Access to Care Analysis

1. Introduction

As part of the documentation of access to care and service payment rates federal requirements found at 42 CFR 447.203, the State must submit an access to care analysis for any service within a state plan amendment that proposes to reduce or restructure provider payment rates in circumstances when the changes could result in diminished access. The access review conducted must demonstrate that access to care is sufficient as of the effective date of the state plan amendment. Further, a state must establish procedures in its Access Monitoring Review Plan (AMRP) to monitor continued access to care after implementation of state plan service rate reduction or payment restructuring. Within 90 days of identifying access deficiencies, the state must submit a corrective action plan with specific steps and timelines to address those issues. While the corrective action plan may include longer-term objectives, remediation of the access deficiency should take place within 12 months.

The State must conduct a yearly update to previously submitted access to care analyses on state plan amendments (SPA) that proposes to reduce or restructure provider payment rates for a period of three years as specified in 42 CFR 447.203(b)(6)(ii). Oklahoma's (OK) SPA 16-19, freestanding psychiatric hospitals budget reduction, revised the payment methodology for freestanding psychiatric hospitals reimbursed using a fixed capital per diem methodology and reduced rates by 3 percent. OK SPA 16-19 was submitted June 22, 2016, with an effective date of May 1, 2016, and approved on February 10, 2017. This is the first annual update to the access to care analysis for the restructured payment methodology within OK SPA 16-19.

From the data gathered for this report, access to care is adequate despite the reduction in rates; please refer to the "Effect on Access to Care" section below for a more detailed analysis.

2. State Plan Amendment (SPA)

OK SPA 16-19, Freestanding Psychiatric Hospitals Budget Reduction

3. Analysis of the Effect of the Change in Payment Rates on Access

- **Requested Methodology or Rate Structure**

  The revision to the payment methodology for freestanding psychiatric hospitals required an amendment to the Title XIX state plan. The rates for freestanding psychiatric hospitals are set at a fixed capital per diem methodology and were reduced by 3 percent than the State Fiscal Year 2015 rates.

- **Rationale of SPA**

  This State Plan Amendment was necessary to reduce provider reimbursement rates thereby reducing the Oklahoma Department of Mental Health and Substance Abuse Services' (ODMHSAS) operations budget in order to meet the balanced budget requirements as mandated by State law. Without the revisions, the Department was at risk of exhausting its State appropriated dollars required to maintain the State's

Medicaid Behavioral Health Program. Following an extensive analysis of the potential effect on access to care as noted below, the Department initiated the processes necessary to implement this State Plan Amendment.

- **Effect on Access to Care**

In order to monitor beneficiary utilization of the impacted services, the State relied on the analysis of MMIS data against established baseline data and thresholds. The study included assessments of the available provider network, number of members with a paid claim in the first year of the restructured methodology, and utilization of services over time to determine that access was currently sufficient and access would not be negatively impacted by the proposed rate reduction.

Based on the data from Calendar Year (CY) 2016 and out of 814,470 members eligible for Medicaid as of December 31, 2016, freestanding psychiatric hospitals served a total of 2,506 members (0.3 percent of the total Medicaid eligible beneficiaries), of which 2,470 members (0.3 percent of the total Medicaid eligible beneficiaries) were children younger than age 21 and 36 members (0.004 percent of the total Medicaid eligible beneficiaries) were adults ages 21 and older.

Compared to CY2015, the data represents a slight increase in the number of distinct beneficiaries that accessed freestanding psychiatric hospitals in CY2016. From January 1, 2016 through December 31, 2016, the total number of distinct beneficiaries served increased by 8 percent or by approximately 191 members. The data represents an approximate 8 percent increase of children younger than age 21 served and an approximate 38 percent increase of adults ages 21 and older served. The increase in distinct beneficiaries accessing freestanding psychiatric hospitals over the last year could be attributed to the addition of a new provider (Bethany Behavioral Hospital) since the last reporting period.

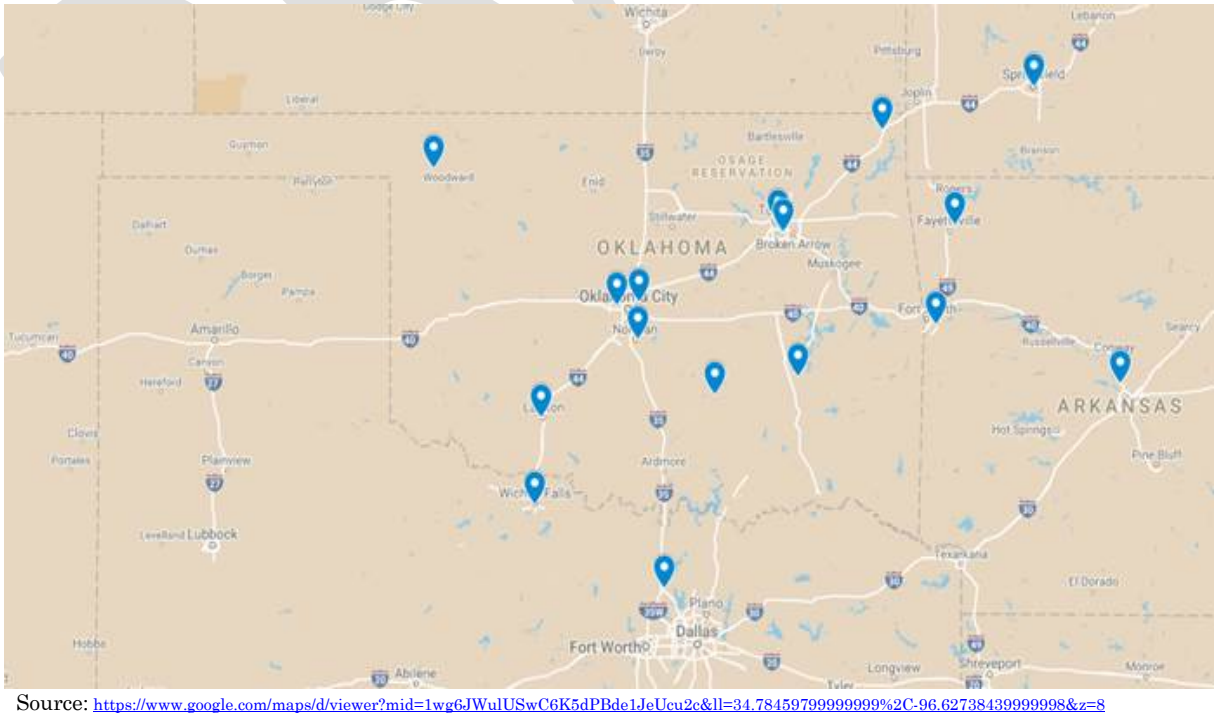
Additionally, the State surveyed 18 contracted freestanding psychiatric hospitals regarding capacity and available bed days. Seventeen out of eighteen contracted freestanding psychiatric hospitals responded. Based on utilization data and survey results, Medicaid reimbursed 17,758 bed days in CY2016. This is in comparison to the 19,160 patient bed days in CY2015 (a 7.3 percent decrease in paid bed days). So although the state has reported an increase in distinct beneficiaries accessing this service, there has been a decrease in overall utilization. The remaining available bed capacity within the State's freestanding psychiatric hospital system for the 17 responding providers was 194,180 patient bed days. The State has never had a facility turn away a SoonerCare member due to insufficient reimbursement rates. In fact, the State has added an additional provider (Bethany Behavioral Hospital) since the CY2015 reporting period. Since 2015, the State has implemented several community based initiatives aimed at reducing inpatient admissions and readmissions such as Health Homes for Children with Serious Emotional Disturbance and Adults with Serious Mental Illness[1], reimbursement for transitional case management and mobile response and stabilization. The State believes that at least a portion of the decreases in the utilization of freestanding psychiatric hospital services can be attributed to these initiatives. Given this data,

[1] May 2017 Outcomes measures for Health Homes indicate that follow up rates after hospitalization for Mental Illness within 7 days after discharge have gone from 33.8% in June 2016 to 84.2% in March 2017.

the State continues to feel that its freestanding psychiatric hospital network is sufficient to ensure access to care and services for the SoonerCare population even though less bed days were reimbursed as compared to CY2015.

Total number of providers and available beds

Provider	Total Beds	Location
Glen Oaks Hospital	>16	Greenville, TX
Griffin Memorial Hospital	120	Norman, OK
Lakeland Behavioral Health System	>16	Springfield, MO
Laureate Psychiatric Clinic and Hospital	30	Tulsa, OK
Carl Albert	15	McAlester, OK
Jim Taliaferro	14	Lawton, OK
Rolling Hills Hospital	38	Ada, OK
Willow Crest Hospital	10	Miami, OK
Northwest Center for Behavioral Health	24	Woodward, OK
Parkside Hospital	30	Tulsa, OK
Shadow Mountain Behavioral Health	60	Tulsa, OK
Vista Health of Ft Smith	34	Ft. Smith, AR
Vista Health of Fayetteville	38	Fayetteville, AR
Red River Hospital	40	Wichita Falls, TX
University Behavioral Health of Denton	>16	Denton, TX
Cedar Ridge Acute Hospital	60	Oklahoma City, OK
United Methodist Behavioral Health	>16	Maumelle, AR
Bethany Behavioral Hospital	19	Oklahoma City, OK



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4. Analysis of the Information and Concerns Expressed in Input from Affected Stakeholders

- **General Public Input**

In order to fulfill the requirements within 42 CFR 447.203(b)(6)(ii) regarding continual monitoring of the state plan amendments that propose to reduce or restructure provider payment rates, a draft of the 2017 Access to Care Analysis for the freestanding psychiatric hospitals rate change effective May 1, 2016 was posted on the Agency's Proposed Policy webpage as well as the Native American Consultation webpage for a 30-day public comment and review period from August 3, 2017 through September 2, 2017.

- **Call Monitoring**

The OHCA monitors member and provider calls regarding access to care. To date there have been no calls directly pertaining to this budget reduction request.

5. Conclusion

The Agency continues to assert that reducing provider rates as outlined in this analysis allows the State to continue the SoonerCare behavioral health program without drastically reducing the provider reimbursement rates for ALL behavioral health services or eliminating services completely which would have a detrimental impact on access to behavioral health services. Without these rate reductions, the State would be forced to eliminate certain classes of services in order to meet its State constitutional requirement of filing a balanced budget.

After careful analysis and stakeholder outreach, the State has determined that reducing provider rates as mentioned above continues to be in the best interest of Oklahoma's Medicaid Behavioral Health Program and the beneficiaries it serves and continues to not have a significant impact on access to care for SoonerCare members.