

# Whole Child Model (WCM)

---

PROVIDER TRAINING

# Course Content

---

- Overview
- Delivery Model
- Eligibility Verification
- Prior Authorization
- Continuity of Care
- Case Management- WCM Model of Care
- Claims Processing
- Resources

# Whole-Child Model (WCM) Overview

---

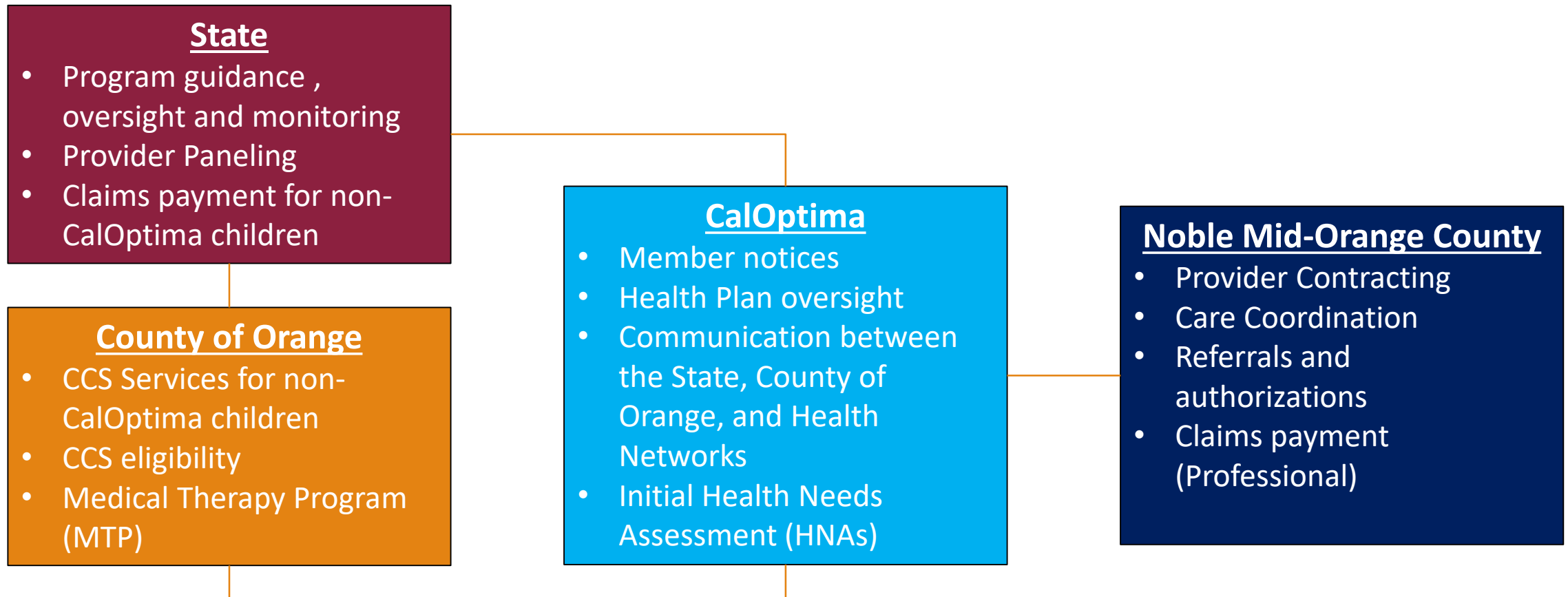
- California Children's Services (CCS) is a statewide program providing medical care and case management for children under 21 with certain medical conditions.
  - Locally administered by Orange County Health Care Agency
  
- The Department of Health Care Services (DHCS) is implementing WCM to integrate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

# WCM Goals

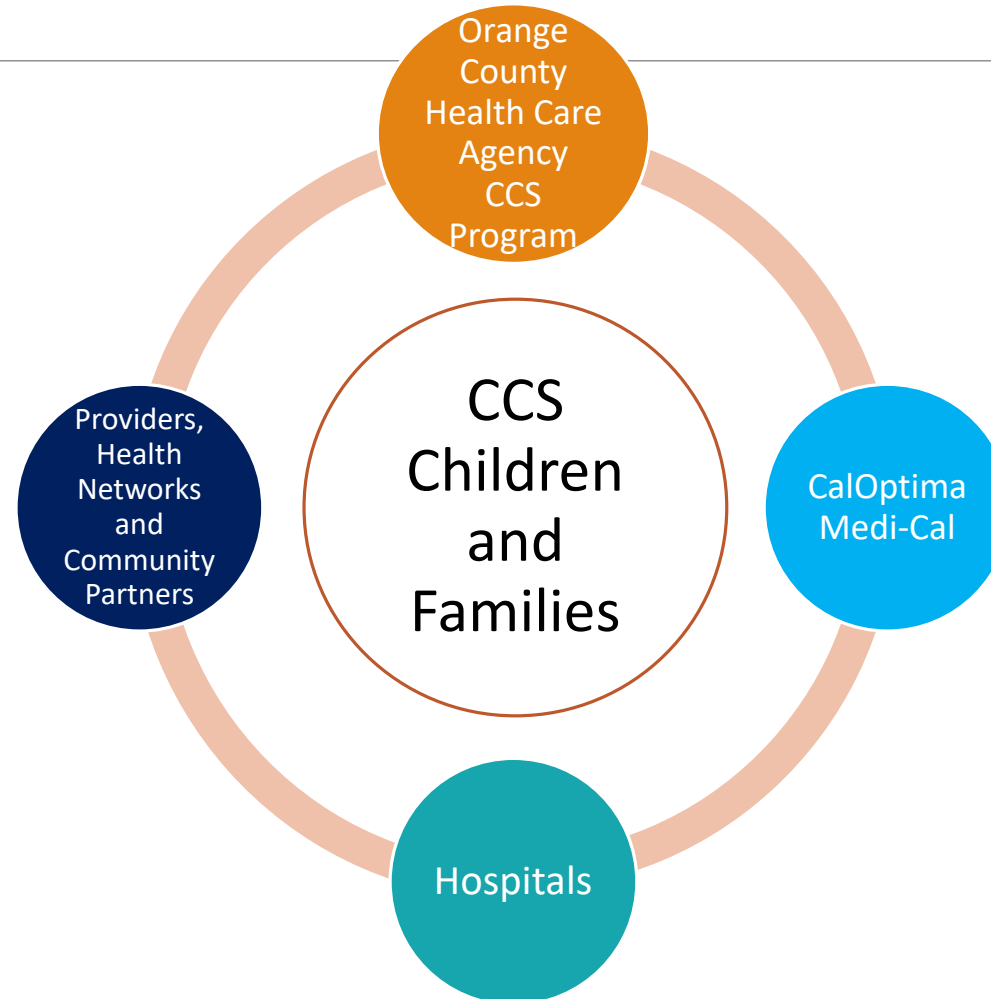
---

- Combine CCS and Medi-Cal services under one managed care plan
- Improve coordination of services to meet the need of the child and family
- Maintain existing patient-provider relationships when possible
- Retain CCS program standards
- Improve overall health results
- Improve access to care

# Division of WCM Responsibilities



# Orange County Partners



# CCS Demographics

---

- About 13,000 Orange County children are receiving CCS services
  - Ninety percent are CalOptima members

Languages	City of Residence (Top 5)
<ul style="list-style-type: none"> <li>• English = 51 percent</li> <li>• Spanish = 42 percent</li> <li>• Vietnamese = 4 percent</li> <li>• Other/unknown = 2 percent</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Ana = 23 percent</li> <li>• Anaheim = 19 percent</li> <li>• Garden Grove = 8 percent</li> <li>• Orange = 5 percent</li> <li>• Fullerton = 4 percent</li> </ul>

*Data as of April 2019*

# Guiding Principles: CCS Children

---

- Continuity of Care (CoC)
  - Members can request to continue seeing the same providers they currently see.
- Integration of services
  - Members receive CCS and non-CCS services under the same entity
- Member choice
  - Members can choose from a network of providers
- 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 member for them to coordinate care timely and with quality.
- 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.

# Delivery Model

---

- Leverage existing delivery model using CalOptima and delegated Health Networks (i.e. Noble Mid Orange County)
  - Bringing together CCS services and non-CCS services into a single delivery system.
- Using the existing model creates several advantages:
  - Maintains relationship between CCS-eligible children, Noble Mid Orange County and the primary care provider.
  - Improves clinical outcomes and health care experience for members and their families
  - Decrease inappropriate medical and administrative costs.
  - Streamlines process for providers administering CCS and non-CCS services.

# Noble Mid- Orange County and Primary Care Provider (PCP)

---

- Members can keep Noble Mid-Orange County as their assigned Health Network
  - Children with the following conditions will transfer to CalOptima Network on and after 07/01/19:
    - End-Stage Renal Disease (ESRD)
    - Hemophilia
    - Approved for transplant
- Members can keep their PCP
- Members can see CCS providers contracted with any CalOptima Health Network

# Paneled Providers

---

- Physicians and surgeons must be paneled to provide services to members enrolled in CCS for CCS conditions
- DHCS requires other, but not all, provider types to meet CCS paneling requirements
  - Paneling is a process to determine if the provider meets education, training and/or experience requirements
  - DHCS will continue responsibility for paneling providers
    - CalOptima and Noble Mid-Orange County will validate paneling as part of contracting, credentialing and authorization processes, where required.

# Other Providers

---

- DHCS requires hospitals, including NICUs, to be **approved** to provide CCS services, except in emergencies
- DHCS requires Specialty Care Centers (SCC) to be approved to provide CCS services:
  - SCC provide comprehensive, coordinated health care to children with certain complex, physically handicapping medical conditions
- A Full list of paneled and approved providers can be found on the DHCS website

# Additional Information

---

- Noble Mid Orange County
  - Provider Services, Member Services, Case Management, & Utilization Management
    - ☎ (714) 947-8600
- CalOptima
  - ☎ (714) 246-8500
  - [www.caloptima.org](http://www.caloptima.org)
  - WCM Stakeholders 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/Medical/WholeChildModel.aspx>

# DHCS Information

---

- DHCS WCM Implementation

- Program information:

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

- CCS Advisory Group:

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

# WCM Eligibility

---

- Before WCM:
  - Referrals to County to determine CCS eligibility
    - County works with providers to gather medical records to support eligibility determination
- Under WCM:
  - CalOptima will work with providers and Noble Mid-Orange County to gather medical records
    - Noble Mid-Orange County will send CCS referrals to CalOptima, and
    - County will coordinate with CalOptima if they receive an eligibility referral directly

*Note: Members will continue to work with the Orange County Social Services Agency for Medi-Cal eligibility and annual redetermination.*



# Eligibility Verification

---

- Noble Mid-Orange County
  - Member Services: **888-880-8811**
- CalOptima
  - Customer Services: 714-246-8500
- State of California Beneficiary Verification System
  - Automated Eligibility Verification System (AEVS): 800-456-2387
  - Point of Services (POS) Device: 800-427-1295
  - Eligibility System: Department of Health Care Services
    - Website : [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

# WCM Services- Authorization

---

- Before WCM: Service Authorization Requests (SARs)
  - County authorizes CCS services in service code groupings
  - Allows any provider to bill a relevant procedure code under the service code group listed on the SAR
  
- Under WCM: CalOptima and Noble Mid-Orange County Authorizations
  - Under WCM, Noble Mid-Orange County will authorize individual services

# WCM Services- Authorization (cont.)

---

- WCM authorizations requests are handled by Noble Mid-Orange County
- Medical necessity guidelines include CCS Number Letters
- Referral to CCS paneled specialists required for treatment of CCS conditions
- Prior Auth requests should include:
  - Diagnosis (ICD-10)
  - Service/Treatment being requested (CPT/HCPC)
  - Medical records to support the request

# WCM Services- Authorization (cont.)

---

- Two ways to request Authorization(s):
  - 1) Provider web portal (PCP only)
    - [www.healthsmartmso.com](http://www.healthsmartmso.com)
    - Provider Login
  - 2) Fax Submission:
    - Authorization (Urgent & Routine) request(s) can be submitted via fax to: **714-947-8700**

# WCM Services- Authorization (cont.)

---

- What is an URGENT Request?
  - “Urgent” request may **only** be submitted when the routine time frame\* 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 (5) working days within receipt of all information necessary to render decision; working days exclude weekends and state holidays.*

# WCM Services- Authorization (cont.)

---

- Tertiary and Non-Contracted Providers
  - Non-contracted providers may be requested **only** if:
    - The service or specialty is not available in-network
    - Continuity of care- must meet very specific requirements (e.g. member transitions from fee-for-service (FFS) Medi-Cal 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 must be document on the request.

# Continuity of Care (CoC)

---

- Under WCM, members can continue receiving any current **medically necessary services or prescriptions** if certain criteria is met:
  - CCS providers for CCS services for up to 12 months
  - Specialized or custom durable medical equipment (DME) provider for up to 12 months
    - May be extended if still under warranty and medically necessary
    - Prescribed drugs until no longer medically necessary
- Providers by submit authorization requests indicating this is a CoC request
- Members, family members or authorized representatives may also request CoC

# Medical Therapy Program (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
- The County will continue to be responsible for the MTP
- CalOptima and Health Networks will follow established processes for referring members to the County for MTP eligibility
- CalOptima and Health Networks will coordinate the administration of DME prescribed by the MTUs



# Maintenance and Transportation (M&T)

---

- Separate from emergency, non-emergency medical transportation (NEMT), and non-medical transportation (NMT) benefits
- Available when costs are a barrier to accessing CCS services and no other resources is available
- Provides transportation and additional supports, such as parking, tolls, lodging and food
- Services may extend to additional family members
- CalOptima will be responsible for all WCM members
  - Limitations, criteria and authorizations apply

# WCM Services- Case Management

---

- **WCM Model of Care:** CalOptima and Noble Mid- Orange County will follow its structured, time-tested approach to deliver coordinated, individualized care
  - Family and various members of the health care team collaborate on this “road map” to optimal health for each member enrolled in WCM
- An integrated delivery system that supports:
  - Care Management policies
  - Procedures
  - Operational Systems
- Personal Care Coordinators (PCC) (CalOptima and Noble Mid-Orange County) have a central role

# WCM Services- Case Management (cont.)

---

- WCM Model of Care Process: Summary
  - Health Needs Assessment (HNA) completed for WCM member by CalOptima's PCC or registered nurse
  - Members are identified for one of the following Care Management Levels:
    - Basic
    - Care Coordination
    - Complex
- A case manager reviews the HNA, gathers additional information as needed and prepares an Individualized Care Plan (ICP)
- ICP for Care Coordination or Complex Case Management member is created by an interdisciplinary team

# WCM Services- Case Management (cont.)

- Interdisciplinary Care Team
  - The care team is formed based upon the Member and family's needs. The care team may include:

Care Team Members	Ad Hoc Team Members
Member, Parent or Guardian	Social Worker
Personal Care Coordinator	Behavioral Health
Medical Case Manager	Special Care Center Staff
PCP	Medical Therapy Unit Therapist
Specialist(s)	Disease Manager/Health Educator
Pharmacist	Discharge Planner
Health Network (HN) Medical Director	

- The Interdisciplinary Care Team is coordinated by the Member's HN

# Aging Out- Transition of Care

---

- Transition planning for WCM members as needed
  - Planning can begin as early as age 14
  - Includes identification of ongoing needs and resources as well as future considerations
  - PCPs, Specialists, SCCs and MTP are vital in this process
  - Information about the age-out process will be provided to Members and their family as the transition approaches
  
- Transitions may occur for other reasons
  - Undocumented status (age 19)
  - Loss of Medi-Cal eligibility
  - Need to transition to an adult provider prior to aging out of WCM
  - CalOptima/HN will coordinate needs for these transitions as needed

# Guardianship/Conservatorship

---

- Individuals appointed by the court to make certain decisions on behalf of others who are unable to do so
  - Guardians- healthcare and other non-monetary decisions
  - Conservators- financial decisions
  
- Process
  - At age 17, a member's guardian will receive a notice from CalOptima encouraging them to discuss guardianship/conservatorship options with their child receiving CCS services
  - A case manager will provide a referral for services to the member and their family when the member turns 17
  - The member or family member to provide document guardianship/conservatorship, if applicable

# Inter-County Transfers

---

- Definition:
  - Transition of care to or from another County
  
- Goal:
  - Allow for a seamless transition of care and records
  
- Process:
  - The County and the other County's CCS program will be responsible for transition members between counties
  - CalOptima will work with the County by providing or receiving the necessary medical information for the transfer

# Case Management (cont.)

---

➤ Case Management Fax and Phone Number

FAX NUMBER	PHONE NUMBER
714-947-8796	714-947-8600



# Claims Processing

---

- Claims and Provider Claims Disputes with **date of service prior to July 1, 2019** must be submitted to the County
- For inpatient claims with **admission date 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 (1) year from the date of service
- Prior authorization
  - Providers must obtain prior authorization for services or codes requiring authorizations

# Claims Processing (cont.)

---

- Electronic Data Interchange (EDI)
  - Electronic Claims Submission for date of service or inpatient admissions dates July 1, 2019 and after:
    - Office Ally (OA) at 360-975-7000 press option #1  
Payer ID: HSM01
- Paper Claim Submission
  - Mailing Address:
    - Noble Mid-Orange County Claims Department  
P.O. Box 6301  
Cypress, CA 90630

# Claims Processing (cont.)

---

- Provider Disputes Timeliness
  - Medi-Cal
    - Provider has 365 days from the initial approval/denial date to file
    - Noble Mid-Orange County has 45 working days (or 62 calendar days) to render a decision
- Provider has 180 days from first level provider dispute resolution (PDR) decision to file second level appeal with CalOptima's Grievance and Appeals department (GARS)

# Claims Processing (cont.)

---

- How to Submit a Provider Dispute
  - Provider disputes should be submitted using the Provider Dispute Resolution Request form that when completed, provides all information necessary to resolve the disputed claim(s)
    - The Provider Dispute Resolution Request form is located under the “Claims Section” on HealthSmartMSO website.
- For multiple dispute submissions, the provider should attach a spreadsheet for all impacted claims 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.

# Claims Processing (cont.)

---

- 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 where applicable:
    - Hard copy of prior authorization
    - Proof of timely filing
    - Other health coverage remittance advices (RA/EOMB)
- Mailing Address for provider dispute forms
  - Claims Appeal Department
    - P.O. Box 6301
    - Cypress, 90630

# Claims (cont.)

---

- Claims Department Fax and Phone Number
  - Customer service claims inquiries for claims with date of service of July 1, 2019 and after:

FAX NUMBER	PHONE NUMBER
714-947-8725	714-947-8600

# Other Resources

---

- California Welfare and Institutions Code 14094.4-.20
- DHCS All Plan Letter 18-011: Whole Child Model Program
- DHCS CCS Guidance
  - <https://www.dhcs.ca.gov/services/ccs>
    - Publications (Manuals, Numbered/Information/HRIF letters)
    - Directories (CCS providers, Special Care Centers, NICU)
    - Becoming a CCS Provider
- CalOptima WCM Provider FAQ

# Acronyms

---

- CCS- California Children's Services
- CMS Net- Children's Medical Services Net
- CoC- Continuity of Care
- DHCS- Department of Health Care Services
- DME- Durable Medical Equipment
- HNA- Health Needs Assessment
- ICP- Individualized Care Plan
- ICT- Interdisciplinary Care Team
- M&T- Maintenance and Transportation
- MTC- Medical Therapy Unit
- MTP- Medical Therapy Program
- MTU- Medical Therapy Unit
- NEMT- Non-Emergency Medical Transportation
- NMT- Non-Medical Transportation
- OC HCA- Orange County Health Care Agency
- PEDI- Provider Electronic Data Interchange
- SAR- Service Authorization Request
- SCC- Special Care Centers
- WCM- Whole Child Model
- WCMFAC- Whole-Child Model Family Advisory Committee



*Protecting Your Family's Health*

# **Noble-Mid Orange County**

888.880.8811 *www.noblemidoc.com*

