



# Overview of Medi-Cal Data

DHCS Data and Research Committee

[http://www.dhcs.ca.gov/dataandstats/data/Pages/  
AccessingProtectedData.aspx](http://www.dhcs.ca.gov/dataandstats/data/Pages/AccessingProtectedData.aspx)



# Delivery System Composition

Dec 2012

- 36% FFS
- 64%  
Managed Care
- 7,609,900 total

Jan 2014

- 32% FFS
- 68%  
Managed Care
- 9,907,760 total

Jan 2018

- 19% FFS
- 81%  
Managed Care
- 13,313,771 total

- Specialty Mental Health Services
- Substance Use Disorder Services
- Dental Services
- In Home Supportive Services
- Specialty Waivers

- California Children Services
- Child Health Disability and Prevention Program
- Family PACT
- Every Woman Counts



# DHCS Programmatic Transitions



# Seniors and Persons with Disabilities (SPD)

- Beginning June 2011, SPD moved into managed care in 16 counties
- During the yearlong enrollment phase the department monitored a core set of indicators on a monthly basis
- The final report for this transition phase was published in January 2013
- <https://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx>



# Healthy Family Transition

Assembly Bill (AB) 1494, Chapter 28, Statutes of 2012, provides for the transition of Healthy Families Program (HFP) subscribers to the Medi-Cal Program beginning January 1, 2013, in four Phases throughout 2013

Transitioned Populations						
Phase 1A January	Phase 1B March	Phase 1C/2 April	Phase 1C May	Phase 3 August	Phase 4A September	Phase 4B November
178,623	106,443	270,308	59,077	104,915	6,840	25,087
						<i>Total 751,293<sup>4</sup></i>

<http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/AppendixCHFP.PDF>



# Coordinated Care Initiative

- Duals Demonstration: Cal MediConnect
- Managed Long Term Support Services (MLTSS)





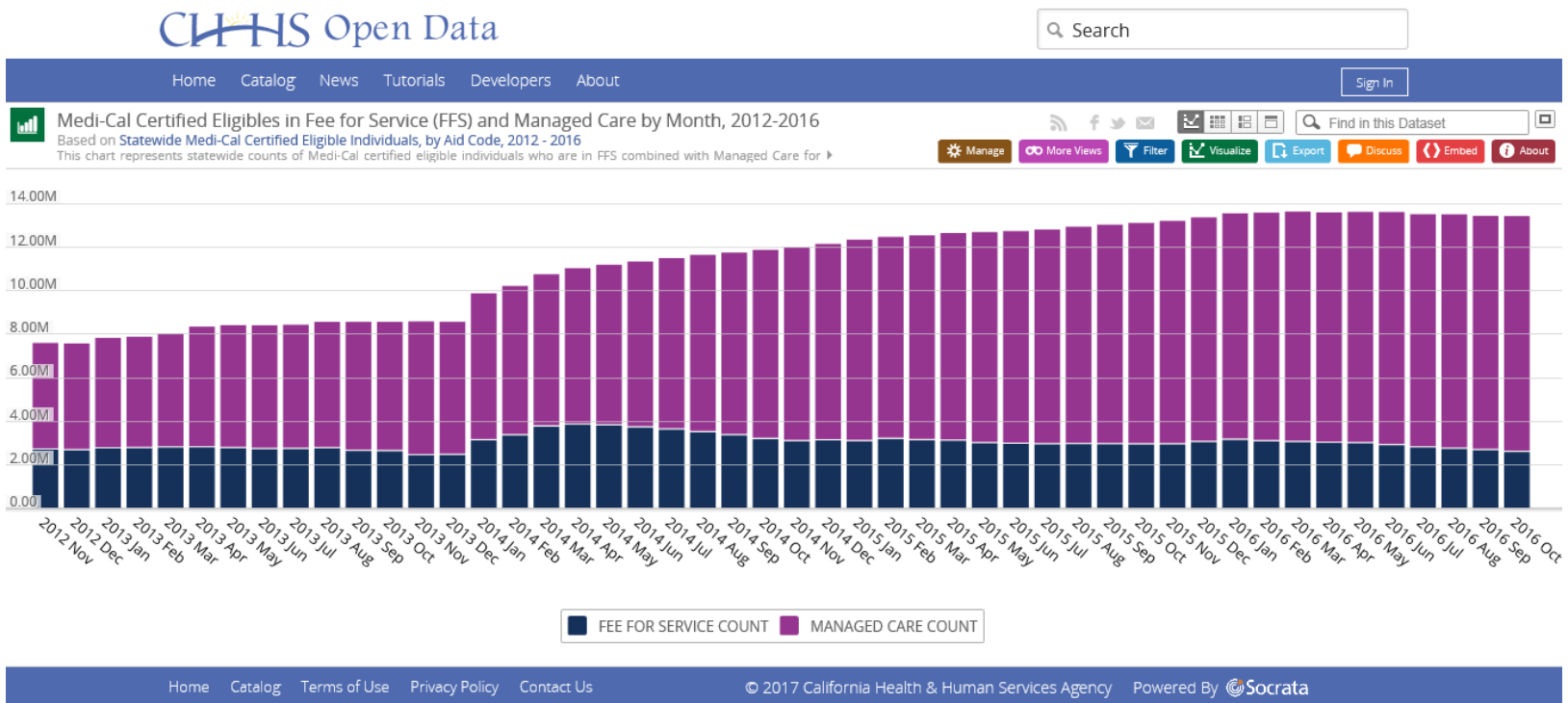
# Low Income Health Program

- The LIHP Medi-Cal Expansion Population population, whose income is up to and including 133 percent of the Federal Poverty Level (FPL)
- Health Care Coverage Initiative (HCCI) Population whose income is above 133 percent and up to 200 percent of the FPL referred to Covered California



# Medi-Cal Expansion

- Newly eligible
- Eligible but unaware







# Changing Populations

- Figure 2 – [https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal\\_Penetration\\_Brief\\_Final.pdf](https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal_Penetration_Brief_Final.pdf)
- Figure 19 and 11 – <https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Historic-Growth-Brief.pdf>

Figure 2 - Percent of California Population Enrolled in Medi-Cal by Age Group; September 2015

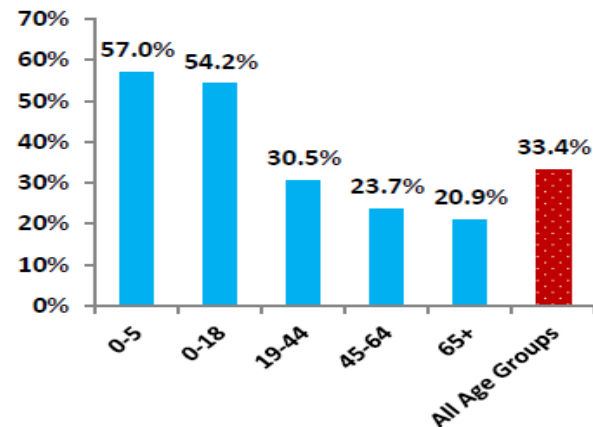
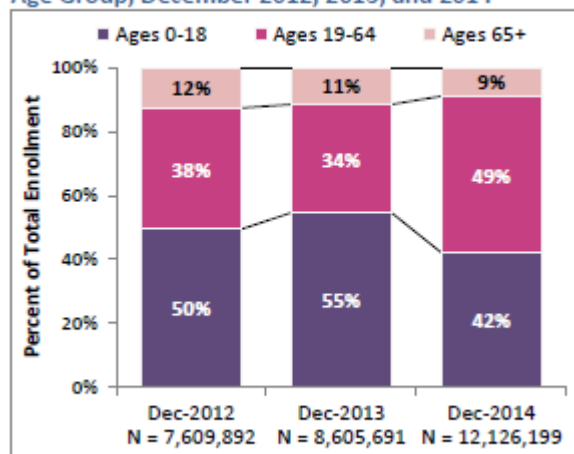
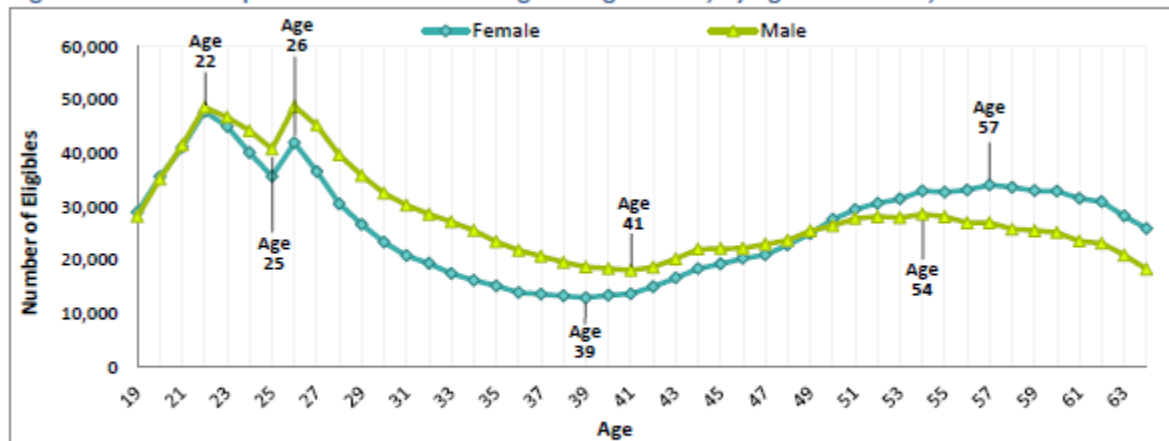


Figure 19: Distribution of All Certified Eligibles, by Age Group; December 2012, 2013, and 2014



Source: Created by RASD using data from the MIS/DSS data warehouse.

Figure 11: Count of Optional Adult Certified Eligibles Ages 19-64, by Age and Gender; December 2014



Source: Created by RASD using data from the MIS/DSS data warehouse.



# Rural Managed Care Expansion

- Operates under four geographic areas:
  - 8 County Organized Health Systems (COHS) counties
  - 18 Regional counties
  - Imperial county
  - San Benito county
- Four Medi-Cal Managed Care Health Plans

[http://www.dhcs.ca.gov/Documents/Rural\\_Managed\\_Care\\_Expansion\\_PP.pdf](http://www.dhcs.ca.gov/Documents/Rural_Managed_Care_Expansion_PP.pdf)

Managed Care Model	Start Date	September 2013	November 2013	August 2014
COHS (8 Counties only)	9/1/2013	111,675	-	154,420
Regional	11/1/2013	-	132,360	215,090
Imperial	11/1/2013	-	35,210	52,830
San Benito	11/1/2013	-	6,425	6,500



# Monitoring Specialty Mental Health Services

One of the first goals of the Performance Outcomes System was to create reports using existing data to evaluate specific population demographics and system performance metrics.

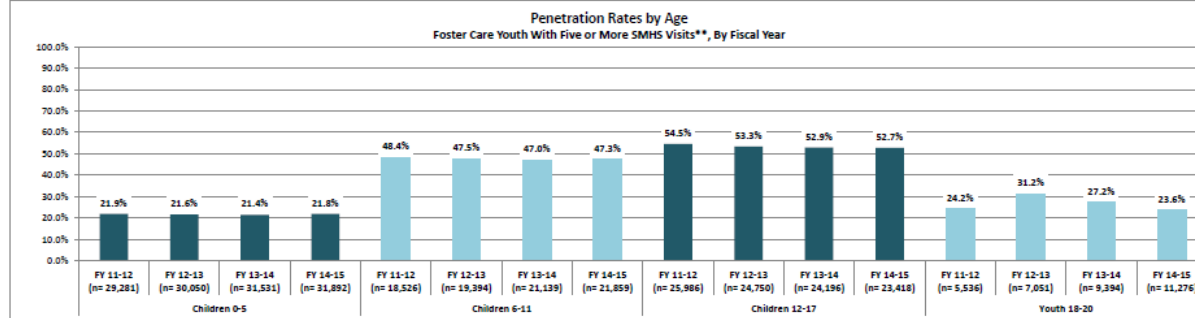
## Foster Care and Open Child Welfare Cases Reports (matched with CDSS data)

### September 2016 Foster Care Reports

- [Statewide Report.pdf](#)
- [Statewide Report - ADA.pdf](#)
- [Small Population Counties.pdf](#)
- [Small Population Counties - ADA.pdf](#)
- [Medium Population Counties.pdf](#)
- [Medium Population Counties - ADA.pdf](#)
- [Large Population Counties.pdf](#)
- [Large Population Counties - ADA.pdf](#)
- [Rural Population Counties.pdf](#)
- [Rural Population Counties - ADA.pdf](#)

### Penetration Rates\* Report: Children and Youth in Foster Care With Five or More Visits\*\* Statewide as of August 3, 2016

	FY 11-12			FY 12-13			FY 13-14			FY 14-15		
	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate	Foster Care Youth with 5 or more SMHS Visits	Certified Eligible Foster Care Youth	Penetration Rate
All	30,879	79,329	38.9%	31,113	81,245	38.3%	32,048	86,260	37.2%	32,301	88,445	36.5%
Children 0-5	6,404	29,281	21.9%	6,499	30,050	21.6%	6,746	31,531	21.4%	6,961	31,892	21.8%
Children 6-11	8,965	18,526	48.4%	9,214	19,394	47.5%	9,945	21,139	47.0%	10,329	21,859	47.3%
Children 12-17	14,170	25,986	54.5%	13,203	24,750	53.3%	12,798	24,196	52.9%	12,350	23,418	52.7%
Youth 18-20	1,340	5,536	24.2%	2,197	7,051	31.2%	2,559	9,394	27.2%	2,661	11,276	23.6%
Black	4,736	13,040	36.3%	4,826	12,534	38.5%	4,838	12,809	37.8%	4,840	12,690	38.1%
Hispanic	8,828	28,836	30.6%	9,170	29,430	31.2%	9,636	30,790	31.3%	9,185	30,013	30.6%
White	15,498	28,519	54.3%	15,068	30,208	49.9%	15,269	33,164	46.0%	15,663	36,298	43.2%
Other	1,817	8,934	20.3%	2,049	9,073	22.6%	2,305	9,497	24.3%	2,613	9,444	27.7%
Female	14,779	37,832	39.1%	14,824	38,847	38.2%	15,402	41,339	37.3%	15,485	42,459	36.5%
Male	16,100	41,497	38.8%	16,289	42,398	38.4%	16,646	44,921	37.1%	16,816	45,986	36.6%



\*Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Day/ Medi-Cal claiming system. This does not include non-specialty mental health services provided in the Medi-Cal Managed Care system.  
\*\*Children and Youth in Foster Care that have received at least five SMHS in the Fiscal Year.



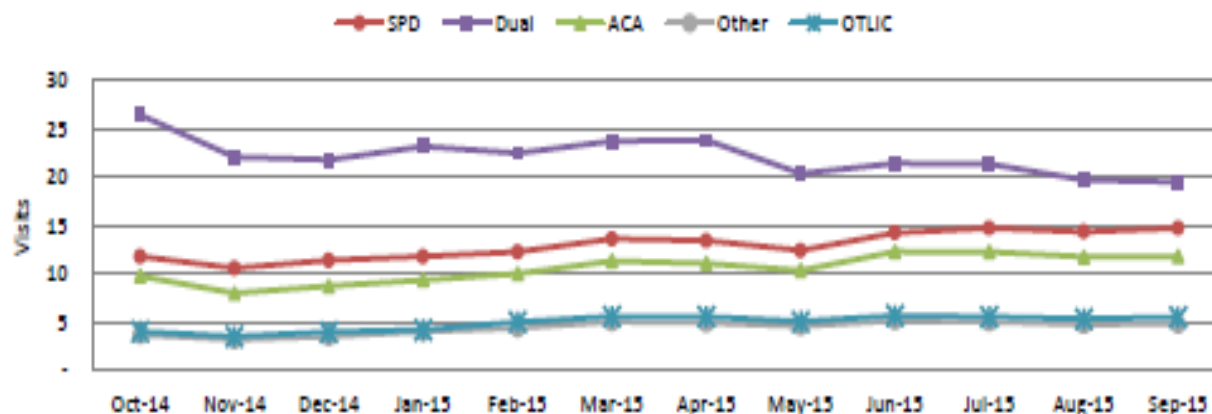
# Mild to Moderate Mental Health Services



Medi-Cal Managed Care Performance Dashboard  
Released September 15, 2016

UTILIZATION: Statewide October 2014 to September 2015. (Data Warehouse pull August 2016)

Fig 5-3 Mild to Moderate Mental Health Visits per 1,000 Member Months



As of September 2015	
SPD	15
Dual	20
ACA	12
Other	5
OTLIC	6

Note: Data in this dashboard is preliminary and subject to change

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<http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx>



# Medi-Cal 2020 Waiver

- California's 1115 Waiver Renewal approved by Centers for Medicare and Medicaid Services (CMS) Dec. 30, 2015
- Medi-Cal 2020 will guide us through the next five years as we work to transform the way Medi-Cal provides services to its more than 13 million members, and improve quality of care, access, and efficiency
  - NEW: Public Hospital Redesign and Incentives in Medi-Cal (PRIME), Global Payment Program, Whole Person Care, Dental Transformation
  - CONTINUING: Medi-Cal Managed Care, Community-Based Adult Services, Coordinated Care Initiative, Drug Medi-Cal Organized Delivery System, Uncompensated Care for Indian Health Service and tribal facilities, Low-Income Pregnant Women

<http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>



# Health Care Data



# Quiz

- What is HIPAA?
- Health Insurance Portability and Accountability Act
- What are ICD-9, ICD-10, CPT, HCPCS?
- International Statistical Classification of Diseases and Related Health Problems, 10th revision
- Current Procedural Terminology
- Healthcare Common Procedure Coding System
- What is X12 837?
- X12 Transaction Set contains the format and establishes the data contents of the Healthcare Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment



# Coding Transitions

- Local Code Transitions – ongoing
- Encounter Data Improvement Project
  - Began Fall 2012 with process improvements
  - Grew to become Encounter Data Quality Unit with public reporting
- Established Post Adjudicated Claims and Encounter System (PACES)
  - Transfer processing of encounter data from Fiscal Intermediary
  - Conversion to 837 for Managed Care Plans with 10/1/2014 date of submission or later





# Coding Transitions (Cont.)

- ICD-9 to ICD-10 transition – 10/1/2015 date of service
- CCI data submitted through CMS (Fall 2017 began)
- Transformed Medicaid Statistical Information System (T-MSIS)
  - Implementation Spring 2017
  - Data in TMSIS starting 10/1/2015 (previously MSIS)
  - Populated from MIS/DSS
  - <https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/index.html>



# Contributing to the Data Landscape

## Find the CMS data file you need

CMS data files are organized by data category and CMS program. Select an item from the options below to begin your search

VIEW BY CATEGORY

VIEW BY PROGRAM

FIND DATA FILES

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Tables>

## Browse the CMS data files available

Get the latest information on existing and upcoming data file availability.

VIEW ALL YEARS AVAILABLE

## ResDAC Resources

Articles

Requirements for Institutional Review Board (IRB)...

CMS's Data Privacy Safeguard Program

Videos

Requesting CMS Data: Process and Timeline

Using CMS Data for Research on Disparities in Heal...

Quick Links

CMS Fee Information for CMS Resea...

Research Identifiable File (RIF)...

CMS Virtual Research



<http://www.resdac.org/>

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Centers for Medicare & Medicaid Services

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Home > Research, Statistics, Data & Systems > Medicaid Data Sources - General Information > MSIS Tables

### Medicaid Data Sources - General Information

- Medicaid At-a-Glance 2005
- Medicaid Analytic eXtract (MAX) General Information
- Medicaid Analytic eXtract (MAX) Chartbooks
- Medicaid Pharmacy Benefit Use and Reimbursement - Introduction and Chartbooks
- MAX Provider Characteristics
- Mini MAX - Medicaid Sample
- MAXEM
- MAX and Survey Linkages
- Medicaid Issue Briefs
- Social Security Number (SSN) Verification
- Technical Assistance to States for Managed Care Encounter Data
- Technical Assistance to States for separate Children's Health Insurance Program (S-CHIP) Data
- Medicaid Analytic eXtract MAX Rx
- MSIS Tables
- MAX Validation Reports

### MSIS Tables

The 25 MSIS statistical tables contain national state-by-state data. These tables contain high-level aggregated statistics relating to Medicaid eligibility and claims data. The content of the individual table is described in the Table Title via our drop down list below. For more detail regarding state specific data anomalies, refer to the MSIS State Anomalies/Issues Document in the "Downloads" section of each table selected.

Show entries: 5 per page Filter On

Showing 1-10 of 349 entries

Fiscal Year	Table Title
2003	Medicaid Beneficiaries by Race/Ethnicity
2003	Medicaid Payments by Basis of Eligibility of Beneficiaries
2003	Medicaid Eligibles by Maintenance Assistance Status
2003	Medicaid Eligibles by Gender
2001	Medicaid Beneficiaries by Age Group
2001	Medicaid Payments by Age Group of Beneficiaries
2006	Medicaid Payments by Dual Eligibility Status
2003	Medicaid Eligibles by Race/Ethnicity
2001	Medicaid Beneficiaries by Gender
2003	Medicaid Payments by Program Type

1 2 3 ... > >>



# Measures

- Healthcare Effectiveness Data and Information Set (HEDIS) from NCQA
- Adult and Child Health Care Quality Measures
  - <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>
  - <https://data.medicaid.gov/>
- DHCS Dashboard Initiative
  - <http://www.dhcs.ca.gov/dataandstats>



# Requesting Data from DHCS



# Data from DHCS



## Accessing DHCS Protected Data for Research and Public Health

This is the primary portal for requesting protected data from the California Department of Health Care Services (DHCS) for research and public health purposes. Protected data refers to any data containing confidential information that otherwise would be unavailable to the public. This website is not for requesting publicly available data.

DHCS endeavors to draw upon the wealth of knowledge available from scientific studies in health care delivery and medical science fields. Research and public health surveillance conducted with DHCS's protected data can provide useful information about the effectiveness of DHCS' programs, as well as, identify potential areas for improvement. To the extent possible, DHCS utilizes this knowledge in its attempts to make its programs and policies "evidence-based."

All requests to this portal for access to protected data must be for research or public health purposes only. **This portal does not facilitate access to protected data for legal, administrative or other purposes.** Each request will be submitted to DHCS' Data and Research Committee (DRC), which oversees DHCS' data request evaluation process. The DRC assesses the appropriateness of requests for protected data, assigns a priority status to each request, and recommends potential approval/denial action to DHCS Executive management.

In general, the DHCS DRC will not support research that will lead to the creation of a product or tool that the researcher or funder intends to market. For example, the DHCS DRC may deny data requests from requestors wanting to evaluate the impact of prescription drugs if a pharmaceutical company finances the study directly or indirectly.

<http://www.dhcs.ca.gov/dataandstats/data/Pages/AccessingProtectedData.aspx>



# Criteria

- Directly connected with the administration of the Medi-Cal Program
- University of California or a nonprofit educational institution:
  - Conducting scientific research
  - Approved by the Committee for the Protection of Human Subjects (CPHS) for the California Health and Human Services Agency (CHHS)
- Public Health Purposes



# Statutory Highlights

## Federal

- Social Security Act: Sec. 1902. [42 U.S.C. 1396a]  
(a) A State plan for medical assistance ...
- Health Insurance Portability and Accountability ACT (HIPAA):  
CFR 160. Section 164.512

## State

- California Welfare and Institutions Code: Section 14100  
(administration of the Medi-Cal program)
- California Civil Code (Information Practices Act):  
Section 1798.24



# Institutional Review Board (IRB)

Committee for Protection of Human Subjects (CPHS)

- CHHS established the CPHS as an institutional review board in July 1976
- CHHS is bound by terms of the Federalwide Assurance (FWA) 00000681 signed in June 2001 with the U.S. Department of Health and Human Services (DHHS), Office for Human Research Protections
- CPHS is the only Institutional Review Board (IRB) empowered by the CHHS





# Committee for the Protection of Human Subjects

CA.GOV State of California **Committee for the Protection of Human Subjects** About CPHS | Contact Us | Help | CPHS Related Links

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## → Committee for the Protection of Human Subjects

### WHAT'S NEW AT CPHS

#### Cal Protects/ Customer Service Survey

We are consistently improving our processes to ensure efficiency in filing protocols. Your feedback is important to us. For your convenience, we have added a link to the survey on the Researcher Dashboard within Cal Protects and on emails generated by Cal Protects. Please take a moment to complete the survey. For additional information, please contact the CPHS mainline at (916) 326-3660 or by email: [CPHS-Mail@oshpd.ca.gov](mailto:CPHS-Mail@oshpd.ca.gov)

### Quick Links

- ◆ [Policies, Procedures and Legal Authority](#)
- ◆ [Instructions for Researchers](#)
- ◆ [Forms](#)
- ◆ [Bulletins](#)
- ◆ [Cal Protects Submission Guide for CPHS Review](#) **New!**
- ◆ [CalPROTECTS Frequently Asked Questions \(FAQs\)](#) **New!**

### External Links

- ◆ [California Information Practices Act, Civil Code, Section 1798.24 \(SB 13\)](#)
- ◆ [Common Rule](#)
- ◆ [Office for Human Research Protections \(OHRP\)](#)

August 2018



# DHCS' Data & Research Committee (DRC)

All data requests for research or public health purposes will be reviewed by the DRC

- Makes recommendations to DHCS executive management regarding potential approval or denial of a data request
- Oversees process for soliciting and responding to requests from external requestors for access to protected DHCS data
- Assesses appropriateness and priority of data releases for research or public health purposes



# Criteria used to review a request

- Program Relevance:
  - Usefulness of the potential findings to DHCS
  - Potential health impact on DHCS' beneficiaries and the general public
  - Project focus on a topic that will provide new, useful information to DHCS programs
- Methodology:
  - Reliability, accuracy, and practicality of proposed methodology in answering the identified research or public health question(s)



# Criteria Continued

- Risk Assessment:
  - Potential risk to security and confidentiality of releasing the requested data sets
- Department Impact:
  - Amount of resources necessary to fulfill the data request and assist requestors
- Investigator Qualifications:
  - Assessment of the investigator's experience and qualifications



# Data Release Requires

- Approval of DHCS DRC and Director
- Approval by CHHS Committee for the Protection of Human Subjects (CPHS)
- Submittal of a copy of the CPHS approval letter and protocol
- Submittal of yearly reports to the DRC regarding the progress of projects
- Annual renewal with both DHCS DRC & CHHS CPHS
- Approved Projects:  
<http://www.dhcs.ca.gov/dataandstats/data/Pages/ListofApprovedDRCProjects.aspx>



# Upon Completion of Work

- Destroy or return to DHCS any data files containing personally identifiable information
- Submit a copy of the journal article abstract or other publications if findings from their research using Medi-Cal data are published

The screenshot shows the California Department of Health Care Services website. The header includes the CA.GOV logo, the text 'CALIFORNIA DEPARTMENT OF Health Care Services', and navigation links for 'Contact Us', 'Career Opportunities', and 'Help'. A search bar is also present. Below the header, there are menu items: 'HOME', 'SERVICES', 'INDIVIDUALS', 'PROVIDERS & PARTNERS', 'FORMS, LAWS & PUBLICATIONS', and 'DATA & STATISTICS'. The main content area shows the breadcrumb 'Home > Data & Statistics > Data > List of Publications' and a section titled 'List of Publications' with a play button icon. Below this, a paragraph states: 'This webpage lists publications that have resulted from research using DHCS data. More publications will be posted soon.' The page lists publications for 2013 and 2012.

**2013**

1. *Cancer Epidemiology Biomarkers Prev* **cbp.1099.2013**; Published Online First December 2, 2013; doi:10.1158/1055-9965.EPI-13-1099 Access to the Indian Health Service Care System is Not Associated with Early Enrollment in Medicaid for American Indian and Alaska Natives with Cancer. Andrea N. Burnett-Hartman, Mark E. Bensink, Kristin Berry, David G. Mummy, Victoria Warren Mears, Carol Korenbrot, and Scott D Ramsey.

**2012**

1. Bixby Reproductive Health Brief: Family Planning Provider Education and Training in California. Bixby Center for Global Reproductive Health, University of California, San Francisco. March 2012.
2. Bixby Reproductive Health Brief: Chlamydia Screening in the Family PACT Program. Bixby Center for Global Reproductive Health, University of California, San Francisco. June 2012.



# Commitments



Directly connected with the administration of the Medi-Cal Program

<https://www.dhcs.ca.gov/Documents/StrategicPlan/DHCS%20Strategic%20Plan%209-14-15.pdf>



# CHHS Data Playbook

<https://chhsdata.github.io/dataplaybook/>

## Data De-Identification Guidelines

- As departments classify data tables and catalog their publishable state data, they should be mindful of legal and policy restrictions on publication of certain kinds of data. The CHHS Data Subcommittee commissioned the development of Agency-wide data de-identification guidelines to assist departments in assessing data for public release.
- The [CHHS Data De-Identification Guidelines](#) support CHHS governance goals to reduce inconsistency of practices across departments, align standards used across departments, facilitate the release of useful data to the public, promote transparency of state government, and support other CHHS initiatives, such as the [CHHS Open Data Portal](#).