



Helping People Lead Healthier Lives

Title: Exchange of Information for Contracted Practitioners and Providers	Policy Number: QI 019
Department: Quality Improvement	Evaluation Dates: NA
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Policy:

It is the policy of APS Healthcare, Inc. to require the appropriate, confidential and timely exchange of information between practitioners and providers in order to achieve the safest and most effective coordination of care. This policy addresses APS’ specific requirements for:

- Exchange of information across all levels of behavioral healthcare and between all behavioral healthcare provider types.
- Exchange of information between behavioral health providers and medical/surgical providers including primary care physicians (PCPs).

1. Exchange of information requirements across all levels of behavioral health care and between all behavioral health care provider types

Table 1

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Behavioral health provider (inpatient, residential, PHP, IOP facilities)	Other behavioral health provider (inpatient, residential, PHP, IOP, outpatient)	When treatment is directly transitioned to a different behavioral health provider	Discharge summary to the behavioral health provider providing the next phase of treatment.	Within 7 calendar days of the discharge date
Behavioral health practitioner	Other behavioral health practitioner	When making or receiving a referral or when the member is in treatment with another behavioral health practitioner.	<ul style="list-style-type: none"> • Diagnosis • Medication/s Prescribed (<i>Psychiatrists and other prescribing practitioners only</i>) • Any significant risk status or issues • Stress related factors • Severity of problem • Frequency of treatment • Treatment recommendations/p lan • significant coordination of care issues 	<ul style="list-style-type: none"> • Within 30 calendar days of the initial assessment. Annually if concurrent care continues for > 12 months. • When medication is started or changed • When there is a change in level of care • When there is a change in risk status

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Testing psychologist	Other behavioral health practitioner	When receiving a referral for psychological testing.	Summary report on test results and treatment recommendations to referring practitioner.	Within 30 calendar days of completing the testing.

2. Exchange of information requirement between behavioral health providers and other medical providers.

Table 2

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Behavioral health practitioner	Primary care practitioner (PCP)	When a member: <ul style="list-style-type: none"> Utilizes behavioral health treatment and has a PCP Is initiating or changing the dose of medication Has a recent inpatient admission Is a danger to self or others Has suspected medical conditions Shows indications of drug interactions Has substance abuse 	<ul style="list-style-type: none"> Diagnosis Medication/s Prescribed (<i>Psychiatrists and other prescribing practitioners only</i>) Any significant risk status or issues Stress related factors Severity of problem Frequency of treatment Treatment recommendations/ plan 	<p>Within 30 calendar days of the initial assessment. Annually if care continues for > 12 months, or more frequently if the member's clinical condition or treatment changes significantly.</p> <p>Within 7 days of medication changes, indication of drug interactions, dx. of substance abuse or indication of a medical condition.</p>
Behavioral health practitioner	Other medical practitioner	When a member: <ul style="list-style-type: none"> Utilizes behavioral health treatment, Is <u>currently</u> being treated for a significant medical condition by a non-PCP medical practitioner 	<ul style="list-style-type: none"> Diagnosis Medication/s Prescribed (<i>Psychiatrists and other prescribing practitioners only</i>) Other significant coordination of care issues/ medical compliance issues 	Within 30 calendar days of the initial assessment.
Behavioral health practitioner	Medical provider (e.g. hospital, skilled nursing facility)	Not required unless the medical provider has requested a consult from the behavioral health practitioner. The behavioral health practitioner may exchange information if they feel it has significant impact on the outcome of treatment with the medical provider.	Not required	Not required
Testing psychologist	Primary care practitioner or other medical practitioner	When receiving a referral for psychological testing.	Summary report on test results and treatment recommendations.	Within 30 calendar days of completing the testing.

From	To	Conditions that Require Exchange	Minimum Information to be Exchanged	Timeliness/ Frequency of Exchange
Behavioral health provider (inpatient, residential, PHP, IOP facilities)	Primary care practitioner	When a member: <ul style="list-style-type: none"> Receives treatment from a behavioral health provider and Has a PCP 	<ul style="list-style-type: none"> Discharge summary Other significant coordination of care issues/ medical 	Within 7 calendar days of the discharge date from the behavioral health provider.
Behavioral health provider (inpatient, residential, PHP, IOP facilities)	Other medical practitioner	When a member: <ul style="list-style-type: none"> Utilizes behavioral health treatment, Is <u>currently</u> being treated for a significant medical condition by a non-PCP medical practitioner, and does not have a PCP 	<ul style="list-style-type: none"> Discharge summary 	Within 7 calendar days of the discharge date from the behavioral health provider.
Behavioral health provider (inpatient, residential, PHP, IOP facilities)	Medical provider (e.g. hospital, skilled nursing facility)	When treatment is directly transitioned to a medical provider	Discharge summary to the medical provider.	Within 7 calendar days of the discharge date from the behavioral health provider.

3. Enrollee Consent and Confidentiality

All member identifiable information involved in exchange of information is confidential. (See Policy & Procedure, Confidentiality of Enrollee/Family Personal Health Information, QI.005) APS requires that the behavioral health provider procures a written and signed release of information prior to exchanging the information required by this policy. If a member refuses to release information for coordination of care, this should be documented in the member’s treatment record. The provider should weigh the risks of failure to communicate even without the enrollee consent, especially in those instances when the enrollee is a suicidal/homicidal threat, or when the enrollee is on medication that could potentially be harmful if combined with other medication. This documentation will be seen as fulfilling the practitioner or provider’s requirement to facilitate the required exchange of information and the case will be considered as “not applicable” toward any monitoring denominators.