

Network Notes

News and Updates for UBH Contracted Clinicians

Spring 2006

In This Issue: Health Plan Partnership Updates pg. 4 | Clinical Learning Updates pg. 5
Research Updates pg. 7 | Important Reminders pg. 8 | Operations pg. 9
Resources For You pg. 11

Antidepressant Medication Management: Monitoring and Improving Treatment Compliance

While depression is the most common behavioral health condition affecting adults, it is also the most treatable. The National Committee for Quality Assurance (NCQA) has established a set of measures to monitor treatment adequacy for patients with depression who are prescribed antidepressant medication. These measures are based on established research and reflected in many treatment guidelines. Compliance is monitored for:

- The percentage of patients that receive three follow-up visits in the 12-week period after starting on antidepressant medications (at least one of the follow-up visits needs to be with the prescribing clinician, but the other two can be with a therapist or counselor)
- The percentage of patients that stay on their antidepressant medication for at least three months
- The percentage of patients that stay on their antidepressant medication for at least six months

Health plans all across the United States annually collect data on these measures. The 2004 data (received in 2005) indicated the following overall average performance for the health plans that UBH and their clinicians' support:

- The percentage of patients receiving three follow-up visits in 12 weeks: 17.77%
- The percentage of patients staying on their antidepressant medication for at least three months: 58.80%
- The percentage of patients staying on their antidepressant medication for at least six months: 43.31%

One of the major barriers to treating depression is related to patients not complying with treatment recommendations made by their prescribing clinician. One way to increase patient compliance is with education at the beginning of the treatment episode. Patients should receive information related to the following key areas:



- How antidepressants work
- The benefits of antidepressant treatment and the expectation of remission of symptoms
- How long the medications should be used
- Coping with side effects of the medication

Referrals by prescribing clinicians to therapists or counselors early in the treatment episode increases compliance with making three follow-up contacts in 12 weeks, as well as medication compliance. Recent research has shown that using therapy in addition to medications produces the best clinical outcomes.¹

¹ Arnov, BA. Effectiveness of psychotherapy and combination treatment for chronic depression. *J Clin Psychol* 2003 Aug; 59(8): 893-905

Arean, PA. Psychotherapy and combined psychotherapy/pharmacotherapy for late life depression. *J Biol Psychiatry* 2002 Aug 1; 52(3): 293-303

Altschuler, LL. The Expert Consensus Guideline Series. Treatment of depression in women. *PostGrad Med* 2001 Mar (Spec No), 1-107

Supplemental Guidelines for Bipolar Disorder, Major Depressive Disorder and ADHD

In addition to best practice guidelines, UBH has adopted supplemental and measurable guidelines for the treatment of Bipolar Disorder, Major Depressive Disorder and Attention-Deficit/Hyperactivity Disorder (ADHD). UBH monitors performance according to the guidelines below as part of its quality improvement initiatives, and actions are taken based on identified barriers.

Supplemental and Measurable Guidelines for Bipolar Disorder

- Enrollee should be seen for a subsequent medication management or ECT visit within 6 to 10 months of completing an initial prescriber visit for medication or ECT.
- Enrollee to be seen for at least two psychotherapy/supportive contact visits within initial six months of treatment.

Supplemental and Measurable Guidelines for ADHD

- Children, ages six to 12 years old, who are diagnosed with ADHD should be seen for a minimum of four medication management and/or therapy visits in the first 6 months after initial diagnosis.
- For children being prescribed medication for ADHD, the time between the initial medication evaluation and the first prescriber management follow-up visit should be 45 days or less.

Supplemental and Measurable Guidelines for Major Depressive Disorder

- Enrollee should be seen at least three times for medication management and/or psychotherapy during the 12 weeks following

an initial diagnosis for depression.

- When the diagnosis is associated with inpatient care, the first of the three required visits should occur within 7 days of discharge from inpatient treatment.

Visit www.ubhonline.com for additional information regarding the supplemental measurable practice guidelines for Bipolar Disorder, ADHD and Major Depressive Disorder. The site also provides patient education materials, a listing of the best practice guidelines adopted by UBH 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.

What is HEDIS® ?

The Health Plan Employer Data and Information Set (HEDIS®) is the leading set of standardized healthcare performance measures. Designed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS allows comparisons among managed care plans. With over 65 measures and surveys, HEDIS reports on major public health issues such as cancer, heart disease, smoking, depression, and diabetes. HEDIS also includes a standardized satisfaction survey on health plan performance.

HEDIS also includes four major measures related to behavioral health services in the United States. Based on scientific evidence, these measures correspond with best clinical practices.

- Follow-Up After Hospitalization for Mental Illness
- Antidepressant Medication Management
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

By standardizing these measures, NCQA has established a level playing ground on which managed behavioral health organizations — and their clinician networks — can compete. With your help, the quality of care delivered to health plan enrollees with AOD disorders will improve. NCQA publishes the results for the HEDIS measures annually in its *State of Health Care Quality (SOHCQ)* report. In its 2005 edition, the *SOHCQ* reports results for 22 measures of quality of care. The *SOHCQ* is available for free download at www.ncqa.org/Docs/SOHCQ_2005.pdf.

Improving Alcohol and Drug Dependence Treatment

In 2003, an estimated 21.6 million people in the U.S. were diagnosed with the abuse of alcohol and other drugs (AOD). Unfortunately, less than one fourth of these people received treatment for their problems.



In 2004, the National Committee on Quality Assurance (NCQA) released a new evidence-based HEDIS® measure to improve treatment of people with AOD disorders.

The measure, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), will track improvements in two rates over time:

- **Initiation of Treatment:** the percentage of adolescents and adults diagnosed with AOD disorders that begin treatment either through 1) an inpatient admission or 2) an outpatient or Emergency Department visit and any other AOD service within 14 days.
- **Engagement in Treatment:** the percentage of patients who complete two AOD services within 30 days after treatment initiation.

United Behavioral Health (UBH) has worked with its health plan partners to improve the results for the IET measure. To date, results have shown the following:

- The national average rates for initiation and engagement were 45.9% and 15.5%, respectively, in 2004 (Commercial results, HEDIS® 2005).

UBH asks your help to improve these rates in 2006. To help your patients with AOD disorders, we recommend the following actions:

1. Every time you give a patient a primary or secondary diagnosis of AOD (See Table 1), schedule a follow-up visit within 14 days.
2. During the second visit, schedule two additional visits and/or schedule the patient to see a substance abuse treatment specialist within the next 14 days. Please note that patient

participation in self-help groups such as Alcoholic Anonymous does not count for this measure.

3. Whenever you participate in a hospital discharge for a patient with an AOD diagnosis, schedule two additional visits within 30 days. Involvement of “concerned others” increases the rate of participation in treatment.

4. Welcome calls from family members and other “concerned others” and invite their help in intervening on the patient with AOD problems.

5. Always listen for and work with existing motivation in your patients.

By improving the rates of initiation and engagement in AOD treatment, you will help reduce drug-related illnesses and deaths, overuse of health care services, and the staggering economic burden of substance abuse, estimated at \$414 billion per year in the U.S.

Table 1: IET Alcohol and Other Drug Diagnosis

291	Alcoholic psychoses	305.5	Opioid abuse
292	Drug psychoses	305.6	Cocaine abuse
303	Alcohol dependence syndrome	305.7	Amphetamine or related acting sympathomimetic abuse
304	Drug dependence	305.8	Antidepressant type abuse
305.0	Alcohol abuse	305.9	Other, mixed, or unspecified drug abuse
305.2	Cannabis abuse	535.3	Alcoholic gastritis
305.3	Hallucinogen abuse	571.1	Acute alcoholic hepatitis
305.4	Barbiturate and similarly acting sedative or hypnotic abuse		

How to Apply for a National Provider Identification Number

In compliance with HIPAA, all health care professionals must obtain a National Provider Identification number (NPI) to identify themselves in HIPAA standard transactions. 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 TYY 1-800-692-2326.
- With permission, an organization may submit a request for an NPI on behalf of a provider via electronic file.

The Centers for Medicare and Medicaid Services and the Enumerator continue to work on developing a bulk enumeration for facilities, but this option is not yet available. For more detailed information, go to the ubhonline home page and select "NPI update".

UBH will be requesting and including NPI numbers in our network records beginning early summer of 2006.

Health Plan Partnership Updates

Definity Health is a United Family Partner

UBH is pleased to welcome all Definity Health customers to the United networks for 2006. UBH-contracted clinicians are eligible to see clients from a variety of Definity Health plans at their in-network benefit level. UBH contracted rates will be applied to claims filed on Definity enrollees.

For now, much of the Definity business remains status quo and will not be managed by UBH operations until the integration is complete by the end of 2006. For these clients, claims will be processed by Definity Health and their enrollee ID cards will reference the appropriate contact

information. However, some Definity customers have been fully integrated and will be managed by UBH according to their benefit plan. Please refer to the enrollee ID card of all new clients you see in your practice.

Registered ubhonline users should continue filing all claims online. These claims will be directed to the appropriate claims system for processing. This is another good reason to submit your claims online if you are not already doing so. Register for ubhonline today by visiting www.ubhonline.com.

Please note that while ubhonline supports most transactions for Definity enrollees, the site will not be able to display the status for claims processed on Definity Health's system. To check the status of Definity claims submitted on ubhonline, please call Definity's customer service at 1-866-DEFINITY (1-866-333-4648).

You can also mail paper claims directly to Definity:

Definity Health Claims
P.O. Box 780410
Atlanta, GA 30374-0810

Some Midwest Security Members Migrating to UnitedHealthcare Networks

In 2006, Midwest Security Insurance Companies is planning to migrate some of its fully insured members to the UnitedHealthcare networks to add enhanced customer access and choice for health care services in several Midwestern states, including Wisconsin, Indiana and Ohio. This migration is in addition to the more than 13,000 third party administrator (TPA) members that Midwest Security has already moved to the UnitedHealthcare network. Your UBH-contracted network rates will be applied for all Midwest Security members accessing the UnitedHealthcare networks. Please refer to member ID cards for contact information for benefits and claims. You can also verify member eligibility, member status or claim status at www.mymidwestsecurity.com.

Clinical Learning Updates

Free Clinical Learning Seminars in 2006

You're invited to participate in our upcoming teleconference seminars for behavioral health clinicians. 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.

Recognized and approved by the APA, NASW, NBCC and several state nursing boards, these learning programs adhere to UBH's strict clinical standards and are presented by industry leaders in behavioral health.

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

Dual Diagnosis: Assessment Dilemmas

David Mee-Lee, M.D.

Thursday, April 20, 2006 at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Tuesday, May 2, 2006 at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Dual Diagnosis: Treatment Dilemmas

David Mee-Lee, M.D.

Thursday, April 27, 2006 at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Monday, May 8, 2006 at 12:00 noon Eastern, 11:00 am Central, 9:00 am Pacific

Pediatric Bipolar Disorder: Early Identification and Intervention

Kiki Chang, M.D.

Thursday, June 8, 2006 at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Monday, June 19, 2006 at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Treatment of Depression and Medical Comorbidity

Charles DeBattista, D.M.H, M.D.

Friday, July 7, 2006 at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Thursday, July 20, 2006 at 3:00 pm Eastern, 2:00 pm Central, 12:00 noon Pacific

Outcome-Informed Clinical Work

Scott Miller, Ph.D.

Monday, August 7, 2006 at 2:00 pm Eastern, 1:00 pm Central, 11:00 am Pacific

Tuesday, August 22, 2006 at 2:00 pm Eastern, 1:00 pm Central, 11:00 am Pacific

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

Recorded sessions available — All teleconferences will be recorded in case you are unable to attend the live sessions. For details on how to access a recorded seminar for a particular teleconference, please review the teleconference course description on www.ubhonline.com.

On the day of the learning program, call [1-800-552-8408](tel:1-800-552-8408) to participate in the teleconference. Each session is one-hour in length and is followed by a 15-minute Q & A period. To ensure your participation, please register at www.ubhonline.com or call [1-800-287-9849](tel:1-800-287-9849), ext [3494](tel:3494) or [425-460-3494](tel:425-460-3494).

Please visit www.ubhonline.com prior to the event to download materials, confirm the teleconference schedule, and find out more information about these and additional learning programs. Seminars are subject to change without notice.

Discounted Online Ethics Course Available

UBH Clinical Learning has partnered with the Steve Frankel Group and The Institute for the Advancement of Human Behavior (IABH) to extend a special offer to UBH network clinicians: a six-hour online Law and Ethics course oriented toward the practical needs of mental health professionals at a 31% discount. The course addresses the nature and impact of the legal and regulatory system on: mental health professionals; standards of care as applied to informed consent; confidentiality/privilege; multiple relationships and boundaries; supervision; records and record-keeping; mandatory reporting laws; malpractice; legal risks with suicidal patients; and subpoenas. This course also offers Continuing Education (both CE and CME) credit for behavioral health licenses and physicians.

To enroll in the course at the discounted rate, please visit <http://sfrankel-group.com/courses/sf/course-ubh.htm>.

UBH and IAHB Offer Local Workshops at Reduced Rates

United Behavioral Health, in cooperation with the Institute for the Advancement of Human Behavior (IAHB), is pleased to offer state-of-the-art clinical CE/CME workshops with master therapists at a special discounted rate to UBH network clinicians.

Speakers for 2006 include Judith Beck, PhD, John Briere, PhD and David Burns, MD. CE/CME credit hours will be awarded to psychologists, physicians, counselors, nurses, alcoholism and drug abuse counselors, marriage and family therapists, social workers, and certified employee assistance professionals.

Visit <http://www.ubhonline.com/html/education/pdf/CERegistrationOffer.pdf> for details about the content, time and location of workshops scheduled in your area.

Research Updates

UBH Completes First Phase of Depression Study

UBH's Behavioral Health Sciences department announced the results from the first phase of their Outpatient Depression Care study. This study, which launched in 2004, is being conducted in partnership with the MacArthur Foundation and RAND Corporation to understand the variety of psychotherapy techniques used by UBH-contracted clinicians for the treatment of depression in adults. As there is relatively little research to guide quality improvement for psychotherapy in the private mental health sector, the study breaks new ground in assessing commonly used psychotherapy techniques among evidence-based practices.

The first phase of the study consisted of developing and administering a reliable survey to measure depression treatment techniques. Over 700 high-volume UBH network clinicians, covering a wide range of psychotherapy orientations and degrees, were randomly selected to participate in this survey. These clinicians were surveyed on psychotherapy techniques from three different schools of thought: Cognitive Behavioral Therapy (CBT), Dynamic Therapy (DT), and Interpersonal Psychotherapy (IPT).

Of the clinicians who responded, 51% reported that their primary orientation was CBT, 12% DT, and 7% IPT (the

remainder were supportive or eclectic in their approach). CBT-oriented clinicians scored highest on the CBT scale and lower on the DT scale than non-CBT-oriented clinicians. Similarly, DT- and IPT-oriented clinicians scored highest on the DT and IPT scales, respectively, and lowest on the CBT scale.

UBH used the psychometric results and clinician feedback from the survey to modify it for use in the second phase of the research project, which includes a comprehensive study of the quality of depression treatment conducted from both the clinician and patient perspectives. The second phase is expected to begin in February 2006.

By determining the quality of evidence-based practices being used by clinicians, the study helps UBH better ensure continued quality of care from network practitioners, thus improving outcomes for enrollees. For more information about this study, please contact Greg Greenwood, Research Scientist, at gregory_l_greenwood@uhc.com.

2005 Clinician Satisfaction Survey Results Available

UBH would like to thank all of the clinicians and their office staff who responded to our most recent clinician satisfaction survey. Your input helps us improve our services to you while providing the highest level of care to our enrollees.

Results of the survey are as follows:

- Overall, 89% of clinicians are either “Very Satisfied” or “Satisfied” with the contacts they have had with UBH. This represents a continued improvement from last year.
- Over 90% of respondents reported high satisfaction with UBH Intake Counselors and Clinical Network Services Staff.
- Over 95% of respondents reported high satisfaction with UBH Care Managers.

- Satisfaction with Claims Processing and Customer Service, as well as with the Authorization Process, were identified as opportunities for improvement.

What we are doing to improve:

1) Effective December 1, 2005, UBH instituted an “open certification” process. This process provides enrollees with an initial certification that is valid for any network clinician for routine outpatient services for 12 months from the date of issue (up to the benefit limit as long as the enrollee’s eligibility remains active). The open certification issued by UBH allows the enrollee to receive treatment from any network clinician. Please visit www.ubhonline.com for more information on the UBH Enhanced Outpatient Process.

2) UBH has added customer service staff to answer calls more quickly. We have also re-assigned senior staff to resolve complex claims issues. These changes facilitate accurate and timely resolution for your issues and concerns.

3) UBH offers a method of submitting claims online via www.ubhonline.com. The site gives you a simple, quick and effective way to submit and track your claims.

We hold your satisfaction with our operations and services in the highest priority. Thank you again for your help by taking the time to complete our satisfaction survey.

Important Reminders

Maintaining Clinical Gains through 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 advocates 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 advocate, the current clinician or facility, the enrollee, the enrollee’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 enrollee 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.

Continuity and Coordination of Care with Medical Clinicians and Other Treating Behavioral Health Care Clinicians

UBH expects all network clinicians to exchange treatment information and to coordinate care with a patient's primary care physician (PCP) or most frequently seen medical clinician, as well as with other treating behavioral health care clinicians. This is particularly important when medication is prescribed or the patient has significant medical problems.

Coordinating care improves the quality of care to patients by providing more effective treatment for patients with co-existing behavioral and medical conditions, minimizing potential adverse medication interactions for patients prescribed psychotropic medication, and enhancing continuity of care across all levels of care and treatment modalities. Communication

and coordination should occur following the first treatment session, at regular, periodic intervals during treatment, and when patients are discharged or transferred to another care provider.

UBH monitors the rate at which our contracted clinicians coordinate care with patients' medical clinicians and other treating behavioral health care clinicians via data collected from the review of clinicians' treatment records. Current performance indicates opportunities to enhance coordination and communication between behavioral health care clinicians and medical clinicians, as well as between multiple treating behavioral health care clinicians.

Documenting your communication and coordination with other health care providers in the patient's treatment record is an important aspect of care. To assist you, UBH has developed an easy-to-use Exchange of Information Form. You may obtain this form online at www.ubhonline.com. Select "forms" from the "clinical 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 link under "Sample Forms and Letters."

Operations

Questions on the Care Management Process:

If you have questions about the UBH care management process, including our Utilization Management program, 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 on page 12).
- 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 advocate or peer reviewer who is involved with the case.
- For questions about a particular

benefit determination — including certification of benefits, adverse benefit determinations and appeals — please call the toll-free number listed on your benefit determination letter and ask to speak with the care advocate or peer reviewer who is involved in that determination.

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 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 and Neuropsychological Testing Guidelines are available and can be downloaded from ubhonline. 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.

Revised Credentialing Plan:

The UBH Credentialing Plan describes the credentialing and recredentialing processes and related procedures. It is periodically reviewed and revised and it was recently updated. It is available for your review. From the ubhonline home page, select "guidelines/policies" from the "clinical resources" menu, and then scroll down to "Credentialing Plans".

Quality Improvement Plan Available:

UBH has a quality improvement program that is reviewed each year and revised as necessary. 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 a description of UBH's QI program and a report on the progress we have made in meeting our goals.

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

Enrollee Satisfaction:

Analysis of UBH's most recent enrollee satisfaction survey results indicates that enrollees are not always clear about their rights and responsibilities and the treatment options available to them. Please be sure to review patient rights and responsibilities with your patients annually. You may access UBH's patient rights and responsibilities information contained in the clinician or facility manuals. These may be found online at www.ubhonline.com, by selecting "guidelines/policies" from the "clinical resources" menu. Patients may also obtain this

information by visiting www.liveandworkwell.com and selecting the “Your Benefits & Programs” tab, or by calling the number for mental health services on the back of their ID card. It is also important to remember to regularly review all available treatment options with your patients and to check for their understanding of this information. Please contact UBH if you have any questions about available resources and treatment options.

Additional analysis of the enrollee satisfaction survey results indicates that many enrollees are not fully aware of UBH’s preventive health programs for ADHD, depression and alcohol dependence/abuse. We encourage you to access information about these programs through www.ubhonline.com and to instruct patients to access the information directly at www.liveandworkwell.com/prevention, or to call the number for mental health services on the back of their ID card if they have no access to the Internet.

Advanced Practice Nurses with Prescriptive Authority:

In an effort to enhance network accessibility, UBH has significantly expanded our network of Advanced Practice Registered Nurses (APRNs) with prescriptive privileges. We will continue to develop this network across the country. APRNs with prescriptive authority who are interested in joining the network may complete the clinician screening tool on ubhonline and fax it to their network manager.

Appointment Timing:

UBH encourages all contracted clinicians to see patients within 15 minutes of their scheduled appointment time.

Ubhonline Enhanced

UBH has recently added two enhancements to ubhonline®, our free and secure clinician Web site where you can perform UBH transactions and find valuable information.

Initial Certification Request Transaction

This new function gives UBH network clinicians a faster, more convenient way to request benefit certification for their UBH patients. This feature allows you to request an initial certification of benefits for routine psychotherapy services for your patients online. You can do this at any time — including after normal business hours or when care management phone lines are busy. You’ll also receive immediate confirmation that your request was received. Then, after two business days, you can use the Certification Inquiry feature to find the certification number issued for your request.

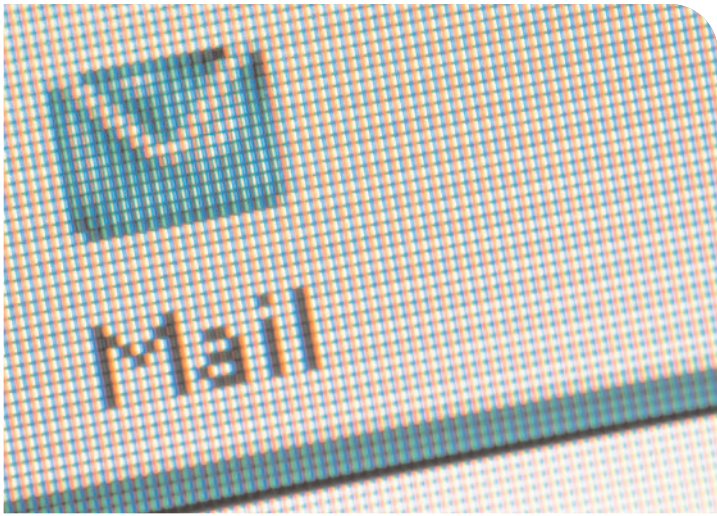
Eligibility and Benefit Inquiry Enhancement

In addition, UBH was aware that the site’s eligibility and benefit inquiry feature sometimes had incomplete or unavailable benefit information for certain UBH enrollees. We have enhanced this function to eliminate this problem, so you can look up complete benefit details for all of your UBH patients.

These site updates are in line with the recent launch of UBH’s enhanced outpatient care management process. Please note that under these enhanced procedures, Outpatient Treatment Progress Report (OTPR) requests are no longer required by UBH, so that function is no longer available on ubhonline.

You can take advantage of ubhonline anytime day and night, at your convenience. Just log on to www.ubhonline.com with your User ID and password. You can also take ubhonline’s quick “guided tour” for an overview of other convenient features the site has to offer.

UBH is always working on ways to help make the business of running your practice easier. We hope you enjoy the many timesaving benefits available through ubhonline.



Network Notes

News and updates for UBH-contracted clinicians
Spring 2006

Published by United Behavioral Health, Clinical Network Services,
425 Market Street, 27th Floor, San Francisco, CA 94105-2426
www.unitedbehavioralhealth.com

Editor in Chief: Dave Chenok

Managing Editor: Neil Southwell

Contributing Editors: Mary Wesson, Debra Court

Contributors: Ed Bonnie, Bruce Bobbitt, Jill Losey-Jankowski, Kathleen Sheridan-Dotson, Paul Sonnenburg, Diane Oremovich, Ruth Reed, Anthony Heath, Marie Iddings

Designer: Julie Rosenberger

We welcome your comments on this issue and suggestions for future editions.
Please contact Debra Court at debra_s_court@uhc.com.

For paper copies of any UBH documents mentioned in this newsletter,
please contact your designated network manager. A searchable
directory of network managers by state is available at
<http://www.ubhonline.com/html/contactUs.html>.

© 2006 United Behavioral Health. All rights reserved.