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## WHOLE-CHILD MODEL (WCM) FAQ

### FOR CALIFORNIA CHILDREN’S SERVICES (CCS)-PANELED AND CCS-APPROVED PROVIDERS

We appreciate your partnership and commitment to serve our members. The following will assist in answering questions regarding the WCM program.

#### 1. What is the WCM program?

The WCM program is designed to help children up to 21 years of age who are eligible for CCS and their families get better care coordination, access to care and improved health results. Prior to July 1, 2019, children were enrolled in and received care from the county CCS program for their CCS condition(s) and CalOptima Health for their non-CCS condition(s).

Senate Bill (SB) 586 authorized the Department of Health Care Services (DHCS) to establish the WCM program in designated counties. Twenty counties were affected by the WCM program:

WCM Managed Care Health Plans	WCM Counties
<b>Phase 1 — July 1, 2018</b>	
CenCal Health	San Luis Obispo and Santa Barbara
Central California Alliance for Health	Merced, Monterey and Santa Cruz
<b>Phase 2 — January 1, 2019</b>	
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo
<b>Phase 3 — July 1, 2019</b>	
CalOptima Health	Orange

#### 2. What happens to children receiving CCS who are not CalOptima Health members?

CCS services for non-CalOptima Health members are the responsibility of the local CCS program administered by the Orange County Health Care Agency (HCA).

#### 3. Who determines CCS eligibility?

The local CCS program is responsible for determining CCS program eligibility. Note that CCS eligibility is separate from Medi-Cal eligibility. Members will need to continue to work with the County of Orange Social Services Agency (SSA) regarding Medi-Cal eligibility.

#### 4. What is the provider process to refer for CCS eligibility?

If the condition needing treatment is for a new CCS-eligible condition, the provider should submit a completed CCS Service Authorization Request (SAR) and pertinent medical reports to the member's health network (including CalOptima Health Direct [COD] and CalOptima Health Community Network [CCN]). Authorization for treatment must be directed to the member's health network (including COD and CCN).

**5. Who provides CCS services under the WCM program?**

In Orange County, CalOptima Health and its delegated health networks will be responsible for coordinating and authorizing CCS services consistent with its current processes.

CCS services will be provided by CCS-paneled and CCS-approved providers. If a specialist is not a part of CalOptima Health's network and/or located outside the county, CalOptima Health or one of its health networks will be responsible for coordinating and approving those services, as appropriate.

**6. Is a CCS-paneled specialist able to act as a primary care provider (PCP) for their CCS-eligible member?**

Yes. A CCS-eligible member or their parent/guardian may request that the member's CCS-paneled specialist act as their PCP. Call CalOptima Health or the member's assigned health network for more information, as this arrangement is contingent on the specialist provider's contract.

**7. What if I am not a CCS-paneled provider?**

DHCS requires certain provider types to be CCS-paneled or CCS-approved in order to treat CCS-eligible conditions. Not all provider types have to be paneled. You can find CCS program participation requirements by provider type on the DHCS website:

<https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

Details about how to become a CCS-paneled provider are on the DHCS website:

<http://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>

**8. What do I do if I am not part of CalOptima Health's network?**

All CCS providers are encouraged to contact CalOptima Health and its delegated health networks about contracting. Our provider manual includes contact information for our internal departments and our delegated health networks. You can also contact the CalOptima Health Provider Relations department to speak to a representative at 714-246-8600.

**9. How will my patients know if their CCS benefits will transition under WCM?**

CalOptima Health members receiving CCS services should have received a 90-day notice from CalOptima Health around April 1, 2019, and a 60-day notice around May 1, 2019. CalOptima Health sent notices prior to the effective date with a similar message approved by DHCS. Beginning May 10, 2019, CalOptima Health also reached out by phone (up to five calls) to impacted members to inform them of any changes.

**10. Are CCS benefits the same in the WCM program?**

CCS benefits remain the same under WCM. Most CCS benefits will be provided through CalOptima Health and its health networks.

Services carved out of coverage by CalOptima Health continue to be administered by the county CCS program. The carved-out benefits include the Medical Therapy Program (MTP) and all CCS services for non-Medi-Cal members. Please contact the local CCS program administered by HCA at 714-347-0300 for questions related to carved-out benefits.

**11. Will children still receive Palliative Care Services through the Pediatric Palliative Care Waiver?**

The Pediatric Palliative Care Waiver program ended on December 31, 2018. Beginning January 1, 2019, children enrolled in CalOptima Health receive palliative care services through CalOptima Health or their health network.

**12. Will existing CCS members be able to continue to receive care from their current CCS doctors?**

CalOptima Health and its delegated health networks will provide continuity of care for a member transitioning from a county CCS program to CalOptima Health's WCM for up to 12 months. Continuity of care means that a member can continue receiving care from their CCS-paneled providers if certain criteria are met:

- Member has existing relationship with the provider
- Provider accepts CalOptima Health's (or a contracted health network's) reimbursement rate or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless otherwise agreed
- Provider has no quality and credentialing issues

Continuity of care applies to providers, special care centers and custom Durable Medical Equipment (DME) (e.g., custom wheelchairs) providers. In addition, continuity of care may also apply to the CCS public health nurse, if available. There is also a provision for continued access to medication until the provider has discontinued the medication or it is no longer needed.

**13. As a provider, can I request continuity of care for my patient?**

Yes. If you are a CCS-paneled provider currently providing services to a CalOptima Health member who is CCS-eligible, you may request continuity of care on the member's behalf. Contact CalOptima Health Customer Service at 714-246-8500 for more information.

**14. Are children able to receive continued care from their current DME providers?**

If the WCM transitioning member has an established relationship with a custom DME provider, CalOptima Health and its delegated health networks will provide access to that DME provider for up to 12 months. Continuity of care criteria are met if the custom DME:

- Is uniquely constructed or substantially modified solely for the use of the WCM transitioning member

- Is made-to-order or adapted to meet the specific needs of the WCM transitioning member
- Is uniquely constructed, adapted or modified such that it precludes use by another person and cannot be grouped with other items meant for the same use for pricing purposes

Continuity of care may be extended beyond 12 months for custom DME still under warranty and deemed medically necessary.

### **15. Will existing service authorization requests (SARs) be valid after the implementation of Whole-Child Model?**

Providers will need to submit new authorizations for CCS services. However, in order to ensure WCM payments are continued during the transition, CalOptima Health will pay claims for services authorized by the county CCS program prior to the implementation for up to six months if:

- The member is still CCS-eligible.
- An active SAR exists.
- An authorization does not already exist for the approved service.

### **16. How do I get authorization for CCS services?**

#### **COD/CCN**

Requests for COD and CCN members for services requiring prior authorization should be submitted to CalOptima's Utilization Management department by fax or through the CalOptima Health Provider Portal.

#### **Health Networks**

Requests for treatment requiring prior authorization should be submitted to the member's health network.

### **17. How are claims processed?**

Claims for services should be submitted to the member's health network (including COD and CCN), except for the carved-out benefits, such as MTP-related services, which continue to be authorized by the local CCS program.

For claims directed to CalOptima Health, both electronic and hard copy formats are accepted.

For questions regarding the submission of claims, contact CalOptima Health's Claims department at 714-246-8885.
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**Electronic claims submission:** CalOptima Health has a contract with a clearinghouse to receive electronic data interchange (EDI) claims. There is no cost to you for services provided by our clearinghouse. To register and submit electronically, contact:

Office Ally  
866-575-4120  
[www.officeally.com](http://www.officeally.com)

(See question #19 for a list of CalOptima Health networks and their contact information.)

**18. Do CCS rates apply under WCM?**

CalOptima Health and its health networks are required to pay CCS-paneled providers at rates that are at least equal to CCS fee-for-service rates, unless the provider enters into an agreement on a mutually agreed upon alternative payment methodology.

**19. Who do I contact if I have questions about WCM?**

<b>Health Network</b>	<b>Phone Number</b>
AltaMed Medical Group	855-848-5252
AMVI Care Health Network	888-747-2684
CalOptima Health Community Network	714-246-8600
Children’s Hospital Orange County Health Alliance	800-387-1103
Family Choice Health Network	800-611-0111
Heritage Provider Network — Regal Medical Group	800-747-2362
Kaiser Permanente	800-464-4000
Noble Mid-Orange County	888-880-8811
Optum Care Network — Arta	310-354-4200
Optum Care Network — Monarch	888-656-7523
Optum Care Network — Talbert	310-354-4200
Prospect Medical Group	800-708-3230
United Care Medical Group	800-708-3230

**20. How can I stay informed about WCM?**

More information about CalOptima Health’s WCM program is available at:  
<https://www.caloptima.org/en/About/CurrentInitiatives/WholeChildModel.aspx>