

*The summer edition of USBHPC Network Notes has arrived!*



In this issue you'll find:

Information Resources

Depression Education Programs

Access to Care

Important Reminders

And more!

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## notes

## Enhanced Inpatient Follow-up Program Adopted by USBHPC

In October 2004, U.S. Behavioral Health Plan, California (USBHPC) adopted United Behavioral Health's (UBH's) enhanced Inpatient Follow-up Program to provide a more comprehensive approach to monitoring the progress of patients discharged from an acute psychiatric facility. The enhancements are designed to improve treatment compliance and reduce readmission rates.

### Key features of the program include:

- The increased assurance that, when leaving the hospital, the patient has a follow-up appointment scheduled for within seven days of discharge
- Strategic outreach and outpatient care coordination to address any barriers to treatment and ensure patient compliance

All patients discharged from an inpatient level of care are followed through the program for at least 60 days following their hospitalization. In addition, patients meeting the high-risk criteria for rehospitalization are followed for at least six months and receive more immediate follow-up (an appointment scheduled for within three days of discharge), and closer monitoring.

The program also features an evaluation process developed by UBH's Behavioral Health Sciences that looks at the seven and 30-day ambulatory follow-up rates, as well as 30-, 90- and 180-day readmission rates.

The Inpatient Follow-up Program is one more way USBHPC continually fine-tunes our practices to ensure patients receive timely, appropriate care and achieve successful treatment outcomes. We appreciate your assistance to ensure the program's interventions are in place for the patients we mutually serve.

## Online Depression Center Available to BSC Enrollees

Blue Shield of California (BSC) enrollees can now access an online Information Center on Depression through the BSC Web site, [www.mylifepath.com](http://www.mylifepath.com). The center has incorporated information from the United Behavioral Health (UBH) Preventive Health Program for Depression — including a brief self-appraisal, educational information, and a list of professional resources with contact information.

BSC enrollees can access the page in the "Health and Wellness" section of the Web site. Please encourage your BSC patients diagnosed with depression to review this information center and talk with you about any questions or concerns they may have about their condition.

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## Information Resources for You and Your Patients

According to feedback we obtained from Enrollee Satisfaction Surveys and face-to-face focus groups, Blue Shield of California patients are very interested in obtaining more information from clinicians about ways they can best manage their behavioral health condition, treatment options, and useful community resources that are available.

Specifically, these participating patients feel they need more information regarding:

- Their specific mental health or substance abuse conditions
- Their prescribed psychotropic medications and alternatives
- Materials on coping with their conditions, including suggestions for self-help books appropriate for their age, reading level and needs
- Treatment options, including various approaches to psychotherapy such as DBT and Cognitive Therapy, psychopharmacology, and ECT
- Support groups, how helpful they can be, and how to find a support group that's right for them

These enrollees have also stated that they would trust their treating clinician to refer them to the most accurate and relevant information they need. Therefore, we offer the following tips and resources for you to provide this information to your patients.

### Behavioral Health Conditions

Ubhonline® offers educational tip sheets on various behavioral health conditions, including depression, ADHD, anxiety, substance abuse, stress, and eating disorders. All are written in a way that patients and their family members can easily understand. To download and print these tip sheets, visit [www.ubhonline.com](http://www.ubhonline.com), select "education" from the "resource center" drop-down menu on the upper right corner of the homepage, scroll down the "Patient Education" heading, and click the "Health and Wellness Tip Sheets" link.

Other Web sites, such as the American Psychiatric Association ([www.psych.org](http://www.psych.org)) and the National Alliance for the Mentally Ill ([www.nami.org](http://www.nami.org)), also offer additional information on a number of particular behavioral health conditions. Your hospital librarian and local public librarian are other excellent resources for locating information your patients can use.

### Treatment Options and Medications

While patients can easily look up treatment information on the Internet, there is a risk that they would find incorrect information that could undermine their treatment. That's why it is particularly important that you openly discuss with your patients all available treatment options, including those you don't provide, that aren't covered by their benefits, or with which you disagree. Fully explain your thoughts on each type of treatment, especially those that you don't support.

It's also important to talk to your patients (and when clinically appropriate, their families) about the benefits and potential risks of psychotropic medications, as well as the risks associated with prematurely discontinuing use of these medications.

These discussions build on your established trust to encourage patients to bring their questions to you and assist them in being better partners in their own treatment.

### Support Groups

A support group, if chosen carefully, can be a powerful and positive adjunct to psychotherapy. Keep in mind that people will frequently seek a support group on their own. In order to assure the best outcome, it's good that you provide enough information so your patients can determine whether the group will offer the right support for them. A well-run support group offers a patient much needed emotional support and additional insight into the situation, different from that offered through psychotherapy.

To find a reputable support group in your area, Blue Shield enrollees can contact Lifepath Advisers, their employee assistance program, at **1-866-LIFEPATH** or online at [www.mylifepath.com](http://www.mylifepath.com) (they will need to register with the site if they haven't already done so). Your local United Way organization should have information on nearby support groups as well. You may also contact a USBHPC care manager for suggestions at **1-800-798-3053**.

Your help in ensuring your patients receive complete and accurate information about their condition and treatment is important to facilitating successful outcomes. Thank you for your assistance.

## Depression Education Program Launched

USBHPC has launched a Depression Education Program for all enrollees who have been diagnosed with depression and discharged from an inpatient unit. USBHPC sends these enrollees comprehensive information on depression via mailings once a month, for three months post-discharge. Topics include an overview of depression, signs and symptoms, treatment options (particularly psychotherapy and antidepressants), and tips on how the enrollees can promote their own recovery.

By providing additional information on this condition, the Depression Education Program aims to support your follow-up treatment for USBHPC patients and thereby help ensure successful outcomes. For more information on this program, or to view the educational materials, please contact Clinical Network Services at 1-800-798-3053, ext. 2058.

## USBHPC and BSC Educate Medical Professionals on Depression

In 2004, USBHPC and Blue Shield of California (BSC) enhanced the ways we educate medical health care professionals about the symptoms and treatment of depression. These enhancements included:

- Distributing an updated “depression toolkit” to thousands of California primary care physicians that included extensive information on psychotherapy, antidepressant use, and when to refer a medical patient they are managing for depression to a behavioral health practitioner
- Providing special training for BSC disease management nurses to help them better identify depression symptoms among their participating enrollees, and establish effective intervention strategies to successfully direct depressed enrollees to the behavioral health resources they need

These efforts demonstrate USBHPC’s and BSC’s commitment to improve the lives of our enrollees by educating medical health care professionals on behavioral health issues, and encouraging them to collaborate with you to treat patients with co-morbid conditions.

## Supplemental Best Practice Guidelines Reminder

USBHPC has adopted the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry clinical guidelines for the treatment of major depression disorder (MDD) and attention-deficit/hyperactivity disorder (ADHD). In addition, USBHPC has established supplemental best practice guidelines to assist with improving effective treatment.

USBHPC is working with both clinicians and enrollees to improve the treatment for MDD, ADHD and Aftercare Compliance. Please share these guidelines with your patients as you develop your treatment plans, and with other clinicians with whom you will coordinate care.

Visit [www.ubhonline.com](http://www.ubhonline.com) for information regarding the supplemental best practice guidelines for MDD and ADHD, patient education materials, a listing of the best practice guidelines adopted by USBHPC from the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry, and direct Web links to these organizations’ portals which include specific information regarding practice guidelines. If you do not have access to the Internet and would like to receive a copy of the best practice guidelines or supplemental guidelines, contact your network manager at 1-800-798-3053, ext. 2058.

You may also direct your patients to review the MDD and ADHD guidelines at UBH’s Preventive Health Program at [www.liveandworkwell.com/prevention](http://www.liveandworkwell.com/prevention). This site also features educational information addressing several aspects of these conditions, plus a list of resources with contact information.



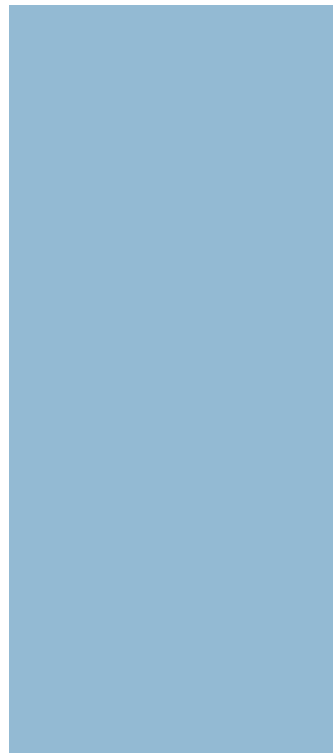
## Access to Care Improves in 2004

To help ensure that our enrollees are able to obtain appropriate and timely treatment, USBHPC uses the following established standards for appointment access, which were communicated to you via *Network Notes* in 2004.

<p>Non-Life-Threatening Emergency</p>	<p>A situation in which immediate assessment or care is needed to stabilize a condition or situation, but there is no imminent risk of harm or death to self or others.</p>	<p>100% of enrollees must be offered an appointment within 6 hours</p>
<p>Urgent</p>	<p>A situation in which immediate care is not needed for stabilization but, if not addressed in a timely way, could escalate to an emergency situation.</p>	<p>100% of enrollees must be offered an appointment within 48 hours</p>
<p>Routine</p>	<p>A situation in which an assessment of care is required, with no urgency or potential risk of harm to self or others.</p>	<p>100% of enrollees must be offered an appointment within 10 business days</p>

Thanks to your help and cooperation, we are pleased to have met our performance goals for urgent and non-life-threatening emergency situations in 2004, as well as seen improvements in enrollees' accessibility to services for routine cases. Your recognition, understanding and incorporation of these standards into your practice is critical to ensuring that each enrollee is able to receive appropriate and timely access to care. Another contribution to this important achievement involved our recruitment efforts in regions where we have identified opportunities for improvement.

Although we still face some challenges in the area of routine access, we appreciate your commitment to meeting these performance standards.



## Ensuring Network Service Availability

USBHPC maintains a network of clinicians and facilities across the wide geographic distribution of our California membership. From densely populated cities like Los Angeles and San Diego to more sparsely populated mountain and desert areas, we are committed to ensuring high quality network practitioners and facilities are close to where our enrollees live.

In 2004, USBHPC measured our network availability against the following standards:

Provider Type	Standard (Within number of miles from enrollee)			Performance Goal
	Urban	Suburban	Rural	
Physician	10 Miles	20 Miles	30 Miles	95%
PhD/Master's Level	10 Miles	20 Miles	30 Miles	95%
Child/Adolescent Clinician	10 Miles	20 Miles	30 Miles	95%
Acute Inpatient Care	15 Miles	30 Miles	60 Miles	90%
Intermediate Care/Partial Hospitalization	15 Miles	30 Miles	60 Miles	90%
Intensive Outpatient Care	15 Miles	30 Miles	60 Miles	90%

While USBHPC met or exceeded most of our availability goals in 2004, there are opportunities to improve network availability in rural areas. We are continually researching and monitoring these areas to identify and recruit new clinicians, facilities or programs as they become available.

We are also continuing to focus on recruitment initiatives in order to improve the availability of our services for our enrollees. In support of this initiative, we have been participating in the Northern California Psychiatric Society's Annual Psychiatric Job Fair for the last two years. This event has been a great opportunity for us to meet with California psychiatrists and invite them to join our network.

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## Satisfaction Survey Gauges How Well We Meet Your Needs

USBHPC has compiled the results of our 2003 Clinician Satisfaction Survey. We contacted 435 California clinicians who provided services to our enrollees in 2003 to assess their satisfaction with USBHPC staff and processes including claims, care management, intake, and Clinical Network Services. This survey had a 35% response rate.

We are pleased that our overall satisfaction rating of 81% in 2003 was about the same as the previous year (82%), and that individual scores for care management, intake and Clinical Network Services remained very high — with satisfaction ratings for care management over 85%, and ratings for intake and Clinical Network Services over 90%. Satisfaction results for claims are continuing to show improvement over the previous year.

The survey also solicited feedback on the use of our dedicated clinician Web site, ubhonline®. In 2003, the number of respondents who primarily submitted their claims through the site increased to 17% from 14% in the prior year. General use of the Web site was also up, from 22% in 2002 to 29% in 2003. With continuing enhancements and new features added to the site, we hope to see more clinicians make use of ubhonline's claims submission and other administrative support features.

USBHPC thanks all of the clinicians who participated in this survey. Your responses provide us with a better view of how well we are meeting your needs.

# Important Reminders



## Pharmacy Benefits Usually Administered by Medical Plans

While pharmacy services may be used by enrollees under their behavioral health plan, please keep in mind that their medical plan administers their pharmacy benefits in most cases. Most medical carriers have their own drug formularies, which are usually available online at their designated Web sites. For example, you can view Blue Shield of California's (BSC's) drug formulary on [www.mylifepath.com](http://www.mylifepath.com). Just select the "Pharmacy" tab on the main navigation bar, then click the "Drug Database & Formulary" link.

If you have questions about an enrollee's pharmacy benefits, please contact the medical plan identified on the patient's identification card.

## Guidelines and Manuals on ubhonline®

Ubhonline provides you with quick and easy access to:

- *USBHPC's Level of Care Guidelines.* These guidelines were developed to produce optimal clinical outcomes and ensure consistency in the authorization process by care management and medical staff. Revised guidelines will become effective October 1, 2005.
- *USBHPC Clinician and Facility Manuals.* Both manuals were revised in 2004 to provide the most current information regarding your network participation. They include frequently asked questions, information on our quality improvement and utilization management

programs, and comprehensive sections outlining such topics as USBHPC's Treatment Record Review standards and the Appeals process.

To access any of these documents, simply visit [www.ubhonline.com](http://www.ubhonline.com), select "guidelines/policies" from the "resource center" drop-down menu on the upper right corner of the homepage, then select the appropriate links. If you do not have access to the Internet and would like to obtain hard copies of any of these materials, please contact your network manager at 1-800-798-3053, extension 2058.

## Billing for Missed Appointments

Please note that USBHPC does not pay for sessions when the enrollee does not keep an appointment. However, you may bill the enrollee for a missed appointment provided you have advised the enrollee, in advance, of this policy and the enrollee has acknowledged the policy in writing. In such a case, you may bill for no more than your usual contracted fee for the scheduled service. (Note: Some plan designs, as well as the government-funded programs Medi-Cal and Medicare, prohibit billing enrollees for no-shows or limit the amount of the member's liability to the usual copayment. Please call 1-800-798-3053 to verify any billing limitations for a missed appointment established by the plan design.)

## Affirmative Incentive Statement

USBHPC does not compensate employees, appeal reviewers or clinicians for denials of coverage or service. There are no financial incentives for utilization management decision makers to encourage denial of benefits.

## Peer Reviewer Discussions for Potential Adverse Benefit Determinations

USBHPC's care management process offers every clinician the opportunity to discuss a potential adverse benefit determination based on medical necessity with an appropriate peer reviewer at USBHPC before a final determination is made. You may request a discussion with a peer reviewer at any time during the decision process or after the decision has been made.

## Inform USBHPC's Enrollees of Their Rights and Responsibilities

USBHPC's Patient Rights and Responsibilities are available in English and Spanish in our clinician and facility manuals. We ask that you display these rights, which are in keeping with industry standards, in your waiting room or patient treatment areas or have some other means of documenting that these standards have been communicated to your USBHPC patients. The manuals are available at [www.ubhonline.com](http://www.ubhonline.com). Select "guidelines/policies" from the "resource center" drop-down menu on the upper right corner of the homepage, then click the "U.S. Behavioral Health Plan, CA, Clinician Manual" or "U.S. Behavioral Health Plan, CA, Facility Manual" link. You may also request a hard copy or CD-ROM version from your network manager by calling 1-800-798-3053, ext. 2058. (Only the clinician manual is available on CD-ROM.)

## Required Notifications

Section six of your contract with USBHPC requires you to notify us within 10 days of knowledge of a number of events, including:

- Changes in your liability insurance
- Actions which may result in or the actual suspension, sanction, revocation, condition, limitation, qualification, or other material restriction on your licenses
- A change in your name, business ownership, or Federal Tax I.D. number
- Claims or legal actions for professional negligence or bankruptcy

Please refer to your contract for more detailed information regarding required notifications.

## Quality Improvement Program Update

USBHPC's Quality Improvement Program underwent its annual evaluation in January 2005. We are pleased to report that, in addition to achieving full, three-year accreditation from the National Committee for Quality Assurance (NCQA) in July 2004, USBHPC met or exceeded the majority of its quality indicators. Access and availability of network practitioners and facilities remains high, as does overall enrollee satisfaction. Internal processes such as the acknowledgement and resolution of complaints and appeals and timely utilization decision-making also remain high. If you wish to receive an executive summary of the Quality Improvement Program, its goals and progress, please call Clinical Network Services at 1-800-798-3053, ext. 2058.





## Schedule Inpatient Follow-up Within Seven Days

As part of USBHPC's commitment to ensuring the highest quality of treatment across the continuum of care, we employ Health Plan Employer Data and Information Set (HEDIS®) 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. USBHPC expects that a patient's follow-up appointment will be made prior to discharge and will be scheduled within seven days of the date of discharge.

## Preventive Health Program Update

The USBHPC Preventive Health Programs for depression and attention-deficit/hyperactivity disorder (ADHD) have been quite successful. Hundreds of mailings have gone out to enrollees and network clinicians, both at their request and because of claims enrollment in the programs. Phone surveys of enrollees have revealed a high level of satisfaction with and appreciation for the educational materials. In 2004, all the depression materials were translated into Spanish and are currently available for our Spanish-speaking population. If you wish to review the materials, please call [1-619-641-6335](tel:1-619-641-6335) and leave a voicemail with your name, address and the materials you want and they will be sent to you promptly.

## Please Return All Patient and Enrollee Calls

We want to remind you that it is important to return all calls from your patients and USBHPC-referred enrollees — especially if you are unable to accept new patients. In such a case, please call these enrollees back to let them know you are unavailable, and instruct them to call USBHPC again so they can obtain a new referral.

You may also request USBHPC to list you in our database as temporarily unavailable for new referrals for up to six months. Simply contact your network manager at [1-800-798-3053](tel:1-800-798-3053), extension 2058. Please note that it is your responsibility to contact USBHPC within the six-month period and inform us that you are available to again accept referrals. Failure to do so may result in your removal from our clinical network. USBHPC will send you a letter to remind you of the six-month deadline.

## Exchange Information with Primary Physicians and Other Behavioral Clinicians

To ensure appropriate treatment and continuity of care for our enrollees, USBHPC encourages network clinicians to communicate information to the enrollee's primary physician and/or between treating behavioral clinicians. This is particularly important when an enrollee is on medication or has significant co-morbid conditions. For tips and guidelines to facilitate effective communication, please refer to the "Communication with Primary Physicians and Other Care Professionals" section on page 23 of your USBHPC Clinician Manual. We appreciate your efforts to coordinate care with other professionals in order to provide the best possible service to our enrollees.



## HIPAA Security

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rules took 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. As a UnitedHealth Group company, USBHPC would like to share with you UnitedHealth Group's statement regarding compliance efforts with the HIPAA Security Rules:

*UnitedHealth Group recognizes that information and information systems are critical and vitally important business enablers for supporting customer services and operating our business. We are committed to providing value-added services in all aspects of our relationship with our customers. We are likewise committed to the protection of UnitedHealth Group and customer information assets. To fulfill this commitment, UnitedHealth Group maintains an Information Security Program. These efforts are implementing appropriate and reasonable controls to protect the privacy and security of confidential and sensitive data; which includes Protected Health Information relative to HIPAA. UnitedHealth Group was compliant with the HIPAA Security Rules by the April 2005 deadline.*

For more information regarding the Security Rules and other HIPAA rules and regulations, please visit the U.S. Department of Health and Human Services (HHS) Web site at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) or call toll-free 1-866-627-7748.

## USBHPC Public Policy Committee

In accordance with California law, USBHPC leads a Public Policy Committee to provide a formal structure for the comments and participation of covered enrollees and employer and health plan representatives. This committee consists of at least three subscriber enrollees of USBHPC, one USBHPC contracted clinician and one member of the USBHPC Board of Directors.

In addition to functioning as a focus group to evaluate care and service proposals and to define USBHPC's public policy in accordance with the state's Knox-Keene Act, the committee reviews and discusses:

- USBHPC's growth, management and fiscal experience
- Summary and trend reports on enrollee grievances and appeals, including information on the nature, volume and disposition of these actions
- Enrollee, clinician and facility satisfaction survey results and enrollee satisfaction activities
- Patient Rights and Responsibilities and other enrollee communications

The Public Policy Committee meets quarterly, and reports to the USBHPC Board of Directors.



## Claims Acknowledgment Letters

Department of Managed Health Care (DMHC) regulations Title 28, Section 1300.71, "Claims Settlement Practices and Dispute Resolution Mechanism," requires USBHPC to identify and acknowledge receipt of all claims. In order to comply with these regulations, USBHPC sends a letter to clinicians and facilities that confirms a submitted claim was received, and states the recorded date of receipt. For a complete text of these regulations, please visit the DMHC Web site, [www.hmohelp.ca.gov/library/regulations](http://www.hmohelp.ca.gov/library/regulations).

Please note that this letter is only to notify you that your claim has been received and is being processed. It should not be interpreted that the claim is being denied or under review. USBHPC is revising the language in the claims acknowledgment letter to better clarify this purpose.

USBHPC is currently in the process of enhancing its claims system, and plans to include the recorded date a claim is received on the Provider Remittance Advice forms. This will meet the DMHC requirement and significantly reduce the need to send claim acknowledgment letters, thereby decreasing the amount of USBHPC mail you receive.

## Regulatory Guidelines for Linguistic Standards

California Senate Bill (SB) 853, chaptered on October 9, 2003, requires the Department of Managed Health Care and the Department of Insurance to develop regulations addressing five specific elements or needs related to the linguistic needs of enrollee populations. These five elements include:

- Translation of vital documents produced by the plan
- Quality and accuracy of written translated documents
- Language preference and needs assessment
- Individual enrollee access to interpretative services
- Quality and timeliness of oral interpretation services

These regulations are currently under development. USBHPC expects to be fully compliant with the regulatory requirements by the time specified in the final regulations. For the complete text of SB 853, you may visit the Official California Legislative Information Web site at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).



## Amended California Civil Code 56.104

The California Confidentiality of Medical Information Act limits information that can be disclosed regarding a patient seeking medical services. However, effective January 1, 2005, California Senate Bill 598 amended California Civil Code 56.104 to allow health care practitioners to disclose information to legally authorized persons or entities regarding a patient's participation in outpatient psychotherapy, **without** a release of information from the patient, for the purposes of diagnosis or treatment. For the complete text of SB 598, visit the Official California Legislative Information Web site at [www.leginfo.ca.gov](http://www.leginfo.ca.gov).

## Enrollee Grievance Process

Questions and/or concerns from enrollees regarding any aspect of USBHPC services may be directed to the USBHPC Grievance Department at:

U.S. Behavioral Health Plan, California  
Attn: Grievance Coordinator  
P.O. Box 880609  
San Diego, CA 92168

Telephone: 1-619-641-6950  
Fax: 1-619-641-6916

Enrollees may request your assistance with any aspect of the complaint process. The Member Grievance Form and complaint filing instructions (located in Appendix D of the USBHPC Clinician Manual) must be readily available at your office location and promptly provided to the enrollee upon request. The enrollee may also contact USBHPC directly for a Member Grievance Form and filing instructions, or for information on how to access the USBHPC grievance system online. USBHPC resolves each enrollee complaint and communicates the complaint resolution in writing to the enrollee or complainant within 30 calendar days of receipt of the complaint. When USBHPC receives a request for an expedited review of a complaint, USBHPC immediately notifies the enrollee of his/her right to contact the Department of Managed Health Care (DMHC). The enrollee or complainant and the DMHC are notified, in writing, of the disposition or pending status of the complaint within three calendar days of receipt.

## Provider Dispute Resolution Mechanism

Clinicians and facilities may access the Provider Dispute Resolution Mechanism to request a review or reconsideration of a USBHPC enrollee's claim that has been denied, adjusted or contested; to seek resolution of a billing determination or other contract dispute; or to dispute a request for reimbursement of an overpayment of a claim. Disputes must be submitted in writing and must include the following:

- The name of the clinician or facility
- The clinician's or facility's identification number
- The clinician's or facility's contact information
- If about a claim, specific claim information including claim number, dates of service, procedure codes, amounts, etc.
- If not about a claim, a detailed explanation of the issue
- If about a USBHPC enrollee, the name and identification number of the enrollee and a detailed explanation of the issue

The written dispute should be sent to:

U.S. Behavioral Health Plan, California  
Attn: Grievance Coordinator  
P.O. Box 880609  
San Diego, CA 92168

Fax Number: 1-619-641-6916

For guidance with the Provider Dispute Resolution Mechanism, please contact the USBHPC network manager at 1-800-798-3053, ext. 2058. Disputes may be submitted up to 365 days from the date of USBHPC's action or inaction. USBHPC will send written notification of the resolution to the provider within 45 calendar days of receiving the dispute.

Note: The Provider Dispute Resolution Mechanism may be accessed for disputes related to USBHPC enrollees or contractual issues only. Disputes related to UBH enrollee issues are handled through the appeals process described in the "Appeals" section of the USBHPC Clinician Manual.