NEW YORK STATE OF OPPORTUNITY. | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services

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Memorandum

To: Managed Care Plan Liaisons to NYS

From: Thomas Smith, MD, Medical Director, NYSOMH Division of Managed Care
Charles Morgan, MD, Medical Director, NYSOASAS
Pat Lincourt,

Date: August 21, 2015

Re: MCO Behavioral Health Guidance memo
Prior and concurrent authorization for ambulatory behavioral health services

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NYS is updating prior guidance regarding utilization management for ambulatory behavioral health (BH) services issued May 14, 2015. The following clarifies expectations of Medicaid Managed Care Organizations and Health and Recovery Plans (collectively referred to as Plans) related to utilization management of routine behavioral health outpatient office and clinic care.

Note that:

1. *Prior Authorization Request* is a Service Authorization Request by the Enrollee, or a provider on the Enrollee's behalf, for coverage of a new service, whether for a new authorization period or within an existing authorization period, made before such service is provided to the Enrollee.

2. *Concurrent Review Request* is a Service Authorization Request by an Enrollee, or a provider on Enrollee's behalf for continued, extended or more of an authorized service than what is currently authorized by the Contractor within an existing authorization period.

NYS expects Plans to use the following utilization management and quality improvement approaches to oversee behavioral health outpatient office and clinic services:

1. *Clinical triggers for individual case reviews*. Examples include: XX outpatient visits for treatment of depression with no claims for antidepressant medications; multiple detox admissions for an individual with opioid dependence but no pharmacy claims for medication assisted treatment; no changes in intensity of outpatient services despite multiple inpatient readmissions; or claims suggesting quality of care concerns, e.g., a service type or frequency that clearly does not match an established evidence-based practice.

2. *Provider profile triggers for provider QA and education interventions*. Examples include: >XX% of clinic cases with specific diagnosis above the mean # sessions/year for all plan providers; or % cases with SUD and no mediation assisted treatment exceeds XXth percentile for all plan providers.

At this time, NYS will not define specific clinical or provider profile triggers that Plans must use. OMH and OASAS Plan oversight staff will be available for consultation around development of specific triggers and request that Plans submit their trigger definitions upon implementation.

Utilization management and quality improvement interventions should include recommendations for providers to review their practices and policies and should not involve retroactive utilization review. Providers will be expected to participate in Plan reviews of specific cases and provider profile data, and Plans may deny services if providers fail to participate or make adequate efforts to address identified concerns.

In addition to the above recommended utilization management and provider education interventions, note that:

1. NYS will allow Plans to require concurrent review requests for outpatient mental health office and clinic services following the 30th visit per calendar year as described in the enclosed attachment.

2. UM Policies for outpatient substance use disorder services (including opioid clinics) must be approved by OASAS. Thirty-fifty visits per year are within an expected frequency for OASAS clinic visits and 150-200 visits per year are within an expected frequency for opioid treatment clinic visits. OASAS encourages plans to identify individual and/or program service patterns that fall outside of expected clinical practice but will not permit regular requests for treatment plan updates for otherwise routine outpatient and opioid service utilization. OASAS will issue further guidelines regarding use of the LOCATDR to support utilization management decisions for substance use disorders.

As stated in the prior guidance, Plans will not be allowed to deny payment for ambulatory BH services based upon failure of the provider to notify the Plan that an episode of ambulatory BH care has been initiated. NYS will work with Plan leadership to support alternative approaches to ensuring provider adherence to contracted notification requirements.

Please let us know if you have any questions.

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