

NetworkNotes

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

Spring 2010

Treatment Record Documentation Requirements

Thorough, high-quality documentation and maintenance of medical records related to behavioral health services are key elements of member safety, as well as continuity and coordination of care. United Behavioral Health (UBH) has developed comprehensive standards for documentation and maintenance of clinical records that are in line with the standards established by recognized national accrediting organizations. UBH requires all network clinicians and facilities to maintain records in a manner consistent with these standards and to conform to all applicable statutes and regulations.

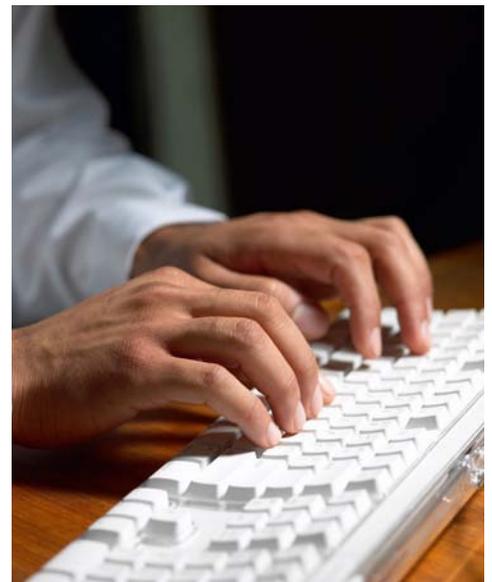
These documentation standards include details on recording clinical assessments, recommendations, treatment interventions and member response to treatment. They also address the need to document continuity and coordination of care activities, informed consent and special status situations.

It's important to note that treatment records need to be stored in a secure area, and practice sites must have an established procedure to maintain the confidentiality of treatment

records. Clinicians and facilities need to maintain an organized treatment record-keeping system that allows for easy retrieval and access by authorized personnel only.

UBH may review clinician or facility records during a scheduled On-site Audit. An On-site Audit can occur for a number of reasons, including reviews of high volume clinicians, reviews of facilities without national accreditation and investigations of potential quality-of-care issues or member complaints brought to UBH's attention. Additionally, clinicians and facilities may be asked to submit treatment records to UBH for review.

The audits focus on the completeness and quality of documentation within treatment records. UBH has established a passing performance goal of 80 percent for both the Treatment Record Review and On-site Audit. Scores under 85 percent require the submission of a written Corrective Action Plan. Scores under 80 percent require a written Corrective Action Plan and a re-audit within four to six months of the acceptance of the Corrective Action Plan.



For the full list of [documentation requirements](#), please refer to your [UBH Network Manual](#), which is available at www.ubhonline.com. To request a paper copy of these requirements, please contact [Network Management](#).

UBH Member Rights and Responsibilities

It's important that you provide a paper copy of the UBH [Member Rights and Responsibilities](#) statement to any UBH member who asks for one. You can download and print the most recent version from the [UBH Network](#)

[Manual](#) posted on [ubhonline](#) (select "clinical resources," then "guidelines/policies"). To request a paper copy of the revised statement, please contact [Network Management](#).

Inform Members about Treatment Options

UBH has been working to improve member satisfaction regarding being informed about treatment options. To support this opportunity for improving member satisfaction, please remember to:

- Inform members about self-help or support groups
- Inform members about the different kinds of counseling or treatment that are available

The UBH member Web site, www.liveandworkwell.com, provides a link to a National Resource Directory to which members can be referred. This site allows members to find national, state and local resources for specific behavioral health conditions and life events (parenting, grief, disaster resources, etc.).

In addition, UBH's clinician Web site, [ubhonline](http://ubhonline.com), can connect you to various organizations (Select "Clinical Resources"; then "Links"; then "[Consumer Organizations/Self-Help](#)"). There is a link to the [National Alliance for the Mentally Ill](#), which allows you to find local resources and support groups for your members.

Please be aware that Medicare and Medicaid members may not have easy access to internet resources, such as, www.liveandworkwell.com and therefore may require additional assistance in understanding their treatment options.

Mental Health Condition Centers on liveandworkwell.com

UBH includes Mental Health Condition Centers on the UBH member Web site, liveandworkwell.com. (A link is also provided from the clinical resources section at [ubhonline](http://ubhonline.com).) These centers provide information about several mental health and substance abuse diagnoses, symptoms, treatment options, prevention and other resources in one, easy-to-access area. Just click any of the Mental Health Condition Center links to find information on the following topics:

ABUSE CONDITION CENTERS

Child Maltreatment and Neglect
Domestic Violence
Elder Abuse

ADHD CONDITION CENTERS

ADHD in Adults
ADHD in Children and Adolescents

ALCOHOL & DRUG ABUSE/ DEPENDENCE CONDITION CENTERS

Alcohol-Related Conditions in Adults
Alcohol-Related Conditions in Children and Adolescents
Drug-Related Conditions in Adults
Drug-Related Conditions in Children and Adolescents

ANXIETY CONDITION CENTERS

Generalized Anxiety Disorder
Obsessive Compulsive Disorder
Panic Disorder
Post-Traumatic Stress Disorder
Social Anxiety Disorder

AUTISM CONDITION CENTERS

Autism

BIPOLAR DISORDER CONDITION CENTERS

Bipolar Disorder in Adults
Bipolar Disorder in Children and Adolescents

DEMENTIA CONDITION CENTERS

Alzheimer's Disease

DEPRESSION CONDITION CENTERS

Depression in Adults
Depression in Children and Adolescents
Postpartum Depression
Seasonal Affective Disorder

EATING DISORDERS CONDITION CENTERS

Anorexia Nervosa
Bulimia Nervosa

GRIEF CONDITION CENTERS

Grief

PERSONALITY DISORDERS CONDITION CENTERS

Borderline Personality Disorder

SCHIZOPHRENIA CONDITION CENTERS

Schizophrenia in Adults
Schizophrenia in Children and Adolescents

Timely Access to Care

To help ensure timely access to care and service, UBH has established the standards shown below. Because the specific standards may vary by state and/or customer, please refer to the UBH Network Manual and addenda available at www.ubhonline.com.

Telephone Calls to UBH Screening and Triage Services

- Calls are answered by a non-recorded voice within 30 seconds
- Less than 5 percent of callers will disconnect prior to reaching a live voice

Appointments with UBH Clinicians

- In a life-threatening emergency, members must be seen immediately.
- In a non-life-threatening emergency, members must be offered an appointment within six (6) hours.

- In an urgent situation, members must be offered an appointment within 48 hours (or 24 hours in some states).
- For routine situations, an appointment must be offered to members within 10 business days (or 5 days in some states).
- After discharge from an acute inpatient level of care, members should attend an appointment with a behavioral health clinician within seven (7) days of the date of discharge.

UBH also encourages all contracted clinicians to see members within 15 minutes of their scheduled appointment time. Please continue your efforts to be on time for appointments.

If you are unable to meet these appointment access standards, please notify UBH so that UBH staff may assist the member in finding

alternatives. Since members use the “Find a Clinician” feature of the UBH member Web site, it’s important that clinicians keep their availability status current. You can quickly and easily update this information by logging into the secure Transaction section of ubhonline and selecting “My Practice Info” or by contacting [Network Management](#).



Preventive Health Program

UBH has an online preventive health program that focuses on Major Depressive Disorder, Alcohol Abuse/Dependence and Attention Deficit/Hyperactivity Disorder (ADHD). The program materials for each condition include educational materials, a member self-assessment, a list of resources and specific information

on how to use the program. UBH periodically reviews the program content and updates it as appropriate. To view and print the current material for each of these three conditions, please visit [ubhonline](#) and select “clinical resources,” then “member education,” then “[preventive health program](#).” To request a paper copy of

any of this material, contact Network Management. UBH will continue to look for ways to improve this program. If you have any input or comments about the program, please contact [Network Management](#).

Honoring the Billing Agreement

The feedback we’ve received from members indicates that some network clinicians and facilities have charged the entire cost of services up front or balance-billed members for fees beyond the contracted amount. The Member Protection provisions of the UBH Participation Agreement allow you to request from members only applicable member expenses (copay, coinsurance and/or deductible).

For more information about this and other UBH billing and claims guidelines, please consult the “[Compensation and Claims Processing](#)” section of your [UBH Network Manual](#). The manual is available under the clinical resources section of ubhonline. If you have questions regarding a specific billing or claims issue, please call the toll-free mental health services number on the back of the member’s insurance card to speak with a UBH customer service representative.

Clinical Practice Guidelines

UBH has adopted nationally recognized [Best Practice Guidelines](#) authored by the American Psychiatric Association (APA), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Expert Consensus Guideline Series. The guidelines define objective and evidence-based parameters of care. UBH reviews the guidelines at least every two years and makes updates as necessary. Our expectation is that these guidelines will help guide clinicians in providing the most

effective scientifically-based treatment currently available.

In addition to adopting and distributing the Best Practice Guidelines, UBH has created [Supplemental and Measurable Guidelines](#) for the treatment of Bipolar Disorder, Attention-Deficit/Hyperactivity Disorder (ADHD) with children and Major Depressive Disorder (MDD).

UBH monitors compliance with at least two important aspects of clinical care for each of these Supplemental

and Measurable Guidelines on at least an annual basis. Through this review process, a detailed analysis is conducted, potential barriers are identified and interventions are implemented to improve performance. These Supplemental and Measurable Guidelines were updated in 2009 partly as a result of feedback from network clinicians.

	Major Depressive Disorder (MDD)	Attention-Deficit/Hyperactivity Disorder (ADHD)	Bipolar Disorder
COMPONENT 1	Patients diagnosed with MDD receive a minimum of six (6) medication management and/or psychotherapy visits during the 84 (12 weeks) days following a new diagnosis of MDD.	Children 6-12 years old should be seen for a minimum of four (4) medication management and/or psychotherapy visits within six (6) months of the initial diagnosis of ADHD.	Patients should receive at least one (1) medication management or ECT visit within one (1) month of the initial diagnosis of bipolar disorder; Patient should receive at least three (3) medication management or ECT visits between 31 – 180 days (6 months); and Patient should receive at least one (1) medication management or ECT visit between 180 – 301 days (10 months),
COMPONENT 2	Patients diagnosed with MDD receiving care from a mental health practitioner should continue antidepressant medication for 180 days following a new diagnosis and prescription.	For children receiving care from a behavioral health practitioner, the time between the initial and second visit should be 30 days or less.	Patients should be seen for at least two (2) visits with a behavioral health practitioner within the initial six (6) months of outpatient treatment.
COMPONENT 3	N/A	N/A	When a patient with Bipolar Disorder receives inpatient care, follow-up is to occur within seven (7) days of discharge from inpatient treatment.

Please visit [ubhonline](#) for additional information. This Web site provides a listing of the Best Practice Guidelines adopted by UBH from the APA, AACAP and The Expert Consensus Guidelines. Direct links are included to these organizations. This site also provides full descriptions of the

UBH [Supplemental and Measurable Guidelines](#) referenced above and educational materials for members and clinicians. You may also call UBH to request a paper copy of this information. Please contact [Network Management](#) for your state.

Coordinating Care between Behavioral Health Practitioners and Medical Health Care Professionals: Beneficial to All

UBH requires network practitioners to communicate relevant treatment information to the member's primary physician and/or between treating behavioral health practitioners. Communication among members' treating practitioners improves the quality of care received and facilitates improvement in a member's well-being by:

- Minimizing potential adverse medication interactions
 - A study published in the December 24-31, 2008 Journal of the American Medical Association (JAMA), using a nationally representative sample of 57-85 year old adults living in the community, indicated that among older adults, nearly 30% use at least 5 prescription medications, nearly 50% use prescription and over-the-counter medications together, and nearly 4% (1 in 25) are potentially at-risk for an adverse or hazardous reaction due to medication interactions.¹
- Reducing both medical and relapse risk for members with substance use disorders
 - Individuals with substance abuse may be placed at increased relapse risk by being prescribed medication with addictive potential to treat a medical condition, by the flare-up of psychiatric symptoms leading an individual to discontinue all medications, and by untreated

or insufficiently treated anxiety or depression. Uncontrolled substance abuse may also be responsible for or may exacerbate a range of medical, psychiatric, and behavioral health conditions, and can interfere or adversely interact with prescribed medication treatment for a medical or psychiatric condition.^{2, 3, 4}

- Promoting early identification of noncompliance with medical and/or behavioral health treatment
 - We now know that behavioral factors such as noncompliance contribute to 6 of the 10 leading causes of death.⁵

In order to achieve the benefits described above, it is recommended that you report to other treating professionals that you are seeing the member and provide diagnostic and treatment information including prescribed medications and expected course of treatment.

An easy-to-use [Confidential Exchange of Information Form](#) has been created that you may use to facilitate coordination of care. This form is located on the ubhonline Forms page under "Sample Forms and Letters." This form does require the member's signature authorizing the release of information.

As a part of coordinating care, you will need demographic information (name, address, phone/fax number) for the

member's other treating mental health clinicians. To obtain this information, you can search for network clinicians on ubhonline. From the home page, select "Our Network" then "[Clinician Directory](#)". We also suggest that you encourage members who are new to your practice to bring this information to their first session.

Coordination of care also benefits you as the clinician. The process develops credibility, establishes mutually beneficial collaborative relationships and provides opportunities for referrals.

References

- 1 Qato, D.M., Alexander, C., Conti, R.M., Johnson, M., Schumm, P., Lindau, S.T. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *Journal of the American Medical Association*, 2008, 300 (24), 2867-2878.
- 2 National Institutes of Health: National Institute on Drug Abuse (NIDA). Medical consequences of drug abuse. <http://www.drugabuse.gov/consequences/>
- 3 National Institutes of Health: National Institute on Drug Abuse (NIDA). Prescription drugs abuse and addiction. <http://www.drugabuse.gov/ResearchReports/Prescription/Prescription.html>
- 4 National Institute on Alcohol Abuse and Alcoholism (NIAAA). Alcohol and Co-Morbid Mental Health Disorders (special edition). *Alcohol Research & Health*, 2002, 26 (2), 81-155.
- 5 Breckler, S.J. (American Psychological Association Executive Director of Sciences). Science Directions: Psychological science and health care reform. *American Psychological Association Monitor on Psychology*, 2009, 40 (8), 53.

Postpartum Depression Screening

Postpartum Depression (PPD) can occur a few days or even months after childbirth. We work with specific health plans to increase the awareness of PPD among women at risk. For these health plans, new mothers receive an educational brochure. The brochure contains a self-screening tool and encourages professional assessment if symptoms are present.

UBH Staff Availability and Questions about the Care Advocacy Process

Each UBH Care Advocacy Center is open for normal business operations Monday through Friday from 8 a.m. to 5 p.m., except on holidays. However, care advocacy staff are available 24/7, including holidays and weekends, to discuss clinical determinations, appeals or any other questions about the care advocacy process please call the toll-free number on the back of the member's insurance card to reach the appropriate care advocate.

If you have received a certification letter or an adverse determination letter and wish to discuss any aspect of the decision with the care advocate or peer reviewer who made the decision, please call the toll-free number provided in the letter or the toll-free number on the member's insurance card. For all potential adverse determinations based on the UBH Level of Care Guidelines, UBH makes a peer reviewer available to you before the decision is made so that you may provide additional information about the case. You may discuss an adverse determination with the peer reviewer during the case review process or after the decision was made. If the peer reviewer who made the decision is not available, UBH makes an appropriate peer reviewer available to you to discuss the decision. If you need additional assistance, you can always call Network Management who will help you identify and contact the care advocate or peer reviewer for your specific case.

To contact [Network Management](#), go to ubhonline and select "contact us", or call the following number: 1-800-711-6089, select option 2 and then option 5.

Affirmative Incentive Statement

Care Management decision-making is based only on the appropriateness of care as defined by the [UBH Level of Care Guidelines](#), the [UBH Psychological and Neuropsychological Testing Guidelines](#), and the existence of coverage for the requested service. UBH does not reward its staff, practitioners or other individuals for issuing denials of coverage or service. Utilization management decision-makers do not receive financial or other incentives that result in underutilization of services.

The UBH Level of Care Guidelines and the UBH Psychological and Neuropsychological Testing Guidelines are available and can be downloaded from [ubhonline](#). Select "guidelines/policies" from the "clinical resources" menu on the left side of the home page, and click on the company or state-specific link appropriate to your member. To request a paper copy of any of these guidelines, please contact [Network Management](#).

UBH Promotes Quality Improvement

UBH reviews and revises its Quality Improvement (QI) program each year. The QI program recommends policy, sets standards for customer services and quality of care and makes sure actions are taken to improve performance and quality when needed. If you'd like a copy of the documents, we can provide you with an overview of the program that includes a report of progress we have made toward meeting our goals.

To request a paper copy of a summary of UBH's QI program description, annual evaluation or other QI activities that highlight information about our QI program goals, processes and outcomes, please contact [Network Management](#) for your state.