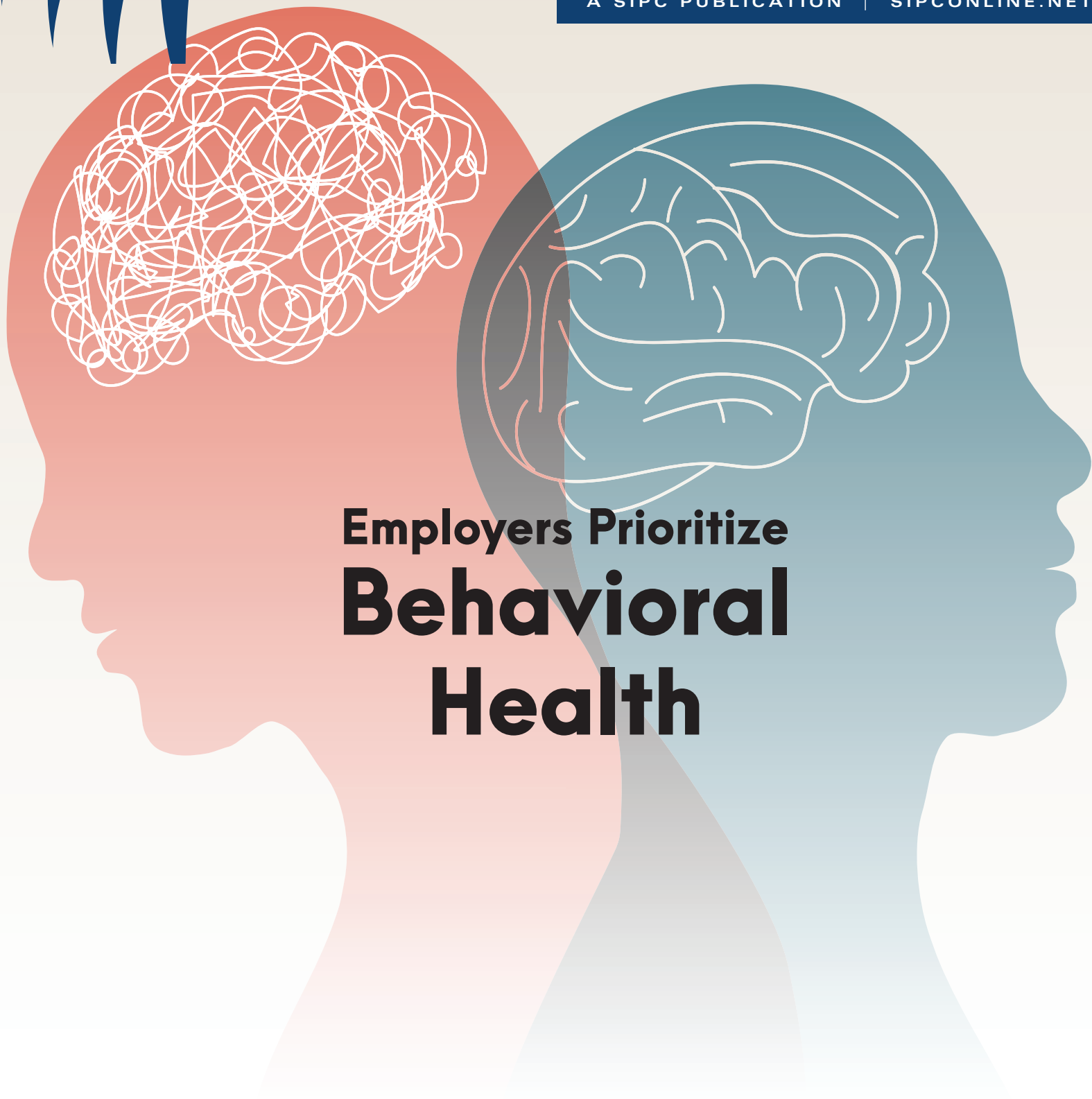


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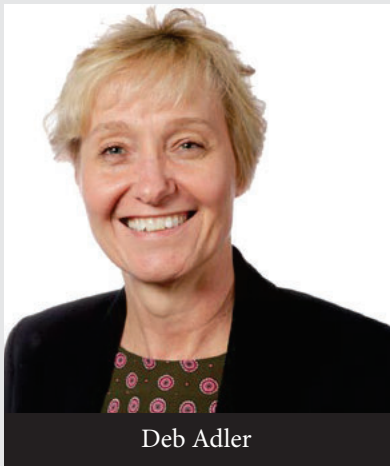


Employers Prioritize
**Behavioral
Health**

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.”

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



Peter Robinson

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



Jakki Lynch

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.

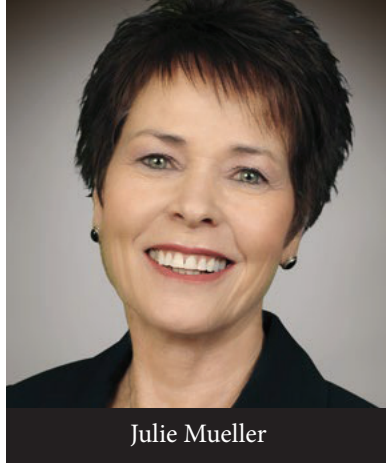
“The key message for health plans is abundantly clear,” says Lynch. “The growing mental health crisis places an increased need for more access

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



Julie Mueller

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.”

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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