

Network Notes

U.S. Behavioral Health Plan, California News for Contracted Clinicians and Facilities

Fall 2008

California Assembly Bill - AB 1324

With the passage of AB 1324 effective Jan.1, 2008, a new remark code is being used on the provider remittance advice for claims processed by the U.S. Behavioral Health Plan, California (USBHPC) for members who are found to have been ineligible at the time of service. The new code is "343" and the explanation is "Patient Ineligible." This is notice that the patient's eligibility for coverage has terminated. Future services rendered by the provider, effective fifteen (15) days from the date of this notice, will be ineligible for payment. This means that if the member's coverage has terminated and he or she is no longer eligible for behavioral health benefits, USBHPC will process the initial claim(s) received, however future claims will not be covered. In addition to notifying the provider, the member receives a similar notification on the Explanation of Benefits. For more information, please contact USBHPC toll-free at 1-877-329-1669.

New Language Assistance Program

CALIFORNIA SENATE BILL 853: LANGUAGE ASSISTANCE REGULATIONS

Effective Jan. 1, 2009, all health plans (including contracted providers) that are regulated by the California Department of Managed Health Care (DMHC) will be required to offer language assistance services to enrollees with Limited English Proficiency (LEP). USBHPC is presently developing a language assistance program that will be available prior to Jan.1, 2009, which will meet or exceed the specific requirements set forth in this recent legislation. You will be notified once all of the components of the program are in place. Services will include written translation of certain documents and oral interpretation services to LEP members free of charge to the enrollee.

THE USBHPC LANGUAGE ASSISTANCE PROGRAM WILL INCLUDE:

- Informing enrollees and providers about language services which will be available at no charge to the enrollee
- Providing information to enrollees about bilingual clinicians through the online provider directory
- Free interpreter services in the caller's language of choice via the Language Line to any enrollee who requires language assistance
- Written USBHPC enrollee documents interpreted via the Language Line, for all relevant documents per the regulations. Written translation will be provided if spoken interpretation is refused by the enrollee.

WHAT WILL BE REQUIRED OF CLINICIANS AND FACILITIES?

- Offer the LEP enrollee free interpretation services through USBHPC even when accompanied by a family member or friend who is able to interpret.
- Document the acceptance or declining of interpreter services in the enrollee's chart.
- Post a one-page notice in your waiting room/facility of the availability of language assistance (Notice). The Notice will be made available to you via ubhonline® and in both the USBHPC Clinician and Facility Manuals.
- Make available to enrollees upon request a pre-translated version of the DMHC grievance process and Independent Medical Review (IMR) application and instructions. Providers may access the DMHC grievance instructions and IMR application on the Department's Web site at www.dmhc.ca.gov.

- Go to www.ubhonline.com to obtain the pre-translated versions of the USBHPC Grievance Form in each threshold language as well as the English version accompanied by the notice of availability of language assistance. This Web site will be updated prior to Jan.1, 2009, to make these resources available to you.
- If language assistance is required, contact USBHPC at the number provided on the back of the enrollee's ID card so that we can assist you by using the Language Line to provide telephonic interpretation.

USBHPC will monitor provider compliance with the Language Assistance Program beginning in 2009 through site visits and treatment record reviews, as required by the regulations.

Over the next few months, USBHPC will be revising provider contracts, Clinician and Facility Manuals, and ubhonline to include all of the information you'll need to comply with SB 853 and the USBHPC Language Assistance Program. You'll receive notification of these updates as soon as they are complete. At that time, you'll be able to access the Notice and Grievance Forms described above. And, you will be required to keep these on hand for distribution to members upon request. Additionally, we'll provide you with tools to support you in working with enrollees with LEP.

USBHPC understands that we serve an increasingly diverse membership in California. We believe that it's important to accommodate our enrollees' language preferences, and we look forward to partnering with you to help ensure that language is never an obstacle to accessing proper care and service.

USBHPC QI Program: 2007 Achievements

USBHPC's Quality Improvement (QI) program monitors access to care and availability of clinicians, quality of care and services, patient safety and appropriate utilization of resources. This monitoring includes review of USBHPC structure and processes that support these components of care.

Each year, we complete an in-depth evaluation of the QI Program. In 2007, USBHPC reported improvements to an already outstanding record of network availability and accessibility. We saw continued excellence in the turnaround times for member appeals and complaints, and for resolution of clinician disputes. Continued improvement was reported in other areas, including adverse determination turnaround times, and Intake and Customer Service call response times, both of which met or exceeded benchmark goals.

USBHPC implemented the ALERT® (Algorithms for Effective Reporting and Treatment) program, which replaced the Enhanced Outpatient Management program. ALERT consists of the one-page Wellness Assessment (WA) which is offered at the clinician's office at the first session and then again at either session 3, 4 or 5. Additionally, USBHPC expanded the Depression Disease Management Program (DDMP) to the Behavioral Health Disease Management Program (BHDMP). This enhancement is a continuation of the medical-behavioral health collaborative efforts between USBHPC and BSC. The medical conditions that qualify for the program have been expanded from Coronary Artery Disease (CAD) and Diabetes to include any chronic medical condition.

In 2007, significant improvement (8 percent) was seen with the seven-day follow-up appointments post-psychiatric hospitalization. Continued opportunity for improvement exists. 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. The increase in the seven-day follow-up appointments post-psychiatric hospitalization can be attributed, in part, to the implementation of Securing Aftercare for Excellence (SAFE) Initiative, with expansion in 2007 from 10 to a total of 40 facilities.

If you would like to know more about the USBHPC QI Program, please call Clinical Network Services at 1-800-798-3053, ext. 1632, and an Executive Summary will be sent to you.

Clinicians Respond to Annual Satisfaction Survey

In 2007, USBHPC surveyed 450 network clinicians who provided services to our members in 2006. There was a decline in overall satisfaction, however, satisfaction with Care Advocacy and Intake continued to be more than 90 percent in most categories. There was a large increase in the percentage of clinicians who submitted claims through ubhonline.

For the first time, the survey included questions regarding coordination of care. The responses to this survey helped us to identify opportunities for improvement to USBHPC internal processes as well as areas in which to focus attention on collaborative initiatives with our network clinicians. We thank all of the clinicians who took the time to participate in the survey and provide us with valuable feedback.

Meeting Network Access Standards

As a participant in the USBHPC network, your awareness and adherence to our access to care standards is a critical element in meeting the needs of our members.

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%

For the fourth year in a row, USBHPC met the performance goal for Non-Life-Threatening Emergency situations. In addition, we met our performance goal for Network Clinician Availability. Unfortunately, we did see a decline in Urgent access results, and we have identified and implemented improvement actions. In addition, we continue to focus recruitment efforts in identified areas where we do not meet the standards for routine access to care.

In our annual After-Hours Answering System and Messaging survey, there was a slight improvement over 2006 results. However, some clinicians' phone messaging does not include instructions to callers for obtaining care in an emergency situation.

We ask that all network clinicians review your after-hours message. In a crisis situation, members need to be offered guidance and assistance in obtaining emergency care and you may not be immediately available to talk to them. If you do not already include instructions to the caller regarding what to do in an emergency, please modify your message immediately.

It's extremely important that member phone calls are returned within 24 hours. One of the most frequent and consistent complaints we receive from members is that a clinician has not returned a call in a timely manner.

Your compliance with these standards helps to ensure that members are always able to receive timely care. Thank you for incorporating these standards into your practice.

Members Highly Satisfied with Treatment and Services

Member satisfaction is surveyed every year. The survey of member experience during 2006 was conducted during the spring of 2007. Members who were surveyed had received services through USBHPC-contracted network clinicians. The survey assessed member satisfaction along multiple domains: obtaining referrals or authorizations, accessibility and acceptability of the clinician network, customer service, treatment/quality of care and overall satisfaction.

Results from the survey indicate that members experienced a high level of overall satisfaction with treatment received, and services rendered by the health plan. Members also reported a high level of satisfaction with the way clinicians listened to their concerns, demonstrated respect and spent time with them. An increase in satisfaction with the service that members received from USBHPC was noted.



In 2007, USBHPC began utilizing a new member satisfaction survey. This survey is administered quarterly, rather than annually, and offers us more timely feedback regarding the member experience. This, in turn, gives us the opportunity to more quickly and effectively identify and address opportunities for improvement.

Monitoring Network Availability

USBHPC has established standards for the geographic availability of our California network. Annually, we measure and report on our compliance with these standards:

Standard (within number of miles from member)

Clinician Type	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 Inpatient Care	15 miles	30 miles	60 miles	90%
Intermediate Care/ Partial Hospitalization	15 miles	30 miles	60 miles	90%
Intensive Outpatient Care	15 miles	30 miles	60 miles	90%

In 2007, we met or exceeded our overall goals in urban and suburban areas of California. We continue to experience challenges in meeting our goals for M.D. and facility availability in some rural areas.

The integration of the PacifiCare and USBHPC networks has added clinicians and facility programs throughout the state. We continue to monitor rural areas for new clinicians and facility programs that may become available to the network.

If you're aware of clinicians, facilities or programs that would improve the availability of services for members in a largely rural area of California, please contact Clinical Network Services department at 1-800-798-3053, ext. 16232.

Documenting Coordination of Care Activity in Treatment Records

One component of documentation is the coordination of care between you and other professionals treating the patient. We expect all network clinicians to coordinate care with the member's Primary Care Physician (PCP), other behavioral health clinicians and, if applicable, hospital staff. This communication should be documented in the member's record. Consistent and comprehensive information-sharing facilitates coordinated treatment efforts and decisions for members. Coordination of care can improve the overall quality of the member's care by:

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.

- Confirming for a PCP that a member followed through with a referral to a behavioral health professional
- Minimizing potential adverse medication interactions
- Allowing for more effective treatment management for members with co-morbid behavioral and medical disorders
- Reducing the risk of relapse for patients with substance-use disorders

If the member refuses to allow the release of this information, this decision should be documented in the record.

Primary Care Physicians continue to express interest in receiving more frequent and comprehensive information about their patients who are receiving behavioral health services. This communication is essential to the successful coordination of medical and behavioral care.

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 percent. For reviews not meeting this performance goal, USBHPC requires a Corrective Action Plan. Scores under 80 percent also require a re-audit within six months.

You can find the full treatment record documentation requirements in the USBHPC Clinician Manual or the Facility Manual available online at www.ubhonline.com. You may also contact Clinical Network Services at 1-800-798-3053, ext. 16232, to request a copy by mail.

Blue Shield of California Mental Health Service Administrator

Blue Shield of California has contracted with USBHPC as its Mental Health Services Administrator. Beginning in April 2008, references to USBHPC were changed for all member-related materials and resources (i.e., authorization letters, adverse determination letters, telephone prompts) to Blue Shield of California's or Blue Shield of California Life & Health Insurance Company's Mental Health Service Administrator (Blue Shield MHSA).

As part of this change, the documents provided by USBHPC for your Blue Shield members (Enrollee Rights and Responsibilities and Grievance Form) have been replaced with newly updated versions that reference Blue Shield MHSA. These forms are available online in the USBHPC Clinician Manual. Please remember to use these documents for your Blue Shield of California members.

Psychological Testing Request Forms for Blue Shield of California Members

To submit requests for psychological and neuropsychological testing for Blue Shield of California members, you may obtain a request form at www.ubhonline.com.

- Select "administrative resources"; "forms"; "UBH Forms."
- Scroll down to "Psychological Testing Request Form."
- Select the "Blue Shield of California Psychological Testing Request Form." You may print out the form for completion. (Select "printable page" option located at the end of the document.)
- Fax the completed form to 1-619-641-6916.
- Your request will be evaluated, and you'll receive a coverage determination within 10 calendar days.

As a reminder and follow-up to the notice posted recently at ubhonline, the Plan is no longer sending written acknowledgement of provider claim(s). Rather, you may verify receipt and/or check the status of your claim(s) by calling the customers service number in the Clinician Manual or by accessing your ubhonline account.