

Improving Access to Mental Health Care

Every American deserves access to mental health and substance use disorder treatment as an important part of their overall health and well-being. Access to mental health care can help people manage and cope with mental health concerns, reducing the impact of these conditions on their daily lives. This can improve their ability to function in their work, relationships, and community, leading to a better quality of life.

Integrating mental health into other care settings is an important way to increase access for patients. The Collaborative Care Model (CoCM) is one best-practice approach for integrating care for whole-person health. This evidence-based model of integrated mental health care enhances primary care by adding two key components – care management and psychiatric consultation.

Collaborative care services are delivered by a team of experts made up of the treating practitioner (typically a primary care provider but may be another specialty), a behavioral health manager, and a psychiatric consultant.

Original Medicare reimburses for care delivered through the CoCM and many commercial payers. About half of state Medicaid programs also support behavioral health integration (BHI) through the CoCM codes and through other approaches, including reimbursement for general BHI care management services.

Despite widespread agreement that BHI is critical to effective, whole-person care, uptake of collaborative care among clinicians has been relatively slow. To get to the bottom of this, AHIP looked at commercial claims (which includes employer-provided coverage and the individual market) data for 2018 and 2021 to see if any trends emerged in use of and payment for the collaborative care and behavioral health codes.¹

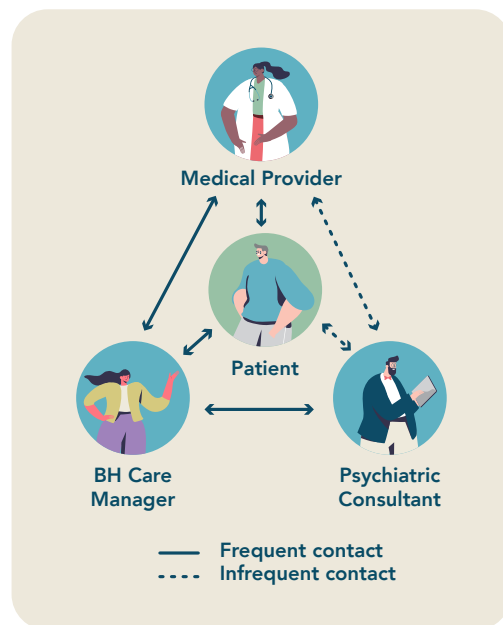
Some key findings include:

1. Use of the CoCM and BHI codes in the commercial market has increased from 2018 to 2021.
2. Payment for the CoCM and BHI codes in the commercial market has increased from 2018 to 2021.
3. Payment for the CoCM and BHI codes in the commercial market is higher than Medicare payment for the same codes.

While commercial claims data shows sharp growth in utilization and payment of the collaborative care and behavioral health codes, overall use of the codes is still relatively infrequent, suggesting that there is an opportunity for further growth.

There are signs, however, that indicate CoCM and BHI use trends are increasing, and we are starting to understand why. Providers' use of CoCM and BHI codes likely increased due to:

- Greater awareness of the existence of the codes.
- Greater awareness of the evidence base.
- More primary care doctors willing to take on mental and behavioral health.
- Legislative efforts to promote integrated behavioral health.



¹ AHIP looked at Merative Marketscan[®] commercial claims data for 2018 and 2021. Payment for CPT codes 99484, 99492, 99493, 99494, and G2214 (added in January, 2021) have been calculated for all adjudicated claims excluding any claims with a negative or zero payment amount. The utilization statistics for these codes have been calculated by using the in-network, non-capitated claims with the payment > \$0 for plan members with full-year continuous enrollment.

The Consolidated Appropriations Act of 2022 contained several provisions to promote BHI, including funding for integrated care implementation and outreach to providers on the availability of collaborative care and behavioral health reimbursement under Medicare.

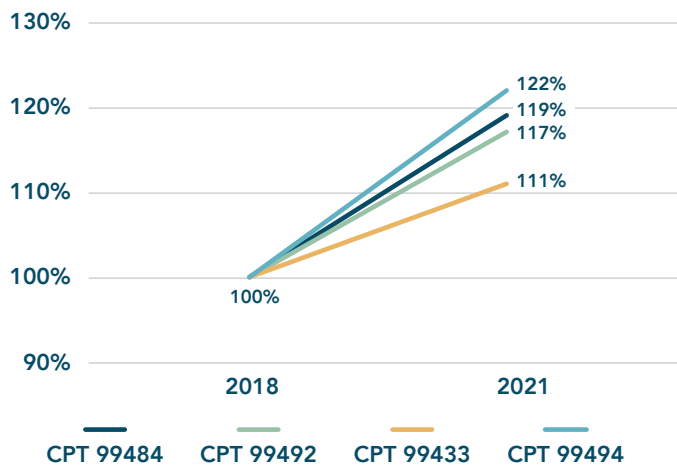
Providers' use of the CoCM and BHI codes in the commercial market increased significantly from 2018 to 2021 - on average, they were used 19 times more frequently in 2021.

<p>INCREASED 10+ times</p> <p>Use of code 99492* Increased 10+ times</p> <p><small>*initial psychiatric collaborative care management, first 70 minutes in the month</small></p>	<p>INCREASED 27+ times</p> <p>Use of code 99494* Increased 27+ times</p> <p><small>*initial or subsequent psychiatric collaborative care management, additional 30 minutes in the month)</small></p>
<p>INCREASED 10+ times</p> <p>Use of code 99484* Increased 10+ times</p> <p><small>*care management services for behavioral health conditions, at least 20 minutes in the month</small></p>	<p>INCREASED 35+ times</p> <p>Use of code 99493* Increased 35+ times</p> <p><small>*subsequent psychiatric collaborative care management, 60 minutes in the month</small></p>

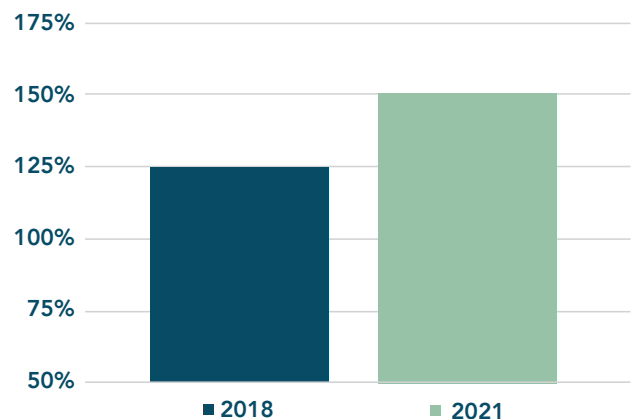
Commercial health plans increased payments for the CoCM and BHI codes in 2018-2021 by an average of 18%.

Commercial payments for the collaborative care and behavioral health codes in 2018 and 2021 were significantly higher than Medicare payments.

Change in Commercial Payments for CoCM and BHI Codes, 2018-2021 (2018=100%)



Ratio of Commercial-to-Medicare Payments for CoCM and BHI Codes, 2018-2021*



*Calculated as the average payment ratio for the codes 99484, 99492, 99493, and 99494 in 2018 and 2021.

Health insurance providers see firsthand the vital role mental health plays in overall health outcomes and are committed to working together with their provider partners to promote whole-person care through behavioral health integration. Continuing to embrace both collaboration and evidence-based models will improve outcomes for patients.

ABOUT AHIP

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