Network Notes

News and updates for clinicians contracted with U.S. Behavioral Health Plan, California Summer 2007

The Behavioral Health Disease Management Program Opens Doors for Individuals with Co-morbid Medical and Behavioral Health Issues

USBHPC is collaborating with Blue Shield of California in offering an integrated medical and behavioral health program to Blue Shield of California members. Through the Behavioral Health Disease Management Program, USBHPC Care Advocates work closely with medical partners to identify members with high-risk medical conditions who may also have behavioral health needs such as depression, stress, anxiety or substance abuse.

Referrals to this program come from a variety of sources including nurse lines, EAP, medical case management, and disease management. A licensed Care Advocate then contacts the referred member and conducts a biopsychosocial assessment via telephone using validated assessment tools. As needs are identified, the Care Advocate works with the member and assists in accessing available resources. For example, a Care Advocate may find a therapist, refer to support groups and provide educational materials. Care is actively coordinated with primary care physicians, behavioral health clinicians, disease management systems, EAP, families, etc.

As a contracted clinician, you may receive calls from Care Advocates for the purpose of a referral to your practice or to coordinate care. While coordination of care among treating clinicians is important for all members, it is a critical component of the Behavioral Health Disease Management Program. This helps ensure that co-morbid medical and behavioral health needs are effectively managed with the shared goal of quality clinical outcomes for each member.

Practice Guidelines for Therapeutic Interventions

USBHPC has adopted Best Practice Guidelines developed by the American Psychiatric Association and the American Academy of Child and Adolescence Psychiatry to address the treatment for several behavioral health conditions. In an effort to encourage observation of these guidelines by network clinicians, USBHPC created the Supplemental and Measurable Guidelines to provide measurable components of treatment for Attention-Deficit/Hyperactivity Disorder (ADHD) and Major Depressive Disorder (MDD). All of these guidelines are available as clinical resources at www.ubhonline.com.

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Featured Articles:

U.S. Behavioral Health Plan, California

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The Supplemental and Measurable Guidelines for ADHD for children ages 6 to 12 have two components:

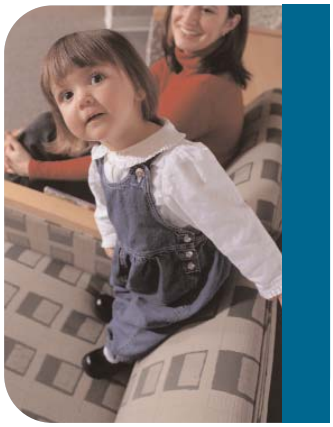
- Engagement in treatment, with a minimum of eight visits in 12 months after initial diagnosis of ADHD.
- Medication monitoring, with an interval of 45 days or less between the initial and second visit.

Both of these components are generally consistent with recommendations endorsed by the National Institutes of Health, the American Academy of Child and Adolescence Psychiatry, and the Institute for Clinical Systems Improvement, in addition to other published findings.

The Supplemental and Measurable Guidelines for MDD have two components:

- Engagement in treatment, with three clinician visits within 12 weeks of initial diagnosis.
- Continuity of care when the MDD diagnosis is associated with inpatient care; in that event, the first of the three appointments should occur within seven days of discharge.

Both components measured are consistent with recommendations endorsed by the American Psychiatric Association, the Agency for Health Care Policy and Research, and the American Managed Behavioral Health Association.



USBHPC QI Program: Achievements in 2006

USBHPC's Quality Improvement (QI) program includes monitors related to access and availability of clinicians, quality of care and services, patient safety, and appropriate utilization of resources. We also take into consideration USBHPC structure and processes to support these components of care.

Every year we complete an in-depth evaluation of the QI Program. In 2006, USBHPC reported improvements to what was already an excellent network availability and accessibility. We saw continued excellence in the turnaround times for enrollee appeals and complaints, in addition to resolution of clinician disputes. Continuous improvement was reported in other areas, including adverse determination turnaround times, as well as Intake and Customer Service call response times, both of which met or exceeded benchmark goals.

Improvement was noted in observation by network clinicians of Best Practice Guidelines (BPG) for Depression. However, ADHD BPG metrics remained flat. Please see the article, "Practice Guidelines for Therapeutic Interventions" elsewhere in this newsletter to learn more about obtaining these evidence-based guidelines related to member care.

A significant improvement was seen with the seven and 30-day follow-up appointments post-psychiatric hospitalization. There was an 11% increase since 2005 in follow-up appointments seven days from the point of discharge. There was a 10% increase in follow-up appointments 30 days from the point of discharge. The expectation is that every member discharged from the hospital will be seen within seven days at the ambulatory, partial hospitalization, or intensive outpatient level of care. Please see the article, "Working with Patients Post-Discharge" elsewhere in this newsletter for more details.

If you would like to know more about the USBHPC QI Program, please call Clinical Network Services at **1-800-798-3053, ext. 2058**, and an Executive Summary will be sent to you.

Important Information Regarding the National Provider Identifier (NPI) Number

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all health care clinicians conducting standard electronic transactions (such as electronic claims submission) must obtain and begin using a unique identification number known as the National Provider Identifier (NPI). Additionally, some states mandate the inclusion of the NPI number on paper claims. We are encouraging all of our clinicians and facilities to obtain NPI numbers, even those not submitting claims electronically, in order to create a consistent identifier for our network participants. Here are some common questions and answers regarding the NPI number and its use:

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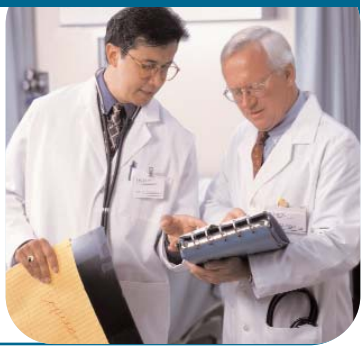


What is a National Provider Identifier and how is it used?'

- The NPI is a 10-digit, intelligence-free numeric identifier (10-digit number). Intelligence-free means that the numbers do not carry information about your health care practice — not even your specialization or the state in which you practice.

- The NPI will replace the health care provider identifiers in use today in HIPAA standard transactions. Those numbers include Medicare legacy IDs (UPIN, OSCAR, PIN, and National Supplier Clearinghouse or NSC).

- Your NPI will not change and will remain with you regardless of job or location changes.

Having an NPI does not:

- Ensure a clinician or facility is licensed or credentialed
- Guarantee payment by a health plan
- Enroll a clinician or facility in a health plan network
- Turn a non-contracted clinician or facility into a contracted one
- Require a clinician or facility to conduct HIPAA transactions
- Replace a tax identification number (TIN)

How to Apply for an NPI

Clinicians and facilities may apply for an NPI in one of the following ways:

- Online at the National Plan & Provider Enumeration System (NPPES) Web site: http://nppes.cms.hhs.gov
- Using a paper application obtained from NPPES
  - by phone: 1-800-465-3203 or TYY 1-800-692-2326
  - by e-mail: customerservice@npienumerator.com
  - by mail: NPI Enumerator, PO Box 6059, Fargo, ND 58108-6059

Will USBHPC use the NPI to determine to whom to pay claims?

The NPI number is one of several factors used to identify clinicians. We will still require the clinician or facility's name and Tax-ID number to assure that claims are reported appropriately to the IRS.

Will USBHPC require the NPI number on paper claims?

HIPAA regulations only require the use of the NPI on electronic transactions in most states. However, the paper claim forms for both facilities and clinicians have been revised to include the NPI, and we encourage you to obtain and use your NPI regardless of your submission method.

Where can I obtain revised claim forms that accept the NPI number?

- We have revised the EAP Claim Form to include NPI submission. The revised EAP Claim Form is available for download at www.ubhonline.com.
- The revised CMS-1500 (8/05) and UB-04 forms are available from the Government Printing Office at 202-512-0455. These forms can also be purchased at most office supply stores. To find an online supplier, search for "CMS 1500" on your preferred Internet search engine.

New Language Assistance Regulations Adopted by the Department of Managed Health Care

On February 23, 2007, the language assistance regulations relative to 2003 California legislation, SB 853, became effective. What does this mean? California HMO enrollees with limited English language proficiency (LEP) will be able to easily communicate with their health plan practitioners. These regulations will ensure that all HMO health plan members understand what they need to do to follow doctor's orders, without having to rely on friends or family members as interpreters. Full implementation of the regulations by California health plans is required by January 1, 2009. USBHPC will be required to include the following in its Language Assistance Program:

- Provide for interpretation services at all points of clinical contact; Translate notices of denial, modification or termination of services and benefits.
- Translate notices of the right to file grievances or appeals.
- Develop and maintain an enrollee demographic profile to include identified linguistic needs of each LEP enrollee.
- Inform enrollees of the availability of language services at no charge to the enrollee.

Implementation will include revisions to each clinician, facility and group contract to include required compliance with the Plan's Language Assistance Program. Processes will be established for relaying the individual enrollee's language needs to the contracted treating clinician(s)/facility(ies), and for informing clinicians and facilities that enrollees must not be charged for language assistance services.

Measuring Network Availability

Each year, USBHPC measures and reports on network availability throughout California in relation to our established availability standards:

Type	Standard (within number of miles from member)			
	Urban	Suburban	Rural	Performance Goal
Physician (M.D. / D.O.)	10 miles	20 miles	30 miles	95%
Ph.D./Master's Level	10 miles	20 miles	30 miles	95%
Child/Adolescent Clinician	10 miles	20 miles	30 miles	95%
Acute Impatient Care	15 miles	30 miles	60 miles	90%
Intermiediate Care/Partial Hospitalization	15 miles	30 miles	60 miles	90%
Intensive Outpatient Care	15 miles	30 miles	60 miles	90%

In 2006, we met or exceeded availability goals in all urban and suburban areas. In more rural areas of California we continue to face challenges in the areas of M.D. and facility availability.

Throughout 2006, we added a number of Intensive Outpatient Programs and Intermediate Care programs to our facility network, improving the availability of those services in several largely rural counties. In addition, we continually research and monitor rural areas to identify and recruit new clinicians, facilities or programs that become available.

We welcome your input. If you are aware of new clinicians, facilities or programs that would benefit availability of services for members in a largely rural area of California, please contact Clinical Network Services department at **1-800-798-3053, ext. 2058**.

Free Clinical Learning Seminars.

Telephonic and CD-ROM Formats. Earn Continuing Education Credit.
Visit www.ubhonline.com and select the "clinical learning" link.

When You Are a "Covered Entity" Under HIPAA

USBHPC is now utilizing www.ubhonline.com, our clinician Web site, as a major tool in providing resources and information to our clinical network. However, there have been questions regarding issues of privacy and confidentiality related to Protected Health Information (PHI). Of particular concern is the definition of what is considered a "covered entity" as per the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as it relates to online interactions with USBHPC.

The Administrative Simplification standards adopted by Health and Human Services (HHS) under HIPAA apply to any entity that qualifies as any one or more of the following:

- A health care clinician or facility that conducts certain transactions in electronic form
- A health care clearinghouse
- A health plan

Under HIPAA, the exchange of PHI between USBHPC and its network is included under the definition of "covered entity" as a health plan for the purpose of Treatment, Payment, or Health Care Operations which includes:

- *Treatment* — Coordination or management of health care and related services;
- *Payment purposes* — The activities of a health plan to obtain premiums or fulfill responsibility for coverage and provision of benefits under the health plan; and
- *Health Care Operations* — The activities of a health plan such as quality review, business management, customer service, and claims processing.

The clinician Web site, ubhonline® includes a non-secure section which is accessible without a user ID and password and contains information available to the general public. Many resources — such as EAP claim forms, Wellness Assessments, newsletters, and practice guidelines — are available by accessing the non-secure section of the Web site. No PHI is exchanged through the non-secure section of the Web site.

Protected Health Information is exchanged ONLY through the secured section of the site and is accessible only to registered users. This section is used for submitting claims, checking member eligibility, and any other functions that would require the exchange of PHI. To obtain a user ID, you may call toll-free 1-866-209-9320 or go to www.ubhonline.com and select "first time visitor information". You may chat with a live representative and read through the Security Notice and Privacy Policies located at the bottom of the homepage.

We hope this helps to clarify the term "covered entity" and how it pertains to the exchange of PHI, particularly via ubhonline. Additional information about HIPAA can be obtained at the Center for Medicare and Medicaid Services Web site at http://www.cms.hhs.gov/HIPAAGenInfo.

Privacy Practices are also covered in the UBH/USBHPC Clinician and Facility Manuals.

You may always contact your Network Manager, at 1-800-798-3053, ext. 2058, with any other questions related to HIPAA and UBH/USBHPC.

Help Reduce the Need for Peer-to-Peer Consultations

Sometimes our Care Advocates are unable to obtain sufficient information to make appropriate utilization management decisions, despite reviews with facility Utilization Review (UR) staff. As a result, we must schedule a peer-to-peer review with you in order to gather the necessary information. We understand that such reviews may be difficult for you to schedule and can take up valuable time. There are, however, ways in which the need for peer-to-peer consultations can be minimized. In addition to prompt dictation of notes, it is important to include the following information:

- Details of symptoms and functional impairments, particularly safety issues (suicidal or homicidal intent, plan or ideation)
- Concrete, measurable treatment goals
- Baseline function
- Legal status (i.e., 5150, 5250, etc.) if applicable
- Estimated remaining length of stay
- Details of medications (dosing, indicate changes)
- Estimated date of discharge and after-care plans

By making these details readily available to your facility UR staff, you will enable them to present comprehensive information to our Care Advocacy staff. This should prevent delays of utilization management decisions. When your professional observations, treatment and recommendations are clear to staff through your record documentation, these decisions can be made at the point of our access and may help avoid a peer-to-peer consultation.

Members Report High Satisfaction with USBHPC Network

USBHPC surveys its members annually using the NCQA survey tool, the Experience of Care and Health Outcomes (ECHO). In 2006, two areas — (1) overall satisfaction with treatment received, and (2) services rendered by the health plan — both maintained high scores. Members reported a great deal of satisfaction with the way clinicians listened to their concerns, demonstrated respect, and spent time with them. In addition, an increase in satisfaction was noted in regard to members' perception of the service they received from USBHPC.

In 2007, we are working to improve performance in areas such as the amount of time necessary to get an appointment, and members' experience with coordination of care between their PCP and behavioral health clinician. Also in 2007, USBHPC will utilize a new member satisfaction survey. This survey will be administered quarterly, rather than annually, and will therefore offer more timely feedback regarding the member experience.

Clinician Satisfaction Improves for Third Year in a Row

In 2006, USBHPC surveyed 450 network clinicians who provided services to our members in 2005. We are pleased to report that the overall satisfaction rate was 86%, an improvement over 2004's 84%. This is the third year in a row in which we have seen improvement. Intake, Care Advocacy, and Clinical Network Services each scored over 90% in all areas surveyed. In addition, there were significant improvements in the areas of Claims and Customer Service.

One area where we noted a decline was in the clinicians' awareness of the free clinical learning (Continuing Education — CEs) programs available to them. This measure declined from 65% to 62%. We encourage you to visit our Web site, www.ubhonline.com and select "clinical learning" to obtain more information about the wide variety of free seminars that are available to you throughout the year.

This annual survey provides us with valuable insight regarding our most effective practices along with areas needing improvement. We thank all of the clinicians who took the time to participate in the survey and made these components of quality care a priority.

Ensuring Access to Care

USBHPC established the following standards for appointment access to ensure that members are able to secure treatment in a timely manner.

Non-Life-Threatening Emergency	A situation in which immediate assessment or care is needed to stabilize a condition or situation, but there is no imminent risk of harm to self or others.	100% of members must be offered an appointment within 6 hours
Urgent	A situation in which immediate care is not needed for stabilization but, if not addressed in a timely way, could escalate to an emergency situation.	100% of members must be offered an appointment within 48 hours
Routine	A situation in which an assessment of care is required, with no urgency or potential risk of harm to self or others	100% of members must be offered an appointment within 10 business days.
After-Hours Answering System and Messaging	Messaging must include instructions for obtaining emergency care	100%
Clinician's Timely Response to Enrollee Messages	Clinicians shall respond to member messages for routine issues within 24 hours.	90%
Network Clinician Availability	Percentage of network clinicians available to see new patients	90%

In 2006, USBHPC met our performance goal for Non-Life-Threatening Emergency situations and Network Clinician Availability. We also saw improvement in urgent access and after-hours messaging. We are continuing our ongoing recruitment efforts in those areas where we have difficulty meeting the standards for routine access.

Unfortunately, we fell short of the standard for clinician's timely response to member messages. It's important to respond to members' calls within 24 hours. The most common complaint we receive from members regarding access to care is that clinicians do not return their calls on a timely basis. Such complaints do become part of a clinician's file and are reviewed by our Credentialing Committee at the time of recredentialing.

Your recognition and incorporation of these standards into your practice illustrates your shared commitment to ensuring that members are always able to receive appropriate and timely access to care.

New Referral Opportunity: Working with Patients Post-Discharge

USBHPC Clinical Network Services is intensifying efforts to identify participating clinicians able to offer outpatient appointments within seven days of a patient's psychiatric hospital discharged date.

USBHPC has a commitment to ensuring ambulatory follow-up treatment for recently discharged patients. We monitor our performance in this area for compliance with HEDIS (Health Plan Employer Data Information Set) standards, which require that a patient keep an outpatient appointment with a clinician within seven days of discharge.

This can be an opportunity to increase your referral-base. The majority of members in need of a short-notice, follow up appointment are new to behavioral health treatment and may have only just been identified as having a behavioral health issue for the first time while in the hospital. Therefore, they would not already have an established therapeutic relationship with an outpatient therapist.

This first appointment post-hospitalization is crucial to enabling a member to successfully transition back into his or her life. This therapeutic point of intervention sets the tone and is instrumental in that member following through with treatment recommendations.

If you are available to provide these services and would like to be considered for additional referrals, please call your Network Manager at **1-800-798-3053, ext. 2058.**

Important Reminders:

USBHPC Public Policy Committee

In accordance with California law, USBHPC leads a Public Policy Committee to provide a formal structure for the comments and participation of covered enrollees and employer and health plan representatives. This committee consists of at least three subscriber enrollees of USBHPC, one USBHPC-contracted clinician, and one member of the USBHPC Board of Directors.

In addition to functioning as a focus group to evaluate care and service proposals and to define USBHPC's public policy in accordance with the state's Knox-Keene Act, the committee reviews and discusses:

- USBHPC's growth, management and fiscal updates
- Summary and trend reports on enrollee grievances and appeals, including information on the nature, volume and disposition of these actions
- Enrollee, clinician and facility satisfaction survey results and enrollee satisfaction activities
- Enrollee Rights and Responsibilities and other enrollee communications

The Public Policy Committee meets quarterly, and reports to the USBHPC Board of Directors.

For more information regarding committee membership, please contact Eileen Innecken, USBHPC Director of Compliance, at 1-800-798-3053, ext. 6907.

Ubhonline®: A Resource Especially For You

The following are just some of the resources and services available to you at our Web site, www.ubhonline.com:

- Notify USBHPC of changes to your demographic or practice information
- Clinician and Facility Manuals
- Guidelines for Levels of Care, Best Practices and Psychological Testing
- Network Notes newsletter
- Information about the ALERT clinical model
- Clinical Learning Programs (Continuing Education-CEs)
- Inquire about and/or request certification of benefits
- Check member eligibility
- Download forms
- USBHPC contact information

Many of these resources do not require a user ID and password. For those that are part of the secured section of the site, you may request a user ID and password through the ubhonline Support Center at 1-866-209-9320, or by using the "live chat" feature accessed through the site's "contact us" link.

Maintain Records as per Treatment Record Documentation Standards

USBHPC's treatment record documentation and maintenance standards address content requirements, record organization and retrieval, and patient confidentiality. We require all network clinicians and facilities to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

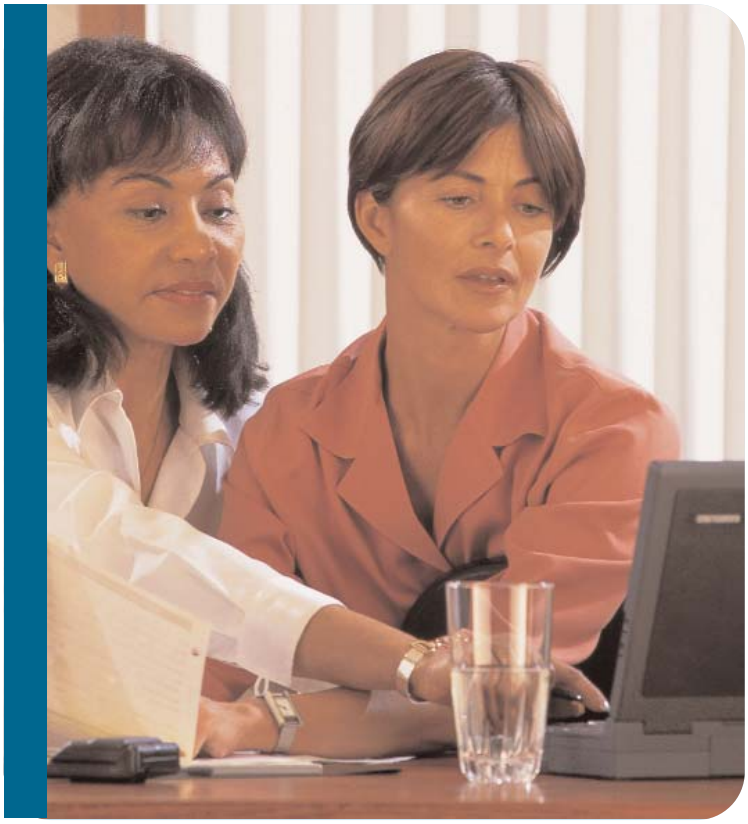
USBHPC may review your treatment records as part of a scheduled On-site Audit that focuses on completeness and quality of documentation. These audits can occur as part of audits of high-volume clinicians, routine random audits, reviews of facilities without national accreditation, and audits concerning quality-of-care issues. USBHPC's performance goal for treatment record review is 85%. For reviews not meeting this performance goal, USBHPC requires a Corrective Action Plan. Scores under 80% also require a re-audit within six months.

You can find the treatment record documentation requirements in the USBHPC Clinician Manual, available online at www.ubhonline.com. You may also contact Clinical Network Services at 1-800-798-3053, ext. 2058, to request a copy by mail.

Affirmative Incentive Statement

Care advocate decision-making is based only on the appropriateness of care as defined by the USBHPC Level of Care Guidelines, the USBHPC Psychological and Neuropsychological Testing Guidelines, and the existence of coverage for the requested service. USBHPC does not compensate employees, appeal reviewers or clinicians for denials of coverage or service. There are no financial incentives for utilization management decision makers to encourage denial of benefits.

USBHPC Launches ALERT® in California



ALERT® (Algorithms for Effective Reporting and Treatment), our new care management model, was introduced to the California clinician network this August.

ALERT combines the best elements of PacifiCare Health System's ALERT program and USBHPC's Enhanced Outpatient Model, resulting in a new approach to managed care that is consumer-driven, outcomes-based, and supports cost-effective decisions.

Clinicians were notified of the new program in a June letter, which explained how the program uses a one-page Wellness Assessment, a validated survey tool, along with claims data to develop a baseline measure of member functioning and reflect changes in that functioning over time. The ALERT program also utilizes algorithms to identify members who may be at moderate to high risk for poor clinical outcomes. For those identified at risk, our Care Advocates will reach out by letter or phone call.

For more information about the ALERT program, please visit ubhonline. Select "clinical resources" and "ALERT program". You may also contact your Network Manager for additional information at 1-800-798-3053, ext. 2058.

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News and updates for USBHPC-contracted clinicians

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We welcome your comments on this issue and suggestions for future editions. Please contact Karen Sumners at karen_l_sumners@uhc.com.

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.