



IDAHO EDITION

providerINSIGHT®

SelectHealth® | November 2022

Welcome to the *Provider Insight* newsletter.

In this issue, you will find medical and pharmacy information as well as updates to our commercial and Medicare plans.

We encourage you to read *Provider Insight* to stay up to date on policies affecting our members and your patients.

WHAT'S INSIDE

SELECTHEALTH® NEWS

SelectHealth Earns FIVE-Star Rating!	2
No Surprises Act	3
Preauthorization Requests for Genetic Testing, Medical Oncology (Injectable Cancer Medications), Radiation Therapy	3

SELECTHEALTH MEDICARE™ NEWS

Epidural Procedures Now Require Preauthorization	4
Keep Your Provider Data Current in NPPES	4
Reminder: Submit Statin Exclusions by December 31, 2022	5

QUALITY PROVIDER PLUS PROGRAM NEWS

SelectHealth Program Coming to Idaho in 2023	6
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PRACTICE MANAGEMENT RESOURCES

Expanded Online Resources at SelectHealth.org/Providers	7
Immunization Updates and ACIP Highlights	8
Care Management for Older Adults with Depression	10

OTHER SELECTHEALTH PROVIDER PUBLICATIONS

- [Pharmacy and Therapeutics](#) — A regular publication covering Food and Drug Administration (FDA) updates and alerts as well as formulary information
- [SelectHealth Policy Update Bulletin](#) — A monthly publication covering changes to medical, dental, and/or coding & reimbursement policies)

SelectHealth® News

SelectHealth Medicare Earns FIVE-Star Rating Two Years Running!

SelectHealth Medicare was awarded the highest rating from the Centers for Medicare and Medicaid Services (CMS) for the **second year in a row**, receiving a 5 out of 5 quality Star Rating for 2023 HMO plans. This rating places SelectHealth in the 99th percentile of health plans across the country, making it the only 5-star Medicare Advantage plan in most SelectHealth service areas.

How Stars are Awarded

Each year, CMS rates Medicare-certified health plans — parts C and D — on a scale of 1 out of 5 stars (with 5 stars representing the highest quality) using the Medicare Star Ratings system. The overall scores are based on more than 40 care and service quality measures across several categories, including staying healthy, managing chronic conditions, member experience and satisfaction, pharmacy services, and customer service performance.



Benefits for our Members

Two key program benefits of being awarded this prestigious rating are:

- 1 SelectHealth will receive bonus payments, allowing us to offer enhanced benefits in our Medicare plans in upcoming years.
- 2 We can offer an additional Special Enrollment Period (SEP). This SEP means that Medicare enrollees can switch to a SelectHealth Medicare HMO plan from **December 8, 2022 through November 30, 2023**, even outside of the traditional annual enrollment period that runs from October 15 through December 7.

No Waiting!

Now you can find out right away if a code is covered (by plan type and state) and whether or not preauthorization is required.

SelectHealth now offers 24/7 online access to this information using the links in the table below. These state-specific tables are updated regularly; be sure to note the date at the top of the first page; if unsure about a code, please contact Member Services.

Please access these tables **FIRST** before calling Member Services to avoid phone wait times.

Plan Type	Links to Relevant State Tables*		
Commercial	Utah	Idaho	Nevada
Medicare	Utah & Idaho		Nevada
Medicaid	Utah ONLY		
* Coverage may vary by plan type and may not follow the listed services.			

Learn more about downloading and searching within these files for specific codes.

SelectHealth News, continued

No Surprises Act

The No Surprises Act (NSA), which became effective **January 1, 2022**, offers protections that apply to most group health plans and health plans offered in the individual market.*

Key NSA requirements for providers, facilities, or air ambulance vendors are as follows:

- > NSA protections prohibit surprise billing in certain circumstances for any amount other than member cost sharing.
- > If a processed claim qualifies for NSA protections, balance billing is only allowed if a waiver for nonemergent care has been obtained.
- > Disputing the amount allowed by SelectHealth requires initiating a negotiation **within 30 business days** from the initial payment or notice of denial. To do so, please submit the Open Negotiation Notice (OMB Control No. 1210-0169) to SelectHealth via either:
 - Email: SHSVXNSANegotiation@imail.org
 - Mail: SelectHealth, Attn: Claim Support Team, 5381 S. Green St., Murray, UT 84123
- > The parties must undertake an open negotiation period prior to initiating the Federal Independent Dispute Review (IDR) Process and meet all timeliness requirements. Notification of IDR initiation should be submitted using Notice of IDR Initiation (OMB Control No. 1210-0169) to the email or mailing address noted above.

Questions? Please contact the Member Services team at **800-538-5038**.

* For claims qualifying for NSA protection, SelectHealth has followed federal regulations when calculating the QPA using median contracted rates with the relevant provider/facility types and geographic regions.

Preauthorization Requests for Genetic Testing, Medical Oncology (Injectable Cancer Medications), Radiation Therapy

For those new to our SelectHealth Med® network, SelectHealth will have a temporary process for handling certain preauthorization requests related to genetic testing, medical oncology (injectable cancer medications), and radiation therapy.

Please direct any preauthorization requests for these services to SelectHealth through [CareAffiliate®](#) or by calling **801-442-7406**.

We anticipate transferring evaluation of these requests to AIM Specialty Health® as of **January 1, 2023**, but will confirm that timing with correspondence later this year.

For existing St. Luke's Health Partners (SLHP) and BrightPath members, please continue to submit requests for these three types of services to AIM. The AIM Provider Portal is a fully interactive resource that processes requests in real time against clinical criteria. [Sign in or register to use the AIM Provider Portal](#). You can also submit a request via the AIM Call Center: **844-377-1281** (8:00 a.m.–5:00 p.m. MST).

AIM partners with SelectHealth to manage genetic testing, radiation oncology, and medical oncology clinical appropriateness and preauthorization review for most SelectHealth members.

For more information about SelectHealth preauthorization processes:

- > Visit the [Preauthorization area of our website](#).
- > Call Member Services at **800-538-5038**.

Questions? Contact IDProviderRelations@selecthealth.org.

SelectHealth Medicare™ News

Epidural Procedures Now Require Preauthorization

On **June 19, 2022**, The Centers for Medicare and Medicaid Services (CMS) finalized their revised criteria for epidural injections (LCD 39242 with accompanying billing and coding article A58995).

Historically SelectHealth has not required preauthorization for epidural injections for either SelectHealth Medicare™ or SelectHealth Community Care® (Medicaid) members; however, the new LCD presents an opportunity to ensure our members receive care considered standard by CMS.

As of **4th quarter 2022**, repeat epidural injections scheduled **within one year of the member's most recent injection** will require preauthorization only for those with SelectHealth Medicare or Medicaid coverage. SelectHealth will use the LCD criteria to determine medical necessity of the repeat epidural injection at the same level.

Questions? Contact your Provider Relations representative.

Keep Your Provider Data Current in NPPES

Please be sure to review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) as soon as possible to ensure that accurate provider data is displayed. SelectHealth Medicare providers are legally required to keep their NPPES data current. CMS also encourages Medicare Advantage Organizations to use NPPES as a resource for their online provider directories. By using NPPES, SelectHealth can reduce how often we need to contact you for updated directory information and provide more reliable information to Medicare beneficiaries.

When reviewing your provider data in NPPES, be sure to:

- > Update any inaccurate information in modifiable fields, including provider name, mailing address, telephone and fax numbers, and specialty.
- > Include all addresses where you practice and actively see patients as well as where a

patient can call and make an appointment. Do not include addresses where you could see a patient but do not actively practice.

- > Remove any practice locations that are no longer in use.

Once you update your information, you will need to confirm its accuracy by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

CMS monitors and reviews organizations' online provider directories for compliance and enforcement action. Errors in the SelectHealth online provider directory that do not match NPPES information will be considered compliance "errors." Thus, updating your NPPES data is critical for compliance and so that our directory provides members with the most accurate current information.

Questions? For more information on NPPES, please reference [NPPES help](#). For general questions, email nate.garlick@selecthealth.org.

Reminder: Submit Statin Exclusions by December 31, 2022

Statin medications are recommended for reducing cardiovascular event risk in certain populations, including patients with diabetes or cardiovascular disease. If a patient is unable to tolerate a statin, please submit a qualifying diagnosis code on a claim to SelectHealth **before the end of the year. Use the list of required codes in Figure 1 below.** These exclusions must be submitted on a claim each year, not just charted. A statin allergy does not count without coding for one of the listed exclusions below.

Figure 1. Overview of Qualifying Statin Exclusions to be Coded

For Diabetes Patients ONLY		For Cardiovascular Patients ONLY	
<ul style="list-style-type: none">- Prediabetes (R73.03, R73.09 codes)- PCOS (E28.2 codes)- Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs (T46.6X5A code)		<ul style="list-style-type: none">- IVF- Myalgia (M79 codes)- Palliative Care	
For BOTH Diabetes and Cardiovascular Patients			
<ul style="list-style-type: none">- Cirrhosis- Dialysis	<ul style="list-style-type: none">- Hospice Care- Lactation	<ul style="list-style-type: none">- Myopathy (G72 codes)- Myositis (M60 codes)	<ul style="list-style-type: none">- Pregnancy- Rhabdomyolysis (M62 codes)

Questions? Contact either Kirstin Johnson, SelectHealth Quality Consultant RN (for cardiovascular measure) at **801-442-8224** or **kirstin.johnson@selecthealth.org** OR Cody Olsen (for diabetes measure) with the SelectHealth pharmacy team at **cody.olsen@selecthealth.org**.

Quality Provider Plus Program News

SelectHealth Program Coming to Idaho in 2023

SelectHealth is excited to bring a new engagement program to Idaho providers beginning **January 2023**. This combined quality and chronic condition management program will be titled “**SelectHealth Quality Plus Provider Program.**”

SelectHealth will begin offering this program to our contracted primary care clinics to continue SelectHealth’s mission of helping our members live the healthiest lives possible. The program focuses on quality and chronic condition management.

The quality portion of the program

This has existed in Utah since 2010 and is SelectHealth’s approach to the Patient-Centered delivery model. This bonus program is for eligible providers focused on obtaining maximum health outcomes for our members. The team-based model is led by a healthcare practitioner, designed to provide comprehensive and continuous medical care to patients.

The chronic condition management portion of the program

This element encourages providers to identify, manage, and accurately document chronic conditions for SelectHealth members. The combined program offers:

- > Provider payment for closing gaps in quality measures
- > Provider payment for chronic condition management
- > Best practice payments for select measures
- > Quarterly payments as well as yearly bonus payments
- > Quarterly opportunities for clinics to enroll in the program

Helping clinics achieve better outcomes

We encourage providers to become more engaged in the program through team meetings and quality improvement, as clinics with increased provider participation achieve the highest outcomes. For participating clinics, program benefits help provide comprehensive and continuous medical care to patients. For example, we support your practices with:

- > Clinic-specific reporting that includes unmet measures and coding gaps
- > A quality team who will meet with participants on a regular basis to set/review goals, improve processes, provide resources, and help meet program requirements
- > Education for accurate documentation and coding of HCCs

We will be rolling this program out gradually in limited areas and will contact those who qualify individually.

SelectHealth looks forward to this expansion in Idaho, along with its approach to team-based care, and is excited for the growth and evolution of the program.

Interested in learning more? Contact either:

- > Barbara Moxley at barbara.moxley@selecthealth.org or **801-442-7819**
- > Kelli Burnham at kelli.burnham@selecthealth.org or **801-442-9310**

Practice Management Resources

Expanded Online Resources at SelectHealth.org/Providers

Visit these newly updated areas of the SelectHealth provider website (click on name or image):

> **Preauthorization Forms and Lists** — Now combined into a single link, you can download the relevant preauthorization form for your state and member plan and review information on covered codes and preauthorization requirements.

> **CareAffiliate®** — This expanded area of our website offers recent updates, news, benefits, user training information, covered codes links, and downloadable reference materials.

CareAffiliate®

Are you a current user? [Access CareAffiliate now.](#)

Recent Updates

Review important updates for CareAffiliate users listed below by most recent effective date.

- September 16, 2022:** The following system enhancements were recently made to allow users to view:
 - Authorization letters through CareAffiliate - [Learn More](#)
 - Provider or facility network status - [Learn More](#)
- July 15, 2022:** The request type for **behavioral health inpatient hospitalization** has been updated. These services can now be considered for auto approval.
- January 13, 2022:** The request type for behavioral health residential treatment has been updated to align with recommended billing & payment practices. This change will mean that providers have fewer fields to fill in.

Questions?

- For technical support, call our Information Services help desk at **801-442-7979, option 2**.
- For help navigating CareAffiliate and/or to learn more about upcoming training, email careaffiliate@selecthealth.org

Current Users

Start a new request or monitor one already submitted.

[Access CareAffiliate](#)

Why CareAffiliate

CareAffiliate can be a great timesaver for your practice.

[Learn more](#)

CareAffiliate News

Learn about new features and resources.

[Read latest news](#)

User Training

Check out our drop-in online training offered each month.

[Learn more](#)

Covered Codes

Identify codes covered:

Commercial: [Utah](#) [Idaho](#) [Nevada](#)

Medicare: [Utah](#) [Idaho](#) [Nevada](#)

Medicaid: [Utah Only](#)

Resources

[FAQs](#)

[Quick Guide](#)

[Request Type List](#)

[Authorization Status Guide](#)

> **ID Card Guides and Samples** — Access guides and samples by state and plan as well as sample ID cards we anticipate for 2023.

Preauthorization Forms and Lists

Preauthorization Request Forms

Preauthorization forms must be submitted when not using [CareAffiliate](#), [AIM](#), or [PromoPL](#).

Access the relevant request form for your practice using the tables below:

UTAH, IDAHO <ul style="list-style-type: none"> All Commercial Plans SelectHealth Medicare SelectHealth Community Care®(Medicaid) in Utah only <p>Request for Medical Preauthorization</p> <p>Behavioral Health-Related Preauthorization-Initial Request</p>	NEVADA <ul style="list-style-type: none"> SelectHealth Med Network® <p>Request for Medical Preauthorization</p> <p>Behavioral Health-Related Preauthorization-Initial Request</p>
<ul style="list-style-type: none"> SelectHealth Value®Network, SelectHealth Advantage® <p>Request for Medical Preauthorization</p>	

Preauthorization Lists

View the current list of services/procedures requiring preauthorization based on the relevant member coverage type:

- [SelectHealth Commercial Plans](#)
- [SelectHealth Advantage \(Medicare\)](#)
- [SelectHealth Community Care \(Medicaid/CHIP\)](#)

Access covered-codes (and preauthorization requirements) tables for:

- Commercial-Covered Codes:** [Utah](#) [Idaho](#) [Nevada](#)
- Medicare-Covered Codes:** [Utah](#) [Idaho](#) [Nevada](#)
- Medicaid-Covered Codes:** [Utah Only](#)

ID Card Guides

Member ID cards vary from state to state and by plan type. Access and download the guides below that best fit your practice needs:

- [Medical ID Card Guide](#)
- [Dental ID Card Guide](#)

Sample 2022 Member ID Cards. Access and download a complete set of ID card samples for residents in these states:

- [Utah Residents](#)
- [Idaho Residents](#)
- [Nevada Residents](#)
- [Residents of Other States](#)

Sample Anticipated 2023 Member ID Cards. To help practice managers prepare for the coming year, access the 2023 SelectHealth anticipated member ID card samples for:

- [Utah Residents \(Coming Soon\)](#)
- [Idaho Residents](#)
- [Nevada Residents \(Coming Soon\)](#)

Immunization Update and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met virtually on **October 19–20, 2022**, for its regular triennial vaccine meeting.

Figure 2 below summarizes the key guidance from these meetings related to pneumococcal, COVID-19, RSV, meningococcal, and influenza vaccines.

The ACIP also approved the 2023 Child/Adolescent and Adult Immunization schedules, which will be published in **February 2023**.

The recent vaccine-derived poliovirus, type 2 (VDPV2) outbreak in New York State as well as monkeypox, dengue, and chikungunya vaccines were discussed. For the poliovirus outbreak,

the ACIP polio workgroup is examining whether adult boosters should be recommended and is reviewing World Health Organization (WHO) strategies of fractional doses of inactivated polio vaccine (fIPV) and novel oral polio vaccine.

Learn more by accessing:

- > **Related details** for each recommendation (vaccine evidence presented, committee discussion, and votes), which can be found on the SelectHealth provider website at [ACIP Meeting Updates](#)
- > **Archived meeting minutes and slides** available on the [ACIP meeting website](#) (click on "Meeting Materials")
- > **COVID Vaccine Recommendations** available on the CDC's [Clinical Considerations](#) website

Figure 2. Vaccines Guidance Summary

<ul style="list-style-type: none"> • Pneumococcal: <ul style="list-style-type: none"> – VOTE: Adults 19 and older who have only received a Pneumococcal Conjugate vaccine 13-valent (PCV13), namely those 19–64 immunocompromised or 65 and older, should complete their series with either a Pneumococcal Conjugate Vaccine 20-valent (PCV20) at least one year after the PCV13 or one to three doses of Pneumococcal Polysaccharide Vaccine 23-valent (PPSV23) as previously recommended. – VOTE: Immunocompromised adults 19–64 who have received a PCV13 and a PPSV23 dose should complete their series with either a dose of PCV20 or one dose of PPSV23 at least 5 years after last pneumococcal vaccine. – VOTE: Adults aged 65 and older who have completed their pneumococcal series of PCV 13 and PPSV23 have the option to receive a dose of PCV20 in shared clinical decision making. Clinicians should wait for Centers for Medicare & Medicaid Services (CMS) and other insurers to update their coverage to three doses of pneumococcal vaccine prior to administering this third dose. 	<ul style="list-style-type: none"> – Recommendations for administering PCV20 to hemopoietic stem cell transplant (HSCT) recipients were discussed. • COVID-19: <ul style="list-style-type: none"> – VOTE: Vaccines for Children (VFC) – Children aged 0 through 18 years can access COVID-19 vaccines through the VFC program when those vaccines are commercialized. – Novavax COVID-19 monovalent booster is authorized 6 months after completion of a primary series for adults aged 18 years and older if an mRNA bivalent booster dose is not medically or accessibly available or if a booster vaccine would otherwise not be received. – Pregnancy: Vaccination before or during pregnancy protects the mother from severe disease and hospitalization with no higher rate of adverse pregnancy outcomes, and vaccination during pregnancy protects the aged 0–5 month infant from severe disease and hospitalization.
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Continued on page 9...

*Practice Management Resources, continued**...Continued from page 8***Figure 2. Vaccines Guidance Summary, Continued****• RSV Vaccines:**

- **Adult:** Clinical trials of an adjuvanted, 1-dose RSV vaccine and a non-adjuvanted, 2-dose RSV vaccine for adults aged 60 and older were reviewed.
- **Maternal/Pediatric:** Although not a vaccine, antibody prophylaxis therapy Nirsevimab is currently being discussed for use in infants.

• Meningococcal Vaccine:

- Menveo 1-vial solution has been approved for use in persons aged 10 to 55 years. The original 2-vial solution needing reconstitution continues to be available for persons aged 2 months to 55 years. The new formulation is not anticipated to be available until mid-2023.
- Pentavalent (A, B, C, W, Y) vaccines are being evaluated by the work group for a possible recommendation in **October 2023**.

- **Influenza:** Final vaccine effectiveness results for the 2021–2022 season and recombinant influenza vaccine (RIV) in pregnant women were reviewed.

Care Management for Older Adults with Depression

One of the fastest growing populations in the United States is older adults (60+ years old). With this growing population comes higher risk factors and symptoms that contribute to mental health illnesses, such as anxiety and depression. For older adults, depression is an increasingly significant problem. Why? Because:

- > Depression is often underdiagnosed or misdiagnosed as a part of aging or related to another illness.
- > Older adults may not have others around as often to observe depressive symptoms.
- > Prevalence has increased due to the COVID-19 pandemic because of a number of associated factors — especially isolation and loneliness from lockdowns and social distancing needs.
- > For elderly patients, depression can result in significantly higher healthcare costs, whether or not they suffer from chronic medical illness.¹

Prevalence of depression in older adults

According to a 2022 America's Health Rankings analysis of the Center for Disease Control (CDC) 2020 Behavioral Health Surveillance System data, the percent of adults aged 65 and older in our service area who reported being diagnosed with a depressive disorder was:²

- > Utah: 15.9%
- > Idaho: 12.9%
- > Nevada: 16.9%

This 2022 report lists those in this population who are at highest risk for depression as:²

- > Female
- > Having an annual household income less than \$25,000
- > American Indian/Alaska Native or multiracial

To complicate matters, many older adults may have undiagnosed depression yet experience some symptoms of depression, and they may associate those with a “normal” part of aging.

In addition, without meeting all DSM criteria for major depression, their symptoms may not result in a diagnosis or treatment. Research published in 2008 indicated that in a cross-sectional study of 4,316 respondents from 20 countries, those with subsyndromal depression (below DMS criteria threshold) experienced equal decrease in all quality of life (QoL) domains as those who met full DSM criteria. In addition, even those with relatively minor depression levels exhibited a pattern of negative attitudes about aging.³

Diagnosing depression in older adults

Many older adults believe that being sad is a normal part of aging, and this is often overlooked since depression can present itself differently in many cases, especially depending on the person's culture and beliefs.⁴ It is important as healthcare providers that we know what to look for and build trust with our patients for the best diagnosis and appropriate treatment.

Figure 3 on page 12 summarizes the most common depression types and risk factors, COVID-19 risk factors, and depression symptoms.

Many types of risk factors contribute to depression in older adults, and symptoms may present differently in a person's life as they age. Though some risk factors can be related to depression, they are not always the cause of depression in older adults. Many older adults can live high-functioning lives while dealing with depression and having feelings of sadness for weeks at a time.

As a result of living with the COVID 19 pandemic for the past three years, we have seen an increase in symptoms and risk factors in this older adult population, which is at highest risk of severe illness and accounts for 80% of reported U.S. related deaths.⁵ In addition, older adults face new risk factors for depression since COVID-19.

Continued on page 11...

*Practice Management Resources, continued**...Continued from page 10***Challenges associated with COVID-19**

Some challenges of the COVID-19 pandemic experience have been a burden to the older adult community, along with their caregivers, as we learn to live within this new type of lifestyle. The rise of new strains, relaxing of safety measures, potential for future lockdowns and physical distancing measures contribute to everyday worries in navigating the world.

Social isolation and loneliness are not only emotional burdens, but they can activate the sympathetic nervous system, which can lead to elevated stress hormone levels. Social isolation is also associated with increased mortality rates, dementia, premature death, and a decrease in QoL in the older adult population.

Solutions range from using technology to practicing safe distancing at social gatherings and ensuring that older adult basic needs are met. Technology has helped with communication and basic needs but does not always help if not understood. Older adults can struggle with the use of technology (e.g., Zoom), or using it can bring on feelings of sadness at the inherent lack of closeness with video calls vs. meeting loved ones in person. The importance of technology in older adults' lives may also vary.

In addition, when asked to come back to in-person medical appointments or face more social situations where risk is higher of contracting COVID 19, many older adults may feel conflicted.

What can providers do?

It is important as healthcare providers that we know what to look for and build trust with our patients for the best diagnosis and appropriate treatment. Be sure to:

- > Use the overview in **Figure 3 (page 12)** to become more attuned to symptoms and risk factors for depression in this population.
- > Monitor symptoms brought up when using screening tools, such as the Geriatric Depression Screening (GDS) tool.⁶

- > Access care management support from SelectHealth for members dealing with complex care needs. Referrals welcome: Call **800-442-5305**, or email SHTOC@imail.org.

- > Help older adults understand resources available to them, such as:

- Help lines (e.g., [The Friendship Line](#), [988 Suicide and Crisis Hotline](#), [SAGE national LGBTQ+ Elder Hotline](#), etc.)
- Food, housing, and transportation resources
- Resources for reducing caregiver burdens
- Care management for access to specialty providers and community resources

What can SelectHealth care managers do?

Care managers can collaborate with you to support members with complex care needs or who have difficulty adhering to your plan of care. SelectHealth Care Management:

- > Enlists experienced nurses and behavioral health clinicians to help identify the barriers impacting your patient's ability to adhere to the plan of care
- > Assists with identifying in-network secondary providers and services and coordinating this care when needed (e.g., specialists, pain management, substance abuse treatment, etc.)
- > Coordinates access to social and other community-based services (e.g., transportation, housing, food, financial assistance, employment services, etc.)
- > Helps patients optimize and utilize their health plan benefits
- > Facilitates access to mental health care

Learn more about SelectHealth Care Management services:

- > Member Blog Article: [Care Managers Can Help You with Chronic Conditions](#)
- > [Care Management Introductory Video for Providers](#)

Continued on page 12...

Practice Management Resources, continued

...Continued from page 11

Figure 3. Depression in Older Adults Overview^{4,5}

Predominant Types of Depression: Older Adults <ul style="list-style-type: none"> - Major Depressive Disorder: Symptoms lasting at least two weeks that interfere with a person's ability to perform daily tasks - Persistent Depressive Disorder: Depressed mood that lasts more than two years but the patient can still perform daily tasks - Substance/Medication-Induced Depressive Disorder: Depression related to the use of substances, like alcohol or pain medication - Depressive Disorder due to a Medical Condition: Depression related to a separate illness, like liver disease 	
Most Common Symptoms <ul style="list-style-type: none"> - Persistent sad, anxious, or "empty" mood - Feelings of hopelessness, guilt, worthlessness, or helplessness - Irritability, restlessness, or having trouble sitting still - Loss of interest in once pleasurable activities - Decreased energy or fatigue - Moving or talking more slowly - Difficulty concentrating, remembering, or making decisions - Difficulty sleeping (waking up too early or oversleeping) - Eating more or less than usual (unplanned weight gain or loss) - Thoughts of death or suicide; suicide attempts 	
Most Common Risk Factors <ul style="list-style-type: none"> - Genes: Having a family history of depression - Stress: Including caregiver stress, losing a spouse, or life events - Sleep problems - Social isolation and loneliness - Lack of exercise or physical activity - Addiction and/or alcoholism - Medical conditions: Chronic conditions, brain disease, or having multiple conditions 	COVID-19 Risk Factors that Increase Depression <ul style="list-style-type: none"> - Being female - Socioeconomic status: How much their income is and if someone in the household lost a job during this time - Living situations: Those who lived alone compared to others living with someone or in homes with multiple residents - Pre-existing mental health conditions - Pre-existing medical conditions

Questions? Contact us at **800-442-5305** or SHTOC@imail.org.

References

- 1 Katon WJ, Lin E, Russo J, Unützer J. Increased medical costs of a population-based sample of depressed elderly patients. *Arch Gen Psychiatry*. 2003;60(9):897-903.
- 2 United Health Foundation. America's Health Rankings website. Senior Report: Depression - Ages 65+ (State Summary for Utah). 2022. Available at: https://www.americashealthrankings.org/explore/senior/measure/depression_sr. Accessed November 7, 2022.
- 3 Chachamovich E, Fleck M, Laidlaw K., Power M. Impact of major depression and subsyndromal symptoms on quality of life and attitudes toward aging in an international sample of older adults. *The Gerontologist*. 2008; , 48(5):593-602.
- 4 National Institute of Health. National Institute on Aging website: Depression and older adults. Available at: <https://www.nia.nih.gov/health/depression-and-older-adults>. Last reviewed July 7, 2021. Accessed November 8, 2022.
- 5 Webb LM, Chen CY. The COVID-19 pandemic's impact on older adults' mental health: Contributing factors, coping strategies, and opportunities for improvement. *Int J Geriatr Psychiatry*. 2022;37(1):10.1002/gps.5647.
- 6 Greenberg SA. The Geriatric Depression Scale (GDS). 2012. The Hartford Institute for Geriatric Nursing, New York University, College of Nursing. Available at: <https://www.woundcare.ca/Uploads/ContentDocuments/Geriatric%20Depression%20Scale.pdf>. Accessed November 8, 2022.

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