



Office of
Mental Health



**Office of Mental Health (OMH)
Continuous Quality Improvement Initiative (CQI) for
Health Promotion and Care Coordination:
Project Update**

**Health Promotion (HP) and Coordination
Project**

Overview

- Welcome
- Project review & Implementing CQI
- Impact – How did we do?
- How Does Change Happen? – lessons learned
- Planning for Impact in 2015
 - Reviewing your project
 - New Resources
 - Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) Protected Health Information (PHI) Access Module
 - Billing for Health Services in Article 31 Clinics and Diagnostic and Treatment Centers (D&TC)
- Next Steps

Project Review

Where we have
been and where
we are going



OMH CQI Initiative

Launch in January 2013

- Aligned with new directions in health care
 - Integration of health and mental health services
 - Increased scrutiny of avoidable emergency room visits, hospitalization and readmission
- Enhanced Medicaid funding for eligible clinics
 - This refers to the enhancement non-state operated clinics have been receiving
 - Enhancement rate applies to all Medicaid services provided, and carries over to managed care plan rates

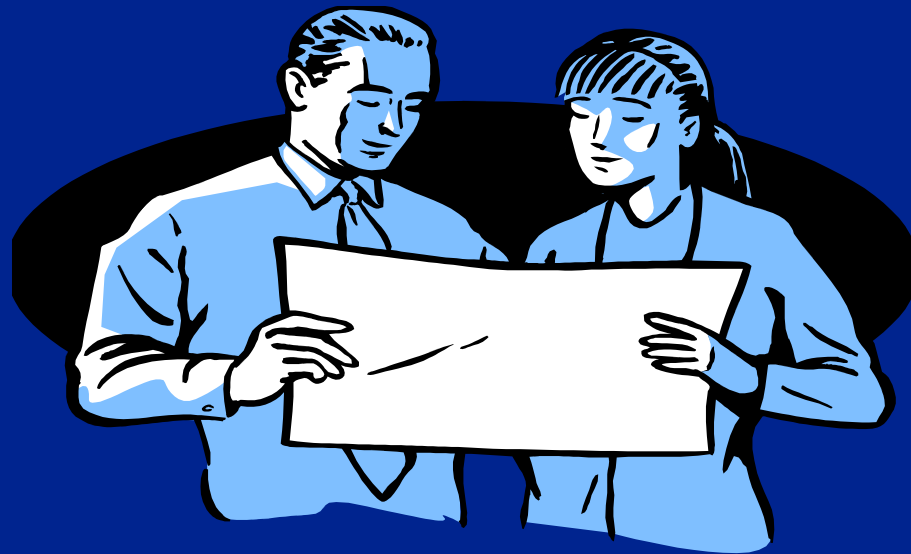
CQI Project Overview

- Kick Off Training: 1/13
- Select project & develop QI project plan: 3/13
- Center for Practice Innovations (CPI) training for clinical staff: 3/13-12/1
- Implement project plans and report monthly on milestones: 7/13-8/14
- Track delivery of clinical interventions to improve outcomes: 9/14 – ongoing
- CQI Project Update Webinars: sharing lessons learned from high impact clinics

Health Promotion and Coordination PSYCKES Indicators

4+ Inpatient/ER – Med	High Utilization of Medical Inpatient / Emergency Room (ER)
Prevent Hosp Asthma	Preventable Hospitalizations - Adult Asthma
Prevent Hosp Diabetes	Preventable Hospitalizations - Adult Diabetes
Prevent Hosp Dehydration	Preventable Hospitalizations - Adult Dehydration
No Diabetes Screening-On Antipsychotic	No Diabetes Screening for Individuals on Antipsychotics
Diabetes Monitoring-No HbA1c > 1 Yr	No Diabetes Monitoring for Individuals with Diabetes
No Outpatient Medical Visit >1 Yr	No Outpatient Medical Visit in Past Year

Implementing CQI



- Project Implementation
- Project Impact

Implementation Milestones

- HP1: CQI team is established & meets monthly
- HP2: All staff are aware of the QI project processes
- HP3: 25% + of staff completed 10 CPI modules
- HP4: Use PSYCKES to create and update a master list monthly of clients with QI Flags
- HP5: Clinicians are aware of clients' QI flag status at point of service and have the PSYCKES Clinical Summary to support treatment
- HP6: QI team maintains data on all project activities (e.g. clients flag status, interventions delivered, etc.)

Implementation Milestones

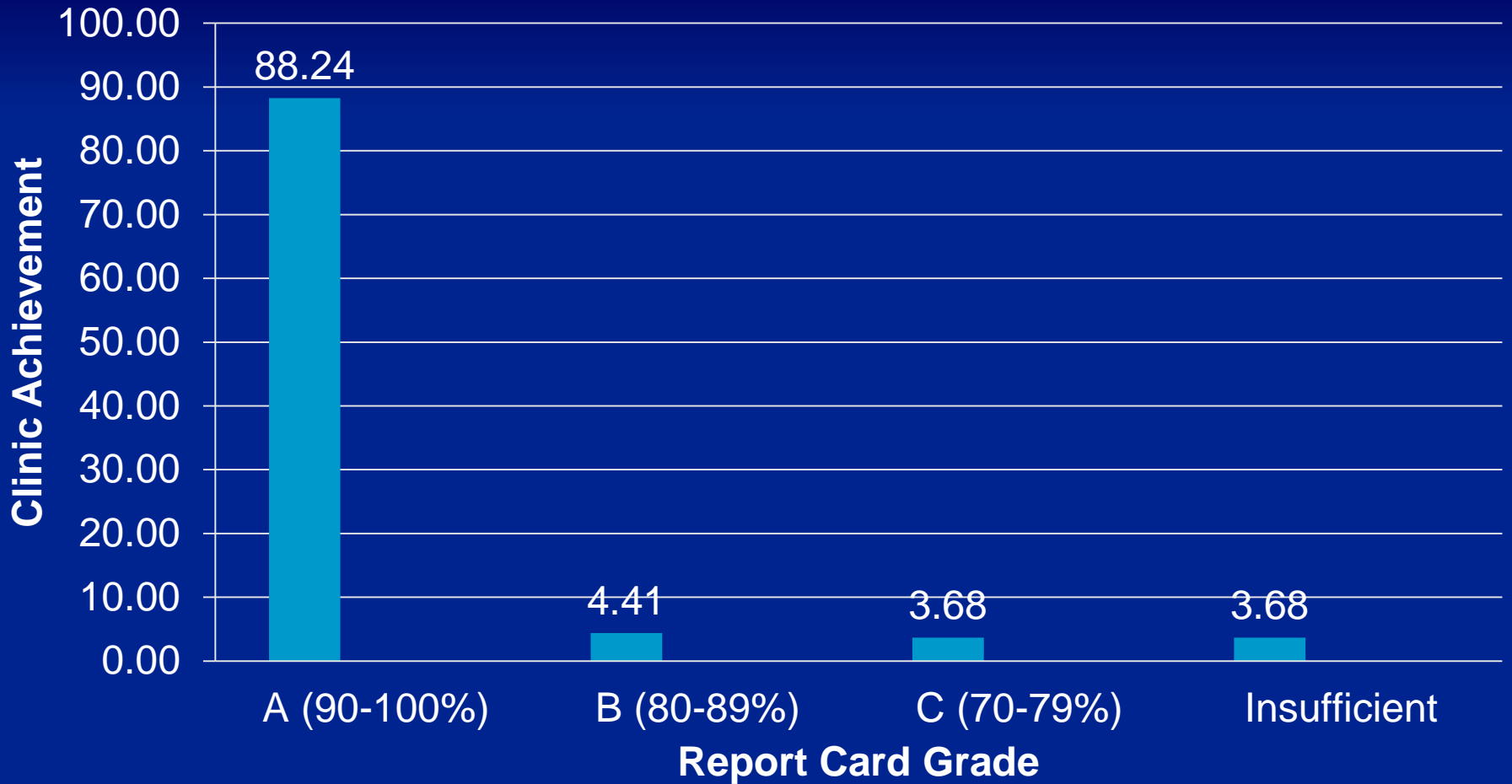
Clinics follow established procedures for high risk clients:

- A. Evaluation of client's risk factors
- B. Development of a treatment plan to mitigate risk
- C. Deliver treatment plan interventions related to the QI flag

For Following High Risk Populations:

- HP7: high utilizers of medical inpatient/ER services
- HP8: clients who are in need of an annual physical
- HP9: clients who are in need of annual diabetes screening/monitoring

HP Milestone Completion



Data from August 2014 Report Card

Implementation: How did you do?

Check Report Card (Sent 12/5/14)

Agency Name	Program Name	Project	Overall Implementation
Advanced Center for Psychotherapy, Inc.	Advanced Center for Psychotherapy Forest Hills	HP	A
Advanced Center for Psychotherapy, Inc.	Advanced Center for Psychotherapy Jamaica Branch	BH	B
Albany County Department of Mental Health	Albany County Mental Health Clinic	HP	A
Albany Cty Dept for Children, Youth & Families	Albany County Children's Mental Health Clinic	BH	A
Allegany Rehabilitation Associates, Inc.	ARA Wyoming County Mental Health Clinic	BH	A
Allegany Rehabilitation Associates, Inc.	The Counseling Center	HP	A
Angelo J. Melillo Center for Mental Health	Angelo J. Melillo Center for Mental Health	HP	A
ARISE Child and Family Services, Inc.	Arise Child & Family Service Outpatient MHC	HP	A
Arista Center for Psychotherapy, Inc.	Arista Center for Psychotherapy	BH	A
Association to Benefit Children	Children's Mobile Mental Health Clinic	HP	A
Astor Services for Children & Families	Astor at Highbridge Clinic	BH	B

Project Implementation

Promoting and sustaining these core clinical and QI processes is critical to your QI project success

Impact:

How did we do?

Impact: Summary

- Participating Community-based and State operated clinics both made significant impact on 1 of the diabetes screening/monitoring measures
- Participating community clinics achieved a significant reduction in clients with high utilization of ER and inpatient services for medical cause (measure: 4+ Inpatient/ER – Medical)

Impact: Screening and Monitoring

Prevalence as of 8/14, Average Annual Percent Change (AAPC) from 1/13 to 8/14

Community Clinics	Eligible Population	QI flags N	QI Flags %	AAPC* (95% Confidence Interval (CI))
No Diabetes Screening	7520	1555	20.68%	-5.5 (-12.8, 2.5)
No Diabetes Monitoring	4038	768	19.02%	-11.2 (-17.7, -4.1)**
No Outpatient Medical	22571	2328	10.31%	-0.2 (-9.2, 9.6)
State Operated Clinics				
No Diabetes Screening	2402	482	20.07%	-2.4 (-3.6, -1.1)**
No Diabetes Monitoring	952	214	22.48%	-0.9 (-2.8, 1.2)
No Outpatient Medical	2977	510	17.13%	4.4 (-3.4, 12.8)

*AAPC (1/13 – 8/14): negative AAPC values indicate improvement in performance

**Statistically significant change since baseline (1/13)

Non Participating Clinics: non-participating clinics had a significant change in only the diabetes screening measure (AAPC: -6.0, CI: -7.1, -4.9)

Impact: High Utilization Measures

Prevalence as of 8/14, Average Annual Percent Change (AAPC) from 1/13 to 8/14

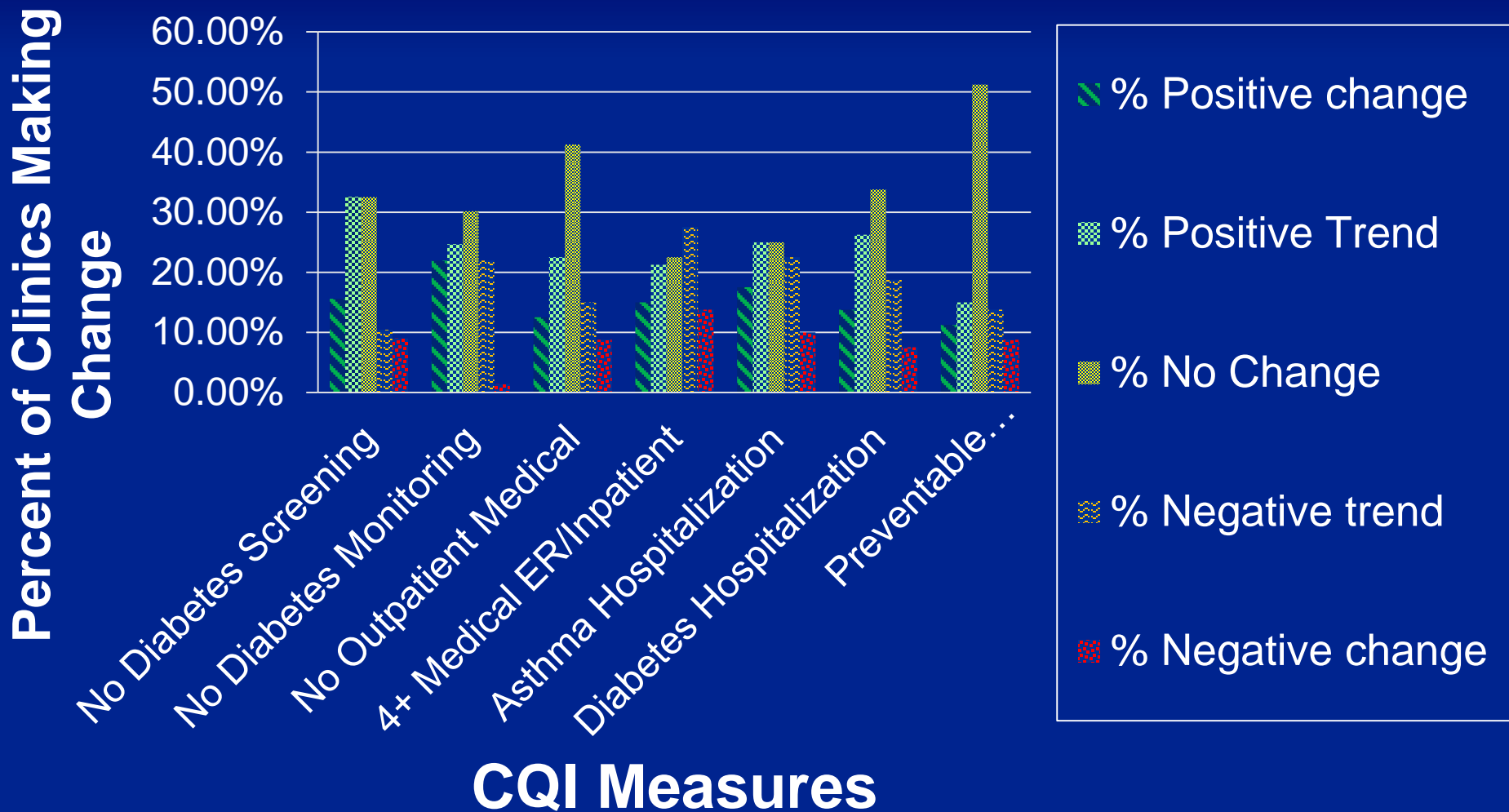
Community Clinics	Eligible Population	QI flags N	QI Flags %	AAPC* (95% Confidence Interval)
4+ Medical ER/Inpatient	24161	1824	7.55%	-4.9 (-9.2, -0.4)**
Diabetes Hospitalization	24161	99	0.41%	-6.1 (-24.7, 17.1)
Asthma Hospitalization	24161	130	0.54%	1.5 (-7.3, 11.2)
Dehydration Hospitalization	24161	14	0.06%	-39.1 (-95.2, 680.1)
State Operated Clinics				
4+ Medical ER/Inpatient	3655	265	7.25%	15.4 (-3.7, 2.1)
Diabetes Hospitalization	3654	23	0.63%	-0.1 (-55.5, 124.1)
Asthma Hospitalization	3654	16	0.44%	-19.3, (-37.6, 4.4)
Dehydration Hospitalization	3654	5	0.14%	60 (-46.2, 376.2)

*AAPC (1/13 – 8/14): negative AAPC values indicate improvement in performance

**Statistically significant change since baseline (1/13)

Non-Participating clinics had a significant change only in the asthma hospitalization measure (AAPC= -14.6; CI -17.4, -11.6)

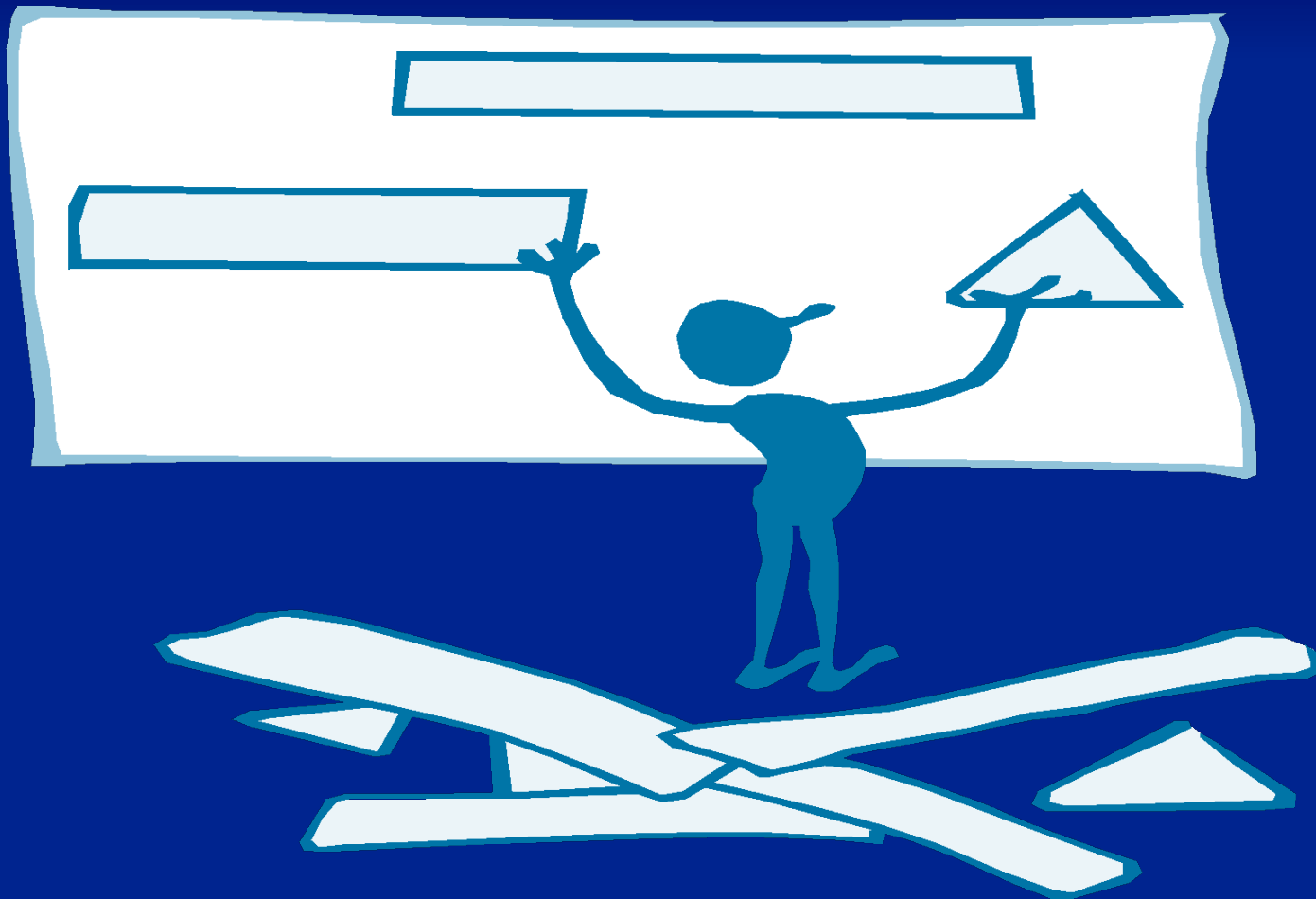
Average change from 1/2013 - 8/2014 in participating HP agencies



Impact: How did you do?

- For each of the measures, even when there was no improvement at the state level, there are participating clinics who have made significant changes within their program
- Sending out data on 1st year impact
- Upcoming webinar on understanding the report to support planning for improvement in 2015

How Does Change Happen?



Clinics that made impact

- We spoke to clinics who made an impact in at least 2 of the 4 diabetes indicators and clinics who made an impact in the 4+ER/Medical Inpatient measure
- The clinics are located in all regions of the State
 - The clinics are small, medium and large
 - They have challenges unique to their setting
 - How have they been able to make changes?

How to Make an Impact

- Addressing medical needs in treatment planning and in sessions with recipients of care (treat the whole person philosophy)
- Integrated Care – Medical and Behavioral Health
 - Clinic offers primary care
 - Nursing staff to work with behavioral health clients
 - Participation with the local hospital lab program that allows nurses to draw blood at the behavioral health clinic
 - Clinic offers diabetes care management
 - Clinic offers care management
 - Client care planning is shared with medical primary care
 - Outreaching to primary care regarding behavioral health client's medical needs

How to Make an Impact

- Clinical Data Management Support
 - Electronic medical record that can track lab requisitions
 - Records staff download client data for clinicians
 - Case aide looks up client appointments and fills out a portion of the clinical progress note including demographic data, quality flags, services required
- Clinical Interventions
 - Staff utilize a teach back method to address how recipients of care can better communicate needs with medical personnel
 - Clinicians review PSYCKES clinical summaries
 - Provides additional information about their clients
 - Becomes basis for engaging client in discussions about their use of services

Example: Agency with significant reduction in *both* diabetes measures

Large provider agency in New York City

- Address medical needs in treatment planning and in clinical sessions (treat the whole person philosophy)
- Integrated care approach – agency offers primary care
- EMR tracks patient orders for monitoring lab requisitions
- Shared treatment planning with medical primary care
- Outreach to primary care regarding recipient's medical needs
- Utilizing a teach back method to address how recipients can better communicate needs with medical personnel
- Internal referrals to diabetes care management
- Internal referrals to care management

Example: Agency with significant reduction in 4 or more Medical ER/Inpatient visits

Large Hudson Valley agency

For all clients:

- Request consent to speak to the clients' PCP, case manager, former/current providers, collaterals, etc. at the point of intake
- PSYCKES clinical summaries placed in the chart so that clinicians can review them with the client at the time of service
- Front desk staff provide reminder calls for appointments
- Engagement Specialist assists with benefits to reduce barriers to attending clinic appointments (Home Energy Assistance Program (HEAP), Single Point of Accountability (SPOA), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Transportation)

Example: Agency with significant reduction in 4 or more Medical ER/Inpatient visits (cont.)

High risk clients

- Track information regarding hospitalization in a report document (*Clinician Caseload with Detail Report*). This report allows clinicians to easily identify potential risk and make sure that those with risk have appointments scheduled and remain engaged in treatment.
- Complete a risk assessment and safety plan for all clients who are identified as being at risk for harm to self or others.
- Use supervision to review clients who have had recent hospitalization and/or suicide attempts
- Review high risk clients in weekly clinic team meeting so that any member of the team can provide services as needed
- Outreach phone calls to high risk clients to maintain engagement as needed
- Request the Mobile Mental Health Team provide well checks, particularly on weekends

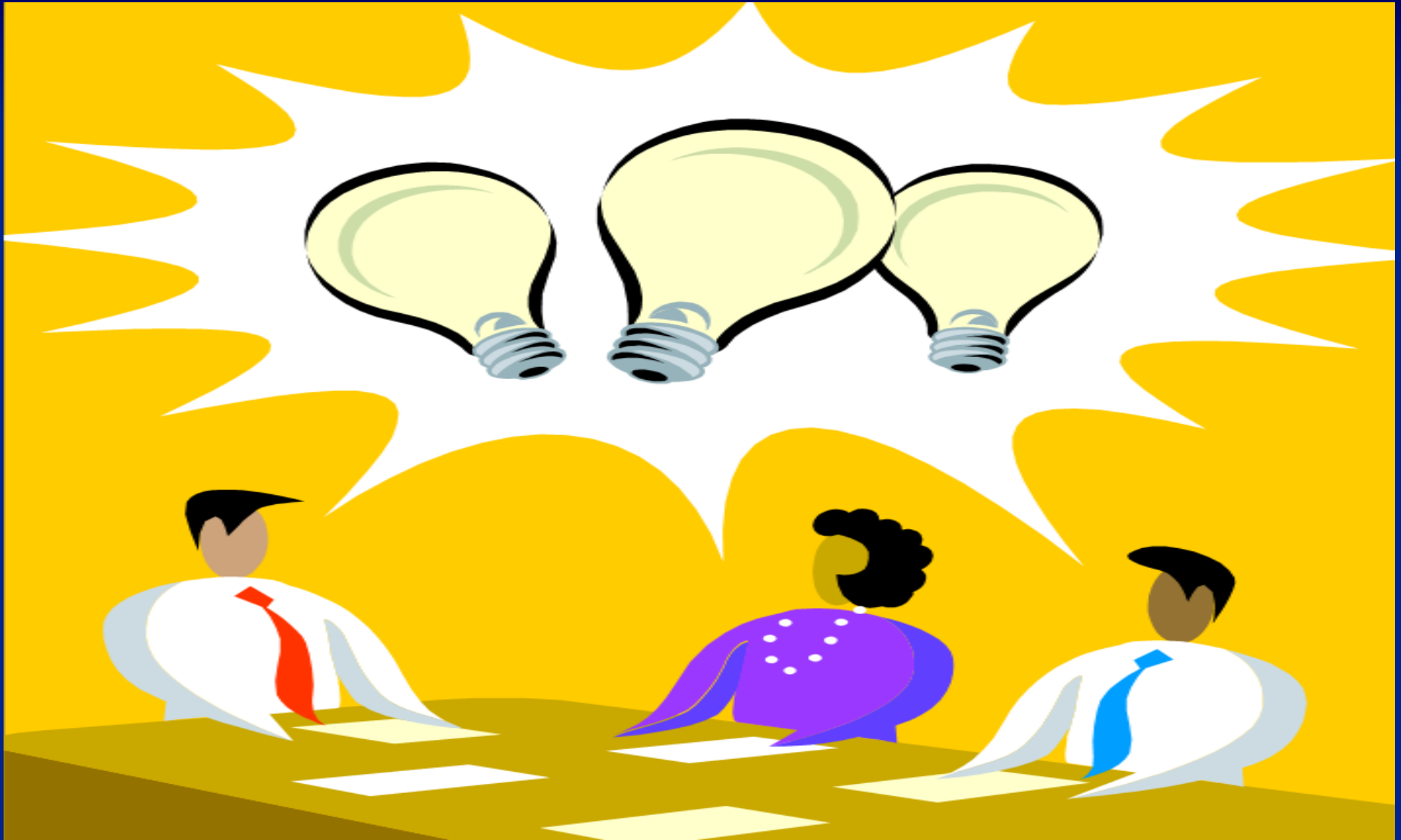
Planning for Impact in 2015

If your clinic has not made
any impact

Why
Not?



Reviewing Your Project



- Review your performance in Medicaid data
 - Did you get a significant change on your project quality measures?
 - Which did you do well on? Which did you did poorly on?
- Review your clinical interventions
 - What strategies did you use to move your project measures?
 - What strategies do you feel were helpful and want to continue? What strategies were not very helpful and you want to change or discontinue?
 - Review CQI strategies from high performing clinics. Which can you do in your clinic?
 - What new strategies will you add to help move the dial?

- Review your infrastructure to support change
 - Are you using supervision and other clinical & staff meetings to support client change?
 - Are clinicians reviewing the PSYCKES clinical summary to support clinical assessment and treatment planning?

Develop a plan to implement these new strategies in the next 3 months

Existing Resources and Tools

- Checklists to track interventions delivered
 - Individual client
 - Group of clients
- PSYCKES Clinical Summaries
- Webinars
 - Using PSYCKES for Clinicians
 - PSYCKES for Managers and Administrators
 - PSYCKES PHI Access Module: How to consent clients with or without quality flags
 - Monthly Data Reporting: how to submit monthly QI data

New Resources and Tools to Support Planning

- Implementation Milestone Report Card – emailed 12/5/14
- Will be sent following this training
 - Impact Report Card
 - Successful QI Strategies (document)
 - Summarizes strategies used by high performing clinics
 - QI Strategies Searchable Spreadsheet (Excel)
 - Excel format
 - Organized by strategies, implementation procedures and project indicators
 - Filters allow you to search for strategies for either or both projects

QI Strategies Searchable Spreadsheet

Strategy	HP/BH	Workflow processes CQI Meetings	Clinic Staff Aware of Project	Master List	Clinicians aware of Quality Flags	Data collection and review
Clinics periodically evaluate effectiveness of their project strategies—implementation, workflow processes and interventions delivered to address clients' quality concerns. Establish corrective plan, if necessary.	HP/BH	X				
CQI Meeting activities include: review the master list; provide project status; discuss workflow issues, barriers/challenges, successes, policy changes, statistics from health assessments, monthly PSYCKES graph comparing performance to region and state.	HP/BH	X	X	X	X	X
New CQI team members and other staff receive PSYCKES application/use case orientation.	HP/BH	X	X			

PSYCKES PHI Access Module

- 100% of participating agencies have access to PSYCKES
- 41% of participating agencies have access to the PHI Access Module within PSYCKES

PSYCKES PHI Access Module: What is it?

- Some data is only available with consent or in a clinical emergency (HIV, substance use, family planning, genetic)
- The PHI Access Module allows you to attest to:
 - Client consent
 - Clinical emergency
 - Client is under your care (before billing, e.g. at intake, and in the absence of consent)
- Allows you to review Clinical Summary for all your clients, with or without a quality flag

Access to Client Data in PSYCKES

Clients are assigned to provider agencies in one of two ways:

- Automatically: Client had a billed service at the agency within the past 9 months
- Manually: Through the PHI Access Module

Client Data Available in PSYCKES by Type of Access

Access Type	Includes Data with Special Protections? (Substance Use, HIV, Family Planning, Genetic)	Duration
Provided service in past 9 months	No, get client name only	Up to 9 months after last service
Quality Flag	No, but get all other data	As long as flag is active; up to 9 months after last service
Attest client is being served at agency	No, but get all other data if positive for QI flag	As long as flag is active; up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours
Consent	Yes, all data	3 years after last service

PHI Access Module Procedures

- Monthly Webinar offered on the PHI Access Module reviews:
 - Only staff with “PSYCKES-Registrar” role can use PHI Access Module
 - Clinic decides which staff should have Registrar role: Security Manager designates using Security Management System (SMS)
 - Client is asked to sign PSYCKES Consent Form
 - Must use designated form in the PSYCKES application
 - Registrar uses Registrar Menu to attest to consent, emergency, or service at the agency
 - Any PSYCKES user within the agency/hospital can then access client data

Timeline for Implementing PSYCKES PHI Access Module

- Attend the PSYCKES PHI Access webinar (offered monthly), or view recorded webinar on line, by 4/1/15
- Appoint registrars by 5/1/15
 - Registrars have ability to attest to consent
- Establish consent procedures by 6/1/15
- Completely implement all PHI access module procedures by 7/1/15

Billing for Health Services under an Article 31 License

Guidance Document:

New York State Office of Mental Health 14 NYCRR Part 599
“Clinic Treatment Programs” Interpretive/Implementation
Guidance 1-4-2012

[http://www.omh.ny.gov/omhweb/clinic_restructuring/
part599/guidance.pdf](http://www.omh.ny.gov/omhweb/clinic_restructuring/part599/guidance.pdf)

Billing for Health Services in Mental Health Clinics

- Article 31 Clinics can bill for health services, on a limited basis (*without* a dual license)
- There are 2 new types of health services Article 31 clinics can bill for:
 - Health Monitoring Services (177 clinics enrolled)
 - Health Physicals (114 clinics enrolled)
- Combined, nearly 300 MH clinics have signed up to deliver these health services, but most:
 - Under bill for these services
 - Lack clarity about how to bill

Adding Optional Health Monitoring / Health Physicals to Your Clinic Operating Certificate

- This is under your Article 31 license (not a dual or joint license)
- The majority of clinics have already been approved, but may not be aware how to use
- To obtain approval
 - Submit an Administrative Action using Mental Health Provider Data (MHPD) exchange <http://www.omh.ny.gov/omhweb/mhpd/> to add Health Monitoring and/or Health Physicals to your Article 31 clinic operating certificate.
 - The Field Office reviews the request and works with the provider if any additional information is needed.

How to Bill Health Services Fee For Service

- Each health service claim **must** include the appropriate *OMH health services rate code*, *Current Procedural Terminology (CPT) Procedure (Px) code*, and an *eligible staff National Provider Identifier (NPI)* for the service provided
- 1. The OMH Health Services Rate Code
 - The health services rate code bypasses utilization thresholds
 - 4 OMH health services rate codes:
 - Hospitals: 1558 (if Serious Emotional Disturbance (SED) child, then 1591)
 - D&TCs, Local Government Units (LGU), freestanding Article 31clinics, state operated (OP) rate code: 1474 (if SED child, then 1477)
- 2. Health Services CPT Px Codes: (see table in next slide)
 - Health Physical – code range based on age
 - Health Monitoring – 6 potential codes: individual/ group, duration
 - Smoking Cessation – 2 CPT Px codes: based on duration, group (use modifier)
 - Some CPT Px codes can be billed as mental health OR health services
 - Psychotropic Medication Treatment
 - Injectable Psychotropic Medication Administration
 - Injectable Medication Administration with Monitoring and Education

OMH Article31 & D&TC - CPT Procedure Weight & Rate Schedule

Update 9/18/2013

CPT Procedure	2013 CPT Codes	Up-state \$	Down-state \$	County \$
Health Physicals - New/Estab Patient	99382-99387 (New) 99392-99397 (Estab)	92.00	100.00	128.00
Health Monitoring - 15 mins	99401	34.74	37.76	48.34
Health Monitoring - 30 mins	99402	43.12	46.87	60.00
Health Monitoring - 45 mins	99403	62.29	67.70	86.66
Health Monitoring - 60 mins	99404	81.46	88.55	113.34
Health Monitoring Group - 30 mins	99411	19.16	20.83	26.66
Health Monitoring Group - 60 mins	99412	33.55	36.46	46.67
Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1	99406	17.61	19.14	24.50
Smoking Cessation Treatment - >10 mins*	99407	17.61	19.14	24.50
Smoking Cessation Treatment (Group) - >10 mins*	99407-HQ	8.50	8.50	8.50

*Note: requires diagnosis (Dx) code 305.1 (requires HQ modifier)

How to Bill Health Services Fee For Service (cont.)

- 3. Claim must include NPI for *eligible* staff appropriate to service provided (as rendering provider)
 - Health physicals: medical doctor (MD), psychiatric nurse practitioner (NPP), or physician assistant (PA)
 - Health monitoring: MD, NPP, PA, registered nurse (RN), or licensed practical nurse (LPN)
 - Smoking Cessation: MD, NPP, PA, or RN
- 4. Diagnosis / Eligibility
 - All Medicaid enrollees are eligible for Art 31 health svcs
 - Smoking Cessation: **requires Dx code 305.1**
 - Health Physicals & Health Monitoring – no special medical diagnosis required, but a appropriate primary mental health Dx must be coded on the claim (related to the “reason for the visit”)
- OMH Health Services do not cover lab fees

How many health services can I bill in 1 day?

- A clinic can submit a total of 2 claims (1 mental health, and 1 health) with up to 3 services total (health + mental health) for a single person on a single day (not including crisis services)
- Of these 3 services there is a maximum of 2 health services or 2 psychiatric services allowed per day, i.e.
 - 2 psychiatric and 1 health service, or
 - 2 health services and 1 psychiatric
- The following services could be counted as *either* Health or Psychiatric services
 - Psychotropic Medication Treatment
 - Injectable Psychotropic Medication Administration
 - Injectable Medication Administration with Monitoring and Education

How many health services can I bill in one year?

- The health services do not count against the utilization threshold when you use the OMH health services rate code.
- Allowable health services per year:
 - Health physicals can only bill *one per year*
 - Health monitoring and smoking cessation can bill *as frequently as needed*

How to Bill Managed Care for Health Services

- Managed Care Organizations (MCO) are required to pay the Ambulatory Patient Group (APG) rates for medically necessary Health Monitoring services provided in Article 31 clinics (see table with CPT codes and \$ amounts)
 - Health Physical claims to MCOs may be more likely to be denied for payment since only physical might be permitted per year
- Submit invoice to MCO with the same CPT codes as fee-for-service (FFS) and practitioner NPI as you would for FFS
 - Any additional billing requirements are at the discretion of the MCO

Managed Care Billing Issues

- MCOs are mandated by law to pay Article 31 clinics the APG government rate for health monitoring
 - However, if Plan does not feel the service is necessary they can deny payment
- Initial claim should be submitted within 90 days (In FFS you have up to 2 years if there is a delay reason beyond your control)
- If MCO denies appropriate and necessary health monitoring contact MCO to justify:
 - Medically appropriate
 - PSYCKES health flags may help justify

Managed Care Billing Issues (cont.)

- If the APG government rate is not being paid by an insurer, please send complaints to:
managedcarecomplaint@health.ny.gov with a summary of the problem and the contact information for the Plan rep.
- Also include in the email a cc: to OMH contact
 - Gwen Diamond – gwen.diamond@omh.ny.gov
- If you do not have resolution within 2 weeks of email, send update to Gwen Diamond.

We want to *move* the dial!



Next Steps



Next Steps

- Review your project plan, procedures and impact (Impact Report Card and will be sent week of Feb 9)
- Revise your project plan & procedures to increase impact (2/1/15 – 5/1/15)
- Implement PHI Access Module (7/1/15)
 - Ensure your PSYCKES Clinical Summaries have all available data (e.g. substance use, HIV, family planning)
- Optional WebEx Webinars will address:
 - Understanding the Impact Report Card
 - Revising your QI Project Plan
 - PSYCKES PHI Access Module
 - Billing for health and crisis services

Contact Information

- PSYCKES-Help - PSYCKES-help@omh.ny.gov
 - PSYCKES Application
- OMH Help Desk - helpdesk@omh.ny.gov
800-HELP-NYS (800-435-7697)
 - Access and token issues
 - Security Management System support
- Contact Us Page – PSYCKES Website
- Billing Questions: Gwen Diamond
gwen.diamond@omh.ny.gov