

NetworkNotes

United Behavioral Health News and Updates UBH Network Clinicians and Facilities

Fall 2009

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

United Behavioral Health (UBH) is continuing to grow and diversify our business. We work closely with professional associations, accrediting organizations, employer groups, health plans, government health agencies and you to define best practices and opportunities for improvements for our industry. In the health care environment today it is essential that we work together to achieve and maintain high quality, safe, effective and well coordinated services across all levels of care including collaboration with medical professionals.

Let's begin with a look at what we are doing to improve our service delivery to you. In the previous year's Clinician Satisfaction Survey, which was followed up in the spring of this year with a number of focus groups, you let us know that we need to be more accessible to you and we need to address identified problems in our Claims Customer Service area. So,

we have modified a key telephonic point of entry to correct a previously unrecognized systemic error in our call routing. This modification helps us get you to the right customer service source the first time you call. In addition, we are implementing some process changes to increase the availability of our network team. Watch for more improvements in the coming months.

We are building on our strengths. You told us that ubhonline® is a great resource and time-saver. You like the ability to complete transactions when it is most convenient for you, the secure transactions are intuitive and you like the ability to use live chat when you need help trouble-shooting or have a question.

Electronic Payments & Statements (EPS)

We are pleased to offer claim payments and remittance advices



electronically through our EPS system and technology partner, OptumHealth Financial Services. We just added another claim payment system to this service in August. Take advantage of Electronic Payments & Statements today by enrolling through the EPS link on ubhonline secure Transactions. For information about EPS, including how to register, go to our [EPS page](#).

Facility Access – Coming in 4th Quarter 2009

We plan to provide online access to some of our most popular transactions to our network facilities this year. Watch for announcements on ubhonline when this new feature becomes available.

Campaign for Excellence

Our CFE program will revolutionize the quality and efficacy of our clinical network. Enroll now through ubhonline and learn how to use our data to improve your patients' outcomes.

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In turn, we are seeing good things from the network. Facilities are reporting a variety of steps taken to reduce medication errors, ensuring patient safety and we have increased the number of facilities in Tier 1 recognition status (see related Medication Safety and FQM articles in this issue). While more work is needed, we are seeing improvements in HEDIS® measures related to the initiation of medication following ADHD diagnosis, with particular improvement for Medicaid members. In addition, overall member satisfaction remains high.

The behavioral health services that you provide are critical to overall health care delivery. It has been clearly demonstrated, for example, that treating depression that is often

associated with medical conditions such as heart disease leads to better overall health outcomes while saving on overall cost of care. Provision of behavioral EAP services is associated with significant reductions in both presenteeism (at work but unproductive) and absenteeism. Your coordination with medical professionals and, when indicated, with employers on behalf of your patients/clients improves safety and outcomes.

Our continued innovation and the strength of the network have played important roles in our continued growth. In 2010, we will welcome TRICARE South, General Electric, NBC Universal, Abbott Laboratories, Wells Fargo®/Wachovia, MillerCoors™,

Nestle, PepsiCo, Inc., Hewlett-Packard Company, and EDS, an HP Company to the UBH family.

Today, more than ever, we hear the demand for efficient and effective care with proven outcomes. Together we can combine the best technology with the most effective care to deliver excellent service and treatment. We thank you for your incorporation of the ALERT® Wellness Assessment in outpatient practice and for your engagement with quality initiatives such as the Campaign for Excellence, Facility Quality Management, timely outpatient follow-up post hospitalization and more.

Facilities Address Medication Safety: Results of the Patient Safety Survey 2008

In 2008, United Behavioral Health (UBH) conducted a survey of inpatient facilities involved in the admission, treatment and discharge of UBH members. 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 1,238 facilities with a response rate of 9.1%. Of the facilities that responded in 2008, 88% reported actions to reduce medication errors, an increase over the previous year. These actions include participation in CPOE (21.2%); compliance with UBH medication tracking requirements (85.8%) and/or other activities to reduce prescription errors (18.8%). No significant difference appears in the rate of facilities reporting participation in CPOE over the past three years. The rate at which respondents reported compliance with UBH's medication documentation requirements has increased each year, with a significant increase between 2006 and 2008. A smaller percentage of facilities reported that they were taking actions

to reduce prescribing errors even though they did not report compliance with UBH medication requirements.

UBH places a high priority on patient safety and acknowledges the steps taken by practitioners and facilities to proactively address risks. Specific actions reported by facilities included:

- ✓ Adherence to National Patient Safety Goals from the Joint Commission and Joint Commission Medication Management regulations
- ✓ Medication orders reviewed by a pharmacist prior to administration
- ✓ Standardized, evidence-based order sets
- ✓ Medication administration using bar-coded medication and patient identification, and bedside medication scanning
- ✓ Tracking all medication errors and reviews through quality assurance processes
- ✓ Repeating and verifying all verbal orders

- ✓ Using Infoscriber to support identification of drug-to-drug, drug-to-food interactions and drug allergy risks
- ✓ Electronic medication administration records (EMAR)
- ✓ Medication reconciliation upon admission and discharge
- ✓ Using the Medication Administration Check (MAK) system
- ✓ Implemented "DO NOT USE" abbreviation list

UBH's Network Manual provides more information about our facility medication documentation requirements in the section titled "[Treatment Record Documentation Requirements](#)". The manual is available at www.ubhonline.com. (Select "Guidelines/Policies" from the Quick Links on the left sidebar menu and click the appropriate manual link.) Paper copies are available by calling 1-800-807-7704.



The Campaign for Excellence posts its first results!

On July 1, the Campaign for Excellence (CFE) posted its first outcome results on ubhonline. Enrolled clinicians logged on to the secure Transactions section under “My Practice Info” on ubhonline to view their CFE scores. Clinicians who do not have enough data to obtain a score or who are not enrolled can view a sample data report.

In late July, CFE introduced the **Business Partner Rewards Program**, an exciting opportunity for all clinicians enrolled in CFE. Enrollees can obtain discounts from these business partners including Barnes&Noble® online, OfficeMax®, Call One, Inc, Insight and Wells Fargo Home Mortgage. Significant savings can be realized by using these unique partnerships. CFE-enrolled clinicians can access these discounts by logging on to the secure Transactions section of ubhonline.

New information is added frequently to the [CFE page](#), simply select the CFE Quick Link button on the home page of ubhonline. In addition, CFE-enrolled clinicians receive information and updates via e-mail as part of the CFE program.

Please visit ubhonline for the latest CFE news, forms and Frequently Asked Questions. If you are not yet enrolled in CFE, join today (see side bar for how to enroll).

Enrolling in CFE – a simple process

For Non-Registered Users of ubhonline:

Please register before enrolling in CFE.

To become a registered user of ubhonline, network clinicians may use either of the following methods:

- Click online Live chat feature
- Call toll-free 1 (866) 209-9320 to speak with a representative to request a User ID

For Registered Users of ubhonline:

Go to www.ubhonline.com and log in

- Select “Enroll in CFE”
- Required participation elements include:
 - Secure e-mail address (password protected and not accessible by anyone except you)
 - Attestation that you will participate in ALERT® through ongoing use of Wellness Assessments
 - Attestation that you will file claims electronically
- Click Submit

Maintaining Clinical Gains through Effective Discharge and Treatment Follow-up

Effective discharge planning is key to ensuring the ongoing health and well-being of a patient following acute care. Timely follow-up after hospitalization promotes continuity of care and supports a patient's return to baseline functioning. That's why UBH has adopted HEDIS® measures that the National Committee for Quality Assurance (NCQA) developed and healthcare purchasers rely upon to assess follow-up after hospitalization for mental illness.

These guidelines state:

- Follow-up should occur with a behavioral health clinician within seven (7) days of discharge
- Follow-up should occur with a behavioral health clinician within 30-days of discharge

Follow-up within seven (7) days is optimal as it:

- Facilitates stabilization
- Increases the likelihood that gains made during the hospitalization will not be lost
- Detects early post-hospitalization reactions or medication problems
- Provides on-going evaluation, education and treatment
- Improves treatment outcomes by reducing the occurrence of re-hospitalization

Care Advocates work closely with hospital discharge planners to ensure that before a UBH member leaves the hospital, a timely post-discharge follow-up appointment has been scheduled with a practitioner. This is especially important for those individuals who did not have a relationship with a behavioral health practitioner prior to their hospital admission. Without this prior relationship, an initial appointment

may otherwise be difficult to obtain within the seven-day time period. We appreciate the efforts of behavioral health practitioners to accommodate requests for appointments within seven days of discharge from psychiatric hospitalization. Your partnership with us in this initiative helps to improve the lives of the individuals we mutually serve.

Our inpatient follow-up program staff evaluate treatment compliance by contacting UBH network practitioners to verify that recently hospitalized patients have scheduled aftercare appointments and that the appointments have been kept. As a network practitioner with a signed agreement with UBH, you are able to release appointment information to us without violating HIPAA guidelines. Further, the UBH Compliance department and HIPAA guidelines state that you may disclose personal health information (PHI) for

the purposes of treatment, payment or health care operations without signed authorization from the patient to:

- A treating practitioner** (including a physician, therapist, hospital or other facility)
- The enrollee's health plan where UBH is administering benefits
- Another UBH business associate (with a signed business associate agreement to perform treatment, payment or health care operations activities on behalf of UBH)

Your help in ensuring timely and adequate follow-up for patients discharged from inpatient care is vital to facilitating therapeutic gains and successful outcomes. Thank you for your assistance.

**For our disability program, you must receive a signed Patient Release of Information before you can disclose PHI to the treating practitioner.



Informing Members about Treatment Options

The field of mental health is an unknown and intimidating topic for many individuals. Members report they lack information about different types of treatment and counseling that are available. Additionally, many individuals may receive questionable or biased information regarding treatment options from the internet. The following actions promote client education to ensure they receive accurate and comprehensive information:

- Involve members in the treatment planning process
- Assist members in understanding different types of treatment, such as therapy versus medication management
- Educate members on the success rate of behavioral health treatments in comparison with medical conditions

- Attend to members' individual needs by referring to support groups or suggesting self-help books
- Expand member views of available community resources (e.g., social clubs, assistance programs, or faith-based groups)

For targeted information, links and resources, please visit the clinician section of our member Web site LiveandWorkWell. You can access these pages through ubhonline by selecting "Clinical Resources" from the green bar across the top and then selecting "mental health condition centers." We encourage you to look at materials available to members, including brief videos on a variety of health topics. You can also refer members directly to www.liveandworkwell.com.

Responding to Your Feedback. . .

Based on valuable feedback from you, we've made some improvements to how your call to UBH Customer Service is routed. Please take our survey, coming soon to ubhonline.com, and let us know what you think.

Substance Use Screening and Treatment Engagement

Always Screen for Substance Use

All UBH enrollees over 11 years of age should be screened for substance use disorders as part of the assessment process. Several brief assessment tools are available and UBH endorses the use of the AUDIT-C, CAGE and the CRAFFT in screening for substance use. These tools can be found online at www.ubhonline.com, once there select "Forms" from the Quick Links in the left sidebar menu and then select "UBH Forms"; then scroll down to "Screening Tools."

Use Weekly Visits to Engage Patients in Substance Abuse Treatment

Beginning intensive treatment early provides patients with support often

needed to begin recovery. UBH suggests that its enrollees newly diagnosed with an Alcohol and Other Drug disorder (AOD) who are receiving outpatient treatment be seen at least weekly for a minimum of six weeks,* in addition to attending community-based support groups. When you are treating patients with Dual Diagnoses, remember to include all diagnosis codes on each claim.

Useful Resources

Clinicians can access useful resources for patients by going to our web portal, ubhonline. From the home page select Clinical Resources/Preventive Health Programs and you will find resources for members on Alcohol

Abuse and Dependence. In addition you can find member handouts on a variety of mental health and substance abuse topics at ubhonline by selecting Clinician Resources / Patient Education/ Health and Wellness Tips Sheets. Our resources are developed from peer-reviewed research and clinical-expert review. This material may be printed for members and covers topics such as: Recognizing Substance Abuse and Dependency, Avoiding Relapse and Coping with Mental Illness and Addiction.

*NCQA 2009 HEDIS® Specifications, see the NQF-Endorsed Measures at www.ncqa.org for more information.

Preventing Fraud and Abuse in Behavioral Health Care: What You Can Do to Help

The vast majority of clinicians and facilities across the country are appropriately providing and billing for indicated services. Nonetheless, recent government estimates on the cost of fraud and abuse in Medicare/Medicaid programs runs into billions of dollars annually. This abuse negatively impacts the overall delivery of services and reduces available funds for needed treatment. The Centers for Medicare and Medicaid Services (CMS) and many federal and state agencies are urging health plans and health care professionals to work toward reducing these activities.



What is Fraud and Abuse?

CMS offers the general guideline that fraud involves intentionally billing for goods or services that were never provided or received. It is important to note that fraud is a legal term subject to legal and regulatory definitions. In general, abuse involves billing practices that fall short of fraud but are inconsistent with either the intent of regulations or with professionally recognized standards of care.

What You Can Do

Review the CMS Web site that offers [information about fraud and abuse](#). This site covers useful and basic information in straightforward language and can assist you in educating your patients about their rights and responsibilities.

Establish policies and procedures within your practice to prevent the following:

- Billing for services not provided or that do not meet professional standards of care

- Filing duplicate claims
- “Upcoding” or inappropriate billing that results in a loss to the payer
- Balance billing when not allowed by contract
- Falsifying treatment records
- Solicit or receive kickbacks
- Violating health plan/managed care policies, procedures, rules, regulations or statutes

In addition, please be alert to potential fraud/abuse scenarios including:

- Use of someone else’s insurance card
- Lending, altering, or duplicating an insurance card
- Forging or altering prescriptions
- Providing incorrect eligibility or false information to obtain services
- Any collusion to defraud the payer

What UBH Does

UBH has a fraud and abuse program to assist in the detection and investigation of potential fraud or abuse for both commercial and public sector plans. We have established processes for reporting the outcome of investigations in compliance with regulatory requirements. Comprehensive fraud and abuse investigations attempt to conclude with timely payment determinations, which include standard appeal rights.

Throughout this process, UBH adheres to state and federal law, CMS guidelines, and confidentiality standards. Anyone can report potential fraud and abuse in confidence. If you become aware of fraud or abuse contact your UBH Regional Network Manager. Please provide as much information as possible.

Effective Treatment of ADHD

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood behavioral health disorders affecting an estimated three to nine percent of school-age children. These children exhibit inattentiveness and may also appear hyperactive and impulsive. Many children exhibit these common behaviors periodically, but a child with ADHD exhibits these behaviors persistently, intensely, and in a variety of settings. Boys are diagnosed with ADHD between two and three times as often as girls.

Symptoms are usually first noticed in preschool or early elementary school years. The effects of this disorder frequently persist into adolescence and adulthood. ADHD is often associated with other conditions, such as Mood and Anxiety Disorders, Conduct Disorder, Substance-related Disorders, and Personality Disorders, such as Antisocial Personality Disorder.

The appropriate diagnosis of ADHD requires a comprehensive medical evaluation to rule out potential physical conditions. The reliability of diagnosing ADHD improves when appropriate guidelines are used, and when additional history is collected from both parents and teachers.

Treatment works best with a team approach when behavioral health clinicians, doctors, parents, teachers, and other healthcare professionals, along with the family and child, all work together. The treatment plan usually includes behavioral therapy, medication, parent training, and education. This combination aids the child to focus his or her attention and to control any behavior issues. It is important to monitor the child's progress. Visits with a behavioral health clinician are recommended at least monthly until optimal results are achieved.

For participating health plans, the National Committee for Quality Assurance (NCQA) rates performance on the following HEDIS® measures for children with ADHD between 6-12 years old:

- The percentage with a new prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescriptive authority within 30 days of the initiation of treatment (Initiation Phase)
- The percentage with a prescription dispensed for ADHD medication

that remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within nine months after the Initiation Phase ends

Visit ubhonline for ADHD information and resources, including [Best Practice Guidelines](#) (from the home page you can select the "Guidelines/Policies" Quick Link in the left sidebar menu, scroll down to the Guidelines link) and the [UBH Mental Health Condition Center](#) (the link is located under "Clinical Resources").



SPIKE IN COMPLAINTS: Billing for Services in Facilities Following an Adverse Determination

We have seen a recent increase in disputes regarding billing members for services following an adverse determination. We therefore remind facilities of the following provisions related to billing of non-covered services.

Following an adverse determination, the member may be billed only if a written agreement is signed by the member following the adverse determination. The agreement must include:

- 1) that you have informed the member that UBH is unable to certify such services for coverage under the member's benefit plan;
- 2) the reason given by UBH for not authorizing the services; and

3) that as a result, the member may not receive coverage for such services under their benefit plan and will be financially responsible.

You are expected to continue providing services to members who have exhausted their covered benefits under the benefit contract. Members can be billed directly for those services and are to be charged no more than the network or facility contracted rate.

A sample [Patient Financial Responsibility Form](#) may be found on the ubhonline forms page. We encourage you to use this or a similar form when billing members for non-covered services.

Update Your Practice Information

UBH consistently works to improve members' experience with routine appointment access. Members need to have an accurate and up-to-date list of practitioners who are easily accessible to address their particular clinical needs. As a network clinician, it is your contractual responsibility to notify us when there is a demographic change pertaining to your practice, when your practice is full, or when you are not able to accept new UBH patients for any reason. You may initiate these changes in our system by:

- Submitting the change on www.ubhonline.com at "my practice info" in the secure "Transactions" available only to registered users
- Contacting Network Management (for the listing for your state, go to ubhonline and click "contact us" option found near the top right corner of the home page where you can find fax and mail information).

It is vital that you inform us of any and all changes within your practice

so we can provide accurate contact information to individuals seeking behavioral health care services. In addition, notifying UBH of changes to your practice information ensures new patient referrals can reach you and helps to prevent potential claims payment issues.

The following practice information may also be updated directly on ubhonline:

- Changes in practice location, billing address, telephone or fax number
- Your Tax Identification Number (TIN) used for claims filing
- The programs you offer (services you provide must continue to meet our credentialing criteria) and the hours you are available
- Languages you speak and your areas of expertise

Network Management remains the appropriate contact regarding your availability in the UBH Network.

FACILITY QUALITY MEASURE:

Making a Difference Together

In the past year, the Facility Quality Measure (FQM) program sent four FQM Scorecards to qualifying facilities – one per quarter. The scorecards have been well-received by the facilities and improvement in overall quality is a proven result. (Please see table). We have increased the number of Tier I facilities and decreased the number of Tier III facilities, thereby ensuring that thousands of our members are receiving better care.

FQM continues its tradition of continuous improvement. A new process improvement project for FQM was kicked off in July. Goals include adding Public Sector data to the

scorecard, reviewing cost comparisons as a way to determine value, and we will be considering other quality metrics to enhance the program.

Please e-mail Florence Martin at fqm@uhc.com with questions regarding the FQM program.

	Facilities	Tier 1	Tier 2	Tier 3
April 2009	894	48%	42%	10%
May 2008	792	28%	51%	20%

News and updates for UBH-contracted clinicians and facilities
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We welcome your comments on this issue and suggestions for future editions. Please contact Debbie Court at debra.court@optumhealth.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 option 5.

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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