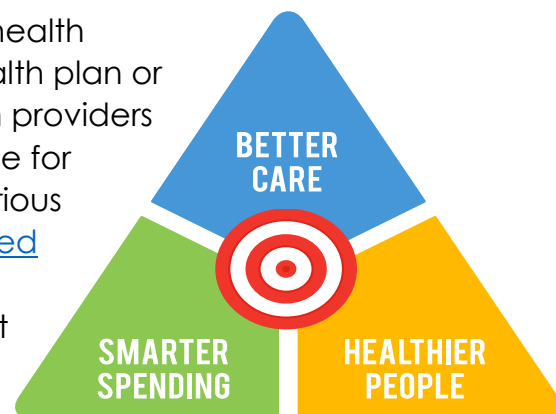


Promoting Provider Engagement in the Behavioral Health Monitoring Process

Joanne Farrell, LCSW, Clinical Reviewer

When initiating a monitoring process for its behavioral health services, one of the biggest challenges faced by a health plan or other payer is promoting engagement and buy-in from providers within its network. According to the National Committee for Quality Assurance (NCQA), while payers may utilize various strategies to achieve their [desired outcomes of improved clinical quality and cost efficiency](#), they are most successful when implementing a provider engagement program. Research has shown that providers are more readily engaged when performance assessment is based on factors that impact the quality of care, such as client safety and positive outcomes.



A successful auditing process achieves the Triple Aim

According to the Johns Hopkins School of Medicine, the first step in successful [provider engagement](#) is recognition that it is the *value* of the services provided, and not merely *volume*, that leads to a successful partnership between the health plan and providers. The Center for Medicare and Medicaid Services (CMS) has established guidelines for organizations working to improve the quality of member services, which in turn leads to a better quality of life while reducing health care costs. These [recommended strategies](#) involve engagement at both the administrative and practice level.

Through the implementation of an auditing process to evaluate a provider's documentation and billing practices, valuable information is obtained that can be utilized to operationalize these strategies and provide actionable feedback to the health plan and its behavioral health providers. The first step in establishing provider engagement is clear communication and definition of the process as a collaboration between entities. The monitoring process should be designed to minimize the burden on providers (manpower and financial). Data



and analysis of agency practices, with a focus on national, state Medicaid and payer policies, is compiled and presented on both an individual and network level. Emphasis should be placed on identifying safety concerns and questionable or inaccurate billing and documentation practices.

Service needs can be identified to address the social determinants of health (SDOH) that are impacting desired treatment outcomes. Findings can then be shared with both individual providers and through the use of settings such as provider town hall meetings, where trends are presented and expectations are set for future service delivery. The health plan can also demonstrate its commitment to providing practitioners with resources and support to achieve the shared goal of efficient, high quality care for all members.

References:

Patient, Provider Engagement Drives High Health Plan Performance, March 15, 2018 - <https://healthpayerintelligence.com/news/patient-provider-engagement-drives-high-health-plan-performance>

Center for Medicare and Medicaid Services (CMS) "Provider Engagement Toolkit" – July 2020

Provider Engagement for Value-Based Performance- Johns Hopkins School of Medicine <https://www.hopkinsmedicine.org/international/partners-forum/2018/slides>

Managed Healthcare Executive April 3, 2019 <https://www.managedhealthcareexecutive.com/view/four-ways-health-execs-can-engage-providers>