



Department
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Office for People With
Developmental Disabilities

Children's Billing/UM Office Hour: Children & Family Treatment Support Services

Other Licensed Practitioner

Psychosocial Rehabilitation

**Community Psychiatric Supports
and Treatment**

November 15th 2018

Introduction and Housekeeping

- Slides and recording will be posted to ctacny.org
- Please submit questions via the chat.
- Reminder: Information and timelines are current as of the date of this webinar.



Agenda

- Overview
- Billing Frequently Asked Questions and Answers
- Utilization Management (UM) Frequently Asked Questions and Answers
- Q&A – Submit your questions via the chat



Children's Implementation Timeline For Children & Family Treatment and Support Services

State Plan services will become part of the Managed Care benefit on their implementation date

State Plan Service	Effective Date <i>draft dates pending CMS approval</i>
Other Licensed Practitioner	January 1, 2019
Psychosocial Rehabilitation	January 1, 2019
Community Psychiatric Supports and Treatment	January 1, 2019
Family Peer Support	July, 1, 2019
Youth Peer Support and Training	January 1, 2020
Crisis Intervention State Plan	January 1, 2020



Billing Manuals and Rates

- NYS Children's Health and Behavioral Health Services – Children's Medicaid System Transformation Billing and Coding Manual: [Access Here](#)
- Draft NYS Children and Family Treatment and Support Services Rate Summary: [Access Here](#)
- New York State Children's Health and Behavioral Health (BH) Services – Children's Medicaid System Transformation Guidance for the Transitional Period: [Access Here](#)

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Requirements

- Providers must be designated to provide and be reimbursed for new Children and Family Treatment and Support Services
- All designated providers are required to enroll as a Medicaid Provider in order to be paid for delivering a Medicaid service.
- For Medicaid Managed Care Plan, a provider must be contracted and credentialed with that MMCP for the service rendered (i.e.in the MMCP's network).
- It is critical that providers claims test with MMCPs to prevent potential claiming and payment issues and ensure proper payment



MMCP Network Requirements

- Medicaid Managed Care Plans are held to specific network requirements. NYS monitors MMCP contracting regularly to ensure network requirements are met.
- A Medicaid Managed Care Plan will deny claims for unauthorized services performed by an out of network provider.
- Exception for newly carved in services, if a provider is delivering a service to the enrollee prior to the implementation date
 - MMCP must allow a provider to continue to treat an enrollee for a current behavioral health episode of care on an out of network basis for up to 24 months following the implementation date
 - MMCP must be notified before claim submission
 - MMCP must offer single case agreement



Reminder: What is Utilization Management?

- Definition:
 - Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of behavioral health care services, procedures, or settings and includes ambulatory review, prospective review, concurrent review, retrospective review, second opinions, care management, discharge planning, and service authorization.
- Designated providers must have the ability to bill FFS and managed care, but today's presentation focuses on the managed care utilization management and authorization processes



Types of Authorization Reviews

UM will occur at different points in the healthcare delivery cycle:

- **Pre-Service/Prior authorization:** provider must request permission from the MMCP before delivering a service in order to receive payment
 - **NOT Required for OLP, CPST or PSR services**
 - **Still necessary for providers to notify the plan that they will provide services to the child to avoid any unnecessary administrative claims denials**
- **Concurrent review:** occurs during an ongoing course of treatment (such as inpatient hospital admission) to ensure that such treatment remains appropriate
 - Will be standardized process via a general form



Standardized Concurrent Review Request Form

- The State will be releasing a standardized concurrent review request form.
- Creation Process and Release Timeline:
 - first draft developed by a small workgroup of plans and providers
 - state will be sharing with stakeholders soon for feedback and finalizing ASAP
- This form is meant to ensure consistency across providers and plans and avoid delays in access to services due to confusion about the information needed to obtain concurrent authorization



Key Points of Transition

- **Continuity of Care Requirements:** The MMCP may not conduct utilization management or require service authorization for a period of 90 days from the **implementation date (go live date)** for all services newly carved into managed care for individuals under the age of 21.
 - **For OLP, CPST, and PSR, there will be no utilization management until 4/1/19**
- Additionally, MMCPs are required to offer contract to all NYS designated providers of Children's Specialty Services, within the MMCP's service area, who were formerly a provider of services for the 1915c waivers.



Key Points - Billing



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Downstate vs. Upstate Billing

- In determining whether you should be using the upstate or downstate rate for a specific service, the rate is determined by the location of the administrative office of the provider.

Regions

Downstate

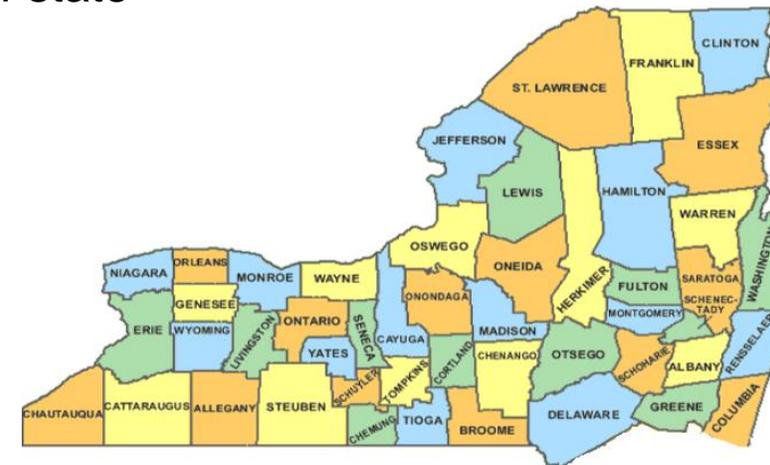
- 5 Boroughs of NYC and the following counties:

- Nassau
- Suffolk
- Westchester
- Rockland
- Putnam
- Orange
- Ulster
- Dutchess
- Sullivan



Upstate

- Rest of state



When to Bill Managed Care VS Billing Fee For Service (FSS)

- If child is enrolled in a Medicaid Managed Care Plan (MMCP) when the Children & Family Treatment and Support Service is delivered then CPST, OLP, and PSR should be billed directly to the MMCP,
- Waiver services that crosswalk to OLP, CPST, or PSR must be billed as CFTSS as of January 1, 2019.
- **Except for enrolled children who have federal Social Security Insurance disability status or have been determined Social Security Insurance-Related by New York State (SSI) Children. SSI Children will receive these services through FFS Medicaid until 7/1/19. EMedNY is able to determine if a child has SSI on their client file.**



Treatment Plans, Medical Necessity and Assessments for Children Transitioning from Waiver to CFTSS

- In order to smoothly and quickly transition children from Waiver to the corresponding CFTSS going live in January, the HCBS Plan of Care can temporarily serve as the required treatment plan for CFTSS.
- However, the provider will be responsible for securing a recommendation from a LPHA for the new CFTSS, as required in the service manual, no later than January 18, 2019.
- The provider will have until March 31, 2019 to develop the required treatment plan for OLP, CPST, and/or PSR.
- **Recommendation and assessment for 3 new CFTSS can occur as early as today.**



Billing - FAQ



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Select Billing FAQs

What makes a service offsite? Is anything beyond administrative site offsite?

Answer: Offsite services are intended to be provided in the child's home or community. All office locations, including satellites, are considered on-site.

For services provided to a group offsite, can you bill for offsite for each group member even though the group is obviously provided in 1 location?

Answer: Yes, you bill the offsite for each member of the group.



Billing FAQs Continued

Since two separate claims are required for offsite, does the provider have to wait for the service rate claim to process before submitting the offsite rate code?

Answer: The provider does not need to wait for the service rate claim to process before submitting the offsite rate code, they can be submitted at the same time.

If offsite is billed with two claims and both include the same procedure code will this not look like both onsite and offsite services were provided on the same day?

Answer: The services are differentiated by the required modifiers. For example,

- **OLP Licensed Evaluation: 7900 – 90791 – EP**
- **OLP Individual Off-site – 7920 – 90791 EP, SC**



UM - FAQ



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Select Utilization Management FAQs

Are you anticipating issues with MMCPs denying coverage if notification of the first 3 visits of OLP, PSR or CPST is not received either on a timely basis or at all?

Answer: Even though prior authorization is not required, it is still necessary for providers to notify the plan that they will provide services to the child to avoid any unnecessary administrative claims denials.

Is the 30 visit authorization per CFTSS or is 30 visits inclusive of all CFTSS being authorized? Do the 30 visits have to be conducted in a certain time period?

Answer: Upon concurrent review, any authorization must be for at least 30 visits for each individual service that the child is receiving. If the child is receiving OLP, CPST, and PSR they get 30 visits for each. There is not a set time period those visits must be conducted in.



Utilization Management FAQs Continued

Is the 90 days of service, before authorization is needed, guaranteed for every child who is recommended for a service or only those that are beginning services on day one of the service becoming available (1-1-19)?

Answer: For OLP, CPST, and PSR, no utilization management will be conducted from the period of 1/1/19 through 3/31/19. Beginning April 1, 2019, MMCPs may conduct concurrent review for these services as described in the State guidelines. The purpose of this is to prevent disruptions in care while MMCPs gain experience with services.

Will there be a standard form for the Treatment plan? For the assessments to determine medical necessity for each service?

Answer: There will not be a standard Treatment Plan, but there will be a standard form for MMCP authorization requests for concurrent review, which includes the information necessary to substantiate medical necessity for CFTSS. The State will be distributing this form in the near future.



Utilization Management FAQs Continued

For children currently enrolled in Waiver services, is there a different authorization period? Is it still the case, that children will be authorized for 6 months after go live for any service they are currently receiving?

Answer: The 6 month provision refers to the time period for which the MMCP must continue to authorize the child's existing Plan of Care for kids in HCBS Waiver from the date that the child transitions to managed care, which includes some services that crosswalk to new Children and Family Treatment and Support Services. For example, if a child is receiving skill building through the OMH or OCFS 1915c waivers, that child will have authorization to continue to receive PSR for 6 months after the transition to managed care because skill building will now be provided and billed under PSR. This is in addition to the 90 day period for which MMCPs may not conduct UM from the date a service comes into the managed care benefit package.





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Resources & Links



Where to Submit Questions and Complaints

Questions and complaints related to billing, payment, or claims should be directed as follows:

- Specific to Medicaid Managed Care and for any type of provider/service: Managedcarecomplaint@health.ny.gov
- Specific to a mental health provider/service: OMH-Managed-Care@omh.ny.gov
- Specific to a substance use disorder provider/service: PICM@oasas.ny.gov
- Specific to an OPWDD provider/service: Central.Operations@opwdd.ny.gov
- General provider enrollment questions: providerenrollment@health.ny.gov



Additional Resources

RESOURCES TO STAY INFORMED:

- Subscribe to children's managed care listserv
<http://www.omh.ny.gov/omhweb/childservice/>
- Subscribe to DOH Health Home listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm
- Health Home Bureau Mail Log (BML)
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action



Additional Resources

Children's Managed Care Design:

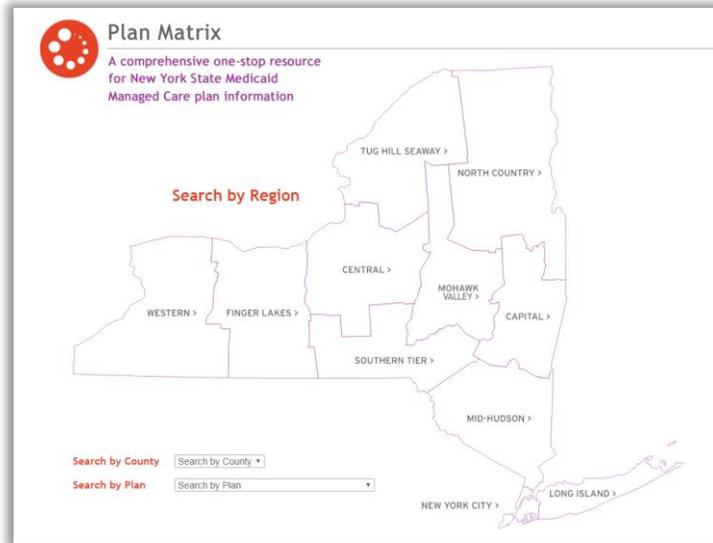
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm

Trainings on Children's System Transformation

- Children and Family Treatment and Support Services- Service Review
<https://ctacny.org/training/children-and-family-treatment-and-support-services-training>
- Children and Family Treatment and Support Services Billing and RCM Training
<https://ctacny.org/training/billing-childrens-system-transformation>
- Children and Family Treatment and Support Services Utilization Management
<https://ctacny.org/training/utilization-managment-children-and-family-treatment-and-support-services-olp-cpst-and-psr>



Tools



Managed Care Plan Matrix – comprehensive resource for MCO contact information relevant to adults and children

Billing Tool – Interactive claims form.

Billing Overview

FORM UB-04

The MCTAC Billing tool is an interactive UB-04 form that walks through the components required to submit a clean claim. Whether you are new to the process or just want to quickly check one field, the billing tool is the ideal reference.

This tool will tell you what information is required for each field and will note specific plans' requirements.

Please note this guidance applies to outpatient/ambulatory services only.

Hover over or click each numbered field for more information.

PATIENT INFORMATION		INSURANCE INFORMATION		BILLING INFORMATION	
1	2	3	4	5	6
1-1 NAME	1-2 ADDRESS	3-1 TYPE	3-2 CLASSIFICATION	5-1 DATE	5-2 AMOUNT
1-3 PHONE	1-4 CITY	3-3 PLAN	3-4 POLICY NO.	5-3 DATE	5-4 AMOUNT
1-5 OCCURRENCE DATE	1-6 OCCURRENCE TIME	3-5 OCCURRENCE DATE	3-6 OCCURRENCE TIME	5-5 DATE	5-6 AMOUNT
1-7 OCCURRENCE DATE	1-8 OCCURRENCE TIME	3-7 OCCURRENCE DATE	3-8 OCCURRENCE TIME	5-7 DATE	5-8 AMOUNT
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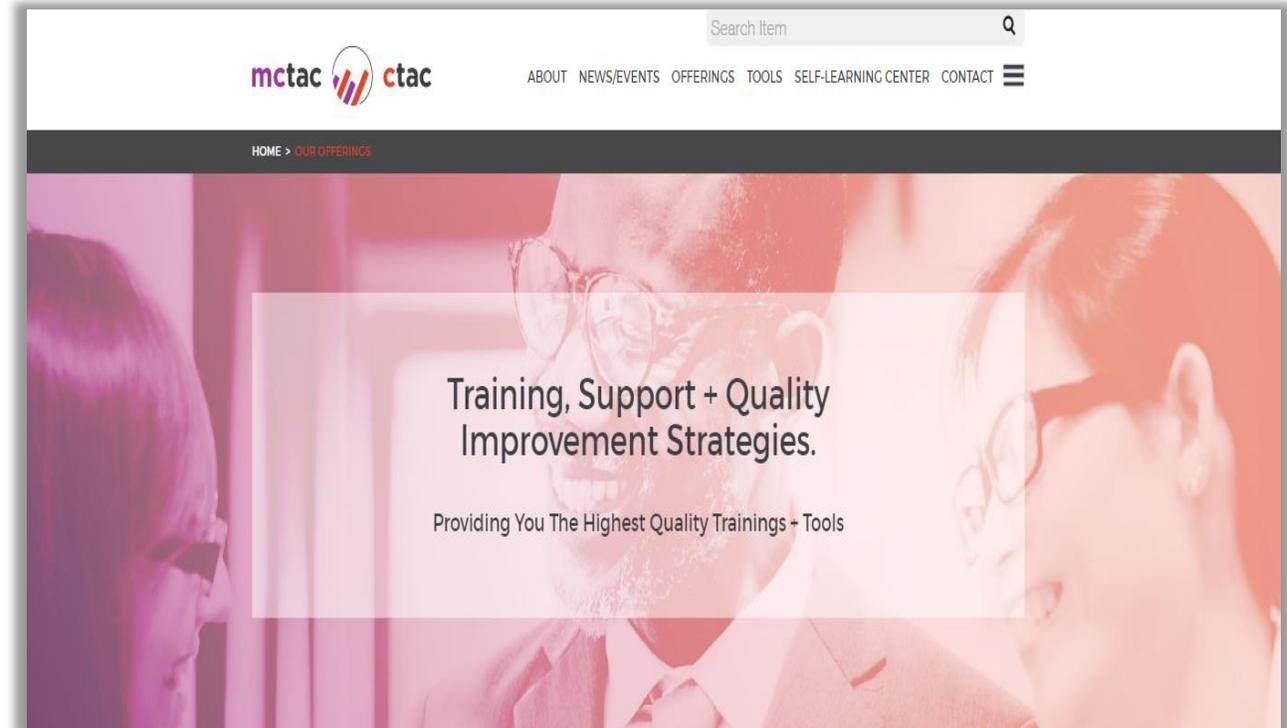
Questions and Discussion

**Please send questions to:
mctac.info@nyu.edu**

Logistical questions usually receive a response in 1 business day or less.

Longer & more complicated questions can take longer.

We appreciate your interest and patience!



Visit www.ctacny.org to view past trainings, sign-up for updates and event announcements, and access resources



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