



# PROVIDER NEWSLETTER

November 2022

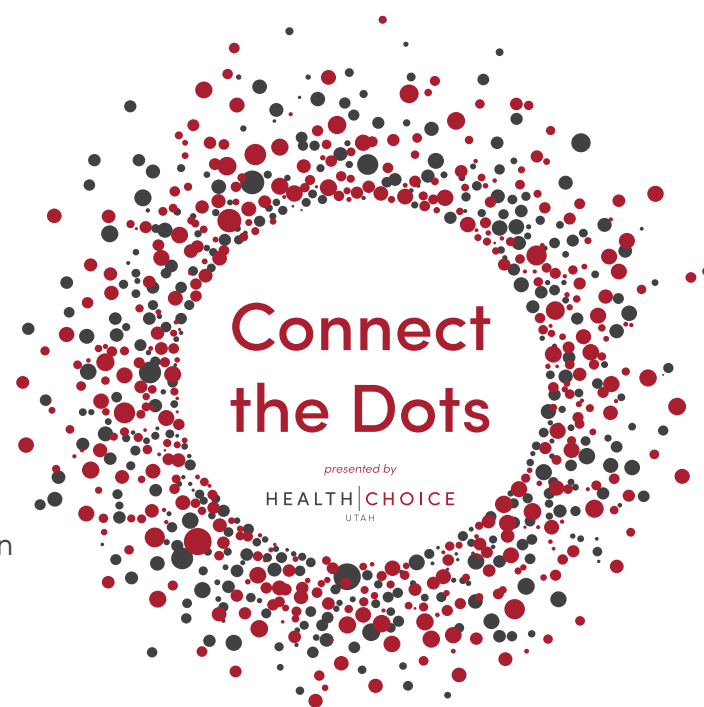
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## CONNECT THE DOTS

Health Choice Utah’s Outreach team holds community network meetings called Connect the Dots. These meetings are held throughout the year, virtually and in-person. Education on a variety of topics impacting community wellness are presented. The goal of Connect the Dots is to promote organizations within the community to build a strong network of partnerships & resources.

For more information, or to RSVP, please email: [outreach@healthchoiceutah.com](mailto:outreach@healthchoiceutah.com)



MEETING DATES (10AM - 11AM)	MEETING AGENDA
May 12	Medicaid Applicatin Process (DWS) & Enrollment, Benefits (UDOH) (Open Enrollment: mid-May through mid-June effect date of July 1)
August 18	Community Clinics: Affordable Health/Dental Services
September 15	Diabetic Care and Resources
October 13	Annual in-person (in-person TBD based on public safety)
November 3	Medicaid Training: Age & Disability and Dual Special Needs Plan (DSNP)
December 8	Mental Health: Holiday (A Difficult Season), Substance Use Disorder (SUD), Supporting Community (Neighbor Check-in)

## CONTACT INFORMATION

### GENERAL INFORMATION

**Health Choice Utah – Medicaid**  
Member Services: (877) 358-8797  
Prior Authorizations Fax: (877) 358-8793  
[www.healthchoiceutah.com](http://www.healthchoiceutah.com)  
PAYER ID: 45399

**Health Choice Generations D-SNP – Medicare**  
Member Services: (844) 457-8943  
Prior Authorizations Fax: (844) 457-8942  
[www.healthchoicegenerations.com](http://www.healthchoicegenerations.com)  
PAYER ID: 45399

### CASE MANAGEMENT

[CaseManagement@healthchoiceutah.com](mailto:CaseManagement@healthchoiceutah.com)

### CLAIMS ADDRESS

Health Choice Utah (or)  
Health Choice Generations  
  
PO Box 45900  
Salt Lake City, UT 84145

### HEALTH CHOICE UTAH - PBM

**RealRx Pharmacy Help Desk:**  
(855) 864-4046  
RXBIN: 610830  
RXPCN: RRXHCU  
RXGRP\*: N/A

### PROVIDER PORTAL HELP

[Provider.Portal@healthchoiceutah.com](mailto:Provider.Portal@healthchoiceutah.com)

### PROVIDER SERVICES

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Troy Fuller – Representative: (801) 646-7275  
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### QUALITY / RISK ADJUSTMENT

Rachel Vasquez – Quality Manager: (801) 646-7285  
Jessica Hocker – Risk Coding Auditor: (801) 646-7283  
DeAnn Andreason – QI Specialist: (801) 646-7280  
Polly Davidson – QI Specialist: (801) 646-7281  
Monique Hall – QI Specialist: (801) 646-7282  
Vickie Jenkins – QI Specialist: (801) 646-7284

## PATIENT HEALTH QUESTIONNAIRES (PHQ-9 & PHQ-2)

Depression is one of the leading mental health disorders affecting people, young and old, worldwide. According to the World Health Organization (WHO), it is estimated that 3.8% of the population, totaling approximately 280 million people in the world, deal with depression on a daily basis. Depression results from a complex interaction of social, psychological, and biological factors that in many cases can be linked back to adverse life events such as: unemployment, bereavement, abuse etc. Depression can in turn lead to more stress and dysfunction within a person's personal life, creating a cycle of dysfunction that can be difficult to break away from.

As a provider, are you utilizing the screening tools available to detect which of your patients are affected by depression? The PHQ-2 is a tool used to screen for depression, while the PHQ-9 tool

is used to screen or diagnose depression, measure the severity of symptoms, and measure a patient's response to treatment. These questionnaires incorporate Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) depression criteria with other leading major depressive symptoms used to diagnose and monitor the patient's level of depression. The diagnostic validity of the 9 item PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics. What they found is that the reliability and validity of the tool have indicated it has sound psychometric properties; which have concluded that 88% of patients who receive a score above 10, require more intense therapeutic treatment to manage their depression. After initial diagnosis, it is important that providers screen their patients' on an annual basis to re-evaluate the severity of their depression and reassess their treatment action plan.

### INTERPRETATION

PROVISIONAL DIAGNOSIS AND PROPOSED TREATMENT ACTIONS		
PHQ-9 SCORE	DEPRESSION SEVERITY	PROPOSED TREATMENT ACTIONS
0-4	None-minimal	None
5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15-19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
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

## COMMON SUPPLEMENTS THAT REDUCE ANXIETY

- Magnesium Citrate
- Zinc
- Omega 3 EPA
- Lavender
- Chamomile
- Milk Thistle
- B-Vitamins
- Folic Acid
- D3 1,000-5,000



## SOCIAL DETERMINANTS OF HEALTH CODES

Social determinants of health (SDOH) are conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. The World Health Organization recognizes social determinants of health as being the main factor for health inequities- the unfair and avoidable differences in health status seen within and between countries. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels from factors like:

- Healthcare Access and Quality
- Education Access and Quality
- Social and Community Context
- Economic Stability
- Neighborhood and Built Environment

Healthcare Access to Primary Care Health Insurance Coverage Health Literacy	HighSchool Graduation Rate Higher Education Language and Literacy Early Childhood Education and Development	Community Cohesion Civic Participation Discrimination Workplace Conditions Incarceration	Employment Poverty Food Security Housing Stability	Quality of Housing Access to Transportation Availability of Healthy Foods Air and Water Quality Neighborhood Crime and Violence



## SOCIAL DETERMINANTS OF HEALTH CODES: PROVIDER REQUIREMENTS

As appropriate within their scope of practice, providers should be routinely screening for, and documenting the presence of social determinants. Any identified social determinant diagnosis codes should be provided on all claims in order to comply with state and federal coding requirements.

Below are the twelve code categories that comprise the Social Determinants of Health codes.

- Z55:** Problems related to education and literacy
- Z56:** Problems related to employment and unemployment
- Z57:** Occupational exposure to risk factors
- Z59:** Problems related to housing and economic circumstances
- Z60:** Problems related to social environment
- Z62:** Problems related to upbringing
- Z63:** Other problems related to primary support group, including family circumstances
- Z64:** Problems related to certain psychosocial circumstances
- Z65:** Problems related to other psychosocial circumstances
- Z71:** Persons encountering health services for other counseling and medical advice, not elsewhere classified
- Z72:** Problems related to lifestyle
- Z73:** Problems related to life management difficulty

Examples:

Category z59, Problems related to housing and economic circumstances

DESCRIPTION	ICD-10 CODE
Homelessness	Z59.0
Inadequate housing	Z59.1
Discord with neighbors or landlord	Z59.2
Problems related to living in a residential institution	Z59.3
Lack of adequate food and safe drinking water	Z59.4
Extreme poverty	Z59.5
Low income	Z59.6
Insufficient social insurance and welfare support	Z59.7
Other problems related to housing and economic circumstances	Z59.8
Illiteracy and low-level literacy	Z55.0
Unemployment, Unspecified	Z56.0
Personal history of physical and sexual abuse in childhood	Z62.810
Problems in relationship with spouse of partner	Z63.0
Dependent relative needing care at home	Z63.6
Alcoholism and drug addiction in family	Z63.72
Imprisonment and other incarceration	Z65.1

## CHILDREN COPING WITH COVID-19

Over the last two years, children have been faced with loss of family routines, loss of social interaction, loss of development and growth in their education and loss of loved ones. All these things have brought an array of emotions for children and parents alike. Apprehension about corona virus variants and more Covid cases in children have brought more anxiety. Children and families need extra support from providers and counselors, as they move back into normal routines and activities.

Dr. Carisa Parrish, John Hopkins, gives us some tips on how to make this transition easier. Know that some children will be excited and some will have anxiety over returning to school.

She encourage parents to:

- Make a plan when you can – share the plan with your children
- Accept that you and your kids may have a variety of emotions, and make space for those feelings. Let your children talk about their feelings.
- Discuss that classrooms may look different because of physical distancing.
- Let kids know that they may have to wear masks for a period of time but not forever.
- Help children understand that situations may arise at school and that they can handle it!
- Be positive and let children talk about things they are worried about.
- Set a positive example for your child and wear a mask also.
- Have a positive and upbeat attitude.

Dr. Carisa Parrish also reminds parents that “kids are flexible and resilient”. Kids will “adapt quickly to new situations”. She suggests a “dry-run” to the school to help students see what the changes will be.

As they return to school let them “identify things that are working well and tease out less helpful” things. Talk about what is happening.

Reminding our patients and families that outdoor activities are one of the best ways to reduce stress. Being outdoor has as a family has very little risk of Covid transmission. Families can enjoy activities such as hiking, biking or just going for walks.

If there is continued anxiety, depression or stress, parents should know that there is help for their children and themselves. Parents can reach out to school counselors or their family medical professional. No child or parent should suffer in silence.

Thank you to all the medical healthcare professionals who work tirelessly to help all members through these unprecedented times.

## HEDIS FOLLOW-UP MEASURES AND WHY THEY MATTER

### *FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)*

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days.

#### **Why it Matters**

In 2019, nearly one in five adults aged 18 and older in the U.S. had a diagnosed mental health disorder. Despite this, individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

### *FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)*

Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days.

#### **Why it Matters**

Mental illness can affect people of all ages. In the United States, 18% of adults and 13%–20% of children under 18 years of age experience mental illness. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.

### *FOLLOW-UP AFTER HIGH-INTENSITY CARE FOR SUBSTANCE USE DISORDER (FUI)*

Assesses the percentage of inpatient, residential treatment and detoxification visits or discharges for a diagnosis of substance use disorder (SUD) among patients 13 years of age and older that resulted in follow-up care for a diagnosis of SUD within 7 and 30 days.

#### **Why it Matters**

In 2020, 40.3 million Americans 12 and older (about 14.5% of the population) were classified as having an SUD, including alcohol use disorder and illicit drug use disorder. Individuals with SUD have higher utilization of high-intensity care treatment such as inpatient hospitalizations. Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse.

### *FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)*

Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

1. ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

#### **Why it Matters**

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving AOD. High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care. Timely follow-up care for individuals with AOD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days

## REFERENCES:

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3. Everything You Need to Know About the PHQ-9 Test  
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4. <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>
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6. <https://www.ncqa.org/hedis/measures/follow-up-after-high-intensity-care-for-substance-use-disorder/>
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