

network

notes



Strengthening Our Partnership

By Dave Chenok

It has been several months since our last newsletter, and much has happened in the interim. First, Jim Hudak has joined UBH as President and COO. You'll find an introductory article from Jim in this newsletter. It has been my pleasure to work with Jim for much of the past 15 years, first at Accenture and then at UnitedHealth Group. Jim's energy, clarity of thinking, and ability to get things done are a wonderful addition for UBH.

In our last newsletter, I outlined several steps UBH had taken to enhance clinician relationships since my arrival, and outlined several more that would be forthcoming. I am pleased to report on the progress we have made.

- **Ubhonline®:** Clinicians can now submit claims online even without an authorization; request authorizations for follow-up visits online; and — as of April 30 — verify patient benefits and eligibility online in real time.
- **Database Cleanup:** We completed an ambitious effort to update the information in our clinical network database. We successfully reached over 90 percent of you, and in essence "cleaned the reservoir." This, combined with the completion of several "Just Right Service" projects to enhance our internal processes, have resulted in an overall claims adjustment rate about half of what it had been in the prior year.
- **Multiple TINs:** I am pleased to announce that effective August 1, 2004, UBH will be able to correctly pay claims to any billed TIN for which we have a record. If you bill with multiple TINs and have any question as to whether our information for you is complete, please contact your UBH network manager (they can be found by looking on ubhonline).
- **Outreach Program:** We launched our formal outreach program — each of our network managers is now devoting a significant proportion of their time each week to proactively contacting you and your offices. We are using the data we gain to better understand any barriers to a successful partnership and to deepen our relationship.

in this issue

Inspired by You:
This Year's
Operating Priorities

2

Following Up
to Ensure
Quality Care

5

Patient Safety
Reminders

9



Inspired by You: This Year's Operating Priorities

By Jim Hudak

About a year ago, I joined United Behavioral Health as its President and Chief Operating Officer, after serving for two years as the Chief Information Officer for UBH's corporate parent, UnitedHealth Group. I have a longstanding interest in behavioral health, and I love being here. During my first year here, I have enjoyed developing an excellent working relationship with UBH's Founder and CEO, Saul Feldman. In UBH, I see a company that has been and remains the industry leader, and has amazing opportunity for future growth and industry innovation.

I have also had an opportunity to hear from some of you during that time, and these discussions helped to shape my thinking about UBH's operating priorities for 2004. We are well into that process, and I welcome this opportunity to share four operating priorities* for 2004.

Claims and Customer Service: This is my number one priority for 2004. While I believe that UBH has done a relatively good job in these areas, there is tremendous room for improvement — and tremendous potential for enhancing our relationship with you by doing so. My early conclusion was that to improve, we needed to step up our talent level, and to this end we have made several recent additions to our staff:

- Bob Rebitzer has joined us from Accenture as our new EVP of Operations.
- Bob Rosenthal has joined us from Uniprise (the operations arm of UnitedHealthcare) as our VP of Claims and Customer Service.
- Courtney Pruitt has joined us, also from Uniprise, as Director of Customer Service.

These new leaders bring a wealth of expertise and solutions to UBH operations. As a result of their efforts, we have already eliminated backlogs in most claims areas, brought hold times down significantly, and launched a number of "root cause" initiatives designed to reduce or eliminate situations requiring phone calls. We hope that all of you notice continuing improvements in the months ahead.

Availability: If even one of our enrollees has a difficult experience accessing care, we need to address it. The availability equation is terribly complex. It involves the actual capacity and availability of our clinical network; the expectations of our enrollees; the accuracy of our databases; and the strength of our processes. We well



About Jim Hudak

Adding to UBH's talented executive team, Jim Hudak was appointed as UBH's new President and Chief Operating Officer. He is responsible for the overall operations of UBH, and reports to Chief Executive Officer, Dr. Saul Feldman. Formerly the Executive Vice President of UnitedHealth Group and Chief Executive Officer of UnitedHealth Technologies, Hudak will be a significant contributor to UBH's ongoing growth and continued leadership in the field.

Hudak has an undergraduate degree in economics from Yale University, a master's degree in public policy from the University of Michigan, and nearly 20 years of health care consulting experience.

understand the barriers to availability, and are doing what we can to address them. Each of you is a critical player in this process, and we greatly appreciate your partnership.

Growth: Growth is the lifeblood of every large enterprise. We believe the best way to grow is through differentiation — showing current and prospective customers that we can meet their needs in ways that other MBHOs cannot. We know how important quality is in differentiation, and, as a member of our network, you are a key element of that differentiation. Again, we thank you.

Standardization: Many of you are aware that UBH manages its enrollees through a series of care management centers (CMCs) across the United States. Over the years, each of them has developed a set of operating best practices that result in the delivery of high quality, affordable health care. However, as we continue to grow, we are seeing the imperative of standardizing to a single, consistent practice across all our sites. Standardizing to best practice eliminates duplication and propagates what works. It also means a better, more consistent experience for our clinical partners, because you will have a predictable, high quality experience from patient to patient, situation to situation. Our goal is standardizing all operations by the close of 2004.

I will periodically use the newsletter as an opportunity to communicate broadly with you. Thank you again for working with UBH.

** The operating agenda is interwoven with the quality agenda, driven by our CEO, Saul Feldman, and Chief Clinical Officer, Robert Fusco.*

In looking forward to the rest of 2004, there are several new initiatives underway within Clinical Network Services. These include:

- **Clinical Quality Measure:** UBH collects information from our consumers through a variety of vehicles, including satisfaction surveys and our Treatment Outcome Program (TOP) survey. UBH is developing a model whereby we will aggregate the information we receive and make that information available to our clinicians, as a way for them to gain additional perspective.
- **Claims Escalation Queue:** We know that some claims situations can be extremely complex. We are creating a small, cross functional "SWAT" team that can intercede and resolve particularly complex claims situations on an accelerated basis.
- **Ubhonline®:** We know that some of you use practice management systems, and prefer to submit claims via an EDI clearinghouse. We are assessing the feasibility of a B-2-B capability that would allow you to submit electronic claims from your practice management system directly to UBH.

I am excited and optimistic about the state of our network and our clinician relationships. I look forward to an even better second half of 2004.

E-mail questions, suggestions, or thoughts to Dave Chenok at dchenok@uhc.com.

Joint Panel Urges Screening and Monitoring of Patients Using SGAs

Second-generation antipsychotics (SGAs) are an important component in the management of a variety of mental illnesses. As with all drugs, there are undesirable side effects associated with SGAs, including possible risk of obesity, diabetes and high cholesterol. Because of these potential side effects, a joint panel of the American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity has issued a consensus statement published in the February issue of *Diabetes Care*, outlining guidelines for doctors prescribing SGAs. The consensus statement asks doctors to carefully screen and monitor patients on these medications for signs of rapid weight gain or other problems that could lead to diabetes, obesity and heart disease and refer them to specialists if necessary.

Often, patients on these medications are seeing multiple clinicians for a variety of treatments. All clinicians should be observant for weight gain and health-related complaints in patients on these medications and communicate any observations and concerns to the prescribing physicians. Given that many patients have some ambivalence about taking antipsychotic medications, any discussions with them about potential adverse effects should be structured to maintain a supportive therapeutic alliance with the prescribing physician and to minimize any risk that the patient will abruptly discontinue the medication.

For more information regarding the panel's consensus statement, visit the American Diabetes Association's *Diabetes Care* Web site at <http://care.diabetesjournals.org>, and enter year 2004, volume 27, and page 596 in the "Quick Search" box.



Did you know . . .

The UBH 2004 Clinician Manual and the UBH 2004 Facility Manual describe important aspects of our clinical and business operations. However, as with other UBH processes we use this newsletter to highlight important aspects of our operations. Below are important features of our Care Management, Quality Improvement (QI) Programs and Credentialing Process. Much of this information can also be found at www.ubhonline.com.

Care Management, QI and Credentialing Documents: To obtain a paper copy of these UBH documents, contact the network manager for your state.

- **UBH Patient Rights and Responsibilities (RRs):** In the course of care, an enrollee has both rights and responsibilities. The UBH Patient RRs are available on ubhonline.com; in the Clinician Manual, pages 40-41; and Facility Manual, pages 36-37.
- **UBH Level of Care Guidelines and Psychological Testing Guidelines:** These UBH guidelines are clinical tools that assist UBH Care Managers in making clinical determinations related to the most appropriate type and level of care.
- **QI Program:** Upon request, UBH makes available information about its QI program, including a description of the QI program and a report on UBH's progress in meeting its goals.
- **Supplemental and Measurable Guidelines:** These guidelines supplement the American Psychiatric Association's Major Depressive Disorder Guidelines and the American Academy of Child and Adolescent Psychiatry Attention-deficit/Hyperactivity Disorder (ADHD) Guidelines as adopted by UBH in 2003. These two diagnostic categories, major depressive disorders and ADHD, are part of our QI program. These supplemental guidelines outline performance measures specific for the treatment of these diagnostic categories, as well as the basis for the selection of those measures.
- **Treatment Record Documentation Requirements:** UBH requires treatment records to be maintained in a manner consistent with the standards of the community, and to conform to all applicable statutes and regulations. During a site audit, UBH may review your records for completeness and quality of the documentation, along with the availability and confidentiality of the treatment records. More information on treatment record documentation requirements

is available on ubhonline.com; in the Clinician Manual, pages 27-28; and Facility Manual, pages 22-24.

- **Credentialing Plan:** This document describes the credentialing and recredentialing processes. It is available at www.ubhonline.com or by request through your network manager.

Care Management Process: If you have questions about the UBH care management process, the Utilization Management Program, or the QI Program, please contact the appropriate care management center or your network manager. To contact the appropriate care management center, refer to the enrollee's insurance card for the toll-free number. You can locate your network manager online at www.ubhonline.com — select "contact us," then enter your state and click "search for a Network Manager."

- **UBH staff availability:** Care management staff are available 24 hours a day, seven days a week to discuss clinical and benefit determinations, appeals or other questions you may have about our care management process. A toll-free number is provided on all written benefit determinations.
- **Affirmative Incentive Statement:** UBH care management decisions are based on the appropriateness of care as defined by the UBH Level of Care Guidelines and Psychological Testing Guidelines and in accordance with the enrollee's benefit plan and applicable state and federal laws. UBH does not compensate individuals conducting utilization reviews for issuing denials of coverage of services. We do not encourage or provide incentives for UBH care management staff or contractors to make decisions that result in underutilization of services.
- **Adverse Benefit Determinations:** Before an adverse benefit determination is made, UBH offers every practitioner the opportunity to discuss it with an appropriate peer reviewer. UBH also makes an appropriate peer reviewer available to discuss any adverse benefit determination.
- **Preventive Health Program:** The Fall 2003 issue of Network Notes detailed the new UBH Preventive Health Program's focus on major depressive disorder, alcohol abuse/dependence and ADHD. UBH will be revising these programs in the coming year. If you have any input to the revision or comments on the program, please contact your network manager.

Following Up to Ensure Quality Care

According to the National Institute of Mental Health (NIMH), in the U.S., 19 million adults are affected by depressive disorders and another two million adults are affected by schizophrenia. The NIMH further notes, "The burden of mental illness on health and productivity . . . has long been underestimated." In addition to the general burden of suffering, mood, psychotic and substance use disorders increase the risk of suicide, one of the nation's leading preventable causes of death.

In addition to proper treatment, appropriate and timely follow-up is just as important in reducing the duration of disability, recurrence of the condition or associated symptoms, and risk of suicide. Appropriate follow-up care also helps decrease the likelihood of repeat hospitalization for some patients, while identifying those in need of more aggressive intervention before they reach a crisis point.

The importance of appropriate and timely follow-up has gained renewed emphasis with the recent FDA Antidepressant Medication Public Advisory (see article on page 8). Often during hospitalization medications are changed or doses adjusted, thus requiring close monitoring after a patient is discharged.

Despite the gains in other areas of chronic care, the health care system continues to struggle with the treatment of mental illness. Follow-up treatment of patients hospitalized for mental health conditions showed little improvement in 2002 (the most recent year for which data is available). In the commercial population, slightly more than half (52.7 percent) of patients admitted for mental illness received follow-up care within seven days of their release. Medicaid and Medicare rates have yet to pass 40 percent.

As part of UBH's commitment to ensuring the highest quality of treatment across the continuum of care, we employ HEDIS® (Health Plan Employer Data and Information Set) measures to gauge the quality of care we deliver. One of these measures, Follow-up After Hospitalization for Mental Illness, identifies the percentage of patients seen within seven and 30 days of discharge from an acute mental health facility.

The 2002 Follow-up After Hospitalization for Mental Illness performance data indicated an opportunity to improve this aspect of care. To support these efforts, UBH recently enhanced our inpatient follow-up program in all of our regions (see article on page 7). A major goal of this important program is to facilitate timely and appropriate treatment following an acute inpatient stay. The program follows patients post-discharge for a minimum of 60 days to support follow-up at the outpatient level of care. UBH appreciates your participation in arranging follow-up care prior to discharge, which is a crucial component of this program to improve patient care.



Continuity and Coordination of Care Study Looks at Communication Practices

The Continuity and Coordination of Care Study announced in our fall 2003 issue of Network Notes has been underway since October 2003. We have had a very solid response from many clinicians and facilities across the country.

In the first seven months of this ongoing project, a total of 945 randomly selected patient charts from outpatient (610 records) and inpatient (335 records) levels of care were received and reviewed using a standardized audit tool. The tool is designed to address continuity and coordination of care practices between behavioral health and medical practitioners as well as among behavioral health practitioners. In addition to assessing whether communication occurred, the audit reviews whether screenings for medical and substance use disorders were completed.

The summary information highlighted below represents data from our initial analysis.

Snapshot comparison between behavioral-health-to-medical vs. behavioral-health-to-behavioral-health communication

Inquiry about and documentation of the presence of concurrently treating behavioral health clinicians occurs with greater frequency than inquiry about the presence or absence of primary care or other medical clinicians. Furthermore, across all clinical degree categories and both levels of care, efforts to pursue coordination/continuity of care as well as actual communication rates were higher among behavioral health clinicians than between behavioral health and medical clinicians.

Impact of medical findings on communication practices

Medical screenings occurred in 91 percent of all cases, (100 percent for inpatient). There were medical findings in 53 percent of all cases. When there were medical findings, the rate of communication and overall efforts to coordinate care with medical clinicians increased while the rate of patient refusal to release information declined.

This quality improvement project is based on the understanding that patient safety and the achievement of optimal clinical outcomes are significantly enhanced through thorough assessment and effective continuity and coordination of care. It is of great interest and value to UBH and our enrollees. We wish to thank all of you who have participated to date and to all who will participate in the future.

Documentation of your communications with other health care providers is an important aspect of care. UBH has guidelines to assist you. These are found in the UBH Clinician Manual and UBH Facility Manual, which are available at www.ubhonline.com.



UBH Enhances Inpatient Follow-up Program

UBH has enhanced our inpatient follow-up program for all patients hospitalized for a behavioral health condition. Combining learning from decades-long experience and industry best practices, the enhancements are designed to improve treatment compliance and reduce the readmission rates at 30-, 90- and 180-days post-discharge.

The inpatient follow-up program includes numerous interventions that support patient compliance with treatment post-discharge and address related obstacles. These interventions include:

- Discharge planning to ensure a follow-up appointment is arranged before the patient leaves the hospital, scheduled within seven days of discharge.
- Strategic outreach and outpatient care coordination (within seven, 30, and 60 days post-discharge).
- Special patient, clinician/physician and facility communications provided at critical moments, as appropriate.
- Targeted educational materials, including information about our Preventive Health Program.

Patients meeting the high-risk criteria for rehospitalization receive more urgent and aggressive interventions that include those listed above plus:

- More immediate follow-up (within three days of discharge, and the outpatient visit scheduled before the patient leaves the hospital).
- In certain cases, coordination of an in-person introduction of the outpatient clinician while the patient is still hospitalized.
- Closer monitoring to confirm outpatient appointments are kept.
- Increased outreach and support (through 180 days post-discharge).

Other enhancements to the program include:

- **Discharge Management Protocols (DMP):** This dedicated discharge management database interfaces with our integrated care management system for better case tracking, reporting and program evaluation.

- **60-day follow-up:** UBH data indicates that a large number of re-admissions happen between 30-60 days post-discharge, so we added a 60-day follow-up to the protocol.
- **Evaluation process:** Developed by UBH's Behavioral Health Sciences, the evaluation looks primarily at the seven and 30-day ambulatory follow-up rates, as well as 30-, 90- and 180-day readmission rates. The evaluation process also looks carefully at patients with depression to measure the effectiveness of protocols designed to manage the disorder.

UBH appreciates your assistance to ensure the program's interventions are in place for the patients we mutually serve. Additionally, UBH relies on inpatient facilities and outpatient clinicians to educate family members about the patient's condition, when appropriate. UBH's Preventive Health Program is useful tool to support this effort.

The inpatient follow-up program is one more way UBH continually fine-tunes our practices to ensure patients receive timely, appropriate care and achieve successful treatment outcomes.





FDA Releases Advisory on Antidepressant Medications

On March 22, 2004, the U.S. Food and Drug Administration (FDA) released a Public Health Advisory alerting doctors and consumers to the need for close monitoring of both adults and children taking ten frequently prescribed antidepressant medications. In addition, the FDA announced a request to the manufacturers of these antidepressant drugs to include in their labeling a warning statement that recommends close observation of adult and pediatric patients treated with these agents for worsening depression or the emergence of suicidality.

Since June 2003, the FDA has been closely reviewing the results of studies of antidepressant medications in children because reports on studies with paroxetine (Paxil) and similar drugs suggested an increased risk of suicidal thoughts and actions in the children taking them. These and other studies remain under review by the FDA. In the meantime, the agency has recommended that the labeling for these products be strengthened by drawing more attention to the need for close monitoring of all patients being treated with antidepressants.

The drugs that are the focus of this new Public Health Advisory include Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Luvox (fluvoxamine), Celexa (citalopram), Lexapro (escitalopram), Wellbutrin (bupropion), Effexor (venlafaxine), Serzone (nefazodone), and Remeron (mirtazepine).

It is important for both clinicians and consumers to recognize that the FDA has not definitively concluded that these drugs cause worsening depression or increased suicidal tendencies. However, all health care providers should be aware that worsening of symptoms can occur in patients taking them. This risk reinforces the need for alertness with these patients and for sound clinical practice, such as accurate diagnosis, careful prescribing, close monitoring, and appropriate patient education.

Professional societies, such as the American Psychiatric Association, have responded to the FDA's actions with expressions of concern about the potential negative impact on patients of the subsequent publicity. For example, some patients taking these medications might abruptly discontinue them, causing potentially serious side effects (the SSRI discontinuation syndrome) and/or treatment failure. New patients, according to the association, might resist taking medications that could offer effective treatment for their serious disorders.

The American Academy of Child and Adolescent Psychiatry (AACAP) issued a statement in which they supported the findings of a January 2004 report from the American College of Neuropsychopharmacology (ACNP). An ACNP task force reviewed the current research and failed to find a link between SSRIs and increased risk of suicide in children and adolescents. The AACAP endorsed ACNP's conclusion that "the current research indicates that the evidence for the benefits of SSRIs — as a treatment for depression — outweigh their risks."

Because misunderstanding of the FDA's actions could lead to undesirable clinical consequences, it is very important that clinicians take the time to educate themselves about these issues. Patients who have questions or concerns related to the taking of these medications should be encouraged to discuss them openly with their prescribing physicians before making decisions about their treatment.

The FDA will continue its review of the relevant studies and hold a public meeting on the topic later this summer. The Public Health Advisory containing the new label warnings and cautions is available online at <http://www.fda.gov/cder/drug/antidepressants/default.htm>.

New HIPAA Security Rules Focus on Electronic PHI

Did you know that the HIPAA Security Rules take effect April 21, 2005? The security rules require covered entities to implement administrative, physical, and technical safeguards to ensure the confidentiality of their electronic health information systems from improper access and alteration. The Security Rules differ from the 2003 HIPAA Privacy Rules in that they focus on electronically stored protected health information. For more information regarding the HIPAA Security Rules and for access to the complete text of the HIPAA rules and regulations, please visit the U.S. Department of Health and Human Services (HHS) Web site at www.hhs.gov/ocr/hipaa or contact HHS Privacy Hotline toll-free at 1-866-627-7748.



New Facility Manual Now Available

The newly updated Facility Manual is being sent to facilities this month. This valuable resource contains key contacts, frequently asked questions, network requirements, information on our quality improvement program and much more.

The Manual is also available online at ubhonline®. To access it, visit the resource center at www.ubhonline.com and select "Guidelines and Policies."

Patient Safety Reminders

Medication Tracking

Clear and uniform medication tracking is vital to patient safety in inpatient and outpatient settings alike. UBH advises clinicians and facilities that initial assessments, admission notes and/or medication sheets should document medications the patient is taking at the time treatment is initiated. Records should indicate the dates medications are initially prescribed along with the dosage. Medication orders and tracking sheets should provide a clear picture of all medications taken by the patient from the onset of care through discharge. This should include standing, prn and stat orders as applicable for all prescription and over-the-counter medications. Changes in medication and/or dosage should be clearly documented along with the clinical rationale for the changes. Discharge notes should specify all medications and dosages at the time of discharge.

Sentinel Events

UBH requires that clinicians and facilities cooperate with the investigation of a sentinel event. If you are aware of a sentinel event involving a UBH consumer, you must notify UBH Care Management within one business day of the occurrence. UBH has established processes and procedures to address sentinel events. This includes a centralized Sentinel Event Committee chaired and co-chaired by medical directors within UBH and incorporates appropriate representation from the various behavioral health disciplines. UBH supports the Joint Commission on Accreditation of Healthcare Organizations' National Patient Safety Goals as they apply to behavioral health care. The safety goals are available on the Joint Commission Web site at www.jcaho.org.

Treatment Record Documentation

Thorough, high quality documentation and maintenance of medical records related to behavioral health services are key elements of patient safety, as well as coordination and continuity of care. UBH has developed comprehensive standards for documentation and maintenance of clinical records that are in line with the standards established by recognized national accrediting organizations. UBH requires all network clinicians and facilities to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

The UBH standards detail a number of elements including those related to clinical assessments, recommendations/treatment interventions and patient response to treatment. The need to document continuity and coordination of care activities, informed consent and special status situations is also addressed.

For the full list of content requirements, refer to your UBH Clinician Manual or UBH Facility Manual, which are available at www.ubhonline.com.



Ubhonline® Continues to Grow

UBH's clinician Web site, ubhonline®, continues to add self-service transaction capabilities and information to make the site even more valuable for our network clinicians. Just released in April is our online inquiry of patient eligibility and benefits! Additional features being developed for release this year include:

- Enhancements to update practice information.
- Claim and authorization inquiry improvements.
- Initial authorization request submission.
- Facility inquiry services.
- And more!

These new features add to the numerous transactional capabilities already in place. Now through ubhonline.com, you can:

- Submit behavioral health and EAP claims online.
- Check on the status of claims or patient authorizations.
- Submit requests for additional treatment sessions.
- Manage clinician demographic information.
- Access network application and clinician contract materials.
- Review clinical resources, such as the UBH Preventive Health Programs, Best Practice Guidelines, and health and wellness tip sheets.

All of ubhonline's timesaving features enable clinicians and their office staff to interact with UBH efficiently and cost-effectively, and avoid the administrative burdens of sending in paper submissions or making a telephone call. That's one reason why there were 534,000 core transactions processed on the site in 2003. In 2004, we expect that figure to more than double to 1.2 million transactions.

If you are a network clinician and you are not using ubhonline today, please call toll-free 1-866-209-9320 to request a user ID and password.

Ubhonline Meets HIPAA Standards

Clinicians may be understandably concerned about the security and confidentiality of patient protected health information (PHI) when performing transactions online. Ubhonline users can be assured that UBH takes every individual's PHI very seriously.

Our clinician Web site, ubhonline, has been specifically designed to meet HIPAA regulations for security and confidentiality, and absolutely maintains the privacy of your patient's PHI. Specifically, the site requires a user to authenticate access by logging on with a unique user ID and password. Ubhonline requires passwords to be changed on a periodic basis.

Additionally, ubhonline only allows a user to access PHI on a patient for which they have an established relationship. For example, ubhonline requires a match between the user logged on and information in the patient's record (e.g., claim record) before returning transaction results.

The transmission of any data over the Internet between the user and UBH is fully secured using 128-bit encryption. For additional information regarding security and the use of ubhonline, please review the Security Notice on ubhonline at <http://www.ubhonline.com/html/securityNotice.html>.

Clinicians also have a responsibility to make sure they maintain adequate controls to secure patients' PHI and meet all HIPAA regulations. You should become familiar with HIPAA regulations that affect clinicians as covered entities and take adequate measures to adhere to those regulations. With respect to office computers that contain patient PHI, clinicians should use passwords and other security measures to adequately protect against unauthorized access. If office staff share computers and access to Web sites like ubhonline, appropriate controls should be in place to maintain confidentiality of patient information.

Praise for ubhonline

Read what some of our current users are saying about ubhonline:

- *"Quick, simple, a pleasure to use. Your competitors should learn from UBH."*
- *"I have done treatment plans, EAP claims, and today is my first regular claim. I LOVE IT. THANK YOU for simplifying things."*
- *"...The claims are being processed more quickly and I am getting paid sooner. THANK YOU."*
- *"UBH has by far the easiest claim submission! I enter claims to several different insurance company sites. There are some I really dread — but I am always happy to see UBH by a name."*

UBH Clinical Learning Programs Update Network on Best-Practice Methods

To help ensure that our consumers receive the best care possible, United Behavioral Health (UBH) Clinical Learning is focused on providing tools to help network clinicians stay up-to-date on the latest best practices. These tools include targeted education programs spotlighting the most recent intelligence about evidence and consensus-based best practices for mental health conditions. Recently, we offered continuing education programs on major depressive disorder, bipolar disorder and ADHD, as well as effective methods of disability management.

During the first quarter of 2004, UBH Clinical Learning offered two teleconferences for network clinicians in targeted areas. The programs included a one-hour teleconference with Russell Barkley, Ph.D. on "ADHD in Children: Nature, Diagnosis and Management", and a 1.5 hour teleconference with George Viamontes, M.D., Ph.D. on "New Developments in the Neurobiology and Treatment of Major Depressive Disorder with a Focus on Medical Co-morbidity." Each program was offered at four different dates/times in February and March, which allowed clinicians to call in from their offices or homes. Over 4,700 clinicians registered for one or both of the teleconferences. The evaluations have been overwhelmingly positive. Both programs were free of charge and offered continuing education units (CEUs). As each program was recorded onto a CD-ROM, UBH will be making these programs more widely available to all network clinicians and will offer home study CEUs.

Network clinicians in the Denver metropolitan area recently had the opportunity to attend one of two face-to-face dinner seminars co-sponsored by UBH and UHC of Colorado in early March 2004. The seminars in Denver were offered to both behavioral health clinicians and primary care physicians on the topic of "Identification and Management of Depression and Bipolar Disorder in Primary Care: A CME Update" with George Viamontes, M.D., Ph.D. Each seminar was well attended and the participants were overwhelmingly positive in their feedback on the content, the materials and the speaker's presentation. In the near future, UBH has plans to record this presentation onto CD-ROM format to be made available to network clinicians for two CEUs.

On May 21, 2004, UBH launched a new education page on [ubhonline](http://ubhonline.com)[®]. This initial release included two CEU home-study courses covering ADHD and depression. Each home-study course is approved for three hours of CEUs. The new page also announced a one-hour teleconference offered in June: "Substance Abuse Assessment, Diagnosis and Initial Treatment Planning for Behavioral Health Clinicians," presented by David Mee-Lee, M.D. Visit www.ubhonline.com for more information on future education opportunities.

Advanced Practice Nurse Expertise Wanted

Advanced Practice Psychiatric Nurses (APPNs) with prescriptive authority are invited to join the UBH Network. Early partnerships between UBH and APPNs have demonstrated the high value of such partnering for UBH consumers seeking timely and effective psychopharmacotherapy.

Referral to APPNs for psychopharmacotherapy is still a relatively new practice for UBH. Nonetheless, in 2003, average annual number of referrals to APPNs were as high as 72 with an average of 58 in the five states with the highest referral rates. As more APPNs are added to the network, we expect to see these numbers grow.

APPNs interested in joining the network or learning more about this opportunity can call 1-800-333-8724, extension 6647. You will be asked to leave your name, city and state where you practice, and phone number. UBH looks forward to hearing from you.



The summer edition of UBH Network Notes has arrived!



In this issue you'll find news about:

Strengthening Our Partnership
This Year's Operating Priorities
Following Up to Ensure Quality Care
New HIPAA Security Rules
Patient Safety Reminders

And more!

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