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WHITE PAPER

The Two Chairs MBC Model Helps Plans Achieve Strong HEDIS and Star Ratings

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Health plans are under increasing pressure to demonstrate behavioral health quality performance

Why it matters:

For decades, behavioral health (BH) quality measurement has been a challenge. While health plans have made strides in evaluating outcomes for chronic physical conditions, behavioral health quality measurement has remained inconsistent[1]. Measurement has been limited by inconsistent use of standardized tools and low rates of data capture by providers.

As a result, the industry has historically focused on access as a primary marker of success. However, access alone does not guarantee clinical impact or demonstrate that members are improving.

What's changing:

NCQA is mandating that plans report[2] on longitudinal, structured data captured electronically (ECDS). At the same time, Medicare Star Ratings are placing greater emphasis on standardized behavioral health quality metrics[3].

The risk for plans:

Plans that lack the infrastructure to capture and report these data face growing operational and financial pressure. Behavioral health partners can help close this gap—but only if they deliver measurable outcomes and structured, reportable data.

How Two Chairs delivers:

At Two Chairs, performance on quality metrics such as HEDIS is the natural outcome of a well-designed clinical model. Our system is built around high-fidelity Measurement-Based Care (MBC)[4], a W-2 employment model, and our Amplify clinical software platform[5], which drives behavioral health clinician performance and accountability.

We utilize a holistic set of standardized measures (including the PHQ-9 and GAD-7) and collect data at 95% of patient encounters[5], delivering up to 2.5x better outcomes[5] than industry standards.

These outcomes position Two Chairs as a high-performance behavioral health partner. We deliver effective care for members and ECDS-ready data that supports excellent Star performance and HEDIS results.

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2. National Committee for Quality Assurance. HEDIS electronic clinical data systems (ECDS) reporting.
3. Centers for Medicare & Medicaid Services. (2025, September 25). 2026 Part C & D star ratings technical notes.
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5. Forand, N. R., Nettiksimmons, J., Anton, M., Truxson, R., Vanderwood, K., & Green, B. (2025). Depression and anxiety outcomes in a technology-enabled psychotherapy practice: Retrospective cohort study. JMIR Formative Research, 9, e76264.

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Access to Behavioral Health Services: From Screening to Follow-Up

Why it matters:

Plans often lack reliable and timely access for members who screen positive for mental health conditions. Delays in access to care can depress key HEDIS metrics, including depression screening and follow-up (DSF-E), alcohol use screening and follow-up (ASF-E), and initiation of substance use treatment (IET).

Where plans lose performance:

A positive screening in primary care is often a point of significant member attrition. Referring clinicians frequently lack a reliable destination, and members are directed to navigate plan directories on their own. As a result, the 30-day HEDIS follow-up window often expires before care begins.

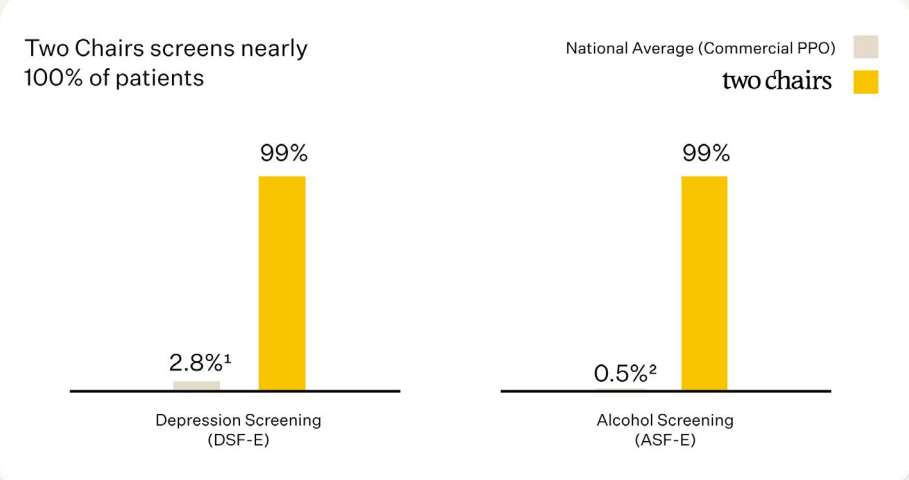
How Two Chairs improves performance:

Two Chairs eliminates this gap through next-day availability, a proprietary matching algorithm, and easy options for scheduling. The median time from booking to first appointment is one day.

Structured screening occurs at the first session, and standardized symptom measurement is conducted at every encounter. Screening, treatment initiation, and data reporting are fully connected—closing the loop between primary care and behavioral health and ensuring follow up well within the 30-day HEDIS window.

Data:

Two Chairs rates of structured screening are near 100%, compared to less than 3% in standard care settings.



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2. National Committee for Quality Assurance. (2024). Unhealthy alcohol use screening and follow-up (ASF-E).

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Measurement and Reporting

Why it matters:

To meet HEDIS requirements for screening (DSF-E), monitoring (DMS-E), and outcomes (DRR-E), measurement must be consistent. Otherwise, members are lost to follow-up, care goes unmeasured, and plans lack visibility into quality performance.

The core gap:

The shift to ECDS means delivering care alone is no longer sufficient. Outcomes must be measured consistently, and data must be structured and reportable.

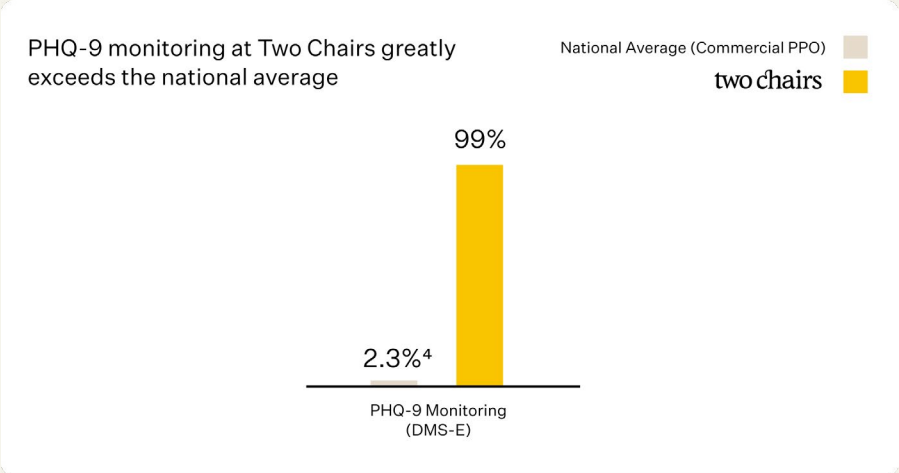
In traditional behavioral health delivery:

- Fewer than 20% of providers[1] use measurement-based care at all
- Only ~5%[2] use it consistently in accordance with gold standard practice

How Two Chairs performs:

At Two Chairs, standardized, consistent measurement is a core component of our clinical model. The combination of a W2 clinical workforce, in-depth training in MBC, strong accountability, and proprietary technology platform results in metrics far better than those reported in traditional settings:

- **PHQ-9 Monitoring (DMS-E):** Two Chairs achieves a 99% utilization rate for PHQ-9[3] monitoring, compared to a national Commercial PPO average of just 2.3%[4].
- **Comprehensive screening:** Structured screening for mental health and high cost physical health conditions at the first encounter (See Table 1)
- **Data Sharing:** We use standardized, LOINC[5]-ready data, and our highly extensible Amplify platform enables seamless real-time data sharing to support reporting and other member-facing workflows.



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2. Jensen-Doss, A., Smith, A. M., Becker-Haimes, E. M., Ringle, V. A., Walsh, L. M., Nanda, M., Kaysen, D., & Lyon, A. R. (2018). Individualized progress measures are more acceptable to clinicians than standardized measures: Results of a national survey. Administration and Policy in Mental Health and Mental Health Services Research, 45(6), 852–866.
3. Forand, N. R., Nettiksimmons, J., Anton, M. T., Truxson, R., Vanderwood, K., & Green, B. (2025). Depression and anxiety outcomes in a technology-enabled psychotherapy practice: Retrospective cohort study. JMIR Formative Research, 9, e76264.
4. National Committee for Quality Assurance. (2024). Utilization of the PHQ-9 to monitor depression symptoms for adolescents and adults (DMS-E).
5. Regenstrief Institute. LOINC.

Quality of Care Drives Retention and Outcomes

Why it matters:

Retention and outcomes are driven by the quality of care delivered. When treatment is effective, patients stay engaged and improve. When it is not, patients either drop out early or remain in care without meaningful progress.

High-quality care requires structure, consistency, and accountability for outcomes. Tools like measurement-based care can support this, but only when they are used to actively guide treatment and improve results.

What breaks down:

Without strong early engagement, approximately 64% of patients[1] drop out of therapy before their fourth session. The absence of true measurement-based care also means clinicians and payers are often "flying blind." Research shows that without structured measurement, behavioral health clinicians struggle to accurately identify when a patient is failing to improve or even deteriorating[2], leading to poorer outcomes. And that's assuming that outcomes are even measured. Without structured measurement:

- Clinicians cannot reliably identify non-response or deterioration
- Members disengage early
- Outcomes go unmeasured

How Two Chairs delivers:

All Two Chairs providers are trained in adherent, effective MBC practice. Our internal implementation program ensures that all of our providers learn and practice the clinical skills of MBC, including the use of data to identify key clinical insights and collaboratively adjust the treatment plan when indicated. The results were a 24% improvement in clinical outcomes[3]. Our Amplify software suite and W2 employment model also drive high rates of standardized clinical behavior and clinician accountability. What follows is what matters most: member outcomes.

Result:

Two Chairs has only a 10% rate of dropout[4], (compared to 64%) and reports on clinical outcomes for 84% of plan members, compared to only 7.2% nationally (DRR-E follow-up rates for Commercial PPO plans)[4]. When members disengage or follow-up is not completed, health plans are left with open quality gaps and limited visibility into outcomes. By keeping members engaged and delivering meaningful clinical improvement, Two Chairs achieves response and remission rates that ensure that members are getting better – not just getting treatment – and support top-tier HEDIS performance.

1. Simon, G. E., Ludman, E. J., Tutty, S., Operskalski, B., & Von Korff, M. (2010). Predictors of early dropout from psychotherapy for depression in community practice. Psychiatric Services, 61(7), 684–689.
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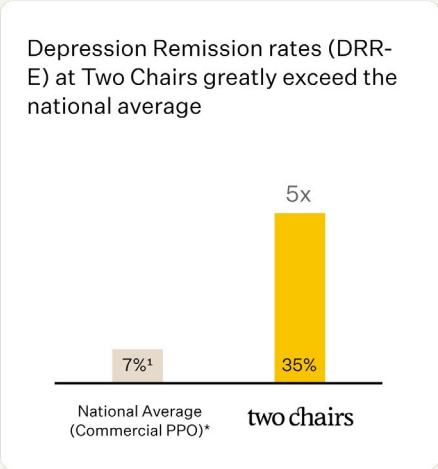

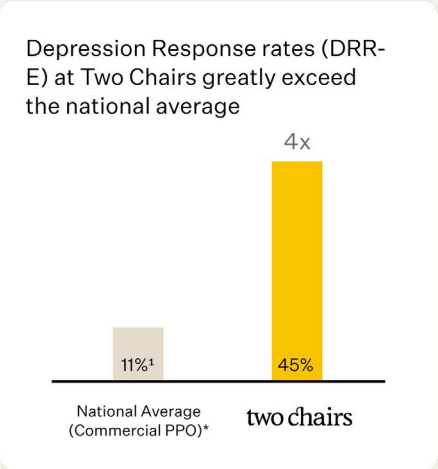

Treating the Whole Person

Why it matters:

Quality metrics, including HEDIS, encompass a range of chronic medical conditions as well as behavioral health conditions. Research indicates that behavioral health conditions that are comorbid with chronic medical conditions, like diabetes, significantly complicate[1] the management of these conditions and increase costs by up to 64%[2].

Impact on health plans:

Treatment of the chronic medical condition, while essential, is not enough to ensure good outcomes and high performance on chronic disease related metrics. Behavioral health conditions impair member self-management[3] and worsen disease outcomes[4]. Treating the behavioral health condition can meaningfully improve[5] self-management and help plans save costs.

How Two Chairs manages complexity:

Two Chairs integrates comprehensive screening for both mental health and high cost physical health conditions into the first encounter and treats complex, high-cost members that many solutions avoid (see Table 1).

Our integrated care model includes:

- **Psychotherapy:** Evidence-based treatment delivered by clinicians trained in high-fidelity MBC.
- **Psychiatry:** Integrated medication management to stabilize members with severe or persistent symptoms.
- **Care Navigation:** Dedicated support to ensure connection to the right level of care and data flow back to specialty providers.

*A previous version of this paper had incorrect NCQA values for DRR-E Response and Remission. This error has now been corrected.

1. National Committee for Quality Assurance. (2024). Depression Remission or Response for Adolescents and Adults (DRR-E).
2. Heilbrun, A., & Drossos, T. (2020). Evidence for mental health contributions to medical care in diabetes management: Economic and professional considerations. Current Diabetes Reports, 20(12), 79.
3. Bala, M. S., Dhanabalsamy, N., & Lucia, B. (2025). Impact of mental health on chronic conditions and cost implications: Leveraging data to predict risk. Journal of Mental Health and Clinical Psychology, 9(1).
4. Fanelli, G., Bolla, A. M., Fadini, G. P., Holt, R. I. G., Khunti, K., & Sattar, N. (2025). The interface of depression and diabetes: Treatment considerations and challenges. Translational Psychiatry, 15, Article 115.
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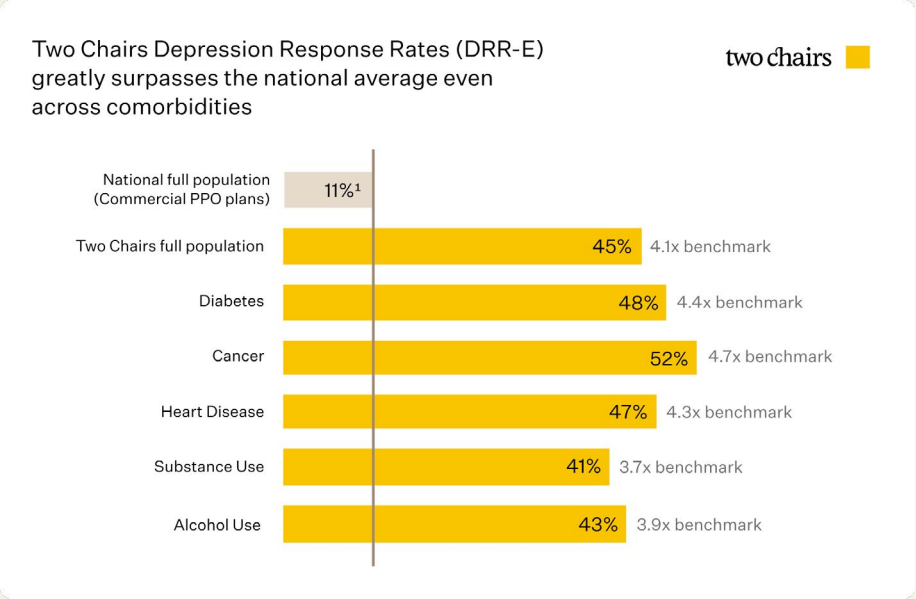
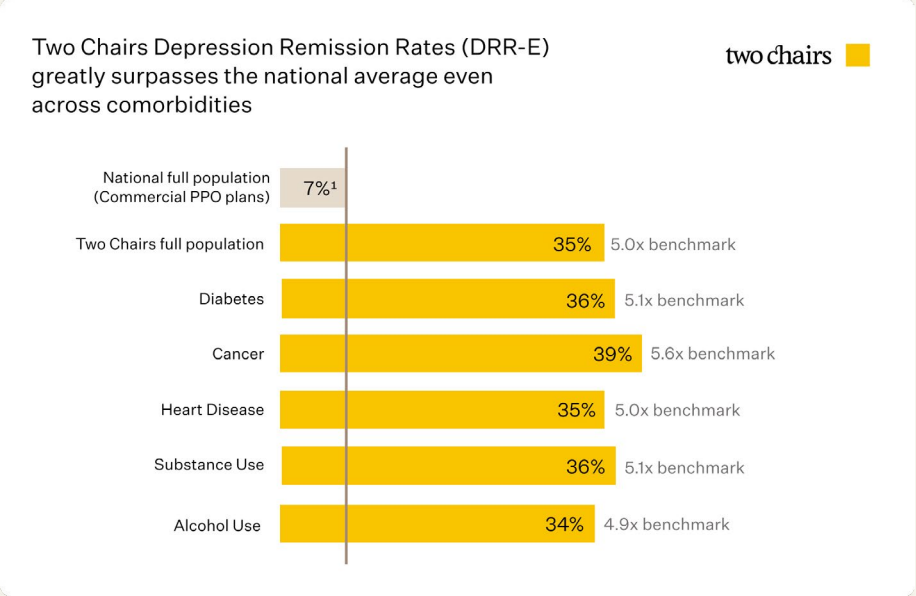
- **Amplify Platform:** Our technology platform is designed to get the member to the right care, fast, and provide clinical insights and accountability for our treatment providers.
- **Crisis Services:** Our 24/7 on-call crisis service provides support when members need it most.

Result:

Chronic comorbid medical conditions often result in worse behavioral health outcomes for members. At Two Chairs, this is not the case, as our outcomes for these cases are on par with our outcomes for the whole population.





1. National Committee for Quality Assurance. (2024). Depression Remission or Response for Adolescents and Adults (DRR-E). NCQA.

The Bottom Line

Clinical performance directly impacts financial outcomes for health plans. Patients with worsening depression severity cost health plans an additional **$608 PMPM** compared to those who maintained symptom severity.

By delivering these outcomes through a managed W-2 model, Two Chairs reduces the variability common in 1099 networks and in private practices and ensures more consistent performance across members. This also enables more seamless data integration with health plans, improving administrative efficiency and making it easier to track quality measures in real time.

The result is stronger performance on behavioral health HEDIS measures and direct impact on future Star Ratings via DSF-E and the Improving or Maintaining Mental Health measure in the Medicare Health Outcomes Survey, setting the stage for improved Medicare reimbursement and potential bonus payments. By aligning clinical quality with operational consistency and measurable outcomes, every member engagement contributes to the plan's financial and quality goals.

Conclusion: A Strategic Partner for Behavioral Health Quality

The evolution of behavioral health quality measurement favors transparency and accountability. As health plans navigate the transition to digital quality reporting and Star Ratings shift to encompass more behavioral health quality data, the need for a sophisticated clinical partner has never been more urgent.

Two Chairs delivers across the core drivers of behavioral health quality and performance:

- Exceptional access, ensuring members enter care quickly and consistently
- Exceptional measurement, with structured data collection and real-time visibility into outcomes
- Exceptional engagement and outcomes, driven by high retention and meaningful clinical improvement across the full population
- Exceptional impact on physical health and total medical cost, supporting broader plan performance

Together, these capabilities translate into stronger HEDIS performance, improved Star Ratings, and measurable financial impact for health plans.

When you do the right thing for the member, the metrics will follow. Two Chairs is the partner that makes that connection real — translating high-quality care into outcomes that can be measured, reported, and trusted.

1. Popkov, A. A., Glance, D., Lin, C., Brown, B., Henk, H., & Panish, J. (2025). Association between depression symptom severity and total cost of care among commercially insured adults with depression. Journal of Medical Economics, 28(1), 1–9.

Appendix

Table 1: Two Chairs Condition Screening

Chronic Physical Conditions

- Heart Disease
- Cancer
- Respiratory Problems
- Diabetes
- Chronic pain
- Cognitive Impairment

Psychiatric Conditions

- Depression
- Bipolar Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Social Anxiety Disorder
- Panic Disorder
- Psychotic Disorder
- Alcohol Use Disorder
- Substance Use Disorder
- Attention Deficit Hyperactivity Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Risk screening: SI/HI/SIB/IPV