

PSYCHOLOGY'S VIEW OF THE CRITICAL NQTL ISSUES CONSTRAINING PATIENT ACCESS TO CARE

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WHAT'S HAPPENING

The mental health tsunami caused by the pandemic and other stressors, combined with low reimbursement and bad treatment, has created an exodus of psychologists from insurance network.

This creates a major health equity problem.

At a time when insurers should be paying and treating psychologists (and other mental health professionals) well to keep them in networks, some insurers seem to be going in the opposite direction.

NQTL ISSUES

- Network Adequacy
- Reimbursement Parity
- Harassment of Psychologists



IMPORTANCE OF METRICS

Our perspective as a provider organization:

We only see insurers' barriers and bad behavior on the mental health side.

We rely on state and federal regulators to see what insurers/plans are doing on the medical/surgical side, and the analysis that justifies any disparity.

MEASUREMENT OF REIMBURSEMENT PARITY

Medicare rates as a benchmark:

- focus on **actual amounts paid** vs. scheduled rates
- focus on most commonly-billed codes

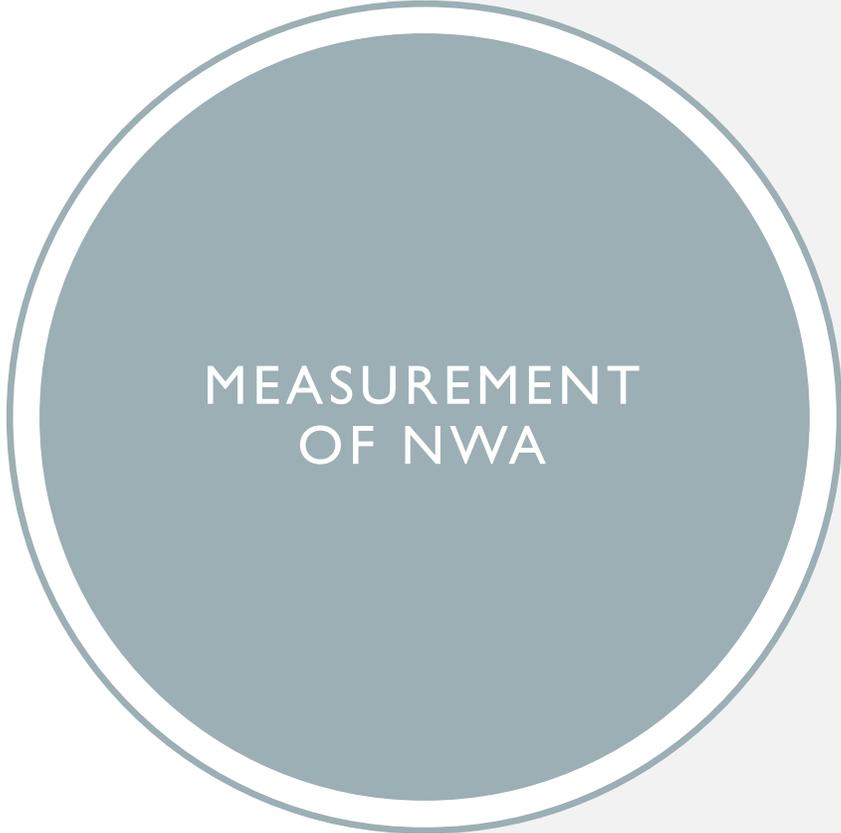
ANOTHER REIMBURSEMENT ISSUE

90837 - 60-minute psychotherapy code

- Letters to providers
- Audits
- Paying same or similar rate as 90834 (45-minute psychotherapy code)

Don't think insurers are engaging in the same harassment techniques on the med/surg side with graduated E&M codes

- Network adequacy (NWA) isn't a specifically listed NQTL example, but the listed examples are not meant to be an exclusive list
- Everyone seems to understand the importance of NWA
- NWA is easy to mismeasure



MEASUREMENT
OF NWA

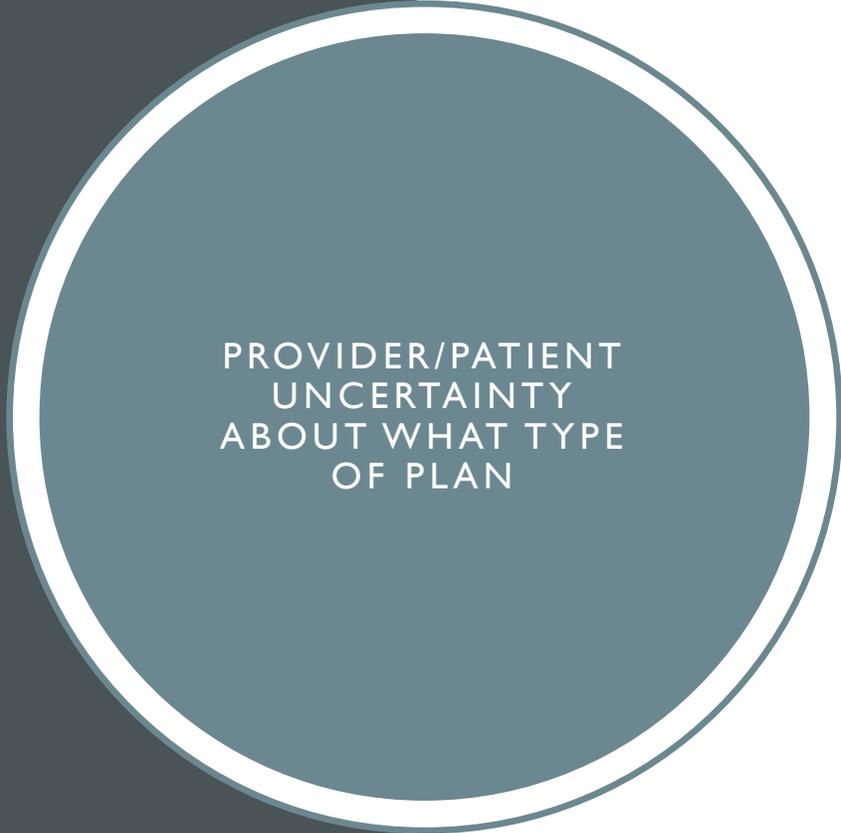
TO GET A TRUE NWA

Key metrics to get a real NWA are:

- Wait times
- Number of providers listed in the network
- Important to note specialties, e.g., a psychologist specializing in adults may not take children and vice-versa
- With psychologists having such heavy caseloads, important to differentiate who is available to see new patients

HARASSMENT OF PSYCHOLOGISTS

- Comes in various forms, e.g., delayed payment, excessive audits.
- The common theme is that the hassle/burden does not appear to be justified or reasonable
- A big problem recently has been pre-payment audits
 - Is this a new industry “standard”?



PROVIDER/PATIENT
UNCERTAINTY
ABOUT WHAT TYPE
OF PLAN

Adding to the intrinsic uncertainties of parity compliance is the pervasive problem of knowing whether a patient's insurance is regular fully insured coverage regulated by the state vs. self-insured ERISA plans.

Easy lift solution: make this information transparent on the patient's insurance card

- Have recently suggested this to DOL
- Previously suggested federal legislation

QUESTIONS