

Network Notes

News and Updates for UBH – Contracted Clinicians and Facilities

Fall 2007

In This Issue: **Improve Depression Treatment** pg. 2 | **liveandworkwell.com** pg. 4
Timothy's Law pg. 6 | **Antidepressant Medication Management** pg. 7
Coordinating Care pg. 8 | **After-hour and Emergency Coverage** pg. 9
Time-saving Features on www.ubhonline.com pg. 10

High Performing Facilities Partner with UBH

Facility Quality Measure (FQM) is a program designed to recognize the quality, performance and effectiveness of clinical care for our members receiving treatment within facilities contracted with United Behavioral Health (UBH). UBH began capturing data on specific metrics including Average Length of Stay, 30-day readmission rates, number of aftercare appointments made prior to discharge, rate of appointments kept within seven days of discharge, and member satisfaction. Facilities are given a Facility Scorecard percentile ranking. Facilities with the highest scores work with UBH Care Advocacy Centers to partner in exciting and different ways, participating in utilization management and collaborative approaches to quality initiatives.

Several facilities in the initial FQM pilot performed at a consistently high level since we began to gather data in August of 2006. Wilmington Treatment Center in North Carolina, specializing in Substance Abuse Treatment, maintains a percentile ranking in the high 90s for five consecutive data periods (quarters).

St. Joseph's Hospital of Orange, CA, also maintains a consistently high rank. Regional Network Manager Richard Rodriguez notes that in addition to their clinical effectiveness, "St. Joseph is consistently responsive...and collaborates extremely well with our clinical processes. The facility partners well with our utilization management and quality initiatives." This kind of partnership with network facilities continues to grow, and is strengthened with the FQM program. Other stellar performers are Ohio State University Hospital East, Geisinger Medical Center in Pennsylvania, and Richardson Regional Medical Center in Texas.

UBH is working on future enhancements to the FQM program. Look for more information in the spring Network Notes. We will also be communicating in the near future with additional facilities that qualify for the FQM program. Please contact Florence Martin with any questions at fmartin@uhc.com or at (800) 278-3104, extension 67552.



UPDATE! The UBH Network Manual

The UBH Network Manual is now available at www.ubhonline.com. The manual combines the formerly distinct UBH Clinician Manual and UBH Facility Manual. It also replaces the LifeEra and MAMSI supplements to the manual, and will replace the PacifiCare manual as the integration of the two networks are completed in each state. You may also request an electronic file of the manual via e-mail at ubhClinicianManual@uhc.com, or call (800) 807-7704 to request a CD-ROM or paper copy.

BHS Project Aims to Improve Depression Treatment for Rhode Island Medicaid Parents

One of UBH's most critical initiatives is the expansion of our services into the public sector arena. In support of this effort, the Behavioral Health Sciences (BHS) department in August completed the first phase of a project designed to evaluate the impact of enhanced behavioral care advocacy services delivered to a difficult-to-employ Medicaid population in Rhode Island.

The "Working toward Wellness" (WtW) program is one of several efforts UBH has undertaken in the public sector. Aimed at integrating behavioral healthcare management and supportive employment services, WtW is a bilingual (English and Spanish) care advocacy intervention for depressed low-income parents. It's delivered by a team of licensed clinicians. The complementary goals of the program are to decrease depression and improve labor outcomes among Medicaid families. Particularly among TANF (Temporary Assistance for Needy Families) families, the goal is to examine the effects of depression treatment on employment, earnings, and self-sufficiency.

In partnership with New York City-based non-profit research group MDRC and the Center for Health Studies-Group Health Cooperative of Puget Sound, WtW is one of four sites in a national demonstration project designed to assist difficult-to-employ public assistance recipients. This project is funded by the U.S. Department of Health and Human Services and the U.S. Department of Labor.

After a brief pilot, the project was launched in January 2005 by recruiting participants through mailed screening instruments and subsequent phone interviews to determine eligibility. Study enrollment ended in September 2006. We expect follow-up data collection to be complete by December 2008. Data analyzed will include medical, behavioral and pharmacy claims data to examine utilization and costs; clinical and physiological markers

to examine the impact on children; and employment and welfare data to examine labor and welfare outcomes. Participants are randomly assigned to receive either (1) the enhanced care advocate-outreach treatment monitoring services (WtW), or (2) customary UBH care advocacy. The core of the WtW intervention includes case-identification of depressed Medicaid members, proactive telephone outreach, telephonic treatment monitoring, and inter-agency coordination of services. Care Advocates provide education regarding depression and depression treatment; and use motivation-enhancing interventions to promote engagement in treatment. During the treatment monitoring phase, Care Advocates monitor clinical and functional outcomes of treatment using the PHQ-9 (9-item Patient Health Questionnaire) and other measures. Care Advocates coordinate with the participants and the treating clinicians to promote treatment adherence.

Pharmacotherapy monitoring is accomplished using a semi-structured protocol which assesses current medication use, side effects, and outcomes, while assessing for any need for consultation. Participants not involved in face-to-face treatment are offered eight sessions of telephonic psycho-education/coaching using a workbook mailed to the participant.

Early data on participation in the WtW intervention suggests that depression severity scores for WtW participants have improved considerably since the beginning of intervention. Out of 507 participants, almost 75 percent have shown some reduction in depression severity, and 34 percent of this group had reductions in symptom severity of more than 50 percent. The following examples provide for a personalization of two WtW participants.

- Ann, a single mother of two young boys, struggled with depression, stress and physical issues—including dyslexia. During a year-long intervention, a Care Advocate



worked with Ann using Motivational Interviewing and Cognitive Behavioral Techniques via phone sessions. Ann became increasingly open to exploring the use of medication to deal with her depressive symptoms, and began taking anti-depressant medications with excellent results. Through persistent encouragement Ann also began to job hunt aggressively for a more challenging position, and in spring 2006 she was hired for a full-time position. Upon completion of the intervention, Ann reported that she loved her new job, was continuing with her medication, and was proud of her parenting.

- Jill, a widow, had cared for her son and ailing elderly mother. She had been unemployed for several years due to poor health as well as the demanding requirements related to caring for her mother. After her mother passed away, her depressive episodes increased. Through the telephonic therapeutic program, she agreed to a medication evaluation and began antidepressants. Steady improvement has allowed her to return to work. She states she is now feeling physically and mentally better. She points to the help and encouragement of the WtW project as important to her success.

Future results of this study will be presented when they become available. If you have questions, please contact Francisca Azocar, AVP Research and Evaluation.

Important Reminders

Important Reminders are always available at ubhonline® with each edition of Network Notes. These include quality improvement activities for which you are responsible as part of the UBH Network.

ALERT® (Algorithms for Effective Reporting and Treatment) is currently in effect for UBH nationwide. As a result, routine outpatient treatment and certification of benefits are independent of treatment plan submissions or routine clinical review. Members are free to determine with their clinician, based on their unique situation, how best to apply their outpatient benefits. As always, clinicians need to remain cognizant of the number of visits available to members.

Always check the member's benefit plan to see whether a member has an Open Certification, if one is required by their benefit plan. Ensuring that required certifications are in place at the outset of care avoids unnecessary claims denials. Even in cases where treatment has been initiated, you may still be able to obtain a required Open Certification just prior to submitting current claims. This will facilitate timely processing and payment of claims.

There are four avenues to check for and, if necessary, initiate an Open Certification. (1) A member can call the

number on the back of their insurance card and speak with a UBH staff member. (2) A clinician can also make this call. (3) A member can access www.liveandworkwell.com to secure an Online Clinician Visit Certification Request (a.k.a. Open Certification) and print out a Certification Request document (one will also be sent in the mail to the member). And (4), clinicians who are registered users of www.ubhonline.com can verify whether an Open Certification is required by [checking Eligibility and Benefits](#). If certification is required, use the Certification Inquiry feature to make sure one is on file before filing your claim. Otherwise, you can use the Certification Request feature to request an Open Certification for your patient. Remember to allow two to three business days before filing your claim to ensure the certification is on file when the claim is processed.

An Open Certification enables members to receive routine outpatient services from any UBH Network clinician. A member could potentially receive treatment from more than one clinician

within the year of eligibility using the same Open Certification, which includes the full availability of his or her benefit. This is especially true in situations where a member is under the care of a behavioral health medication prescriber together with a behavioral health clinician providing psychotherapy.

ALERT carries two safeguards to assist clinicians with the issue of benefit use. Clinicians will receive a letter for members who incur an outpatient frequency of 14 or more visits over a six week period. Secondly, a Care Advocate will make outreach to a clinician in the event that a member incurs over 20 outpatient visits within a six month period, with a recent visit reflecting current treatment.

If you have any questions, UBH staff members are available to answer member-specific inquiries 24 hours a day, seven days a week, by calling the number on the back of the member's insurance card.

UBH and PBH Clinician Networks Merging

As you are aware, in December 2005 PacifiCare Health Systems joined the United HealthCare Services family. As a result, due to the size and intricacies of the two networks, the integration of the PacifiCare Behavioral Health (PBH) and United Behavioral Health (UBH) networks is being conducted in stages. Full integration is expected by early 2008. To date, we have completed the integration of 45 states plus the District of Columbia. The remaining states, Arizona, California, New York, Texas, and Washington, are currently in different stages of the process.

This project involves the identification of clinicians who were contracted with only UBH, only PBH, or those who were contracted with both networks. Letters were sent to thousands of clinicians across the country outlining the impact of the integration for each of them. The letters outlined the steps required to remain part of the UBH network in order to continue providing services to both UBH and PBH members. UBH staff is making the necessary changes to the various information systems to accommodate this major change to our network and to integrate UBH and PBH policies and

procedures. In addition, enhancements have been made to our Web site, [ubhonline® \(www.ubhonline.com\)](http://ubhonline.com), which now enables clinicians to access PacifiCare member information.

We appreciate the response we've received from the clinician network. Together, we're on track to meet our shared goal of minimizing any disruption of care to PBH members as we complete the network consolidation and full systems integration. If you have additional questions regarding the UBH and PBH network integration, please contact Network Management for your state.

How to use liveandworkwell.com to support your patient

While you are familiar with www.ubhonline.com, for useful clinician resources and services, did you know the UBH member Web site, www.liveandworkwell.com, can be a support in your treatment of UBH members?

Liveandworkwell.com offers members a number of self-service functions including getting online approval for routine mental health and substance abuse treatment and EAP visits; searching for clinician referrals; and obtaining such consumer information as access to a variety of assessments and self-help programs.

As a UBH network clinician, you have free access to this site for behavioral health and substance abuse information, tools and resources. There's a link in the top right corner of the ubhonline home page, or go directly to www.liveandworkwell.com and select "Click here to enter using only an Access Code" from the shaded box on the right side of the home page. Enter "CLINICIAN" in the entry field. This will take you to a home page organized for clinicians. The member-access home page varies somewhat in design. Some of the resources available to you are outlined below – please take some time to explore this resource-rich site.

- **Medication Education**

UBH has partnered with Thomson Micromedex and A.D.A.M., leading providers of prescription and drug interactive tools, to provide drug information. It's accessible through the "Find Prescription & OTC Drug Information" tab.

- **Tools and Resources**

The **Health & Wellness** section contains resources for numerous issues (such as phobias, depression and eating disorders). These resources may include articles that can be shared via e-mail, self-help programs, links to mental health condition centers (unique to this site), interactive health tools, guides and additional resources.

- **Condition Centers**

Whether members are dealing with Grief, Depression, or any of the other 28 conditions covered by liveandworkwell's **Mental Health Condition Centers**, this information facilitates a better understanding of the condition and is designed to support your therapeutic interventions.

- **Coordination of Care**

You can perform a **Clinician Search** with the same search engine available to members. You can use it to access other clinicians who may be involved in the care of a member you are treating. You can also use

Liveandworkwell.com

Spanish translations are available for much of the information provided on www.liveandworkwell.com. Toggle to Spanish language in the top navigation [**en Español**] or click to Spanish when you see [**Vea página en Español**] on a specific page. The extensive Mental Health Condition Centers are being translated and will be available in Spanish later this year, beginning with "Depression."

this engine for referrals to other clinicians or, if necessary, higher or lower levels of care. The clinicians and facilities in this engine are in the UBH network.

Note that not all UBH members have access to liveandworkwell.com. Those who do have access can register or use their company Access Code. Your ability to use this site is not dependent on whether or not the member has access.

The UBH Minnesota Care Advocacy Center has Moved

Effective June 4, 2007, the UBH MN Care Advocacy Center moved from Golden Valley to Bloomington. Please replace old forms with updated copies available online through ubhonline (www.ubhonline.com).

Remains the same:	Changed Due to Move:
UBH Intake/Customer Service number – 1(800) 848-8327	New Fax Number: (952) 763-1390
	New Mailing Address: MN045-S210, P.O. Box 1459, Minneapolis, MN 55440-1459

New Individual Phone Extensions: Phone numbers have not changed for Care Advocates or Intake/Customer Service staff. Phone numbers for administrative personnel only have changed. To obtain a new telephone number, call the intake number to be transferred to administrative staff.

Mental health support information for patients with Spanish as their primary language

Liveandworkwell's new sister site, MenteSana-CuerpoSano.com (Healthy Minds-Healthy Bodies), provides mental health and substance abuse information and resources in Spanish. This site provides resources to the general public in addition to UBH members, so you can refer any Spanish-speaking patient to MenteSana-CuerpoSano.com. UBH members can access additional resources with their company Access Code.

The site is aimed at educating the Hispanic community about stress, mental health and substance abuse, and:

- encourages people to seek treatment
- provides a clinician search tool
- provides clinician reviewed articles and animated education programs
- offers a special family oriented section, "La Familia Sana," created in conjunction with our content partner the Nemours Foundation KidsHealth group

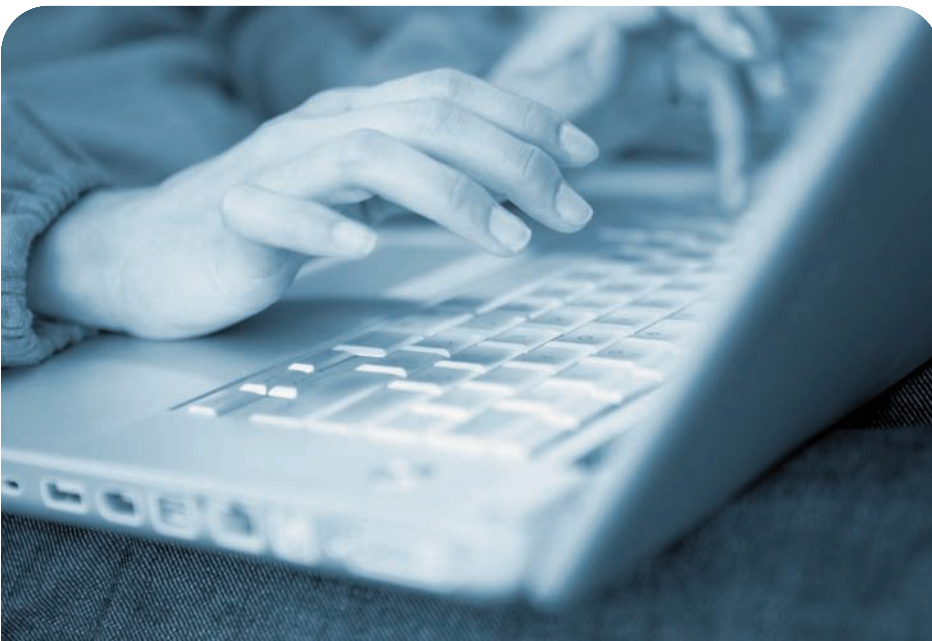
The [La Familia Sana](#) (The Healthy Family) is full of useful information related to child and teen mental health, general health, and managing life's challenges. Information ranges from depression, ADHD, and stress,

to dealing with bullies, abusive relationships and alcohol and drug problems. The information is presented from parent, teen and child perspectives. A list of content topics can be viewed in English and Spanish in each of the three menus by clicking "Directorio de traducciones" (Translation Directory), located at the bottom of the page.

We know you will find this Web site a helpful patient resource. We will continue to expand it with Mental Health Condition Centers and other resources throughout the year. Suggestions and contributions are welcome. Please contact Bonnie_J_Neubeck@uhc.com

New!

Wherever possible hyperlinks are provided in Network Notes to allow you to link to references presented in the articles.



Look for the new member-generated certification/approval

UBH members can now generate an Online Clinician Visit Certification Request (a.k.a. Open Certification) for both routine MH/SA and EAP visits. They can print out a Certification Request document to bring to their initial visit with you. They can also print an initial Wellness Assessment. Members are also able to search for clinician referrals and facilities. When members initiate their visit certification online at liveandworkwell.com, the information is captured and will be available when you are ready to submit your payment claim.

Timothy's Law

Parity, as it relates to mental health and substance abuse, prohibits insurers or health care service plans from discriminating between coverage offered for mental illness, serious mental illness, substance abuse, and other physical disorders and diseases. There is no federal law on parity. Forty-six states currently have some type of enacted law, but these laws vary considerably as presented by the National Conference of State Legislatures.

In the state of New York, Timothy's Law has been in effect since January 1, 2007. It applies to all health insurance policies and contracts issued or renewed in New York on or after that date. The new law does not apply to members covered by employer self-funded health benefit plans, Medicare, or Medicaid.

The law requires that all private insurance policies in New York have the same deductibles, number of office visits, number of inpatient visits, and co-payments for mental health disorders as for other illnesses. The statute also requires that private plans provide at least 30 days of inpatient and 20 days of outpatient mental health care per year.

As a result, changes were made to the coverage requirements for the diagnosis and treatment of mental, nervous or emotional disorders under UBH appropriate group health insurance policies and contracts.

- If the member is covered under a policy or contract issued to an employer group with 50 or fewer eligible employees, the benefits will include coverage for the diagnosis and treatment of mental, nervous or emotional disorders for up to 30 days of inpatient care and 20 days of outpatient care.
- If the member is covered under a policy or contract issued to an employer group with more than 50 eligible employees, the member's benefits will include coverage for 30 days of inpatient care and 20 days of outpatient care mentioned above. In addition, the policy or contract must provide coverage to treat adults and children with biologically based conditions such as *schizophrenia/psychotic disorder, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia and anorexia*. The policy or contract must also offer benefits to treat children with serious emotional disturbances comparable to other benefits under the member's contract or certificate.

Due to the short time frame between when the law was signed and when it took effect, some members may have been charged an incorrect co-payment amount for mental health services received between January 1 and April 30, 2007. Claims for those visits are being reprocessed, and member refunds are the responsibility of the providers of care. Members may contact United Behavioral Health (UBH) at (888) 320-9584 with questions about their mental health benefits and reimbursement. Please continue to verify eligibility and benefits for all your members. If claims were paid directly to your office by UBH, a result of this process will be that your office will be receiving a letter from UBH requesting repayment for any claims paid during this period. This notice from UBH will also coincide with a new payment being issued by United Healthcare for these same dates of service.

United Medical Resources (UMR) is a United HealthCare Company

UMR is a national leader in the TPA (third party administrator) health plan business, providing healthcare coverage to 300,000 employees across the country. UMR joined the United HealthCare Services family in 2006, and in 2007 began using the UBH Network to provide in-network behavioral health services for 166,000 members covered by their TPA benefit plans.

What this means for you as a UBH Network clinician or facilities:

- UMR member ID cards will reference UMR as a United HealthCare Services company using the United Health Networks (which includes UBH).
- If you have questions about a UMR member's coverage, please contact UMR directly by calling the number on the member's health insurance ID card.
- You should submit your claims for UMR clients directly to UMR, as indicated on the member's ID card.
- UMR will be making payment on your claims at your UBH contracted rates.
- As a UBH contracted clinician or facility, you may not balance bill members who have a benefit through UMR.

We are excited to have UMR join the United HealthCare Services family and we appreciate the high quality care you provide to all of our customers.

Improving Results for Antidepressant Medication Management

Depression is the most common behavioral health condition affecting adults, and it is also the most treatable. Since 1998, the National Committee for Quality Assurance (NCQA) has collected national health plan data on treatment adequacy for patients treated for depression with antidepressants. These data show we have made little progress in any of these indicators of adherence for commercial health plan members:

- The percentage of patients that receive three follow-up visits in the 84-day 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 psychotherapist) remains at about 20 percent.
- The percentage of patients that stay on the antidepressant medication for at least 84 days remains at 61 percent.
- The percentage of patients that stay on the antidepressant medication for at least 180 days remains at 45 percent.

We can improve these rates by better educating patients about medication at the beginning of treatment. Common facts that patients should know include:

- How antidepressants work and how to manage common side effects.
- The benefits of antidepressant treatment and the expectation of remission of symptoms.
- How long the medications should be used.

In addition, prescribing clinicians should consider making referrals to psychotherapists early in treatment. Therapists can promote adherence while helping patients complete the recommended three follow-up contacts within 84 days. If you have any suggestions or questions, please contact UBH and ask to speak with a staff member of the regional quality improvement department.



Notification of CMS-Mandated Hospital Discharge Appeal Rights

Effective July 2, 2007, CMS (Centers for Medicare & Medicaid Services) requires that hospitals must deliver, at or around admission, the new 'Important Message from Medicare' (IM) form to each individual who is entitled to Medicare Part A coverage for their hospital stay. The IM informs the Medicare enrollee of the process to appeal a discharge decision to the Quality Improvement Organization (QIO), contracted by CMS.

For all appeals, the hospital must send required documentation including the

IM, Detailed Notice of Discharge (Detailed Notice) and medical records to the QIO to make a decision regarding the appeal. If the Medicare enrollee submitting the appeal has their Medicare coverage through a health plan, CMS stipulates that the health plan must, directly or by delegation, complete and deliver the Detailed Notice (formerly called the NODMAR) to the Medicare enrollee.

For appeals submitted by Medicare enrollees, UBH will be requesting that the QIO notify us of the appeal. UBH will then complete the Detailed Notice and send it

to the hospital to deliver to the enrollee and the QIO, unless other contractual protocols are in place.

UBH Care Advocate Reviewers will work with you to ensure compliance with the CMS standards from the time of admission through discharge. Please be sure to actively communicate with them throughout any Medicare enrollee's hospitalization.

Coordinating Care

Many individuals with chronic illnesses experience behavioral health issues, and the large majority of those cases go unidentified, noted David Whitehouse, M.D., in a recent article in HUB Magazine. Whitehouse is chief medical officer for strategy and innovation for UBH. Also noted was an analysis performed for UBH by the consulting firm Milliman, in which it was found that approximately 30 percent of individuals with cancer also have depression, and their medical costs run roughly twice as much as those of cancer patients without depression. Similarly, a quarter of asthma sufferers are estimated to have depression, and their medical costs approach three times as much as those of individuals with asthma who don't have depression.

All clinicians and facilities contracted with the UBH Network are expected to coordinate care with other professionals involved in treating the members under their care, including medical physicians and other behavioral health clinicians. The type of information to be made available pertains to the care of the patient related to diagnosis, medications, treatment interventions and progress. For convenience, a [Confidential Exchange of Information Form](#), which includes patient consent to release of information, is available at www.ubhonline.com. UBH clinician contact information is available in a database [UBH Clinician and Facility Search](#) located at the UBH member Web site, LiveAndWorkWell.com. Calling the number on the back of the member's insurance card and speaking with an intake specialist can provide the same information.

Specific [UBH products and services](#) are designed to support medical and behavioral health treatment and can be clinically integrated across the entire

continuum of care. Care advocacy models are uniquely tiered to ensure that members with acute, chronic, or severe mental illness, as well as those with serious medical co-morbidities, receive evidence-based treatments and targeted interventions to improve clinical outcomes and decrease the cost of care.

- **High-Risk Inpatient Follow-up:**

Supports members who are discharged from acute psychiatric inpatient care and are at the highest risk for readmission. Licensed Care Advocates and Discharge Specialists coordinate follow up and ongoing collaboration with all important parties in the treatment process. This is to ensure the continued stability of a member with a serious and persistent psychiatric disorder who poses risk for psychiatric disability or readmission to more intensive levels of care.

- **Standard Inpatient Follow-up:**

Members at the lower level of risk for readmission are followed by Inpatient Discharge Specialists dedicated to ensuring members receive timely outpatient follow-up and continue to stabilize over a period of up to 60 days post-hospital discharge.

- **LifeSolutions** is the UBH medical-behavioral coordination-of-care program designed to measurably boost member productivity while helping to lower medical costs and reduce disability claims. This is accomplished by working hand-in-hand with medical and specialty health vendors to target members with undetected co-morbid behavioral health issues like depression, anxiety and substance abuse. LifeSolutions identifies at-risk members through

Coordinating Care

- Inquire as to other professionals providing care
- Know what medications your patients are prescribed
- Contact other clinicians ([UBH Clinician and Facility Search](#))
- Outline the types of information shared with the [Confidential Exchange of Information Form](#),
- Respond to requests to coordinate care
- Document in the event that a member declines coordination of care ([Authorization for Release of Information](#))

scientifically-validated clinical predictive models and member-centered outcomes measurement tools. This allows licensed Care Advocates to pinpoint at-risk cases and engage members with a total health solution, leveraging a full range of services including behavioral health benefits, employee assistance programs, work/life services and disability management. This program is not available for all health plans.

Additional information on these UBH programs is available at the [UnitedBehavioral Health](#) public Web site. To contact for the purposes of coordinating care or for referrals to higher/levels of care, a [Clinician and Facility Search](#) can be performed from www.ubhonline.com. Click on "our network" from the left menu. For information specific to a particular member, it is best to call the number listed on the back of the member's insurance card or (800) 888-2998.

Remember to Submit Claims with a Fifth Digit on the Diagnosis Code

UBH Claims Examiners have found that claims are often denied payment because the fifth digit of the diagnosis code has been omitted from the claim form. Though not all diagnoses contain a fifth digit, for those diagnoses that do, it should be included on the claims form. Without the fifth digit, the claim is automatically denied by the UBH claims system. Consequently, the claim is returned to you with the denial code "549". Please include all five digits of the diagnosis code when submitting claims for payment on either the UB facility or CMS 1500 forms. This will help to avoid future claim denials.

Clinician Availability

At UBH, we want to be sure that our members have an accurate and up-to-date list of clinicians and are able to easily access care through them. As a clinician contracted with UBH, it is your responsibility (by contract) to notify us when there is a demographic change pertaining to your practice, when your practice is full, or when you are not able to accept new UBH patients for any reason. You may alert us to these changes by submitting the

change on www.ubhonline.com at “update practice info” in the registered user section, or contact Network Management (for the listing for your state, go to ubhonline and click “contact us”). It is vital that you inform UBH of any and all changes within your practice so we can serve UBH members with accurate contact information at a time when they are in need of behavioral healthcare services. Network Management is your main

contact in terms of your availability in the UBH Network. One option is to be listed with UBH as “unavailable”. This can be in effect for a period of up to six consecutive months. Your contract would remain active during this time, but your name would be highlighted in the referral system to show you are not receiving new referrals at that time. Alternately, if you are in a position to be available for increased referrals, clinical referral staff can be alerted to your request.

After-hour and Emergency Coverage

Clinicians are increasingly responding to the obligation to provide for after-hours and emergency coverage at times when they are not available. It is a matter of professional accountability, but it can be challenging to identify best practices when there may be a great deal of variance in guidelines set forth by different states or sometimes by different licensing boards within a given state. The safety net for mental health emergencies, including clear definitions among consumers about what constitutes an emergency, can be problematic.

This raises multiple concerns about phone messages directing patients or clients to leave a message or, in the case of an emergency, call 911. First there is the issue of what constitutes a mental health emergency, and what may result in people calling 911 with significant but not emergency needs. Second, neither the police nor emergency medical responders are trained to respond to non-emergency mental health issues as a mental health professional would. And finally, the 911 system does not provide for confidential communications which, in the case of non-emergency calls, may raise unexpected but avoidable complications for the caller.

Certainly there are instances in which calls to 911 are the best course of action. Such instances of imminent risk to self, others or property should be outlined for patients and, when appropriate, their families. This information, combined with patient-specific instructions about the use of professional, family/social or community resources, supports access to and use of clinically appropriate levels of intervention and care.

Given the limits of public mental health safety nets and variance in professional guidelines, clinicians may turn to standards recommended by national professional boards with the understanding that professional requirements set forth by a clinician’s own licensing board must be met or exceeded. Two examples of national standards follow: The National Association of Social Workers, Clinical Social Work Standards specify that “arrangements or plans and procedures for emergency coverage shall be made in partnership with competent mental health professionals or reputable institutions.” And the American Psychiatric Association states that “a message telling patients to call an emergency room is not adequate coverage.”

UBH On-Call and After-Hours Coverage policy states that you must provide or arrange for the provision of assistance to members in emergency situations 24 hours a day, seven days a week. You should inform members about your hours of operation and how to reach you after-hours in case of an emergency. In addition, any after-hours message or answering service should provide instructions to the members regarding what to do in an emergency situation. When you are not available, coverage for urgent and emergency calls should be arranged with another participating clinician.

As is the case with policies and procedures, while UBH presents a policy and state boards present a policy, whichever policy is most stringent is the prevailing policy.



Discover All the Time-saving Features Offered at www.ubhonline.com.

Now you can get answers to claims issues through the new Live Chat function. This feature allows UBH network clinicians who are registered users of ubhonline® to ask questions, such as how a claim was processed, or to request an adjustment to a previously processed claim. This is just the latest addition to the benefits of submitting claims through ubhonline.

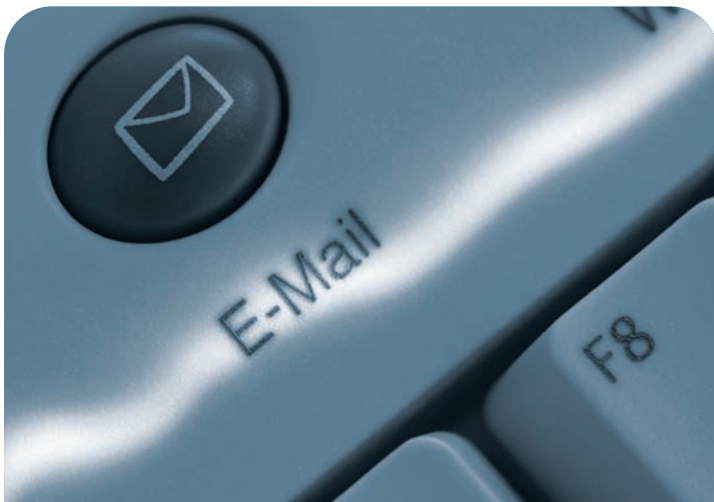
Performing electronic claim submission on ubhonline offers distinct benefits:

- 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 through ubhonline are free

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. From the homepage, select "Administrative Resources" located on the fly-out menu. Then click on the link "electronic/edi info".

To register for ubhonline, select "view information" for first-time visitors located on the log-in box on the homepage, or call toll-free [1\(866\) 209-9320](tel:18662099320) to request a user ID and password.



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

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