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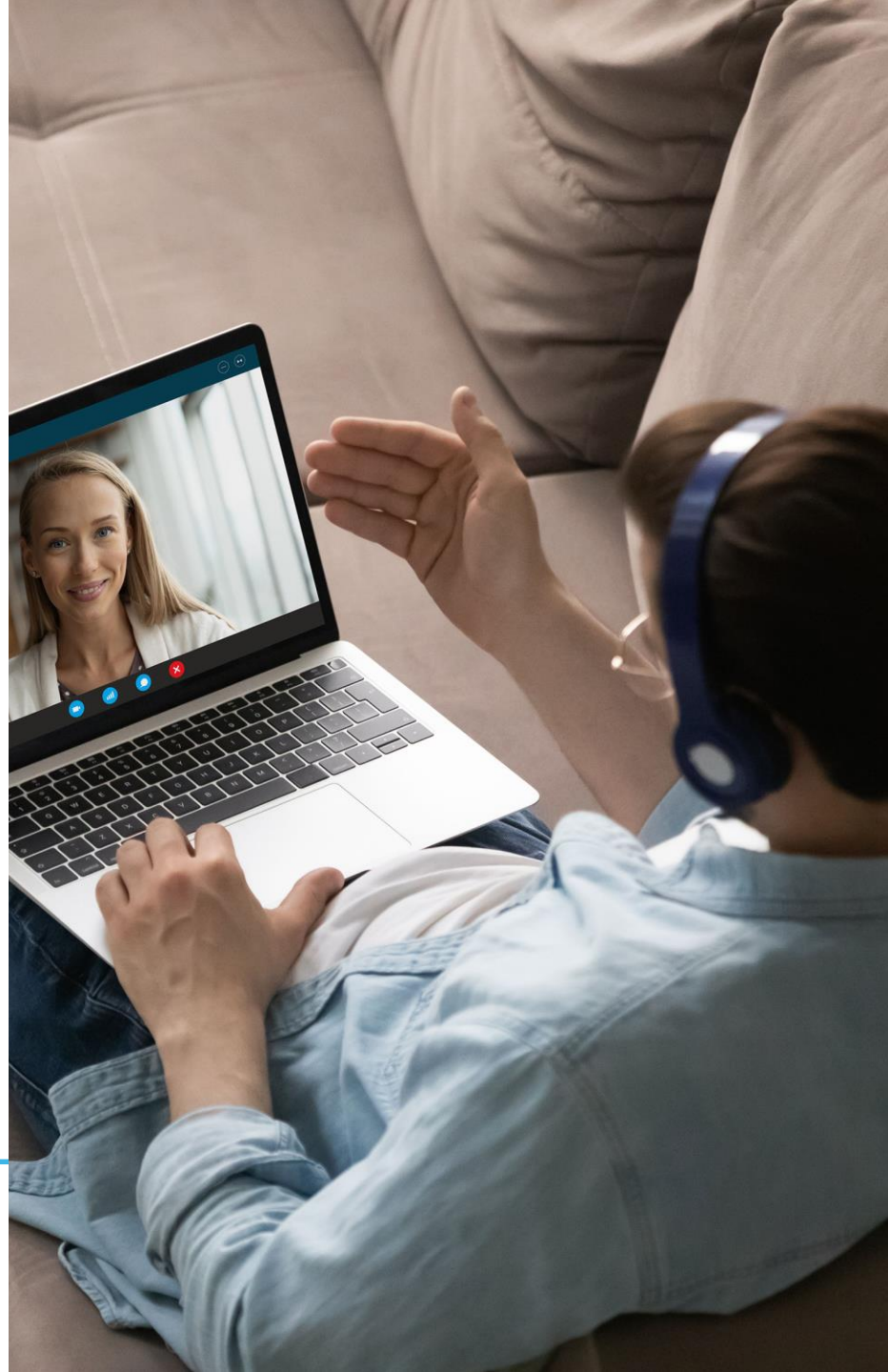
health options

2020 Employer Annual Report

UFCW Union and Participating Employers Health & Welfare Fund

Fern Schanback, LMHC, CASAC, JM
Account Executive

February 24, 2021



Abbreviations: Key

Commonly Used Abbreviations

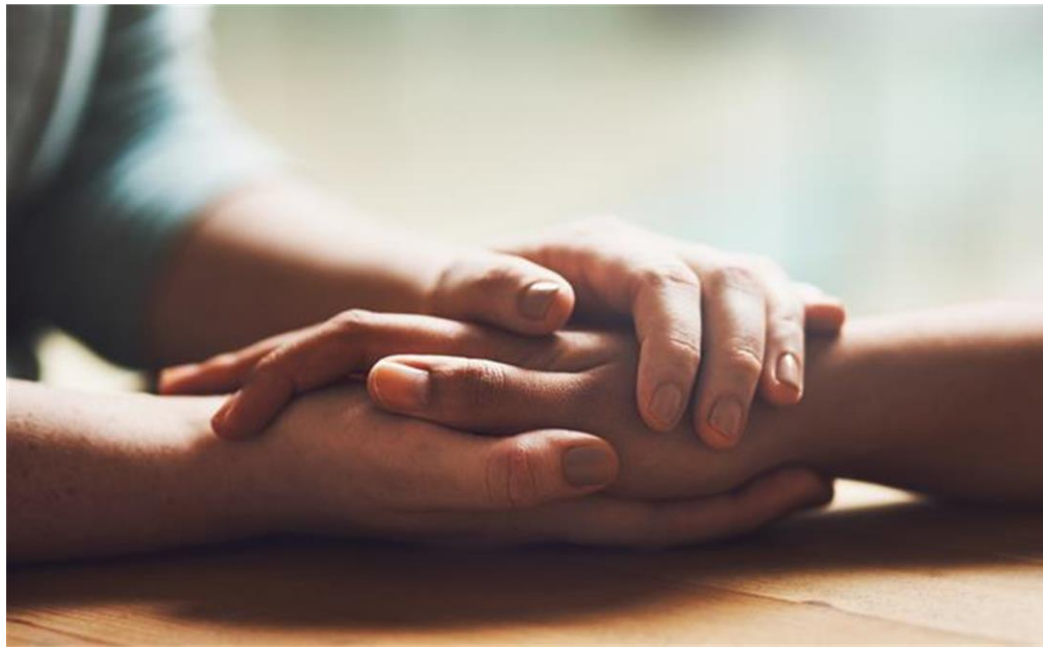
Abbreviation	Description
MHSUD	Mental Health Substance Use Disorder
ALOC/HLOC	Alternative/Higher Levels of Care (RTC, PHP, IOP)
IP	Inpatient (Acute)
RTC	Residential Treatment
PHP	Partial Hospitalization
IOP	Intensive Outpatient
OP	Outpatient
PMPM	Per Member per Month
INN	In-Network Providers
OON	Out of Network Providers
BOB	Beacon Book of Business Median
Trend	% Change
Recidivism	Hospital Re-admissions
ABA	Applied Behavioral Analysis (Autism)

Chapter

01

Responding to the COVID-19 pandemic

Anticipating and responding to member needs



The COVID-19 pandemic turned the world upside down

Beacon moved quickly to understand client needs – and develop solutions for work and life.

Beacon's strategic plan focused on 4 main areas:

- Anticipating and responding to member needs
- Expanding access to services with virtual health and provider support
- Delivering tailored solutions
- Addressing trends to reimagine the future

COVID response: Employee Assistance Program

3x

Americans report being depressed 3x more than they were before the pandemic[1]

To address member needs, Beacon created a range of COVID-19 resources, including:

- Expanded in-the-moment support for members in emotional anguish through Beacon's clinical referral line with EAP risk-related cases doubling, including crisis interventions
- Accelerated follow-up outreach after hospitalization for at-risk members to ensure they were connected to services, including community-based services
- Dedicated COVID-related web content that drove 185,000+ views
- 20 client webinars addressing the impact of the pandemic, political unrest, and social unrest on mental health
- Monthly provider webinar training attended by more than 5,000 Beacon providers

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1 Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic, JAMA Network Open, September 2020.

Chapter

02

Responding to the COVID-19 pandemic

Expanding access to services with virtual health and provider support

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COVID response: Telehealth expansion

54%

members without current outpatient treatment who were connected to telehealth

81x higher use of telehealth services in 2020 vs. 2019

29% of telehealth users in 2020 are new users of behavioral health services

Beacon quickly expanded telehealth services and helped providers meet increased demand.

- Fast-tracked Beacon EAP Wellbeing Digital platform to expand access
- Covered telehealth services, including phone and video therapy
- Complied with regulatory direction on utilizing safe technologies that protect patient confidentiality and security platforms to deliver telehealth services
- Worked with employer partners to enhance their current benefit to include telehealth services

Providers adapted quickly

81%

of behavioral health providers surveyed in September 2020 began using telehealth for the first time due to COVID-19

98%

of outpatient providers plan to continue to offer telehealth services post-pandemic

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Chapter

03

Responding to the COVID-19 pandemic

Delivering tailored solutions

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Top reasons members accessed the EAP

Marital / relationship

Anxiety

Stress

Depression

Situational / adjustment concern

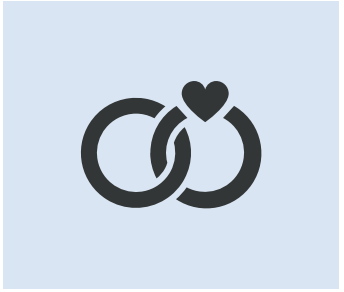
Family

Legal and financial referrals

LEGAL

Domestic relations

Estate planning



Civil

Real estate

Landlord/Tenant

Probate

FINANCIAL

Tax issues

Debt coach

Retirement planning

Hardship

Spending plan

Mortgage

Top 2020 Work/Life balance trends

General health and wellness resources

Housing

Social services

Career

Day care centers

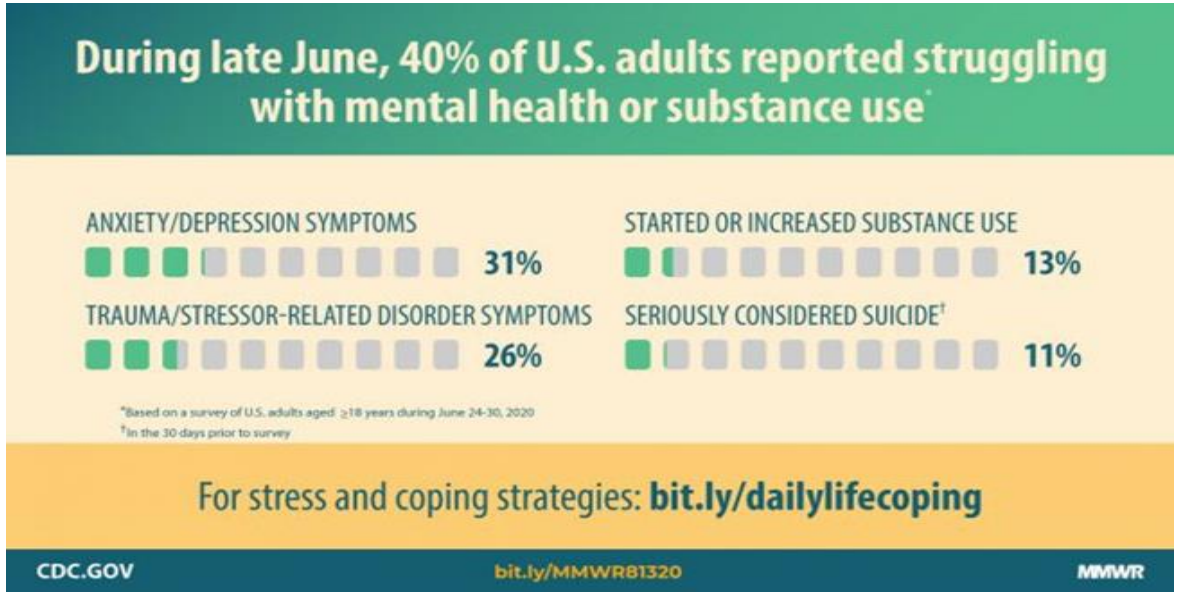
Childcare resources

Chapter

04

Responding to the COVID-19 pandemic

Addressing trends to reimagine the future



Reimagining the future

Beacon anticipates additional shifts in key behavioral health trends as a result of COVID-19 and ongoing social justice movements.

4 anticipated changes

- Behavioral health needs will increase
- Substance use disorder diagnoses will increase
- Suicide rates will increase
- Telehealth use will continue to be normalized by society

Behavioral health needs will increase

1 in 3 individuals could have behavioral health needs in 2021 compared to 1 in 5 pre-pandemic[2]

50% behavioral health need prevalence could experience a 50% increase after the COVID-19 pandemic[3]

52% of adults report being more open about mental health due to COVID-19[4]

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2 Returning to resilience: The impact of COVID-19 on mental health and substance use, McKinsey & Company, 2020.
3 Understanding the hidden costs of COVID-19's potential impact on US healthcare, McKinsey & Company, 2020.
4 New Survey Finds Most Americans Want Suicide Prevention to Be a National Priority, Suicide Prevention Resource Center, 2020.

Substance use disorder diagnoses will increase

55% of respondents report an increase in past-month alcohol consumption (18% reporting a significant increase)[5]

36% report an increase in illicit drug use[5]

18% increase in overdoses (March – May 2020)[6]

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5 Drug and Alcohol Use Increase During COVID-19, The Recovery Village, December 2020.
6 COVID-19 Impact on US National Overdose Crisis, Odmap Overdose Detection Mapping Application Program, 2020.

Suicide rates will increase

Based on growing behavioral health needs and past suicide data following the Spanish Flu of 1918 and SARS in 2003, we can expect an uptick in deaths by suicide.

SUICIDE RATES

1.6% increase in the suicide rate for every percentage point increase in unemployment[7]

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7 Economic Recession, Alcohol, and Suicide Rates: Comparative Effects of Poverty, Foreclosure, and Job Loss, National Institutes of Health, 2018.

Telehealth use will continue to be normalized by society

Research supports the effectiveness and acceptance of telehealth by members and providers.

TELEHEALTH USE

98% of Beacon outpatient providers plan on continuing telehealth

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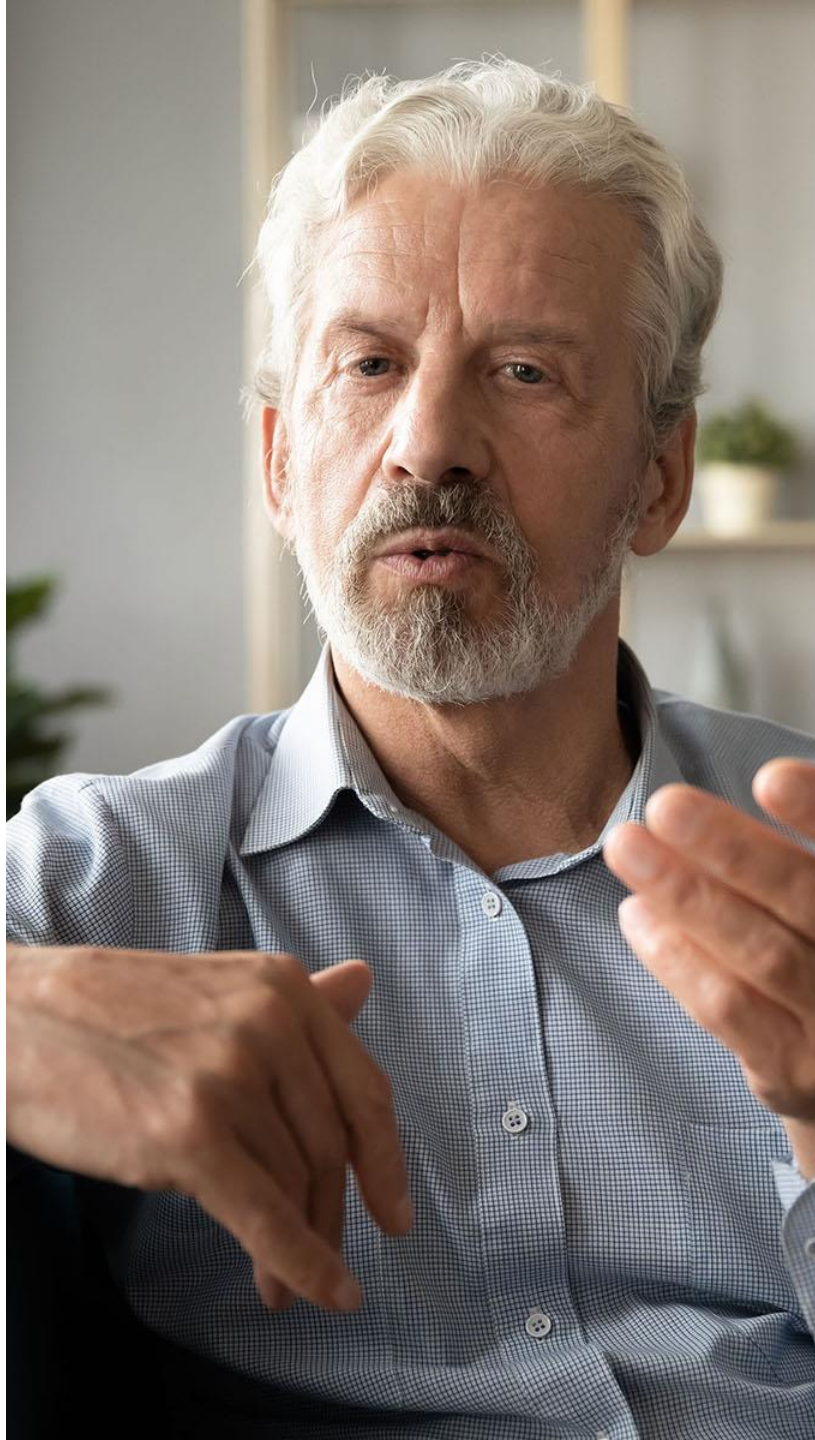

Chapter

05

Executive Summary 2020

UFCW Services with Beacon-2020

Current Services

MENTAL HEALTH & SUBSTANCE DISORDER TREATMENT
AUTHORIZATION OF MEDICAL NECESSITY FOR ALL SERVICES
TELEHEALTH/TELEPSCYHIATRY
ACCOUNT MANAGEMENT
ENCHANGED REPORTING/CUSTOMIZATION
NETWORK MANAGEMENT/PROVIDER RELATIONS
INTENSIVE CASE MANAGEMENT
EMPLOYEE ASSISTANCE PROGRAM (EAP)
24 HOUR CLINICAL REFERRAL LINE
CLAIMS PROCESSING

UFCW's Key Metrics Summary-2020

76 percent of all claims were paid applying the In-Network benefit

40% Of total spend cost is associated with High Cost Claimants– this percentage **DECREASED by 23%** from 2019 where HCC's were responsible for 52% of total spend

In 2020, there was a 23% Increase of EAP services; annualized utilization was 0.60% in 2019 compared to 0.74% in 2020

79% of the total claims paid were related to IP & ALOC; **decrease of 38%** from 2019

PMPM in 2020 was $2.75 which is a decrease of **25%** from 2019--PMPM was $4.21

Overall claims paid **decreased by 70%**

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Key Program Data Driving Claims -2020 v 2019

UFCW-For the period 1/1/2019 through 12/31/2020			
	Rolling 12 Months		
	2020	2019	Trend
Average Membership	2,284	2,911	-21.54%
Total Claims Paid	$75,312.00	$253,938.00	-70.34%
PMPM	$2.75	$7.27	-62.17%
INN PMPM	$2.10	$5.08	-58.66%
OON PMPM	$0.65	$2.19	-70.32%
Total Claims Paid IP & ALOC	$54,532.00	$199,815.00	-72.71%
Total Admissions IP	6	13	-53.85%
Days	31	124	-75.00%
Amits/1000 Lives	2.63	4.47	-41.16%
Days/1000 Lives	13.57	42.67	-68.20%
Average Cost Per Unit	$1,009.26	$1,416.29	-28.74%
Average Length of Certification	5.17	9.55	-45.86%
Total Claims Paid OP	$20,780.00	$54,123.00	-61.61%
PMPM	$0.76	$1.55	-50.97%
INN PMPM	$0.48	$0.57	-15.79%
OON PMPM	$0.28	$0.98	-71.43%
Total # of Visits	367	680	-46.03%
Visits/1000 Lives	6.78	8.95	-24.25%
Avg. # of Visits	115.59	233.62	-50.52%
Average Cost Per Unit	$56.62	$79.59	-28.86%
High-Cost Claimants			
# of HCC's	1	3	-66.67%
Paid Claims	$29,957.00	$132,578.00	-77.40%
# of Non-HCC's	56	78	-28.21%
Paid Claims	$45,355.00	$121,360.00	-62.63%

- Overall claims decreased by 70%
- Membership decreased 21%
- IP & ALOC claims decrease by 73%
- OP claims decreased by 62%
- HCC costs decreased by 67%

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Behavioral Health Access -2020

Distinct Count by* Beneficiary Type	EAP Distinct Cases	MH/SUD IP & ALOC* Benefit	MH/SUD Outpatient * Benefit
Employee (1,399)	4	4	26
Spousal Partner (374)	0	0	9
Dependent (512)	2	2	19
Plan Enrollment (Eligibility)	814	2,284	2,284
Annualized Utilization Admits/Visits	6 cases 0.74%	6 Admissions 2.63 admits/1,000	366 visits 160.25 visits/1000 6.78 Avg. # of Visits
Beacon BOB Mean	3.32%	6.15 admits/1,000	362.75 visits/1000 45.33 Avg. # of Visits

- **IP & ALOC :** There were 6 total admissions (4 MH/2 SUD) compared to 13 admissions for 2019 (4MH/9 SUD); representing a 54% decrease from 2019. While MH admissions remained the same, SUD admissions decreased by 55%
- **OP:** 366 visits which is a 46% decrease from 2019 that had 680 visits
- **EAP :** utilization increased by 27% from 2019 where annualized utilization was 0.60%. Eligible employees decreased by 19% from 2019 that had 1,001 members

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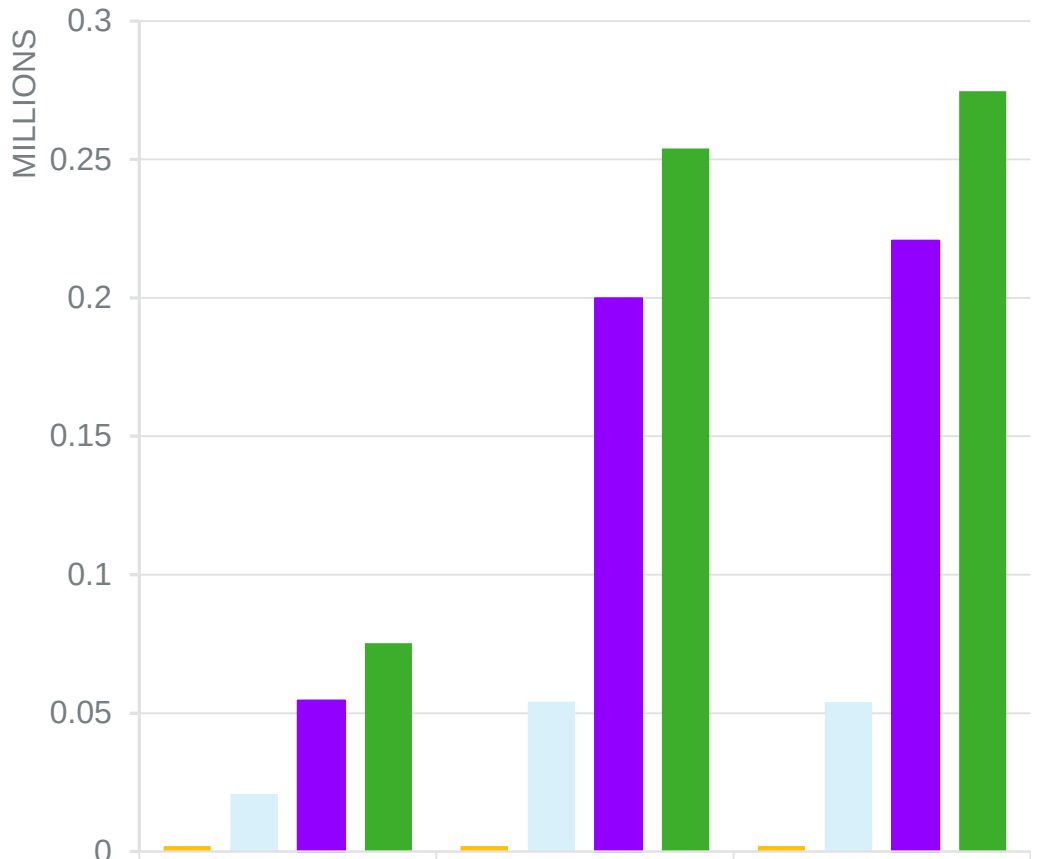
* *Unduplicated members accessing care*

Behavioral Health Cost Trends-2020

- **IP & ALOC** costs have steadily declined since 2018, with a **75%** decrease from total claims paid in 2020, and a 72% decrease from 2019
- **OUTPATIENT** claims paid decreased by 61% from 2018 and 62% from 2019
- 72% of claims paid were for IP & ALOC
- Mature health plans strive for 45% IP & 55% OP, recommendation to promote EAP to drive down utilization of MHSUD benefits
- Total membership has also decreased yearly, with a 21% decrease from 2019



	2020	2019	2018
Outpatient	$20,780	$54,123	$54,035
Inpatient & ALOC	$54,532	$199,815	$220,662
Total Dollars	$75,312	$253,938	$274,697

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Chapter

06

MHSUD-Utilization Summary-2020 v 2019

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Total Paid Claims by Level of Care-2020 v 2019

Level of Care	2020	2019	Trend
INN-IP	$40,256	$108,699	-63%
ONN-IP	$10,217	$21,600	-53%
INN-RTC	$0	$35,401	-100%
OON- RTC	$0	$0	0%
INN-PHP	$4,069	$6,359	-36%
OON-PHP	$0	$0	-100%
INN-IOP	$0	$7,104	-100%
ONN-IOP	$0	$20,652	-100%
INN-OP	$13,157	$19,744	-33%
OON-OP	$7,623	$34,379	-78%

Network Savings: $ 52,689
Billed Amount: $ 122,833
Allowed Amount: $ 70,783

2020: $75,312 total claims paid with 427 units of service (300 MH/127 SUD)

2019: $253,938 total claims paid with 919 units of service (632 MH/287 SUD)

There was a large decrease in claims paid for all levels of care

Total Paid Claims	$75,312.00	$253,938.00	-70.34%
Overall PMPM	$2.75	$7.27	-62.17%
INN PMPM	$2.10	$5.08	-58.66%
ONN PMPM	$0.65	$2.19	-70.32%

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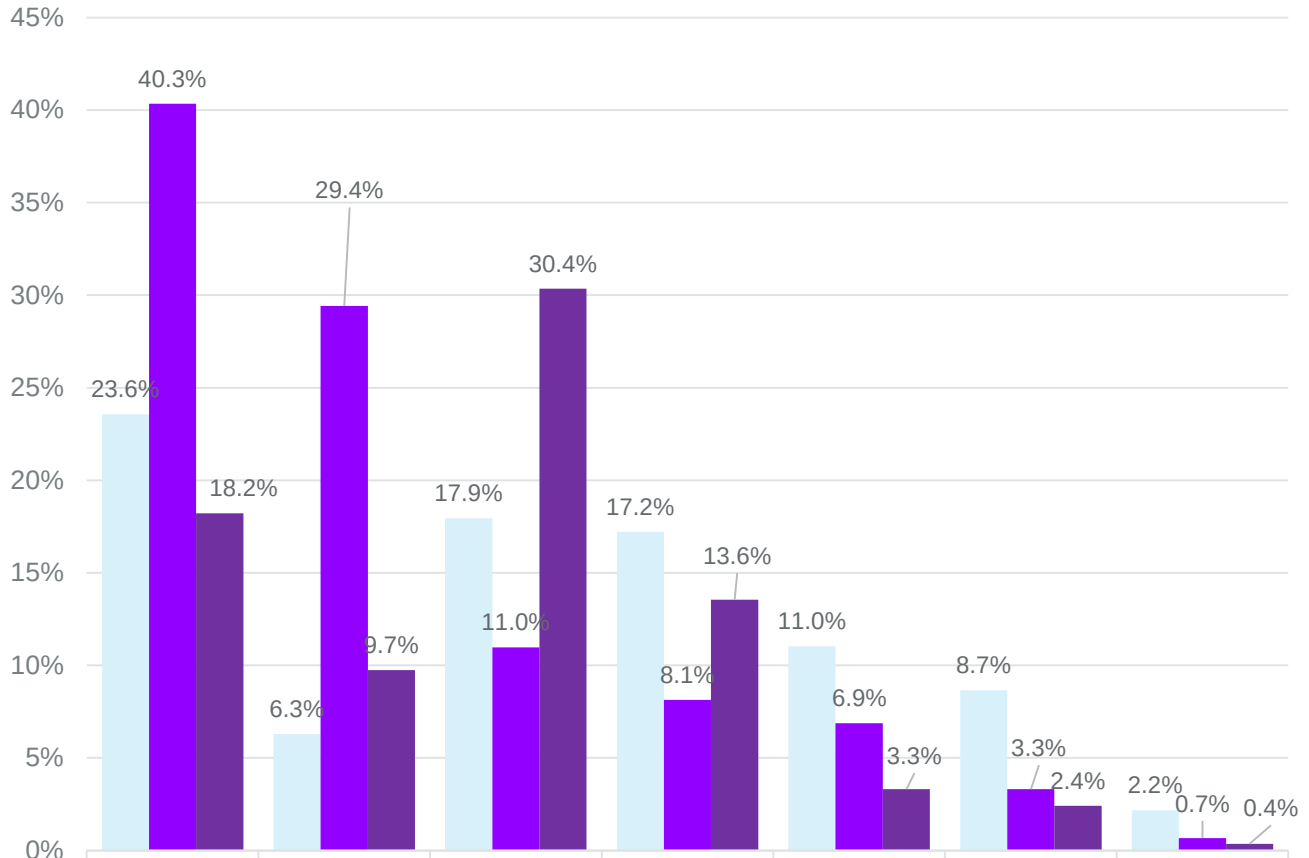
*In-Network Claims Only **Network Savings calculated prior to application of benefits

Claims Paid by Clinical Category-2020 v 2019

- Alcohol Related disorders were the primary condition for which plan participants sought Behavioral Health Treatment in 2020; which was 55% higher than 2019 and 93% higher than Beacon's Book of Business
- In 2019,Depressive Disorders was the primary reason for participants seeking care
- The second category participants sought treatment for was Depressive disorders which increased by 12% from 2019, followed by Substance Use Related Disorders which also increased from 2019
- There was a slight increase in Anxiety Disorders, with a decrease in Bipolar Disorders, Trauma & Stress Disorders, and Schizophrenia Spectrum Disorders
- The increase in these categories were likely due to the impact of COVID



	Depressive Disorders	Bipolar Disorders	Substance Use Related Disorders	Alcohol-Related Disorders	Trauma & Stress Disorders	Anxiety Disorders	Neurodevelopmental Disorders (except ASD)
Beacon Book of Business	23.6%	6.3%	17.9%	17.2%	11.0%	8.7%	2.2%
2020	40.3%	29.4%	11.0%	8.1%	6.9%	3.3%	0.7%
2019	18.2%	9.7%	30.4%	13.6%	3.3%	2.4%	0.4%

UFCW IP & ALOC Utilization Data-2020 v 2019

For the period 1/1/2019 through 12/31/2020			
	Rolling 12 Months		
	2020	2019	Trend
IP Total Paid	$50,463.00	$130,299.00	-61.27%
Average Cost Per Unit	$1,009.26	$1,416.29	-28.74%
PMPM	$1.84	$3.73	-50.67%
In-Network Paid	$40,256.00	$108,699.00	-62.97%
Average Cost Per Unit	$936.18	$1,263.94	-25.93%
PMPM	$1.47	$3.11	-52.73%
Out-of-Network Paid	$10,207.00	$21,600.00	-52.75%
Average Cost Per Unit	$1,458.17	$3,600.00	-59.50%
PMPM	$0.37	$0.62	-40.32%
Residential Total Paid	$0.00	$35,401.00	-100.00%
Average Cost Per Unit	$0.00	$478.39	-100.00%
PMPM	$0.00	$1.01	-100.00%
In-Network Paid	$0.00	$35,401.00	-100.00%
Average Cost Per Unit	$0.00	$478.39	-100.00%
PMPM	$0.00	$1.01	-100.00%
Out-of-Network Paid	$0.00	$0.00	0.00%
Average Cost Per Unit	$0.00	$0.00	0.00%
PMPM	$0.00	$0.00	0.00%
PHP Total Paid	$4,069.00	$6,359.00	-36.01%
Average Cost Per Unit	$406.88	$578.13	-29.62%
PMPM	$0.15	$0.18	-16.67%
In-Network Paid	$4,069.00	$6,359.00	-36.01%
Average Cost Per Unit	$406.88	$578.13	-29.62%
PMPM	$0.15	$0.18	-16.67%
Out-of-Network Paid	$0.00	$0.00	0.00%
Average Cost Per Unit	$0.00	$0.00	0.00%
PMPM	$0.00	$0.00	0.00%
IOP Total Paid	$0.00	$27,756.00	-100.00%
Average Cost Per Unit	$0.00	$447.67	-100.00%
PMPM	$0.00	$0.79	-100.00%
In-Network Paid	$0.00	$7,104.00	-100.00%
Average Cost Per Unit	$0.00	$186.95	-100.00%
PMPM	$0.00	$0.20	-100.00%
Out-of-Network Paid	$0.00	$20,652.00	-100.00%
Average Cost Per Unit	$0.00	$860.48	-100.00%
PMPM	$0.00	$0.59	-100.00%

Utilization Summary Table-IP & HLOC-2020 v 2019

Utilization Statistics

Utilization Statistics	2020	2019	% Change
Acute Care + HLOC Admits/1000	**2.63**	*4.47*	-41%
Avg. Length of Acute Care + HLOC Stay	**5.17**	*9.55*	-46%
Acute Care + HLOC Days/1000	**13.57**	*42.67*	-68%
IP & ALOC Penetration	**0.34%**	*0.34%*	*0%*

Penetration by Beneficiary Type*:

Employee: 0.29% (0.23 in 2019)
Dependent: 0.59% (0.21% in 2019)
Spouse: 0.00% (0.21% in 2019)

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** based on claims paid*

IP & ALOC Authorized Units-2020 v 2019

	Acute Inpatient	Residential Treatment Program	Partial Hospitalization	Intensive Out Patient	TOTAL
2020 MH	26	0	10	0	36
2019 MH	76	0	7	0	83
2020 SUD	24	74	0	0	98
2019 SUD	10	0	4	38	52

Acute Inpatient had a **192% Decrease** for mental health and a **140% Increase** for substance abuse authorized units

Residential Treatment decreased 0% for mental health and **a 7400% Increase** for substance abuse authorized units

Partial Hospitalization Increase of 43% for mental health and **100% decrease** for substance abuse authorized units

Intensive Outpatient remained the same for mental health and **decreased 100%** for substance abuse authorized units

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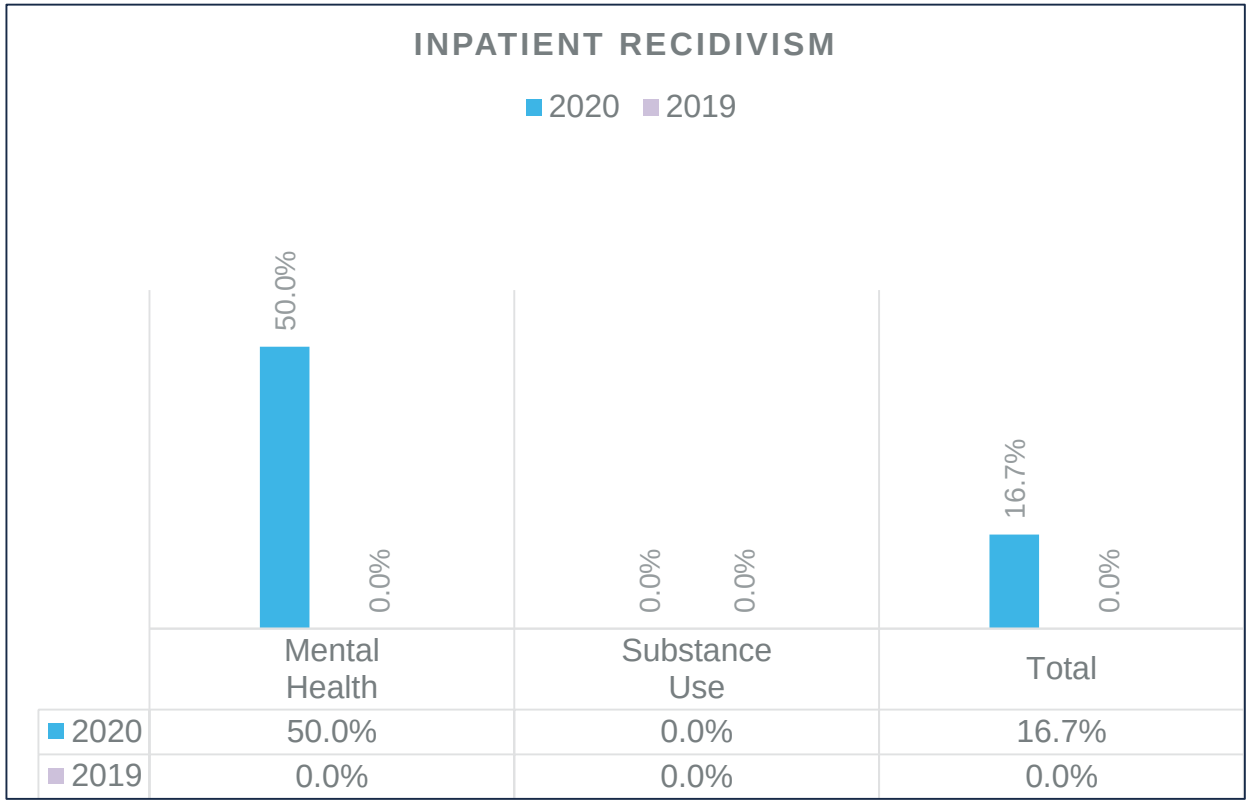
Inpatient Recidivism -2020 v 2019

- There were 6 admissions with 1 readmission within 365 days for MH, compared to 2019 where there were no re-admissions within 365 days, but there were 9 hospitalizations



UFCW Outpatient Utilization Claims-2020 v 2019

OP Total Paid	$20,780.00	$54,123.00	-61.61%
Average Cost Per Unit	$56.62	$79.59	-28.86%
PMPM	$0.76	$1.55	-50.97%
In-Network Paid	$13,157.00	$19,744.00	-33.36%
Average Cost Per Unit	$44.60	$42.74	4.35%
PMPM	$0.48	$0.57	-15.79%
Out-of-Network Paid	$7,623.00	$34,379.00	-77.83%
Average Cost Per Unit	$105.87	$157.70	-32.87%
PMPM	$0.28	$0.98	-71.43%

Utilization Summary: Outpatient -2020 v 2019

Utilization Statistics

Utilization Statistics	2020	2019	% Change
Outpatient Visits	**366**	*680*	-46%
Members Seen	**54**	*76*	-29%
Visits/1000	**160.25**	*233.62*	-31%
Avg. # of Visits	**6.78**	*8.95*	-24.24%
Outpatient Penetration	**2.36%**	*2.61%*	*-9.5%*

Penetration by Beneficiary Type:

Employee: 2.29% (1.72% in 2019)
Dependent: 3.23% (4.15% in 2019)
Spouse: 2.47% (3.64% in 2019)

The overall penetration rate decreased from 2019

Chapter 07

Your Life Resources

Employee Assistance Program

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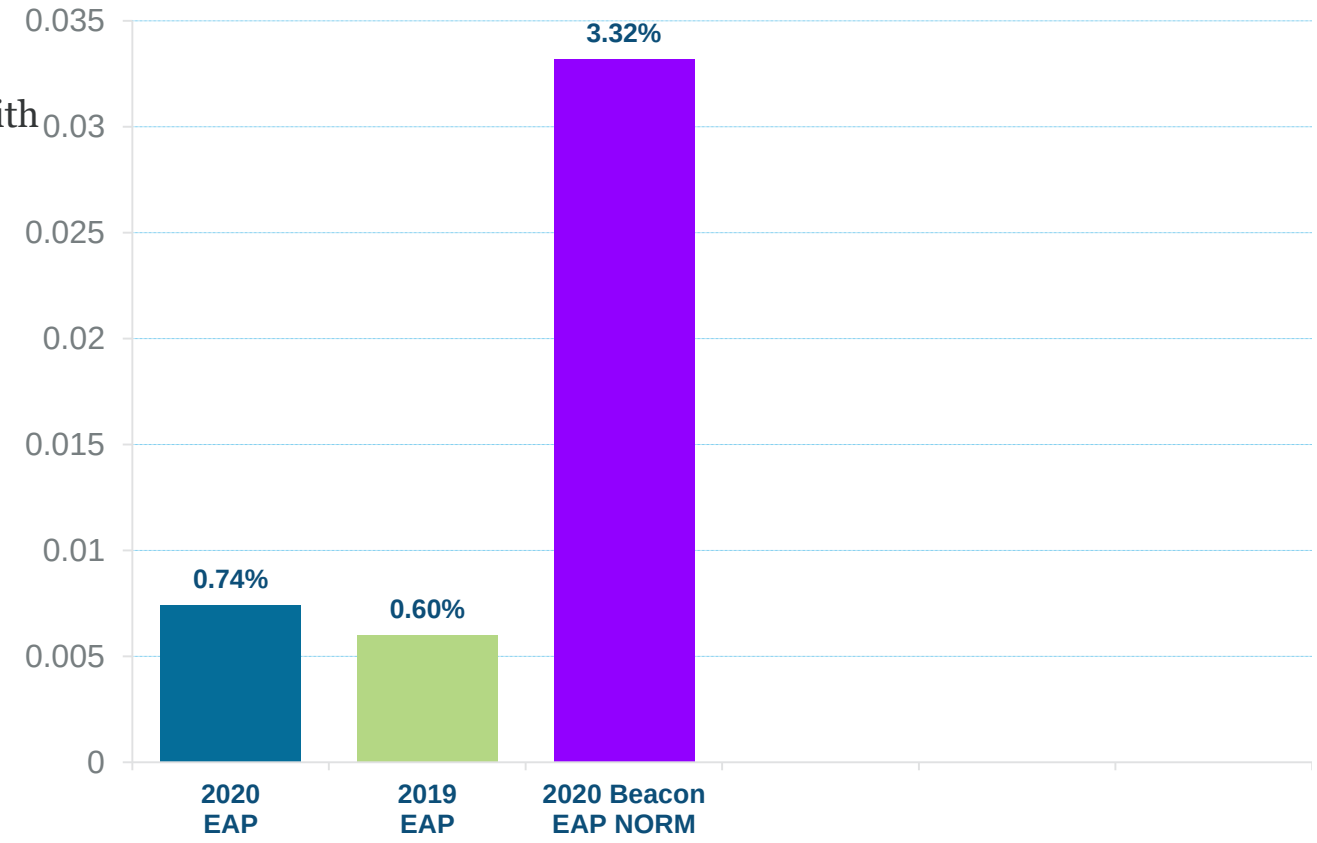
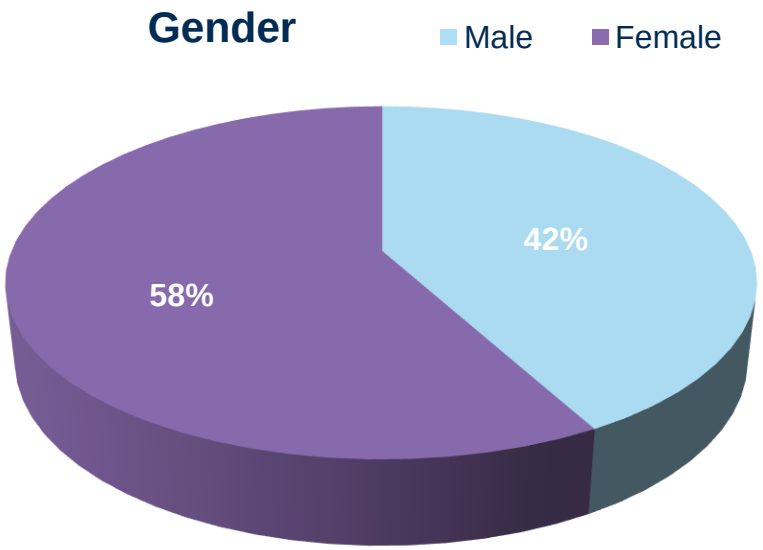
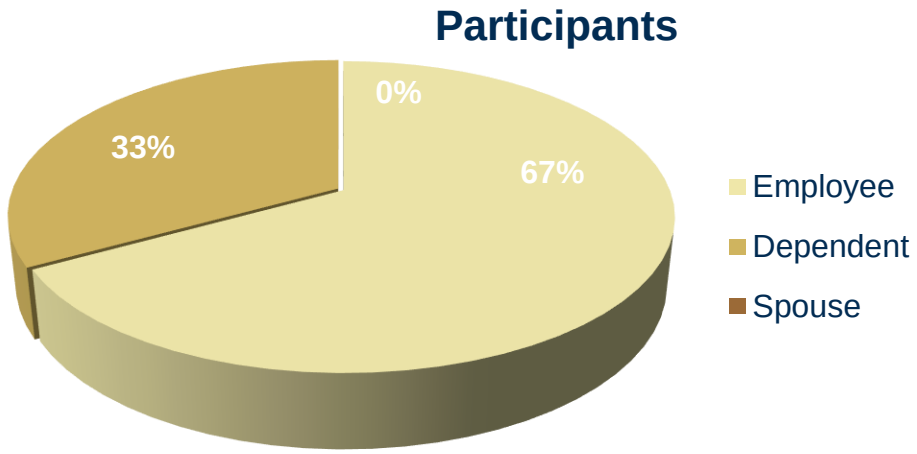
EAP Accessing Benefits Comparison-2020 v 2019

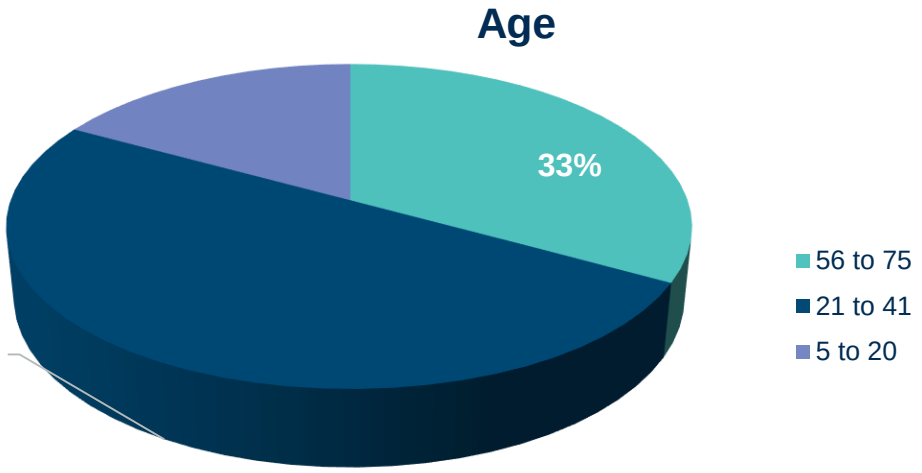
- EAP access increased by 23% with an annual utilization rate of 0.74% from 0.60%, which is lower than Beacon's Book of Business (BOB) of 3.32%
- The distinct EAP cases remained the same from 2019 with a total of six cases All of the EAP cases were received by telephone
- six (6) new members in 2020 compared to 2019 where there were five new members and one (1) returning member, which represents a 16.6% decrease in new members
- 83% percent of the cases were resolved within EAP
- 83% were self-referred and 17% were referred by a treatment provider



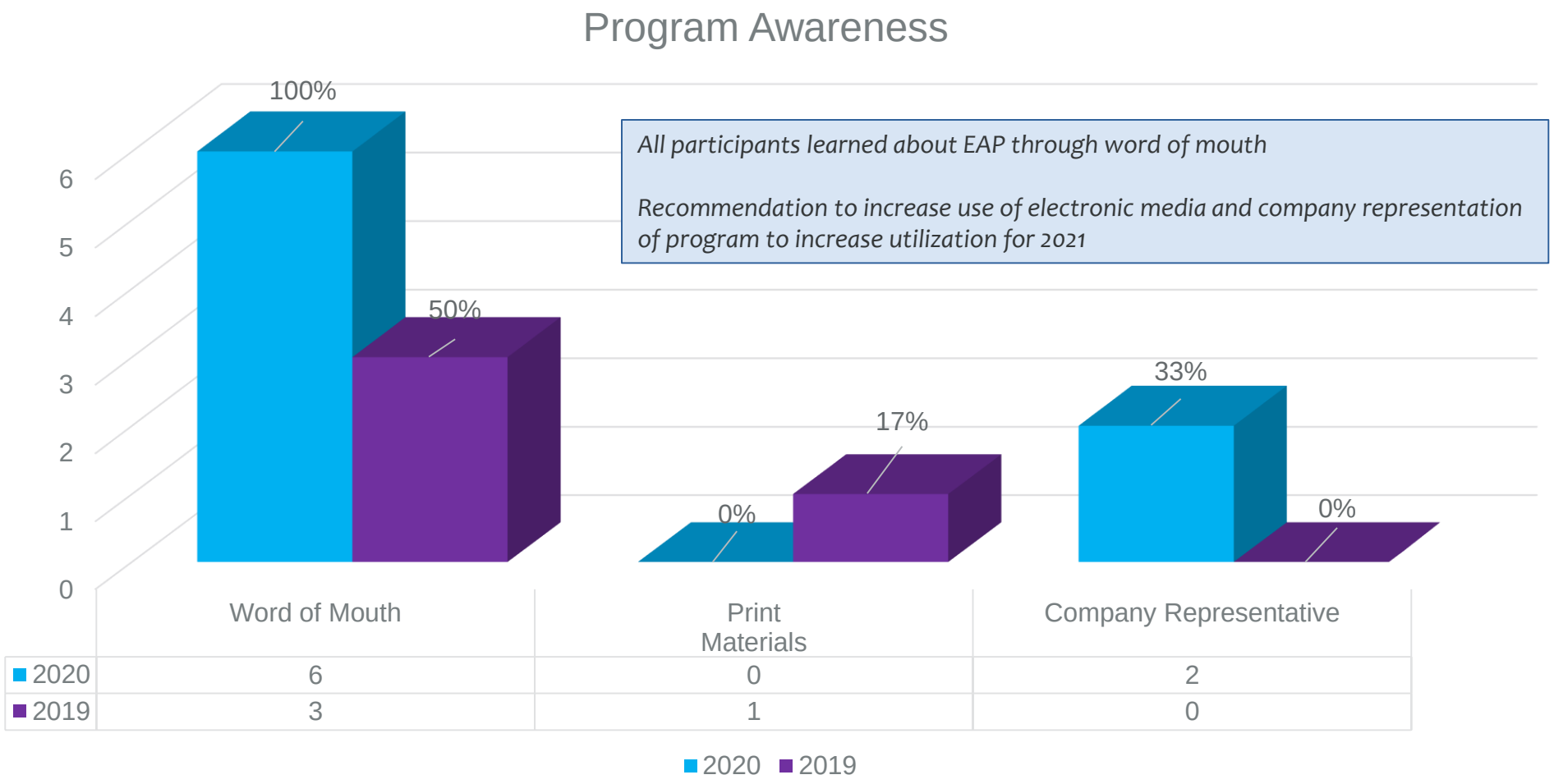
Demographics - 2020







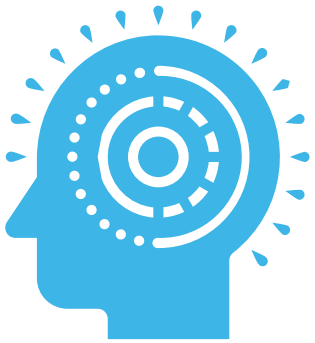
How People Learned about EAP- 2020



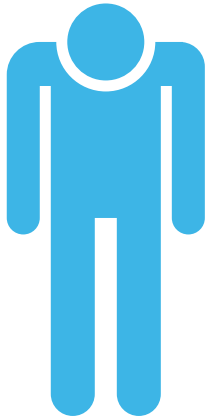
All participants learned about EAP through word of mouth

Recommendation to increase use of electronic media and company representation of program to increase utilization for 2021

Top presenting problems -reasons associates access the EAP

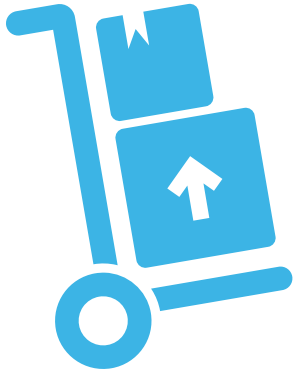


Anxiety



Depression

Marital/Relational

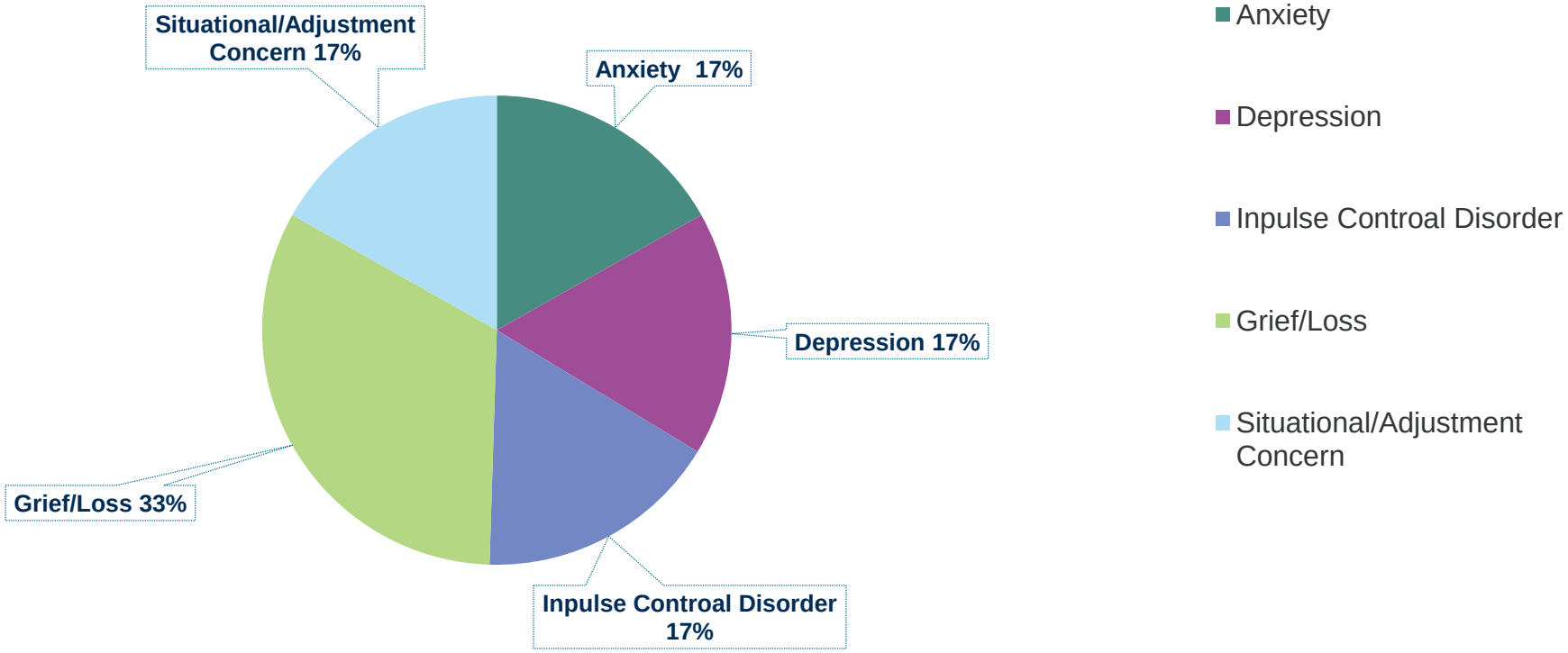


Stress and Situational/ Adjustment concern

Family

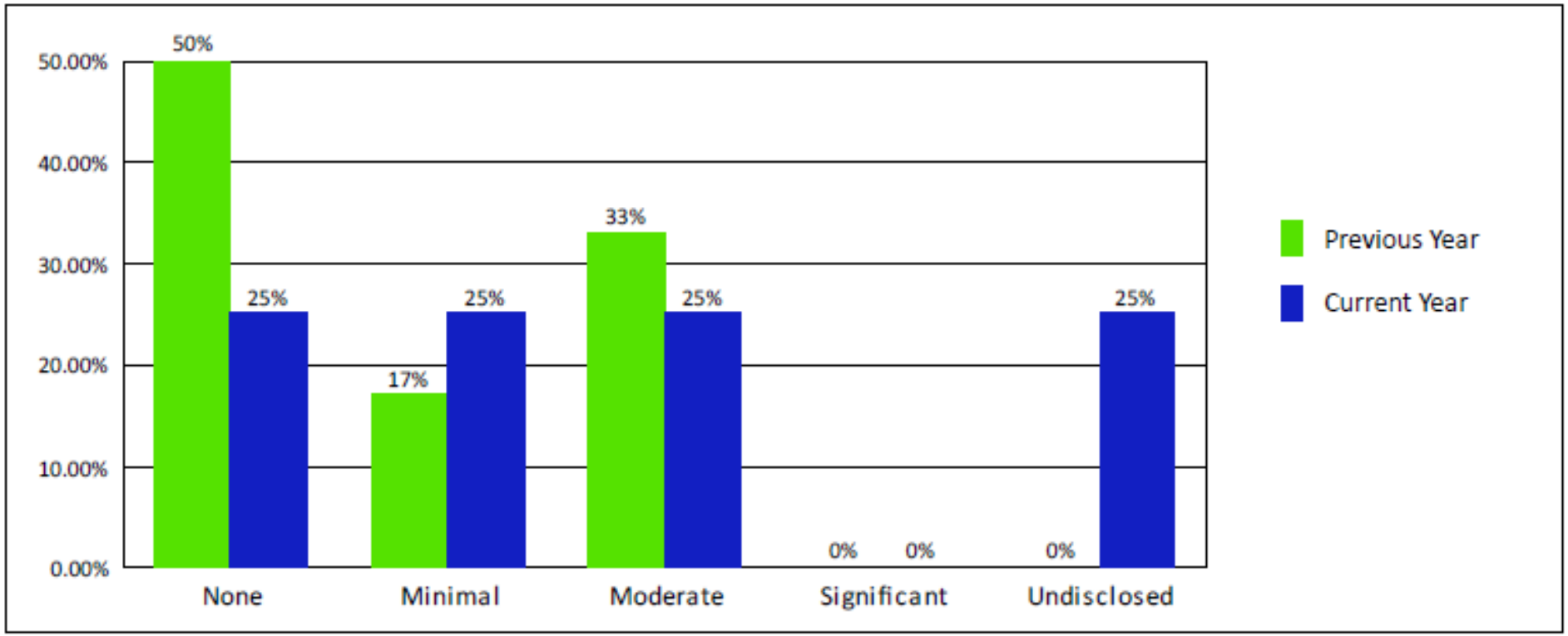
Participants sought services for anxiety, depression, martial relationships, stress, family, grief/loss, and situational/adjustment concerns. There was a 100% increase in people presenting with stress and job/occupational issues compared to 2019. There was no utilization of services related to work/life or financial/legal assistance

Top Assessed Problems - 2020



- The top assessed problem was Anxiety at 25% which is higher than Beacon's Book of Business (BOB) of 20%. This increase was likely due to COVID-19

Trending for Job Dysfunction - 2020



- 100% of the participants that reported moderate impairment reported feeling an improvement after services

Achieve Solutions Website –2020

- In YTD 2020, there was a decrease in web utilization which was 4.00% in 2019, to 2.46% in 2020
- There were 62 unique pages viewed, compared to 158 in 2019, with 20 unique sessions which is half the amount viewed in 2019 (40)
- This is also significantly below Beacon's Book of Business of 24.33%
- Due to the low web utilization, top sites visited cannot be provided
- There are no cases for work/life or legal/financial services

EAP Case Outcomes-2020 v 2019

Plan Year 2020	Plan Year 2019
Eligibility Count 814	Eligibility Count 1001
Counseling Cases 6	Distinct Cases 6
Resolved in EAP – 83%	Resolved in EAP – 100%
Mental Health Referral – 0%	Mental Health Referral – 0%
Substance Use Treatment -0 %	Substance Use Treatment - 0%
Community Resources – 17%	Community Resources – 0%

- The primary purpose of EAP consultation is to promote health and wellness through assessment, brief consultation/treatment and referral to other services – if clinically indicated--there were 116 new members accessing services and 62 returning members, with a higher percentage of cases resolved within EAP

- For employees, assessment and early intervention is shown to positively impact workplace absence, improve productivity, with fewer cases moving toward disability claims

Chapter

08

Helping employees thrive

Looking ahead to 2021 and beyond

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Combining Anthem and Beacon

The combined organization will ultimately provide behavioral health services to 1 out of 6 people in 50 states.

Behavioral health knowledge, clinical expertise, and data insights improve an individual's mental wellbeing as part of total person care.

One of the nation's leading providers of behavioral health services.

Anthem's digital first and data-driven approaches and Beacon's specialty model and support services provide best-in-class behavioral health solutions.

First company to receive Mental Health America's Bell Seal for Workplace Mental Health award.

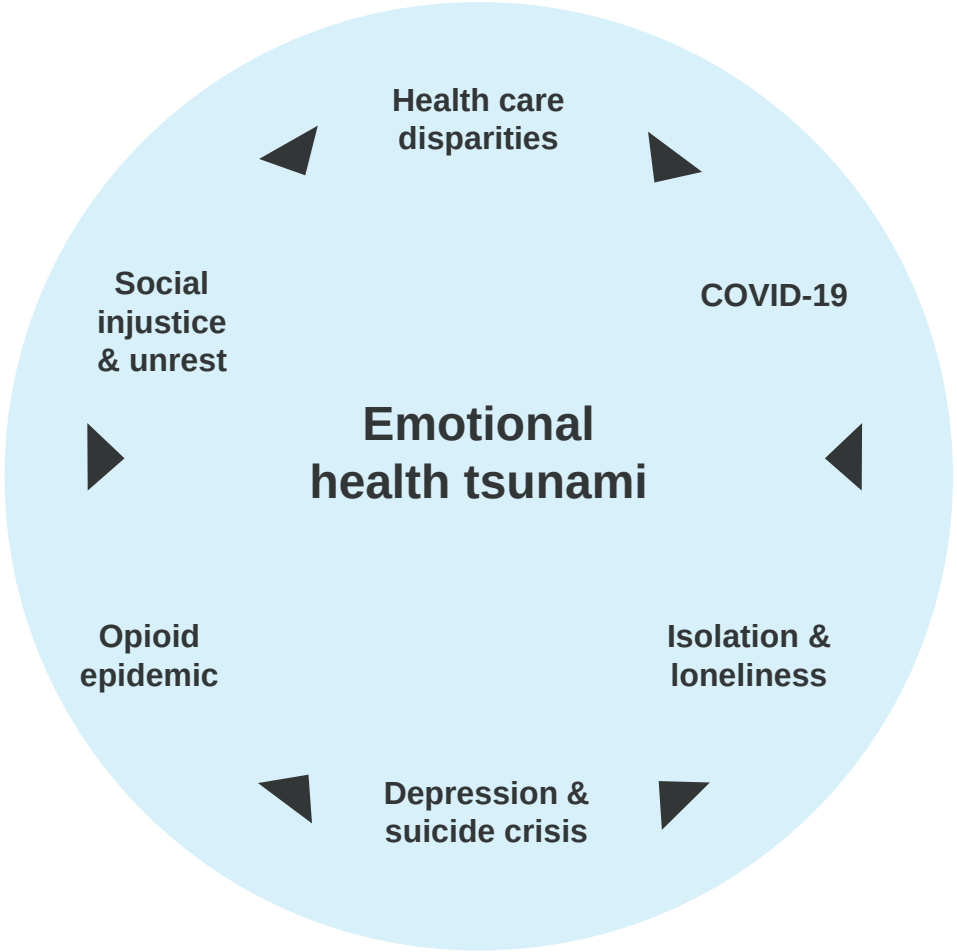
A focus on three key areas to improve health outcomes and help people live their lives to their fullest: **Advancing Whole Person Care, Accessing Care and Empowering Individuals**

Behavioral health is more important than ever

18% of Americans have a BH diagnosis—2x more than diabetes

30% of members with a chronic condition also have a BH diagnosis

20% of PCP claims have a secondary diagnosis for a BH need



Bottom line implications

75% of people with substance use disorder are employed—this has a direct impact on productivity and presenteeism

4% of total spend for ANA clients is being directed to behavioral health

40% These members account for 40-50% of total health care spend

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A stronger, market leading behavioral health organization

Anthem

+

beacon health options

Digital first

Predictive modeling

Industry depth

Clinical expertise

Data insights

Benefits of combined entity

- Proactive interventions to engage members with supportive guidance, useful tools and valuable insights creating personalized engagement
- Expanded depth and breadth of offerings
- Cutting edge solutions
- Innovative digital and clinical design initiatives

Behavioral health that helps individuals live their best lives

Advancing Whole Person Care

Expertise serving patients across the spectrum, from mild-to-moderate to chronic and complex

Integrating social, behavioral and physical health solutions backed by core administrative capabilities to manage risk and drive improved outcomes for everyone we serve

Accessing Care

Delivers tailored behavioral health services to individuals wherever and when ever they need them

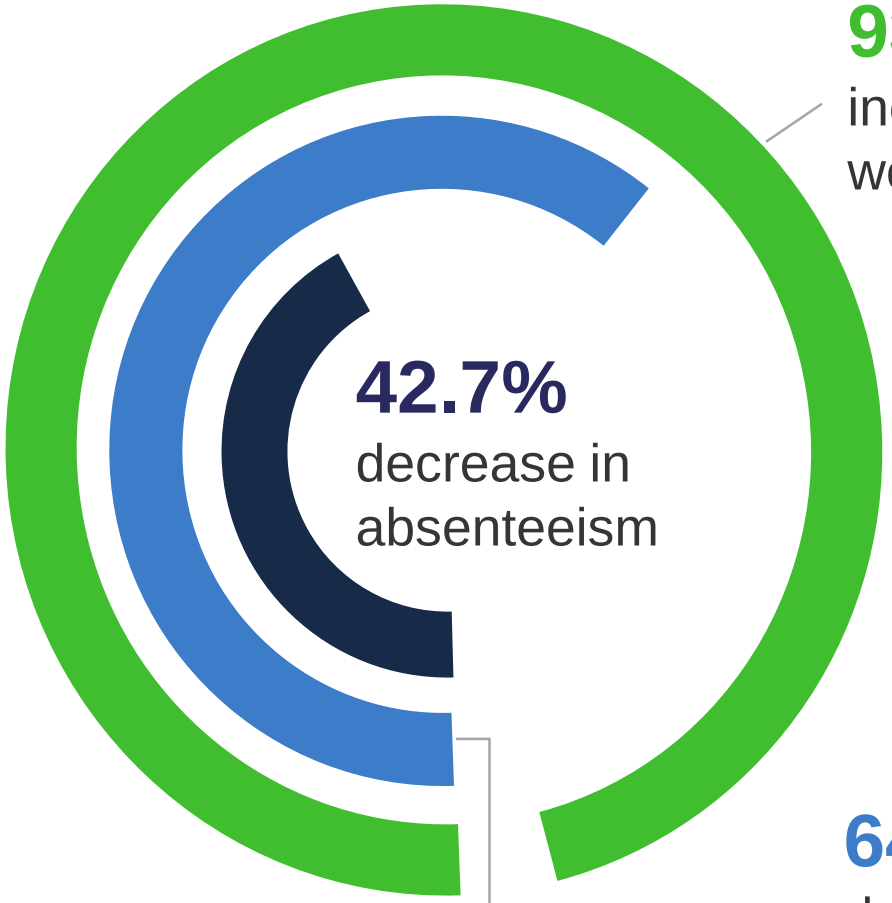
A multi-modal approach with the ability to guarantee timely access to high quality care

Empowering Individuals

Personalized, data driven approaches to support the right care for mental health and well being

Insights driven outreach engages members to improve whole person health, patient satisfaction and outcomes

Addressing and improving workplace concerns



93.6%
increase in wellbeing

42.7%
decrease in absenteeism

64%
decrease in presenteeism

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Expanding EAP networks for better outcomes

Launched a revised provider relations strategy focused on delivering a differentiated provider service experience and process standardization, which will result in:

- increased provider satisfaction, NPS, provider retention and advocacy
- implementing a tiered provider engagement strategy ranging from a standard service model to high touch.

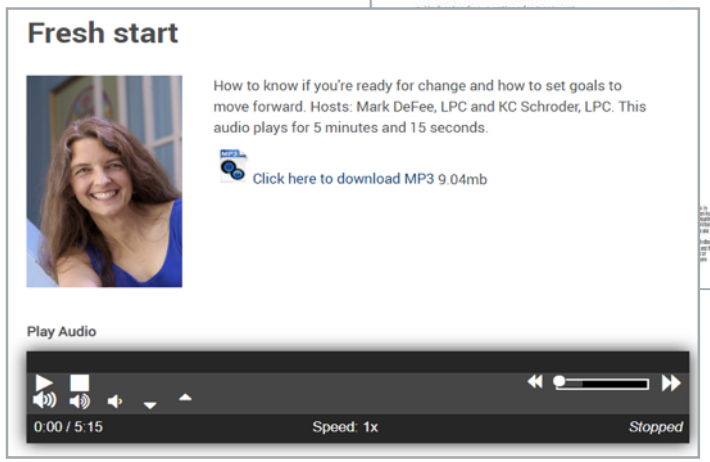
EAP Network Combination 1/2021	
Company	**Increase**
Anthem	80%
Beacon	30%

Future network integration activities

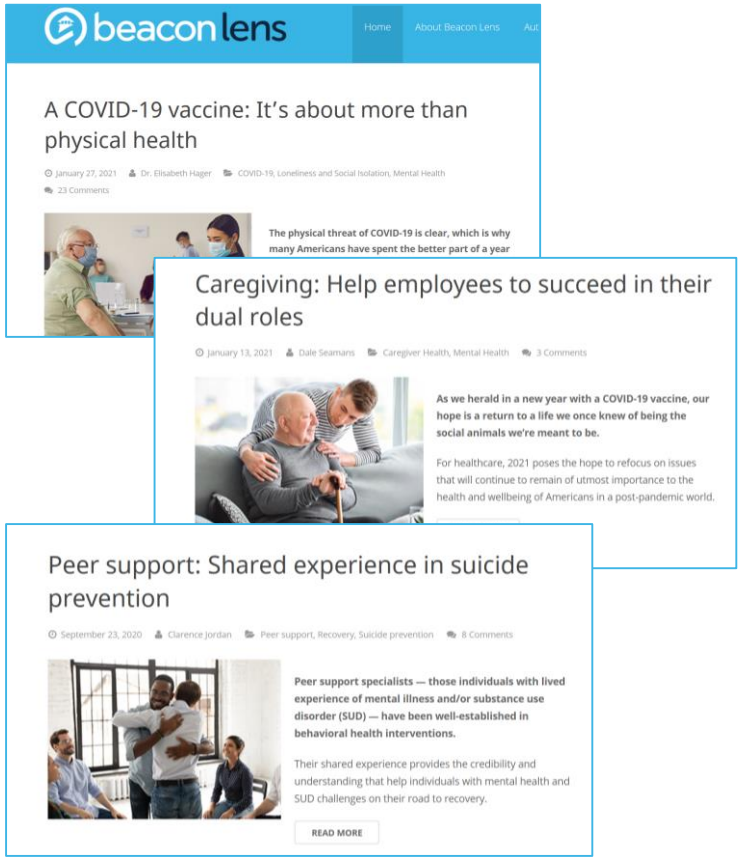
- 4/1 – Beacon commercial and Medicare providers in CT and MO can see Anthem members.
- Beacon Medicare providers in NM can see Amerigroup Amerivantage members.
- 7/1 – planning to add several states and thousands of providers (TBD).

Accomplishments of Integration: Communication

Member Self-Care Content: Video, Podcasts, Fliers



Thought Leadership



Reimagining what it means to thrive

Helping individuals live their best lives

	Beacon	Anthem
Advancing Whole Person Care	• Singular focus on behavioral health • Deep clinical expertise to deliver specialized programs & services	• Integrated PH and BH with care management infrastructure for operations via joint rounds • Predictive analytics that utilize 'whole person data' to identify and intervene with at risk cohorts
Accessing Care when and how Individuals need it	• Comprehensive behavioral health network provides access to array of specialized services • Expertise in creating provider partnerships to deliver high value & integrated care	• Broad behavioral health network delivering expanded access • Value based interventions and integrated care from behavioral provider and primary care provider perspective
Empowering Individuals to Meet their Goals	• Unified, BH digital platform to engage patients where they are • Peers utilize expertise to connect and engage with individuals	• Advanced analytics to stratify populations based on required care intensity and to identify rising risk

Behavioral health of the future

Integrating BH expertise with PH to deliver whole person care

Providing comprehensive delivery system to meet population health needs at scale

Creating new products to improve early identification, access and deliver better patient outcomes

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Chapter 06

Strategic Recommendations-FELRA-2021

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Strategic Recommendations -2021

Centers for Medicare & Medicare Services (CMS) and Mental Health Services Administration (SAMSHA) recommendations for health plans include expanding telehealth to help mitigate the impact of COVID-19, while also reducing the spread, for mental health and substance use disorders by: (1.) reducing barriers and expanding telehealth services; (2.) delivery of treatments via telehealth, including partial hospitalization, should be offered to members in their homes; (3.) providing members with educational webinars/newsletters on ways to manage anxiety and stress; and (4.) connection to community resources—focusing on the whole persons needs

- **Increase utilization of EAP services to decrease cost of claims:** Increase promotion of all EAP services-counseling, work/life resources, legal/financial assistance-to help decrease costs for MHSUD claims. Orientations of EAP services and trainings for managers can help offset projections of increases in mental health and substance abuse issues. The EAP program provides short-term solutions with referrals to in-network providers—focusing on the whole person's wellness-—decreasing utilization for higher levels of care. Focus on work/life balance, legal/financial services, and web resources due to no utilization

- **Increase OP Visits, decrease claims for IP & HLOC, expand telehealth:** Today's environment requires health plans to be flexible and accessible--expanding telehealth for members; 71% of people are more likely to seek care if available, accessible, and without barriers and 86% of members who use telehealth follow through with treatment. Approval to include coverage for Ria Health (Alcohol Use Disorders), when available in Maryland. The average cost per unit for IP treatment for mental health was $1,506.61 and $636.45 for substance use, compared to the average cost per visit for OP visits which is $62.84 and $56.40 for telehealth

- **Autism Services (ABA):** Research shows that early diagnosis' and interventions for autism have a positive impact on overall functioning and provide comprehensive services for members. The # of children assumed to be diagnosable with Autism Spectrum Disorder is 12.4 million, with > 50 % of parents needing to stop work, and 46% requiring more help/information in managing their emotional/physical/mental health

Thank You!

Contact Us

800-454-8329

www.achievesolutions.net/ufcw

Fern Schanback, LMHC, CASAC,
Juris Master, Healthcare Law, policy, and regulation
Submission on 02/24/2021