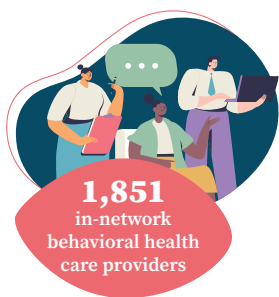


# Increasing Mental Health Support for Commercial Plan Enrollees

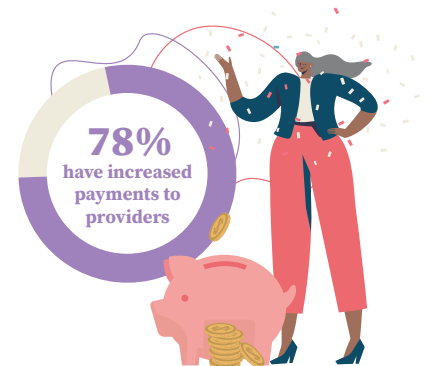
AHIP recently conducted a survey of health plan members offering commercial health insurance coverage to assess how health insurance providers work to increase the ease and affordability of mental health support for their enrollees. With responses from plans covering more than 95 million people, data from the May-June 2022 survey demonstrates that there is meaningful access to a wide range of in-network professionals who provide mental health support, with health insurance providers taking action to grow the number of in-network providers while working directly with consumers to connect them with the right care when they need it.

## Health Plans Offer Broad Access to a Wide Range of Mental Health Professionals, With Networks Growing and Reimbursements Rising



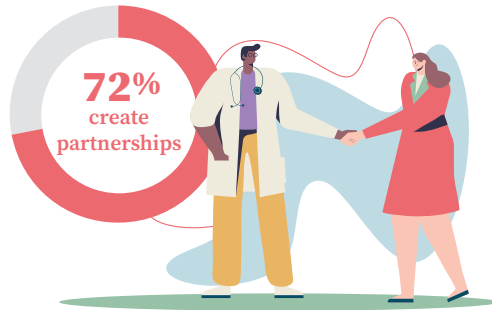
- Commercial health plans average **1,851 in-network behavioral health care providers per 100,000 enrollees**, representing a **48% increase over the past 3 years**. This facilitates easier access to more affordable, high quality mental health care providers, including psychiatrists (21% increase), child psychiatrists (19% increase), licensed therapists (52% increase) and psychiatric nurse practitioners (87% increase).

- More inpatient facilities are in-network, including psychiatric hospitals and residential treatment facilities. Over the past 3 years, commercial health plans have increased inpatient facilities by an average of 37%.
- All respondents (**100%**) provide in-network coverage for telebehavioral health services.
- Health insurance providers are prioritizing evidence-based care for those living with opioid dependence, **more than doubling the number of professionals eligible to prescribe Medication Assisted Therapy (MAT)** over 3 years.
- The overwhelming majority of health plans (89%) are actively recruiting mental health care providers, including practitioners who **reflect the diversity of the people they serve (83%)**. **More than 3 in 4 health plans (78%) have increased payments to in-network behavioral health providers.**



# Health Insurance Providers Equipping Primary Care Providers to Provide Mental Health Support

- Patient-centered care begins with a strong relationship with a primary care provider. These providers know their patients best and are often the first professional in a position to identify when a patient would benefit from mental health support. **72% of plans are training and supporting PCPs to care for patients with mild/moderate behavioral health conditions**



- 72% of plans are assisting PCPs with finding behavioral health specialist referral partners.

- 56% of plans are offering PCPs telehealth or telephone consults with behavioral health specialists



# Health Insurance Providers are Actively Supporting Consumers Seeking Behavioral Health Care

- Having more in-network providers is only part of the effort to ensure meaningful access to mental health care. Health insurance providers are active partners in connecting enrollees with the right support when they need it.

- **78% use specialized case managers for follow-up** after emergency and inpatient care and/or starting new medications.



- **83% of plans report they assist enrollees with finding available behavioral health appointments.**



- **83% assist patients with care navigation and support** (e.g., helping patients find the right level of care, connecting patients with community-based organizations for SDOH support, providing transportation or other support, etc.)