

**NORTHERN MICHIGAN REGIONAL ENTITY  
ADMINISTRATIVE MANUAL**

**PROCEDURE NAME:** COORDINATION OF CARE PROCEDURE  
**CHAPTER:** SEVEN – MEMBER SERVICES  
**PROCEDURE #:** 07-02-001  
**EFFECTIVE DATE:** January 1, 2014

**PURPOSE**

The purpose of this procedure is to assure appropriate care through the coordination of behavioral health providers, primary care physicians and the Medicaid Health Plans (MHPs).

**APPLICATION**

The access systems of the five Member Community Mental Health Services Programs (CMHSPs), contracted providers, and the NMRE Substance Use Disorder Services provider panel.

**PROCEDURE**

It is the practice of the Northern Michigan Regional Entity (NMRE) to ensure high quality service in part, through the effective coordination of behavioral health care with primary care physicians, and other health care providers, Medicaid Health Plans and their contracted behavioral health managed care organizations.

- I. The following procedures will be followed for all persons served:
  - A. The name and telephone number for each person’s primary care physician will be elicited by the access system staff and recorded in the appropriate fields in the demographics screen.
  - B. If the person reports that they have no primary care physician, “none” will be entered in the appropriate fields in the demographic screen.
  - C. If the person refuses to have their behavioral health care and primary care services coordinated, “refused” will be entered in the appropriate fields in the demographic screen.
  
- II. The following procedure will be followed for all persons receiving services through the Northern Michigan Regional Entity provider network that are enrolled in a Medicaid Health Plan, when the MHP is not responsible for paying for those services:
  - A. The person’s consent for coordination between behavioral health provider and the Medicaid Health Plan will be obtained in writing at the first session and will be noted in the clinical record with the consumer’s signature. A person’s refusal to provide consent for coordination will be noted in the clinical record with the provider’s signature and no information will be forwarded to the Medicaid Health Plan.
    - B. Following the first session, if consent has been obtained, the provider will forward an introductory form letter to the MHP or contracted organization notifying the MHP that the consumer is receiving behavioral health services.

- III. The following procedures will be followed for all persons referred to Northern Michigan Regional Entity managed services by their primary care physician or organization:
  - A. The person's consent for coordination between behavioral health provider and the primary care physician or organization will be obtained in writing at the first session and will be noted in the clinical record with the provider's signature. A person's refusal to provide consent for coordination will be noted in the clinical record with the provider's signature and no information will be forwarded to the primary care physician.
  - B. In cases of signed consent for coordination, immediately following the first session the provider will forward an introductory form letter to the primary care physician or organization. The date the letter is communicated will be noted in the clinical record with the provider's signature.
  - C. In cases of signed consent for coordination, immediately following any session when a significant health care issue is identified, a medication is added, or a significant change in medication dosage is initiated, a copy of the progress notes or brief report will be forwarded to the primary care physician or organization. All correspondence to or from the primary care physician will be noted in the clinical record with the provider's signature.
  - D. In cases of signed consent for coordination, a copy of the discharge summary or brief report will be forwarded to the primary care physician immediately following the last treatment session or immediately after the provider determines the case to be closed.
  
- IV. The following procedures will be followed for all persons presenting for service who are not referred by a primary care physician or organization:
  - A. Upon inquiry by the provider, if a person reports not having had a physical examination by a physician within the last year, they will be provided a list of local physicians and be encouraged to make an appointment for an examination. This recommendation will be noted in the clinical record with the provider's signature.
  - B. The person's consent for coordination between behavioral health provider and the primary care physician or organization will be obtained in writing and will be noted in the clinical record with the provider's signature. A person's refusal to provide consent for coordination will be noted in the clinical record with the provider's signature and no information will be forwarded to the primary care physician.
  - C. In cases of signed consent for coordination, the procedures outlined in III (B–D), above, will be followed.
  
- V. When a patient is admitted to inpatient psychiatric services, the following procedures will occur:
  - A. The person's consent for coordination between behavioral health provider and the primary care physician or organization will be obtained in writing and will be noted in the clinical record with the provider's signature. A person's refusal to provide consent for coordination will be noted in the clinical record with the provider's signature and no information will be forwarded to the primary care physician.
  - B. In cases of signed consent for coordination, the primary care physician or organization will be notified of the admission in writing and this will be noted in the clinical record with the provider's signature.
  - C. In cases of signed consent for coordination, a copy of the discharge sheet including discharge medications, next scheduled appointment and discharge diagnosis will be

forwarded to the primary care physician or organization immediately upon discharge by the hospital liaison. The date forwarded will be noted in the clinical record.

- VI. Compliance with the above guidelines will be monitored by clinical record audits conducted per the quality assessment and performance improvement program.

**REFERENCE**

REVISED:

REVIEWED:     **May 15, 2013**    

*Signed copy is on file with NMRE*

\_\_\_\_\_  
Dave Schneider  
Northern Michigan Regional Entity Chief Executive Officer

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Date