

NETWORK ADEQUACY OF SPECIALIZED BEHAVIORAL
HEALTH PROVIDERS

OFFICE OF BEHAVIORAL HEALTH
LOUISIANA DEPARTMENT OF HEALTH



PERFORMANCE AUDIT SERVICES
ISSUED OCTOBER 18, 2017

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LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

October 18, 2017

The Honorable John A. Alario, Jr.,
President of the Senate
The Honorable Taylor F. Barras
Speaker of the House of Representatives

Dear Senator Alario and Representative Barras:

This report provides the results of our performance audit on the Louisiana Department of Health's Office of Behavioral Health (OBH). We evaluated OBH's process for ensuring that the five Healthy Louisiana Managed Care Organizations (MCOs) provide Medicaid recipients with access to an adequate network of qualified specialized behavioral health (SBH) providers.

The report contains our findings, conclusions, and recommendations. Appendix A contains OBH's response to this report. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the management and staff of OBH for their assistance during this audit.

Sincerely,

A handwritten signature in blue ink that reads "Daryl G. Purpera".

Daryl G. Purpera, CPA, CFE
Legislative Auditor

DGP/aa

OBH 2017

Louisiana Legislative Auditor

Daryl G. Purpera, CPA, CFE



Network Adequacy of Specialized Behavioral Health Providers Office of Behavioral Health, Louisiana Department of Health

October 2017

Audit Control # 40160011

Introduction

We evaluated the Office of Behavioral Health's (OBH) process for ensuring that the five¹ *Healthy Louisiana* Managed Care Organizations (MCOs) provide Medicaid recipients with access to an adequate network of qualified specialized behavioral health² (SBH) providers. In contrast to basic behavioral health services, SBH includes services, such as psychosocial rehabilitation, therapy, or crisis intervention, designed to treat mental health and substance abuse issues.³ We conducted this audit because a 2015 survey⁴ found that Louisiana ranked 47th among states in people having access to behavioral health services.

OBH, within the Louisiana Department of Health (LDH), is responsible for ensuring access to behavioral health services in the state. During fiscal year 2017, OBH's state office staff⁵ consisted of approximately 82 employees and a budget of \$58.6 million. In 2012, LDH contracted with Magellan Health, an MCO, for the administration of SBH services for Medicaid recipients, a shift from the fee-for-service model that directly reimbursed providers. In December of 2015, LDH integrated physical and SBH services into the five existing MCOs. The goal of integrating these services, as recommended by best practices, is to achieve holistic care by coordinating members' health, prevention, and treatment. Although SBH services are now provided by the MCOs, LDH is still responsible for administering the Medicaid program and monitoring the MCOs to ensure they comply with their contracts.

MCOs are responsible for contracting with providers to provide SBH services and must ensure that providers are properly licensed, have clinical and educational experience, and have complied with background check requirements. The *Healthy Louisiana* contracts specify deliverables that MCOs must submit to demonstrate that they have an adequate network of qualified providers to serve their Medicaid members. These deliverables include the submission of annual network development and management plans and the submission of quarterly reports that document the geographic availability of network providers. The contracts also specify what

¹ LDH contracts with AmeriHealth Caritas Louisiana, Inc.; Aetna Better Health, Inc.; Healthy Blue; Louisiana Healthcare Connections, Inc.; and United Healthcare Community Plan of Louisiana, Inc. for *Healthy Louisiana*. Magellan is still contracted with LDH to manage the Coordinated System of Care for a small population, but this report will focus on OBH's monitoring process over the five *Healthy Louisiana* MCOs.

² SBH services are provided in a behavioral health setting, while basic behavioral health services are not. Basic behavioral health services are provided by MCOs through primary (physical) care services, such as a physician.

³ Although behavioral health services include substance abuse, this report primarily focuses on mental health services.

⁴ <http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%202015%20Report.pdf>

⁵ This does not include federally-funded grant positions or staff in the state hospitals.

monitoring activities LDH must conduct to monitor the MCOs, including reviewing plans and reports, “spot-checking” provider information for accuracy, conducting unannounced and scheduled visits to ensure providers meet qualification requirements, and making “secret shopper” calls to verify provider availability. Four of OBH’s staff of 82 are responsible for monitoring network adequacy.

The objective of this audit was:

To evaluate OBH’s process for ensuring MCOs provide Medicaid recipients with access to an adequate network of behavioral health providers, as required by their contracts.

Overall, we found that OBH needs to strengthen its monitoring activities to ensure that MCOs have an adequate network of qualified providers to provide SBH services to Medicaid recipients. The issues we identified are discussed in detail throughout the remainder of the report. Appendix A contains OBH’s response to this report, and Appendix B details our scope and methodology.

Objective: To evaluate OBH’s process for ensuring MCOs provide Medicaid recipients with access to an adequate network of behavioral health providers, as required by their contracts.

Overall, we found that OBH needs to strengthen its monitoring activities to ensure that MCOs have an adequate network of licensed and qualified SBH providers. *Healthy Louisiana* contracts require MCOs to maintain a network of providers that ensures, at minimum, equal access to qualified providers as the rest of the insured population. Behavioral health specialists, which include providers such as psychologists and licensed clinical social workers (LCSWs), have to be accessible within 15 miles in an urban setting and 30 miles in a rural setting. In addition, OBH has developed target goals for the ratio of SBH providers to recipients. For example, MCOs should have two psychiatrists for every 10,000 recipients. OBH monitors compliance with these requirements through the activities summarized in Exhibit 1. However, as the exhibit shows, OBH did not begin many of these monitoring activities until eight to 18 months after SBH services were integrated into managed care.

**Exhibit 1
OBH MCO Monitoring Activities**

Monitoring Activity	Description	Frequency	Begin Date	Time After Integration
Network Adequacy Reports	OBH staff review these reports to determine compliance with target goals and contract requirements and submit feedback to the plans on how to make the reports accurately reflect the correct number and types of providers.	Quarterly	July 2016	8 months
“Secret Shopper” Calls	OBH staff calls providers contracted by the MCOs as “secret shoppers” in need of behavioral health services to determine whether the provider is located at their listed address, whether it is accepting new patients, and determining the earliest date available for an appointment.	Ongoing	October 2016	11 months
Desk Reviews/ Site Visits	OBH staff perform a review of the provider’s personnel records, policies, and other needed documents through desk reviews or on-site at the provider.	Ongoing	May 2017	18 months

Source: Prepared by legislative auditor’s staff using information from OBH.

According to LDH, MCO monitoring was delayed because the department had not established an effective plan to coordinate monitoring activities between Medicaid and OBH. Since Medicaid was the contract holder of the *Healthy Louisiana* contracts, Medicaid was primarily responsible for oversight of SBH services provided by the MCOs. However, OBH conducted reviews of MCO network adequacy reports. In July 2017, LDH revised its structure and gave OBH full oversight over the MCOs. While OBH is now conducting monitoring activities, it needs to strengthen its oversight and implementation of these activities to ensure MCOs are providing Medicaid recipients with an adequate network of licensed and qualified providers. The specific issues we identified with OBH’s current monitoring efforts are discussed in detail below.

OBH does not adequately ensure that MCOs contract with licensed SBH providers. We found that 1,539 (44.8%) of 3,438 providers listed as Licensed Mental Health Professionals did not meet licensure requirements.

OBH is required by the *Healthy Louisiana* contracts to “spot check” providers listed in the MCO quarterly reports to determine whether they are properly licensed to perform SBH services. Ensuring that providers are licensed is important because the Medicaid Fraud Control Unit within the Attorney General’s Office stated it has seen an increase in the number of behavioral health cases involving unlicensed and unqualified providers.

While OBH samples licensing credentials during “spot checks,” its current process is not adequate to identify all unlicensed providers. From October through December 2016, OBH sampled 46 Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC), and Licensed Marriage and Family Therapists (LMFT) and found that 11 (23.9%) were either not licensed or were incorrectly classified by MCOs as being licensed. However, using data obtained from licensing boards, we found that 1,539 (44.8%) of 3,438 providers listed as licensed mental health professionals by the MCOs did not meet licensure requirements. Although this may be due to inaccurate data submitted by the MCOs, it could also mean the providers are providing services they are not licensed to perform. Exhibit 2 shows the statistics associated with the LCSWs, LPCs, and LMFTs, while Appendix C shows these statistics by MCO.

Exhibit 2 Incorrectly Designated Providers October through December 2016					
License	MCO Count	Unlicensed	Lower License than Indicated by MCO	Total Incorrectly Designated	Percentage Incorrectly Designated
LCSW	1,642	319	324	643	39.2%
LPC	1,541	714	68	782	50.7%
LMFT	255	113	1	114	44.7%
Total*	3,438	1,146	393	1,539	44.8%

*Some providers listed above can have multiple licenses. We analyzed unique providers by license type.
Source: Prepared by legislative auditor’s staff using information from OBH, the Louisiana State Board of Social Work Examiners, and the Louisiana Licensed Professional Counselors Board of Examiners.

Since these licensing boards operate under the authority of LDH, OBH could routinely obtain their licensee data to analyze the entire population. OBH could then use these results for their desk reviews and site visits to determine whether identified providers are improperly providing services that require licensure or if the lists submitted by the MCOs include incorrect providers. These comprehensive reviews could also be performed on other SBH provider types.⁶

⁶ Examples of individual providers include Licensed Addiction Counselors, Advanced Practice Registered Nurses, or Clinical Nurse Specialists, while facility provider types include Psychiatric Residential Treatment Facilities, Free Standing Psychiatric Hospitals, or Behavioral Health Rehabilitation Agencies.

Recommendation 1: OBH should obtain available licensing data of all provider types to analyze whether all providers are licensed appropriately and use these results to identify providers for site visits and desk reviews.

Summary of Management's Response: LDH agrees with this recommendation and will attempt to work with each of the licensing boards to gain access to necessary data. See Appendix A for LDH's full response.

OBH does not use Medicaid encounter data to identify whether MCOs report accurate information on SBH providers. We found that 4,990,146 services were performed by providers not coded as SBH providers in the Medicaid data.

OBH developed a SBH provider matrix that specifies the types and specialties of providers that qualify as SBH providers, such as LCSWs, psychiatrists, or psychiatric hospitals. Medicaid informational bulletins, definition manuals, and OBH staff state that the accurate way to identify SBH encounters⁷ is to consider the type and specialty of the provider. However, OBH staff stated that they do not analyze encounter data to ensure services are provided by the appropriate provider type. Certain procedure codes should only be used by certain types of providers, but because SBH providers are not always coded to the correct provider type, OBH cannot determine whether the correct provider type rendered these services.

For example, psychosocial rehabilitation services, community psychiatric supportive treatment, and multi-systemic therapy can only be performed by specific provider types, such as psychiatrists and LCSWs. We compared Medicaid encounter data using only the service procedure code versus encounter data for services provided by SBH providers and found that 4,990,146 services were performed by providers not coded as SBH providers in the Medicaid encounter data. For example, approximately \$14 million in services were coded as provided by physicians who do not provide these specific services. Appendix D lists all providers not coded as SBH providers who rendered these services. Although these errors may be the result of miscoding, it could also mean that providers are inappropriately billing for SBH services. Therefore, OBH should use similar data analyses to target providers for monitoring to ensure they are qualified to perform certain services and are using proper provider type and specialty coding.

According to OBH, it is aware that not all behavioral health providers are coded correctly in the Medicaid encounter data and has held numerous calls with the MCOs to express the need for them to ensure the accuracy of coding providers. Because of new federal managed care regulations, LDH plans to implement a new credentialing system that will enroll all Medicaid providers with LDH. This will allow MCOs to pick providers from the state's registry instead of each MCO creating its own registry. However, because LDH estimates this will not be

⁷ An encounter is a distinct set of healthcare services provided to a Medicaid member enrolled with an MCO on the date that the services were delivered. It is a claim paid for by the MCO but submitted to LDH.

implemented until November 2018, it is important for OBH to use data to monitor services and providers in the meantime. In addition, according to OBH, it does use encounter data to pull statistics on particular services, and it addresses any inconsistencies it sees. However, OBH cannot accurately determine how many SBH services are actually rendered using Medicaid encounter data because providers are not using appropriate provider type codes.

Recommendation 2: OBH should analyze Medicaid data to determine if incorrect provider types are providing services that are coded as SBH.

Summary of Management’s Response: LDH agrees with this recommendation and states that it will also continue to analyze encounter data to identify encounters with miscoded provider type information. LDH states that it will implement a new provider enrollment system in 2018, which will alleviate current issues in individual MCO provider registries. See Appendix A for LDH’s full response.

OBH has not conducted “secret shopper” calls on all SBH provider types to ensure that MCOs are not overstating the number of providers in their networks.

As mentioned previously, OBH conducts “secret shopper” calls to determine whether network providers are located at their listed address, whether they are accepting new Medicaid patients, and their earliest appointment time. These calls are important for verifying that MCOs are not overstating the number of providers in their network. However, OBH has only conducted these calls for one provider type. From October 2016 through February 2017, OBH made “secret shopper” calls to 1,529 psychiatrists and found that 940 (61.5%) of psychiatrists either did not accept Medicaid or did not provide services at the location listed by the MCO. Of the 589 psychiatrists who indicated they were accepting Medicaid recipients, 119 (20.2%) stated that they did not accept new Medicaid patients, meaning that access is more limited for new Medicaid recipients. Exhibit 3 summarizes the results of OBH secret shopper calls to psychiatrists by MCO.

Exhibit 3				
Results of OBH “Secret Shopper” Calls of Psychiatrists by MCO				
October 2016 through February 2017				
Provider	Accept Medicaid	Not Accepting Medicaid	Total Contacted	% Not Accepting Medicaid
Aetna	215	215	430	50.0%
Amerihealth Caritas	40	146	186	78.5%
Healthy Blue	47	50	97	51.5%
Louisiana Healthcare Connections	28	11	39	28.2%
United Healthcare	259	518	777	66.7%
Total	589	940	1,529	61.5%
Source: Prepared by legislative auditor’s staff using information from OBH.				

According to OBH, it is not able to perform additional “secret shopper” calls due to a lack of staff. However, it could better target these calls to a wider population if it used data to identify providers who have not had any Medicaid encounters. We reviewed encounters for 5,402 SBH providers that MCOs listed in their provider network adequacy reports, and found that 1,563 (28.9%) did not provide any services to Medicaid recipients in the year after integration. Not having Medicaid encounters may indicate that the provider does not accept Medicaid, which would overstate the number of providers in an MCO’s network and reduce access to SBH services for recipients.

Recommendation 3: OBH should analyze Medicaid data to identify providers that are not providing services and use this information to target its “secret shopper” calls.

Summary of Management’s Response: LDH agrees with this recommendation and states that it began “secret shopper” calls with one provider type due to resource restrictions. LDH also states that it will continue to expand the providers targeted as resources allow. See Appendix A for LDH’s full response.

APPENDIX A: MANAGEMENT'S RESPONSE



State of Louisiana
Louisiana Department of Health
Office of Behavioral Health

October 11, 2017

Daryl G. Purpera, CPA, CFE
Legislative Auditor
P.O Box 94397
Baton Rouge, Louisiana 70804-9397

Re: Network Adequacy of Specialized Behavioral Health Providers Performance Audit

Dear Mr. Purpera:

Thank you for the opportunity to respond to the findings of your Performance Audit report on Network Adequacy of Specialized Behavioral Health Providers. The Louisiana Department of Health (LDH) Office of Behavioral Health and the Bureau of Health Services Financing is committed to ensuring that the five Healthy Louisiana Managed Care Organizations (MCOs) provide Medicaid recipients with access to an adequate network of qualified specialized behavioral health (SBH) providers.

Recommendation 1: OBH should obtain available licensing data of all provider types to analyze whether all providers are licensed appropriately and use these results to identify providers for site visits and desk review.

Agreed. OBH will continue to utilize available licensing data of all provider types in order to analyze whether providers are licensed as indicated by the five Healthy Louisiana MCOs' via their quarterly SBH Network Reports. OBH will also continue to provide feedback, guidance and technical assistance to the MCOs as to the accuracy of their reporting, inclusive of their responsibility for validating and reporting their providers' licensure appropriately. OBH will also continue to pursue with Medicaid, the imposition of monetary penalties in response to inaccurate SBH Network Reports. Potential licensing concerns identified through these processes, can be used to help inform our monitoring of providers through onsite visits and desk reviews.

While these licensing boards are placed within the department for organizational purposes, LDH has neither management authority nor operational authority over such self-governing boards. However, OBH will attempt to work with each of the licensing boards in an effort to identify whether we can gain access to additional data fields, which are not currently available on-line or in the formats thus far provided to us by those Boards. This would allow for further and more accurate

analysis on the provider network data submitted by the MCOs, and improve the efficiency in using this data as a monitoring tool.

For example, in further analyzing the data that supports the statistics in Exhibit 2 of the Audit report, OBH was able to verify licensure for 68% of the providers identified by the LLA as unlicensed, bringing the percentage of providers with incorrectly reported licensure from 44.8% to 19.7%, or from 1,539 to 677. With the latest network report submissions, OBH has also determined that a significant number of the remaining 677 providers have already been removed from the MCOs' reports. The additional crosswalks and analyses necessary to further validate this provider listing were cumbersome, inefficient and time consuming. OBH's goal is to reach out to all Boards in an attempt to better identify a tool to crosscheck providers, so that we can streamline this process in order to produce more comprehensive and meaningful results. This combined with continued technical assistance to the MCOs as to the accuracy of their reporting, will allow for more targeted utilization of these data sources.

Recommendation 2: OBH should analyze Medicaid data to determine if incorrect provider types are providing services that are coded as SBH.

Agreed. OBH will continue to analyze Medicaid data in order to identify encounters with miscoded provider type information. Further, these analyses will continue to inform OBH and Medicaid's ongoing efforts to address MCO provider registry inaccuracies which impact the quality of the encounter data submitted to Medicaid by ensuring that each MCO has appropriately configured internal systems, allowing for the accurate identification and registration of their providers according to the appropriate Medicaid SBH provider types and service categories.

LDH will also be implementing a new provider credentialing system in 2018 that will enroll all providers into Louisiana Medicaid through a single vendor. MCOs will then be limited to choosing providers from the state's single source for provider enrollment, and the inconsistencies and inaccuracies currently identified in the individual MCOs registries will no longer impact our ability to appropriately identify providers in encounter data.

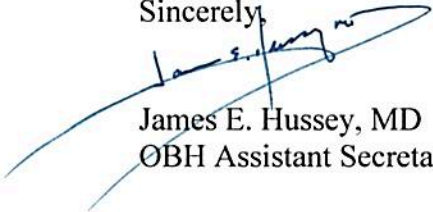
Recommendation 3: OBH should analyze Medicaid data to identify providers that are not providing services and use this information to target its secret shopper calls.

Agreed. Due to resource restrictions, OBH began targeted secret shopper calling with a single provider type experiencing the biggest shortfall as identified by Medicaid recipients, advocates and healthcare providers. OBH has and will continue to expand the providers targeted, as available resources allow.

Daryl G. Purpera
October 11, 2017
Page 3

You may contact Karen Stubbs, OBH Deputy Assistant Secretary, at (225) 342-1435 or via e-mail at Karen.Stubbs@la.gov with any questions about this matter.

Sincerely,



James E. Hussey, MD
OBH Assistant Secretary

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit of the Office of Behavioral Health (OBH). We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit primarily covered the time period of December 1, 2015, through December 31, 2016. Our audit objective was:

To evaluate OBH’s process for ensuring MCOs provide Medicaid recipients with access to an adequate network of behavioral health providers, as required by their contracts.

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. To answer our objectives, we reviewed internal controls relevant to the audit objectives and performed the following audit steps:

- Researched and reviewed relevant state and federal statutes and regulations relating to OBH.
- Researched behavioral-health related audits and practices in other states and studies conducted by local and national organizations.
- Interviewed OBH staff and behavioral health stakeholders, such as the Local Governing Entities, hospitals with emergency departments, and the Treatment Advocacy Center.
- Used Audit Command Language and SQL to analyze Medicaid encounter data related to behavioral health from December 2015 through December 2016.
- Obtained network adequacy reports submitted by the MCOs to OBH on a quarterly basis to determine accuracy of the reports.
- Obtained licensing databases from the Louisiana Board of Social Work Examiners and the Louisiana Licensed Professional Counselors Board of Examiners to determine appropriate licensure within the MCO quarterly reports.
- Obtained and analyzed results of OBH “secret shopper” calls performed on psychiatrists to determine the number of providers not accepting new or any Medicaid patients.

- Conducted surveys of various stakeholder groups to determine how behavioral health issues affect their service delivery.
- Discussed the results of our analyses with OBH management and provided OBH with the results of our data analyses.

APPENDIX C: MCO-REPORTED PROVIDERS WITHOUT LICENSE

MCO	MCO LCSW Count	LCSW Unlicensed	LCSW Lower License	% Not LCSW	MCO LPC Count	LPC Unlicensed	LPC Lower License	% Not LPC	MCO LMFT Count	LMFT Unlicensed	LMFT Lower License	% Not LMFT	Total Incorrect	% Incorrect
Amerihealth Caritas	688	62	194	38%	692	294	48	49%	40	30	0	75%	628	44%
Aetna	915	244	173	46%	638	335	20	56%	9	9	0	100%	781	50%
Healthy Blue	691	36	80	17%	628	249	9	41%	58	27	1	48%	402	29%
Louisiana Healthcare Connections	423	22	28	12%	481	199	15	44%	22	11	0	50%	275	30%
United Healthcare	829	32	15	6%	894	281	6	32%	184	63	0	34%	397	21%
Total*	1,642	319	324	39%	1,541	714	68	51%	255	113	1	45%	1,539	45%

*The total column represents those unduplicated license holders across all five plans and thus does not total.

Source: Prepared by legislative auditor's staff using information from OBH.

APPENDIX D: PROVIDERS NOT CODED AS SBH PROVIDERS RENDERING PSR, CPST, AND MST⁸ SERVICES

Provider Type	Provider Specialty(ies)	Units of Service	Payment Amount
Adult Day Health Care (Waiver)	Adult Day Care	63,526	\$947,040
Adult Residential Care Facility	Residential Care	62,892	993,150
Ambulance	Ambulance Service Supplier, Private	16	176
Case Management - CMI	Case Management	40,701	677,293
Case Management - Contractor			
Case Management - Infants and Toddlers			
Case Management - NHV/FTM			
Certified Registered Nurse Anesthesiology	Anesthesiology	219	3,726
Children's Choice Waiver	Children's Choice Waiver	32,791	488,591
Clinical Nurse Specialty	Pediatrics	239	3,652
	General Practice		
Community Mental Health Center	Community Mental Health Center	2,954,787	46,083,364
Center Based Respite Care	Respite Care	1,181	18,261
Day Habilitation (Waiver)	Day Habilitation	1,837	26,474
Durable Medical Equipment	Medical Supplies	7,792	116,375
Doctor of Osteopathic Medicine	Personal Care Services (PCS) - EPSDT	23,743	400,231
	Family Practice		
	Infectious Disease		
	Radiology		
	Ophthalmology, Otology, Laryngology, Rhinology		
	Pediatrics		
EPSDT	PCS - EPSDT	143	3,810
	Public Health		
Federally Qualified Health Center	Federally Qualified Health Centers	17,336	277,981
	RHC/FQHC OPH Certified SBHC		

⁸ Psychosocial Rehabilitation Services (PSR), Community Psychiatric Support and Treatment (CPST), and Multi-Systemic Therapy (MST) are SBH services that must be provided by SBH providers.

Provider Type	Provider Specialty(ies)	Units of Service	Payment Amount
Home Health Agency	All Other	1,741	\$20,671
	Public Health		
Hospital	Hospitals and Nursing Homes	53,430	793,447
	Extended Care Hospital		
Licensed Professional Counselor	Psychologist - Counseling	19	323
Mental Health Clinic	Community Mental Health Center	211,368	3,347,352
Mental Rehabilitation Agency	Community Mental Health Center	4,158	62,742
Non-Emergency Transportation (NEMT)	NEMT	196	3,224
New Opportunities Waiver (NOW) Professional Services	NOW Social Worker	16,999	236,639
Nursing Practitioner	Clinic or Other Group Practice	112,152	1,777,097
	Nurse Practitioner		
Nursing Facility	Hospitals and Nursing Homes	55,650	865,586
Office of Public Health Clinic	Clinic or Other Group Practice	7,919	120,754
Ordering, Prescribing, and Referring (OPR)	Prescriber only and OPR	2,756	41,619
Pediatric Day Health Care Center	Pediatric Day Health Care	45,232	697,002
Permanent Supportive Housing Agency	Supportive Housing Agency	64,829	1,113,149
Personal Care Attendant (Waiver)	Personal Care Attendant	8,220	123,608
Personal Emergency Response System (Waiver)	Personal Emergency Response System (Waiver)	693	9,931
Personal Care Services	PCS - LTC, PCS - EPSDT	49,793	763,391
	PCS - EPSDT		
	PCS - LTC		
Physician	Clinic or Other Group Practice	871,690	14,039,499
	Pediatrics		
	Social Worker Enrollment		
	General Practice		
	Internal Medicine		
	Ophthalmology, Otology, Laryngology, Rhinology		
	Neurology		
	Psychiatry; Neurology		
	General Surgery		
All Other			

Provider Type	Provider Specialty(ies)	Units of Service	Payment Amount
Psychiatric Residential Treatment Facility	Therapeutic Group Home Disorder	1,306	\$18,599
	Therapeutic Foster Care		
	PRCS Addiction Disorder		
Psychologist	Psychologist Crossovers only	21,524	335,293
	Applied Behavioral Analyst		
	Psychologist (PBS Program and Cross-Overs)		
Rehabilitation Center	Other Medical Care	226,182	3,334,827
	Clinic or Other Group Practice		
Respite Care Service Agency	Therapeutic Group Homes	1,370	21,361
Rural Health Clinic	Rural Health Clinic	2,352	37,939
School Based Health Clinic	Clinic or Other Group Practice	30	152
Supervised Independent Living (Waiver)	Supervised Independent Living	43	522
Substance and Alcohol Abuse Center	Substance Abuse and Alcohol Abuse Center	49	664
Substitute Family Care	Adult Day Care	1,402	26,772
	Substitute Family Care		
Transition Coordination	Agency/Business	21,764	304,543
Blank	Blank	76	1,110
Total		4,990,146	\$78,137,941
Source: Prepared by legislative auditor's staff using information from Medicaid encounter data from December 1, 2015, through November 30, 2016.			