

network

notes



Dave Chenok, Vice President
of Clinical Network Services

Strengthening Our Partnership

By Dave Chenok

It's time to touch base again and share some of our 2004 progress and 2005 plans. After just over two years here, I am proud of our accomplishments in enhancing relationships with our clinical network — but tremendous opportunity remains. UBH continues to add to and build upon our relationships with our outstanding network of clinicians and facilities. I am pleased to share some highlights from 2004 with you.

- **Network Stability:** In 2004, overall network turnover for any reason dropped to 6%, and turnover of our most active clinicians was about 2%. Our diversified, high quality network remains ready to provide the full continuum of behavioral health services.
- **Appointment Availability:** We met our target for 2004 for increased enrollee satisfaction with initial appointment availability. Thank you for working with UBH and our enrollees to provide timely access to services!
- **Expanded Med Management:** We have extended access to medication evaluation and management through recruitment and credentialing of Advanced Practice Nurses with Prescribing Authority.
- **NCQA Accreditation:** UBH achieved the highest accreditation rating from NCQA for our corporate level review and for the three Care Management Centers pursuing accreditation in 2004: San Diego/USBHPC, Atlanta and St. Louis.
- **Credentialing/Recredentialing:** UBH achieved record productivity and turnaround time in the credentialing and recredentialing of clinicians and facilities.
- **Ubhonline®:** We maintained our high rate of clinician satisfaction with the site while completing more than 1,000,000 online transactions this year. Many additions and enhancements were completed and more are planned for 2005.
- **Just Right Services (JRS):** With 50 completed projects in the last year, we continued to streamline and improve internal processes through our commitment to setting the bar for industry quality standards. JRS is our organization-wide, systematic approach to establishing and maintaining efficient high-quality processes, services and products and has been at the heart of many successes in 2004.

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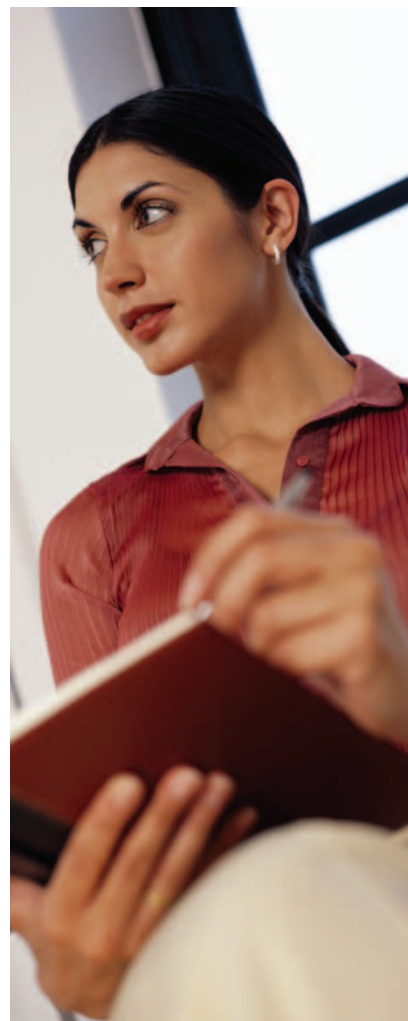
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- **Clinician Outreach:** We initiated a proactive program to check in and build a better partnership with you. Having completed over 7,700 calls this last year, we learned that, overall, UBH gets high marks from you with highest ratings given to the availability of Clinical Network Services staff and to ubhonline; our listing of availability of clinicians was accurate 96% of the time; and 93% of clinicians were available to take new patients at the time of the outreach call. We appreciate your participation in this outreach program.

Again, thank you for contributing to a great year at UBH. We expect 2005 to be another year of strong growth and positive change. A few of the new initiatives within Clinical Network Services include:

- **Continued Growth:** Many new private as well as government employers have turned to UBH for mental health and substance abuse services for their employees. And, in keeping with previous years, 96% of our customers renewed UBH services. We are actively developing public sector business and we anticipate solid growth within this market.
- **APRN Recruitment:** We have had 64% growth in our network of Advanced Practice Registered Nurses with prescriptive privileges in the past year. We look to expand that by another 25% in 2005.
- **Enhanced “Customer-Facing Processes”:** We are focusing our Just Right Service program on enhancing processes in our claims, customer service, and contract load areas, with the intent of achieving accuracy levels that are not only industry-leading, but actually *market-leading*. This will result in a better experience for our clinical network partners.
- **Ubhonline:** There are enhancements to existing options including updates to your practice. We anticipate significant growth in the number of transactions completed online.
- **Increased Standardization:** We will continue to improve and standardize processes to make your interactions with us simpler.
- **Continuation of Clinician Outreach:** We will continue this highly successful program, and use the information we glean in our discussions with you to further enhance our processes.

I have two requests of *you* in closing:

- **Please consider submitting claims using ubhonline**, if you are not already submitting through our Web site or through another electronic means. The Web site has built-in edits that prevent errors and dramatically increase the likelihood your submitted claim will be complete and ready to process — which means faster payment and fewer hassles for you. The site is easy to use — the process is very similar to completing a paper claim form — fully secure, and HIPAA-compliant. If you are not already registered, you can obtain an ID and password by calling toll-free **1-866-209-9320**, or go to the “contact us” link on the home page and access ubhonline Support via our “Live Chat” feature.
- **Please let us know about any recent changes to your personal or practice information.** I’m sure you can imagine the challenge of keeping a large database accurate. Our best source of information about changes to your address, phone numbers, specialty, etc. is *you*. And accurate information means more accurate claims payment, and a better referral experience. If you would like to alert us to a change, please go to ubhonline and provide the updates, or contact your network manager. Effective February 2005, ubhonline features expanded “update practice info” functionality to manage more of your practice and demographic information. This expanded feature added:
 - Medicaid and Medicare numbers
 - Gender listing
 - Ethnicity listing
 - Address Conditions — evening and weekend hours, wheelchair access, and public transportation
 - Expertise listing
 - Tax ID number change requests

I am very pleased with the quality and diversity of our network. I am confident that through our partnership, our shared goal of quality patient care with solid clinical outcomes will be achieved.

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

Important Reminders



Questions on the Care Management Process

If you have questions about the UBH care management process, including our Utilization Management and Quality Improvement programs, please note the following methods to contact the appropriate person at UBH who can best help you.

- For general questions about our care management program, please contact your designated network manager (see the instructions in the box on the right).
- For specific questions about our care management process, please call the toll-free MH/SA number located on the back of the enrollee's insurance card, and ask to speak to a care manager.
- For questions about enrollee benefits, please call UBH intake staff at the toll-free MH/SA number on the enrollee's insurance card.
- For questions about a particular case or care management decision, please call the toll-free MH/SA number on the enrollee's insurance card, and ask to speak to the care manager or peer reviewer who is involved with the case.
- For questions about a particular benefit determination — including authorizations, adverse benefit determinations and appeals — please call the toll-free number listed on your benefit determination letter and ask to speak with the care manager or peer reviewer who is involved in that determination.

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.

Adverse Benefit Determinations

All adverse benefit determinations based on UBH level of care guidelines are made by peer reviewers. These peer reviewers are psychiatrists or certified addiction medicine specialists for inpatient levels of care, and are generally doctoral-level psychologists for outpatient levels of care. The only exception involves specific legal mandates regarding this process (for example, some states that require all adverse benefit determinations to be made by a physician). UBH follows all such legal requirements.

UBH offers a peer-to-peer discussion with practitioners in cases that may not meet level of care guidelines. This allows you to provide additional relevant information to the peer reviewer about the case. If a peer-to-peer discussion does not occur for any reason, you may contact the involved peer reviewer directly. You may also request to speak with a peer reviewer at any time during the decision process or after the decision has been made. To contact the peer reviewer for your case, please call the toll-free number on the enrollee's insurance card or the toll-free number on your adverse determination letter. If you need additional assistance, please call your network manager.

UBH Staff Availability

Each care management site is open for normal business operations Monday through Friday, from 8 a.m. to 5 p.m. in their respective time zones (some sites have extended hours). However, care management staff are available 24/7 to discuss clinical and benefit determinations, appeals, or any other questions about our care management process. Just call the toll-free number on the back of the enrollee's insurance card.

Affirmative Incentive Statement

Care management decision-making is based only on the appropriateness of care as defined by UBH Level of Care Guidelines, Psychological 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 for decisions that result in underutilization of services.

Use the CMS-1500 for Outpatient Service Paper Claims

In accordance with the Centers for Medicare and Medicaid Services (CMS) guidelines, all mental health claims submitted on paper to UBH or U.S. Behavioral Health Plan, California (USBHPC) need to use the industry-standard CMS-1500 form. You can view this form on www.ubhonline.com. Select "forms" from the "resource center" drop-down menu on the upper right corner of the home page, click on the company to which you are billing services, and select the "CMS-1500 claim form" link.

Please note that this is a black-and-white form, which not all claims payers are able to accept. UBH strongly encourages you to use the red-ink version of this form for optical scanning, which processes your claim more efficiently and gives you a faster payment. To obtain copies of the red-ink CMS-1500 claim form, please contact the U.S. Government Printing Office at 1-202-512-1800.

Here are some tips to help ensure your outpatient mental health claims are processed quickly and accurately.

- Please type or neatly print all required information (ubhonline® has a list of all required fields for the CMS-1500 claim form on the "forms" page mentioned above).
- When billing multiple dates of service, do not use quotation marks or arrows to indicate duplicate information. Please complete all data for each date.
- Use the correct CPT code that accurately reflects the services rendered (i.e., group, individual, couple, etc.).
- Use the full ICD-9 or DSM-IV code (including the 4th and/or 5th digits, when appropriate).
- Type or neatly print the name of the paying entity (UBH, USBHPC, etc.) and the correct mailing address in the upper right hand corner of the form.
- Make sure your practice information on the form matches what we have on record. Any discrepancies may delay your claims payment. You can check and correct your practice record using the "update practice info" feature on www.ubhonline.com, or by contacting your network manager (see page 3 for instructions).

Special Note for EAP Claims

When billing EAP services to UBH, USBHPC, or LifeEra, Inc. (LEI), you must use our [proprietary claim form](#), which is mailed to you with your authorization letter. You may also download a copy of the form at www.ubhonline.com. Select "forms" from the "resource center" drop-down menu on the upper right corner of the home page, click on the company to which you are billing services, and scroll down for the link under "EAP forms." Please note that EAP services submitted on a CMS-1500 form will not be processed under this benefit and may be denied.

UBH Inpatient Follow-up Program Meets HIPAA Guidelines

In order for our enhanced inpatient follow-up program to improve treatment compliance and reduce readmission, a key step involves contacting our network clinicians to verify that hospitalized patients have made aftercare appointments and that the appointments have been kept. As a network clinician with a signed agreement with UBH, you are able to release appointment information to us without violating HIPAA guidelines.

Further, the UBH Compliance department and HIPAA guidelines state that you may disclose personal health information (PHI) for the purposes of treatment, payment or health care operations without signed authorization from the enrollee to:

- A treating practitioner (including a physician, therapist, hospital or other facility)
- The enrollee's health plan where UBH is administering benefits
- Another UBH business associate (with a signed business associate agreement to perform treatment, payment or health care operations activities on behalf of UBH)

However, for our disability program, you must receive a signed Patient Release of Information before you can disclose PHI to the treating practitioner.

Your help in ensuring timely and adequate follow-up for patients discharged from inpatient care is vital to facilitating therapeutic gains and successful outcomes. Thank you for your assistance.

Exclusions May Apply to UBH Benefits

Please note that a patient's UBH benefit plan may list benefit exclusions, or specific conditions or circumstances for which the UBH plan will not provide reimbursement. To see if any benefit exclusions apply to the UBH policy for a specific patient, please contact UBH through the toll-free MH/SA services number on the back of the patient's benefit card. You may call UBH to inquire about benefit exclusions anytime during the initial certification or course of treatment.



Clinicians: Notify UBH if You're Unavailable to New Patients

If you are unable to accept new patients, you may request UBH to list you in our database as temporarily unavailable. You will remain a contracted and credentialed UBH clinician, but we will not make new referrals to you for up to six months.

You can make this request:

- Online using the "update practice info" feature at www.ubhonline.com
- Via e-mail to ubhphysicianstatus@uhc.com
- By fax to 1-763-732-6260
- By phone at 1-800-333-8724

When making your request, please be sure to include your name, the city and state where you practice, the phone number where you can be reached, and any other information regarding your situation.

Please note that it is your responsibility to contact UBH within the six-month period and inform us that you are available again to accept UBH referrals. Failure to do so may result in your removal from our clinical network. UBH will send you a letter to remind you of the six-month deadline.

Facilities: Keep Your Billing Information Updated

Whenever you have any changes to your billing information, particularly your Tax Identification, please notify your UBH contract manager immediately. This person will provide you with the appropriate fax number to send a copy of your new W-9 form.

Please Recognize Contracted Billing Agreements when Charging Patients

Enrollee feedback we've received in 2004 indicate that some network clinicians and facilities have charged the entire cost of services rendered up-front — or balance-billed enrollees for fees beyond the contracted amount. Please be advised that your contracted agreement with UBH states that you can only request payments up to an enrollee's copay, applicable co-insurance and/or deductible. For more information about this, as well as other UBH billing and claims guidelines, please consult the "Compensation and Claims Processing" section of your UBH clinician or facility manual. You may view these documents on our Web site, www.ubhonline.com. Just select "guidelines/policies" from the "resource center" drop-down menu on the upper right corner of the home page, and click the appropriate link under the "Clinician Manuals" heading.

If you have any questions regarding a specific billing or claims issue, please call the toll-free UBH number on the back of the involved enrollee's identification card and ask to speak with a customer service representative.

Suggestions for Effective Discharge and Treatment Planning

Discharge planning addresses a patient's needs as they move from one level of care to another, or to a different treating clinician. Treatment planning will focus on achieving and maintaining a desirable level of functioning after the completion of the current episode of care. Effective planning is key to ensuring the ongoing health and well-being of a patient following acute 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.

For discharge from an acute inpatient level of care, UBH expects that a patient's 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 the patient about the importance of seeking community support services, communicating treatment recommendations to all care professionals involved, and adhering to follow-up care throughout the discharge and treatment planning process.

Self-help Groups Enhance Patient Care

Research has shown that the mutual aid and emotional support of self-help groups help patients recover faster and increase their well-being. We encourage you to recommend a suitable group to your clients to augment their treatment, as well as to their family members to help them better cope with the situation and learn how to better support their loved one.

For information on available self-help groups in your area, contact the local affiliates of:

- The National Mental Health Association — visit www.nmha.org and select "Affiliate Directory" from the "Affiliate Network" drop-down menu on the main navigation bar.
- The National Alliance for the Mentally Ill — visit www.nami.org and select "State and Local NAMIs" from the "Find Support" drop-down menu on the main navigation bar.





UBH Authorizations Now Available By Fax

Clinicians who prefer hard-copy authorization letters from UBH can now receive them faster via fax. However, in compliance with HIPAA standards, UBH may only fax authorization letters to a secure fax number. 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 the above criteria, you may request UBH to fax your authorizations. You can do this by using the “update practice info” function on www.ubhonline.com, or by contacting your local network manager (see page 3 for instructions). When making your request, please be sure to remove any unsecured fax numbers we have on file.

New UBH Clinical Learning Programs Planned for 2005

UBH’s Clinical Learning Department continues to offer you educational programs that are easily accessible, free of charge, engage nationally known clinical experts, and deliver content that supports your work on behalf of our enrollees (including the latest evidence-based best practices). We have already scheduled and conducted a number of very exciting teleconference seminars for this year, including:

- “ADHD in Adults: Diagnosis and Treatment” with Russell Barkley, Ph.D. — on March 24 and April 5
- “ADHD in Children: Management and Treatment” with Russell Barkley, Ph.D. — on March 25 and April 11
- “Cognitive Therapy for Treatment Resistant Depression” with Judith Beck, Ph.D. — on May 5, 12, and 20
- “Clinical Psychopharmacology for the Treatment of Depression Made Simple” with John Preston, Psy.D. — on June 9, 16, and 20
- “Addressing Substance Using Clients’ Resistance and Successfully Engaging Them in Outpatient Treatment” with David Mee-Lee, M.D. — Part 1 on July 26, and August 9; Part 2 on July 29 and August 11
- “Relapse: Assessment, Prevention and Treatment” with David Mee-Lee, M.D. — Part 1 on August 24 and September 13 ; Part 2 on August 26 and September 15

All programs are accredited and provide continuing education credits recognized by a number of professional organizations. To participate in any of these seminars, please register online by visiting www.ubhonline.com. Click the “Clinical Learning” link on the home page, and select “Registration and Course Details.” From there, select the seminar you would like to attend and click the “Submit” button to start the easy registration process. You may also register by calling 1-866-915-2525, ext. 230.

Please ensure that you have the course materials and continuing education forms prior to the date of the seminars you attend. These documents are available on ubhonline’s “Registration and Course Details” page mentioned above. Simply click the title link of the registered seminar, then scroll down to the links for “presentation materials” and “continuing education forms.”

Clinical Learning will also continue to offer reprise presentations of most of our lectures via multi-media CD-ROM, as well as home study courses, all of which will be highlighted on the “Clinical Learning” page of ubhonline. And plans are under way to offer you Web-based programs and links to learning opportunities with selected educational partners.

We hope that you have benefited from our programs last year, and we look forward to you joining us in 2005.

ECHO Survey Used to Measure Enrollee Satisfaction

To help UBH gauge enrollee satisfaction with our services, we administered the Experience of Care and Health Outcomes (ECHO™) 3.0H survey in 2004. The ECHO™ survey was developed by the National Committee for Quality Assurance (NCQA) as a means to assess our enrollees' experience during their mental health and substance abuse treatment. For UBH, it provides direction in understanding consumer concerns and areas where we can improve quality of care.

One area of concern identified by the survey involves patient-clinician communications. We know how important effective patient communication is to you in maintaining constructive treatment, so it would be helpful for you to know the consumer-driven measures on the ECHO™ survey.

The ECHO™ survey measures the degree to which the treating clinician:

- Listens carefully to patients
- Explains things in a way patients can understand
- Shows respect for what patients have to say
- Spends enough time with patients
- Involves patients in their own counseling or treatment

For more information on the ECHO™ survey and to view the latest aggregate results, please visit www.ncqa.org/Programs/HEDIS/echo1-1data.htm.

UBH Achieves NCQA Accreditation with Highest Rating

The UBH Atlanta, UBH St. Louis and U.S. Behavioral Health Plan, California (San Diego) care management centers have been awarded full, three-year accreditation by the National Committee for Quality Assurance (NCQA) in 2004. These were our only sites seeking accreditation in that period, and each earned the highest rating possible for a managed behavioral health organization (MBHO).

NCQA is an independent, non-profit organization whose rigorous onsite and offsite reviews of clinical and administrative processes evaluate how well an MBHO manages and improves quality throughout its operations. NCQA also measures performance in the areas of enrollees' rights and responsibilities, preventive health services, utilization management, and credentialing. In addition to granting UBH the highest rating in all categories surveyed, NCQA also commended our network access, continuity and coordination of care, and response to enrollee's needs.



FDA Issues Warning and Recommendations Regarding Antidepressant Medicine for Children and Adolescents

On October 15, 2004, the U.S. Food and Drug Administration (FDA) announced that a black box warning about an increased risk of suicidal thoughts and behaviors in children and adolescents will be added to the product labels of **all antidepressants**, and that these warnings will apply to **all indications**. This new warning language does not prohibit the use of antidepressants for these patients, but does encourage prescribing clinicians to carefully weigh the risk of suicidality versus the clinical benefit. The FDA recognizes that untreated depression or other psychiatric disorders may have serious consequences.

The risk of suicidality for antidepressants was identified in a combined analysis of 24 trials involving over 4,400 pediatric patients. While no actual suicides occurred in these trials, the risk of suicidal thoughts and behaviors on antidepressants was measured at 4% as compared to a 2% risk on placebo. The risk appears to be greatest during the first few months of antidepressant treatment. Close monitoring of children and adolescent patients at the onset of medication treatment and when dosage is changed is critical.

Under ideal circumstances, the FDA recommends you meet face-to-face with patients/family members or caregivers ...

- On a **weekly** basis during the first four weeks of treatment
- Then **biweekly** for the next four weeks
- Then **once at 12 weeks**
- Then as clinically indicated

Telephone contacts are appropriate between face-to-face visits. It is unknown if the suicidality risk in pediatric patients extends to longer-term use.

Other FDA Recommendations

Monitor Adults. The warning did not extend to the use of antidepressants in adults. However, the FDA recommends that you also observe adults treated with antidepressants for clinical worsening and suicidality, especially during the initial few months of therapy or a dosage change.

Minimize Prescription Quantity. Prescriptions for antidepressants should be written for the smallest quantity of pills that is consistent with good patient management, in order to reduce the risk of overdose.

Provide Patient Education. Prescribers are advised to inform patients, their families, and their caregivers about the benefits and risks of treatment. The FDA has recently revised a medication guide for this class of drugs. Prescribers should instruct consumers to read the guide and allow time to discuss the guide to ensure patient and family understanding.



For more information on these FDA recommendations, or to view the medication guide and labeling templates, please visit <http://www.fda.gov/cder/drug/antidepressants/default.htm>.

Standards, Audit Tool for Clinician Home Offices Established

If you are conducting treatment from an office out of your primary residence, please be advised that UBH and USBHPC established a specific set of standards in order to ensure patient comfort, safety and confidentiality.

- Clinicians should notify all clients in advance that the therapy office is located in a home.
- Clinicians must notify clients in advance if there are any animals in the home, and the clinician should offer to isolate them from the office area. Any animal in the therapy office area must have special training or be a certified pet therapy animal.
- Clinicians should offer off-street or separate parking for clients. If off-street parking is not available, then clients must be informed in advance where to park.
- The home should be clearly identified with a house number or sign and the entrance to the home must have adequate lighting. Exits and entrances must be clearly identified.
- The therapy office should be soundproof and separate from the common areas of the residence so that family members, friends, or other clients cannot enter the office while therapy is in session.
- Clinicians should offer a waiting area for clients, or inform clients in advance that they can not do so.
- The office setting should be free from personal effects (e.g., medications, personal papers, and intimate pictures). Office furnishings need to be permanent and professional.
- The office space should contain a separate bathroom for client use only. This bathroom must be free from personal effects (e.g., medications and intimate pictures or items).
- MDs and ARPNs with a home office must store all medications and medication samples in a locked cabinet in a secure area.

- Office equipment (e.g., computer, phone line, fax machine, and file cabinets) should be solely devoted to the office. Safeguards must be in place to ensure that no one other than the treating clinician has access to office equipment that contains confidential patient information. Computers must be password protected.
- The clinician must screen for high risk and/or potentially violent clients prior to the first session, and should not see such clients in a home office. If the clinician does not have an alternative non-home setting, the clinician should refer those clients back to UBH or USBHPC.
- Clinicians must have a business license if your city or town requires one.

Please review these standards to ensure you are in compliance. As you know, UBH or USBHPC may conduct on-site visits as part of our Quality Improvement program. For clinicians in home offices, a new Home Office audit tool will be used in conjunction with the Treatment Record Review tool. In the event of an audit, copies of both tools will be sent to your office thirty days prior to your audit to give you time to prepare. All audit tools may be viewed on www.ubhonline.com. Select “forms” from the “resource center” drop-down menu on the upper-right corner of the home page, select either the UBH or USBHPC forms link, and scroll down to the “Site audit tools” section.





UnitedHealthcare Introduces a New Plan Design — the iPlan

You may begin to notice some UnitedHealthcare enrollees have a new consumer-driven health plan design called the iPlan. Enrollees with iPlan benefits generally no longer have copayments for care, instead having deductibles and coinsurance for services obtained. The enrollee generally must meet a deductible amount during which time they are fully accountable for your network contracted rate with UBH. After the deductible has been met, the enrollee is accountable for a percentage of your contracted amount with UBH.

Here are some important procedures to keep in mind to ensure proper reimbursement for treating an enrollee with iPlan benefits:

- Please talk with the enrollee to assess any deductible they have or any amounts they know they have already met.
- You should continue to bill UBH first for the care that you provide, preferably through ubhonline®. When UBH receives your claim, we will determine the enrollee's financial responsibility and communicate this to you through the Provider Remittance Advice (PRA).
- Some enrollees have a Health Savings Account (HSA), Health Reimbursement Account (HRA) or Flexible Spending Account (FSA) that is designed to be used specifically for the payment of health care expenses.
 - Enrollees may choose to have UnitedHealthcare use money in these accounts to reimburse you directly for their portion of the costs. In these cases you will receive payment from the enrollee's HSA, HRA or FSA as soon as we have received and processed your claim.
 - Some enrollees also have access to these accounts via convenience checks and debit cards. If your practice is set up to accept credit/debit cards, you may collect from the enrollee in this way.
- Please continue to ensure that you have prior authorization from UBH for the initial and ongoing care that you provide.
- You may not collect more than your contracted rate for the services you provide to an enrollee.
- We encourage you to collect payments from the enrollee **after** you receive your PRA; this will ensure accurate collection and prevent refunds due to excess money collected.

UnitedHealthcare customer service is available to advise you on any HRA dollars that may be available for payment of your services. To reach UnitedHealthcare, call the number on the back of the enrollee's insurance card. Note: Do **not** select the prompt for behavioral health. Instead, select the option to speak to customer service as a medical practitioner.

UBH Welcomes New Health Plans into the United Family

Oxford Health Plans (Oxford), Mid Atlantic Medical Services Inc. (MAMSI), Golden Rule Insurance Company (Golden Rule), and Definity have joined the UnitedHealth Group family of companies. If you are currently treating enrollees of any of these plans, please note the following information regarding contracted services, billing and claims.

Oxford

Oxford currently maintains its own network of practitioners, and will be working closely with UBH to determine any potential changes to or mergers of their networks. If you are listed under both networks, please continue to send claims for Oxford and UBH enrollees to their respective plans.

MAMSI

MAMSI membership is primarily located in the mid-Atlantic states, where MAMSI maintains its own network. MAMSI enrollees outside of this primary service area will now have access to the UBH network. If you see a MAMSI enrollee and have a contract with MAMSI, this contract will apply to the services you provide. Otherwise your UBH contract will apply. All claims for services provided to MAMSI enrollees should continue to be sent to MAMSI as directed by the enrollee's health insurance card. MAMSI will make payments to you directly and your contracted amount will be the maximum amount you are able to collect from the enrollee. No balance billing is allowed.

Golden Rule

Golden Rule will utilize the UBH network for all behavioral health services. Depending on their location, some Golden Rule enrollees either have limited or no behavioral health benefits available. Please note that Golden Rule generally does not cover the services of licensed marriage and family therapists (LMFTs). If you have questions about an enrollee's coverage, please contact Golden Rule directly by calling the number on the enrollee's card. You should send your requests for payment directly to Golden Rule as directed by the card. Golden Rule will make payment on your claim at your UBH contracted rate. No balance billing is allowed.

Definity

Definity customers will utilize the UBH network when they renew their benefits. If you provide services to a Definity enrollee, please submit your claims to Definity, not to UBH. For claim details or other assistance, please contact Definity directly through the number on the enrollee's insurance card.

We are excited to be working with these four companies, and we appreciate the high quality care you provide to all of our enrollees.

Patient Safety: JCAHO Updates

United Behavioral Health continues our strong support of the Joint Commission on Accreditation of Healthcare Organization's (JCAHO's) sentinel event requirements. We also support the 2005 National Patient Safety Goals for Hospitals, which includes accurate and complete reconciliation of medications across the continuum of care as well as other medication initiatives.

Sentinel Events

JCAHO defines a sentinel event as "an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof ... [which signals] the need for immediate investigation and response." If you are aware of a sentinel event involving a UBH enrollee, you must notify UBH Care Management within one business day of the occurrence. We will investigate all reported events, and if necessary conduct an onsite review. Your cooperation in this process is required and appreciated.

JCAHO Patient Safety Goals

Each issue of Network Notes now features updates on JCAHO's patient safety goals that apply to behavioral health. The most recently published goals include:

- **Goal 1 — Improve the accuracy of patient identification.** Use at least two patient identifiers whenever administering medications.
- **Goal 2 — Improve the effectiveness of communication among caregivers.** For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test by having the recipient "read back" the order or test. Also measure, assess and take action to improve the timeliness of reporting — and the timeliness of receipt by the responsible licensed caregiver — of critical test results and values.

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- **Goal 3 — Improve the safety of using medications.** Standardize and limit the number of drug concentrations available in the organization. Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving these drugs.
- **Goal 4 — Accurately and completely reconcile medications across the continuum of care.** Develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. When referring or transferring the patient to another setting, give the complete medication list to the next provider of service.

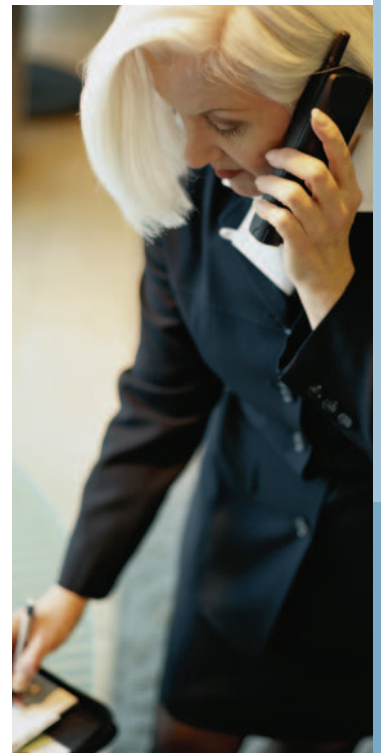
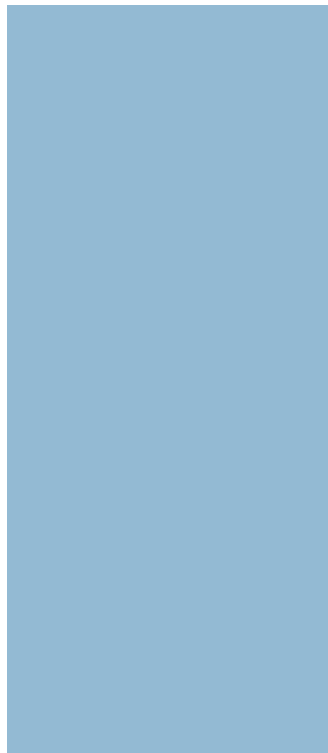
Medication Safety in Inpatient Settings

UBH recently conducted a survey of inpatient facilities in accordance with our 2004 Patient Safety Plan. The survey focused on participation in the Leapfrog patient safety initiative known as Computer Physician Order Entry (CPOE), as well as other safety initiatives aimed at medication safety.

Surveys were mailed to 1,019 facilities with a response rate of 25%. Overall, 73% of respondents indicated they have or are implementing actions to improve medication tracking and reduce medication errors. Over 35% reported compliance with UBH medication tracking requirements and 20% of respondents reported they participate in the CPOE initiative. Other actions taken by facilities to ensure medication safety include: implementation of JCAHO Patient Safety Standards; implementation of the Pyxis system; participation in the America Medication Safety initiative; implementation of the McKesson Automated Medication Delivery system; utilization of the Meditech Pharmacy Module Drug Interaction Alert system; and implementation of such measures as a "read back" of all verbal orders, standardized "do not use" abbreviations, physician and allied staff education, and routine chart audits related to MD orders.

UBH applauds your focus on patient safety. For more information about UBH's facility medication safety recommendations, please refer to page 23 of your facility manual ("Clear and uniform medication tracking"). The manual is available at www.ubhonline.com. Select "guidelines/policies" from the "resource center" drop-down menu and click the appropriate clinician manual link. You may also request to have a copy mailed to you by calling 1-800-807-7704.

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Do Not Use “Dangerous Abbreviations”

The table below displays JCAHO’s list of dangerous abbreviations that must not be used in clinical documentation. Please post this chart at your practice or organization.

Abbreviation	Potential Problem	Preferred Term
U (for unit)	Mistaken as a zero, four or “cc”	Write “unit”
IU (for international unit)	Mistaken as “IV”	Write “international unit”
Q.D.,Q.O.D.	Mistaken for each other	Write “daily” and “every other day”
Trailing zero (X.0 mg)	Decimal point is missed	Never write a zero by itself after a decimal point
MS, MSO ₄ , MgSO ₄	Confused for one another	Write “morphine sulphate” or “magnesium sulfate”
µg (for microgram)	Mistaken for “mg” (milligrams)	Write “mcg”
H.S. (for half strength or Latin abbreviation for bedtime)	Mistaken for either “half-strength” or “hour of sleep”; “q.H.S.” mistaken for “every hour”	Write out “half strength” or “at bedtime”
T.I.W. (for three times a week)	Mistaken for “three times a day” or “twice weekly”	Write “3 times weekly”
S.C. or S.Q. (for subcutaneous)	Mistaken as “SL” for sublingual, or “5 every”	Write “Sub-Q”, “subQ”, or “subcutaneously”
D/C (for discharge)	Interpreted as “discontinue” whatever medications follow	Write “discharge”
c.c. (for cubic centimeter)	Mistaken for “U” (units) when poorly written	Write “ml” for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears)	Mistaken for “OS,” “OD,” and “OU,” etc.	Write “left ear,” “right ear” or “both ears”

Educating Patients on Risks and Benefits of Treatment

Please keep in mind that patients (and when clinically appropriate, their families) should be informed of the potential risks and benefits of psychotherapeutic and psychopharmacologic interventions. It is also essential to inform patients of the risks associated with prematurely discontinuing treatment.

For more information about JCAHO’s safety goals and sentinel event policy, please visit their Web site at www.jcaho.org.



Ubhonline® Exceeded One Million Transactions in 2004

Registered users of UBH's clinician Web site, www.ubhonline.com, performed nearly 1.1 million self-service transactions online last year. This milestone demonstrates the value of the site's timesaving features, which enable clinicians and their office staff to interact with UBH efficiently and cost-effectively, and avoid the administrative burdens of sending in paper forms or making a telephone call. Through ubhonline, network clinicians can:

- Submit behavioral health and EAP claims
- Check on the status of claims or patient authorizations
- Submit requests for additional treatment sessions
- Manage practice demographic information
- Link to current clinical resources, such as the UBH Preventive Health Program, Best Practice Guidelines, and free clinical learning programs that offer continuing education credits
- Access network application and clinician contract materials

The site continues to add more self-service transaction capabilities and information to increase its value for you and your practice. New features released last year include:

- Online validation of patient eligibility and benefits

- "My Submitted OTPRs," which conveniently maintains an electronic record of Outpatient Treatment Progress Reports submitted through ubhonline
- Upgrades to the "update practice info" feature to make it even more user-friendly, while collecting more demographic information
- "Live Chat" feature offering secure, instant messaging to the ubhonline Support Center to quickly resolve Web site issues or request a User ID

Ubhonline also continues to rank high in user satisfaction. According to our December 2004 Site Satisfaction Survey, of the registered clinicians who responded:

- 88% were able to complete their transaction online
- 96% were happy with the speed of ubhonline transactions
- 98% reported they would use ubhonline again

If you haven't already registered with ubhonline, you can request a user ID and password from ubhonline Support. Just call [1-866-209-9320](tel:1-866-209-9320), or select the "Contact Us" link on the home page to use the "Live Chat" feature.

Ubhonline is HIPAA-compliant

Ubhonline has been specifically designed to meet HIPAA regulations for security and confidentiality, and maintains the privacy of your patient's protected health information (PHI). The site requires each user to authenticate access by logging on with a unique user ID and password — and requires passwords to be changed on a periodic basis. Furthermore, ubhonline only allows users to access PHI for their own patients.

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>.

Tip Sheets Offer Health Information for Patients

Visit ubhonline to download and print education tip sheets (in English and Spanish) that provide valuable behavioral health and treatment information to your patients and their families. These documents cover a wide range of topics — including depression, anxiety, substance abuse, stress, eating disorders, and more. All are written in a way that patients and family members can easily understand.

To access these tip sheets, simply select "education" from the "resource center" drop-down menu on the upper-right corner of the home page, scroll down the "Patient Education" heading, and click the "Health and Wellness Tip Sheets" link.

The spring edition of UBH Network Notes has arrived!



In this issue you'll find:

Important Reminders

New UBH Clinical Learning Programs

UnitedHealthcare iPlans

JCAHO Updates

And more!

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