The winter edition of USBHPC Network Notes has arrived!

Network Notes
News and updates for USBHPC-contracted clinicians
Winter 2006

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For paper copies of any USBHPC documents, or for further information regarding the programs or procedures mentioned in this newsletter, please contact USBHPC at 1-800-798-3053, ext 2058.

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Child Patients May Qualify for California's *Healthy Families* Program

Healthy Families is a program sponsored by the State of California that offers low-cost health insurance for children and teens up to age 19 who meet program requirements and do not qualify for Medi-Cal. The program also provides comprehensive mental health services, including psychiatric evaluation, medication management, outpatient therapy, wrap-around services and respite care, to children who are determined by their county mental health program to be "Severely Emotionally Disturbed." These services would be provided without a copayment to the eligible child and their family.

When you accept a new USBHPC child patient, be advised that the child may qualify for care through the *Healthy Families* program if:

- The parent's insurance card states the child is enrolled in the program
- A USBHPC care manager informs you of the possibility

In order to help the child and the family to take advantage of the *Healthy Families* program, please follow this procedure:

1. Complete an initial assessment of the patient (we will certify a maximum of three sessions to facilitate this) and provide the following information to USBHPC care management:
   - Child's name and birth date
   - Diagnosis on all 5 axes
   - Symptoms, including presence of any substance abuse, suicidal/homicidal ideation, hallucinations; and duration of these symptoms
   - Current psychotropic medications and name of the prescribing physician
   - A short description regarding how symptoms affect the child's ability for self care, family relationships and ability to function at school or in the community
2. If the child appears to meet the program criteria, USBHPC will refer the family to the county to schedule an evaluation. We may also certify additional sessions with you to continue treatment for the patient until the county's assessment takes place.
3. If the child qualifies for mental health treatment from the *Healthy Families* program, the county assumes responsibility for the child's treatment services using a county clinician. Sessions that have already been certified by USBHPC may be used for transition of treatment.

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4. If the child is *not* eligible for mental health treatment from the *Healthy Families* program, he or she may continue with their current USBHPC services. The child may be re-evaluated annually for participation in the program.
5. Enrollees covered under *Healthy Families* are eligible for this coverage until the last day of the month in which they turn 19.

For further information regarding *Healthy Families*, please contact USBHPC, or look up online pamphlets at www.healthyfamilies.ca.gov.

Be Aware of Potential Medication Interactions

By Michael Bailey, M.D.
USBHPC Associate Medical Director

A 35-year-old male is referred for psychiatric evaluation secondary to depressive symptoms. Citing work stressors, including a back injury he sustained for which he is taking tramadol, he endorses a number of neurovegetative signs and symptoms of depression. Meeting criteria for Major Depressive Episode, he is started on fluoxetine. There is no history of alcohol or illicit drug abuse and he denies any suicidal potential. The patient does not keep his appointment for follow-up at three weeks. The psychiatrist later learns that the patient reportedly had a seizure while driving resulting in a fatal motor vehicle accident. A malpractice attorney subsequently files a wrongful death suit against the psychiatrist.

While generally very safe by themselves, psychotropic medications have the potential to interact with other medications to produce toxic and even lethal results. Commonly prescribed antidepressants could alter the metabolism of other medications rendering them ineffective or dramatically elevating serum to potentially dangerous levels. Adverse drug reactions (ADRs) are the fourth leading cause of death in the United States, accounting for 100,000 deaths each year.[1,2]

One of the major enzyme groups that metabolize medication is the Cytochrome P450 system. Several of these enzymes metabolize the majority of medications. Anything that inhibits the action of those enzymes will slow the metabolism of a medication and may increase its serum level. Similarly, any substance that induces or enhances the action of an enzyme will speed up metabolism, reducing the expected serum level.

In the clinical situation presented earlier, tramadol is metabolized by the Cytochrome P450 2D6 enzyme. Fluoxetine inhibits the action of this enzyme resulting in higher than normal serum levels. Toxic levels have resulted in seizures and death.

Antidepressants are commonly used in psychiatric practice and are often prescribed in conjunction with other medications. In one study, only 2% to 29% of patients had an antidepressant as their only medication. The vast majority of patients are taking one or more other medications. The more medically ill the population, the greater number of additional medications prescribed. With more medications, there is an increased potential for adverse interactions.

For example, HIV-positive patients are frequently on one or more protease inhibitors to prevent viral replication. Most of the protease inhibitors inhibit the CYP enzyme 3A3/4 that accounts for 50% of oxidative drug metabolism. If that same patient is on fluoxetine for depression (a not uncommon situation), then another 30% of oxidative metabolism is impeded. With nearly 80% of the oxidative metabolism now impaired, the addition of a third medication metabolized by either of these enzymes could result in an unanticipated high serum level that could be toxic.

To avoid such adverse drug-drug interactions, the following steps are recommended:

- Communicate with primary care providers to get a list of all medications the patient has been prescribed, as well as to coordinate care
- Review all over-the-counter medications and herbal preparations with the patient to know all substances that may have an impact on medication metabolism
- Review the Cytochrome P450 system and be aware of the specific enzymes that are affected by the medications prescribed
- Anticipate drug-drug interactions and keep the number of medications to a minimum
- Use medications that have the least impact on the Cytochrome P450 system and interact least with other medications
- When using multiple medications, start with

- low doses and increase them gradually to avoid the potential for sudden, dramatic elevations in serum levels

To learn more about the Cytochrome P450 system, drug interactions and potential adverse combinations, visit http://www.fda.gov/cder/drug/drugReactions/default.htm. This Web site also offers a list of some available computer or PDA software that will check medication combinations for adverse interactions.

For a table listing the various interactions, and to order a pocket card detailing interactions, go to http://www.drug-interactions.com.

[1]Committee on Quality of Health Care in America: Institute of Medicine. To err is human: building a safer health system. Washington, D.C.: National Academy Press; 2000

[2]Lazarou J, Pomeranz B, Corey PN. Incidence of adverse drug reactions in hospitalized patients: A meta-analysis of prospective studies. JAMA 1998;279:1200–1205.

Help Prevent Inaccurate Notification of Clinician Terminations

USBHPC/UBH is required to give 30 days notice to enrollees of their clinician's termination from our network. This allows time to finish treatment or to arrange transition of care to a different USBHPC/UBH clinician.

In certain situations, we may be required to send letters advising enrollees of your pending termination when, in fact, it is not your intent to leave the network. These situations include the following.

Unavailable Status

If you have requested to be placed on a six-month unavailable status and have not updated this status after four months, we will send you a letter reminding you to contact us within the next 30 days of your intent to accept new patients. If we have not heard from you at the end of this period, we must assume that you plan to leave the network and we will send 30-day notification letters to enrollees to advise them of your pending termination. If you do not contact us before the end of the six-month unavailability period, your Individual Provider Participation Agreement with USBHPC will become inactive.

Recredentialing

Network clinicians are required to be recredentialed every three years. When you receive your recredentialing application, you are given 15 days to complete and return. If we do not receive this application in sufficient time for processing, we must send notices to enrollees advising them of your possible termination.

In order to prevent confusion and uncertainty for your patients, please respond to our requests for status and recredentialing applications as quickly as possible.

Claims Acknowledgment Now Included on PRA

USBHPC has enhanced its claims system to allow the receive date of a claim to be included on our Provider Remittance Advice (PRA) for all claims adjudicated within 15 working days of receipt. Therefore, we will only send acknowledgment letters for claims that are adjudicated after 15 or more working days. This enhancement should significantly reduce the number of claim acknowledgment letters you receive. The enhanced system does comply with the Department of Managed Health Care (DMHC) regulations outlined in California Code of Regulations Title 28, Section 1300.71, *Claims Settlement Practices.*

Dispute Resolution Notification Timeframe Revised

In keeping with current DMHC regulations, USBHPC has revised the timeframe for sending written notifications of the resolution of a provider dispute to the clinician, which is now within forty-five *working* days (originally 45 *calendar* days). This change is reflected in the online version of the clinician and facility manuals available at http://www.ubhonline.com, and will be included in the next edition of the printed manuals.

Lifepath Advisers℠ Provides Additional Resources to BSC Patients

If you are treating a Blue Shield of California (BSC) enrollee who has mental health and substance abuse benefits managed by USBHPC, you may refer them to the Lifepath Advisers program when appropriate. Lifepath Advisers is an assessment and referral service, similar to an Employee Assistance Program, integrated with work-life and nurse line services.

Benefits available through Lifepath Advisers include:

- Professional counseling
- Adult/Elder care services
- Child/Parenting services
- Financial counseling
- Legal services referrals
- Educational support and referrals
- Chronic condition support
- Mediation services
- Online information and resources through mylifepath.com

If you have eligible patients that you believe would benefit from Lifepath Advisers, ask them to call 1-866-LIFEPATH (1-866-543-3728) or visit http://www.mylifepath.com.

Communicate Enrollee Rights and Responsibilities to Patients

Enclosed in this newsletter is a copy of our Enrollee Rights and Responsibilities, which are in keeping with industry standards. We request that you display the Enrollee Rights and Responsibilities in your waiting room or have some other means of communicating these standards to your USBHPC patients. These rights and responsibilities are listed in both English and Spanish in the USBHPC Clinician Manual, available at www.ubhonline.com.

Comorbidity Study Demonstrates Importance of Care Coordination

USBHPC recently completed a comorbid chronic disease study with Blue Shield of California (BSC) involving 6,600 BSC enrollees who were prescribed antidepressant medication. The study found that:

- 45% of participants who were prescribed antidepressants by psychiatrists have a comorbid chronic disease diagnosis, the most common of which are:
  - All Cardiovascular Disorders (35%)
  - Arthritis (29%)
  - Cancer (22%)
  - GI Disorders (13%)
  - Hyperlipidemia (14%)
  - Hypertension (12%)
- The highest proportion of patients who discontinue antidepressant therapy do so during the acute phase of management of depression (1 to 84 days following the index prescription) — regardless of whether the index prescriber was a psychiatrist or a primary care physician
- The likelihood of adverse medication interaction or exacerbation of the underlying medical illness in these complex cases is substantially increased with uncoordinated care by multiple physicians

- Patients often find that adherence is difficult, especially in the face of complex medication regimens due to comorbid diagnoses, emphasizing the importance of ongoing patient education about medications and medication compliance

The study demonstrates that communication with the identified primary care physician is especially important in complex comorbidity cases. We appreciate your support in coordinating care.

Survey Used to Measure Facility Satisfaction

USBHPC administered our first Facility Satisfaction Survey in order to gauge the satisfaction of our contracted facilities with our services and operations. The survey solicited feedback regarding our contracting, intake, care management, clinical network services, claims, customer service and the certification of benefits.

Overall results compiled in 2004 (from surveyed facilities contracted with us in 2003) show that 75% of California facilities reported being either “very satisfied” or “satisfied” with USBHPC, with the intake and care management categories achieving very high levels of satisfaction. We identified opportunities to improve satisfaction in our claims and benefit certification processes, as well as to enhance the ways we communicate our processes with facilities.

One communication initiative already underway is our “Partnering For Success” initiative (see adjacent article for more information). We will continue to explore other ways we can work closely with our facilities to build stronger, more collaborative and mutually beneficial relationships.

“Partnering For Success” Initiative Launched

In 2004, USBHPC and UBH launched our “Partnering For Success” initiative for high-volume network hospitals. This initiative provides us with a valuable opportunity to engage in face-to-face conversations with a hospital’s key staff, including administrators, medical directors, quality managers, and utilization reviewers.

“Partnering For Success” aims to improve communication and maintain strong relationships between USBHPC/UBH and our network facilities. Every visit provides us with insight into each hospital’s best practices and unique services and programs. At the same time, we ensure our network hospitals are aware of our quality initiatives and their contractual obligations, and discuss how we can assist facilities in successfully fulfilling these requirements. These meetings also act as partnering opportunities to share ideas regarding the provision of excellent clinical care for the people we mutually serve.

Two collaborative opportunities have already resulted from these joint efforts. One involves the establishment of a hospital policy and procedure, in an inpatient setting, for coordinating care with primary care physicians. The other is the creation of an eating disorder treatment program at the partial hospital level of care, which utilizes our Level of Care Guidelines. We also see an opportunity for the partnering initiative to help decrease hospital readmission rates and improve HEDIS scores as we work together to assist patients with follow-up care after discharge.

So far, 20 visits have already been conducted at 18 California facilities. The overall response from these facilities to this initiative has been positive, with particular comments praising the use of qualitative and quantitative data in reviewing hospital services and exploring opportunities for improvement.

Important Reminders

Verifying Eligibility

Clinicians are responsible for discussing treatment options with patients. However, not all options will necessarily be covered benefits. Therefore, please verify the enrollee's eligibility and benefits through USBHPC before indicating to the enrollee that the services are covered benefits.

Claims Service

USBHPC is dedicated to paying all claims in a timely manner. In 2004, over 95% of claims were paid within 15 working days of receipt. If you do not receive a response within 30 working days of submitting a claim, please contact USBHPC Customer Service at 1-800-798-3053.

Your USBHPC Contract

When you sign your contract with USBHPC and are credentialed and approved as a member of our network, you are considered a participating clinician for enrollees eligible through USBHPC as well as those eligible through United Behavioral Health (UBH) and many UnitedHealthcare plans. In addition, if you are identified as a qualified EAP specialist, you are considered a participating clinician for enrollees eligible through LifeEra, Inc.

USBHPC and LifeEra are wholly owned subsidiaries of UBH. UBH is a wholly owned subsidiary of UnitedHealth Group. UnitedHealthcare is a division of UnitedHealth Group.

To verify your patient's eligibility and benefits, please call the Mental Health and Substance Abuse (MHSA) services number on the back of the person's insurance card.

Services by Interns or Psychological Assistants

Under the terms of your Individual Provider Participation Agreement with USBHPC, services for which you have received certification are to be rendered and billed by you, the contract holder. Services rendered to our enrollees by interns or psychological assistants are not covered by the contract and cannot be submitted under your contract for payment. Those enrollees who choose to be seen by an intern or assistant may do so but they must be notified that the intern or assistant is not covered under your USBHPC contract. If the enrollee still wishes to be seen by the intern or assistant, they may be billed your standard rate since contracted rates are not applicable. We require that you have the enrollee sign a waiver agreeing to this arrangement prior to receiving services.

Billing for Telephone Counseling or Non-Covered/Non-Certified Services

USBHPC covers telephone counseling in some situations when clinically necessary and appropriate. Telephone counseling must be certified by us. If you wish to provide telephone counseling and it is not a covered service for a particular enrollee, you may bill the enrollee directly for this service, up to the contracted USBHPC hourly rate.

Requested services that are not certified based on limits of the Evidence of Coverage (e.g. excluded service, excluded diagnosis, exhaustion of benefits)

or because medical necessity criteria are not met may also be billed directly to the enrollee, up to the contracted USBHPC hourly rate.

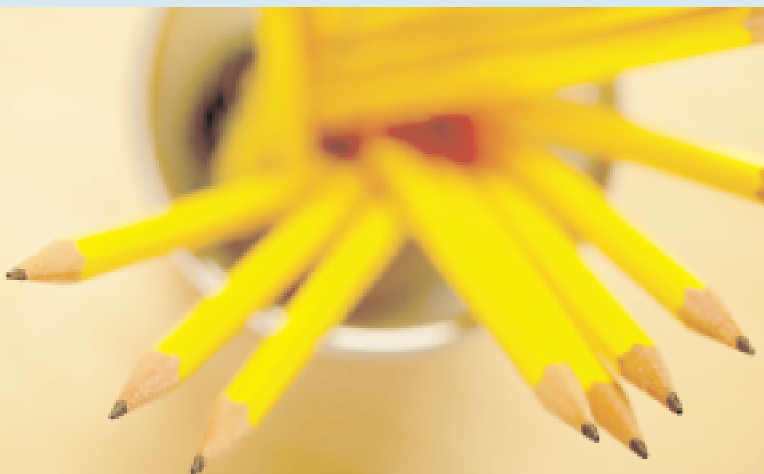
If you intend to bill a USBHPC enrollee under these circumstances, you must have the enrollee sign a consent form prior to receiving services. The consent form should state that:

- The enrollee acknowledges notification of the adverse benefit determination
- The enrollee has been informed about the reason for the decision and their appeal rights
- The enrollee is electing to self-pay for services, including a start date for this arrangement

The original signed consent form should be kept in the enrollee's clinical record.

Preventive Health Program Flyers Enclosed

USBHPC offers two Preventive Health Programs that address depression and attention-deficit/hyperactivity disorder (ADHD). Designed to support early detection, the delivery of quality care, and treatment success, including a reduction in the occurrence of relapse, these programs assist you in providing safe, high quality health care to your patients, while simplifying administrative processes. To help you provide your patients with detail on the programs, including a phone number to call for additional information, we have enclosed program flyers in this newsletter for you to display in your office.



Emergency Instructions in After-Hours Messaging

In a July mailing to our network clinicians, we advised you of our guidelines to ensure that enrollees receive adequate information when they call your office after normal working hours. The guidelines require that you include the statement, "If this is an emergency, go to the nearest emergency room or dial 911." We would like to extend our appreciation to all clinicians who have included this information as part of their messaging.

Identification and Authentication Information

In order to ensure the privacy of each enrollee, USBHPC identifies and authenticates each clinician and/or facility and enrollee at all points of contact prior to disclosing an enrollee's Protected Health Information (PHI). Clinicians and facilities are identified by first and last name or complete name of the facility. Clinicians and facilities are authenticated by providing either a tax identification number and/or physical address.

Enrollees are identified by first and last name and authenticated by providing at least *two* of the following:

- Enrollee identification number
- Enrollee month and year of birth
- Enrollee address

In order to provide you with the best service possible, we strongly encourage all clinicians and facilities to obtain all identification and authentication information prior to contacting us.