

# Whole Child Model: Frequently Asked Questions for Providers

September 2024

## What is the Whole Child Model (WCM) program?

A program developed out of Senate Bill 586 to improve care coordination for primary, specialty, and behavioral health services for California Children Services (CCS) and non-CCS conditions. The benefits are consistent with CCS program standards and provided by CCS paneled providers, specialty care centers, and pediatric acute care hospitals.

Assembly Bill 118 (Committee on Budget, Chapter 42, Statutes of 2023) authorizes the expansion of the WCM Program. No sooner than January 1, 2025, the WCM Program will expand into the following 10 counties: Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba.

## What children qualify for WCM?

A child would qualify if they are:

- Under the age of 21
- A Partnership member
- Eligible for CCS

## How will we find out if the patient is a CCS-eligible member prior to rendering services?

Partnership providers can use the Partnership Provider Portal

(<https://provider.partnershiphp.org/UI/Login.aspx>) to verify eligibility and note whether the member is flagged as a CCS member. Providers may also call our Member Services at **(800) 863- 4155**) to see if a member is CCS-eligible.

## After January 1, 2025, who determines CCS eligibility?

Eligibility will remain the responsibility of each county's CCS program or DHCS depending upon county of the child's residence.

- DHCS - Independent counties: Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, Yuba
- CCS Program - Dependent counties: Butte & Placer

## How will the hospital's relationship with county CCS staff change?

After January 1, 2025:

- County CCS staff remain responsible for determining CCS eligibility.
- Treatment for CCS-eligible conditions should be submitted and billed to Partnership.
- Please see the Partnership Treatment Authorization Request (TAR) requirements at <https://public.powerdms.com/PHC/documents/1850202>

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## How will the outpatient provider's relationship with county CCS staff change?

After January 1, 2025:

- County CCS staff remain responsible for determining CCS eligibility
- Treatment for CCS-eligible conditions should be submitted and billed to Partnership
- Please see the Partnership TAR requirements at

<https://public.powerdms.com/PHC/documents/1850202>

## Will SARs approved prior to January 1, 2025, be honored for continuing care that started prior to January 1, 2025?

Yes. Partnership will honor and process for all services approved on a SAR until the SAR expires, as long as the member remains eligible for coverage. When the SAR expires and care needs are ongoing, the provider will be required to submit a TAR at least 15 business days prior to the expiration date. To access a list of TAR requirements, go to

<https://public.powerdms.com/PHC/documents/1850202>

## Does a primary care provider (PCP) need to complete a Referral Authorization (RAF) for a CCS member to be seen by a specialist?

No.

## After January 1, 2025, what will the authorization process entail?

Partnership will use our standard review processes for all requested services.

- New TAR(s) will be reviewed for medical necessity based upon:
  - Partnership's policies
  - CCS Numbered Letters
  - Evidence Based Guidelines
- Pediatric Medical Directors provide program oversight
  - Any potential TAR denial will require medical director review
- Expiring SAR(s) / TAR(s) require a new TAR 15 business days prior to expiration
- Please see the Partnership TAR requirements at

<https://public.powerdms.com/PHC/documents/1850202>

## Do PCP services for a WCM member require a TAR?

Most PCP services do not require a TAR. Please refer to the Partnership TAR requirements at

<https://public.powerdms.com/PHC/documents/1850202>

## Do all Medical Supply / Durable Medical Equipment items need an authorization?

Certain medical supplies / durable medical equipment do not require a TAR. Please see the Partnership TAR requirements at <https://public.powerdms.com/PHC/documents/1850202>

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## **After January 1, 2025, what will the authorization and payment process for neonatology services entail?**

Neonatology services:

- That started prior to January 1, 2025, may be covered under existing SARs. Providers should submit their claims directly to the Partnership, noting the SAR number on that claim
- NICU concurrent review process will cover Inpatient Neonatal Services that begin on or after January 1, 2025
- Outpatient follow-up visits do not require a TAR

## **After January 1, 2025, who authorizes CCS hospital services?**

TARs for scheduled hospital admissions require a TAR. For unplanned hospital admissions, Partnership will perform concurrent review for all hospital services.

## **How will Partnership work with the counties' Medical Therapy Program/Unit (MTP/MTU)?**

The MTP/MTU will continue to provide therapy to members and make recommendations for DME needs. Partnership will review the TARs received from the DME provider(s).

## **Will the appeal and fair hearing process be available to CCS children under Partnership?**

Yes. All CCS children will retain their rights to CCS program appeals and fair hearings.

## **Will WCM members have access to the CCS provider network?**

Partnership is committed to ensure that our members receive continuity of care whenever possible for a minimum of 12 months. When a CCS-eligible child or youth is already receiving care from a non-contracted provider, the child or youth may remain with that non-contracted CCS provider for up to 12 months, if the provider:

1. Agrees to continue care for the child
2. Accepts the contract rate
3. Has no outstanding quality of care issues
4. Willing to bill Partnership. Partnership will work closely with these children and their families to ensure access to care

## **Will WCM members be linked to a PCP?**

Many of our Partnership CCS members already have a Medical Home/PCP and this will continue. Transitioning CCS members will be able to choose a Medical Home/PCP and will not be capitated to the provider, but will be paid Fee-for-Service (FFS). We do not expect any disruption for your existing patients.

## **Will WCM members be capitated to a PCP office?**

No. The provider will be paid fee-for-service (FFS).

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## **After January 1, 2025, will Partnership contract providers that are interested in participating in the CCS program?**

Providers wanting to contract with Partnership to provide care must be Medi-Cal certified.

Providers can reach our Contracting team by emailing them at [contracting@partnershiphp.org](mailto:contracting@partnershiphp.org).

## **If providers are currently credentialed with Partnership, but not CCS-paneled, do they need to become CCS-paneled by CCS?**

If a physician would like to see a CCS member for a CCS condition, then he/she must be paneled for CCS. To access the CCS provider paneling application, please visit:

<https://cmsprovider.cahwnet.gov/PANEL/index.jsp> .

## **For physical / occupational therapy offices, how can we find out if the patient is a CCS-eligible member prior to rendering services?**

Partnership contracted providers can use the Partnership Provider Portal

(<https://provider.partnershiphp.org/UI/Login.aspx>) to verify eligibility and note whether the member is flagged as a CCS member. Providers may also call our Member Services (800-863-4155) to see if a member is CCS-eligible.

## **Will the WCM affect my PCP QIP? If yes, how?**

The impact will be small for family medicine sites and slightly larger for pediatric sites. The changes to note will be as follows:

- Because additional patients may be assigned to you, there will be an increase in member months, which will affect your total potential payout. More member months = more payout because for any given measure, the formula for payout is (rate x QIP points x MM). Actual total payout will depend on the actual performance of the total population.
- The number of patients in your denominator may go up depending on the measure. This is determined by how many patients have been assigned to you continuously for 9 months during the measurement year, and the specific measure in question. This will primarily impact the pediatric practices and the measures for which you are held accountable.
- The same exclusions for QIP denominators will still apply – meaning no one who is enrolled in another type of insurance (e.g. Medicare, Medi-Medis) will be included in the denominator. For more information regarding the QIP program, please e-mail: [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).



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## **Can providers submit for early authorization(s) to Partnership prior to January 1, 2025, to prevent interruption in care for their patients?**

Please do not submit any TAR(s) for CCS members residing in current carve-out counties prior to January 1, 2025. These carve-out counties are prepared to continue to process SARs until EOB December 31, 2024. Based on current state instructions, all SARs in pending status with CCS after December 31, 2024, will continue to be the responsibility of the county.

## **After January 1, 2025, which CCS services will be paid by Partnership?**

Partnership will receive and process claims for all CCS and non-CCS covered services for Partnership Medi-Cal members. Claims can be submitted to Partnership electronically using Partnership's secure EDI site or via hard copy claim mailed to the following address: Partnership, PO Box 1368, Suisun City, CA 94585- 1368.

*NOTE: For all services authorized on a SAR by the County CCS programs prior to January 1, 2025, the SAR Number will need to be noted on the claim form in order for those services to be paid.*

## **When submitting a claim to Partnership do providers need to include "CCS" on the claim?**

No. When submitting a CCS claim, providers need to ensure the CCS diagnosis is included on the claim as well as the SAR number if the service was authorized under a SAR prior to January 1, 2025.

## **Do any of these changes affect patients with Partnership as secondary insurance?**

Yes. There are some children included in WCM where Partnership is the secondary insurance. A provider should ensure benefits are billed to primary insurance before billing Partnership.

## **After January 1, 2025, what will the payment process for neonatology services entail?**

Partnership will also pay for CCS inpatient neonatology services effective January 1, 2025. Providers should submit their claims directly to Partnership.

*NOTE: All members that are not assigned to Partnership, those services will continue to be processed by the County CCS offices.*

## **There are numerous services and benefits provided to CCS families that are not included in regular Medi-Cal. Will Partnership continue to provide those enhanced services to CCS children and their families under WCM?**

Yes.



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## **Can providers refer members for behavioral health services? If so, are these only for certain CCS diagnoses?**

Partnership works with a partner, Carelon, to provide these services. Members can be referred by their provider or they can call Carelon directly at (855) 765-9703.

## **Will Partnership provide transportation benefits to CCS children and their families?**

Yes. Partnership will follow the same transportation benefits that they received from their county programs.

## **Will a WCM member have a case manager or care coordinator?**

Yes, Partnership has Care Coordination staff dedicated to the WCM program.

## **How will Partnership work with the counties' Medical Therapy Program/Unit (MTP/MTU)?**

The MTP/MTU will continue to provide therapy to members and make recommendations for DME needs. Partnership will review the TARs received from the DME provider(s).