



CalOptima Health
A Public Agency
505 City Parkway West
Orange, CA 92868
☎ 714-246-8400
📞 TTY: 711
🌐 caloptima.org

WHOLE-CHILD MODEL FREQUENTLY ASKED QUESTIONS FOR 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 Whole-Child Model program.

1. What is the Whole-Child Model (WCM) program?

The WCM program is designed to incorporate California Children's Services (CCS)-covered services into Medi-Cal managed care to help CalOptima Health members 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.

2. What happens to patients younger than 21 who are currently receiving CCS but are not CalOptima Health members?

CCS services for non-CalOptima Health members will remain 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 retains responsibility 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 regarding their Medi-Cal eligibility.

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

If the condition needing treatment is 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 [CHOD] and CalOptima Health Community Network [CHCN]). Authorization for treatment must be directed to the member's health network (including CHOD and CHCN).

5. Who will provide CCS services under the WCM program?

In Orange County, CalOptima Health and its delegated health networks are 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 is located outside the county, CalOptima Health or one

of its health networks will be responsible for reviewing and coordinating those services, as appropriate.

6. Can a CCS-paneled specialist 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?

The Department of Health Care Services (DHCS) requires certain provider types to be CCS-paneled or CCS-approved in order to treat CCS-eligible conditions and conditions related to CCS-eligible conditions. Not all provider types have to be paneled. You can find CCS program participation requirements by provider type on DHCS' website at:

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

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

<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 or 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 CalOptima Health's Provider Relations department to speak to a representative at **714-246-8600**.

9. Which benefits are covered in the WCM program?

Most CCS benefits for eligible members, such as palliative care services, will be provided through CalOptima Health and its health networks.

Services carved out of coverage by CalOptima Health are administered by the HCA. 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 the HCA at 714-347-0300 for questions related to carved-out benefits.

10. Can newly enrolled CalOptima Health CCS members 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:

- The member has an existing relationship with the provider.

- The provider accepts CalOptima Health’s (or the health network’s) reimbursement rate or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless otherwise agreed.
- The provider has no quality and credentialing issues.

Continuity of care applies to providers, special care centers, active course of treatment prior authorizations, existing Durable Medical Equipment (DME) rentals and medical supplies, custom DME (e.g., custom wheelchair), and a currently prescribed drug that is part of prescribed therapy for the CCS-eligible conditions. In addition, continuity of care may also apply to the CCS public health nurse, if available.

11. 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’s Customer Service at **714-246-8500** for more information.

12. Will children be able to continue 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 is 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.

13. How do I submit claims?

Claims for services should be submitted to the member’s health network (including CHOD or CHCN), except for the carved-out benefits, such as MTP-related services, which will 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

See question 14 for a list of CalOptima Health networks and their contact information.

14. Who do I contact if I have questions about WCM?

Health Network	Phone Number
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
Noble Mid-Orange County	888-880-8811
Optum Care Network	888-656-7523
Prospect Medical Group	800-708-3230
United Care Medical Group	800-708-3230

15. How can I stay informed about these changes?

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