

BRIGHT HEART HEALTH FREQUENTLY ASKED QUESTIONS

MARCH 31, 2020

GETTING TO KNOW BRIGHT HEART HEALTH

Q1: Who is Bright Heart Health?

A1: Bright Heart Health (BHH) is a provider of addiction medicine services through telemedicine.

Q2: Why is Highmark partnering with BHH?

A2: At Highmark we believe in putting patients first. To do this, we are continuing to partner with you to provide the most appropriate care possible.

Whether it's making it easier to schedule a doctor appointment, ensuring access to nearby hospitals, or providing answers over the phone, we work with providers to help patients get the right care at the right time.

To that end, Highmark is partnering with Bright Heart Health in **West Virginia, Pennsylvania, and Delaware** to provide comprehensive addiction treatment services for opioid use disorder including medication assisted treatment (including addictions to substances, opiates, alcohol, benzodiazepines, and methamphetamines) via telemedicine.

Q3: What services do they provide?

A3: BHH provides:

- Telepsychiatric medication assisted treatment
- Comprehensive outpatient service (counseling, case management, and medication monitoring)
- Easy Access from your office, hospital, or ER

REFERRING YOUR PATIENTS

Q1: How do I refer my patient to BHH?

A1: You can refer your patient to BHH in one of three ways:

- 1) Have the patient call BHH at (800) 892-2695
- 2) Complete the Referral Form on the [BrightHeartHealth.com](https://www.brighthearthealth.com)
- 3) Fax the patient information to (415) 458-2691

Q2: Can my patients just bring discharge instructions or a “referral packet”?

A2: Yes, but BHH prefers it when you connect with them while the patient is still in your presence.

Q3: What is the minimum information needed on the referral?

A3: The referral form is easy, all BHH need is the patients name, phone number, email, date of birth, and any special notes (e.g. dosage of buprenorphine).

Q4: How quickly can my patient be seen?

A4: BHH is available 24 hours a day, seven days a week

Q5: Will BHH compete with already established services?

A5: No, they present another option for physicians and patients. With the member's permission, BHH will coordinate treatment with all providers. For example, a physician may want to prescribe MAT for his/her patient and have BHH just furnish therapy.

Q6: What should the specific discharge instructions for the patient be to maximize success?

A6: Connect the patient with BHH while they are in your presence. Patients can use their smart phones to connect.

Q7: What if the patient loses an identifying or referring document between being discharged and seeing BHH?

A7: BHH will work with the patient to request a replacement. The Patient treatment will not be disrupted.

Q8: What if Highmark does not get all the paperwork to you and an unknown new patient shows up verbally stating they were sent from a Highmark Provider?

A8: BHH will assess the patient and determine the proper course of care.

PATIENT EXPERIENCE

Q1: What do patients need in hand for an appointment?

A1: BHH will attempt to get an insurance card and photo ID. However, neither are required to start an evaluation.

Q2: Does any government issued identification count as Photo ID? Can they use information identification?

A2: Any photo ID is allowed, BHH does not need legal residency or other documentation.

Q3: What proof or verification of enrollment is needed?

A3: BHH will verify enrollment and check for eligibility on behalf of your patient.

Q4: How does BHH reconnect patients to their primary care?

A4: BHH develops relationships with Federally Qualified Health Center (FQHC), Primary Care, and specialty care providers. The goal is to reintegrate patients back into the health system if disconnected. Depending on the capabilities of the system, BHH can continue to treat patients until appropriate for the referral setting.

Q5: How do patients get their medication?

A5: BHH will e-prescribe the patient's medication to a pharmacy or work with local prescribers if BHH is only providing counseling.

Q6: Which substances does BHH treat?

A6: Opiates, alcohol, benzodiazepines, and methamphetamines.

Q7: Which medications does BHH prescribe?

A7: All formulations of buprenorphine as well as naltrexone.

Q8: Will BHH work with my MAT program?

A8: Yes, BHH can assist temporarily (e.g., outside of business hours or until an appointment is available) or ongoing.

Q9: Does BHH coordinate with the patient's other providers?

A9: Yes, communicating with outside health providers, drug courts, and other individuals is necessary to ensure care alignment and coordination. With the member's permission, all providers, including health care providers, drug courts, and other organizations and individuals may be sent a care coordination summary every two weeks or as frequently as requested. The report will include the following:

- Treatment plan
- Symptomatology

- Attendance
- Drug screens
- Care services

Q9: How is the care coordination summary sent between BHH and my facility/office?

A9: BHH can setup a method that works best, such as direct messaging in the EMR, email, fax, Dropbox, or mail.

Q10: What if my patient does not have access to video technology?

A10: BHH has not encountered major issues with access to technology. BHH can do initial assessment via phone however video is required for ongoing treatment.

Q11: Does BHH treat pregnant patients?

A11: Yes, BHH has obstetrician addictionologists on staff and works with the patient's OB to coordinate care.

Q12: Does BHH transition patients to a higher level of care (e.g., residential program)?

A12: Yes, BHH transitions patients to a higher level of care as appropriate