

Primary care and behavioral health providers:

Working together to treat the whole person

Why

PCPs and BH providers should work together

- **Physical and behavioral health go hand in hand.** Comorbid conditions can complicate treatment of and recovery from both physical and behavioral health issues. A member is more likely to stick to a medical treatment plan if his or her behavioral health needs are properly met, and vice versa.
- **Collaboration leads to well-informed treatment decisions.** Providers work together to develop compatible courses of care, increasing the chances for positive health outcomes and avoiding adverse interaction.
- **Sharing relevant case information in a timely, useful and confidential manner is an Amerigroup policy.** We abide by standards set by the National Committee for Quality Assurance (NCQA) requiring health plans to ensure coordination of care between PCPs and BH providers.

When

PCPs and BH providers should exchange health information

- When a member first accesses a physical or behavioral health service
- When a change in the member's health or care plan requires a change to the other provider's care plan
- When a member discontinues care
- When a member is admitted to or discharged from the hospital
- When a member is admitted and a consultation is warranted
- Once a quarter if not otherwise required
- When a member has a physical exam and/or laboratory or radiological tests

Tips

and tools for screening and follow-up care

When screening for substance abuse and depression...
...please use standard screening tools. If your patient's answer to any of these questions is yes, refer the patient for a complete behavioral health assessment. Contact us if you need help making this referral. Screenings should be completed annually.

We're here to help!

Have more questions? Need help with a referral? Contact your local Provider Relations representative or call Provider Services toll free at

1-800-454-3730
for Medicaid providers.

Doing well means **doing well together** for our members

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a program developed by NCQA to measure how effectively health plans and providers deliver preventive care. There are things we can do together to keep our members healthy.

Follow-up

visits after substance use diagnoses

People who stay in treatment for 90 days or more are less likely to use drugs after they are discharged. If treatment time is increased to 180 days, the likelihood of drug use after discharge falls more than 50 percent!

Per HEDIS requirements, all patients with newly diagnosed substance abuse should be seen:

- At least once within 14 days of being diagnosed
- Two or more times within 30 days of the initial visit

It's important to make sure patients begin treatment immediately upon diagnosis of substance use. If you need help arranging treatment for a newly diagnosed patient, call Provider Services toll free at 1-800-454-3730.

Antidepressant medication management

Depressive disorders can have a significant negative impact on a patient's quality of life and health care outcomes, and they are often diagnosed and initially treated in primary care. You should regularly monitor patients you're treating with antidepressant medications. Patients should also be maintained on these agents to allow for adequate trials.

We strive to meet the HEDIS goals for assessing the adequacy of the medication trials for members 18 years of age and older diagnosed with a new episode of major depression and treated with and kept on antidepressant medication:

- **Effective acute phase treatment** – The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective continuation phase treatment** – The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)

We are here to help you ensure an adequate medication trial for patients whose treatment plan includes medication. Please call Provider Services if you need help.

Follow-up

visits after ADHD diagnosis

ADHD is a complicated disorder whose treatment often involves a combination of counseling and medication. If treatment involves medication, it is very important to monitor this closely. We have adopted the HEDIS follow-up goals for medication follow-up:

- At least one follow-up visit with a practitioner within a month of the first prescription of ADHD medication for all children 6-12 years old diagnosed with ADHD
- At least two more follow-up visits in nine months for children who remain on the medication for at least 210 days

We can help you arrange follow-up visits for children with ADHD – just give Provider Services a call.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.