Optum

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.

Resources for Coordinating Care

- **Provider Express** includes resources to support you in coordinating care. Select the "Clinical Resources" tab at the top of the main page, then select "Coordination of Care."
- **Confidential Exchange of Information Form**
- Use the **Coordination of Care Checklist** to document your efforts to coordinate care with your members' other practitioners, including when your members decline further care.

COC between 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

COC may be most effective:

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

Guidelines for Effective Communication

When scheduling appointments for new members, request they bring names and contact information for their other treating practitioners.

At the initial session, discuss what COC is, the importance and benefits for coordinating care with health care professions, and invite your patient to ask any questions they may have about the process.

Complete a COC form with the member within a **week** of your initial assessment and **annually** thereafter, documenting all actions in the patient chart, including if the patient declined to allow COC.

Exchange the following information with other treating practitioners:

- A summary of the member's assessment and treatment plan recommendations
- Diagnoses (medical and behavioral)
- Medications prescribed (name, strength, dosage)
- 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: gmi_emailblast_mail@optum.com. Please include the email address you would like to have removed when contacting us.

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