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# BEHAVIORAL HEALTH SCREENING

**Mental health and primary care**

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# Agenda

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- Snapshot of mental health
- Risk factors
- Behavioral health and primary care
- Medical costs of comorbidity
- Screening
- Billing
- What can we do — next steps
- Resources



# Mental health in America

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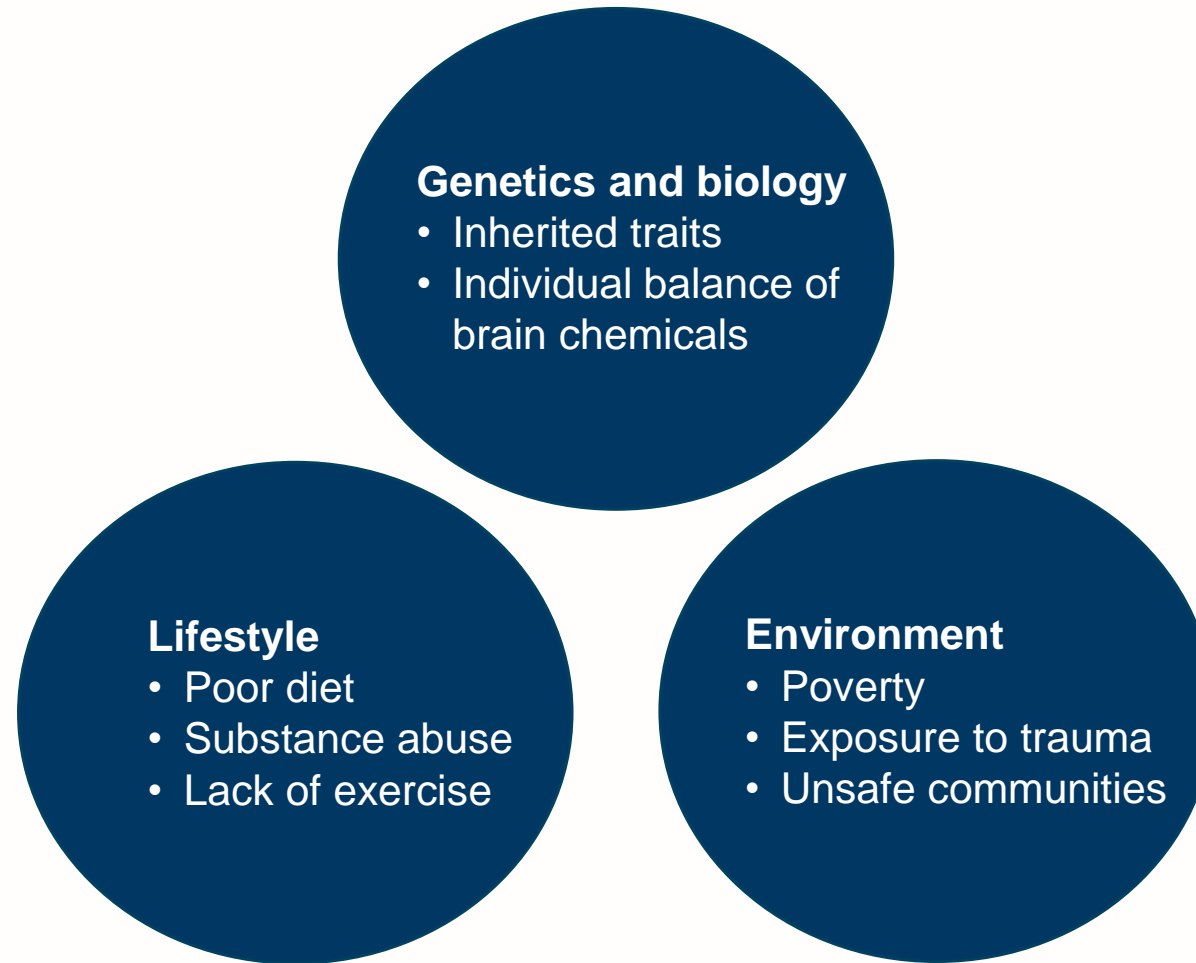
- One in five Americans will have a diagnosable mental health condition in any given year.
- 9.6 million people suffer from a serious mental illness (SMI), including major depression, schizophrenia and bipolar disorder.
- Serious emotional disturbance may affect up to one in five children.



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# Risk factors

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# OPPORTUNITIES FOR SCREENING

Mental health in a primary care environment

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# Behavioral health and primary care

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- In the World Health Organization study Psychological Problems in General Health Care, researchers found that patients suffering from depression more often presented to their primary care physicians with physical complaints than with psychological ones.
- Roughly 10% to 20% of the general population will seek assistance for mental health issues in a primary care setting.



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## Behavioral health and primary care (cont.)

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- The Primary Care Evaluation of Mental Disorders (PRIME-MD) validation study diagnosed 26% of primary care patients with at least one of 18 possible diagnoses.
- Nearly one-third of subjects in the PRIME-MD study had three or more mental diagnoses (mood disorder, substance abuse, somatoform disorders, anxiety).

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# Behavioral health and primary care (cont.)

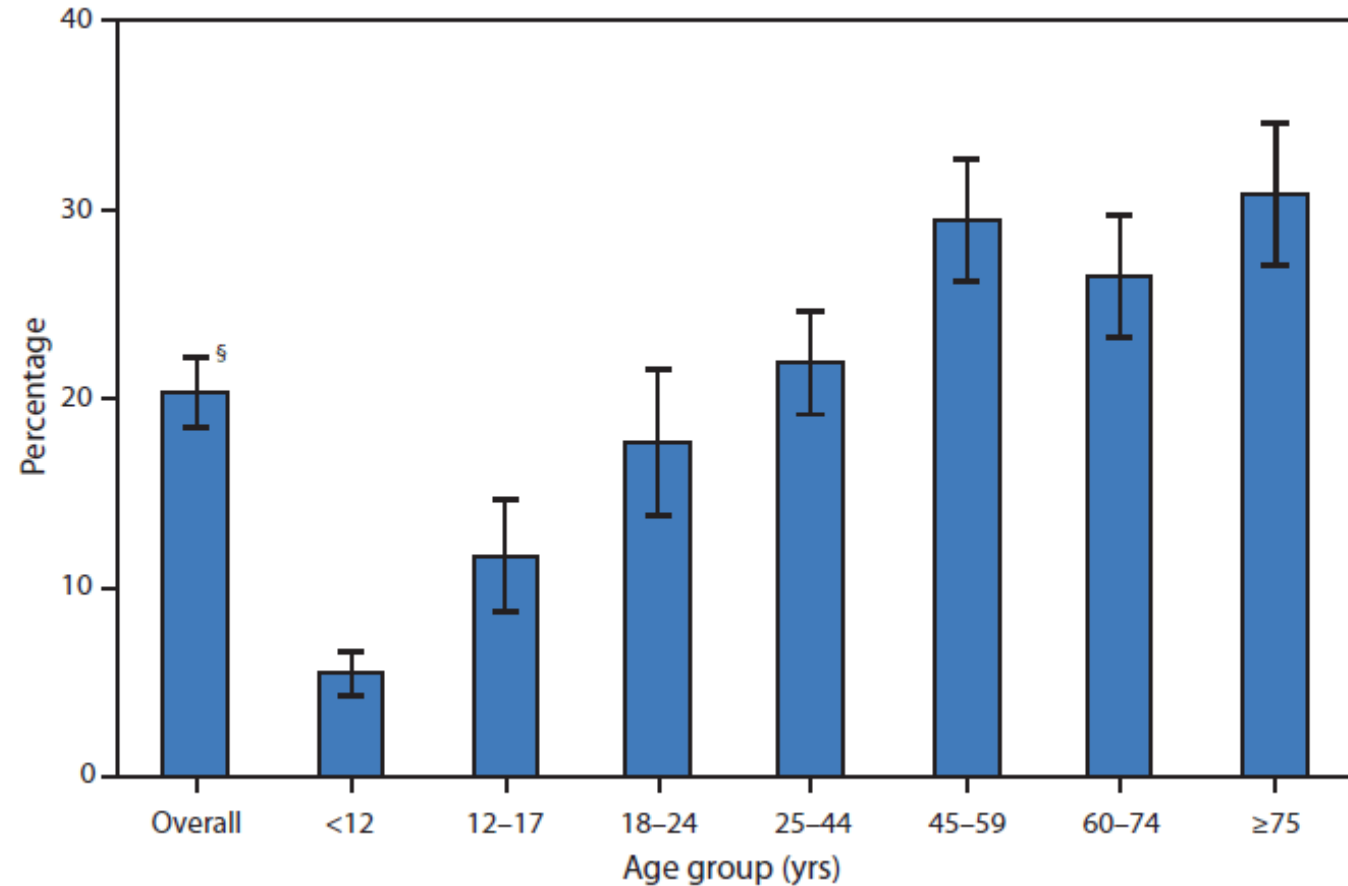
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- According to recent research, general practitioners recognize mood disorders at chance levels, and, accordingly, between 50% and 70% of depressive episodes go undetected by physicians.
  - This is due to lengthy assessments, high patient loads and the focus on physical symptoms.





# Seeking mental health services by age group



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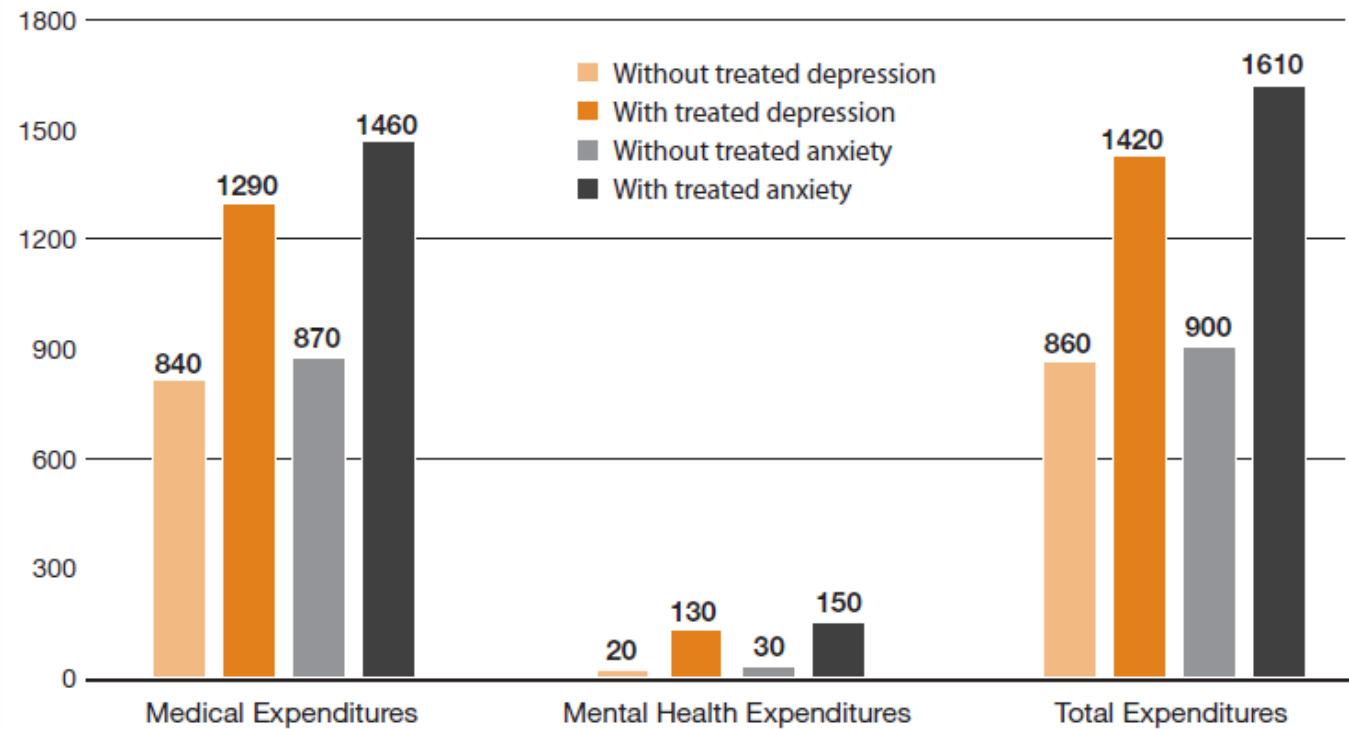
# Medical costs

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- Research suggests that patients with mental health conditions use general medical services at a higher rate than those without mental health conditions.
- Providing outpatient mental health services to people with mental health conditions may reduce their overall general medical expenses compared with their untreated peers.
- One report showed decreased health expenditures and inpatient medical hospitalizations among patient panels of physicians who recorded more mental health diagnoses.

# Medical costs of depression and anxiety

Figure 5. Comparison of monthly health care expenditures for chronic conditions and comorbid depression or anxiety, 2005



Source: Melek and Norris (107)

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# Comorbid conditions

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- Individuals with an SMI live 25 fewer years than those without.
- According to the Journal for Clinical Psychiatry, about 60% of this excess mortality is due to a physical illness.
- The National Comorbidity Survey Replication, a nationally representative epidemiological survey, reported more than 68% of adults with a mental disorder stated having at least one general medical disorder.

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## Comorbid conditions (cont.)

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- The Medical Outcomes Study found that depressed patients were seen to have functional impairment comparable to patients with chronic medical conditions, such as chronic obstructive pulmonary disease (COPD), diabetes, coronary artery disease, hypertension and arthritis.
- A chronic medical condition increases the likelihood of depression by two- and threefold.



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## Comorbid conditions (cont.)

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- More than half of Medicaid enrollees with a psychiatric condition resulting in a disability also had claims for diabetes, cardiovascular disease or pulmonary disease.
  - Substantially higher rates of these illnesses were prevalent among persons without psychiatric conditions.

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# Disorders among SMI

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- High prevalence of:
  - Cardiovascular disease
  - Diabetes
  - Obesity
  - Respiratory disease (asthma, COPD)



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# Factors to consider in patients with SMI

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- Smoking (much higher prevalence in those with SMI)
- Substance abuse
- Sedentary lifestyle
- Nonadherence to treatment
- Disorganization
- Trouble engaging
- Communication
- Culture
- Environment



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# SCREENING

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# Rapid mental health assessment: PHQ-2

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- PHQ-2 is a widely utilized and valid tool for depression assessment.
- Some electronic health record systems have tools located inside the software (eCW for example).
- If found positive for depression, administration of PHQ-9 would occur.



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# Rapid mental health assessment: PHQ-2 (cont.)

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- The tool has two questions:
  - Over the past two weeks, how often have you been bothered by the following problems:
    - Little interest or pleasure in doing things
    - Feeling down, depressed or hopeless
- Scoring is as follows: 0, not at all; 1, several days; 2, more than half the days; 3, nearly every day
- A total score of 3 or higher indicates the need for further assessment, beginning with the PHQ-9

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# PHQ-9 patient depression questionnaire

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- To monitor severity over time for newly diagnosed patients or patients in current treatment for depression.
- Patients may complete questionnaires at baseline and at regular intervals. Providers may complete the questionnaire during each scheduled appointment.
- Scoring:
  - 1 to 4 indicates minimal depression
  - 5 to 9 indicates mild depression
  - 10 to 15 indicates moderate depression
  - 15 to 19 indicates moderately severe depression
  - 20 to 24 indicates severe depression

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# PHQ-9 patient depression questionnaire (cont.)

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- Link to PHQ tests and other tools:  
<https://providerpublic.mybcbswny.com>



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# Generalized Anxiety Disorder (GAD-7)

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- Depression and anxiety are often co-occurring and should both be assessed.
- Anxiety often presents with physical manifestations such as hypervigilance, shallow or rapid breathing, excessive sweating, stomach pain, rapid heart rate, dizziness, diarrhea, and frequent urination.
- According to the National Institutes of Health, 18% of Americans will suffer from an anxiety disorder in a given year.

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## GAD-7 (cont.)

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- The GAD-7 is an evidence-based questionnaire than can help identify patients that are suffering from anxiety.
- Link to GAD-7 tool: <http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf>



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# Screening, brief intervention and referral to treatment

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- Commonly referred to as SBIRT
- A process defined by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) as:  
“a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders”

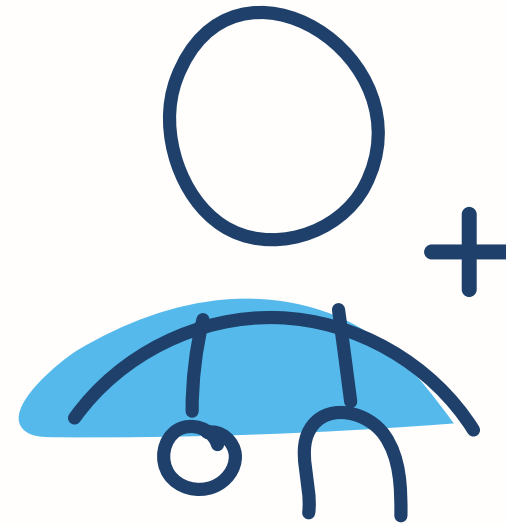


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# SBIRT (cont.)

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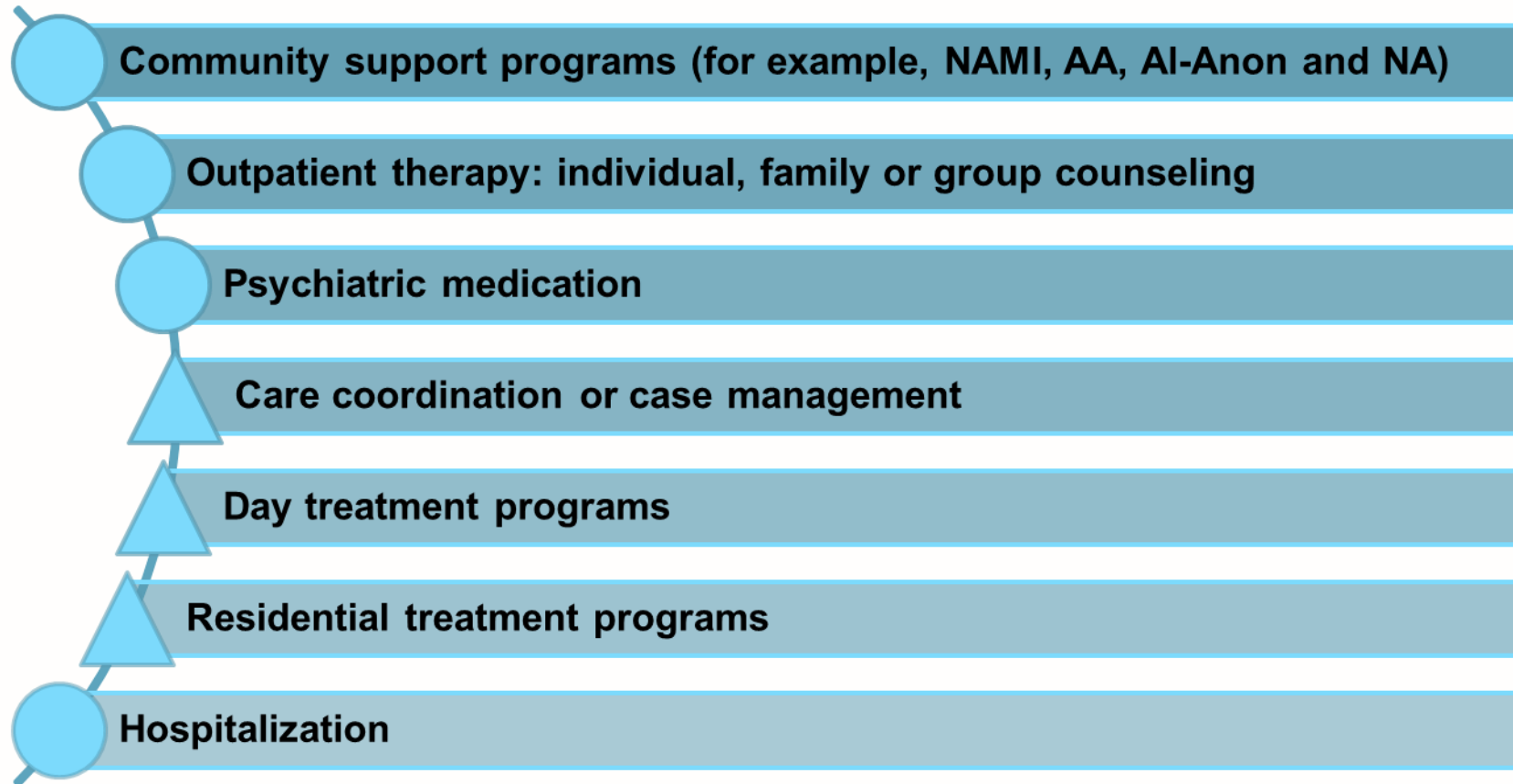
- According to Drug and Alcohol Dependence, SBIRT has been shown to decrease harmful alcohol use by 39% and illicit drug use rates by 68%. SBIRT can also decrease costly inpatient admissions and ER visits.
- SBIRT tools and resources:
  - Cage-AID
  - Audit-C
  - DAST (Drug and Alcohol Screening Tool)
  - SAMSHA screening tools and SBIRT brief interventions



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# Types of intervention

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# What we can do — next steps

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- Close the gaps between those needing behavioral health services and those receiving it.
- Integrate care between physical health, mental health and substance abuse:
  - Ask
  - Assess
  - Educate
  - Refer
  - Treat
- Coordinate with in-network behavioral health providers.

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# Codes for reimbursement

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Medicaid code	Descriptions
<b>H0049</b>	Alcohol and/or drug screening (SBIRT)
<b>H0050</b>	Alcohol and/or drug screening, brief intervention per 15 minutes (SBIRT)
<b>96150</b>	Health and behavior assessment (for example, health-oriented questionnaires), each 15 minutes face-to-face with the patient, initial assessment
<b>96151</b>	Health and behavior assessment, each 15 minutes face-to-face with the patient, re-assessment
<b>99420</b>	Health risk assessment
<b>G0444</b>	Annual depression screening, 15 minutes

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# Local and national resources

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- Lifenet: 1-800-LIFENET (**1-800-543-3638**)
  - Free and confidential 24/7 helpline for New York City residents experiencing a crisis
  - Referral specialists assess the severity of the problem and provide referrals to local providers or deploy mobile crisis services as necessary
- New York State Office of Mental Health: [omh.ny.gov](https://omh.ny.gov)
- City Health Information — depression screening: <https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi26-9.pdf>



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# Local and national resources (cont.)

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- Mental Health America: [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)
- Screening tools; database of local resources; tips for families, friends and caregivers; diagnosis-specific FAQs; and links to national support programs and information on common treatment options
- Alcoholics Anonymous (AA) — New York Inter-Group Association: [www.nyintergroup.org](http://www.nyintergroup.org)  
**1-212-647-1680**
- Hub for all of New York City's AA affiliates. Meeting list by borough, official events and online newsletter



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# Local and national resources (cont.)

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Parachute NYC:

- Free, community-based options to help individuals stay in their community and out of hospitals
- Offers crisis respite centers, mobile treatment team and support line
- **1-646-741-HOPE**

National Alliance on Mental Illness (NAMI): [www.nami.org](http://www.nami.org), **1-800-950-NAMI**



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# THANK YOU

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