



Oklahoma's Enhanced Tier Payment System (ETPS)

National Council for Behavioral Health

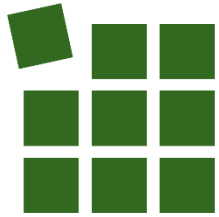
INTRODUCTION

- Like many state mental health authorities (SMHAs), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) was seeking creative solutions to improve provider performance in the face of state budget cuts.
- Through a collaborative process with the Community Mental Health Center (CMHC) provider community, the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, ODMHSAS was able to accomplish something that many cash-strapped state agencies are seeking to do; that is, improve quality of care, increase provider payments, and serve more people in need.

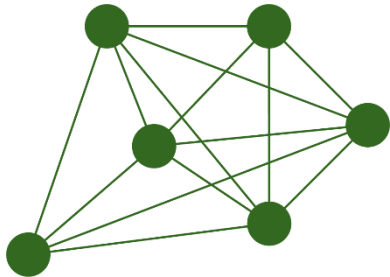
Overview of Oklahoma



Oklahoma's public mental health system is centralized (as opposed to a county-based system for example) and relies primarily on state general funds to support its operating budget.



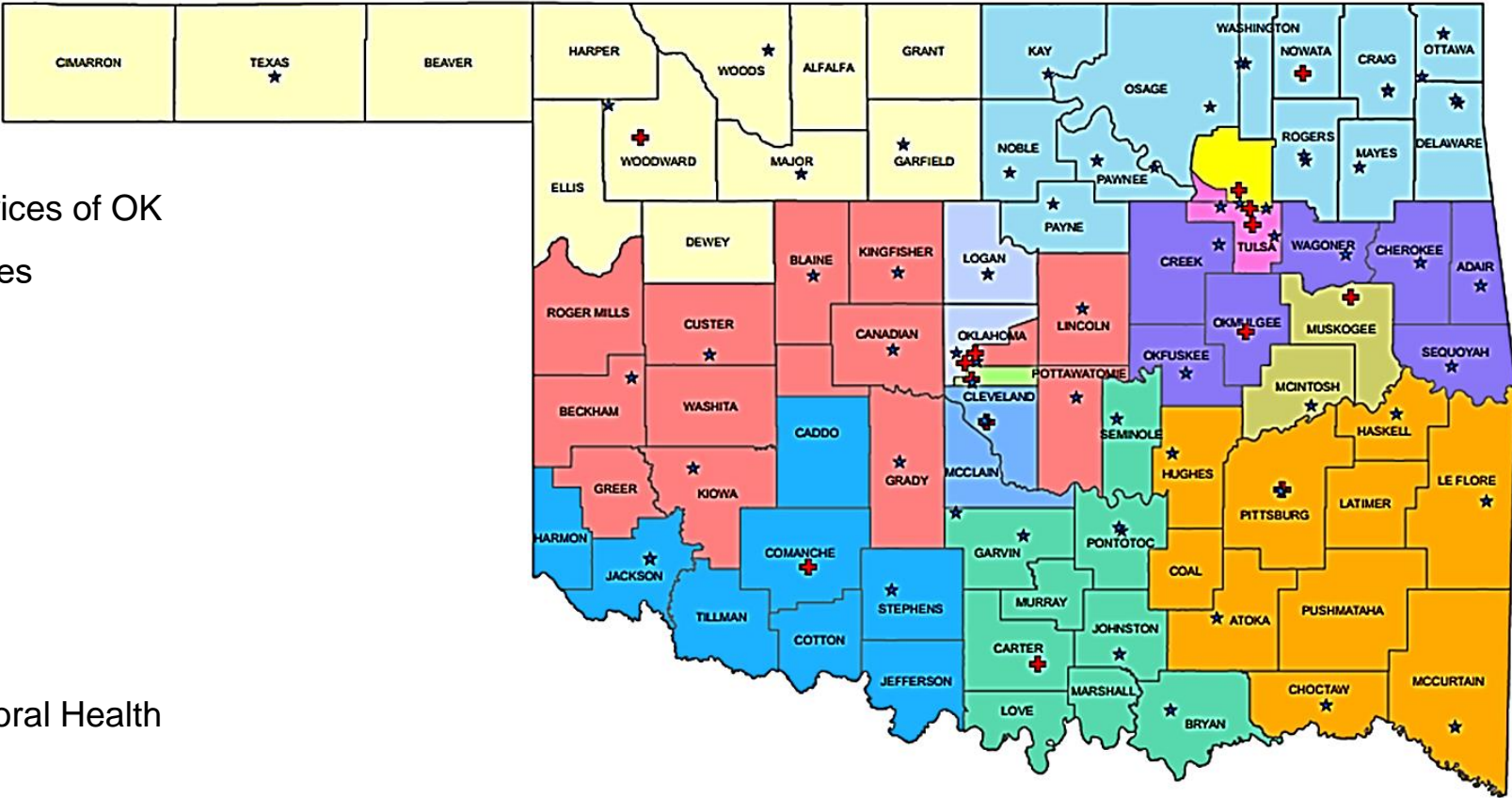
Medicaid dollars provide the largest portion of non-appropriated funding for mental health and substance use services.



A network of 13 CMHCs serving all 77 of Oklahoma's counties serve as the front door for accessing a range of treatment services including crisis services. These four state-operated and 9 contracted non-profit CMHCs serve as the safety-net provider of mental health services for uninsured adults and children in addition to serving Medicaid recipients in need of mental health services.

Community Mental Health Centers (CMHCs)

- CREEKS
- Carl Albert
- Central Oklahoma
- Counseling & Recovery Services of OK
- Family and Children's Services
- Grand Lake
- Green Country
- Hope
- Jim Taliaferro MH Center
- The Lighthouse
- NorthCare
- Northwest Center for Behavioral Health
- Red Rock



- Main Office
- Satellite

Medicaid

- **ODMHSAS** saw that its volume-based fee-for-service reimbursement system was not achieving the outcomes it wanted, like many other SMHAs.
- **ODMHSAS** saw the potential to create a payment system, based on outcomes, for meeting certain established quality-of-care targets.
- The upper payment limit (**UPL**) is an estimate of the maximum amount that could be paid for Medicaid services under Medicare payment principles.
- Federal regulations place a ceiling on the **State Medicaid** expenditures that are eligible for federal matching funds.
- These **UPLs** apply in the aggregate to all payments to types of providers; and are typically the amount that the Medicare program would pay for the same services.
- Because **CMHCs** were being reimbursed at 75 percent of the Medicare fee schedule (for 2007 non-facility practitioners), there was room between the current rate and 100 percent of the Medicare rate, otherwise referred to as **UPL**, to create an incentive corridor.
- With budget cuts limiting availability of state dollars, **ODMHSAS** saw the opportunity to improve quality of care by leveraging federal matching dollars to invest in this type of incentive system.
- Making this type of change to the provider payment methodology required Oklahoma to amend its **Medicaid state plan**.



State Plan Amendment

(e) Supplemental Payments for Behavioral Health Community Networks (BHCN)

Eligibility Criteria - In order to maintain access and sustain improvement in clinical and nonclinical care, supplemental payments will be made to CMHCs that meet the following criteria:

- Must be a freestanding governmental or private provider organization that is certified by and operates under the guidelines of the **ODMHSAS** as a **CMHC** and;
- Participates in behavioral **quality improvement initiatives** based on measures determined by and in a reporting format specified by the Medicaid agency.
- The state affirms that the clinic benefit adheres to the requirements at **42 CFR 440.90** and the **State Medical Manual** at 4320 regarding physician supervision.

MEASURES

Current Data System

- Fee-for-service based payments.
 - Provider submits ODMHSAS and Medicaid claims together.
- Demographic information collected at admission, discharge, level of care change, and at treatment plan update.
 - Information includes age, race, sex, living situation, TEDS data elements, assessment scores, etc.

Measure Identification

- A high priority was improving access to care.
- Measures should be based on current data.
 - Providers already submitted claims and periodic demographic data.
 - The only new measure that did not previously exist was the access to treatment measure.
 - This measure was based on a secret shopper approach conducted by state staff.

Measure Transparency

- ODMHSAS met face-to-face, phone calls, and webinars with providers to discuss measures
 - Both parties agreed on how measures were defined.
- Reports were made available so each provider could see summary results of other providers.
- Reports also showed each provider their detailed information to the client level.



MEASURES STARTING 1/1/2009



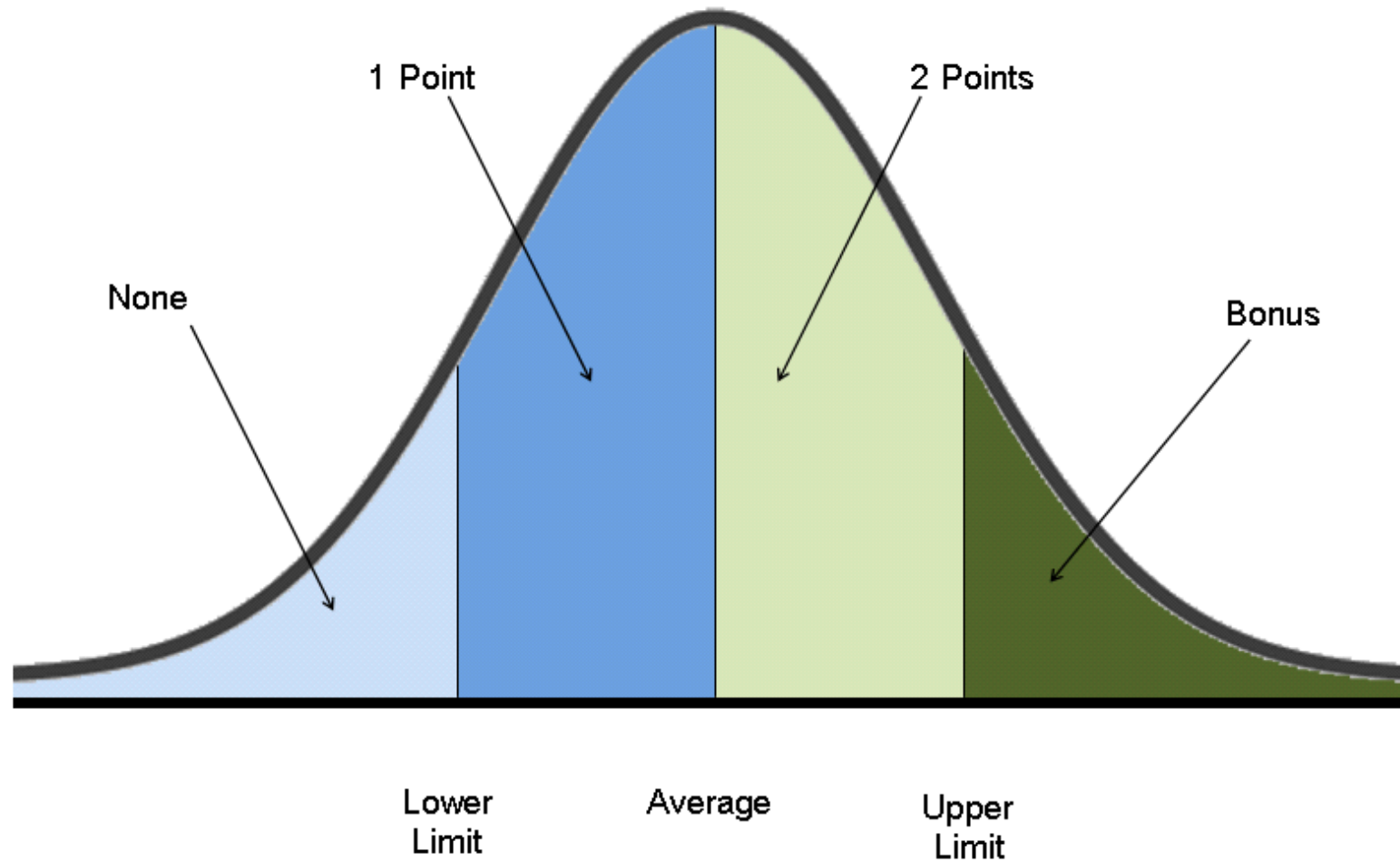
1. Outpatient crisis service follow-up within 8 days
2. Inpatient/crisis unit follow-up within 7 days
3. Four services within 45 days of admission (engagement)
4. Medication visit within 14 days of admission
5. Reduction in drug use
6. Access to treatment (adults)

MEASURES STARTING 7/1/2009

7. Improvement in CAR score: Interpersonal domain
8. Improvement in CAR score: Medical/physical domain
9. Improvement in CAR score: Self-care/basic needs domain
10. Inpatient/crisis unit community tenure of 180 days
11. Percent of clients who receive a peer support service
12. Access to treatment (children)



BENCHMARKS



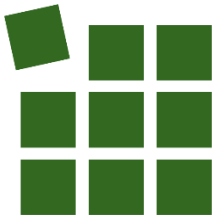
How Much is Each CMHC Able to Earn?



Based on the number of unduplicated clients served in the past four months



Agency X serves 1,000 person



Statewide, 15,000 persons are served



$1,000 / 15,000 = 6.6\%$ of all money

FINDINGS

Customer Count Changes

Results:

Number of adult customers served:

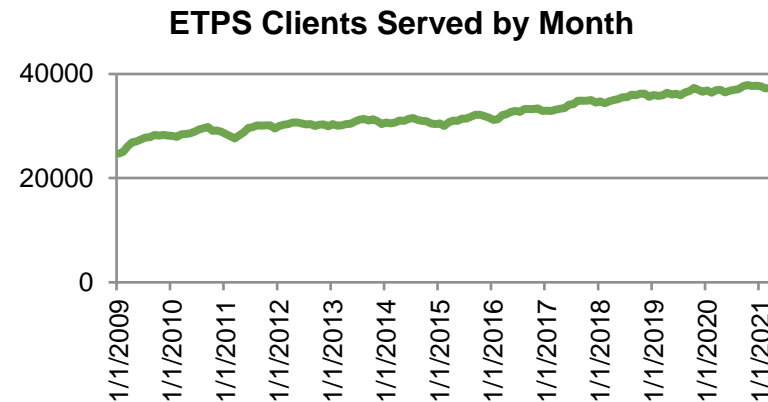
Jan 2009 = 24,707

Jan 2012 = 30,033

Jan 2015 = 30,504

Jan 2018 = 34,723

Jan 2021 = 37,646



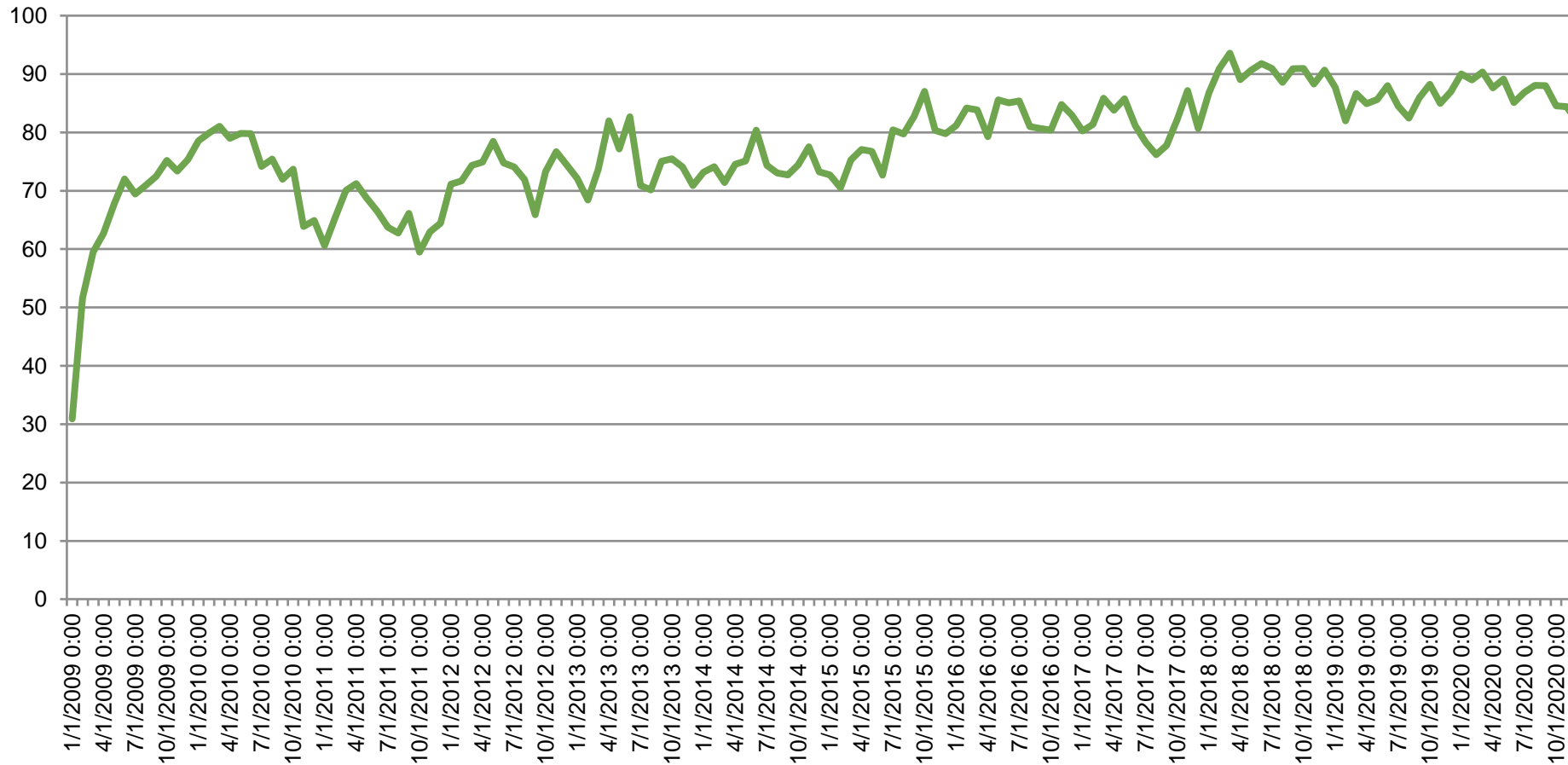
34.4% increase in customers served from January 2009 through January 2021.



FINDINGS

Crisis Follow Up Improvement

Crisis Follow Up

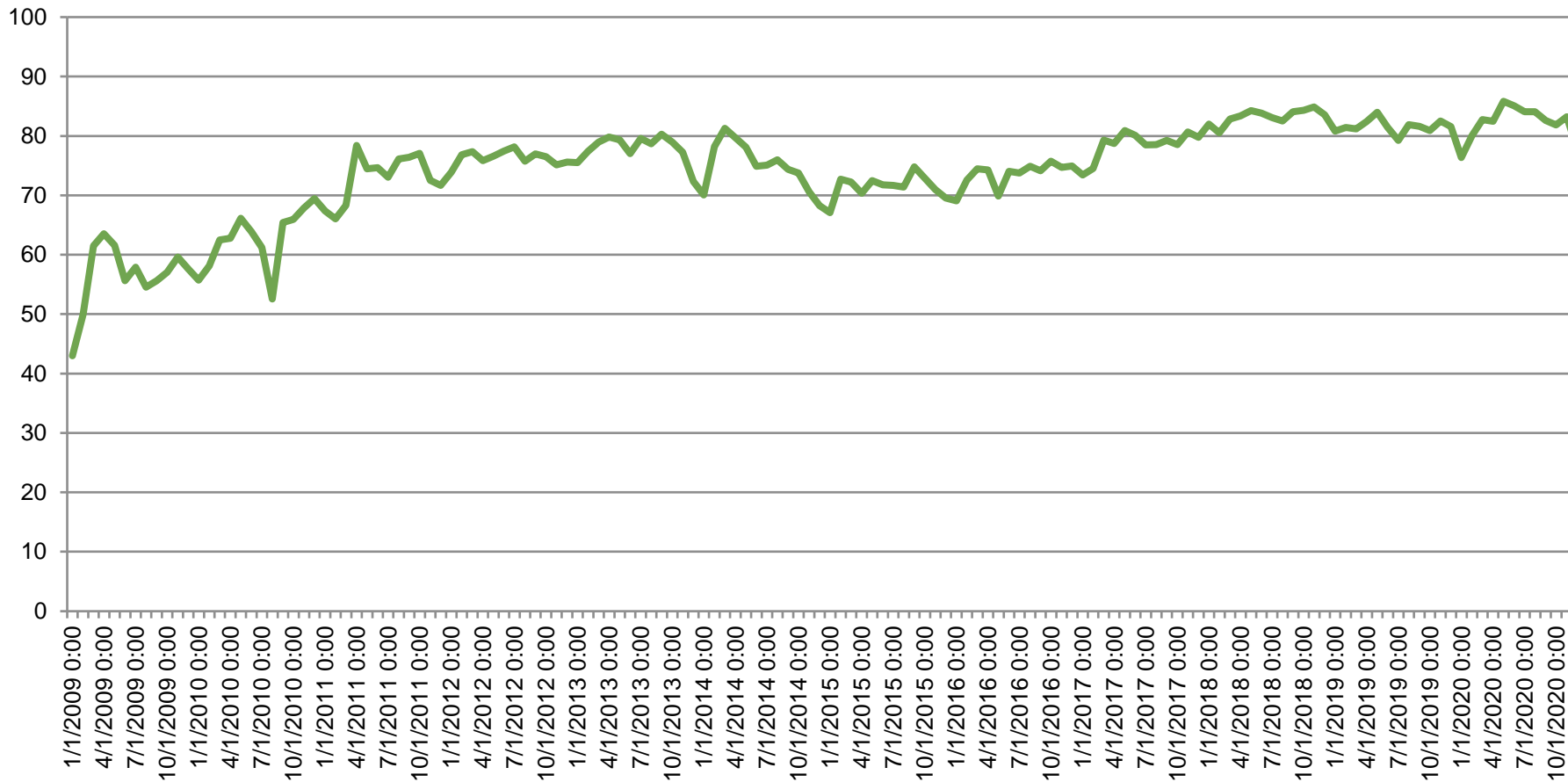


FINDINGS

Treatment Engagement Improvement



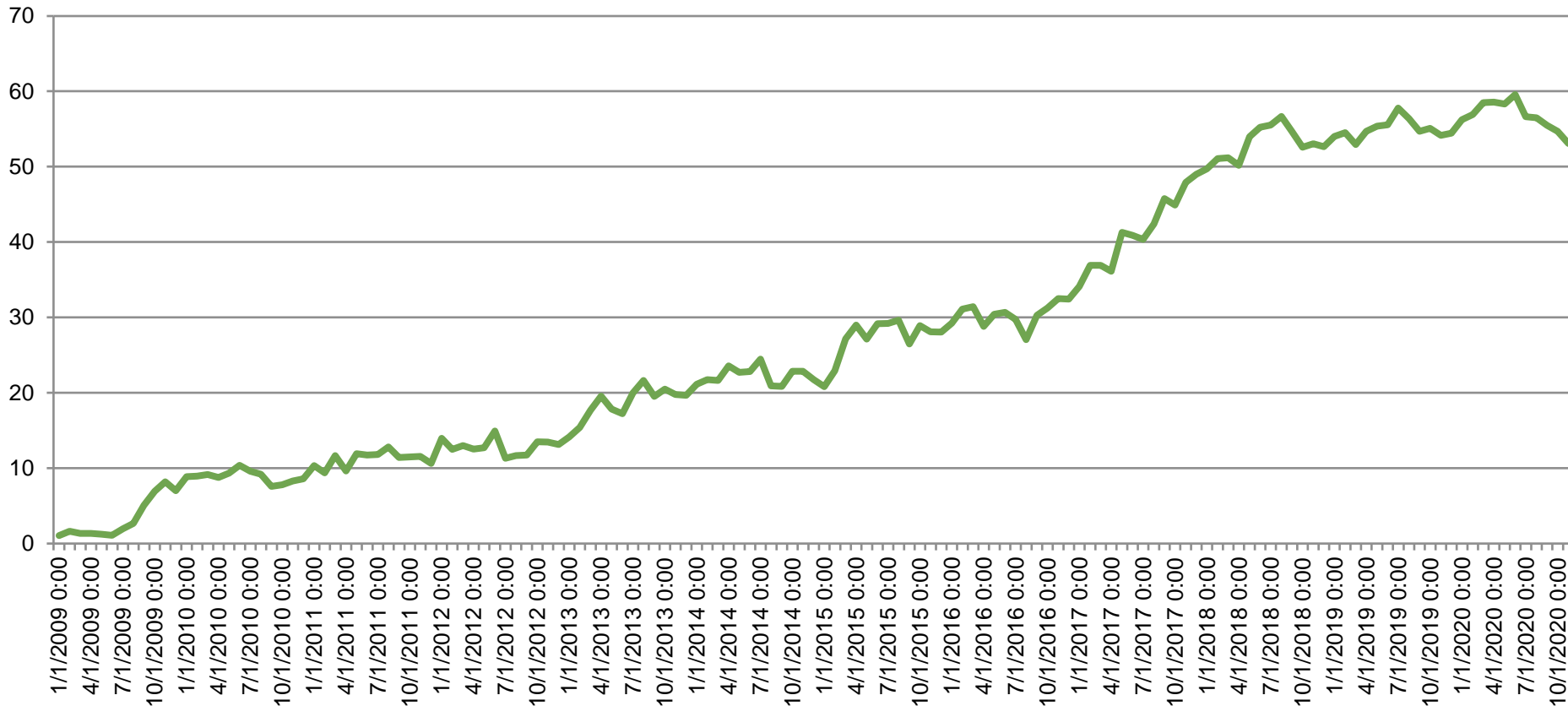
Engaged



FINDINGS

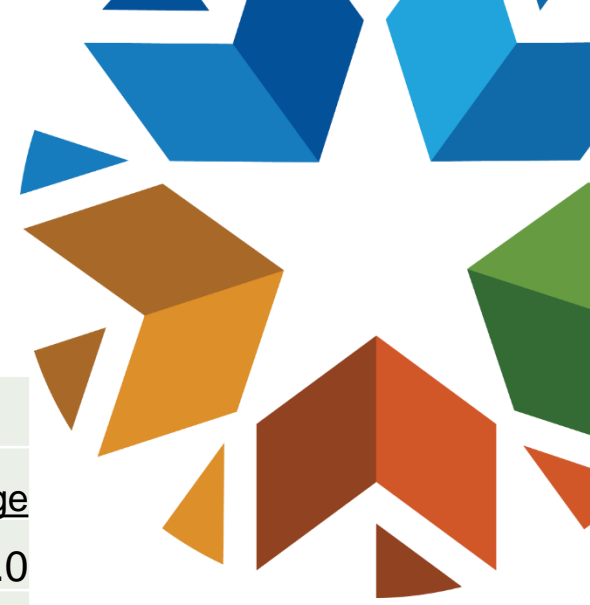
Percent of Individuals Receiving Peer Services Improvement

Peer



FINDINGS

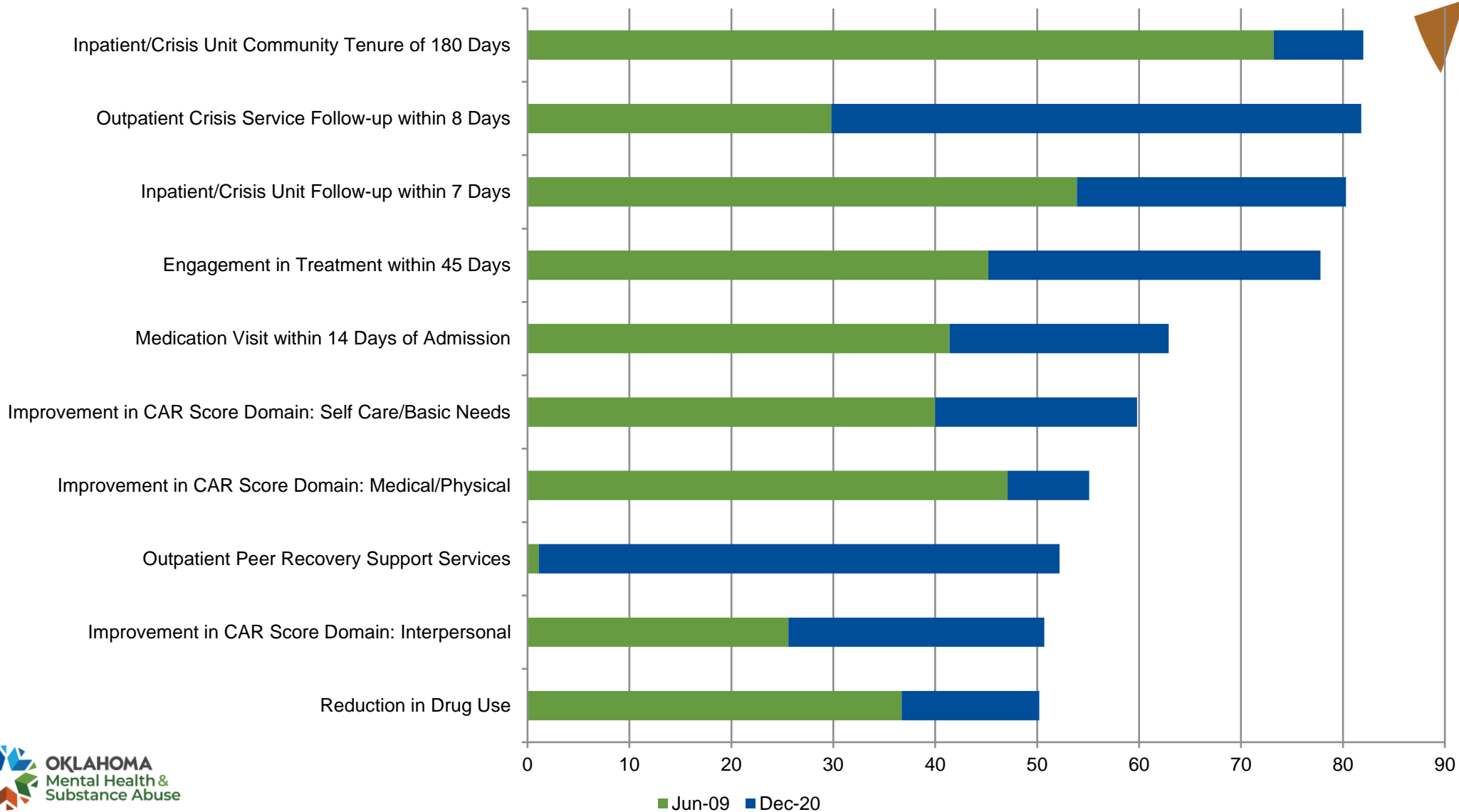
State Average – Change



Measure	Average (%)		
	June 2009	December 2020	Change
Outpatient Crisis Service Follow-up within 8 Days	29.8	81.8	52.0
Outpatient Peer Recovery Support Services	1.1	52.2	51.1
Engagement in Treatment within 45 Days	45.2	77.8	32.6
Inpatient/Crisis Unit Follow-up within 7 Days	53.9	80.3	26.4
Improvement in CAR Score Domain: Interpersonal	25.6	50.7	25.1
Medication Visit within 14 Days of Admission	41.4	62.9	21.5
Improvement in CAR Score Domain: Self Care/Basic Needs	40.0	59.8	19.8
Reduction in Drug Use	36.7	50.2	13.5
Inpatient/Crisis Unit Community Tenure of 180 Days	73.2	82.0	8.8
Improvement in CAR Score Domain: Medical/Physical	47.1	55.1	8.0

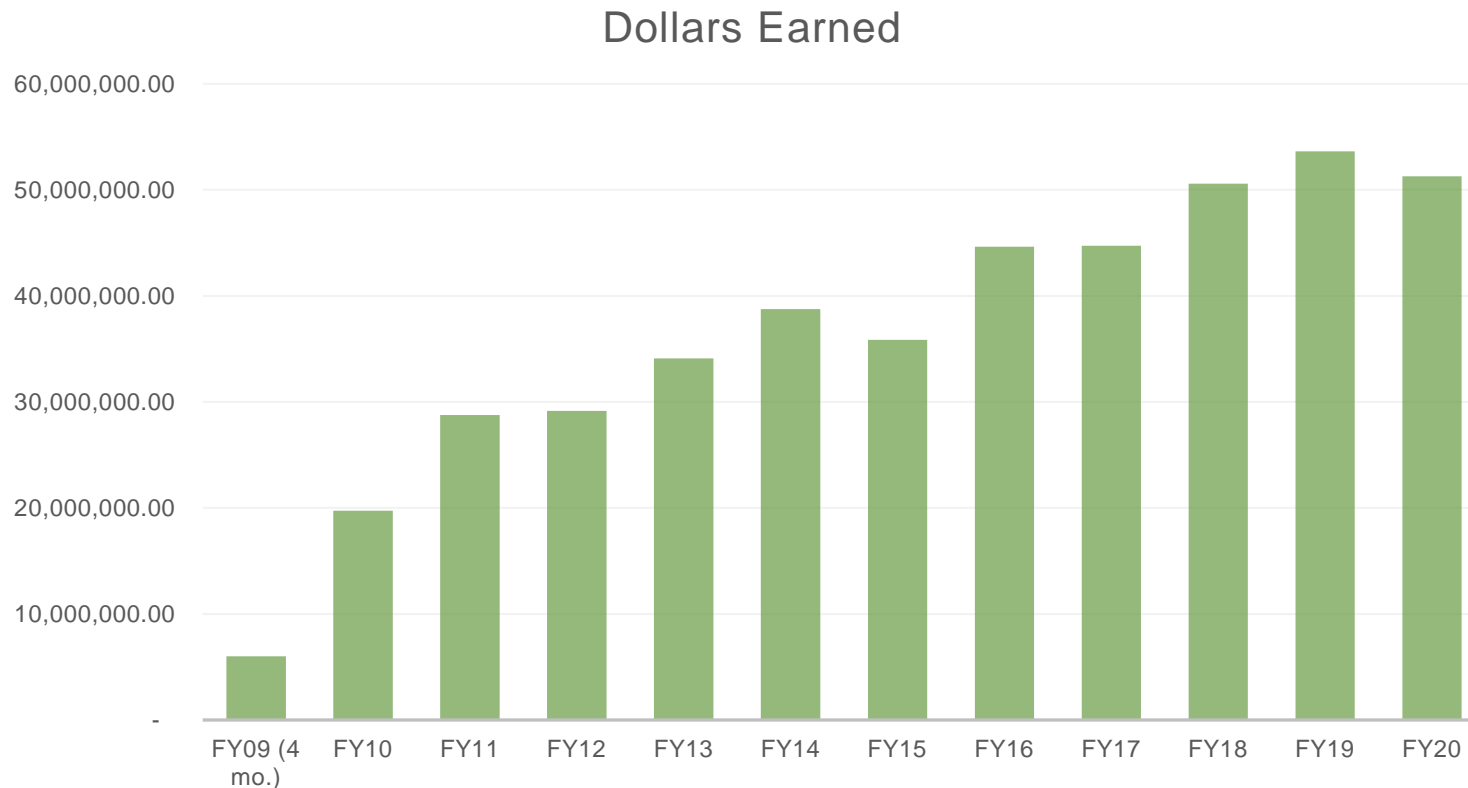
FINDINGS

Improvement in ETPS Scores (Jun-09 vs Dec-20)



Financing and Payment Methodology

Calculate the difference between the providers claimed activities (as a whole) and the allowable UPL (upper payment limit: maximum amount that could be paid for Medicaid services under Medicare payment principles) = pool of funding to distribute based on performance.



OTHER FINDINGS

- Infusion of dollars has stabilized workforce by increasing their staff's tenure in organizations.
- Agencies have used dollars to increase training.
- Agencies use clinician level reports with staff as part of supervision and have tied merit raises and bonuses to staff performance.
- State has used this initiative to further promote community integration and recovery-oriented approaches, including use of peer services and implementation of important community approaches not funded by Medicaid.



ETPS Summary

- **Demonstrates how mental health and substance use authorities and Medicaid agencies can address mutual goals.**
- **Promotes health improvement and aligns financial incentives to pay for the desired performance vs. paying for volume of services.**
- **Improves how the system performs.**
- **Focuses on what is most important to the State – enhancing outcomes.**

For More Information go to:



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Carrie Slatton-Hodges

ODMHSAS Commissioner