

Dear CPR member,

We are proud to release the culmination of our efforts in the mental health space. The attached Summary Scorecards, available exclusively to CPR members, serve as an addendum to our newly released and public *State of the Mental Health Marketplace Report* and capture the results of CPR's mental health vendor evaluations conducted throughout the summer of 2018.

Developing the evaluation criteria and specifications

In March 2018, CPR released a <u>new toolkit</u> for purchasers seeking to evaluate mental health strategies and solutions. This toolkit was the output of a yearlong collaborative, which included 32BJ Health Fund, AT&T, Boeing, Equity Healthcare, FedEx Corporation, King County, SEIU 775 Benefits Group, the State of Minnesota, and a subject matter expert from Mercer.

During the collaborative, the group identified three major barriers preventing purchasers from achieving high-value mental health care, including:

- 1. Ensuring sufficient ACCESS to mental health care services for their population.
- 2. Measuring and tracking QUALITY of the mental health care delivered.
- 3. Designing an INTEGRATED and holistic approach to treating mental health issues.

The toolkit includes standard evaluation questions and employer-defined specifications that you can use to assess how well your mental health vendor is addressing these three areas.

Conducting mental health evaluations on CPR members' behalf

Based on input from collaborative participants and CPR members, our team set out to evaluate leading mental health companies using CPR's evaluation criteria and specifications. We invited 20+ companies to participate across five categories, including behavioral health plans, employee assistance programs, telehealth providers, digital solutions, and navigation vendors.

The resulting Summary Scorecards include evaluation results for each vendor that voluntarily participated in the process. In the attached materials, you will find guidance for how to interpret results and information on the full list of companies invited to participate in the process. We have summarized key findings, themes, and recommendations in the narrative report accompanying these Scorecards.

Note that this work was supported by the Peterson Center on Healthcare as well as financial contributions from six of the vendors evaluated. Contributors received the added benefits of being interviewed and quoted as thought leaders in the public report and gained visibility into their results, but they did not have any control or influence over CPR's scoring of their offerings.

What's next? We need to hear from you!

CPR would like to continue experimenting with how vendor evaluations can support you in your high-value purchasing efforts. To help our small team prioritize this type of activity, we need to hear feedback from you on whether this type of resource is valuable to you.

- If you have any initial feedback, please reply to this email and share it while it is fresh.
- If you are focused on mental health strategies, we would welcome the chance to have a quick discussion with you to figure out how our efforts can support you.
- If you have any questions or would like to schedule a follow-up meeting with a specific vendor, please let us know!

Kind regards,

Ryan Olmstead, Director of Member Services Emily Roesing, Director of Business Development

BACKGROUND & GUIDANCE

INTERPRETING CPR'S SUMMARY SCORECARDS

How did we evaluate & score participating companies?

- **1. Fielding the RFI:** CPR sent specific evaluation questions based on the participant's category (e.g., health plan, EAP, telehealth). We gave each respondent 1-month to submit its written response in the standardized Excel template.
- 2. Evaluating & scoring vendors: CPR compared each answer provided to CPR's specification and assigned a score based on how well current capabilities met the expectation CPR set with its Collaborative. The toolkit is designed for purchasers to be able to replicate this detailed evaluation process with new or existing vendors.
- 3. Synthesizing detailed results into Summary Scorecards: To make the results digestible, CPR condensed the detailed evaluation questions into "sub-categories" representing core competencies for each vendor. Please note, the "sub-categories" vary slightly by type of vendor to reflect differences in their functions.
- 4. Sharing results back with vendors: Companies who opted to make a financial contribution received the opportunity to review detailed scoring and CPR feedback. CPR also extended this benefit to health plan partners as a courtesy. Others did not receive insights into CPR scoring but have authorized the sharing of results with CPR members.
- **5. Sharing results with CPR members:** Per the executed NDA, please do not distribute these scorecards outside of your organization.

Snapshot of detailed evaluation process

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SCORING KEY	
Exceeded CPR specification	
Met CPR specification	
Component of specification not met	
Specification not met	
Not applicable	

TIP: Open <u>CPR's toolkit</u> as you review Summary Scorecards to easily reference the questions & specifications used to score vendors.



BEHAVIORAL HEALTH PLANS

SIDE BY SIDE & CPR ANALYSIS

T	OPIC	Anthem	BS of CA	Optum
	Identification of members in need			
	Communications & outreach			
S	Provider network adequacy			
ES	Speed to care			
S	Comprehensive provider directory			
⋖	Access to digital support			
	Effective triaging			
	Commitment to reducing stigma			
	Standard clinical screening			
≥	Use of relevant NQF measures			
	Quality transparency for members			
QUAL	Member satisfaction measurement			
0	Provider monitoring & corrective action procedures			
7	Integration between behavioral health & PCP			
<u>o</u>	Integration in plan operations			
₹	Enables warm referrals between vendors			
EGR.	Education support for in-network providers			
E	Data sharing & integration across vendors			
	Advancing delivery reform			

Companies Invited To Participate: Aetna, Anthem, Beacon Health Options, Blue Shield of California, Cigna, Kaiser Permanente (CA), Optum

SAMPLE SPECIFICATIONS:

Provider network adequacy: Displays relative performance of ratio of total clinicians per eligible member.

Speed to care: Urgent in-person appointments w/in 48 hours.

Comprehensive provider directory: Includes "length of time to first appointment."

Member satisfaction: Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts site visit or audit for at least 25% of providers each year.

Education support for in-network providers: Must be standard offering (not a one-off capability).



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Larry Grab, Staff Vice President BH Utilization Management, email

AT-A-GLANCE

Category: Behavioral health administrator/insurer

Description: Processes claims; manages provider network and offers clinical support services

Eligible lives covered: 17,500,000+

Billing model: Rate (insured) or PEPM fee (self-insured)

T	OPIC	SCORE	HIGHLIGHTS			
	Identification of members in need		Strong ratios of in-network counselors (1 counselor per 111 eligible) and psychologists (1 per 354); 94.5% accepting new patients			
	Communications & outreach					
	Provider network adequacy		Offers 24/7 phone and website support but unclear if virtual chat or digital outreach is on the roadmap			
SS	Speed to care		Requires in-network providers to offer a routine in-person appointment w/in			
CES	Comprehensive provider directory		10 days or they are placed on corrective action			
A	Access to digital support		One of the only health plans that reported leveraging peer counselors for			
	Effective triaging		commercial population for specific contracted programs (e.g., substance use disorders)			
	Commitment to reducing stigma		Opportunity to include length of time to first appt. in provider directory			
			Offers access to myStrength CBT programs			
	Standard clinical screening		Does not require use of standard screening tools			
E	Use of relevant NQF measures		Does not track or report on CPR-specified NQF quality measures			
QUALIT	Quality transparency for members		87% average member satisfaction			
	Member satisfaction measurement		Detailed credentialing process; launched 3 P4P BH provider programs in			
	Provider monitoring & corrective action procedures		2017, which may serve as a foundation for expansion			
z	Integration between behavioral health & PCP		Provides additional reimbursement for PCPs that conduct depression,			
0	Integration in plan operations		alcohol, or other SUD screenings			
RAT	Enables warm referrals between vendors		Anticipate releasing a BH provider toolkit that includes screenings, assessments, tools, resources, etc. in Q1 2019; could be more proactive and			
EGF	Education support for in-network providers		targeted in their approach to provider education			
Ë	Data sharing & integration across vendors		Working to integrate BH with primary care outside of delivery reform			
=	Advancing delivery reform		models such as ACOs/PCMHs Confidential - Do not distribute			



Shari Glago, Director, Specialty Networks & Vendor Management, email

Rosalie Ball, Program Manager, Specialty Networks & Vendor Management, email

AT-A-GLANCE

Category: Behavioral health administrator/insurer

Description: Processes claims; manages provider network and offers clinical support services

Eligible lives covered: 2,600,000+

Billing model: Rate (insured) or PEPM fee (self-insured)

TO	PIC	SCORE	HIGHLIGHTS
	Identification of members in need		CPR evaluation incorporates BH services provided by BSCA and Magellan
	Communications & outreach		BH clinician network is smaller than others, with 1 clinician per 225 eligible
(A)	Provider network adequacy		members; 99% of providers are accepting new patients
ACCESS	Speed to care		 Offers navigation platform w/ digital tools (e.g., cCBT) to subset of population that personalizes resources and identifies those with severe needs
ğ	Comprehensive provider directory		Sends a text reminder for 7-day follow-up appointment after hospitalization
1	Access to digital support		Should improve certain speed to care metrics (e.g. routine appt. w/ MD is 15
	Effective triaging		days); no virtual option for urgent or emergent care offered as of now
	Commitment to reducing stigma		Opportunity to include length of time to first appt. in provider directory
	Standard clinical screening		Uses standard screening tools, PHQ-9 and GAD-7
	Use of relevant NQF measures		Does not track or report on NQF quality measures
QUALITY	Quality transparency for members		Provider quality information reporting in development; no high-performance
M	Member satisfaction measurement		provider designation at this time
g	Provider monitoring & corrective action procedures		90.6% member satisfaction; offers performance guarantees
			Opportunity to improve by offering proactive, regular auditing outside of response to member complaints
_	Integration between behavioral health & PCP		Conducts provider outreach and compliance monitoring to facilitate
<u>Ó</u>	Integration in plan operations		medical/BH provider integration
RATION	Enables warm referrals between vendors		 Conducts on-site meetings to educate providers about BS of CA/Magellan's services
E E	Education support for in network providers		Integrates claims data with other partners upon client request
불	Data sharing & integration across vendors		
	Advancing delivery reform		Confidential – Do not distribute



Tim Blevins, Sr. VP, Behavioral Health, email

AT-A-GLANCE

Category: Behavioral health administrator/insurer

Description: Processes claims; manages provider network and offers clinical support services

Eligible lives covered: 20,400,000+

Billing model: Rate (insured) or PEPM fee (self-insured)

T	OPIC	SCORE	HIGHLIGHTS
	Identification of members in need		Strong ratios of in-network clinicians (1 provider per 129 eligible); 98% of in-nerson providers according pays patients.
	Communications & outreach		in-person providers accepting new patients
SS	Provider network adequacy		Meets speed to care targets for in-person but not virtual (CPR set high bar for virtual)
罚	Speed to care		Offers express network where providers guarantee appointment w/in 5-
ACCESS	Comprehensive provider directory		days; indicated by stopwatch icon in provider network directory
4	Access to digital support		Additional digital solutions (e.g., cCBT) on roadmap but not live yet
	Effective triaging		Several partnership efforts to address stigma with Stamp Out Stigma,
	Commitment to reducing stigma		NAMI, Shatterproof, and substance use hotlines
∠	Standard clinical screening		Uses internally developed screening assessment as proxy (currently)
	Use of relevant NQF measures		evaluating other standardized tools)
Į.	Quality transparency for members		Gaps in NQF-endorsed clinical quality measurement (several proxies)
QUALITY	Member satisfaction measurement		Designates providers and facilities for members using internal Achievements in Excellence (ACE) program; no external sources
O	Provider monitoring & corrective action procedures		Overall member satisfaction is 87%
7	Integration between behavioral health & PCP		Optum provides PCPs with training and a behavioral health toolkit but
<u>o</u>	Integration in plan operations		doesn't track usage or track the % who have behavioral health co-located
EGRATION	Enables warm referrals between vendors		Partners with AbleTo but does not share behavioral health data with them (can share medical/RX data)
EG	Education support for in network providers		In 2016, launched collaborative care model in New York and embedded
Ż	Data sharing & integration across vendors		behavioral health specialist in 4 patient centered medical homes in Oregon; reports no other recent delivery reform examples
	Advancing delivery reform		Confidential - Do not distribute

EMPLOYEE ASSSISTANCE PROGRAMS

SIDE BY SIDE & CPR ANALYSIS

T	OPIC	Anthem	Lyra	Optum	Profile
	Identification of members in need				
	Communications & outreach				
S	Provider network adequacy				
ES	Speed to care				
ပ္ပ	Comprehensive provider directory				
Ă	Access to digital support				
	Effective triaging				
	Commitment to reducing stigma				
	Use of evidence-based approach				
_	Standard clinical screening				
É	Use of relevant NQF measures				
QUAL	Quality transparency for members				
Ø	Member satisfaction measurement				
	Provider monitoring & corrective action procedures				
Z	Use of health plan/claims data				
Ĕ	Integration in plan operations				
GR/	Enables warm referrals between vendors				
Ë	Education for key providers in network				
Z	Data sharing & integration across vendors				

Companies Invited To Participate: Aetna, Anthem, Beacon Health Options, Cigna, ComPsych, Lyra, Magellan Health, Optum, Profile EAP

SAMPLE SPECIFICATIONS:

Provider network adequacy: Displays relative performance of ratio of total clinicians per eligible member.

Speed to care: Urgent in-person appt. w/in 48 hours. Routine in-person appt. w/in 5 business days.

Effective triaging: Measures % in need who ultimately receive care and % of cases resolved by EAP.

Member satisfaction: Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts site visit or audit for at least 25% of providers each year.

Warm referrals between vendors: Supports two-way referrals on behalf of a customer.



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Anthem. SCORECARD

RESPONDENTS:

Larry Grab, Staff Vice President BH Utilization Management, email

AT-A-GLANCE

Category: Employee assistance program

Description: Offers certain number of visits to a provider per incident

Eligible lives covered: 8,300,000+

Billing model: Per employee per month fee

TOPIC		SCORE	HIGHLIGHTS
	Identification of members in need		Conducts targeted, proactive outreach on a case-by-case basis, depending on the client's request
	Communications & outreach		·
ACCESS	Provider network adequacy		• 1 in-person provider per every 350 eligible members; 98.8% accepting new patients
	Speed to care		• 1 virtual provider per every 8.8K eligible; 100% accepting new patients
ပ္ပ	Comprehensive provider directory		Provider directory updates weekly (CPR spec recommends daily)
4	Access to digital support		
	Effective triaging		Offers access to myStrength cCBT programs
	Commitment to reducing stigma		Reports 87% of cases resolved without referral to higher intensity service
	5 5		
	Standard clinical screening		Does not require use of standard screening tools
>	Use of relevant NQF measures		Does not track or report on NQF quality measures; uses EAP outcomes
5	Quality transparency for members		survey to measure clinical effectiveness
QUALITY	Member satisfaction measurement		Does not display provider quality information in provider directory
Ø	Provider monitoring & corrective action procedures		92% average member satisfaction score
			Electronic provider record audit upon member complaint
Z	Use of health plan/claims data		Given confidential nature of EAP, does not conduct direct member outreach
	Integration in plan operations		based on claims/data
GRATION	Enables warm referrals between vendors		Routinely transfers members to behavioral health, community resources, and other vendors
l E	Education for key providers in network		Reports educating key providers about the EAP, however, did not provide
Z	Data sharing & integration across vendors		detail

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Lyra scorecard

RESPONDENTS:

Sean McBride, *Partnerships Director*, <u>email</u> Kelly Morgan, *Head of Marketing*, <u>email</u>

AT-A-GLANCE

Category: Employee assistance program

Description: Digital platform matching users to custom provider network (serves as EAP replacement)

Eligible lives covered: 262,000+

Billing model: Cost of care plus PMPM support fee

Reity Morgan, nedd of Marketing, <u>ernait</u>			
T	OPIC	SCORE	HIGHLIGHTS
	Identification of members in need		Offers digital platform, care team, custom provider network, coaching, and digital interventions (partner with myStrength)
	Communications & outreach		
10	Provider network adequacy		 Could improve identification of members in need by doing proactive targeting and outreach to those who have not taken the first step
ACCESS	Speed to care		Offers network of 2,500 providers (50% counselors, 50% psychologists);
	Comprehensive provider directory		favorable ratio of providers to eligible members; 41% offer virtual therapy
A	Access to digital support		60% of providers accepting new patients (below CPR target of 80%)
	Effective triaging		 Offers urgent and emergent appointments w/in 24-hours, which stands out; but routine appointments w/in 9 days (below CPR target of 5 days)
	Commitment to reducing stigma		13% adoption rate; 55% of those who register for platform go on to seek care; 11 sessions delivered to users on average
	Use of evidence-based approach		Uses PHQ-9 and GAD-7 for screening and measurement; reports on two
	Standard clinical screening		NQF-validated measures (but not ECHO Survey)
QUALITY	Use of relevant NQF measures		Member satisfaction addresses quality of referral, provider, treatment, and outcomes; 94% are satisfied with Lyra experience
A	Quality transparency for members		Lyra puts 90% plus of its overall fees at risk based on utilization, access,
Ø	Member satisfaction measurement		patient satisfaction, and other service level agreements
	Provider monitoring & corrective action procedures		 Only invites providers in-network that use evidence-based practices; conducts weekly quality reviews; 8 removed for poor quality in 2017
Z	Use of health plan/claims data		Has partnered with employers to integrate claims, but not standard
¥	Integration in plan operations		practice
INTEGRATION	Enables warm referrals between vendors		 Educates health plan account and care management team and onsite providers; could expand provider training beyond onsite clinics
H	Education for key providers in network		Dedicated care team provides warm hand-offs and referrals
Z	Data sharing & integration across vendors		Confidential – Do not distribute



Patrick Leary, VP, Work-Life & Employee Assistance Program Solutions, Prevention and Wellbeing, email

AT-A-GLANCE

Category: Employee assistance program

Description: Offers employees certain number of visits to clinician per incident

Eligible lives covered: 13,600,000+

Billing model: PEPM fee

TOPIC		SCORE	HIGHLIGHTS
	Identification of members in need		Operates presumptive eligibility model to preserve confidentiality; limits proactive detection and outreach
	Communications & outreach		· ·
ESS	Provider network adequacy		1 in-person provider per every 105 eligible; 98% accepting new patients
	Speed to care		1 virtual provider per every 5.7K eligible; 100% accepting new patients
ACC	Comprehensive provider directory		 Meets or exceeds speed to care measures (note, urgent appointment w/in 24 hours and routine appointment w/in 3 business days)
	Access to digital support		Reports resolving 80% of cases w/out escalation to other behavioral health
	Effective triaging		services
	Commitment to reducing stigma		Partners with eMindful and meQuilibrium as buy-ups for digital
	Standard clinical screening		Uses internally developed screening assessment as proxy (currently)
	Use of relevant NQF measures		evaluating other standardized tools)
	Quality transparency for members		Gaps in NQF-endorsed clinical quality measurement
F			Uses internal Achievements in Excellence (ACE) Platinum Ribbon designs tion on present for external gualitics.
QUA	Member satisfaction measurement		designation as proxy for external quality
G			Member satisfaction is 96%; standard to offer performance guarantees
	Provider monitoring & corrective action procedures		Conducts site visits every 3 years or upon complaint; implements scoring and corrective action procedures
Z	Use of health plan/claims data		Offers data integration with Optum behavioral health but does not access
	Integration in plan operations		external health plan data for integration purposes
GRAT	Enables warm referrals between vendors		Offers training for medical providers both for Optum behavioral health and other health plans
M	Education for key providers in network		Exploring opportunities for data sharing with other partners
Z	Data sharing & integration across vendors		Will conduct scheduled rounds with external health plan's key providers

Profile EAP SCORECARD

RESPONDENTS:

Calvin Paries, EAP/Health & Wellness Manager, email

AT-A-GLANCE

Category: Employee assistance program

Description: Offers members a certain number of visits to

a provider per incident

Eligible lives covered: 90,000+ covered lives

Billing model: PEPM fee

TOPIC		SCORE	HIGHLIGHTS
	Identification of members in need		EAP under Centura Health System umbrella with several direct employer relationships; not an insurance-based telephonic model
	Communications & outreach		
	Provider network adequacy		Primarily relies on referrals for identification of those in need
S	Speed to care		340 in-person counselors, 12 virtual providers; emphasizes face-to-face
ACCESS	Comprehensive provider directory		95% of providers accepting new patients
Ā	Access to digital support		 Meets or exceeds speed to care targets (note, in-person urgent or emergent appointments w/in 24 hours, routine appointments w/in 3
	Effective triaging		days)
	Commitment to reducing stigma		80% who called received care; 64% of cases resolved w/in 8-sessions
∠	Standard clinical screening		Uses PHQ-9, GAD-7, and Workplace Outcomes Assessment and reports
	Use of relevant NQF measures		on NQF measures
QUALITY	Quality transparency for members		 Uses MyOutcomes tracking tool to measure treatment effectiveness and quality; lets EAP set specific effectiveness targets for its clinicians
	Member satisfaction measurement		compared to others at the provider level
	Provider monitoring & corrective action procedures		Limited reporting for member satisfaction w/ experience, provider, etc.
Z	Use of health plan/claims data		Aligns EAP providers with those in health plan network; provides training
	Integration in plan operations		and tools
GRATIC	Enables warm referrals between vendors		 Extensive account and clinical management for customer but unclear if integrated into behavioral health or medical network
H	Education for key providers in network		Unclear if Profile EAP has shared data with other mental health
Z	Data sharing & integration across vendors		stakeholders (or if this is commonly requested for its model)
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TELEHEALTH PROVIDERS

SIDE BY SIDE & CPR ANALYSIS

T	OPIC	AbleTo	Ginger.io	Teladoc
	Identification of members in need			
	Communications & outreach			
	Provider network adequacy			
SS	Speed to care			
띯	Comprehensive provider directory			
AC	Meaningful reporting on initial adoption			
	Meaningful reporting on utilization/engagement			
	Effective triaging			
	Commitment to reducing stigma			
	Standard clinical screening			
≥	Use of relevant NQF measures			
	Quality transparency for members			
QUAL	Member satisfaction measurement			
	Provider monitoring & corrective action procedures			
Z	Use of health plan/claims data			
Ĕ	Integration between behavioral health & PCP			
GR/	Enables warm referrals between vendors			
Ĕ	Education for key providers in network			
Z	Data sharing & integration across vendors			

SAMPLE SPECIFICATIONS:

Communications & outreach: Offers telephonic & digital communications options with 24/7 coverage.

Speed to care: Urgent appt. w/in 1 hour; routine appt. w/in 4 hours.

Meaningful reporting on adoption & utilization: Metrics should reflect meaningful interaction, not vanity metrics (e.g., downloaded app).

Member satisfaction: Should be 85% or better.

Provider monitoring & corrective action procedures: Conducts regular auditing & quality control to ensure professionalism.

Integration between vendors: Supports training, data sharing, and warm referrals to and from other vendors/partners.



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Companies Invited To Participate: AbleTo, American Well, Doctors on Demand, MDLive, Teladoc, Talkspace

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RESPONDENTS:

Aimee Peters, *Chief Clinical Officer*, <u>email</u>
Dorothy Gemmell, *Chief Commercial Officer*, <u>email</u>

AT-A-GLANCE

Category: Tele-mental health provider

Description: 6-8 week virtual program for silent sufferers

Eligible lives covered: 15,000,000+

Billing model: Reimbursed as provider via health plan

TOPIC		SCORE	HIGHLIGHTS
	Identification of members in need		Targets "silent sufferers" who represent 20% of the U.S. w/ 50% of the Targets "silent sufferers" who represent 20% of the U.S. w/ 50% of the
	Communications & outreach		medical cost. Typically make up 4-6% of commercial population.
	Provider network adequacy		 Uses proprietary algorithm to proactively identify patients in need using medical, pharmacy, and behavioral health data
SS	Speed to care		Small network of 450 LCSWs and master's-level behavioral health coaches
B	Comprehensive provider directory		Matches patients to provider based on gender, state, and language
ACCESS	Meaningful reporting on initial adoption		preferences (some provider information made available after match)
	Meaningful reporting on utilization/engagement		Offers next-day scheduling for routine visit (outside of 4-hour target to
	Effective triaging		access a virtual provider); does not offer urgent/emergent care
	Commitment to reducing stigma		Engages 30% of target population; 65% who engage graduate from the 6-8 week program
	Standard clinical screening		Uses Depression Anxiety Stress Scale 21 (DASS21) to measure clinical
≥	Use of relevant NQF measures		quality and outcomes (not recommended NQF-measures)
	Quality transparency for members		95% member approval rating for providers
QUALITY	Member satisfaction measurement		Reports reduction of depression, anxiety, and stress by more than 50% in peer-reviewed articles
	Provider monitoring & corrective action procedures		Does not offer performance guarantees for member satisfaction
Z	Use of health plan/claims data		Supports care coordination between care team and primary care providers,
은	Integration between behavioral health & PCP		including sharing of clinical summaries
A	Enables warm referrals between vendors		Provides warm referral to health plan behavioral health team
LEG!	Education for key providers in network		 Offers data sharing with benefits/concierge platforms, but no other partners yet (e.g., EAP, digital solutions)
Ż	Data sharing & integration across vendors		Educates health plan about services, but not key providers yet

Ginger.io SCORECARD

RESPONDENTS:

TOPIC

Christine Evans, Chief Marketing Officer, email

AT-A-GLANCE

Category: Digital solution hybrid

Description: Digital coaching and virtual therapy platform

Eligible lives covered: 150,000+ (Employees only)

HIGHLIGHTS

Billing model: PEPM (coaching), fee-for-service (therapy and psychiatry)

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	Identification of members in need	Reports 89% of adults can benefit from broad services
	Communications & outreach	Very small network of clinicians, but ratio between # of providers to
	Provider network adequacy	eligible members better than other virtual networks at this time
SS	Speed to care	 Users connected w/coach within 60 seconds; urgent appointments w/in 48 hours; routine appointments w/in 6-7 days (below CPR target for
U U	Meaningful reporting on initial adoption	virtual network but credit for offering guaranteed urgent care)
ACCESS	Meaningful reporting on utilization/engagement	6% of population adopts (i.e., exchanges first text with a coach)
	Effective triaging	• 28% engaged after 30-days (i.e., still chatting); opportunity to improve
	Commitment to reducing stigma	segmentation and reporting on sustained engagement
		 Reports use of AI and natural language processing from texting to support triaging and ongoing assessment (would like more evidence)
	Use of evidence-based approach	Limited direct evidence-based studies provided on use of platform,
>	Standard clinical screening	shared related studies
QUALITY	Use of relevant NQF measures	 Uses PHQ-9 and GAD-7 and reports on all requested NQF-measures except Patient Activation (PAM) Scores
5	User goal setting and program management	92% member satisfaction rate; infrequently offers performance guarantees
Ø	Member satisfaction measurement	Conducts monthly coach transcript reviews for QA and implements
	Provider monitoring & corrective action procedures	performance improvement plan; 1 coach removed for quality
7	Use of health plan/claims data	Does not use medical claims data to support program
	Integration between behavioral health & PCP	Does allow for 2-way communication and data sharing with primary care
GRATIO	Enables warm referrals between vendors	providers but does not proactively educate them on platform
NTEG	Education for key providers in network	Customers can build custom care protocols and referral triggers into platform

SCORE



Nita Stella, *VP Product Strategy*, <u>email</u> Carole Romasco, *Head Product Management*, <u>email</u>

Education for key providers in network

Data sharing & integration across vendors

AT-A-GLANCE

Category: Tele-mental health provider

Description: Virtual therapy platform

Eligible lives covered: Did not disclose

Billing model: PEPM plus Per Visit Fee

T	OPIC	SCORE	HIGHLIGHTS
	Identification of members in need		Targets the member population broadly, offering virtual access to
	Communications & outreach		psychiatrists, psychologists, and master's level therapists
	Provider network adequacy		 Offers provider network of ~900 clinicians w/ coverage in all 50 U.S. states
SS	Speed to care		• Directory does not include time to first appointment; upon member request for appointment, provider typically follows up within 8 hours for scheduling;
B	Comprehensive provider directory		does not offer urgent/emergent care
ACCESS	Meaningful reporting on initial adoption		Reports virtual appointment completed on average within 5 days
	Meaningful reporting on utilization/engagement		Some limitations to reporting; does not report % of population who adopt or
	Effective triaging		demonstrates sustained engagement, for example
	Commitment to reducing stigma		 Annualized book of business utilization is entirely program dependent and highly variable
	Standard clinical screening		Uses the Diagnostic and Statistical Manual-5 (DSM-5) Level 1 cross cutting
>	Use of relevant NQF measures		symptoms measure for screening & in every follow-up visit
片	Quality transparency for members		 Reports on DSM-5 as a proxy for CPR-designated NQF measures
QUALIT	Member satisfaction measurement		Reports over 90% member satisfaction rate and 97% provider satisfaction and offers performance guarantees.
g	Provider monitoring & corrective action procedures		offers performance guarantees
	·		 Requires extensive training and practice sessions for new providers, audits 100% of new providers' charts for initial period
Z	Use of health plan/claims data		Supports care coordination between care team and PCPs, including sharing
9	Integration between behavioral health & PCP		of clinical summaries
RA	Enables warm referrals between vendors		Offers referrals to several external vendor types, e.g., wellness and screening, pharmacy, disability, disable management.

pharmacy, disability, disease management

Standard data sharing limited to payment and prescription routing

• Works w/ clients to help network providers refer to program

DIGITAL SOLUTIONS

SIDE BY SIDE & CPR ANALYSIS

TO	PIC	Big Health	Happify	Joyable	meQ	my Strength
	Identification of members in need					
	Communications & outreach					
SS	Meaningful reporting on initial adoption					
ACCESS	Meaningful reporting on utilization/engagement					
	Effective triaging					
	Commitment to reducing stigma					
	Use of evidence-based approach					
	Standard clinical screening					
≱	Use of relevant NQF measures					
QUALITY	User goal setting and program management					
Ø	Member satisfaction measurement					
	Coach monitoring & corrective action processes					
Z	Use of health plan/claims data					
EGRATIO	Enables warm referrals between vendors					
EG	Education for key providers in network					
Z	Data sharing & integration across vendors					

SAMPLE SPECIFICATIONS:

Communications & outreach: Serves patients in need 24/7 via digital channel and ability to escalate.

Meaningful reporting on adoption & utilization: Articulates clear addressable population; metrics reflect meaningful interaction, not vanity metrics.

Use of evidence-based approach:

Demonstrates thorough and rigorous evidence-backed program design.

Member satisfaction: Should be 85% or better.

Use of claims data: Able to incorporate claims data meaningfully into service.

Warm referrals between vendors:

Customer can set custom business rules for referrals.



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Companies Invited To Participate: Big Health, Happify, Joyable, meQuilibrium, myStrength, My Brain Solutions, SilverCloud

Big Health SCORECARD

RESPONDENTS:

Justin Riele, Manager or Marketing & Partnerships, email

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Digital population wellness/cCBT for sleep

Eligible lives covered: ~1.5 million

Billing model: Both PEPM or per participant pricing

models

TO	OPIC	SCORE	HIGHLIGHTS
	Identification of members in need		Targets the 40% of individuals who are sleep deprived and the 20% with incompia (half of whom have anxiety depression, or both).
	Communications & outreach		insomnia (half of whom have anxiety, depression, or both)
SS	Meaningful reporting on initial adoption		 Encourages broad population to take "sleep score assessment" to inform outreach; also targets those w/ prior mental health diagnosis or sleeping
빙	Meaningful reporting on utilization/engagement		pill prescriptions
ACCESS	Effective triaging		30% initial adoption rate and 70% use for over 12 weeks; note that sustained engagement metric only reflects completion of sleep test
	Commitment to reducing stigma		
			 Needs to improve triaging for severe needs (currently redirects to online community or advises users to contact health care professional)
	Use of evidence-based approach		Extensive clinical evidence base provided; reports clinical effect size
	Standard clinical screening		comparable to in-person CBT and higher than a range of anti-depressants
QUALITY	Use of relevant NQF measures		 Relies on PHQ-2 and GAD-2 for screening but does not report on NQF measures for depression remission and response
A	User goal setting and program management		NPS score is 73% (below CPR target of 85%)
9	Member satisfaction measurement		Uses virtual animated professor as proxy for live coaching service
	Coach monitoring & corrective action procedures		
Z	Use of health plan/claims data		Uses claims data effectively for targeting and outreach
ATIC	Enables warm referrals between vendors		Big Health supports referrals and direct education for EAP providers but has yet to work with primary care or behavioral health providers within a
GR/	Education for key providers in network		health plan network (on the roadmap)
Ę	Data sharing & integration across vendors		Does not share data with other mental health partners
	Data sharing a integration deross veridors		Confidential – Do not distribute

happify" SCORECARD

RESPONDENTS:

Nancy Oliker, *Head of Enterprise Marketing*, <u>email</u> Michelle Miller, *Sr. VP, Employer Strategies*, <u>email</u>

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Evidence-based, digital skills building program for resiliency, stress, anxiety, and depressive symptoms

Eligible lives covered: 3,500,000+

Billing model: PEPM fee, tiered for volume

T	OPIC	SCORE	HIGHLIGHTS
CCESS	Identification of members in need Communications & outreach Meaningful reporting on initial adoption Meaningful reporting on utilization/engagement		 Targets 100% of the population to de-stigmatize (notes exception for those with severe or chronic mental health conditions) 20-30% adoption rate; 57% of those who sign up are active after 2 months Customers can determine custom triage and escalation pathways;
AC	Effective triaging Commitment to reducing stigma		Prioritize de-stigmatized language and labels to help appeal to broad population (clinical assessment branded The Happify Scale)
>	Use of evidence-based approach Standard clinical screening		 Extensive peer-reviewed studies validating program design and outcomes (use of platform associated w/increased positive effect over time, increased usage associated with larger increases)
QUALIT	Use of relevant NQF measures User goal setting and program management		Uses 9-question Happify Scale which correlates with PHQ-9 to assess depressive symptoms; uses GAD-2 to measure clinical anxiety
ğ	Member satisfaction measurement Coach monitoring & corrective action procedures		 Only measures member satisfaction by app store rating, opportunity for improvement Al coach to replace live coaching is in development, but is not live yet
Z	Use of health plan/claims data		Reports ability to use claims data for targeting and reporting, but is not a standard practice
ATIO	Enables warm referrals between vendors		Data API (application program interface) supports integration/ connectivity across health plans, telehealth, EAP, etc.
NTEGR	Education for key providers in network Data sharing & integration across vendors		Customers can build custom care protocols and referral triggers into platform
_			Reports ability to train key providers, but it is not a standard practice Confidential – Do not distribute

joyable scorecard

RESPONDENTS:

James Powell, VP of Business Development, email

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Digital cCBT therapy & coaching programs

Confidential - Do not distribute

Eligible lives covered: Does not disclose

Billing model: Option for PEPM or utilization-based

billing

T	OPIC	SCORE	HIGHLIGHTS
ACCESS	Identification of members in need Communications & outreach Meaningful reporting on initial adoption Meaningful reporting on utilization/engagement Effective triaging Commitment to reducing stigma		 Began as a direct-to-consumer program for social anxiety disorder; evolved for employers and other partners in 2016 Offers 8-week coached digital therapy programs for multiple conditions Targets the 20% of population w/ behavioral health needs; reports 18% initial adoption and 30% adherence to program-specific engagement measures Provides broad-based awareness of platform as opposed to identifying
QUALITY	Use of evidence-based approach Standard clinical screening Use of relevant NQF measures User goal setting and program management Member satisfaction measurement Coach monitoring & corrective action procedures		 those who will benefit from Joyable Peer-reviewed article supporting Joyable as effective clinical intervention for social anxiety disorder Uses PHQ-9, GAD-7, and Social Phobia Inventory (SPIN) for screening and weekly clinical outcomes reporting; as a standard, does not report on NQF measures for depression response & remission More than 85% report "very satisfied" All coaches are full time employees and trained in-house on motivational interviewing, Joyable programs, escalation protocols, and user experience protocols
INTEGRATION	Use of health plan/claims data Enables warm referrals between vendors Education for key providers in network Data sharing & integration across vendors		 Offers concierge service to match users in need of in-person provider with someone in their health plan network directly w/in 7-days Has trained primary care providers on a case-by-case basis to offer Joyable as a behavioral health resource Partners with EAPs, navigation vendors, disability vendors, health plans, etc., but unclear what data is being shared



Linda Natansohn, *Head of Corporate Development*, <u>email</u> Scott Fillenworth, *Executive VP, Sales & BD*, <u>email</u>

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Digital resiliency training and skills-building

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Eligible lives covered: 1 million+

Billing model: PEPM fee

TOPIC		SCORE	HIGHLIGHTS
ACCESS	Identification of members in need		Targets 65% of population that identify work as source of stress
	Communications & outreach		meQ Engage provides targeted cCBT interventions based on 18 factors;
	Meaningful reporting on initial adoption		meQ Gateway layers in predictive analytics and triaging capabilities
$\frac{1}{2}$	Meaningful reporting on utilization/engagement		Large range in enrollment (20-60%); 90% of enrollees complete initial assessment
4	Effective triaging		Large range in engagement (5-50%); average 35% return every month
	Commitment to reducing stigma		Reduces stigma w/ emphasis on resilience as learnable skill
	Use of evidence-based approach		Extensive evidence base supporting program design & outcomes
>	Standard clinical screening		meQ Assessment is proxy for standard anxiety screening; no screening for
QUALITY	Use of relevant NQF measures		depression in meQ Engage as it does not claim to treat depression
A	User goal setting and program management		Gaps in use of standard NQF-endorsed clinical quality measures
Q	Member satisfaction measurement		80% member satisfaction (below CPR's target of 85%)
	Coach monitoring & corrective action procedures		Does not typically offer performance guarantees for member satisfaction
z	Use of health plan/claims data		Does not currently incorporate or use medical claims
NOIL	Enables warm referrals between vendors		Makes meQ profile available to EAP providers w/ member permission
GRA	Education for key providers in network		Trains providers and offers a meQ RX form in onsite clinics for direct referrals
Ë Z	Data sharing & integration across vendors		Does not share data back with health plans or partners outside of incentive data



Rebecca Newman, VP, Strategic Alliances, email

AT-A-GLANCE

Category: Digital behavioral health solution

Description: Digital resiliency training and skills-building

Eligible lives covered: 20 million+

Billing model: Per member per month or flat annual

licensing fee

TQ	OPIC	SCORE	HIGHLIGHTS
	Identification of members in need		Offers digital platform and coaching designed for users of all acuity levels
	Communications & outreach		(100% of the population)
ACCESS	Meaningful reporting on initial adoption		 Very wide adoption range (1-50%+); reflects those who register for platform using access codes specific to customer
${\mathcal G}$	Meaningful reporting on utilization/engagement		Engagement reporting more robust; 20% still active after 12-months; users
A	Effective triaging		complete an average of 8-sessions w/in first 45 days
	Commitment to reducing stigma		Stand-out ability to triage at-risk users; pop-up messaging provides specific instructions and encouragement for reaching a clinician
	Use of evidence-based approach		Provided multiple peer-reviewed studies about program outcomes
>	Standard clinical screening		Allows customer to select standard screening assessment (PHQ-9, DASS,
É	Use of relevant NQF measures		GAD-7); screening conducted at regular, ongoing intervals
QUALITY	User goal setting and program management		Uses assessment results as proxies for standard NQF measures
g	Member satisfaction measurement		 97% member satisfaction (above CPR target of 85%); offers performance guarantees
	Coach monitoring & corrective action procedures		Reports users experience a 55% reduction in depression scores
Z	Use of health plan/claims data		Has demonstrated effective use of claims data for studies and specific use cases, but not as standard practice
9	Enables warm referrals between vendors		Can facilitate bi-directional referrals and handoffs to behavioral health or
RA	Education for key providers in network		telehealth providers, but not currently a standard practice
INTEGRATION	Data sharing & integration across vendors		 Product currently being used in inpatient settings; myStrength has relationships with 150+ provider organizations and has experience integrating into accountable care or patient centered medical home
	1		models Confidential – Do not distribute

NAVIGATION VENDORS

CPR ANALYSIS

ТО	PIC	CASTLIGHT
	Identification of members in need	
	Communications & outreach	
	Speed to care	
SS	Comprehensive provider directory	
ACCESS	Meaningful reporting on initial adoption	
AC	Meaningful reporting on utilization/engagement	
	Access to digital support	
	Effective triaging	
	Commitment to reducing stigma	
≥	Standard clinical screening	
5	Quality transparency for members	
QUALITY	Member satisfaction measurement	
	Navigator monitoring & corrective action procedures	
<u>N</u>	Use of health plan / claims data	
₹AT	Enables warm referrals between vendors	
NTEGRATION	Education for key providers in network	
	Data sharing & integration across vendors	

Companies Invited To Participate: Due to the fact that collaborative members identified vendors from other categories as higher priority, CPR only invited Castlight, which offers a dedicated behavioral health buy-up option, Elevate, to participate.

SAMPLE SPECIFICATIONS:

Identification of members in need: Identifies members through claims data, self-referrals, online screening, or presence of a comorbidity.

Comprehensive provider directory: Includes "length of time to first appointment."

Effective triaging: Comprehensive approach to assessing and routing patients to appropriate resource. Tracks and reports how quickly a member seeking care receives it.

Quality transparency for members: Displays provider-level quality data.

Member satisfaction: Should be 85% or better.

Use of health plan/claims data: Incorporates claims data meaningfully into offering.

Warm referrals between vendors: Customer can set custom business rules for referrals.



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Howard Willson, MD, Head of Clinical Strategy, email

AT-A-GLANCE

Category: Navigation vendor (note this is only navigation vendor evaluated in this cycle)

Description: Coordinates and directs individuals to care

Eligible lives covered: 5,000,000+

Billing model: Not provided

ТО	PIC	SCORE	HIGHLIGHTS
SS	Identification of members in need		Identifies members for services through claims data and in-platform behaviors to target for behavioral health services
	Communications & outreach		
	Speed to care		Offers various methods for communications and outreach, including mobile, web, application, call/chat capabilities w/in app, single-sign on from other
	Comprehensive provider directory		vendor, etc.
ACCESS	Meaningful reporting on initial adoption		Castlight Elevate doesn't track how quickly a member receives care
AC	Meaningful reporting on utilization/engagement		Provider directory updated weekly (per health plan agreement) and does
	Access to digital support		not include length of time to first appointment
	Effective triaging		Offers members access to myStrength
	Commitment to reducing stigma		Triaging based on assessment to self-care, provider search, or care for others. Also, directs to 911 and external behavioral health resources
	Standard clinical screening		Leverages PHQ-2 and GAD-2 in portal but unclear how results are used
>	Quality transparency for members		Includes external sources of quality information in provider directory, e.g.,
QUALITY	Member satisfaction measurement		CMS hospital quality, providers with Bridges to Excellence Depression Care Recognition, and 3 rd party patient review sources like Insider Pages, Yahoo
A D	Navigator monitoring & corrective action procedures		Local, and Angie's List
Ø			Tracks member satisfaction with product but not outcomes
			Navigators not trained to recognize behavioral health needs
Z	Use of health plan / claims data		Does not educate providers in health plan's network about offering
INTEGRATION	Enables warm referrals between vendors		Opportunity to share behavioral health data (e.g., PHQ-2 and GAD-2 scores) with health plan clinical team and other vendor partners
Ħ_	Education for key providers in network		 myStrength cCBT tools are standard; no opportunity to plug-and-play other
Z	Data sharing & integration across vendors		cCBT tools in its place Confidential – Do not distribute

WHAT'S NEXT?

WE WANT TO HEAR FROM YOU!

We hope you have found this CPR members-only resource valuable.

Please reach out to Ryan Olmstead (<u>rolmstead@catalyze.org</u>) and Emily Roesing (<u>eroesing@catalyze.org</u>) with general feedback or if:

- You have specific questions or feedback about CPR's specifications, evaluation process, or results.
- You are interested in inviting any of the mental health companies featured to present to CPR members.
- You plan to use <u>CPR's toolkit</u> to evaluate a new or existing mental health vendor. We can provide support as needed!
- You can think of another vendor category where you feel you may be getting low value that would be ripe for evaluation.

