# Optum

## Important Information about Coordinating Care

Optum requires contracted behavioral health practitioners and providers to communicate relevant treatment information and coordinate treatment with other behavioral health practitioners and providers, primary care physicians (PCPs), and other appropriate medical practitioners involved in a member's care.

## WHY?

Coordination of care among behavioral health and medical practitioners benefits your practice because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

Coordination of care improves patients' quality of care by:

- Avoiding potential adverse medication interactions
- Providing better management of treatment and follow-up for patients

#### **RESOURCES FOR COORDINATING CARE**

Our practitioner website, *providerexpress.com*, includes tools and resources to support you in coordinating care. Select the *"Clinical Resources"* tab at the top of the main page, then select *"Coordination* of *Care."* 

Use the Optum "<u>Confidential Exchange of</u> <u>Information Form</u>" to communicate relevant treatment information with other treating practitioners. This template may be signed by the patient to show their consent and then completed by you.

Use the "Coordination of Care Checklist" to

document your efforts to coordinate care with patients' other practitioners, including when patients decline.

### WHEN?

Coordination of care may be most effective:

- After the initial assessment
- At the start or change of medication
- Upon discharge
- Upon transfer to another provider or level of care
- When significant changes occur, such as (diagnosis, symptoms, compliance with treatment)

#### GUIDELINES TO FACILITATE EFFECTIVE COMMUNICATION

When scheduling appointments for new patients, request that they bring names and contactinformation (address, phone number, etc.) for their other treating practitioners.

Within a week of your initial assessment and annually thereafter provide other treating practitioners with the following information:

- A brief summary of the patient's assessment and treatment plan recommendations
- Diagnoses (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, fax number, and the best time you may be reached by phone, if needed)

Nothing herein is intended to modify the Provider Agreement or otherwise dictate MH/SA services provided by a provider or otherwise diminish a provider's obligation to provide services to members in accordance with the applicable standard of care. This information is provided by the Optum Quality Management Department. If you would like to be removed from this distribution or if you have any questions or feedback, contact us at email: <u>gmi\_emailblast\_mail@optum.com</u>. Please include the email address you would like to have removed when contacting us.

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