

ALERT[®]

Frequently Asked Questions

Background

Why ALERT? Why now?

United Behavioral Health (UBH) is committed to partnering with our clinical network to achieve optimal therapeutic outcomes for the individuals we mutually serve. We are taking a new approach to managed care that is consumer-driven and outcomes-based that supports cost-effective treatment decisions. UBH introduced the Enhanced Outpatient Process (EOP) in 2005 which included the Wellness Assessment (WA) and algorithm system along with care advocacy interventions. Following the merger and acquisition of PacifiCare Health Systems Inc. by UnitedHealth Group, UBH consolidated the EOP with the ALERT model of Pacificare Behavioral Health. Building on the strengths of both approaches, we are introducing a new model also called ALERT. This model is designed to incorporate the voice of the member and to measure clinical change over the course of treatment. The WA is provided to the member at multiple points during each episode of care. Maintenance of therapeutic gains will be measured after treatment has been completed.

What does ALERT stand for?

ALERT stands for **A**lgorithms for **E**ffective **R**eporting and **T**reatment. The system utilizes member responses to a validated survey tool, the one-page Wellness Assessment (WA). Claims data is also incorporated. This information is processed to determine the member's behavioral health status in relation to a set of algorithms. These algorithms support the identification of members who are at moderate to high risk for poor clinical outcomes.

What is an Algorithm?

An algorithm is a set of decision rules UBH applies to member-specific data to identify targeted clinical issues or risks. Algorithms enable UBH to effectively direct Care Advocate resources to those members for whom such interventions are most indicated. Algorithms also allow for the classification and monitoring of unique clinical populations and their responses to treatment (for example, individuals presenting with medical co-morbidity).

How is ALERT different from the Enhanced Outpatient Process?

The EOP, introduced to the national UBH network in December 2005, eliminated routine Outpatient Treatment Reports. It created a single certification for routine outpatient services with any network clinician. Treatment decisions were prioritized in the member/clinician relationship, with UBH involvement focusing on those members identified as being of moderate to high risk for poor clinical outcomes. The EOP involved a three-page Wellness Assessment, claims data and a follow-up assessment sent to the member's home at six months post-treatment initiation. With ALERT, the one-year certification valid for any network clinician remains in effect. The open certification is not contingent on submission of a Wellness Assessment. The WA has been condensed. The new one-page form is administered in your office in the first session and again preferably at the third visit, but may be given at either the fourth or fifth visit, at the clinician's discretion. An additional WA may be requested at session 8, 9, or 10 for a subset of members who have been identified as "at-risk". In all cases, with prior approval, the

member will receive a follow-up WA sent to their home four months after the initiation of treatment.

How was the Wellness Assessment developed and tested?

The original Wellness Assessment was developed as part of a study funded by the National Institute for Mental Health. This study affirmed the utility of the WA in clinical practice. Questions on the WA are derived from well-known validated measurement instruments, including the Symptom Checklist-90 (SCL-90), CAGE-AID, World Health Organization's Health and Productivity Questionnaire, the Child/Adolescent Measurement System (CAMS), and the Caregiver Strain Questionnaire (CSQ). The 2007 WAs were developed following a detailed psychometric evaluation of data from prior WA versions, resulting in a highly reliable, significantly shorter Wellness Assessment. Item Response Theory (IRT) provided valuable information about item overlap, scale validity, scale sensitivity across a range of symptom severity, and response option efficiency.

Where can I get additional information about the research and methodology related to ALERT?

Additional information is available online at our clinician Web site at www.ubhonline.com.

Eligibility and Open Certification

Should I routinely contact UBH regarding eligibility and benefits?

Yes. Services and/or conditions not covered under the member's specific benefit plan are not eligible for payment. It is important to inquire about eligibility of benefits and to clarify what is covered under each member's benefit plan. UBH complies with regulatory requirements related to coverage election periods and payment grace periods. These requirements can lead to delays in UBH's knowledge of a member's eligibility status. As a result, the consumer is usually the best source for timely information about eligibility, coverage changes and services utilized to date.

How can I inquire about a member's current eligibility and benefits?

You can inquire about eligibility and benefits at ubhonline[®] or by calling the phone number on the back of the member's insurance card. Online eligibility inquiries are secure and available only to UBH network clinicians who are registered users of this site. You may request a user id at ubhonline or by calling toll-free 1-866-209-9320.

Do UBH members have benefit limits?

Yes. The open certification is a means of accessing a benefit; the inclusions of a given benefit plan vary and most have annual benefit limits.

Are members required to have an initial certification?

Not always. Members, whose benefit plan requires prior certification for outpatient treatment, obtain their initial certification of benefits by either calling UBH or by going online at www.liveandworkwell.com. When calling, the member receives an Open Certification letter indicating that routine outpatient psychotherapy services are certified with any network clinician. Members are instructed to bring this letter with them to the initial session. When using the online option, members will bring a Certification Request document with a Confirmation Number. Please accept this document as certification for treatment; there is no need for you to

enter a certification request on behalf of the member. At the time of submitting a claim for this member, you can obtain the certification number by using the Certification Inquiry feature on ubhonline. If there are problems with the member's eligibility or benefits, or we are unable to issue the certification, we will notify the member.

If the member does not bring the Open Certification letter or the Certification Request document, you need to ensure an open certification has been issued. You may check the status of a certification through the "cert inquiry" function on ubhonline or by calling the number on the back of the member's insurance card. If a certification is not already in place, you may request one at the time of your online or telephonic inquiry. Certification effective dates may be issued retroactively up to a maximum of 30 days. You can check benefits and limits of coverage through ubhonline or by calling UBH.

Will the member's letter have a certification number?

The Open Certification letter will have a certification number and the Certification Request will have a Confirmation number, reflecting the certification request has been received by UBH. We recommend making a copy of the letter or the request for your files.

What about members whose benefit plan does not require prior certification for outpatient treatment?

For UBH members whose benefit plan does not require prior certification, there is no need to ensure that a certification has been issued by UBH. It is a good practice to verify with the member the current status of their coverage. You may also inquire about a member's benefit plan requirements through ubhonline or by calling the number on the back of the member's insurance card.

Are all the services I provide covered under the Mental Health/Substance Abuse (MH/SA) open certification?

No. The open certification issued to members covers the most common outpatient psychotherapy services you provide (please see the CPT codes listed in the chart below). Some services such as psychological testing, home health visits, and disability treatment require review in order to certify benefits. To determine whether a non-routine service requires clinician-specific certification, please call the number on the back of the member's insurance card.

What services are included in the open certification of benefits?

UBH members' initial certification of benefits includes the following typically used CPT codes:

| | | |
|-------|-------|-------|
| 90801 | 90812 | 90857 |
| 90802 | 90846 | 99241 |
| 90804 | 90847 | 99242 |
| 90806 | 90849 | 99243 |
| 90810 | 90853 | |

Please note that psychological testing, home visits and other services not listed in the table above still require clinician-specific certification of benefits prior to providing those services. To obtain those certifications, please call the number on the back of the member's insurance card.

For how long is the open certification of benefits valid?

The open certification of benefits is valid for one year from the date of issue up to the benefit limit as long as the member's eligibility remains active. If the member is still in treatment when the certification expires, you will need to request continued certification through the "cert request" feature on ubhonline or by calling the number on the back of the member's insurance card.

How will I know when an open certification expires?

Please refer to the effective dates on the last certification letter. The open certification is valid for 12 months from the date of issue (up to the benefit limit as long as the member's eligibility remains active). You may verify the effective dates of any certification through the "cert inquiry" feature on ubhonline or by calling the number on the back of the member's insurance card.

When a new benefit year begins, do I need a new certification for continued MH/SA treatment?

No. The open certification will be valid for one year (12 months) from the date of issue subject to the member's continued eligibility and terms of their benefit plan. You should continue to discuss current coverage or coverage changes directly with members.

Can I make referrals directly to other UBH network clinicians without prior certification of benefits?

Yes, in some cases. The open certification allows you to transfer a member to another network clinician for routine outpatient psychotherapy services. Additionally, if you are referring a member to a network clinician for medication evaluation and management, prior certification is not required. A prior certification of benefits **is** still required for services such as psychological testing, intensive outpatient treatment and other levels of care.

How do I submit claims?

Submit your claims with standard CPT and specific ICD-9-CM diagnostic codes. We recommend you use the claims submission feature available on ubhonline for the most efficient claims processing. Registered users of ubhonline click on "claim entry" to access a secured transaction section.

Wellness Assessment

How long does the Wellness Assessment take to complete?

Typically, the one-page WA takes less than 10 minutes for the member to complete. We recommend that you review this information with the member while in session.

How can I incorporate the Wellness Assessment into my established practices?

It is recommended that you advise members to arrive early to allow time to complete the WA. You could also send the WA to the member prior to the first appointment with instructions to bring the completed form to the first session. However, if the member forgets to bring the completed WA, either have the member bring it to the second session or complete a new form in the office.

How does ALERT add value to my practice and to my patients?

ALERT provides a confidential, objective and validated means of identifying specific risk issues. The one-page WA supplements the assessment tools you are already using. The goal of ALERT is two-fold:

- It supports treatment planning, modification and compliance for individuals identified as at-risk for poor clinical outcomes
- It tracks clinical change and outcomes for individuals in outpatient treatment

What if the member discontinues treatment but returns several months later?

You should consider this a new episode of care, requiring the completion of a new WA with the filing of a 90801 CPT code. Keep in mind that if the member returns to treatment within one year of their last certification, that certification is still valid up to the benefit limit as long as the member's eligibility remains active. Renewal of certification will be required at the end of that one-year period.

When I work with couples or families, should each person seen be given a Wellness Assessment?

No. The member for whom you make claims submissions should complete the one-page WA. In the case of members who are minors (except for minors who are emancipated or able to consent to their own treatment under the laws of your state), the parent or guardian should be asked to complete the Wellness Assessment – Youth, answering the questions as they relate to the identified patient.

What if an adolescent is seeking confidential care or is an emancipated minor?

In these circumstances, you should only complete the demographic sections located at the top of the WA and return it to UBH. A follow-up assessment will not be sent to the adolescent's home.

What if a patient is in crisis at the time of the initial session and unable to complete the Wellness Assessment?

The WA may be administered during the second session. If the member does not return for a second session, please complete the patient and clinician demographic sections located at the top of the WA and return it to UBH as indicated on the instruction page.

Employee Assistance Program (EAP) Procedures

Do EAP services require prior certification?

Yes. EAP benefits require specific certification. You will receive an EAP certification letter.

How is EAP certification obtained?

You can obtain an EAP certification by calling 1-800-333-8724.

Should my EAP patients be given the Wellness Assessment at their initial visit?

Yes. All UBH members should be asked to complete the one-page WA.

For members who transition from their EAP to their UBH MH/SA benefits for routine outpatient psychotherapy services, do I need to obtain prior certification?

Yes. You need to obtain prior certification. This is accomplished by sending in the Benefit Transition Notification (BTN) or through the "cert request" function on ubhonline. Upon receipt

of the BTN form or completion of the ubhonline “cert request”, UBH will generate an open MH/SA benefit certification. The member will receive a letter indicating that routine outpatient psychotherapy services are certified. You will not receive a copy of this letter from UBH. Instead, UBH members will be instructed to bring this letter with them to their initial MH/SA session. If they are continuing in treatment with you, it is not necessary to wait for the member to bring in the certification letter before continuing services.

What do I do if my EAP patient requires non-routine MH/SA services?

Non-routine psychotherapy services such as psychological testing, home health visits and disability treatment, as well as higher levels of care such as intensive outpatient treatment, still require prior review and certification of benefits through UBH. Please call the number on the back of the member’s insurance card to inquire about certification of non-routine services.

If a patient I am seeing through their EAP benefit requires medication management services, is prior certification of MH/SA benefits required?

No. Medication management services under MH/SA benefits do not require prior certification.

A UBH member schedules an initial psychotherapy evaluation with me after utilizing available EAP sessions with another clinician:

Am I required to ensure that an MH/SA certification is in place?

Yes. The EAP clinician should have requested the MH/SA certification. However, you need to ensure that it has been obtained. The member has been instructed to bring a copy of the open certification letter to their first session. If the member does not bring this letter, registered users of ubhonline may check to see whether or not the member has an MH/SA certification. You may also call the number on the back of the member’s insurance card. If a certification is not in place, you may request certification online or by phone at the time of your initial inquiry.

Am I required to give a Wellness Assessment to my patient?

Yes. All UBH members should be offered the one-page WA. If the member reports they have already completed a WA with their EAP clinician, it is not necessary to have them complete an initial session WA. However, you should administer the WA at either session 3, 4 or 5.

Historically, EAP benefits have required a new certification when a new benefit year begins. Is this still true?

Yes. You will need to obtain a new EAP certification when a new benefit year begins.

Psychiatrists and APRNs

How does ALERT apply to psychiatrists and APRNs with prescriptive authority?

There are no required changes in current procedures for psychiatrists and APRNs with prescriptive authority. Certification for medication management services is not required. For psychiatrists and prescribing nurses, use of the Wellness Assessment is strongly encouraged. Research has shown that this tool can help identify issues of importance in the treatment process, and can assist the patient and clinician in developing goals and discussing issues. Change in functioning over time can be assessed.

The table below reflects CPT codes for which prescribing clinicians do not need to obtain prior certification of benefits:

| | | | | |
|-------|-------|-------|-------|-------|
| 90801 | 90811 | 90849 | 99242 | 99254 |
| 90805 | 90812 | 90853 | 99243 | 99255 |
| 90806 | 90813 | 90862 | 99251 | |
| 90807 | 90846 | 99211 | 99252 | |
| 90810 | 90847 | 99241 | 99253 | |

Clinician and Member Participation

What if a member does not want to participate?

Completion of the one-page WA by the member is voluntary. If the member declines to complete the WA, clinicians should complete the demographic sections located at the top of the WA and return it to UBH to notify us that treatment has begun. Fill in the bubble labeled “MRef” for member refusal. Network clinicians are expected to facilitate member completion of the WA. In our experience, member refusal is rare when the WA is presented in the context of being actively engaged in the treatment and monitoring process.

Does a member’s decision not to participate reflect negatively on me?

No. An individual member’s decision not to participate does not negatively impact measures of your participation.

Under what circumstances might UBH contact me?

Care Advocates will receive algorithm results from the WA, and may contact you to conduct a clinical review and assist in coordinating additional services when indicated. In some cases, you will receive a letter alerting you to algorithm-identified risk factors. If a member is identified as having discontinued treatment prematurely, a Care Advocate will contact the member to encourage treatment participation.

I am concerned that incorporating Wellness Assessments into my practice may compromise confidentiality.

Please assure your patients that WAs are confidential. UBH will not share the information with employers, medical benefit providers or medical clinicians (except as required by law) without the member’s consent. The WA is subject to the same protections as any other health information submitted to UBH. Members with additional concerns are welcome to call UBH directly.

What data will UBH track as part of this process?

UBH will utilize data from Wellness Assessments in combination with claims submissions to identify specific risk factors and behavioral health status. Additional information will be obtained from the follow-up Wellness Assessment, which will be sent (with prior approval) directly to members four months after initiation of treatment. Over time, UBH will be able to provide aggregate patient outcomes feedback to clinicians.

How does UBH determine whether or not I am submitting the Wellness Assessments for my UBH patients?

We compare claims data with WA forms received.

How does the completion rate of the Wellness Assessment affect the clinician's status and profile within UBH?

UBH tracks response rates and will contact clinicians with unusually low participation rates to address any barriers to their participation. In the future, participation rates may influence a clinician's opportunities for public recognition, preferential referral status, or other incentive programs.

Completion of the WA is an important part of UBH's clinical management and quality improvement programs. Clinicians who do not wish to participate in these programs have the right to withdraw from the network. Ultimately, failure to use ALERT may result in a formal review of a clinician's status as a network clinician.

Will I be paid for the time involved in completing, reviewing and sending in Wellness Assessments?

No. UBH is not offering additional compensation. Participation in the care advocacy process, including ALERT, is a requirement for UBH network clinicians.

Will I have an opportunity to provide feedback about ALERT to UBH?

Yes. UBH periodically conducts Clinician Satisfaction Surveys in which you can share comments and offer recommendations for improvement. We also solicit information and feedback through a number of clinician advisory panels. Another avenue for feedback to UBH is through Network Management.

About the Wellness Assessment Forms

Where do I get the Wellness Assessments for members to complete?

The forms, in both English and Spanish, are available for download and printing at ubhonline. Please note that over time photocopying diminishes the quality of the form potentially rendering it unreadable. UBH recommends downloading forms on a regular basis.

What are the instructions for completing the Wellness Assessment?

It is important to print clearly, using all capital letters. When reviewing with the member, please ensure the circles are shaded completely and that only one answer is provided per question. Any stray marks or comments on the form may interfere with the automated processing. For complete instructions, refer to the sheet that is included with the WA.

How do I submit completed Wellness Assessments?

Please submit WAs by fax, which now supports automated entry of the WAs for more efficient processing.

The fax number is **1-800-985-6894**.

You may also submit WAs by mail:

United Behavioral Health/USBHPC
Attn: Wellness Assessments

PO Box 27430
Houston, Texas 77227

Further Assistance

Who can I call if I need assistance or have further questions?

These FAQs and other ALERT information will be maintained and updated online. Visit ubhonline regularly for current information. If you have any other questions, you may call the number on the back of the member's insurance card or contact Network Management.