

<p><b>Seaside Health Plan Policies and Procedures</b></p>	<p><b>Effective Date:</b> May 17, 2013</p> <p><b>Note: For origination date see History at the end of Policy</b></p>
<p><b>SUBJECT:</b> CARVE OUT PROGRAMS AND SERVICES</p>	<p><b>Approval Signature:</b> Barry Smith, MD Chief Medical Officer</p>
<p><b>Manual:</b> Utilization Management  <b>Policy/Procedure #</b> UM-200 <b>Section:</b> Carve Out</p>	<p><b>Sponsor Signature:</b>  Kimberly Ward, RN Director, Utilization Management</p>
<p><input type="checkbox"/> <b>COMMERCIAL</b>    <input checked="" type="checkbox"/> <b>HEALTHY FAMILIES</b>    <input checked="" type="checkbox"/> <b>MEDI-CAL</b>    <input type="checkbox"/> <b>MEDICARE</b></p>	

**AUTHORITY**

**POLICY**

Managed Medi-Cal Primary Plans are not delegated by DHCS to cover some specialized programs but instead these programs are covered and coordinated through the Medi-Cal fee-for-service (FFS) programs which include:

- Some medications to treat behavioral health conditions, HIV and AIDS;
- Most major organ transplants, except kidney transplants for adults (evaluations must be authorized by the health plan);
- Inpatient and outpatient mental health services;
- Alcohol and medication treatment services and outpatient heroin detoxification services;
- Dental services and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental dental services for certain beneficiaries;
- California Children's Services (CCS) program services;
- Regional Centers;
- WIC (Women, Infants and Children);

- Long-term care services for members past the month after the month of admission to a skilled nursing facility (SNF) or an intermediate care or long-term care facility;
- Waiver program services (Home and Community Based Services (HCBS), AIDS, and Multipurpose Senior Services Program (MSSP);
- Community-Based Adult Services (CBAS);
- Direct observation treatment (DOT) for tuberculosis;
- Alpha-fetoprotein (AFP) screening;
- Local Education Agency (LEA) services;
- Lead Poisoning Case Management.

**DEFINITION**

**Long Term Care:** care in a facility for longer than the month of admission plus one month.

**PROCEDURE**

- I. Seaside will use claim edits to avoid reimbursement for the services named above and alert providers to bill Medi-Cal FFS.
  - A. Claim denials for any of these services above will be forwarded to Utilization Management (UM) to alert for possible coordination with provider and/or case management needs.
- II. Members in need of carve out services may be identified through the following sources:
  - A. Community based organizations
  - B. Initial health assessments
  - C. Primary care physicians (PCP and Specialists)
  - D. Inpatient admissions (concurrent review)
  - E. Care Management Department
  - F. Member Services Department
  - G. Emergency room/Urgent care centers
  - H. Public Health Coordinator
  - I. Provider Inquiry Department
  - J. Authorization data
  - K. Claims data
  - L. Encounter data
  - M. Community Relations Representatives
  - N. Member/member's family

III. Referral and Coordination

- A. When a need for these services is identified and brought to the attention of the member's PCP, the PCP will refer the member for the appropriate services.
    - 1. Member with developmental disabilities are referred to a Regional Center for the developmentally disabled for evaluation and access to the non-medical services provided through the Regional Centers such as but not limited to, respite, out of home placements, and supportive living.
    - 2. Eligible members for WIC includes pregnant, breastfeeding or postpartum women or a parent/guardian of a child under age five as mandated by Title 42, CFR 431.65(c).
      - a. PCP medical record for eligible members should reflect current hemoglobin or hematocrit laboratory values, height and weight.
  - B. In situations involving acupuncture, chiropractic, healing by prayer or spiritual means, the PCP may actively participate in the referral process, but is not obligated to do so. The PCP is obligated to inform the member that these services are available under the Medi-Cal FFS program and that the member may receive these services.
  - C. Any request for Case Management Department services for the coordination of acupuncture, chiropractic, healing by prayer or spiritual means is reviewed by a Medical Director and requires prior approval.
  - D. Case Management Department services are available to the PCP for coordination with the above services, when appropriate.
  - E. Medical Directors review all LEA identified service needs
  - F. Seaside will develop coordination and case management protocols for identification and response to requests for each of the service types named above.
- IV. Providers are educated on coordination of carved-out services via Provider Manual, updates through the Provider Portal and may include supplements, bulletins and regularly scheduled on-site visits.
- A. PCPs are responsible for:
    - 1. Identifying the need for the services
    - 2. Informing the members of their eligibility for these services

3. Rendering appropriate medical care and/or referral follow-up for medical problems identified by providers of acupuncture, chiropractic, healing by prayer or spiritual means.
4. The PCP office is responsible for maintaining a tracking log of requested referrals appropriate for Carved-Out Services.
5. Other services as described below.

#### V. Services for Persons with Developmental Disabilities

- A. Seaside or PCP refer Members with developmental disabilities to a Regional Center for the developmentally disabled for evaluation and for access to those non-medical services provided through the regional Centers such as but not limited to, respite, out-of-home placements, and supportive living. Seaside coordinates with Regional Center staff in the development of the individual developmental services plan required for all persons with developmental disabilities, which includes identification of all appropriate services, including medical care services, which need to be provided to the Member.
- B. Services provided under the Home and Community-Based Services (HCBS) Waiver Programs to persons with developmental disabilities are not covered. Seaside identifies members with developmental disabilities that may meet the requirements for participation in this waiver and refer these members to the HCBS Waiver program administered by the State Department of Developmental Services (DDS). If DDS concurs with the Seaside's assessment of the member and there is available placement in the waiver program, the member will receive waiver services while enrolled in the plan. Seaside continues to provide all Medically Necessary Covered Services.

#### VI. Early Intervention Services

- A. Seaside identifies children who may be eligible to receive services from the Early Start program and refer them to the local Early Start program. These children would include those with a condition known to lead to developmental delay, those in whom a significant developmental delay is suspected, or whose early health history places them at risk for delay.
- B. Seaside collaborates with the local Regional Center or local Early Start program in determining the Medically Necessary diagnostic and preventive services and treatment plans for Members participating in the Early Start program.

- C. Seaside provides case management and care coordination to the Member to ensure the provision of all Medically Necessary covered diagnostic, preventive and treatment service identified in the individual family service plan developed by the Early Start program, with Primary Care Provider participation.

VII. School Linked CHDP Services, Coordination of Care: (Medi-Cal Only)

- A. Seaside maintains a "medical home" and ensure the overall coordination of care and case management of Members who obtain CHDP services through the local school districts or school sites.

VIII. Local Education Agency (LEA) Services

- A. PCP is responsible for referring appropriately to the LEA and requesting appropriate care management for LEA services when indicated
- B.
- C. Seaside is responsible for providing a Primary Care Physician and all Medically Necessary Covered Services for the Member, and shall ensure that the Member's Primary Care Physician cooperates and collaborates in the development of the Individual Education Plan or the Individual Family Service Plan.
- D. Seaside provides case management and care coordination to the member to ensure the provision of all Medically Necessary covered diagnostic, preventive and treatment services identified in the Individual Education Plan developed by the Local Ed. Agency.

IX. Specialty Mental Health Services (Medi-Cal only)

- A. All Specialty Mental Health Services (inpatient and outpatient) are carved out services to the Los Angeles County Department of Mental Health (DMH).
  - 1. Members can access services by self-referral 24 hours a day, seven days a week, by a family referral, or referral from the PCP or other appropriate provider.
  - 2. Seaside or PCP makes appropriate referrals for members needing Specialty Mental Health Services as follows:
    - a. For those Members with a tentative psychiatric diagnosis, which meets eligibility criteria for referral to the local Medi-Cal mental health plan, as defined in MMCD Mental Health

Policy Letter 00-01 Revised, the Member shall be referred to the local mental health plan.

- b. For those Members whose psychiatric diagnoses are not covered by the local Medi-Cal mental health plan, the Member shall be referred to an appropriate fee-for-service Medi-Cal mental health provider. Seaside consults with the local Medi-Cal mental health plan as necessary to identify other appropriate community resources and to assist the Member to locate available mental health services.
3. Seaside, when delegated, covers and pays for all medically necessary covered services for the Member, including the following services (Medi-Cal Only)
- a. Emergency room professional services as described in Title 22, CCR, Section 53855, except services provided by psychiatrists, psychologists, licensed clinical social workers, marriage, family and child counselors, or other Specialty Mental health Providers.
  - b. All laboratory and radiology services when these services are necessary for the diagnosis, monitoring, or treatment of a Member's mental health condition.
  - c. Medically Necessary covered services after Delegate has been notified by a specialty mental health provider that a Member has been admitted to a psychiatric inpatient hospital, including the initial health history and physical examination required upon admission and any consultations related to Medically Necessary covered Services. However, notwithstanding this requirement, Delegate shall not be responsible for room and board charges for psychiatric inpatient hospital stays by Members.
  - d. The above services will be covered when provided through Seaside's provider network, to the extent possible or when applying Utilization Review controls for services, requiring Prior Authorization, is consistent with Seaside's obligation to provide Covered Services under its Contract.

X. Non-Specialty Mental Health Services (Medi-Cal Only)

- A. Seaside has mechanisms to identify Members who require non-covered specialty psychiatric services and ensure appropriate referrals are made (e. g., PCP scope of practice, Medi-Cal FFS). Seaside continues to cover

and ensure the provision of primary care and other services unrelated to the mental health treatment and coordinate services between the PCP and the psychiatric service provider(s).

- B. Seaside covers outpatient mental health services that are within the scope of PCP.

XI. Alcohol and Substance Abuse Treatment Services are carved out services under the Los Angeles County Department of Drug and Alcohol Services: (Medi-Cal Only)

- A. PCP identifies individuals requiring alcohol and or substance abuse treatment services and arrange for their referral to the Alcohol and Other Drugs Program, including outpatient heroin detoxification providers, for appropriate services.
- B. Seaside assists members in locating available treatment service sites. To the extent that treatment slots are not available in the Alcohol and Other Drugs Program within the Seaside's Service Area, Primary Plan will pursue placement outside the area.
- C. Seaside continues to cover and ensure the provision of primary care and other services unrelated to the alcohol and substance abuse treatment and coordinate services between the primary care providers and the treatment programs.

XII. All Mental Health and Alcohol and Drug (Behavioral Health) Services (Healthy Families and Healthy Kids)

- A. Members can access Mental Health or Alcohol/Drug Services (Behavioral Health Services) by self-referral 24 hours a day, seven days a week, by a family referral, or referral from the PCP or other appropriate provider by calling the Primary Plan's Member Services number on the back of their member ID cards.
- B. Seaside, in coordination with the Primary Plan, makes appropriate referrals for members needing Behavioral Health Services (Specialty Mental Health Services and/or Alcohol and Substance Abuse Treatment Services) to Primary Plan vendor. The vendor will coordinate all behavioral health services as needed by the member:
  - 1. Healthy Families - For Behavioral health services for Healthy Families, certain diagnoses as defined in the Healthy Families benefit structure (SMI & SED), are covered through the Los Angeles County Department of Mental Health (DMH) and for these, DMH may assume responsibility. The vendor will coordinate

services between what the vendor provides and what the DMH provides in these instances.

2. Healthy Kids: All behavioral health services for Healthy Kids are provided and coordinated by L.A. Care's Behavioral Health Vendor.

- C. Seaside, when delegated, is responsible for and shall cover and pay for all Medically Necessary Covered Services for the Member under Behavioral Health Treatment.

### XIII. Dental Services

- A. Dental Services for Members - Children up to Age 21 (Medi-Cal Only): Dental Services for Medi-Cal Children are carved out to Medi-Cal Denti-Cal Program.

1. Seaside, through the PCP, covers and ensure that dental screening for members are included as part of the initial health assessment. For members under twenty-one (21) years of age, a dental screening/oral health assessment shall be performed as part of every periodic assessment, with annual dental referrals made commencing at age 3 or earlier if conditions warrant. Seaside ensures that Members are referred to appropriate Medi-Cal dental providers.

- a. Seaside is responsible to ensure that Medi-Cal members up to age 21 are referred to appropriate Medi-Cal dental providers through the Medi-Cal Denti-Cal Program.
- b.
- c. To find a Denti-Cal dentist, Medi-Cal members up through age 21 should be instructed to call Denti-Cal at the toll free number 1 (800) 322-6384.
- d. Denti-Cal can also be contacted on the internet at <http://www.denti-cal.ca.gov/>

- B. Seaside covers and ensures that provision of covered medical services that are not provided by dentists or dental anesthetists.

1. Covered medical services include contractually covered prescription drugs; laboratory service; and, pre-admission physical examinations required for admission to an outpatient surgical service center or an in-patient hospitalization required for a dental procedure (including facility fee and anesthesia services for both inpatient and outpatient services which includes both facility and dental office procedures).



- C. Seaside may require Prior Authorization for medical services required in support of dental procedures. If the Seaside requires Prior Authorization for these services, Seaside develops and publishes the procedures for obtaining pre-authorization to ensure that service for the Member are not unduly delayed.
- D. Dental Services/Benefits for Children up to Age 19 (Healthy Families and Healthy Kids)
  - 1. Healthy Families (HF): dental benefits are not covered under L.A. Care but are carved out to the California Healthy Families Program.
    - a. Seaside ensures that HF members are referred to appropriate HF dental providers through the California Healthy Families Program.
    - b. To find a HF dentist: L.A. Care HF members should be directed to call the California Healthy Families Program at the toll free number 1-866-848- 9166.
    - c. The California Healthy Families Program can also be contacted on the internet at <http://www.healthyfamilies.ca.gov/>
  - 2. Healthy Kids (HK): HK dental benefits are covered under L.A. Care and are the responsibility of and provided by the Primary Plan.
    - a. For LA Care: SafeGuard Dental will coordinate L.A. Care's HK members' dental benefits.
      - i. To find a dentist, HK members should be directed to call SafeGuard Dental at toll free number 1-800-766-7775.
      - ii. For questions about dental benefits, HK members can also call L.A. Care's Member Services Department at the toll free number 1 -888-839-9909.

#### XIV. Vision Care & Lenses for Members

- A. Vision Benefits & Lenses for Medi-Cal Children up to Age 21 (Medi-Cal Only)
  - 1. Eye examinations and prescriptions for corrective lenses are covered as appropriate for Members - Children up to age 21.

2. Fabrication of optical lenses for Members up to age 21 through Prison Industry Authority (PIA) optical laboratories. When delegated, Seaside covers the cost of the eye examination and dispensing of the lenses for Members for Members up to age 21. DHCS will reimburse PIA for the fabrication of the optical lenses to Members up to age 21 in accordance with the contract between DHCS and PIA. Accessing Vision & Lenses Benefits for Medi-Cal Children up to Age 21.

- a. For LA Care: Vision Vendor- VSP - coordinates L.A. Care's Medi-Cal (MCLA) members' vision care and lenses benefits.
  - i. To access Medi-Cal vision care and lenses benefits, L.A. Care MCLA members should be instructed to call VSP at the toll free number 1-800-877-7195.
  - ii. To find out more about Medi-Cal eye exams or vision care coverage, L.A. Care MCLA members can also call L.A. Care Member Services at the toll free number 1-888-839- 9909

B. Vision Benefits for Adults (Age 21 and older) (Medi-Cal Only): Benefits are limited to routine vision exam, and a Retinal Screening Exam for Adults who have been diagnosed with diabetes.

- 1. For LA Care: Vision Vendor- VSP coordinates L.A. Care's Medi-Cal members' vision care benefits.
  - i. To access Medi-Cal vision care and lenses benefits, L.A. Care MCLA members should be instructed to call VSP at the toll free number 1-800-877-7195.
  - ii. To find out more about Medi-Cal eye exams or vision care coverage, L.A. Care MCLA members can also call L.A. Care Member Services at the toll free number 1-888-839- 9909

C. Vision Services for Children up to Age 19 (Healthy Families and Healthy Kids)

- 1. Healthy Families: vision benefits are not covered under Primary Plan and are carved out to the California Healthy Families Program.
  - a. Primary Plan is responsible to ensure that HF members are referred to appropriate HF vision providers through the California Healthy Families Program.

- i. To find a HF eye doctor: HF members should be instructed to call the California Healthy Families Program at the toll free number at 1-866-848-9166.
  - ii. The California Healthy Families Program can also be contacted on the internet at <http://www.healthyfamilies.ca.gov/>
2. Healthy Kids: vision benefits are covered and are the responsibility of and provided by Primary Plan.
  - a. For LA Care has contracted with the Vision Vendor- VSP - to coordinate L.A. Care's HK members' vision benefits.
    - i. To find a HK eye doctor, L.A. Care HK members should call VSP at the toll free number 1-800-877-7195.

XV. Tuberculosis (TB) (Within Scope of PCP)

- A. TB screening, diagnosis, treatment, and follow-up are covered benefits. PGP shall ensure that TB care and treatment within the scope of the PCP is provided to all members in compliance with the guidelines recommended by American Thoracic Society and the Centers for Disease Control and Prevention.

XVI. Direct Observed Therapy (DOT) for Treatment of Tuberculosis (TB)

- A. Direct Observed Therapy (DOT) is offered by local health departments (LHDs) and is a carved out benefit for Members. PPG shall coordinate with Local Health Departments in the provision of Direct Observed Therapy as required in Exhibit A, Attachment 11, provision 15, Direct Observed Therapy (DOT) for Treatment of Tuberculosis (TB) and Attachment 12, Local Health Department Coordination.
- B. Seaside assesses the risk of noncompliance with drug therapy for each member who requires placement on anti-tuberculosis drug therapy. The following groups of individuals are at risk for non-compliance for the treatment of TB:
  1. Members with demonstrated multiple drug resistance (defined as resistance to Isoniazid and Rifampin);
  2. Members whose treatment has failed or who have relapses after completing a prior regimen; children and adolescents; and,

3. Individuals who have demonstrated noncompliance (those who failed to keep office appointments).
- C. Seaside refers members with active TB and who have any of these risks to the TB Control Officer of the LHD for DOT.
  - D. Seaside ensures that PCPs assess the following groups of Members for potential noncompliance and for consideration for DOT:
    1. Substance abusers,
    2. Persons with mental illness,
    3. The elderly,
    4. Persons with unmet housing needs, and
    5. Persons with language and/or cultural barriers
  - E. If, in the opinion of the provider, a member with one or more of these risk factors is at risk for noncompliance, the member shall be referred to the LHD for DOT.
  - F. Seaside provides all Medically Necessary covered Services to the Member with TB on DOT and shall ensure joint case management and coordination of care with the LHD TB Control Officer.

XVII. Women, Infants, and Children (WIC) Supplemental Nutrition Program

- A. WIC services are not covered; however, Seaside or PCP will identify and refer eligible Members for WIC services. As part of the referral process, PCP provide the WIC program with a current hemoglobin or hematocrit laboratory value. PCP also documents the laboratory values and the referral in the Member's medical record.
- B. PCP, as part of its initial health assessment of members, or, as part of the initial evaluation of newly pregnant women, refers and document the referral of pregnant, breastfeeding or postpartum women or a parent/guardian of a child under the age of five (5) to the WIC program.

XVIII. Seaside will coordinate with the member's Primary Plan when the member is eligible for certain carve-out or waiver programs that require disenrollment. Seaside will notify and coordinate with the Primary Plan of all potential Medi-Cal members requiring disenrollment including Healthy Families/Healthy Kids members requiring Long Term Care or Major Organ Transplants. These programs include but not limited to:

- A. Long-term care services are not covered (Medi-Cal)

1. Seaside covers Medically Necessary nursing care provided from the time of admission and up to one month after the month of admission
  2. Seaside ensures that members requesting hospice in need of nursing facility services are placed in a health care facility that provides the level of care most appropriate to the member's medical needs.
    - a. These health care facilities include skilled nursing facilities, subacute facilities, pediatric subacute facilities, and Intermediate Care Facilities.
  3. Upon admission to an appropriate Facility, Seaside assess the Member's health care needs and estimate the potential length of stay of the Member. If the Member requires LTC, in the Facility for longer than the Month of admission plus one month, Seaside, in coordination with the Primary Plan, will submit a Disenrollment request for the Member to DHCS for approval. Seaside with the Primary Plan provides all Medically Necessary Covered Services to the Member until the disenrollment is effective.
  4. An approved Disenrollment request will become effective the first day of the second month following the month of the Member's admission to the Facility, provided the Plan submitted the disenrollment request at least 30 days prior to that date. If the disenrollment request was submitted less than thirty (30) calendar days prior to that date, disenrollment will be effective the first day of the month that begins at least thirty (30) calendar days after submission of the disenrollment request. Upon the disenrollment effective date, Seaside with the Primary Plan shall ensure the Member's orderly transfer for the Plan the Medi-Cal Fee-For-Service provider; assuring that continuity of care.
- B. Long Term Care (Healthy Families/Healthy Kids Only): Seaside notifies the Primary Plan of HF or HK members needing transition to Long Term Care.
- C. Major organ transplants with the exception of adult kidney transplants major organ transplants that are Medi-Cal FFS benefits are not covered (Medi-Cal)
1. When a member is identified as a potential major organ transplant candidate, Seaside refers the Member to a Medi-Cal approved transplant center. If the transplant center Physician considers the member to be a suitable candidate, Seaside submits a Prior Authorization request to either the Medi-Cal Field Office (for adults)

or the California Children Service program (for children) for approval.

2. Seaside initiates Disenrollment of the member when all of the following has occurred: referral of the member to the organ transplant Facility, the Facility's evaluation has concurred that the member is a candidate for major organ transplant; and, the major organ transplant is authorized by either DHCS's Medi-Cal field Office (for adults) or the California Children Services Program (for children).
3. Seaside, in coordination with the Primary Plan, continues to provide all Medically Necessary Covered Services until the Member has been disenrolled from the plan.
4. Upon the disenrollment effective date, Seaside ensures continuity of care by transferring all of the member's medical documentation to the transplant physician. The effective date of the disenrollment will be retroactive to the beginning of the month in which the member was approved as a major organ transplant candidate. The request for reimbursement for services in the month during which the transplant is approved are to be sent by the provider directly to the Medi-Cal FFS fiscal intermediary. The capitation payment for the member will be recovered by DHCS.
5. If the Member is evaluated and determined not to be a candidate for a major organ transplant or DHCS denies authorization for a transplant, the member will not be disenrolled. Seaside, when delegated, covers the cost of the evaluation performed by the Medi-Cal approved transplant center.

D. Major Organ Transplants (Healthy Families/Healthy Kids Only): Seaside will notify the Primary Plan of HF or HK members needing case management for Major Organ Transplants.

E. Medi-Cal Waiver Services (Medi-Cal Only)

1. In-Home Medical Care Waiver Program - In-Home Operations (IHO), Home and Community-Based Services (HCBS);
  - a. Identified members who may benefit from the HCBS Waiver programs, and refer them to the Medical Care Coordination and Case Management Section of DHCS.
  - b. Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Home and Community

Based Services Waiver Program eligible members are Medi-Cal recipients with:

- i. Diagnosed with AIDS or Symptomatic HIV Disease
  - ii. HIV-infected infants that meet specific program eligibility criteria
- c. Medi-Cal beneficiaries enrolled in Medi-Cal managed care health plans who are subsequently diagnosed with HIV/AIDS, according to the definition most recently published in the Mortality and Morbidity report from the Centers for Disease control and Prevention, may participate in the HIV/AIDS Home and Community Based Services Waiver Program without having to disenroll from their Medi-Cal managed care plan. Members of Medi-Cal managed care plans must meet the eligibility requirements of the HIV/AIDS Home and Community Based Services Waiver Program and enrollment is dependent on available space. Persons already enrolled in the HIV/AIDS Home and Community Based Services Waiver Program may voluntarily enroll in a Medi-Cal managed care health plan.
2. Multipurpose Senior Services Waiver Program - Disciplinary Senior Services Program (MMSP);
  3. Skilled Nursing Facility Subacute Waiver Program services without referral from the member's PCP.
  4. The Nursing Facility A/B Waiver
  5. If the agency administering the waiver program concurs with Seaside assessment of the Member and there is available placement in the waiver program, Plan shall initiate disenrollment for the Member. Seaside provides documentation to ensure the Member's orderly transfer to the Medi-Cal Fee-For- service program. If the Member does not meet the criteria for the waiver program, or if placement is not available Seaside, in coordination with the Primary Plan continues comprehensive case management and shall continue to cover all Medically Necessary Covered Services to the Member.
  6. Hospice services are covered and are not considered long-term care services regardless of the Member's expected or actual length of stay in a nursing Facility.

**History:** New

**Origination Date:** May 17, 2013