MARYLAND
Health Care
Commission

Randolph S. Sergent, Esq, Chairman
Ben Steffen, Executive Director

January 9, 2024

The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
James Senate Office Building, Room 202
11 Bladen Street
Annapolis, MD 21401

Re: SB0108, 2023 - Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement - Mandated Health Insurance Services Evaluation Report

Dear Chair Beidle,

Pursuant to your request and in accordance with Insurance Article §15-1501, Annotated Code of Maryland, the Maryland Health Care Commission (MHCC) is pleased to submit the enclosed mandated health insurance services evaluation on *SB0108 - Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement* introduced during the 2023 legislative session but did not pass. The legislation would have required health insurance carriers to provide coverage and reimburse for an annual behavioral health wellness visit on the same basis and at the same rate as an annual wellness visit for somatic health.

The MHCC contracted with Axene Health Partners, an actuarial consulting firm, to evaluate the social, medical, and financial impact of Senate Bill 108. A survey of five health insurance payers was conducted to assess industry concerns with a behavioral health wellness visit mandate without cost-sharing. The attached report provides the results of the evaluation related to the social, medical, and financial impact of SB 108 should this bill be reintroduced and pass in the 2024 legislative session.

We note a few key points from the report:

- In the current marketplace, behavioral health wellness visits are generally covered and subject to cost sharing. Sometimes a non-behavioral health primary care office visit includes a behavioral health screening which may lead to a referral to a behavioral health specialist. If a behavioral health wellness visit is recorded as preventive care, it may be covered without cost-sharing.

- The use of telehealth services for behavioral health is often covered the same as in-person visits. Additionally, some payers provide an online behavioral health self-assessment that is free for members.

- For purposes of determining cost-sharing provisions, some payers regard behavioral health specialists as primary care providers other payers regard behavioral health providers as specialists. In general, some payers have a 'Preventive Coverage Policy' which encompasses behavioral health wellness visits. Some payers specifically delineate medical policy related to behavioral health wellness visits.

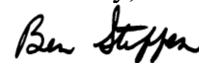
- If behavioral health wellness visits without cost-sharing are mandated, a successful implementation would include clarification on provider billing code requirements/expectations and sufficient implementation time. Payer contracting and system updates to accommodate waiving cost-sharing require significant time and resources. It is also important to consider that policy changes could create workforce capacity issues.

- If the legislation is passed, then the expected premium increase in 2025 will be $0.37 per member per month for a net premium increase of 0.05%. The primary driver of this result is the reduction in cost share, which is estimated to be $0.37 in 2025. Assuming a savings of 2.5% per new patient, the medical savings offset the increased cost share for new patients.

Finally, the Commission strongly urges the Legislature to proceed with caution when considering the adoption of additional mandated health insurance services given their cumulative deleterious impact on affordability over time despite a minimal impact on premiums of any single mandate at the time of adoption.

We appreciate your consideration. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at ben.steffen@maryland.gov or 410-764-3566 or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov or 410-764-3588.

Sincerely,



Ben Steffen,
Executive Director

cc:

The Honorable Joseline A. Pena-Melnyk, Chair, House Health and Government Operations Committee
The Honorable Malcolm Augustine, Education, Energy, and the Environment Committee
House Health and Government Operations Committee
Senate Finance Committee
The Honorable Laura Herrera Scott, Secretary, Maryland Department of Health
Marie Grant, Assistant Secretary, Health Policy, Maryland Department of Health
Jonny Dorsey, Deputy Chief of Staff, Governor's Office
June Chung, Deputy Legislative Office, Governor's Legislative Office
Jason Heo, Governor's Office
Sophie Bergmann, Governor's Office
Sarah Albert, Department of Legislative Services (5 hard copies)
Lisa Simpson, Committee Counsel, House Health and Government Operations,
Patrick Carlson, Committee Counsel, Senate Finance
Kenneth Yeates-Trotman, Director, Center for Analysis and Information Systems
Tracey DeShields, Director of Policy Development and External Affairs, MHCC

Required Coverage and Reimbursement of Annual Behavioral Health Wellness Visits

Maryland Health Care Commission

December 5, 2023

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Section 1: Executive Summary

Senate Bill 108 was introduced in the Maryland legislature during the 2023 session. The bill did not pass. The Maryland Health Care Commission (MHCC) has retained Axene Health Partners, LLC (AHP) to deliver health care related actuarial services to assist the Commission in completing its legislative requirement under the Insurance Article §15–1501 regarding S.B. 108, including the appropriate fiscal, medical, and social analyses as specified in the request for proposal (RFP) numbered MHCC 24-006. Since S.B. 108 did not pass, AHP has completed its work assuming that similar legislation is introduced and passed in the current legislative session. The key findings from our analysis are shown below.

Key Findings

The Mandate

- behavioral health wellness visits will no longer be subject to cost sharing

Social

- There is currently a mental health crisis in the United States
- Barriers to better mental health include affordability and provider access
- This bill will address the affordability issue to some extent

Medical

- The USPSTF recommends screenings for anxiety, depression, and substance abuse
- Identification and treatment of behavioral disorders can lead to better patient outcomes

Financial

- The mandate is expected to increase premiums by 0.05%, or $0.37 PMPM in 2025
- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of the mandate
- There will be a medical savings of 2.5% of total costs or $0.04 PMPM for each new patient

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Section 2. Social Analysis

As requested in the RFP, this section addresses questions regarding the demand for this benefit, the extent to which it is currently available, and the extent to which individuals are avoiding necessary health care treatment.

About the Mandate

Under this mandate, behavioral health wellness visits are no longer subject to cost sharing. Although this mandate does not require coverage of additional benefits, it is likely that more members will receive behavioral health services as a result of this mandate. A behavioral health wellness visit typically includes[i]:

- An Assessment. A behavioral health assessment is similar to a medical assessment and generally includes gathering information on risk factors, comorbid conditions, and family history. The assessment is generally done in advance on paper or online. Ideally, the assessment relies on a valid, reliable survey instrument.
- Diagnosis and Treatment. Based on the assessment, a provider may diagnose the patient, provide some type of treatment, and/or refer the patient to another provider.
- Prevention and Health Promotion. The provider may share preventive information with the patient specific to their needs.
- Resources. The provider may also share information about resources available to the patient locally or through their insurance carrier.

The wellness visit may be conducted in person or online. In 2022 approximately 30% of all behavioral health services were conducted online.[ii] In part, this is because there is little or no physical examination during a behavioral health visit and simply because it is more convenient. A behavioral health wellness visit may be conducted by a primary care physician or a behavioral health specialist.

The Demand for Services

Currently, there is a demand and need for behavioral health services in general since there is a national behavioral health crisis in the United States. One of the benefits of a wellness visit is that the doctor or other clinician can diagnose the problem early and direct the patient to the appropriate care. An added benefit of a behavioral health wellness visit is that it removes some of the stigma associated with mental health treatment.[iii] So far, two states, Delaware, and Connecticut, have enacted similar mandates.[iv]

The Behavioral Health Crisis

Mental health disorders are one of the leading health-related problems on the planet. It is becoming a larger public health concern in the US as rates of anxiety, depression and suicide continue to rise. In 2001 suicide rates had leveled off at 10.7 deaths per 100,000 and this rate has been steadily increasing with the largest ever recorded increase between 2020 and 2021 when the suicide rate jumped up from 13.5 to 14.2 deaths per 100,000.[v]

There is a myriad of factors that seem to be impacting the mental health of Americans, including the pandemic. The COVID-19 pandemic not only had a disturbing effect on the health of millions of Americans but it also had a dramatic impact on our behavioral health. A study in the Lancet quantified the impact of the pandemic on behavioral health. Estimates indicate that globally the prevalence of anxiety increased 26% increase[v]. Factors such as social isolation, lockdowns, school closures, loss of livelihood, and decreases in economic activity all have substantially affected the mental health of the US population.

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Legislative and Regulatory Activity

There has been considerable legislative and regulatory activity regarding the behavioral health crisis in general, including some activity regarding behavioral health wellness visits.

At the federal level, at President Biden's direction, the Department of Health, and Human Services (HHS) has articulated a strategy known as the HHS Road Map to Behavioral Health Integration to address the mental health crisis. The key components of this strategy include developing a diverse workforce to practice in integrated settings, leveraging health financing arrangements to promote parity, and investing in health promotion efforts.[vi] In addition, the National Suicide Hotline Designation Act designated "988" as the new national three-digit number for the National Suicide Prevention Lifeline, making it easier for people in crisis to access help.[vii]

Locally, Maryland's 2021 – 2022 Behavioral Health Crisis System Workgroup made several recommendations relating to best practices, a mobile response system for children, and the implementation of the 988 suicide prevention hotline. Maryland also has a system of hotlines and walk-in urgent care centers to assist Marylanders.[viii]

Barriers to Better Care

The first step in addressing the behavioral health crisis is to identify the emotional, structural, and financial barriers to better health.

Emotional Barriers

A person with a behavioral health problem faces many barriers in their journey to better health, starting with emotional barriers. In some cases, the person may not recognize that they have a problem, which is the first step in the process. Others may recognize that they have a problem but are reluctant to receive care because of the stigma associated with receiving care. This is especially true of children and teenagers fearful of parental disapproval.

Financial Barriers

In 2020, 30% of adults aged 18 or older who had a behavioral health condition reported not receiving care because their insurance did not cover the services or did not pay enough for the service.[ix] Although the Mental Health and Addiction Equity Act of 2008 mandated equal coverage for mental health and other medical conditions, gaps still exist and are growing.

Such gaps may be partially due to insurance practices like arbitrary medical necessity rules, network inadequacy, and required step therapy. For example, individuals seeking care through an in-network primary care physician may have coverage denied because the plan has a mental health carve-out. Similarly, many behavioral health specialists, especially psychiatrists, refuse to join a network because the reimbursement is more favorable on an out-of-network basis. From a consumer perspective, which means the service may not be covered at all under in-network only plans or it may be covered at a higher cost-share on a plan that does cover the service on an out-of-network basis.

Provider Shortages

Nationally, 165 million Americans, roughly half the country, live in designated health professional shortage areas (HPSA). The Health Resources and Services Agency estimates that 8,326 more providers are needed, including approximately 4,500 facilities.[x]

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Current Extent of Coverage

A survey of five health insurance payers was conducted to assess industry concerns with a behavioral health wellness visit mandate without cost-sharing.

In the current marketplace, behavioral health wellness visits are generally covered and subject to cost-sharing. Sometimes a non-behavioral health primary care office visit includes a behavioral health screening which may lead to a referral to a behavioral health specialist. If a behavioral health wellness visit is recorded as preventive care, it may be covered without cost-sharing. The use of telehealth services for behavioral health is often covered the same as in-person visits. Additionally, some payers provide an online behavioral health self-assessment that is free for members.

For purposes of determining cost-sharing provisions, some payers regard behavioral health specialists as primary care providers other payers regard behavioral health providers as specialists. In general, some payers have a 'Preventive Coverage Policy' which encompasses behavioral health wellness visits. Some payers specifically delineate medical policy related to behavioral health wellness visits.

If behavioral health wellness visits without cost-sharing are mandated, a successful implementation would include clarification on provider billing code requirements/expectations and sufficient implementation time. Payer contracting and system updates to accommodate waiving cost-sharing require significant time and resources.

It is also important to consider that policy changes could create workforce capacity issues. Those in greatest need should be able to access care. As an alternative to a behavioral health wellness visit, some payers advocate the use of integrated care and trained primary care professionals who can perform a behavioral health wellness check during an annual physical wellness exam and refer patients as appropriate to a behavioral health specialist. An idea behind this advocacy is that it will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, there is concern that mandating a specific behavioral health wellness visit may exacerbate existing silos between primary care and behavioral health and behavioral health should be addressed as part of the standard wellness exam to promote overall health.

With a behavioral health wellness visit mandate, clarity is needed on the definition of a behavioral health wellness visit, as well as specifications on the scope of which providers can provide the annual behavioral health wellness exam as clear definition of codes/modifiers used to identify and distinguish these services from other office visits. Additionally, the ability to track the use of annual behavioral health wellness is viewed as important.

From a financial perspective, one payer believes incorporating behavioral health wellness checks into the standard annual physical wellness visit is more cost-effective. Some payers believe a single annual behavioral health visit limit and the use of telehealth align with medical preventive care to control and manage costs. Other payers generally believe this mandate will increase system costs and potentially divert attention of behavioral health professionals to patients with less acuity.

To minimize the potential for fraud, waste, and abuse with such a mandate, there should be checks in place to assure that only the appropriate number of wellness visits are conducted and/or cost-sharing is only waived for the appropriate number of visits. The potential for fraud, waste and abuse monitoring will also be dependent upon billing codes in use. One payer believes patients prone to misusing this type of service may exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.

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Section 3. Medical Analysis

As requested in the RFP, the medical analysis addresses the extent to which this mandate is accepted by the medical community and the extent to which this service is used by treating physicians. In this case, a distinction has to be made between the underlying service, the behavioral health wellness visit, and the mandate, eliminating cost-sharing. This section addresses just the medical benefits associated with the wellness visit. The next section discusses the implications of the mandate.

The Importance of Behavioral Health Wellness Visits

It is common in our society to prioritize our physical health over our mental health. The chasm between these two equally important components of our overall health is beginning to narrow. We are still overcoming some of the negative undertones associated with seeing a psychiatrist for mental health disorders which is one of many reasons we prioritize physical health diseases. Mount Sinai Medical Center, in its article Mental Health Check-up and its Importance[xi], says that "Early identification and treatment is especially helpful because later stages often trigger some kind of personal crisis, which then makes treatment much more involved [and expensive].[id]" Dr Enamorado (psychiatrist with Mount Sinai Medical Center) goes on to say that "having a mental health checkup is just as important, and should be conducted with the same regularity, as a physical checkup.[id]"

Clinical Guidelines

There is a myriad of clinical guidelines for behavioral health disorders, including those for autism, substance abuse, and eating disorders.[xii] The United States Preventive Services Task Force, however, only gives A or B recommendations to screenings for anxiety, depression, and substance abuse. An A or B rating means that the Task Force highly recommends the screening and there is a moderate to high net benefit to the patient. In Maryland, the definition of a preventive service includes most USPSTF A and B recommended services. To be clear, coverage of a screening does not necessarily mean that the related wellness visit is. That is a legal question.

Integrated Behavioral Health

In recent years, there have been several calls to move toward integrating behavioral health services with primary services and navigator resources to achieve a "whole person" approach to care. The emphasis on integrated behavioral health is driven in part by the fact that 70% of patients with a behavioral health disorder have a medical comorbidity and 30% of adults with a medical condition also have a behavioral health comorbidity. The American Hospital Association has listed[xiii] several potential benefits for integrated care, including improved patient outcomes, reduced total cost of care. increased access to behavioral health services, and enhanced patient satisfaction.

Although this mandate does not directly tie to the concept of integrated behavioral health, removing the cost-sharing would facilitate the process.

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Section 4. Financial Analysis

As requested in the RFP, this section provides an estimate of both the marginal cost and total cost of the mandate. The model and key assumptions underlying this analysis are shown in Appendix A. The model assumes that the bill is enacted in 2024 with an effective date of 1/1/2025.

Premium Impact

As shown in rows u. and v. of Table 2, if the legislation is passed, then the expected premium increase in 2025 will be $0.37 per member per month for a net premium increase of 0.05%. The primary driver of this result is the reduction in cost share, which is estimated to be $0.37 in 2025. Assuming a savings of 2.5% per new patient, the medical savings offset the increased cost share for new patients. A few other comments:

- The numbers above assume that the mandate will increase the utilization of mental health services by 2% per year. The increase in utilization will most likely be a combination of providers being more likely to recommend the visit and patients being more likely to comply.
- Because this is a cost-share mandate, it is unlikely that there will be any substitution of services.
- It is unlikely that employers and individuals will forego coverage because of a possible increase of this magnitude.

Cost to the State

According to federal law, states are required to defray the cost of state mandates not included in the state's essential benefits list. AHP cannot opine on whether or not this mandate requires a defrayal since that is a legal issue and not an actuarial issue. That said, one interpretation of this mandate is that behavioral health wellness visits are preventive visits since the USPSTF recommends screenings for certain conditions and those conditions would most likely be covered as part of any wellness visit. If the fact that the screening is preventive means that the behavioral health visits are preventive and should be covered without any cost-sharing.

If that is not the case, then AHP estimates that the cost to the state in 2025 would be $4.1 million assuming that the mandate applies to the current level of applicable members (922,361).

Administrative Costs

In order to implement this mandate, each payer will have to determine the appropriate algorithms for determining when the mandate applies and update their systems accordingly. This cost will vary by carrier.

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Section 5. Actuarial Considerations

This report has been prepared by Gregory G. Fann, FSA, FCA, MAAA, who is also the primary contact. The report has been peer-reviewed by:

- Erik D. Axene, MD, FACEP, M.Ed.
- Joan C. Barrett, FSA, MAAA
- Ryan Bilton, FSA, CERA, MAAA
- Tony Pistilli, FSA, CERA, MAAA, CPC

Except for our clinical expert, Dr. Axene, all members of the team members of the American Academy of Actuaries (MAAA) in good standing and are qualified to perform this work. This report was prepared in accordance with the following Standards of Practice as promulgated by the Actuarial Standards Board of the American Academy of Actuaries:

- Actuarial Standards of Practice No. 1, "Introductory Standard of Practice"
- Actuarial Standards of Practice No. 5, "Incurred Health and Disability Claims"
- Actuarial Standards of Practice No. 23, "Data Quality"
- Actuarial Standards of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages"
- Actuarial Standards of Practice No. 41, "Actuarial Communication"
- Actuarial Standards of Practice No. 56, "Modeling"

Although AHP has performed due diligence in researching the legal implications of this analysis, this report does not constitute a legal opinion and the reader should consult their own legal counsel about specific legal issues.

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Appendix A. Financial Analysis

The financial analysis was completed in two parts. The first part, shown in Table A.1, projects average future costs assuming the mandate does not pass. The second part, shown in Table A.2, projects costs assuming the mandate passes.

Table A.1 Mandate Does Not Pass

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Costs	$ 200	$ 210	$ 221	$ 232	$ 243	$ 255
f.		Cost Share	$ 30	$ 32	$ 33	$ 35	$ 36	$ 38
g.		Net Paid	$ 170	$ 179	$ 187	$ 197	$ 207	$ 217
h.	Patients Receiving Care	% Other Mental Illness	47.2%	47.2%	47.2%	47.2%	47.2%	47.2%
i.		% Serious Mental Illness	65.4%	65.4%	65.4%	65.4%	65.4%	65.4%
j.		Patients Receiving Wellness Visits	118	119	120	121	122	124
k.	Total Costs BH Wellness Visits	Allowed Costs	$ 23,525	$ 24,948	$ 26,458	$ 28,059	$ 29,756	$ 31,556
l.		Cost Share	$ 3,529	$ 3,742	$ 3,969	$ 4,209	$ 4,463	$ 4,733
m.		Net Paid	$ 19,996	$ 21,206	$ 22,489	$ 23,850	$ 25,293	$ 26,823
n.	Total Annual Costs Per 1,000 Members	Other Mental Illness	$ 7,000	$ 7,490	$ 8,014	$ 8,575	$ 9,176	$ 9,818
o.	(Excluding BH Wellness Visits)	Serious Mental Illness	$ 10,000	$ 10,700	$ 11,449	$ 12,250	$ 13,108	$ 14,026
p		No Mental Illness	$ 6,000	$ 6,420	$ 6,869	$ 7,350	$ 7,865	$ 8,415
q.		Total	$ 6,393,000	$ 6,844,715	$ 7,328,390	$ 7,846,288	$ 8,400,836	$ 8,994,630
r.	Total Annual Costs Per 1,000 Members (Including BH Wellness Visits)	Total	$ 6,412,996	$ 6,865,921	$ 7,350,879	$ 7,870,138	$ 8,426,128	$ 9,021,453
s.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
t.		Total Premium Per Member Per Month	$ 629	$ 673	$ 721	$ 772	$ 826	$ 884
u.	BH Wellness Visits Cost Share	% of Premium	0.06%	0.05%	0.05%	0.05%	0.05%	0.05%
v.		Per Member Per Month	$ 0.35	$ 0.37	$ 0.39	$ 0.41	$ 0.44	$ 0.46

The key assumptions used in this table include:

- Information about the distribution of members (rows a. – d. and rows h.-i.) is based on information from the National Institute of Mental Health[xiv]
- Information about the cost distribution (rows j. – k. and rows l. – o.) is based on AHP proprietary data
- Cost trends are assumed to be 5% across the board and total cost trends are assumed to be 7%

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Table A.2 The Mandate is Enacted

Key assumptions in the table include:

- There will be a 2% annual increase in the percentage of patients receiving treatment as a result of this mandate
- There will be medical savings of 2.5% of total costs for each new patient.

			Baseline	Projected Costs				
			2024	2025	2026	2027	2028	2029
a.	Distribution of Members	Other Mental Illness	173	175	176	178	180	182
b.		Serious Mental Illness	55	56	56	57	57	58
c.		No Mental Illness	772	770	767	765	763	760
d.		Total	1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
e.	Cost Per BH Wellness Visit	Allowed Charges	$ 200	$ 210	$ 221	$ 232	$ 243	$ 255
f.		Cost Share	$ 30	$ -	$ -	$ -	$ -	$ -
g.		Net Paid	$ 170	$ 210	$ 221	$ 232	$ 243	$ 255
h.	Patients Receiving Care	% Other Mental Illness	47.2%	48.1%	49.1%	50.1%	51.1%	52.1%
i.		% Serious Mental Illness	65.4%	66.7%	68.0%	69.4%	70.8%	72.2%
j.		Patients Receiving Wellness Visits	118	121	125	129	132	136
k.	Total Costs BH Wellness Visits	Allowed Charges	$ 23,525	$ 25,447	$ 27,527	$ 29,776	$ 32,209	$ 34,841
l.		Cost Share	$ 3,529	$ -	$ -	$ -	$ -	$ -
m.		Net Paid	$ 19,996	$ 25,447	$ 27,527	$ 29,776	$ 32,209	$ 34,841
n.	Medical Savings Per 1,000 Members	New Patients	-	2	5	7	10	13
o.		Savings Per Patient	$ -	$ (187)	$ (197)	$ (206)	$ (217)	$ (228)
p.		Total Savings	-	(445)	(953)	(1,531)	(2,187)	(2,929)
q.	Total Annual Costs Per 1,000 Members	Other Mental Illness	$ 7,000	$ 7,490	$ 8,014	$ 8,575	$ 9,176	$ 9,818
r.	(Excluding BH Wellness Visits)	Serious Mental Illness	$ 10,000	$ 10,700	$ 11,449	$ 12,250	$ 13,108	$ 14,026
s.		No Mental Illness	$ 6,000	$ 6,420	$ 6,869	$ 7,350	$ 7,865	$ 8,415
t.		Total	$ 6,393,000	$ 6,844,715	$ 7,328,390	$ 7,846,288	$ 8,400,836	$ 8,994,630
u.	Total Annual Costs Per 1,000 Members (Including BH Wellness Visits)	Total	$ 6,412,996	$ 6,869,718	$ 7,354,963	$ 7,874,533	$ 8,430,858	$ 9,026,542
v.	Premium Calculation	Loss Ratio	85%	85%	85%	85%	85%	85%
w.		Total Premium Per Member Per Mont	$ 629	$ 674	$ 721	$ 772	$ 827	$ 885
x.	Change Due to Legislation	% of Premium	0.0%	0.06%	0.06%	0.06%	0.06%	0.06%
y.		Premium Per Member Per Months	$ -	$ 0.37	$ 0.40	$ 0.43	$ 0.46	$ 0.50
z.	Defrayal Costs, If Applicable	Average Members	922,361	922,361	922,361	922,361	922,361	922,361
aa.		Total Defrayal Costs, If Applicable	$ -	$ 4,120,000	$ 4,432,000	$ 4,769,000	$ 5,132,000	$ 5,523,000

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Appendix B. Survey Language

MARYLAND HEALTH CARE COMMISSION
Procurement ID Number: MHCC 24-006
Carrier Name:
Contact Person Name:
Contact Person Email:

The purpose of this survey is to determine whether carriers provide coverage and reimburse an annual behavioral health wellness visit on the same basis and at the same rate as an annual wellness visit for somatic health.

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

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Appendix C. Survey Results Summary

MARYLAND HEALTH CARE COMMISSION
Procurement ID Number: MHCC 24-006
Carrier Name:
Contact Person Name:
Contact Person Email:

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Appendix D. Payer A Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

We standardly covers in-person behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

We standardly covers virtual (telehealth) behavioral health assessment and therapy services (i.e. 90791-90792, 90832-90837) and services are subject to cost-sharing, per terms of the plan.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Specialist.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

N/A

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Clarification on provider billing code requirements/expectations.

Sufficient implementation time, as contracting and system updates to accommodate cost-share waiving require significant time and resources.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

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Ensure checks are in place that only the appropriate number of wellness visits are conducted and/or cost-share is only waived for the appropriate number of visits. The potential for FWA monitoring will also be dependent upon billing codes in use – if recommended codes can be used for other services, FWA monitoring will be more complicated.

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Appendix E. Payer B Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

> We encourage primary care providers and pediatricians to do initial screenings for behavioral health and then refer, as needed, to a behavioral health specialist. Behavioral Health visits are covered, including Diagnostics, with cost-share.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

> Yes, see above.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

> Yes; it is free for members.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

> For Maryland insured products in 2024, our cost sharing aligns with the primary care providers.

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5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

See #1. BH services, including diagnostics are covered for member initiating contact with providers based on their perceived need for care. If diagnostic criteria has not been met for a mental disorder, we still reimburse the provider for services rendered.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

There should be consideration for the existing behavioral health (MH/SUD) workforce capacity issues to ensure those in greatest need are able to access care. We encourage the use of integrated care and believe primary care professionals (M.D., D.O., PA, NP etc.) who are trained in behavioral health to perform a behavioral health wellness check during an annual wellness exam (i.e., physical) and then refer, if needed, to a behavioral health specialist. This will ensure there are adequate resources for those needing more complex care instead of diverting the time of specialized behavioral health providers. Furthermore, mandating a behavioral health wellness visit exacerbates existing silos between primary care and behavioral health. Behavioral health should be addressed as part of the standard wellness exam to promote overall health.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

See #6. If behavioral health wellness visits are mandated, costs and utilization will increase across the board. Incorporating behavioral health wellness checks into the standard annual wellness will help to alleviate this issue and ensure timely access to care. Additionally, mandating visits will exacerbate existing provider shortages which could have the unintended consequences of increased wait times and individuals going out of network to receive care which will increase patient costs.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Mandating behavioral health wellness visits could potentially incentivize providers to increase their visit volume to perform this service. This will have negative downstream implications for health outcomes as providers will have reduced time to provide care and counsel to individuals with more complex behavioral health needs. This could lead to individuals receiving delayed care or forgoing care entirely which will likely result in increased costs to the health care system, particularly for individuals with comorbidities.

Appendix F. Payer C Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Covered as a typical office visit with cost-sharing.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes. Telehealth visits are currently covered with no cost share.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

No. All self-assessments are used by providers to assess clinical acuity and develop treatment plans, and monitor clinical progress.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Primary care providers.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

No

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Staffing, coding, billing. This type of service would be best accomplished by Employee Assistance Programs and/or by Behavioral Medicine Specialists.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Wellness visits are not performed by most network providers/practices so this mandate would create a significant increase in competition for appointments. These visits would be a strain on access for patients who have proactively reached out of mental health therapy. Access for urgent care, routine follow-up, and new evaluations have lengthened the time it takes to be able to adequately meet current demands. Adding this mandate will require developing a new appointment type, appropriate billing and coding system integrations, and increased staffing.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Adherence to measurement outcomes (PHQ-9/GAD-7/CSSRS) will be a challenge. Patients prone to misusing this type of service will falsely elevate or exaggerate their symptoms and receive priority for appointments in an already constrained appointment opportunity.

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HEALTH ACTUARIES & CONSULTANTS

Appendix G. Payer D Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes. Typically, these visits are billed by the provider using a standard office visit code and the applicable office visit cost share would apply.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, and Yes.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

Yes. No cost sharing is applied.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

It depends, cost sharing is determined consistent with federal MHPAEA requirements and can result in behavioral health services and providers being aligned to primary care or specialist depending on the terms of the plan.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

We are unaware of any specific medical/clinical policy related to behavioral health wellness visits but here is a link to our general medical policy relating to behavioral health.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be used by all types of providers who are in scope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

Key issues we have encountered in states which have implemented annual behavioral health wellness exam/visits mandates include: (1) specifications on the scope of which providers can provide the annual behavioral health wellness exam; (2) clear definition of codes/modifiers used to identify and distinguish these services from other office visits and can be sued by all types of providers who are ins cope to provide these services; and (3) ability to track the use of annual behavioral health wellness.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

No new major issues have been identified.

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Appendix H. Payer E Questions

1. Do you currently cover in-person behavioral health wellness visits? If so, are they treated as wellness visits (no cost-sharing) or a typical office visit with cost-sharing?

Yes, we cover in-person behavioral wellness visits. If visit is billed as preventive, it will pay at no cost share. If billed as diagnostic, it would pay according to the member benefit.

2. Do you currently cover virtual (telehealth) behavioral health wellness visits? If so, are they treated the same as in-person visits?

Yes, we cover virtual (telehealth) behavioral health wellness visits same as in-person.

3. Do you currently offer an online behavioral health self-assessment screening tool that does not involve a provider? If so, are there any financial incentives or cost sharing?

We currently offer depression and anxiety screenings on aetna.com regardless of membership. We have a number of buy-up programs where incentives for completing health and wellness assessments is dependent upon the incentive structure of the plan's program. Incentives can yield points or dollars, and completion can result in redemption of gift cards, HSA contributions, or premium deductions.

4. Are behavioral health providers treated as specialists or primary care providers for cost sharing purposes?

Behavioral health providers are treated as specialists for cost sharing purposes.

5. Do you have a specific medical policy relating to behavioral health wellness visits? If so, please describe the key components of the policy.

We have a Preventive Coverage Policy that encompasses behavioral health wellness visits. For plans that are covered under ACA we provide wellness visits as required by the following agencies according to preventive care guidelines:

- Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC)
- United States Preventive Services Task Force (USPSTF)
- Health Resources and Services Administration
- American Academy of Pediatrics/Bright Futures/Health Resources and Services -Administration guidelines for children and adolescents.

6. If behavioral health wellness visits are mandated, what are the issues needing to be addressed for successful implementation?

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Any issues would be dependent on how a state defines wellness visits and outlines requirements. Detailed diagnostic and procedure codes are recommended for clarity.

7. If behavioral health wellness visits are mandated, what are the major challenges, if any, to manage costs and utilization while providing appropriate access?

We recommend a single annual visit limit to align with medical preventive care to control and manage costs. We encourage telehealth to support member access to care.

8. If behavioral health wellness visits are mandated, what are the new major issues, if any, to minimize the potential for fraud, waste, and abuse?

Should new major issues arise if BH wellness visits are mandated, we have a dedicated department to monitor and address as needed.

Endnotes

[i] O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 The Behavioral Health Wellness Visit | SpringerLink

[ii] Choosing Or Losing In Behavioral Health: A Study Of Patients' Experiences Selecting Telehealth Versus In-Person Care | Health Affairs

[iii] O'Donohue, William, Zimmerman, Martha, Handbook of Evidence-Based Prevention of Behavioral Disorders in Integrated Care, Springer, 2021 The Behavioral Health Wellness Visit | SpringerLink

[iv] Health Costs, Coverage and Delivery State Legislation (ncsl.org)

[v] Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic - The Lancet

[vi] HHS Roadmap for Behavioral Health Integration | HHS.gov

[vii] untitled (congress.gov)

[viii] Behavioral Health Walk-In & Urgent Care Centers. Resource Guide 2023.9.6. (maryland.gov)

[ix] Exploring Barriers to Mental Health Care in the U.S. | Research and Action Institute (aamcresearchinstitute.org)

[x] Shortage Areas (hrsa.gov)

[xi] Mental Health Check-up and its importance - Mount Sinai Medical Center (msmc.com)

[xii] Behavioral Health Clinical Practice Guidelines 2020-2021 | Blue Cross and Blue Shield of New Mexico (bcbsnm.com)

[xiii] Integrating Physical and Behavioral Health: The Time is Now | AHA

[xiv] Products - Data Briefs - Number 419 - October 2021 (cdc.gov)

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