

NetworkNotes

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

Spring 2011

USBHPC Language Assistance Program

The USBHPC Language Assistance Program was implemented January 2009 to meet the regulatory requirements promulgated by 2003 California Senate Bill 853 (SB 853). This Program offers language assistance services to enrollees with Limited English Proficiency (LEP).

USBHPC's Language Assistance Program includes the following services at no charge to the enrollee or the provider:

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

What Is Required of Clinicians And Facilities?

- Offer any LEP enrollee oral interpretation services, at no charge, through USBHPC even when accompanied by a family member or friend who is able to interpret.



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

USBHPC monitors provider compliance with the Language Assistance Program through site visits and treatment record reviews.

For additional information about the Language Assistance Program, visit ubhonline, select "Admin Resources", then select "[California Language Assistance Program](#)".

The Buzz on Medical Marijuana

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A patient diagnosed with Schizophrenia comes into a psychotherapy session, pleased that he has procured a Medical Marijuana card. He can now purchase high quality marijuana without having to deal with street vendors. The patient is considering quitting his psychotropic medications now that he has an “alternative” way for managing his depressed mood, anxiety, and physical pain, with which he has been struggling for years. As a practitioner, it is a cause for concern when a patient talks about discontinuing his medication. What should you do?

In California, there has been a change in the laws related to the therapeutic use of marijuana. The Compassionate Use Act of 1996 (Proposition 215) and the Medical Marijuana Program (SB 42) indicate voter and legislative support for marijuana as a therapeutic approach. Federal law, however, continues to outlaw marijuana for medicinal and other purposes.

Both positive and negative outcomes have been attributed to therapeutic marijuana use.¹ Positive therapeutic effects may include reduction in pain, anxiety, nausea, and muscle spasticity, while negative effects may include memory impairment, amotivation, and psychosis. These dose-dependent effects seem related to constituents of cannabis, primarily Delta9-tetrahydrocannabinol (Δ 9-THC) and cannabidiol.² Cannabidiol appears to reduce anxiety and psychosis³ but cannabis strains appear to have different ratios of these two constituents. Recent marijuana products appear to be increasing THC potency, yet it is unclear if development is aimed at managing ratios of Δ 9-THC to cannabidiol.

High potency marijuana may be harmful to mental health. Increased dosages of THC can produce hallucinations, delusions, anxiety, agitation, confusion, and memory impairment. It is unclear how cognitive impairments last over time. A large prospective Swedish study showed a relationship between cannabis use frequency and a six-fold increase in the diagnosis of schizophrenia over the subsequent 15 year period.⁴ Cannabis use can increase psychotic symptoms in those who are vulnerable for schizophrenia with increasing vulnerability noted for those with younger onset of use.

If people who use marijuana have an increased risk of psychosis, it seems reasonable to periodically inquire about marijuana use, including frequency, amount used, and reasons for use. Those patients with prior psychotic episodes or a family history of psychosis may be particularly vulnerable. Adolescents should be carefully assessed because of risks such as high impulsivity. Cannabis use among psychologically vulnerable adolescents “should be strongly discouraged by parents, teachers, and health practitioners.”⁵

Educate your patients who are interested in using marijuana about its short term and long term effects. In addition to the risk of psychosis, respiratory risks of smoking cannabis over the long term, especially in combination with tobacco, are worthwhile topics for discussion. There is an increased risk of developing dependence through chronic daily use. Cognitive impairment over time can be subtle. Even after the period of perceived intoxication, coordination may be impaired resulting in risk in such instances as the patient driving, operating heavy machinery or mixing cannabis with alcohol.⁶

Talk with your patient and get a release to talk with the prescribers so that all are aware of potential impact of marijuana on psychiatric and medical symptoms. Working as allies, it may be possible to attenuate the potential risks associated with marijuana use.

For Further Reading

- 1 Hall, W., & Solowij, N. (1998). Adverse effects of cannabis. *Lancet*, 352, 1611-1616.
- 2 Di Forti, M., Morgan, C., Dazzan, P., Pariante, C., Modelli, V., Marques, T.R., Handley, R., Luzi, S., Russo, M., Paparelli, A., Butt, A., Stilo, S.A., Wiffen, B., Powell, J., & Murray, R.M. (2009). High-potency cannabis and the risk of psychosis. *British Journal of Psychiatry*, 195, 488-491.
- 3 Morgan, C.J.A., & Curran, V. (2008). Effects of cannabidiol on schizophrenia-like symptoms in people who use cannabis. *British Journal of Psychiatry*, 192, 306-307.
- 4 Andréasson, S., Allebeck, P., Engström, A., Rydberg, U. (1987). Cannabis and schizophrenia: a longitudinal study of Swedish conscripts. *Lancet*, ii, 1483-1485.
- 5 Arsenault, L., Cannon, M., Poulton, R., Murray, R., Caspi, A., Moffitt, T. (2002). Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *BMJ*, 325, 1212-1213.
- 6 Strang, J., Witton, J., Hall, W. (2000). Improving the quality of the cannabis debate: defining the different domains. *BMJ*, 320, 108-110.

Ensuring Timely Access to Care

On January 17, 2011, all health care service plans and specialized mental health service plans that provide or arrange for the provision of hospital or physician services were required to be fully compliant with the California Department of Managed Health

Care (DMHC) Timely Access to Non-Emergency Health Care Services regulations.

To comply with these regulations, USBHPC has established standards for appointment access and must ensure

that its contracted provider network has adequate capacity and availability to offer members appointments within the following timeframes:

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.

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 enrollee's health.

USBHPC measures network compliance with these standards via annual member and provider surveys, tracking and review of network capacity and availability, monitoring member grievances, and provider site

reviews. USBHPC appreciates your adherence to these standards in your practice and your shared commitment to ensuring that members are able to receive clinically appropriate and timely access to care.

Is Your Practice Information Current?

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

As a network clinician, it is your contractual responsibility to notify us when there is a demographic change pertaining to your practice, when your practice is full, or when you are not able to accept new USBHPC patients for any reason. You may initiate these changes in our system by:

- Submitting the change directly on [ubhonline](#) at "My Practice Info" using the secure "Transactions" available only to registered users. Through ubhonline, you can update:
 - Changes in practice location, billing address, telephone or fax number
 - Your Tax Identification Number (TIN) used for claims filing
 - The programs you offer (services you provide must continue to meet our credentialing criteria)
 - The hours you are available
 - Languages you speak
 - Your areas of expertise
- Select "Contact Us" from the right side of the horizontal menu bar on ubhonline, 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 at (619) 641-6322
- Submitting an e-mail to: cns_western_region@optumhealth.com (if specific forms are required, we will e-mail them back to you with instructions)

Notifying USBHPC of changes to your practice information ensures new patient referrals can reach you and helps to prevent potential claims payment issues.

Important Reminders

EAP Claims – Importance of “HJ” Modifier Code

Claims for EAP services must be filed on ubhonline (available through secure “Transactions” for registered users) or using an Electronic Data Interchange or on a CMS-1500 form. In all cases, the “HJ” modifier code, signifying EAP service, must be placed in the modifier field next to the appropriate CPT billing code. For example, CPT code 90806, Individual Therapy, modified with “HJ”, indicates an individual appointment for an EAP service. For more information, visit the [HJ Requirements page](#) of ubhonline.

Timely Filing of Claims

Your Agreement and the USBHPC Network Manual state that claims must be received by USBHPC within 90 days from the date of service. Claims received more than 90 calendar days after the date of service will be rejected for payment. If your claims are not received within 90 calendar days, members may not be billed for more than the applicable co-payment or coinsurance amounts. If you have questions about this requirement, please contact Network Management at (866) 243-4044.

University of California Employee Claims Address

We recommend that all clinicians submit claims electronically, either through our secure Web site, www.ubhonline.com or via Electronic Data Interchange (EDI). If you do not submit your claims electronically, however, it is important to 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.

Enrollee Rights and Responsibilities

USBHPC requests that you display the Enrollee Rights and Responsibilities in your waiting room, or have some other means of documenting that these standards have been communicated to USBHPC, Blue Shield of California MHPA, and UBH members. All members benefit from reviewing these standards in the treatment setting.

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

If you do not have Internet access and would like paper copies of these documents sent to you, please contact Network Management at (866) 243-4044.

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.