

# Network Notes

News and Updates for UBH – Clinicians and Facilities

Spring 2008

**In This Issue:** **VP Corner** pg. 1 | **Expedite Claims Processing, Use ubhonline®** pg. 2 | **Dedicated Mailing Address for Recredentialing** pg. 2 | **Clinical Learning Seminars in 2008** pg. 2 | **Completion of Wellness Assessments** pg. 4 | **ALERT®: The Clinical Review** pg. 5 | **UBH name change to OptumHealth** pg. 6 | **Benefit Limits for Injectable Medications** pg. 6 | **New Psychological Testing Request Process** pg. 7 | **Treating Members with Addiction** pg. 7

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

Over the course of 2007, we brought into the UBH family Mid Atlantic Medical Services, LLC (MAMSI®), Neighborhood Health Plan, and Arnett Health Plans, and made substantial progress on completing the integration of PacifiCare Behavioral Health (PBH). We know some of these changes have been confusing and I want to assure you that we very much appreciate your patience as we experience these growing pains.

The coming year portends to be yet another busy and exciting time. We should complete the PBH integration by the middle of the year and are currently in the process of evaluating how we will integrate Oxford Health Plans in the New York area. We are optimistic that UnitedHealth Group's purchase of Sierra Health Plan in Nevada will pass regulatory approval and we'll have the opportunity to bring Behavioral HealthCare Options, Inc. into the UBH family. In late 2008, you will hear us refer to ourselves by a new name — OptumHealth Behavioral Solutions. OptumHealth<sup>SM</sup> is an organization of specialized care companies, including behavioral, dental, vision, health care savings accounts, transplant and complex care coordination.

You'll hear more about our new name in the future, but we're the same company with which you have always worked.

Our focus remains the same: assuring access to high quality, responsive and cost-effective care for our members. We will continue in 2008 to focus on medical/behavioral integration, caring for complex conditions such as eating disorders, workers compensation and autism. We're excited about the opportunity to partner with Brain Resource, a company that offers the potential to enhance member care. UBH will be working exclusively with Brain Resource, an Australia-based company, to utilize their testing tools for human brain function. More information about Brain Resource is available at their Web site, [www.brainresource.com](http://www.brainresource.com).

Finally, you will see our continued focus on ALERT® (Algorithms for Effective Reporting and Treatment), our outcome-based program, to evaluate clinical outcomes. We will share with you information about the performance of your practice. In support of the push toward greater consumer transparency, we will make available to our members information about the quality and effectiveness of hospitals on our panel. It promises to be another busy and exciting year and we value your continued participation and commitment to providing excellent care to our members!



## Important Reminders

### Accessible UBH Expectations of Quality for the Network.

- Treatment Record Documentation Requirements
- Mental Health Condition Centers on [www.liveandworkwell.com](http://www.liveandworkwell.com)
- Timely Access to Care
- Keeping Members Informed of Treatment Options
- Honoring the Billing Agreement
- Continuity and Coordination of Care
- Quality Improvement
- Clinical Practice Guidelines
- Preventive Health Program
- Member Rights and Responsibilities
- Affirmative Incentive Statement
- UBH Staff Availability and the Care Advocacy Process

## Expedite Claims Processing, Use **ubhonline**<sup>®</sup>

- Faster claim payment and disposition
- Reduced mailing time and expense
- Faster claim form completion
- More accurate claim information
- Higher level of auto-adjudication

UBH's clinician Web site, [www.ubhonline.com](http://www.ubhonline.com), supports entry of outpatient behavioral health claims by a registered user. This time-saving and secure transaction feature is designed to streamline the claim submission process with UBH. You can use the CMS-1500 claim form for routine outpatient services, and also submit claims for EAP services.

In most cases, you should be able to check claim status through the "claim inquiry" feature of **ubhonline** within two to three business days after entry. To see claims you have submitted through **ubhonline**, use the "my **ubhonline** > my Submitted Claims" feature. This feature will show the claims you submitted directly to UBH via **ubhonline**. Once you receive a confirmation number through **ubhonline**, you can be assured that UBH received your claim successfully. **ubhonline**, at this time, is not configured to grant online access to contracted hospitals/facilities. Therefore, a network hospital/facility cannot submit claims or perform other online secure transactions through **ubhonline**.

## Dedicated Mailing Address for Recredentialing

UBH now has the capability to store one address per person specifically dedicated for recredentialing correspondence. The location must be a physical address and cannot be a P.O. Box. It does not have to be a practice location; however, there is only one recredentialing address allowed per

clinician (regardless of number of practice locations). Registered users of **ubhonline** can update this information in the secured transaction area of [www.ubhonline.com](http://www.ubhonline.com) (select "update practice info"). The information can also be faxed by using the Clinician Add/Change Application Checklist (also

found in the update practice information area, or from the sidebar menu of the home page select "administrative resources" then "forms"). Fax this form to Network Management. The specific fax number is listed by state at **ubhonline**.

## Free UBH Clinical Learning Seminars in 2008

You're invited to participate in our upcoming teleconferences and self-study programs for behavioral health clinicians. These programs contribute to UBH's effort to provide clinically effective, evidence-based solutions that improve the well-being of the individuals we jointly serve. Recognized and approved by the American Psychological Association, National Association of Social Workers, National Board for Certified Counselors and several state nursing boards, these learning programs adhere to UBH's strict clinical standards and are presented by industry leaders in behavioral health. Participation in each program is free and may offer continuing education credit. Please note that many state boards accept learning programs or

offerings accredited by national or other state organizations. It is your responsibility to check with your licensing board regarding their specific requirements. To receive continuing education credit, registrants must attend the entire session.

Register at [www.ubhonline.com](http://www.ubhonline.com), or call customer service 1-800-287-9849, ext. 3494. To participate in a teleconference, call 1-800-552-8408 on the day of the learning program. Each session is one hour and is followed by a 15-minute Q & A period. Presentation materials are available for download. Prior to the event, please visit "clinical learning" at [www.ubhonline.com](http://www.ubhonline.com) to download materials, confirm the teleconference

schedule and find out about additional programs.

All teleconferences are recorded and available as encore playbacks for a limited time. Seminars are subject to change without notice. Podcasts of every lecture will be available within one month after the lectures. For details on accessing Podcasts, please review the information posted at **ubhonline**.



## Clinical Strategies for Treatment Resistant Depression – 1 hr CE

**Charles De Battista, D.M.H., M.D.** Friday, March 21, 2008 2 p.m. Eastern 1 p.m. Central 11 a.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5495*

## Addressing Treatment Issues in Geriatric Depression – 1 hr CE

**Richard Goldberg, M.D.** Thursday, April 3, 2008 3 p.m. Eastern 2 p.m. Central 12 p.m. Pacific  
 Wednesday, April 23, 2008 3 p.m. Eastern 2 p.m. Central 12 p.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5643*

## Introduction to Motivational Interviewing – 1 hr CE

**William Miller, Ph.D.** Friday, April 18, 2008 4 p.m. Eastern 3 p.m. Central 1 p.m. Pacific  
 Friday, May 9, 2008 4 p.m. Eastern 3 p.m. Central 1 p.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5644*

## Diagnosis and Treatment of the Non-Verbal Child with Autism – 1 hr CE

**Linda Lotspeich, M.D.** Friday, May 2, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
 Friday, May 16, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5656*

## Practice Based Evidence: Maximizing Patient Outcomes in Treatment – 1 hr CE

**Gary Burlingame, Ph.D.** Monday, May 19, 2008 4 p.m. Eastern 3 p.m. Central 1 p.m. Pacific  
 Monday, June 2, 2008 4 p.m. Eastern 3 p.m. Central 1 p.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5777*

## Alcohol Use Disorders: Screening and Intervention – 1 hr CE

**David Mee-Lee, M.D.** Friday, June 6, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
 Friday, June 20, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5778*

## Diagnosis and Treatment of the Verbal Child with Autism/Asperger's – 1 hr CE

**Linda Lotspeich, M.D.** Friday, July 11, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
 Friday, July 25, 2008 12 p.m. Eastern 11 a.m. Central 9 a.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5926*

## Psycho Education with the Bipolar Patient – 1 hr CE

**David Miklowitz, Ph.D.** Friday, Aug. 22, 2008 2 p.m. Eastern 1 p.m. Central 11 a.m. Pacific  
 Friday, Aug. 29, 2008 2 p.m. Eastern 1 p.m. Central 11 a.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5927*

## Assessment, Treatment and Referral Issues for Iraq and Afghanistan Veterans – 1 hr CE

**Brett Litz, Ph.D.** Wednesday, Sept. 24, 2008 3 p.m. Eastern 2 p.m. Central 12 p.m. Pacific  
 Wednesday, Oct. 8, 2008 3 p.m. Eastern 2 p.m. Central 12 p.m. Pacific  
*Encore Playback: 1-800-207-7077, access code 5928*



## Completion of Wellness Assessments

### Understanding ALERT®

- ALERT stands for Algorithms for Effective Reporting and Treatment.
- An outcome-informed approach to outpatient Care Advocacy.
- Uses member responses as a validated measurement instrument, in conjunction with claims data.
- Processes information through a set of algorithms (decision rules) to identify those individuals with moderate to high clinical risk.

### The Wellness Assessment and How Often it is Completed

- You ask the member to complete a one-page assessment at the first visit (or prior to the first visit) and then review with the member during the first session.
- The form is completed again at session 3, 4 or 5, at which time it is reviewed in your session with the member and then faxed to UBH.
- Completed a third time (in some cases) at your office based on identified risks.
- The member will be mailed a Wellness Assessment four months after the onset of treatment.

### Obtaining Wellness Assessment Forms and Supporting Documentation

- Wellness Assessments are available for download and print in both English and Spanish at [www.ubhonline.com](http://www.ubhonline.com). Please note that over time photocopying diminishes the quality of the form potentially rendering it unreadable. UBH recommends downloading forms on a regular basis.
- Registered users of **ubhonline**® may use the secure transactions area, located to the right of the home page, to prepopulate the Wellness Assessment forms with either the clinician information or with the clinician and member information.
- Instructions for completing the Wellness Assessment (WA) and a WA Client Education sheet are available at **ubhonline**.
- Forms may also be requested by calling the Forms Hotline at 1-800-888-2998 ext. 5759.

### ALERT Adds Value

- ALERT provides a confidential, objective and validated means of assessing the member aimed at identifying specific risk issues.
- The Wellness Assessment complements the assessment tools you already use and supports treatment planning.
- Multiple administrations of Wellness Assessments during the course of care and at the four-month follow up provide more timely feedback about changes in functioning including maintenance of clinical gains or unexpected setbacks.
- The administrative work for clinicians is limited. You will only receive a letter or a phone call from a Care Advocate for those members identified with a potential risk that may affect routine outpatient therapy. Most Wellness Assessments do not result in either a letter or a phone call.



## The Effect of the Wellness Assessment's Completion Rate on Your Status with UBH:

- Completion of the Wellness Assessment is an important part of UBH's clinical management and quality improvement program. Clinicians are expected to participate.
- Completion of the one-page Wellness Assessment by the member is voluntary. If an individual member declines to complete it, clinicians are expected to complete the demographic section located at the top of the form and return it to UBH to notify UBH that treatment has begun. Fill in the bubble labeled "MRef" for "member refusal." An individual member's decision not to participate does not negatively impact measures of your participation but the notification to UBH of the refusal is essential.
- UBH tracks response rates and will contact clinicians with unusually low participation rates to address any barriers to their participation.
- In the future, participation rates will influence a clinician's opportunities for incentive programs.

Please submit each completed Wellness Assessment by fax to allow for automated entry of Wellness Assessments for more efficient processing: 1-800-985-6894.

### You may also submit by mail:

United Behavioral Health/USBHPC  
Attention: Wellness Assessments  
P.O. Box 27430  
Houston, TX 77227

For additional information, please visit [www.ubhonline.com](http://www.ubhonline.com) (clinical resources, then ALERT program), call the number on the back of the member's card, or contact Network Management.

## ALERT®: The Clinical Review

Most clinician notifications by UBH related to potential risk issues are in the form of letters. However certain potential risks warrant a clinical review with the treating clinician.

A Care Advocate calls a clinician as soon as the potential risk is identified. In an effort to be time-effective in the intervention, Care Advocates request a call back within two business days. When unusual circumstances prevent you from being able to return the call within that timeframe, it is still essential that you return the Care Advocate's call.

The purpose of these calls is to inform the clinician of potential risk(s) that may affect the member's treatment outcome, and to collaborate with you in an effort to assist you in ensuring that the risks identified are addressed in treatment planning. This conversation might include, but is not limited to the following: member involvement in treatment, current symptoms, and appropriateness of mobilizing available resources to support outpatient treatment.

Remember, the number of clinical reviews is limited to members identified with potential risks.

In the event that a Care Advocate is unable to speak with a clinician within the two-business-day timeframe, the

UBH Care Advocate will make a call directly to the member, or member representative to discuss the identified risk(s).

A call to a member is different in that the focus is on assessing risk, rather than an exchange of clinical information for the purpose of case perspective and resources. Therefore the preferred ALERT care advocacy contact is with the treating clinician.

### Tips for Responding to Requests for a Clinical Review:

- Always return the call. Otherwise you will receive additional calls on the same member.
- Begin by identifying the member by name.
- Be prepared to speak clinically about the status of the member in outpatient therapy and identify any potential needs of the member including gaps in treatment, if any.
- A concise interview with a Care Advocate can be brief.
- If you have more than one Care Advocate calling you on more than one member, give the name of each of the members in question when you call. You can usually do all the clinical reviews in one phone call.

## What's in a Name?

In late 2008 and early 2009, United Behavioral Health (UBH) will be changing its brand name to OptumHealth Behavioral Solutions. This will be a brand name change only, and will not affect your contract or any other aspect of your interaction with our company.

Only certain UnitedHealth Group specialty care companies are changing their brand name to OptumHealth. This includes United Behavioral Health, Optum, United Resource Networks (URN), ACN Group (physical health), Spectera (Vision), Dental Benefit Providers/UnitedHealthcare Dental, National Benefit Resources (stop loss), and Unimerica Workplace Benefits (life and disability). Other UnitedHealth Group companies such as United Healthcare, Uniprise, Ovations, and AmeriChoice will not be changing their names.

There will be a transition period during which you may see and hear references to both OptumHealth and UBH in communications to you or to members. Some of the membership you may be seeing today will continue to use the UBH brand name. You will receive further communications as this transition progresses.

## Benefit Limits for Injectable Medications



Please be aware that medications such as Risperdal Consta administered by injection during an outpatient office visit (J Code claim submission) may not be a covered benefit for many plans. When in-office injectables are a covered benefit under a member's benefit, they may fall under the medical benefit plan, the pharmacy benefit plan and only rarely under the behavioral benefit plan. If you are seeing a patient who may benefit from this medication and treatment, please contact UBH and/or the medical carrier to determine coverage limits for that member and that benefit plan.

## United Medical Resources (UMR) is a United HealthCare Company

UMR is a national leader in the TPA (third party administrator) health plan business, providing healthcare coverage to 300,000 employees across the country. UMR joined the United HealthCare Services family in 2006, and in 2007 began using the UBH Network to provide in-network behavioral health services for 166,000 members covered by their TPA benefit plans.

### What This Means for You as a UBH Network Clinician or Facilities:

- UMR member ID cards will reference UMR as a United HealthCare Services company using the United Health Networks (which includes UBH).
- If you have questions about a UMR member's coverage, please contact UMR directly by calling the number on the member's health insurance ID card.
- You should submit your claims for UMR clients directly to UMR, as indicated on the member's ID card.
- UMR will be making payment on your claims at your UBH contracted rates.
- As a UBH-contracted clinician or facility, you may not balance bill members who have a benefit through UMR.

We are excited to have UMR join the United HealthCare Services family and we appreciate the high quality care you provide to all of our customers.

# New Psychological Testing Request Process

UBH has an improved process for the submission and review of psychological and neuropsychological testing requests designed to promote efficiency and accuracy.

Effective Jan. 2, 2008, the following CPT codes are affected by this new process:

- Psychological Testing (CPT codes: 96101, 96102, 96103)
- Neuropsychological Testing (CPT codes: 96116, 96118, 96119, 96120)
- Health and Behavior Assessment (CPT codes: 96150, 96151)
- Health and Behavior Intervention (CPT codes: 96152, 96153, 96154, 96155):

## Three Easy Steps

1. A generic request form is available at [www.ubhonline.com](http://www.ubhonline.com) (administrative resources > forms > UBH Forms).

From this page, scroll down to "Psychological Testing Request Form" and select **"UBH Psych Testing Request Printable Online Form"** to complete and



print the request form. You will also find the **"UBH Psych Testing Request Form"** in the same location which you may want to print and then complete. Either form can be used.

2. Fax the completed form toll-free to 1-888-216-4795.
3. Your request will be evaluated and you will receive a coverage determination within 10 calendar days

(or in compliance with state regulations, whichever is shorter). You may still download the form from the same forms page by "UBH Psych Testing Form," or you may request a form by calling the Forms Hotline 1-800-888-2998 ext. 5759. We encourage you to use the Online Printable Form option for the speed and accuracy it offers.

# Treatment for Members with Addictions

Improving initiation and engagement in treatment for individuals who are diagnosed with chemical dependency helps reduce drug-related illnesses and deaths, overuse of health care services, and the staggering economic and interpersonal burdens associated with substance abuse.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET), established by the National Committee for Quality Assurance (NCQA), will track improvement in two rates over time:

- Initiation of Treatment: the percentage of adolescents and adults diagnosed with Alcohol and Other Drug (AOD) dependence


that begin treatment either through an inpatient or outpatient admission or emergency department visit and any other AOD service within 14 days.

- Engagement in Treatment: the percentage of patients who complete two AOD services within 30 days after treatment initiation.

To help your patients with AOD dependence, we recommend the following actions:

1. Every time a patient receives a primary or secondary diagnosis indicating abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.

2. During the second visit, schedule two additional visits and/or schedule the patient to see a substance abuse treatment specialist within the next 14 days.
3. Following a hospital discharge for a patient with an AOD diagnosis, schedule two additional visits within 30 days.
4. Involvement of concerned others increases the rate of participation in treatment. Welcome calls from family members and other people that the patient welcomes in support of their care and invite their help in intervening with the patient diagnosed with AOD dependence.
5. Always listen for and work with existing motivation in your patients.



News and updates for UBH-contracted  
clinicians and facilities  
Spring 2008

Published by United Behavioral Health,  
Clinical Network Services,  
425 Market Street, 27th Floor,  
San Francisco, CA 94105-2426

**Editor in Chief:** Michelle Brennan-Cooke

**Managing Editor:** Chris Bernard

**Contributing Editors:** Mary Wesson, Debra Court,  
Ali Jackson

**Contributors:** Bruce Bobbitt, Gregory Greenwood, Marie  
Iddings, Bill Johnston, David Lauter, Jill Losey-Jankowski,  
Cathie McDonald, Jill Mueller, Gregg Sherrill,  
Karen Sumners, Dawn Williams

**Designer:** MJ Larson

We welcome your comments on this issue and  
suggestions for future editions. Please contact Debra  
Court at [debra\\_s\\_court@uhc.com](mailto: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 **ubhonline**<sup>®</sup>  
([www.ubhonline.com](http://www.ubhonline.com)), or by calling 1-800-711-6089,  
and selecting option 5, then option 4.

# Network Notes Spring 2008

Please note that clinicians and facilities are ultimately responsible for treatment  
of services determinations. You should consult your legal advisor as to how the  
references herein may impact or apply to you in your state.

© 2008 United Behavioral Health. All rights reserved.