

## Data Notes: Service Use Snapshot

The data included in the “Service Use Snapshot” section of the LGU dashboard provide a summary of Medicaid service utilization among two cohort of individuals: (1) those potentially in need of behavioral health services (as defined by the NYS Department of Health based on their prior Medicaid claims or encounter activity with provider types, procedures, diagnoses, or drug codes related to behavioral health conditions, or treatment provided under rates that fall under the purview of these offices), and (2) those potentially in need of developmental disability services (again, based on prior Medicaid claims or encounter activity).

For each category of service (see definitions below), the data tables present the number of individuals (unduplicated) with these cohorts that received services during calendar year 2011 or 2012.

**Unique Recipients w/Encounters:** This is an unduplicated count of the number of individuals who received one or more services in the specified service area that were covered by their managed care plan. Data are presented based on date of service for calendar years 2011 and 2012. (*Note: Encounter data are detailed information regarding the services provided to Medicaid beneficiaries enrolled in managed care. Like Medicaid claims for services provided on a fee-for-service basis, encounter data are the primary record of services provided to Medicaid beneficiaries enrolled in Medicaid managed care.*)

**Unique Recipients w/MA Svs Claims:** This is an unduplicated count of the number of individuals who received one or more services in the specified service area paid for on a fee-for-service basis for calendar years 2011 and 2012.

### Service Areas included in these reports:

**OMH:** Includes services provided within programs licensed by the New York State Office of Mental Health, including: Inpatient Psychiatric (Article 28/31), Residential Treatment Facility, State Psychiatric Inpatient (Children only), ACT, Targeted Case Management (ICM, BCM, SCM), CDT, CPEP, Day Treatment, HCBS Waiver, IPRT, MH Clinic\*, Partial Hospitalization, PROS, Adult Residential, Children Family Based Treatment, Children Residential, and Children Treatment Family Home.

*(\*Note: In order to provide a view of outpatient mental health clinic services provided on a fee-for-service basis as well as mental health clinic services provided to individuals covered by a managed care plan, this utilization information is reported under **Outpatient Clinic – Behavioral Health Subgroup.**)*

**OASAS:** Includes services provided within programs licensed by the New York State Office of Alcohol and Substance Abuse Services, including: Inpatient Detox, Inpatient Rehabilitation, Outpatient Clinic, Outpatient Detox, Medically Supervised Outpatient Services, Outpatient Methadone Maintenance Treatment, and Outpatient Rehabilitation Services.

**OPWDD:** Includes services provided within programs licensed and/or under the oversight of the New York State Office for People with Developmental Disabilities, including: Article 16 Clinic, Day Treatment, Intermediate Care Facility (ICF), Medicaid Service Coordination, HCBS Waiver, Care at Home (CAH) Waiver, and OCFS Bridges to Health Plus Waiver. These services include those provided directly by OPWDD (State Operated) and those provided by voluntary agencies.

**Emergency Room:** Includes Emergency Room visits that did not result in a hospitalization (e.g., those who were treated in the Emergency Room and released).

**Inpatient:** Includes all hospitalizations as defined using the Category of Service "0285 Inpatient"

**Outpatient Clinic:** Includes service provided under "0160 diagnostic & Treatment Center Services (Free-standing)" and "0287 Hospital Based Outpatient Services."

- The **Behavioral Health** breakout row under the Outpatient Clinic service category provides a count of the individuals who received services in an OMH licensed clinic on a fee-for-service basis as well as those with outpatient clinic encounters covered under their managed care plan. Individuals included in the count for this latter category (displayed under the "Unique Recipients w/ Encounters" column) are those who: (a) are enrolled in managed care, (b) had at least one outpatient clinic encounter (as defined by the service codes above) and (c) the encounter was associated with the Mental Disorders Primary Diagnosis Class (which includes primary diagnoses related to either mental health, alcohol, or substance abuse disorders).

**Primary Care:** For this report, use of primary care services among those within the Behavioral Health and Developmental Disability subgroups is approximated as follows:

- For individuals covered by Managed Care, Primary Care includes a precise count of recipients receiving services defined as Primary Care by both a Primary Care Specialty (which includes family medicine, internal medicine, geriatric medicine, pediatric medicine and adolescent medicine) and a Primary Care Procedure using a procedure code list developed by analysts at Salient HHS.
- For FFS clients, Primary Care is approximated by counting the number of individuals receiving services by a Primary Care Provider during the analysis timeframe. Specialty data are not captured at the procedure level for the FFS population for primary care. As such, the count will also include those individuals seen by a primary care provider for something other than a primary care procedure.