



HealthPAC
Health Program of Alameda County
HealthPAC Provider Questions
October 2011

BHCS providers asked the following questions at HealthPAC information sessions and in meetings with Provider Relations and IT staff.

Topic	Question	Answer	Provider with Question
Authorization of Services	HealthPAC FAQ's page 3, section 2, bullet 3: <i>Covered services include assessment, individual or group therapy, crisis intervention, medication supports, day rehabilitation, crisis stabilization, crisis residential and targeted case management.</i> Question is: How is authorization granted when medically necessary?	All specialty mental health services must be medically necessary. Behavioral health providers will be asked to follow existing Medi-Cal guidelines for establishing and maintaining medical necessity. BHCS staff will make determinations about the most appropriate level of care for a given client at a particular point in time.	BOSS
Billing	Will there be different billing codes for HealthPAC?	No.	General Audience
Enrollment	If the INSYST Insurance Policy Screen indicates that a client isn't currently enrolled in HealthPAC is there a way we would know if another BHCS program has already submitted documentation for enrollment?	Yes by going to the Screen 3 (H-PAC Enrollment Screen) in the Client Maintenance Screens. If the screen is blank, then you should continue with the enrollment process, if the screen is completed and has an "A" in the "Auto Enrolled" field, you then can assume Alameda County is processing the enrollment. If the screen is not complete and there is NOT an "A" in the "Auto Enrolled" field you should continue the enrollment process.	Telecare Sausal Creek
Enrollment	After submitting the enrollment documentation how will sites know and or be notified if/when a client is enrolled?	Clients will be mailed an information packet and a HealthPAC identification card when their enrollment is complete. Once enrollment has been approved the client's insurance status in INSYST will be updated to reflect their enrollment. The BHCS Provider Relations Office can also be contacted to check on someone's enrollment - (800) 878-1313.	Telecare Changes
Enrollment	Should existing clients be enrolled?	Yes.	Telecare Changes
Enrollment	Can Homeless residents of Alameda County be enrolled in HealthPAC?	Yes, they would need to complete a statement of residency form and indicate that they reside in Alameda County.	EBCRP
Enrollment	Should programs enroll clients that are currently being served in programs funded by other than BHCS funding such as CSAT grants?	Yes. Anyone that is eligible for HealthPAC and that needs health care services should be encouraged and supported to enroll.	EBCRP
Enrollment	Can programs such as the Hayward Family Services which, is for children, enroll the parents?	The parents could be encouraged to enroll through one of the participating enrollment sites and medical homes or by contacting the Health Care Services Agency to setup a health insurance enrollment appointment - (800) 422-9495. The behavioral health enrollment process pertains to clients that are registered within behavioral health care. Other individuals should be referred to the medical home enrollment sites.	EBCRP
Enrollment	If a client is pending SSI/Medi-Cal for disabled are they to be enrolled in HealthPAC?	Yes. Clients should be enrolled in HealthPAC unless they already have a legal determination of disability. Disability is a legal determination.	Bonita House

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Enrollment	Can Service Team clients only have screening done at the Crisis Response, when Crisis is the only front door?	No. All providers should always check and screen clients without Medi-Cal for HealthPAC eligibility.	Bonita House
Enrollment	Can Parolees or Incarcerated be enrolled?	Parolees can be enrolled as long as they are not enrolled in Medi-Cal. We are still investigating whether clients can be enrolled while incarcerated.	Bonita House
Enrollment	Where do homeless receive their enrollment packets? Are they sent back to the enrolling program?	Homeless individuals will have their enrollment packets sent back to their identified medical home unless they specify another location when they complete their application.	BOSS
Enrollment	Who re-enrolls clients at the expiration date?	All providers are expected to screen for HealthPAC eligibility and help clients re-establish their eligibility if it has expired. An enrolled individual's healthcare home should be the primary place for someone to re-enroll in the program when their eligibility period expires.	BACS
Enrollment	Should we continue to fill out Medi-Cal applications for people with HealthPAC?	If clients are eligible for Medi-Cal, providers should help them complete the application process.	General Audience
Enrollment	Is there a waiting process for enrollment into HealthPAC?	Once the HealthPAC application and associated documents have been submitted there is currently a delay of 2-4 weeks before an eligibility determination is completed. Individuals determined to be eligible through a BHCS enrollment site may experience additional delays in having their eligibility documented in the HealthPAC enrollment system due to current data sharing delays. Both of these delays should be reduced or eliminated over the next few months.	General Audience
Enrollment	How is HealthPAC eligibility being determined?	Eligibility is determined based on specific eligibility criteria. Definitive determinations of eligibility are made by merit-based county employees.	General Audience
Enrollment & CMSP Participants	Are all CMSP participants going to be auto enrolled in HealthPAC?	No. CMSP participants that have met the documentation standards for income, residency, and legal status will be auto-enrolled in HealthPAC MCE or HCCI.	Telecare Sausal Creek
Enrollment & MAA Billing	Is the enrollment screening process a MAA billable service?	MAA claimable activities are referral in crisis situations, informing clients about Medi-Cal, helping clients to obtain needed medical and mental health services. Helping clients with Medi-Cal applications is also a MAA billable activity. Providers interested in exploring the possibility of MAA funding opportunities should review this possibility with Kareen Suratos with BHCS finance - (510) 383-1539	EBCRP
Enrollment & Service Delivery	What if a client presents themselves for service in a Medi-Cal only program and doesn't have Medi-Cal. Does the program open an Episode?	This will depend on the specific program and its funding. Questions about specific programs should be directed to the appropriate program liaison. The program liaison will work to find an answer to specific questions.	EBCRP
HealthPac Funding	Why aren't we considering HealthPAC "insurance"?	HealthPAC is not considered insurance for a variety of reasons. Not all health insurance laws and regulations apply to the program. In addition, the program has a limited range of services and providers in the network. HealthPAC is designed to serve as a bridge to health care reform in January 2014 when HealthPAC enrollees will be eligible for health insurance programs.	General Audience
HealthPAC Primary Care Participants	Will providers have a list of Primary Care (PC) Physicians to refer to?	The HealthPAC participant manual can be found at www.achealthcare.org . The manual contains a list of participating health care organizations but does not contain a list of individual health care providers.	General Audience

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HealthPAC Website	Is a community education plan for HealthPAC been put in place or planned?	Yes. There is a website for the general community to get more information about health care coverage opportunities including HealthPAC. The website is www.achealthcare.org.	Bonita House
HIPAA	What are the HIPPA concerns around cross-sharing of information between us and Primary Care? Can we get a "sweeping" OK/consent, as "one system," to communicate between Specialty Behavioral Health (SBH) and PC? Since we're one payer source and have shared responsibility for the client this might make sense.	There are significant concerns, laws, and regulations pertaining to the sharing of protected health information. HealthPAC does not circumvent or alter these in any fashion. Information sharing procedures will need to be developed and refined over time.	General Audience
Integration of Care	What is in the future for physical health professionals being located in BHCS sites such as Changes?	One of the opportunities associated with HealthPAC and health care reform is increased collaboration between primary care and specialty behavioral health. Opportunities for physical health care providers to work in mental health settings will necessitate the development of specific partnerships between organizations. BHCS plans to help facilitate some of these potential partnerships. Providers are encouraged to seek them out on their own as well by contacting medical homes to explore potential partnerships.	Telecare Changes
Medical (Health) Homes	If a client has established a relationship with (for example) Schuman Liles, are they required to move to a HealthHome?	Schuman Liles is considered a specialty mental health provider and not a HealthHome. The Health or Medical Homes under HealthPAC are listed in the HealthPAC information brochure. When applying for HealthPAC clients are asked to identify a medical (health) home. For HealthPAC to cover payment for services, the individual provider will need to be part of the HealthPAC provider network. Not all health care providers in Alameda County are part of the network.	BACS
Medical (Health) Homes	If people came to our clinic, do we choose health care home when they are with us in our clinic? Do <u>we</u> do that?	Individuals should select their health care (medical) home at the time of enrollment and should seek ongoing care at this site. Enrollees can request a change in their health care home by contacting their existing provider or the HealthPAC Customer Service Center - (877) 879-9633	General Audience
Medical (Health) Homes	What is a health care home, exactly?	There are a variety of definitions of health care homes. The American Academy of Family Physicians has identified 7 Core Features of Medical (Health) Homes: 1) Personal physician; 2) Physician directed medical practice; 3) Whole person orientation; 4) Care is coordinated and/or integrated; 5) Quality and safety; 6) Enhanced access; 7) Payment reform. For HealthPAC enrollees, the health home is the primary health care provider that they select to help provide and coordinate their health care services. The "homes" within HealthPAC are listed in HealthPAC brochures and the participant handbook.	General Audience
Medical (Health) Homes	Once a client chooses a PC, can they go some place else? Can they change PC?	Enrollees are expected to seek care in their identified medical home or to request a change in their medical home. Medical homes can be changed if desired.	General Audience

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Medications	Will medications be covered?	Some but not all medications are covered within HealthPAC. There is a specific list of behavioral health medications that will be covered in the program. This list is subject to change. The program will not cover other medications except in specific circumstances with prior approval.	Telecare Changes
Medications	What is the plan for Meds?	There is a HealthPAC formulary that identifies the medications that are covered under the program. The formulary is currently being updated.	General Audience
Medications	Will the formulary be sent to providers?	The formulary will be made available to providers.	General Audience
Medications	What is the connection between Medi-Cal and HealthPAC formularies?	The Medi-Cal and HealthPAC formularies are different and will continue to remain distinct. Some medications covered under Medi-Cal may not be covered under HealthPAC and vice versa. HealthPAC may cover medications not listed on the formulary if they are deemed medically necessary.	General Audience
Medications	What if client receives PC meds at PC and psychiatric meds at a BHC clinic? How should this be coordinated?	With client permission and involvement, information about medications prescribed and used should be shared between providers to enhance the quality of care and to ensure the safe and appropriate use of medications.	General Audience
Medications	If a client is hospitalized and has HealthPAC, who covers cost of meds?	In general, HealthPAC covers the cost of hospitalizations within the network of providers. Some HealthPAC enrollees may also be eligible to have hospitalization cost covered outside of the network. Information about this is providing in the HealthPAC participant handbook and questions can be addressed by the HealthPAC customer service center at (877) 879-9633.	General Audience
Medications	Are we hoping PC will prescribe psych. Meds?	Primary care providers currently write the vast majority of prescriptions for psychiatric medications in the United States. Primary care providers may need consultation and support to feel comfortable prescribing some psychiatric medications. Increased collaboration between specialty mental health providers and primary care will help to address this issue.	General Audience
Service Delivery	Will there be duplication of services between SBH and PC, specifically, between the case manager in SBH and the behaviorist in PC?	Providers working with individual clients should work to coordinate services and reduce duplication as much as possible. Behavioral health care staff in primary care settings typically do not have the time and flexibility to do some of the work that case managers can perform, e.g., home visits, help with transportation, employment support, help obtaining public benefits, etc.	General Audience
Service Delivery	Should SBH call PC to give a heads up before client shows up?	Primary care clinics generally operate on an appointment rather than drop-in basis. Individual clinics should be contacted to find out their policies for appointments and drop-ins.	General Audience
Service Delivery	Will technical assistance for new Level II programs be provided?	Yes, a representative of the Adult System of Care will guide this process. Jennifer will set this up soon.	General Audience
Service Delivery	How do we link our Change Agent process to this effort?	Change Agents are encouraged to think about and support efforts to link primary care into existing efforts to integrate health care services. BHCS staff will be working on this issue as well.	General Audience
Treatment Authorization	Is there a treatment authorization process?	Depending on the service requested, there may be a treatment authorization process required under HealthPAC.	General Audience