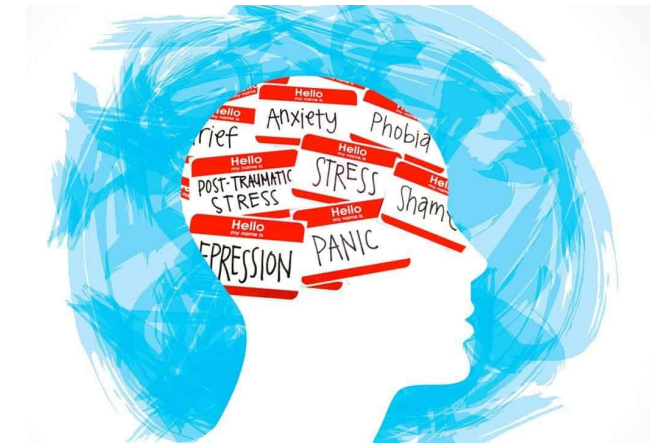


Mental Health/Substance Use Employer Learning Collaborative Session #3

Wednesday, October 26, 2022



Thank you to our Mental Health/Substance Use ELC sponsors!



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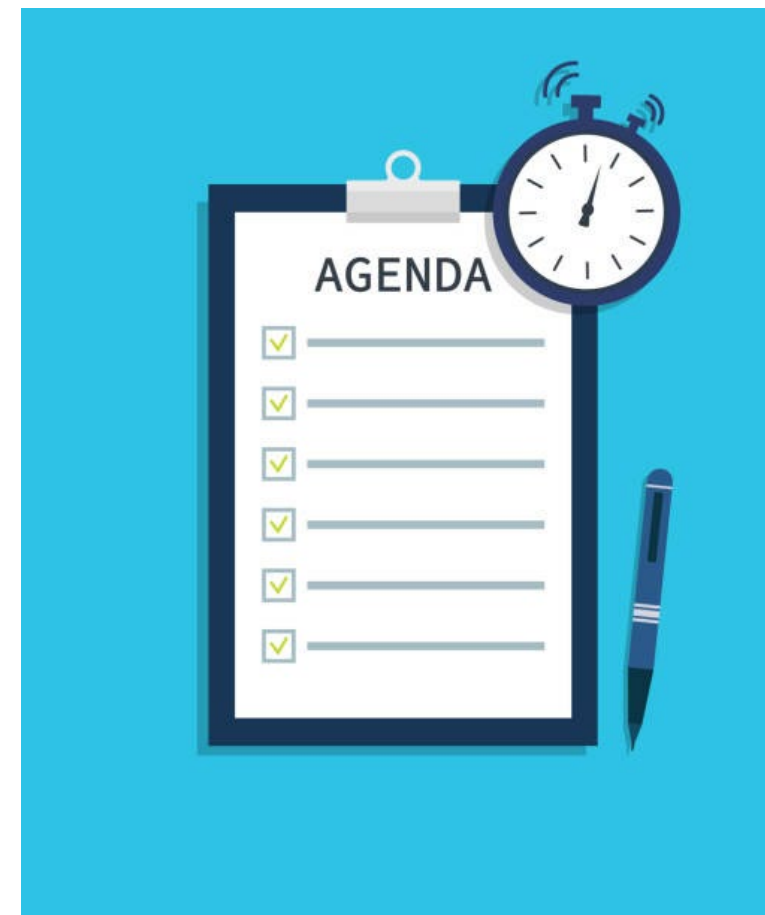


Please bookmark our Mental Health/Substance Use (MH/SU) Employer Learning Collaborative (ELC) webpage. The webpage is the home to prior MH/SU ELC webinar recordings and slide decks, as well as important mental health resources.

<https://flhealthvalue.org/our-work/mental-health-substance-use-elc/>

Today's Agenda

- Mental Health Care Access in Florida and the US
- Network Adequacy and Access Pillar – The Path Forward
- Plan Sponsor Recommendations – Model Data Request Form and Plan Member Survey
- Next Steps and Questions
- Follow Up from the ELC Meeting last month – Employer Guide to Telebehavioral Health, Employer Survey on TBH
- Next Steps and Questions



Guest Speaker



Michael Yuhas serves as an advisor to the Path Forward for Mental Health and Substance Use - a national nonprofit initiative focused on improving access to affordable and effective care for mental health and substance use disorders (MH/SUDs).

He has served as EVP for Magellan Health Services, CEO for Health Integrated, an integrated care management company, and Founder/CEO/Chairman for Integra ServiceConnect.

Mental Health America 2023 Access to Care Rankings

In the overall analysis conducted by Mental Health America, FL ranked #35 in the US (a higher # is better). However, regarding ACCESS, Florida ranked even lower at #45. **The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and mental health workforce availability.** A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment. **The nine measures that make up the Access Ranking include:**

1. Adults with any mental illness (AMI) Who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI Who Are Uninsured
4. Adults Reporting 14+ Mentally Unhealthy Days a Month Who Could Not See a Doctor Due to Costs
5. Youth with major depressive episode (MDE) Who Did Not Receive Mental Health Services
6. Youth with Severe MDE Who Received Some Consistent Treatment
7. Youth with Private Insurance That Did Not Cover Mental or Emotional Problems
8. Students (K+) Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability

| Rank | State |
|------|----------------------|
| 1 | Vermont |
| 2 | Massachusetts |
| 3 | Illinois |
| 4 | Montana |
| 5 | District of Columbia |
| 6 | Pennsylvania |
| 7 | New Hampshire |
| 8 | Connecticut |
| 9 | Wisconsin |
| 10 | Rhode Island |
| 11 | Maine |
| 12 | South Dakota |
| 13 | Washington |
| 14 | Minnesota |
| 15 | Delaware |
| 16 | New Mexico |
| 17 | Iowa |
| 18 | North Dakota |
| 19 | New York |
| 20 | Michigan |
| 21 | Ohio |
| 22 | Utah |
| 23 | New Jersey |
| 24 | Kentucky |
| 25 | Maryland |
| 26 | Colorado |
| 27 | Oklahoma |
| 28 | Alaska |
| 29 | Nebraska |
| 30 | Oregon |
| 31 | California |
| 32 | Hawaii |
| 33 | West Virginia |
| 34 | Virginia |
| 35 | Idaho |
| 36 | Missouri |
| 37 | Louisiana |
| 38 | Nevada |
| 39 | North Carolina |
| 40 | Tennessee |
| 41 | Wyoming |
| 42 | Mississippi |
| 43 | Indiana |
| 44 | South Carolina |
| 45 | Arkansas |
| 46 | Florida |
| 47 | Arizona |
| 48 | Kansas |
| 49 | Georgia |
| 50 | Alabama |
| 51 | Texas |



Path Forward: 5 Key Priorities



Improve Access to In-Network MH/SU care

Addressing reimbursement and other factors that discourage network participation, disadvantaging all but relatively wealthy people **TODAY'S SESSION**

Expand the Collaborative Care Model (CoCM)

Evidence-based, highly-scalable model for integrating MH/SU care into primary care (including pediatrics) – one of the few interventions in medical care shown to reduce health inequities

JANUARY SESSION

Increase access to Tele-behavioral Health (TBH)

Greatly expanded access to MH/SU care **LAST MONTH'S SESSION**

Measurement Based Care (MBC)

Consistent use of standardized MH/SU symptom measurement tools for screening and treatment monitoring improves outcomes by 20% - 60% **FEBRUARY SESSION**

Close Parity Gaps in MH/SU care access

MARCH SESSION



How Your TPAs Can Help



Improve Access to In-Network MH/SU care

- Model Data Request Form (MDRF) data for network adequacy evaluation
- “Access” survey (e.g., search times, wait times)

Expand the Collaborative Care Model (CoCM)

- Waive “out-of-pocket” CoCM expenses
- Eliminate limits on use of code 99494

Increase access to Tele-behavioral Health (TBH)

- Reimburse audio-only and audio-video MH/SU sessions at the same level as in-person visits

Measurement Based Care (MBC)

- Urge accreditation agencies to make MBC a requirement for accreditation of all providers delivering MH/SU care

Close Parity Gaps in MH/SU Care Access

- Provide additional indemnity to employer in format of the Model Hold Harmless Language (MHHL) which addresses MHPAEA parity compliance with respect to **only those matters under the control of the TPA**



What is the MDRF?

- Measures the adequacy of the TPA's MH/SU provider network
- Measures barriers to accessing the networking including actual participation levels of providers listed as being in-network
- Requests improvements, if needed

4 Key Quantitative Measures – to identify gaps in access between MH/SU and medical/surgical care:

- Use of out-of-network providers
- In-network reimbursement rates
- Denial rates
- Actual participation rates



Plan Member Survey Questions

- (In 2022), did you or a covered family member (a family member on your insurance plan) seek treatment (counseling and/or medication) for MH or SU?
- Thinking about when you or a covered family member sought treatment but were unsuccessful, why was treatment not received?
 - ☐ Couldn't find an in-network provider
 - ☐ Found an in-network provider but they were not taking new patients
 - ☐ Wait time to the appointment was too long
 - ☐ Could not afford the out-of-network cost
 - ☐ My coverage does not include virtual care
 - ☐ My plan was not accepted by the provider



Plan Member Survey Questions (cont'd)

Thinking about when you or a covered family member sought treatment but did not get it, what happened to you or your family member?

- Condition became worse
- Hospital admission or ER visit
- Lost job/employment
- Family life impacted
- No impact



Plan Member Survey (cont'd)



- If you or your covered family member did receive treatment, was it from an in-network provider or an out-of-network provider?
- How many in-network providers did you or a covered family member have to contact before you/they were able to schedule an appointment with an in-network provider?
- How long did it take for you or a covered family member from the time you started looking for an in-network provider to when you/they were able to schedule an appointment?
- Once you found an in-network provider and made an appointment, how long did it take before you/they met with the provider?
- If you have accessed or tried to access MH/SU services AND physical health services (this past year), did you find that it was easier/harder/the same degree of effort to access MH/SU services than it was for physical health services?

Plan Member Survey (cont'd)

- What was the most important reason why you or a covered family member received treatment from an out-of-network provider?
 - ☐ The phone numbers in the provider directory were wrong or the providers were not in the network
 - ☐ The providers contacted did not return calls
 - ☐ The providers contacted were not taking new clients
 - ☐ The providers were not located close to where I/we live
 - ☐ The wait time was too long
 - ☐ Already had an out-of-network provider and didn't want to change
 - ☐ Received a recommendation from someone trusted (family/friend/healthcare professional) to see a specific provider who was out-of-network
 - ☐ Didn't want my employer to know about the treatment



Plan Member Survey (cont'd)



- If you or a covered family member were prescribed medication to help you with a mental health and/or substance use condition but did not pick it up, why did you not pick it up?
 - ☐ The amount the pharmacy said I had to pay was too much
 - ☐ I had a bad experience with a medication for a MH/SU condition
 - ☐ The insurance plan did not cover the medication prescribed

QUESTIONS?



Employer TBH Guide Update

- **The inclusion of Prescription Digital Therapeutics (PDT) in behavioral health benefit plans as a high value TBH program component**, which are evidenced based tools that can be used to complement existing mental health and substance use disorder treatment
- **U.S. Preventive Services Task Force** released draft recommendations that adults under 65 receive screenings for anxiety, depression, and suicide
- **Mental Health Index Data September Update** showing increase in positive screenings for multiple mental health and substance use disorders



Employer Survey on TBH



- Is your TBH solution carved in or out of your plan?
- Does your TBH provider have licensed MH/SU professionals?
- Have you included PDT in your TBH solution?
- Does your plan design offer Medication Assisted Treatment (MAT)?
- Are you able to determine whether your TBH provider can meet the unique needs of a diverse population (e.g., race, ethnicity, gender identity, age, etc.)?
- Is payment for TBH on par for equivalent in-person MH/SU services?
- Do you track patient satisfaction for your TBH solution?

QUESTIONS?



Next Meeting

Tuesday, November 15, 2022 –
1:00 PM – 2:30 PM (WebEx)

This meeting will look at innovative programs and tools for increasing awareness of MH/SU, the awareness of available treatment programs, and new approaches to treating MH/SU.

