



## FAQs from Inpatient/Outpatient Report Presentation May 9, 2016

**Q1. How recently were the specification documents sent to the health plans?**

R. The documents were originally sent to NYC health plans in September, 2015. There had been changes and modifications since, and the latest version were included on today's meeting notice.

**Q2. The locator code list includes duplicates and providers without NPIs. Why is this?**

R. The Office of Mental Health (OMH) provider reference list (INP MH Locator codes.xlsx) contains licensed inpatient providers tied to the Medicaid rate code and billing system. It is a list of all licensed inpatient providers who are allowed to submit an inpatient claim for an approved rate code, and get reimbursed accordingly.

If your contracted provider is listed more than once, even if all identifying information is the same (address and zip+4), you may report any one of the listed NPIs. Examples of these providers are *Brookhaven Memorial Hospital*, *Champlain Valley Physicians H*, *Columbia Memorial Hospital*, etc.

If your address information is not consistent with the address in the provider reference file, you may report your address information.

Please note that the NPI you report should be in the reference list. You are reporting a denial of a MH inpatient admission in an inpatient facility. Do not report NPIs of physicians or providers of professional services.

The reference list for substance use disorder (SUD) services (INP SUD Locator Codes.xlsx) may have providers with missing NPIs or missing Provider Id because the SUD list of providers includes certified Office of Alcohol and Substance Abuse Services (OASAS) providers, both billing and not billing Medicaid. For purposes of this report, OASAS instructs health plans to report applicable provider information contained in the reference list (NPI, Provider ID, Locator Code, and Address information).

**Q3. Should the providers listed in the SUD reference file as inpatient be the only ones we should report in our submission?**

R. Yes. OASAS will modify the list to show only inpatient providers. The file currently contains all certified OASAS provider, inpatient and outpatient. The modified list with the date 05092016 in its document name is sent to plans with this FAQ document.

**Q4. For Column L on the Inpatient report (Provider Address Line 2), do you want city/state listed?**

R. Column L was not intended for a city/state listing. It was meant to specify information such as floor number of the building, suite number in an office, etc. that could oftentimes differentiate SUD providers. For SUD services, you may report in Provider Address Line 2 information listed in the SUD Inpatient provider reference file 'Service Type Description'.

**Q5. Is the Service Type Description on the locator code list?**

R. The SUD reference file (INP SUD Locator Codes 05092016.xlsx) Col F contains the data element 'Service Type Description'.

**Q6. What address should we use if provider address of the plan file is different from your list?**

R. If your address information is different or more current, you may report the address information that you think is more updated. Even if you report an address different from the reference list, it is important that you report the associated NPI from the reference list correctly.

**Q7. How often is your list updated, specifically for addresses?**

R. There is no scheduled regular update of the provider address reference list. We will advise you of an update if we will issue one in the future.

**Q8. On the quarterly outpatient report, what identifier value should we use for Rest of State (ROS) submissions?**

R. Please use "ROS" for Column E (Region). Refer to Att. B for instructions on reporting Outpatient denials.

**Q9. Why is the quarterly report showing a month identifier?**

R. The quarterly report is broken down monthly (i.e. for Q4, plans report information separately for October, November and December).

**Q10. If a plan operates in both in NYC and ROS, should it submit separate reports for outpatient denials?**

R. You would report NYC and ROS data separately in the same file submission. Please see Specification document and Visual Guide, Attachments B and B1.

**Q11. Is data reported for the entire plan, or by region (NYC or ROS)?**

R. Data is broken down by region on the outpatient submission. NYC and ROS data is reported separately in the same file. For the inpatient report, we require information at the provider level, so we are able to sort providers by county. Plans do not need to report NYC and ROS data separately.

**Q12. Are the rate codes listed in red new?**

R. The CPEP rate code 4049 was effective beginning October 2015. The FQHC service and rate codes have been in effect since the providers were licensed, but FQHC services have not been part of the service type identified when these reports were first implemented in October, 2015. Reporting of FQHC authorization and denial information is added to this report for the first time, and will be first reported in the 2016 Q2 (April/May/June) submission due on July 15, 2016.

**Q13. Was there a copy of this presentation in the meeting invite?**

R. The PowerPoint was sent to the participants right after the meeting on May 9, 2016.

**Q14. On the inpatient denial report, are the Rest of State providers included, or do you need a separate report similar to the outpatient report?**

R. The inpatient report encompasses all contracted providers, thus there is no need for separately reporting NYC and ROS data.