
IX. PROVIDERS

A focus of the Tracking Project has been to explore the effects of managed care reforms on providers of behavioral health services to children and adolescents and their families. The 1997 Impact Analysis found that reforms have affected both individual practitioners and behavioral health provider agencies at both organizational and practice levels. The 1997-98 State Survey investigated several issues related to providers' participation in managed care reforms—whether states have mandated that particular types of providers or agencies be included in managed care system provider networks, the inclusion of culturally diverse and indigenous providers, and new credentialing requirements associated with managed care reforms that affect provider participation.

Designation of Essential Providers

Essential providers are providers or provider organizations that are required to be included in provider networks. As shown on Table 56, 44% of all reforms in the 1997-98 survey reportedly designate essential providers; 56% do not. The proportion of health care reforms designating essential providers has remained essentially the same since the 1995 survey and is consistent with the 1997 Impact Analysis, which found that 50% of the states included in the sample mandated the use of essential providers.

Use of Essential Providers	1995 Total	Carve Out	1997-98 Integrated	Total	95-97/98 Change
Yes	41%	46%	38%	44%	+3%
No	59%	54%	62%	56%	-3%

The most frequent type of essential provider is community mental health centers, cited by eight of the reforms. The types of essential providers identified by respondents include the following:

- Community mental health centers (Alaska, Indiana, Kentucky, Michigan, Nebraska, Utah, Vermont, and Washington)
- Community behavioral health providers (Oklahoma and Wisconsin)
- Regional behavioral health boards (Arizona and North Carolina)
- County mental health clinics (Wisconsin)
- School-based health centers as essential providers and child guidance clinics and family services agencies as benchmark providers (Connecticut)
- Coalition of community mental health centers, universities, private providers, and hospitals (Kentucky)

- Designated individual providers, including physician, psychiatrist, behavioral developmental pediatricians, Ph.D. psychologists, nurse therapists, certified social workers, and certified professional counselors (Maryland)
- Federally Qualified Health Centers, community health clinics, community health agencies (Minnesota)
- Inpatient programs (Vermont)

Inclusion of Culturally Diverse and Indigenous Providers

As Table 57 indicates, 80% of all reforms reportedly have provisions that address the inclusion of culturally diverse and indigenous providers in provider networks. However, a substantially higher proportion of the carve out reforms (88%) were reported to include mandates for inclusion of culturally diverse providers than integrated reforms (64%).

Table 57			
Percent of Reforms with Provisions for Inclusion of Culturally Diverse and Indigenous Providers			
Provisions	Carve Out	1997-98 Integrated	Total
Yes	88%	64%	80%
No	12%	36%	20%

Although 80% of the reforms include such mandates, the 1997 Impact Analysis found that, in most states, managed care reforms have had no impact on the inclusion of culturally diverse and indigenous providers. Further, in four states, managed care reforms have resulted in decreased availability of culturally diverse and indigenous providers, according to stakeholders, due to more stringent credentialing requirements and to the financial and administrative requirements of participating in managed care systems.

New or Revised Standards or Licensing Requirements

Table 58 shows that 37% of all reforms include new or revised standards or licensing requirements for behavioral health professionals or programs. The proportion of carve out reforms with new or revised credentialing requirements (43%) is almost double the proportion of integrated reforms (23%) with new or revised requirements.

Table 58			
Percent of Reforms with New/Revised Credentialing Requirements for Providers			
New/Revised Requirements	Carve Out	1997-98 Integrated	Total
Yes	43%	23%	37%
No	57%	77%	63%

These findings are consistent with the results of the 1997 Impact Analysis, in which about a third of the states in the sample reported new or revised standards or credentialing requirements. In some reforms, the new requirements reportedly broadened the types of professionals that can be included in provider networks; in other reforms the new requirements were viewed as restrictive and limiting the types of staff, such as family members and substance abuse counselors, that could be included.