

PSYCKES-Medicaid

Utilization Reports User's Guide



**Office of
Mental Health**

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Utilization Reports

Overview

Utilization Reports support provider Value Based Payment (VBP) and Behavioral Health Care Collaborative (BHCC) data needs by enabling users to understand their Medicaid Behavioral Health population who have had services with them and other providers in the past year.

Utilization Report Tabs

Medicaid Managed Care Plan and Product Line

- The Medicaid Managed Care Plan and Product Line tab allows any provider to view the Managed Care plans and product lines that their clients are enrolled in to help inform which plans and product lines to focus on.

Provider Network

- The Provider Network tab focuses on which other providers your agency shares clients with and for what service types. For example, this report informs where the clients served by your mental health clinic go for other services like Substance Use Disorder (SUD) services, medical ERs, or outpatient medical services. This information can help your agency decide which other providers to partner with.

Service Settings and Volume

- The Service Settings and Volume tab allows any provider to view the number of encounters per year, by service type for your agency, at other providers, and in total, that are generated by an individual client.

Report 1: Medicaid Managed Care Plan & Product Line

The Medicaid Managed Care Plan & Product Line report includes a list of all the plans that your agency’s clients are currently enrolled in (Figure 1). The report provides a summary of all unique clients from the past year that are in any Medicaid Managed Care Plan (A), Medicaid Fee For Service (B) and an All Client Total (A + B), updated on a weekly basis.

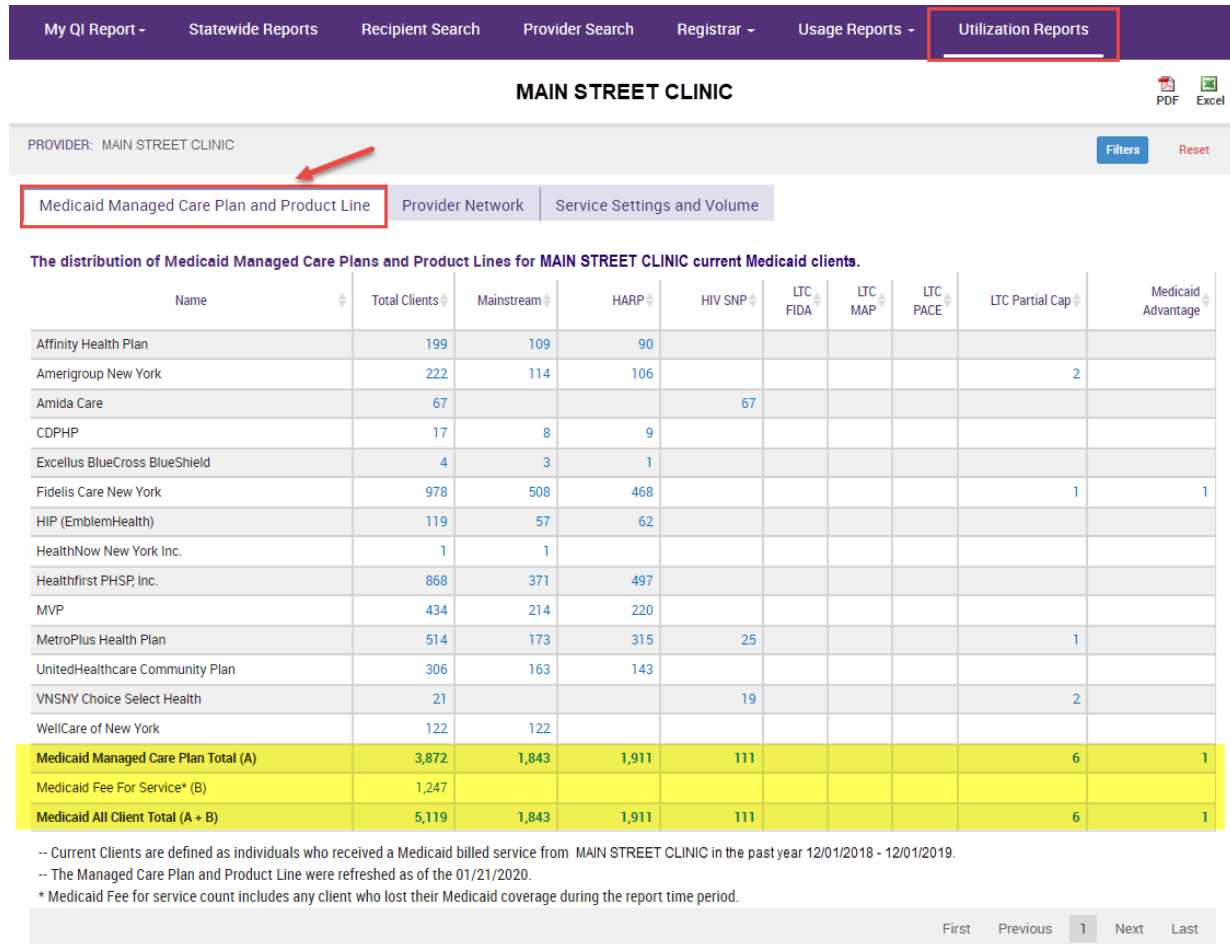


Figure 1. Utilization Reports: Medicaid Managed Care Plan & Product Line - Summary

Providers can also view which Managed Care Plans they have the most clients with to inform engagement and outreach (Figure 2).

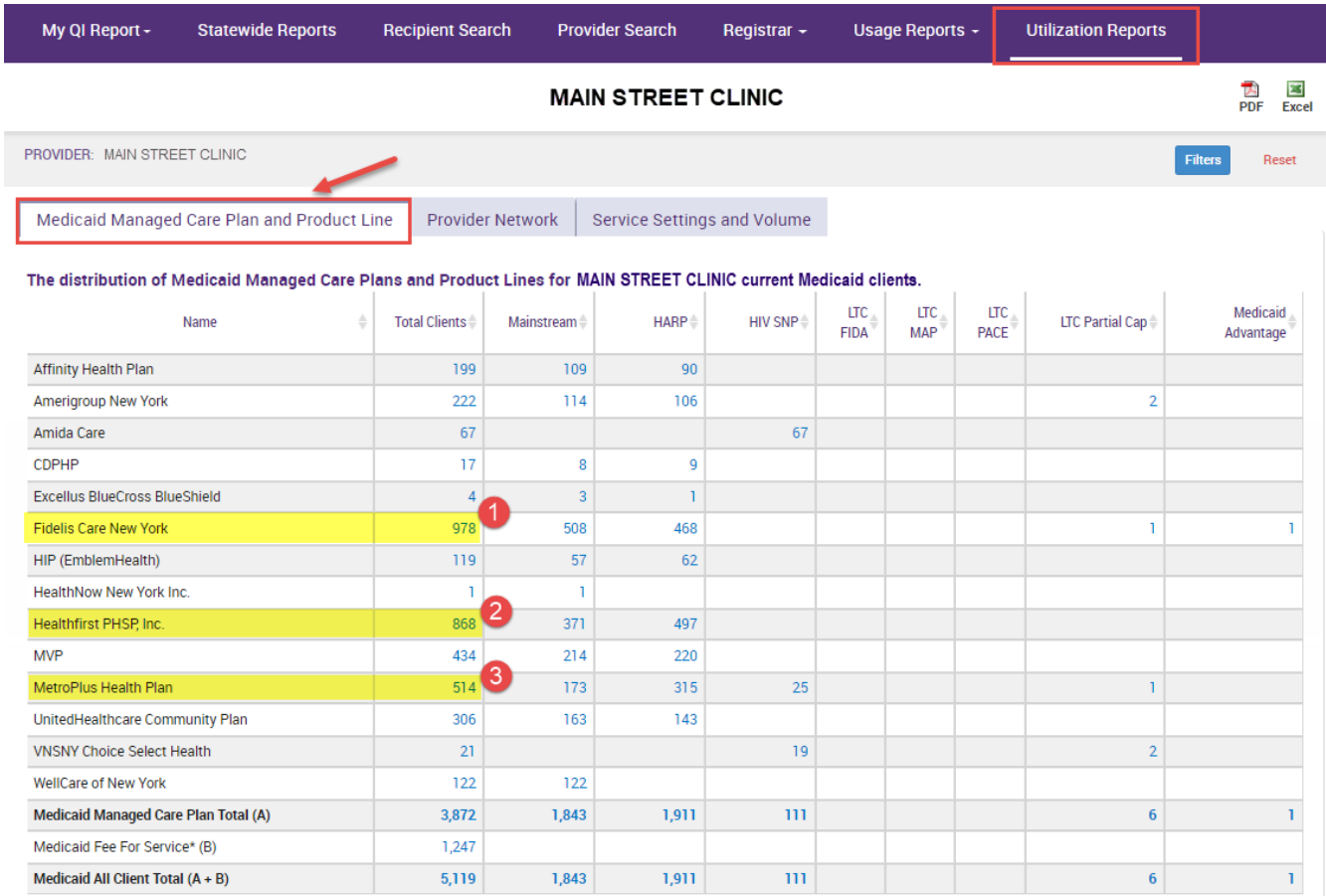


Figure 2. Utilization Reports: Medicaid Managed Care Plan & Product Line – Total Clients

Report 2: Provider Network

The Provider Network Report displays a list of all providers that have also served your agency's current clients and the total number of those clients (Figure 3). The first column in this report called "Provider Name" lists the providers who have served your agency's current clients in the report time period. The remaining columns are labeled with a specific service setting. The numbers in the table represent the number of clients who received a service from that specific service setting in a given column, from that specific provider agency in a given row. The following section describes the service setting column headers in this report.

Services

The column headers represent the following types of services billed:

- **Inpatient Services**
 - IP-Medical: Inpatient – Medical
 - IP-SUD: Inpatient – Substance Use Disorder (SUD)
 - IP-MH: Inpatient – Mental Health

- **Emergency Room or CPEP Use**
 - ER/CPEP with a primary Medical Diagnosis
 - ER/CPEP with a primary Mental Health Diagnosis
 - ER/CPEP with a primary Substance Use Diagnosis

- **Outpatient Services**
 - OP-Medical: Outpatient – Medical
 - OP-SUD: Outpatient – SUD
 - OP-MH: Outpatient – Mental Health
 - OP-DD: Outpatient – Developmental Disability (DD)

- **Health Home, Residential/Living, Pharmacy, Other Services**
 - These columns represent any Health Home, Care Management, Residential, or Pharmacy related service.
 - The "Other Services" column includes any services not captured by the available service type columns, such as Transportation, Medical Equipment or Lab services.

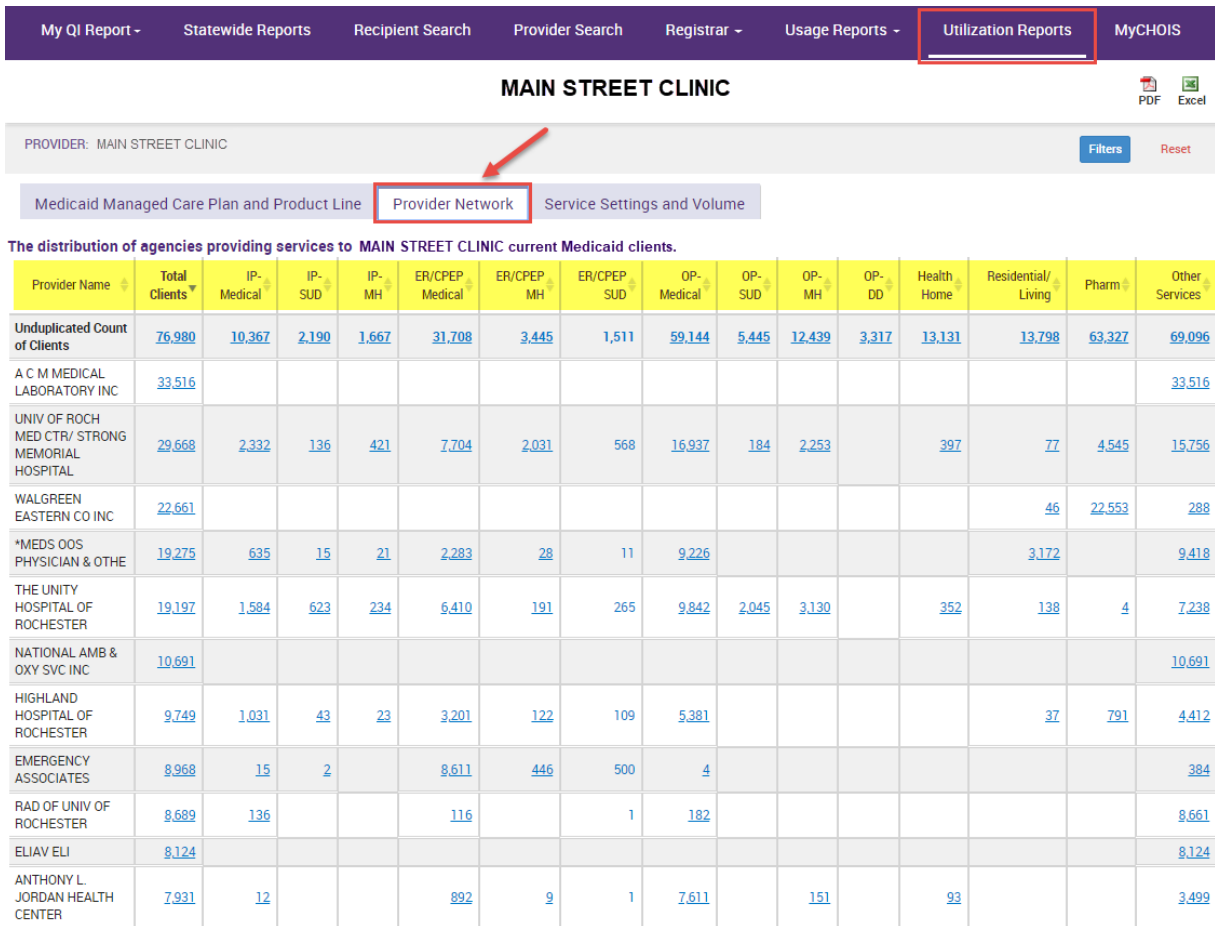


Figure 3. Utilization Reports: Provider Network – Column Headers

Report 3: Service Settings and Volume

The Service Settings and Volume Report displays the volume and type of Medicaid services provided by your agency and any agency to the clients you serve. The report displays the number of total unduplicated clients that have had a particular type of service in the past year and the total number of claims/encounters by those clients for that service (Figure 4).

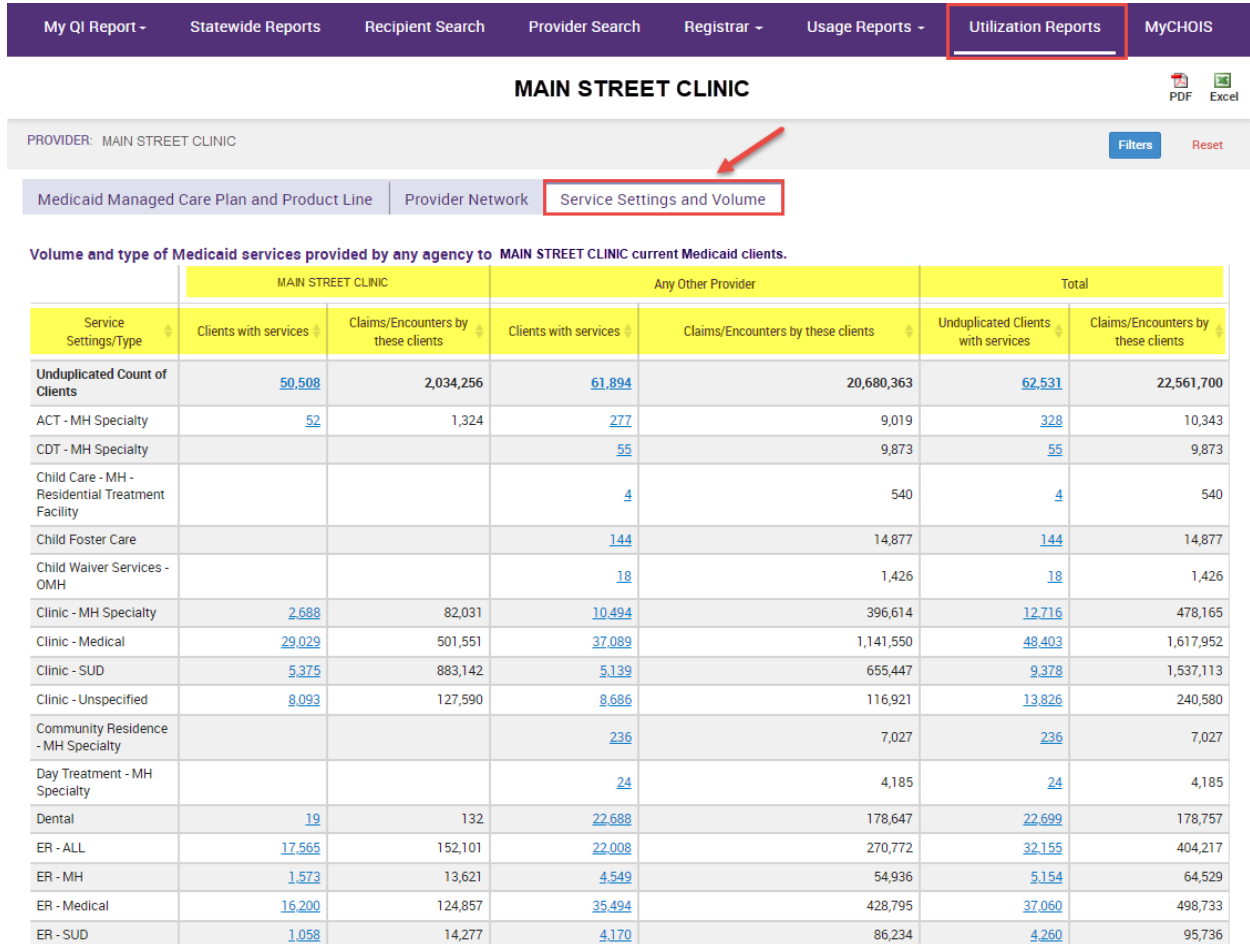


Figure 4. Utilization Reports: Service Settings and Volume – Column Headers

Sort Report by Column Headers

All columns are defaulted to sort by the providers that have seen the largest number of your clients. Each column can be sorted by number by selecting the desired column header. For example, if you are interested in sorting the report by providers who served the greatest number of your shared clients in the Outpatient – Medical service setting, click the “OP – Medical” header (Figure 5).

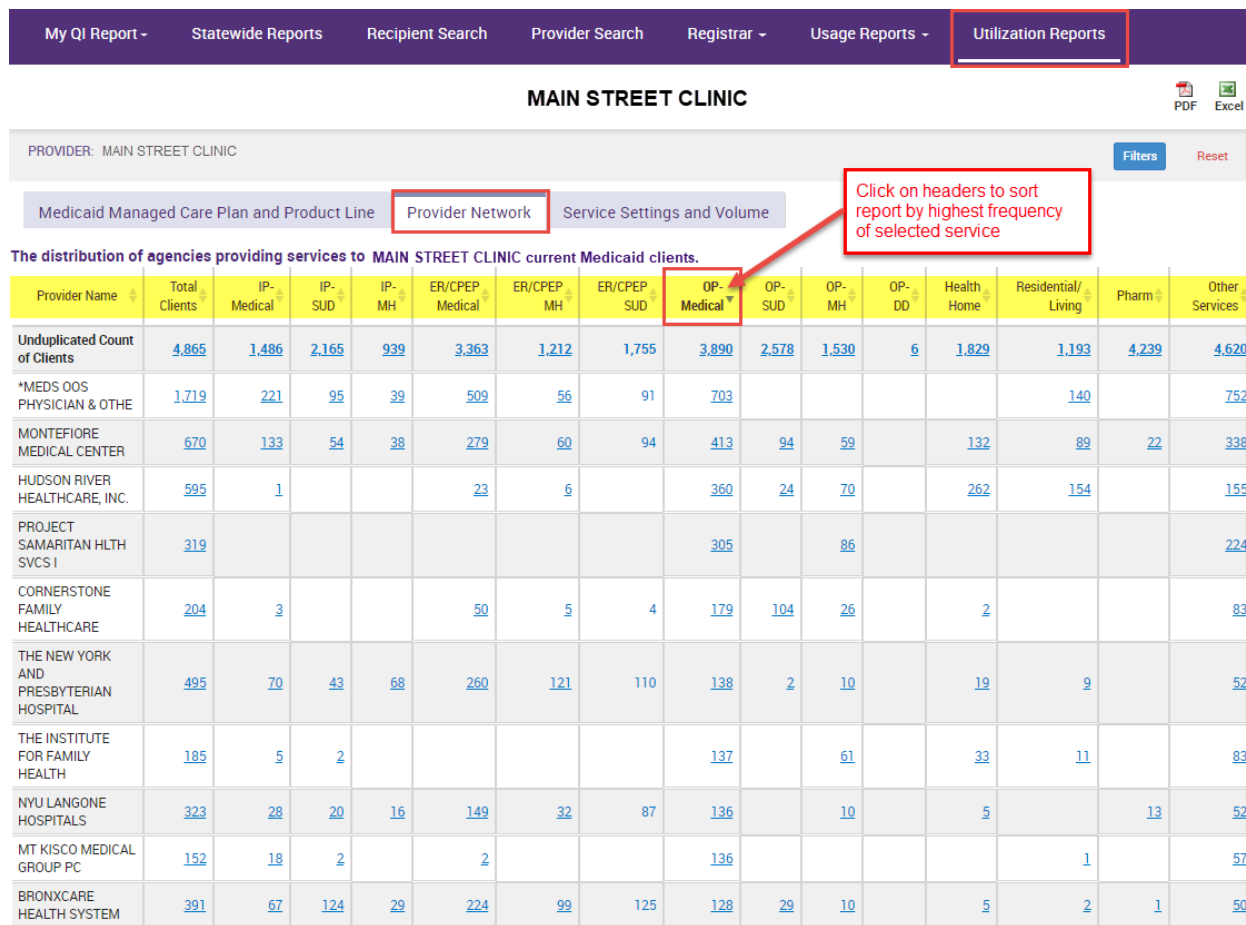


Figure 5. Utilization Reports: Provider Network – Sort Report

Drill Down

Selecting a number within the report grid allows the user to identify the clients who match that criteria (Figure 6). Additionally, the user can drill into a client’s clinical summary, depending upon their level of access.

Name	Medicaid ID	Date Of Birth	Gender	QualityFlags	ManagedCarePlan	PHIAccess
UabWRVJB REFOTba	Vq2sN9UvNrU	NCyrLpEvOTI	TQ LQ M92	2+ ER-BH, 2+ ER-MH, BH QARR - DOH, HARP No Assessment for HCBS, HARP No Health Home, No DM Screen - AP		Quality Flag
VEzSUaVT SbVBT6	Wb6oMpaoNrE	N8yoNCynOTUq	TQ LQ N9U			No Access
TUNNSUnMQUu TubDSEFFTA	WaQtOD6mNaY	MTIIN8ynOT6o	TQ LQ Mp2			No Access
QUntqVURQ SqnFSUvFU6	VEYuOTQqNrE	M8yoMSyoMDAn	TQ LQ MT6	2+ ER-BH, 2+ ER-MH, POP High User	Fidelis Care New York	Quality Flag

Figure 6. Utilization Reports: Recipients – No data with special protection

Please note, when selecting a number in the Utilization Reports for a product line or service type that has special protections (i.e., HIV SNP or a substance use service), viewing client names in the drill-down will have special protections. In this scenario, the client-level report will provide three counts (Figure 7):

- a) total number of clients who match the criteria
- b) number of people included in the report (names listed in report)
- c) number of people excluded from the report because consent is required

Name	Medicaid ID	Date Of Birth	Gender	QualityFlags	ManagedCarePlan	PHIAccess
RrJFRUVF SqVOQVJE	VrAmODEpOU2	N8yoMoynOT2n	TQ LQ ND6	HARP No Assessment for HCBS, HARP No Health Home	Amida Care	All Data - Consent
UEVOTabORrRPT6 SqbnQaVSTFa RQ	UaMuMTYvMqi	NoyuLpEVN9I	R6 LQ NT2	HARP No Assessment for HCBS	Fidelis Care New York	All Data - Consent
QbbOVUq QVJWRVNRVI	Vb2rNTMrMEY	MTEIM9UIMTasNQ	TQ LQ NTQ	2+ Inpt-BH, HARP No Assessment for HCBS	Healthfirst PHSP, Inc.	All Data - Consent

Figure 7. Utilization Reports: Recipients – Data with special protection included

Filtering Reports

Utilization Reports can be filtered in the following ways to provide additional specificity (Figure 8).

- **Managed Care Plan**
 - The Managed Care Plan filter allows you to select a specific plan that will filter all reports for that chosen plan's current members (updated weekly) (i.e., Emblem, MetroPlus)
- **Managed Care Product Line**
 - The Managed Care Product Line filter allows you to filter all reports for specific product lines (i.e., HARP, Mainstream)
- **Population Type**
 - The Population Type filter allows you to select Dual Medicaid + Medicare, Medicaid Fee For Service, or No Duals (excludes Medicare)
- **Program Type**
 - The Program Type filter allows you to view the Utilization Reports from the viewpoint of clients served by a specific program type/service setting at your agency

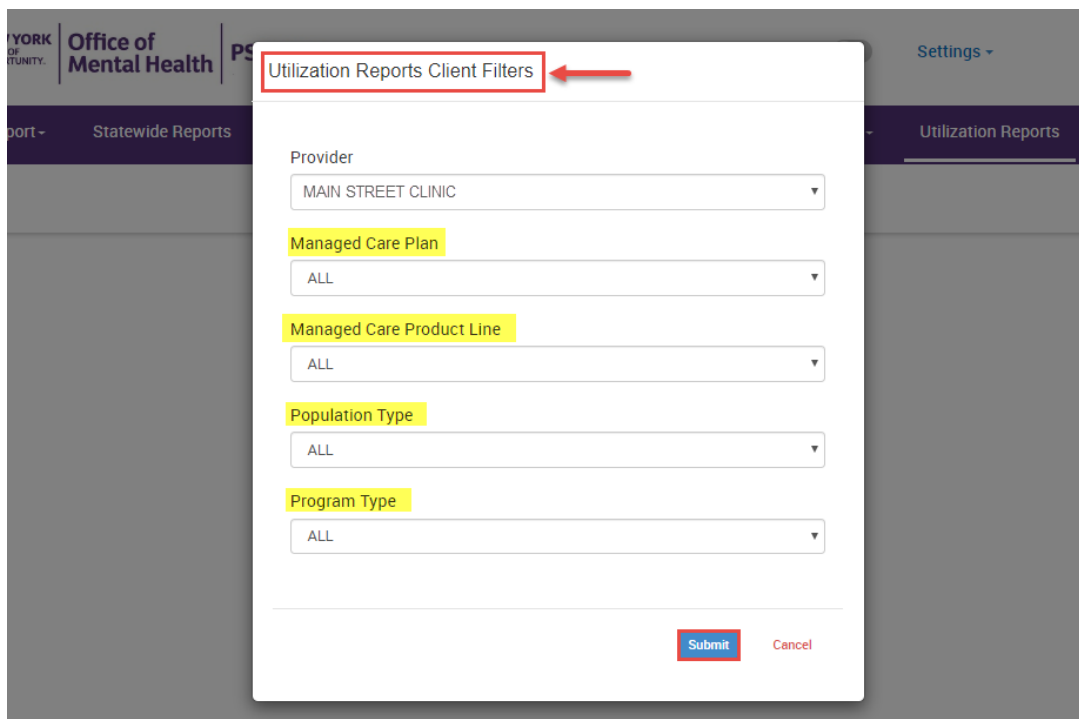


Figure 8. Utilization Reports: Filtering Reports

Downloading Utilization Reports

Utilization Reports can be exported as a PDF or Excel. The corresponding export icons appear at the top right corner of the Utilization Reports. When selecting the export icons, a window will appear allowing users to select a specific type of report or to select all (Figure 9).

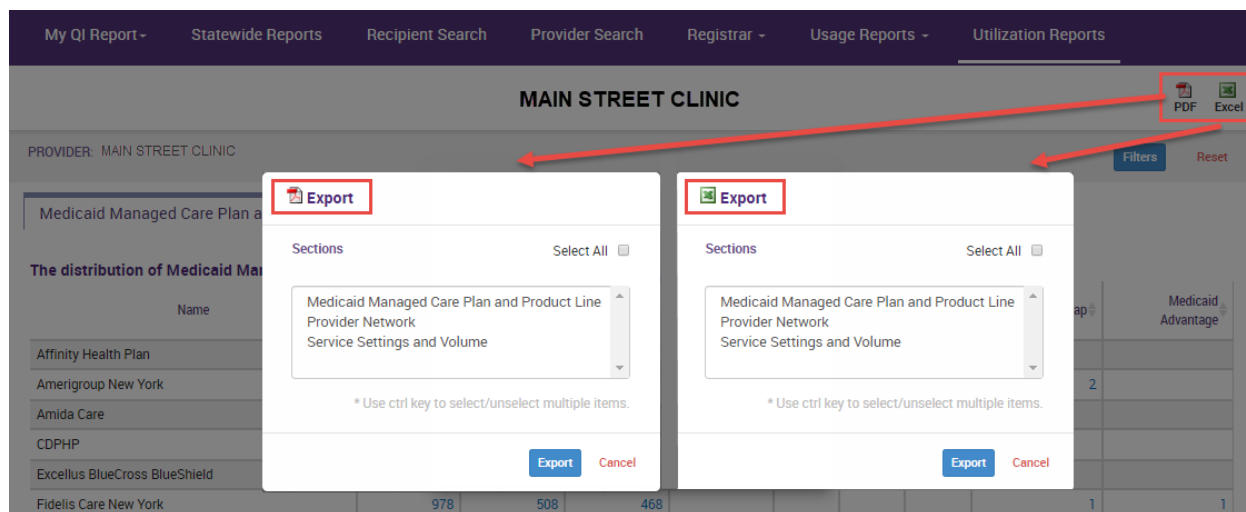


Figure 9. Utilization Reports: Export Options

Report Time Periods

Detailed information about the report time periods are available at the bottom of each report in the Utilization Reports. These report dates are updated monthly.

Report 1: Medicaid Managed Care Plan and Product Line

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC in the past year 12/01/2018 - 12/01/2019.
 -- The Managed Care Plan and Product Line were refreshed as of the 02/03/2020.
 * Medicaid Fee for service count includes any client who lost their Medicaid coverage during the report time period.

Figure 10. Report 1 – Time Period Footer

Report 2: Provider Network

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC in the past year 12/01/2018 - 12/01/2019.
-- Clients included in this report also received a Medicaid billable service from a different provider during the time period (06/01/2018 - 06/01/2019). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.
-- Abbreviations: IP = Inpatient; SUD = Substance Use Disorder; MH = Mental Health; ER = Emergency Room; OP = Outpatient; DD = Developmental Disability; Pharm = Pharmacy(Medications only);
-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

Figure 11. Report 2 – Time Period Footer

Report 3: Service Settings and Volume

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC in the past year 12/01/2018 - 12/01/2019.
-- Clients included in this report received Medicaid billable service from MAIN STREET CLINIC the past year and received a Medicaid billable service from either MAIN STREET CLINIC or any other provider during the time period (06/01/2018 - 06/01/2019). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.
-- ABBREVIATIONS: SUD = SUBSTANCE USE DISORDER; MH = MENTAL HEALTH; ER = EMERGENCY ROOM; DD = DEVELOPMENTAL DISABILITY; OPWDD = OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.
-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

Figure 12. Report 3 – Time Period Footer