

Attachment B

Specification of Data Variables for Outpatient Denials

Attachment B is the specification for submitting outpatient denials. It is accompanied by a visual guide (Attachment B1) containing the data variables to be reported.

Table 1. Report identifier

Field #	Data element	Notes
1.a	Plan Name	Name of Plan
1.b	Plan ID	Plan ID
1.c	HIOS ID	Health Insurance Oversight System Plan Finder
1.d	Line of business	Mainstream, HARP or HIV SNP
1.e	Region	NYC only for the initial phase of Managed Care roll-out
1.f	Year	Which year is this report for
1.g	Quarter	Which quarter is this report for
1.h	Month	Which Month is this report for
1.i	# Plan Enrollees	Number of enrollees for this reporting period
1.j	# New Enrollees	Number of new enrollees who enrolled during this reporting period
1.k	# Dis-enrolled	Number of enrollees who dis-enrolled during this reporting period

Table 2 lists behavioral health ambulatory services.

Table 2. Type of ambulatory service

Service number (i.e. row #)	Service name
14	OMH Clinic
15	Comprehensive Psychiatric Emergency Program (CPEP)
16	Continuing Day Treatment
17	Partial Hospitalization
18	ACT
19	PROS
20	IPRT
21	Intensive Outpatient (IOP) MH
22	OMH APG-Article 31-Integrated Services
23	SUD Outpatient Clinic
24	SUD Intensive Outpatient (Outpatient Rehab)
25	SUD Opioid Treatment (OTP)
26	SUD Medically Supervised Outpatient Withdrawal
27	OASAS-Article 32-Integrated Services-OP Clinic
28	OASAS-Article 32-Integrated Services-OTP
29	OASAS-Article 28/32-Integrated Services-OP Clinic
30	OASAS-Article 28/32-Integrated Services-OTP

Table 3 lists data elements to be reported for each type of service. The combination of service and data element is identified by its location in the table: row number indicating the row, and a letter indicating the column heading. For example, 14.C. is the cell in the 14th row and column C of the excel table: Plan enrollees receiving any service for OMH clinic.

Table 3. Data element for each type of behavioral health ambulatory service

Field #	Data element for each type of service	Notes
14-30.C	Plan enrollees receiving any service	Number of enrollees who received any service during this reporting period.
14-30.D	Plan enrollees beginning new episode of care (i.e., had not received this service in the prior 3 months)	Number of enrollees who started new episode of for this reporting period.
14-30.E	Total New Episode of Care Authorizations Requested (Pre-Service)	Number of prior authorization for new episode of care for this reporting period.
14-30.F	Denied New Episode of Care Authorizations (Pre-Service)	Number of denied authorizations for new episode of care for this reporting period.
14-30.G	Total Continuing Care Authorizations Requested	Number of Continuing Care Authorizations requested for this reporting period.
14-30.H	Denied Continuing Care Authorizations	Number of denied Continuing Care Authorizations
14-30.I	Total Retrospective Reviews Requested	Number of Retrospective Reviews requested for this reporting period.
14-30.J	Retrospective Denials	Number of retrospective denials
14-30.K	Administrative (non-clinical) denials	Number of administrative (non-clinical) denials.
14-30.L	Denials w/ Internal Appeal Requested	Number of denials with internal appeal requested.
14-30.M	Appeals where Denial Upheld by MCO	Number of appeals where denial was upheld by MCO.
14-30.N	Denials w/ request for External Review/ State Fair Hearing Process	Number of denials with request for external review or state fair hearing process.
14-30.O	Denials overturned following External Review/ State Fair Hearing Process	Number of overturned denials following external review or state fair hearing process.
14-30.P	Denials still in External Review/ State Fair Hearing Process	Number of denials that are still in external review or state fair hearing process.

Denials for HCBS Services

Table 4 lists the HCBS services.

Table 4. Type of HCBS service

Service number (i.e. row #)	Service name
36	Psychosocial Rehabilitation (PSR)
37	Community Psychiatric Support and Treatment (CPST)
38	Habilitation Services
39	Family Support and Training
40	Short-term Crisis Respite
41	Intensive Crisis Respite
42	Education Support Services
43	Empowerment Services – Peer Supports
44	Pre-Vocational Services
45	Transitional Employment
46	Intensive Supported Employment (ISE)
47	Ongoing Supported Employment
48	Non-Medical Patient Transportation

Table 5 lists data elements to be reported for each type of HCBS service. The combination of service and data element is identified by its location in the table: row number indicating the row, and a letter indicating the column heading. For example, 36.C. is the cell in 36th row and column C of the excel table: Plan enrollees receiving any service for Psychosocial Rehabilitation (PSR)

Table 5. Data element for each type of HCBS service

Field #	Data element	Notes
36-48.C	Plan enrollees receiving any service	Number of enrollees who received any service during this reporting period.
36-48.D	Plan enrollees beginning new episode of care (i.e., had not received this service in the prior 3 months)	Number of enrollees who started new episode of care for this reporting period.
36-48.E	Total New Episode of Care Authorizations Requested (Pre-Service)	Number of authorization for new episode of care requested for this reporting period.
36-48.F	Denied New Episode of Care Authorizations (Pre-Service)	Number of denied authorizations for the new episode of care this reporting period.
36-48.G	Total Continuing Care Authorizations Requested	Number of Continuing Care Authorizations requested for this reporting period.
36-48.H	Denied Continuing Care Authorizations	Number of denials for Continuing Care Authorizations.
36-48.I	Total Retrospective Reviews Requested	Number of Retrospective Reviews requested for this reporting period.
36-48.J	Retrospective Denials	Number of Retrospective denials for this reporting period.
36-48.K	Administrative (non-clinical) denials	Number of administrative (non-clinical) denials



36-48.L	Denials w/ Internal Appeal Requested	Number of denials with internal appeal requested.
36-48.M	Appeals where Denial Upheld by MCO	Number of appeals where denial was upheld by the MCO.
36-48.N	Denials w/ request for External Review/ State Fair Hearing Process	Number of denials with request for external review or state fair hearing process.
36-48.O	Denials overturned following External Review/ State Fair Hearing Process	Number of denials overturned following external review or state fair hearing process.
36-48.P	Denials still in External Review/ State Fair Hearing Process	Number of denials that are still in external review or state fair hearing process.

File Layout

The following pages outline the format of the text file (a.k.a., flat file, ASCII file, plain text file). Figure 1 is an illustrative visual for the file.

FIGURE 1: Example of a plain-text file. (Using fields 1.a through 1.i)



Field #	Field Name	Length	Type	Begin Col	End Col	Possible Outcomes /Sample Data
1.a	Plan Name	35	Varchar	1	35	XYZ HEALTH PLAN
1.b	Plan ID	8	Num	36	43	2192631
1.c	HIOS ID	5	Num	44	48	10029
1.d	Region	15	Varchar	49	63	NYC
1.e	Year	4	Num	64	67	2016
1.f	Quarter	1	Num	68	68	3
1.g	Month	3	Char	69	71	JUL
1.h	# of Plan Enrollees	5	Num	72	76	2642
1.i	# of New Enrollees	5	Num	77	81	123
1.j	# of Dis-enrolled	5	Num	82	86	6
14-30.C-P	238 data elements for the table of all ambulatory services	1190	Num	87	1286	
36-48.C-P	182 data elements for the table of HCBS services	910	Num	1287	2196	