NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Log of Changes to The Specification and Visual Guide Documents on the Monthly Inpatient and Quarterly Outpatient Denial Plan Submission:

- 5/9/2016 – Changes are made to Attachment B and the corresponding visual guide, B1, to create a new category of outpatient behavioral health services provided in Federally Qualified Health Center facilities (FQHCs) to be monitored for denial information. A list of rate codes to identify such services is provided in the visual guide, Attachment B1. A change is also made to add a CPEP rate code for managed care (4049) that became effective October 1, 2015. Rate codes for OMH clinic and FQHC clinic also were streamlined. Clarification of the definition of denials is made to emphasize that the number of denials should include both clinical and non-clinical (administrative) denials. Health Plans operating in regions outside of New York City (NYC) will submit a Rest-Of-State (ROS) report, aggregating all their authorization and denial information for all counties outside NYC. Details of the changes are listed below.

  1. OMH FQHC (**OMH_OP_FQHCs_21**) services are identified as one outpatient service grouping. Grouped into outpatient mental health services provided in FQHCs are:
     a. OMH Outpatient clinic services provided in FQHCs that opted out of the APG (4301, 4303, 4306, 4601, 4603, and 4606). Note that services under rate code 4301 that were previously grouped under data elements (2.a. and 3.a.) OMH_Clinic_01 will now be counted in OMH_OP_FQHCs_21.
     b. OMH outpatient service in FQHCs that use rate codes (4011 FQHC group psychotherapy, 4014 FQHC group psychotherapy –school based health center (SBCH), 4026 FQHC group psychotherapy – court mandated)
     c. OMH outpatient services for FQHCs using rate codes that could be identified as MH based on diagnosis (4012 FQHC off-site services – individual, 4013 FQHC individual threshold visit, 4015 FQHC off-site services – individual (SBHC), 4016 FQHC individual threshold visit (SBHC), 4027 FQHC off-site services-individual-court mandated, 4028 FQHC individual threshold visit-court mandated.

  2. OASAS Outpatient services provided in FQHCs will be classified under three separate categories:
     a. OASAS Outpatient Clinic (**OASAS_ FQHC_OP_18**) – OASAS services that opted out of the APG, using rate codes 4273, 4274,4275.
     b. OASAS Outpatient Rehab (**OASAS_ FQHC_OPR_19**) – OASAS outpatient services that opted out of the APG using rate codes 4276,4277,4278.
     c. OASAS OTP FQHCs (**OASAS_ FQHC_OTP_20**) – OASAS outpatient services that opted out of the APG using rate codes 1671.
  3. The Addition of CPEP rate code 4049 in the visual guide (Attachment B1), which became effective October 1, 2015.
  4. The removal of OMH IOP service_08, for which plans were already notified on the 3/29 changes.
  5. Clarification of the definition of denials for new episode of care, continuing care, and retrospective authorizations clarifies: the counts include both clinical and non-clinical

(administrative) denials. The clarification is found in data elements 2.e and 3.e, 2.g. and 3.g, and 2.i. and 3.i. of Attachment B.

6. Clarification is also made to the definition of data elements 2.j and 3.j. The count of total administrative denials should be a subset of total denials described in #5 above.
7. Health plans contracting with the State outside of NYC will start submitting report, with region reported as 'ROS' in data element #1.e.

- 3/29/2016 – Changes made to Attachment B to advise plans that Intensive Outpatient Mental Health services is no longer required to be reported. Attachment B is also amended to align the specifications document with the Visual Guide provided (Attachment B1). Clarification on reporting the data element 1.h. "Month" as the first 3 letters of each month in capital letters and clarification on the definition of the data element 1.j. "# of Plan Enrollees" as the number of plan enrollees at the beginning of the month being reported.
  - Changes made to the Attachment B:
    a. Plans no longer have to report Intensive Outpatient Mental Health services in data element 2.a., labeled as "IOP_MH_08 ". Plans may either leave a blank row, or report the data element with a zero count. The State will not include this data element in any of its analyses.
    b. Changes were made to Attachment B to describe certain data elements stacked in a column instead of reported in separate columns of the same row. This is consistent with the Visual Guide provided as Attachment B1. The changes will not require plans to revise the way they currently submit their reports. The specification document will describe data elements 2.a. and 3.a. stacked in a row, instead of different data columns in the same row. The same change is applied to data elements 2.b. through 2.o. which will be stacked with the corresponding data elements 3.b. through 3.o.
    c. The data element 1.h. "Month" should be reported as the first three letters of the month in capital letters (e.g. "JUL" should be reported for the month of July).
    d. The data element 1.j. "# of Plan Enrollees" should be the number of enrollees at the beginning of each month (e.g. number of enrollees on January 1, 2016, if the report is for the month of January, 2016).

- 12/28/2015 – Amendments made to Attachment B to increase the length of numeric data elements from 5 to 10. Amendment made to Attachment A to define the data element Plan id and HIOS id from a numeric to a character format.
  - Changes made to the Outpatient Quarterly Denial report:
  a. The length of data elements reporting counts of enrollees, authorizations, denials, and appeals is increased from 5 to 10. The end of the file layout for the outpatient report is extended from position 260 to position 415.
  - Changes made to the Inpatient Monthly Denial report:
  a. The data element Plan id (data element #2b in Attachment A) data type is changed from numeric to character.
  b. The data element HIOS id (data element #2c in Attachment A) data type is changed from numeric to character.

- 9/18/2015 – Amendments made to the specifications and visual guide for data lay-out and reporting to conform closer to a database structure.
  - Changes made to Inpatient Monthly Denials:
  a. Attachments A and A1 file names are modified and will now have v2 in their respective names.
  b. Specifically the changes made in the second version from the first are:
    - The header information (report period and plan identifiers) in Attachment A1 (visual guide) were moved into data columns that are easily associated with the corresponding provider identifiers, denial reasons and the denial denominators, described in Attachment A.
    - Attachment A1 contains a row colored in yellow that is for OMH IT internal coding purposes only.
    - A column for version # is added to correspond to the file name version submitted.

  - Changes made to Outpatient Quarterly Denial Submission
  a. Attachments B and B1 file names are modified and will now have v2 in their respective names.
  b. Specifically the changes made in the second version from the first are:
    - The header information (report period and plan identifiers) in Attachment B1 (visual guide) were moved into data columns that are associated with the corresponding provider identifiers, denial reasons and the denial denominators described in Attachment B.
    - There will be one submission in each quarter. Each submission will contain three months of data.
    - Attachment B1 contains a row colored in yellow that is for OMH IT internal coding purposes only.
    - A column for version # is added to correspond to the file name version submitted.
    - Instead of reporting the information in a single row, each of the behavioral health ambulatory service category will be reported in its own row. There are 17 service categories (17 rows to be reported), even if all of the associated denial information for a particular row are all zeroes. The services are numbered 01-17 at the end of the data variable name.
    - These 17 service categories will be reported for each month of the quarter, so each report will have 3x17=51 rows of data representing the 3 months of each quarter.
    - For HARPs and HIV SNP plans, all thirteen Home and Community-Based Service (HCBS) service categories will be reported in each own row. Similar to mental health ambulatory services, each HCBS service will be numbered 01-13, and will be reported even if the data associated for the entire row of information is zero.
    - There will be 3x13=39 rows of HCBS service denial data for each quarterly submission representing 13 service categories being reported for each of the three months of the quarter.

- Intensive Outpatient (IOP) MH is identified as Procedure Code S9480. The previous specification document inadvertently listed rate codes.

❖ 8/21/15 – Specifications and visual guide was sent out to plans
- ➢ 2015-08-21 Guidance memo Denial Data Specs for behavioral inpatient and ambulatory service denials.pdf
- ➢ 2015-08-21 Guidance memo Denial Data Attachment A-Data specs for inpatient denial monthly reporting.pdf
- ➢ 2015-08-21 Guidance memo Denial Data Attachment A1-Visual Guide for Submission of Inpatient Denials .xlsx
- ➢ 2015-08-21 Guidance memo Denial Data Attachment B-Specs for Outpatient Quarterly Reporting for Mainstream and HARP.pdf
- ➢ 2015-08-21 Guidance memo Denial Data, Attachment B1-Visual Guide to the Outpatient Quarterly Reporting for Mainstream and HARP.xlsx

❖ 01/13/22 – Amendments made to Attachment B data specification and visual guide for service
- ➢ Changes made to Outpatient Quarterly Denial Submission
- ➢ Specifically, the changes made in Attachment B data specification are:
  1. The definition of service codes for the field “Ambulatory Service Type” (2.a. and 3.a.) has been updated. Four service codes now represent 1115 CORE services instead of HARP HCBS services:
     a. PSR_01: definition has been changed to “1115 CORE Psychosocial Rehabilitation”
     b. CPST_02: definition has been changed to “1115 CORE Community Psychiatric Support and Treatment”
     c. FST_04: definition has been changed to “1115 CORE Family Support and Training”
     d. ESPS_08: definition has been changed to “1115 CORE Empowerment Services – Peer Supports”
  2. Three services will be removed from the current list of “Ambulatory Service Type”:
     a. STCR_05: Short-term Crisis Respite
     b. ICR_06: Intensive Crisis Respite
     c. NMT_13: Non-Medical Patient Transportation
  3. Two new services have been added to the list of “Ambulatory Service Type”:
     a. OMH_Art31_IOP_22: OMH Article 31-Intensive Outpatient Program (IOP)
     b. SUD_OTP_Bundle_23: SUD Opioid Treatment Bundle (OTP).
  4. The “File Layout” example on Page 5 has been updated to reflect updated row counts for new report. The updated parts have been highlighted.
  5. In Page 1, services’ name and the report row counts have been updated to reflect the CORE implementation and updated list of services to be

reported.

6. In Page 3, the services code and row counts in note of Field 2.a. and 3.a. has been updated to reflect the new services' list.

- The changes made in visual guide are:
    1. In column M, the field "HCBS Services" has been renamed as "HCBS and CORE Services".
    2. Four services' definition in column M now has been updated for representing CORE services that will replace previous HARP HCBS services:
        a. "Psychosocial Rehabilitation (PSR)" has been changed to "1115 CORE Psychosocial Rehabilitation (PSR)".
        b. "Community Psychiatric Support and Treatment (CPST)" has been changed to "1115 CORE Community Psychiatric Support and Treatment (CPST)".
        c. "Family Support and Training" has been changed to "1115 CORE Family Support and Training".
        d. "Empowerment Services – Peer Supports" has been changed to "1115 CORE Empowerment Services – Peer Supports".
    3. Three services have been removed from "HCBS & CORE Services":
        1. Short-term Crisis Respite.
        2. Intensive Crisis Respite.
        3. Non-Medical Patient Transportation.
    4. Three services have been updated with new added rate codes:
        1. Rate codes 7810,7811 have been added to "1115 CORE Psychosocial Rehabilitation (PSR)".
        2. Rate codes 1507, 1519 have been added to "OMH Clinic".
        3. Rate codes 1106, 1110 have been added to "OMH APG-Article 31-Integrated Outpatient Services (IOS)"
    5. Two ambulatory services have been added to the list:
        1. OMH Article 31-Intensive Outpatient Program (IOP) (rate codes: 1042, 1048).
        2. SUD Opioid Treatment Bundle (OTP) (rate codes: 7969, 7970, 7971, 7972, 7973, 7974, 7975, 7976).