



Behavioral Health Network Adequacy Report Health Share of Oregon: Q3 2024

This report is intended to highlight key areas of member access for outpatient behavioral health services in Health Share of Oregon. It offers a snapshot of current conditions and may not reflect the individual experiences of specific providers, which may vary by provider type.

Data is pulled from existing reports stemming from access initiatives and include metrics that show a general health of access. Data sets are presented in four categories:

- 1) **Provider network:** Focus of this data is to understand the volume of outpatient providers in the network
 - a. Total outpatient providers
 - b. Outpatient provider average time serving the network
- 2) **Provider reach:** Focus on the number of members served by outpatient providers and frequency of service
 - a. Average members served per provider
 - b. Average services per provider
- 3) **Member experience:** Focus on penetration rate of members with a breakdown by various demographics. Penetration rate reflects the number of active members engaged with outpatient BH services. Data also focuses on members wait times for services
 - a. Mental health and SUD penetration rates
 - b. Wait times for third next available
- 4) **Culturally specific outpatient:** Focus on programs that provide culturally specific services to members.
 - a. Culturally Specific provider counts
 - b. Average members per provider
 - c. Average services per member

This data was gathered primarily from claims, notifications of treatment, member demographics, and provider self-reported data fields.

Q3 (October) 2024 Update:

Data is updated through the end of Q2 2024 for all claims-based reporting.

The Specialty Program Waitlists data has data through the end of 2023. Updated data is currently being gathered for presentation in upcoming reports.

June 2024 Update:

This is the first update to include the transition period to a new claims processing system that happened October 1, 2023. This report has been updated to merge data from both processing systems where needed.

The provider retention graphic, “Outpatient Provider Average Years Serving Members,” has been updated to include provider type breakouts to remain cohesive with other metrics in the provider network and reach sections.

December 2023 Update:

The overall number of providers serving Health Share of Oregon members is starting to trend upward towards the end of 2023. This trend is consistent across both COA and non-COA providers. The average tenure of a provider in this region is trending down, but this could also be consistent with an increase in new providers in the region. Trends for average members and services per provider remain overall consistent with 2022 trends.

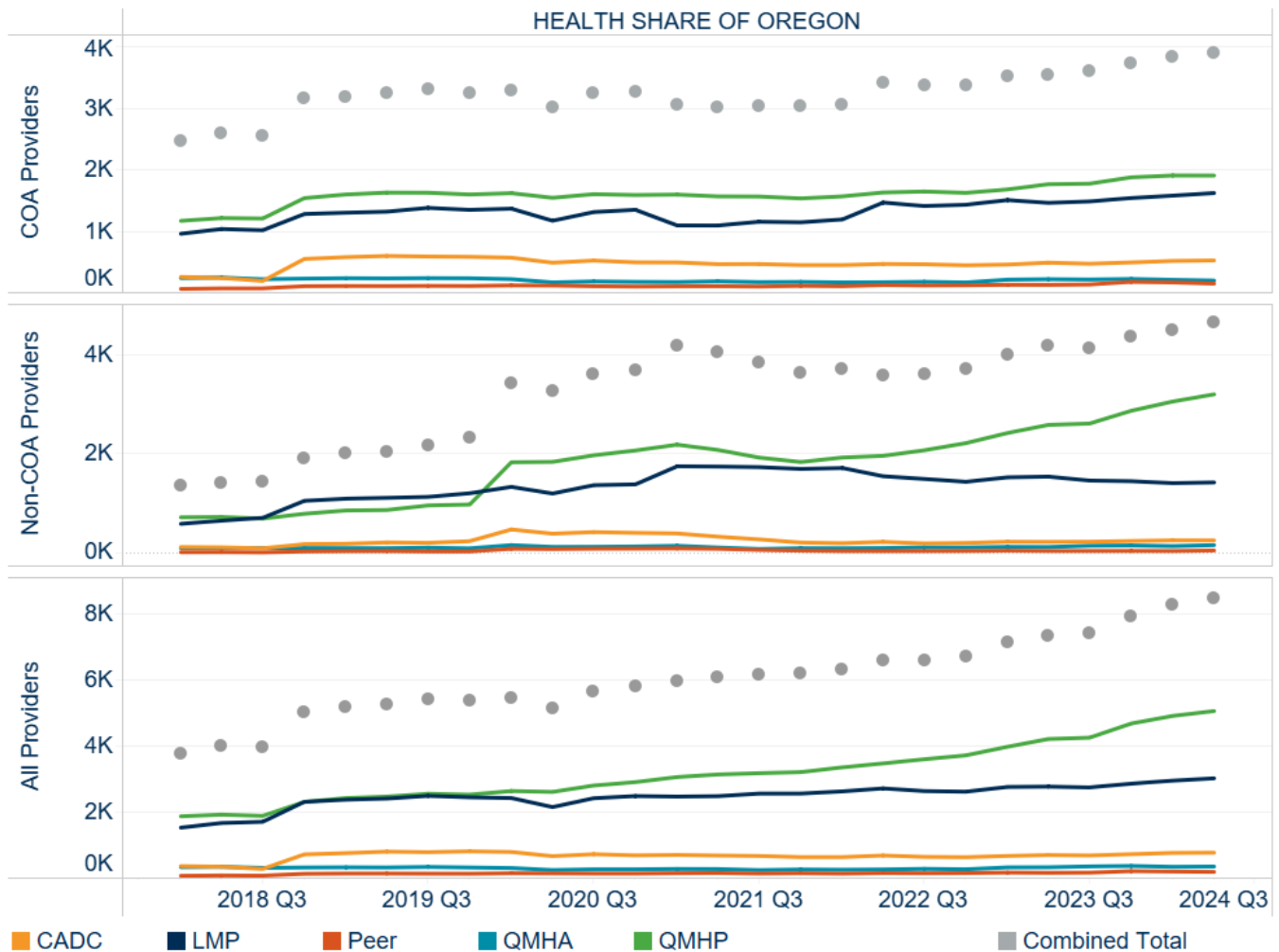
In the Culturally Specific space, there is a small upward trend for overall number of members accessing services, while the total number of providers has remained consistent with 2022 numbers.

September 2023 Update:

Overall trends remain steady when compared to May 2023 report. Provider graphs have been split into COA, non-COA, and all outpatient providers. COA providers have been identified based on providers marked as COA in the Tier 2 Fee Schedule. A couple graphs show a small decrease in numbers at the very end of Q3 2023; this is likely due to claims lag and not indicative of actual decreases in access in that quarter.

Provider network

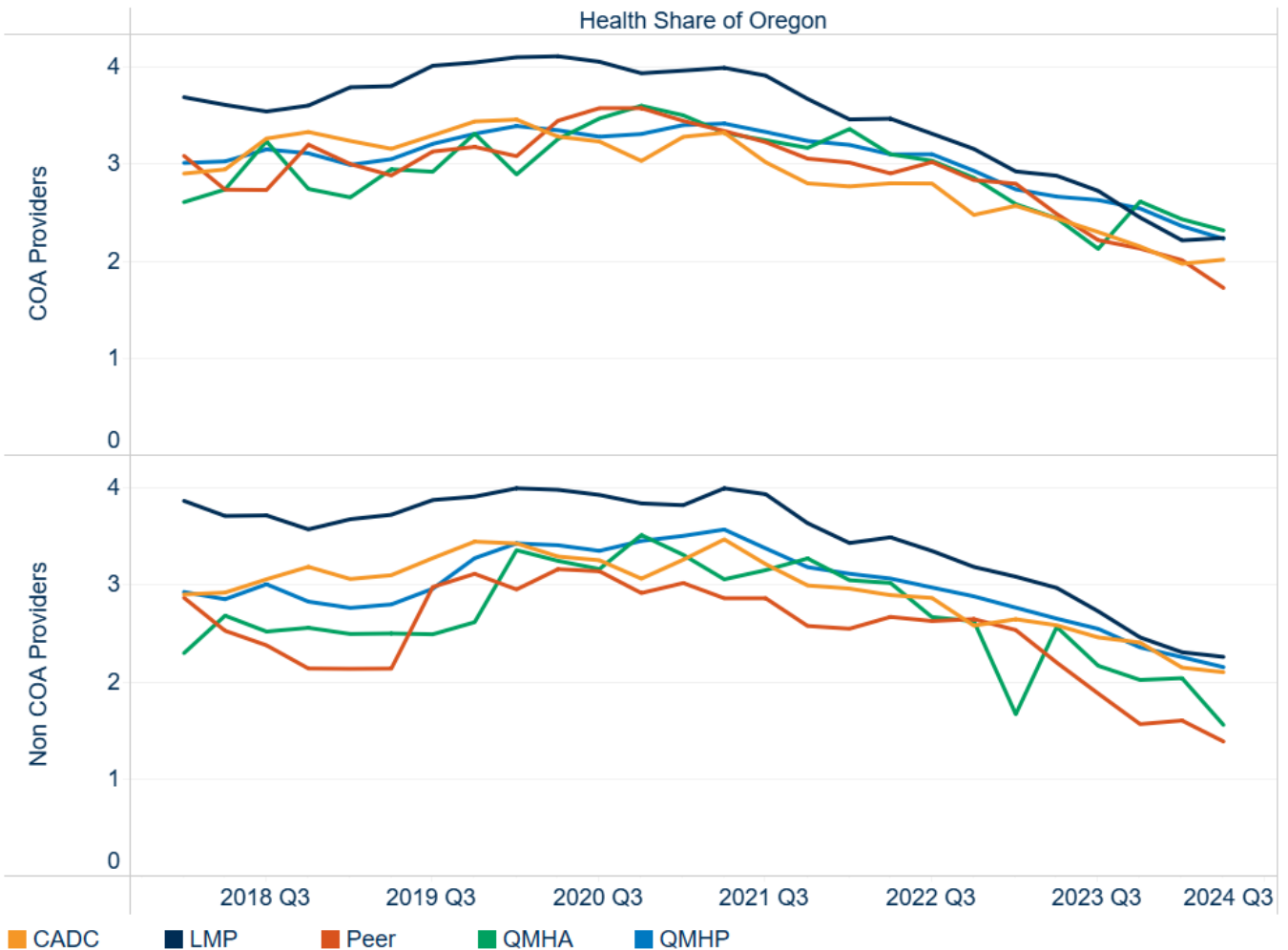
Total Providers Serving Members



- Gray dotted line indicates total number of unique rendering providers, both contracted and non-contracted.
- Qualified Mental Health Providers (QMHP) includes board registered associates, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and QMHP, who are neither registered nor licensed.
- Includes only providers with paid BH claim within the quarter.

The data indicates the number of outpatient providers has risen since the pandemic in 2020. The rise could be attributed to an increase in telehealth usage. This data does not distinguish between private, group or certified mental health professional (CMHP) setting. Future waves of the report will look to incorporate organization types into this graph.

Outpatient Provider Average Years Serving Members

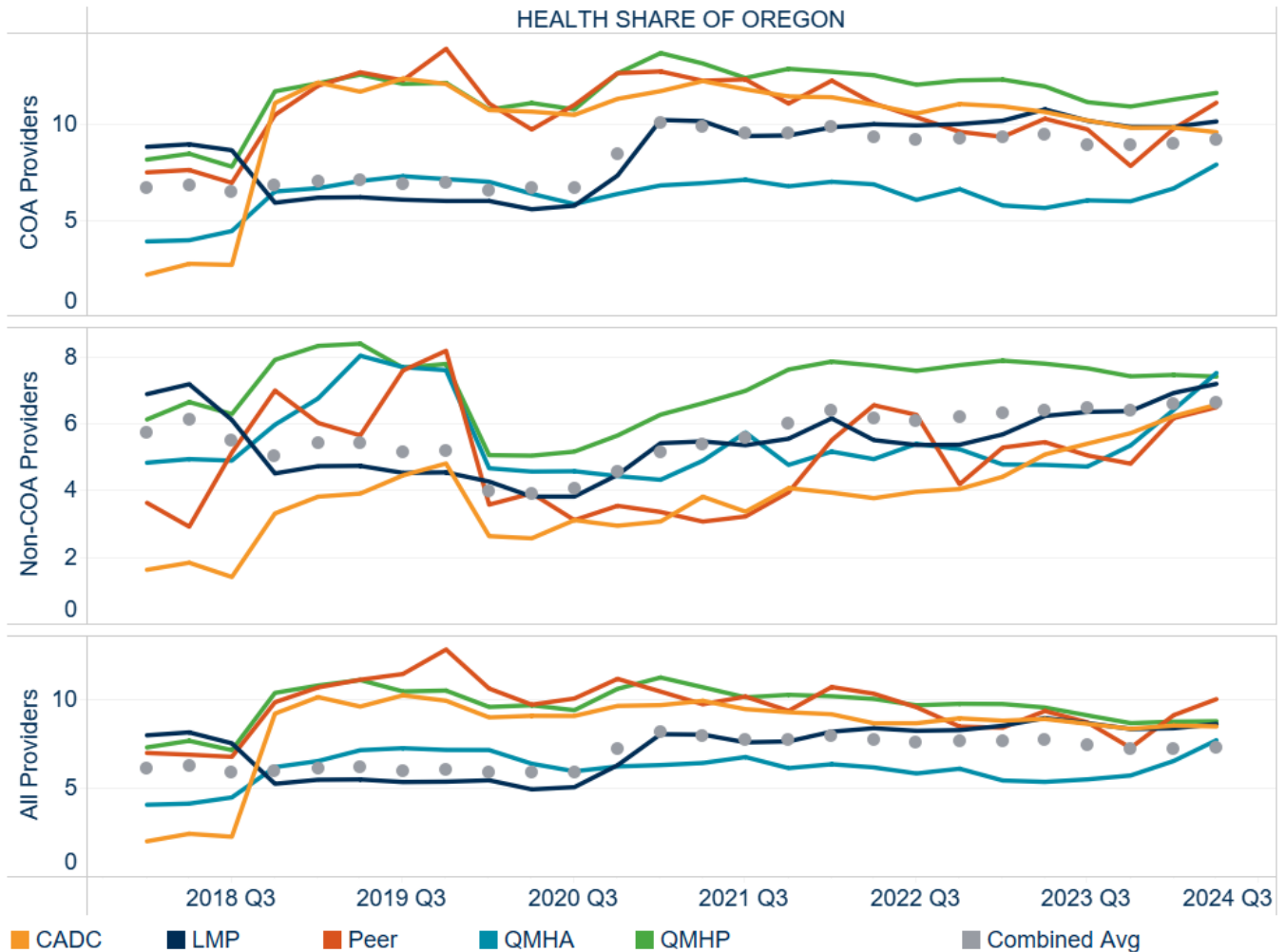


- Average time for individual providers serving CareOregon members. Range is individual providers' first claim to most recent.
- Calculated by national provider identifier (NPI).
- Same provider criteria for total outpatient providers data set.

The average time for providers has decreased steadily since 2019. More research on this metric would aid in understanding the cause of the decline, it may be that expansion of telehealth brought an increase in new providers to regions. Anecdotally, systemic issues of burnout, cost of living, etc., may also be factors. Organizations with high instances of turnover could also lead to relying on new providers with less time in the field.

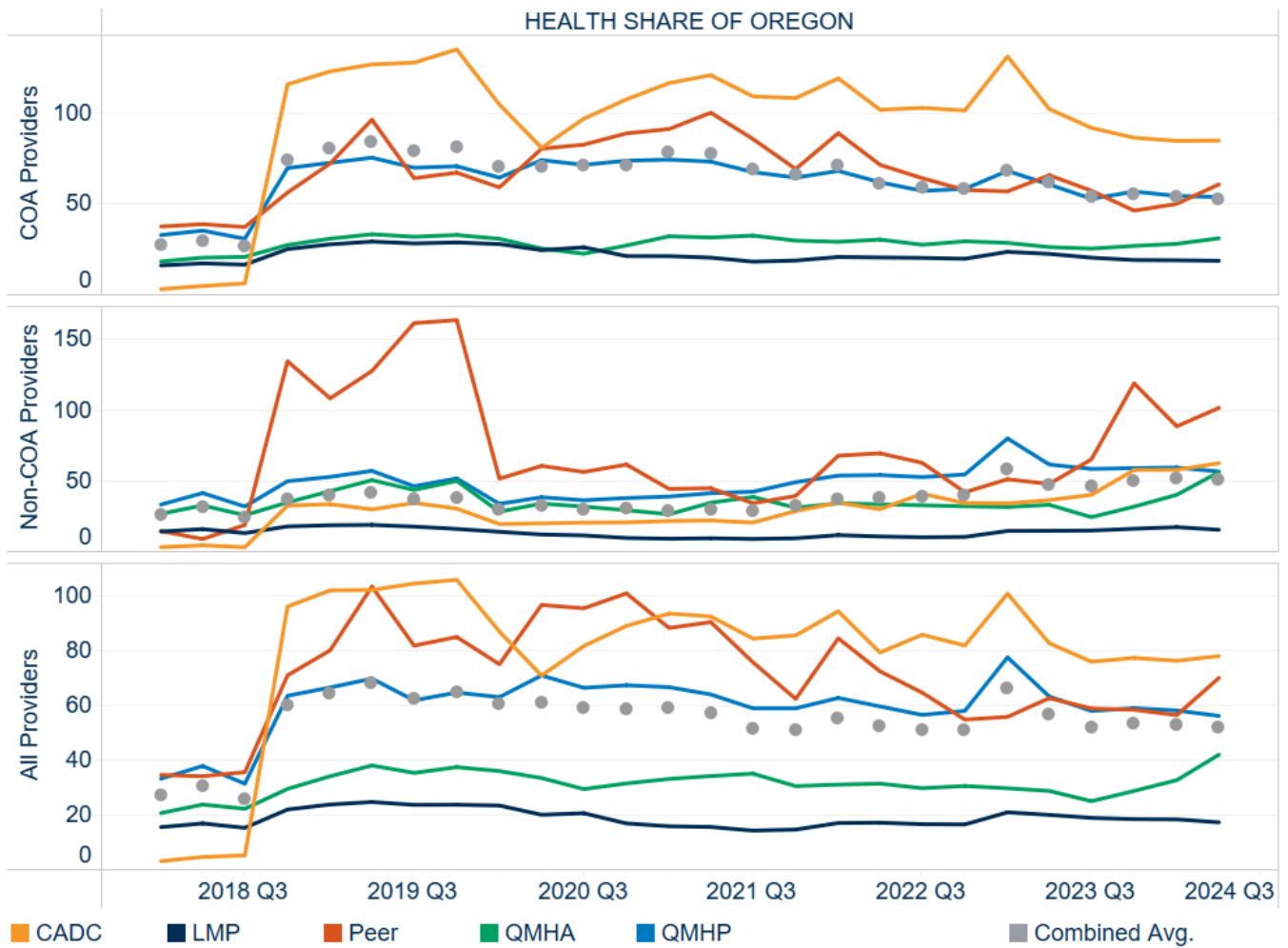
Provider reach

Average Members Served per Provider



Average unique members served by outpatient (OP) behavioral health providers per quarter.

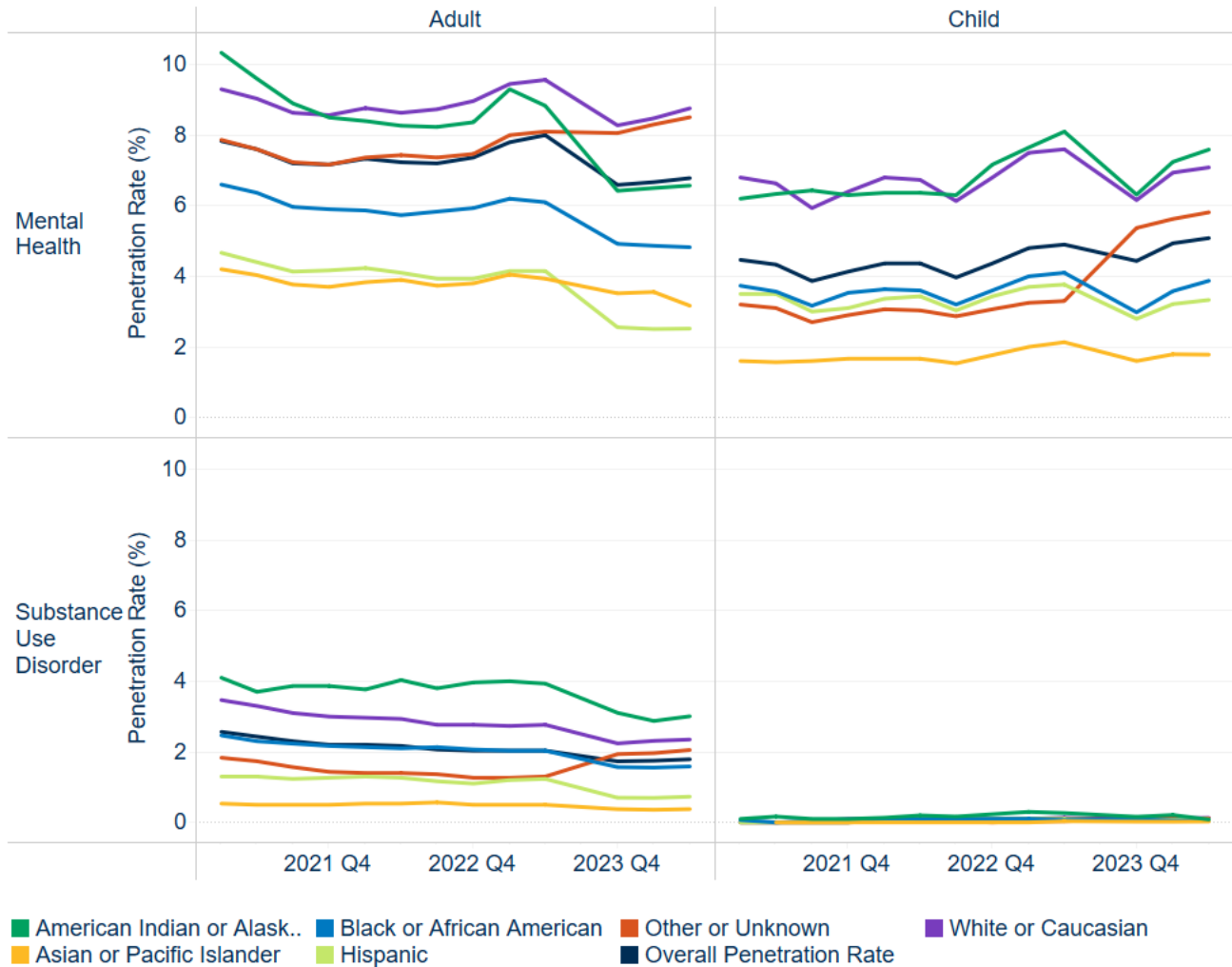
Average Services per Provider



- Average services per provider per quarter
- Services defined by a single claim line

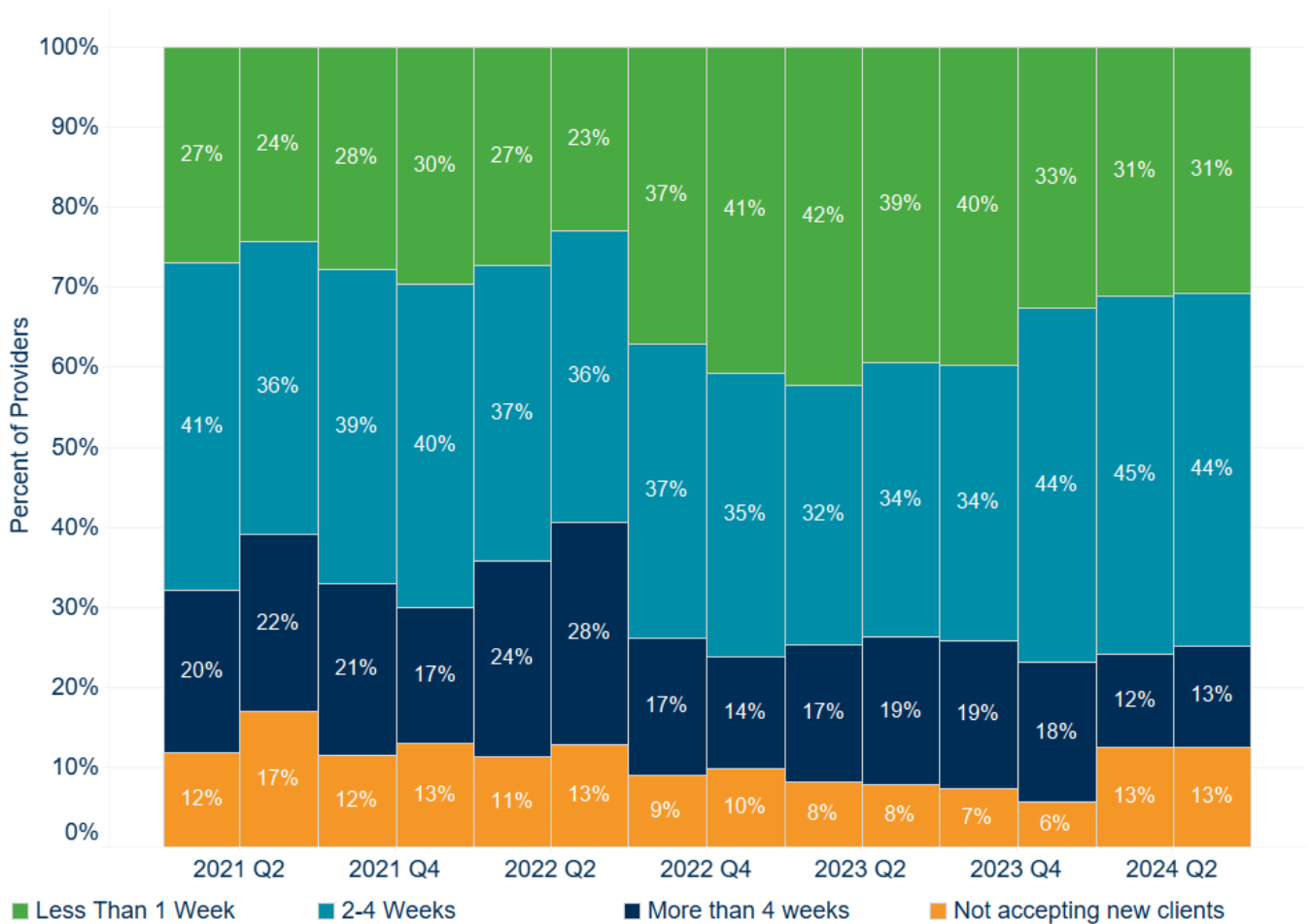
Member experience – Health Share of Oregon

Penetration Rates



- Penetration rate defined as percent of members receiving services of those enrolled in Health Share of Oregon behavioral health services
- SUD/MH defined based on ICD primary diagnosis
- Not including primary care behavioral health (specialty only)

Waitlist Length for 3rd Next Available Outpatient Appt Health Share of Oregon



- Includes only providers who had responses, response rate of 52% (i.e., 48% on average were no response over the last two years).
- Contracted providers only within Health Share of Oregon.

The “third next available appointment” is an industry standard measure for access and is most used to assess access for providers that operate on an “appointment only” basis. It should be noted that behavioral health providers often offer services outside this model, including group sessions, or in some cases utilize services from provider types that may not maintain a schedule in an electronic health record (EHR), e.g., a peer specialist.

Wait times appeared to trend downward in early 2023 but have now appeared to stabilize in late 2023 and early 2024. However, due to the nature of the data (self-reported by approximately half of contracted providers) it is difficult to extrapolate accurate findings.

Culturally Specific Outpatient Mental Health

- Culturally Specific (CS) defined by all CS notifications of treatment
- Included providers: Asian Health Services, CCC (Karibu), Lutheran Community Services, NARA, OHSU (Avel Gordly and IPP).
- Services are defined as a single claim line.

Culturally Specific Services

