



CCS Transition to the Whole Child Model

September 16, 2024

On January 1, 2025, Partnership HealthPlan of California will assume responsibility for California Children’s Services (CCS) for Partnership members who currently get CCS care through their counties. (This includes those in the 10 counties that joined Partnership in 2024.) This transition is called the Whole Child Model (WCM). The goal of the WCM is to provide quality care coordination for CCS-eligible children through a patient- and family- centered approach to care, ensuring all necessary care for the whole child.

CCS/WCM Information	
Program Implementation	On January 1, 2025, Partnership will begin administering authorizations, claims payment, and case management for all CCS-eligible Partnership members.
What is CCS?	CCS is a state program providing coverage for children under age 21 with CCS-eligible conditions for medical and behavioral treatment, diagnostic services, medical case management, and physical and occupational therapy services.
What is changing for families as part of the WCM program?	Partnership uses our internal referral, authorization, and concurrent review processes for CCS services, understanding the complexity of care that CCS children require and the continuity of care that will be needed. These processes are based on determinations of medical necessity and will be reviewed against Medi-Cal, Partnership, and CCS policy, as well as clinical guidelines. CCS-eligible members do not need a referral authorization form (RAF) for treatment. However, they may need a referral from their PCP to the specialist.
Who determines eligibility?	CCS eligibility is determined by the county in which the CCS child resides and will remain the responsibility of the county after January 1, 2025.
Authorizations	<p>Partnership will review Treatment Authorization Requests (TARs) for transitioning CCS-eligible members for dates of service on or after January 1, 2025.</p> <ul style="list-style-type: none"> Partnership will honor approved SARs previous to January 1, 2025 per DHCS WCM APL guidance Service Authorization Requests (SAR) will no longer be issued for CCS-eligible Partnership members for dates of service on or after January 1, 2025. Providers can call Partnership Health Services at (800) 863-4144.
Pharmacy Services	<p>Partnership’s pharmacy benefit and services are carved out to Medi-Cal Fee-For Service (FFS) called Medi-Cal Rx. Medi-Cal and the Department of Health Care Services (DHCS) have contracted with Magellan Medicaid Administration, Inc. (MMA) to administer the pharmacy benefits and services including pharmacy claim processing, prior authorization review, and operating member and provider call centers. Pharmacies will submit Medi-Cal Rx prescription claims and TARs to Magellan Medicaid Administration, Inc. (MMA). Partnership's Pharmacy Department continues to be responsible for overseeing the medical drug benefit (drugs administered directly to members by a medical provider and billed to Partnership as a medical claim), also known as Physician Administered Drugs (PAD).</p> <ul style="list-style-type: none"> Providers can call Partnership Pharmacy at (800) 863-4155. Medi-Cal Rx can be reached at 1 (800) 977-2273 24 hours a day, 7 days a week. For TTY, dial 711, available Monday – Friday, 8 a.m. – 5 p.m.

Case Management Services	Partnership will provide case management and care coordination services to CCS-eligible Partnership members who need assistance. <ul style="list-style-type: none">• Providers can call Partnership Care Coordination at (800) 809-1350.
Billing and Payment	Partnership will receive and process claims for all transitioning CCS-eligible Partnership members on and after dates of service January 1, 2025 <ul style="list-style-type: none">• CCS diagnosis code should only be on claims if treating CCS condition.• SAR/TAR or prior authorization numbers required on claim for processing.• Providers can call Partnership Claims Department at (707) 863-4130.
How can providers become CCS paneled?	Providers can apply to be CCS paneled through DHCS. Paneling instructions can be found at dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx

For more information contact eSystemsSupport@partnershiphp.org

Whole Child Model Fact Sheet: CCS-Eligible Members and Primary Care Providers

September 16, 2024

IMPORTANT INFORMATION:

The Whole Child Model (WCM) for California Children Services (CCS) eligible members provides diagnostic and treatment services and medical case management services to children under age 21 with CCS-eligible medical conditions. As of January 1, 2025, the Department of Health Care Services (DHCS) will transition CCS-eligible members to Partnership HealthPlan of California.

CCS eligibility will continue to be the responsibility of the county in which the CCS-eligible member resides, but Partnership will provide case/care management, provider referrals and treatment authorizations. Providers should continue to refer possible CCS-eligible members directly to the county for program eligibility.

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- Transitioning CCS members will be able to choose a local Medical Home/PCP.
 - CCS members will be linked to their local Medical Home/PCP and **will not be capitated to the office but will be Fee-for-Service (FFS)**.
 - CCS members may see their PCP/medical home for a visit that pertains to their CCS condition if the PCP/medical home is CCS-paneled. The member may visit their CCS-paneled specialty providers if that is applicable for the member.
 - Only CCS paneled providers can treat a CCS member for a CCS condition.
 - No Referral for Authorization (RAF) is needed for CCS members.
 - All contracted providers can utilize the Partnership Provider Portal to verify eligibility. Members will be flagged as a CCS member. Providers will also be able to download a CCS member list on the Provider Portal. Access web address at <https://provider.partnershiphp.org/UI/Login.aspx>
 - If a provider would like to see a CCS member for a CCS condition, the provider can access the CCS provider paneling applications at <https://cmsprovider.cahwnet.gov/PANEL/index.jsp>

Resources

Questions: Please contact your Provider Relations Representative or email eSystemsSupport@partnershiphp.org.

Whole Child Model Fact Sheet: Service Authorization Request (SAR) vs. Treatment Authorization Request (TAR)

September 16, 2024

IMPORTANT INFORMATION:

Prior to the January 1, 2025, implementation of the Whole Child Model (WCM) for California Children's Services (CCS) eligible members, the county authorized CCS services through a Service Authorization Request (SAR) for any care. Partnership will not use the SAR process or Service Code Groupings (SCGs) currently utilized by county CCS programs; however, Partnership will honor services approved by the county prior to January 1, 2025 for authorized CCS services that take place after January 1, 2025. Partnership will use our standard authorization process using a Treatment Authorization Request (TAR).

SARs Approved Prior to January 1, 2025

If the county has approved a service that will begin after January 1, 2025, regardless of whether it is continuing care through January 1, 2025, or new care that starts after January 1, 2025, Partnership will honor that authorization under Continuity of Care protections per DHCS WCM APL guidance.

Who Authorizes Services after January 1, 2019

Partnership staff will authorize services for our members, including those related to a CCS-eligible diagnosis. Partnership will not use the SAR process or SCGs currently utilized by the county CCS program.

Authorization Process

TARs should be submitted by the provider performing the service. Partnership will use our standard authorization and concurrent review processes for all services. These processes are based on determinations of medical necessity, and after January 1, 2025, will be the same, whether the care is rendered for a CCS or non-CCS condition. Partnership does not authorize Specialty Care Centers in their entirety.

Resources

To access a list of TAR Requirements go to the Partnership website at <http://www.partnershiphp.org/Providers/HealthServices/Pages/Utilization-Management.aspx>

Whole Child Model Fact Sheet: Claims Information for CCS-Eligible Members by a CCS-Paneled Provider

September 16, 2024

IMPORTANT INFORMATION:

The Whole Child Model (WCM) for California Children's Services (CCS) eligible members provides diagnostic and treatment services and medical case management services to children under age 21 with CCS-eligible medical conditions. As of January 1, 2025, the Department of Health Care Services (DHCS) is transitioning CCS-eligible members in ten new counties to Partnership.

CCS eligibility will continue to be the responsibility of the county in which the CCS-eligibility member resides, but Partnership will provide case/care management, provider referrals and treatment authorizations.

Providers will continue to use either the CMS 1500 or the UB04 to bill for services. Some tips for billing for our CCS-Eligible Members:

1. Always verify the member's eligibility with Partnership using the Online Services Portal at <https://provider.partnershiphp.org/UI/Login.aspx> or by calling the Automated Eligibility Verification at (800) 557-5471.
2. It is important to **use the diagnosis for the CCS condition** when billing Partnership for Whole Child Model services. ***This will directly affect payment so remember to use the diagnosis for the CCS condition.***
3. Providers must continue to bill using the group NPI; and ***must supply the NPI of the rendering provider*** in the appropriate field specific to the type of form being used. This is per DHCS requirements that WCM providers be CCS paneled. **For CMS 1500 add to box 24J; UB04 add to field 76.**
4. On the claim, include the Service Authorization Request (SAR) number (*if using a SAR that was prior to January 1, 2025, for a service after January 1, 2025*) or the Treatment Authorization Request (TAR) number (*if authorized after January 1, 2025*). **For CMS 1500 add to box 23; UB04 add to field 63.**

Resources

Claims mailing address remains: Partnership, PO Box 1368, Suisun City, CA 94585-1368
Claims Telephone Support – (707) 863-4130