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ClaimCheck Software Updated; Notification Process Changing

Univera Healthcare updated its ClaimCheck clinical editing software on January 15 to coincide with the quarterly releases for the National Correct Coding Initiatives (NCCI) Edits for Physicians beginning with the 17.0 release.

In the past, we have sent out a quarterly notification to providers regarding the quarterly release for each version of the NCCI edits. You will no longer receive the quarterly notifications, but we assure you that we will be updating our ClaimCheck clinical editing software based on the quarterly releases for NCCI. If there is any additional information related to the releases that needs to be communicated for each release, we will send a separate notification.

To ensure that you have the most current list of NCCI edits, visit the Centers for Medicare and Medicaid services website, <http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp#TopOfPage>

If you have any questions please contact Provider Service.

Special Insert
News from **univera**
Community Health

Be Aware of Important SeniorChoice Benefit Changes

The following benefit changes became effective January 1, 2011, for patients with SeniorChoice coverage:

- A three-day inpatient stay is no longer required prior to admission to a Skilled Nursing Facility
- \$0 cost sharing for preventive services provided in-network, including:
 - Smoking cessation
 - Preventive EKG
 - One abdominal aortic aneurysm screening for patients at risk
 - Annual glaucoma screening
- \$0 cost sharing for OB/GYN visit for preventive services
- Diabetic supplies—20 percent cost-sharing per item, rather than per day as in 2010
- A 20 percent coinsurance will be applied to all Part B drugs administered in a physician's office. This should be collected in addition to any applicable evaluation and management office visit copayment

Hospice Care

The following changes in hospice care apply to SeniorChoice members:

- When a member enrolls in a Medicare-certified hospice program, either the hospice provider or Medicare is responsible for payment of services
- Univera Healthcare will receive a weekly report from Medicare listing those members who have entered a hospice program. Claims will be denied with a notation to submit the claim to Medicare
- Univera Healthcare covers one hospice consultation for terminally ill patients who have not elected the hospice benefit

If you have questions, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.

Tips For Submitting Hospice Claims for Medicare Advantage Members

- If the service IS related to the member's terminal condition, submit the claim to the regional hospice program
- If the service is NOT related to the member's terminal condition, submit the claim to Medicare
- If the service is an enhanced benefit offered under the Medicare Advantage plan (e.g., vision), submit the claim to the member's Medicare Advantage plan
- If a member revokes the hospice benefit, his or her Medicare Advantage plan becomes the primary payer on the first day of the month following the revocation date. Claims would continue to be paid by traditional Medicare until the first day of the month following revocation date
- When a member's hospice care begins on a day other than the first day of the month, traditional Medicare does not take effect until the first day of the following month. All services billed after traditional Medicare takes effect should be billed to either traditional Medicare or hospice, except the enhanced benefits (e.g., vision) offered under the Medicare Advantage program.
- When billing for services after the hospice election, but prior to when traditional Medicare takes effect, bill using the proper modifier (GV or GW), which indicates that the service is not related to the hospice diagnosis.

A Message from the Chief Medical Officer



I am excited to provide you with an update about a unique community collaboration designed to help improve diagnosis, treatment and decision making related to prostate cancer.

In January 2010, medical directors from the three major Western New York health plans came together under Univera Healthcare's leadership to hold the first of several meetings about this quality initiative. Other committee members include primary care physicians, urologists and radiation oncologists from community practices and Roswell Park Cancer Institute.

Participants discussed the considerable variation in the guidelines primary care physicians use to conduct PSA screenings and variation in how specialists treat prostate cancer. An important aspect of the discussion focused on patient/physician interaction around the decision to undergo active treatment and the form the treatment should take. Participants agreed that primary care physicians needed education and support tools to better enable them to have this discussion with diagnosed patients and to lead the patient to an informed decision.

The brainstorming sessions resulted in Shared Decision Making (SDM) in Pa-

tients with Prostate Cancer, a Continuing Medical Education symposium held on October 30, 2010, which was sponsored by BlueCross BlueShield of Western New York, Inc., Independent Health, Univera Healthcare and P2 Collaborative of WNY, Inc.

Leading national authorities on prostate cancer provided participants with tools and techniques to better enable them to engage in effective discussion and shared decision making with prostate cancer patients about the different forms of active therapy and active surveillance, as well as the pros and cons of each choice.

Speakers included: Carl A. Olsson, M.D., emeritus chairman of the Department of Urology at the College of Physicians and Surgeons of Columbia University; James Mohler, M.D., associate director and senior vice president for Translational Research and chair of the Urology Department at Roswell Park Cancer Institute, and Thomas Stormont, M.D., a urologist practicing in Minnesota. Dr. Stormont uses a SDM tool developed at Dartmouth University for informed decision making in treating his own patients who have prostate cancer. The program also included panel discus-

sions led by local physician peers.

Michael Diefenbach, Ph.D., a health/social psychologist and professor of urology at Mount Sinai School of Medicine, presented a follow-up webinar on November 30, 2010. Dr. Diefenbach developed an interactive web-based tool designed to help prostate cancer patients determine whether they wish to undergo active therapy and, if so, which therapy to choose.

I am pleased to report that we received many favorable responses from the physicians who participated in the prostate symposium. It is the committee's goal for 2011 to keep the momentum by developing a community outreach campaign to educate men in Western New York about the tools available to enable them to make informed choices about prostate cancer diagnosis and treatment and how to engage in shared decision making with their physicians. As always, I will advise you of our progress.

I wish you and your families all the best in the new year.

-- Robert J. Holzhauer, M.D.

Urban Family Practice Achieves Level 3 Medical Home Recognition

Congratulations to Urban Family Practice for achieving level-3 recognition under the National Committee for Quality Assurance (NCQA) Physician Practice Connections® – Patient Centered Medical Home program™. Level-3 is the highest level that a practice can achieve under the program.

Physician Practice Connections recognizes practices that use systematic processes and information technology to enhance the quality of patient care.



The Patient Centered Medical Home program's standards emphasize the use of systematic, patient-centered, coordinated care that supports access, communication and patient involvement.

In order to achieve NCQA recognition as a Patient-Centered Medical Home, practices must meet a set of nine standards, including 10 must-pass elements, and complete a web-based data collection tool while providing information that validates their responses.

Preauthorization Updates Effective March 7

Univera Healthcare's Utilization Management Program updates for 2011 are effective for requests beginning March 7. You should have received a detailed mailing about these changes in early December.

Please note that sexual reassignment surgery has been added to the Clinical Review Preauthorization List for 2011.

You can view all information regarding the 2011 program on our website, univerahealthcare.com/provider and univeracommunityhealth.org/provider.

If you did not receive the mailing and do not have access to the web, please contact Provider Service for a paper copy of the mailing.

examiner univera HEALTHCARE

News for the WNY Provider Network

President *Arthur Wingerter*
Univera *Examiner* is published four times a year by Univera Healthcare,
205 Park Club Lane
Williamsville, NY 14221.

For inquires regarding this publication, please contact *Maria N. Valvo*, Editor, at (716) 857-6269.



Did you know

...our nonprofit health plan and parent company collectively paid out more than **\$300 million in taxes** in 2009?

Taxes and Payments 2009

Health Care Reform Act (HCRA)	\$211 million
Federal Corporate Income Taxes	\$19.7 million
Social Security Taxes (company share)	\$23 million
NYS Insurance Department Assessment	\$53 million
NYS Corporate Income Taxes	\$100,000
Premium Taxes	\$625,000
Other Taxes	\$185,000
Total Taxes and Payments	\$307 million

Are your Patients Catching Enough Z's?

A new report from Univera Healthcare found that Western New York adults average 6.8 hours of sleep per day, which is below the seven to eight hours considered optimal.

Across upstate New York, men and women average 6.9 hours of sleep per day, but women report having insomnia more than men. Women report having trouble sleeping 26 percent of the time, compared to 21 percent of men.

The complete report, "The Facts About the Lack of Sleep Among Upstate New York Adults" is available at univerahealthcare.com/factsheets.

Please discuss the importance of enough shuteye with your patients. The following tips offered by the National Institutes of Health may be helpful:

- Stick to a sleep schedule
- Exercise is great, but not too late in the day

- Avoid caffeine and nicotine (caffeine's effect can last as long as eight hours)
- Avoid alcoholic drinks before bed
- Avoid large meals and beverages late at night
- If possible, avoid medicines that delay or disrupt your sleep
- Don't take naps after 3 p.m.
- Relax before bed
- Have a good sleeping environment

Watch for New Generic Opportunities in 2011

FLRx promotes the use of generics where appropriate. The new year will provide additional savings opportunities with the planned release of new generics to the market. The accompanying chart reflects current estimates of the earliest dates when

brand patents will expire, and the earliest date the generic may become available. In some cases, other patents or litigation could extend the exclusivity period of the brand beyond the date indicated.

Brand Drug (generic name)	Generic Availability	Drug Category
Femcon® (norethindrone & ethinyl estradiol)	January 2011	Pregnancy prevention
Rythmol SR® (propafenone)	January 2011	Antiarrhythmic
Tricor® (fenofibrate)	March 2011	Hyperlipidemia
Xalatan® (latanoprost)	March 2011	Glaucoma
Aromasin® (exemestane)	April 2011	Breast Cancer
Nasacort AQ® (triamcinolone nasal spray)	June 2011	Allergic Rhinitis
Levaquin® (levofloxacin)	June 2011	Antibiotic
Uroxatral® (alfuzosin)	July 2011	BPH
Zyprexa® (olanzapine)	October 2011	Antipsychosis
Lipitor® (atorvastatin)	November 2011	Hyperlipidemia



- Child Health Plus
- PlusMed
- Family Health Plus

A Message from the Executive Director

Hello! As the new executive director of Univera Community Health, I would like each of you to know how pleased I am to be working with you and to impress upon you my desire to partner with you to improve the health of our members.

I come to Univera Community Health with a wealth of experience in health care administration, including managed care, professional and trade associations for physicians and hospitals, and regulatory planning and review.

Prior to coming to Univera Community Health, I served as president and chief executive officer of the Rochester-based Monroe Plan for Medical Care for approximately 13 years. Before that, an extensive portion of my health care career was spent organizing, developing and administering Medicaid managed care programs in New York City. This included senior managerial positions at WellCare of New York, Inc., Managed Care Administrators and PrimeCare, Inc., Greater New York Hospital Association and Health Systems Agency of New York City. I also served as executive director of the New York County Medical Society for approximately five years.

I acknowledge that the Western New York marketplace is different from either Rochester or New York City; however, many

of the concerns and obstacles faced by caregivers working with the Safety Net populations are the same that you face every day. I believe my background affords me the understanding necessary to take Univera Community Health in a new direction—one that will focus on working more closely with you to provide the support and tools that will better enable you to better meet the needs of your patients.

Among my immediate goals for 2011 is to get to know many of you, and to listen to your concerns and suggestions for improvement. Please know that I am always open to your ideas and hope that we can work together to put many of them into practice. Feel free to contact me via email at robert.thompson@univerahealthcare.com and I will get back to you as quickly as I possibly can.

Finally, please accept my congratulations and sincere thanks for the fine work that you do each day to further our mission of ensuring that all segments of the Western New York community have access to quality health care. We can't do it without you!

--Robert H. Thompson



2 Hospitals Exit UCH Network

Effective March 1, 2011, Mount St. Mary's Hospital and Eastern Niagara Health System will no longer be a part of the Univera Community Health network because our organization has discontinued the sale of PlusMed, Child Health Plus and Family Health Plus coverage in Niagara County.

Univera Healthcare members are not affected and continue to have full access to Mount St. Mary's Hospital and Eastern Niagara Health System, which includes Lockport Memorial Hospital, Inter-Community Memorial Hospital at Newfane and Newfane Rehabilitation and Health Center.

Members enrolled in Univera Community Health have been informed of the following:

- Mount St. Mary's and Eastern Niagara's non-participating status does not impact their ability to receive emergency room care at the hospital. Emergency care is always accessible at any hospital regardless of the hospital's participation status
- To avoid claim denials after March 1, 2011, all elective hospital admissions and/or non-emergency outpatient services should be arranged at participating facilities
- Transitional Care—As of March 1, 2011, members may be eligible to receive additional outpatient transitional care for an ongoing course of treatment, or, if they entered into the second trimester of their pregnancy as of January 1, 2011.

If you have questions, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.

NY Quitline

The New York State Smokers' Quitline provides services and materials free of charge to health-care practitioners.

If you would like materials or information, please call the NYS Smokers' Quitline at 1 (866) 697-8487.

Available tools include:

- Printed materials including cessation guides, posters and Quitline handout cards
- Health Care Provider Quit Kit, which includes office materials, Fax-To-Quit program forms, and materials order form
- Free on-line cessation Continuing Medical Education program for physicians

Getting your patients to butt out for good can be a challenge. You are encouraged to take advantage of these helpful resources.

BMI Tool Helps Address Overweight, Obesity

New York state's overweight and obesity rates have skyrocketed over the past several years. In 1997, 42 percent of New Yorkers were considered overweight or obese. Since then, the rate has increased to 60 percent, making it the second leading cause of preventable deaths, surpassed only by smoking.

New York state has developed a statewide strategic plan to address the obesity epidemic. The primary goal is to decrease the number of overweight and obese New Yorkers by:

- Encouraging increased physical activity
- Improving understanding of health risks
- Improving early recognition through use of Body Mass Index (BMI)
- Increasing access to healthy food choices

BMI is an indicator of the amount of body fat for most people. The Centers for Disease Control and Prevention (CDC) supports BMI methodology for population assessment of overweight and obesity. Additionally, the National Committee of Quality Assurance and New York State Department of Health are measuring whether BMI assessments are performed in physician offices. Valid ICD-9 codes to indicate that BMI was measured in your office are: Adults - V85.0-V85.5, Children - V85.5.

For tools and resources visit:

www.cdc.gov/healthyweight/assessing/bmi/

http://www.health.state.ny.us/prevention/obesity/bmi_screening_tools.htm

Lead Testing Important

Lead poisoning remains a serious concern in New York state. The New York State Department of Health has developed programs to address lead poisoning prevention that have helped us to make great strides in compliance with mandated blood lead testing, but there are still opportunities for improvement.

Please continue to monitor and encourage your patient compliance with the blood lead test, which should be administered at age 1 and age 2. For providers who complete the blood lead test in the office, remember to use CPT code 83655.

These Services Require Signed Consent Form

Sterilization and hysterectomy procedures for patients with Family Health Plus or PlusMed coverage must have a signed consent form in order to be covered.

All claims related to these procedures must be submitted on paper and accompanied by form DSS-31 (Acknowledgement of Receipt of Hysterectomy Information) or LDSS-3134 (Sterilization Consent Form) signed by the patient and the attending physicians at least 30 days prior to the service.

Spanish versions of each form also are available (3113S and 3134S). All forms can be obtained by written request to the following address:

New York State Department of Health
Corning Tower, Room 2029
Empire State Plaza
Albany, NY 12237
Phone: 1 (518) 473-4852
Fax: 1 (518) 486-1432

Additions Made to 2011 Clinical Review List

The following have been added to the Clinical Review Preauthorization List for 2011 for all Univera Community Health products, which include PlusMed, Child Health Plus and Family Health plus:

- Hearing aids
- Prosthetic eyes, devices and services
- Vision services eyewear
- Sexual Reassignment surgery

You should have received a detailed mailing in early December, which outlines the Utilization Management Program for 2011 effective March 7. Details are also available on our website, univeracommunityhealth.org. If you do not have access to the web and did not receive the mailing, please contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.

Access Standards on Website

Participating providers comply with access standards designed to ensure that our members can always reach quality medical care. New York state and plan standards address appropriate time frames for appointments related to prenatal, preventive, routine, sick and urgent care. For a complete list of access standards, visit our website, univeracommunityhealth.org.

Your Recommendation Can Help Boost Annual Mammogram Rates

Only about half of women enrolled in Univera Community Health have an annual mammogram, according to New York state reviews conducted annually over the past three years. The consistent 57 percent compliance rate during the three-year review period is well below the New York state average. We believe this is due in part to conflicting messages regarding mammography recommendations and a belief by patients that a mammogram is not a covered service.

A physician's recommendation is a powerful tool. We encourage you to assess and recommend an annual mammography screening to your patients, which is a covered benefit for all women enrolled in Univera Community Health.

We also encourage consistent communication between PCPs, OBGYNs and mammography facilities to ensure all providers are aware of the member's screening status.

Thank you for your assistance.



HEDIS and QARR Data Collection Beginning in March

The Quality and Health Informatics department reminds you that the annual collection of Healthcare Effectiveness Data Information Set (HEDIS) and New York State Department of Health Quality Assurance Reporting Requirements (QARR) data begins in March.

HEDIS and QARR are standardized performance measures designed to ensure that consumers and purchasers have the information they need to compare health care plans. The performance measures in HEDIS and QARR are related to many significant public health issues, such as cancer, heart disease, asthma, diabetes and obesity. In addition, HEDIS and QARR data measure preventive services such as cancer screenings, recommended well-care visits, counseling and age-appropriate immunizations.

Health plans are required to report their results to the National Committee

for Quality Assurance, New York State Department of Health and Centers for Medicare & Medicaid Services.

We will send a letter in March to providers and include a list of members selected for review. We will conduct most of the reviews in provider offices; however, if there are only a small number of reviews, we may request that you fax or mail the documentation to us instead of having on-site visit.

The following is a list of this year's measures for record review:

- Adult Body Mass Index assessment
- Weight assessment and counseling for nutrition/physical activity for children/adolescents
- Adolescent preventive care measures including:

- Tobacco usage
- Sexual activity
- Depression screening
- Substance use, including alcohol
- Childhood immunizations
- Cervical cancer screening
- Colorectal cancer screening
- Comprehensive diabetic care
- Controlling high blood pressure
- Cholesterol management for patients with cardiovascular conditions
- Timeliness of prenatal care, postpartum care
- Frequency of prenatal care
- Well care visits

We appreciate your ongoing support of these important quality activities. Thank you in advance for your patience and cooperation. If you have questions or would like additional information, please contact the Quality and Health Informatics department at 1 (585) 238-3661.

Understanding Member Rights and Responsibilities

The delivery of quality medical care requires cooperation among patients, their physicians and other health care providers and their health plan. One of the first steps leading to quality assurance is for patients and practitioners to understand their rights and responsibilities.

Univera Healthcare publishes "Member Rights and Responsibilities" at univerahealthcare.com. Additionally, this information is available in the *Univera Healthcare Participating Provider Manual*, and can be obtained by calling Provider Service. To access the information on line, go to: univerahealthcare.com/member>Frequently Asked Questions>Member Rights and Responsibilities.

Check Member ID Cards

Don't forget to check Univera Healthcare member identification cards. Some members changed benefit plans on January 1, 2011. Additionally, many members have received new cards as part of our claims processing system upgrade.

We recommend that you make a photocopy of each patient's card for your records.

Prior Authorization and Step Therapy Forms on Web

Prior authorization, step therapy and exception forms are available on our website at univerahealthcare.com.

When submitting your prescription drug prior authorization requests, please complete and verify all fields on the form prior to submission to avoid delays. Incomplete forms may be returned for

additional information before a review determination is made.

An exception process is in place for situations where pharmacy management protocol may not be appropriate for a specific patient. To request an exception for medical necessity, please submit an exception request for consideration.

For a complete list of forms and medications that require prior authorization and step therapy, visit our website, univerahealthcare.com. Go to: For Providers > Prescription Drugs > Prior Authorization Forms



Medical Specialty Drug Reminder – Coverage under the Medical Benefit

Select medical specialty drugs across all lines of business require preauthorization under the medical benefit. Claims will deny or suspend for review if preauthorization is not obtained.

For a complete listing of medications that require preauthorization under the medical benefit, visit our website, univerahealthcare.com. Go to: *For Providers > Prescription Drugs > Drug Management Programs > Prior Authorization Request*

Forms > List of Provider Administered Drugs Requiring Preauthorization.

We encourage you to refer to the website frequently for updates to the medication list because new drugs are added as they receive FDA approval. To avoid any disruption in therapy for new members on office/homecare administered specialty drugs, please fill out a medical specialty preauthorization form in a timely manner.



If you have any questions regarding the need for preauthorization, please contact Provider Service.

Post These Important Dates!



February

21st – Univera Healthcare administrative offices are closed for Presidents Day

March

7th – 2011 Utilization Management Program Updates become effective

April

1st – Updates to Univera Healthcare commercial reimbursement schedule become effective

Include Suite Number in Address Information

Precise address information will help to ensure that our important correspondences reach you.

Be sure to include any applicable suite number when providing address information to Univera Healthcare. The U. S. Postal Service returns mail to us that does not include the suite number.

The most efficient way for you to update contact information is by using the Provider Information Update form that is available on our website, univerahealthcare.com. If you do not have access to the web, contact Provider Service at (716) 857-4444 or 1 (800) 617-1114.

Be Familiar with Behavioral Health Appointment Availability

Timely access and availability of behavioral health care is a service quality of care requirement.

In accordance with National Committee for Quality Assurance and the New York State Department of Health, the Univera Healthcare Behavioral Health department is required to monitor and report behavioral health provider compliance with appointment access and availability of care.

The standards require appointment access for established or current patients within 48 hours for an urgent care appointment and within 10 business days for a routine care appointment follow-up.

The standard for a timely appointment for any patient following discharge from an inpatient mental health admission is five business or seven calendar days. A timely transition from an inpatient to an outpatient level of care is critical in preventing relapse and/or readmission to the hospital. If you are scheduling your patient or accepting a new patient after an inpatient mental health admission, please consider scheduling that patient's appointment as soon as your calendar permits or within seven calendar days.

BH Access Standards are available via the Univera Healthcare website, univerahealthcare.com. From the provider page,



go to: *Patient Care > Behavioral Health > Behavioral Health Quality Management*. Paper copy is available upon request.

If you have questions, please contact the Behavioral Health Quality Management department at 1 (800) 240-6956 or brian.moser@univerahealthcare.com.

Let Us Know Your Thoughts

Univera Healthcare is committed to assuring that all participating physicians and providers are satisfied with daily operational plan functions such as network management and provider services relationships, resource management processes, quality improvement activities, and customer service.

To that end, we invite your comments, concerns and questions. Your feedback will help us know how we're doing. Please contact Maria N. Valvo, Provider Communications Manager in writing at 205 Park Club Lane, Williamsville, NY 14221; via fax, (716) 857-4578 or by calling (716) 857-6269 should you wish to share your thoughts.

Univera Healthcare
205 Park Club Lane
Williamsville, NY 14221

Winter 2011

Univera Healthcare Mission: *To improve the health and quality of life of our members and the communities we serve.*

Behavioral Health Continuity, Coordination of Care is Important Requirement



Continuity of care between the behavioral health provider and the primary care physician and other behavioral health caregivers is a clinical quality of care requirement.

In accordance with the National Committee for Quality Assurance and the New York State Department of Health (DOH), the Univera Healthcare Behavioral Health department is required to monitor and report behavioral health provider compliance with continuity and coordination of care, which is important to ensure that patients seeking behavioral health services receive seamless, continuous, and appropriate care, and to strengthen system-wide continuity between medical and behavioral health care.

The Behavioral Health department provides education and collaborates with behavioral health practitioners to:

- Ensure that the patient's written consent has been obtained for each provider
- Evaluate and assist with necessary and appropriate content for exchanges of information with the PCP and other behavioral health care givers
- Ensure that after the intake assessment is complete, exchanges of information are timely (no later than the third visit) and updates are communicated as necessary

Recordkeeping

The patient's record must contain written release forms that specify each caregiver by name.

It must indicate with whom information may be shared or indicate the patient's refusal to have information released. This includes a written release of information for the patient's primary care physician (required by the DOH, which supersedes the HIPAA requirements).

Your communication for continuity and coordination of care includes written correspondence and/or documentation of telephone conversations that includes your assessment, DSM IV diagnosis and a clinical plan of care. Accuracy and

details are extremely critical when the patient has medical and behavioral health comorbidities and/or taking multiple medications.

There also must be continuity of care between the primary behavioral health provider and consultants, ancillary providers and health care institutions. Necessary collaboration includes sharing or obtaining a summary of recent behavioral health clinical inpatient or outpatient care in the last 12 months and/or pertinent treatment information via written or telephonic communication that is included or documented in the treatment record.

Visit our Website for Continuity of Care and Recordkeeping Tools

Tools for continuity of care are included with the recordkeeping forms available via the Univera Healthcare website, univerahealthcare.com. From the provider page, go to: *Patient Care > Behavioral Health > Behavioral Health Tools and Resources*. Paper copy is available upon request.

If you have questions, please contact the Behavioral Health Quality Management department at 1 (800) 240-6956 or brian.moser@univerahealthcare.com.