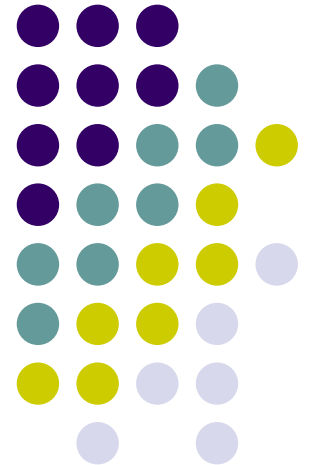


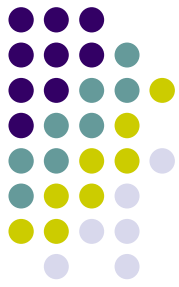
Using Integrated Medicaid and SMHA Data in Oklahoma

Oklahoma Department of Mental Health
and Substance Abuse Services

Phyllis Abbott and Tracy Leeper



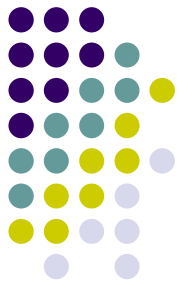
Using Integrated Medicaid and SMHA Data



- In developing matching algorithm, found an interesting outcome
- Tested linking ability by matching Medicaid data against itself
- Found 5,000 people with more than one recipient ID
- Information shared with Medicaid audit department

Oklahoma State - All Clients Data

FY 1999

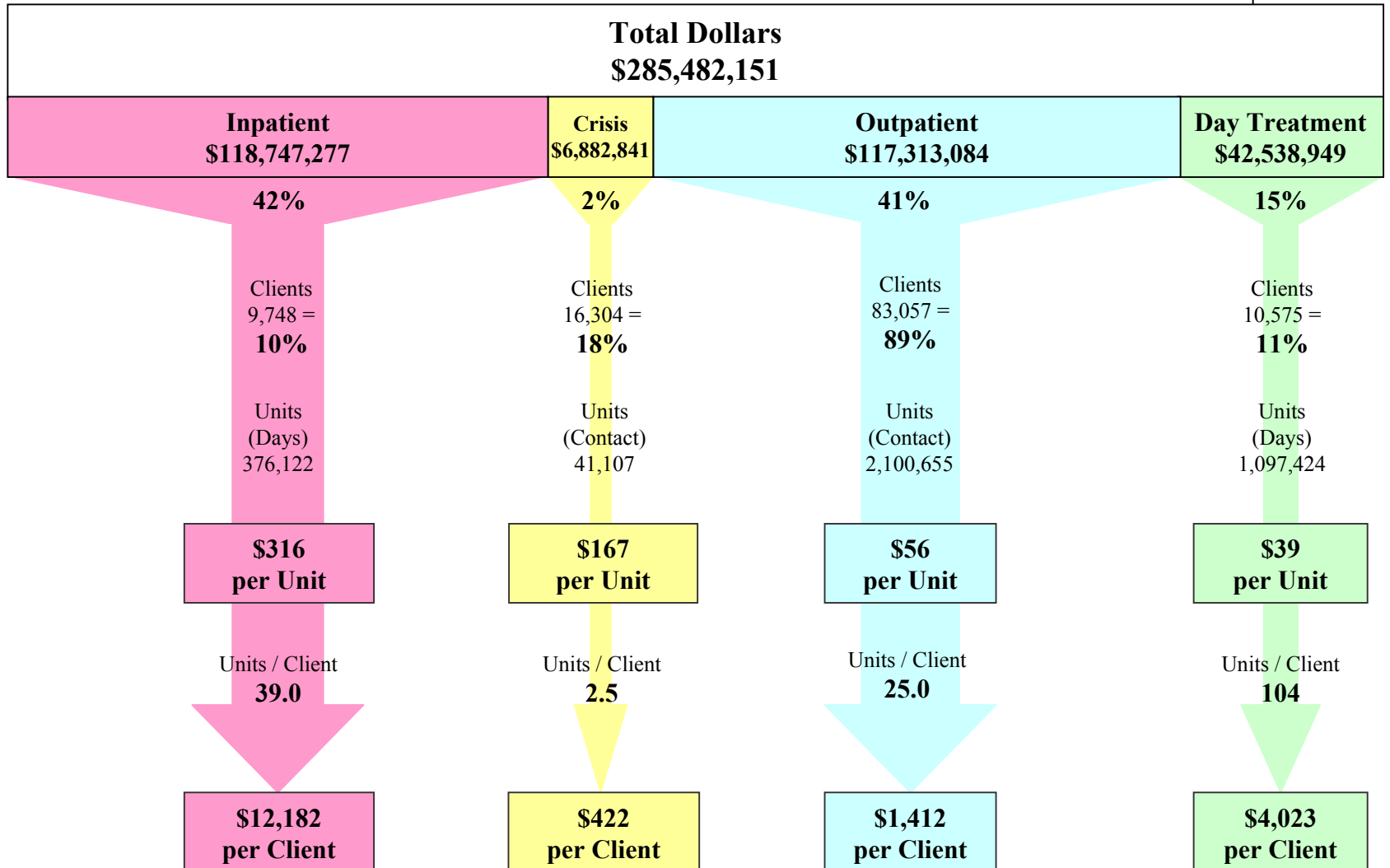


State Population = 3,439,157

Penetration Rate = 2.7%

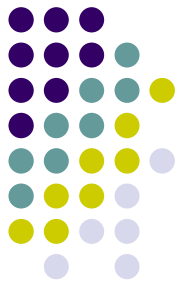
Total Clients = 92,914

Total Dollars per Client = \$3,073



Oklahoma State – Medicaid and DMHSAS Data

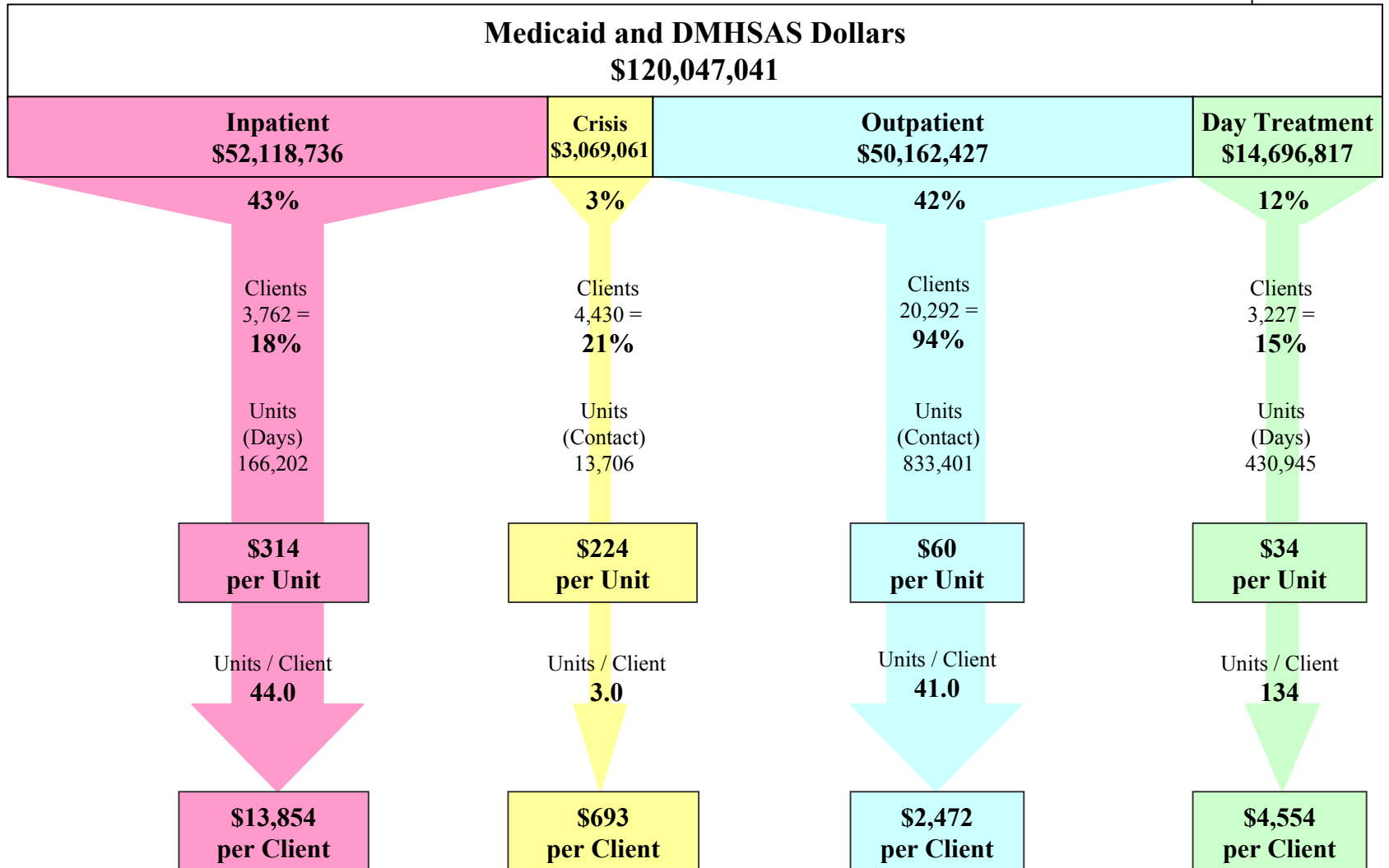
FY 1999



State Population = 3,439,157
Penetration Rate = 0.6%

Total Medicaid and DMHSAS Clients = 21,496

Total Dollars per Client = \$5,585



Using Integrated Medicaid and SMHA Data



- All clients

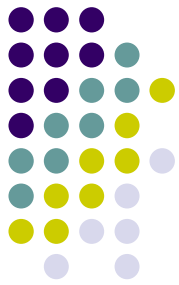
- Average cost = \$3,073
 - Inpatient = \$12,182
 - Crisis = \$422
 - Outpatient = \$1,412
 - Day Tx = \$4,023

- Clients with **both** funding streams

- Average cost = \$5,585
 - Inpatient = \$13,854
 - Crisis = \$693
 - Outpatient = \$2,472
 - Day Tx = \$4,554

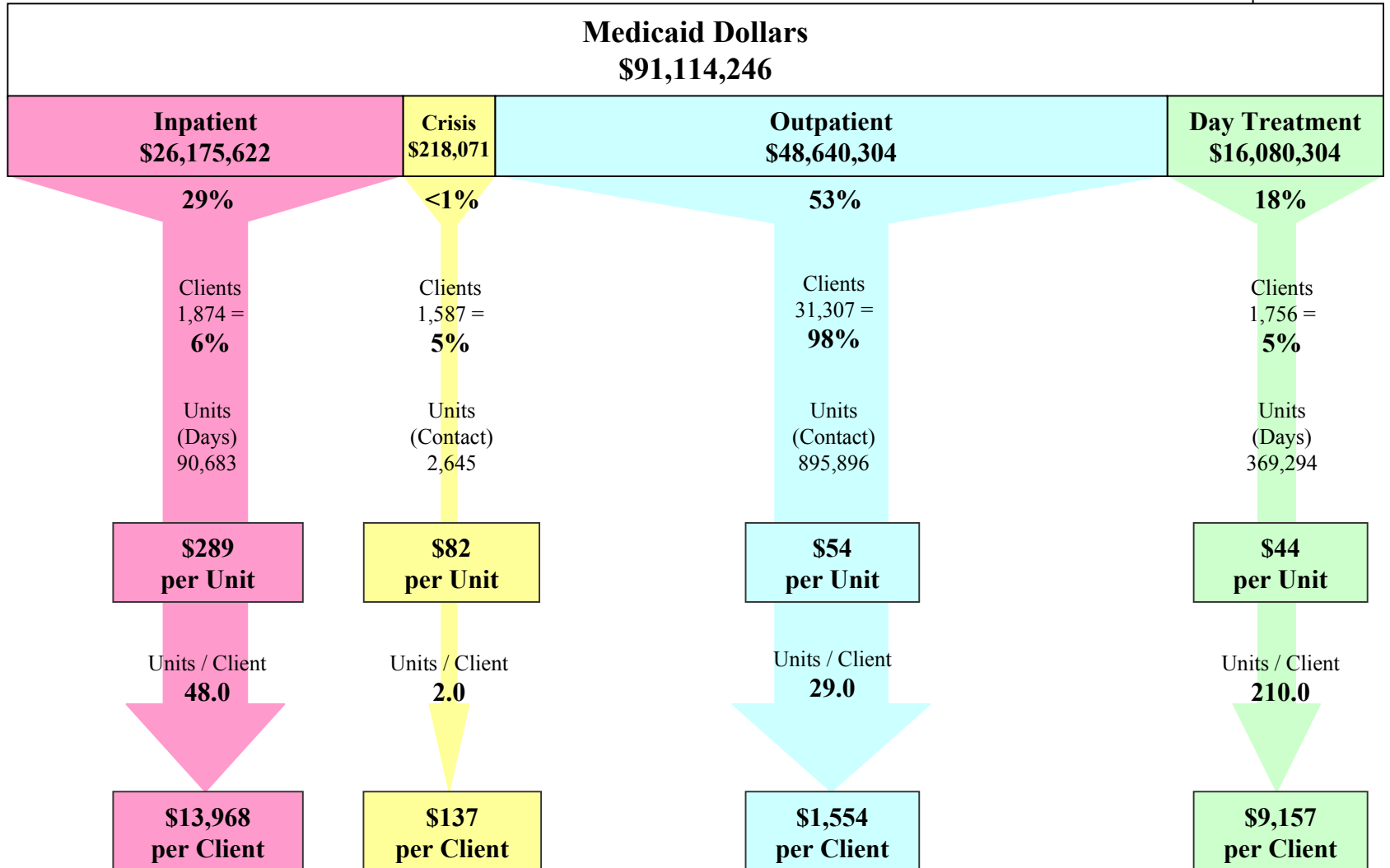
Oklahoma State – Medicaid Data

FY 1999



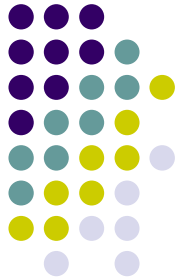
State Population = 3,439,157
 Penetration Rate = 0.9%

Medicaid Clients = 32,070
Total Dollars per Client = \$2,841



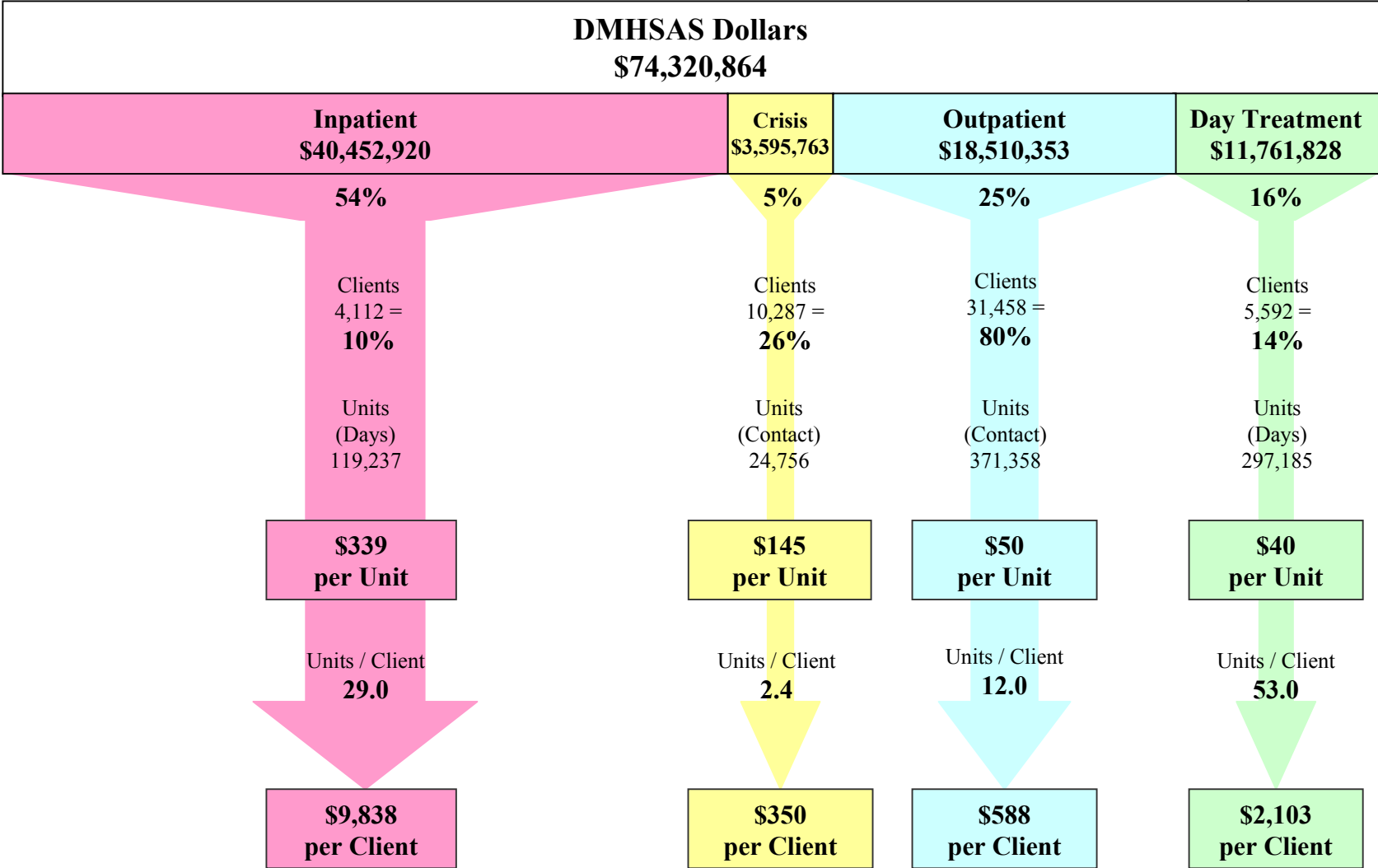
Oklahoma State - DMHSAS Data

FY 1999



State Population = 3,439,157
 Penetration Rate = 1%

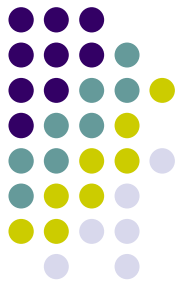
DMHSAS Clients = 39,348
Total Dollars per Client = \$1,889



Using Integrated Medicaid and SMHA Data



- Medicaid clients
 - N=32,070
 - Average = \$2,841
 - % of funding
 - 29% inpatient
 - 53% outpatient
 - Average cost per client
 - \$13,968 inpatient
 - \$1,554 outpatient
- SMHA clients
 - N=39,348
 - Average = \$1,889
 - % of funding
 - 54% inpatient
 - 25% outpatient
 - Average cost per client
 - \$9,838 inpatient
 - \$588 outpatient

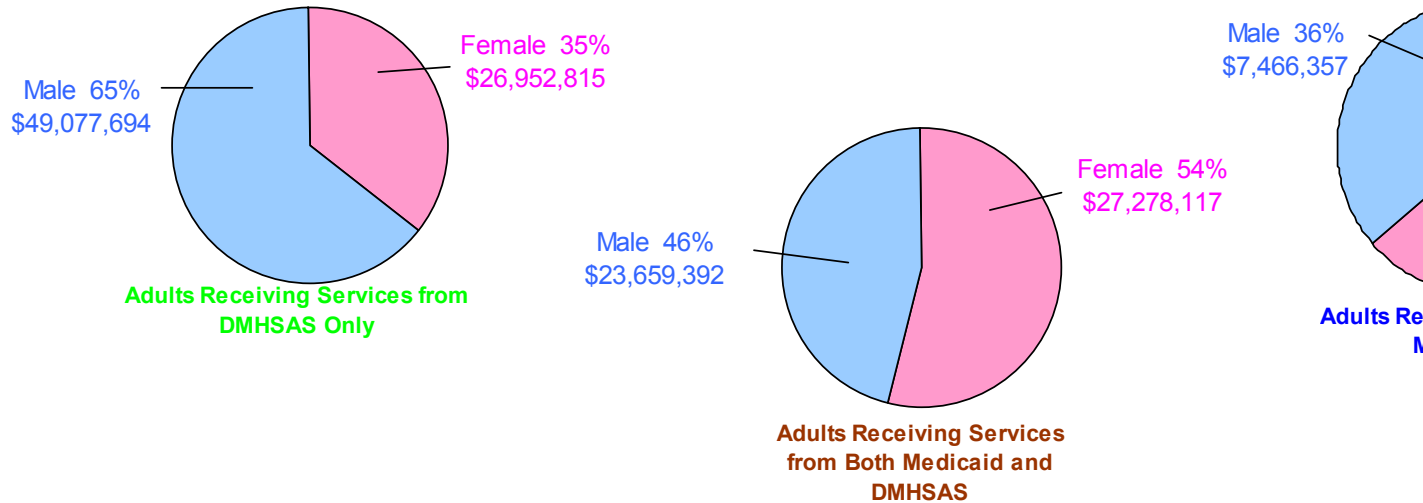


Adults Chart 2

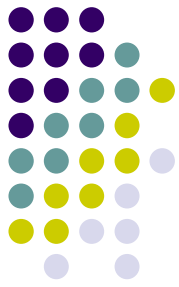
Publicly-Funded Behavioral Health Services in Oklahoma

Adults (18 and Older) Receiving Services in FY00 from Medicaid and/or DMHSAS By Gender

Total Funds



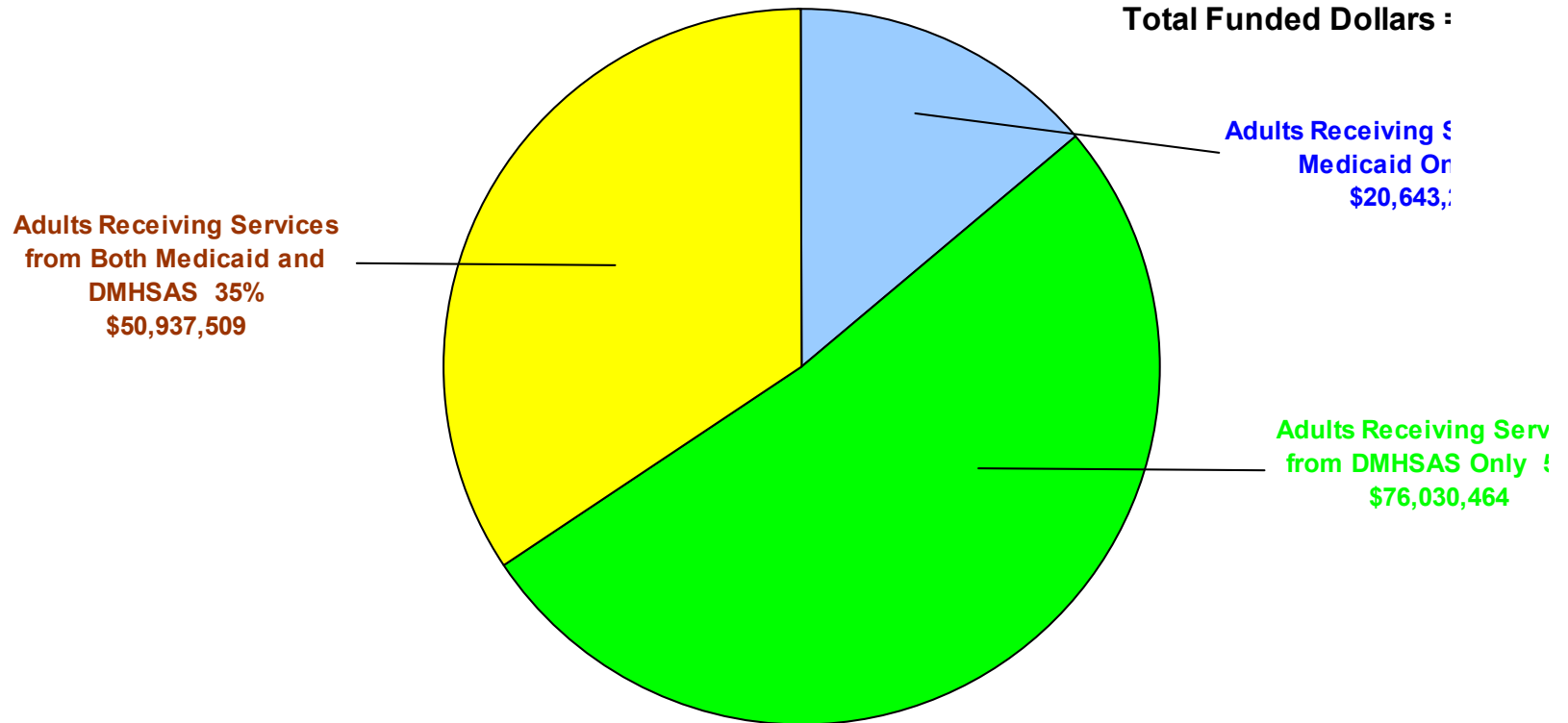
Note: Behavioral health services include mental health, substance abuse and residential care homes services. Data is based on date-of-service. Service costs for OHCA are based on paid claims. Service costs for DMHSAS are based on FY00 Fixed and Uniform Rates for Contractual Services. Cost not include pharmaceutical costs, prevention funds, special contracts, forensic at ESH and PATH funds.



Adults Chart 1

Publicly-Funded Behavioral Health Services in Oklahoma

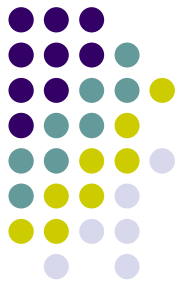
Adults (18 and Older) Receiving Services in FY00 from Medicaid and/or DMHSAS By Funding Source



Note: Behavioral health services include mental health, substance abuse and residential care homes services. Data is based on date-of-service.

Service costs for OHCA are based on paid claims. Service costs for DMHSAS are based on FY00 Fixed and Uniform Rates for Contractual Services. Costs do not include pharmaceuticals, prevention funds, special contracts, forensic at ESH and PATH funds.

Using Integrated Medicaid and SMHA Data



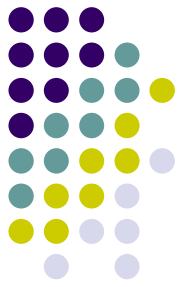
- Determine the amount of state funding that could be saved if all eligible services were billed to Medicaid
 - 30/70 funding split (state/federal)
 - Determine clients who are enrolled in Medicaid at the time of service
 - Determine if all of their eligible services are being billed to Medicaid

Using Integrated Medicaid and SMHA Data



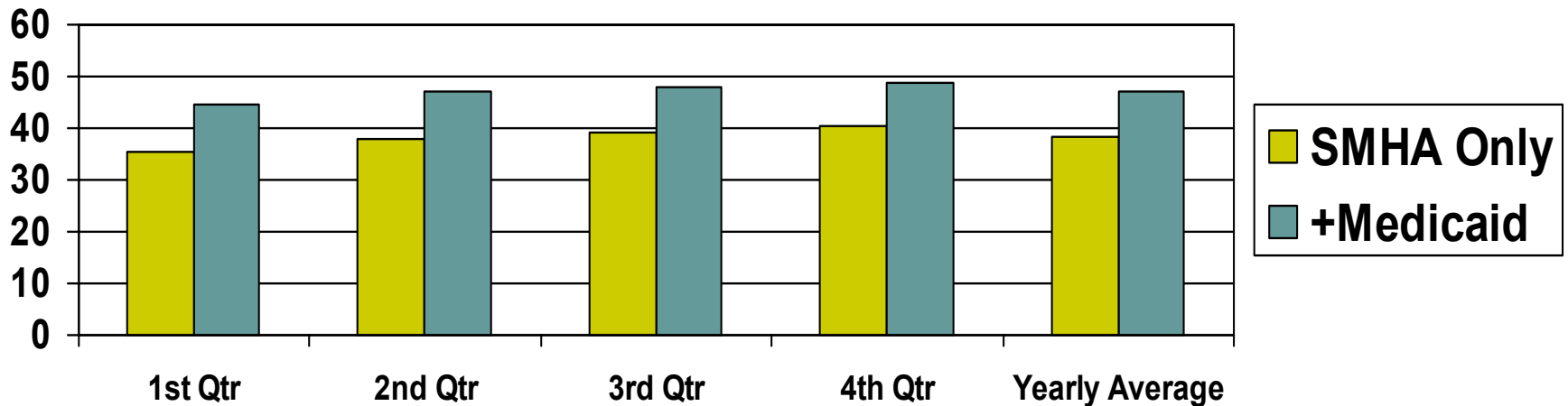
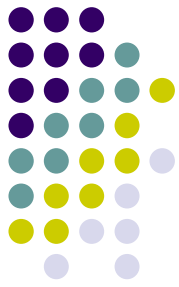
- Cost savings = **CENSORED**
- One state-operated agency hired a person to make sure claims are correctly filed to Medicaid

Using Integrated Medicaid and SMHA Data



- Received close to \$20 million over the past several years for atypical medications
- Compiled a Special Population Group (SPG) of clients with Dx that would most likely require atypical medications
- Only 38.3% of clients in SPG received a medication visit at least once a quarter
- How many are being seen by a primary care physician?

Using Integrated Medicaid and SMHA Data



- Increased quarterly medication visits by 8.7%
- What about IHS and VA data?



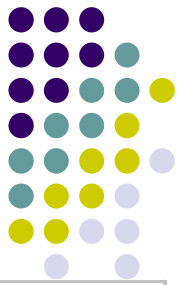
Using Integrated Medicaid and SMHA Data

- HB1824 created the Joint Legislative Task Force on Residential Mental Health Programs to “investigate current methods of providing care and medically necessary services for residents living in residential care homes”
- “Data analysis and results that could not have been derived by either agency alone were produced through collaboration of the two agencies.”



**DMHSAS and OHCA Expenditures* for Clients who are in Residential
 FY00 Behavioral Health Services for Adults (Ages 21 and older)**

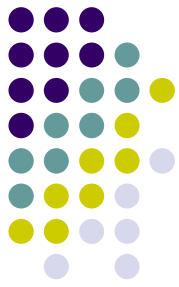
Service Category	Expenditures* by Funding Source		
	DMHSAS Funding**	OHCA Funding**	TOTAL Funding
Rehabilitation	2,107,657	3,224,326	\$5,331,983
Inpatient Hospitalization	2,670,200	156,460	\$2,826,660
Supportive assistance for RCH clients	2,226,861	-	\$2,226,861
Crisis Stabilization	287,187	94,117	\$381,304
Counseling	53,439	123,212	\$176,651
Assessment	82,234	86,029	\$168,263
Physician, Lab and Related Services	44,128	38,005	\$82,133
Case Management	52,488	25,709	\$78,196
Community Based Res. Treatment	32,502	-	\$32,502
Crisis Intervention	20,354	8,282	\$28,636
Vocational	380	-	\$380
Detox	61	-	\$61
Total	\$7,577,490	3,756,140	\$11,333,630
Total RCH Clients:	1,212	Average Cost per Client:	



DMHSAS Discharge Type for Clients who are in Residential Care Adults (Ages 21 and older) in FY00

Discharge Type	Rehabilitation		No Rehabilitation		Combined	
	Count	Percent	Count	Percent	Count	Percent
Moved	106	71%	62	71%	168	71%
Transferred to Another Treatment Facility	25	17%	11	13%	36	15%
Completed Treatment	8	5%	4	5%	12	5%
Completed Court Commitment	2	1%	1	1%	3	1%
Death	2	1%	3	3%	5	2%
AWOL	3	2%	1	1%	4	2%
Left ACA/90 Days	2	1%	3	3%	5	2%
Incarerated	1	1%	1	1%	2	1%
Broke rules	1	1%	1	1%	2	1%
Total*	150	100%	87	100%	237	100%

Using Integrated Medicaid and SMHA Data



- Collaborative Project between OHCA, DMHSAS and DRS
- Develop plans for a system of behavioral health rehabilitation treatment to better maximize scarce state resources and improve client outcomes through a more efficient and effective care delivery system
- HB 1484 directed OHCA “to develop a results-based funding pilot project for eligible persons who participate in the OK Medicaid Program and who receive outpatient behavioral health services...”

Using Integrated Medicaid and SMHA Data



- Unduplicated Clients served by either DMHSAS or OHCA by County:
 - Population
 - Adults at or below 200% of FPL
 - Total clients with SMI or SA
 - Total \$ spent for SMI or SA

Due to recent events, pilot is going statewide so combined estimates are really important!