

network

notes



Dave Chenok, Vice President
of Clinical Network Services

From Dave's Desk

By Dave Chenok

United Behavioral Health's (UBH's) ongoing commitment to helping people live and work well through responsiveness, compassion and active advocacy is reflected in a number of recent changes and transitions. We expect that some of these changes will bring tangible improvements to your relationship with UBH.

First, I am very pleased to announce the arrival of Dr. Gregory Bayer, a well-known and well-respected leader in managed behavioral health, as Senior Vice

President of Clinical and Business Operations in June of this year. In this newly created position, he has executive oversight of our care management centers and our customer-focused operations including claims and customer service. This dual oversight structure facilitates a more seamless experience for you and for our enrollees as front- and back-end processes can be more effectively coordinated.

Bayer has a Ph.D. in Counseling Psychology and more than 25 years of experience in the behavioral health arena. In addition to his education and expertise, he has brought to UBH an energetic, results-oriented approach to leadership. He is based in San Francisco.

Second, after 14 years as CEO, Saul Feldman requested to transition to UBH Chairman Emeritus at the end of June. His commitment to UBH is unchanged and he remains available and active in a variety of capacities to ensure the furtherance of our mission as a company. In addition, Governor Arnold Schwarzenegger appointed Dr. Feldman to California's Mental Health Services Oversight and Accountability Commission in late June. This commission is charged with developing strategies to improve mental health and substance abuse services in the state. Their key objectives include:

- Overcoming the stigma associated with mental illness
- Facilitating the establishment and use of prevention and early intervention services
- Reducing the long-term adverse impact on individuals and families of untreated serious mental illness

Please join me in congratulating Saul Feldman on his new endeavor, and in welcoming Greg Bayer to his new role at UBH. I remain excited about the direction and future of the company and our partnership with our outstanding network of clinicians and facilities.

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Communicating with Primary Care Physicians and Other Health Care Professionals

UBH expects all contracted clinicians to exchange treatment information and to coordinate care with a patient's primary care physician and other behavioral health care clinicians. In our ongoing study related to coordination of care, there is an opportunity for enhancing communication between behavioral health and medical care practitioners.

Coordination of care between behavioral health care clinicians and medical care professionals can help improve the quality of care to your patients by:

- Confirming for a primary physician that the patient followed through on a referral to a behavioral health professional
- Allowing better management of treatment and follow-up for patients with co-existing behavioral and medical disorders
- Minimizing potential adverse medication interactions for patients prescribed psychotropic medication
- Enhancing continuity of care across all levels of care and between behavioral and medical treatment modalities
- Helping reduce the risk of relapse for patients with substance use disorders
- Encouraging early identification of and intervention on noncompliance with medical and/or behavioral health treatment

Coordination and communication should take place:

- Following the first session, especially if serious medical conditions are disclosed
- At regular, periodic intervals during treatment, especially when a medication has been initiated or changed, or a patient's condition has altered
- When a patient is discharged, transferred or referred to another practitioner or facility
- When the patient is transferred to a higher level of care

The following guidelines will help facilitate effective communication with your patient and other health care practitioners:

- Talk with your patient during the initial session about the importance of your communicating with his/her treating clinicians, including their physical health practitioners
- Request the patient's written consent to exchange information with all appropriate treatment professionals (you can use the

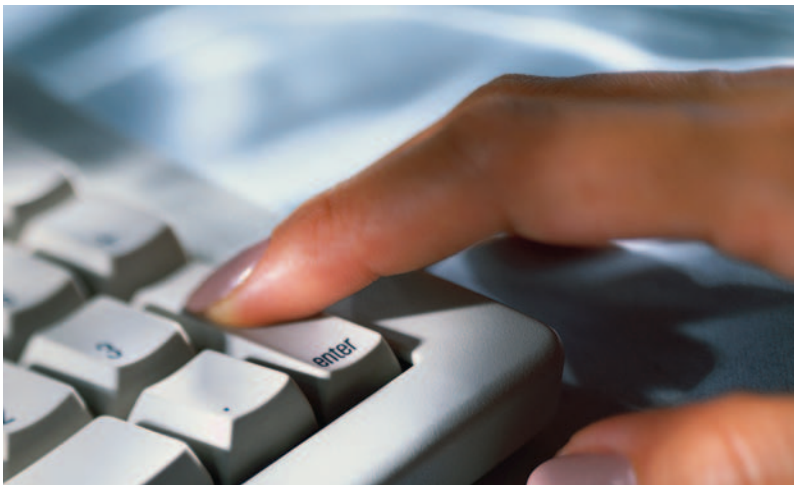
Consent for Release of Confidential Information form available in the "Forms" section of www.ubhonline.com)

- If your patient refuses to give consent or does not have a Primary Care Physician, note this information in the patient's record
- Within a week of the initial assessment, provide other treating professionals with the following information by phone, letter or the Confidential Exchange of Information form available in the "Forms" section of www.ubhonline.com (be sure to document all communications in the patient's record):
 - A brief summary of the patient's assessment and treatment plan recommendations
 - Diagnosis
 - Medications prescribed, including dosages
 - Your name, contact information and the best time to reach you by phone
- Be sure to request that the practitioner provide you with all relevant clinical information they have that may pertain to the patient's mental health or substance abuse problems

Documenting your communications with other health care providers in the patient's record is an important aspect of care. UBH has guidelines to assist you in the "Treatment Record Documentation Requirements" section of the clinician manual and facility manual. These are available in the "Guidelines/Policies" section of www.ubhonline.com. For a paper copy of these guidelines, please contact your network manager.



Important Reminders



How to contact your designated network manager

1. Visit www.ubhonline.com and select the “contact us” link from the top navigation bar.
2. Scroll down the page to the “Clinical Network Services” heading.
3. Select your state from the drop-down menu and click the “Search for a UBH Network Manager” button. This will provide you with your manager’s name, address, and phone and fax number.

Faxes Containing PHI Must Meet HIPAA Standards

In order for UBH to fax any information to you containing patient Personal Health Information (PHI), your fax lines must be compliant with HIPAA standards. This means your fax machine:

- Must be automated (not used as both a phone and a fax)
- Must be in a location of your office that is not accessible to unauthorized staff

If your fax machine meets these criteria, you may request UBH to fax paperwork that would include your patient’s PHI. You can make this request by using the “update practice info” function on www.ubhonline.com, or by contacting your local network manager. When making your request, please be sure to also remove any unsecured fax numbers we have on file.

After-care Follow-up Appointment Should Be Within Seven Days of Discharge

To help ensure the ongoing health and well-being of a patient following acute inpatient care, **UBH expects**

that follow-up care be scheduled prior to discharge, with the appointment set within seven days of the date of discharge. To facilitate a positive outcome, make sure that you educate your patients throughout the discharge and treatment planning process about the importance of:

- Seeking community support services
- Communicating treatment recommendations to all of their health care professionals
- Adhering to follow-up care

UBH care managers will work with you to begin the discharge and/or treatment planning process for UBH enrollees when services are initiated. As appropriate, both processes will involve a care manager, the current clinician or facility, the patient, the patient’s family, the clinician at the next level of care, and any relevant community resources.

Department of Health and Department of Insurance Audits

From time to time, UBH is required to submit contracted clinician lists to various states as part of Department of Health and Department of Insurance audits. Auditors from these agencies may contact you to assess your participation on the UBH contract and to verify your demographic information. We request your assistance in returning these calls quickly. We also appreciate your efforts to assure that our records are kept up-to-date. Please notify UBH immediately if you are not currently able to accept referrals due to a full practice, or you have moved offices, updated your phone or fax number, or changed your tax identification number. You may update your availability and your demographic information through our secure Web site, www.ubhonline.com, or by calling your UBH network manager.

Health Plan Partnership Updates

If you are currently treating enrollees of ConnectiCare, Oxford Health Plans (Oxford) or Mid-Atlantic Medical Services Inc. (MAMSI), please note the following information regarding contracted services, billing and claims:

ConnectiCare

New York state residents with ConnectiCare medical care may have UBH behavioral health benefits. If you have questions regarding coverage for these ConnectiCare enrollees, please contact the number on the back of their insurance card.

Oxford and MAMSI

Oxford and MAMSI joined UnitedHealth Group in 2004. If you currently have contracts with Oxford or MAMSI, please note that UBH is working closely with these health plans to compare our current networks and develop plans to bring them together into one UBH network. In the meantime, you may see enrollees under different contracts and fee schedules. You may also have to complete your re-credentialing separately for each company's panel. We realize that this can be complicated. We are working hard to conduct this integration quickly, and we will immediately notify you of any upcoming changes.

Mental Health Condition Centers Launched on Liveandworkwell.com

UBH has added online Mental Health Condition Centers on liveandworkwell.com. These new centers cover the following topics:

Condition Centers for Bipolar Disorder:

- Bipolar Disorder in Adults
- Bipolar Disorder in Adolescents and Teens

Condition Centers for Depression:

- Depression in Adults
- Depression in Children and Adolescents
- Postpartum Depression
- Seasonal Affective Disorder

Condition Centers for ADHD:

- ADHD in Adults
- ADHD in Children

These centers provide enrollees with information about symptoms, diagnosis, treatment, prevention, plus other resources in one, easy-to-access area on the Web site. The Bipolar Disorder centers also feature a confidential screening tool provided in partnership with the Depression and Bipolar Support Alliance, the nation's leading patient-directed organization focusing on the most prevalent mental illnesses. Additional Mental Health Condition Centers are being planned for Anxiety Disorders, Alcohol Abuse, and Eating Disorders.

These centers continue liveandworkwell.com's tradition of offering credible and relevant articles, resources and tools to help your UBH patients manage their health and well-being. The centers also provide you with an additional resource to which you may refer your pertinent UBH patients to obtain further information about their condition. That way they can make well-informed health decisions and better partner with you towards achieving optimal care outcomes.

To view the Mental Health Condition Centers, please click the "Mental Health Condition Centers" link on the homepage of www.ubhonline.com.

National Provider Identifier Required

By May 23, 2007, all network clinicians and facilities will need to acquire a National Provider Identifier (NPI), as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NPI will replace all the different identifiers currently in use. The NPI was established by the Centers for Medicare and Medicaid Services (CMS) to improve the effectiveness and efficiency of electronic health care transactions.

You can apply for your NPI now online or by mail. For details, please visit <https://nppes.cms.hhs.gov>, or call the NPI enumerator (Fox Systems, Inc.) at 1-800-465-3203 or 1-800-692-2326 (TTY).

New UBH Clinical Learning Programs Planned for Fall 2005

UBH's Clinical Learning Department continues to offer you educational programs led by nationally known clinical experts. These programs are easily accessible, free of charge, and deliver content that supports your work on behalf of our enrollees — including the latest evidence-based best practices.

Teleconference seminars scheduled for fall 2005 include:

“Therapeutic Alliance: What Works in Therapy” with Scott Miller, Ph.D. — on October 10 and October 18

- In this one-hour lecture, Dr. Miller will give an overview of how the therapeutic alliance is an essential component of effective therapy. There will be one hour of continuing education credit available.

“ADHD Clinical Case Presentation” with Russell Barkley, Ph.D. — on November 15

- In this one-hour presentation, Dr. Barkley will consult with network clinicians on their ADHD cases. To submit an ADHD case for consultation with Dr. Barkley, please follow the case submission format and instructions on the Clinical Learning section of [ubhonline®](http://ubhonline.com). Please note that continuing education credit is not available for this program.

To participate in these sessions or in any of our free home-study learning programs, please register online by visiting www.ubhonline.com. Click the “Clinical Learning” link on the homepage and follow the menu or links for course registration and programs. You may also register for any educational event by calling 1-866-915-2525, ext. 230.

UBH Clinical Learning will continue to offer education programs featuring lectures and/or case consultations with subject matter experts in 2006. The programs’ content will focus on the latest research and evidence-based treatment for the disorders which affect our enrollees, including depression, ADHD, bipolar disorder, substance use disorders and anxiety disorders. Keep checking the “Clinical Learning” section of [ubhonline](http://ubhonline.com) for an updated schedule of courses to be available in 2006.

Peer-to-Peer Clinical Review Process

On occasion, you may receive a request to participate in a peer-to-peer clinical review (or a “doc-to-doc” review) of one of your cases. This review is conducted by a designated peer reviewer — usually a psychiatrist or certified addiction medicine specialist for inpatient levels of care, and generally a doctoral-level psychologist for outpatient levels of care. The purpose of such a review is to gain the necessary case information in order for UBH staff to make appropriate utilization

management decisions, such as certifications for levels of care. Peer consultation may also be requested to discuss lack of progress in a case, to link the patient up with other network resources, or to coordinate care with a medical health plan.

Whenever one of your cases undergoes a peer review, the peer reviewer typically will have received initial case information from UBH care managers and/or utilization reviewers at a facility. Because this information doesn’t come directly from you, the treating clinician or facility practitioner, a peer-to-peer review is sometimes necessary to attain a complete picture of the case. Otherwise the peer reviewer will have to make a utilization management decision based on the available, and possibly incomplete, clinical data. Thus, it is in the best interest of you and your patient to participate in a peer-to-peer review when requested to do so.

In the case of determining level of care certification, the peer reviewer will evaluate the clinical information provided by you or the facility with the UBH Level of Care Guidelines. You are welcome to review the guidelines online by visiting the “Guidelines/Policies” section of www.ubhonline.com. You may also request a hard copy of the guidelines by calling your network manager.

Please note that state and federal regulations require us to make benefit certification decisions within a set time frame. So if we need to request a peer-to-peer review to make such a decision, we will set a deadline for you to contact us in order to ensure compliance with the mandated time limit. If you are unavailable to participate in a review during the set time (due to vacation or illness, for example), it is important to notify the UBH care manager so we can make other arrangements for the case discussion.

If your call to UBH is routed to voicemail, please leave a message containing the current clinical information that you feel is pertinent to a full understanding of the case, with a call-back number where you can be reached for further information. If a specific question has been relayed to you in the peer-to-peer review request, please answer it in your message as completely as possible.

All utilization management decisions that are made by a peer reviewer are reviewed and confirmed by UBH medical directors before they are implemented. Keep in mind that any adverse benefit determinations resulting from peer-to-peer reviews may be appealed. The appeals process is fully explained in the adverse benefit determination letter. Look for more articles on the appeals process in future issues of *Network Notes*.

Patient Safety Update: Improving the Accuracy of Patient Identification

United Behavioral Health continues our strong support of the Joint Commission on Accreditation of Healthcare Organization's requirements to prevent sentinel events. We also support the National Patient Safety Goals for Hospitals — established by Joint Commission International Center for Patient Safety — which include accurate and complete reconciliation of medications across the continuum of care as well as other medication initiatives.

One safety goal focuses on improving the accuracy of patient identification. It requires organizations to use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or taking blood samples and other specimens for clinical testing.

The Joint Commission International Center for Patient Safety offers the following suggestions for compliance:

- Acceptable identifiers include the patient's name, telephone number, or a hospital-assigned identification number.
- Including the patient's photograph in the clinical record for visual identification by hospital staff would also be acceptable for residential and long-term care settings where there is stability of staff and patient populations, and where the patients are well known to the staff. For high-risk interventions or in settings with less stable staffing and a short length of stay, the Joint Commission expects two other patient identifiers to be used.
- When verifying a patient's name, the staff should never state the name first and ask the patient to confirm it. It's possible that confused or disoriented patients might agree to an incorrect name. The safer practice is to ask the patient to state his or her own name.

For more information on the Joint Commission International Center for Patient Safety and their sentinel event solutions, visit www.jcipatientsafety.org.

Operational Highlights

UBH Patient Rights and Responsibilities

It's important that you can provide a copy of the UBH Patient Rights and Responsibilities statement to any UBH enrollee who asks for one. UBH has revised this statement in 2005. You can download and print the

most recent revision from the clinician manual posted in the "Guidelines/Policies" section of www.ubhonline.com. To request a paper copy of the revised statement, please contact your network manager.

UBH Guidelines for Psychological/ Neuropsychological Testing and Level of Care

In making clinical determinations related to psychological and neuropsychological testing, as well as the most appropriate type and level of care, UBH Care Management has adopted a number of nationally recognized clinical guidelines from such entities as the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. These guidelines supplement the American Psychiatric Association's Major Depressive Disorder and Bipolar Guideline and the American Academy of Child and Adolescent Psychiatry Attention-Deficit/Hyperactivity Disorder (ADHD) Guideline as adopted by UBH in 2003 and 2005, respectively. Three diagnostic categories — major depressive disorder, bipolar disorder and ADHD — are part of our Quality Improvement (QI) program which engages in guideline measurement. 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.

UBH guidelines are reviewed annually and revised as needed. The latest version of these guidelines are available online in the "Guidelines/Policies" section of www.ubhonline.com. To request a paper copy please contact your network manager.

Affirmative Incentive Statement

Care management decision-making is based only on the appropriateness of care as defined by UBH Level of Care Guidelines, Psychological and Neuropsychological Testing Guidelines and the existence of coverage for the requested service. UBH does not specifically reward its staff, practitioners or other individuals for issuing denials of coverage or service care. Utilization management decision makers do not receive financial or other incentives that result in underutilization of services.

QI Program

UBH has a Quality Improvement (QI) program that is reviewed each year and revised as necessary. The QI program recommends policy, sets standards for customer service and quality of care, and makes sure actions are taken to improve performance and quality when needed. To request a paper copy of UBH's QI program description, annual evaluation, studies or other QI activities, please contact your network manager.

Treatment Record Documentation Requirements

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. These documentation standards include details on recording clinical assessments, recommendations, treatment interventions, and patient response to treatment. They also address the need to document continuity and coordination of care activities, informed consent, and special status situations.

It is important to note that treatment records need to be stored in a secure area, and practice sites must have an established procedure to maintain the confidentiality of treatment records. Clinicians and facilities need to maintain an organized treatment record keeping system, as well as procedures for the availability of patient records, appropriate to their practice site.

UBH may review clinician or facility records during a scheduled site audit. A site audit can occur for a number of reasons, including: pre-credentialing visits of potential high-volume practitioners or home offices, reviews of facilities without national accreditation, and audits concerning quality of care issues brought to UBH's attention. The audits focus on the completeness and quality of documentation within treatment records. UBH has established a performance goal of 85%. For those reviews that don't meet the performance goal, UBH requests a plan for corrective action and/or a re-audit within six months.

For the full list of documentation requirements, please refer to your UBH Clinician Manual or UBH Facility Manual, which are available at www.ubhonline.com. To request a paper copy of these requirements, please contact your network manager.

Preventive Health Program

In the fall of 2003, UBH implemented an online preventive health program that focuses on major depressive disorder, alcohol abuse/dependence and ADHD. UBH has recently revised this online resource

with updated educational information and supportive resources for relevant patients, their families, and their physicians. To view the revised site, please click the "Preventive Health Program" link on the homepage of www.ubhonline.com. To request a paper copy of a particular section, contact your network manager. UBH will continue to look at ways to improve this program. If you have any input or comments on the program, please contact your network manager.

Ubhonline® Speeds Up Claims Processing

Instead of spending hours writing out claim forms or checking claims status over the phone, you can use ubhonline®, UBH's free Internet resource for network clinicians. Ubhonline's claim forms are pre-populated with patient and clinician information, so you can quickly complete and submit your claim. In addition, ubhonline can significantly speed claims processing so you receive your payments faster. In fact:

- 90% of Employee Assistance Program (EAP) claims submitted online auto-adjudicate the next business day
- 50% of Mental Health/Substance Abuse claims submitted online go to a paid status the next business day
- 95% of Mental Health/Substance Abuse claims submitted online go to a paid status within 14 business days

The site's inquiry tools let you look up claim status with a few mouse-clicks. The site is available for you anytime day and night, at your convenience. If you are not already experiencing the timesaving benefits of ubhonline, call UBH toll-free at 1-866-209-9320 to register today.

Praise for Ubhonline's Claims Processing:

"This was awesome! If I had known how much easier it was than hand-writing all those HCFA forms, I would have done it long ago! I'll recommend it to everyone."

"This is really terrific...it really streamlines the claims entry process. You are my #1 managed care company when it comes to accepting new referrals because of your online authorization and claims processing."

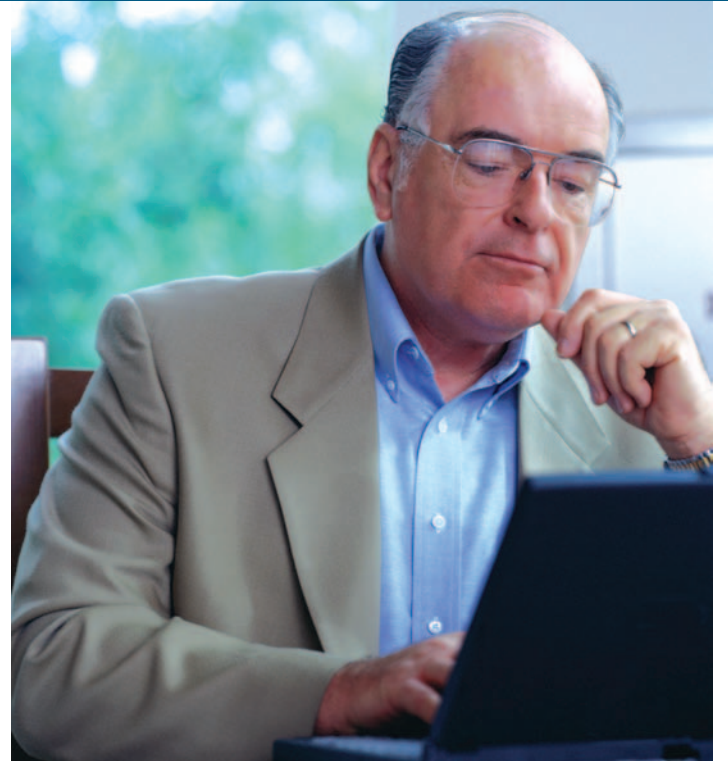
"I have done treatment plans, EAP claims, and today is my first regular claim. I LOVE IT. THANK YOU for simplifying things."

The fall edition of UBH *Network Notes* has arrived!

In this issue you'll find news about:

- Coordination of Care
- Online Mental Health Condition Centers
- New UBH Clinical Learning Programs
- Health Plan Partnership Updates

And more!



425 Market St., 27th Floor
San Francisco, CA 94105

