



# Behavioral Health Insights

Covered California Enrollee Experience and Outcomes

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Health Equity and Quality Transformation (EQT)

May 21, 2026

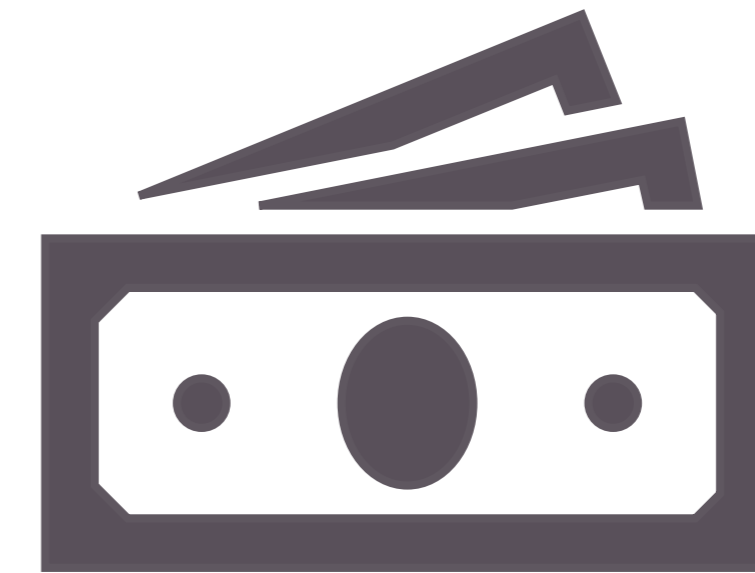
# Approaches to Issuer Accountability



**Dashboards and  
Public Reporting**



**Contract  
Monitoring and  
Improvement  
Plans**



**Financial  
Accountability**

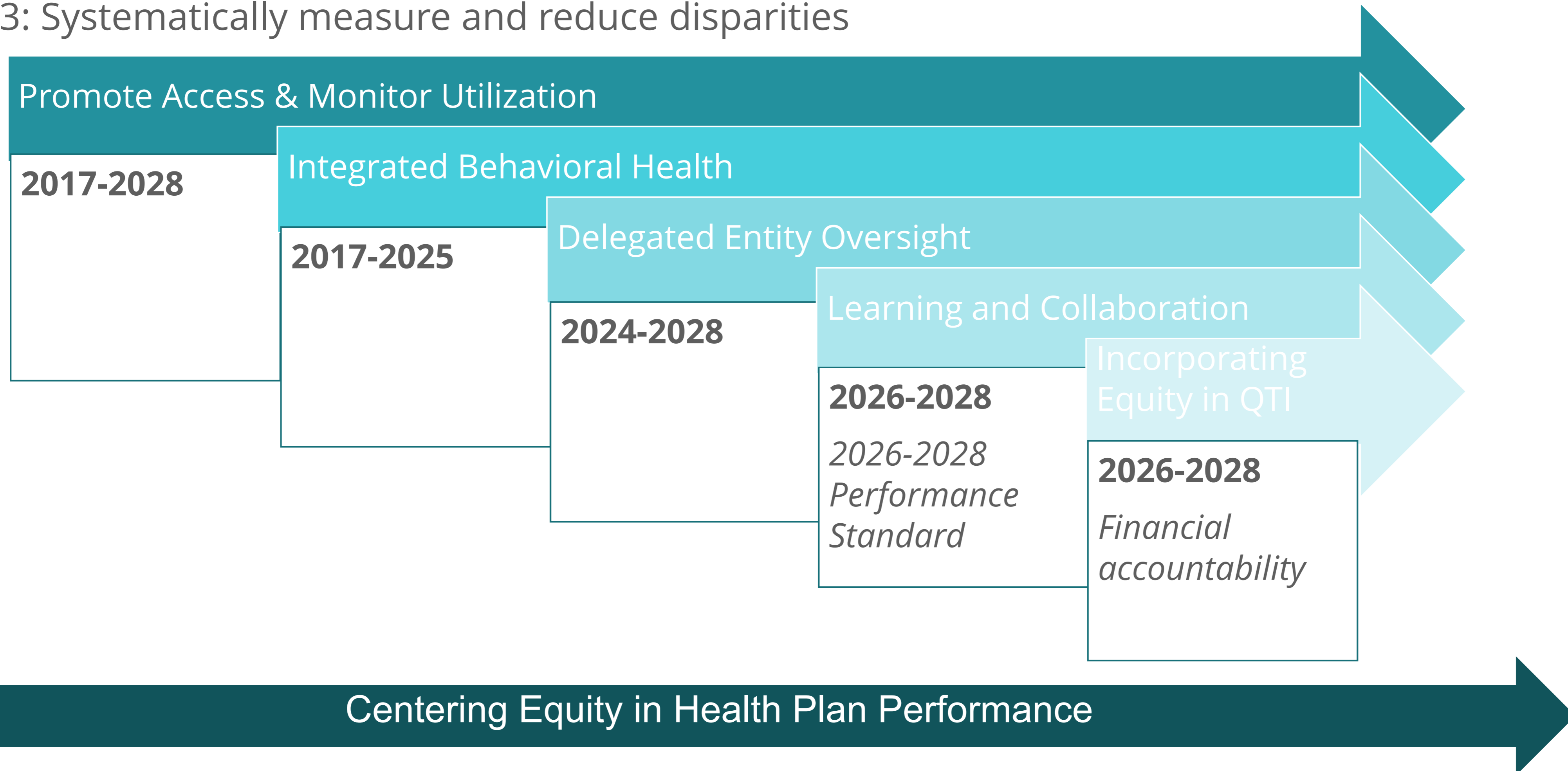
# Covered California Behavioral Health Initiatives

Multi-year contractual initiatives have evolved since 2017 and seek to achieve the following goals:

Goal 1: Measure and improve access to services

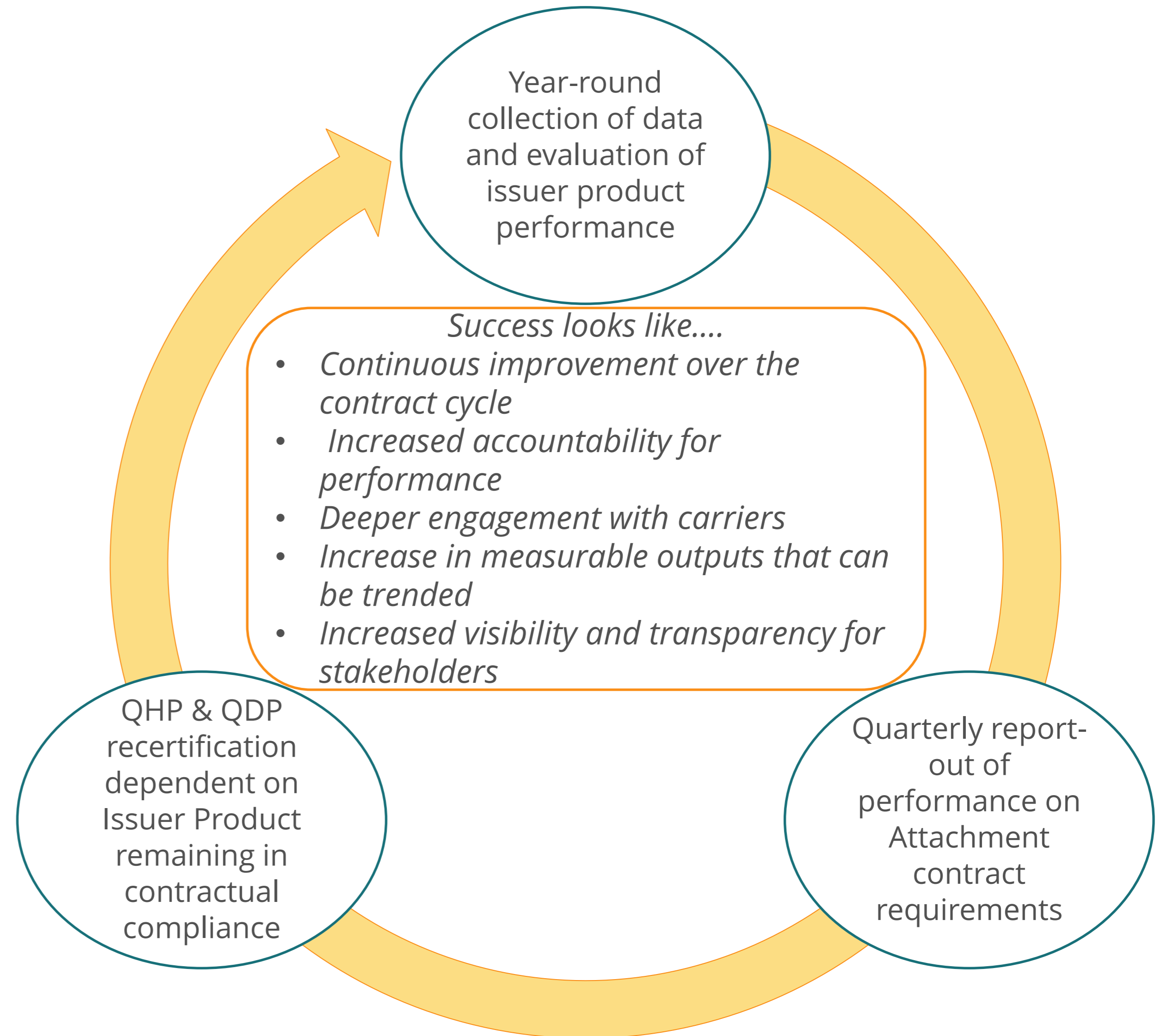
Goal 2: Measure and improve quality of care received

Goal 3: Systematically measure and reduce disparities



# EQT Contract Monitoring

The Contract Monitoring & Assessment process is intended to support rigorous contract oversight and engagement between Covered California and contracted QHP Issuers to disseminate best practices and address performance concerns through technical assistance and guidance.



## Contract Assessment & Monitoring Process

### Phase I: Information Collection

- Compliance Reporting Templates
- Patient Level Data (PLD)
- Healthcare Evidence Initiative (HEI) Data
- Demographic Data Collection
- National Committee for Quality Assurance (NCQA) Accreditation
- Quality Rating System (QRS)

### Phase II: Issuer Engagement

- Carrier Calls
- Plan Management Advisory Group
- Semi-Annual Business Reviews
- Comment & Feedback Review Periods
- Learning Sessions
- One-on-One Issuer Data Validation Meetings

### Phase III: Assessment

- Submission is completed following established guidelines and CCA begins assessment process

# Insights from Member Survey

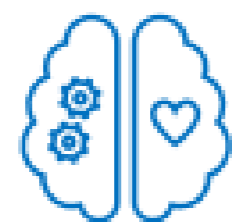
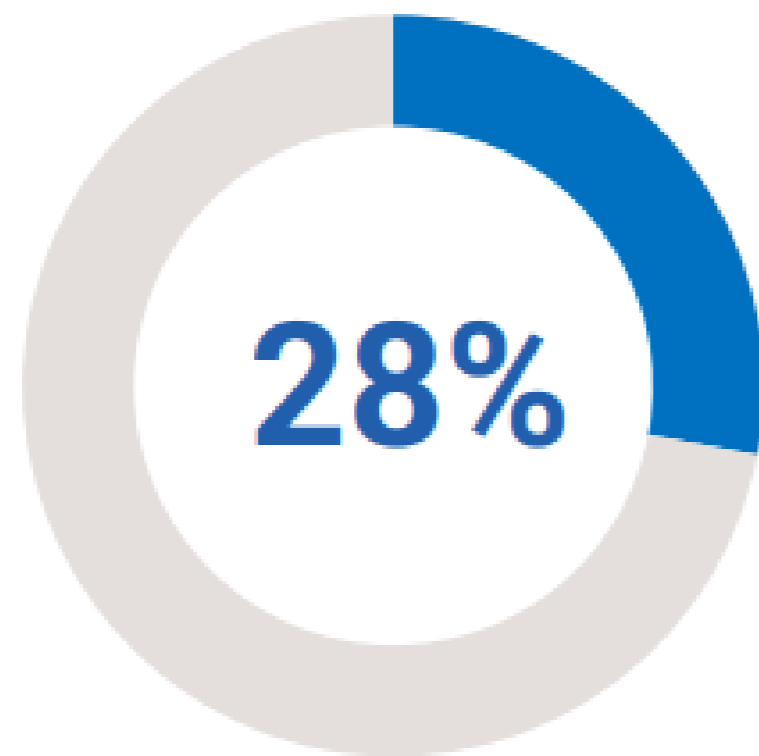




Covered California Member Survey: 2025 Public Report

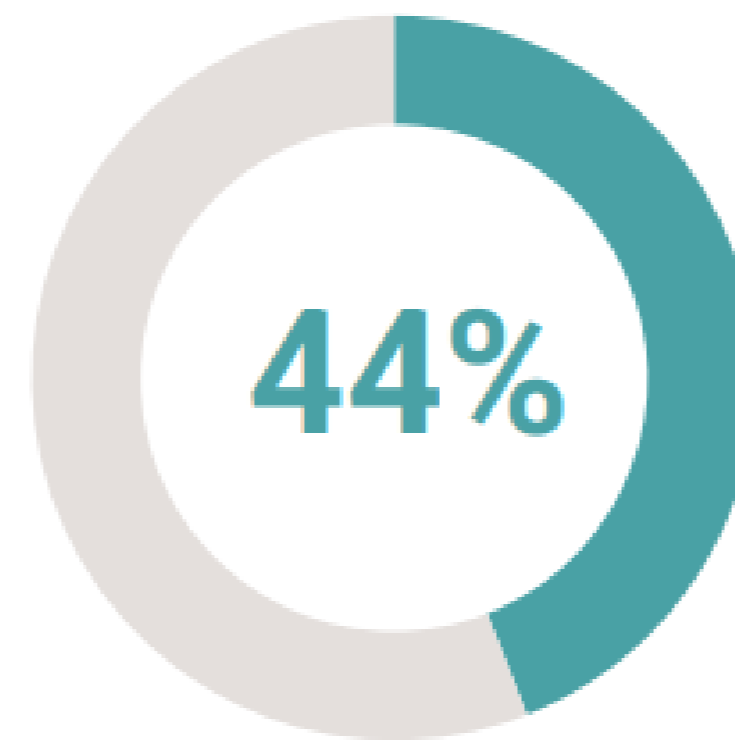
# Overview: Needing & Getting Mental Health Care While Enrolled Among Prior Year Members

Among All PY Members  
(n=1,135)



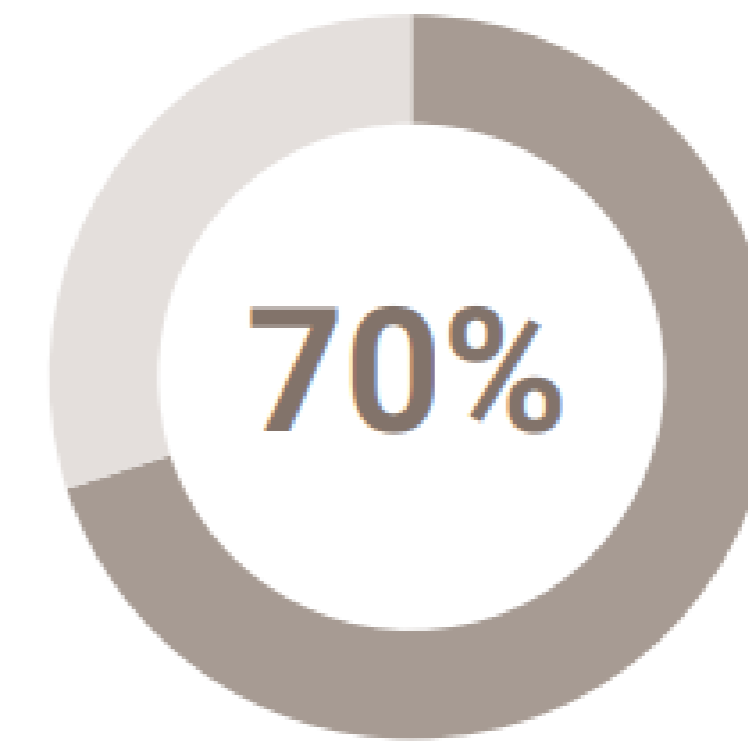
Percent needing mental health care while enrolled

Among PY Members who needed mental health care  
(n=311)



Percent saying they saw a mental health provider

Among PY Members who needed mental health care and saw a provider\*  
(n=139)



Percent saying it was somewhat or very easy to find & see a provider

Survey Items: QX65a - While enrolled in your plan through Covered California in 2024, was there ever a time when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs? QX65b - While enrolled in your plan through Covered California in 2024, did you see a mental health provider? QX65c - While enrolled in your plan through Covered California in 2024, how easy or difficult was it to find and see a mental health provider?

\* Indicates a small base size.

# Insights from Plan Performance Report



HEI

ALL POPULATION PERFORMANCE

## Adult Behavioral Health Visits per 1,000 Members Summary

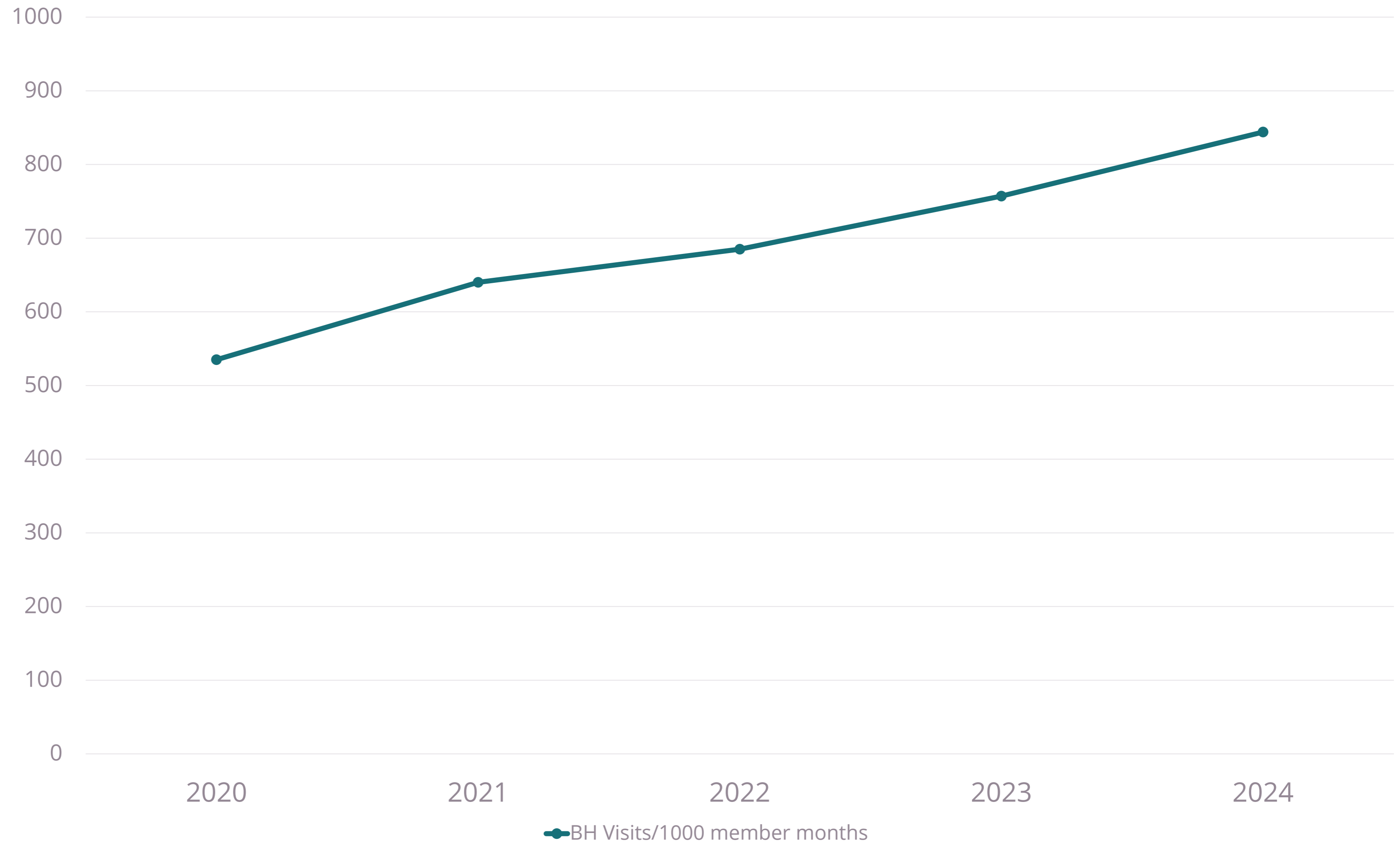
**Definition:** The Adult Behavioral Health Visits measure is the annual number of behavioral health visits per 1,000 enrolled members at age 18 and older. Behavioral health (BH) clinicians include counselors, psychologists, psychiatrists, social workers and other therapists. Most visits are for individual patient therapy though other visits may involve group therapy or various behavioral health treatments occurring in the outpatient setting.

HEI

ALL POPULATION PERFORMANCE

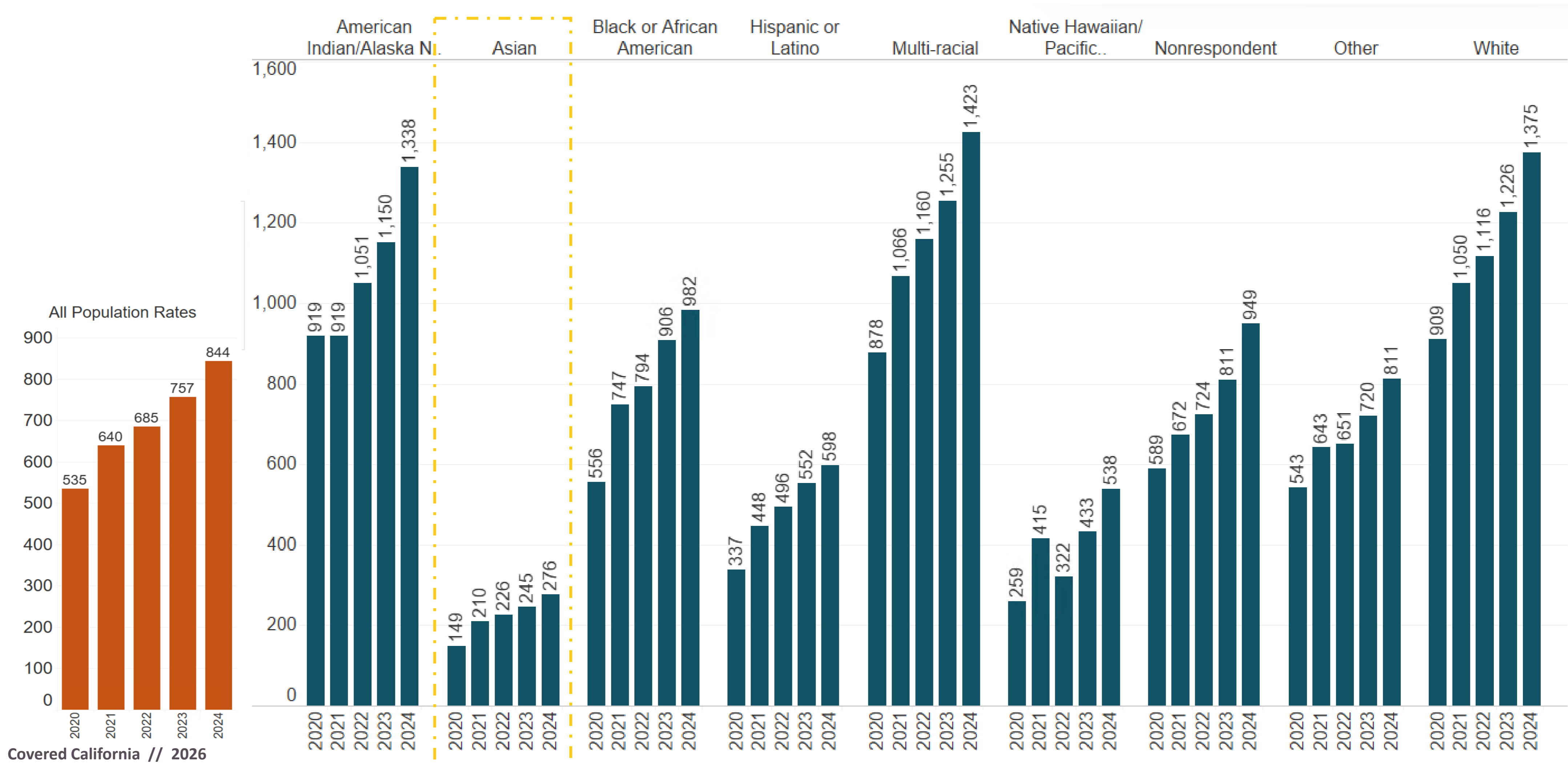
# Adult Behavioral Health Visits per 1,000 Members

**56% increase in adult behavioral health visits per 1000 members from 2020 to 2024**

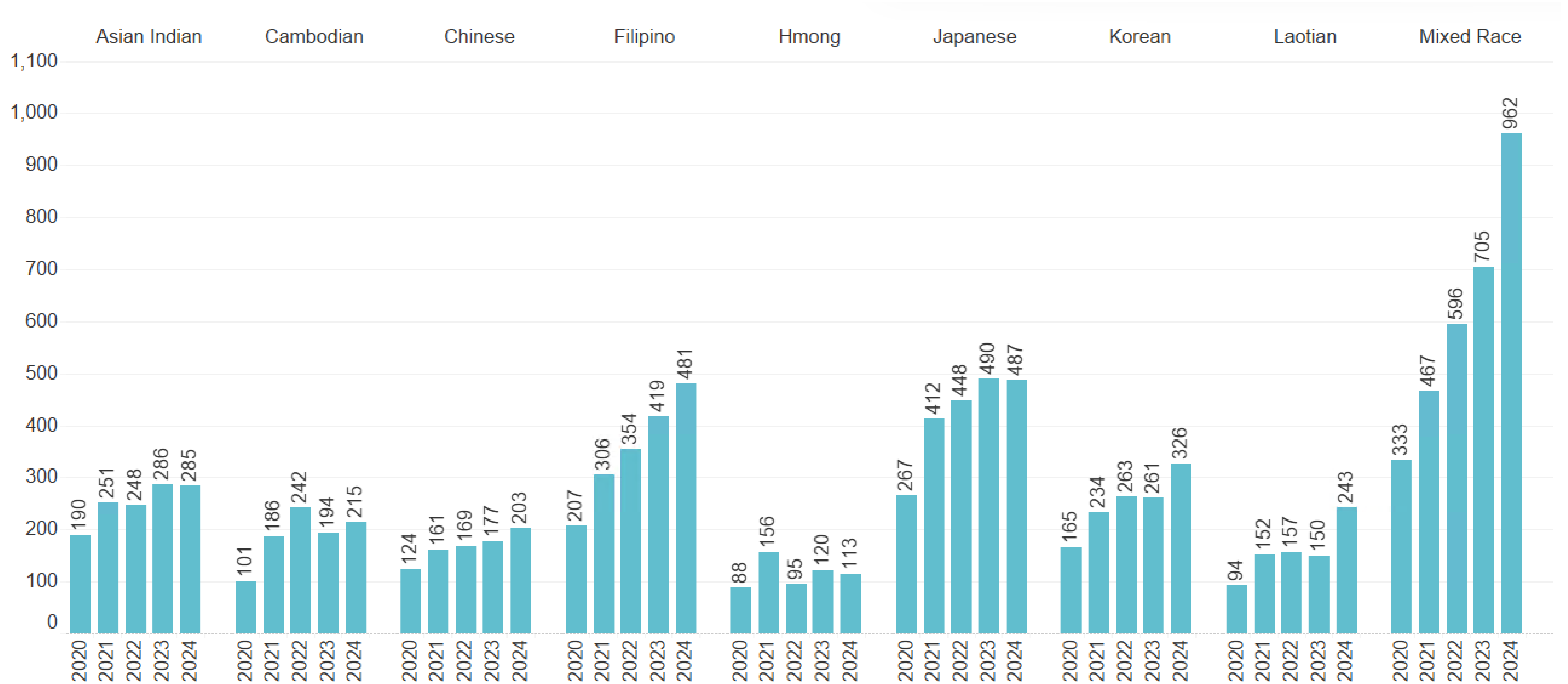


# HEI

## ALL POPULATION PERFORMANCE Adult Behavioral Health Visits per 1,000 Members by Race/Ethnicity



**HEI** ALL POPULATION PERFORMANCE  
**Adult Behavioral Health Visits per 1,000 Members within Asian**



HEI

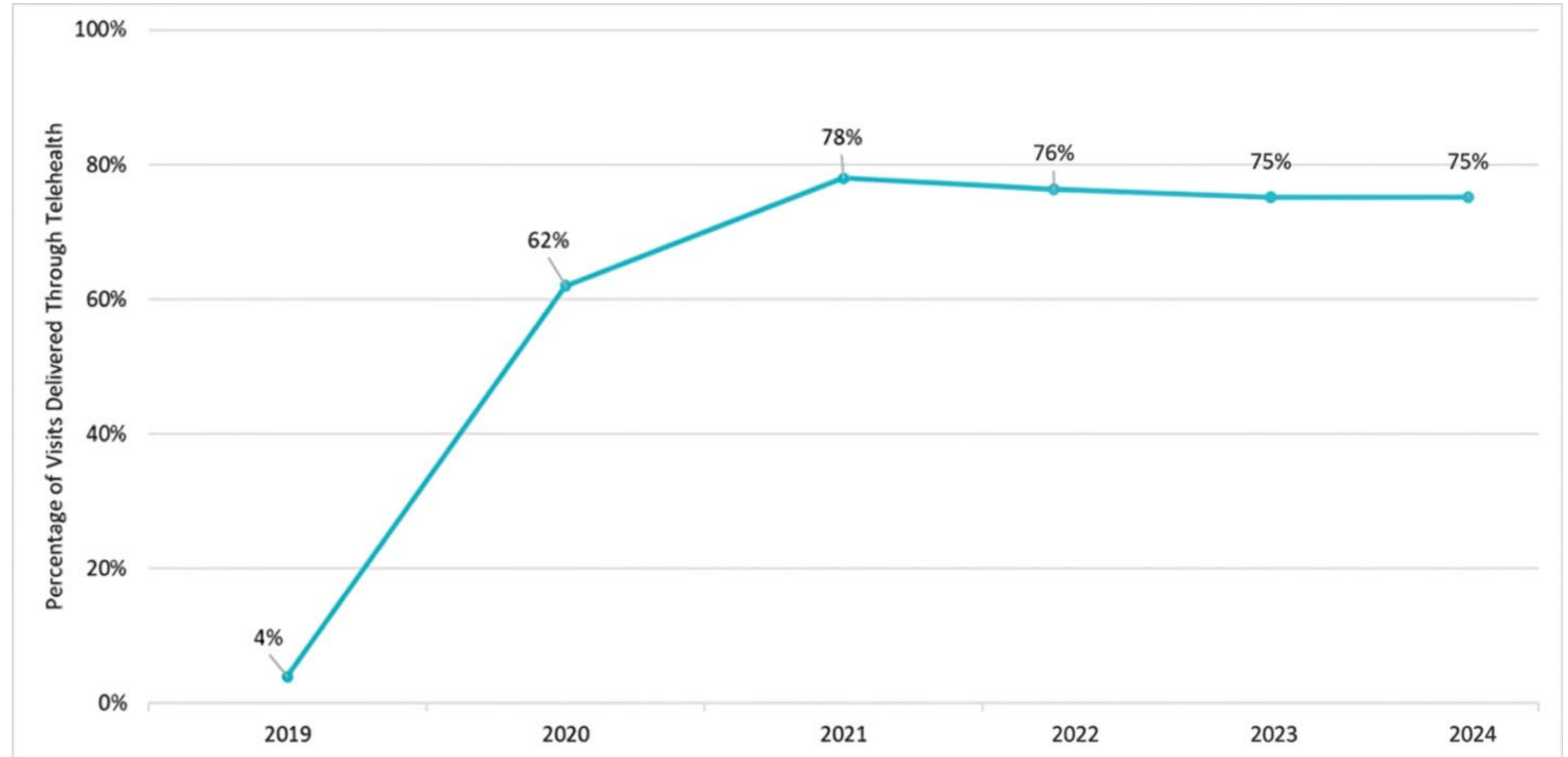
ALL POPULATION PERFORMANCE

# Adult Behavioral Health Care Through Telehealth Summary

**Definition:** The Behavioral Health Care Through Telehealth measure is the portion of ambulatory behavioral health visits that were delivered via telehealth for adults aged 18 and older.

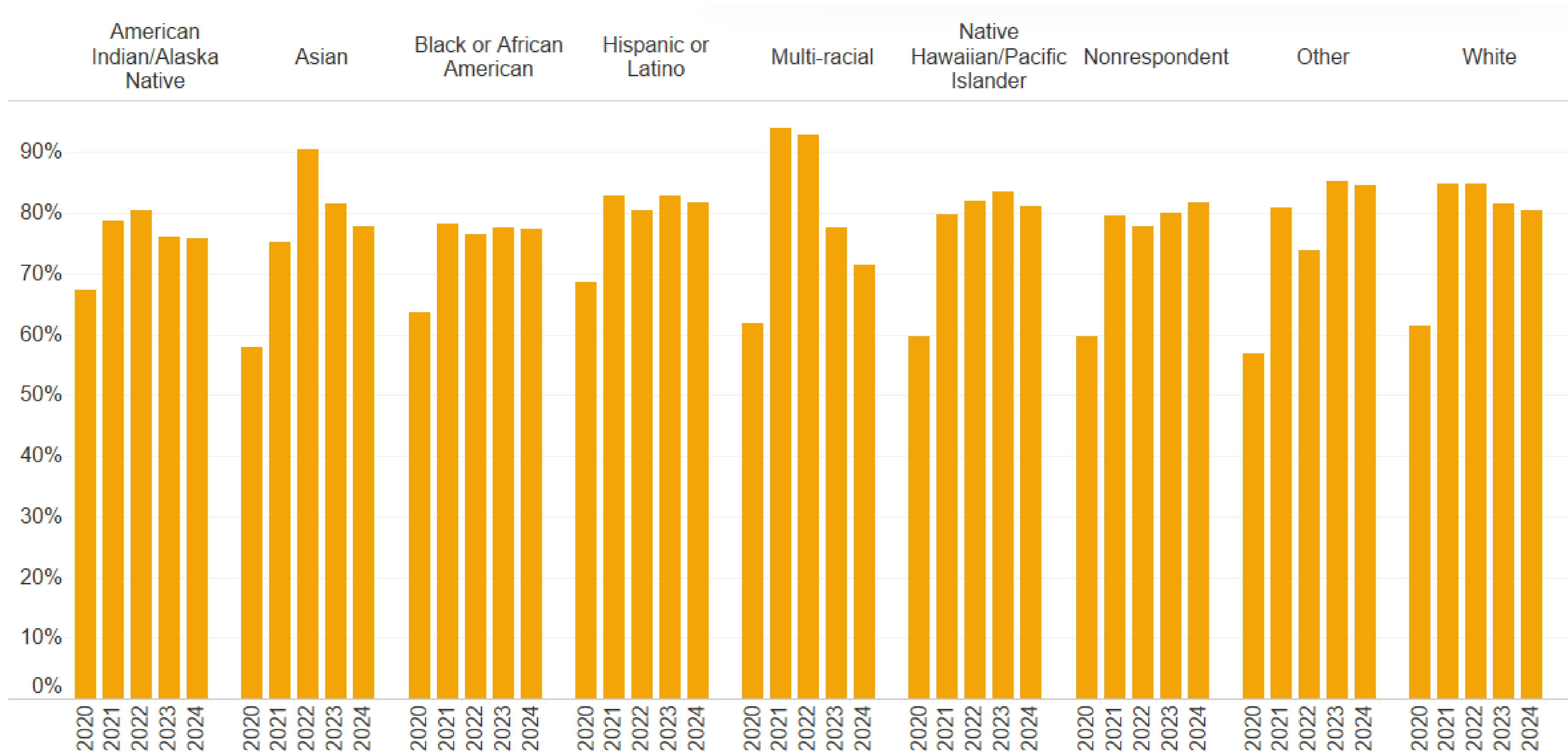
# ALL POPULATION PERFORMANCE Percentage of Adult Behavioral Health Visits Through Telehealth

**13% increase in adult behavioral health visits via telehealth from 2020-2024**

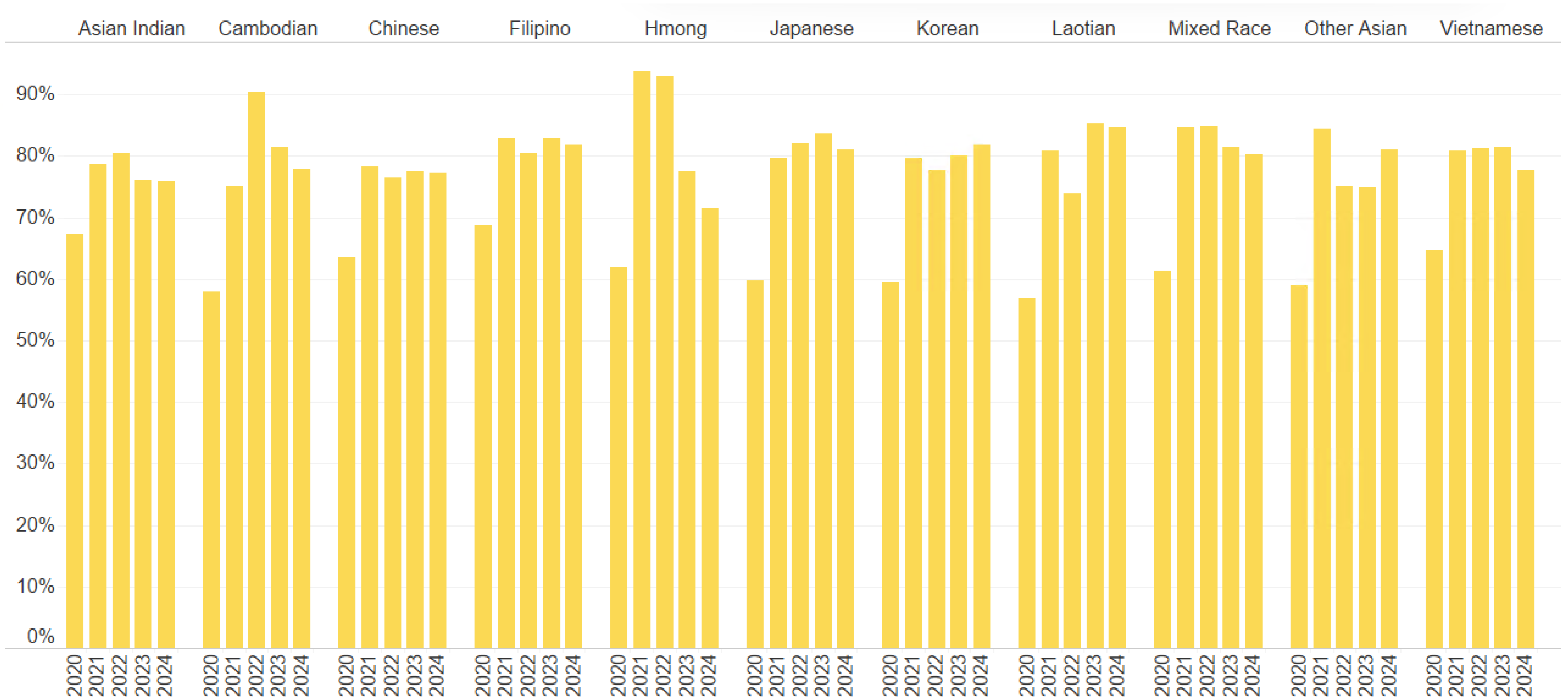


HEI

# ALL POPULATION PERFORMANCE Behavioral Health Care Through Telehealth by Race/Ethnicity



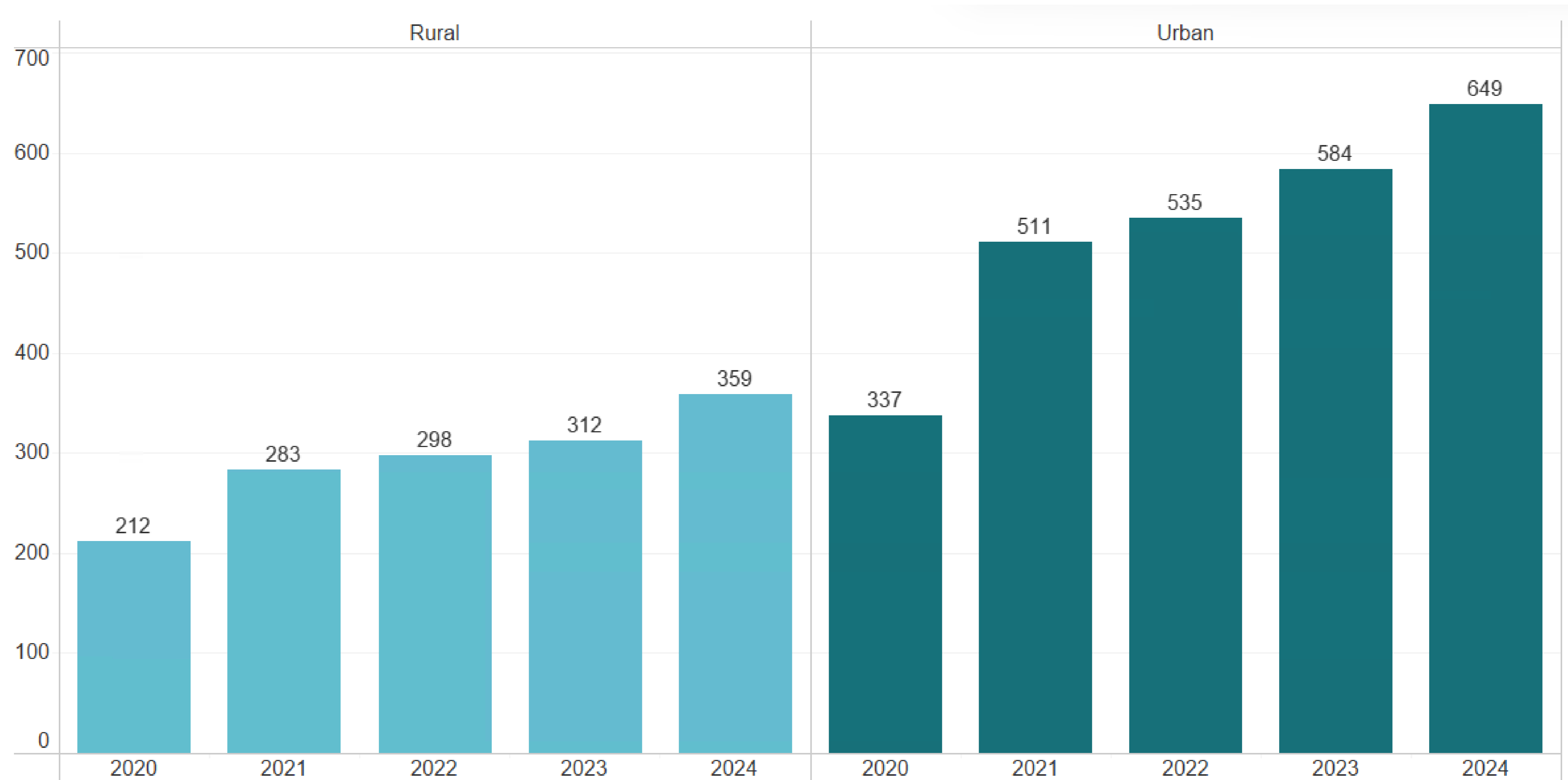
**HEI** ALL POPULATION PERFORMANCE  
**Behavioral Health Care Through Telehealth within Asian**



HEI

# ALL POPULATION PERFORMANCE

## Behavioral Health Telehealth Visits per 1,000 Members by Rural / Urban



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ALL POPULATION PERFORMANCE

## Pediatric Behavioral Health Visits per 1,000 Members Summary

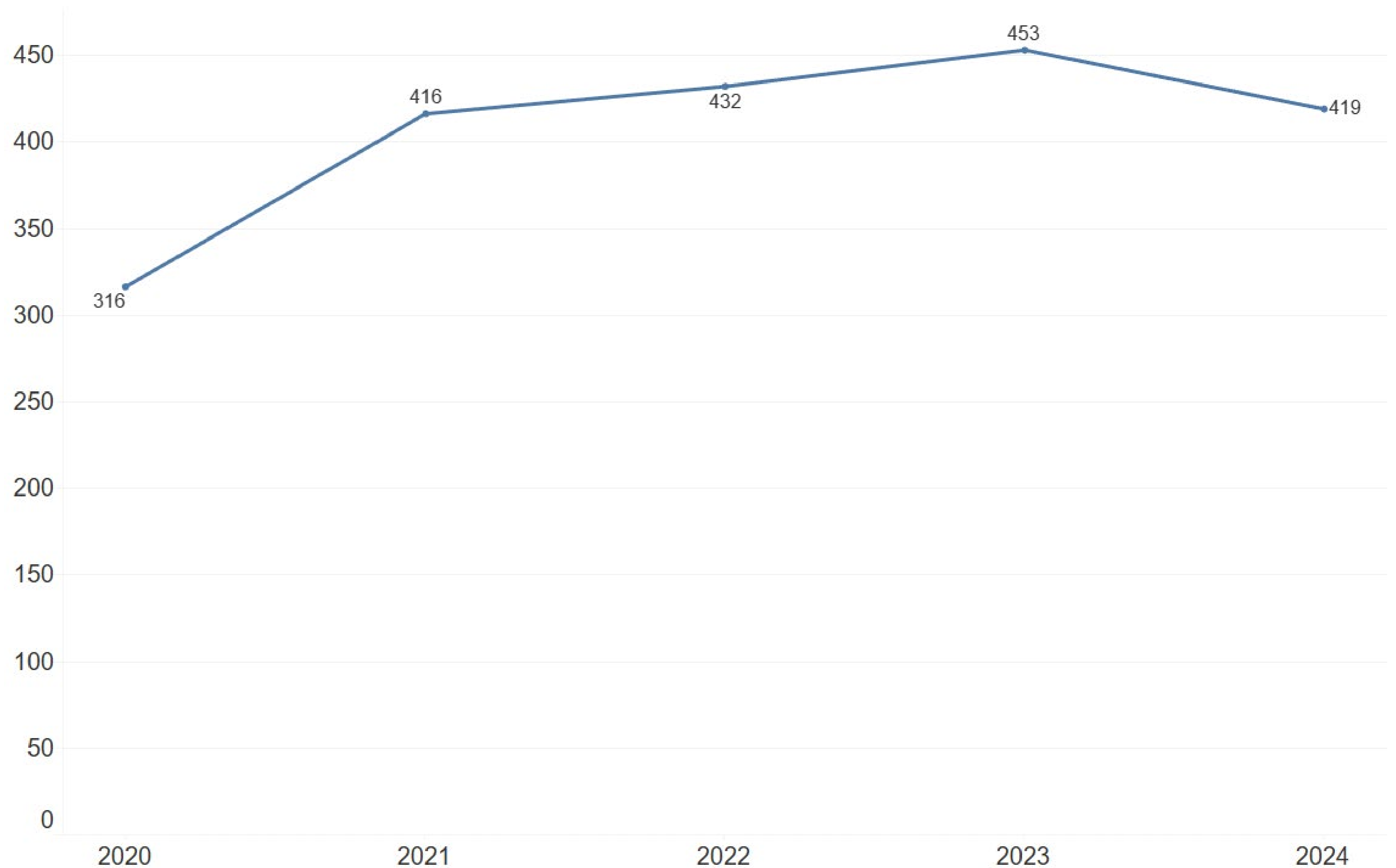
**Definition:** The Pediatric Behavioral Health Visits measure is the annual number of behavioral health visits per 1,000 enrolled members under age 18. Behavioral health (BH) clinicians include counselors, psychologists, psychiatrists, social workers and other therapists. Most visits are for individual patient therapy though other visits may involve group therapy or various behavioral health treatments occurring in the outpatient setting.

**HEI**

ALL POPULATION PERFORMANCE

# Pediatric Behavioral Health Visits per 1,000 Members

**33% increase in peds behavioral health visits per 1000 members from 2020 to 2024**

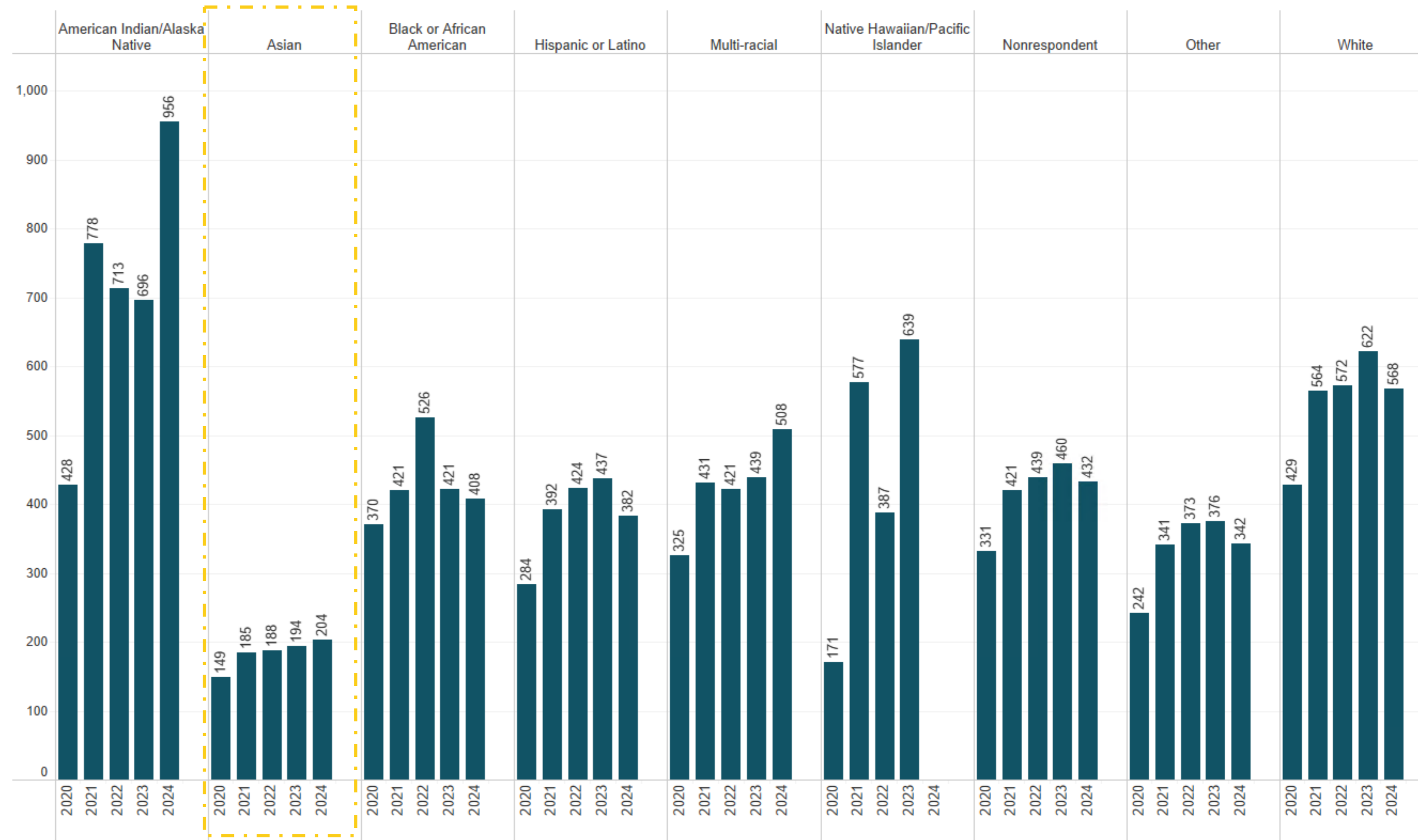
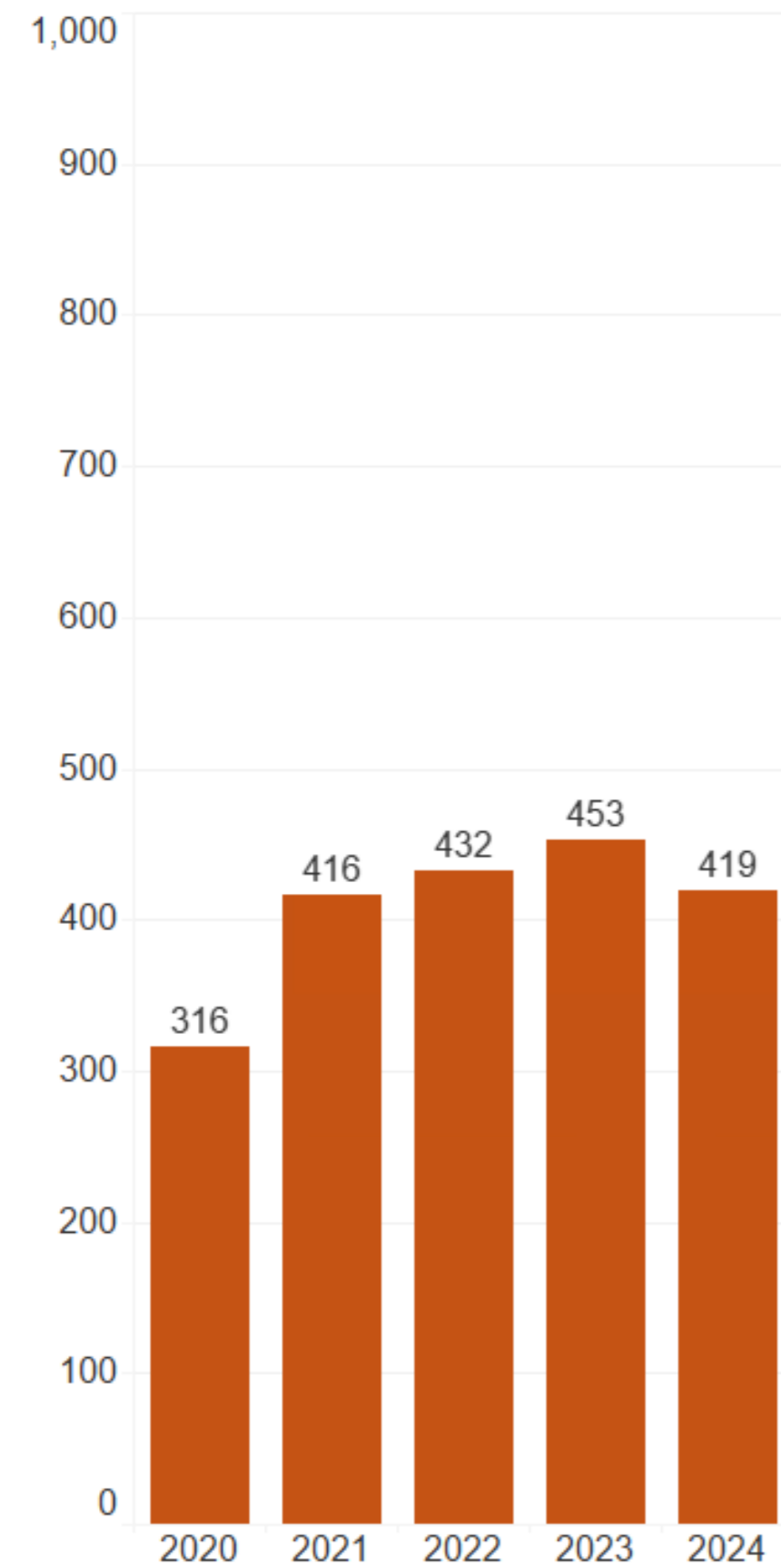


HEI

# ALL POPULATION PERFORMANCE

## Pediatric Behavioral Health Visits per 1,000 Members by Race/Ethnicity

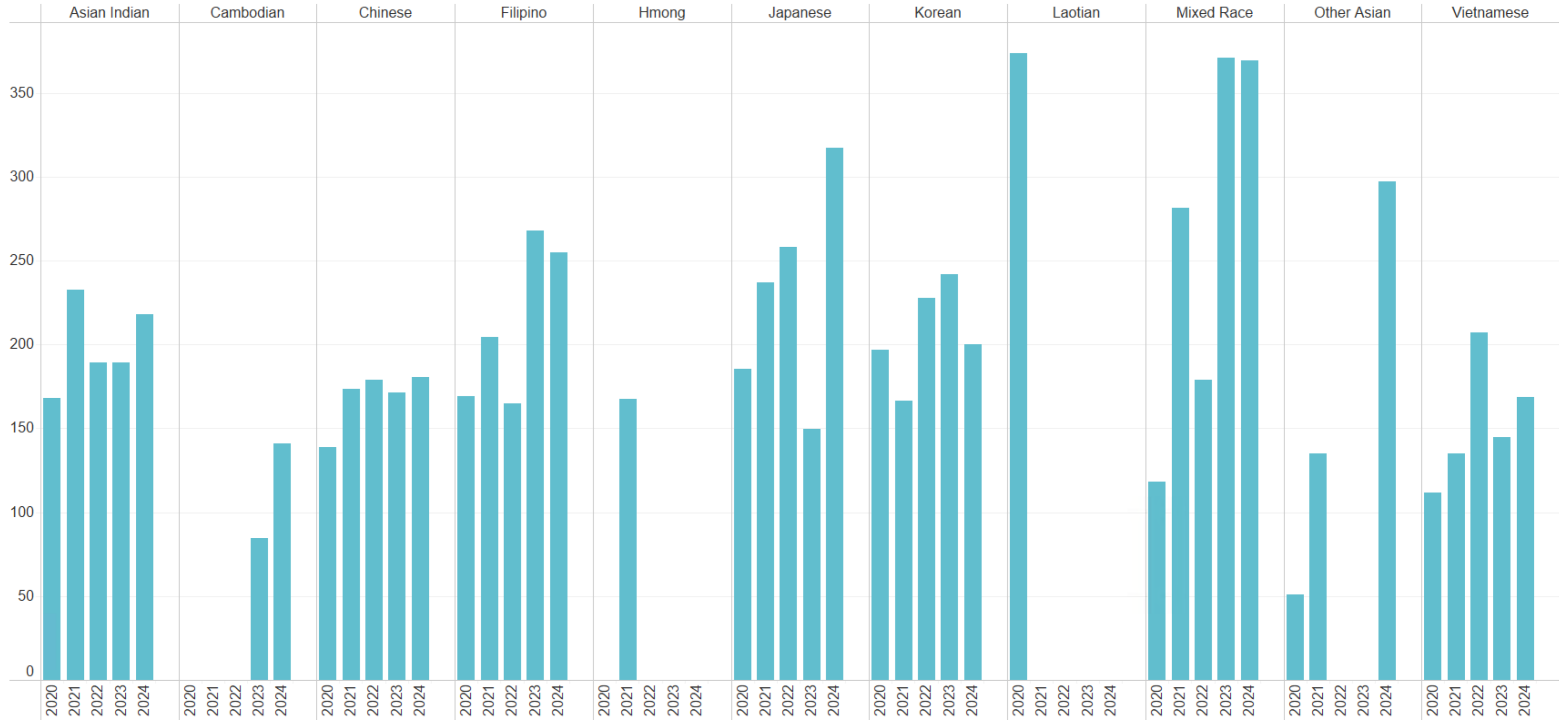
All Population Rate



HEI

ALL POPULATION PERFORMANCE

Pediatric Behavioral Health Visits per 1,000 Members within Asian



HEI

ALL POPULATION PERFORMANCE

## Pediatric Behavioral Health via Telehealth Visits Summary

**Definition:** The Behavioral Health Care Through Telehealth measure is the percentage of ambulatory behavioral health visits that were delivered via telehealth for children under age 18. The remaining portion of pediatric behavioral health care was delivered in-person. Typically, telehealth occurs by phone and can include real time video communications between a patient and clinician. Patients typically value its convenience and the ability to get care at home, however, some patients may face barriers to using telehealth due to its availability or technologic barriers.

**HEI**

ALL POPULATION PERFORMANCE

# Pediatric Behavioral Health Telehealth Visits

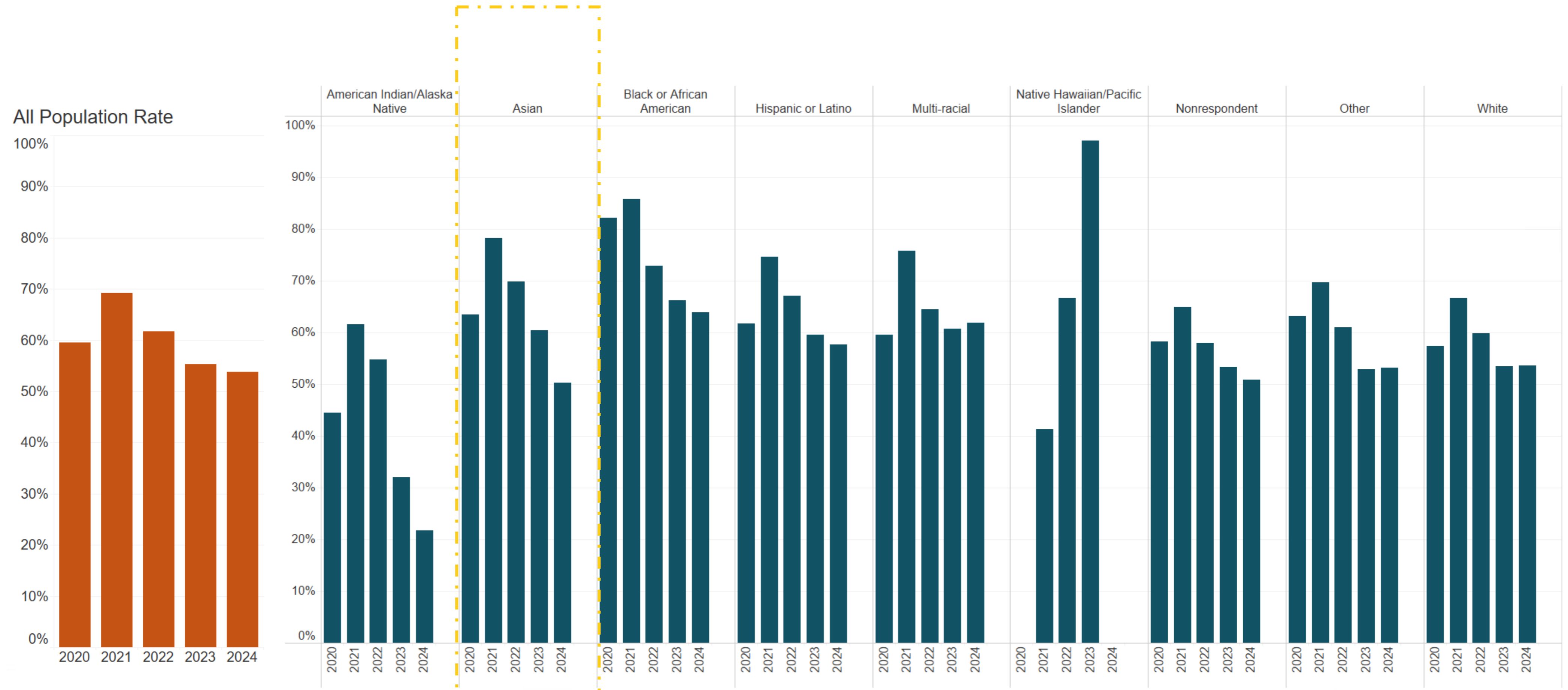
**7% decline in pediatric behavioral health visits via telehealth from 2020 to 2024**



HEI

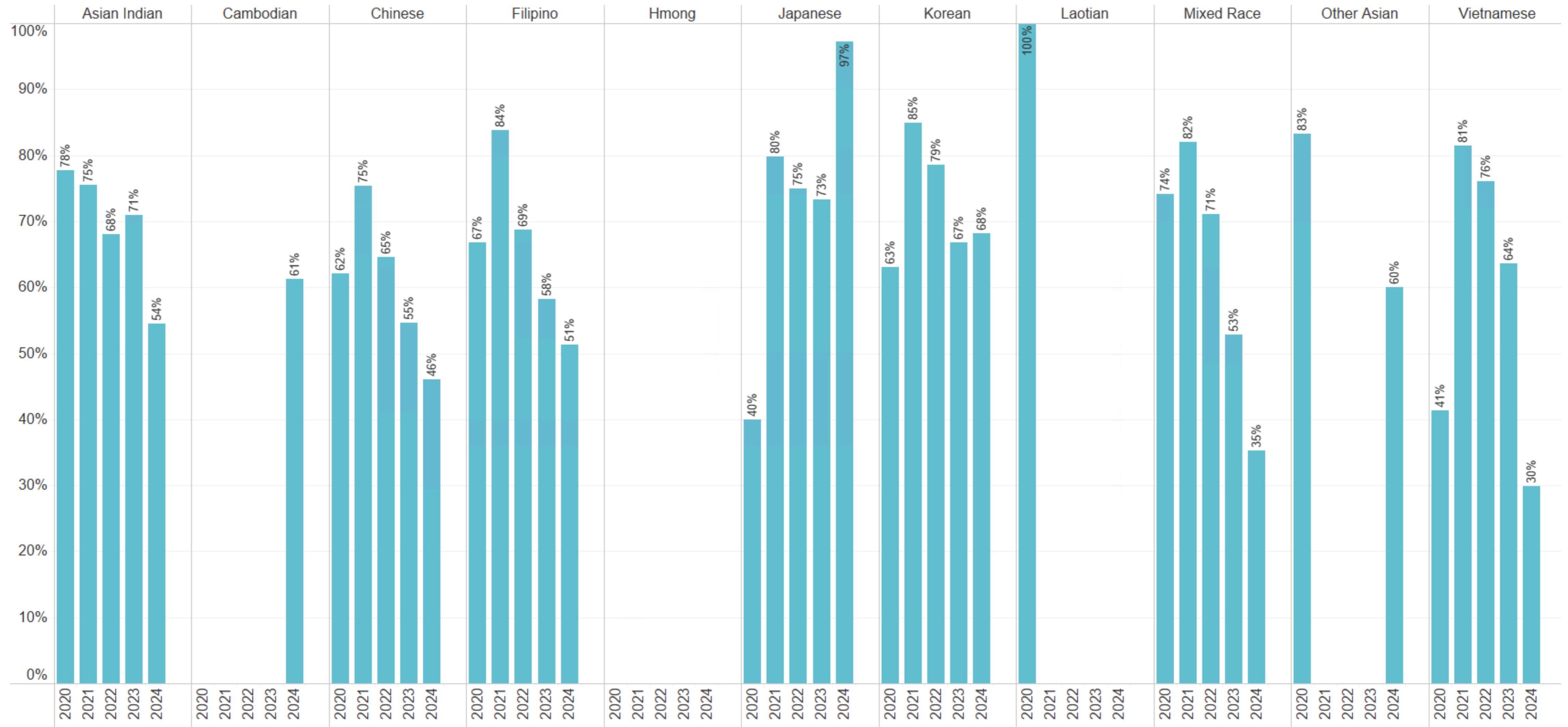
ALL POPULATION PERFORMANCE

# Pediatric Behavioral Health Telehealth Visits by Race/Ethnicity



# HEI ALL POPULATION PERFORMANCE

## Pediatric Behavioral Health Telehealth Visits within Asian



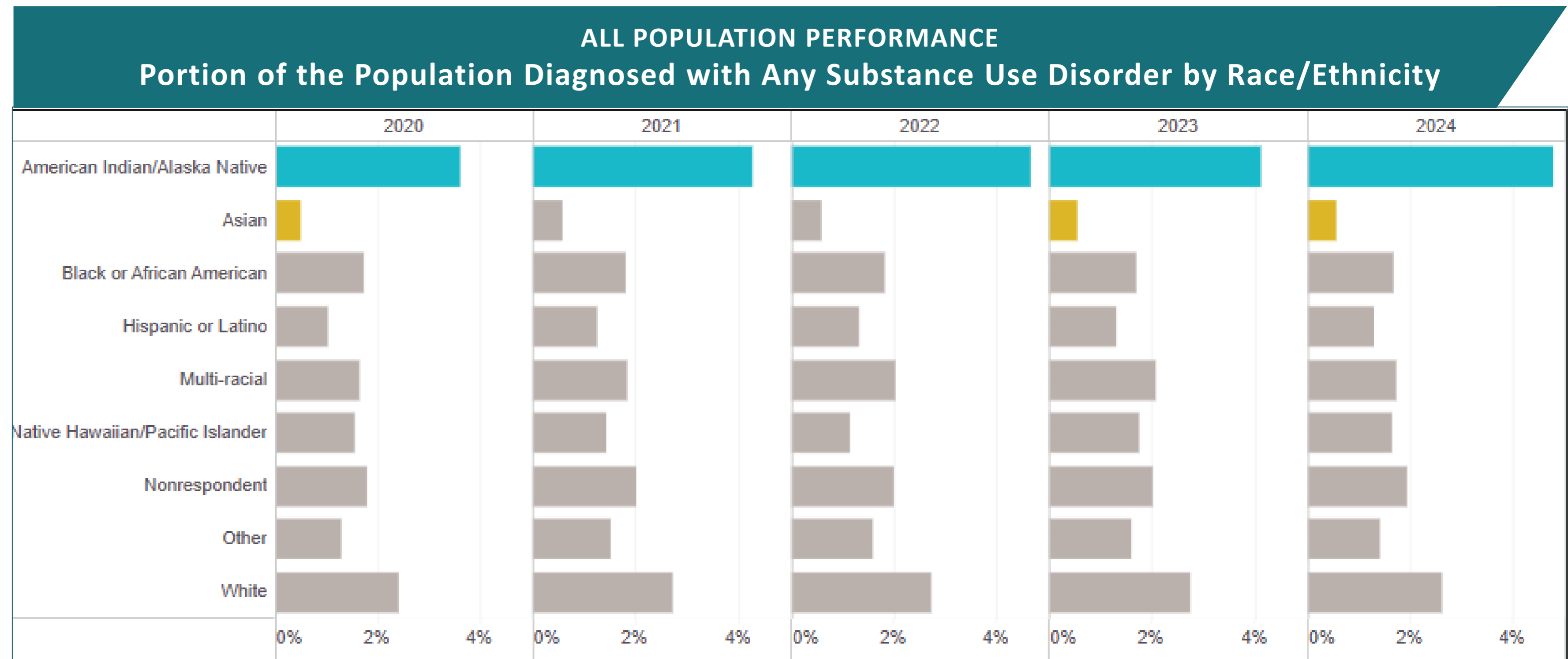
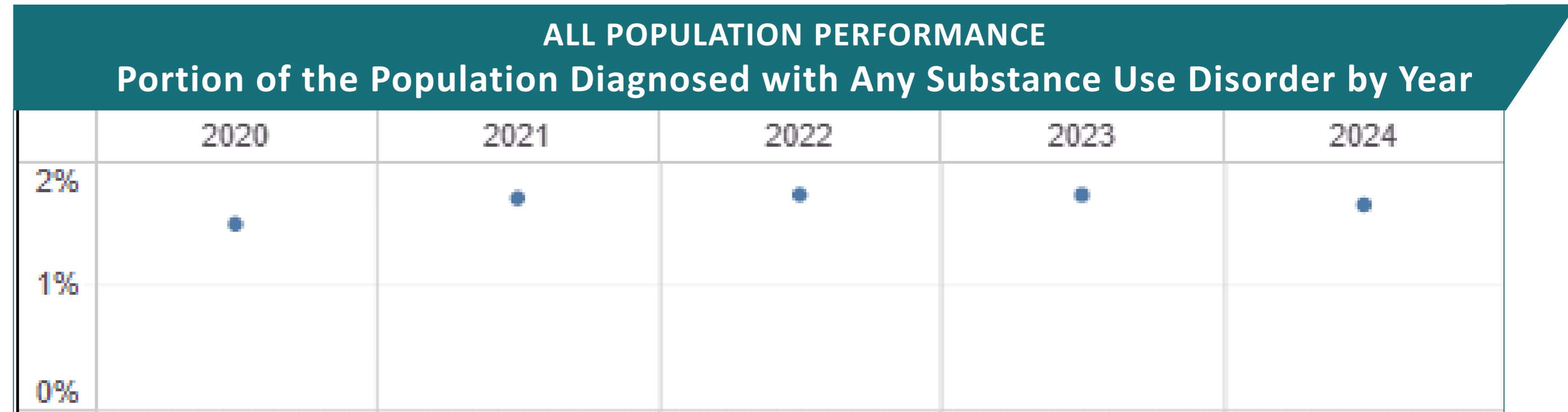
HEI

ALL POPULATION PERFORMANCE

## Substance Use Disorder Diagnosis Rate

**Definition:** The Substance Use Disorder Diagnosis Rate tracks the percentage of members who have been diagnosed with substance use disorders during the specified time period. This metric helps health plans identify the portion of their members who have substance use disorders, and includes members diagnosed with any substance use disorder including alcohol use disorders, stimulant use disorders, opioid use disorders, and other substance use disorders. Paired with measures on engagement in treatment for substance use disorders, this measure helps health plans understand how members access care and the effectiveness of their substance use disorder identification and treatment programs.

**While overall rates of substance use disorders found in HEI are low (1-2% from 2020-2024), there are statistically significant disparities when stratifying by race/ethnicity.**



# Insights from Network Analytics



# HCAI x CCA Collaboration: Provider Network Concordance Analysis

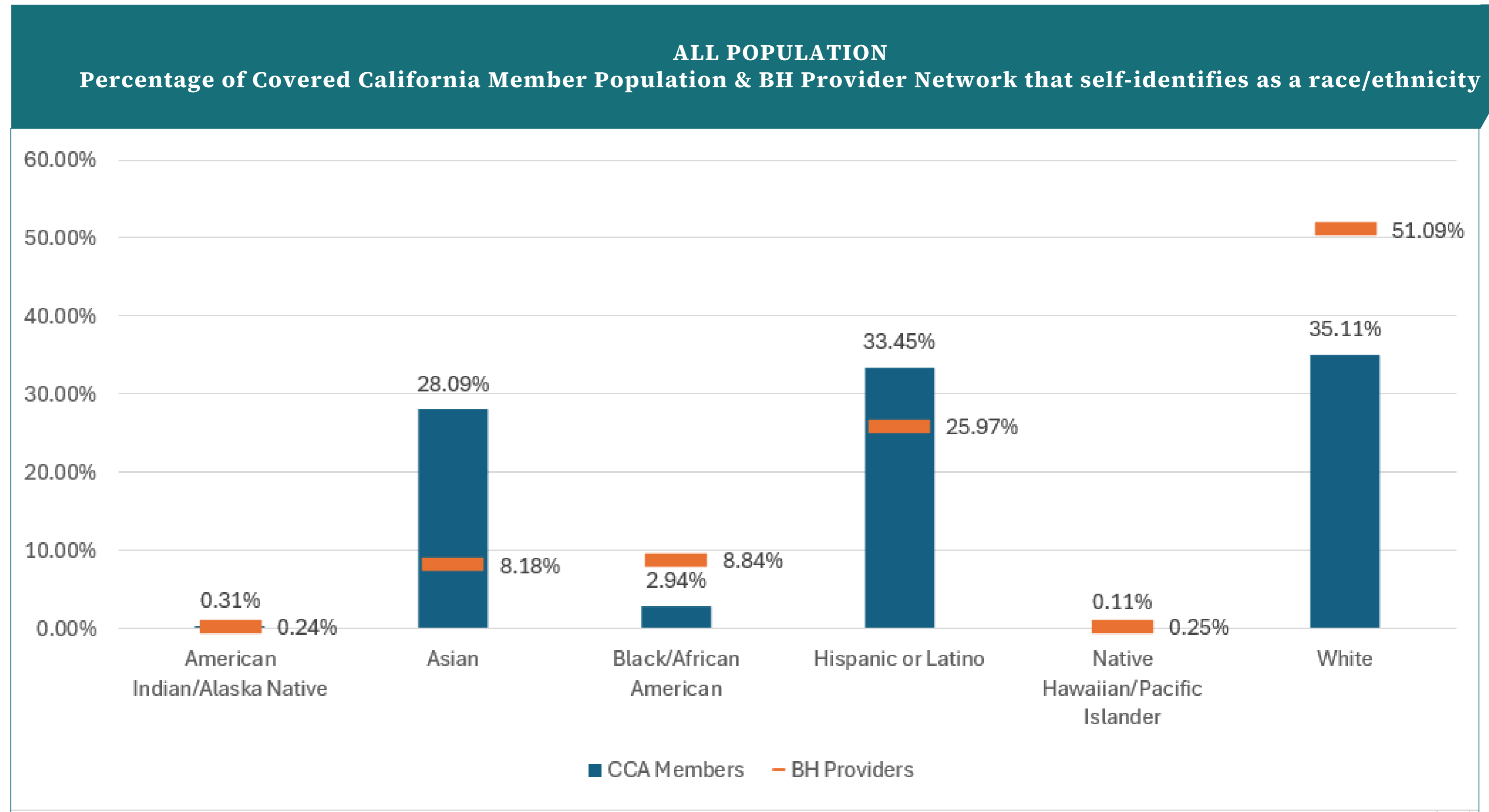
## Challenge & Opportunity:

- Covered California has detailed provider directory information, submitted each month, for all QHP Issuers, but with limited provider demographic data available.
- HCAI has detailed data on providers across Covered California, including those in QHP networks.

## Solution & Approach:

- Covered California worked with HCAI to receive supplemented data on its providers, including adding additional demographic data elements
- HCAI created a report that includes provider race/ethnicity, language, by region and in aggregate for primary care and behavioral health providers

Across Covered California's BH provider networks, there are disparities in the portion of members compared to providers who identify as Asian American and Hispanic or Latino

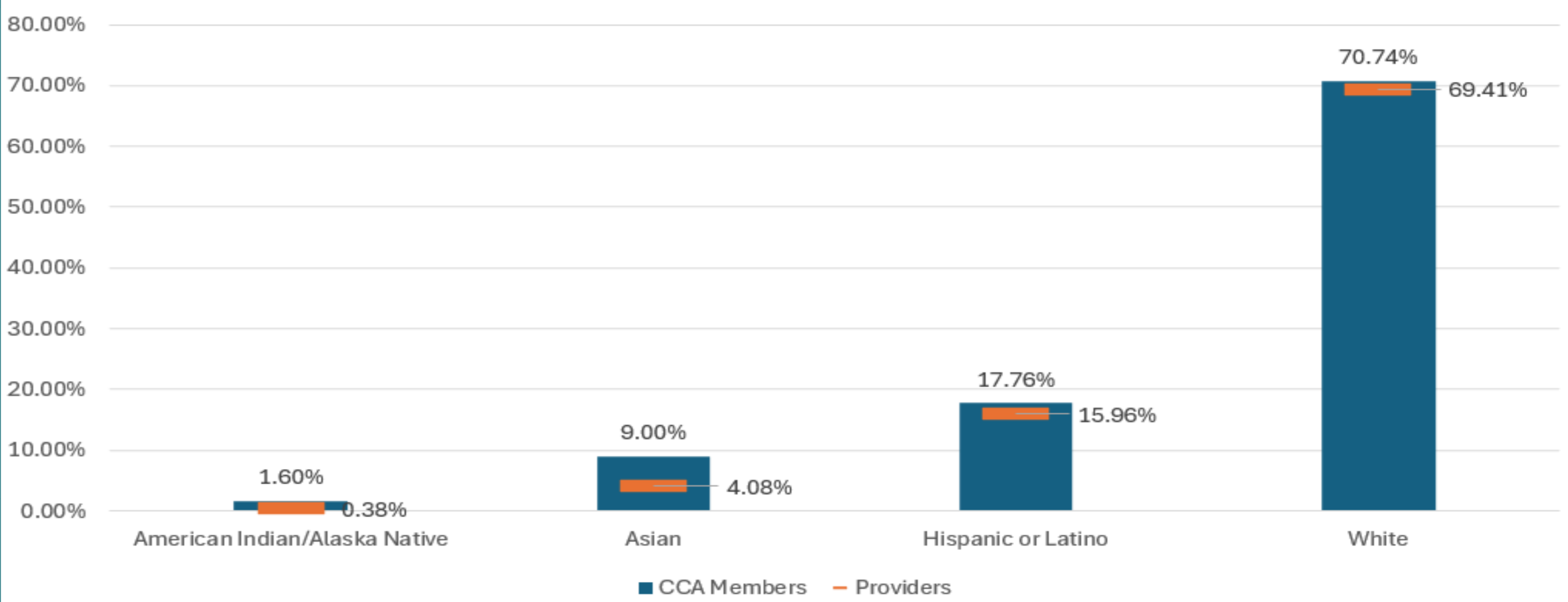


**ALL POPULATION BY REGION**  
**Difference between portion of Covered California Member Population & BH Provider Network that identifies as each race/ethnicity in select Rating Regions**

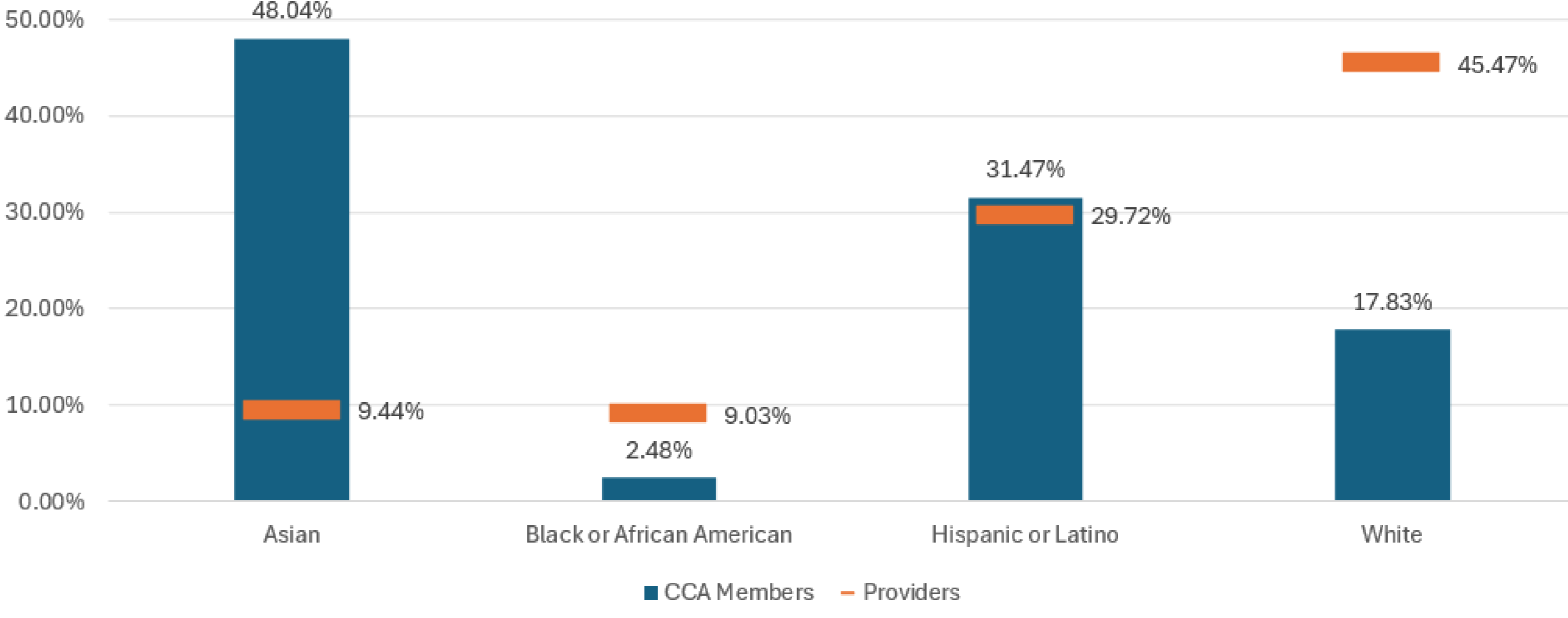
However, these disparities vary by region.

Provider-to-member concordance widens or closes for certain populations depending on region.

Region 1  
(Northern Counties)

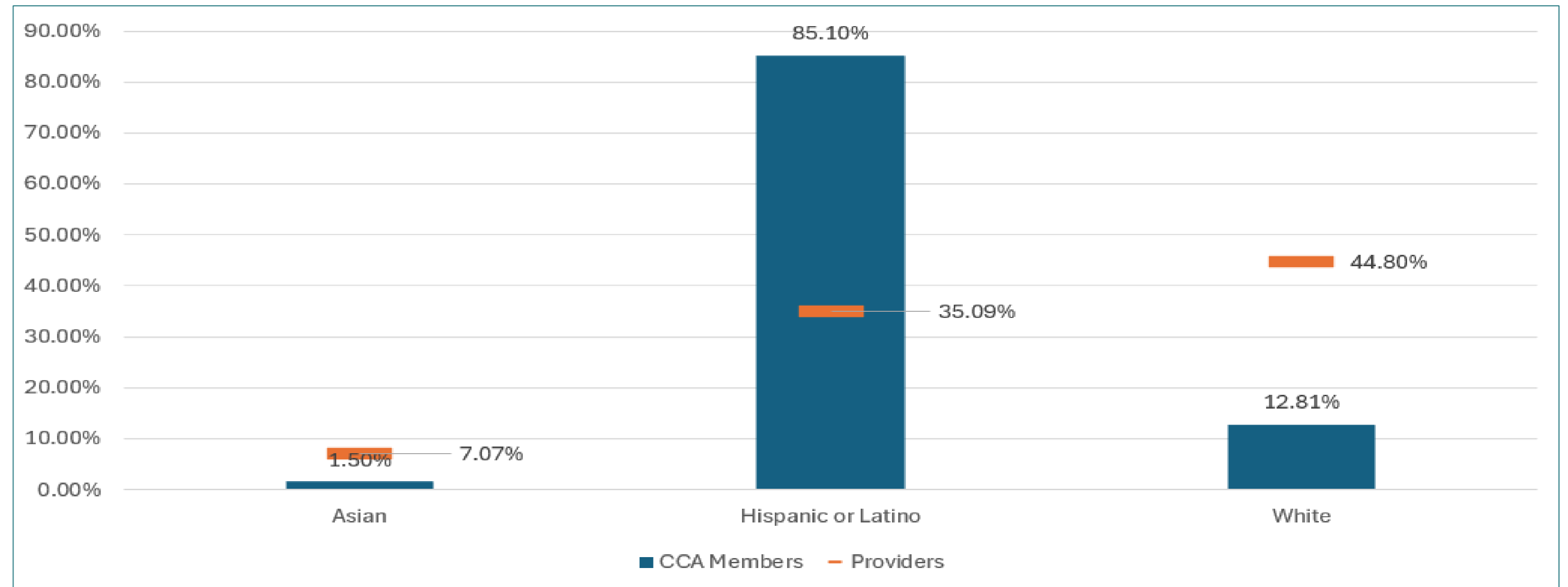


Region 15  
(LA East)



**ALL POPULATION BY REGION**  
**Difference between portion of Covered California Member Population & BH Provider Network that identifies as each race/ethnicity in select Rating Regions**

Region 13  
 (Eastern  
 Counties)



However, these disparities vary by region.

Provider-to-member concordance widens or closes for certain populations depending on region.

# Insights from Cost Analytics



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## MEDICARE BENCHMARKING

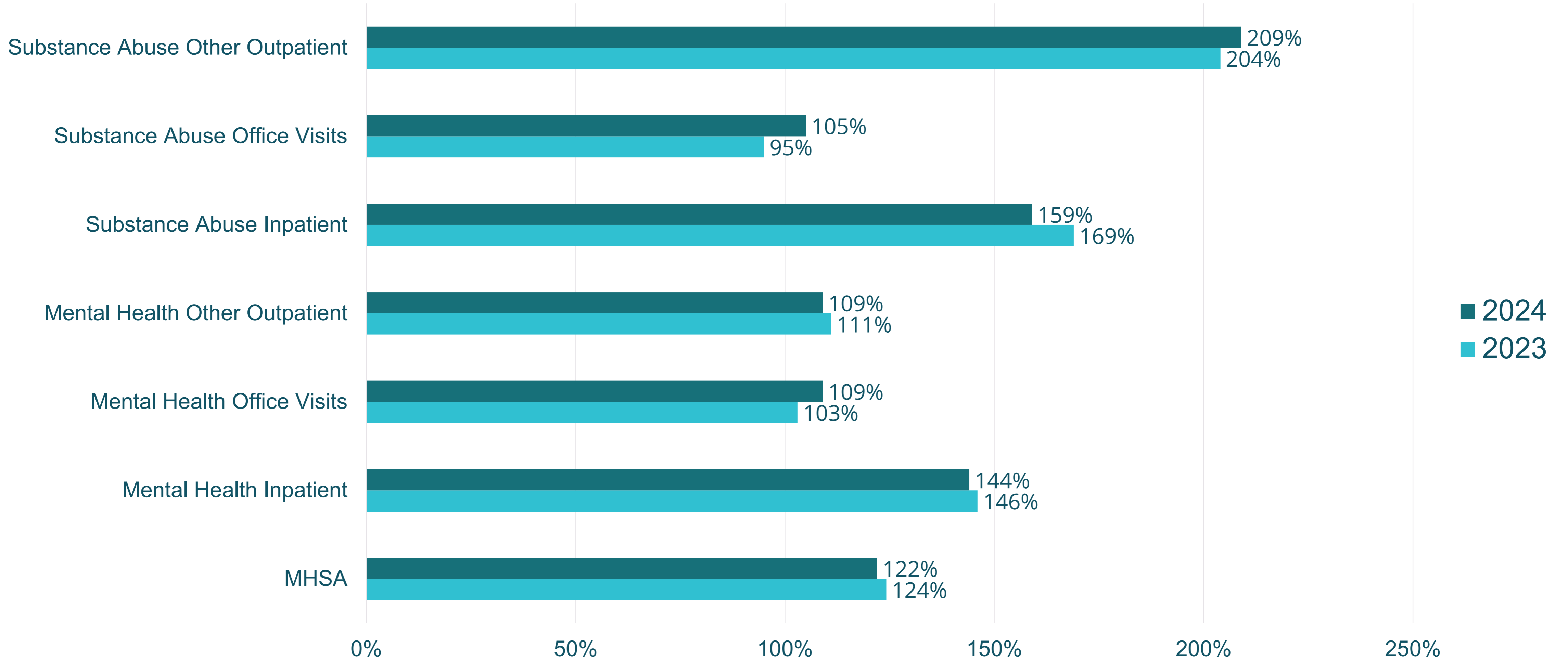
A benchmark can be used to establish a baseline for fair and competitive pricing, helping Covered California optimize premium negotiations, identify outliers, benefit design strategies and improve transparency. By comparing prices against industry standards, Covered California can work with QHPs to identify opportunities to reduce costs for our consumers.

Medicare repricing is used by various entities, including self-funded employers and third-party administrators, to control costs and maintain accurate financial records. Covered California's Healthcare Evidence Initiative (HEI) dataset has historically included regional dynamic benchmarking capabilities via MarketScan.

In the last year, we have added Medicare allowed amount equivalents to provide us with an additional metric for price comparisons. Medicare benchmark repricing is currently available for most on-exchange individuals claims in HEI from 2020 through June 2024.

# PRICES COMPARED TO MEDICARE: MENTAL HEALTH/SUBSTANCE ABUSE

% of Reported Allowed Amount Compared to Medicare



# Insights from Health Plan Engagement



# Strengthening Behavioral Health Access

## Examples of Health Plan-Led Solutions

- Training plan-employed Community Health Workers to complete PHQ-2/9 depression screenings, embedding these staff members in clinics and schools; strategy adapted from Medi-Cal work
- Comprehensive marketing campaigns not limited to Covered CA membership, including collateral, digital conversations, website landing page, out of home placement, social media, and providers' offices
- Implementing payer-agnostic digital scheduling to support independent providers to support more accessibility
- Improving provider search tools to include provider specialties, race and ethnicity to support member choice
- Partnering with local agencies or community-based organizations to reach members and build trust

# PUBLIC COMMENT

## Call: (877) 336-4440

### Participant Code: 6981308

- ❑ To request to make a comment, press 10; you will hear a tone indicating you are in the queue for comment. Please wait until the operator has introduced you before you make your comments.
- ❑ If watching via the live webcast, please mute your computer to eliminate audio feedback while calling in. Note, there is a delay in the webcast.
- ❑ The call-in instructions can also be found on page two of the Agenda.

**EACH CALLER WILL BE LIMITED TO TWO MINUTES PER AGENDA ITEM.**

Written comments can be submitted to [BoardComments@covered.ca.gov](mailto:BoardComments@covered.ca.gov)

