## Health Plans

Checklists: The checklist translates the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, public health, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors’ setting. Bree staff co-created the checklists with report workgroup members and topic experts.

* Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
	+ Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
* Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
* Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

#### Education/Capacity Building

1. **Educate members in separate pamphlet on available behavioral health services** available at enrollment and annually
2. **Inform in-network clinicians/clinics and members**:
	1. Lack of that there is no increase in cost-sharing for behavioral health screening in primary care
	2. privacy protocols for billing statements
3. **Train staff on HIPAA regulations** and any additional state-specific privacy laws pertaining to healthcare records for individuals under 18.
4. **Train member-facing staff** annually on the following:
	1. Stigma and bias towards people with behavioral health concerns
	2. Special considerations for communities at risk for behavioral health concerns
5. **Ensure disclosure of benefit statements** are compliant with state-specific privacy laws referenced above.

#### Co-management

1. **Encourage in-network providers** to provide demographic, cultural, and linguistic information accessible by members

#### Data & Measurement

1. **Utilize privacy protocols and secure systems** that restrict access to sensitive information based on state-specific privacy laws

Level 2

#### Financial

1. **Include a value-added benefit** for annual well-child visits including with BH screening

#### Education/Capacity Building

1. **Explore ways for school-based health center providers** can bill for services without being assigned to specific dependents or members
2. **Partner with accountable communities of health** (ACHs) to for social need referrals and to track closed loop referrals.

#### Co-management

1. Evaluate and expand provider networks when able to form robust network of primary care and behavioral health professionals both in person and through telehealth.

#### Data & Measurement

1. **Stratify measures** by race, ethnicity, language, SOGI data, and disability as able to identify and intervene to address disparities. See the Bree Collaborative’s **Youth Behavioral Health** **Evaluation Report and Framework**.

Level 3

#### Data & Measurement

1. **Develop the capability to measure and track a set of performance measures** for behavioral health for youth.

#### Financial

1. **Expand types** **of healthcare professionals** (e.g., CHWs) that can bill for screening for BH
2. **Consider alternative population-based payment models** linked to quality metrics that support integration of behavioral health into pediatric primary care and prioritize tracking youth screening for behavioral health, follow-up and outcomes (e.g., [HEDIS DRE](https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/chronic/chipra-244-fullreport.pdf#:~:text=The%20Depression%20Remission%20or%20Response%20for%20Adolescents%20and,to%208%20months%20of%20the%20elevated%20PHQ-9%20score.)).
3. **Consider ways to incentivize delivery of services and use of**  [CPT codes](https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html#:~:text=Current%20Procedural%20Terminology%20%28CPT%29%20code%2099484%3A%20care%20management,other%20qualified%20health%20care%20professional%2C%20per%20calendar%20month) related to behavioral health in primary care (e.g, CPT 99484, CoCM codes CPT 99492, 99493, 99494, HCPCS G2214)
4. **Consider alternative payment models** for school-based health center-based providers to account for lower visit counts.

#### Co-management

1. Incentivize integration of behavioral health in pediatric primary care.

**Full list of guidelines**

#### Financial

1. **Consider alternative population-based payment models** linked to quality metrics that support integration of behavioral health into pediatric primary care and prioritize tracking youth screening for behavioral health, follow-up and outcomes (e.g., [HEDIS DRE](https://www.ahrq.gov/sites/default/files/wysiwyg/pqmp/measures/chronic/chipra-244-fullreport.pdf#:~:text=The%20Depression%20Remission%20or%20Response%20for%20Adolescents%20and,to%208%20months%20of%20the%20elevated%20PHQ-9%20score.)).
2. **Consider ways to incentivize delivery of services and use of**  [CPT codes](https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/behavioral-health-integration-coding.html#:~:text=Current%20Procedural%20Terminology%20%28CPT%29%20code%2099484%3A%20care%20management,other%20qualified%20health%20care%20professional%2C%20per%20calendar%20month) related to behavioral health in primary care (e.g, CPT 99484, CoCM codes CPT 99492, 99493, 99494, HCPCS G2214)
3. **Include a value-added benefit** for annual well-child visits including with BH screening
4. **Consider alternative payment models** for school-based health center-based providers to account for lower visit counts.
5. **Expand types** **of healthcare professionals** (e.g., CHWs) that can bill for screening for BH
6. **Partner with accountable communities of health** (ACHs) to for social need referrals and to track closed loop referrals.

#### Education/Capacity Building

1. **Educate members in separate pamphlet on available behavioral health services** available at enrollment and annually
2. **Inform in-network clinicians/clinics and members**:
	1. Lack of that there is no increase in cost-sharing for behavioral health screening in primary care
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3. **Train staff on HIPAA regulations** and any additional state-specific privacy laws pertaining to healthcare records for individuals under 18.
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	1. Stigma and bias towards people with behavioral health concerns
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5. **Ensure disclosure of benefit statements** are compliant with state-specific privacy laws referenced above.
6. **Explore ways for school-based health center providers** can bill for services without being assigned to specific dependents or members

#### Co-management

1. Evaluate and expand provider networks when able to form robust network of primary care and behavioral health professionals both in person and through telehealth.
2. **Encourage in-network providers** to provide demographic, cultural, and linguistic information accessible by members
3. Incentivize integration of behavioral health in pediatric primary care.

#### Data & Measurement

1. **Utilize privacy protocols and secure systems** that restrict access to sensitive information based on state-specific privacy laws
2. **Develop the capability to measure and track a set of performance measures** for behavioral health for youth.
3. **Stratify measures** by race, ethnicity, language, SOGI data, and disability as able to identify and intervene to address disparities. See the Bree Collaborative’s **Youth Behavioral Health** **Evaluation Report and Framework**.