



May 30, 2007

Dear Prescribing Clinician:

PacifiCare Behavioral Health (PBH) is committed to partnering with you to achieve the best treatment outcomes for our members and your patients. Reflecting industry trends toward an increasingly consumer-driven market, our revised clinical model, ALERT[®] (**A**lgorithms for **E**ffective **R**eporting and **T**reatment), is scheduled to begin August 2, 2007. NOTE: This date is subject to change as this change is pending approval by the California Department of Managed Health Care.

ALERT is built on the combined strengths of two existing behavioral health clinical models, following the acquisition of PacifiCare Health Systems Inc., by UnitedHealth Group. This model maintains a confidential, reliable and validated means of identifying targeted risk issues through a review of Wellness Assessment (WA) and claims data.

For psychiatrists and prescribing nurses, use of the Wellness Assessment is strongly encouraged, but not required. 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. Importantly, change in functioning over time can be assessed. Certification for routine medication management services is not required.

What is New Effective August 2, 2007?

- PBH is moving to an Open Certification process which allows the member to receive treatment from any network clinician
- Psychiatrists and prescribing nurses will not be required to obtain prior certification for most outpatient services
- The Provider Assessment Report (PAR) will no longer be used
- The Wellness Assessment will replace the Life Status Questionnaire (LSQ)
- LSQ/YLSQ mailings will be discontinued on June 30, 2007 to allow for supplies of forms to deplete
- Revised algorithms, including claims-based data, will be used to identify targeted clinical issues and risks
- Clinician participation rates in administering the Wellness Assessments will be monitored; psychiatrists and prescribing nurses are eligible for recognition of voluntary participation in ALERT

Benefits to You and Your Patients

The ALERT algorithms offer opportunities for earlier intervention on potential treatment complications. The combination of letters and/or calls “alerting” you to specific risk factors allows us to work together more efficiently to focus on those individuals in outpatient treatment with the greatest potential for benefit from such collaboration.

The Wellness Assessment, completed at multiple points in treatment, continues to offer immediate feedback on changes in health status and functioning that may inform further treatment planning, including level of care changes or coordination with medical professionals.

Change to the Certification Requirement

Psychiatrists and prescribing nurses will no longer be required to obtain prior certification for routine medication management services or submit Provider Assessment Reports (PARs) for their patients. In addition to the initial evaluation (90801), the table below reflects some of the most frequently used CPT codes among prescribing clinicians that do not require prior certification of benefits:

90805	90811	99211	99253
90806	90813	99251	99254
90807	90862	99252	99255

All treatment certified by PBH or UBH must be clinically necessary and evidence-based.

Resources

We strongly encourage you to register for any of the following conference calls providing an overview of ALERT at www.ubhonline.com. From the home page, go to the Clinical Learning menu and select “ALERT registration”. You may also register by calling 1-800-287-9849, ext 3494:

Date	Time	Phone Number
July 12, 2007	12:00 p.m. Eastern / 11:00 a.m. Central / 9:00 a.m. Pacific	1-800-552-8408
July 24, 2007	2:00 p.m. Eastern / 1:00 p.m. Central / 11:00 a.m. Pacific	1-800-552-8408
August 17, 2007	12:00 p.m. Eastern / 11:00 a.m. Central / 9:00 a.m. Pacific	1-800-552-8408

Please visit www.ubhonline.com for additional resources about ALERT, including a list of Frequently Asked Questions or to download Wellness Assessments (WA) as needed. Please note that over time, photocopying diminishes the quality of the WA form, potentially rendering it unreadable. Therefore, it is recommended that you download forms on a regular basis.

We appreciate your continued dedication in providing quality clinical services and optimizing outcomes. If you have further questions, please contact the PBH Network Management Provider Helpline at 1-800-716-1166 select option 3, and then option 4.

Sincerely,



Michelle Brennan-Cooke, PhD
Vice President, Clinical Network Services

ALERT[®]: Routine Outpatient Care Advocacy Process

- Members whose benefit plan requires prior authorization for outpatient treatment will call PBH to obtain a certification. Please note that some benefit plans do not require prior authorization or certification of outpatient services, but members will still be able to call for referrals.
- PBH staff provide referrals to in-network clinicians based on clinical and geographic needs. An “open” certification is generated allowing the member to see any contracted network clinician for routine outpatient services.
- Member calls the clinician directly to schedule an appointment. When applicable, the member brings a copy of their certification letter to the initial appointment. If the member does not bring the letter, the clinician should verify that a certification has been issued. **If the member did not obtain a pre-certification, and one is required, then the clinician must request one by calling the number on the back of the member’s insurance card.**
- Clinician provides the Wellness Assessment (WA) to each new member, or the parent/guardian of a child or adolescent patient.
- Clinician reviews the responses during the initial session.
- Clinician returns the completed WA to PBH as instructed on the form.
- The WA is re-administered preferably at session 3, but may be administered at session 4 or 5, reviewed with the member and returned to PBH.
- PBH clinical staff review the WA and may contact the treating clinician to discuss the case or assist in coordinating additional services.
- Some targeted risk factors identified after the review of the second WA, may result in your being asked to administer a third WA at a later point in treatment.
- A follow-up WA will also be sent directly to the member approximately four months after the initial evaluation.