



SECTION 6



MENTAL HEALTH PARITY

Mental Health Parity	1
Referral Process	2
Behavioral Health Coordination of Care	2
Documentation Requirements and Communication Methods	3
Coordination of Care Audits	3





Mental Health Parity

Mental Health, Behavioral, Psychological or Psychiatric, Developmental Disorders, and/or Substance Abuse Specialists or Detoxification or Mental Health Specialty Facilities

CCHP is committed towards full compliance with mental health parity which means equal treatment and access to all covered mental health, substance abuse, development, emotional, and/or behavioral healthcare services, as it provides for 'medical' or 'physical health' (i.e. other than mental, behavioral, substance abuse, or emotional disorders, diseases, or conditions as defined within the most current version of the Diagnostic and Statistical Manual (i.e. DSM IV- as revised in 2000) of the American Psychiatric Association.

Not only does this parity provide needed access by members and their covered family members, but it ensures that CCHP and its providers comply with applicable California and Federal laws and regulations, passed over the last few years including the **Wellstone and Domenici Mental Health Parity and Addiction Equity Act of 2008** and **California Health and Safety Code 1374.72** (California Department of Managed Health Care Regulation 1300.74.72).

Proper, timely, and consistent referral of patients exhibiting any possible or overt signs of mental health issues, including but not limited to depression, anxiety attacks, mood disorders, or childhood affective, developmental, psycho-emotional issues will not only affect the quality of life of these referred patients, but will benefit our providers, CCHCA, and the health plan by reducing unnecessary medical services and potentially prevent physical disorders that could develop from untreated psychological or emotional conditions.

Recent studies of Asian American populations (including the Chinese American communities that comprise a significant portion of CCHP's membership) have documented under-utilization and a reluctance of patients to seek care (self report) for all manner of mental health, psychological, behavioral, and or substance abuse treatment¹. It is important for all CCHP providers to be cognizant of the need to look for, identify, and refer to CCHCA's/CCHP's behavioral providers, including Psychiatrists, Psychologists, and other specialty providers and facilities. If the provider suspects any possible psychological, emotional, substance abuse, or any other behavioral or developmental disorders or conditions, they should diligently refer patients to CCHCA/CCHP mental health specialists via the same process and procedures used for physical or medical conditions or illnesses. PCP's are expected to follow the patient's

¹ American Psychiatric Association-Office of Minority and National Affairs, APA Fact Sheet , **Let's Talk Facts about Mental Health in Asian American and Pacific Islanders**, 2007.





referral to these specialists and should consult and coordinate care with the referring mental health specialist, similar to that necessary for non-mental health care.

To comply with 'parity'/'equality' standards described above, CCHP oversees the care, management, coverage, and delivery of mental health services and conditions (including psychological, psychiatric, behavioral health, developmental disorders of childhood, and substance abuse & treatment), in a manner equivalent to that required for medical or physiological conditions, and or disorders. Therefore, CCHP and CCHCA requires referrals, utilization management, and coordination of care that are equal to what is required or needed for non-mental health or substance abuse issues.

Referral Process

PCP to Mental Health Specialists, Substance Abuse Specialists or Detoxification or Mental Health Facilities

See Section 5 for the Referral and Authorization Process. It is the same for mental health or substance abuse conditions as it is for medical or physical conditions. CCHCA/CCHP requires a referral from the member's primary care physician (PCP) for all services rendered by CCHCA/CCHP specialists, including referrals to CCHCA/CCHP specialists and specialty facilities contracted to provide mental health care, psychological or psychiatric or behavioral or substance abuse assessments, interventions or treatments. Prior authorization is required for non-emergency admissions to detoxification or mental health facilities.

The PCP may refer a patient to a CCHCA/CCHP contracted outpatient mental health or behavioral health specialist **for up to four visits for the same diagnosis in a calendar year. Additional visits require prior authorization** from the Utilization Management (UM) Department.

The CCHCA/CCHP contracted mental health provider (after consulting and with the PCP for ongoing coordination of care) may request prior authorization from the UM Department for the 5th and subsequent visits by submitting a completed Service Authorization Form along with clinical documentation and a treatment plan.

Requests for authorization for additional treatment or specialty visits will be handled in an equivalent manner to what may be needed for any non-mental health services.

Behavioral Health Coordination of Care

Chinese Community Health Plan (CCHP) requires coordination of care between behavioral health specialist and the primary care physicians to achieve optimal health for each member. Effective coordination of care is dependent upon clear and timely communication among practitioners and facilities. In sharing members' behavioral





health information, including the diagnosis, progress and current medications, the PCP and behavioral health specialist can effectively and confidentially coordinate care with appropriate treatment for individuals that have coexisting medical and behavioral diagnoses. The communication can also reduce complications or adverse outcomes from medication interactions, duplicate medications and tests resulting from the lack of communication.

Primary Care Physicians are expected to exchange any relevant information with the behavioral health specialist such as medical history, diagnosis, current medications, test results, and hospital admission/discharge information. All efforts to coordinate care on behalf of the member should be documented in the member's medical record. The PCP must document and initial in the patient's medical chart signifying review of information received from a behavioral health specialist who is treating the member.

Behavioral health providers are expected to consult with the PCP and communicate with the PCP in writing or verbally regarding the patient's progress including the diagnosis, treatment plan and current medications. The behavioral health specialist must document in the patient's chart communication with the patient's PCP.

Documentation Requirements and Communication Methods

Documentation of communication between the primary care physician and the behavioral health specialist is required for all CCHP patients. The CCHCA/CCHP Consultation Report Form may be used for communicating with a patient's PCP, or other methods of written communication may include a letter, a reply documenting clinical findings and recommendations on the CCHCA/CCHP Consultation Referral Form as well as copies of test results and hospital reports. For urgent matters, verbal communication via telephone is often appropriate. For verbal communications, the following must be documented in the patient's progress notes: date, time, content of the phone call and treatment/outcome.

Coordination of Care Audits

The CCHP Quality Assessment Department conducts medical chart audits to verify documentation of effective communication and coordination of care between the PCP and behavior health specialist. Prior to the onsite audit, as a means to monitor the communication between PCP's and behavioral health specialists, the Quality Assessment nurse reviewer will identify and request charts of patients who have received behavioral health care services based on paid claims. The nurse reviewer will review and score the chart for proof of documentation of clinical information shared between the behavioral health specialists and PCP's as mandated by current Department of Managed Health Care regulations.

