

## Primary medical providers and behavioral health providers: Working together to treat the whole person



### Benefits to primary medical providers and behavioral health providers collaborating are:

- Physical health (PH) and behavioral health (BH) go hand in hand. Comorbid conditions can complicate treatment of and recovery from both PH and BH issues. A member is more likely to stick to a medical treatment plan if their BH needs are properly met and vice versa.
- **Collaboration leads to well-informed decisions.** Providers working together to develop compatible courses of care, increases the chances for positive health outcomes and prevents adverse interactions.
- **Sharing relevant case information in a timely, useful and confident manner is an Anthem policy.** We abide by standards set by the National Committee for Quality Assurance (NCQA) requiring health plans to ensure coordination of care between primary medical providers (PMPs) and BH providers.

### Primary medical providers and behavioral health providers should exchange health information:

- When a member first accesses a PH or BH service.
- When a change in the member's health or care plan requires a change in another provider's care plan.
- When a member discontinues care.
- When a member is admitted to or discharged from the hospital.
- When a member is admitted and a consultation is warranted.
- When a member has a physical exam and/or laboratory or radiological tests.
- Once a quarter, if not otherwise required.

### Substance use and mental health screening

When doing an annual screening for substance use and mental health related conditions, use standard screening tools. If your patient screens positive for substance use and/or other mental health related conditions, you should refer them to a BH provider for a full BH assessment. If you need help making a referral, contact your local Provider Relations representative or call the Provider Helpline.

## Tips and tools for providers

The Healthcare Effectiveness Data and Information Set® (HEDIS) is a program developed by the National Committee for Quality Assurance (NCQA) to measure how effectively health plans and providers deliver preventive care. Below are some things we can do together to keep our members healthy.

### Substance use: treatment and follow-up visits after a diagnosis

Several studies have suggested that outpatient treatments of less than 90 days are more likely to result in early return to drug use and generally poorer response than treatments of longer duration.

Additionally, per HEDIS requirements, all patients with newly diagnosed substance use should be seen:

- At least once within 14 days of being diagnosed
- Two or more times within 34 days of the initial visit

If you need help arranging treatment for a newly diagnosed patient, call the Provider Helpline.

### Antidepressant medication management

Depressive disorders can have a significant negative impact on a patient's quality of life and healthcare outcomes, and they are often diagnosed and initially treated in primary care. You should regularly monitor patients you're treating with antidepressant medications. Patients should also be maintained on these agents to allow for adequate trials.

We strive to meet the HEDIS goals by assessing the adequacy of medication trials for members 18 years of age and older who are diagnosed with a new episode of major depression and treated with (and kept on) antidepressant medication:

- **Effective acute phase treatment:** The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 12 weeks.
- **Effective continuation phase treatment:** We are here to help you ensure an adequate medication trial for patients whose treatment plan includes medication. Please call our Provider Helpline if you need assistance.

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### Follow-up visits after an ADHD diagnosis

ADHD is a complicated disorder in which treatment often involves a combination of counseling and medication. If treatment involves medication, it is very important to monitor this closely. Anthem has adopted the following HEDIS goals for medication follow-up:

- At least one follow-up visit with a practitioner with prescribing authority within 30 days of the first prescription of ADHD medication for all children 6 to 12 years old diagnosed with ADHD
- At least two follow-up visits in nine months after initiation phase for children who remain on ADHD medication for at least 210 days

Anthem can help you arrange follow-up visits for children with ADHD — just give the Provider Helpline a call.

## We're here to help!

### Have more questions? Need help with a referral?

Contact your local provider relationship management representative or call the Provider Helpline:

- Hoosier Healthwise: **866-408-6132**
- Healthy Indiana Plan: **844-533-1995**
- Hoosier Care Connect: **844-284-1798**
- Indiana PathWays for Aging: **833-569-4739**

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. INBCBS-CD-066521-24-SRS66284