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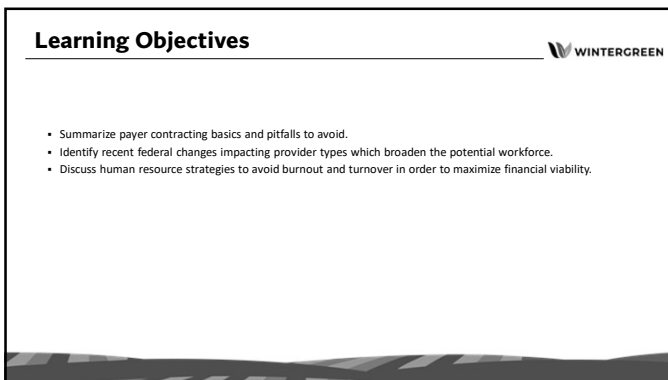
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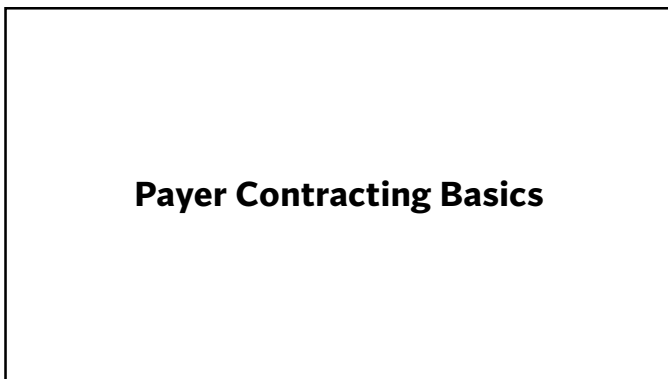
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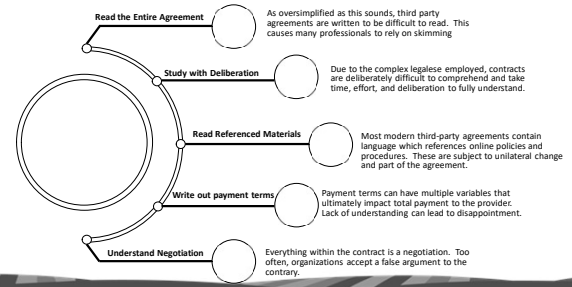
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### Payer Contracting Basics

- Read the Entire Agreement** - As oversimplified as this sounds, third party agreements are written to be difficult to read. This causes many professionals to rely on skimming.
- Study with Deliberation** - Due to the complex legalese employed, contracts are deliberately difficult to comprehend and take time, effort, and deliberation to fully understand.
- Read Referenced Materials** - Most modern third-party agreements contain language which references online policies and procedures. These are subject to unilateral change and part of the agreement.
- Write out payment terms** - Payment terms can have multiple variables that ultimately impact total payment to the provider; lack of understanding can lead to disappointment.
- Understand Negotiation** - Everything within the contract is a negotiation. Too often, organizations accept a false argument to the contrary.

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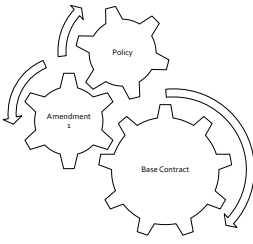
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### Payer Contracting Pitfalls

- Provider-based entities fail to preserve designation-based benefits
- Failure to detect and amend contract language that is nonspecific.
- Failure to monitor and maintain services and demographics with payors.
- Limited monitoring of policy and procedure changes.
- Not recalculating payments to verify and set expectations.
- Missing the importance of establishing rapport with payers.
- Removal of legacy limitations based on licensure.
- Failure to consider behavioral health healthcare.

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### Recent Federal Changes

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**Access Challenges Are on the Radar** 

**Significant 2024 Medicare changes**

- CAA of 2023 adds Marriage and Family Therapists and Mental Health Counselors as recognized provider types for RHCs
- Intensive Outpatient Program (IOP) services are billable in the RHC setting.
- Telehealth visits are extended through December 31, 2024, as part of the All-Inclusive Rate billing through G2025 during normal RHC hours only



**On the Horizon**

- Addition of Clinical Psychologists and Licensed Clinical Social Workers as specialty eligible for the 10-percentage point telehealth credit.
- Amend general access to services standards to include explicitly behavioral health services
- Clarify that emergency behavioral health services must not be subject to prior authorization
- Require MA organizations to establish care coordination programs, including coordination of community, social, and behavioral health services to help move towards parity between behavioral health and physical health services and advance whole-person care.

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**Glimpse into the Future** 

**Upcoming insights**

- Innovation in Behavioral Health (IBH) Model
  - Address Medicare/Medicaid disproportionately high rates of mental health conditions and substance use disorder
  - Increase access to care
  - Promote interoperability
  - Notice of Funding Opportunity Spring of 2024
- CMS Behavioral Health Strategy
  - SUD prevention
  - Effective pain treatment and management
  - Improving mental healthcare and services

**Workforce impacts present and future**

- Increased ability to use Mental Health Counselors etc. in addition to Social Workers
  - Bends the cost curve through substitution effect
  - Increases growth opportunity
- Imperative to ensure substance use is an integrated part of treatment
  - Future need for Recovery Coaches?
  - Expansion of Medication Assisted Treatment capabilities?
  - Even more demand for workforce?

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**Human Resource Strategies**

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### Staff Care

WINTERGREEN

One of the leading causes of failure is turnover due to lack of programs to protect staff from burnout and negative impact to their own wellbeing

**The Harsh Reality**

Behavioral health providers are exposed to vicarious trauma which can lead to:

- Staff burnout
- Staff mental health challenges
- Decreased treatment efficacy
- Costly turnover (staff and patient panel)

**Coping Mechanisms**

Stable organizations employ a variety of strategies to protect stability:

- Effective supervision
- Duress monitoring and staff safety plans
- Adequate time off
- Continuing education and training

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### Strategies for Growth (People)

WINTERGREEN

- Education must be a core competency
  - SUD education
  - De-escalation training
  - Physical health coordination training
  - Industry trends
  - Regulatory changes
  - Department of Health Advocacy
  - Reimbursement competency
  - Strategic plan education
- Staffing models must be deliberately designed
  - Profit requires practicing at the top of a provider's license
  - Evaluate staffing stratification to ensure efficiency

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### Stratification Matters

WINTERGREEN

Proper staffing models are essential to financial viability. All too often, the model on the right is the norm. This forces medical providers to practice below their license and all licensed professionals to perform clerical work.

**Sustainable Staffing Model**

**Unsustainable Staffing Model**

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# Wrap-up Considerations

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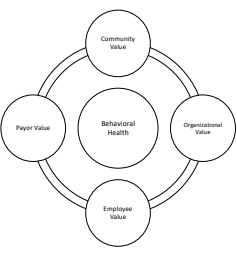
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**Biggest Consideration: Know Your Value!** 

- Behavioral health is an ancillary feeder service similar to other service lines
  - Labs
  - 340b
  - GI
  - Primary Care
- Value based contracts- up to 50% of ER high utilizers have BH issues
- BH has an expected growth rate of 9% according to SG2, profitable if people practice at the top of their license
- According to SG2, there has been a 25% increase in addiction
- BH is health, it affects everything else related: decision making, medication compliance, home life, employment, etc. Organizations cannot do value based/pop health contracts without it.



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