

-DEPARTMENT OF HEALTH SERVICES

7141744 P STREET, ROOM 650
P. O. Box 942732
SACRAMENTO, CA 94234-7320
(916) 654-8076



February 20, 1998

MMCD Policy Letter 98-04

TO: Two-Plan Model Plans
 Geographic Managed Care Plans
 Prepaid Health Plans
 Primary Care Case Management Plans

SUBJECT: ENROLLMENT FORMS IN PRIMARY CARE PROVIDER OFFICES AND
 ENROLLMENT PACKET MATERIAL DISTRIBUTION

BACKGROUND

The purpose of this policy letter is to clarify the Department of Health Services (DHS) policy regarding the availability of enrollment forms in primary care provider offices and enrollment packet material distribution by health plans. You were informed most recently in an August 1, 1997, letter about DHS' relevant policies which apply to all Medi-Cal managed care counties.

On October 30, 1996, DHS decided to allow health plan providers to have enrollment forms available in their offices to distribute to their patients. This decision was made to increase the availability of enrollment forms in the community to facilitate **Medi-Cal** beneficiary choice. This decision was **also seen** as an opportunity to lower the default rate in the Two-Plan Model counties, as well as offset enrollment operational problems DHS was experiencing with its former enrollment contractor. Enrollment forms were originally authorized in provider offices through December 31, 1996. Since that original termination date, DHS has extended the date three different times.

GOAL

To allow mandatory Medi-Cal beneficiaries in nonconverted counties to continue to benefit from the additional enrollment choice option available in provider offices and assist DHS in maintaining a low default rate.

POLICY

DHS authorizes the availability of enrollment forms in health plan provider offices in all Medi-Cal managed care counties where conversion has yet to occur. This will allow mandatory Medi-Cal beneficiaries in nonconverted counties to continue to benefit from the additional enrollment choice option available in provider offices and assist DHS in maintaining a low default rate. However, once conversion to the Two-Plan Model or Healthy San Diego programs occurs, health plans will be required to remove all enrollment materials from all health plan provider offices 90 days after 1) the date of conversion; or 2) all beneficiaries have been notified of their choice of plans; whichever is later. Should conversion occur in phases in a county, enrollment materials should be removed 90 days after the final phase-in date. This policy is applicable to all the health plans to whom this letter is addressed.

In Medi-Cal managed care counties where conversion has already occurred, health plans were required to remove all enrollment materials from health plan provider offices by the close of business on September 1, 1997. These health plans were required to submit to DHS a signed letter by September 15, 1997, certifying that all enrollment materials have been removed from the health plan provider offices. DHS will investigate all complaints filed after September 1, 1997, against plan providers and health plans regarding the continued use of enrollment forms in health plan provider offices. In counties where prohibitions exist, they remain in effect.

DHS would also like to clarify its policy regarding health plans and their ability to provide plan enrollment packet materials to Medi-Cal beneficiaries upon request. After careful consideration, DHS has decided to continue to allow health plans to provide enrollment packet material to Medi-Cal beneficiaries who contact the plan directly. However, health plans are prohibited from having enrollment forms available at health fairs and other community events.

DISCUSSION

To ensure that the integrity of the enrollment process was maintained, health plans were required to monitor Primary Care Physicians (PCP) who received enrollment forms. During the period that the enrollment forms have been available in provider offices, DHS has documented violations of its policy governing their use in provider offices. A proposed disposition of the availability of Medi-Cal managed care enrollment forms in health plan provider offices was developed and distributed for comment to various health plans, medical associations, and organizations on July 2, 1997.

After reviewing the comments and conducting a thorough analysis of the proposed disposition, DHS has decided to authorize the availability of enrollment forms indefinitely in

February 20, 1998

health plan provider offices in all Medi-Cal managed care counties where conversion has yet to occur as described above.

Each enrollment packet must contain each of the items listed below: A cover letter; "Important Phone Numbers"; enrollment instructions; a plan provider directory; plan marketing material; plan "Features Chart"; "Medi-Cal Choice Form"; return postage-paid envelope; and Medical Exemption Form.

Plans are to provide the following:

- Enrollment packet cover letter; may be reprinted on plan letterhead.
- Important Phone Numbers.
- Enrollment instructions.
- Plan provider directory; approved by contract manager.
- Plan marketing material; approved by contract manager.
- Plan "Features Chart"; approved by contract manager.
- Mailing envelope for enrollment packets.
- Medical Exemption Form.

The Health Care Options contractor, **MAXIMUS**, will provide the following to the health plans:

- MC 900, MC 901, and MC 912 **Medi-Cal** Choice Forms, English and Spanish.
- Return postage-paid envelopes for beneficiaries to submit enrollment forms.

To order and reorder the enrollment forms and postage-paid return envelopes, please contact Ms. Pat White at (916) 657-0679 or fax (916) 657-1199.

If not otherwise stated above, all requirements specified in DHS' letters of April 23, 1997, and August 1, 1997, regarding plan and provider compliance will remain in effect. We will retract forms if plans do not abide by these rules or if we confirm that problems occur.

If you have any questions regarding marketing activity or materials, please contact your contract manager.

Walter Boyd
Ann-Louise Kuhns, Chief
Medi-Cal Managed Care Division

Enclosures

Enrollment Forms

Page 2

August 1, 1997

upon request. After careful consideration, DHS has decided to continue to allow health plans to provide enrollment packet material to Medi-Cal beneficiaries who contact the plan directly. However, health plans are prohibited from having enrollment forms available at health fairs and other community events.

The enrollment packet must contain a cover letter; "Important Phone Numbers"; enrollment instructions; a plan provider directory; plan marketing material, plan "Features Chart"; "Medi-Cal Choice Form"; **return** postage-paid envelope.

Plans are to provide the following:

- Enrollment packet cover letter; may be reprinted on plan letterhead.
- Important Phone Numbers.
- Enrollment instructions.
- Plan provider directory; approved by Health Plan Manager.
- Plan marketing material, approved by Health Plan Manager.
- Plan Features **Chart**; approved by Health Plan Manager.
- Mailing envelope for enrollment packets.

The HCO contractor, **MAXIMUS**, will provide the following to the health plans:

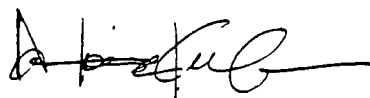
- MC 900, MC 901, and MC 912 Medi-Cal Choice Forms, English and Spanish. Please review the enclosed list of counties indicating in which counties each form is used.
- Return postage-paid envelopes for beneficiaries to submit enrollment forms.

To order and reorder the enrollment forms and postage-paid return envelopes, please contact Ms. Pat White, at (916) 657-0679; fax (916) **657-1199**.

If not otherwise stated above, all requirements specified in the April 23, 1997, letter regarding plan and provider compliance will remain in effect and we will pull forms if plans do not abide by these rules or if we confirm that problems occur.

If you have any questions regarding marketing activity or materials, please contact your plan's Health Plan Manager.

Sincerely,



Ann-Louise **Kuhns**, Chief
Medi-Cal Managed Care Division

Enclosures

DEPARTMENT OF HEALTH SERVICES14744 P STREET
P. O. Box 942732SACRAMENTO, CA 94234-7320
(9 16) 654-8076

April 23, 1997

TO: All Commercial Plans (CP), Local Initiative Plans (LI), and Plan Affiliates within Two-Plan Model Counties, Sacramento Geographic Managed Care (GMC) Plans, and Prepaid Health Plans (PHP), and Primary Care Case Management Plans (PCCM)

SUBJECT: ENROLLMENT FORMS IN PRIMARY CARE PROVIDER OFFICES

INTRODUCTION

This letter is to inform you that the Department of Health Services (DHS) is extending the time period during which health plan network primary care providers (PCP) may distribute enrollment packet materials to **Medi-Cal** beneficiaries. This approval, which was originally scheduled to terminate on March 31, 1997, will remain in effect through June 30, 1997. Any decision to continue the provider distribution of enrollment packet materials beyond the above specified dates will be subject to discussion in the context of broader issues including the Health Care Options Policy Workgroup recommendations, minimum and maximum enrollment levels, etc.

PLAN REQUIREMENTS

Tie Period: Until notified otherwise, all enrollment materials must be removed **from** PCP **offices** by the close of business on June 30, 1997.

Marketing Representatives: Effective immediately, **PCPs** may not have plan marketing representatives in **their** offices. Plans must **ensure that** marketing representatives are not in provider **offices**.

Monitoring Plan: To ensure the integrity of the enrollment process is maintained, health plans are required to develop and submit to DHS a written plan for monitoring **PCPs** who receive enrollment forms. This written plan must be received by the health plan's Contract Manager by May 15, 1997, or approval for PCP distribution of enrollment forms will be withdrawn. At a minimum, health plans must track for each PCP who has enrollment forms in his/her **office** 1) member transfers to another PCP within the plan network, and 2) member disenrollment to other plan partners or other health plans.

Reporting Requirements: The information that will be monitored as listed above must be reported to the DHS Contract Manager retroactively for the months of May and June 1997.

The **first** report will be due June 30, 1997, and will cover May 1997. The second report will be due July 30, 1997, and will cover June 1997.

Compliance: DHS will investigate any complaints filed against **PCPs** and health plans. The violation of the following Enrollment Guidelines for **PCPs** by **PCPs** will result in the removal of enrollment forms **from** the **PCP office**. Any violations by the health plan, such as failure to monitor **PCPs** who receive enrollment forms or failure to submit reports as listed above, will result in the removal of enrollment forms from **all** plan provider offices.

ENROLLMENT GUIDELINES FOR PCPS

Health plans that provide for their **network PCPs** to distribute enrollment materials to **Medi-Cal** beneficiaries are required to inform network **PCPs** in writing they must adhere to the following guidelines when advising patients about selecting a Medi-Cal health plan:

PCPs may:

1. Send a postcard or letter to patients which tells them the name of the health plan or plans with which a specific physician is affiliating, encourages patients to select their current physician as their PCP, and gives patients the physician's plan(s) provider number(s). A copy of a sample letter **PCPs** may send to patients is enclosed.
2. Encourage Aid to Families with Dependent Children (AFDC) Medi-Cal patients to seek out and receive **information** and enrollment material which will help **them** to select a Medi-Cal health care plan for themselves and their family.
3. Provide patients with the toll-free number of the Member Services Department(s) of the plan(s) with which the PCP is affiliated.
4. Provide patients with the toll-free number of the Health Care Options (HCO) Customer Service Representatives, 1-800-430-4263, and inform them of locations and times when they may receive individual or group assistance from the HCO Enrollment Service Representatives about selecting a health plan or PCP. This toll-free number is specifically for, beneficiary questions. A copy of the HCO telephone number sheet translated into ten languages is enclosed.

NOTE: **Medi-Cal beneficiaries** may complete enrollment forms with other **PCPs** as well. The fact that they have completed an enrollment form in a **PCP's office** is no guarantee that the patients will be assigned to that PCP. DHS must accept the last choice received from a beneficiary.

PCPs may NOT:

1. Coerce, threaten or intimidate patients into making a particular selection.
2. Influence patients to change plan membership based upon financial gain to the PCP.
3. Tell patients that they could lose their Medi-Cal health benefits if they do not choose a particular health plan.
4. Make any reference to competing plans, e.g., comparing plans in a positive or negative manner for purposes of encouraging or influencing a patient to enroll or **disenroll** from a particular plan based on the PCP's **financial** interest.
5. Mail completed enrollment forms to the **HCO contractor** on behalf of patients.
6. Photocopy sample enrollment forms with the plan name and PCP name **filled** in and distribute them to patients or fill in the plan and PCP name on the blank enrollment form for the patient.
7. Use photo-copied blank forms or plan-printed enrollment forms. Only the DHS-supplied form will be accepted.
8. Allow plan marketers in P.CP offices.
9. Allow PCP staff to accept any remuneration for marketing or enrolling beneficiaries.

The violation of these rules by a PCP will be cause for removal of the enrollment forms from the PCP's office. The health plan must ensure that the forms are removed from the PCP office immediately upon notice from the Department.

ENROLLMENT MATERIAL

PCPs who wish to provide enrollment forms to their patients must make a written request to the health plan for enrollment materials. Health plans must provide **PCPs** with the following material:

1. **A** sample letter that **PCPs** can use to send to their patients encouraging enrollment in a plan and selection of the PCP. A sample letter is enclosed. This cover letter may be printed on office letterhead, but the text may not be changed **without** DHS approval.

Enrollment Forms

Page 4

April 23, 1997

2. Enrollment instructions for the appropriate **Medi-Cal** Choice forms **MC900**, **MC901**, and **MC912**, and the appropriate Choice Form (copy enclosed).
3. Plan provider directory approved by the Contract Manager.
4. Plan marketing material approved by the Contract Manager.
5. Plan features chart approved by the Contract Manager.
6. The HCO telephone number sheet with the HCO phone number translated into ten languages.
7. Envelope for the patient to mail the enrollment packet to the HCO contractor.

Enclosed is a letter that plans may use to transmit the aforementioned material to **PCPs**.

MATERIALS PROVIDED BY DHS

DHS will continue to provide the following materials to plans for distribution to **PCPs**:

- MC900 form and instructions. This form allows choice of plan or fee-for-service Medi-Cal, and is to be used by plans in Two-Plan Model counties where mandatory enrollment is not in effect. As of the date of this letter, the MC900 will be used for the following counties: Los Angeles, Riverside, San Bernardino, San Diego, and Stanislaus. This form will also continue to be used for beneficiaries residing in the following zip codes in Kern: 93205, 93238, 93240, 93255, 93285, 93283, 93501, 93502, 93555, 93556, 93561, 93581, 93582.
- * MC901 form and instructions. This form requires mandatory enrollment, and is to be used in Two-Plan Model counties where both plans are in operation and fee-for-service is not a choice. **As** of the date of this letter, the MC901 will be used for the following counties: Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, and in the zip codes not listed above for Kern.
- * MC912 form and instructions. This form requires mandatory enrollment in Sacramento GMC plans.

April 23, 1997

- * Return postage paid envelopes for patients to return their enrollment form to the HCO contractor.

ORDERING THE MATERIALS

To order and reorder the enrollment forms and postage paid-return envelopes, please contact Ms. Pat White, Health Care Options Unit, at (916) 657-0679, or fax your order to (916) 657-1 199. Please do not contact the HCO enrollment contractor for forms. Plans are responsible for distributing the enrollment forms and return envelopes to their **PCPs** and reordering as needed. DHS will not accept order requests submitted by plans' **PCPs**. Plans must send the enclosed letter and guidelines to **PCPs** together with the enrollment forms and return envelopes.

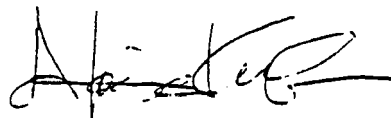
Plans are advised that HCO maintains a limited number of enrollment forms at all times. DHS will evaluate each plan's request for **enrollment** forms to **determine** the quantity of enrollment forms that DHS will send to each plan. The number of enrollment forms sent to a plan will be dependent on several factors, including the plan's capacity and status of the county in the Two-Plan Model implementation process.

HCO ENROLLMENT CONTRACTOR RESPONSIBILITIES

DHS's HCO contractor will maintain responsibility for processing enrollments and disenrollments of Medi-Cal Managed Care plan members and eligible beneficiaries. The HCO contractor will continue to provide objective and uniform materials, information, and assistance to beneficiaries on the availability of managed care plans through HCO presentations, mailings, and call center services. Plans will continue to receive diskettes of enrollment and disenrollment activity from the **HCO** contractor on a weekly basis.

If you have any questions regarding marketing activity or materials, please contact your plan's Contract Manager.

Sincerely,



Ann-Louise **Kuhns**, Chief
Medi-Cal Managed Care Division

Enclosures

cc: See next page.

Page 1



MEDI-CAL UPDATE

P.O. BOX 13029, SACRAMENTO, CA 95813-4029

Medical Services 283

February 1998

Contents

1998 Medi-Cal Training: New and Experienced Biller Workshop
 1998 Medi-Cal **OB** Training: Billing Workshop

State Health Coverage for Children:
 New Healthy Family Program 1

Expansion of 100 Percent Program:
 Birth Date Restriction Removed 1

Minor Consent Program: Diagnosis Code V01.8
 No Longer Reimbursable 2

Critical Care Services:
 Reimbursable Procedures 2

Pamidronate Injection: New Benefit..... 2

Doppler Color Flow Velocity Mapping:
 Expanded Benefit 3

Anesthesia Services:
 Billing Procedures Reminder 3

Allergy Testing and Allergen Immunotherapy:
 Reimbursement Clarification 3

Reimbursement Rate Changes: Amendment..... 3

Hospice Room and Board: Rate Update 3

Specialty Mental Health Services:
 April Implementation 4

Denti-Cal: Telephone Contact Information
 Added to Medi-Cal Provider Manual 4

Presumptive Eligibility Forms: Updates 4

Sterilization Consent Form: Updated 5

Medi-Cal List of Contract Drugs 5

Provider Manual Index 5

Medi-Cal Suspended and Ineligible Provider List:
 February Supplement 6

Family P.A.C.T.:
 Additional Orientation Sessions 6

Instructions for manual replacement pages:

Section 000
 Remove and replace: 000-20-1 thru -26
 insert: 000-20-27 thru -31 (new)
 Remove and replace: 000-25-1 /2
 000-30-1 thru -4

Section 100
 Remove and replace: 100-20-3/4
 100-24-11/12
 100-25-5 thru -8
 Remove: 100-26-23
 Insert: 100-26-23/24 (new)
 Remove and replace: 100-31-516
 100-40-5/6
 Insert after 10049-1: 100-49-Supplement-
 February-1 (new)
 Remove and replace: 100-49-A-1 /2, -7/8

Section 200
 Remove and replace: 200-1 0-5 thru -8, -1 1/1 2
 200-18-1/2*
 200-50-1 9/20
 200-52-1/2, -5/6
 Insert: 200-52-7 thru -12 (new)
 Remove and replace: 200-92-1 /2, -5 thru -1 0,
 -13114
 Remove all forms from
 end of Section 200-92
 EXCEPT: PE Provider Fact Sheet
 PE Qualified Provider
 Responsibilities and
 Agreement

Section 200 (continued)
 Insert new forms at
 end of Section 200-92:

Directions to Apply for
 Medi-Cal
 Forms Order - PE
 Patient Directions for PE
 Application
 PE Patient Fact Sheet
 Provider Directions for PE
 Application (Sample)
 Qualified Provider
 Application for
 PE Participation
 Statement of California
 Residency (English)
 Statement of California
 Residency (Spanish)
 Why you Cannot Get PE
 Benefits

Remove and replace: 200-1 05-21/22
 200-1 15-5 thru -14
 200-1 30-3 thru -6
 200-130-21/22 (new)

insert:

Section 300
 Remove and replace: 300-1 03-13/14
 300-1 11-1/2*

Section 400
 Remove and replace: 400-49-9/10*

* Pages updated/corrected due to ongoing provider manual revisions.

Please see reverse for Medi-Cal Hotlines and Change of Address Form.

JoAnn - FYI (circled) Re Mental Health

Consolidation Program Implementation

The State Department of Mental Health (DMH) has implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or in need of outpatient or medical professional mental health services. This program expands the Psychiatric inpatient Hospital Services Consolidation Program that has been in existence since January 1995.

Under the consolidation program, coverage for specialty mental health services will be provided through Mental Health Plans (MHPs) in California's 58 counties. In most cases, the MHP will be the county mental health department. MHPs render, or authorize and pay for specialty mental health services.

Recipient Enrollment and Eligibility

Medi-Cal recipients are enrolled automatically in the MHP serving their county. The MHP in the recipients assigned county is responsible for providing MHP-covered services for eligible recipients in that county. Providers must use the Point of Service (POS) network to obtain the recipient's assigned county and to verify Medi-Cal eligibility for each month of service. This network is accessed through the POS device, Claims and Eligibility Real Time System (CERTS) software, Automated Eligibility Verification System (AEVS) and vendor-supplied software. (Refer to Section 100-24, *Recipient Identification*, for additional information.)

Note: For MHP county contact information, see "Authorization and Contact Information" on a following page.

Specialty Mental Health Services

When a service meets the following criteria for procedures, diagnoses and providers, it is an MHP-covered service and the provider should contact the appropriate MHP for billing information. Claims for these services that are billed to Medi-Cal will be denied. Specialty mental health services billed with the codes listed on Table 1 (Specialty Mental Health Services – HCPCS Codes) are covered by MHPs when they are delivered by an appropriately licensed specialty mental health provider to a recipient with a diagnosis listed in **Table 2** (Specialty Mental Health Diagnoses – All Places of Services Except Hospital Inpatient) or Table 3 (Specialty Mental Health Diagnoses – Hospital Inpatient Place of Service).

90835-90899	20200
96100	Z0202 – Z0210
99201 -99285	20300
99301 -99376	x9500 – x9550
99450 – 99456	Z5814 – Z5816
99499	25820
	Z7500, Z7502, Z7514

Table 1. Specialty Mental Health Services – HCPCS Codes.

Address/Telephone Number	Authorization Information	Implementation Date
<p>Alameda County Mental Health Plan 2000 Embarcadero Cove, Suite 400 Oakland, CA 94606</p> <p>Local Number: (510) 567-8100 Toll-free Number: 1-800-491 -9099</p>	<p>Prior review of services is required under some circumstances. Call the toll-free number for information. For information about provider contracts, contact the Senior Program Specialist at the local number.</p>	<p>November 1, 1997</p>
<p><u>Amador County Mental Health Plan</u> <u>20 N. Hwys. 49188</u> <u>Jackson, CA 95642</u></p> <p><u>Local Number: (209) 223-6412</u> <u>Toll-free Number: 1-888-310-6555</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Director at the toll-free number.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Butte County Department of Behavioral Health</u> <u>107 Parmac Road; Suite 4</u> <u>Chico, CA 95926</u></p> <p><u>Local Number: (530) 891-2810</u> <u>Toll-free Number: 1-800-334-6622</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Senior Staff Services System Specialist at (530) 891-2980.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Calaveras County Mental Health Department</u> <u>89'1 Mountain Ranch Road</u> <u>San Andreas, CA 95249</u></p> <p><u>Local Number: (209) 7566525</u> <u>Toll-free Number: 1-800-449-3030</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Program Chief at the local number.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Colusa County Department of Behavioral Health Services</u> <u>85 E. Webster Street</u> <u>Colusa, CA 95932</u></p> <p><u>Local Number: (530) 458-0520</u> <u>Toll-free Numbers:</u> <u>1-888-793-6580 (Business hours)</u> <u>1-800-700-3577 (After hours)</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Deputy Director of Administrative Services at the local number.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Contra Costa County Mental Health Plan</u> <u>595 Center Avenue, Suite 200</u> <u>Martinez, CA 94553</u></p> <p><u>Local Number: (510) 313-6101</u> <u>Toll-free Number: 1-888-678-7277</u></p>	<p><u>Non-emergency services require prior authorization. For information about becoming a contract provider or authorizing service for existing clients during the transition phase, contact the Mental Health Administrator at (510) 313-6426.</u></p>	<p><u>April 1, 1998</u></p>

Address/Telephone Number	Authorization Information	Implementation Date
<u>Inyo County Mental Health Plan</u> <u>162 J Grove Street</u> <u>Bishop, CA 93544</u> <u>Local Number: (760) 8736533</u> <u>Toll-free Number: 1-800-841 -5011</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Director at the local number.</u>	<u>April 1, 1998</u>
Kern County Mental Health Department P. O. Box 1000 Bakersfield, CA 93302 Local Number: (805) 868-6600 Toll-free Number: 1-800-991 -5272	Non-emergency services require prior authorization. For information about becoming a member of a provider panel, contact the Managed Care Administrator at (805) 8686705.	November 1, 1997
<u>Kings View Mental Health and Substance Abuse Services for Kings County</u> <u>4393 Bailey Drive</u> <u>Hanford, CA 93230</u> <u>Local Numbers:</u> <u>(209) 582-4481 (Hanford)</u> <u>(209) 992-2111 (Corcoran)</u> <u>(209) 386-5222 (Avenal)</u> <u>Toll-free Number: 1-800-655-2553</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Quality Improvement Coordinator (QIC) at (209) 582-4481.</u>	<u>April 1, 1998</u>
<u>Lake County Mental Health Plan</u> <u>922 Bevins Court</u> <u>Lakeport, CA 95453</u> <u>Local Number: (707) 263-2258</u> <u>Toll-free Number: 1-800-900-2075</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Managed Care Coordinator at the local number.</u>	<u>April 1, 1998</u>
Lassen County Mental Health Plan 555 Hospital Lane Susanville, CA 96130 Local Number: (530) 251-8108 Toll-free Number: 1-888-289-5004	<u>Non-emergency services require prior authorization. For information on provider contracts, contact the Director at the local number.</u>	January 1, 1998
<u>Madera County Mental Health Department</u> <u>14215-A Road 28</u> <u>Madera, CA 93638</u> <u>Local Number: (209) 675-7850</u> <u>Toll-free Number: 1-888-275-9779</u>	<u>Non-emergency services require prior authorization. For information about becoming a contract provider or authorizing service for existing clients, contact the Managed Care Specialist at the local number.</u>	<u>April 1, 1998</u>

Address/Telephone Number	Authorization information	Implementation Date
<p><u>Wono County Mental Health Services</u> <u>P.O. Box 2619</u> <u>Mammoth Lakes, CA 93546</u></p> <p><u>Local Number: (760) 934-8648</u> <u>Toll-free Numbers:</u> <u>f-800-687-1101 (Business hours)</u> <u>t-800-700-3577 (After hours)</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, please contact the Director at the local number.</u></p>	<p><u>April 1, 1998</u></p>
<p>Monterey County Behavioral Health 1270 Natividad Road Salinas, CA 93906-3198</p> <p>Local Number: (408) 755-4509 Toll-free Number: 1-888-258-6029</p>	<p><u>Non-emergency services require prior authorization by the MHP access team. For information about becoming part of Monterey County's provider network, contact the Senior Secretary at the local number.</u></p>	<p>January 1, 1998</p>
<p><u>Napa County Mental Health Plan</u> <u>2261 Elm Street</u> <u>Napa, CA 94559-3721</u></p> <p><u>Local Number: (707) 259-8159</u> <u>Toil-free Number: 1-800-648-8650</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the QIC at (707) 253-6050.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Nevada County Mental Health Plan</u> <u>10433 Willow Valley Road, Suite A</u> <u>Nevada City, CA 95959</u></p> <p><u>Local Number: (530) 265-1437</u> <u>Toil-free Number: 1-888-801-1437</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Managed Care Program Chief at the local number.</u></p>	<p><u>April 1, 1998</u></p>
<p><u>Orange County</u> ABC Behavioral Health Plan 515 North Sycamore Street, Suite 609 Santa Ana, CA 92701</p> <p>Toll-free Number: 1-800-723-8641</p>	<p>All non-emergency services will require prior authorization.</p>	<p>January 1, 1998</p>
<p>Placer County Mental Health Services 11533 C Avenue Auburn, CA 95603</p> <p>Local Number: (530) 889-6791 Toll-free Number: 1-800-895-7479</p>	<p>Non-emergency services require prior authorization. For information about provider enrollment or assuring service for existing clients, contact the Program Manager of the Adult System of Care at (530) 889-7263.</p>	<p>November 1, 1997</p>
<p><u>Plumas County Mental Health Plan</u> <u>270 County Hospital Road,</u> <u>Suite 229</u> <u>Quincy, CA 95971</u></p> <p><u>Local Number: (530) 283-6307</u> <u>Toll-free Number: 1-800-757-7898</u></p>	<p><u>Non-emergency services require prior authorization. For information about provider contracts, contact the Director of Programs, Chief of Plumas County Mental Health, at the toll-free number.</u></p>	<p><u>April 1, 1998</u></p>

Address/Telephone Number	Authorization information	Implementation Date
<u>Santa Barbara County</u> <u>Mental Health Plan</u> <u>300 N. San Antonio</u> <u>Santa Barbara, CA 93101</u> <u>Local Number: (805) 884-1639</u> <u>Toll-free Number: 1-888-868-1649</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Program Network coordinator at the local number.</u>	<u>April 1, 1998</u>
Shasta County 2640 Breslauer Way Redding, CA 96001 Local Number: (530) 2255200 Toll-free Number: 1-888-385-5201	Non-emergency services will require prior authorization. For information about provider contracts, please contact the QA/Managed Care Program Manager at (530) 225-5904.	January 1, 1998
<u>Sierra County Mental Health</u> <u>704 Milt Street</u> <u>Loyalton, CA 96118</u> <u>Local Number: (530) 993-6746</u> <u>Toll-free Number: 1-800-895-7479</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Program Manager at (530) 993-6700.</u>	<u>April 1, 1998</u>
County of Siskiyou Behavioral Health Plan 804 S. Main Street Yreka, CA 96097 Local Number: (530) 841-4100 Toll-free Numbers: 1-800-842-8979 (24 hours) 1-800-452-3669 (After-hours crisis line)	Non-emergency services will require prior authorization. For information about provider contracts, contact the Fiscal Assistant III at (530) 841-4106.	January 1, 1998
<u>Mental Health Plan of</u> <u>Sonoma County</u> <u>3322 Chanate Road</u> <u>Santa Rosa, CA 95404</u> <u>Toll-free Number: 1-800-870-8786</u>	<u>Non-emergency services require prior authorization. For information about provider contracts, contact the Provider Relations Specialist at (707) 573-5250.</u>	<u>April 1, 1998</u>
Stanislaus County Mental Health Plan 800 Scenic Drive Modesto, CA 95350 Toll-free Number: 1-888-376-6246	Non-emergency services will require prior authorization. For information about provider contracts, contact the Chief of Managed Care Services at (209) 558-4639.	January 1, 1998
<u>Sutter-Yuba Bi-County</u> <u>Mental Health Plan (SYCMHP)</u> <u>1965 Live Oak Boulevard</u> <u>Yuba City, CA 95991</u> <u>Local Number: (530) 822-7200</u> <u>Toll-free Number: 1-888-923-3800</u>	<u>Non-emergency services require prior authorization. For information about becoming a member of a provider panel, contact the Program Manager, Adult Services, at the local number.</u>	<u>April 1, 1998</u>