



Focus on Accessibility to Services

UBH maintains a diverse network in order to ensure all enrollees receive timely and appropriate treatment. UBH established the following standards for appointment access.

- **Emergent Life-Threatening:** The enrollee is at imminent risk of serious harm to self or others. Enrollees must be seen immediately.
- **Emergent Non-Life-Threatening:** The enrollee is not at imminent risk of harm to self or others, but the enrollee's mental and physical condition warrants immediate care. Enrollees must be offered an appointment within six hours of the initial call.
- **Urgent:** The enrollee's mental and physical condition is not emergent, but could deteriorate should face-to-face intervention not occur in a timely manner. Enrollees must be offered an appointment within 24 hours.
- **Non-Urgent/Routine:** The enrollee is not at risk of harm to self or others and their condition will not deteriorate without immediate intervention. These enrollees must be seen within 10 business days.

UBH measures its performance in providing access to care. At the most recent report (third quarter 2004), UBH St. Louis was pleased to achieve 100% compliance for non-urgent/routine, urgent, emergent non-life-threatening, and emergent life-threatening situations.

Thank you for your critical contribution to this important achievement. In order to continue meeting high standards for timely appointments, please notify us if you are unable to take a referral by calling the intake department at [1-800-851-2054](tel:1-800-851-2054). Also, please instruct newly referred enrollees to call UBH back so they can obtain a new referral. We appreciate your cooperation.



Ensuring Prompt Telephone Access

UBH St. Louis monitors our telephone access to ensure timely service for enrollees, clinicians and facilities. We've established the following standards:

- All calls will be answered by a live person within 30 seconds (intake telephone average speed of answer or ASA)
- Less than five percent of callers will hang up prior to reaching a live voice (intake telephone abandonment rate)

For the period from April 1, 2002 to March 31, 2003, we saw an opportunity to improve our performance for intake telephone ASA. The actions we have taken included:

- Training intake staff on alternate benefit systems and alternative benefit information
- Hiring additional intake staff
- Training other staff to assist with "back-up"



Ensuring Prompt Telephone Access continued from front >

- Ensuring benefit groups were loaded correctly in the system
- Implementing processes to reduce after-call work and hold time

As a result, we have met our performance standards for intake telephone ASA for the period from April 1, 2003 to March 31, 2004 — even though we received over 30,000 more calls during this time than the previous period. Data from the second and third quarters of 2004 demonstrate that UBH St. Louis continued to meet our performance goals for telephone accessibility.

Service and Clinician Availability Goals Amended

The UBH Clinical Network Services (CNS) annual analysis of network availability identified opportunities to provide better service to our enrollees. Therefore, we amended our geographical access goals to ensure network practitioners and services are close to where our enrollees live.



Geographic Availability Standards				
Provider Type	Urban (in miles)	Suburban (in miles)	Rural (in miles)	Performance Goal
Psychiatrist	10	20	45	90%
Doctoral and Master's Level Clinician	10	20	30	90%
Child/Adolescent Clinician (MD, PhD and MA)	10	20	45	90%
Acute Inpatient (MH and SA)	15	30	60	90%
Partial Hospital and Residential (MH and SA)	15	30	60	90%
Intensive Outpatient (MH and SA)	15	30	60	90%

In addition, CNS amended our clinician/facility-to-enrollee ratio standards as follows:

Provider Type	Standard (clinicians per enrollee)
Psychiatrist	0.50 per 1,000
Doctoral/Master's Level Clinician	1.75 per 1,000
Child/Adolescent Clinician (MD, PhD and MA)	1.00 per 1,000
Acute Inpatient (MH and SA)	1.00 per 15,000
Partial Hospital and Residential (MH and SA)	1.00 per 20,000
Intensive Outpatient (MH and SA)	1.00 per 20,000

Based on data from the second and third quarters of 2004, the UBH St. Louis network met our geographic access and clinician/facility-to-enrollee ratio goals in all markets except the following:

Market	Urban, Suburban or Rural	Level of Care
UnitedHealthcare of the Midwest	Rural	Inpatient
United Healthcare of the Midlands	Rural	Inpatient, Partial Hospital/Residential, and Intensive Outpatient
United Healthcare of Ohio	Urban and Suburban	Intensive Outpatient
Coventry of Kansas	Rural	Outpatient

We are continuing to focus on recruitment possibilities in these areas to improve the availability of these services for our enrollees.

