



Contracting for Mild- Moderate Medi-Cal Mental Health Services in California

November 2020



Agenda

01 Beacon Overview

02 Contracting, Credentialing & Claims Overview

03 Clinical and Quality Management

Beacon's Public Sector Footprint in California



~**8** Medi-Cal Plans in **24** counties

~**4** Medicare (duals) Plans

~**4** County clients



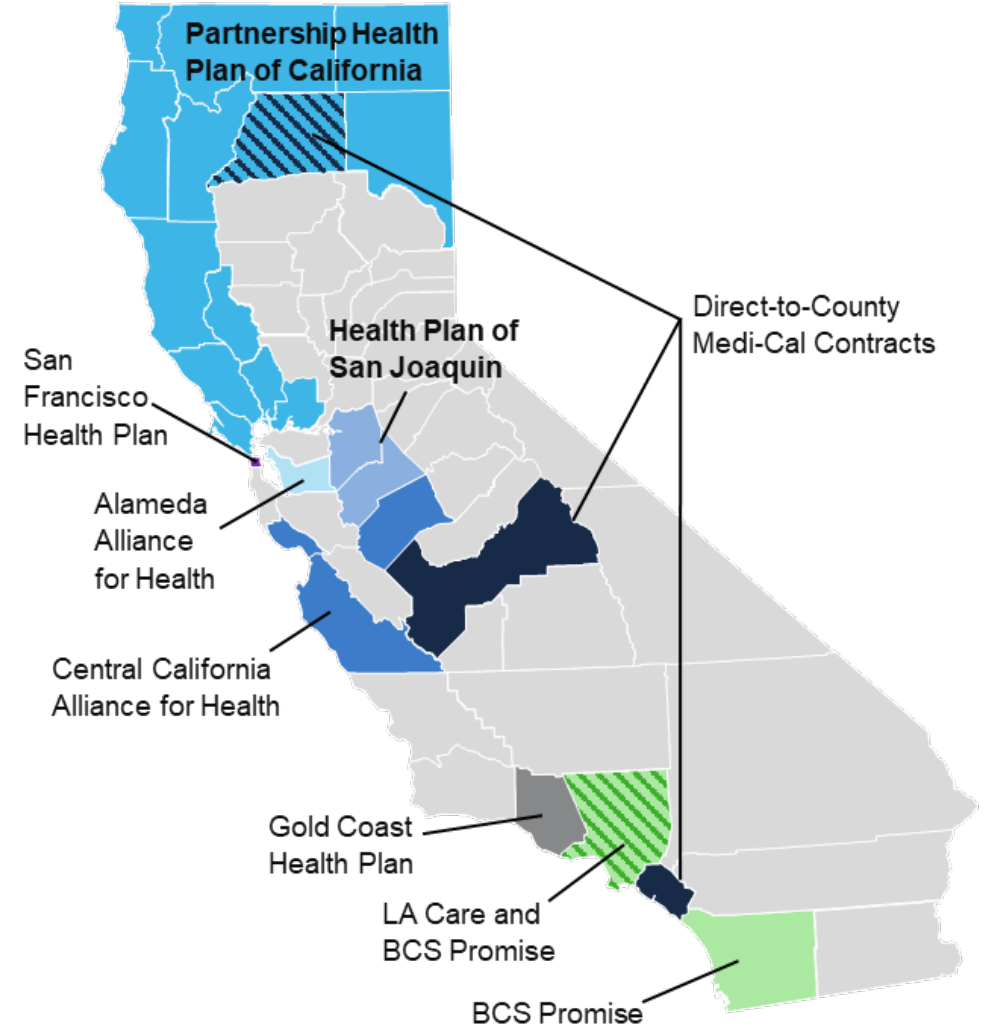
~**4.6M** Medi-Cal lives, **26k** dual eligibles in special MMP plans; **40k** Medicare and **150k** Exchange



Behavioral Health Specialty Network of more than **3,600 providers** from the Mexico to Oregon borders



Over **20 years California operating experience**



Beacon is one of many managed care payers for Medi-Cal outpatient MH services. Operational processes likely are substantially similar.

Figure 1. Payment Flow for Medi-Cal Mental Health Services

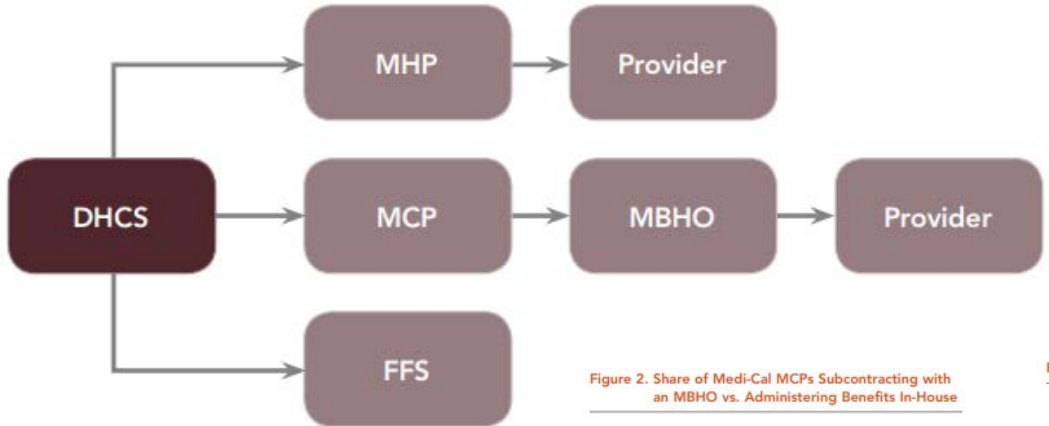


Figure 2. Share of Medi-Cal MCPs Subcontracting with an MBHO vs. Administering Benefits In-House

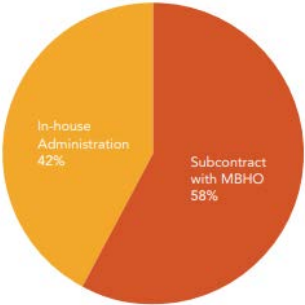
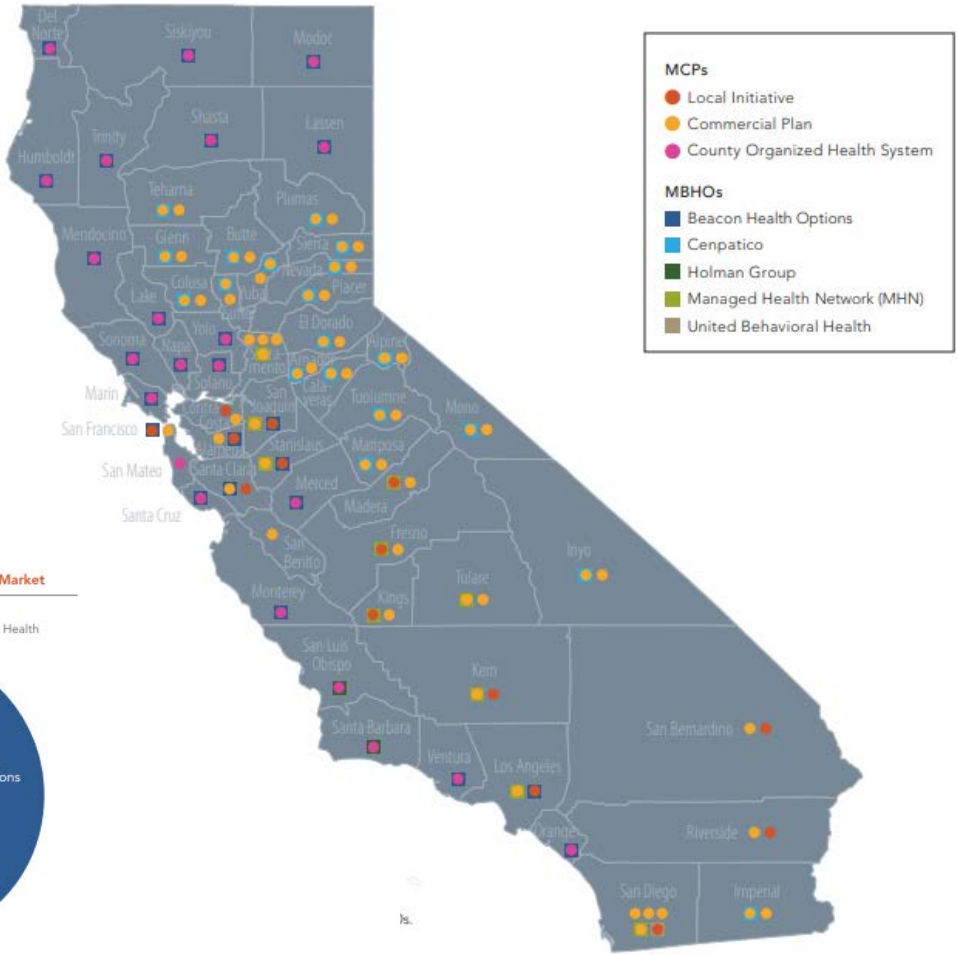
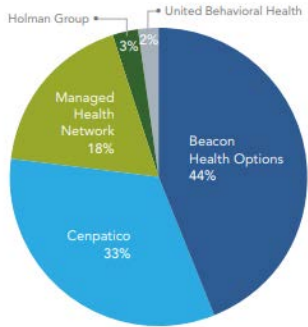


Figure 3. MBHOs in the California Medi-Cal Market



Medi-Cal Clinical Services

Mild-to-Moderate Mental Health Services – Managed Care Plan/Beacon

- **Target population:** Medi-Cal beneficiaries with a DSM diagnosis and “mild to moderate” impairment in mental, emotional or behavioral functioning.
- The intent is that these therapeutic services are **time-limited** and **solution-focused**. All members are screened to determine appropriate Medi-Cal level of care.
- Beacon contracted services are same as Medi-Cal Fee For Service
 1. Individual and group mental health evaluation and treatment (psychotherapy);
 2. Psychological testing, when clinically indicated to evaluate a mental health condition;
 3. Outpatient services for the purposes of monitoring drug therapy;
 4. Psychiatric consultation
 5. Behavioral Health Treatment, including ABA services

DHCS BHT Page: <https://www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx>

Standard Medi-Cal CPT codes

Procedure Codes	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Evaluation with Medical Services
90832	Psychotherapy, 30 minutes with Patient and/or Family Member
90833	Psychotherapy, 30 minutes with Patient and/or Family Member E&M add-on code
90834	Psychotherapy, 45 minutes with Patient and/or Family Member
90836	Psychotherapy, 45 minutes with Patient and/or Family Member E&M add-on code
90837	Psychotherapy, 60 minutes with Patient and/or Family Member
90838	Psychotherapy, 60 minutes with Patient and/or Family Member E&M add-on code
90839	Psychotherapy for Crisis, first 60 minutes
90840	Psychotherapy for Crisis, each additional 30 minutes
90846	Family Psychotherapy (without the patient)
90847	Family/Couple Therapy
90853	Group Therapy
90863	Medication Evaluation - RNCS
99201	Evaluation and Management for New Patient (10 min)
99202	Evaluation and Management for New Patient (20 min)
99203	Evaluation and Management for New Patient (30 min)
99204	Evaluation and Management for New Patient (45 min)
99205	Evaluation and Management for New Patient (60 min)
99211	Evaluation and Management for an established patient
99212	Evaluation and Management for an established patient (10 min)
99213	Evaluation and Management for an established patient (15 min)
99214	Evaluation and Management for an established patient (25 min)
99215	Evaluation and Management for an established patient (40 min)
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M serv
G9919	Screening performed - results positive and provision of recommendations provided
G9920	Screening performed and negative
G8510	Screening for depression is documented as negative, a follow-up plan is not required
99408	Alcohol and/or Substance Abuse Structured Screening and Brief Intervention Services; 15 to 30 MIN
99409	Alcohol and/or Substance Abuse Structured Screening and Brief Intervention Services; greater than 30 MIN
G0396	Alcohol and/or Substance (other than tobacco) Abuse, Structured Assessment, and Brief Intervention 15 to 30 Minutes
G0397	Alcohol and/or Substance (other than tobacco) Abuse, Structured Assessment, and Brief Intervention, greater than 30 Minutes
G0442	Screening for alcohol misuse and brief behavioral counseling
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
H0049	Alcohol and/or Drug Screening
H0050	Alcohol and/or Drug Service, brief intervention, per 15 min
90849	Multi-Family Therapy
99354	Prolonged Service in the Office or other Outpatient Setting, first hout

96101	Psychological Testing, (includes psycho diagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report
96110	Developmental testing; limited with intepretation and report
96111	Developmental testing; extended with intepretation and report
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified professional, both
96118	Neuropsychological Testing by Psychologist
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professio
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only
99366	Medical Team Conference
99368	Medical Team Conference w/interdisciplinary team of health care professional, patient or family not present

Joining a Managed Care Network

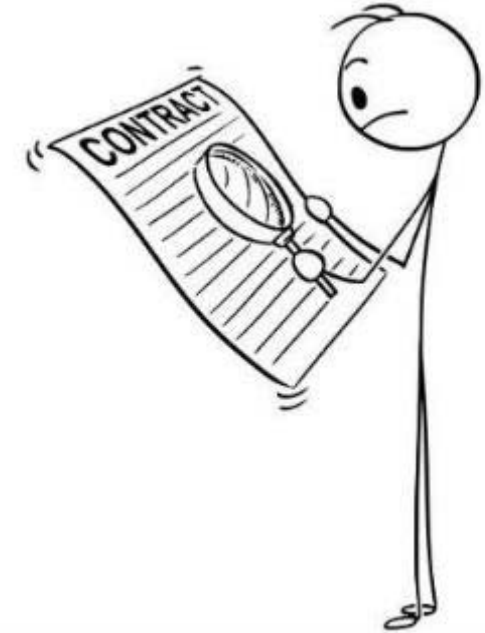
- A “**participating provider**” is an individual practitioner, private group practice, licensed outpatient agency, or facility that has been credentialed by Beacon and has signed a provider’s service agreement (PSA) (aka contract)
- Participating providers agree to:
 - Provide services to members;
 - Accept reimbursement directly from Beacon according to the rates set forth in the fee schedule; and
 - Adhere to all other terms in the PSA, including the provider manual.
- **Medi-Cal managed care rates** are pegged to Medi-Cal Fee For Service rates
 - (<https://files.medi-cal.ca.gov/rates/rateshome.aspx>)



Look at the Provider Manual:
<https://www.beaconhealthoptions.com/material/phpc-provider-manual/>

Contracting Process: How it works?

1. Call Beacon's National Provider Service Line to express interest in contracting with Beacon
 1. 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m.)
 2. Indicate your location and type of practice: facility, FQHC, group, or solo practice.
 3. Provide your contact information - email and phone number
2. A CA-based network recruitment specialist will email you a contract and credentialing application
3. Return a complete credentialing application, signed contract and Medi-Cal enrollment forms (if needed)
4. Upon completion of credentialing, Beacon returns a signed and executed contract to the provider.
5. Upon receipt of executed contract, clinicians can begin to see Beacon members.



Individual/Group vs Organizational/Facility Credentialing

- The Provider Contract/Credentialing type has significant implications for credentialing & ongoing operations.
- Facilities accredited by JCAHO, COA or CARF do not require a Beacon site visit.
- Registered Interns are an allowable provider type in CA Medi-Cal managed care.

INDIVIDUAL PRACTITIONER CREDENTIALING	ORGANIZATIONAL CREDENTIALING
<p>Beacon individually credentials and recredentials the following categories of clinicians in private solo or group practice settings:</p> <ul style="list-style-type: none"> ▪ Psychiatrists ▪ Physicians certified in Addiction Medicine ▪ Psychologists ▪ Licensed Clinical Social Workers ▪ Master’s-level ANCC board certified Behavioral or Mental Health Clinical Nurse Specialists/Psychiatric Nurses ▪ Licensed behavioral health counselors ▪ Licensed Marriage and Family Therapists ▪ Licensed chemical dependency professionals ▪ Advanced chemical dependency professionals ▪ Certified alcohol counselors ▪ Certified alcohol and substance/drug abuse counselors ▪ Other behavioral healthcare specialists who are master’s level or above and who are licensed, certified, or registered by the state in which they practice 	<p>Beacon credentials and recredentials facilities and licensed outpatient agencies as organizations. Facilities that must be credentialed by Beacon as organizations include:</p> <ul style="list-style-type: none"> ▪ Licensed outpatient clinics and agencies, including hospital-based clinics ▪ Federally Qualified Healthcare Centers (FQHCs), accredited and non-accredited ▪ Freestanding inpatient behavioral health facilities – freestanding and within general hospital ▪ Inpatient behavioral health units of general hospitals ▪ Inpatient detoxification facilities ▪ Other diversionary behavioral health services including: <ol style="list-style-type: none"> 1. Partial hospitalization 2. Day treatment 3. Intensive outpatient 4. Residential 5. Substance use rehabilitation

Beacon's Credentialing Process

Ensures the behavioral health network meets all qualifying requirements

Adhere to NCQA Standards



Utilization of CAQH to streamline the application process



Credentialing Processes

Initial Credentialing



Collection of initial applications through **CAQH** for practitioners as well as required supplemental documentation

Recredentialing



Occurs **every 36 months** beginning from initial credentialing approval date

Delegated Credentialing



Delegates the Primary Source Verification process to a provider organization

The Following Primary Source Verification Elements are Required for Credentialing



License Verification



Education



Board Certification



Malpractice



Sanction Check



Medicare Opt Out



NPDB Check



OFAC Check



SSDML Check



Provider Quality Profile

Credentialing checklist: <https://s21151.pcdn.co/wp-content/uploads/Beacon-Credentialing-Criteria-Checklist.pdf>

What is CAQH & how does it help credentialing?

- The **Council for Affordable Quality Healthcare (CAQH)** is a nonprofit alliance of health plans and trade associations designed to simplify health care administration.
- CAQH is the **preferred method** for submitting credentialing information and demographic updates to Beacon.
- CAQH ProView service is **FREE** for providers.
- CAQH ProView (ProView) is an online service that streamlines provider data collection by using **a standard electronic form that meets the needs of nearly every health plan, hospital, and other health care organization.**
- ProView eliminates redundant paperwork and reduces administrative burden.
- The CAQH ProView data set meets the data-collection requirements of URAC, National Committee for Quality Assurance (NCQA), and Joint Commission standards.

Initial Credentialing Application Flowchart



Beacon sends initial credentialing application and a copy of the provider agreement to the nominated provider



Provider completes application or submits their CAQH provider number (if applicable), signs the agreement, and sends back to Beacon

Upon receipt of required documentation, Central Support updates system and forwards application for review



Application information and supporting documentation is reviewed for completeness and provider eligibility



Provider is asked to provide incomplete application information. If provider is non-responsive, application process is closed and status is updated in the system



YES

A Credentialing Specialist completes primary source verification, renders a recommendation, and forwards the provider file



File Clean?



File reviewed by the National Credentialing Committee (NCC)



File reviewed by Medical Director (acting on behalf of the NCC)

Approve?

NO

Provider is notified of his or her provider of denial and appeal rights



YES



Provider is sent an executed contract. The system will be updated accordingly

Getting Paid for Services

- Providers are encouraged to submit claims as soon as possible for prompt adjudication.
- Claims submission = paper via by mail, direct electronic submission or via a clearinghouse
- Beacon processes ~100% of clean claims within 30 days
- Claims submitted after the 180-day filing limit are subject to reduction in payment per Medi-Cal regulations.
- Providers can dispute a denial or payment issue for up to 365 days

Medi-Cal's Bifurcated Benefit Requires Screening Members for Appropriate Level of Care

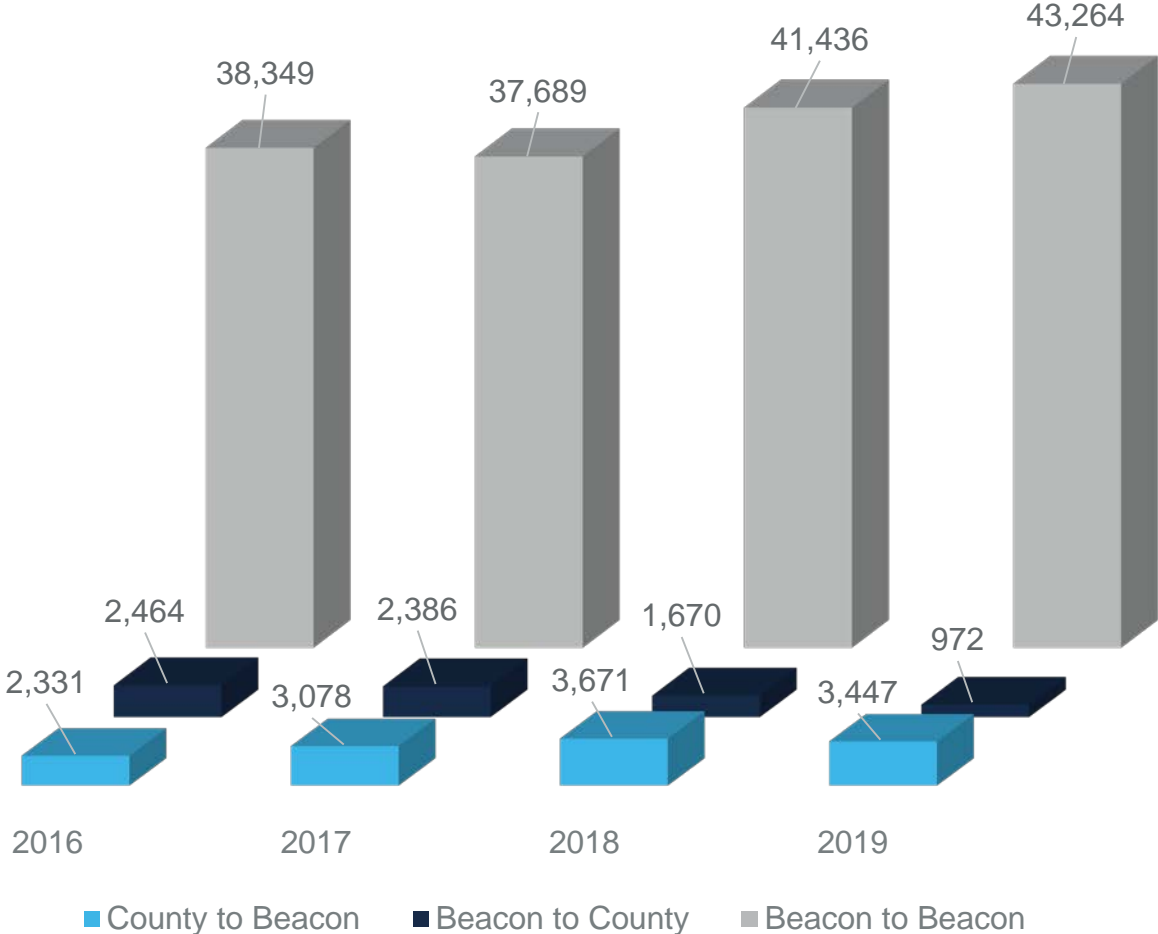
 Beacon conducts ~45,000 screenings per year.

Goal is to make the process simple to connect people to the right source of care as quickly as possible.

 Different tools depending on the county:
~ 8 adult & 10 child screening tools

Uncomplicated screenings take ~12 minutes;
complex screenings that require county referrals take ~30 min and follow up.

Q= Start with assumption individual is mild/
A≡ moderate and work backward to look for significant issues.



Beacon's Quality Monitoring Process

Adhere to NCQA Standards



Relies significantly on claims-based, automated reporting



Quality Monitoring Activities Include

Performance Monitoring



Tracking performance on standard quality measures, such as HEDIS and PCP coordination. Also routine member satisfaction surveys.

Treatment Record Reviews



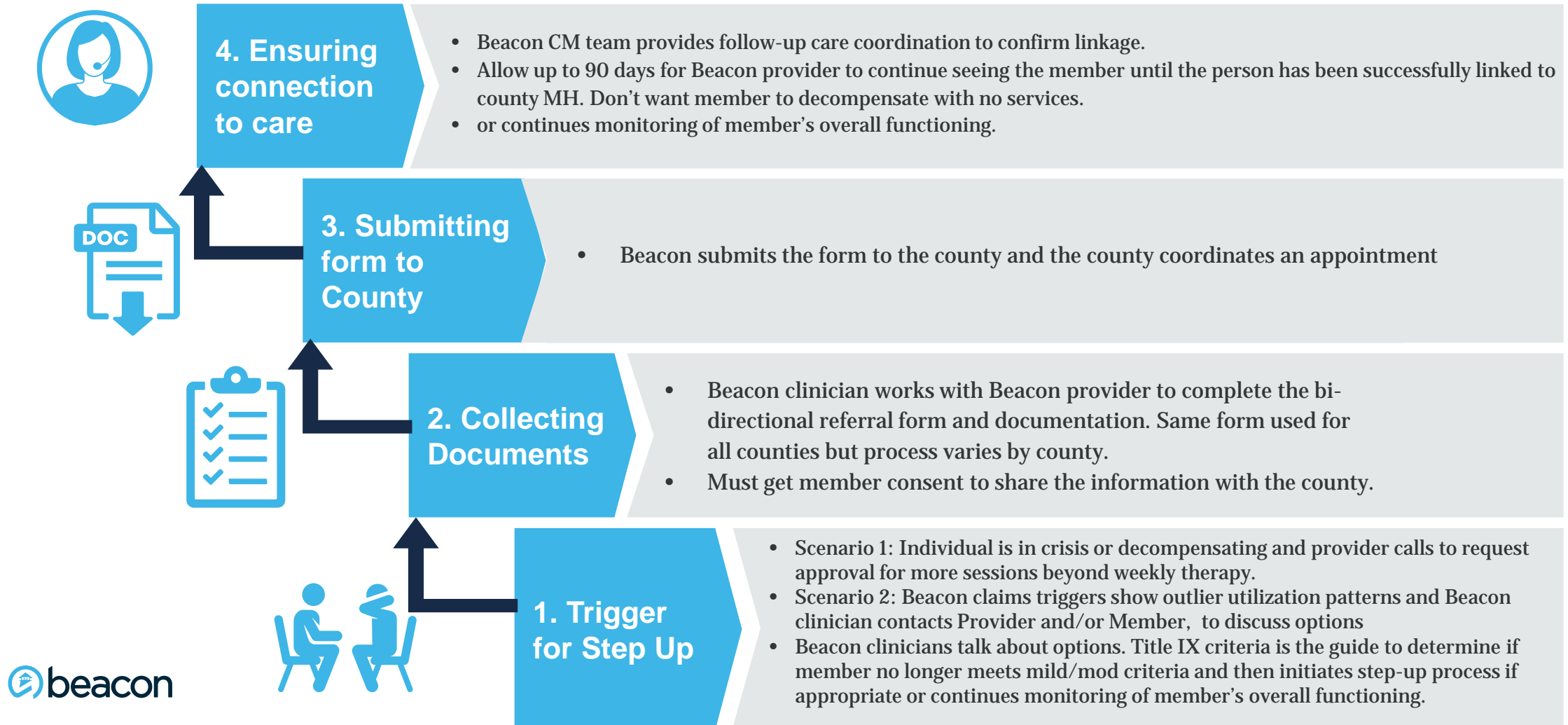
Random sampling of providers using audit tool with ~70 questions

Site Visits & Complaint Tracking



Complaints, Grievances & Adverse incident monitoring and tracking

County Step-Up Process



County Step-Down Process

- County clinician works to complete the bi-directional referral form and documentation. Same as the step up form.
- Must get member consent to share the information with Beacon.

1. Collecting Documents



- County submits the form to the Beacon. Beacon clinician reviews for completeness and seeks more info, if needed.

2. County Submits form to Beacon



- Beacon team schedules an appointment with a Beacon provider.
- Beacon's care management team follows up with member to offer care coordination and ensure member attends appointment

3. Ensuring connection to care



Thank You



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