

Important Information about Coordination of Care (COC)

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?

COC between behavioral health and medical practitioners benefits your practice because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

COC improves members' quality of care by:

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

Resources for Coordinating Care

Our practitioner website, <u>providerexpress.com</u>, 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."

To gain consent to share relevant treatment information with other treating practitioners, you may use the Optum "Confidential Exchange of Information Form." This consent form is completed by you and then signed by your member.

Use the "<u>Coordination of Care Checklist</u>" to document your efforts to coordinate care with your members' other practitioners, including when your members decline further care.

WHEN?

COC 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 members, request they bring names and contact information (address, phone number, etc.) for their other treating practitioners.

Complete a COC form with the member within a **week** of your initial assessment and **annually** thereafter. Provide other treating practitioners with the following information:

- A brief summary of the member's assessment and treatment plan recommendations
- Diagnoses (medical and behavioral)
- Medications prescribed (brand or generic name, strength and dosage)
- Your contact information (name, telephone, email, 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: qmi emailto: <a href="ma