

Calendar

Plan/Provider Roundtables

March 7 Rest of State

March 14 NYC

Save the Date: BH VBP Informational Sessions

March 24 Rochester

March 27 Long Island

March 28 NYC

April 12 Albany

Deadlines for Children's Health and Behavioral Health System Transition

March 15

Stakeholder feedback on Children's 1115 Waiver Due

April 1

Children's SPA/HCBS Provider Designation Applications Due

April 5

Stakeholder Feedback on Children's System Transition Requirements and Standards Due

In this Issue

- Children's System Transition updates
- Guidance for the OMH Intensive Outpatient Program (IOP)
- Information on funding for HIE, and the Healthcare Facility Transformation Program
- MCO information and Billing Tips

Children's Health and Behavioral Health System Transition

MCO Requirements Released for Stakeholder Feedback

New York State is seeking input from stakeholders on the [draft Children's System Transition Requirements and Qualification Standards](#) for Mainstream Medicaid Managed Care Organizations (MMCO). Stakeholder feedback will help inform and guide New York in assuring MMCO and provider readiness. Please be advised that the criteria described in the draft document is subject to change in response to stakeholder feedback and negotiations with the federal government.

Please submit your comments electronically to BHO@omh.ny.gov by **April 5, 2017** at 5:00 p.m. EST. Feedback must be submitted as word documents (no pdfs) and should reference the relevant section and sub-sections listed in the Children's System Transition Requirements and Standards document. Additional instructions are contained in the Introduction of the document.

REMINDER: SPA/HCBS Provider Designation

Providers who wish to [apply for designation](#) as a [Children's State Plan Amendment](#) (SPA) or [Home and Community Based Services](#) (HCBS) provider during the application's initial roll out period can do so until **April 1, 2017**. The Managed Care Technical Assistance Center (MCTAC) has provided a [webinar](#) and [office hours](#) on the designation application process.

Medicaid Provider Enrollment

In order to be designated as a Children's SPA and/or HCBS provider, applicants must be Medicaid enrolled. If any applicant is not already enrolled as a NYS Medicaid provider, they must complete the [NY Medicaid Provider Enrollment Form](#). Completion of both the Medicaid enrollment form(s) and the Children's SPA/HCBS Designation Application can be done concurrently.

Children's 1115 Waiver Demonstration Overview Webinar

The NYS Office of Mental Health (OMH), Office of Alcohol and Substance Abuse Services (OASAS), Department of Health, and Office of Child and Family Services (OCFS) will host an [informational webinar](#) on the [draft 1115 MRT Waiver Demonstration for Children](#) on March 1, 2017. This 1115 is currently in the public comment period with a feedback submission deadline of March 15th.

State presenters will review the draft 1115 MRT Waiver Demonstration for Children to provide clarification and offer insights into the complex technical document. Child Serving provider agencies interested in applying for designation for SPA and HCBS services, leadership & management, and other interested parties are encouraged to utilize this webinar.

Additional Resources

Children's HCBS two-part webinar series from November 2016

[Part I \(November 16\)](#)

[Part 2 \(November 18\)](#)

Data Exchange Incentive Program (DEIP)

The New York State Department of Health (NYS DOH), with support from the Centers for Medicare & Medicaid Services (CMS), has established the Data Exchange Incentive Program (DEIP) to increase Health Information Exchange (HIE) adoption across the state for Behavioral Health organizations with Medicaid Providers (OMH, OASAS, and HCBS designated providers).

Building Electronic Health Record (EHR) interfaces to New York State Qualified Entities (QEs) will increase the quantity and quality of data in the Statewide Health Information Network for New York (SHIN-NY) and build value for providers and individuals at the point of care. This program is designed to help defray the cost for an organization when connecting to their local QE. Organizations participating in DEIP are incentivized to contribute specific data elements. The New York eHealth Collaborative (NYeC) is coordinating the rollout of the program and the incentive payments on behalf of the DOH. Limited funding is available and this program is operated on a first-come, first-served basis. [Informational webinars](#) were held earlier this month.

New Intensive Outpatient Program (IOP)

OMH is creating a new intensive level of outpatient service that will increase clinic-based treatment options for people with psychiatric disabilities and help them to avoid inpatient admissions to psychiatric centers. Over the past few years, OMH has been approached by both licensed clinic providers and insurance plans looking to further the provision of mental health clinic services for adults and children – specifically, via the provision of [Intensive Outpatient Program \(IOP\) services](#). IOP is a level of service that differs from traditional clinic treatment in that it offers more intensive, time-limited, outpatient psychiatric services to patients living in the community. The goal of IOP is twofold: as an alternative to inpatient hospitalization or to shorten a hospital stay/reduce readmissions by providing intensive outpatient treatment as a transition to more independent living.

Notice of Proposed Capital Funding for Healthcare Facility Transformation in the NYS 2018 Budget

Governor Cuomo has included a \$500 million allocation for capital funding toward the Health Care Facility Transformation Program in his 2018 NYS Budget proposal. Within that allocation, at least \$30 million is intended for use by Article 28, 31, 32 and 36 providers, as well as primary care physicians (PCPs).

Funds are intended for non-operational projects that can include debt retirement and capital projects or non-capital projects that facilitate health care transformation, including mergers, consolidation, acquisition or other corporate restructuring activities intended to create a financially sustainable system of care that promotes a patient-centered model of health care delivery or preserves or expands essential health care services.

This budget proposal also allows the NYS Commissioner of Health to direct funds toward unfunded projects submitted in response to the [Health Care Transformation Program](#) Request for Applications in 2016.

The total sum and availability of these funds is contingent upon the adoption of the proposed budget by the NYS Senate and Assembly. OMH Managed Care will provide any updated information as it becomes available.

Plan/Provider Roundtables

New York State continues to hold roundtable discussions between Medicaid Managed Care Plans and Article 31 and Article 32 providers concerning the Behavioral Health transition in both NYC and the Rest of New York State (ROS). Direct communication between providers and MCOs can lead to faster identification of any systemic issues related to the State transition, expedited solutions to difficulties that may occur, and the formation of critical relationships between Managed Care plans and providers that are essential to the new healthcare structure. The next ROS Roundtable will be held on **March 7th** and the next NYC Roundtable will be held on **March 14th**.

As always, if you have any questions, comments, or concerns related to Behavioral Health Managed Care, please contact one of the NYS Agencies:

Office of Mental Health
Office of Alcohol and Substance Abuse Services
NYS Department of Health

OMH-Managed-Care@omh.ny.gov
PICM@oasas.ny.gov
managedcarecomplaint@doh.ny.gov

Other Contact Information:

NY Medicaid Choice: 1-855-789-4277

Behavioral Health Designated Medicaid Managed Care Organizations

Region	Plan Name	HARP* Marketing Name	Designation Status	BH Delegate
NYC Only	AmidaCare Inc	N/A	HIV-SNP**	Beacon
NYC Only	MetroPlus	MetroPlus Enhanced	HIV-SNP and HARP	Beacon
NYC Only	VNS Choice Select Health SNP	N/A	HIV-SNP	Beacon
NYC and Upstate	Affinity Health Plan Inc	Enriched Health	HARP	Beacon
NYC and Upstate	Empire Blue Cross Blue Shield HealthPlus (Formerly Amerigroup)	HealthPlus Amerigroup	HARP	None
NYC and Upstate	Health Insurance Plan of Greater New York (Emblem)	EmblemHealth Enhanced Care Plus	HARP	Beacon
NYC and Upstate	HealthFirst PHSP Inc	HealthFirst Personal Wellness Plan	HARP	None
NYC and Upstate	NYS Catholic Health Plan Inc (Fidelis)	HealthierLife	HARP	None
NYC and Upstate	United Healthcare Of NY Inc.	UnitedHealthcare Community Plan-Wellness4Me	HARP	Optum
NYC and Upstate	WellCare of New York	N/A	Mainstream	None
Upstate Only	Capital District Physicians Health Plan	No HARP Name	HARP	None
Upstate Only	Excellus	Blue Option Plus	HARP	Centene
Upstate Only	Independent Health Association	Independent Health's MediSource Connect	HARP	Beacon
Upstate Only	MVP	MVP Harmonious Health Care Plan	HARP	Beacon
Upstate Only	Molina HealthCare of New York Inc. (Formerly TotalCare)	Total Care Plus***	HARP	Beacon
Upstate Only	YourCare (Formerly Univera)	YourCare Option Plus	HARP	Beacon
Upstate Only	Crystal Run	N/A	Mainstream	Beacon
Upstate Only	HealthNow	N/A	Mainstream	Amerigroup

*HARP – Health and Recovery Plan

**HIV-SNP – HIV Special Needs Plan

***HARP marketing name has not changed

Behavioral Health Billing Tips



- **Do not wait to bill!** Timely filing regulations state that Managed Care Organizations (MCOs) can deny claims not received within 90 days.
- Refer to the [Behavioral Health Billing Resources Page](#) on the OMH website, which includes the BH Billing and Coding Manual; the coding taxonomy required to bill for OMH/OASAS government rate services; and implementation-specific guidance, such as billing guidance for unlicensed providers whose contracted MCOs require that claims use an attending practitioner NPI.
- Send billing concerns to OMH-Managed-Care@omh.ny.gov or to DOH at managedcarecomplaint@health.state.ny.us as soon as possible. All concerns that come in through the OMH MC mailbox will be forwarded to DOH as appropriate.
- Billing concerns specifically related to Personalized Recovery-Oriented Services (PROS) should be sent to PROS@omh.ny.gov.
- Check with your clearinghouse to ensure claims are being successfully forwarded to the MCO.
- Maintain good financial records:
 - Know whether you have been paid for claims
 - Follow up with the MCO immediately
 - Have an internal process for re-submitting claims
- Keep in mind that many OMH program models such as PROS and ACT are new to MCOs.