



San Diego County Managed Care Behavioral Health Overview

Presented by
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Healthy San Diego Behavioral Health Work Group



Healthy San Diego Overview



- Healthy San Diego is the collaborative with Medi-Cal Managed Care Plans & stakeholders in San Diego County.
- Initiated in 1994, formalized in 1998.
- Partners include advocates, providers, hospitals, schools, consumers and the County of San Diego, Health & Human Services Agency (HHSA).
- Joint Professional & Consumer Advisory Committee, Quality Improvement Subcommittee and multiple work groups.

Healthy San Diego Behavioral Health Work Group



- Specialty Mental Health carved out of Medi-Cal Managed Care (July 1998).
- Healthy San Diego Behavioral Health Work Group (BHWG) formed (July 1998).
- Developed the Healthy San Diego Plan Partner/Pharmacy Card.
- Developed the Healthy San Diego Behavioral Health *Coordination of Care Form* and Guidelines.

Healthy San Diego Behavioral Health Work Group



- Behavioral Health Coordination of Care Conferences (2000 and 2005).
- Healthy San Diego provider trainings.
- County Behavioral Health Services provider trainings.
- Representation at County Behavioral Health Program Managers/Directors meetings.
- County Behavioral Health Services began requiring use of the HSD BHWG *Coordination of Care Form* in 2013.

Healthy Families Transition to Medi-Cal Managed Care



- In 2013, Healthy Families Program (HFP) transitioned to Medi-Cal Managed Care.
- HSD BHWG shifted focus to the HFP transition in 2012.
- Developed systems for health plan members to continue seeing their plan-approved behavioral health providers.
- County agreed to cover up to 12 visits, then re-evaluate.
- Notified PCP's, health plan and county behavioral health providers.
- Ensured that the Mental Health Plan was notified if HFP kids were in an inpatient behavioral health setting at the time of transition.
- No issues or complaints in San Diego County regarding the transition from Healthy Families to Medi-Cal.

Low Income Health Program Transition to Medi-Cal Managed Care



- Low Income Health Program (LIHP) transitioned to Medi-Cal Managed Care in 2014.
- HSD BHWG worked collaboratively to ensure members would be able to continue treatment with their current providers.
- LIHP members received their behavioral health benefits through County Behavioral Health Services or FQHCs with Behavioral Health Departments.
- The County Mental Health Plan continued to cover treatment at county funded programs; the health plans worked with the FQHCs to cover treatment provided within their organizations.
- Behavioral health provider access was enhanced with the health plans' private networks.
- No outstanding issues or complaints in San Diego County regarding the transition of LIHP to Medi-Cal Managed Care.

CCI Cal MediConnect



- HSD BHWG began focusing on Cal MediConnect in April, 2012.
- First county to complete and sign the addendum to our existing behavioral health MOU/MOA.
- Developed multiple referral guides.
- Developed Cal MediConnect, Behavioral Health Benefit Quick Guide.
- Six joint Policy & Procedures.
- Presentations to PCP's.
- Presentations to County Behavioral Health Services providers.
- Hired a Joint Credentialing Verification Organization.
- Kick Off-Event 2-25-14.

Medi-Cal Managed Care Expanded Mental Health Benefits



- HSD BHWG began focusing on Medi-Cal managed care expanded mental health benefits in July of 2013.
- Developed a Behavioral Health Quick Guide.
- Developed a referral guide (no wrong door).
- Developed separate adult and child/adolescent screening tools.
- Five joint Policy & Procedures.
- Amended existing MOA between the County Mental Health Plan and San Diego's Medi-Cal Managed Care Plans.
- Inpatient Treatment Guide.
- Behavioral Health Plan Contact Card.
- Health Plan Provider trainings.
- County Behavioral Health Provider trainings.



Challenges

- Benefits not clearly defined prior to implementation.
- Screening tools not developed.
- Providers not understanding the new benefits.
- Federally Qualified Health Centers treating the SMI/SED population.
- Health Plan network development.
- Continuity of Care.
- SBIRT/Implementation challenges.
- Voluntary Inpatient Detoxification.
- Psychological Testing for SMI/SED members.
- Psychological consultation for SMI/SED members.



Sample Documents

Cal MediConnect Behavioral Health Quick Guide



Health Plan	Inpatient/Outpatient Authorization	Member Services Transportation/Pharmacy etc.
Care1st Health Plan	OptumHealth (Private Sector) (855) 321-2211	(800) 605-2556
Community Health Group	Behavioral Health Services (800) 404-3332	(800) 244-4430
Health Net	Managed Health Network (MHN) (888) 426-0030	(855) 464-3572
Molina Healthcare	Molina Healthcare (888) 665-4621	(888) 665-4621

(*Cal MediConnect beneficiaries can access a County Behavioral Health program directly.)

(*For emergencies call 911 or the Access & Crisis Line at (888) 724-7240)

The Cal MediConnect Program

A voluntary three-year demonstration for dual eligible beneficiaries to receive coordinated medical, behavioral health, long-term institutional, and home and community-based services through a single organized delivery system.

Cal MediConnect Health Plan

The Cal MediConnect Health Plan is responsible to reimburse approved medically necessary behavioral health services provided by licensed mental health professionals. This includes inpatient psychiatric hospitals and Intensive Outpatient Programs. The Cal MediConnect Health Plans will reimburse County Behavioral Health Services providers for Medicare covered services.

San Diego County Mental Health Plan (MHP)

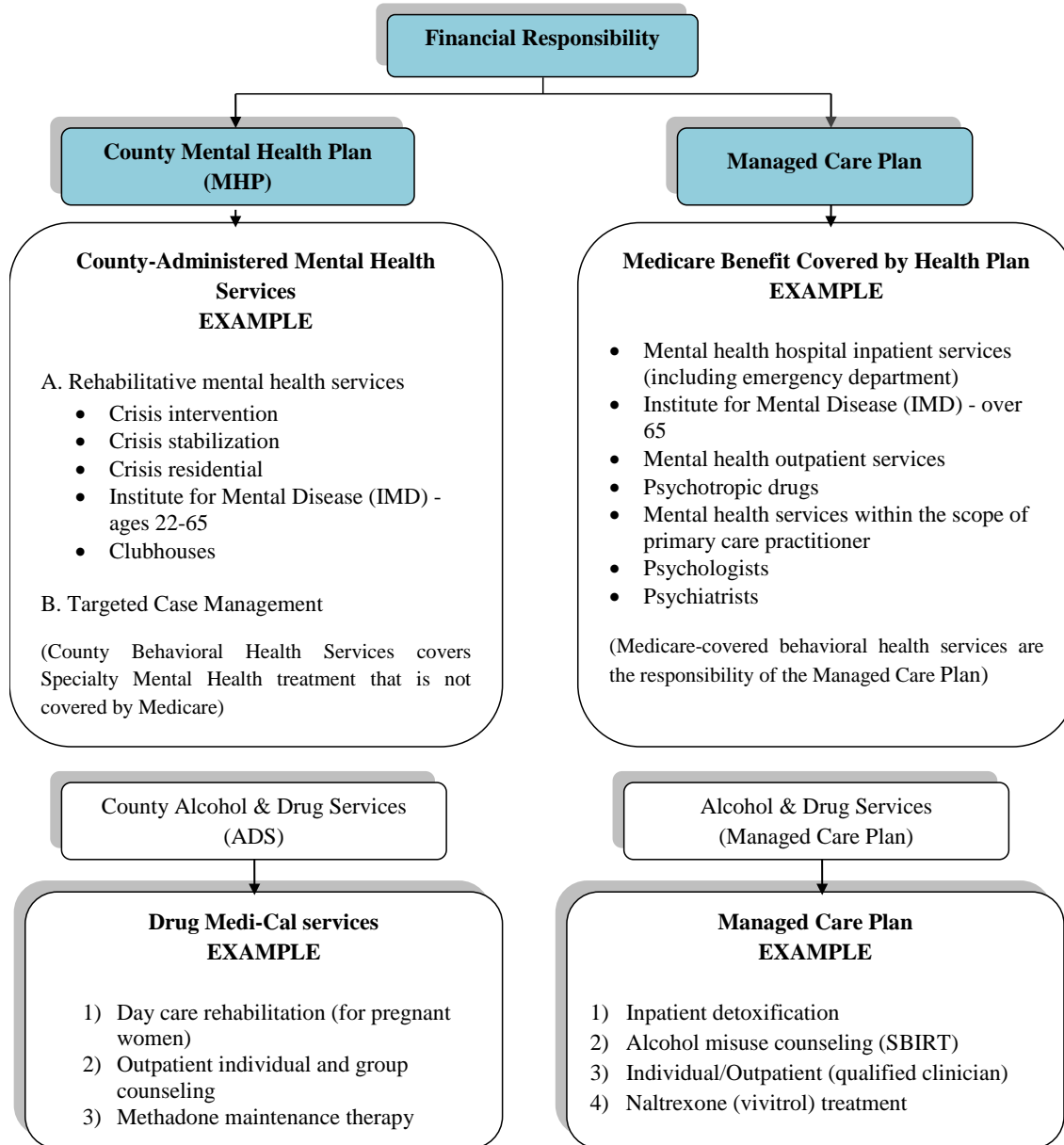
The MHP is responsible to cover approved medically necessary behavioral health services which are not reimbursable by Medicare. Services include crisis intervention, crisis stabilization, crisis residential, Institute for Mental Disease (IMD) (22-65 years old) and clubhouses.

Consumer Center for Health Education & Advocacy

The Consumer Center for Health Education & Advocacy helps beneficiaries understand how to use physical and behavioral health services. If there is a problem getting necessary care through a managed care plan, members and providers should first contact the plan's customer service department. In most cases, the health plan will resolve the issue. Occasionally, a plan member may feel his/her needs are not being met and may need a third party to help break down a barrier. The Consumer Center works closely with the health plans to figure out where the barrier is and how to resolve the problem. The Consumer Center for Health Education & Advocacy number is: (877) 734-3258.



Cal MediConnect Behavioral Health Benefit



Disclaimer: This Matrix is intended to demonstrate how County Behavioral Health Services and our local health plans will collaborate to provide coordinated care. It is not a definitive list of covered services, just examples.



Cal MediConnect Behavioral Health Plan Contact Card

	Care1st Health Plan	Community Health Group	Health Net	Molina Healthcare
Member Services	1-800-605-2556	1-800-244-4430	1-855-464-3572	1-888-665-4621
Website	www.Care1st.com	www.Chgsd.com	www.HealthNet.com	www.MolinaHealthcare.com
Provider Website	https://www.care1st.com/ca/calmediconnect/provider.asp	http://www.chgsd.com/providerServices.aspx	https://www.healthnet.com/portal/provider/home.ndo	http://www.molinamedicare.com/en-us/providers/pages/provider_splash.aspx?E=true
24-Hour Nurse Line	1-800-605-2556	1-800-647-6966	1-855-464-3572	1-800-357-0163
Pharmacy Line <i>(formulary available online)</i>	1-800-605-2556	1-800-788-2949	1-855-464-3572	1-800-526-8196
Transportation	1-800-605-2556	1-800-224-7766	1-855-464-3572	1-888-665-4621
Language Assistance Services	1-800-605-2556 TTY: 1-800-735-2929	1-800-224-7766 TTY: 1-855-266-4584	1-855-464-3572 TTY: 1-800-431-0964	1-888-665-4621 TTY: 1-800-479-3310
Behavioral Health Services	(855) 321-2211	(800) 404-3332	(855)-464-3572	(888) 665-4621
Behavioral Health Claims Address	Care 1st P.O. Box 30760 Salt Lake City, UT 84130-0760	Community Health Group P.O. Box 210157 Chula Vista, CA 91921	MHN P.O. Box 14621 Lexington, KY 40512-4621	Molina Healthcare P.O. Box 22702 Long Beach, CA 90801
Access and Crisis Line available 24/7: 1-888-724-7240				



Coordination with Primary Care Physicians and Behavioral Health Services

Coordination of care between behavioral health care providers and health care providers is necessary to optimize the overall health of a client. Behavioral Health Services (BHS) values and expects coordination of care with health care providers, linkage of clients to medical homes, acquisition of primary care provider (PCP) information and the entry of all information into the client's behavioral health record. With healthcare reform, BHS providers shall further strengthen integration efforts by improving care coordination with primary care providers. Requesting client/guardian authorization to exchange information with primary care providers is mandatory, and upon authorization, communicating with primary care providers is required. **County providers shall utilize the *Coordination and/or Referral of Physical & Behavioral Health Form & Update Form*, while contracted providers may obtain legal counsel to determine the format to exchange the required information. This requirement is effective immediately and County QI staff and/or COTR will audit to this standard beginning FY 13-14.**

For all clients:

Coordination and/or Referral of Physical & Behavioral Health Form:

- Obtain written consent from the client/guardian on the *Coordination and/or Referral of Physical & Behavioral Health Form*/ contractor identified form at intake, but no later than 30 days of episode opening.
- For clients that do not have a PCP, provider shall connect them to a medical home. Contractor will initiate the process by completing the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form and sending it to the PCP within 30 days of episode opening. It is critical to have the specific name of the treating physician.
- Users of the form shall check the appropriate box at the top of the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form noting if this is a referral for physical healthcare, a referral for physical healthcare and medication management, a referral for total healthcare, or coordination of care notification only. If it is a referral for physical healthcare, or physical healthcare and medication management, type in your program name in the blank, and select appropriate program type.

Coordination of Physical and Behavioral Health Update Form:

- Update and send the *Coordination of Physical and Behavioral Health Update Form* /contractor form if there are significant changes like an addition, change or discontinuation of a medication.
- Notify the PCP when the client is discharged from services by sending the *Coordination of Physical and Behavioral Health Update Form* /contractor form. The form shall be completed prior to completion of a discharge summary.

Tracking Reminders:

- Users of the form shall have a system in place to track the expiration date of the authorization to release/exchange information.
- Users of the form shall have a system in place to track and adhere to any written revocation for authorization to release/exchange information.
- Users of the form shall have a system in place to track and discontinue release/exchange of information upon termination of treatment relationship. Upon termination of treatment the provider may only communicate the conclusion of treatment, but not the reason for termination.



Coordination and/or Referral of Physical & Behavioral Health Form

Referral for *physical* healthcare – [_____] will continue to provide specialty behavioral health services
 Mental Health Alcohol and Drug

Referral for *physical* healthcare & Medication Management – [_____] will continue to provide limited specialty behavioral health services
 Mental Health Alcohol and Drug

Referral for *total* healthcare – [_____] is no longer providing specialty behavioral health services. Available for psychiatric consult.

Coordination of care notification only.

Section A: CLIENT INFORMATION	
Client Name: Last First Middle Initial AKA	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	Date of Birth
City	Telephone #
Zip	Alternate Telephone #
Section B: BEHAVIORAL HEALTH PROVIDER INFORMATION	
Name of Treatment Provider:	Name of Treating Psychiatrist (If applicable)
Agency/Program	
Street Address	City, State, Zip
Telephone #	Specific provider secure fax # or secure email address:
Date of Initial Assessment:	
Focus of Treatment (<i>Use Additional Progress Note if Needed</i>)	
Case Manager/ Mental Health Clinician/ Alcohol and Drug Counselor/ Program Manager:	Behavioral Health Nurse: Phone #:



Date Last Seen	Mental Health Diagnoses: Alcohol and Drug Related Diagnoses:
Current Mental and Physical Health Symptoms <i>(Use Additional Progress Note if Needed)</i>	
Current Mental Health and Non-Psychiatric Medication and Doses <i>(Use Additional Medication/Progress Note if Needed)</i>	
Last Psychiatric Hospitalization <input type="checkbox"/> Date: <input type="checkbox"/> None	
Section C: PRIMARY CARE PHYSICIAN INFORMATION	
Provider's Name	
Organization OR Medical Group	
Street Address	
City, State, Zip	
Telephone #:	Specific provider secure fax # or secure email address:
Section D: FOR PRIMARY CARE PHYSICIAN COMPLETION ACCEPTED FOR TREATMENT OR REFERED BACK TO SDCBHS PROGRAM (PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO BEHAVIORAL HEALTH PROVIDER WITHIN TWO WEEKS OF RECEIPT)	
<input type="checkbox"/> Coordination of Care notification received. If this is a primary care referral, please indicate appropriate response below:	
1. <input type="checkbox"/> Patient accepted for physical health treatment only	
2. <input type="checkbox"/> Patient accepted for physical healthcare and psychotropic medication treatment while additional services continue with behavioral health program	
3. <input type="checkbox"/> Patient accepted for total healthcare including psychotropic medication treatment	
4. <input type="checkbox"/> Patient not accepted for psychotropic medication treatment and referred back due to:	



Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about mental health services or treatment for alcohol and drug abuse.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization.

Photocopy or Fax:
 I agree that a photocopy or fax of this authorization is to be considered as effective as the original.

Redisclosure: If I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, I understand it may be redisclosed and no longer protected. California law generally prohibits recipients of my health information from redisclosing such information except with my written authorization or as specifically required or permitted by law.

Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in 45 Code of Federal Regulations section 164.524.

SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE

SIGNATURE:	DATE:
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Client Name (Please type or print clearly)
 Last: _____ First: _____ Middle: _____

IF SIGNED BY LEGAL REPRESENTATIVE, PRINT NAME:	RELATIONSHIP OF INDIVIDUAL:
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Expiration: Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____

If I do not specify an expiration date, event or condition, this authorization will expire in one (1) calendar year from the date it was signed, or 60 days after termination of treatment.

- | | |
|--|--|
| <input type="checkbox"/> Information Contained on this form | <input type="checkbox"/> Discharge Reports/Summaries |
| <input type="checkbox"/> Current Medication & Treatment Plan | <input type="checkbox"/> Laboratory/Diagnostics Test Results |
| <input type="checkbox"/> Substance Dependence Assessments | <input type="checkbox"/> Medical History |
| <input type="checkbox"/> Assessment /Evaluation Report | <input type="checkbox"/> Other _____ |

The above signed authorizes the behavioral health practitioner and the physical health practitioner to release the medical records and information/updates concerning the patient. The purpose of such a release is to allow for coordination of care, which enhances quality and reduces the risk of duplication of tests and medication interactions. Refusal to provide consent could impair effective coordination of care.



COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH UPDATE FORM

CLIENT NAME		
Last	First	Middle
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BEHAVIORAL HEALTH UPDATE		Date:
Treating Provider Name	Phone	FAX
Treating Psychiatrist Name (if applicable)	Phone	FAX
<input type="checkbox"/> Medications prescribed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications changed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications discontinued on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications prescribed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications changed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications discontinued on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Diagnosis Update :		
<input type="checkbox"/> Key Information Update:		
<input type="checkbox"/> Discharge from Treatment Date:		
<input type="checkbox"/> Follow-up Recommendations:		
PRIMARY CARE PHYSICIAN UPDATE		
Please provide any relevant Update/Change to Patient's Physical Health Status.		



Medi-Cal Behavioral Health Quick Guide

Health Plan	Medi-Cal Specialty Mental Health Services ¹	Medi-Cal Managed Care Plan Behavioral Health Services ²
Care1st Health Plan Care1st.com	San Diego Access & Crisis Line (888) 724-7240	Care1st Health Plan (855) 321-2211
Community Health Group Chgsd.com	San Diego Access & Crisis Line (888) 724-7240	Behavioral Health Services (800) 404-3332
Health Net HealthNet.com	San Diego Access & Crisis Line (888) 724-7240	Managed Health Network (MHN) (888) 426-0030
Kaiser Permanente KP.org	San Diego Access & Crisis Line (888) 724-7240	Kaiser Permanente, Department of Psychiatry (877) 496-0450
Molina Healthcare MolinaHealthcare.com	San Diego Access & Crisis Line (888) 724-7240	Molina Healthcare (888) 665-4621

(*Medi-Cal beneficiaries can access a County Behavioral Health program directly.)

(*For emergencies call 911 or the Access & Crisis Line at (888) 724-7240)

Medi-Cal Specialty Mental Health Services¹

County Behavioral Health Services covers inpatient and outpatient **Medi-Cal Specialty Mental Health** services to all Medi-Cal beneficiaries including those on a Medi-Cal Managed Care Plan. Covered benefits are for clients with serious and persistent psychiatric illness requiring complex biopsychosocial services in order to maintain stability. These services are commonly provided by San Diego County's contracted network and inpatient psychiatric hospitals.

Substance Use Treatment

Medi-Cal beneficiaries can receive substance abuse services through the County Behavioral Health Services' Alcohol and Drug Program. These programs can be accessed by calling the Access & Crisis Line. Medi-Cal beneficiaries in need of Acute Medical Detoxification are covered by their Medi-Cal Managed Care Plan. Acute Medical detoxification means treatment in an acute medical facility for a serious medical condition relating to substance withdrawal.

Medi-Cal Managed Care Plan Behavioral Health Services²

Medi-Cal Managed Care Plans cover behavioral health services for members who do not qualify for **Specialty Mental Health** covered by the County. Each Medi-Cal Managed Care Plan has their own network of contracted behavioral health providers.

Consumer Center for Health Education & Advocacy

The Consumer Center for Health Education & Advocacy helps beneficiaries understand how to use physical and behavioral health services. If there is a problem getting necessary care through a managed care plan, members and providers should first contact the plan's customer service department. In most cases, the health plan will resolve the issue. Occasionally, a plan member may feel his/her needs are not being met and may need a third party to help break down a barrier. The Consumer Center works closely with the health plans to figure out where the barrier is and how to resolve the problem. The Consumer Center for Health Education & Advocacy number is: (877) 734-3258.





*For new clients who are accessing services; not individuals already connected with a provider

Service Provider	Indicators
<p>Specialty Mental Health Services Provided by the County Mental Health Plan</p> <ul style="list-style-type: none"> Contact the San Diego County Access & Crisis Line at (888) 724-7240 A member may access a County Behavioral Health Program directly For an emergency, call 911 	<p>If any of the following indicators of serious impairment/disturbance in mood, behavior, and/or psychosocial functioning are met, the member may be referred for Specialty Mental Health Services through the County.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute risk of harm to self or others <input type="checkbox"/> Psychotic symptoms (delusions, hallucinations, paranoia) <input type="checkbox"/> Marked cognitive impairment (confusion, disordered thinking, poor concentration) <input type="checkbox"/> Impulsive, reckless, aggressive behavior with marked decline in self-control <input type="checkbox"/> Serious incapacitation or unable to perform key roles and/or usual daily activities, such as work, school, household tasks, or self-care <input type="checkbox"/> Repeated psychiatric hospitalizations <input type="checkbox"/> History of a serious suicide attempt or injury to others <input type="checkbox"/> Appears to need on-going case management or therapy <input type="checkbox"/> On LPS Conservatorship <input type="checkbox"/> Symptoms of chronic mental health condition(s) are significantly exacerbated by new life stressors or circumstances
<p>Behavioral Health Services Provided by the Medi-Cal Managed Care Health Plan*</p> <ul style="list-style-type: none"> Contact the appropriate Health Plan below 	<p>If any of the following indicators of mild to moderate impairment/disturbance in mood, behavior, and/or psychosocial functioning are met, the member may be referred to their Medi-Cal Managed Care Health Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> In need of behavioral health treatment due to a situational issue such as loss, break up, major life changes <input type="checkbox"/> Isolation or substantial disruption in relationships with family, friends, or other social supports, resulting in extreme distress <input type="checkbox"/> Excessive truancy or suddenly failing school <input type="checkbox"/> Symptoms are likely to be resolved in 6 months or less with psychotherapy <input type="checkbox"/> Member has been stable on psychotropic medications for 1 year or longer and requires medication management only

<p>Care1st Health Plan (888) 321-2211 Care1st.com</p> 	<p>Community Health Group (800) 404-3332 Chsgd.com</p> 	<p>Health Net (MHN) (888) 426-0030 Healthnet.com</p> 	<p>Kaiser Permanente (877) 490-0450 KP.com</p> 	<p>Molina Healthcare (888) 665-4021 MolinaHealthcare.com</p> 
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San Diego County Medi-Cal Mental Health Severity Analysis

Element	Mild (1)	Moderate (2)	Severe (3)	Not (0) applicable
Risk (suicidal/violent, high risk behavior, catastrophic illness/loss, chronic behavior, impulsivity, insight, ego discordance)	Passive ideation or fantasy—no DTS/DTO bx Good impulse control Minimal criminal background, Good insight Ego dystonic	Passive ideation or low level active with DTS/DTO bx Rare loss of impulse control Mid-level nonviolent arrests, brief jail time Fair insight Ego dystonic	Recent or current active ideation, intent or plan Poor impulse control Violence related arrests, jail or prison time Poor insight Ego syntonic	
Clinical Complexity (serious & persistent mental illness vs situational/reactive, recovery status, functional & cognitive impairment, treatment resistance, medication complexity, frequent hospitalization, co-occurring medical and AOD)	Adjustment xxx Minor depression/anxiety Grief, job loss, marital distress, relationship difficulty No cognitive impairment No prior SMI history Limited AOD use	Schizophrenia, major mood or anxiety disorder—stable on meds, baseline function, sustained recovery Prior h/o effective treatment, uncomplicated management Minimal cognitive impairment No recent hospitalizations AOD misuse	Schizophrenia, major mood or anxiety disorder, recent instability or worsening function, precarious recovery, cognitive impairment Recent/repeated hospitals AOD dependence Prior h/o treatment resistance or complexity (e.g. psychosis)	
Life Circumstances (biopsychosocial assessment, availability of resources, support, resilience)	Emotional distress arising in the course of normal life stresses Adequately resourced & supported Resilient	Intermittent emotional distress as a manifestation of a mental illness which is worsened by life stresses Limited resources & support Strained resilience	Persistent emotional distress a manifestation of chronic mental illness Relies on behavioral health system for resources & support Limited resilience	
Benefit of Integrated Care (optimal for stable patients with co-occurring mild to moderate physical and mental illness, limited transportation or unique clinical/cultural needs not well suited for split care)	High (1) Already established, effective care in primary care setting for chronic stable medical + co-occurring mild mental illness/emotional distress	Medium (2) ← High medical, low behavioral High behavioral, low medical →	Low (3) Already established (or pending) care with County provider for complex SMI Relies on behavioral health system for resources & support Low recovery	
Total:	Tier 1 (0-4)	Tier 2 (5-8)	Tier 3 (9-12)	
Referrals	Augmented PCP-Impact Health Plan Network: -FQHC -Health Plan BH Network	Augmented PCP-Impact Health Plan Network: -FQHC -Health Plan BH Network	County MHP County Clinics FQHC Org Provider Optima FFS	



<p>Care1st Health Plan (855) 321-2211 Care1st.com</p>	<p>Community Health Group (800) 404-3332 Chqsd.com</p>	<p>Health Net (MHN) (888) 426-0030 Healthnet.com</p>	<p>Kaiser Permanente (877) 496-0450 KP.org</p>	<p>Molina Healthcare (888) 665-4621 MolinaHealthcare.com</p>
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Questions



Notes



