Resources and Tools for California Providers

Review these important reminders to help you care for your current members and welcome new members into your practice.

Enhancing and Strengthening Coordination of Care

How you can enhance behavioral health coordination of care

Please review these valuable insights and resources that focus on improving communication and collaboration among healthcare providers to ensure comprehensive and effective patient care statewide.

Key Highlights:

1. **Importance of coordination of care:**

   - Crucial for improving patient outcomes and ensuring seamless transitions between different levels of care.
   - Involves timely sharing of patient information, collaborative treatment planning and continuous monitoring of patient progress.

2. **Strategies for improved coordination:**

   - Utilize electronic health records (EHRs) to share patient information securely and efficiently.
   - Engage in regular interdisciplinary team meetings to discuss patient cases and develop integrated care plans.
   - Implement standardized protocols for referrals and follow-ups to ensure continuity of care.

3. **Resources and tools:**

   - Access our comprehensive flyer on Provider Express: **Important Information about Coordination of Care**.
   - Connect with our network of behavioral health professionals across California for support and knowledge sharing using the **LiveandWorkWell.com** website. Browse with access code: Clinician > Select "Find a provider" at bottom of page.

Stay Connected:

Visit **Providerexpress.com** for more information and access to our **Coordination of Care** home page.

Release of Information – An important tool to support member needs

As we continue our shared mission to support the mental health and well-being of our members, we want to reaffirm the vital role that Coordination of Care (COC) plays in achieving successful treatment outcomes. Over the past year, the importance of integrated, collaborative care has only grown—and at the heart of this collaboration is the appropriate use of Release of Information (ROI).

Why ROI remains essential for effective COC:

1. **Holistic treatment planning**
   ROI enables the secure exchange of information between providers, ensuring a complete understanding of a patient's history, needs and progress.

2. **Continuity across transitions**
Whether members are moving between services or providers, ROI helps maintain seamless care, reducing the risk of duplication, miscommunication or treatment gaps.

3. **Improved patient outcomes**
When providers are aligned through shared information, care becomes more personalized, coordinated and effective.

4. **Ethical and legal compliance**
Proper use of ROI supports our ethical responsibility to protect patient confidentiality while facilitating the communication necessary for high-quality care.

How you can support better coordination:

- **Review and update ROIs regularly**
Ensure that patient releases are current and include all relevant members of the care team. Use the **Confidential Exchange of Information Form** to coordinate treatment for members.

- **Promote open communication**
Help members understand how sharing information with their care team supports their treatment goals.

- **Stay informed on ROI protocols**
Familiarize yourself with current ROI procedures to navigate legal and procedural requirements with confidence.

Together, we make a difference:

Without proper ROI's in place, we face significant challenges in sharing essential information with other healthcare providers, which can hinder the quality and continuity of care.

Questions

If you have any questions about ROI policies or best practices for care coordination, please don't hesitate to reach out to our team through the Provider Service Line at **1-877-614-0484**.

Provider Responsibilities

Keep your specialty and demographic information current

As part of our ongoing commitment to delivering high-quality care and accurate referrals for our members, we're reaching out to confirm that your practice information is up to date.

Why this matters:
Accurate specialty listings help ensure members are referred to the right providers quickly and efficiently. Keeping your information current supports compliance with network standards and enhances the overall experience for both providers and members.

What we're asking you to do:

1. **Visit the Provider Express secure portal to review your specialty information**
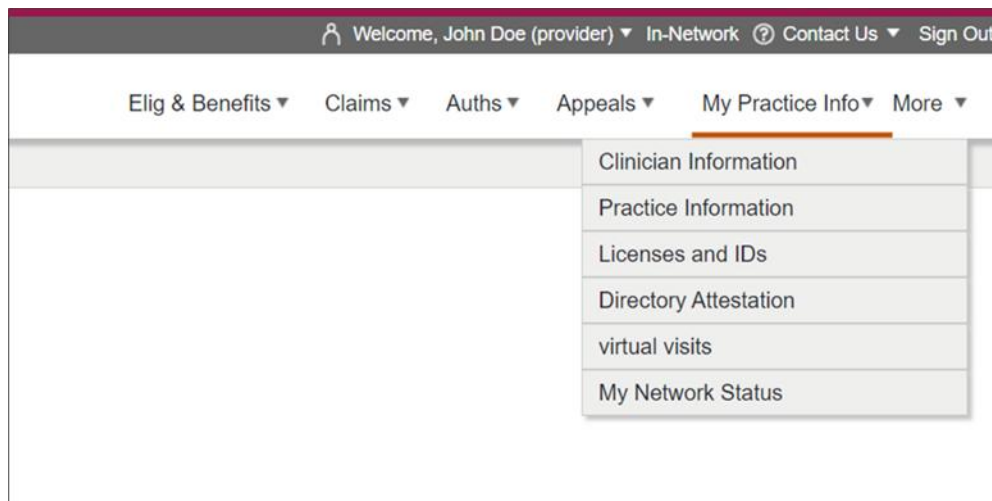Confirm that your listed specialties and key practice details are accurate by reviewing the **Updating Your Practice Information** page.

2. **Update your demographic practice information**
Ensure your contact information, practice locations and other demographics are correct — this helps members find you easily and ensures timely communication.

   Here's how to make updates online using the Provider Express secure portal:
   - Go to **Providerexpress.com** to login (upper right corner) with your One Healthcare ID name and password.
   - Select "My Practice Info" from the menu at the top of the page, then select the type of information that needs to be updated from the drop-down menu.

Elig & Benefits ▼   Claims ▼   Auths ▼   Appeals ▼   My Practice Info ▼   More ▼

Clinician Information

Practice Information

Licenses and IDs

Directory Attestation

virtual visits

My Network Status

Benefits of keeping your information updated:

- **Improved patient access:** Members can connect with the right specialists without unnecessary delays.
- **Network compliance:** Stay aligned with our network's requirements.
- **Efficient communication:** Receive important updates and notifications without interruption.

Verify your provider directory information at least every 90 days

This is a reminder about your responsibilities under **California Senate Bill 137 (SB 137)**, which requires all health care service plans and insurers to maintain accurate and up-to-date provider directories.

What you need to know:

- **Update promptly:** Notify your health plan within 5 business days if you stop accepting new members or if any of your practice details change.
- **Verify information:** Respond to health plan requests to confirm your directory information. Not responding may result in payment delays or removal from the directory.
- **Stay current:** Health plans are required to verify provider information every 90 days and conduct regular audits.

What you need to do:

Please review your practice information and make any necessary updates. You can do this quickly and easily through the Provider Express secure portal.

- Go to **Providerexpress.com** to login (upper right corner) with your One Healthcare ID, name and password.
- Select "My Practice Info" from the menu at the top of the page, then select, Practice Information.

Why this matters:

Accurate provider directories help members find the care they need and support the integrity of our healthcare system.