

Recommendations for Improving Access to Mental Health and Substance Use Care

The APA is taking steps to improve access to high quality and effective mental health and substance use care, including the following:

- Promoting compliance with the federal Mental Health Parity and Addiction Equity Act and state laws and regulations.
- Providing APA members and other practitioners access to training in innovative practice models, including the collaborative care model and encouraging implementation of these models.
- Providing APA members and other practitioners the tools, resources and technical assistance needed to implement telepsychiatry and encouraging its use.
- Promoting the use of evidence-based tools, like the PHQ-9 to identify and treat depression, and measurement-based care to improve the quality of care delivered and treatment outcomes.
- Promoting PsychPRO, a national mental health registry developed by the APA for psychiatrists and other practitioners to support the delivery of high-quality care and to assist psychiatrists in meeting quality reporting requirements issued by CMS.

The APA, employers, health plans and other key stakeholders all have key roles to play in improving access to mental health and substance use care. Below are recommendations on how health plans and employers can improve access to mental health and substance use care.

Ensuring Network Adequacy

Health plans and Behavioral Health Organizations: develop an action plan for employers or implement a corrective action plan that addresses access to care and includes the following steps:

- Expand the number of in-network mental health and substance use providers for all services, including inpatient, outpatient facility and outpatient office services.
- Publish up-to-date, accurate, and complete provider directories, including information on which providers are accepting new patients, and the provider's location, contact information, specialty, medical group, and any institutional affiliations, in a manner that is easily accessible to plan enrollees, prospective enrollees.
- Engage regional and national psychiatric organizations to understand and improve network participation and enhance access to effective primary and specialty care treatment of health plan members with mental health and substance use conditions.
- Establish reimbursement rates that ensure that mental health and substance use providers participate with the health plan.
- Provide incentive payments to mental health and substance use providers who are full participants in network and meet designated access and quality metrics (i.e., time to appointments, reporting on PHQ9 and GAD-7 scores).

Health plans: provide employers with a report showing the volume of claims and the number of distinct patient claims of in-network adult and child psychiatrists that have submitted claims for services for an initial assessment and for ongoing treatment at 6 month and 1-year intervals under the following CPT codes:

- Initial Assessment:
 - Psychiatric Diagnostic Evaluation with Medical Services: 90792;
 - New Patient, Office/Outpatient: 99201 – 99205
 - Initial Hospital Care: 99221-99223
- Ongoing treatment:
 - Established Patient, Office/Outpatient: 99212-99215
 - Subsequent Hospital Care: 99231-99233

For psychiatrists that have not billed any codes for 6 months or have fewer than 10 claims for at least 6 months, the plan should do the following:

- validate whether the psychiatrist is in the provider network and seeing patients;
- take steps to correct the provider directory and add additional psychiatrists, if necessary; and
- develop an action plan to notify employers about updates to the provider directory and action to be taken to ensure network adequacy.

This data and information will provide employers with an objective view of network adequacy and the opportunity their employees have to access mental health and substance use treatment.

Mental Health Parity Compliance

Employers and Employer Coalitions: there are multiple national reports showing disparities in access to mental health and substance use care when compared with access to other medical services. Because of these disparities, employers should be asking plans about the following:

- Differences in the frequency of in-network and out of network care for mental health and substance use care by level of care and service type as compared to medical services;
- Denial of care rates for mental health and substance use services compared to medical services by level of care and service type; and
- An explanation of disparities, corrective action and a timeline for action.
- Ensure that the legal department in your organization is familiar with federal and state mental health parity laws and is aware of the risks associated with non-compliance. Here is additional helpful information and steps to consider:
 - Be aware that State Insurance Commissioners are investigating health plan compliance with mental health parity laws and acting to resolve non-compliance.
 - To minimize risk and ensure mental health parity compliance, conduct an independent assessment of your health plan by a qualified expert, examining all aspects of care delivery especially non-quantifiable treatment limits (NQTL).

Advancing Measurement Based Care

Employers and Employer Coalitions:

- Request that health plans provide an action plan that requires providers to use standardized measurement-based tools (e.g. PHQ-9, GAD-7 and others) to guide decisions and requires them to provide aggregate-level outcomes data for employees being treated for mental health and substance use conditions.
- Inform health plans that enrollees should be screened for depression, anxiety, psychosis, bipolar disorder, suicide, substance use and track and report on treatment outcomes.

Health plans and Behavioral Health Organizations:

- Provide incentive payments and minimize administrative requirements to primary care, mental health and substance use providers who participate in network and in quality improvement programs that require the use of standardized measurement tools (e.g. PHQ-9, GAD-7 and others) at regular intervals.

Expanding the Collaborative Care Model

Health plans and Behavioral Health Organizations:

- Pay for the evidence-based collaborative care model (CoCM) using the collaborative care payment codes
- Develop a process to ensure primary care practices implement the CoCM and use the CPT codes.
- Provide practitioners with a link to the collaborative care [training module](#) available from the APA and provide ongoing technical assistance and training on the model and using the code.
- Provide employers with data on the use of the CoCM CPT codes.

Employers and Employer Coalitions:

- Request that health plans provide a plan for ongoing technical assistance and training for practitioners on implementing and working in the CoCM and using the CPT codes.

Expanding Telepsychiatry

Health plans and Behavioral Health Organizations:

- Share a link to the APA's telepsychiatry [toolkit](#) with their network of primary care and mental health providers and encourage use of the modality.
- Identify and notify employers of any barriers to expanding care through telepsychiatry and an action plan of steps that will be taken to overcome those barriers.

Employers and Employer Coalitions:

- Educate providers and plan enrollees about telepsychiatry and require health plans to make training available for in-network providers on the mechanics in delivering telepsychiatry.
- Require health plans to reimburse all telehealth care at the same rate as in-person health care.