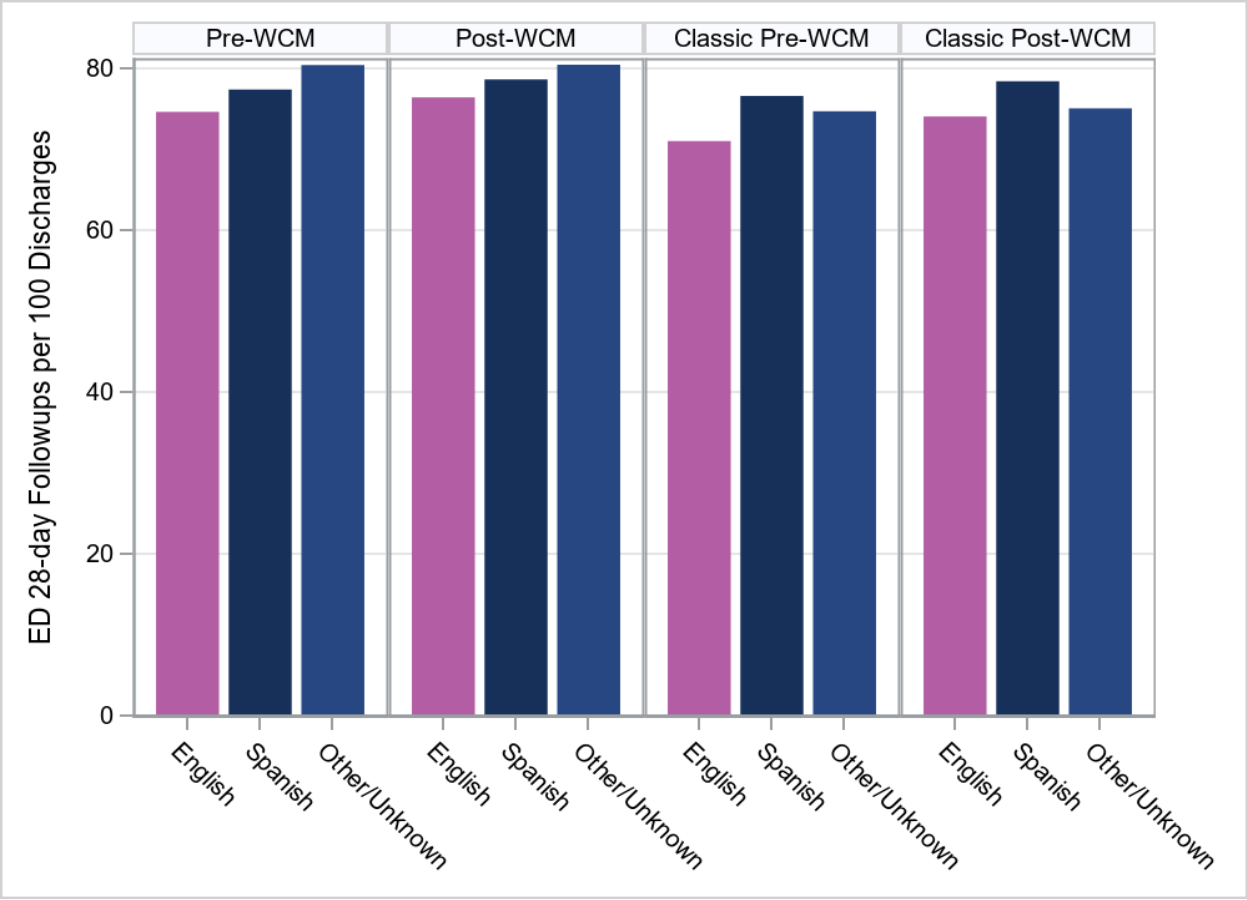


Figure 40. Emergency Department (ED) Follow Up Visits per 100 ED Visits, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods



Hospitalizations by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. For Phase I WCM, hospitalizations were mixed. They increased in the Black group, decreased in the Latinx and Other/Unknown groups, remained unchanged in the White group, and the pattern was mixed. The Classic CCS comparison groups decreased except for an increase in the Black group and the pattern was similar. Hospitalizations in Phase II WCM and Classic CCS comparison groups all decreased, the WCM pattern was consistent, and the Classic CCS group pattern was similar. Phase III WCM and Classic CCS comparison groups all had decreases in hospitalizations, the WCM pattern was similar, and the Classic CCS pattern was consistent.

Figure 41. Hospitalizations per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

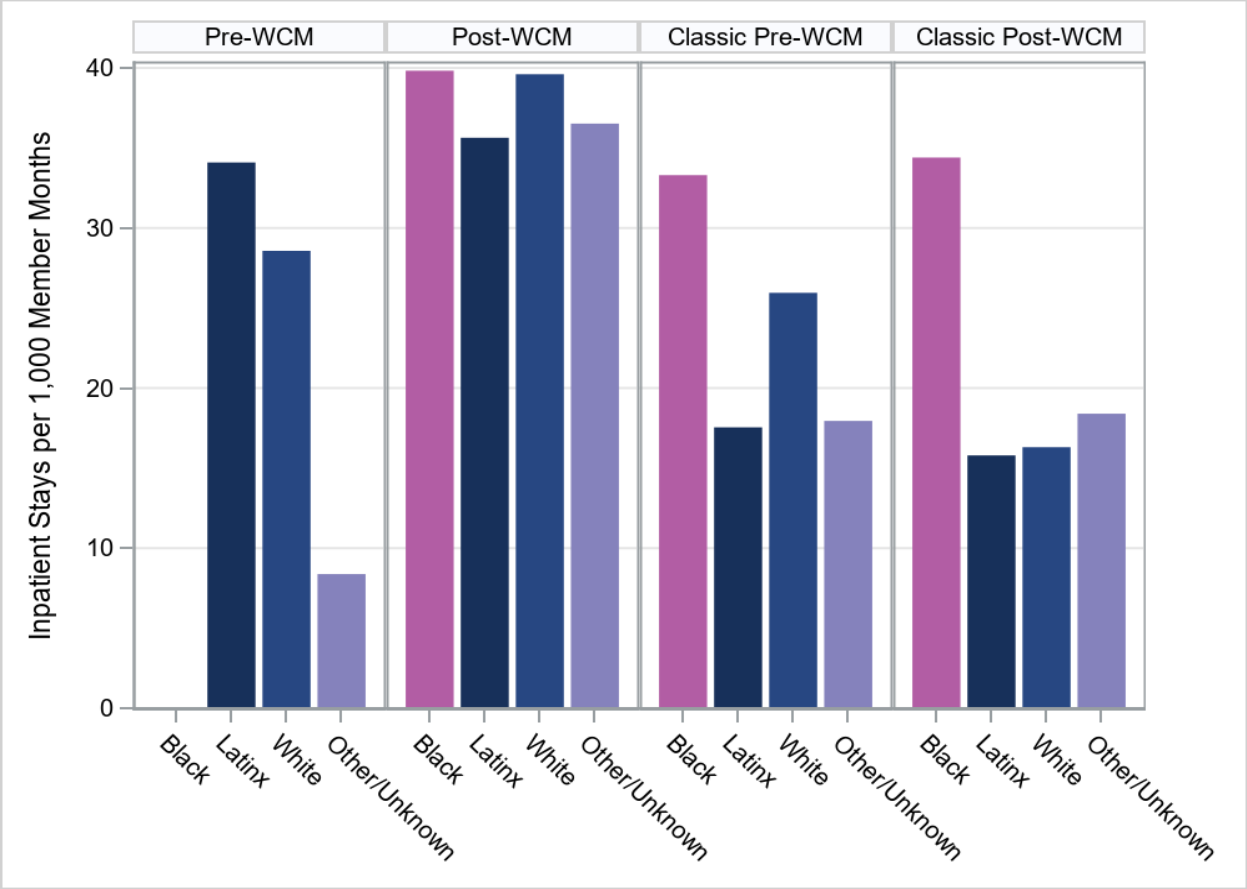


Figure 42. Hospitalizations per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

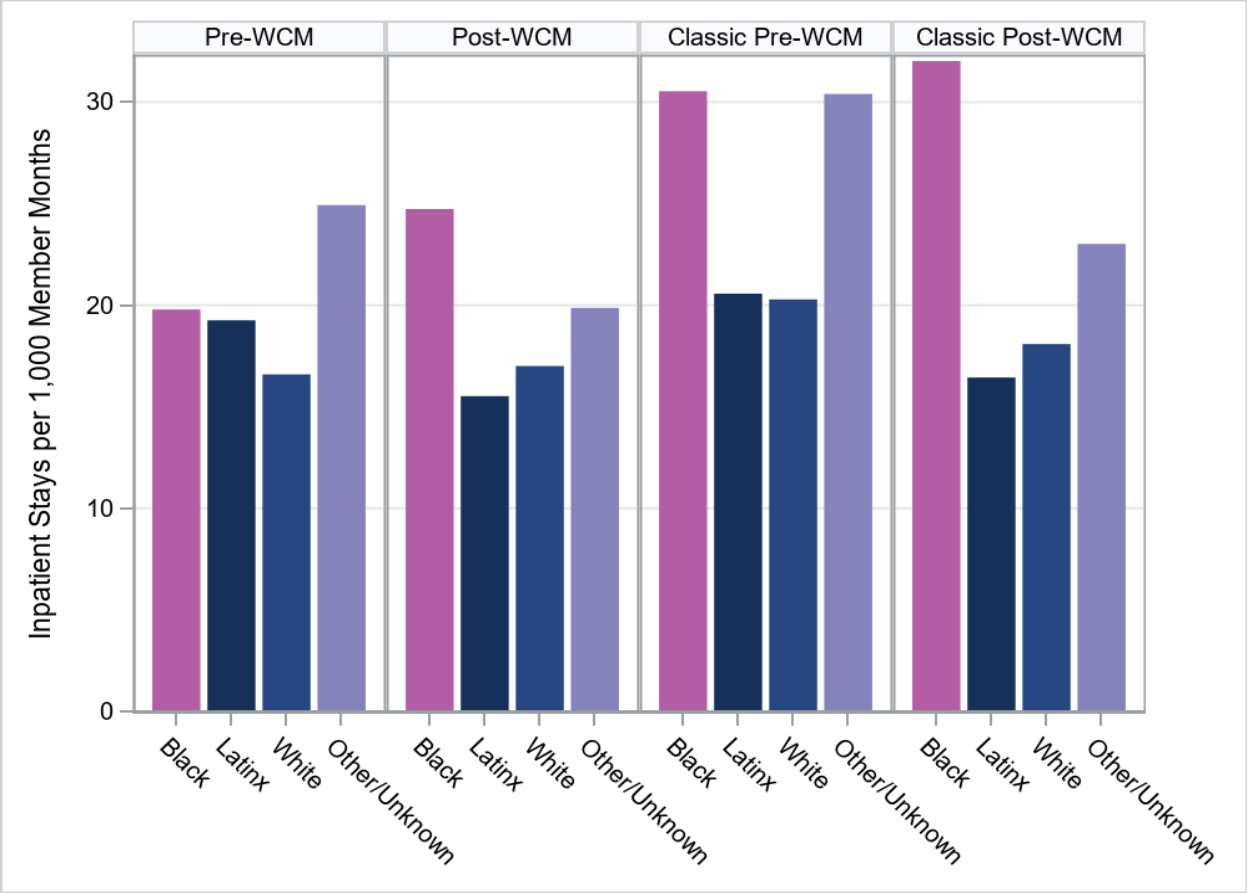


Figure 43. Hospitalizations per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

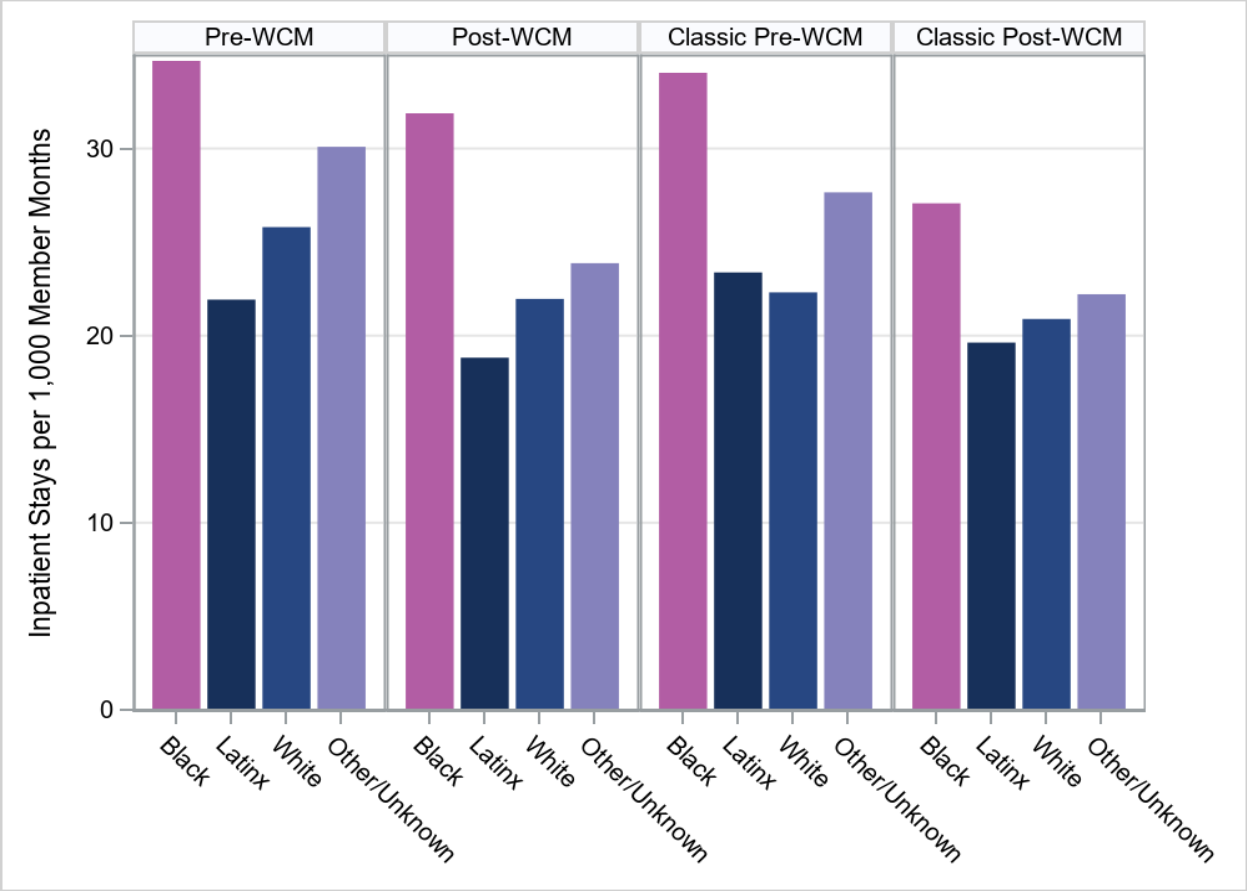
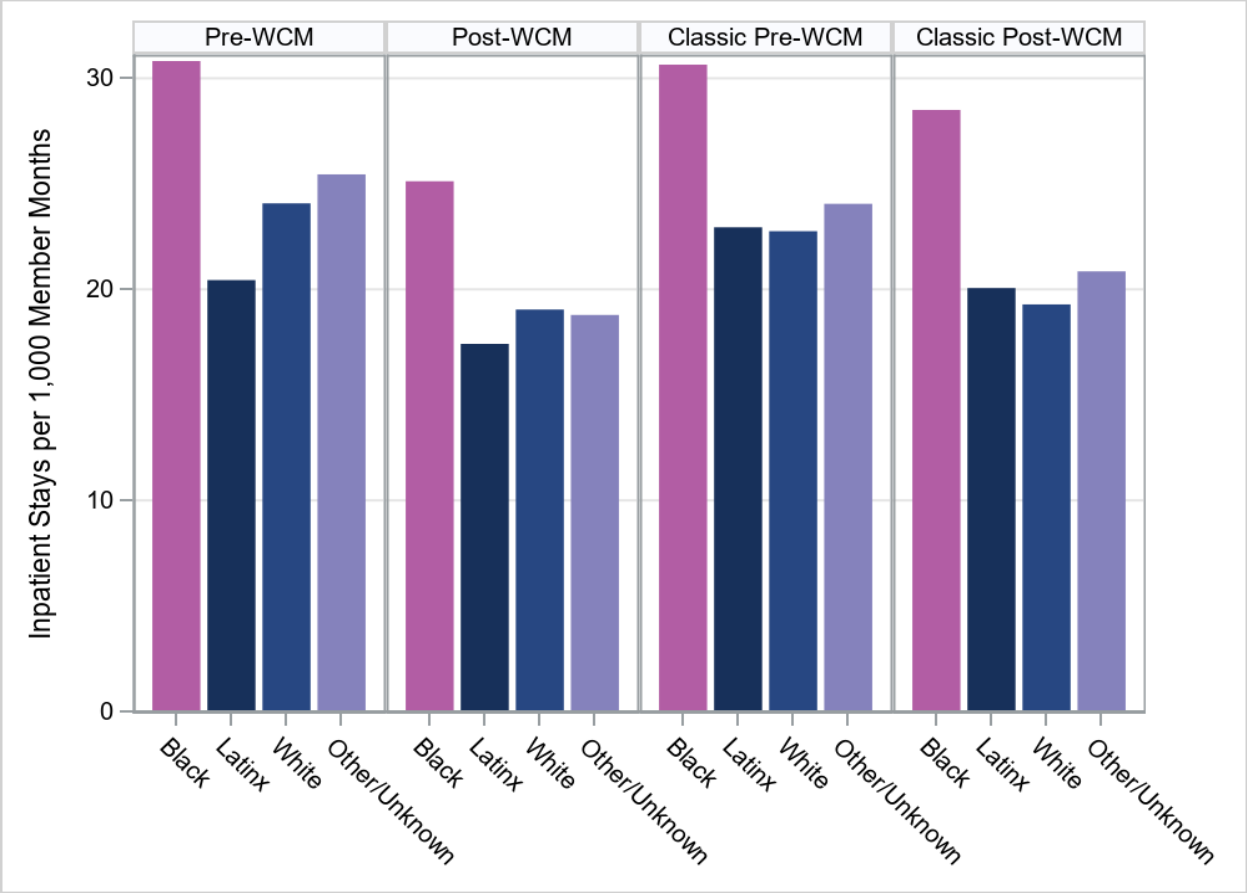


Figure 44. Hospitalizations per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Hospitalizations by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Hospitalizations decreased post-implementation in all Phase I WCM and Classic CCS comparison groups with the exception of an increase in the WCM Other/Unknown language group. Both the WCM and the Classic CCS comparison patterns were mixed. In the Phase II WCM and Classic CCS comparison groups, all racial/ethnic groups had decreases in hospitalizations and the pattern was consistent in the WCM group and the pattern was mixed in the Classic CCS group. Likewise, in the Phase III WCM and Classic CCS comparison groups, all racial/ethnic groups had decreases in hospitalizations and the WCM group pattern was mixed and the Classic CCS group pattern was consistent.

Figure 45. Hospitalizations per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

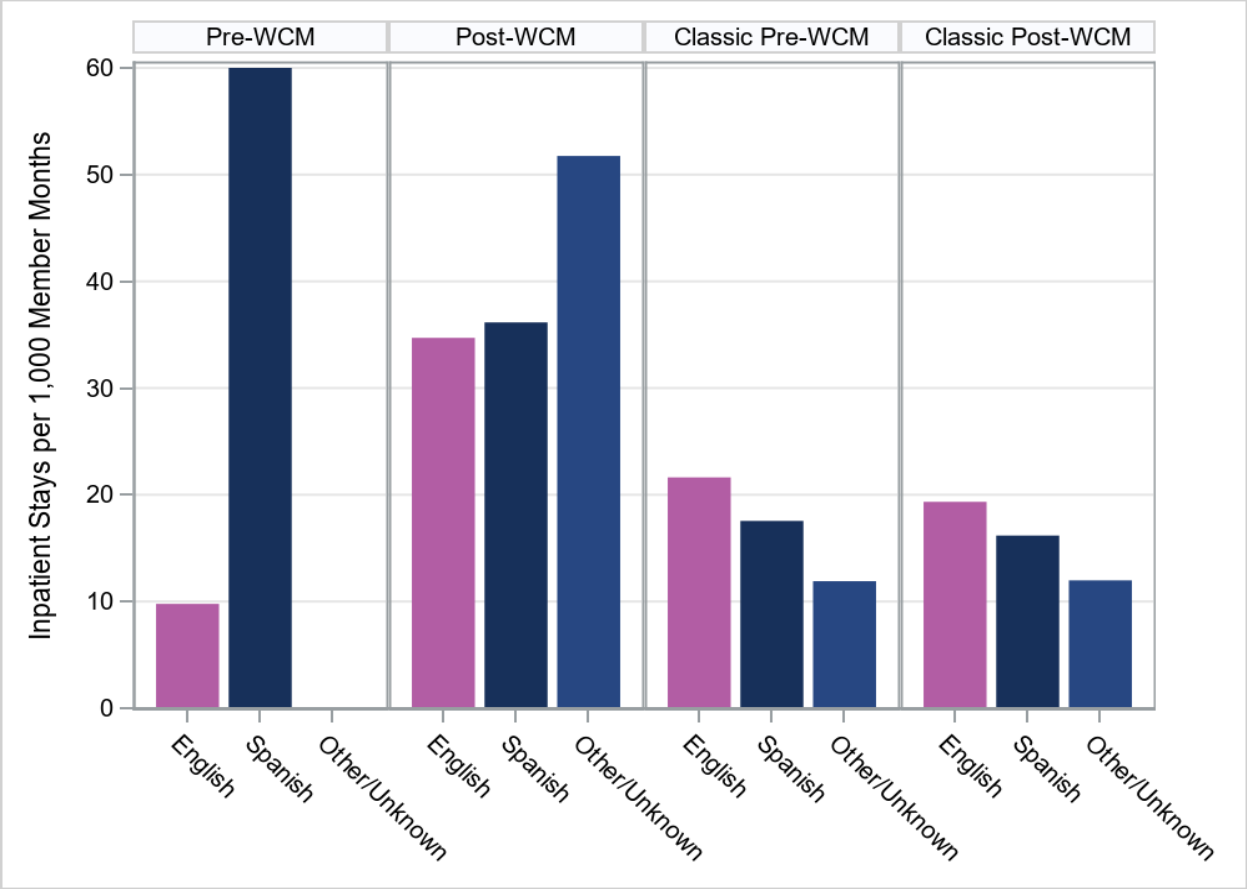


Figure 46. Hospitalizations per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

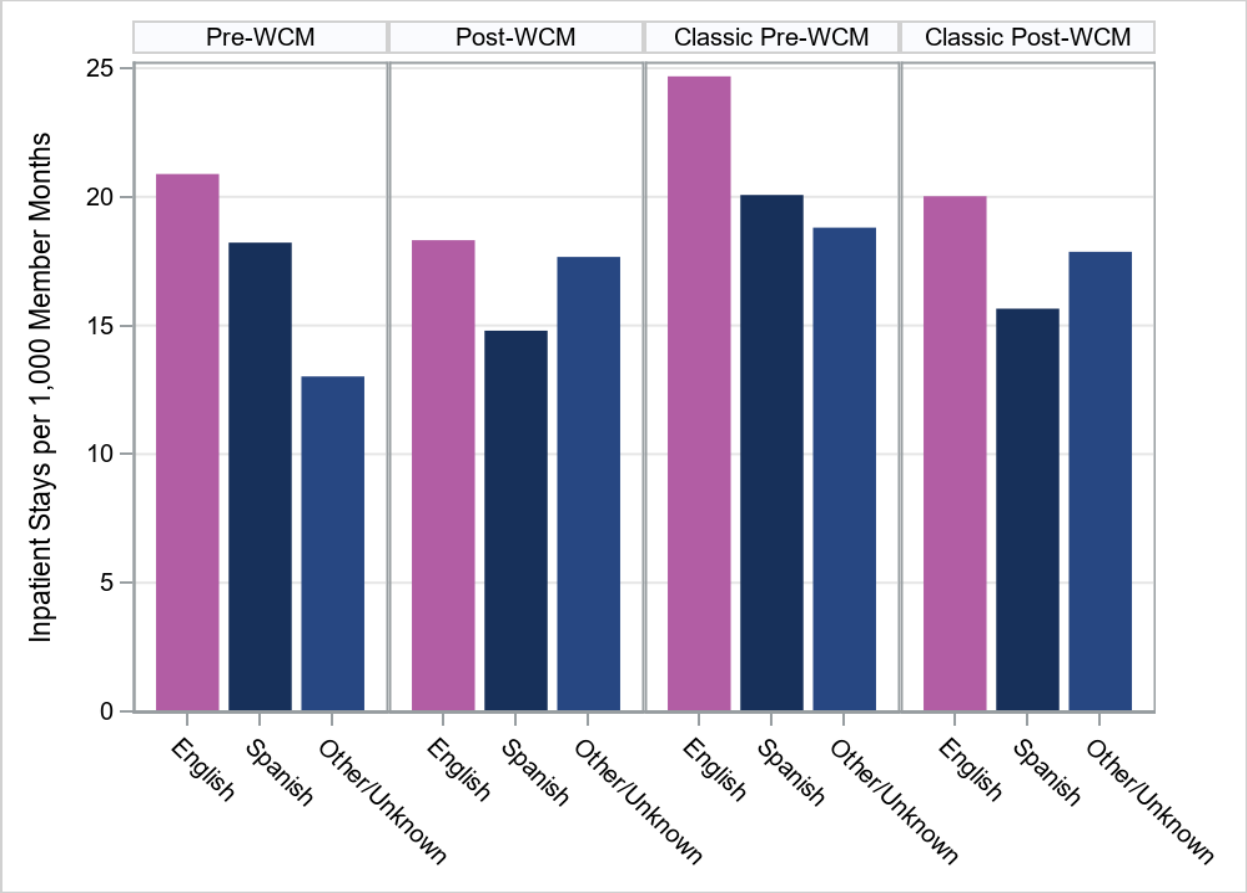


Figure 47. Hospitalizations per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

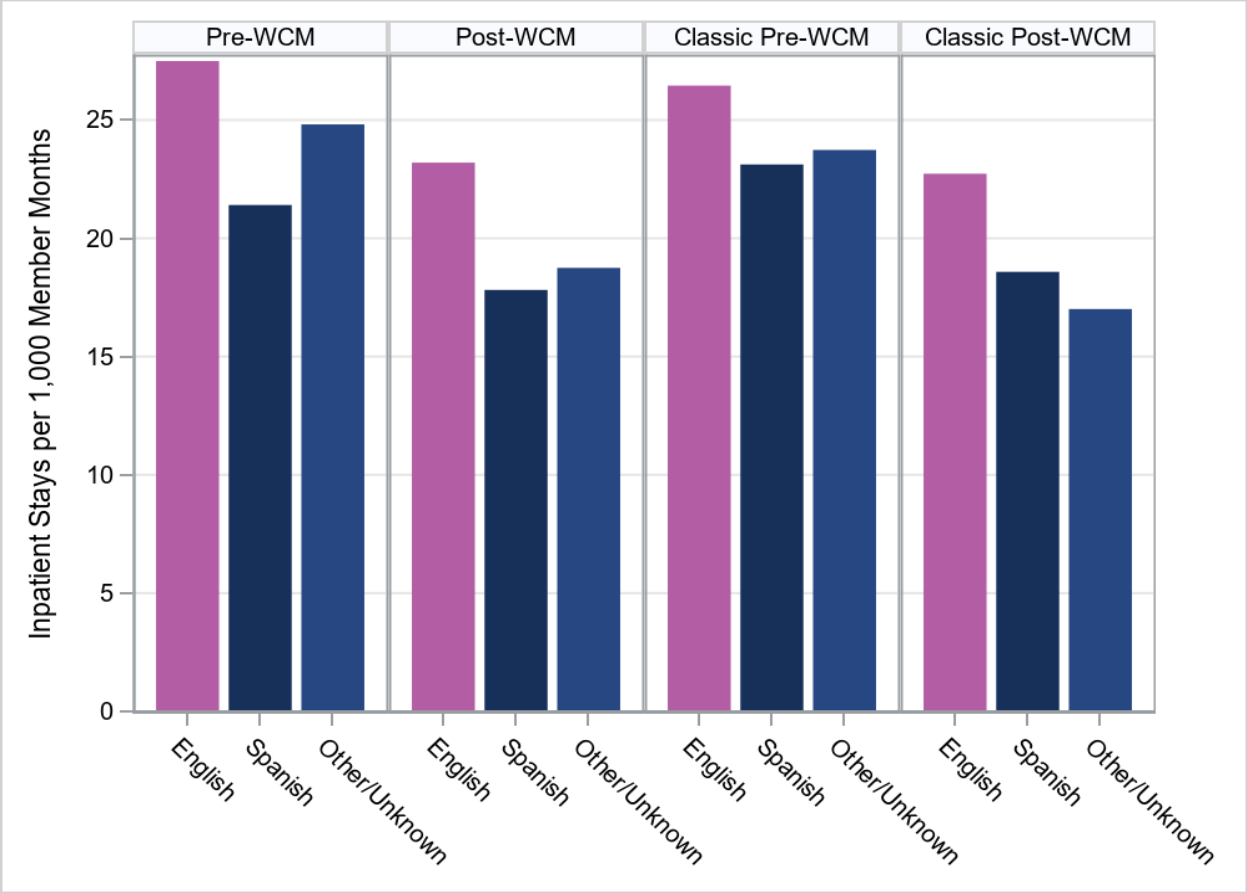
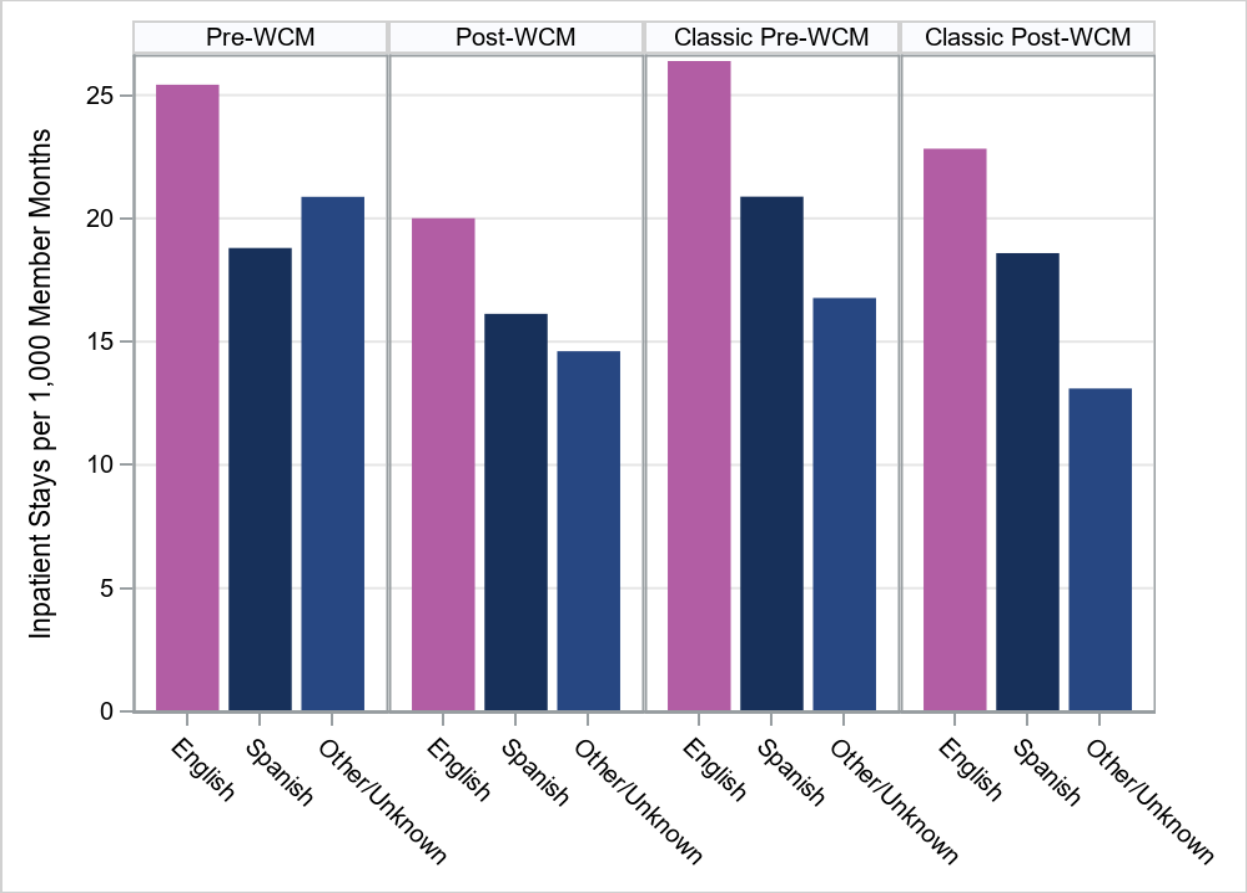


Figure 48. Hospitalizations per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Hospital Outpatient Follow-Up (28-Day) by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM hospital outpatient follow-up visits increased slightly in all racial/ethnic group excepting the White group which had little change and the pattern was consistent. The Phase I Classic CCS comparison groups had little or no changes and the pattern was similar. Phase II WCM group had slight increases in visits in the Other/Unknown race group, little or no changes in the other groups, and the pattern was mixed. The Phase II Classic CCS comparison groups had little or no change. The Phase III WCM groups had no change except a slight increase in visits in the White group and the pattern was mixed. The Phase III Classic CCS comparison groups had no changes excepting slight increases in the White and Other/Unknown race groups and the pattern was mixed.

Figure 49. Hospital Outpatient Follow Up Visits per 100 Discharges, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

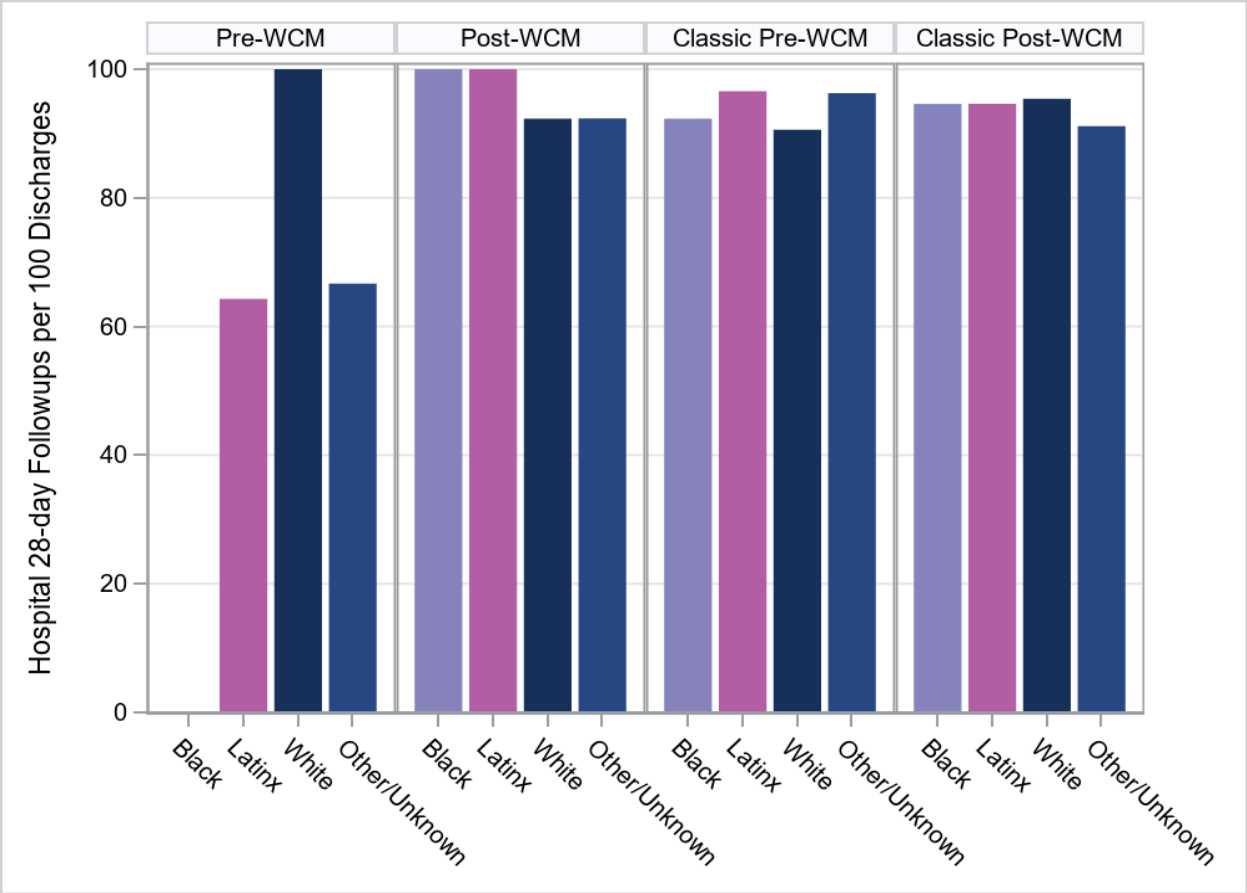


Figure 50. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

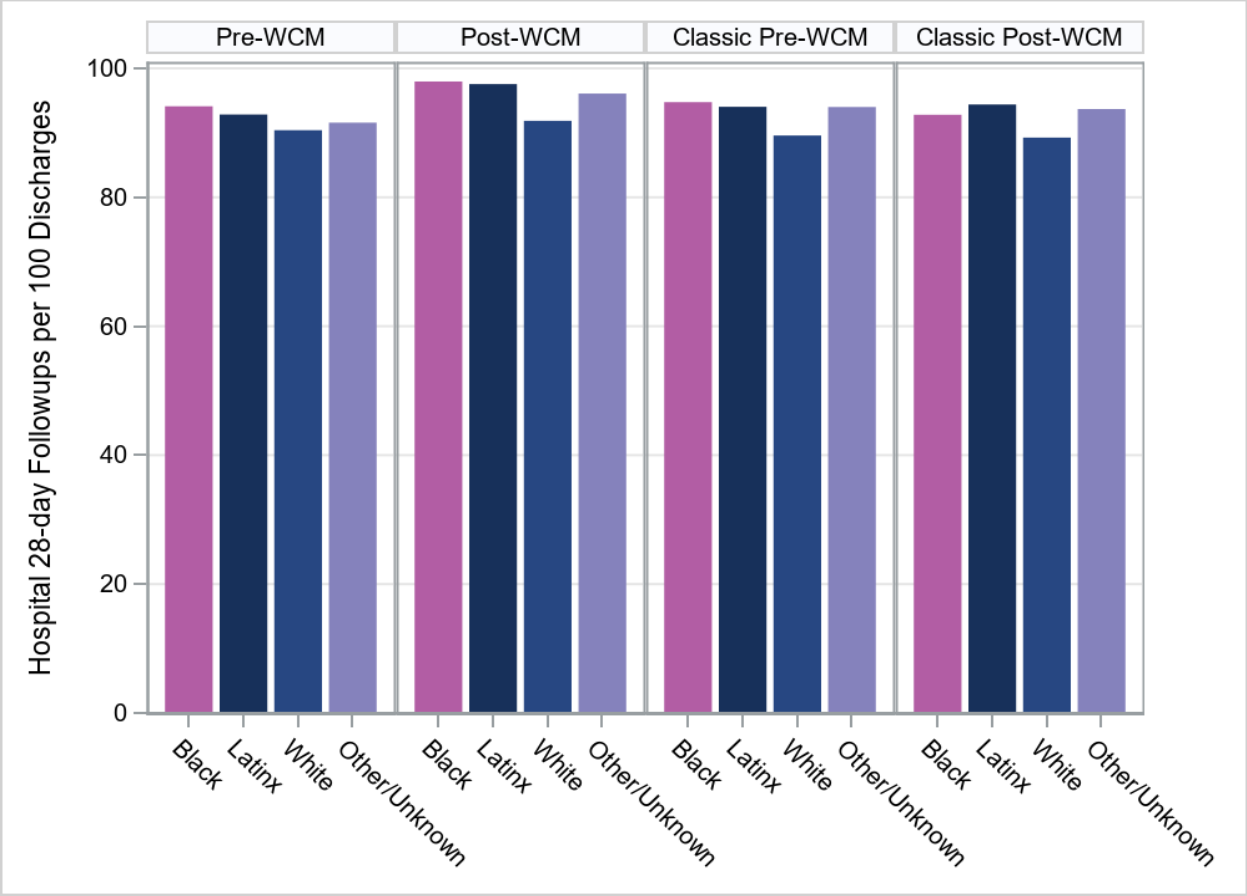


Figure 51. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

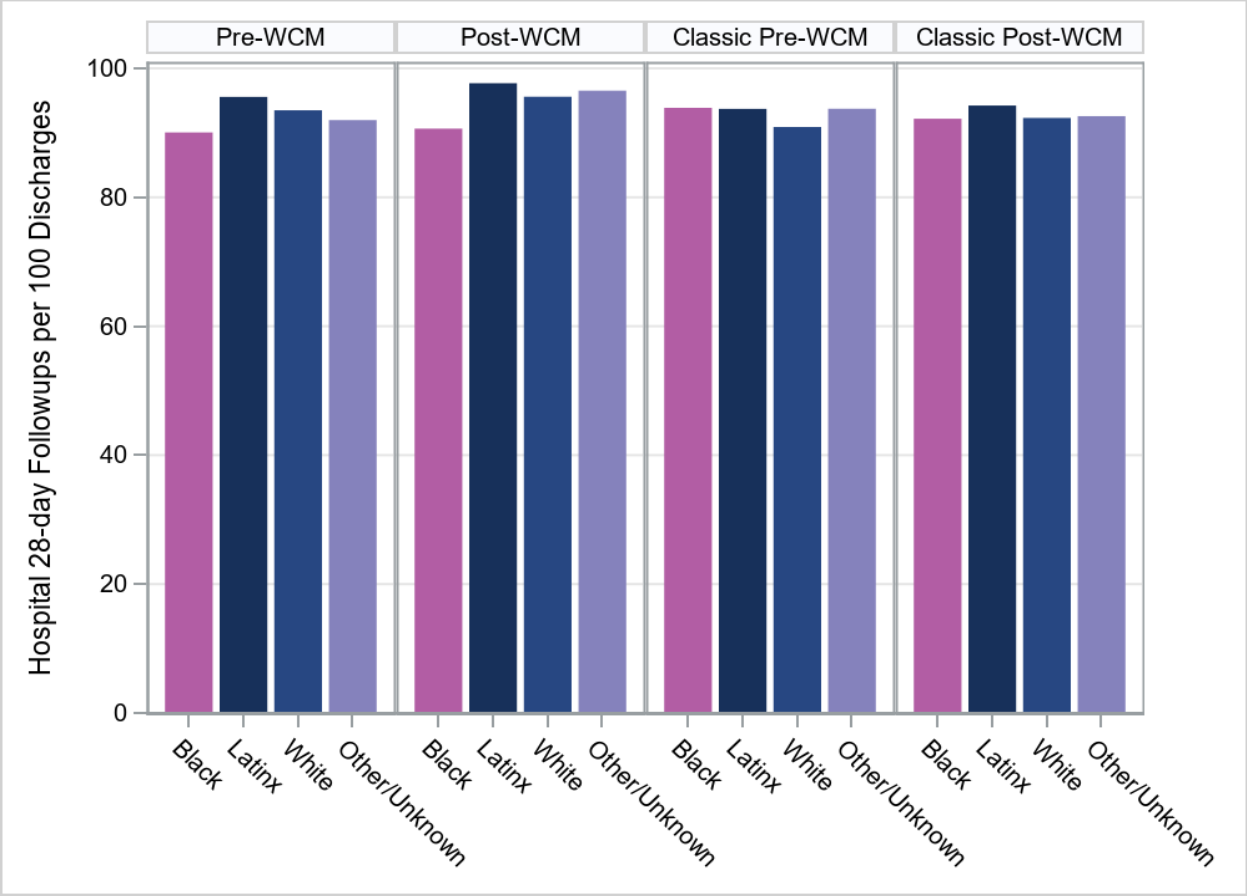
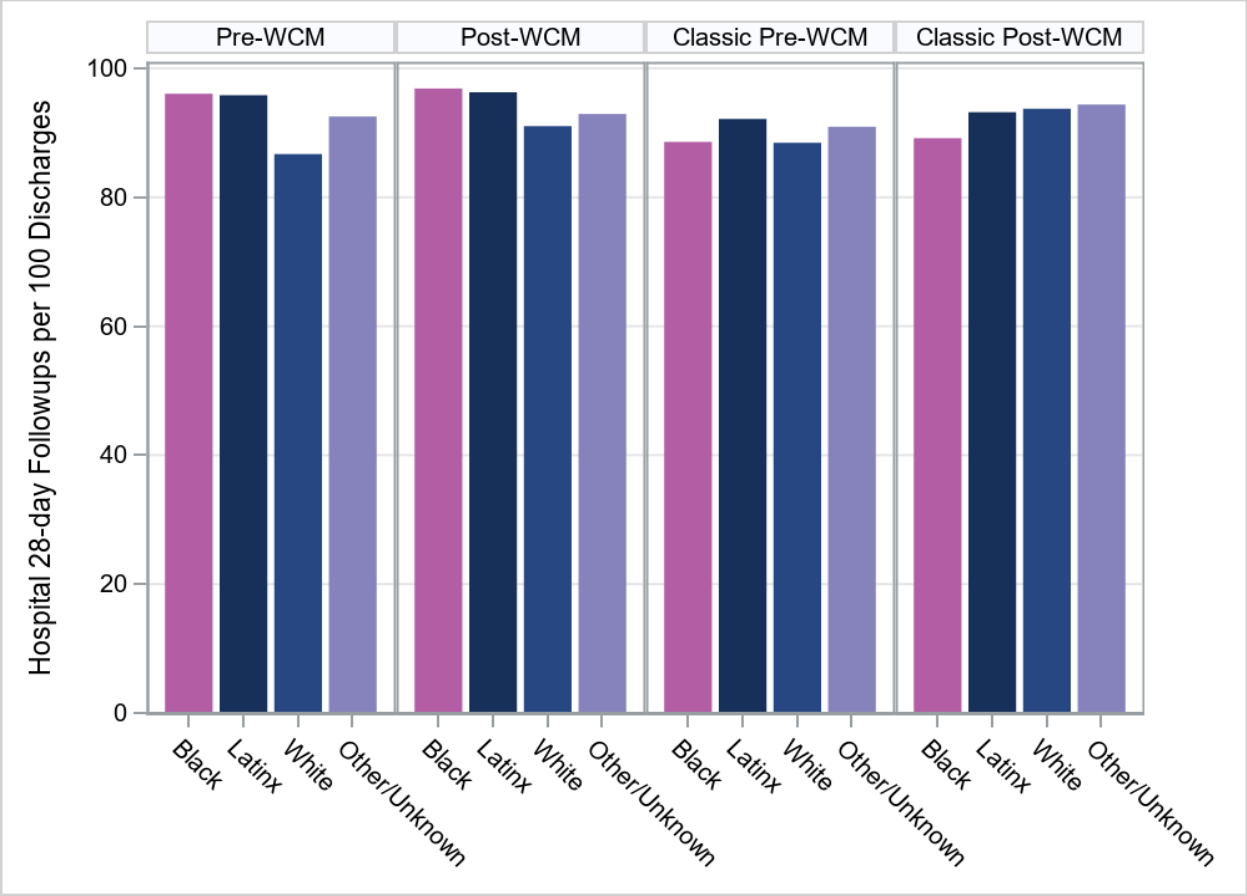


Figure 52. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Hospital Outpatient Follow-Up (28-Day) by Language Spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM groups had slight increases in hospital follow-up visits in the English and Spanish groups, a decrease in the Other/Unknown group, and the pattern was mixed. The Phase I Classic CCS comparison groups had little or no changes in their hospital follow-up visits, and the pattern was consistent. Phase II WCM groups had slight increases in hospital follow-up visits in all racial/ethnic groups and the pattern was mixed. The Phase II Classic CCS comparison groups had no of little change, and the pattern is consistent. The Phase III WCM groups had no or little change and the pattern is consistent. The Phase III Classic CCS comparison groups had no or little changes and the pattern was consistent.

Figure 53. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

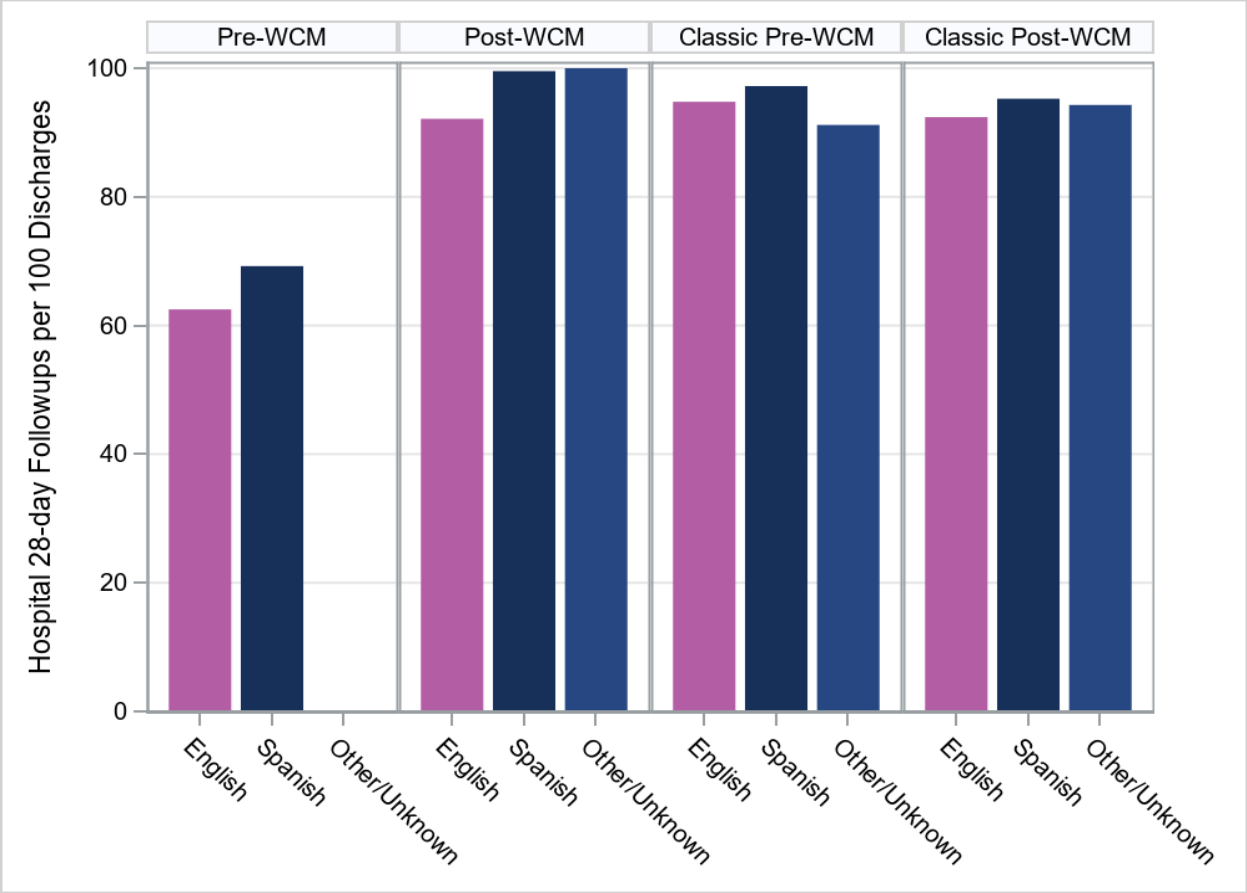


Figure 54. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

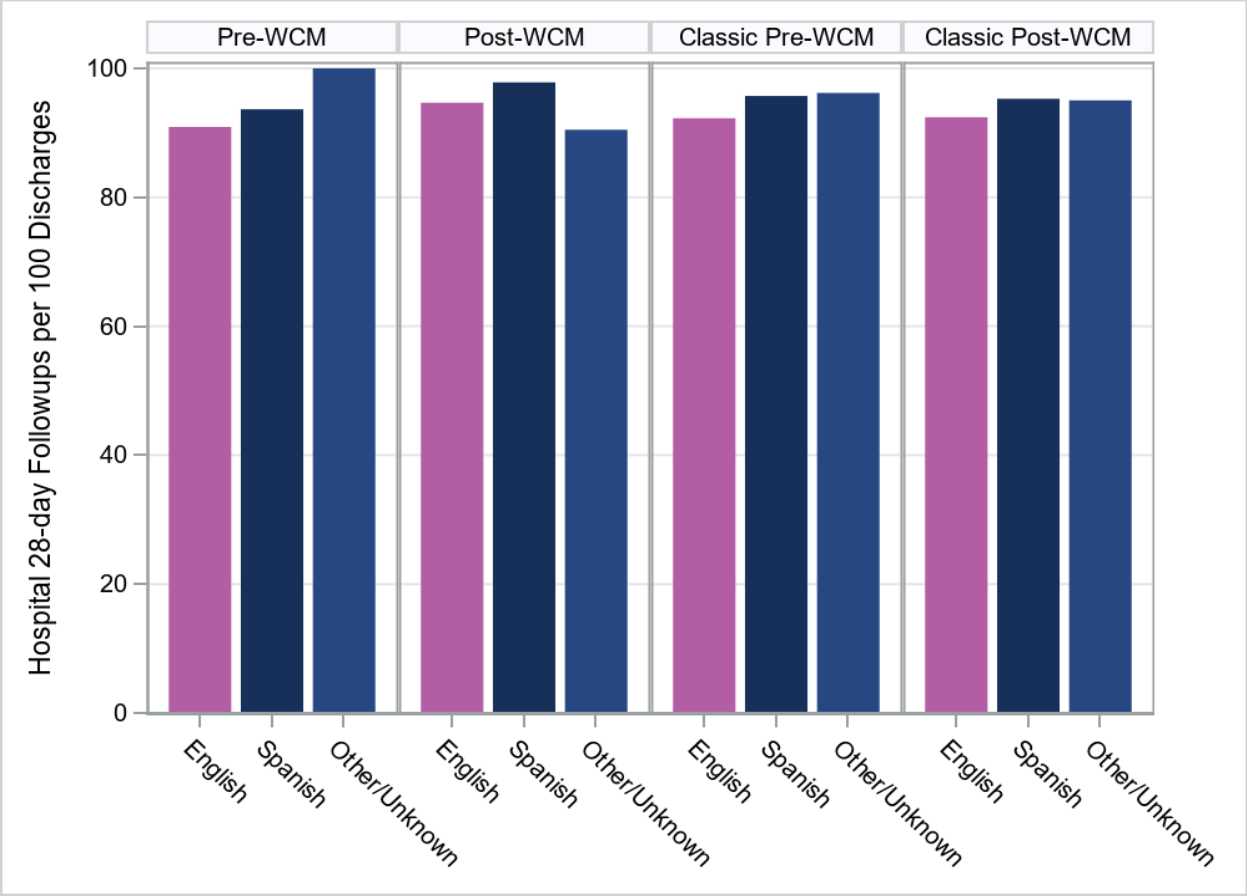


Figure 55. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

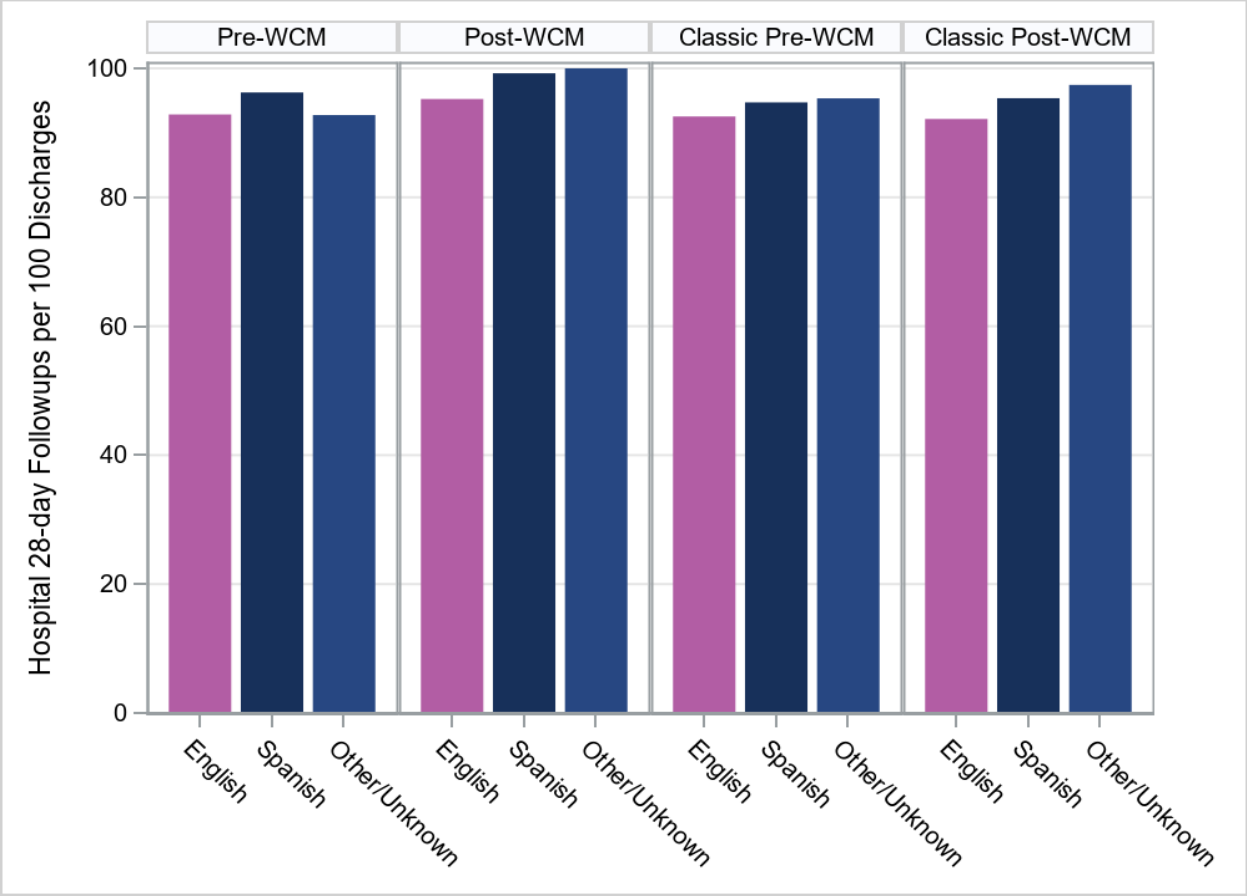
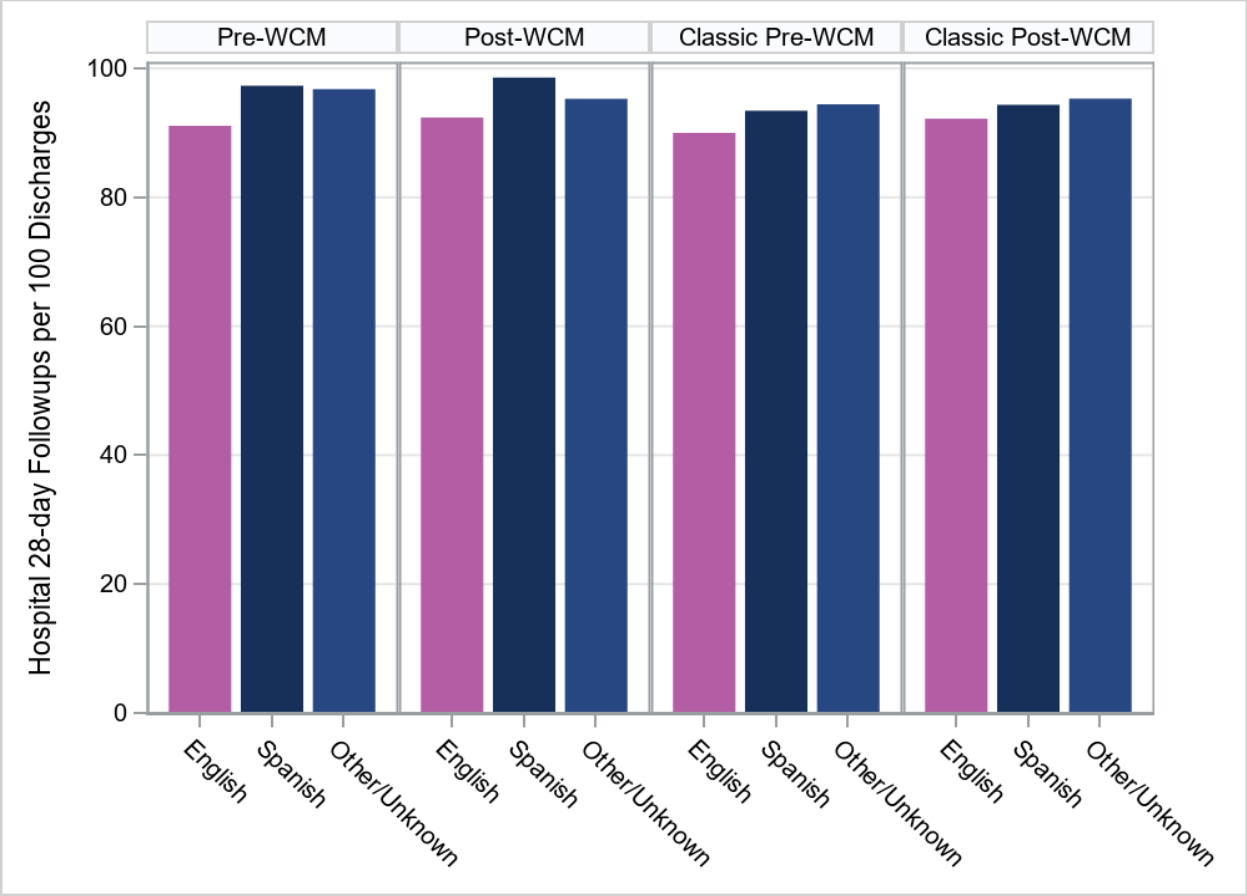


Figure 56. Hospital Outpatient Follow-Up Visits per 100 Discharges, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Hospital Readmission (All Cause 30-Day) by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Hospital readmissions in Phase I WCM increased in the Black and White groups and had little or no change in the Latinx and Other/Unknown groups, and the pattern was mixed. The Phase I Classic CCS comparison groups had increases in the Black group, decreases in the White and Other/Unknown groups, little change in the Latinx group, and the pattern was mixed. Phase II WCM groups had increases in readmissions except for a decrease in the Other/Unknown group, and the pattern was mixed. All Phase II Classic CCS comparison groups had increases except for a decrease in the Other/Unknown group, and the pattern was mixed. Phase III WCM groups had increases in readmission for all groups except for the Black group that had little change, and the pattern was consistent. Hospital readmissions for the Phase III Classic CCS comparison groups increased except for the Latinx group which had little change in the post-implementation period and the pattern was mixed.

Figure 57. Hospital Readmission per 100 Discharges, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

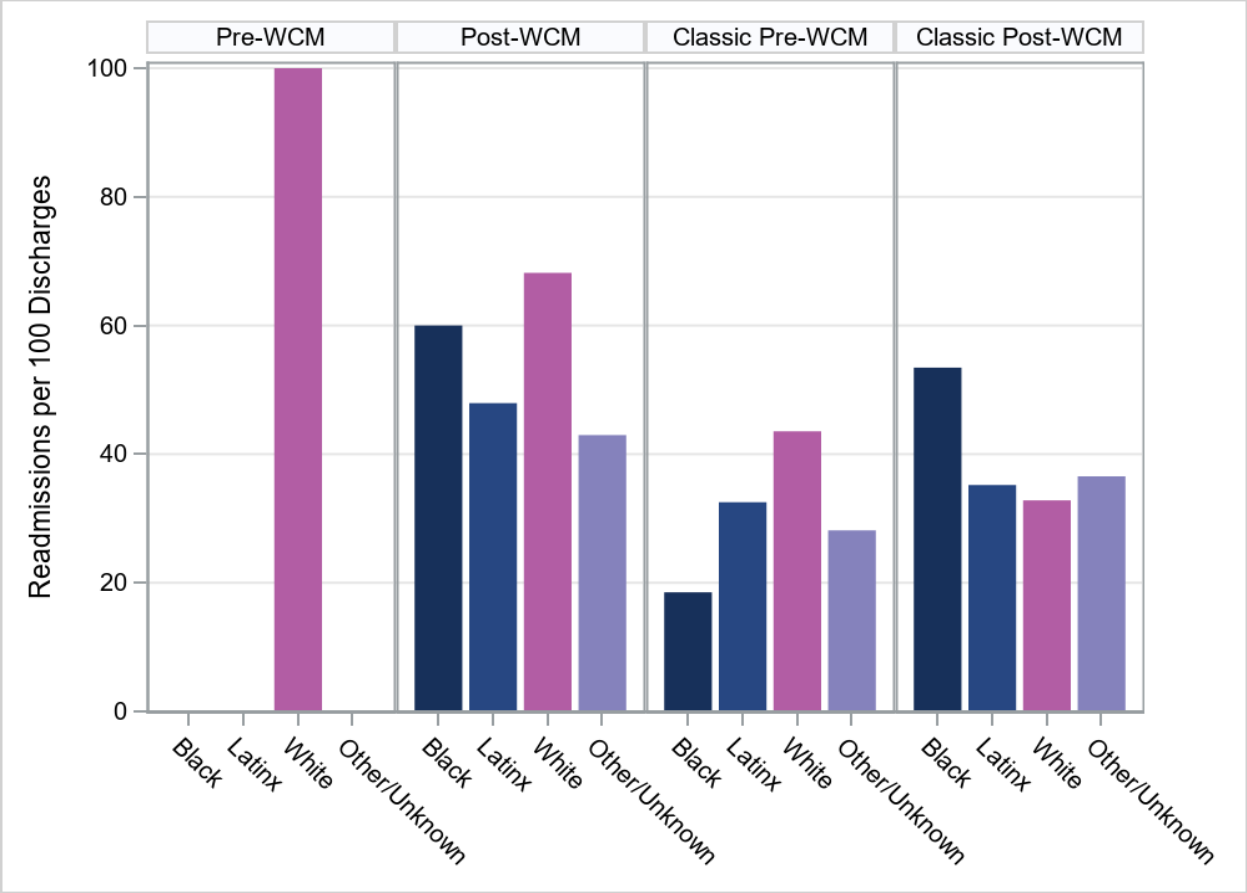


Figure 58. Hospital Readmission per 100 Discharges, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

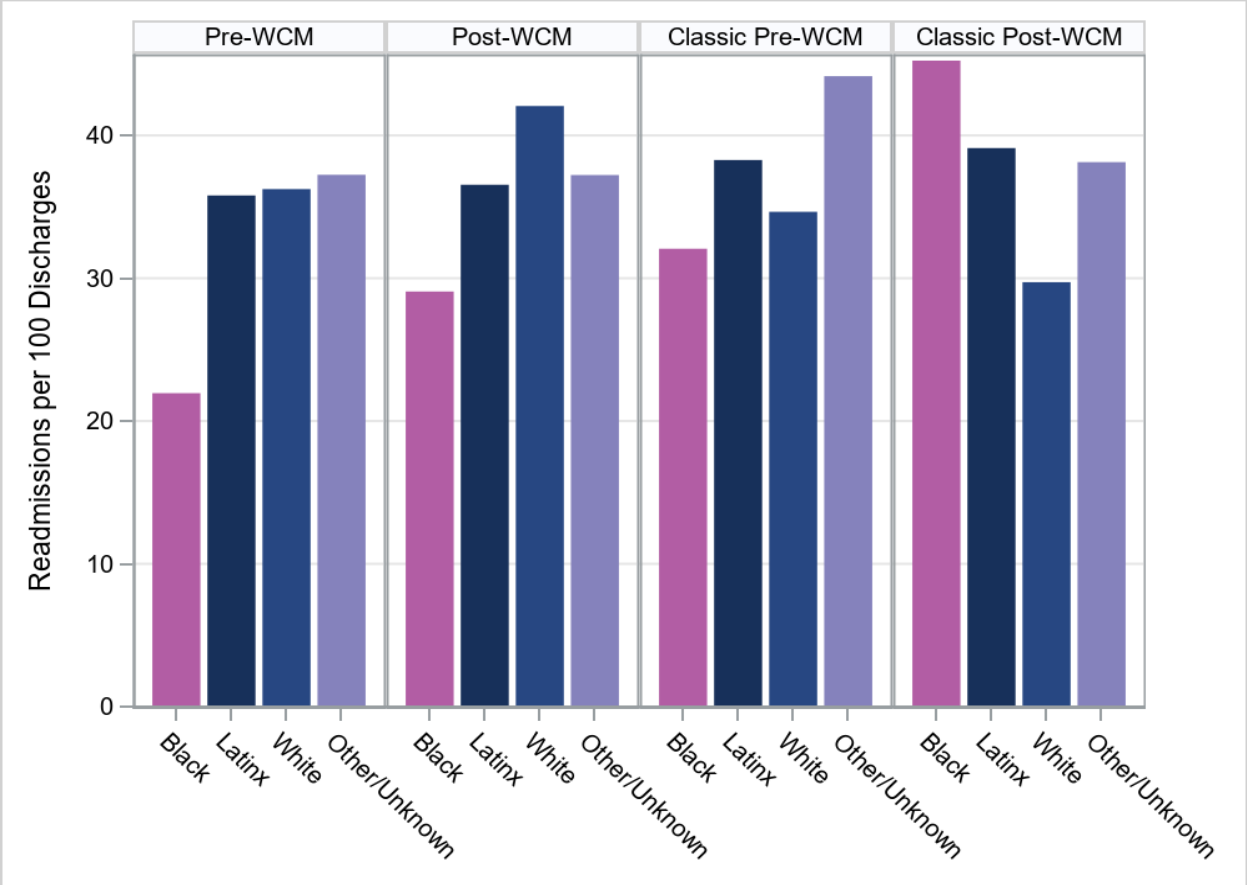


Figure 59. Hospital Readmission per 100 Discharges, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

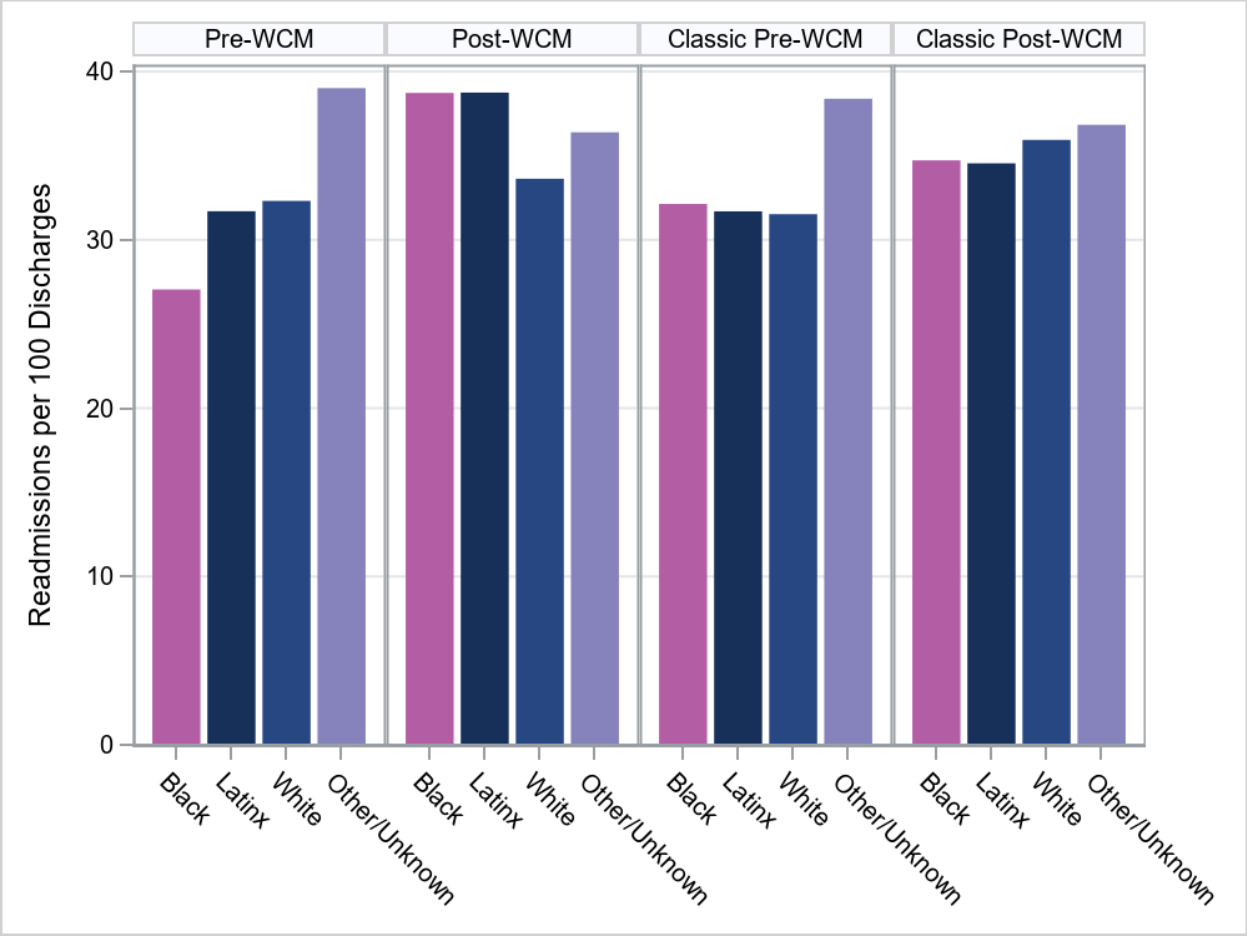
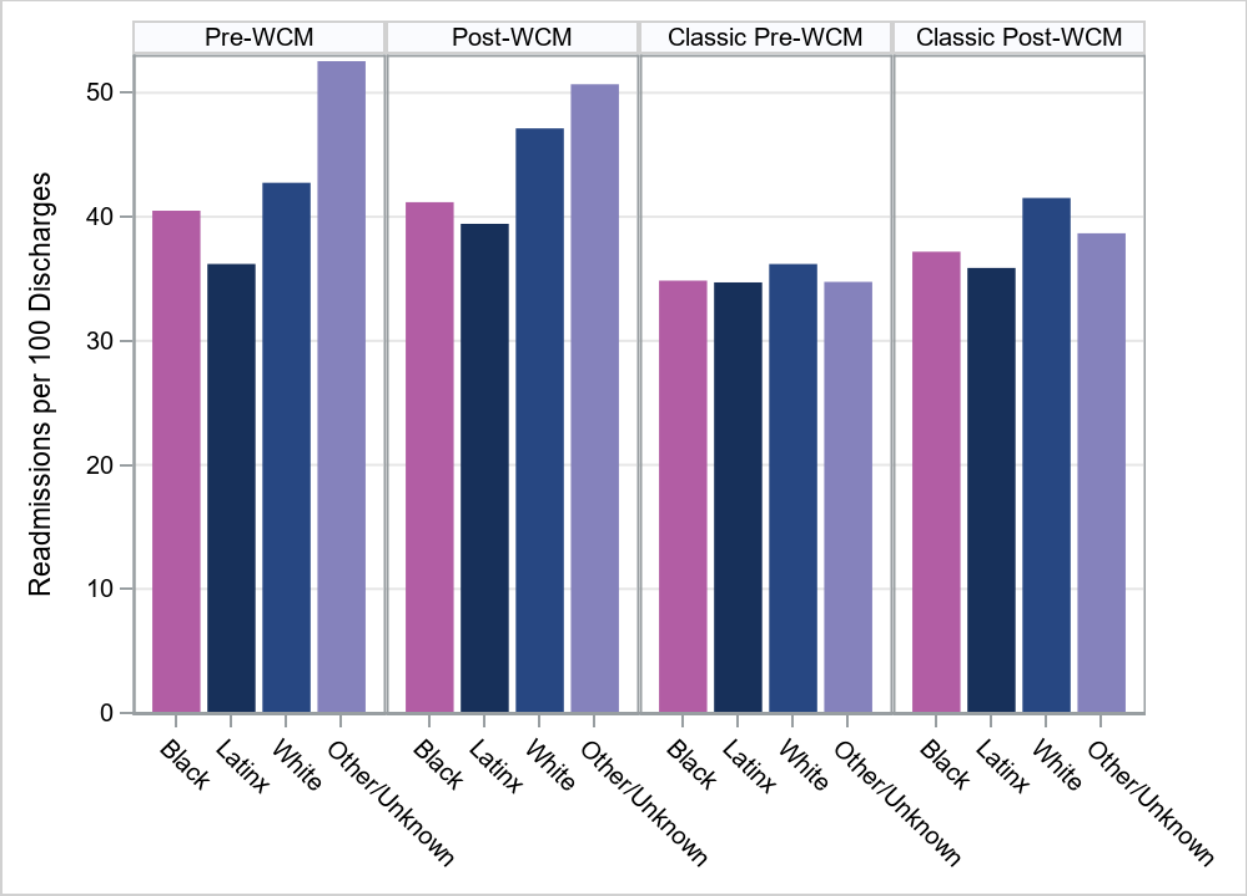


Figure 60. Hospital Readmission per 100 Discharges, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Hospital Readmission (All Cause 30-Day) by Language Spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Hospital readmissions for Phase I WCM increased in the English and Spanish groups, decreased for the Other/Unknown language group, and the pattern was mixed. In the Phase I Classic CCS comparison group, readmissions increased for the Other/Unknown group, decreased in the Spanish group, remained unchanged in the English group, and the pattern was mixed. Phase II WCM group had increases in readmissions in the Spanish and Other/Unknown groups, no change in the English group, and the pattern was mixed. The Phase II Classic CCS comparison group had an increase in the English group, decrease in the Other/Unknown group, no change in the Spanish group, and the pattern was mixed. The Phase III WCM group had a slight increase in readmissions in the English group, a slight decrease in the Other/Unknown group, no change in the Spanish group, and the pattern was mixed. The Phase III Classic CCS comparison groups had slight increases in the English and Spanish groups, a decrease in the Other/Unknown group, and the pattern was mixed.

Figure 61. Hospital Readmission per 100 Discharges, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

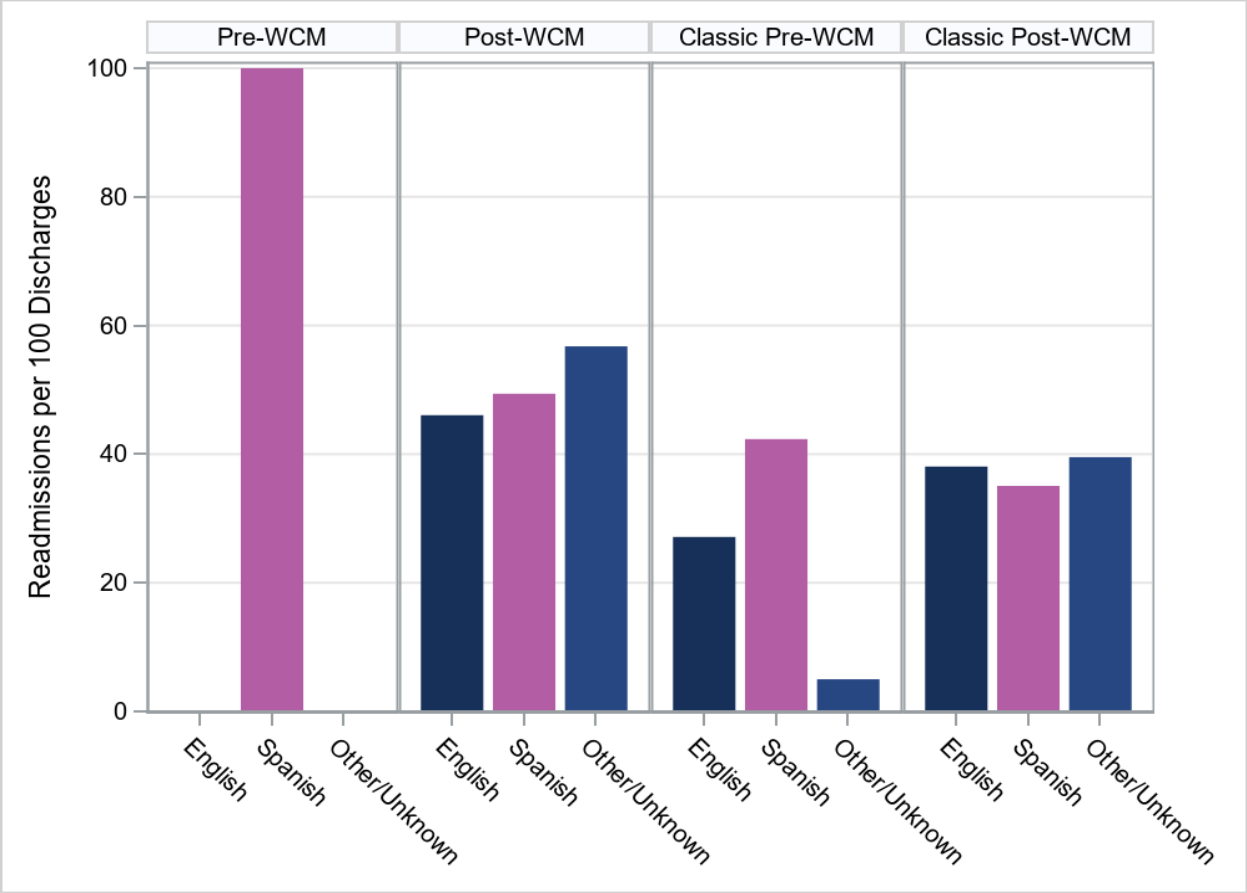


Figure 62. Hospital Readmission per 100 Discharges, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

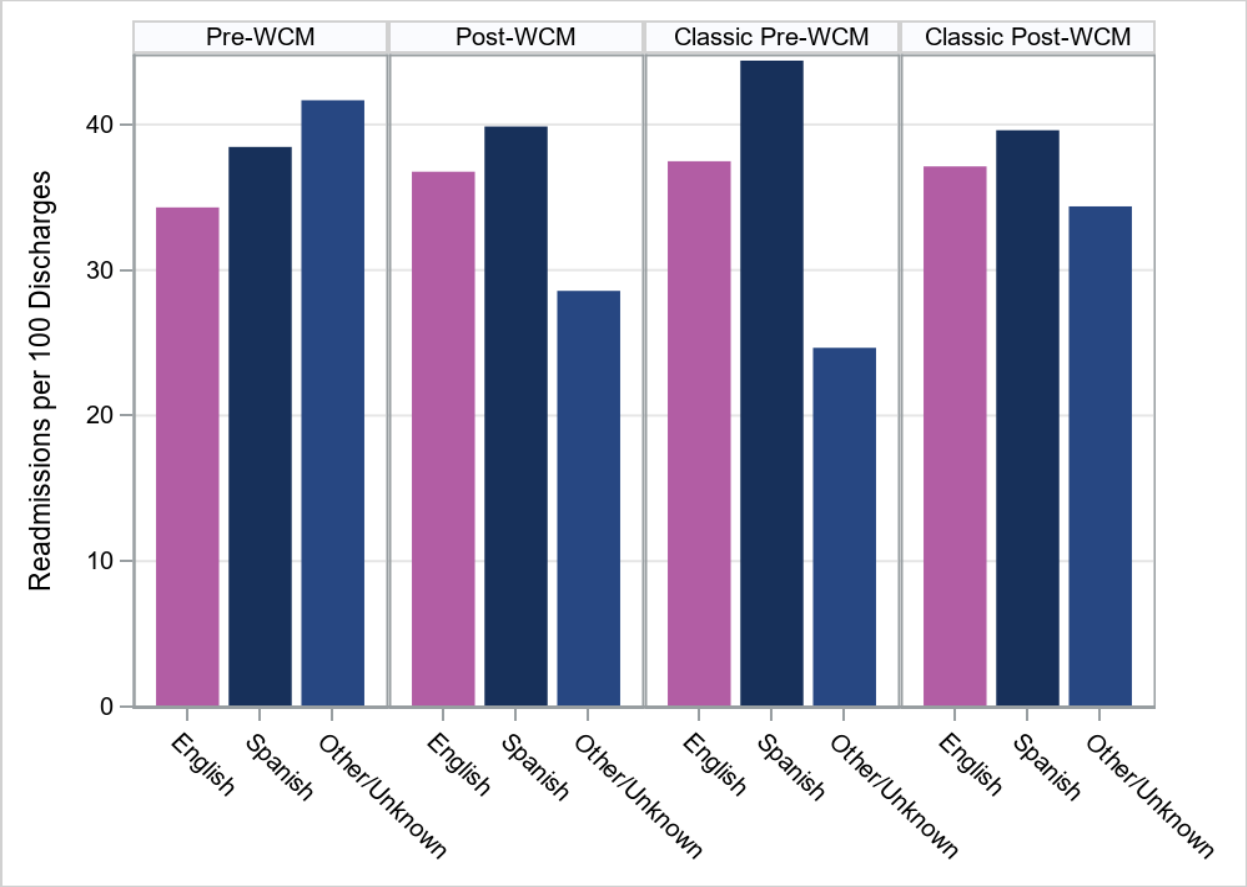


Figure 63. Hospital Readmission per 100 Discharges, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

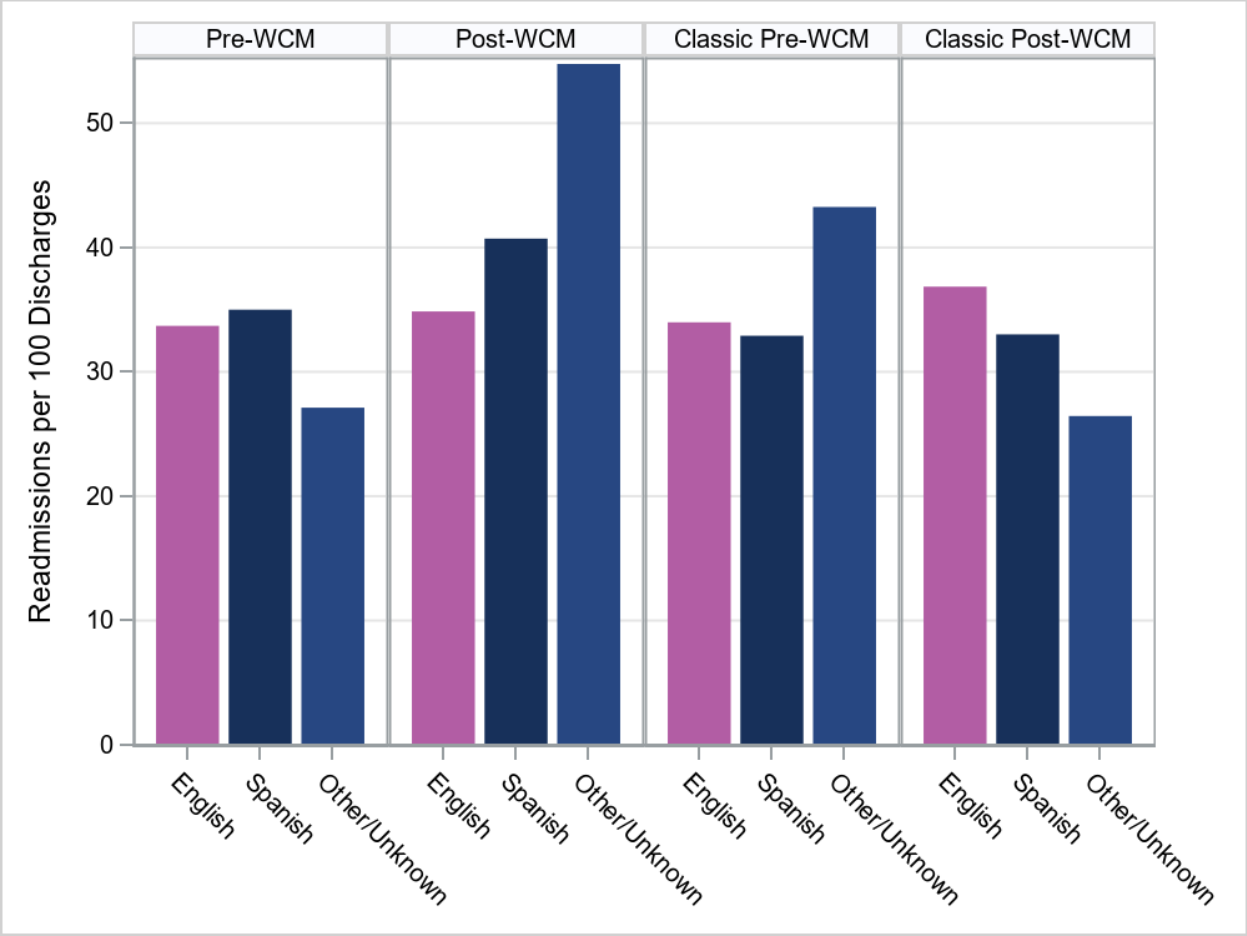
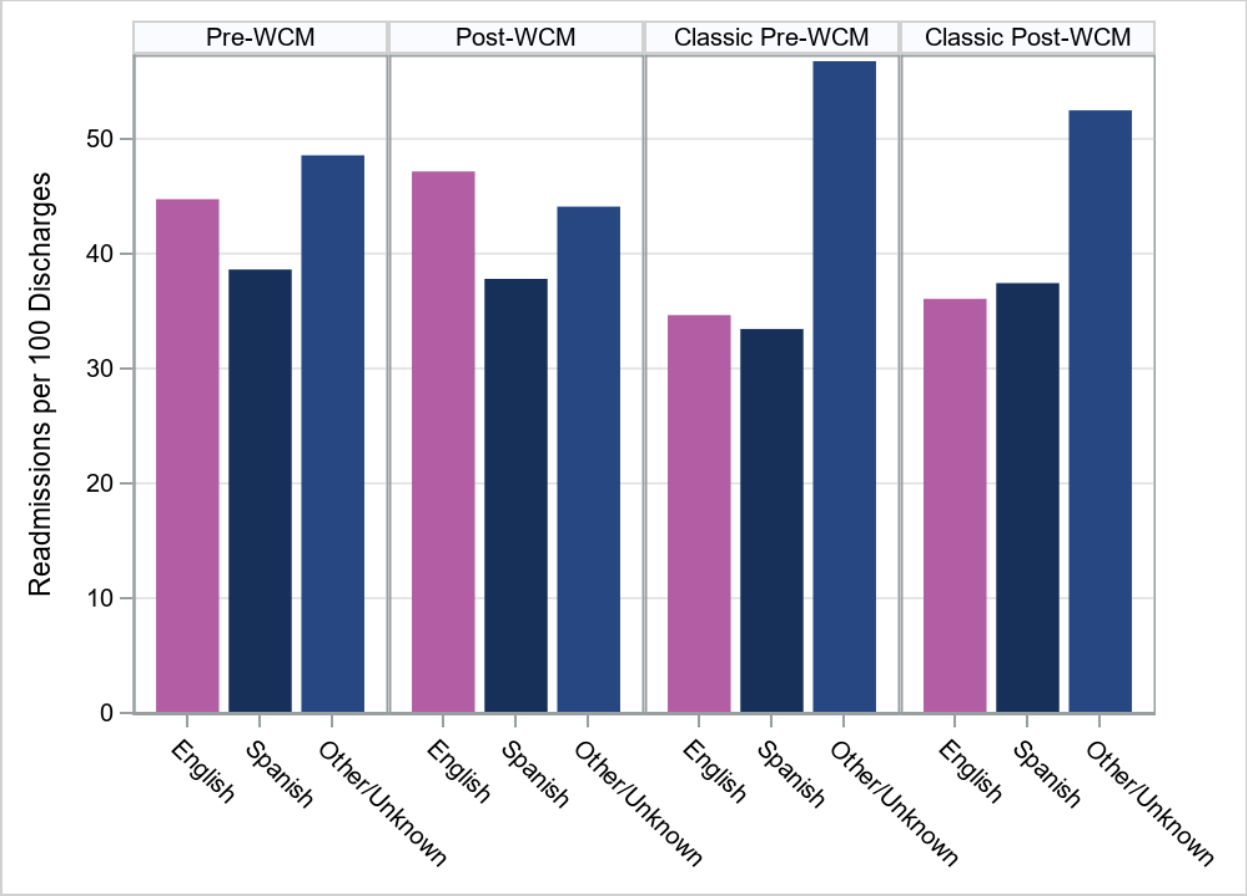


Figure 64. Hospital Readmission per 100 Discharges, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



In-Home Supportive Services (IHSS) by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. In-home supportive services (IHSS) claims for racial/ethnic groups in Phase I WCM increased in all groups with the exception of a decrease in the Other/Unknown group, and the pattern was similar. The Phase I Classic CCS comparison racial groups all increased in claims except for the Other/Unknown group that remained roughly unchanged, and the pattern was similar. Phase II WCM groups all increased or had no change, and the patterns were consistent. The Phase II Classic CCS comparison groups all had increased, and the pattern was consistent. Phase III WCM racial groups all had increases or remained roughly unchanged, and the pattern was similar. The Phase III Classic CCS comparison groups were mixed, with a slight increase in the Other/Unknown group, decreases in the Black and White groups, and no change in the Latinx group. The pattern was mixed.

Figure 65. In-Home Supportive Services per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

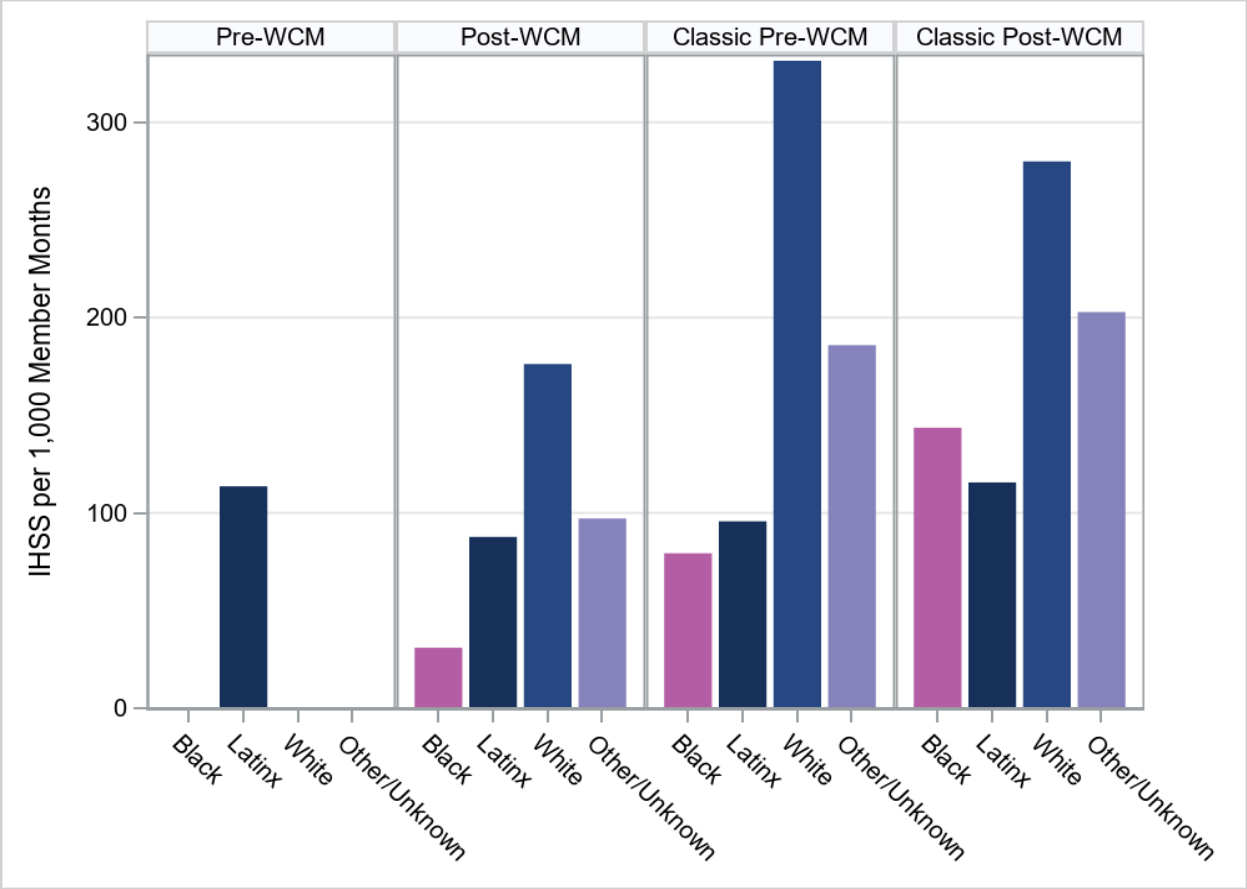


Figure 66. In-Home Supportive Services per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

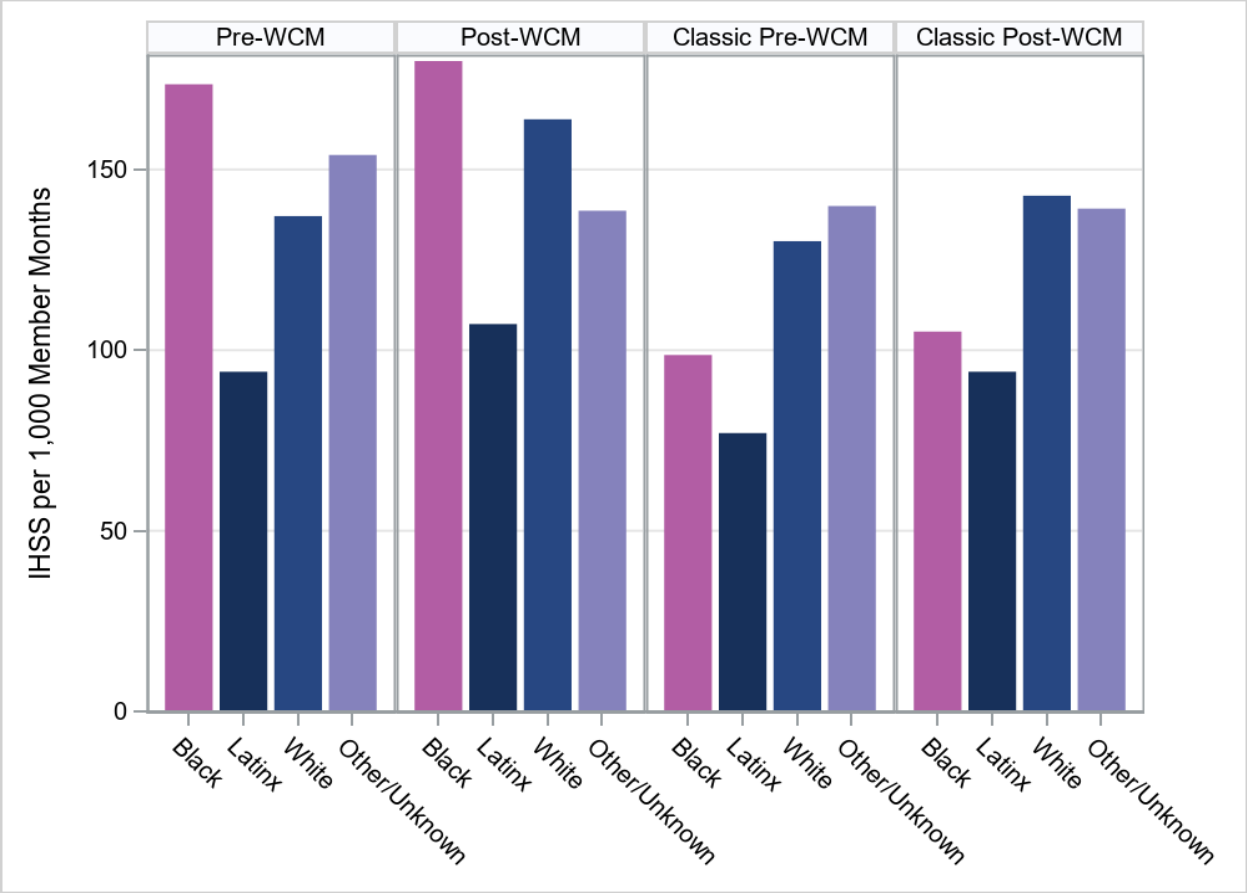


Figure 67. In-Home Supportive Services per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

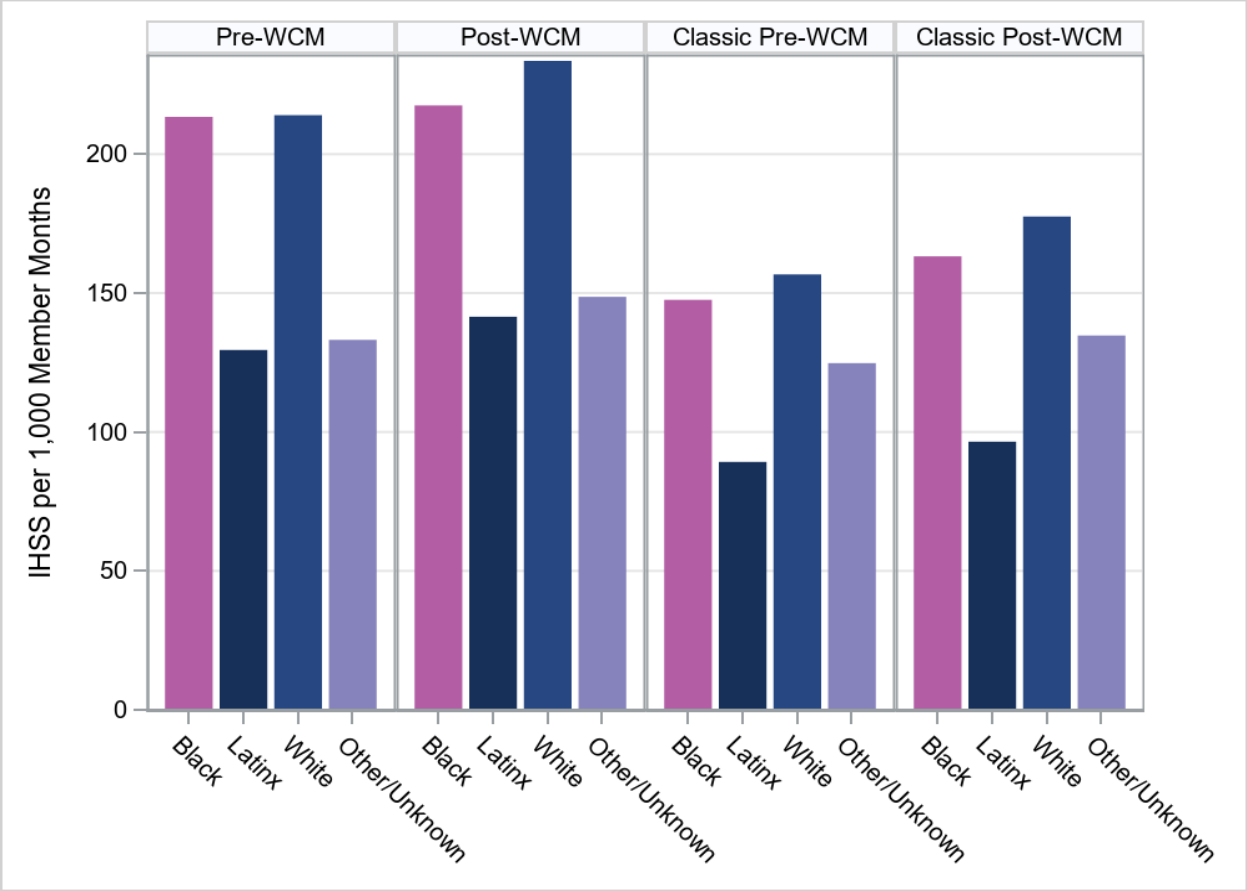
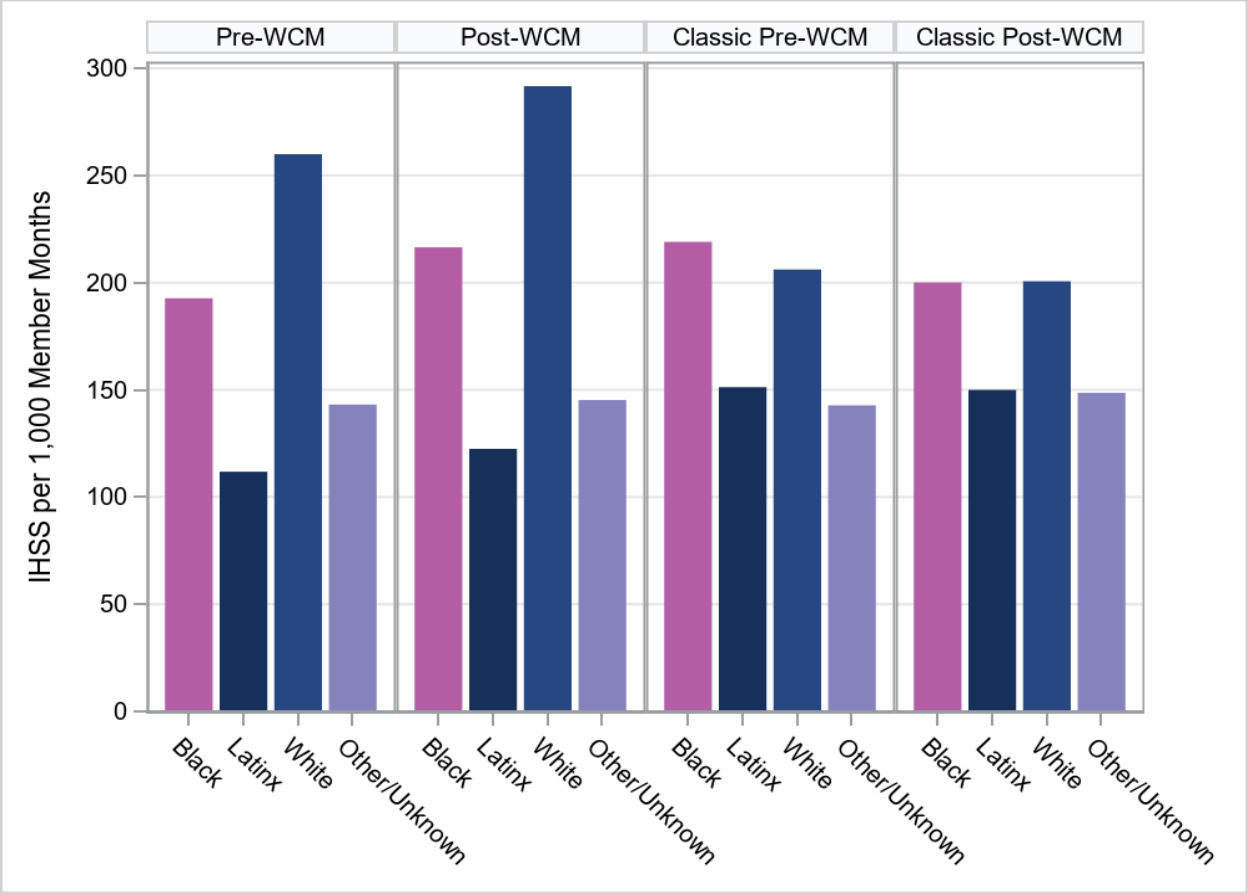


Figure 68. In-Home Supportive Services per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



In-Home Supportive Services (IHSS) by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. In-home supportive services (IHSS) claims for Phase I WCM groups and Classic CCS comparison groups all increased, and both the patterns were consistent. Phase II WCM groups were mixed: claims increased in the English language group, decreased in the Other/Unknown group, had little or no change in the Spanish group and the pattern was consistent. In the Phase II Classic CCS comparison group, claims increased in the English and Other/Unknown groups with no change in the Spanish group, and the pattern was consistent.

Phase III WCM groups had increases in IHSS claims in the English and Spanish groups, no change in the Other/Unknown group, and the pattern was consistent. Phase III Classic CCS comparison group had slight decreases in claims for the Other/Unknown language group, little or no change in the English and Spanish groups, and the pattern was mixed.

Figure 69. In-Home Supportive Services per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

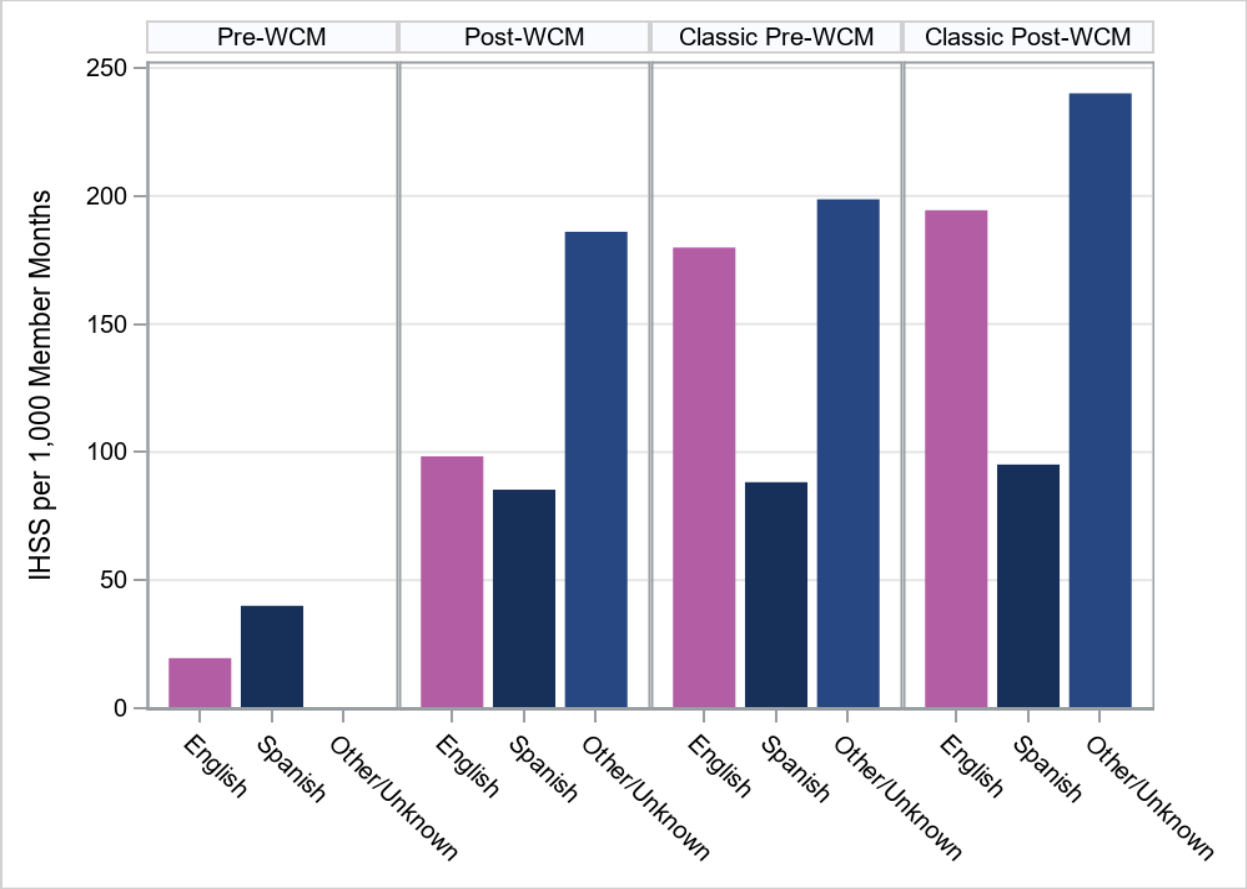


Figure 70. In-Home Supportive Services per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

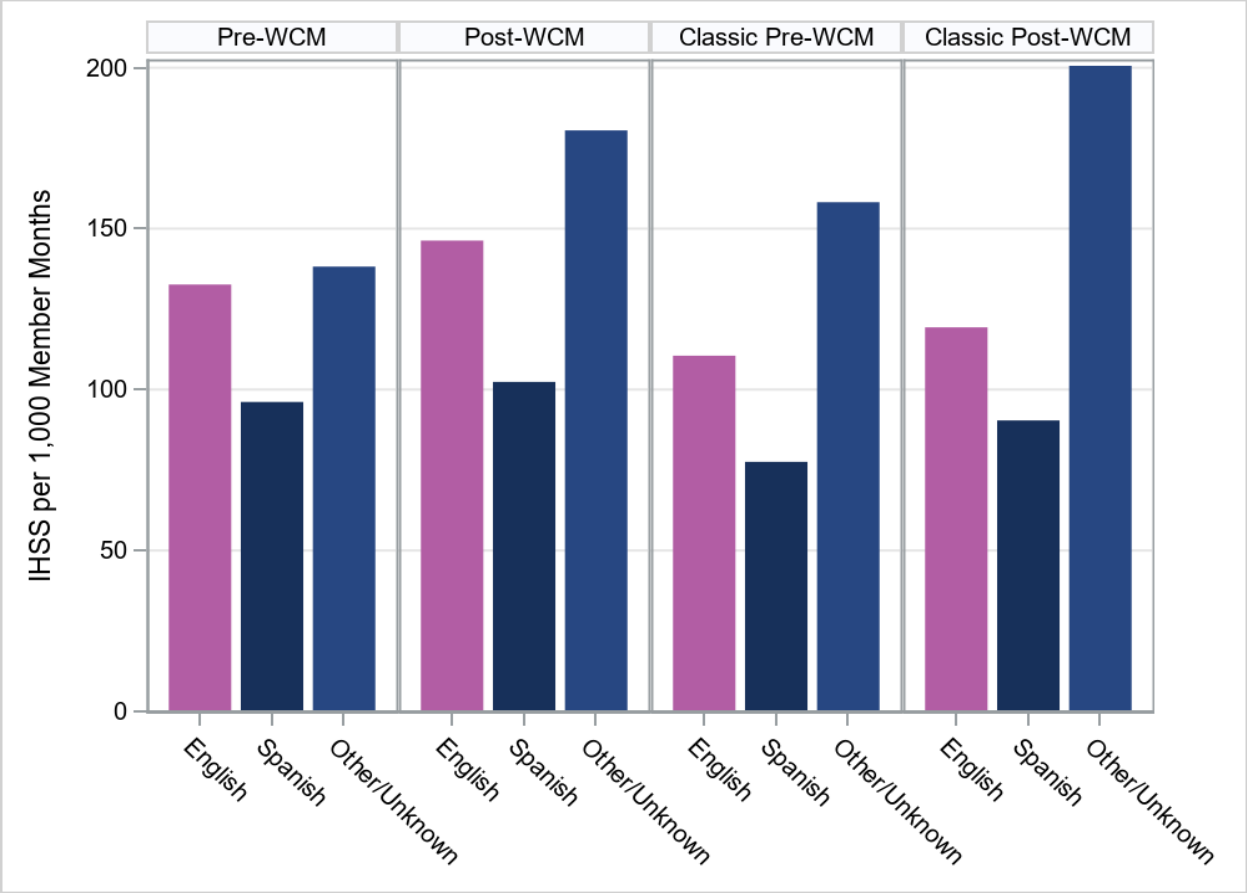


Figure 71. In-Home Supportive Services per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

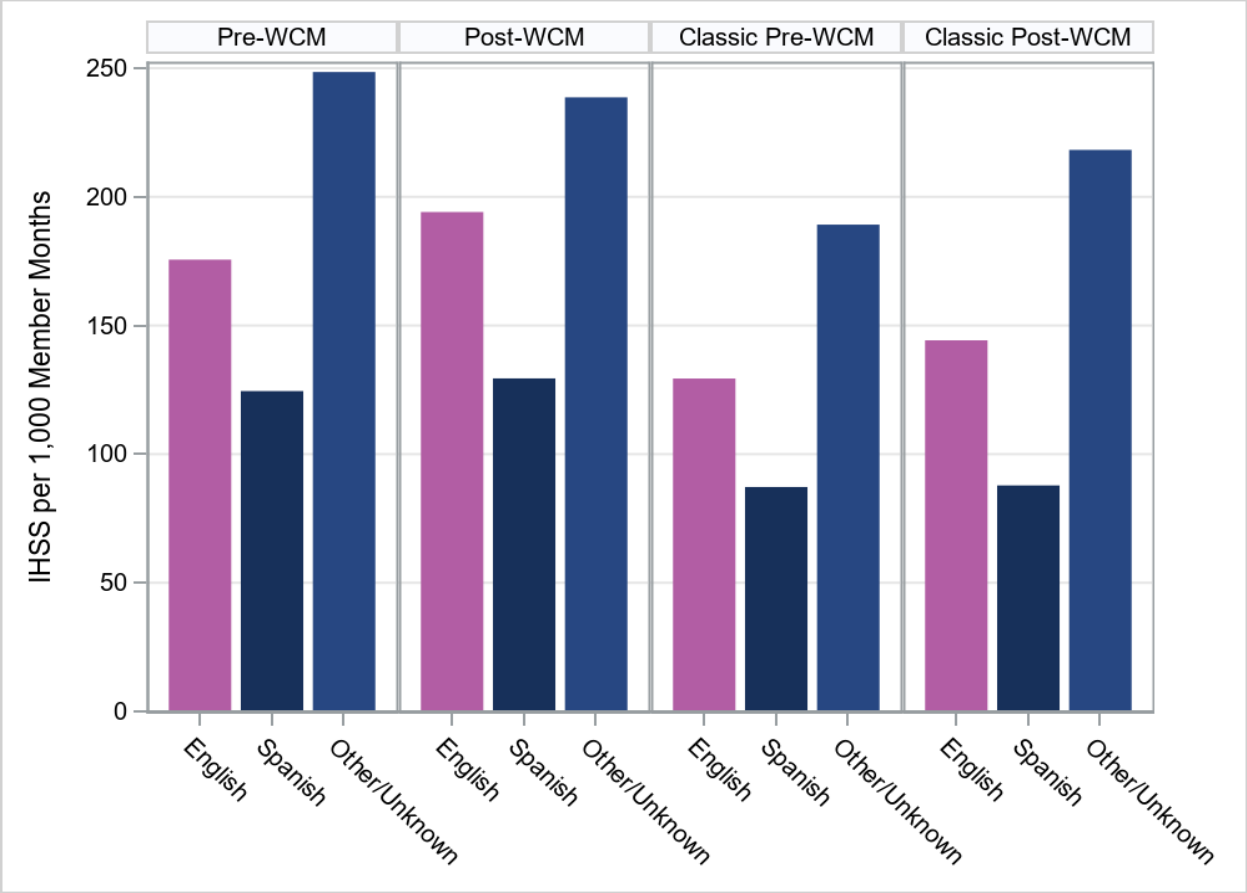
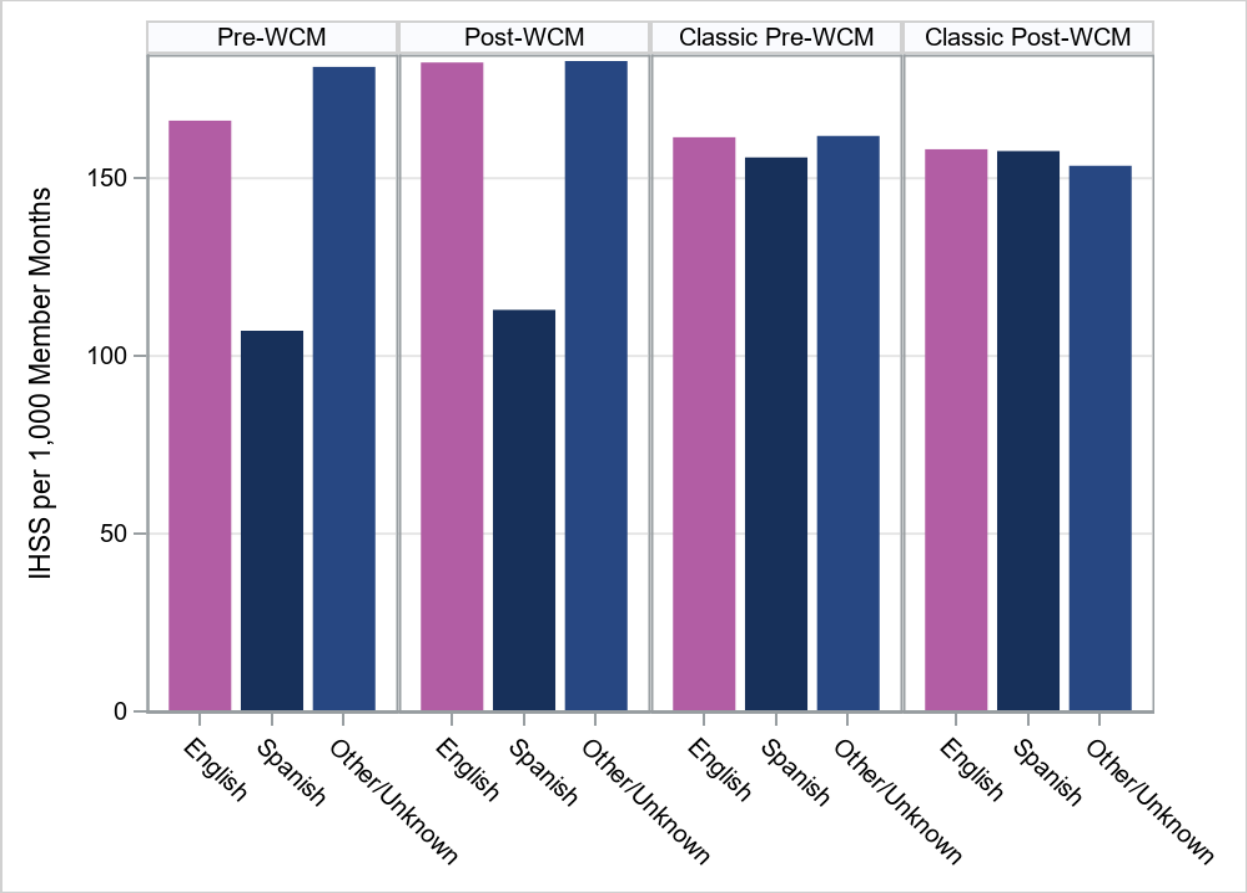


Figure 72. In-Home Supportive Services per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Mental Health Visits by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Mental health visits increased post-implementation of all Phase I WCM racial groups and the pattern is similar. In the Phase I Classic CCS comparison group, all racial groups had increased visits except for the Other/Unknown race group, and the pattern was similar. Phase II WCM groups all had increased mental health visits and the pattern was consistent. Phase II Classic CCS comparison groups were mixed, with increases in the White group, decreases in the Black group, and little or no change in the Latinx and Other/Unknown groups. The pattern was consistent. Phase III WCM groups all had increased mental health visits with a marked increase in the Black group. The pattern was consistent. The Phase III Classic CCS comparison groups all had slight increases except for the Other/Unknown group which remained roughly unchanged, and the pattern was similar.

Figure 73. Mental Health Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

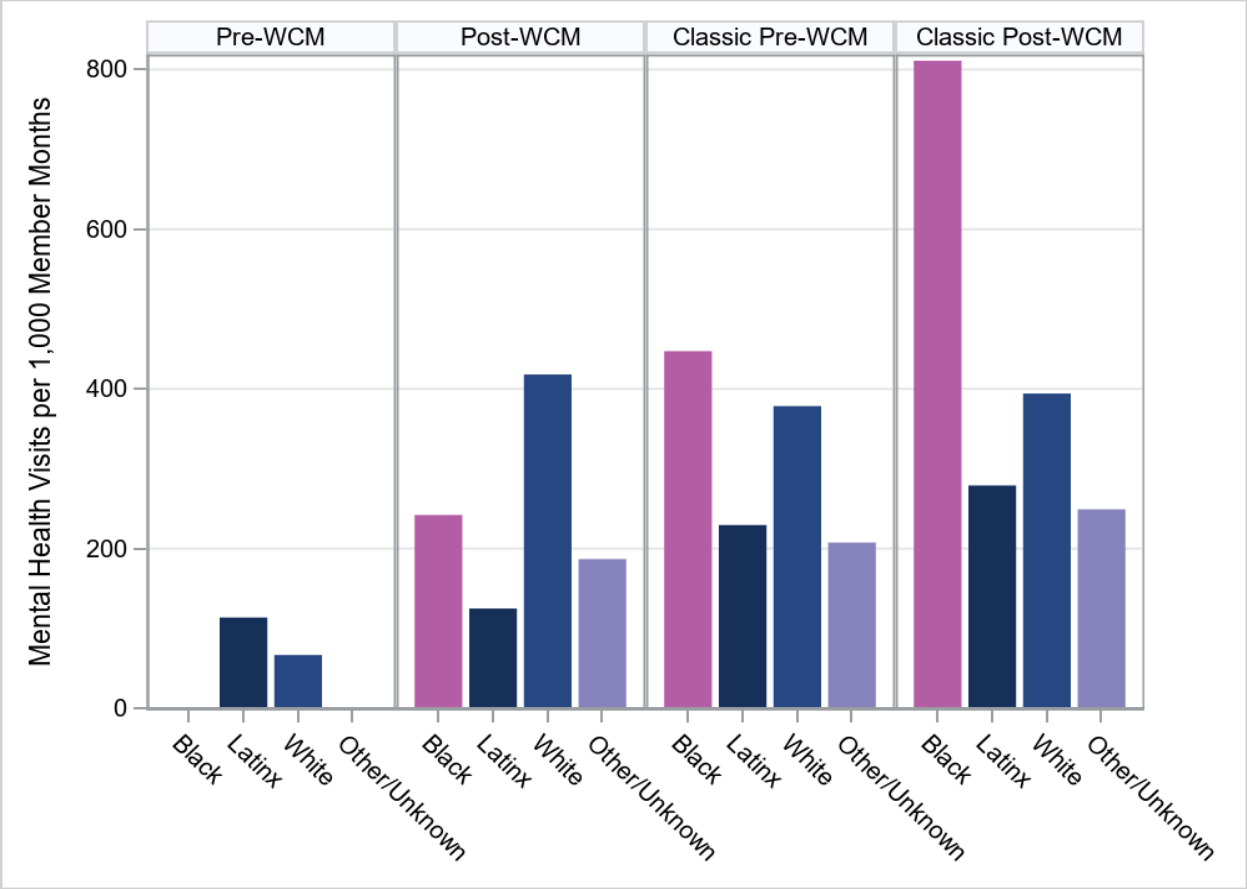


Figure 74. Mental Health Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

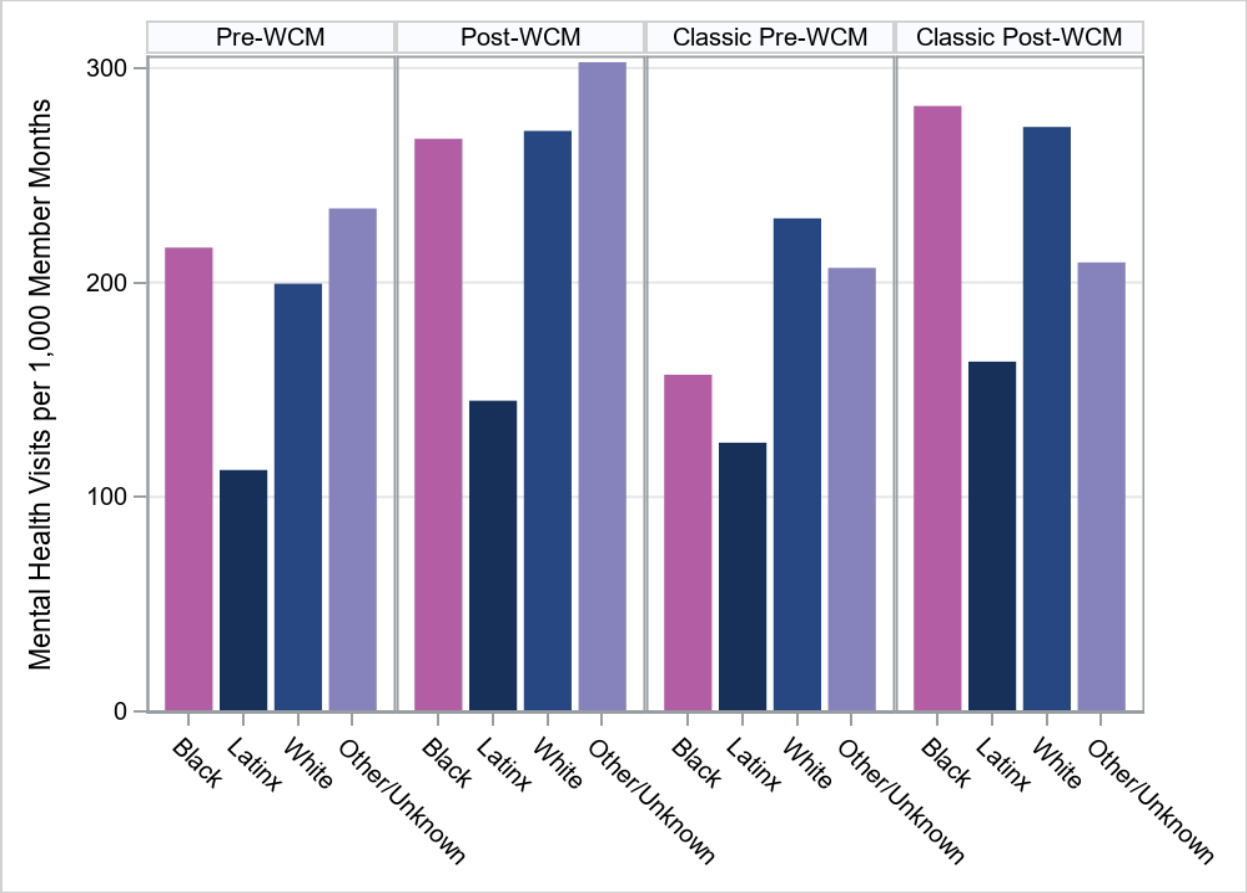


Figure 75. Mental Health Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

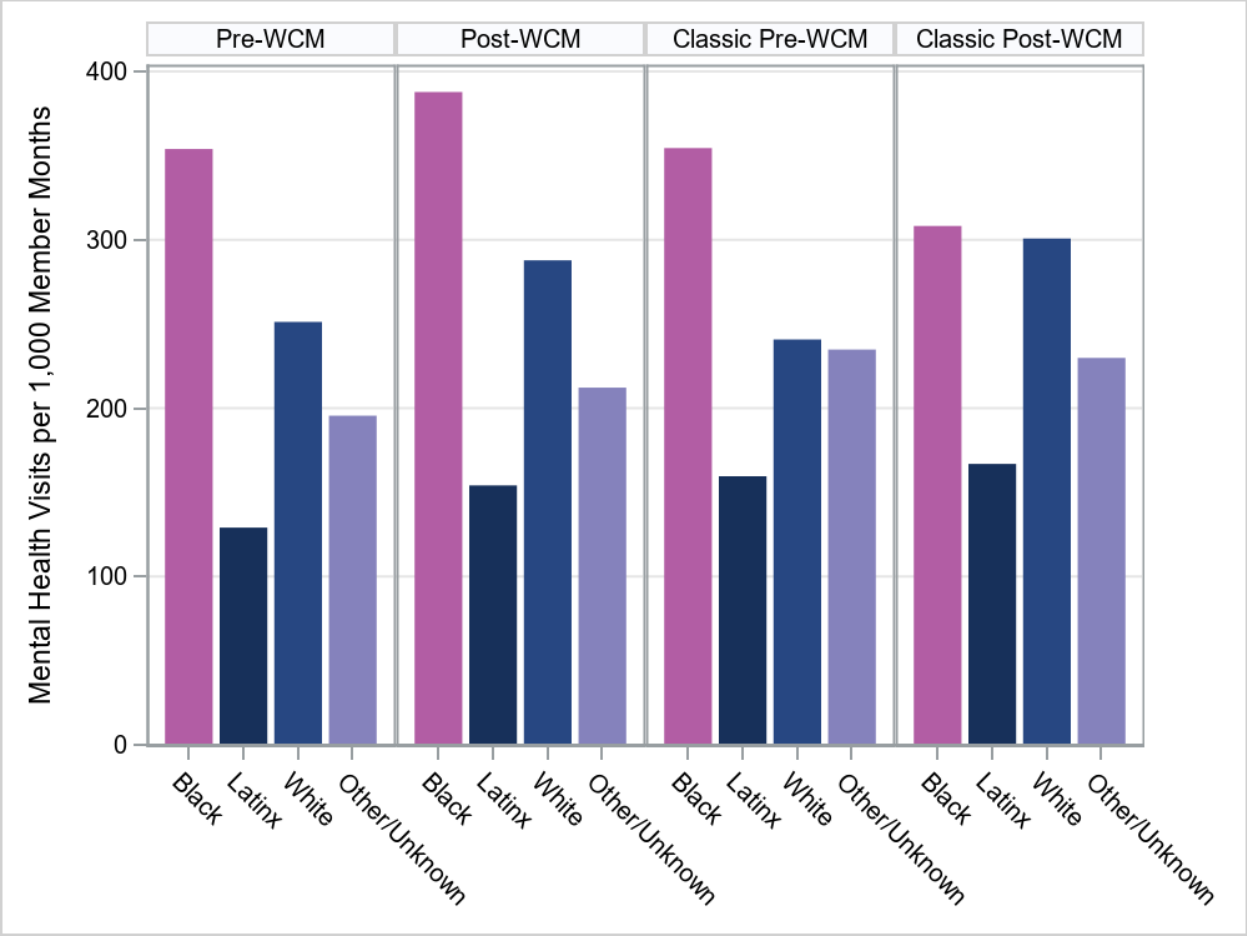
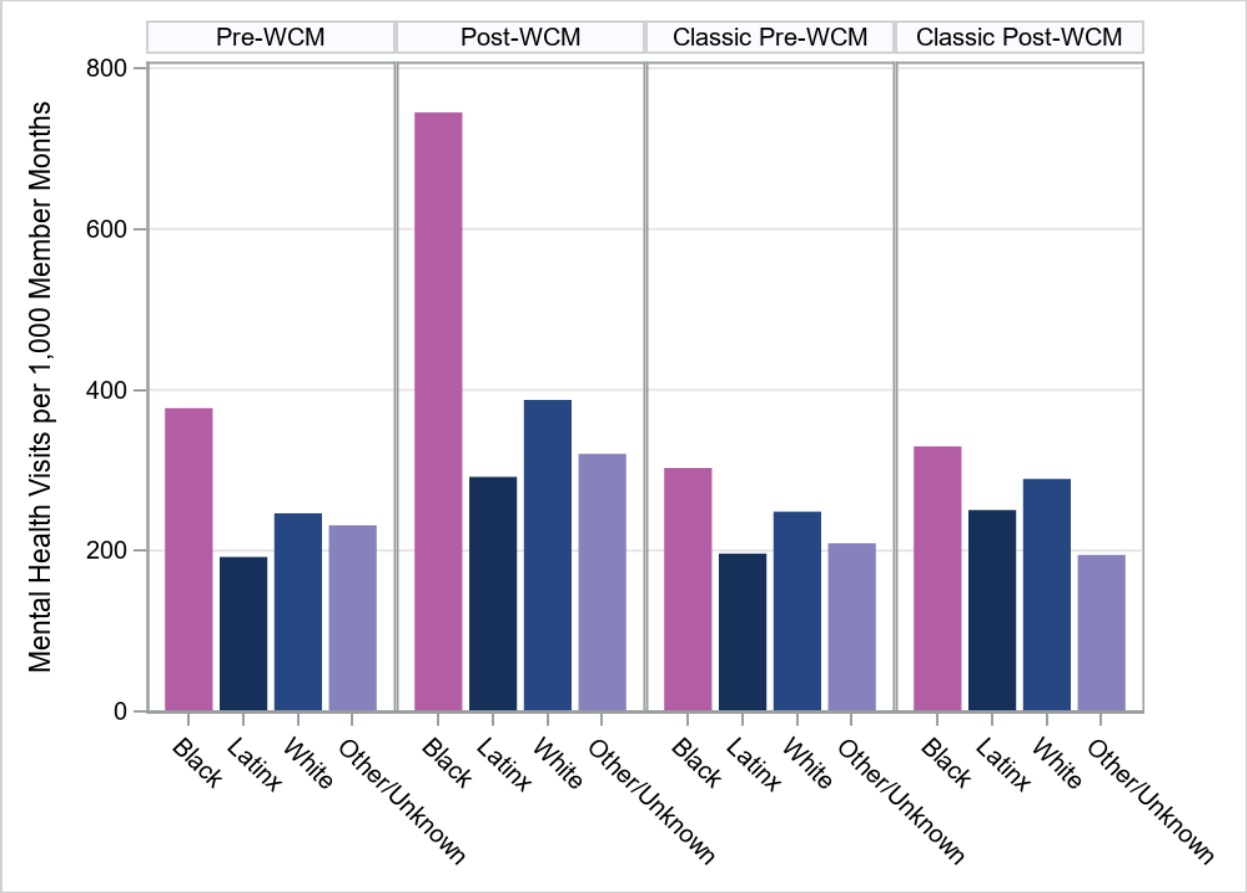


Figure 76. Mental Health Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Mental Health Visits by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Mental health visits for Phase I WCM language groups increased for the English and Spanish group, decreased in the Other/Unknown group, and the pattern was mixed. The Phase I Classic CCS comparison groups all had increased visits and the pattern was mixed. Phase II WCM English and Spanish language groups increased, the Other/Unknown group decreased, and the pattern was mixed. The Phase II Classic CCS comparison groups had slight increases in the English and Spanish groups, little or no change in the Other/Unknown group, and the pattern was consistent. The Phase III WCM groups all had increased visits and the pattern was mixed. The Phase III Classic CCS comparison groups all increased and the pattern was consistent

Figure 77. Mental Health Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

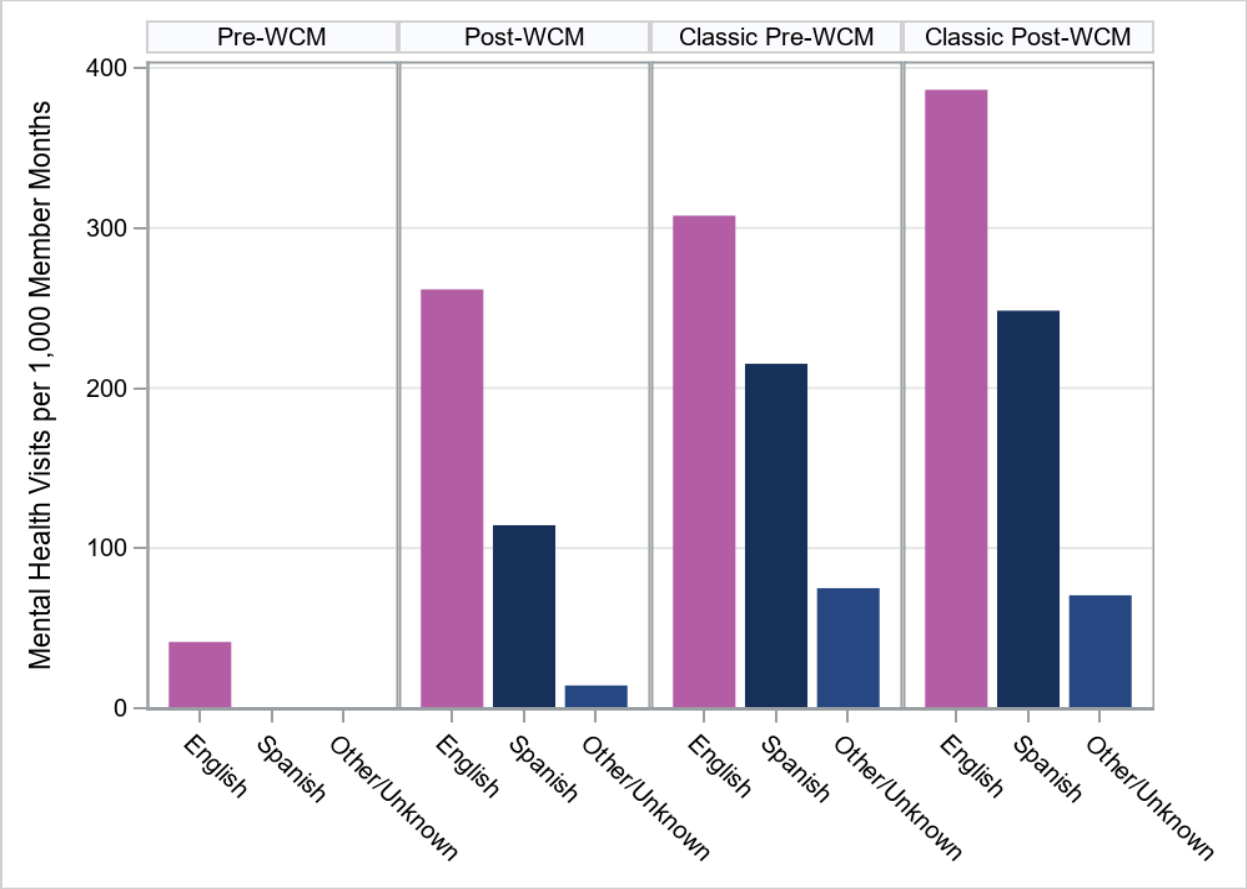


Figure 78. Mental Health Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

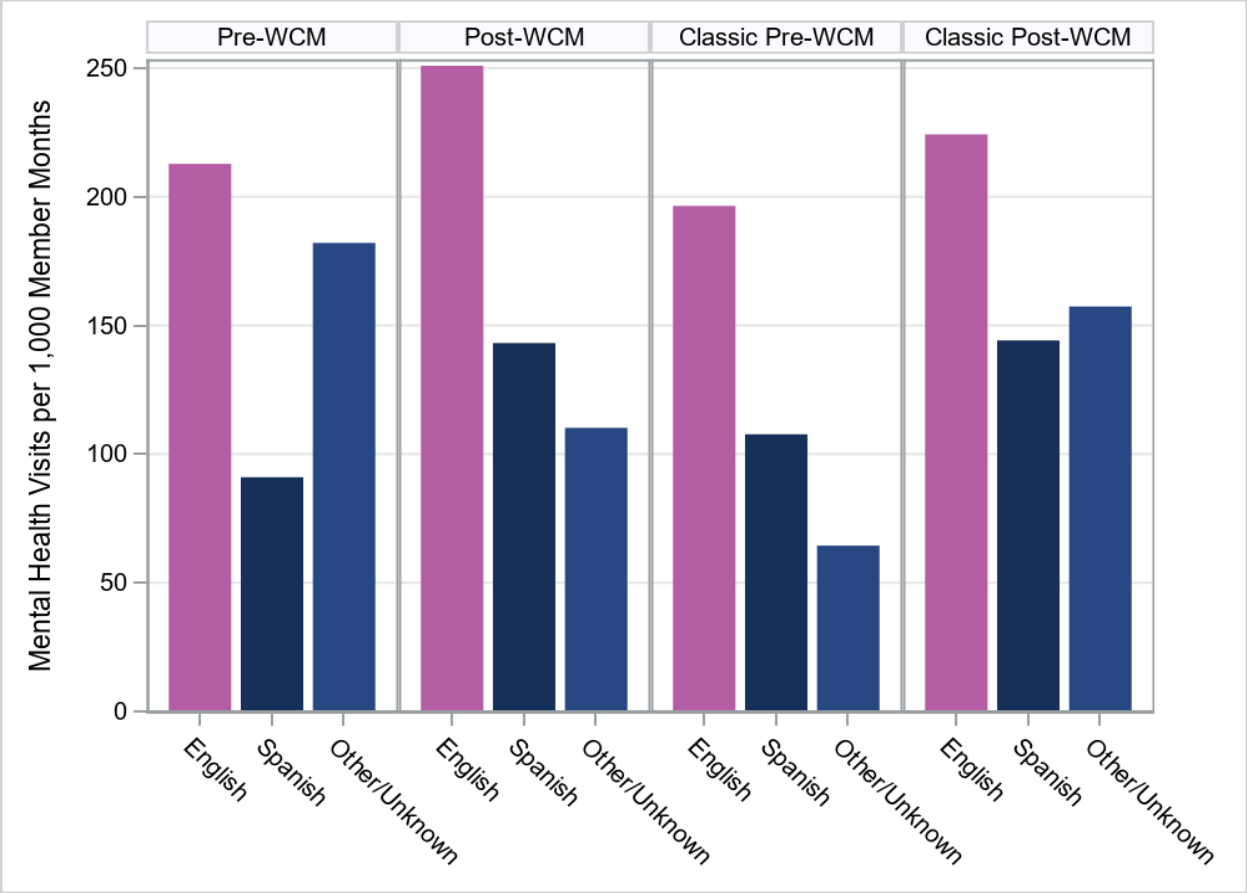


Figure 79. Mental Health Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

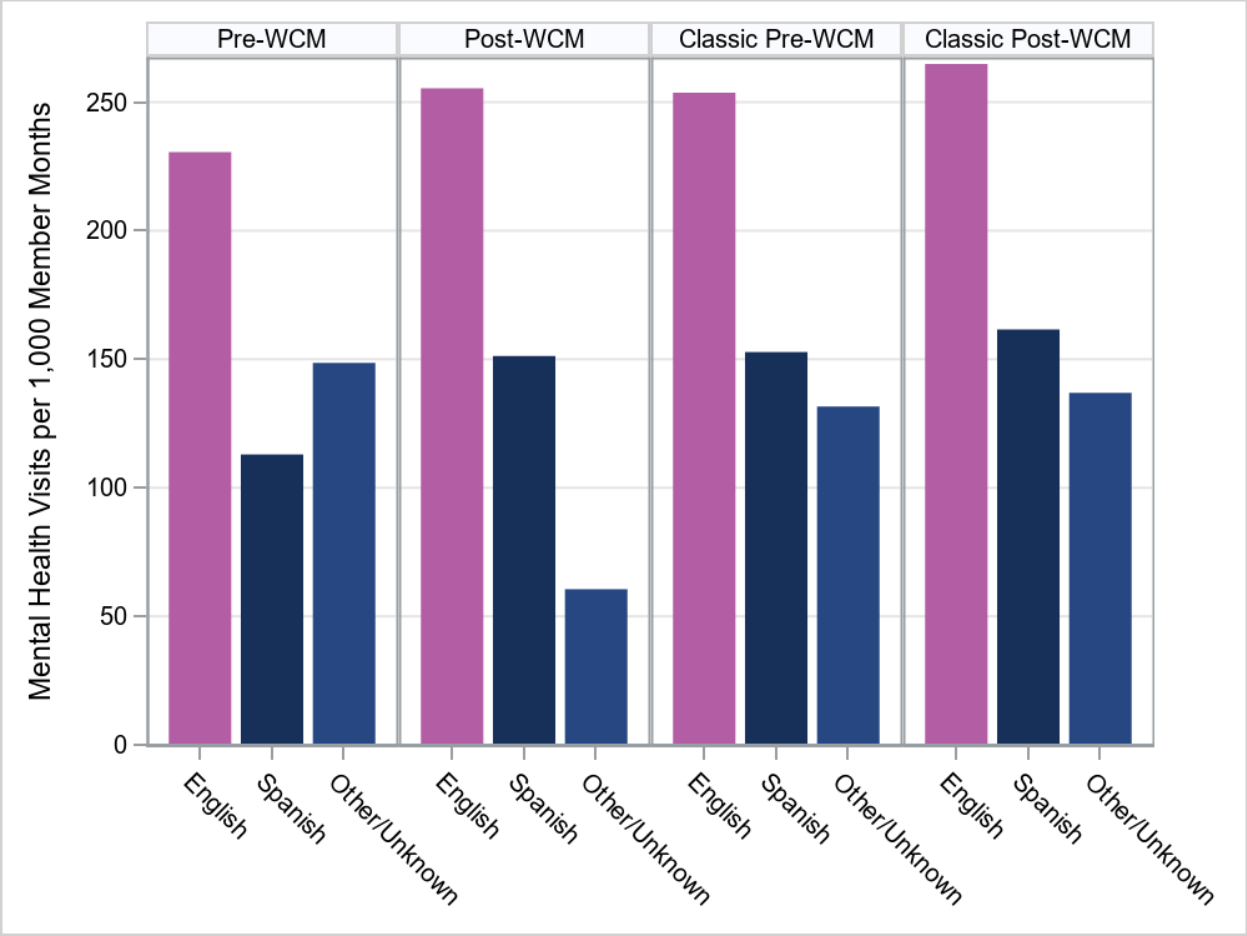
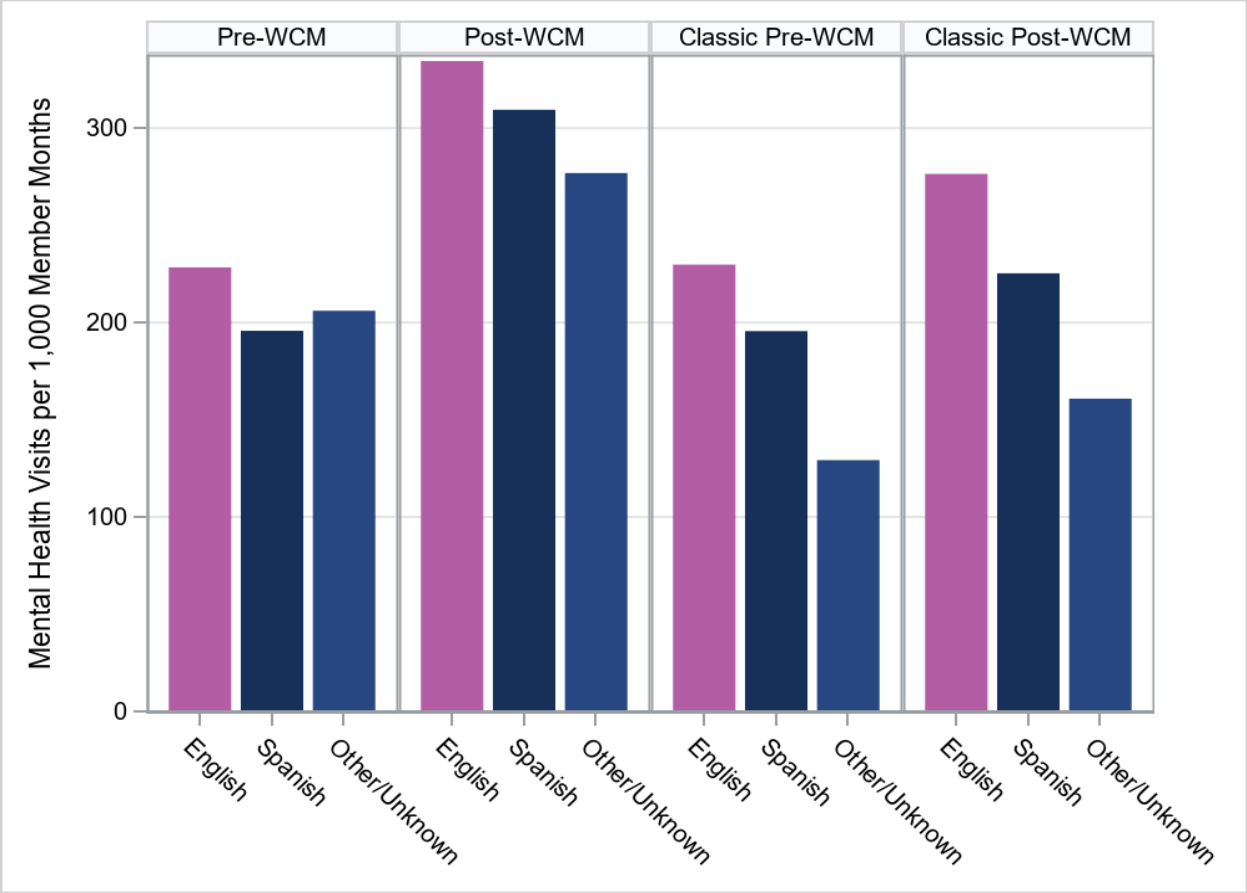


Figure 80. Mental Health Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Pharmacy Claims by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM pharmacy claims increased in the White race group, decreased in the other groups, and the pattern was similar. In the Phase I Classic CCS comparison group, all race groups had increased claims and the pattern was similar. Pharmacy claims in Phase II WCM decreased in the Other/Unknown race group, with little or no change in the other groups, and the pattern was consistent. All race groups in the Phase II Classic CCS comparison group increased and the pattern was consistent. Pharmacy claims for the Phase III WCM group decreased for the Other/Unknown race groups, all other groups had little or no change, and the pattern was consistent. In the Phase III Classic CCS comparison group, claims increased in the Black and Other/Unknown groups with little or no change in the other groups, and the pattern was similar.

Figure 81. Pharmacy Claims per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

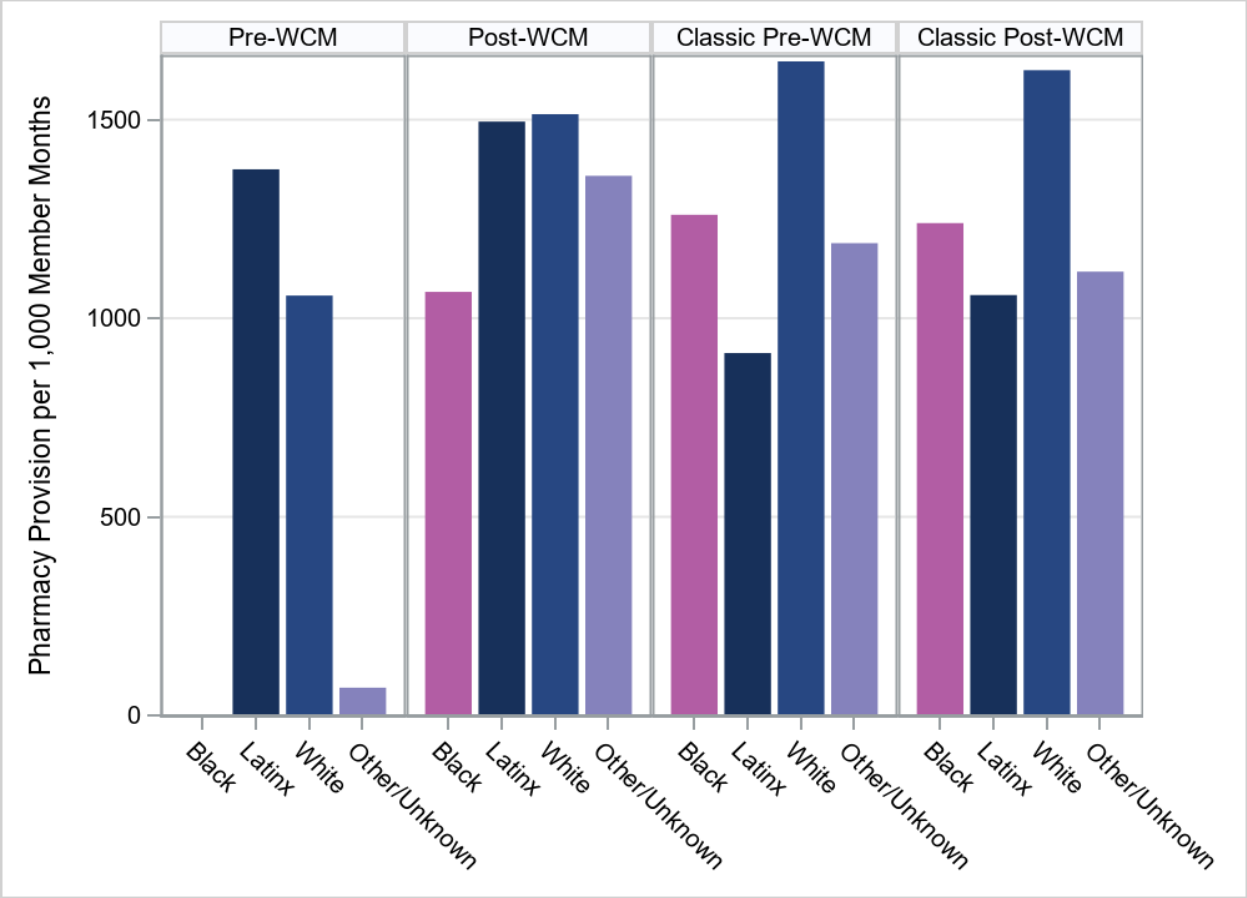


Figure 82. Pharmacy Claims per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

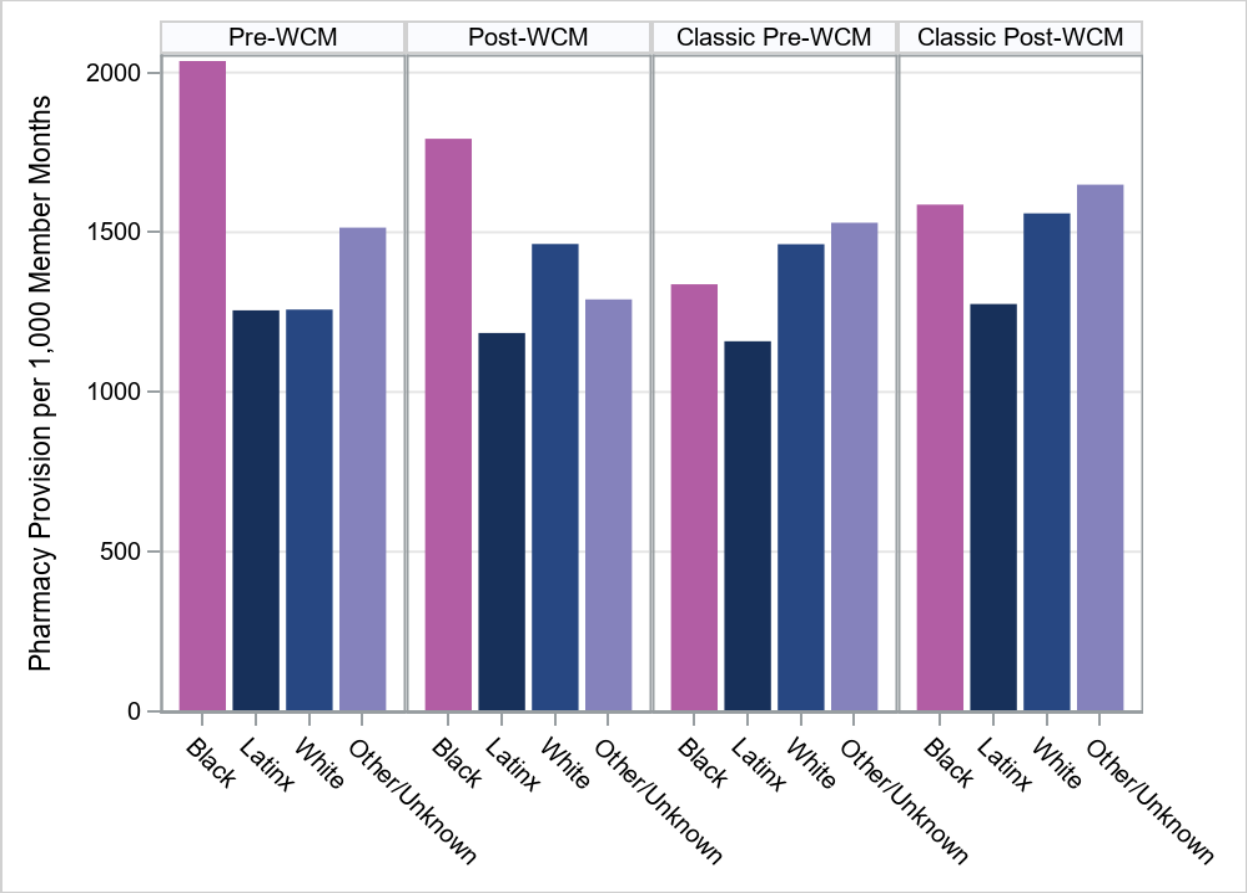


Figure 83. Pharmacy Claims per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

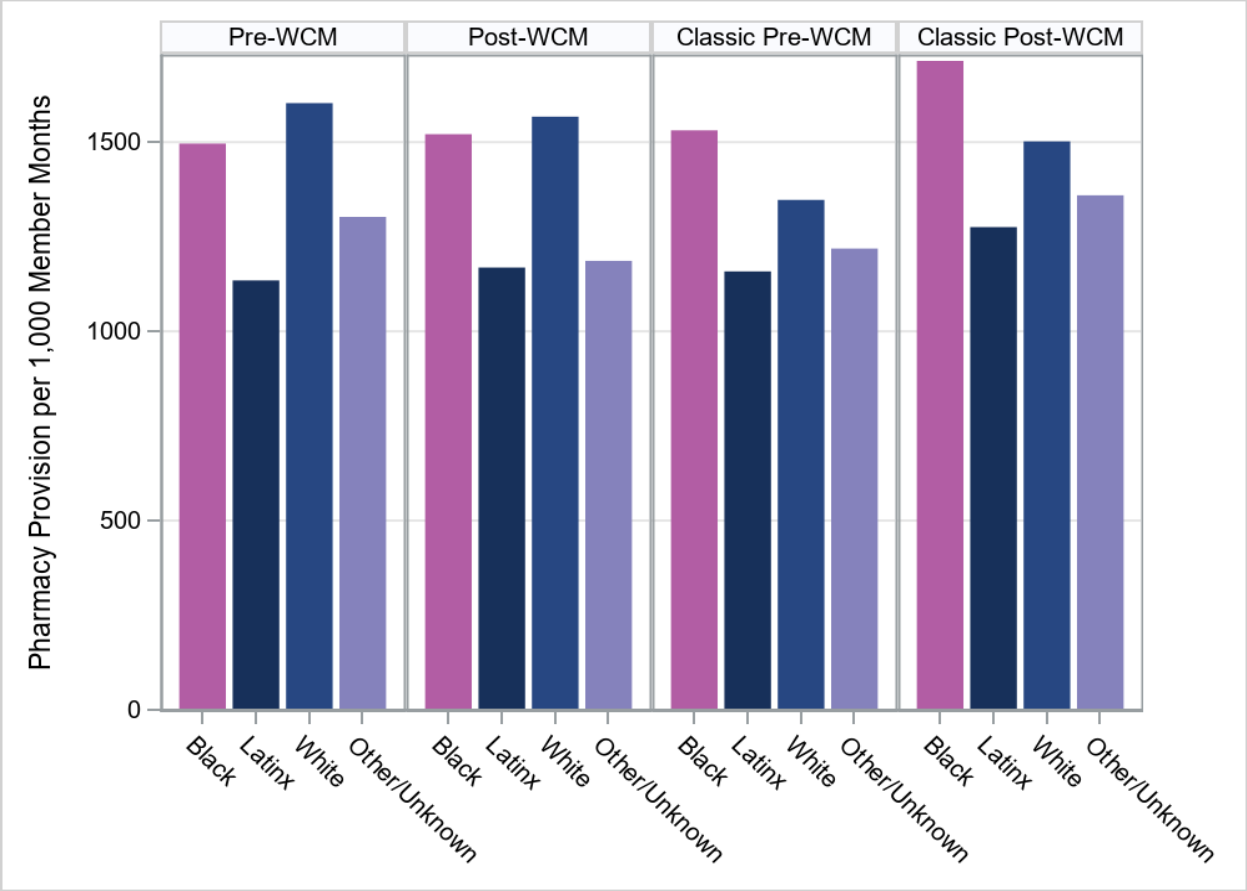
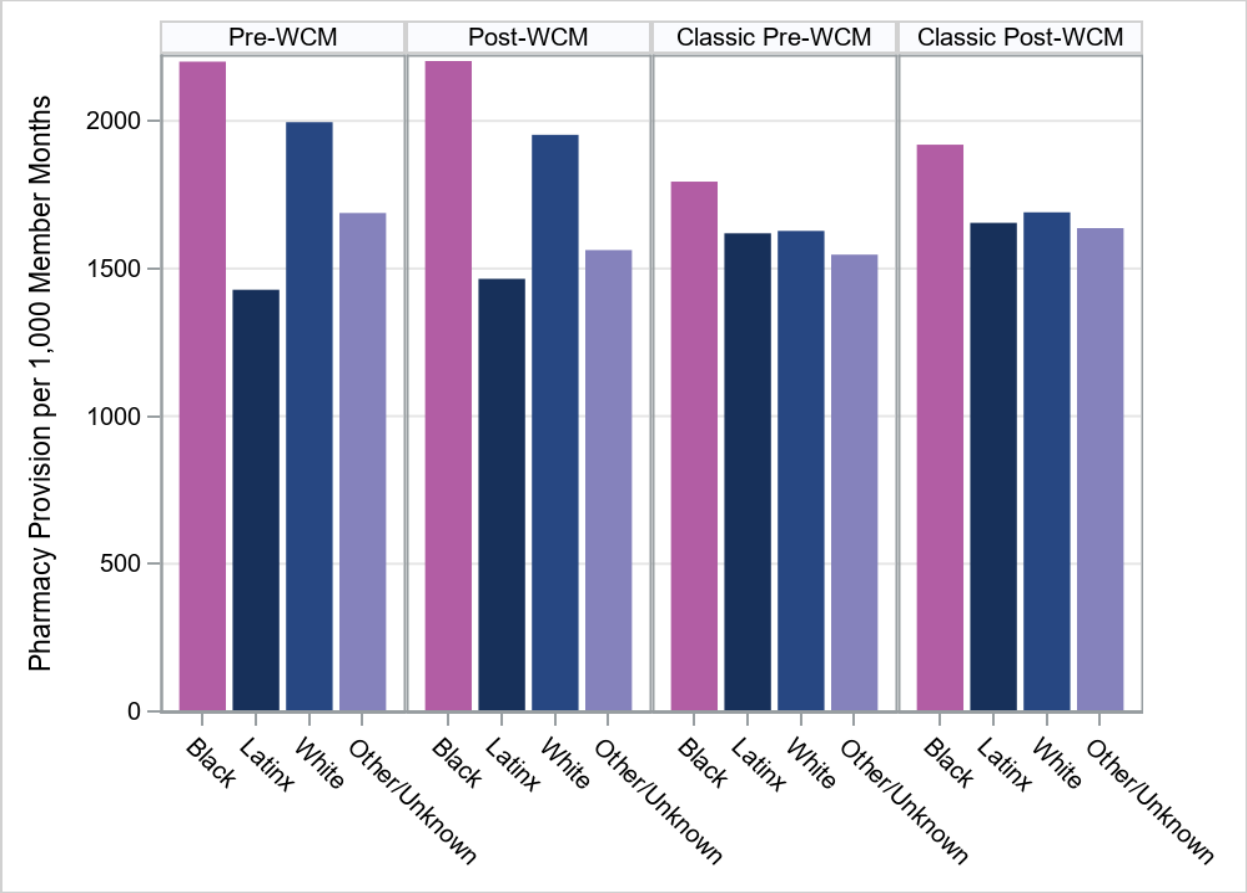


Figure 84. Pharmacy Claims per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Pharmacy Claims by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Pharmacy claims for Phase I WCM increased in the Other/Unknown language group, decreased in the Spanish group, remained roughly unchanged in the English group, and the pattern was consistent. In the Phase I Classic CCS comparison group, pharmacy claims increased in all language groups with the exception of little change in the Other/Unknown group, and the pattern was consistent. Phase II WCM groups had a slight decrease in the English group, little or no change in the Spanish and Other/Unknown groups, and the pattern is mixed. All groups in the Phase II Classic CCS comparison group increased in pharmacy claims and the pattern was consistent. The Phase III WCM group had decreases in the Other/Unknown language group, little or no changes in the English and Spanish groups, and the pattern was consistent. In the Phase III Classic CCS comparison groups, pharmacy claims increased in the English group, with little or no change in the Spanish and Other/Unknown groups, and the pattern was consistent.

Figure 85. Pharmacy Claims per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

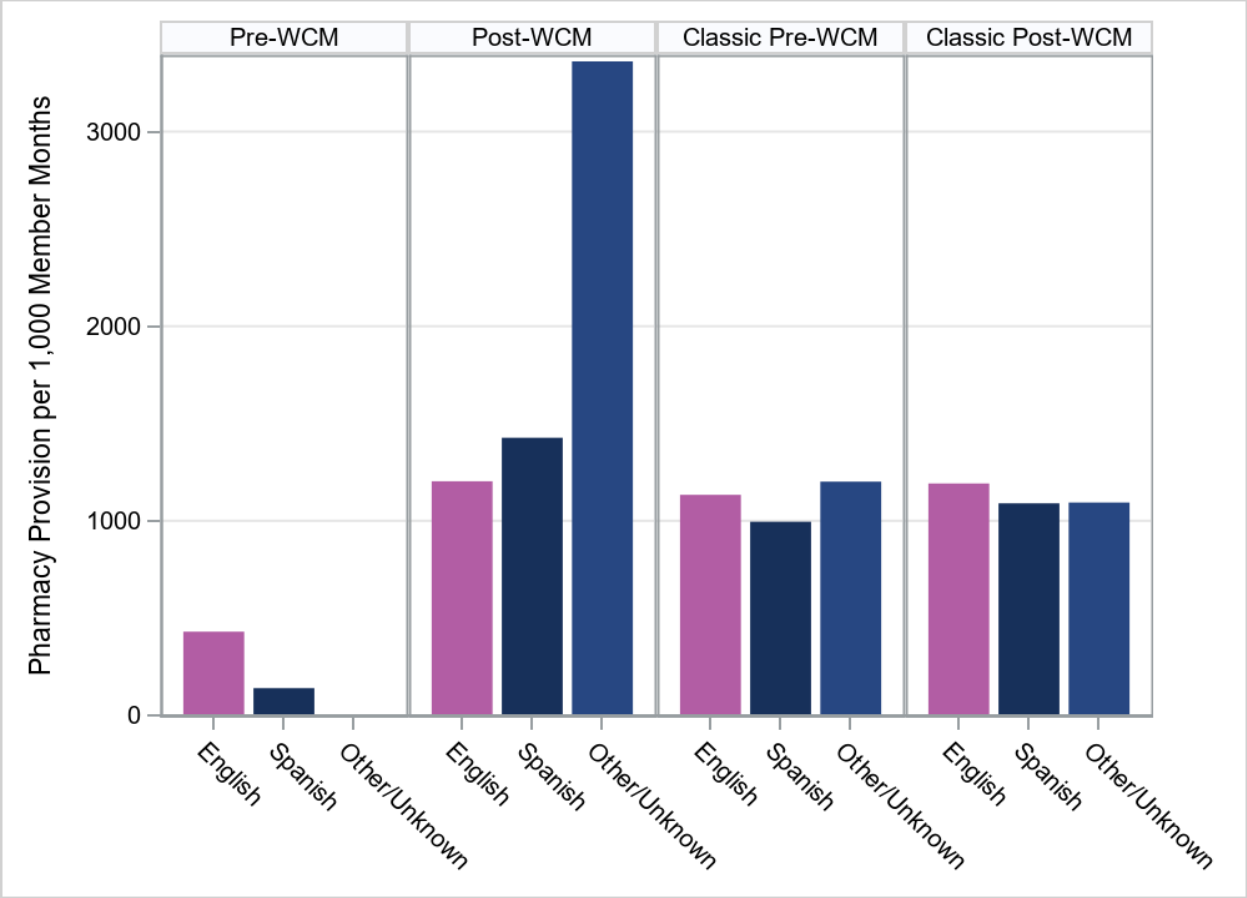


Figure 86. Pharmacy Claims per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

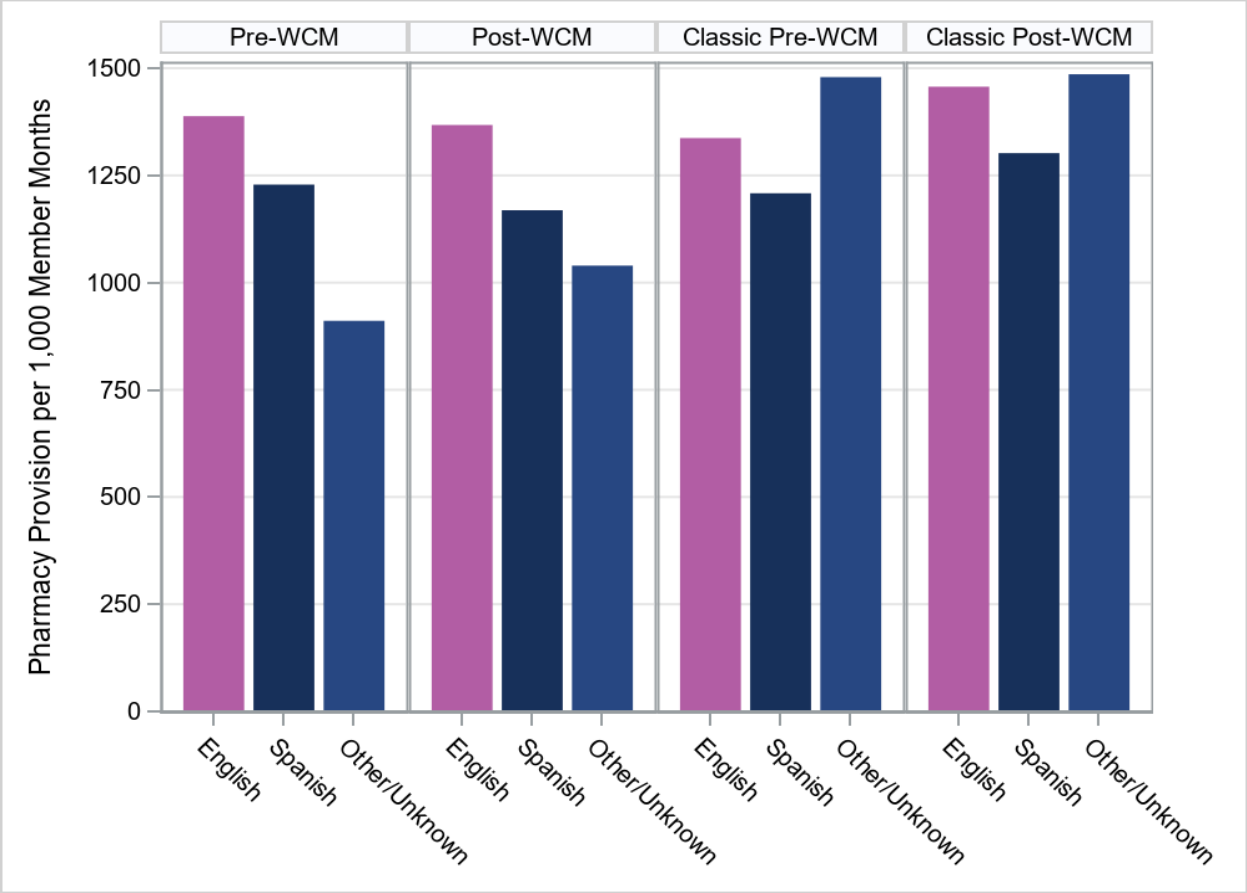


Figure 87. Pharmacy Claims per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

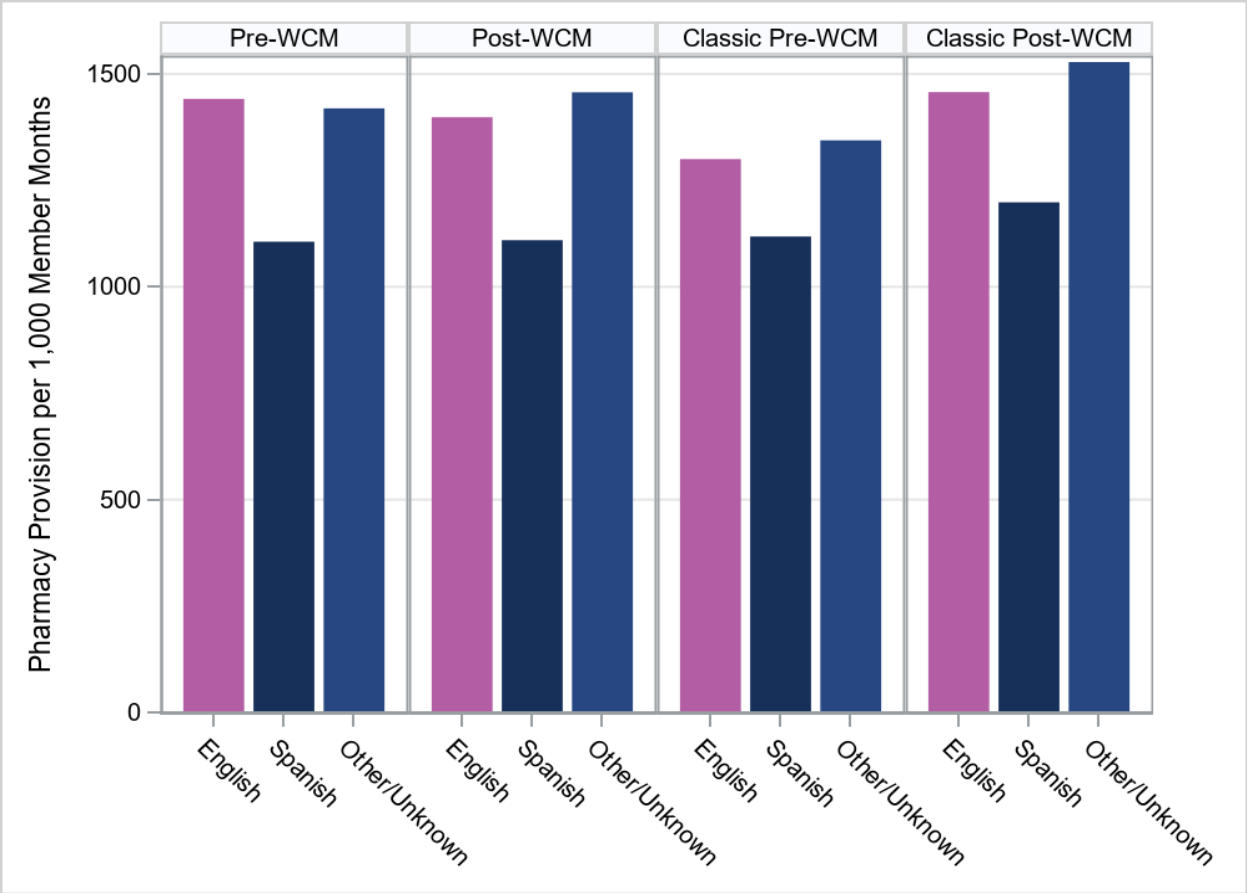
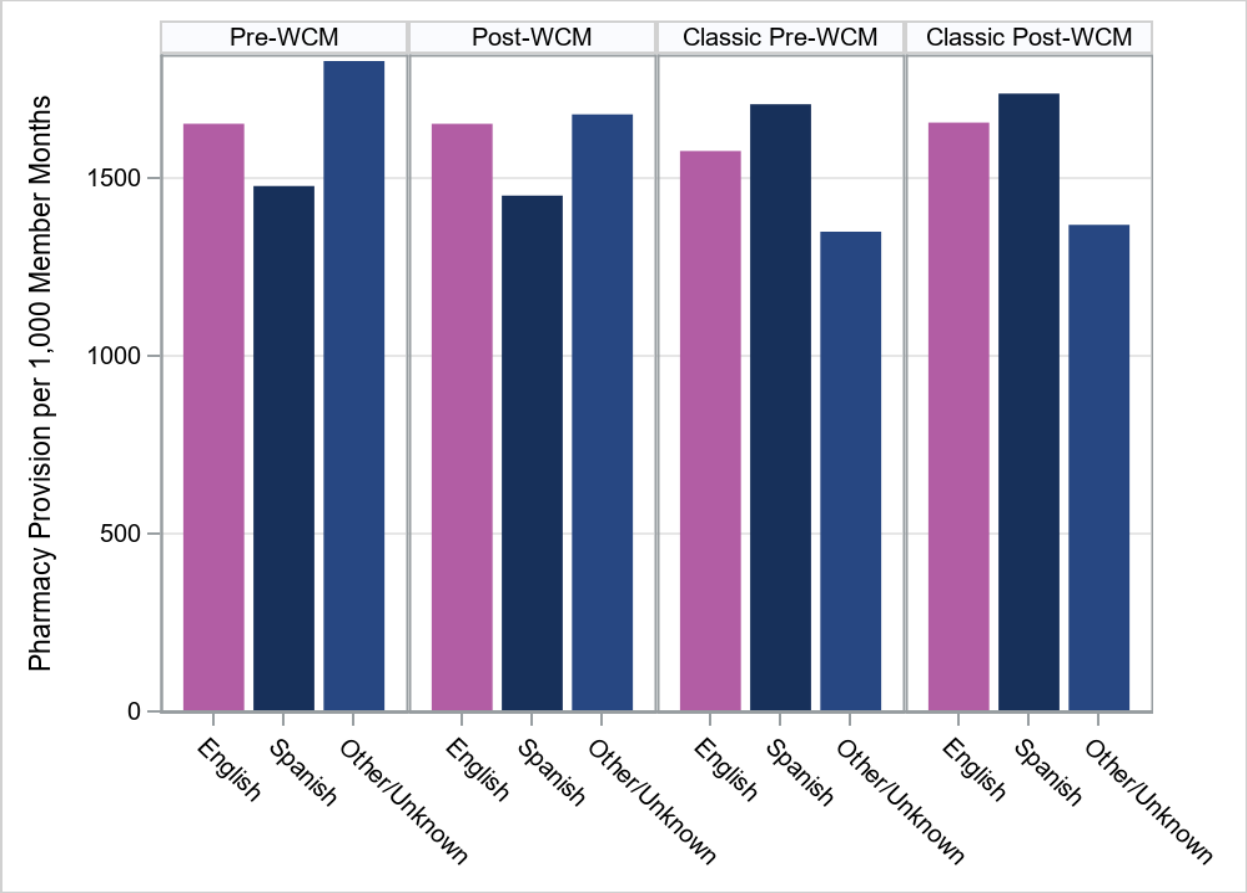


Figure 88. Pharmacy Claims per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Primary Care Physician Visits by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM most race/ethnic groups increased had increased primary care provider (PCP) visits post-implementation with the exception of the Black group that had little change, and the pattern was mixed. In the Phase I Classic CCS comparison race/ethnicity groups, visits all increased and the pattern was similar. In Phase II WCM groups, most groups increased except for a slight decrease in the White group and the pattern was mixed. In Phase II Classic CCS comparison group, all groups increased, and the pattern was similar. In Phase III WCM, the White and Other/Unknown groups had visit decreases, the Black and Latinx groups had little change, and the pattern was similar. In the Phase III Classic CCS comparison, all race/ethnic groups had decreased visits and the pattern was consistent.

Figure 89. Primary Care Physician Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

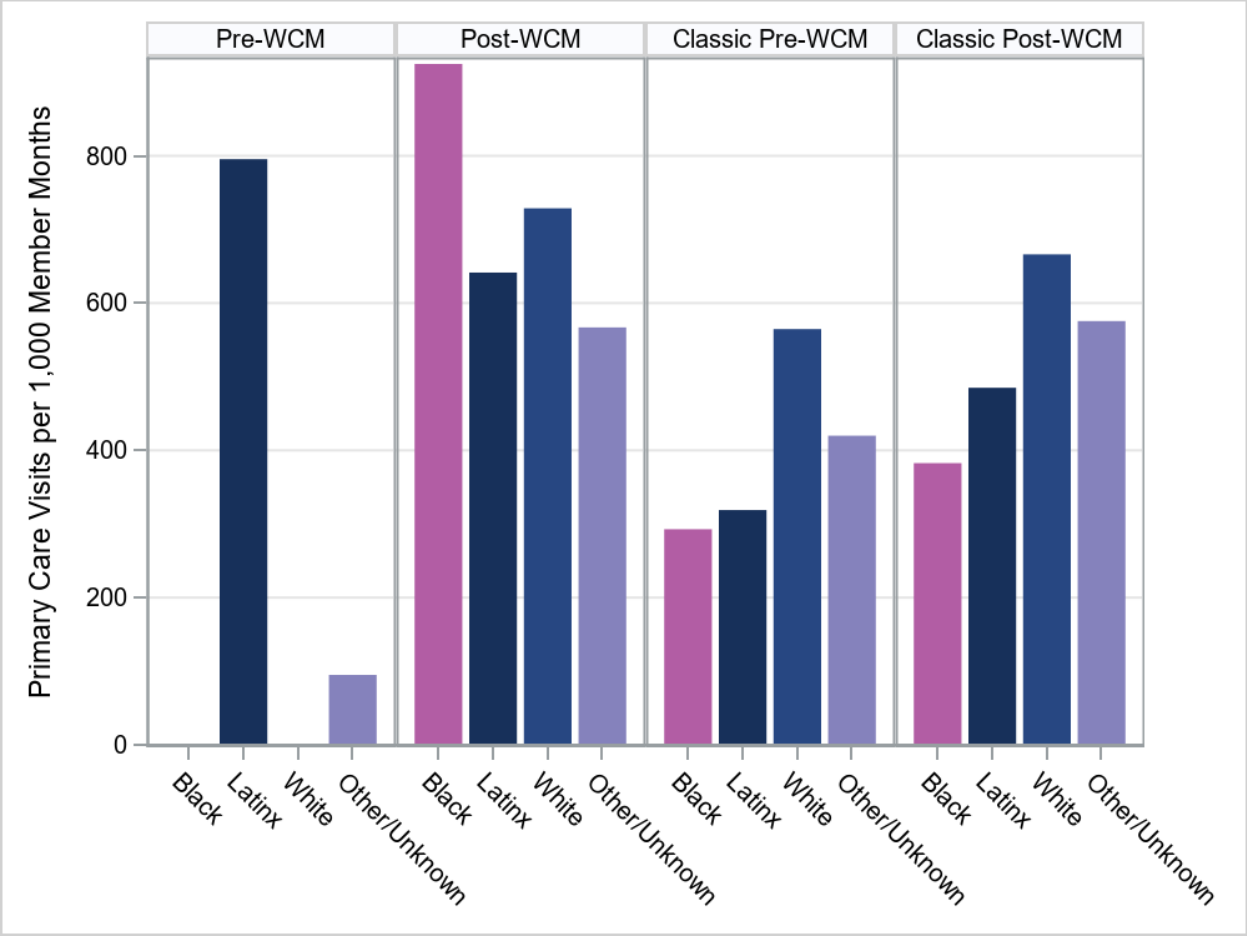


Figure 90. Primary Care Physician Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

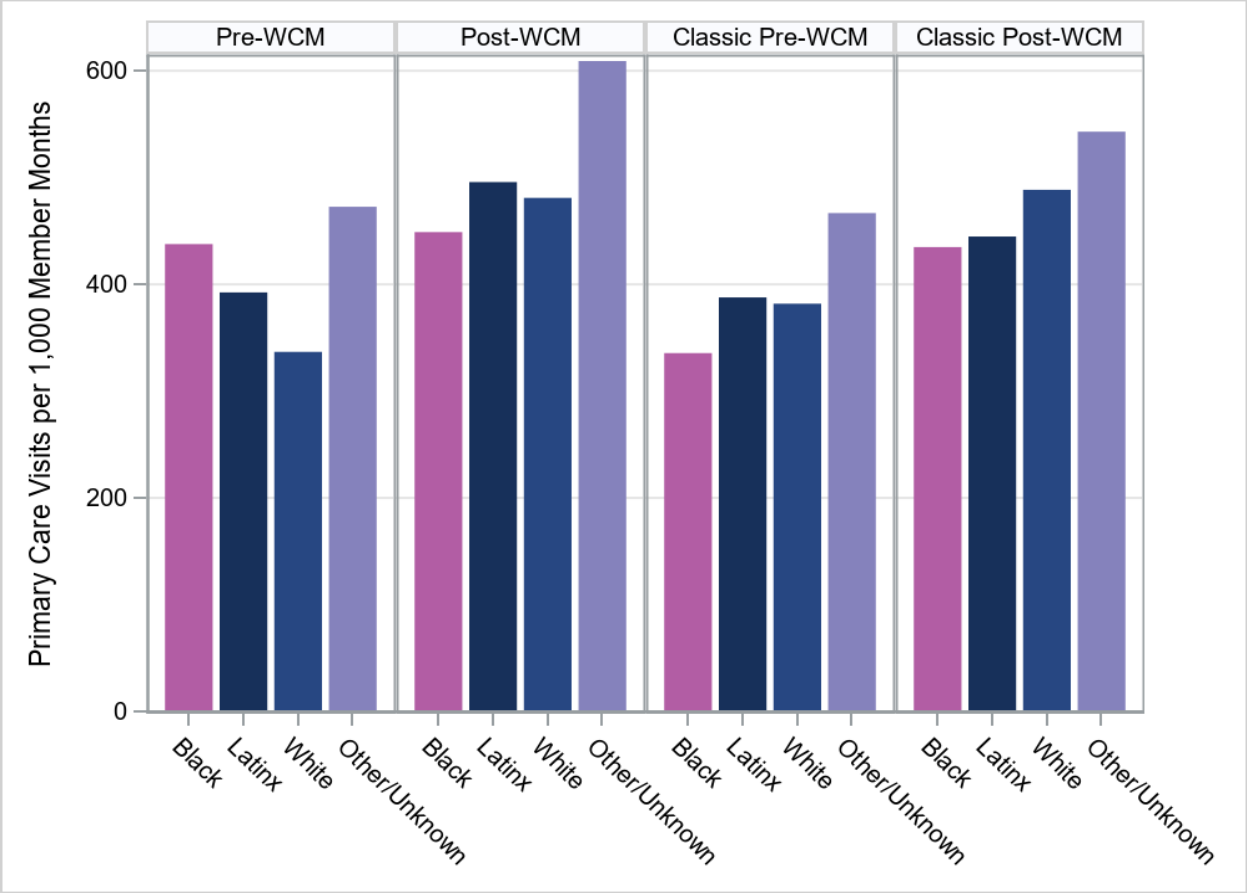


Figure 91. Primary Care Physician Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

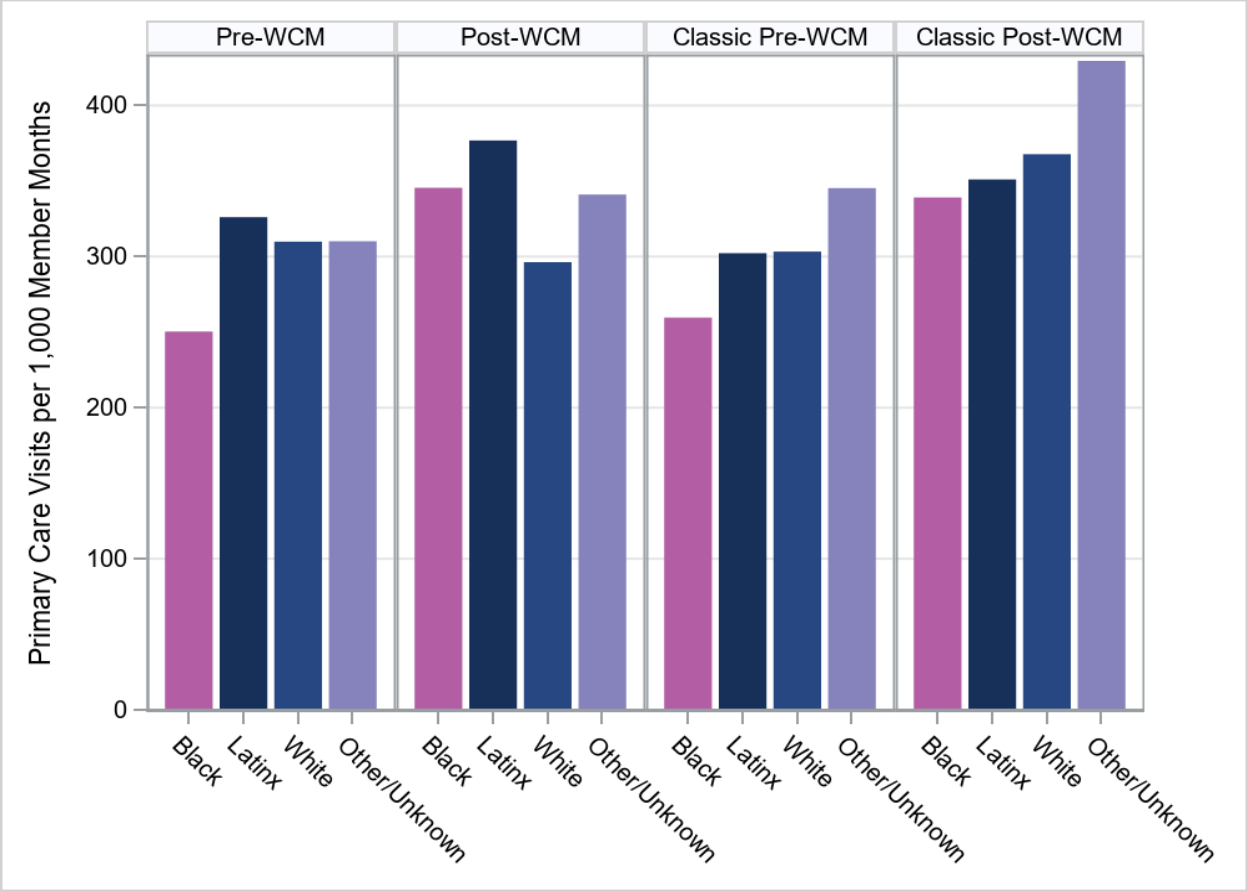
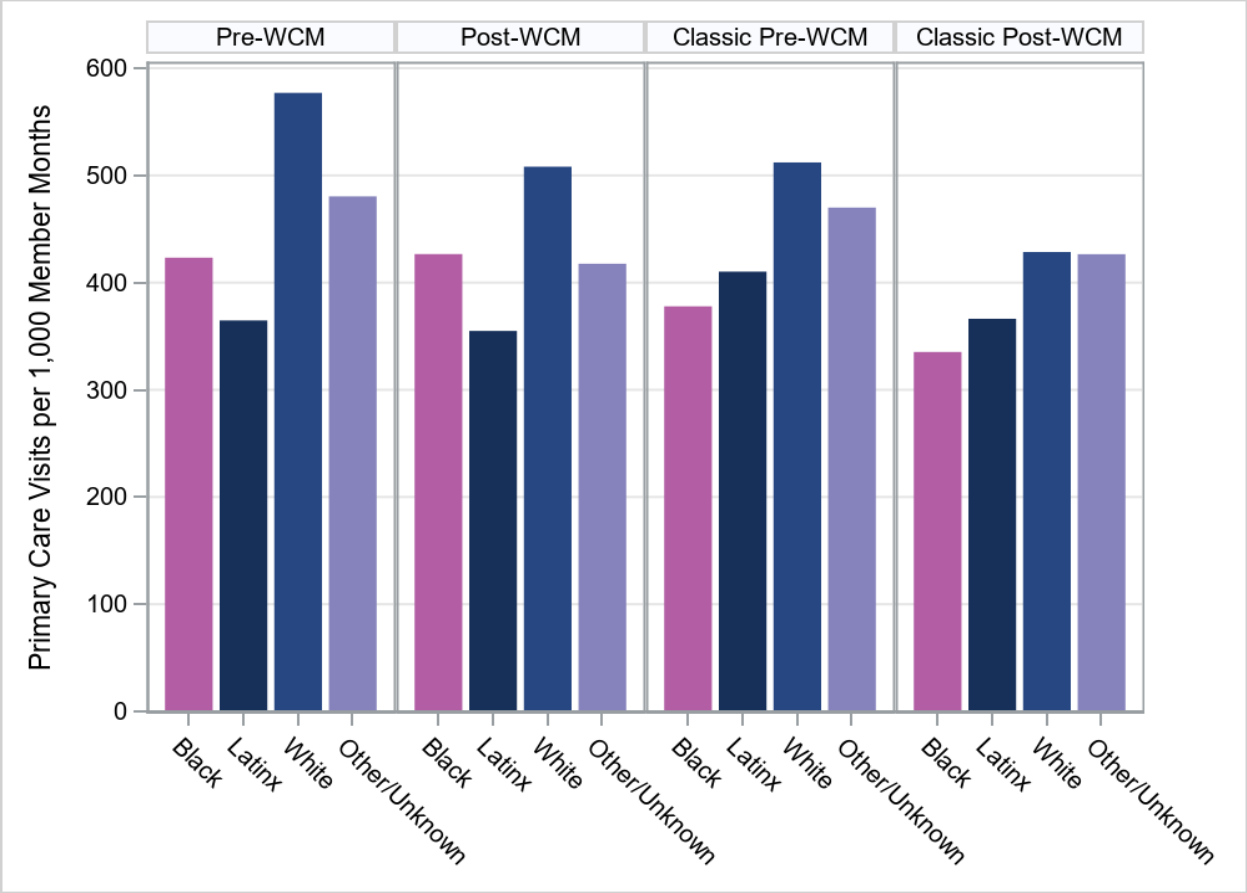


Figure 92. Primary Care Physician Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Primary Care Physician Visits by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM primary care provider (PCP) visits increased for all language groups and the pattern was consistent. The Phase I Classic CCS comparison groups had PCP visit increases in the English and Spanish groups, there was little change in the Other/Unknown group, and the pattern was mixed. In Phase II WCM, the Spanish and Other/Unknown language groups had increases in visits, there was little change for the English group, and the pattern was mixed. The Phase II Classic CCS comparison groups all increased, and the pattern was mixed. In Phase III WCM, the English and Other/Unknown groups had decreases, the Spanish group had little change, and the pattern was mixed. In the Phase III Classic CCS comparison group, English and Spanish groups had decreases in visits, the Other/Unknown language group had little change, and the pattern was mixed.

Figure 93. Primary Care Physician Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

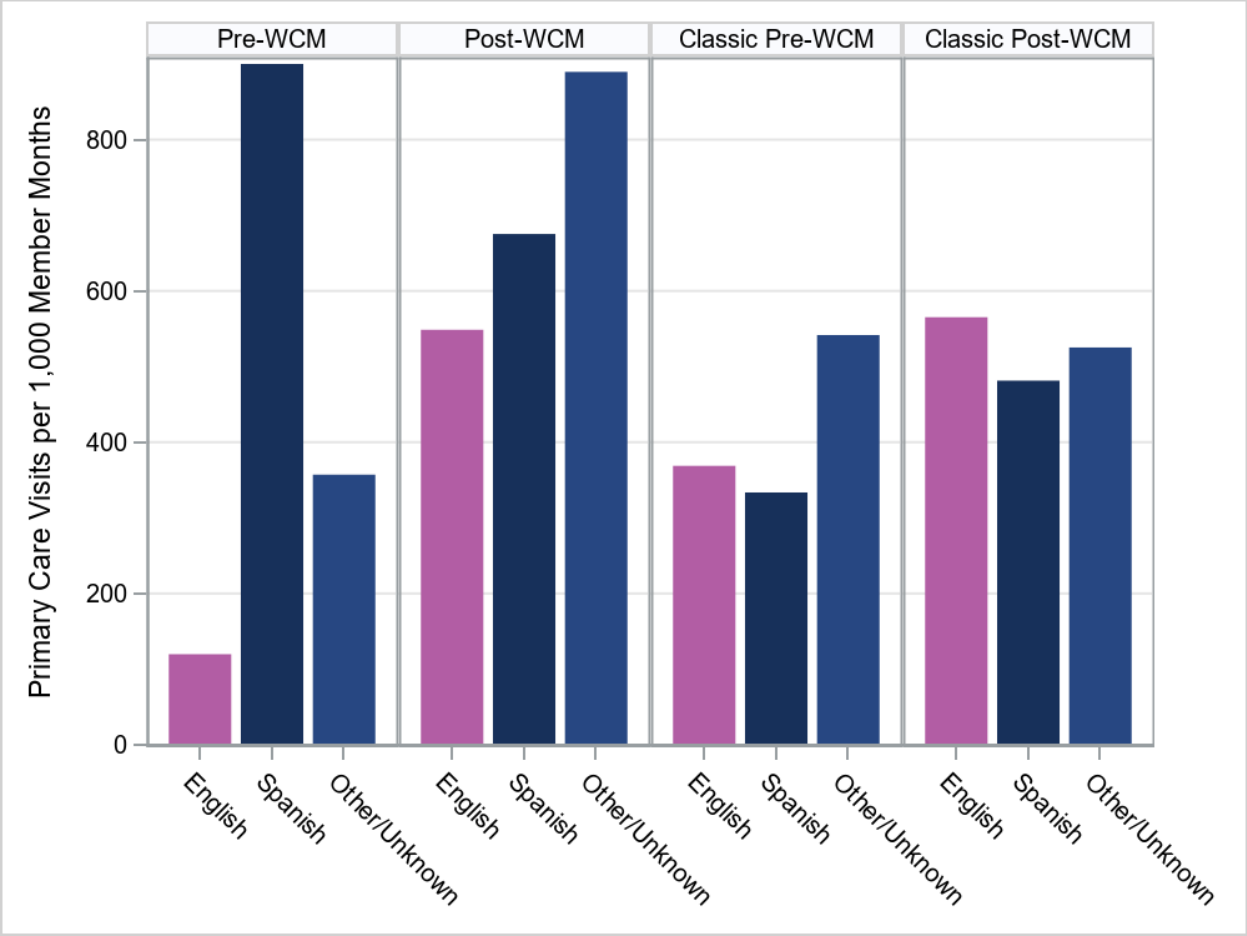


Figure 94. Primary Care Physician Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

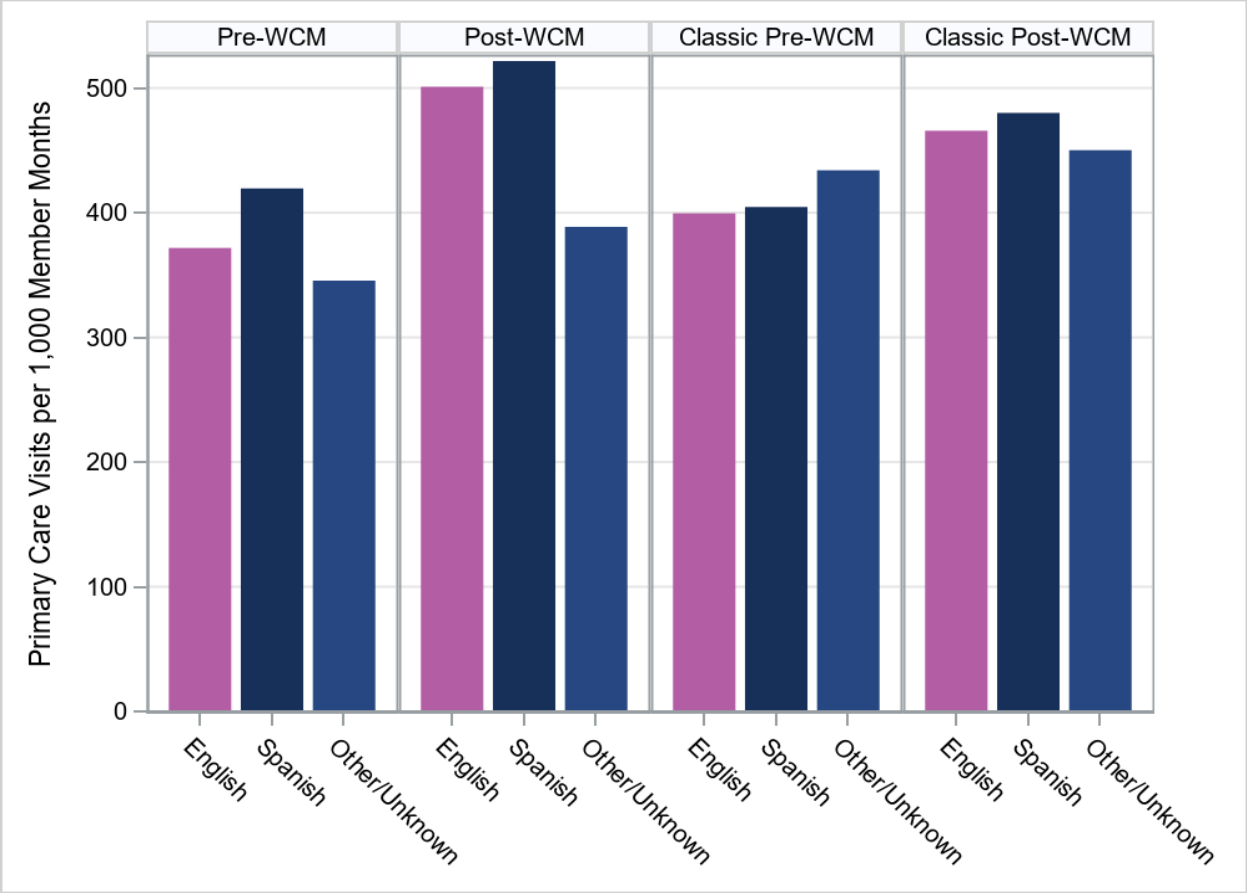


Figure 95. Primary Care Physician Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

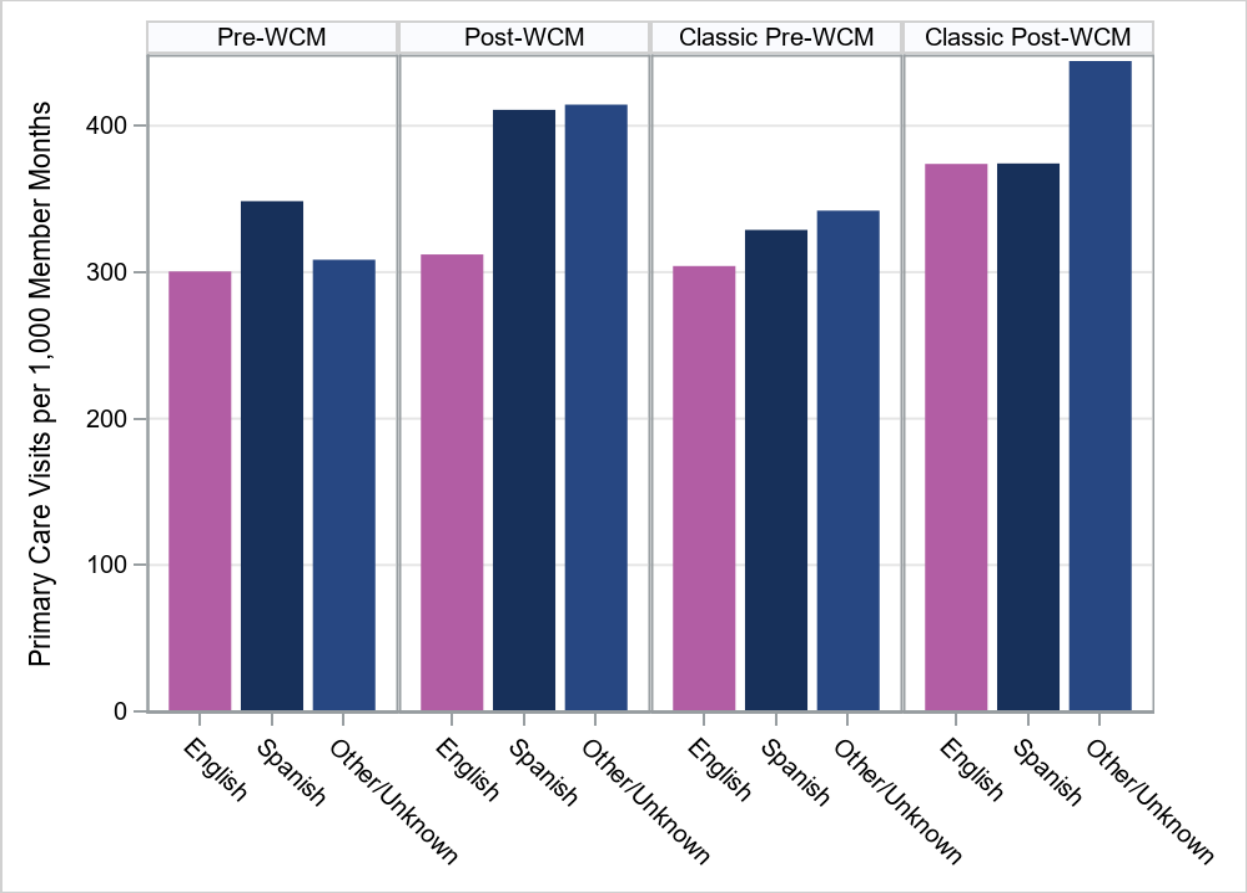
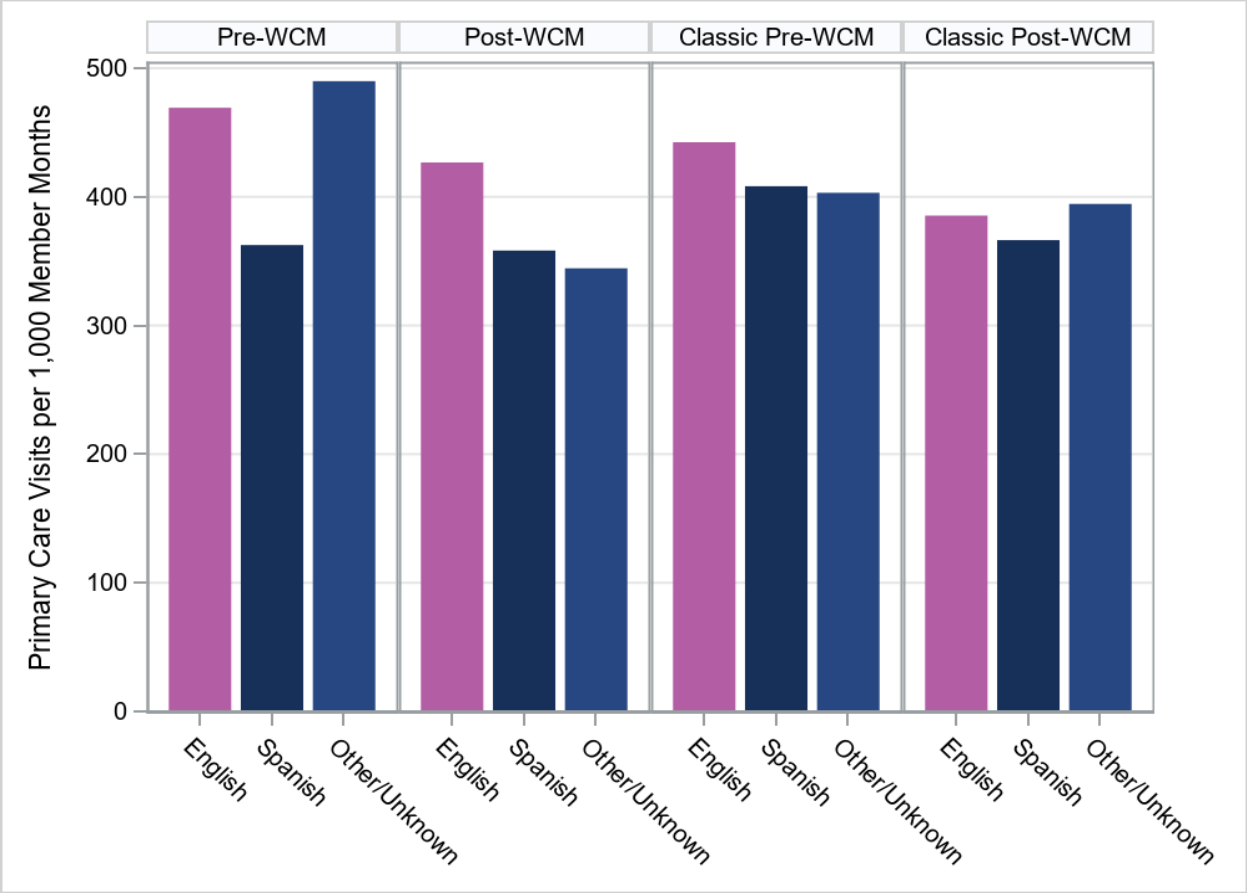


Figure 96. Primary Care Physician Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Specialist Visits by Race/Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. The change in visit rates seen in Phase I WCM was mixed. The Black and White groups increased, the Latinx and Other/Unknown groups decreased, and the difference in visit rate pattern between racial groups was mixed pre-post WCM implementation. The change in visit rates in Phase I Classic CCS comparison groups were mixed with an increase in the Black group, decrease for the Other/Unknown group, little or no change in the Latinx and White groups. The visits rate pattern for the Phase II WCM group was mixed with increases in the Black and White groups, decrease in the Other/Unknown group, little change in the Latinx group, and the pattern is similar pre-post WCM implementation. The Phase II Classic CCS Comparison group had an increase in the Black and White groups and decreases or little change in the Latinx and Other/Unknown groups pre-post WCM implementation. Phase III WCM visits decreased for all groups and the pattern of visit use between racial groups was mixed. The Classic CCS comparison group was mixed. Visits increased in the White group, decreased in the Latinx and Other/Unknown groups, little change in the Black group, and the change in visit rate pattern is mixed between groups pre-post WCM implementation.

Figure 97. Specialist Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

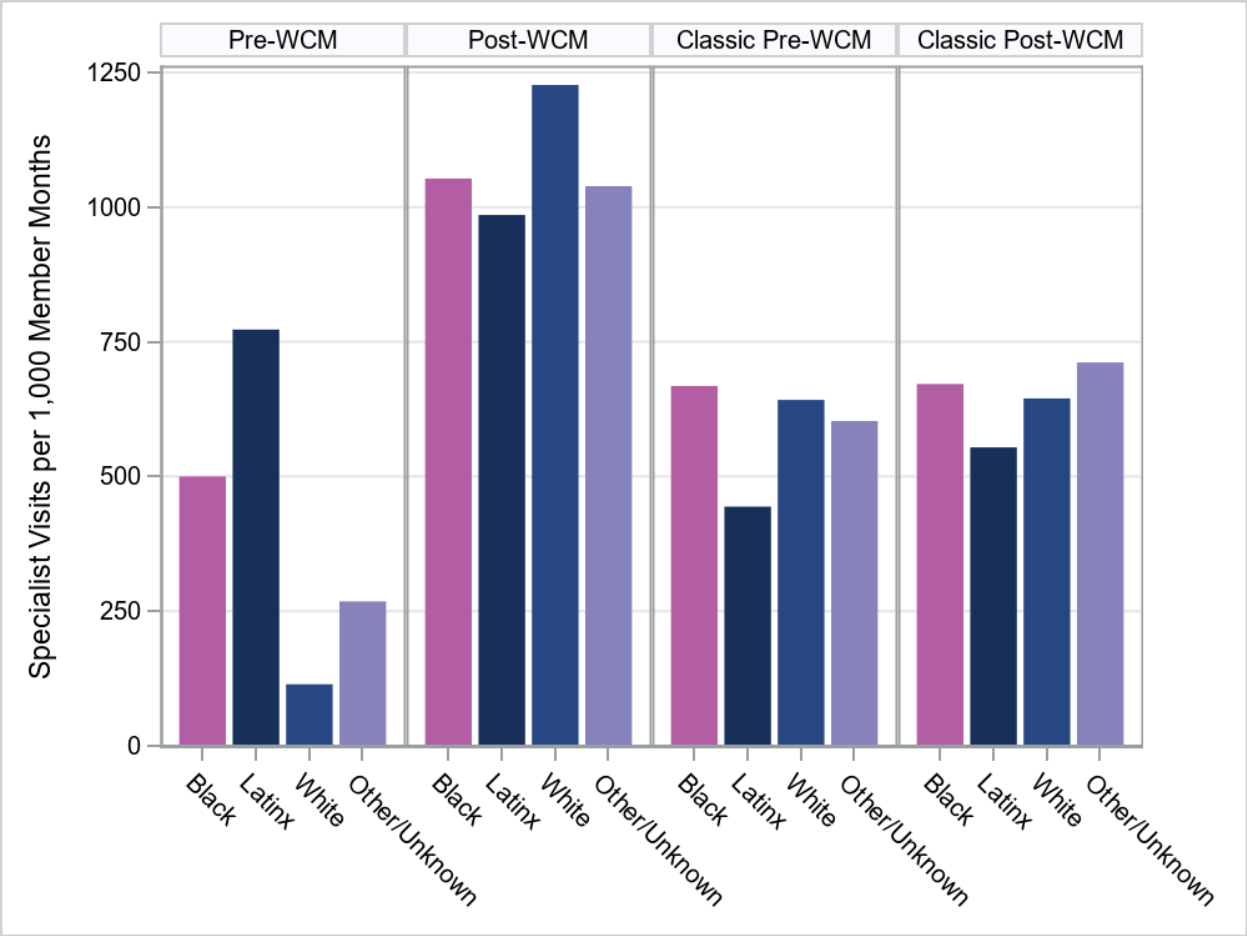


Figure 98. Specialist Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

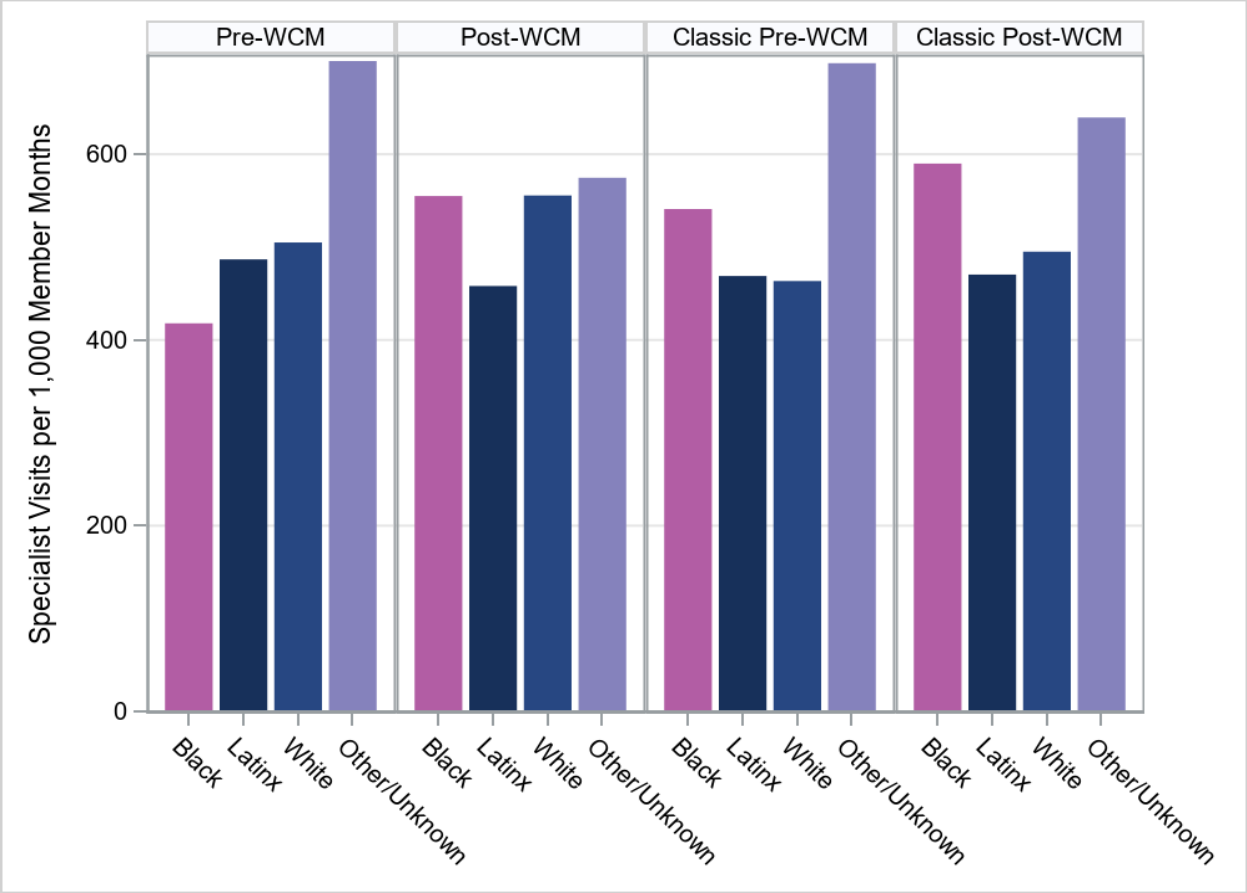


Figure 99. Specialist Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

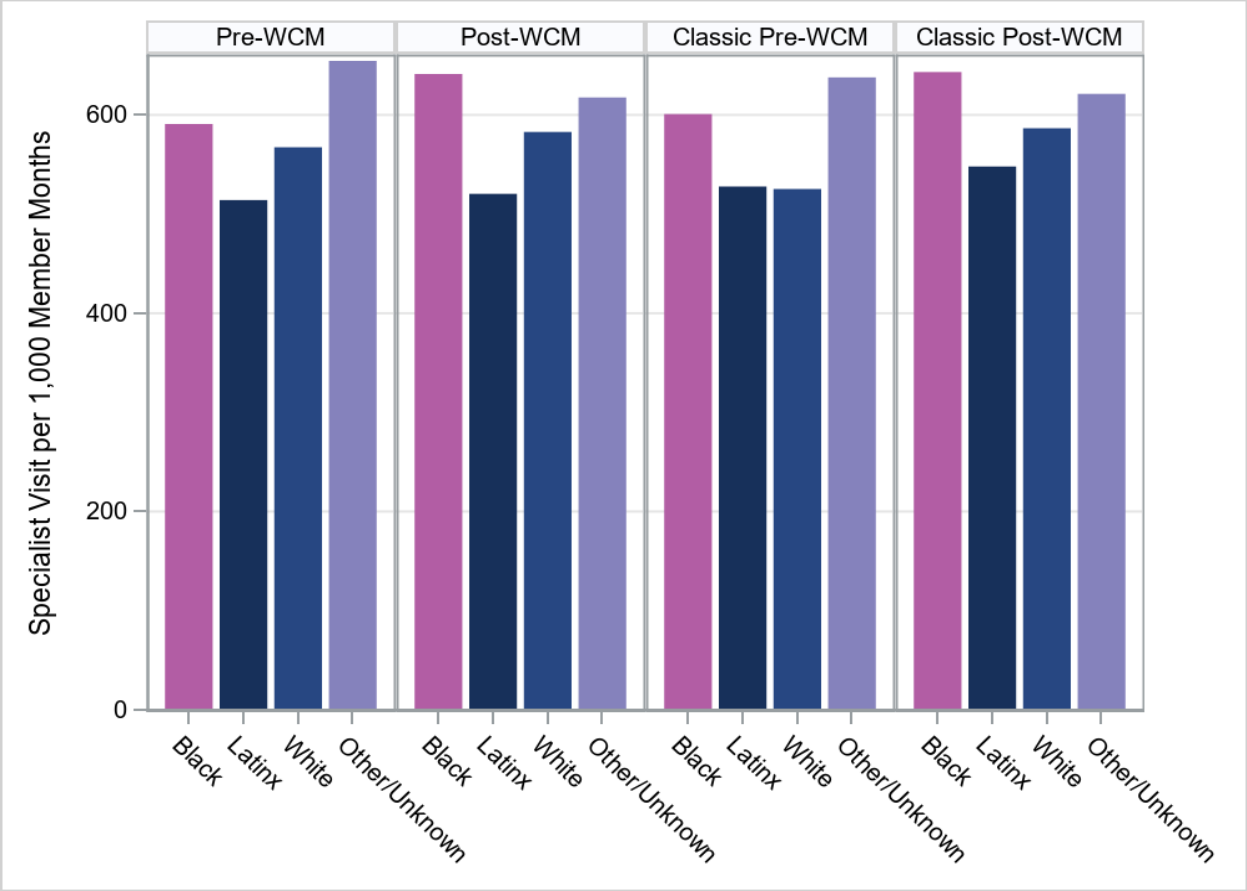
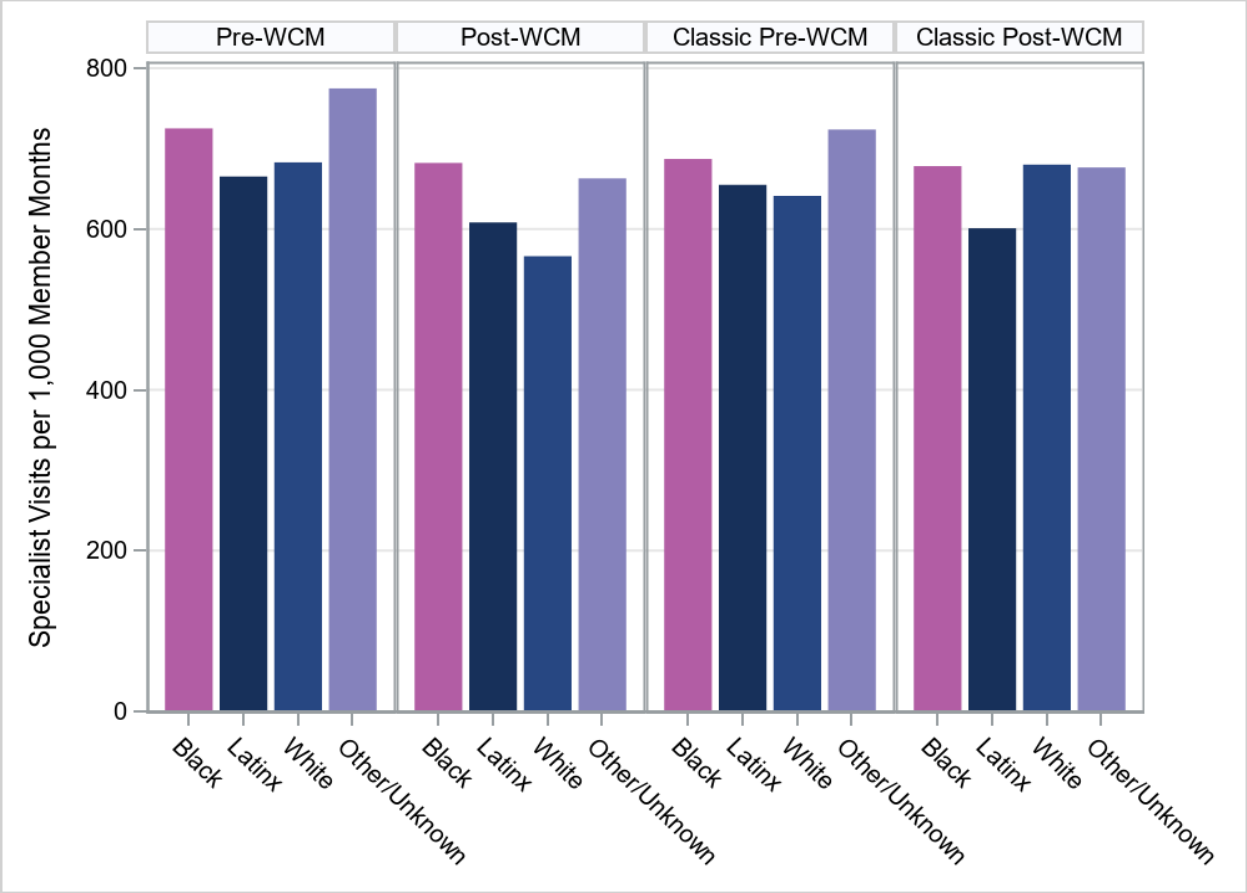


Figure 100. Specialist Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Specialist Visits by Language spoken

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Phase I WCM visits were mixed with a slight increase in the Other/Unknown language group, a decrease in the Spanish groups and little change in the English groups pre-post WCM implementation. Phase I Classic CCS comparison groups were mixed with a slight decrease in the English group and little or no change in the other groups pre-post WCM implementation. Phase II WCM had little or no change in visits post-implementation and the pattern by language was consistent pre-post WCM implementation. The Phase II Classic CCS comparison group had a slight increase in the English group and little or no change in visits in the other groups pre-post WCM implementation. Phase III WCM and Classic CCS comparison groups both had decreases in all groups and the patterns by language were consistent pre-post WCM implementation.

Figure 101. Specialist Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

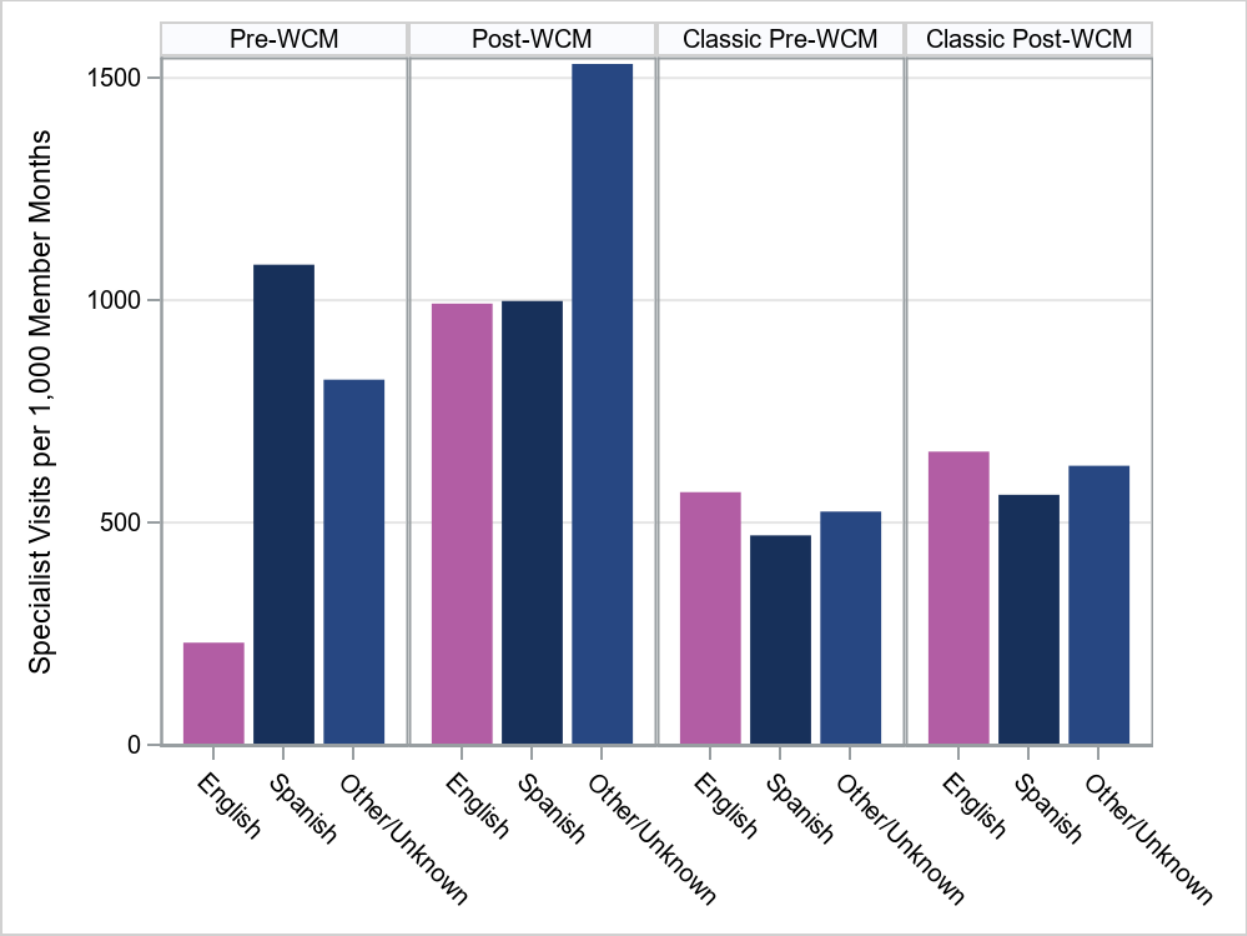


Figure 102. Specialist Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

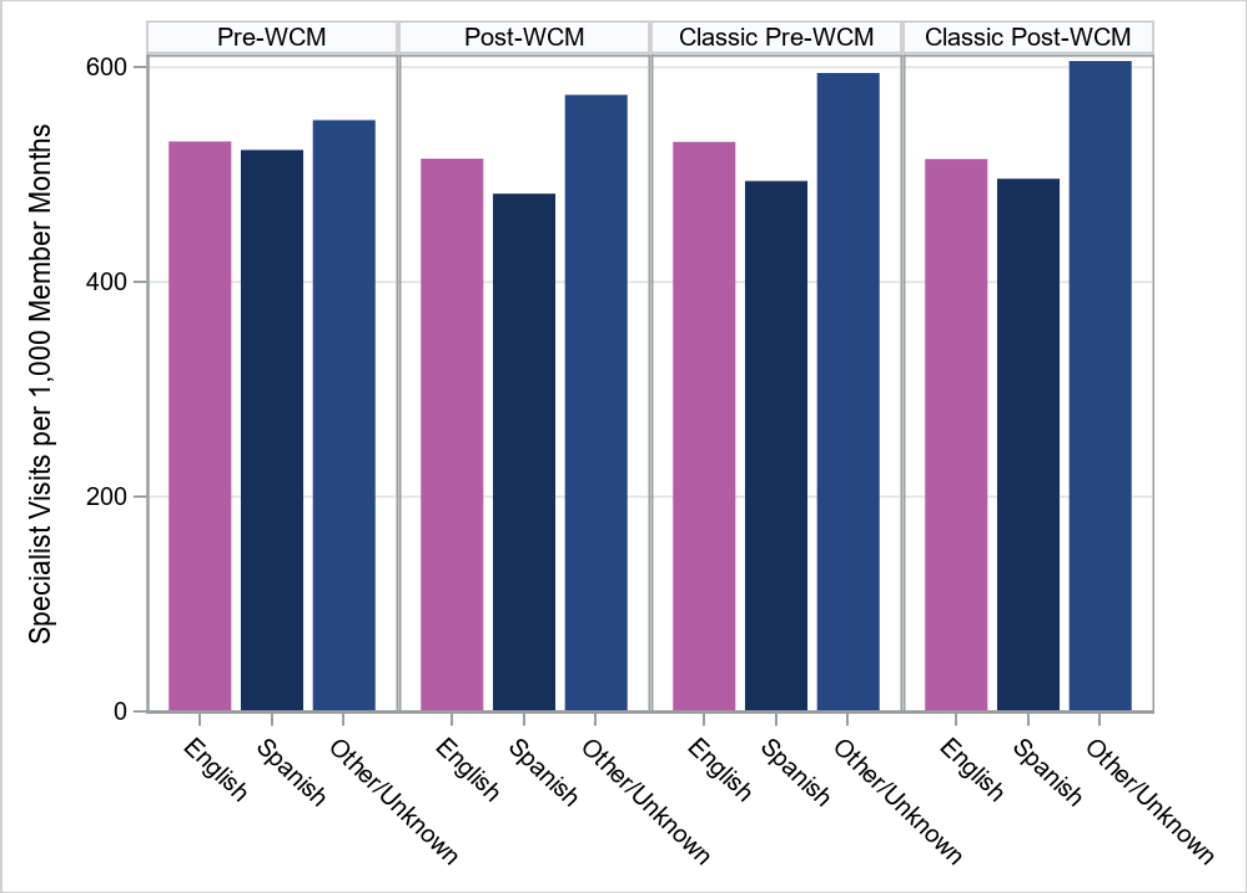


Figure 103. Specialist Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

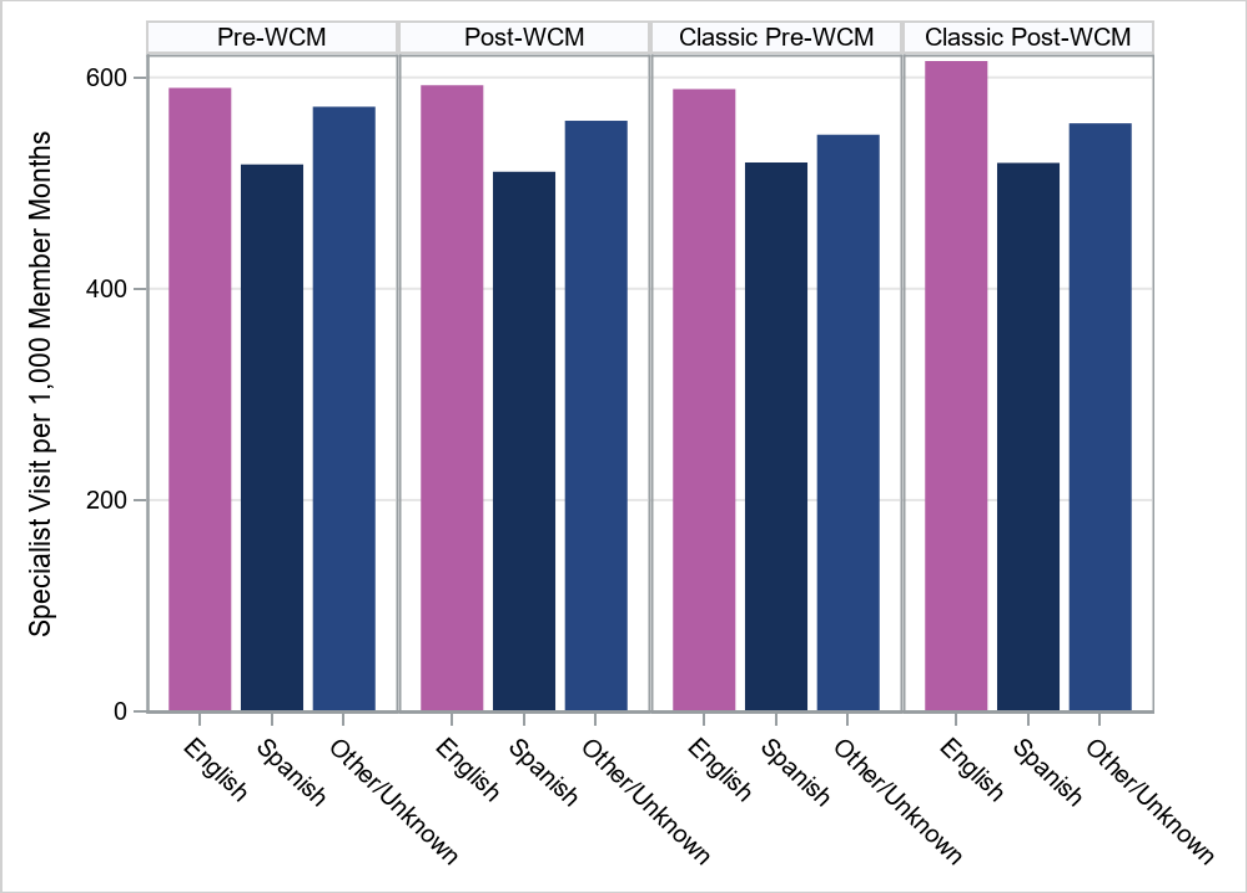
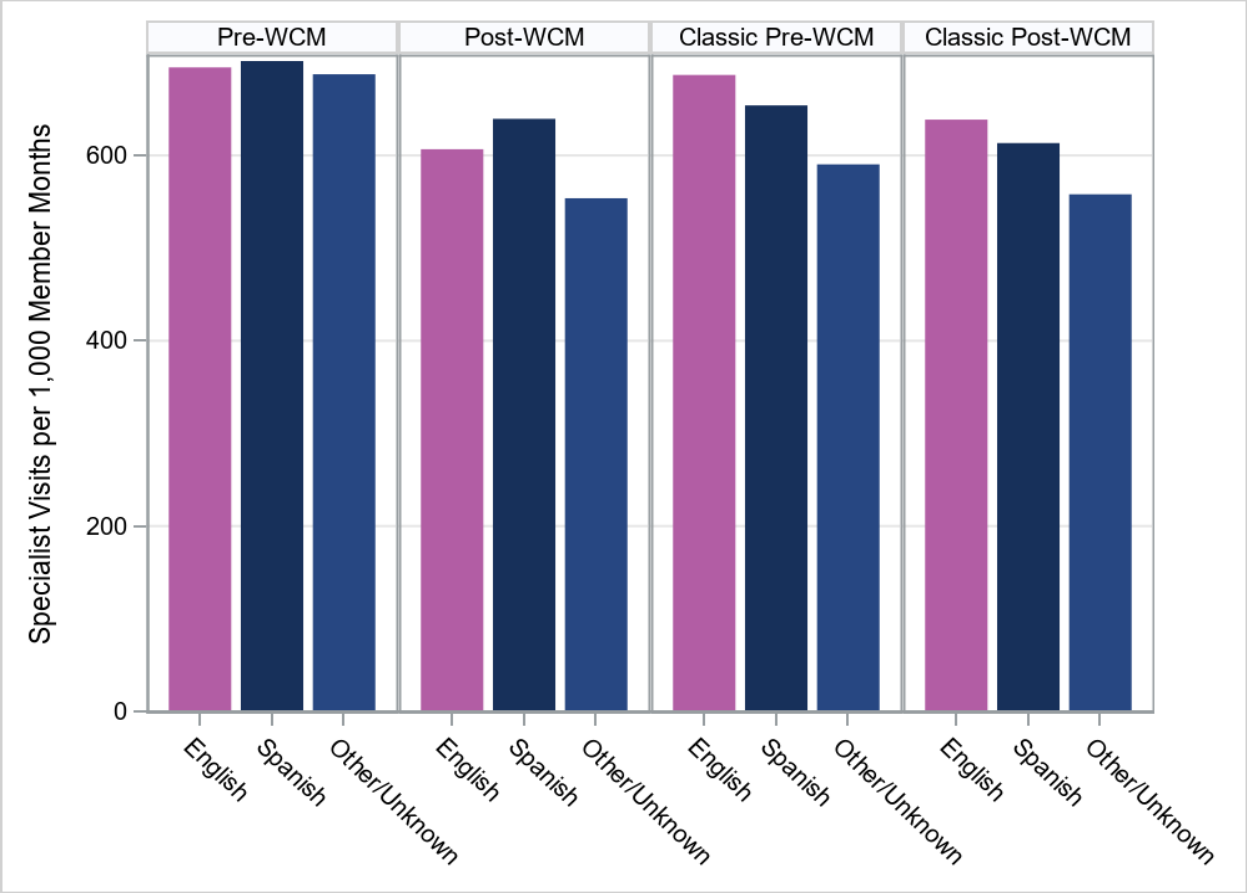


Figure 104. Specialist Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Specialty Care Center (SCC) Visits by Race/ Ethnicity

Brief summary of findings: The HPSM-WCM had limited data and the HPSM study group is not mentioned here. Specialty care center visits for Phase I WCM groups increased post-implementation for all racial groups except for the Other/Unknown group that remained unchanged and the pattern was similar. The Phase I Classic CCS comparison groups were mixed with increases for the Latinx and White groups, no change for the Black group, and a slight decrease for the Other/Unknown group, and the pattern was consistent. Phase II WCM groups had slight decreases except no change in the Black group and the pattern remained consistent. In the Phase II Classic CCS comparison, White and Other/Unknown groups had increases but there was little change in the other groups and the pattern was similar. The Phase III WCM groups all decreased and the pattern was similar. The Phase III Classic CCS comparison groups decreased or remained roughly unchanged and the pattern was mixed.

Figure 105. Specialty Care Center Visits per 1,000 Member Months, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

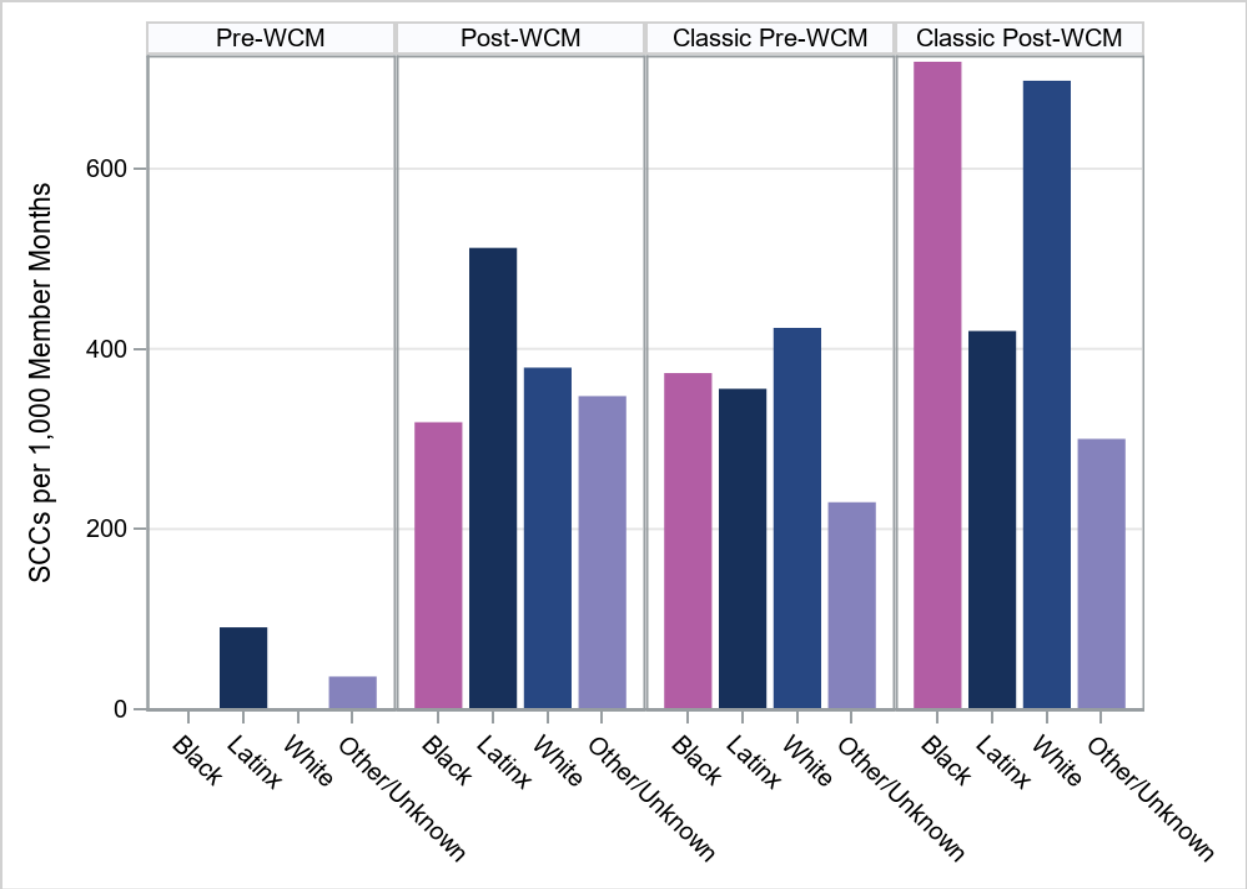


Figure 106. Specialty Care Center Visits per 1,000 Member Months, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

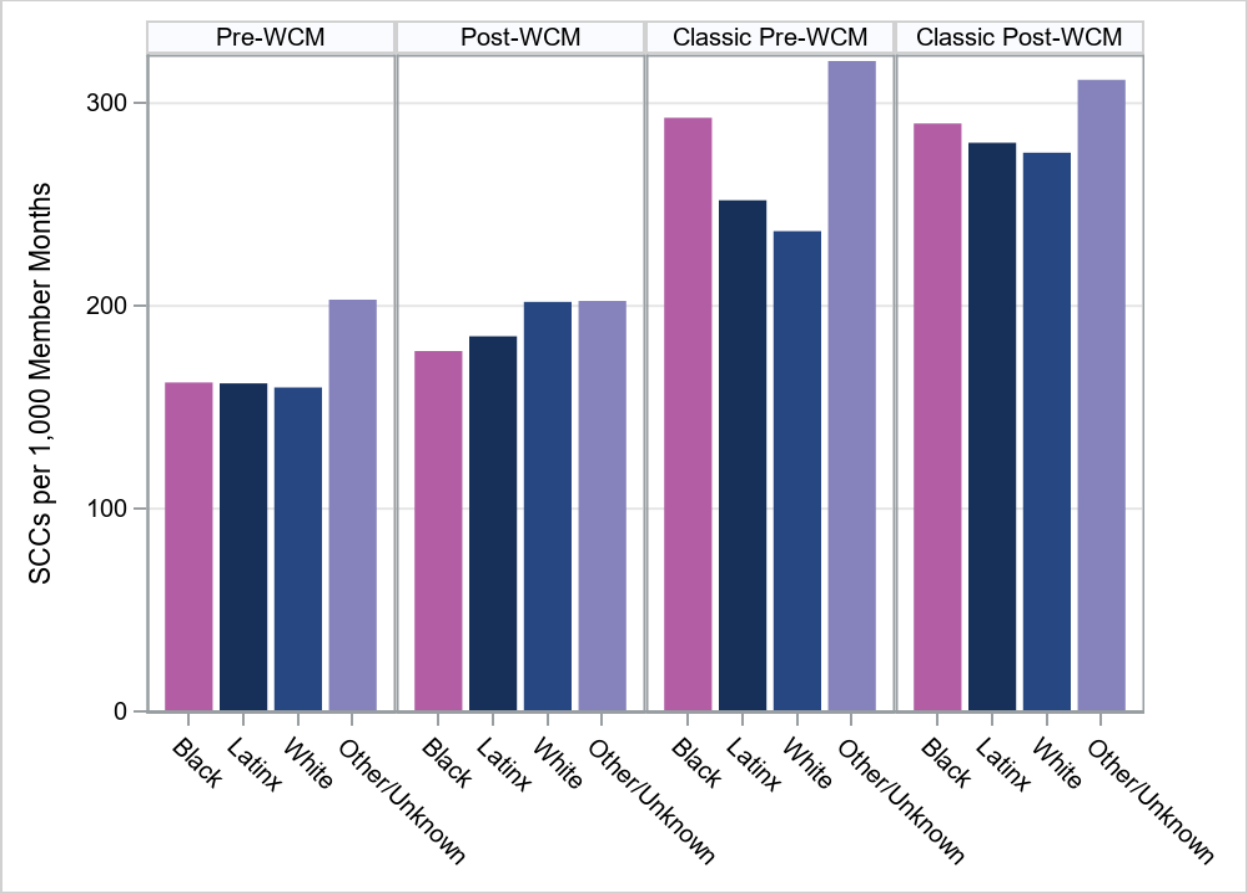


Figure 107. Specialty Care Center Visits per 1,000 Member Months, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

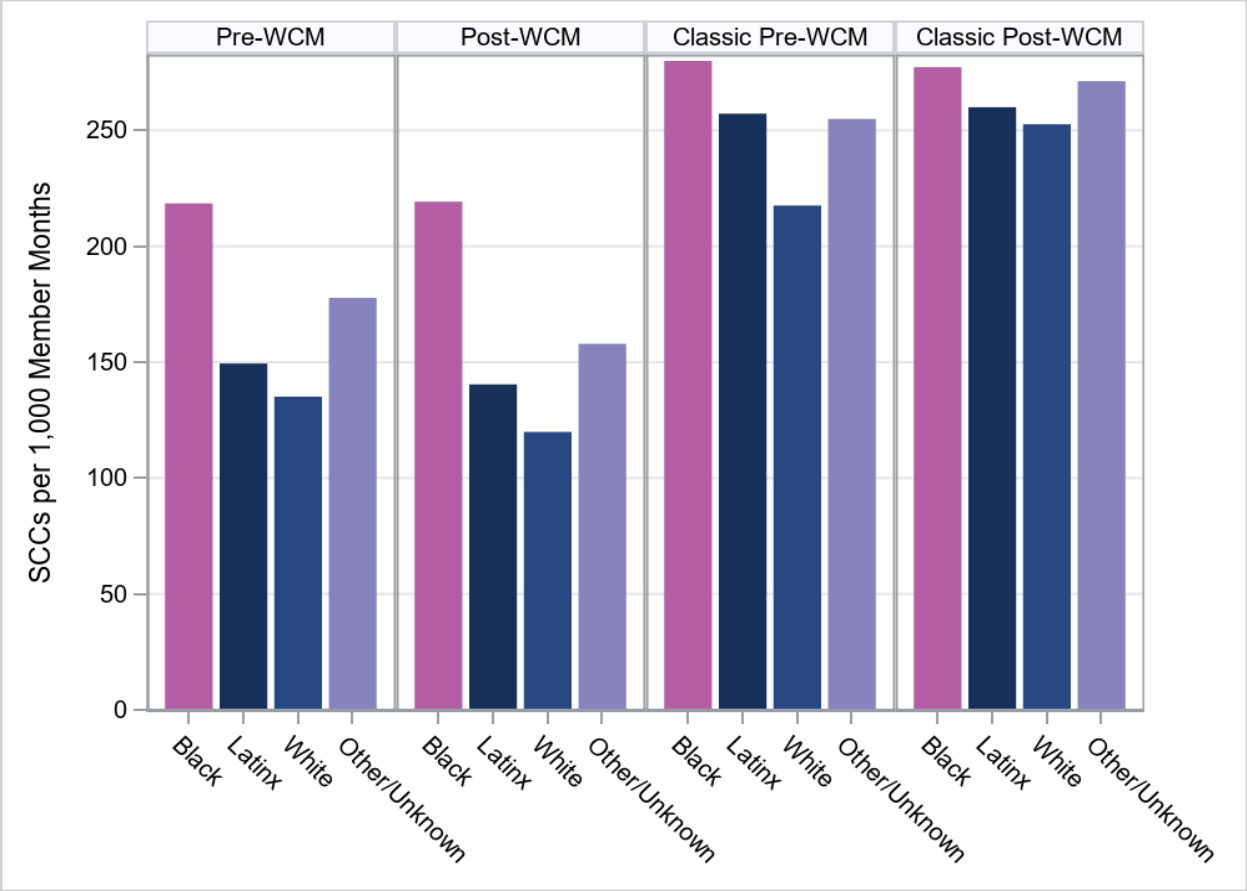
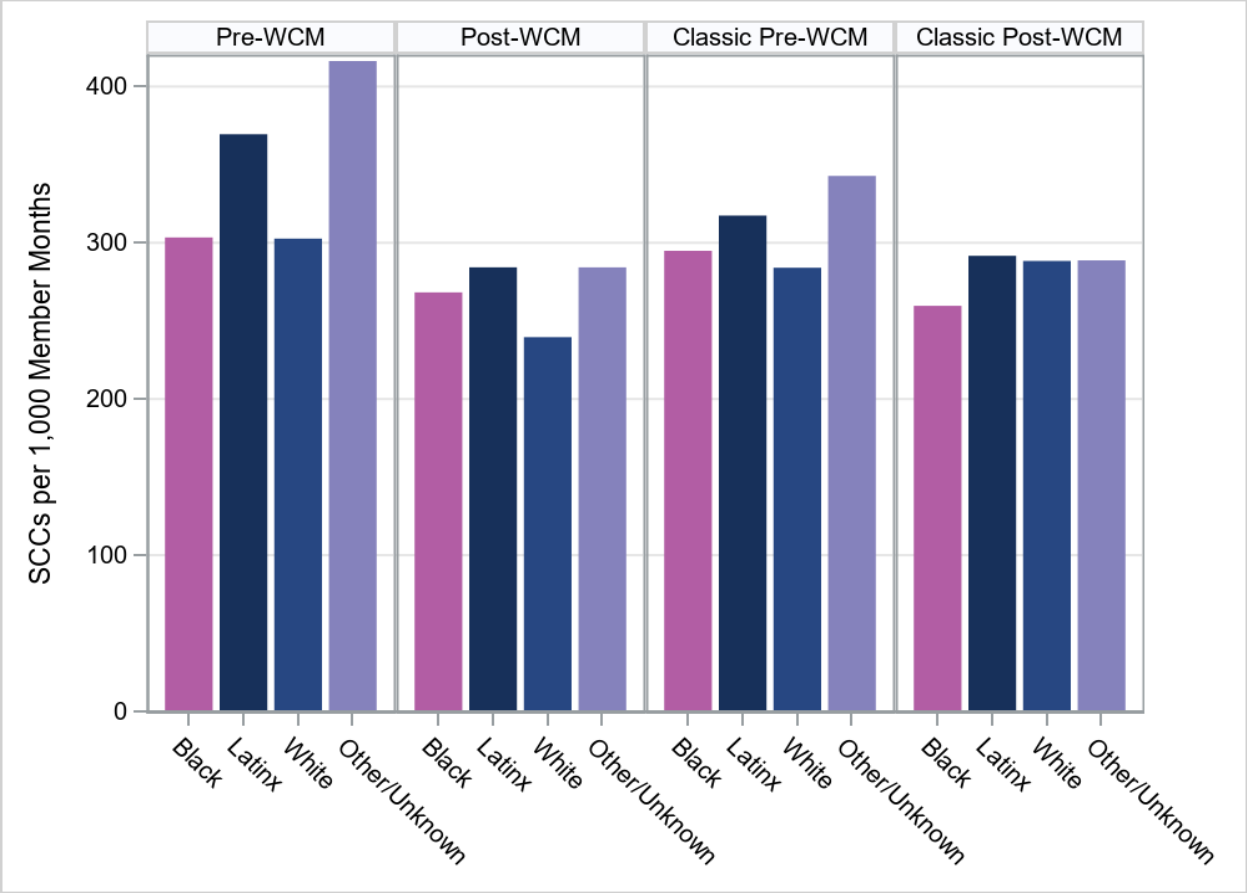


Figure 108. Specialty Care Center Visits per 1,000 Member Months, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Specialty Care Center (SCC) Visits by Language spoken

Brief summary of findings: Overall, specialty care center visits increased post-implementation for those speaking any language in HPSM WCM. The Classic CCS comparison group had increases in English and Spanish language groups, while the Other/Unknown group remained roughly unchanged. Phase I WCM groups had slight increases in the SCC visit rate, and the visit use pattern between language groups was consistent, the Classic CCS comparison groups had increases or remained roughly unchanged, and the pattern of use by language was mixed pre-post WCM implementation. Phase II WCM language groups remained roughly unchanged, the pattern of use by language was mixed. In the Phase II Classic CCS comparison group, difference between languages was mixed with increases in the English and Other/Unknown language groups, little change in the Spanish language group, and the pattern of use by language was mixed pre-post WCM implementation. Phase III WCM groups had marked decreases in visits overall, with a mixed pattern of use by language, the Classic CCS comparison groups had slight decreases and the visit rate pattern by language was consistent pre-post WCM implementation.

Figure 109. Specialty Care Center Visits per 1,000 Member Months, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

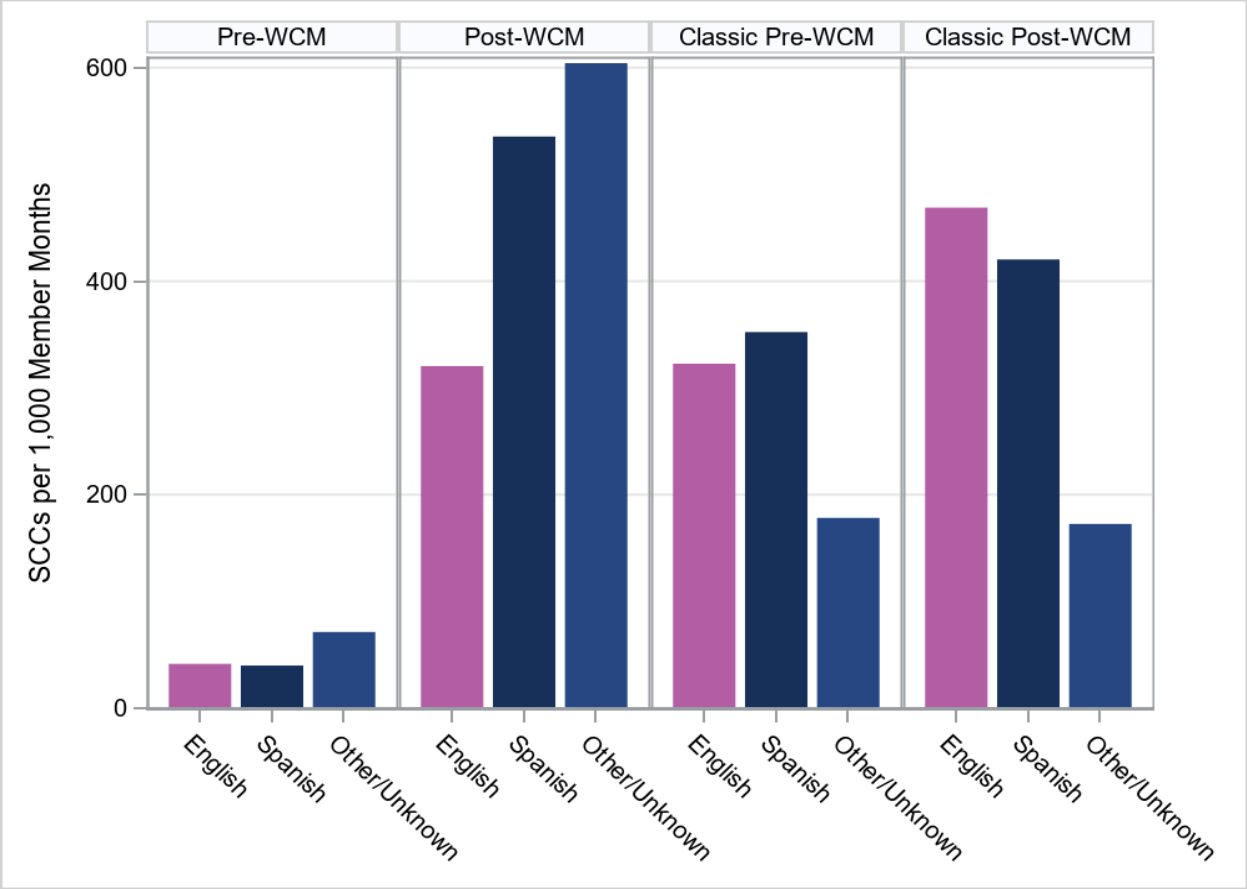


Figure 110. Specialist Visits per 1,000 Member Months, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

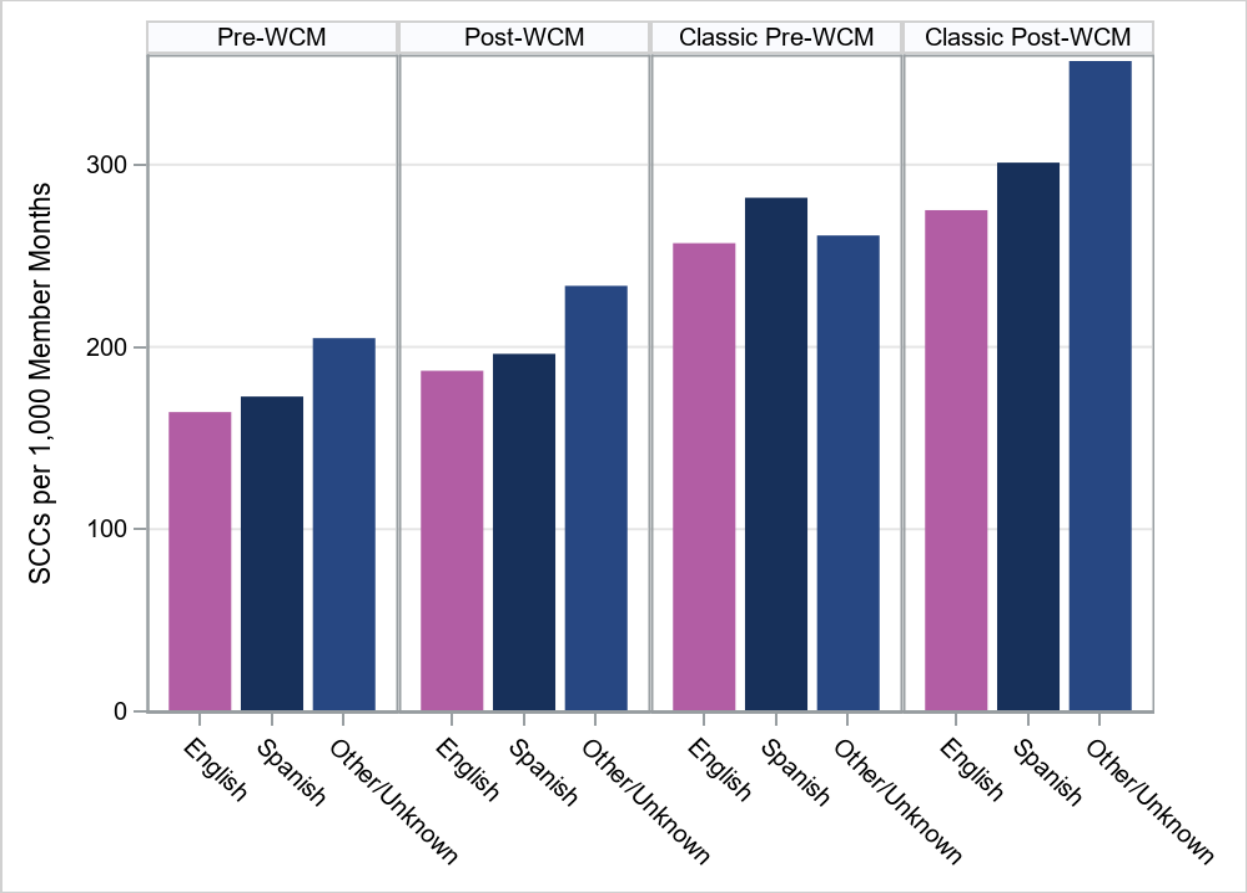


Figure 111. Specialty Care Center Visits per 1,000 Member Months, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

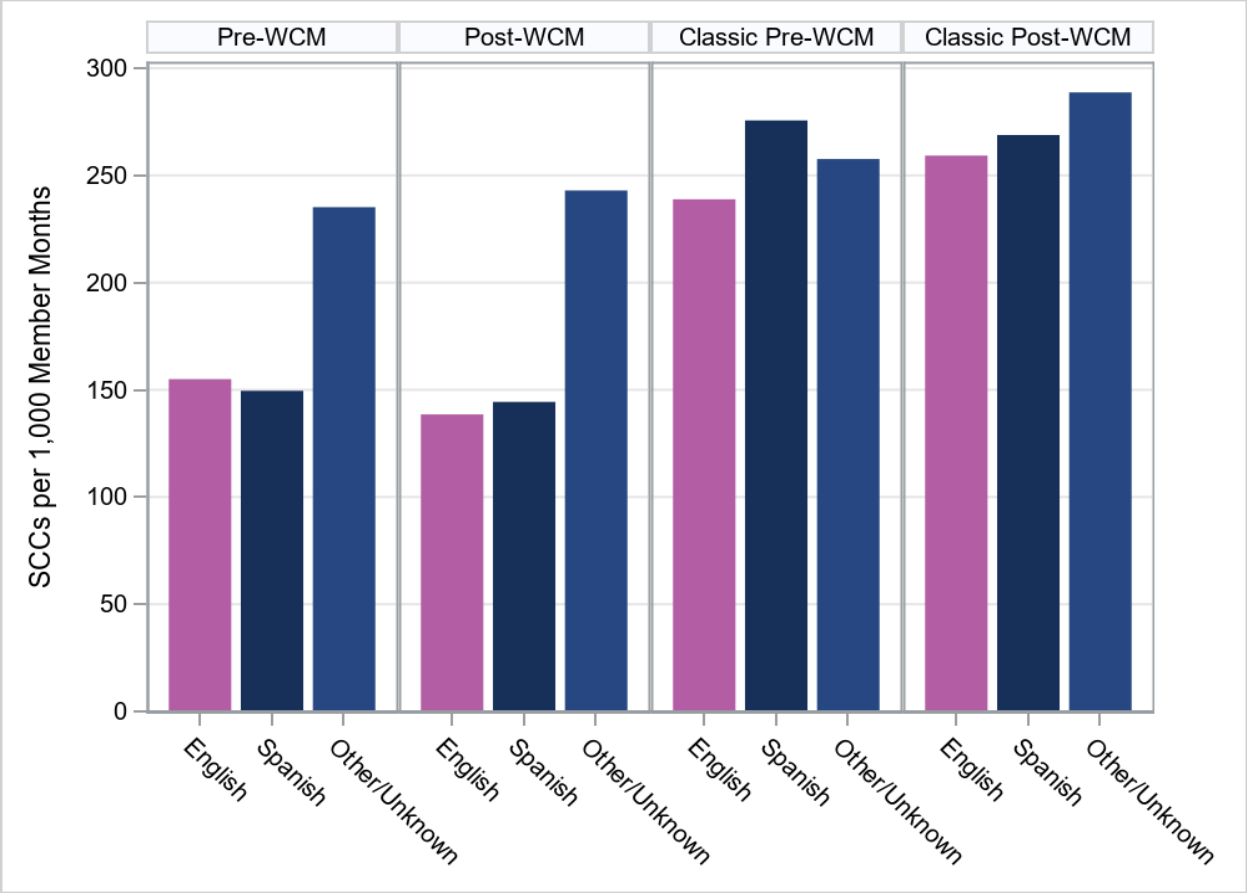
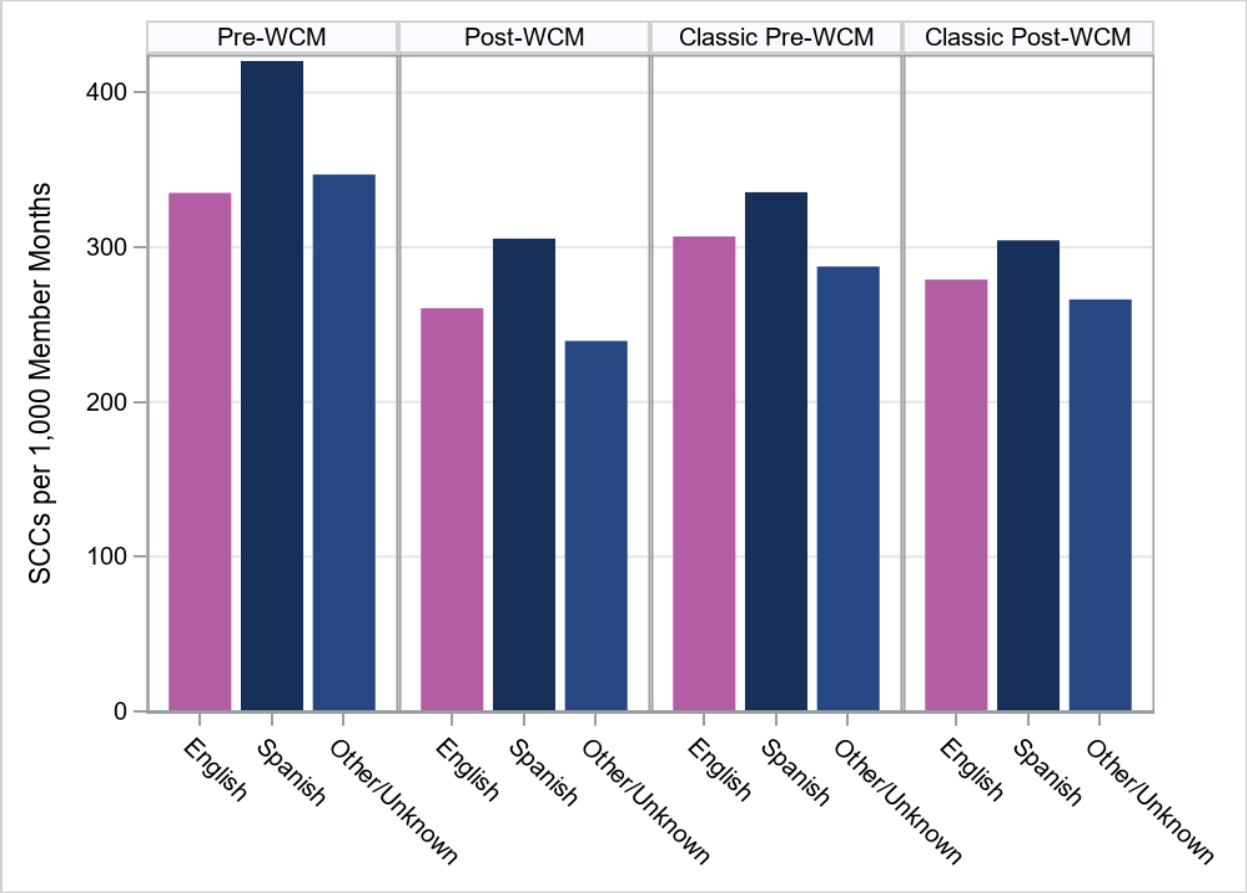


Figure 112. Specialty Care Center Visits per 1,000 Member Months, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Specialty Care Center Visit Within 90-Days of Referral by Race/ Ethnicity

Brief summary of findings: HPSM-WCM had limited data and the HPSM study group is not mentioned here. Overall, specialty care center visits within 90 days of referral in the Phase I WCM groups increased slightly for the Black group, decreased for the other race groups, and the pattern is mixed. For the Phase I Classic CCS comparison groups all groups decreased and the pattern is consistent. Phase II WCM groups increased or remained roughly unchanged and the pattern is similar. The Phase II Classic CCS comparison groups remained unchanged and the pattern is consistent. Phase III WCM groups had marked decreases and all Classic CCS comparison groups decreased and the pattern is similar.

Figure 113. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

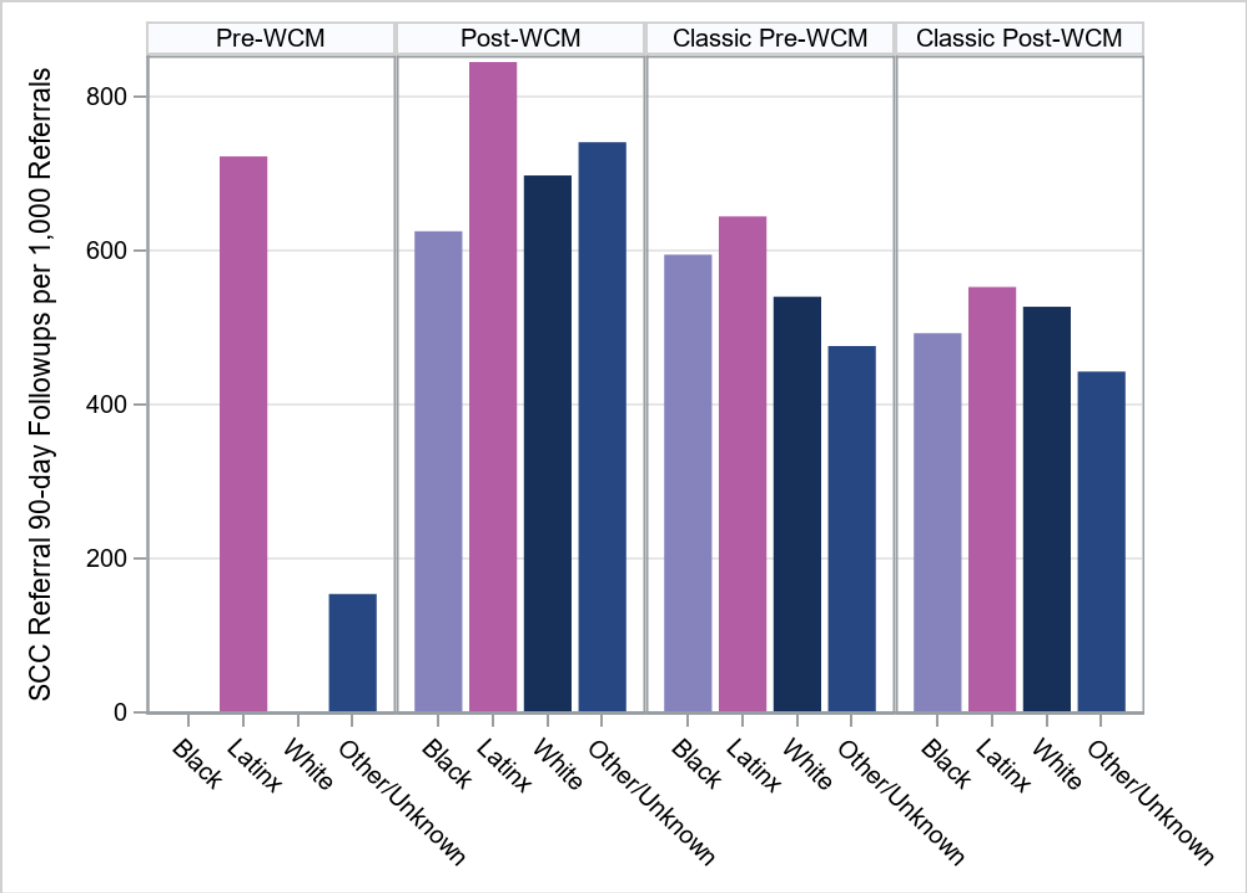


Figure 114. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods

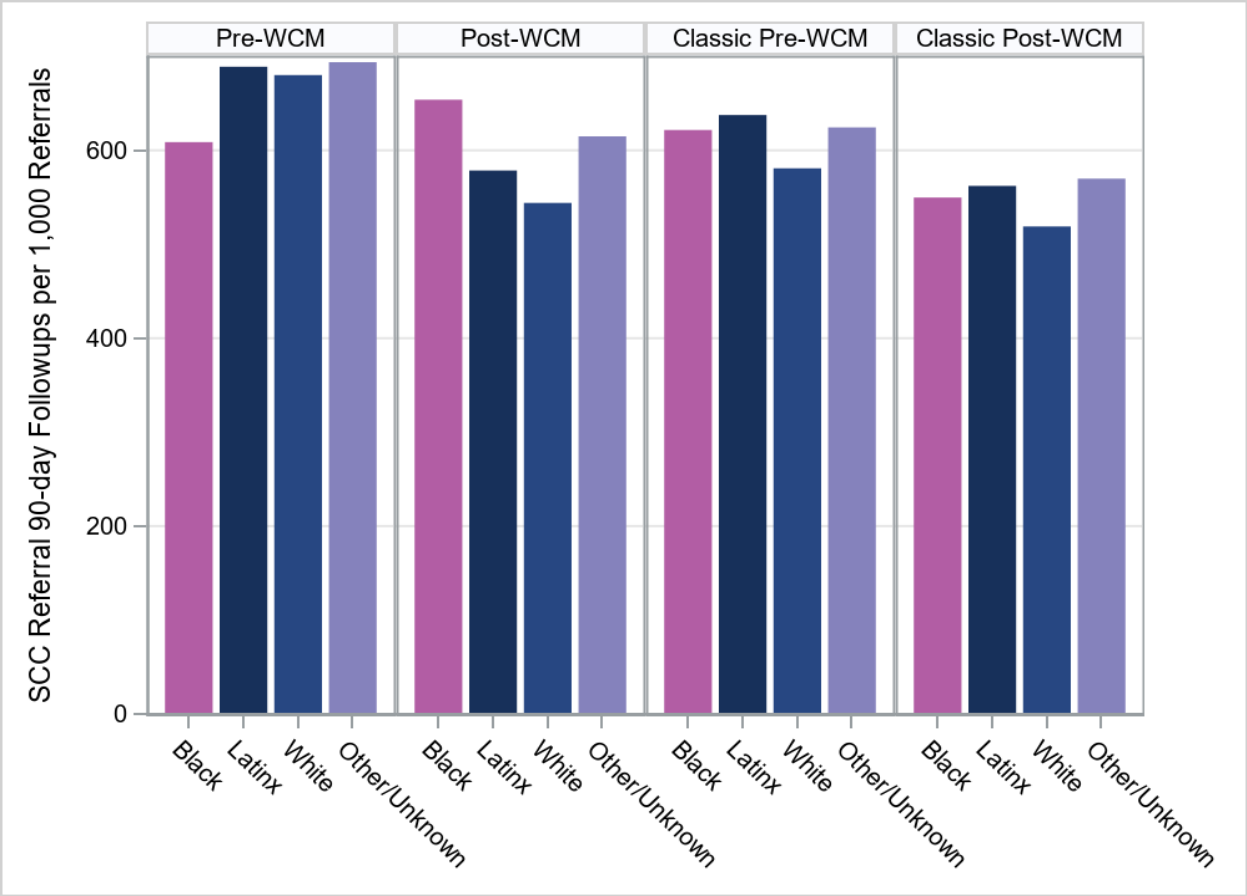


Figure 115. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods

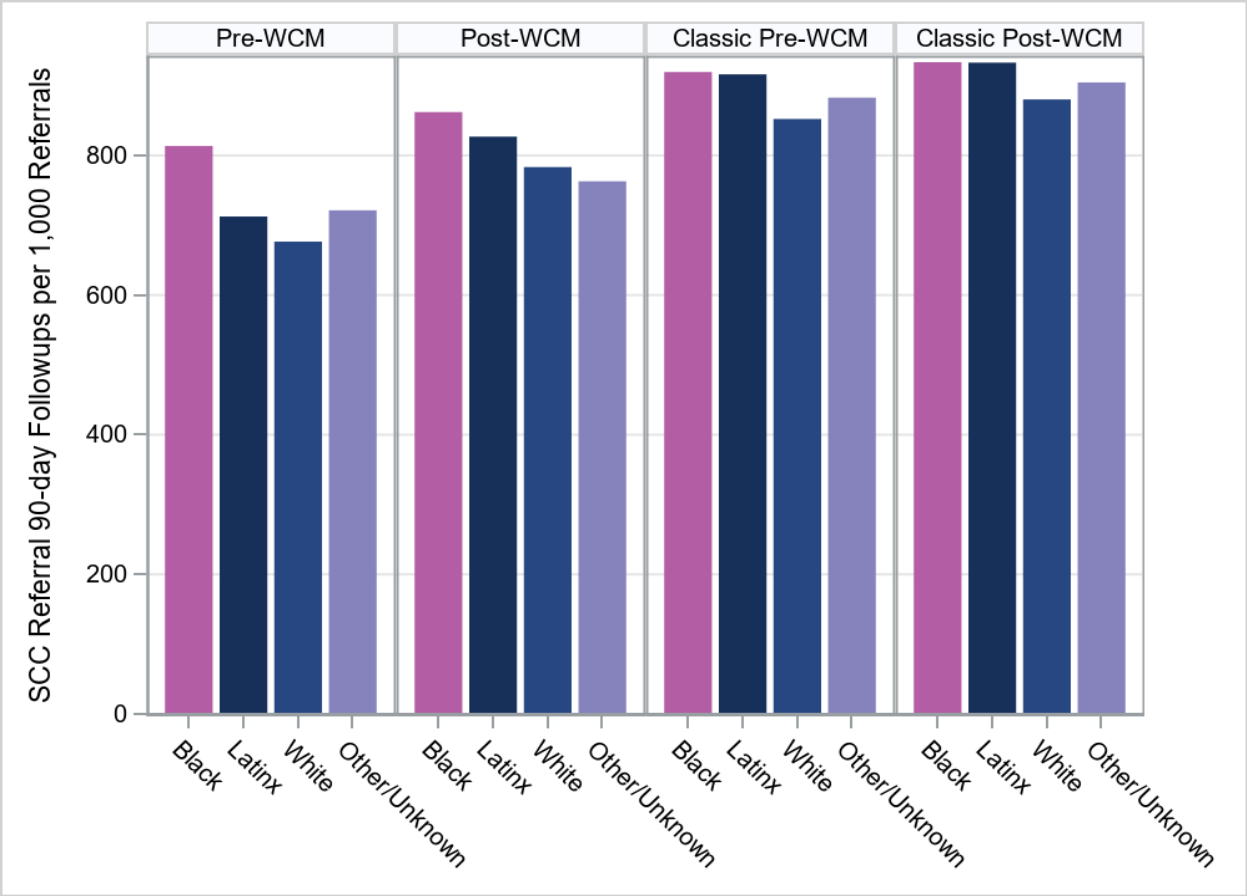
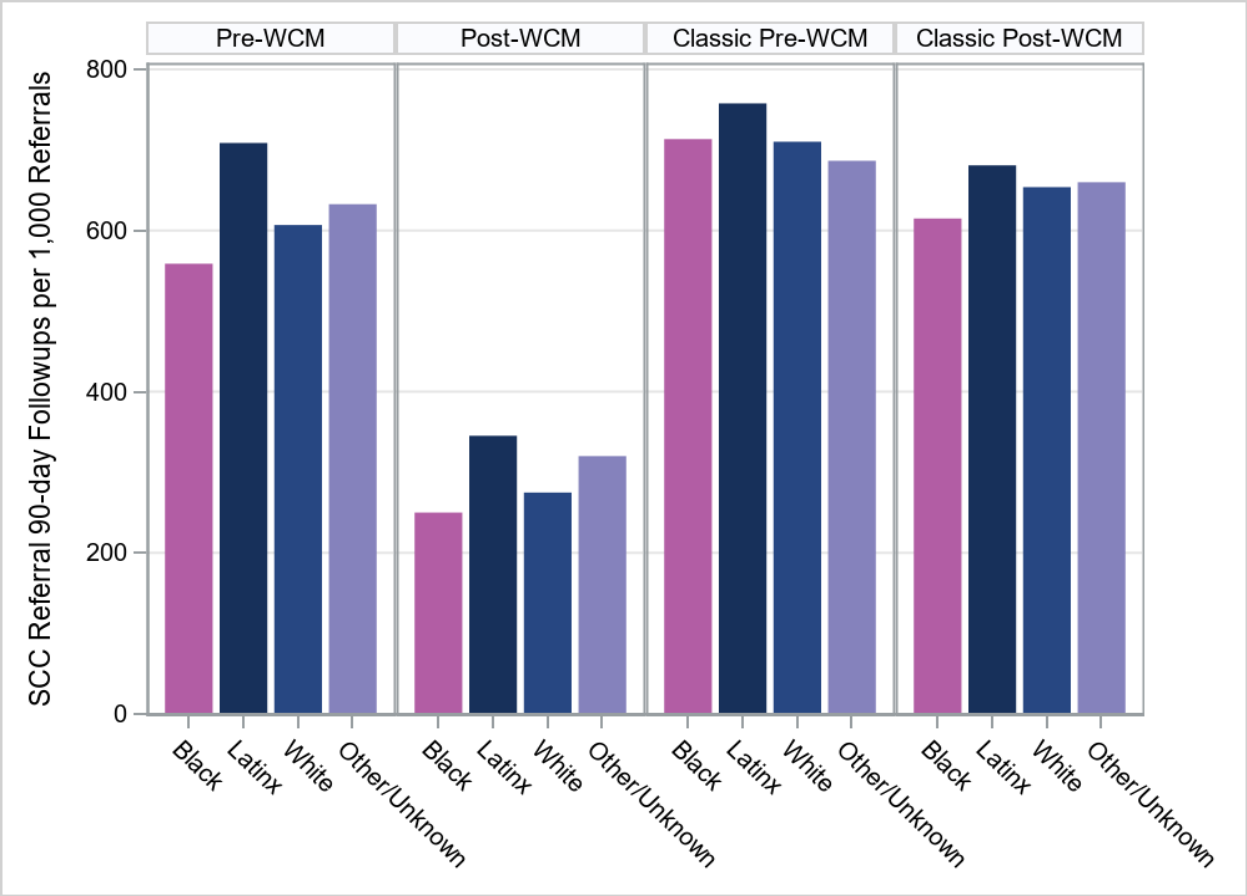


Figure 116. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods



Specialty Care Center Visit Within 90-Days of Referral by Language spoken

Brief summary of findings: HPSM-WCM had limited data and is not mentioned here. Specialty Care Center visits within 90 days of referral in Phase I WCM groups decreased and the pattern of visit by language was mixed. The Phase I Classic CCS comparison groups increased and the pattern of visit by language was mixed pre-post WCM implementation. Phase II WCM was mixed: an increase in the English group, decrease in the Other/Unknown group, minimal change in the Spanish language group, and the pattern of visit by language was mixed pre-post WCM implementation. The Phase II Classic CCS comparison groups had no change and the pattern of visit by was consistent pre-post WCM implementation. Phase III WCM groups had marked decreases, the pattern was mixed while the Classic CCS comparison groups had decreases, and the pattern was consistent pre-post WCM implementation.

Figure 117. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

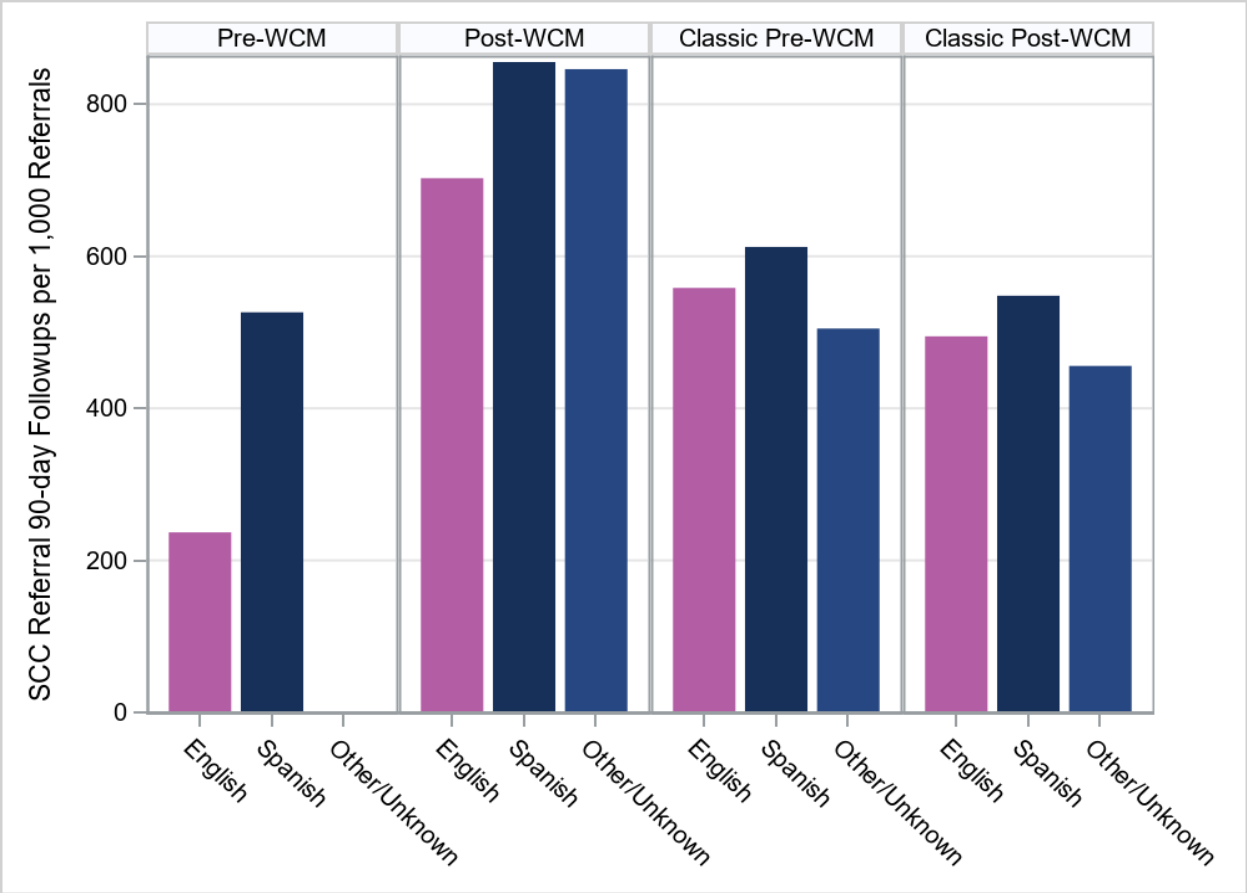


Figure 118. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

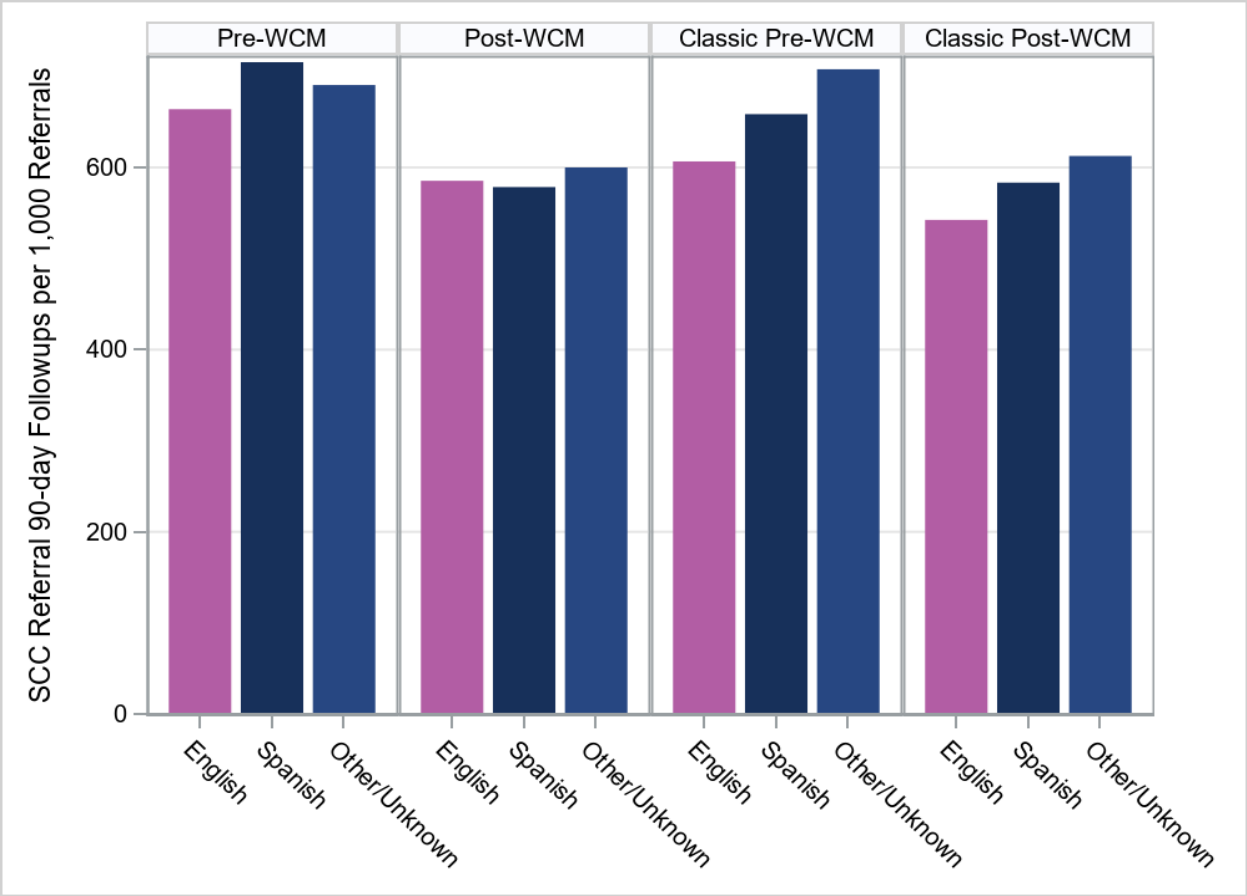


Figure 119. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

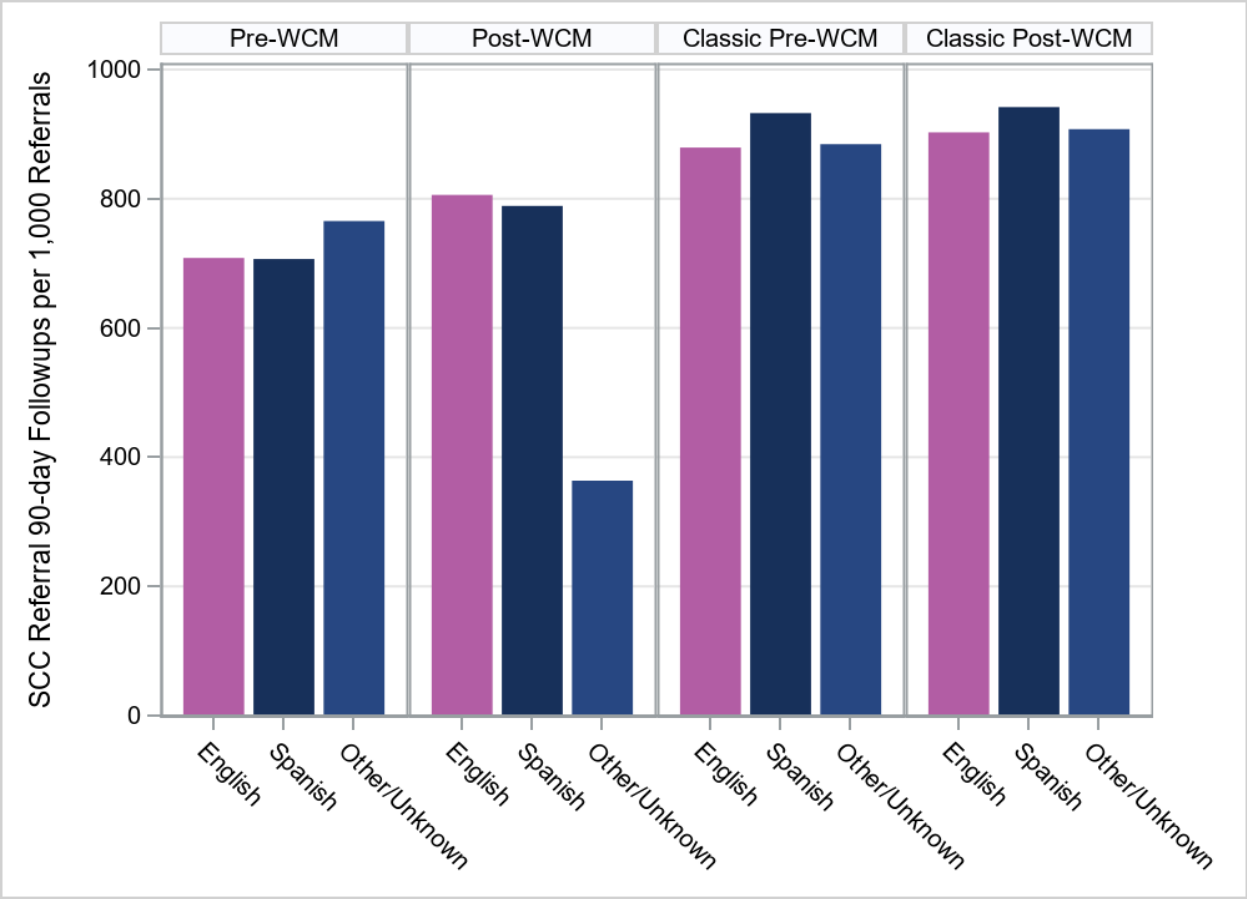
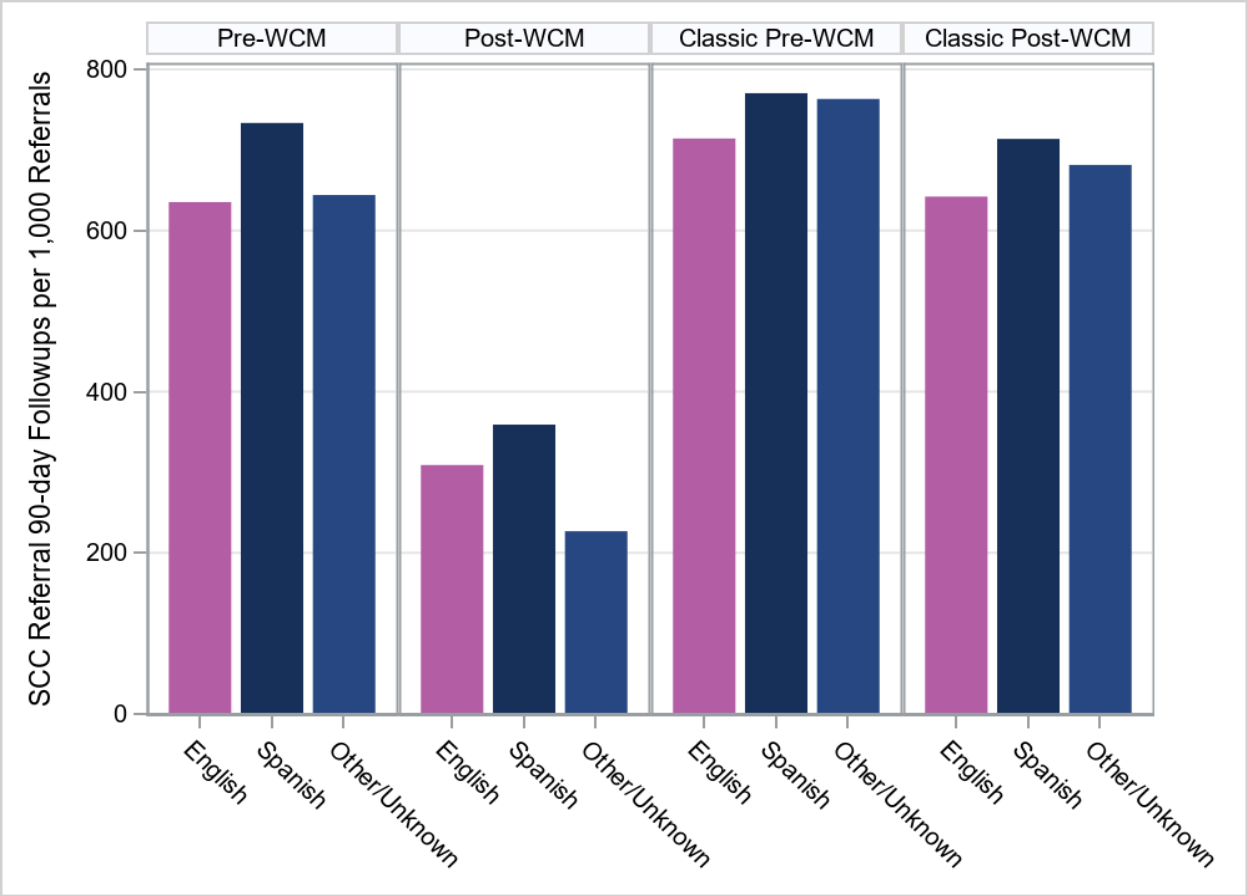


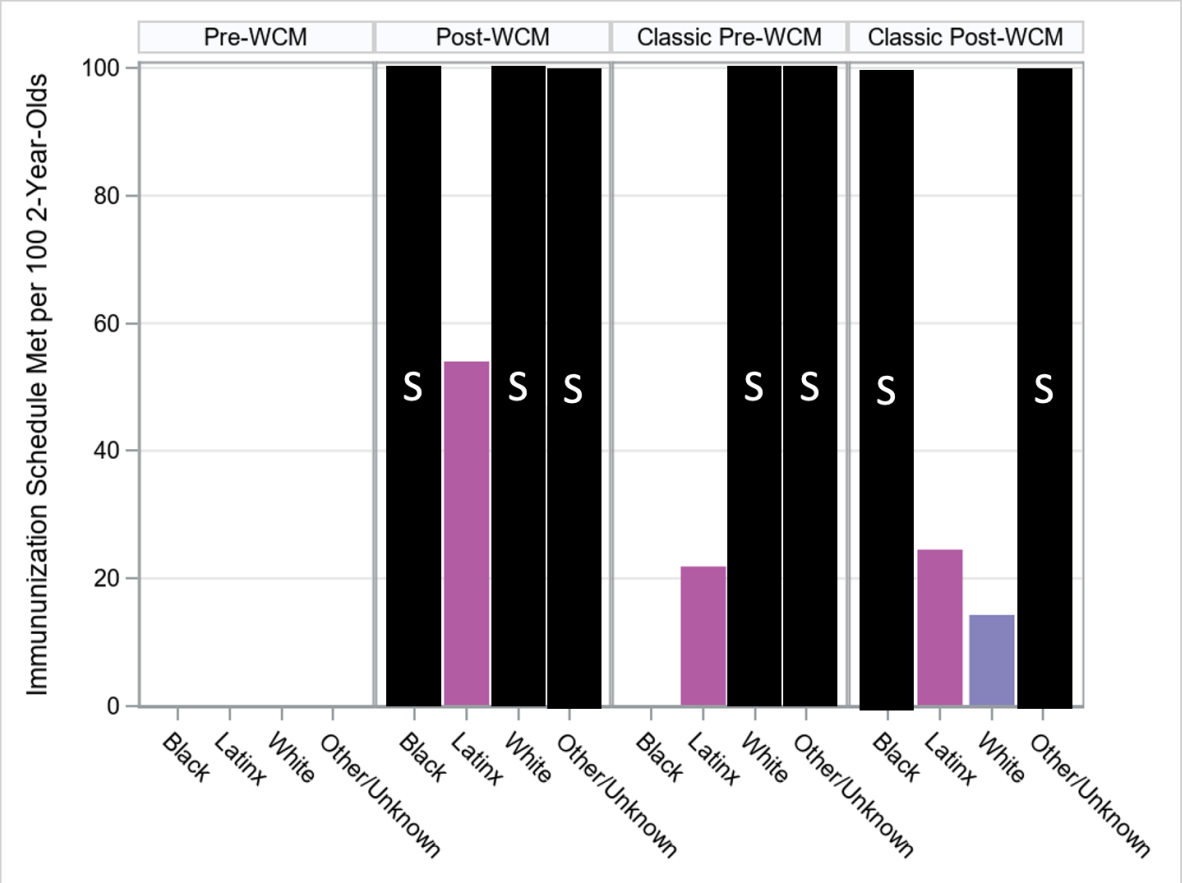
Figure 120. Specialty Care Center Visit Within 90-Days of Referral per 1,000 Referrals, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Immunization (Childhood, Age Two) by Race/Ethnicity

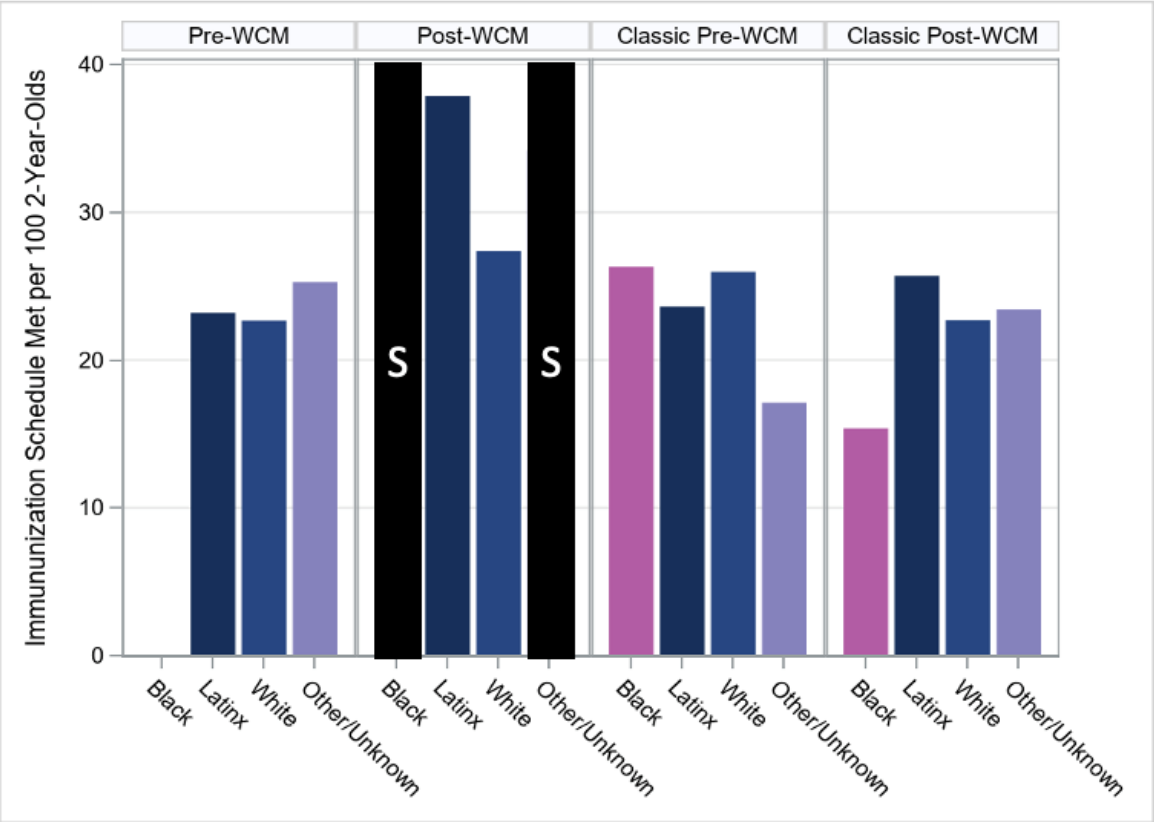
Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Overall, completing childhood immunization schedule in Phase I WCM increased for all groups; however, there were no observations for the Black group in the pre-implementation period and the pattern was similar. The Phase I Classic CCS comparison group was mixed; increase in the Other/Unknown group, decrease in Black and White groups, and minimal change in the Latinx group. The Phase II WCM groups increased, and the pattern was consistent. In the Phase II Classic CCS, Black and White groups increased while other groups remained unchanged, thus the pattern was mixed. The Phase III WCM Black and Latinx groups increased, the White group decreased, Other/Unknown group had minimal change, and the pattern was similar. The Phase III Classic CCS comparison groups increased, and the pattern was similar.

Figure 121. Immunization (Childhood) per 100 2-Years- Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 122. Immunization (Childhood) per 100 2-Years- Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 123. Immunization (Childhood) per 100 2-Year-Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

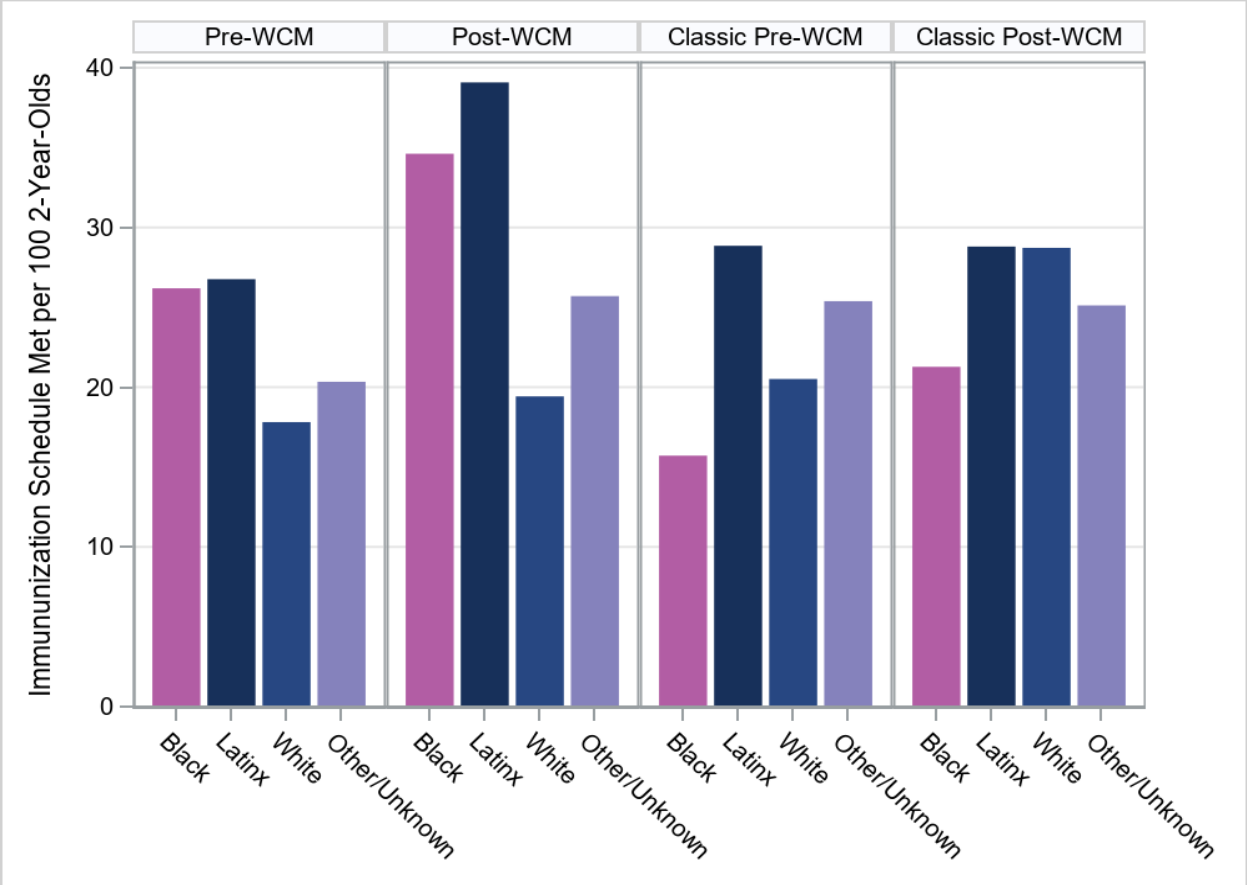
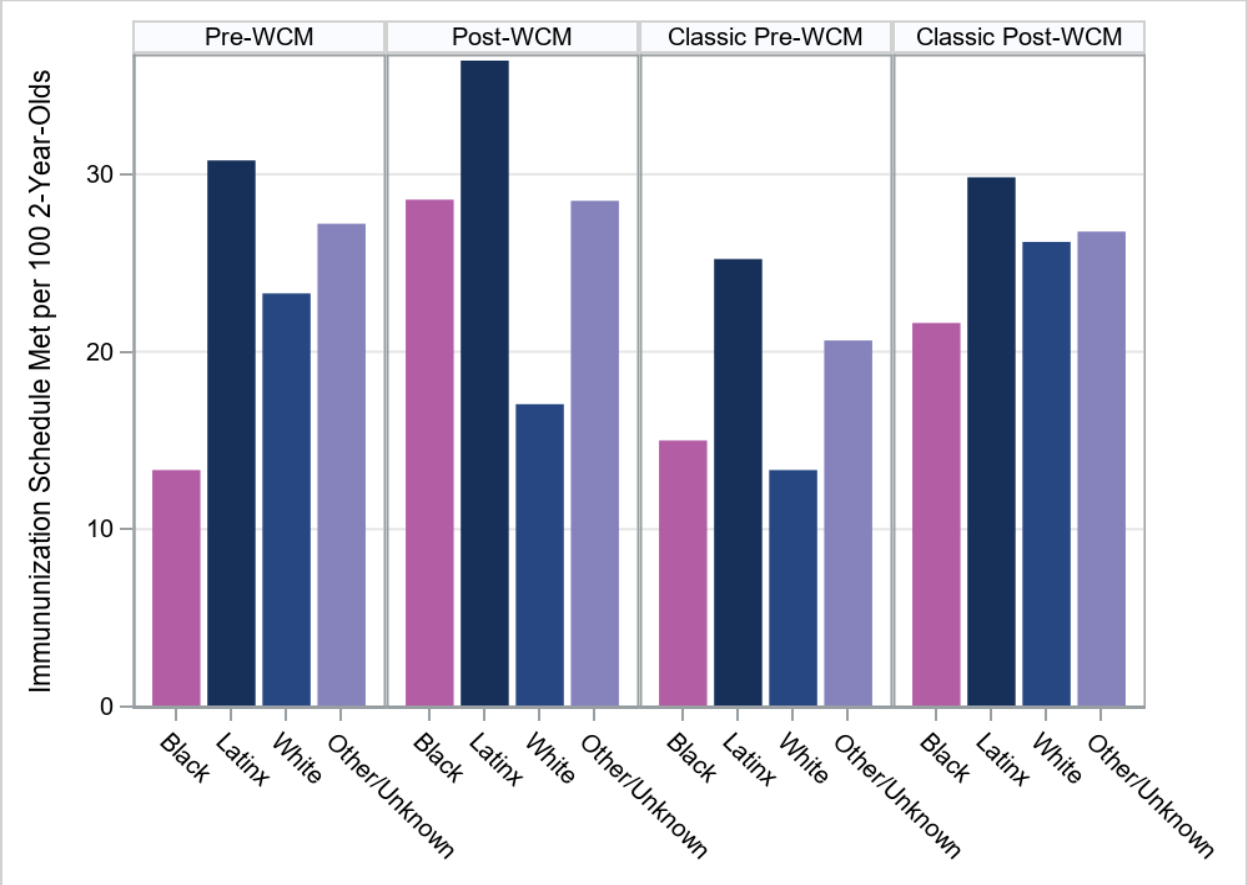


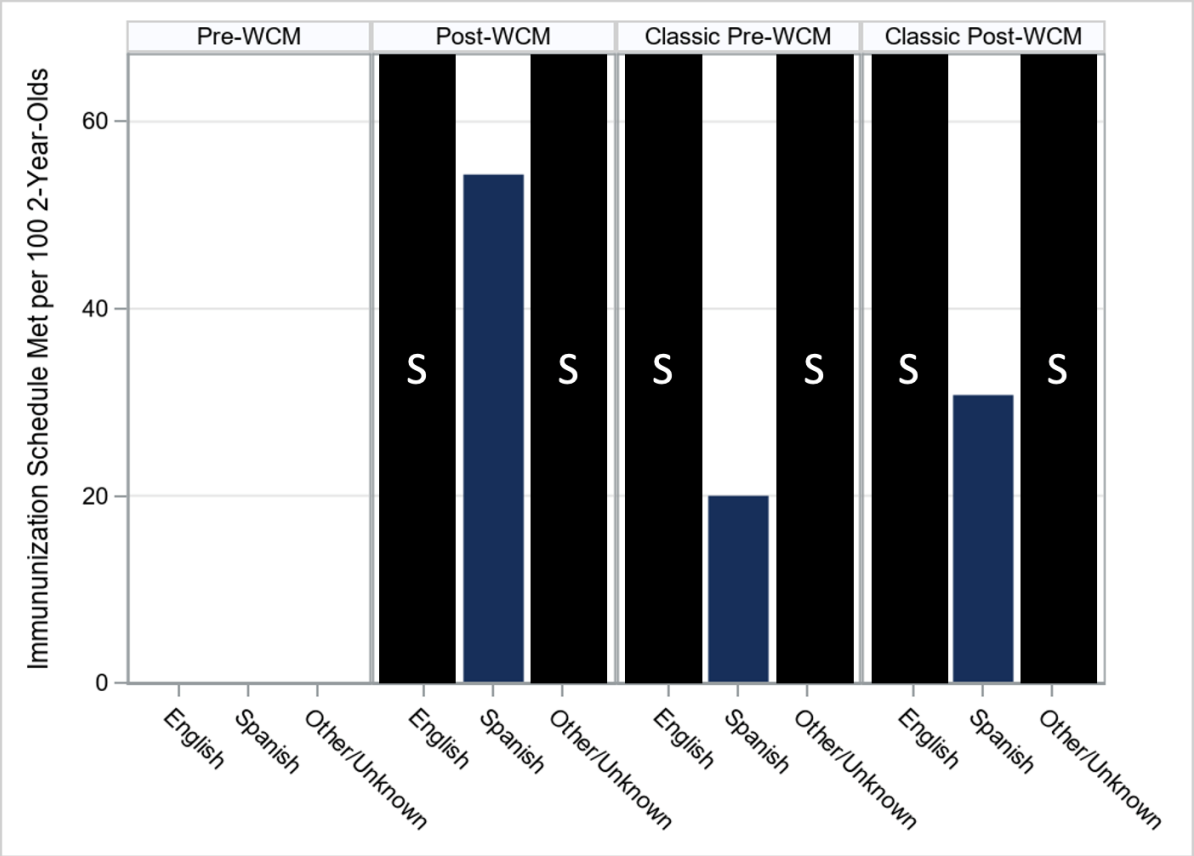
Figure 124. Immunization (Childhood) per 100 2-Years-Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Immunization (Childhood, Age Two) by Language spoken

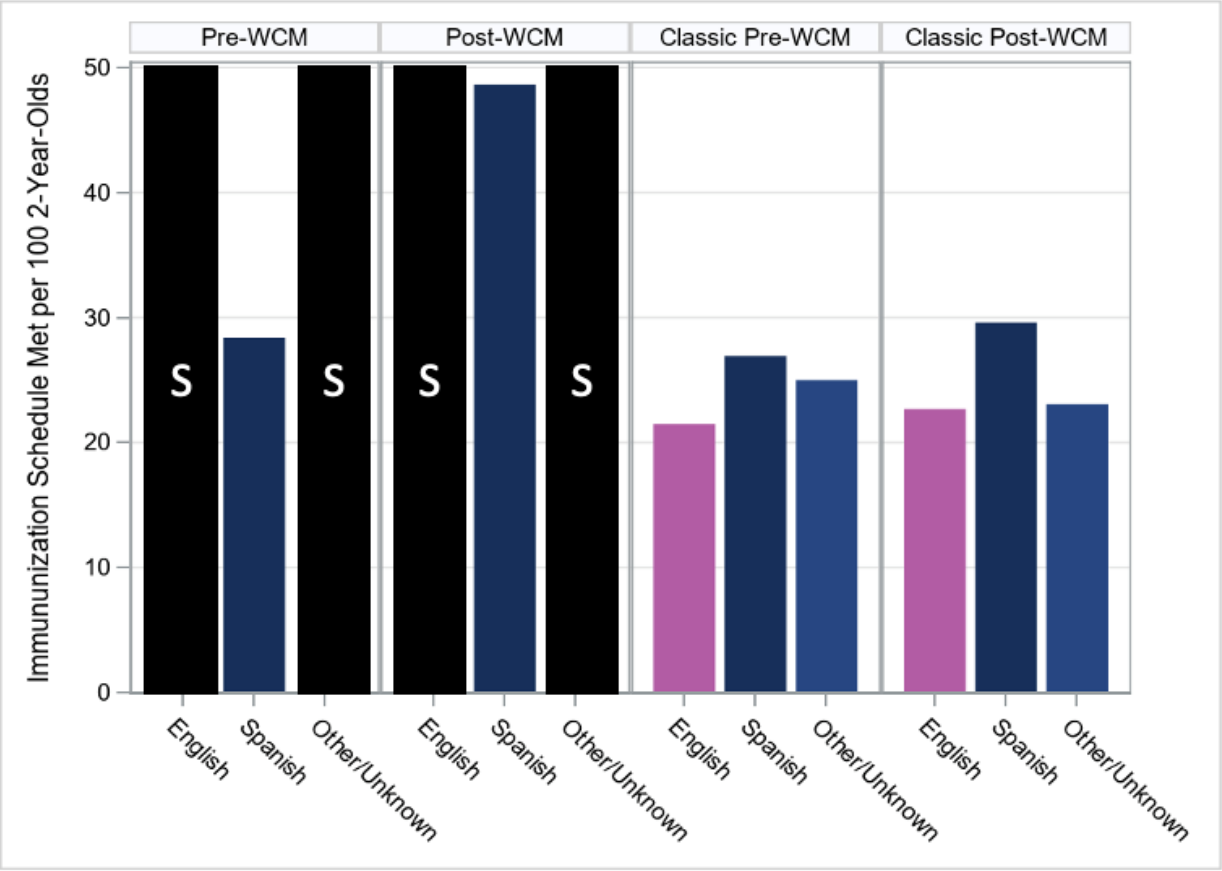
Brief summary of findings: HPSM-WCM had no eligible clients pre-period. Immunization schedule completion in Phase I WCM groups increased, there were no observations for the Other/Unknown language groups, and the pattern was consistent. The Phase I Classic CCS comparison group had minimal changes and the pattern was mixed. Phase II WCM groups increased, and the pattern was consistent. The Phase II Classic CCS comparison groups increased with the exception of a decrease in the Other/Unknown group and the pattern was consistent. The Phase III WCM groups increased with the exception of a decrease for the Other/Unknown group and the pattern was mixed. The Phase III Classic CCS comparison groups all increased and the pattern was consistent.

Figure 125. Immunization (Childhood) per 100 2-Years-Old, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



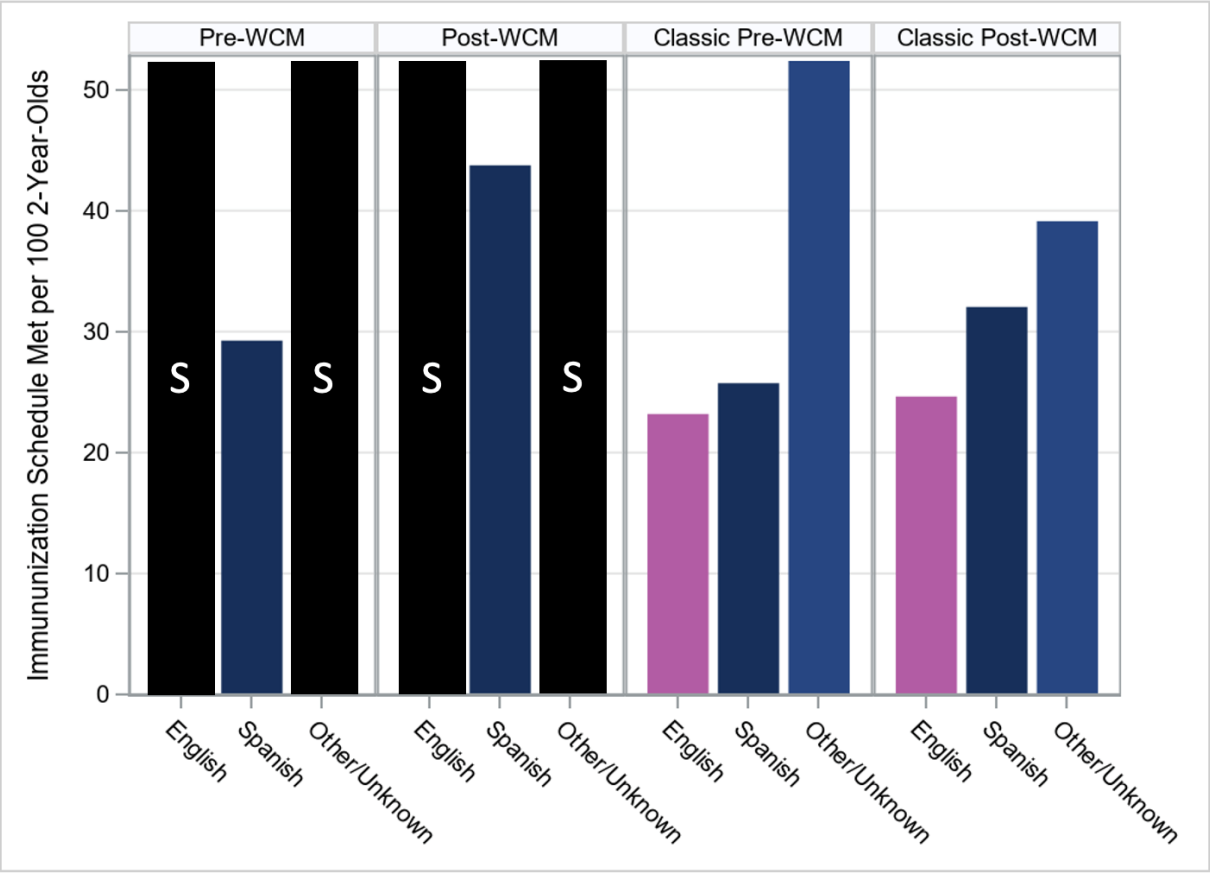
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 126. Immunization (Childhood) per 100 2-Years-Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 127. Immunization (Childhood) per 100 2-Years-Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



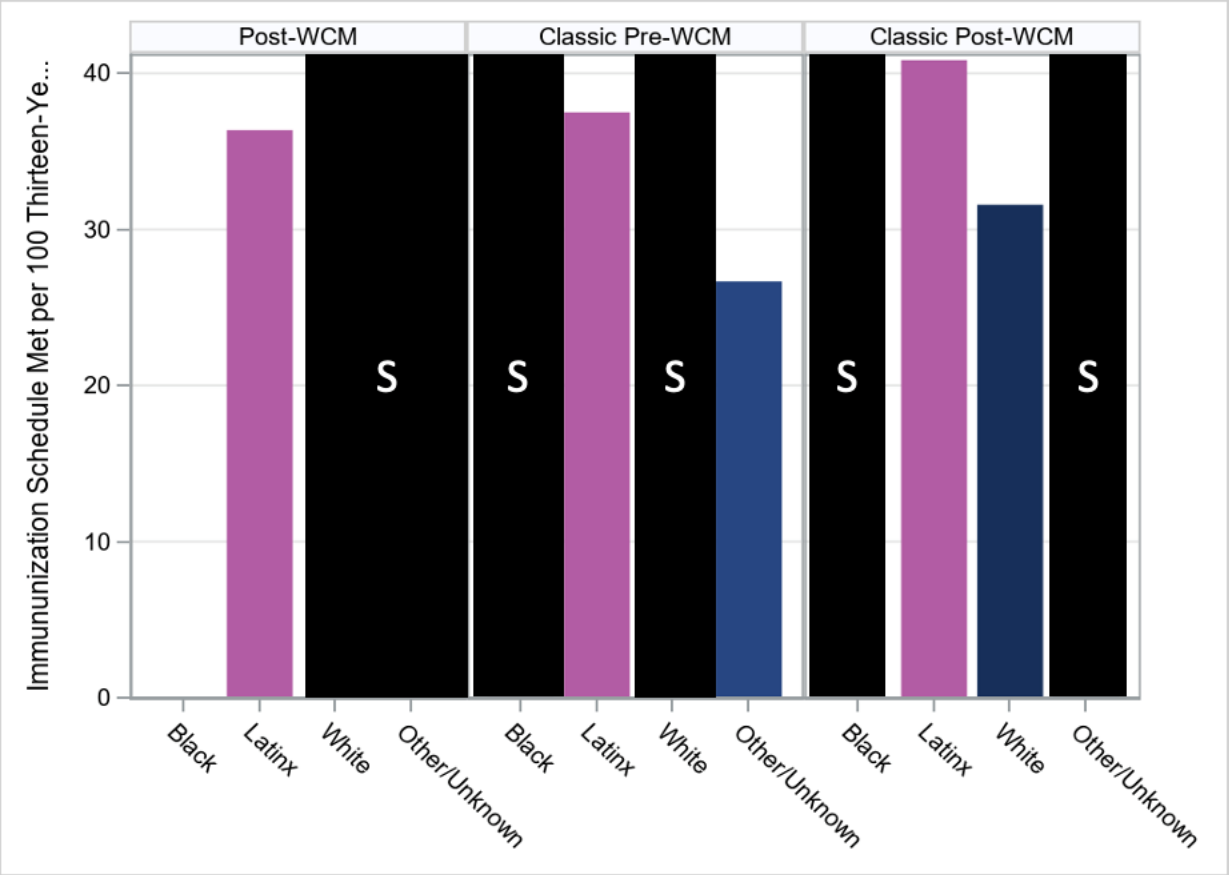
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 128. Immunization (Childhood) per 100 2-Years-Old, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods

Immunizations (Adolescents) by Race/ Ethnicity

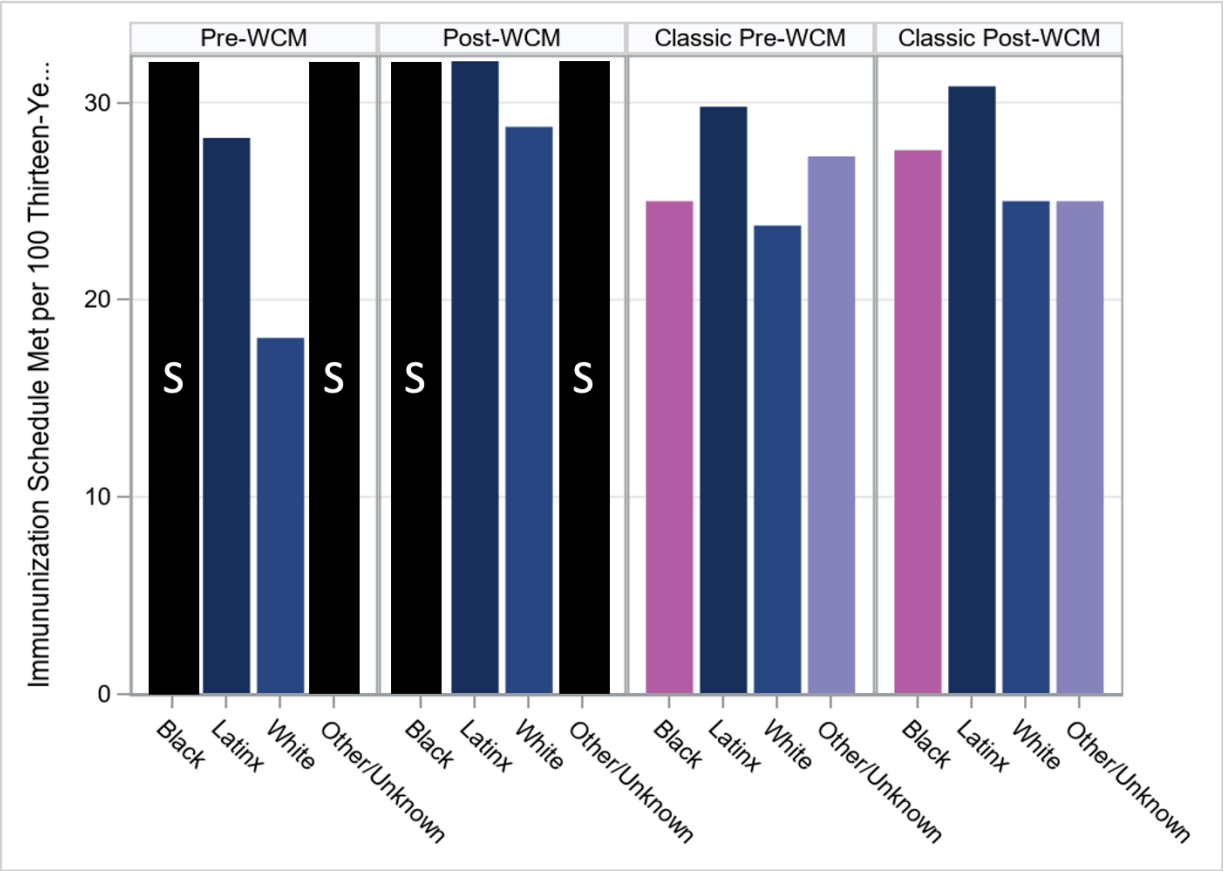
Brief summary of findings: HPSM-WCM had limited observations for the pre- and post-periods. Completion of the adolescent immunizations in Phase I WCM groups increased post-implementation, there were no observations for the Black group in the post-period, and the pattern was consistent.. The Phase I Classic CCS comparison had minimal changes and the pattern was similar. Phase II WCM was mixed with increases in the White and Other/Unknown groups, a decrease in the Black group, little change in the Latinx group, and the pattern was similar. The Phase II Classic CCS comparison groups had increases except for little change in the Other/Unknown group and the pattern was similar. Phase III WCM had minimal changes with the exception of a decrease in the Black group and the pattern was similar. The Phase III Classic CCS comparison groups were mixed: the Latinx and Other/Unknown groups remained unchanged, the Black and White groups decreased, and the pattern was similar.

Figure 129. Immunization (Adolescents) per 100 13-Years-Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 130. Immunization (Adolescents) per 100 13-Years-Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 131. Immunization (Adolescents) per 100 13-Years-Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

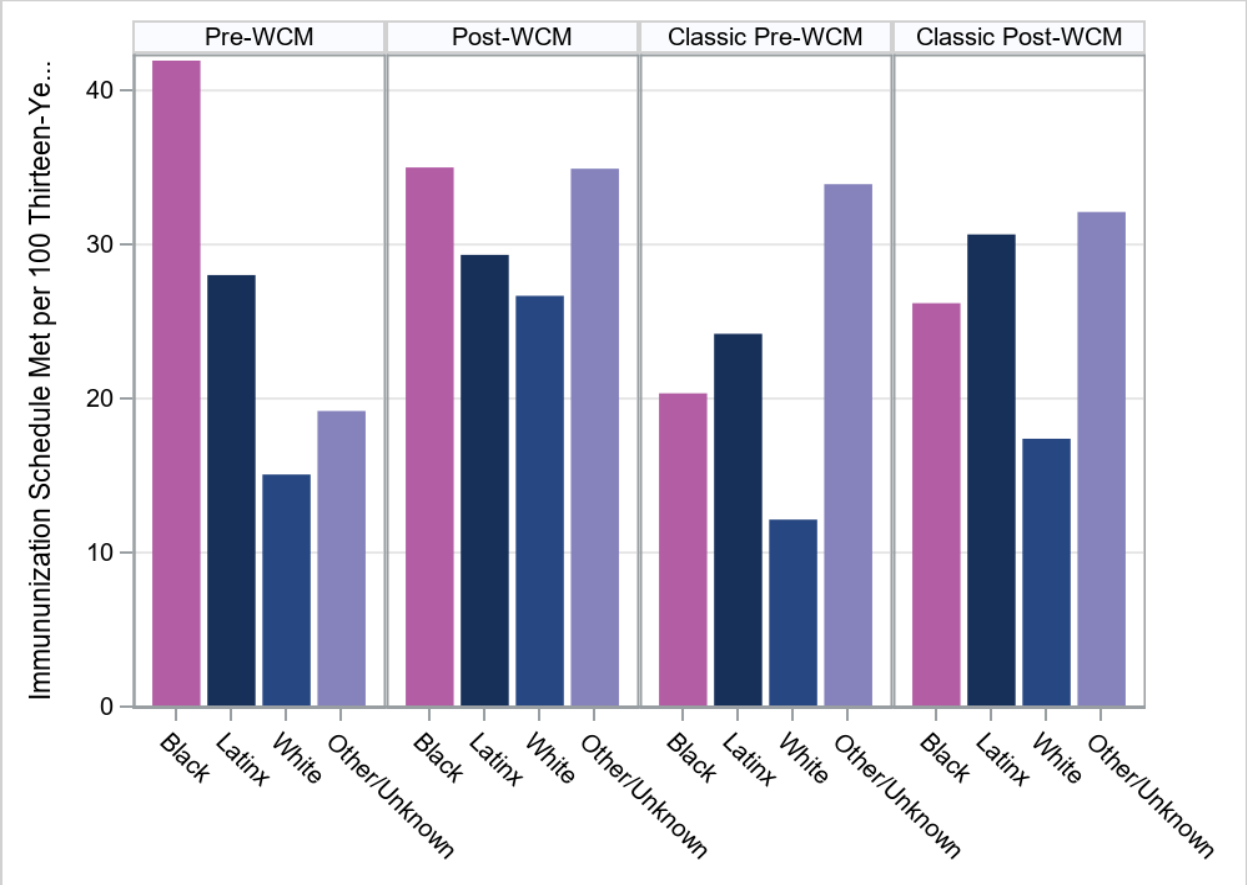
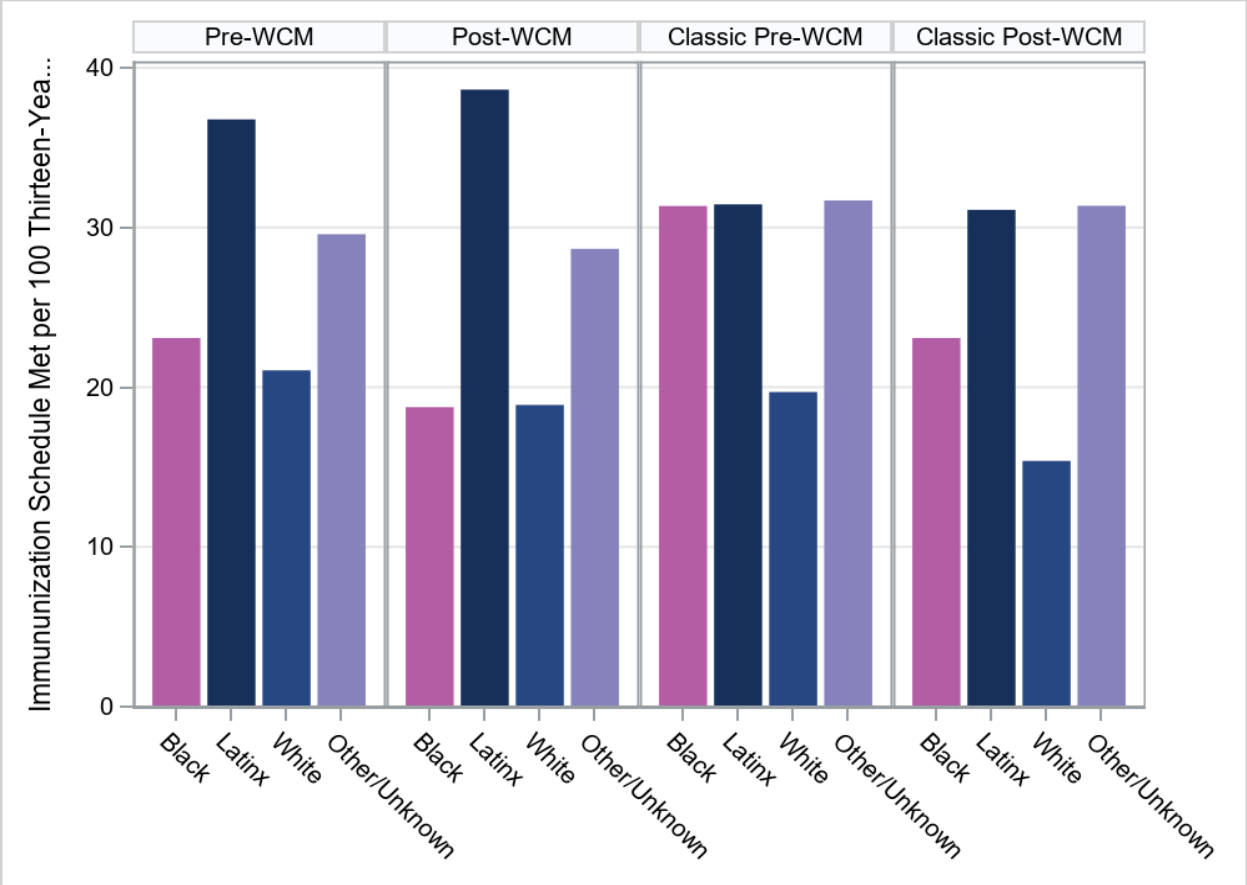


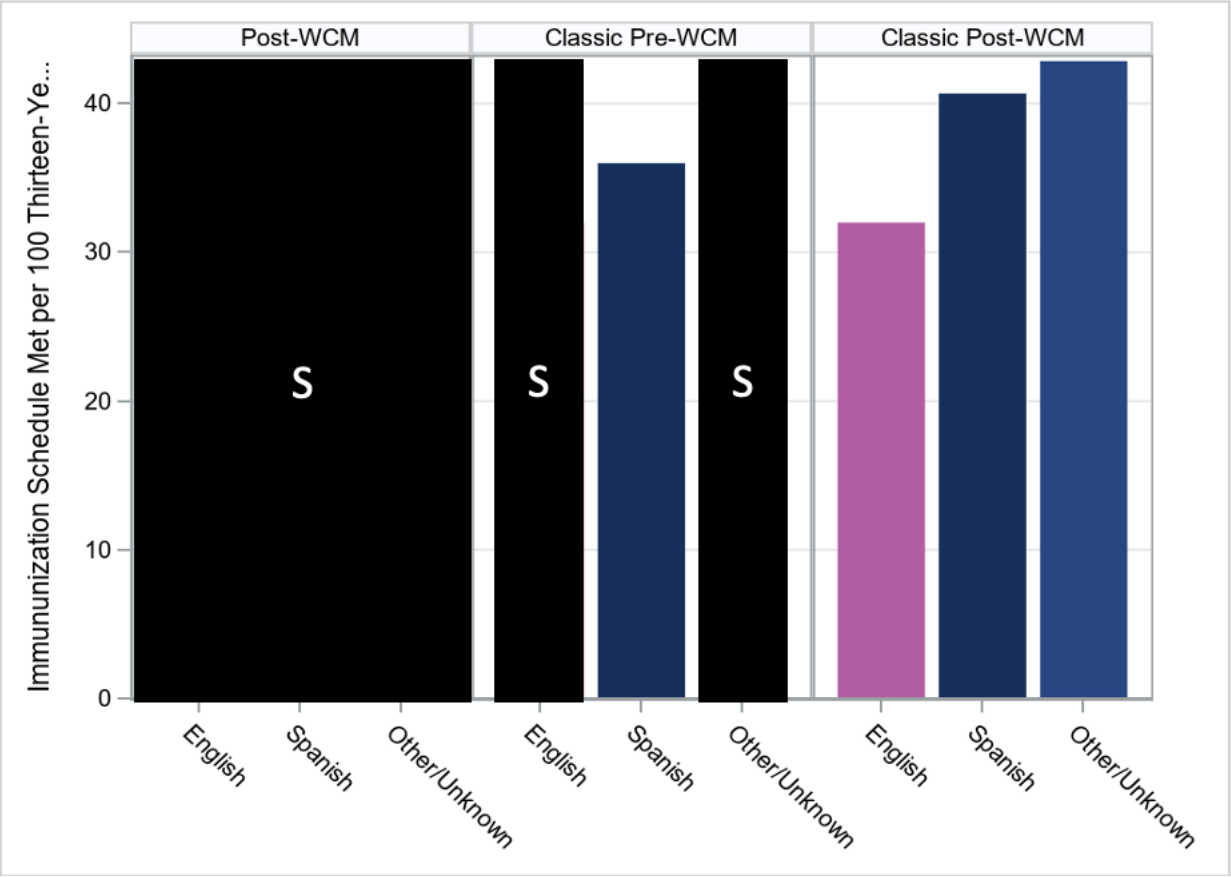
Figure 132. Immunization (Adolescents) per 100 13-Years-Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Immunizations (Adolescents) by Language spoken

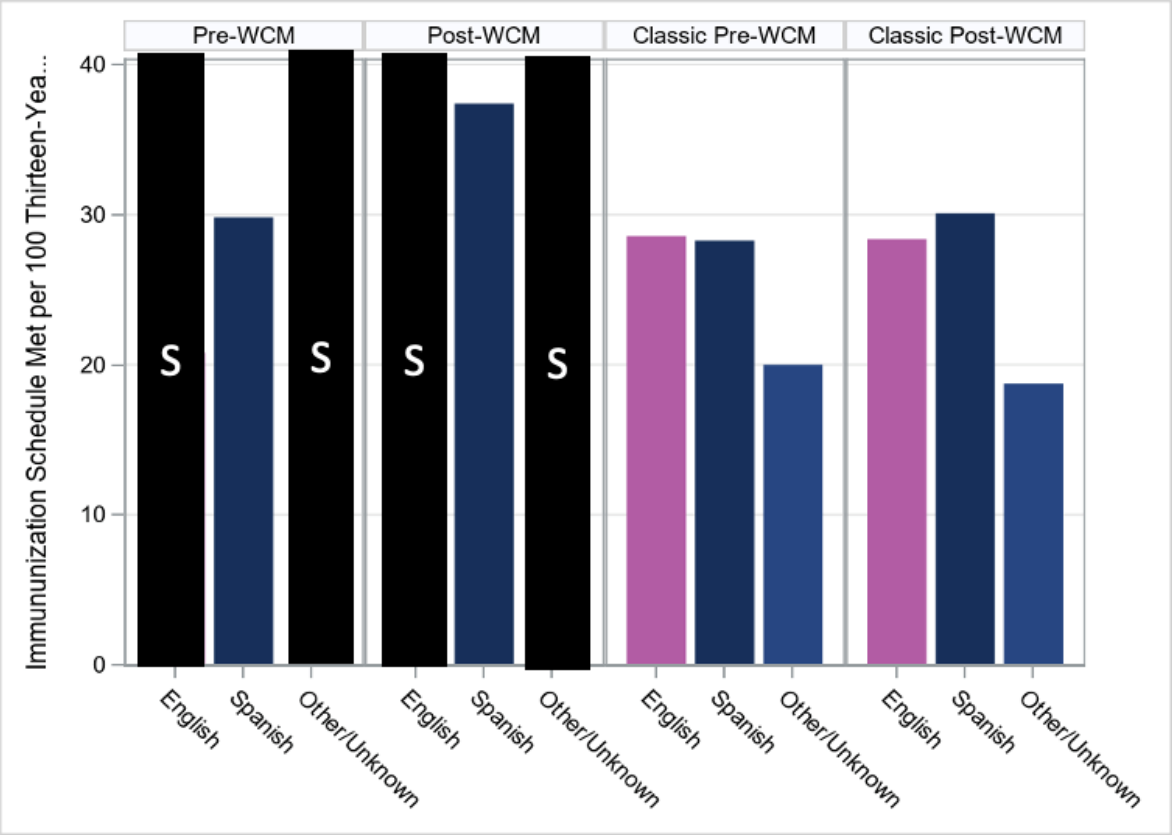
Brief summary of findings: HPSM-WCM has no observations for the pre-period and is not mentioned here. Phase I WCM language groups had increased immunization completions (no observations for Other/Unknown language group) post- implementation and pattern was consistent. Phase I Classic CCS comparison group had very little difference across the language groups post-implementation and the pattern was mixed. Phase II WCM groups had increases or remained unchanged, though there were no observations for the Other/Unknown group in the pre-period. Immunization completions in Phase II CCS group increased and the pattern was consistent. Immunization completion in Phase III WCM language groups increased or remained unchanged and had a mixed pattern. The Phase III Classic CCS group was mixed: the Other/Unknown group increased, the English language group remained unchanged, the Spanish group decreased, and pattern was consistent.

Figure 133. Immunization (Adolescents) per 100 13-Years-Old, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



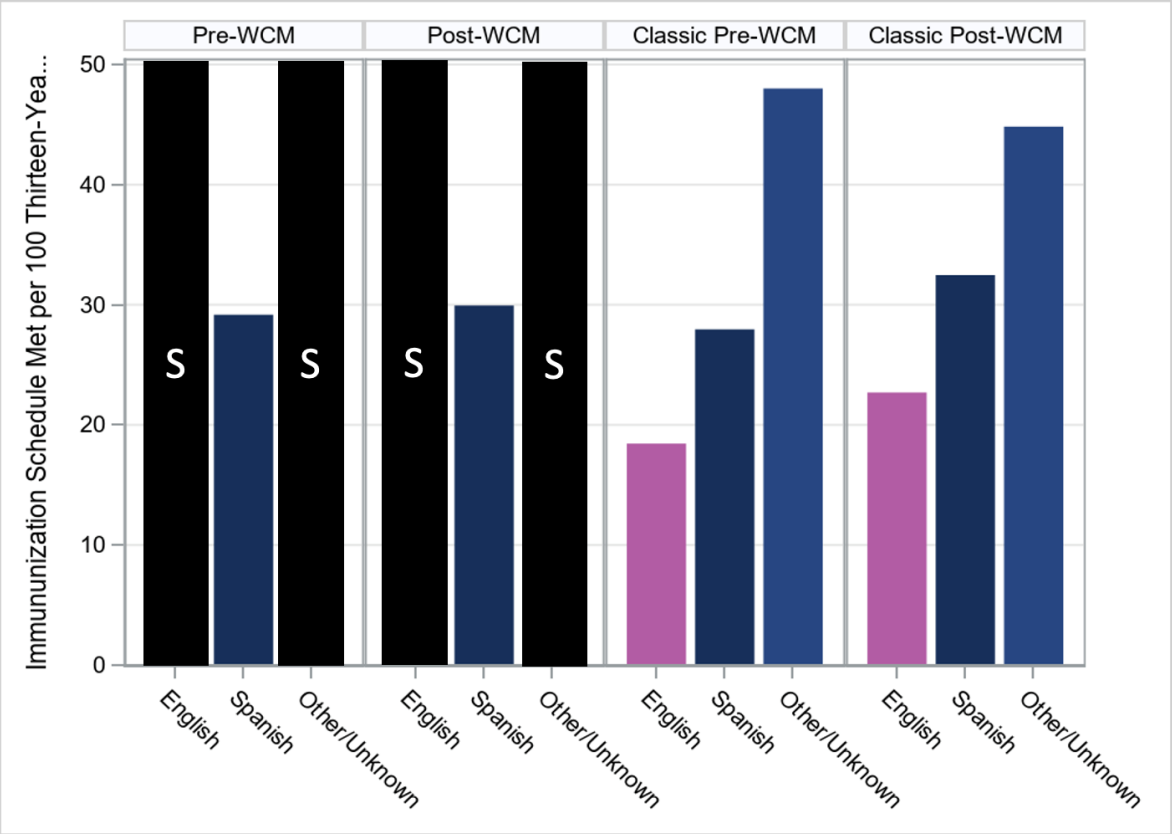
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 134. Immunization (Adolescents) per 100 13-Years-Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



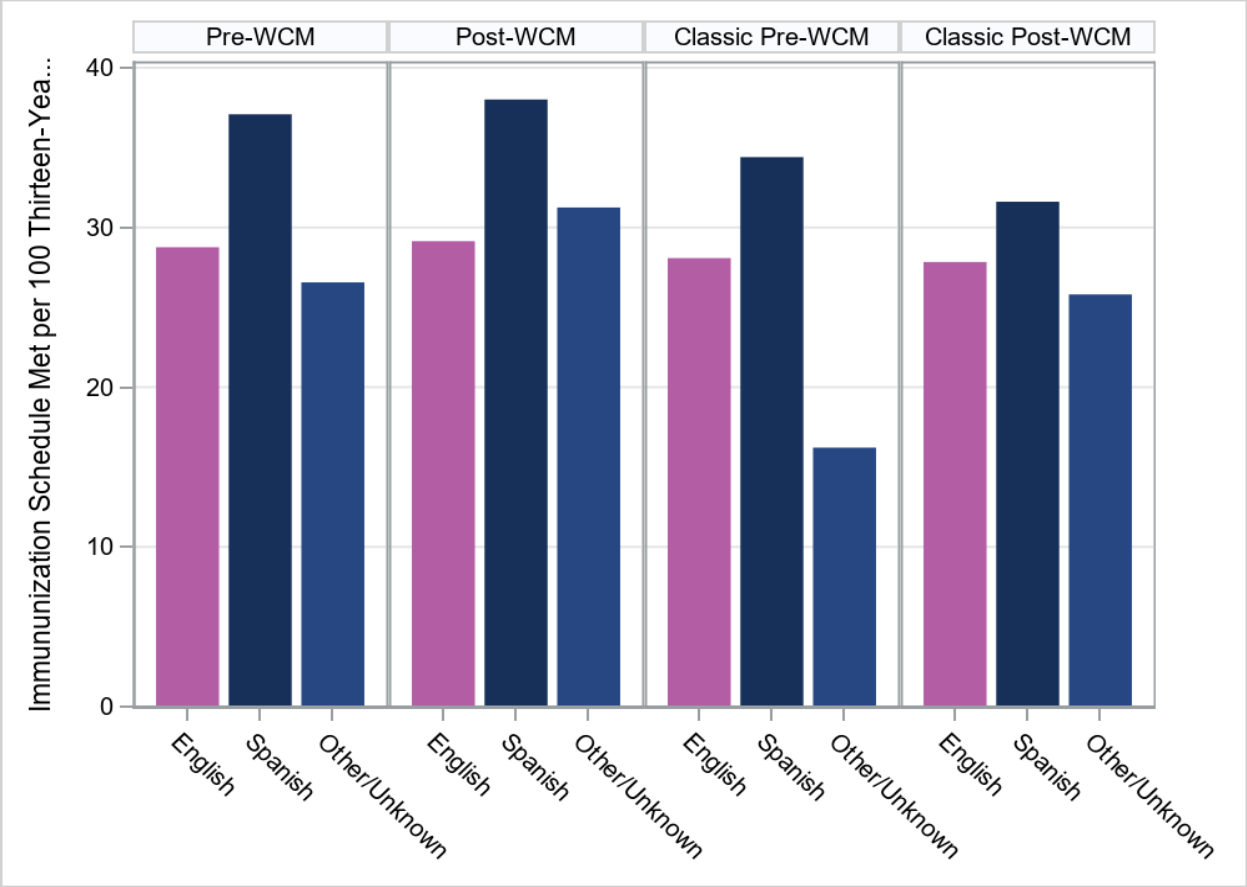
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 135. Immunization (Adolescents) per 100 13-Years-Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

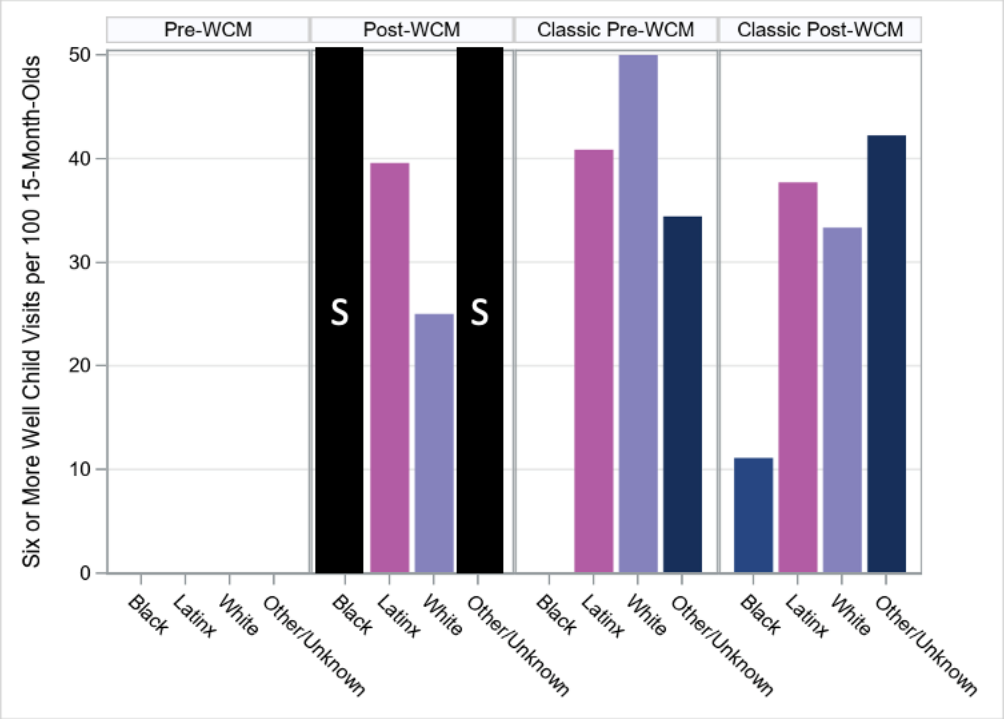
Figure 136. Immunization (Adolescents) per 100 13-Years-Old, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Well-Child Visits (WCW) for 0-15 months Old by Race/ Ethnicity

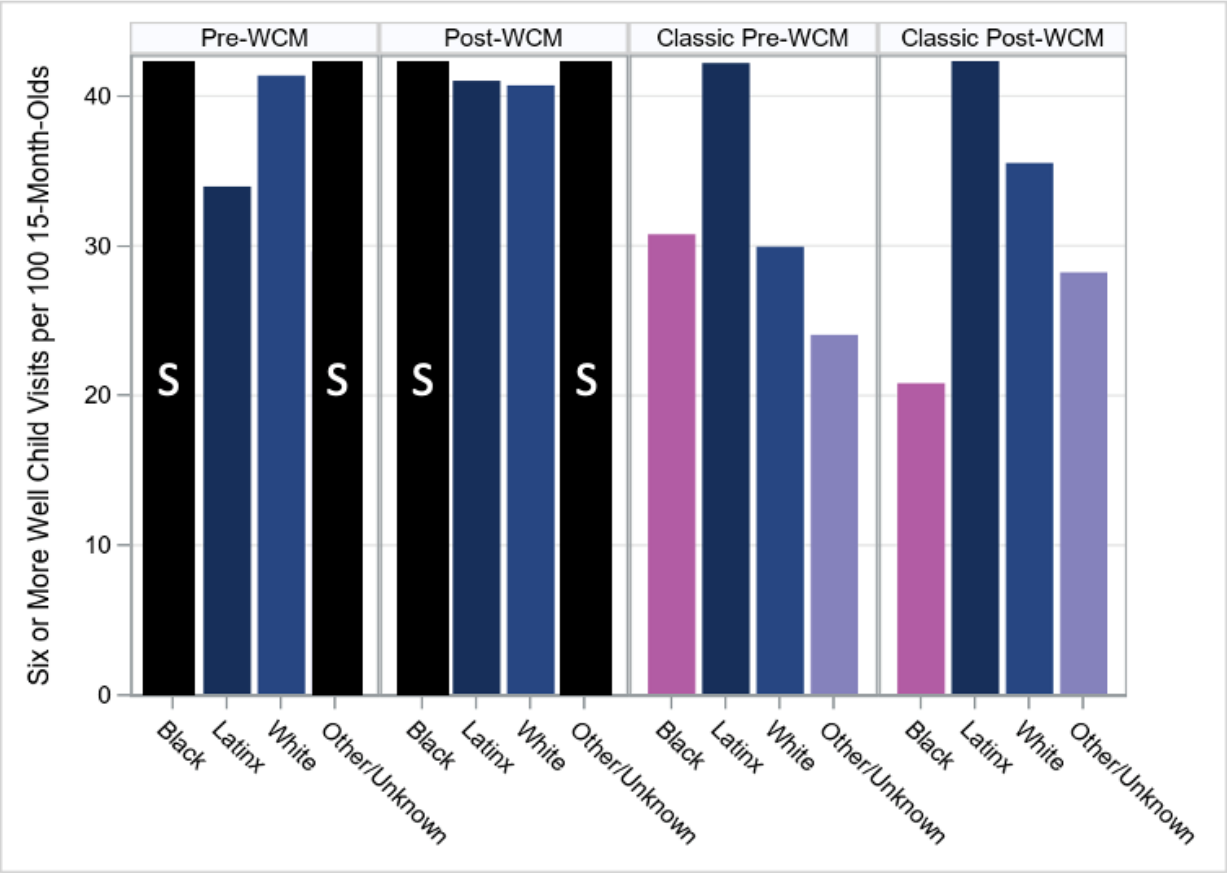
Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Phase I WCM well-child visits post-implementation increased for the Latinx group, decreased slightly or remained unchanged for the other groups, was lacking data for the Black group in the pre-period, and the pattern was similar. Visits in the Phase I Classic CCS White and Other/Unknown races increased, decreased in the Black group, remained roughly unchanged in the Latinx group, data was missing for the Black group in the pre-implementation period, and the pattern was similar. Visits in the Phase II WCM group decreased for all racial groups with marked decreases in the Latinx and White groups and the pattern was similar. Data for the Black group was lacking in the post-implementation period. In the Phase II Classic CCS group, visits increased in the Black group, decreased in the others and the pattern was inconsistent. The Phase III WCM Black and Latinx groups visits increased, others decreased, and the pattern was similar. Phase III Classic CCS visits increased or remained roughly the same for all groups, with a marked increase in the White group, and the pattern was similar.

Figure 137. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



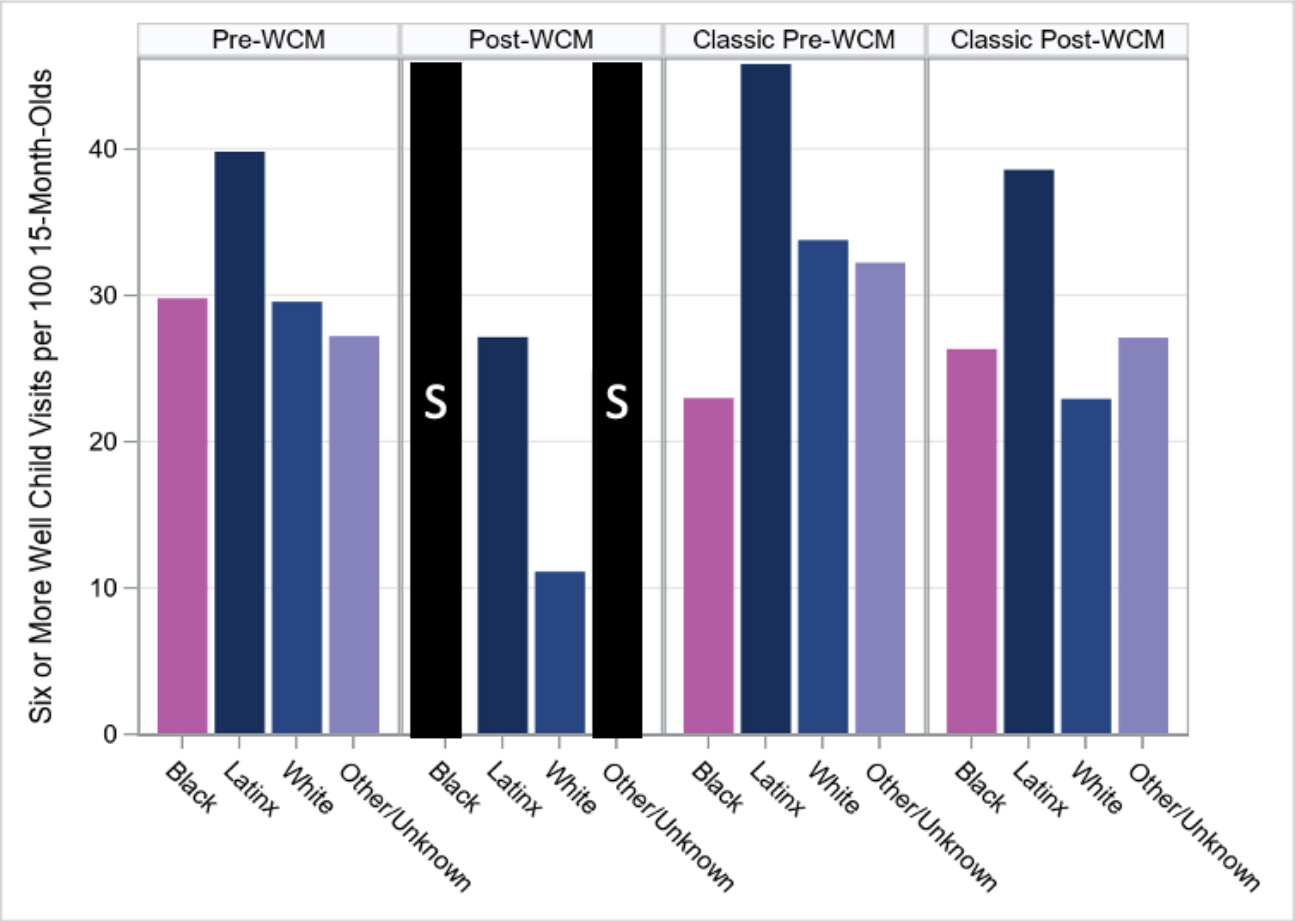
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 138. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



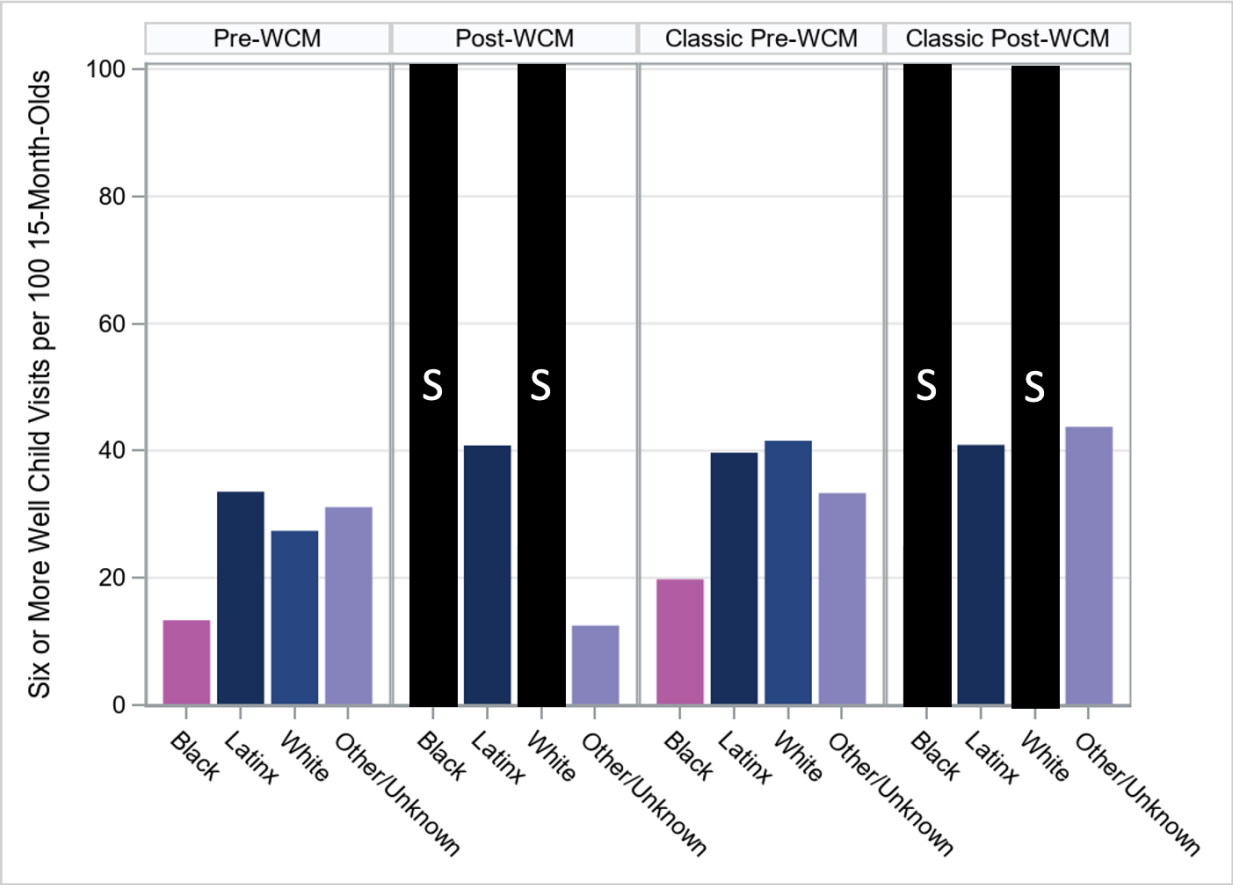
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 139. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 140. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods

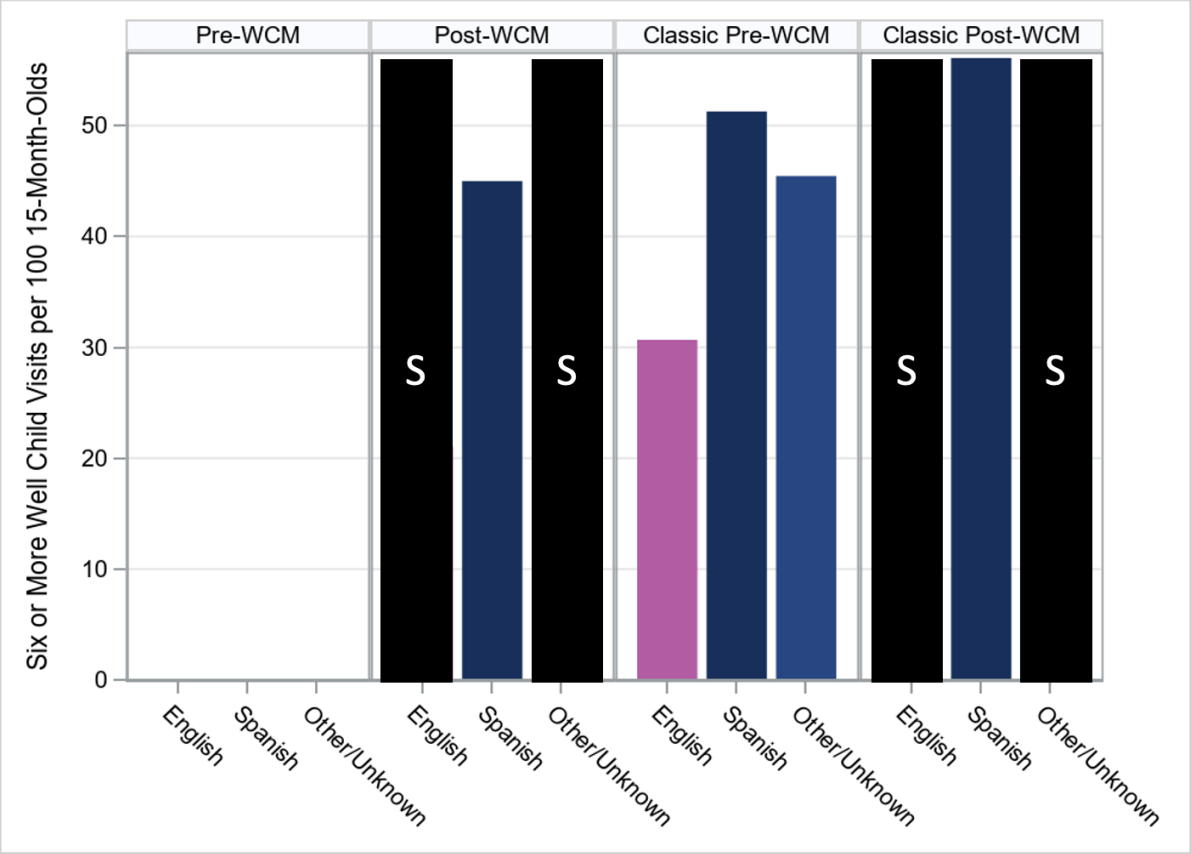


S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Well-Child Visits (WCW) for 0-15 months Old by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Findings differed across various languages and Phases. Well-child visits post-implementation increased or remained unchanged for those speaking any language in Phase I WCM study group and in the Classic CCS comparison group, with a marked increase in visits for the Other/Unknown group, shifting it from the lowest to the highest rate. The visits decreased for those speaking any language in Phase II WCM group and decreased for English and Spanish language groups in the Classic CCS comparison group, while the Classic CCS Other/Unknown language group had a marked increase. The patterns for both Phase II study groups were mixed . Phase III WCM group visits remained largely unchanged for the English language group with increases in the Spanish language group and the pattern was consistent. There was no post-implementation data for the Phase III Other/Unknown language group. In the Phase III Classic CCS comparison group, all groups increased, with a marked increase in visits in the Other/Unknown language group and the pattern was mixed.

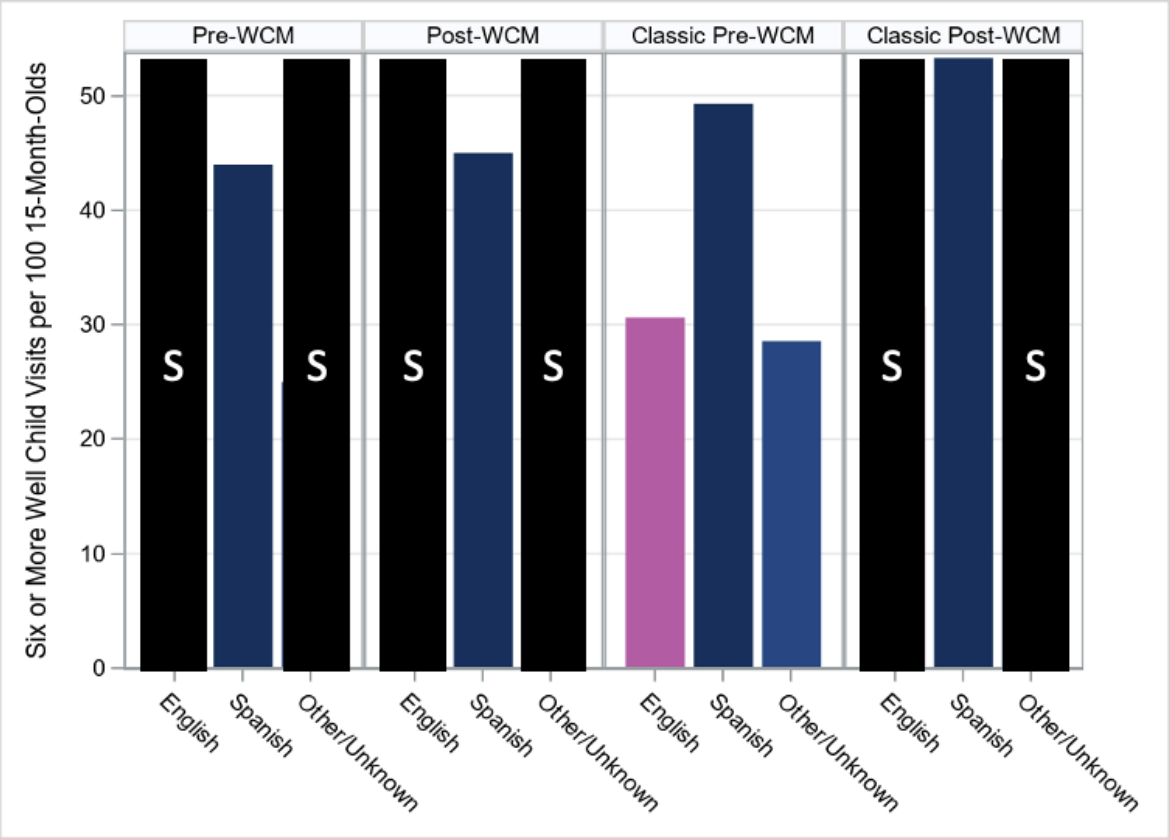
Figure 141. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

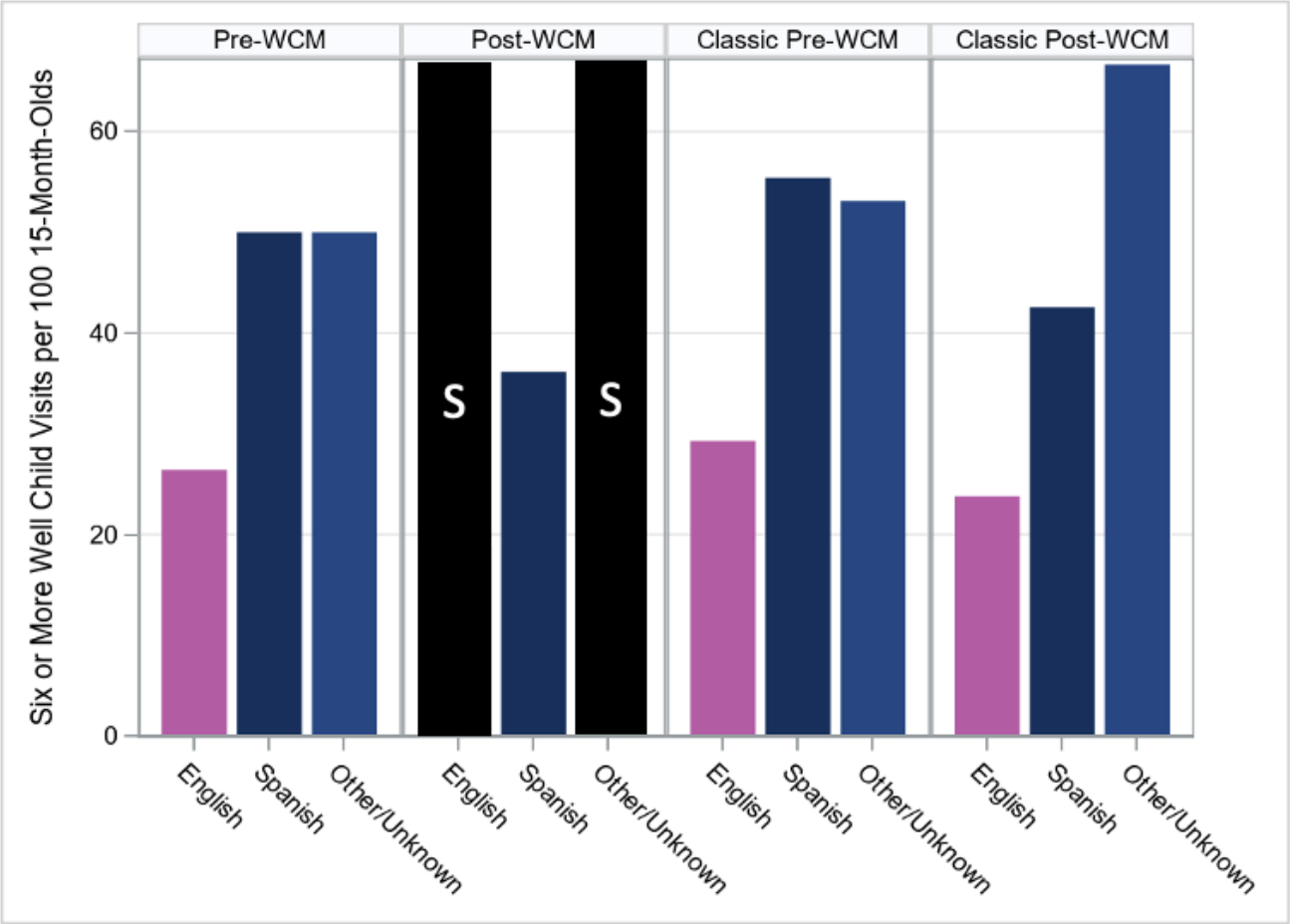
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 142. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods



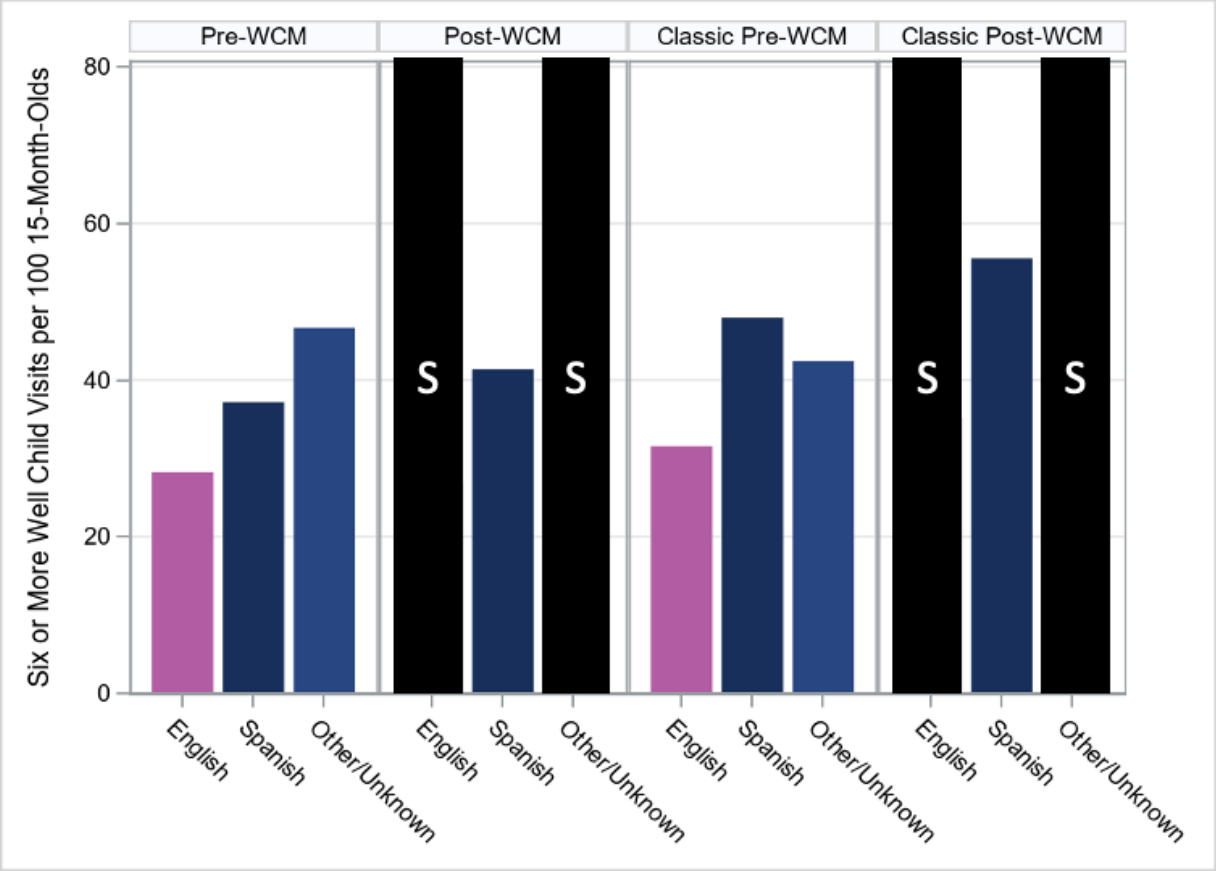
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 143. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 144. Six or More Well-Child Visits (WCW) for 0-15 Months Old, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods



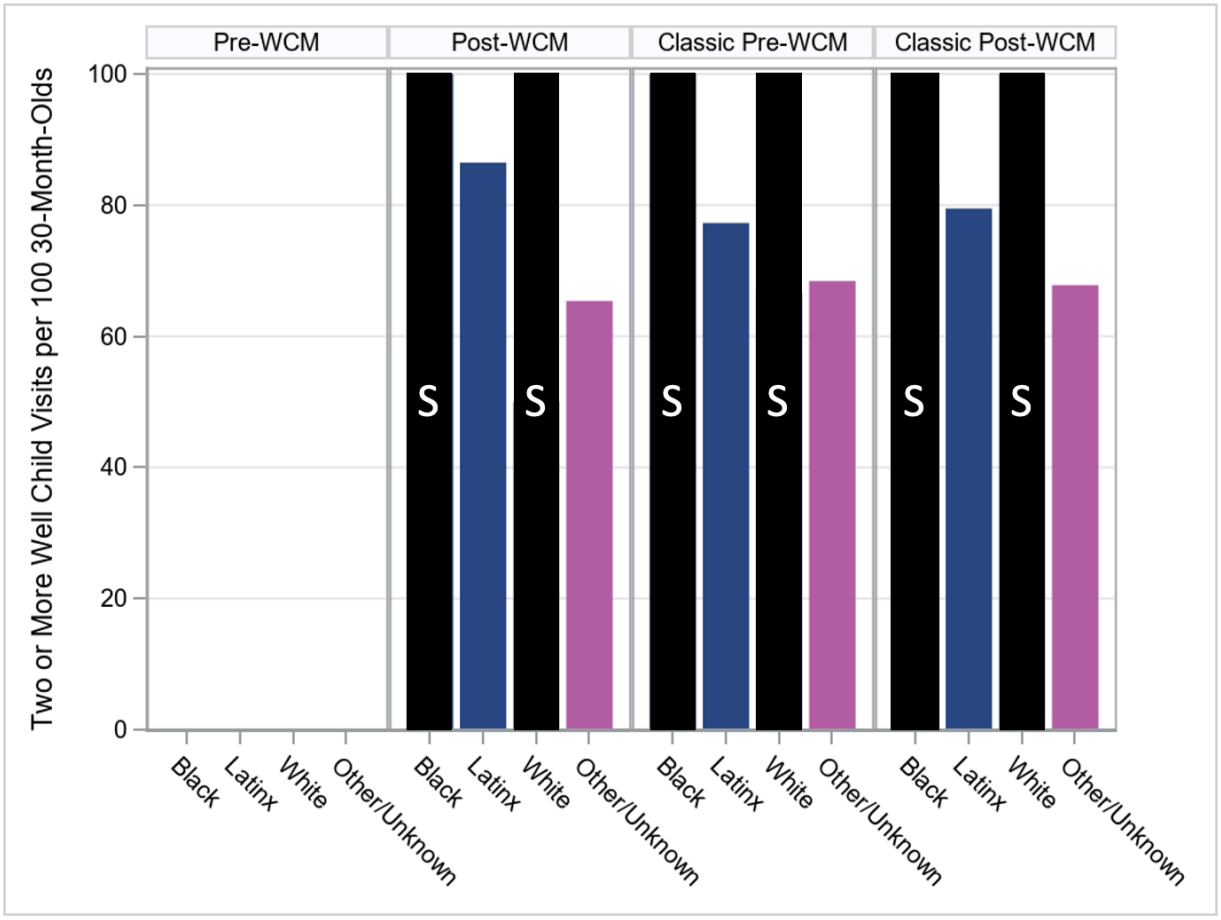
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Well-Child Visits (WCW) 0-30 months by Race/ Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Overall, well-child visits for those aged 0-30 months increased in Phase I WCM, with the exception of a decrease in the Black group and the pattern was largely consistent. Phase I Classic CCS group was mixed: the Black group increased, the Other/Unknown group decreased slightly, the Latinx and White group remained largely unchanged, and the pattern was consistent. The Phase II WCM groups remained roughly unchanged excepting a slight increase in the Black group and slight increase in the Other/Unknown group. Phase II Classic CCS groups were mixed: White and Other/Unknown groups decreased, and the other groups were largely unchanged. In Phase III WCM, all groups increased, and the Black and White groups increased markedly, and the pattern was mixed. The Phase III Classic CCS groups were mixed:

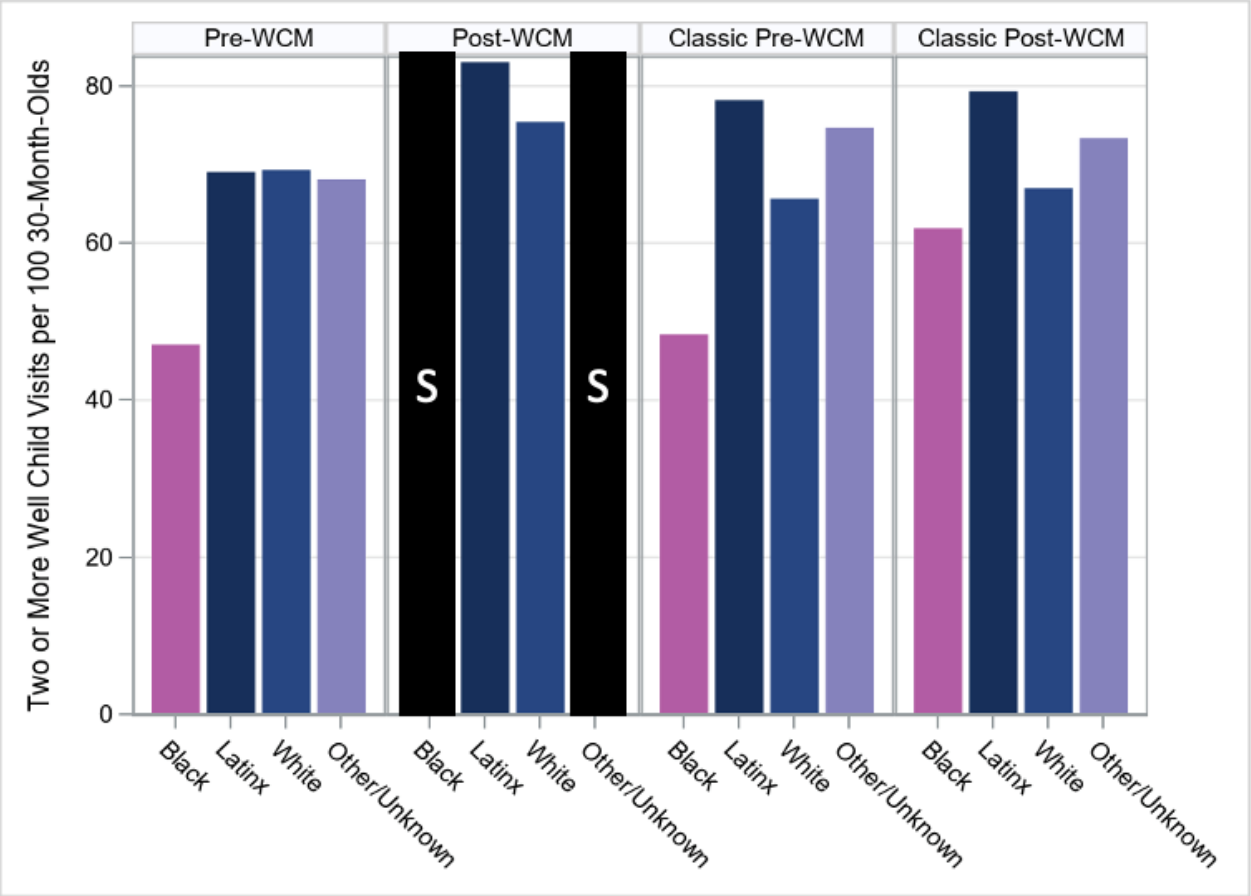
increases in the Latinx and Other/Unknown groups and marked decreased in the Black and White groups, and the pattern was mixed.

Figure 145. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



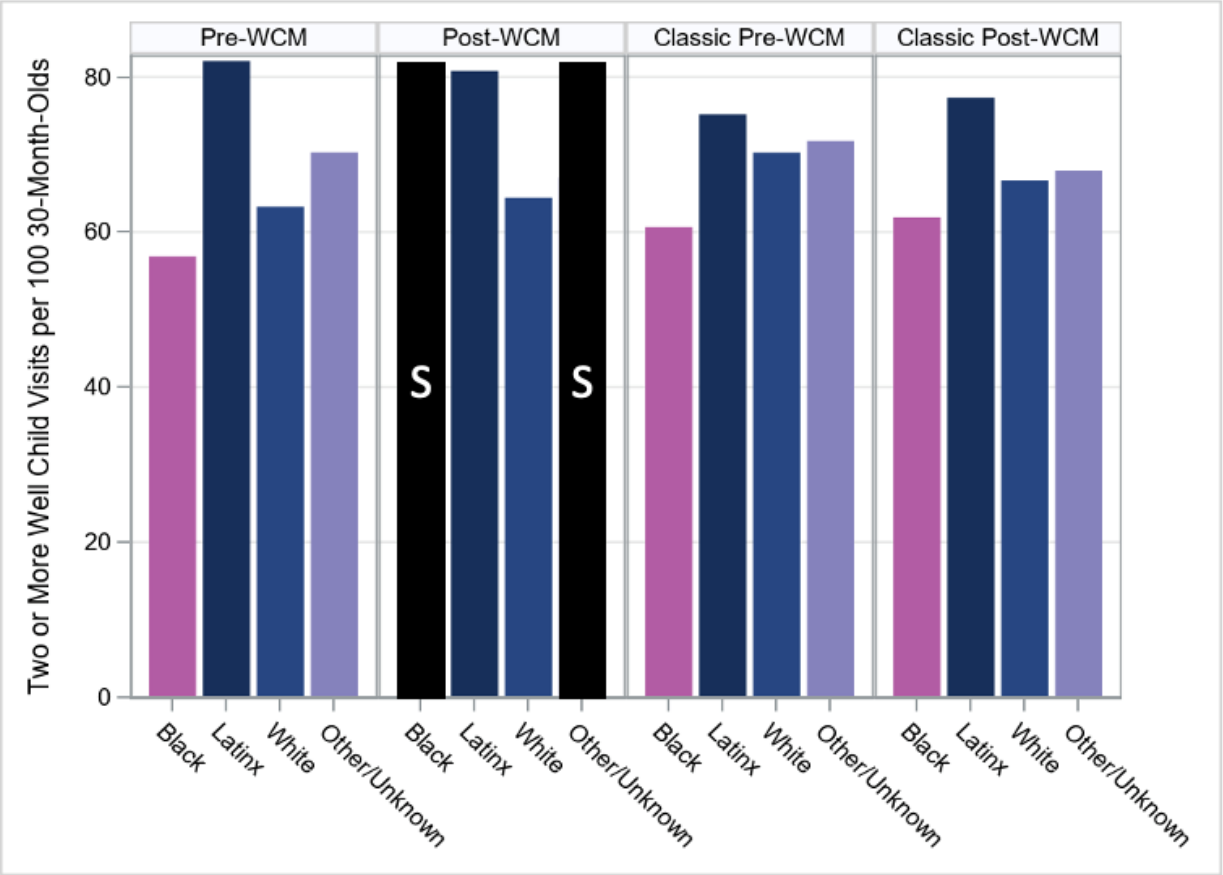
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 146. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods



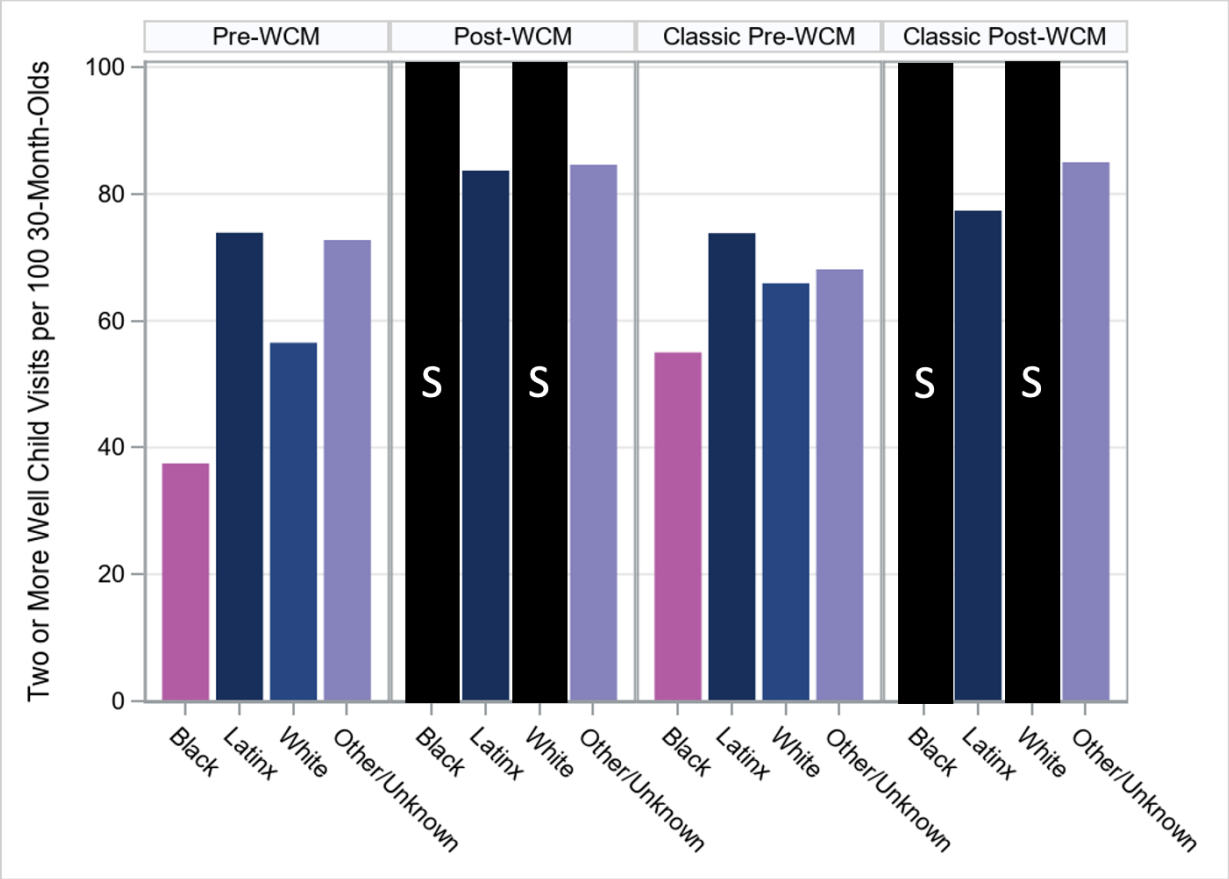
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 147. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 148. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods

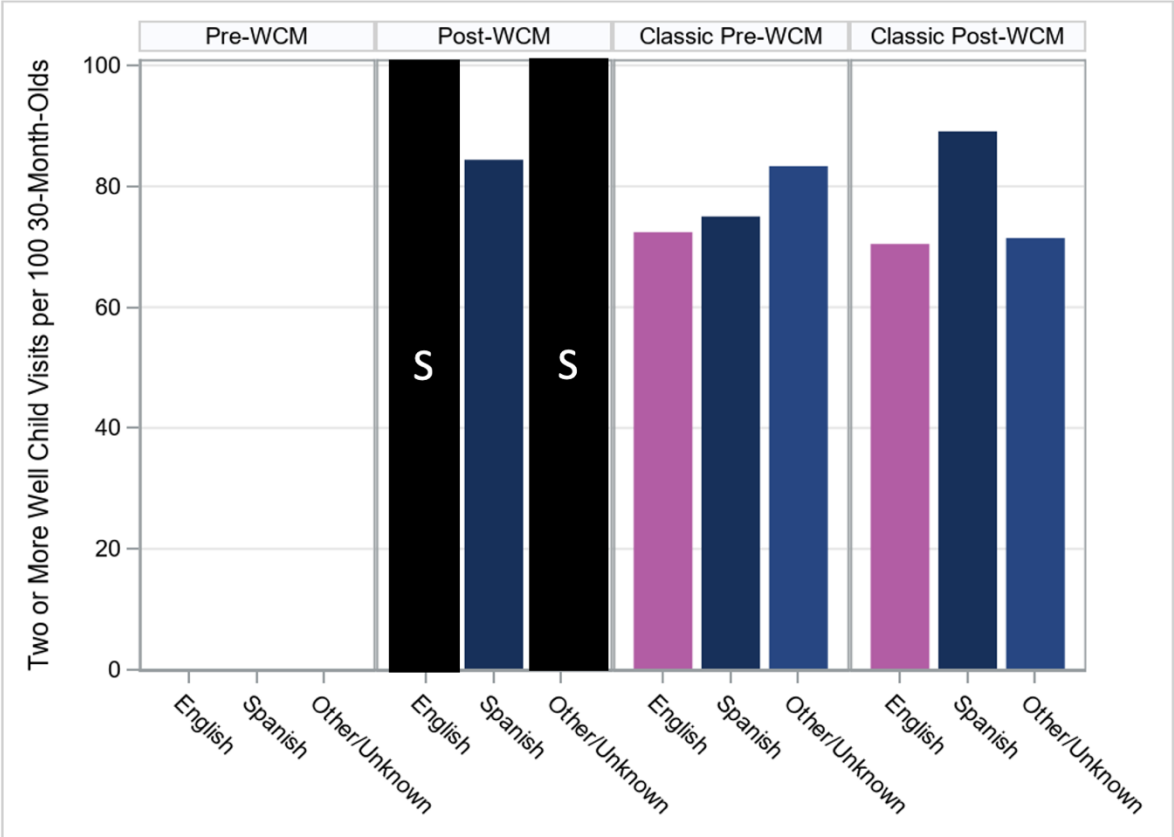


S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Well-Child Visits (WCW) 0-30 months by Language spoken

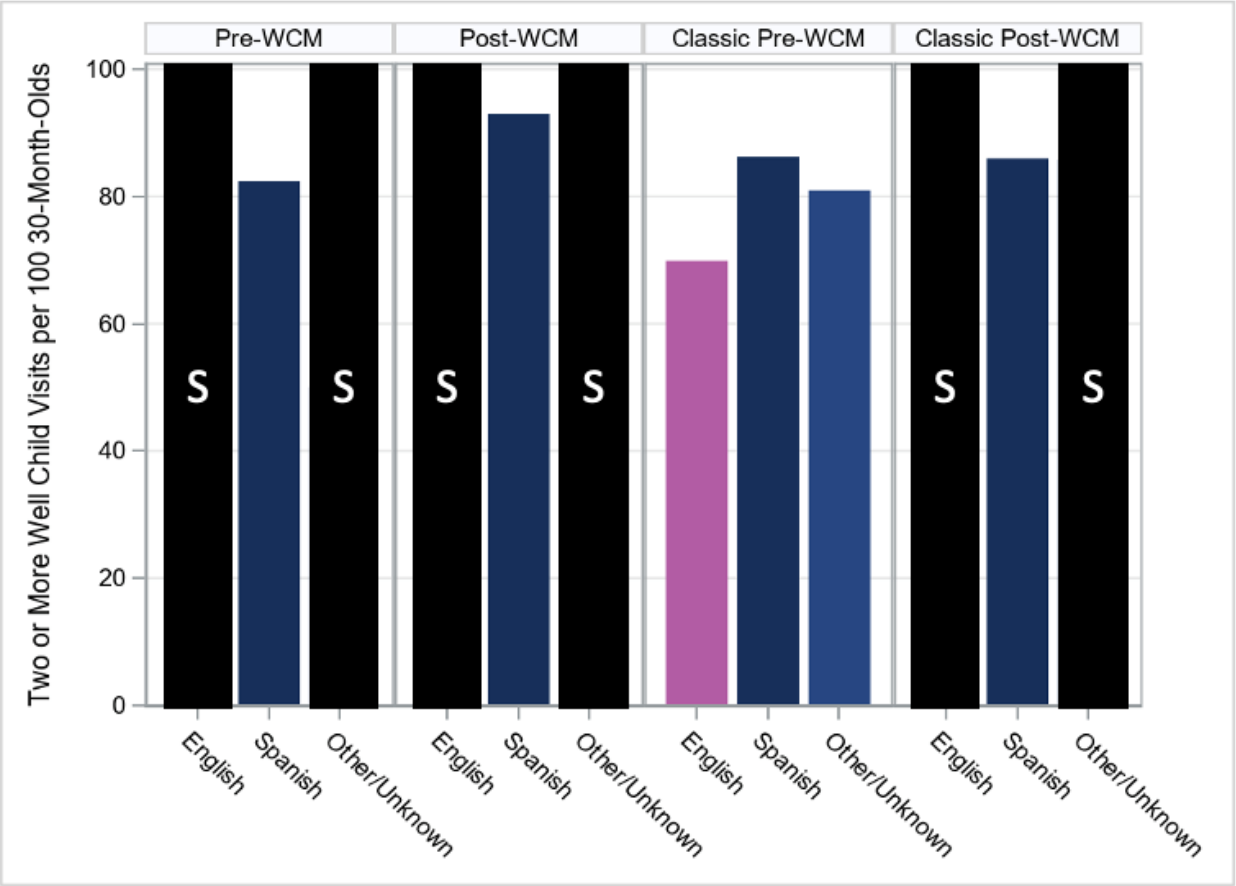
Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In the Phase I WCM group, well-child visits for those aged 0-30 months increased for those speaking any language; however, the marked increase in the Other/Unknown language group resulted in its shift from the lowest to the highest rate. Phase I Classic CCS groups remained the same or increased slightly and the pattern was relatively the same. The Phase II WCM pattern was mixed The pattern of visits was consistent post-implementation in the Phase II Classic CCS comparison group, and most rates remained unchanged except for a marked decrease in the Other/Unknown language group. Phase III WCM visits increased, with a marked increase in the Other/Unknown group, and the pattern was mixed. Visits increased in the Phase III Classic CCS comparison group and the pattern remained consistent.

Figure 149. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



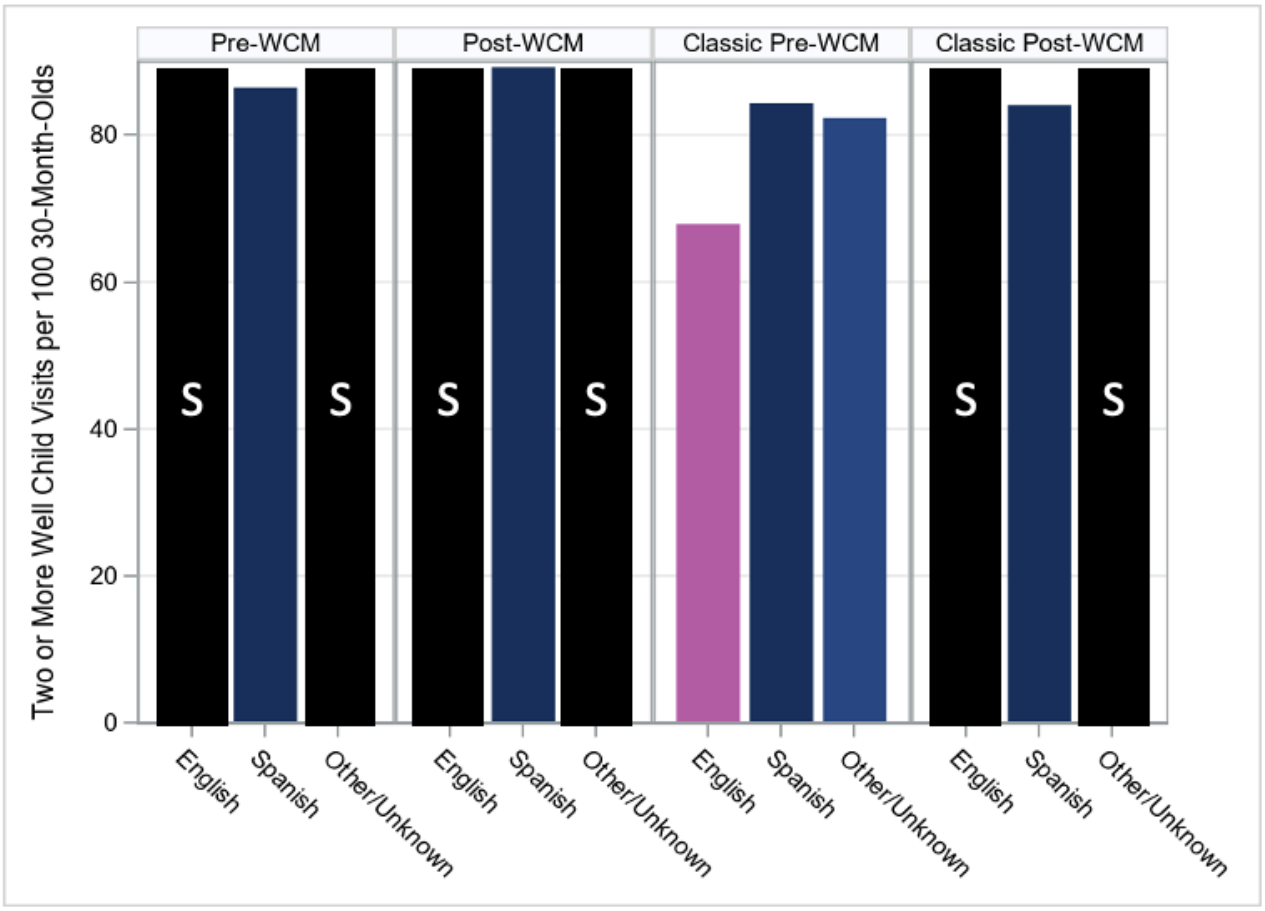
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 150. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post-Periods



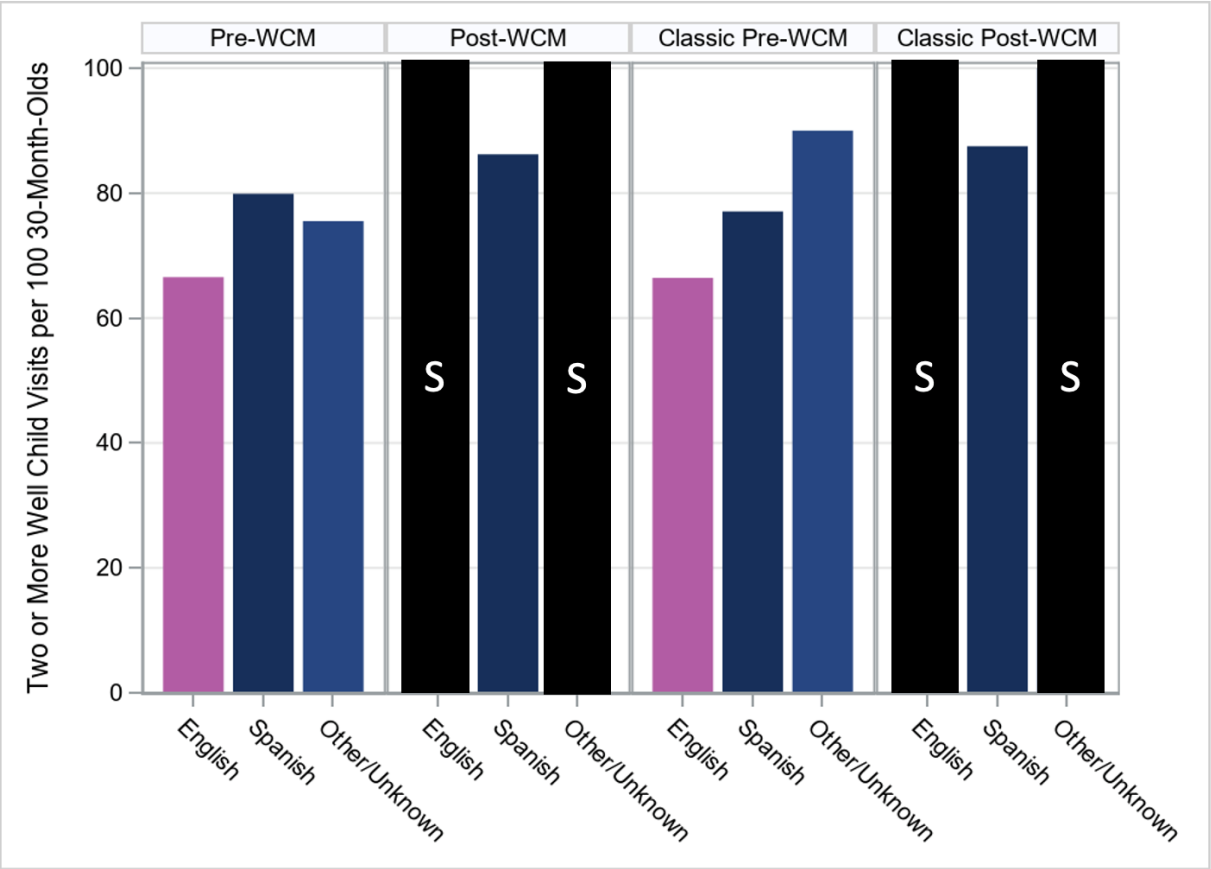
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 151. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post-Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 152. Two or More Well-Child Visits (WCW) for 0-30 Months Old, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post-Periods

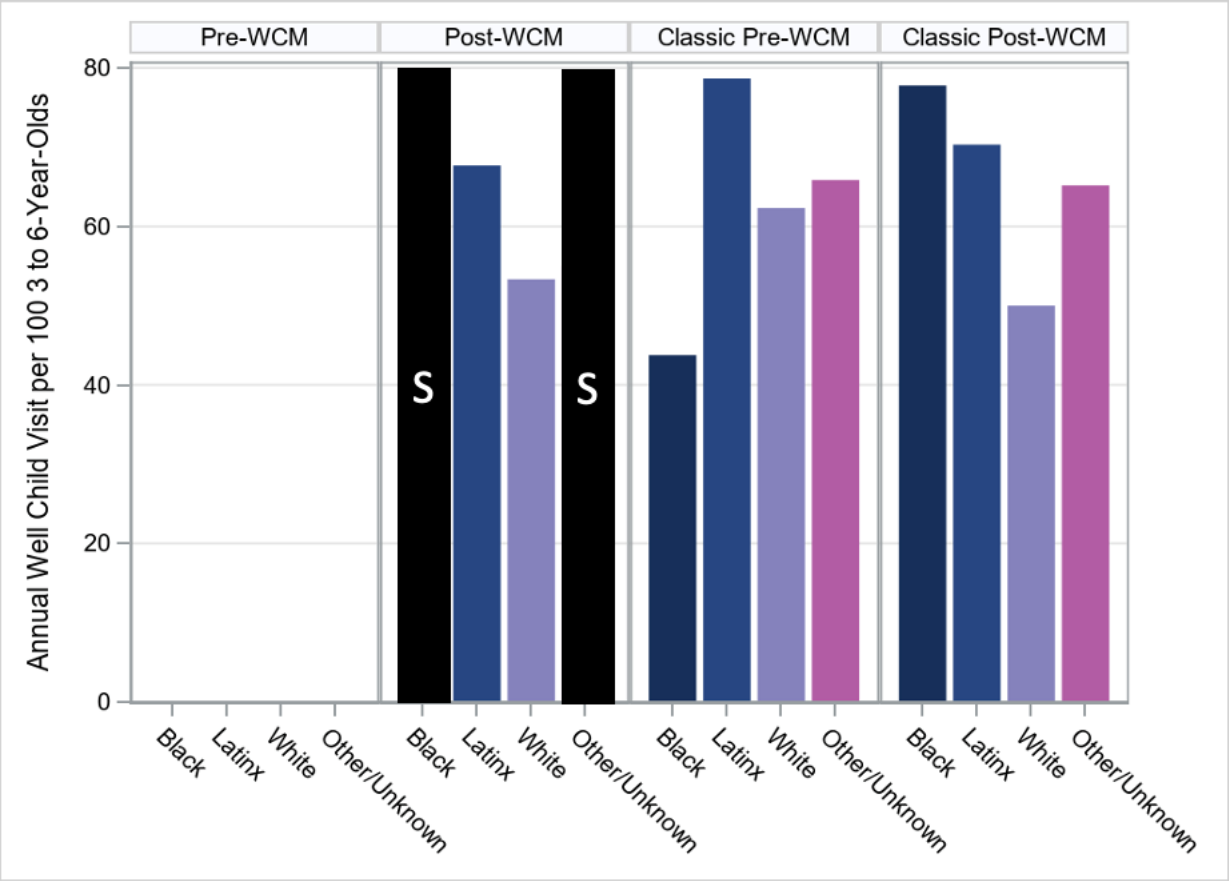


S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Well-Child Visits Age 3-6 years by Race/Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Overall, In Phase I WCM post-implementation, well-child visits for those aged 3-6 years increased for all racial groups with a greater increase for the Black group and the pattern was similar. Phase I Classic CCS group Phase I changes were mixed with decreases in the Latinx and White groups while the Black and Other/Unknown groups basically remained unchanged, and the pattern was consistent. Visits decreased or stayed roughly the same for all WCM and Classic CCS groups in Phase II and the patterns remained similar. In Phase III, most of the WCM groups remained roughly unchanged, with the exception of an increase in the Black group, and the pattern was mixed. Phase III Classic CCS visits decreased in all the racial groups excepting a slight increase in the White group; however, the pattern remained consistent.

Figure 153. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 154. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

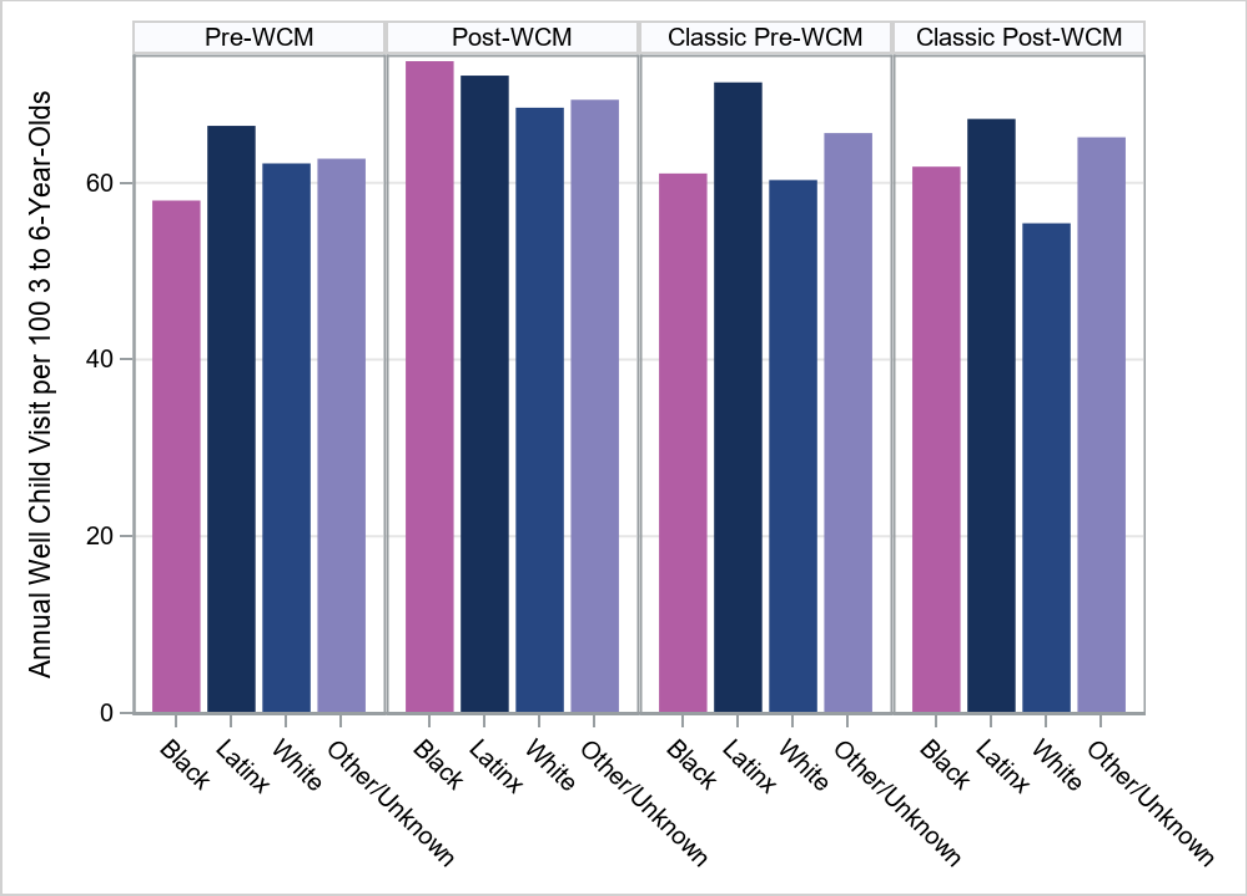


Figure 155. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

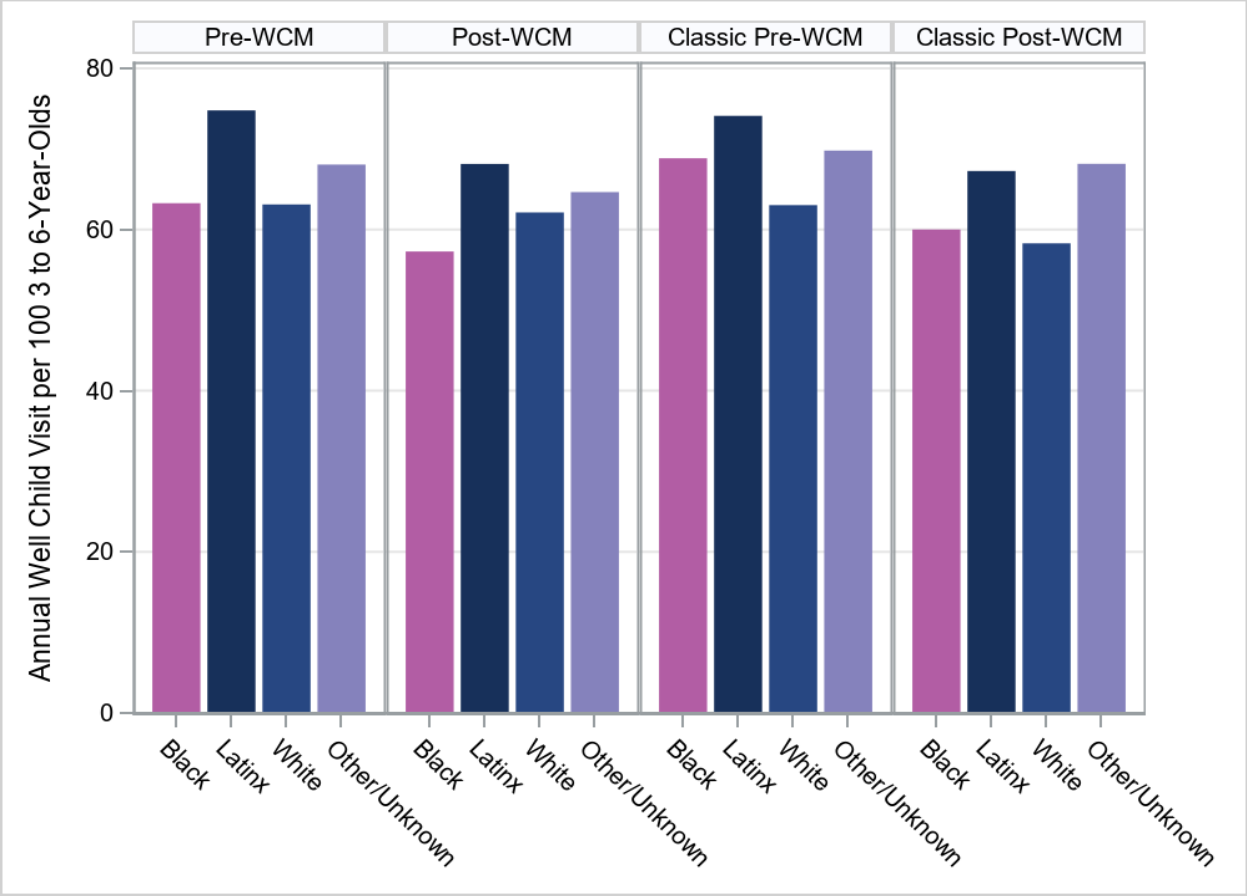
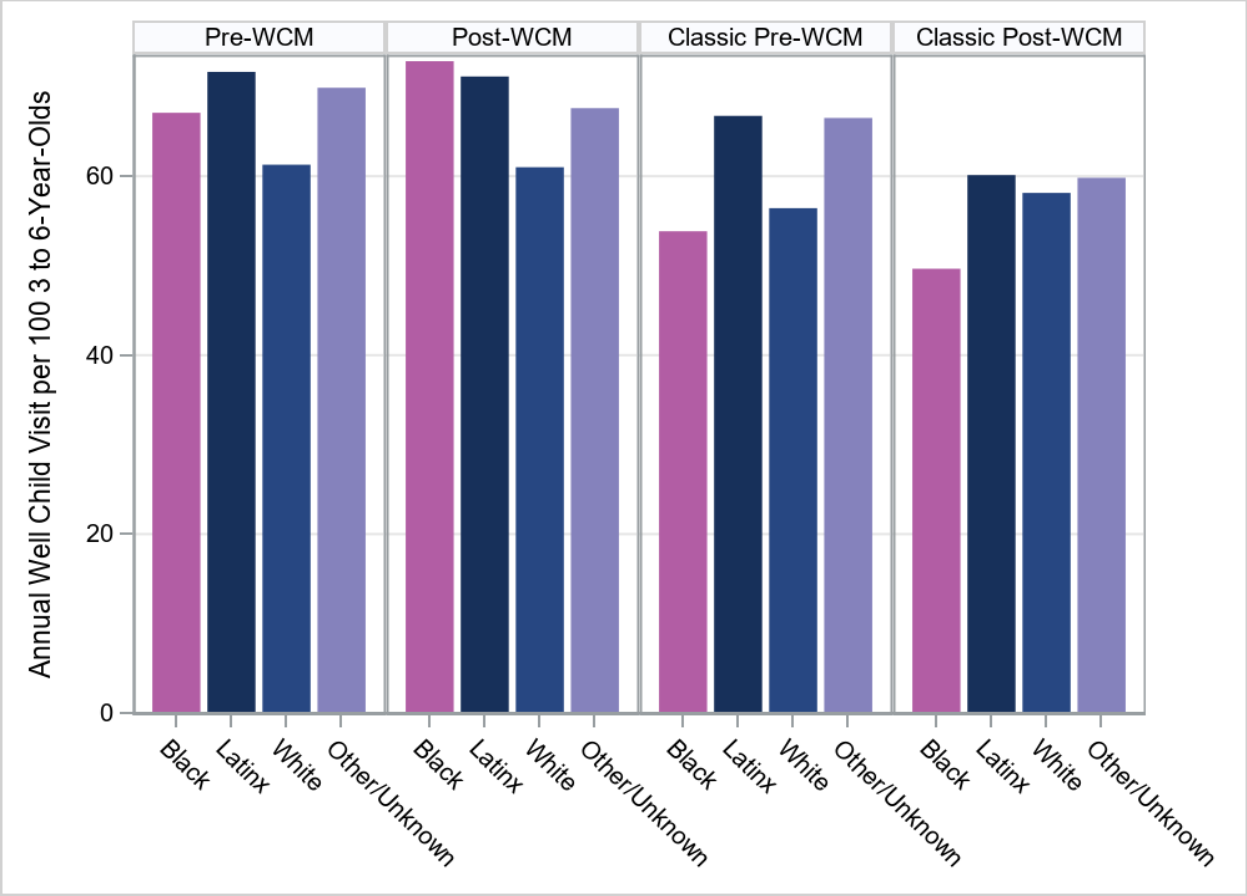


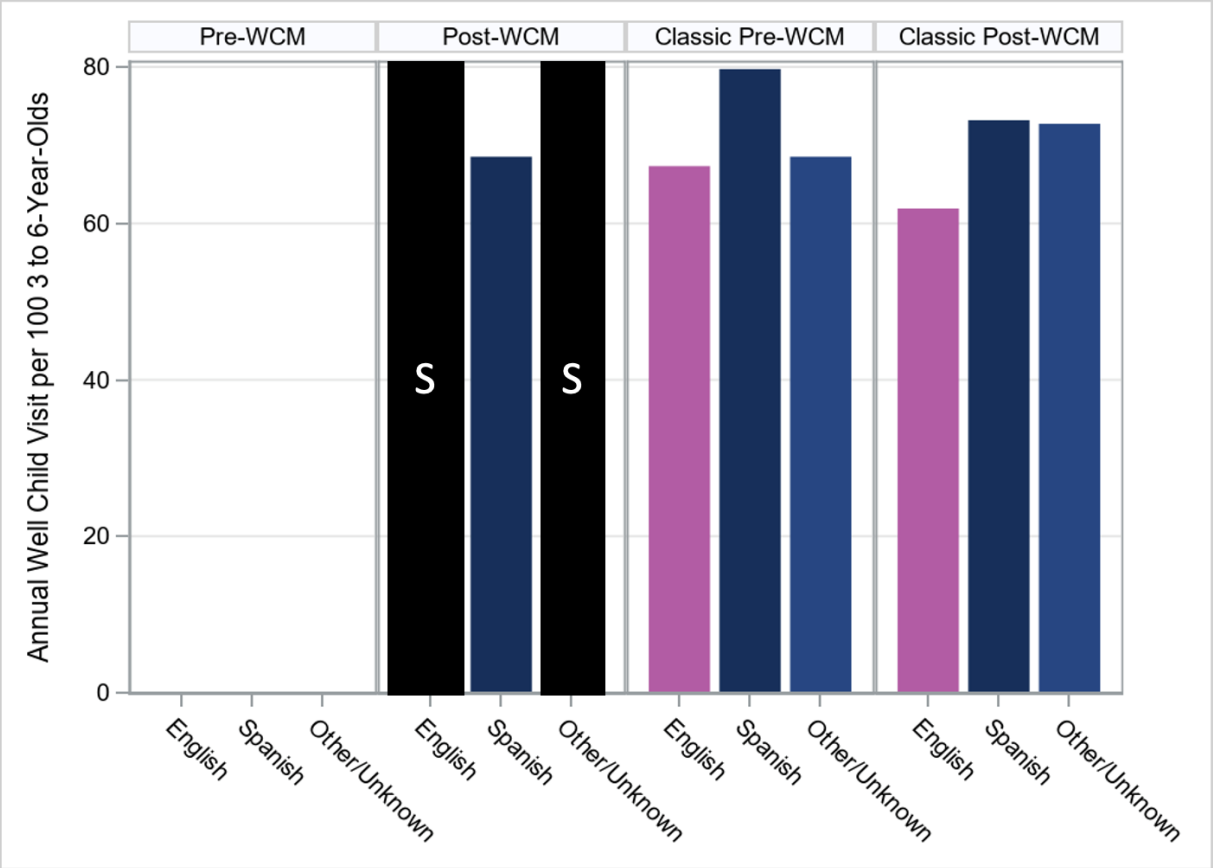
Figure 156. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Well-Child Visits Age 3-6 years by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Well-child visits in Phase I WCM increased for all racial groups and the pattern shifted slightly due to a greater increase in the Other/Unknown language group which went from the lowest rate to the highest. The Phase I Classic CCS groups all decreased slightly, and the pattern was consistent. Most of the Phase II WCM race groups decreased except for a marked increase in the Other/Unknown language group and the pattern was mixed. The Phase II Classic CCS groups all decreased and the pattern was mixed. The Phase III WCM group all decreased slightly or remained unchanged, and the pattern was mixed. In the Classic CCS, all groups decreased except for an increase in the Other/Unknown group, and the pattern was mixed.

Figure 157. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 158. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

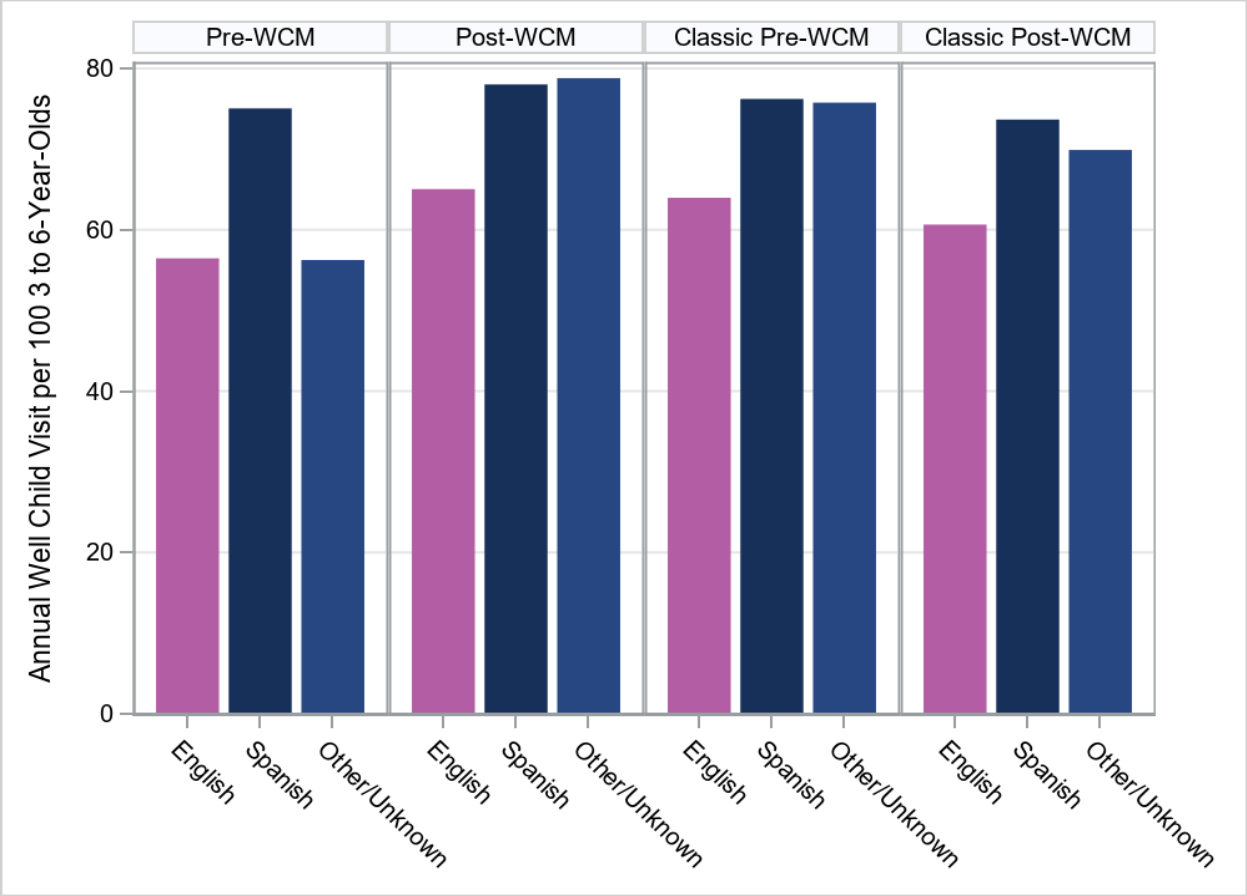

Pre-WCM
Post-WCM
Classic Pre-WCM
Classic Post-WCM
Annual Well Child Visit per 100 3 to 6-Year-Olds
80
60
40
20
0
English
Spanish
Other/Unknown

Figure 159. Annual Well-Child Visits (WCW) for 3-6 Years Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

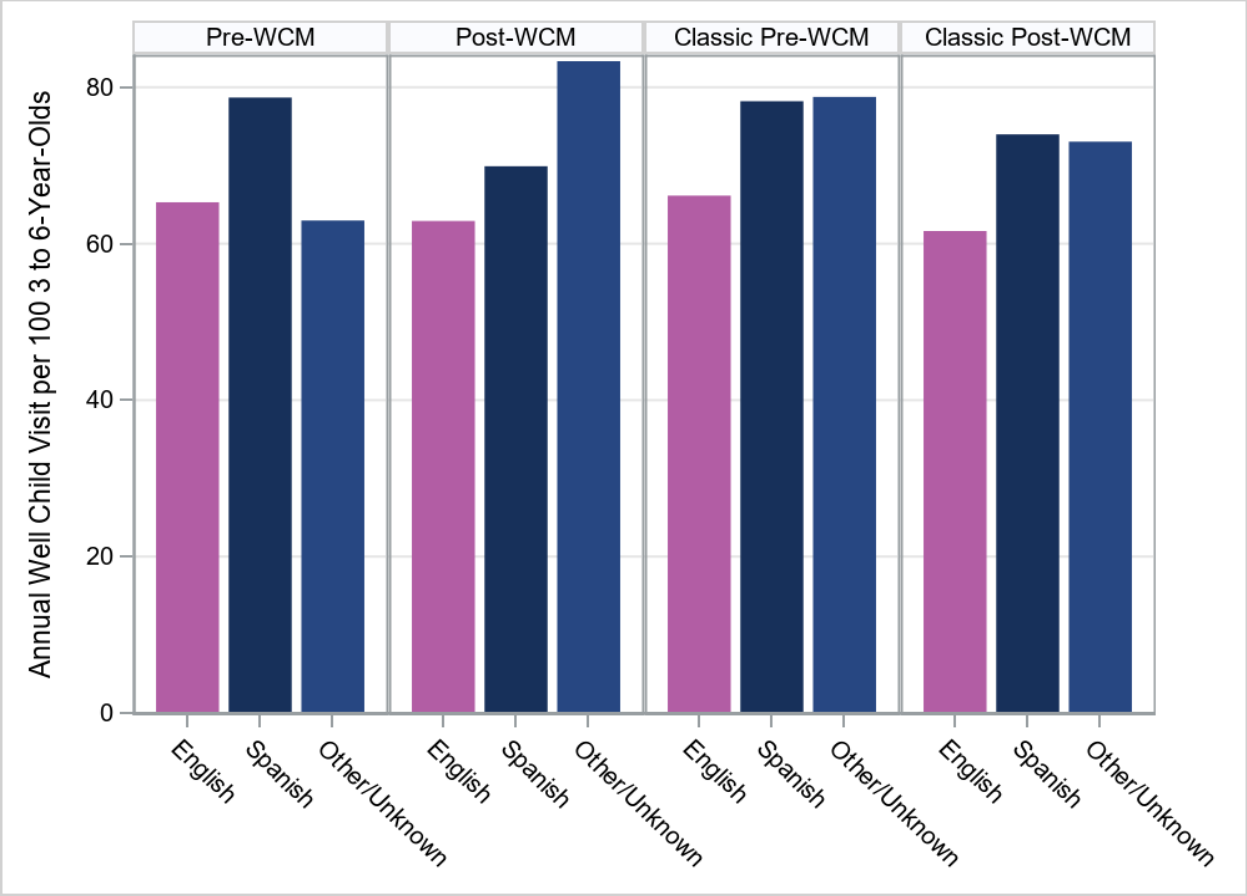
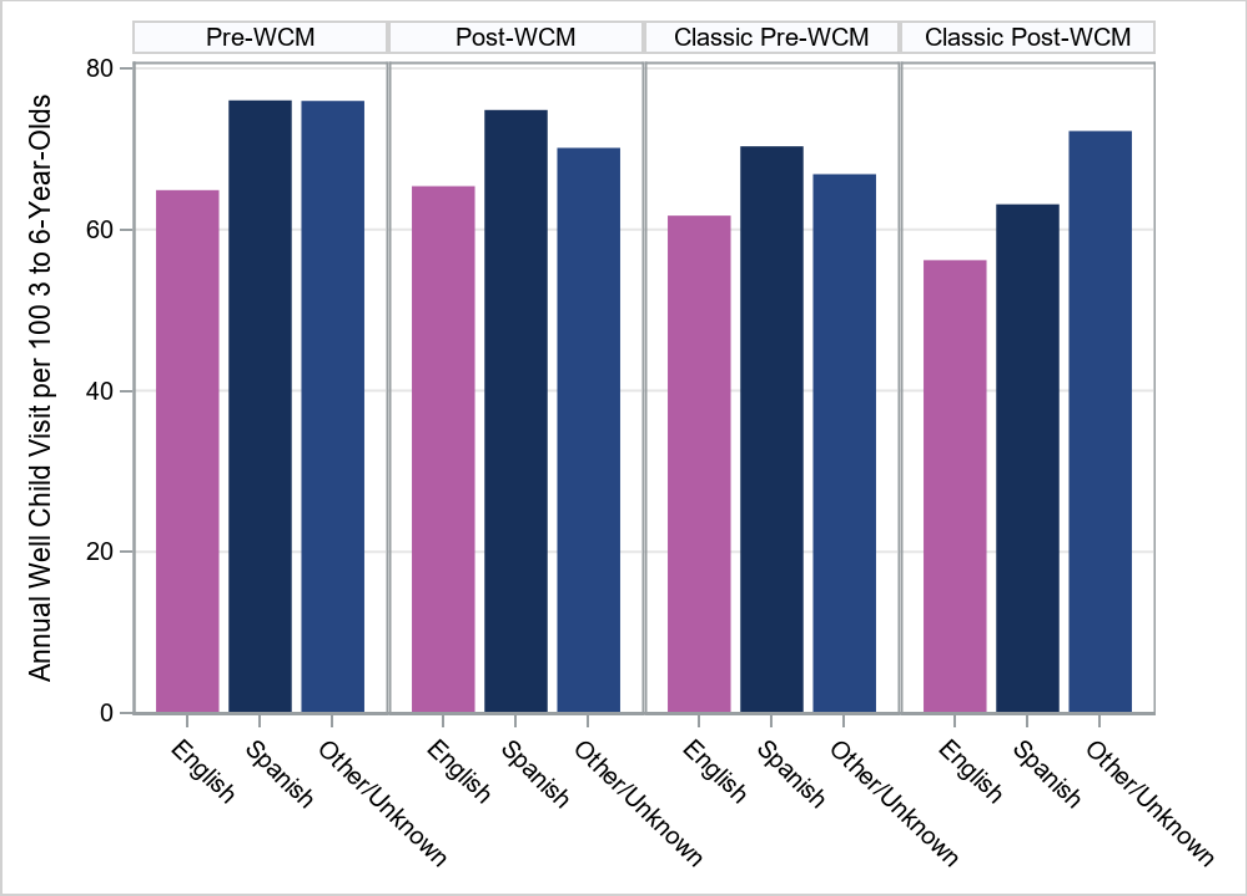


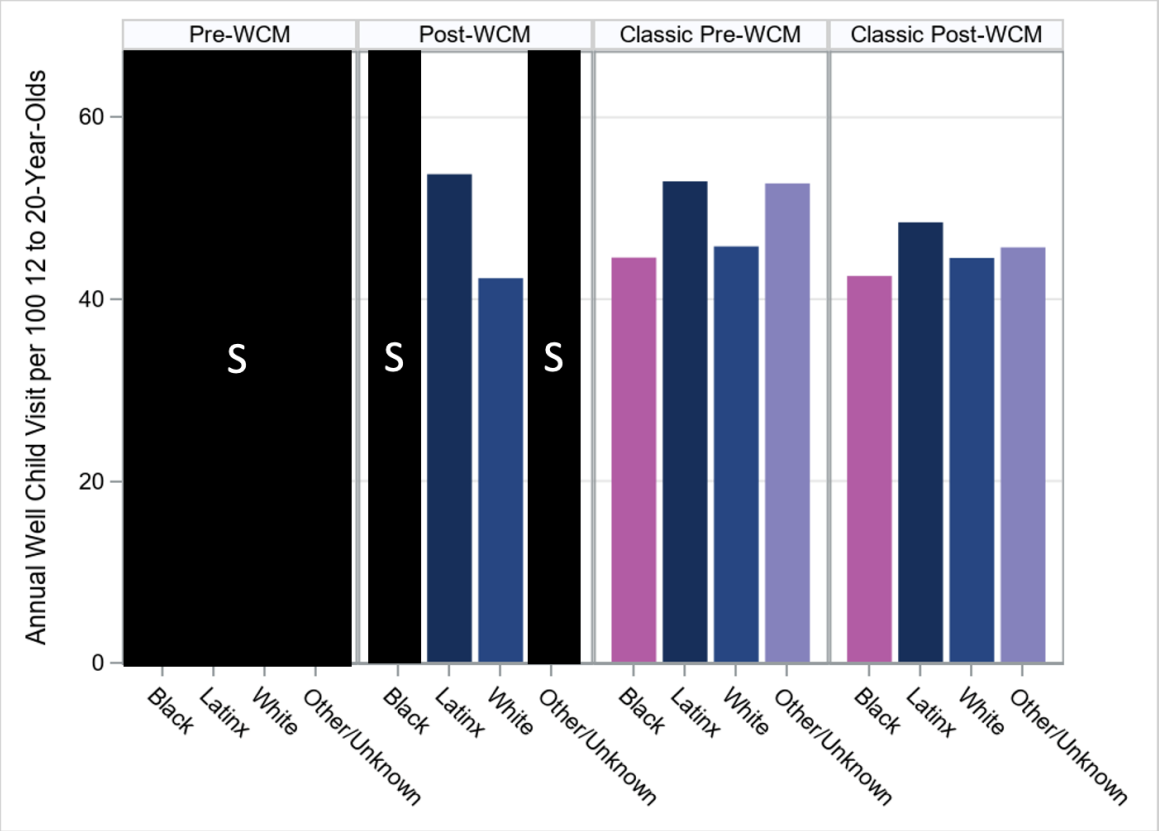
Figure 160. Annual Well-Child Visits (WCW) for 3-6 Year Olds, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Well-Child Visits Age 12-20 years by Race/ Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Overall, well-child visits for those aged 12-20 years increased post-implementation for all racial groups in Phase I WCM study group, the pattern was consistent, and the Classic CCS comparison groups increased or remained relatively unchanged with the exception of a decrease in the Other/Unknown racial group. All racial groups had decreases in the Phase II WCM group, and the pattern was similar. Phase II Classic CCS comparison group had decreases including a marked decrease in the Black group or roughly remained unchanged and the pattern was similar. Visits in the Phase III WCM group were mixed. The Black group had decreases, the Latinx group had a slight increase, and the other racial groups remained roughly unchanged. In the Phase III Classic CCS group most of the groups decreased or remained unchanged and the Other/Unknown racial group had a slight increase; however, the pattern was similar.

Figure 161. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 162. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

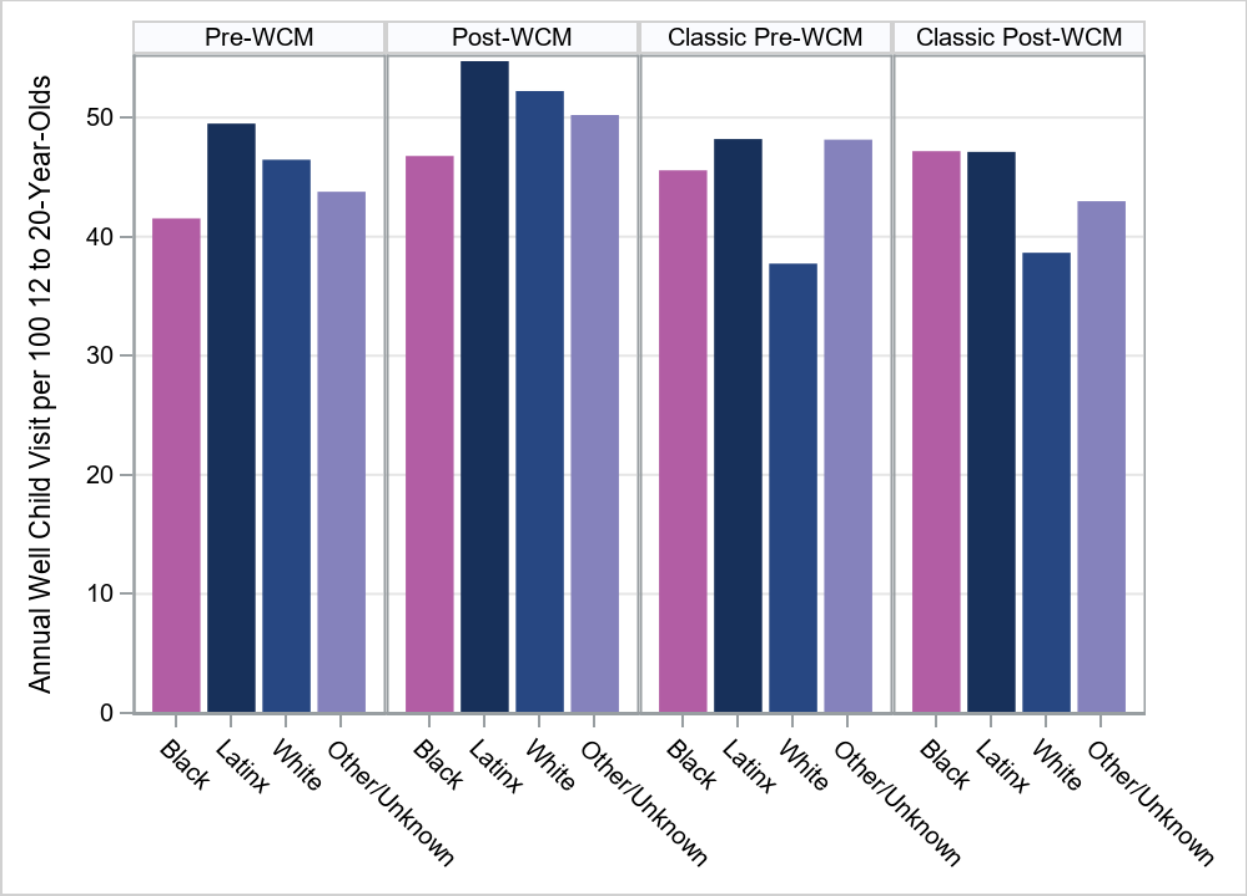


Figure 163. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

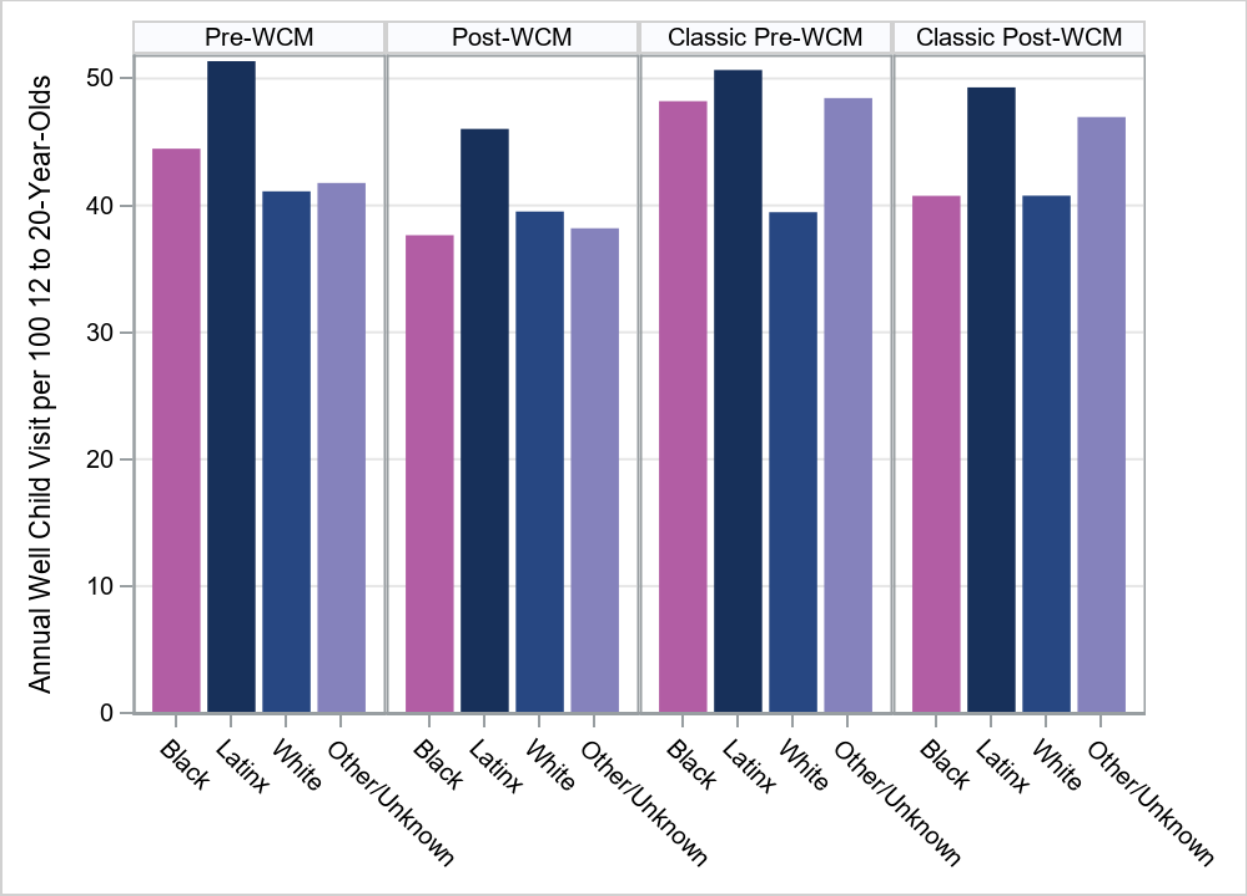
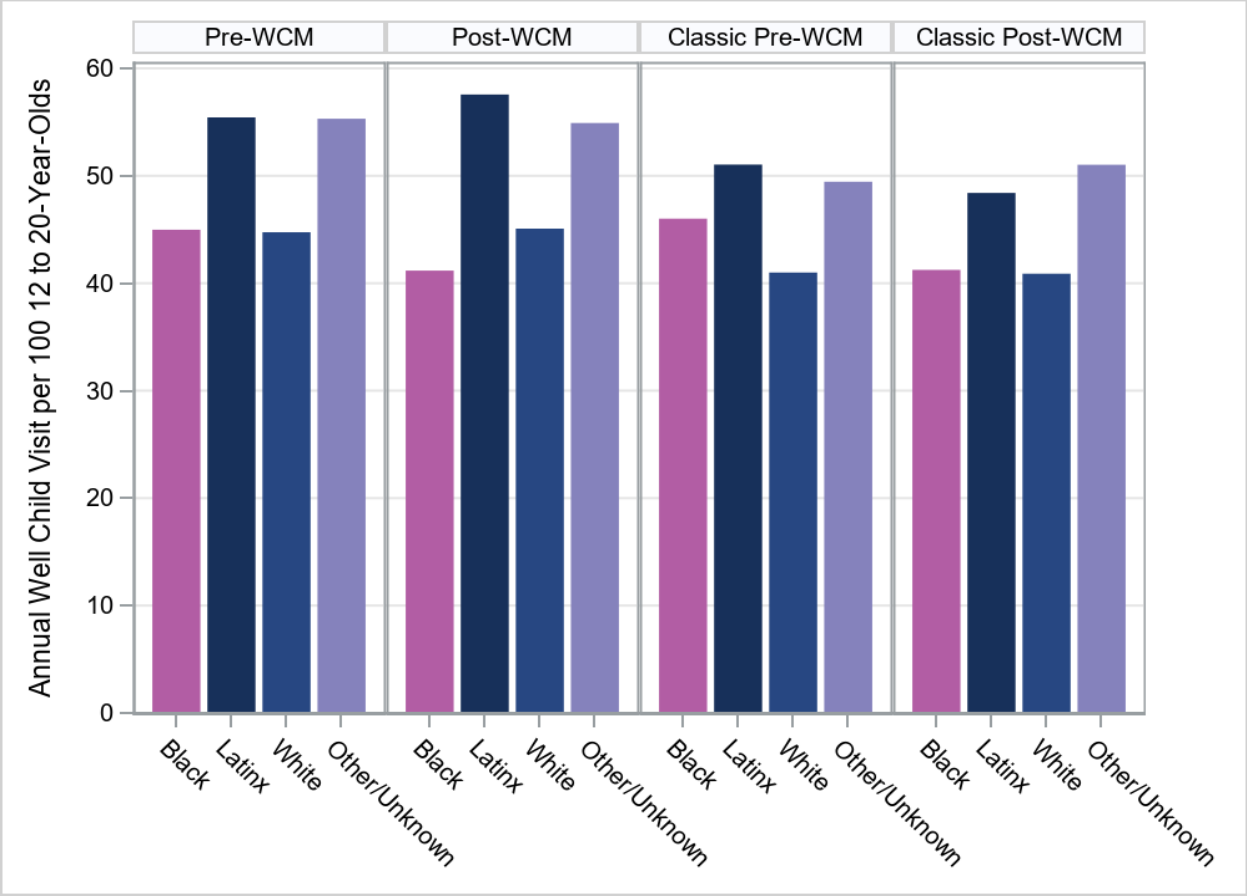


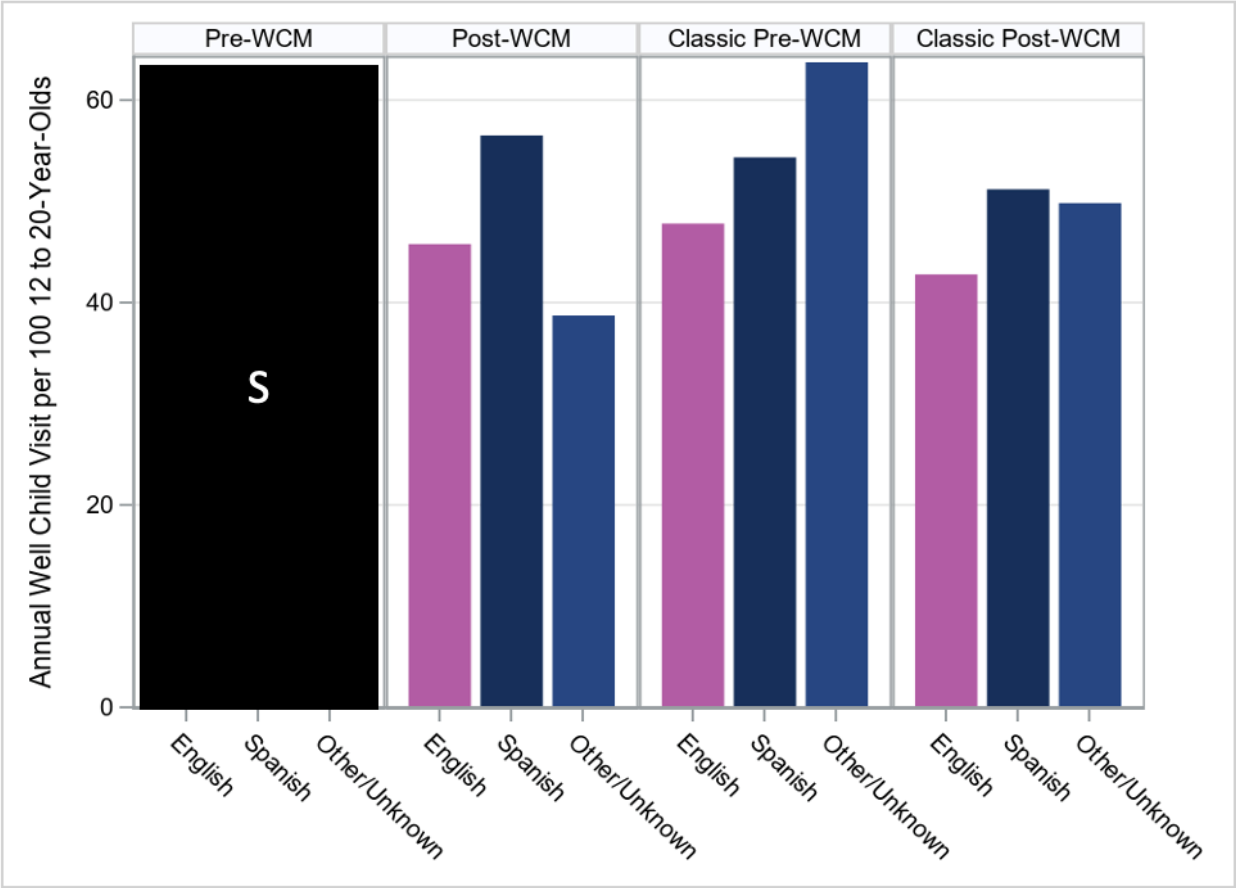
Figure 164. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Well-Child Visits Age 12-20 years by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. Overall, well-child visits for those aged 12-20 years post-implementation increased or remained same for all language groups post-implementation in Phase I WCM group, all decreased in the Classic CCS group, and pattern was mixed for the WCM group and consistent for the Classic CCS group. In Phase II, both the WCM and the Classic CCS groups decreased, and the patterns remained consistent with the exception of an increase for the Other/Unknown language in the Classic CCS group. In Phase III WCM group, visits generally remained unchanged excepting a decrease in Other/Unknown language group and the pattern was consistent. Visits decreased in the Classic CCS with the exception of an increase in the Other/Unknown language group and the pattern was consistent.

Figure 165. Annual Well-Child Visits (WCW) for 12-20 Year Olds, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 166. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

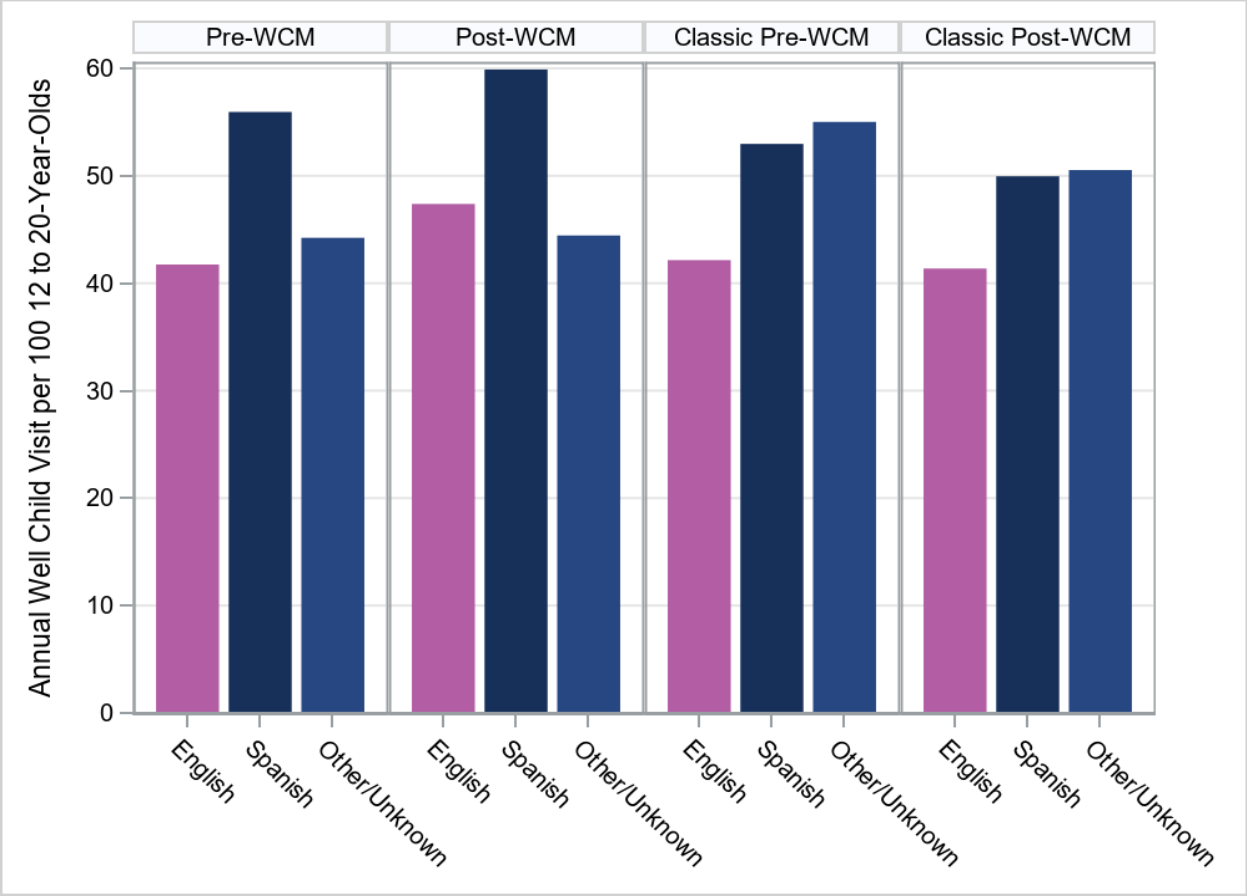


Figure 167. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

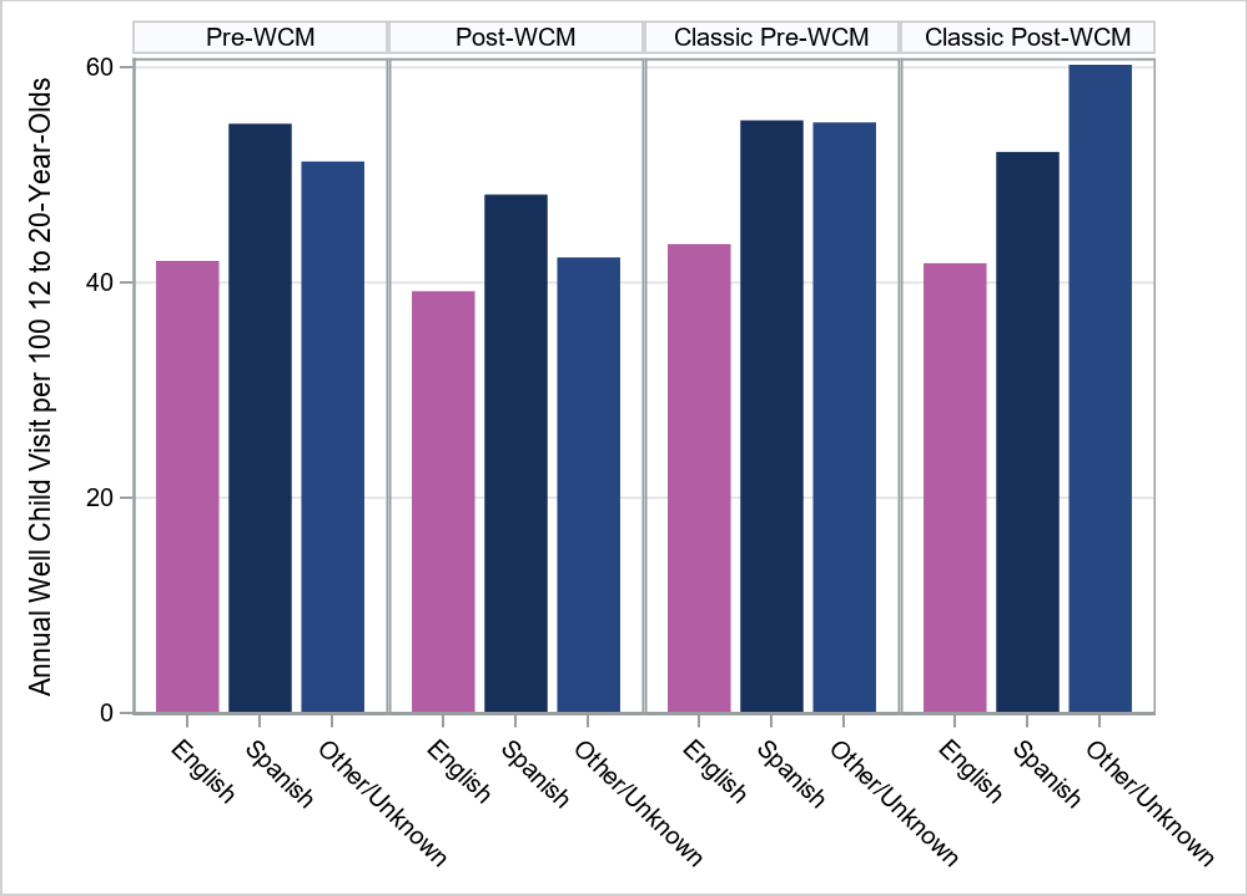
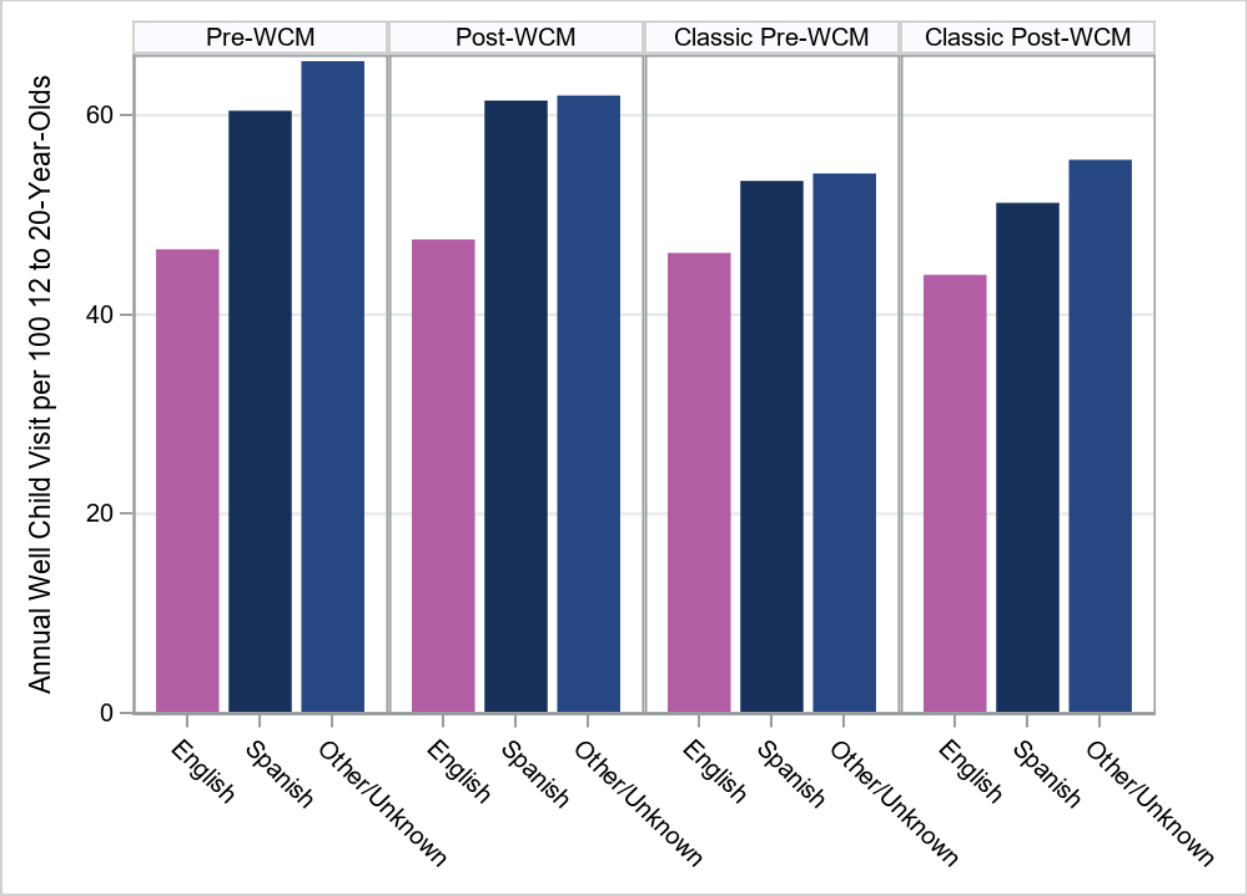


Figure 168. Annual Well-Child Visits (WCW) for 12-20 Years Old, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Transition Outcomes: Overview

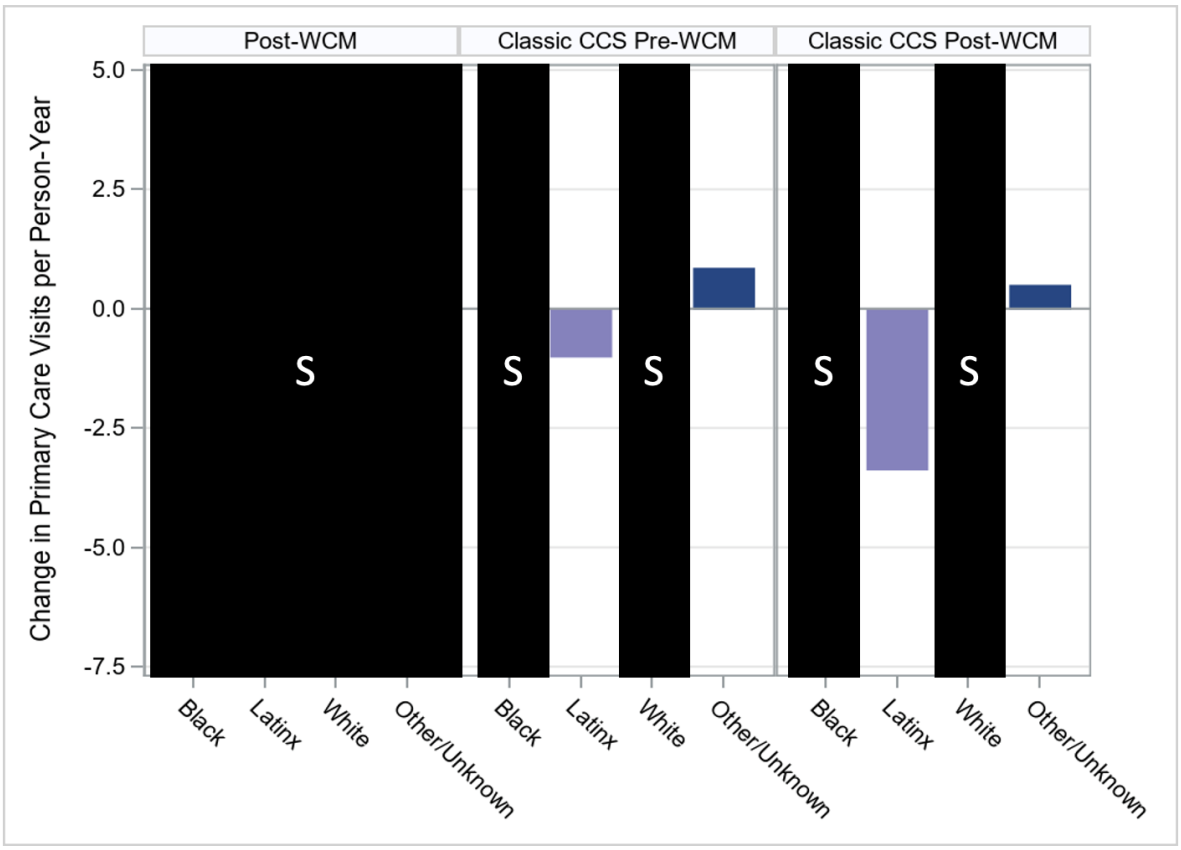
The section below describes the impact on utilization and outcomes 1 year after a client leaves the CCS program upon turning age 21. The numbers in the pre and post period reflect the change in visits which refers to visits in the year after turning 21 subtracted by visits in the year before turning 21 years old. Thus, *increased* change in visits suggests that there were more visits in the year after turning 21 than the year before while *decreased* refer to lesser visits in the year after turning 21 than the year before.

Transition outcomes: Primary Care by Race/Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in WCM for transition outcomes worsened for clients who were Black and Latinx, while improved for clients who were Whites and “Other/Unknown”. Classic CCS showed worsening transition outcomes for clients who were Black and improvement in clients who were White and “Other /Unknown”. In Phase II WCM, all racial groups improved post WCM implementation. In

the Classic CCS group, all groups improved post WCM implementation except in clients who were Black, where change in visits decreased very slightly. In Phase III WCM, all racial groups improved post WCM implementation except for clients who were Black where change in visits decreased. In the Classic CCS group, all groups worsened post WCM implementation except in clients who were Other/Unknown, where change in visits increased very slightly.

Figure 169. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 170. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

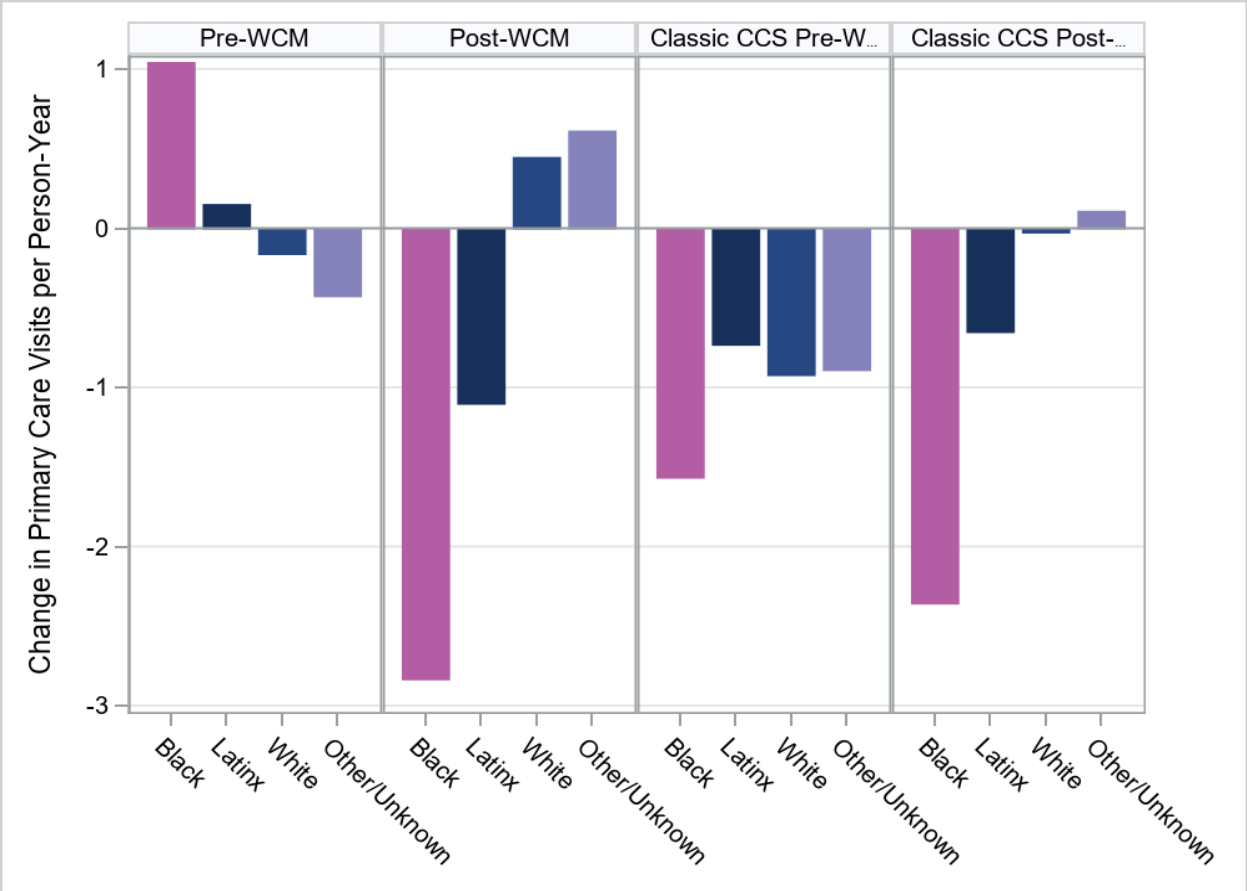


Figure 171. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

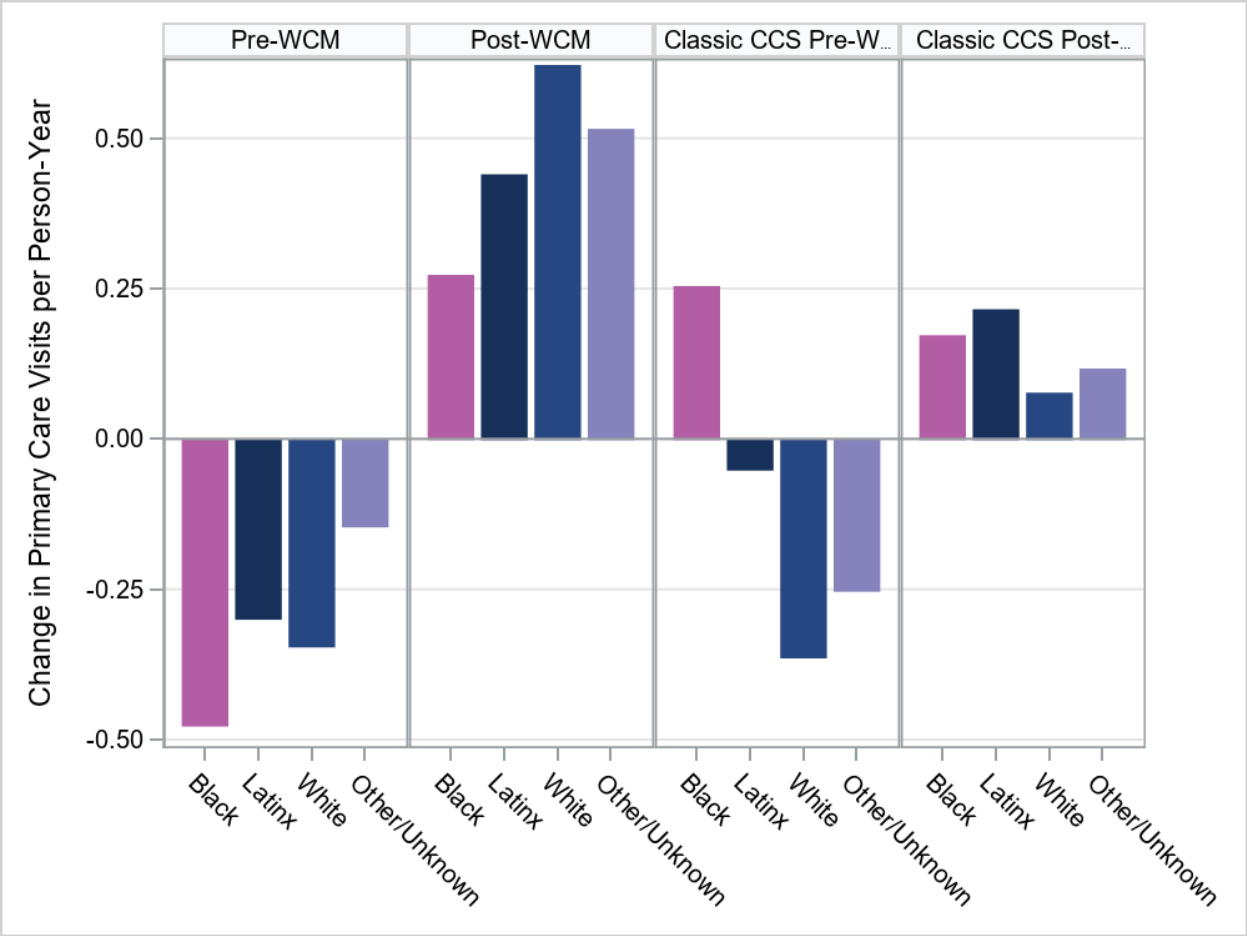
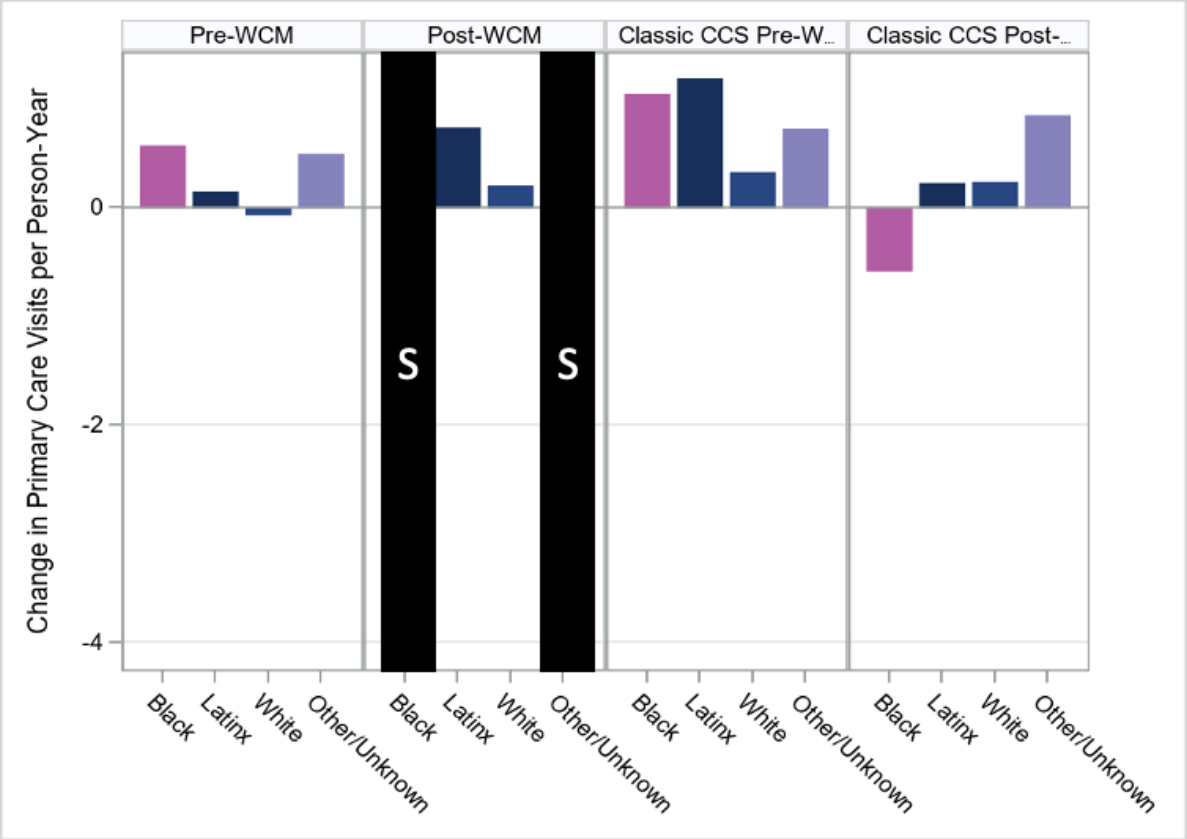


Figure 172. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods

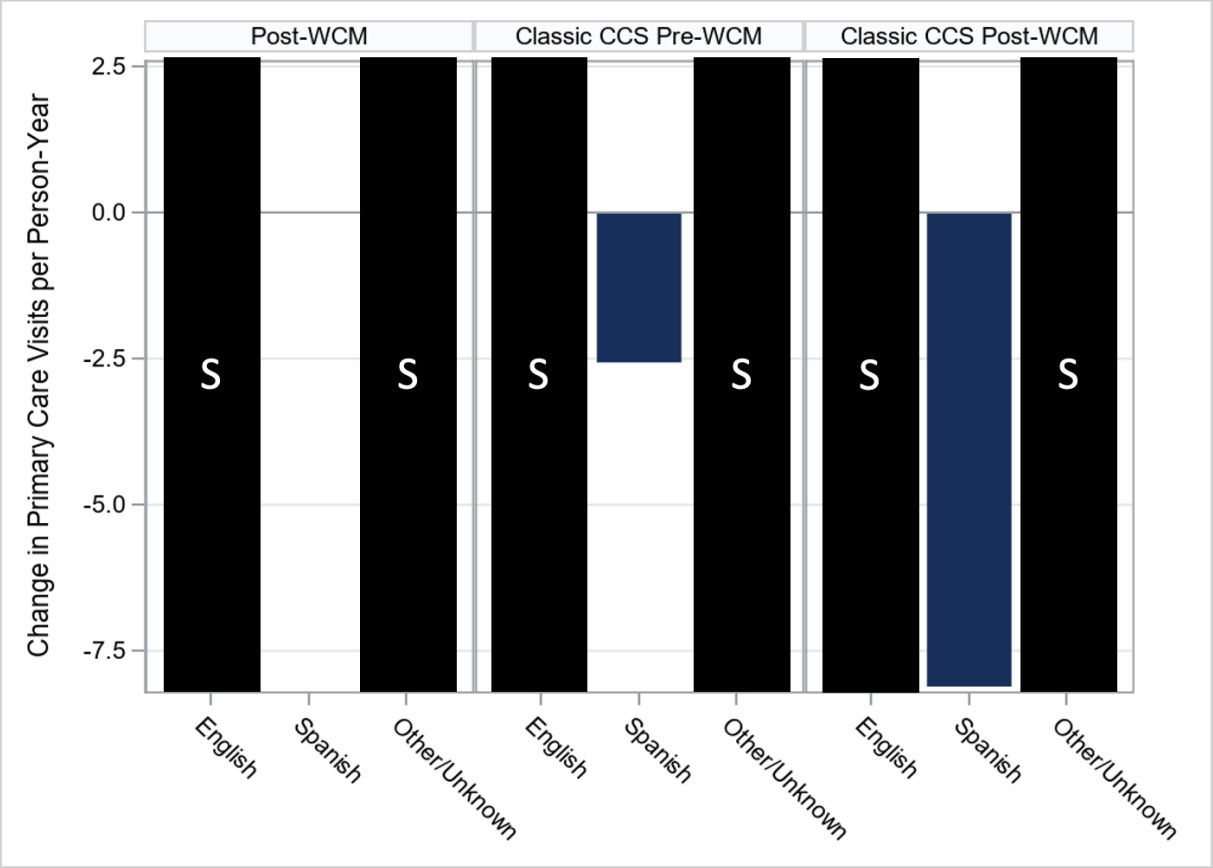


S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Transition outcomes: Primary Care by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in visits increased for clients speaking English, while decreased for clients speaking Spanish and "Other/Unknown" language. The Phase I Classic CCS group had decreased change in visits for clients speaking "Other/Unknown" language and increased in clients speaking English and Spanish. In Phase II WCM, all language groups had increased change in visits post WCM implementation. In the Phase II Classic CCS group, clients speaking English had increased change in visits post WCM implementation while it decreased for those speaking Spanish and "Other/Unknown" language. In Phase III WCM, all language groups had increased change in visits post WCM implementation except for clients speaking "Other/Unknown" language where change in visits decreased. In the Phase III Classic CCS group, all groups had decreased change in visits post WCM implementation.

Figure 173. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 174. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

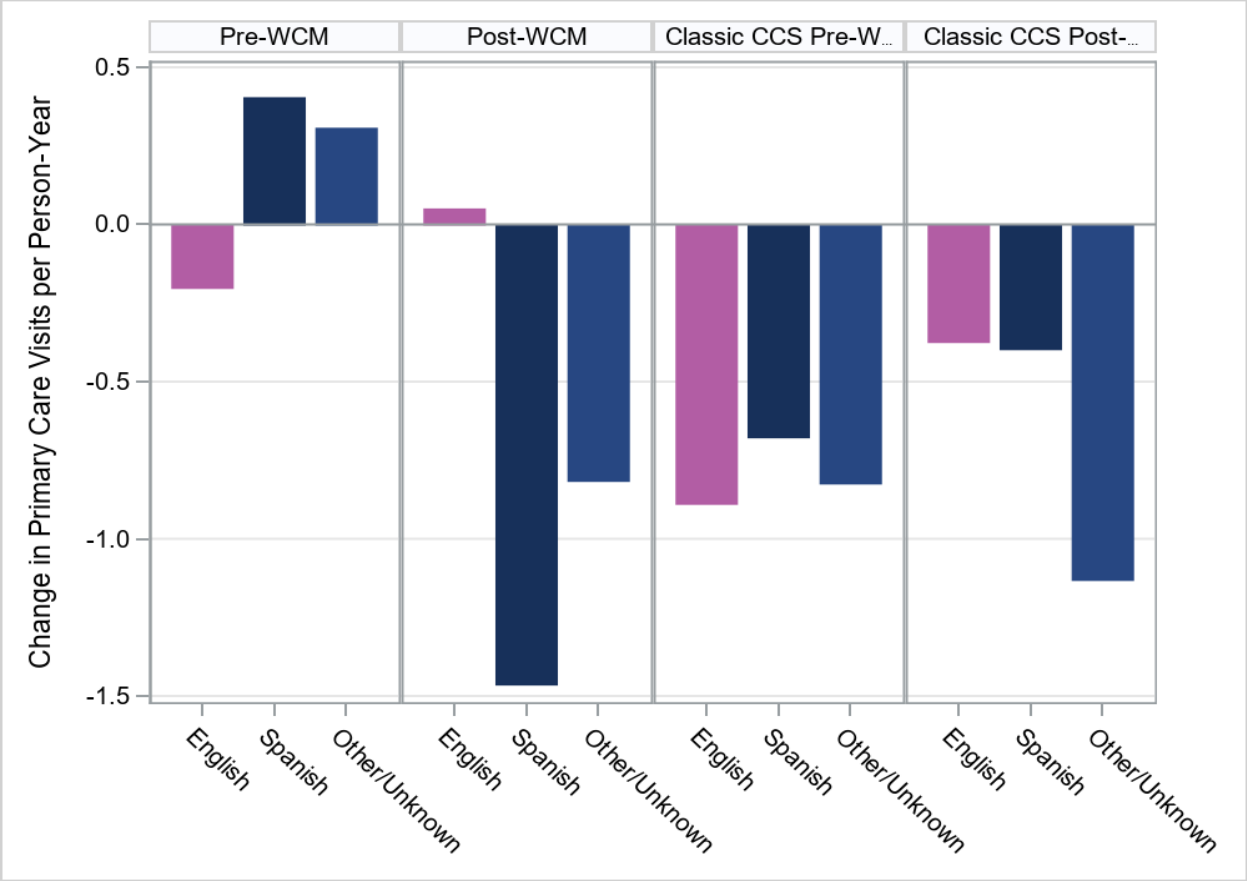
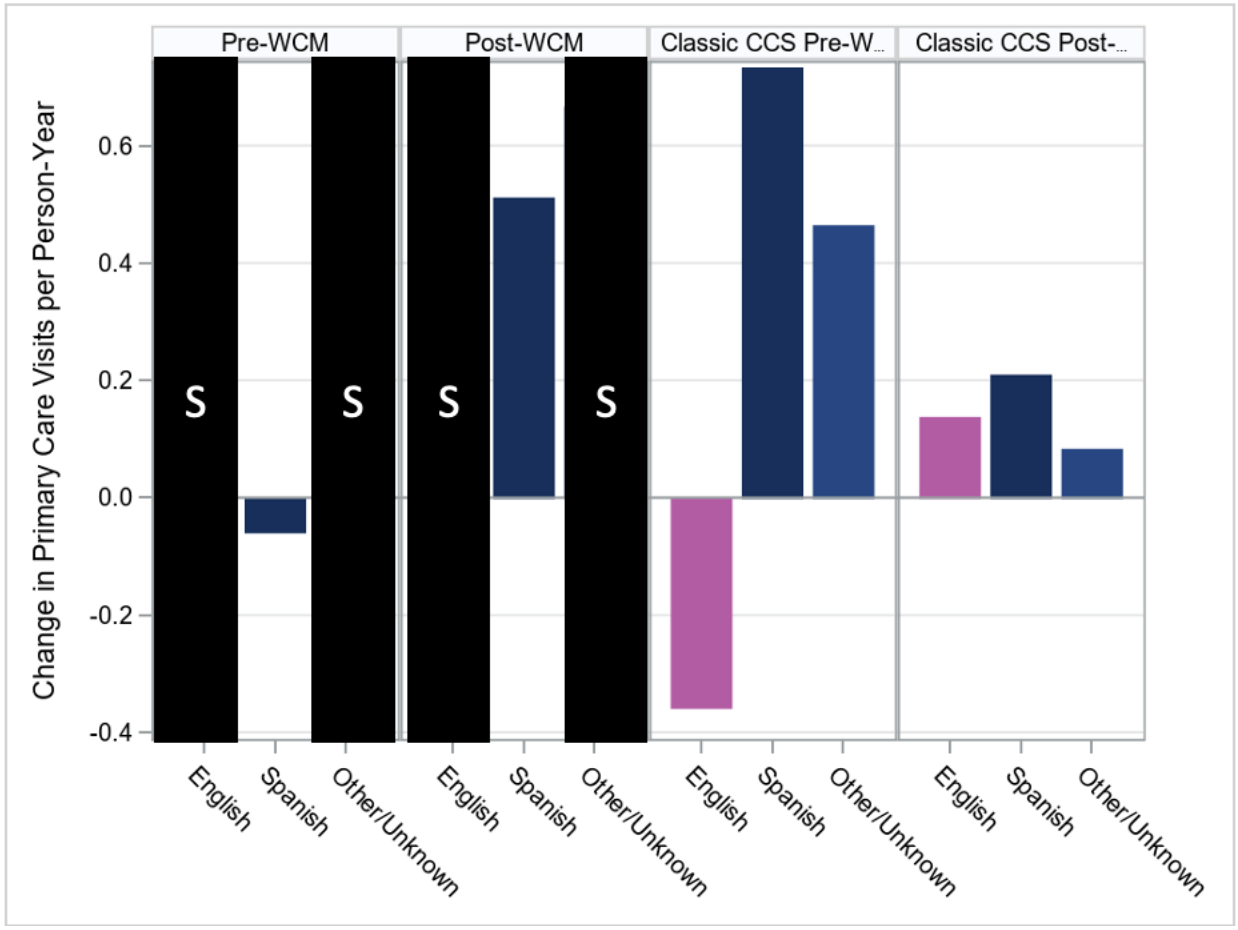
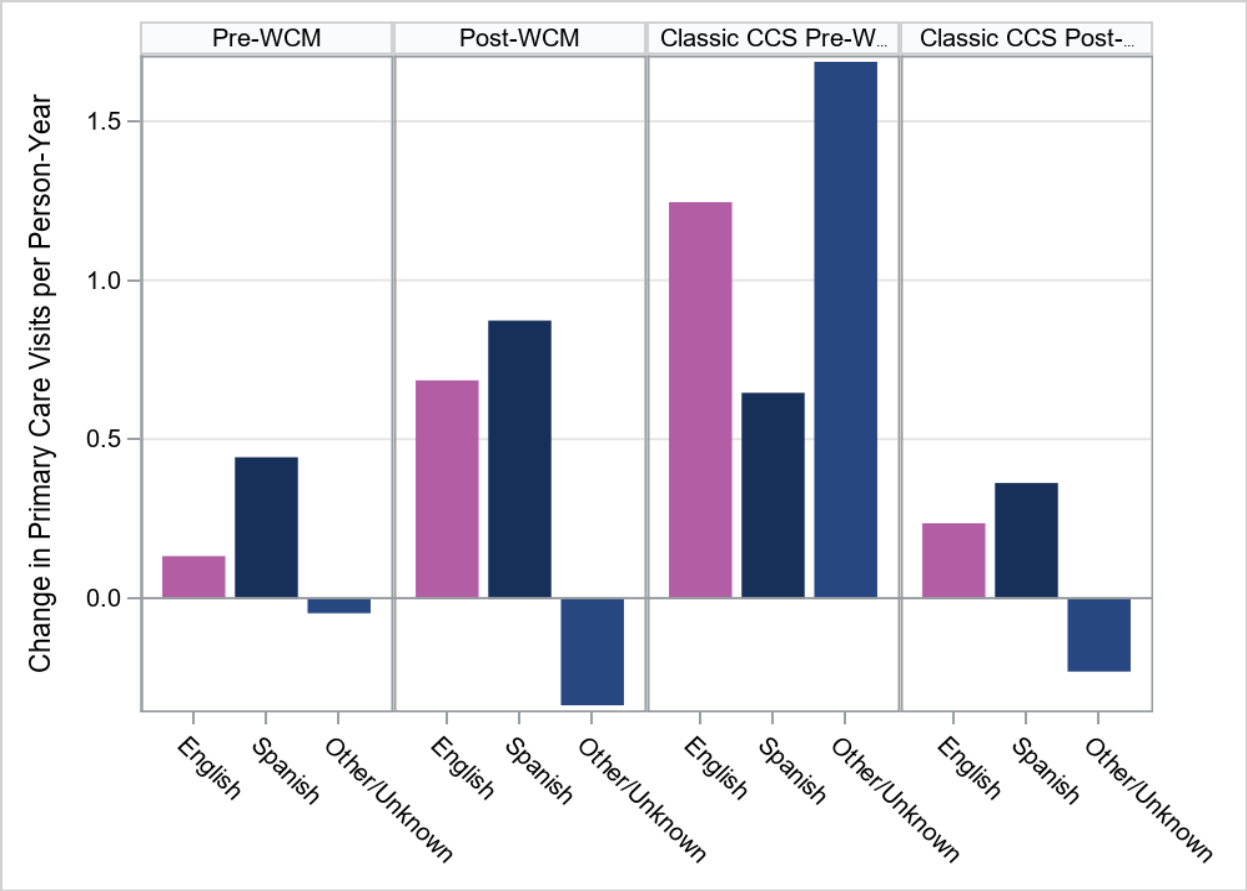


Figure 175. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

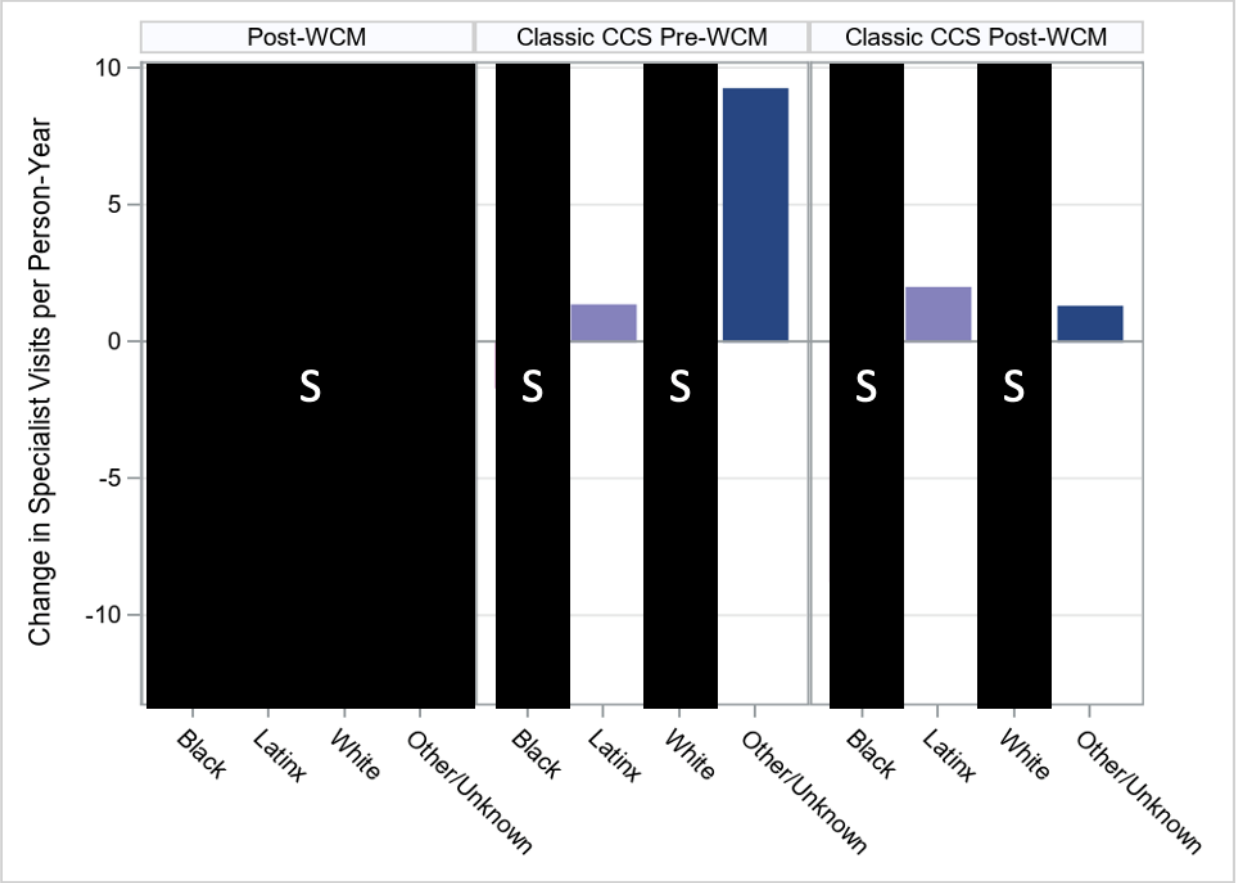
Figure 176. Change in Adult Primary Care Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Transition outcomes: Specialist Visits by Race/ Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in visits increased for clients of all racial groups except clients who were Latinx, where the change in visits decreased. The Phase I Classic CCS group had increased change in visits for clients of all racial groups except for clients in the "Other/Unknown" group where the change is visits were mostly stable. In Phase II WCM, the change in visits increased for clients in Black and "Other/Unknown" racial group while decreased for clients in the Latinx and White groups. Conversely, in the Classic CCS group, the change in visits decreased for clients in Black and "Other/Unknown" racial group while increased for clients in the Latinx and White groups. In Phase III WCM, change in visits for all racial groups decreased post WCM implementation except for clients in the White group where change in visits increased slightly. In the Classic CCS group, change in visits decreased post WCM implementation for clients in the Black group, increased for clients in the White group and were mostly stable for clients in other groups.

Figure 177. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 178. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

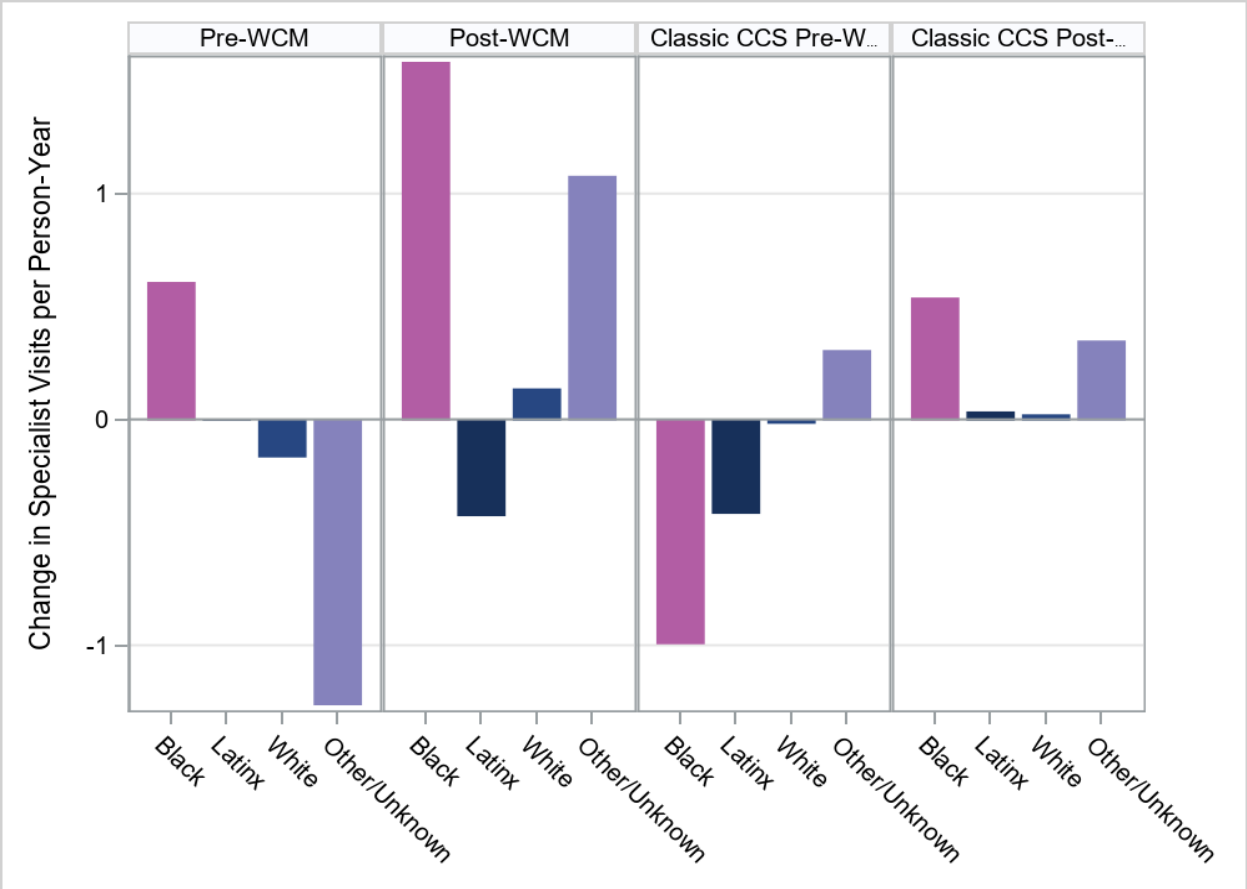


Figure 179. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

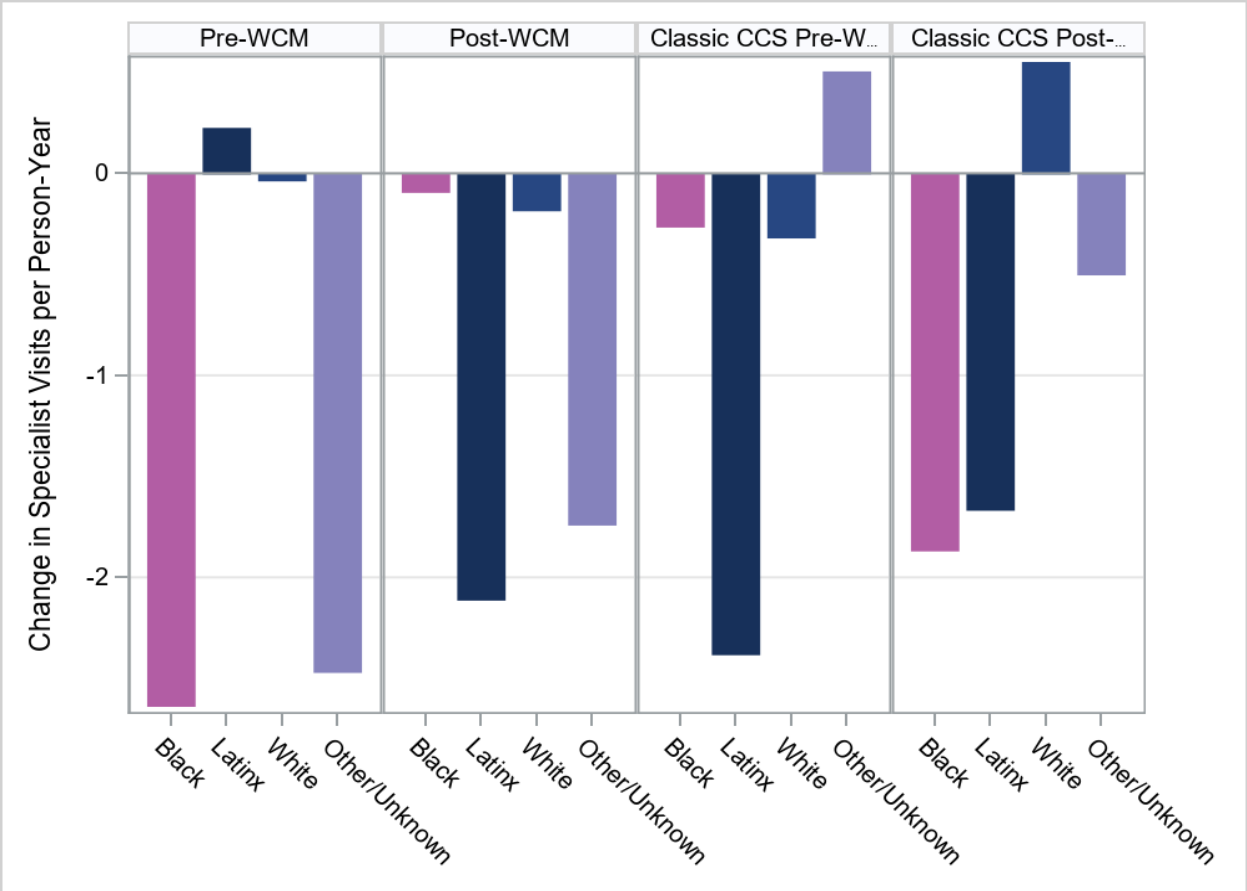
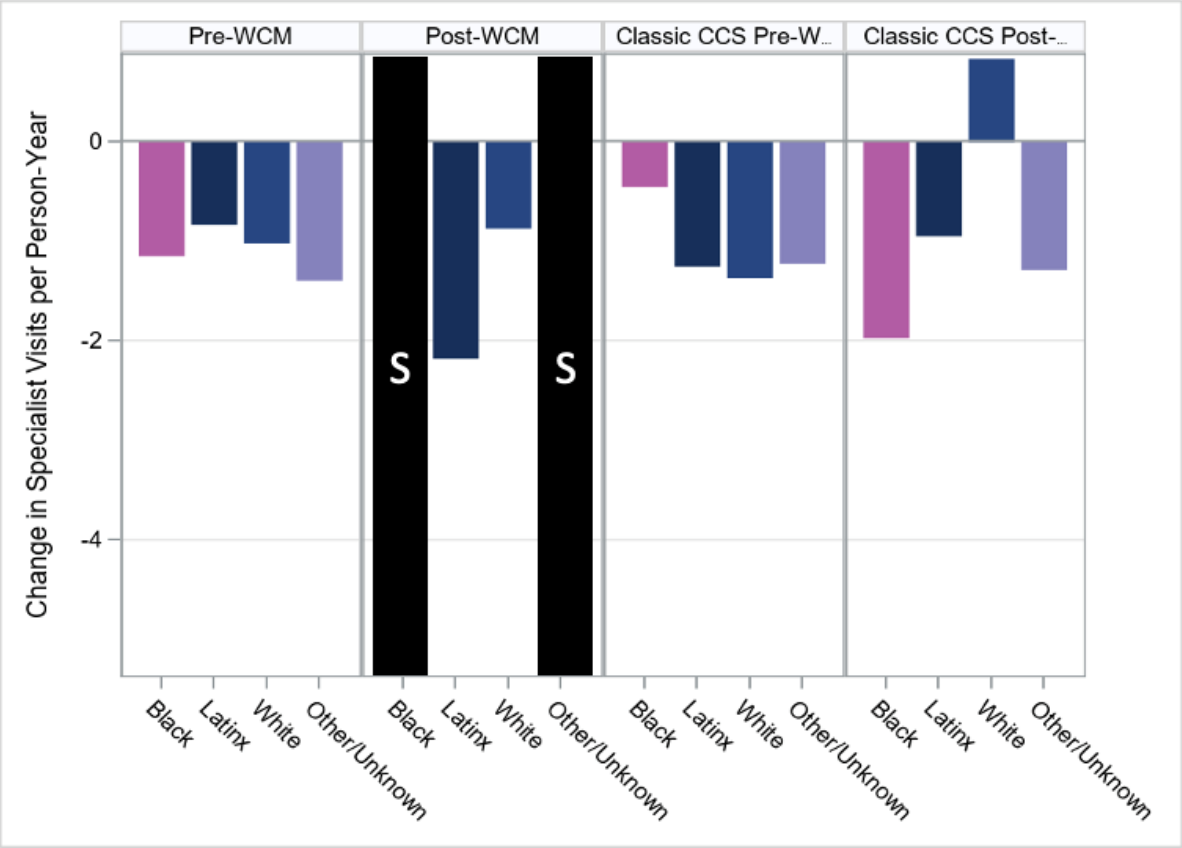


Figure 180. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



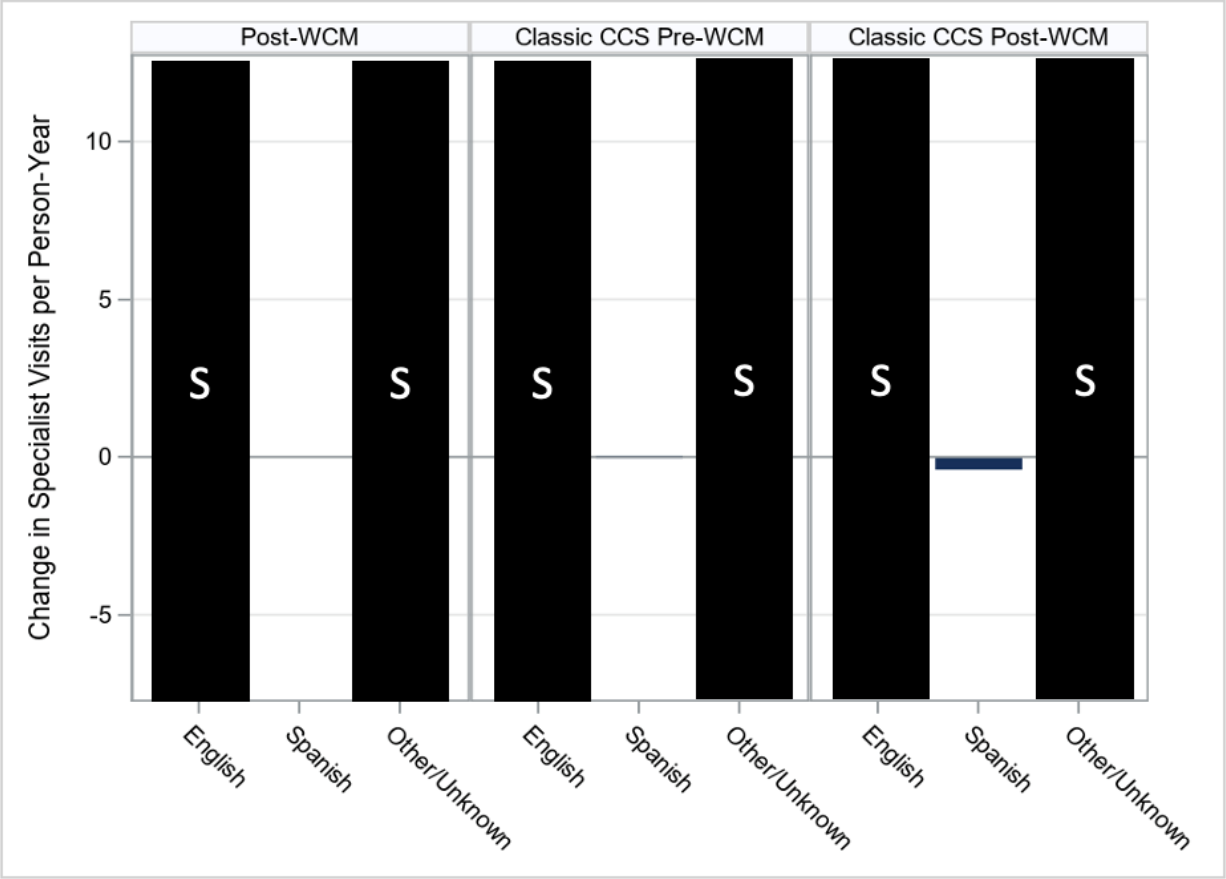
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Transition outcomes: Specialist Visits by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in Specialist visits increased for clients speaking English and "Other/Unknown" language, while decreased for clients speaking Spanish. There was no pre-implementation data for the Phase I Other/Unknown language group. The Phase I Classic CCS showed increased change in visits for all groups. In Phase II WCM, all language groups had decreased change in visits post WCM implementation except the "Other/Unknown" group where change in visits increased. In the Phase II Classic CCS group, clients speaking Spanish had increased change in visits post WCM implementation while it decreased for those speaking English and "Other/Unknown" language. In Phase III WCM, all language groups had decreased change in visits post WCM implementation except for clients speaking "Other/Unknown" language where change in visits were stable. In the Phase III Classic CCS group, Spanish language group increased change in visits post WCM

implementation while change in visits for English and Other/Unknown language groups were stable.

Figure 181. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 182. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

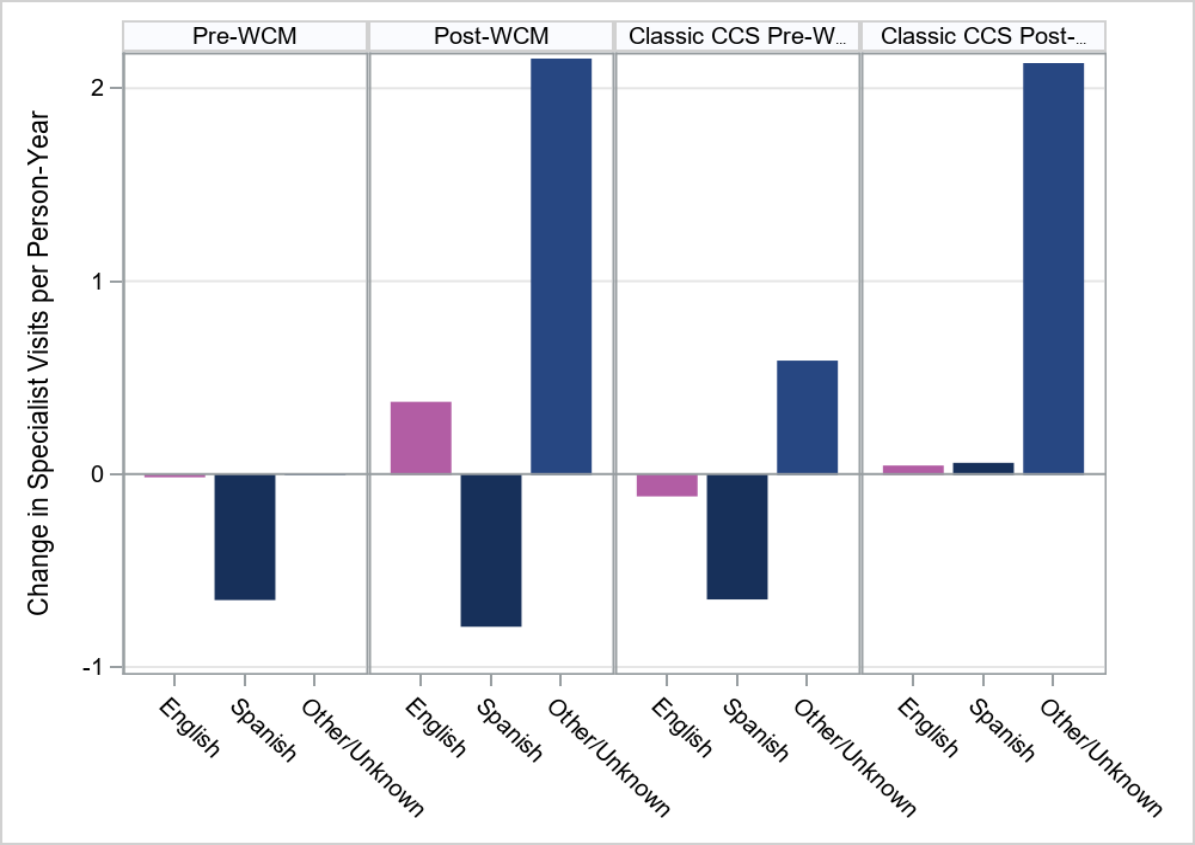
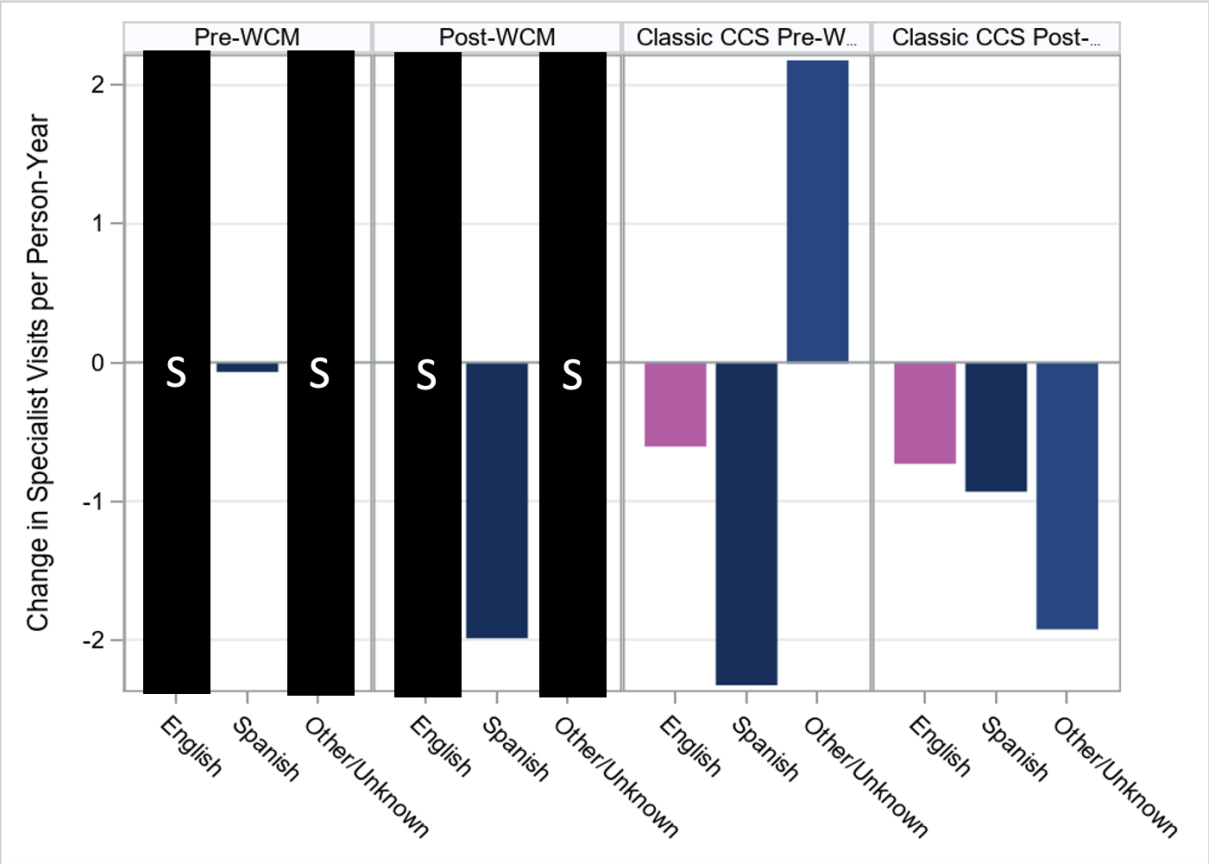
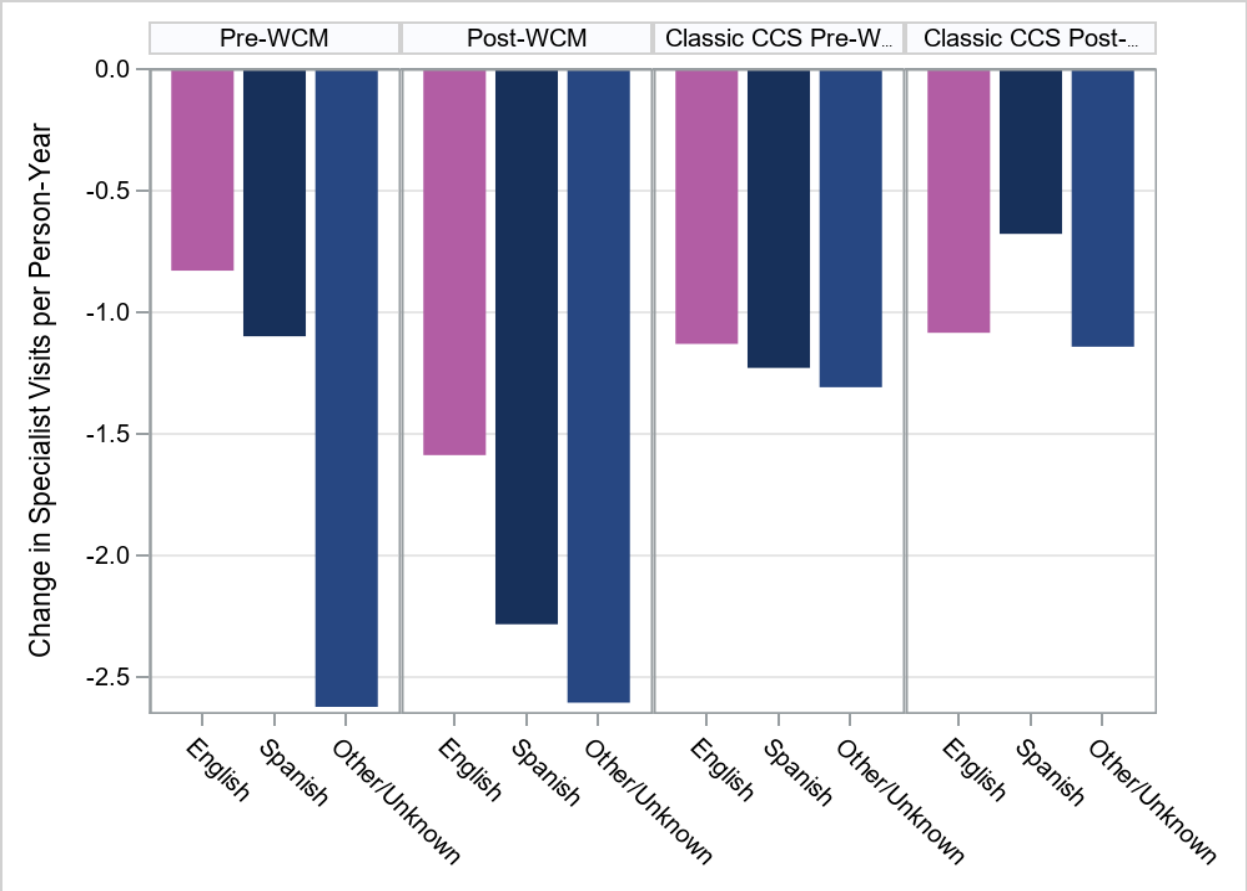


Figure 183. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 184. Change in Adult Specialist Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Transition outcomes: ED visits by Race/ Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in visits decreased for clients of all racial groups except clients who were White where the change in visits increased. Phase I Classic CCS showed decrease in the change in visits for clients of Black and Latinx groups while it increased for clients of White and "Other/Unknown" groups. In Phase II WCM, the change in visits increased post WCM implementation for all groups except for clients in Latinx group where change in visits decreased. Conversely, in the Classic CCS group, the change in visits post WCM implementation decreased for clients in all racial groups except for clients in the Latinx group where the change in visits increased. In Phase III WCM and Classic CCS comparison groups, change in visits for all racial groups decreased post WCM implementation. There was no pre-implementation data for the Phase III Classic CCS White group.

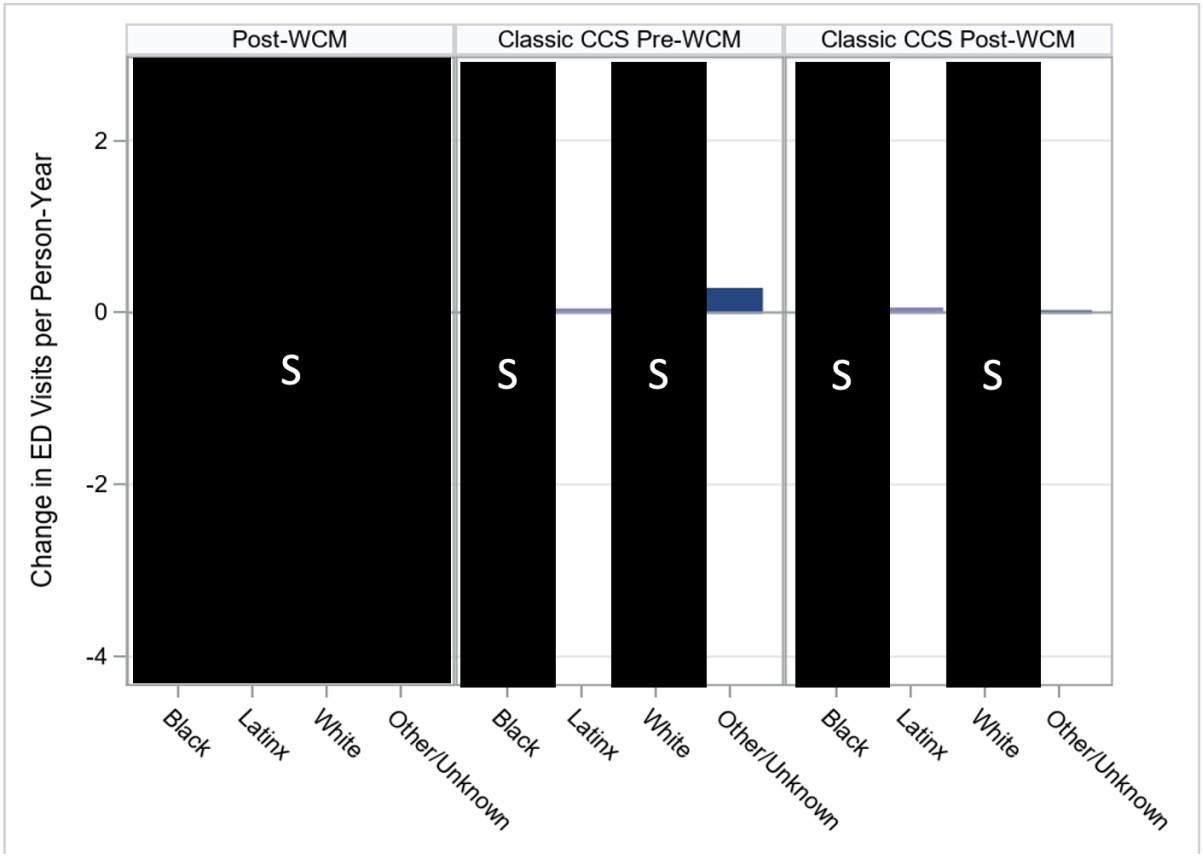


Figure 185. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods

S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 186. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

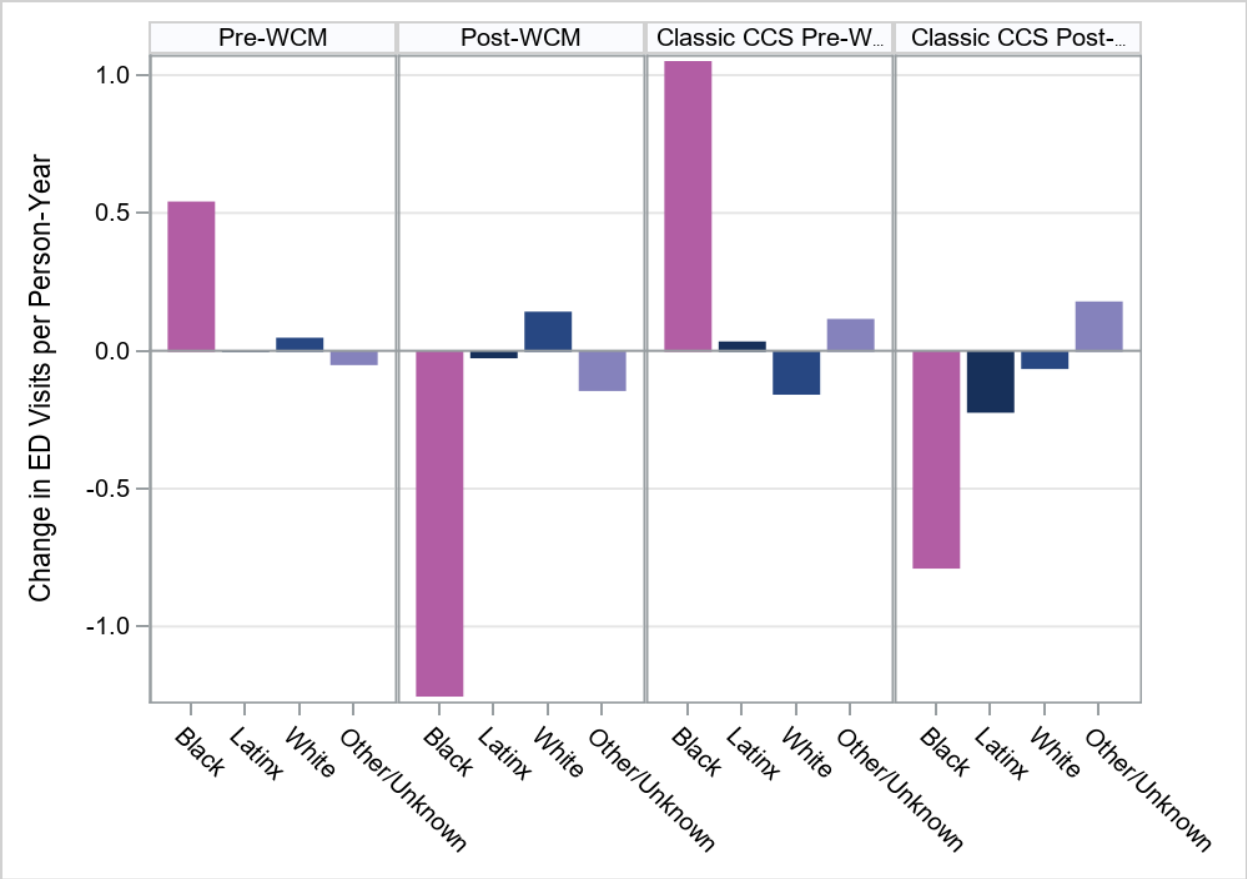


Figure 187. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

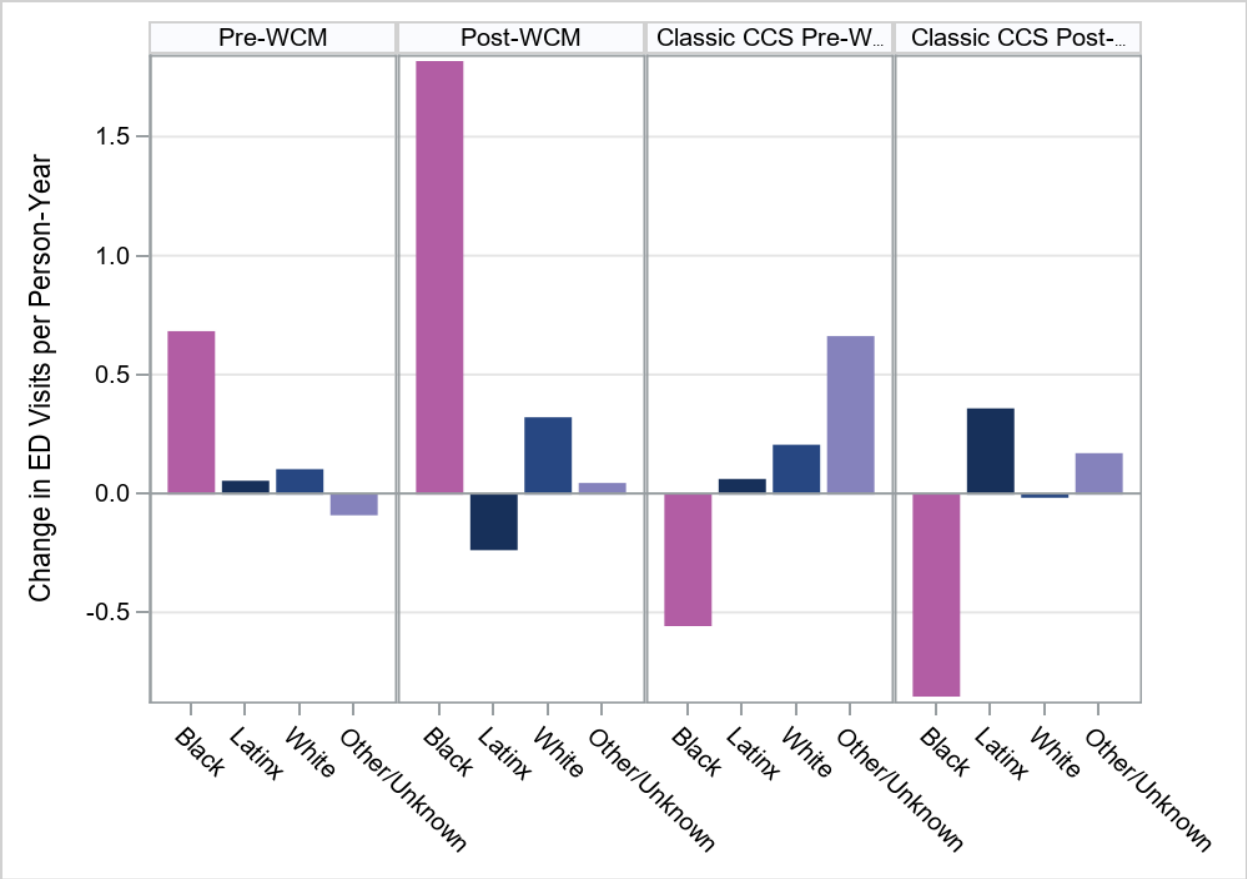
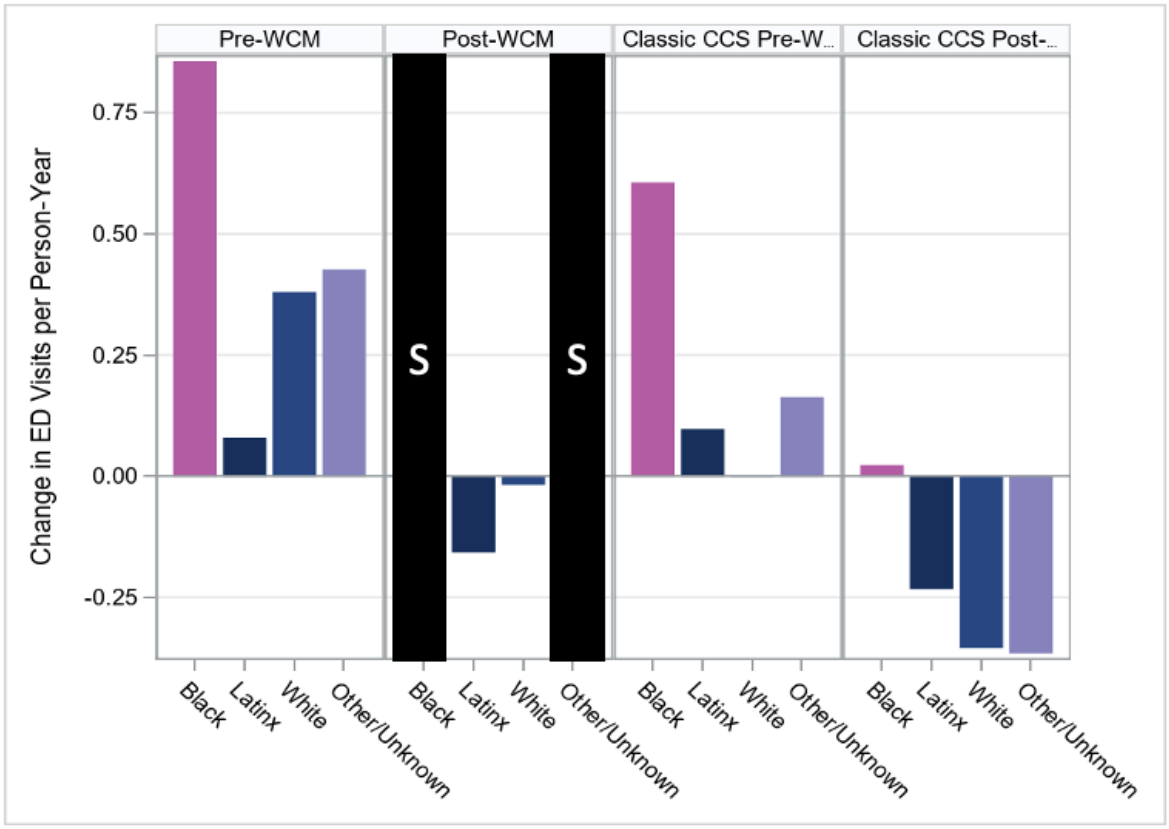


Figure 188. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods

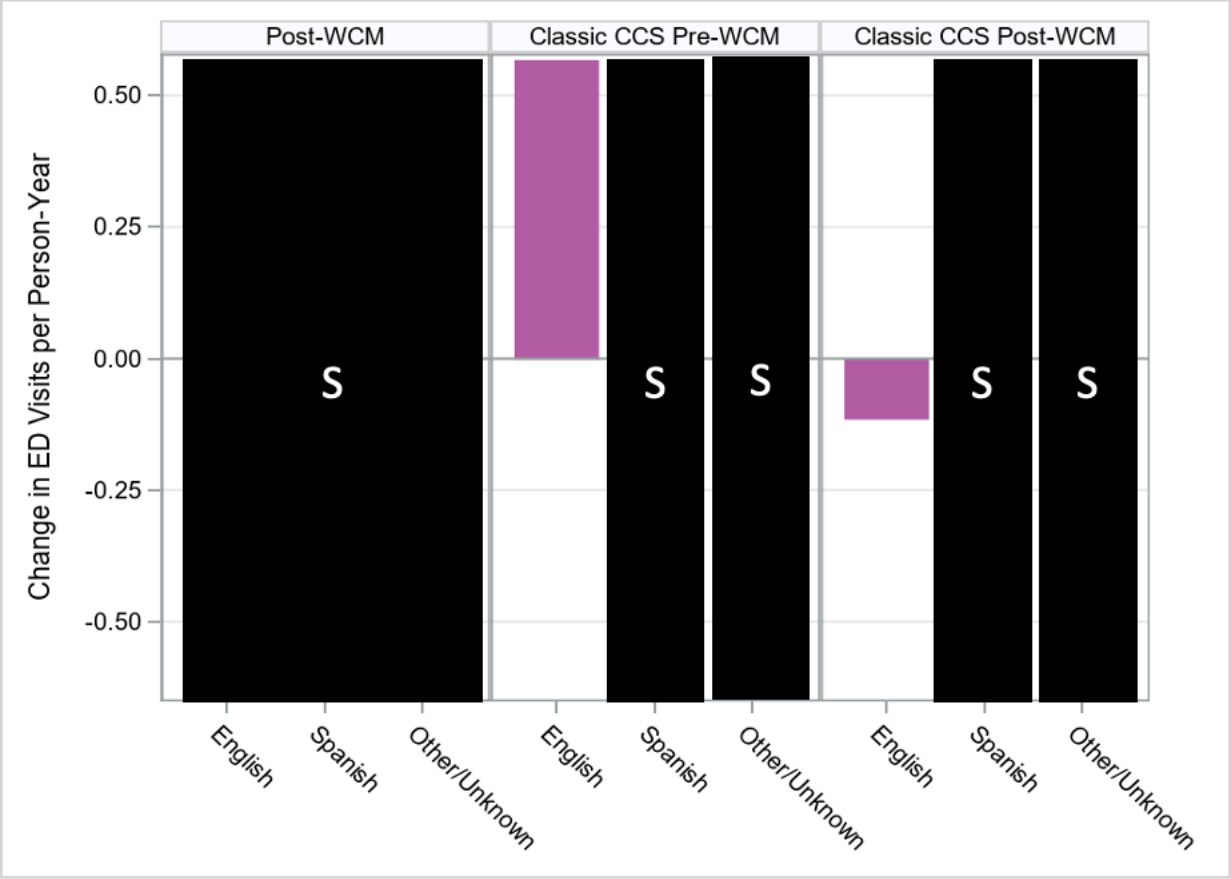


S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Transition outcomes: ED visits by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in visits decreased for clients speaking English while increased for clients speaking Spanish and "Other/Unknown" language. Classic CCS showed increase in change in visits for "Other/Unknown" groups while change in visits decreased for English and Spanish groups. In Phase II WCM, all language groups had increased in change in visits post WCM implementation except the Spanish group where change in visits decreased. Conversely, in the Classic CCS group, all language groups had decreased in change in visits post WCM implementation except the Spanish group where change in visits increased. In Phase III WCM and Classic CCS comparison groups, all language groups decreased post WCM implementation.

Figure 189. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 190. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

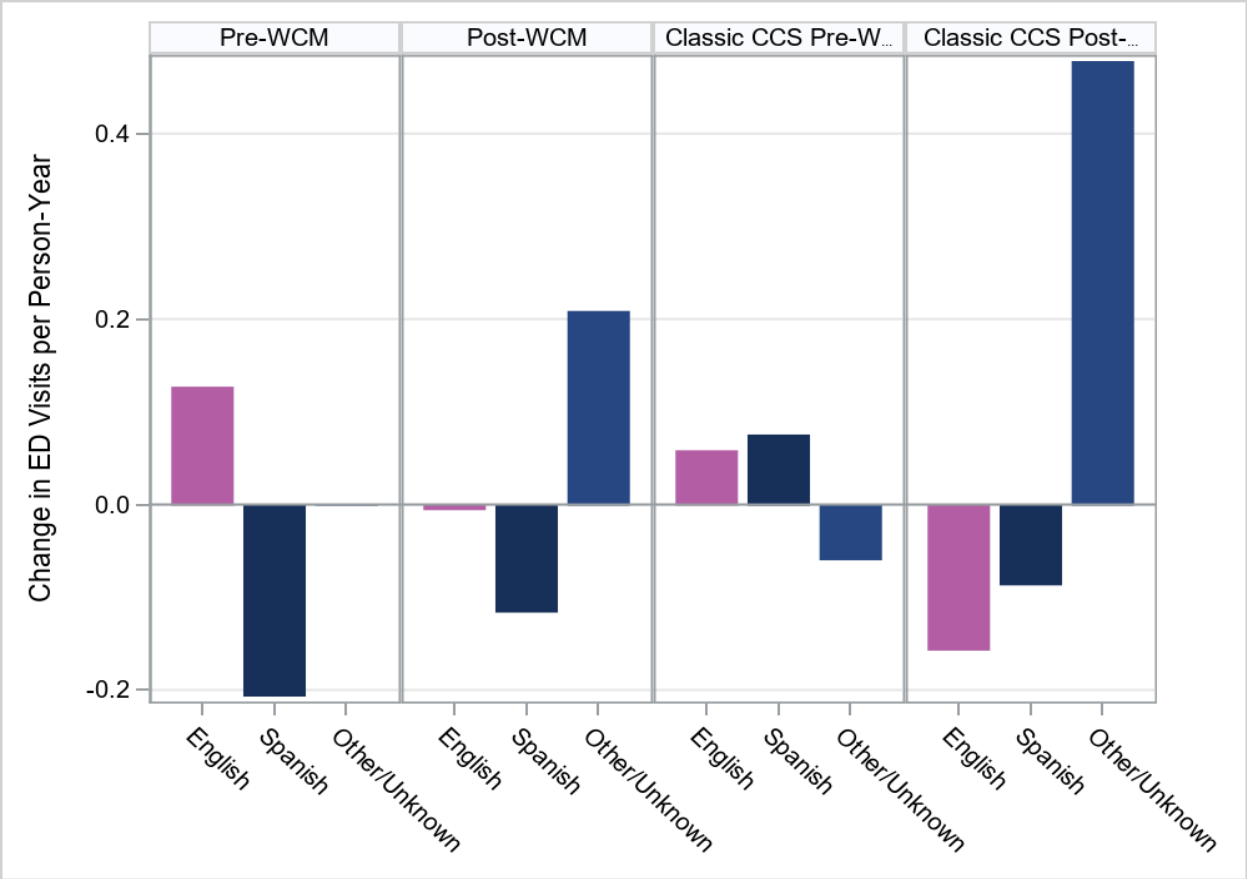
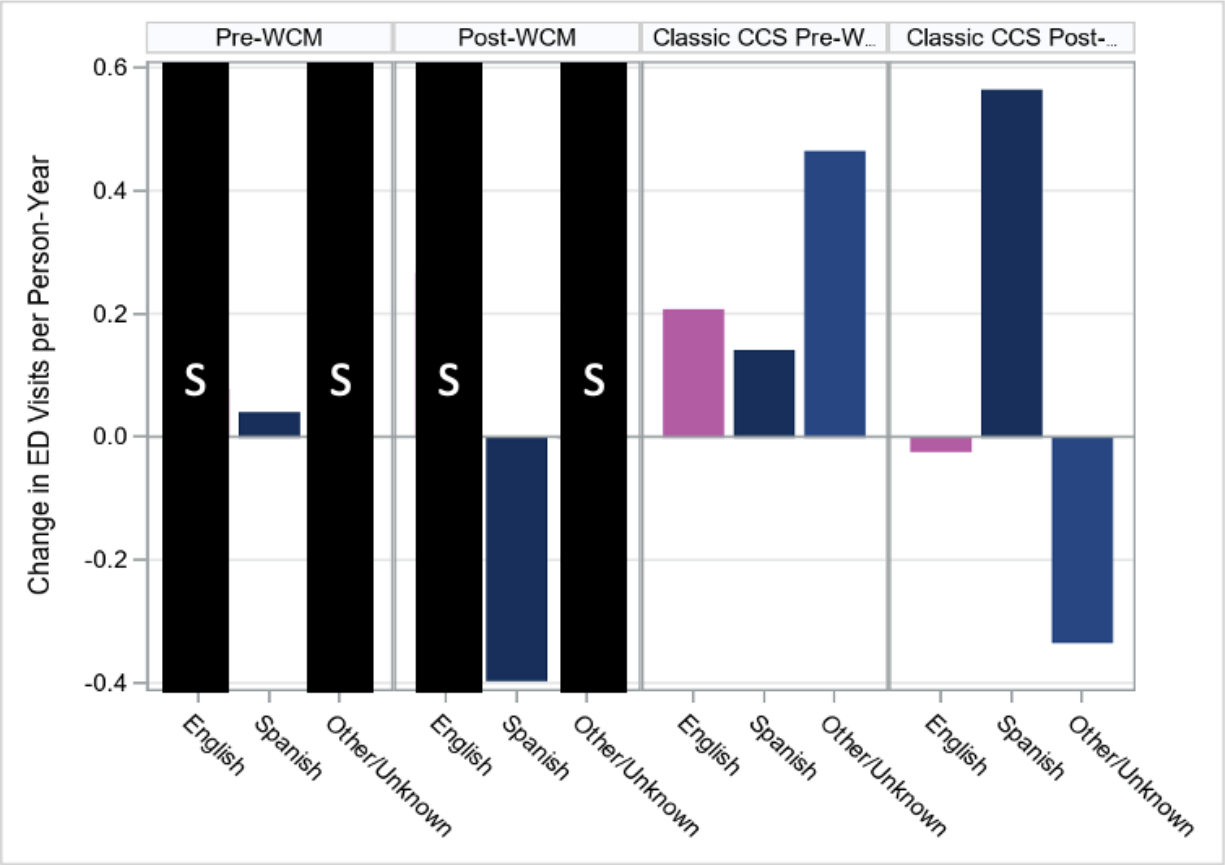
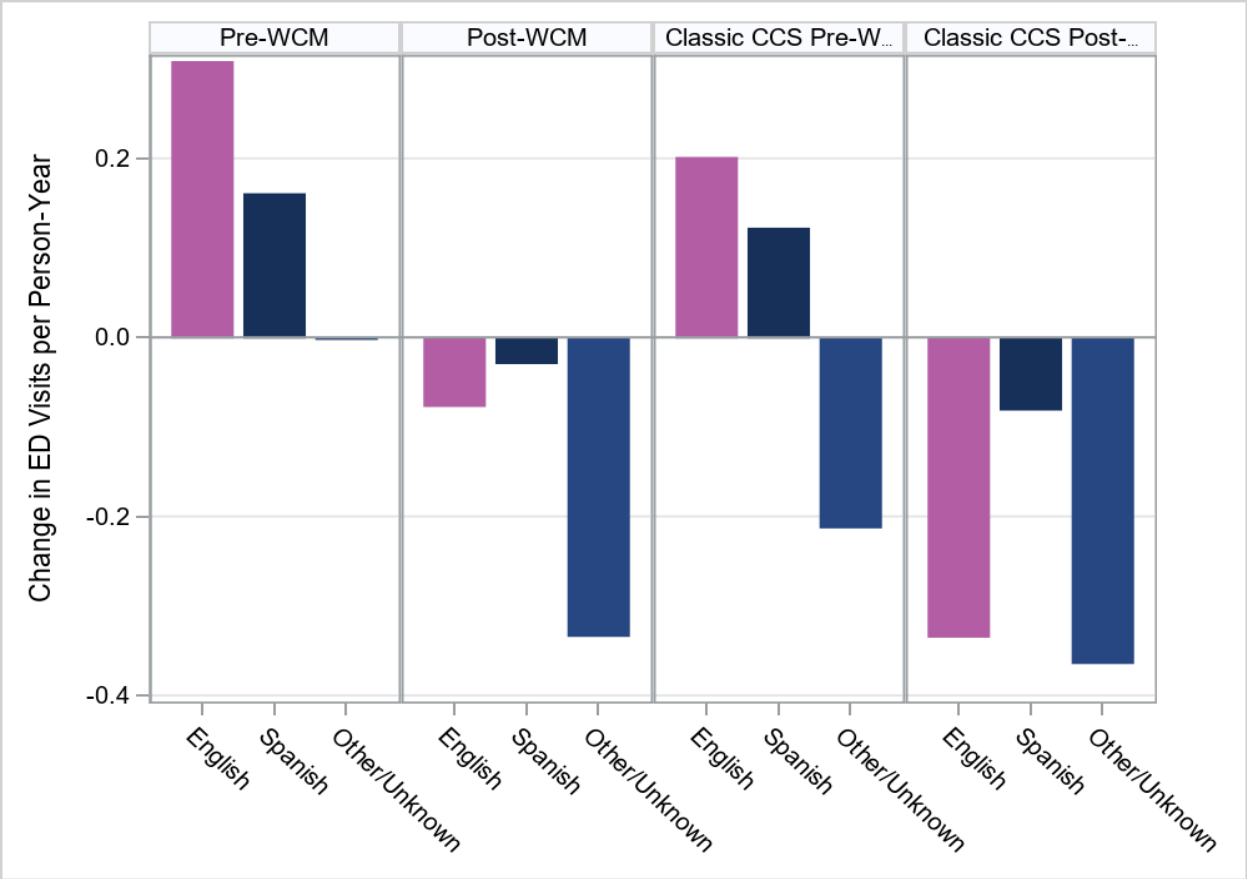


Figure 191. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

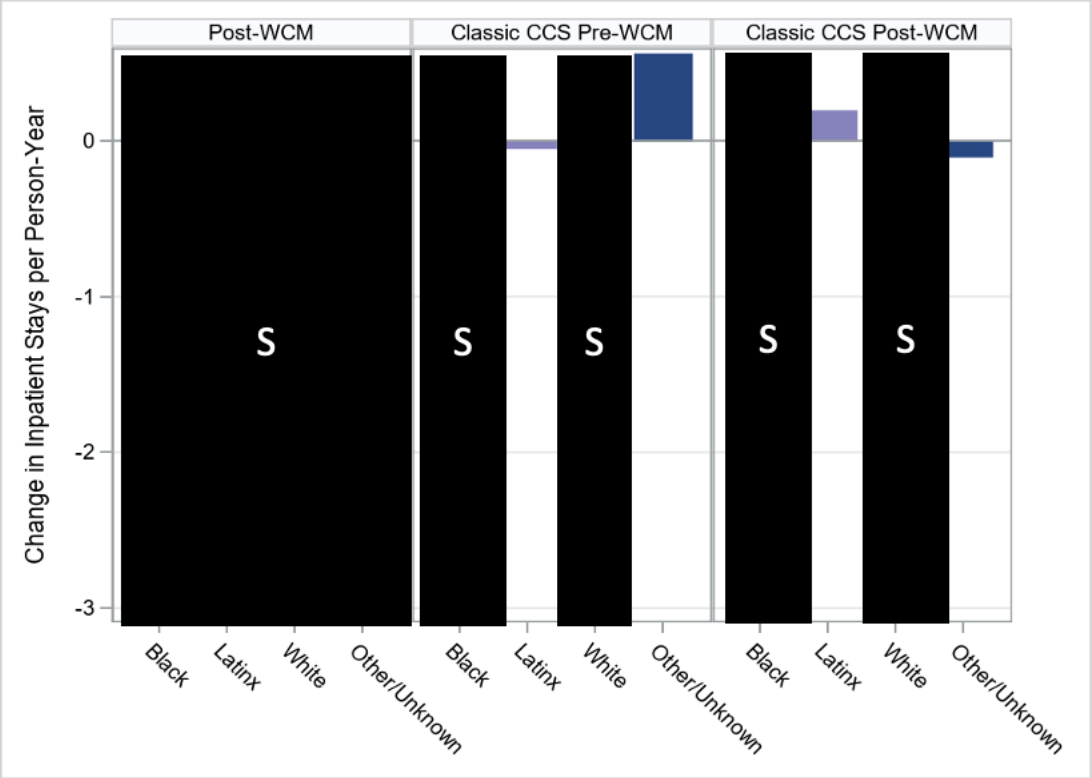
Figure 192. Change in ED Visits Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



Transition outcomes: Hospitalizations by Race/ Ethnicity

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM and Phase III-WCM, the change in visits decreased for clients in Black and Latinx racial groups while increased for clients in White and "Other/Unknown" groups. The Phase I Classic CCS group had increase in change in visits for clients in all racial groups except clients in Black group where the change in visits decreased. The Phase III Classic CCS group had increased change in visits for clients in Latinx and "Other/Unknown" racial groups while decreased for clients in Black and White groups. Phase II WCM has increased change in for all groups except for clients in Latinx group where change in visits decreased. In the Phase II Classic CCS group, the change in visits increased for clients in all racial groups except for clients in the Black group where the change in visits decreased. There was no pre-implementation data for the Phase II Classic CCS Black racial group.

Figure 193. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 194. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

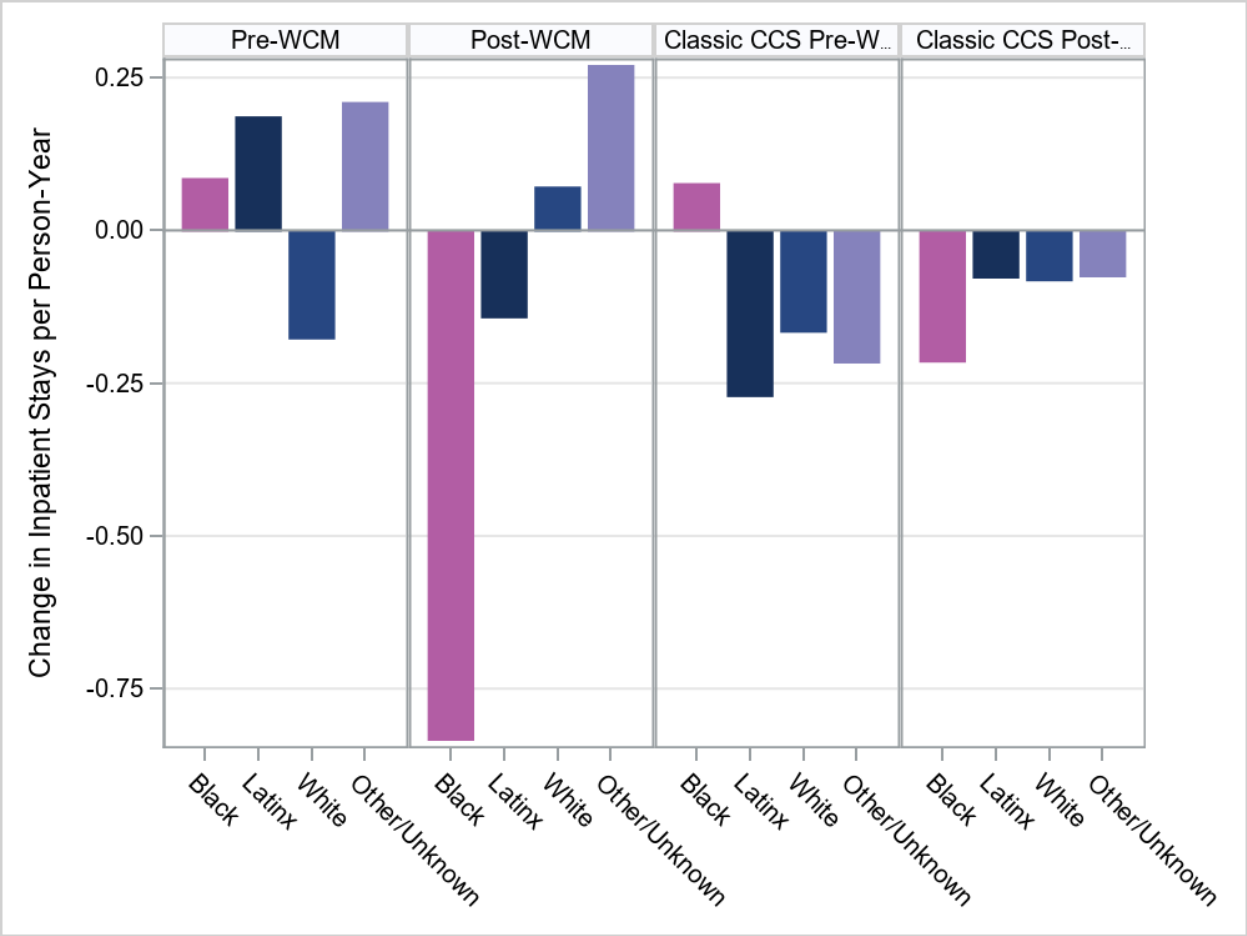


Figure 195. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods

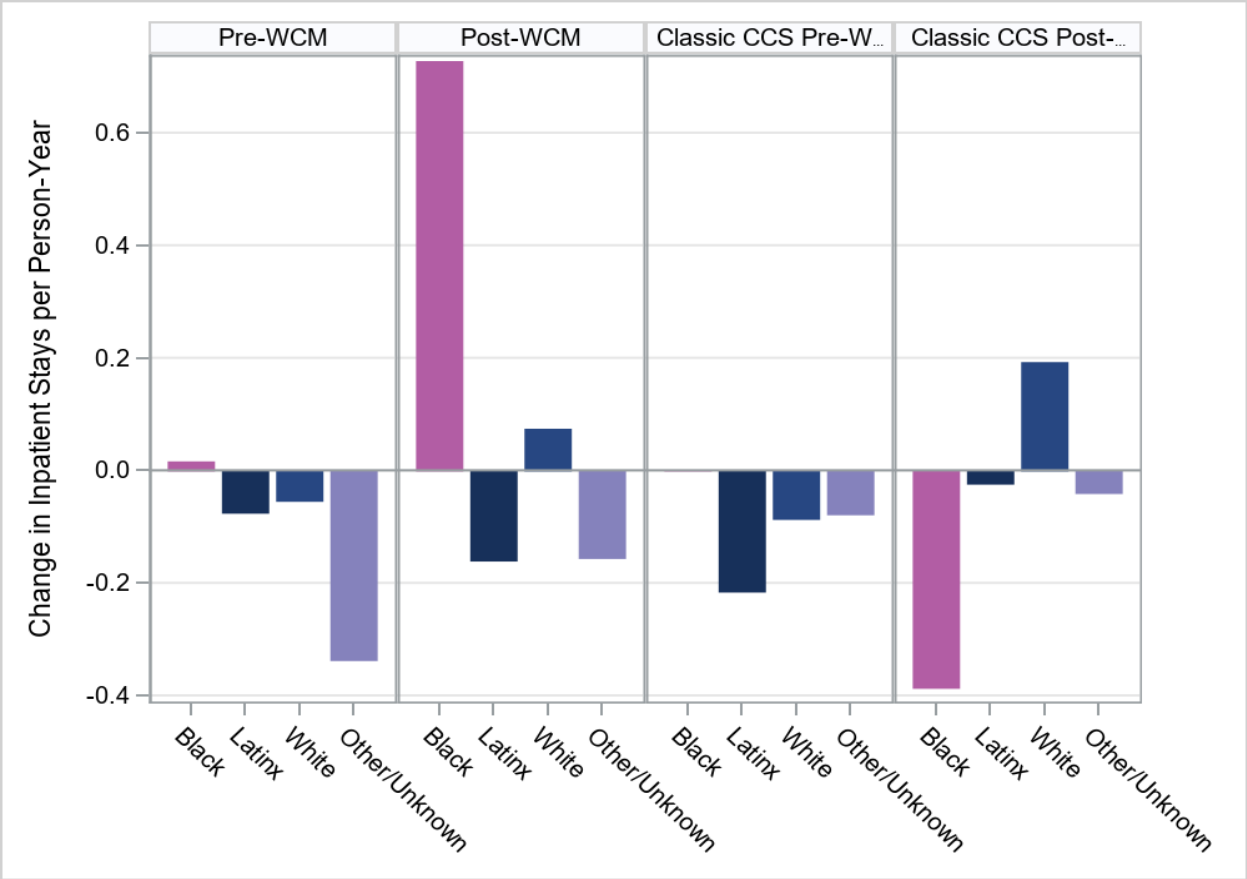
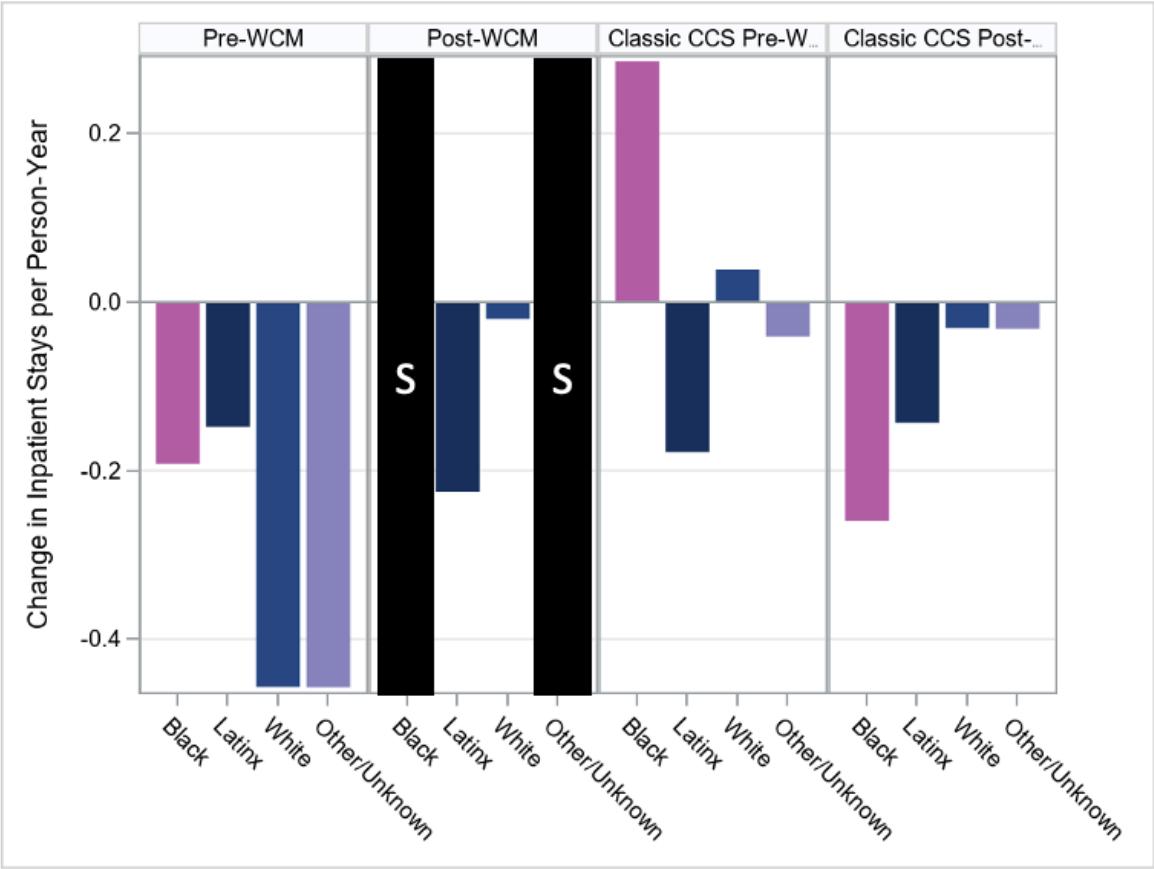


Figure 196. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Race for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods



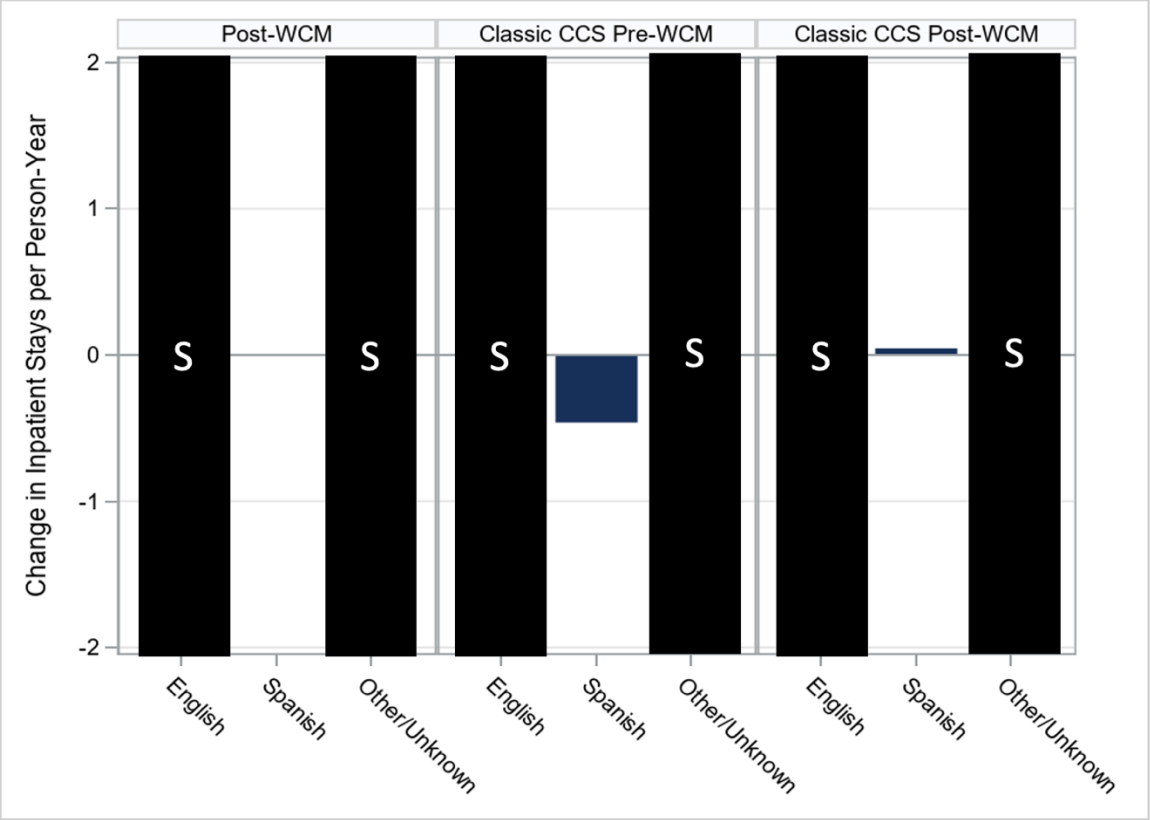
S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Transition outcomes: Hospitalizations by Language spoken

Brief summary of findings: HPSM-WCM did not have data for the pre-period and is not mentioned here. In Phase I-WCM, the change in visits decreased for clients speaking English while increased for clients speaking Spanish and "Other/Unknown" language. There was no pre-implementation data for the Phase I Other/Unknown language group. The Phase I Classic CCS had decreased change in visits for "Other/Unknown" groups while increased for English and Spanish groups. In Phase II WCM, all language groups had decreased change in visits post WCM implementation except the English group where change in visits increased. In the Classic CCS group, all language groups had increased change in visits post WCM implementation except the "Other/Unknown" group where change in visits decreased. In Phase III WCM, the change in visits decreased for all language groups except for English where change in visits increased. In the Classic CCS comparison groups, all language groups has decreased change in

visits post WCM implementation except for Spanish where change in visits increased slightly.

Figure 197. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for HPSM WCM and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 198. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase I and Classic CCS Comparison Group in Pre-/Post- Periods

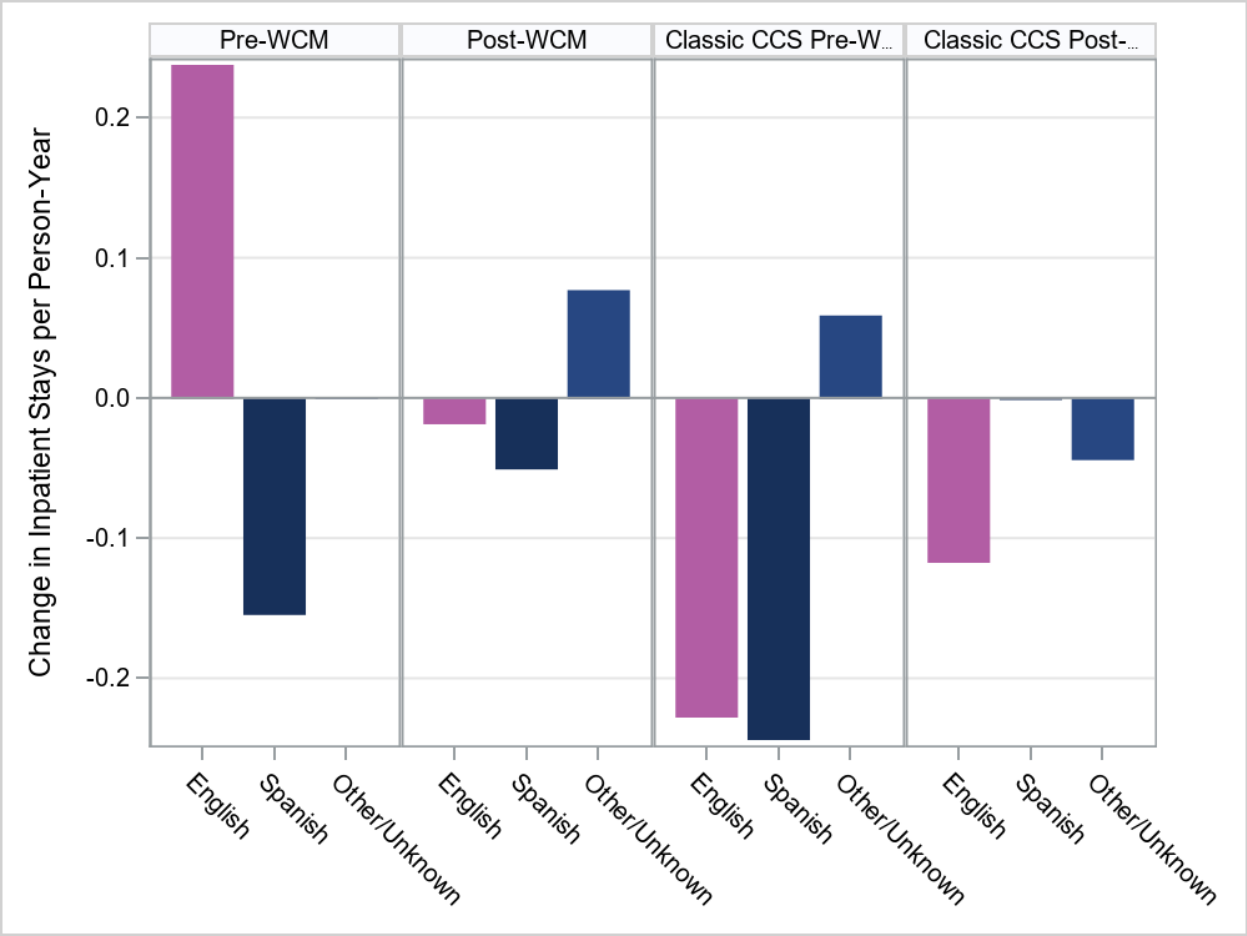
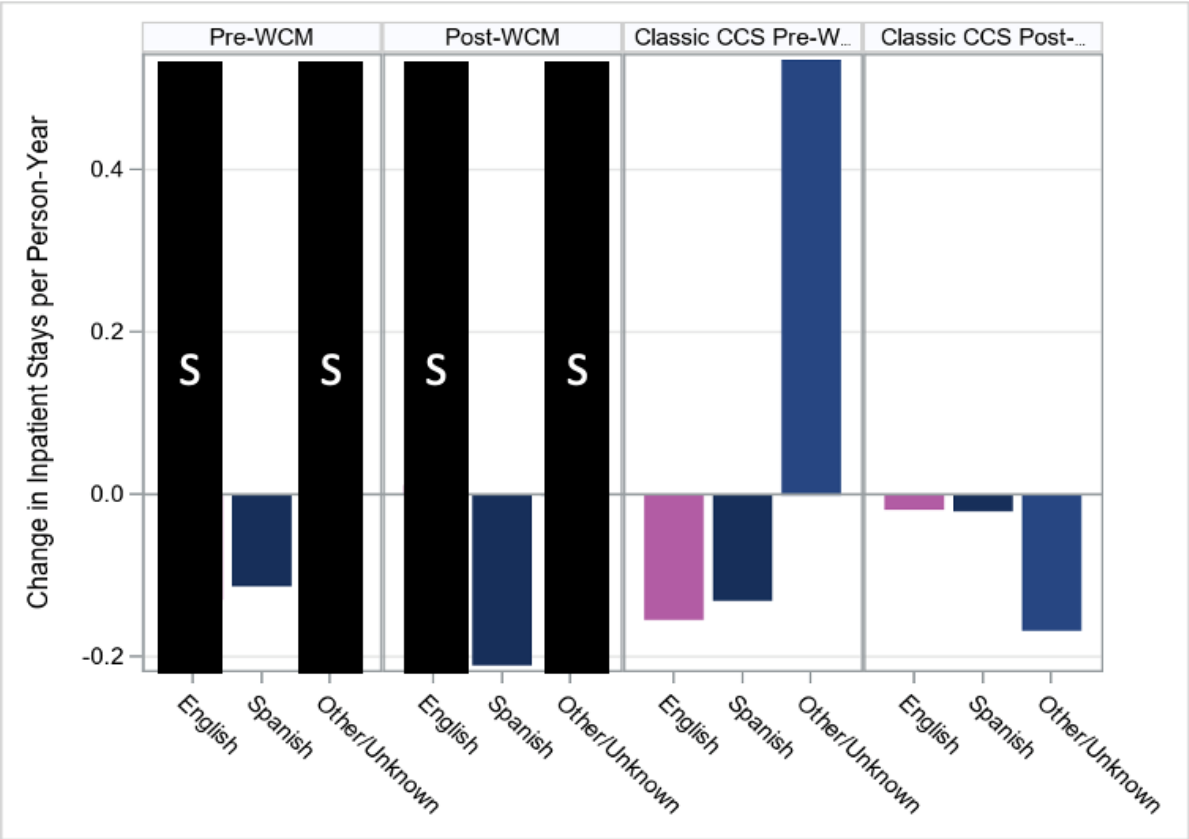

Pre-WCM
Post-WCM
Classic CCS Pre-W...
Classic CCS Post-...
Change in Inpatient Stays per Person-Year
0.2
0.1
0.0
-0.1
-0.2
English
Spanish
Other/Unknown

Figure 199. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase II and Classic CCS Comparison Group in Pre-/Post- Periods



S=Data is suppressed to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

Figure 200. Change in Hospitalization Stays Before and After Turning 21 Years Among Patients Discharged from CCS After Age 21, by Language Spoken for Phase III and Classic CCS Comparison Group in Pre-/Post- Periods