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UnitedHealthcare Medicaid Advantage Plus

Behavioral Health Benefits

Effective January 1, 2023

Overview of UnitedHealthcare

Our mission

Helping people live healthier lives and helping make the health system work better for everyone

Meeting all your health needs, all in one place. We're evolving health care so everyone can have the opportunity to live their healthiest life. It's why we put your unique needs at the heart of everything we do, making it easy and affordable to manage health and well-being.

We are delivering the right care how and when it's needed, providing support to make smarter and healthier choices, and making prescription services easier, while helping you save money along the way. It's everything health care should be. Together, for better health.

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Pushing the limits of what health care can be

To create a healthier world – one insight,
one connection, one person at a time

Bringing every aspect
of health together

Designing care experiences
around the person

Supporting health decisions
through personalized insights

Driving health equity through
action and advocacy

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Working with you to create a healthier world for all

Consumers

129+ million

empowered individuals including military, Veterans, Medicare and Medicaid beneficiaries

Providers
≈ 9 out of 10 U.S. hospitals

Government agencies
Partnering with federal, state and municipal agencies across 40 states and D.C.

Life sciences
107 organizations

Health plans
4 out of 5 organizations

Employers
≈ 9 out of 10 Fortune 100

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Our values are our path

Integrity
Honor commitments.
Never compromise ethics.

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

Relationships
Build trust through
collaboration.

Innovation
Invent the future and learn
from the past.

Performance
Demonstrate excellence in
everything we do.

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Community and State Footprint

Products Offered:
- TANF/CHIP*
- ABD
- ACA Medicaid Expansion
- LTSS
- Programs for the Dually Eligible
- Programs for Children in Foster Care, Adopted through Foster Care, and Transitioned Aged Youth
- Other

Current as of Q1 2022

UnitedHealthcare Community Plan of New York

- Health plans managed by UnitedHealthcare are available in 43 counties across all regions of New York State

- UnitedHealthcare offers benefit coverage for Medicaid Community Plan, Wellnes4Me HARP, Essential Plan (EPP), Managed Long Term Services and Supports (LTSS) Medicaid Advantage Plus (MAP), and Children's Health Insurance Program (CHP)

- UHC manages benefits for over 640,000 members throughout New York State

- Almost 200,000 members live in Upstate New York

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Making care simpler and more effective for everyone

Whole-person health — physical, mental and social

Simpler, smarter care coordination

Health intelligence and innovation

Proven clinical expertise and informed decision support

Bringing every aspect of health together

Designing care around the person

Supporting health decisions with personalized insights

Driving health equity through action and advocacy

Seamless administrative transactions

Information when you need it

Health equity ingrained into every aspect of our company culture

Innovated community care models

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Our Goals and Clinical Vision

- Recovery focused language

- Evidence-Based Practice

Recovery Focused

Integrated Care

- Integrate physical/ behavioral health

- Broaden provider focus

Manage Cost

Improve Access to Care

- Avoid preventable hospitalization

- Use natural resources

- Collaborate Care

- Right care at right time

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UnitedHealthcare Medicaid Advantage Plus

Medicaid Advantage Plus (MAP) Fact Sheet

- MAP plan is a type of integrated Dual-eligible Special Needs Plan (D-SNP) combined with Medicaid managed long-term care (MLTC) plan offered through the same insurance company

- MAP plans are offered in certain counties in New York State for individuals:
    - 18 years and older
    - Eligible for and enrolled in Medicare and Medicaid (dually eligible)
    - In need of a certain amount of long-term care

- MAP plans cover doctor office visits, hospital stays, Part D benefits, home health aids, adult day health care, dental care, nursing home care, and certain behavioral health services

- Effective January 1, 2023, additional behavioral health services will be added to the MAP plan benefit package

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UnitedHealthcare Medicaid Advantage Plus: Western New York

Effective January 1, 2023, UnitedHealthcare MAP will be introduced into six counties

- Niagara
- Erie
- Orleans
- Genesee
- Wyoming
- Monroe

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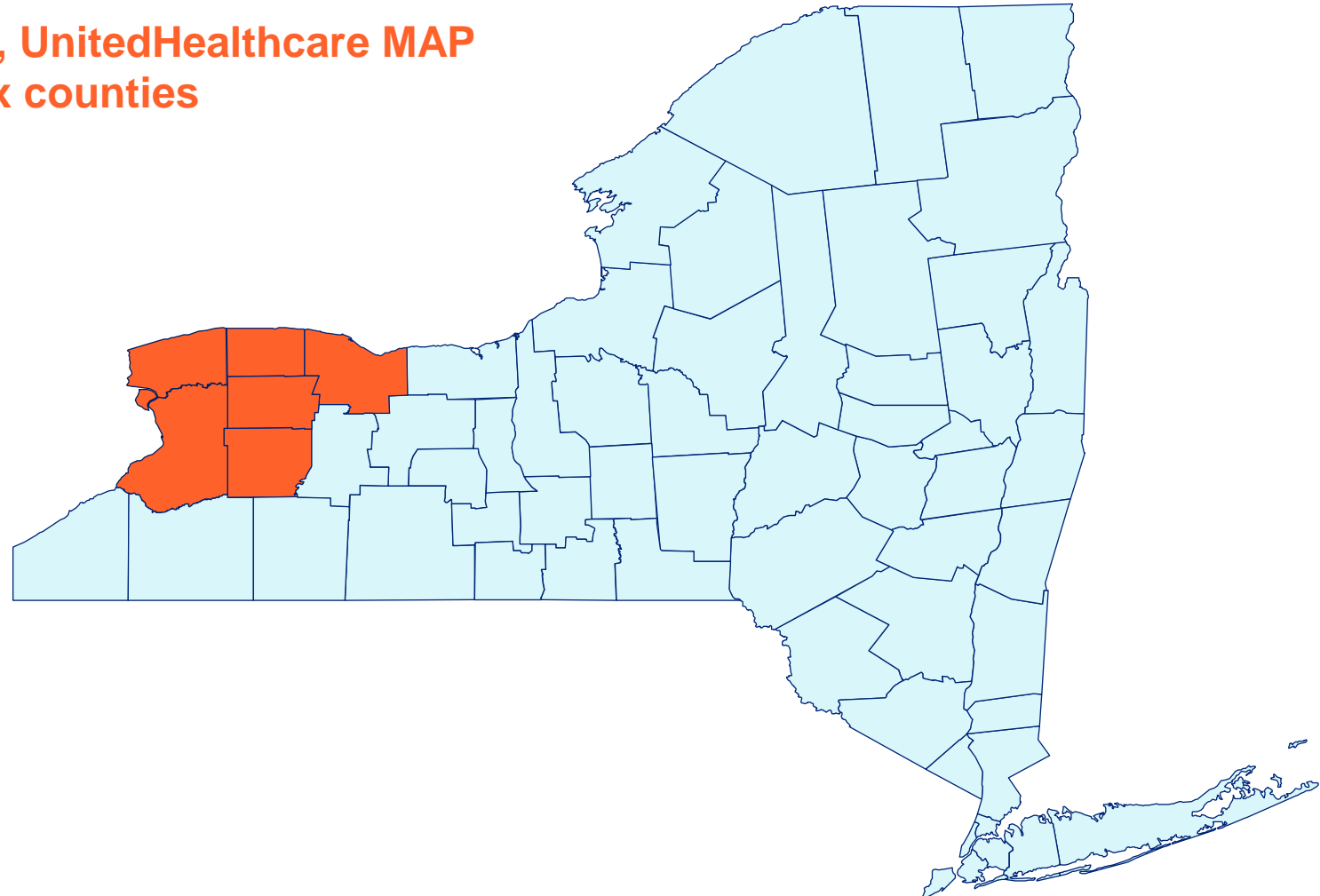
Behavioral Health Benefits Covered by MAP

Behavioral Health Benefit Expansion

- New York State Department of Health (DOH), Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) are working to integrate services for Medicaid and Medicare dually eligible individuals to streamline care and provide better care

- Additional Behavioral Health (BH) services are being added to the benefits covered by the MAP plans

- This change will allow individuals currently enrolled in a Mainstream, Health and Recovery Plan (HARP) or HIV Special Needs Plan and who are also eligible for Medicare and in need of long-term services and supports to switch to a MAP plan without disrupting their behavioral health services.

- There will be no changes to the benefits covered by Medicare

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Continuity of Care During the Transition

- Individuals enrolled beginning January 1, 2023, and after can continue to see their BH provider for a continuous episode of care for up to 24 months.

- "Continuous Behavioral Health Episode of Care" means:
  - Ambulatory behavioral health treatment (other than ambulatory detoxification and withdrawal services)
  - At least two appointments by the same provider within the six months preceding January 1, 2023
  - The services were provided for the same or related behavioral health condition
  - The services were provided in one of the six Western NY counties where MAP is being carved in (Niagara, Erie, Orleans, Genesee, Wyoming, or Monroe)

- Health Home providers are included in this continuity of care requirement.

- Members will not be required to change Health Homes at the time of the transition.

Changes to Behavioral Health Benefits Effective January 1, 2023: OMH Regulated

OMH Service	Medicaid Coverage Before January 1, 2023	Medicaid Coverage After January 1, 2023
Psychiatric Inpatient	Covered (Hospital Based Only) for days in excess of the Medicare 190-day lifetime maximum	Covered (Hospital Based Only)
Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)	Covered	Covered
Assertive Community Treatment (ACT)	Not Covered	Covered
Assertive Community Treatment – Transitional Aged Youth (ACT-TAY)	Not Covered	Covered
Continuing Day Treatment (CDT)	Not Covered	Covered
Comprehensive Psychiatric Emergency Program (CPEP)	Not Covered	Covered
Partial Hospitalization (PH)	Not Covered	Covered
Personalized Recovery Oriented Services (PROS)	Not Covered	Covered
Crisis Intervention (Mobile Crisis, Crisis Residence)	Not Covered	Covered

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Changes to Behavioral Health Benefits Effective January 1, 2023: OASAS Regulated

OASAS Service	Medicaid Coverage Before January 1, 2023	Medicaid Coverage After January 1, 2023
Medically Managed Detox (Inpatient)	Covered	Covered
Medically Supervised Detox (Inpatient)	Hospital Based – Covered Freestanding – Not Covered	Covered
Medically Supervised Detox (Outpatient)	Covered	Covered
Inpatient Rehabilitation	Hospital Based – Covered Free Standing – Not Covered	Covered
Addiction Treatment Center (NY State Operated Inpatient Rehabilitation)	Not Covered	Covered
Residential Services	Not Covered	Covered
Outpatient Clinic	Covered	Covered
Outpatient Rehabilitation	Covered	Covered
Opioid Treatment Program	Not Covered	Covered

Changes to Behavioral Health Benefits Effective January 1, 2023: Joint Regulation (OMH and OASAS)

OMH / OASAS Service	Medicaid Coverage Before January 1, 2023	Medicaid Coverage After January 1, 2023
Community Oriented Recovery and Empowerment Services: • Psychosocial Rehabilitation (PSR) • Community Psychiatric Support and Treatment (CPST) • Empowerment Services – Peer Support • Family Support and Training (FST)	Not Covered	Covered
Crisis Stabilization Centers	Not Covered	Covered

NY State has partnered with the Managed Care Technical Assistance Center (MCTAC) to provide additional trainings related to the MAP Behavioral Health Transition

ctacny.org/training/

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Care Management

UnitedHealthcare Case Management Services

- When referred, enrollees are eligible for UnitedHealthcare (UHC) case management.

- UHC will assign Members with a behavioral health diagnosis to a licensed behavioral health case manager for engagement with case management.

- UHC case management services are voluntary. If accepted, the member will be assisted with coordination of their behavioral health and physical health services and ensured they are linked with the appropriate services that meet their needs.

- UHC licensed behavioral health case managers and medical case managers will collaborate with the member and 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.

Member Identification and Eligibility

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UHC Provider Portal
Eligibility and Benefits: uhcprovider.com/eligibility

- Confirm eligibility
- Benefit coverage
- Plan requirements
- Determine if Prior Authorization or notification is required
- Download Digital ID cards

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MAP Membership Card

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements. Not for distribution to retirees or beneficiaries

Quality Improvement

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Member Grievance and Grievance Appeals

Member Grievance: Grievance procedure applies to any issue not relating to a Medical Necessity or experimental or investigational determination by UnitedHealthcare. For example, it applies to:

- Contractual benefit denial issues
- Concerns members have regarding UHC administrative policies
- Access to providers

Who can file: Member, Healthcare Professional, or authorized representative on behalf of a member with the member's written consent

Mail to: UnitedHealthcare Community Plan
                    P.O. Box 31364
                    Salt Lake City, UT 84121- 0364
Phone: 866-362-3368
Fax: 801-994-1082

Access Member Forms: https://csprovideraandg.optum.com/
*AOR Consent Form on this Site for Member Appeals

Providers appealing on behalf of UnitedHealthcare Community Plan Member Online Appeal Submission Process:

Go to: csprovideraandg.optum.com/

Submit for Standard pre-service and Expedited pre-service appeal requests

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IMPORTANT NOTE

 **Providers must have UnitedHealthcare Community Plan member written consent in order to submit an appeal. You can find a member Appointment of Representation (AOR) consent form available on the preservice submission page at

csprovideraandg.optum.com/

to ensure member consent can be included along with appeal request submission**

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Grievance Timeframes

Health Care Professional Filing Timeframe

- **Grievance-** 180 calendar days from the date of receiving the non-UR /administrative adverse decision.

UnitedHealthcare Response Time

- **Expedited/Urgent Grievances:** By phone, within the earlier of 48 hours of receipt of all necessary information or 72 hours of receipt of a Grievance. Written notice will be provided within 72 hours of receipt of the enrollee's Grievance.

- **Pre-Service Grievances:** (A request for a service or treatment that has not yet been provided.) In writing, within 30 calendar days of receipt of the enrollee's Grievance.

- **Post-Service Grievances:** (A Claim for a service or treatment that has already been provided.) In writing, within 30 calendar days of receipt of all necessary information, but no later than 60 days of receipt of the enrollee's Grievance.

- **All Other Grievances:** (That are not in relation to a claim or request for a service or treatment.) In writing, within 45 calendar days of receipt of all necessary information but no more than 60 calendar days of receipt of the enrollee's Grievance.

Grievance Appeals Timeframes

A grievance appeal is an appeal of the grievance decision

Healthcare Professional Filing Timeframe:

- **Grievance-** The earlier of 2 business days of receipt of all necessary information or 72 hours of receipt of the enrollee's Appeal.

UnitedHealthcare Response Time:

- **Expedited/Urgent Grievances:** The earlier of 2 business days of receipt of all necessary information or 72 hours of receipt of the enrollee's Appeal.

- **Pre-Service Grievances:** (A request for a service or a treatment that has not yet been provided.) 15 calendar days of receipt of the enrollee's Appeal.

- **Post-Service Grievances:** (A claim for a service or a treatment that has already been provided.) 30 calendar days of receipt of the enrollee's Appeal.

- **All Other Grievances:** (That are not in relation to a claim or request for a service.) 30 business days of receipt of all necessary information to make a determination.

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Provider Performance Reviews

When are provider performance reviews conducted?

- At time of credentialing and re-credentialing
- As part of ongoing monitoring efforts
- As part of a Quality of Care (QOC) or other complaint investigation

What is evaluated during a performance review?

- Physical environment
- Policies and procedures
- Member records
- Personnel files

Audit tools can be found at:
providerexpress.com

Sentinel Events/Critical Incidents

Definition: A serious occurrence involving a member that potentially represents a quality-of-care issue on the part of the practitioner/facility, such as death or a serious disability, that occurs during a member's 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: Contracted providers are required to cooperate with all aspects of our investigation process

How to report: Standardized reporting form located at providerexpress.com
Fax: Attn: QM Department   884-342-7704
Email: NYBH_QIDept@uhc.com

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Utilization Management

How to Obtain Authorization or Make Notification

Electronic Request: Submitted through the Prior Authorization and Advance Notifications **(PAAN)** system. Supporting documentation should include Notification Documents, (i.e., NYS SUD Notification Documents, treatment plan, and LOCADTR). The PAAN system can be found at: uhcprovider.com/paan

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

Toll-free line: **1-866-362-3368** (as listed on the back of the member card)

System Prompt	Response
Why are you calling?	Prior Authorization
What Type?	Behavioral health
What is the Member ID	Say or enter the Member/Subscriber ID using the phone key pad
What is the Date of Birth (MM-DD-YYYY)	Say or enter the Members DOB using the phone dial pad
What Type of Behavioral Health Authorization (System will list IP, RC, PHP, IOP, ABA, Ambulatory Detox, etc.)	Say the service the authorization is needed for
What's the NPI #	Say or enter the provider NPI # using the phone dial pad

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UHC Provider Portal: Prior Authorization and Notification (PAAN)

uhcprovider.com/en/prior-auth-advance-notification.html

UHC Provider Portal: Prior Authorization and Notification (PAAN)

Want to learn more?

Please visit **UHCprovider.com/paan.** You may also contact UnitedHealthcare Web Support at **providertechsupport@uhc.com** or call **866-842-3278**, option 1, from 7 a.m.–9 p.m. CT, Monday–Friday.

PAAN Self-Paced Interactive User Guide: chameleoncloud.io/review/2407-5cc37147d2041/prod

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Prior Authorization and Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Mental Health Outpatient Treatment and Rehabilitation Services	No	No	No
Mental Health Clinic Services: Psychiatric Assessment; Medication Treatment	No	No	No
Psychological or Neuropsychological Testing	Yes	N/A	N/A
Mental Health Partial Hospitalization	Yes	N/A	Yes
Mental Health Continuing Day Treatment (CDT)	Yes	N/A	Yes
Mental Health Intensive Outpatient (IOP)	Yes	N/A	Yes
Personalized Recovery Oriented Services (PROS) Pre-Admission Status	No	No	No
PROS Admission: Individualized Recovery Planning	No	No	No
PROS: Active Rehabilitation	No	No	No
Assertive Community Treatment (ACT)	Yes	No	Yes
Transitional Age Youth Assertive Community Treatment (ACT - TAY)	Yes	No	Yes
OASAS Outpatient Rehabilitation Programs	No	No	Yes
OASAS Outpatient and Opioid Treatment Program (OTP)	No	No	Yes
Outpatient and Residential Addiction Services	No	No	Yes
OASAS Residential Supports and Services	No	Within 48-hours of admission	Yes

Prior Authorization and Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Mental Health Hospitalization (Adult)	Yes	Within 2 Business Days of Admission	Yes
Inpatient Detoxification	No	Within 2 Business Days of Admission	After the 29th day of admission
Inpatient Rehabilitation	No	Within 2 Business Days of Admission	After the 29th day of admission
Crisis Intervention (Mobile Crisis)	No	No	No
Crisis Residence	No	Within 2 Business Days of Admission	After the 29th day of admission
Crisis Stabilization	No	No	N/A
Community Oriented Recovery and Empowerment Services (CORE)			
Community Psychiatric Supports and Treatment	No	Within 14-days of 1st visit	Yes
Empowerment Services (Peer Supports)	No	Within 14-days of 1st visit	Yes
Family Support and Training	No	Within 14-days of 1st visit	Yes
Psychosocial Rehabilitation	No	Within 14-days of 1st visit	Yes

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Guidance on Clinical Criteria Decisions: Treatment of Mental Health Conditions

Optum currently uses the:

- Level of Care Utilization System (LOCUS),
- Child and Adolescent Service Intensity Instrument (CASII) and
- Early Childhood Service Intensity Instrument (ECSII)

Clinical Guidelines for Criteria Decisions can be found at:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/Adoption-of-LOCUS-CASII-ECSII.html

Clinical criteria decisions for the treatment of behavioral health conditions:

- Optum Clinical Criteria for Behavioral Health Conditions Frequently Asked Questions providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/optumLOCG/locg/LCE-FAQs.pdf
- Additional Clinical Resources available at: providerexpress.com/content/ope-provexpr/us/en/clinical-resources.html

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Utilization Management Appeal

Options for submitting Appeals:

Phone: Toll free appeals line: **1-866-504-3267,** say *"Claims Appeal Status"* when prompted. This will correctly route your call to appeal a UM decision

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 turnaround time is 72 hours

Mail: UM appeals for <u>ALL Behavioral Health Services</u> should be sent to:

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

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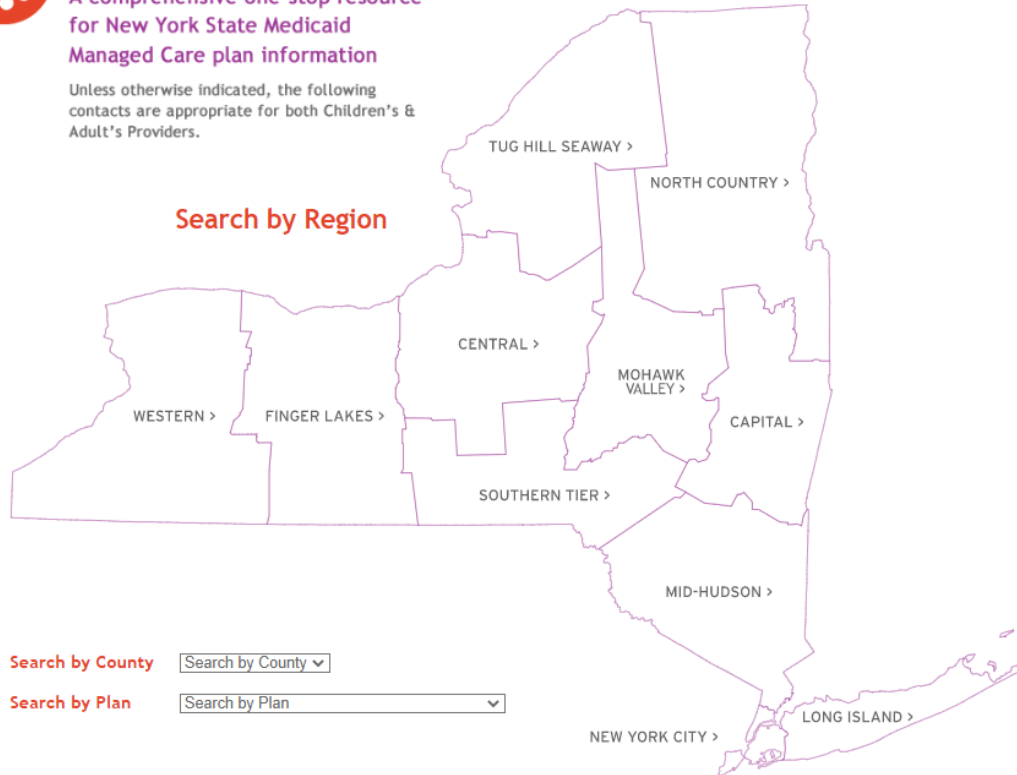United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

Provider Relations

MCTAC Plan Matrix

Contact your Network Manager - a list of Network Managers for your region is available at: matrix.ctacny.org/

Network Management

Network Management

Network Management is responsible for developing and maintaining the Optum network of providers.

providerexpress.com/content/ope-provexpr/us/en/contact-us.html

For questions regarding participation in our network, credentialing, or your provider record,

- Join our Network
- Facility Record Maintenance
- Provider Record Maintenance
- Network management Contact Information:

Contact

providerexpress.com/content/ope-provexpr/us/en/contact-us/nmContacts/ny.html

New York Network Management - Commercial and Medicare
13 Cornell Road, 2nd Floor
Latham NY 12110

Email: NYNetworkManagement@optum.com
Main Number: (877)614-0484
Fax Number: (866)483-6254

New York Network Management - Mainstream Medicaid and HARP
13 Cornell Road, 2nd Floor
Latham NY 12110

Email: NYHarp_ProvServices@optum.com
Main Number: (877)614-0484
NYC Fax Number: (877)958-7745

New York Autism/ABA Network Management
(877)614-0484

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Billing and Claims

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Services Covered by Medicare and Medicaid

- With the principle of Medicaid being the payer of last resort, Medicaid is responsible for the remaining balance after the Medicare payment, up to the Medicaid rate if the Medicaid rate for the service is higher than Medicare. *

- Medicaid reimburses 100 percent of the patient cost-sharing responsibility if the Medicare rate is higher than the Medicaid rate.

- Beginning January 1, 2023, MAP Plans will be required to pay at least 100 percent of the mandated Medicaid rate for Medicaid-only covered procedures for individuals enrolled in MAP Plans *

* Two Essential Criteria for Above Statements:

- Providers must be OASAS and OMH licensed, certified, or designated program
- Members must be enrolled in MAP services at the time the services were provided

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Rates: Service Covered by Medicaid Only

Medicaid rates are required for the following three categories of services:

OMH Government Rate Services

- Assertive Community Treatment (ACT)

- Continuing Day Treatment (CDT)

- Comprehensive Psychiatric Emergency Program (CPEP), including Extended Observation Bed (EOB)

- Partial Hospitalization (PH)

- Personalized Recovery Oriented Services (PROS), except the clinic component

OMH/OASAS Government Rate Services *

Community Oriented Recovery and Empowerment (CORE) Services

- Psychosocial Rehabilitation (PSR)

- Community Psychiatric Support and Treatment (CPST)

- Family Support and Training (FST)

- Empowerment Services – Peer Supports (Peer Supports)

OASAS 1115 Waiver Demonstration Programs

SUD Residential Treatment – Per Diem (Stabilization and Rehabilitation - and, upon CMS approval, Reintegration)

* Providers must be OASAS and OMH licensed, certified, or designated program.

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The "Higher Of" Requirement

The Higher Of requirement applies to the following services:

- Mental Health Outpatient Treatment and Rehabilitative Services
- Personalized Recovery Oriented Services (PROS) (Clinic component)
- Outpatient Medically Supervised Stabilization and Withdrawal (Detox)
- Outpatient Chemical Dependence (CD) Clinic (aka Outpatient Addiction Rehab)
- Outpatient CD Rehabilitation (aka Outpatient Addiction Day Rehab)
- Opioid Treatment Program

NOTE: If the service and the professional performing the service are allowable under Medicaid, but not allowable under Medicare, MAP Plans must reimburse the service as a Medicaid-only service at the Medicaid rate.

Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Mental Health Outpatient Treatment and Rehabilitation Services (MHOTRS)	• MAP Plans currently pay the Medicare negotiated rate • Medicaid's responsibility is 100% of the enrollee's cost sharing, encompassing all deductibles, co-pays and co-insurance amounts • Medicare eligible services are covered only when delivered by a Medicare enrollable practitioner	• MAP Plans will pay the "higher of" what Medicare or Medicaid would pay for services and procedures allowable under both Medicare and Medicaid, a • Medicare eligible services are covered only when delivered by a Medicare enrollable practitioner • Will pay the Medicaid rate if the service and the professional performing the service are allowable under Medicaid, but not allowable under Medicare
Assertive Community Treatment (Adult / TAY)	Not Covered	• Billed once per month using one rate code for the month's services • There are three types of payments: full, partial, or inpatient • Date of service is the last day of the month in which services were provided • A contact is face-to-face interaction of at least 15 minutes duration • Procedure code (H0040)

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Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Continuing Day Treatment (CDT)	Not Covered	• Billed daily • Three reimbursement tiers: 1-40 hours, 41-64 hours and 65+ hours. • Two types of visits: full day (4 hours minimum) and half-day (2 hours minimum) • Tiers are determined by totaling the number of full-day and half-day regular visits • Provider will need to move from one tier to another to bill throughout month • Each subsequent tier has a decline in payment • Providers track service hours to determine the rate code (tier) to be billed. • When tier change during a single visit, the reimbursement rate is determined by the first hour of the visit • Each tier has a unique combination of rate code/procedure code/modifier code(s)
Comprehensive Psychiatric Emergency Program (CPEP)	Not Covered	• Billed daily • Patient may receive one brief or one full emergency visit in one calendar day • If a patient receives one of each, the CPEP will receive reimbursement for the full emergency visit • A provider may be reimbursed for either one crisis outreach service or one interim crisis service and either one brief or one full emergency visit per recipient, per one calendar day • If more than one service is provided, then more than one claim must be submitted (one claim for each rate code)

Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Partial Hospitalization (PH)	Not Covered	• Reimbursable through groups of rate codes under Medicaid • Regular Rate Codes (4349 – 4352) • Crisis Rate Codes (4357 – 4363) • Collateral (4353, 4354) • Group Collateral (4355, 4354) • Pre-admission (43574359, 4349-4352) – Requires UA Modifier
Personalized Recovery Oriented Services (PROS)	Not Covered	• Billed monthly • Measured in 15-minute increments, rounded down to nearest quarter hour • Maximum units per day is 5 • Minimum of 2 units required for billing
PROS Clinic	Currently PROS clinic in MAP is reimbursed at the Medicare negotiated rate and Medicaid's responsibility is 100% cost sharing, encompassing all deductibles, co-pays, co-insurance amounts, and any subscriber premiums	• For PROS clinic treatment services, providers will use the Medicare required procedure code and/or revenue codes as well as the Medicaid required rate codes. • Effective January 1, 2023, MAP Plans will pay the "higher of" what Medicare or Medicaid would pay for PROS clinic services and procedures that are allowable under both Medicare and Medicaid and will pay the Medicaid rate if the service and the professional performing the service are allowable under Medicaid, but not allowable under Medicare

Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Crisis Intervention		
Mobile Crisis	Not Covered	• Mobile Crisis services are billed daily and use the rate code, CPT, and modifier combination to differentiate between services. • Mobile crisis services provided to youth ages 18 to 20 will not be the responsibility of the MAP Plans and will be covered by Medicaid Fee-for Service
Crisis Residence	Not Covered	• Only Crisis Residence providers licensed by NYS OMH are permitted to bill for Crisis Residence services provided to a MAP enrollee • Crisis Residence program type has its own rate code, procedure code, and modifier(s) combination that must be used • Crisis Residence programs are for adults aged 18 years and older • For adults ages 21 and over, providers must follow the Adult Crisis Residence Benefit and Billing Guidance • Crisis residence services provided to youth ages 18 to 20 will not be the responsibility of the MAP Plans and will be covered by Medicaid Fee-for-Service

Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Crisis Intervention		
Mobile Crisis	Not Covered	• Mobile Crisis services are billed daily and use the rate code, CPT, and modifier combination to differentiate between services • Mobile crisis services provided to youth ages 18 to 20 will not be the responsibility of the MAP Plans and will be covered by Medicaid Fee-for Service
Crisis Residence	Not Covered	• Only Crisis Residence providers licensed by NYS OMH are permitted to bill for Crisis Residence services provided to a MAP enrollee • Crisis Residence program type has its own rate code, procedure code, and modifier(s) combination that must be used. • Crisis Residence programs are for adults aged 18 years and older • For adults ages 21 and over, providers must follow the Adult Crisis Residence Benefit and Billing Guidance • Crisis residence services provided to youth ages 18 to 20 will not be the responsibility of the MAP Plans and will be covered by Medicaid Fee-for-Service

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Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Services	Prior to January 1, 2023	After January 1, 2023
Community Oriented Recovery and Empowerment Services (CORE)	Not Covered	• Medicaid Recipient Restriction Exception (RRE) code H9 will be used to identify MAP enrollees eligible for CORE Services • Providers may submit one claim per day for each rate code / procedure code / modifier combination • Providers may submit claims for an in-person visit and telehealth visit for the same rate code in the same day • The rate code, procedure code, and modifier combinations are listed in the MAP Plan coding taxonomy

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Procedures Allowed Under Medicaid Prior to and After January 1, 2023

Substance Use Disorder Service	Prior to January 1, 2023	After January 1, 2023
Medically Managed Detox-Inpatient	Covered	Covered
Medically Supervised Detox – Inpatient	Hospital Based – Covered Freestanding – Carved out	Both Covered
Medically Supervised Detox – Outpatient	Covered	Covered
Inpatient Rehabilitation	Hospital Based – Covered Freestanding – Carved out	Both Covered
Addiction Treatment Center – State Operated Inpatient Rehabilitation	Not Covered	Covered
Residential Services	Not Covered	Covered
Outpatient Clinic	Covered	Covered
Outpatient Rehabilitation	Covered	Covered
Opioid Treatment Program	Not Covered	Covered

FFS-Covered OMH/OASAS Services

The following services will remain in Medicaid Fee-for-Service after the January 1, 2023, transition and will not be the responsibility of the MAP Plans until otherwise informed.

- Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family Based Treatment Programs
- OMH Day Treatment
- OASAS Residential Rehabilitation for Youth
- Certified Community Behavioral Health Clinics (CCBHC)
- OMH Residential Treatment Facility (RTF)
- Crisis Intervention Services for Youth ages 18-20
- Children and Family Treatment Services and Supports (CFTSS) for Youth ages 18-20
- Children's Home and Community Based Services (HCBS) for Youth ages 18-20

omh.ny.gov/omhweb/bho/map-bh-billing-and-coding-manual.pdf

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Allowable Billing Combinations of OMH State Plan Services and CORE Benefits

Allowable Billing Combinations of OMH State Plan Services and CORE Services

	MHOTRS	ACT [1]	CDT	PHP	PROS w. Clinic [5]	PROS w/o Clinic [5]	CORE CPST	CORE PSR	CORE FST	CORE Peer Support	Crisis Intervention
Mental Health Outpatient Treatment & Rehab Services (MHOTRS)	N/A	No[4]	No[4]	No	No[4]	Yes	Yes[3]	Yes	Yes	Yes[4]	Yes
Assertive Community Treatment (ACT) [1]	No[4]	N/A	No	No	No[2]	No[2]	No	No	No	No	Yes
Adults Continuing Day Treatment (CDT)	No[4]	No	N/A	No	No	No	No	Yes	Yes	Yes	Yes
Partial Hospitalization Program (PHP)	No	No	No	N/A	Yes	Yes	No	Yes	Yes	Yes	Yes
Personalized Recovery Oriented Services (PROS) with Clinic [5]	No[4]	No[2]	No	Yes	N/A	No[4]	No	No	No	Yes	Yes
PROS without Clinic [5]	Yes	No[2]	No	Yes	No[4]	N/A	No	No	No	Yes	Yes
CORE Community Psychiatric Support and Treatment (CPST)	Yes[3]	No	No	No	No	No	N/A	Yes	Yes	Yes	Yes
CORE Psychosocial Rehabilitation (PSR)	Yes	No	Yes	Yes	No	No	Yes	N/A	Yes	Yes	Yes
CORE Family Support and Training (FST)	Yes	No	Yes	Yes	No	No	Yes	Yes	N/A	Yes	Yes
CORE Empowerment Services - Peer Support (Peer Support)	Yes[4]	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	Yes
Crisis Intervention	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A

[1] Assertive Community Treatment (ACT) services includes Adult, Young Adult and Youth ACT.

[2] ACT and PROS enrollment, co-enrollment is permitted for up to 3 months in a 12-month period. A PROS provider may bill at Level 1, 2 or 3 of the PROS Monthly Base Rate. An ACT provider may bill for the partial step- down payment level of services.

[3] Services comparable to OMH Mental Health Outpatient Treatment and Rehabilitative Services are available through CORE CPST. Enrollees may access non-duplicative services through CORE CPST in a single month for the following purposes:
- Access to a psychiatric prescriber (e.g., psychiatric assessment/evaluation, medication management, health monitoring) if the CORE CPST provider does not have a prescriber. Receiving psychotherapy through OMH Mental Health Outpatient Treatment and Support Services and CORE CPST is duplicative. Medication management and supporting activities through OMH Mental Health Outpatient Treatment and Support Services is duplicative if the CORE CPST provider has a prescriber on staff.
- Transition from CORE CPST to OMH Mental Health Outpatient Treatment and Support Services (including CCBHC), allowing for a warm handoff during the clinic pre-admission process (3 sessions).
- The CORE CPST provider should maintain communication with the prescriber to ensure integrated treatment/care.

[4] See regulations for exceptions: https://omh.ny.gov/omhweb/clinic_restructuring/part599/part-599.pdf

[5] There are no co-enrollment restrictions for an individual in pre-admission status at PROS. Individuals who are in pre-admission do not have the PROS RE codes on their file.

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Clean Claim

A claim with no defect or impropriety (including any lack of any required substantiating documentation) is considered a clean claim. 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)
- Date of Service
- Duration / Units

- Claims must be on the correct claim form
  - Agency
  - Facility (i.e., Hospital, Residential)
- Correct code(s) corresponding to service provided:
  - Value Codes
  - Rate Codes
  - Revenue Codes
  - CPT/HCPCS Codes
  - Modifiers
  - Etc.

Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at

cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci

Additional Billing Guidance and Resources are available in the Appendix

Optum

Claim Submission

Electronic Claim Submission (837i): payer ID 87726

Paper Claim Submission (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)
- Mail Paper Claims to:

  Optum Behavioral Health
  P.O. Box 30760
  Salt Lake City, UT 84130-0760

Electronic Data Interchange (EDI)

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 1-800-765-6705 or via email: inform@optum.com
- Provide: Name, tax ID, claims volume, single or multi-payer interest

Refer to the EDI pages on Provider Express for more information

- providerexpress.com/content/ope-provexpr/us/en/about-us/electronic-data-interchange.html

- providerexpress.com/content/ope-provexpr/us/en/admin-resources/claim-tips/electronic-claim-submission-and-electronic-data-interchange.html

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Electronic Payments and Statements (EPS) through Optum Pay

Sign up for Optum Pay, get paid more quickly

ENROLL TODAY

- 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

- Go to myservices.optumhealthpaymentservices.com
- Contact Optum Financial Services for assistance: 1-877-620-6194
- Find additional information on providerexpress.com > Quick Links > Optum Pay

Optum

Electronic Payments and Statements (EPS) through Optum Pay

Billing Overview:

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

MCTAC Billing Tool:

billing.ctacny.org/

Optum

Electronic Payments and Statements (EPS) through Optum Pay

Billing Overview:

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

MCTAC Billing Tool:

billing.ctacny.org/

Unlicensed Provider ID: Claim Submission

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 utilizing 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~)

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Unlicensed Provider NPI Claims Submission

76. Attending Provider

- Attending Provider NPI and Qual
- Attending Provider - Last Name/First Name

REQUIRED

If the individual licensed practitioner is Medicaid enrollable* they must enroll and use their individual NPI number on claims. If the individual practitioner is unlicensed or not a licensed enrollable Medicaid practitioner* the OMH (02249154), OASAS (02249145), or OCFS (05448682) unlicensed practitioner ID may be used.

For Electronic/EDI Claims: When submitting claims utilizing 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 unlicensed practitioner ID
- (example: REF*G2*02249145~)

* There are certain licensed/credentialed practitioners that cannot become a Medicaid provider: Licensed Master Social Worker (LMSW), Licensed Marriage and Family Therapist, Licensed MH Counselor, Licensed Creative Arts Therapist, Applied Behavioral Analyst, Credentialed Alcohol and Substance Abuse Counselor (CASAC), and Peer.

Reminders

- Always verify member eligibility prior to rendering services

- Obtain prior authorization for those services that require it

- Use value code 24 and applicable rate code in the correct field

- One rate code per claim

- Include CPT Code(s), Modifier(s) and Service Units as applicable

- Do not use a hyphen in your Tax Identification Number (TIN)

- NPI numbers are required

- A complete diagnostic code is required (ICD-10)

- Review Provider Remittance Advice regularly to identify issues early

- **For paper claims make sure the value code is followed by "00"**

Claim 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

To appeal a claim payment (full or partial) denial you must submit within 60-days of receipt of the Provider remittance Advice (PRA)

Appeals should be submitted to:

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

Cultural Competency

Mandatory Annual Cultural Competency Training Requirements

Participating OMH/OASAS licensed/designated providers are expected to complete state required annual cultural competency training for all staff who have regular and substantial contact with members. Approved Cultural Competence Trainings include:

NYS OMH

Center for Practice Innovation Platform:

- Network Provider Training Part 1: Cultural Competence
- Network Provider Training Part 2.1: Using the Cultural Formulation Interview

For additional NYS Guidance:
omh.ny.gov/omhweb/bho/docs/cultural_competency_curriculum.pdf

NYS OASAS

Center for Practice Innovation Platform:

- Network Provider Training Part 1: Cultural Competence
- Network Provider Training Part 2.1: Using the Cultural Formulation Interview

OASAS Training Catalog: Cultural Competency

webapps.oasas.ny.gov/training/index.cfm

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Peeling Back the Layers Around Health Equity | Optum

"Health inequity is a risk as great as any, but we have the tools, the partnerships and the will to address it together."

Chief Health Equity Officer of UnitedHealth Group

Michael Currie

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

BH4501_12/2022

Provider Express Cultural Sensitivity Trainings

LGBTQ+ Mental Health Training

Developed in partnership with OutCare Health, this course is designed to help deepen your understanding of how to care for members of the LGBTQ+ community.

Once you have completed the training, you can update your provider profile by logging into providerexpress.com to add 'LGBTQ Supportive' and 'LGBTQ Identified Clinician' under areas of expertise.

Adding these areas of expertise to your profile will easily allow members to find you via the provider directory when searching for a provider with these areas of expertise.

You can also join OutCare Health's OutList post training. OutCare Health's OutList is a free, publicly accessible, national directory of LGBTQ+ culturally competent providers. Signing up is quick and easy. Join the OutList today at: outcarehealth.org/join.

Additional trainings available with OptumHealth Education:

- Unconscious Bias Training

- Caring for the LGBTQ+ Community: An Introduction

- Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action

- Disparities in Social Determinants of Health (SDOH): What can we do?

NYS Office of Diversity and Inclusion Resources

The New York State Office of Mental Health's Office of Diversity and Inclusion integrates cultural competence through the following functions:

- Lead trainings on the importance of infusing cultural and linguistic competence throughout agency policies and clinical practices.

- Ensure cultural competence is implemented within program policies.

- Provide technical assistance to OMH facilities as well as agencies licensed by OMH.

- Facilitate quarterly meetings between OMH and the Multicultural Advisory Committee.

- Overseeing OMH's efforts to recruit and create a diverse workforce and to maintain an inclusive work environment.

- Ensuring individuals who have limited English proficiency receive language access services.

omh.ny.gov/omhweb/cultural_competence/resources.html

Resource Topics include:

- Organizational Change
- Anti-Racist Resources
- Serving Black New Yorkers
- Serving Native American Population
- Serving Asian Americans
- Serving Hispanic and Latinx New Yorkers
- Serving the LGBTQ Community
- Serving Older Adults
- Serving Rural New Yorkers
- Serving Veterans
- Serving New York's New Americans
- Serving Jewish Americans

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Special Populations

Transition Age Youth (TAY)

- Transition Age Youth (TAY) are young people between the age of 16-25.
- Many major life changes happen during this time frame including:
  - Starting a first job
  - Starting college
  - Moving away from home
  - Exploring new relationships
  - Discovering identity

Several Resources for Transition Age Youth and for Providers include:

- **Assertive Community Treatment for Transition Age Youth (ACT-TAY)** omh.ny.gov/omhweb/guidance/youth-act-program-guidance.pdf

- **Transition Age Youth Provider Support** ny.gov/omhweb/consumer_affairs/transition_youth/resources/provider.html

- **NYS OMH Transition Age Youth Resource Webpage:** omh.ny.gov/omhweb/consumer_affairs/transition_youth/resources/

- **Clinic Technical Assistance Center Transition Age Youth Trainings** ctacny.org/trainings/

First Episode of Psychosis (FEP): Resources

OnTrackNY:

- Offers specialized clinical service for adolescents and young adults between the ages of 16 and 30 who have been experiencing psychotic symptoms for more than a week but less than 2 years
- To learn more or make a referral visit the OnTrackNY website and click on Providers tab: ontrackny.org/

View First Episode Psychosis Recovery Stories at:

practiceinnovations.org/resources/first-episode-psychosis-recovery-stories

First Episode Psychosis and FEP Evidence Based Treatment Training:

ctacny.org/trainings/

HOPE In Numbers

2,400 Total Enrolled in OnTrackNY — My Health

64% Decrease in Hospitalizations — My Choices

75% Increase in School & Employment — My Future
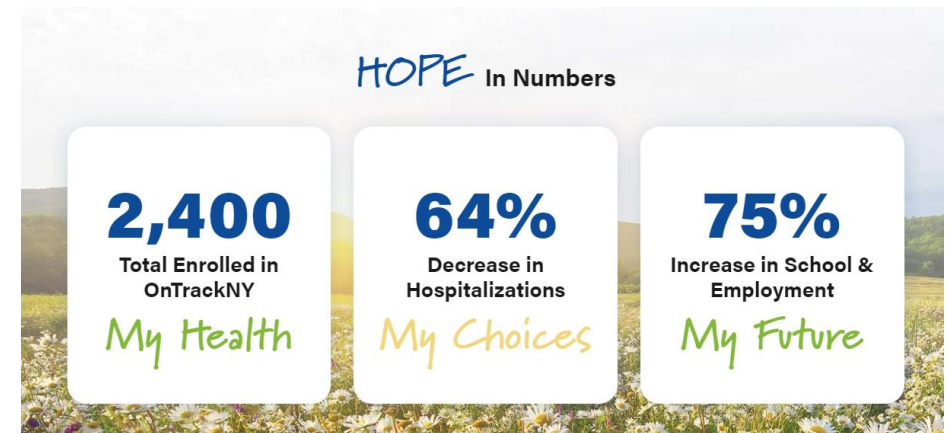
Pharmacy Resources

Precheck MyScript

- Precise cost information based on patients benefit plan

- Gives care providers patient-specific pharmacy information

- Provides details about patient's insurance coverage

- Automates prior authorizations

- Helps lower costs

- Results in more timely prescriptions

- Reduces administrative hassle

PreCheck MyScript | uhcprovider.com/en/resource-library/link-provider-self-service/precheck-myscript.html.com

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NYRx Medicaid Pharmacy Program Website

Includes Pharmacy Program information such as:

- Drug Utilization Review Board Program

- Emergency Services Only Pharmacy Coverage

- Formulary File/List of Reimbursable Drugs

- Foster Care

- Mandatory Generic Program

- Medication Assisted Treatment Formulary

- Pharmacists as Immunizers

health.ny.gov/health_care/medicaid/program/pharmacy.htm

UHC Online Provider Portals

UHC On-Line Resources

uhcprovider.com

- Check member eligibility
- Check claim status and payments
- Claims Reconsideration
- Electronic Data Interchange (EDI) information
- Tools and Resources

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
- Directs you to our secure provider site UnitedHealthcare Online®

providerexpress.com New York State Page

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

liveandworkwell.com

- Search for Providers in the Network
- Confidential Work/Life Resource Center
- Offers Interactive Assessments
- Medication Database
- Self – Help Resources

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Get Training: Digital Solutions

Digital Solutions

Learn how you can save time, get better documentation and reduce paper by using our online self-service tools.

Featured: Improved Access and New User Registration

Easily complete your registration and start using UnitedHealthcare's self-service tools. This guide will walk you through the process step-by-step.

Review now ⧉

Find what you need fast

When reviewing an interactive self-paced guide, simply click MENU to see all content included. Then, select the topic you need for quick reference. Use the forward arrow to advance to the next page in order or use the HOME icon to switch topics at any time.

- 3rd Party Access Guide for Primary Access Administrators
- Claim Follow Up Self-Paced User Guide
- Claims Research Project
- Claim Submission
- CommunityCare Provider Portal
- Document Library and Interactive Guide
- EDI Connectivity
- Eligibility and Benefits Self-Paced User Guide
- Improved Access and new User Registration
- Interactive Guide for Prior Authorization and Notification

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Behavioral Health Toolkit for Medical Providers

Includes:

- Clinical Guidelines
- Quality Assurance
- Referral Options
- Training Resources
- Behavioral Health Resources for:
  - Adult
  - Children and Adolescent
  - Older Adult

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit/Behavioral-Health-Toolkit--Medical-Providers.html

UHC Behavioral Health Resources

UHC created a reference guide of resources to help primary care providers screen patients for depression, ADHD, and alcohol substance misuse. These resources are available in the UHC Resource Library.

uhcprovider.com/en/resource-library/behavioral-health-resources

Clinical and Quality Measures Toolkit for Behavioral Health Providers:

- Information to support treatment
- A library of articles to support prevention and recovery
- Information about comorbid conditions
- Weblinks to nationally recognized practice guidelines
- Printable self-appraisals for patients
- List of support resources for practitioners, patients and families

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/clinical-tools-and-quality-initiatives1.html

- Quality Measures (HEDIS®)
- Attention Deficit/Hyperactivity Disorder
- Follow-up after Hospitalization or Emergency Department Visit
- Depression
- Schizophrenia/Antipsychotic Medications
- Substance Use Disorders
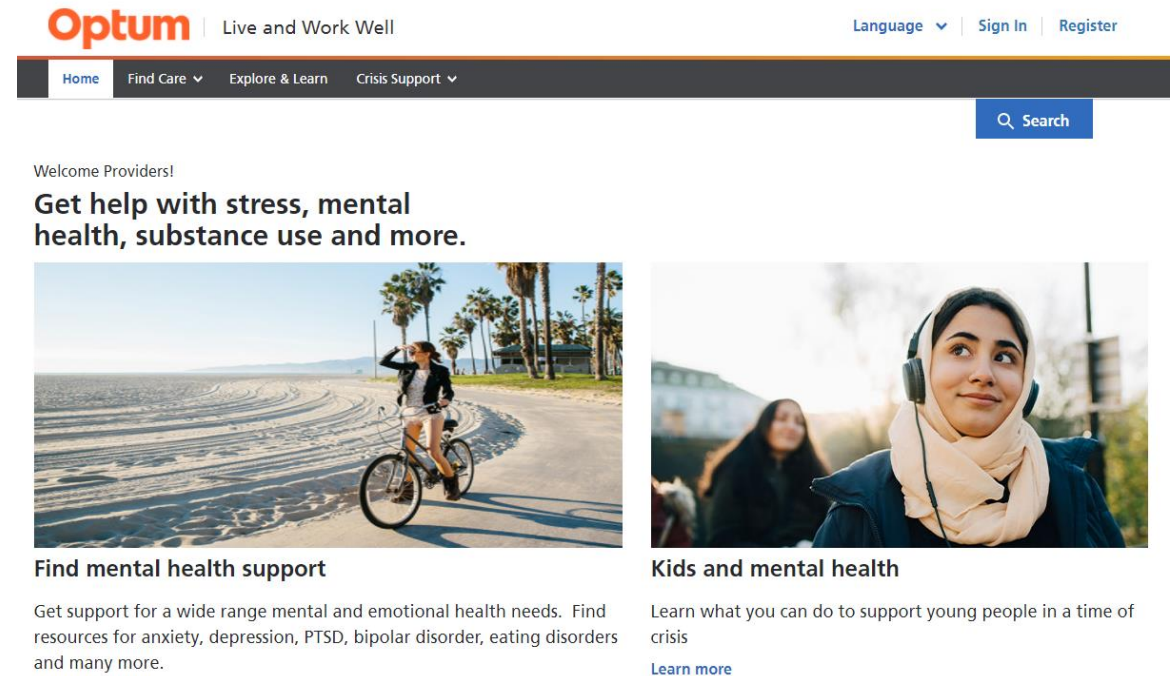- Other Important Resources
- Treatment Guideposts

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BH4501_12/2022

Member Resource for Behavioral Health: liveandworkwell.com

Explore and Learn:

- Offers a wide variety of videos, articles and resources to help you and your clients be informed and act

- Explore therapy and substance use support options

- Learn more about getting help with anxiety, understanding depressing and building better relationships

Find information by category:

- Mental Health

- Substance Use & Addiction

- Well-Being

- Caregiving

- Parenting

- Relationships

Clinicians can access this site using guest code "**clinician**"
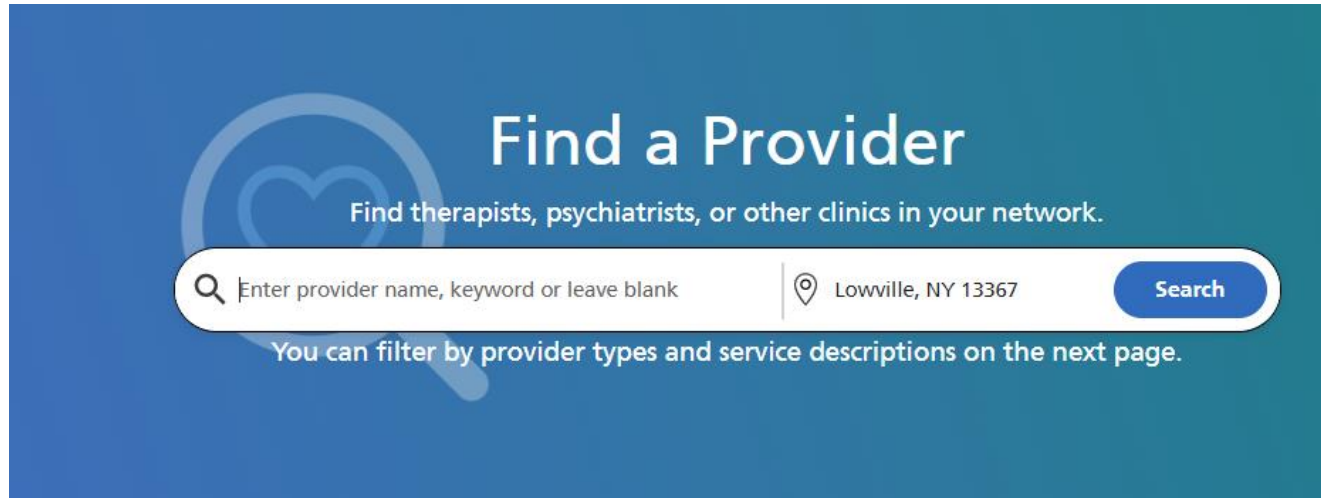
Member Resource: myuhc.com

- Provider Search
- Find Member Forms
- Frequently Asked Questions

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc.
operating under the brand Optum

BH4501_12/2022

Search for Providers in Your Network Specializing in Mental Health and Substance Use

provider.liveandworkwell.com/content/laww/providersearch/en/home.html?siteId=1431&lang=1

BH4501_12/2022

United Behavioral Health and United Behavioral Health of New York I.P.A., Inc. operating under the brand Optum

Training and Educational Resources

Initial Substance Use Disorder (SUD) Assessments

29-I/VFCAs must obtain an initial medical assessments for children aged 13 and older placed in foster care within the first 45 days of their placement.

Assessment Tools approved by OASAS for adolescents :

- Car, Relax, Alone, Forget, Friends Trouble Screening (CRAFFT)

- Level of Care Determination – Adolescent (LOCADTRA-A)

- Global Appraisal of Individual Needs (GAIN)

- Alcohol Use Disorder Identification Test (AUDIT)

- Drug Abuse Screening Test (DAST-10)

Note: "Substance" or "drug" includes all alcohol and chemicals, including prescribed pharmaceuticals, improperly used by either inhalation, smoking, ingestion or injection.

Assessment Tools approved by OASAS for adolescents with co-occurring SUD and Mental Illness

- Pediatric Symptom Checklist (PSC-17)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Patient Health Questionnaire 9: Modified for Teens (PHQ -9 Modified for Teens)
- Generalized Anxiety Disorder 7 (GAD-7)

Refer to the following link for additional information about OASAS approved Screening Instruments for Co-Occurring Mental Health Problems:

oasas.ny.gov/system/files/documents/2020/10/adolescent_screening_instruments.pdf

The Center for Practice Innovations (CPI)   practiceinnovations.org/

The Center for Practice Innovations (CPI) supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families.

The CPI serves as a key resource to OMH by spreading those practices identified by OMH as most critical to accomplish OMH's system-transformation initiatives.

Training Topics Include:

- 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

New Users: Enrollment Form for CPI Trainings: cumc.co1.qualtrics.com/jfe/form/SV_7UiDOZnSqJw7hyJ

Community Technical Assistance Center (CTAC) and Managed Care Technical Assistance Center (MCTAC)

- The centers work closely with OMH, OASAS and key strategic partners to provide training and technical assistance to all behavioral health agencies in New York State.

- Providing our community, a centralized location for city, state and federal resources

Our Impact

Since 2011, we have:

PROVIDED	REACHED	SERVED
1,100+	**16,000+**	**85%**
Clinical & Technical Assistance Trainings	Behavorial Health Providers	of NYS Licensed/Certified Behavioral Health Agencies
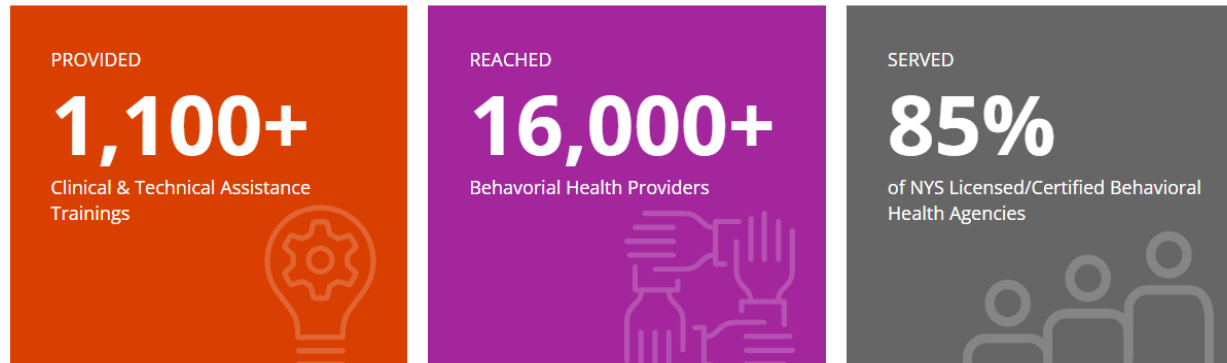
- Billing and Coding
- Designation & Staffing (Credentialing)
- General Managed Care
- Services & Workflows
- Additional Training Resources
- And more

ctacny.org/about-us/

Evidence Based Treatment Dissemination Center (EBTDC)
ideas4kidsmentalhealth.org/evidence-based-treatment-dissemination-center.html

- The EBTDC is funded by NYS OMH

- Provides clinical training and consultation on evidence-based treatment protocols to NYS OMH-Licensed Mental Health Professional

Please note: The CTAC and EBTDC trainings available here are only open to staff at public, child-serving agencies/programs licensed by the New York State Office of Mental Health.

Click here to see if you are an OMH-licensed provider.
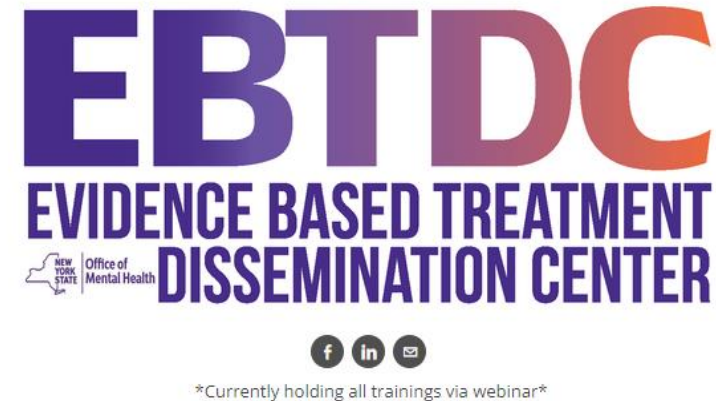
If you are a private-practice clinician, please visit the **National Council for Behavioral Health** for training and technical assistance.

New York State Telehealth Resources

Northeast Telehealth Resource Center New York State Telehealth Training Portal

nytelehealth.netrc.org/

Includes:

- eLearning Module
- CME and CEUs coming soon
- GNYHA Telehealth Learning Series
- Guidance and Regulatory Updates

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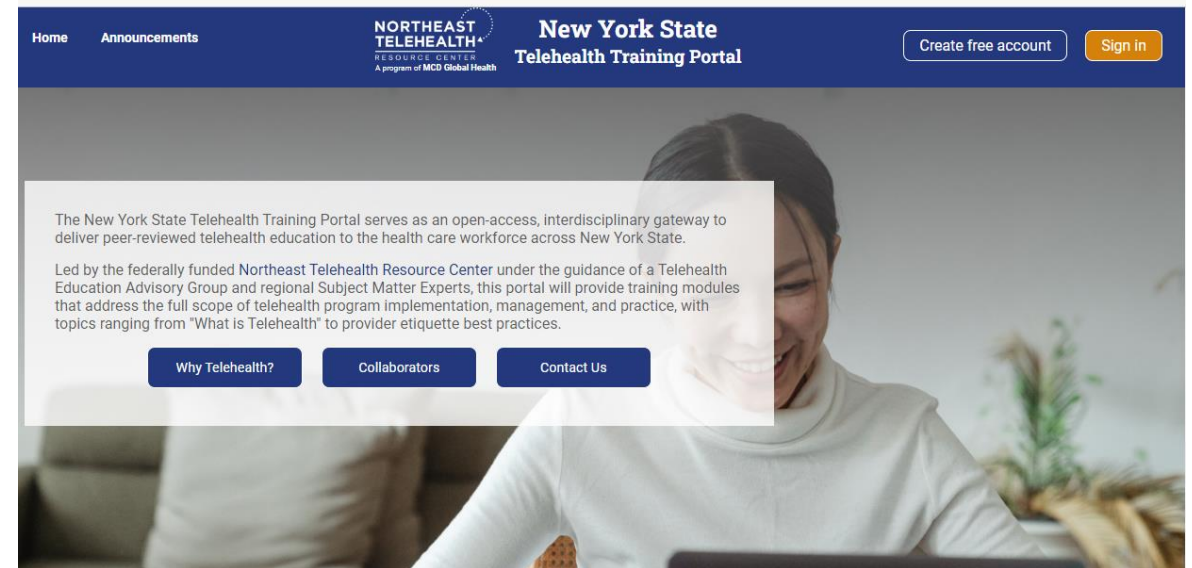
Appendix
Additional Resources

CORE and Other OASAS/OMH Services Allowable Service Combinations

OMH/OASAS Service	CPST	PSR	FST	Peer
OMH Clinic ((including Licensed Behavioral Health Practitioner (LBHP))	Yes[7]	Yes	Yes	Yes
Certified Community Behavioral Health Clinic (CCBHC)[8]- Sites Receiving NYS CCBHC Demonstration Medicaid Rate	Yes[7]	No	Yes	No
Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant Awardees[9] – Sites Not Eligible for NYS CCBHC Demonstration Medicaid Rate	Yes[7]	Yes	Yes	Yes
OMH Assertive Community Treatment (ACT)	No	No	No	No
OMH Personalized Recovery Oriented Services (PROS)	No	No	No	Yes
OMH Continuing Day Treatment (CDT)	No	Yes	Yes	Yes
OMH Partial Hospitalization	No	Yes	Yes	Yes
OASAS Outpatient / Opioid Treatment Program (OTP)	Yes	Yes	Yes	Yes[10]
OASAS Permanent Supportive Housing (PSH)	Yes	Yes	Yes	Yes
OASAS Residential	Yes	Yes	Yes	Yes
OASAS Outpatient Rehabilitation	Yes	Yes	Yes	Yes[10]
OASAS Inpatient/Outpatient Detox	Yes	Yes	Yes	Yes

CORE and BH HCBS Allowable Service Combinations

BH HCBS	CPST	PSR (rate codes 7784 or 7785)	PSR with Education focus (rate code 7811)	PSR with Employment Focus (rate code 7810)	FST	Peer
BH HCBS Habilitation	Yes	Yes[6]	Yes	Yes	Yes	Yes
BH HCBS Education Support Services	Yes	Yes	No	Yes	Yes	Yes
BH HCBS Pre-Vocational Services	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Transitional Employment	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Intensive Supported Employment	Yes	Yes	Yes	No	Yes	Yes
BH HCBS Ongoing Supported Employment	Yes	Yes	Yes	No	Yes	Yes

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Allowable Billing Combinations of OMH/OASAS State Plan Services and HCBS

HCBS/State Plan Services	OMH Clinic/OLP	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital*	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes				Yes	
CPST							Yes	
Habilitation	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Family Support and Training	Yes	Yes	Yes			Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes			Yes	Yes	Yes

Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Rate Codes

omh.ny.gov/omhweb/clinic_restructuring/clinic_rate_codes.html

MHOTRS Rate Codes

Description	Non Hospital*	Hospital
Base Rate	1504	1516
Off-site Base Rate	1507	1519
Health Services (e.g., Health Monitoring, Health Physicals) / Peer Support Services	1474	1588
Crisis Intervention	1579	1576
Intensive Outpatient Program (IOP)	1042	1048
Delivery System Reform Incentive Payment (DSRIP)	1106	1110
Integrated Outpatient Services (IOS)	1480	1122
Integrated Outpatient Services with Intensive Outpatient Services – Off-site	1084	1086
Integrated Outpatient Services (IOS) Off-site	1092	1094
Utilization Threshold Exempt (Court Order / AOT / SIST)	1136	1140

*Non hospital includes Diagnostic & Treatment Center (D&TCs), Local Governmental Unit (LGUs), freestanding Art 31s, and state operated injections may be claimed using either the Health Services rate codes or the Clinic rate codes.

MHOTRS Rate Codes Exempt from Utilization Threshold Counts

Description	Non Hospital*	Hospital
Off-site Base Rate	1507	1519
Health Services (e.g., Health Monitoring, Health Physicals) / Peer Support Services	1474	1588
Crisis Intervention	1579	1576
Intensive Outpatient Program (IOP)	1042	1048
Delivery System Reform Incentive Payment (DSRIP)	1106	1110
Integrated Outpatient Services (IOS)	1480	1122
Utilization Threshold Exempt (Court Order / AOT / SIST)	1136	1140
Integrated Outpatient Services with Intensive Outpatient Services – Off-site	1084	1086
Integrated Outpatient Services (IOS) Off-site	1092	1094
Utilization Threshold Exempt (Court Order / AOT / SIST)	1136	1140

OMH Federally Qualified Health Center (FQHC) Rate Codes

Description	Rate Code
OMH – FQHC	4301
OMH – FQHC Group	4303
OMH – FQHC Offsite	4306

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CORE Services and Rate Codes

Service	Rate Code(s)	Recommended Daily Unit Range	Minutes Conversion
Community Psychiatric Support and Treatment	7790, 7791, 7792, 7793	1-6	15-90 min.
Psychosocial Rehabilitation (Individual) [18]	7784, 7785, 7810, 7811	1-12	15-180 min.
Psychosocial Rehabilitation (Group)	7786, 7787, 7788	1-4	15-60 min.
Family Support and Training (Individual)	7799	1-12	15-180 min.
Family Support and Training (Group)	7800	1-6	15-90 min.
Empowerment Services – Peer Support	7794	1-16	15-240 min.

[18] 1:1 PSR services may be delivered in any combination on a single day, including PSR with an Employment Focus and PSR with an Educational Focus, up to a total of 12 units per day. The range may be exceeded as appropriate, as outlined above.

Additional Resources

Medicaid

Mainstream/HARP Behavioral Health Billing and Coding Manual
omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf

Community Oriented Recovery and Empowerment (CORE) Benefit and Billing Guidance
omh.ny.gov/omhweb/bho/core/

OMH Medicaid Reimbursement Page omh.ny.gov/omhweb/medicaid_reimbursement/

OASAS Billing Guidance oasas.ny.gov/reimbursment

Medicare

Medicare Claims Processing Manual
cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912

Medicare Mental Health cms.gov/files/document/medicare-mental-health.pdf

MAP

Medicaid Advantage Plus (MAP) Model Contract
health.ny.gov/health_care/medicaid/redesign/mrt90/docs/2017-2021-map_model_contract.pdf

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Billing for Dual Eligible Enrollees Guidance

Billing for Dual Eligible Enrollees OMH Guidance:
    omh.ny.gov/omhweb/bho/policy-guidance/billing_for_dual_eligible_enrollees.pdf

Duals Reimbursement in Medicaid Managed Care:
health.ny.gov/health_care/managed_care/plans/docs/2021-12-01_duals_reimbursement_mmc.pdf

FAQs on Duals Billing: omh.ny.gov/omhweb/bho/docs/duals-billing-faq.pdf

Medicaid Advantage Plus (MAP) Billing Guidance: omh.ny.gov/omhweb/bho/map-bh-billing-and-coding-manual.pdf

MAP Coding Taxonomy for BH Services: omh.ny.gov/omhweb/bho/map-coding-taxonomy-for-bh-services.xlsx

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NYS OASAS Billing Rates

Outpatient Services: oasas.ny.gov/reimbursement/ambulatory-providers

Opioid Treatment Programs: oasas.ny.gov/reimbursement/ambulatory-providers

Inpatient Residential: oasas.ny.gov/reimbursement/non-ambulatory

Withdrawal and Stabilization: oasas.ny.gov/reimbursement/non-ambulatory

State Inpatient Addiction Treatment Centers: oasas.ny.gov/system/files/documents/2020/06/atcs.xlsx

Article 32 Inpatient Withdrawal Rates: oasas.ny.gov/system/files/documents/2020/06/detox-freestanding-rates_0.xlsx

Medication

Vivitrol: oasas.ny.gov/system/files/documents/2019/10/Vivitoral%20Billing.xlsx

Buprenorphine Billing: oasas.ny.gov/system/files/documents/2021/01/buprenorphine-billing.xlsx

Medication Management: oasas.ny.gov/system/files/documents/2019/10/2019.10.17-guidance-memo-on-billing-for-medication-mgmt-for-co-occurring-disorders.pdf

NYS OMH, OCFS, and DOH Medicaid Rates

NYS OMH Link: omh.ny.gov/omhweb/medicaid_reimbursement/

Behavioral Health Billing: omh.ny.gov/omhweb/bho/billing-services.html

NYSDOH Link to CFTSS Rates:

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

NYS 29-I Health Facility Rates and Billing Guidance:

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