



Network Notes

United Behavioral Health-Houston Care Advocacy Center News for UBH-Contracted Clinicians

Fall 2006

Addressing the Needs of Enrollees Coping with Disasters

In the immediate aftermath of hurricane Katrina last fall, United Behavioral Health (UBH) promptly mobilized its operational and network resources to assist emergency responders and enrollees. Some of these measures included the identification of available clinicians in highly impacted areas, securing appointments in the Houston area where many evacuees fled after the disaster, identification of clinicians for “drop in” clinic services in partnership with area hospitals, and providing on-site EAP services to city employees and their managers. Many enrollees from the Gulf States area, however, continue to struggle with the devastating psychological effects of the hurricane.

The UBH Houston and Atlanta Care Advocacy Centers have developed a collaborative activity designed to improve the identification, referral, and treatment of enrollees diagnosed with acute stress disorder (ASD) and

post-traumatic stress disorder (PTSD). On-site EAP services remain available, and Network Managers continue to recruit clinicians with expertise in treating ASD and PTSD as needed. In addition, a clinician education teleconference, entitled “Treating Complex Psychological Trauma,” was held in April (see the Clinical Learning section of the UBH clinician Web site, www.ubhonline.com, for more information on all UBH clinical learning programs). We also plan to send a targeted mailing to high-volume primary care physicians, providing them with enrollee education materials, behavioral health clinician lists, and an exchange of information form to encourage collaboration with behavioral health clinicians.

For the treatment of ASD and PTSD, UBH has adopted the *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Post-traumatic Stress Disorder* of the American Psychiatric Association. The

full text of the guideline is available through a link on the Clinical Resources section of www.ubhonline.com.

In addition, enrollees can access additional behavioral health materials through the UBH enrollee Web site, www.liveandworkwell.com. The Mental Health Condition Centers include information on prevention, treatment, self-care tips, and other resources. Specific information on PTSD can be found through the Life Changes section on the left-hand menu of the home page.

The National Center for Post-Traumatic Stress Disorder (www.ncptsd.va.gov) has additional materials for clinicians as well as enrollees. For additional information, please contact the Houston Quality Improvement Department toll free at 1-866-347-9506, ext. 5578.

Access to Care Article Addendum:

With reference to the article regarding appointment access on [page 2](#) of the Important Reminders section of this newsletter, please contact your Clinical Network Services Network Manager if you have urgent (within 24 hours in Texas) or emergent non-life-threatening (within 6 hours) appointment availability in your appointment schedule.

Psychological/Neuropsychological Testing

UBH continues to require prior authorization for psychological/neuropsychological testing. To clarify when the request for authorization should be submitted to UBH or to the medical insurance provider, it may be useful to refer to the following general rule.

Determine whether or not the purpose of the psychological/neuropsychological testing is for medical versus psychiatric reasons, according to who made the referral and whether the primary diagnosis is medical or psychiatric. Correspondingly:

Call UBH when

- The referring practitioner is a psychiatrist, neuropsychologist, psychologist, or other behavioral health clinician
- The primary diagnosis is psychiatric, even though medical problems are involved; the purpose of testing is to clarify a psychiatric diagnosis (e.g., dementia vs. pseudo dementia; head injury vs. anxiety/depression; organic mood vs. mood disorder NOS; organic delusion vs. schizophrenia)

Call the Medical Insurance Provider when

- The referring practitioner is an MD, (not psychiatrist), neurologist, PCP, surgeon, or pain specialist
- The primary diagnosis is medical (e.g., MS, head injury, tumors, alzheimer's disease, stroke)

Please visit www.ubhonline.com for more information and guidelines on the use of psychological/neuropsychological testing.