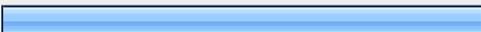


CCS Needs Assessment Survey for Physicians

1. What kind of physician are you?		
	Response Percent	Response Count
Child Neurologist	1.5%	2
Family Medicine Physician	4.6%	6
Internist	0.0%	0
<b>Neonatal Perinatal Medicine</b>	<b>20.0%</b>	<b>26</b>
Neurologist	0.0%	0
Neurosurgeon	0.8%	1
Ophthalmologist	2.3%	3
Orthodontist	0.0%	0
Orthopedic Surgeon	3.1%	4
Otolaryngologist	0.8%	1
Otolaryngology Maxillofacial Surgeon	0.0%	0
Other (specify below)	5.4%	7
Pediatrician	13.8%	18
Pediatric Allergy Immunologist	3.8%	5
Pediatric Cardiologist	4.6%	6
Pediatric Critical Care	4.6%	6
Pediatric Endocrinologist	6.2%	8
Pediatric Gastroenterologist	1.5%	2
Pediatric Hematology Oncologist	10.8%	14
Pediatric Infectious Disease	1.5%	2
Pediatric Neonatologist	3.8%	5
Pediatric Nephrologist	3.1%	4
Pediatric Neurologist	0.0%	0

Pediatric Neurosurgeon		0.0%	0
Pediatric Pulmonologist		3.8%	5
Pediatric Surgeon		2.3%	3
Psychiatrist		1.5%	2
Other - please specify			26
		<b>answered question</b>	<b>130</b>
		<b>skipped question</b>	<b>18</b>

**2. Are you a physician in a hospital or a physician in a private practice?**

		Response Percent	Response Count
Hospital-based		73.3%	22
Private Practice		13.3%	4
Other		13.3%	4
Other (please specify)			5
		<b>answered question</b>	<b>30</b>
		<b>skipped question</b>	<b>118</b>

3. What counties do you practice in? (Check all that apply)

	Response Percent	Response Count
Alameda 	5.5%	8
Alpine	0.0%	0
Amador	0.0%	0
Butte 	0.7%	1
Calaveras	0.0%	0
Colusa 	0.7%	1
Contra Costa 	4.1%	6
Del Norte 	0.7%	1
El Dorado 	0.7%	1
Fresno 	1.4%	2
Glenn	0.0%	0
Humboldt 	1.4%	2
Imperial 	0.7%	1
Inyo	0.0%	0
Kern 	2.1%	3
Kings 	0.7%	1
Lake 	0.7%	1
Lassen 	0.7%	1
<b>Los Angeles </b>	<b>68.3%</b>	<b>99</b>
Madera 	2.1%	3
Marin 	1.4%	2
Mariposa 	0.7%	1
Mendocino 	0.7%	1
Merced 	2.1%	3
Modoc	0.0%	0

Mono		0.0%	0
Monterey		2.8%	4
Napa		0.7%	1
Nevada		0.7%	1
Orange		3.4%	5
Placer		0.7%	1
Plumas		0.0%	0
Riverside		1.4%	2
Sacramento		2.1%	3
San Benito		1.4%	2
San Bernardino		0.7%	1
San Diego		2.8%	4
San Francisco		4.8%	7
San Joaquin		0.7%	1
San Luis Obispo		2.8%	4
San Mateo		6.2%	9
Santa Barbara		2.8%	4
Santa Clara		9.7%	14
Santa Cruz		2.1%	3
Shasta		2.1%	3
Sierra		0.7%	1
Siskiyou		0.0%	0
Solano		3.4%	5
Sonoma		2.8%	4
Stanislaus		1.4%	2
Sutter		0.0%	0
Tehama		0.7%	1
Trinity		0.0%	0

Appendix 26  
 Responses to FHOP Survey of Physicians

Tulare		0.7%	1
Tuolumne		1.4%	2
Ventura		3.4%	5
Yolo		0.0%	0
Yuba		0.7%	1
<b>answered question</b>			<b>145</b>
<b>skipped question</b>			<b>3</b>

**4. Please rate how much the following factors impact your participation or lack thereof in the CCS program: (Note: Medi-Cal rates are set by State and physicians participating with CCS are reimbursed at Medi-Cal rates with an additional increase for treating a patient's CCS-eligible condition(s).)**

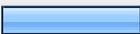
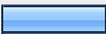
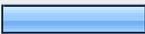
	Major barrier	Somewhat of a barrier	Slight barrier	Not a barrier	Don't Know/Not Sure	Response Count
a. Lack of knowledge about the CCS Program and how to participate	1.6% (2)	13.4% (17)	13.4% (17)	<b>67.7% (86)</b>	3.9% (5)	127
b. Low Medi-Cal outpatient reimbursement rates for care of CCS children	25.4% (32)	17.5% (22)	11.9% (15)	<b>34.9% (44)</b>	10.3% (13)	126
c. Delays in payments for the services provided to CCS children	<b>30.7% (39)</b>	17.3% (22)	12.6% (16)	29.9% (38)	9.4% (12)	127
d. Time consuming and difficult paper work to complete to get reimbursed	22.4% (28)	<b>30.4% (38)</b>	16.8% (21)	19.2% (24)	11.2% (14)	125
e. Having to get a Medi-Cal number	3.9% (5)	9.4% (12)	15.0% (19)	<b>61.4% (78)</b>	10.2% (13)	127
f. Process and length of time to get a Medi-Cal number	7.9% (10)	19.8% (25)	15.9% (20)	<b>45.2% (57)</b>	11.1% (14)	126
g. Having to be CCS-paneled provider	7.1% (9)	11.9% (15)	11.9% (15)	<b>65.1% (82)</b>	4.0% (5)	126
h. Process and length of time to be a CCS-paneled provider	10.6% (13)	12.2% (15)	16.3% (20)	<b>52.0% (64)</b>	8.9% (11)	123
i. The complexity of care needed by CCS children and the increased time it takes to care for them	10.2% (13)	17.3% (22)	14.2% (18)	<b>54.3% (69)</b>	3.9% (5)	127
j. The need to coordinate services for CCS children and the lack of information on how to do it	14.3% (18)	20.6% (26)	21.4% (27)	<b>39.7% (50)</b>	4.0% (5)	126
k. Lack of knowledge about resources for CCS children	7.9% (10)	16.5% (21)	26.0% (33)	<b>44.9% (57)</b>	4.7% (6)	127
l. Lack of medical training or expertise on how to treat/or expertise for serving children with special health care needs	1.6% (2)	4.0% (5)	7.9% (10)	<b>81.0% (102)</b>	5.6% (7)	126
m. Lack of a specialist to easily consult for advice in caring for children with special health care	8.7% (11)	9.5% (12)	14.3% (18)	<b>61.9% (78)</b>	5.6% (7)	126

needs							
n. Medi-Cal Health plans do not pay enhanced rate for the primary care services for children in CCS	18.3% (23)	17.5% (22)	5.6% (7)	<b>42.1% (53)</b>	16.7% (21)	126	
o. Lack of knowledge about the CCS Program and how to participate	2.4% (3)	8.7% (11)	11.1% (14)	<b>67.5% (85)</b>	10.3% (13)	126	
p. Other (please describe below)	22.6% (7)	0.0% (0)	0.0% (0)	35.5% (11)	<b>41.9% (13)</b>	31	
Other barriers - please specify						13	
						<b>answered question</b>	<b>127</b>
						<b>skipped question</b>	<b>21</b>

**5. Just because I have a Medi-Cal number, that doesn't mean that I have to see too many Medi-Cal patients. It is up to me how many Medi-Cal patients I see.**

		Response Percent	Response Count	
<b>a. Agree Strongly</b>		22.7%	29	
b. Agree Somewhat		19.5%	25	
c. Disagree Somewhat		14.1%	18	
<b>d. Disagree Strongly</b>		22.7%	29	
e. Don't Know/Not Sure		21.1%	27	
			<b>answered question</b>	<b>128</b>
			<b>skipped question</b>	<b>20</b>

**6. I am concerned that having a Medi-Cal - number would lead to my practice becoming financially unsustainable due too many Medi-Cal patients and the low reimbursements paid for care for Medi-Cal patients.**

	Response Percent	Response Count
a. Agree Strongly 	20.9%	27
<b>b. Agree Somewhat</b> 	<b>28.7%</b>	<b>37</b>
c. Disagree Somewhat 	15.5%	20
d. Disagree Strongly 	21.7%	28
e. Don't Know/Not Sure 	13.2%	17
	<b><i>answered question</i></b>	<b>129</b>
	<b><i>skipped question</i></b>	<b>19</b>

**7. Please indicate how much you agree or disagree with the following suggestions to increase physician participation with CCS**

	<b>Agree Strongly</b>	<b>Agree Somewhat</b>	<b>Disagree Somewhat</b>	<b>Disagree Strongly</b>	<b>Don't Know/Not Sure</b>	<b>Response Count</b>
a. Increase the reimbursement rates paid to physicians to care for CCS clients.	<b>85.3% (110)</b>	11.6% (15)	0.0% (0)	0.8% (1)	2.3% (3)	129
b. Ensure that there are staff at the Medi-Cal fiscal intermediary that are familiar with CCS to process claims for providing services to CCS clients.	<b>70.1% (89)</b>	26.8% (34)	0.0% (0)	0.0% (0)	3.1% (4)	127
c. Primary care physicians should receive more training on how to handle common subspecialty problems such as diabetes.	14.0% (18)	<b>38.8% (50)</b>	21.7% (28)	13.2% (17)	12.4% (16)	129
d. Create training opportunities on CCS and caring for CSHCN in pediatric and family medicine residency programs and adolescent medicine fellowships.	25.8% (33)	<b>43.0% (55)</b>	14.8% (19)	3.9% (5)	12.5% (16)	128
e. Work with professional organization such as the Children's Specialty Care Coalition, the California affiliate of the American Academy of Pediatrics, the California Academy of Family Physicians and others to identify ways to further educate physicians about participating in the CCS program.	37.2% (48)	<b>41.9% (54)</b>	6.2% (8)	3.1% (4)	11.6% (15)	129
f. Work with professional medical associations to offer continuing education on caring for children with special health care needs	38.0% (49)	<b>44.2% (57)</b>	7.8% (10)	2.3% (3)	7.8% (10)	129
g. Streamline the process for CCS providers of having to re-apply for a Medi-Cal number when the provider moves.	<b>49.6% (63)</b>	33.1% (42)	8.7% (11)	1.6% (2)	7.1% (9)	127
h. The CCS paneling process should be done concurrently with the Medi-Cal approval process and						

should be completed in a reasonable timeframe, particularly if staff privileges have been granted at a CCS approved regional tertiary center.	<b>67.4% (87)</b>	19.4% (25)	3.9% (5)	3.1% (4)	6.2% (8)	129
i. Provide assistance to physicians to help with getting CCS paneled	<b>59.7% (77)</b>	26.4% (34)	7.0% (9)	3.1% (4)	3.9% (5)	129
j. Provide ongoing assistance with authorizations and billing for services once physicians are paneled.	<b>76.0% (98)</b>	16.3% (21)	3.9% (5)	0.0% (0)	3.9% (5)	129
k. Better align Codes and reimbursement rates to allow for outpatients tests and procedures where appropriate	<b>71.3% (92)</b>	18.6% (24)	2.3% (3)	0.0% (0)	7.8% (10)	129
l. Managed Care plans should provide enhanced rates for the primary care services for children with CCS eligible conditions.	<b>68.5% (87)</b>	22.0% (28)	0.8% (1)	0.8% (1)	7.9% (10)	127
m. Other (specify below)	22.7% (5)	9.1% (2)	0.0% (0)	0.0% (0)	<b>68.2% (15)</b>	22
					Other - please specify	9
<b>answered question</b>						<b>129</b>
<b>skipped question</b>						<b>19</b>

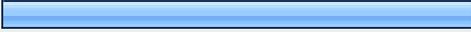
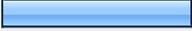
**8. Children with CCS conditions need increased access to primary care providers to decrease ER visits and hospitalization.**

		Response Percent	Response Count
a. Agree Strongly		69.8%	90
b. Agree Somewhat		20.9%	27
c. Disagree Somewhat		1.6%	2
d. Disagree Strongly		2.3%	3
e. Don't Know/Not Sure		5.4%	7
<b>answered question</b>			<b>129</b>
<b>skipped question</b>			<b>19</b>

**9. Are you currently or have you ever been CCS paneled? (Note: To be CCS paneled, a physician must apply for and receive a Medi-cal number and then apply to the California Children's Medical Services branch to become a CCS-paneled provider.)**

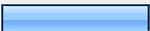
	Response Percent	Response Count
a. Currently CCS paneled 	87.9%	116
b. CCS paneled in the past but not currently 	0.8%	1
c. No 	5.3%	7
d. Don't know/Not Sure 	6.1%	8
<b>answered question</b>		<b>132</b>
<b>skipped question</b>		<b>16</b>

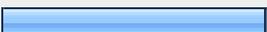
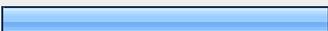
**10. If you are not or have not been CCS paneled, are you interested in becoming CCS paneled?**

	Response Percent	Response Count
Yes 	71.4%	5
No 	28.6%	2
Don't Know/Not Sure	0.0%	0
Please feel free to comment on the issue of becoming CCS paneled, or any experiences you have had trying to become paneled.		2
<b>answered question</b>		<b>7</b>
<b>skipped question</b>		<b>141</b>

11. When you submit claims for payment for services for a patient's CCS eligible conditions, how often are the claims rejected by the Medi-Cal fiscal intermediary?			Response Percent	Response Count
a. Never			0.8%	1
b. Less than 25% of the time			14.4%	17
c. 25-50% of the time			9.3%	11
d. 50 to 75% of the time			8.5%	10
e. More than 75% of the time			0.0%	0
<b>f. Don't Know/Not Sure</b>			<b>66.9%</b>	<b>79</b>
<i>answered question</i>				<b>118</b>
<i>skipped question</i>				<b>30</b>

12. Please indicate how much you agree with the follow statements about about monitoring CCS standards.	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure	Response Count
a. CCS standards should be monitored and enforced by paid consultants who are experts in the field for which they are monitoring standards.	<b>39.5% (47)</b>	30.3% (36)	9.2% (11)	9.2% (11)	11.8% (14)	119
b. CCS standards should be monitored and enforced by local county CCS staff.	10.1% (12)	21.8% (26)	<b>33.6% (40)</b>	21.8% (26)	12.6% (15)	119
c. CCS standards should be monitored and enforced by state CCS staff.	10.1% (12)	<b>35.3% (42)</b>	25.2% (30)	15.1% (18)	14.3% (17)	119
d. A regional system should be developed for monitoring and enforcing CCS standards.	21.2% (25)	<b>42.4% (50)</b>	12.7% (15)	6.8% (8)	16.9% (20)	118
<i>answered question</i>						<b>120</b>
<i>skipped question</i>						<b>28</b>

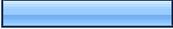
13. Who should be able to provide case management for children enrolled in CCS? (Check all that apply)			Response Percent	Response Count
a. Certified case managers			83.1%	98
b. RN, PHN, Medical Consultants, Social workers			81.4%	96
c. Specially trained, but unlicensed staff			22.0%	26
d. Other (specify below)			1.7%	2
	Other - please specify			4
<b>answered question</b>				<b>118</b>
<b>skipped question</b>				<b>30</b>

14. Do you care for CCS patients whose CCS-services are			Response Percent	Response Count
a. 'Carved In' (the County's managed care plan is responsible for providing services through CCS-approved providers for the patient's CCS-eligible condition. Counties that are 'carved in' are Napa, Solano, San Mateo, and Santa Barbara).			10.6%	12
b. 'Carved Out' (the County's managed care plan and patient's health plan are *NOT* responsible for providing services for the patient's CCS-eligible condition and the patient gets care through CCS-approved providers in a fee for service system)			39.8%	45
c. Both			49.6%	56
<b>answered question</b>				<b>113</b>
<b>skipped question</b>				<b>35</b>

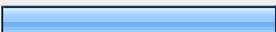
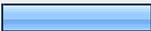
15. It is more efficient and effective to have one system of care, including primary care providers and specialty providers, caring for ALL of the health needs of children with CCS-eligible conditions (care for the whole child) instead of having CCS providers give care for ONLY the CCS-eligible conditions.

	Response Percent	Response Count
a. Agree Strongly 	53.4%	62
b. Agree Somewhat 	21.6%	25
c. Disagree Somewhat 	7.8%	9
d. Disagree Strongly 	8.6%	10
e. Don't Know/Not Sure 	8.6%	10
<i>answered question</i>		<b>116</b>
<i>skipped question</i>		<b>32</b>

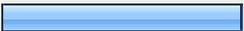
16. Carving out coverage of children's CCS-eligible medical conditions from their health plans (that is, care for the CCS-eligible conditions is not the responsibility of their health plan) has been important for improving the quality of care for their CCS-eligible conditions.

	Response Percent	Response Count
a. Agree Strongly 	35.0%	41
b. Agree Somewhat 	19.7%	23
c. Disagree Somewhat 	11.1%	13
d. Disagree Strongly 	8.5%	10
e. Don't Know/Not Sure 	25.6%	30
<i>answered question</i>		<b>117</b>
<i>skipped question</i>		<b>31</b>

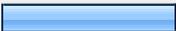
**17. If CCS services were integrated into Medi-Cal managed care plans, then the CCS program, CCS standards, and CCS guidelines and special care centers would be compromised.**

		Response Percent	Response Count
a. Agree Strongly		41.4%	48
b. Agree Somewhat		17.2%	20
c. Disagree Somewhat		14.7%	17
d. Disagree Strongly		4.3%	5
e. Don't Know/Not Sure		22.4%	26
<i>answered question</i>			<b>116</b>
<i>skipped question</i>			<b>32</b>

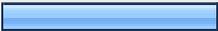
**18. Special Care Centers should hire primary care providers (physicians and nurse practitioners) to provider primary care services to CCS clients.**

		Response Percent	Response Count
Agree Strongly		22.4%	26
<b>Agree Somewhat</b>		<b>36.2%</b>	<b>42</b>
Disagree Strongly		12.1%	14
Disagree Somewhat		14.7%	17
Don't Know/Not Sure		14.7%	17
<i>answered question</i>			<b>116</b>
<i>skipped question</i>			<b>32</b>

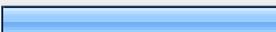
**19. CCS should re-examine CCS eligibility criteria for NICU care.**

	Response Percent	Response Count
a. Agree Strongly 	24.6%	17
b. Agree Somewhat 	26.1%	18
c. Disagree Somewhat 	2.9%	2
d. Disagree Strongly 	10.1%	7
<b>e. Don't Know/Not Sure</b> 	<b>36.2%</b>	<b>25</b>
<i>answered question</i>		<b>69</b>
<i>skipped question</i>		<b>79</b>

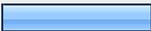
**20. NICU care for infants should only be covered by CCS if the infant has been diagnosed with a CCS-eligible condition, otherwise the cost of the NICU care should be covered by the child's health plan.**

	Response Percent	Response Count
<b>a. Agree Strongly</b> 	<b>32.5%</b>	<b>25</b>
b. Agree Somewhat 	26.0%	20
c. Disagree Somewhat 	6.5%	5
d. Disagree Strongly 	11.7%	9
e. Don't Know/Not Sure 	23.4%	18
<i>answered question</i>		<b>77</b>
<i>skipped question</i>		<b>71</b>

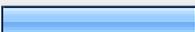
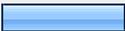
**21. The State should re-examine medical eligibility for CCS to focus on longer term conditions that need intensive case management and care coordination.**

	Response Percent	Response Count
a. Agree Strongly 	41.9%	49
b. Agree Somewhat 	36.8%	43
c. Disagree Somewhat 	6.8%	8
d. Disagree Strongly 	6.0%	7
e. Don't Know/Not Sure 	8.5%	10
<i>answered question</i>		<b>117</b>
<i>skipped question</i>		<b>31</b>

**22. There may be small variations between counties in medical eligibility determinations, but this does not create significant problems.**

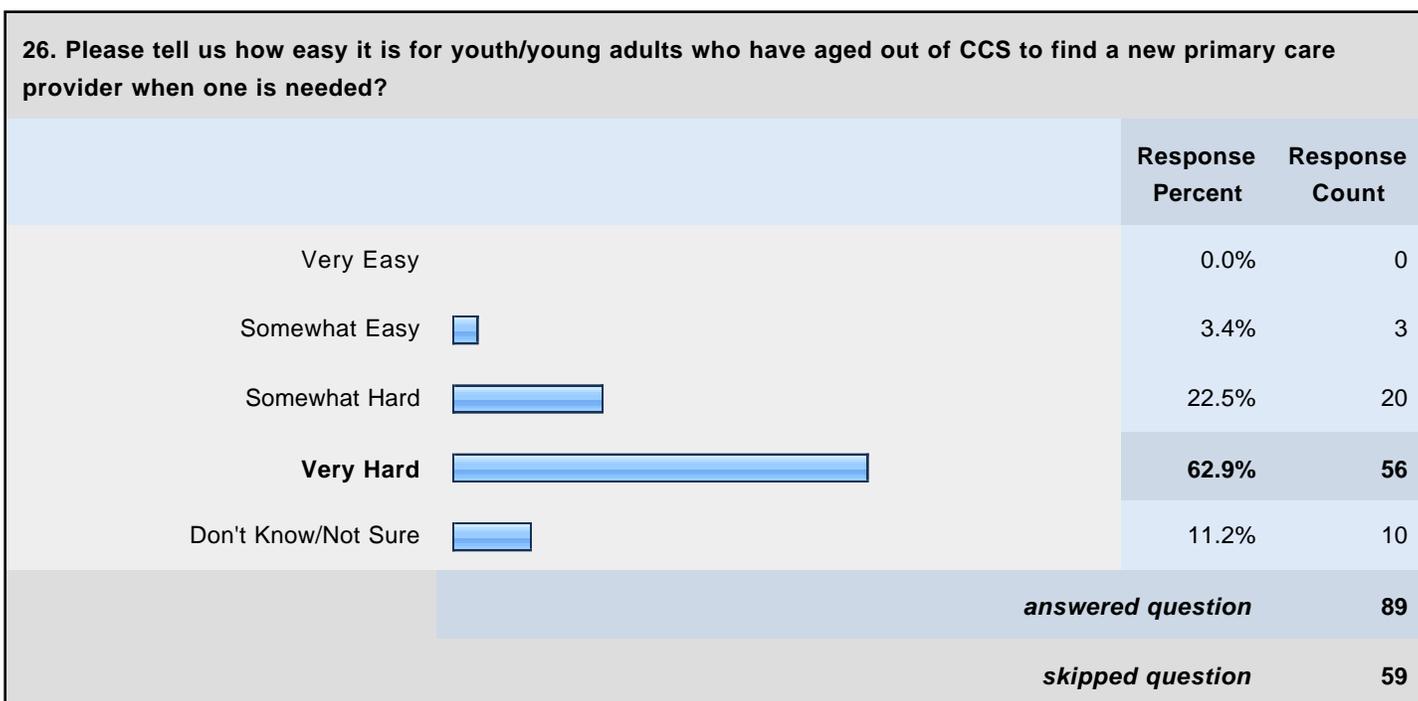
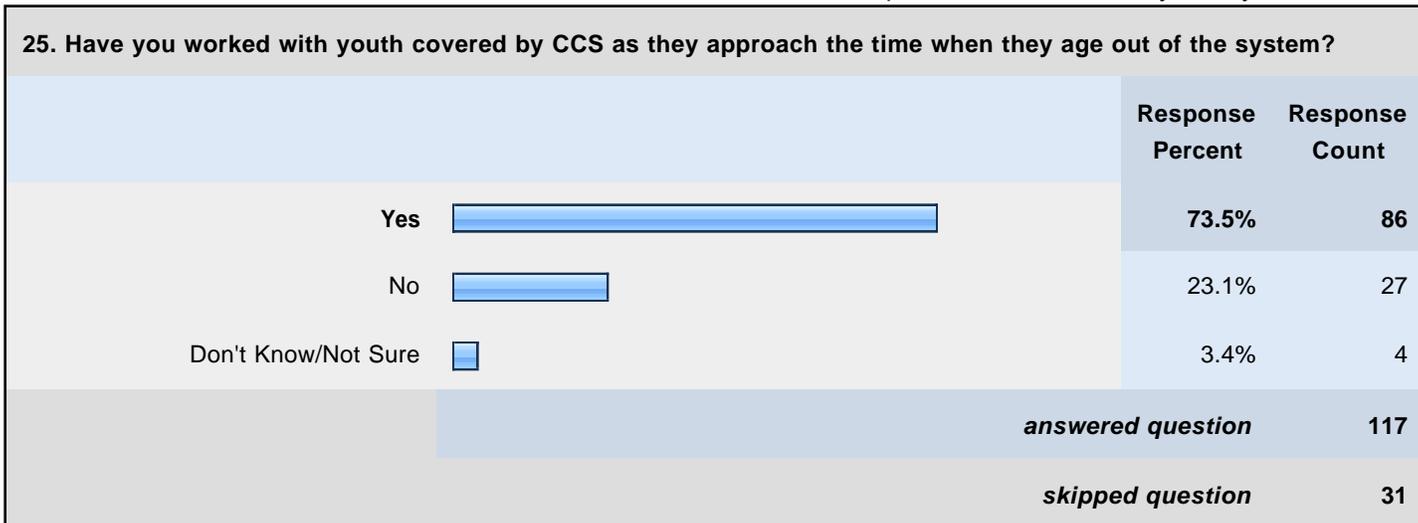
	Response Percent	Response Count
a. Agree Strongly 	4.3%	5
b. Agree Somewhat 	22.4%	26
<b>c. Disagree Somewhat</b> 	<b>31.0%</b>	<b>36</b>
d. Disagree Strongly 	17.2%	20
e. Don't Know/Not Sure 	25.0%	29
<i>answered question</i>		<b>116</b>
<i>skipped question</i>		<b>32</b>

**23. Medical eligibility determinations should be made at a regional or statewide level instead of by Counties' CCS Medical Eligibility consultants.**

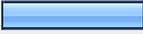
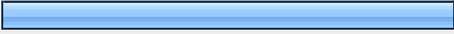
	Response Percent	Response Count
a. Agree Strongly 	29.3%	34
<b>b. Agree Somewhat</b> 	<b>37.9%</b>	<b>44</b>
c. Disagree Somewhat 	7.8%	9
d. Disagree Strongly 	6.9%	8
e. Don't Know/Not Sure 	18.1%	21
	<b><i>answered question</i></b>	<b>116</b>
	<b><i>skipped question</i></b>	<b>32</b>

**24. Please tell us how often, if ever, the following issues related to durable medical equipment (DME) present problems for your patients.**

	Not a problem	Only rarely a problem	Occasionally a problem	Frequently a problem	Don't Know/Not sure	Response Count	
a. Too few DME providers being available due to low reimbursement rates.	4.6% (4)	0.0% (0)	16.1% (14)	<b>50.6% (44)</b>	28.7% (25)	87	
b. DME providers refusing to provide certain kinds of equipment due to low reimbursement rates for that equipment.	3.4% (3)	1.1% (1)	16.1% (14)	<b>47.1% (41)</b>	32.2% (28)	87	
c. Client discharges being delayed because of delays in getting DME (e.g. ventilators, apnea monitors, wheel chairs.	2.3% (2)	10.3% (9)	23.0% (20)	<b>48.3% (42)</b>	16.1% (14)	87	
d. Hospitals or families having to purchase DME so that clients can be discharged in a timely manner.	8.1% (7)	8.1% (7)	24.4% (21)	23.3% (20)	<b>36.0% (31)</b>	86	
e. Clients missing school due to delays in getting or repairing needed DME.	4.7% (4)	5.9% (5)	22.4% (19)	27.1% (23)	<b>40.0% (34)</b>	85	
f. Other problems with DME (describe below)	4.0% (1)	0.0% (0)	4.0% (1)	8.0% (2)	<b>84.0% (21)</b>	25	
						Other problems - please describe	8
						<b>answered question</b>	<b>88</b>
						<b>skipped question</b>	<b>60</b>



**27. Please tell us how easy it is for youth/young adults who have aged out of CCS to find a new specialty care provider when if one is needed?**

	Response Percent	Response Count
Very Easy	0.0%	0
Somewhat Easy 	3.4%	3
Somewhat Hard 	21.3%	19
<b>Very Hard</b> 	<b>68.5%</b>	<b>61</b>
Don't Know/Not Sure 	6.7%	6
<i>answered question</i>		<b>89</b>
<i>skipped question</i>		<b>59</b>

**28. To encourage doctors who care for adults to take CCS clients that have aged out of the CCS program, please tell us how helpful it would be:**

	Very Helpful	Helpful	Only a little Helpful	Not helpful	Don't Know/Not Sure	Response Count
a. If these clients have the skills or supports they need to effectively manage their care?	<b>52.3% (46)</b>	29.5% (26)	9.1% (8)	1.1% (1)	8.0% (7)	88
b. If the adult providers were given a prepared medical summary of the patient?	<b>57.3% (51)</b>	27.0% (24)	11.2% (10)	0.0% (0)	4.5% (4)	89
c. If the adult provider had easy access to Regional Center, Special Care Center, school, CCS and pediatric records?	<b>58.0% (51)</b>	26.1% (23)	10.2% (9)	1.1% (1)	4.5% (4)	88
d. If the adult provider were offered training, funding, and resources to help you care for these patients?	<b>56.8% (50)</b>	28.4% (25)	5.7% (5)	3.4% (3)	5.7% (5)	88
e. If these clients have insurance that covers the cost of their care and coordination?	<b>82.0% (73)</b>	11.2% (10)	2.2% (2)	0.0% (0)	4.5% (4)	89
f. If there is someone the adult provider can go to for consultation?	<b>59.6% (53)</b>	31.5% (28)	3.4% (3)	0.0% (0)	5.6% (5)	89
<i>answered question</i>						<b>89</b>
<i>skipped question</i>						<b>59</b>

**29. Please use this space to share any other comments you want to make about the CCS program.**

	Response Count
	32
<i>answered question</i>	<b>32</b>
<i>skipped question</i>	<b>116</b>

FHOP Survey of Physicians  
Comments

**#1. What kind of physician are you?**

OTHER – Please Specify (26 responses)

Developmental-Behavioral Pediatrician
Pediatric Neuroradiologist
Pediatric Bone Marrow Transplantation specialist
Pediatric emergency physician
Pediatric Geneticist
Pediatric Emergency Medicine Physician
Pediatric Sleep Medicine
pediatric rheumatology
Medical Geneticist
Pediatric Rheumatologist
Pediatric Physiatrist (Pediatric Rehabilitation)
hospitalist
Geneticist/Metabolic disease specialist
child and adolescent and psychosomatic specialties
pediatric neuro-oncologist
Pediatric Dentist
Ephiatrician
Dentist
Adolescent Medicine/HIV specialist
Pediatric Emergency Medicine
Pediatric Bone Marrow Transplant
pediatric emergency physician
pediatric emergency medicine
Pediatric Anesthesiologist
anesthesiologist
Public Health

**#2. Are you a physician in a hospital or a physician in a private practice?**

OTHER – 5 responses

retired from private practice
both
Local health department
Hospital-sponsored residency program
Famly Medicine Residency

**#4. Barriers to participation in the CCS Program**

OTHER – 13 responses

Several of the above are barriers to the delivery of care to these children, but do not affect my participation in CCS
Patients with inborn errors of mitochondrial metabolism are eligible for CCS per California law, but CCS is requiring proof by muscle biopsy, which is outdated and places patients at unnecessary risk.
Delay in getting CCS services authorized by county CCS staff (Solano County). Sometimes has taken months for NICU patients to receive authorizations.
Inconsistency about which diagnoses are covered. Also, CCS eligible children have other medical

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conditions that CCS does not cover and therefore creates a paper work and logistical barrier.

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Difficult coordination of care with managed care for dental services. Difficult determination as to if needed dental service(s) are to be considered related to CCS eligible condition or not, i.e., can we honor CCS authorization?

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I am currently on hiatus from caring for MTU patients due to lack of payment for hours or mileage since 2008. I am personally owed over \$14,000.

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I am fortunate to practice at Childrens Hospital where I am familiar with care of special needs children and can coordinate care more easily. However, if in private practice, the extra time it takes to care for the complex patient is not reimbursed and is a practical barrier to including them in a practice.

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Lack of CCS reimbursement for general pediatricians who coordinate care for medically complex children.

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Having to unnecessarily request transfer and transfer CCS PICU patients to CCS PICUs when all of their PICU needs can be met in the community PICU.

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Waste of time and resources transferring hospitalized children to "CCS approved" centers.

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Timely payments and complicated numbers on claim forms

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Difficulty in becoming a participating provider, though I am board certified and have pediatric privileges at a major hospital.

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the reimbursement rate is a huge issue, but you worded the question so that I can't express this. The reimbursement we get for the massive work that these kids often represent is ridiculously low. I still see these kids all the time, so it does not limit my participation, but it certainly is a factor in how well the finances of practice go and is putting caring for these patients into an impossible bucket shortly

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## #7. Suggestions to increase physician participation

### OTHER – 9 responses

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Eliminate the need for CCS authorization for frequently needed consultations or commonly performed tests for certain CCS diagnoses.

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There has been discussion of paying outstanding debt to physicians at less than 100%. Contracted work should be payed in full in a timely fashion with compensation in the form of interest for delayed payment.

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streamline process for review of reports for unlisted CPT codes on CCS patients using reviewers with adequate knowledge of condition. Complicated conditions sometimes require complicated or unlisted treatments.

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Too many MediCal patients in a private practice is financially unsustainable. Large volumes needed to help offset this may lead to reduced quality of care, and extreme difficulty in handling complex care pts.

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When MediCal rates for OBs increased, private practices/hospitals were willing to accept OB pts they previously would not have. If reimbursement were improved or time spent were reimbursed, more providers would be willing to take MediCal/CCS pts.

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I have no choice I am paneled and take care of chronically ill children; better would be for me to make the process of following the kids better. And I have two new partners that have been here for 6 months and still not CCS paneling completed.

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Don't limit the hospitals they can be admitted to.

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Ongoing C.M.E. is imperative. Forms need to be simplistic. Reimbursement has to improve.

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Anything to make it more cost-effective for physician's practices will be the most effective way to increase participation.

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CCS Children should have the option to enroll in FFS MediCal

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## #10. If you are not CCS paneled, are you interested? (5 yes, 2 no, 7 answered question)

### Comments – 2 responses

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I will not become CCS paneled because third-party payor relationships, particularly Medi-Cal and CCS, are becoming increasingly cost-prohibitive for primary care practices and are increasingly

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limiting the freedom of physicians' decision making.  
I tried to get on a panel and was rejected, even though I am board certified and have privileges in pediatrics at local hospital.

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### **#13. Who should be able to provide case management for children in CCS?**

OTHER – 4 responses

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Genetic counselors, physicians  
personnel must be experienced in the specific disease state they are monitoring.  
Physician experts at the State level  
need medically trained people to understand the needs of the child with complex medical problem

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### **#24. Issues with Durable Medical Equipment**

OTHER – 8 responses

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Long delays in obtaining and repairing DME  
Regional Center or CCS refusing to provide new or more appropriate DME  
1. applying adult standards to the pediatric population 2. finding vendors in rural areas  
Authorization does not apparently equate payment. there is a constant fear from the vendors that they will not be paid even if they have a CCS authorization  
simple devices could frequently used instead of the expensive custom made ones but are not reimbursed  
need broader group of DME vendors  
Difficulty coordinating which agency pays for DME when patients with CCS and Medi-Cal or other plans have DME needs. We frequently waste a great deal of administrative time trying to obtain the DME.  
Authorization is a slow process.

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### **#29. Comments about the CCS Program – 32 responses**

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CCS is a vital component of health care for many of our children.  
The CCS program is one of the best of its kind in the country, however, there are huge gaps when it comes to obtaining necessary equipment and for transfer of care once a child is on medi-cal.  
Adolescents who "age out" of CCS usually have NO WHERE TO GO. We know of no private-practice adult neurologists willing to take on multihandicapped young adults or adults with intractable epilepsy on MediCal. The only source of care for our 21 yo former patients is LACUSC or HarborUCLA, and there is NO coordinated multispecialty care available anywhere for them.  
Rett syndrome should be a CCS qualifiable diagnosis in Southern California!  
An absolutely critical program for children  
It makes it very difficult to have "doctor/subspecialty"-specific CCS approval. For example, a patient with a pituitary tumor who sees both Endocrinology and Neurosurgery, was CCS approved only for Neurosurgery. This does not make sense. All subspecialists for a condition should be approved. Also, the designation of "CCS MD" is not helpful -- most of the time, CCS qualifying patients would benefit from seeing other members of the CCS team, just say once a year, and it should be up to the doctor to decide if they need a Nutritionist or Nurse visit, for example. These are restrictions that seem arbitrary, and impede good clinical care. Thank you.  
we receive hundreds of individual paper auths by mail each week to the same address-- a waste of postage, paper, work time. should be a high priority for going paperless.

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Getting authorization for a CCS patient to see another specialist takes too long

The local GHPP office has been a barrier rather than a pathway for patient's with CF moving to adult care.

The lack of available adult practitioners for our kids with special needs is overwhelming.

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However, I am grateful to practice in a state that values children and overall the CCS system is a huge benefit.

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I found the survey easy to navigate

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Poor reimbursement rates and delays in reimbursement have forced us to having to ask for donations to keep our division financially sound so that we can continue to care for CCS patients who do make up the majority of our practice.

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Differences between CCS function in different counties generates a lot of headaches as we negotiate the ever different bureacratic maze.

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The CCS Program has functioned since 1927... it is the oldest managed care system in the state and it needs to be supported with improved compensation at the state and county levels to attract the needed leadership to maintain this enormous resource for the children with special needs in california. It is imperative that CCS survive or these children will not recieve adequate and just care.

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CCS provides excellent care and better svc than my PPO insured pts. While this is great for these pats, it is expensive and CCS should limit care to certain standarts without the burden for the CCS providers to fight with CCS for approval

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CCS eligibility states that infant's requiring two or more of the following therapies qualifies for CCS: IV fluids, oxygen, gavage feedings, medical treatment of apnea. However, many infant's require these things briefly for example O2 less than 24 hours, IV fluids less than 2 days, gavage feedings for a few days. These are therapies that any hospital delivering babies should be competent in and infants requiring these should not have to be transferred away from their mothers just to meet CCS requirements. CCS does not require them to be transferred but the MediCal Managed Care Plans will deny coverage unless the infants are transferred. I think this just adds costs to the system without benefit. We are also to support family centered care and if infants are transferred from their mothers for minor problems, we are doing the families a big disservice.

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CCS Standards are not evidence based. Care is assessed by adherence to arbitrarily installed standards, not by outcome. The system for measurement of quality needs to be modernized so that it focuses on process and outcome, and not on literal compliance with standards, particularly when the standards developed have little or no evidence to support their deployment.

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CCS program is critically important for directing eligible patients to appropriately qualified specialist and institutions.

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CCS infrastructure especially for electronic communication needs urgent upgrade. CCS needs to get move away from "fax based" communications and approvals

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The major barrier to trabsitioning patients to other centers after they age-out of CCS, is our inability to help these patients achieve adequate insurance so that tthey can be transitioned to qualified physicians. Most of the physicians I have the ability to send my patients to, do not take straight Medi-Cal.

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Major problem is toptal lack of adult centers with special expertise in the disorders covered by peds. For ex ample, there are no EFFECITIVE adult sickle cell programs in LA. The diseases are too complicated to be managed by providers who only see a few patients. This is a MAJOR problem and results in early DEATH of many patients, at least with SCD.

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Commercial insurers should not be allowed to transfer responsibility for care of CCS eligible patients to CCS until they have exhausted their benefits with their plan.

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Transition of care. CCS paneled providers should be able to work with adult medical practioners.

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Better physician reimbursement

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Consider coverage for certain short term conditions that may need prolonged follow-up.

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For adult-aged patients, a CCS like system to ensure certain care standards are met, care is coordinated, and providers are reimbursed would help tremendously. It is difficult to get providers once CCS is lost as the main insurance is MediCal or uninsured.

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CCS paperwork in conjunction with reimbursement rates less than medicare rates makes care a money losing proposition. It is only the dedication of childrens institutions to providing this care that

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has made the system viable despite being economically a bad business.

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Pharmacies have difficulty filling prescriptions for CCS pts as they cont to bill Medi-Cal and when denied tell the families they are unable to get the meds.

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This survey is a little bad. The questions were 18 and 19 and not 17 and 18. The wording of the questions were so complex that I can't answer many of them. What right does the physician have allocate state funding to individual counties, why is that a question. Most of the question are very good, and I wish things could be improved by leaps and bound yet this is not possible. I think that this means so many different things to different people it will be hard to understand the answer. Surgeons want fast pre-auths, chronic care providers want more services and easier maintenance and better transition to adult. Specialist want the pediatrician to do most of the heavy lifting and let them do the subspecialty part...etc...

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In my over 25 yrs working w/ CSHCN it seems that perception about difficulties in caring for CCS kids was greater than reality. If anything, dispelling misconceptions will go a long way to increasing physician enrollment and improving the medical home experience for our patients. Its not enough to say a kid has a medical home, it has to function in the way that will met the patient's needs.

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I am a pediatric orthopaedist and specialize in cerebral palsy and spinabifida and other neuromuscular conditions. I think it is essential to have orthopaedists trained to take care of children with these conditions taking care of them. It is not the same for an adult orthopaedist to occasionally take care of these kids. It is a specialty and requires expertise to manage these children and without the expertise- care is compromised.

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Since 1964 reimbursement has been a pain in the neck because of the slow process. The MTU supervisors and the therapists have been very professional and delight to work with.

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My opinion isthat the largest problem by far is the extremely poor reimbursement provided to physicians for caring for these extremely complex patients

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CCS is a fantastic program to cover the special needs of really sick children. Medi-Cal is so bad that CCS is often the only means by which these children can receive adequate care.

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Don't know much at all about it. Don't do billing

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The root problem is low reimbursement, I can't afford to see complex patients at these rates.

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Not getting paid for providing care to a CCS patient, even though we're providing primary care and seeing the patient for acute illnesses.

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Just like the adult providers we pediatric specialist need adequate reimbursement for services. The government has never done this for pediatrics.

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