Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans

Behavioral Health Care Providers

The National Academies of Sciences, Engineering, and Medicine report Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans addresses gaps in access to behavioral health care services. The report outlines specific recommendations aimed at federal and state policymakers for increasing engagement of behavioral health providers in public insurance programs. This is critical considering about 20 percent of all Americans live with a behavioral health condition, but only half of this population receives treatment—negatively affecting individuals, families, and society at large.

KEY FOCUS AREAS FOR PROVIDERS

The report explores factors that influence behavioral health care provider participation, including perceptions and administrative burdens; infrastructure needs such as electronic health records and billing systems and barriers and innovative solutions for care providers working with diverse patient needs. The following recommendations are particularly relevant to care providers, who also play a role in changing the behavioral health care system and increasing access to care for all Americans.

From Recommendation 1: The Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) should restructure current workforce and training mechanisms and their funding to better incentivize robust training environments that support career choices that will more directly impact care for Medicare and Medicaid beneficiaries.

- Prioritize High-Need Populations: CMS and SAMHSA should overhaul current workforce and training funding to prioritize robust training environments that encourage careers directly impacting care for Medicare and Medicaid beneficiaries.
  - Focus should be on providers serving populations with critical behavioral health needs in Medicaid, including rural, child/adolescent, and racial/ethnic minority groups.
  - Align with successful Health Resources and Services Administration models to enhance demographic diversity within the behavioral health care workforce, particularly in underserved areas.

- Implement Accountability Measures

- Expand Billing Privileges: Allow behavioral health care trainees to bill for services under licensed provider supervision, akin to current provisions for physician trainees, to enhance practical training opportunities.
From Recommendation 2: CMS should use its regulatory authorities over Medicare (including Medicare Advantage), and provide assistance to state Medicaid programs and Marketplaces plans to streamline behavioral health provider credentialing and enrollment processes.

- CMS should work with states to modify Medicare’s and Medicaid’s enrollment systems and processes to check ex parte information sources before requiring additional information from behavioral health care providers for initial enrollment or renewal as a care provider. This would allow behavioral health care providers to keep their enrollment information current in either a state Medicaid or a state Medicare system, and it would facilitate more rapid initial enrollment.

- From Recommendation 6: CMS should provide guidance on setting Medicare and Medicaid fee-for-service reimbursement rates to ensure adequate access to a full continuum of behavioral health care services, which includes accounting for the actual costs of care and adjusting for past and current undervaluation of work efforts of behavioral health care providers. To address this undervaluation, CMS should continue to revisit and revise the resource-based relative value scale (RBRVS).

  - CMS should conduct an updated cost study to remedy the acknowledged bias in the current RBRVS formulation. Improving the formulation of the Medicare fee schedule may also help to influence Medicaid fee-for-service rates.

  - Within Medicaid fee-for-service, CMS should encourage state Medicaid agencies to adopt regular rate reviews to adjust for inflation and account for market forces that could be discouraging behavioral health providers from enrolling in Medicaid fee-for-service. CMS should encourage consideration of rate differentials in underserved areas where there is an inadequate workforce within Medicaid and ensure proposed rates are sufficient to support access to behavioral health providers consistent with the general population. CMS should provide comparison rate and provider access information to states for Medicare, Medicare Advantage, Marketplace, and private plans to assist states in developing access monitoring review plans for behavioral health services that better determine whether state payment rates are sufficient to ensure access to care for beneficiaries at least comparable to the general population.

To access the full report and supporting materials, visit www.nationalacademies.org/expanding-behavioral-health-access.