

Guidelines for communication between providers

To prevent barriers when coordinating a member's care, it is vital that timely communication occurs between providers when a member's care shifts from one setting to another or to ensure the PCP has the most up-to-date information regarding the care a member received. Some examples of when providers should communicate include: from hospital to home (including notification to the PCP that the member was admitted, along with discharge instructions), practitioners sending a summary of care or recommendations to the PCP, etc.

Which provider types must follow these guidelines?

To ensure that our members — your patients — receive quality care that is thorough and seamless, the following provider types are responsible to conduct timely provider-to-provider communication as appropriate:

- PCPs
- Behavioral health practitioners
- Specialty care practitioners
- Hospitals
- Rehabilitation facilities
- Skilled nursing facilities
- Home Health agencies
- Outpatient therapy providers

The Amerigroup provider manual for Texas Medicaid and CHIP programs outlines the provider responsibilities regarding communication including, but not limited to, the actions detailed below by provider type.

PCPs

PCPs must manage the medical and health care needs of members, including:

- Monitoring and following up on care provided by other providers (both in and out of network).
- Providing the coordination necessary for referrals to specialists (both in and out of network).
- Maintaining a medical record of all services rendered, including those rendered by other providers.

Specialty care providers:

- Provide consultation summaries or appropriate periodic progress notes to the member's PCP on a timely basis following a referral or routinely scheduled consultative visit.
- Notify the member's PCP when scheduling a hospital admission.

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- Make reasonable efforts to communicate, coordinate and collaborate with other specialty care providers (including behavioral health providers) involved in delivering care and services to members.

Facility discharges

- The attending physician is expected to coordinate with the member's PCP regarding follow-up care after discharge. The PCP is responsible for contacting the member to schedule all necessary follow-up care. A follow-up appointment needs to occur within 14 days of discharge.
- In the case of a behavioral health discharge, the attending physician is also responsible for ensuring the member has secured an appointment for a follow-up visit with a behavioral health provider. The follow-up visit must occur within seven calendar days of discharge.

Why is it important to ensure timely communication between providers?

Improving provider-to-provider communication will help to eliminate barriers when coordinating member care, improve the quality of care a member receives and improve the member's experience.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.