

# Network Notes

News and Updates for UBH-Contracted Clinicians

Fall 2006

## Important Reminders

### Treatment Record Documentation Requirements

Thorough, high quality documentation and maintenance of medical records related to behavioral health services are key elements of patient safety, as well as coordination and continuity of care. UBH has developed comprehensive standards for documentation and maintenance of clinical records that are in line with the standards established by recognized national accrediting organizations. UBH requires all network clinicians and facilities to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

These documentation standards include details on recording clinical assessments, recommendations, treatment interventions, and patient response to treatment. They also address the need to document continuity and coordination of care activities, informed consent, and special status situations.

It is important to note that treatment records need to be stored in a secure area, and practice sites must have an established procedure to maintain the confidentiality of treatment records. Clinicians and facilities need to

maintain an organized treatment record-keeping system that allows for easy retrieval and access by authorized personnel only.

UBH may review clinician or facility records during a scheduled site audit. A site audit can occur for a number of reasons, including: pre-credentialing visits of potential high-volume practitioners or home offices, reviews of facilities without national accreditation, and investigations of quality-of-care issues brought to UBH's attention. The audits focus on the completeness and quality of documentation within treatment records. UBH has established a performance goal of 85%. For those reviews that don't meet the performance goal, UBH requests a plan for corrective action and/or a re-audit within six months.

For the full list of documentation requirements, please refer to your UBH Clinician Manual or UBH Facility Manual, which are available at [www.ubhonline.com](http://www.ubhonline.com). To request a paper copy of these requirements, please contact your Network Manager.

## UBH Focuses on Patient Safety

United Behavioral Health (UBH) has expanded a program to improve the safety of the mental health treatment provided to enrollees. In 2005, we sent a letter to facilities that provided inpatient treatment. The letter asked whether the facility is part of the national Leapfrog initiative to reduce errors in prescribing medication. We also asked what other actions the hospital has taken to reduce medication errors.

Many of those hospitals that responded do participate in this new national initiative. Overall, the majority of the facilities that responded indicated that they are working to improve medication tracking and to reduce medication errors, which will improve patient safety.

UBH sent this information to our network clinicians to help them come up with more ideas on how to improve patient safety. As needed, UBH will also work with individual facilities to encourage them to start patient safety programs. UBH also investigates any clinical complaints and adverse outcomes.

All of these efforts are part of UBH's commitment to improving patient safety and reducing medical errors in our clinical network.

# Mental Health Condition Centers Launched on [www.liveandworkwell.com](http://www.liveandworkwell.com)

UBH added "condition centers" to the UBH enrollee Web site, [www.liveandworkwell.com](http://www.liveandworkwell.com). These centers provide information about mental health and substance abuse diagnoses, symptoms, treatment options, prevention, and other resources in one, easy-to-access area. Just click the "Mental Health Condition Centers" link on the [www.liveandworkwell.com](http://www.liveandworkwell.com) homepage to find condition centers on the following topics:

## Attention Deficit Hyperactivity Disorder (ADHD) Condition Centers

- ADHD in Adults
- ADHD in Children and Adolescents

## Alcohol & Drug Abuse/Dependence Condition Centers

- Alcohol-Related Conditions in Adults
- Alcohol-Related Conditions in Children and Adolescents
- Drug-Related Conditions in Adults
- Drug-Related Conditions in Children and Adolescents

## Bipolar Disorder Condition Centers

- Bipolar Disorder in Adults
- Bipolar Disorder in Children and Adolescents

## Depression Condition Centers

- Depression in Adults
- Depression in Children and Adolescents
- Postpartum Depression
- Seasonal Affective Disorder

## Schizophrenia Condition Centers

- Schizophrenia in Adults
- Schizophrenia in Children and Adolescents

## Timely Access to Care

To help ensure timely access to care and service, UBH has established the following standards:

### Telephone Calls to UBH

- Calls will be answered within 30 seconds
- Less than 5% of callers will hang up prior to reaching a live voice

### Appointments with UBH Clinicians

- In a life-threatening emergency, enrollees must be seen immediately
- In a non-life-threatening emergency, enrollees must be

offered an appointment within six hours

- In an urgent situation, enrollees must be offered an appointment within 48 hours (or 24 hours in some states)
- For routine situations, an appointment must be offered to enrollees within 10 business days
- For discharge from an acute inpatient level of care, enrollees should attend an appointment within seven days of the date of discharge

UBH also encourages all contracted clinicians to see patients within 15 minutes of their scheduled appointment time. Please continue your efforts to be on time.

Since enrollees use the "Find a Clinician" feature of the UBH enrollee Web site, it is important that clinicians keep your availability status current. You can quickly and easily update this information at [www.ubhonline.com](http://www.ubhonline.com), or by contacting the Network Manager for your state.

## Inform Enrollees about Treatment Options

UBH has been working to improve enrollee satisfaction regarding being informed about treatment options. To support this opportunity for improving enrollee satisfaction, please remember to:

- Inform enrollees about self-help or support groups
- Inform enrollees about the different kinds of counseling or treatment that are available

The UBH enrollee Web site, [www.liveandworkwell.com](http://www.liveandworkwell.com), provides a link to a National Resource Directory (under “Find Resources”) to which enrollees can be referred. This feature allows enrollees to find national, state, and local resources for specific behavioral health conditions and life events (parenting, grief, disaster resources, etc.).

In addition, the clinician Web site, [www.ubhonline.com](http://www.ubhonline.com), can connect you to various organizations (Select “Clinical Resources”, then “Links”, then “Organization”). There is a link to the National Alliance for the Mentally Ill, which allows you to find local resources and support groups for your patients.

## Honoring the Billing Agreement

Enrollee feedback we have received indicates that some network clinicians and facilities have charged the entire cost of services up-front or balance-billed enrollees for fees beyond the contracted amount. The Member Protection provisions of the UBH Participation Agreement allow you to request from enrollees only applicable enrollee expenses (co-pay, co-insurance, and/or deductible).

For more information about this and other UBH billing and claims

guidelines, please consult the “Compensation and Claims Processing” section of your UBH clinician or facility manual. The manual is available under the clinical resources section of [www.ubhonline.com](http://www.ubhonline.com). If you have questions regarding a specific billing or claims issue, please call the toll-free mental health services number on the back of the enrollee’s insurance card to speak with a UBH customer service representative.

## Continuity and Coordination of Care

UBH requires network clinicians to communicate information to the enrollee’s primary physician and/or between treating behavioral clinicians. An easy-to-use Exchange of Information form has been created that you may use to facilitate coordination of care. This form is available for download at [www.ubhonline.com](http://www.ubhonline.com). There is no need to worry about HIPAA concerns if you use this form as it requires the patient’s signature to release treatment information.

As a part of coordinating care, you will need demographic information (name, address, phone/fax number) on the patient’s other treating providers. By accessing [www.ubhonline.com](http://www.ubhonline.com), you can conduct a UBH network provider search to gather demographic data (Select “Our Network” then “Clinician Directory”). We also suggest that you encourage new patients to bring this information for their first session paperwork.

## UBH Promotes Quality Improvement

UBH reviews and revises its quality improvement (QI) program each year. The QI program recommends policy, sets standards for customer service and quality of care, and makes sure actions are taken to improve performance and quality when needed. If you are interested, we can provide you with an overview of the program that includes a report of progress we have made toward meeting our goals.

To request a copy of UBH’s QI program description, annual evaluation, or other QI activities that highlight information about our QI program goals, processes, and outcomes, please contact the Network Manager for your state.

# Clinical Practice Guidelines

UBH has adopted nationally-recognized Best Practice Guidelines that were authored by the American Psychiatric Association (APA), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Expert Consensus Guideline Series. The guidelines define an objective and evidence-based standard of care. UBH reviews the guidelines at least every two years and makes updates as necessary.

In addition to the Best Practice Guidelines, UBH has adopted supplemental and measurable guidelines for the treatment of Bipolar Disorder, Attention Deficit/Hyperactivity Disorder (ADHD) and Major Depressive Disorder (MDD). UBH monitors compliance with the following clinical key indicators of these supplemental and measurable guidelines on at least an annual basis. Through this review process, a detailed analysis is conducted, potential barriers are identified, and interventions are implemented to improve performance.

## MDD

- Patient should be seen at least three times for medication management

and/or psychotherapy during the 12 weeks following diagnosis of MDD.

- When the MDD diagnosis is associated with inpatient care, the first of the three required visits is to occur within seven days of discharge from inpatient treatment.

## ADHD

For children ages 6-12:

- Patient should be seen for a minimum of four medication management and/or therapy visits within six months of the initial diagnosis of ADHD.

Children followed by UBH prescribing clinician (rather than by a PCP):

- Time between the initial and second follow-up visit should be 45 days or less.

## Bipolar Disorder

- Patient should receive at least one subsequent medication management or ECT visit within 6-10 months of completing an initial medication management or ECT visit at the start of treatment.
- Patient should be seen for at least two psychotherapy/supportive contact visits within the initial six months of outpatient treatment.



Please visit [www.ubhonline.com](http://www.ubhonline.com) for additional information. This Web site provides a listing of the Best Practice Guidelines adopted by UBH from the APA and AACAP, direct Web links to the APA and AACAP portals, full descriptions of the UBH supplemental and measurable practice guidelines referenced above and educational materials for enrollees and clinicians. Interested parties may also call UBH to request a paper copy of this information. Please contact the Network Manager for your state.

# Preventive Health Program

In the fall of 2003, UBH implemented an online preventive health program that focuses on Major Depressive Disorder, alcohol abuse/dependence and ADHD. The program materials for each condition include educational materials, an enrollee self-assessment, a list of resources and specific information on how to use the program. In 2005, UBH updated the Web site, educational material and supportive resources for relevant patients, their families and their clinicians and physicians. UBH

periodically reviews the program content and updates it as appropriate. To view and print the current material for each of these three conditions, please visit [www.ubhonline.com](http://www.ubhonline.com) and select "clinical resources," then "patient education," then "preventive health program." To request a paper copy of any of this material, contact your Network Manager. UBH will continue to look at ways to improve this program. If you have any input or comments about the program, please contact your Network Manager.

## UBH Patient Rights and Responsibilities

It's important that you provide a copy of the UBH Patient Rights and Responsibilities statement to any UBH enrollee who asks for one. UBH revised this statement in 2005. You can download and print the most recent revision from the clinician manual posted on [www.ubhonline.com](http://www.ubhonline.com) (select "clinical resources," then "guidelines/policies"). To request a paper copy of the revised statement, please contact your Network Manager.

## Affirmative Incentive Statement

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

The UBH Level of Care Guidelines and the UBH Psychological Neuropsychological Testing Guidelines are available and can be downloaded from [ubhonline.com](http://ubhonline.com). Select "guidelines/policies" from the "clinical resources" menu on the left side of the home page, and click on the company or state-specific link appropriate to your patient.

To request a paper copy of any of these guidelines, please contact your Network Manager.

## UBH Staff Availability and Questions about the Care Advocacy Process

Each UBH Care Advocacy Center is open for normal business operations Monday through Friday from 8 a.m. to 5 p.m., except on holidays. However, care advocacy staff are available 24/7, including holidays and weekends, to discuss clinical benefit determinations, appeals or any other questions about the care advocacy process. Any questions about care advocacy issues or questions about a specific care advocacy decision will be handled by a care advocate. Just call the toll-free number on the back of the enrollee's insurance card to reach the appropriate care advocacy staff.

If you have received a certification letter or an adverse benefit determination letter and you wish to discuss any aspect of the decision with the care advocate or peer reviewer who made the decision, please call the

toll-free number provided in the letter. For all potential adverse benefit determinations based on the UBH Level of Care Guidelines, UBH makes a peer reviewer available to you before the decision is made so that you may provide additional information about the case. You may discuss an adverse benefit determination with the peer reviewer during the case review process or after the decision was made. The peer reviewer can be reached by calling the toll-free number on the enrollee's insurance card or by calling the toll-free number on the adverse benefit determination letter. If you need additional assistance, you can always call your Network Manager who will help you identify and contact the care advocate or peer reviewer for your specific case.

