

**Provider Manual**  
**Outcomes Measurement System (OMS)**  
**September 2009**

**Background Information:**

Consumer outcomes regarding the management of their illnesses and the quality of their lives are important measures of the benefit provided by services in the PMHS. In addition, information about outcomes of mental health services is a key element to supporting the recovery and resiliency of consumers (along with access to appropriate services, active consumer participation in treatment decisions, and a 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 Mental Hygiene Administration (MHA), the University of Maryland Systems Evaluation Center (SEC), and MHA's Administrative Services Organization (ASO). The OMS questions cover several life domains, including living situation, employment, school attendance, substance use, legal system involvement, symptoms, functioning, etc. The information is collected in order to understand more about the individuals who are receiving services from the PMHS and to begin to understand the outcomes of those services.

**General Information:**

- The Outcomes Measurement System (OMS) is only for outpatient services.
- The OMS collects data through mental health professional (clinician)/consumer or child/adolescent/caregiver interviews, utilizing OMS questionnaires.
- OMS responses are captured in the ASO's Authorization System.
- OMS is required only of 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 – 07)
- OMS is for consumers who are between 6 and 64 years old.
- Authorization for bundles of services is tied to the submission of the OMS questionnaire.
- There are 2 questionnaires – one for the youth (6-17) and the other for Adults (18-64). The consumer's age at the time of the current OMS interview date triggers the administration of the appropriate questionnaire.
- Consumers dually eligible for Medicare/MA and consumers being treated by out-of-state providers are excluded from OMS.
- Dually eligible commercial insurance/Medicaid consumers are included in OMS for OMS bundle 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* (see Appendix “N”) contains explicit detailed instructions for administering the OMS questionnaires.
- Clinical contact/progress notes should include that the OMS questionnaire was completed during the session.
- The program/agency is required to accept the End User Licensing Agreement (EULA) in order to access the BASIS-24<sup>®</sup> 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 (i.e., the 150-unit OMS service bundle will not be authorized).

### **Service Bundle:**

- Services included in the OMS 150 units service bundle are 2 outpatient evaluations (90801), 2 family therapy sessions without the consumer present (90846), individual and group psychotherapy, family psychotherapy with consumer present, and medication management. Services excluded are all extended psychotherapy codes, additional sessions of 90801 or 90846, evaluation and follow up services associated with crisis bed stay, Intensive Outpatient and Partial Hospitalization services, and initial and subsequent inpatient care. The procedure codes included in the OMS bundle are 90801, 90804, 90805, 90806, 90807, 90846, 90847, 90849, 90853, 90862, 90875, 90876, T1015, 0510, 0513, 0910, 0914, 0915, 0916, 0917, 0918, 0919; however, only 2 units of 90801 and 90846 are allowed in the 150 units service bundle. Additional 90801s and 90846s may only be requested after the 2 allowed visits are used and must be submitted in a separate pre-authorization request.
- Providers that are required to complete OMS questionnaires can also request a pre-authorization for non-OMS services for OMS consumers, with medical necessity criteria reviewed by the ASO’s 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.

### **Registration/Authorization:**

- When an OMS initial registration is done by a provider, an authorization with 2 service units for a span of 3 months is generated, having an authorization start date of the date of the registration.
- If there is already an open outpatient authorization, the system will not accept a new request for authorization via initial registration. The provider attempting to submit the new request will need to call an ASO care manager to resolve the situation.

- At or before the second service unit, the OMS questionnaire is completed through an interview with the consumer or child/adolescent/caregiver. The request is submitted before the third service unit.
- If a provider needs additional service units for a consumer before the first OMS questionnaire can be completed, the provider will need to call the ASO's care manager, who will be able, under special circumstances, to authorize additional service units. This typically should not happen.
- 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 provider A completes the OMS initial registration for consumer X on 10/1/2009, the system will trigger an authorization with 2 service units, having a begin date of 10/1/2009 and end date of 12/31/2009 (3 months). When the provider then submits the continuing registration with the OMS questionnaire on the same day, the initial OMS registration end date is changed 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 (6 months).
- Whenever an OMS questionnaire is completed and submitted, a new continuing registration authorization will automatically be created with 150 service units for a 6 month span and the next OMS will be due at the end of the authorization, making OMS due every 6 months while a consumer is in active treatment.
- The current OMS interview date is required; this date should not be a future date, neither should it be earlier than the previous OMS interview date.
- The provider can submit a continuing authorization request 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 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 day 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 of the 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).
- 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 consumer. When a consumer is receiving services from multiple OMS providers, the first OMS provider to request an authorization will be the one responsible for completing OMS. In a situation where a consumer is seeing two OMS providers, MHA 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. Consider the following example:

- *Provider A has an OMS authorization that expired 10/1/09 for a consumer.*
- *Provider B requests a medication management authorization for the same consumer on 10/15/09.*
- *Provider B is directed by the authorization system to create an OMS initial registration for the consumer.*
- *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 consumer 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 parameters defined by MHA 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 the more stringent process; however, they will not receive the automatic bundle of 150 service units.

### **End of Authorization/Discharge:**

- When a consumer transfers from one OMS provider to another, the first authorization is administratively closed with the consumer's approval. The first provider is allowed to perform a consumer discharge up to 10 days after the consumer's authorization is closed. When an authorization is administratively closed, the current provider has 10 days to discharge the consumer and submit the discharge information sheet. Claims for discharge information will not be paid if the discharge information sheet 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 consumer 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 will be two ways in which OMS discharge information is collected:
  - Discharge with consumer or child/adolescent/caregiver participating in OMS interview. When the consumer or child/adolescent/caregiver is participating, the following are completed and submitted:
    - Discharge Information Sheet: this consists of 6 mandatory items that can be completed without interviewing the consumer. 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 consumer or child/adolescent/caregiver not participating in OMS interview. When the consumer or child/adolescent/caregiver is not participating, the following are completed and submitted:
  - Discharge Information Sheet: this consists of 6 mandatory items that can be completed without interviewing the consumer. It collects information about the discharge (date, planned/unplanned, reasons, etc.).
  - Discharge OMS Forms (Consumer or Child/Adolescent/Caregiver Not Participating): These forms collect basic OMS information; they do not include any of the consumer or child/adolescent/caregiver opinion only questions. There is one form for adults and one form 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 questionnaire has been completed at least once in the past.

**Other OMS Procedures and Processes (see also Appendix “N”, *OMS Interview Guide*):**

- The OMS interview may be conducted either by using the on-line version of the questionnaire or by using a hard copy of the questionnaire and then entering responses on-line at a later time.
- A partially-completed OMS questionnaire can be saved on-line without submitting it; this allows a provider to re-access the OMS questionnaire in order 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. The ASO’s system is designed to move to the next appropriate question automatically. If using a hardcopy version of the questionnaires, 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 is not answered. If a consumer or child/adolescent/caregiver, in a face-to-face interview, refuses to answer a mandatory question, the provider is allowed to respond to the question to the best of his/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 consumer opinion only question and the symbol \* is used to identify mandatory questions.
- In the on-line version, an underlined item question indicates that a definition for a term within the question is available. Click on the hyperlink that appears in order 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* (see Appendix “N”).

- An optional free text box, labeled Clinician's Notes, 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 on-line.
- 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 Consumer
  - Current OMS Interview Date
  - Place for signature of clinician
  - Entire Questionnaire, condensed with chosen responses only
  - The C&A OMS has 2 print options: the full OMS questionnaire (condensed) and just the Substance Abuse Domain questions.

### **Additional OMS Documents:**

The following OMS documents are included at the end of this chapter:

- Adult Questionnaire (18-64 years)
- Child and Adolescent Questionnaire (6-17 years)
- Discharge Information Sheet
- Adult Discharge Form – Consumer Not Participating (18-64 years)
- Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating (6-17 years)
- Response Cards (2 versions, one version for use with the Adult Questionnaire and one version for use with the Child and Adolescent Questionnaire)
- Definitions for OMS Questionnaires and Forms