FLORIDA ALLIANCE FOR HEALTHCARE VALUE
LED BY FLORIDA'S TOP EMPLOYERS SINCE 1984

Mental Health/Substance Use Employer Learning Collaborative

Session #2 – TBH

Tuesday, September 27, 2022

Agenda

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10-10:10 am	Welcome, Overview of The Path Forward, Update on Action Plan *Karen van Caulil, FL Alliance*
10:10 am – 11:00 am	Plan Sponsor Recommendation for TBH and Licensing/Compact *Ashley Tait-Dinger, FL Alliance and Brad Rex, eHome Counseling*
11:00 am – 11:20 am	Updated Employer Guide to High Value TBH *David Cavalleri, FL Alliance*
11:20 am – 11:30 am	Wrap Up/Next Meeting *Karen*

Mental Health & Substance Use
A Public Health Crisis

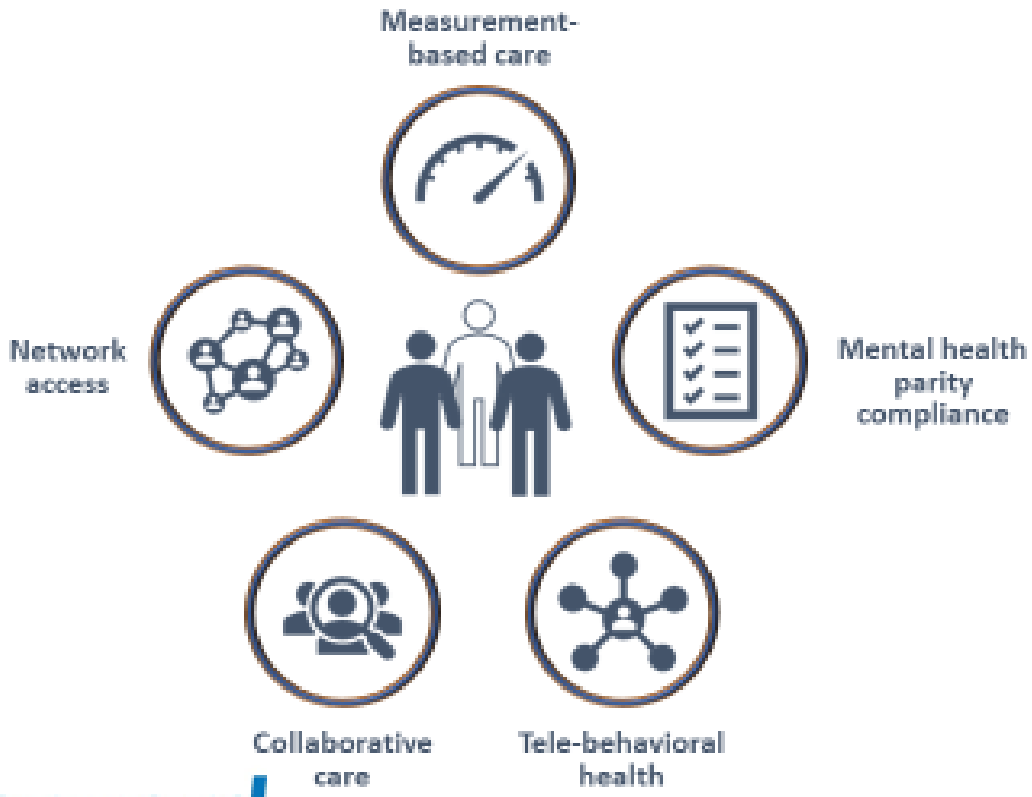
Societal Impact
Suicide rates at record levels
Opioid deaths up 400%
Acceptance improving, access declining

Workforce Impact
Direct impact on performance
Leading cost of disability
Multiplier effect on co-morbidities

FIVE INTER-RELATED OPPORTUNITIES TO STEM THE TIDE OF ACCESS ISSUES

A *BROKEN* SYSTEM

- Phantom networks – difficult to get timely appointments
- Provider shortages, low participation rates
- Most mental health medications prescribed by primary care
- No accountability for quality of treatment
- Growing concerns and enforcement of mental health parity

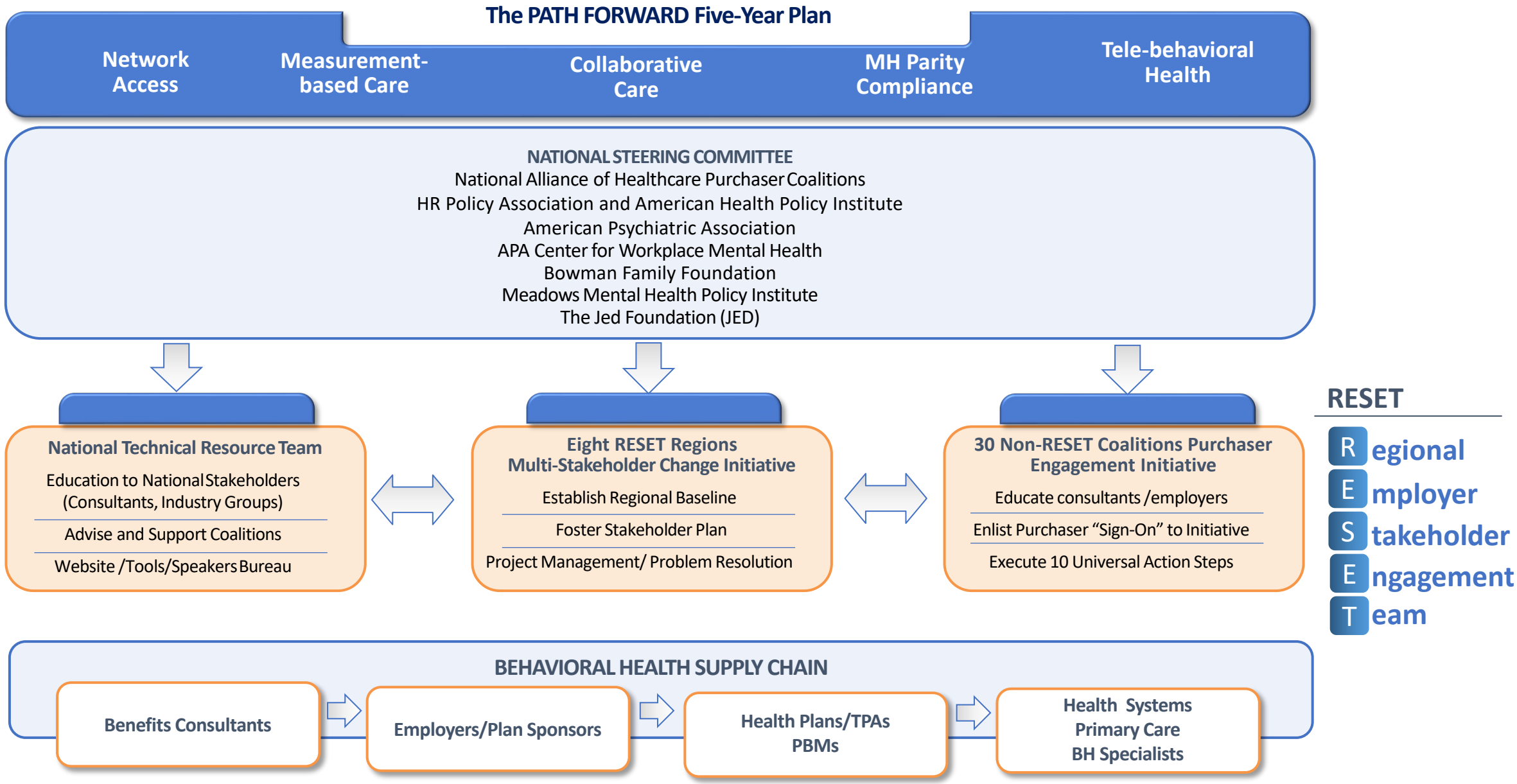


A *REFORMED* SYSTEM

- Reverse declining network participation rates of mental health professionals
- Improve quality of care provided and patient outcomes
- Integrate behavioral health screening, coordination and referrals from primary care
- Reduce legacy mental health disparities and friction
- Supplement access and integration with virtual care

The Path Forward
for mental health and substance use
Health Equity for all Americans

The Path Forward executes a disciplined approach to affect market-driven change


The PATH FORWARD Five-Year Plan
Network Access
Measurement-based Care
Collaborative Care
MH Parity Compliance
Tele-behavioral Health
NATIONAL STEERING COMMITTEE
National Alliance of Healthcare Purchaser Coalitions
HR Policy Association and American Health Policy Institute
American Psychiatric Association
APA Center for Workplace Mental Health
Bowman Family Foundation
Meadows Mental Health Policy Institute
The Jed Foundation (JED)
National Technical Resource Team
Education to National Stakeholders (Consultants, Industry Groups)
Advise and Support Coalitions
Website /Tools/Speakers Bureau
Eight RESET Regions Multi-Stakeholder Change Initiative
Establish Regional Baseline
Foster Stakeholder Plan
Project Management/ Problem Resolution
30 Non-RESET Coalitions Purchaser Engagement Initiative
Educate consultants /employers
Enlist Purchaser "Sign-On" to Initiative
Execute 10 Universal Action Steps
RESET
Regional
Employer
Stakeholder
Engagement
Team
BEHAVIORAL HEALTH SUPPLY CHAIN
Benefits Consultants
Employers/Plan Sponsors
Health Plans/TPAs
PBMs
Health Systems
Primary Care
BH Specialists

Action Plan

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August 2022	Kick-Off of MH/SU ELC
September 2022	Tele-behavioral Health – Recommendations for Action
October 2022	Network Adequacy – Recommendations for Action
November 2022	Innovation in MH/SU
December 2022	Center for Workplace Mental Health – *Notice Talk Act*
January 2023	Collaborative Care Model – Recommendations for Action
February 2023	Measurement-Based Care – Recommendations for Action – and Status Report on Recommendations
March 2023	Mental Health Parity – Recommendations for Action
April – July 2023	Progress Towards Implementation, Lessons Learned

Proposed Tool for Tracking Our Work

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The Path Forward - National & RESET Stakeholder Work Plan					National/RESET Region =					Date =		
						Supports Which Path Forward Priority						
Issue	Major Task	Responsible Party(s)	Subtasks	Target Commenced	Expected Completion	Network Access	MBC	CoC	TeleBH	Parity	Rationale	
Directory Accuracy	Review integrity of network and modify directories accordingly	Health Plans				X					Lack of consistent availabity makes it difficult for new patients to find and use in-network providers	
		Aetna	Review who is serving 4+ unique patients	Jun-22	Sep-22	X						
		Aetna	Conduct outreach to providers	1-Aug		X						
		Aetna	Revise Directories			X						

COVID Impact on Mental Health Demand and Supply

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- **27% increase** in mental health outpatient care
- **Counselor shortage** before COVID exacerbated by high demand and counselor burnout and dropout; only **28%** of mental health clinician need is met nationwide
- **66%** of claims **done virtually**
- **Experienced virtual counselors** in **high demand**
- **State licensing requirements** for counselors and **insurance credentialing restrictions** prevent cross-state treatment and **reduce access for in-person and especially virtual care**
- New large providers grew rapidly with **unsustainable financial models** and **privacy issues**
- **High deductibles and co-pays** preclude people from getting care

Florida can only meet **19%** of its mental health needs with in-state clinicians, compared to 28.1% for the US

Cigna Study on One Year Impact of COVID on TBH; Health Professional Shortage Area Tool; Talkspace Troubled Year; Senators Take Aim at Talkspace, BetterHelp's Privacy Policies; State Fact Sheet

Tele-Behavioral Health Benefits

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- Convenient, accessible and confidential
  - More appointments at more convenient times
  - No geographic constraint
- As effective (and often more effective) than in-person care
  - Unlike telemedicine, no need to physically touch patient
- Patients stay in treatment
  - No-show rates of <10% compared to 25%-40%+ for in-person
- Less time away from work
  - No travel to the appointments
- Privacy reduces stigma and gets more people into treatment
- Removing geographic barriers increases health equity

Supply Side – Barriers to Care

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- Lengthy, expensive process to become a MH provider
- Low reimbursement
  - Counselor salary $35K-$65K/year; $48K in FL
- Demanding job
  - For every 10 counselors added, 13 depart
- Licensing and insurance credentialing
  - State regulation and insurance company policies limit access to virtual care
  - Credentialing can take 3-6 months
- Inconsistent care; lack of metrics
- Poor processes to match patients with providers
  - Put in your zip code to find a provider

Becoming a MH Provider

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- Education
  - Bachelor's Degree
  - Master's (Counselor, ARNP)
  - Ph.D. (Psychologist)
  - M.D. (Psychiatrist)
- State exam
- Supervised Care
  - 2,000 hours for counselor, usually low or unpaid
- State licensure
  - Allows treatment of residents of that state

Insurance Credentialing and Reimbursement

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- Must apply to each insurance company individually
- Insurance company must be accepting new providers and provide a contract
- Once contracted, insurance company provides reimbursement rates
  - Reimbursement for the same code can vary significantly (e.g., $85-$130)
  - Not adjusted for inflation or cost increases
- Apply for credentialing and start credentialing process
- Typically 3-6 months to get credentialed and be able to get insurance reimbursement
  - Some best practice insurance companies/networks/TPAs are 30-45 days

Tele-behavioral Health Licensing

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- Virtual care can take place anywhere—not limited to a physical office
- But must be licensed in state of patient's residence
- State licensing requirements vary (e.g., required courses, supervised hours, exam acceptance)
- Some reciprocity between states
  - Apply and pay a fee to receive license for that state
- Interstate compacts
- FL allows registered counselors—counselors licensed in other states can become registered to provide TBH only (no in-person care) in FL

Interstate Licensing Compacts Can Increase Access

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- Interstate compacts can simplify process and allow practicing in multiple states (that are in the compact)
- Interstate Medical Licensure Compact (MD/DO)
  - Operational; Florida does not participate
- ARNP Compact (ARNP)
  - Needs 4 more states to participate; Florida does not participate
- Psychology Interjurisdictional Compact (PSYPACT)--Psychologists
  - Operational; Florida does not participate
- Counseling Compact (Counselors)
  - Florida participates; Working on process/implementation (2023/24)

Tele-Behavioral Health Credentialing

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- MH professional must be individually credentialed in each state, even with a national insurance carrier
- Some companies only allow a MH professional to treat members in the state where the MH professional resides, i.e., to practice in FL the provider must reside in FL
  - Severely limits access as there are many counselors living outside FL with FL licenses
- No insurance company credentials FL registered counselors; networks and TPAs usually do

High level credentialing for individual providers (3 state example, via licensing compacts)

Finish school and all required supervised training and testing.

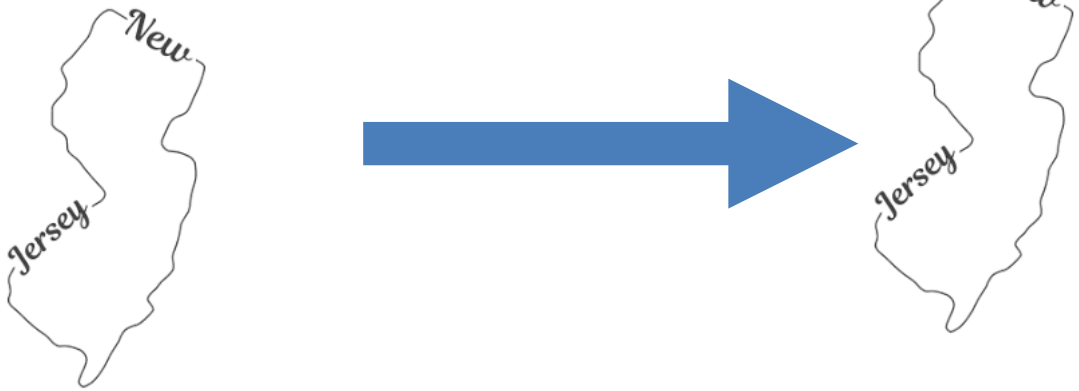
Apply in the state where you would like to practice and see patients. Typically, this is the state where you live.

Apply to the compact. The states that are members will honor this application and provide a license for the provider in the states of interest.

Become an in-network provider for an insurance company in the state you are credentialed.

High level credentialing for individual providers (3 state example, via licensing compacts)

FLORIDA ALLIANCE



Become an in-network provider for an insurance company in the state you are credentialed.

Interstate Medical Licensure Compact 5 YEARS OF OPERATIONAL SUCCESS

States of interest, received a license

Become an in-network provider for an insurance company in the state you are credentialed.

High level credentialing for individual providers (3 state example, via licensing compact)

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- Once you are a provider in your State of Principal License (SPL) – e.g., Florida
  - You can see patients in Florida only – in-person or virtually
    - Virtually is defined as both the provider and patient in the state
  - Can accept payment as "cash" no insurance payment
- If your SPL is a member of the compact, you can apply to the compact and select the states of interest, that are also members.
  - Each state will send you a license to practice in their state.
  - You can see patients in those states only – in-person or virtually
    - Virtually is defined as where the patient is at the time of service, not the provider.
  - Can accept payment as "cash" no insurance payment
- You become a provider with an insurance company in all 3 states
  - You will be in-network for that state plan, but maybe not all networks for a specific carrier
  - You can see patients for that state – in-person or virtually and bill the insurance company.

Cost to Providers

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Brick and mortar

- Building/office
- Utilities

Virtual

- Camera
- HIPAA compliant video software

BOTH

- Insurance
- Staff/labor/providers
- Billing/scheduling
- Referrals
- EHR/EMR
- Credentialing

Tele-Behavioral Health Issue: Privacy

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Two large national providers under Senate investigation for privacy concerns
Significant issue with app privacy (American Psychiatric Association App Evaluation Model)

*When we first downloaded the app's **"intake" process**, which helps the company match patients to providers, guided us through a brief survey: It catalogues **gender**, **age**, and **sexual orientation**, along with more specific areas of concern, like the last time a person had **suicidal thoughts** or if they'd ever **been to therapy** before. From that moment, **it began to silently slip data to dozens of third parties, monitoring our behavior online** and signaling to companies like **Facebook and Google and Snapchat and Pinterest** that we were considering a company for treatment.*

Another company *isn't alone in sending data to social media or analytics companies—its competitor, as we found, **shares metadata about patient "visits"** with MixPanel, including the **character length of a message**, and **tells Facebook every time a person opens the app**.*

Tele-Behavioral Health Issue: Treatment Length

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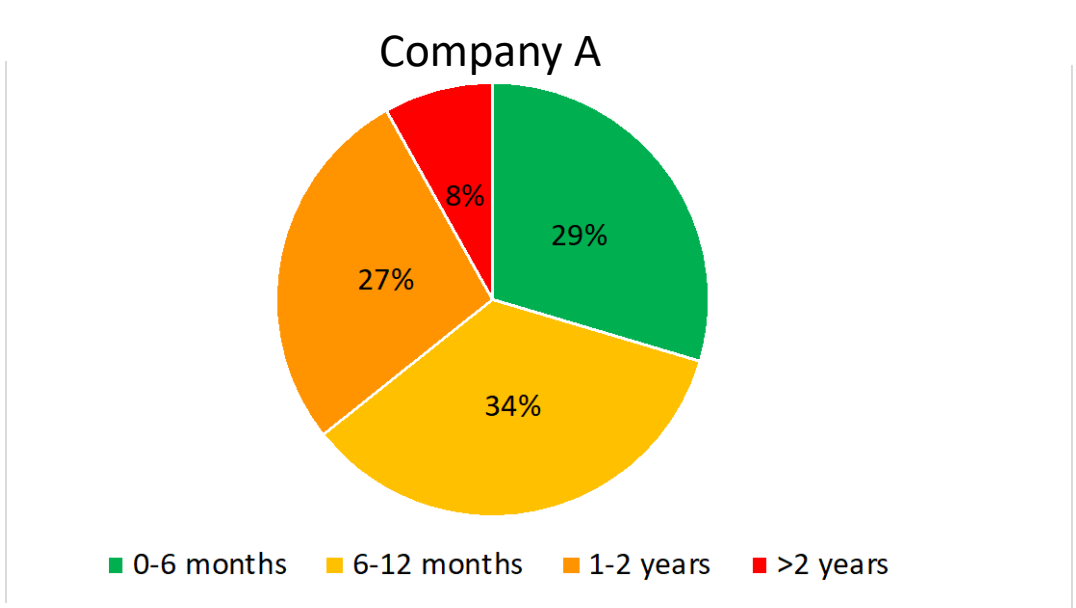
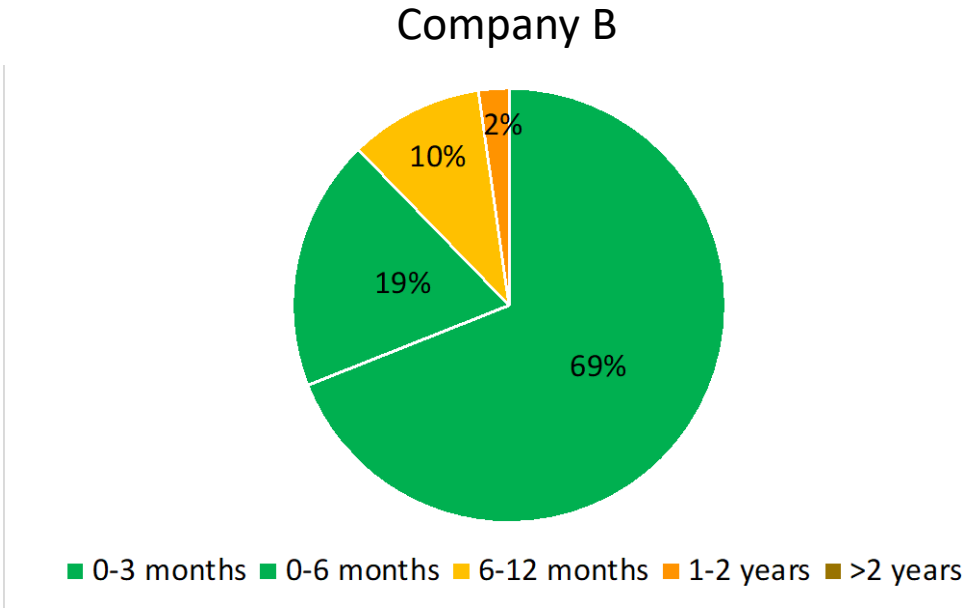
Some financial models depend on a subscription model—keeping people in treatment as long as possible





- 88% of Company B client's complete treatment within six months, compared to 29% for Company A
- 69% of Company B client's complete treatment in three months or less

What Should Employers Do?

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- Provide quality MH/TBH care for your employees
  - Saves money, increases productivity, improves retention, employer of choice status
- Foster efforts to increase access to care through TBH
  - TBH is the only way to improve the demand/supply imbalance in the short term
  - Monitor employee access to MH care through employee surveys
  - **Payment parity**
  - **Support legislative efforts to (1) increase state participation in interstate compacts, and (2) include in the definition of TBH to include audio-only sessions**
- Insist that all providers (including point solutions) and your health plan maintain patient/client privacy and confidentiality
- Require metrics-based treatment to know your MH dollars are being well spent

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The Employer Guide to Identifying High Value Tele-behavioral Health

September 27, 2022

The Path Forward Goals and Objectives

- **Improved network accuracy** by reducing no or low billing network psychiatrists by 30% from baseline
- **Improved network access** as demonstrated by a 50% reduction in MH/SU out-of-network disparities compared to other medical services
- **Reduced network burdens** as demonstrated by a 50% reduction in MH/SU denial rate disparities compared to other medical services
- **Increased prevalence of measurement-based care** with adoption by at least 40% of patient centered medical homes and accountable care organizations including all the largest health systems in each RESET region
- **Substantial adoption of collaborative care models** including 50% of primary care practices in the largest health systems in each RESET region
- **Substantial growth of tele-health for MH/SU services** with 100% of plans operating in RESET regions reimbursing for such services
- **External validation of MH/SU parity** for nonquantitative treatment limitations by 100% of plans

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for mental health and substance use
Health Equity for all Americans

High Value Program Components

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- **Payment for coordination between primary care and behavioral health**, based on evidence-based behavioral healthcare screenings for early identification of issues and referral to treatment, known as the **Collaborative Care Model (CoCM)**
- **Culturally and linguistically appropriate and competent care** that is individualized
- **Diverse clinical staff** reflective of the clientele it engages, capable of working in integrated care settings

High Value Program Components (cont'd)

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- **Compliant with the Mental Health Parity and Addiction Equity Act** (MHPAEA), whereby mental health and substance use treatment benefits are comparable to primary medical/surgical care benefits
- **Ability to quantify and analyze the combined cost of medical and behavioral care**, including capturing quantitative data on reimbursement levels for all treatment modalities (audio and/or video and in-person)

High Value Program Components (cont'd)

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- **Full payment parity** for tele-behavioral health (TBH) to in-person care to ensure access to quality care for all members
- **Brief wait times** to appointments for care
- **Use of reimbursable measurement-based care (MBC)** to demonstrate the quality and outcome of therapeutic services

High Value Program Components (cont'd)

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- No barriers to accessing behavioral care, including limited or no pre-authorizations or step therapy requirement, particularly for addiction treatment, and ensuring that treatment sessions are on par with traditional medical plan limits
- Access to medication assisted treatment (MAT), particularly long-duration buprenorphine or naloxone, for substance use disorders. It is important to note that a fully virtual MAT may not be offered in all states

High Value Program Components (cont'd)

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- High customer satisfaction, low no-show, and high positive clinical outcomes
- A robust provider network able to serve TBH clients such as Licensed Psychologists, Doctoral-level therapists, students working towards Master's in Social Work degrees, Master's-level Social Workers, Licensed Mental Health Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists

TBH Key Findings

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- TBH is effective across the continuum of care for serious mental illness and substance use disorders, including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services.
- TBH is an efficiency-boosting approach to utilizing scarce MH/SU treatment resources as they greatly reduce costly no-shows and time away from work.

TBH Key Findings (cont'd)

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- When geographic and other access barriers (e.g., transportation, mobility, and obligations like employment and caretaking responsibilities) prevent individuals from accessing services, TBH fills a treatment gap and improves health outcomes
- TBH is most effective for total person care when integrated into and coordinated with a primary care provider

Specific Questions to Ask Health Plan/MH Vendor

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- Are behavioral health care and medical care fully integrated in this plan?
- Can you provide the combined cost for medical and behavioral health care at an individual employee/plan member level?
- What is your TBH health offering?
- What are your current reimbursement rates for TBH?

Specific Questions to Ask (cont'd)

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- What metrics can you provide to show the effectiveness of treatment?
- What are your pre-authorization or step therapy requirements, particularly for substance use care?
- What percentage of your plan members receive reimbursable evidence-based behavioral care screenings during annual exams?

Specific Questions to Ask (cont'd)

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- Are your mental health/substance use benefits on par with your medical/surgical benefits?
- What is the typical time for employees/plan members to get an appointment?
- What are your no-show rates and customer satisfaction scores?

Specific Questions to Ask (cont'd)

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- Is your behavioral health provider network capable of engaging a diverse clientele?
- Does your behavioral health provider network utilize TBH?
- Is your behavioral health provider network committed to regularly utilizing evidence-based treatments (EBTs)?

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Next Meeting

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Wednesday, October 26, 2022 –
2:00 PM – 3:30 PM (WebEx)

Network Adequacy

Guest Speaker: Michael Yuhas, Steering Committee Member for The Path Forward