

Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual	
Policy Name: Coordination of Care	Utilization Management
Date: 12-98 Reviewed by QI Committee: 9-06, 9-07, 9-08, 9-09, 9-10, 9-11, 1-12 Revised by QI Committee: 3-06, 9-08, 9-09, 1-12	Page: 1 of 4 Policy Number: UM-11

Purpose: The purpose of this guideline is to ensure appropriate patient care through the coordination of care between health care providers.

Policy:

1.0 Coordination between College Health IPA (CHIPA) providers and primary care providers.

1.1 All Patients

1.1.1 At the time of service registration, the Beacon CBHM Intake Specialist will ask each patient if they know the name and telephone number for their primary care physician. Intake Specialists will record information in the demographic screen or in the presenting problem note.

1.1.2 If recorded the name and telephone number of the patient’s primary care physician will be printed on all service authorizations/registrations notices sent to providers.

1.1.3 While health care coordination is recommended for all health care treatment plans, it is essential to a treatment plan whenever the following are present:

1.1.3.1 Patient has an Axis III medical condition

1.1.3.2 Patient is being prescribed psychotropic medications

1.1.3.3 Patient is not adhering to recommended care

1.1.3.4 Patient may be abusing prescription medications and/or getting prescriptions from multiple health care providers

1.2 Patients Referred by Primary Care Physician

1.2.1 The patient’s consent for collaboration between the CHIPA provider and the primary care provider should be obtained in writing at the first session and should be noted in the chart with the provider’s signature. Beacon CBHM recommends that CHIPA providers use the *Health Care Coordination Form (HCCF)*, which includes patient consent and can be faxed to the appropriate provider. A patient’s refusal to give consent should be noted in the chart with the provider’s signature. Based upon patient’s response to treatment, additional attempts to gain patient’s consent for coordination of care may be required. These attempts are documented in the patient’s treatment record.

1.2.2 The CHIPA provider immediately following the first session should forward a copy of the Initial Treatment Plan or HCCF to the primary care provider. The date forwarded should be noted in the chart with the provider’s signature.

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- 1.2.3 The HCCF, or a copy of the progress notes, or a brief report should be forwarded to the primary care provider immediately following any session when a major change in the treatment plan is initiated, when a medication is added, or when a significant change in medication dosage is initiated. Any correspondence to or from the primary care provider should be noted in the chart with the provider’s signature.
- 1.2.4 The HCCF, or a copy of the discharge summary, or a brief report should be forwarded to the primary care provider immediately following the last treatment session or immediately after the CHIPA provider determines the case to be closed.
- 1.3 Patients Without Primary Care Contact
 - 1.3.1 If a patient has not had a physical examination by a physician within the last year, they should be directed to make an appointment with a physician for an examination. This recommendation should be noted in the chart with the provider’s signature.
 - 1.3.2 An attempt to obtain permission and consent to coordinate behavioral health care with primary care should be made by the provider and should be noted in the chart with the provider’s signature. Beacon CBHM recommends that providers use the *Health Care Coordination Form (HCCF)*, which includes patient consent and can be faxed to the appropriate provider. A patient’s refusal to give consent should be noted in the chart with the provider’s signature. Based upon patient’s response to treatment, additional attempts to gain patient’s consent for coordination of care may be required. These attempts are documented in the patient’s treatment record.
 - 1.3.3 If the patient gives consent for collaboration with their primary care provider, the procedures outlined in 1.2. should be followed.
- 1.4 Patients in Hospital Programs
 - 1.4.1 When a patient is admitted to the hospital, Beacon CBHM UM Coordinator should notify the hospital’s Utilization Review Department regarding the name and phone number of the patient’s primary care provider. The UM Coordinator should note in the chart the date that the information was given and who received the information.
 - 1.4.2 The hospital’s Utilization Review Department should then notify the primary care provider of the admission after the patient or his/her agent gives consent.
 - 1.4.3 A patient’s refusal to give consent should be noted in the patient’s hospital chart by the hospital’s Utilization Review Department and Beacon CBHM UM Coordinator should be notified.

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- 1.4.4 A copy of the discharge summary should be forwarded to the primary care provider immediately upon discharge by the hospital's Utilization Review Department. The date forwarded should be noted in the chart.
- 2.0 Coordination between College Health IPA (CHIPA) providers and other behavioral health providers.
 - 2.1 At the initial intake session, CHIPA providers ask patient to identify any prior or current behavioral health providers and their roles (e.g., prescribing psychotropic medications, couples therapy, individual therapy, etc.).
 - 2.2 Prior behavioral health providers
 - 2.2.1 If another behavioral health provider saw patient within the prior six months, the CHIPA provider asks patient to sign Consent for Release of Protected Health Information (PHI) with the prior provider.
 - 2.2.2 Upon receipt of consent, the CHIPA provider consults with the prior provider and/or requests prior treatment records to be forwarded. Prior treatment records and consultation notes are entered into the patient's current treatment record.
 - 2.2.3 If patient refuses to sign Consent for Release of PHI, the CHIPA provider makes a note in the patient's chart regarding refusal. Based upon patient's response to treatment, additional attempts to gain patient's consent for coordination of care may be required. These attempts are documented in the patient's treatment record.
 - 2.3 Current behavioral health providers
 - 2.3.1 The CHIPA provider asks patient to sign Consent for Release of Protected Health Information (PHI) with any current providers.
 - 2.3.2 Upon receipt of consent, the CHIPA provider consults with the other behavioral health provider and enters consultation into the patient's current treatment record. Additional consultation is scheduled to ensure behavioral health treatment plan is coordinated and there is no duplication of services and/or inappropriate splitting of providers.
 - 2.3.3 If patient refuses to sign Consent for Release of PHI, the CHIPA provider makes a note in the patient's chart regarding refusal. Based upon patient's response to treatment, additional attempts to gain patient's consent for coordination of care may be required. These attempts are documented in the patient's treatment record.
- 3.0 Monitoring Compliance
 - 3.1 Utilization Management (UM) or Quality Reviews – During a UM or Quality Review the CHIPA UM Coordinator or Case Managers inquires regarding coordination of care. CHIPA providers are educated regarding the importance of coordination of care and appropriate forms (HCCF or Release of PHI) are sent via

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fax or mail. The UM or Quality Review is documented in the Beacon CBHM electronic record.

- 3.2 Internal Documentation Audits – During the quarterly internal audits, documentation is reviewed for coordination of care activities.
- 3.3 Treatment Record Audits – During the CHIPA Provider treatment record audits, documentation is reviewed for coordination of care activities. Reference TR-3: “Audits.”
- 4.0 Corrective Action
 - 4.1 If appropriate coordination of care is not documented the CHIPA staff or providers are educated regarding the importance of coordination of care and appropriate forms (HCCF or Release of PHI) are sent via fax or mail.