Innovations to Improve Mental Health and Substance Use Disorder Access in Medicare, Medicaid, and Marketplace Insurance Plans

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Our mission

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Elevating and supporting Medicaid leaders so millions of people can achieve their best health.

Our conversation today

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- Medicaid's role in behavioral health
- Medicaid levers to increase provider participation
- Takeaways for NASEM

Medicaid's role in behavioral health

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1 in 5

people use Medicaid for their health insurance

Children, Pregnant Women, Older Adults, People with Disabilities, People with Low Incomes, People Who Need Nursing Home Care, People Who Need In-home Supports

Source: CMS February 2023 Medicaid and CHIP Enrollment Snapshot

Medicaid's role in behavioral health

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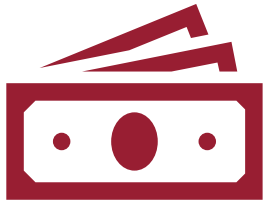
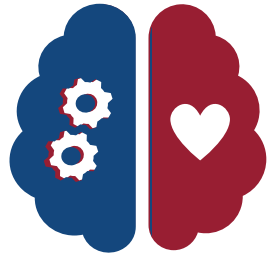
Medicaid covers 27 million children
and the ONLY insurer for kids with complex mental health needs

#1 payer of behavioral health
pays for about one quarter (24%) of all spending on mental health and substance abuse treatment





Behavioral health conditions are prevalent in Medicaid enrollees
40% of Medicaid enrollees are living with a mental health or substance use disorder

Sources: Kaiser Family Foundation 2020 data, SAMHSA

Medicaid levers to increase provider participation

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1. Network adequacy and access standards
2. Payment levers
3. Reducing administrative burden
4. Expanding and extending the workforce

Sources: Kaiser Family Foundation 2020 data, SAMHSA

Medicaid levers to increase provider participation

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1. Network adequacy and access standards

- Nearly three quarters of Medicaid beneficiaries are in risk based managed care
- Managed care plans are accountable for ensuring sufficient provider networks. They negotiate rates with providers, but these are often based on the Medicaid fee-for-service fee schedule.
- Network adequacy and access standards in the contract are an essential state Medicaid lever to ensure sufficient BH provider participation

Medicaid levers to increase provider participation

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2. Payment levers

- State/territory Medicaid programs (not the federal government) set payment rates in fee-for-service Medicaid
- Many programs made time-limited investments during the pandemic in the behavioral health delivery system, often with federal funds
- Many states are conducting rate studies to assess costs and the adequacy of fee-for-service Medicaid rates ongoing
- The certified community behavioral health clinic (CCBHC) model's APM is resulting in increased investment in specialty behavioral health delivery system

Medicaid levers to increase provider participation

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3. Reducing administrative burden

- States are aligning or centralizing certain processes (rather than a separate process for each managed care plan) to reduce the burden on providers, making them more likely to participate. Examples:
  - Centralized provider credentialing
  - Centralized claims processing
  - Standardized prior authorization
  - Standardized treatment plan forms
- Medicaid programs must balance efforts with need to preserve features of risk-based managed care
- Collaboration at the federal and state levels can facilitate burden reduction efforts

Sources: Kaiser Family Foundation 2020 data, SAMHSA

Medicaid levers to increase provider participation

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4. Expanding and extending the workforce

- Programs rapidly adopted telehealth at the beginning of the pandemic and its use is widespread today, especially in behavioral health
- Medicaid is a national leader in leveraging non-traditional workforce to improve outcomes and access, including peer supports and community health workers
- Integrated care models continue to be a primary strategy to improve access (CCBHC, health homes, enhanced primary care, ACOs, etc.)
- Other technology use is on the horizon (RPM, apps), but Medicaid leaders want to ensure effectiveness and value

Takeaways for NASEM

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- **Payment is one lever, but not the only one, to incent provider participation in Medicaid**. Multi-faceted solutions need to be tailored to each state, delivery system, and market dynamics.

- **Partnership across government (federal and state) is essential to address underlying shortages and infrastructure needs.** Medicaid is not well positioned to lead efforts to address infrastructure gaps or underlying shortages.

- **Medicaid is a leader in care delivery innovation.** Programs are advancing integrated delivery models, use of technology, supporting justice-involved populations, and leveraging a broader workforce.