

Network Notes

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

Winter 2007

SAFE Program Helps Members, Clinicians and Facilities

USBHPC is pleased to introduce an exciting pilot program, Securing Aftercare for Excellence (SAFE), designed to assist in meeting the aftercare needs of members following a psychiatric hospitalization. SAFE also offers clinicians an opportunity to expand their outpatient practices by developing closer working relationships with local facilities.

Through SAFE, USBHPC connects hospitalized members with clinicians in their area who offer follow-up care within seven days of discharge from the hospital. In order to qualify for participation in the SAFE program, a clinician must:

- Be a participating USBHPC clinician in good standing
- Agree to provide members with a



convenient appointment within seven days of discharge

- Respond promptly to calls from USBHPC Discharge Specialists, facility staff and/or members

For more information about how you can participate in SAFE, please call Jeff Olson at 1-800-798-3053, ext. 2058.

Your Special Skills Enhance the Network

USBHPC continually strives to maintain a clinician network that meets the widely varied cultural and linguistic needs of our diverse membership. Please review your practice information to ensure that we are fully capturing the language skills and cultural expertise you bring to our

network. Registered users of ubhonline may view and update their practice information directly at ubhonline.

Non-registered users can also view their practice information through ubhonline by choosing "our network" and selecting

"clinician directory." You will then be able to search by your name and location and review the information on file. If updates are needed, please fax the information to Clinical Network Services at 1-619-641-6322. Be sure to include your full name and address for identification purposes.

Featured Articles:

Remember Your NPI | Important Reminders >> 2

Lifepath Advisors Offers Work/Life Resources >> 3

Compliance Corner >> 4

A Focus on Coordination of Care | Members Ask for Your Response >> 5

FQM Offers New Approach to Facility Utilization Management >> 6

Remember Your NPI

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that all health care professionals conducting standard electronic transactions, such as electronic claims submission, obtain a National Provider Identifier (NPI) to identify themselves by May 23, 2007. Submissions of claims to USBHPC without an NPI number after that date may result in delays in claim payment or claim denials.

If you have not yet applied for your NPI, we recommend that you do so immediately. Information regarding obtaining an NPI can be found at <http://nppes.cms.hhs.gov>. You may also request a paper application by calling 1-800-465-3203 or TTY 1-800-692-2326.

Once you receive your NPI, please return the following information to USBHPC:

- A completed NPI Data Collection Form
- A copy of your NPI Assignment Letter

Both of these forms are available at http://www.ubhonline.com/html/npi_resources/npi_resources.html.

Information may be returned via fax:
1-866-347-9505,
Attn: UBH/USBHPC NPI Project

Or via mail:
UBH/USBHPC
Attn: NPI Project
MN010-S155
6300 Olson Memorial Highway
Golden Valley, MN 55427

Additional information about NPI — including Frequently Asked Questions and links to government resources — may be found at www.ubhonline.com. If you have any further questions, contact Clinical Network Services at 1-800-798-3053, ext 2058.

Important Reminders

- If you submit your claims via ubhonline@ubh.com:
 - Under “claim entry,” when you select “Mental Health/Substance Abuse Claim,” you are asked to enter a Certification Number or Enrollee ID and Date of Birth. If you use the Certification Number, please verify that the patient data and date of birth displayed match the member who received treatment. An incorrectly entered Certification Number can result in a claim being processed under an incorrect member and potentially cause a violation of HIPAA regulations.
 - Box 25 of the online claim form requests your Federal Tax I.D. Number (TIN). If you are in a group practice, when you complete box 31, select your name from the list displayed, not the name of the group practice. This will ensure that the correct record is used to process the claim.
- The Centers for Medicare and Medicaid Services (CMS) is replacing the



CMS-1500 claim form with the 1500 Health Insurance Claim Form (08/05) to accommodate the National Provider Identifier (NPI). The revised form is available at <http://www.cms.hhs.gov/cmsforms/downloads/CMS1500805.pdf>.

- In order to make changes to your Tax Identification Number (TIN), USBHPC must receive a Form W-9, which can be obtained at www.irs.gov. Please note that TIN changes cannot be made effective before the first of the month in which the Form W-9 is

received. If you wish to add an additional TIN to your practice information, you may obtain the required forms at ubhonline. Select “administrative resources,” choose “forms,” then “usbhpc forms.” Under “Clinician Application Forms,” select “Clinician Add/Change Forms” and follow the instructions included. The forms may be faxed to Clinical Network Services at 1-619-641-6322.

- USBHPC’s Preventive Health Programs for depression and attention-deficit/hyperactivity disorder (ADHD) support early detection, the delivery of quality care and treatment success. To request materials or to refer a member to one or both of these programs, please call 1-619-641-6335 and leave a message including your name, mailing address and the information you would like to receive.

- USBHPC’s Supplemental and Measurable Guidelines for the treatment of major depressive disorder (MDD) and ADHD were established to supplement the Best Practice Guidelines and assist with improving effective treatment. The Supplemental and Measurable Guidelines, along with the Best Practice Guidelines, can be found at ubhonline. Select “clinical

resources,” choose “guidelines/policies” and then “best practice guidelines.” If you do not have access to the internet and would like to receive a copy of these guidelines, please call Clinical Network Services at 1-800-798-3053, ext. 2058.

Lifepath Advisers Offers Work/Life Resources

Often times, members who seek psychotherapy are also dealing with difficult psychosocial issues. Remember that most Blue Shield of California members are eligible for Lifepath Advisers benefits. Enrollees may have up to three face-to-face assessment visits, using a network clinician, when clinically appropriate. These visits are not subject to a co-payment.

Some of the benefits offered through Lifepath Advisers are resources, referrals, and, in some instances, discounts for:

- **Child/parenting services** — resources and consultation for parenting, childbirth/newborn issues, teen issues, pregnancy, or adoption
- **Adult/elder care** — counseling, referrals and support for caregivers, respite care, in-home services, or long-term care needs
- **Financial counseling** — free unlimited phone consultations and referrals for budgeting/financial planning or debt consolidation
- **Legal and mediation services** — no cost 30-minute consultation per issue with an attorney or mediation representative for bankruptcy, personal injury, or domestic relations issues



- **Educational support** — pre-school programs, special education resources, or educational financial issues
- **Chronic condition support** — support system for caregivers or individuals living with a chronic illness

To access these benefits, have your Blue Shield member call 1-866-LIFEPATH (1-866-543-3728) or visit the Blue Shield Web site at www.blueshieldca.com.

Compliance Corner

Enrollee Grievance Process

Questions and/or concerns from enrollees regarding any aspect of USBHPC services may be directed to the USBHPC Grievance Department at:

U.S. Behavioral Health Plan, California
Attn: Grievance Coordinator
P.O. Box 880609
San Diego, CA 92168

Telephone: 1-619-641-6950
Fax: 1-619-641-6916

Enrollees may request your assistance with any aspect of the complaint process. The Member Grievance Form and complaint filing instructions (located in Appendix D of the USBHPC Clinician Manual) must be readily available at your office location and promptly provided to the enrollee upon request. The enrollee may also contact USBHPC directly for a Member Grievance Form and filing instructions, or for information on how to access the USBHPC grievance system online. USBHPC resolves each enrollee complaint and communicates the complaint resolution in writing to the enrollee or complainant within 30 calendar days of receipt of the complaint. When USBHPC receives a request for an expedited review of a complaint, USBHPC immediately notifies the enrollee of his/her right to contact the Department of Managed Health Care (DMHC). The enrollee or complainant and the DMHC are notified, in writing, of the disposition or pending status of the complaint within three calendar days of receipt.

Provider Dispute Resolution Mechanism

Clinicians and facilities may access the Provider Dispute Resolution Mechanism to request a review or reconsideration of a USBHPC enrollee's claim that has been denied, adjusted or contested; to seek resolution of a billing determination or other contract dispute; or to dispute a request for reimbursement of an overpayment of a claim. Disputes must be submitted in writing and must include the following:

- The name of the clinician or facility
- The clinician's or facility's identification number
- The clinician's or facility's contact information
- If about a claim, specific claim information including claim number, dates of service, procedure codes, amounts, etc.



- If not about a claim, a detailed explanation of the issue
- If about a USBHPC enrollee, the name and identification number of the enrollee and a detailed explanation of the issue

The written dispute should be sent to:

U.S. Behavioral Health Plan, California
Attn: Grievance Coordinator
P.O. Box 880609
San Diego, CA 92168

Fax: 1-619-641-6916

For guidance with the Provider Dispute Resolution Mechanism, please contact the USBHPC Network Manager at 1-800-798-3053, ext. 2058. Disputes may be submitted up to 365 days from the date of USBHPC's action or inaction. USBHPC will send written notification of the resolution to the clinician within 45 working days of receiving the dispute.

Note: The Provider Dispute Resolution Mechanism described here is for USBHPC enrollees or contractual issues only. For disputes/appeals related to UBH enrollee issues, please see the USBHPC Clinician Manual.

DMHC Routine Medical Survey Report Released

In May 2006, the California Department of Managed Health Care (DMHC) surveyed USBHPC during its triennial routine medical survey process. Based on the documentation reviewed, the DMHC reported no deficiencies or findings. The Final Report of this survey was released to the public on October 1, 2006. It may be viewed on the DMHC's Web site — www.dmhc.ca.gov.

A Focus on Coordination of Care

Coordination of care between a patient's treating practitioners is a major focus throughout the health care industry today. Behavioral health clinicians, primary care physicians, and hospital staff all play a vital role in treatment, which can be greatly enhanced by the sharing of information. All health care professionals benefit from having comprehensive information

about a patient, including knowledge of comorbid conditions, prescription medications, and other current treatment. Coordination of care can, for example, confirm for a PCP that a patient has followed through with a referral for behavioral health care and minimize the potential for adverse medication interactions. In addition, treatment for patients with

comorbid behavioral and medical disorders can be more effectively managed with ongoing communication between the treating clinicians.

During Treatment Record Reviews, USBHPC checks patient records to see if our clinicians and facilities are coordinating care with the patient's PCP and other behavioral health clinicians.

These reviews indicate that a significant percentage of clinicians and facilities document the existence of a PCP or other behavioral health clinician. A smaller percentage document that they have actually communicated with the other practitioner(s). From January through September 2006, the results are as follows:

When clinicians/facilities documented whether patient had a PCP or other behavioral health clinician, they also:	MDs	PhDs	Master's Level	Facilities
Documented either communication with PCP or the member's refusal to release of information	56%	54%	61%	52%
Documented either communication with other behavioral health care practitioner or the member's refusal to release of information	72%	67%	89%	81%

We ask that you make every effort to coordinate care with other health care professionals and please make a special effort to document these communications. Through this practice, you can gain insight and information to assist in developing comprehensive treatment plans while helping members achieve the best possible clinical outcomes.

Members Ask for Your Response

The most common complaint received from members regarding access to care is the following: "The clinician didn't call me back." As reported in the winter 2006 issue of Network Notes, USBHPC's first annual survey of call-back response time confirmed what members have reported. Only 44% of the clinicians returned our call within 24 hours and

48% never returned our call. Technicalities can sometimes make it difficult to return a phone call; the message may be unclear or the caller forgets to leave a return phone number. Sometimes a member doesn't have a machine for a clinician to leave a message during a missed return call. Other times a member may not receive a

message. To address some of these concerns, in the Call-Back Response Survey a standard script was used which clearly stated a return phone number to USBHPC's voicemail system. Still, nearly half of those we called did not call us back.

This issue of responsiveness to phone calls continued to generate the highest volume of access-related complaints

throughout 2006. In the fall of 2006, we began sending letters to any clinician identified through a member's complaint as being non-responsive to phone calls, advising them of the complaint and of our expectation of compliance with standards. These complaints become part of the clinician's file and are reviewed by our Credentialing Committee



during the recredentialing process.

We would like to remind all clinicians of the importance of responding promptly to phone calls. If you are unable to accept new members, please call Clinical Network Services at 1-800-798-3053, ext. 2058,

and ask to be made unavailable for new referrals. You can remain unavailable for up to six months and, during that time, we will not refer any new members to you. This may help reduce the number of phone messages to which you have to respond.

We know you share our commitment to providing quality service to our members. Please remember that this includes responding promptly to their phone calls.

FQM Offers New Approach to Facility Utilization Management

USBHPC recently introduced Facility Quality Management (FQM), a new program designed to recognize the effectiveness of enrollee care and the quality performance delivered by many contracted facilities. Based on facility performance in the areas of quality of care and utilization, a three-tier system has been established which allows flexible utilization management options and optimal allocation of resources.

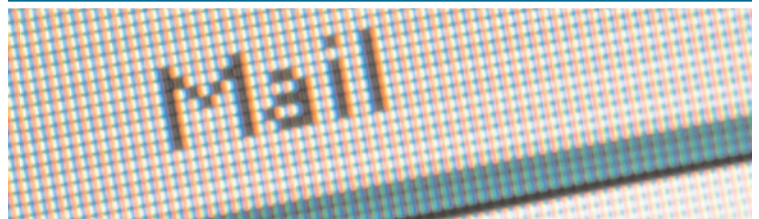
Facilities with the highest level of performance are ranked as Tier I. These facilities may be offered participation in a self-management program. Eligibility for self-management is based on empirical indicators such as enrollee inpatient readmission rate, the number of follow-up appointments kept within seven days of inpatient discharge, inpatient average length of stay, the number of follow-up appointments made prior to inpatient discharge, and quality indicators including complaint data and audit results.

Tier II facilities continue current utilization management review practices. While the option of self-management is not available to Tier II facilities, improved performance can result in a reclassification as Tier I and possible eligibility for self-management.

Tier III facilities may be targeted for more intensive intervention focusing on development of collaborative improvement action plans. These plans address such issues as the relationship between USBHPC and the facility, ways to improve the facility's performance, as well as any quality, complaint, or contracting matters.

By adopting this more flexible approach to utilization management with our facilities, we are able to recognize the best practices of our highest performing facilities while more effectively allocating our resources to assist those facilities that face performance challenges.

Network Notes



News and updates for USBHPC-contracted clinicians

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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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