



State of Louisiana

Louisiana Department of Health Office of Behavioral Health

November 2, 2017

Dear Provider:

As you know, integration **of physical health and behavioral health treatment** for our member's care is a focus for LDH and Healthy Louisiana. According to the National Quality Forum, "lack of care coordination leads to serious complications, including medication errors, preventable hospital readmissions, and unnecessary pain and suffering for the patients. Because physical and behavioral health problems often occur simultaneously, integrating services to treat the whole health of individuals achieves the best results. In order to move toward that goal, we must first assess the current state of integration at the provider level. LDH has chosen the Integrated Practice Assessment Tool (IPAT) to determine the level of integration in the state. If you are interested in learning more about the IPAT, you can visit this link: http://www.integration.samhsa.gov/operations-administration/IPAT_v_2.0_FINAL.pdf.

Assessing integration is an annual task to measure the level of integration in the state. If you are either a **behavioral health provider or a primary care provider that is likely to interface with members with behavioral health needs, such as internists, family practitioners, pediatrics, OB-GYNs and any other providers that are likely to interface with BH populations**, we are asking that you complete this survey. This communication is being sent by AmeriHealth Caritas Louisiana. (If there are difficulties with this communication, please contact Stacie Zerangue, Director, Provider Network Management at 1-225-300-9157.) LDH is coordinating the assessment and compiling the results of the survey. LDH has set up a survey monkey assessment to facilitate completion of the IPAT to these selected providers. You may receive this survey from more than one plan, if you are contracted with more than one plan. **We are asking that you only complete the survey once.** Please be sure to complete the demographics section of the survey (i.e. with which plans you are contracted, an email address, and your provider type). We ask that you complete the survey by **November 15, 2017**.

<https://www.surveymonkey.com/r/J2GFWVT>

We appreciate your attention to this. Thank you for completing the survey.

Sincerely,
LDH

Name
Date
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