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 16-20, independent practice licensed behavioral health professional (LBHP) & psychologist rate reduction, revised the methodology and reimbursement structure for payments to independently contracted LBHPs who choose to practice on their own by reducing rates by 30 percent and by reducing rates for psychologists by 10 percent. OK SPA 16-20 was submitted June 24, 2016, with an effective date of May 1, 2016, and approved on April 5, 2017. This is the first annual update to the access to care analysis for the restructured payment methodology within OK SPA 16-20.

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 16-20, Independent Practice Licensed Behavioral Health Professional (LBHP) & Psychologist Rate Reduction

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

- **Requested Methodology or Rate Structure**

  The revision to the payment rates for LBHPs and psychologists required an amendment to the Title XIX state plan. The rates for the aforementioned settings were 30 percent less than the State Fiscal Year 2015 rates for LBHPs and 10% less than rates for psychologists.

- **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 recommended 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 request 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, the number of independent LBHPs actively providing services included 608 providers. Further, based on the same 12-month data and out of 814,470 members eligible for Medicaid as of December 31, 2016, independent LBHPs served a total of 12,189 members (1.5 percent of the total Medicaid eligible beneficiaries), of which 10,919 members (1.3 percent of the total Medicaid eligible beneficiaries) were children younger than age 21 and 1,270 members (0.16 percent of the total Medicaid eligible beneficiaries) were adults ages 21 and older.

In Quarter (Q) 1 of CY2016, there were 639 contracted independent LBHPs, compared to 540 contracted independent LBHPs in Quarter 4 of CY2016. Between Q2 and Q4 of CY2016, 67 independent LBHPs were gained and 173 lost. However, enrollment data shows that 91 independent LBHPs moved to an outpatient behavioral health agency setting to provide services which is only a net loss of 15 independent LBHPs to the behavioral health service delivery network. When compared to CY2015 data, the total number of LBHPs in an agency setting increased by approximately 5 percent or by 195 providers. From January 1, 2016 to December 31, 2016, the total number of beneficiaries served by LBHPs decreased by approximately 3 percent or by 403 members. The data represents an approximate 6 percent decrease of children younger than age 21 served and an approximate 28 percent increase of adults ages 21 and older served.

Based data from CY2016, the number of contracted psychologists actively providing services, included a total of 411 providers. Based on the same 12-month data and out of 814,470 members eligible for Medicaid as of December 31, 2016, psychologists served a total of 20,099 members (2.5 percent of the total Medicaid eligible beneficiaries), of which 18,017 members (2.2 percent of the total Medicaid eligible beneficiaries) were children younger than age 21 and 2,082 members (0.26 percent of the total Medicaid eligible beneficiaries) were adults ages 21 and older.

The number of independently contracted Level 1 LBHPs (i.e., Psychologists), based on CY2016 data, represents a slight increase over the previous year. Further, compared to CY2015, the data represents a slight increase of members that accessed psychologists in CY2016. From January 1, 2016 through December 31, 2016, the total number of beneficiaries served increased by nearly 3 percent or by approximately 512 members. The data represents an approximate 3 percent increase

of children younger than age 21 served and an approximate 0.05 percent increase of adults ages 21 and older served.

Although there was a slight reduction in independently contracted Level 2 LBHPs, the State has observed that access to care has continued to be sufficient since the State chose not to reduce rates for Level 1 and 2 LBHPs practicing in an outpatient behavioral health clinic setting. To demonstrate this, the State analyzed access to psychotherapy services across the outpatient behavioral service delivery system since psychotherapy is the only service that independently contracted Level 2 LBHPs can provide per the State Plan. The state compared data from CY2015 to CY2016 data post rate reduction. In Q3 of CY2015, 54,480 clients received a therapy service in an outpatient behavioral health clinic setting. In Q3 of CY2016, 56,986 clients received a therapy service in an outpatient behavioral health clinic setting (+2,506 distinct clients). This represents a 0.8 percent increase in clients receiving psychotherapy as a percentage of total Medicaid eligible clients ages 3-20. Although the cost per client has gone down nearly $95 per client per month, utilization and access to psychotherapy has increased.

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 LBHPs and psychologists 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. Summary/Conclusion

Based on data collected since implementing the rate reduction, the Agency continues to believe that reducing the provider rates as outlined in this analysis has allowed 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.

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 has not had a significant impact on access to care for SoonerCare members.