

Proposal for Alternative Methods to Track Network Adequacy

Introduction

Current methods for assessing network adequacy in behavioral health care often rely on overly broad categorizations that may not accurately reflect the true availability and suitability of providers. This proposal outlines an alternative approach that enhances specificity in provider information, improving both network adequacy and patient access to appropriate care.

Proposal Details

1. Specialization and Expertise

Current Issue: Providers often list broad specialties, diluting the perceived adequacy of the network.

Proposed Solution: Require detailed input on specialties (e.g., anxiety, depression, trauma) and expertise in specific treatment types (e.g., CBT, DBT, psychodynamic therapy). This mirrors the filtering system used by many directories, allowing for more precise identification of provider capabilities. The filters should allow a provider to star approx 4 areas that most illustrates their primary focus's

2. Population Served

Current Issue: Networks may appear adequate but fail to offer appropriate care for specific age groups (e.g., pediatric, geriatric).

Proposed Solution: Mandate that providers specify the age groups they serve, ensuring that networks can be assessed for adequacy in terms of age-appropriate care.

3. Ethnicity and Language

Current Issue: Lack of information on providers' cultural competencies and language skills can limit access to care for diverse populations.

Proposed Solution: Include fields for providers to list the ethnicities they specialize in and the languages they speak. This enhances network adequacy by ensuring culturally and linguistically appropriate care is available.

4. Treatment Setting

Current Issue: Patients may struggle to find providers who offer their preferred treatment mode (e.g., in-person, virtual).

Proposed Solution: Require providers to indicate whether they offer in-person, virtual, or hybrid treatment models, as well as their practice settings (e.g., private practice, hospital-

based). This allows for more accurate assessments of network adequacy based on patient preferences and needs.

5. Provider Overview

Current Issue: The lack of personalized information about providers can make it difficult to determine suitability.

Proposed Solution: Allow providers to submit a brief paragraph summarizing their practice focus and primary treatment offerings. This narrative will help patients and health plans better understand the provider's unique value and fit within the network.

6. Automated Data Analysis

Current Issue: Broad categorizations hinder the ability to conduct meaningful data analysis on network adequacy.

Proposed Solution: The enhanced data collection will facilitate more sophisticated data analysis by health plans, helping to identify gaps in network adequacy and ensure sufficient provider access based on detailed specializations.

Conclusion

By adopting a more detailed and structured approach to collecting and displaying provider information, health plans can better assess and improve network adequacy. This method aligns with practices seen in non-health plan directories like Psychology Today and ZocDoc, demonstrating its feasibility and cost-effectiveness. This proposal addresses the concern that improving access might dilute the network's value by actually enhancing specificity, thereby ensuring that the right providers are available to meet the needs of the population.

Example: Filter Options for Behavioral Health Providers

The following table illustrates how filter options could be presented to users for better selection and accuracy in determining network adequacy:

Category	Example Filters
Specialties	Anxiety, Depression, Bipolar (must chose only 4 of their specialties to bold)
Types of Therapy	CBT, DBT, Psychodynamic
Population Served	Children, Adults, Elders
Expertise	LGBTQ+, trauma informed