

DEPRESSION & BIPOLAR AWARENESS INITIATIVE FAQs

What is the Depression & Bipolar Awareness Initiative?

Home State Health is establishing the Depression & Bipolar Awareness Initiative (Awareness Initiative) to help our providers with the resources, tools, and coding tips to properly diagnose mental illnesses in the PCP office or specialist office setting. Studies have shown that patients are more likely to first seek help from their Primary Care Physician. The Awareness Initiative provides the physician with an acceptable depression screening tool (PHQ-9) designed to be used in a PCP setting as well as documentation and coding tips that will help properly diagnose both conditions to the highest specificity possible. Screening tools may be used in conjunction with your observations and clinical interview information to arrive at an appropriate diagnosis. With a complete and accurate diagnosis, Home State Health will develop or enhance clinical care programs and monitor improvements in our members' health.

What is the PHQ-9 and MDQ?

The PHQ-9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. According to the US Preventive Service task force all primary office setting **should** regularly screen everyone from 12 years of age or older for depression. One of the main purposes of the Awareness Initiative is let go of the stigma that mental disorders do not belong in a PCP office and provide our physicians with the best tools and knowledge available to become more effective at combating the many types of Depression. The results of the PHQ-9 may be used to assist you in making a depression diagnosis, including corresponding severity. An acceptable site to find the questionnaire can be found here:

http://www.phgscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf

The Mood Disorder Questionnaire (MDQ) is a screening instrument for bipolar disorder that can easily be utilized in primary care settings. The MDQ includes 13 questions plus items assessing clusters of symptoms and functional impairment. While this questionnaire provides a good starting point for diagnosis, Home State also emphasizes provider training, the use of observations and clinical interviews, and adherence to the DSM criteria in arriving at a diagnosis. An acceptable site to find the questionnaire can be found here:

<https://www.integration.samhsa.gov/images/res/MDQ.pdf>

Where can I register for provider training?

Home State Health and Envolve PeopleCare collaborated to offer clinical education webinars to our primary and behavioral health providers. The webinar will focus on the clinical background and screening tools for depression and bipolar disorder as well as promote the crucial integration between primary and behavioral health services. Sixty (60) minute webinars will be available on three (3) different dates—11/15/17, 11/16/17, or 11/17/17. For more information and to register, please visit: <https://www.envolveu.com/clinical-training/missouri.html>

How are members with a history of depression or bipolar disorder identified?

Members are identified by claims submitted during the previous two (2) years— 2016/2017 calendar year. They were then matched to providers that were monitoring or treating the member.

Will providers be penalized if they do not participate?

No. Participation in the Depression & Bipolar Awareness Initiative is voluntary.

How will the outcome of this Initiative impact providers' reimbursement from Home State Health?

The initiative has no influence on physicians' negotiated reimbursement rates with Home State Health. The goal is to assist you in documentation and coding Depression and Bipolar disorder to the highest specificity.

What documentation and coding guidelines are made available to correctly identify disease severity and code to the highest specificity?

Listed below is a quick reference guide to both diseases.

Depression – DO NOT simply state “Depression” (F32.9)

SCORING AND DOCUMENTATION FOR DEPRESSION DO NOT simply state “Depression” (F32.9)			
PHQ-9 Score	Depression Severity (make sure to label the illness with these descriptions)	Proposed Treatment Actions for Depression	ICD-10-CM
0 -4	None-minimal	None	None
5 -9	Mild	Watchful waiting; repeat PHQ-9 at follow-up	F32.0 or F33.0
10 -14	Moderate	Treatment plan, consider counseling, follow-up and/or pharmacotherapy	F32.1 or F33.1
15-19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy	F32.1 or F33.1
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.	F32.2, F32.3, F33.2, F33.3

Bipolar Disorder – DO NOT simply state “Bipolar” (F31.9)

SCORING AND DOCUMENTATION FOR BIPOLAR DISORDER DO NOT simply state “Bipolar” (F31.9)			
MDQ is best at screening Bipolar I (depression and mania) disorder and is not as sensitive to Bipolar II (depression and hypomania) or Bipolar not otherwise specified (NOS) disorder.			
STEP ONE:	Q1 “Yes” to ≥ 7 questions	AND	= <u>positive</u> for possible bipolar disorder
	Q2 “Yes”	AND	
	Q3 “Moderate problem” or “Serious Problem”		
STEP TWO	<input type="checkbox"/> Type I (at least one manic episode) <input type="checkbox"/> Type II (no manic episodes, only hypomanic)		
STEP THREE:	<input type="checkbox"/> Manic <input type="checkbox"/> Hypomanic <input type="checkbox"/> Depressed <input type="checkbox"/> Psychotic Features <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe (CHECK ONE OR MORE BOXES) <input type="checkbox"/> In Remission <input type="checkbox"/> In full remission		
NOTE: Depression is considered <i>inclusive</i> of Bipolar disorder. Report the bipolar only to the highest specificity.			

All diagnosis coding guidelines can be found in the ICD-10-CM book. Coding tips for specific diseases can also be found on our website: <https://www.homestatehealth.com/providers/tools-resources/coding-page.html>

How does the Initiative work?

Primary care providers are mailed a packet containing the Awareness Initiative Patient Profile Forms (Form) for the selected members. The Forms are pre-populated with member health information. Home State Health is asking providers to schedule an appointment with each identified member or if the member happens to come in during the initiative time period, complete the screener, interpret the results to determine the severity, code the claim appropriately to the highest specificity, and return the form along with the medical record to Home State Health. In turn, Home State Health issues the provider an initial \$25 *Form Completion Payment* for each complete Form. An additional incentive of \$25 can be earned following an internal claims audit. Please see second page for more detail.

Do providers need to submit a claim for this visit in addition to submitting the profile form? Yes.

Step 1. Claim must be submitted for the service through the provider's usual or preferred method.

Step 2. The provider then faxes (1) the *Patient Profile Form* as the cover sheet and (2) a copy of the corresponding *medical record* to the Risk Adjustment team at 1-844-418-3660.

Step 3. Home State Health reconciles claims information against the medical record to ensure that screenings were performed, interpreted, and coded correctly on the claim.

Is there any special criteria that needs to be met in order to receive payment? Yes.

Step 1. Members must be screened between the dates of **October 16, 2017 and January 31, 2018**.

Step 2. Forms must be completed and returned with a copy of the claim and the medical record by **March 2, 2018**.

Additionally, providers must complete the bottom of the form with the date of each visit and complete an accurate list of all applicable ICD-10 diagnosis codes to qualify for each \$25 *Form Completion Payment*. Payment will not be paid where it is indicated that the member is not a patient of the practice.

How does a provider earn the additional incentive?

An additional incentive of \$25 may be paid to the provider in one of two ways:

- The medical record and claim is accurately documented and coded to portray depression or bipolar disorder to the highest specificity, or
- If the claim is not correctly coded, then the provider is notified with a follow-up letter to resubmit a corrected claim with the additional diagnoses that are found and supported within the medical record.

The deadline to submit a correct claim will be **April 13, 2018**.

**Please note that in order for MO HealthNet to recognize the ongoing disease, the diagnosis code(s) must be contained within the first five positions.*

When will providers be paid?

- Providers will be paid within sixty (60) days as a separate check after the completed Patient Profile Form, a copy of the claim and a copy of the medical records are received by Home State Health.
- The additional incentive will be paid within another sixty (60) days to
 - Providers who accurately dictated and coded conditions and is supported by the medical record, or
 - A provider that rebills a claim after health plan auditors have reviewed the medical records.

What if a provider has never seen a patient identified on the Form?

At the time the member was identified, s/he was found on claims data that matched that servicing provider. If you disagree with the data, please contact your provider relations representative.

How does a provider update patient information that may be incorrect (address/phone number/gender/DOB)?

Changes to member information must come from the member. Please ask the member to contact the Home State Health member services Department at 1-855-694-4663.

How should the profile forms, copies of claims, and medical records be submitted to Home State Health?

The data can be submitted one of two ways, either via fax to the dedicated Risk Adjustment line at 1-844-418-3660 or mailed to Home State Health, Attn: Risk Adjustment, 16090 Swingley Ridge Road, Suite 500, Chesterfield, MO 63017.

Who can providers contact if they have questions about the Initiative?

Providers can call Provider Relations at 1-855-694-4663.