

NetworkNotes

U.S. Behavioral Health Plan, California (USBHPC) News for Clinicians and Facilities

Fall 2009

Update Your Expertise

Clearly identifying your areas of expertise facilitates appropriate referrals. Please note that if you have received additional training or certifications to extend your areas of expertise, your practice information should be updated to reflect that. Many areas of clinical expertise can be updated online if you are a registered user of ubhonline®. For some specialties, involving specific training, experience, or outside agency approval require submission of a signed attestation, verifying that you meet defined criteria.

In addition, please remember to update your practice information within 10 days of any demographic changes. For example:

- Practice address or billing address
- Phone number
- Secure fax number
- ID numbers (Medicaid, Medicare, NPI)
- Languages spoken

Information can be updated:

- Online at www.ubhonline.com log in to the secure Transaction feature
- By e-mail to: cns_western_region@optumhealth.com (if specific forms are required, we will email them back to you with instructions)
- By contacting Network Management at 1-800-798-3053

Please remember to also call or e-mail us if you change your Tax ID number or licensure so we can assist you in making those changes to our records.



Assuring Access to Care

USBHPC has established the following standards for appointment access to ensure that all members are able to secure treatment and services in a timely manner.

Metric	Definition	Standard
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.
Routine Office Visit Wait Time	In-Office Wait Time Will Not Exceed Fifteen (15) Minutes	90%
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%

In 2008, for the fifth year in a row, USBHPC met our performance goal for Non-Life-Threatening Emergency situations. We also met our goal for Network Clinician Availability for the third straight year. In addition, we saw improvement in Routine access, although there was a slight decline in Urgent access.

We also continue to fall short of the standards for after-hours messaging and clinician's timely response to member messages.

Despite prior articles in the newsletter and other outreach efforts, we continue to find that there are clinicians who do not include guidance to members regarding what to do in an emergency

situation as part of their after-hours message. Having this critical information as part of your out-going message is vital to helping members obtain help when they are in crisis and you are not immediately available. After-hours messages can reinforce any information you may have provided verbally or in writing during the initial evaluation and may, in some cases, be helpful to individuals who are calling your office for the first time.

We also continue to hear from the members that clinicians do not call them back on a timely basis. This unresponsiveness results in frustration for members seeking appointments and often leads to complaints. We ask that all clinicians make every effort

to comply with our standards by returning members' phone calls within 24 hours.

If you are unable to meet these appointment access standards, please notify USBHPC so that our staff may assist the member in finding alternatives. Since members use the online provider directories on their member Web sites, it's important that clinicians keep their availability status current. You can quickly and easily update this information at www.ubhonline.com or by contacting Network Management at 1-800-798-3053.

Measuring Network Availability

Each year, USBHPC measures and reports on network availability throughout California in relation to our established availability standards:

Type	Standard (within number of miles from member)			Performance Goal
	Urban	Suburban	Rural	
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%

Since 2004, when we revised our standards to more effectively address the wide range of geographic distribution of our members, USBHPC has met or exceeded availability goals in all urban and suburban areas. Rural areas of California continue

to present challenges in M.D. and facility availability for acute inpatient care and intermediate care/partial hospitalization.

Throughout 2008 and continuing in 2009, we are researching and

monitoring those areas where we do not meet standards to identify and recruit new clinicians, facilities and programs that become available.

USBHPC QI Program: 2008 Achievements

Our 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 2008, 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 high performance was reported in other areas, including turn-around times for Adverse Determinations, and Customer Service call response times. Additionally, member complaints remained low and were well below the performance threshold. The majority of contractual, procedural, and financial benchmarks for claims processing were met or exceeded in 2008. Significant improvement (11 percentage points) was seen with the seven-day follow-up appointments post-psychiatric hospitalization and a five percentage point increase for

30 day follow-up. The increase in the follow-up appointments post-psychiatric hospitalization can be attributed, in part, to the Securing Aftercare for Excellence (SAFE) Initiative, which expanded in 2008 to a total of 45 facilities.

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

Managing Your Managed Care Members

As a network clinician with USBHPC, you are expected to accept all members as your calendar permits. If you are not accepting new patients, please refer the member back to USBHPC for referral to another participating clinician.

Your Participation Agreement sets forth a number of terms under which you agree to see USBHPC members. For example, a member cannot be balance-billed or asked to pay any amount over those specified by their benefit plan. Such action is a violation of the terms of your contract. Additionally, a member cannot use out-of-network benefits when seeing

a USBHPC network clinician. Out-of-network benefits can only be used when the member sees a non-participating clinician.

In order to assist members with appointment access and help you in managing your practice, we offer you the ability to designate yourself as temporarily unavailable for new referrals. Common reasons for requesting unavailable status are vacations, extended illness, and lack of available appointments. If you are unavailable to accept referrals, it is best to notify us of your lack of availability as soon as possible. You may remain unavailable for up to six

months and it is your responsibility to notify us when you are once again available for referrals. Please note that all contractual obligations continue while you are in unavailable status. Changes in your availability status may be submitted through ubhonline.com, e-mailed to us at cns_western_region@optumhealth.com or faxed to Network Management at 1-619-641-6322.

Appeals Process For Retroactive Certification

The majority of in-network behavioral health services require prior certification unless prohibited by state law. For routine outpatient services, this certification of benefits is typically obtained by the member. We strongly recommend that you ask members to bring a copy of the certification to the initial appointment when they schedule the appointment.

If the member has not obtained prior certification, you need to contact us to verify whether certification is required and, if so, to obtain certification. Registered users of ubhonline.com can verify or request certification

through the secure section of the Web site. If you are not a registered user of ubhonline.com, you may obtain verification and request certification by calling the number of the back of the member's insurance card.

It is important to be aware that certifications have an expiration date or "end date." If additional services are required after the certification expires, it is necessary to obtain a new certification. Services provided to members without required prior certification are subject to denial, with no financial liability for the member.

If, after services have been provided, you determine that no certification was obtained, an appeal process is available. Appeals must be submitted within 180 days from the receipt of the Adverse Determination via fax or mail using the appropriate contact information listed below. Additional detail about the appeals process can be found in the USBHPC Network Manual, available at ubhonline.com. A hard copy of the manual can be requested from Network Management by e-mail at cns_western_region@optumhealth.com or by calling 1-800-798-3053.

Blue Shield MHA	UBH	PBH
Attn: Appeals Coordinator PO Box 880609 San Diego, CA 92168 Phone: 1-800-798-3053 Fax: 1-619-641-6916	Attn: Clinician Appeals PO Box 32040 Oakland, CA 94604 Phone: 1-800-548-6549, ext 38655 Fax: 1-415-547-6259	PBH Appeals & Grievances PO Box 2839 San Francisco, CA 94126 Phone: 1-800-505-8826 Fax: 1-415-547-5608



ubhonline.com – USBHPC’s Star Resource

Is www.ubhonline.com in your list of Web site “Favorites”? If not, consider adding it. Through ubhonline, you can have quick access to the most current information about USBHPC at your convenience. What’s available?

Through the non-secure section of the Web site, you can find educational information and resources regarding:

- California Language Assistance Program
- ALERT Program
- Campaign for Excellence

In addition, you can find the current versions of:

- Level of Care Guidelines
- Best Practice Guidelines
- Forms (Wellness Assessments, Psych Testing Request Forms, Coordination of Care Checklist, EAP Claim Forms...and more)
- USBHPC Network Manual

Please note that a paper copy of any of the above documents can also be requested by contacting Network Management by e-mail at cns_western_region@optumhealth.com or, by phone at 1-800-798-3053.

Through the secure Transaction section of ubhonline.com, you can also:

- Review or request benefit certification
- Update your demographic information
- File claims and review their status
- Review your CFE data

All of these features offer you easily accessed information and services, available when it’s convenient to *you*.

To request a user ID for the secure section of ubhonline, use the “First-Time User” link to chat online with a ubhonline representative or call toll-free 1-866-209-9320.

Clinicians Respond to Annual Satisfaction Survey

In 2008, USBHPC surveyed 450 network clinicians who provided services to our members in 2007. For the fourth year in a row, satisfaction with Care Advocacy and Intake staff was over 90% in most categories, although we did see a decline in overall satisfaction.

Initiatives are underway to address a number of opportunities for improvement identified through the survey. One thing we noted was that a surprising number of clinicians indicated they were not aware of the ALERT® Model. To learn more about ALERT and the USBHPC open certification process, please visit ubhonline.com and select “ALERT”.

We thank all of the clinicians who took the time to participate in the survey and provide us with valuable feedback.

Exchange Information with Primary Physicians and Other Behavioral Clinicians

To ensure appropriate treatment and continuity of care for USBHPC members, we expect all network clinicians to communicate information to the member's primary physician and/or between treating behavioral clinicians. This is particularly important when a member is on medication or has significant co-morbid conditions.

Documentation of collaboration and communication with a member's other treating clinician(s) is one component reviewed during a Treatment Record Review audit. Unfortunately, it is one element that is often missing.

To help facilitate timely and effective communication between you and the member's PCP and/or other treating behavioral clinicians, we have developed a Coordination of Care Checklist. The form is designed to assist in documenting coordination of care activities and can be found on ubhonline.com by selecting "Forms" and "U.S. Behavioral Health Plan, CA (USBHPC) Forms". Alternatively, your coordination of care activities may be documented in progress notes or through another system you have developed for your practice.

For additional tips and guidelines to facilitate effective communication, please refer to the "Communication with Primary Physicians and Other Health Care Professionals" section on page 39 of the USBHPC Network Manual, also available at ubhonline.com. You can also request a paper copy of the Manual by contacting

Network Management by e-mail at cns_western_region@optumhealth.com or by calling 1-800-798-3053.

We appreciate your efforts to coordinate care with other professionals in order to provide the best possible service to members.



Members Highly Satisfied with Treatment and Services

In 2008, we conducted quarterly surveys of member satisfaction, with annual results reported during the first quarter of 2009. In order to participate in the survey, a member must have received services from a USBHPC network clinician during the previous quarter.

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 of the survey indicated that members experienced a high level of overall satisfaction with services rendered by the health plan and with treatment received. Specifically, members reported a high level of satisfaction with obtaining referrals and authorizations, satisfaction with their experience of finding an available clinician, and a slight increase was noted in their overall satisfaction with the quality of counseling or treatment received. Significantly, the survey results indicated that members remain highly satisfied overall with the services they received from USBHPC.