



## Office of Mental Health

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To: OMH Licensed Mental Health Clinics (non-hospital affiliated)

From: Norman Brier, Sr. Advisor to the Executive Deputy Commissioner and Acting Director of Strategic Financial Direction  
Christopher Tavella, Deputy Commissioner, Quality Management  
Molly Finnerty, M.D., Director, Psychiatric Services and Clinical Knowledge Enhancement Systems (PSYCKES)

Date: May 20, 2016

Subject: QI Adjustment to APGs Extended in to 2018 for the New York State Office of Mental Health's (OMH) Quality Improvement Initiative for Clinics

OMH is pleased to announce that along with the extension of the Ambulatory Patient Groups (APGs) rates, the Medicaid fee enhancement for clinics participating in the OMH Quality Improvement Initiative for Clinics will also continue.

As some of you know, OMH licensed mental health clinics, other than hospital-based and State-operated clinics, have had the opportunity to receive a Medicaid fee enhancement if they enroll in and actively participate in "quality improvement" (QI) initiatives coordinated by OMH's PSYCKES program since 2005.

The original value of the QI increment was an increase of more than 6% to the clinic's "base Medicaid fee". The base Medicaid fee is the regulatory fee excluding any Comprehensive Outpatient Programs (COPs) and/or Community Support Program (CSP) supplemental rate.

The dollar value of this enhancement was continued when OMH licensed clinics transitioned to the current reimbursement system, Ambulatory Patient Groups (APGs). However, the percentage value of the QI participation enhancement was reduced to 3.84% because the clinic base rates were substantially increased.

Initially, under APGs, the QI payment was only available for fee-for-service (FFS) reimbursed services. Beginning September 2012, with the initial carve-in of SSI recipients into Medicaid Managed Care (MMC), **the State mandated that MMC plans reimburse OMH licensed clinics at "government rates", the same rates paid for FFS. Additionally, as a continued commitment to the OMH Quality Improvement Initiatives, the rates included the QI enhancement for participating clinics.**

Although originally scheduled to sunset in 2017, the "government rates" for FFS **AND** Medicaid Managed Care, including mainstream plans, HARPS, HIV-SNPs, MLTCs and FIDAs, for OMH licensed clinic services for adults and children will continue through March 31, 2018 in NYC and June 30, 2018 for ROS. Government rates for services

delivered at OMH licensed clinics for individuals 21 years of age and younger will continue somewhat longer.

**Again, OMH licensed clinics enrolled in a PSYCKES initiative, will continue to receive the QI adjustment to their APG base rate.** For “integrated” OMH licensed clinics locations, the OMH QI adjusted APG base rate applies ONLY where the OMH licensed clinic is the “host” licensed program and the associated OASAS or DOH is not the host.

**New enrollments, and clinics continuing their participation into the 2016-2018 QI initiative will be eligible for the QI enhancement to the clinics’ base rate.**

Conversely, the QI enhancement will be eliminated for participating clinics that disenroll or do not continue in the QI initiative for 2016-2018. The FFS rates will reflect the addition or deletion of the QI payment from the effective date of the status change. The Medicaid Managed Care payments will change only prospectively, beginning about a month after OMH Central Office is notified of the status change.