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SUPPORTING OUR PROVIDER PARTNERS THROUGH COMMUNICATION AND COLLABORATION.

Outpatient Review Form (ORF) Update

From: Passport Health Plan
Sent: September 9, 2014
To: Passport Behavioral Health Providers

Background:

In order to comply with National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) standards requiring evidence of coordination of behavioral healthcare, collaboration between behavioral healthcare and medical care, continuity and coordination of behavioral healthcare, and consumer safety; we have added some new questions to the Outpatient Review Form (ORF). By implementing these enhancements, we will be able to accurately capture this data, comply with NCQA and URAC, and enhance our quality of care as a managed behavioral health care organization.

Provider Action Needed:

Please read this bulletin carefully and share it with all appropriate clinical and administrative staff.

Effective 9/8/2014, the following mandatory questions will be added to the electronic and paper Outpatient Review Form (ORF) to comply with accreditation standards regarding coordination of care and consumer safety.

Current Psychotropic Medications

Are psychotropic medications being prescribed?	<input type="text" value="Yes"/>
Psychotropic Medications *	<input type="text" value="Xanax"/>
Prescribing MD/RN, CS *	<input type="text" value="Dr. Attending"/>
(or) Prescribing PCP *	<input type="text"/>



Have you communicated with the member's prescriber of psychotropic drugs?

- Yes
 No
 Member Declined
 N/A; Provider is the prescriber
 N/A; Member not on Medication

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DSM-IV DIAGNOSIS:

Axis I: *	291.81- ALCOHOL WITHDRAWAL	▼
		▼
		▼
Axis II:		▼
Axis III:		▼
Axis IV:		▼
		▼
		▼
Axis V:	Current GAF * 60	
	Highest GAF * 60	
Have you communicated with the member's PCP?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Member Declined	
Have you documented the communication or member declination?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A; I did not contact PCP	
Have you been in communication with other BH providers for this member?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Member Declined <input checked="" type="radio"/> N/A; There are no other BH providers	
If Yes, please indicate the type of BH provider	<input type="text"/>	



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Risk Assessment (Check all that apply)

Risk Indicators:	<input type="checkbox"/> Current substance abuse <input type="checkbox"/> Current family violence (abuse, domestic) <input type="checkbox"/> Fire setting <input type="checkbox"/> Sexually offending behavior <input checked="" type="checkbox"/> Caring for ill family member <input type="checkbox"/> Psychotic Symptoms <input type="checkbox"/> Impulsive behavior <input checked="" type="checkbox"/> Coping with significant loss (job, relationship, financial) <input type="checkbox"/> Self-mutilation/cutting <input type="checkbox"/> Prior psychiatric inpatient admission <input type="checkbox"/> Assaultive behavior
Other Risk Indicators:	<input type="text"/>
Suicidality: *	<input checked="" type="checkbox"/> Not Present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Prior attempt (last 12 months)
Homicidality: *	<input checked="" type="checkbox"/> Not Present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Prior attempt (last 12 months)
Rate level of Psychological distress*:	<input type="radio"/> 1 [Minimal] <input type="radio"/> 2 [Mild] <input checked="" type="radio"/> 3 [Moderate] <input type="radio"/> 4 [Marked] <input type="radio"/> 5 [Severe]
Providers assessment of current risk of psychiatric hospitalization:	<input type="radio"/> 1. Minimal <input type="radio"/> 2. Mild <input checked="" type="radio"/> 3. Moderate <input type="radio"/> 4. Marked <input type="radio"/> 5. Severe
If 3 or higher, have you created/reviewed a crisis plan for this member?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Member Declined
If Yes, does the member have a copy?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Member has been in higher level of care in past 12 months?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Questions:

If you have any questions, please contact your Passport Health Plan provider relations representative at PassportBehavioralHealth@passporthealthplan.com or (800) 578-0775.

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