

CCS Survey for DME Providers

1. Please rate how a big a barrier to participating in CCS program each of the following are:							
	Major barrier	Somewhat of a barrier	Slight barrier	Not a barrier at all	Don't know/not sure	Rating Average	Response Count
a. Low reimbursement rates	58.3% (7)	33.3% (4)	8.3% (1)	0.0% (0)	0.0% (0)	1.50	12
b. Delays in payments for the services provided to CCS children	58.3% (7)	33.3% (4)	8.3% (1)	0.0% (0)	0.0% (0)	1.50	12
c. Time consuming and difficult paper work to complete to get reimbursed	91.7% (11)	8.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.08	12
d. Having to get a Medi-Cal number	0.0% (0)	16.7% (2)	25.0% (3)	58.3% (7)	0.0% (0)	3.42	12
e. The process of applying for a Medi-Cal number	0.0% (0)	8.3% (1)	16.7% (2)	58.3% (7)	16.7% (2)	3.60	12
f. The length of time it takes to get a Medi-Cal number	8.3% (1)	8.3% (1)	8.3% (1)	58.3% (7)	16.7% (2)	3.40	12
g. The length of time it takes to be approved as a CCS-paneled provider	0.0% (0)	16.7% (2)	8.3% (1)	58.3% (7)	16.7% (2)	3.50	12
h. Need for specialize staff trained in caring for children with special health care needs	16.7% (2)	25.0% (3)	33.3% (4)	25.0% (3)	0.0% (0)	2.67	12
i. Lack of a specialist to easily consult for advice in caring for children with special health care needs	0.0% (0)	16.7% (2)	41.7% (5)	33.3% (4)	8.3% (1)	3.18	12
j. Other (please specify below)	50.0% (2)	25.0% (1)	0.0% (0)	25.0% (1)	0.0% (0)	2.00	4
					Other barrier - please describe		4
					answered question		12
					skipped question		0

2. Please indicate how much you agree or disagree with the following suggestions to reduce barriers to DME provider participation with CCS

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/Not sure	Rating Average	Response Count
a. Increase the rates paid to DME providers	50.0% (6)	50.0% (6)	0.0% (0)	0.0% (0)	0.0% (0)	1.50	12
b. Ensure that there are staff at the fiscal intermediary familiar with CCS to process claims for DME	75.0% (9)	16.7% (2)	8.3% (1)	0.0% (0)	0.0% (0)	1.33	12
c. Provide training to DME providers on how to complete paperwork to get reimbursed	33.3% (4)	66.7% (8)	0.0% (0)	0.0% (0)	0.0% (0)	1.67	12
d. CCS should work with DME providers to streamline the process of having to re-apply for a Medi-Cal number when the provider moves or changes their scope of service	33.3% (4)	33.3% (4)	0.0% (0)	8.3% (1)	25.0% (3)	1.78	12
e. To reduce delays in payments to DME providers, County CCS programs should cut the checks for DME and then get reimbursed by the state	58.3% (7)	33.3% (4)	0.0% (0)	0.0% (0)	8.3% (1)	1.36	12
f. Periodically adjust payments for equipment to correspond to the price of the equipment so as the cost goes up, the payment goes up too	91.7% (11)	8.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.08	12
g. Increase the ability of hospitals to be able to authorize DME when a CCS patient is discharged to speed up the authorization process and access to needed equipment	75.0% (9)	25.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	1.25	12
h. Reimburse DME providers for travel time when making home visits if total travel time is greater than 1 hour	50.0% (6)	50.0% (6)	0.0% (0)	0.0% (0)	0.0% (0)	1.50	12
i. Make it easier for DME vendors to communicate with county CCS staff in a timely fashion	58.3% (7)	33.3% (4)	8.3% (1)	0.0% (0)	0.0% (0)	1.50	12
j. Provide reimbursement to DME							

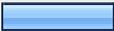
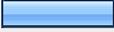
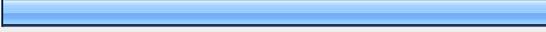
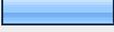
Responses to FHOP Survey for DME Providers

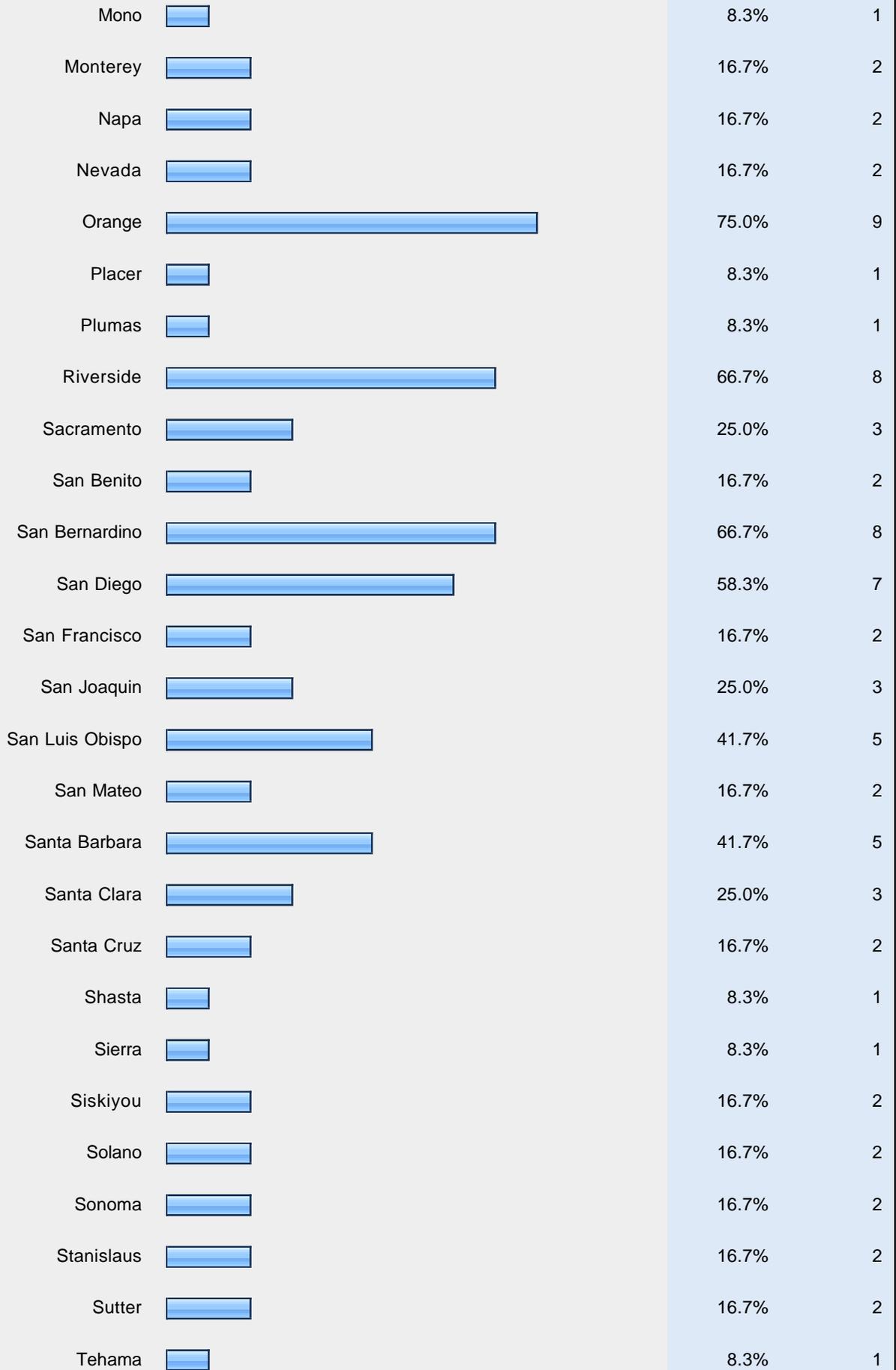
vendors for making periodic adjustments to equipment	41.7% (5)	58.3% (7)	0.0% (0)	0.0% (0)	0.0% (0)	1.58	12
k. Increase staff at the regional office to facilitate the timely approval of authorizations	58.3% (7)	41.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	1.42	12
l. Provide ongoing assistance to DME providers to help with getting CCS paneled, and with authorizations and billing for services once they are paneled.	25.0% (3)	50.0% (6)	8.3% (1)	0.0% (0)	16.7% (2)	1.80	12
m. Extend the time line for authorizations for DME for some complex conditions that are expected to continue for some time.	75.0% (9)	8.3% (1)	8.3% (1)	8.3% (1)	0.0% (0)	1.50	12
Other suggestions to reduce barriers							2
answered question							12
skipped question							0

3. Please tell us a bit more about yourself. Which best describes you, are you a....

	Response Percent	Response Count
DME provider who currently accepts CCS clients	100.0%	12
DME provider who cannot currently accept CCS clients, but is working to be able to do so	0.0%	0
DME provider who NO LONGER accepts CCS clients, but did accept CCS clients in the past	0.0%	0
DME provider who has never accepted a CCS client	0.0%	0
answered question		12
skipped question		0

4. In which of the following counties do you provide durable medical equipment? Please check all that apply.

		Response Percent	Response Count
Alameda		25.0%	3
Alpine		8.3%	1
Amador		8.3%	1
Butte		16.7%	2
Calaveras		8.3%	1
Colusa		8.3%	1
Contra Costa		25.0%	3
Del Norte		25.0%	3
El Dorado		16.7%	2
Fresno		25.0%	3
Glenn		8.3%	1
Humboldt		25.0%	3
Imperial		33.3%	4
Inyo		16.7%	2
Kern		33.3%	4
Kings		16.7%	2
Lake		8.3%	1
Lassen		16.7%	2
Los Angeles		83.3%	10
Madera		16.7%	2
Marin		16.7%	2
Mariposa		16.7%	2
Mendocino		16.7%	2
Merced		8.3%	1
Modoc		8.3%	1



Appendix 28
Responses to FHOP Survey for DME Providers

Trinity		25.0%	3
Tulare		25.0%	3
Tuolumne		8.3%	1
Ventura		66.7%	8
Yolo		8.3%	1
Yuba		16.7%	2
answered question			12
skipped question			0

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

	Response Count
	4
answered question	4
skipped question	8

FHOP Survey of DME Providers
Comments

#1. Barriers to participating in CCS.

OTHER – 5 responses

Different policies for DME that is covered and process by which we get a RAD/TAR from county to county.

The unwillingness of the Sacramento office to communicate with the providers
for 1a, I think it depends on the line of business. Rates for supplies and home infusion are prohibitively low.

Many times we get denied and told to bill medi-cal. The back and forth is frustrating

Major barrier of CCS SAR approval time (can be as long as 6 months)

#2. Suggestions to reduce barriers to DME providers participation with CCS?

OTHER – 3 responses

In 2a, especially in the areas noted

RE: C We find tremendous inconsistency among various county CCS staffer, within the same office, in interpreting requirements for pre-auditing both equipment and prescriptions such as Synagis.

Create statewide inventory tracking system so providers can research prior equipment delivered and create system to recycle products to improve speed to client and reduce cost to state.

#5. Other comments about the CCS Program -5 responses

I cannot say enough about the need for open communication process between the people responsible for providing the services and the people granted the decision making to approve or deny. If that decision is being made by someone who has never been directly involved in the child's care then common sense should dictate that the decision makers would defer to the physician, therapist and providers for their expertise and experience in their combined fields. In our experience, this does not seem to be the normal process.

CCS program needs a serious overhaul. CCS Technical Workgroup is a positive step in the right direction but more work needs to be done.

Process for authorizations - especially recurring authorizations for chronic long term conditions is VERY cumbersome

I take very few CCS patients because there is no way to predict if we will be paid.
