Network Notes

Optum News and Updates for UBH-Contracted Clinicians and Facilities Summer 2012

Preparation and Success go Hand in Hand

By Deb Adler, SVP Network Services

The legendary football coach, Paul "Bear" Bryant is credited with this insight into the value of discipline: "It's not the will to win that matters — everyone has that. It's the will to prepare to win that matters." In health care, winning means serving the needs of individuals every time. At OptumHealth, we are preparing to do just that.

Strengthening Behavioral Network Capabilities

We continue to listen and respond to the voice of the provider. Your central role in meeting consumer needs requires that we work to reduce your costs associated with administrative functions.

Satisfaction Survey. In our most recent satisfaction survey, we see that we are heading in the right direction. You rated our overall performance higher and gave more favorable ratings relative to other Managed Behavioral Healthcare Organizations over the previous year's survey. We saw increases in your satisfaction with our claims payment and our authorization processes. Areas of strength were our provider web site, credentialing and our improved timeliness and accuracy of claim payments.

Still, there is room for improvement. You would like to see us continue to improve on first call resolution and more generally, to make ongoing enhancements in our interactions with you whether by phone or online.

Good News for 2012. In mid-January, we implemented a national Provider Service Line to better support live-answer and improve both call-triage and first-call resolution. We have centralized our data and information repositories supporting both national and regional network teams that serve you. This centralization improves both the timeliness and the consistency of information we share with the network.

We are also continuing to go more electronic. We now have secure and time-saving electronic signature resources. When we need your signature for credentialing and recredentialing or to meet regulatory attestation requirements, we will simply send you an e-mail message to initiate the process using e-signature tools. Providing us with an accurate e-mail address saves you time and money.

We are continuously expanding our online capabilities. We are updating the look and branding of our provider web site this summer, maintaining all the ease of use you value while growing our secure transactions. Recent enhancements, previously announced in my fall 2011 Network Notes article, have gone into production:

My Patients: create and manage your list of your patients

- One-time member search
- Single Eligibility or Claim Inquiry transaction for multiple patients

Claim Adjustment Request: submit and review status of claim adjustment requests

- No time spent on the phone
- Accessible 24 hours per day, 7 days per week

And we have revised our claim form views and added features to accommodate attachments when needed.

Claim Entry Forms: 5010 Compliant and easy to use

- Express Form – meets the needs for most claim submissions
- Long Form – supports COB, notes, paperwork attachments and more

The Claim Entry transaction defaults to the Express Form but the first step of the process will quickly direct you to the Long Form when required to meet your business transaction needs.

Please refer to the fall 2011 Network Notes and to our online enhancements Frequently Asked Questions for more information about these features. Visit us online often to complete secure transactions and to stay up-to-date on all our news and offerings.

Appreciation for your work and professionalism comes in many forms. We recognize clinical outcomes through our Campaign for Excellence and Facility Quality Management programs. We are implementing new technologies and processes to better support your day-to-day operations and reduce your costs. And, we've recently launched a well-received internal campaign to encourage and challenge all departments to rethink and reinvent how they serve providers!

Empowering Consumers

Our clinical partners within OptumHealth are working diligently to build upon and update our clinical model and processes to support the principles of recovery and resiliency. We respect individual rights to self-determination, encourage development of and reliance upon personal strengths and resources and recognize potential for recovery in every person we serve.

In support of consumer-directed care, you will hear more from us about Psychiatric Advance Directives (PAD). In clinical reviews, for example, you will be asked about whether the consumer has a (PAD) and if so, what instructions it contains. The PAD is an important consumer resource because it supports continued self-determination even at a time when an individual is unable to communicate or make decisions about treatment. To learn more, visit the National Resource Center on Psychiatric Advance Directives which addresses both national and state-specific topics of interest.

We are in the process of developing a recovery and resiliency resource center on our provider web site to keep you connected to information, forms and other resources relevant to consumer-directed care.

Supporting our Internal Teams

Our own teams serve consumers and their family members, customers and you. Health care needs and delivery are changing quickly. We are preparing every day for both the predictable and, to the extent possible, the unforeseen challenges associated with such rapid change. We know we must be primed to make adjustment as we go. We are implementing an array of technological solutions to meet the business and data needs of our industry. At all levels of our organization, we are fostering a culture of integrity, compassion, innovation and performance to support our clinical, claims and network teams as they meet people needs every day.

I remain interested in your experience. You can locate Network Management contact information for your state on the "Contact Us" page of the provider web site. Let us hear from you!

Demographic Updates: Online Changes are Quick and Easy

Keeping your practice information up-to-date is easy with ubhonline secure Transactions.

Step 1: All network providers should obtain and maintain a user ID and password.

Not registered yet? To request a user ID, click on the First-time User link

a) Try out the convenient and easy to use live chat feature, or

b) Call toll-free 1-(866) 209-9320

Step 2: Select "My Practice Info" from the secure Transactions menu

Step 3: Enter your user ID and password on the Log In screen

Step 4: Make updates, including:

- E-mail address
- Languages spoken
- Expertise categories
- Phone number

Updates support accurate referrals and more efficient claim processing.

THIS SUMMER!

Same great services with a new bright look for our provider web site!

Mental Health Resources: Recognizing Excellence & Partnerships in the Provider Network

By Debbie Court, LPC, Director of Provider Communications

Are you looking for a way to build or expand a multi-disciplinary practice? Are you interested in providing evidence-based, effective care? Would you like to diversify your services? Free standing Intensive Outpatient Programs (IOPs) are practice based programs that are recognized as one of the most clinically and cost effective interventions allowing clinicians to see acute patients three to five times a week in an effort to keep them out of the hospital. Free standing IOPs allow acute patients remain at home, while preserving hospitalization to provide services for people who are imminently suicidal, homicidal or reporting psychotic symptoms.

An IOP intervention begins with an extensive Intake Assessment, often including crisis stabilization. This may occur over two days. Once enrolled in the program, an IOP consists of two to three hours of clinical contact per day in a group setting. Group therapy can be supplemented with individual therapy and medication management. An IOP can begin with a relatively small number of clients meeting three days a week and slowly build to a larger census. In fact, an IOP could begin with a consulting psychiatrist a few hours a week and two part time clinicians. IOPs must be licensed by the state as they are considered to be facility-based services, as opposed to traditional professional services, and are also billed accordingly.

One could focus an IOP on patient specific conditions, such as depression, addictions or eating disorders. Depending on your niche, there are various evidence based platforms that you could use to build your program around. OptumHealth, for example, contracts with Mental Health Resources (MHR) in Memphis, TN to provide a psychiatric IOP and a Substance Abuse IOP. The psychiatric IOP targets acutely depressed, often suicidal patients, and the other is for patients with substance abuse issues, including those with dual diagnoses. MHR gathered program content from various sources and created IOP treatment manuals that outline every hour of treatment to ensure continuity of care to their patients and to provide therapists treatment modules based on treatment guidelines for each group they provide. This also ensures that each patient receives a core set of skills, while individualizing the content to their presenting circumstances. Additionally, both IOPs offer a more traditional process group where family of origin dynamics are addressed. This type of programming allows for the use of a multi-modal approach, including cognitive behavioral, solution focused and interpersonal group therapy. MHR's treatment manuals provide guidance, but the therapist must tailor the material to the individual's needs.

Prior to opening their IOP, MHR created a research protocol that included the collection of symptom and client satisfaction measures. They have published six outcome and satisfaction studies in peer reviewed journals [(e.g., see 2, 3)]. They use this research to market their IOPs to Managed Care Organizations, Employee Assistance Programs, Primary Care Physicians, and other referral sources. While their outcome measures have evolved over time, their treatment effectiveness and consumer satisfaction remain consistently strong. In fact, about 70-80% of their depressed patients present with suicidal ideation and 25-33% have one or more inpatient episodes prior to coming to IOP, but only 3-5% of these have been referred to any higher level of care and none were re-admitted to the hospital in a follow up study of 100 patients. At Intake, the IOP pretreatment group was significantly more distressed than both the national inpatient SCL-90–R (Derogatis, 1994) normative group and a sample of 100 local psychiatric inpatients, with the exception of the Psychoticism scale.

However, pre and post-treatment measures demonstrated very significant symptom reductions on all SCL-90-R symptom scales and a dose-response curve showed very significant and predictable reductions in symptoms. Very significant treatment effects were also demonstrated on patient reports of symptom severity, global distress and functional impairments. Finally, effect

size statistics, which allow a program's effectiveness to be compared against other interventions, have been calculated and range from a d of 1.02 to 1.68 for the SCL-90–R Depression scale, further indicating large treatment effects. In fact, based on these figures, approximately 72 to 96% of patients who complete treatment can be expected to improve. Acutely distressed patients can clearly benefit from IOP.

MHR's substance abuse IOP is based on a harm reduction, motivational interviewing approach. MHR has demonstrated that their average patient moves from using their drug of choice five days a week to one or zero days per week within six to seven weeks and that their abstinence rates are comparable to those achieved with abstinence based programs. Furthermore, all of these patients had comorbid depressive or anxiety conditions at intake and were not significantly different than the national psychiatric inpatient normative SCL-90-R group across all symptom scales, with the exception of the Phobic Anxiety scale. Nonetheless, in addition to significantly reducing their alcohol and / or drug abuse, these patients achieved highly significant improvements on every SCL-90-R scale measuring psychological symptoms and distress by the end of treatment. The SCL-90-R Depression scale effect size statistic (d = 1.08), further indicated large effects in terms of symptom reduction. Hence, in addition to achieving remarkable reductions in substance abuse, these patients also show significant reductions in psychiatric symptoms.

Client satisfaction is also an important measure of success. Client perspectives regarding satisfaction can supplement outcomes data and further inform us about consumer preferences. MHR has also adopted a highly utilized measure of satisfaction consisting of eight questions and applies uniform procedures for assessing client satisfaction. In fact, they even attempt to obtain this feedback from patients who leave treatment prematurely. On a scale of 1–4, with 4 being Highly Satisfied, MHR's average satisfaction rating is a remarkable 3.7.

While these outcomes and satisfaction measures are indeed impressive, these outcomes have been instrumental in not only allowing MHR to grow and diversify their practice, but have also provided downstream aftercare referrals. Referrals to other providers have strengthened their relationships with new and existing referral sources. Finally, MHR clinicians enjoy the diversity the IOP lends to their traditional practice and the frequent contact IOP allows them to have with clients.

You can learn more about these IOPs and download the references at www.MHRMemphis.com or by contacting Dr. Ed Wise at Wise@MHRMemphis.com.

1) Derogatis, L. (1994). SCL-90-R: Administration, scoring and procedures manual–II. Minneapolis, MN: NCS Pearson.

2) Wise, E.A. (2005). Effectiveness of Intensive Outpatient Programming in Private Practice: Integrating Practice, Outcomes and Business. American Psychologist, 60(8), 885-895.

3) Wise, E.A. (2010). Evidence Based Effectiveness of a Private Practice Intensive Outpatient Program With Dual Diagnosis Patients. Journal of Dual Diagnosis, 6(1), 25 – 45.

4) Wise, E. A. (2003). Psychotherapy outcome and satisfaction methods applied to Intensive Outpatient Programming in a private practice setting. Psychotherapy: Theory, Research and Practice, 40(3), 203-214.

Need Patient Education Information? New & Improved liveandworkwell Can Help

Our consumer-focused web site, liveandworkwell.com, offers you a new and improved, no cost way to:

- Send your patients home with educational information to help them understand their conditions, medications and path to recovery
- Reinforce the coping skills you are working on with them
- Provide families with support information

These consumer resources are available in English and Spanish. We have age-appropriate information for adults, teens and kids.

As a Network clinician you can:

- Access a special version of our member web site and can print or e-mail behavioral health information developed for patient use
- Refer your patients with UBH, OptumHealth, Medica, Harvard Pilgrim and other partner benefit plans to their liveandworkwell site for access to benefit tools, educational information and useful interactive programs

Liveandworkwell is all new and easier to use as of April 2012. You or your staff can access patient information at www.liveandworkwell.com using **"clinician"** as your access code.

See the new *"Be Well"* section for condition specific centers and information in English and Spanish. We also feature great age-appropriate child and teen information. This popular web site is used by millions of people.

Clinical Outcomes and You

Today we are seeing significant movement toward major healthcare reform, effecting quality measurement, pay for performance, value-based purchasing and the development of Accountable Care Organizations. Some of this is driven by legislation (as we write this, the nation awaits the Supreme Court's landmark decision on the healthcare reform legislation), but much of this is driven by the economics of the healthcare market. Employers and health plans want to know that their benefit dollars are purchasing quality outcomes and that their employees and members have access to the most effective and efficient clinicians and facilities. As a result, clinicians will experience increased pressure to demonstrate accountability, transparency and quality. Clinicians who can do this successfully will effectively differentiate themselves in the competitive marketplace.

At OptumHealth, our goal is to help people live their lives to the fullest. Maintaining a network of clinicians who achieve clinical excellence with a focus on quality, access and evidence-based practice is a key component to achieving that goal. Our Campaign for Excellence (CFE) relies on the ALERT® (**AL**gorithms for **E**ffective **R**eporting and **T**reatment) Wellness Assessments to measure outcomes and to identify and reward clinicians who commit to excellent clinical outcomes.

You have given us valuable feedback and we are listening!

You can demonstrate your clinical effectiveness by consistently administering the Wellness Assessment to your OptumHealth clients and joining the Campaign for Excellence, We now provide you with tools to track your clients' progress in treatment, to participate in online networks with like-minded clinicians, and to be recognized in our provider directory as a clinician with strong, positive outcomes.

NEW! Continuing Education Credits:

OptumHealth is adding an exciting new benefit for our CFE enrolled Tier 1 clinicians who are submitting Wellness Assessments at sufficiently high levels: access to Essential Learning for free! Essential Learning offers online continuing education related to behavioral health, addiction treatment, community health, developmental disability and more. Essential Learning also offers other staff training opportunities.

Immediate Access to Data

ALERT Online, a secure Transaction available on ubhonline, is an interactive report that allows you to monitor the progress your clients are making. Feedback from many of you indicates that your ability to see the results of your WA submissions significantly increases the value of ALERT for your practice. ALERT WA data is uploaded nightly and progress is tracked for several domains including global distress, workplace presenteeism and absenteeism, and caregiver strain. You can view the actual WA responses that your client submits, either through your office or directly to OptumHealth four months after initiation of treatment. ALERT Online is available to outpatient network providers who have a login to ubhonline.com.

Networking Opportunities

CFE participants consistently tell us that top-performing clinicians welcome opportunities to connect and share ideas with colleagues who are equally committed to the pursuit of excellence. The Campaign for Excellence and the International Center for Clinical Excellence (ICCE) have partnered to offer CFE Tier 1 clinicians the opportunity to network and collaborate with a world-wide community of practitioners, health care managers, educators, and researchers dedicated to promoting excellence in behavioral health care services. The ICCE was founded by Scott D. Miller, PhD, a world-renowned expert in behavioral health treatment outcomes and engagement.

Increased Visibility for Referrals

Tier 1 CFE clinicians are recognized on our provider search with a "star" by their name. When potential clients are searching for clinicians in their area, the stars highlight those clinicians whose participation in ALERT has resulted in our ability to recognize them as top clinicians. We congratulate the clinicians who have earned this star and are pleased to promote them to our members.

Please join us in the pursuit of excellence. Enroll in the Campaign for Excellence and participate in ALERT.

Hear what your colleagues have to say about ALERT and CFE!

"I have found the Wellness Surveys to be an invaluable tool in my practice. It allows my clients to clearly see the progress — or lack of progress — they are making. And, when they have made gains, it allows me to ask what they have done to achieve such progress. I phrase the questions so that they take full ownership of the progress. Clients sometimes bask in the positive feedback. I have had defiant teenagers ASK to retake the survey. The instrument is so important that I use it for all my clients, UBH or not. Obviously, it makes the subjective much more definable and concrete."

– Mark Loeser, Licensed Professional Counselor from AZ

"As therapists we need to keep in mind that the focus of therapy should be on the client's goals, not our own. The question for the therapist is whether or not the client is making progress towards these goals. I've heard it said many times that "a therapist doesn't fix a client, the client does." I certainly agree with this statement. I think the CFE program has been a great tool in giving me insight on how the therapy is proceeding."

– James (Mike) Fowler, Licensed Professional Counselor from GA

"Outcomes measurement in psychotherapy has tremendous potential to improve treatment effectiveness and increase the value of behavioral services. I applaud UBH on taking the lead in partnering with behavioral health providers in an effort to build a valid, useful, and effective psychotherapy outcomes measurement system and hope that providers will embrace these initiatives."

– Michael A. Goldberg, Ph.D. from MA

Investing in Your Practice?

By John Korte, Director of Commercial Lending OptumHealth Bank

If you are planning to modernize your practice or improve patient care with new technology or equipment, then talk to OptumHealth Bank℠, Member FDIC.

We offer commercial financing at competitive rates directly to behavioral health and medical practices, specialty groups, hospitals and other health care providers. What's more, we understand providers' needs and situations, because we're part of Optum.

Our loan application process is simple and collaborative. Commercial financing professionals work with you to identify your needs and customize solutions. Financing ranges from $50,000 to $2.5 million with terms up to six years. You may also apply for pre-approval of planned technology and equipment purchases at any time.

OptumHealth Bank has been providing financing for more than a year. Typical financing needs for providers include software, imaging equipment, electronic medical record systems and pharmaceutical dispensing devices, to name a few.

For more information, contact John Korte, Director of Commercial Lending at (952) 352-9173 or by e-mail at John.Korte@optum.com.

To apply for a loan, complete the loan application and use the attached checklist to gather the documentation. Submitting the right documentation will help expedite the loan process.

Provider Manual Change Affecting 7 Day Follow-up after Hospitalization Inpatient Stay

The provider manual has been amended to clarify expectations related to appointment access standards following hospitalization. Facilities and outpatient providers must work together as discharge plans are developed to ensure timely access to care.

Discharge Planning

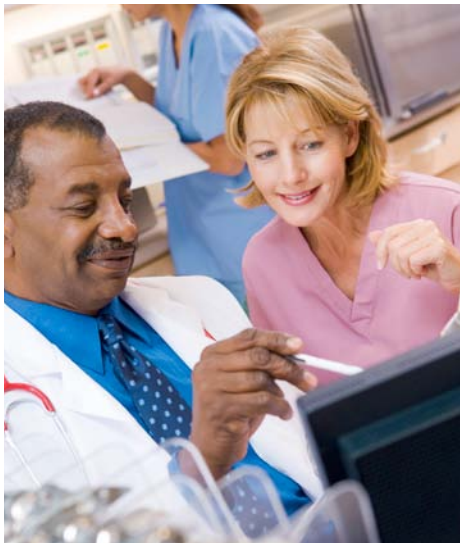
As previously noted, we expect that a patient's follow-up appointment from an acute inpatient level of care will be scheduled prior to discharge and within seven (7) days of the date of discharge. This time frame is part of the Healthcare Effectiveness Data and Information Set (HEDIS®) measure established by NCQA to compare health plans on meeting this follow-up standard for mental health services. It is assessed on an annual basis.

We will work with facilities to ensure the seven day time frame is met. Facilities must notify us when they are unable to obtain an appointment within the time frame and we will assist with additional referrals.

Appointment Access

As of January 2012, the 7 day follow-up appointment standard has been added to Access to Outpatient MH/SUD requirements listed in the manual: An outpatient appointment must be offered within 7 days of an acute inpatient discharge.

During Treatment Record Reviews facilities and outpatient providers will be monitored for adherence to this requirement.



Tips for Submitting ALERT Wellness Assessments

We are frequently asked for ideas about how to make the submission of ALERT Wellness Assessments (WA's) easier for you. Here are a few simple tips:

- Add a copy of the WA to your introductory paperwork that you give to all of your clients. Even if the client is not an OptumHealth member, the WA gives you a wealth of clinical information.
- Consider administering the WA at each session. This gives you an immediate picture of what is happening with your client and, if submitted, gives you many more data points to view on ALERT Online to track client progress.
- Fax in the WA's at the time you file your claim so that you remember to fax only those WA's for OptumHealth members.

Recovery and Adherence

By Sue Bergeson, Vice President of Consumer Affairs

Clinicians want consumers to get better and believe that they offer treatments that, if followed, will help people get better. However many treatment plans don't work because people don't adhere to that plan.

The connection between a lack of adherence and negative outcomes seems obvious, yet the World Health Organization (2003) states that for chronic illness, only 50% of patients adhere to their long-term therapy in developed countries.

Do the principles of recovery and resiliency offer any insights and support to approaching this problematic disconnect? There are several insights that can be adapted in most practices to help bridge this gap.

Focus on Strengths, Goals: Spend time on where consumers are going and not where they are stuck

A recovery-directed conversation with a consumer focuses on a consumer's strengths and personal goals rather than symptom severity or being sick. A conversation that focuses primarily on symptoms may feed in to the negative self talk and hopelessness that are a part of the illnesses. When the conversation includes a clear focus on what the consumer wants to create and personal goals, while framing medication as one strategy toward meeting these hopeful goals, the consumer is often more motivated, less ashamed and more hopeful.

Educate More, Direct Less

A 2002 Depression and Bipolar Support Alliance public survey revealed that the general public has a stigmatized view of medications prescribed for mental health conditions. Two-thirds of respondents believed such medications are addictive and nearly three-quarters believed these medications will change an individual's personality. A recovery oriented interaction will spend a few minutes at each session providing education on treatment — including addressing such widely held but inaccurate beliefs about medication. Of critical importance is putting written educational materials in consumer's hands. Consumers are often too nervous or distracted to take in what their provider is saying during an appointment. Written material supports different learning styles and affords an opportunity to easily share information with support networks.

Acknowledge Challenges and Invite Participation

It helps for a consumer to hear that you know that many people find it very hard to take medicine regularly and that you want to hear the particular challenges your patient has been facing or anticipates in using medicine as a tool in their recovery plan. Inquiries about challenges lets consumers know that you are committed to working with them to help minimize those challenges.

Support Engagement through Tools and Community Resources

Engagement is not synonymous with compliance. Compliance means an individual obeys a directive from a health care provider. Engagement signifies that a person is involved in a process through which he harmonizes robust information and professional advice with his own needs, preferences and abilities in order to prevent, manage and cure disease.[1]

Connecting consumers to local community resources can reduce isolation and increase adherence. Links to reputable support groups can be found on OptumHealth's member portal liveandworkwell.com, enter "clinician" in the access code. Tools like the Wellness Recovery Action Plan® (WRAP) have been shown to significantly enhance consumers' skills for coping with prodromal symptoms, use of wellness tools in their daily routines, and hope for recovery.[2] A free version of WRAP can be downloaded from the Substance Abuse and Mental Health Services Administration (SAMHSA) web site.

SAMHSA recently issued this definition of recovery:

> "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

SAMHSA further states: "Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery." The full article is available on the SAMHSA blog posting March 23, 2012.

These four simple tips reflect a recovery oriented way to support increased adherence while beginning to build a treatment plan that incorporates the consumer's own strengths and goals while providing them with the information and support they need to achieve those goals.

1 A New Definition of Patient Engagement: What is Engagement and Why is it Important?, Center for Advancing Health © 2010 http://www.cfah.org/pdfs/CFAH_Engagement_Behavior_Framework_current.pdf

2 Cook, J. A., Copeland, M. E., Hamilton, M. M., Jonikas, J. A., Razzano, L. A., Floyd, C. B., et al. (2009). Initial outcomes of a mental illness self-management program based on Wellness Recovery Action Planning. Psychiatric Services, 60(2), 246-249.

When Forces Collide: Traumatic Brain Injury Masquerading as ADHD in Adolescents

By Robert A. Friedman, M.D., Associate Medical Director, Outpatient Services
and Darin J. Arsenault, Ph.D., MFT, Care Advocate, ALERT Program

A fourteen-year-old male adolescent named Jimmy is referred to you by his school counselor after experiencing difficulty in his classes. His parents attend the first session to provide history and report their concerns. The school reports that Jimmy is not completing his assignments in class or finishing his homework. When he does complete his homework, he forgets to bring it into class or hand it in when due. He seems distracted and is having trouble concentrating. At home, he forgets to do his chores and misplaces objects such as his house keys and cell phone. You suspect that he may have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), but on completing a thorough clinical assessment with Jimmy and his parents, you find no history of these symptoms throughout his early childhood years. Prior to this year he was an "A" student and considered a positive leader amongst his peers. He is also very active in team sports and is well liked by his coaches and teammates. In addition, there is no family history of ADHD. He has always been a cooperative member of his household. Upon further exploration, you learn that this young man has been playing quarterback on a tackle football community league, with hopes of playing in high school and college. His father proudly reports that he is talented, and though he has been tackled many times, but he gets up, brushes it off, and keeps playing. His mother recalls that this past fall, Jimmy sometimes appeared a little dazed and confused after being tackled, but was able to keep playing. A recent visit to his pediatrician was cordial, and his physical exam and lab tests were all normal. What do you do?

Traumatic Brain Injury (TBI) in children and adolescents has recently emerged as a major public health problem in the United States. According to a poster presentation at the Eighth World Congress on Brain Injury (Faul, 2010), in the US, there are 1.4 million TBI related visits to emergency rooms each year, with 52,000 cases resulting in death. The majority of these visits are accounted for by children and older adults, who are at a higher risk for sustaining head injuries, mostly as the result of falls and motor vehicle accidents, as well as being struck by people or objects, such as during sporting events. Public awareness about TBIs in increasing and has begun to influence legislation. In California, for example, the legislature signed into law Assembly Bill 25 in October 2011. This law requires that any student-athlete who appears to have received a head injury or concussion during a game or practice is restricted from returning to the activity for the remainder of the day, and must be evaluated by a licensed health care professional trained in the assessment and treatment of concussions and head injuries (Bohan, February 2, 2012).

Symptom and Condition Recognition

It is not necessary to experience a loss of consciousness to experience a concussion. The symptoms can be as subtle as a headache, nausea, dizziness or brief disorientation, resulting from temporary metabolic chemical changes in the brain due to a temporary decrease in blood flow to the brain. These symptoms generally resolve and return to normal within one to two weeks. However, if one continues to experience repeated head trauma or concussions, it could result in an acute second impact syndrome with swelling in the brain. Although this is rare it can result in death. A second possible risk is development of a chronic traumatic encephalopathy which sometimes occurs in adult athletes, resulting in memory loss, attention problems, and changes in mood and behavior (McKee, Cantu, Nowinski, Hedly-Whyte, Gavett, Budson, Santini, Lee, Kubilus, & Stern, (2009). We see this perhaps most pointedly with the suicides of National Football League players Dave Duerson and Andre Waters (Schwarz, February 20, 2011)

We are more likely to hear about the most serious consequences of sports injuries but their subtle consequences warrant our attention. In fact, the most common cognitive deficits following a TBI manifest as attentional impairments. Symptoms include slowed processing of information, inability to sustain attention, memory deficits, and other aspects of executive functioning (Landre, Poppe, Davis, Schamus, & Hobbs, 2006). Moderate to severe closed head injuries, accounting for 20% of documented TBIs, interfere with school and work performance and compromise the ability to learn and complete tasks successfully. Less commonly, TBIs can result in personality changes, including such features as apathy, mood and behavioral lability, high impulsivity, paranoia, aggression, and psychosis. These changes may not manifest for several months after the injury. Increases in the rates of oppositional defiant behaviors and obsessive-compulsive symptoms have also been observed (Max, Robertson, & Lansing, 2001).

TBI and ADHD

The relation between the impact of TBI on ADHD (and ADHD on TBI) is still unclear. Keenan et al (2008) note that the relationship between TBIs and ADHD may be more complicated than is initially apparent. As one might expect, children with ADHD may be more at risk to sustain head injuries and TBI, as a result of their inattentiveness and impulsivity. Nevertheless, a UK study of 62,082 children found that the rate of ADHD was double in children who suffered from a head injury compared to those who did not sustain an injury. Whether children with ADHD are more at risk for head injuries, or head injuries can cause symptoms similar to that seen in children diagnosed with ADHD, clinicians need to be aware of the correlation, in order to make appropriate treatment recommendation and interventions.

Interventions

In the case of the fictional vignette above, several clinical recommendations can be levied. First, one consideration is to limit contact sports to prevent further head injury. This might be difficult, especially if the family is supportive of Jimmy's desire to play team sports. Ensuring that Jimmy has appropriate protective equipment may help slightly to minimize injuries. Psychoeducation with the family about the risks associated with acute as well as recurrent trauma to the brain, secondary to full contact sports, might be helpful. Second, monitor Jimmy for resolution of the symptoms. A discussion with the school and family members could aim at identification of particular symptoms Jimmy has been struggling with. Third, further brain testing could be done. A functional MRI, though expensive, could determine which brain sectors are affected. Neuropsychological testing could also help to pinpoint current cognitive strengths and weaknesses for Jimmy and track changes over time. Fourth, consider treatment interventions that are typically used for ADHD, including medication, academic support, and modification of tasks aimed at improving attention, concentration, and memory. Whyte, Caccaro, Grieb-Neff, Risser, Polansky, and Coslett (2004) showed in a randomized trial that Ritalin (methylphenidate) is helpful in ameliorating some attention deficits such as information processing speed and sustained attention after TBI. Consultation with the pediatrician or child psychiatrist might be valuable in tailoring medication treatment to symptoms that may decrease over time. In addition, consultation with the school about modifying academic expectations, and employing simple educational accommodations in order to improve or compensate for Jimmy's attention problems, may be helpful. For example, giving Jimmy short breaks between tasks requiring sustained concentration may help him regroup cognitive resources in order to focus on the next task. Breaking up longer tasks into shorter, more concrete steps may help Jimmy complete tasks more readily. At home, putting his house key and cell phone in a particular area, such as on a credenza area near the front door upon entry or on his nightstand may help him cue more readily. As always, good clinical practice entails thorough assessment, education for Jimmy and his parents, teachers, counselors, coaches, and collaboration with his pediatrician. The development and implementation of appropriate treatment interventions that are effective in targeting the symptoms that interfere with Jimmy's ability to succeed in school, at home, and with peers, are essential for Jimmy and his family. A treatment team approach will offer Jimmy the best chance of minimizing the impact of his impairments, help him cope with his injuries more successfully, and maximize his functioning now and in the future.

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Bohan, S. (February 2, 2012). California's concussion law puts teams on the spot. Contra Costa Times. http://www.contracostatimes.com/news/ci_19873101

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Reminder: New Employee Assistance Program (EAP) Authorization Process

Effective February 25, 2012, members are no longer required to have a provider-specific authorization. Rather, members are issued a Member-specific Authorization. There is no change in the way in which Authorizations are requested. Members or providers may call the number on the back for the member's ID card or the member may make the request using the member web site: liveandworkwell.com. Providers are encouraged to use the secure Auth Inquiry and Claim Entry Transactions on ubhonline when members present for EAP services.

This change greatly increases the flexibility of the benefit authorization and overall 'ease' of the process.

Current Process	New Process: Effective February 25, 2012
A provider-specific authorization is issued	A member-specific authorization will be issued
If the member changes provider selection, either the member or provider is required to call UBH to change the authorization to the new provider	There will be no need for the member or the provider to call UBH to have the authorization changed if the member changes provider selection
The authorization is mailed to the provider indicating how many sessions are available	Authorizations will no longer be mailed to providers; Instead, the authorization will be mailed to the member and will allow the member to see any UBH Network EAP provider for the number of sessions authorized
Provider is able to access information on the authorization and claim information on ubhonline	Provider will still be able to access information on the authorization and claim information on ubhonline
Provider letter contains the authorization number used to submit the claim	Member letter contains the authorization number used to submit the claim (the authorization letter will instruct the member to take a copy of the authorization to the provider)
Provider is able to submit claims with the associated authorization number and should include the HJ modifier with the CPT code	Provider will still be able to submit claims with the associated authorization number and should include the HJ modifier with the CPT code
Claims payment is subject to eligibility for EAP services at the time services are provided	Claims payment continues to be subject to eligibility for EAP services at the time services are provided
The provider keeps track of the # of sessions that have been authorized and utilized on the provider-specific authorization	The member is responsible for telling the provider whether they have used any sessions on the authorization with another provider; the provider should inquire whether any sessions on the authorization have already been used
Authorization states that payment is subject to eligibility for the services at the time they are provided	Authorization will still state that payment is subject to eligibility for the services at the time they are provided

Note: There are some exceptions for which provider-specific authorizations will still be issued including, but not limited to, management referrals.

Fraud, Waste and Abuse Prevention and Intervention: Be Informed

We are pleased to offer our new Fraud, Waste and Abuse information center as a resource for providers. Key features include:

- Quarterly articles
- Links to external resources
- Contact information

Be a part of the solution, help protect consumers, providers, businesses, employees and other stakeholders by staying informed and connected.

NIMH Resources: Focus on Medications

By Claudia A. Brown, LCSW-R

The National Institute for Mental Health (NIMH) web site contains a multitude of resources that you may find helpful in your practice. Many resources are designed for consumers and may be used to help inform your patients on topics relevant to their care.

One example, posted as part of their Health Topics publications, is a guide called "Mental Health Medications." This resource contains consumer information covering medications used to treat mental disorders, their side effects and directions for taking these medications. It also includes U.S. Food and Drug Administration (FDA) warnings. The guide is available online and includes links that support reviewing particular topics of interest or it may also be saved or printed as a Portable Document File "pdf." This publication covers:

- Medications used to treat Schizophrenia, Depression, Bipolar Disorder, Anxiety Disorders, and ADHD
- Special needs of children/adolescents, older adults, and pregnant women
- Suggested questions to ask the prescriber about the medications being prescribed
- An alphabetical list of medications containing the trade and generic names and the FDA approved age for dispensing

You can find this and many other resources through the home page of NIMH.

Claim Submission Options

Feedback from the most recent clinician satisfaction survey indicated that clinicians may want more detailed instructions regarding "How to Submit a Claim." UBH supports multiple ways of submitting claims for service.

The ubhonline Claim Tips page includes resources on how to submit claims properly. You can access this section using "Claim Tips" under the Quick Links of the home page.

We encourage you to take advantage of this resource, which also includes information on common submission errors that may result in processing delays. Please visit ubhonline regularly for important updates and information.