



Managed Health Network, LLC

2019

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.

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</i>	<i>Mariposa</i>	<i>Stanislaus</i>
<i>Colusa</i>	<i>Mono</i>	<i>Sutter</i>
<i>El Dorado</i>	<i>Nevada</i>	<i>Tehama</i>
<i>Fresno*</i>	<i>Placer</i>	<i>Tulare</i>
<i>Glenn</i>	<i>Plumas</i>	<i>Tuolumne</i>
<i>Imperial</i>	<i>Riverside*</i>	<i>Yuba</i>
<i>Inyo</i>	<i>Sacramento</i>	
<i>Kern</i>	<i>San Bernadino*</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)

The Health Care Language Assistance Act, effective since 2009, requires all California managed care health plans to provide language assistance and culturally sensitive services to members who are limited-English proficient (LEP).

To comply with this mandate, MHN created the Language Assistance Program (LAP) to ensure that 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*.
- MHN provides a notice of language assistance services with vital documents to all California members. MHN will provide translated documents in threshold languages (Spanish, Chinese, Korean, and Vietnamese) and provide interpretation and translation services in many more languages, upon request. This notice is also available to contracted providers for distribution to members upon request.

Provider LAP Compliance Requirements

- **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.
- **Member Complaint/Grievances Forms-** Members wishing to file a grievance or complaint should call the number listed on the back of their identification card, or access <https://www.mhn.com/members/behavioral-health/appeals-grievances.html> to obtain complaint/grievance forms, also available in Spanish, Chinese, Korean and Vietnamese (links to printable format also provided).

- **Independent Medical Review Application-** Locate the DMHC’s Independent Medical Review (IMR) application and provide it to members upon request. This application is available in English, Spanish, Chinese, Korean and Vietnamese on the DMHC Web site at <http://www.dmhc.ca.gov/FileaComplaint.aspx>.
- **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 for Managed Care members, please call the toll free number located on the back of the member’s identification card. For EAP members, please call the MHN Language Assistance Services Line at (888) 426-0023.
- **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. MHN does not track bilingual changes among office staff, however practitioners must notify us when there has been an addition/departure of a bilingual clinician from a group practice.

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.
- Physician must be in good standing in Medi-Cal programs, and not hold any exclusions from Federal Healthcare Programs.

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
- 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.
- Practitioner must be in good standing in Medi-Cal programs, and not hold any exclusions from Federal Healthcare Programs.

VI. 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:

- 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. You do not need an authorization or referral to deliver the services covered by MHN.

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 MD Online or Emdeon. Providers can sign up for free through a special offer from MD On-Line. You can view the offer at www.mdonline.com/mdonline/index.asp?brand=mhn. If you need help regarding the MD On-Line website, please call their Help Desk at 888-499-5465.

Paper claims should be mailed 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 co-pay?

No, there are no co-pays under this program.

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?

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: Please follow the instructions in Answer 15 above for obtaining claims, eligibility, benefit, and general information.

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:

- 1) Diagnose a mental health condition and determine a treatment plan;
- 2) Provide medically necessary treatment for mental health conditions that result in mild or moderate impairment; and,
- 3) 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

VII. IMPORTANT CONTACT INFORMATION:

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

(800) 647-7526

MHN Provider Relations:

mhn.providerservices@healthnet.com

Electronic Claims:

MD On-Line:

[www.mdon-line.com/mdonline/index.asp?brand=mhn.](http://www.mdon-line.com/mdonline/index.asp?brand=mhn)

MD On-Line Help Desk:

(888) 499-5465

Paper claims:

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PO Box 14621
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