SESSION A01

Behavioral Health Integrated into Primary Care: Health Plan Opportunities

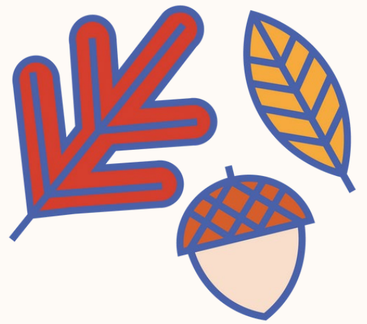
- Mary Nickel-Nguy, DSW, LCSW, Senior Manager, Behavioral Health Integration, California Quality Collaborative

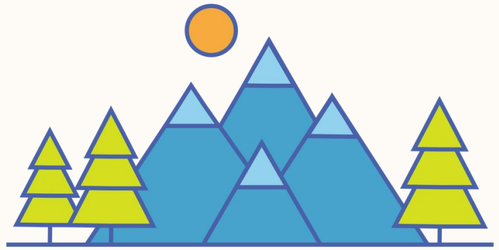
CFHA Annual Conference
October 16th-18th, 2025

Faculty Disclosure

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

- Blue Shield of California Industry Initiatives





Conference Resources

Slides and handouts, shared by our conference presenters, are available on the conference mobile app.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Map systems and relationships impacting sustainable financing of BHI
- Highlight learnings from the 2025 California Payer Workgroup, a collaborative initiative aimed at advancing behavioral health integration across provider organizations
- Identify high -impact opportunities to engage health plans in behavioral health integration

Welcome!

Presenter

Mary Nickel-Nguy
Senior Manager,
Behavioral Health Integration
California Quality Collaborative
mnickelnguy@pbgh.org

CQC Team

Kristina Mody
Director,
Practice Transformation

Lindsay Petersen
Associate Director,
Care Transformation

Julie Malonzo
Program Coordinator,
California Quality Collaborative

California Quality Collaborative (CQC)

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder quality improvement program** of the Purchaser Business Group on Health.

Aligns priorities and coordinates activities across partners for greater collective impact.

Identifies and spreads best practices across the outpatient delivery system in California.

The program trains 2,000 individuals from 250+ organizations each year.

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI.**

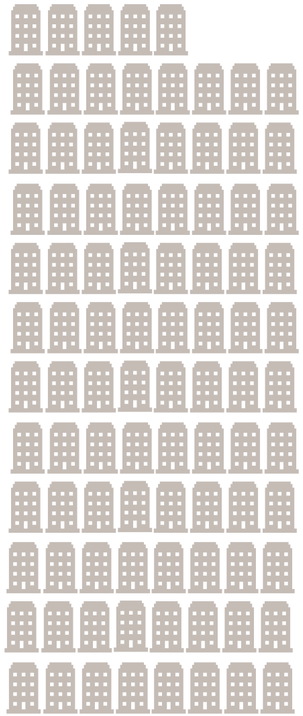
Sponsors

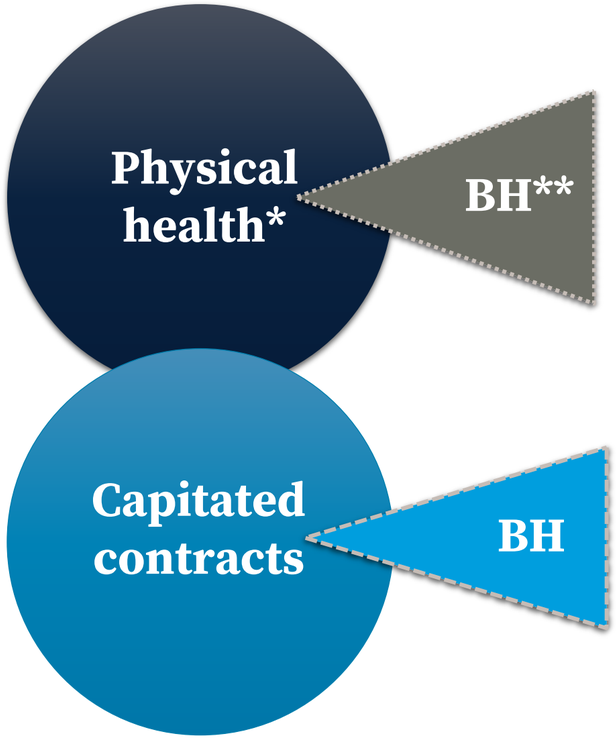
blue california
blue california Promise Health Plan
CalOptima Public Agency Better. Together.
CVS Health
aetna
health net
KAISER PERMANENTE
L.A. Care HEALTH PLAN
MOLINA HEALTHCARE
United Healthcare
VHP Valley Health Plan

California Quality Collaborative

Behavioral Health Integration (BHI) In a Carve-Out State

California | System Fragmentation





***Collaborative Care Model**

****Primary Care Behavioral Health model**

In division of financial responsibility, behavioral health is often excluded, with the health plan retaining responsibility (rather than provider organization responsible for physical health)

93 different payers
(health plans, delegated provider organizations, behavioral health plans)

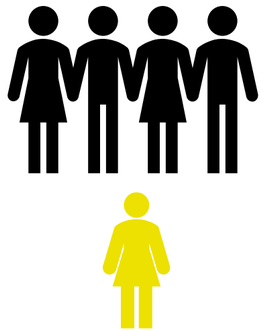
Two (often overlapping) carve-outs (largely commercial plans)

- Behavioral health benefits
- Capitated payment arrangements

Source: *California Health Care Foundation, Weaving Together Mental and Physical Health Care Outside the Safety Net (2020)*

BHI Payment | Two Common Pathways

Primary Care Behavioral Health model



Primary Care Practice

- Implements and bills for PCBH model
- Behavioral Health Provider bills FFS

Direct billing

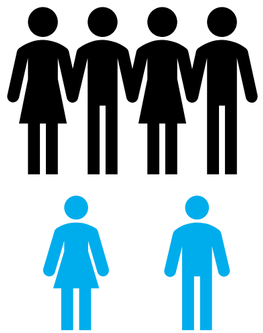
Health Plan

- Carves Out BH

MBHO

- Credentials BH Provider
- Pays BHI Claims

Collaborative Care Model



Primary Care Provider

- Behavioral Health Care Manager bills "incident to" Primary Care Provider (PCP)

Health Plan 1 (FFS)

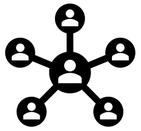
- Credentials PCP
- Pays BHI Claims

Health Plan 2 (Capitated)

- Credentials PCP
- Pays for CoCM codes as part of capitated rate

PBGH California Quality Collaborative

Health Plan | Behavioral Health Responsibilities

	Area	Health Plan Responsibilities
	**Parity**	Provide MH/SUD benefits equal in scope and limits to medical coverage *[Compliance with 2025 regulations]*
	**Medical Necessity**	Use accepted standards/guidelines; no discretionary or retroactive denial
	**Network Access**	Maintain adequate provider network; offer out-of-network when needed without higher cost-sharing
	**Crisis Services**	Cover mobile crisis/intervention services, under parity rules *[Compliance with AB 988]*
	**Appeals & Enforcement**	Provide grievance/IMR processes; develop and document remediation plans for compliance violations
	**Transparency & Education**	Publicly share criteria; educate stakeholders; eliminate discretionary contract clauses

Included via oversight of MBHO (if applicable)

Health Plan Behavioral Health | Goals & Challenges

Goals

Improving access

Affordability/decreasing costs

Satisfaction

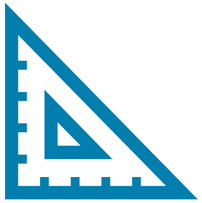
Quality

Navigation to right level of care

Compliance/data

Equity

Marketability/differentiator



Constraints

Resources/funding

Not having enough of market share to make a difference

Data: getting it to continue to invest

Churn makes it hard to make a business case to prioritize

System complexity, bureaucracy (internal)

Provider shortages

System fragmentation: layers make it hard to scale; requires lots of coordination which varies market to market

Enthusiasm isn't enough

Flex in model is needed, but makes it harder to implement/scale

Trust (with other payers)

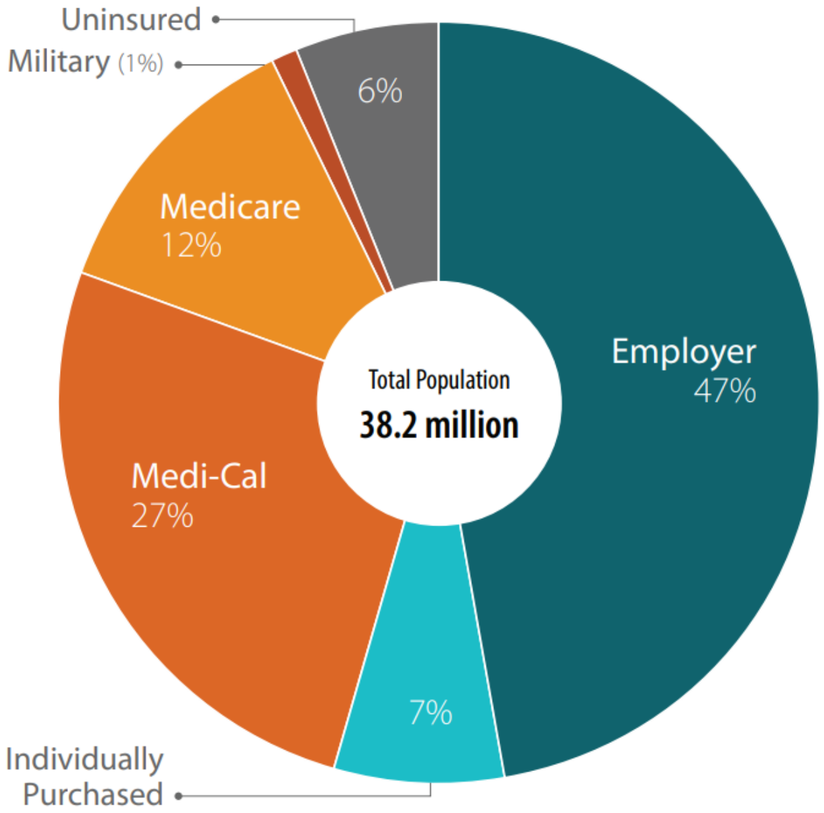
Understanding how BHI fits into Utilization Management

Continuum is needed

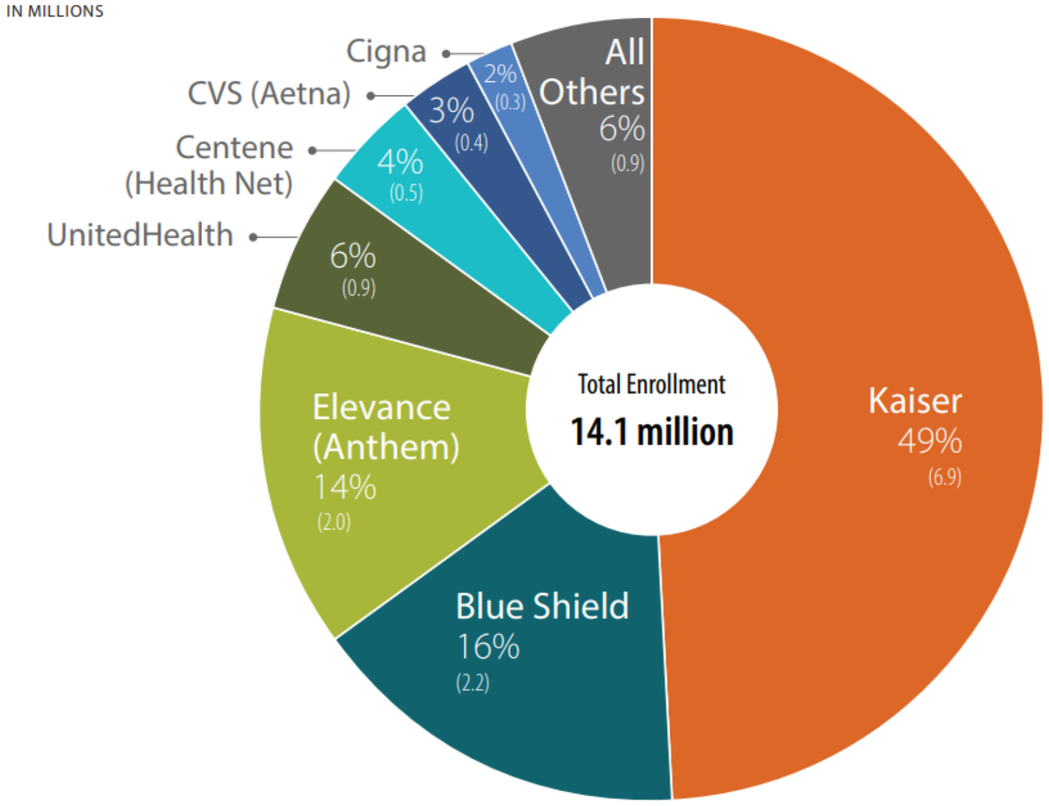
Source: *July 11, 2024 CQC BHI Payer Meeting*

California | Payer Market Share

Health Insurance Coverage (by source)

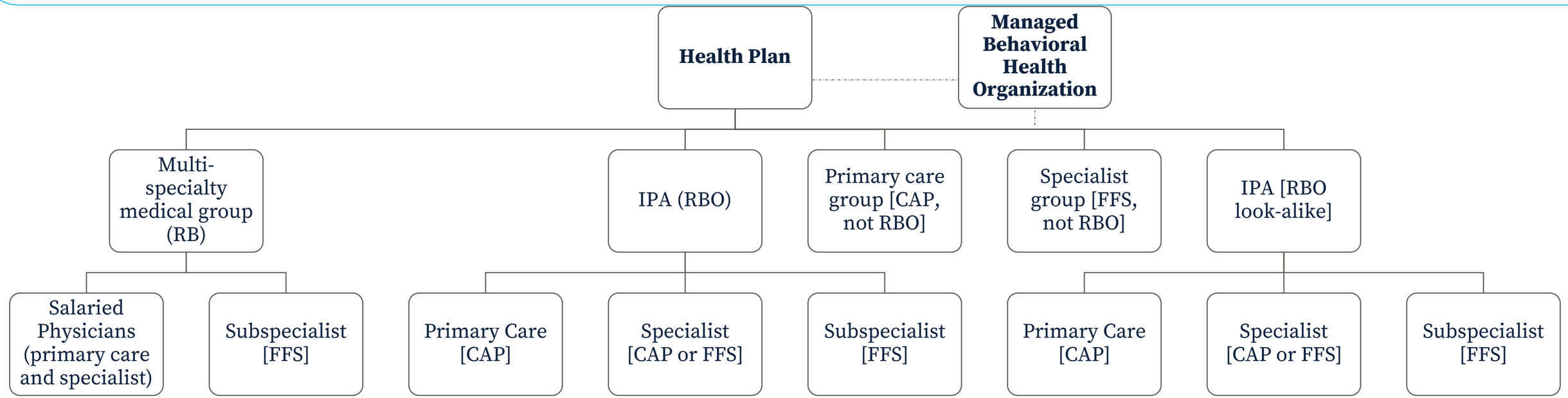


Commercial Enrollment (by insurer)



Source: *California Health Care Foundation, California Health Care Almanac (2024)*

California | System Fragmentation Layers



Notes:

- CAP is capitated
- FFS is fee-for-service
- IPA is independent practice association
- RBO is risk-bearing organization
- Does not include HMO/PPO product differentiators

Source: *California Health Care Foundation, California's Physician Practice Landscape (2022)*

California Quality Collaborative

2025 Behavioral Health Integration (BHI) Payer Workgroup

Collective BHI Solutions
Sustainable BHI Financing in Commercial Settings | 2024 Findings

Objective: Identify, synthesize and communicate successful practices to ensure sustainable payment for BHI into primary care for commercial settings in California

Interviewed 11 organizations

Providers

Plans

IPA

View the Issue Brief Here

Covered six topic areas

- Contracting
- Credentialing
- Claims
- Strategic Planning / Sustainability
- Opportunities for Improvement & Alignment

Synthesized 15 Recommendations & Action Steps

- Sustainable Behavioral Health Integration Financing: Successful Practices & Opportunities (CQC Issue Brief, October 2024)

Key Findings & Opportunities

1. CA system complexity hinders integrated care reimbursement
2. **Plans can champion BHI as part of their behavioral health access and quality strategy**
3. Provider's model of integrated care impacts payment

2025 BHI Payer Workgroup

- Integrating behavioral health into primary care ensures that providers deliver timely, patient-centered, comprehensive whole-person care. This approach expands access to behavioral health services, improves patient outcomes, enhances care team satisfaction, and reduces the total cost of care.
- In 2025, CQC will be convening a workgroup supporting commercial health plans to:

Collaborate with peers and BHI SMEs to facilitate BHI implementation for plans and providers

Create a network of health plan leaders ready to support BHI

Co-design documents to help ready plans and providers for BHI implementation:

- BHI FAQ for plans
- BHI Implementation Guide for providers
- BHI data request process

Participants

aetna CVS Health

Western Health Advantage

United Healthcare

blue california

Optum

blue california Promise Health Plan

Optum

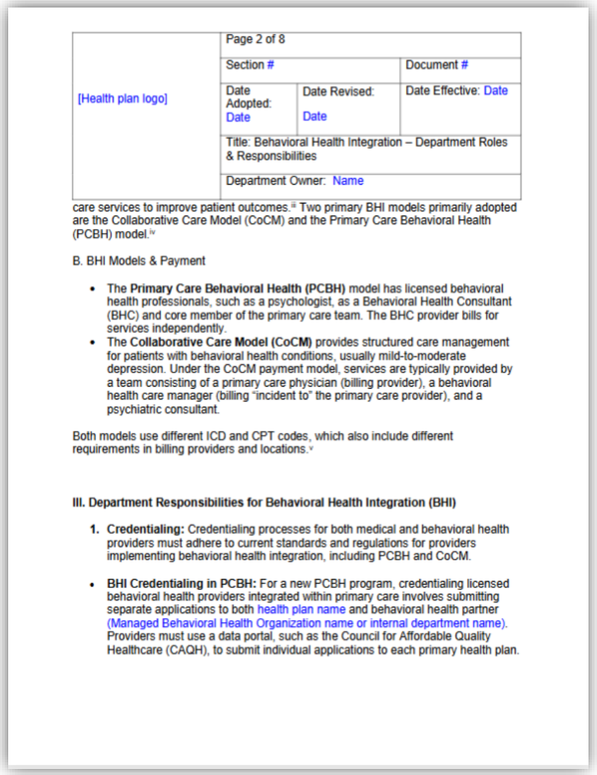
health net

SHARP Health Plan

Spectrum of BHI Plan Engagement

Internal BHI Leads	Claims	Provider BHI Information	Network Analysis	Direct Support
• Identify lead/teams • Contact for provider questions	• Timely reimbursement and/or follow up on submitted claims	• Proactively share information with providers interested in BHI	• Track and compare providers currently doing BHI	• Sponsor BHI (e.g., technical assistance, implementation resources, pilot)

BHI Payer Workgroup | Products Co-Designed



[Health plan logo]	Page 2 of 8	
	Section #	Document #
	Date Adopted: Date / Date Revised: Date	Date Effective: Date
	Title: Behavioral Health Integration – Department Roles & Responsibilities	
	Department Owner: Name	

care services to improve patient outcomes.[iii] Two primary BHI models primarily adopted are the Collaborative Care Model (CoCM) and the Primary Care Behavioral Health (PCBH) model.[iv]

B. BHI Models & Payment

- The **Primary Care Behavioral Health (PCBH)** model has licensed behavioral health professionals, such as a psychologist, as a Behavioral Health Consultant (BHC) and core member of the primary care team. The BHC provider bills for services independently.
- The **Collaborative Care Model (CoCM)** provides structured care management for patients with behavioral health conditions, usually mild-to-moderate depression. Under the CoCM payment model, services are typically provided by a team consisting of a primary care physician (billing provider), a behavioral health care manager (billing "incident to" the primary care provider), and a psychiatric consultant.

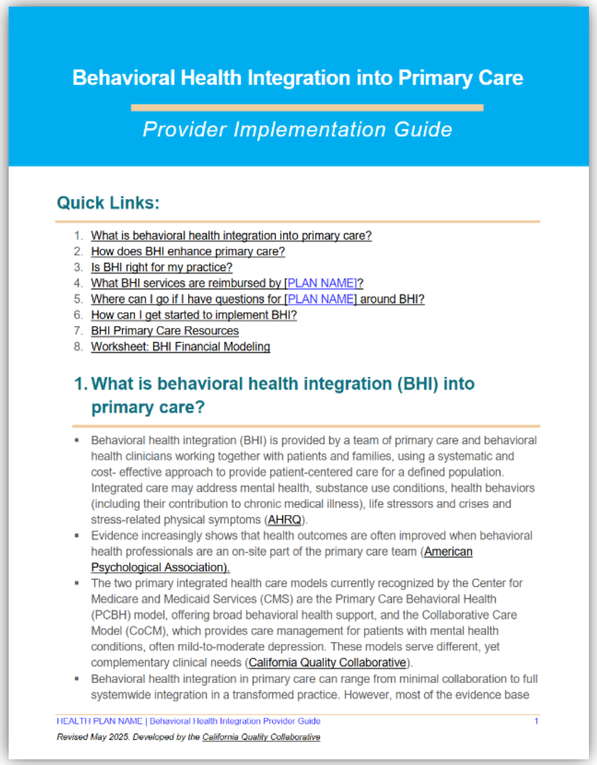
Both models use different ICD and CPT codes, which also include different requirements in billing providers and locations.[v]

III. Department Responsibilities for Behavioral Health Integration (BHI)

1. **Credentialing:** Credentialing processes for both medical and behavioral health providers must adhere to current standards and regulations for providers implementing behavioral health integration, including PCBH and CoCM.

- **BHI Credentialing in PCBH:** For a new PCBH program, credentialing licensed behavioral health providers integrated within primary care involves submitting separate applications to both health plan name and behavioral health partner (Managed Behavioral Health Organization name or internal department name). Providers must use a data portal, such as the Council for Affordable Quality Healthcare (CAQH), to submit individual applications to each primary health plan.

Health Plan – BHI Policy



Behavioral Health Integration into Primary Care

Provider Implementation Guide

Quick Links:

1. What is behavioral health integration into primary care?
2. How does BHI enhance primary care?
3. Is BHI right for my practice?
4. What BHI services are reimbursed by [PLAN NAME]?
5. Where can I go if I have questions for [PLAN NAME] around BHI?
6. How can I get started to implement BHI?
7. BHI Primary Care Resources
8. Worksheet: BHI Financial Modeling

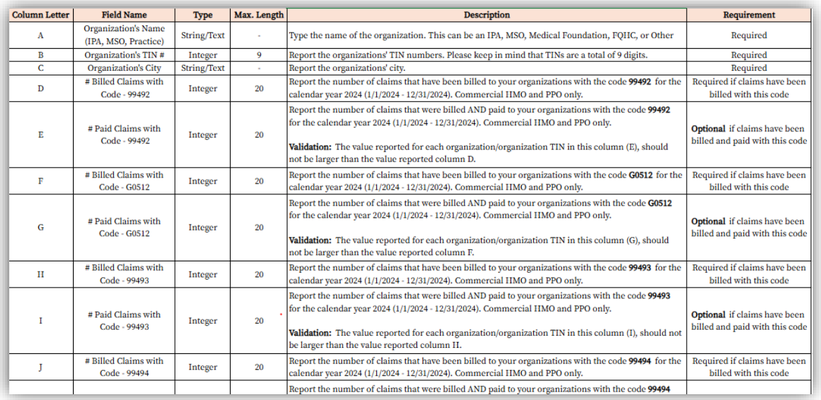
1. What is behavioral health integration (BHI) into primary care?

- Behavioral health integration (BHI) is provided by a team of primary care and behavioral health clinicians working together with patients and families, using a systematic and cost- effective approach to provide patient-centered care for a defined population. Integrated care may address mental health, substance use conditions, health behaviors (including their contribution to chronic medical illness), life stressors and crises and stress-related physical symptoms (AHRQ).
- Evidence increasingly shows that health outcomes are often improved when behavioral health professionals are an on-site part of the primary care team (American Psychological Association).
- The two primary integrated health care models currently recognized by the Center for Medicare and Medicaid Services (CMS) are the Primary Care Behavioral Health (PCBH) model, offering broad behavioral health support, and the Collaborative Care Model (CoCM), which provides care management for patients with mental health conditions, often mild-to-moderate depression. These models serve different, yet complementary clinical needs (California Quality Collaborative).
- Behavioral health integration in primary care can range from minimal collaboration to full systemwide integration in a transformed practice. However, most of the evidence base

HEALTH PLAN NAME | Behavioral Health Integration Provider Guide 1

Revised May 2025. Developed by the California Quality Collaborative

Provider BHI Implementation Guide



Column Letter	Field Name	Type	Max. Length	Description	Requirement
A	Organization's Name (IPA, MSO, Practice)	String/Text	-	Type the name of the organization. This can be an IPA, MSO, Medical Foundation, FQHC, or Other	Required
B	Organization's TIN #	Integer	9	Report the organizations' TIN numbers. Please keep in mind that TINs are a total of 9 digits.	Required
C	Organization's City	String/Text	-	Report the organizations' city.	Required
D	# Billed Claims with Code - 99492	Integer	20	Report the number of claims that have been billed to your organizations with the code **99492** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only.	Required if claims have been billed with this code
E	# Paid Claims with Code - 99492	Integer	20	Report the number of claims that were billed AND paid to your organizations with the code **99492** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only. **Validation:** The value reported for each organization/organization TIN in this column (E), should not be larger than the value reported column D.	**Optional** if claims have been billed and paid with this code
F	# Billed Claims with Code - G0512	Integer	20	Report the number of claims that have been billed to your organizations with the code **G0512** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only.	Required if claims have been billed with this code
G	# Paid Claims with Code - G0512	Integer	20	Report the number of claims that were billed AND paid to your organizations with the code **G0512** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only. **Validation:** The value reported for each organization/organization TIN in this column (G), should not be larger than the value reported column F.	**Optional** if claims have been billed and paid with this code
H	# Billed Claims with Code - 99493	Integer	20	Report the number of claims that have been billed to your organizations with the code **99493** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only.	Required if claims have been billed with this code
I	# Paid Claims with Code - 99493	Integer	20	Report the number of claims that were billed AND paid to your organizations with the code **99493** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only. **Validation:** The value reported for each organization/organization TIN in this column (I), should not be larger than the value reported column H.	**Optional** if claims have been billed and paid with this code
J	# Billed Claims with Code - 99494	Integer	20	Report the number of claims that have been billed to your organizations with the code **99494** for the calendar year 2024 (1/1/2024 - 12/31/2024). Commercial HMO and PPO only.	Required if claims have been billed with this code
				Report the number of claims that were billed AND paid to your organizations with the code **99494**	

BHI Data Request (CoCM)

Note: *Workgroup products will be published Q4 2025.*

BHI Payer Workgroup Reflections

- Success in bringing group together around shared goal
- Interest and education about BHI conducted (e.g., CoCM, PCBH)
  - Financial benefits (e.g., ROI of BHI) not compelling
- Often challenging to identify lead internally
  - Vertical arrangement does not facilitate
- Interest (sometimes surprise) in seeing which CA providers doing BHI
- Data request confirmed how delegation and fragmentation limit plan ability to finance BHI at point of care
- BHI not generally mapped to strategic priority with resource allocation
- BH payer work often around third-party solutions

California Quality Collaborative

Opportunities with Health Plans

Unlocking Opportunities for Integrated Impact

Facilitate Cross-Sector Alignment

Activate Collaborative Implementation Pathways

Strengthen Internal Infrastructure for Integration

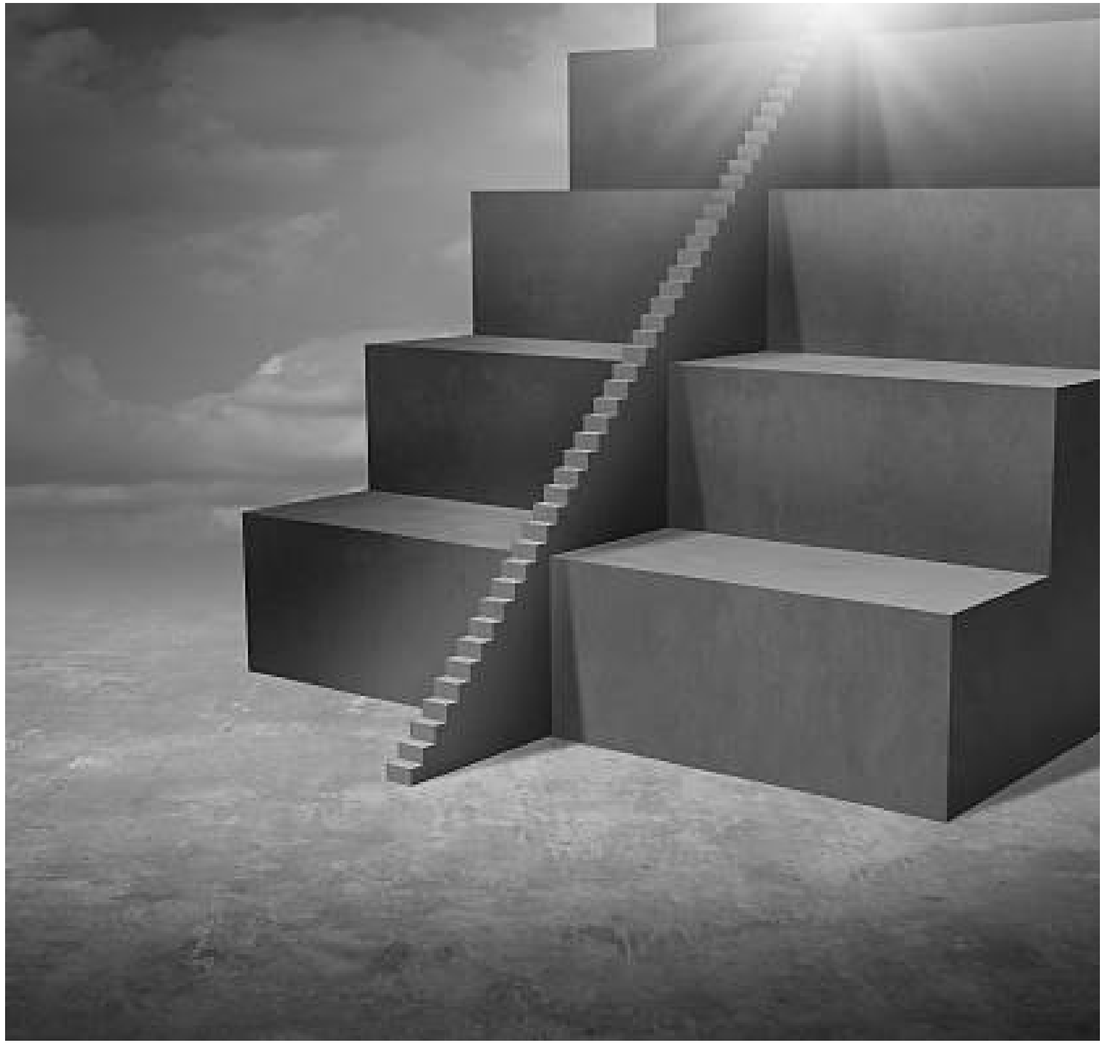
Sustain Engagement Through Adaptive Leadership

Drive Strategy Through Policy and Market Alignment

Tips to Engage with Payers

- Target Strategically: Identify your top payers and connect with the right decision-makers—clinical, contracting or quality leads.
- Prepare with Purpose: Develop concise, data-informed materials that highlight your integration goals, equity impact and readiness to collaborate.
- Engage Proactively: Initiate conversations early.
- Leverage Multi-Payer Momentum: Participate in collaborative initiatives to align expectations, reduce duplication and amplify system-wide impact.
- Track and Share Success: Monitor progress and communicate wins.

Reflection



What's one small or bold step your organization could take this year to move behavioral health integration from intention to impact, and who needs to be at the table to make it happen?

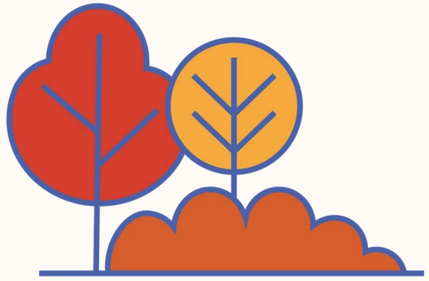
Q&A

California Quality Collaborative

Thank you!!

Mary Nickel-Nguy
Senior Manager,
Behavioral Health
Integration
California Quality
Collaborative
mnickelnguy@pbgh.org

Sign up for the CQC Newsletter!



Session Evalution

Use the CFHA mobile app to complete the evaluation for this session.

See you next year!