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Addressing the behavioral healthcare gap:

OIG findings on Medicare and Medicaid behavioral healthcare access

By **Adam Middleton, CHBC**, Managing Partner at Healthcare Advisory Network, LLC I Partner at The Viability Company

Behavioral healthcare professionals often witness roadblocks to access of care on a daily basis. Though they may try to do everything possible for Medicare and Medicaid patients, they are often held back by a lack of resources and personnel.

Recently, the Office of the Inspector General (OIG) performed a study that investigated the issues surrounding access to care, partially in response to the growing mental health crisis in the United States. Their aim was to help educate the public and Congress of the need for:

- Better access to behavioral healthcare
- Stricter regulations for Medicare Advantage (MA) and Medicaid Managed Care Organization (MCO) plans
- More reimbursement opportunities for providers

Overview

The OIG conducted a review on how easy it is for Medicare and Medicaid enrollees to access behavioral healthcare. The study was done because of Congress's interest in ensuring care for those in need. Because Medicare and Medicaid programs are funded by the federal government, either in part or in whole, a lack of providers to care for enrollees could create a significant risk. And because of an increasing focus on behavioral health, as well as the fact that almost half of all Americans will experience a behavioral health condition at some point in their lives, it is prudent to find solutions if there is a lack of access to care.

What is the problem?

Since the COVID-19 pandemic, there has been a notable rise in the number of people seeking behavioral healthcare services. This increase can be linked to the increase in depression and anxiety brought on by the pandemic, and potentially, the destigmatization of seeking behavioral health services over the past decade. With this growing demand, a major issue has surfaced: The United States does not have enough providers accepting Medicare and Medicaid to meet the need.

Findings from the OIG report

- **65%** of psychologists have no capacity for new patients
- **68%** of psychologists say their waitlist is longer than before the pandemic
- Only **55%** of psychiatrists accept traditional Medicare
- MA plans have fewer than **25%** of counties with available psychologists in their network
- MA network adequacy standards **may not be covering the expanding needs**

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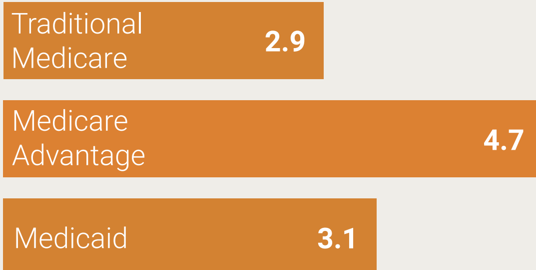
The focus of the OIG review was on behavioral healthcare providers in 20 counties — ten rural and ten urban — geographically dispersed across the US. The OIG looked at providers that actively served Medicare and Medicaid enrollees and that had at least one outpatient in 2021. Both in-person and telehealth services were considered.

Here are OIG's findings:

1. Very few behavioral health providers actively serve Medicare and Medicaid enrollees

- There are fewer than five behavioral health providers for every 1,000 enrollees

On average, there were fewer than 5 active behavioral health providers per 1,000 enrollees in the selected counties in 2021



Active providers per 1,000 enrollees

All programs had fewer than 5 active providers per 1,000 enrollees

Source: *OIG analysis of Medicare and Medicaid data in 20 selected counties, 2023*

2. A lack of providers delays care, which causes enrollees to not seek care or drives up the cost of care.

3. Some counties and MA plans had few to no behavioral health providers who actively served enrollees.

4. The number of prescribing providers in rural counties is lower than that of urban counties, with numerous counties having no active prescribing providers. In fact, the OIG found that rural counties had less than half the number of active providers as urban counties

5. Active providers are only one-third of the total behavioral health provider workforce. Some suggested reasons this number is so low:

- Burdensome administrative requirements
- Low payment rates
- CMS and state requirements for types of providers eligible for reimbursements
- Licensure and supervision requirements

6. Most enrollees saw their provider in person.

- Many enrollees have to travel long distances
- There is a higher rate of telehealth use, more so in the urban counties than the rural ones, even when the travel times for rural are much longer

OIG recommendations for CMS

Based on the findings in their report, the OIG has come up with some recommendations for CMS. The OIG gave props to CMS for adding additional providers to bill for services, developing a toolkit for state Medicaid agencies, and increasing network adequacy standards for MA plans to address the problem already. CMS has also set maximum appointment wait times for MA plans (of 30 days) and proposed a rule for a 10-day wait time for Medicaid managed care appointments.

Here are some of the additional things the OIG has recommended and the ways that they can help address the problem:

1. Attract more providers to see enrollees. This could help:

- Reduce administrative burdens
- Provide better payment transparency
- Reduce prior authorization requirements

2. CMS should explore options to expand access to care and make more behavioral health providers eligible for coverage. This could help:

- Include paraprofessionals, occupational therapy, and peer support providers
- Expand coverage in different community-based settings

3. Increase network adequacy standards to drive an increase in behavioral health providers in MA and Medicaid plans. This could help:

- Increase the number of providers through changes in the rules for network adequacy
- Decrease wait times (proposed for Medicaid)
- With consistent enforcement of the rules
- Improve public reporting of adequacy standards

4. Increase monitoring of usage to track and understand the needs of enrollees. This could help CMS:

- Understand usage patterns to drive rules
- Be able to track the types of providers needed in specific areas
- Identify barriers to care

In conclusion

The OIG report highlights critical gaps in access to behavioral healthcare for Medicare and Medicaid enrollees. The shortage of providers accepting these patients, particularly in rural areas, only exacerbates the problem. The report underscores the urgent need for better access to behavioral health care, more robust rules for MA and MCO plans, and increased reimbursement opportunities.

The OIG's recommendations, endorsed by CMS, offer a roadmap to address these challenges effectively. By reducing administrative burdens, improving payment transparency, and expanding coverage to include various community-based settings and providers, we can begin to bridge the access gap. Additionally, increasing network adequacy standards and enforcing regulations will ensure that MA and Medicaid plans adequately meet the behavioral health needs of their enrollees.

Moving forward, it is crucial for CMS to implement these recommendations swiftly and effectively. By doing so, we can begin to address the behavioral healthcare gap and ensure that all Medicare and Medicaid enrollees have access to the care they need and deserve. Closing this gap is essential, especially considering the increased demand for behavioral health services resulting from the COVID-19 pandemic and other societal challenges.

Source: A Lack of Behanioral Health Providers in Medicare and Medicaid Impedes Enrollees Access To Care (hhs.gov)

About the author

Since 2008, Adam Middleton has consulted with emerging businesses in leadership positions, physician practices, healthcare startups, and hospitals with a focus on management, operations, finance and strategic planning. He has extensive experience in physician compensation, including contracting and structures. Through his leadership, he helps hospitals and practices determine fair market compensation and compliance issues that surround employment practices. Among other projects, his key consultancy roles included: strategic business consultations, the merger of two hospital managed service organizations, the startup of physician practices, and the negotiation of hundreds of physician-hospital acquisitions.

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sales@wellsky.com | 1-855-wellsky | wellsky.com