

NetworkNotes

United Behavioral Health News and Updates UBH-Contracted Clinicians and Facilities

Spring 2009

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

United Behavioral Health (UBH) continues our commitment to quality with strong programs that recognize both clinicians and facilities for sound clinical care and outcomes. The Campaign for Excellence has recently begun enrollment for network clinicians (see CFE update article in this issue) while Facility Quality Management (FQM) has been actively engaging and effectively partnering with facilities for over a year. We are very pleased to note a significant change in two of our FQM quality metrics. The Follow-up Appointments Scheduled within 7 days of Discharge measure and the Follow-up appointments Kept within 7 days of discharge have significantly improved.

| Metric | Change over last half of 2008 |
|--|-------------------------------|
| Appointment scheduled within 7 days of discharge | Increased by 28% |
| Appointment kept within 7 days of discharge | Increased by 21% |

This has resulted in clear improvement in quality of care for our members and opportunities for network facilities to move to higher levels of recognition.

We have recently concluded a survey asking facilities for feedback on FQM as we look for opportunities to continuously improve our programs in support of high quality and effective care. We will be sharing the results of that survey in our next issue of the newsletter.

Consumers today have more choices and more decisions to make about their healthcare coverage and services than ever before. Innovative quality initiatives like CFE and FQM support our working together to provide members with meaningful information that facilitates informed choices and treatment engagement. In addition to providing you with relevant data about your practice or facility, we



will be introducing resources and tools over the course of this year to assist you with outcome measures.

With a number of plan renewals and new sales, many of you have begun seeing our OptumHealthSM Behavioral Solutions brand. OptumHealth brings together 10 UnitedHealth Group[®] specialty companies. As noted in our previous branding announcement, you will continue to see the UBH name for many customers. Of particular importance to you: there are no operational or contractual changes at this time. Should there be any changes that impact you or your patients, be assured that they will be communicated well in advance.

New to the UBH family are The Empire Plan of New York, Hewlett-Packard, Michelin North America, Sound Health & Wellness Trust, United Airlines EAP, Whirlpool EAP, East and West Tennessee public sector, New Mexico public sector (OptumHealth New Mexico) and Pierce County Washington public sector. We welcome them all to UBH!

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Autism Spectrum Disorders: Building the Network to Meet the Need

UBH is building an autism specialty network to meet the growing demands across the country for behavioral treatment of autism spectrum disorders (ASD). Our network development approach includes both individual and organizational providers who offer intensive behavioral treatment for the autism spectrum, including licensed mental health clinicians as well as Board Certified Behavior Analysts (BCBA).

Current network clinicians as well as intensive outpatient and partial program providers are encouraged to contact us if you or your program offer expertise and behavioral services for ASD so that you can be considered for inclusion in the autism specialty network. To locate the Network Management team for your state, select "[Contact Us](#)" under the "Quick Links" on the left side of the homepage.



Enroll Now: Campaign for Excellence is Growing

The Campaign for Excellence (CFE) has enrolled thousands of network clinicians since its introduction in November 2008.

CFE remains a voluntary program that will ultimately differentiate the UBH/USBHPC clinician networks based on the quality of care provided to our members. CFE is a performance measurement and reporting program. Upon joining CFE, clinicians are eligible to receive recognition based on program enrollment and quality treatment outcomes as measured by the ALERT® Wellness Assessment, a reliable and valid outcomes instrument.

The following entry criteria have been established for the Campaign for Excellence:

- Submission of ALERT® Wellness Assessments at the initial appointment and at session 3, 4 or

5 as required by your UBH/USBHPC Participation Agreement (required for Masters and Doctoral level clinicians)

- Having a secure e-mail address on file with UBH
- Agreement to submit claims electronically

Clinicians can [enroll in CFE](#) anytime by going to www.ubhonline.com. You will achieve recognition based on program enrollment and quality outcomes. CFE will provide you with opportunities to enhance your practice by incorporating member engagement and outcomes data.

Please send questions regarding CFE to our e-mail at cfe@uhc.com.

Quality of Care Initiative: Screening for Common Behavioral Health Concerns

The U.S. Preventive Services Task Force (USPSTF) recommends that primary physicians screen patients for depression and alcohol misuse. To support this national healthcare initiative, UBH asks you to screen your behavioral health clients, including adolescents, for alcohol misuse and depression. As you know, these common disorders often adversely affect family quality of life and clinical outcomes. Screening for these disorders is key to treatment as it can contribute to readiness to change and appropriately focused treatment. Screening doesn't replace diagnosis, but it can illuminate issues that contribute to sound diagnosis.

To support you in this quality of care initiative, UBH has identified two sensitive and specific screens which are accurate and easy to use. For depression, the Whooley Depression Screen (Whooley et al., 1997), a two question screening tool, is both quick and sensitive and can be given to all clients. Other tools are also available, such as the PHQ-9, the Beck Depression Inventory, the Zung depression scale, the HAM-D, the CES-D, and the use of the DSM-IV criteria in screening.

For alcohol, the AUDIT-C screen for hazardous drinking and alcohol use disorders (Saunders, Aasland, Babor, de la Fuente, & Grant, 1993) is a reliable 3-question tool that can help you identify hazardous drinking or alcohol use disorders including alcohol abuse or dependence. Other screening tools include the NIAAA Two Question Screen, MAST/BMAST, CAGE, and use of the DSM-IV criteria in screening.

In addition, UBH's Wellness Assessment incorporates screening questions for both depression and alcohol and ALERT notifications are provided when risk is detected.

Clients who score positive for hazardous drinking can benefit from a simple Brief Intervention (BI). BI is a skill set defined by researchers and described more fully in the reference below. The essence of BI is four steps, taken over the course of one to four visits:

1. Express concern about the patient's drinking
2. Link the client's drinking to his/her health concerns
3. Offer explicit advice to stay below recommended limits
4. Follow-up at the next visit

To get a copy of the Whooley or the AUDIT-C, email your request to BHInfo@uhc.com. For more information on these disorders, you and your patients may access the liveandworkwell.com Web site of UBH.

For more information on screening and BI, visit this Web site: www.bu.edu/act/index.html. The Alcohol Clinical Training (ACT) Project, established by the Boston Medical Center and Boston University Schools of Medicine and Public Health, disseminates the latest research on alcohol and teaches pragmatic clinical skills to screen and conduct brief intervention for alcohol problems. While this site is directed to primary physicians, it speaks to us as well.

REFERENCES

Fleming, M and Baier Manwell, L. Brief intervention in primary care settings: A primary treatment method for at-risk, problem, and dependant drinkers. *Alcohol Research and Health* 23: 128-137.

Saunders, J. B.; Aasland, O.G.; Babor, T.F.; de la Fuente, J.R.; and Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction* 88, 791-804.

Whooley, M, Avins, A, Miranda, J, Browner, W. (1997). Case-finding instruments for depression: Two questions are as good as many. *J Gen Intern Med* 12: 439-45.

Expertise in Disability Evaluations/Management Needed

The UBH Disability SolutionsSM program is designed to provide for early intervention, thorough assessment and focused treatment for psychiatric conditions that can inhibit a member's ability to function effectively in the workplace. We are seeking additional contracted clinicians to provide services to members who are participating in this program.

If you have expertise in this area and are interested in being part of the Disability Solutions program, please take this opportunity to review the [Disability Solutions Manual](#) at www.ubhonline.com. From the home page, select "Guidelines/Policies" and scroll down to the Disability Solutions Manual. The manual offers a

description of the program and outlines the criteria for clinician participation. If you meet the criteria, the forms necessary for participation can be found at [ubhonline](#) in the "Forms" section. Select "United Behavioral Health (UBH) Forms" and scroll to "[Disability Solutions Program Forms](#)". Please complete the "Memorandum of Understanding" and the "Specialty Attestation for Disability Evaluation/Management" and return them to your Network Manager.

A listing of Network Managers by state can also be found at [ubhonline](#) by selecting the "[Contact Us](#)" link on the home page.

Medical Necessity Reviews of Outpatient Treatment

UBH assists you in providing timely and effective treatment interventions by identifying certain behavioral health risks through its ALERT® outpatient treatment program and “alerting” you to the presence of these risks. UBH licensed Care Advocates also contact outpatient practitioners at periodic intervals to review members’ ongoing care for medical necessity. Areas addressed during a medical necessity review include:

- Clarification of Current Mental Health Status
 - Risk issues
 - Diagnosis supported by symptoms
 - Medications
 - Baseline functioning
 - Functional impairment
- Clarification of Treatment Plan & Progress
 - Measurable goals
 - Member participation in treatment
 - Progress toward goals
 - Inclusion of family/social system
 - How will you/member know when treatment episode is complete?

After gathering this information, the Care Advocate will discuss the case with you to determine whether ongoing care is medically necessary. Specifically, he or she will look for confirmation of the following:

Participation

- The member is actively participating in treatment, or likely to comply after stabilization
- The family/social system is participating as needed

Plan

- The treatment plan focuses on realistic, achievable, specific, and measurable goals that are appropriate to the member’s condition
- An appropriate discharge plan exists

Progress

- Measurable/reasonable progress has occurred, or
- Lack of progress is being addressed by an appropriate change in treatment plan, or
- There is clear and compelling evidence that continued treatment at this level/intensity is necessary to prevent acute deterioration or relapse

Based on this discussion, one of three outcomes is possible. In most cases, the Care Advocate will document in the member’s clinical record that medical necessity criteria are clearly met and no additional follow-up is indicated. In others, the Care Advocate will work

with you to revise the member’s treatment plan so that criteria are met, and schedule a follow-up call to discuss the revisions with you. In those circumstances where the Care Advocate is not able to substantiate that medical necessity criteria are met, the Care Advocate will forward your case to a licensed peer reviewer who will reach out to you for further discussion.

The formal UBH Level of Care Guidelines used for making medical necessity decisions for outpatient and ongoing treatment can be found on ubhonline.com, from the homepage, select “Clinical Resources” and then “guidelines/policies”, scroll down to the links for [Level of Care Guidelines](#).



When to turn in a Wellness Assessment

- ... With every UBH/USBHPC member, new or returning to routine outpatient therapy
- ... At the first, or second session of a new treatment episode
- ... A second Wellness Assessment at session 3, 4, or 5
- ... When seeing a family, the Wellness Assessment is for the primary patient under whose name the billing will be filed

Check out the [ALERT page](#) at www.ubhonline.com for specifics regarding when to turn in a Wellness Assessment and other answers about how to implement ALERT.

Medicare Advantage and Access to Care

Network clinicians need to be familiar with standards and rules established by the Centers for Medicare and Medicaid Services (CMS) related to access, quality, confidentiality, antidiscrimination, and provider participation. For example, the CMS Medicare Advantage (MA) program specifies that health care services are not to be delivered or withheld on the basis of enrollee characteristics or payment conditions. The National Committee for Quality Assurance (NCQA) sets forth the standard in this way:

... *members are not discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.*

UBH has processes in place to ensure that members are not discriminated against, that they have appropriate access to care and that other such professional, community and regulatory standards are met. One process is our treatment record and site audits. Specifically, UBH will review during a site visit, that clinicians have policies and procedures in place that demonstrate that they do not discriminate against members in health care service delivery and accept all patients in need of services they provide. For more [information](#) about audits, go to the UBH Network Manual posted under "Guidelines/Policies" on the Quick Links menu; to view [audit tools](#), go to "Forms" on the Quick Links menu and select either UBH or USBHPC forms, then scroll down to the audit tools.

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS®) is the leading set of standardized healthcare performance measures. Designed and maintained by the National Committee for Quality Assurance (NCQA), HEDIS allows comparisons among managed care plans. HEDIS reports on major public health issues such as cancer, heart disease, smoking, depression, and diabetes.

HEDIS includes four major measures related to behavioral health services in the United States.

1. Follow-Up After Hospitalization for Mental Illness

2. Antidepressant Medication Management
3. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication
4. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

The measures correspond with best clinical practices and are based on scientific evidence. By standardizing these measures, NCQA has established a level playing ground on which managed behavioral health organizations — and their clinician networks — can compete. With your

help, the quality of care delivered to health plan enrollees will improve.

NCQA publishes the results for the HEDIS measures in its State of Health Care Quality (SOHCQ) report. The SOHCQ is available for free download at www.ncqa.org. From the NCQA home page left sidebar menu, select "Newsroom" and then select "State of Health Care Quality".

Reminders and Updates

Open Certification Process

Our most recent clinician satisfaction survey results indicate clinicians may lack familiarity with what services are covered under UBH's open certification process. For a comprehensive guide to determining what services fall under UBH's open authorization process, please refer to www.ubhonline.com. To access a list of [covered service codes](#), select the Clinical Resources tab near the top of the page, then select ALERT program and then "Covered Services"

Prior Certification

Prior certification is required for most services under most benefit plans. This requirement includes routine outpatient therapy sessions. Clinicians who are registered users of ubhonline can log in to the secure transaction features to view members certification status ("Cert Inquiry") and if a certification is not already in place, can request one be entered ("Cert Request"). You may also call the number on the back of the member's insurance card to inquire about or request a certification.

Become a Registered User of ubhonline®

Conducting transactions on ubhonline is fast and easy. Network clinicians are encouraged to become registered

users in order to take advantage of the following features:

- Claim entry and status of processing
- Certification inquiry and request
- Pre-population of Wellness Assessment demographic information
- Updates to practice information
- Enrollment in the Campaign for Excellence

To become a registered user, click on "First-time User" found in the upper right corner of the homepage. A pop-up message will allow you to connect to our "live chat" online support

feature, which is available from 8 a.m. until 5 p.m. Central time. You may also call 1- 866-209-9320 (toll-free) to request a user ID.

Updated Credentialing Plans Posted

UBH and USBHPC have posted updated [Credentialing Plans](#). They are available on ubhonline. From the homepage, click on "Guidelines/ Policies" under the Quick Links on the left, then scroll down to the Credentialing Plans. You may also request a copy by contacting your Network Management team by calling 1-800-711-6089, and selecting option 5, then option 4.



WebNeuro Assessment: Pathways for Treatment

In our last newsletter, our "VP Corner" talked about our managed care exclusivity with Brain Resource, an Australian company that has pioneered a new assessment tool to help clinicians "see" how their patients' brains are performing.

The assessment is called WebNeuro and it has been utilized with our EAP and Life Solutions members since last fall. Over 500 members have been offered the opportunity to take the assessment after an initial screening for depression. Their clinicians receive a WebNeuro Patient Results Report (WPRR) to use as a tool in determining if their patient is depressed and the best possible treatment pathways.

Our collaboration with Brain Resource has been viewed very favorably by our current and potential client companies. We are reviewing several applications for the assessment tool and we will keep you informed of our progress.

If you are interested in learning more about Brain Health and the WebNeuro assessment, please go to our website at www.ubhonline.com and view the "Treatment Updates" article on the homepage: "OptumHealth Introduces WebNeuro!"

Antidepressant Medication Management: Improving Treatment Compliance

While depression is the most common behavioral health condition affecting adults, it is also the most treatable. The National Committee for Quality Assurance (NCQA) has established two measures to monitor medication compliance for patients with depression who are prescribed antidepressant medication. Compliance is monitored for the percentage of patients that stay on their antidepressant medication for at least three months and those that stay on their antidepressant medication for at least six months.

One way to increase patient medication compliance is with education at the beginning of the treatment episode. Patients should receive information related to the following key areas:

- How antidepressants work
- Benefits of antidepressant treatment
- Expectations regarding the remission of symptoms

- How long the medications should be used
- Coping with side effects of the medication

Remind patients to:

- Speak to their health care professional often about the side effects of the medication.
- Tell their health professional about all current medical conditions and medications they are taking, including nonprescription drugs, herbs, and supplements to support assessment of potential drug interactions.
- Schedule regular follow-up appointments so their health care professional can monitor progress to determine whether a particular medication is working for them.
- Consider that they may need to try several different medications before finding the one that works best.



- Continue to take medication as prescribed for at least 6 months after they feel better in order to reduce the chances of feeling depressed again. Patients should understand that some people need to remain on medication for several months or years (maintenance therapy). Others need medication for the remainder of their lives, especially those who have had several episodes of major depression.

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. Include 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.

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 are instrumental in assisting facilities and members in locating an outpatient clinician who is able to provide timely appointments.

If you are treating a member who has been discharged from an inpatient setting, we expect the individual to be seen within seven days of that discharge regardless of the diagnosis.

A prompt appointment post-inpatient treatment:

- Promotes stabilization
- Increases the likelihood that gains made during the hospitalization will be maintained
- Supports detection of early post-hospitalization reactions or medication problems
- Facilitates continued assessment, education and treatment
- Improves treatment outcomes by reducing the occurrence of re-hospitalization

Our Inpatient Follow-Up Program is designed to support treatment compliance during the critical transition between levels of care. A central component of this program is our outreach to clinicians to verify that recently hospitalized members have made aftercare appointments and that they 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 Participation Agreement for this information.

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

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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 4.

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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