OMH Medicaid Behavioral Health Measures MH Ambulatory Follow-up Overview

General Description

New York State (NYS) is moving Medicaid behavioral health services from a fee-for-service system into Managed Care. Medicaid Managed Care plans and Medicaid providers work together with Medicaid enrollees to create a person-centered service system focused on recovery and on integrating physical and behavioral health to improve health outcomes. There are two phases in this health care reform. Phase I started in 2012 when NYS contracted with Behavioral Health Organizations (BHOs) charged with (i) improving engagement in treatment following discharge from acute care settings for mental illness or substance use disorder or both, and (ii) reducing readmissions to such settings. Phase II is the implementation of the behavioral health carve-in into Medicaid Managed Care (MMC). The MMC carve-in was implemented for adults in New York City (NYC) on October 1, 2015 and subsequently for adults in the rest of the state (ROS) in July 1, 2016. The children's MMC carve-in began in 2019.

The Office of Mental Health (OMH) works closely with the Department of Health (DOH) to develop performance measures. The measures are used to monitor the utilization of mental health (MH) services during the transition period and going forward. The measures are beneficial to a variety of entities including providers or providing entities, plans, healthcare management agencies and policy makers. The measures can be used to examine the overall statewide and regional patterns of service use, as well as patterns associated with population differences. Measures were developed according to the Healthcare Effectiveness Data and Information Set (HEDIS) technical specifications where available.

MH Ambulatory Follow-up

The MH Ambulatory Follow-up dataset displays percentages of Medicaid discharges for members 6-64 years of age who were hospitalized in an inpatient setting with a primary diagnosis of mental illness that were followed by an outpatient visit, an intensive outpatient encounter or partial hospitalization for mental health treatment within 7 and 30 days of discharge. Inpatient discharge and ambulatory follow-up services were identified using Medicaid fee-for-service claims and Medicaid managed care encounters. Numerator and denominator specifications follow HEDIS with the inclusion of NYS defined rate based services added for behavioral health specialty services.

Data Collection Methodology

The OMH Office of Performance Measurement and Evaluation (OPME) uses the OMH Medicaid data mart which includes both Medicaid fee-for-service claims and Medicaid managed care encounters. These data are used to identify denominator and numerator conditions as specified in each metric. For this metric, mental health treatment services post mental health discharge within 7 and 30 days were examined. All measures exclude Medicare-Medicaid dual eligible individuals.

Measures reported for the year 2014 serve as baseline information for the adult behavioral health integration. Measures allow for a 6-month lag to account for submission and processing of all Medicaid claims. Measures presented are calculated six months after the end of the measurement time period. Measures are updated annually. For example, 2014 calendar year measures are updated and finalized June 2015.

Statistical and Analytic Issues

- NYS Medicaid uses its own reimbursement coding system (rate coded services for claims billing) and may not completely align with national reimbursement coding or reporting standards.
- In addition to following HEDIS technical specifications, supplemental codes are included to ensure measures are calculated appropriately.
- Measures are displayed at aggregate levels, by age group, provider region, and coverage category.
- No individual level data are available.

Benefit of Utilizing Dataset

The measures attempt to address the overall statewide and regional patterns of service use as well as patterns associated with population differences. Measures can be compared at multiple levels, such as health care plans and provider regions in a timely manner.

Limitations of Data Use

The measures may be different when compared to reports available on other reporting systems due to the differences in - i) Medicaid datamart utilized; ii) Use of plan or other administrative data supplementation ii) technical specifications for measures iii) time frame for measure calculation .

BHO phase I Behavioral Health measures are also available on NYS open data. Data from phase I and phase II are available for the year of 2014. BHO phase I measures differ from BHO phase II measures in that only Medicaid Fee-For-Service data were included in the numerator and denominator specifications and as such the rates will differ for Phase I and Phase II metrics.