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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

June 9, 2011

CCS Information Notice: 11-02

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATOR AND
CHILDREN'S MEDICAL SERVICES (CCS) BRANCH STAFF

SUBJECT: Quality Assurance Monitoring of Service Code Group (SCG) 51

SCG 51 was developed to simplify the authorization of surgery services and necessary related procedures and benefits required for both in-patient and out-patient surgeries (see Numbered Letter 02-0510). Prior to the implementation of SCG 51, the authorization of surgeries required a request for and authorization of multiple procedures using a procedure specific Service Authorization Request (SAR).

This was labor intensive for both providers and CCS case management staff. Surgical procedures that are Medi-Cal benefits and which are not specifically excluded from SCG 51 (see Enclosure A of Numbered Letter 02-0510) can be authorized using SCG 51. In order to evaluate the efficient and effective utilization of SCG 51, the following processes will be utilized to review and monitor the services billed pursuant to SCG 51 SARs.

On a quarterly basis, CCS County Medical Consultants for independent counties, or their designees, should conduct quality assurance monitoring activities on the use of SCG 51 authorizations issued by their county. For dependent counties, State staff will conduct SCG 51 quality assurance monitoring activities. County programs with CCS clients enrolled in Medi-Cal Managed Care plans with carved-in CCS services (i.e., Napa, San Mateo, Santa Barbara, Solano, and Yolo) will only be able to complete monitoring activities using information for authorizations issued to Healthy Families (HF) and CCS-only clients.

The following reports have been developed to assist in this process and provide consistency in the evaluation of the usage of SCG 51:

- CMS Net Report **SCG 51 Authorizations** (found in CMS Net under Reports; SAR)
 - This report provides County specific data on the SCG 51 SARS authorized for CCS clients.
 - This report is available for real time generation and can be reviewed in increments that are not greater than 90 days, with the specific time frame determined by the user.
 - This report can be generated retroactively on a quarterly basis; identification of SCG 51 authorizations issued from July, 1, 2010 through December 31, 2010, will require two reports: one from July 1, 2010 through September 30, 2010, and one from October 1, 2010 through December 31, 2010.
- Business Objects Corporate **Report 003-Expenditures by SAR Number**
 - This report includes all CCS expenditures billed against the SAR, regardless of funding source.
 - This report allows the tracking of expenditures by SAR number (as they are identified in the CMS Net SCG 51 Authorization Report discussed above).
 - This report typically lags the actual date of payment of claims adjudicated by the Department of Health Care Service's Fiscal Intermediary by approximately two months.

The Monitoring Review Tool consists of two parts.

- The general review portion reflects **all** authorizations issued for SCG 51 from your county within the specified monitoring time period.
- A County specific review should be completed that consists of a detailed chart audit, conducted on 10 percent of the authorizations for SCG 51 to a maximum of 20 charts, if there are more than 50 authorizations. For fewer than 50 authorizations, a detailed chart audit should be conducted on 5 charts.

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County Programs should complete quarterly reviews starting with authorizations issued at the beginning of statewide implementation of SCG 51 on July 1, 2010. Completed reports should be submitted to the CMS Program by email to:
CCSReports@dhcs.ca.gov.

Counties are requested to submit reports for the following quarters (July-September 2010, October-December 2010, and January-March 2011) by June 30th 2011.

Questions regarding the SCG 51 monitoring activity should be submitted to the mailbox cited above.

ORIGINAL SIGNED BY ROBERT DIMAND

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