

How to become a California Children's Services Provider

Presented by Blue Shield of California Promise Health Plan
(Care1st Health Plan until 12/31/2018)



Our goal today

Explain how easy it is to get paneled with the California Children's Services (CCS) Program, and the benefits it provides you, and your current and future CCS-eligible patients.



Agenda

- California Children's Services (CCS) overview
- Benefits of CCS provider empanelment
- How to apply for the CCS provider panel
- Helpful resources
- Q&A

This presentation and a link to the recording will be emailed to you within five (5) business days.

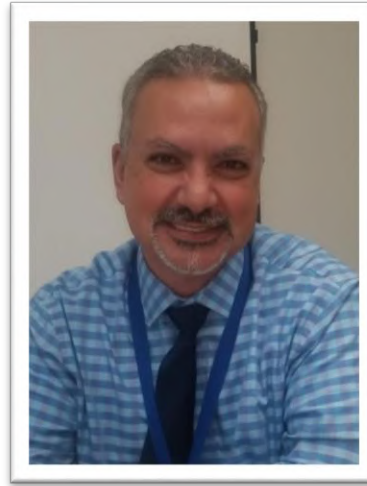
Meet the Blue Shield Promise Health Plan team

Your presenters and content experts



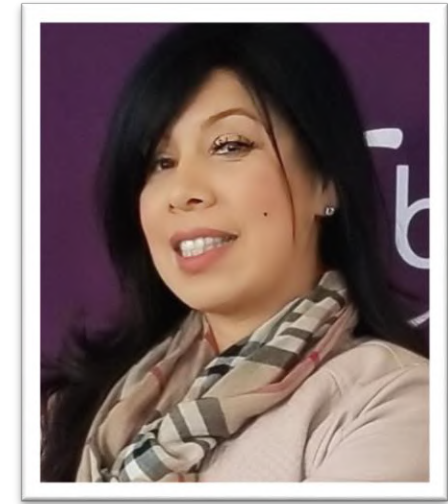
Steven Chin

AVP, Provider Network
Operations



Emile Shenouda, MD

Medical Director



Laura Ververa

Senior Program Manager

Why CCS...



California Children's Services (CCS) overview

What is California Children's Services (CCS)?

CCS is a statewide medical care coordination program that assists children under age 21 who have chronic, disabling, or life-threatening CCS-eligible medical conditions, and need specialty medical care.

- Arranges and pays for all or part of program-eligible patients' medical care, therapy services, and equipment.
 - Services covered by CCS are carved-out from the Medi-Cal Managed Care Plan (MCP).
- One of several programs that fall under California's Children's Medical Services (CMS) branch.
- A Medi-Cal affiliated program within each county funded from county, state, and federal governments.
- Administered as a partnership between county health departments and the California Department of Health Care Services (DHCS).

• [California Children's Services](#)

Who participates?



Children under the age of 21 – and their families – with CCS-qualified health conditions who get accepted in CCS.



MDs, ODs, DPMs, and other allied health professionals who get paneled by CCS to provide care services for CCS clients.



Facilities who get approved by CCS to provide care services for CCS clients.

What services fall under the CCS program?

- CCS clients may be eligible for one or more of the following services:

Medical case management

Diagnostic services and programs, care plans, authorized services coordination, prior authorizations, ongoing case review, resource identification, social services, transition planning.

Medical treatment

Physician services, hospital and surgical care, physical therapy and occupational therapy, lab tests, X-rays, orthopedic and medical equipment.

Medical Therapy Program (MTP)

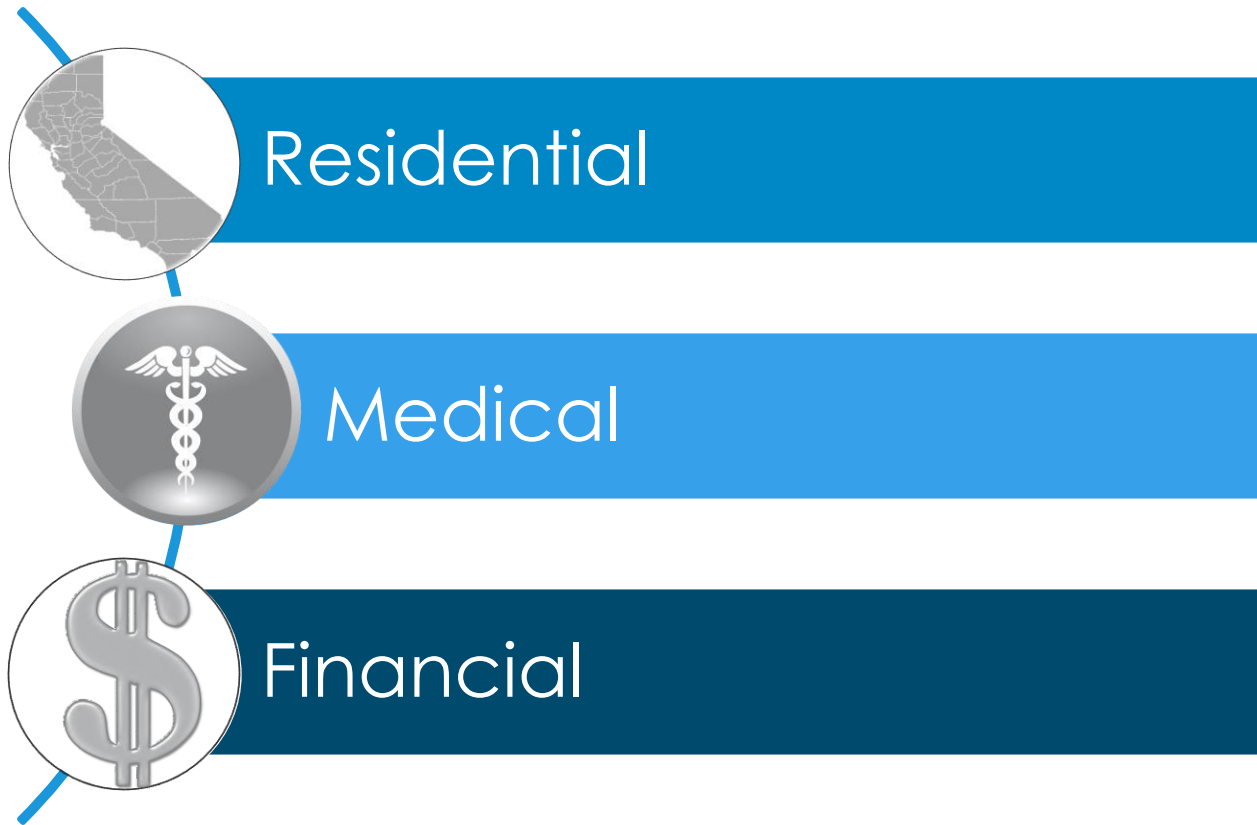
Occupational, physical, and speech therapies for long-term physical disabilities generally due to:

- Neurological disorders
- Musculoskeletal disorders

- Additional CCS services include [High Risk Infant Follow-up \(HRIF\)](#) and the [Newborn Hearing Screening Program \(NHSP\)](#)
- [Medical Therapy Program \(MTP\)](#)

What are CCS' patient-eligibility requirements?

CCS program-eligible patients must be less than 21 years of age and meet three types of criteria:



Residential eligibility criteria

- **Potential CCS clients must be residents of California**
 - Application must be submitted to the CCS program in the county where they live



Medical eligibility criteria

Have a physical disability or other medical condition covered by the CCS medical eligibility regulations

- Infectious diseases
- Neoplasms
- Endocrine, nutritional, and metabolic diseases and immune disorders
- Diseases of blood and blood-forming organs
- Diseases of:
 - Nervous, circulatory, respiratory, digestive, or genitourinary systems
 - Eye, ear and mastoid
 - Skin and subcutaneous tissues
 - Musculoskeletal system and connective tissue
- Congenital anomalies
- Perinatal morbidity and mortality
- Accidents, poisonings, violence, and immunization reactions

• [CCS Medical Eligibility](#)

Financial eligibility criteria*

- Patients qualify financially if they meet one or more of these criteria:

- Have full-scope, no share-of-cost Medi-Cal
- Have a CCS-eligible condition
- Need Medical Therapy Program (MTP) services only

- Patients may also qualify financially if they meet one of these criteria:

- Family has an adjusted gross income (AGI) under \$40,000
- Family with AGI over \$40,000 has out-of-pocket costs for the eligible condition expected to exceed 20% of AGI
 - Includes commercial coverage

* CCS program eligibility is for a period of up to 365 days and may be less if the client's eligibility status changes.

How does CCS partner with Medi-Cal Managed Care Plans (MCP)?

- Services to treat a child's CCS-eligible condition are authorized and paid by the CCS program, once CCS eligibility is determined.
 - CCS manages delivery of all CCS-related services.
 - CCS and the MCP jointly coordinate delivery of services that are non-CCS.
 - CCS services are authorized by the local county CCS office through DHCS, once CCS eligibility is determined.
 - The member remains enrolled in their Medi-Cal Managed Care Plan.
 - PCP is still responsible for providing primary care, preventive services, and services not related to CCS-eligible medical conditions.

Why get CCS-paneled?

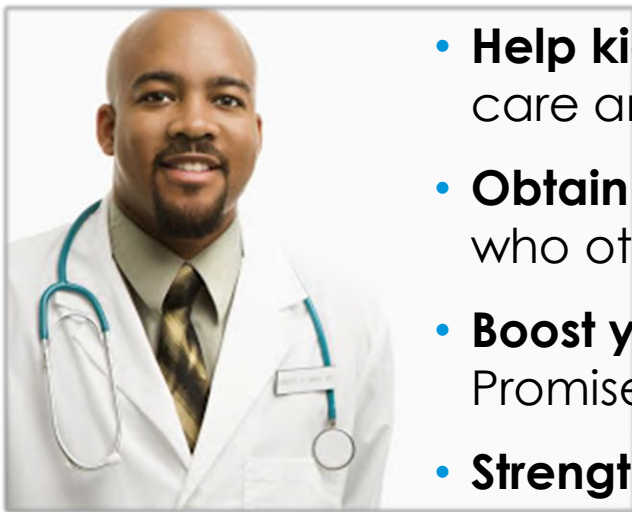
What is provider paneling?

Paneling is the CCS process for reviewing and approving providers by ensuring they meet specific requirements and are qualified to provide services for CCS-eligible patients.

- Physicians and most allied health professionals must be CCS-paneled in order to receive authorization to provide services to CCS clients.



What are the benefits for you and your patients?



- **Help kids and their families** obtain much-needed health care and other services
- **Obtain reimbursements** for services offered to children who otherwise would have limited medical coverage
- **Boost your presence and referrals** through the Blue Shield Promise Health Plan provider portal
- **Strengthen our partnership** with you through CCS referrals
- **Increase patient volume** through our health plan as a CCS-paneled provider
- **Submit fewer authorizations**, depending upon the service
- **Gain support services from both CCS and Blue Shield Promise** to help your staff with care coordination



How to become a CCS paneled provider

Application requirements

MDs, ODs, and DPMs

- National Provider Identifier (NPI) enrolled with Medi-Cal*
- Current CA medical/osteopathy/podiatry license
- Current CA board certificate in specialty or subspecialty
 - Family practice physicians must meet the requirements above plus have documented experience treating children with CCS-eligible medical conditions for at least five years or have treated 100 or more such children.†
- **Physicians who are not board certified...** CCS will work with you up to three years to obtain board certification

* Providers that currently work for a Federally Qualified Health Clinic (FQHC) or a Rural Health Clinic (RHC) can use the facility's NPI where they are employed.

† The documented experience requirement is waived if the family practice provider is employed at a Child Health and Disability Prevention (CHDP) facility.

• [CCS Provider Paneling Standards](#)

Apply online

Any provider – MD, DO, DPM, and allied health professional – who offers special services to infants, children, and young adults with CCS medically eligible conditions.

- Providers apply online. The process takes approximately two weeks from the date of submission, and there is no charge.

The screenshot shows the 'Search Applications for Paneling' form on the Children's Medical Services website. The form includes the following fields and controls:

- Application Type:** A dropdown menu with 'Allied Health' and 'Physician' as options. An orange arrow points to this field.
- Application Status:** A dropdown menu with 'Select' as the current value.
- Provider Last Name:** A text input field.
- First Name:** A text input field.
- Or** (text separator)
- NPI #:** A text input field.
- Or** (text separator)
- License Number:** A text input field.
- Application Tracking #:** A text input field. An orange arrow points to this field.

At the bottom of the form, there are three buttons: 'New Application', 'Search Application', and 'Reset'. The page header includes 'California Home', 'DHCS Home', 'DHCS Organization', and the date 'Wednesday, October 3, 2018 10:31:50 A.M.'.

- [CCS Paneling Application](#)

Provider paneling process

#	Steps
1	If needed, complete the application to become a Medi-Cal provider .
2	Review the Provider Paneling Standards on the CCS website. Paneling requirements are also included at the end of the application under the instructions section.
3	Submit a CCS Paneling Application for physicians or allied health providers online, using Internet Explorer 9 or higher .
4	Write down the unique number you receive upon completing the application. Track your application status by returning to the CCS Paneling Application and entering the number into the online form.

Questions? Contact the Integrated Systems of Care Division, Provider Enrollment Unit at **(916) 552-9105 option 5**, then **option 2**, or email providerpaneling@dhcs.ca.gov, or **contact your local county CCS office** ([CCS county offices list](#)).

Helpful resources

Resources to support empanelment

- Blue Shield Promise Health Plan
 - Rebekah White, LVN; QI Case Manager
 - Email: Rebekah.White@blueshieldca.com
 - Phone: (800) 468-9935 option 6 then option 7
 - Blue Shield Promise Health Plan > Provider Resources > Become a paneled provider for CCS (<https://www.care1st.com/ca/providers/index.asp?sec=PaneledProvider>)
- [California Children's Services \(CCS\)](#) website:
 - [Becoming a CCS Provider](#)
 - [Paneling Standards](#) (physicians and allied health professionals)
 - [Paneling Application](#) (physicians and allied health professionals)
 - Questions? Contact the Integrated Systems of Care Division, Provider Enrollment Unit at **(916) 552-9105 option 5**, then **option 2**, or **email providerpaneling@dhcs.ca.gov**, or contact your local county CCS office.
 - [CCS county offices list](#)
- [Medi-Cal](#) website
 - [Provider Enrollment](#)

See the presentation appendix for additional information related to the CCS program.

Presentation summary



Here is an overview of key facts and concepts presented during this webinar.

- CCS is a statewide medical care coordination program that assists children under age 21 who have chronic, disabling, or life-threatening CCS-eligible medical conditions, and need specialty medical care.
- Physicians must be CCS-paneled in order to receive authorization to provide services to CCS clients. There is no charge to submit a panel application. It is easy to do and CSS will respond in about two weeks.
- CCS empanelment benefits you and your practice in many ways such as increasing patient volume, gaining assistance from CSS and Blue Shield Promise when caring for CCS-eligible patients, and helping kids and their families obtain much-needed care.
- There are multiple resources in this deck – including contact information for our in-house CCS expert – to help you get paneled, as well as support once you are paneled and caring for Blue Shield Promise CCS-eligible patients.
- We hope you will go to the [California Children's Services \(CCS\)](#) website today and complete your application.

Appendix

CCS resources round-up

Below find all resource links included in this deck:

- [California Children's Services](#)
- [CCS county offices list](#)
- Additional CCS services include [High Risk Infant Follow-up \(HRIF\)](#) and the [Newborn Hearing Screening Program \(NHSP\)](#)
- [Medical Therapy Program \(MTP\)](#)
- [New Referral CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4488](#)
- [Established CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4509](#)
- Application to Determine CCS Eligibility ([English](#)) and ([Spanish](#))
- [CCS pamphlet for potential clients](#)
- [CCS Medical Eligibility](#)
- [CCS Provider Paneling Standards](#)
- [CCS Paneling Application](#)

How is the CCS program administered in my county?

Independent counties

- Populations > 200,000
- County staff provides medical case management for eligible children residing within their county.
- Examples: San Diego and Los Angeles counties

Dependent counties

- Populations < 200,000
- Children's Medical Services (CMS) branch provides medical case management through regional offices located in Sacramento, San Francisco, and Los Angeles.
- Examples: Amador and San Benito counties

- [CCS county offices list](#)

Application requirements for family practice physicians

Family practice physicians must meet the requirements below:

1. Active National Provider Identifier (NPI) enrolled with Medi-Cal.
 - Providers that currently work for a Federally Qualified Health Clinic (FQHC) or a Rural Health Clinic (RHC) can use the facility's NPI where they are employed.
2. Current CA medical/osteopathy/podiatry license.
3. Current CA board certificate in specialty or subspecialty.
4. Documented experience treating children with CCS-eligible medical conditions for at least five years, or have treated 100 or more such children.
 - Documented experience: CCS requires physician to provide a list of cases – indicated by a numeric value instead of a name – capturing patients' CCS-eligible medical conditions, and the range of dates during which services were rendered.
 - Documentation requirement is waived if the family practice provider is employed at a Child Health and Disability Prevention (CHDP) facility.

• [CCS Provider Paneling Standards](#)

Allied health professionals application requirements

Allied Health Professionals

- Valid license from the CA board in their specialty
- Not required to have an NPI if employed by a facility

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

**California Children's Services (CCS) Program
INDIVIDUAL PROVIDER PANELING APPLICATION FOR
ALLIED HEALTH CARE PROFESSIONALS**

Return completed form to:
California Department of Health Care Services
Children's Medical Services Branch
Provider Services Unit
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 322-8702

IMPORTANT:

- Fields 1–11 are **mandatory** and must be completed; enter N/A if not applicable.
- See attached instructions to complete this form.
- Type or print legibly.

Provider Type (Check one.) (See last page of instructions for CCS program participation requirements by Provider Type and *key to asterisk (*)*.)

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Orthotist	<input type="checkbox"/> Prosthetist	<input type="checkbox"/> <u>Respiratory Care Practitioner</u> *
<input type="checkbox"/> Dietitian	<input type="checkbox"/> <u>Pediatric Nurse Practitioner</u> *	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> <u>Registered Nurse</u> *	<input type="checkbox"/> Speech/Language Pathologist
			<input type="checkbox"/> Other: _____

• [Provider Paneling Standards](#)

Once you are CCS-paneled, you can...

- Access the Blue Shield Promise Health Plan CCS Department to request support in treating CCS-eligible patients.
- Receive referrals for treatment of CCS-eligible patients.
- Secure authorization from CCS for medical care provided to a CCS-eligible patient for a CCS-qualified health condition.
- File claims with CCS for medical care provided to CCS-eligible patient for care related to a CCS-qualified health condition.
- Receive care coordination support for a CCS-eligible patient from both CCS and Blue Shield Promise Health Plan. CCS manages delivery of all CCS-related services. The MCP jointly coordinates delivery of services that are non-CCS.

What is the CCS referral process?

- **A CCS Program referral is defined as a request directed to the CCS program to authorize medical services for a potential program client.**
- The CCS program receives referrals using a referral Service Authorization Request (SAR) form.
 - [New Referral CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4488](#)
 - [Established CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4509](#)
- Referral processes and requirements differ by county, but in general, SARs should be submitted with patient medical records including prescriptions, labs, etc., and these records must be signed off on by a CCS-paneled provider.

- Application to Determine CCS Eligibility ([English](#)) and ([Spanish](#))
- [CCS pamphlet for potential clients](#)

Referrals and authorizations

CCS authorizes and pays for services related to a patient's CCS-eligible condition.

- Treatment services provided by CCS-paneled physicians and CCS-approved facilities for CCS-eligible conditions require prior authorization.
- CCS uses a Service Authorization Request (SAR) form for this purpose. There are three types of SARs you will submit:
 - Referral request to the CCS program
 - Authorization request for services related to the CCS-eligible condition
 - Discharge planning request after an inpatient hospital stay

Blue Shield Promise and/or the IPA/MG will continue to authorize and pay for primary and preventive care for a CCS patient, and for services not related to their CCS-eligible condition.

- [Authorizations and Claims](#)
- [Service Authorization Request \(SAR\) Tools](#)
- [SAR Authorization Request Form](#)

Getting and making referrals

CCS requires that all physicians are paneled* and most facilities are approved prior to providing care to CCS-eligible patient.

- Blue Shield Promise Health Plan can refer CCS-eligible patients to your practice once you are paneled.
- CCS can also refer – your name will be placed on its [online paneled provider list](#). The list is searchable by county, last name, or specialty.
 - Remember, you can contact the Blue Shield Promise CCS Department for assistance in making referrals to CCS-paneled providers and approved facilities in our network.
- There is a CCS process you can use to assess and refer potentially eligible children who are new to or currently in your practice.
 - In general, all children age 0 to 21 years of age should be assessed for the potential inclusion in the CCS program.

* Does not apply to emergency room physicians when care is related to a trauma and/or to out-of-state providers.