General Information about the NYS Office of Mental Health's version of Case Management Tracking System (CMTS)

What is CMTS?

CMTS is a web-based application developed by the University of Washington AIMS Center to support collaborative care workflows. It tracks patient progress and goals, identifies patients who need more help, and cues providers when outreach is needed. Click here for more info.

In 2013, OMH commissioned the AIMS Center to build a version of CMTS that contains custom reports for quarterly data submission by clinics and aids in Medicaid billing. (Now that Medicare offers codes for collaborative care and other BH integration services, the OMH version of CMTS can aid in billing for those services, as well).

How much does OMH's version of CMTS cost?

With approval from OMH, access to this version of CMTS is free for the first year and $1,000 for each year after that (for up to 50 users). Email Amy Jones Amy.Jones@omh.ny.gov for more information about gaining approval.

Getting information *into* CMTS

Note Templates

- Patient Information screen
- Initial Assessment note
- Follow-up note
- Relapse Prevention Plan note
- Discharge note
- Psychiatric Consultation note

> **Question:** CMTS doesn't link to EHRs. How much double documentation and time do care managers need to spend entering data into the registry to make it useful?
>
> **Answer:** Very little. There are only 2 - 7 required fields per note and extremely little typing (patient name and medical record number entered once when adding a new patient). The rest of the fields are dropdown menus and check boxes. Typing extra information is optional, and a note usually takes less than 5 minutes per patient, per contact.

Getting information *out of* CMTS

For collaborative care, continuous process improvement, reporting to OMH, Medicaid billing, and Medicare billing

- **Collaborative care and continuous process improvement**
  - **Reminders Page** (under 'Tools') - automatically reminds the care manager when to contact patients, (reminder occurs every two weeks if patient is in active treatment and every month if patient is on a relapse prevention plan), as well as the date of the last contact attempt
  - **Active Caseload List** (under 'Caseload') - this sortable list shows the care manager's current caseload with the patients' progress on PHQ-9 and GAD-7, contact dates, psych note dates, number of sessions and weeks in treatment. This list can be used to

determine which cases need to be reviewed by the psychiatric consultant, who needs a follow up contact, who may be ready for relapse prevention planning, and who may be ready for discharge.

- o **Caseload Statistics Page** (under 'Caseload') - displays data summarized by Provider, Clinic, or Organization rather than by individual patient. With this information care teams can view the average status of patients at baseline, and at their most recent visits, make comparisons between clinic vs. phone encounters, and identify which patients are not improving AND have not yet had a Psychiatric Consultation note entered.
- o **NYS Medicaid Reporting Metrics** (under 'Caseload') – displays additional information about patient outcomes and collaborative care processes through the lens of the metrics reported to OMH quarterly.

- **Reporting to OMH**
  - o **2017 NYS Medicaid Reporting Metrics** (under 'Caseload') – this report calculates 7 out of the 10 metrics for the 2017 quarterly reports to OMH
    - Template for copying and pasting this report for submission, as well as detailed instructions for doing this are here.
  - o **2018 NYS Medicaid Reporting Metrics (**under 'Caseload') – this report calculates 8 out of the 14 metrics for the 2018 quarterly reports to OMH

- **Medicaid and Medicare Billing** – CMTS does not have a specific billing report, but certain pages/reports can be used to determine which patients meet the eligibility requirements to bill Medicaid, Medicare, and/or receive the Medicaid retainage.
  - o Learning Network website has billing and reporting requirements documentation
  - o **CMTS pages to help determine eligibility for billing and retainage**
    - Active Caseload List (under 'Caseload')
    - Treatment History Page (Under 'Patient')
    - NYS Medicaid Reporting Metrics (under 'Caseload')
  - o **CMTS data export to help determine minutes performing collaborative care or BHI services per patient/per month** (must be logged in with a Data Manager account to access data exports)
    - Your account administrator can create this type of user account. A data manager has access to the backend of the registry and can perform data exports. Once logged in, search for the 'Treatment History – Contact Note' data export and download the data. Column 'I' in the resulting csv file displays the contact date for each note and column 'K' shows the 'Session Duration' for each clinical contact and psych note, which can be used to determine the number of total minutes spent providing collaborative care or BHI services to the patient that month.