



Special Needs — — Plan Alliance

**Provider Network Behavioral Health (BH)
04/15/2024**

Speakers

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- **Rochelle Archuleta**, Executive Vice President for Government Relations and Public Policy, National Association for Behavioral Healthcare (NABH)
- **Sari Siegel**, PhD, Vice President, The Lewin Group/Optum Serve Consulting

Constantia Health

About Us



- Develop Health Plan Networks for Regional and National Plans - Medicare Advantage Special Needs Plans (D-SNP, C-SNP, & I-SNP) Medicaid and Commercial Plans.
- Identify and Cure any deficiencies in Health Plans' existing networks.
- Development of Networks for an ACO, PHOs, TPA, IPA or other organization.

CY2025 NPRM – Impact on Behavioral Health Provider Networks

- Existing regulation at 422.112(a) requires that a coordinated care plan maintain a network of appropriate providers that is sufficient to meet the needs of beneficiaries.
- Proposals to add new behavioral health and substance abuse providers.
- Encourage providers to use “Evaluate My Network” Tool.
- As of 2024, required to include psychiatry, clinical psychology, clinical social work, and inpatient psych facility services.
- CCA requires addition of Marriage and Family Therapists and Mental Health Counselors as of January 1, 2024.
- CMS will begin to evaluate network adequacy (422.116) for Outpatient Behavioral Health including MFT, NHC, OTPs, CMHC.
- “Providers” will be categorized as PT, OT, ST – these provider types are reported for network adequacy purposes on HSD tables.
- May be provided using telehealth and receive a 10-percentage point credit for use.



Recruiting Behavioral Health Providers

Challenges

- Current and expected decrease in number of psychiatrists.
- Health Systems dictate access to psychiatrists.
- Developing “Comfort Level” in managed care for the behavioral health professionals of the future.
- “Full” Patient Panels.
- Connecting with Sole Practitioner Providers.



Recruiting Behavioral Health Providers



Solutions

- Engage Behavioral Health Professional Associations.
- Add/Outsource Network Development Professionals that excel in provider education and personal provider engagement.
- Offer payment incentives
- Implement/Promote flexible Utilization Management Protocols – Onsite Care.



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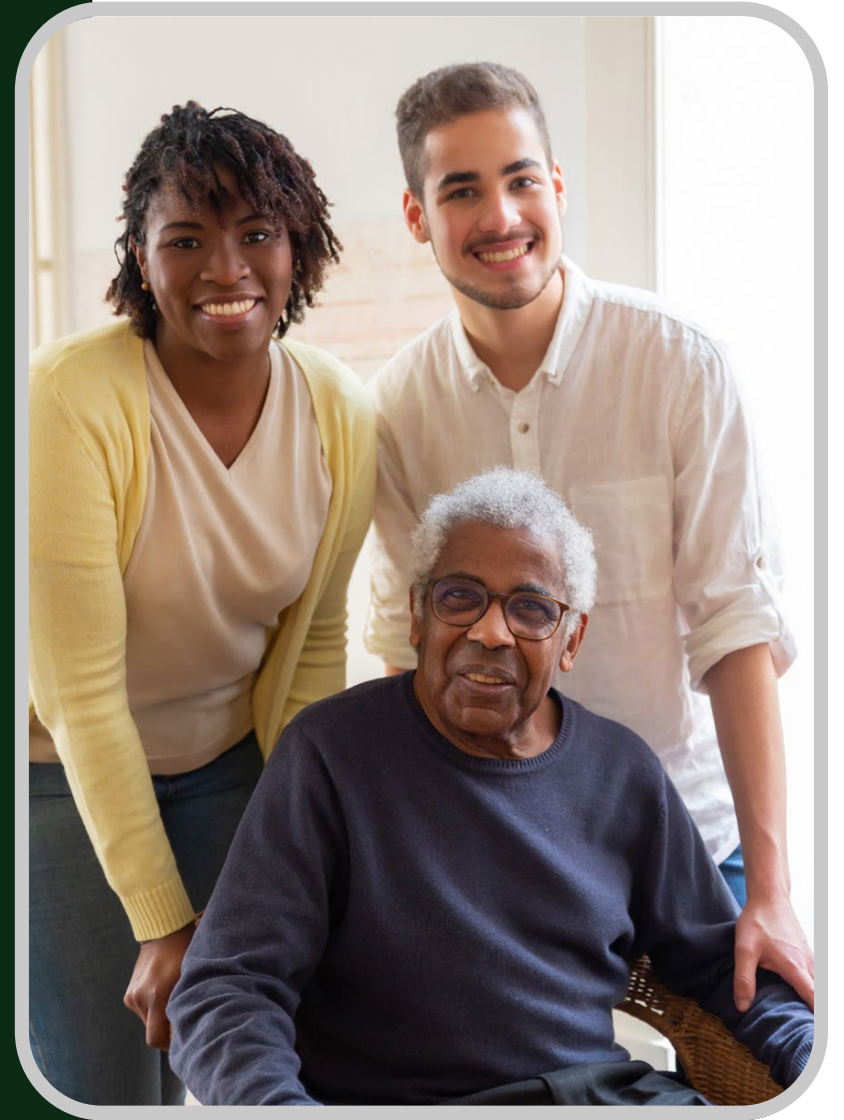
**Resources for Plans & Providers for Medicare-Medicaid Integration:
Behavioral Health and Primary Care Integration**

**Sari Siegel, PhD, Vice President, The Lewin Group/Optum Serve
Consulting**

April 15, 2024

Resources for Integrated Care (RIC)

- RIC supports the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help ensure accessible, comprehensive and high-quality health care for individuals dually eligible for Medicare and Medicaid
- RIC develops technical assistance tools and resources to support providers in delivering more integrated, coordinated care to dually eligible individuals
- Visit the RIC website to learn more: <https://www.resourcesforintegratedcare.com> or follow us on X (formerly Twitter) @Integrate_Care



Behavioral Health Integration & Dually Eligible Populations

- What is behavioral and primary care integration?
 - Coordination of “appropriately matched interventions for both physical health and behavioral health conditions, along with attention to social determinants of health, in the setting in which the person is most naturally engaged.”
- Why Integrate? Helps providers deliver holistic, coordinated, efficient person-centered care while reducing administrative duplication and associated costs.
- Why Focus on Dually Eligible Individuals? Need is high. This population:
 - Accounts for more than half of all inpatient psychiatric facility visits.
 - Disproportionately suffers from primary care-sensitive physical conditions. Roughly 25 percent of dually eligible individuals—as compared to only 15 percent of Medicare-only individuals—live with five or more chronic conditions.
 - Twenty-seven percent with behavioral health needs report unaddressed concerns after doctor’s visit – as compared to twenty-one percent of Medicare-only individuals.

Behavioral Health Integration Capacity Assessment (BHICA)



Section 1: Understanding Your Population

For some organizations, these questions will identify opportunities to collect additional information on the population.

Section 2: Assessing Your Infrastructure

Assess the organization's infrastructure within five core operational capabilities:

1. Data Collection
2. Data Analysis
3. Communication
4. Referrals
5. Cultural Factors

Section 3: Identifying the Population and Matching Care

Define and identify the organization's target population, then develop a strategy for reliably identifying and tracking those individuals.

Section 4: Assessing the Optimal Integration Approach

Consider three approaches to behavioral health and primary care integration:

- Coordinated care
- Co-located care within a single facility
- Integrated, in-house primary care capability

Section 5: Financing Integration

Identify the financial issues that correspond to the organization's chosen integration approach and think creatively about collaborative financing solutions.

Additional RIC Behavioral Health Resources

- Key Considerations for Integrating Peer Support Staff in Behavioral Health Organizations ([Tip Sheet](#))
- Supporting Persons With Co-Occurring I/DD And Behavioral Health Needs: Spotlight On Partners Health Plan New York ([Spotlight](#))
- Promising Practices For Meeting The Behavioral Health Needs Of Dually Eligible Older Adults ([Webinar and Podcast](#))
- Navigation Services In Behavioral Health ([Organizational Assessment Tool](#))
- Self-Management Support In Behavioral Health ([Organizational Assessment Tool](#))
- Providing Navigation Services To Clients With Serious Mental Illness And Chronic Physical Health Conditions ([Webinar and Podcast](#))
- Identifying & Engaging Behavioral Health-Focused LTSS Providers: Considerations For Health Plans ([Brief](#))
- Behavioral Health Integrated Care Community of Practice

For more resources, visit <http://www.resourcesforintegratedcare.com>

References

Agency for Healthcare Research and Quality. (n.d.). Health Equity and Behavioral Health Integration. Retrieved from <https://integrationacademy.ahrq.gov/products/topic-briefs/health-equity>.

ATI Advisory. (2024). *Chartbook of Dual Eligible Individuals with Behavioral Health Needs*. Retrieved from <https://atiadvisory.com/resources/dual-eligible-individuals-with-behavioral-health-needs/>.

Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., Gowen, K., Green, L. A. (2017). Outcomes of Integrated Behavioral Health with Primary Care. *Journal of the American Board of Family Medicine*, 30(2), 130–139. Retrieved from <https://www.jabfm.org/content/30/2/130>.

Doyle, D., Emmett, M., Crist, A., Robinson, C., & Grome, M. (2016). Improving the care of dual eligible patients in rural federally qualified health centers: The impact of care coordinators and clinical pharmacists. *Journal of Primary Care & Community Health*, 7(2), 118–121. Retrieved from <https://journals.sagepub.com/doi/10.1177/2150131915617297>.

Nagykaldi, Z., Littenberg, B., Bonnell, L., Breshears, R., Clifton, J., Crocker, A., Hitt, J., van Eeghen, C. (2023) Econometric evaluation of implementing a behavioral health integration intervention in primary care settings. *Translational Behavioral Medicine*, 13(8), 571–580. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10415735/>.

National Council for Mental Wellbeing. (2022). *Designing, Implementing and Sustaining Physical Health-Behavioral Health Integration: The Comprehensive Healthcare Integration Framework*. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2022/04/04.22.2022_MDI-CHI-Paper_Reduced.pdf.

Palmieri, C., Kagan, J., Smith, L., Kiel, M., & Soper, M. (2022) Integration Of Medicare And Medicaid Services Is Essential For Dually Eligible Individuals With Behavioral Health Needs. *Health Affairs*. Retrieved from <https://www.healthaffairs.org/content/forefront/integration-medicare-and-medicaid-services-essential-dually-eligible-individuals>.

Ross, K. M., Gilchrist, E. C., Melek, S. P., Gordon, P. D., Ruland, S. L., & Miller, B. F. (2019). Cost savings associated with an alternative payment model for integrating behavioral health in primary care. *Translational Behavioral Medicine*, 9(2), 274–281. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/29796605/>.

Questions? Feedback?

- Please email RIC@lewin.com and help us build the [RIC resource library](#) – free to all health plans!
- Follow us on Twitter, rebranded as “X,” at [@Integrate_Care](#) to learn about upcoming webinars and new products!

We would also like to thank MMCO for help in developing our materials and thank all of you for continuing to inform our work in identifying useful and actionable resources for plans by participating in today’s discussion.



THANK YOU

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THANK YOU

Visit us on our website at snpalliance.org!