

Continuity and Coordination of Care – Outpatient Behavioral Health (BH) to Outpatient BH/Mental Health Substance Use Disorder (MHSUD)

Overview

Treatment record reviews are performed on a regular basis to ensure that Carelon members are receiving safe, evidenced-based, high-quality care. The tool used for provider record reviews is proprietary and developed by Carelon specifically for in-network providers. The tool assesses provider documentation from assessment to discharge, and the framework is based on accreditation standards, clinical practice guidelines, and best practice in behavioral health and substance use disorder treatment. The National Committee for Quality Assurance (NCQA) standards, Utilization Review Accreditation Commission (URAC) standards, and recognized professional associations in the field of psychiatry and psychology guided development of the Carelon tool. The tool includes measurement of provider adherence to the in-network provider services agreement between the provider and Carelon.

Treatment Record Review Section

Continuity and coordination – outpatient to outpatient

As part of care coordination activities, participating providers should identify all providers/participating providers involved in the medical and/or behavioral healthcare and treatment of a member. Subject to any required consent or authorization from the member, participating providers should coordinate the delivery of care to the member with these providers/participating providers. All coordination, including PCP coordination, should be documented accordingly in the member treatment record. Carelon consent forms are available through the website.

Rationale for why questions in this section are monitored

Care Coordination (CC1): Coordination of Behavioral HealthCare (NCQA)

Suggestions for meeting the standard

- Intake Assessment of Comprehensive Assessment should ask about member's treatment history.
- Scored only if the other OP treatment provider is still actively providing services, otherwise N/A.
- Signed Release of Information or Consent to Obtain Information or documentation that member refused to sign authorization for other MH providers when required due to Health Insurance Portability and Accessibility (HIPAA) restrictions (i.e., genetic information, HIV status, or SUD). HIPAA allows provider to have contact with other treating providers without a Release of Information (ROI). An ROI without any documentation that communication was attempted and/or occurred does not receive credit for this standard.

- If providers are within the same agency or connected to the electronic record, credit is given.
- A fax confirmation or email showing that the information was sent.
- Demonstration that any additional services after the initial assessment were shared.
- Could be documented in a Contact Note, Discharge Summary, Treatment Summary, Treatment Plan, Case Consultation Note, or Progress Note.

Additional resources

Carelton Provider Handbook:

www.careltonbehavioralhealth.com/providers/resources/provider-handbook

Use a **standard form** to share information. You can use your own or one of the two versions available for free on Carelon's website:

www.careltonbehavioralhealth.com/providers/forms-and-guides

NCQA Website:

<https://www.ncqa.org/programs/health-plans/managed-behavioral-healthcare-organizations-mbho/>