

Network Notes

News and Updates for UBH – Contracted Clinicians and Facilities

Fall 2008

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VP Corner By Michelle Brennan-Cooke, Ph.D.

As promised, 2008 continues to be a busy year, with a great deal of activity around access to quality and outcomes-focused care for our members. As mentioned in the spring 2008 edition of *Network Notes*, we continue to focus on member input regarding treatment outcomes and quality of care provided by the United Behavioral Health (UBH) network. The push toward consumer transparency is gaining momentum. Members want to know what they can expect from behavioral health. They want to know how clinicians work "with people like them," including what kind of outcome they can expect when seeking your services. Increasingly, consumers expect to have readily available online resources and tools that allow them to make informed choices about services and products, including medical and behavioral health care options and costs.

Many of you are aware of the stride made by the Federal Government, including CMS (Centers for Medicaid and Medicare Services), in moving toward the non-payment of "never events" along with the implementation of pay-for-performance programs. The Employer and the Health Plan markets are moving quickly as well to provide to their employees and subscribers vital health information for making treatment decisions. We need to meet them in this endeavor. As such, you will see a program from us called

the Campaign for Excellence. We'll ask you to adopt the use of outcomes-based evaluation tools in your practice, using our ALERT® program and other such tools, to demonstrate your commitment to transparency and quality. Clinicians who have adopted such practices and produce quality outcomes will be identified as first-choice clinicians in our Clinician Search engine to be made available to members at www.liveandworkwell.com. We believe our members deserve to see clinicians who are committed to quality outcomes, and we sincerely hope you join us in this vital project.

As part of the overall quality services provided to members, we suggest that you communicate with your members about their treatment and progress toward goals. We encourage you to communicate (and to document your communications) with other treatment providers, and we encourage you to communicate key information with us so that we are able to make accurate member referrals and claims payments. Keeping your practice information up to date is critical in maintaining your standing in the network.

In conjunction with our other activities related to quality, we continue our partnership with Brain Resource® in the introduction of an innovative measure



of brain functioning able to assist in determining effective treatment approaches. We urge you to learn more about Brain Resource by visiting their Web site at www.brainresource.com.

We will continue to develop our specialized network services to meet the growing need of parents of autistic children to navigate the often complex and confusing array of treatment options and treatment providers available to them.

We remain focused on developing the UBH network of clinicians who work effectively with their medical counterparts to develop integrated treatment for members with complex medical conditions such as diabetes, asthma and cardiac problems.

Finally, let me end by saying thank you for the services that you provide to our members every day. We understand that it's your skill in practice that makes the biggest difference for our members.

More information about

ALERT® (Algorithms for Effective Reporting and Treatment)

It has been more than a year since the national roll-out of ALERT in July 2007. Updated information is now available at www.ubhonline.com. The main [ALERT page](#) now contains launch options in the following areas:

- **Introduction** — presents an overview of ALERT and its relationship to UBH expectations of service delivery, including Best Practices, Supplemental and Measurable Guidelines, and Level of Care considerations
- **The Science** — illustrates the study of the most recent Wellness Assessment
- **Letters & Care Advocate Phone Calls** — lets you know what you may expect after you fax in the Wellness Assessment (WA)
- **Basic Implementation of ALERT: FAQs** — streamlined to highlight specific issues
- **How to Implement ALERT: PowerPoint** — designed as a breakdown of steps for ALERT that can be used as a resource, especially for new employees to your practice that are in a position of implementing this care advocacy model
- **EAP & ALERT** — addresses circumstances specific to Employee Assistance Program (EAP) services
- **Eligibility & Open Certification** — looks at routine outpatient treatment issues
- **Eligible Members** — outlines the situations in which you would offer a WA to a UBH member new or returning to your care
- **WA Forms & Handouts** — contains links to the various versions of the WA along with instructions, samples, handouts and tips for introducing the WA to members
- **Contact the CNS ALERT Team** — sends your questions or comments to ALERT_CNS_Ref@uhc.com

Pennsylvania Anger Management Educators Needed

Anger is an emotion that can cause disruption both at work and home. When left untreated, anger can lead to verbal threats, physical intimidation and physical acts of aggression including domestic violence, child abuse and workplace violence. UBH is working to identify Pennsylvania providers that specialize in anger management education. We're seeking Pennsylvania clinicians and facilities that provide formalized Anger Management Classes/Educational programs in a group setting. Reimbursement for these educational services would come directly from the employee or the employee's work site and is not billable through UBH. We will be able to utilize this list for community- and employer-based referrals in Pennsylvania.

If you provide an anger management education program in Pennsylvania, please contact Jennifer Imperial, UBH Network Manager, at 1-908-696-2534 or send an e-mail to Jennifer.Imperial@uhc.com and supply a copy of your syllabus.

Bridge on Discharge Program

UBH is pleased to announce the start of a new program designed to help members bridge the gap between inpatient and outpatient treatment. We're asking inpatient facilities to take extra time with members immediately after they're discharged to discuss the member's discharge plans and to emphasize the importance of continued treatment. Family members are encouraged to participate in this session when appropriate. UBH wants the last words a member hears upon leaving the facility to be about the importance of following up with treatment. Therefore, we're willing to pay extra for this service. The Bridge on Discharge Program calls upon facility-based clinical staff to provide an outpatient follow-up session immediately after the discharge from the facility's acute inpatient unit (done the same day, directly after discharge). We'll be providing a simple Bridge on Discharge Appointment form to participating facilities.

(continued on page 3)

REMINDER: UPDATE YOUR NUMBERS WITH UBH

Have you submitted your National Provider Identification (NPI) number to UBH? If not, your claims may not get paid in a timely manner.

UBH also has identified many clinicians who have not updated their Medicare and/or Medicaid numbers. If you think you need to update your information or simply want to check, you can go to www.ubhonline.com and use your secure login to check your practice information. You may also call 1-800-711-6089, select option 5, then, option 4 to speak to your Network Manager.

Contact information for your Network Manager can also be found on www.ubhonline.com by selecting the "contact us" option found near the top right corner of the homepage.

Our expectations for these sessions include:

- All members will have an appropriate discharge plan in place prior to discharge from the facility, which includes a follow-up appointment with an outpatient clinician within seven days. If facilities need help identifying outpatient providers, they may call UBH to obtain help in finding a clinician.
- These services are not intended as a substitute for outpatient or partial hospital appointments with UBH network clinicians, but are intended to act as a **bridge** for those members recently discharged from an inpatient level of care directly to a lower level of treatment.
- The **Bridge** session must be provided by facility staff who hold a master's- or doctoral-level license in mental health (social work, counseling, psychology or nursing) or by a registered nurse or physician.
- During the **Bridge** session, facility staff will assess the member's status using the Bridge on Discharge Appointment form, and will obtain permission to forward copies of the form to the member's outpatient clinician(s).

Facilities will be paid an additional amount for each completed **Bridge** session.

Currently, UBH Regional Network Managers are approaching our highest volume facilities to participate in this program. However, if you're interested in learning more about this program and possibly participating, please contact your Network Management by calling 1-800-711-6089, and selecting option 5, then option 4.

National Provider Identifier (NPI) Number: Information You Need to Know

As of May 23, 2008, UBH processes claims submitted electronically (and on paper in some states) only when the claim contains the clinician 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 NPI. Additionally, some states mandate the inclusion of the NPI number on paper claims.

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

- The NPI is a 10-digit, intelligence-free numeric identifier. 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 replaces the health care provider identifiers previously used 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.

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 1-202-512-0455. 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.

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 TTY 1-800-692-2326
- By e-mail: customerservice@npienumerator.com
- By mail: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059

Behavioral Health Codes Are Required on Claims

All claims that you submit should include a Behavioral Health Diagnosis. For example, claims for a Psychiatric Consult on a Medical Unit must include a Behavioral Health Diagnosis code in order to be processed and paid, even when the behavioral condition is considered secondary to the medical diagnosis.



BHS Rhode Island Project Improving Mental Health of Medicaid Parents

In the fall 2007 edition of [Network Notes](#), we introduced the Rhode Island "Working toward Wellness" (WtW) project, an integrated telephonic care management and supportive employment services program (in English and Spanish) designed to reduce depression and improve labor outcomes among difficult-to-employ Medicaid parents in Rhode Island.

The study is funded by the Departments of Health and Human Services and Labor, and is a partnership between UBH's Behavioral Health Services (BHS) and MDRC, a New York City-based non-profit research group. In January 2005, BHS and MDRC mailed out 19,120 one-page screeners to potentially eligible Medicaid recipients. Of the 4,053 respondents, 1,613 were at risk for depression, and 499 of these Medicaid recipients enrolled and stayed in the program. Participants were randomly assigned to receive one of two interventions: Working toward Wellness (WtW) or customary care. The WtW program is among several efforts UBH has undertaken in the public sector and is aimed at integrating behavioral health

care management and supportive employment services. This study specifically examines the effects of depression treatment on employment, earnings and self-sufficiency among TANF (Temporary Assistance for Needy Families) families.

We now have preliminary results from the first six months of post-treatment follow up. These results were published in the June 2, 2008, edition of the [Employment & Training Reporter](#), a trade journal for workforce development professionals in work readiness, job training, economic development and work support.

Participants in the WtW program reported less depression at follow up. The proportion of treated participants experiencing very severe depression dropped from 12 to 6 percent. For participants experiencing severe depression, there was a decline from 31 to 26 percent. And, for moderately depressed individuals, there was a drop from 46 to 33 percent. The WtW group were more likely to see a psychiatrist (13 percent compared with 7 percent in the customary care group) or a clinical social worker

(23 vs. 11 percent) and to take antidepressant medications (about 44 vs. 34 percent). In the WtW group only, Hispanics reported significantly greater improvements from treatment compared to non-Hispanic Whites and African-Americans.

Both BHS and MDRC caution that these results are preliminary, and that one-year outcomes will provide a better test of treatment effectiveness. One-year results will be reported when they become available. If you have questions, please contact Francisca Azocar, Vice President of Research and Evaluation, 1-415-547-6148 or francisca_azocar@uhc.com.

Combination Treatment for Depression

UBH is currently running a pilot program to evaluate the feasibility of improving rates of combination treatment for members with moderate to severe depression. This pilot culminates a multi-year research project in collaboration with RAND and UCLA, funded by The National Institute of Mental Health (NIMH), to identify a target activity that can improve depression treatment for individuals working with behavioral health clinicians on an outpatient basis. While there are many studies that highlight approaches to improving depression care in primary care settings, the purpose of this study is to assess the feasibility of improving depression care among specialty mental providers within a managed behavioral health organization (MBHO).

In earlier stages of the project, we interviewed a variety of MBHO stakeholders, including clinicians, benefits consultants and UBH clinical network and clinical supervisory staff, to identify how depression care might best be improved. Following an consultation with a representative panel of stakeholders, the research team concluded that improving rates of combination treatment may be our best approach. While treating depression with both psychotherapy and antidepressant medication is accepted [best practice](#) for members with moderate to severe depression, research shows that it often does not occur.

Working with College Health IPA (CHIPA), we're using claims records to identify members with a moderate to severe depression diagnosis who do not appear to be receiving this combination treatment. These cases are reviewed by CHIPA staff members, who then contact clinicians to request a

case review. The case review provides clinical information not available in claims records — for example, whether the member has declined combination treatment or is in maintenance therapy, and includes a clinical assessment of whether combination treatment currently is appropriate for the member.

Although the pilot has only just begun, we already have a number of promising findings. So far, we've found a fairly high level of combination treatment, confirming that most members are receiving the care they need. In many cases where a member isn't receiving combination treatment, the member had received it previously and is currently receiving maintenance treatment. In other cases, the clinician had discussed combination treatment

with the member; however, the member had declined participation.

In those cases where the clinician agrees that combination treatment would be beneficial, CHIPA mails UBH Depression education material to the member and offers to make an appointment with an appropriate provider. The goal is to increase the number of these members who will seek additional care, thereby increasing the likelihood of positive treatment outcomes.

For further information about this study, contact Francisca Azocar, Vice President of Research and Evaluation (francisca_azocar@uhc.com), or Bob Branstrom, Senior Research Analyst (robert_b_branstrom@uhc.com).



Culture and Behavioral Health Services

Culture plays a pivotal role in behavioral health. Sensitivity to the wide-ranging roles of culture enables a behavioral health clinician to design and deliver services that are more responsive to the needs of individuals seeking treatment. Because there are a variety of ways to consider cultural influence (e.g., by ethnicity, age group, religion, geographic region, sexual orientation or profession), many people consider themselves as having multiple cultural identities. Culture is important because it bears upon what all people bring to the clinical setting. It accounts for variations in what venue people seek help, how they communicate their circumstances and which symptoms they report. Culture impacts coping styles, social supports and contributes to what degree stigma may be attached to behavioral health issues.

People naturally bring the influence of their cultural experiences directly into the treatment setting, as does the clinician. This affects the client's evaluation of the services they receive. UBH monitors satisfaction with services for every type of health plan including commercial, Medicare and Medicaid programs. A typical satisfaction question is: "I was able to find care that was respectful of my language, cultural and ethnic needs." While most members rate these items favorably, some have expressed dissatisfaction.

UBH encourages clinicians to expand their clinical skills in the area of cultural diversity. It's necessary to function effectively within the context of cultural beliefs, behaviors, and needs presented by individuals and their communities. The term "competence" refers to the capacity to function effectively within the context of cultural beliefs, behaviors and needs presented by individuals and their communities. Educational offerings in cultural competence are widely available. Included below are a small sampling of the resources available online for professionals. They are listed in no particular order:



- [The U.S. Department of Health & Human Services, The Office of Minority Health](#)
- [Dartmouth University](#)
- [Georgetown University](#)
- [University of Michigan Health System](#)

Cultural differences must be respected to ensure that all individuals receive behavioral health care tailored to their needs. If you feel a referral to another clinician is necessary, please call UBH for a specialized UBH network clinician referral or go to www.liveandworkwell.com.

References

Mental Health: A Report of the Surgeon General. U.S. Department of Health and Human Services [DHHS]; 1999.

Unequal Treatment: Confronting Racial and Ethnic Disparities (Board on Health Sciences Policy), [IOM]; 2003.

McGoldrick, M. & Hardy, K. *Re-Visioning Family Therapy, Second Edition: Race, Culture, and Gender in Clinical Practice*. New York: Guilford Press; 2008.

Atdjian, S., & Vega, W. A. Disparities in Mental Health Treatment in U.S. Racial and Ethnic Minority Groups: Implications for Psychiatrists. *Psychiatric Services*, 56(12), 1600-1602; 2008.

Pumariega, A. J., Rogers, K., Rothe, E. Culturally Competent Systems of Care for Children's Mental Health: Advances and Challenges. *Community Mental Health Journal*, 41(5), 539-555; 2005.

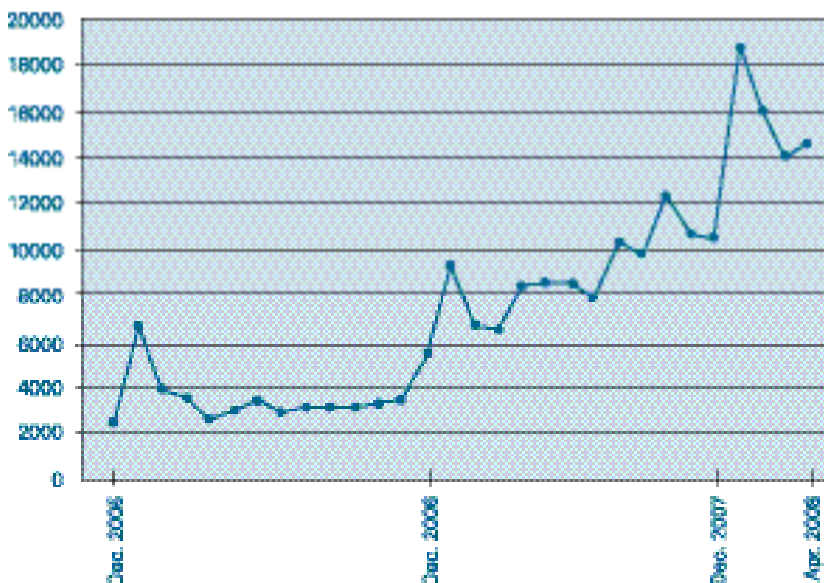
Schraufnagel, T. J., Wagner, A. W., Miranda, J., & Roy-Byrne, P. P. Treating minority patients with depression and anxiety: what does the evidence tell us? *General Hospital Psychiatry*, 28, 27-36; 2006.

Online Certification Requests

In December 2005, UBH made additions to our clinician and member Web site capabilities so that open certifications for routine outpatient treatment could be requested by clinicians through ubhonline® and by eligible members at www.liveandworkwell.com. As of May 30, 2008, these enhancements have supported the submission of 234,544 certifications via online requests.

Convenience and user-friendly features make this a great option for clinicians who are increasingly taking advantage of this online resource. Opportunities for additional enhancements are examined and implemented to support continuous improvement of this and other secure transaction features. To become a registered user and reduce time spent on administrative work, visit www.ubhonline.com.

Online Authorization Requests received



Follow-Up After Behavioral Health Hospitalization

UBH is committed to working with facilities and clinicians to ensure that UBH members receive timely follow-up care after discharge. We expect inpatient facilities to assist members in scheduling an appointment with an outpatient behavioral health clinician (to occur within seven (7) days of the member's discharge date) prior to the member's discharge. Our Care Advocates can be instrumental in assisting facilities and members in locating an outpatient clinician who is able to provide timely appointments.

If you are treating a member that has been discharged from an inpatient setting, regardless of diagnosis, UBH expects the person to be seen within seven days of their discharge from the facility.

A prompt appointment post-inpatient treatment promotes:

- Stabilization
- The likelihood that gains made during the hospitalization will not be lost
- Detection of early post-hospitalization reactions or medication problems
- Continued assessment, education and treatment
- Treatment outcomes by reducing the occurrence of re-hospitalization

One key to improving treatment compliance involves UBH Inpatient Follow-Up Program staff contacting clinicians to verify that hospitalized members have made aftercare appointments and that members were able to keep the appointments. As a network clinician with a signed agreement with UBH, you are able to release appointment information to us without violating Health Insurance Portability and Accountability Act (HIPAA) guidelines. Refer to your provider agreement for this information.

The Inpatient Follow-Up Program is designed to support your treatment. Your help in ensuring timely and adequate follow-up for members discharged from inpatient care is vital to facilitating therapeutic gains and successful outcomes.

Medication Safety in Inpatient Settings

In December 2007, UBH conducted a survey of inpatient facilities in accordance with our Patient Safety Plan. This was the fourth year that UBH has completed this survey. The survey focused on participation in the Leapfrog patient safety initiative known as Computer Physician Order Entry (CPOE), as well as other safety initiatives aimed at medication safety. Surveys were mailed to 1,044 facilities with a response rate of 22 percent. Overall, 84 percent of respondents indicated they have or are implementing actions to improve medication tracking and reduce medication errors. Of the respondents, 18 percent reported they participate in the CPOE initiative, a slight decrease from previous years. More than 77 percent reported compliance with UBH medication tracking requirements. Another 20 percent reported conducting other activities to reduce prescription errors. Other actions taken by facilities to ensure medication safety include:

- Medication error reporting through a Patient Safety Committee
- Revised medication reconciliation process for admission and discharge medications
- Increased medication administration monitoring
- Pre-printed Medication Administration Records (MAR)
- Pyxis and MAK computerized medication delivery (and pt ID) systems
- Medication management conducted during treatment team meetings
- medDISPENSE system
- Medication reconciliation process in place from admission through discharge
- Revised medication reconciliation processes
- Adherence to JCAHO abbreviations-related standards
- Pre-printed orders
- Weekly risk management meetings to review each variance
- One-to-one educational briefing with staff after each medication error

UBH applauds your continued focus on patient safety and encourages you to continue your efforts to become more focused on this issue.

For more information about UBH's facility medication documentation requirements, please refer to the UBH Network Manual, and look under the section titled [Treatment Record Documentation Requirements](#). The manual is available at www.ubhonline.com. (Select "guidelines/policies/manuals" from the "clinical resources" drop-down menu and click the appropriate manual link.) You may also request to have a copy mailed to you by calling 1-800-807-7704.

ALERT Reminders and Contact Information:

When submitting Wellness Assessments, be sure to include the names of the clinician and member along with the Clinician ID/Tax ID. Pre-populated forms will use a UBH-specific number for clinicians rather than a Tax ID.

Wellness Assessments are to be completed at the initial appointment for new members or for those returning to treatment for a new episode of care. A second Wellness Assessment should be completed at session 3, 4 **or** 5.

Fax completed Wellness Assessments to: 1-800-985-6894

For questions about ALERT, please send an e-mail to: alert_cns_ref@uhc.com



Electronic Payments and Statements Enrollment Opportunity

Receiving your claims payments and remittances from UBH is now even easier. UBH is proud to offer you Electronic Payments and Statements (EPS)*.

Currently, we can offer this service for a portion of UBH business (specifically, UBH claims for UnitedHealthcare members). We're actively working to make this service available for all of the customers we serve. By signing up now, you'll begin receiving electronic payments and statements in all instances where it's available.

By following the registration instructions below, you can take advantage of this fast, convenient and free service. Once your registration is processed, UBH will begin to electronically deposit your claim payments directly into your designated bank account. No more paper checks to process and no waiting for deposit. Also, we'll provide you with online access to your payment information and electronic remittance advice (ERA) via ubhonline.

Benefits include:

- **Fast payment turnaround time:** Eliminate the time waiting for checks to arrive in the mail and the time spent by you and your office staff to process paper checks
- **Eliminate or reduce bank fees:** No more depositing paper checks or lock box processing charges
- **Access information online:** Access your payment and remittance information through ubhonline
- **Increase usability of information:** View, print and save a consolidated ERA associated with each payer's direct deposit. Search payment and remittance information by member name, date, payment number and more
- **Streamline processes:** Utilize a HIPAA 835 file to auto-post into your Practice Management System

- **Preserve the environment:** Reduce paper consumption and waste by going electronic

To register:

- Simply log on at www.ubhonline.com with your UBH user ID and password (if you have not done so already, become a registered user).
- Select "Electronic Payments & Statements" to get to the EPS Welcome Page.
- From here, you can enroll in EPS. Just supply a few bits of information, including your bank account and routing number for the deposits, and submit. **It's that easy.**

Once your enrollment has been processed, you'll be able to view, save, print and search your payment and remittance information, as well as maintain your enrollment information — all through ubhonline. You'll also find a detailed User Guide, User Help and Frequently Asked Questions documents on the EPS Welcome Page. Dedicated Provider Payment Representatives (PPR) are also available to answer your specific EPS questions or concerns.

With your enrollment, you not only receive all possible UBH claims and payments electronically, but also those from other payer organizations using OptumHealthsm Electronic Payments and Statements. Payers already using EPS are UnitedHealthcare, Evercare and SecureHorizons. You will be informed of additional payers as they're added to the network through direct communications and the [OptumHealth Financial Services Web site](http://OptumHealthFinancialServices.Web.site).

Do you have payers you would like to see using the EPS system? Request that they begin using it today.


Do You Have Questions about EPS?

Using your registered user name and password, log on to www.ubhonline.com and select "Electronic Payments & Statements," e-mail us at eps@optumhealthfinancial.com or call 1-800-557-5745, and choose option 3, then option 4.

* OptumHealthSM Electronic Payments and Statements are administered by OptumHealth Financial ServicesSM, a division of UnitedHealth Group.

New!! Online UBH Claims Inquiry/Adjustment Request Form

You can now obtain a UBH [Claims Inquiry/Adjustment Request Form](#) located at the ubhonline forms page. **(From the menu on the left side of the home page, select "clinical resources", then "forms", then "United Behavioral Health (UBH) Forms".)** The form must be mailed directly to the address on the EOB/PRA, and the request will be sent for review and adjustment as needed. This is another way that a clinician can proactively initiate a claims review and bypass a call to Customer Service or Network Management.



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Editor in Chief: Michelle Brennan-Cooke

Managing Editor: Neil Southwell

Contributing Editors: Mary Wesson, Debra Court,
Ali Jackson

Contributors: Scott Beardsley, Mike Bimler, Tiffany
Doolittle, Yvette Ems, Anthony Heath, Gregory
Greenwood, Jack Hallmark, Jennifer Imperial, Eileen
Innecken, Bill Johnston, Jill Losey-Jankowski, Nancy
Katch, Dawn Williams, Kathleen Sheridan-Dotson, Gregg
Sherrill, Karen Summers

Designer: Tamara Sue

We welcome your comments on this issue and
suggestions for future editions. Please contact Debra
Court at debra_s_court@uhc.com.

For paper copies of any UBH documents
mentioned in this newsletter, **please contact Network
Management**. A searchable directory of Network
Management by state is available at www.ubhonline.com,
or by calling 1-800-711-6089, and selecting option 5, then
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Please note that clinicians and facilities are ultimately responsible for treatment
of service determinations. You should consult your legal advisor as to how the
references herein may impact or apply to you in your state.

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