



Log Changes To The Specification and Visual Guide Documents on the Monthly Inpatient and Quarterly Outpatient Denial Plan Submission:

- 9/18/2015 – Amendments made to the specifications and visual guide for data lay-out and reporting to conform closer to a database structure.
- Changes made to Inpatient Monthly Denials:
 - a. Attachments A and A1 file names are modified and will now have v2 in their respective names.
 - b. Specifically the changes made in the second version from the first are:
 - The header information (report period and plan identifiers) in Attachment A1 (visual guide) were moved into data columns that are easily associated with the corresponding provider identifiers, denial reasons and the denial denominators, described in Attachment A.
 - Attachment A1 contains a row colored in yellow that is for OMH IT internal coding purposes only.
 - A column for version # is added to correspond to the file name version submitted.

- Changes made to Outpatient Quarterly Denial Submission
 - a. Attachments B and B1 file names are modified and will now have v2 in their respective names.
 - b. Specifically the changes made in the second version from the first are:
 - The header information (report period and plan identifiers) in Attachment B1 (visual guide) were moved into data columns that are associated with the corresponding provider identifiers, denial reasons and the denial denominators described in Attachment B.
 - There will be one submission in each quarter. Each submission will contain three months of data.
 - Attachment B1 contains a row colored in yellow that is for OMH IT internal coding purposes only.
 - A column for version # is added to correspond to the file name version submitted.
 - Instead of reporting the information in a single row, each of the behavioral health ambulatory service category will be reported in its own row. There are 17 service categories (17 rows to be reported), even if all of the associated denial information for a particular row are all zeroes. The services are numbered 01-17 at the end of the data variable name.
 - These 17 service categories will be reported for each month of the quarter, so each report will have $3 \times 17 = 51$ rows of data representing the 3 months of each quarter.
 - For HARPs and HIV SNP plans, all thirteen Home and Community-Based Service (HCBS) service categories will be reported in each own row. Similar to mental health ambulatory services, each HCBS service will be numbered 01-13, and will be reported even if the data associated for the entire row of information is zero.



**Department
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- There will be 3x13=39 rows of HCBS service denial data for each quarterly submission representing 13 service categories being reported for each of the three months of the quarter.
 - Intensive Outpatient (IOP) MH is identified as Procedure Code S9480. The previous specification document inadvertently listed rate codes.
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- 8/21/15 – Specifications and visual guide was sent out to plans
 - 2015-08-21 Guidance memo Denial Data Specs for behavioral inpatient and ambulatory service denials.pdf
 - 2015-08-21 Guidance memo Denial Data Attachment A-Data specs for inpatient denial monthly reporting.pdf
 - 2015-08-21 Guidance memo Denial Data Attachment A1-Visual Guide for Submission of Inpatient Denials .xlsx
 - 2015-08-21 Guidance memo Denial Data Attachment B-Specs for Outpatient Quarterly Reporting for Mainstream and HARP.pdf
 - 2015-08-21 Guidance memo Denial Data, Attachment B1-Visual Guide to the Outpatient Quarterly Reporting for Mainstream and HARP.xlsx