

Department of  
**Health Care Services**



# California Children's Services Demonstration Projects

November 19, 2012





# California Children's Services (CCS) Overview

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- The CCS Demonstration Project was included under the 1115 Bridge to Reform Waiver to test the efficacy of providing health care to eligible CCS children under an organized health care delivery model.
- Through the stakeholder engagement, process four models were identified and five organizations ultimately proposed to pursue demonstration models.



# Challenges / Update

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**Health Plan of San Mateo:** Projected implementation January/February 2013

- Securing final CMS approval;
- Coordination of enrollment / member notice and county coordination

**Rady Children's Hospital:** Projected implementation March/April 2013

- Access to data / reimbursement rates;
- Risk mitigation vs. small population (300 to 500)
- Confirmation of health conditions;
- Health conditions for the future;
- Member and health plan notification.



# Challenges / Update

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## **Children's Hospital of Orange County:** Projected implementation TBD

- Access to data / reimbursement rates;
- Confirmation of health conditions (10)
- Knox Keene licensure;

## **Alameda County Health Care:** Projected implementation TBD

- Access to data / reimbursement rates;
- Confirmation of population: high acuity focus vs. entire population;
- Confirmation of administrative infrastructure.





# Challenges / Update

## **LACare:** Projected implementation TBD

- Access to data / reimbursement rates;
- Infrastructure challenges associated with three individual provider networks;
- Coordination with other initiatives i.e., coordinated care initiative, dual population, healthy families transition, Affordable Care Act;
- Coordination with local CCS Program / eligibility and enrollment.



# Questions?



# Models

## **Health Plan of San Mateo:**

Managed Care Organization (MCO): Under this model an existing Medi-Cal managed care contractor will be at risk for providing inpatient and outpatient services. Use of an existing model that would be modified to address the specific and unique needs of the CCS eligible population.

## **Alameda County:**

Enhanced Primary Care Case Management (EPCCM): Under this model the contractor will be at risk for providing all outpatient services. The contractor will not be a risk for inpatient care but will be responsible for utilization management of all inpatient admissions and will participate in a provider incentive program to reduce hospital inpatient admissions.



# Model continued

## LA Care:

Specialty Health Care Plan (SHCP): This model was intended to provide proposers with the greatest flexibility to propose innovative health care delivery models. Under this model an organization would propose an alternative to the other three health care delivery models, LA Care has proposed providing health care to CCS eligible children under three separate health care delivery systems or providers with specific “catchment” areas.

## Rady Children’s Hospital and Children’s Hospital of Orange County

Accountable Care Organization (ACO): Contractors will be at risk for inpatient and outpatient services based on specified health conditions and reimbursed under a global/bundled reimbursement method.





# Core Requirements Common to All Projects

- Eliminate Carve Out
- Mandatory enrollment for all participants focused on continuity of care
- Covers the whole child's health care including primary care services
- All models are Capitated/Global payment models
- All are subject to independent 3rd party evaluation
- All must provide care coordination
- All must coordinate care through MOUs with Counties for MTP
- All must participate in Quality Improvement Collaboratives

