# Health Plan Pediatric Behavioral Health Initiatives and Programs

**Case Management**

**What is Case Management?**

Case management is the coordination of community-based services by a professional or team to facilitate the provision of individually-customized behavioral health care for people experiencing frequent setbacks or persistent challenges to their recovery. Case management seeks to support individuals' recovery through a holistic approach that considers each person's overall bio-psychosocial needs. Case management services are primarily telephonic.

**Who could benefit?**

**Members who experience any of the following may benefit from a referral to case management :**

* Identified behavioral health conditions that are untreated or do not appear to be well managed.
* Difficulty accessing care and services to address behavioral health needs.
* Multiple providers and assistance coordinating care across providers would be beneficial.
* Chronic medical conditions with a behavioral health need.
* Co morbid medical and behavioral health conditions who experience gaps in care such as medication adherence issues or missed appointments.

**How to Refer and What to Expect**

* To refer, use the contact information provided below for each health plan.
* Turnaround time for referrals: no longer than 5 days.
* Referral may be for assistance with resources or ongoing co-management.
* The BH Case Manager will outreach the member and continue to coordinate with you around the member's goals, progress and any additional needs.

**Blue Cross Blue Shield of Rhode Island:** 1-800-274-2958

**NHPRI: Beacon Health Strategies:** 1-800-215-0058

**United Health Care: members call 800-587-5187, providers call 800-842-3210**

**BCBSRI Initiatives:**

**Follow up after hospitalization:**

Beacon Health Options, BCBSRI’s behavioral health partner, strives to improve outpatient follow-up services for members. An outpatient follow-up visit with a mental health practitioner after discharge ensures that gains made during hospitalization are not lost. This follow-up care promotes progress towards treatment goals, such as successful transition to the home or work environment and medication compliance. It is essential to continuity of care and reduction of inpatient recidivism. Medication compliance is crucial to the individual’s safety in the community.

Beacon Health Options begins the outpatient follow-up process while a member is still inpatient. Daily updates identify newly-discharged members. Clinical support staff place appointment reminder calls to members, and confirm attendance at the appointment. The staff works with members to facilitate appointment setting and address any barriers to attendance.

**Member ADHD Mailing:**

BCBSRI sends a targeted mailing each month to the parent/guardian of members under 18 who are newly prescribed an ADHD medication during the prior month. The letter includes information regarding the importance of attending follow up appointments with a prescriber as well as information regarding local and national resources for support and education regarding ADHD. The goal of this letter is to improve HEDIS scores related to the ADD measure, as well as provide resources to newly prescribed members in a timely manner.

**UnitedHealthcare Community Plan of Rhode Island and Optum Initiatives**

UnitedHealthcare Community Plan of Rhode Island (UHCCPRI) and Optum work collaboratively to assure that members and providers are aware of the importance of coordination between medical and behavioral healthcare, including follow-up visits for members recently hospitalized for mental illness and follow-up visits to monitor ADHD medication management. UnitedHealthcare and Optum facilitate various levels of outreach to assure that the members and providers understand the clinical expectations and guidelines to assure positive health outcomes.

***Member Initiatives***

**Mailings to Members Prescribed ADHD Medications:**

UHCCPRI mails a letter to the parent/guardian of members under the age of 18 who have been newly prescribed an ADHD medication and have filled the ADHD medication within the previous week. The letter informs the parent/guardian of the importance of having a follow-up visit within 30 days of the medication first being filled and the importance of having periodic follow-up appointments with the prescriber thereafter.

In addition to the letter above, UHCCPRI also sends a letter twice annually in January and July of each year to the parent/guardian of members under the age of 18 who are still active members and who were newly prescribed and filled an ADHD medication from July 1st through December 31st of the previous year (January mailing) and January 1st through June 30th (July mailing).

The goal of these letters is to improve HEDIS scores related to the ADHD Initiation and Continuation phase sub-measures. The goal of the letters is to improve the HEDIS scores related to ADHD measures and to emphasize the importance of having an initial follow-up visit within 30 days of the first prescription being filled as well as subsequent follow-up appointments.

**Mailing to Members Encourage Coordination of Primary and Behavioral Health Care:**

Optum and UHCCPRI coordinate an annual mailing to members identified as receiving behavioral health care services but no primary care services. The purpose of this letter is to remind/encourage members to contact their PCP to coordinate care and receive appropriate and needed preventive services. The goal of the letter is to educate members about preventive services appropriate for their age, to encourage coordination and communication with their PCP, to support the prescriber plan of care, and to potentially close gaps in care as measured by HEDIS or other programs.

**Quarterly Newsletter Member Mailing:**

UHCCPRI mails a newsletter to members on a quarterly basis; the newsletters are also available on the health plan’s website at <http://www.uhccommunityplan.com>. The newsletter includes articles regarding treatment guidelines for various conditions, including behavioral health conditions. Topics change quarterly and BH topics are included in the newsletter. UHCCPRI’s member newsletter acts as a vehicle to connect with our entire membership and educate our members on a variety of healthcare topics on an ongoing basis.

***Practitioner Initiatives***

**Telephone Calls to Prescribers Regarding ADHD Follow-up Appointments in 30 Days:**

An Optum Quality Specialist contacts prescribers below an 80% compliance threshold for the HEDIS ADD Initiation Phase sub-measure (ADD-I) who have members that filled a new prescription for ADHD medication the week before. The purpose of the call is to confirm if the member has a follow-up appointment scheduled and if the appointment meets the ADD-I HEDIS guidelines. If no appointment is scheduled or is outside the HEDIS guidelines, reasons for non-compliance are determined. Based on non-compliance, education of the guidelines may be provided to the prescriber office or member may be contacted by Optum Quality representative to try to engage or assist member with appointment scheduling. The goal of this initiative is to improve HEDIS scores related to the ADD-I measure and to provide timely outreach to prescribers to assure positive patient outcomes.

**ADHD Treatment Guideline Mailing to Providers:**

Annually, UHCCPRI mails a letter to high volume ADHD medication prescribers outlining the HEDIS measure expectations for visits related ADHD medications. The mailing includes two (2) enclosures: *Behavioral Health Referral Information,* a prescribing physician sheet, to explain psychotherapist referrals and *Behavioral Health Information for You,* an enrollee fact sheet, for prescriber to help their patients access free information about ADD through Optum’s online Health & Well-Being resources. The hand-out provides information about the Optum website liveandworkwell.com where practitioners can find health and wellness resources, including relevant articles and tools to manage their patients’ healthcare.