

Commitment to Communication

From your Provider Relations team.



Medicaid



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Enhancing Care Coordination for Patients with Medical and Behavioral Needs

While integrated care settings are the best practice model to address the whole health of an individual, full integration is not always possible. Providers of all types can improve coordination of care across disciplines by collaborating with members to obtain releases of information for both Behavioral Health (BH) and Physical Health (PH) needs. Through this collaboration, Providers can improve the quality and efficacy of services to support better outcomes for members. The charts below outline opportunities to improve quality of care for our members by promoting coordination of co-existing medical and behavioral health needs.

Behavioral Health (BH) or Medical Professional Type	Opportunities to Improve Coordination of Care
Hospital	<ul style="list-style-type: none"> Obtain a behavioral health consultation for medical or surgical Members that have mental health and/or substance use symptoms or diagnosis.
BH Facility or Hospital with BH Unit	<ul style="list-style-type: none"> Establish formal procedures for ensuring a summary of patient care is sent to the Primary Care Physician (PCP) prior to/upon discharge. Encourage Members to consent to providing treatment information to PCP, including medications prescribed. Obtain a release of information for the Member's PCP or other medical Providers. Exchange information in an effective, timely, and confidential manner. Identify opportunities to improve coordination of behavioral health with general medical care, especially communication of Members' prescribed medications to their PCPs.
BH Provider (Clinician or Specialist)	<ul style="list-style-type: none"> Encourage Members to consent to release of information for their PCP. Document Member consent, or refusal of consent, to release information to the PCP. Communicate with PCP regarding Member's condition(s) after initial evaluation and at a minimum on an annual basis. Adhere to health plan's Clinical Practice Guidelines.
Primary Care Physician or Medical Provider	<ul style="list-style-type: none"> Communicate with behavioral health clinicians or BH specialists to determine the appropriate stage of illness to refer Members for behavioral health care. Coordinate timely access for appropriate treatment and follow-up for Members with co-existing medical and behavioral symptoms/disorders. Encourage Members to consent to release of information to any additional Providers, including BH Providers. Document Member consent, or refusal of consent, to release information to other Providers. Consider placing a behavioral health Provider in key primary care settings for integrated, whole person care.

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COMMUNICATION MODEL FOR BEHAVIORAL HEALTH PROVIDER TO THE PRIMARY CARE PHYSICIAN

Communication Activity	Frequency	Content/Documentation
Request the Member sign a release of information form	Within the first 2 sessions/visits.	Signed release of information in medical record <i>or</i> document that Member refused to consent.
Communicate with the Member's PCP (confidential phone call, secure fax, or letter)	When treatment begins (within one week after the 2nd session/visit).	Document the communication that occurred. For example: diagnosis, prognosis, medication(s), and treatment plan.
Communicate with the PCP (confidential phone call, secure fax, or letter)	Annually <ul style="list-style-type: none"> • Within 72 hours of medication changes. • Within 48 hours of Hospitalization. 	Document the communication that occurred including the above examples and progress with care, or new treatment needs. Have Member sign release of information annually.

COMMUNICATION MODEL FOR PRIMARY CARE PHYSICIAN TO THE BEHAVIORAL HEALTH PROVIDER

Communication Activity	Frequency	Content/Documentation
Request the Member sign a release of information form	Within the first 2 sessions/visits.	Signed release of information in medical record <i>or</i> document that Member refused to consent.
Communicate with the Member's BH Provider (confidential phone call, secure fax, or letter)	When treatment begins (within one week after the 2nd session/visit).	Document the communication that occurred. For example: diagnosis, prognosis, medication(s), and treatment plan.
Communicate with the BH Provider (confidential phone call, secure fax, or letter)	Annually <ul style="list-style-type: none"> • Within 72 hours of medication changes. • Within 48 hours of Hospitalization. 	Document the communication that occurred including the above examples and progress with care, or new treatment needs. Have Member sign release of information annually.

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