

Submission Instructions for Clinical Review Criteria, Policies, and Procedures

Submission Information

Insurers are to email submissions of “*Clinical Review Criteria, Policies, and Procedures Submission Coversheet*” with required attachments using the labeling method described below to OMH.Parity@omh.ny.gov by **Monday, December 16, 2019**.

The email submission must include subject line “*Plan Name Product Line Clinical Review Criteria Submission #*” (example: Refined Healthcare Medicaid Clinical Review Criteria Submission #1). If an insurer has multiple product lines (e.g., Commercial, Medicaid, CHP, Essential Plan) with different clinical review criteria, insurer must complete distinct submissions with the product line labeled appropriately. If an insurer has multiple UR agents for different product lines or services, please indicate on the cover sheet which services are managed by each contracted UR agents. If a submission requires multiple emails, insurers must change the submission number in the subject line appropriately. Note that submissions will not be accepted without a completed coversheet. Additionally, all documents must be submitted in PDF format and emails can be no larger than 35 MB.

OMH will acknowledge receipt by responding to your email submission within two business days. Note that this acknowledgement of receipt does not imply completeness or approval of a submission.

Coversheet Information

Insurers must complete the attached “*Clinical Review Criteria, Policies, and Procedures Submission Coversheet*” marking covered mental health (MH) services and associated documents included as PDF attachments. The coversheet document must be titled “*Plan Name_Product Line_YYYY.MM.DD_Coversheet*” (example: Refined Healthcare_Medicaid_2019.11.25_Coversheet).

Attachments A-V Information

Insurers must submit Attachments for each of the policy and procedure categories described below. Each PDF document must be named “*Plan Name_Product Line_YYYY.MM.DD_Attachment X*”, where X corresponds to the letters assigned to each attachment in the list below (example: Refined Healthcare_Medicaid_2019.11.25_Attachment A).

1. Policies and Procedures related to Utilization Review (UR) staff

Attachments A and B should include documents that describe:

- A.** The training activities for staff performing UR.
- B.** Testing for and ensuring inter-rater reliability (IRR).

2. Policies and Procedures related to Level of Care guidelines

For all covered MH services listed C-V below, submit 1) Level of care (LOC) review tool; and 2) Policies and procedures related to how the LOC review tool is applied by UR staff including triggers for UR. Each file must include circumstances under which UR staff can deviate from the published medical necessity criteria based on clinical judgement and how disagreements between utilization review staff and treating providers regarding appropriate level of care are addressed and resolved.

List of covered MH Services:

- C.** Adult MH Inpatient Services
- D.** Adult MH Residential Treatment Services

- E.** Adult MH Partial Hospital Program (PHP) Services
- F.** Adult MH Intensive Outpatient Program (IOP) Services
- G.** Adult MH Clinic Services
- H.** Adult MH Continuing Day Treatment (CDT) Services
- I.** Adult MH Assertive Community Treatment (ACT) Services
- J.** Adult MH Personalized Recovery-Oriented Services (PROS) Services
- K.** Adult Behavioral Health Home and Community Based Services (BH HCBS)
- L.** Adult Office-based Outpatient MH Services
- M.** Child/Adolescent MH Inpatient Services
- N.** Child/Adolescent MH Residential Treatment Services
- O.** Child/Adolescent MH PHP Services
- P.** Child/Adolescent MH IOP Services
- Q.** Child/Adolescent MH Clinic Services
- R.** Child/Adolescent MH ACT Services
- S.** Child/Adolescent MH Children and Family Treatment and Support Services (CFTSS)
- T.** Children’s Home and Community Based Services (HCBS) provided through the 1915(c) Children’s Waiver
- U.** Child/Adolescent Office-based Outpatient MH
- V.** Other MH Services (e.g. eating disorders, applied behavioral analysis, neuropsychological testing, crisis services, respite, etc.).

Label supplemental additional services as V#, i.e. V1, V2, V3, etc.

If insurer does not perform utilization review for a covered service, submit an attestation to that effect (example: if utilization review is not performed for Adult MH Intensive Outpatient Programs, in Attachment E include a statement that says: “*Plan Name* does not perform utilization review for Adult MH Intensive Outpatient Program Services”).

If a service is not a covered benefit, submit an attestation to that effect (example: if Adult MH Intensive Outpatient Program is not a covered benefit, in Attachment E include a statement that says: “*Plan Name* does not cover Adult MH Intensive Outpatient Program Services”).