**Memorandum of Understanding**
**For Services Between**
Click here to enter text. **County / California Children Services Program**
**And**
Click here to enter text.**Partnership HealthPlan of California**

Click here to enter text. County /California Children Services (CCS) Program is responsible for assuring that Click here to enter text. County residents under 21 years old with physical disabilities receive necessary and appropriate health care to treat their eligible conditions by CCS-paneled health care providers. The CCS Program authorizes care for and case manages children who have medical conditions that meet the CCS Program medical eligibility requirements and who meet all other program requirements. The Partnership HealthPlan of California (PHC), a county organized managed care system for Medi-Cal recipients, is responsible for the payment of CCS authorized services for children, as well as care coordination, authorization, and payment for any other Medi-Cal services not related to an CCS eligible condition, including preventive and primary care.

Both agencies share a common goal of assuring that Medi-Cal recipients receive quality health care services for their CCS eligible conditions. To achieve this goal, the agencies enter into this Memorandum of Understanding, which outlines their basic roles and responsibilities.

| **Area of Responsibility** | Click here to enter text. **/ California Children Services (CCS)** | **Partnership HealthPlan of California (PHC)** |
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| 1. Liaison | a. Assure that weekly coordination of activities occurs with PHC by appointed CCS liaison. | Assure that weekly coordination of activities occurs with CCS by appointed PHC liaison. |
| | b. Jointly set up administrative program quarterly meetings to discuss and ensure the coordination/collaboration of CCS and PHC activities, and to problem solve. | Jointly set up administrative program quarterly meetings to discuss and ensure the coordination/collaboration of PHC and CCS activities, and to problem solve. |
| | c. CCS liaison will provide consultation and updates to PHC regarding CCS regulations policies, guidelines, benefits and medical eligibility. PHC has access to PEDI (Provider Electronic Data Interface). | PHC will maintain online Provider Manual and Provider Directory and allow CCS access. |
| 2. Case Finding | a. Conduct active and continuous case finding for Click here to enter text. County residents under age 21 with CCS medically eligible conditions. | PHC will encourage all PHC providers to notify CCS immediately upon identification of potentially eligible individuals. |
| | b. Accept all referrals, including those from PHC, of children with potentially eligible conditions for the determination of medical eligibility for CCS. | PHC liaison will notify CCS within 1 working day of any hospitalized member under 21 years old who has a potentially CCS eligible condition, using CCS referral data elements. |

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| 2. Case Finding (continued) | c. Notify PHC liaison of cases that do not meet CCS medical eligibility criteria but who could benefit from PHC case management within 5 working days of determination. | The PHC liaison will accept information from CCS regarding cases that do not meet CCS medical eligibility criteria but who may benefit from PHC case management. |
| | d. Refer to Medi-Cal and/or SSI all potentially eligible children who apply for CCS. | N/A |
| 3. Provider Network | a. Prior to authorizing new vendors, CCS to verify PHC provider status. | Provide CCS with access to PHC website for updated provider lists, to include laboratory, vision care, and pharmacy network providers. |
| | b. Provide PHC access to CCS Website to verify panel status of providers. | PHC will contract with paneled providers who hold a Medi-Cal provider number, as necessary, to enable payment of claims for approved services.<br><br>PHC will verify panel status on-line and contact CCS if clarification is needed. |
| | c. Advise applicant how to contact state to get paneled. | Encourage all appropriate PHC providers to become paneled CCS providers by referring them to the CCS Program. |
| | d. Provide training and consultation to PHC staff and providers regarding CCS Program requirements upon request. | Assure that all appropriate PHC providers are aware of the role of CCS in authorizing services for PHC/CCS members and of the collaborative relationship of CCS and PHC in case coordination of CCS/PHC member children, including PHC's responsibility for payment of services for PHC/CCS members. |
| | e. Consult with PHC pharmacy staff as necessary for drug related questions. | PHC pharmacy staff will respond to drug related questions posed by CCS staff.<br>PHC pharmacy to notify CCS of process clients will experience when client exceeds prescription limitations. |
| | f. Coordinate with PHC in linking the CCS/PHC member to an appropriate primary care provider, taking into consideration family preference and the complexity of the member's condition. | Responsible for assigning PHC/CCS members to an appropriate primary care provider, taking into consideration family preference and based upon the complexity of the member's condition. |

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| 4. Case Management | a. Determine medical/ financial/ residential eligibility of individuals for the CCS program. After eligibility is determined all requests received are reviewed and authorized if appropriate. | Assure that PHC/CCS members are assigned "special case managed" status. Effective dates are from determination by CCS that the case is open/active, until the last day of the month when eligibility for CCS ceases. |
| | b. All active cases are reviewed annually for appropriate authorization. When opened initially if a Special Care Center (SCC) is required but not requested it is still authorized by CCS PHN CM. | Develop and implement an individualized case management plan that focuses on coordination of preventive services, wellness, and non-CCS related care. |
| | c. Notify PHC of CCS cases when case converts from Diagnostic to Treatment or is closed by sending a hard copy of CCS face sheet. | Notify CCS when CCS/PHC members are hospitalized. Cases open to CCS for diagnostic purposes will have no changes to assignment until open for treatment.<br><br>When a case has been closed to CCS, the member will be assigned to case managed status in the PCP assignment cycle. |
| | d. CCS will use CMSNet systems to document all denials. | PHC to authorize all Medi-Cal benefits for members CCS has not opened. PHC will access PEDI to review all denials. |
| 5. Authorization of Services | a. Authorize all medically necessary services related to a CCS medically eligible condition according to CCS standards.<br><br>Enter authorizations and denials into the California Medical Services (CMS) NET on-line system. | Advise providers to submit all non-pharmacy requests for services related to the CCS eligible condition directly to CCS.<br><br>PHC Staff will access PEDI for authorization information and will review, approve and/or deny all requests for services that are not CCS approved. |
| | b. All authorizations for numbered lettered drugs require separate authorization by CCS Prescriptions received directly from a pharmacy by CCS will be approved if criteria is met, if not, request will be denied and the provider notified that they need to request PHC review for possible authorization. | Pharmacies will be instructed to submit all requests for numbered lettered drugs to PHC who then will fax the requests for drug(s) to the CCS office.<br><br>Any pending pharmacy request for a CCS child will be faxed to CCS for review within 24 hours (excluding weekends). Urgent pharmacy requests will be transmitted to CCS by phone or fax immediately. |
| | c. Issue authorizations only to CCS/Medi-Cal approved providers who are aware of PHC as Fiscal Intermediary. | Accept CCS' determination of CCS approved providers. |

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| 5. Authorization of Services (continued) | d. Send notification to providers and CCS liaison within one working day if a service is denied, citing the regulation/ policy and/or numbered letter. Advise providers to contact PHC if requested service is a benefit of PHC but not CCS. | PHC will consider requests for authorization of services that are not CCS benefits, but are PHC benefits. |
| | e. Review all pending cases for medical eligibility within five days of receipt of acceptable medical documentation e for opening as active case or denial of requested services, (per CCS Policy & Procedure Manual) | N/A |
| | f. Assign initial length of stay and subsequent extensions of stay per CCS regulations for all active inpatient hospital cases. | PHC will accept days that have been approved by CCS, in accordance with the benefits of the MediCal program and Early Periodic Screening and Diagnosis Treatment (EPSDT) supplemental services. |
| | g. All CCS inpatient days will be reviewed by CCS Medical Consultant (or designee). If a portion of the stay is ineligible it is noted "denied" under special instructions on SAR. No separate denial is issued. | Refer all questions regarding potential denial of services to PHC Medical Director. |
| | h. CCS Service Code Grouping (SCG) regulations allow for authorization of both medications and medical supplies without a separate authorization. | PHC will assure that CCS provider receives correct reimbursement for non coded medications and medical supplies via internal Treatment Authorization Request (TAR) from PHC liaison. |
| | i. Out of state authorization decisions will be made at CCS-State level and the State is responsible to assure the services are not available in California. | N/A |
| | j. In cases of unresolved disagreements regarding authorizations, the CCS Medical Consultant, the PHC Medical Director, and case management staff should confer regarding specifics of the case. The opinion of the State Children's Medical Services (CMS) Branch Director shall be considered binding. | In cases of unresolved disagreement regarding authorizations, the CCS Medical Consultant, the PHC Medical Director, and case management staff should confer regarding specifics of the case. The opinion of the State CMS Branch Director shall be considered binding. |
| 6. Center Care | a. When Program Service Agreement (PSA) is signed, authorization for evaluation and treatment will proceed as per Numbered Letter (NL) # 080900. If no PSA, then authorization will have | PHC to review all reports for services where required, as per NL #080900, and process claims as appropriate. |

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| | special instruction added to SAR noting that "This authorization is valid only as long as client's Medi-Cal eligibility is active. If client does not have Medi-Cal eligibility on the date services are rendered, the claim will not be paid. To avoid non-payment, you must verify client's Medi-Cal eligibility before rendering any services. Authorized services must be billed directly to the Medi-Cal fiscal intermediary. Please contact the local CCS office for questions or assistance." | |
| 7. Fiscal Management | a. All claims for PHC members are submitted for processing/payment directly to PHC. Claims for Medi-Cal fee for service (State), CCS eligible or to claim a non-PHC benefit are sent to the State CCS Fiscal Intermediary. | |
| | b. Claims received by CCS Account Clerk II (AC2) are returned to providers for submission to PHC for processing. | PHC will process in accordance with policies and procedures currently in place. |
| 8. Education | a. Conduct training sessions periodically, and upon request, for medical and allied health professionals regarding CCS Program eligibility, benefits, and coordination between CCS and PHC on CCS and other Maternal and Child Health (MCH) programs. | In annual updates of the PHC Provider Manual, describe the eligibility requirements and benefits of the CCS program, the collaborative nature of the relationship between CCS and PHC, and the processes for referral, approval, and payment for CCS services. |
| | b. Provide informational material to families concerning health such as Womens, Infant and Children (WIC), Child Health and Disability Program (CHDP) and nutrition services available to PHC clients. | Refer provider or caregiver questions on the CCS Program requirements, eligibility, etc. to the CCS Program. |
| 9. Transportation Assistance and Non-Medical Services | a. Identify barriers in securing medically necessary services as related to CCS, conducted in the following order:<br>• Medi-Cal benefit<br>• CCS benefit<br>• PHC enhanced benefit | Provide information to CCS on PHC enhanced transportation benefit and update as necessary.<br><br>PHC will authorize non-emergency transportation for PHC-CCS members per Medi-Cal benefit. |
| | b. Coordinate with and refer to other agencies to overcome identified barriers through advocacy, patient education and/or CCS financial assistance, as per CCS guidelines. | Refer to CCS all requests for non-Medi-Cal benefit services related to the CCS condition on PHC/CCS members for benefit determination and/or referral to other agencies. |
| 10. EPSDT Supplemental Services | a. Forward all requests for EPDST supplemental services to PHC for review and approval. On Service Code | PHC will review requests for EPSDT supplemental services using CMS, Medi-Cal policies and guidelines and DHS |

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| Related to CCS eligible conditions | Groupings (SCGs) which include EPSDT codes such as 04 and 05 special instructions will be added that note the EPSDT supplemental codes do required PHC approval as EPSDTSS cannot be approved by Click here to enter text. CCS. | contractual requirements and send copy of response to CCS. |
| 11. Conflict Resolution | a. CCS Administrator and CCS liaison will meet at least quarterly with PHC Sr. Director Health Services and PHC liaison to address problems regarding access, referrals and authorizations, providers and claims issues. Those issues that cannot be resolved will be forwarded to the CMS Regional Medical Consultant. | PHC Sr. Director Health Services and PHC liaison will meet at least quarterly with CCS Administrator and CCS liaison to address problems regarding access, referrals and authorizations, providers and claims issues. Those issues that cannot be resolved will be referred to Department Health Services (DHS) Contract Manager. |
| | b. CCS Administrator and CCS liaison will meet with PHC Sr. Director Health Services and PHC liaison as needed to review, update & revise MOU if necessary. | PHC Sr. Director Health Services and CCS liaison will meet with CCS Administrator, and PHC liaison as needed to review, update and revise MOU if necessary. |
| 12. Quality Assurance | a. CCS Health Officer / Deputy Director and CCS Administrator may attend PHC Quality Utilization Advisory Committee meetings.<br><br>Specific issues regarding quality of care provided to PHC/CCS member(s) may be placed on the next meeting's agenda by the PHC Sr. Director Health Services or Chief Medical officer after being contacted by CCS. | PHC conducts monthly meetings of a Quality / Utilization Advisory Committee, which includes continuous improvement topics concerning PHC/CCS members.<br><br>Specific issues regarding quality of care provided to PHC/CCS member(s) may be placed on the next meeting's agenda by the PHC Sr. Director Health Services or Chief Medical Officer after being contacted by CCS. |

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| 12. Quality Assurance (continued) | b. CCS staff will continually monitor paneled provider network to identify geographic and specialty care gaps and work collaboratively with PHC for resolution. | If CCS is not able to identify a provider for member, PHC may provide services through the PHC provider network. |
| | c. PHC and CCS staff will jointly monitor and assess the effectiveness and timeliness of identification and referral of potential CCS eligibles. | PHC and CCS staff will jointly monitor and assess the effectiveness and timeliness of identification and referral of potential CCS eligibles. |
| | d. The CCS Administrator with the assistance of CCS liaison will:<br>• Collaborate with PHC on issues regarding continuity, quality and access as it relates to PHC/CCS members or system issues of delivery of health care.<br>• Update PHC about changes to the CCS Program to ensure correct educational efforts by the PHC Provider Relations staff. | PHC staff will with the assistance of PHC liaison:<br><br>Collaborate with CCS on issues regarding continuity, quality and access as it relates to CCS/PHC members or system issues of delivery of health care.<br><br>Update CCS about changes to program policies and procedures that will affect CCS service delivery. |

This agreement is entered into as of Click here to enter text. for a term of Click here to enter text., ending Click here to enter text.. The undersigned or their designees will review, update and/or renegotiate this agreement or sections thereof annually or as needed.

PHC warrants that it is knowledgeable of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations issued by the U.S. Department of Health and Human Services (45 C.F.R. Parts 160-64) regarding the protection of health information obtained, created, or exchanged as a result of this Memorandum of Understanding and shall abide by and implement its statutory requirements. PHC shall execute the form attached as Exhibit 1.

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| Click here to enter text. County | Partnership HealthPlan of California<br>Chief Executive Officer |
| _____ | _____ |
| Click here to enter text. County | Partnership HealthPlan of California<br>Chief Medical Officer |
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| | Partnership HealthPlan of California<br>Senior Director, Health Services |