



November 1, 2018

CCS/WCM Referrals and Authorizations FAQ

On July 1, 2018, the Alliance assumed responsibility for California Children's Services (CCS) rendered to Alliance Medi-Cal members. This transition is called the Whole Child Model (WCM). Prior to July 1, 2018, CCS services were carved out of the Alliance and managed by the county in which the CCS member resides. The following is intended to address common questions related to CCS and WCM referrals and authorizations.

- * Before July 1, 2018, who authorized CCS services?

The county authorizes CCS services through a Service Authorization Request (SAR) for any care with a date of service prior to July 1, 2018.

- * Will SARs approved prior to July 1, 2018 cover continuing care that started prior to July 1, 2018?

If the county has approved a service that will begin after July 1, 2018, regardless of whether it's continuing care through July 1, 2018 or new care that starts after July 1, 2018, we will honor that authorization. When the SAR expires, the provider will be required to submit authorization to the Alliance.

- * After July 1, 2018, who authorizes CCS services?

Alliance staff will authorize services for our members, including those related to a CCS-eligible diagnosis. The Alliance will not use the SAR process or Service Code Groupings (SCGs) currently utilized by the county CCS program; however, the Alliance will honor services approved by the county prior to July 1, 2018 for authorized CCS services that take place after July 1, 2018.

- * After July 1, 2018 what will the referral and authorization process entail?

The Alliance will use our 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 and Alliance policy, CCS policy and clinical guidelines.

To request authorization, a provider must submit a TAR through the Provider Portal or via fax. The Alliance will identify which services require authorization, as well as monitor appropriate turnaround times and will document such requirements in policies and procedures.

Concurrent review will be conducted onsite by Alliance staff for all in-area hospitals. Out-of-area hospital reviews will be conducted remotely.

To request referrals, a provider must submit the request for the referral to the Alliance through the Provider Portal or via fax. All referrals to specialty care for children with a CCS-eligible condition will be reviewed by Alliance staff. If the referral is for care related to the CCS condition, the Alliance will require that the child is seen by a CCS paneled provider as applicable.

Faxed authorization and referral requests should be sent to (831) 430-5850.



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Provider News

- * How will a TAR be processed for a Primary Care Provider (PCP) under a CCS diagnosis?

If a PCP is providing a service outside the scope of a PCP service, providers would want to submit a TAR to the Alliance or reach out to the Alliance's Authorizations Department to determine whether or not a TAR is required.

- * For physical therapy offices, a patient can be seen for 12 physical therapy visits before obtaining an authorization. How can we find out if the patient is a CCS-eligible member prior to rendering services?

All contracted providers can utilize the Alliance Provider Portal to verify eligibility and note whether the member is flagged as a CCS member. If the member has a CCS eligible condition, providers can reach out to the Authorization Department or Provider Services Department to find a CCS-paneled Physical Therapist. CCS providers are also listed in both the online and printed provider directories.

- * Do all Medical Supply/Equipment items need an authorization or will the Alliance follow similar limits to non-CCS patients?

The Alliance follows Medi-Cal guidelines and would require an authorization when frequency limits are exceeded or if equipment is not normally provided for specific diagnosis code.

- * After July 1, 2018 what will the authorization and payment process for neonatology services entail?

The Alliance will also pay for CCS inpatient neonatology services effective July 1, 2018. Providers should submit their claims directly to the Alliance. The State originally planned to assume responsibility of payment for these services; however, in early June of 2018, the State decided the Alliance would assume this responsibility instead.