

# Network Notes

News and Updates for UBH-Contracted Clinicians

Fall 2006

**In This Issue:** Updates pg. 2 | Health Plan Partnership Updates pg. 5  
Clinical Learning Updates pg. 6 | Resources For You pg. 7

## VP Corner

By Michelle Brennan-Cooke, Ph.D.

All Aboard! I am pleased to have the opportunity to address you in the inaugural VP Corner. United Behavioral Health (UBH) is in the midst of a number of significant changes as we continue efforts to help people access care that makes a positive impact in their lives. Dr. Greg Bayer, introduced in our last newsletter, has moved into the position of CEO and President of United Behavioral Health. His depth of experience will aid in our mission to be the leading behavioral health and wellness solutions for our subscribers and customers.

The second change is that I have taken over leadership of Clinical Network Services. Dave Chenok has moved into the role of Chief Operating Officer of Clinical Operations. He and I will work together to assure that the Care Advocacy Centers and Clinical Network Services are closely aligned. I have been with UBH for the last 12 years with the vast majority of my time spent in various roles within Clinical Network Services, most recently as the Assistant Vice President for the last three years. I am a clinical psychologist by training who joined UBH to learn more about the field of behavioral

health, with the intention of taking that knowledge back into a private practice setting. I have stayed for the last 12 years because I see the great promise we have as a profession in helping people navigate through what can sometimes be a confusing and frightening health care system.

I wanted to make you aware of a number of significant changes and initiatives that might impact your practice over the course of this year and into the next. Following the merger and acquisition of PBH's parent company, PacifiCare Health Systems Inc., by UnitedHealth Group, we are now in the midst of an integration plan to bring the PacifiCare Behavioral Health (PBH) clinicians and facilities into the UBH family and to move all contracts onto UBH paper. Some of you may currently have a PBH contract in place which will remain in affect for PBH enrollees at this time. Once these PBH agreements expire, you will be able to see all UBH and PBH enrollees under a UBH contract. This will take a number of months and you will be notified well in advance of any changes that might have an impact on your practice.



If you do not currently have a PBH agreement, but have PBH enrollees in your practice, we are now applying your UBH contract to those enrollees. Over time, we will begin to refer legacy PBH enrollees into the UBH system for their service needs. We are also in the process of integrating two regional health plans purchased by United in 2005, Mid Atlantic Medical Services, Inc. (MAMSI) and Oxford Health Plans. If you are contracted with these plans today, your contracts remain in force until you are contacted by UBH with information about ending those agreements. With these integrations and the transition of LifeEra back under the UBH umbrella, UBH provides services to nearly 40 million subscribers with a network of close to 80,000 clinicians and 3,500 facility-based service locations.

As we integrate all of these changes, we are taking the opportunity to put together a network and clinical model that represents the best that all of these organizations have to offer. In the coming year you will see a new

clinical model that will place the UBH network at the head of the health care field in promoting high quality care and assuring positive treatment outcomes. As many of you know, health care has increasingly become a consumer-driven market. More and more employers and health plans are providing greater decision making authority to individuals for their health care needs. To make this work, we must be able to provide greater transparency to consumers about the cost and expected outcome of their care. In the medical health care field, tools are being made available to allow people to compare mortality and

success rates for a wide range of conditions so that they can make informed choices about where to have their cardiac procedures or receive treatment for cancer or other chronic and acute illness. The same tools need to be made available in the behavioral health field, in spite of the fact that there are not as many signposts for evidence-based practice. We need to be able to effectively assess a patient's experience of care and evaluate the impact of that care. We need to be able to measure not only relief of presenting symptoms, but also the ability of the individual to return to the functions of daily

life, productive work and home relationships. UBH wants to be confident that we are sending members to clinicians who are the best match for them and who are the most effective in assuring positive treatment outcomes. You will see us placing a great deal of emphasis on these objectives in the coming months.

We appreciate that the services you provide to our subscribers make meaningful differences at critical junctures in their lives. We look forward to being your partner in that work as we move forward.

## Updates

# Risk Identification in UBH's Enhanced Outpatient Program

Since the beginning of this year, UBH Care Advocates have been making outreach calls to clinicians to review outpatient cases and to offer additional help for potentially high-risk patients. These calls are the result of the advanced risk identification function built into UBH's Enhanced Outpatient Care Advocacy Program. Identifying patients at risk, and collaborating with clinicians to find ways to address those risks, is a central element of this program. PacifiCare Behavioral Health (PBH), which recently merged with UBH, also utilizes risk detection algorithms and care advocate outreach as part of its ALERT<sup>®</sup> outcomes management system. In the coming year the UBH and PBH approaches will be integrated into a single industry-leading outcomes management program.

UBH's effort to identify high-risk cases reflects a wider trend across the health care industry. Health plans, disease management and managed care organizations, and researchers across the country are actively mining

administrative databases in search of patterns that might provide early warning signs of trouble for individual patients. This type of analysis, called "predictive modeling," encompasses a variety of statistical approaches to detect serious problems early and focus health system resources on those patients with the greatest need before their situation deteriorates. In the case of UBH, our strategy is to identify those few patients out of the broad pool of behavioral health outpatients who are experiencing the onset of a severe mental illness, who are not progressing as expected in treatment, or who may be at risk due to the complexity of co-morbid conditions. This allows Care Advocates to make outreach calls and offer additional service when and where it is likely to do the most good.

### Patient Reporting is Key

Claims and other administrative data are key resources for information about patient risks. With the availability of normative datasets and advanced data management techniques, UBH can

correlate diagnostic and service use patterns associated with poor long-term prognosis. However, administrative data, while rich in volume and detail, is limited in its ability to communicate patient functioning, impairment, and improvement. What strengthens UBH's and PBH's programs is their ability to incorporate patient self-reported information into their predictive models, which helps them better identify risk while tracking progress in treatment.

UBH "listens to the patient" by encouraging enrollees to complete a Wellness Assessment form at the beginning of treatment. This assessment includes a range of questions to measure symptom severity, functional impairment, substance abuse risk, medical history, employment status, and overall well-being. By analyzing responses to the Wellness Assessments, often in combination with mental health claim information, UBH can effectively identify patients who are more likely

to utilize higher levels of care (such as inpatient care).

The PBH ALERT® system has also proven to be a highly effective tool for early risk identification. At its core is an industry-validated 30-item Life Status Questionnaire (LSQ) that is administered to patients at multiple points during outpatient treatment. LSQ responses are used to determine a severity score which indicates the probability of future admission to the hospital. If LSQ scores fall in the “severe” range, Care Advocates promptly notify treating clinicians of potentially undetected risks so a change in treatment can avert emergencies. According to PBH analysis, the relative risk of an admission following a severe LSQ score is five times greater than that

of an LSQ score in the “normal” range. Moreover, the six-month probability of admission increased four-fold for enrollees with a severe LSQ score when combined with a prior history of hospitalization.

### An Evolving Program

Identifying high-risk cases is not a perfect science. “We are continuously working to evaluate and refine our algorithms,” says Loren McCarter, Ph.D., Director of Statistical Analysis at UBH. While some algorithms frequently lead to meaningful clinical follow-up by Care Advocates, others have been retired after Care Advocates reported that they rarely resulted in useful clinical contacts or improved care. “We certainly make outreach calls where we find that the clinician is already well aware that they have

a high-risk case on their hands,” reports Jann Dodd, Ph.D., who leads the Care Advocate team responsible for these calls, “but they often appreciate the call anyway. It isn’t everyday they get a call from a managed care company asking how they can help.”

The evolution of UBH’s portfolio of risk algorithms will also reflect the integration of the best elements from both UBH’s and PBH’s outcomes management systems. Combined, UBH and PBH have over ten years’ experience in patient reporting through standardized assessment tools. We will integrate feedback from Care Advocates, patients and clinicians as we strive to continuously refine our ability to detect early warning signs and improve clinical outcomes for enrollees.

## UBH Focuses on Care Advocacy

UBH recently implemented a new “Care Advocacy” clinical initiative across its care management centers. In fact, we now call the centers Care Advocacy Centers (CACs). This new approach is more than a simple wording change; it encompasses a specific set of targeted interventions intended to facilitate enrollee services, identify high-risk enrollees, and assist network clinicians in the coordination and delivery of care to their patients.

UBH clinical staff, now called Care Advocates, will be focusing on those activities that we believe will have the most positive impact on an enrollee’s stabilization, recovery, and active participation in their care. The following are some of the new areas of emphasis that you may notice in your practice:

- Standardized processes and practice across the CACs to facilitate and offer consistency to a clinician’s or enrollee’s experience with UBH.

- Emphasis on the integration of medical and behavioral concerns by making sure that all clinicians involved in an enrollee’s care are communicating with each other.
- Ensuring that enrollees being discharged from facility-based care have the appropriate discharge plans and that they understand them, and are able to access and afford them.
- Using the information from Wellness Assessments responses to identify enrollees at risk.
- Proactively reaching out to clinicians to discuss an enrollee’s care when we identify that person is potentially at risk, and offering assistance in meeting the enrollee’s needs, including consultations for the clinician with our medical staff.
- Outreach to enrollees as appropriate to educate, evaluate risk, and offer

assistance proactively.

- Following enrollees in the Inpatient Follow-up Program, that includes outreach to enrollees and clinicians to support that enrollee’s active participation in their follow-up care.
- Referencing Web-based and written information for enrollees and clinicians on behavioral health conditions designed to support the enrollee in decisions related to their care.
- Evaluation of outcomes data to guide UBH program development and effectiveness.

The new approach encourages Care Advocates to establish a collaborative relationship with all treating clinicians — supporting them in their delivery of high quality care through treatment best practices, in educating enrollees about their diseases and treatment options, and in adding value to the enrollee’s treatment.

# UBH to Begin Accepting New NPI-Compliant Claims Forms

Effective October 2006, UBH, U.S. Behavioral Health Plan, California and LifeEra will accept National Provider Identifier (NPI) numbers on all standard transactions. The Centers for Medicare and Medicaid Services (CMS) is replacing the CMS-1500 with the 1500 HCIF and the UB-92 with the UB-04. In addition, the EAP Claim Forms have been revised to be compliant with NPI guidelines. Links to all forms are available at [www.ubhonline.com](http://www.ubhonline.com). Just select "forms" from the "administrative resources" menu on the left side of the home page, click on the company to which you are billing services and scroll down for the links under "Claim Forms" or "EAP Forms."

Note that beginning January 1, 2007, all clinicians are required to use these new claim forms.

## Avoid the Rush: Apply for Your NPI Number Today

In compliance with HIPAA, all health care professionals must obtain an NPI to identify themselves in HIPAA standard transactions, including electronic claims submissions. Clinicians may apply for an NPI in one of the following ways:

- An easy Web-based application process is available at <http://nppes.cms.hhs.gov>.
- A paper application may be submitted to the Enumerator. The Enumerator's mailing address is available at <http://nppes.cms.hhs.gov>, or you can obtain a paper application by calling 1-800-465-3203 or TTY 1-800-692-2326.
- With permission, an organization may submit a request for an NPI on your behalf via electronic file.



## Credentialing Is Getting Easier with CAQH

UBH has expanded our partnership with the Council for Affordable Quality Healthcare (CAQH), and now utilizes the CAQH Universal Credentialing DataSource® application process for initial credentialing and recredentialing in most states.

The CAQH Universal Credentialing DataSource streamlines the credentialing process by eliminating the need for repeated credentialing applications. A one-time completion of the online application meets the needs of CAQH's participating behavioral health care organizations (and you authorize which of these organizations will have access to your data).

The online application system meets your busy schedule, for you can save your information on an incomplete form and return to it later to finish the process. Once the application has been completed, the system performs a comprehensive audit to check for accidental errors and omissions.

CAQH's Universal Credentialing DataSource is a free service for health care professionals, and is available 24 hours a day, 365 days a year.

Please refer to [www.ubhonline.com](http://www.ubhonline.com) for the most current information on our continued plans to roll out the CAQH Universal Credentialing DataSource for initial credentialing and recredentialing in your state.

## For EAP Clinicians in Nevada: Updated Plan Designs

UBH and LifeEra have changed some of their EAP benefit plan designs in response to state regulations. While the changes are minor and are not likely to change your treatment with our enrollees, we encourage you to consult your EAP authorization letters, which accurately reflect the revised EAP benefits.

## Update Practice Information

Part of every business is educating the consumer in how to reach you. Enrollees with UBH receive clinician access information through telephone intake services and [liveandworkwell.com](http://liveandworkwell.com). For example, an enrollee viewing an online condition center (as outlined in the article on the separate "Important Reminders" section), may select an option to search for a network clinician online. A list of available clinicians pops onto the screen based on demographic and expertise preferences entered by the enrollee.

However, when the access information is outdated or incorrect, it becomes a roadblock to treatment. As a UBH network clinician or facility listed in the database as a provider of services, it is imperative that your access information stays current. Please update with UBH any changes regarding the following information:

- Address of your practice and/or billing locations
- Phone number
- Licensure
- ID numbers (tax, Medicaid, Medicare, PIN)
- Treatment expertise

Information can be updated either:

- Online at [www.ubhonline.com](http://www.ubhonline.com) (click on "update practice info" link on the right side of the home page)
- By fax at 763-732-6260
- By mail to

UBH Clinical Network Services – Updates  
P.O. Box 1459  
Minneapolis, MN 55440-1459

You may also contact the Network Manager for your state to provide your updated information.

## Health Plan Partnership Updates

### UBH Welcomes New Health Plan Partners

Four independent health plans will offer their memberships mental health and substance abuse services through the UBH network. These plans represent over one million new enrollees.

- [Geisinger Health Plan](#) (membership in Pennsylvania), effective July 1, 2006.
- [HealthAmerica and HealthAssurance](#) (Coventry Health Care Plan with

membership in Pennsylvania and Ohio), effective September 1, 2006.

- [Capital District Physicians' Health Plan](#) (membership in New York), effective January 1, 2007
- [Southern Health Services, Inc](#) (Coventry Health Care Plan with membership in Virginia and Tennessee), effective January 1, 2007.

Your UBH-contracted network rates will be applied for these enrollees at the dates listed above. Please refer to the enrollee ID card for contact information for benefits and claims.

We appreciate your continued commitment to providing top quality services for all of our customers.

# Register Now for Free Clinical Learning Seminars in 2006

You can now register to participate in our upcoming teleconference seminars for behavioral health clinicians.

### Addressing Anxiety Comorbidity in Bipolar Disorder

Michael Otto, Ph.D.

Monday, September 11, 2006

at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Wednesday, September 20, 2006

at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

### Strategic Treatment of Depression

Michael Yapko, Ph.D.

Friday, October 6, 2006

at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Monday, October 16, 2006

at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

### Cognitive Therapy for Patients with Personality Disorders

Judith Beck, Ph.D.

Thursday, November 9, 2006

at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Thursday, November 30, 2006

at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Participation in the teleconference programs is free, and offers one hour of continuing education credit.

These seminars contribute to UBH's effort to provide clinically effective, evidence-based solutions that improve the well-being of the individuals we jointly serve. All of our learning programs adhere to UBH's strict clinical standards and are presented by industry leaders in behavioral health.

To register for these and other upcoming teleconferences this year, as well as obtain course materials and continuing education forms, visit <http://www.v-workshops.com/pby/ubh/private/private.asp>.

## Important Notices

### Manual Updates

UBH is in the process of updating the Appeals section of the Clinician and Facility Manuals to include detailed information about the Provider Dispute Resolution process. The updates will be posted on ubhonline in October, or you may contact your Network Manager to receive a hard copy of this information.

### Revised Credentialing Plans

UBH and USBHPC have updated their Clinician and Facility Credentialing Plans to reflect changes to our Policies and Procedures. These revised plans are available at [www.ubhonline.com](http://www.ubhonline.com). From the "clinical resources" menu on the left side menu, highlight "guidelines and policies" and select "credentialing plans". Click on the company with which you are contracted to view or print the Credentialing Plan. You may also request a paper copy by calling the Network Manager for your state.

## New Web-Based Course Offers Free CME/CE

UBH Clinical Learning has released a new web-based learning program that offers one free hour of continuing medical education (CME) for physicians and continuing education credit (CE) for behavioral health clinicians. This web course, "Optimizing ADHD Treatment: Subtypes and Comorbidity," features a lecture by Russell Barkley, Ph.D., Professor in the Department of Psychiatry at the Medical University of South Carolina. This lecture, recorded from UBH's March 2006 teleconference of the same title, is accompanied by a synchronized slide presentation.

You can take the course anytime at your convenience. Just visit <http://www.ubhonline.com/html/education/clinicianNetworkEducation.html#WebBasedPrograms>.

## Earn Immediate Continuing Education Credit Online

UBH Clinical Learning has implemented an online continuing education (CE) process in which you can submit all your CE forms and post-test online and print your CE certificate immediately following your completion of the program. Just look for the online link posted with the course materials of each seminar.

## Never Miss a Clinical Learning Teleconference with 24/7 Playback

If you are unable to participate in a live Clinical Learning teleconference, you can still attend and earn free CE credit. UBH now offers a free "playback" option which gives you 24/7 access to a recording of the teleconference for a limited time period after each lecture. The lecture is available from the date of the first live teleconference up to one week after the second teleconference. For example, the lecture with Dr. Michael Otto ([details on page 6](#)) will be available from September 11 to September 27, 2006.

For information on how to access the available learning seminar playback, visit <http://www.v-workshops.com/pby/ubh/private/private.asp>.

## Resources For You

### Ubhonline® Now Offers Live Chat Support for Claim Inquiry.

We have enhanced our ubhonline® Claim Inquiry feature by offering a Live Chat function for support with questions on claim status. This new feature allows online users to ask questions about how a claim was processed and request an adjustment to a previously processed claim. Live Chat helps users eliminate the need to make a phone call and avoid associated hold times.

This new Live Chat feature is only available to registered users of ubhonline who check claim status online. If you have not yet registered for ubhonline, please call [1-866-209-9320](tel:1-866-209-9320) to request a user ID and password — and discover all the time-saving features ubhonline has to offer.

#### [The Benefits of Online Claim Submission](#)

Performing electronic claim submission on ubhonline offers distinct benefits:

- It's fast — eliminates mail and paper processing delays
- It's convenient — easy set-up and intuitive process, even for those new to computers
- It's secure — data security is higher than with paper-based claims
- It's efficient — electronic processing helps catch and reduce pre-submission errors, so more claims auto-adjudicate
- It's complete — you get feedback that your claim was received by the payer
- It's cost-efficient — you eliminate mailing costs, the solutions are free or low-cost

UBH strongly encourages the use of electronic transactions between clinicians and payers for claim submission and other routine interactions. For more information, visit [www.ubhonline.com](http://www.ubhonline.com) today, and click on the link for "Interested in Electronic Claim Submission...Learn More" on the home page.

# Suggestions to Enhance Enrollee Satisfaction

We have received the results of the 2004 Experience of Care and Health Outcomes (ECHO™) Survey fielded to UBH enrollees. Overall, enrollees believed they received the best possible treatment. They felt that their clinicians are spending enough time with them in therapy. They reported that their clinicians listened to them carefully and respected what they had to say. They also praised clinicians for explaining things to them in a way in which they could understand.

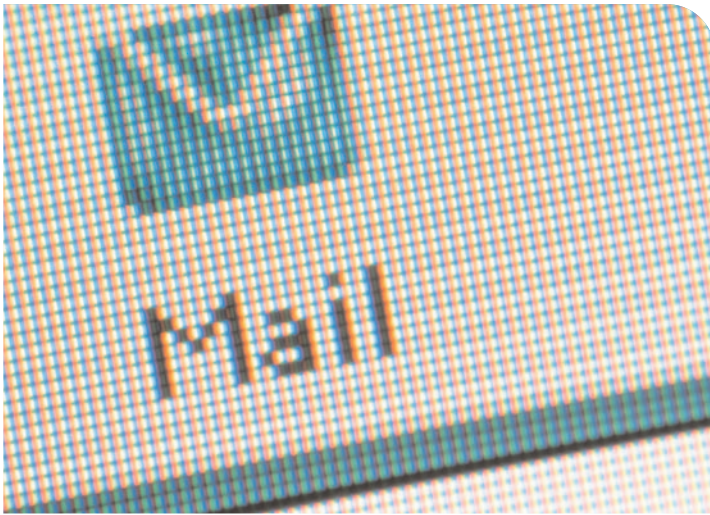
However, enrollees also stated that they were not involved as much as they wanted to be in their treatment. Many felt they were not informed about additional resources such as self-help or support groups, nor did they receive information about different kinds of counseling or treatment. Most enrollees wanted more information related to what they could do to manage their condition.

In addition to the enrollee satisfaction survey, a review of service grievances received by UBH during 2005 indicates that the highest number of complaints were related to the enrollees' perceptions or expectations of their clinicians' behavior or demeanor. In response to these concerns, UBH and network clinicians can implement the following solutions to help improve service provision.

- Educate enrollees about their mental health or substance abuse conditions. A good resource for educational articles is online at [www.liveandworkwell.com](http://www.liveandworkwell.com).
- Provide clear, written materials on coping with their condition, including suggestions for self-help books appropriate for their age, reading level and needs.

- Talk about available treatment options and involve enrollees in treatment planning.
- Direct enrollees to appropriate support groups. See the article, "Inform Enrollees about Treatment Options" on [page 3 of the Important Reminders section](#).
- Begin treatment on time or within 15 minutes of appointment time.
- Wrap up sessions with an opportunity for the enrollee to express concerns or questions regarding the treatment plan.

We appreciate your efforts to provide our enrollees with the best possible experience in their treatment.



## Network Notes

News and updates for UBH-contracted clinicians  
Fall 2006

Published by United Behavioral Health, Clinical Network Services, 425 Market Street, 27th Floor, San Francisco, CA 94105-2426  
[www.unitedbehavioralhealth.com](http://www.unitedbehavioralhealth.com)

**Editor in Chief:** Michelle Brennan-Cooke

**Managing Editor:** Neil Southwell

**Contributing Editors:** Mary Wesson, Debra Court

**Contributors:** Bruce Bobbitt, Jill Losey-Jankowski, Kathleen Sheridan-Dotson, Paul Sonnenburg, Diane Oremovich, Ruth Reed, Marie Iddings, Erik Hamilton, and Sharon McDaniels.

**Designer:** Tamara Sue

We welcome your comments on this issue and suggestions for future editions. Please contact Debra Court at [debra\\_s\\_court@uhc.com](mailto:debra_s_court@uhc.com).

For paper copies of any UBH documents mentioned in this newsletter, [please contact your designated Network Manager](#). To find your Network Manager:

- Call 1-800-711-6089 and select option 5, then option 4
- For clinicians in MN, please call Kris Van Someren at 1-800-853-9383, ext. 763-732-6694
- For clinicians in ND, SD, or WI, please call Annette Peterson at 1-800-853-9383, ext. 763-732-6722
- Visit <http://www.ubhonline.com/html/contactUs.html> for a searchable directory of Network Managers by state

© 2006 United Behavioral Health. All rights reserved.