



# Industry Briefing: Department of Health Care Services

Linette T Scott, MD, MPH  
Chief Medical Information Officer  
California Department of Health Care Services



# Key Priorities

- Integration across individuals and systems for improved quality
  - Programmatic
  - Health Information Technology
- Information Architecture
- Data in Action



# DHCS Strategic Vision

## DHCS TRANSFORMING AND INNOVATING TO ACHIEVE ITS COMMITMENTS

### TO THE PUBLIC . . .

- Ensure a viable health care safety net
- Effectively engage the public and our partners
- Hold ourselves accountable for performance
- Be prudent, responsible fiscal stewards of public resources



### TO THE PEOPLE WE SERVE . . .

- Improve the consumer experience with high quality health care
- Treat the whole person by coordinating and integrating care
- Improve health through effective prevention and early intervention
- Develop effective, efficient and sustainable health care delivery systems



### TO OUR EMPLOYEES . . .

- Foster a healthy, positive and respectful work environment
- Focus on communication, teamwork and effective decisions
- Recognize and appreciate dedication, innovation and excellence
- Provide opportunities for professional learning and growth



Federal Agencies



State Agencies



Counties



Partners



Employers



Members



Providers



Health Plan Carriers



Social & Human Services Delivery



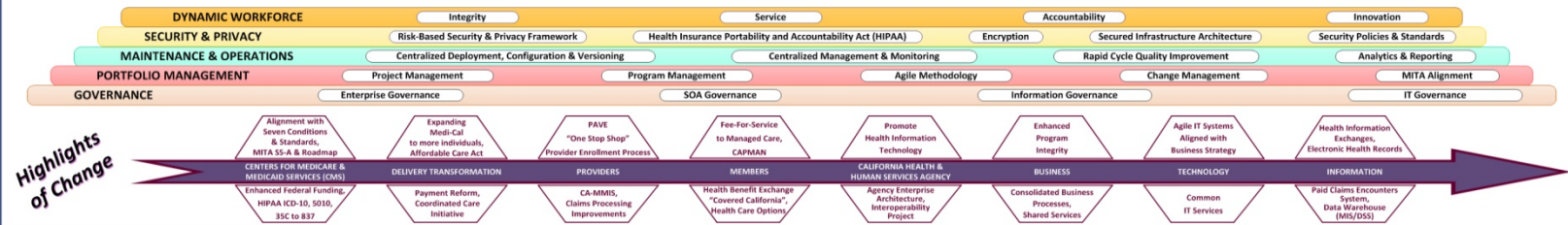
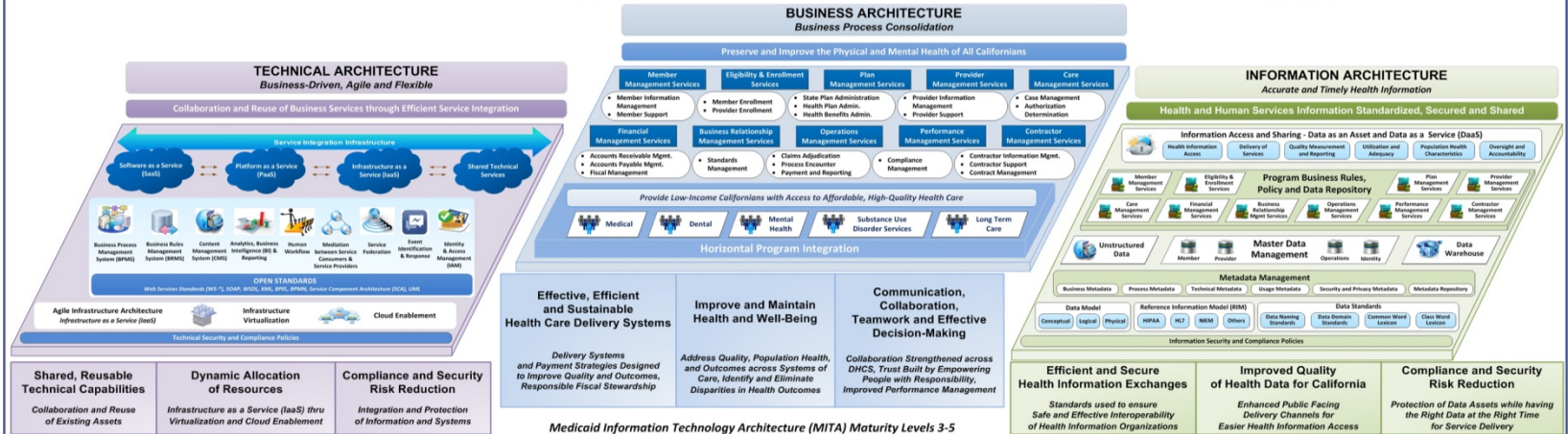
Health Care Delivery



Health Information Organizations (HIOs)



Public








# DHCS Transforming & Innovating to Achieve its Commitments

- It begins with the DHCS Strategic Plan:
  - To the Public ...
  - To the People We Serve ...
  - To our Employees ...





# Built on the DHCS Quality Strategy

<b>DHCS's Three Linked Goals</b>		<i><b>Drive Health Care Quality</b></i>
Improve the health of all Californians		<i><b>Improving the Health of All Californians</b></i>
Enhance quality, including the patient care experience, in all DHCS programs		<i><b>Enhancing Health Care Programs</b></i>
Reduce the Department's per capita health care program costs		<i><b>Reducing Health Care Costs</b></i>



# Medi-Cal 2020 Waiver

- California's 1115 Waiver Renewal, called Medi-Cal 2020, was approved by the Centers for Medicare and Medicaid Services (CMS) on 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 12.8 million members, and improve quality of care, access, and efficiency



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



### PRIME

The Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Pool builds upon the Bridge to Reform's DSRIP to improve the quality and value of care provided by California's safety net hospitals and hospital systems.



### Global Payment Program

The GPP streamlines funding sources for care for California's remaining uninsured population and creates a value-based mechanism to increase incentives to provide primary and preventive care services and other high-value services.



### Dental Transformation Initiative

The DTI provides direct incentives to providers through program domains that promote overall children's utilization of preventive services and oral health disease management, expand prevention and risk assessment models, and increase dental continuity of care.



### Whole Person Care

WPC regional pilots focus on the coordination of health, behavioral health, and social services, as applicable, in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective use of resources.





# Continuing Authorities

Medi-Cal Managed  
Care

Community-Based  
Adult Services  
(CBAS) program

Coordinated Care  
Initiative (CCI),  
including  
CalMediConnect

Drug Medi-Cal  
Organized Delivery  
System

Uncompensated  
Care for Indian  
Health Service (IHS)  
and tribal facilities

Low Income  
Pregnant Women,  
109%-138% FPL

*Medi-Cal 2020 Waiver Authorities: [http://www.dhcs.ca.gov/provgovpart/Documents/CA\\_waiver\\_list\\_FINAL\\_12.30.15.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CA_waiver_list_FINAL_12.30.15.pdf)*

*Medi-Cal 2020 Expenditure Authorities: [http://www.dhcs.ca.gov/provgovpart/Documents/CA\\_FinalExp\\_Auth\\_123015.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CA_FinalExp_Auth_123015.pdf)*





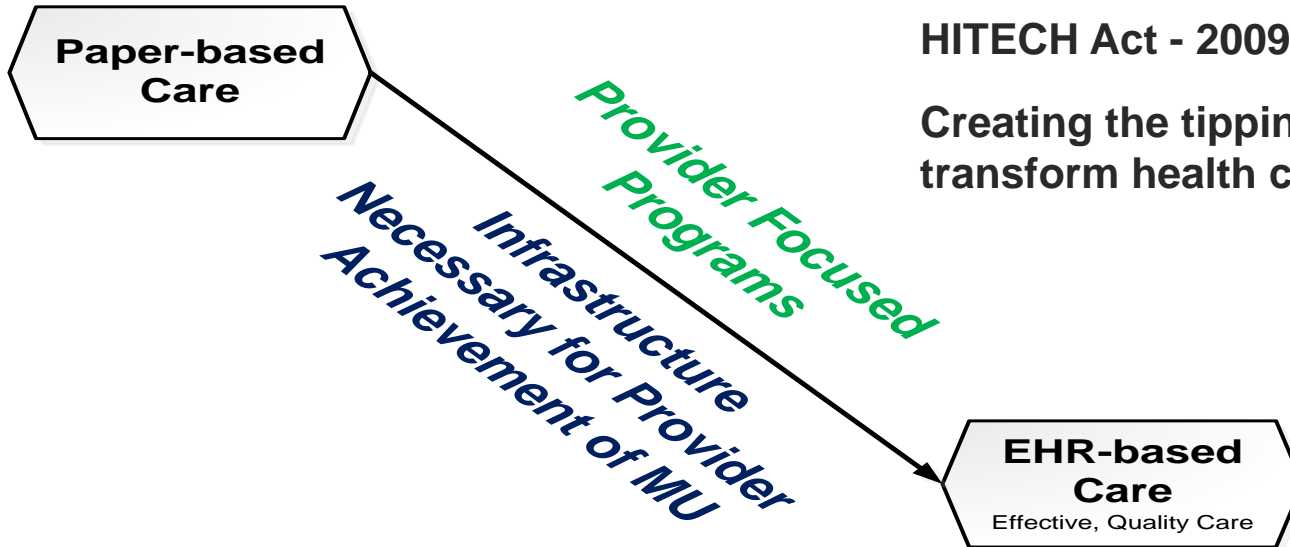
# Medicaid Information Technology Architecture (MITA): A Maturity Model

Medicaid Goal	Level 1	Level 2	Level 3	Level 4	Level 5
Improve Healthcare Outcomes for Medicaid Beneficiaries	The agency focuses on payment of provider claims to encourage participation of providers and, thereby, promote access to care.	Improved healthcare outcomes are a byproduct of programs focused on managing costs, e.g., managed care and waiver programs.	The agency adopts national data standards, collaborates with other agencies, and shares business services resulting in a better base for comparing outcomes.	All stakeholders have access to clinical data resulting in a major leap forward in analysis of healthcare outcomes.	The agency has access to data nationally to compare outcomes across a broad spectrum of other agencies and states.

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/mitamm.pdf>



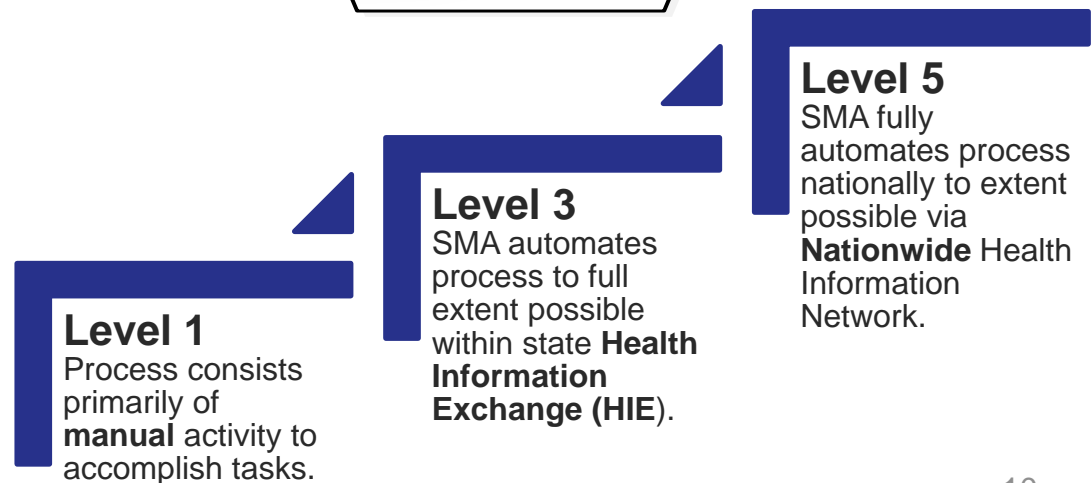
# Health Information Technology



## MITA Maturity Levels:

### Connecting to HITECH

Business Process Example:  
Manage Treatment Plans & Outcomes





# HHS Commitments

Announced February 29, 2016 by Secretary Burwell

- Consumer Access
- No Information Blocking
- Standards

*“These commitments are a major step forward in our efforts to support a healthcare system that is better, smarter, and results in healthier people,” HHS Secretary Sylvia M. Burwell said. “Technology isn’t just one leg of our strategy to build a better healthcare system for our nation, it supports the entire effort. We are working to unlock healthcare data and information so that providers are better informed and patients and families can access their healthcare information, making them empowered, active participants in their own care.”*

<http://www.hhs.gov/about/news/2016/02/29/hhs-announces-major-commitments-healthcare-industry-make-electronic-health-records-work-better.html>



# Consumer Access

- Help consumers easily and securely:
  - access their electronic health information,
  - direct it to any desired location,
  - learn how their information can be shared and used, and
  - be assured that this information will be effectively and safely used to benefit their health and that of their community.
- Standardized APIs and a single shared standard for communicating: Health Level 7 – Fast Health Care Interoperability Resources (FHIR®)
- Advances will make it easier for consumers to access their test results, track progress in their care, and communicate with their providers.



# No Information Blocking

- Help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing)
- Examples of Blocking:
  - Contract terms, policies, or other business or organizational practices
  - Charging prices or fees making HIE cost prohibitive
  - Developing or implementing HIT in non-standard ways



# Information Blocking

## **Interference.**

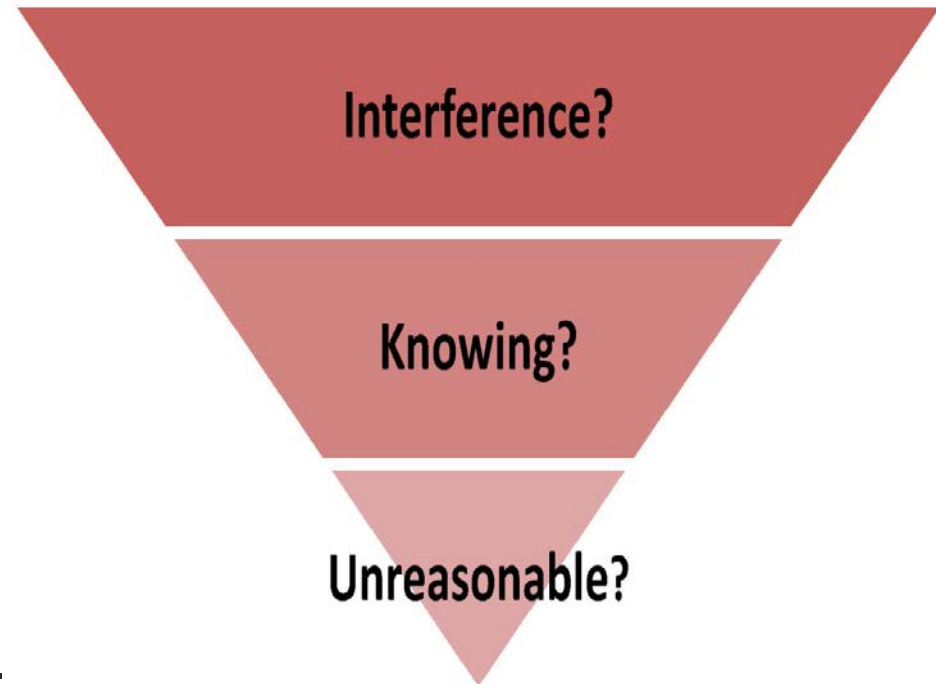
Some act or course of conduct that interferes with the ability of authorized persons or entities to access, exchange, or use electronic health information. (policies, business practices, etc.)

## **Knowledge.**

Decision to engage in information blocking must be made knowingly.

## **No Reasonable Justification.**

Conduct that is objectively unreasonable in light of public policy.



**INFORMATION BLOCKING**

<http://www.healthit.gov/buzz-blog/from-the-onc-desk/health-information-blocking-undermines-interoperability-delivery-reform/>



# Standards:

## 2016 Interoperability Standards Advisory

### Example

#### I-H: Immunizations

Interoperability Need: Representing immunizations – historical							
Type	Standard/Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Standard	<a href="#">HL7 Standard Code Set CVX—Clinical Vaccines Administered</a>	Final	Production	●●●●●	Yes	Free	N/A
Standard	<a href="#">HL7 Standard Code Set MVX -Manufacturing Vaccine Formulation</a>	Final	Production	●●●●○	No	Free	N/A
<b>Limitations, Dependencies, and Preconditions for Consideration:</b>				<b>Applicable Value Set(s):</b>			
<ul style="list-style-type: none"> <li>HL7 CVX codes are designed to represent administered and historical immunizations and will not contain manufacturer-specific information.</li> <li>When an MVX code is paired with a CVX (vaccine administered) code, the specific trade named vaccine may be indicated providing further specificity as to the vaccines administered.</li> </ul>				<ul style="list-style-type: none"> <li>CVX: Vaccines Administered 2.16.840.1.113762.1.4.1010.6</li> <li>MVX: entire code set</li> </ul>			
Interoperability Need: Representing immunizations – administered							
Type	Standard/Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally Required	Cost	Test Tool Availability
Standard	<a href="#">HL7 Standard Code Set CVX—Clinical Vaccines Administered</a>	Final	Production	●●●●●	No	Free	N/A
Standard	<a href="#">National Drug Code</a>	Final	Production	●●●●●	Yes	Free	N/A
<b>Limitations, Dependencies, and Preconditions for Consideration:</b>				<b>Applicable Value Set(s):</b>			
<ul style="list-style-type: none"> <li>HL7 CVX codes are designed to represent administered and historical immunizations and will not contain manufacturer-specific information.</li> <li>According to the HIT Standards Committee, National Drug (NDC) codes may provide value to stakeholders for inventory management, packaging, lot numbers, etc., but do not contain sufficient information to be used for documenting an administered immunization across organizational boundaries.</li> </ul>				<ul style="list-style-type: none"> <li>CVX: Vaccines Administered 2.16.840.1.113762.1.4.1010.6</li> <li>RxNorm: Vaccine Clinical Drug 2.16.840.1.113762.1.4.1010.8</li> <li>RxNorm: Specific Vaccine Clinical Drug urn:oid:2.16.840.1.113762.1.4.1010.10</li> </ul>			





# Health Information Technology for Economic and Clinical Health (HITECH)

- Makes available to States 100% Federal funding for incentive payments to eligible Medicaid hospitals and professionals to encourage adoption and meaningful use of electronic health record (EHR) technology through 2021
- Makes available 90% Federal funding for State administrative expenses related to the program, including expenses related to pursuing initiatives to encourage adoption of certified EHR technology to promote health care quality and the exchange of health care information, subject to CMS approval



# Medi-Cal EHR Incentive Program

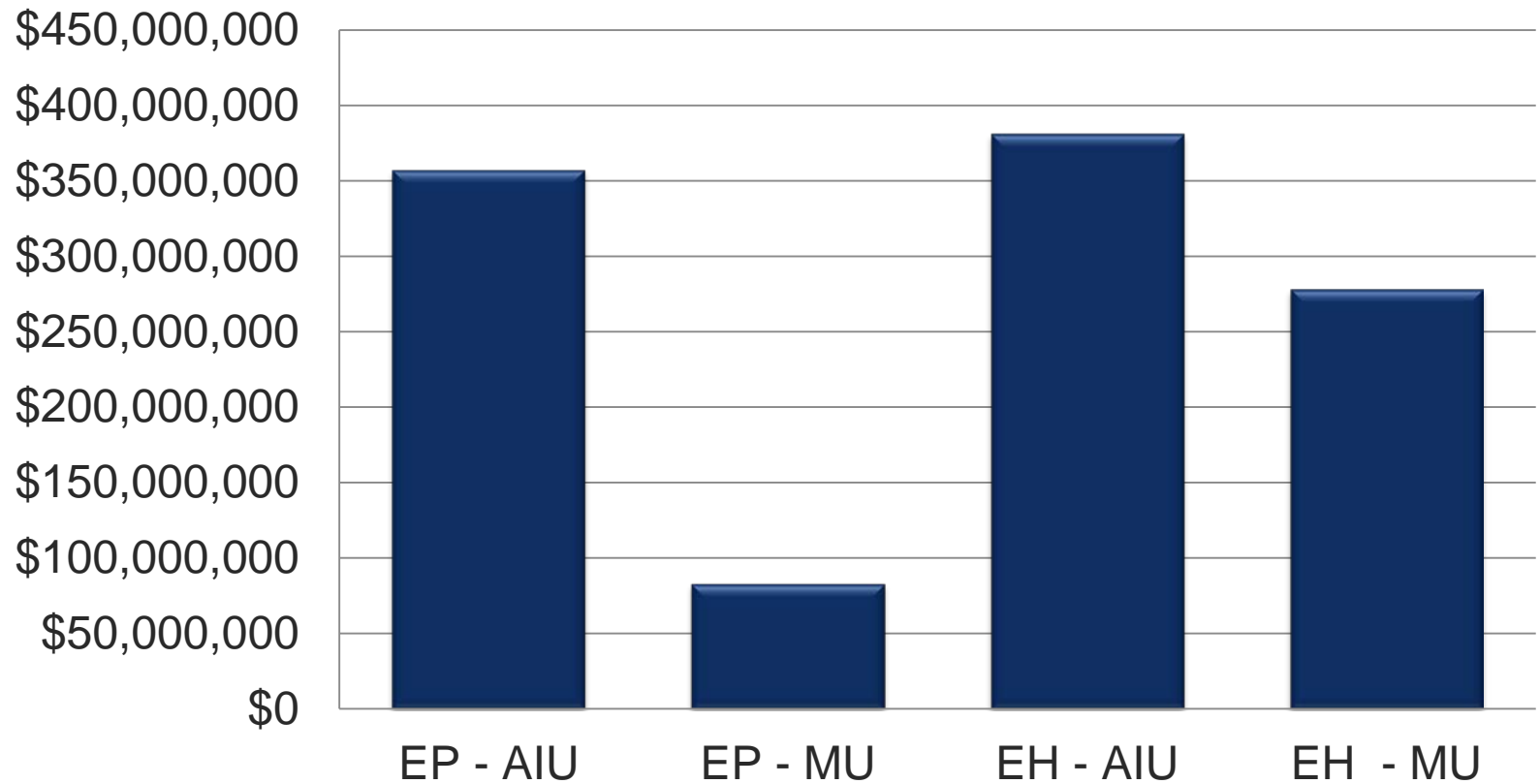
- Office of Health Information Technology (OHIT) at DHCS administers the program
- Beginning in 2011, eligible Medi-Cal professionals and hospitals received incentive payments to assist in purchasing, installing, and using electronic health records in their practices
- DHCS works closely with federal, state and local partners to coordinate the Medi-Cal EHR Incentive Program with the wider HIE efforts throughout California and the nation
- Beginning in 2015, DHCS is implementing the California Technology Assistance Program



# Incentive Payments to Date

Adopt/Implement/Upgrade (AIU) & Meaningful Use (MU)

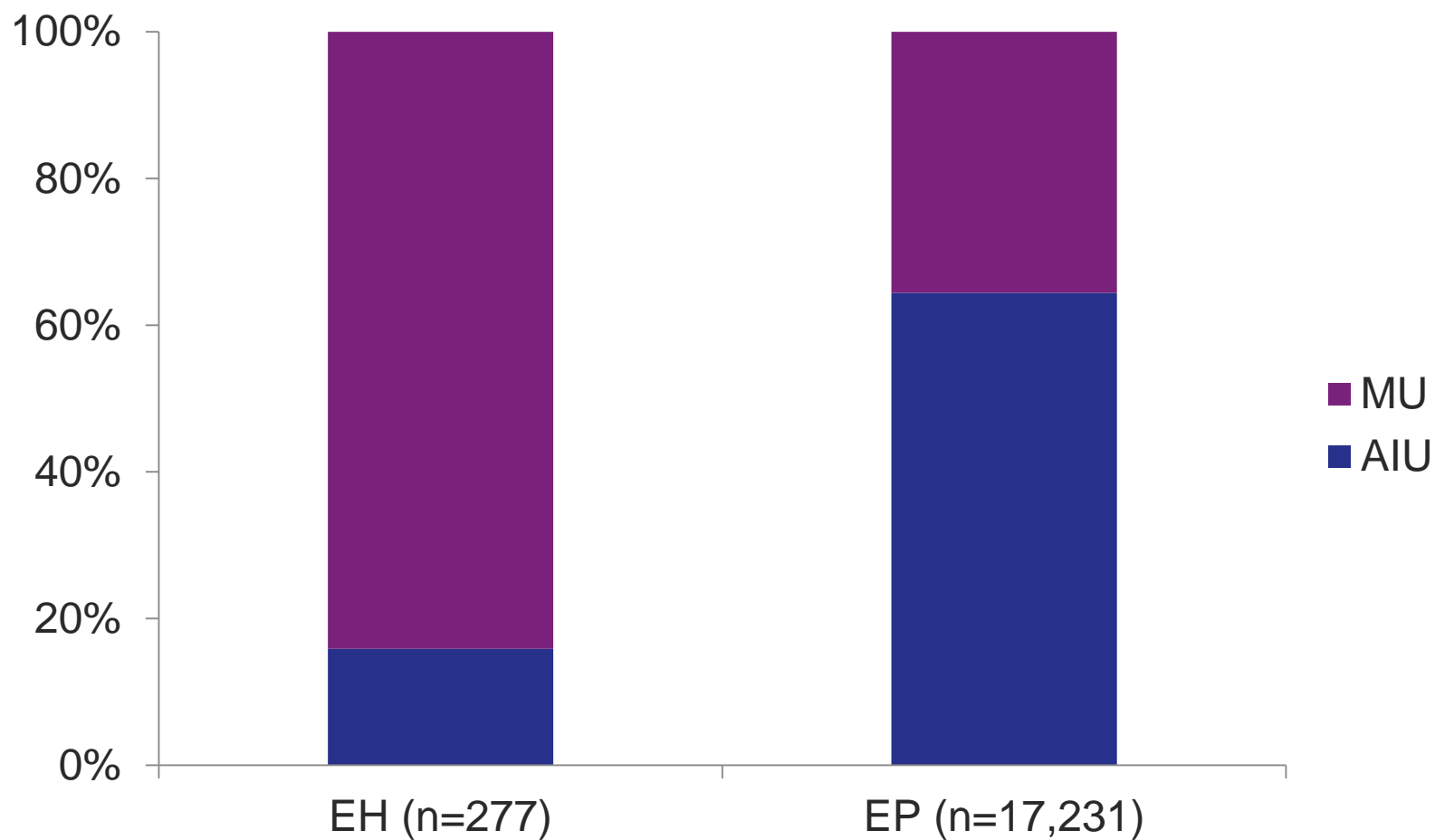
***\$1.1 Billion Paid***



Eligible Professionals (EP) and Eligible Hospitals (EH)



# AIU/MU Attestations by Provider Type





# New Guidance From CMS

- State Medicaid Director Letter (SMDL) #16-003, February 29, 2016
- Supports “*Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Version 1.0*”
- Potential for federal funding at 90% matching rate for state expenditures on activities promoting health information exchange (HIE) that supports Eligible Providers in the EHR Incentive Program meeting Meaningful Use



# Changes with SMDL #16-003

- Meaningful Use (MU) modified Stage 2 and Stage 3 require Eligible Professionals (EPs) and Eligible Hospitals (EHs) to demonstrate ability to coordinate with other providers across settings
- **Before** 90% Federal match funding was previously available only if HIE promotion was **directly** correlated to the Medicaid EHR incentive program
- **Now** States may now claim enhanced Federal funding for connecting EPs and EHs to **other** Medicaid providers
- Expanded opportunities due to increased emphasis on coordination of care and transitions of care



# MU Modified Stage 2 and Stage 3 Requirement Examples

- An EP might be a physician needing to meet the MU objective for HIE when transitioning patients to another Medicaid provider such as a nursing facility or home health care provider
- An EH might need to meet the objective for Medication Reconciliation and compare records with other providers to confirm the information on patients' medications is accurate when admitting patients





# “Other” Medicaid Providers as described in SMDL #16-003

- Behavioral Health Providers
- Substance Abuse Treatment Providers
- Long-Term Care Providers (including Nursing Facilities)
- Home Health Providers
- Pharmacies
- Laboratories
- Correctional Health Providers
- Emergency Medical Services Providers
- Public Health Providers
- Other Medicaid Providers  
(including community-based Medicaid Providers)



# Uses & Expectations for the SMDL #16-003

- Potential Uses
  - Interoperability and HIE Architecture
  - On-Boarding Medicaid Providers to HIEs or Interoperable Systems
- Expectations of Efforts
  - Promote MITA principles on scalability, reusability, modularity and interoperability
  - Medicaid Enterprise infrastructure will be designed to support these efforts and the MITA principles
  - States to leverage available federal funding for tools and guidance to help EPs demonstrate MU, including strengthening data exchange between EPs and other Medicaid providers



# Information Architecture

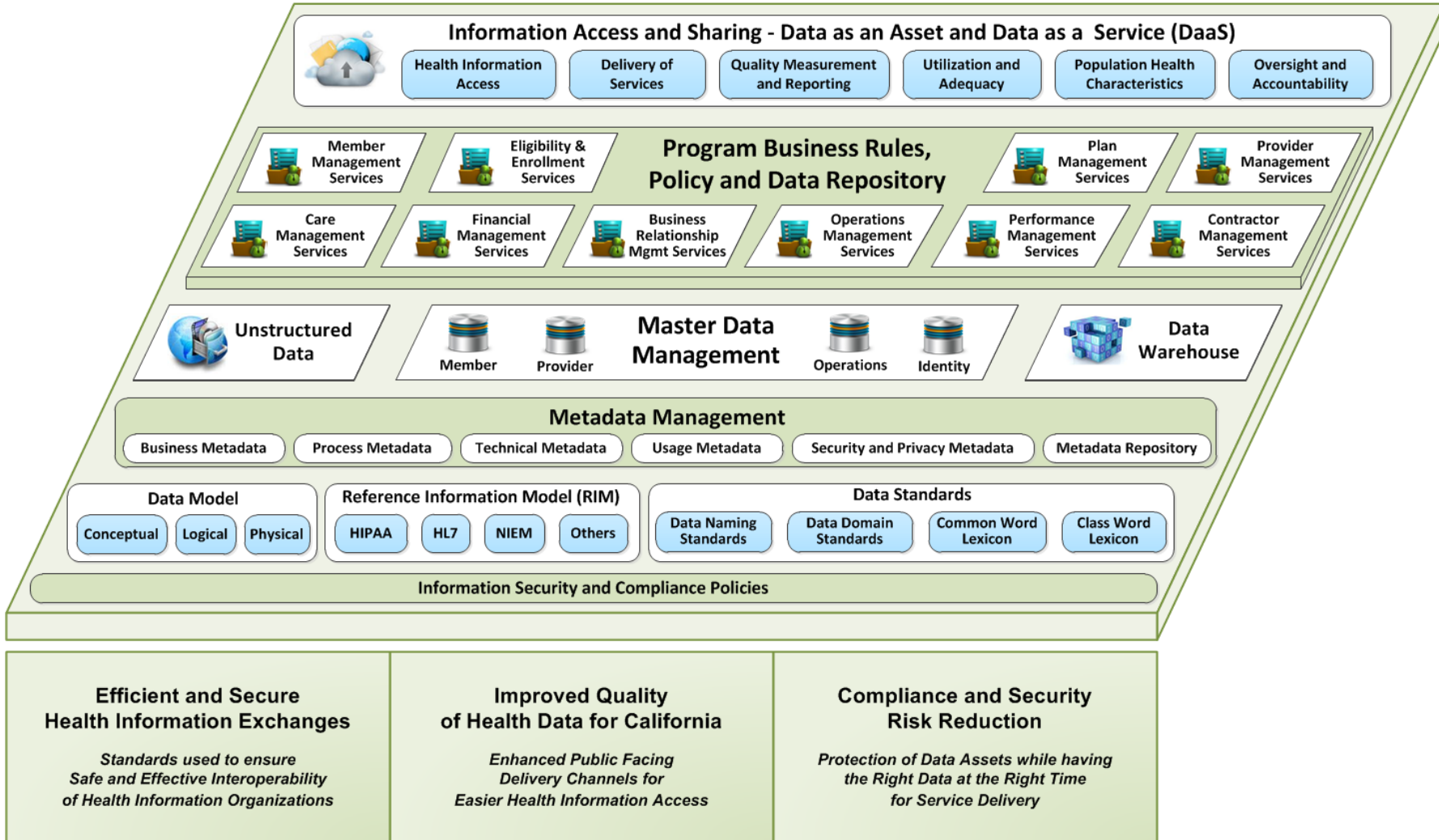
Components as described in MITA:

- Enterprise Data Strategy
- Conceptual Data Model
- Logical Data Model
- Standards

# INFORMATION ARCHITECTURE

*Accurate and Timely Health Information*

Health and Human Services Information Standardized, Secured and Shared

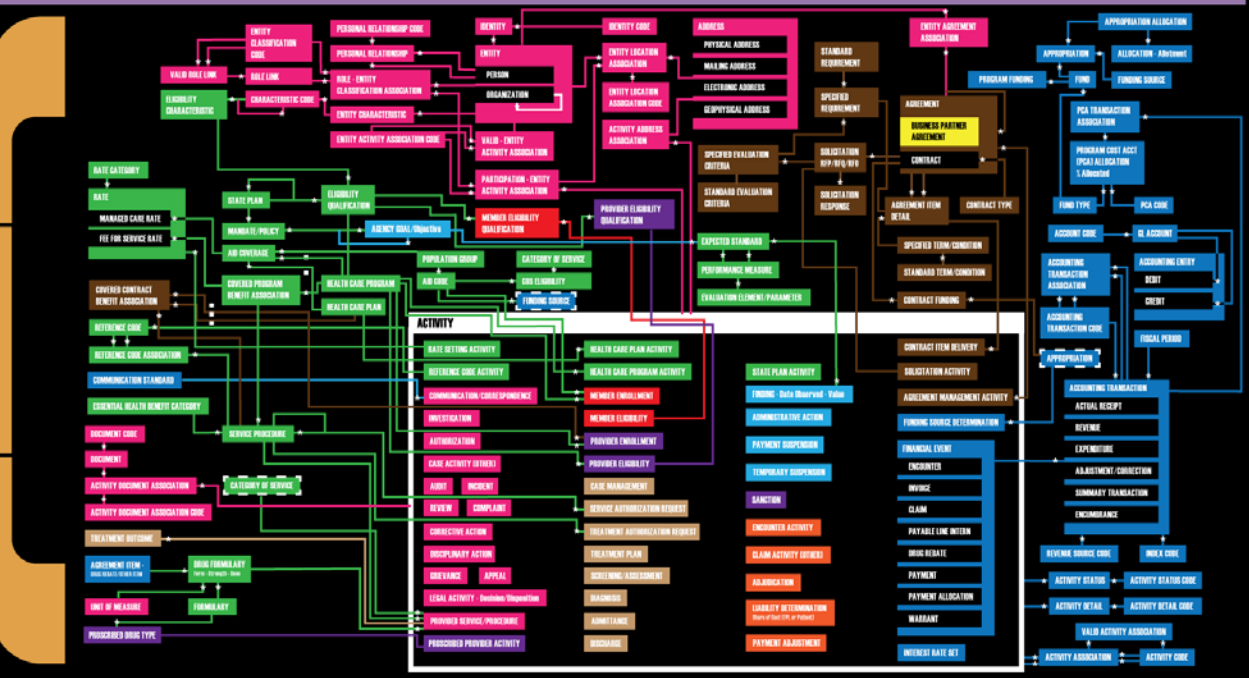
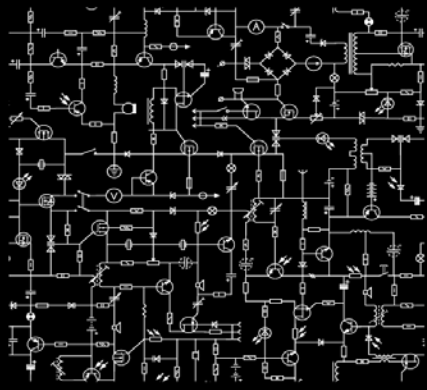




# Conceptual Data Model

## KEY

- GREEN - PLAN MANAGEMENT
- PURPLE - PROVIDER MANAGEMENT/ENROLLMENT/ELIGIBILITY
- RED - MEMBER MANAGEMENT/ENROLLMENT/ELIGIBILITY
- TAN - CARE MANAGEMENT
- BROWN - CONTRACTOR MANAGEMENT
- PINK - ENTERPRISE DATA
- ORANGE - OPERATIONS MANAGEMENT
- BLUE - FINANCIAL MANAGEMENT
- AQUA - PERFORMANCE MANAGEMENT
- YELLOW - BUSINESS RELATIONSHIP MANAGEMENT



## LEGEND

- \* MANY - TO - ONE RELATIONSHIP (FOREIGN KEY)
- DASH LINE: EITHER/OR RELATIONSHIP
- DASHED BOX: REPEATED DATA CLASS

ENTERPRISE CONCEPTUAL DATA MODEL - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

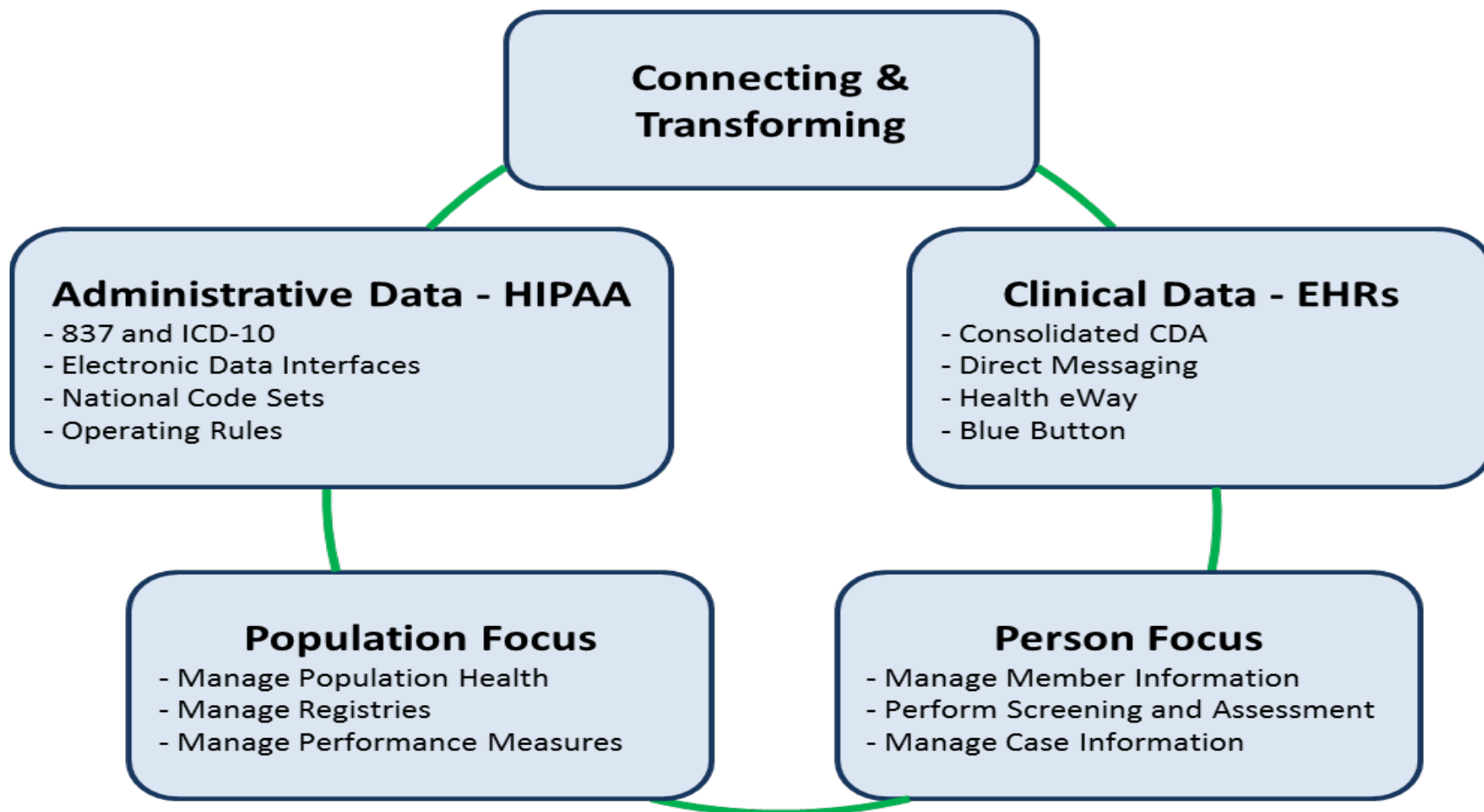


<http://www.dhcs.ca.gov/services/Pages/Conceptual-Data-Model.aspx>



# Supporting Business Process Transformation

## Advancing Maturity With National Standards & Frameworks





# Data in Action

- Data Management
- Transformed Medicaid Statistical Information System (TMSIS)
- Data As A Service (DAAS) – API Enabled
- Analytics As A Service
- Open Data
- Meaningful Reporting





# Data Management

Collection

Management

Storage

Analytics

Reporting

Understanding end-to-end processes and how each component affects the others



# T-MSIS

- Driving improvements to data management
- Monthly data file to CMS
- Data file includes eligibility, provider, managed care contracts, third party liability and all claims/encounters paid in whole or part by CMS
- Three tiers of edits including cross-checking between files
- Currently testing and moving to production this calendar year

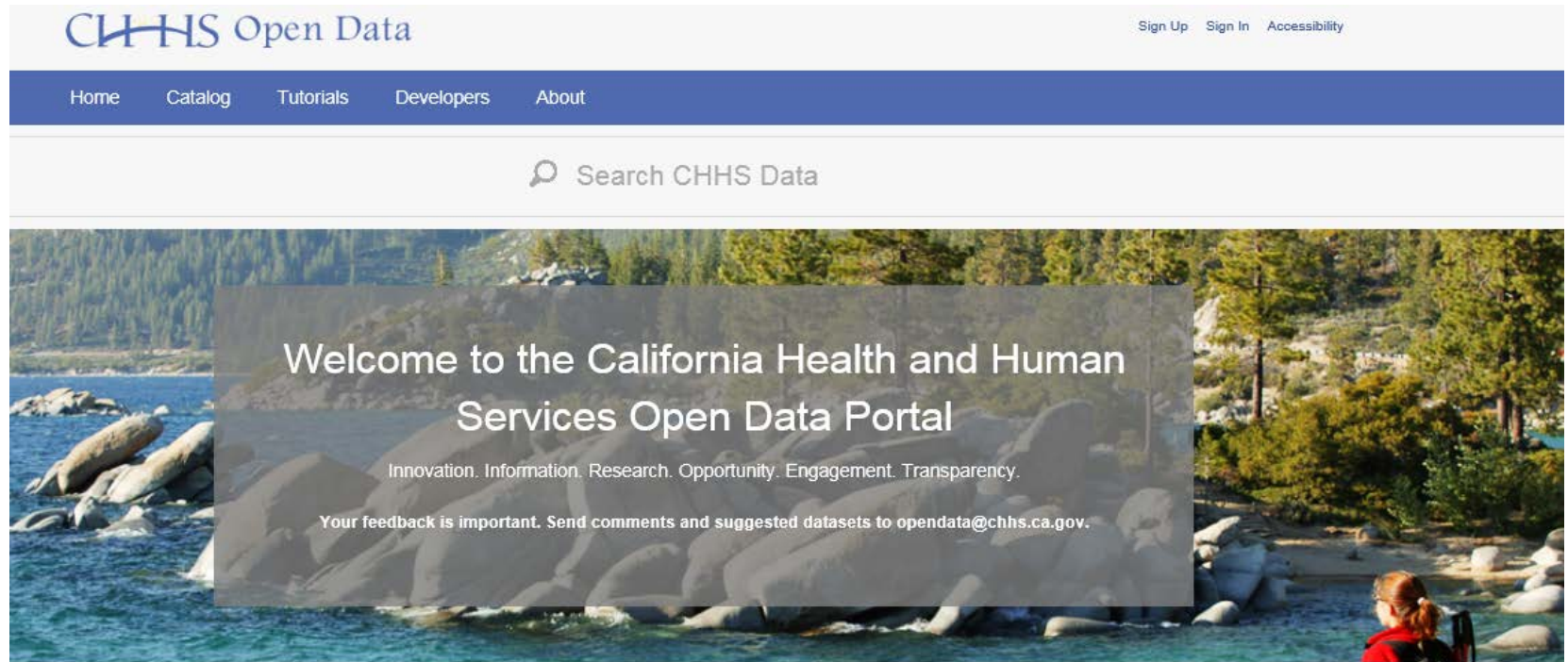


# As A Service ...

- Data As A Service
  - Data as an asset
  - CHHS Open Data Portal is API enabled
- Analytics As A Service
  - Leverage data models for sharing across systems
  - Evaluate pSCANNER: patient-centered Scalable National Network for Effectiveness Research funded by the Patient Centered Outcomes Research Institute (PCORI)



# Making Data Available



296 Tables, Charts and Maps and Growing  
From 11 Departments and Offices

Downloadable and API Enabled



# Power of Visualizations

CHHS Open Data

[Sign Up](#) [Sign In](#) [Accessibility](#)

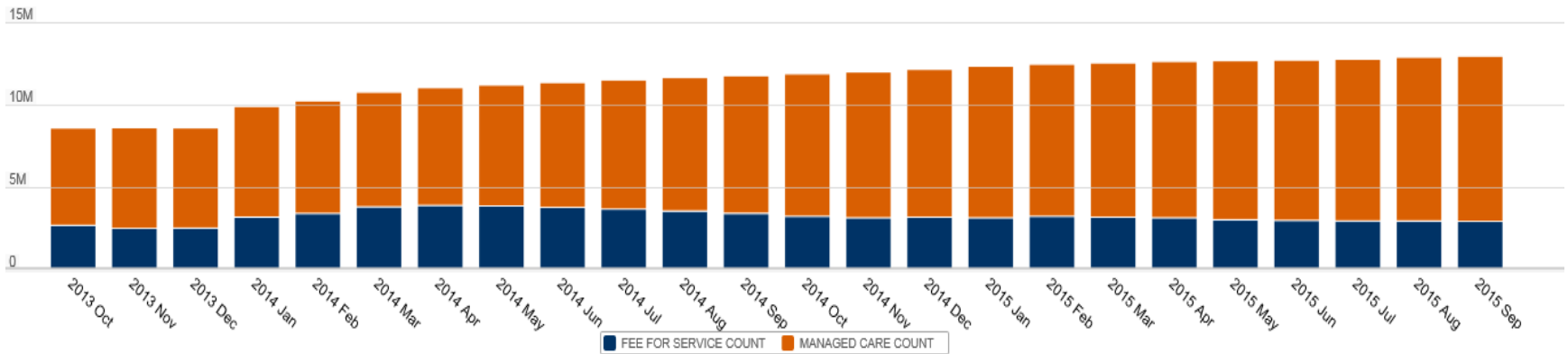
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## Medi-Cal Certified Eligibles in Fee for Service (FFS) and Managed Care by Month, 2013-2015

Based on [Statewide Medi-Cal Certified Eligible Individuals, by Aid Code, 2013 - 2015](#)

This chart represents statewide counts of Medi-Cal certified eligible individuals who are in FFS combined with Managed Care for each month 2013-2015. The term

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MONTH OF ELIGIBILITY	FEE FOR SERVICE COUNT	MANAGED CARE COUNT
1 2013 Oct	2,679,491	5,922,778
2 2013 Nov	2,485,652	6,136,292
3 2013 Dec	2,505,614	6,100,077
4 2014 Jan	3,177,683	6,730,074
5 2014 Feb	3,405,791	6,841,017

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# Meaningful Reporting

## Quality of Care: Performance Measurement with CMS

- Child Core Set
- Adult Core Set
- Maternity Core Set
- Health Homes Core Set
- CHIPRA Quality Demonstration Grants
- Adult Medicaid Quality Grants
- Nationwide Adult CAHPS
- Form CMS-416 (annual EPSDT report)



# Data De-identification

- DHCS is a HIPAA Covered Entity
- HIPAA provides two methods to achieve the de-identification standard:
  - Expert Determination
  - Safe Harbor
- DHCS developed guidelines to support public reporting and de-identification

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



<http://www.dhcs.ca.gov>

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

<https://chhs.data.ca.gov/>





# References

- **SMD# 16-003** *Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers*  
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf>
- **SMD# 10-016** *Federal Funding for Medicaid HIT Activities*  
<https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10016.pdf>
- **SMDL# 11-004** *Use of administrative funds to support health information exchange as part of the Medicaid EHR Incentive Program*  
<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD11004.pdf>
- *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap* <https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf>