



## CalOptima Health Community Network

## Whole-Child Model (WCM)

### Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

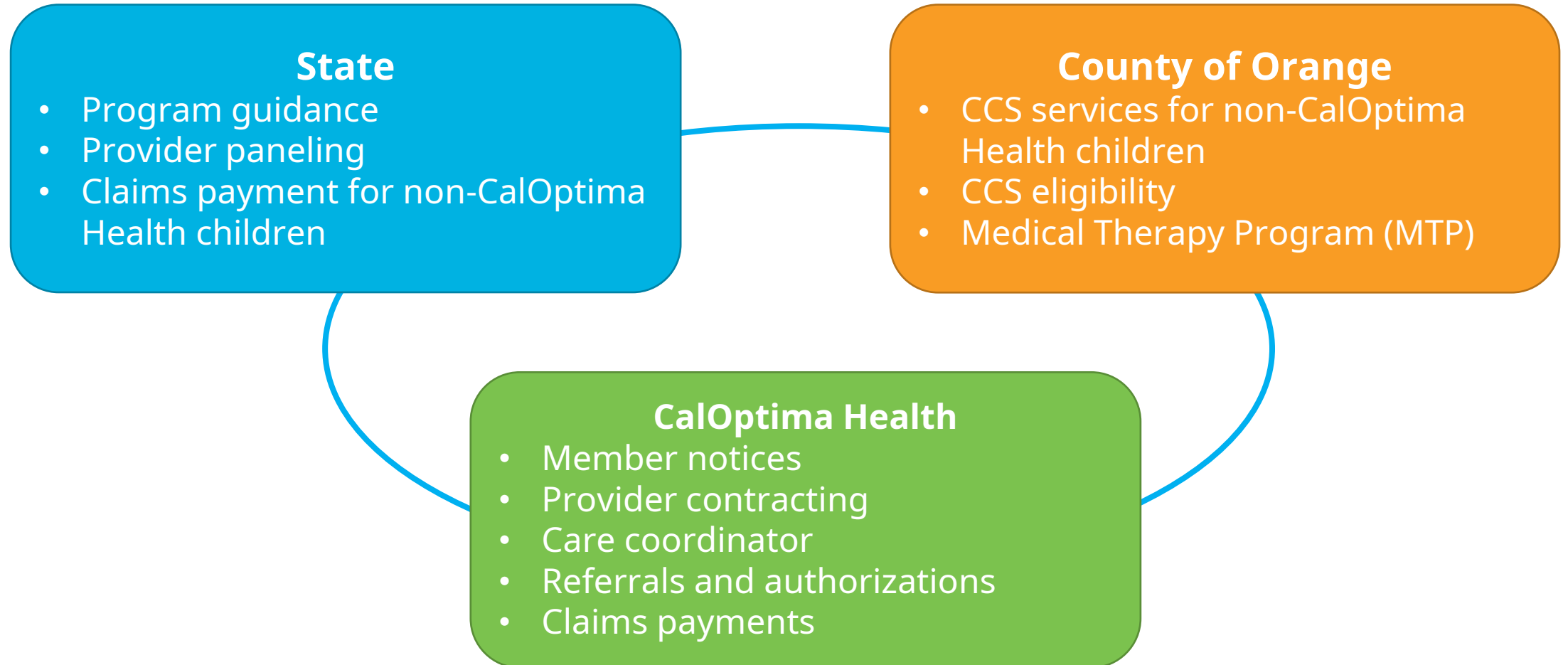
### Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# WCM Overview

- California Children's Services (CCS) is a statewide program providing medical care and case management for children under 21 with certain medical conditions
  - Locally administered by Orange County Health Care Agency
- The Department of Health Care Services (DHCS) is implementing WCM to integrate CCS services into select Medi-Cal plans
  - CalOptima Health implemented WCM on July 1, 2019

# Division of WCM Responsibilities



# Guiding Principles: CCS Children

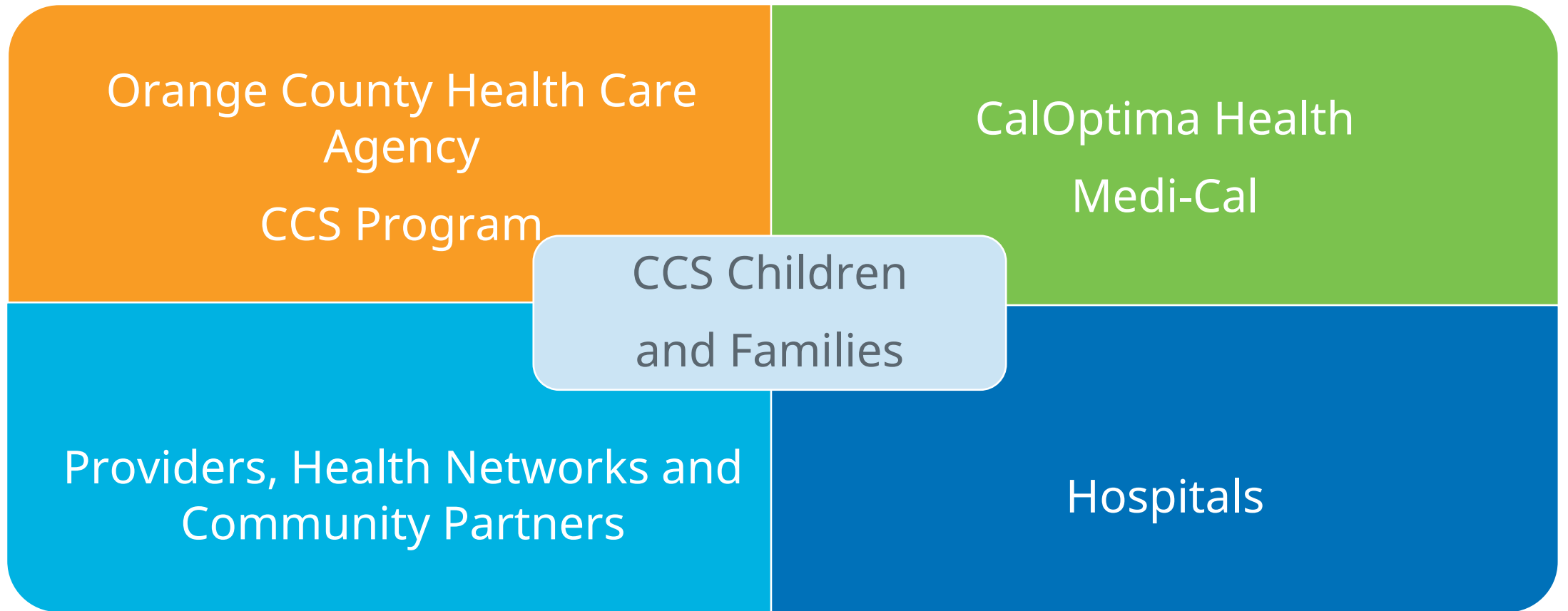
- Continuity of care
  - Members can request to continue seeing their current providers
- Integration of services
  - Members receive CCS and non-CCS services under the same entity
- Member choice
  - Members can choose from a broad and diverse network of providers that covers the entire county and beyond, when necessary
- Timely access
  - Children receive timely authorizations and appointments

# Guiding Principles: CCS Providers

- Broad participation
  - All existing CCS-paneled providers can participate under the new WCM
  - Providers will have visibility to CCS and non-CCS services provided to the member to coordinate timely and quality care
- Administrative simplification
  - Coordinating care under one entity will reduce the administrative burden
- Stable payments
  - CCS-paneled physicians will receive the CCS rate unless otherwise agreed upon

# CalOptima Health Implementation

# Orange County Partners



# CCS Demographics

- About 13,000 Orange County children are receiving CCS services
  - Of those, 90% are CalOptima Health members

Languages		City of Residence (Top 5)	
English	51%	Santa Ana	23%
Spanish	42%	Anaheim	19%
Vietnamese	4%	Garden Grove	8%
Other/unknown	3%	Orange	5%
		Fullerton	4%



# Delivery Model

- WCM leverages existing delivery model using CalOptima Health direct and delegated health networks
  - Reflects the spirit of the law to bring together CCS services and non-CCS services into a single delivery system
- Using existing model creates several advantages:
  - Maintains relationships between CCS-eligible children, their chosen health network and primary care provider
  - Improves clinical outcomes and health care experience for members and their families
  - Decreases inappropriate medical and administrative costs
  - Streamlines process for providers administering CCS and non-CCS services

# WCM Preparation

- Coordinating with Orange County Health Care Agency regarding CCS eligibility and MTP
- Stakeholder engagement
  - Establishing WCM Clinical and Family Advisory Committees
  - Hosting general community and family-oriented events
- Establishing WCM-specific policies, procedures and protocols
- Contracted with CCS-paneled providers to meet children's needs

# WCM Preparation (cont.)

- Hiring staff with clinical expertise and training them to serve children with complex care needs
- Honoring WCM-specific continuity of care requirements
- Arranging for and providing all CCS services
- Actively engaging families in the care management of CCS-eligible children
- Member notices
  - 90- and 60-day notices
  - Call campaign
  - Clinical outreach

# Advisory Committees

- Clinical Advisory Committee
  - CalOptima Health Chief Medical Officer
  - CalOptima Health WCM Medical Director
  - County CCS Medical Director
  - WCM Health Network Medical Director
  - Six CCS-paneled physicians
- Family Advisory Committee
  - Six family representatives
  - Two community representatives
  - Three open seats

# Additional Information

- CalOptima Health WCM implementation information, including prior event materials:
  - WCM Customer Service
    - 714-246-8500 — Press 1 for member and for Medi-Cal, press 2 for WCM
  - [www.caloptima.org](http://www.caloptima.org)
  - WCM stakeholder page: [https://www.caloptima.org/en/CCS\\_Info.aspx](https://www.caloptima.org/en/CCS_Info.aspx)
  - WCM member page: <https://www.caloptima.org/en/Members/Medi-Cal/WholeChildModel.aspx>

# DHCS Information

- DHCS WCM implementation
  - Program information:
    - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
  - CCS Advisory Group:
    - <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>

# Utilization Management

# WCM Prior Authorization (PA)

- WCM authorization requests handled by CalOptima Health's pediatric unit
- Medical necessity guidelines include CCS Numbered Letters
- Referral to CCS-paneled specialists required for treatment of CCS conditions
  - Provider directory includes a filter for CCS-paneled status



# WCM Prior Authorization (PA) (cont.)

- PA requests should include:
  - Diagnosis (ICD-10)
  - Service/treatment being requested (Current Procedural Terminology [CPT]/Health Care Common Procedural Code [HCPC])
    - Authorization is needed if it is on the CalOptima Health Authorization Required List
  - Medical records to support the request
    - Ex: Records for a physical therapy request would include the member's current functioning level, progress with physical therapy, individualized education plan (for school-age children), neurology notes and orthopedic notes

# Continuity of Care (COC)

- Under WCM, members can continue receiving any current **medically necessary services or prescriptions** if certain criteria is met. Members can see:
  - CCS providers for CCS services for up to 12 months
  - Specialized or customized Durable Medical Equipment (DME) providers for up to 12 months
    - May be extended if still under warranty and medically necessary
    - Prescribed drugs until no longer medically necessary
    - County public health nurse (if available)
    - Standard Medi-Cal COC applies to CCS services for members newly enrolled in CalOptima Health

# Continuity of Care (COC) (cont.)

- Providers may submit authorization requests indicating this is a COC request
  - With documentation supporting last visit is within 12 months
- Members, family members or authorized representatives may also request COC by contacting Customer Service

# Authorization General Reminders

- CalOptima Health members **never** need authorization for the following services performed by contracted providers:
  - Primary care provider visits, including pediatrician visits
  - Emergency care
  - Family planning (may be performed by non-contracted providers)
  - Routine OB-GYN care (may be performed by non-contracted providers)
  - Wheelchair repairs less than \$250

# Authorization General Reminders (cont.)

- Refer to authorization required list on CalOptima Health's website
  - <https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/AuthorizationRequiredProcedureCodes.aspx>
  - Important note: The authorization required list has separate columns for Medi-Cal CalOptima Health Direct (COHD) Administrative, Medi-Cal CalOptima Health Community Network (CHCN) and OneCare Connect CHCN
  - Providers still need to check the Medi-Cal website for frequency limits or code limitations

# PA Requests

Two ways to request authorization:

- CalOptima Health Provider Portal:
  - Outpatient services
  - Inpatient planned admissions
  - Other routine services (e.g. home health, medical supplies, DME)
  - \*No **URGENT** requests\*

# PA Requests (cont.)

- Submitting Authorization Request Form (ARF) via fax
  - Urgent authorization requests
  - Routine services for those without CalOptima Health Provider Portal access
  - Complete the ARF and fax to CalOptima Health's Utilization Management (UM) department. The ARF is available on CalOptima Health's website, in the Common Forms section:  
<https://www.caloptima.org/en/ForProviders/Resources/CommonForms.aspx>
    - For routine requests – Fax to **714-246-8579**
    - For urgent requests – Fax to **714-338-3137**
  - For non-contracted/out-of-network providers
    - Please be sure to coordinate care with referred-to provider
    - Please provide Tax Identification Number (TIN)/National Provider Identifier (NPI) and justification for requesting out-of-network provider

# What Is an Urgent Request?

- “Urgent” requests may only be submitted when the routine time frame (five business days)\* for authorization will be detrimental to patient’s life or health, jeopardize patient’s ability to regain maximum function, or result in loss of life, limb or other major bodily function
- Processed within 72 hours from the receipt of all information necessary to render a decision
- Forgetting to submit an authorization request does not make the request urgent

\*Routine time frame: Five working days within receipt of all information necessary to render decision. Working days exclude weekends and state holidays



# Tertiary and Non-Contracted Providers

- Non-contracted providers may be requested **only** if:
  - The service or specialty is not available in-network
  - COC meets very specific requirements (e.g. member transitions from fee-for-service (FFS) Medi-Cal to CalOptima Health while in a course of treatment)
- Tertiary care requests are appropriate **only** if:
  - The complexity of the member's condition is such that it is unable to be managed by a community-based, contracted provider
  - The rationale for tertiary provider care is documented on the request and includes supportive clinical documentation

# PA Phone Numbers

<b>Line of Business/Type of Business</b>	<b>Phone Number</b>
CCN Routine PA Requests	714-246-8686
CCN Urgent PA Requests	714-246-8686

# MTP

- The MTP provides occupational therapy and physical therapy to children enrolled in CCS
- Services are provided at one of 12 Medical Therapy Units (MTUs) in Orange County
- A Medical Therapy Conference (MTC) service is also provided
- County will continue to be responsible for the MTP; CalOptima Health, its providers and its delegated entities will follow established processes for referring members to the county for MTP eligibility
- CalOptima Health, its providers and its delegated entities will coordinate the administration of DME prescribed by the MTUs

# WCM Claims Processing

# Claims Overview

- Eligibility
- Claims Pre-submission Checklist
- Billing Tips
- Claims Submissions
- Provider Dispute Resolution

# Eligibility Verification

- CalOptima Health website: [www.caloptima.org](http://www.caloptima.org)
  - CalOptima Health Provider Portal
  - CalOptima Health Eligibility Customer Service: **714-246-8500**
- State of California Beneficiary Verification System
  - Automated Eligibility Verification System (AEVS): 800-456-2387
  - Point of Service (POS) Device: 800-427-1295
  - DHCS Eligibility System: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

# Claims Pre-submission Checklist

- Claims and Provider Claims Disputes with **dates of service prior to July 1, 2019**, must be submitted to the county
- Inpatient claims with **admission dates prior to July 1, 2019**, must be submitted to the county
- Bill with appropriate codes and modifiers
  - Claims are subject to clinical editing and code validation
- Timely filing
  - Claims must be submitted within one year from the date of service
- Prior authorization
  - Providers must obtain prior authorization for services or codes requiring authorization

# Electronic Data Interchange (EDI)

- Electronic Claims Submission for dates of service or inpatient admission dates on or after July 1, 2019:
  - Office Ally at 360-975-7000, press option #1
    - Payer ID: CALOP



# Paper Claims Submission

- Mailing address:
  - CalOptima Health Claims department  
P.O. Box 11037  
Orange, CA 92856
- Customer service claims inquiries for claims with dates of service or inpatient admission dates on or after July 1, 2019:
  - Monday–Friday  
8 a.m.– 5 p.m.  
**714-246-8885**

# Provider Disputes Timelines

- CalOptima Health requires providers to submit a dispute regardless of the party at fault
- Medi-Cal
  - Provider has 365 days from the initial approval/denial date to file
  - CalOptima Health has 45 working days (or 62 calendar days) to render a decision
- Providers have 180 days from first-level provider dispute resolution (PDR) decision to file second-level appeal with Grievance and Appeals department (GARS)

# How to Submit A Provider Dispute

- Provider disputes should be submitted using the Provider Dispute Resolution Request form. Please complete all applicable sections marked with an asterisk (\*)
  - Certain information, if missing, will cause a delay and your dispute will be returned for additional information
  - The Provider Dispute Resolution Request form is under Common Forms on CalOptima Health's website
- For multiple dispute submissions, the provider should attach a spreadsheet of all impacted claim numbers to the Provider Dispute Resolution Request form
- A copy of the original claim form is not necessary. However, when a correction is required, a corrected claim should be submitted with the dispute for consideration

# How to Submit a Provider Dispute (cont.)

- Provider disputes should contain all additional information needed to review a claim. This includes, but is not limited to, the following:
  - Hard copy of prior authorization
  - Proof of timely filing
  - Other health coverage remittance advices (RA/EOMB)
- Mailing address for provider dispute forms
  - CalOptima Health Claims department  
P.O. Box 11037  
Orange, CA 92856



# CalOptima Health

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