

**Integrated Care Plan (ICP) FAQs**  
***Health Partners Plans Medicaid***

Thank you for being a valued provider for members in one or more of our health plans: Health Partners Plans Medicaid and CHIP plans, Jefferson Health Plans Medicare Advantage, and/or Jefferson Health Plans Individual and Family Plans.

**1. How does DHS define SPMI?**

DHS has outlined the specific diagnoses that are classified as SPMI. The person must be ages 18 or over with one or more of the following:

- Severe and Persistent Mental Illness (SPMI)
- Schizophrenia
- Schizoaffective Disorder
- Manic Episode
- Major Depressive Disorder, Single Episode
- Major Depressive Disorder, Recurrent
- Unspecified psychosis not due to a substance or known physiological condition
- Borderline Personality Disorder

**2. Will this program apply to pediatric patients under the age of 18?**

No, the program focuses on patients 18 years of age and older.

**3. Are the ICP and consent forms available on Health Partners Plans' website?**

No, these forms are proprietary and not on the Health Partners Plans Medicaid public-facing website. All forms were included as embedded documents in the final PCMH requirements document.

**4. Are we allowed to get witnessed consent over the phone from another clinician when speaking to the patient and sign the consent with the date and time of the conversation?**

Right now, we are only accepting written and electronic consent. Without written consent, sharing of substance use disorder (SUD) or human immunodeficiency virus (HIV) information is not allowable.

**5. Can we use a different consent form or ICP template than the one provided by Health Partners Plans, if it includes all Health Partners Plans required components?**

At present, the preferred template is the one shared in the PCMH requirements. However, if your health system uses a different template, please share a copy with Health Partners Plans and we will review and decide if the template is acceptable for use with this program.

**6. Does Health Partners Plans require a minimum percentage of patients have an ICP submitted?**

Providers will be reimbursed per member when Health Partners Plans receives both the completed ICP and completed consent form.

**7. Does it matter what type of staff complete the ICP?**

The state did not provide specific stipulations on staff requirements. Please remember that the goal of the ICP program is to develop member-focused care management goals with Health Partners Plans Medicaid members, and Health Partners Plans encourages use of clinical staff for this purpose.

**8. How will we get member utilization information from CBH?**

You can contact Community Behavioral Health (CBH) to request member utilization information over the phone and they will provide it verbally. When contacting CBH member services, you'll identify yourself and the provider office you are calling from in addition to the 3-digit code '764.' By sharing this 3-digit code, CBH member service reps will provide the BH utilization information.

**9. Will we receive credit/payment if Health Partners Plans or CBH completes the ICP?**

No, providers will only receive credit for ICPs and consents that are completed and submitted to Health Partners Plans.

**10. Will we receive credit/payment for updating an existing ICP?**

No, Health Partners Plans will only reimburse for the completion of the initial ICP, although we may consider reimbursement for updates in future years.