AHCCCS
Arizona Health Care Cost Containment System

Targeted Investments

Core Component #4
Pediatric BH Area of Concentration

Developing Communication Protocols for Referring Members

Key Concepts

- Written Communication Protocols support care coordination and systemic transformation
- TI Participants are expected to collaborate and coordinate care with their Medicaid Managed Care Organizations (MCOs) level care managers to coordinate with practice-level care management activities.
- Protocols should address how to:
  - Refer members
  - Conduct warm hand offs
  - Handle crises
  - Share information
  - Obtain consent
  - Engage in provider-to-provider consultation.

Review of Core Component #4

4.	A. Develop communication protocols with physical health, behavioral health, and (if appropriate) developmental pediatric providers for referring members, handling crises, sharing information, obtaining consent, and provider-to-provider consultation. 1) Behavioral health providers must also have protocols that help identify a member's need for follow-up physical health care with his/her primary care provider, and conduct a warm-hand off if necessary. B. Develop protocols for ongoing and collaborative team-based care, including for both physical health and behavioral health providers to provide input into an integrated care plan, to communicate relevant clinical data, and to identify whether the member has practice-level care management services provided by another provider. C. Develop protocols for communicating with managed care organization-(MCO) level care managers to coordinate with practice-level care management activities. An example of a protocol can be found at: Riverside Protocol Example Riverside Protocol Example (Word Version)	
	Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**) **Practice Reporting Requirement to State**	**Milestone Measurement Period 2** (October 1, 2018–September 30, 2019**) **Practice Reporting Requirement to State**
	A. By September 30, 2018, identify the names of providers and MCOs with which the site has developed communication and care management protocols, **AND** B. By September 30, 2018, document that the protocols cover how to: 1) Refer members, 2) Conduct warm hand-offs, 3) Handle crises, 4) Share information, 5) Obtain consent, and 6) Engage in provider-to-provider consultation.	Based on a practice record review of a random sample of 20 members whom the practice has identified as having received behavioral health services during the past 12 months, attest that a warm hand-off, consistent with the practice's protocol, occurred 85% of the time.

Core Component # 4- Develop Communication Protocols

A. Develop communication protocols with physical health and behavioral health providers for referring members, handling crises, sharing information obtaining patient consent and provider to provider consultation.

- BH providers must also have protocols that help identify a member's need for follow-up physical health care with his/her Primary Care provider, and conduct a warm handoff if necessary.

AND

B. Develop protocols for ongoing and collaborative team-based care, including for both physical health and behavioral health providers to provide input into an integrated care plan, to communicate relevant clinical data, and to identify whether the member has practice level care management services provided by another providers.

AND

C. Develop protocols for communicating with managed care organizations (MCO) level care managers to coordinate with practice-level care management activities.

Riverside Protocol Example

- Riverside Protocol Example – Covers urgent and routine referrals and psychiatric emergencies. This example protocol was developed for pediatrics, however, it can be easily adapted for an adult practice.
- The protocol includes how to communicate during an Episode of Care, During Discharge, A Sample Referral Form, and a release/Request for Confidential Information
- Please click below to view the Riverside Protocol example (PDF and Word):

https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Riverside%20protocol%20example%202017%203-29.pdf

https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/ReferralProtocolExample2017_3-29.docx

MCO Key Contacts

- AHCCCS will be posting a table which lists key contacts from each of the Medicaid Managed Care Organizations (MCOs) for TI Program Participants.
- Please look under the Support and Resources tab on the TI webpage located here:
- https://www.azahcccs.gov/PlansProviders/TargetedInvestments/Resources/index.html

Year 2 Measurement Period
October 1, 2017-September 30, 2018

Reporting Requirement to the State

A. **By September 30, 2018,** identify the names of providers and MCOs with which the site has developed communication and care management protocols.

AND

B. **By September 30, 2018,** document that the protocols cover how to:

1) Refer members
2) Conduct warm hand-offs
3) Handle crises
4) Share information
5) Obtain consent, and
6) Engage in provider-to-provider consultation

Attestation and Document Validation

- AHCCCS will be opening a TI Attestation Portal through **AHCCCS Online**(https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f)
- The portal will be available for milestone attestation and document upload in June 2018
- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.
- In order to attest to meeting this Core Component, participants will need to document that the practice has developed protocols to identify the names of providers and document protocols.
- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018.

Sneak Peek of Targeted Investments Year 3

Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30 , 2019

4.	**A. Develop communication protocols with physical health, behavioral health, and (if appropriate) developmental pediatric providers for referring members, handling crises, sharing information, obtaining consent, and provider-to-provider consultation.** **1) Behavioral health providers must also have protocols that help identify a member's need for follow-up physical health care with his/her primary care provider, and conduct a warm-hand off if necessary.** **B. Develop protocols for ongoing and collaborative team-based care, including for both physical health and behavioral health providers to provide input into an integrated care plan, to communicate relevant clinical data, and to identify whether the member has practice-level care management services provided by another provider.** **C. Develop protocols for communicating with managed care organization-(MCO) level care managers to coordinate with practice-level care management activities.** **An example of a protocol can be found at: Riverside Protocol Example** **Riverside Protocol Example (Word Version)**	
	Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**) **Practice Reporting Requirement to State**	**Milestone Measurement Period 2** (October 1, 2018–September 30, 2019**) **Practice Reporting Requirement to State**
	A. By September 30, 2018, identify the names of providers and MCOs with which the site has developed communication and care management protocols, **AND** B. By September 30, 2018, document that the protocols cover how to: 1) Refer members, 2) Conduct warm hand-offs, 3) Handle crises, 4) Share information, 5) Obtain consent, and 6) Engage in provider-to-provider consultation.	Based on a practice record review of a random sample of 20 members whom the practice has identified as having received behavioral health services during the past 12 months, attest that a warm hand-off, consistent with the practice's protocol, occurred 85% of the time.

Sneak Peek: Milestone Measurement Period 2 October 1, 2018 – September 30 , 2019

Reporting Requirement to State by 9/30/2019:

- Complete a record review of a random sample of 20 members, whom the practice has identified as having received behavioral health services during the past 12 months
- Attest that 85% of the time the integrated care plan, which includes established data elements, is documented in the electronic health record.

Questions?

Please contact us at
targetedinvestments@azahcccs.gov
if you have any questions

Thank You.