

NetworkNotes

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

Fall 2010

USBHPC and PBHC Have Merged

U.S. Behavioral Health Plan, California (USBHPC) and PacifiCare Behavioral Health of California, Inc. (PBHC) received approval from the California Department of Managed Health Care (DMHC) as of July 2, 2010 for the legal merger of the two organizations and their operations to become a single company with a new brand name.

The new brand name (which may be abbreviated as OHBSC) is already being used on some materials and communications from the merged entity and will be replacing the now

former brand names, U.S. Behavioral Health Plan, California and PacifiCare Behavioral Health of California, Inc.

There is no affect on your current contract or credentialing with the merged entity, USBHPC. Members may still be identified as USBHPC or PBHC until all merger activities are complete.

Effective July 2, 2010, the Tax Identification Numbers (TIN) for the membership of PacifiCare Behavioral Health of California, Inc. and PacifiCare Behavioral Health, Inc. (PacifiCare) have changed as outlined in the table below.

OptumHealthSM
Behavioral Solutions of California

PacifiCare Entity	Old TIN (retiring)	New TIN July 2, 2010	1099-MISC Issuer
PacifiCare Behavioral Health of California, Inc. (PBHC)	95-4166547	94-3077084	U.S. Behavioral Health Plan, California (USBHPC)
PacifiCare Behavioral Health, Inc. (PBH)	33-0538634	94-2649097	United Behavioral Health (UBH)

For the 2010 tax year, these TIN changes will only appear on the Form 1099-MISC that you receive from UBH and/or USBHPC. Providers seeing PBH or PBHC membership will continue to receive payments from PacifiCare (checks will continue to reflect the PacifiCare brand).

All payments you received in 2010 for services provided to PacifiCare membership will be reported in the Form 1099-MISC that you receive from UBH and/or USBHPC. The Form 1099-MISC for the 2010 tax year will be sent to you in 2011 in accordance with federal timelines. Questions may be directed to Network Management, call toll-free (866) 243-4044.

Ensuring Timely Access to Care

Effective January 17, 2011, all health care service plans that provide or arrange for the provision of hospital or physician services, including specialized behavioral health plans must be fully compliant with the Timely Access to Non-Emergency Health Care Services regulations as promulgated by the California

Department of Managed Health Care (DMHC) per 2002 legislation under Assembly Bill 2179.

The regulations require that health care services be provided in a timely manner, consistent with good professional practice and appropriate for the nature of a member's condition. Additionally, the Plan must ensure

that its contracted provider network has adequate capacity and availability to offer member appointments within certain timeframes. The following standards for appointment access to urgent and non-urgent care have been established by USBHPC to ensure that members are able to secure treatment in a timely manner.

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 of the request for appointment
ROUTINE (Non-Urgent)	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 of the request for appointment

These standards previously established, and currently in place, by the Plan, either meet or exceed the DMHCTimely Access to Non-Emergency Health Care Services regulations. The time for a particular appointment may be extended if the Plan has determined and documented that a longer waiting time will not have a detrimental impact on the member's health.

In order to measure compliance with these standards, USBHPC will:

- Conduct an annual member experience survey

- Conduct an annual provider survey to solicit perspective and concerns regarding compliance with the standards
- Track network capacity and availability
- Review and evaluate accessibility, availability, and continuity of care information at least quarterly
- Monitor member complaints and appeals
- Conduct site reviews of high volume providers

Patterns of non-compliance will be considered more so than isolated episodes. USBHPC assesses behavioral health concerns for members requesting services to determine the urgency of the member's need for care.

In addition to the Timely Access to Care Standards, USBHPC established standards related to Appointment Availability, Office Wait Time, Provider Telephone Time (messaging and call-back), and Network Capacity:

Standard	Criteria	Anticipated Compliance
Non-Life-Threatening Emergency	Members who are not at imminent risk of harm to self or others but whose situation requires immediate assessment or care in order to stabilize a condition or situation, must be offered an appointment within 6 hours	100%
Routine Office Visit Wait Time	In-office wait time will not exceed 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	Providers 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%

Putting it into Perspective

The most recent measure of the USBHPC Network for Access to Care Standards shows high performance marks for the following standards:

- Urgent
- Non-Life-Threatening Emergency Situations
- Network Clinician Availability

The standard of Clinician's Timely Response to Enrollee Messages improved over the prior year.

The following standards require attention:

After-Hours Answering System and Messaging:

Please take a few minutes to review your answering machine message to ensure that it includes instructions to members regarding what they should do in an emergency situation. Even if you have provided

written instructions to your clients, consider that they may not have those instructions close at hand in a crisis situation. The guidance you provide through your phone message could be critical to aiding a member in crisis.

Clinician's Timely Response to Enrollee Messages:

We continue to receive complaints from members regarding clinicians not returning calls in a timely manner. If you are going to be away from the office and unable to access your messages, please be sure that your out-going message reflects that information in addition to instructing the members regarding emergency situations.

We are committed to clinically appropriate and timely access to care and expect these standards to be a part of the quality care provided by the USBHPC Network.

Coordinating Care for Healthier Lives

As a specialty, behavioral healthcare has an obligation to foster overall healthier lives. At USBHPC, our mission is to help people achieve that goal. However, even the best work to address mental health and substance use issues can be jeopardized by underlying medical conditions. A recent survey of the USBHPC Network reveals that a significant portion of clinicians do not coordinate care with a member's Primary Care Physician (PCP) on a routine basis and many clinicians report they do not believe it is even necessary.

Primary Care Physicians continue to express interest in receiving frequent and comprehensive information about their patients who are receiving behavioral health services. A behavioral health condition, including those considered "routine" or uncomplicated from a mental health professional's perspective, could be regarded as a significant complication

of the patient's medical condition by the Primary Care Physician.

All USBHPC Network Clinicians are expected to coordinate care with a member's PCP, other behavioral health clinicians and, if applicable, hospital staff. This communication should be documented in the member record. Treatment records are subject to review. Verification of Coordination of Care with a member's PCP can occur as part of audits for high-volume clinicians, routine random audits, reviews of facilities and audits concerning quality of care issues.

The collaboration that is achieved through coordination of care with the PCP can mean a big difference in your client's quality of care, healthy outcomes and overall quality of life. Only you can coordinate care concerning your treatment interventions.

Members Highly Satisfied with Treatment and Services

The most recent annual findings of member satisfaction show high marks. Members who were surveyed received services from a USBHPC-contracted clinician in 2009.

The survey assessed member satisfaction along multiple domains including obtaining referrals or authorizations; accessibility and acceptability of the clinician network; customer service; treatment/quality of care; and overall satisfaction.

Results of the survey indicate that members experience high overall satisfaction with treatment received and services rendered. High levels of satisfaction are associated with obtaining referrals and authorizations. Satisfaction is reported with their experience of finding an available clinician.

Over 90% of survey respondents rate the quality of counseling or treatment they received as favorable. In addition, over 90% report that the treatment they received from their clinician helped them better manage their problems and their overall health.

Preventive Health Programs and Educational Mailings

As Blue Shield of California's Mental Health Service Administrator, we offer Blue Shield members Preventive Health Programs for:

Major Depressive Disorder

This program supports members who have recently been hospitalized with a diagnosis of depression. During hospitalization, a Care Advocate monitors progress and encourages the facility to have an outpatient appointment scheduled prior to discharge. After discharge, a Care Coordinator follows up with the member to encourage use of outpatient services and assist with finding appointments, if necessary. Additionally, each member receives three separate mailings, one month apart, to educate them about their condition. These mailings cover the topics of Depression (general information), antidepressant medication, and the value of psychotherapy. Together, these interventions are focused on helping the member to maintain therapeutic goals achieved and to prevent rehospitalization.

Attention-Deficit/Hyperactivity Disorder (ADHD)

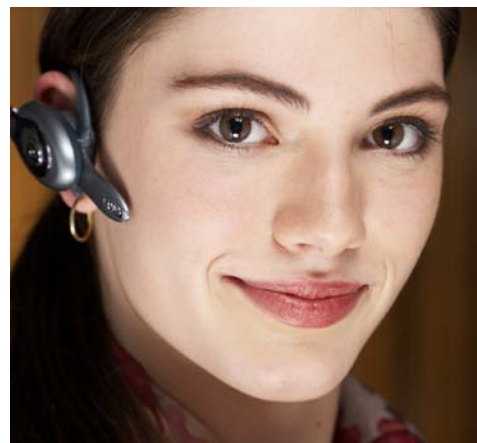
This program provides an educational packet to parents of children ages six to twelve who have been recently diagnosed with ADHD. The packet is aimed at helping parents understand their child's diagnosis, potential treatment options including commonly used medications and the role of community resources. It also identifies some techniques for helping their child cope with ADHD. The materials are sent to parents within twelve weeks of the initial diagnosis.

Bipolar Disorder Education Program

This program offers articles that are intended to provide more information about:

- Bipolar Disorder
- Various treatments available
- What members can do to improve their quality of life

The first article, *What is Bipolar Disorder?*, is a general description of Bipolar Disorder, its causes and appropriate treatment. This description



emphasizes the importance of taking medications as prescribed by the treating doctor. The second article, *Helpful Hints for Managing Bipolar Disorder*, outlines strategies for managing Bipolar Disorder.

These programs and mailings support early detection, the delivery of quality care and treatment success. To request materials or refer a Blue Shield of California member to any of these programs, please call 1-619-641-6335 and leave your name, mailing address and the information you would like to receive.

Late Claims No Longer Accepted

Your USBHPC Agreement and the [USBHPC Network Manual](#) state that claims must be received by us within ninety (90) days from the date of service. Many claims are received more than 90 calendar days after the date that services are rendered. It is important to USBHPC, as well as to providers and members, that we consistently administer the provisions of our contracts.

Effective September 1, 2010, all contracted clinicians and facilities are required to comply with the 90 calendar day submission requirement. Claims received more than 90 calendar days after the date of service will be rejected for payment. In that event, it is important to remember that members may not be billed for more than the applicable co-payment or coinsurance amounts.

The use of ubhonline for clinicians, and electronic data interchange (EDI) for facilities and clinicians can assist with the timely filing of claims. For more information about these services, visit www.ubhonline.com.

Thank you for your attention to this important requirement. If you have questions, please contact Network Management toll-free (866) 243-4044.

Monitoring Network Availability

The most recent results are in for the compliance measurement of the standards for geographic availability for the USBHPC Network.

Clinicians and facilities are in geographic positions of availability to provide services to membership in all urban and suburban areas of

California. In rural areas, M.D. and facility availability continues to be a challenge. The addition of acute and intermediate care programs has resulted in significant improvement. However, we continue to monitor rural areas to identify new clinicians or facility programs that become available.

If you are aware of new clinicians, facilities or programs that would help improve the availability of services for members in a largely rural area of California, please contact Network Management toll-free (866) 243-4044.

Clinician 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%

Data collected 2009

Public Policy Committee

In accordance with California law, USBHPC has a Public Policy Committee to provide formal structure for the comments and participation of covered members, employer, and health plan representatives. This committee consists of at least three members, one contracted clinician and one member of the USBHPC Board of Directors.

Responsibilities of the Public Policy Committee include:

- Evaluating care and service proposals
- Defining USBHPC public policy in accordance with the state's Knox-Keene Act

- Reviewing Member grievance data
- Discussing Member and provider satisfaction survey results
- Reviewing the company's financial condition

The Public Policy Committee meets quarterly and reports to the USBHPC Board of Directors. For more information regarding committee membership, please contact Eileen Innecken, Director of Regulatory Affairs (619) 641-6907.

U.S. Behavioral Health Plan, California Important Reminders

Affirmative Incentive Statement

Care advocate decision-making is based only on the appropriateness of care as defined by the Level of Care Guidelines, the Psychological and Neuropsychological Testing Guidelines, the member's benefit plan, and applicable state and federal laws.

Level of Care Guidelines are designed to produce consistency in decision-making by the care advocacy and medical staff and to help you reach optimal clinical outcomes. All treatment certified by USBHPC must be outcomes-driven, clinically necessary, evidence-based, and provided in the least restrictive environment possible. USBHPC does not reward its staff, practitioners or other individuals for issuing denials of coverage or service care. Utilization management decision makers do not receive financial or other incentives that encourage decisions that result in underutilization of services.

You will find the Level of Care Guidelines, along with the Best Practice Guidelines and the Supplemental and Measurable Guidelines, at [ubhonline](#). A paper copy is available by request from Network Management.

Care Advocacy Process Provides Peer Review Discussion

Our care advocacy process offers every clinician the opportunity to discuss a potential adverse determination based on medical necessity with an appropriate peer reviewer of USBHPC before the final determination. You may request a discussion with a peer reviewer at any time during the decision process or after the decision has been made. A peer reviewer can be reached by calling the number shown in the certification letter or an adverse determination letter or by calling the number on the back of the member's identification card and requesting to speak with a peer reviewer.

Treatment Record Documentation Standards

Treatment record documentation and maintenance standards address content requirements, including coordination of care activities with a member's PCP or other treating clinicians and a member's acceptance or refusal of services through the [California Language Assistance Program](#), if applicable. In addition, these standards address record keeping organization and retrieval along with patient confidentiality. All network clinicians and facilities are required to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

Treatment record documentation requirements can be found in the USBHPC Network Manual at [www.ubhonline.com](#). A paper copy is available by request from Network Management by calling toll-free (866) 243-4044.

Quality Achievements

The role of the Quality Improvement (QI) Program is to monitor access to care and availability of clinicians, quality of care and services, patient safety, and appropriate utilization of resources. Every year, an in-depth evaluation is performed of the QI Program which includes a review of USBHPC structure and processes that support these components of care. Presented here are the findings of the most recent evaluation conducted in 2009:

- Outstanding Performance in the areas of network availability and accessibility
- High performance for Turn-a-round Time for Member Appeals and Complaints, Resolution of Clinician

Disputes Turn-a-round Time for Adverse Determines and Customer Service Call Response Time

- Member Complaints area was below the performance threshold
- Benchmarks related to Claims Processing met or exceeded expectations
- Significant improvement was seen with the Seven-day Follow-up Appointments Post Psychiatric Hospitalization and 30 Day Follow-up

An Executive Summary of the most recent QI performance evaluation is available by calling toll-free (866) 243-4044.

Clinician Satisfaction Shows Improvement

In 2009, USBHPC surveyed 600 network clinicians who provided services to our members in 2008. Overall satisfaction with USBHPC showed 8% improvement over the prior year. Satisfaction with Care Advocacy, Intake and Clinical Network Services was over 90% in the majority of categories. Improvement was also noted in most categories for Claims and Customer Service.

The responses to the annual survey play a key role in identifying opportunities for us to improve our operations and practices. For example, Network Management introduced a new phone system which allows for more "live answer" time and added an e-mailbox to enable providers to contact us more easily.

Thank you to all of the clinicians who took part in the survey and provided us with valuable feedback.

Secured Online Transactions Available for Facilities

Network facilities registered with www.ubhonline.com can now gain access to the following secured online transactions:

- **Claim Status** – look up status of facility claims
- **Eligibility & Benefits** – search for member eligibility and benefits in real-time
- **Electronic Payments and Statements (EPS)** – enroll for and receive electronic payments and statements – including electronic 835 downloads

Become a registered user of ubhonline (click on the First-time User link located at the top right of the home page)

Special Notice Regarding University of California Employee Claims

We encourage all clinicians to submit claims electronically, either through our secure Web site, www.ubhonline.com or via Electronic Data Interchange (EDI). However, if you do not submit your claims electronically, please note that claims for employees of the University of California must be submitted to their designated claims address:

PO Box 30760
Salt Lake City, UT 84130-0760

If you submit your claims electronically, no special handling is required. Information regarding electronic submission of claims can be found on ubhonline.