



Hoosier Alliance Is An AmeriHealth Mercy Company

MDwise Hoosier Alliance
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MDwise Hoosier Alliance Major Depressive Disorder Disease Management Program

Purpose

MDwise Hoosier Alliance (MDHA) disease management programs are designed to empower members and their providers with knowledge and tools to better manage and reduce the interference of the disease on the members' daily activities and quality of life. The focus is on improving member health status by promoting member and provider compliance to evidence-based care guidelines, plans of care and self-management strategies. Strategies focus on providing proactive and personal support to create and sustain lifestyle behavior changes and self-management skills.

MDHA believes that the majority of people diagnosed with Major Depressive Disorder (MDD) can have symptoms go into remission and lead productive lives if they receive the proper treatment. A key to receiving proper treatment is the early recognition of depression to enable proactive management of symptoms.

Major depression is one of ten (10) chronic conditions that MDHA manages. The managed conditions are:

- Asthma
- Depression
- Pregnancy
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Autism/Pervasive Developmental Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Chronic Kidney Disease
- Congestive Heart Failure
- Diabetes

Rationale

MDD affects approximately 9.9 million American adults, or about 5% of the U.S. population age 18 and older in any given year. MDD is the leading cause of both disability and suicide deaths in the U.S. Recent National Institute of Mental Health (NIMH) studies show that 13-27% of older adults have subclinical depressions that do not meet the diagnostic criteria for MDD but are associated with increased risk of major depression, physical disability, medical illness, and high use of health services.¹

¹ National Institute of Mental Health
<http://www.nimh.nih.gov/index.shtml>



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Research has shown that nearly 71% of Americans who seek help for depression, or symptoms of depression, will initiate care with their primary medical provider (PMP). Effective follow-up after hospitalization and collaboration of care between PMPs and behavioral health providers are key elements in the successful treatment of depression.

Depression is a common diagnosis in the MDwise population. Upwards of 10% of MDwise members are diagnosed with depression and in the pediatric population it is about 4%, primarily in adolescents. Two thirds of people with depression do not seek treatment for it.

Objectives

- Promote early recognition, education and treatment of depression
- Ensure continuity of care following discharge from an inpatient hospitalization
- Link the member to the appropriate resources to meet identified needs; examples of resources include medication management and cognitive behavior therapy providers
- Reduce recurrence of depressive symptoms interfering with functioning
- Decrease use of ER and inpatient hospitalizations
- Improve self management related to positive activities, exercise, diet, and healthy behavior

Outcome Measurements

- Reduce inpatient admission per 1000 rate by 3% for identified population
 - Baseline = 2010 claims data for similar population (members with MDD diagnosis)
 - Measurement is claims based and compared against baseline
- Reduce readmission rate by 1% for identified population
 - Baseline = 2010 claims data for similar population (members with MDD diagnosis)
 - Measurement is claims based and compared against baseline
- From baseline, increase the percentage of members referred for outpatient therapy who attend at least four sessions
 - Baseline = 2010 claims data for similar population (members with MDD diagnosis)
 - Measurement is claims based and compared against baseline
- If prescribed a new medication, from baseline, increase the number of members who attend a follow-up appointment with the prescriber within thirty (30) days of starting the new medication
 - Baseline = 2010 claims data for similar population (members with MDD diagnosis)
 - Measurement is claims based and compared against baseline

These outcomes are reviewed and analyzed at least annually with opportunities for improvement identified and a plan for intervention and remeasurement established. No current measurement has occurred due to the recent initiation of the program. No opportunities for improvement have been identified.



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Population Identification and Stratification

The criteria for enrollment in the MDHA MDD Disease Management Program are: all members, age 18 years and older, with at least one of the following:

- Any outpatient, emergency department, intensive outpatient or partial hospitalization with a principal major depression diagnosis (as defined by HEDIS 2011 AMM specs Table AMM-B)
- One or more outpatient, emergency department, intensive outpatient or partial hospitalization on different dates with any major depression diagnosis
- Any inpatient (acute or non-acute) claim with any major depression diagnosis (as defined by HEDIS 2011 AMM specs Table MPT-B)
- ICD-9: 296.20-296.25, 296.30-296.35, 298.0, 300.4, 309.1, 311 (as defined by HEDIS 2011 AMM specs Table AMM-A)

Members are identified proactively and retroactively for case management needs. Referral sources include:

- Internal referrals from the utilization management reviewers
- Provider discharge planners
- Utilization reports and data collected through the UM process
- Claims data mining (includes medical, behavioral health [BH] and pharmacy claims)
- Hospital discharge data
- Internal referrals from the medical team
- Provider referrals
- Member self-referral
- MDwise referrals

The MDHA medical case management team does a mini-depression assessment on every member enrolled in a medical disease management program. Any members who score moderate or high on the scale are referred for a more thorough health risk assessment and depression evaluation.

MDHA integrates member information from the following systems to facilitate continuity of care:

- Disease and Case/Care Management System (Pre-certification, Concurrent, Hospital, Discharge and Claims, Data)
- Utilization Management System (Pre-certification, Concurrent Review and Discharge Data)
- ManagedCare.com
- Claims (Hospital Admission and Discharge Data) Diagnostic Cost Group (DxCG) risk scoring



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In accordance with National Committee for Quality Assurance (NCQA) requirements, MDwise systematically identifies members in the DM program at least on a monthly basis from its claims warehouse as follows:

New Membership

- MDwise Customer Service administers the Indiana State Office of Medicaid Policy and Planning (OMPP) Health Risk Screener (HRS) to new MDwise members
- Each condition of interest utilizes a validated, condition-specific questionnaire when available to assess the member's disease risk and clinical control and assign a risk status. These validated, condition-specific questionnaires are incorporated into the HRS, as well as, incorporated into follow-up clinical assessments by case and care management when applicable. Each questionnaire is described in the applicable Condition of Interest Program Description.
- New members are assigned to the risk status that corresponds to the score or result of the condition-specific questionnaire
- New membership that qualifies under a predefined "trigger" will be assigned the corresponding follow-up action, some of which may include stratification to moderate or high risk interventions
- New members who are referred by themselves or providers, as well as, newly diagnosed members are stratified to moderate-risk for follow-up and assessment by a Health Advocate
- HRS scores of new membership are electronically communicated to the CM/DM programs registries every two weeks. The CM/DM team(s) subsequently extracts the data and assigns the membership to care management (high-risk), and case management (moderate-risk) interventions.

Existing Membership

- MDwise Quality Improvement, in coordination with MDwise Health Care Programs, contracts DxCG predictive modeling application and creates clinical data logic for use in stratifying existing members with available claims and data sources
- DxCG is utilized to identify membership risk status based on all available claim types (including pharmacy) and data regardless of condition of interest. Members are assessed an overall health risk score and are stratified into low, medium or high risk levels of intervention.
 - **Low Risk**—DxCG Score 0-240: Ability to manage current health care needs, stable environment, self-management goals met
 - **Moderate Risk**—DxCG Score 241-400: Members with newly diagnosed conditions, increasing health services or emergency services utilization, evidence of pharmacy non-compliance or quality issue for chronic conditions and identification of special health care needs
 - **High Risk**—DxCG Score \geq 401; Members with complex care needs, recently discharged from facility, unstable conditions, acute deterioration in health status
- In addition to members being stratified by overall health status via the DxCG predictive modeling software, members with an applicable condition of interest are stratified according to clinical logic developed by MDwise Health Care Programs as described in the applicable Condition of Interest Program Descriptions



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- Each Condition of Interest contains logic for stratification by claim AND assessment sources. Stratification is a dynamic process, and a stratification level can change as a member's condition changes. Therefore, change is captured via claims and assessment sources to best stratify the member to the appropriate level of risk and corresponding intervention(s).
- Additionally, MDwise develops pharmacy quality edits that are programmed into the Program Management Tool (PMT) for identification of members with pharmacy utilization that requires assessment and potential intervention. Pharmacy quality edits are developed for each Condition of Interest Program and address adherence and inappropriate utilization or lack thereof for pharmaceuticals for a specified condition of interest. These elements are refreshed monthly along with updates in member identification.

Stratification

- **Low risk (population based):** Members identified as having depression and have no behavioral health ER or inpatient claims for depression in the previous twelve months. These members receive population-based interventions by MDwise.
- **Moderate risk (case management):** Members identified with major depression that require more intensive services due to but not limited to members with newly diagnosed conditions, increased health or emergency services utilization, evidence of pharmacy non-compliance for chronic conditions and identification of special health care needs. These members are identified based on DxCG levels 250-400, clinical and pharmacy utilization history, health risk screener information, clinical assessments and referrals. These members receive case management interventions by MDHA.
- **High risk (care management):** Members identified with depression and:
 - One or more ER claims, behavioral health inpatient claim or behavioral observation claim with depression as the primary diagnosis
 - One or more claims for an antidepressant medication and psychotherapy with depression as the primary diagnoses

These members have experienced a critical event or diagnosis that requires the extensive use of resources and need help navigating the system to facilitate appropriate delivery of care and services. These members are identified based on DxCG levels 401 and above, clinical and pharmacy utilization history, health risk screener information, clinical assessments and referrals. These members receive care management-level (aka complex case management-level) interventions by PerformCare behavioral health case managers.



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Member Participation

Members are educated about the disease management programs in their member handbook as well as on the MDwise and the MDHA Web sites. Members are informed about how they become eligible to participate in the disease management program, how to use the services and how to contact someone if they have questions.

Identified, eligible members are considered enrolled in the program and receive interventions without having to specifically request participation. Participation is voluntary and members have the ability to “opt out” of disease specific interventions. Information on how to opt out is provided to the member verbally. Members who opt out may re-enter the program at any time simply by contacting MDHA either by phone or in writing.

Any member with a discharge from a behavioral health inpatient admission will continue to be enrolled in high-risk care management for at least 180 days from the behavioral health inpatient discharge date.

Interventions and Activities

- **Population-based Interventions**

Members with conditions of interest or the parents of children with conditions of interest will be engaged through disease specific and preventive care population-based interventions, including educational materials and appointment and preventive care reminders. All pregnant members shall receive standard pregnancy care educational materials, OMPP-approved tobacco cessation materials and access to information from 24-hour nurse call lines. All members receive materials no less than semi-annually. Materials may be delivered by mail, the MDwise Web site, member portal and telephonically. MDwise provides these interventions to all MDHA members.

- **Case Management**

In addition to population-based disease management educational materials and reminders, these members receive more intensive services which assist them in navigating the health care system. Services include direct consumer contacts to assist the member with scheduling, location of specialists and specialty services, transportation needs, 24-hour nurse line, general preventive and disease specific reminders, pharmacy refill reminders, tobacco cessation, referrals to community resources, interventions to assist with primary care provider reassignments, and education regarding the use of primary care and emergency services. All members receive materials no less than quarterly. Materials may be delivered by mail, the MDwise website, member portal, and telephonically. Members in case management will be reassessed at least annually with either general or disease-specific screeners. MDHA provides all case management interventions for MDHA members enrolled in case management for any condition of interest.



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- **Care Management**

In addition to population-based and case management interventions, members in care management have a single care management plan developed to address all identified conditions, including both behavioral and medical problems, in order to decrease fragmented care and promote an interactive approach to care management. The Indiana OMPP requires that all care plans must be signed by the medical director overseeing care management services. This signature may be handwritten or an electronic signature with attestation that the medical director approved the plan.

Assessment

Members in care management are reassessed at least semi-annually. An initial complex assessment is completed no later than thirty (30) days from the date the member is referred for complex care management. Assessment results for each factor below are clearly documented in the care management notes, even if a factor does not apply to the member.

- Initial assessment of member health status, including condition-specific issues as well as co-morbidities such as depression
- Documentation of clinical history, including medications
- Initial assessment of the activities of daily living
- Initial assessment of mental health, including cognitive functions
- Initial assessment of life-planning activities
- Assessment of health behaviors that may impede a member's ability to manage a condition (e.g., tobacco use)
- Assessment of psychosocial issues that may impede a member's ability to manage a condition (e.g., homelessness, religious beliefs, etc.)
- Evaluation of cultural and linguistic needs, preferences or limitations
- Evaluation of visual and hearing needs, preferences or limitations
- Evaluation of available benefits from the organization and from community resources
- Identification of barriers to meeting goals or complying with the plan
- Development of a schedule for follow-up and communication with members
- Development and communication of member self-management plans
- Process to assess progress toward care management planned interventions
- Review of the member's claim history
- Contact with the member's family and health care providers, with permission from the member to evaluate the caregiver resources and involvement
- Identification and communication of information regarding high risk, high cost members to delivery system leadership in order to allow for reinsurance evaluation
- Identification of HIP members who meet Enhanced Services Plan (ESP) screening guidelines and collection of provider signed ESP referral paperwork



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Ongoing Management

- Goals and interventions are based on the above member assessment
- Development of an integrated care management plan, including prioritized goals that take into account member and caregivers' goals, preferences and desired level of involvement in care management program
- Addressing the identified barriers to meeting goals and complying with the plans
- Facilitation of member referrals to resources, including follow-up process to determine whether members act on referrals
- Development of a schedule for follow-up and communication with members
- Development and communication of member self-management plans
- Assessment of progress against case management plans and goals and modification as needed
- Condition monitoring, including all identified medical and behavioral health comorbidities and other health conditions (e.g., cognitive deficits, physical limitations)
- Documented communications to members on the importance of communicating with their provider's, including the development of a member-provider communication schedule

MDwise is committed to an integrated approach to manage our members. The care managers consult with the member's physical and behavioral health providers to facilitate the sharing of clinical information and the development of a coordinated physical/behavioral health treatment plan individualized to the member's needs.

The elements of the MDD Disease Management Program serve to engage, educate and empower the member and the family. Education focuses on the importance of controlling contributing factors, medication safety and compliance, counseling and therapy, and coping skills. Members and their families are encouraged to participate in parent training, social skills training and a healthy lifestyle that includes sufficient rest and a proper diet. The care manager facilitates a team approach that includes teachers, parents, therapist and the prescribing provider. Education about comorbid conditions and the warning signs of the same is provided. The family is connected with relevant supports in the community (e.g., Depression and Bipolar Support Alliance) and with MDwise resources that are found on the MDwise Web site. Preventive care is emphasized.

Care Management for Members at Risk for or Discharged from Psychiatric Inpatient

Care management services are provided for any member at risk for inpatient psychiatric or substance abuse hospitalization, and for members discharged from an inpatient psychiatric or substance abuse hospitalization, for no fewer than 180 calendar days following the inpatient hospitalization.

Upon receiving notification of a member's inpatient behavioral health hospitalization, the Clinical Care Manager collaborates with the inpatient and aftercare providers to schedule an outpatient follow-up appointment to occur no later than seven (7) calendar days following the inpatient behavioral health hospitalization discharge.



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Upon notification, with appropriate consent, care managers notify the PMP when a member is hospitalized for behavioral health issues, including substance abuse within five (5) calendar days of the hospital admission. The PMP is also sent a copy of the discharge review including diagnosis, aftercare appointments and medication prescribed on discharge.

Member's utilization is monitored to determine whether the member is under- or over-utilizing behavioral health services and a plan is implemented to address the utilization. Over- or under-utilization is defined as members who are more than two standard deviations outside the MDwise mean utilization for behavioral health services.

- **Priority Interventions**
 - Assess presence of depressive symptoms in members enrolled in medical case management
 - Administer Edinburgh or other depression assessment
 - If score indicates presence of moderate to severe depression, refer for comorbid BH-PH case management and a more thorough behavioral health assessment
- **Medication Management**
 - If symptoms are moderate to severe, member is evaluated for psychotropic therapy; refer for psych evaluation with psychiatrist/clinical nurse specialist/PMP
 - If medication is prescribed, the member should have a follow-up appointment within 1 to 4 weeks to reassess and adjust; refer for follow-up medical check with prescribing provider
 - Maintenance phase: Identification and intervention to avoid drug interactions and ensure appropriate pharmacy management of antidepressants
- **Behavioral Risk Management**
 - Ongoing education and support for the member from BH specialists to help them follow treatment protocols recommended by the member's provider
 - Discuss the need for mental health therapy referral with member and prescribing provider
- **Self Management**
 - Consistent message to encourage member's self-management skills related to the chronic illness
 - Member should develop an individualized safety or crisis plan that includes how the member will identify individual signs/symptoms of increasing depression/decrease in functioning
 - Member should develop a wellness and recovery plan
 - Member should know baseline activity/exercise tolerance
 - Member should attend scheduled appointments
 - Member should take medications as prescribed



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Documentation System

All interaction with the member and provider is documented in the integrated case management documentation system that automatically includes the staff member's name and credentials as well as the date and time of the action in the member's medical record. Automated prompts for follow-up contacts with the member are addressed in the member's plan of care. Clinical Care Guidelines are used to develop assessments with algorithms in the case management documentation system. The staffing ratio for care management is 1:200.

Provider Notification and Involvement

In-network providers are notified about the program in several ways:

- The MDwise Provider Manual
- The MDwise Hoosier Alliance Web site (www.hoosieralliance.org)
- The MDwise Provider Web site (www.mdwise.org/providers.html)
- Indiana Health Coverage Programs (IHCP) Provider Bulletins
- Case management outreach encounters and updates with the provider
- Notification to the PMP of psychiatric inpatient admission

Providers receive the following written notification regarding their patients' participation in the MDD Disease Management Program:

- Notification of high-risk member enrollment in one-on-one care management, along with a copy of the plan of care goals
- Notification of a change in risk level of members enrolled in care management
- Notification of members eligible for MDD disease case management that the care manager was unable to contact, either initially or for follow-up to collaborate on patient demographics and update of any relevant clinical findings
- Notification of members upon graduation from the MDD Disease Management Program

Annual Evaluation

The MDD Disease Management Evaluation is conducted collaboratively by the Senior Director of Clinical Services, Case and Disease Management Supervisor, Supervisor of Quality Improvement and the Chief Medical Officer. The program is evaluated annually and presented in the first quarter of the following year to the Physician Advisory Committee. Quarterly statistics are reported to the Physician Advisory Committee.



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Objectives, activities, processes and outcomes are evaluated at a minimum of annually in order to:

- Calculate annual active member participation rate
- Determine whether the MDD Disease Management Program has demonstrated improvement in the services and quality of care provided to members
- Evaluate the overall effectiveness of the MDD Disease Management Program
- Allow for exploration of barriers and limitations of the MDD Disease Management Program
- Revise areas as needed to improve effectiveness of the MDD Disease Management Program
- Obtain feedback from members regarding satisfaction with care management as well as to analyze member complaints and inquiries
- Implement intervention(s) to improve performance

MDHA also reviews and updates its case management processes and resources to address member needs. Policies are reviewed annually during the Quality Service Committee.

Supporting Clinical Guidelines and References

- [MDwise Clinical Care Guidelines for Major Depression in Adults](http://www.mdwise.org/docs/providerbehavioralhealth/gl-majordepression.pdf)
<http://www.mdwise.org/docs/providerbehavioralhealth/gl-majordepression.pdf>
- [MDwise Clinical Care Guidelines for Children and Adolescents](http://www.mdwise.org/docs/providerbehavioralhealth/gl-depressioninchildren.pdf)
<http://www.mdwise.org/docs/providerbehavioralhealth/gl-depressioninchildren.pdf>
- Clinical Practice Guideline for Treatment of Patients with Major Depressive Disorder, Second Edition (American Psychiatric Association)
http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx
- Major Depression in Adults in Primary Care (Institute for Clinical Systems Improvement [ICSI])
<http://www.guideline.gov/content.aspx?id=14857#Field118>