

Network Notes

OptumHealth News and Updates for UBH-Contracted Clinicians and Facilities

Fall 2011

Empowering Professionals to Focus on Patient Care

By Deb Adler

Changing out window dressing is quick and easy but it's still the same window. By contrast, the changes needed universally in health care today are urgent, challenging and foundational. We are, therefore, intensely focused each day on laying the necessary groundwork to meet tomorrow's needs. In the last newsletter, I introduced the work that we are undertaking to serve you better and which is critical to our overall goal of building Sustainable Health Communities. Today, I'm going to provide some updates on current changes.

A Sustainable Health Community is one where costs are lower, quality of care is higher and health outcomes are consequently better.

First, you may notice our new colors as we move into stronger alignment with Optum. Please see "We Are Optum" and "OptumHealth and You" in this newsletter for an introduction to how we are leveraging the strengths of all Optum companies to make health care better for everyone. Combining stability and technology with past lessons and current insights, we are committed to making real and enduring change in health care. We are about the business of helping people - often at their most vulnerable moments. Clearly, we need to work closely with you to deliver on this commitment.

This brings us to my second update. Returning to some central findings from



our Voice of the Customer work, I want to share a few near-term improvements. You may recall from the previous newsletter (see [newsletter archives](#), Spring 2011), the three messages we heard loud and clear from you were: increase availability of services through ubhonline®; offer global solutions to reduce challenges you face in a multi-payor environment; and respect your profession and provide you with tools that best support you and your clients. Here's what you can expect in the near term:

Enhancements to ubhonline

Available this winter, the first of many enhancements that will deliver more services with the 24 hours, 7 days a week online convenience you requested. We are introducing two new time-saving, secure Transaction features:

My Patients

- Build and manage your own patient list with us
 - Make a one-time member search to create your list
 - Add and delete member records based on whether they are in active treatment
- Select one, some or all of the patients on your list to perform Claim Inquiry
- Download the results of your inquiry to your desktop in order to sort, filter, or search within a batch of claims records

My Patients' one-time member search simplifies transactions over time. One search yields the record you use during the course of your patient's active treatment. And you can pull data for multiple members with a single transaction. We are introducing this feature in combination

with Claim Inquiry because it is one of the most frequent transactions both online and by phone. Use of ubhonline will streamline this task for you, delivering consolidated information and reducing time spent on the phone.

Claim Adjustment Request

- Create a claim adjustment request
- Select adjustment reason code from a drop-down list
- Enter notes to provide details related to the adjustment request
- Auto-routes to the appropriate team
- View the status of a claim adjustment request

The online Claim Adjustment Request feature reduces errors by letting you see and correct entries before submitting. Go electronic for faster and more efficient claim resolution.

Care Advocacy

Our clinical teams are also making significant changes designed to bring greater consistency to your experience with us, more focus on the strengths and long-term wellness of those we serve, and with that, better outcomes. We are starting with pilots for facility-based care in three of our Care Advocacy Centers which allows us to gather and incorporate feedback from you while we are building our new structure to support critical industry and consumer needs over time.

Recovery and Resiliency

These terms may be quite familiar to some and somewhat newer to others in our network. A number of therapy models speak to or rely significantly on the value of identifying and building upon client strengths. Mental health professionals have also closely considered the role of client rights and self determination in establishing treatment goals. In addition, there has been a great deal of movement over the past 10 or more years from consumers to seek and create an overarching model of Recovery and Resiliency that consistently leverages strengths, instills hope, and

orients individuals toward living full and meaningful lives.

Recovery and Resiliency promotes a number of values associated with establishing and maintaining wellness. This approach recognizes the:

- Human dignity of each person
- Ability of individuals to recover ground after a setback
- Importance of self-determination
- Ability of individuals to achieve mastery of goals

This does not mean the symptoms or illness are ignored or not clearly identified. Certainly advancements in psychopharmacology, for example, have expanded and strengthened the foundation upon which individuals can build their strategy and effectively use tools and resources to meet life's challenges. Recovery and Resiliency simply puts the focus on personal goals and strengths rather than on illness. It recognizes the individual has personal strengths and resources that can and should be tapped as part of their recovery and wellness plan.

What to Expect: Clinical reviews will include more focus on consumer strengths and access to community resources; more real-time, person-to-person reviews; and will reduce the time needed to complete standard reviews (representing the majority of reviews) and allowing more time on reviews with greater clinical complexity.

Stay tuned for more from us about Recovery and Resiliency. These concepts can and are shaping delivery of care and have an important place in the development of Sustainable Health Communities

We've been listening. We know that to win your respect, we have to earn it. There is a great deal more on our blueprints for meaningful and enduring change. Check in regularly to ubhonline for up-to-date information and, if you haven't already, become a registered user. Take advantage of the ease, efficiency and cost-savings of our growing online functionality.

Electronic Claim Submissions: HIPAA 5010 Requirements Effect Payments

The deadline for compliance with HIPAA 5010 electronic claim submissions is January 1, 2012.

Providers are reminded to coordinate with your Electronic Data Interchange (EDI) or Clearinghouse vendors as well as your practice management software vendors to ensure ability to file in the new 5010 format. For clinicians filing professional and EAP claims on ubhonline, the 5010 format will be supported through the web site and no additional action is needed from you for those electronic claim submissions.

It is important to note that the federal mandate considers acceptance by Payors of the 4010 file format after the January deadline a violation of the regulation. Therefore, non-compliant submissions are subject to rejection. At this time, regulators have stated that the January 1, 2012 compliance date is not subject to change.

For information and regular updates on HIPAA 5010, visit the [Centers for Medicare and Medicaid Services](#) (CMS) web site.

We are Optum™

Welcome to Optum! Our focus is on Sustainable Healthcare Communities supporting high quality patient-centered care locally while leveraging global and cost-effective solutions worldwide.

About Optum

Optum is a health services business comprised of three market-leading business segments — OptumHealth, OptumInsight (previously Ingenix) and OptumRx (previously Prescription Solutions). Collectively, we touch and impact almost every point across the health system, including payers, providers, sponsors, hospitals and consumers.

Optum serves people throughout the entire health system — from those who promote wellness and prevention, to those who provide care, to those who

research, manage and deliver medications. We apply this unique perspective and our varied services to solve challenges in the system.

Fundamentally, we are dedicated to making the health system better for everyone.

Visit us at www.optum.com



OptumHealth and You

OptumHealth is aligning more closely with other Optum businesses to address today's health system challenges and to prepare for tomorrow's needs.

Everyone – consumers, clinicians, hospitals, insurers – has a part to play in improving health and health care. At OptumHealth, we want consumers to have access to the information and services they need and care providers to be able to focus on patient care. We will support Sustainable Health Communities through global solutions enabling more

efficient systems and processes that reduce administrative costs and, at the local level, through development and promotion of community-based patient care resources.

You will continue to see our United Behavioral Health and U.S. Behavioral Health Plan, California brands. Your contract continues to be with UBH or, in California, with USBHPC.

Optum and OptumHealth have made a long-term commitment to real and enduring change. We recognize that those who provide care are essential to meeting

our goal of building successful Sustainable Healthcare Communities. We look forward to working with you over the next several years to establish connected, intelligent and aligned systems and processes that make health care work better one community at a time.



OPTUMHealth™

Campaign for Excellence Expands to Group Practices

We are pleased offer the [Campaign for Excellence](#) (CFE) program to group practices.

Effective October 1, groups are now able to enroll in CFE and access their group aggregate outcomes data. To date we have 66 groups representing over 6,600 clinicians actively enrolled in the program. Like individual clinicians enrolled in CFE, these groups can now view their first outcome measures within the secure Transaction area of ubhonline.com.

Introduced in 2008 for individual clinicians, CFE is a voluntary performance measurement program that differentiates the clinician network based on the quality of care provided to members. As a part of CFE, groups are now be eligible to receive recognition based on quality treatment outcomes as measured by the ALERT® Wellness Assessment, a reliable and valid outcomes instrument. For information about how to enroll, go the CFE page on ubhonline and join your colleagues in the pursuit of excellence.

CFE was established in response to requests from members and customers for increased transparency, value and choice within behavioral health services. CFE is driven by input from our National Advisory Council and network clinicians regarding measurement of performance and is guided by current clinical outcomes research. This program reinforces our shared belief that patient outcomes are the most important indicator of quality.

If you have questions about CFE, feel free to contact cfe@uhc.com.

ALERT® Online

You can now monitor your clients' progress in treatment and your clinical effectiveness using ALERT Online. This interactive report is available at your convenience. It supports outcomes-informed treatment: studies demonstrate that therapists who are routinely provided with feedback to self-report treatment questionnaires for their clients significantly improve outcomes when compared to those who do not receive feedback.

In addition ALERT Online lets you compare your results to our national network of clinicians and provides recognition for clinical excellence. The report contains information from Wellness Assessments submitted by you or your clients within the past 24 months. Because the system updates nightly, Wellness Assessments may be viewed within 24-48 hours of submission.

ALERT Online is easy to navigate, take a few minutes for a [guided tour](#) of the secure Transaction feature.

¹ Brodey, et al (2005). Am J Manag Care, 11, 774-780. Lambert, et al (2005). J Clin Psychol, 61, 165-174. Lambert, et al (2001).. Psychotherapy Research, 11, 49-68.

ubhonline® Continues to Expand Secure Features

Registered users of ubhonline are able to conduct many transactions 24 hours per day, 7 days per week. Our claim entry feature will accommodate the HIPAA 5010 upgrade requirements which become effective January 1, 2012. In addition to professional and EAP claim entry, ubhonline supports a range of functions:

- Eligibility and Benefits Inquiry
- Electronic Payments and Statements
- Clinician Reports
 - ALERT Online
 - Campaign for Excellence
- Facility Reports
 - Facility Quality Measures

- New Features
 - My Patients
- Claim Adjustment Request

We are responding to your feedback requesting access to more online services. You can expect additional features to be added. In support of both new and existing users of ubhonline we are offering monthly webinars. For information on topics, dates and times, visit our [webinars information and access](#) page.

To take full advantage of our time-saving online resources, you must be a registered user.

Registering for ubhonline

To request a user ID:

Select the First-time User link in the upper right hand corner of the home page Click on the ubhonline Support icon to access our Live Chat feature

Or

Call 1 (866) 209-9320

The ubhonline Support Center is available from 7:00 a.m. to 9:00 p.m. Central Time, Monday through Friday, excluding holidays.

The National Registry of Evidence-based Programs and Practices: A Clinical Resource

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) catalogues interventions used for prevention or treatment of mental health and substance use (MH/SU) conditions. This online searchable resource contains more than 200 interventions that are reviewed and rated by independent reviewers. This registry relies on a self-nominating system and intervention summaries are added regularly. There is a current open call to researchers and intervention developers through February 2012 for submission of interventions. Learn more about submitting interventions on the NREPP's [Submission page](#).



Treatment information you will find on the NREPP

The NREPP lists an "intervention summary" for every treatment it reviews. Intervention summaries include:

- General intervention information
- The research outcomes reviewed
- Ratings on research quality
- Ratings on dissemination material
- Reviewed studies and materials
- Contact information to obtain more information about implementation or research

How can the NREPP be useful to you in your practice?

The NREPP promotes informed decision making.

- The summaries can help determine if an intervention meets client needs
- Contact information allows you to ask the intervention developer for more information
 - The NREPP provides a list of potential questions to support a pre-implementation discussion

The NREPP also rates the quality of research supporting outcomes and accessibility of training. SAMHSA cautions that these ratings do not reflect effectiveness of the interventions and advises users of the registry to carefully consider the Key Findings within the intervention summaries. Further, SAMHSA reminds users of the site that the registry is not exhaustive nor does inclusion carry any endorsement by SAMHSA.

Wellness Recovery Action Plan

One example of an intervention recently added to the registry is Wellness Recovery Action Plan or WRAP®. This typically time-limited, group intervention strategy for adults, developed by Mary Ellen Copeland, Ph.D., has the following goals according to the NREPP registry:

- Teach participants how to implement the key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) in their day-to-day lives
- Help participants organize a list of their wellness tools--activities they can use to help themselves feel better when they are experiencing mental health difficulties and to prevent these difficulties from arising

- Assist each participant in creating an advance directive that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
- Help each participant develop an individualized post-crisis plan for use as the mental health difficulty subsides, to promote a return to wellness

The full report covers more information about implementation, studies considered, availability of information and materials.

This peer-based program help consumers develop their own personalized plan for managing wellness and getting health needs met using individual strengths and accessing support available from significant others and within the mental health care system. Visit [SAMHSA's NREPP web site](#) for more information about WRAP.

Field Care Advocacy Program

By Danny Stoll, Ed.S, LPC

Our Field Care Advocacy program is a specialized service designed to fulfill our mission to help enrollees live their lives to the fullest. We work towards achieving our mission by promoting recovery and resiliency in the community.

The FCA acts as a direct liaison between UBH and network providers assisting with referrals and authorization of services.

This specialized service was created to address the needs of enrollees who receive more acute levels of psychiatric and substance abuse care as a result of their behavioral health diagnoses, and who may also lack adequate social support systems. Field Care Advocates (FCAs) are

licensed master's level behavioral health clinicians who identify barriers to successful treatment and link the consumers to services that can help overcome these barriers. FCAs may also assist with referrals to both innovative services that have proven effective through research and/or practice and to traditional psychotherapy and medication management. During their involvement with the consumer, the FCA strives to engage the individual in the treatment planning process by

- Incorporating their ideas in the development of a treatment plan
- Listening to and, accounting for, what has not worked for them in the past

The primary goal of the FCA's work is to guide individuals towards services with proven successful treatment outcomes,

increased stability, and a connection to the community in which they live.

The FCA program focuses on consumers who have difficulty maintaining stability within traditional outpatient services and have a higher incidence of acute behavioral health treatment episodes. Individuals with clinical complexity or lacking social supports may also be identified for FCA involvement. Our Field Care Advocacy program embraces tenets of the recovery and resiliency model such as treating individuals with respect and dignity, encouraging enrollees to take an active role in their treatment decisions, and linking them to services that foster community connectedness and a sense of purpose in their lives.

Appeals Process: Rules of the Road Reminders

If UBH issues a non-coverage determination that results in the member incurring financial liability, the Appeals process is available to the member. You, acting on the member's behalf, may also appeal the decision.

The procedures and timeframes for filing an appeal may vary in accordance with state laws or regulations so it is important to refer to the non-coverage determination notice that you receive from us for specific instructions regarding the process applicable to each situation.

Appeals may be handled as urgent if services have not yet been provided and, in your professional opinion, the member's life, health or ability to regain maximum functioning could be in jeopardy if the appeal is not addressed in an urgent manner. Generally, non-urgent appeals must be requested within 180 calendar days from the member's receipt of the non-coverage determination notice. However, again, it is important to review

the actual notice for specific requirements pertinent to each situation.

Following the receipt of a notice of non-coverage determination, you may continue to provide services at your contracted rate. However, you must notify the member, in writing, about both the non-coverage determination and the member's financial responsibility after the date of the non-coverage determination.

It is critical that the member agree, in writing, to these continued terms of care and acceptance of financial responsibility. The member's agreement to these provisions does not impact the appeals determination. However, it does impact your ability to collect reimbursement for these services from the member. If the member does not agree, in writing, and UBH upholds the adverse determination following an appeal, you will not be able to collect reimbursement from the member.



In the event that an appeal results in the overturning of the adverse determination, claims may be resubmitted or reprocessed for payment. Thus, we encourage you to submit your appeal sooner rather than later to speed up the reimbursement process.

Working Together to Address Member Complaints

UBH is committed to ensuring the highest quality of care and service for members as a part of our quest to help people lead healthier lives. We go to great lengths to ensure that members are satisfied with their treatment, and we address expressions of dissatisfaction until a resolution is reached.

UBH has a policy and procedure that serves as our guiding principle in this process of investigating and resolving member complaints. The UBH policy and procedure for member complaints defines a complaint as “an expression of dissatisfaction, whether verbal or written, by a UBH member or member representative”. We recognize that you, our valued providers, are an important part of the complaint resolution process and that timely resolution of complaints is important you. Cooperation from you is critical to ensuring complaint resolution and ongoing member satisfaction. Therefore, it is important that we review roles, responsibilities and requirements of this process in order to work together effectively.

In order to properly address member complaints, our Compliance, Quality Improvement and Behavioral Network Services teams monitor and investigate complaints. Providers have up to 14 business days to submit any written records that we identify for review as part of the complaint investigation. Professional standards apply in regard to making sure that therapeutic needs are met and that the alliance between you and your patient is appropriately safeguarded by us and by you throughout the investigation process.

For instances in which a substantiated complaint is identified during the course of the investigation, UBH will take action to ensure a high quality of care and ongoing safety for members. Such actions may include, but are not limited to, having UBH:

- Require that you to submit and adhere to a Corrective Action Plan
- Monitor your performance and compliance for a specified period
- Require that you use peer consultation for specific types of care

- Require that you obtain specific training or continuing education
- Limit your scope of practice in treating members
- Limit your availability for new members and/or reassign current members to the care of another participating clinician or facility
- Terminate your participation status with UBH

Once a complaint is resolved, UBH sends a written notification of resolution to the member or the member representative. Quality of Care complaints do not include notification of resolution to the member (except as required by law) due to the confidential nature of investigating quality of care concerns.

We appreciate your cooperation with the complaint resolution process to meet our shared goal of ensuring the highest quality of care and services for the individuals we serve.

Demographic Updates Support Accurate Referrals and Efficient Claim Processing

It is vital that you inform us directly of any and all changes within your practice so we can provide accurate contact and referral information to individuals seeking behavioral health care services. In addition, notifying us of changes to your practice information helps to prevent potential claims payment issues.

A change of address or other data requires separate notification to us and to the Council for Affordable Quality Healthcare (CAQH). Within ten (10) calendar days of an address or other change in your profile, contact UBH/USBHPC and CAQH. Taking advantage of online portals is most efficient in terms of your time and verification of records.

UBH/USBHPC	CAQH
www.ubhonline.com	https://upd.caqh.org/oas/
From secured Transactions, select “My Practice Info” then, Log on and update	Log on and update
Or	Or
From “ Contact Us ” select “Provider Record Maintenance — Demographic and Tax Identification Number (TIN) Changes and Updates” then complete and fax the Clinician Add/Change form to the Network Management team for your state	Call the Provider Help Desk: (888) 599-1771

Note: to find the fax number for your state, use the “Search for Network Management Staff” feature provided under the Provider Record Maintenance link.

Don't Miss our Revised Guidelines

We recognize the professionalism of our network of practitioners and acknowledge that in the complex and dynamic health care environment, collaboration is more important than ever in ensuring that we help people live healthier lives.

We use and publish a series of guidelines to facilitate collaboration in the delivery of timely and appropriate treatment. The guidelines assist care advocates and medical directors in making utilization decisions regarding the most appropriate type and level of care. These guidelines include:

- Level of Care Guidelines
- Best Practice Guidelines
- Coverage Determination Guidelines
- Psychological and Neuropsychological Testing Guidelines

These guidelines are available for your reference and use on our provider web portal, ubhonline.com.

The guidelines are developed with the input of practicing clinicians and professional organizations, and are reviewed annually

in order to ensure the inclusion of changes in clinical knowledge and advances in treatment technologies.

In 2011, a number of changes were made to the **Level of Care Guidelines** to ensure clear, consistent, and concise communication. Specific changes included the addition of a definition for partial hospitalization with boarding, clarification of twice weekly physician visits across all types of residential treatment, and specification that treatment plans are to be updated every 3-5 days in intensive outpatient and partial hospitalization programs.

Some Best Practice Guidelines were modified by the American Psychiatric Association (APA) and the American Association of Child and Adolescent Psychiatrists (AACAP). Those changes are also included as we maintain links to those guidelines. This year, the guidelines for Major Depressive Disorder were revised by the APA and the guidelines for the diagnosis and treatment of Post-Traumatic Stress Disorder were added by the AACAP.

Coverage Determination Guidelines standardize the interpretation and application of terms of the Member's Benefit Plan. As these are organized by diagnosis rather than by levels of care, new ones are being updated and added frequently.

Psychological and Neuropsychological Testing Guidelines were revised to align the language with mental health parity legislation and to provide examples of when testing is warranted.

Please continue to visit ubhonline.com for the most up-to-date information on all guidelines.

Online Course - Health Literacy: Meeting the Cultural and Language Needs in Your Community

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, supports the health needs of underserved and vulnerable populations across the country. The agency lists four primary goals:

- Improve Access to Quality Care and Services
- Strengthen the Health Workforce
- Build Healthy Communities
- Improve Health Equity

In support of the goal to strengthen the workforce, the HRSA offers a number of free online courses for health professionals.

Recognizing that language and cultural factors influence the effectiveness of interventions in a number of ways, including such basic aspects of patient/clinician interaction as the ability of patients to understand their own conditions and the associated treatment recommendations, the agency offers a five-module training course entitled Unified Health Communication 101: Addressing Health Literacy, Cultural Competence.

This course offers professionals a unified approach to identifying and addressing different cultural, language and health literacy needs of patients. The "101" module

includes some professional accreditations for continuing education credits, please review the information provided on the web site for more information about how those apply to your state license.

Disclosure by Marsha Linehan, Ph.D. Offers Hope, Reduced Stigma and Support of Peer Recovery Movement

By Claudia A. Brown, LCSW-R

In June 2011, Marsha Linehan, PhD., developer of Dialectical Behavior Treatment (DBT), revealed her own struggles with self-injurious behavior (SIB). Dr. Linehan was at the Institute for Living, a Harvard clinic where she had been treated as a teen, when she revealed her own struggles to the audience. She stated “So many people have begged me to come forward, and I just thought — well, I have to do this. I owe it to them. I cannot die a coward.” Her decision to disclose was the result of being asked by a patient if she, Marsha Linehan, was “one of us. Like us. Because if you were, it would give all of us so much hope.”

Dr. Linehan realized that for any treatment to be truly helpful it would have to be based not on theory but upon facts. She wanted to know which particular emotion leads to which specific thought ultimately resulting in a self-injurious behavior. After years of study DBT was born.

Dr. Linehan’s disclosure may have a positive effect for years to come by reducing the stigma associated with mental illness, giving hope to all who suffer with the symptoms of a mental disorder and is also seen as strong support of the Peer Recovery movement.

The Peer Recovery movement stresses peer support, real-world personal experience and empowerment of the person challenged with the symptoms of a mental disorder. Peer recovery is taking many forms as we all work to relieve suffering associated with mental illness while building upon individual strengths and resources.

One way that OptumHealth is supporting peer recovery models is by offering Peer Bridger programs in the New York City area to enrollees with more than one psychiatric hospitalization or who are at risk for readmission due to a history of treatment non-compliance, poor support systems, or severity of illness. The Peer Bridger, a trained

peer, helps the enrollee establish recovery goals and complete their own Wellness Recovery Action Plan (WRAP). The Peer Bridger also connects the enrollee with local peer support groups and works with the enrollee to achieve the goals they have set in their recovery plan. Matching a Peer Bridger with a person in a psychiatric hospital significantly decreases readmission rates with individuals maintaining and strengthening gains made during the course of inpatient care.

The information herein offers informational resources and tools and is intended for educational purposes only. All treatment and level of care decisions are at the discretion of the clinician. Nothing herein is intended as legal advice or opinions. Please consult your legal advisor related to your particular practice.