Office of Mental Health | Office of Addiction Services and Supports

Commercial Billing Resources for Certified Community Behavioral Health Clinics: January 1st, 2025 Commercial Rate Mandate

November 10, 2025

Part AA of Chapter 57 of the Laws of 2024 ("Part AA") amended Insurance Law sections 3216(i)(31)(J), 3216(i)(35)(K), 3221(l)(5)(K), 3221(l)(7)(J), 4303(g)(12), and 4303(l)(10) to require insurers to reimburse certain in-network facilities that provide covered outpatient mental health and substance use disorder treatment at negotiated rates that are not less than the rates that would be paid for such treatment pursuant to the medical assistance program under Social Services Law Article 5, Title 11 ("Medicaid rate").

This document addresses questions received regarding the applicability of Part AA to Certified Community Behavioral Health Clinics ("CCBHCs").

Reminder of the general conditions for Part AA applicability:

- Part AA applies to fully insured individual and group comprehensive health insurance policies and contracts issued in New York by insurers authorized to write Accident and Health Insurance in New York, Article 43 Corporations, Health Maintenance Organizations, Student Health Plans certified pursuant to Insurance Law § 1124, Municipal Cooperative Health Benefit Plans, and Prepaid Health Services Plans ("insurers").
- If the health insurance policy or contract is fully insured, the provider is in-network with the insurer, and the mental health or substance use disorder service(s) is/are covered (i.e., included in the insured's policy or contract), then the insurer must reimburse the provider at no less than what Medicaid would pay for the same service(s). This requirement applies to services provided on and after the date that the insured's policy or contract is issued, renewed, modified, altered, or amended on or after 1/1/25.
- Please note that not all health insurance policies renew on January 1, 2025. Individual policies renew on January 1st of each year. Group policies renew on a rolling basis throughout the year. A group policy that renewed July 1, 2024, would not be subject to the provisions of Part AA until July 1, 2025.

1) What rates must insurers pay to CCBHC facilities pursuant to Part AA?

ANSWER: The minimum reimbursement rate is the prospective payment system ("PPS") rate, which is the all-inclusive, cost-based, threshold visit rate set by NYS Medicaid for these facilities. Accordingly, if a CCBHC facility is in-network with an insurer and provides covered outpatient mental health or substance use disorder services to an insured, the insurer must reimburse the facility at no less than the published PPS rate under the CCBHC program. This requirement applies to services provided on and after the date that the insured's policy or contract is issued, renewed, modified, altered, or amended on or after 1/1/25. This requirement applies regardless of the number of procedures performed during a threshold visit.

OMH recommends that CCBHCs actively engage with all contracted insurers to inquire about their preferred billing procedures and whether they will require any changes due to the Part AA commercial rate mandate.

2) How will insurers know the correct PPS rates for a CCBHC facility?

ANSWER: CCBHC rates are the same regardless of whether the CCBHC is operated by a program licensed under Article 31 or a program licensed, certified, or otherwise authorized by the Office of Addiction Services and Supports ("OASAS"). The below resources provide comprehensive information on the collective CCBHC rates:

> Exhibit D – Non-APG OMH Provider-Level Fee Schedule includes a tab with CCBHC site-level information that can be used as an additional resource.
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> Agency-specific PPS rates are also published in Exhibit C – Non-APG OMH Outpatient Services Fee Schedule under the CCBHC tab, which also differentiates CCBHC facilities by their effective date.
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> The above resource links (along with other helpful resources) can also be found on OMH's Commercial Billing for Behavioral Health (BH) Services webpage.

3) When will the updated Medicaid rates apply to my CCBHC facility?

ANSWER: Part AA requires insurers to update their rates for applicable providers each year. The rates for insurers are based on the published Medicaid rates that were effective on April 1st and approved by the Division of the Budget (DOB) prior to October 1st of the preceding year.

CCBHC programs with Medicaid PPS rates effective July 1st will experience an 18-month lag between when their Medicaid PPS rates get updated and when insurers must reimburse them at no less than those PPS rates. For example, CCBHC PPS rates effective July 1st, 2024, for Medicaid, would be included in the 2026 commercial fee schedules, and insurers would not pay CCBHCs the Medicaid rates until 2026.

Note that any new CCBHC providers must have effective PPS rates established by April 1 in order to be reimbursed at the PPS rates. Prior to having PPS rates, the required rates for newly added CCBHC providers are the applicable Medicaid APG rates that align with the facility's licensure/certification prior to becoming a CCBHC.

- If the facility was licensed under Article 31 by OMH prior to becoming a CCBHC, applicable rates are determined using the MHOTRS APG base rate for that facility, as published in Exhibit A – APG Base Rates for MHOTRS Providers.
- If the facility was licensed, certified, or otherwise authorized under Article 32 by OASAS prior to becoming a CCBHC, applicable rates are determined using the OASAS APG base rates for that facility, as published on OASAS's Ambulatory Providers webpage.