

Chapter 19

Outcomes Measurement System (OMS)

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19.1. Background Information

Participant outcomes regarding the management of his or her illness and the quality of his or her life are important measures of the benefit provided by services in the Maryland Public Behavioral Health System (PBHS). In addition, information about outcomes of mental health services is a key element to supporting the recovery and resiliency of participants (along with access to appropriate services, active participant participation in treatment decisions, and recovery culture) because knowledge about treatment effectiveness is empowering and instills hope.

Maryland's Outcomes Measurement System (OMS), in operation since September 2006, is the result of a collaborative relationship among the Maryland Behavioral Health Administration (BHA), the University of Maryland Systems Evaluation Center, and BHA's Administrative Services Organization (ASO), Beacon Health Options, Inc. (Beacon). The OMS questions cover several life domains including living situation, employment, school attendance, substance use, legal system involvement, symptoms, and functioning, among others. The information is collected to understand more about the individuals who are receiving services from the PBHS and to begin to understand the outcomes of those services.

19.2. General Information

The following includes general information about OMS:

- The OMS is only for outpatient services.
- The OMS collects data through interviews with mental health professionals (clinician), participants, or child/adolescent/caregivers utilizing OMS questionnaires.
- OMS responses are captured in Beacon's authorization system.
- OMS is required only for the following provider types:
 - Outpatient mental health center (OMHC) – MMIS Provider Type – MC
 - Federally qualified health center (FQHC) – MMIS Provider Type – 34
 - Acute hospital-based clinics (HSCRC clinics) – MMIS Provider Type – 01
 - Local health department – MMIS Provider Type – 35
 - Chronic hospital clinic – MMIS Provider Type – 05
 - Special chronic hospital clinic – MMIS Provider Type – 97
- OMS is for participants who are between 6 and 64 years old.
- Authorization for bundles of services is tied to the submission of the OMS questionnaire.
- There are two questionnaires—one for youth (ages 6-17) and one for adults (ages 18-64). The participant's age at the time of the current OMS interview date triggers the administration of the appropriate questionnaire.
- Participants who are dually eligible for Medicare/Medicaid and participants being treated by out-of-state providers are excluded from OMS.
- Dually eligible commercial insurance/Medicaid participants are included in OMS for OMS bundled services that are not covered by the commercial insurance.

- Administration of the OMS questionnaire itself is not a separately billable service. It may be administered during the course of another billable service (e.g., diagnostic interview, individual therapy, etc.)
- The OMS Interview Guide contains explicit detailed instructions for administering the OMS questionnaire. The OMS Interview Guide is available at: http://maryland.valueoptions.com/provider/forms/oms/OMS_Interview_Guide.pdf.
- Clinical contact/progress notes should include the OMS questionnaire that was completed during the session.
- The program/agency is required to accept the End User Licensing Agreement (EULA) to access the BASIS-24® items in the adult questionnaire. Providers that decline to accept the EULA will request and receive authorizations for services in the same manner as non-OMS outpatient service providers. For example, 75-unit OMS service bundle will not be authorized.

19.3. Service Bundle

Services included in the OMS 75-unit service bundle are:

- Two outpatient evaluations (90791/90792)
- Two family therapy sessions without the participant present (90846)
- Individual and group psychotherapy, family psychotherapy with participant present, and medication management

Services excluded are:

- All extended psychotherapy codes
- Additional sessions of 90791/90792 or 90846
- Evaluation and follow-up services associated with a crisis bed stay, intensive outpatient and partial hospitalization services, and initial and subsequent inpatient care.

The procedure codes included in the OMS bundle are:

- | | | | |
|---------|---------|---------|---------|
| ▪ 90791 | ▪ 99205 | ▪ 90836 | ▪ 0916 |
| ▪ 90792 | ▪ 99211 | ▪ 90837 | ▪ 0917 |
| ▪ 90832 | ▪ 99212 | ▪ 90846 | ▪ 0918 |
| ▪ 99201 | ▪ 00213 | ▪ 90847 | ▪ 0919 |
| ▪ 99202 | ▪ 00214 | ▪ 90849 | ▪ 0510 |
| ▪ 99203 | ▪ 99215 | ▪ 0914 | ▪ 0513 |
| ▪ 99204 | ▪ 90833 | ▪ 0915 | ▪ T1015 |

However, only two units of 90791/90792 and 90846 are allowed in the 75-unit service bundle. Additional 90791s and 90846s may only be requested after the two allowed visits are used and must be submitted in a separate pre-authorization request.

The following includes additional information about the OMS service bundle:

- Providers that are required to complete OMS questionnaires can also request a pre-authorization for non-OMS services for OMS participants, with medical necessity reviewed by Beacon Maryland Care Managers.
- The combination of services billing rules apply to OMS.
- For pre-authorization requests for additional sessions of 90846, the provider should enter the number of visits deemed medically necessary. Providers must include the rationale for the request.
- Medication management visits by non-OMHC physician groups who are billing independently of the OMHC in which they are providing services are not included in OMS. The medication management provider should request pre-authorization for medication management services.

19.4. Registration/Authorization

The following includes information regarding registering and authorizing OMS services:

- When an OMS initial registration is conducted by a provider, an authorization with two service units for a three-month span is generated, having an authorization start date of the date of the registration.
- The initial request for two units can be backdated in the system for up to 29 days.
- If there is already an open outpatient OMS authorization in the system, it will not accept a new request for authorization via initial registration. The open authorizations with other providers need to be discharged by the participant calling Beacon Maryland.
- At or before the second service unit, the OMS questionnaire is completed through an interview with the participant or child/adolescent/caregiver. The request is submitted before the third service unit. The 75-unit bundle will start the day after the interview/requested start date.
- If a provider needs additional service units for a participant before the first OMS questionnaire can be completed, the provider will need to call a Beacon Care Manager who will be able to authorize additional service units under special circumstances. This typically should not happen. The provider must call prior to the submission via ProviderConnect for the 75-unit bundle. If the provider calls after the submission via ProviderConnect for the 75-unit bundle, the Beacon Care Manager will not be able to add units.
- The system will allow a provider to complete the OMS initial registration and the OMS continuing registration/authorization with the OMS questionnaire submission on the same day. The initial registration should be submitted first. Once the continuing registration/authorization request with the OMS questionnaire is submitted, the end date of the initial registration will change to the date of the OMS interview (same date). The start date of the continuing registration/authorization will be the day after the OMS interview date. For example, if a provider completes the OMS initial registration for a participant on 10/1/2009, the system will trigger an authorization with two service

units, having a begin date of 10/1/2009 and end date of 12/31/2009 (three-month span). When the provider submits the continuing registration with the OMS questionnaire on the same day, the initial OMS registration end date will change to 10/1/2009 and the continuing registration authorization will have a start date of 10/2/2009 and end date of 4/1/2010 (six months).

- Whenever an OMS questionnaire is completed and submitted, a new continuing registration authorization will automatically be created with 75 service units for a six-month span and the next OMS will be due at the end of the authorization. Therefore, an OMS questionnaire is due every six months while a participant is in active treatment.
- The current OMS interview date is required. This date should not be a future date, nor should it be earlier than the previous OMS interview date.
- The provider can submit a continuing authorization as early as 30 days prior to the end date of the previous authorization or up to 100 days after the previous authorization end date.
- The start date for the concurrent review may not precede the start date for the initial authorization. This creates significant problems in ProviderConnect and may result in retraction of claims.
- The start date for a continuing authorization submitted on either the exact end date of the previous authorization or early (up to 30 days prior to the end date of the previous authorization) will be the day after the current OMS interview date. The previous authorization will end on the date of the current OMS interview.
- The provider is also able to submit a continuing registration of the previous authorization as late as 100 days after the previous authorization end date. Start dates for authorizations submitted late will be made retroactive to start the day after the previous authorization end date and end six months from that start date. The previous authorization will end on the date of the current OMS interview date. The submit date must be within 21 days of the current OMS interview date (but still may not exceed the 100 days).
- There must be a funding stream on file at the start date of each concurrent review for ProviderConnect to process the request. If there is a gap in funding for that time, you may call Beacon and request a courtesy review span be added for the start date of the new request. This courtesy review span will not pay, but will allow submission of the concurrent review until such time that a participant receives funding that will pay.
- Any remaining units on an OMS authorization will go away when a new continuing registration is created.
- At any given time, only one OMS authorization can be open for a participant. When a participant is receiving services from multiple OMS providers, the first OMS provider to request an authorization will be the one responsible for completing OMS. The second provider may then submit for a non-OMS or medication management authorization. ProviderConnect will allow this as long as there is another OMS authorization on file. However, there must be good clinical justification for this scenario. In a situation where a participant is seeing two OMS providers, BHA expects the providers to coordinate care. The therapy provider should request an OMS continuing registration on or before the expiration date of the previous OMS authorization. For example:
 - Provider A has an OMS authorization that expired 10/1/09 for a participant.

- Provider B requests a medication management authorization for the same participant on 10/15/09. Provider B is directed by the authorization system to create an OMS initial registration for the participant.
- However, Provider A is still within the 100 days after the OMS authorization expires and may be planning to come back to request the OMS continuing registration, whose start date will backdate to 10/2/09. Provider A will not be able to complete this request due to the open OMS authorization for Provider B.

If the situation in the example occurs, the two providers will need to discuss the situation and may arrange for the medication management provider to discharge the participant from the OMS authorization so that the therapy provider may obtain an OMS authorization. The medication management provider could then request a pre-authorization for medication management services.

- Providers whose service utilization is outside of parameters defined by BHA may be required to obtain authorizations for services via a more stringent authorization process. They will continue to be required to submit the OMS questionnaire as part of this more stringent process; however, they will not receive the automatic bundle of 75 service units.

19.5. End of Authorization/Discharge

The following includes information regarding the end of the authorization/discharge:

- When a participant transfers from one OMS provider to another, the first authorization is administratively closed with the participant's approval. The first provider is allowed to perform a participant discharge up to 10 days after the participant's authorization is closed. When an authorization is administratively closed, the current provider has 10 days to discharge the participant and submit the discharge information sheet. Claims for discharge information will not be paid if the discharge information is not submitted within 10 days.
- After 100 days, neither a continuing OMS nor a discharge OMS will be accepted. If a provider does not complete the OMS questionnaire within 100 days of the expiration of the prior OMS authorization, the prior OMS authorization will be closed. If the participant has to continue treatment, a new episode of care must be started.
- The discharge OMS interview can be submitted no later than 100 days after the end date of the previous continuing authorization.
- There are two ways in which OMS discharge information is collected:
 - Discharge with the participant or child/adolescent/caregiver participating in the OMS interview. When the participant or child/adolescent/caregiver is participating, the following are completed and submitted:
 - Discharge information sheet—This sheet consists of six mandatory items that can be completed without interviewing the participant. It collects information about the discharge (date, planned/unplanned, reasons, etc.)
 - OMS questionnaire—In addition to the discharge information sheet, the clinician should conduct an OMS interview as usual and submit the appropriate OMS questionnaire.

- Discharge with the participant or child/adolescent/caregiver not participating in the OMS interview. When the participant or child/adolescent/caregiver is not participating, the following are completed and submitted:
 - Discharge information sheet—This consists of six mandatory items that can be completed without interviewing the participant. It collects information about the discharge (date, planned/unplanned, reasons, etc.)
 - Discharge OMS forms (participant or child/adolescent/caregiver not participating)—These forms collect basic OMS information. They do not include any of the participant or child/adolescent/caregiver opinion-only questions. There is one form for adults and one for children/adolescents/caregivers.
- Submission of the discharge information sheet triggers a one unit authorization for the discharge date listed on the discharge information sheet.
- Authorization for discharge payment of \$20 is triggered by the submission of the OMS discharge information sheet.
- An outpatient treatment service and completion of the discharge information sheet are allowed to occur on the same day and providers can bill for these two different services on the same day.
- Providers will be paid for completing the OMS discharge information sheet only if the OMS questionnaires has been completed at least once in the past.

19.6. Other OMS Procedures and Processes

The following includes information regarding other OMS procedures and processes:

- The OMS interview may be conducted either by using the online version of the questionnaire or by using a hard copy of the questionnaire and then entering responses online at a later time.
- A partially-completed OMS questionnaire can be saved online without submitting it. This allows a provider to re-access the OMS questionnaire to complete it prior to submission.
- There are a few “skip patterns” within each questionnaire. These are situations in which one or more questions are “skipped” based on the response provided in the previous question. Beacon’s system is designed to move to the next appropriate question automatically. If using a hardcopy version of the questionnaire, follow the “skip patterns” carefully.
- Some questions are mandatory (designated by an asterisk). The system will not accept submission of the OMS questionnaire when any of the mandatory questions are not answered. If a participant or child/adolescent/caregiver refuses to answer a mandatory during a face-to-face interview, the provider is allowed to respond to the question to the best of his or her ability and can note the “refusal to respond” in the optional text box provided at the end of the questionnaire.
- The symbol “Ψ: is used to identify a participant opinion-only question and the symbol “*” is used to identify mandatory questions.
- In the online version, an underlined item question indicates that a definition for a term within the question is available. Click on the hyperlink that appears to access the definition (e.g., living situation, homelessness). In the hard copy version, a notation is made that a definition is available in the OMS interview Guide.

- An optional free text box is available at the end of the questionnaire so that providers have the option to type in their own notes, if desired.
- When the OMS questionnaire is submitted, the questionnaire completion rate is displayed in a pop-up box, which is calculated factoring in the “skip patterns.”
- Providers are able to view previous OMS questionnaires online.
- Providers have the option to print a condensed version of the OMS interview/questionnaire to keep in the individual’s medical record, if desired. The print version includes:
 - Name of participant
 - Current OMS interview date
 - Place for clinician’s signature
 - Entire questionnaire, condensed with chosen responses only
- The child and adolescent OMS questionnaire has two print options—the full OMS questionnaire (condensed) and the substance abuse domain questions.

19.7. Links to OMS Documents

Links to OMS documents are included as follows:

- **OMS Website and Datamart**
http://maryland.valueoptions.com/services/OMS_Welcome.html
- **OMS User Guide**
<http://maryland.valueoptions.com/services/userguide.pdf>
- **OMS Interview Guide**
<http://maryland.valueoptions.com/provider/forms/oms/OMS-Interview-Guide-Dec-2014.pdf>

Note: Chapter 6 includes the following documents:

- Child and Adolescent Questionnaire (6-17 years)
<http://maryland.valueoptions.com/provider/forms/oms/Child-Adolescent-Questionnaire-Dec-2014.pdf>
- Child and Adolescent Questionnaire – Response Cards
- Adult Questionnaire (18-64 years)
<http://maryland.valueoptions.com/provider/forms/oms/Adult-%20Questionnaire-Dec-2014.pdf>
- Adult Questionnaire – Response Cards
- Discharge Information Sheet
- Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating
- Adult Discharge Form – Client Not Participating