Georgia Board of Healthcare Workforce
Chet Bhasin
7/30/24

HB1013 & SB480

HB1013 (SY2022)

Enacted GBHCW to collect workforce data at licensure renewal. Allows for a diversity of questions from the following Boards.

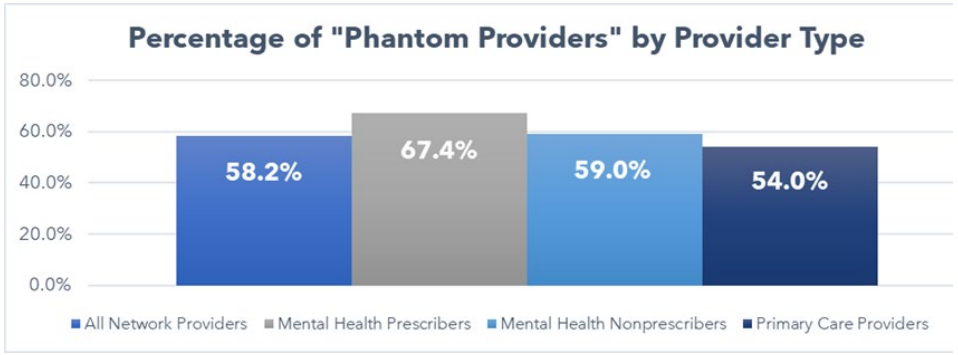
- Medical Composite Board
- Board of Pharmacy
- Board of Nursing
- Board of Marriage & Family Therapists, Social Workers, Professional Counselors
- Board of Psychologists

SB480 (SY2024)

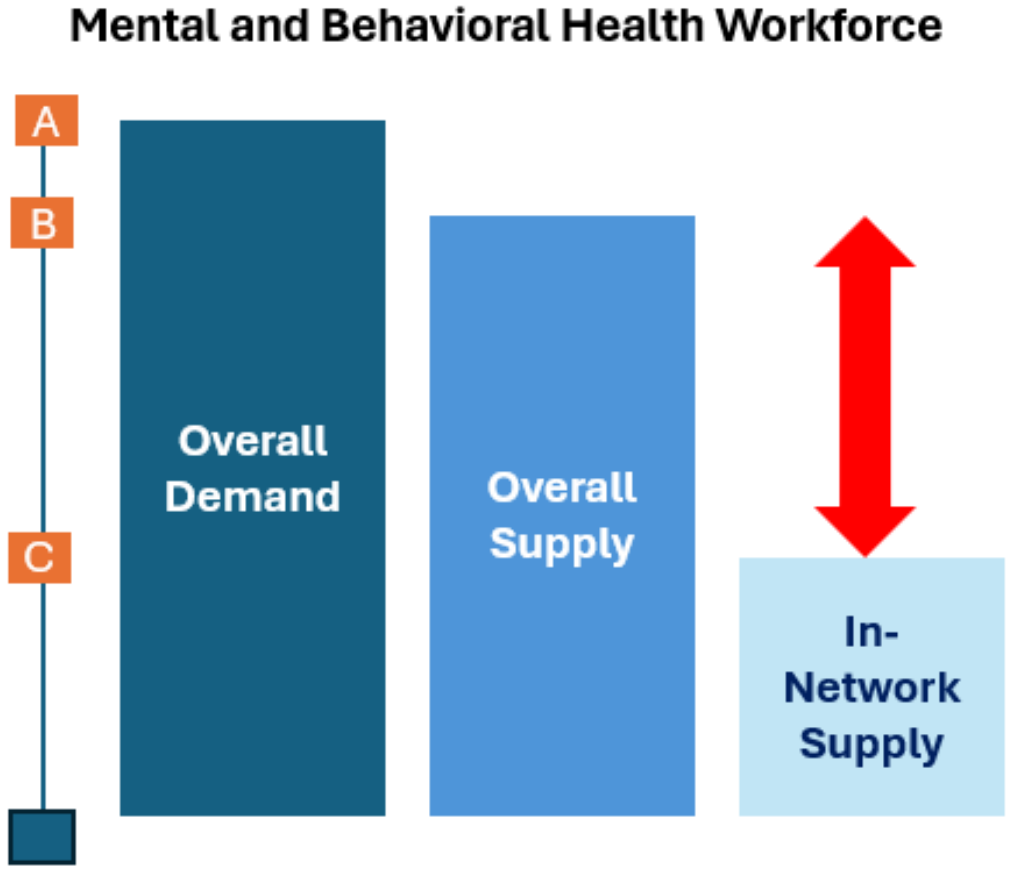
Allowed for Legislation for GBHCW to administer appropriated funds for Behavioral Health loan repayment for certain licensees. Multi year duration and no geographic restrictions. Will launch Q3 CY2024.

McKinsey Findings (2017)

- **21%** of health plans included **less than one-fourth** of available providers
- **Another 20%** included **fewer than 40%** of available providers
- **21%** of plans included **fewer than one-third** of available hospitals



A study published in July 2022 found significant discrepancies between behavioral health providers listed in 2018 Oregon Medicaid directories and those whom enrollees were able to access. Between **one-half to two-thirds** of the providers listed in the directories were **not actively providing care** for Medicaid enrollees.



Health insurers point to the difference between **A** and **B** as "**the explanation**" for their inadequate behavioral health care provider networks in an attempt to distract from the real explanation – their **willful decisions** to limit the number of in-network providers, shown by the **red double-headed arrow** (the difference between **B** and **C**) by **establishing barriers** to providers joining a network by offering below-market reimbursement rates, multiple audits and fee clawbacks, payment delays, and charging fees for e-payments.

(DIS)PARITY

Reimbursement Rates

55.3% higher	Reimbursement rates for physician assistants are **55.3% higher** than for therapists
50.6% higher	Reimbursement rates for **all** medical/surgical providers are **50.6% higher** than for all behavioral health clinicians
44.6% higher	Reimbursement rates for medical/surgical specialist physicians are **44.6% higher** than for psychologists
35.4% higher	Reimbursement rates for medical/surgical specialist physicians are **35.4% higher** than for psychiatrists

Out-of- Network Rates

10X	Georgia's children are more than **10 times more likely** to have to go out-of-network (OON) to obtain mental and behavioral health (MBH) care than for medical/surgical (M/S) care
16X	Georgians with acute inpatient mental health needs are **16 times more likely** to be forced OON vs Georgians with M/S health needs
6.3X	Georgians with outpatient mental health needs were **6.3 times more likely** to be forced OON vs persons with M/S needs
4.8X	Georgians needing to see a psychiatrist are **4.8 times more likely** to be forced to go out-of-network than if they were seeking a M/S specialist physician.

A Tale of Two Providers

Reimbursement Rates for Primary Care Physicians vs Psychiatrists

Provider network admission standards, **including reimbursement rates**, are a "nonquantitative treatment limitation" (NQTL) that must be applied **comparably and no more stringently** for mental health and substance use disorder (MH/SUD) benefits as compared to medical and surgical (M/S) benefits.

When health plans have much higher out-of-network (OON) utilization for MH/SUD providers than for M/S providers, some plans try to **disclaim control** over behavioral health provider network adequacy by pointing to aggregate behavioral health workforce shortages.

When health plans are faced with the same type of leverage for M/S providers, **they typically do not disclaim control** and instead recognize and respond to this factor by increasing reimbursement rates to create and maintain adequate M/S provider networks.

There are **25% more shortage areas** for primary care physicians (PCPs) than for mental health providers (8,544 vs. 6,822) in the U.S. as of December 31, 2023.

Notwithstanding the PCP workforce shortage, as shown in the chart, patients have a **much lower OON usage rate** (2.2%) for PCPs than for psychiatrists.

Provider	OON Percentage
PCP	**2.2%**
Psychiatrist	**15.3%**

The **2.2%** figure for PCPs is consistent with their **relatively high reimbursement** – ranging from **20%-50% higher** than the reimbursement rates for psychiatrists.

Sources: Mark, T. L., & Parish, W. J. (2024). *Behavioral health parity – Pervasive disparities in access to in-network care continue*. RTI International, and H. Harbin & B. Middlebrook, Federal Parity Law (MHPAEA): NQTL of In-Network Reimbursement Rates: Non-Comparable Use of Factors of Provider Leverage a/k/a Bargaining Power and Workforce Shortages MHTARI (2023)

Improving Parity Tools and Processes
Online Provider Appointment Scheduling

Currently, health insurance plan members and Medicaid enrollees are required to use provider directories to call individual providers and set up appointments. Calls are frequently unanswered, and voicemails are not returned. Georgians find that many of the providers that many of the providers listed in the directory are **not in-network**, **not taking new patients**, or **do not have an appointment available** for months

Contrast the phone-based process with the use of online tools to book a vacation or business trip. Over the course of 15 minutes, almost anyone can go online and book a flight, rental car, and hotel for a business trip or vacation, and be confident that their transportation and lodging will be there when scheduled.

The technology already exists to require health insurers and MCOs to offer online scheduling of appointments with health care providers in their networks. An **open source online scheduling tool** puts the burden on insurers and MCOs to facilitate rapid access to medically necessary health care.

Further, such a tool will **provide regulators with near real-time measures of insurers' compliance with their network adequacy obligations** – e.g., provider availability within X days and Y miles/minutes. A **public-facing scorecard** of insurers' compliance with network adequacy requirements will enable Georgians to make **educated decisions** when selecting health insurance plans.