



## Study Brief – October 2022

# Patterns in Medicaid Behavioral Health Client and Provider Data in Louisiana amidst Covid-19, and other Natural Disasters

### Introduction

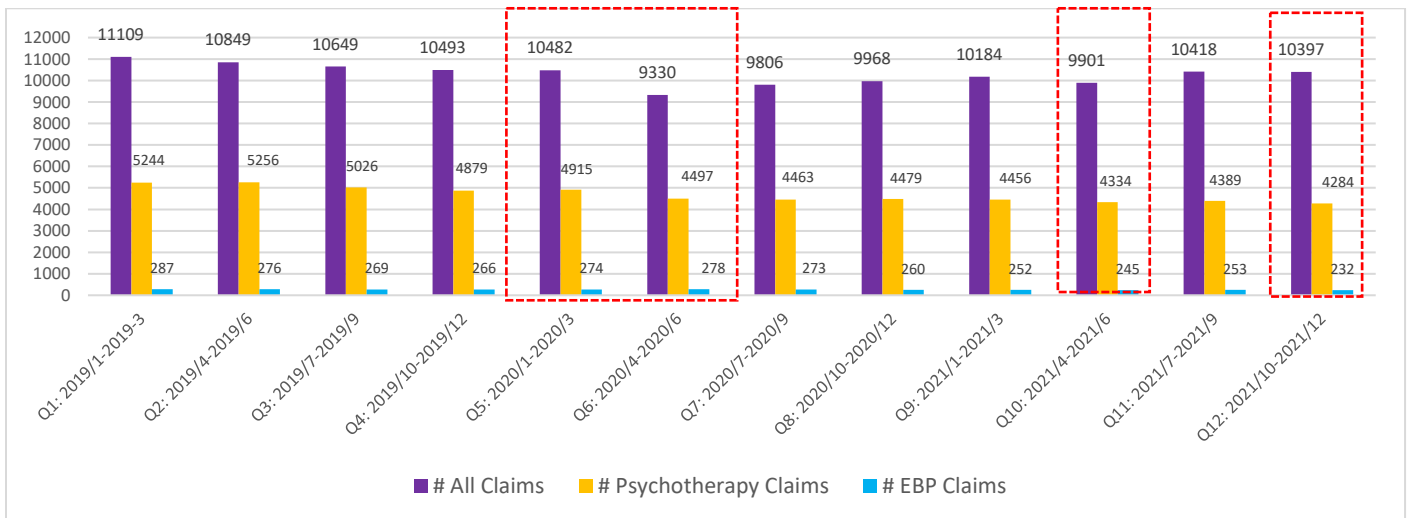
In collaboration with the Louisiana Department of Health, Office of Behavioral Health (OBH), the Center for Evidence to Practice has been tasked with training, expanding, and tracking evidence-based programs (EBPs) related to behavioral health services for Louisiana Medicaid-enrolled children and youths. However, recent incidents influenced trends in the delivery and receipt of behavioral health services statewide. Due to the infectious nature of Covid-19, there was an inherent and substantial shift in how individuals interact, consequently affecting how behavioral healthcare services were administered and received. The pandemic hastened the use of telemedicine and later hybrid telehealth, a mixture of in-person and telehealth care service types, to sustain client interaction and reach.

The emergence of the Covid-19 pandemic, subsequent mandatory governor-issued ‘Stay-at-Home’ order, vaccine dissemination, and natural disasters (e.g., hurricanes, flooding, etc.) in Louisiana have impacted behavioral health provider and client trends. The provider and client data analyzed delve into the observed disruptions in behavioral healthcare services in Louisiana, posit barriers in the consistency of behavioral healthcare providers, and suggest a depiction of the future of behavioral health services. The trends observed among providers and clients give context to observed outcomes.

### Patterns in Provider Care

Temporal claims data from January 2019 (i.e., Q1) through December 2021 (i.e., Q 12) were analyzed because the period captured known systemic challenges to behavioral healthcare, including Covid-19, Hurricane Ida, and their aftermath. Figures 1- 4 represent time-series trends among behavioral health providers according to claim type.

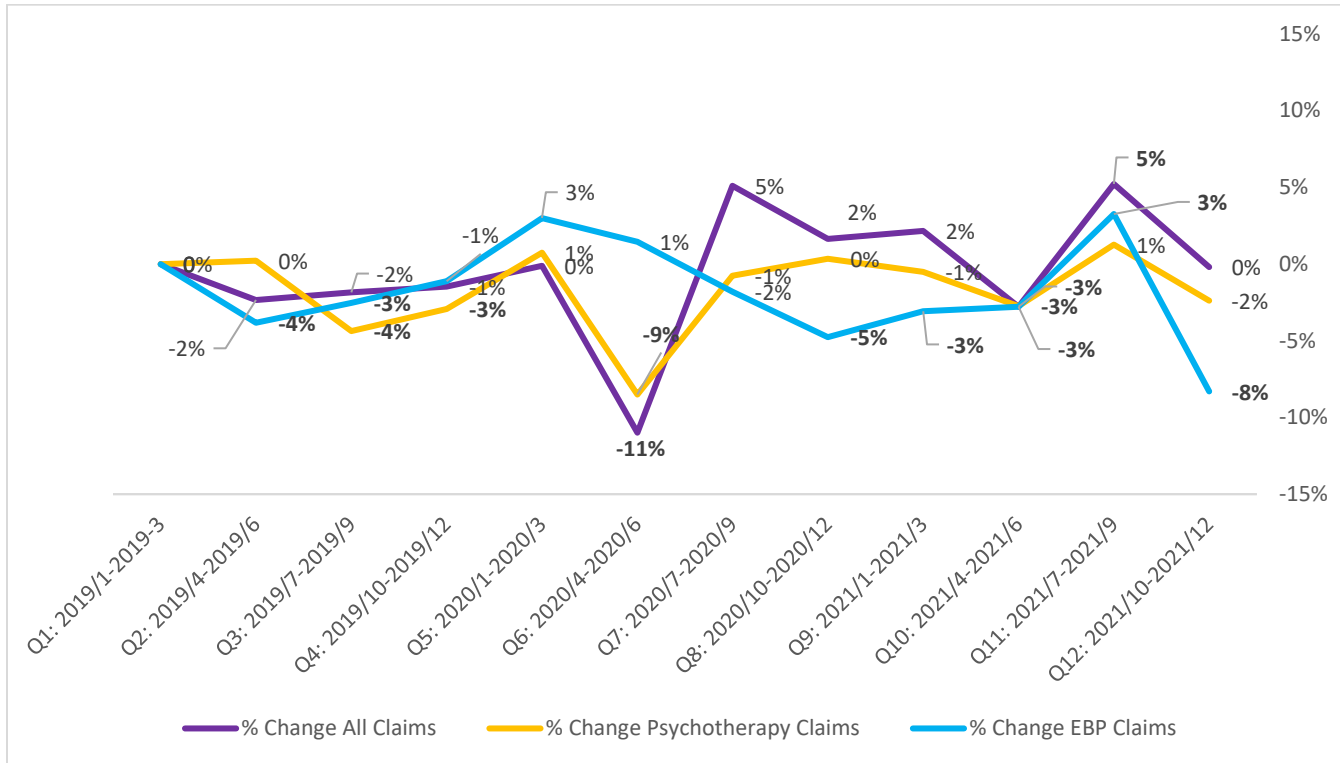
Figure 1: Quarterly Provider Health Claim Trends by Type 2019-2021



Medicaid claim types: ‘All Claims’ exclude developmental disorders and those without a behavioral health diagnosis, ‘Psychotherapy Claims’ exclude all clients who have not had a psychotherapy visit, and ‘EBP Claims’ exclude all claims that are not coded with an EBP modifier code. The boxes represent major events: Covid-19 and the ‘Stay at Home’ Order from Q5-Q6, Vaccination rollout in Q10, and Hurricane Ida in Q12.

Figures 1 and 2 display consistency in claims data with minimal declines from Q1 to Q4. However, the ensuing emergence of Covid-19, and consequent 'Stay-at-Home' order from Q5-Q6, resulted in a decline of 11% among all provider claims and a reduction of 9% of claims among psychotherapy providers. The systemic response to constraints associated with service delivery in the heights of Covid-19 may be the logical rationale behind trends in those quarters.

Figure 2: Percentage Change in Quarterly Provider Health Claim Trends by Type 2019-2021



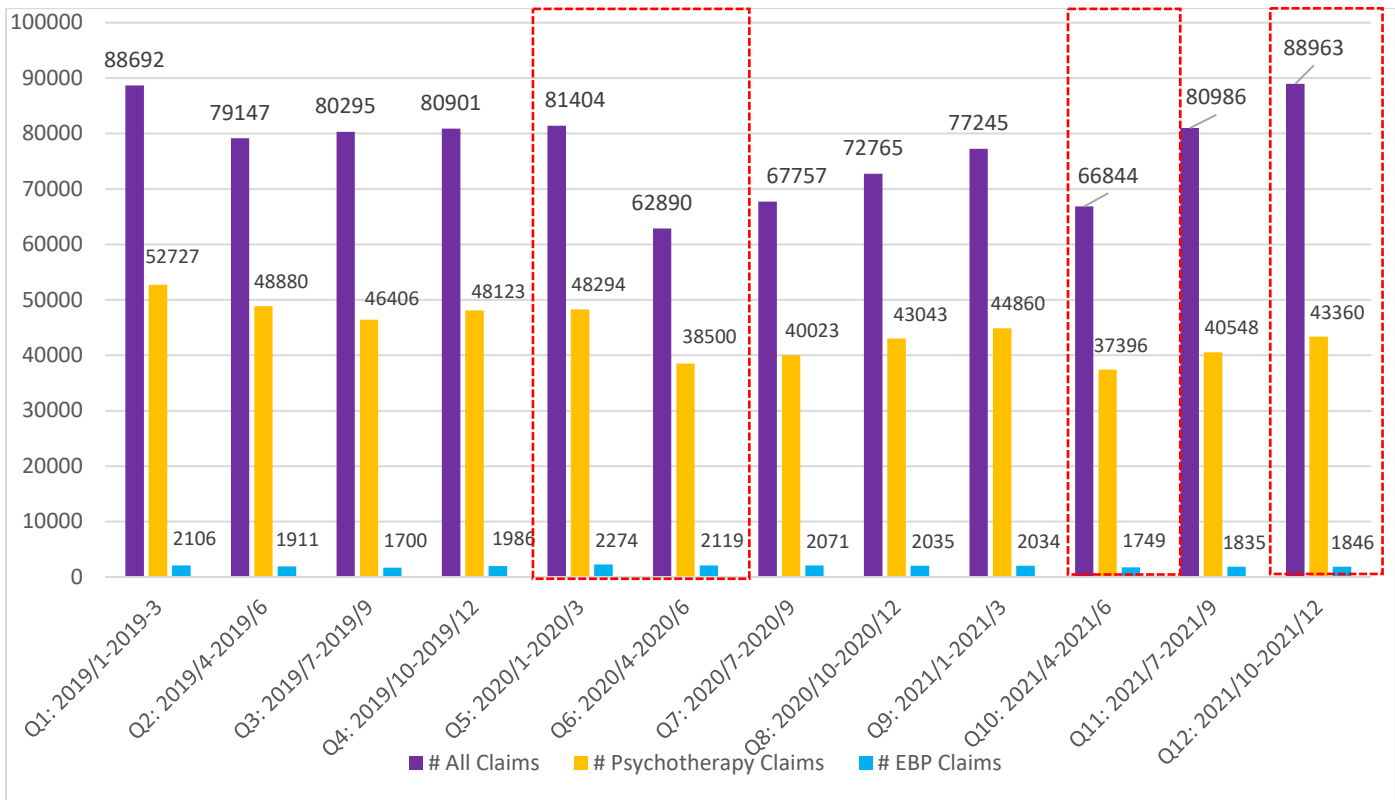
Of note, EBP providers appeared to demonstrate resilience when other services experienced significant losses, as there was an unexpected simultaneous 3% increase in EBP providers during Q5-Q6. It is possible that the consistent structure, supervision, and supports associated with EBPs offered more stability and rapid problem solving with providers affiliated with this level of care. Another trend in these data was in Q10, during the dissemination and availability of Covid-19 vaccines, where all services experienced a decline. In Q11, there appears a rebound experienced by providers, restoring services to their former values. Finally, Hurricane Ida occurred in Q12, which may have displaced those delivering services as hybrid and in-person services resumed, substantially decreasing all types of providers by the end of the evaluation period.

Throughout the evaluation period, the number of providers between Q1 and Q12 did not rebound to initial values; Q12 maintained an overall reduction in providers of 6.41% from Q1. These data are unexplained but could be attributed to a drop in the number of providers that provide behavioral health to Medicaid-enrolled children in youth, which is consistent with current national behavioral health workforce shortages. These trends should be further explored. There were fluctuations in data trends throughout the quarters among those who deliver psychotherapy services and overall behavioral health claims, but their trend lines mirror each other. It appears EBP providers were showed great stability compared to other service providers, potentially encouraging the use of EBPs as these trends were reflected in client patterns. However, when analyzing EBP data, it should be noted that the number of EBP-related services may be appreciably underestimated.

## Client Patterns

Figures 3 and 4 depict the behavioral health client trends. As observed in the provider data, there were declines in the number of clients receiving behavioral healthcare from Q1 to Q12.

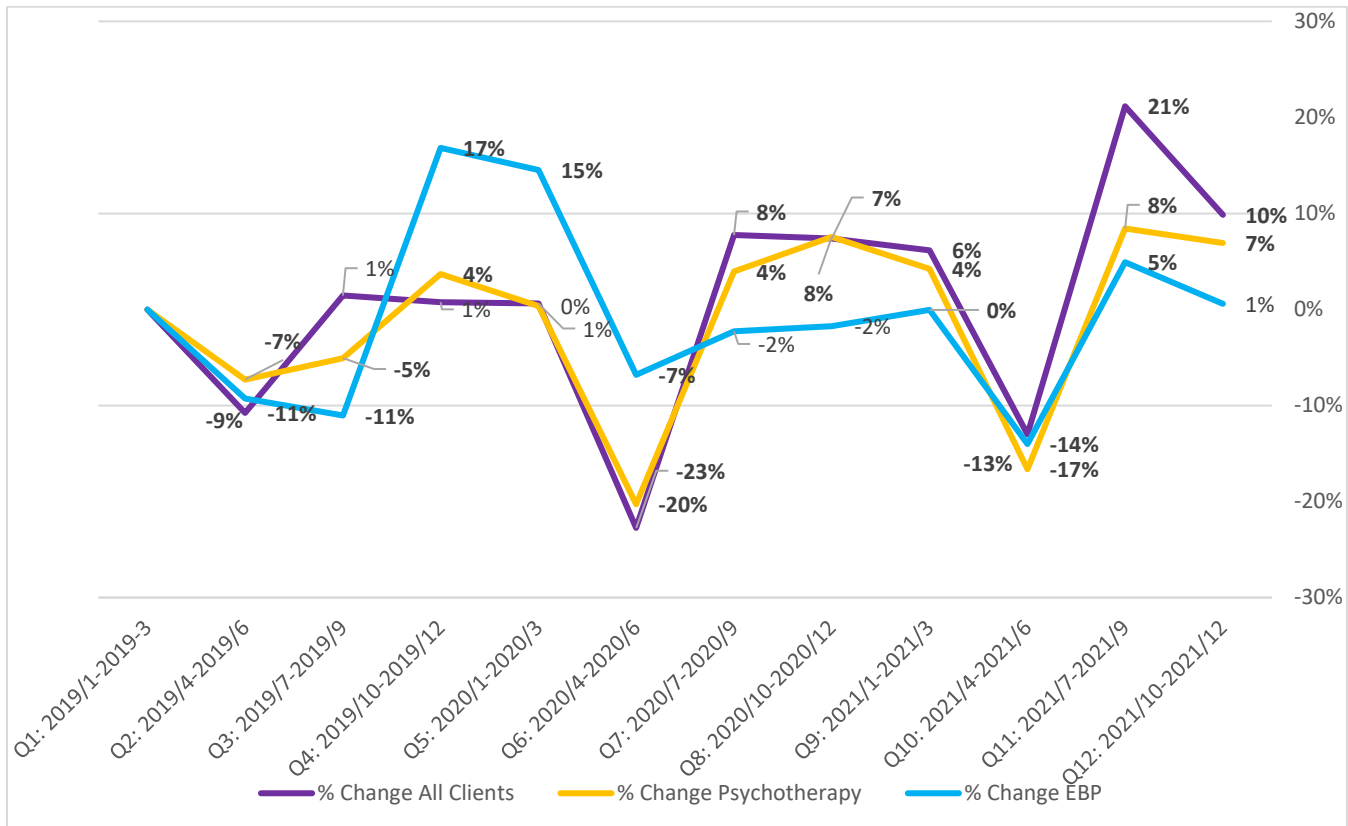
Figure 3: Quarterly Trends of Clients receiving Behavioral Healthcare by Claim Type: 2019-2021



Medicaid claim types: **'All Claims'** exclude developmental disorders and those without a behavioral health diagnosis, **'Psychotherapy Claims'** exclude all clients who have not had a psychotherapy visit, and **'EBP Claims'** exclude all claims that are not coded with an EBP modifier code. The boxes represent major events: Covid-19 and the 'Stay at Home' Order from Q5-Q6, Vaccination rollout in Q10, and Hurricane Ida in Q12.

Quarters 1-3 showed a reduction in the total number of clients receiving behavioral health services prior to Covid-19. During Covid-19 and the 'Stay-at-Home' order, while there was a steep decline in the number of clients receiving all services, including psychotherapy services, clients receiving EBP services saw a notable increase of those receiving psychotherapy services. Specifically, EBP claims were observed increasing by 17% from Q3 to Q4 and again by 15% from Q4 to Q5 during the onset of the Covid-19 pandemic when other claims were found to drop. From Q5 to Q6, while all clients declined by approximately 23% and the total number psychotherapy clients declined by 20.3%, there was significantly less variation among EBP clients, with a minor decline of 6.82%.

Figure 4: Percentage Change in Quarterly Trends of Clients receiving Behavioral Healthcare by Claim Type: 2019-2021



The client claims data are like provider claims data, with an unexpected decline in unique client claims occurring during the rollout of the Covid-19 vaccines in Q10. Generally, clients seeking EBP-related services have been shown to be consistent, but a notable drop occurred from Q9 to Q10. During Hurricane Ida, in Q12, there was a 21% increase in 'All Clients' receiving services compared to Q11; there was also an uptick in psychotherapy and EBP clients from Q11 to Q12. Therefore, while there are negative trends in behavioral healthcare providers, the demand for services appears to remain, irrespective of the natural disasters.

### Conclusion

There are evident challenges in transitioning behavioral health services from the time of Covid-19 to a contemporary new norm. Claims data trends to provide insight to some of the effects of Covid-19 and other disasters. The shortage in the behavioral health workforce, noted nationally since the turn of the century, may further complicate the recovery, as

data show a continual loss of clinicians providing behavioral healthcare services, according to the claims filed.<sup>1,2,3</sup>A notable and significant trend that must be addressed in future studies, and subsequent system improvement strategies, is the decline in services as the demand for behavioral healthcare increase.<sup>4,5,6</sup> The attrition of behavioral healthcare providers could be credited to many things, including Covid-19, unsatisfactory Medicaid reimbursement rates, or even the "Great Resignation."<sup>1,2</sup> Though behavioral health is not an anomaly, the driving factors must be identified, addressed, and resolved to ensure that Medicaid-enrolled children and youths are provided adequate services with access to providers. EBP services, as noted in this study, experienced less volatility related to trends compared to all services and psychotherapy services during times of crisis, which may further bolster evidence of the effectiveness of EBPs and how to better maintain client engagement throughout disasters. Due to their infrastructure, supports, proven effectiveness, and often higher reimbursement rates, the use of EBPs in behavioral healthcare could be further promoted.

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The Center's partnership with the state focuses on creating a trained workforce, increasing access to EBPs, and examining improved utilization of EBPs to better serve the behavioral health needs of youth and families throughout Louisiana. More information on the Center is available at <https://laevidencetopractice.com/> .

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<sup>1</sup> Bureau of Health Workforce, Health Resources and Services Administration: Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary. Washington, DC, United States Department of Health & Human Services, 2021. Available at [Link Here](#)

<sup>2</sup> SAMHSA: Behavioral Health Workforce Report No. 38. Washington, DC, 2020.

<sup>3</sup> United States Department of Health and Human Services: National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025 Analysis. Washington, DC, National Center for Health Workforce, 2015. Available at: [Link Here](#)

<sup>4</sup> United States Senate Committee on Health, Education, Labor, & Pensions: Strengthening federal mental health and substance use disorder programs: Opportunities, challenges, and emerging issues. Washington, DC, 2022. Available at: [Link Here](#)

<sup>5</sup> Substance Abuse and Mental Health Services Administration: Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2021. Available at: [Link Here](#)

<sup>6</sup> Michele S, Lojek: 2022 Access to Care Report. National Council for Mental Wellbeing. Washington, DC, 2022. Available at [Link Here](#)