



CALIFORNIA  
CHILDREN'S  
HOSPITAL  
ASSOCIATION

# ENVISIONING THE FUTURE OF THE CALIFORNIA CHILDREN'S SERVICES PROGRAM (CCS)

IMPROVING CARE COORDINATION WHILE  
PRESERVING ACCESS TO HIGH QUALITY CARE

California Children's Hospital Association  
March 2015

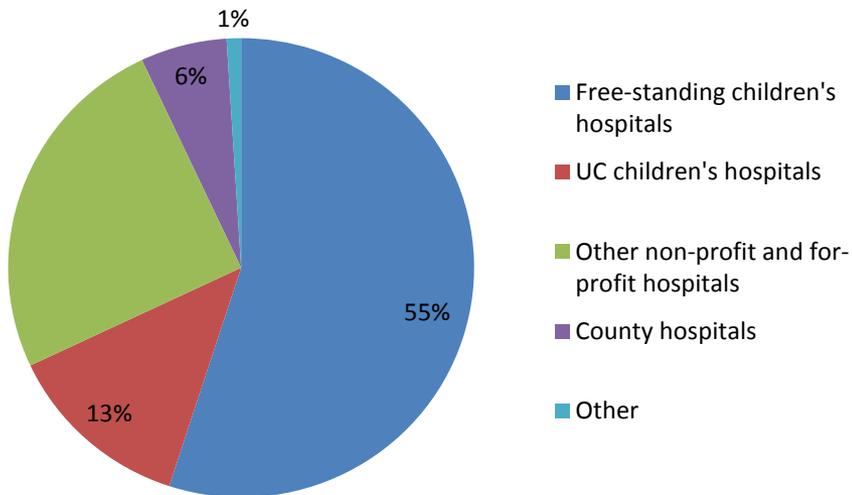
# California Children's Hospital Association

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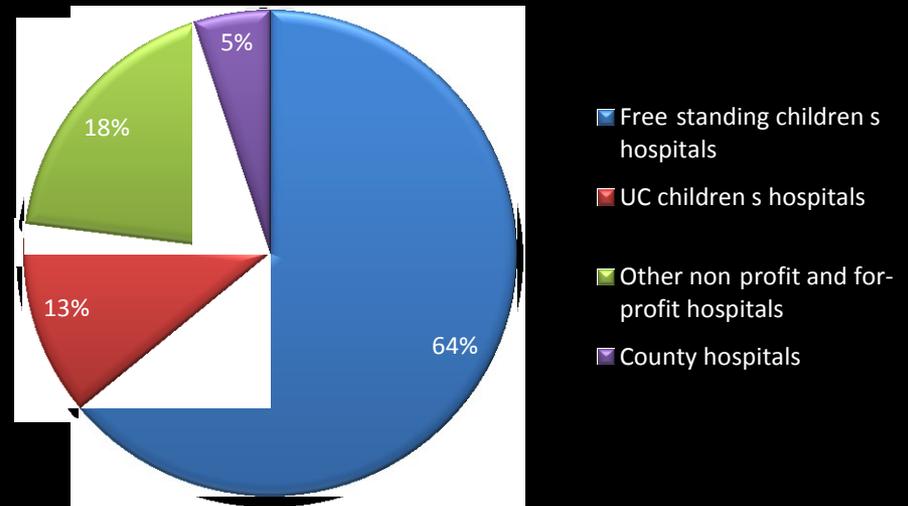
- ❖ Eight Free-Standing Children's Hospitals
  - ❖ Valley Children's Hospital
  - ❖ UCSF Benioff Oakland
  - ❖ Lucille Packard Children's Hospital
  - ❖ Children's Hospital Los Angeles
  - ❖ Children's Hospital Orange County
  - ❖ Miller Children's Hospital
  - ❖ Rady Children's Hospital
  - ❖ Loma Linda University Children's Hospital
- ❖ Total Inpatient visits: 107,440 (62% Medi-Cal)
- ❖ Total Inpatient days: 623,556 (64% Medi-Cal)
- ❖ Total Outpatient visits: 1,874,377 (62% Medi-Cal)
  
- ❖ California's eight free-standing children's hospitals train over half of the state's pediatric residents

# The Role of Children's Hospitals in CCS

### All CCS Inpatient Paid Claims

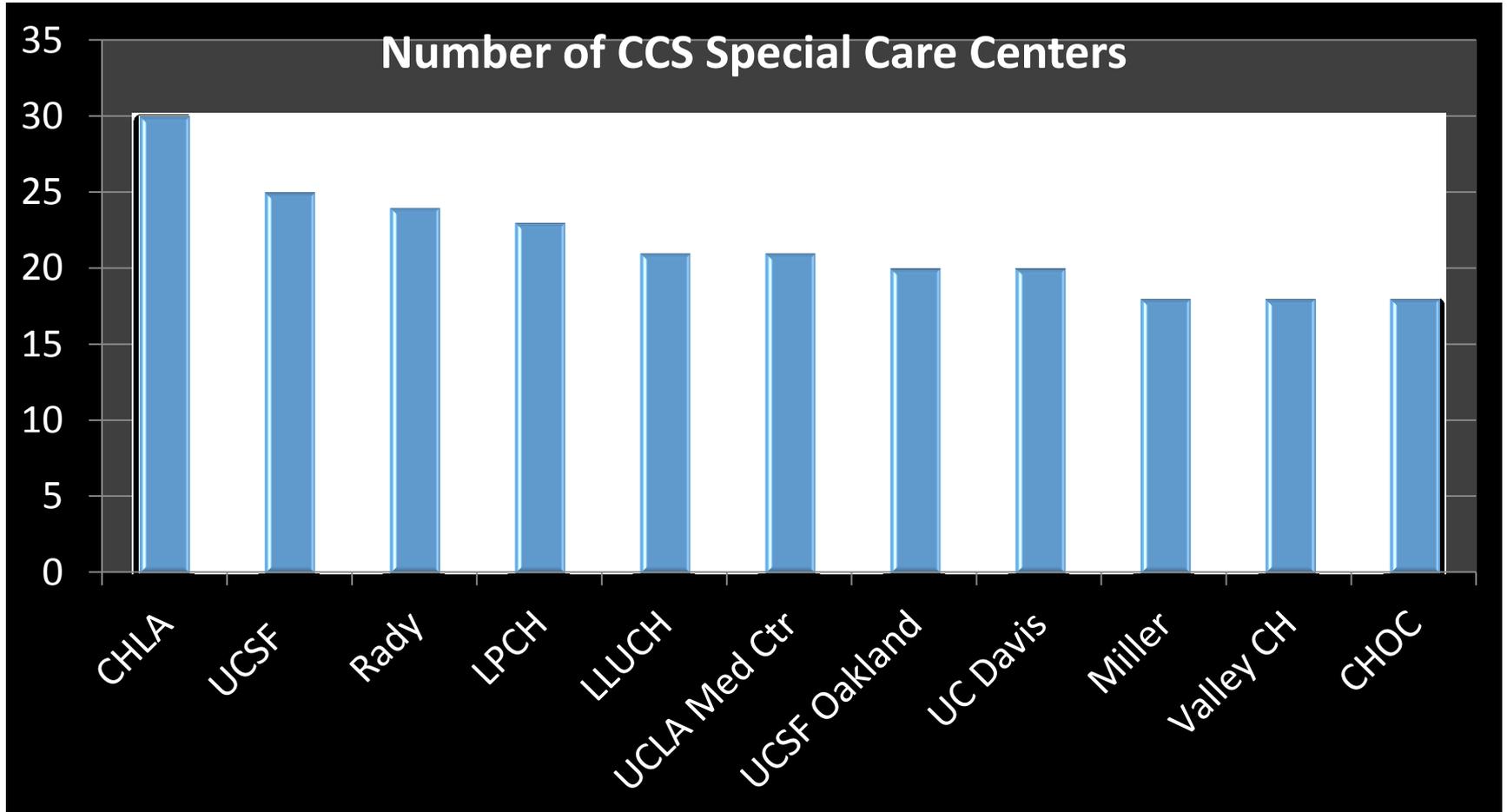


### Medically Complex (Non-NICU) CCS Paid Claims



# The Role of Children's Hospitals in CCS

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# *Primum non Nocere*: First Do No Harm

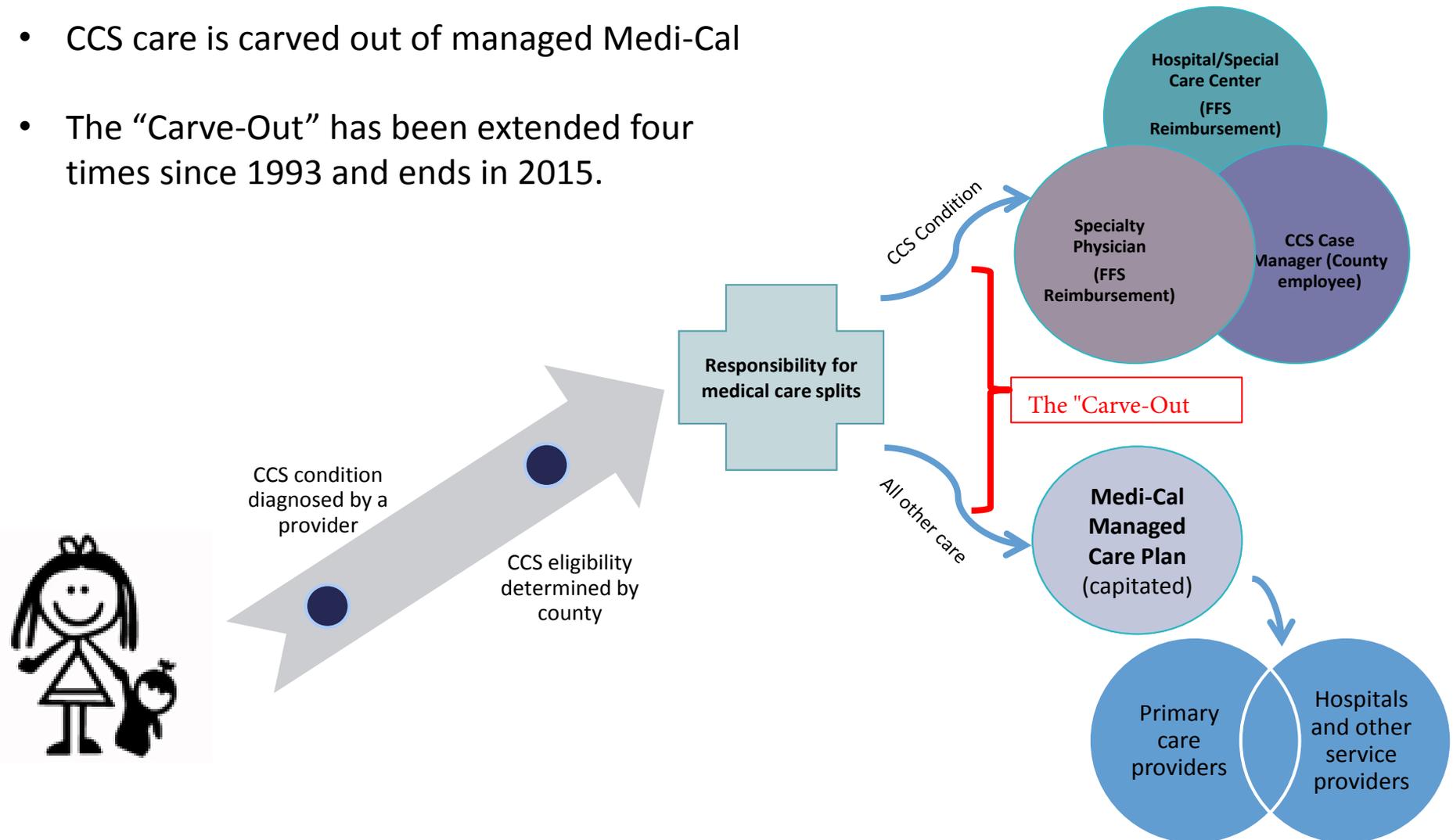
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- ❖ CCS ensures that children with complex health conditions are seen only by providers with appropriate expertise.
- ❖ The standards have facilitated regionalized centers of excellence that benefit *all* children, regardless of their ability to pay.
- ❖ Research suggests that children who are treated by specialized, high volume providers – including CCS providers – have better health outcomes and lower mortality.
- ❖ There is not a lot of research to indicate that enrolling children with complex health needs in traditional managed care plans improves care.
  - ❖ Diverts care away from expertise

# Current CCS Delivery System

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- CCS care is carved out of managed Medi-Cal
- The “Carve-Out” has been extended four times since 1993 and ends in 2015.



# KIDS Networks: CCS Provider-Based Integrated Delivery Systems

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**Model Concept:** Create regional “Kids Integrated Delivery Systems.” These organizations would be responsible for all of the health care needs, including primary care, for children with CCS-eligible conditions. They would be anchored by children’s hospitals or by CCS providers that include one children’s hospital in the governance of the system. The State would select and contract with KIDS networks.

## ***KIDS Selection Criteria***

- ❖ Demonstrate experience serving eligible children in compliance with CCS standards
- ❖ Network developed through local collaborative process
- ❖ Incorporates strategies to actively engage families as partners

## ***KIDS Requirements***

- ❖ Provide services through a team-based patient-centered medical home model in the least restrictive, most appropriate setting
- ❖ Meet HEDIS measures, PQMS, and other quality measures as developed, and participate in nationally recognized patient safety collaborative
- ❖ Comply with readiness standards and network adequacy standards developed by the Department.
- ❖ Establish family advisory councils

# KIDS Networks: CCS Provider-Based Integrated Delivery Systems – Continued

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## *Enrollment*

- ❖ Children with CCS-eligible conditions who are also Medi-Cal eligible, excluding NICU.
- ❖ Up to age 21, or age 26 if the individual was treated for a CCS-eligible condition in the previous 12 months.
- ❖ Eligible children would be enrolled in the network affiliated with their treating provider(s).
- ❖ Child may remain enrolled in KIDS network up to 12 months after termination of CCS eligibility.

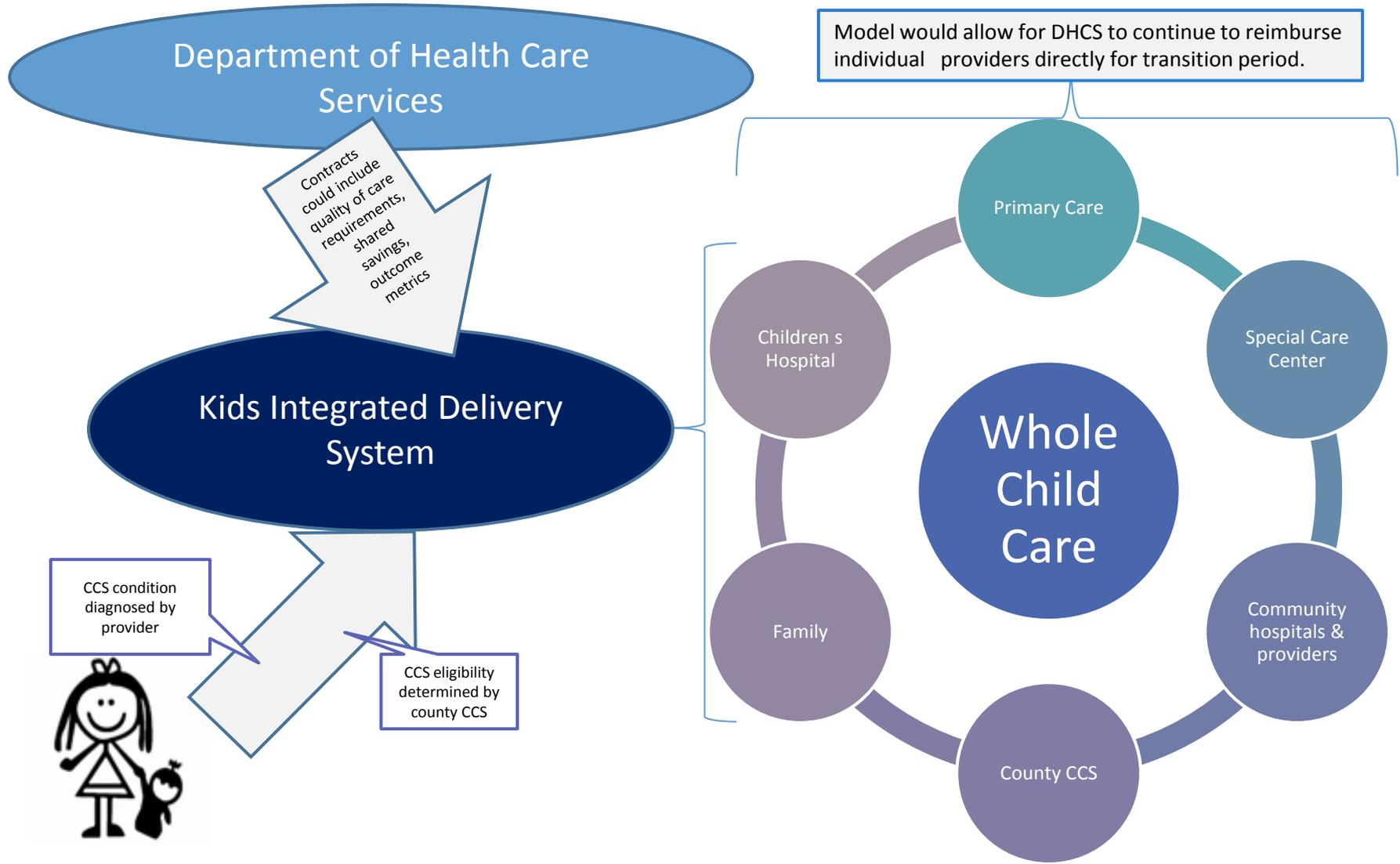
## *CCS Program*

- ❖ CCS Standards are maintained
- ❖ Role of CCS in authorizing and providing case management can be maintained

## *Reimbursement*

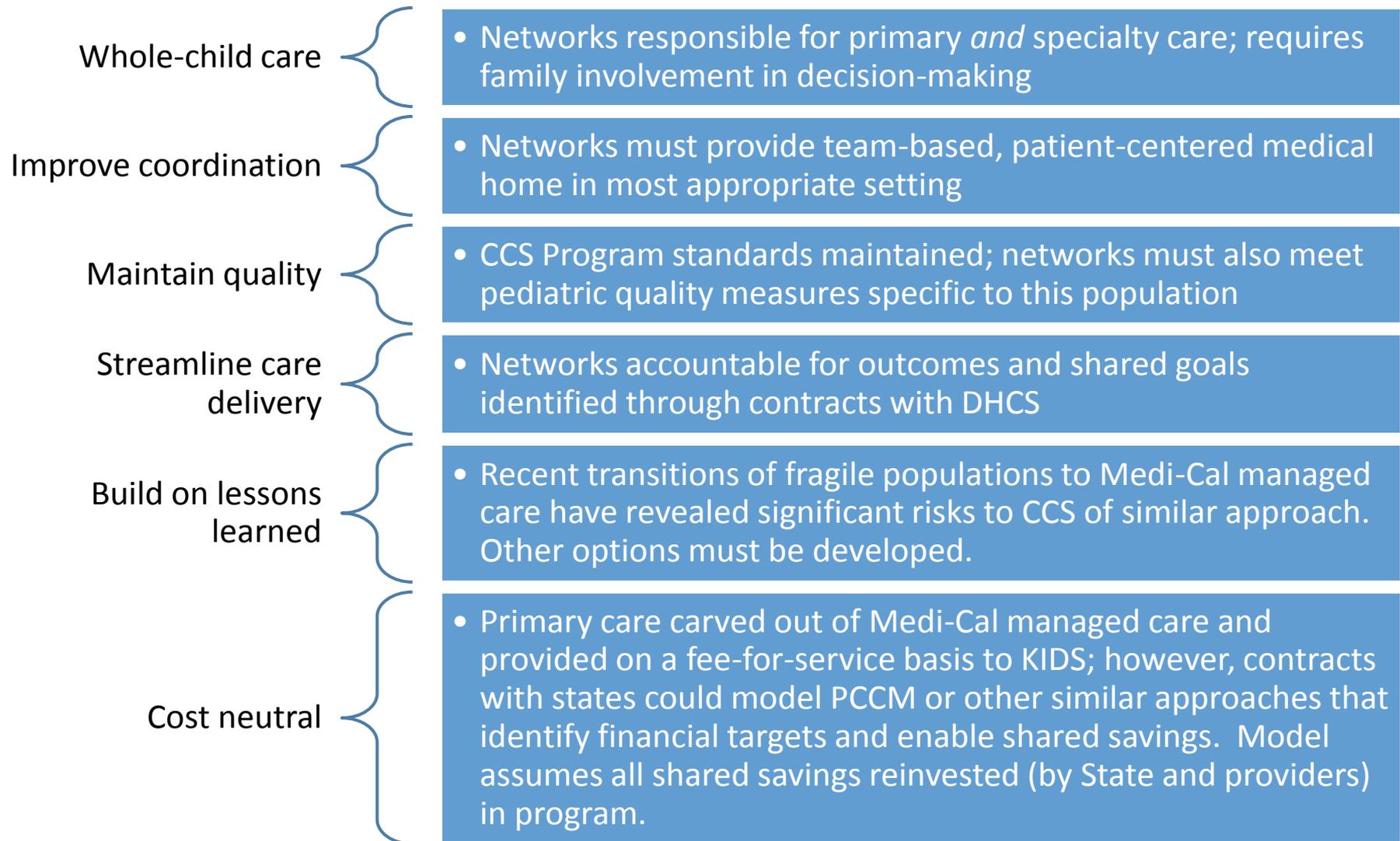
- ❖ KIDS networks would not be capitated for services they do not directly authorize.
- ❖ KIDS networks could agree to share savings with the state (similar to a primary care case management model), at the option of the network.
- ❖ Any savings to the state or the network must be reinvested in services for CCS-eligible children.

# KIDS Networks: CCS Provider-Based Integrated Delivery Systems



# KIDS Networks Achieve DHCS Goals

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# KIDS Networks: What's Next

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- ❖ Proposal needs more fine-tuning and stakeholder input is welcome.
- ❖ CCHA has retained a consultant to provide recommendations on the risk assumption, network configuration, and governance issues.
- ❖ Can accommodate other proposed models being discussed today.

# Final Thoughts

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- ❖ The success of any CCS delivery system redesign will be dependent upon two issues that the RSAB has not yet discussed:
  - ❖ State/county relationship
  - ❖ Updates to
    - ❖ CCS eligibility criteria
    - ❖ CCS standards

# Questions?