Employers Prioritize Behavioral Health

Written By Laura Carabello

With the glare of the pandemic in the rear-view mirror, employers are re-energizing their efforts to improve the state of employee mental health.

While issues associated with isolation and loneliness exacerbated by COVID-19 still persists, the significant impact of anxiety, depression, substance use disorders (SUDs), financial stress, workplace environment and other looming crises all impact well-being and productivity at work.

Peter Robinson, managing principal, EPIC Reinsurance, shares this perspective, “This is a very timely topic and in reaching out

to various insurers and health plans, I was amazed at the priority this is being given. The impact of behavioral health (BH) on overall morbidity and related health costs is clear. Nearly every health care leader I spoke with referred to BH as a health emergency."


Peter Robinson

Indeed, BH might well be an urgent priority given this statistic from the Substance Abuse and Mental Health Services Administration (SAMHSA): one in five adults in the U.S. have a clinically significant mental health or SUD. Furthermore, the prevalence and severity of mental health conditions among children and teens has increased sharply.

"Employers are increasing their BH offerings to employees," says Deb Adler, CEO, Navigator Healthcare Inc. "This is based upon employers recognizing the importance of their employees' mental health for productivity, retention, cost savings, and overall health outcomes."


Deb Adler

She cites the factors driving this focus: 1) Mental Healthcare/SUD which are typically the number 5 medical cost for employers, and 2) Anxiety and depression which increased by 25% during the pandemic, according to the World Health Organization.

The National Institute on Alcohol Abuse and Alcoholism found that alcohol consumption increased by 39% and binge drinking increased by 30%.

"The cost of SUD, anxiety and depression and children's needs for mental health and/or autism services rank very high as increasing the employer's medical costs the most, year over year," continues Adler. "Stress and anxiety from meeting either your own personal needs or your family's needs often results in missed days from work or even being at work but not truly engaged, known as presenteeism."

Unfortunately, many people fail to receive treatment due in part to the long-standing shortage of BH providers. One indicator of the gravity of this problem is the newest CDC report on suicide which is now ranked as the second leading cause of death in people aged 10–34 and the fifth in people aged 35–54.

Jakki Lynch RN, CCM, CMAS CCFA. director cost containment, Sequoia Reinsurance Services, emphasizes that BH risk exposure underscores the need for risk mitigation interventions and that these issues have long been a concern of health benefits managers.

She points out that BH and substance use remain elevated three years after the onset of the COVID-19 pandemic, according to a recent Kaiser Family Foundation/CNN survey. KFF performed an analysis of U.S. Census Bureau, Household Pulse Survey, 2020-2023 showing that more than 30% of surveyed adults reported symptoms of anxiety and depression, up from 11% in 2019.


Jakki Lynch

"The key message for health plans is abundantly clear," says Lynch. "The growing mental health crisis places an increased need for more access

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to treatment, and a proactive cost management approach to mitigate the associated BH service expenditures. With the influx in behavioral claim volume, the need for claim payment integrity is paramount for payers as experience shows that BH treatment claims are frequently not supported by the care that was rendered."

America's Health Rankings 2022 Annual Report shows that the prevalence of frequent mental distress increased 11% among adults between 2020 and 2021. This is alarming since employees with unresolved depression may experience a reduction in productivity, which may also affect their employers' profitability. Conversely, a 2019 study from Oxford University found that happy workers are 13% more productive.

There is rising, widespread consensus regarding the need for behavioral health solutions since the advent of COVID. Julie Mueller, president & CEO, Custom Design Benefits reports that within their own book of business, they saw mental health claim costs increase from 3.6% in 2018 to almost 10% in 2022.

"Mental health costs have increased from about $23 PEPM to almost $39 PEPM during this same period," says Mueller. "It's obvious that employees and their employers need affordable and cost-effective solutions for mental health care. However, most of the mental health claims that are coming through our clients' plans are only treating the symptoms via medication vs. addressing the root cause of the mental health need."


Julie Mueller

She suggests that the best solution is one that offers a variety of ways for assistance and meets the patient where they are, adding, "Crisis intervention, virtual visits with a therapist, in-person visits, text therapy, anonymous virtual group therapy sessions, videos and other digital resources can all play a role depending on what the patient needs and where they are in their journey to improve their well-being."

COST TO HEALTH PLANS

Lynch cites a new JAMA study showing SUDs cost employer-sponsored health plans about $35.3 billion per year.

"According to a recent report from NPR, an insurance company received an inpatient rehabilitation claim for the treatment of SUD totaling $660K for 7 months of care and unfortunately, the patient ultimately expired from an overdose," she continues.

"The three most common types of BH billing errors involve documentation, the number of units billed and plan benefit policy violations," adds Lynch, citing a recent report from the Department of Health and Human Services' Office of Inspector General.

"An example of incorrect billing from their report includes providers who billed for both a facility fee and a telehealth service. Two providers—a psychiatrist and psychologist—billed for both a facility fee and a telehealth service for more than 90% of their visits, amounting to nearly 4,000 visits each. The combined duplicate facility fees and telehealth services totaled approximately $1.1 million."

She describes a recent high-dollar inpatient services claim for substance abuse treatment that was reviewed by her payment integrity team and identified $23,000 (19%) of total contract payable charges of $121,000 -- erroneously submitted from errors involving the number of units billed as the member did not receive the reported hours of treatment.

"Based on the claim payment integrity review, the treatment facility agreed these charges were not payable," says Lynch. "Plans can successfully implement a comprehensive payment integrity program to mitigate significant risk for mental health encounters and treatment programs."

Adler advises that the best practice for employers is to provide mental health services at no cost-share for the employees. "This ensures access and the right level of engagement with the high-quality mental health care offered, which leads to lower costs, better outcomes and higher employee satisfaction."

Mueller explains that the behavioral health services that they administer for clients do not require a co-pay or any out-of-pocket expense.

"Our clients pay a monthly per-employee fee based on the number of eligible employees," says Mueller. "Digital resources are unlimited, and employers can choose to offer 5 or 8 therapy sessions per issue presented. Should an employee or their family member need additional services after the 5 or 8 sessions allotted, those services would be covered under the medical plan."

PROFESSIONALS TO TREAT BEHAVIORAL HEALTH

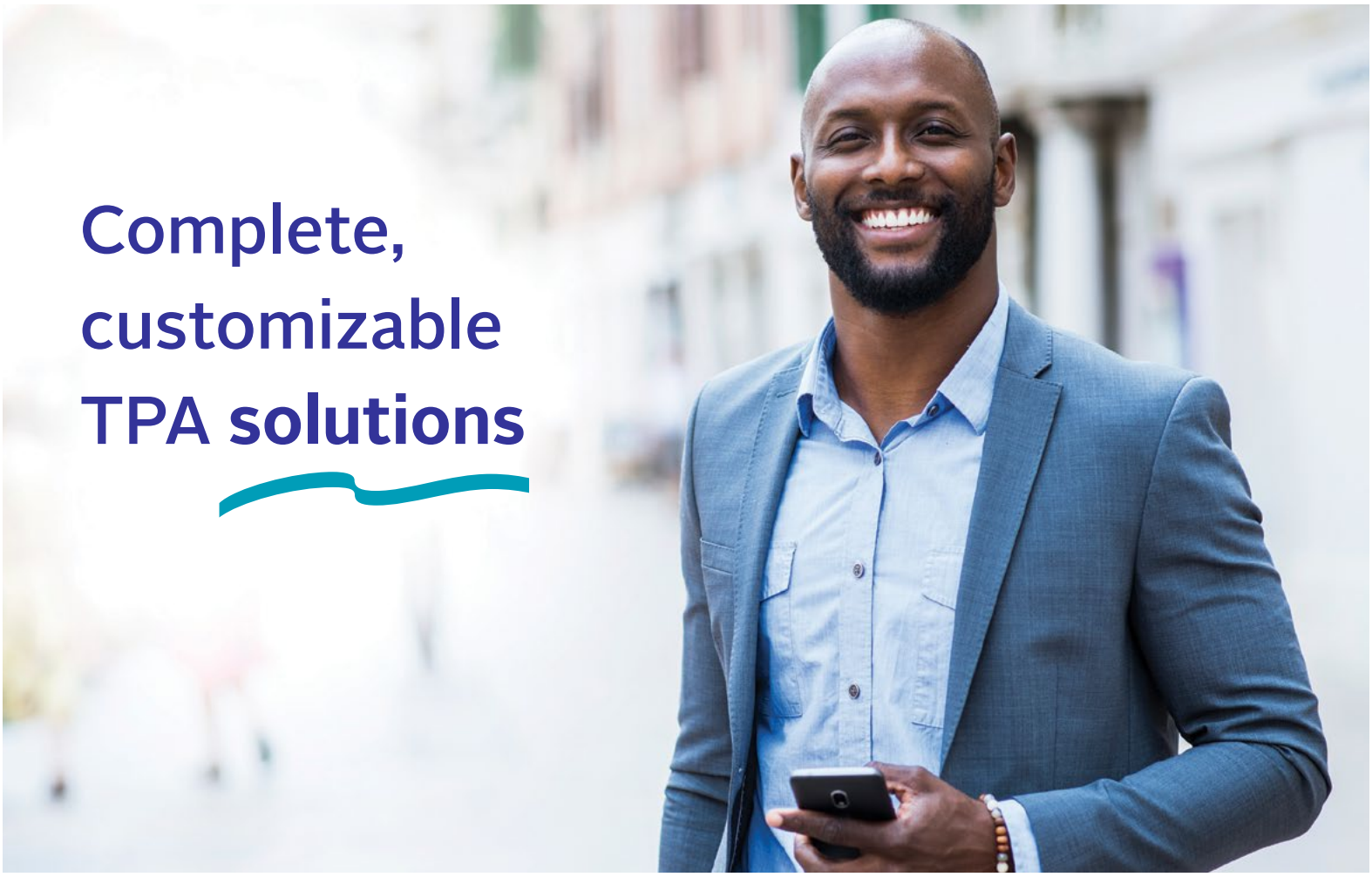
When choosing a provider network or tele-behavioral health solution, employers should be aware that the range of professionals who provide therapy may include different levels of training and capabilities, as described by the Mayo Clinic:

Psychiatrist

A psychiatrist is a physician — Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) — who specializes in mental health. This type of doctor may further specialize in areas such as child and adolescent, geriatric, or addiction psychiatry. *This provider can identify and treat mental health conditions and prescribe medicine*. A psychiatrist also can offer talk therapy, sometimes called psychotherapy.

Psychologist

A psychologist is trained in psychology — a science that deals with thoughts, emotions and behaviors. Typically, a psychologist holds a doctoral degree, such as a Ph.D. or Psy.D. A psychologist can identify and treat many types of mental health conditions. This provider offers different types of talk therapy. In the U.S., most psychologists are not licensed to prescribe medicine. But *they may work with another provider who can prescribe medicine if needed*.



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Psychiatric mental health nurses

A psychiatric mental health nurse (P.M.H.N.) is a registered nurse (R.N.) with training in mental health issues. A psychiatric mental health advanced-practice registered nurse (P.M.H.-A.P.R.N.) has at least a master's degree in psychiatric mental health nursing. Other types of advanced-practice nurses who offer mental health services include a clinical nurse specialist (C.N.S.), a nurse practitioner (N.P.) and a nurse with a doctorate of nursing practice degree (D.N.P.). The services offered by mental health nurses depend on their education, level of training, experience, and state law. They can identify and treat mental illnesses. *If state law allows, advanced-practice nurses can prescribe medicine.*

Physician assistant

A physician assistant (P.A.) practices medicine as a primary care provider or works together with a physician. Physician assistants can specialize in psychiatry and can identify and treat mental health conditions. They also can counsel on causes, treatments, and outlook. *A physician assistant can prescribe medicine.*

Licensed clinical social worker

Look for a licensed clinical social worker (L.C.S.W.) with training and experience in mental health. A licensed clinical social worker must have a master's degree in social work. Some have a doctorate in social work. Social workers offer assessment, counseling and a range of other services. What services they offer depends on their licensing and training. *They are not licensed to prescribe medicines.* But they may work with another provider who can prescribe medicine if needed.

Licensed professional counselor

Training required for a licensed professional counselor (L.P.C.), licensed clinical professional counselor (L.C.P.C.) or similar titles may vary by state, but most have at least a master's degree with clinical experience. These licensed counselors identify mental health conditions and give counseling for a range of concerns. *They are not licensed to prescribe medicine.* But they may work with another provider who can prescribe medicine if needed.

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Marriage and family therapist

A marriage and family therapist (M.F.T.) is trained in family and individual therapy. This type of therapist can help people to overcome family problems or issues in other relationships. They have at least a master's degree. License and certificate requirements vary by state. Look for a licensed marriage and family therapist (L.M.F.T.). These therapists may work independently or in partnership with other professionals.

DRUGS TO TREAT DEPRESSION

Employers should be cognizant of these medicines since they impact the drug benefit plan. Antidepressants are common prescription medications that can help treat depression and other conditions like anxiety and obsessive-compulsive disorder.

There are several types of antidepressants, and each individual should consult with a healthcare provider to find the best one for his/her condition.

Antidepressants were invented in the 1950's and today, a new generation of drugs for depression is stirring excitement and transforming the way scientists and clinicians diagnose, treat and think about the illness. Antidepressants are one of the most frequently prescribed medications in the United States.
The Cleveland Clinic advises antidepressants are simply one type of treatment for depression. While they can treat the symptoms of depression, they don't always address its causes. This is why healthcare providers often recommend psychotherapy therapy in addition to depression medication.

MENTAL HEALTH DIGITAL THERAPEUTICS

One prescription digital therapeutic (DT) that is aimed at treating alcohol use disorder (AUD) was recently granted breakthrough device designation by the FDA.

While this suggests the regulatory agency believes the therapy has the potential to provide substantial improvement in patient care compared to existing therapies, not all mental health apps may be ready for prime time.

The demise of the two leading, well-funded companies tells a different story.
One company had a clearance for software as a medical device for mental health and may have offered a pathway toward improved access, remote diagnosis and monitoring of mental health conditions – even help to cure addiction.

But neither company was able to invest the money to carry out the necessary scientific research. While DT companies may be stumbling in 2023, industry observers remain hopeful that this approach will achieve scientific reality.

WHAT'S THE DIFFERENCE?
MENTAL HEALTH V. BEHAVIORAL HEALTH

The terms "behavioral health" and "mental health" are often used interchangeably, but there are subtle differences and approaches to managing problems.

Behavioral Health as defined by the American Medical Association generally refers to SUD, life stressors and crises, and stress-related physical symptoms. The discipline examines how a person's habits impact their overall physical and mental wellbeing and has more to do with the specific actions people take and how they respond in various scenarios.

Mental health as defined by The World Health Organization is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."

The term encompasses a number of factors, such as the individual's biology, psychological condition and habits and has more to do with thoughts and feelings.

Negative behaviors don't always accompany these mental health conditions. Most everyone with depression, for example, experiences sleep issues. But not everyone develops a behavioral disorder. When a distinct, regular behavior that goes beyond the scope of a typical mental illness begins to negatively affect someone, it becomes a disorder that typically requires more specific treatment.

Common Behavioral Disorders	
Substance abuse	often starts when people misuse substances to self-medicate or cope with an existing issue. While it may seem to work for a time, this behavior eventually worsens the problem and becomes one itself. According to SAMHSA, 46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a SUD in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.
Gambling addiction	is similar to substance abuse. Researchers believe it can stimulate the brain's reward systems to overproduce dopamine, creating a need to pursue risky behaviors. Gambling addiction can even result in withdrawal when the chemical high isn't achieved.
Self-injury	is most often associated with depression and disassociation, but some psychology experts think the tendency to harm oneself is more specifically tied to a negative self-image. Identifying this behavior as separate from depression can significantly impact the treatment path and potential for recovery.
Eating disorders	include anorexia nervosa, bulimia nervosa and binge-eating. Not only can these behaviors lead to significant medical complications but they present a specific set of mental illness issues associated with self-image obsession and lack of perceived control.

Sources:

https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf
https://wisqars.cdc.gov/data/lcd/home
https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report
https://www.scientificamerican.com/article/how-the-brain-gets-addicted-to-gambling/
https://www.apa.org/monitor/2015/07-08/self-injury
https://www.mentalhealth.gov/what-to-look-for/mental-health-substance-use-disorders
https://www.nimh.nih.gov/health/publications/eating-disorders

Common Mental Health Illnesses:	
Depression	is characterized as a mood disorder and leaves people feeling persistently empty and heavy. There are different forms of depression — including postpartum and seasonal affective — but they all disrupt a person's day-to-day life.
Generalized anxiety disorder	is a step above occasional anxiety. For some people, that sense of unease can persist and interfere with everyday life by causing repetitive worries as well as sleep and concentration issues. In some cases, it can escalate into a panic disorder.
Bipolar disorder	is characterized by episodes of depression and mania — extreme hyperactivity. Like most mental health conditions, there are varying degrees of bipolar disorder, and not everyone experiences it in the same way.
Schizophrenia	is an uncommon condition, but it is most notable for causing people to lose touch with reality and experience symptoms like hallucinations, delusions and unhealthy, repetitive thoughts.

Sources:

Alvarado Parkway Institute. https://apibhs.com/2018/05/10/the-difference-between-mental-and-behavioral-health
https://www.nimh.nih.gov/health/statistics/any-mood-disorder
https://www.nimh.nih.gov/health/topics/depression
https://www.nimh.nih.gov/health/topics/anxiety-disorders
https://www.nimh.nih.gov/health/topics/bipolar-disorder
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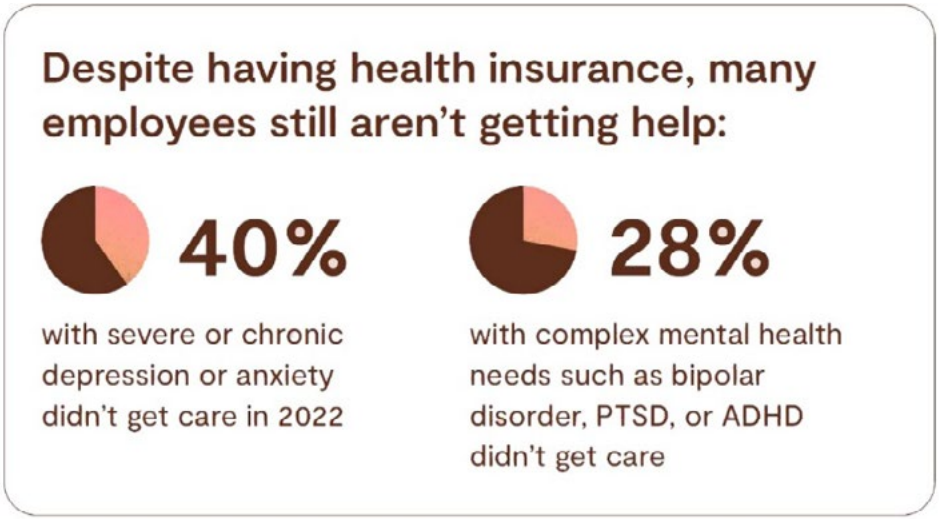
BARRIERS TO ACCESSING TREATMENT

According to the 2023 State of Workforce Mental Health (Lyra) which surveyed more than 2,500 employees and more than 250 employee benefits leaders at companies in the United States with global workforces:

- Most workers face mental health struggles but, for myriad reasons, many don't get help
- Many employees struggle to get the right care
- More people are discussing mental health at work, propelling a culture shift
- Managers lack needed mental health resources
- Employees are increasingly stressed and burned out, signaling a need for better work design.

Specifically, 86% faced at least one mental health challenge in the past year, ranging from issues like stress and relationship problems to chronic depression and anxiety, SUD and suicidal thoughts. Just 33% said they received mental health support last year, which includes seeing a therapist or psychiatrist, and using self-care resources such as stress reduction apps.



Source: *2023 State of Workforce Mental Health. Lyra Health*

Adler calls out the lack of access to mental health providers through traditional channels (health plan network, EAP). "This has led employers to add multiple BH solutions to their mental health and wellbeing platforms. Adding BH navigational services to help guide employees and dependents to the right type of care quickly and seamlessly also "moves the needle" in satisfaction."

A TELUS Health survey showed that 21% of US employees are at high mental health risk and 42% are at moderate risk, but many people remain unaware of the mental health resources available to them through workplace benefit programs.

Paula Allen, global leader, Research and Total Well-being, TELUS, offers advice for plan sponsors and advisors to help employees and their families better cope with the current stressors.

She says, "Communication that workers can relate to, that includes advice on next steps and that is repeated often enough for them to remember, can help increase their use of available benefits. Members often do not know the range of resources available to them in their benefits packages and are often unaware of counseling included in the company's employee assistance program."

The Society for Human Resource Management found that 78% of organizations currently offer or plan to offer mental health benefits this year, but utilization and accessibility are major hurdles for those seeking care.

Notably, six out of 10 adults who say their mental health is only fair or poor have not been able to access services, according to a 2022 survey from CNN and the Kaiser Family Foundation.

Studies confirm that the U.S. has a shortage of mental health providers and estimates are that the country will be short between 14,280 and 31,109 psychiatrists in the next few years.

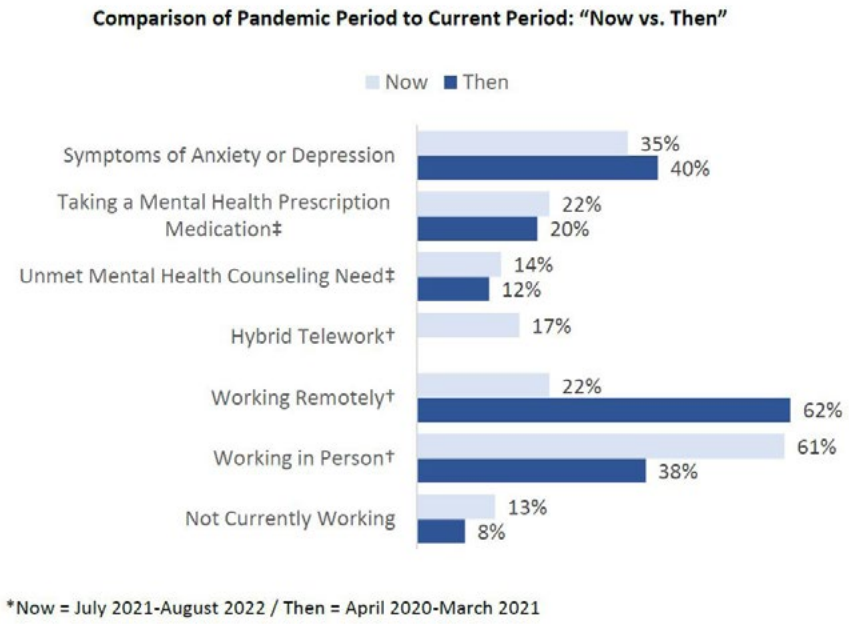
This is problematic for employees who finally decide that they need help and may not be able to find it. Too often they get a list of doctors participating in the plan but discover that those doctors already have too many patients – or they don't return calls in a timely manner and may not get back to them until a week later or longer.

EMPLOYER RESPONSE

Results of a study conducted by the Integrated Benefits Institute (IBI) on mental health concerns among employed adults ages 18-64 in the United States reveals that while employers have existing efforts to support mental health in the workforce, the pandemic greatly accelerated the progress of these efforts.

IBI researchers also report that because mental illness is often accompanied by other comorbid conditions such as diabetes and heart disease, providing options that help employees coordinate their care is important.

There is consensus regarding the importance of helping employees find mental healthcare that is culturally appropriate, that they value, and that they can identify with. All agree that adopting a prevention mindset for mental illness, as they do for physical illness, is a step forward.



Source: *Integrated Benefits Institute*

Employees do care about mental health benefits. A new poll from the American Psychological Association Work and Well-being Survey reveals that 81% of employees would prefer to work for companies that provide support for mental health concerns.

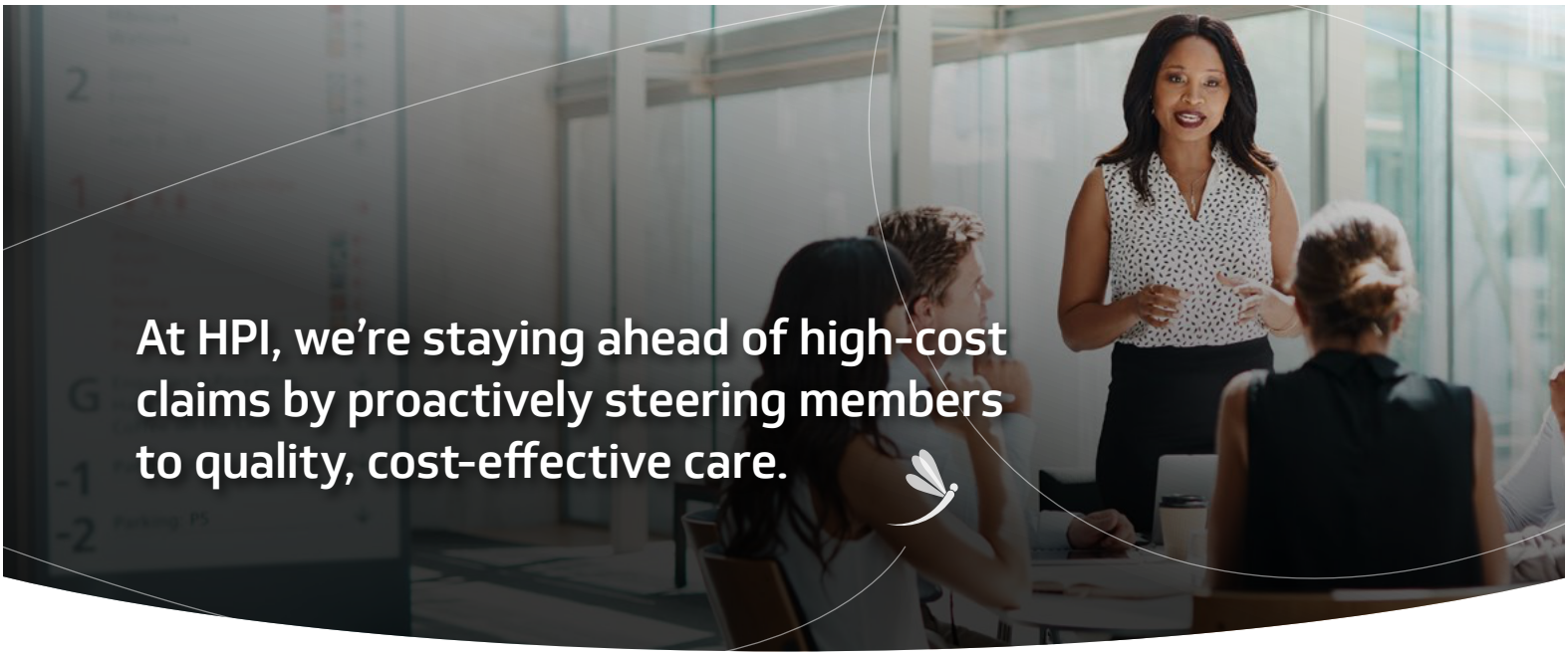
The survey also reports that one-third of workers said their company's mental health initiatives have improved since the pandemic began and 71% of respondents said they believe their employer is more concerned about employees' mental health now than they were in the past.

In addition to mental health support, the PSA survey indicates employees would also like to see:

- more flexible work hours (41%)
- a culture that respects paid time off (34%)
- the ability to work remotely (33%)
- a 4-day work week (31%)

INTEGRATING BEHAVIORAL HEALTH WITH PRIMARY CARE

Increasing access to treatment is a key part of the solution. There is growing recognition of the value of BH integration (BHI), defined as the result of primary care teams (or teams in other care settings) and behavioral clinicians working together with patients to provide



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It's an approach to delivering mental health care that makes it easier for primary care providers to include mental and BH screening, treatment, and specialty care into their practice.

The CDC advises that the BHI approach enables the primary care provider to receive consultations by phone about a diagnosis and treatment plan from the care provider for mental health.

For example, practicing together in a co-location model, the primary care practice has a care provider for mental health practicing on-site who is responsible for screening and referrals and may provide therapy.

To improve referrals and communication, a care coordinator manages referrals to care providers for mental health and needed social services and maintains communication between the primary care practice and care providers for mental health.

BHI can result in better outcomes for children and youth, more efficient and coordinated care, higher treatment rates, reduced stress and improved consumer satisfaction.

According to a 2020 RAND study conducted in collaboration with the AMA, while physician practices had broad motivations for BHI, they faced multiple barriers to successful integration including cultural differences, incomplete information flow between behavioral and non-behavioral health clinicians and billing difficulties.

DIGITAL & TELE-BEHAVIORAL HEALTH

Overcoming these barriers to BHI adoption is now possible through the introduction and adoption of tele-behavioral health or as the NIH National Institute of Mental Health terms this "tele-mental health": the use of telecommunications or videoconferencing technology to provide mental health services.

Sometimes referred to as telepsychiatry or telepsychology, research suggests that tele-mental health services can be effective for many people, including, but not limited to those with attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), depression, and anxiety.

Today, forward-looking healthcare organizations are integrating primary care and behavioral care services into one seamless care model.


Michael Brombach

Michael Brombach, COO, Recuro Health, says, "There is significant value when BH services are embedded with primary care. The impact spans lower costs, improved outcomes and better member experience scores. We thoughtfully designed and implemented our behavioral health solution to be a part of our core care model, enabling members to access the right level of both behavioral health and primary care services. Our capability navigates members to their primary care doctor, a counselor or a psychiatrist based on their conditions, history, and acuity."

Telehealth has become a key driver to increasing access to behavioral health services. With growing patient demand and greater regulatory flexibility, adoption of tele-behavioral

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health is only rising. Recuro's BH solution is comprehensive and includes therapy, counseling, psychiatry and medication management, all offered through secure and private online video and phone sessions.

"Now, more than ever, Americans are struggling at home and work with mental health issues that fall under the behavioral health umbrella," Brombach continues. "Consumer demand, along with physician appetite for new behavioral health models, enables virtual care companies to innovate in this space. Recuro's care team model, culturally intentional care approach and inclusion of optional pharmacogenomics for medication management are a few of the recent advancements we released to the market."

As stigmas around mental health are subsiding, Brombach says that BH is becoming more accepted and accessed as part of its virtual care model, connecting patients and providers face-to-face in real-time as part of a virtual first approach to care.

"We look forward to continuing to innovate in this space to ensure individuals have access to the BH care they need, when they need it, at an affordable cost," he concludes.

Adler also observes an increase in the use and offering of digital program delivery, adding, "Treatment of mental health disorders has shifted from primarily in-person care delivery models to digital models of care as a result of the COVID-19 pandemic. With more options for employees and for best clinical outcomes, treatment should be matched to the employee's need and situation."

She says that virtual visits may be best for employees who work shifts or want to have their treatment in the evening and for others, in-person services is preferred.

"Navigator Healthcare was founded to let employees engage with a 24/7 clinical Navigator to help guide them to the right level and setting of care based on their individual situation and personal preferences (virtual or in-person), assisting individuals with an evaluation appointment within 48 hours - saving the employee time and providing a seamless concierge experience," she adds.

Mueller points to a partnership that Custom Design Benefits has with CuraLinc HealthCare and its SupportLinc assistance program.

"We implemented it for our own employees first and then introduced it to our clients at our 2022 Annual Customer Conference," she explains. "Over 10% of our group clients have adopted the program since we rolled it out in early 2023 and we expect more to add the service on or before their annual renewal."

She says that one plus is that Custom Design Benefits has its own Medical/Case Management services in-house.

The company's nurses can educate members on the various resources the CuraLinc digital solution provides and refer them to a therapist covered under their health plan if they need additional assistance beyond the sessions covered at 100% with CuraLinc."

"HOT POTATO": EMPLOYER COMPLIANCE WITH MENTAL HEALTH PARITY LAWS

As background, mental health parity describes the equal treatment of mental health conditions and SUDs in insurance plans.

In 2008, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure equal coverage of treatment for mental illness and addiction as they do with medical and healthcare-related benefits. benefits. The Affordable Care Act (ACA) also extended parity to non-grandfathered individual insurance plans and small group health plans.

Parity applies to quantitative treatment limitations (QTLs), for example restrictions on the number of days, episodes, or treatments that are covered and financial requirements, such as copays and coinsurance.

More recently, Congress expanded mental health parity law to also include a parity analysis related to non-quantitative treatment limitations (NQTLs). This six-part test creates documentation standards to ensure that the use of utilization review or prior authorization requirements are not more restrictive for BH benefits coverage than for other medical and surgical coverage.

BENEFITS AND SERVICES THAT MUST BE COVERED EQUALLY

A plan following the federal mental health parity law must cover equally the six classifications of benefits defined in MHPAEA final rules: (1) inpatient, in-network; (2) inpatient, out-of-network; (3) outpatient, in-network; (4) outpatient, out-of-network; (5) emergency care; and (6) prescription drugs.

Federal parity also applies to clinical criteria used by health insurers to approve or deny mental health or substance use treatment.

The standard for medical necessity determinations—whether the treatment or supplies are considered by the health plan to be reasonable, necessary, and/or appropriate—must be made available to any current or potential health plan member upon request. The reason for denials of coverage must also be made available upon request.

Here's the challenge:
There are Issues surrounding NQTLs: the processes, strategies,

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evidentiary standards, or other criteria that limit the scope or duration of benefits for services provided under the plan.
In support of its members, SIIA has been involved in coalition and congressional discussions between mental health providers and employer groups.

Ryan Work, senior vice president, Government Relations, explains, "The entire NQTL requirement is vague, and SIIA is working hard to push the DOL to issue clarifying durance or model NQTL language to support and help with MHPAEA compliance. As noted above, MHPEA is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits."

Work continues, "My understanding is that the DOL has yet to see an acceptable NQTL report at first pass. Not a single one. As the Report to Congress outlines, the Employee Benefits Security Administration (EBSA) has conducted nearly 90 investigations thus far, and issued hundreds of letters for comparative NQTL analysis."

However, while the DOL has not seen an acceptable report, it has also not provided an example of what an acceptable one may look like. Hopefully, they will soon be updating the self-compliance tool.

In the meantime, the DOL has outlined a number of common NQTL shortfalls, including:

- Conclusory assertions lacking specific supporting evidence or detailed explanation
- Non-responsive comparative analysis
- Documents provided without adequate explanation
- Failure to identify the specific MH/SUD and medical/surgical benefits or MHPAEA benefit classification(s) affected by an NQTL
- Limiting scope of analysis to only a portion of the NQTL at issue
- Failure to demonstrate the application of identified factors in the design of an NQTL

RELAXED LIMITS ON TELEHEALTH

By loosening limitations on telehealth during the pandemic and extending those flexibilities in Medicare in the FY 2023 omnibus bill, Congress has significantly elevated the successes of telehealth.

Legislative developments also continue to boost the use and expansion of telehealth as a critical component of rendering behavioral healthcare, including extended flexibilities in providing such care, removal of geographic restrictions, loosening of certain healthcare supervision requirements and extension of greater flexibility for prescribing controlled substances in connection with medication assisted treatment (MAT).

The MH/SUD stakeholder community applauds these moves and is now calling on Congress to make those flexibilities permanent.

FAMILY MEDICAL LEAVE FOR MENTAL HEALTH

Employees that request a leave to address their or their family member's mental illness are protected under the US Department of Labor Family Medical Leave Act (FMLA) which is available to:

- Eligible employees: Employees are eligible if they work for a covered employer for at least 12 months, have at least 1,250 hours of service for the employer during the 12 months before the leave, and work at a location where the employer has at least 50 employees within 75 miles.
- Covered Employers: Private employers are covered employers under the FMLA if they employed 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including joint employers or successors in interest to another covered employer. Public agencies, including a local, state, or Federal government agency, and public and private elementary and secondary schools are FMLA covered employers regardless of the

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number of employees they employ.

FMLA requires employers to:

- provide 12 work weeks of FMLA leave each year;
- continue an employee's group health benefits under the same conditions as if the employee had not taken leave; and
- restore the employee to the same or virtually identical position at the end of the leave period.
- FMLA may be unpaid or may be used at the same time as employer provided paid leave.

FMLA also designates specific mental and physical health conditions for eligibility, including if the employee requires inpatient care or ongoing treatment from a medical provider — severe conditions might include a hospital stay or seeking help at a treatment facility.

Often, employers require the medical provider — such as a psychologist or psychiatrist familiar with the person's mental health history — to furnish a letter explaining the condition's ability to encumber the employee.

The letter may also indicate whether a chronic mental health condition necessitates immediate, ongoing treatment.

LOOKING AHEAD: MENTAL HEALTH 2024

In a turbulent domestic and world environment, improving mental health in the workplace is becoming a priority. Employers are beginning to emphasize employee well-being -- not simply as an obligation -- but as an opportunity to enhance productivity and retain top talent.

Going forward, mental health benefits are expected to become the norm with further regulations in place.

"While there may be some generational differences in behavioral health stigma, it has declined significantly over the past decade across all demographics," says Adler. "With the advent of 'mental health days', employers increasingly offering access to behavioral health tools and services beyond EAP and the media coverage of mental health issues/trends during the pandemic will continue to reduce stigma. Employers are able to directly reduce stigma in BH by offering access to more mental health solutions and discussing the importance of behavioral healthcare."■

Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel, and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications. www.cpronline.com

SOURCES

https://www.benefitspro.com/2023/01/16/health-care-2023-what-does-the-new-year-hold/
https://www.uhc.com/broker-consultant/news-strategies/resources/health-care-trends-impacting-employers-2023
https://www.cms.gov/cms-behavioral-health-strategy
https://blog.telehealth.org/2023-preview-of-telemental-health-laws-behavioral-telehealth-regulations/
https://www.polsinelli.com/publications/polsinelli-top-issues-in-behavioral-health-2023-newsletter
https://polsinelli.gjassets.com/content/uploads/2023/02/March_23_Behavioral_Health_Newsletter.pdf
https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health
https://www.ama-assn.org/delivering-care/public-health/compendium-behavioral-health-integration-resources-bhi-basics
https://apibhs.com/2018/05/10/the-difference-between-mental-and-behavioral-health
https://www.uhc.com/broker-consultant/news-strategies/resources/health-care-trends-impacting-employers-2023

https://www.healthline.com/health-news/over-80-of-us-workers-seek-employers-who-care-about-their-mental-health#What-the-APA-survey-shows
https://apibhs.com/2018/05/10/the-difference-between-mental-and-behavioral-health
https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-physician-practices-rand-study
https://www.umassglobal.edu/news-and-events/blog/comparing-behavioral-health-vs-mental-health
https://www.nimh.nih.gov/health/publications/what-is-telemental-health#:~:text=Telemental%20health%20is%20the%20use,to%20provide%20mental%20health%20services.
https://get.lyrahealth.com/whitepaper-2023-state-of-workforce-mental-health-report.html?utm_source=google&utm_medium=paidsearch&utm_campaign=pa-2023-q1-search-google-2023-workforce-mental-health&utm_content=mental-health-state-2023&utm_term=mental%20health%20and%20work&campaignid=14807085567&adgroupid=127227439345&adid=649605853108&gclid=CjwKCAjwitShBhA6EiwAq3RqA7ua1p5a-M3iJR4i4axtW0cJLYtkNBJ1iKNmwSWwgg8XvlngdSQzJhoCtHsQAvD_BwE
https://www.benefitspro.com/2023/04/11/21-of-workers-at-high-mental-health-risk-and-unaware-of-available-counseling/
https://lifeworks.com/en/media/1640/download?inline
https://www.dol.gov/agencies/whd/fact-sheets/28o-mental-health#:~:text=The%20Family%20and%20Medical%20Leave,to%20address%20mental%20health%20conditions
https://www.benefits.gov/benefit/5895
https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf
https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/mhpaea-enforcement-2021.pdf
https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-39-final.pdf
https://blog.nisbenefits.com/resources-finalized-for-mental-health-parity-compliance
https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity
https://www.benefitnews.com/news/how-to-design-mental-health-benefits-employees-will-use
https://pubmed.ncbi.nlm.nih.gov/29540118/
https://www.dol.gov/agencies/whd/fact-sheets/28o-mental-health
https://my.clevelandclinic.org/health/treatments/9301-antidepressants-depression-medication
https://www.socialworkers.org/practice/clinical-social-work
https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health-providers/art-20045530
https://www.benefitnews.com/advisers/opinion/fmla-to-support-employee-mental-health?position=editorial_1&campaignname=V2_EBN_Daily_Views_20210421-02152023&utm_source=newsletter&utm_medium=email&utm_campaign=V2_EBN_Daily_Views_20210421%2B%27-%27%2B02152023&bt_ee=AzzLSdLf5k4l%2BkMW93l%2BTm1eA1XbFkLuNu9Zr5yHDuUXoZbX80NmPm8xhkQMPYRL&bt_ts=1676494857901
https://www.cms.gov/cms-behavioral-health-strategy
https://www.managedhealthcareexecutive.com/view/aud-therapy-wins-fda-s-breakthrough-device-designation
https://www.benefitnews.com/news/reminding-employees-about-their-mental-health-benefits-reduces-stigma-and-improves-engagement
https://healthpayerintelligence.com/news/top-5-common-conditions-driving-employer-healthcare-spending)