

Network Notes

News and updates for UBH-contracted clinicians and facilities

Fall 2007

Important Reminders

Treatment Record Documentation Requirements

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

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

It is important to note that treatment records need to be stored in a secure area, and practice sites must have an

established procedure to maintain the confidentiality of treatment records. Clinicians and facilities need to maintain an organized treatment record-keeping system that allows for easy retrieval and access by authorized personnel only.

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

For the full list of documentation requirements, please refer to your UBH Network Manual, which is available at www.ubhonline.com. To request a paper copy of these requirements, please contact Network Management.

Patient Safety Information

UBH recently conducted a survey of inpatient facilities in accordance with our 2006 Patient Safety Plan. The survey focused on participation in the Leapfrog member safety initiative known as Computer Physician Order Entry (CPOE), as well as other safety initiatives aimed at medication safety.

Surveys were mailed to 1,057 facilities with a response rate of 24 percent. Overall, 90 percent of respondents indicated they are implementing actions to improve medication tracking and the reduction of medication errors. Also, 22 percent of respondents reported they participate in the CPOE initiative. This percentage has increased every year that we have conducted this survey. Over 58 percent reported compliance with UBH medication tracking requirements. Another 10 percent reported that they conduct other activities to reduce prescription errors.

Other actions taken by facilities to ensure medication safety include:

- JCAHO Member Safety Standards
- The Pixies system
- A Member Safety Committee
- A 24-hour pharmacy order entry to help minimize override medications and error potential
- A pharmacy computer-printed Medication Administration Record (MAR) for new admissions to minimize transcription errors
- Medication reconciliation at admission, discharge and transfers
- One-on-one supervision/education on every medication error
- Standard, pre-printed order forms with specifically trained staff in a chemical dependency unit where the pharmacist audits medication orders

UBH applauds your focus on member safety.

For more information about UBH's facility medication safety recommendations, please refer to the UBH Network Manual available at ubhonline.com. Select "clinical resources" from the fly-out menu and then click "guidelines/policies". You may also request to have a copy mailed to you by contacting Network Management.

Mental Health Condition Centers

Launched on www.liveandworkwell.com

UBH added Condition Centers to the UBH member Web site, www.liveandworkwell.com. (a link is also provided from the clinical resources section at ubhonline.com.) These centers provide information about several mental health and substance abuse diagnoses, symptoms, treatment options, prevention, and other resources in one, easy-to-access area. Just click any of the Mental Health Condition Center links to find condition centers on the following topics:

Abuse Condition Centers

Child Maltreatment and Neglect
Domestic Violence
Elder Abuse

ADHD Condition Centers

ADHD in Adults
ADHD in Children and Adolescents

Alcohol & Drug Abuse / Dependence Condition Centers

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

Anxiety Condition Centers

Generalized Anxiety Disorder
Obsessive Compulsive Disorder
Panic Disorder
Post-Traumatic Stress Disorder
Social Anxiety Disorder

Autism Condition Centers

Autism

Bipolar Disorder Condition Centers

Bipolar Disorder in Adults
Bipolar Disorder in Children and Adolescents

Dementia Condition Centers

Alzheimer's disease

Depression Condition Centers

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

Eating Disorders Condition Centers

Anorexia Nervosa
Bulimia Nervosa

Grief Condition Centers

Grief

Personality Disorders Condition Centers

Borderline Personality Disorder

Schizophrenia Condition Centers

Schizophrenia in Adults
Schizophrenia in Children and Adolescents



Timely Access to Care

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

Telephone Calls to UBH

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

Appointments with UBH Clinicians

- In a life-threatening emergency, members must be seen immediately
- In a non-life-threatening emergency, members must be offered an appointment within six hours
- In an urgent situation, members must be offered an appointment within 48 hours (or 24 hours in some states)
- For routine situations, an appointment must be offered to members within 10 business days
- For discharge from an acute inpatient level of care, members should attend an appointment within seven days of the date of discharge

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

If you are ever unable to meet these appointment access standards, please contact UBH so staff may assist the member in finding alternatives. Since members use the "Find a Clinician" feature of the UBH member Web site, it is important that clinicians keep their availability status current. You can quickly and easily update this information at www.ubhonline.com, or by contacting the Network Management.

Inform Members about Treatment Options

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

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

The UBH member Web site, www.liveandworkwell.com, provides a link to a National Resource Directory (under "Find Resources") to which members can be referred. This feature allows members to find national, state, and local resources for specific behavioral health conditions and life events (parenting, grief, disaster resources, etc.).

In addition, the clinician Web site, ubhonline.com, can connect you to various organizations (Select "Clinical Resources", then "Links", then "Consumer Organizations/Self-Help"). There is a link to the National Alliance for the Mentally Ill, which allows you to find local resources and support groups for your members.

Continuity and Coordination of Care

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

As a part of coordinating care, you will need demographic information (name,

address, phone/fax number) on the member's other treating providers. By accessing ubhonline.com, you can conduct a UBH network provider search to gather demographic data (Select "Our Network" then "Clinician Directory"). We also suggest that you encourage new members to bring this information for their first session paperwork.

Coordination of care also benefits you as the clinician. The process develops credibility, establishes mutually beneficial collaborative relationships, and provides opportunities for referrals.



Honoring the Billing Agreement

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

For more information about this and other UBH billing and claims guidelines, please consult the "Compensation and Claims Processing" section of your UBH Network Manual. The manual is available under the clinical resources section of ubhonline.com. If you have questions regarding a specific billing or claims issue, please call the toll-free mental health services number on the back of the member's insurance card to speak with a UBH customer service representative.

Clinical Practice Guidelines

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

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

Major Depressive Disorder

Member should be seen at least three times for medication management and/or psychotherapy during the 12 weeks following diagnosis of MDD. When the MDD diagnosis is associated with inpatient care, the first of the three required visits is to occur within seven days of discharge from inpatient treatment.

Attention Deficit Hyperactivity Disorder

For children ages 6-12: Member should be seen for a minimum of four medication management and/or therapy visits within six months of the initial diagnosis of ADHD. Time between the initial and second follow-up visit should be 30 days or less.

Bipolar Disorder

Member should receive at least one subsequent medication management or ECT visit within 6-10 months of completing an initial medication management or ECT visit at the start of treatment. Member should receive maintenance treatment which includes some form of psychosocial intervention as measured by visits with a behavioral health practitioner. Member should be seen for at least two psychotherapy/supportive contact visits within the initial six months of outpatient treatment.

Please visit [ubhonline](#) for additional information. This Web site provides a listing of the Best Practice Guidelines adopted by UBH from the APA, AACAP and The Expert Consensus Guidelines. Direct links are included to these organizations. This site also

UBH Promotes Quality Improvement

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

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

provides full descriptions of the UBH Supplemental and Measurable Guidelines referenced above, and educational materials for members and clinicians. You may also call UBH to request a paper copy of this information. Please contact Network Management for your state.

Preventive Health Program

UBH has an online preventive health program that focuses on Major Depressive Disorder, Alcohol Abuse/Dependence and ADHD. The program materials for each condition include educational materials, a member self-assessment, a list of resources and specific information on how to use the program. UBH periodically reviews the program content and updates it as appropriate. To view and print the current material for each of these three conditions, please visit [ubhonline](#) and select "clinical resources," then "member education," then "preventive health program." To request a paper copy of any of this material, contact Network Management. UBH will continue to look for ways to improve this program. If you have any input or comments about the program, please contact Network Management.

UBH Patient Rights and Responsibilities

It's important that you provide a paper copy of the UBH Patient Rights and Responsibilities statement to any UBH member who asks for one. You can download and print the most recent version from the network manual posted on ubhonline (select "clinical resources," then "guidelines/policies"). To request a paper copy of the revised statement, please contact Network Management.

UBH Staff Availability and Questions about the Care Advocacy Process

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

If you have received a certification letter or an adverse determination letter and you wish to discuss any aspect of the decision with the care advocate or peer reviewer who made the decision, please call the toll-free number provided in the letter. For all potential adverse determinations based on the UBH Level of Care Guidelines, UBH makes a peer reviewer available to you before the decision is made so that you may provide additional information about the case. You may discuss an adverse determination with the peer reviewer during the case review process or

after the decision was made. The peer reviewer can be reached by calling the toll-free number on the member's insurance card or by calling the toll-free number on the adverse determination letter. If the peer reviewer who made the decision is not available, UBH makes an appropriate peer reviewer available to you to discuss the decision. If you need additional assistance, you can always call Network Management, who will help you identify and contact the care advocate or peer reviewer for your specific case.

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. Utilization management decision makers do not receive financial or other incentives that result in under-utilization 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 member. To request a paper copy of any of these guidelines, please contact Network Management.