



May 30, 2007

Dear Network Clinician:

PacifiCare Behavioral Health (PBH) and United Behavioral Health (UBH) are 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<sup>®</sup> (Algorithms for Effective Reporting and Treatment), 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. In addition, it provides a baseline measure of member functioning combined with later measures to reflect change in member functioning over time.

### **What is New Effective August 2, 2007?**

- PBH is moving to an Open Certification process for routine outpatient services which allows the member to receive treatment from any contracted network clinician (see below for more details)
- 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
- PBH members who initiated treatment with you prior to August 2, 2007, and who are continuing an active episode of care, will no longer require concurrent review through submission of an LSQ/YLSQ or PAR. However, after their current authorization expires, you (or the member) will need to contact PBH to request a new certification if the member plans to remain in treatment with you. Contact PBH by calling the number included in authorization letters sent to you between June 30, 2007 and August 2, 2007, or by calling the number on the back of the member's insurance card.
- When a new episode of care is initiated, an Open Certification is required and Wellness Assessments should be submitted as outlined below.

### **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.

### **Open Certification Process for Routine Outpatient Services**

PBH will no longer require the submission of Provider Assessment Reports. Instead, we will be using the Open Certification process. When members contact PBH to obtain referrals, they will receive a unique Open Certification number, which can be used to see any contracted network clinician for routine outpatient services. The Open Certification is valid for a maximum of 12 months from the date of issue up to the benefit limit, subject to the member's continued eligibility and terms of his or her benefit plan. This simplifies administration for you, as you no longer have to make multiple certification requests, track certification numbers across visits, or reconcile claim submissions with multiple certification numbers.

When scheduling an appointment with a member, you should confirm that the member has obtained an Open Certification. Some services such as psychological testing, home health visits, and disability treatment require review in order to certify benefits as they are not covered under the Open Certification process. All treatment certified by PBH or UBH must be clinically necessary and evidence-based.

### **Looking Ahead**

The Open Certification process, along with the administration and submission of ALERT Wellness Assessments, should be used for both PBH and UBH membership beginning August 2, 2007.

### **Resources**

We strongly encourage you to register for any of the following conference calls providing an overview of ALERT at [www.ubhonline.com](http://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, extension 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](http://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 call the PBH Network Management Provider Helpline at 1-800-716-1166 and select option 3, and then option 4.

Sincerely,



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

## ALERT<sup>®</sup>: 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 alerts the clinician if a targeted risk is identified. The treating clinician will either be notified by letter, or contacted by a Care Advocate 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.