

# NetworkNotes

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

Spring 2009

## Timely Return of Phone Calls



In a recent review of calls made by USBHPC care advocates to obtain appointments, fewer than 50% of the clinicians contacted returned the call within 24 hours. Importantly, on-going analysis of member complaints indicates that the most frequent cause of member complaints is clinicians not returning calls in a timely manner.

We want to remind you of the importance of returning all calls from your patients and USBHPC-referred enrollees. This is especially critical if you are currently unable to accept new patients. In that case, please call these enrollees back to let them know you are unavailable and instruct them to call USBHPC again so they can obtain a new referral.

You may also request USBHPC to list you in our database as temporarily unavailable for new referrals for up to six months. This will prevent us from continuing to refer new members to you during that unavailable period and will reduce incoming calls. You can request that we make you unavailable through ubhonline or by contacting Network Management at 1-800-798-

3053. Remember to contact us once you become available again for new referrals. If we have not heard from you, we will automatically make you available again after the six-month period. For additional information about clinician unavailable status, refer to the "[Behavioral Health Clinician Network Requirements](#)" in the USBHPC Network Manual.

# Providing Instruction in Crisis Situations

Your contract with USBHPC requires that you provide or arrange for the provision of assistance to members in emergency situations 24 hours a day, seven days a week. In order to meet this requirement, it is crucial that your after-hours coverage and messaging include instructions for obtaining emergency care. Even if you routinely provide emergency instruction to your patients at the outset of treatment, that information may not be readily available to the patient or family in a crisis situation. In order to ensure that a member can receive instruction when you are not available, we recommend one or more of the following:

- Instruction to contact 911 or go to the nearest emergency room in the event of an emergency
- Availability of an answering service that can contact you directly on behalf of the enrollee
- Availability of a “covering provider” with instructions on how to contact that provider



- Provision of a cell phone or pager number by which the patient can contact you
- Information and telephone number of any local crisis support organization(s)

Please take the time to review your after-hours message. If you do not currently include instruction for what to do in an emergency, modify your message to help ensure that members always know how to obtain the care they need.

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## Latest USBHPC Network Manual Now Available

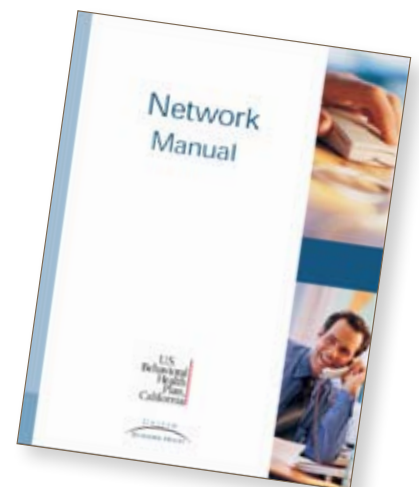
The new [USBHPC Network Manual](#) is now available. The new version combines the formerly distinct USBHPC Clinician and Facility Manuals. You can find the manual at [www.ubhonline.com](http://www.ubhonline.com) in the “Guidelines/Policies” section under “Clinical Resources.” Be sure to select the USBHPC Network Manual, which applies to all of our California clinicians.

The manual includes:

- Frequently asked questions;
- Network participation guidelines;
- A comprehensive section outlining our treatment record documentation standards;

- Information about the ALERT outcomes-based clinical model;
- Information about USBHPC’s Language Assistance Program
- Information on our quality improvement and utilization management programs
- And much more.

The manual can be downloaded and printed directly from the Web site, [www.ubhonline.com](http://www.ubhonline.com), or you may bookmark it for quick reference. If you do not have Internet access and would like a paper copy, please contact Clinical Network Services at 1-800-798-3053.



# California Senate Bill 853: Language Assistance Regulations

Beginning January 1, 2009, all health plans regulated by the California Department of Managed Health Care (DMHC) are required to offer language assistance services to enrollees with Limited English Proficiency (LEP). USBHPC has developed a language assistance program to meet the specific requirements set forth in the regulations as promulgated by California Senate Bill 853 (SB 853).

## **USBHPC's Language Assistance Program Includes The Following Services**

### **At No Charge To The Enrollee Or The Provider:**

- Informing enrollees and providers about the available language services.
- Providing information to enrollees about bilingual clinicians through the online clinician directory.
- Oral interpretation services in the caller's language of choice via the Language Line to any enrollee who requires language assistance.
- Oral interpretation of relevant written USBHPC English-version documents via the Language Line, per the regulations.
- Written translation into threshold languages of relevant written USBHPC English-version documents, per the regulations.

### **What Is Required Of Clinicians And Facilities?**

- Offer the LEP enrollee free interpretation services through USBHPC even when accompanied by a family member or friend who is able to interpret.
- Document the acceptance or declining of interpreter services in the enrollee's chart.
- Post a one-page notice in your waiting room/facility of the availability of language assistance (Notice). The [Notice](#) is available to you via ubhonline and in the USBHPC Network Manual, which can also be found at ubhonline.
- Make available to enrollees, upon request, a pre-translated version of the DMHC grievance process and Independent Medical Review (IMR) application and instructions. Providers may access the DMHC grievance instructions and IMR application on the Department's Web site at [www.dmhc.ca.gov](http://www.dmhc.ca.gov) or by clicking on the link provided on [www.ubhonline.com](http://www.ubhonline.com).
- Go to [www.ubhonline.com](http://www.ubhonline.com) to obtain the pre-translated versions of the USBHPC Grievance Form in each threshold language as well as the English version accompanied by the notice of availability of language assistance.
- If language assistance is required, contact USBHPC at the number provided on the back of the enrollee's ID card so that we can assist you by using the Language Line to provide telephonic oral interpretation.

As required by the regulations, USBHPC monitors provider compliance with the Language Assistance Program. This occurs through site visits and treatment record reviews.

USBHPC has revised the provider contracts, the Network Manual, and ubhonline to include the information you need to fully comply with SB 853 and the USBHPC Language Assistance Program. In an October 2008 mailing, you received written notification about these updates and you are now able to access the Notice and Grievance Forms described above. You are required to keep these on hand for distribution to members upon request. Additionally, there are [tools](#) on ubhonline to support you in working with enrollees with LEP.

We understand that we serve an increasingly diverse membership in California. We believe that it's important to accommodate our enrollees' language preferences, and we are pleased to partner with you to help ensure that language is never an obstacle to accessing appropriate care and services.



# California's Healthy Families Program for Children and Teens

The Healthy Families Program sponsored by the State of California offers low cost health insurance for children and teens up to age 19 that meet the program requirements and do not qualify for Medi-Cal. Healthy Families provides coverage for comprehensive mental health services, including psychiatric evaluation, medication management, outpatient therapy, wrap-around services and respite care to children who are assessed by their county mental health program to be "Severely Emotionally Disturbed" (SED). These services are provided by county mental health without a co-payment assigned to the child or their family.

When accepting a new child patient, be aware that the child may be identified as covered through Healthy Families if the parent's insurance card indicates the child is enrolled in the program.

To assist the child and the family in taking advantage of the Healthy Families program, please follow this procedure:

1. Complete an initial assessment of the patient (we will certify a maximum of three sessions to complete this) and provide the following information to our care advocacy staff:
  - Child's name and birth date
  - Primary language of the child and family
  - Diagnosis and descriptors on all 5 axes
  - Symptoms, including presence of any substance abuse, suicidal/homicidal ideation, hallucinations, and duration of these symptoms
  - Current psychotropic medications and name of prescribing physician
  - A short description regarding how symptoms affect the child's ability to manage self-care and family relationships and ability to function at school or in the community
2. If the child appears to meet SED criteria, we will refer the family to the county to schedule an evaluation. We may also certify

additional sessions with you to continue treatment for the patient until the county's assessment takes place.

3. If the child qualifies for mental health treatment from the Healthy Families Program, the county assumes responsibility for the child's treatment services using a county clinician. Sessions that we have already certified may be used for transition of treatment.
4. If the child is not eligible for mental health treatment from the Healthy Families Program, he or she may continue with their current services.
5. Members covered under Healthy Families are eligible for this coverage until the last day of the month in which they turn 19.

For further information about Healthy Families, please contact the number on the back of the member's insurance card or look up online information at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

# Is Your Practice Information Current?

Members may be referred to you by our intake services or by self-referral based on a review of information available on the member Web site. Referrals and timely access to appropriate services rely on the contact and service information you provide. Clinician searches may specify a certain geographic area, clinical expertise, and/or particular language needs.

When access information is outdated or inaccurate, it becomes a barrier to treatment. As a contracted USBHPC clinician or facility, it is imperative that your access information stays current. Please be sure to update any changes to the following:

- Address of your practice and/or billing location
- Languages spoken
- Phone number
- Secure fax number
- Licensure
- ID numbers (tax, Medicaid, Medicare, NPI)
- Treatment expertise

Information can be updated:

- Online at [www.ubhonline.com](http://www.ubhonline.com) (for registered users of ubhonline)
- By email to: [cns\\_western\\_region@optumhealth.com](mailto: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

## Communicate Enrollee Rights and Responsibilities

You can find a copy of the USBHPC Enrollee Rights and Responsibilities (in English and Spanish), the UBH Member Rights and Responsibilities, and the Blue Shield of California Mental Health Service Administrator Enrollee Rights and Responsibilities in the [appendices](#) of the USBHPC Network Manual at ubhonline in the “Guidelines/Policies” section.

USBHPC requests that you display the Enrollee Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to USBHPC, Blue Shield of California MHS, and UBH members. All members benefit from reviewing these standards in the treatment setting. If you do not have Internet access and would like paper copies of these documents sent to you, please contact Network Management at 1- 800-798-3053.