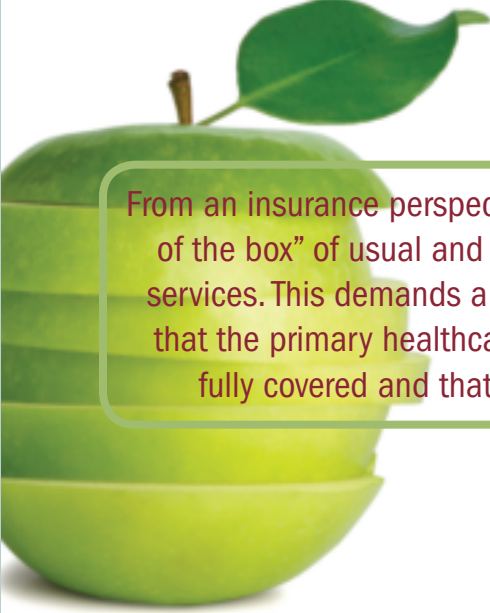


Health Integration – *Are You Covered?*

Nicholas L. Bozzo, Managing Director, Negley Associates and President, Mental Health Risk Retention Group.



From an insurance perspective, primary healthcare is “outside of the box” of usual and customary behavioral healthcare services. This demands a customized approach to assuring that the primary healthcare activities being performed are fully covered and that the organization is protected.

The landscape of service delivery for behavioral healthcare organizations has probably changed forever with the passage of the Patient Protection and Affordable Care Act. Now we need to be sure that insurance products reflect the new world order.

Discussions and initiatives that promote the integration of behavioral and primary healthcare will accelerate as all Americans have health insurance coverage and attention turns to bending the cost curve. The new reform legislation authorizes an array of pilots designed to manage a person’s overall health care and health expenditures. As increasing numbers of behavioral health organizations directly deliver or partner to deliver primary as well as mental health and addictions treatment, it is imperative that the organizations revisit their liability coverage – assuring that the organization is insured against the risks associated with expanded scope of service.

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Don Thacker, CEO of Shawnee Mental Health Center in Portsmouth, Ohio, discussed his experience with primary healthcare integration at his center.

He says when he was first considering behavioral and primary care integration, his action list involved looking at:

- >> What kind of primary care services to provide.
- >> To whom should services be offered (Shawnee provides services to the severely mentally disabled adult clients).
- >> To partner or go it alone (Shawnee decided to do it alone).
- >> Was there a need to add liability coverage (Shawnee checked with their carrier, the Mental Health Risk Retention Group, which provides coverage for the primary care delivered in behavioral health settings).

Shawnee said that one of the biggest fears is about financial sustainability.

Another challenge is to be able to achieve a marriage of two different worlds, primary healthcare and behavioral healthcare, to provide the best outcome for those served. He also added that it was important for his center to try to establish a person-centered treatment model where consumers would feel comfortable receiving their primary healthcare and behavioral healthcare services at the same location.

Behavioral health organizations, along with insurance brokers, need to consider the following in determining increased exposures due to integration:

- >> Identify specific areas that need to be covered:
 - Are you partnering with a primary care provider?

- Are you hiring primary care professionals?
- Are you providing primary care to those you treat for mental illnesses and addiction disorders?

- >> Is your insurance carrier experienced in primary medical malpractice claims?
- >> If you are partnering with a primary care provider, have you eliminated the coverage gaps between your and your partner’s general and professional liability policies?
- >> Have appropriate endorsements been written to affirmatively provide the coverage necessary to protect you?
- >> Have you identified the limitations and dangers of relying solely on the protection afforded by the Federal Tort Claims Act, which only protects doctors and not your organization and does not provide any coverage for sexual misconduct exposures?

The goal is that an organization should not have to pay for a loss that could have been covered by insurance. The integration of behavioral and primary care is expected to improve general good health; but one should not lose sight of one of the most important corporate assets that help you provide your services and protects your balance sheet – insurance protection.

Nicholas Bozzo has 21 years experience in insurance starting with underwriting at Chubb, Kemper, and Axis and rising to head the Mental Health Risk Retention Group and Negley Associates. He says his proudest achievement is “Taking on the leadership role of an organization with a 20-year track record of success – that’s considered by many to be the gold standard of risk retention groups – and continuing to maintain the success without missing a beat.” He was named “CEO of the Month” in November 2008 by Risk Retention Reporter. Just before joining Negley, he gained senior management experience as founder and head of the Specialty Lines Business at Beazley, PLC.