



Improving the Value of Care through Improved Population Health Data: A View from DHCS

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Data Quality Matters

- Federal Reporting about the Medicaid Program
 - [T-MSIS Analytic Files \(TAF\)](#)
 - T-MSIS Substance Use Disorder (SUD) Data Book (SUPPORT Act)
 - State-level Medicaid per capita expenditures
 - [Preliminary Medicaid & CHIP Data Snapshot Services through October 31, 2020](#)
- DHCS Reporting
 - Alignment with programs such as CalAIM
 - Monitoring programs through dashboards and evaluations
 - Adult and Child Health Care Quality Measures to CMS



Data Quality is Measured

- DHCS
 - Medi-Cal Managed Care Encounter Data Reporting
 - [Quality Measures for Encounter Data](#)
 - T-MSIS Quality Measures
 - [Orientation and Notices](#)
 - Medicaid Scorecard
 - [T-MSIS Data Quality: Number of Open Priority Items](#)
 - [Medicaid Per Capita Expenditures](#)
- Department of Managed Health Care / Health Net Encounter Data Program



File Formats for Data Transfer

- HIPAA Transaction Standards
 - Administrative data structured for health care operations
- TMSIS File Format
 - Medicaid specific reporting requirements
- Common Data Layout for State APCDs (APCD-CDL™)
 - Supports claims collection for data analysis across delivery systems and states
 - Will be used by OSHPD for the HPD and by DHCS to transfer data to managed care and mental health plans
- United States Core Data for Interoperability (USCDI)
 - Standard promulgated by federal Interoperability Rules



Medicaid Enterprise Systems (MES)

- DHCS is able to request enhanced federal funding from the Centers for Medicare and Medicaid Services (CMS) for systems that are part of the MES
- Requirements:
 - Approval from CMS through an Advanced Planning Document (APD) with a cost allocation methodology
 - Certification of the system by meeting CMS requirements and reporting Medi-Cal program outcomes annually
 - Meet data quality requirements specified by the Transformed Medicaid Statistical Information System (TMSIS)



CMS Approved Outcomes for HPD System Certification

1. Improve calculation of the CMS Adult and Child Health Care Quality Measures by increasing the number of Medi-Cal members included in the calculations.
2. Improve access to care for Medi-Cal beneficiaries by evaluating the full patient load across providers, accounting for both Medi-Cal and Non-Medi-Cal patients.
3. Improve care coordination for Dual Eligibles by gathering Medicare utilization data for a holistic examination of care provided to Dual Eligible Medi-Cal members.

