

# The CCS Demonstration Project: Successes and Challenges in San Mateo County

Maya Altman, CEO  
Health Plan of San Mateo

# Agenda

1. Overview of Demonstration in San Mateo County (SMC)
2. Key Goals
3. Some Key Strategies
4. Successes
5. Ongoing Challenges
6. Lessons Learned to Date
7. Questions

# Overview of Demonstration in SMC

- State designated demonstration – April 2013
  - Integration with existing Medi-Cal managed care plan
- ~ 1,500 CCS children served
  - Includes nearly all Medi-Cal
  - CCS only excluded
- Subcontract with San Mateo County CCS
- Full financial risk
  - San Mateo already a CCS “carve-in” county
- Same specialty network (80% LPCH)

# Key Goals

- Address needs of the “whole child”
- Reduce burden on families and providers related to fragmentation of administration and care
- Preserve CCS’s quality of care and access to CCS specialty networks
- Leverage best aspects of CCS and managed care
- Improve health outcomes and access for CCS children
- Improve CCS provider satisfaction and support
- Remain budget neutral while improving program

# Some Key Strategies

- SMC CCS Nurse Case Managers authorize all services
- Establishment of advisory committee and family subcommittee
- Co-location of CCS at HPSM
- Process redesign with family-centeredness in mind
- Increasing time for care management by reducing prior authorization requirements
- Enhancing and improving provider network
- Administering comprehensive assessments
- Providing easier access to HPSM's grievance and appeals protections

# Successes So Far

- 34% reduction in Notices of Action (denials)
- New pharmacy formulary eliminating nearly all needless delays and denials
- Network improvement for incontinence supplies
- Comprehensive assessment tool developed and being used
- Enhanced family engagement and outreach
- Greater IT system integration
- Reduced barriers to filing grievances and appeals
- Budget neutral to date

# Ongoing or Upcoming Projects

- New care management system
- Home health network improvements
- SAR/TAR improvements
- Increased mental health utilization
- Increased provider outreach

# Ongoing Challenges

- Formal evaluation difficult
- IT fragmentation – State and HPSM systems
- HPSM-SMC business culture differences
- Many things happening at once in health care

# Lessons Learned to Date

- Infrastructure and process improvements are critical.
- Co-location is extremely helpful in reducing communication silos.
- Full time director a key to success, as is a collaborative approach with the CCS program.
- Families get lots of paper. Most of that paper causes more anxiety than it's worth. Comprehensive care management reduces that paper and anxiety.
- The Family Subcommittee has been essential in identifying areas for improvement and ensuring family-centeredness.

# Questions?