

Network Notes

United Behavioral Health-Houston Care Advocacy Center News for UBH-Contracted Clinicians and Facilities Fall 2008



After-Hours Emergency Coverage

United Behavioral Health (UBH) is committed to ensuring that our members receive timely, quality care from network clinicians. UBH's 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 them 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 regarding what to do in an emergency situation. When you're not available, coverage for urgent and emergency calls should be arranged with another UBH-network clinician. In 2008, UBH Houston Care Advocacy Center (CAC) conducted an after-hours telephone survey of clinicians

in Texas and Oklahoma. The survey was designed to determine whether clinicians were in compliance with the UBH after-hours coverage requirements.

Our goal is that 100 percent of clinicians have provisions in place for after-hour emergency coverage for members under their care. Overall, 88 percent of the clinicians had provisions for emergency situations during times the office is normally closed. These clinicians had one or both of the following services in place: an answering service which would link the member to an on-call clinician or partnerships with crisis line services.

Requirements regarding on-call and after-hours coverage can be found in the manual on page 22 ([UBH Network Requirements](#)). The UBH Network Manual is available at www.ubhonline.com.

Identification and Treatment of Co-Occurring Mental Health and Substance Use Issues

UBH Houston Quality Improvement conducted an audit of treatment records for UBH members who had two inpatient mental health treatment episodes within 30 days in Texas and Oklahoma facilities. The audit was designed to determine whether facilities provide substance-related treatment for those members that were identified as having both mental health and substance-related issues. Specifically, when substance use screenings are positive, did the facility provide, at a minimum, substance education, support or therapy groups during the inpatient stay along with referrals,

at the time of discharge, to clinicians who treat mental health and substance-related disorders? It's our expectation that UBH members with co-occurring mental health and substance-related issues receive treatment for both issues concurrently.

A total of 101 treatment records of UBH members who had two or more inpatient mental health treatment episodes within 30 days were reviewed. Thirty-four of the total 101 records reviewed (including those that addressed substance use though it was not listed as a diagnosis), documented concurrent mental health and substance-related treatment. In addition, 28 records of the total 101 records reviewed documented referrals for substance-related follow-up treatment at the time of discharge.

From these same 101 treatment records reviewed, 32 members had a secondary diagnosis of "substance abuse" or "substance dependency." For these 32 members, 78 percent had documentation reflecting concurrent mental health and substance-related treatment. For these same 32 members, 71 percent had documented referrals for mental health and substance related follow-up treatment at the time of discharge.

Our goal is that 100 percent of members with two or more inpatient mental health admissions within 30 days who screen positive for substance use receive:

- Concurrent mental health and substance-related treatment while inpatient
- Referrals for follow-up treatment to address both mental health and substance-related issues

Network Clinicians' Role in Quality of Care Complaint Process

UBH takes all complaints seriously and investigates each complaint in an effort to improve the quality of care for our members.

All quality of care complaints are investigated by the Quality Improvement staff. In order to complete the investigation process in a timely manner, UBH asks that clinicians respond in writing within 14 business days of our request and include all requested written records and any information you believe would be helpful to UBH in resolving the complaint. UBH requires that quality of care complaints be resolved within 90 days (some of our customers require resolution within 30 days). When clinicians do not respond to UBH requests for information within the time frame requested, UBH must proceed in reviewing and/or presenting the complaint with only the available information noted in the UBH documentation system to make determinations. This includes quality of care complaints that meet established criteria for Peer Review Committee analysis and resolution.

As a reminder, per the UBH Network Manual, page 45 ([Quality Improvement](#)), clinicians are expected to cooperate with UBH in the complaint investigation and resolution process.

Also contained in your UBH network provider agreement is the requirement of your involvement in quality improvement.

UBH APPRECIATES YOUR COOPERATION WITH THIS IMPORTANT PROCESS.