HEALTH PLAN POLICY					
Policy Title: Behavioral Health Care and Physical Health		Number: MCM03			
Care Coordination		Revision: H			
Department: Medical Management Sub-Department: Case Management					
Applicable Lines of Business: □ Children's Health Insurance Plan ⊠ Medicare					
☐ Commercial Insured		☐ Non Insured Business			
☑ Health Insurance Exchange		e ⊠ USFHP			
☐ Medicaid					
Effective Date: 04/01/2015					
Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 11/25/2019, 11/17/2020, 08/17/2021,					
08/25/2022, 05/22/2023					

PURPOSE:

The purpose of this policy is to provide guidelines for care coordination for health plan members with behavioral health conditions.

DEFINITIONS AND ACRONYMS:

• **Primary Care Provider (PCP)** – A health care practitioner (a physician, physician assistant, or nurse practitioner) chosen by or assigned to a member that provides primary care and provides other medical services.

POLICY:

The health plan provides behavioral health and substance abuse programs and services to eligible members. The medical management department will facilitate coordination of care among participating providers to promote collaboration between medical and behavioral health care services and ensure continuity of care for members with behavioral health conditions (NCQA Standard QI 4 B).

- A. Accessible Treatment and Early Intervention Medical management staff will screen for members who may benefit from behavioral health services as a routine function of the medical management process. These screening activities include:
 - 1. Evaluation of data from health risk assessments, case and/or disease management assessments, and concurrent reviews to identify members with potential coexisting medical and behavioral problems.
 - 2. Review of pharmacy data to identify members on psychopharmacological medications, evaluation of appropriate use of medications prescribed by behavioral health and medical practitioner and identification of issues related to multiple-prescribing practitioners.
 - 3. Data provided by Epic reports and CareEverywhere HIE, Claims and Diagnosis Reports from Business Intelligence and/or other internal and external reporting and identification sources as applicable
- B. Health plan members may self-refer to participating behavioral health providers.
- C. Crisis Behavioral Health Calls:
 - 1. In the event a health plan representative receives a call from a member requiring emergent behavioral health intervention, the caller will be asked to provide consent for immediate contact with the behavioral health contractor.

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- 2. If the caller agrees, the health plan representative will conference the call with the behavioral health contractor and disconnect after confirming the member has direct contact with the behavioral health provider.
- 3. If the member refuses to be connected with the behavioral health contractor, the plan representative will maintain contact with the member and signal a coworker to dial 911. The plan representative will attempt to maintain contact with the member until emergency medical personnel are available.

D. Exchange of Information:

- 1. Information is shared among medical management, the behavioral health contractor and participating behavioral health and medical health providers to ensure interactions with the member result in appropriate coordination between medical and behavioral health care.
- 2. A written medical record/release of information consent form is obtained by the medical or behavioral health provider from the member, parent of a member, or legal guardian of a member. The consent is maintained in the medical or behavioral health record.
- 3. The PCP and behavioral health care provider will share pertinent history and test results in a timely manner, based on the provider's assessment of the clinical urgency.
- 4. Medical and behavioral health providers are required to refer the member for services outside of their respective scope of practice. Providers will work collaboratively to coordinate the member's health care needs.
- 5. The health plan medical management staff will assist in coordinating member needs and encourage members to access the behavioral health benefit at the time behavioral health issues are identified.
- 6. The health plan medical management team will monitor the behavioral health coordination activity for the health plan members from an oversight perspective.

E. Prevention Programs:

- 1. Health plan medical management will work with the behavioral health contractor and other participating behavioral health care practitioners, PCPs, medical/surgical specialists, organizational providers and other community and state resources to develop primary and secondary prevention programs for behavioral health.
- 2. These programs will include:
 - a. educational programs to promote prevention of substance abuse
 - b. parenting skills training
 - c. developmental screening for children
 - d. Attention deficit hyperactivity disorder screening
 - e. postpartum depression screening

Staff Involvement:

In aspects of the Medical Management program, there is a dedicated behavioral healthcare practitioner. (NCQA Standard UM 1 A). The associate is responsible for clinical management of an identified patient population requiring support for mental and chemical health care needs. The individual encompasses the ability to facilitate the planning, organizing, and coordinating the activities of the Medical Management

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Department's behavioral health activities. The expectations includes demonstrating mastery of the clinical and behavioral care to meet all regulatory requirements of managing care within the health plan environment.

REFERENCES:

• NCQA Qualtiy Improvement 4, Element B & Utilization Management 1, Element A Standards

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	04/01/2015	Initial Release	Board of Directors
A	03/04/2016	Yearly review - Updated to current template. Added	Board of Directors
		remaining products to Product Lines.	
В	06/01/2017	Annual Review. Changed signatory from Anita Leal,	Board of Directors
		Executive Director to Nancy Horstmann, CEO.	
С	09/20/2018	Annual Review. Product lines updated	Executive Leadership
D	11/25/2019	Annual review. Updated Definitions and Acronyms.	Executive Leadership
		Made changes to sections A and D.	
Е	11/17/2020	Annual review. No change to policy content.	Executive Leadership
F	08/17/2021	NCQA update. Added Staff Involvement section.	Executive Leadership
G	08/25/2022	Annual review. Added bullet point 3 under section A,	Executive Leadership
		changed "Utilization Management" to "Medical	
		Management"	
Н	05/22/2023	Policy update. Minor changes made to update policy	Executive Leadership
		for NCQA standards.	_