



FAQ: Coordination of Care between Behavioral Health and Primary Care Providers

Integrated care is the best practice model that addresses the whole health of an individual. While full integration is not always possible, behavioral health providers (BHPs) have the opportunity to improve coordination of care across disciplines by collaborating with members and increasing outreach to primary care providers (PCPs). Through this collaboration, Magellan BHPs can improve the safety and efficacy of services to support better outcomes for members.

Why is coordination of care between BHPs and PCPs important?

- Magellan members benefit from coordinated care by living longer lives and receiving the most out of their care.
- Individuals with Serious Mental Illness (SMI) may die as much as 25 to 30 years younger than those without an SMI diagnosis¹ AND they often die from avoidable medical conditions².
- Nationally, Medicaid could save and reinvest an estimated \$7.1 to \$9.9 billion each year if Medicaid programs successfully integrated behavioral health and medical care³.

Is coordination with the PCP a requirement or simply a best practice for Magellan Network BHPs?

- Coordination with the PCP is both a best practice and a requirement for Magellan Network BHPs.
- For more information about regulatory and contractual requirements for care coordination, please see these sources:
 - Virginia state regulations ([12VAC30-60-143](#)).
 - [Community Mental Health Rehabilitative Services \(CMHRS\) Manual](#), Ch. IV, p. 20.
 - [Magellan of Virginia Provider Handbook](#), pp.29-30.

What concrete steps can BHPs take to better partner with members and overcome barriers to care coordination?

- Speak with new members about the advantages of coordination of care between BHPs and PCPs.
- Ask the member to sign an authorization to exchange information with the member's PCP.
- If the member declines to sign, document this choice and the discussion about coordination of care in the member record. Best practice is to revisit advantages of care coordination with the member.
- Update the authorization document annually or as the member's needs or preferences change.
- Visit <http://www.magellanofvirginia.com/for-providers-va/forms.aspx> to access a current Magellan Authorization to Use and Disclose (AUD) Protected Health Information (PHI) form.
- Help the member find a PCP if the member does not identify one.
- Ask about the member's medical concerns. Assess the member's understanding of his or her medical conditions and how they may interact with behavioral health issues.
- Give a copy of a treatment summary to the member to share with the PCP or other providers.

What can BHPs do to develop relationships with PCPs and improve care coordination?

- Reach out to the PCP office, briefly explain the advantages of coordinating care, and ask how your offices might exchange information most easily to better serve your client.
- For more ideas about how to collaborate effectively, please see the [Magellan Provider Tip Sheet: Talking to PCPs](#).
- Consider using this [Magellan Behavioral Health \(BH\) – Primary Care Physician \(PCP\) Coordination of Care Form](#) to streamline information exchange. Alternatively, identify forms or documents that your offices already use that you could easily share to keep each other updated on client status.
- For complex cases, consider a personal call to the PCP office to discuss the case. Include consultation regarding any current or historical adverse medication reactions.

How can BHPs build or enhance standard procedures for care coordination within their agencies?

- Establish communication with the PCP as a routine part of service provision and documentation at service initiation, at discharge, and after significant changes in treatment occur.
- Integrate communication with the PCP into Individual Service Plans.
- Review this checklist for more information about documentation best practices: [Magellan Documentation Standards for Behavioral Health Treatment Records](#).

1. Lutterman T, Ganju V, Schacht L, Shaw R, Monihan K, et.al. Sixteen State Study on Mental Health Performance Measures. DHHS Publication No. (SMA) 03-3835. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2003.

2. Olfson M, Gerhard T, Huang C, Crystal S, Stroup T. Premature Mortality Among Adults With Schizophrenia in the United States. *JAMA Psychiatry*. 2015;72(12):1172-1181. doi:10.1001/jamapsychiatry.2015.1737.

3. Melek, S P, Norris, DT, & Paulus, J. Economic impact of integrated medical-behavioral healthcare. *Milliman American Psychiatric Association Report*.2014.