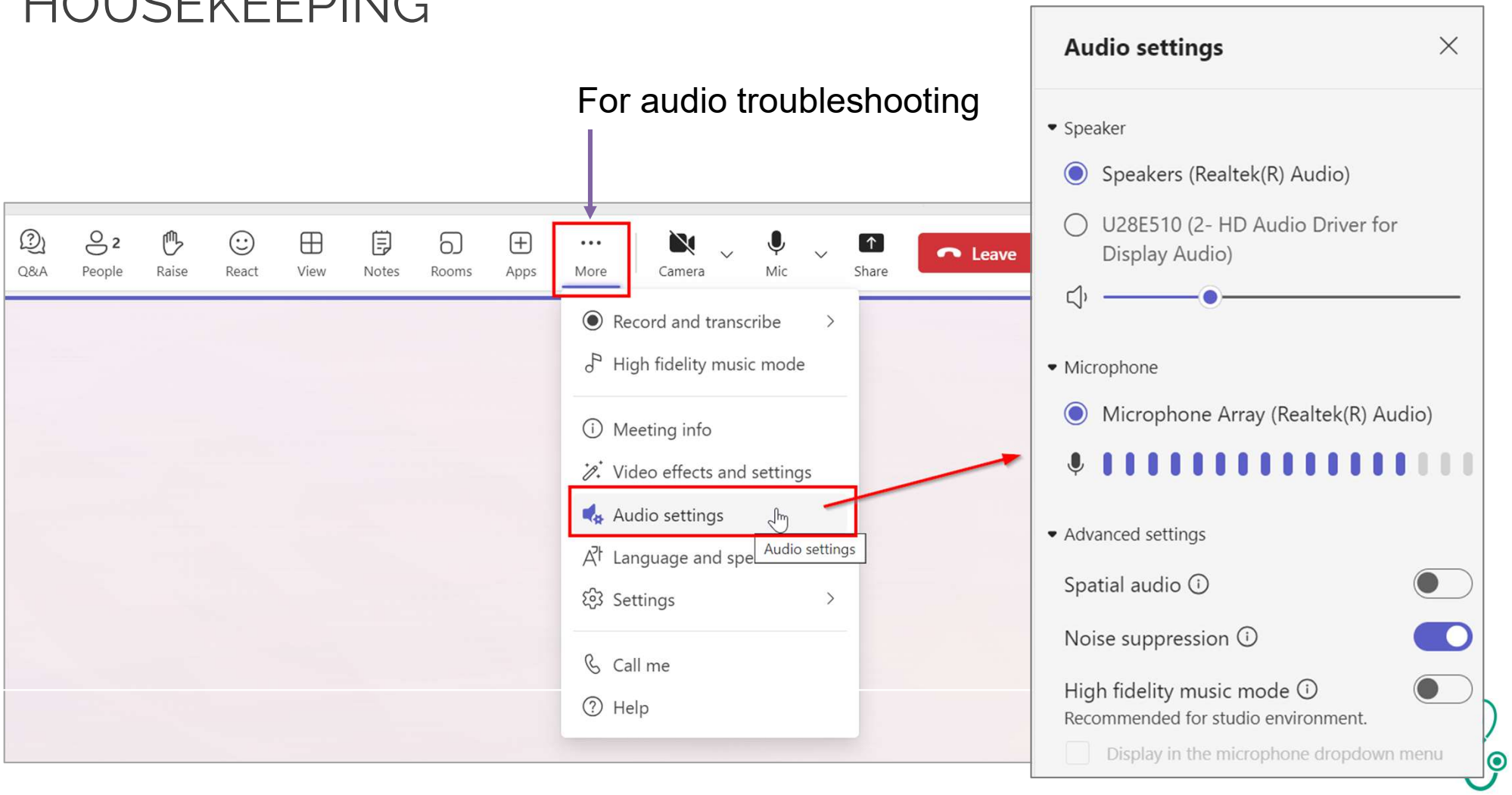
Behavioral Health and Physical Health: Coordination of Care

May 21, 2025

HOUSEKEEPING



Agenda and Goals

1. Behavioral Health Insourcing
   - Goals
   - Services Provided
   - BH Team Core Work
   - How Members Access Care
   - BH- Care Management Core Services

2. Behavioral Health Coordination of Care and HEDIS metrics
   - Importance of coordination between PCP and BH space
   - Overview of BH HEDIS Metrics: *APP, FUH, FUM, FUA, IET, FUI, SSD*
   - Goals, Barriers and Opportunities for Improvement
   - Provider Incentives

3. Q and A session

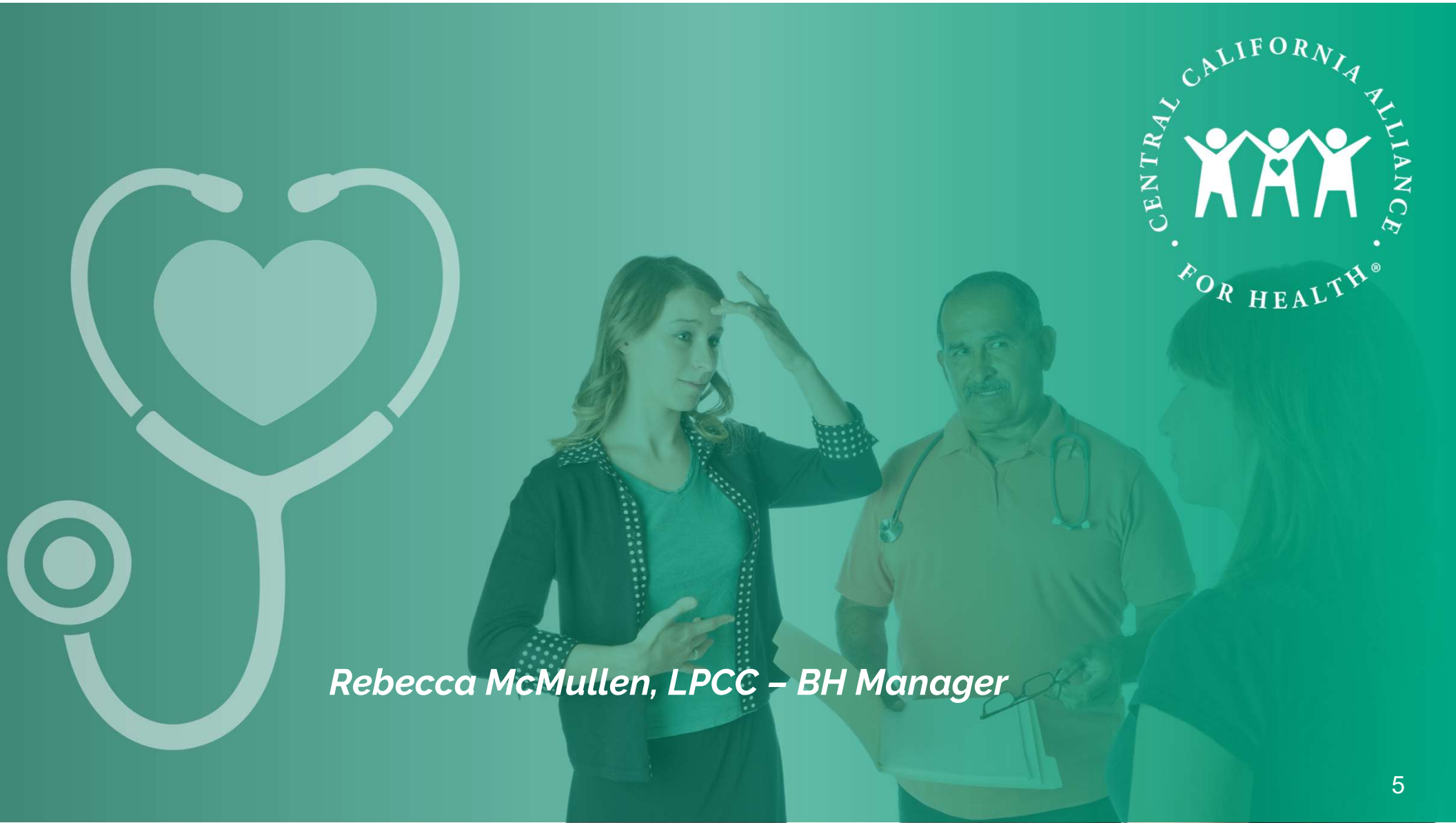
TODAY'S HOST & PRESENTERS

Georgia Gordon, MHA-HI
Quality Improvement Program Advisor II

Rebecca McMullen, LPCC
Behavioral Health Manager

Rosa Linda Ogas, LCSW
Behavioral Health CM Manager

Gray Clarke, MD
Behavioral Health Medical Director



Rebecca McMullen, LPCC – BH Manager

Non-Specialty Mental Health Services (NSMHS)

Per state requirements, MCPs must provide or arrange for the following services for Medi-Cal members:
Insourcing go live 7/1/25

Mental health evaluation and treatment, including individual, group and family	Psychotherapy and dyadic services	Psychological and neuropsychological testing
Psychiatric consultation	Outpatient services for the purposes of monitoring drug therapy	Outpatient laboratory, drugs, supplies, and supplements

**Most behavioral health services do not require a referral, other than BHT services (for ABA)*

**For IHSS members, the Alliance covers all NSMHS and SMHS and inpatient/SUD services*

Goals of Behavioral Health Insourcing and Integration

Create an integrated model for providing insourced BH services

Ensure Continuity of Care for all members

Integrate BH Services into Core Organizational Functions

Lower Barriers, Reduce Stigma, Improve Quality and Timely Access

Improve Care Coordination and Enhancing Equity

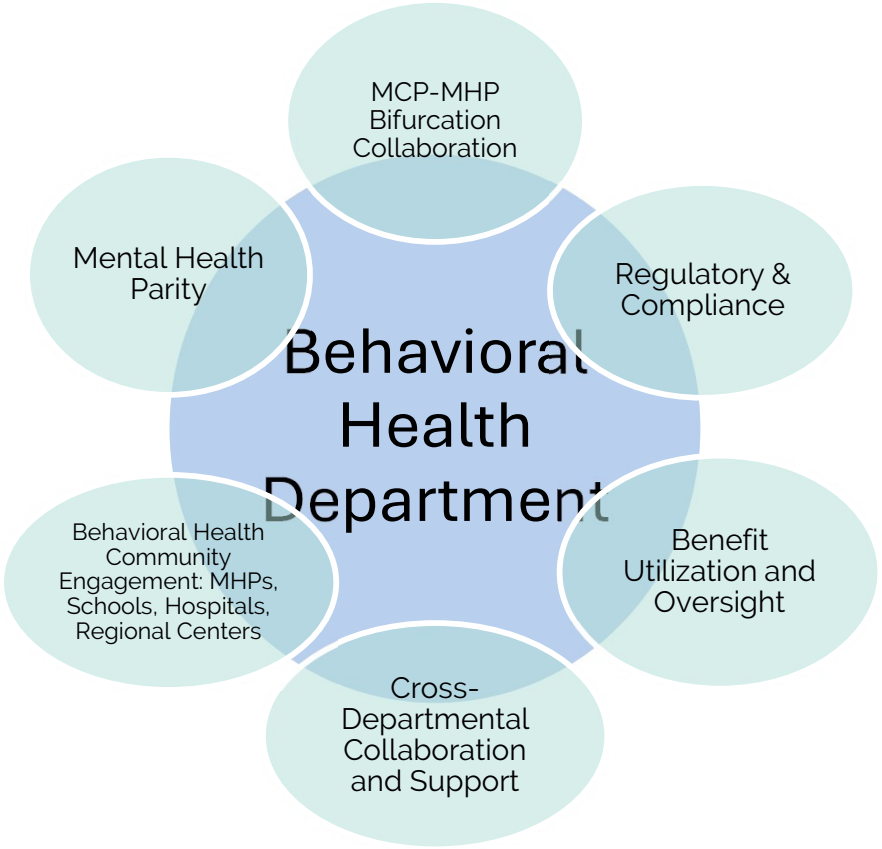
Behavioral Health Department

- The Behavioral Health (BH) Department provides regulatory oversight of behavioral healthcare benefits within the Managed Care Plan and ensures collaboration with outside stakeholders who provide other types of behavioral health services, such as our five County Mental Health Plans (MHP) and Regional Centers.

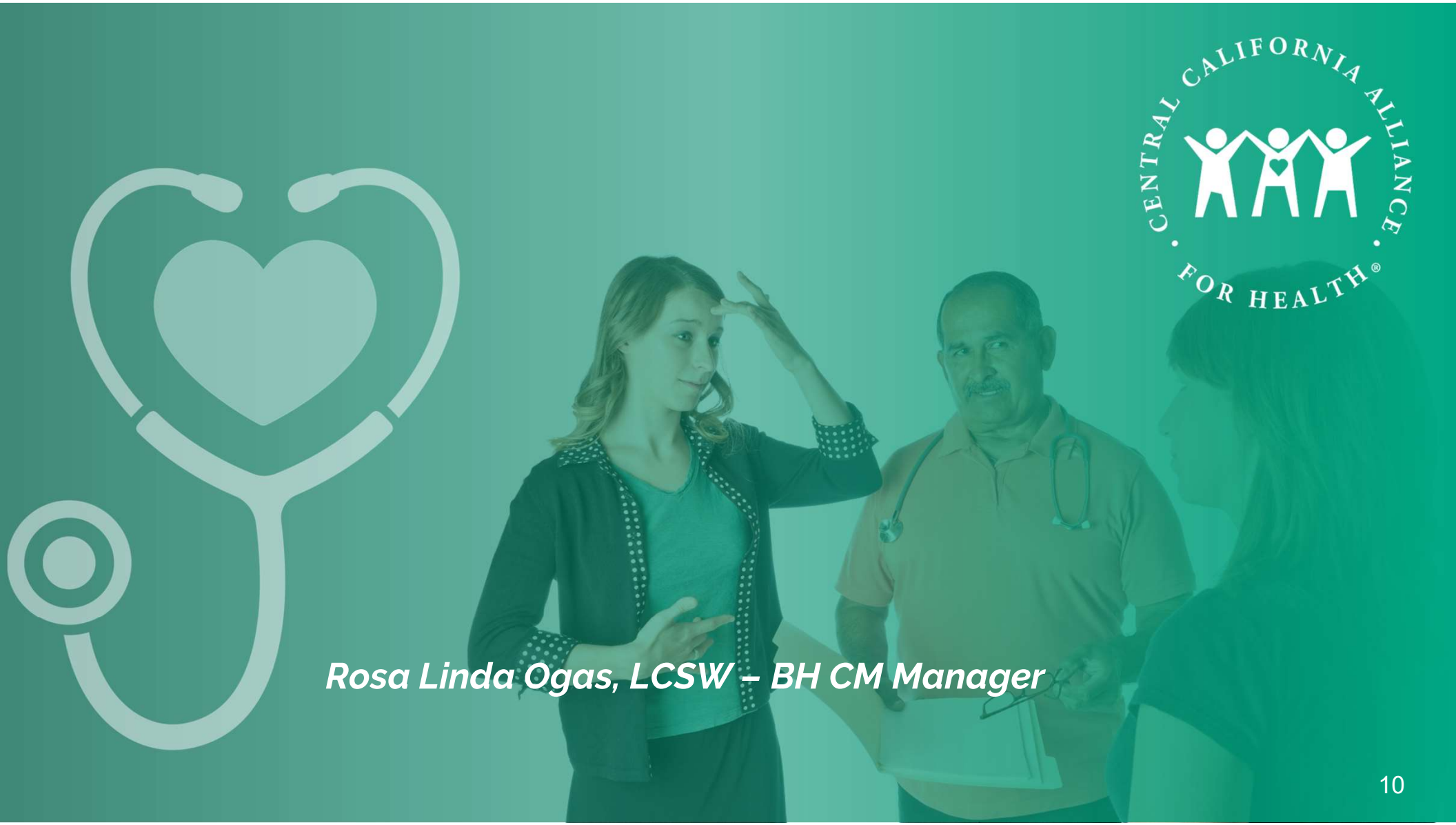
- The BH Department provides ongoing support and collaboration cross-departmentally in accordance with our Integrated Behavioral Health approach.

"We ensure timely and equitable provision of high-quality, accessible behavioral health care to all members through a collaborative and integrated approach to improve overall wellbeing."

Behavioral Health Core Work



*Questions for the BH Department: listbh@thealliance.health



Rosa Linda Ogas, LCSW – BH CM Manager

Behavioral Health Care Management Team

Rosa Linda Ogas, Behavioral Health Manager

Martha Rodriguez, Care Coordinator- Care Coordination Supervisor - Behavioral Health

Care Coordinator/Intake Coordinator (8 staff)

- Intake internal and external referrals
- Manage BH Referral Worklist
- Manage ACD line.
- Complete Screening Assessment and provider linkage.
- Provide follow-up.

Care Managers (5 staff)

- Manage High Risk Member care coordination
- Review assessments for appropriate level of care, refer to and connect to County Mental Health
- Complete Transition of Care Tool
- Coordinate access for additional support services
- Provide coordination for accessing community resources

How Members Access Care

Member in need of BH Services

- Member can self-refer by calling Alliance directly
- Member can call contracted BH provider directly for services and bypass Alliance
- Member can call/walk into local MHP access for screening and assessment
- PCP can access referral forms online at Behavioral Health - Central California Alliance for Health (will be updated for internal processes come 7/1/25)

Members Continuing Care

- If member is already connected to a BH provider, if the provider is continuing in CCAH network, member should have no disruption to care. If provider is not continuing with CCAH network, member can do Continuity of Care for up to 12 months or choose another provider sooner if they wish.

Member Connected to Care

- Member will be offered appointment assistance and to be connected to a provider with an appointment within timely access requirements (10 business days)

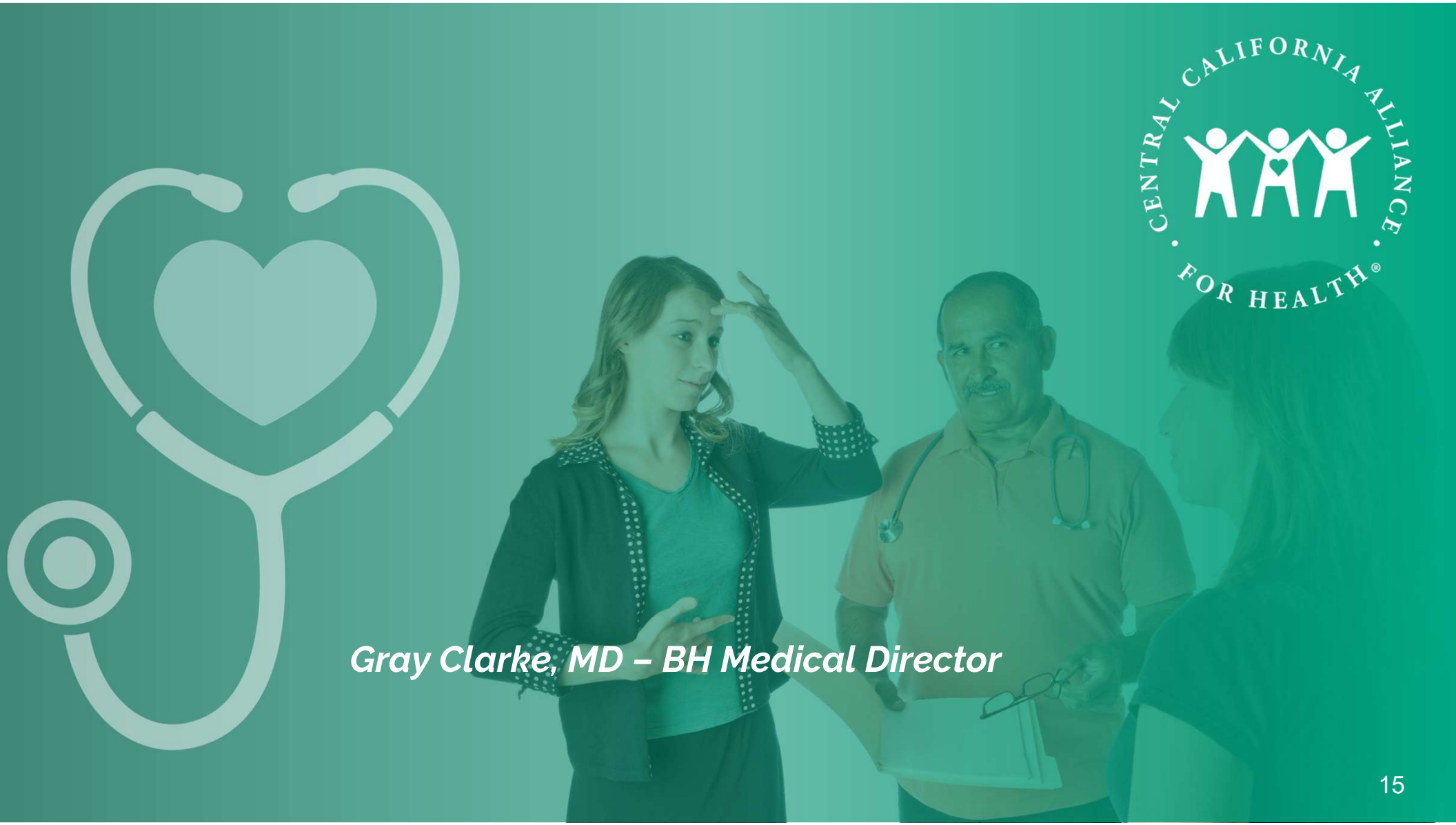
***Members or Providers can call 800-700-3874 for services**
***All members will be getting new CCAH ID cards**

Behavioral Health CM: Goals and Core Work

- Improve member overall experience by providing a person-centered approach and equitable delivery system.
- Increase member engagement to 100%.
- Ensure timely access to behavioral health services, First appointment scheduled within **10 business days** from request.

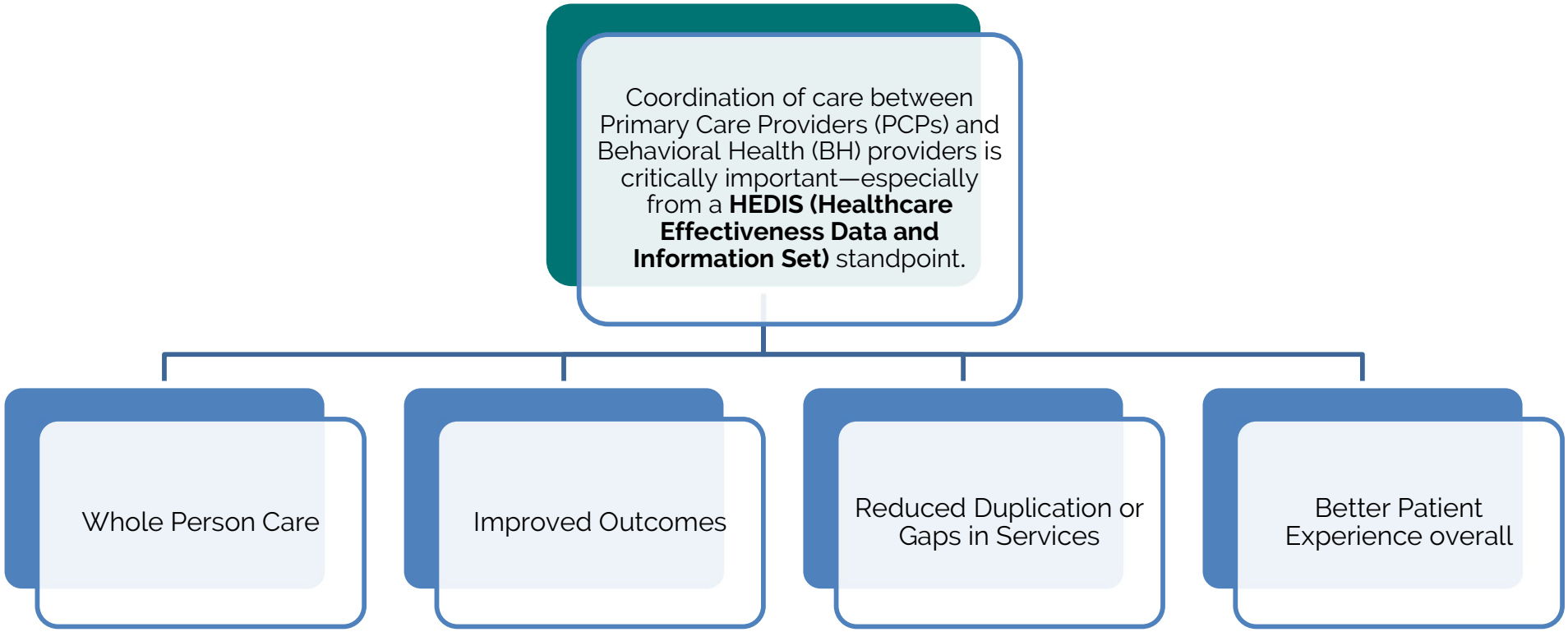
Program	Goal
BH SMH (Specialty Mental Health)	Member outreach with in 24 hours. Refer member to County Mental Health. Closely monitor over the next 10 days to ensure linkage. Collaborate with County Mental Health to Close Loop Referral
BH NSMH (Non-Specialty Mental Health)	Assist with provider linkage and scheduling appointment. Follow up within 5 days of scheduled appointment to confirm linkage of care and address any additional needs.
BH COC Continuity of Care (COC)	Member may request up to 12 months of continuity of care with provider.

Behavioral Health Care Coordination: PCP and BH Network



Gray Clarke, MD – BH Medical Director

Why is care coordination important?



**Incentive Payment for Coordination with PCP; claim submission using code G9968 and modifier U3 signifying communication with PCP within 30 days of BH visit, $25 per member coordinated, paid out Quarterly*

Behavioral Health 2025 HEDIS Measures

- **APP:** Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.
- **FUH:** Follow-Up after Hospitalization for Mental Illness – 7 days.
- **FUM:** Follow-Up After Emergency Department Visit for Mental Illness (FUM) – 7 days.
- **FUA:** Follow-Up After Emergency Department Visit for Substance Use – 7 days.
- **IET:** Initiation and Engagement of Substance Use Disorder Treatment – Engagement of SUD Treatment.
- **FUI:** Follow-Up After High Intensity Care for Substance Use Disorder – 7 days.
- **SSD:** Diabetes Screening for People with Schizophrenia or bipolar disorder who are using Antipsychotic medications.

Measure 1: **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)**

The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Measure 2: **Follow-Up after Hospitalization for Mental Illness (FUH) – 7 days**

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge
2. The percentage of discharges for which the member received follow-up within 7 days after discharge

Measure 3: **Follow-Up After Emergency Department Visit for Mental Illness (FUM) – 7 days**

The percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. Percentage of ED visits for which the member received follow-up within 30 days after the ED visit. **$50 incentive per visit**
2. Percentage of ED visits for which the member received follow-up within 7 days after the ED visit.

Measure 4 : **Follow-Up After Emergency Department Visit for Substance Use (FUA) – 7 days**

Measures the percentage of ED visits for members 13 and older with a substance use diagnosis who had a follow-up visit or pharmacotherapy event within 7 days of the ED visit. This includes follow-up visits on the same day as the ED visit. The 7-day is one of two rates reported for FUA; the other is the 30-day follow-up rate. $50 incentive per visit for the 30-day follow up.

Measure 5: **Initiation and Engagement of Substance Use Disorder Treatment – Engagement of SUD Treatment (IET)**

Assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

1. Initiation of SUD Treatment: the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
2. Engagement of SUD Treatment: the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Measure 6: **Follow-Up After High Intensity Care for Substance Use Disorder – 7 days (FUI)**

Looks at the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for members ages 13 and older seen for a substance use disorder who had a follow-up visit or service for substance use disorder. Two rates are reported:

1. Within 7 days after visit or discharge, member received a follow-up for substance abuse disorder
2. Within 30 days after visit or discharge, member received a follow-up for substance abuse disorder

Measure 7 **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD)**

Assesses adults 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (such as glucose or HbA1C).

Incentive Payment Specification

	Measure	Requirement	Incentive Amount	Payment Frequency
1	Coordination with Primary Care Provider	Claim submission using code G9968 and modifier U3 signifying communication with PCP within 30 days of behavioral health visit.	$25 per member coordinated	Quarterly
2	Provider Completion of Satisfaction Survey	Completion of Provider Satisfaction Survey (actual survey responses are anonymous and reported to the Alliance at a summarized level).	$100 per survey response	Annual
3	Provider Completion of DEIB Training	Completion of Alliance DEIB training either in-person or through online learning management system (LMS). This measure will only be effective if DHCS makes it a requirement for Medi-Cal providers to complete health equity training within calendar year 2025.	$200 per provider	Annual
4	Increase in Volume of Member Seen	Claims data will be used to assess distinct members seen in measurement quarter against prior year quarter.	Improvement Tier / Rate Per Member: 1% to 5% — $50 6% to 10% — $100 11% to 15% — $150 16%+ — $200	Quarterly
5	Provider Completion of ACES Training and Attestation	Achievement of a valid Adverse Childhood Experiences (ACEs) Training accompanied by the attestation of such training to DHCS.	$200 per provider	Quarterly

Incentive Payment Specification

	Measure	Requirement	Incentive Amount	Payment Frequency
6	Increase Access - Community Settings	Claim submission for community setting with the following place of service codes: ▪ 03 School ▪ 04 Homeless Shelter ▪ 09 Prison – Correctional Facility ▪ 12 Home ▪ 13 Assisted Living Facility ▪ 14 Group Home ▪ 15 Mobile Unit ▪ 16 Temporary Lodging ▪ 18 Place of Employment ▪ 27 Outreach Site/Street ▪ 31 Skilled Nursing Facility ▪ 32 Nursing Facility ▪ 33 Custodial Care Facility ▪ 34 Hospice	$25 per visit	Quarterly
7	Emergency Department Follow-Up Visit	Claim for service rendered within 30 days of a member discharge from an ED visit related to a mental health or substance abuse disorder.	$50 per visit	Annual
8	Annual Bilingual Bonus	Bilingual capability noted on credentialing application and submission of at least one claim in the measurement year.	$250 per provider	Annual
9	Bilingual Visit Add-On	Bilingual capability noted on credentialing application and claim submission for service rendered to member in member's preferred language.	$10 per visit	Quarterly

GOALS

BARRIERS

OPPORTUNITIES FOR IMPROVEMENT

UPCOMING: Webinar - Lunch & Learn Series

The Alliance will be hosting a Pediatric webinar on Wednesday July 16th, 2025. Our in-house Medical Director Dianna Myers, MD to speak on important topics that impact the pediatric population.

Key Topics

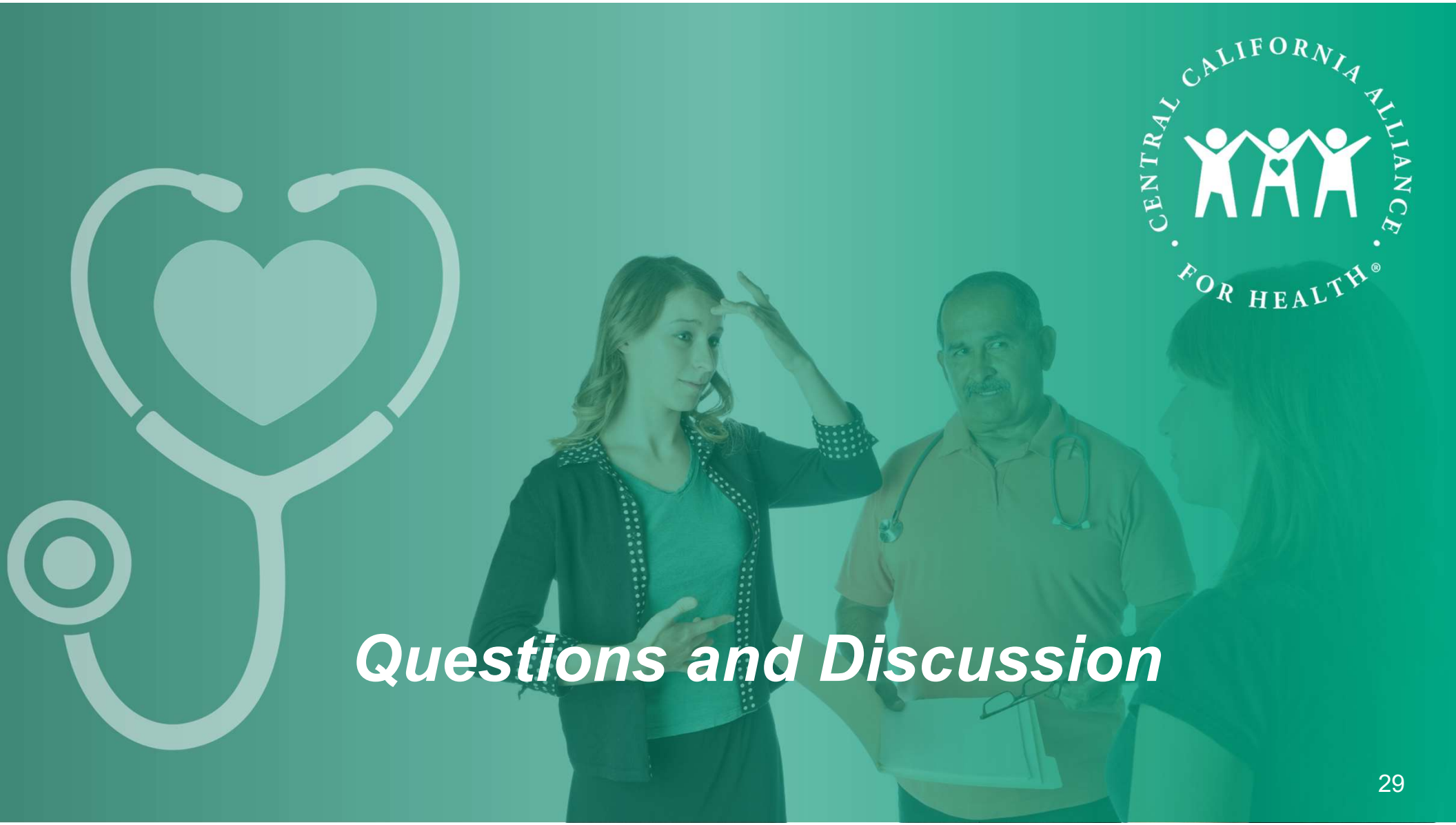
- Analysis of county level performance in key pediatric HEDIS measures.
- Ending myths around care “intervals”.
- Best practices being carried out in your communities.

Details and registration

When: Wednesday July 16th, 2025, from noon to 1:00p.m.

Where: Online via Microsoft Teams

To register, visit our website or contact a Provider Relations Representative at 800-700-3874, ext. 5504.



Questions and Discussion