

CCS Issues Raised and Questions Posed by the CCS Title V Stakeholders, the HMA Report and the CHCF Issue Brief – To Address with Key Informants

	Method for collecting additional data? (Key Informant Interview: Focus Groups; Surveys of Families, Providers, Program Administrators)	Who to contact?
Access to Care		
1. Provider problems:		
a. Providers not wanting to become CCS paneled because have to get Medi-Cal ID # and are misinformed about having to take other Medi-Cal clients -wait to be get number, have to re apply	Interview	
b. Low reimbursement rates – not wanting to take Medi-Cal		
c. Lack of adequately prepared adult providers for transitioning kids	Interview	(Christina at UC; Kaiser in Alameda; County clinics; LA County; Fresno symposium)
d. Lack of provider training – many PCP/family practitioners not qualified/ not perceived by specialists as qualified -perception issue; look at county level, residency level		(Wells Shoemaker, residency programs)
e. Bureaucratic delays in enrolling providers for participation in CCS		
f. Difficulties getting authorization for specialty services	Interviews, county level	

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Access to Durable Medical Equipment (DME)		
1. CRISS survey found CCS clients having trouble accessing DME, especially apnea monitors – has resulted in longer hospital stays than otherwise necessary -Not a CCS admin issue, but big impact on Medi-Cal expenditures -Issue of not knowing how to bill/get claims -Issue of delays in payments	Interview	-CRISS survey, CRISS claims workgroup; -Bob Ackerman/Association of Medical Supply Dealers
Case management/Care Coordination:		
1. What type of case management do County CCS programs do? Is there a uniform State definition and are there uniform standards/requirements for content? How well do county CCS programs perform case management? How could they do a better job with case management? -what is accomplished? What is done in addition to authorization of services? -what can Counties do to be more effective for families? -Who is providing CM? Who should be? Who wants to?	-Interviews from multiple perspectives (providers, programs); -Ask families specific questions about what was received -Focus groups	
2. How much variability is there in the amount and quality of case	Interviews, focus groups	

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management in different counties?		
3. Would providing medical case management through the regional medical centers/Special Care Centers be more efficient and effective?	Interviews, focus groups	
Medi-Cal and Regulatory issues (part of Access problem, will be addressed with provider issues)		
1. Process of EDS rejection of provider claims – only one error at a time, claim corrected and resubmitted and then another error found and rejected again – leads to provider frustration and giving up on submitting claims		
2. Problems with Medi-Cal and CCS claims payment processing system operated by EDS (rejection of claims, delays in paying claims)		
3. Low Medi-Cal reimbursement rates makes it harder to access providers, particularly specialist, and some durable medical equipment		
Consistent Rules and Regulations		
1. Lack of consistency between Counties	Interviews, with health plans?	(health plans)

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Inequities in Counties/Regional Differences (will get from other data)		
CCS Administration		
1. Eligible conditions – review which conditions make a child eligible for CCS and consider revisions to list of eligible conditions -What should be changed in terms of eligibility?		
Quality of Care		
1. Concern about potential loss of CCS as certifier, standard setter and quality assessor -how can CCS maintain its role of setting standards	Look at rules and implementation and relation to care	
Treating the Whole Child		
1. Lack of continuity of care between primary care and CCS condition (carve out)	Can ask for solutions	
2. Lack of comprehensive care because only treating the CCS condition		
3. CCS carve-out creates challenges coordinating services for the whole child and forces families to negotiate multiple systems	Interviews	

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Satisfaction with services		
1. Families want to know why there are no satisfaction surveys? Are there? (Perhaps we should ask about satisfaction with services on our survey)		
2. Family centered care questions?		
Funding		
1. Not enough treatment money and counties exceeding treatment dollar obligations	Interviews	CCS County programs, providers (for transportation money)
2. Perverse incentives – overuse of transport, inpatient tests	Interviews?	Physicians, hospitals, families
3. Fee for service results in inflated costs, should move to capitated system	Quantitative data	
4. Fragmented financial coverage causes gaps in services/ system should be seamless to families and providers	Interviews (similar/related to other issues – continuity of care, transitioning youth)	
5. County unfunded mandates – loss of tax revenue, capped state funds unmatched county expenditures- no one looking at this	(covered in first one)	
6. Too much bureaucracy – too many different funding sources – <i>issue of restrictions</i>	Interviews (asking about solutions)	
7. CCS kids are costing more, sicker? <i>Ask about how CCS standards function</i>	(quantitative data- CPQCC data);	

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8. Excessive auditing for expenses wastes resources (but is there auditing? Some thought that there wasn't – or at least no program evaluation)		
9. Spending on pharmaceuticals has increased 136% from 2003 to 2008	Other data	
10. There has also been a 81% increase in spending for inpatient care	Other data	
11. Big increase in spending for cystic fibrosis	Other data	
12. Big increase in spending for preterm birth	Other data	
MTU and intersection with Schools		
1. For school districts – issue of what is billable/reimbursable under Medi-Cal – <i>schools don't bill for MTP/CCS</i>		
2. School Districts lack of knowledge of many conditions (ASL, deafness)		SELPA (special ed local planning agency) – ask about working with MTP
3. MTU's have increasing numbers but capped funding from state	interviews	
4. Other sources of funding that could help with MTU? Influx of children with autism?	(related to #3)	