Access to Care Analysis

1. Introduction

As part of the federal requirements for documentation of access to care and service payment rates 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 OHCA proposes to make changes to certain reimbursement codes for surgical services provided in outpatient hospital settings and services provided for ears, nose and throat (ENT). The agency received information from several sources indicating that the rates for dental surgical services provided in outpatient hospital settings was inadequate. As a result, some providers in rural areas were challenged with obtaining access to hospitals willing to accept the current Medicaid rate. The inability and or challenge for our providers to locate hospitals to provide the medically necessary services, puts our members at risk of not being served timely which could exasperate the existing dental need(s).

To accommodate an increase in the outpatient hospital setting, the agency identified some existing ENT codes that could be reduced, while maintaining a competitive reimbursement rate for those services. Therefore, Oklahoma (OK) State Plan Amendment (SPA) 18-09, proposes to reduce the reimbursement for the ambulatory payment classification (APC) payment group for ENT surgical procedures and to increase the rate paid for certain outpatient surgical dental procedures provided in an outpatient hospital.

The state anticipates the proposed changes will increase access and utilization for dental services. OK SPA 18-09 will be submitted to the Centers for Medicare and Medicaid Services (CMS) on or before March 31, 2018 with a proposed effective date of January 1, 2018.

2. State Plan Amendment (SPA)

OK SPA 18-09 Outpatient Hospital Dental and ENT Rates

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

- **Proposed New Methodology or Rate Structure**

  Dental and ENT surgical procedures are classified into a payment group based on specific CPT codes. Historical utilization data and a facility specific outpatient cost to charge ratio (CCR) from the hospital Medicare cost report were used to determine the reimbursement reduction average cost per unit by facility, then in total. ENT surgical procedures within this payment group will be reimbursed a decreased single rate. Outpatient surgical services will be reimbursed on a cost basis.

As indicated in the paragraph above, the new dental rate for surgical services provided in an outpatient hospital will be cost based to improve access for dental services to be rendered in the outpatient hospital setting. OHCA's utilization data of dental code D9999 and the APC5164 codes were used for determining which ENT codes will be affected by this proposed change. Once codes were identified, OHCA's medical unit assessed the acuity of those identified ENT codes and determined which codes should be included in this proposed reduction.

- **Rationale of SPA**

As indicated in the introduction, inadequate rates for dental surgical procedures necessitated the need to increase rates in the outpatient hospital setting to insure adequate access to services for members. The rationale for the SPA is to provide sufficient outpatient hospital rates to providers to maintain a stable network for member services.

Since Oklahoma has experienced significant budgetary shortfalls within the last several years, the State had to identify a mechanism to accommodate an increase in the outpatient hospital surgical rates without the increase having a negative effect on the existing budget. To do this, the OHCA analyzed several programs and codes to identify existing areas that could sustain a reimbursement adjustment without compromising member access. OHCA has designed a new rate methodology for outpatient hospital dental services and some other services with similar costs. Therefore, the state's financial unit conducted a budget analysis which resulted in assisting OHCA in determining the rate of reduction for the identified ENT codes and the increase rate for the dental code.

- **Effect on Access to Care**

Currently, OHCA has seen a decline in ASCs and outpatient hospital settings allowing dentists to utilize their facilities for dental services coded D9999. Baseline data shows that during state fiscal year 2017, there were a total of 11,189 hospital claims coded as APC5164. For the dental code D9999, outpatient hospitals submitted a total of 5,599 claims. The state believes increasing the rate paid for dental code D9999 will give ASCs and outpatient hospitals the reimbursement resources needed to allow dentists to use their facilities to serve SoonerCare members. The state does not anticipate any negative impact on access to care regarding the modification of the ENT rates but does anticipate a positive impact on access regarding the modification of dental outpatient hospital rates.

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

- **Public Notice**

In order to fulfill the requirements within 42 CFR 447.205 regarding public notice of change in statewide methods and standards for setting payment rates, the outpatient hospital dental and ENT rates methodology change was posted for comment on the OHCA's Proposed Policy webpage as well as the Native American Consultation webpage for a 30-day public comment and review period from December 07, 2017 through January 05, 2018. Four (4) written comments were received. Commenters voiced their support for the implementation of this proposed change. Additionally, commenters expressed this change will allow dental offices increased access to outpatient hospitals and Ambulatory Surgery Centers (ASCs), reduce backlog of patients, and noted that it is a great step toward dental offices serving SoonerCare children more efficiently.

- **Tribal Consultation**

Tribal consultation was held on November 7, 2017, in the board room of the Oklahoma Health Care Authority. A question was asked regarding which Indian Health Services/Tribal/Urban (ITU) were considered outpatient hospitals and stakeholders also requested information regarding which dental services will be impacted by the proposed change. The state responded that all of our ITU hospitals are considered outpatient hospitals. The state also clarified that dental services reimbursed at the OMB rate will not be impacted by this proposed change. Further, dental services rendered outside of the OMB rate, such as dental surgeries billed using dental procedure code D9999 will be affected.

- **State Plan Amendment Rate Committee (SPARC)**

One comment was heard at the December 1, 2017 SPARC public meeting regarding the restructure to the current reimbursement methodology for outpatient hospital dental and ENT surgical procedures. The commenter expressed support for the methodology. The commenter reported that the change to decrease ENT rates and increase the dental surgical code will be great for Oklahoma's dentistry field.

- **Board**

One comment was heard at the December 1, 2017 board meeting. The commenter expressed support for the proposed reimbursement methodology to increase the outpatient hospital dental code and decrease ENT surgical procedure codes. The commenter reported that the proposed change will be great for Oklahoma's dentistry field. The commenter asked for the board to vote and implement the proposed change.

- **Provider Input**

Providers have had several opportunities to provide comments and input through our very robust public comment process. The agency received provider input through all of our public meetings as well as our online public comment venue. Additionally, as indicated in the above introduction section, the agency also conducted a survey to garner provider input and experiences with outpatient hospital setting access.

One of the providers who attended both the SPARC and board meetings assisted OHCA in garnering dentists' feedback for this proposed change. The feedback received helped guide the proposed change to a formal proposal. Furthermore, OHCA received a call from a dentist to make the state aware of a facility that would not allow their office to provide dental services to SoonerCare members due to the current reimbursement for the dental code D9999. The state provided education to the facility regarding this proposed change being implemented.

- **Call Monitoring**

The OHCA monitors member and provider calls regarding access to care. The state has two toll-free statewide member telephone numbers for assistance. The state also has a provider specific toll-free number to assist providers with concerns and requests. In addition, Care Management, Behavioral Health and Medical Authorization statewide toll-free numbers are available for assistance. All customer service representatives are trained in assisting members and providers with access to care issues and have access to supervisors for assistance in more

complex circumstances. The state understands that if an access to care issue is reported, it must respond within 90 days of identifying access deficiencies. The state must submit a corrective action plan with specific steps and timelines to address reported issues. While the corrective action plan may include longer-term objectives, remediation of the access deficiency should take place within 12 months.

5. Summary/Conclusion

Providers who currently bill for ENT codes will be affected by the proposed change because ENT rates coded APC5164 will be reimbursed at a reduced rate in the outpatient hospital setting. However, even with the reduction of the proposed ENT rates, the state believes the rate remains sufficient for the work performed for the identified codes. Concurrently, the proposed change will increase reimbursement for dental code D9999 which the state believes will incentivize providers and afford members more access to dental care in an outpatient hospital setting.