California Children's Services (CCS) Redesign

Provider Access & Provider Network Technical Workgroup

Kick-off Webinar

March 18, 2015

Department of Health Care Services

UCLA CENTER FOR HEALTH POLICY RESEARCH

Welcome
&
Introductions

Anastasia Dodson, DHCS

Overview of Agenda

David Banda, DHCS

CCS Redesign Technical Workgroups

The Provider Access and Provider Network Technical Workgroup (TWG) is one of six workgroups created to facilitate and inform the CCS Redesign process. The other TWGs are:

- Data;
- Eligibility / Health Conditions;
- Outcome Measures / Quality;
- County / State Roles and Responsibilities; and
- Health Homes / Care Coordination / Transitions.

Provider Access & Provider Network Technical Workgroup Description

The Provider Access and Provider Network TWG will be responsible for providing the RSAB with relevant information regarding the CCS program.

The CCS program has established standards for all pediatric specialty and subspecialty care across the State that will be maintained in any organized delivery system developed through the redesign process.

Provider Access & Provider Network Technical Workgroup Description

The focus of this workgroup will be to explore further potential for expanding the CCS network of providers, consider ways to address geographic disparities in access and provider shortages, look at managed care access standards, and consider provider credentialing and access standards for an organized delivery system under CCS redesign.

In addition, DHCS and UCLA will encourage coordination with Janet Coffman and her team at UCSF, who have conducted significant research on the supply of pediatric specialists in California, provider access issues, and potential for workforce development.

Provider Access and Provider Network TWG Potential Topics

The final list of topics will be identified and prioritized by the Provider Access and Provider Network TWG in conversation with the RSAB and other TWGs. Suggestions include:

- Provider paneling, current certification criteria (for hospitals, individual providers, and special care centers) and potential for expanding
- Setting and maintaining standards of care and provider networks across the State, and requirements of health plans and any CCS organized delivery system for evaluating and maintaining those standards
- Access to specialty providers in rural counties, and potential for scheduling multiple same-day appointments for long-distance travel or providing additional travel resources to families/caregivers
- Potential for incorporating telemedicine and home-based health care into enrollees' care plan for care maintenance.

Provider Access and Provider Network TWG Members

Co-Chairs:

- **Nick Anas, MD** – President, Children's Specialty Care Coalition; Pediatrician in Chief, Director Pediatric Intensive Care Unit (CHOC Children's Hospital)
- **David Banda** – Health Program Specialist (DHCS)

Members:

- **Amy Carta** – Assistant Director Santa Clara Valley Health & Hospital System; California Association of Public Hospitals and Health Systems
- **Arlene Cullum** – Director, Women's And Children's Ambulatory Services (Sutter Health)

Members, continued:

- **Nathan Davis** – Vice President of Finance (CCHA)
- **David Hodge, Jr** – Executive Director, Ambulatory Care (Valley Children's Hospital)
- **Tony Maynard** – Board Member / Patient (Hemophilia Council of CA)
- **Kathryn Smith** – Associate Director for Administration (CHLA)
- **Abbie Totten** – Director, Govt. Programs and Strategic Initiatives (Health Net, Inc.)

Existing CCS Provider Systems

David Banda, DHCS

Department of Health Care Services

UCLA CENTER FOR HEALTH POLICY RESEARCH

CCS Service Providers

- Hospitals
- Individual Providers
- Pharmacies
- DME Providers
- Other Provider Types and Manufacturers

CCS Provider Standards

- Hospitals
  - ✓NICU
  - ✓PICU
- Individual Physicians
- Allied Health Care Providers
- Special Care Centers

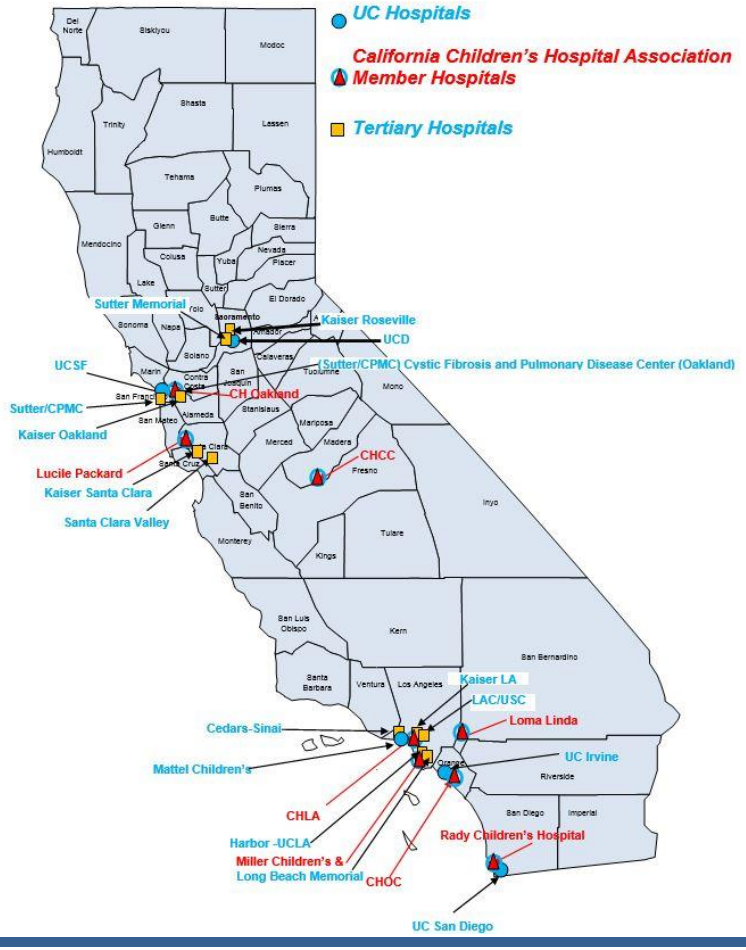
CCS Special Care Centers

- Hospital-linked Inpatient/Outpatient and Stand Alone Outpatient
  - ✓‘Condition based’
  - ✓Multispecialty- multidisciplinary teams
  - ✓Annual evaluations
  - ✓Certain conditions require receipt of care at center

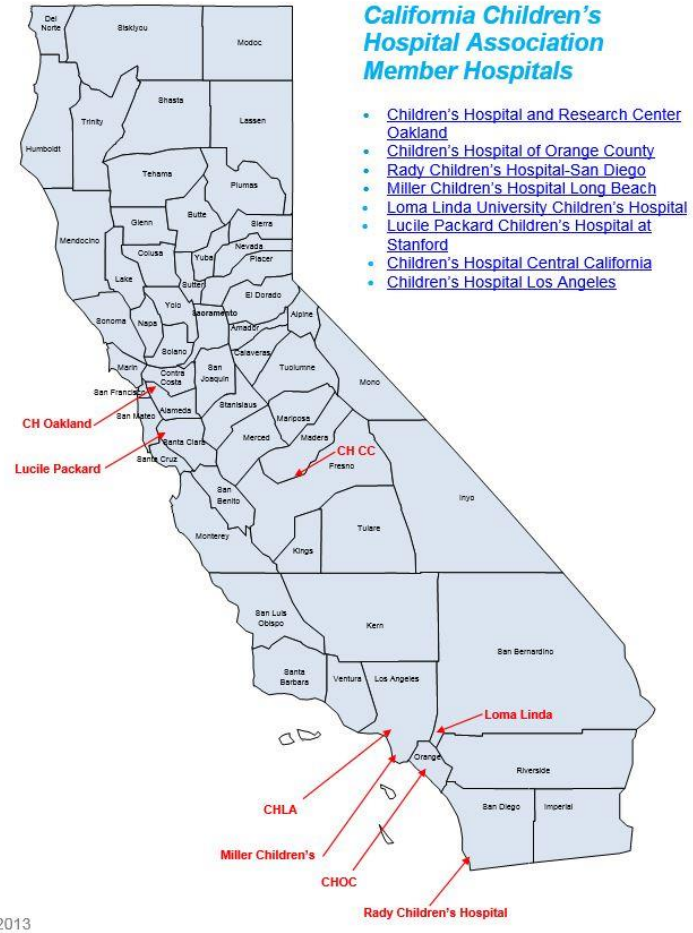
CCS Approved Facilities

- **338 Hospitals**
- **129 NICUs**
- **27 PICUs**
- **250 Other SCC**

UC, CCHA, Tertiary Hospitals Map



CCHA Member Hospital Map



11/18/2013

NICU and PICU Application

Standards	Standard Number	Periodic Reviews
I .Neonatal Intensive Care Unit (NICU)		**May be conducted on an annual basis or as deemed necessary by the CCS program.**
1. Regional NICU a) Tertiary Hospital b) Neonatal Surgery/PDA	**3.25.1**	
2. Community NICU a) Pediatric Community Hospital **or** b) General Community Hospital **or** c) Special Hospital;	**3.25.2**	**May be conducted on an annual basis or as deemed necessary by the CCS program.** **No less than five-year intervals and more often if indicated**
3. Intermediate NICU a) Pediatric Community Hospital **or** b) General Community Hospital **or** c) Special Hospital	**3.25.3**	**May be conducted on an annual basis or as deemed necessary by the CCS program.**

NICU and PICU Application, continued

Standards	Standard Number	Periodic Reviews
II. Pediatric Intensive Care Unit (PICU) **1999 Standards** 1. Tertiary Hospital **or** 2. Pediatric Community Hospital	**3.32**	**No less than every three years or as deemed necessary by the CCS program.**
Neonatal Surgery/PDA (Community NICU) ➢ Tertiary Hospital ➢ Pediatric Community Hospital ➢ General Hospital ➢ Special Hospital	**3.34** **3.34.1/C**	

Recertification Period

Facility Type	Recertification Period	Comments
Hospitals Tertiary, Pediatric, Community, General Community, Special Community, and Limited Hospital	Conducted no less than **every three years or as deemed necessary** by the CCS Program.	
Neonatal Intensive Care Unit (NICU) Community and Intermediate	Conducted on an **annual basis or as deemed necessary** by the CCS Program.	
Pediatric Intensive Care Unit (PICU)	Conducted no less than **every three years or as deemed necessary** by the CCS Program.	
Pediatric Intensive Care Unit (PICU) Community	Conducted on an **annual basis or as deemed necessary** by the CCS Program.	Per Final Draft Standards for Community PICU, dated October 16, 2112
Special Care Centers	Not Specified	Located within CCS approved tertiary hospitals with CCS approved Pediatric Intensive Care Units (PICU) or special hospitals demonstrating equivalent expertise.

Types of Approval

Approval Type	Description
Full	Granted when all CCS Provider Standards for the specified facility are met.
Provisional	Maybe granted when all CCS Provider Standards appear to be met, additional documentation is required by the CCS program. This type of approval may not exceed one year.
Conditional	For a period not to exceed six months, may be granted when there are readily remediable discrepancies with program standards. The specified facility must present written plan for achieving compliance with program standards, and the plan must be approved by the CCS program. If the discrepancies are not corrected with the time frame specified by the CCS program, approval shall be terminated.
Denial	Given based upon failure of the specified facility to meet CCS program standards.

CCS Provider Paneling

Types of Providers

The following providers must be paneled by CCS in order to treat clients with a CCS-eligible medical condition:

- Physicians
- Podiatrists
- Audiologists
- Dietitians
- Occupational Therapists
- Orthotists
- Pediatric Nurse Practitioners *
- Physical Therapists
- Prosthetists
- Psychologists
- Registered Nurses *
- Respiratory Therapists *
- Social Workers
- Speech Language Pathologists

*Provider type is subject to program participation limitations.

Provider types not listed above do not need to be paneled by the CCS program to treat CCS clients.

National Provider Identifier Required

All providers applying for CCS paneling must be enrolled as a Medi-Cal provider and have a valid National Provider Identifier (NPI) to become CCS-paneled.

Additional information regarding enrolling an NPI with Medi-Cal can be located at *http://files.medi-cal.ca.gov/pubsdoco/npi/npi.asp*.

CCS Provider Paneling, continued

Panel Applications

The application for becoming paneled by CCS has two versions: A *California Children's Services (CCS) Program Individual Provider Paneling Application for Physicians and Podiatrists* (form DHCS 4514) and a *California Children's Services (CCS) Program Individual Provider Paneling Application for Allied Health Care Professionals* (form DHCS 4515). Physicians, podiatrists, and allied health professionals can apply online or with a hard copy via fax or United States Postal Service. Allied provider applications are never auto-paneled. Allied providers need to provide supporting information that must be reviewed by an analyst

- *Visit the CCS website at www.dhcs.ca.gov/services/ccs/pages/default.aspx and click on "Forms," located under the "County CCS Programs" heading.*
- Visit the Medi-Cal website at *www.medi-cal.ca.gov*, click on "Forms," and scroll down to "California Children's Services (CCS)."

Applying online

- Visit the http://www.dhcs.ca.gov/services/ccs page on the DHCS website. Under the "Providers" heading, click on "Becoming a CCS Provider": http://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx
- Click on the following hyperlink, located near the bottom of the "Becoming a CCS Provider" page: https://cmsprovider.cahwnet.gov/PANEL/index.jsp. Enter the code provided in the text box and complete the online application. If the online application system indicates additional information is required, fax the information to (916) 440-5299.

Auto-Paneled – This is when the provider successfully inputs all required information into the website and the system automatically panels the provider. A certificate is generated and there is nothing more for the analyst to do. This scenario is not available to allied providers, such as Audiologists.

Auto-Pended – Provider inputs their information into website and receives a pending status. A physician may be required to submit more information before being fully paneled. Allied providers are always put into a pending status because requirements for paneling of allied providers requires analytical review of required documentation submitted to meet the specific allied practioner's requirements. Once an application is denied due to the provider not submitting the requested information, the provider must provide a new application should they wish to paneled

CCS Provider Paneling, continued

Physician Paneling

Physicians may be paneled with full or provisional approval status, described as follows.

Full Approval

Physician applicants who meet all criteria required for paneling, including certification by the American Board of Medical Specialties (ABMS) will be given full panel approval.

Provisional Approval

If the physician is board eligible for the certifying examination, provisional paneling status will be given to the physician for three years upon completion of residency or fellowship training. Upon successful completion of the board examination, the physician must provide an ABMS certificate immediately by faxing the number listed below or by mailing to the Systems of Care Division Provider Paneling Unit.

Paneling Statistics

In 2014 approximately 10,000 Physicians and Allied Professionals were paneled

- ~ 84% were Physicians
  - ~ 8,560 paneled/year
  - ~ 778 paneled/month
  - 60% used the Auto-paneling feature
  - 7% were either automatically Pended or made Provisional awaiting additional information
- ~ 16% were Allied Professionals
  - ~ 1,700 paneled/year
  - ~ 154 paneled/month

Source: CMS Net

Note: ~ means approximately

Comments from Co-Chair

Nick Anas, MD

Children's Specialty Care Coalition

CCS Provider Access & Networks: Overall Considerations

How can we develop and ensure an integrated and adequate network of primary care and specialty care physicians?

- ACO strategy to aggregate primary and specialty care providers.
- Economic models to include physicians and hospitals.
- Care models to address quality, cost, access, and patient satisfaction.
- Assess current provider standards and credentialing.

Maintain Quality of CCS Network

CCS Redesign effort should maintain the CCS standards for Provider training, certification, and performance; sustain regional provider networks; primary and specialty care Providers must form integrated Networks; there must be a “whole-child” approach to care/the development of the medical home concept.

Use Data to Assess Current Access

Determine the spectrum/severity of the Provider access issues, and determine the barriers to access. In this process, identify the specific physician specialties or primary care Providers that are difficult to guarantee access and to determine which regions of the State are most impacted.

Focus on Solutions

- Focus on solutions to improve access: recruitment and retention of physicians; use of mid-level providers to provide care; use of technologies like telemedicine and electronic referrals to enhance access.
- Review outcomes from pilots
- Use data and technology to measure network/access activity and performance to date and going forward

Group Discussion & Questions

Jessica Padilla: jessicap@ucla.edu

David Banda: v.david.banda@dhcs.ca.gov

Nick Anas: Nanas@choc.org

http://www.healthpolicy.ucla.edu/ccs

Provider Network and Provider Access TWG Workplan & Next Steps

- Key Priority Areas
- Obtaining Input
- Need for Evidence to Guide Decisions
- Relationship with other technical workgroups
- Resources & Capacity
- Timeline
- Homework & Next Steps