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 16-26, licensure candidate rate reduction, revised the payment methodology and reimbursement structure for payments to behavioral health practitioners actively and regularly receiving board approved supervision to become licensed by an Oklahoma behavioral health licensing board (Licensure Candidate). The fees paid to Licensure Candidates for services rendered were reduced by 10%. OK SPA 16-26 was submitted June 24, 2016, with an effective date of May 1, 2016, and approved on February 13, 2017. This is the first annual update to the access to care analysis for the restructured payment methodology within OK SPA 16-26.

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 16-26 Licensure Candidate 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 licensure candidates required an amendment to the Title XIX state plan. The rates for the aforementioned settings were 10 percent less 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 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 Calendar Year (CY) 2016 data, the number of licensure candidates, under supervision, included 1,493 active providers. Further, based on the same 12-month data and out of 814,470 members eligible for Medicaid as of December 31, 2016, licensure candidates, under supervision, served a total of 41,671 members (5 percent of the total Medicaid eligible beneficiaries), of which 28,328 members (3 percent of the total Medicaid eligible beneficiaries) were children younger than age 21 and 13,343 members (2 percent of the total Medicaid eligible beneficiaries) were adults ages 21 and older.

Compared to CY2015, the data represents a slight increase in licensure candidates, under supervision and a moderate increase of members that accessed licensure candidates, under supervision, in CY2016. From January 1, 2016 through December 31, 2016, the total number of licensure candidates, under supervision, increased by approximately 0.07 percent or by 1 provider. The total number of beneficiaries served increased by 25 percent or by approximately 8,362 members. The data represents an approximate 24 percent increase of children younger than age 21 served and approximate 27 percent increase of adults ages 21 and older served.

On average, 15 percent of individuals identified through prevalence data as potentially having a mental health need in the State (including those not on Medicaid) have received a service through a Medicaid contracted provider. Twelve percent of the total eligible Medicaid population in the State has received a behavioral health service through a Medicaid contracted behavioral health provider. This is up from 11.7% in CY2015.

Based on national research, "excellent behavioral health networks have penetration rates of 8% to 10% or greater, whereas average ones will have a rate between 5% and 6%. The latter figure is based not only on the experience of managed health plans but also epidemiologic and health services research on the rates of specialty mental health services in the United States, which runs 5.6% to 5.9% per year."[1]

Based on Oklahoma's current mental health penetration rates among Medicaid beneficiaries, the State determined that even with a potential loss in the amount of services provided by Licensure Candidates due to the rate reductions, there will continue to be sufficient access to behavioral healthcare for Medicaid beneficiaries through the rest of the Medicaid behavioral health provider network.

[1] http://www.medscape.com/viewarticle/442673

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 licensure candidate 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 number of calls directly pertaining to this budget reduction request.

5. Summary/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.