

BEHAVIORAL HEALTH:

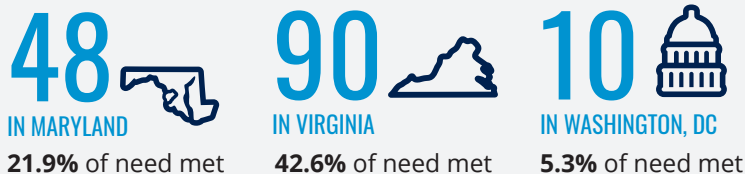
INCREASING ACCESS AND ADDRESSING PROVIDER SHORTAGES

BEHAVIORAL HEALTH IS ESSENTIAL TO ADVANCING WHOLE-PERSON CARE AND IMPROVING HEALTH OUTCOMES. Barriers to accessing behavioral health care persist, including a fragmented system of care, stigma, and an insufficient supply of mental health providers. However, demand continues to rise, which has increased the need for innovative approaches to ensure our communities have access to necessary mental health and substance use disorder services.

What CareFirst is doing

- **COLLABORATING WITH HEADWAY** to transform our behavioral health network and enhance access to quality mental care. Headway is a tech-enabled solution to help alleviate provider administrative burden and **show patients real time provider availability** along with treatment areas and demographics. The partnership will also enable **real-time data** sharing between Headway and CareFirst to gain insights into patient experience.
- **PARTNERING WITH 7 CUPS TO PROVIDE A BEHAVIORAL HEALTH DIGITAL RESOURCE** to help members get emotional support 24/7 and connect with a licensed therapist on demand or virtually
- **PROMOTING THE 988 CRISIS HOTLINE** to help connect members with trained crisis counselors and reduce the likelihood of unnecessary encounters with the criminal justice system
- **INVESTING \$7.9 MILLION IN 19 COMMUNITY-BASED ORGANIZATIONS** to address the behavioral health crisis in our region

MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) IN CAREFIRST'S JURISDICTIONS:



Source: Kaiser Family Foundation State Health Facts, 2021.

BETWEEN 2018 AND 2022

IN MARYLAND, WE ADDED

6,000+ 

behavioral health providers to both our HMO and PPO networks, a **96% and 82% increase**, respectively

IN WASHINGTON, DC, WE ADDED

 **1,000+**

behavioral health providers to both our HMO and PPO networks, a **83% and 50% increase**, respectively

IN VIRGINIA, WE ADDED

1,500+ 

behavioral health providers to both our HMO and PPO networks, a **119% and 86% increase**, respectively

But we need more behavioral health providers and here's how policymakers can help

Nationally, shortages continue to be projected in behavioral health professions. To **promote the growth of the behavioral health workforce**, policymakers should

1 Create incentives to train and recruit high quality and diverse behavioral health providers

- **ESTABLISH DEDICATED LOAN SERVICER** for behavioral health providers seeking public service loan forgiveness
- **PROVIDE FUNDING SUPPORT** for behavioral health residency programs in provider shortage areas
- **ENCOURAGE CARE MODELS** to support integration and align incentives with primary care
- **SUPPORT PIPELINE PROGRAMS** prior to higher education to increase awareness of behavioral health professions and train culturally competent providers to improve workforce diversity

2 Improve reporting on behavioral health providers

To readily identify behavioral health providers and improve access, policymakers should require licensing boards of behavioral health provider specialties **TO PUBLICLY REPORT THEIR LICENSED AND PRACTICING BEHAVIORAL HEALTH PROVIDERS** in a streamlined and timely manner. Additionally, funds should be allocated to develop a navigation tool to segment providers by individual characteristics such as next available appointment, treatment modality, and languages spoken, to allow consumers to readily identify a provider that best meets their needs. This is vital to addressing the shortage of behavioral health providers.

3 Increase flexibility for telehealth

Certain regulatory flexibilities to expand telehealth services were implemented during the COVID-19 public health emergency and many of these flexibilities for mental health have been extended permanently. **FEDERAL POLICYMAKERS SHOULD REMOVE THE IN-PERSON VISIT REQUIREMENT** to initiate these telehealth services for Medicare as it presents an unnecessary burden to access. Additionally, policymakers at state and federal levels should consider requiring the use of a modifier for all telehealth visits, including audio-only, so there is accurate utilization data to inform future policy development.

4 Promote mental health wellness and expand access

Mental illness affects 20% of people causing impairment that requires medical intervention. **Mental health** affects us all and it is all our responsibility to promote mental wellbeing by reducing stigma and leveraging the full breadth of providers who can promote wellness and assess the need for more intensive services. Policymakers should **ENCOURAGE OPEN DIALOGUE AND PROMOTE EDUCATION AND OUTREACH** about behavioral health conditions.

5 Improve effectiveness of mental health parity laws

CareFirst strives to ensure our members are readily able to access mental health and substance use disorder services in a comparable manner to medical and surgical services. While recognizing the need for accountability, policymakers should require the Department of Labor to **PUBLISH COMPREHENSIVE NON-QUANTITATIVE TREATMENT LIMITATIONS CHECKLISTS AND OTHER TEMPLATES**, in addition to robust and detailed compliance guidance, so carriers are well equipped to demonstrate their compliance. States should also be required to use this template as part of any parity audit or market conduct exam.