

## Primary Care and Behavioral Health Providers: Working Together to Treat the Whole Person

Coordinated care between Primary Care Providers (PCPs) and Behavioral Health (BH) providers improves health outcomes by addressing each member’s total health and using the skills and resources of all of our valued providers.

- **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 who work together to develop compatible courses of treatment increase the likelihood of positive health outcomes and avoiding adverse interactions.
- **Sharing relevant member information in a timely, useful and confidential manner is an Amerigroup requirement!** We abide by the standards set by the National Committee for Quality Assurance, requiring health plans to ensure coordination of care between PCPs and BH providers.

### When PCPs and BH providers should exchange health information

Please use the coordination-of-care form on our website to facilitate information sharing with your fellow providers. Once an appropriate release of information is obtained, you should communicate with the member’s other providers once a quarter, if not otherwise required, and when the member:

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| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First accesses a physical or behavioral health service</li> <li><input checked="" type="checkbox"/> Discontinues care</li> <li><input checked="" type="checkbox"/> Is admitted and a consultation is warranted</li> <li><input checked="" type="checkbox"/> Has a change in his or her health or treatment plan that requires a change to another provider’s treatment plan (e.g., when a member who has been taking lithium becomes pregnant)</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Has a physical exam and/or laboratory or radiological test</li> <li><input checked="" type="checkbox"/> Is admitted to or discharged from the hospital</li> <li><input checked="" type="checkbox"/> Has indications of depression or substance abuse following the annual screening</li> <li><input checked="" type="checkbox"/> Has a follow-up visit for an ADHD or substance abuse diagnosis</li> </ul> |
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<b>Primary Care and Behavioral Health: Screening and Follow-up Care</b>	
	<b>Care Guidelines</b>
Annual Screening for Substance Abuse and Depression	<p>Please use standard screening tools or these brief screening questions. If the member answers yes to any question, refer for a complete behavioral health evaluation.</p> <ol style="list-style-type: none"> <li>1. In the last year, have you ever drunk or used drugs more than you meant to? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>3. Over the past two weeks, have you felt down, depressed</li> </ol>

	<p>or hopeless?  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Over the past two weeks, have you felt little interest or pleasure in doing things?  Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Follow-up Visits After Substance Abuse Diagnosis	<ul style="list-style-type: none"> <li>• If you diagnose substance abuse, make sure the member begins treatment immediately</li> <li>• Ensure the member is seen at least once within 14 days of being diagnosed</li> <li>• Schedule at least two or more follow-up visits within 30 days of the initial visit</li> </ul>
Follow-up Visits After Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis	<ul style="list-style-type: none"> <li>• Ensure all children ages 6–12 diagnosed with ADHD have at least one follow-up visit with a practitioner within a month of the first prescription of ADHD medication</li> <li>• After the first month on medication, make sure those children who remain on the medication for at least seven months</li> <li>• Schedule at least two more follow-up visits in nine months</li> </ul>

### **We're here to help!**

If you have any questions or need help arranging substance abuse treatment, services for children with ADHD or other member care, please contact your local Provider Relations representative or call Provider Services at the toll-free phone numbers listed below:

- Medicaid providers call 1-800-454-3730
- Medicare providers call 1-866-805-4589