



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE:

TO: ALL CCS PANELED PROVIDERS

SUBJECT: CALIFORNIA CHILDREN’S SERVICES WHOLE CHILD MODEL PROGRAM

BACKGROUND:

Senate Bill (SB) 586 authorizes the Department of Health Care Services (DHCS) to establish the Whole Child Model (WCM) program in designated County Organized Health System (COHS) or Regional Health Authority (RHA) counties to incorporate California Children’s Services (CCS) Program covered services for Medi-Cal eligible CCS Program children and youth into a Medi-Cal managed care health plan (MCP) contract. Under WCM, MCPs will assume full financial responsibility for authorization and payment of CCS Program eligible medical services, including authorization activities, claims payments and processing, case management, and quality oversight. The WCM program will be implemented in 21 counties, as specified in Table 1 below. As of the transition date, the CCS-eligible medical services in WCM counties will be carved into the MCP’s capitated rate.

Table 1. Phase-In Schedule	
WCM MCP	WCM Counties
Phase 1 – No sooner than July 1, 2018	
GenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey, Santa Cruz
Health Plan of San Mateo	San Mateo
Phase 2 – No sooner than January 1, 2019	
CalOptima	Orange
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

CCS PROGRAM ELIGIBILITY REFERRALS:

The local independent county CCS programs participating in the WCM will continue to determine medical, financial, and residential eligibility, for initial CCS Program eligibility and for the annual medical review (AMR), while the State CCS Program will continue to determine CCS Program eligibility and AMR for dependent county CCS programs.

Providers should send CCS Program eligibility referrals to the local county CCS program and authorization requests to the MCP.

CLAIMS SUBMISSION:

Providers in WCM counties shall submit their claims directly to the MCP if they are a network provider. Providers not part of the MCP network are encouraged to become part of the MCP's provider network. MCPs are required to pay physician and surgeon provider services at rates at least equal to the applicable CCS fee-for-service rates, unless the physician and surgeon enters into an agreement on an alternative payment methodology mutually agreed upon by the physician, surgeon, and the MCP. Providers should follow billing instructions as specified in the Medi-Cal Provider Manual for non-MCP covered services.

NEONATAL INTENSIVE CARE UNIT (NICU):

NICU acuity assessment and authorization will be the responsibility of the MCP in all WCM counties. Providers shall submit NICU authorization requests to the MCPs.

For the counties where NICU is currently carved-in¹, providers should send their claims to the MCPs. The MCPs will be responsible for NICU reimbursements in these counties. Providers in all other counties should send their claims to the State's Fiscal Intermediary.

Table 2 below identifies the entity (state, county, or health plan) responsible for NICU acuity assessment, authorization, and payment function activities in the WCM.

Table 2. NICU Responsibilities			
CCS NICU	NICU Acuity Assessment	Authorization	Payor (Facility/Physician)
Carved-In	MCP	MCP	MCP
Carved-Out	MCP	MCP	State

PEDIATRIC DAY HEALTH CARE (PDHC):

PDHC services are carved-out of the MCP contract. The MCP is responsible for referring and coordinating PDHC services if a beneficiary is diagnosed with a CCS eligible condition. If the CCS program does not approve the services, the MCP is responsible for providing all medically necessary Medi-Cal covered services under the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

¹ NICU carved-in counties: Marin, Napa, San Mateo, Santa Barbara, Solano, and Yolo

MCPs will be responsible for referring and coordinating care for beneficiaries needing PDHC services and assist in redirecting service authorizations to DHCS.

ADDITIONAL GUIDANCE:

DHCS will issue more detailed guidance on the WCM Program transition to local county CCS Programs via a forthcoming WCM CCS Numbered Letter (N.L.). In addition, DHCS will release a Provider Bulletin announcement to provide further guidance and direction to local county CCS Programs regarding claims submission to the MCPs. For more information, providers can contact their perspective MCP.

Table 3. MCP Contact Information		
MCP	County	Contact Information
CenCal Health	San Luis Obispo, Santa Barbara	(877) 814-1861 TTY/TDD (650) 616-8037
Central California Alliance for Health	Merced, Monterey, Santa Cruz	(800) 700-3874 ext. 5505 TTY/TDD (877) 548-0857
CalOptima	Orange	(888) 587-8088 TTY/TDD (714) 246-8523
Health Plan of San Mateo	San Mateo	(650) 616-0050 or (800) 750-4776 TTY/TDD (650) 616-8037
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo	(800) 863-4155 TTY/TDD (800) 226-2140

For questions regarding this Provider Notice, contact CCSredesign@dhcs.ca.gov.

Sincerely,

Integrated Systems of Care Division
DHCS