

Coordination of Physical and Mental Health Care

SECTION 13: COORDINATION OF PHYSICAL AND MENTAL HEALTH CARE

13.0 CalViva Health Medi-Cal Managed Care Plan

13.0.1 Referral for Mental Health Services

A CalViva Health Medi-Cal beneficiary of Fresno County may be referred to the Fresno County Mental Health Plan (FCMHP) after the beneficiary's primary care physician (PCP) evaluates the beneficiary and determines their condition meets the definition of a serious mental illness (SMI).

With or without referral, the FCMHP is responsible to provide 24 hours a day, 7 days a week access to specialty mental health services for CalViva Health's Medi-Cal beneficiaries who meet medical necessity criteria.

13.0.2 CalViva Health and the FCMHP

CalViva Health, as a Medi-Cal Managed Care Program, is responsible for the physical health care of those Medi-Cal members who are assigned to or enrolled with CalViva Health, as well as the mental health care of those members who have mild to moderate impairments in regards to their mental health. The FCMHP is responsible for the mental health care of members that have a serious mental illness (SMI).

In order for the FCMHP and CalViva to serve those CalViva members who have SMI, the FCMHP and CalViva have established a Memorandum of Understanding (MOU). This MOU establishes responsibilities for both CalViva and the FCMHP.

The FCMHP's responsibilities for SMI CalViva members include, but are not limited to:

- Medication treatment for mental health conditions that would not be responsive to physical healthcare-based treatment and for conditions that meet FCMHP medical necessity criteria.

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- All other outpatient specialty mental health services covered by the MHP when the CalViva Health member's mental health condition meets MHP medical necessity criteria, such as individual and group psychotherapy, case management, crisis interventions, treatment planning assessment, and linkage with community resources.
- Hospital-based specialty mental health ancillary services, such as magnetic resonance imaging (MRI).
- Professional services/fees of a mental health specialist provided in an emergency room to a plan member whose condition meets MHP medical necessity criteria or when mental health specialist services are required to assess whether MHP medical necessity is met.
- Facility charges resulting from the emergency services and care of a plan member whose condition meets MHP medical necessity criteria when such services and care do result in the admission for the member for psychiatric inpatient hospital services at the same facility.

CalViva's responsibilities for CalViva members include, but are not limited to:

- Medication and treatment for conditions that would be responsive to physical healthcare-based treatment, and for mental health disorders that are due to a general medical condition.
- CalViva will provide or arrange for covered physical health medical services, primary mental health intervention for members with "Excluded Diagnoses", and outpatient mental health services within CalViva's scope of practice.
- CalViva shall cover and pay for all professional services/fees and facility charges resulting from the emergency services and care of a plan member when such services and care do not result in the admission of the member for psychiatric inpatient hospital

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services, or when such services result in an admission of the member for psychiatric inpatient hospital services at a different facility, or when the member has an excluded diagnosis that is not billable for specialty mental health services.

13.0.3 Pharmacy and Laboratory Services

Per the MOU, CalViva Health coordinates pharmaceutical, medication, laboratory, and related services with the FCMHP.

- CalViva will allow FCMHP credentialed providers access to pharmacy and laboratory services as specialty providers.
- CalViva will provide the FCMHP with a list of participating pharmacies and laboratories and provide an updated list as minimum on a quarterly basis.
- CalViva will provide the FCMHP with a CalViva Health formulary and information regarding drug formulary procedures.
- CalViva will coordinate with the FCMHP to ensure that covered psychotropic drugs prescribed by MHP providers are available through the TAR process or formulary for dispensing by CalViva Health network pharmacies, unless otherwise stipulated by state regulation. (See [MMCD Policy Letter No. 00-01 REV.](#))
- CalViva will provide members with the same drug accessibility written by out-of-plan psychiatrists as in-network providers.
- CalViva will coordinate and assist the FCMHP or FCMHP credentialed providers in the delivery of laboratory radiological or radioisotope services.

For an updated list of CalViva Health's contracted pharmacies, please call 1-888-893-1569.

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13.1 Anthem Blue Cross Medi-Cal Managed Care Plan

13.1.1 Referral

An Anthem Blue Cross Medi-Cal beneficiary of Fresno County may be referred to the Fresno County Mental Health Plan (FCMHP) after the beneficiary's primary care physician (PCP) evaluates the beneficiary and determines their condition meets the definition of a serious mental illness (SMI).

With or without referral, the FCMHP is responsible to provide 24 hours a day, 7 days a week access to specialty mental health services for Anthem Blue Cross Medi-Cal beneficiaries who meet medical necessity criteria.

13.1.2 Anthem Blue Cross and the FCMHP

Anthem Blue Cross, as a Medi-Cal Managed Care Program, is responsible for the physical health care of those Medi-Cal members who are assigned to or enrolled with Anthem Blue Cross, as well as the mental health care of those members who have mild to moderate impairments in regards to their mental health. The FCMHP is responsible for the mental health care of members have a serious mental illness (SMI).

In order for the FCMHP and Anthem Blue Cross to serve those Anthem Blue Cross members who have SMI, the FCMHP and Anthem Blue Cross have established a Memorandum of Understanding (MOU). This MOU establishes responsibilities for both Anthem Blue Cross and the FCMHP.

The FCMHP's responsibilities for Anthem Blue Cross members include, but are not limited to:

- Medication treatment for mental health conditions that would not be responsive to physical healthcare-based treatment and for conditions that meet FCMHP medical necessity criteria.
- All other outpatient specialty mental health services covered by the MHP when the Anthem Blue Cross member's mental health condition meets MHP medical

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necessity criteria, such as individual and group psychotherapy, case management, crisis interventions, treatment planning assessment, and linkage with community resources.

- Hospital-based specialty mental health ancillary services, such as magnetic resonance imaging (MRI).
- Professional services/fees of a mental health specialist provided in an emergency room to a plan member whose condition meets MHP medical necessity criteria or when mental health specialist services are required to assess whether MHP medical necessity is met.
- Facility charges resulting from the emergency services and care of a plan member whose condition meets MHP medical necessity criteria when such services and care do result in the admission for the member for psychiatric inpatient hospital services at the same facility.

Anthem Blue Cross's responsibilities for Anthem Blue Cross members include, but are not limited to:

- Medication and treatment for conditions that would be responsive to physical healthcare-based treatment, and for mental health disorders that are due to a general medical condition.
- Anthem Blue Cross will provide or arrange for covered physical health medical services, primary mental health intervention for members with "Excluded Diagnoses", and outpatient mental health services within Anthem Blue Cross's scope of practice.
- Anthem Blue Cross shall cover and pay for all professional services/fees and facility charges resulting from the emergency services and care of a plan member when such services and care do not result in the admission of the member for psychiatric inpatient hospital services, or when such services result in an admission of the member for psychiatric inpatient hospital services at a different facility, or

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when the member has an excluded diagnosis that is not billable for specialty mental health services.

13.1.3 Pharmacy and Laboratory Services

Per the MOU, Anthem Blue Cross coordinates pharmaceutical, medication, laboratory, and related services with the FCMHP.

- Anthem Blue Cross will allow FCMHP credentialed providers access to pharmacy and laboratory services as specialty providers.
- Anthem Blue Cross will provide the FCMHP with a list of participating pharmacies and laboratories and provide an updated list as minimum on a quarterly basis.
- Anthem Blue Cross will provide the FCMHP with an Anthem Blue Cross formulary and information regarding drug formulary procedures.
- Anthem Blue Cross will coordinate with the FCMHP to ensure that covered psychotropic drugs prescribed by MHP providers are available through the TAR process or formulary for dispensing by Anthem Blue Cross network pharmacies, unless otherwise stipulated by state regulation. (See [MMCD Policy Letter No. 00-01 REV.](#))
- Anthem Blue Cross will provide members with the same drug accessibility written by out-of-plan psychiatrists as in-network providers.
- Anthem Blue Cross will coordinate and assist the FCMHP or FCMHP credentialed providers in the delivery of laboratory radiological or radioisotope services.