



CCS Transition to the Whole Child Model

November 26, 2018

On January 1, 2019, Partnership HealthPlan of California (PHC) will assume responsibility for California Children’s Services (CCS) for PHC members. This transition is called the Whole Child Model (WCM). The goal of the WCM is to provide quality care coordination for CCS-eligible children through a patient- and family-centered approach to care, ensuring all necessary care for the whole child.

CCS/WCM Information	
Program Implementation	On January 1, 2019, PHC will begin administering authorizations, claims payment, and case management for CCS-eligible PHC members.
What is CCS?	CCS is a state program providing coverage for children under age 21 with CCS-eligible conditions for medical and behavioral treatment, diagnostic services, medical case management, and physical and occupational therapy services.
What is changing as part of the WCM program?	PHC will use our internal referral, authorization, and concurrent review processes for CCS services, understanding the complexity of care that CCS children require and the continuity of care that will be needed. These processes are based on determinations of medical necessity and will be reviewed against Medi-Cal, PHC, and CCS policy, as well as clinical guidelines. CCS-eligible members do not need a referral for treatment.
Who determines eligibility?	CCS eligibility is determined by the county in which the CCS child resides and will remain the responsibility of the county after WCM implementation.
Authorizations	PHC will review Treatment Authorization Requests (TARs) for CCS-eligible members for dates of service on or after January 1, 2019. <ul style="list-style-type: none">• SARs will no longer be issued for CCS-eligible PHC members for dates of service on or after January 1, 2019.• Providers can call PHC Health Services at (707) 863-4133.
Pharmacy Services	PHC will cover most ongoing pharmaceutical treatments for CCS-eligible PHC members dispensed prior to January 1, 2019. Prior authorization may be required in cases where PHC has not received historical CCS pharmacy claims. Submit prior authorizations to PHC Pharmacy Department through the Pharmacy PARx on the PHC website, or by fax to (707) 419-7900, or provide the TAR information to the patient’s dispensing pharmacy so they can submit the TAR on their behalf.
Case Management Services	PHC will provide case management and care coordination services to CCS-eligible PHC members who need assistance. <ul style="list-style-type: none">• Providers can call PHC Care Coordination at (800) 809-1350.
Billing and Payment	PHC will receive and process claims for all CCS-eligible PHC members on and after dates of service January 1, 2019. <ul style="list-style-type: none">• CCS diagnosis code should only be on claims if treating CCS condition.• SAR/TAR or prior authorization numbers required on claim for processing.• Providers can call the PHC Claims Department at (707) 863-4130.
How can providers become CCS paneled?	Providers can apply to be CCS paneled through DHCS. Paneling instructions can be found at dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx

For more information contact eSystemsSupport@partnershiphp.org



Whole Child Model Fact Sheet: CCS-Eligible Members and Primary Care Providers

November 28, 2018

IMPORTANT INFORMATION:

The Whole Child Model (WCM) for CCS-eligible members provides diagnostic and treatment services and medical case management services to children under age 21 with CCS-eligible medical conditions. As of January 1, 2019, the Department of Health Care Services (DHCS) will transition CCS-eligible members to Partnership HealthPlan of California (PHC).

CCS eligibility will continue to be the responsibility of the county in which the CCS-eligible member resides, but PHC will provide case/care management, provider referrals and treatment authorizations. Providers should continue to refer possible CCS-eligible members directly to the county for program eligibility.

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- Transitioning CCS members will be able to choose a local Medical Home/PCP.
 - CCS members will be linked to their local Medical Home/PCP and **will not be capitated to the office but will be Fee-for-Service (FFS)**.
 - CCS members may visit the Medical Home/PCP for a visit that does not need a CCS specialist.
 - Only CCS paneled providers can treat a CCS member for a CCS condition.
 - No Referral for Authorization (RAF) is needed for CCS members.
 - All contracted providers can utilize the PHC Provider Portal to verify eligibility. Members will be flagged as a CCS member. Providers will also be able to download a CCS member list on the Provider Portal. Access web address at <https://provider.partnershiphp.org/UI/Login.aspx>
 - If a provider would like to see a CCS member for a CCS condition, the provider can access the CCS provider paneling applications at <https://cmsprovider.cahwnet.gov/PANEL/index.jsp>

Resources

Questions: Please contact your Provider Relations Representative or email eSystemsSupport@partnershiphp.org.



Whole Child Model Fact Sheet: Service Authorization Request (SAR) vs. Treatment Authorization Request (TAR)

November 28, 2018

IMPORTANT INFORMATION:

Prior to the January 1, 2019, implementation of the Whole Child Model (WCM) for California Children's Services (CCS) eligible members, the county authorized CCS services through a Service Authorization Request (SAR) for any care. PHC will not use the SAR process or Service Code Groupings (SCGs) currently utilized by county CCS programs; however, PHC will honor services approved by the county prior to January 1, 2019 for authorized CCS services that take place after January 1, 2019. PHC will use our standard authorization process using a Treatment Authorization Request (TAR).

SARs Approved Prior to January 1, 2019

If the county has approved a service that will begin after January 1, 2019, regardless of whether it is continuing care through January 1, 2019, or new care that starts after January 1, 2019, PHC will honor that authorization. When the SAR expires, the provider will be required to submit a TAR at least 15 business days prior to the SAR expiration date.

Who Authorizes Services after January 1, 2019

PHC staff will authorize services for our members, including those related to a CCS-eligible diagnosis. PHC will not use the SAR process or SCGs currently utilized by the county CCS program.

Authorization Process

TARs should be submitted by the provider performing the service. PHC will use our standard authorization and concurrent review processes for all services. These processes are based on determinations of medical necessity, and after January 1, 2019, will be the same, whether the care is rendered for a CCS or non-CCS condition. PHC does not authorize Specialty Care Centers in their entirety.

Resources

To access a list of TAR Requirements go to the PHC website at <http://www.partnershiphp.org/Providers/HealthServices/Pages/Utilization-Management.aspx>



Whole Child Model Fact Sheet: Claims Information for CCS-Eligible Members by a CCS-Paneled Provider

November 28, 2018

IMPORTANT INFORMATION:

The Whole Child Model (WCM) for CCS-eligible members provides diagnostic and treatment services and medical case management services to children under age 21 with CCS-eligible medical conditions. As of January 1, 2019, the Department of Health Care Services (DHCS) is transitioning CCS-eligible members to PHC.

CCS eligibility will continue to be the responsibility of the county in which the CCS-eligibility member resides, but PHC will provide case/care management, provider referrals and treatment authorizations.

Providers will continue to use either the CMS 1500 or the UB04 to bill for services. Some tips for billing for our CCS-Eligible Members:

1. Always verify the member's eligibility with PHC using the Online Services Portal at <https://provider.partnershiphp.org/UI/Login.aspx> or by calling the Automated Eligibility Verification at (800) 557-5471.
2. It is important to **use the diagnosis for the CCS condition** when billing PHC for Whole Child Model services. ***This will directly affect payment so remember to use the diagnosis for the CCS condition.***
3. Providers must continue to bill using the group NPI; and ***must supply the NPI of the rendering provider*** in the appropriate field specific to the type of form being used. This is per DHCS requirements that WCM providers be CCS paneled. **For CMS 1500 add to box 24J; UB04 add to field 76.**
4. On the claim, include the Service Authorization Request (SAR) number (*if using a SAR that was prior to January 1, 2019, for a service after January 1, 2019*) or the Treatment Authorization Request (TAR) number (*if authorized after January 1, 2019*). **For CMS 1500 add to box 23; UB04 add to field 63.**

Resources

Claims mailing address remains: PHC, PO Box 1368, Suisun City, CA 94585-1368

Claims Telephone Support – (707) 863-4130