Mental Health Parity Databook
CMO Questions and State Answers

Q #	CMO Question/Comment	DCH Response	Date Received	Date Responded
1	In regard to the quarterly report, will there be an expectation that some type of analysis of the report also be submitted, if so, what would be the expected turnaround time to submit the analysis and can a specification for content be provided?	No, there is not an expectation that an analysis be submitted along with the quarterly report. There may be follow up questions asked, but an analysis is not expected to be delivered with the report.	5/3/2019	5/17/2019
2	On page 2 of the Databook, it states Codes F70 through F79 - Intellectual Disabilities - are excluded. Is the state's expectation that we: a. Remove all claims for any member who has had the known diagnoses in a certain time period? b. Remove the claim if there is any matching diagnosis on any part of the claim? c. Remove the claim if the diagnosis matches on the primary diagnosis of the claim?	Exclude claims with a primary diagnosis of F70 through F79 from MH/SUD claims, but include them in M/S claims. The databook will be updated to clarify these codes should be included in M/S claims.	5/3/2019	5/17/2019
3	On page 7, an element included in the report specification is # and % of Service authorizations approved with a reduction in units. Please indicate how you would want "partial authorizations" included in the report. Since a single authorization may include multiple CPT codes and we may only reduce units for one code. Would this mean the entire authorization should be counted as a partial authorization?	We understand that there are two types of "partial authorizations": 1) a unit partial authorization (e.g., a procedure approved but with a reduction in units) and 2) a service partial authorization (e.g., more than one procedure is included on an authorization request and the CMO approves one procedure and denies another). The reporting requirements in the databook will be udpated in order to standardize PA reporting for parity purposes.	5/3/2019	5/17/2019
4	We have a similar question, when one authorization is submitted with two different procedures requested, does that count as one or two service authorizations? If one service authorization gets denied and one approved, does that count as service authorization with a reduction in units or two different service authorizations?	See response to question #3	5/3/2019	5/17/2019
5	Can DCH give detailed specifications around the medication metrics using NDC codes or GPI codes to define what should be included within a drug class?	DCH will provide the NDC codes	5/3/2019	5/17/2019

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6	Is there or should there be an enrollment criteria (continuous enrollment for 6 months, 12 months) to be included in the measurement?	No	5/3/2019	5/17/2019
7	General comment, we would like to partner with DCH and form a workgroup with the CMOS and other benefit care management organizations to review the strategy and comparison analysis required to meet Mental Health Parity federal guidelines.	The CMOs are welcome to collaborate. As a reminder, comprehensive CMOs must conduct the parity analysis, fulfill parity requirements in contracts, and submit documentation to the State as required by the State. The reporting outlined in the databook will support the State's ongoing monitoring of parity compliance.	5/3/2019	5/17/2019
8	Discuss alternate analysis methodologies that do not include a comparison at the code level as this make it more difficult to compare “apples” to “apples” i.e. which codes to include to ensure a comprehensive comparison. o There may be alternate ways to meet the federal regulation requirements with a broader service level analysis.	The CMOs are welcome to submit any questions they have about the data, and DCH will keep a running Q&A document that is shared with all CMOs so that everyone is aware of the questions that have come in, and the DCH response. Please let us know what you think is missing.	5/3/2019	5/17/2019
9	Can we do a detail review of the codes covered under the mental health parity data book as a group? There seems to be codes and category of codes missing. For example ECT – Rev Code 901 and Autism Spectrum Disorder is capture in the diagnosis but ABA codes are not includes in the codes specifications.	See response to question #8	5/3/2019	5/17/2019
10	We would like to include in the work group our technical data analysts to ensure all questions are answered for standardized data pulls across all entities if code level analysis becomes the final strategy to meet the federal.	See response to question #8	5/3/2019	5/17/2019
11	Does DCH have the GPIs for the Prescription Drugs in the MH/SUD drugs?	We are not able to provide GPIs as they are proprietary. DCH will provide the NDC codes.	5/3/2019	5/17/2019
12	Would Applied Behavior Analysis for Autism Spectrum Disorders be considered outpatient counseling?	Do the definitions provided in Appendix A leave out how you code ABA services? If so, we can add additional coding to the specifications.	5/2/2019	5/10/2019

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13	Please see the screen shot below. Is it in error that it says on both sides in the title box, "Claims excluding MH/SUD diagnosis codes?" In other words, in the right column should that be deleted or read "Claims including MH/SUD diagnosis codes?" The right column is for MH/SUD services.	This will be fixed in the updated databook	5/2/2019	5/10/2019
14	Additionally, we would like to have some discussion around what the Regulatory reporting will entail.	Please submit specific questions around Regulatory Reporting.	5/2/2019	5/10/2019
15	Is there a template the Department will be providing for the quarterly report?	A template is attached to this email. All CMOs should use this template.	5/23/2019	5/29/2019
16	For clarification purposes, is the quarterly report due on June 12 vs June 14?	The databook was due on June 14th. Another extension is being provided to June 28th.	5/23/2019	5/29/2019
17	Is the Databook and quarterly report due in June or are they synonymous?	The quarterly report is due in June - specifically June 28th.	5/23/2019	5/29/2019
18	Does the Department intend to incorporate the Databook into the following existing Regulatory Reports: Prior Authorization and Precertification Report, Grievance and Appeals Report, and Claims Processing Report or is this separate and distinct report?	No. The department is seeking to establish a baseline for parity reporting and wants to keep it separate from other reports. The differing requirements of the parity report and other regulatory reports will be messaged as necessary so that it is understood by all parties that they are not the same.	5/23/2019	5/29/2019
19	A template or layout for the report – to ensure Peach State provides the correct data elements and uniformity on the data sent to DCH, we would like to request an excel report template.	The requested template is attached to this email. All CMOs should use this template.	5/28/2019	5/29/2019

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20	With that said – we would like to verify which data elements DCH is asking to be reported on the first report due June 14th: o The data elements on page 7th of the MHP data book? o Or the data elements outlined in your email below – 1) Reporting requirements: At the PA Procedure Line Level: o CPT Code Requested (#) o Service Requested (CPT Code Description) o Units Requested (#) o Units Authorized (#)	The email sent by the State to the CMOs on 5/22/19 included a summary of the changes that were made to the databook based on feedback we've received. The revised databook was also attached to that email. Please provide all requested data elements included in the databook. The reporting template should also help clarify this.	5/28/2019	5/29/2019
21	Additionally, we would like to verify that for the first round of reporting, DCH only wants the CMOs to report on the data elements on page 7 or the 4 PA requirements above by Benefit Package (Medicaid and CHIP) and per Classification (IP, OP [physicians visits and all other], ER and RX) using the broad classification definitions given in the data book and not the detailed definitions provided in Appendix A. The claims to be included in the universe are defined by the conditions (diagnosis sets for MH/SA and M/S) identified in the data book.	Correct.	5/28/2019	5/29/2019
22	What are the categories that the CMOs should use to identify the # Outcome of grievances filed by category?	The CMOs should report the categories that they have established in their system by adding additional lines to the template for each category of grievance they track. One CMO may have 3 grievance categories, another 5. The State would like to compare categories across the CMOs and discuss how we may make them uniform across all CMOs in the future.	5/28/2019	5/29/2019
23	The timeline for developing this new regularly scheduled report is very short and one that will be difficult to meet because the IT developers have to program the new report and test the data output. We would like to see if DCH can consider extending the deadline to July 15.	DCH will extend the reporting deadline to June 28th. This is the final due date for MHP reporting.	5/28/2019	5/29/2019
24	On row 6 “Service Requested (CPT Code Description)” are we to list out as text all of the CPT Code Descriptions? If so, this will likely be a very lengthy column and we are concerned that this may cause an error.	You may establish a character limit for this field but no shorter than 25 characters, please. If you are concerned about a 25 character limit, please notify the State.	5/29/2019	5/30/2019

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25	Under the outpatient classification, there is an "office visit" and "all other" sub classification. How are we to determine the distinction between these two? It is not clear what is counted as "office visit".	Please refer to Appendix A of the databook for the distinction between the office visit and all other outpatient subclassifications. Office visits are: Outpatient Clinic/Office Visits: UB Bill Type Codes beginning with 13, 43, 65, 66, 73, 74, 79, 84, 85 (without R&B revenue codes), 89; or Procedure code T1015	5/29/2019	5/30/2019
26	Within the IP services specifications, how should skill nursing facilities and inpatient hospice facilities claims be identified? Place of service and/or revenue codes?	Please refer to Appendix A of the databook.	5/30/2019	5/31/2019
27	For Psychiatric Residential Treatment Services, can we use place of service code 56 in addition to or instead of UB Bill Type Codes beginning with 86?	Yes, you may use 56.	5/30/2019	6/3/2019
28	Since DCH has yet to identify the NDC codes for the prescription drug classifications outlined in the data book, can we report a data values of 0 in the report due on June 28th until NDC numbers are provided? There is no easy way to identify the drugs underneath each drug classification without NDC numbers.	The NDC codes will be provided the week of June 3rd. The CMOs cannot report data values of 0.	5/30/2019	5/31/2019
29	It appears that Community-based rehabilitation services, are erroneously placed under the medical surgical (M/S) outpatient classification. Should we move this category to mental health and substance abuse (MH/SA) outpatient classification?	For categories that can fall under both M/S and MH/SA, the determination factor would be the list of MH/SA diagnoses.	5/30/2019	6/3/2019
30	Similarly, School Based rehabilitation services can fall both under M/S and MH/SA, should all the services in the Children's Intervention School Services Manual section 1001 be classified under M/S?	Similar to community-based rehabilitation in question number 29, with categories that can fall under both M/S and MH/SA, the determination factor would be the list of MH/SA diagnoses.	5/30/2019	6/3/2019
31	The data book divides the OP services category into two subcategories (Office location and all other). For the office location services, should these claims be identified by LOC 11?	Please see response to question #25 and Appendix A of the Mental Health Parity Monitoring databook_v5.22	5/30/2019	5/31/2019
32	In the first tab of the report template, the benefit packages are defined as Medicaid Adult and Medicaid Child. What claim data elements should be used to distinguish Medicaid Adult and Medicaid Child? Age 21 and under and 22 and over? Another methodology?	Please refer to the Mental Health Parity Monitoring databook_v5.22. There are three benefit packages, including Georgia Families 360.	5/30/2019	5/31/2019

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33	For the data element (# Service authorizations) please confirm that DCH is asking for authorizations associate to the claims reported in the (# Services provided) data element. a. If not, do we also pull authorization request receive between the dates of date Jul-Sept 2018	The first three data elements in the report are claims based: 1) # Services provided ; 2) # Service authorizations; 3) % Services provided requiring a service authorization The PA Procedure Line Level data elements are not claims based. Please see response to question #34.	5/30/2019	5/31/2019
34	At the PA Procedure Line Level: a. For CPT Code Requested (#)2, does DCH want a listing of Primary Procedure Codes from the Claim ? b. Service Requested (CPT Code Description) Based on a DCH previous response, DCH is requesting a truncated description (eg 25 characters). • Can DCH please provide an example how this should look since it needs to fit in one cell? c. For Units Requested (#)2, is DCH asking for a SUM TOTAL of Auth. Requested Days/OP units requested? d. For Units Authorized (#)2 is DCH asking for a SUM TOTAL of Auth. Requested Days/OP units approved/authorized?	a. No. We are asking for the CPT code-or CPT code groupings-associated with the PA itself. If you use code groupings for your PA processes, please provide a reference that allows us to determine which grouping(s) go with each code b. The CPT code itself should be provided in one cell, and the CPT description/code grouping should be in another. The CPT description/code grouping may be truncated to 25 characters if there is a concern that data errors will occur. If not, it may also be left untruncated. c. We are asking for the sum total of units requested on the Procedure Line d. We are asking for the sum total of units approved for the Procedure Line	5/30/2019	5/31/2019
35	What specific Dates should we use for the following: a. Claims Incurred: Jul-Sept 2018 Date Received? Or Date of Service? b. Paid Through: Mar 2019 Paid Date? c. Can you confirm that for denied claims, the CMO should use Date of Service?	a. Date of Service b. Any claims from part a. that are paid through Mar 2019 c. Yes, use Date of Service	5/30/2019	5/31/2019