ENGGING LARGE EMPLOYERS REGARDING
Evidence-Based
Behavioral Health Treatment

An Employer's Implementation Toolkit for Comprehensive
Behavioral Health Services

PART II: TOOL 3
BENEFIT DESIGN TOOL

• General Medical Benefits
• Behavioral Health Benefits
• Condition Management
• Employee Assistance Program

September 2010

This project has been funded in whole or in part with Federal funds from the
National Institute of Mental Health, National Institutes of Health, Department of
Health and Human Services, under Contract No. HHSN271200700024C.
### Table of Tools

<table>
<thead>
<tr>
<th>Benefit Lifecycle</th>
<th>Lifecycle Based Tool</th>
<th>Tool Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference</td>
<td>Tool One: Quick Reference Survey</td>
<td>Overview of the Practice Recommendations with a quick assessment tool to determine the status of implementation.</td>
</tr>
<tr>
<td>Plan Design</td>
<td>Tool Two: Employer Assessment</td>
<td>An assessment of the extent to which the employer has adopted the Practice Recommendations in “An Employer’s Guide to Behavioral Health Services.”</td>
</tr>
<tr>
<td></td>
<td>Tool Three: Benefit Design</td>
<td>Technical guidance employers can use to design benefits that support applicable Practice Recommendations.</td>
</tr>
<tr>
<td>Vendor Management</td>
<td>Tool Four: Request-for-Proposal &amp; Proposal Scoring</td>
<td>Suggested solicitation language and evaluation guidelines that describe the administrative requirements associated with the Practice Recommendations.</td>
</tr>
<tr>
<td></td>
<td>Tool Five: Vendor Contracting &amp; Program Administration</td>
<td>Suggested vendor contracting and program administration guidance associated with applicable Practice Recommendations.</td>
</tr>
<tr>
<td>Vendor &amp; Program Evaluation</td>
<td>Tool Six: Vendor &amp; Program Evaluation</td>
<td>Technical guidance that can be used to assess the extent to which vendors or programs have implemented the Practice Recommendations.</td>
</tr>
</tbody>
</table>
An overview of each Practice Recommendation, its objectives, and a rationale summarizing available research and expert opinion.
**Overview of the Tool**

The Benefit Design Tool provides technical guidance on addressing benefit coverage deficiencies identified in Tool 1: Employer Assessment Tool.

### Employer Benefit Design Tool

#### Table of Contents

<table>
<thead>
<tr>
<th>Recommendation Number &amp; Vendor Type</th>
<th>General Reference</th>
<th>Practice Recommendations</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 General Medical</td>
<td>Screening</td>
<td>All patients with a chronic or persistent medical condition should be screened for depression.</td>
<td>5</td>
</tr>
<tr>
<td>1.3 General Medical</td>
<td>Collaborative Care</td>
<td>Employers should provide benefit coverage and ensure that providers adopt the key elements of “collaborative care” for patients who are diagnosed with a behavioral health disorder but are principally treated in a medical setting.</td>
<td>6 – 7</td>
</tr>
<tr>
<td>2.3 Behavioral Health</td>
<td>Network Availability</td>
<td>The plan administrator should ensure adequate provider coverage to deliver evidence-based treatment options for individuals (including children) with serious mental illness.</td>
<td>8</td>
</tr>
<tr>
<td>4.1 Condition Management Programs</td>
<td>Coverage for Co-Morbid Conditions</td>
<td>Patients diagnosed with major depression or anxiety should have benefit coverage that includes a behavioral health condition management program.</td>
<td>9</td>
</tr>
<tr>
<td>6.1 Employee Assistance Program (EAP)</td>
<td>Service Alignment</td>
<td>EAP services should be aligned to achieve the employer's objectives for organizational health, productivity and performance.</td>
<td>10</td>
</tr>
</tbody>
</table>
## Employer Benefit Design Tool
### General Medical

<table>
<thead>
<tr>
<th>Practice Recommendation 1.1</th>
<th>All patients with a chronic or persistent medical condition should be screened for depression.</th>
</tr>
</thead>
</table>
| Objectives                  | • To identify patients with potentially high-cost medical conditions who would benefit from the effective treatment of depression.  
• To minimize the cost impact of a co-morbid depression condition through quicker diagnosis. |
| Administrative Guidance     | **Definition of Chronic or Persistent Medical Condition:**  
Chronic or persistent medical illnesses or symptom(s) are defined as conditions with a duration of 4-12 weeks or longer. |

### Benefit Plan Recommendations

**Applicable Plan:** General medical plan  
**Benefit Definition:** Outpatient office and/or preventive services benefits should include explicit coverage for depression screening.  
**Recommended Benefit Coverage Limits:** one screening annually  
**Recommended Cost-Sharing:** Same cost-sharing as other outpatient or preventive benefits  
**Recommended Copayment / Coinsurance Levels:** Same copayment and coinsurance levels as other outpatient or preventive benefits  
**Covered Providers:** Covered services must be furnished by or under the direction of a licensed provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician).
### Employer Benefit Design Tool
#### General Medical

<table>
<thead>
<tr>
<th>Practice Recommendation 1.3</th>
<th>Employers should provide benefit coverage and ensure that providers adopt the key elements of “collaborative care” for patients who are diagnosed with a behavioral health disorder but are principally treated in a medical setting.</th>
</tr>
</thead>
</table>
| Objectives                | • To ensure that employees and dependents with behavioral health conditions, particularly depression and anxiety, receive effective, evidence-based care.  
• To increase the coordination of behavioral health treatment with general medical treatment when behavioral health conditions are diagnosed by a non-behavioral specialist physician. |
| Administrative Guidance   | “Collaborative care” has several key components that should be covered by the employer’s general medical benefit:  
a. Screening to identify the symptoms associated with a behavioral health diagnosis  
b. Assessment to confirm a behavioral health diagnosis  
c. Patient education to help the patient select treatment options  
d. Treatment (i.e., pharmacotherapy and/or psychotherapy)  
e. Face-to-face and telephone care management by a qualified professional who works with and is supervised by a primary care provider (PCP) to  
• Coordinate patient education about the behavioral health diagnosis and help the patient select treatment options  
• Coordinate an initial treatment plan with the primary care provider and the patient  
• Work with the patient to implement and support the treatment plan, as well as monitoring patients  
• Track clinical outcomes according to the treatment plan outlined by the primary care provider, and work with the PCP to adjust treatment (including making a referral for specialty care, as needed) where there is lack of progress or adverse effects  
• Document all activities relating to each case and store this information with the patient’s medical record  
f. Clinical consultation provided by a qualified specialty behavioral health provider to the PCP and/or care manager. |
| Benefit Plan Recommendations | **Applicable Plan:** General medical plan  
**Benefit Definition:** Outpatient office benefits should explicitly include |

© Copyright 2010 National Business Group on Health | Tool 3

---
An Employer's Implementation Toolkit for Comprehensive Behavioral Health Services  
Tool 3: Benefit Design Tool

<table>
<thead>
<tr>
<th>coverage of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordination and monitoring of treatment by a case manager, particularly via telephone</td>
</tr>
<tr>
<td>• Consultation between a behavioral health specialist and the primary care treatment team</td>
</tr>
<tr>
<td>• Supervision of case managers by primary care providers.</td>
</tr>
</tbody>
</table>

**Recommended Benefit Coverage Limits**: No limits; apply as medically necessary  
**Recommended Cost-Sharing**: Same cost-sharing as outpatient office visit  
**Recommended Copayment / Coinsurance Levels**: Same copayment and coinsurance levels as outpatient office visits  
**Covered Providers**: Covered services must be furnished by or under the direction of a licensed provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician).
## Employer Benefit Design Tool
### Behavioral Health

<table>
<thead>
<tr>
<th>Practice Recommendation 2.3</th>
<th>The plan administrator should ensure adequate provider coverage to deliver evidence-based treatment options for individuals (including children) with serious mental illness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>To make all evidence-based interventions readily accessible to plan members.</td>
</tr>
<tr>
<td>Administrative Guidance</td>
<td>Employer behavioral health plan benefits should clearly support and reference evidence-based treatment modalities that are appropriate for treating children and adults with serious mental illness and substance abuse disorders.</td>
</tr>
</tbody>
</table>
| Benefit Plan Recommendations | **Applicable Plan:** Behavioral health plan  
**Benefit Definition:** Behavioral health benefits include coverage for targeted clinical case management, assertive community treatment programs, therapeutic nurseries and therapeutic group homes.  
**Recommended Benefit Coverage Limits:** Same limits as for other behavioral health benefits.  
**Recommended Cost-Sharing:** Same cost-sharing as for other behavioral health benefits.  
**Recommended Copayment / Coinsurance Levels:** Same copayment and coinsurance levels as for other behavioral health benefits.  
**Covered Providers:** Covered services must be furnished by or under the direction of a licensed behavioral health provider. |
### Employer Benefit Design Tool
#### Condition Management

<table>
<thead>
<tr>
<th>Practice Recommendation 4.1</th>
<th>Patients diagnosed with major depression or anxiety should have benefit coverage that includes a behavioral health condition management program.</th>
</tr>
</thead>
</table>
| Objectives                 | • To ensure that employees and dependents with behavioral health conditions, particularly depression and anxiety, receive effective, evidence-based care, resulting in reduced costs and improved productivity.  
• To ensure that patients with co-morbid high-cost medical conditions and behavioral health diagnoses receive treatment which addresses the relationship between physical and behavioral health conditions. |
| Benefit Plan Recommendations | **Applicable Plan:** General medical plan, condition management benefits  
**Benefit Definition:** Condition management benefits should include support for behavioral health outpatient services.  
**Recommended Benefit Coverage Limits:** Same limits as for other outpatient behavioral health benefits.  
**Recommended Cost-Sharing:** Same cost-sharing as for other outpatient behavioral health benefits.  
**Recommended Copayment / Coinsurance Levels:** Same copayment and coinsurance levels as for other outpatient behavioral health benefits.  
**Covered Providers:** Covered services must be furnished by or under the direction of a licensed behavioral health provider. |
# Employer Benefit Design Tool
## Employee Assistance Program

<table>
<thead>
<tr>
<th>Practice Recommendation</th>
<th>Objectives</th>
<th>Administrative Guidance</th>
<th>Benefit Plan Recommendations</th>
</tr>
</thead>
</table>
| 6.1                     | EAP services should be aligned to achieve the employer’s objectives for organizational health, productivity and performance. | Employers should expect their EAPs, EAP professionals and affiliated organizations to operate with the common purpose of optimizing employee health and productivity and organizational performance by:  
  - Helping employees resolve personal issues that negatively affect their job performance and/or health and productivity,  
  - Helping dependents resolve personal issues that affect their health and functionality,  
  - Working with managers and supervisors to address the effect of employees’ personal issues on job performance, and  
  - Consulting with organizational leaders to identify and resolve risk factors that pose barriers to maintaining a safe work environment. | Employers should consider adopting the following Employee Assistance Program attributes for self- and fully-insured plans:  
  - EAP services measurably demonstrate their impact on employee health and productivity.  
  - The EAP is able to demonstrate its impact on organizational performance. |

Applicable only if the Employee Assistance Program (EAP) is designated as an ERISA benefit.