



Managed Health Network, LLC

2023

Medi-Cal

Provider Handbook

I. OVERVIEW OF SERVICES

On January 1, 2014, DHCS expanded the array of Medi-Cal mental health services available to Medi-Cal beneficiaries. As Health Net's behavioral health subsidiary, MHN administers the following mental health benefits to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning:

- Individual/group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purpose of monitoring drug therapy
- Psychiatric consultation for medication evaluation and management

In January 2019, MHN began administering the above benefits for California Health and Wellness members.

Effective January 1, 2023, DHCS has transitioned Medi-Cal beneficiaries excluded or voluntary for managed care plan (MCP) enrollment into an MCP. Beneficiaries will no longer be permitted to remain in a fee-for service (FFS) delivery system.

MHN administers these benefits in the following counties*:

<i>Alpine</i>	<i>Kings*</i>	<i>San Diego</i>
<i>Amador</i>	<i>Los Angeles</i>	<i>San Joaquin</i>
<i>Butte</i>	<i>Madera*</i>	<i>Sierra</i>
<i>Calaveras Colusa</i>	<i>Mariposa</i>	<i>Stanislaus</i>
<i>El Dorado</i>	<i>Mono</i>	<i>Sutter</i>
<i>Fresno*</i>	<i>Nevada</i>	<i>Tehama</i>
<i>Glenn</i>	<i>Placer</i>	<i>Tulare</i>
<i>Imperial</i>	<i>Plumas</i>	<i>Tuolumne</i>
<i>Inyo</i>	<i>Riverside*</i>	<i>Yuba</i>
<i>Kern</i>	<i>Sacramento</i>	
	<i>San</i>	
	<i>Bernardino*</i>	

**MHN administers the mental health benefits for most of Health Net's Medi-Cal enrollees in all of the counties listed above except for Fresno, Kings, Madera, Riverside, and San Bernardino. In Fresno, Kings, and Madera, MHN is a downstream subcontractor to CalViva Health. In Riverside and San Bernardino, MHN is a downstream subcontractor to Molina Healthcare.*

II. COORDINATION WITH COUNTY MENTAL HEALTH DEPARTMENTS

Medi-Cal beneficiaries with significant impairment resulting from a mental health disorder and/or who qualify for Specialty Mental Health Services will continue to be treated through each county's mental health department. MHN participating providers are expected to refer beneficiaries with such disorders to their county mental health department. In addition, when a beneficiary has significant mental health impairment, but the diagnosis is uncertain, they should also refer to the county mental health department for further assessment. If you need assistance coordinating care with a county mental health department, you may contact an MHN Care Manager for assistance.

III. LANGUAGE ASSISTANCE PROGRAM (LAP)

MHN created a Language Assistance Program (LAP) to ensure that limited-English proficient (LEP) members are able to obtain language assistance while accessing mental health care services.

MHN maintains ongoing administrative and financial responsibility for implementing and operating the language assistance program for members and does not delegate its obligations under language assistance regulations to its participating providers.

MHN's Language Assistance Program includes the following:

- Interpreter services for LEP MHN members are available 24 hours a day, seven days a week at all points of contact, by contacting MHN Language Assistance Services at (888) 426-0023. This assistance includes *face-to-face, telephonic interpretation services and written translation services*.
- Medi-Cal members are entitled to receive MHN member communications in their preferred language/format, if known, without having to request translation each time, known as a Standing Request. This includes non-threshold languages and Notices of Denial of Payment (NDPs). MHN will provide interpretation and translation services in many more languages, upon request.

Provider LAP Compliance

- **Interpreter Services-** Use qualified interpreters for LEP members. Interpreter services are provided by MHN at no cost to the provider or the member. You may contact the MHN Language Assistance Services Line or MHN Customer Service to arrange interpretation services.

- **Documentation of Language Preference**-Document the member's language preference and the refusal or use of interpreter services in the member's medical record. MHN strongly discourages the use of adult family or friends as interpreters, except in emergency situations. If, after being informed of the availability of interpreter services, the member prefers to use an adult family or friend as an interpreter, the provider must document this in the member's medical record. The use of a minor as an interpreter is only permitted in emergency situations.
- **Engage Telephonic Referral if face-to face interpreter is late**- If a scheduled face-to-face interpreter fails to attend appointment within an acceptable time frame, providers are encouraged to offer the patient the choice of using a telephonic interpreter. Providers can call MHN Customer Service and a customer service agent will conference in the telephone interpreter to expedite services. To access these services, please call the toll free number located on the back of the member's identification card.

Notify MHN of Language Capability Changes- Practitioners are contractually obligated to notify MHN of any change to their practice, including changes in language abilities, 30 days prior to the effective date of such a change, by attesting to these changes via the Provider Portal at www.mhn.com.

Additional Information

If you have additional questions regarding translation or interpretation services available to our members, contact the MHN Service Team indicated on the back of the member identification card. If you have any other questions about your network participation, please submit a Contact Us form through MHN's Provider Portal or email us at mhn.providerservices@healthnet.com.

IV. WORKING WITH MHN:

a) Clinical assistance:

If you need clinical assistance in determining whether your patient meets mild to moderate criteria, you can contact MHN at the number on the back of the patient's insurance card. An MHN clinician will assist you with this determination and/or with a referral to your county mental health department.

b) Administrative processes:

The Medi-Cal benefits administered by MHN are handled via the same basic processes applied to our Commercial plans. For example, there is no-pretauthorization requirement for outpatient services (other than for psychological testing), and the only paperwork required for reimbursement is standard claims submission. Please see MHN's Provider Manual at www.mhn.com for a full description of our administrative processes such as pre-authorization, claims payment, submission of grievances and appeals, and quality improvement.

Please also be sure to refer to the Medi-Cal Addendum of your provider Agreement for any specific contractual responsibilities under the Medi-Cal Program.

V. NETWORK REQUIREMENTS:

Eligible practitioners include Psychiatrists, Clinical Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, and Clinical Nurse Specialists. ***MFT and LCS interns are eligible for participation.***

Credentials are verified upon initial application to the network and every three years, as required by MHN's regulatory and accrediting agencies.

All physicians must meet the following selection criteria:

- Physicians with proof of either board certification in psychiatry or completion of a residency in psychiatry approved by the American Council on Graduate Medical Education.
- Current unrestricted medical license in California.
- Professional liability insurance coverage in the amount of \$1 million per occurrence/\$3 million aggregate.
- Current controlled substances registration (DEA certificate) in California.
- Current resume or curriculum vitae that details five years of relevant work history and clinical training (Work absences of six months or more must be explained by the applicant.
- Foreign medical school graduates must submit ECFMG certification or evidence that they have taken the FLEX examination or are ABMS Board Certified to demonstrate proficiency in the English language. This requirement is waived for those graduates of foreign medical schools where instruction is conducted in English.
- All physician practitioners must hold a valid National Provider Identifier (NPI) number.
- Practitioner must be in good standing in Medi-Cal programs, and not hold any exclusions from Federal Healthcare Programs.
- Practitioners that choose to participate in the Medi-Cal programs must be PAVE certified by DHCS. If the practitioner is not a certified PAVE Medi-Cal provider MHN has an application process that must be completed prior to becoming an MHN Medi-Cal practitioner.

All non-physician practitioners must meet the following selection criteria:

- All individual practitioners must hold at least a Masters degree from a professional school,

and must have education and training commensurate with state requirements for the license held.

- Current, unrestricted license to practice independently in California.
- Professional liability insurance in the amount of \$1 million per occurrence/\$1 million in aggregate.
- Nurses who wish to be classified as having prescriptive authority must have a current controlled substances registration (DEA certificate) in California.
- Registered nurses, nurse practitioners and clinical nurse specialists must have a state license that has language or a designation related to a behavioral health specialty. If the state license does not have such language, or such language is not available, then a current ANCC Certification in any of the following certification areas will meet this criteria:
 - Clinical Specialist in Adult Psychiatric and Mental Health Nursing
 - Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing
 - Adult Psychiatric and Mental Health Nurse Practitioner
 - Family Psychiatric and Mental Health Nurse Practitioner
- Nurse Practitioners (NP) and Physician Assistants (PA) are not allowed to practice independently in their location and will need to provide a practice agreement.
- Current resume or curriculum vitae that details five years of relevant work history and clinical training (Work absences of six months or more must be explained by the applicant).
- Practitioner must also hold a valid National Provider Identifier (NPI) number.
- Practitioners that choose to participate in the Medi-Cal programs must be PAVE certified by DHCS. If the practitioner is not a certified PAVE Medi-Cal provider MHN has an application process that must be completed prior to becoming an MHN Medi-Cal practitioner.
- Practitioner must be in good standing in Medi-Cal programs, and not hold any exclusions from Federal Healthcare Programs.

VI. Submit Social Determinants of Health Data on your Claims and Encounters

- Capturing social determinants of health (SDOH) data is a critical step in evaluating population health. This is done by reviewing member traits, health, social and risk needs. The emphasis is to improve health equity and identify health disparities and their root causes. This data will also aid in planning and coordinating care as well as providing personalized care to your patients.
- Refer to the 18 Department of Health Care Services (DHCS) priority SDOH codes listed

below when documenting SDOH as they relate to your patient. Submit these on claims or encounters. The codes are based on the ICD-10-CM.

DHCS Priority SDOH Codes

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance and death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

VII. New Dyadic Care Services and Family Therapy Benefits

Support healthy child development and mental health by treating Medi-Cal children and their parents/caregivers together

Effective January 1, 2023, dyadic care services and family therapy benefits are available to Medi-Cal members ages 0-20. This update contains information on eligibility, claims billing and referrals. For more information about dyadic care services and family therapy benefit requirements, refer to the Department of Health Care Services All Plan Letter (APL) 22-029¹.

A dyad refers to a child and their parent(s) or caregiver(s). Dyadic care refers to serving both parent(s) or caregiver(s) and child together as a dyad and is a form of treatment that targets family well-being as a mechanism to support healthy child development and mental health.

Dyadic care services

Dyadic care services include dyadic behavioral health (DBH) well-child visits, dyadic comprehensive community support services, dyadic psychoeducational services, and dyadic family training and counseling for child development. The DBH well-child visit is provided for both child and parent(s)/caregiver(s) together, preferably within the pediatric primary care setting the same day as the medical well-child visit. Dyadic care services screen for behavioral health problems, interpersonal safety, tobacco and substance misuse and social drivers of health (SDOH), such as food insecurity and housing instability, and include referrals for appropriate follow-up care.

Facilities or clinics that offer integrated physical health and behavioral health services, such as health centers and Federally Qualified Health Centers (FQHCs), are able to conduct the medical well-child visit, the DBH well-child visit and some or all of the ongoing dyadic care services. Physicians who do not offer integrated behavioral health services, are able to initiate dyadic care services by conducting the medical well-child visit and making referrals to MHN, the Plan's behavioral health administrator, for the DBH well-child visit and ongoing dyadic care services.

Family therapy

Family therapy is covered under Medi-Cal's non-specialty mental health services benefit, for members ages 0-20 who are at risk for behavioral health concerns, and for whom family therapy is indicated, but may not have a mental health diagnosis. Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider. All family members do not need to be present for each service. For example, parents or caregivers can qualify for family therapy without their child present, if necessary.

[Health Net/CalViva Health/California Health & Wellness Plan (CHWP)] reimbursement includes, but is not limited to child-parent psychotherapy, Triple P (Positive Parenting Program) and parent-child interaction therapy.

Eligibility criteria

Members ages 0-20 and their parent(s)/caregiver(s) are eligible for DBH well-child visits when:

- Delivered according to the Bright Futures/American Academy of Pediatrics periodicity schedule for behavioral/social/emotional screening assessment.
- Medically necessary, in accordance with Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards.
- The child is enrolled in Medi-Cal. The parent(s) or caregiver(s) does/do not need to be enrolled in Medi-Cal or have other coverage so long as the care is for the direct benefit of the child.

Prior authorization is not required for dyadic care services.

Claims billing

Refer to the table below for dyadic services and billing codes. Encounters for dyadic care services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual.

Dyadic Services	Description/Billing Codes
Services for members ages 0 to 20 (when billed to the child's Medi-Cal ID with the modifier U1)	<ul style="list-style-type: none"> • Dyadic behavioral health (DBH) well-child visits: H1011. • Dyadic comprehensive community support services, per 15 minutes: H2015 (separate and distinct from California Advancing and Innovating Medi-Cal's (CalAIM) Community Supports). • Dyadic psychoeducational services, per 15 minutes: H2027. • Dyadic family training and counseling for child development, per 15 minutes: T1027.
<ul style="list-style-type: none"> • Services for parent/caregiver • (<u>services</u> provided to the caregiver for the benefit of the child during a child's visit, and billed using the child's Medi-Cal ID with the modifier U1. 	<ul style="list-style-type: none"> • ACE screening: G9919, G9920 • Alcohol and drug screening, assessment, brief <u>interventions</u> and referral to treatment (SABIRT): G0442, H0049, H0050. • Brief emotional/behavioral assessment: 96127. • Depression screening: G8431, G8510. • Health behavior assessments and interventions: 96156, 96167, 96168, 96170, 96171. • Psychiatric diagnostic evaluation: 90791, 90792. • Tobacco cessation counseling: 99406, 99407.

MHN claims submission and electronic payer ID information

Integrated physicians/facilities conducting both well-child visits and dyadic services will bill the health plan for the medical well-child visit and MHN for the dyadic care service. Use the below information to submit claims to MHN and check claim status.

- Claims status: 844-966-0298 (option 1).
- MHN electronic payer ID: 22771.
- Claims mailing address:

MHN Claims
PO Box 14621
Lexington, KY 40512-4612

Referral to MHN

Following a medical well-child visit conducted by a non-integrated physician, the PCP will refer the member to MHN to connect with a dyadic care provider who will conduct the DBH well-child visit and determine needs for ongoing dyadic care services:

- **24/7 telephonic support: 877-658-0305.** Let members know they can call MHN's customer service directly to find a behavioral health provider or specialist, including the best telehealth options. Help the member to call MHN's customer service number during an office visit.
 - Press * for mental health crisis.
 - Press 2 then 4 for member calls.
 - For Language or Interpreter Services call: 888-426-0023.
- **Visit www.mhn.com/find-a-provider.html.** Find an MHN provider through the online provider directory. Members can choose a provider – including one with telehealth service.

Dyadic care providers

Referrals can be made to the following dyadic care providers^{2,3}:

- Licensed clinical social workers.
- Licensed professional clinical counselors.
- Licensed marriage and family therapists.
- Licensed psychologists.
- Psychiatric physician assistants.
- Psychiatric nurse practitioners.
- Psychiatrists.

¹<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf>.

²Associate marriage and family therapists, associate professional clinical counselors, associate clinical social workers, and psychology assistants may render services under a supervising clinician.

³Appropriately trained nonclinical staff, including community health workers, are not precluded from screening members for issues related to SDOH or performing other nonclinical support tasks as a component of the DBH visit, as long as the screening is not separately billed.

VIII. FREQUENTLY ASKED QUESTIONS:

GENERAL INFORMATION:

Q1: What Medi-Cal services are administered by MHN?

A: MHN administers the following services to Medi-Cal beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM:

- Individual and group mental health evaluation and treatment (psychotherapy);
- Psychological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Psychiatric consultation for medication evaluation and management

Q2: What services are handled through the County Mental Health Plans?

A: The County Mental Health Plans are still responsible for treating children and adults who meet medical necessity criteria for Medi-Cal specialty mental health services. These include the following services:

Outpatient Services:

- Mental Health services (assessments, plan development, therapy, rehabilitation and collateral)
- Medication Support
- Day Treatment Services and Day Rehabilitation
- Crisis Intervention and Crisis Stabilization
- Targeted Case Management
- Therapeutic Behavior Services

Residential Services:

- Adult Residential Treatment Services
- Crisis Residential Treatment Services

Inpatient Services: (may or may not be covered benefit will await response from Lisa)

- Acute Psychiatric Inpatient Hospital Services
- Psychiatric Inpatient Hospital
- Professional Services
- Psychiatric Health Facility Services

Q3: Which agency handles Substance Use Disorder (SUD) services?

A: SUD benefits continue to be administered by the County Alcohol and Drug Programs under Drug Medi-Cal (DMC).

ADMINISTRATIVE:

Q4: How are beneficiaries referred to providers?

A: Beneficiaries have been instructed to contact MHN for a referral to a participating provider. Once they are given names of providers, they are to contact the providers directly. Therefore in most cases, beneficiaries will be contacting you directly to schedule an appointment. Occasionally however, you may receive a call from MHN, since we actively assist those who are having difficulty securing an appointment.

Q5: Do I need an authorization from MHN or a referral from a PCP to treat these beneficiaries?

A: No referral from PCP is required. Medi-Cal beneficiaries can self-refer. The following services do require authorization- neuropsychological testing, outpatient psychological testing, inpatient psychological testing and ABA services

Q6: Are providers required to bill MHN or Medi-Cal for reimbursement of services rendered?

A. MHN

Q7: How am I required to bill for Covered Services?

A: Providers are required to use current HCPCS or CPT codes for billing, and use a CMS 1500 for services rendered.

Q8: Is there a benefit limit on the number of sessions?

A: No. The number of visits for mental health services is not limited as long as medical necessity criteria is met.

Q9: Historically, Medi-Cal has allowed interns to see enrollees. Is this allowed under MHN's administration of this benefit?

A: Yes. Supervised interns can provide services to Medi-Cal enrollees under MHN's administration of these benefits. You should contact your applicable licensing board for details about interns rendering services under supervision.

Q10: What methods can I use for billing?

A: MHN accepts electronic as well as paper claims. Electronic claims can be submitted through Ability or Change Health. Providers can sign up at no cost through an offer through Ability. You can view the offer at www.mdonline.com/mdonline/index.asp?brand=mhn. If you require assistance with the Ability website, please call their Help Desk at 888-499-5465.

Mail paper claims to:

MHN

PO Box 14621

Lexington, KY 40512-4621

Q11: Can I receive a remittance advice electronically?

A: Yes

Q12: Do these beneficiaries have a copay?

A: There are no copays

Q13: Does MHN require preauthorization for outpatient treatment?

A: No. Per MHN policies, outpatient office visits (other than psychological testing) do not require preauthorization or concurrent review.

Q14: How will I know if someone has MHN coverage?

A: To verify eligibility, please contact the number on the back of the enrollee's insurance card.

Q15: Who can I call for claims and benefit information?

A: MHN Provider Customer Service- (844) 966-0298

CLINICAL:

Q16: What is the medical necessity criteria?

A: For the benefits administered by MHN, medically necessary services are defined as "reasonable and necessary services to protect life, prevent significant illness or significant

disability or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury”. These include services to:

- a. Diagnose a mental health condition and determine a treatment plan;
- b. Provide medically necessary treatment for mental health conditions that result in mild or moderate impairment; and,
- c. Refer adults to the county mental health departments for specialty mental health services when a covered diagnosis results in significant impairment; or refer children to the county mental health departments for specialty mental health services when they meet the criteria for those services.

Q17: Are there DSM conditions that are not covered?

A: Yes. Conditions that the DSM identifies as relational problems (e.g. couples counseling, family counseling for relational problems) are not covered as part of the new benefits.

Q18: If am unsure of whether my patient's needs fit into the "mild to moderate" category, where can I obtain assistance?

A: If you need clinical assistance in determining whether your patient meets mild to moderate criteria, you can contact MHN at the number on the back of the patient’s insurance card. An MHN clinician will assist you with this determination and/or with a referral to your county mental health department.

Q19: If I am treating a patient whose symptoms are mild to moderate, is there an expectation to coordinate any care with the county mental health department?

A: No. You will not need to coordinate any care with the county if the member does not require county specialty mental health services.

Q20: If my patient's symptoms are mild to moderate but they later become severe or vice versa, does the administration responsibility change from MHN to the county or vice versa?

A: Administrative responsibility may shift from MHN to the county and vice versa based on their current symptoms and level of acuity.

CONTACT INFORMATION AND STAYING INFORMED

Q21: Who can I contact if I have additional questions?

A: If you have additional questions, please email MHN Provider Services at mhn.providerservices@healthnet.com

IX. IMPORTANT CONTACT INFORMATION:

Eligibility, Benefits, Clinical Assistance and Referrals, and General Customer Service:

(800) 675-6110

MHN Provider Services: mhn.providerservices@healthnet.com

Ability Help Desk: (888) 499-5465

Paper Claims: MHN
PO Box 14621
Lexington, KY 40512-4621