



NYS Transition of Children Placed in Foster Care into Managed Care:

Article 29-I Health Facility Orientation

• July 1, 2021

Content Subject to Change Based on State Guidance

Agenda

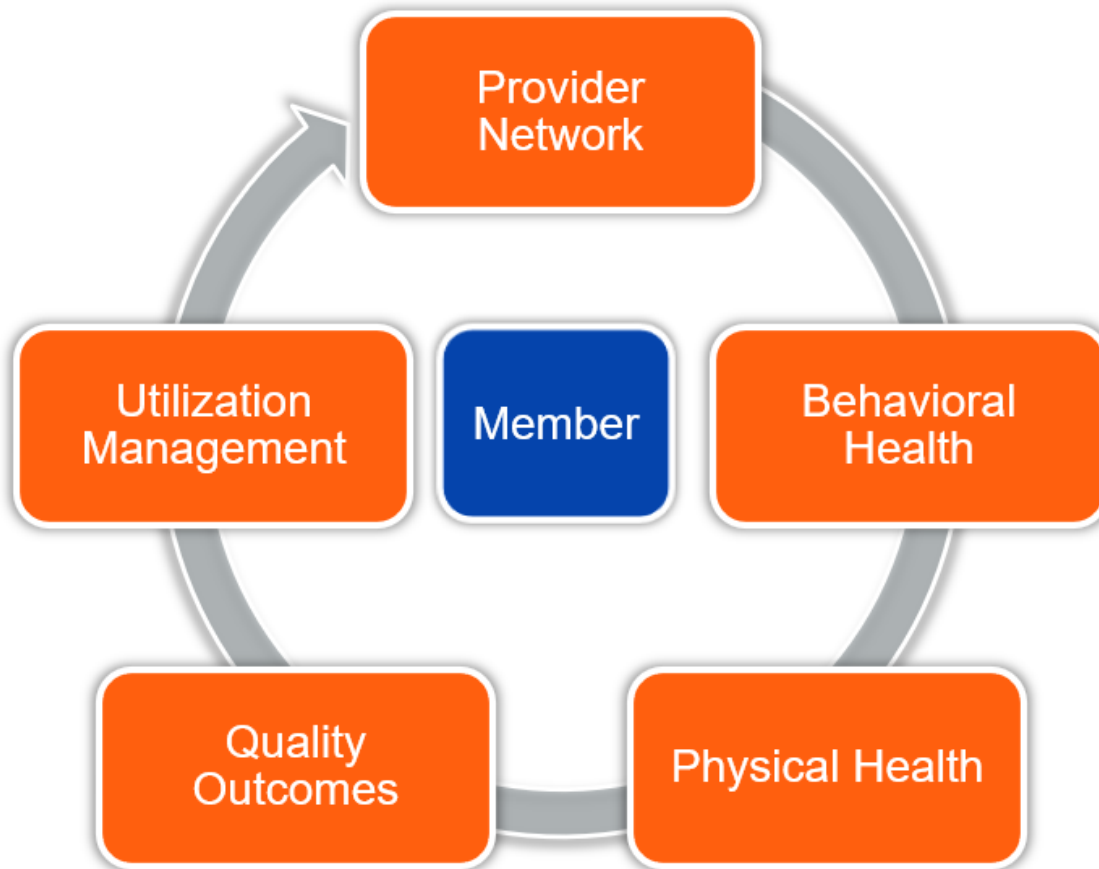
- Overview of Optum and UnitedHealthcare
- Working with UnitedHealthcare Foster Care Liaison
- 29-I Health Care Facilities/VFCAs Services Notification
- Health Home & UnitedHealthcare Case Management
- Member Eligibility/Member Enrollment
- Covered Services
- Utilization Management
- Credentialing
- Quality Improvement
- Billing and Claims
- Pharmacy
- Provider Directory
- Provider Portal and Resources

UnitedHealthcare Community Plan

- Dedicated to providing benefits to the economically disadvantaged and medically underserved
- Manage benefits in 24 states, plus Washington D.C
- Serves more than 5 million beneficiaries
- Uniquely designed to address the complexities of the chronically ill, disabled, and people with higher risk medical, behavioral and social conditions



UnitedHealthcare: Our Organization



Our United Culture

Our mission is to help people live healthier lives.

Our role is to make health care work for everyone.

Integrity.

Honor commitments
Never compromise ethics

Compassion.

Walk in the shoes of people we serve and those with whom we work

Relationships.

Build trust through collaboration

Innovation.

Invent the future, learn from the past

Performance.

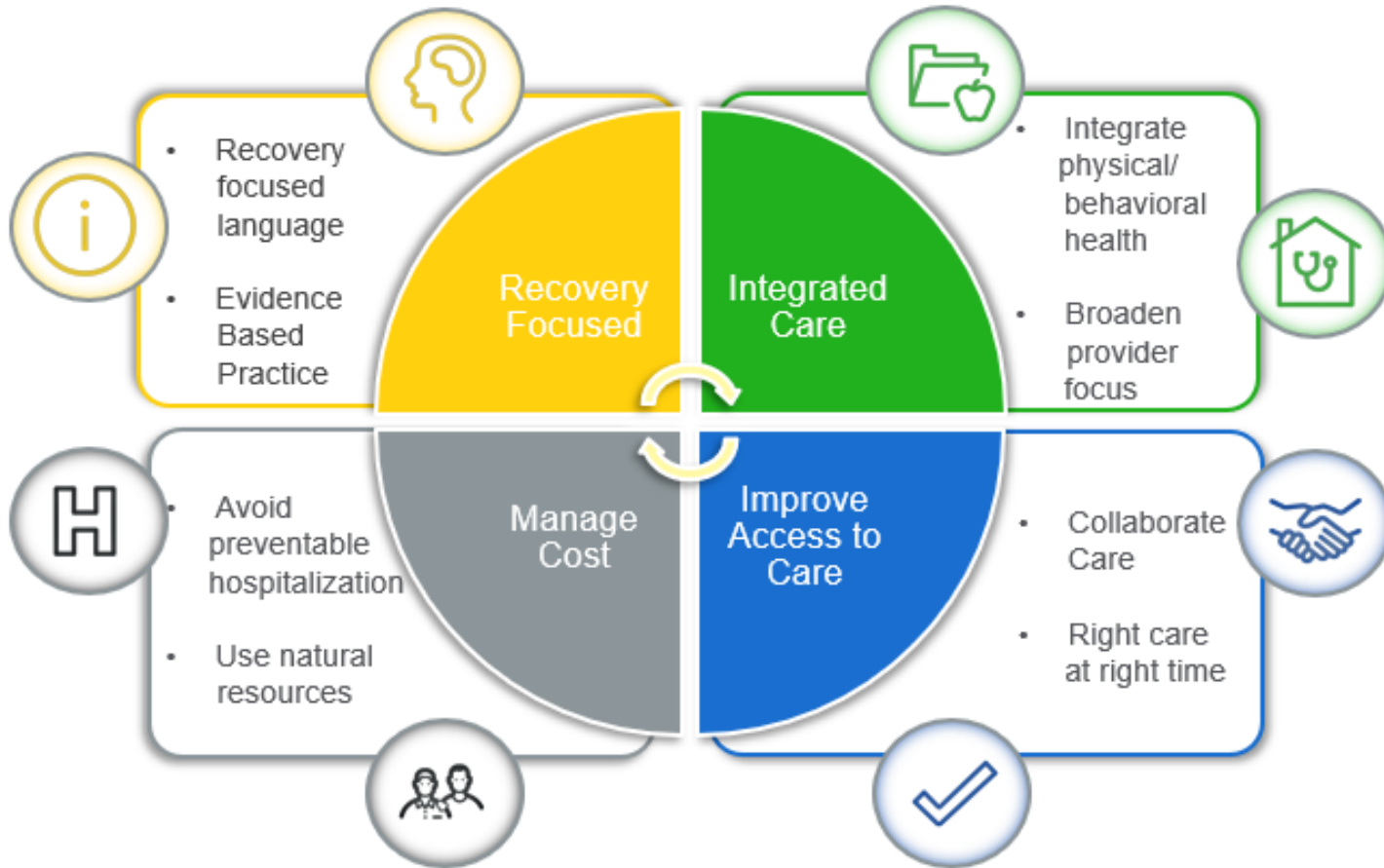
Demonstrate excellence in everything we do

Awareness of Diversity and Culture in Clinical Settings

- Differences found in diverse cultures populations
- Individual differences affect assessment and response to treatment
- Personality, culture, lifestyle and other factors influence client behavior
- Culturally sensitive counseling methods improve outcomes
- Dynamics of family systems and lifestyles influence treatment response
- Client advocacy needs to be specific to diverse cultures



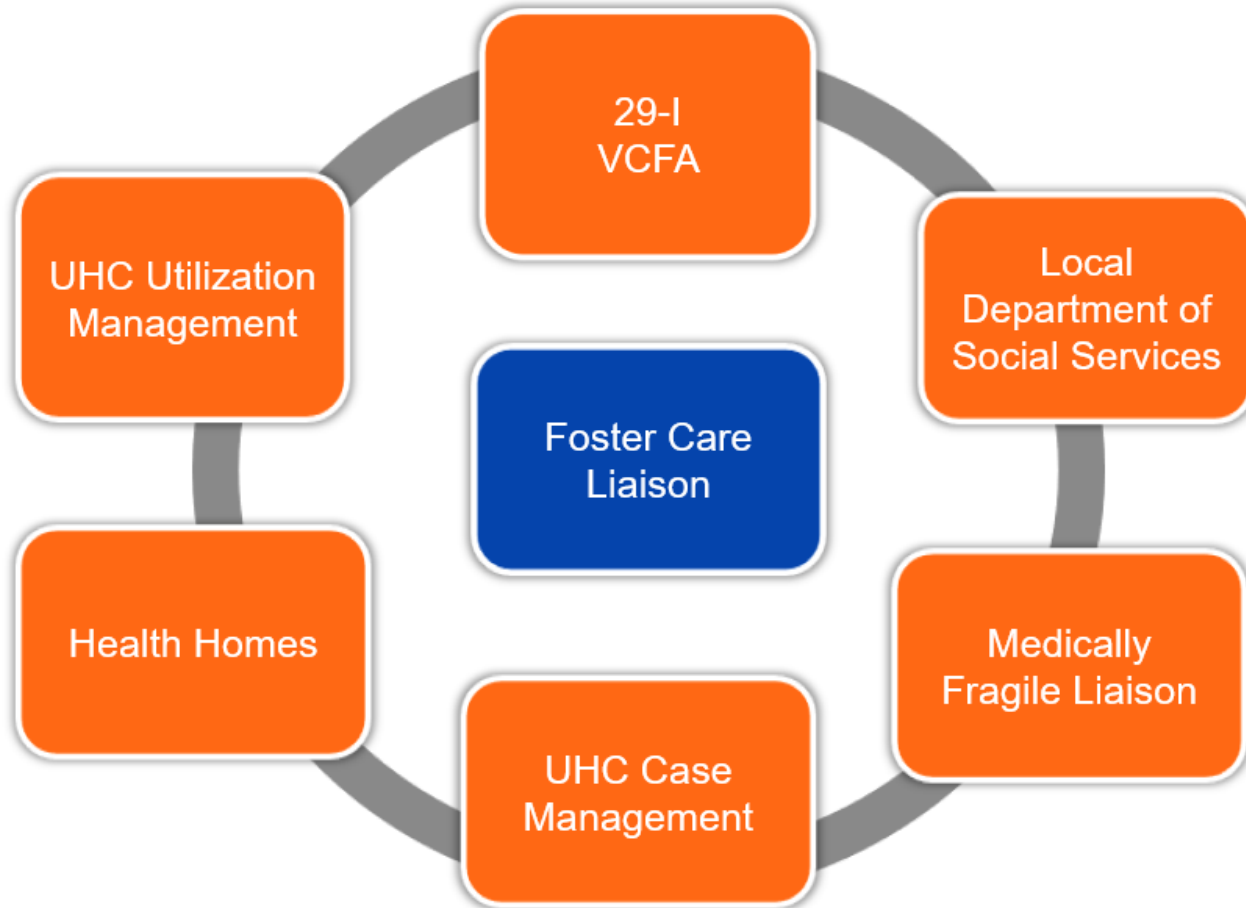
UnitedHealthcare: Our Goals and Clinical Vision





Working with UnitedHealthcare Foster Care Liaison

Access to Care: Foster Care Liaison



Foster Care Liaison Role

- UHC Foster Care Liaison (Cynthia Boucher) is the direct contact for the LDSS and the 29-I Health Care Facility Managed Care Liaisons and will be responsible for monitoring access for children in foster care.
- Foster Care Liaison will assist with enrollment, disenrollment, and access to care issues
- Foster Care Liaison is responsible for ensuring immediate issuance of a *Welcome Letter* or other temporary identification showing the effective date of enrollment or a replacement insurance identification
- Foster Care Liaison will work to ensure that there are no gaps in services for foster care children, including facilitating Single Case Agreements (SCA) with OON providers with expertise treating children in foster care, when necessary.

Lauren Fanwick – covering for Cynthia Boucher

Telephone: 1-315-274-1150

Email: nyfostercare@uhc.com

After Hours Contacts: Providers 1-866-362-3368 select option 8

Members 1-800-493-4647 select option 8



29-I Health Care Facilities/VFCAs Services Notification

Service Notification – Effective 7/1/21

29-I Health Care Facilities/VFCAs need to notify UnitedHealthcare **via Transmittal Form** regarding placement in to 29-I Health Care Facility or placement change:

- Member is placed in the care of 29-I Health Care Facility
- Member is discharged from Foster Care or 29-I Health Care Facility
- Member is moving to another 29-I Health Care Facility
- Member is moving to LDSS County
- Member is returning home
- Member ages out

The most recent Transmittal Form received by UHC will be considered the source of truth for the Member's current placement. Transmittal Form must be completed and submitted to the UHC **within 5 business days** of the change.

Discrepancies between the most recent Transmittal Form and monthly Foster Care Reconciliation Report should be resolved through the Foster Care Liaisons.

Service Notification – Effective 7/1/21

Transmittal Form should include essential information listed below:

- 29-I Health Facility evaluations
- Member demographic fields (known)
- Medicaid Client Identification Numbers (known)
- PCP name or change in PCP
- Other pertinent clinical or medical information

For more information about the Transmittal Form or for detailed instructions for completion and submission go to:

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29-I_transmittal_form_and_instructions.pdf

Submit Transmittal Forms to: americhoice_ny_chp@uhc.com

Service Notification – Prior to 7/1/21

29-I Health Care Facilities/VFCAs need to notify UnitedHealthcare of Members that are being assigned to UnitedHealthcare **prior to 7/1/21**.

29-I Health Care Facilities/VFCAs have an option to submit **Transmittal Forms** or **Service Needs Spreadsheet**. UnitedHealthcare recommends use of Service Needs Spreadsheet when multiple children are being enrolled.

Submit Transmittal Forms to: americhoice_ny_chp@uhc.com

Submit Service Needs Spreadsheet to: nyfostercare@uhc.com

UnitedHealthcare is asking 29-I Health Care Facilities to clearly indicate if the service request is *urgent*.

Post Discharge: Under 21 Years Old

Children/youth who are discharged from 29-I Health Facility may continue to receive OLHRS from any 29-I Health Facility **up to one-year post discharge**.

These services may continue beyond the one-year post discharge date, if any of the following apply:

- Child/youth is **under 21** years old and in receipt of services through the 29-I Health Facility for an Episode of Care and has not yet safely transitioned to an appropriate provider for continued necessary services
- Child/youth is **under 21 years old** and has been in receipt of CFTSS or Children's HCBS through the 29-I Health Facility and has not yet safely transitioned to another designated provider for continued necessary CFTSS or HCBS in accordance with their plan of care

Submit Transmittal Form to: nyfostercare@uhc.com

Post Discharge: 21 Years or Older

Enrollee is 21 years or older, 29-I Health Facilities may continue to provide OLHRS when the following applies:

- Enrollee has been placed in the care of the 29-I Health Facility and has been in receipt of OLHRS prior to their 21st birthday, and the Enrollee has not yet safely transferred to another placement or living arrangement
- Enrollee and/or their authorized representative is compliant with a safe discharge plan
- 29-I Health Facility continues to work collaboratively with the MMCP to explore options for the Enrollee's safe discharge, including compliance with court ordered services, if applicable

Submit Transmittal Form to: nyfostercare@uhc.com



Case Management

Health Home Case Management

- Enrollees in Foster Care may be eligible for **Health Home case management**
- UHC, LDSS, 29-I Health Facility will coordinate with the Health Home case manager to ensure that a comprehensive POC is completed, and authorization of services is efficient and provided in a timely manner
- UHC is responsible for monitoring, on a regular basis, whether the services in the POC are being delivered and whether those delivered services meet the needs of the enrollee
- The Health Home will work with the UHC/LDSS/29-I Health Facility to refer enrollee to services as need dictates, in accordance with POC

UHC Case Management Services

- Enrollees in Foster Care may be eligible for UHC case management.
- UHC will assign Members with a behavioral health diagnosis to a licensed behavioral health case manager for engagement to case management.
- UHC case management services are voluntary. If accepted by VFCA, Member will be assisted with coordination of their behavioral health and physical health services and ensure they are linked with the appropriate services that meet their needs.
- UHC licensed behavioral health case managers and medical case managers will collaborate with VFCAs and Member/family as appropriate to develop a person-centered plan of care.
- UHC licensed behavioral health case managers provide telephonic support and will meet with Member/family in the community as appropriate to provide advocacy and support.*


* Community visits are currently on hold due to the pandemic but will resume in the near future.



Member Enrollment & Eligibility

Under 21 Membership Cards: Contact for Providers

For Providers: UHCprovider.com 1-866-362-3368


 **UnitedHealthcare** | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000002 Group Number: NYCDFHP

Member:
REISSUE ENGLISH
CIN#: 9999999222

PCP Name:
DOUGLAS GETWELL
PCP Phone: (718)260-4600

Payer ID: 87726

 **OPTUMRx**
Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800

0501

UnitedHealthcare Community Plan for Families
Administered by UnitedHealthcare of New York, Inc.

In an emergency go to nearest emergency room or call 911. Printed 08/08/18

This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.

For Members:	800-493-4647	TTY 711
NurseLine:	877-597-7801	TTY 711
Mental Health:	888-291-2506	TTY 711

For Providers: UHCprovider.com 866-362-3368


Medical Claims: PO Box 5240, Kingston, NY, 12402-5240

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

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Accessing Member Information

Member Portal: myuhc.com

- UnitedHealthcare is allowing 29-I/VFCAs to gain easier access to a Member's information through a UHC portal
- 29-I/VFCA will now be able to update contact information and set their communication preferences on the Member portal
 - ✓ View and print their digital Member ID card
 - ✓ Request a replacement ID card
 - ✓ Ability to change PCP
 - ✓ Manage personal preferences
 - ✓ New benefits & coverage experience
 - ✓ Dedicated health & wellness content
 - ✓ Search for providers & facilities
 - ✓ Find covered drugs
 - ✓ See their claims and account balances
 - ✓ Quickly & easily connect with nurses & Member Services

Telephonic:

Member Services: **1-800-493-4647**

- For HIPPA compliance, 29-I/VFCAs will be required to provide the **MMIS** number assigned to them by the State.

After Hours Line:

1-800-493-4647 Select Option 8

29-I/VFCA Security Access

Gaining Access to Secure Portal: myuhc.com

Information necessary for establishing Member's account:

- **Email address** – Recommendation: Make sure the email address is assigned to the agency and not a specific staff member
- **Agency Phone Number** – Recommendation: use land line
- **Security Question** – Recommendation: Use the MMIS number
- **Username:** Should be associated with the child

Example: JoeSmith

Recommendation: Username for the Member's account should be personalized to include information such as the Member's birthday or last 4 digits of Social Security number, etc.

29-I/VFCA Security Access (continued)

Modifying Access to Secure Portal: myuhc.com

If there is a change in case assignment, access should be reassigned & updated in the Member's account.

Updating the Member's account should be incorporated into the Member's Discharge Plan.

- Reasons an account may need to be changed:
 - ✓ Child moves to another VFCA
 - ✓ Child moves to LDSS county
 - ✓ Child discharged to home
 - ✓ Child ages out

Information that will need to be updated in the Member's account to transfer access includes:

- ✓ New email address
- ✓ New phone number
- ✓ New security Questions
- ✓ New password

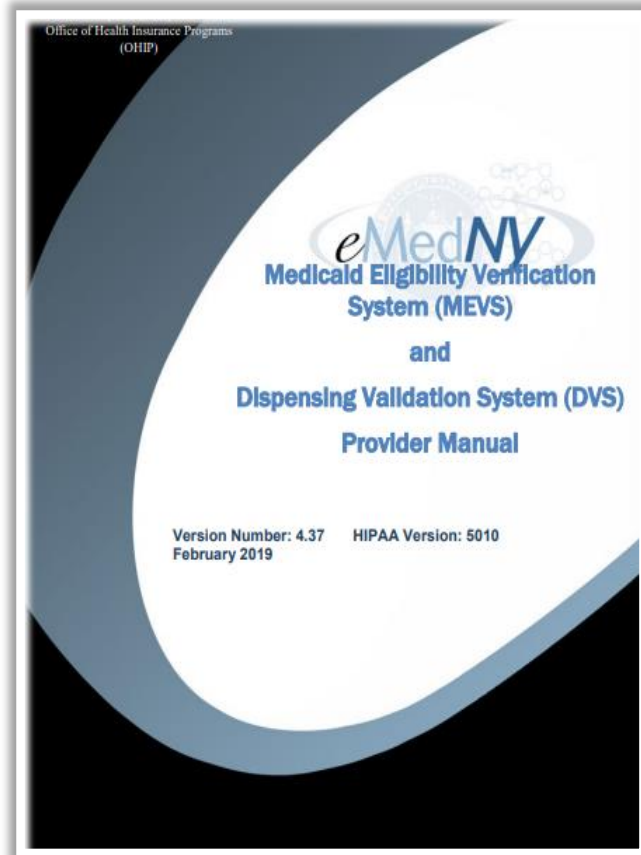
Eligibility & Benefits: uhcprovider.com/eligibility

The screenshot shows the UnitedHealthcare provider website. At the top, there is a navigation bar with the UnitedHealthcare logo, a search bar, and links for 'Members', 'New User & User Access', 'Find Dr.', and 'Sign In'. Below the navigation bar is a large banner image of a smiling woman with curly hair and glasses. To the left of the banner, there is a red-bordered box containing the text 'Eligibility and Benefits' and a 'Learn More' button. Below the banner, there is a section for 'See All COVID-19 Updates & Resources' with a right-pointing arrow. Underneath, there are four columns of text, each with a date and time: 'May 13, 2021 at 10:54 AM COVID-19 Vaccines', 'May 13, 2021 at 9:59 AM CT Testing, Treatment, Coding & Reimbursement', 'May 13, 2021 at 11:13 AM CT Telehealth Services', and 'May 13, 2021 at 4:11 PM CT Practice Administration'. At the bottom, there are four cards: 'Claims and Payments' with a 'Learn More' button, 'Eligibility and Benefits' with a 'Learn More' button (highlighted with a red box), 'Policies and Protocols' with a 'View Current' button, and 'Prior Authorization and Notification' with a 'Learn More' button. A red arrow points from the 'Eligibility and Benefits' card to the red-bordered box above it.

Additional Resource: Member Eligibility

Medicaid Eligibility Verification System (MEVS):

- [ePaces](#)
- X12 270/271 Health Care Benefit Inquiry and Response
- eMedNY Call Center 1-800-343-9000





29-I Health Facility/VFCA Covered Services

Core Limited Health-Related Services (CLHRS)

All licensed Article 29-I Health Facilities are required to provide, or make available through a contract arrangement, all **Core Limited Health-Related Services**.

Below are categories of services covered by Article 29-I Health Care Facilities:

Core Limited Health-Related Services (Mandatory)

- Skill Building Licensed Behavioral Health Practitioner (LBHP)
- Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- Clinical Consultation and Supervision
- Managed Care Liaison/Administration

[2020 Care Provider Manual - New York](#)

Other Limited Health Related Services (OLHRS)

Below are categories of services covered by Article 29-I Health Care Facilities:

Other Limited Health-Related Service (Optional)

- Screening, diagnosis and treatment services related to **physical health**
- Screening, diagnosis and treatment services related to **developmental and behavioral health**
- Children and Family Treatment and Support Services (CFTSS)
- Children's Home and Community Based Services (HCBS)

For more information about the services covered under the 29-I Health Facility/VFCA transition, refer to the UnitedHealthcare Provider Manual:

[**2020 Care Provider Manual - New York**](#)

OLHRS Excluded Services

OLHRS does not include the following services*:

- Surgical, Dental, Orthodontic, and Nursing Services
- General Hospital Services (Including Emergency Care)
- Birth Center Services
- Emergency Intervention for Major Trauma
- Treatment of Life-Threatening or Potentially Disabling Conditions
- Skill Building Activities
- Medicaid Treatment Planning and Discharge Planning

** These services are included in the Preventive or Rehabilitative Residential supports of the mandatory CLHRS*

Required Initial Health Care Assessments

Activity	Time Frame	Mandate Activities	Performed By
Initial screening/ screening for abuse/ neglect	24 hours	Yes	Health practitioner (preferred) or child/youth welfare caseworker/health staff
Initial medical assessment	30 days	Yes	Health Practitioner
Initial dental assessment	30 days	Yes	Health Practitioner
Initial mental health assessment	30 days	No	Mental Health practitioner
Family Planning Education and Counseling and follow- up health care for youth age 12 and older (or younger as appropriate)	30 days	Yes	Health Practitioner
Initial developmental assessment	45 days	No	Health Practitioner
Initial substance abuse assessment	45 days	No	Health Practitioner
Follow-up health evaluation	60 days	No	Health Practitioner

[New York Medicaid Program 29-I Health Facility Billing Guidance](#)

Evidenced Based Care & Areas of Expertise

UHC recognizes and encourages use of the following treatment modalities as evidence-based practices:

- Trauma-Focused Cognitive Behavioral Therapy: #1
- Trauma-Focused Cognitive Behavioral Therapy: #2
- Trauma-Focused Cognitive Behavioral Therapy: #3
- Trauma Informed Child-Parent Psychotherapy #1
- Trauma Informed Child-Parent Psychotherapy #2
- Trauma Informed Child-Parent Psychotherapy #3
- Multi-systemic Therapy #1
- Multi-systemic Therapy #2
- Functional Family Therapy #1
- Functional Family Therapy #2
- Multi-Dimensional Treatment Foster Care
- Dialectical Behavior Therapy

For more information about UHC Evidence Based Training and Practice Guidelines go to [Provider Express](#). as well as Foster Care Section of Provider Manual:

[New York Medicaid - Children Clinical Practice Guidelines: Behavioral Health](#)

Center For Practice Innovations (CPI)

Five core trainings are available through CPI, free of charge, for children's behavioral health clinical staff:

- Family-Driven and Youth Guided Practice
- Recovery and Resilience for Children and Youth
- Understanding Family Engagement and Best Practices
- Coordination/collaboration Across Child Serving Systems
- Trauma Informed Care in the Child/Adolescent Behavioral Healthcare System

For information and instructions on registration, go to:

practiceinnovations.org > I want to learn about >

[Uniform Clinical Network Provider Training](#)



Utilization Management

Prior Authorization & Initial Notification*

Service	Prior Authorization
Core Limited Health Related Services	No
Other Limited Health Related Services Behavioral Health	No
Other Limited Health Related Services Medical	No (with exceptions of CPT Codes 92521-92526 with Rate Code 4598)
Children and Family Treatment Support Services	No
Home and Community Based Services	Yes – Refer to next slide

Refer to the NY Medicaid Program 29-I Health Facility Billing guidance for more information about prior authorization and initial notification at the following link:

[New York Medicaid Program 29-I Health Facility Billing Guidance](#)

* Applies to In-Network providers only. Out-of-Network providers need to contact UHC in order to initiate a Single Case Agreement

HCBS Authorization & Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Caregiver/Family Supports and Services	No	Within 14-days of start of service	Yes
Community Self-Advocacy Training and Support	No	Within 14-days of start of service	Yes
Community Habilitation	No	Within 14-days of start of service	Yes
Day Habilitation	No	Within 14-days of start of service	Yes
Prevocational Services	No	Within 14-days of start of service	Yes
Supported Employment	No	Within 14-days of start of service	Yes
Environmental Modifications	Yes	N/A	Yes
Vehicle Modifications	Yes	N/A	Yes
Adaptive and Assistive Equipment	Yes	N/A	Yes
Palliative Care (Bereavement, Pain & Symptom Management, Expressive Therapy, Massage Therapy)	No	Within 14-days of start of service	Yes
Planned Respite	No	Within 14-days of start of service	Yes
Crisis Respite	No	Within 14-days of start of service	Yes

BH Submission Of Authorizations & Notifications

Electronic Request: Submitted through the **Prior Authorization and Notifications (PAAN)** system. Supporting documentation should include Notification Documents. The PAAN system can be found at:

uhcprovider.com/paan

Telephonic: Service request that require prior authorization, notification, or concurrent review can be obtained by calling:

Toll-free line: 1-866-362-3368

Follow prompts to:

- Enter TIN
- Select “Care Notifications and Prior Authorizations”
- Enter UHC Member ID
- Enter Member DOB
- Select “Mental Health”

Out-of-Network Providers: Call UHC to initiate a Single Case Agreement to ensure claims payment.

Medical Submission Of Authorizations & Notifications

Electronic Request: Submitted through the **Prior Authorization and Notifications (PAAN)** system. Supporting documentation should include Notification documents. The PAAN system can be found at:

uhcprovider.com/paan

Telephonic: Service request that require prior authorization, notification, or concurrent review can be obtained by calling:

Toll-free line: 1-866-604-3267

Out-of-Network Providers: Call UnitedHealthcare to initiate a Single Case Agreement (SCA) to ensure claims payment. Required elements for the request include:

- Clinical information (diagnosis code, CPT/PPT)
- Clinical needs supporting request
- Out-of-network visit type (office visit etc.)

Electronic Prior Authorization and Notification (PAAN): uhcprovider.com

The screenshot shows the UnitedHealthcare provider portal homepage. At the top left is the UnitedHealthcare logo with the tagline "Resources for physicians, administrators and healthcare professionals". To the right is a search bar with the text "What can we help you find?". Further right are links for "Members", "New User & User Access" (highlighted with a red box), "Find Dr.", and a "Sign In" button. Below the navigation is a "Goodbye Explorer" notification box with an "Update now" button. The main content area features a "COVID-19 Updates" section with four links: "COVID-19 Vaccines", "Testing, Treatment, Coding & Reimbursement", "Telehealth Services", and "Practice Administration". Below this is a grid of four service categories: "Claims and Payments", "Eligibility and Benefits", "Policies and Protocols", and "Prior Authorization and Notification" (highlighted with a red box). Each category has a "Learn More" or "View Current" button.

Select "New User & User Access" to create a secure account

Select "Prior Authorization and Notification" to access PAAN and training resources

Medical & BH Utilization Management Appeal

Toll Free Appeals Phone: 1-866-556-8166 or TTY-TDD 7

- Phone number can be used to check status of an appeal and verbally submit an appeal. (**Note:** Any Appeal filed verbally must also be followed up with a written, signed appeal)
- Enrollees/Providers have 60 calendar days from the date of denial to request an appeal
- Only one internal appeal allowed
- Clinical appeal turn-around time is 72 hours

UM Appeals for Health Services:

UnitedHealthcare Community Plan
Attn: UM Appeals Coordinator
P.O. Box 31364
Salt Lake City, UT 84131



Credentialing

Becoming a Participating Provider

Step 1: Must be a state designated provider – follow link below for additional information

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

Step 2: Complete and submit applicable Application on providerexpress.com, including any requested document(s)

For example:

- Signed Agreement
- Signed Disclosure of Ownership Control Interest Statement
- W9 Form

Step 3: The Application will be reviewed and, if approved by the Optum Credentialing Committee, the provider will be notified

Participating Provider

Contract Amendment is required if your agency is already a participating provider and you need to add or update Level of Care or Area of Expertise (AOE). Example of AOE is Trauma Informed Care.

Please ensure to include evidence-based practices used at your agency on the application.

Further questions and requests can be submitted by email to:

nynetworkmanagement@optum.com

To obtain the information for your Provider Relations contact, go to:

matrix.ctacny.org

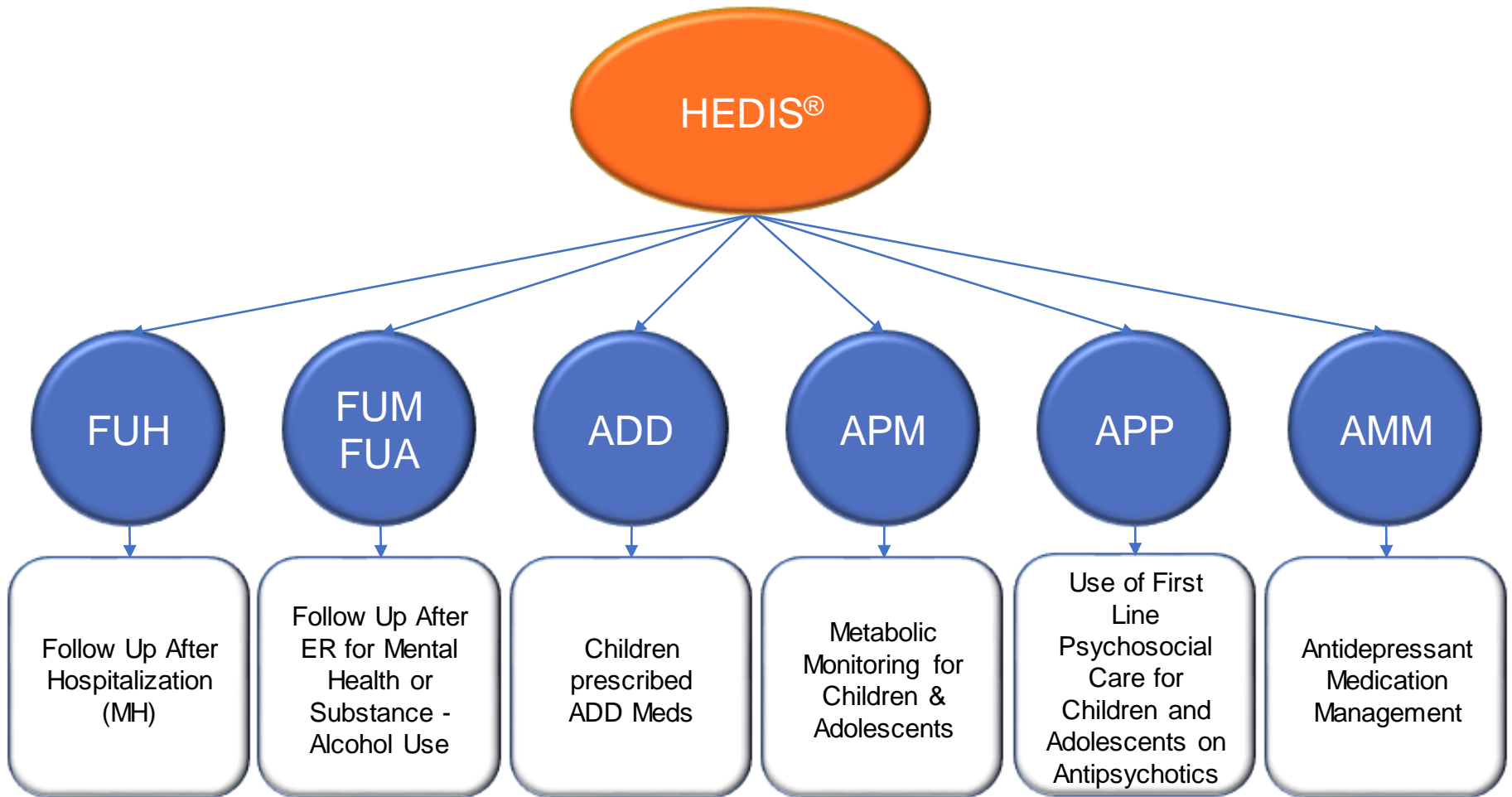
Participating Provider: Recredentialing

- In accordance with NCQA, recredentialing generally occurs every 36-months
- Providers should receive information about recredentialing several months in advance of the due date. (If you do not receive it, please proactively reach out to your Provider Relations contact)
- Failure to complete recredentialing documents or participate in the recredentialing site audit (when applicable) will impact the provider's status in the network
- All requested recredentialing documents must be completed
- Site audit may be required
- To ensure that recredentialing is completed prior to the expiration date of the credentialing cycle, it is important to complete and submit required documentation as soon as possible after receipt of your notice



Quality Improvement

Quality Program: HEDIS® Measures



Complaints: Quality of Care (QOC) & Quality of Service (QOS)

Timeframes

- **Urgent complaints:** resolved within 48 hours after receipt of all necessary information and no more than 7 days from the receipt of report
- **Non-Urgent complaints:** resolved within 45 days after the receipt of all necessary information and no more than 60 days from receipt of report

Who Can Report

- Member, a designee (with written consent), or plan representative

Investigation

- Contracted providers are required to cooperate with all aspects of the investigation process, including providing requested charts, policies and other documentation in a timely manner, and provide corrective action plans within the required timeframe.

Sentinel Events/Critical Incident

- Definition:** Serious, unexpected occurrence involving a Member that is believed to represent a possible quality of care issue on the part of the practitioner/ facility providing services, which has, or may have, deleterious effects on the Member, including death or serious disability, that occurs during the course of a Member receiving behavioral health treatment
- List:** A list of sentinel events/critical incidents that must be reported can be found on providerexpress.com
- Who Can Report:** Provider
- Timeframe(s):** As soon as possible, no later than one (1) business day following the event
- Investigation:** Contact as soon as possible, no later than three (3) business day following the event providers are required to cooperate with all aspects of our investigation process, including providing requested charts, policies and other documentation in a timely manner, as well as responding to requests for corrective action plans within the required timeframe
- How to report:** Standardized reporting form located at providerexpress.com
- Fax:** 1-844-342-7704
Attn: Quality Department
- Email:** NYBH_QIDept@uhc.com



Billing and Claims

Clean Claim

A claim with no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payments from being made on the claim is considered a **clean claim**.

All required fields are:

- Complete
- Legible

All claim submissions must include, but are not limited to:

- Member's name, identification number and date of birth
- Provider's Federal Tax I.D. number (TIN)
- National Provider Identifier (NPI)
- Taxonomy Code
- A complete diagnosis (ICD-10-CM)



Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at [cms.gov](https://www.cms.gov)

Clean Claim (continued)

On the correct claim form:

- Agency
- Facility (i.e. 29-I Health Care Facility)

Basic information:

- Member: Name, Medicaid ID, DOB
- Provider: TIN, NPI, Taxonomy Code
- ICD-10 codes

Correct code(s) corresponding to service provided:

- Value, Rate Code, Revenue, CPT/HCPCS, Procedure Code, Modifiers, etc.

Date(s) of Service



Claims Submission: Unlicensed Provider ID

Unlicensed Practitioner ID as Attending:

OASAS Unlicensed Practitioner ID: 02249145

OMH Unlicensed Practitioner ID: 02249154

OCFS Unlicensed Practitioner ID: 05448682



For Electronic/EDI Claims:

When submitting claims using an unlicensed practitioner ID as Attending, providers will submit the NM1 Attending Provider Loop 2310A as follows:

- NM108 and NM109 will be blank/not sent
- REF Attending Provider Secondary Information will be added
- REF01 G2
- REF02 the OASAS, OMH, or OCFS (CFTSS and HCBS) unlicensed practitioner ID (example: REF*G2*02249145~)

Electronic Claim Submission MCTAC Resources

- MCTAC PowerPoint presentation provides descriptions and instructions for every field required for a successful 29-IVFCA claim submission refer to:

29ibilling.ctacny.org/

- Billing Overview: An interactive UB-04 form that walks through the components required to submit a clean claim

MCTAC Billing Tool : billing.ctacny.org/



29-I Required Facility UB-04 Billing Form - Top

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
1. Billing Provider Information	5. Federal Tax ID #	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM
8 PATIENT NAME	9 PATIENT ADDRESS	6. Statement Covers Period	7
10 BIRTHDATE	11 SEX	12 DATE	13 HR
10. Birth Date	11. Patient Sex	9. Patient Address	21
31	32	33	34
39	40	41	42
39. Value Code	46. Service Units	42. Revenue Code	44. CPT/HCPCS Procedure Code
45	46	47	48
45. Service Date	47. Total Charges	48	49

29ibilling.ctacny.org/

29-I Required Fields UB-04 Form - Bottom

PAGE		OF		CREATION DATE				TOTALS					
50 PAYER NAME				51 HEALTH PLAN ID		52 REL. INFO	53 AGO. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
58 INSURED'S NAME				60. Insured's Unique ID				61 GROUP NAME		62 INSURANCE GROUP NO.		57 OTHER PRV ID	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME		Unlicensed Provider ID			
67. Principal Diagnosis				70*. Patient Reason for Visit				71 FPS CODE		72 ECI		73	
69 ADMIT DX				70 PATI REASON DX		71 FPS CODE		72 ECI		73		76 ATTENDING NPI	
74 PRINCIPAL PROCEDURE CODE				a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		77 OPERATING NPI	
76 ATTENDING NPI				77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		76 ATTENDING NPI		77 OPERATING NPI	
76 ATTENDING NPI				77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		76 ATTENDING NPI		77 OPERATING NPI	
76 ATTENDING NPI				77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		76 ATTENDING NPI		77 OPERATING NPI	

59. NPI

60. Insured's Unique ID

67. Principal Diagnosis

70*. Patient Reason for Visit

76. Attending Provider

78. Other Provider

Field 70 is a mandatory field. In accordance with NYS requirements if the Member has more than one diagnosis, only one diagnosis is required.

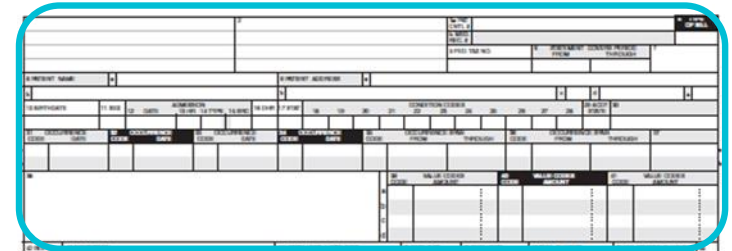
Providers may only use **ICD-10 code R69** when there is no other diagnosis at the time of service.

Unlicensed Provider ID

OMH 02249154
OASAS 02249145
OCFS 05448682

CLHRS Claims Example Cross Walk

Claims Example 1		
Description	Code	Field on UB-04
Facility	Supervised Independent Living Program	1
Rate Code	4295	39
Px Code	S5145	44
U2 Modifier	U3	44
Units	Per Diem	46



Claims Submission

Electronic Claim Submission Medical & BH (837i): Payer ID 87726

Paper Claim Submissions (UB-04):

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original UB-04 Claim Form (no photocopies)
- Type information to ensure legibility
- Complete all required fields (including ICD indicator and NPI number)
- Submit paper claims to:

Behavioral Health Claims	Medical Claims
Optum Behavioral Health P.O. Box 30760 Salt Lake City, UT 84130-0760	UnitedHealthcare Community and State PO Box 5240 Kingston, NY 12402

Electronic Data Interchange

Submit batches of claims electronically, right out your practice management system software:



- Ideal for high volume Providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee

Optum can recommend a vendor that is right for you:

- Contact via phone at 1-800-765-6705
- Provide: Name, Tax ID, Claims Volume, Single or Multi-Payer Interest

Core Limited Health Related Services* (CLHRS)

Level	Description	Facility	Rate Code	Procedure Code	Modifier	Unit Measure	Unit Limit
Level 1	General Treatment	<ul style="list-style-type: none"> Foster Boarding Home (FBH) 	4288	H0041	N/A	Per Diem	1/Day
Level 2	Specialized Treatment	<ul style="list-style-type: none"> Therapeutic Boarding Home (TBH)/AIDS Medically Fragile (former Border babies) Special Needs 	4289 4290 4291	S5145	N/A TF U1	Per Diem	1/Day
Level 3	Congregate Care	<ul style="list-style-type: none"> Maternity Group Home (GH) Agency operated Boarding Home (ABH) Supervised Independent Living Program (SILP) 	4292 4293 4294 4295	S5145	HD HA U2 U3	Per Diem	1/Day
Level 4	Congregate Care	<ul style="list-style-type: none"> Group Residence (GR) Diagnostic Institutional Hard to Place/other Congregate Raise the Age 	4296 4297 4298 4299 4300	S5145	HA,U5 TG U5 U6 U7	Per Diem	1/Day

*Core Limited Health Related Services (CLHRS) are reimbursed at the government rate for services that the 29-I Health Facility provides

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf

BH- Other Limited Health Related Services (OHLRS)

Rate Code	Service Description	Modifier	Procedure Code	Unit Measure	Unit Limit
4588	<ul style="list-style-type: none"> • Alcohol and /or Drug Screening <ul style="list-style-type: none"> ○ Structured screening and Brief Intervention (SBI) services, <u>15-30 minutes</u> ○ Structured screening and Brief Intervention (SBI) services, <u>< 30 minutes</u> 	U9	H0049 H0050 99408 99409	15 Min	24 Units/ Year
4590	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> ○ 30 min with Patient ○ 45 min with Patient ○ 60 min with Patient • Family Psychotherapy <ul style="list-style-type: none"> ○ w/o Patient (50 min) ○ w/ Patient (50 min; minimum 26 min) 	U9	90832 90834 90837 90846 90847	30 Min 45 Min 60 Min 50 Min 50 Min	12 Units/ Day
4591	<ul style="list-style-type: none"> • Multi-Family Group Psychotherapy • Group Psychotherapy (other than of a Multi-family) 	U9	90849 90853	15 Min	8 Units/ Day

BH Other Limited Health Related Services (OLHRS) (continued)

Rate Code	Service Description	Modifier	Procedure Code	Unit Measure	Unit Limit
4592	<ul style="list-style-type: none"> Neuropsychological testing evaluation, first hour Neuropsychological testing evaluation, including: <ul style="list-style-type: none"> standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed, List each additional hour separately.in addition to code for primary procedure 	U9, SC	96132	N/A	48 Units/Year
	96133				
4593	<ul style="list-style-type: none"> Psychiatric diagnostic examination Psychological or neuropsychological test <ul style="list-style-type: none"> Administration and scoring Test administration and scoring/additional 30 minutes Integration of patient data Integration of patient data/additional hour 	U9	90791	15 min	48 Units/Year
	96136				
	96137				
	96130				
	96131				

BH Other Limited Health Related Services (OLHRS) (continued)

Code	Service Description	Modifier	Procedure Code	Unit Measure	Unit Limit
4594	<ul style="list-style-type: none"> Office Visit - New Patient Office Visit - Established Preventive Medicine - Initial Preventive Medicine - Established Preventive Medicine counseling and/or risk factor reduction interventions provided to an individual 	U9, SC	99202-99205 99212-99215 99381-99385 99391-99395 99401-99404	15 Minutes	12 units/day
4595	<ul style="list-style-type: none"> Smoking Cessation Treatment (minimum 10 min) 	U9, SC	99407	15 Minutes	2 units/day

Medical Other Limited Health Related Services (OLHRS) (continued)

Rate Code	Service Description	Modifier	Procedure Code	Unit Measure	Unit Limit
4598	• Hearing- screening pure test tone air only	U9, SC	92551	15 Minutes	8 units/ day
	• Evaluation of speech fluency		92521		
	• Evaluation of speech sound production		92522		
	• Evaluation of speech sound production, ○ with evaluation of language comprehension and expression		92523		
	• Behavioral and Qualitative analysis of voice and resonance		92524		
	• Treatment of swallowing dysfunction and/or oral function for feeding		92526		
4599	• Administration of FREE vaccine	SL	90460	one occurrence	4 units/ day

Medical Other Limited Health Related Services (OLHRS) (continued)

Rate Code	Service Description- Laboratory	Modifier	Procedure Code	Unit Limit
4600	• Lithium	U9, SC	80178	N/A
4671	• Urinalysis, by dip stick or tablet reagent • Urinalysis, by dip stick or tablet reagent • Urinalysis; Bacterium screen, except B	U9, SC	81002 81003 81007	N/A
4672	• COVID Infectious agent antigen detection by immunoassay	U9, SC	87426	N/A
4674	• Urine pregnancy test, by visual color co	U9, SC	81025	N/A
4675	• Hemoglobin; glycosylated (A1C)	U9, SC	83036	N/A
4676	• Blood count; Hemoglobin (HGB)	U9, SC	85018	N/A
4677	• Antibody; HIV-1	U9, SC	86701	N/A
4678	• Smear, primary source with Interpretation	U9, SC	87210	N/A
4679	• Infectious agent detection by nucleic ac	U9, SC	87631	N/A
4680	• Infectious agent detection by immunoassay	U9, SC	87880	N/A
4681	• Infectious agent antigen detection by IM (Influenza rapid test)	U9, SC	87804	N/A

Medical Other Limited Health Related Services (OLHRS) (continued)

Rate Code	Service Description- Laboratory	Modifier	Procedure Code	Unit Limit
4682	Molecular PCR Test INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), AMPLIFIED PROBE TECHNIQUE	U9, SC	87635 U0002	N/A
	Molecular PCR Test 2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE TYPES OR SUBTYPES (INCLUDES ALL TARGETS), NON-CDC.			
4683	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (Coronavirus disease [COVID-19])	U9, SC	G2023	N/A

Behavioral Health and Medical Services

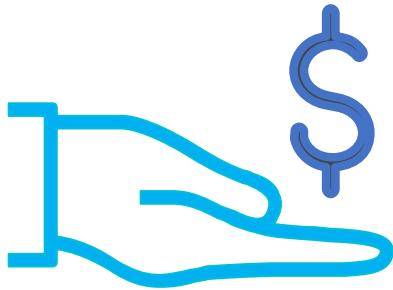
Rate Code	Service Description	Modifier	Procedure Code	Unit Limit
4673	<ul style="list-style-type: none"> In person interpreter Services (BH/Medical) Telephone Interpreter Services (BH/Medical) 	GQ	T1013	N/A

Medical Services Only

Rate Code	Service Description	Modifier	Procedure Code	Unit Limit
4684	• Intradermal Tuberculosis (TB) test		86580	
5497	• PFIZER - COVID-19 Vaccine Administration – 1st Dose		0001A	1
5498	• PFIZER - COVID-19 Vaccine Administration – 2nd Dose		0002A	1
5499	• MODERNA - COVID-19 Vaccine Administration – 1st Dose		0011A	1
5500	• MODERNA - COVID-19 Vaccine Administration – 2nd Dose		0012A	1
5507	• Janssen - COVID-19 Vaccine Administration		0031A	1

Receive Payment Faster

Benefits of Optum Pay™



- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for Optum Pay is easy!

- Visit the [Optum Pay website](#) for more information and to complete your enrollment
- Contact Optum Financial Services for assistance: 1-877-620-6194

myservices.optumhealthpaymentservices.com/registrationSignIn.do

Medical & BH Billing Claims Appeals

- Process by which Member, or provider on behalf of Member, requests a review of adverse determination(s) on the health care services or any amounts that the Member must pay toward a covered service
- Appeal of claim payment (amount, partial) or denial: within 60-days of receipt of Provider Remittance Advice (PRA)
- Appeals should be submitted to:

United Healthcare Community Plan Appeals
P.O. Box 31364
Salt Lake City, Utah 84131-0364

Claims Testing

UnitedHealthcare encourages 29I Health Care Facilities/VFCAs to engage in Claims Testing.

If your organization is interested in Claims Testing, please contact:

Heidi Hopkins

NY Claims Liaison

Telephone: 518- 313-4844

Email: Heidi_Hopkins@Optum.com

Indicate in the subject line: *New York Children's Claim Testing*



Pharmacy

State Pharmacy Resource

NEW YORK STATE | **Department of Health** | **Office of Health Insurance Programs** | **New York State Medicaid Managed Care (MMC) Pharmacy Benefit Information Center**

HOMEPAGE | DRUG LOOK-UP | DRUG QUICKLISTS | FAQ | NEWS & HELPFUL LINKS | CONTACT US

MMC News ▶ 1/8/19 Medicaid Pharmacy Program Opioid Management Resources

If you have questions or need a definition, please check our frequently asked questions (FAQs) page.

To find out if a drug is covered, please type in the drug name and then select from the drop down menu. Then choose whether you are looking for the brand or generic formulation of the drug, or both. Lastly, select the health plan(s) you would like to compare. See the Drug Quicklist tab to view drugs listed by selected therapeutic classes.

Drug Look-Up

Type

All Generic Brand

Plan

<input checked="" type="checkbox"/> Amida Care	<input checked="" type="checkbox"/> Fidelis Care	<input checked="" type="checkbox"/> MetroPlus Health Plan
<input checked="" type="checkbox"/> Affinity Health Plan	<input checked="" type="checkbox"/> Healthfirst	<input checked="" type="checkbox"/> MVP Health Care
<input checked="" type="checkbox"/> Capital District Physicians Health Plan	<input checked="" type="checkbox"/> HIP/Emblem Health	<input checked="" type="checkbox"/> United Healthcare
<input checked="" type="checkbox"/> Empire BlueCross BlueShield HealthPlus	<input checked="" type="checkbox"/> Health Now, Inc/BCBS of Western NY	<input checked="" type="checkbox"/> Univera Healthcare
<input checked="" type="checkbox"/> Excellus	<input checked="" type="checkbox"/> Independent Health Plan	<input checked="" type="checkbox"/> VNSNY Choice Health Plans
<input checked="" type="checkbox"/> Select/Unselect All	<input checked="" type="checkbox"/> Molina Healthcare	

UHCprovider.com State Pharmacy Resources

UnitedHealthcare
Resources for physicians, administrators and healthcare professionals

What can we help you find? Members New User & User Access Find Dr. Sign In

Home > ... > Pharmacy Resources and Physician Administered Drugs

UnitedHealthcare Community Plan of New York Homepage

Bulletins and Newsletters
Care Provider Manuals
Claims and Payments | UnitedHealthcare Community Plan of New York
Payment Policy Notifications
Pharmacy Resources and Physician Administered Drugs
Policies and Clinical Guidelines
Prior Authorization and Notification
Provider Forms and References
Training and Education
UnitedHealthcare Connected
UnitedHealthcare Dual Complete® Special Needs Plans

Pharmacy Resources and Physician Administered Drugs

COVID-19 NY State PPE Fee Guidance

The New York State Department of Financial Services (DFS) [recently issued guidance](#) stating that care providers should not charge members additional fees for items such as personal protective equipment (PPE). DFS expects New York care providers to refund any of these charges paid by the member that were more than the member's financial responsibility on a claim. If you have questions, please contact your provider advocate or network management contact. Thank you.

Find pharmacy information related to prescription drugs including prescription drug lists, step therapy, quantity limits and prior authorization requirements for Community Plan care providers.

[Prior Authorization Information for Your Patient's Medicaid Pharmacy Benefit](#)

- Opioid Program and Resources
- Pharmacy Prior Authorization
- Physician Administered Drugs / Medical Injectables / Specialty Pharmacy
- Preferred Diabetic Testing Supplies

Prescription Drug Lists / Formulary Lists, Drug Search and Updates

- Child Health Plus
- Essential Plan
- UnitedHealthcare Community Plan
- UnitedHealthcare Dual Advantage

PreCheck MyScript

Simplified prior authorization

Help save up to 50 minutes² by identifying medication options that don't require prior authorization, or by quickly submitting your prior authorization request right within the system.* Just answer a few questions and submit the request electronically — approvals are often confirmed within seconds.

Seamless integration with EMRs

PreCheck MyScript gives you the convenience of an uninterrupted workflow during prescribing. It is integrated into several of the most common EMR platforms or through the Link dashboard. Available EMR platforms currently include:

- DrFirst®
- Cerner® and Epic
- athenahealth® (through RxRevu and CenterX®)
- NewCrop
- Allscripts®



A solution that drives results

The PreCheck MyScript tool may help provide greater prescribing convenience, increased cost savings and improved medication compliance.



Convenience

- Up to **50 minutes saved** for providers per prescription per patient by avoiding prior authorization²
- PreCheck MyScript now includes **comparative cost data** on alternative fulfillment channels, enabling providers to compare patients' medication costs at retail versus home delivery



Cost savings

- **\$225 saved** per script fill for patients³
- **\$41 saved** per prescription per patient for providers²
- **\$415 saved** per script fill for health plans⁴
- **14% lower** administrative costs for pharmacies per claim⁴



Compliance

- Patients are **23% more likely** to obtain medication⁵
- Up to **4% improved** medication adherence for diabetes, high cholesterol and high blood pressure patients⁶

Learn more

UHCprovider.com/pcms

PreCheck MyScript

Real Savings, Real Results

PreCheck MyScript integrated directly within your EMR allows you to easily run a pharmacy trial claim and get real-time prescription coverage detail for your UnitedHealthcare patients.

[See Research Results on PreCheck MyScript](#)

Benefits and Features

- Check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy.
- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Designed to integrate seamlessly into your workflow.
- Saves you time by reducing the need to fax or call for prescription coverage information.
- Increases patient satisfaction by showing medication costs and suggesting covered lower-cost alternatives, if available.
- Reduces patient frustration and delays at the pharmacy when prior authorization is needed or medications may not be covered.
- PreCheck MyScript is integrated with the following electronic medical record (EMR) platforms: Allscripts, AthenaHealth®, Cerner, DrFirst®, Epic and NewCropRx. Access may be dependent on the individual health system. If PreCheck MyScript is currently not available directly in your EMR, you can access the tool through the [UnitedHealthcare Provider Portal](#). [↗](#)

[Go to PreCheck MyScript](#)

[PreCheck MyScript](#)

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BH3419_062021 76



Provider Directory

Rally Member Resources:

Medicaid insurance plans

Medicaid is health insurance that's available if you have a low income. Other people sometimes qualify for Medicaid, like:

- Pregnant women
- Children
- Older people
- People with a disability

Medicaid plans can be offered at a lower cost or sometimes at no cost to you. Medicaid is different in each state. It may be called different names depending on where you live.

Find Medicaid plans near you

Enter your ZIP code to see available Medicaid plans in your area.

[Find plans](#) 


Do you have Medicaid and Medicare?

If you're eligible for both Medicaid and Medicare, check into UnitedHealthcare Dual Complete,[®] which is a Dual Special Needs Plan (D-SNP).

These plans are available in some states. D-SNP can help you get more benefits and features than you can with Original Medicare, at no extra cost.

Already a Medicaid member?

Sign in for an easier way to see your plan information.

[Sign in](#) 

Don't have an account? [Register now](#) ¹

Rally Member Resources:

Learn about Medicaid plans

With Medicaid, there may be several types of low cost or no cost plans available, depending on the state where you live. Learn about the types of plans below.

Plan type	What it covers
Medicaid	Low cost or no cost health insurance coverage that is managed by each state. Eligibility requirements can change from state to state. Your state may even have its own name for its Medicaid program.
Dual Special Needs Plans (D-SNP)	Insurance coverage for people who qualify for both Medicaid and Medicare. Most dual plans give you more benefits than you get with Original Medicare.
Children's Health Insurance Program (CHIP)	Low-cost or no-cost coverage for infants, children and teens. Designed to help children get the care they need as they develop.

Questions about Medicaid?

Medicaid rules may change over time. So you may qualify even if you didn't before.

You can apply for and enroll in Medicaid or CHIP at any time of year. If you qualify, your coverage can begin right away.

[Learn if you may qualify for Medicaid](#) 



Rally Member Resource: Find a Doctor

Medicare For Providers For Employers For Brokers & Consultants Search

United Healthcare Insurance Plans Member Resources Health & Wellness Find a doctor Sign In

Home > Find a doctor

Find UnitedHealthcare doctors and providers

With UnitedHealthcare health insurance plans, you'll have access to a large provider network that includes more than 1.3 million physicians and care professionals and 6500 hospitals and care facilities nationwide.* Sign in to your member account or search our general directory to find a provider that's right for you.

Sign in to find a doctor in your network
Sign in to your health plan member account to find network providers for your health plan.
Select your plan to sign in

Search our general provider list
Start your search here if you're shopping for a plan or are unable to sign in to your member account. Choose your health plan name to get started.
Start your search

Search for providers by specialty

Look here for providers who provide care for specific health needs and types of care.

- Mental health providers**
Find mental health/behavioral health providers
- Dental providers**
Find a dentist
- Vision care providers**
Find a vision care provider
- Pharmacy**
Find a network pharmacy
- Telehealth services**
Learn how to talk to a provider by phone or video

uhc.com/find-a-doctor

Member Resource: myUHC.com

Sign in for a personalized view of your benefits

Easy access to plan information anytime anywhere.
Get the most out of your coverage.

Returning Member?

[Sign In >](#)

New Member?

[Register >](#)



Find a doctor

Find a doctor, medical specialist, mental health care provider, hospital or lab.

[Find a Provider >](#)



Find a pharmacy

Find a local pharmacy that's convenient for you.

[Find a Pharmacy >](#)



Find a dentist

Find a local dentist or dental care in your area.

[Find a Dentist >](#)



Find a vision provider

Find a vision provider within a large national network that offers convenience and choice.

[Find a Vision Provider >](#)



Provider Resources and Portals

UnitedHealthcare and Optum Online Resources

uhcprovider.com

- ✓ Check Member eligibility
- ✓ Check claim status and payments
- ✓ Claims reconsideration
- ✓ Electronic Data Interchange (EDI) information
- ✓ Tools and resources

myuhc.com

- ✓ Search for network doctors, pharmacies and facilities
- ✓ Access and Print your digital Member ID card
- ✓ Update PCP
- ✓ Order replacement Member ID card
- ✓ View benefits

providerexpress.com

New York state page

- ✓ New York Medicaid provider resources children under 21
- ✓ 29-I Health Care Facilities/VFCA Resources
- ✓ Demographic updates
- ✓ Clinical Guidelines and Policies
- ✓ PAAN Behavioral Health Guide
- ✓ Trainings & resources
- ✓ Sentinel Events Reporting Form

UnitedHealthcare and Optum Online Resources (continued)

uhccommunityplan.com

- ✓ A website for health care professionals, community organizations and Members
- ✓ For providers, the links will direct you to important information in your state

liveandworkwell.com

- ✓ Search for providers in the network
- ✓ Confidential work/life resource center
- ✓ Offers interactive assessments
- ✓ Medication database
- ✓ Self-help resources

Managed Care Technical Assistance Center (MCTAC)

The Managed Care Technical Assistance Center (MCTAC) is a training, consultation, and educational resource for all mental health and substance use disorder providers in New York State.

What's available:

- Interactive Glossary of Terms
- Managed Care Language Guide
- Frequently Asked Questions
- MCO Plan Comparison Matrix
- Sample Instructional Claim Form
- Top Denials
- RCM Best Practices
- Best Billing and RCM Practices for working with MMCPs
 - 29-I billing tool
 - Billing Revenue Code

MCTAC Home Page	29-I UB04 Billing Tool
ctacny.org	29lbilling.ctacny.org



Questions?

Thank you for your Participation.

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- Network Trainer
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- Office: 1-612-642-7307