

Moda Health: Behavioral Health Incentive Program: Resources



Purpose: This document serves as a supplemental detailed resource complete with supporting journal articles, for the effective implementation of Moda Health’s Behavioral Health Incentive Programs (BHIP).

Terms to Define

- **Alternative Payment Model (APM)**: also known as value-based reimbursement (VBP), is a coordinated care and payment model that offers financial incentives to healthcare providers for meeting certain quality metrics, rather than paying them based on volume or through the fee-for-service model.
- **Behavioral Health Incentive Program (BHIP)**: an opt-in program supporting Behavioral Health providers with pay-for-participation and shared savings across three phases. Participants earn incentives, with bonuses if Moda’s overall performance target is met.
- **Behavioral Health (BH)**: mental health and substance use disorder.
- **Doing Business As (DBA)**: a term which allows a business to operate under a name different from its legal name.
- **Eligible Member**: a Moda Health member covered through a participating group or individual plan who receives BH services from a BHIP provider.
- **Feedback Informed Care (FICare)**: or Feedback Informed Treatment (FIT), refers to the practice of obtaining regular patient feedback on symptoms and alliance, which leads to faster recovery and fewer treatment failures. It is also known as Patient-Reported Outcome Measures (PROMs), Outcome Informed Care (OIC), Measurement Based Care (MBC), Routine Outcomes Measures (ROM), etc.).
- **Oregon Educators Benefit Board (OEBB)**: refers to the health plan which provides health benefits to educators and their dependents in Oregon.
- **Protected Health Information (PHI)**: health related information that can identify an individual.
- **Primary Care Physician (PCP)**: a healthcare professional who serves as a member’s first point of contact for routine medical care.
- **Prospective Pay**: refers to the monetary payment an organization receives immediately. Regarding the BHIP, this payment is received within 90 days of the date the signed and completed Attestation for Phase Two, Year One is submitted to Moda Health. The reason for prospective pay is to help support providers cover any costs it takes to implement this program.
- **Retro/Retroactive Pay**: refers to the monetary payment an organization receives for the allowable claims that occurred in the previous calendar year.
- **Social Determinants of Health (SDoH)**: the social, economic, and environmental conditions in which people are born, grow, live, work, and age. These factors, including access to money, resources, and opportunities, significantly influence health outcomes and contribute to health inequities.
- **Target Members**: Members currently eligible for inclusion in the total cost of care incentive pool.
- **Total Cost of Care (TCoC)**: a shared savings model, common in primary care, which rewards providers for helping keep members healthy. Providers receive a bonus if the total cost of care remains within a target growth rate. In BHIP it reflects how effective BH care can have a positive impact on members’ physical health resulting in reduced medical costs. TCoC has been adapted

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to reflect the growth rate of eligible members across participating BH organizations (due to smaller member pools), meeting the difficulties faced in BH organizations.

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FICare

Definition: FICare

Developed by psychologist Scott D. Miller, FICare is an evidence-based practice used across behavioral health settings. Members regularly complete brief, standardized questionnaires to track both clinical progress (symptom changes) and therapeutic alliance. Practitioners review responses with the member to guide ongoing treatment. FICare also goes by other names, including:

- Feedback-Informed Treatment (FIT)
- Patient-Reported Outcomes Measures (PROMs)
- Routine Outcomes Measures (ROM)
- Measurement-Informed Care (MIC)

While research shows psychotherapy is effective, not all members fully benefit from it. Premature dropout rates vary from 10% - 50% ([Hanevik, et.al. 2023](#)) while some 30% of member do not improve and 10% worsen during treatment ([Barkham and Lambert, 2021](#)). FICare has emerged as a relevant clinical tool to identify those members who do not progress over the course of treatment ([Lambert and Harmon, 2018](#)). Using treatment data to provide practitioner feedback has been shown to significantly improve psychotherapy outcomes. This additional and continuous information may prevent treatment failure, which is poorly identified by practitioners who tend to overestimate their own therapeutic performance ([Lambert and Shimokawa, 2011](#)). FICare centers the member's voice by routinely gathering their feedback and perspective throughout treatment. Including alliance-focused feedback ensures deeper engagement and supports long-term outcomes.

Benefits

Clinical studies over more than 20 years have demonstrated the value of FICare. A comprehensive meta-analysis ([De Jong et. al. 2021](#)) found that FICare improves treatment outcomes and reduces treatment dropouts. FICare

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has also been found to improve the efficiency of treatment, helping people recover more quickly ([Janse et al. 2017](#)). FICare supports care coordination by creating a shared language between medical and behavioral health providers. It also helps policymakers assess healthcare system effectiveness. To fully realize its benefits, FICare requires investment in provider training, technology, cultural change, ongoing support, and collaboration across the healthcare industry—including input from clinicians and members.

Considerations on Modifying Clinical Practice

FICare continues to gain traction in research (see [APA's FICare website](#)) as well as standards of care ([Boswell, et al. 2023](#)). Despite FICare's "demonstrated ability to enhance usual care by expediting improvements and rapidly detecting members whose health would otherwise deteriorate, it is underused, with typically less than 20% of BH practitioners integrating it into their practice" ([Lewis, Boyd, et al. 2019](#)).

Change often happens when there is crisis or with the direction of an energetic leader. Outside of these elements change tends to be slow, if at all. However, In BH practice change is often supported by: incentivization and/or peer champions. [Morena \(et al. 2022\)](#) has suggested that "Clinical Champions" can be enough, under the right conditions, to effect lateral change toward the evidence-based practice of FICare.

Through a literature review and meta-analysis [Rognstad, et al. \(2023\)](#) found that routine feedback was most effective with "not-on-track" members who would "usually not benefit much from treatment."

[Lambert, Whipple, et al. \(2018\)](#) found that "Feedback practices reduced deterioration rates and nearly doubled clinically significant/reliable change rates in members who were predicted to have a poor outcome."

Most members who ultimately benefit from psychotherapy reflect positive effects within three to six sessions ([Duncan and Reese, 2015](#)). For this reason, FICare can monitor progress and engagement. There is also "a growing body of evidence to support the implementation of [FICare] in youth mental health care" ([Parikh et al, 2020](#)).

Practitioners' optimism, hopefulness, and positive regard support members and boost treatment outcomes. However, these traits can also obscure low member engagement and hinder realistic progress. FICare "analytics outperform clinical judgment in predicting patients who are on or off track for treatment success, which can help psychotherapists plan and responsively adjust their interventions" ([Muir, Coyne, et al. 2019](#)).

Moda Health seeks to engage providers with sufficient resources to nurture a culture of FICare within their practice. With the member's voice a primary element in treatment, FICare serves as a "'guardrail' to keep treatment on track and alert ineffective therapy and a lack of change" ([Jason Seidel](#)). Seidel continues, FICare "gives the therapist the opportunity to repair damage or small rifts that they might not know about otherwise ([Feedback-Informed Treatment: Empowering Clients to Use Their Voices](#)).

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Therapeutic Alliance in FICare

Definition: Therapeutic Alliance

Therapeutic alliance refers to the collaborative relationship between a practitioner and a patient, built on three key elements:

- a) the agreement on the goals of treatment;
- b) the agreement on a task or series of tasks;
- c) the development of a bond” ([Wampold and Flückiger, 2013](#)).

The therapeutic alliance serves as the catalyst for member investment and enduring commitment, aligning with what [Bordin \(1979\)](#) refers to as “the change agent of psychotherapy.”

There is “strong support for a predictive relation between alliance and psychotherapy outcomes” ([Flückiger, 2018](#)). For this reason, FICare is best supported by:

- Measures of clinical symptoms and therapeutic alliance.
- Measures which become a routine part of therapy – woven into the experience and culture of therapy.
- Measures that are employed to guide treatment, track progress, and foster member engagement. They also serve as an effective summary of wellness and provide an opportunity to incorporate the members’ voice.

Tracking clinical symptoms is important, but not enough for long-term engagement. To understand treatment impact, it is essential to also measure the member’s experience—how they connect with their care and providers.

Adding therapeutic alliance questions to standardized tools is a simple way to enhance FICare measures and center the member’s voice. Simply adding the following questions (if your EHR system allows) can also help measure that connection:

Please indicate how much you agree:

1. My Clinician “gets” me.

- Always Very Often Often Sometimes Seldom

2. We are focusing on what matters to me.

- Always Very Often Often Sometimes Seldom

3. I am making progress because of treatment.

- Always Very Often Often Sometimes Seldom

Another example of a useful adaption is [Jason Seidel’s](#) instrument, [ROSES](#), which demonstrates how easily a simple tool can be useful and even essential in the delivery of care.

Integrating Therapeutic Alliance with Clinical Measures

Tools must be both clinically valid and effective. This includes:

- Supporting goal setting between practitioner and member
- Applying proven, practice-based modalities

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- Measuring engagement, alliance, and connection to care
- Creating a shared language across medical and behavioral health to improve coordination

Resources and Measures Used in FICare

The following is a list of resources and measures which are evidence based and can be effectively used to facilitate FICare:

- [ACORN](#) has an extensive question bank creates tailored tools, like the [youth-question-bank](#), and allows assigning specific measures to individual members to meet diverse needs.
- [Blueprint](#) drives innovation and clinician engagement, with FICare at its core and data-driven tools supporting diverse BH models and outcomes.
- [Greenspace](#) is a key FICare partner, guiding providers in data access and implementation. Serving systems of all sizes, it offers flexible solutions and empowers clinicians to deliver high-quality care.
- [NeuroFlow \(formerly Owl Practice\)](#) NeuroFlow uses real-time data to track progress and boost engagement, emphasizing credible outcomes for effective therapy.

Additional measures and resources/Databases incorporating Therapeutic Alliance:

- [ORS/SRS](#) (Outcome Rating Scale and Session Rating Scale)
- [PCOMS](#) (under Better Outcomes Now [BON])
- [Audit](#)
- [OpenFIT](#)
- [OQ-45](#)
- [SMART Health](#)
- [PROMIS](#)
- [CAMHS](#)
- [Outcome Referrals](#)
- [Behavioral Healthcare Instruments Listing](#) (via The Joint Commission)

Measures specific to BH Diagnoses:

- [Patient Health Questionnaire \(PHQ-9\)](#)
- [General Anxiety Disorder-\(GAD-7\)](#)
- [Psychology Tools](#)

Deep Dive into Specific Measures and Definitions:

- ACORN YouTube Videos:
 - [ACORN Basics - Introduction to ACORN](#)
 - [Why Measure Outcomes?](#)
 - [Using Alliance Measures Effectively](#)
 - [ACORN Basics - Viewing Your Data](#)
- ORS & SRS Helpful Sites:
 - [ICCE Home Live - ICCE Site](#)
 - [ORS & SRS "Mini" Administration and Scoring Manual](#)

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- YouTube Videos:
 - [Introducing FIT -- ORS/CORS & SRS/CSRS -- in Family Therapy](#)
 - [Introducing FIT -- ORS/CORS & SRS/CSRS -- with a 7-Year-Old Boy & Father](#)
 - [How to use the Session Rating Scale: Counseling role-play](#)
 - [Feedback-Informed Treatment, explained by Scott D Miller in under 5 minutes](#)
- Robust catalogue of studies, book chapters, articles about FIT/ORS/SRS/PCOMS found here: [FIT Publications Current](#)
- The Joint Commission:
 - [Standardized Tools and Instruments](#)
- American Psychological Association’s website:
 - [Measurement-Based Care](#)

Guided Discussion Prompts to Facilitate Engagement in FICare

This section helps BH organizations gauge their interest in BHIP and its phases. Responses are optional and offer a chance to track existing FICare and TCoC efforts. Please respond to the following statements according to how true the statement is for your agency.

Policies and Procedures Relating to FICare

Our BH organization has policies and procedures supporting FICare:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents are annually and formally reviewed by our Board, Management, and/or Administration:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents specifically guide training and use of FICare by our practitioners:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents direct FICare training and workflow management by our support staff:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents outline the importance of members’ access to their chart notes and FICare in real time:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents inform supervisors’ work to highlight practitioners’ use of FICare data:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These documents ensure consistent lateral case consultation among practitioners based on FICare fidelity:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Any employee at our BH organization can describe their role in facilitating FICare:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Stakeholders are regularly updated on our BH organization's performance:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Additional comments on our BH organization's vision of FICare implementation:

A group at our BH organization meets regularly to address FICare and/or TCoC body of work:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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These meetings include our BH organization's director:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Other practitioner types directly involved in our BHIP implementation include:

There are support staff, unlicensed/not providing billable services, who are also involved in these meetings:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Some members served by our BH organization directly support with considerations and implementation of the BHIP work:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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This work also seeks and uses input from community members, regardless of direct service by our organization:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Additional comments on our BH organization's administration of BHIP:

FICare and Measuring Clinical Symptoms

Our BH organization’s FICare program includes examination of each member’s clinical symptoms and supporting diagnostic data:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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At initial assessment clinical symptoms and safety are reviewed to establish member’s baseline:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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FICare data is regularly collected at each member session:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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The FICare measures used or considered for routine outcomes include:

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Our service modalities depend on FICare data to evaluate utilization, clinical effectiveness, and member welfare:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Each practitioner at our BH organization is knowledgeable about the research backing their tools, measures, methods, and approaches:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Each member's FICare data is integrated into their health record and visualized to track modality use, treatment engagement, and progress toward outcomes:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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FICare data enables real-time dropout prevention as well as member progress:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Our BH organization has identified FICare data standards outlining expected norms for members’ meaningful clinical and functional change:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Practitioners closely monitor members' FICare measures outside routine BH protocols to prevent dropout and address symptom obstacles proactively:

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Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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With seamless data exchange, our organization could share FICare data with Moda Health:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Additional comments on FICare and Measuring Clinical Symptoms:

Therapeutic alliance is vital to our BH organization's FICare:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Our therapeutic alliance measures include:

The member's perception of their practitioner is measured each session and reviewed by the practitioner:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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The members' investment toward their goals is regularly measured:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Member data are routinely monitored to evaluate engagement and progress:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Our organization supports sharing therapeutic alliance data with Moda Health:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Additional comments on FICare and the therapeutic alliance:

BH Organizations' Deliberate Practice

"Deliberate practice," a concept championed by FIT founder Scott D. Miller, is a structured and evidence-based method for enhancing psychotherapy outcomes through intentional skill development and continuous feedback.

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Practitioners use clinical outcome data to advance deliberate practice:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Practitioners know the strength of their relationships with members:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Practitioners know the dropout rate of their members:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Practitioners have established their own:

- Baseline for effective therapeutic change
- Performance challenges
- Deliberate practice they are working on outside of service delivery

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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A transparent culture around therapeutic missteps enables our BH practitioners to learn and improve collaboratively:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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Additional comments on deliberate practice:

Service Engagement

The demand for mental health services has been under strain in recent years. To improve access, Moda Health launched an online directory, [Find Care](#), listing contracted practitioners within our networks. CMS mandates quarterly updates. [Better Doctor](#) is contracted to assist with provider documentation.

We are committed to regularly updating Moda Health’s [Find Care Provider Profile](#) with practitioners’ demographics, clinical expertise, populations served, availability for in-office visits, and new appointment accessibility:

Not Applicable <input type="checkbox"/>	Contemplating <input type="checkbox"/>	Preparing to Execute <input type="checkbox"/>	Actively in Place <input type="checkbox"/>	Assessing Results <input type="checkbox"/>
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This is managed by [name/email]:

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Primary contact for Moda Health regarding new appointment accessibility is [name/email]:

Additional clarifying comments regarding access and our practitioners’ demographics:

It is encouraged that BH organizations proactively coordinate with other healthcare providers involved in a particular members’ care, to improve member outcomes, unless the member opts out.

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