

HIP Behavioral Health News

Spring 2006

Now that's **HIP**
HEALTH PLAN OF NEW YORK

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The Importance of Monitoring Depression Outcomes

The use of outcome measures, formerly relegated to research studies, is quickly becoming part of evidence-based practice in the treatment of depression. Moreover, recent advances in treating depression may be attributed to the fact that clinicians now have an instrument for monitoring symptom severity over the course of treatment.

Using Outcome Measures to Treat Depression

By administering a depression outcome measure at the onset of treatment, clinicians are able to establish a baseline of depression severity. By repeatedly administering the measure throughout the course of treatment, they can effectively monitor each patient's progress toward remission. Results of each assessment not only reinforce the need to treat to remission, they also inform treatment decisions that allow for a higher quality of care. If

THE BEHAVIORAL HEALTH PROVIDER NEWSLETTER FROM HIP HEALTH PLAN OF NEW YORK AND VYTRA HEALTH PLANS

you have not already incorporated an outcome measure into your clinical treatment of depression, you should strongly consider utilizing a valid and reliable measure of depression. While there are several of these measures available, HIP recommends the use of the Patient Health Questionnaire-9 (PHQ-9),¹ a brief, easy-to-use questionnaire that is fast becoming the gold-standard of depression measures.

The PHQ-9 contains nine items corresponding to the DSM-IV criteria for Major Depression. Results on the PHQ-9 yield a total severity score, which is why

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The PHQ-9

A simple, user-friendly diagnostic and monitoring tool that helps clinicians accurately diagnose depression and assess patient progress and responsiveness to treatment can be especially useful in the management of depression in mental health and primary care settings.¹

The Patient Health Questionnaire (PHQ-9), which is based on the nine DSM-IV criteria for Major Depression, was developed by Dr. Robert L. Spitzer of Columbia University with a grant from Pfizer. It provides a severity measure that can be used to monitor treatment progress. Each of the criteria can be scored as "0" (not at all) to "3" (nearly every day). The final score yields a severity score that can be interpreted according to the box at right.

Both the accuracy and sensitivity of the PHQ-9 were validated using a structured psychiatric interview. It was found valid

1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

and useful for both diagnostic impression and symptom severity assessment.²

The PHQ-9 provides an opportunity to measure treatment success in alleviating depressive symptoms. The following outcome definitions were adopted by the Institute for Healthcare Improvement (IHI) for assessing treatment:³

- Partial response: A reduction of five or more points but less than 50 percent in the follow-up PHQ-9 score, as compared to the initial PHQ-9 score.

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LifeNet

Financial assistance for out-of-pocket mental health treatment expenses continues to be available to those affected by the events of 9/11. Assistance is available to persons who:

- Lost a family member.
- Were physically injured.
- Lived below Canal Street.

- Worked or attended school in the World Trade Center area.
- Were rescue workers or emergency dispatchers.
- Worked south of Canal Street.

Although it has been several years since 9/11, people are still seeking or continuing with mental health treatment related to this tragic event. Financial assistance can be very valuable to patients

who need help in covering deductibles, coinsurance, copayments or sessions beyond any benefit limits they may have. Patients may call **1-800-LIFENET (1-800-543-3638)** to learn more about resources available to them. This hotline is available 24/7 and is staffed by trained professionals from the Mental Health Association of New York City.

The Importance of Monitoring Depression Outcomes

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this instrument is helpful both in formulating a diagnosis and in monitoring the severity of depression over time. A score on the PHQ-9 ranges from 0 to 27 and fits into one of five categories of depression severity.

To learn more about PHQ-9, see the box at right. You may print a copy of the PHQ-9 and learn more about incorporating it into your practice by visiting:

www.depression-primarycare.org.

All participating mental health providers are urged to include the use of an outcome measure to help inform treatment decisions and monitor the progress of HIP members being treated for depression.

1. Spitzer, R., Kroenke, K., & Williams, J. (1999). Validation and utility of a self-report version of PRIME-MD: The PHQ primary care study. *Journal of the American Medical Association* 1999; 282: 1737-1744.

The PHQ-9

(Continued from cover)

- Full response: A reduction of 50 percent in the follow-up PHQ-9 score, as compared to the initial PHQ score.
- Remission: A score of 4 or less on the PHQ-9.

A recent study released in the January 2006 issue of the *American Journal of Psychiatry*⁴ evaluated close to 3000 patients being treated for non-psychotic depression with citalopram (Celexa) in primary care and psychiatric settings. The study found that 30 percent of all patients achieve remission during the initial treatment phase (first 3 months). The study also found that patients in both settings did not differ significantly in either remission or response rates. This indicates that the majority of patients (roughly 70 percent) in both settings require further treatment and follow-up to adequately address their depressive symptoms. This study underscores the need for ongoing monitoring of depression treatment in both primary care and psychiatric settings.⁵

The PHQ-9 was developed for use by primary care physicians, but it is useful in specialty care settings as well. The PHQ-9 has been successfully incorporated into the psychiatric care provided by HIP Mental Health Centers. Each new patient, regardless

of diagnosis, is administered the PHQ-9. Those who score in the moderate range or higher are asked to complete the PHQ-9 in follow-up sessions. This practice allows for ongoing objective follow-up of the severity of depressive symptoms that are prevalent across diagnoses and mental health conditions.

The PHQ-9 questionnaire form can be found at www.depression-primarycare.org.

1. Williams JW, Noel PH, Cordes JA, Ramirez G, Pgonone, M. Is this patient clinically depressed? *Journal of the American Medical Association* 2002; 287: 1160-1170.
2. Kroenke K, Spitzer R L, Williams J B. The PHQ-9: Validity of a Brief Depression Severity Measure. *Journal of General Internal Medicine* 2001; 16: 606-613.
3. www.healthdisparities.net/hdc/html/collaboratives.topics.depression.aspx.
4. Madhukar, et al, Evaluation of Outcomes with Citalopram for Depression Using Measurement-Based Care in STAR*D: Implications for Clinical Practice. *Am J Psychiatry* 2006 163: 28-40.
5. <https://www.medicalnewstoday.com/medicalnews.php?newsid=35591#>.

Do Business with HIP Electronically

In 2005, HIP converted to *HIP Connected*, an electronic platform for providers doing business with HIP. Using *HIP Connected* will make it easier for you to search for claim status and verify member eligibility and benefit availability. *HIP Connected* has a full array of options available to process transactions electronically, including HIP's Web site hipusa.com® and HIP's telephone interactive voice response (IVR) system at **1-877-833-2729**.

In order to access these systems, you will need to use the user ID and PIN that have been assigned to you. If you did not receive a mailing of your user ID and PIN,

you may log in at hipusa.com and self-register online.

Once you have registered, here are some of the features that you may begin using right away:

Member Eligibility

- Look up multiple members at once, instead of one at a time.
- Search for previous eligibility status.

Member Benefit Utilization

- View year-to-date member accounting summaries for outpatient mental health and outpatient substance abuse benefits. (Currently being modified to provide calendar year data.)

Claims Inquiry

- Narrow or expand claims searches by location, member, claims status (e.g., paid or pending), remittance or check numbers.

- Download reports to a spreadsheet or other file.

Security

- "Role-based" security features permits staff access to only those areas of the system they need to do their jobs.

Features available at HIP's IVR System at 1-877-833-2729:

- Use the IVR system to submit and search prior approval requests in addition to searching for member eligibility.

If you have questions about this initiative, please contact the Provider Relations Service Team at **1-800-447-8386**. For technical support, please e-mail our EDI Operations support desk at edisupport@hipusa.com.

Integrating Behavioral Health and Primary Care

Opportunities for Providers

With more and more members choosing to receive behavioral health care in primary care settings, particularly for depression and anxiety, HIP is proud to offer a nationally recognized, integrated behavioral health program in selected high-volume health centers. This program is founded on principles of collocation, collaboration with medical providers, and ongoing

monitoring of treatment outcomes. Since the program's inception in 2002, it has grown to include six health centers in Manhattan, Queens, Staten Island and the Bronx, and has provided high-quality behavioral health care to over 1,500 HIP members.

How the Program Works

Network behavioral health providers who participate in this program are provided with office space in a health center for approximately five hours per week. Referrals are generated to these providers by the center's PCPs, and providers are paid on a fee-for-service basis.

Expansion Offers Additional Opportunities

HIP plans to expand this program into additional health centers. If you are interested in delivering care in a health center while collaborating with medical providers and utilizing outcome measures, please call Dr. Andrew Kolbasovsky at **1-646-447-7231** to be placed on a list of interested clinicians. As the program expands to your area, you will be considered for the program. In the near future, HIP plans to expand the program to health centers in Brooklyn, as well as Nassau and Suffolk counties.

Appropriate and Timely Communication

A Clinician's Key Responsibility

The role of behavioral health providers is multifaceted. Not only are they expected to provide appropriate care to patients, including case management, assessment, evaluation and treatment, but they're also expected to communicate with the other providers who constitute the patients' treatment team. This form of communication is vital and must occur in a timely manner.

HIP Behavioral Health Services has developed two different primary care physician (PCP) notification forms to make communicating with a patient's PCP an easy practice. (Sample forms, which follow on pages 6 and 7, are also available in your Provider Manual and online at hipusa.com®.) The **Behavioral Health Consultation Form** is to be completed at the time of the patient's initial consultation and includes treatment recommendations, comments and diagnostic impressions. It is our expectation that the behavioral health provider will send this form to the PCP once the patient has consented to such communication. If a patient refuses to provide consent, the behavioral health provider must document this fact. HIP will monitor providers' compliance with this policy.

The second form, **Behavioral Health Consultation Follow-Up**, which requests treatment outcomes and comments, should be completed and sent to the PCP under the following conditions:

- When there is a change in the patient's medication regimen; or
- At the time of a patient's discharge or termination; or
- On an ongoing basis for patients in long-term treatment.

We take great pride in providing quality behavioral health care to our members, and this would not be possible without your support. Thanks to your comprehensive, integrated treatment, which is mirrored in ongoing communication with treatment team members, we can look forward to maintaining this recognized level of exceptional care.

Important Reminder: Screen for Domestic Violence

Domestic violence, also known as intimate partner abuse, is a serious public health issue affecting people of all social, economic, racial, religious and ethnic backgrounds. Due to the serious consequences of domestic violence, routine screening is very important. The New York State Department of Health, the Office for the Prevention of Domestic Violence, the Medical Society of the State of New York, and the American Medical Association have recommended that providers use the following questions to screen for domestic violence:

- *Do you ever feel unsafe at home?*
- *Are you in a relationship in which you have been physically hurt or felt threatened?*
- *Have you ever been, or are you currently concerned about harming your partner or someone close to you?*

Due to the pervasiveness of domestic violence, all HIP members should be screened. As a behavioral health provider, it is important for you to be aware of factors that may suggest the presence of domestic violence and which further underscore the importance of screening. Factors known to occur at higher rates among persons experiencing domestic violence include, but are not limited to:

- Gastrointestinal problems.
- Chronic pain.
- Substance abuse.
- Psychiatric emergency room visits.
- Missed or broken appointments.
- Marital status of single, separated or divorced.
- History of a suicide attempt.
- Depression.
- Anxiety.
- Sleep problems.
- Use of pain medication or tranquilizers.
- Traumatic physical injuries.
- Broken bones or fractures.

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Change in Outpatient Prior Approval Requirement

HIP's Behavioral Health department is pleased to announce that effective January 1, 2006, *participating providers are no longer required to obtain prior approval for routine outpatient mental health or substance abuse treatment with HIP participating providers.* The elimination of the prior approval requirement for outpatient services *applies to both initial entry into treatment and continued outpatient care.* As of January 1, providers do not have to call Behavioral Health Care Management for initial approval or submit Outpatient Treatment Reviews (OTRs) for existing patients.

Providers will continue to be responsible for determining whether a patient is an active HIP member and has outpatient benefits remaining. You may continue to call the HIP Behavioral Health Care Management line at **1-888-447-2526** for this information or log on to **hipusa.com**® for easy access to eligibility and benefits information, thus eliminating the need for a phone call. If you need assistance in using the Web site, please call our Provider Relations Service Team at **1-800-447-8386**.

The following table identifies those services affected by this change as well as those services that will continue

to require prior approval by the Behavioral Health Care Management unit:

Prior Approval Required	Prior Approval Not Required
• Inpatient treatment.	• Initial consultation.
• Partial hospitalization treatment.	• Individual treatment.
• Ambulatory detoxification.	• Couple/family treatment.
• Outpatient ECT.	• Collateral treatment.
• Nursing home treatment.	• Intensive outpatient treatment.
• Neuropsychological testing.	• Initial and follow-up medication management.
• Psychological testing.	• Group therapy.

HIP is taking this important step to improve member access to treatment and to improve efficiencies for our providers. We look forward to continuing to work with you to ensure that our members receive the highest quality of care.

Important Reminder: Screen for Domestic Violence

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- Injuries to head, neck or chest.
- Injuries or complications during pregnancy.
- Bruises.
- Delays in seeking medical attention.
- Dizziness.
- Multiple doctor visits to different doctors.

While the presence of one or even all of these signs does not confirm that domestic violence is occurring, it does signal that screening for domestic violence is particularly important. If a member reports any of the symptoms or conditions listed above, you should be sure to screen for possible domestic violence.

Screening for domestic violence is never easy, but failure to screen can be dangerous. If you are interested in learning more about domestic violence screening techniques, HIP offers a free home-study training module entitled *Love Shouldn't Hurt*. This training module may be obtained by calling **1-646-447-6799**. Physicians completing the training receive one CME credit.

Non-physicians completing the training receive a certificate of completion.

In addition, a wealth of domestic violence information is available on the Web site of the New York City's Mayor's Office to Combat Domestic Violence at: http://www.nyc.gov/html/ocdv/downloads/pdf/resource_directory.pdf. You may also log on to **hipusa.com** and select "View Provider Materials" to view the NYS Department of Health's Domestic Violence Protocol.



BEHAVIORAL HEALTH CONSULTATION

DATE _____

PATIENT'S NAME _____

DATE OF BIRTH _____ HIP ID # _____

PRIMARY CARE PHYSICIAN (PCP) _____ MEDICAL GROUP # _____

SOURCE REFERRAL:

- Self
- PCP
- EAP _____
- Other _____

- Mental Health**
- Substance Abuse**

Dear Dr. _____:
 (Patient's name) _____ under your care, has been evaluated at the
 (Facility name) _____ on
 (Date[s]) _____ by (Therapist's name) _____

THE FOLLOWING WAS RECOMMENDED:

- Patient to be treated by _____ Provider.
- No follow-up indicated.
- Patient referred back to Medical Group: _____
- Patient hospitalized at _____ on _____
- Medication Evaluation by Dr. _____
- Patient started on the following medication:
 - 1. _____ 3. _____
 - 2. _____ 4. _____
- Patient declined treatment recommendation.
- Patient has indicated concern about the following physical problems:
 - 1. _____ 3. _____
 - 2. _____ 4. _____

Comments and Diagnostic Impressions:

Signature _____

Print Name _____

Date _____

Please feel free to call me at _____ if you need further information.



BEHAVIORAL HEALTH CONSULTATION FOLLOW-UP

DATE _____

PATIENT'S NAME _____ DATE OF BIRTH _____ HIP ID # _____

PRIMARY CARE PHYSICIAN (PCP) _____ MEDICAL GROUP # _____

- Mental Health**
- Substance Abuse**

Dear Dr. _____;

(Patient's name) _____ has been treated at the
(Facility name) _____ by
(Provider's name) _____

THE FOLLOWING OUTCOMES HAVE TAKEN PLACE:

- Treatment continues as per mutual agreement.
- Treatment was mutually terminated after goals were achieved.
- Patient did not follow up on recommended treatment despite outreach.
- Patient withdrew from recommended treatment voluntarily.
- Patient's care was transferred to the following facility:

Patient hospitalized at _____
Dates hospitalized from: _____ to: _____

Patient currently on the following medication:
1. _____
2. _____
3. _____
4. _____

Comments: _____

Signature _____ Date _____

Please feel free to call if you need further information.

Clinician _____ Phone # _____

Frequently Asked Questions

How do I track HIP members' benefits and utilization?

The easiest way to access a member's covered benefits is via the HIP Web site hipusa.com[®]. Providers may also use hipusa.com to check outpatient behavioral health benefit limits and the number of visits that a member has available. For more options as well as tips on using hipusa.com, see "Do Business with HIP Electronically" on page 3 of this newsletter.

Please keep in mind that it is the responsibility of every provider to document and track sessions, as well as to help their patients maximize their yearly benefit appropriately and avoid exceeding benefit limits. One easy way to track your patients' visits is to number each session in your notes. HIP also suggests routinely asking your patients about changes in their benefits, using questions such as:

- Do you still have the same insurance?
- Are you receiving any other behavioral health treatment or services?
- Have you seen another therapist this year?

Remember, every visit to a behavioral health professional is counted against the member's benefit. Members are responsible for payment of services once their benefit limit has been reached.

In addition to accessing member information via the Web site, providers may also call HIP at **1-800-447-8275** and use our interactive voice response (IVR) phone system **1-877-833-2729** to check benefits and utilization (based on claims paid), or speak with a HIP Customer Service representative.

I have a group practice. May I assign a HIP member referred to me to my staff or colleagues for treatment?

Unless a HIP member has out-of-network coverage, all HIP members must be treated by HIP participating providers to receive benefits. HIP defines participating providers as those who have been contracted and credentialed by HIP. A provider's individual agreement does not permit referrals to non-participating providers. Even if you are contracted with HIP as a group practice or facility, HIP requires that each licensed provider or facility be credentialed by HIP under the group contract.

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Behavioral Health News

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We invite your comments:

The editors of *Behavioral Health News* want to hear from you! If you have suggestions for stories that might interest HIP's affiliated physicians and behavioral health professionals, please share them with us. Phone Neil Meyerkopf at 1-646-447-7228 or e-mail nmeyerko@hipusa.com.

Helpful Phone Numbers

Behavioral Health Service Line	1-888-447-2526
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Provider Claims Customer Service	1-800-447-8275
Provider IVR	1-877-833-2729
Pharmacy Prior Approval	1-800-447-0829

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