

Guidelines for Coordination of Medicaid Services between STAR+PLUS and NorthSTAR BHO

General Principles

This document is intended to provide guidance to STAR+PLUS and NorthSTAR BHO(s) regarding their responsibility to provide behavioral health services to Medicaid clients in the Dallas Service Delivery Area. Behavioral health services are defined as screening, diagnosis and treatment of chemical dependency or mental health conditions.

The STAR+PLUS Plan is responsible for covering medically necessary behavioral health services¹ provided by physical medicine providers. Examples of physical medicine providers include providers such as PCPs, FQHCs and Neurologists. The NorthSTAR BHO is responsible for covering medically necessary behavioral health services² provided by behavioral health specialists. Behavioral health specialists include psychiatrists, psychologists, LPCs, LCSW, DSHS licensed chemical dependency providers behavioral health units of general acute facilities and freestanding psychiatric inpatient facilities.

The paragraphs following describe the responsibilities of STAR and NorthSTAR in greater detail for specific service areas.

Topic: Hospital In-Patient Professional Fees

Policy:

NorthSTAR covers all in-patient behavioral health professional services based on medical necessity, regardless of primary diagnosis when provided by a behavioral health provider.

STAR+PLUS covers all in-patient professional services based on medical necessity, regardless of primary diagnosis when provided by a physical medicine provider.

Criteria:

In-patient professional behavioral health services are services rendered by behavioral health specialists types such as psychologists, psychiatrists, LPCs, LCSW and DSHS licensed providers while the client is in an inpatient facility. NorthSTAR is responsible for covering medically necessary behavioral health professional services provided while the Member is in an in-patient_facility (freestanding psychiatric hospital or general acute care hospital), regardless of the primary diagnosis for the inpatient_stay. The NorthSTAR BHO may require that the provider obtain authorization for any non-emergency inpatient professional behavioral health services.

In-patient behavioral health professional services rendered to NorthSTAR Members by non-network behavioral health specialists are covered in cases of a behavioral health emergency (see definition

below), when the service is unavailable in-network, or when the member is hospitalized when traveling outside the NorthSTAR service area.

Definition of Emergency Behavioral Health Condition: Emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent lay person possessing an average knowledge of health and medicine requires immediate intervention and/or medical attention without which the individual would present an immediate danger to themselves or others or which renders the individual incapable of controlling, knowing, or understanding the consequences of their actions.

Topic: Hospital In-Patient Facility Charges
Inpatient general acute care (length of stay = or > 24 hours)

Policy:

STAR+PLUS covers inpatient general acute facility charges when the patient is treated on a medical unit.

NorthSTAR covers inpatient general acute facility charges when the patient is treated on a psychiatric or chemical dependency unit.

Criteria:

NorthSTAR covers medically necessary in-patient facility charges when the primary diagnosis is for a behavioral health disorder rendered by a psychiatric or chemical dependency unit . Behavioral health diagnoses are defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Non-emergency in-patient behavioral health stays may require authorization by the member's BHO which will cover the inpatient facility charge.

STAR+PLUS covers medically necessary inpatient facility charges when the primary diagnosis is for a behavioral health disorder rendered on a medical unit .

In-patient facility charges for services rendered to NorthSTAR Members by non-network facilities for a behavioral disorder treated in a psychiatric or chemical dependency unit, are covered in cases of emergency, when the service is unavailable in-network, or when the member is hospitalized while traveling outside the service area.

Topic: Emergency Room Professional Charges

Policy:

Behavioral health professional services rendered by behavioral health specialists in the Emergency Room of a general acute care hospital, or a specialty psychiatric emergency room, are covered by NorthSTAR.

Criteria:

Emergency room services are defined as services provided in the emergency room, treatment room, or observation room of a general acute care hospital or a specialty psychiatric emergency room.

Professional behavioral health services are services rendered by behavioral health practitioner types such as psychologists, psychiatrists, LPCs, LCSW and DSHS licensed providers.

Services defined as emergency behavioral health conditions (see definition on page 2), will be paid by NorthSTAR BHOs whether rendered by a network or non-network provider.

Professional behavioral health services beyond emergency medical screening and medical stabilization may be subject to authorization by the Member's BHO to be eligible for reimbursement.

For NorthSTAR Members with urgent and non-emergent conditions, NorthSTAR BHOs may require authorization for care beyond the medical screening exam and medical stabilization based on medical necessity.

Topic: Emergency Room Facility Charges

Policy:

The STAR+PLUS Plan covers all emergency room **facility** charges for behavioral health diagnoses, including any required ancillary services, **unless** the emergency room is a specialized behavioral health emergency facility.

The NorthSTAR BHO covers emergency room facility charges for behavioral health diagnoses, including any required ancillary services, in a specialized behavioral health emergency facility.

Criteria:

Emergency room services are defined as services provided in the emergency room, treatment room, or observation room of a general acute care hospital or a specialty psychiatric emergency room.

A behavioral health emergency facility is defined as a facility designed specifically for and primarily engaged in the treatment of emergency behavioral health conditions (see definition of emergency on page 2).

Topic: Ancillary Services

Policy:

Inpatient Ancillary Services:

The NorthSTAR BHO covers ancillary services provided while the Member is receiving inpatient care in a freestanding psychiatric facility.

Ancillary services provided as part of a stay in a General Acute Care Facility are covered by the entity that is covering the inpatient stay (STAR+PLUS Plan or NorthSTAR BHO) and are based on medical necessity.

Ambulatory Ancillary Services:

The STAR+PLUS Plan covers medically necessary ancillary services ordered by physical medicine or behavioral health providers to screen, diagnose and treat Members for behavioral health conditions.

Criteria:

Ancillary services include services such as lab tests, x-rays and other medical tests.

Ancillary services required in a behavioral health emergency (see definition on Page 2) do not require authorization from the BHO or Plan.

Certain common ambulatory ancillary services may be ordered by the NorthSTAR behavioral health provider or STAR+PLUS PCP without authorization from the BHO or Plan. Common ancillary services include:

- Complete blood count, Indices, and Differentials
- Biochemical profiles including chemistries, renal, pancreatic, cardiac, and liver function tests
- Blood work ups for anemia and other blood cell effects including vitamin B12, intracellular folate levels, glycosolated hemoglobin, etc...
- Syphilis serology
- HIV / AIDS testing
- Hepatitis profiles
- Tuberculosis testing
- Breathalyzer and serum alcohol tests
- Thyroid function tests
- Cortisol levels and adrenal function tests
- Stool guiac and occult blood
- Urinalysis
- Cultures and Sensitivities on urine, blood, and body fluids
- Pregnancy tests, urine and serum
- Pap smears
- Drug levels, serum and urine

For common laboratory tests, the behavioral health provider is required to contact the primary care physician (PCP) to determine if usable test data already exists and share information on test results with the PCP. The PCP is, in turn, required to share information on relevant lab tests with the behavioral health provider. Providers are responsible for getting a signed release of information from the patient in order to share patient information.

The STAR+PLUS Plan may require that the provider obtain authorization for ancillary services not listed above and include examples such as CAT scans, MRIs, and PET scans.

NorthSTAR will include some Medicaid eligible members who are not be enrolled in a STAR HMO. Some of these members will be enrolled in the THN; others will be receiving their physical health

services through the traditional Medicaid program. For members enrolled in THN or the traditional Medicaid program, the provider will bill NHIC for these services.

Some ancillary services (such as lab tests) do not require authorization through NHIC. The provider must be enrolled in the Medicaid program to bill NHIC for covered services.

People with Chronic or Complex Behavioral Health Conditions:

The STAR+PLUS Plan must provide access to routine or regular laboratory and ancillary medical tests or procedures needed to monitor the patient's condition at a lab located at or near the treating provider's office.

Coordination of Care between Physical Health and Behavioral Health

Issue: Coordination of access to medically necessary services by physical health care plans and behavioral health care plans.

The principles guiding coordination of care are as follows:

- Coordinate medications
- Coordinate care and avoid duplication
- Measure/demonstrate medical cost offset
- Contribute to greater access

Representatives of each NorthSTAR behavioral health organization and each STAR+PLUS HMO operating in the Dallas Medicaid service area shall execute a Memorandum of Agreement (MOA) which includes specific standards for coordination of physical health and behavioral health.

The MOA between the NorthStar behavioral health organizations and the STAR+PLUS HMOs shall operationalize the strategies that are necessary to implement the following policy objectives:

Access and Referral:

- STAR+PLUS and NorthSTAR enrollment materials shall instruct enrollees how to access to medically necessary services for both physical health and behavioral health needs.
- STAR+PLUS and NorthSTAR enrollee handbooks provided by the MCOs shall instruct members how to access services in both plans.
- STAR+PLUS and NorthSTAR MCOs shall assure that provider education is implemented in multiple formats, including printed materials and forums, to promote knowledge among providers in both plans that will be useful in assisting enrollees with understanding benefits, access to care, and access to necessary ER services. The cross-training of STAR and NorthSTAR providers shall also include information on reimbursement procedures, with special emphasis on changes in the system as a result of the transition from Medicaid fee-for-service to Medicaid managed care. Special care must be taken to assure that providers understand that most Medicaid eligibles in the Dallas service area are included in NorthSTAR, and that behavioral health referrals for NorthSTAR eligibles will be made to NorthSTAR organizations and providers.

- STAR+PLUS and NorthSTAR MCOs shall assure that providers understand and demonstrate competency in referral strategies between the two plans.
- Special emphasis shall be placed on educating STAR+PLUS primary care physicians (PCP) and NorthSTAR providers how to access the care coordinators in both plans to make appropriate referrals across plans.
- NorthSTAR behavioral health organizations shall develop systems that ensure timely access to and follow-up with appropriate behavioral health practitioners, with special emphasis on protocols that ensure timely access to care for members referred by PCPs and other providers.
- STAR+PLUS and NorthSTAR plans shall implement strategies for care coordinators in both plans to assess physical and behavioral health needs of members, and make appropriate referrals to PCPs and behavioral health providers. Special emphasis shall be placed on the development of strategies that coordinate timely access to available services for appropriate treatment and follow-up for individuals with coexisting medical and behavioral health disorders, disabilities, special needs and complex conditions.

Duty to Screen and Refer for Physical and Behavioral Health Needs

- STAR+PLUS and NorthSTAR plans shall provide cross training to providers in both plans on how to recognize physical health and behavioral health problems. Educational opportunities shall be available for PCPs and THSteps providers to promote the appropriate diagnosis, treatment, and referral of behavioral health disorders commonly seen in primary care.
- NorthSTAR plans shall ensure that providers assess the physical health needs of enrollees during intake, assessment, and treatment. Physical health assessment by behavioral health practitioners shall include documentation that shows evidence that members were asked the approximate date of most recent physical exam, current physical health problems, and recent PCP contact. Special emphasis shall be placed on addressing the medical needs of Medicaid members age 21 and under. NorthSTAR practitioners shall refer individuals with medical needs to primary care physicians, including those individuals who have never or who have not recently had a physical health check-up. Non-physician behavioral health providers are expected to use reasonable judgement and observation skills in assessing medical needs, similar to the prudence shown by schoolteachers in assessing and referring the unmet medical needs of students
- STAR+PLUS and NorthSTAR MCOs shall develop strategies that ensure that referrals to behavioral health care coordinators as a result of findings from THSteps screens are given special priority for timely access and follow-up.

Timely, Effective, and Confidential Exchange of Information

- STAR+PLUS and NorthSTAR MCOs shall exchange information in an effective, timely, and confidential manner, including patient-approved communications between behavioral health practitioners, providers, and PCPs. Each organization shall have written policies, procedures, and monitoring activities in place to ensure the appropriate exchange of confidential information between physical and behavioral health care plans.

Monitor and Improve Continuity and Coordination of Care

- STAR+PLUS and NorthSTAR MCOs shall collect and analyze data to evaluate continuity and coordination of care within its continuum of services, and between physical and behavioral health.
- STAR+PLUS and NorthSTAR MCOs shall implement interventions when appropriate to improve continuity and coordination of care, and make recommendations to each other and the State for ongoing improvement in coordination of physical and behavioral health.

Coordination with Community Systems of Care

- STAR+PLUS and NorthSTAR care coordinators shall develop, implement, and provide education to providers on the availability and access to community systems of care, including local health departments, HEADStart, criminal justice system, Protective and Regulatory Services, home health services, Texas Children's Mental Health Plan, local community management teams (CMTs), community resource coordination groups (CRCGs), school districts, faith based organizations, and other community resources.

Coordination for Enrollees with Disabilities, Chronic, and Complex Conditions

- STAR+PLUS and NorthSTAR MCOs shall develop and implement strategies that direct care coordinators how to assist eligible members in obtaining access to appropriate in and out-of-network providers, to non-capitated services and community resources to assure continuity across the full spectrum of care available, including coordination of resources that support the individual in the home and community. Both plans shall educate providers how to access care coordinators in physical and behavioral health plans to promote optimal outcomes for enrollees with special needs.

Coordination of Services for Children Served by the Texas Department of Family and Protective Services.

- STAR+PLUS and NorthSTAR MCOs shall develop and implement strategies that ensure coordination of care for members who are children served by the Texas Department of Family and Protective Services (DFPS). Each STAR MCO and each NorthStar BHO shall designate a liaison with regional DFPS who will work with the regional TDPRS staff to develop procedures to address (1) how the MCOs and DFPS will coordinate care and services for enrollees, including enrollees in transition from the BHO, (2) the process for sharing behavioral health information on members, and (3) reporting requirements from each MCO to DFPS
- STAR+PLUS and NorthSTAR MCOs are responsible for coordinating and providing care for members in Foster Care until they are disenrolled by the State, and for providing care in order to transition members into or out of the MCOs enrollment.
- STAR+PLUS and NorthSTAR MCOs will ensure that providers that serve children in DFPS custody providers periodic written updates on treatment status members as required by DFPS, and that providers participate upon request by TDPRS in plans to establish permanent homes for members in DFPS custody to assure that behavioral health needs of members are adequately and thoroughly addressed in the permanency plan.