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*:

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

*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. 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-preauthorization requirement for outpatient services (other than for psychological testing), and the only paperwork for required for reimbursement is standard claims submission. Please see MHN’s Provider Manual at [www.mhn.com](http://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.

IV. 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:
  
  o Clinical Specialist in Adult Psychiatric and Mental Health Nursing

  o Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing

  o 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.

V. 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 Professional Relations at Professional.Relations@mhn.com.

VI. IMPORTANT CONTACT INFORMATION:

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

(800) 675-6110

MHN Professional Relations:

Email: Professional.Relations@mhn.com

Electronic Claims:

MD On-Line:


MD On-Line Help Desk:

(888) 499-5465

Paper claims:

MHN

PO Box 14621

Lexington, KY 40512-4621