California Children’s Services (CCS)

- Oldest Managed Care Program in US, 1927
- Currently Covers 175,000 Children’s CCS Eligible Conditions
- 2009 $1.8B Program, Age to 21
- Certifies Different Levels of Hospitals, NICUs, PICUs (soon), Special Care Centers
- Panels Qualified Providers
- Independent and Dependent Counties for Medical Authorization
CCS Program Leadership 2013-14

• Quality and Access Major Goals

• Medical Policies, Facility & Provider Standards: Vehicles to Increase Focus on Quality, Access, Family Centered

• HCAC Development: Linking Payment and Quality, Synergy with CCS NICU QI and CDPH CLABSI

• Implementation of 1115 Bridge to Reform

• HRIF, Palliative Care, Newborn Hearing Screening, Telemedicine, Pulse Oximetry for CCHD
Paradigm Shifts in Health Care
CYSHCN and CCS

• Transition from CCS Condition to Whole Child
• Transition from CYSHCN from “Carved Out” of Managed Care to “Carved In,” Included in Organized Systems of Care
• Transition from CCS as Insurance Provider to Role of Organize and Oversight of Complex Pediatric Care
• Transition from Fragmented Care to Patient/Family Centered Medical Home Based Care
Any managed care contractor serving children with conditions eligible under the California Children's Services (CCS) program shall

- maintain and follow standards of care established by the program,
- including use of paneled providers and CCS-approved special care centers and shall follow treatment plans approved by the program,
- including specified services and providers of services...

- If the managed care contractor is paid according to a capitated or risk based payment methodology, there shall be separate actuarially sound rates for CCS eligible children....

- This article is not intended to and shall not be interpreted to permit any reduction in benefits or eligibility levels under the CCS program ....
Affordable Care Act
The Patient Protection and Affordable Care Act contains nine titles, each addressing an essential component of reform:

- Quality, affordable health care for all Americans
- The role of public programs
- Improving the quality and efficiency of health care
- Prevention of chronic disease and improving public health
- Health care workforce
- Transparency and program integrity
- Improving access to innovative medical therapies
- Community living assistance services and supports
- Revenue provisions
Covered California

COVERING CALIFORNIA FAMILIES

Starting in January 2014, individuals and families will have many new options for health insurance through Covered California. For families that qualify, financial assistance will help make insurance more affordable. Read More ▶

152 DAYS 0 HRS 1 MINS
UNTIL NEW COVERAGE BEGINS FOR MILLIONS OF CALIFORNIANS

Health care coverage begins January 1, 2014
Covered California
6 Primary Values

• Consumer-focused
• Affordability
• Catalyst
• Integrity
• Partnership
• Results
California’s CCS Program and how it fits MCHB Pyramid

- Defines medical eligibility
- Neonatal care (HRI F, NICU, coop agreement QI)
- Provider/center certification
- Medical standards of care
- Newborn hearing screening
- Provider training
- County CCS (authorization, case management, reimbursement for services)
Total Expenditures Among CCS Enrolled Children for Fee-for-Service Claims FY 2009-10
Paradigm Shifts in Health Care
CYSHCN and CCS

- Transition from CCS Condition to Whole Child
- Transition from CYSHCN from “Carved Out” of Managed Care to “Carved In,” Included in Organized Systems of Care
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CCS Hospital Designations

• Pediatric Regional Hospitals
  – PICU, Regional NICU
  – Special Care Centers

• Pediatric Community Hospitals
  – Community NICU
  – Special Care Centers

• Pediatric General Hospitals
• Pediatric Special Hospitals
Improving Access for CSHCN CCS 2013-4

• Added More than 20 CCS Centers in Last 18 Months
• Significantly Streamlining Process for Applications
• Maintaining High Clinical Standards and Requiring Outcome Measures
338 Hospitals

- 124 NICUs
- 24 PICUs
- 250 Other SCC
• 124 NICUs

Three levels of NICUs have required linkages via Regional Cooperative Agreements
1115 Waiver Models

Existing Medi-Cal Managed Care Plans (MCO)

Specialty Health Care Plan (SHCP)

Enhanced Primary Care Case Management (EPCCM)

Provider-based Accountable Care Organization (ACO)
California Children’s Services (CCS)
California Perinatal Quality Care Collaborative (CPQCC)
High Risk Infant Follow-Up (HRIF) Quality Care Initiative (QCI)
Quality Improvement (QI) Projects*

- CCS NICU CLABS/BSI Prevention QI (Phase 4)
- CPQCC/CCS NICU HAI Prevention QI (ended)
- CPQCC/CCS NICU BMNQI (ended)
- CPQCC/CCS DR Management Collab (2011)
- CPQCC/CCS DR Management NICU QI (2011)

*All can be used for American Board of Pediatrics Maintenance of Certification
NICU

The image shows a box plot comparing the CLABSI rate (infections per 1000 CL days) for two years: 2009 and 2011. The blue box represents the data for 2009, while the red box represents the data for 2011.
15 = All NICUs
Pediatric Palliative Care

Figure 2. Mean Satisfaction Ratings of Select Services at First and Second Follow-ups

<table>
<thead>
<tr>
<th>Service</th>
<th>First Follow-up</th>
<th>Second Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care coordination</td>
<td>9.8</td>
<td>9.8</td>
</tr>
<tr>
<td>Support from care coordinator</td>
<td>9.7</td>
<td>9.8</td>
</tr>
<tr>
<td>Ability of care coordinator to listen and be sensitive</td>
<td>9.8</td>
<td>9.6</td>
</tr>
<tr>
<td>24/7 nurse phone line</td>
<td>9.3</td>
<td>9.0</td>
</tr>
<tr>
<td>Pain management service</td>
<td>9.1</td>
<td>9.2</td>
</tr>
</tbody>
</table>

First follow-up vs Second follow-up
Pediatric Palliative Care

Trends in Expenditures for Enrollees PPC until September 2011 (N=74)
Total savings which amounts to $972,987 for 578 member months.
### Most Expensive Infants and Children in CCS

<table>
<thead>
<tr>
<th>Age</th>
<th>Top 10%</th>
<th>Top 5%</th>
<th>Top 1%</th>
<th>Top 10%</th>
<th>Top 5%</th>
<th>Top 1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 1</td>
<td>2229</td>
<td>1115</td>
<td>223</td>
<td>11710</td>
<td>5855</td>
<td>1171</td>
</tr>
<tr>
<td>Age &gt;= 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of total expenditures accounted for</td>
<td>69%</td>
<td>50%</td>
<td>20%</td>
<td>75%</td>
<td>60%</td>
<td>30%</td>
</tr>
<tr>
<td>Median</td>
<td>$108,801</td>
<td>$168,258</td>
<td>$368,793</td>
<td>$48,638</td>
<td>$88,108</td>
<td>$246,702</td>
</tr>
<tr>
<td>Mean</td>
<td>$149,616</td>
<td>$217,389</td>
<td>$433,717</td>
<td>$84,600</td>
<td>$136,868</td>
<td>$338,054</td>
</tr>
<tr>
<td>Range</td>
<td>$61,081-$3,440,040</td>
<td>$108,801-$3,440,040</td>
<td>$273,620-$3,440,040</td>
<td>$22,012-$7,001,752</td>
<td>$48,639-$7,001,752</td>
<td>$173,902-$7,001,752</td>
</tr>
</tbody>
</table>

NOTE: Columns represent the different groups of children with the most total expenditures. For example, top 10 percent represents the children who were in the top 10 percent of most expensive children.

Tables 13a and 13b show the demographic characteristics of two groups of expensive children age < 1 and age >=1, respectively. Among children age < 1 year, most of the children were Hispanic, had Medi-Cal eligibility and NICU-related and cardiac conditions were the most eligible diagnoses for all three groups. The third leading eligible diagnoses for children in the top 1% was neurology as opposed to general pediatrics for children in the top 10% group (Table 13a). Among children age >= 1 year, 50% were greater than 10 years old, most were Hispanic and had Medi-Cal eligibility for both groups. The leading eligible diagnoses for both groups were neurology, hematology/oncology and injury (Table 13b).