

HEALTH PLAN POLICY	
Policy Title: Behavioral Health Care and Physical Health Care Coordination	Policy Number: MCM03 Revision: D
Department: Medical Management	Sub-Department: Case Management
Applies to Product Lines:	
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> USFHP
<input type="checkbox"/> Children's Health Insurance Plan	<input checked="" type="checkbox"/> Commercial Insured
<input checked="" type="checkbox"/> Health Insurance Exchange	<input checked="" type="checkbox"/> Non Insured Business
<input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 04/01/2015	
Reviewed Date(s):	Revision Date(s): 03/04/2016, 06/01/2017, 09/20/2018, 11/25/2019

SCOPE:

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)**

POLICY:

The health plan provides behavioral health and substance abuse programs and services to eligible members. The medical management department will facilitate essential, effective and appropriate 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.

- 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 utilization 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.
- 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.
 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.

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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 relevant 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

REFERENCES:

None


RELATED DOCUMENTS:

None


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Nancy Horstmann
Chief Executive Officer Health Plan

12/6/19
Date


David Engleking, M.D.
Medical Director Health Plan

12/4/19
Date

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 remaining products to Product Lines.	Board of Directors
B	06/01/2017	Annual Review. Changed signatory from Anita Leal, Executive Director to Nancy Horstmann, CEO.	Board of Directors
C	09/20/2018	Annual Review. Product lines updated	Executive Leadership
D	11/25/2019	Annual review. Updated Definitions and Acronyms. Made changes to sections A and D.	Executive Leadership