

Employer Checklist for Tele-behavioral Health (TBH)

This checklist will guide you in preparing to meet with your health plan, benefits consultants and/or vendors to discuss data requests.

Is behavioral health care fully integrated into total health and well-being?

Best practice: full integration with close coordination between medical and behavioral care to minimize overall costs. For some carriers, pharmacy management is also included.

Can you provide the combined cost for medical and behavioral health care at an individual employee and cohort level?

What is your tele-behavioral health (TBH) offering?

What is your reported time to get an appointment for the following?

a. Routine

b. Urgent

c. Inpatient

d. Emergency department referral

Are employees able to get an appointment in the timeframe that meets their needs even if not an emergency? What tools are utilized and how is this measured?

What metrics can you provide to show the effectiveness of treatment?

Best practice: ability to provide a comprehensive report of the intake condition of an employee, number of sessions and outcome condition.

What percentage of your members received mental health screening during annual exams?

What percentage of providers routinely screen for mental health, and other conditions (e.g., eating disorders and substance use disorders)? What are the validated screening tools used?

What is your pre-authorization or step therapy requirements for behavioral health medications?

Best practice: few or no pre-authorization requirements for behavioral health, especially for medications for addiction treatment. An AMA report explicitly states payers should remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of MAT for opioid use disorder.

What are your TBH no-show rates?

Best practice: providers have TBH no-show rates of less than 10% (as compared to in-office rates of 25%-40%).

Were MH/SUD providers reimbursed for the following modalities?

a. Audio-only

b. Video-only

Were the allowed amounts for the following modalities the same as allowed amounts for in-person office visits?

a. Audio-only

b. Video-only

How are you determining the effectiveness of care (and satisfaction) in various mental health settings (virtual, audio, and in-person)?

Do you provide best practices tip sheets and/or training for providers?

Is measurement-based care ongoing and monitored during treatment, whether for virtual, audio or in-person care?

What is the average time to first outpatient appointment for non-emergency care for the following levels of care?

a. Psychiatrist

b. Child/Adolescent Psychiatrist

c. Addiction Psychiatrist

d. Psychologist

e. Social Worker

f. Counselors (LPC/LMHC/NCC)

How do you promote/communicate mental health benefits to members?

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