



**Office of Alcoholism and
Substance Abuse Services**

**Title 14 NYCRR Part 820
Reimbursement and Claiming FAQs**

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Section One: OASAS Certified Title 14 NYCRR Part 820 Residential Stabilization; Rehabilitation and Reintegration: Medicaid Claiming and Contracting Guidance

Part 820 Title 14 NYCRR Designation:

Q: Is a certified Part 820 program required to obtain a designation to provide each of the three elements (stabilization; rehabilitation; or reintegration.)

Response: Yes: Programs must be complete the Part 820 Designation application.

- Part 819 Residential treatment and/or Part 816.9 Medically Monitored and Withdrawal and Stabilization providers are required to apply for certification under Title 14 NYCRR Part 820 Residential Services.
- Programs may be designated to offer any or all of the elements, and designation will be based upon a program's assessment of its current and future patient needs and overall program vision for the services it is best positioned to deliver to the community. Programs may wish to review Part 820 provider readiness materials at: <http://ctacny.org/resources>
- In order to provide any or all of the Part 820 Residential elements (the programs must be designated by OASAS under Title 14 NYCRR Part 820. Programs will deliver the service / element it has been approved to provide: stabilization; rehabilitation; and / or reintegration
- The OASAS Part 820 Designation Application is located at: <https://www.oasas.ny.gov/legal/CertApp/documents/ResRedesignApp.pdf>

Programs: Enrollment in the New York State Medicaid Program.

Q: Does the Part 820 Program have to enroll in New York State Medicaid Program / have an NYS Medicaid program ID (MMIS) number

Response: It Depends.

NYS Medicaid program enrollment is not required If the Part 820 Stabilization or Rehabilitation program is part of a larger program entity that is already enrolled in Medicaid / has an MMIS number (including it's larger program entity).

If the Part 820 program (or is larger program entity) is not enrolled in the New York State Medicaid Program / does not have an MMIS number, the Part 820 Stabilization or Rehabilitation program must enroll in the NYS Medicaid Program.

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Q: What is the NYS Medicaid enrollment process?

Response: For Part 820 Programs not already Enrolled in NYS Medicaid there is a Part 820 NYS Medicaid enrollment application.

- The NYS Part 820 Medicaid enrollment application may be found at the provider enrollment tab located at the NYS eMedny website.
<https://www.emedny.org/info/ProviderEnrollment/OASAS/index.aspx>
- When the program completes the separate NYS Medicaid enrollment **application it must include the OASAS Part 820 letter of intent with the other materials included in the Medicaid program enrollment submission packet.**
- It is important to remember that **providers do not submit the Medicaid application to OASAS.** Instead please ensure the Medicaid enrollment package is sent to the address included in the Medicaid enrollment instructions.

Mail to: eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603

Part 820 Title 14 NYCRR Medicaid Reimbursement:

Q: How does my program obtain the Medicaid Per Diem Treatment Payment for the Stabilization and Rehabilitation elements?

Response: The Part 820 program must be BOTH enrolled in New York State Medicaid program; and, be contracted with Enrollee's Plan. Programs do not submit claims to the New York State Medicaid FFS system.

- Medicaid per diem reimbursement / revenue for treatment services delivered in Part 820 Stabilization and Rehabilitation elements will be: via the Medicaid Managed Care Program, through contractual arrangement with a Medicaid Managed Care enrollee's health plan.

Q. Do part 820 program submit stabilization and rehabilitation per diem claims to straight Medicaid fee for service for individuals not enrolled in a Medicaid managed care plan?

Response: No. The part 820 program Medicaid per diem is paid through the enrollees' Medicaid Managed Care Plan.

- Authorization for the inclusion of the Part 820 programs in the Medicaid managed care benefit package and payment of the Part 820 treatment per diem is through the CMS approved New York State 1115 managed care waiver as part of the Medicaid managed care program. Currently, Medicaid ffs is not available and programs may not submit claims for the part 820 stabilization and rehabilitation per diem to straight Medicaid ffs.

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Q: Is there a Medicaid treatment per diem for the reintegration element?

Response: No.

- Individuals in the reintegration element receive SUD treatment services from a provider located within the community (e.g. from an OASAS certified Part 822 program). There is no Medicaid per diem for reintegration.

Question: It is correct that clients with Medicare and Medicaid (dual eligible) do not have Medicaid managed care plan coverage?

Response: Yes, It is correct that dual eligibles are excluded from enrollment in NYS Medicaid managed plans.

However, some dual eligibles may be enrolled in a FIDA plan. FIDA Plans are required to include Part 820 programs within their provider networks. Programs should be actively working with FIDA plans to establish contracts and ensure the Part 820 program is correctly configured in the FIDA plans claiming system.

Contracting with Plans for Part 820 Program / Service for Plans Enrollees:

Q: Are plans required to include Part 820 residential programs in their networks? Does my Part 820 program need to contract with Medicaid managed Care Plans?

Response: Yes: Medicaid managed care plans are required to include Part 820 programs in their network of providers and programs are strongly encouraged to contract with plans.

- Designated Part 820 Programs must have contracts with the enrollee's health plan and will submit the Part 820 claim to the enrollees' health plan. **Programs will not submit claims to the New York State Medicaid FFS system.**
- Programs are encouraged to initiate contracting and claims configuration conversations with the managed care plan's early in the designation process.
- Plan Contact information may be found at: <http://matrix.ctacny.org/>.

Managed Care Claiming for Part 820 Stabilization and Treatment Per Diem

Q. What Rate; CPT and Modifier Codes and forms are used to submit the Part 820 Per diem claims to the Enrollee's Managed Care Plan? What form is used?

Response: Contracted Programs will submit claims to the managed care company using the 837i Institutional Health Care Claim; and the rate / CPT modifier code for the specific designated element.

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- In addition to the general information required on an 837i, Title 14 NYCRR Part 820 Residential Programs will include the following rate; HCPCS and modifier codes on the 837i claim form. Rate codes would be entered in the claim header; the following CPT / HCPCS / Modifier codes should be used at the line level; and the plan should assign the indicated specialty code.
- Programs are encouraged to discuss claims testing with the specific Managed care plan to ensure the program is correctly configured in the plan's claim submission system.

Title 14 NYCRR Part 820 Residential Program Type	Rate Code	CPT / HCPCS Code
Stabilization	1144 (treatment services)	H2036 and modifiers: TG; and, HF. May also submit E/M claims for ancillary withdrawal services.
Rehabilitation	1145 (treatment services)	H2036 and HF modifier
Note: The HF modifier is requested to be added on all OASAS claims types including, but not limited to residential addiction treatment services. The modifier does not impact pricing but will support data collection. Plans should not deny a claim for failure to include the HF modifier.		

Questions: What NPI should be included on the Part 820 Per Diem claim in the attending provider loop?

- Response: Part 820 reimbursement is a per diem. As such it is the program's discretion to determine which practitioner NPI would be most appropriate to enter in attending provider loop e.g. the program's medical director NPI or the primary counselor's NPI. As the attending provider loop requires an NPI the program would not utilize the OASAS unlicensed practitioner identification number **02249145** as this would fail 837 I edits.

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Part 820 Stabilization and Treatment Per Diem Payment Amounts

Q: What are the Part 820 Medicaid Per Diem Payment amounts? Are Medicaid Managed care plans required to pay these amounts for Medicaid enrollees; and, effective what date?

Response: The effective dates for both: the inclusion of the Part 820 programs in the Medicaid managed care benefit package; and, the Part 820 diem rates are: 10/1/15 for NYC programs; and, 7/1/16 for Rest – of –State. Plans are required to pay the per diem rate commensurate with the effective dates. The Part 820 per diem treatment rates are listed below.

Title 14 NYCRR Part 820 Residential Program Type	Upstate Payment	Downstate Payment
Stabilization	\$151.53	\$165.27
Rehabilitation	\$142.01	\$163.56
Upstate Includes:	All counties not listed in the Downstate Peer Group	
Downstate Includes:	Five counties comprising New York City (Bronx, Kings, New York, Queens, and Richmond counties), and the counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.	

Question: It is correct that the Part 820 Service Treatment Per Diem (paid via the plans) is the only revenue source available to support Part 820 Stabilization and Rehabilitation?

Response: No.

The Part 820 Stabilization and Rehabilitation Service Treatment Per Diem (payable via contracts with Medicaid Managed care plans) is additive to the pre-existing revenue streams of : OASAS net deficit / State and/or Federal Block Grant Funds; Public Assistance/Congregate Care Level II and SNAP (Food Stamps). Additionally, programs may also apply VAP/Residential Redesign (start-up). To obtain VAP funds, providers submit a proposed request for State review and approval, up to \$205,000 per site conversion <https://www.oasas.ny.gov/pio/documents/VAPFunding.pdf>

Section Two: Service Recipient Medicaid Eligibility; and, Managed Care Enrollment

Q.: At the time of admission to the Part 820 program If someone is enrolled in a Medicaid Managed Care Plan, does the program need to notify the plan that the enrollees has been admitted to the program?

Response: Yes.

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Within 48 hours of admission, programs must inform the plan / insurer the enrollee has been admitted to the Part 820 program and provide initial treatment plan,

Please also see related OASAS and NYS Department of Financial Services issued guidance

OASAS: <https://oasas.ny.gov/mancare/index.cfm>

NYS Department of Financial Services Circular Letter and FAQ on the new law changes, please visit:

Circular Letter - http://www.dfs.ny.gov/insurance/circltr/2016/cl2016_06.htm

FAQ - http://www.dfs.ny.gov/insurance/health/guidance_subs_disorder.htm

Q If someone is not enrolled in a Medicaid managed care plan upon admission to a part 820 program but later becomes enrolled in a plan does the program need to: inform the plan that the enrollee is admitted to and receiving service at the Part 820 program; and, submit the associated treatment plan.

Response: Yes.

Once the individual is enrolled in the plan the must inform the plan / insurer the enrollee has been admitted to the Part 820 program and provide the initial or most current treatment plan.

Q. If someone is not enrolled in a Medicaid managed care plan upon admission to a part 820 program but later become enrolled in a plan when does the program submit the per diem to the enrollee's health plan?

Response: Effective the date of service the individual is enrolled in the Medicaid managed care plan the part 820 stabilization and rehabilitation program should submit the per diem claim to the plan.

Programs should have a process to actively work with the local social service district and service recipient to facilitate prompt enrollment into a managed care plan e.g. Utilization of the exchange. Programs are strongly encouraged to reach out to establish contracts with plans in advance to facilitate prompt payment upon the individuals enrollment into a particular plan.

Q. How may a program confirm a service recipient's plan enrollment?

Response: Medicaid Providers may utilize the eMedNY system (including ePACES and the Medicaid Eligibility Verification System (MEVS)) or call plans directly to verify plan enrollment.

- Comprehensive emedny / epaces information at: <https://www.emedny.org/toolscenter.aspx>

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- Comprehensive MEVS information at:
[https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf)
[https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf)
- Plan contact information:

As a health care provider, you can confirm enrollment of your patients in a Marketplace health plan by contacting health insurance companies directly. Please go to the relevant New York State Health Page at <http://info.nystateofhealth.ny.gov/resource/information-providers-confirming-consumer-enrollment-marketplace-health-plan> and utilize the information in the indicated PDF to find health plan phone numbers and website links specifically for use by providers.

Section Three: OASAS Certified Title 14 NYCRR Part 820 Residential Stabilization; Rehabilitation and Reintegration: Congregate Care Level 2 Guidance

Q: Are OASAS Certified Part 820 programs able to receive Congregate Care Level II funds for eligible service recipients?

Response: Yes. Part 820 Programs (Stabilization; Rehabilitation and Reintegration elements may receive Congregate Care Level II funds.

Residential Programs Currently Certified under [Title 14 NYCRR Part 819](#) will be re-designated / certified as Residential programs under [Title 14 NYCRR Part 820](#). [All OASAS Certified Residential Programs are qualified to receive Congregate Care Level 2](#). The 2016 Congregate care level two payment may be found at: <https://otda.ny.gov/policy/directives/2015/INF/15-INF-10-Attachment-1.pdf>

Q. Will the Part 816.9 Medically Monitored and Withdrawal and Stabilization programs that are certified and designated as a Part 820 program be eligible to receive congregate care level II support.

A. Yes.

Q: How will the LDSS be notified that a program is an OASAS Designated Part 820 program and eligible for Congregate Care Level II support?

A. OASAS in concert with State ITS and OTDA will add designated part 820 programs to the list of OASAS certified programs eligible for congregate care level II.